Dear Editor,

It has been almost two years since the current pandemic had crippled societies, unlike any other disasters they have faced before. Although the treatments have come a long way from the start of the pandemic, prevention protocols and vaccination remain the only effective ways to reduce the overall morbidity and mortality in the communities [1]. Various vaccines have been introduced, and the regulatory agencies in different countries have recommended certain vaccines for specific populations. Since introducing COVID-19 vaccines, the battle against SARS-CoV-2 has changed to against the barriers and difficulties in proper purchasing, storage, and distribution of the vaccines. Each country has faced similar challenges in terms of supply and logistics [2, 3].

One of the main barriers in the wide-scale distribution is convincing the populations for vaccination [4]. Although mandatory vaccination convinced the majority of the people to vaccinate, a significant proportion of the people refused to do so [5].

Since the start of the vaccination program, several proposals have been advanced to increase the voluntary vaccination of COVID-19. The main ideas were increasing the public knowledge
and trust in the vaccine candidates' approval process, removing the practical barriers, rebuilding the trust in the communities, and involving the trusted public figures and social media influencers. On the other hand, several financial offers have been designed in some regions to encourage people to vaccinate [6]. For example, adults can enter a million-dollar lottery in Ohio to win a prize if vaccinated against COVID-19 [7]. The offer also includes college tuition and other benefits. In addition, several big companies offer non-monetary incentives in the form of coupons and vouchers in exchange for vaccination. Even the exemption of the vaccinated people from the mask mandates is considered an incentive gesture for some individuals.

There are ongoing conflicts regarding the vaccine incentives and the rewarding programs, especially whether these rewarding programs are ethically justified on a wide scale [8, 9]. The opposition believes that, first of all, vaccination protects the recipients directly and the unvaccinated people, people who are not eligible for vaccination, and the vulnerable populations, indirectly by reducing the spread, morbidity, mortality, and the overall burden of the disease. On the other hand, it encourages people to make the right choices for the well-being of their society and reduce the cost barriers in this matter. However, the broad-scale decisions in healthcare should not have ties with the financial status of people. Above all, vaccination is a moral duty, and we should not wane the moral significance by simply paying people [10]. However, if these stimuli can propel the people to take part in improving public health, they should be treated like other health programs such as smoking cessation in public spaces that have their rewards and penalties.

Conversely, this program might be unfair for people already vaccinated since they cannot benefit from the proposed rewards and facilities. Moreover, this could create the false expectation that future programs might be or should be accompanied by monetary/non-monetary incentives.

The incentive programs could be a helpful means in encouraging the population and improving their involvement in public health programs if performed appropriately. They should be designed prudently since they could carry several unnecessary risks: First, these programs should not be designed in a way that would make the target population view the vaccination as a risky effort, which would ultimately prevent the population from participating in these programs. Second, the expenses of the program should be justified against the benefits through the cost-effectiveness analysis to avoid the waste of public funds.

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References