Abstracts

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.

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

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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 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 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 interview subjects included a range of municipal employees and municipal actors such as mayors, opposition politicians, chief municipal executives/chief administrative officer (rådmenn), health and social care officers/top administrative leaders of the municipal health and care services and department (kommunalsjef helse- og omsorg), heads of home care, nursing homes and purchase units.

Results We found a distinct perception of an increasing central governmental control regime and a master narrative of increased financial pressure. For the two largest municipalities this had led to a continuous efficiency-, change- and economic adjustment policy, with benchmarking as a new, measurable and decisive policy instrument. This seemed to give shape to an increased acceptance of service provision at a minimum level but not necessarily of good quality.

Conclusions Based on findings, we argue that a resource criterion appears to be a ruling principle for prioritisation at this level in municipal LTC, and for a general narrowing of the local scope of opportunity for prioritisation.

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.

202:poster TRENDS IN PRIORITY SETTING IN LONG-TERM CARE: THE SHAPING OF PRIORITISATIONS AMONG LEADERS IN MUNICIPAL LONG-TERM CARE IN NORWAY

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Objective This study aimed to examine the prevalence of hypertension and risk factors associated with hypertension amongst 35-70 years old enrolled in the PURE study in North West province, South Africa.

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.