

measures of service coverage. Rigorous evaluation designs are required to assess the real-life effects of policies aiming to improve survival and identify the potential causes of (absence of) effects.

164:oral FAIR DOMESTIC VACCINE PRIORITISATION

¹Sadie Regmi*, ²Aksel Sterri. ¹Department of Population Health; Ethox Centre, University of Oxford; UK; ²Oslo Met and University of Oxford

10.1136/bmjgh-2022-ISP.H.96

During the COVID-19 pandemic, many countries have prioritised individuals for vaccination primarily on the basis of (intrinsic) risk factors such as older age and presence of comorbidities. Such a prioritisation strategy ignores risk of exposure to the virus and harm from non-pharmaceutical interventions. In this paper, we develop an account of fair allocation of vaccines. First, we argue fairness requires maximal proportional satisfaction of claims. Second, we argue what grounds people's claim to vaccines is that they are at risk of harm, and fairness requires people are prioritised for vaccination in proportion to the risks they face. Third, we defend an expansive understanding of relevant harms; when allocating vaccines, governments should, in principle, include all pandemic-related risk of harm. Finally, we consider several ways in which different harms could be traded off against each other and defend giving priority to mitigating direct risk of harm from an infectious agent. Our account also provides a principled reason for compensating people who suffer disproportionately from indirect risks of harm (e.g., harms from non-pharmaceutical interventions).

151:poster MENTAL HEALTH INEQUITIES IN THE GLOBAL SOUTH: CREATING SPACES FOR LOCAL VOICES

Samuel J Ujewe*. *Global Emerging Pathogens Treatment Consortium, Lagos, Nigeria*

10.1136/bmjgh-2022-ISP.H.97

This paper explores existing strategies for mental health care in Sub-Saharan Africa and points to the need to underpin the relevant approaches with a local equity framework. Using a case-study, it highlights that the approaches need to reflect local conceptualizations and lived experiences of mental health. The insights are presented against a background of the disproportionately low attention given to mental health care, despite its high burden tying to social, cultural and economic distress among affected persons and their communities. Reviewing the dominant approach to mental health, the articles shows how the underlying epistemic assumptions over shadow local voices while informing approaches that do not appropriately reflect the realities of those experiencing mental health problems, especially given inherent social, cultural and moral nuances that complicate access to services in African contexts. As a way forward, it proffers that an African communitarian equity framework, which reflects the contextual realities of mental health, should guide the relevant approaches towards creating spaces for local values and ethics in mental health reforms.

136:oral OPTIMISING HEALTH BENEFIT PACKAGES IN THE ERA OF COVID-19: A CASE STUDY FROM PAKISTAN

¹Sergio Torres-Rueda*, ¹Nichola Kitson, ¹Fiammetta Bozzani, ¹Sedona Sweeney, ²Wajeeha Raza, ³Mashal Murad Shah, ¹Nichola Naylor, ¹Carl Pearson, ¹Rosalind Eggo, ¹Matthew Quaife, ¹Simon Procter, ³Maryam Huda, ¹CHIL COVID Working Group, ¹Mark Jit, ¹Anna Vassall. ¹London School of Hygiene and Tropical Medicine, London, UK; ²University of York, York, UK; ³Aga Khan University, Karachi, Pakistan

10.1136/bmjgh-2022-ISP.H.98

Objective The health systems costs of COVID-19 are high in many countries, including Pakistan. Without increases in fiscal space, COVID-19 interventions are likely to displace other activities within the health system. We reflect on the inclusion of COVID-19 interventions in Pakistan's Essential Package of Health Services (EPHS) and, from a financial optimisation perspective, propose which interventions should be displaced to ensure the highest possible overall health utility within budgetary constraints.

Methods We estimated the costs of all 88 interventions currently included in the EPHS and collected published data on their cost-effectiveness. We also estimated total costs and cost-effectiveness of COVID-19 vaccination in Pakistan. We ranked all EPHS interventions and COVID-19 vaccination by cost-effectiveness, determining which interventions are comparatively least cost-effective and, in the absence of additional funding, no longer affordable.

Results The EPHS assumes a spending per capita of US \$12.96, averting 40.36 million disability-adjusted life years (DALYs). From a financial optimisation perspective, and assuming no additional funds, the introduction of a COVID-19 vaccine (US\$3 per dose) should displace 8 interventions out of the EPHS, making the EPHS more cost-effective by averting 40.62 million DALYs. A US\$6 dose should displace a further intervention and avert 40.56 million DALYs. A US\$10 dose would partially fall out of the package, displacing four additional interventions. If health spending per capita decreased to US\$8, a US\$3 dose would still be affordable, but not US\$6 or US\$10 doses.

Discussion Cost-effectiveness is only one criterion considered when deciding which interventions are included in (or removed from) a health benefits package. While displacing certain interventions to create fiscal space for the COVID-19 vaccine may lead to a financially optimal scenario, doing so may be politically unfeasible or socially undesirable. We highlight the difficult trade-offs that health systems face in the era of COVID-19.

169:poster GAPS IN HEALTHCARE SERVICES LEADING TO HIGH EXTRA-PULMONARY TUBERCULOSIS UN-ADDRESSED HIGH ECONOMIC BURDEN OF EXTRA-PULMONARY TUBERCULOSIS PATIENTS

Shoab Hassan*, Tehmina Mustafa, Bjarne Robberstad, Ole Frithjof Norheim. *Faculty of Medicine, University of Bergen, Norway*

10.1136/bmjgh-2022-ISP.H.99

Background Tuberculosis (TB), annual disease-burden >10.0 million is associated with socioeconomic disparities. Moreover, extrapulmonary tuberculosis (EPTB), despite its high disease-burden, Universal Health Coverage (UHC) implementation remains growing a public health concern.