Summary of priority-setting process worksheet- Uganda

Date: 25 May 2010

Country: Uganda

Who was responsible for the priority-setting process?
The REACH Uganda team.

What criteria were used to set priorities?
- Is the problem important?
- Are viable options available that address the problem?
- Is there an opportunity for change?
- Is there important uncertainty about the problem and the potential solutions?
- Is relevant research evidence available?
- Is there interest in informed deliberation about the problem and potential solutions?

Who was consulted to generate potential priorities?
Policymakers from the Ministry of Health, researchers, and stakeholders – an approximate total of 30 people (There were 24 respondents).

Who was consulted about the potential priorities after they were identified?
An advisory group with five representatives from interest groups, i.e. policymakers, researchers, and members of civil society.

What, if any, additional information was collected to inform decisions about priorities and how?
Key informant interviews were conducted to clarify and focus problems (which were initially very broad). A few senior policymakers from the Ministry of Health in the Maternal, Child and Reproductive Health Departments were interviewed.

Who made the final decision regarding priorities?
The REACH Uganda team, using a worksheet to score and rank the identified priorities that emerged from the key informant interviews above.

What potential priorities were considered?
Over 10 broad topics (e.g. maternal and child health) were identified during the first stakeholder and advisory group consultations. The focus was narrowed to five priorities following key informant interviews with policymakers from the Ministry of Health:

- Access to family planning products
- Access to post-abortion care
- Deliveries without a skilled health worker
- Poor-quality newborn care
- Access to contraceptives for adolescents

How were they ranked and on what basis?
The REACH Uganda team together with one external consultant independently ranked each of the five topics for each priority using a scale ranging from 1 (the lowest priority) to 3 (the highest priority). The rankings were then discussed.

Advantages of the process used
A fairly 'broad-based' process in which a variety of stakeholder groups, policymakers, researchers, members of civil society and health consumer groups were involved. Face–to-face meetings and telephone interviews were found to be effective methods in eliciting responses from participants.

Disadvantages of the process used
The use of email as an interview method was found to be ineffective.