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

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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

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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?