Methods This study's analysis is based on the South Africa arm of the Prospective Urban Rural Epidemiology (PURE) Study data of 2015. The bivariate analysis was used to generate the prevalence of hypertension according to the participants' characteristics. In addition, the Chi-square test was used to examine the relationships between reported hypertension and characteristics of participants. Lastly, a multivariate logistic regression analysis was employed to estimate risk of hypertension, with 95% confidence interval.

Results Result shows that the prevalence of hypertension was higher among male, those who are 60 years and above, not employed, not educated, HIV negative, and overweight and obese. Further, the multivariate analysis showed the risk of hypertension is significantly lower among HIV-positive participants (OR: 0.45, CI: 0.31-0.64) and higher among obese participants (OR: 1.67, CI: 1.01-2.75).

Discussion Hypertension is an important health problem accounting for about 45.3% in the studied province in South Africa. Our study contributes to literature on the risk factors of hypertension in sub-Saharan African. Specifically, this study found that hypertension is relatively high in North West province and shows that the prevalence of hypertension is evident in the sociodemographic inequalities of the study population, as well as the modifiable factors used in the study. This study's findings suggest that interventions should be directed at the identified factors found to be associated with hypertension. In addition, more emphases should be placed on sensitizing people on major lifestyles that may increase the risk of hypertension.

142:oral USING MOBILE PHONES FOR COLLECTING HEALTH INFORMATION IN THE SUB SAHARAN AFRICA DURING THE COVID-19 PANDEMIC: TAKING LESSONS FROM THE WORLD DEVELOPMENT INDICATORS DATABASE

Ololade Julius Baruwa*, Hannah Asare, Lucia Olifant, Petra Bester, Iolanthé M Kruger, Cristian Ricci. *The Africa Unit for Transdisciplinary Health Research; North-West University; South Africa*

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Objective The primary aim of this study was to portray the level of spread and the dynamic of diffusion of mobile phone technology in sub-Saharan Africa during the last two decades. The secondary aim was to investigate factors related to the use of mobile phone technology in sub-Saharan Africa and to derive profiles of the most suitable areas to conduct mobile phone technology-based research.

Methods The present work was based on the data collected by the World Bank database; a collection of public access data derived from yearly surveys conducted at country level. Two methods were applied to perform the selection of variables related to the diffusion of mobile phones in sub-Saharan Africa. Firstly, a Least Absolute Shrinkage and Selection Operator (LASSO) regression was applied. Afterwards, a system of simultaneous equation was applied to estimate the model coefficients and determine the joint statistical significance.

Results The number of mobile phones subscriptions in relation to the population of sub-Saharan Africa has increased consistently during the period 2000 to 2010. The rate of mobile phones subscriptions in relation to the population ranged between less than 1% to more than 90%. Urban areas and having a lower number of people leaving in slums seems to be the most suitable places to conduct mobile phone-based interviews. This information is useful in identifying countries and macro areas to conduct mobile phone interviews; and this could be extended to smallest area within a country.

Discussion More effort is required to better understand how to identify areas suitable for conducting research using mobile phones and other electronic-based tools. Such an effort should be based on individual level surveys to understand not only the material possibility but also the will to participate to research based on data capturing made by mobile phones and similar tools.

207:oral REVISING THE ZANZIBAR'S ESSENTIAL HEALTH CARE PACKAGE

Omar Mwalim Omar*, Kjell Arne Johansson, Peter Hangoma. *Global Health and Primary Care, University of Bergen; Tanzania*

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Introduction Zanzibar's policy is in line with the UHC goals which aims to ensure that essential health services are delivered free of charge to the entire population. The Essential Health Care Package (EHCP) developed in 2007, however, for a number of internal and external factors the EHCP has not had much impact on the health system in Zanzibar.

Objective The overall objective of this paper is to describe steps used in the revision of the EHCP with specific focus on stakeholders' engagement.

Method The revision of Zanzibar's EHCP was done in 2019 of which the process is described in this paper. A roadmap that has been approved by the management of the MOH was developed by a team of experts, and technical input were received from various organisations including WHO and other international and national experts. TWG workshops and a series of consensus building meetings were conducted to discuss the concept of EHCP, roadmap for the revision, scope, criteria and methodological approach. A list of 586 interventions was first prepared and evidence was collected from national guidelines and documents.

Results Through deliberative process six criteria for selecting interventions were agreed which are: Financial Risk Protection, Cost-effectiveness, Priority to the Worse off, Disease Burden, Budget impact and Public and Political Acceptability. Further, a total of 224 interventions were agreed with 22 program areas and categorized as Low (5%), Medium (18%) and High (77%). Each of the interventions was linked to its respective delivery platform. Cost and effectiveness of the EHCP was analysed using the FairChoices tool.

Discussion The process of revising EHCP varies from country to country, however, there are many similarities. Institutionalization of the process and public participation are the areas that need to be strengthened.

100:poster LEAVE NO ONE BEHIND ON UNIVERSAL HEALTH COVERAGE: HUMAN RESOURCE CAPITAL AS AN APPROACH FOR THE LOWER- AND MIDDLE-INCOME COUNTRIES

[1]Omary Chillo*, [2]Githinji Gitahi, [3]Heri Marwa. [1]*Muhimbili University of Health and Allied Sciences/Tanzania Health Summit*; [2]*Amref Global*; [3]*PharmAccess Tanzania*

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Introduction The goal of universal health coverage (UHC) demands that everyone has access to basic healthcare. Human capital is the single most important investment in achieving UHC. According to World Bank's human capital index, Tanzanian's child potential is only 40% as he/she reaches 18 years versus 84% in Singapore. So, what eats away 60% of the child's potential?

Methodology We gather and synthesize the intellectual contributions from participants of the 7th and 8th Tanzania health Summit with a focus on the UHC and the role of human resources in achieving UHC. The discussions were recorded and key points extracted, validated, and re-structured for coherence and for policy brief publication.

Results The country needs to invest in the two aspects: first, increasing adolescent and child health nutrition, which will improve school attendance and increase their cognitive ability. Adolescence health will increase labor and productivity and also reduce fertility rate and child mortality. Second, improving adult health and nutrition increases access to natural human resources, improves the economy, and increases investment in physical capital which will lead to a large and effective labor force pool. In addition, the government must focus on the public health promotion and prevention domain, also the need for a responsive health system architecture that will focus on equity, innovation, and resilience.

Discussion In this perspective, strengthening human capital in primary healthcare is critical, and it should include a system shift to equity in accessing healthcare. Also a shift to execution by adopting technologies that will enhance accountability, like direct healthcare financing mechanisms in the country. And lastly, a shift to the primary healthcare efficiency by empowering people and communities, multisectoral policy and action, and improved integrated health services.

85:oral THE EQ-5D-5L OPUF SURVEY: QUANTIFYING HEALTH PRIORITIES ON THE INDIVIDUAL PERSON LEVEL USING COMPOSITIONAL PREFERENCE ELICITATION TECHNIQUES

[1]Paul Schneider*, [1]John Brazier, [2]Nancy Devlin, [1,3]Ben van Hout. [1]*ScHARR, the University of Sheffield, Sheffield, UK*; [2]*SPGH, University of Melbourne, Melbourne, Australia*; [3]*Open Health, York, UK*

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Introduction Social value sets (=QALY/DALY-weights) are essential inputs for HTA. To derive a social value set, various methods have been used, including time trade-off, or discrete choice experiments. However, all of these methods suffer from a major limitation: they are inefficient. Little information is obtained from each participant. As a result, data from hundreds if not thousands of participants is required. This limits the ability to derive value sets in resource-constrained settings or for small (patient) groups. Here, we report on the development of the 'OPUF tool'; a new online survey method for estimating value sets for the EQ-5D-5L (or any other health descriptive system). The approach is more efficient than conventional methods, and even allows estimating value sets on the individual level.

Methods The OPUF approach combines different compositional preference elicitation techniques into a new type of online survey. It broadly consists of three steps: dimension weighting, level rating, and anchoring. We tested the feasibility of using the OPUF survey to derive group-, subgroup-, and individual-level value sets for the EQ-5D-5L in the UK. An interactive demo version of the survey is available at: https://eq5d5l.me.

Results A representative sample (N = 1,000) of the UK population was recruited in August 2021. On average, it took participants about nine minutes to complete the survey. Data from 874 participants were included in the analysis.

We successfully constructed a personal EQ-5D-5L value set for each participant, and aggregate value sets for various subgroups. The validity of the models were assessed against the results from discrete choice experiments: the constructed personal value sets predicted participants' choices with an accuracy of 78.5%.

Conclusion Although the development of the OPUF tool is in an early stage, we think there are multiple potential applications and avenues for further research (e.g. patient decision-aid).

161:oral A GLOBAL REDISTRIBUTIVE AUCTION FOR VACCINE ALLOCATION

[1]Peder Skjelbred*, [2]Aksel Braanen Sterri. [1]*University of Oxford; UK*; [2]*Uehiro Centre for Practical Ethics, University of Oxford; Oslo Metropolitan University*

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The current allocation of vaccines against COVID-19 is widely perceived to be unfair. While high-income countries are administering booster shots, low-income countries have barely received any doses. In attempting to improve upon the status quo and ensure a better distribution of vaccines in future pandemics, ethicists like Emanuel et al. (2021) have proposed a more equal allocation of vaccines. These frameworks have utterly failed to change the practice. In this paper, we join reformers in proposing a new scheme for vaccine distribution: a global auction for vaccines where profits are distributed fairly to participating countries. Our proposal improves upon previous suggestions ethically by taking countries' differing valuations of money and vaccines seriously. Since an auction is in the interest of both vaccine manufacturers and high-income countries, it is also politically feasible. A global redistributive auction for vaccines thus promises to be a robust and ethically desirable way to allocate vaccines.

69:oral SOUTH AFRICA: THE PASSAGE AND IMPLEMENTATION OF A HEALTH PROMOTION LEVY AS A CASE STUDY FOR FAIR FINANCING PROCEDURES

P Kruger*, S Goldstein, KJ Hofman. *The SAMRC/Wits Centre for Health Economics and Decision Science (PRICELESS SA), Wits School of Public Health, University of Witwatersrand*

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Introduction Procedural fairness is an accepted requirement for health decision-making. Fair procedure promotes the acceptability and quality of a health decisions, while simultaneously advancing participatory democracy. As part of a larger project to determine the content of procedural fairness in health decision-making by the Norwegian Institute of Public Health (NIPH) and the Bergen Centre for Ethics and Priority Setting (BCEPS), we conducted a case study of the South African

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