

**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.

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

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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).

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#### A GLOBAL REDISTRIBUTIVE AUCTION FOR VACCINE ALLOCATION

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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.

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

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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