

# Research BRIEF

## How to Lower Maternal and Child Deaths Across the World? Give Low-Income Families Cash.

### Cash Transfer Programs Improve Birth, Nutrition, and Early Childhood Health Outcomes

By Chris Tachibana, PhD, MS

#### Key Findings

Deaths among women and children in low- and middle-income countries fell significantly with government-led cash transfer programs, LDI studies in *Nature* and *The Lancet* show. Cash transfer programs, which provide [direct financial support](#) to people living in poverty, are an increasingly [common anti-poverty tool](#). Using data from 37 low- and middle-income countries, the research provides the first evidence that these programs substantially reduce mortality rates population-wide. This impact is due to better maternal and reproductive health, childhood nutrition, and vaccination rates when households have more resources.

#### THE RESEARCH QUESTION

**What is the population-level health impact of government-led cash transfer programs?**

"We hypothesized that the programs, which historically have been seen as anti-poverty initiatives, can be strong levers for improving population health," said LDI Senior Fellow [Aaron Richterman](#). The study was co-authored with Senior Fellows [Harsha Thirumurthy](#) and [Jere Behrman](#), and Statistical Analyst [Elizabeth Bair](#). The reasoning was based on their [work](#) showing that cash transfer programs lead to [population-wide reductions](#) in sexually transmitted infections, HIV diagnoses, and AIDS-related deaths.

The new studies analyzed nearly 20 years of survey data, from 2000 to 2019, from more than 7 million people. Cash transfer programs in the studies covered approximately 25% of a country's population, and 50% of programs provided unconditional support to recipients who met means-testing criteria. Using statistical methods to estimate causal effects and comparing health outcome trends for countries with and without cash transfer programs, the researchers found that the programs reduce [population-level mortality](#) rates and improve multiple [health outcomes and behaviors](#).

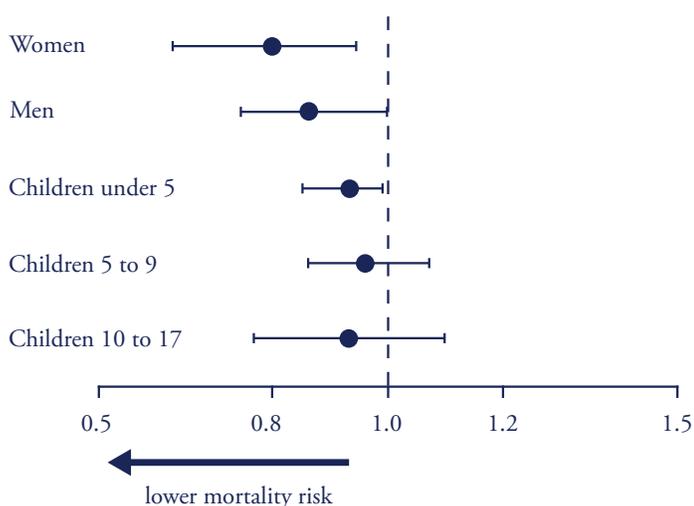
## THE FINDINGS

### Cash Transfers Lower Women's and Children's Mortality

With cash transfer programs, the risk of all-cause death fell 20% among women aged 18 years or older and 8% among children younger than 5 (Figure 1). These results translate annually to approximately one life saved per 1,000 women and two lives saved per 1,000 children. Mortality risk also dropped for men, but the effect was not statistically significant at conventional levels. Mortality rates declined within two years of the introduction of the cash transfer programs and fell further over time, the *Nature* study found.

Additional findings suggested a dose-response effect: Mortality reductions were larger in countries with cash transfer programs that covered a greater share of the population and provided larger payments. Thus, Thirumurthy said, programs that "go big" in coverage or cash transfer amounts will likely have a stronger population-health impact.

**FIGURE 1.**  
The Effects of Cash Transfer Programs on All-Cause Mortality



Dots show reduced mortality risk associated with cash transfer programs with significant results for women (adjusted risk ratio 0.8, 95% confidence interval 0.67 to 0.95) and children under 5 (0.92, 0.85 to 0.99). For all other groups, reduced mortality was nonsignificant.

### Cash Transfers Advance Core Women's and Children's Health Outcomes

How do cash transfer programs reduce all-cause mortality rates? In *The Lancet*, the research team reported statistically significant improvements in key indicators that countries use to track progress in health, sustainability, and development, particularly in women's reproductive health and children's health (Figure 2).

**FIGURE 2.**  
The Effects of Cash Transfer Programs on Maternal and Child Health Outcomes

Maternal Health & Health Care Metrics	
Statistically significant improvements in:	
Early antenatal care	Yes
Health facility delivery	Yes
Skilled birth attendant	Yes
Desired pregnancies	Yes
Intervals between births	Yes
Unmet needs for contraception	Yes
Exclusive breastfeeding	Yes
Minimum acceptable diet	Yes
Intended pregnancies	No
Age at first birth	No

Children's Health & Health Care Metrics	
Statistically significant improvements in:	
Measles vaccinations	Yes
Male twin live births	Yes
Diarrheal Illness	Yes
Underweight	Yes
Small birth size	No
Wasting	No
Stunting	No

Adapted from Richterman, Aaron; Thirumurthy, Harsha; and Behrman, Jere, "Pathways to Cash Transfers to Maternal and Child Health: Global vs. Context Specific Mechanisms." University of Pennsylvania Expert Discussion to Reduce Maternal and Neonatal Morbidity and Mortality.

With cash transfer programs, pregnant women were more likely to receive early antenatal care, deliver in a health care facility, and have a skilled birth attendant at delivery. Women reported more pregnancies that were wanted and longer intervals between births. Most of these factors were linked to lower infant mortality rates. Women had fewer unmet needs for contraception and were more likely to practice exclusive breastfeeding and provide their children with a minimum acceptable diet.

Cash transfer programs led to improvements in children's measles vaccination rates, diarrheal illnesses, and a lower likelihood of being underweight. Outcomes that did not significantly change were pregnancies reported to be intended, a woman's age at first birth, small birth size, and childhood wasting or stunting.

## THE IMPLICATIONS

Nearly 700 million people worldwide live in extreme poverty (defined as living on \$2 a day) a number that grew by 97 million during the COVID-19 pandemic. Cash transfer programs also [expanded during this time](#): About 70% of programs documented by the World Bank in 2022 [started under the pandemic](#), covering nearly 1.4 billion people.

Launching cash transfer programs is a wise decision, the LDI studies show, because the programs improve the health of the entire population. Reasons for the widespread benefits include reductions in infectious diseases and [economic spillover effects](#) as beneficiaries share resources and increase spending within their communities.

"The evidence is now hard to ignore," Thirumurthy said. "When governments in low- and middle-income countries put cash directly into the hands of low-income families, people live longer, healthier lives. Cash transfers work — and they're one of the smartest investments we can make in population health."

## NEXT STEPS

The research team seeks to partner with local and national governments to design and evaluate new programs, particularly basic income grants that provide sizable cash transfers for the poorest segments of the population. The researchers plan to analyze how cash transfer programs affect mental health conditions and noncommunicable diseases such as hypertension, diabetes, and high cholesterol.

They are exploring new approaches to estimate the overall economic returns on investments in cash transfer programs. More granular analyses will examine how transfer amounts, population coverage, eligibility requirements, and other program characteristics influence overall effectiveness.

## THE STUDY

Both studies used the authors' database on government-led cash transfer programs and [Demographic and Health Surveys](#) from households in 37 low- and middle-income countries in Africa, Latin America, Southeast Asia, and the Caribbean, roughly half with and half without cash-transfer programs. Limitations included self-reported data from samples representing primarily younger, reproductive-age females. Outcomes for 17 metrics of maternal and children's health were based on data from more than 2.1 million live births and more than 950,000 children under age 5 reported by survey respondents.

## SOURCE PUBLICATIONS

Richterman, Aaron, Tra-My Ngoc Bui, Elizabeth F. Bair, Gregory Jerome, Christophe Millien, Jean Christophe Dimitri Suffrin, Jere R. Behrman, and Harsha Thirumurthy. "The Effects of Government-led Cash Transfer Programmes on Behavioural and Health Determinants of Mortality: A Difference-in-differences Study." *The Lancet* 406, no. 10520 (November 11, 2025): 2656–66. [https://doi.org/10.1016/s0140-6736\(25\)01437-0](https://doi.org/10.1016/s0140-6736(25)01437-0).

Richterman, Aaron, Christophe Millien, Elizabeth F. Bair, Gregory Jerome, Jean Christophe Dimitri Suffrin, Jere R. Behrman, and Harsha Thirumurthy. "The Effects of Cash Transfers on Adult and Child Mortality in Low- and Middle-income Countries." *Nature* 618, no. 7965 (May 31, 2023): 575–82. <https://doi.org/10.1038/s41586-023-06116-2>.

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