Long-Run Outcomes of Universal Basic Income (UBI) Pilots Worldwide

North America

U.S. Negative Income Tax Experiments (1968–1980)

In the late 1960s and 1970s, the U.S. conducted four large-scale guaranteed income experiments (technically negative income tax trials) with thousands of families . Key long-run findings include:

- **Labor Outcomes:** Overall work effort fell modestly. Working hours dropped about *7% for men* and *17% for women* on average . This translated to slight reductions in labor supply (e.g. some secondary earners worked fewer hours), though primary earners mostly continued working. One analysis noted that for two-parent families, *50–60% of the grant* was effectively offset by earnings reductions (i.e. people worked slightly less when income was guaranteed) . Despite fears, there was **no mass exit from the workforce**; employment rates remained largely intact, and school attendance actually increased among youth (as some teenagers stayed in school longer instead of working) .
- **Health Outcomes:** Studies found *no significant improvements in health or overall well-being* during these experiments . Healthcare usage and outcomes were not markedly different between those receiving the income guarantee and controls. (Notably, these trials weren't primarily designed to measure health, and any subtle long-run health effects may have gone undetected.)

"Mincome" in Canada (1974–1979)

Canada's **Mincome** experiment in Dauphin, Manitoba provided a basic income to an entire town for four years. Findings were influential:

- **Labor Outcomes:** There was a small reduction in work hours for certain groups. Overall, *work reductions were modest* – primary earners worked about as much as before, but **new mothers** spent longer at home with infants and **teenagers** were more likely to stay in school (instead of taking jobs) . Thus, labor supply dipped slightly in aggregate, but

largely for positive reasons (education, childcare). There was *no evidence of widespread job quitting*.

- **Health Outcomes:** Health indicators improved notably. **Hospitalization rates fell by 8.5%** in Dauphin relative to control groups during the experiment . This decline was driven largely by fewer **accidents, injuries, and mental health-related hospital visits** , suggesting better overall health and reduced stress. Participants reported better mental well-being, and one analysis called it an improvement in "overall health" in the community .

Eastern Band of Cherokee (Casino Dividend, late 1990s–ongoing) – USA

An oft-cited natural experiment comes from North Carolina, where casino revenue has been distributed unconditionally to members of the Eastern Band of Cherokee Indians. Although not a formal "pilot," it functions as a **long-term UBI-like cash dividend**.

- **Labor Outcomes:** Long-run employment effects have been minimal. Studies found **no significant decrease in labor force participation** among adults receiving the semi-annual dividends. Parents did not leave work en masse; some evidence even suggests improved job stability due to better financial security (e.g. ability to afford transport or childcare).
- **Health Outcomes:** Outcomes for **children's mental health improved dramatically**. A longitudinal study (Great Smoky Mountains Study) found that after a casino dividend began, **incidence of behavioral and emotional disorders among Cherokee children dropped** significantly (conduct and psychological problems fell by ~40%) . Adolescents showed improved outcomes into adulthood, partly attributed to reduced family poverty. Family dynamics also improved: parent-child relationships were better and **parental alcohol consumption fell** , indicating broad mental health and social benefits from the income floor.

Alaska Permanent Fund Dividend (1982–ongoing) – USA

Alaska has paid **universal annual dividends** (roughly $1,000–$2,000 per resident) for decades. This unique real-world UBI has yielded the following long-run observations:

- **Labor Outcomes:** *No significant negative impact on work.* Research comparing Alaska to synthetic control states found **no drop in overall employment rates** due to the dividend . In fact, employment remained on par with other regions. There was a slight increase in **part-time work** (+1.8 percentage points) offset by a small (insignificant)

decrease in full-time jobs . Economists interpret this as some people choosing to work a bit less hours, while others entered the workforce due to increased local demand (the extra cash stimulated spending and job growth in retail and services) . In sum, the *income had no net disincentive effect* on labor supply – a permanent UBI did **not reduce employment** in Alaska's long run.

- **Health Outcomes:** The dividend helped reduce poverty statewide, which has **indirect health benefits** (better nutrition, etc.). One study found that in the first years of the dividend, **newborn birthweights increased** on average (fewer low-weight births) in Alaska, suggesting improved maternal health and nutrition. Additionally, some evidence shows households use the dividend for health needs; for example, an analysis of prescription data found **no negative effects on medication adherence** (if anything, people slightly increased utilization of necessary prescriptions after receiving cash). Overall physical health trends in Alaska have been positive, though isolating the UBI's effect is complex. Importantly, survey data indicate the dividend improved *subjective well-being* for many Alaskans (about 21% of residents even reported the extra income **made them more motivated to work**, by reducing stress and improving future outlook) .

Ontario Basic Income Pilot (2017–2019) – Canada

Ontario launched a government-run basic income trial for 4,000 low-income adults in 2017. It provided up to C$16,989 per year for singles (more for couples and those with disabilities) . Although the pilot was cut short after one year, some outcomes were documented:

- **Labor Outcomes:** Because the program ended early, quantitative labor data are limited. Many participants were already working poor (70% had employment at enrollment) . Qualitatively, recipients reported **greater ability to pursue work or education** goals. Some used the basic income to **upgrade their skills or search for better jobs** without fearing loss of all income. There was *no wave of people quitting jobs*. In interviews, participants emphasized a *desire to work and be financially independent* remained strong . The basic income's design (which tapered off as earnings rose) meant people still kept part of the benefit when working, maintaining an incentive to work .
- **Health Outcomes:** Even in one year, **health and well-being improved**. Participants overwhelmingly reported *lower stress and anxiety*, improved mental health, and better physical health due to improved diet and living conditions . For example, people could afford *healthier food, eyeglasses, and medications*, leading to fewer health issues. Many moved out of substandard housing or could pay for heating, which improved their health and comfort . Community researchers noted **better relationships and social participation** as financial strain eased. These self-reported health benefits aligned with the pilot's goal of testing whether a basic income could produce "better health outcomes and life chances" – and early evidence pointed positive.

Europe

Finland National Basic Income Experiment (2017–2018)

Finland conducted a landmark nationwide randomized trial: 2,000 unemployed people were given a guaranteed €560/month income for 2 years, while a control group received normal conditional benefits .

- **Labor Outcomes:** *No significant effect on employment.* Official register data showed **no difference in days employed or total earnings** between the basic income group and the control group over two years . Basic income recipients worked roughly the same number of days (approximately 49 days/year) as those on traditional unemployment benefits – a difference that was not statistically significant. In other words, **receiving a basic income did not discourage jobfinding or labor market participation**, but it also did not markedly increase it in this short run. (Policymakers noted the experiment was relatively short and focused only on jobless individuals, which may explain the neutral employment result.)
- **Health Outcomes: Mental health and well-being improved appreciably.** Surveys found those on basic income reported **significantly less stress and anxiety** than the control group . Only 17% of BI recipients reported high mental stress, versus 25% in the control group . Recipients also had *higher overall life satisfaction* and more optimism about the future . They experienced fewer depressive symptoms and rated their health slightly better than the control group did . Qualitatively, people described feeling "freed from bureaucracy" and stigma, which improved mental well-being. However, **physical health outcomes** (e.g. self-reported health status) showed no large change in the two-year horizon – the biggest impacts were on stress reduction and perceived well-being .

Netherlands Municipal Experiments (2017–2019)

Several Dutch cities (Utrecht, Tilburg, Groningen, etc.) piloted reforms granting **unconditional cash assistance** to welfare recipients. These trials (often called "Weten Wat Werkt" or "Trust Trials") relaxed work requirements and compared outcomes:

- **Labor Outcomes:** Early results showed **no drop in employment** when conditions were removed. In Utrecht, for example, participants who received welfare with no job-search mandates were just as likely to find work as those under strict requirements. Overall, **employment rates and earnings were similar across experimental groups** (unconditional vs. traditional welfare). Some cities even observed a slight increase in re-

entry to work for the group given more flexibility . These modest, mixed effects suggest that *making benefits unconditional did not worsen workforce participation*. (One evaluation noted "no increase in employment" but also *no evidence of people working less* – the differences were statistically negligible.)

- **Health Outcomes:** Although precise health metrics were not the primary focus, **life satisfaction and mental health improved** for those on the more generous/unconditional schemes. Participants with fewer bureaucratic hassles reported *less mental strain and higher life satisfaction*, echoing Finland's findings . Trust in government increased as well. No clear changes in physical health were recorded in the short term, but qualitative feedback indicated reduced stress and *improved sleep quality* for some individuals. These pilots, while small, reinforce that a basic income-like approach can improve well-being *without harming employment*.

Barcelona B-MINCOME Pilot (2017–2019) – Spain

In Barcelona (Catalonia), the **B-MINCOME** project tested a guaranteed minimum income in poor neighborhoods. About 1,000 households received cash transfers, with varying conditions (some unconditional, some tied to social programs). Long-run findings included:

- **Labor Outcomes:** The **unconditional cash led to a slight drop in labor participation** in the short run. Treated households were about *13 percentage points less likely to be working* compared to controls . Those without any conditions saw the largest employment dip, whereas participants who had an "activation" requirement (like training or job search) did not reduce work as much . In other words, some recipients initially opted to work less or delayed jobfinding – possibly to return to education or because the pressure to take low-paying jobs was reduced. The **"quality" of jobs also fell slightly** (more part-time or temporary work) for the treatment group . Notably, there were **increases in education and training** enrollment, suggesting some used the income support to improve future employability . These results highlight a trade-off: in this two-year period, basic income relief allowed some to step back from immediate employment, though this may help long-term prospects.
- **Health Outcomes: Material well-being improved**, but **no significant health improvements** were seen in the short run . The program *drastically reduced severe material deprivation* (food insecurity fell, fewer families went to bed hungry) . Self-reported **life satisfaction rose** and financial stress fell. However, these gains in living conditions **did not translate into better general health or mental health scores** within two years . Measures like risk of mental disorder, new diagnoses of depression, or use of medications showed no significant change for the treatment group . (One positive note: participants reported improved *sleep quality*, likely from reduced stress .) Overall, B-MINCOME showed strong improvements in economic security and subjective well-being, alongside a small reduction in work activity, but *health metrics remained roughly unchanged* in the short term.

Asia

Madhya Pradesh Unconditional Cash Transfer Pilots (2011–2012) – India

In India, two pilot programs in rural Madhya Pradesh provided **basic incomes** to villagers for 12–18 months, rigorously evaluated by SEWA and UNICEF:

- **Labor Outcomes:** Far from causing laziness, the cash grants **increased labor and productive work**. Households receiving UBI were *twice as likely to increase their work efforts* (farming, business, etc.) compared to non-recipients . There was a notable **shift from wage labor to self-employment**: many villagers left casual daily labor and instead started their own farming or small businesses . For example, recipients invested in tools, seeds, livestock and sewing machines, leading to a 70% increase in livestock holdings in one tribal village . Women and lower-caste groups saw especially large gains in independent work . Overall workforce participation actually **rose**, as the basic income gave people the means to engage in productive activities (debunking the myth that "free money" would deter work) .
- **Health Outcomes: Physical and mental health improved significantly.** Families reported *lower incidence of illness* during the pilot . With extra income, **nutrition improved** – especially for children, whose average weight-for-age increased (young girls showed major gains in nutritional status) . Diets diversified beyond staple foods . Recipients were able to **access healthcare more regularly**: they spent more on medical care and adhered to treatments better . Many cited being able to afford medicines and nutritious food as reasons for better health . **Mental well-being** also benefited through reduced anxiety – people felt less stress knowing basic needs would be met . Notably, *disability* communities experienced enhanced health and inclusion: the cash enabled some disabled individuals to obtain assistive devices, improving their mobility and economic participation . Overall, the Indian pilots demonstrated broad health improvements (better nutrition, healthcare utilization, and self-reported well-being) stemming from greater financial security.

Iran's National Cash Transfer Program (2011–ongoing)

In 2011, Iran rolled out a de facto national basic income, replacing subsidies with universal cash stipends (about $45 per person/month, ~29% of median income). Long-run studies have examined labor effects:

- **Labor Outcomes: No reduction in labor supply was found**. A comprehensive study by Salehi-Isfahani et al. found **"no evidence" that receiving the cash transfers discouraged work** – neither hours worked nor the probability of working fell for recipients on average . In fact, some groups slightly **increased their work hours**: for instance, service industry workers **worked ~36 minutes more per week** on average, possibly using the cash to expand their businesses . The only mild effect was among youth in their early 20s, who worked a bit less – likely because some used the money to *continue their education* instead of taking a job immediately . Overall, Iran's experience debunked fears of mass labor dropout; **employment levels and labor force participation remained robust** after years of basic income transfers .
- **Health Outcomes:** While detailed health studies are sparse, the Iranian program helped reduce poverty and likely improved some health indicators (e.g. nutrition in poor households). However, any direct health effects have not been as well documented. Anecdotally, families used the cash for food and essentials, which could contribute to better child health. There has not been clear evidence of changes in metrics like healthcare usage or morbidity attributable solely to the cash transfer. Broadly, by preventing extreme hardship during subsidy reform, the policy averted potential negative health shocks that might have occurred without compensation.

Other Notable Cases in Asia:

- **GiveDirectly's UBI in **Kenya – see Africa section below (the Kenya study is often considered in a global context).
- **East Asia and Others:** Some East Asian regions have discussed UBI (e.g. proposals in **South Korea** and pilot plans in **Japan**), but as of now no large-scale long-run trials have been completed there.

Africa

Namibia Basic Income Grant (2008–2009)

One of the first modern UBI pilots took place in **Otjivero, Namibia**. Every resident under 60 received 100 Namibian dollars per month (about $10) for two years. Results after 12+ months were striking:

- **Labor Outcomes:** Contrary to warnings that people would stop working, the opposite occurred: **most people increased their work activity** . The community saw a surge in **income-generating enterprises** – several new small businesses (bakery, brick-making,

tailoring, etc.) sprung up using the basic income as startup capital . Overall, **total community income rose more than the amount of the grants** (indicating a multiplier effect) . More people were able to travel to job sites or pay for job search due to the cash stipend . In summary, *work effort and productivity* ***increased*** in this long-run pilot, refuting the notion of induced "laziness" .

- **Health Outcomes: Physical health and nutrition improved dramatically.** Child malnutrition plummeted: within one year, the rate of underweight children dropped from 42% to only 17% . With cash in hand, families purchased more food; **no one went hungry** and children's weight-for-age improved significantly. Residents also made greater use of healthcare services: visits to the local clinic **increased fivefold**, since people could now afford the $N4 fee for treatment . This led to better management of HIV and other conditions as well . Community members reported lower crime and stress, attributing it to reduced desperation. While formal mental health metrics weren't measured, observationally the village experienced improved morale and social cohesion (a local committee even formed to encourage constructive use of the stipend). Overall, Namibia's pilot yielded *substantial health benefits* – better nutrition, more medical care, and likely downstream improvements in child development and adult well-being.

GiveDirectly's UBI Experiment (2017–present) – Kenya

In Kenya, the charity GiveDirectly is running the **world's largest UBI trial**, with thousands of individuals in rural villages receiving ongoing cash transfers (for 2 or 12 years, depending on group). Early results after the first 2+ years show:

- **Labor Outcomes: No reduction in work** – in fact, UBI recipients saw their incomes and productivity **rise**. Researchers report "no evidence of UBI promoting laziness" . Total hours worked did **not decrease** for treated households . Instead, recipients **shifted away from casual wage labor to self-employment** . For example, the UBI group spent fewer hours on low-paid farm labor for others (a drop in agricultural wage work) and **more hours on their own small businesses or non-farm work** . This structural shift led to **higher earnings and more entrepreneurship** in the UBI villages . Additionally, the guaranteed income enabled forward-looking investments: with a 12-year commitment, people took risks like starting enterprises, knowing their basic needs were secure . Overall employment rates remained high, and productive activity **expanded**, confirming that a basic income *does not deter work effort* and can even spur new economic opportunities .
- **Health Outcomes: Mental health and well-being improved markedly.** All UBI recipients showed **significant reductions in depression and stress** levels . After two years, those getting monthly basic income had *lower depression scores* than controls – long-term UBI in particular had the largest positive effect on mental health . Recipients also reported higher life satisfaction and optimism . Interestingly, villages receiving large one-time lump sums saw slightly smaller mental health benefits than those receiving

continuous support, suggesting the *security of ongoing income provides peace of mind* . In terms of physical health, UBI households did **not increase "temptation" spending** on alcohol or tobacco (a common concern) , but they did boost spending on food, healthcare, and education. While direct health outcomes (illness, BMI, etc.) were not significantly different at 2-year followup, improved nutrition and reduced stress are likely to yield health benefits over time. Early evidence already shows **improved self-reported well-being** and a reduction in hunger and illness symptoms in UBI villages compared to controls.

- **Note:** These Kenyan findings come from a randomized controlled trial with rigorous design . The study's scale and long horizon (12-year UBI for some) will continue to shed light on truly long-run impacts in coming years.

Uganda Basic Income Pilot (2017–2019)

A smaller pilot by the NGO Eight in a Ugandan village provided about $18 per adult per month for two years. Observations mirrored other findings: labor efforts were maintained or increased (many started micro-enterprises like poultry farming), and food security and schooling improved. Recipients experienced lower stress and reported better health due to improved diet and ability to afford clinic fees. While limited in scale, the Ugandan trial's outcomes align with the **positive labor and health trends** seen in India and Kenya.

Other African Contexts:

- **South Africa and others:** Though not a UBI, large social pension and grant programs (e.g. South Africa's pension) have similarly shown **no labor disincentive** and *big health gains* (better child nutrition and mental health in households receiving pensions). These provide supportive evidence that unconditional cash can improve well-being without eroding work effort.
- **Upcoming:** Countries like *South Africa, Kenya (nationally), and Nigeria* have debated UBI pilots to address poverty, building on the successes in Namibia and Kenya's NGO-led trials.

Latin America

Brazil – Quatinga Velho Pilot (2008–2014)

In a small Brazilian village (Quatinga Velho), a nongovernmental basic income was provided (R$30 per person). Though small-scale, studies recorded **positive community impacts**. Even a modest basic income led to **improved sanitation, nutrition, and school attendance** in the village . Residents pooled resources for communal improvements (like a water pump), and no decline in work was observed – people continued farming and some started new trades. This pilot demonstrated that even low-level unconditional cash can bolster *basic health and education outcomes* by reducing extreme poverty.

Brazil – Maricá City Program (2019–ongoing)

The city of Maricá in Brazil implemented a **municipal basic income** (paying roughly R$130/month to tens of thousands of residents in local currency). Early reports indicate poverty rates fell and recipients used the funds for food, health, and schooling. While rigorous evaluations are still forthcoming, local data show **improvements in quality of life** and no drop in employment (the local unemployment rate actually declined after introduction, though broader economic factors are at play). Healthcare usage in Maricá has increased, possibly as more people can afford transportation to clinics and medications. This ongoing program will yield more insight into long-run community-level effects in a developing country city.

Mexico and Others

Mexico has not yet had a formal UBI pilot, but large-scale cash transfer programs (Progresa/Oportunidades – conditional, and an experimental unconditional grant in one state) provide relevant evidence. Unconditional cash transfers in Latin America generally have *not* led to reduced work; for instance, when Mexico temporarily removed conditions on a cash grant, **no labor supply drop** was observed (people kept working and investing in their farms). Health and education outcomes, meanwhile, showed improvement (better child nutrition and higher school retention), echoing the patterns seen in true UBI pilots.

*(Note: Some Latin American programs like **Bolsa Familia** in Brazil and **Prospera** in Mexico are conditional cash transfers rather than universal basic income. They are included here for context, as they demonstrate that cash assistance – even when targeted – can improve health and well-being. Bolsa Familia, for example, significantly reduced stunting (chronic malnutrition)*

and improved health clinic attendance for children, though it requires school attendance and health checkups by design.)

Comparative Summary of Outcomes

The table below compares **long-run labor and health effects** across major UBI pilots. "Long-run" is defined as outcomes observed at least one year into the program (or at the end of the pilot). Effects are noted as **Positive (+)**, **Negative (–)** or **Neutral/None (0)**, with a brief note on magnitude or context:

Table 1. Labor Market Outcomes in UBI Pilots (≥1 year)

Program & Location	Employment/ Labor Force	Hours Worked / Work Effort	Notable Labor Observations
U.S. NIT Experiments (60s–70s)	0 (no mass exit; small ↓)	– *Moderate drop* (7–17% fewer hours)	Small reductions in hours (especially secondary earners) ; no significant change in employment rate.
Canada "Mincome" (70s)	0 (no major change)	– *Slight drop* (certain groups only)	Mothers took longer maternity leave; teens stayed in school . No broad labor-force withdrawal.
Namibia BIG (2008)	+ **Increase**	+ *Increase* (majority worked more)	More self-employment and local businesses started . Poverty trap broken.
India MP UBI (2011)	+ **Increase**	+ *Increase* (more own-account work)	Shift from wage labor to self-employment, esp. for women . Productivity investments made.
Kenya GiveDirectly (2-year)	0 (no change)	0 (no net change)	Composition shift: **–** wage farm work, **+** business work . Incomes and earnings **rose**.
Finland (2017–2018)	0 (no change)	0 (no significant change)	Basic income = **no effect on days employed** vs. control .
Stockton SEED (2019)	+ **Increase**	N/A (stipend was part-time supplement)	**Full-time employment +12 pp** (28%→40% vs 5 pp rise in control) . Job prospects improved.
Ontario Pilot (2018)	0 (no big change)	– (anecdotal slight reduction)	Many kept working; some reduced *second jobs* to study/train .

Program & Location	Employment/ Labor Force	Hours Worked / Work Effort	Notable Labor Observations
Barcelona B-MINCOME (2017–19)	– **Decrease**	– *Decrease* (labor days ↓13pp)	Some participants delayed working to study; conditional group had smaller drop .
Iran National Cash (2011–)	0 (no change)	0 (no change overall)	No labor force exit; young adults slight hours ↓ (used for education) . Some service workers' hours ↑ .
Alaska Dividend (permanent)	0 (no change)	–/+ (full-time 0, part-time +17%)	**No impact on employment rate** ; more people chose part-time work, likely offset by job growth from extra spending.

Table 2. Health and Well-Being Outcomes in UBI Pilots (≥1 year)

Program & Location	Physical Health	Mental Health & Well-Being	Notable Health Observations
U.S. NIT Experiments	0 (no notable change)	0 (no notable change)	No significant health differences detected.
Canada "Mincome"	+ **Better health**	+ **Better** (less stress)	**Hospitalizations –8.5%** (fewer accidents, mental health admissions).
Namibia BIG	+ **Improved nutrition**	+ **Improved** (community optimism up)	**Child malnutrition –60%** (42%→17%) ; clinic visits +>300% .
India MP UBI	+ **Improved**	+ **Improved** (less anxiety)	Illness incidence ↓; more medicines taken ; child weight↑ .
Kenya GiveDirectly	0 (no physical change yet)	+ **Improved** (depression ↓)	Depression/anxiety **fell significantly** ; life satisfaction ↑. Health spending ↔ (no harm to health behavior).
Finland	0 (no change in self-rated)	+ **Improved** (stress ↓)	**Stress down** (17% high stress vs 25% in control) ; happiness ↑.
Stockton SEED	+ **Improved**	+ **Improved** (anxiety ↓)	**Depression and anxiety rates fell** ; participants reported more energy (fatigue ↓) .
Ontario Pilot	+ **Improved**	+ **Improved** (stress ↓)	Participants reported better diets, able to afford eyeglasses, etc. Lower stress and improved relationships .
Barcelona B-MINCOME	0 (no significant change)	0 (no change)	Material hardship ↓↓ (food insecurity –21%) , but **no measurable health uplift** in 2 years .
Iran Cash Transfer	0 (no data/clear change)	0 (no data)	Poverty ↓ (which usually improves nutrition); no formal health study yet.

Program & Location	Physical Health	Mental Health & Well-Being	Notable Health Observations
Alaska Dividend	+ **Improved** (indirect)	+ **Improved** (subjective well-being ↑)	Some evidence of **higher birth weights** for infants . Surveys: dividend reduced financial stress for many.

Notes: "Physical health" encompasses objective indicators (hospitalization, nutrition, illness) and healthcare utilization. "Mental health & well-being" includes self-reported stress, happiness, depression/anxiety levels, and social outcomes. **pp = percentage points.**

As the comparative tables show, **no UBI test has led to widespread work abandonment** – on the contrary, many saw *neutral or positive labor effects*. At the same time, **health and social outcomes tend to improve**, especially in terms of mental health, nutrition, and access to services, when basic needs are assured.

Conclusion

Across diverse countries and contexts, long-run evidence from UBI pilots converges on several key findings:

- **Labor Market:** UBI *does not trigger large-scale drops in employment*. In most pilots (U.S., Finland, Iran, Kenya, etc.), overall employment and participation remained unchanged . Where work hours fell modestly (U.S. NIT, Canada Mincome), it was often for socially beneficial reasons like education or caregiving . Several programs even saw **increases in work or entrepreneurship** – for example, recipients in India, Namibia, and Kenya *started new businesses, invested more, or found better jobs* . The *fear of "lazy" behavior is not supported by the data*: given income security, people generally continue striving and often make more strategic labor choices.
- **Health and Well-Being:** Virtually all pilots indicate **improved well-being**. Unconditional income consistently reduced stress and depression in both high-income and low-income settings (e.g. Finland's recipients were less stressed , Stockton's had clinically lower depression , Kenyan villages saw mental health gains). Physical health improvements are most evident in pilots targeting extreme poverty – **better nutrition and healthcare utilization** in India and Namibia led to measurable gains like higher child weights and lower hospitalization . Even in richer countries, while clinical health metrics moved slowly, recipients reported *better daily health, more energy, and improved sleep* due to reduced financial strain . Thus, a long-run basic income tends to **enhance mental health and subjective well-being**, and in poorer populations, it tangibly boosts physical health outcomes.

In summary, global UBI experiments – from North America's 1970s income trials to Africa and Asia's recent pilots – reveal a common pattern: **basic income provides a floor that improves health and social outcomes without eroding people's willingness to work** . If anything, many participants used the stability to **pursue better opportunities** (jobs or education), resulting in either neutral or positive economic effects for the long run. These findings, gathered from a variety of methodologies (RCTs, natural experiments, observational studies), strengthen the evidence base for UBI by showing consistent *long-run* trends: modest (sometimes transformative) improvements in well-being and only minimal labor market downsides.

Sources:

- U.S. Negative Income Tax Experiments – work hours and no health change
- Canada Mincome – labor and health impacts (hospital use)
- Eastern Cherokee study – child behavioral health findings
- Alaska Permanent Fund – no employment effect
- Stockton SEED – employment +12pp, depression↓
- Finland Basic Income – no job effect, stress↓
- Barcelona B-MINCOME – material gains, employment↓13pp
- India Madhya Pradesh – work↑ (own businesses), illness↓
- Namibia BIG – work↑, malnutrition↓ (42→17%)
- Kenya GiveDirectly – no work drop, depression↓
- Iran national cash transfer – no labor drop .