# MARIA DIECI

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#### **EDUCATION**

Ph.D. University of California, Berkeley

Health Policy (concentration in Health Economics), May 2022

Committee: William H. Dow (chair), Paul J. Gertler, Lia C.H. Fernald, Jonathan Kolstad

Economics: Health Economics, Development Economics

Global Health Policy: Maternal and Child Health, Quality of Care, Health Workforce

M.A. University of California, Berkeley, Economics (concurrent), 2019

Minor Fields: Development and Labor Economics

B.A. Harvard University, Social Studies, magna cum laude, 2013

Senior Thesis: "Rights within Reach: Implementing Maternal Health Care Rights for

Colombia's Displaced Women"

## **PUBLICATIONS**

- Dieci, Maria, Zachary Wagner, Willa Friedman, Sarah Burgess, Jessica Vandermark, Sandra I. McCoy, Manisha Shah, and William H. Dow. "Measuring Family Planning Provider Bias: A Discrete Choice Experiment among Burkinabé, Pakistani, and Tanzanian Providers." Studies in Family Planning 52, no. 3 (2021): 299-320. <a href="mailto:link">link</a>
- **Dieci, Maria**, Juan J. Llibre-Rodriguez, Daisy Acosta, and William H. Dow. "Cuba's cardiovascular risk factors: International comparison of levels and education gradients." *Plos one* 16, no. 3 (2021): e0247831. <u>link</u>
- Rosen, Daniel, Jessica Vernon, Rachel Silverman, Elizabeth Juma, **Maria Dieci**, and Prashant Yadav. "Malaria Case Management After the Affordable Medicines Facility for Malaria (AMFm): Availability, Quality, and Market Share for ACTs in Kenya's Private Pharmacies," Center for Global Development Working Paper Series 561 (2020). <u>link</u>

# **DISSERTATION**

Patient vs. provider incentives for malaria care in Kenyan pharmacies: A cluster randomized controlled trial

A key aim of health policy is to ensure that patients are able to access high quality care when appropriate while minimizing the over-use of unnecessary treatments. Achieving this balance requires aligned decision-making between patients and providers, which can be hindered if incentives are incompatible

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with this aim. I study how patient and pharmacist decision-making in the context of malaria case management is affected by financial incentives. I test whether incentives for rapid tests and high quality antimalarials (ACTs) only to malaria positive cases targeted to patients (demand-side), providers (supply side), or both (hybrid) improve malaria case management and align incentives towards socially-optimal antimalarial use. Using a cluster randomized trial in 140 pharmacies in malaria-endemic zones in Kenya, I randomize patient discounts and pharmacist performance incentives and compare their effectiveness and cost-effectiveness to the status quo standard of care. I find that both patient subsidies and pharmacy incentives for diagnostic testing significantly increase usage of testing and may encourage malaria positive individuals to purchase ACTs, and report results from unadjusted models here. Patient subsidies increase the likelihood that a symptomatic patient takes a rapid test by 25 percentage points, from a control group mean of 8 percent. Provider incentives and the hybrid approach increase the likelihood of rapid test uptake by 20 and 25 percentage points, respectively, which is indistinguishable from patient subsidies. I also find that all arms improve ACT targeting by more than 200%: patient subsidies, pharmacy incentives, and the hybrid arm increase the likelihood that a patient purchases ACTs with a diagnostic test by 7 percentage points compared to a control group mean of 6 percent. I find that both demand- and supplyside incentives reduce the likelihood that a patient purchases malaria treatment without a confirmatory diagnosis by between 17-19 percentage points, compared to 81 percent in the control group. Taken together, these results suggest that appropriately calibrated and targeted financial incentives are promising for improving malaria case management in a pharmacy setting. Additionally, the fact that supply- and demand-side incentives lead to comparable effects on diagnostic testing and treatment targeting suggests that both patients and pharmacists are effective channels for incentive targeting.

#### OTHER SELECTED WORK IN PROGRESS

- Impact evaluation of pharmacy-based incentives for long acting contraception on women's access to family planning in Kenya. *Data collection in progress, with Paul Gertler and Carlos Paramo*.
- Impact of early life shocks on child health and cognition outcomes in Madagascar, focus on understanding changes in parental health investments. *Data obtained, manuscript under development.*
- Process evaluation of group-adaptation of early child development intervention in Madagascar. Data collection in progress, with Lia C.H. Fernald, Emanuela Galasso, Ann Weber, Caitlin Hemlock, and Lisy Ratsifandrihamanana.

#### PROFESSIONAL EXPERIENCE

RESEARCH
2015-2016 Senior Research Associate, Innovations for Poverty Action, Zambia
2013-2015 Research Analyst for Prof. Dean Karlan (Yale), Innovations for Poverty Action
TEACHING
2018-2021 Teaching Assistant, Division of Health Policy and Management, UC Berkeley

Teaching Assistant, Division of Health Policy and Management, UC Berkeley Health Economics (undergraduate/graduate), Fall 2018, Fall 2019

Outstanding Graduate Student Instructor Award

Economic Evaluation and Population Health (graduate, online), Spring

2018, Spring 2019, Spring 2021

**SERVICE** 

2017 – 2021 Division of Health Policy and Management, UC Berkeley

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Executive Committee (2018-2021)

Graduate Admissions Committee (Fall 2017, Fall 2018)

2020-2021 Berkeley Economists for Equity

Finance Officer

Diversity in Admissions Officer

REFEREEING Studies in Family Planning

### **CONFERENCE PRESENTATIONS**

2021	Center for Global Development and Maisha Meds "New Approaches to Improve
	Malaria Case Management in the Private Sector" convening, UC Berkeley Development
	Economics Lunch Seminar Series
2020	PAA Annual Meeting (cancelled due to COVID-19); Society for Research in Child
	Development; UC Berkeley Development Economics Lunch Seminar Series
2019	AHRQ Trainee Conference; Center for Effective Global Action (CEGA) Evidence to
	Action Conference; UC Berkeley Center on the Economics and Demography of Aging
	Workshop; PAA Annual Meeting
2018	Population Association of America (PAA) Annual Meeting; American Society of Health
	Economists (ASHEcon) Conference; International Health Economics Association
	(iHEA) World Congress
2017	Agency for Healthcare Research and Quality (AHRQ) Trainee Conference
2014	Latin American Social and Public Policy Conference

# **GRANTS, AWARDS AND FELLOWSHIPS**

- Co-Principal Investigator on Children's Investment Fund Foundation grant for project "Increasing access to contraceptive choice through targeted incentives: a cluster randomized controlled trial.", with Paul Gertler. (\$250,000 USD, 2021-2022)
- Co-Principal Investigator on United States Agency for International Development, Development Impact Ventures Stage II Award # 7200AA18FA00009 for project "A Digital Approach for Targeted Malaria Treatment", with Paul Gertler, Jonathan Kolstad and Jessica Vernon. (\$400,000 USD, 2019-2022)
- Co-Principal Investigator on Bill and Melinda Gates Foundation award for project "A Digital Approach for Targeted Malaria Treatment", with Paul Gertler, Jonathan Kolstad and Jessica Vernon. (\$320,392 USD, 2019-2022)
- UC Berkeley School of Public Health Alumni Association Award (2018-2021)
- Trainee on Agency for Healthcare and Research Quality (AHRQ) T-32 Fellowship (2018-2019)
- Trainee on National Institute of Child Health and Human Development (NICHD) T-32 Fellowship (2016-2018)

## **OTHER INFORMATION**

Languages English (native), Italian (native), Spanish (professional), French (proficient)

Programming Stata, R, Python, Open Data Kit, LaTeX, ArcGIS, SQL, Matlab

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