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

Maarten Jansen1, Dijana Spasenoska1, Slobodan Botwright1, Birgitte K Giersing1, Martin I Melzer1, Anna-Lena Kahn1, Mark Jit1, Rob Baltussen1, Nathalie El Omeiri6, Joseph N-M Biey2, Kelly L Moore2, Praveen Thokala1, Jackson M Mwendwa1, Melanie Bertram1, Raymond CW Hutubessy2, World Health Organization, Geneva, Switzerland; Centers for Disease Control and Prevention, Atlanta, GA, USA; London School of Hygiene and Tropical Medicine, London, UK; Radboud University Medical Center, Nijmegen, The Netherlands; Pan American Health Organization, WHO Regional Office for the Americas, Washington, DC, USA; Inter-Country Support Team, Regional Office for Africa, World Health Organization, Ouagadougou, Burkina Faso; Vanderbilt School of Medicine, Nashville, TN, USA; University of Sheffield, Western Bank, Sheffield, UK; WHO Regional Office for Africa, Republic of Congo, Cite du D’Joue, Brazzaville, Congo.

**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.

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**SETTING PRIORITIES IN PUBLIC HEALTH EMERGENCIES: THE PLACE OF triAGE IN THE DISTRIBUTION OF COVID-19 VACCINES**

Olori Nduduku1. Department of Philosophy, Obafemi Awolowo University, Ile-Ife, Nigeria

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.

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

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

**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...
a national level. Data are being analysed thematically, using the constant comparison approach. Data collection and analysis are ongoing, with 10 interviews having been undertaken with informants from 6 geographically spread CCGs.

**Results** Emerging findings indicate that although the pandemic impacted how informants were able to implement evidence-based treatment policies, these were perceived to be potentially useful in supporting healthcare providers to manage waiting lists in a clinically appropriate manner.

**Discussion** This research will provide early empirical insights into informants’ experiences of priority setting during and in the wake of COVID-19. Early findings suggest that historically challenging priority setting processes may be easier to implement, from informants’ perspectives, under the auspices of waiting list management following the pandemic. More developed findings and implications will be reported at the conference.

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**192:oral CONTEXTUALIZING TECHNICAL SUPPORT FOR PRIORITY SETTING OF HEALTH WORKFORCE INTERVENTIONS IN CHAD, DEMOCRATIC REPUBLIC OF CONGO, MALI, NIGER AND NIGERIA**

Noor Tornq *, 1 Olivier Onwubolu, 1 Ambibala Olaniran, 1 Mamadou Naimy Traore, 1 Youssouf Ibn Ali, 2 Eric Mafuta Musala, 2 Neino Boube Mahamoudou, 1 Susan Bulthuis, 1 Heloise Widding, 1 Jurien Toonen, 1 Ethel Jacobs, 1 Marijolein Dieleman, 1 Kit Royal Tropical Institute, Amsterdam, The Netherlands; 2 Independent consultant based in Nigeria; 3 Knowledge Management and Innovation Clinic (CGIC), Mali; 4 Independent consultant based in Chad; 5 University of Krishasa, School of Public Health, Democratic republic of Congo (DRC); 6 Nigerien Agency for Standardization, Metrology and Certification, Niger; 7 Independent consultant, based in Germany

Objective Making sure the right type of health workers are available in the right place is crucial to achieve universal health coverage. The Global Fund Strategic Initiative 2020-2023 aims to improve the distribution of health workers at decentralized level in Chad, DRC, Mali, Niger and Nigeria. Within this project, technical support is provided to governments to strengthen priority setting processes for the selection of health workforce interventions. This study aims to share lessons learned on the contextualization of technical support across five different countries.

Methods Between September 2021-February 2022, for each country, a document review was done to understand health worker issues and the policy context. An inventory was made of available health workforce data and evidence. About 15 stakeholder per country were interviewed on their roles, knowledge, interests and power related to health workforce issues. An institutional capacity assessment studied the capability of ministry of health to facilitate the priority setting process. The researchers collected lessons learned on the contextualization process using project update sheets.

Results Contextual factors that played a role in the adaptation of technical support were decision space at decentralized level, covid-19 pandemic, travel security, fiscal space for health workforce interventions, stakeholders views on health workers issues, stakeholder’s interest and political support for specific interventions, data and evidence base, timing of future policy processes, presence and potential synergy with other technical support projects and capacity of the government health workforce focal point in convening stakeholders.

Discussion This is one of the first studies reporting on technical support for priority setting for health workforce interventions. In contextualizing technical support a broad range of factors need to be taken into account which may be relevant for other settings too. In contextualization a critical reflection is needed on the influence of the funder and provider of technical support.