

of studies, further risk or economic evaluation, clinical ethics consultation, an expert panel evaluation, or other (depending on local circumstances).

Discussion EsDA provides a systematic process for increasing awareness about principles for quality management and priority setting among clinical leaders, in order to develop safe, effective, efficient and patient-centered services. A database of completed EsDa forms facilitates comparison and harmonization of decisions and research, and documents how the hospital sets priorities to improve the quality and outcome of care. Further work includes a pilot project among clinical leaders, establishment of criteria for when they should use EsDA, evaluation of the digital platform and database, and implementation research.

89:poster **EFFECTIVENESS OF PRIORITY SETTING IN HEALTH CARE**

Gert Jan van der Wilt*. *Radboud University Medical Centre, Nijmegen, the Netherlands*

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Introduction In the past decades, several aspects of priority setting in health care have been addressed, but relatively little attention has been given to the question of its effectiveness. There may be several reasons for this, including the significant methodological challenges associated with such endeavor. However, raising the effectiveness issue could still be worthwhile. It could engender a debate as to what, exactly, is or is to be pursued by priority setting in health care, and it might increase our understanding of underlying mechanisms or pre-conditions for priority setting to work well.

Methods A review of policy analyses of the effectiveness of priority setting at the national level in the Dutch health care system.

Results As part of a wider evaluation, a recent study has shown that so far, governmental influence on the composition of the benefit package has been small. In addition, the National Accounting Office has shown that explicit priority setting has had only minor impact on the financial sustainability of the health care system. Finally, the Scientific Council for Government Policy has shown that the way resources are being spent results only to a small degree from explicit policy decisions. It argues that quality and accessibility of certain health care sectors (e.g., mental health, youth care) are insufficient, calling for more forceful explicit priority setting.

Conclusions Research into the effects of priority setting at the national level in the Dutch health care has been sparse, and rarely explicitly addresses equity issues. Such research could further advance the field of priority setting, particularly if priority setting were conceived as a practice, a practice that requires a culture of priority setting, and v.v.

83:poster **COVID-19 AND THE PRECARIOUS SITUATION OF LESBIANS, GAYS AND BISEXUALS IN ETHIOPIA**

¹Getnet Tadele*, ²Woldekidan Made. ¹Addis Ababa University, Ethiopia; ²University of Western Cape, South Africa

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The burden of the pandemic is more pronounced among vulnerable and marginalized groups in the society, who, in the context of complex disadvantages, do not have the means to cope with the multifaceted disruptions in the labour market, food and health system, and their social networks. The pandemic and different measures taken by the Ethiopian government including State of Emergency (SOE) and strategies to contain COVID-19 affect all citizens in general and LGB in particular.

This mixed methods study seeks to assess the impact of COVID-19 and the wide socio-economic and political upheaval associated with the State of Emergency Proclamation on the lives of LGBs in Ethiopia. The research combines phone surveys involving 200 LGB and qualitative interviews with 12 LGB.

Most of the participants reported experiencing drastic changes in their lives since the advent of COVID-19. The most reported as well as the worst experiences include unemployment/reduced income and food/housing insecurity; fear of COVID-19 infection or death; inability to continue normal daily life, social and intimate relationship; and change in living arrangement. A small proportion of participants also mentioned violence. The study confirmed the precarious situation of sexual minorities in times of crisis. The ongoing war since Nov.2020 and resulting insecurity have led to disruption and destruction of the economy, social and health services; and deterioration of peace and security with significant bearing on marginalized groups.

Long standing and entrenched stigma and widely held notions of heteronormativity have relegated LGB in Ethiopia to the margins of society. The pandemic and subsequent SOE and internet interruptions have pushed LGB into further physical, social, and economic vulnerabilities and marginalization. Within the LGB group, the impact varies across individuals based on their socioeconomic and health standing. The situation calls for concerted policy measures to address economic, social, and health determinants.

73:poster **LIVING SYSTEMATIC REVIEWS (LSR) AND PROSPECTIVE META ANALYSIS (PMA): A CALL-OF-DUTY FOR BAYESIAN ANALYSIS**

^{1,2}Gian Luca Di Tanna*, ¹Anthony Paulo Sunjaya, ¹Joseph Alvin Santos, ^{2,3}Soumyadeep Bhaumik, ¹Robert Grant. ¹The George Institute for Global Health, Australia; ²University of New South Wales, Sydney, Australia; ³The George Institute for Global Health, India

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Background The recent Covid-19 pandemic has accelerated the use of LSRs and PMAs, viewed as the 'next generation systematic reviews and meta-analyses'. LSRs and PMAs are prospective designs that can reduce the problems of traditional retrospective meta-analyses (MA) such as selective outcome reporting and publication bias, missing data, etc., and thus offer a better option for incorporating and generating new evidence.

Objectives We propose the Bayesian approach as a method for analysing LSRs and PMAs. Bayesian Meta Analysis (BMA) is particularly appealing - actually, natural - for these designs as it clearly reflects the process of learning, defined as new evidence coming to update the previous knowledge, that is intrinsic to LSRs and PMAs.

Methods Results pooled in the previous update of the LSR, or derived from the studies already known in the PMA, can be used to provide an objective/historical prior distribution. The combination of this information with the accumulated results (conditioning on these) provides the posterior probability distribution that can be used as the prior in the next iteration of the LSR/PMA (yesterday's posterior becomes tomorrow's prior).

Results We will show an example of BMA on a LSR of the association between Covid-19 and asthmatic patients and give practical suggestions for its use.

Discussion Without relying on asymptomatic normality assumptions, BMA is suitable as it is a coherent and flexible framework that, in comparison with frequentist MAs, allows a better assessment of the between-study variance and overcomes some common issues as dealing with missing data and publication bias.

154:poster **CHALLENGES OF ATTAINING UNIVERSAL HEALTH COVERAGE IN THE SUB SAHARAN AFRICA**

Gladys Msiska*. *Kamuzu University of Health Sciences and Patrick Mapulanga (PD) is a Librarian at Kamuzu University of Health Sciences in Malawi*

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Objective Universal health coverage (UHC) is about ensuring that people have access to the health care they need without suffering financial hardship (WHO, 2021). With rising non-communicable disease burdens, low-income countries are increasingly challenged to close the gap between demand for health spending and available public resources. The aim of the study is to assess the challenges of attaining UHC in low-income countries.

Methods The paper has followed an integrative review of the literature an approach which summarize empirical literature to provide a more comprehensive understanding of a healthcare problem (Whittemore & Knafl, 2005). A search strategy was developed and a search in Scopus, ScienceDirect, CINAHL, PubMed databases yielded 247 documents from the year 2011 to 2021 covering a full 10-year period. 66 duplicates and irrelevant articles were removed and 181 articles were considered for abstract review. 128 articles were not related to UHC. Only 53 were analysed thematically.

Results There are financial aspects related to heavy underfunding of the health care system in low income countries. There are significant gaps in countries' health systems and populations. For every 1,000 people in Malawi, there are .019 physicians and .283 nurses and midwives against the recommended 2.5 physicians per 1,000 people by WHO. Funders' priorities are at odds with what is required on the ground. UHC policies are poorly developed and implemented as they are engulfed in poor governance. Management, leadership, and organizational culture are all interconnected issues that affect UHC.

Conclusions and Implications UHC in the sub Saharan Africa faces multiple challenges. By implications, establishing UHC is dependent on improving infrastructure, training the healthcare workforce, expanding and improving existing healthcare facilities, developing information services, and ensuring the supply of medicines and medical technologies.

152:oral **CHALLENGES OF INSTITUTIONALIZING PRIORITY SETTING FOR UNIVERSAL HEALTH COVERAGE IN IRAN**

Haniye Sadat Sajadi. *Health Services Management, Knowledge Utilization Research Center, Tehran University of Medical Sciences, Tehran, Iran; University Research and Development Center, Tehran University of Medical Sciences, Tehran, Iran*

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Objective To investigate the challenges of institutionalizing evidence-informed priority setting (EIPS) to develop/revise the health intervention package in Iran.

Methods A qualitative systematic literature review was conducted. Two international and one national database were extensively searched. Google Scholar was also mined to find potential studies. Relevant keywords were used in the English and Persian languages. Two individuals independently screened and extracted studies. The reference list of relevant studies was also scanned for cross-referencing. Studies with the defined inclusion and exclusion criteria were enrolled and relevant data extracted.

Results The socio-economic-cultural context and the perceived need for evidence-informed decision-making were the main challenges of enabling environment. Availability of financial and human resources, advocacy, political will, alignment of policies and guidelines, and the health system governance arrangement were the challenges of organization. The supports required are strategic planning, training and supervision, active stakeholders' participation, and strong leadership.

Discussion Further progress to achieve universal health coverage needs comprehensive measures to address challenges of EIPS institutionalization to revise the health intervention package in Iran. Besides the technical dimensions of EISP, we should consider motivations, establish structure, and strengthen support processes, which in turn provides a solid social coherence and strong leadership for EIPS.

171:oral **PROMOTING EQUITY IN RATIONING AND BEYOND THOUGH DISADVANTAGE INDICES: ASSESSING THE POTENTIAL OF A NOVEL APPROACH**

Harald Schmidt*. *Dept of Medical Ethics and Health Policy; Perelman School of Medicine, University of Pennsylvania; USA*

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Background In the USA, Covid-19 exposed deep social, racial and ethnic inequities—but policy makers also deployed a major novel tool to promote equity within, and likely beyond, the pandemic, by modifying allocation frameworks with disadvantage indices (DIs, ie: place-based measures integrating census variables such as income, education or housing-situation, enabling ranking geographic areas as small as neighborhoods).

Objective To assess to what extent DIs have been adopted, and what their potential is to improve equity in, and beyond, Covid-19 allocation-decisions.

Methods A) structured review of US states' use of DIs in the initial vaccine roll-out, (Schmidt et al. 'Equitable allocation...' *Nature Medicine* (27) 2021), C) literature scoping review of use of dominant DI (Pubmed/Embase/WebSc), D) Conceptual analysis.

Results In an unprecedented, rapid, and widespread effort, a majority of US states (n=34) added disadvantage indices in