## Annex 2. Scoring threshold table

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| **Criteria** | **Impact** | **Explanation** |
| 1. **Health impact and effectiveness**
 | 🟢 High | Robust evidence that the intervention substantially reduces the disease burden by reducing transmission or improving survival or outcomes (such as a large effect size or >X% reduction in incidence)  |
| 🟡 Moderate | Evidence shows moderate effect on the magnitude of population outcomes (such as smaller or context-dependent impact), or it addresses a more limited segment of the epidemic |
| 🔴 Low | Little to no evidence of significant health outcome improvement, or the intervention targets a very small portion of the burden with minimal overall impact |
| 1. **Cost–effectiveness**
 | 🟢 High | Consistent evidence suggesting an incremental cost per DALY averted <0.5 times GDP per capita or cost-saving |
| 🟡 Moderate | Consistent evidence suggesting an incremental cost per DALY averted between 0.5 and 1 times GDP per capita |
| 🔴 Low | Limited evidence of an incremental cost per DALY averted >1 times GDP per capita |
| 1. **Equity considerations**
 | 🟢 High | Primarily benefits high-burden or marginalized groups, significantly improves access for poor or stigmatized people and is essential for protecting vulnerable populations. Helps to close an identified gap in health outcomes |
| 🟡 Moderate | Some equity benefits: for example, the intervention has broad population benefit (neither disproportionately favouring nor neglecting vulnerable groups) or modestly addresses inequity |
| 🔴 Low | Little to no specific benefit for vulnerable populations; may even primarily serve already advantaged groups, or cancellation would not significantly worsen disparities |
| 1. **Feasibility and health system capacity**
 | 🟢 High | The intervention can be delivered within the existing infrastructure and with the currently available human resources |
| 🟡 Moderate | The intervention requires moderate additional investment (such as additional infrastructure or additional human resources) to be delivered.  |
| 🔴 Low | The intervention requires significant additional investment (such as additional infrastructure or additional human resources) to be delivered |
| 1. **Financial sustainability and budget impact**
 | 🟢 High | Low budget impact or easily absorbed into domestic funding. The annual cost is small relative to the health budget or there are committed resources to sustain it. Likely to continue without external aid, or alternate financing is secured |
| 🟡 Moderate | Non-trivial cost that poses some strain – may require reallocation or efficiency gains to afford. Possibly sustainable for a short period or at reduced scale, but uncertain in the long run without additional funds |
| 🔴 Low | Very high cost relative to the available domestic budget, making it infeasible to maintain at current scale. Without donor support, funding this intervention would severely crowd out other services or is simply not possible; continuing it would quickly exhaust resources |
| 1. **Acceptability**
 | 🟢 High | There are no perceived issues of acceptability to the communities for which the intervention is intended |
| 🟡 Moderate | There may be some issues of acceptability to the communities for whom the intervention is intended |
| 🔴 Low | There are clear issues of the intervention being unacceptable in the communities for whom the intervention is intended |
| 1. **Social and economic impact**
 | 🟢 High | The intervention has important positive social and economic effects beyond the health effects and health-related cost-savings that need to be considered |
| 🟡 Moderate | The intervention has unclear or modest social and economic effects beyond the health effects and health-related cost savings |
| 🟢 Low | The intervention does not have important social and economic effects beyond the health effect and health-related cost savings |