

111:oral DESIGNING A HEALTH BENEFITS PACKAGE FOR HONDURAS: FROM THEORY TO PRACTICE

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Introduction Honduras is a LMIC with a fragmented health system with less than 100 US\$ per capita per year to meet its health needs. Under its commitment with UHC, the government decided to design one common health benefits package (HBP) for the population.

Methods The design of the HBP was carried out in five distinctive steps: i) The fundamental characteristics of the HBP (key goals, structure, scope, target population) were defined together with an interinstitutional team of the Honduran Ministry of Health and the Social Security Institute. ii) The universe of the potential candidates for inclusion were identified by taking advantage of previous work carried out in the country and the HBPs developed by the Disease Control Priorities Project. iii) Prioritization criteria (equity, efficiency and financial protection) and decision rules were discussed and operationalized. iv) A 'bottom-up' approach was used to cost the HBP with the current low coverage and with different targets of improved coverage levels. v) Fiscal impact analyses were elaborated and alternative expansion paths were discussed with the government putting forward ethical criteria on the road towards UHC.

Results The resulting HBP includes 74 essential health interventions. Honduras is currently allocating \$29 USD annually for the services included in the HBP while a 100% coverage would require an additional \$44 USD, an amount that accounts for over 50% the current health budget and that cannot be realistically reallocated from elsewhere. A progressive expansion path was suggested instead whereby marginal increases in the health budget would be allocated to the HBP. **Discussion** Designing a HBP is a multistep context-specific process that goes beyond the implementation of health technology assessment methods. It requires time intensive technical and participatory work, and substantial pragmatism to adapt the technical recommendations from the literature to the data and time restrictions on the ground.

200:oral HOW COUNTRIES AND GOVERNMENTS TACKLE THE COVID-19 PANDEMIC – AN ANALYSIS OF THE EFFECT OF COVID-19 INDICATORS ON COUNTRIES' STRINGENCY

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Introduction The global spread of COVID-19 has led to a wide range of pandemic response measures, with great heterogeneity between countries, varying mostly in time and duration of implementation. The stringency level of measures was

based on different epidemiological and health services indicators. In this work, we aimed to assess the association between these indicators and the stringency level imposed by countries. **Methods** We performed a retrospective observational and methodological study, using daily data on 22 EU countries between April and December 2020. The main outcome used was a composite indicator on the level of stringency of government response measures from the Oxford COVID-19 Government Response Tracker which comprises information on containment and health measures, economic response measures, health systems measures and vaccine policies measures. Lagged independent variables used were death rate, hospital bed occupancy rate, ICU occupancy rate and 14-day cumulative COVID-19 incidence. A panel data random-effects regression analysis was performed.

Results COVID-19 death rate showed the largest effect on the level of stringency of these EU countries, followed by ICU occupancy rate, hospitalization rate and COVID-19 incidence.

Discussion We show that epidemiological and health services indicators impacted the adoption of response measures to the COVID-19 pandemic differently. This highlights the different relative importance of incidence, death and pressure on health services when choosing between health and economic growth.

80:oral IS THERE SOMETHING SPECIAL ABOUT RARE DISEASES? EXAMINING SOCIETAL PREFERENCES FOR EXEMPTING ORPHAN DRUGS FROM COST-EFFECTIVENESS CRITERIA FOR REIMBURSEMENT

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Objectives Orphan drugs are increasingly available, but often do not meet cost-effectiveness criteria for reimbursement. Consequently, policymakers are regularly faced with deciding on exempting orphan drugs from these criteria, knowing that they do apply to non-orphan drugs. Our aim was to examine whether and, if so, why there would be societal support for such a waiver.

Methods We conducted a discrete choice experiment in a representative sample (n=1,172) of the public in the Netherlands. We elicited preferences for reimbursing a new drug for patients with a rare disease, whilst a similar drug would not be reimbursed for patients with a common disease for it being cost-ineffective. The circumstances were identical regarding patients' age, disease severity, health benefits, and treatment costs, but different regarding disease type and—in relation—patient number, budget impact, and health-insurance premium increase. After completing ten choice tasks, respondents explained why they had a consistent or varying preference for reimbursement. We applied random-intercept logit regression models and the Framework Method for analysing the data.

Results Of the respondents, 22% had a consistent preference for not reimbursing the orphan drug, because 'this was unfair to patients with a common disease', and 33% had a consistent preference for reimbursing it, because 'patients are entitled to access new drugs'. The remaining 45% had varying preferences and was more likely to prefer reimbursement when patients were aged >1 and <70 years, had mild disease severity, and benefited relatively well from treatment.