Towards achieving the health-related SDGs: the role of unconditional cash transfers in Africa

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**Abstract**

Improving health care access and outcomes continue to dominate global development agenda. In the SDGs various targets have been set to ensure significant progress by the year 2030. This is particularly relevant in Africa where several countries lag behind in health outcomes. In recent years many governments in the region have turned to cash transfer programmes with the aim of improving poverty, education and health outcomes. However, while unconditional cash transfers have demonstrated widespread, positive impacts on consumption, food security, productive activities, and schooling, the evidence to date on health seeking behaviors and morbidity in the context of unconditional cash transfers in Africa is more limited.

Against this backdrop, we investigate the impact of unconditional cash transfers on morbidity and health seeking behavior using data from experimental and quasi-experimental study designs in Kenya, Malawi, Zambia and Zimbabwe. Programme impacts were estimated using Difference-in-Differences (DiD) estimation technique with longitudinal data.

The results indicate favourable programme impacts on selected health indicators (incidence of illness) and health seeking behaviours. There was also protective impact on health expenditure. The findings were, however not consistent across countries. We also found that, in some countries, programme impact worked through supply side factors, including improved health care quality.

The findings suggest that while unconditional cash transfers could improve health and health seeking, simultaneous improvements in supply side infrastructure, or facilitation of linkages between existing facilities and cash transfer households, is likely needed for more widespread impacts on morbidity and health seeking to materialize.

**Keywords:** Morbidity, health-seeking, health care utilization, Cash transfers, social protection, Africa