

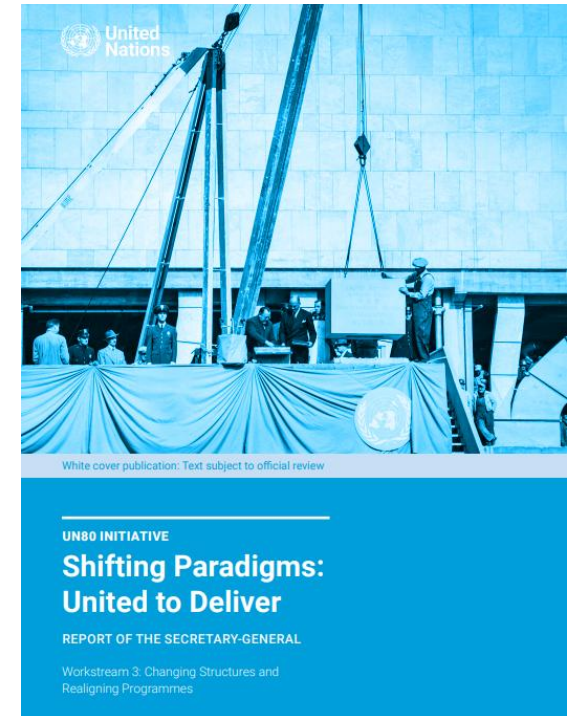
Overview of the TIER tool **Prioritization of HIV services**



IAS statement: PEPFAR freeze threatens millions of lives

UK warned that 15% cut to health fund will force 'impossible choices' on Africa

Advocates fear that other donors will follow Britain's reduction to the Global Fund for Aids, TB and malaria



A serene sunset over a body of water. The sky is filled with soft, colorful clouds in shades of purple, pink, and orange. In the foreground, a small wooden boat with a blue tarp is visible. In the distance, there is a fishing structure and several other boats on the water. The overall mood is peaceful and contemplative.

Change is the only constant.

Heraclitus

The TIER tool – Tool for Intervention Evaluation and Ranking

What is it?

- An excel workbook; a structured framework for prioritizing components of an HIV programme across the cascade

Who is it for?

- National governments

What's the objective?

- Support countries in their planning and prioritization of HIV programme elements in the context of funding shifts



The TIER tool – Tool for Intervention Evaluation and Ranking

What the TIER adds

- A granular starting list of interventions across the cascade and within each component
- The opportunity to discuss the coverage and frequency of interventions
- Emphasizes the importance of **COUNTRY-LED** discussions and decisions on the minimum package
 - *Before looking at budget and donor considerations*



What the TIER tool is NOT

- **It is not prescriptive** - but given as a guide with accompanying rationale
- **It does not include an exhaustive list of interventions** - but does have a list for your consideration (the list is a starting point based on WHO guidance and inputs from partners)



The TIER includes three workbook sheets covering the HIV cascade:

A list of interventions to prioritize across these components of the HIV care cascade:

Treatment	Testing	Prevention
<ul style="list-style-type: none">- ART continuity- Continuity OI prophylaxis- ART initiation (and re-initiation)- Viral load monitoring- OI management- AHD package- Integration- Tracking and tracing- Psychosocial support/Counselling	<ul style="list-style-type: none">- Blood products- Facility-based- Network-based (including facility/virtual and community-based)- Community-based (virtual and in-person)- Recency testing	<ul style="list-style-type: none">- Infant prophylaxis- PEP- Condoms- PrEP continuation- PrEP initiation (and re-initiation)- Harm reduction for people who inject drugs- VMMC

The TIER tool – Tool for Intervention Evaluation and Ranking

Three priority tiers

Minimum

Services that are critical to maintain for continuity of care and health outcomes

Standard

Important to sustain; should be reassessed frequently for continuation as funding allows

Optimal

To be supported when additional resources are secured or efficiencies gained

Plus:

Discontinue

Services that were previously provided, that are no longer important to provide and can be discontinued

Not applicable

Services that were not provided and will not be provided

The TIER tool – Tool for Intervention Evaluation and Ranking

- Uses **illustrative examples** of prioritization across four scenarios:
 - Scenario 1: A high-burden country achieving 95-95-95 targets across all populations
 - Scenario 2: A high-burden country achieving the targets but not across all populations
 - Scenario 3: A high-burden country not yet achieving one or more of the 95-95-95 targets
 - Scenario 4: A low-burden country not yet achieving one or more of the 95-95-95 targets



HOW TO USE THIS TOOL

Step 1: Select your country scenario (based on the 95-95-95 targets)

Step 2: Define the stakeholder group that will be engaged in the country's prioritization.

Step 3: Gather relevant HIV programme data across the HIV cascade

Step 4: Conduct the prioritization exercise documenting rationale for decisions

Step 5: Review and adapt the list of interventions

Step 6: Review the "Summary" tab (describing the tiered packages) to support budgeting and further prioritization work

RIAS Step 1: Select your country scenario: scenario overview tab

My country is:	COUNTRY NAME	
My scenario is	SCENARIO 3	
DON'T FORGET TO ENTER THE COUNTRY NAME IN CELL B4, AND SELECT THE MOST SIMILAR SCENARIO (CELL B3)		
Details of the scenarios		
Scenarios	Overview	Likely gaps
SCENARIO 1	A high-burden country achieving 95-95-95 targets across all populations	Limited, possibly some unsuppressed ART clients and some specific sub-segments that are generally underserved
SCENARIO 2	A high-burden country achieving the targets but not across all populations	Adolescent girls and young women, key populations, men
SCENARIO 3	A high-burden country not yet achieving one or more of the 95-95-95 targets	Clinically unstable/symptomatic, gaps in all population groups
SCENARIO 4	A low-burden country not yet achieving one or more of the 95-95-95 targets	Clinically unstable/symptomatic, gaps in all population groups
<p>These are illustrative examples of different scenarios with hypothetical gaps. In all settings, additional additional information on the specifics of the gaps - for testing, treatment and prevention - are going to be critical to appropriately prioritizing interventions.</p>		

Select scenario from drop down



Step 4: Prioritization + add rationale (annex provide WHO recommendation and comments)

Component	Intervention	SCENARIO 3	COUNTRY NAME	Rationale
ART continuity	Provide uninterrupted ART treatment to ALL people who are already on ART, all populations and all regimens	Minimum	<input type="text"/>	
	Provide a minimum of 3MMD for all, unless clinically unwell (including re-engaging clients) with 6MMD preferred for those established on ART (for all over 5-years of age)	Minimum	<input type="text" value="Minimum"/>	
	Conduct an annual quality clinical review if established on ART and virally suppressed with longest scripting period allowed 6-12 months	Minimum	<input type="text"/>	
	Enroll eligible clients in less-intensive DSD models	Minimum	<input type="text"/>	
	Sustain individual DSD models based at facilities	Minimum	<input type="text"/>	
	Sustain individual DSD models for key populations not based at facilities	Standard	<input type="text"/>	
	Sustain group DSD models managed by clients	Minimum	<input type="text"/>	
	Sustain group DSD models for adolescents managed by healthcare workers	Minimum	<input type="text"/>	
	Sustain individual DSD models not based at facilities	Minimum	<input type="text"/>	
	Sustain group DSD models managed by healthcare workers	Minimum	<input type="text"/>	
	Actively support transfer all clients from facilities that are closing to preferred public sector facility with same day continuation of ART, minimum 3MMD, offer less-intensive DSD model without required transfer documentation	Minimum	<input type="text"/>	



Interventions

Comments

Suggested prioritization

WHO recommendation, source, page number

Component

Example: Treatment annex

Component	Intervention	SCENARIO 1	SCENARIO 2	SCENARIO 3	SCENARIO 4	Comments	WHO recommendation	Strength	Grade	Source
		A high-burden Limited, possible	A high-burden Adolescent group	A high-burden Clinically unstable	A low-burden Clinically unstable					
ART continuity	Provide uninterrupted ART treatment to ALL people who are already on ART, all populations and all regimens	Minimum	Minimum	Minimum	Minimum	Continuity of ART for all populations and all regimens to reduce mortality, morbidity and transmission; Population already	ART should be initiated for all people living with HIV regardless	Adults strong;	moderate; pregnant	https://www.who.int/publication/item/2789240031593
	Provide a minimum of 3MMD for all, unless clinically unwell (including re-engaging clients) with 6MMD preferred for those established on ART (for all over 5-years of age)	Minimum	Minimum	Minimum	Minimum	Maintain multi-month refills to reduce clinic visits and strong evidence for impact on retention and adherence	People established on ART should be offered refills of ART lasting 3-6 months, preferably six months if feasible	Strong	Moderate to low	https://www.who.int/publication/item/2789240031593
	Conduct an annual quality clinical review if established on ART and virally suppressed with longest scripting period allowed 6-12 months	Minimum	Minimum	Minimum	Minimum	Extending the interval between clinical visits reduces burden on client and health system	People established on ART should be offered clinical visits every	Strong	Moderate	https://www.who.int/publication/item/2789240031593
	Enroll eligible clients in less-intensive DSD models	Minimum	Minimum	Minimum	Minimum	Maintaining DSD models for clients established on treatment	No formal WHO recommendation			https://www.who.int/publication/item/2789240031593
	Sustain individual DSD models based at facilities	Minimum	Minimum	Minimum	Minimum	Individual facility based models (e.g., fast track) should be	No formal WHO recommendation			https://www.who.int/publication/item/2789240031593
	Sustain individual DSD models for key populations not based at facilities	Standard	Standard	Standard	Standard	Models out of facility have been a foundation of key population services: these services have often been parallel to public	No formal WHO recommendation			https://www.who.int/publication/item/2789240031593
	Sustain group DSD models managed by clients	Minimum	Minimum	Minimum	Optimal	Group models managed by clients overcome challenges of	No formal WHO recommendation			https://www.who.int/publication/item/2789240031593
	Sustain group DSD models for adolescents managed by healthcare workers	Minimum	Minimum	Minimum	Standard	Group DSD models for adolescents e.g teen clubs have been demonstrated to support adherence and retention to ART	Programmes should provide community support for people	Strong	Moderate	https://www.who.int/publication/item/2789240031593
	Sustain individual DSD models not based at facilities	Minimum	Minimum	Minimum	Optimal	Out of facility models often require some additional financing.	No WHO recommendation;			https://www.who.int/publication/item/2789240031593
	Sustain group DSD models managed by healthcare workers	Minimum	Minimum	Minimum	Standard	The ability to form group models in low prevalence settings will	Programmes should provide	Strong	Moderate	https://www.who.int/publication/item/2789240031593
Continuity of prophylaxis	Actively support transfer all clients from facilities that are closing to preferred public sector facility with same day continuation of ART, minimum 3MMD, offer less-intensive DSD model without required transfer documentation	Minimum	Minimum	Minimum	Minimum	Clear policy for patients transferring care between facilities is required	No specific WHO recommendation			
	Provide cotrimoxazole prophylaxis to adults Stage 3 and 4 or CD4 <350. Note recommendation when to stop	Minimum	Minimum	Minimum	Minimum	Cotrimoxazole prophylaxis indicated for prevention of PCP, severe bacterial infections, TB and malaria. Note implementation	1. Starting Co-trimoxazole prophylaxis is recommended for	1.Strong; 2. Low	Moderate; 2. Low	https://www.who.int/publication/item/2789240031593
	Provide cotrimoxazole to adults in settings where malaria and/or severe bacterial infections are highly prevalent, co-trimoxazole prophylaxis should be initiated regardless of CD4 cell count or WHO stage; Note recommendation when to stop	Minimum	Minimum	Minimum	Minimum	Cotrimoxazole prophylaxis indicated for prevention of PCP, severe bacterial infections, TB and malaria. Note implementation for criteria for stopping cotrimoxazole	1. In settings where malaria and/or severe bacterial infections are highly prevalent, co-trimoxazole prophylaxis should	1. Conditional; 2. Conditional	1. Moderate; 2. Low	https://www.who.int/publication/item/2789240031593
	Provide cotrimoxazole to patients living with HIV and TB	Minimum	Minimum	Minimum	Minimum	Cotrimoxazole prophylaxis indicated for prevention of PCP,	Routine co-trimoxazole prophylaxis should be given to all	Strong	High	https://www.who.int/publication/item/2789240031593
	Provide cotrimoxazole to children living with HIV; Note recommendation on when to stop	Minimum	Minimum	Minimum	Minimum	Cotrimoxazole prophylaxis indicated for prevention of PCP, severe bacterial infections, TB and malaria. Note implementation	Co-trimoxazole prophylaxis is recommended for infants,	1. Strong 2. Strong	Low 3. Moderate	https://www.who.int/publication/item/2789240031593
	Provide cotrimoxazole to HIV exposed infants; Note recommendation when to stop	Minimum	Minimum	Minimum	Minimum	Cotrimoxazole prophylaxis indicated for prevention of PCP, severe bacterial infections, TB and malaria. Note implementation	Co-trimoxazole prophylaxis is recommended for HIV-exposed	Strong	Low	https://www.who.int/publication/item/2789240031593
ART initiation (and re-initiation)	Provide secondary fluconazole prophylaxis (maintenance); Note recommendation on when to stop	Minimum	Minimum	Minimum	Minimum	Fluconazole maintenance essential after treatment for cryptococcal meningitis but note implementation of criteria for	Fluconazole (200 mg daily for adults, 6 mg/kg per day for	Strong	High	https://www.who.int/publication/item/2789240031593
	Initiate children under 5 years	Minimum	Minimum	Minimum	Minimum	ART initiation currently recommended for all regardless of CD4;	ART should be initiated for all	Adults	moderate;	https://www.who.int/publication/item/2789240031593
	Initiate pregnant and breastfeeding women	Minimum	Minimum	Minimum	Minimum	ART initiation currently recommended for all regardless of CD4;	ART should be initiated for all	Adults	moderate;	https://www.who.int/publication/item/2789240031593
	Initiate those with clinical signs and symptoms of HIV/AIDS or CD4 <200 if known (AHD)	Minimum	Minimum	Minimum	Minimum	ART initiation currently recommended for all regardless of CD4; specific populations may need to be prioritized +/- use of CD4	ART should be initiated for all people living with HIV regardless	Adults strong;	moderate; pregnant	https://www.who.int/publication/item/2789240031593
	Initiate all people testing positive for HIV (new and re-engaging) and transferring	Minimum	Minimum	Minimum	Minimum	ART initiation currently recommended for all regardless of CD4; specific populations may need to be prioritized +/- use of CD4	ART should be initiated for all people living with HIV regardless	Adults strong;	moderate; pregnant	https://www.who.int/publication/item/2789240031593
	Initiate all people testing positive for HIV - stage 3 or 4 or if CD4 known or baseline CD4 (CD4 nadir) below 200/350/500	Minimum	Minimum	Minimum	Minimum	Threshold dependent on resources	ART should be initiated for all people living with HIV regardless	Adults strong;	moderate; pregnant	https://www.who.int/publication/item/2789240031593
	Initiate all people testing positive for HIV - stage 1 or 2 or if CD4 known or baseline CD4 (CD4 nadir) above 200/350/500	Minimum	Standard	Standard	Optimal	Threshold dependent on resources	ART should be initiated for all people living with HIV regardless	Adults strong;	moderate; pregnant	https://www.who.int/publication/item/2789240031593

Versions of the TIER have been used by at least 21 countries

- <https://cquin.icap.columbia.edu/event/cquin-9th-annual-meeting/c9m-posters/>
- What to keep, modify, and drop with different funding scenarios

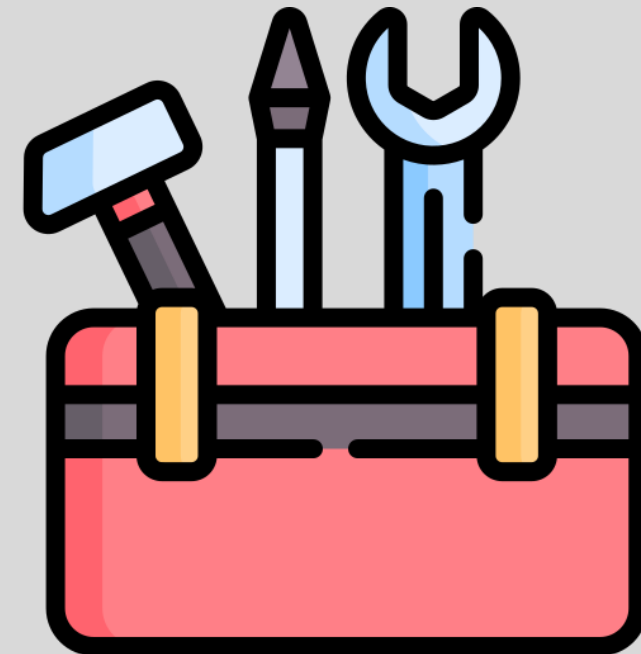
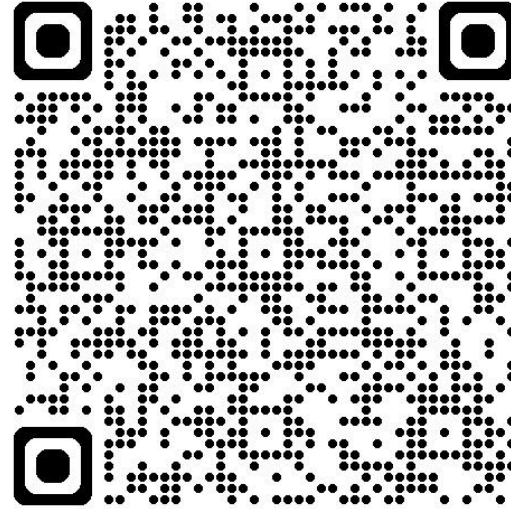


Access and download the PATHS and TIER tool

- [TIER – English](#)
- [TIER – French](#)
- [TIER – Portuguese](#)
- [TIER – Spanish](#)
- [PATHS \(English only\)](#)

All resources are available on the IAS DSD website via this link bit.ly/HIV_PATH and the QR code.

Contact us : dsd@iasociety.org



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AIDS 2026
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What should change in how we approach the HIV response?

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How can we rebuild systems to put people first?

Rise.

What does it mean for all of us to rise together?



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