

**Methods** Results pooled in the previous update of the LSR, or derived from the studies already known in the PMA, can be used to provide an objective/historical prior distribution. The combination of this information with the accumulated results (conditioning on these) provides the posterior probability distribution that can be used as the prior in the next iteration of the LSR/PMA (yesterday's posterior becomes tomorrow's prior).

**Results** We will show an example of BMA on a LSR of the association between Covid-19 and asthmatic patients and give practical suggestions for its use.

**Discussion** Without relying on asymptomatic normality assumptions, BMA is suitable as it is a coherent and flexible framework that, in comparison with frequentist MAs, allows a better assessment of the between-study variance and overcomes some common issues as dealing with missing data and publication bias.

154:poster **CHALLENGES OF ATTAINING UNIVERSAL HEALTH COVERAGE IN THE SUB SAHARAN AFRICA**

Gladys Msiska\*. *Kamuzu University of Health Sciences and Patrick Mapulanga (PD) is a Librarian at Kamuzu University of Health Sciences in Malawi*

10.1136/bmjgh-2022-ISP.H.41

**Objective** Universal health coverage (UHC) is about ensuring that people have access to the health care they need without suffering financial hardship (WHO, 2021). With rising non-communicable disease burdens, low-income countries are increasingly challenged to close the gap between demand for health spending and available public resources. The aim of the study is to assess the challenges of attaining UHC in low-income countries.

**Methods** The paper has followed an integrative review of the literature an approach which summarize empirical literature to provide a more comprehensive understanding of a healthcare problem (Whittemore & Knafl, 2005). A search strategy was developed and a search in Scopus, ScienceDirect, CINAHL, PubMed databases yielded 247 documents from the year 2011 to 2021 covering a full 10-year period. 66 duplicates and irrelevant articles were removed and 181 articles were considered for abstract review. 128 articles were not related to UHC. Only 53 were analysed thematically.

**Results** There are financial aspects related to heavy underfunding of the health care system in low income countries. There are significant gaps in countries' health systems and populations. For every 1,000 people in Malawi, there are .019 physicians and .283 nurses and midwives against the recommended 2.5 physicians per 1,000 people by WHO. Funders' priorities are at odds with what is required on the ground. UHC policies are poorly developed and implemented as they are engulfed in poor governance. Management, leadership, and organizational culture are all interconnected issues that affect UHC.

**Conclusions and Implications** UHC in the sub Saharan Africa faces multiple challenges. By implications, establishing UHC is dependent on improving infrastructure, training the healthcare workforce, expanding and improving existing healthcare facilities, developing information services, and ensuring the supply of medicines and medical technologies.

152:oral **CHALLENGES OF INSTITUTIONALIZING PRIORITY SETTING FOR UNIVERSAL HEALTH COVERAGE IN IRAN**

Haniye Sadat Sajadi. *Health Services Management, Knowledge Utilization Research Center, Tehran University of Medical Sciences, Tehran, Iran; University Research and Development Center, Tehran University of Medical Sciences, Tehran, Iran*

10.1136/bmjgh-2022-ISP.H.42

**Objective** To investigate the challenges of institutionalizing evidence-informed priority setting (EIPS) to develop/revise the health intervention package in Iran.

**Methods** A qualitative systematic literature review was conducted. Two international and one national database were extensively searched. Google Scholar was also mined to find potential studies. Relevant keywords were used in the English and Persian languages. Two individuals independently screened and extracted studies. The reference list of relevant studies was also scanned for cross-referencing. Studies with the defined inclusion and exclusion criteria were enrolled and relevant data extracted.

**Results** The socio-economic-cultural context and the perceived need for evidence-informed decision-making were the main challenges of enabling environment. Availability of financial and human resources, advocacy, political will, alignment of policies and guidelines, and the health system governance arrangement were the challenges of organization. The supports required are strategic planning, training and supervision, active stakeholders' participation, and strong leadership.

**Discussion** Further progress to achieve universal health coverage needs comprehensive measures to address challenges of EIPS institutionalization to revise the health intervention package in Iran. Besides the technical dimensions of EISP, we should consider motivations, establish structure, and strengthen support processes, which in turn provides a solid social coherence and strong leadership for EIPS.

171:oral **PROMOTING EQUITY IN RATIONING AND BEYOND THOUGH DISADVANTAGE INDICES: ASSESSING THE POTENTIAL OF A NOVEL APPROACH**

Harald Schmidt\*. *Dept of Medical Ethics and Health Policy; Perelman School of Medicine, University of Pennsylvania; USA*

10.1136/bmjgh-2022-ISP.H.43

**Background** In the USA, Covid-19 exposed deep social, racial and ethnic inequities—but policy makers also deployed a major novel tool to promote equity within, and likely beyond, the pandemic, by modifying allocation frameworks with disadvantage indices (DIs, ie: place-based measures integrating census variables such as income, education or housing-situation, enabling ranking geographic areas as small as neighborhoods).

**Objective** To assess to what extent DIs have been adopted, and what their potential is to improve equity in, and beyond, Covid-19 allocation-decisions.

**Methods** A) structured review of US states' use of DIs in the initial vaccine roll-out, (Schmidt et al. 'Equitable allocation...' *Nature Medicine* (27) 2021), C) literature scoping review of use of dominant DI (Pubmed/Embase/WebSc), D) Conceptual analysis.

**Results** In an unprecedented, rapid, and widespread effort, a majority of US states (n=34) added disadvantage indices in