



Evaluating the Impact of Mobile Money Incentives on Childhood Immunisation Completion in Rural Oromia, Ethiopia: A Systematic Review

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Abstract

Childhood immunisation completion rates in rural Ethiopia, particularly in the Oromia Region, remain below target levels. Geographic isolation and economic constraints are significant barriers to accessing health facilities. The widespread adoption of mobile money for financial transactions presents a potential mechanism for delivering conditional cash transfers to caregivers to improve immunisation adherence. This systematic review aimed to synthesise and critically evaluate existing evidence on the impact of mobile money-based incentive systems on the completion of recommended childhood immunisation schedules in remote villages of the Oromia Region, Ethiopia. A systematic search of multiple academic databases was conducted. Peer-reviewed studies, reports, and evaluations assessing mobile money incentives for childhood immunisation in the specified region were included. Studies were screened, selected, and their quality appraised using standardised tools. Data were extracted and synthesised thematically. The review identified a limited but consistent body of evidence. Findings indicate that mobile money incentives are feasible and are associated with a positive impact on immunisation completion. A prominent theme was the importance of integrating the incentive system with community health worker support. Included studies reported an increase in full immunisation coverage in intervention groups compared to controls. Mobile money incentives show promise as an intervention to increase childhood immunisation completion in rural Oromia by addressing financial and logistical barriers. However, the current evidence base is limited. Further robust, large-scale studies with longer follow-up periods are required to confirm long-term effectiveness and cost-effectiveness. Programme design must ensure integration with the existing health system and consider contextual factors such as mobile network coverage and digital literacy. Policy pilots should incorporate rigorous evaluation. mHealth, conditional cash transfer, digital health, vaccination coverage, health financing, Ethiopia. This review consolidates the initial evidence on mobile money incentives for immunisation in a specific, high-priority context. It provides a foundation for researchers and policymakers by highlighting the potential of this approach and the critical need for more comprehensive evidence to inform scale-up decisions.

Keywords: *Immunisation, Sub-Saharan Africa, Conditional cash transfers, Health systems, Rural health, Systematic review, Vaccination coverage*

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