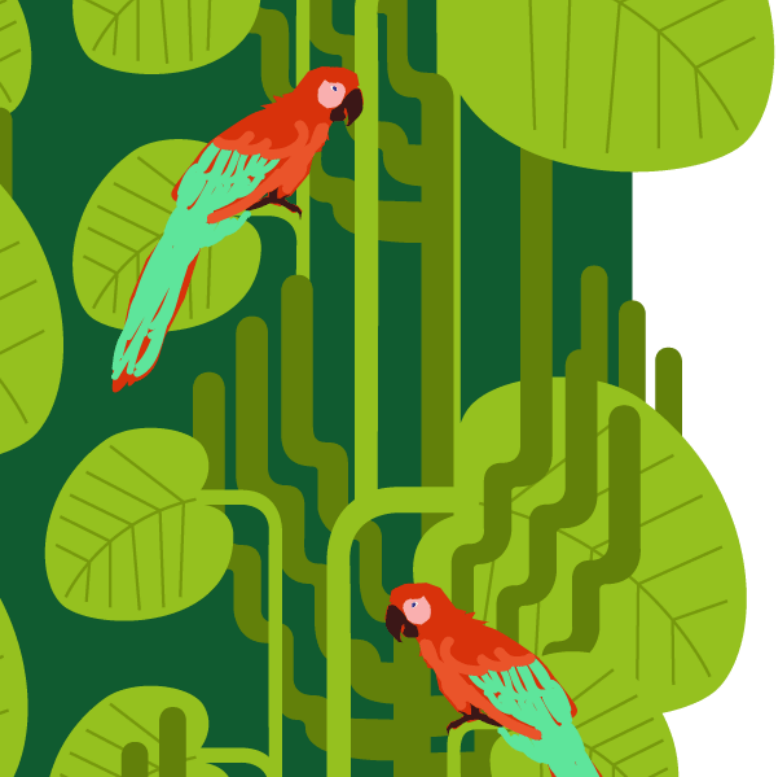


Using TIER-Plus to support HIV programme prioritization in Mozambique

AIDS 2026

26–31 July • Rio de Janeiro, Brazil

Irénio Gaspar, Ministry of Health, Mozambique

Prioritization under pressure: Rethinking HIV service delivery with TIER-Plus

aids2026.org

Mozambique context (1)

Mozambique HIV estimates, 2025

Population estimate	Total	% of total PLHIV	Confidence interval
No. of PLHIV	2,470,000	–	2.26–2.72 million
Adults aged 15+ living with HIV	2,300,000	93%	2.11–2.58 million
Men aged 15+ living with HIV	800,000	32%	723,000–885,000
Women aged 15+ living with HIV	1,520,000	62%	1.38–1.68 million
Pregnant women living with HIV	120,000	–	103,000–135,000
Young people aged 15–24 living with HIV	285,000	12%	171,000–367,000
Children aged 0–14 living with HIV	157,000	6%	136,000–180,000
New infections	77,000	–	57,000–96,000
New infections per day	211	–	
New infections among adults	65,000	–	48,000–84,000
New infections among children	12,000	–	9,000–17,000
Vertical transmission rate	9.8%	–	7.8%–12.7%
HIV/AIDS-related deaths	38,000	2%	32,000–46,000

Source: 2025 Estimates, Spectrum v6.43

AIDS 2026 • Rio de Janeiro, Brazil

- Mozambique manages one of the world's largest HIV programmes: 2.07 million on ART and 83.8% ART coverage.
- The response remains heavily dependent on external financing, particularly USG and the Global Fund.
- A more constrained and uncertain funding environment is accelerating the transition towards government-led, integrated and more sustainable service delivery.

Mozambique context (2)

Key Challenges

- Sustaining lifelong treatment while protecting prevention, community services, commodities, health workers, data and quality of care.
- Persistent geographic and population inequalities, alongside major gaps among children, adolescents, men and pregnant women.
- Limited granular cost and impact data to support difficult choices under reduced funding ceilings.

Why join TIER-Plus validation?

- To explore a transparent, evidence-informed approach for comparing interventions and investment scenarios.
- To understand, in real time, the potential effects of prioritization decisions on programme costs and epidemic outcomes.
- To test the tool using Mozambique's data and ensure that country realities inform its further development.

AIDS 2026

Prioritization Approaches Used to Date

1 Protect essential services

Emergency prioritization following external funding disruptions

2 Focus with data

Geographic and population targeting using epidemiological and cascade data

3 Compare funding scenarios

National assessment of reduced external funding and TIER-based ranking

4 Plan transition

Integration, sustainability and alignment with national/donor planning cycles

5 National evidence base

Assessment of the impact of reduced external funding on health service delivery in Mozambique

Stakeholders engaged

Government • Provinces • Donors • Implementing partners • Civil society and PLHIV networks

AIDS 2026

Current Prioritization Questions

Protect	Which services must be protected under severe funding reductions?
Focus	Which populations and geographies should be prioritized?
Simplify	What can be integrated, simplified, transitioned or discontinued?
Reorganize	How should community services and human resources be configured?
Transition	How can partner-supported activities move to sustainable Government ownership?

Objective: maximize impact, equity and sustainability with available resources.

AIDS 2026

Experience using TIER-Plus

What worked

Flexible comparative tool

- Allows comparative prioritisation and modelling of interventions.

Integrated perspective

- The linkage between the different components provides a holistic view of intervention reprioritisation.

Target allocation

- The tool can also be used to support target allocation, with a focus on achieving epidemic control.

What needs improvement

Model transparency

- Make assumptions and input–outcome relationships explicit.

Cost and data traceability

- Show unit costs, data sources and baseline update dates.

Country calibration

- Strengthen country-specific and contextual adaptation.

Opportunities and limitations

Opportunities

Rapid scenario comparison

- Supports early-stage prioritization and brainstorming.

Real-time implications

- Shows potential cost and epidemiological effects.

Strategic application

- Can inform planning, resource allocation and donor transition.

Data and feasibility considerations

Reliable, current data

- Requires updated coverage, unit cost and outcome data.

Subnational precision

- Limited disaggregation can reduce the accuracy of results.

Implementation reality

- Workforce needs and delivery capacity are not fully captured.

AIDS 2026

Next steps

1 Validate

Finalize feedback and retest with updated national coverage, cost and epidemiological data.

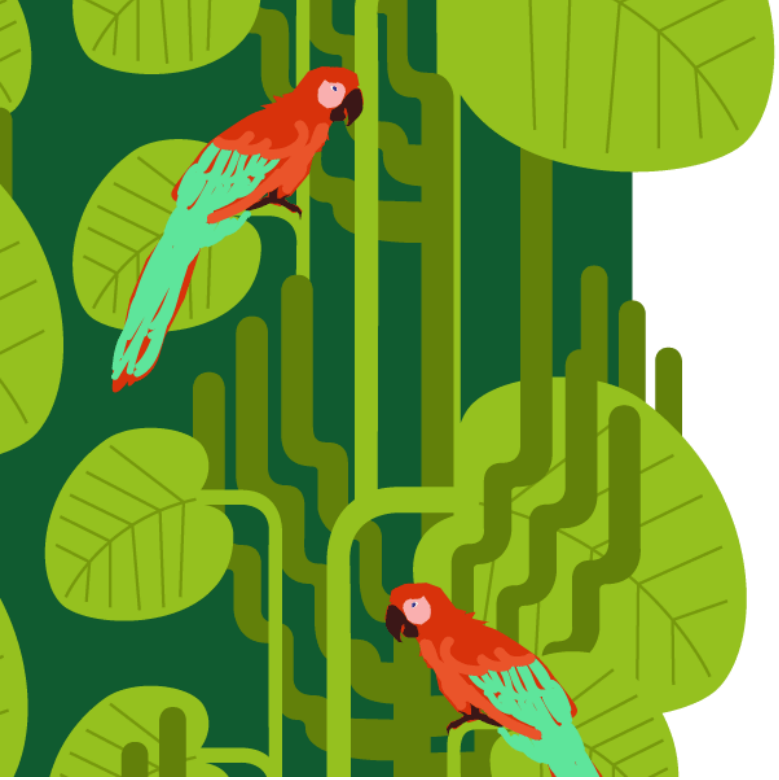
2 Apply

Explore country use for prioritization, strategy, resource allocation and donor transition.

3 Improve

Clarify assumptions, costs, metadata, calibration and implementation feasibility.

TIER-Plus should inform, not replace, country-led decisions.



Thank you

AIDS 2026