A conversation with Carinne Brody, January 15, 2020

Participants:
- Carinne Brody, Associate Professor at Touro University California
- Juliette Finetti, Research Analyst at Charity Entrepreneurship

Note: These notes were compiled by Charity Entrepreneurship and provide an overview of the major points made by Carinne Brody.

Summary: This conversation was one of Charity Entrepreneurship's interviews with experts in the field of family planning. It covers the following topics:
- Carinne Brody's evaluation and synthesis work on vouchers and other interventions in the field of sexual and reproductive health
- Potential for impact of vouchers for contraceptive use, including evidence of their strengths and weaknesses; challenges and considerations related to implementation; and promising implementation strategies and geographies.

Assessment of the intervention: Vouchers can be a powerful tool to increase demand for family planning services, but the implementer should take the following into consideration:
- Trust and a sense of reliability of the program in the long run. This could be achieved through a government partnership.
- Buy-in from frontline health workers and, potentially, additional incentives for them to be more motivated - would be very important to ensure the quality of the implementation as demand for services increases with the vouchers.
- If the context is appropriate, electronic vouchers seem to be a promising implementation strategy.
- Ideal contexts would be urban areas in a Southeast Asian country, such as Vietnam or Thailand, where health systems are more sophisticated and mobile adoption is high.

Conversation notes (summarized)

1. Past and current work in the field of sexual and reproductive health

Carinne started working on vouchers as part of her dissertation work, and has experience working on small scale "implementation science"-type evaluations of voucher programs in various countries. While doing this work, she saw really large challenges with this intervention and conducted the review to better understand whether these were common problems. The synthesis was challenging because the quality of studies varied a lot and there were no standardized outcomes.

Now, Carinne works as a professor in the public health department of a small graduate school for health scientists, where she teaches research methods to students and runs their global health program. As part of this program, they work with a research group in Cambodia (KHANA). They just finished a randomized controlled trial (RCT) on a mobile health program to improve utilization and access to family planning among females working in entertainment services. They initially considered vouchers when working with this research group, but received significant resistance from program staff saying that incentives are temporary and they did not think it would incentivize clients in the right way.

2. Strength of the evidence and effectiveness

It depends on whether the program can be reliable. Certain programs have established their reliability, such as the conditional cash transfer program in Mexico, because they are now highly integrated into government schemes; people believe the program will always exist, and will be incentivized in the long term. The issue with vouchers is that they are often perceived as temporary.

Vouchers can be a very good method to target a certain population, as they can be specifically tailored to the community and can help to overcome certain barriers to using the service. They are commonly used for reproductive services due to the large amount of unmet need. However, the response from participants is temporary - it will not change their behaviors in the long term if the voucher program ceases to exist.

In reviewing the literature, Carinne did observe some effect, but the reality on the ground was different. She visited Uganda and interviewed people involved in the voucher programs (participants, nurses, doctors, etc.), who expressed a lack of trust or understanding as to what the vouchers were for. People did not believe that the vouchers would exist in the future, and that this would change their fertility after the program.

One potential solution to the trust issue is to promote existing government programs that are underused, or attach the voucher program to ID cards that already offer subsidies for many services and goods for poor populations. An example of a successful program is the '100% condom use' campaign in Cambodia, and part of its success is related to people's trust in the government; It was effective at reducing HIV rates, even in red light districts. Unfortunately, the program does not exist anymore. It can be difficult to get a government on board, but an endorsement from the government would be very effective at establishing trust.

3. Cost-effectiveness

Cost per person depends on the amount of social marketing required. If it is not a government program, community health workers will have to conduct a lot of promotional activities, increasing the cost. Another factor is whether this will be a paper or an electronic voucher. If paper-based, the reconciliation of vouchers between the clinics and the agency could be challenging and time-consuming.

4. Promising implementation strategies and geographies

Variation of implementation strategies

Electronic vouchers seem quite promising. If one could work with a phone company in a country where everybody knows how to top up their phone, the likelihood that the intervention will be successful is higher because people do not need to learn a brand new system.

Another important aspect to be aware of is supply. Carinne evaluated the understudied aspects of supply and found that frontline health workers were often burned-out. This was a result of the increased amount of work due to higher demand of vouchers, but without any additional incentives. Therefore, buy-in from health workers would be crucial since they are key in the implementation.

Promising geographies

- Southeast Asia (e.g. Vietnam or Thailand) - high mobile penetration means the potential for an electronic voucher system; relatively sophisticated healthcare infrastructure; and more corporations.
- Urban contexts - allows targeting of vulnerable women who may have migrated for work (e.g., work in sweatshops).
- Areas where public services are either not free, or significantly worse than the private sector.

5. Stakeholders: implementers and donor support

Implementers: The Population Council has run many voucher programs and they have an office in Southeast Asia.

Donors: At the time Carinne was carrying out this research, many of the development arms of the European government like the UK Department for International Development (DFID)

or the Norwegian Agency for Development Cooperation (NORAD) were supportive of this kind of work. She also recommended the Hewlett Foundation for family planning more broadly.