POLICY BRIEF APRIL 2021

Normalizing Community Mask-Wearing: Evidence from a Randomized Evaluation in Bangladesh

Evidence suggests that face masks can slow the spread of COVID-19 and save lives, but getting people to consistently and properly wear masks has been a public health challenge. In Bangladesh, researchers partnered with policymakers to design and evaluate strategies to increase mask uptake. Masks were distributed to households and in public places. Mask use was promoted through role-modeling, messages by prominent Bangladeshi leaders and personalities, informational brochures, and in-person reinforcement. The researchers also tested a number of incentives and behavioral nudges, including public commitment devices and text message reminders.

Key Findings

The free mask distribution and promotion strategy (which we are calling NORM) more than tripled mask use. Mask-wearing increased by 29 percentage points on average. Mask use was sustained 10 weeks into the trial, even after the mask promotion ended.

Physical distancing increased in intervention villages. On average, physical distancing increased by 5 percentage points across all observed locations in intervention villages.

People were just as likely to wear a surgical mask as a cloth mask. Surgical masks are one-third the cost of cloth masks and have much better filtration efficiency.

Mask promotion with reinforcement is an essential complement to free mask distribution. In Pilot 2, mask-wearing increased by 28 percentage points when masks were not only distributed but promoted with in-person reinforcement.

The total cost of the NORM intervention, including **the cost of the masks themselves, was between $9 and $17 per person adopting a mask. Costs would be lower at scale.**[1]

This study suggests **removing constraints to mask take-up (namely cost and availability), leveraging local leaders to role-model and promote mask use, and reinforcement can dramatically increase mask-wearing** in Bangladesh and beyond.

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May 13, 2021