**Annex 6. List of priority-setting process planning and self-check questions**

This checklist can be used as a practical tool to guide teams through the priority-setting process in health planning, especially in contexts of limited or changing resources. Work through each section by including “Yes,” “No,” or “Partial,” in the - text space     and use the comments column to note gaps, action points, responsible actors or timeline for action.

Engage a range of stakeholders, including community representatives and key populations, to ensure decisions are inclusive and grounded in real needs. The checklist can be adapted to fit your country context—for example, by translating the content, simplifying technical language, selecting only the most relevant sections, or aligning the questions with national strategies and planning timelines. Use it flexibly during planning workshops, internal reviews, or as a tool to track progress and strengthen accountability over time.

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| **PRIORITIZE Phase** | **Checklist Responses (Yes/No/Partial)** | **Comment / Action Points / Responsable Actors / Timeline for Action** |
| **Overarching** | **Ethical Principles for setting priorities for health services**   * Has how substantive ethical principles can be assessed for each intervention or service been clearly defined and documented? - * Have clear processes been established to reconcile and justify trade-offs between conflicting principles? - * Are affected communities and key populations meaningfully involved in the priority-setting process, and are their perspectives reflected in the decisions? - * Have the decisions, decision-making processes and reasons supporting decisions been publicly communicated? Are the decisions informed with the best available evidence?   -   * Have the decision-making roles and responsibilities been clearly defined and communicated to all relevant stakeholders (such as individuals, groups or institutions)? - |  |
|  | **Governance and planning the priority-setting**   * Do leadership and coordination mechanisms ensure transparent priority-setting and the engagement of all relevant stakeholders and community groups? - * Are service disruptions and gaps being assessed across system functions, using both real-time and retrospective data? - * Has the full delivery and financing landscape been mapped out, including dependence on external funding and the alignment between donor support and domestic financing priorities? - * Do the findings from these assessments directly guide adaptive planning and inform priority-setting decisions? - |  |
|  | **Setting priorities for services in the context of reduced resources**   * Has a decision-making framework for setting priorities for services been clearly defined? - * Are all relevant stakeholders actively engaged in the scoping, assessment and validation processes to ensure contextual relevance? - * Have existing services and interventions been comprehensively mapped, aligning them with national and global policies? - * Are the priority-setting criteria transparent, evidence informed and agreed by multidisciplinary expert panels? - * Have robust processes been established for appraisal, validation and peer review to ensure transparency and accountability? - * Have services and interventions been categorized into the respective tiers, and have plans been developed for re-engagement as resources permit? - |  |
| * **Tailored priority-setting considering population-specific needs** * Are the specific needs of vulnerable and marginalized populations being actively considered, and is there a mechanism for periodically reviewing and adjusting priority-setting decisions? - * Are population groups involved in planning and monitoring processes? * Does the priority-setting plan consider the specific access needs and preferences of each group? - * Are disaggregated data (by age, gender and population group) being used to inform priority-setting decisions? - * Is the prevalence of HIV, STIs and hepatitis among specific groups used to guide service priorities? - * Are services aligned with the type of epidemic (generalized, concentrated or low-level)? - |  |
|  | **Systems, strategic and operational considerations**   * Are disruptions across governance, financing and the health workforce being identified and addressed in an integrated manner? - * Have missed opportunities in which HIV investments could have contributed to broader system strengthening been mapped? - * Are people-centred approaches that reflect the voices and needs of affected populations being applied in priority-setting and planning? - * Are PHC levers being used as a tool not only for HIV goals but also to support the continuity of services across all disrupted programme areas? - * Is there alignment between HIV-specific goals and broader PHC strategies to ensure synergy and reduce fragmentation? - |  |
| * **Integrating service delivery within PHC person-centred models of care** * Has how existing PHC infrastructure and delivery platforms can be leveraged to integrate HIV and other services been assessed? - * Are mechanisms in place to ensure strong coordination and governance across programmes? - * Have ways to mobilize and sustain domestic funding to support integrated services been explored? - * Is task shifting and sharing being used to extend service reach, especially in underserved or resource-limited areas? - * Are community engagement and feedback mechanisms embedded to improve access and responsiveness? - * Have steps been taken to address stigma, discrimination and legal barriers that may limit access for key populations? - * Are integration efforts being used as an opportunity to strengthen health workforce capacity and PHC leadership? - * Do contingency or crisis response plans include strategies for maintaining integrated HIV service delivery? - * Are successful elements being adapted from other countries’ models to fit the local system capacity and population needs? - |  |
| * **Health** **workforce and systems resilience** * Have workforce disruptions been assessed and documented, including the roles of community health workers? - * Are accurate, up-to-date data available to guide re-engagement and planning?   -   * Are rapid assessments and costing tools used to estimate the needs for critical posts? - * Are the roles and competencies of community health worker mapped and standardized to support high-quality service delivery? - * Are deployment efforts giving priority to underserved and high-burden areas?   - |  |
| * **Medicines and other health products** * Is there a clear plan to ensure continuous access to HIV medicines and diagnostics? - * Have product selections been aligned with national guidelines and based on accurate forecasts and costs? - * Is supplier performance being monitored using clear and consistent indicators?   -   * Are storage and distribution systems ensuring timely and safe delivery to service points? - * Have reliable backup systems been established for stock monitoring when digital tools fail? - * What contingency measures are in place to manage potential supply chain disruptions? - |  |
| * **Health financing considerations** * **Have current external and domestic health funding flows been mapped and urgent gaps or risks to critical services been identified?** - * **Is reprogramming or realigning of funding based on national priorities and equity considerations being coordinated with finance authorities and donors?** - * **Have immediate-term measures been taken to protect essential services and prevent increased out-of-pocket spending for vulnerable populations?** - * **Is a plan or roadmap in place to transition donor-funded services and inputs into sustainable domestic financing arrangements?** - * **Are available tools being used to model financing scenarios and estimate the cost and impact of priority-setting decisions?** - |  |
|  | **Communicating decisions**   * Have the decisions resulting from the priority-setting process, along with their justifications, been documented and disseminated using clear, accessible, and culturally appropriate language and formats? - * Have appropriate communication channels and trusted intermediaries (e.g. community leaders, CSOs, health providers) been engaged to convey the decisions and support community acceptance and understanding? - * Are there mechanisms in place to provide operational guidance and training for service providers and to allow users to ask questions, provide feedback or appeal the decisions? - |  |
|  | **Evaluating and sustaining progress**   * **Support for data and monitoring systems** * Is there a national plan to transition data systems to health ministry ownership? - * Are essential indicators aligned with priority services and used for decision-making? - * Is offline data entry and delayed synchronization possible in low-connectivity areas? - * Are data protection measures in place, especially for key populations? - * Is a streamlined set of core indicators being used to reduce the data burden?   -   * Are data quality checks and system access audits conducted regularly? - * **Documenting and sharing best practices**   + **Is learning built into regular planning and review processes?** -   + **Are different types of data, including feedback and evaluations, being used to capture lessons?** -   + **Are structured tools being used to document what works?** -   + **Are the lessons learned being used to adjust programmes or policies in real time?** -   + **Are insights being shared with others to support wider learning and improvement?** - |  |