3. PRIORITISING

3.1 IDENTIFYING DIMENSIONS OF SUCCESS

Once the scope for humanitarian action is set, it is necessary to be clear about what humanitarians value, and to prioritise accordingly. This will mean that limited resources are applied to what we value most, followed by secondary values, and so on. This section applies learning from the World Health Organization's work with its member states on prioritising the expansion of universal healthcare (UHC) (WHO, 2014).[5]

IDENTIFYING THE IDEAL END STATE

A first step is to define what a 'fully realised' or ideal humanitarian response would look like, imagining that all necessary resources are available. If funding were not an issue, what would we ideally want to see from a single-country response or from a global portfolio of humanitarian support?

As an example of how success can be defined, the standardised Strategic Objectives in the 2026 HPC guidance (OCHA, 2025) offer a helpful path towards simplifying and harmonising humanitarian response goals. These can provide a basis for identifying the dimensions of success for a response:

SO1 – Saving lives and alleviating suffering: Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.

SO2 – Protecting safety and rights: Protect the safety, dignity and rights of people affected by crisis, in line with international law and standards.

SO3 – Sustaining lives and livelihoods: Enable equitable and sustained access to essential services and livelihoods to preserve dignity and promote resilience and self-reliance for people affected by crisis.

5 In 2014, to support member states to expand UHC, WHO commissioned a panel of experts to develop a prioritisation approach. This paper draws on several elements of WHO's approach, in particular the identification of 'success dimensions', the identification of priority populations and services, and the use of ranked principles.

If we take SO1 as an example, this points to two dimensions for success:

1. ***Reaching all people deemed within humanitarian scope.***
2. ***Saving lives and alleviating all suffering deemed within humanitarian scope.***

When resources do not allow agencies to achieve all dimensions fully and simultaneously, decision-makers should consider in which order to pursue each dimension. In our example, this means answering:

1. If we can't reach all people, who should be prioritised?
2. If we can't reduce or prevent all suffering, which services should be prioritised?
3. What is the right balance between dimensions of success (eg the number of people reached vs the breadth of services offered; and actions that respond to suffering vs actions that support future resilience)? How can these dimensions be balanced to best reflect humanitarian principles?

Answering these questions forms the core task of prioritisation. **Section 3.2** reviews how to identify priority populations, using methods that already exist and are widely applied; **section 3.3** reviews how to identify priority services, an approach that is more contentious at present and not as transparent as it could be.

3.2 IDENTIFYING PRIORITY POPULATIONS

> ***'Targeting is not objective, it's inherently social. It will reflect the power of who is making those decisions. While using quantitative methods feels objective, you are using your own power structures that you use to apply to the situation. Who should be involved, what is the distribution of power?'***
>
> *- Humanitarian practitioner*

This section outlines four main approaches to identifying priority populations, ordered from those used most commonly at present to least common. Decision-makers can employ one or a combination of these approaches to identify which populations are high, medium or low priority.

TECHNICAL/NEEDS-BASED APPROACHES

Identifying who to prioritise for humanitarian assistance and protection often begins with measuring who is in need. The technical methods behind this ambitious task have evolved significantly in recent years as donors and agencies have strived to make this analysis more robust, more comparable and more focused. Tools for analysing and ranking the severity of needs are now used routinely to prioritise within a single crisis and between crises.

For decision-makers looking across multiple crises, severity indices – including the INFORM severity index[6] and donors' own internal dashboards – use multiple metrics around the impact and complexity of a crisis to inform allocations.

Within countries, the roll out of JIAF 2.0 in 2023 has provided a built-in prioritisation system for HCTs that classifies households and geographic areas against a shared five-point intersectoral severity scale.

As aid cuts demand both lighter processes and tighter targets, the methods for calculating and circumscribing population targeting have continued to change. The exercise in March 2025 of hyper-prioritising the HNRPs in the immediate aftermath of USAID cuts leaned heavily on the intersectoral severity scale. Many re-prioritised plans defined priority populations as those living in areas classified as phase 4 or 5 – the most acutely 'in need' – albeit relying on prior data rather than new assessments.

JIAF 2.0 has brought significant improvements to the technical quality of needs analysis and the usability of this analysis for decision-making. The intersectoral classification system provides a coherent framework to consider multiple dimensions of vulnerability and acute need beyond the food security and health sectors, where such classifications were already commonly used. And it can therefore provide a common language for humanitarian actors in deciding which populations to target and prioritise for assistance. However, the implementation of JIAF is still controlled heavily by the UN system and reflects a top-down technical approach. This can be difficult to square with agency and donor commitments to participation and accountability (see **Box 1** below).

CATEGORY-BASED APPROACHES

A further option for identifying priority populations is to consider category-based reasons that are particular to the donor or agency. These can cover the status of populations affected by crisis and demographics, as well as geographies. For example, an international or national non-governmental organisation (INGO or NNGO) engaged in development work in a particular area that is then affected by a crisis may prioritise the people living in that area, owing to their history and prior relationships, even if more acute needs are present in a different part of the country. Or a donor may prioritise countries that were former colonies, on the basis that they feel an additional moral obligation to provide support. Still more examples include donors or agencies that select particular demographic categories – such as women and girls – as high-priority populations.

COMPARATIVE ADVANTAGE-BASED APPROACHES

Considerations of comparative advantage or marginal utility may also come into play in determining a priority population. This refers to the specific contribution

6 See **https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Severity**.

that an individual can make to addressing humanitarian suffering, based on two factors: (1) who they are – the relationships they hold or the skills and capacities they possess, and (2) how many other actors are working to address the same problem. The private philanthropy sector commonly applies the concept of marginal utility or impact to priority setting, using it to navigate a long menu of potential investments in a space in which many other actors are offering their own contributions. The general reasoning is that an individual donor has more marginal impact when they work in areas where they have content expertise or specific capacity, or when they address 'neglected' topics – issues with high potential impact that are not well known or funded (Obrecht, 2017).

Applied to humanitarian decision-making, some donors have used forgotten crises as a way to identify priority crises or populations. This is based on the idea that these crises are under-served. As such, prioritising them offers higher impact for a single donor and also contributes to the collective achievement of the principle of humanity, allowing for a more equitable spread of humanitarian support across countries.

PARTICIPATORY APPROACHES

There are serious limitations to using the previous three approaches to identify priority populations. The most significant is the lack of input from and consultation with people affected by crisis and local actors. Quantitative measures do not pick up important contextual factors that are useful for understanding severity of need – the JIAF process acknowledges this, but it delivers this contextualisation through 'expert' opinion rather than community input.

Even in these challenging times, donors and agencies should attempt to explore alternative approaches to identifying priority populations. Ideally, they should explore those that meaningfully and directly engage people affected by crisis, in line with strong rhetoric that the humanitarian system be prioritised around being people-centred (Swithern and Obrecht, 2025). This might involve consultations with those affected by crisis on the criteria used to prioritise people within their area for assistance, such as the approach used by the World Food Programme (WFP) in Afghanistan in 2023 (Doherty, 2023). Or a longer-term approach might consider engaging local organisations in the co-creation of a severity index for their own context, which could be employed for future crisis responses. While the challenges of participatory approaches in humanitarian response are well documented, recent practice offers some examples of how this can be applied meaningfully even under significant time and budget pressures (see **Box 1**).

3.3 PRIORITISING PROGRAMMES

The question of what counts as a 'priority service' in humanitarian response remains underexamined, despite its centrality to effective resource allocation. Unlike the standardised methodologies for identifying priority populations, no equivalent mechanism exists for determining which services or modalities should be prioritised.

There is limited understanding of how humanitarian services are selected, designed or justified: the system functions in a highly supply-driven manner, structured around sectoral clusters and programme designs defined by agencies and donors. These choices dominate what is offered to people in crisis, with well-documented challenges surrounding the lack of entry points for feedback from people affected by crisis or evidence of 'what works' (Maxwell et al, 2013).

Humanitarian agencies commonly list the activities and services they are able to provide – for example, as part of the 2026 HPC work package, HCTs are guided to compile a menu of activities for their response based on an existing list of common response activities compiled globally (OCHA, 2025). However, activities are not prioritised either within or across sectors, and it is not clear what inputs have been used to compile such menus. Examination of what counts as a 'priority service' in humanitarian action is therefore both long overdue and highly sensitive. There are five ways in which this could be approached.

1. **'Back to basics' life saving:** Promoted by some in the US Administration, this approach provides a top-down list of preferred humanitarian interventions with the focused aim of saving lives in the short term and minimal long-term entanglement. Some have likened these approaches – such as air dropping food packages or water trucking – as turning back the clock to humanitarian responses of decades past, where engagement with communities affected by crisis was not a consideration and local capacities for response were ignored. Alongside questions of whether such 'basic' aid indeed saves more lives than it threatens, this approach is highly top-down and prescriptive.
2. **Quality-sensitive life saving:** This approach, more aligned with current thinking in the humanitarian system, would identify priority services based on evidence of what offers the most cost-effective or highest quality life-saving interventions. This list would likely focus on the sectors of food security and nutrition, health, protection, shelter and some aspects of water, sanitation and hygiene (WASH). This list could also include anticipatory actions and would not necessarily be restricted to post-crisis response. In practice, this might look like a ranked list of sector-based services pre- and post-crisis based on cost-effectiveness evidence and/or evaluations.
3. **Quality-sensitive life enhancing:** Those who apply a wider scope to humanitarian objectives and action may wish to leave space on their 'high-priority services' list for activities that make significant contributions to 'life

enhancement' or betterment, for example education for children in conflict. Again, the aim would be to rank services based on evidence of their life-enhancing outcomes.

4. **Participatory/people-driven:** The first three approaches, which are more in line with current practice in the humanitarian sector, are all top-down. They feature donors and agencies driving decisions on what constitutes a priority service or activity. As an alternative, a people-driven approach could work with community representatives to identify the highest priority problems and solutions. Examples of such approaches are highly limited in the humanitarian sector to date. But see **Box 1** – while all of these examples speak to single-country/response decision-makers, participatory data can also be used to inform donors and others who prioritise across multiple responses. For example:
    1. To the extent that scoping and the identification of 'high-priority' populations to target are made more participatory in individual countries, any global aggregation will offer a more community-informed picture of need overall.
    2. Multi-country decision-makers can commission independent feedback expertise and/or multi-country NNGO networks to synthesise data and use this alongside other crisis metrics to determine priorities.
    3. Multi-country decision-makers allocating across different responses may lean more on participatory programming than on participatory targeting, creating flexibility for community priorities to shape a response once those communities have been selected to receive assistance.

4. **Quality-sensitive and people-driven:** A two-way approach that combines quality sensitivity with participation represents a compromise between people-driven prioritisation and the three top-down approaches (1–3). Agencies and country teams would compile a 'menu' of priority services from two main inputs – good cost-effectiveness evidence on what activities achieve the highest impacts for people in crisis, and feedback from people affected by crisis on what they find most relevant.[7] Populations could select from this list in a response – or, for anticipatory actions, the list could be provided to at-risk populations prior to a shock.

7 While current guidance for the 2026 HNRPs instructs HCTs to draw from a menu of activities and also consult with people affected by crisis, it does not explicitly suggest providing them with the menu of activities directly. Nor does it offer concrete suggestions on how input from communities should be collated and used to inform and prioritise across this menu (OCHA, 2025).

BOX 1: MAKING PARTICIPATION REAL IN HUMANITARIAN PRIORITISATION – RECENT EXPERIENCES

The challenges of applying participatory practices in humanitarian responses are now well rehearsed: not enough budget, not enough time, and not enough bandwidth to manage the inevitable requests from communities for humanitarians to provide 'development' solutions such as better infrastructure, health and education systems, jobs and economic opportunity (Doherty, 2023; Sida et al, 2025). In the current environment of overstretched budgets, lost jobs, shuttered frontline organisations and shrinking humanitarian space, it can be tempting for humanitarian agencies to simply deliver what they can.

However, recent practice shows it is possible to maintain high standards for community engagement and participation in the most difficult humanitarian circumstances, including around the sensitive and challenging questions of how to prioritise scarce resources.

In Afghanistan in 2023, WFP strengthened community-based food assistance committees (CFACs) with participation of marginalised groups, including women. These CFACs aimed to provide more accountability to community perspectives in making targeting decisions at a time when WFP faced significant cuts to its budget. Community perceptions of vulnerability were applied alongside quantitative food security indicators to identify which households to prioritise (Doherty, 2023).

Recently, Ground Truth Solutions has been supporting the Reset and Reform Task Team of the HCT in Somalia to aggregate community data from a range of sources including data from the Talk to Loop feedback mechanism, the multisectoral needs assessment (MSNA), and Building Resilient Communities in Somalia (BRCiS) Community Action Plans alongside Ground Truth Solutions' own perceptions survey of over 7,000 people in 11 districts. Ground Truth Solutions compiled a summary of priority issues across all districts in Somalia and provided this to the Inter-Cluster Coordination Group (ICCG) and cluster leads to inform their activity plans for the 2026 HNRP.

Separate to this, in Bangladesh, Ukraine and Palestine, Ground Truth Solutions has worked directly with donors to provide them with community feedback on responses. This feedback has informed donor allocations and enabled donors to hold agencies to account against community priorities.

OCHA's Flagship Initiative, now concluding its third year, has ambitiously piloted community participation approaches in a set of countries (OCHA, n.d.). OCHA has used open-ended focus groups and questionnaires to compile community priorities to feed into humanitarian response planning. This has resulted in rich learning on how to engage communities effectively and meaningfully in humanitarian settings across a variety of different types of responses and contexts.