To Pay or Not to Pay? Using the Health Belief Model to Explore Willingness to Pay for COVID-19 Vaccine Among High-Risk Ugandans.

EE146



R Olum¹, F Bongomin², D Nassozi³ and I Andia-Biraro¹

¹Makerere University, Kampala, Uganda. ²Gulu University, Gulu, Uganda. ³Mulago National Referral Hospital, Kampala, Uganda.

INTRODUCTION

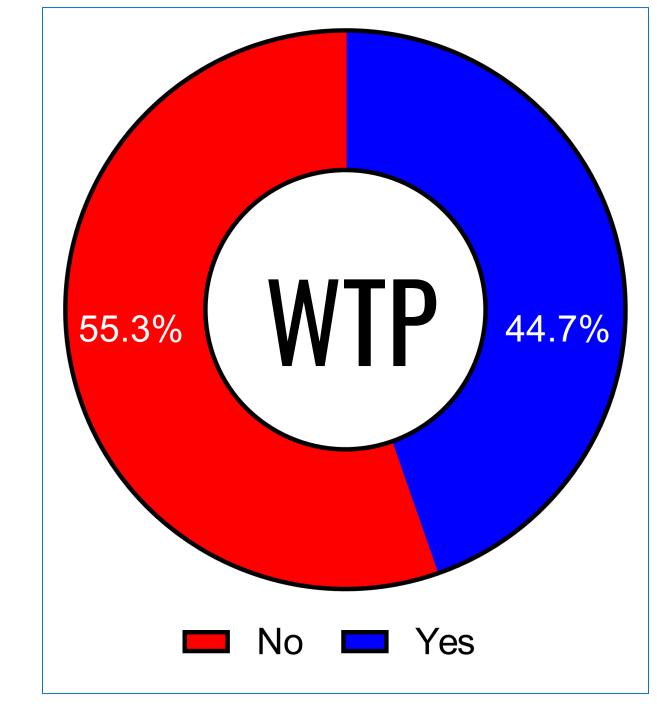
- COVID-19 has had a significant global impact, straining healthcare resources, especially in low— and middle-income countries like Uganda.
- Due to limited funding for vaccinations, Ugandan private health facilities were authorized to offer COVID-19 vaccines for a fee.

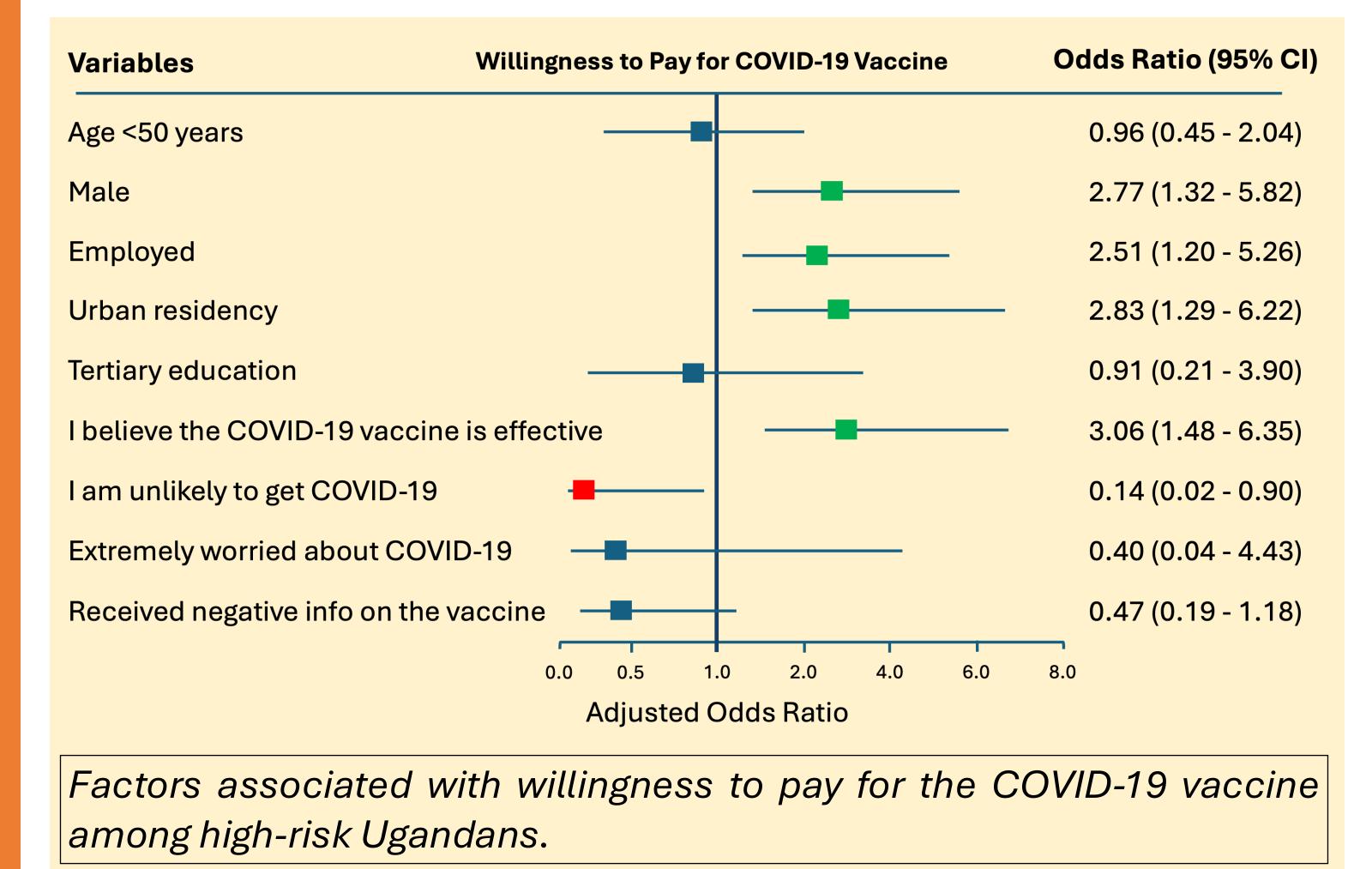
OBJECTIVES

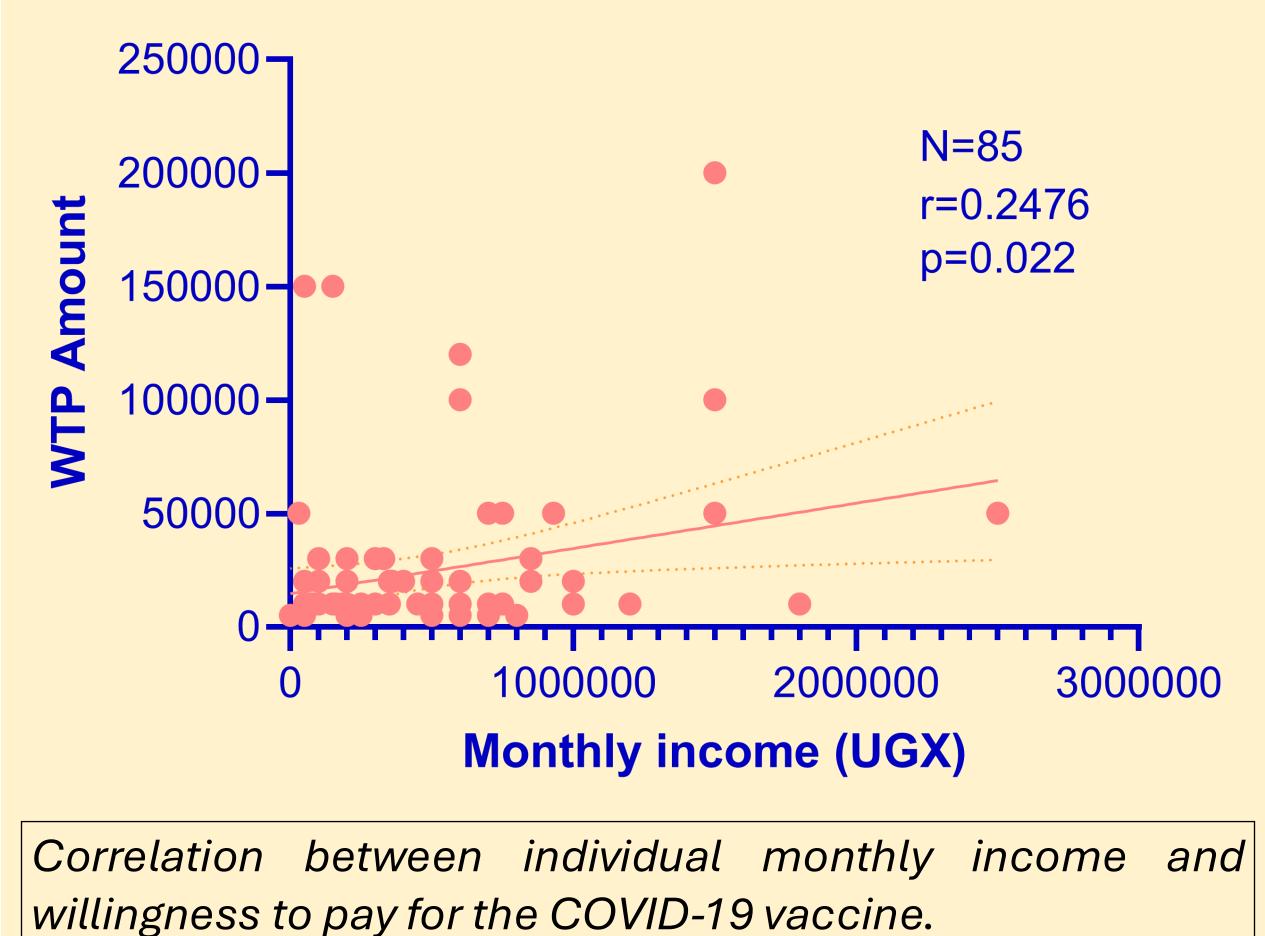
We aimed to assess the willingness to pay (WTP) for the COVID-19 vaccine and associated factors among high-risk individuals in Uganda using the health belief model.

METHOD

- ❖ We conducted a secondary analysis of data from 273 participants in a cross-sectional study on COVID-19 vaccine acceptance among high-risk patients at a Ugandan national referral hospital.
- *Descriptive statistics were used to summarize frequencies, percentages, means, or medians.
- A multivariable logistic regression model was used to assess the association of demographic factors and the health belief model with willingness to pay for the COVID-19 vaccine.
 - The mean age was 52.6 years, with 62.6% aged over 50 years and 59.1% female.
 - Most participants (83.9%) had at least one comorbidity, mainly cardiovascular diseases (61.5%) and diabetes (33.7%). Only 2.2% had prior COVID-19 infection.
 - Overall, 44.7% were willing to pay for the COVID-19 vaccine, with a median amount of 10,000 UGX (€2.5).
 - Willingness to pay was higher among males (p=0.007), the employed (p=0.014), urban residents (p=0.009), and those who believed in vaccine efficacy (p=0.003).
 - Participants who thought they were unlikely to get COVID-19 were less willing to pay for the vaccine (p=0.038).







CONCLUSIONS

- ✓ Nearly half of Ugandans at high risk of COVID-19 were willing to pay for a COVID-19 vaccine, with willingness influenced by gender, employment status, urban residency, and belief in vaccine efficacy.
- ✓ Targeted health education and equitable vaccine accessibility strategies are needed, particularly in rural areas and among populations with higher vaccine hesitancy.

CONTACT

Ronald Olum, MBChB

Makerere University School of Public Health

Kampala, Uganda

Email: olum.ronald@gmail.com

Website: dr.olum.com
LinkedIn: Ronald Olum
X: @IAmTheOlum

