

91:oral

### THE CAPACITI DECISION-SUPPORT TOOL FOR NATIONAL IMMUNIZATION PROGRAMS PRIORITIZATION OR SELECTING AMONG MULTIPLE VACCINATION PRODUCTS, SERVICES, OR STRATEGIES

<sup>1</sup>Maarten Jansen\*, <sup>1</sup>Dijana Spasenosa\*, <sup>1</sup>Siobhan Botwright, <sup>1</sup>Birgitte K Giersing, <sup>2</sup>Martin I Meltzer, <sup>1</sup>Anna-Lea Kahn, <sup>3</sup>Mark Jit, <sup>4</sup>Rob Baltussen, <sup>5</sup>Nathalie El Omeiri, <sup>6</sup>Joseph N-M Biey, <sup>7</sup>Kelly L Moore, <sup>8</sup>Praveen Thokala, <sup>9</sup>Jason M Mwenda, <sup>1</sup>Melanie Bertram, <sup>1</sup>Raymond CW Hutubessy. <sup>1</sup>World Health Organization, Geneva, Switzerland; <sup>2</sup>Centers for Disease Control and Prevention, Atlanta, GA, USA; <sup>3</sup>London School of Hygiene and Tropical Medicine, London, UK; <sup>4</sup>Radboud University Medical Center, Nijmegen, The Netherlands; <sup>5</sup>Pan American Health Organization, WHO Regional Office for the Americas, Washington, DC, USA; <sup>6</sup>Inter-Country Support Team, Regional Office for Africa, World Health Organization, Ouagadougou, Burkina Faso; <sup>7</sup>Vanderbilt School of Medicine, Nashville, TN, USA; <sup>8</sup>University of Sheffield, Western Bank, Sheffield, UK; <sup>9</sup>WHO Regional Office for Africa, Republic of Congo, Cite du Djoue, Brazzaville, Congo

10.1136/bmjgh-2022-ISP.H.79

**Objectives** Immunization programs in low-income and middle-income countries (LMICs) are faced with an ever-growing number of vaccines of public health importance recommended by the World Health Organization, while also financing a greater proportion of the program through domestic resources. More than ever, national immunization programs must be equipped to contextualize global guidance and make choices that are best suited to their setting. The CAPACITI decision support tool has been developed in collaboration with national immunization program decision makers in LMICs to structure and document an evidence-based, context-specific process for prioritizing or selecting among multiple vaccination products, services, or strategies.

**Methods** The CAPACITI decision-support tool is based on multi-criteria decision analysis, as a structured way to incorporate multiple sources of evidence and stakeholder perspectives. The tool has been developed iteratively in consultation with 12 countries across Africa, Asia, and the Americas.

**Results** The tool is flexible to existing country processes and can follow any type of multi-criteria decision analysis or a hybrid approach. It is structured into 5 sections: decision question, criteria for decision making, evidence assessment, appraisal, and recommendation. The Excel-based tool guides the user through the steps and document discussions in a transparent manner, with an emphasis on stakeholder engagement and country ownership.

**Conclusions** Pilot countries valued the CAPACITI decision-support tool as a means to consider multiple criteria and stakeholder perspectives and to evaluate trade-offs and the impact of data quality. With use, it is expected that LMICs will tailor steps to their context and streamline the tool for decision making.

76:poster

### SETTING PRIORITIES IN PUBLIC HEALTH EMERGENCIES: THE PLACE OF TRIAGE IN THE DISTRIBUTION OF COVID-19 VACCINES

Okorie Ndukaku\*. *Department of Philosophy, Obafemi Awolowo University, Ile-Ife, Nigeria*

10.1136/bmjgh-2022-ISP.H.80

Just as it is the case in other issues in clinical ethics, the discourse on COVID-19 has been dominantly preoccupied with the difficulty in taking urgent decision on who gets access to scarce medical resources when demand outstrips supply. The emergence of COVID-19 in the late 2019 and its attendant

consequences has created global tension and anxiety. The debate on addressing the ravaging COVID-19 pandemic has gone on at professional and policy levels. It has taken international, intercontinental and inter-racial tones. Critical in this debate are issues of vaccine production, distribution and consumption. Conspiratorial theorists are up in arms against not only the production but also distribution and consumption of the vaccine. The nationalists are taking a hardline posture against free flows of the vaccines across national boundaries while the globalists are pushing for universal access. As this debate continues to inform and enlarge scholarly and policy perspectives, issues of priority in the distribution and consumption still loom large in successes and failures across both the nationalist and globalist paradigms. The nationalists are at the crossroad with respect to prioritizing the distribution and consumption needs of rural dwellers over those of their urban counterparts. The globalists are also confronting priority challenges not only across geographies but also genders. This paper interrogates these dilemmas, with a view to articulating ways in which market and moral dynamics as well as place-specific factors might be mobilized as a game changer in the context of priority in the distribution and consumption of COVID-19 vaccine in Africa. The paper uses conceptual clarification, philosophical argumentation and analysis, to explore the commercial and charity features of the vaccine and demonstrates how some elements within African cosmology may become precursors in the emergence of effective triage system for addressing the nationalist and globalist priority dilemmas in Africa.

129:oral

### WHAT ARE COMMISSIONERS' EXPERIENCES OF IMPLEMENTING A NATIONAL PROGRAMME SEEKING TO REDUCE NON-EVIDENCE-BASED HEALTHCARE IN THE NHS DURING THE COVID-19 PANDEMIC?

<sup>1</sup>Nicola Farrar\*, <sup>1</sup>Leila Rooshenas, <sup>1</sup>Carmel Conefrey, <sup>1</sup>William Hollingworth, <sup>2,3</sup>Tim Jones, <sup>1</sup>Joel Glynn, <sup>1</sup>Josie Morley. <sup>1</sup>Population Health Sciences, Bristol Medical School, University of Bristol, UK; <sup>2</sup>The National Institute for Health Research Applied Research Collaboration West (NIHR ARC West) at University Hospitals Bristol and Weston NHS Foundation Trust, UK; <sup>3</sup>Population Health Sciences, Bristol Medical School, University of Bristol, UK

10.1136/bmjgh-2022-ISP.H.81

**Objective** The impact of the COVID-19 pandemic on the English National Health Service (NHS) has been profound. Those who commission health services face questions and pressures around addressing growing waiting lists and ensuring patients receive appropriate and timely treatment. In 2019, NHS England launched the Evidence-Based Interventions (EBI) programme, a national initiative that intends to reduce provision of medical and surgical interventions found to have insufficient evidence of effectiveness - either in general, or in select patient groups. The EBI programme originally produced treatment policy recommendations for 17 interventions across several surgical specialties. Reducing provision of treatments already embedded in practice has been historically challenging for health services worldwide. Our ongoing NIHR-funded mixed methods study seeks to evaluate the impact and acceptability of the EBI programme. As part of this work, a key objective is to investigate national policy-makers' experiences of implementing the EBI programme during the COVID-19 pandemic, and its role in the COVID recovery programme.

**Methods** Semi-structured interviews with informants working within English Clinical Commissioning Groups (CCGs) and at