

Readiness Scorecard

What is this: Scoring tool to determine the appropriate level of ambition and primary PE anchor(s) for including hepatitis, triple elimination, and harm reduction in a GC8 funding request.

Who it's for: CCM leads, technical working groups, technical assistance partners

How to use: Complete once per population group. Scores will differ across PLHIV (PE16), PUD and other key and vulnerable populations (PE3/PE5), and pregnant, breastfeeding women and infants (PE11). Score each dimension from 0 to 2 based on best available data and stakeholder consensus. Sum the scores to determine the recommended GC8 positioning and PE anchor(s). Use early in the GC8 cycle, before drafting modules or budgets, and during CCM or TWG prioritization discussions. This tool was developed by CHAI based on GC8 Program Essential guidance and country experience from GC7.

Scoring dimensions

Dimension	0 points	1 point	2 points
Disease burden and unmet need ¹	Low burden and/or poorly defined epidemiology; limited data on equity gap	Moderate burden or partial data; localized equity gaps	High burden and/or clear, well-documented equity gaps
Platform readiness and integration	Delivery platforms weak, fragmented, or not functional	Platforms exist but uneven or limited in scale/quality	Strong, functional ANC, HIV, or harm reduction platforms suitable for integration
Political and CCM feasibility	Low political priority; likely resistance from CCM or key stakeholders	Mixed support; inclusion possible with advocacy	Strong alignment across MOH, CCM, CSOs, and partners
Co-financing and sustainability	No credible non-GF financing identified	Partial or uncertain domestic/partner financing	Clear domestic or partner co-financing pathway identified
Data and evidence readiness	No recent epidemiological data or program data available to justify the investment	Some data available but gaps in coverage, disaggregation, or recency	Recent, disaggregated epidemiological and program data available to support the investment case

¹ Neither the Global Fund nor WHO defines formal hepatitis burden categories for the purpose of GC8 grant applications. Hepatitis is not a standalone disease component in the Global Fund's eligibility or allocation framework – burden thresholds exist only for HIV, TB, and malaria. For hepatitis B, the widely used epidemiological classification of endemicity is based on general population HBsAg seroprevalence: low (<2%), low-intermediate (2-4.99%), high-intermediate (5-7.99%), and high (≥8%). This four-tier system is established in the published literature, principally Schweitzer et al. (Lancet 2015), which estimated prevalence across 161 countries (K. M. Hanafiah et al., 2013 | Ott et al., 2012), which produced age-specific HBsAg seroprevalence estimates by region. For hepatitis C, the most widely cited epidemiological classification uses general population anti-HCV antibody seroprevalence: low (<1.5%), moderate (1.5-3.5%), and high (>3.5%). This three-tier framework originates (K.M. Hanafiah et al., 2013), which pooled anti-HCV seroprevalence data from 232 studies to produce age-specific estimates across 21 Global Burden of Disease regions. Separately, the 2017 WHO Guidelines on Hepatitis B and C Testing introduced two operational seroprevalence thresholds – ≥2% and ≥5% – applicable to both HBV (HBsAg) and HCV (anti-HCV). These are two alternative cut-points for the same policy recommendation: in settings where seroprevalence meets or exceeds whichever threshold the country adopts, all adults should have routine access to testing (a general population testing approach). Below the chosen threshold, the recommendation is focused testing of high-risk populations only. The guidelines state that the choice between ≥2% and ≥5% depends on "other country considerations and the epidemiological context." More recent WHO guidance – including the 2024 WHO HBV Guidelines and updated WHO fact sheets – has converged on >2% as the single operational threshold for recommending general population testing. For the purposes of this scorecard, users should assess burden using the best available national seroprevalence data – from sources such as national health surveys, WHO Global Hepatitis Report 2024 estimates, or Polaris Observatory country profiles – and apply the epidemiological thresholds above as a guide rather than rigid cutoffs.

Total Score (out of 10): ____

I. GC8 positioning based on total score

Total score	Recommended GC8 positioning	Primary Program Essential alignment
9-10	Go big	PE11 (integrated testing for HIV, syphilis, and HBsAg in ANC) and/or PE3 (Harm Reduction), with PE16 and PE5 as complementary where relevant
6-8	Protect essentials	One primary anchor only (PE11 or PE3), tightly scoped and efficiency-focused
4-5	Limited, protective inclusion	Narrow PE11 or PE3 package focused on core testing and linkage
0-3	Defer, protect future space	No major hepatitis funding request; focus on policy inclusion, data systems, and community-led monitoring

II. Interpretation guidance

- Where disease burden and equity gaps are the primary drivers, prioritize PE11 (pregnant women/ANC) or PE3 (harm reduction) anchors even if platform readiness is moderate, and use GC8 RSSH investments to strengthen delivery capacity.
- Where platform readiness is high but financing is constrained, focus GC8 requests on integrated service delivery, systems, and RSSH, while planning for domestic or partner financing to cover commodities.
- Where political or CCM feasibility is the binding constraint, limit GC8 investments and prioritize policy inclusion, data strengthening, service delivery pilots, and community-led monitoring to protect space for future scale-up.
- Where HIV/HCV coinfection burden is the primary driver and ART clinic platforms are strong, PE16 may be the most defensible primary anchor even where ANC and harm reduction platforms are less developed. In these settings, integrate PE16 as the lead anchor with PE11 or PE3 as secondary where feasible.

III. Justification

Briefly explain the score and final positioning decision, noting any key risks or dissenting views: