

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

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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

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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 article shows how the underlying epistemic assumptions overshadow 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

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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

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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.

Methods We conducted a prospective cohort study from August 2014-2015 at Mnazi-Mmoja Hospital, Zanzibar. EPTB patients were interviewed for demographic and socioeconomic information and pre-diagnostic cost of EPTB was ascertained. Finally, regression analysis was used to identify factors predicting the high pre-diagnostic total cost for patients.

Results EPTB patients were predominantly children (35%) and young adults (50%); 55% were male. Average monthly income was US\$ 136 with no significant difference by gender. The median total cost for all patients was US\$ 98, mainly due to average indirect costs (65%). Around 58% of the patients suffered from catastrophic costs. On average, patients faced 67 days of reduced-productivity due to EPTB illness. Increase in average monthly income was the significant predictor of high total patient cost for all and male patients respectively, while increase in reduced working capacity led to a decrease in total cost for the female patients.

Discussion The calculated out-of-pocket and opportunity-costs caused significant socio-economic burden as compared to the developed-countries. Alarmingly, pre-diagnostic costs are linked with patients' ability to pay which highlights potential gaps in available UHC and a significant barrier to end-TB goals. The higher catastrophic-costs pushes the worse-off further into poverty and major barrier to achieve UHC. These findings highlight the need of affordable early interventions to tackle EPTB and avoid inequity by reducing socioeconomic burden.

119:poster

ACCESS TO EFFECTIVE BUT EXPENSIVE MEDICAL TREATMENTS: AN ANALYSIS OF THE CONCEPT OF SOLIDARITY

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Objective Personalized medicine is an increasingly prominent approach in many disease areas, including oncology and rare (genetic) disorders, but is often associated with high costs. The development of effective but (very) expensive medical treatments leads to discussions about whether and how such treatments should be allocated in solidarity-based universal access healthcare systems. In such discussions, the concept of solidarity is often used, but considered elusive. What does it mean?

Method We have conducted a conceptual analysis of the concept of solidarity as it is used in the literature on the allocation and funding of expensive medical treatments.

Results In this presentation, we identify and discuss four uses of the concept of solidarity: 1) the assistance of patients in need, 2) the upholding of the universal access healthcare system, 3) the willingness to contribute, and 4) the promotion of equality. We distinguish normative and descriptive uses of the concept, and analyze the overlap and differences between the concepts of solidarity and justice. Our analysis shows that the various uses of the concept of solidarity point to different, even conflicting, ethical stances on whether and how access to effective, expensive treatments should be provided.

Conclusion Although the concept of justice may serve as the decisive principle in the allocation of healthcare resources,

solidarity does have a role to play in discussions on funding of expensive medical treatments, requiring, for instance, that healthcare policies promote and maintain societal willingness to contribute to the care of others and the value of assisting patients in need.

170:poster

PRIORITY SETTING ACROSS DIFFERENT LEVELS OF DECISION-MAKING: THE WAY FORWARD

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Background Priority setting involves the practice of ranking interventions in order of their importance. In principle, the same priority setting criteria may be used across all levels of decision-making in health care. This may include decision-making on the macro (cabinet and the health ministry), meso (resource allocation within hospitals and health trusts) and micro level (bedside rationing).

Objective The aim of this article is to present a systematic discussion of priority setting across different levels of decision-making. Should different criteria for priority setting apply at the different levels? How can we decide which criteria fall into which category? And what should count as a sufficient argument for having different principles at different levels?

Methods We present the current literature on the topic through a scoping review. We expand on the literature to suggest useful definitions of levels of priority setting and candidate reasons for significant differences between the levels.

Results We found that definitions and the suggested number of levels differ, but the most favoured approach was two or three levels of priority setting. We present descriptive differences between the levels and suggest what we believe are useful definitions of levels of priority setting. We further present and discuss candidate reasons for ethically significant differences between the levels with applications for priority setting.

Discussion We consider this article to be a first step towards a more rigorous approach to priority setting across levels of decision-making in health care. We recommend that the levels of priority setting are more consistently and comprehensively defined. We argue in favour of further systematic discussion of this topic in future and conclude that this topic should be unavoidable in further discussions.

182:poster

THEORETICAL ASSUMPTIONS BEHIND THE COST-EFFECTIVENESS OF IVF TREATMENT

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In vitro fertilization (IVF) is a medical procedure in which an egg is fertilized outside the body before being placed inside a womb. Some countries have chosen to cover IVF through public spending, but there is usually a limit to the number of cycles being publicly covered. Ultimately, the willingness to public IVF-coverage will depend on its cost-effectiveness. Several attempts have been made to provide