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The Impact of Packaging and Messaging on Adherence to Malaria Treatment: Evidence from a Randomized Controlled Trial in Uganda

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Abstract

Despite substantial public and private costs of non-adherence to infectious disease treatments, patients often do not finish their medication. We explore adherence to medication for malaria, a major cause of morbidity and health system costs in Africa. We conducted a randomized trial in Uganda testing specialized packaging and messaging, designed to increase antimalarial adherence. We find that stickers with short, targeted messages on the packaging increase adherence by 9% and reduce untaken pills by 29%. However, the currently used method of boosting adherence through costly, specialized packaging with pictorial instructions had no significant impacts relative to the standard control package. We develop a theoretical framework of the adherence decision, highlighting the role of symptoms, beliefs about being cured, and beliefs about drug effectiveness to help interpret our results. Patients whose symptoms resolve sooner are substantially less likely to adhere, and the sticker interventions have the strongest impact among these patients.

JEL codes: I12, D83, O55.

Keywords: Adherence, Malaria, Infectious Diseases, Health Behavior, Patient Beliefs,

1. Introduction

With over two hundred million cases a year and nearly half a million deaths, malaria remains a primary cause of morbidity, health system costs, and lost productivity in Africa [1, 2, 3, 4, 5]. Over the past 15 years, however, malaria deaths have declined by nearly 50 percent [1], largely because of increased coverage of prevention and treatment technologies [6]. For example, insecticide-treated nets (ITNs) to prevent malaria, and artemisinin-combination therapies (ACTs) to treat the disease, are highly effective technologies when they are widely accessible and properly used. However, the health benefits of ITNs are diluted when

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