

INTERDISCIPLINARY RESEARCH SEMINAR



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Cash for COVID-19 Vaccines in Africa: A Financial Incentives Clustered Randomized Trial in Rural Ghana

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Abstract

We implemented a clustered randomized controlled trial with 6,963 residents in six rural Ghana Districts confirming that financial incentives increased COVID-19 vaccine uptake. Villages randomly received one of four video treatment arms: a placebo, a standard health message, a high cash incentive (\$10) and a low cash incentive (\$3). For one primary outcome, COVID-19 vaccination intentions, non-vaccinated subjects assigned to the Cash incentive treatments had an average rate of 81% compared to 71% for those in the Placebo treatment arm. For the second primary outcome, self-reported vaccinations two months after the initial intervention, the average rate for subjects in the Cash treatment was 3.5% higher than for subjects in the Placebo treatment (95% CI: 0.001, 6.9; $P = .045$) - 40% versus 36.5%. A third primary outcome is the verified vaccination status of subjects: in the Cash treatment arm, 36.6% of verified subjects had at least one dose of the COVID-19 vaccine compared to 30.3% for those in the Placebo - a difference of 6.3% (95% CI: 2.4, 10.2; $P = .001$). For all three primary outcomes, the low cash incentive (\$3.00) had a larger positive effect on COVID-19 vaccine uptake than the high cash incentive (\$10.00).