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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**Abstracts**

**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, 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.

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**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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**Introduction** There are several, and multi-layered, prioritisation challenges both within long-term care (LTC) and between LTC and other municipal sectors. This issue is set on the agenda with a new green paper report from 2018 (Blankholmumvalget). Our aim was to examine the ways in which ideas, challenges and organisation at the policy and administrative level shape prioritisations in municipal long-term care. First we wanted to explore significant conditions and processes behind prioritisations, and, secondly to identify the ruling (operationalisations of) principles of prioritisations in the municipalities.

**Material and Methods** Fieldwork and interviews were conducted in three municipalities in different regions of Norway. 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.

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**PERSONAL DETERMINANTS OF HYPERTENSION AMONG 35 TO 70 YEARS POPULATION IN NORTH WEST, SOUTH AFRICA**

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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.
Methods This study’s analysis is based on the South Africa arm of the Prospective Urban Rural Epidemiology (PURE) Study data of 2015. The bivariate analysis was used to generate the prevalence of hypertension according to the participants’ characteristics. In addition, the Chi-square test was used to examine the relationships between reported hypertension and characteristics of participants. Lastly, a multivariate logistic regression analysis was employed to estimate risk of hypertension, with 95% confidence interval.

Results Result shows that the prevalence of hypertension was higher among male, those who are 60 years and above, not employed, not educated, HIV negative, and overweight and obese. Further, the multivariate analysis showed the risk of hypertension is significantly lower among HIV-positive participants (OR: 0.45, CI: 0.31-0.64) and higher among obese participants (OR: 1.67, CI: 1.01-2.75).

Discussion Hypertension is an important health problem accounting for about 45.3% in the studied province in South Africa. Our study contributes to literature on the risk factors of hypertension in sub-Saharan African. Specifically, this study found that hypertension is relatively high in North West province and shows that the prevalence of hypertension is evident in the sociodemographic inequalities of the study population, as well as the modifiable factors used in the study. This study’s findings suggest that interventions should be directed at the identified factors found to be associated with hypertension. In addition, more emphases should be placed on sensitizing people on major lifestyles that may increase the risk of hypertension.