

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

Health Promotion Levy (HPL) passed in 2018. The case study examines the process around the adoption of the HPL from the perspective of procedural fairness with the view of identifying gaps and lessons transferable to other local decision-making processes and other jurisdictions.

Methods We conducted a desk review of publicly available data relating to the passage and implementation of the HPL, including a review of the policy documents, public submissions during the public participation process, response documents from policy makers, review of national legislative committee minutes, legal instruments and academic literature capturing public awareness, stakeholder views and media content. Data was then collated and analyzed using a set of principles developed by the NIPH and BCEPS.

Results The use of a legislative decision-making process meant the review of procedural fairness in the context of the HPL often highlighted the need for clear and inclusive legal principles relating to fair procedure. The process of the adoption and passage of the HPL met the majority of the procedural fairness criteria, however, a short-coming, which impacted on several criteria, was the failure to actively source the participation of community representatives and the larger public.

Conclusion The case study highlighted the overall importance of viewing general members of the public as interested parties in health policies and the dangers of over-involving policy opponents under a mistaken understanding of meaningful public engagement in decision-making procedures.

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COVID-19 VACCINE PROCUREMENT STRATEGY IN THAILAND: POLITICAL ECONOMY PERSPECTIVE

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Objectives The availability of COVID-19 vaccines is gradually changing the world, allowing countries to combat the pandemic using an offensive rather than defensive approach. The decisions to procure and manage the vaccines are influenced by a country's health system, its economic status, international politics as well as national interests. This study looks at this dynamic in Thailand through the lens of a political economy analysis to understand the distribution and influence of power and resources in procuring vaccines for an upper-middle income country.

Methods We conducted a document review and interviews with key stakeholders to gain insights into the health system and political economy implications of Thailand's COVID-19 vaccine procurement strategies. The data was analysed using a framework developed by Fritz, Kaiser, and Levy in 2009 on political economy analysis focusing on structural, institutional and stakeholder-related factors.

Results Thailand had been successful in containing COVID-19, however, a proactive approach to planning and procuring COVID-19 vaccines was not employed. Thailand did not join the multi-lateral COVAX Facility, and instead relied on two manufacturers. It also pursued a vaccine security policy by supporting domestic production of a COVID-19 vaccine. As of July 2021, the country has vaccinated 5.2% of its population, which is lower than the global average. Relevant groups and stakeholders in the vaccine policy landscape include the Ministry of Public Health, the National Vaccine Institute,

Government Pharmaceutical Organization, private hospitals, medical associations and the public among others. The study is at an early stage of analysis and results will be available in September 2021.

Conclusion The complexities of COVID-19 vaccine policymaking necessitate a nuanced, multidisciplinary approach. Political economy analysis can be a useful tool in informing the various stages of the policy making process such as agenda-setting, policy design, adoption, implementation and evaluation.

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COMMUNITY-ENGAGED COVID-19 DISASTER SOLUTIONS (CCDS): COLLABORATIVE ACTION RESEARCH TO SUPPORT PSYCHO-SOCIAL-ECOLOGICAL STRESSORS AND PROTECTIVE FACTORS AFFECTING THE HEALTH OF INDIGENOUS, VISIBLE MINORITIES, AND REFUGEE COMMUNITIES

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This project is a community-led collaboration between an interdisciplinary research team (including Indigenous and visible minority academics, health professionals and students working in health, and community disaster researchers) and First Nation leadership and community members. The project addresses two critical issues that affect Indigenous, visible minorities, and refugee communities: negatively impact their health and poor access to healthcare.

We will examine how ethnic and cultural identity, protective factors, and psycho-social stresses impact this pandemic. Given the growing ethnically diverse population of Alberta and Saskatchewan, Canada, it is essential to understand how these communities view, use, and experience health services to build their health resiliency. The findings will provide a high reward policy and programming recommendations to improve health services and deliver equitable, quality and ethnically conscious care during the COVID-19 disaster. Following relational, Indigenous, and antiracist theoretical frameworks, we will use a mixed-method approach of self-reported surveys, focus groups, individual interviews, and Indigenous story-sharing to collect data from the Indigenous, visible minorities, and refugee communities' overall health, factors that negatively impact their health, how they cope with adversity, and their usage of health services.

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PAVING THE ROAD FOR THE INSTITUTIONALIZATION OF A NATIONAL PRIORITY SETTING MECHANISM TO ADVANCE UHC

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Introduction Rwanda, an East African country with a 12.9 million population, is committed to sustaining significant