

Country Assessment Template

What is this: Structured working template to translate GC8 positioning into a defensible investment case, covering PE anchor selection, current financing map, risk and reprioritization analysis, and PAAR planning.

Who it's for: Technical working groups, CCM secretariats, principal recipients

How to use: Complete once per population group, convening the sub-group most relevant to the population being assessed: HIV program, RMNCAH/PMTCT, harm reduction/community, laboratory, M&E, costing/finance, and key implementers as relevant. Sections that are population-specific are labelled accordingly. Use the Readiness Scorecard first to determine your level of ambition and primary PE anchor before completing this template.

A. Snapshot

- Country:
- Population grouping being assessed: Pregnant women/TE PLHIV PUD/KVP
- GC8 application modality: Full Review Transition/Focused Review Grant Ready
- Allocation outlook: Likely reduced (best estimate: ___%) Flat Increased (best estimate: ___%)
- Transition timeline (if relevant):
- Main integration platforms (tick): ANC/PMTCT HIV treatment clinics PrEP/SRH Harm reduction Prisons PHC/community

B. Starting point

Map current hepatitis, triple elimination and harm reduction interventions and activities for the selected population grouping, and who funds them.

Platform	Current interventions	Funding source(s)	Coverage: Pilot/partial/national	Implementer(s)
ANC/PMTCT				
Harm reduction				
HIV treatment and care				
Other (prisons/PHC/community)				

Evidence check (select if available): recent service stats commodity consumption data stock status supervision reports community-led monitoring recent epidemiological data

C. GC8 fit and anchors

Choose the primary anchor for the population grouping being assessed.

- PE11 – Triple elimination in ANC: integrated HIV, syphilis and HBsAg testing and linkage (primary anchor for Pregnant women/TE)
- PE16 – Coinfections/comorbidities in HIV care: HCV/HBV screening and management (primary anchor for PLHIV)
- PE3 – Harm reduction for people who use drugs: NSP, OAMT, naloxone (primary anchor for PUD/KVP)
- PE5 – SRH to support HIV prevention for KVP: HBV/HCV services within prevention platforms (primary or secondary anchor for PUD/KVP; secondary anchor for PLHIV in some contexts)

Justification:

Refer to [Module and Activity Mapping resource](#) for the full intervention scope and PE mapping for your selected population grouping.

D. Risk and reprioritization reality

Assume a 15 to 25% reduction in budget and high TRP scrutiny on value for money.

Top 3 hepatitis and TE-related items most likely to be cut (rank):

1. _____ because _____
2. _____ because _____
3. _____ because _____

What must be protected:

- _____
- _____

If cuts occurred due to reprioritization in GC7:

- What was cut?
- Why? Not essential Too vertical Too expensive Weak targets Out of scope Low absorption Political pushback Other: _____

E. Integration readiness and bottleneck

Readiness quick check (select what is true for the population grouping being assessed):

Platform readiness:

- Strong ANC attendance and existing HIV/syphilis testing workflows (Pregnant women/TE)
- Stable HIV/ART clinic flow with existing coinfection screening (PLHIV)
- Functioning harm reduction service points with regular client contact (PUD/KVP)
- Active SRH or KVP-focused service platforms (PUD/KVP)

Systems readiness:

- Lab connectivity and specimen transport functional
- Data reporting functioning and hepatitis indicators capturable
- Supervision and mentorship routine
- Commodity distribution reliable

Community readiness:

- Active CSO or community-led organization delivery
- Community-led monitoring exists or planned

Single biggest bottleneck (select one):

HRH/training commodities lab systems data/monitoring linkage/referral policy/legal barriers community delivery capacity

GC8 RSSH investment that could unlock this bottleneck:

- _____
- _____

F. Financing map

Complete the table for the population grouping being assessed. Cost categories are tailored to each population – use only the table relevant to your selection.

Pregnant women, breastfeeding women and infants

Cost category	Request GF funding? (yes/no)	If not GF, who pays and when?	Confidence in GC8 coverage (1-10; 1 lowest and 10 highest)
HBsAg tests in ANC			
Syphilis test kits (if not already funded)			
TDF for HBV prophylaxis			
HBV birth dose vaccination service delivery (not vaccine cost)			
HBV birth dose vaccine commodity cost		Gavi/domestic	–
HBV DNA VL (confirmatory testing)			
Long-term HBV treatment post-delivery		Domestic/other	–
HRH, training, supervision, quality assurance			
Data, M&E (mother-infant pair tracking, HMIS integration)			

PLHIV

Cost category	Request GF funding? (yes/no)	If not GF, who pays and when?	Confidence in GC8 coverage (1-10)
Anti-HCV tests (targeted screening within HIV care)			
HCV RNA VL (confirmatory testing)			
HCV treatment (DAAs)			
HBsAg tests (targeted, for populations most at risk)			
HBV DNA VL (confirmatory testing)			
HBV treatment/management			
Shared lab platform costs			

HRH, training, supervision, QA			
Data, M&E (hepatitis cascade integration into HIV HMIS)			

PUD and Other Key and Vulnerable Populations

Cost category	Request GF funding? (yes/no)	If not GF, who pays and when?	Confidence in GC8 coverage (1-10)
NSP commodities (needles, syringes, low dead space syringes)			
OAMT (procurement and distribution)			
Naloxone (procurement and distribution)			
HCV testing within harm reduction/SRH platforms			
HCV treatment within harm reduction/SRH platforms			
HBV screening within SRH/KVP platforms (PE5, targeted)			
HBV vaccine commodity cost		Domestic/other	–
HRH, peer navigators, community outreach			
Data, M&E (program registers, CLM)			

G. Proposed GC8 package

Define the minimum viable package that can survive CCM pressure. Each bullet must map to a PE anchor or RSSH. Refer to the [Toolkit](#) and [Module and Activity Mapping Resource](#) for intervention scope including RSSH options.

- (PE__):
- (PE__):
- (PE__):
- (PE__):
- (RSSH):
- (RSSH):

Delivery model (tick): embedded in routine visits mobile/outreach prison services integrated lab platform others

Efficiency choices (tick): bundling with ANC/HIV visits shared diagnostics platform task shifting pooled procurement where feasible shared distribution platform others

H. Targets and indicators

Select indicators relevant to the population group(s) included

Pregnant women/TE indicators:

- # pregnant women tested for HBsAg at least once in pregnancy
- # and % HBsAg-positive pregnant women receiving prophylaxis per protocol
- # pregnant women tested for syphilis at ANC
- # infants receiving HBV birth dose vaccination service delivery

PLHIV indicators:

- % eligible PLHIV screened for HCV per national protocol
- % eligible PLHIV screened for HBV per national protocol
- # PLHIV linked to hepatitis clinical management where indicated

PUD/KVP indicators:

- # PUD reached through NSP
- # PUD and KVP tested for HCV within harm reduction/SRH services
- # HCV-positive clients initiated on or linked to treatment
- # high-risk individuals screened for HBV within SRH/KVP platforms (PE5)
- Coverage of overdose prevention interventions

System indicator:

- stockout rate for key commodities
- turnaround time for HBV DNA or HCV RNA VL confirmatory testing
- % sites with integrated registers or reporting
- community-led monitoring coverage of integrated services

Baseline (if known): ____ GC8 target: ____ Data source: _____

Baseline (if known): ____ GC8 target: ____ Data source: _____

Baseline (if known): ____ GC8 target: ____ Data source: _____

I. CCM and Technical Review Panel narrative

Use these prompts to draft the key elements of your module justification and CCM/TRP narrative. For ready-to-use language, see [Sample Advocacy Language](#).

- Problem and who is left behind (describe burden and equity gap for this population):
- Integrated solution and PE anchor (PE__) (explain how the investment is integrated into existing HIV platforms):
- Value for money logic (bundling, shared platforms, low-threshold delivery, incremental costs):
- Equity rationale (women/newborns; PLHIV; KVP/PUD):

- Sustainability and transition plan (what shifts to domestic financing and on what timeline; what RSSH investment strengthens):
- What will be measured (link to indicators selected in Section H):

J. Decision and immediate actions

Decision: Include expanded/phased scale-up package Include minimum/core protective package Defer this cycle (document why)

Next 3 actions (within 2 weeks):

- 1)
- 2)
- 3)

Owner(s):