

fragmentation. We fitted random-effect within-between regression models to assess the environment-mental health associations.

At the within-person level, increased exposure to PM_{2.5} was associated with increased externalising problems, while increased social fragmentation exposure was associated with decreased externalising problems. Stratification revealed that the association with PM_{2.5} was significant only for movers, whereas the association with social fragmentation remained only for non-movers. At the between-person level, higher noise levels were associated with higher levels of externalising problems, while higher deprivation was associated with more internalising problems. The non-linear between-person PM_{2.5}-externalising problems association turned positive when PM_{2.5} >15 µg/m³. Null associations were found for green space.

Our findings suggested that air pollution, noise and neighbourhood deprivation are risk factors for adolescent mental health. Not only exposure levels but also exposure changes matter for adolescent mental health.

Track 1: Planetary health and health systems
3.8: Universal health coverage
SDG 16: Peace, justice, and strong institutions

191 | Mutual health organizations legitimacy in the South-Kivu Province, Eastern Democratic Republic of Congo

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Legitimacy is an important resource for an organization, especially in times of crisis. So, an organization needs to know how to develop legitimacy and not lose it. In fact, legitimacy is granted by stakeholders who have different roles with more or less demands and power towards the organization. Managing to satisfy them can be a major challenge. The mutual health organizations (MHOs) sector in the South-Kivu province, east of the Democratic Republic of Congo is not an exception to this rule. It faces, like other member-based organizations, the need to manage and deal with its stakeholders and its legitimacy. The last few years have been particularly difficult for the sector, as several reproaches have plagued it. The legitimacy of MHOs is therefore a current topic that should be analysed. This is what this study seeks to do. It aims to gain a greater understanding of stakeholders' perceptual elements that legitimize or delegitimize the MHOs.

We used thematic analysis. Three groups of stakeholders were analysed: MHOs members, MHOs employees and representatives of the public administration.

The results reveal several themes that lead to both a positive and negative view of the MHOs sector by its stakeholders including

the impact on the community, the service quality, distribution of value and the governance. These elements are related to the pragmatic and normative dimensions of legitimacy.

We suggest strategies for MHOs operating in the South Kivu Province, to restore and better manage their legitimacy.

Track 1: Planetary health and health systems
3.1: Maternal health 3.2: Newborn and child health 3.3: Infectious diseases, incl HIV/AIDS, tuberculosis and NTDs 3.4: Non-communicable diseases, incl. mental health 3.7: Sexual and reproductive healthcare services 3.8: Universal health coverage 3.C: Heal
SDG 3: Good health and well-being SDG 5: Gender equality

205 | 'Vaccine equity': A step towards decolonisation or the perpetuation of health inequity?

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While COVID vaccination coverage is high in rich countries, Sub-Saharan Africa lags behind. Numerous global health institutions and academics have embraced the objective of "vaccine equity", viewed as increasing COVID-19 vaccine coverage in low- and middle-income countries (LMICs). This is presented as a "moral imperative", a step towards decolonisation.

We performed a critical analysis of the literature on COVID-19 vaccines and health equity.

Billions of dollars have been committed to COVID-19 vaccine coverage in LMICs. This does not necessarily build health equity, which refers to equal access to healthcare for equal needs. Half of the African population is below 19 years of age, comorbidities are relatively infrequent and 9/10 of people have been infected by SARS-CoV-2. This further reduces the expected benefits from vaccines on top of the rapidly waning and reduced effectiveness against variants, and the significant risk of adverse events. Investing health systems' scarce resources in COVID-19 vaccines diverts them from other important priorities for African people, such as the burdens of malaria, tuberculosis, HIV/AIDS, malnutrition, reproductive health and universal health coverage.

Such a diversion of resources to a relatively low disease burden is likely to reduce health equity. The administration of COVID-19 vaccines should be targeted to those for whom the benefit clearly outweighs risks, to free budgets to support higher priorities. It is high time African countries chose their own health priorities – based on their specific epidemiological situation and preferred health interventions– rather than imposed global targets. This would constitute genuine decolonisation.

Track 1: Planetary health and health systems
3.D: Global health risks
SDG 11: Sustainable cities and communities