4. A 'PLURALIST' WAY FORWARD FOR PRIORITISING PEOPLE AND PROGRAMMES

What follows is an illustration of how a pluralist ranked system might work for prioritising humanitarian resources for crisis response. In a ranked system, an agency or agencies would move down the list of principles only as additional resources allow, stopping where resources run out. The principles that follow are intended purely for allocating budgets that have been identified for addressing people's needs in crises (the 'populations' and 'programmes' space). It does not include, for example, consideration of how much funding should be provided to system-wide functions or core funding to particular agencies in contrast to specific response funding. Such decisions can also draw on a ranked set of principles, but they are beyond the scope of this paper.

The approach follows from the discussion in **section 3.1** using the example of Strategic Objective 1 from the 2026 HPC process and the success dimensions identified there. These are: reaching all people deemed within humanitarian scope; and saving lives and alleviating all suffering deemed within humanitarian scope. This is intended as an illustration – to the extent that an agency has different objectives or definitions of success, they will wish to use different principles.

Prioritisation principle 1: Focus on high-priority services for the worst off.
Prioritise the 'high-priority' humanitarian services to 'high-priority' populations.

The first principle reflects the widespread humanitarian commitment to prioritise those who are worst off, or those in most need.[8] Depending on which approach is used to determine what constitutes a high-priority service, this principle – at a minimum – will focus on saving lives, and ideally (if a participatory method is used to identify high-priority services) it will also embody respect for those worst off by involving them in the identification and selection of a high-priority service. Following this principle means that no person or household that is rated as being

8 A working assumption of the first principle is that using the severity threshold classification is an adequate proxy, or replacement, for 'hard to reach' populations. In other words, being 'hard to reach' is not sufficient as a category to claim that a person is worst off with respect to a crisis. If individuals are far from access to aid but meet severity threshold 3, then they should not be prioritised over individuals who are easier to reach but meet severity level 4. In practice, however, 'hard to reach' populations also tend to be highly deprived and therefore are generally much more likely to have higher severity threshold rankings than those who are closer to access points.

moderately 'in need' or at a moderate priority level should receive assistance until all high-priority individuals have received some package of high-priority support.

This first principle can cover both traditional humanitarian response interventions as well as anticipatory actions – much of this depends on how an agency defines high-priority populations. Are these defined as those who have been affected post-crisis or does it also include those at highest *risk* of being impacted by a shock. If those at risk of a future shock are deemed to be moderate or low priority, however, then anticipatory actions will not come into play until principle 1 has been satisfied fully.

There is then a question of where to expand from here, if resources allow. Should the range of services be expanded first, or should the number of people reached be increased first? Current practice on this is relatively unclear. From observations in the reprioritised HNRPs in spring 2025, most country teams seemed to make reductions in services and in populations simultaneously, without clarity on how the number of people reached was balanced against the breadth of services being offered.

Ideally, populations affected by crisis should be part of the conversation on trade-offs between people and services. Barring this, we suggest that, for those actors who have chosen to prioritise around SO1, the default position for humanitarian actors should be to prioritise reaching more people first before offering a broader range of services:

Prioritisation principle 2: Reach as many people as possible.
Expand high-priority services to moderate-priority populations.

An example of a moderate-priority population might be those meeting severity threshold 3 in the JIAF scale.

The second principle reflects the view that it is morally more valuable to provide high-priority services to people with moderate levels of humanitarian need first, than it is to expand the range of services offered to those who have more severe levels of need. Supporting people with moderate levels of need or at moderate risk before expanding the range of services offered allows for humanitarian assistance to reach a larger number of people. This approach can also be preventative. It can help people to avoid falling into more acute stages of need, and it could therefore make a bigger difference in outcomes compared to offering a wider range of services and support to the highest-priority populations.[9]

It must be stressed that this approach does not mean that humanitarian services

9 However, it should be stressed that there is very little evidence that enables comparison of these two situations. Such a decision should be based, as far as possible, on evaluations and research comparing the two options – this could lead agencies to switch the order between principles 2 and 3.

are scaled down to a 'back to basics' offering to a larger number of people. Who and what constitutes high-priority services is entirely open to determination through different approaches or inputs, as outlined in section 3. The humanitarian sector is accustomed to agencies defining what counts as a high-priority service, typically based on the issues agencies are mandated to address rather than on community priorities or evidence of effectiveness. But this need not be the case, as examples from OCHA's Flagship Initiative and other work in the sector demonstrates (see **Box 1**).

While there are strong reasons for adopting principles 1 and 2 in this particular order, once these principles have been satisfied, decision-makers have more discretion to consider where to expand. There seem to be two main options. Either low-priority populations can be included, or the range of services offered to high- and moderate-priority populations can be expanded.

Prioritisation principle 3

(a.) Improve the range of services for crisis affected people.
Expand to 'moderate' priority services for high and moderate priority populations.

OR

(b.) Expand high priority services to low priority populations.

It is hard to argue for one of these approaches over the other in abstract terms. Much depends on the particular agency, how they define low-priority populations and the contexts in which they operate.