of stakeholders from sectors other than health (e.g., transportation, finance, trading, international affairs); and seven countries reported detailed information about approaches used to involve stakeholders, as well as different stakeholder groups engaged from academia, medical organizations, religious institutions, or citizen groups.

Discussion In all reviewed plans, stakeholders were dominated by national government and expert representatives from the health sector. Direct involvement of citizens, community or patient groups was recorded in only a few plans. This low level of public participation may be related to the urgency with which plans were developed.

70:poster HEALTH SYSTEMS INTERVENTIONS FOR DECREASING NEONATAL MORTALITY IN INDIA: AN OVERVIEW OF SYSTEMATIC REVIEWS

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Background The Sustainable Development Goals (SDGs) aim to reduce Neonatal Mortality Rate (NMR) to 12 deaths per 1000 live births by 2030. Although India has made substantial progress in the last few decades in improving child health, achieving NMR targets remains a challenge.

Methods We conducted an overview of Systematic Reviews (SRs) published in the last three years which evaluated health systems (HS) interventions to reduce NMR. We searched two electronic databases and used the Cochrane Effective Practice and Organisation of Care (EPOC) classification to define HS intervention. Two reviewers independently conducted screening, full-text evaluation, data extraction and quality assessment (through AMSTAR-2). Disagreements were resolved by consensus. A narrative synthesis was conducted.

Findings We identified 20 SRs and two overviews of SRs meeting eligibility criteria. About half(n=10) of the SRs appraised were of critically low confidence as per AMSTAR-2 Criteria. Evidence on HS interventions was available for delivery arrangements domain(n=12,54%), implementation strategies(n=9,40.9%), one SR on multi-component interventions and none on governance and financial arrangement interventions. Community-based programmes of newborn care(1 SR, 5 studies), home visits by community health workers(1 SR, 9 studies), inter-professional education to healthcare providers (2 SRs, 20 studies), community mobilisation(1 overview, 7 studies), training in emergency obstetric care(1 overview, 5 studies) were found to decrease NMR. Interventions like self-management using home-based records(1 SR, 2 studies), targeted client communication via mobile(1 SR, 4 studies), hospitalisation in single family rooms vs common bay rooms(1 SR, 7 studies), clinical practice guidelines(1 SR, 5 studies),clinical incident reporting(1 SR, 4 studies) were reported to not have any significant impact on NMR.

Conclusion The overview identified HS interventions which might be used to decrease NMR although many SRs were of low quality. There is a need for more high quality updated SRs which can inform policy and practice to achieve the NMR SDG.

137:oral TAKING A CHANCE ON HEALTH: THE LOTTERY PRINCIPLE, HEALTHCARE RESOURCE ALLOCATION, AND ORPHAN DRUGS

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When people have equal claims to a non-divisible good, such as a life-saving drug or ventilator, a lottery procedure is sometimes used to 'break the tie' and determine who receives the good. However, within the context of healthcare resource allocation decisions, a lottery seems to do much more than provide a unique tie-breaking mechanism: it accounts for considerations of equal moral worth, promoting distributive fairness by providing equal chances to potential recipients, and procedural fairness by ensuring impartiality and transparency in the allocation decision. The so-called lottery principle, then, appears to be an important principle among other consequentialist and non-consequentialist principles, such as capacity to benefit, life-years saved, and severity, that ought to be considered when making resource allocation decisions.

This talk explores the consequences for moral deliberation of taking the lottery principle seriously as an expression of these values, and raises questions about its typical role as the last principle among many when deciding how to distribute scarce resources. The talk will explore questions such as how we ought to think about the lottery principle and its role within typical principlist decision approaches, such as balancing and lexical ordering, and how the relevance of the lottery principle may vary depending on the type of scarcity motivating the allocation decision, for example, when allocating ICU resources during a pandemic and prioritizing high-cost health care technologies. What constraints, if any, ought to be placed on the use of lotteries in these different contexts? While clarifying the role that the lottery principle might play, we conclude that, depending on the consequences one is willing to accept, the lottery principle should play either a larger or more restricted role in allocation decisions than is generally held.

135:poster BREAKING DOWN COVERAGE OF INTERVENTIONS IN HEALTH BENEFIT PACKAGES

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Introduction The provision of a comprehensive health benefit package is a critical step for countries on their path to universal health coverage. Designing the benefit package requires answering questions around what services are funded, which sections of the population are to be covered, to what extent are interventions covered financially, and what are the exclusion criteria. The objective of this work is to present results of a 2020/21 WHO survey highlighting the coverage of potentially non-cost-effective interventions in country health benefit packages. This provides information on coverage

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