

National strategy for prioritization: Mozambique and Ghana

Mozambique

The key points, a summary and the outcomes across the HIV care cascade from Mozambique's strategic prioritization of HIV services exercise are outlined below.

Key points from Mozambique's prioritization exercise

- Prioritization exercise presented as an iterative process that can be adapted to budgetary changes
- Budget data on commodities and distribution of costs across programmes was gathered in advance of the meeting.
- The TIER tool intervention list was adapted to align with national HIV guidelines.
- All stakeholders including Ministry and health representatives met in a single group rather than splitting into prevention, testing and treatment sub-groups.

Summary:

- 95% of Mozambique's HIV programme funding comes from external donors. The Ministry of Health and Stakeholders viewed the prioritization exercise as iterative ongoing, adjusting to updates in funding availability.
- The exercise excluded human resource and systems costs.
- The Ministry of Health collected **consumption and budget allocation data for medicines and other consumables of the program prior to the workshop**, and participants viewed this information as essential for informed decision making.
- **Before the meeting, the Ministry determined budget distribution** based on the 2022 National AIDS Spending Assessment (NASA): 50% for care and treatment, 20% for testing, and 17% for HIV prevention.
- The group reviewed WHO recommendations within the TIER tool and compared them against national policies, then **adapted the TIER tool** to reflect the current suite of interventions.
- Participants modelled three funding scenarios using the adapted tool: 0%, 30%, and 70% of current external funding levels.
- **The Ministry held a one-day internal technical working group (TWG) meeting** to review the prioritization plan.
- **A two-day multi-stakeholder workshop** brought together civil society, donors, and implementing partners from across prevention, testing, and care and treatment.
- **Experts from all programme areas jointly reviewed each section of the TIER tool.** The exercise was intentionally completed together so every group understood understand the rationale and the results of the de-prioritization across the cascade.

Table 2: Mozambique’s prioritization outcomes across the cascade

Testing	Prevention	Treatment
<ul style="list-style-type: none"> ○ Prioritize testing and redefine eligibility criteria ○ Community-based testing was de-prioritized. ○ HIV testing integrated into family planning services stopped. 	<ul style="list-style-type: none"> ○ Most prevention interventions were deprioritized in reduced-funding scenarios. ○ Post-natal prophylaxis for infants and facility-based PrEP remained priorities. ○ PrEP for pregnant and breastfeeding women remained in the at 50% scenario, driven by PEPFARs inclusion of this in their waiver. ○ All other PrEP services, harm reduction and community condom distribution were deprioritized. 	<ul style="list-style-type: none"> ○ ART maintenance remained a priority. Under the 0% scenario, initiation would focus on children, pregnant/breastfeeding women, and people with advanced HIV disease (AHD). ○ Out-of-facility activities with costs associated, including DSD models, were deprioritized. ○ The full AHD package was deprioritized due to high cost. ○ Viral load testing and tracking/tracing were excluded or reduced under 0% and 30% scenarios.

Ghana

The key points and a summary Ghana’s strategic prioritization of HIV services exercise are outlined below.

Key points from Ghana’s prioritization exercise

- Decision making was guided by existing cost effectiveness analyses of specific activities.
 - Commodities were considered essential and protected these from cuts.
 - Projected budget savings came from adjusted systems-level activities such as supervision, DSD monitoring and training.
- Ghana is considering reducing clinical visit frequency to annual for those who are established on treatment.

Summary:

- PEPFAR supports three of Ghana’s 16 regions; the Global Fund remains the principal external funder.
- Ghana initially reprogrammed its budget through exchange-rate savings and efficiencies in existing activities.
- The Global Fund reprioritization process already identified low-impact and low-uptake interventions for de-prioritization, including individual out-of-facility and community pharmacy models. Facility-based group models remain supported.
- PATHS guidance helped to engage Global Fund sub-recipients early in the prioritization process.
- Ghana used the TIER tool as a framework and adapted it to national guidance.
- Stakeholders had commodity and activity-level budgets available to guide decisions.
- They protected prevention, testing, and treatment commodities as non-negotiables.



- They reviewed the possibility of reducing systems activities to create savings, including monitoring, supervision, and training.
- They are evaluating potential savings from moving annual clinical visits to people established on treatment.