

complicate its operationalization, if the various organizations explicitly articulate their equity focus, each organization may concentrate on different dimensions of vulnerability. Thus, all organizations will contribute to achieving equity in all the relevant dimensions.

Conclusions Since most DAPs support some form of equity, we highlight a need for an internationally recognized framework that recognizes the intersectionalities of vulnerability, for mainstreaming and operationalizing equity in DAP priority setting and resource allocation. This framework will support consistent conceptualization and operationalization of equity in global health programs. The degree to which equity is actually integrated in these programs merits further study.

165:oral

THE ROLE OF PRIORITY SETTING IN PANDEMIC PREPAREDNESS AND RESPONSE: A COMPARATIVE ANALYSIS OF COVID-19 PANDEMIC PLANS IN 12 COUNTRIES IN THE EASTERN MEDITERRANEAN REGION

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Background The COVID-19 pandemic has significantly disrupted health systems in the Eastern Mediterranean Region (WHO-EMRO), where over half of the countries are affected by armed conflict. Active humanitarian and refugee crises have led to mass population displacement and increased health system fragility. This has exacerbated pre-existing resource gaps and increased competition for meager resources. With large proportions of vulnerable populations - refugees, migrants, and internally displaced people (IDPs) - their explicit consideration in planning documents is critical if equitable priority setting is to be realized during the pandemic. We examine what and how priority setting (PS) was included in national COVID-19 pandemic plans within the region.

Methods An analysis of COVID-19 pandemic response and preparedness planning documents from a sample of twelve purposively selected countries in WHO-EMRO. We assessed the degree to which documented PS processes adhere to twenty established quality indicators of effective PS from Kapiriri & Martin's framework.

Results While all reviewed plans addressed some aspect of PS, none included all quality parameters. Yemen's plan included the most quality parameters (12), while Egypt's addressed the least (4). Publicity of priorities was common to all plans. The next most commonly identified parameter was use of evidence to guide planning and PS. When considering equity as a PS criterion, despite the high concentration of refugees, migrant, and IDPs in the region, only a quarter of the plans prioritized these populations.

Discussion When setting priorities in health emergencies, context is paramount. In areas experiencing conflict and crisis, PS can be an undemocratic and challenging process. Health system fragmentation is key contributor to COVID-19 inequities experienced across the EMRO region. Limited prioritization of vulnerable groups like refugees, migrant, and IDPs in planning documents, will have long-term health implications and

exacerbate the disproportionate burden of COVID illness and death for these groups.

176:poster

PRIORITISATION OF COVID-19 VACCINES: WHAT KIND OF EXPERTISE CAN ETHICISTS OFFER?

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Objective The political costs associated with healthcare priority-setting give decision-makers an incentive to shield from the consequences of unpopular decisions. This fact, together with the factual and normative complexity of priority-setting decisions, give politicians reason to delegate decision-making through arrangements such as consultative procedures and to seek the advice of moral and political philosophers. Not surprisingly, many countries made use of ethics expert panels to advice on priority setting of COVID-19 vaccines in the first phase of the pandemic. However, the authority of a distinctive expertise in ethical guidance was being questioned in the public debate on vaccine prioritisation. This sceptical stance regarding the role and expertise of the ethics expert is not new. If we are all equal as autonomous beings and autonomy is the source of normativity, then we all have equal capacity for moral decision-making. The aim of this paper is to examine if and how ethics expertise can contribute to policy making regarding the development and implementation of COVID-19 immunisation programmes: What kind of expertise can ethicists offer?

Methods Theoretical discussion based on an illustrative case: Domestically prioritisation of COVID-19 vaccines.

Results and Discussion We argue that ethicists have an epistemic authority in the sense of being in a privileged position to give ethical advice if a set of meta-principles for regulation of the ethical debate is followed. By using a methodology of 'engaged philosophy', the ethics experts should seek to identify relevant values in the context of a specific problem and work through a series of steps so that broad agreement can be made in a given case. While we may not necessarily converge on the deepest foundations for our normative beliefs, we may reach agreement particular outcomes and mid-level principles.

149:oral

NATIONAL ADAPTATION AND IMPLEMENTATION OF THE WHO MODEL LIST OF ESSENTIAL MEDICINES: A QUALITATIVE EVIDENCE SYNTHESIS

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Access to essential medicines is a key component of Universal Health Coverage, and the World Health Organization's Model List of Essential Medicine (WHO EML) has played a critical role in guiding the country-level selection and financing of medicines for more than four decades. This study identified factors affecting adaptation and implementation of the WHO Model List of Essential Medicines (WHO EML) at the national level.