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

[1]Donya Razavi*, [2]Mariam Noorulhuda, [1]Marcela Velez, [1]Lydia Kapiriri, GPSet Collaboration'. [1]*Health, Aging and Society; McMaster University; Canada*; [2]*National Institutes of Health, Department of Bioethics*

10.1136/bmjgh-2022-ISPH.30

**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 mostly 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?

Eli Feiring*. *Health management and economics; University of Oslo; Norway*

10.1136/bmjgh-2022-ISPH.31

**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

[1]Elizabeth F Peacocke*, [1]Sonja L Myhre, [2]Hakan Safaralilo Foss, [1]Unni Gopinathan. [1]*Global Health; Norwegian Institute of Public Health; Norway*; [2]*Faculty of Medicine, University of Oslo*

10.1136/bmjgh-2022-ISPH.32

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.



BMJ Glob Health: first published as 10.1136/bmjgh-2022-ISPH.32 on 28 April 2022. Downloaded from http://gh.bmj.com/ on June 15, 2024 by guest. Protected by copyright.

A qualitative evidence synthesis was conducted, by searching ten databases through October 2021. Primary qualitative studies focused on country-level implementation of the WHO EML were included. We screened 1,567 unique citations, reviewed 183 full texts, and included 23 studies, from 30 settings. Our findings centered around three main ideas pertaining to national adaptation and implementation of the WHO EML: (1) the importance of designing institutions, governance and leadership for national medicines lists, particularly the consideration of transparency, leadership, legislative mechanisms, managing regional differences and clinical guidance; (2) the capacity to manage evidence to inform NML updates, including processes for contextualizing the global evidence, utilizing local data and expert knowledge and assessing costs, to which locally relevant data and the use of cost-effectiveness information plays an important role; (3) the influence of NML on purchasing and prescribing by altering provider incentives, through linkages to systems for financing and procurement and donor influence. Non-English studies and experiences and perceptions of stakeholders published in grey literature was not collected.

This qualitative evidence synthesis underscores the complexity and interdependencies inherent to implementation of the WHO EML. To maximize the value of national medicines lists, greater investments should be made in processes and institutions that are needed to support various stages of the implementation pathway. Moreover, further research on linkages between NMLs, procurement and the availability of medicines will provide additional insight into optimal NML implementation.

130:oral

## ADHERING TO PRINCIPLES AND PRACTICES OF UNIVERSAL HEALTH CARE IN GHANA : PRIORITIZING OCCUPATIONAL AND SAFETY CONCERNS FOR HEALTH PROFESSIONALS FROM A FACILITY IN GHANA

Emelia Ampomaah Panti*. *Emergency Medicine; Komfo Anokye Teaching Hospital; Ghana*

10.1136/bmjgh-2022-ISPH.33

**Introduction** Occupational and safety issues shave gained attention in the health facilities. Nursing appears to be a hazardous occupation in the world but not much attention has been advocated about health and safety issues facing the nursing profession in Ghana especially at the facility at Agogo The basis of this project is that, though nurses do contribute to health care delivery in Ghana there appears to be serious breaches about work-related hazards among sampled nurses from the survey at the Presbyterian Hospital at Agogo.

**Methods** A quantitative descriptive with longitudinal section was used in the study. A simple random technique with stratified disproportional was also used to have a sample size of 102 respondents of all grades and gender. A standard questionnaire was used to gather data.

**Results** The results showed respondents as registered nurses, females (70.6%) and males (29.4%). Most respondents (75.5%) were knowledgeable about hazards in healthcare facility. In addition, 20.6% had not completed hepatitis B immunization, 38.2% had suffered from occupational health hazard, the greatest contributing factor to health was heavy workload with inadequate staff. Most respondents (75.5%) improvised to achieve results other than standard procedure at work.

**Discussion** Respondents answered in affirmative about lack of post basic training as measures aimed at safety practices and minimizing exposure to hazards such as provision of safety equipment, core -placement and routine training on safety practices are needed. Adequate reinforcement of staff capacity and capability through drills in healthcare facilities should be made mandatory. Ghana is striving for perfection for an improved health delivery but it is also imperative that occupational hazards and safety measures for staff at medical facilities should be improved. The targets of SDG 3 needs to be achieved particularly with good policy support from the government

131:oral

## WHERE SHOULD WE DRAW THE LINE?' A QUALITATIVE STUDY OF ETHICAL DILEMMAS AMONGST NURSING HOME DOCTORS DURING THE FIRST HALF OF THE COVID-19 PANDEMIC

[1]Emily McLean*, [2]Ingrid Miljeteig*, [3]Kristine Husøy Onarheim. [1]*Bergen Center for Ethics and Priority setting, Department of Global Public Health and Primary Care, University of Bergen, Norway*; [2]*Department of Global Public Health and Primary Care, University of Bergen, Norway*; [3]*Affiliated researcher Bergen Center for Ethics and Priority Setting*

10.1136/bmjgh-2022-ISPH.34

Nursing homes in Norway have carried a heavy burden during the Covid-19 pandemic. They had the most virus related deaths, and strict rules for visits, testing and isolation. They had to follow a clear priority to prevent unnecessary hospital admissions in order to not overburden the hospitals. This study explores the ethical dilemmas as experienced by doctors working at nursing homes during the first half of the pandemic.

**Method** Qualitative analysis of nine in-depth interviews with doctors working at five different nursing homes in Bergen, Norway. Analysed by Attride-Stirling thematic network analysis.

**Results** Our study found that ethical dilemmas at nursing homes were enhanced by the pandemic. Admitting a sick resident to the hospital became a trade-off between what doctors were capable of handling versus the priority guidelines to prevent unnecessary admissions. End-of-life care for Covid-19 residents was a balance between administrating a high enough doses of morphine to alleviate suffering though making sure the dose was not lethal. Since dying residents were allowed visitors, it became a dilemma to define when a patient was dying. Strict rules regarding visits were challenging as the risk of getting the virus into the nursing home had to be weighed against residents wellbeing. Coercive measures for testing and isolating residents had to be assessed against the real need for doing such tests.

**Discussion** Dealing with ethical dilemmas at nursing homes during the pandemic has been challenging. Are we doing more harm than good when enforcing strict rules for visits in an effort to prevent the virus from entering nursing homes? Is it okay to do coercive testing and isolation in order to curb the spread of the virus? Are we doing good if the only way to alleviate suffering at end-of-life treatment for Covid-19 residents is through a lethal dose of morphine?

BMJ Glob Health: first published as 10.1136/bmjgh-2022-ISPH.32 on 28 April 2022. Downloaded from http://gh.bmj.com/ on June 15, 2024 by guest. Protected by copyright.