JOINTLY ORGANIZED BY IAS ITPC

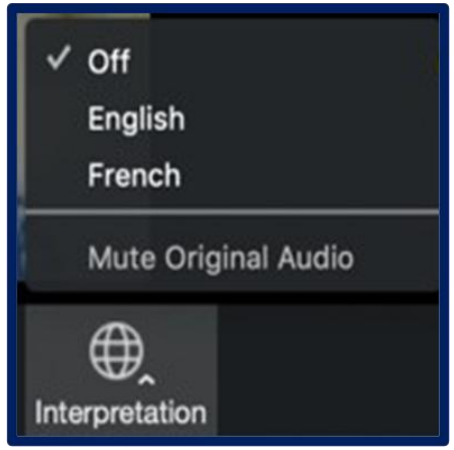
Prioritization under pressure: Bringing communities to the centre of HIV programme decisions

WEBINAR
16 September 2026

Welcome & Housekeeping

Moderator:
Krista Lauer,
Citizen Science Lead,
ITPC, Canada

- 90-minute webinar with presentations and two rounds of polls, followed by a panel discussion and Q&A with the audience
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- Simultaneous interpretation in French is available on this webinar. To access this feature, please select "More" > "Interpretation" to access the feature.
- If you would prefer to speak, please use the "raise hand" function on the toolbar and we will unmute you so that you have control of your microphone
- Slides and recordings will be shared after the webinar



Webinar objectives

- Explore how communities and people living with HIV can meaningfully participate in and shape HIV programme prioritization decisions.
- Examine how different forms of evidence, including modelling, programme data, community-led monitoring and lived experience, can inform prioritization and difficult trade-offs.
- Consider how tools such as TIER-Plus can support communities and civil society to engage in prioritization processes and strengthen evidence-informed advocacy.

Webinar speakers

Lynne Wilkinson
IAS
South Africa

Lise Jamieson, HE2RO, South Africa

Alexandra de Nooy, AUMC, South Africa

Simon Sikwese, Pakachere Institute of Health and Development Communication, Malawi

Stephen Macheso, Ministry of Health, Malawi

IAS

Prioritization is happening

How do we make better choices?

Lynne Wilkinson
16 September 2026

IAS

Prioritization is happening – whether we call it prioritization or not

What do we protect?

What do we expand?

What do we adapt, delay or reduce?

How are those choices made – and who gets to participate?

IAS

Countries asked us the next question

- Estimate outcomes
- Understand costs
- Compare scenarios

IAS

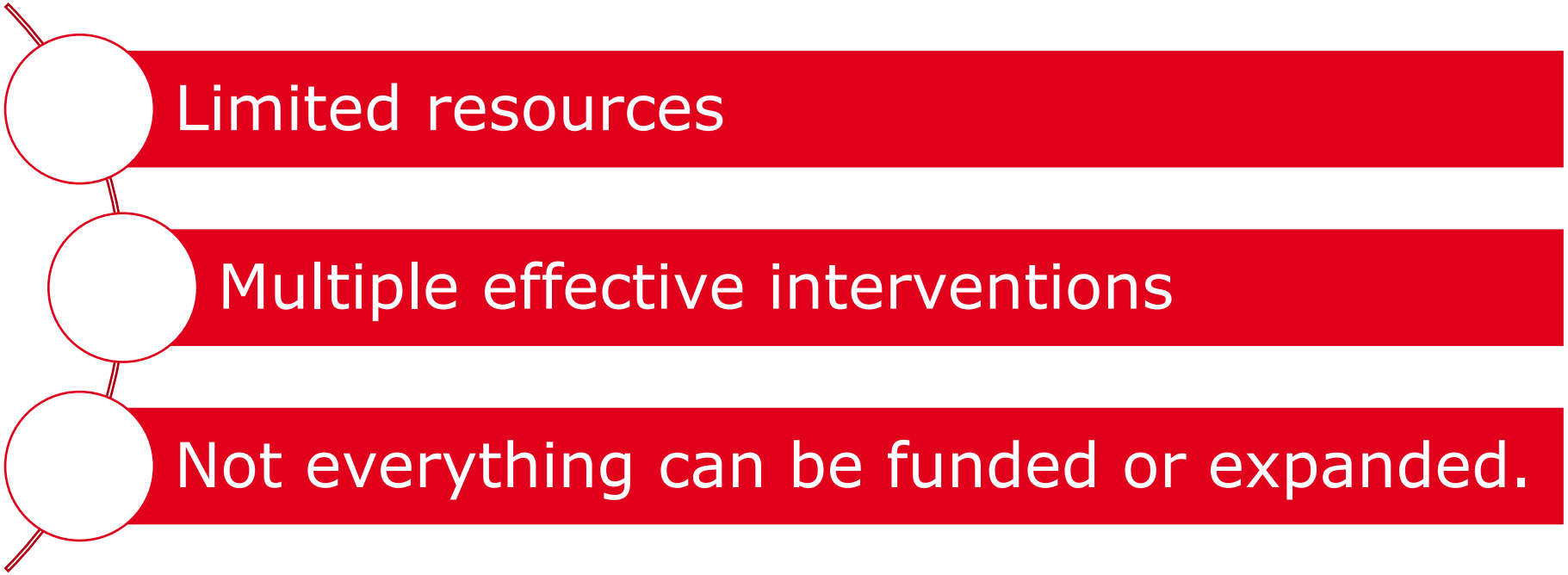
A model can inform a decision. It can't make it.

Costs, outcomes, coverage, scenarios, trade-offs

Access, acceptability, equity, preferences, quality

IAS

What would you prioritize?



What would you prioritize – and what would you need to know before deciding?

In summary

We have to make choices.

Countries wanted better evidence about the consequences of their choices → TIER-Plus

But modelling is only one part of the evidence - communities need to be part of the process.

The prioritization scenario – Round 1

Lise Jamieson, HE2RO, South Africa

TIER-Plus: providing evidence to support HIV service prioritization decisions

PRIORITIZATION UNDER PRESSURE

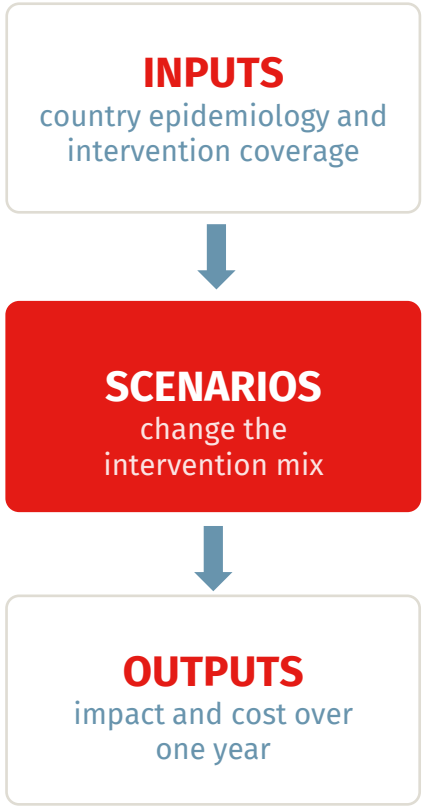
ALEXANDRA DE NOOY, AMSTERDAM UMC

16 SEPTEMBER 2026

A “what-if” tool for HIV service prioritization and programme decisions

It can be used to consider: **what if Malawi did more of this and less of that?**

It compares choices side by side. It does not make the decision.



2 WHAT IS TIER-PLUS?

IAS TIER-Plus - HIV Intervention Impact Calculator

Select Regional Profile:

Malawi

Epidemic Parameters (Start of Year)

Total Population:

22,216,120

HIV Prevalence among people aged 15+ (%):

7,3

New HIV Acquisitions/Year:

11,757

% of PLHIV Diagnosed:

95,2

% Diagnosed on ART:

95

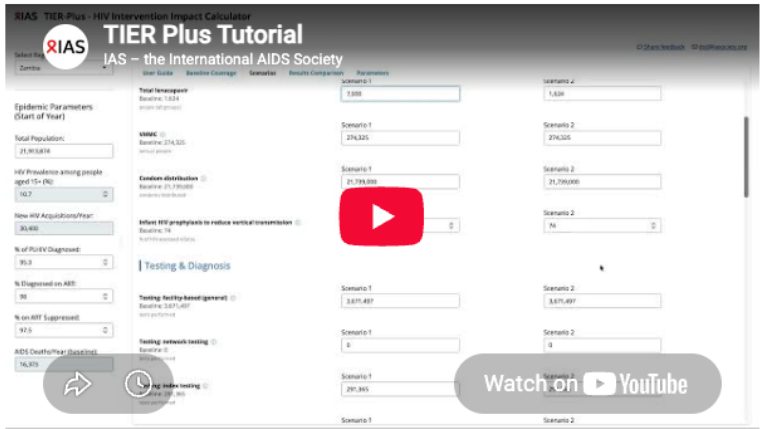
% on ART Suppressed:

Share feedback dsd@iasociety.org

User Guide | Baseline Coverage | Scenarios | Results Comparison | Parameters

TIER-Plus — User Guide

A decision-support tool for trade-off analysis in HIV service planning



What is TIER-Plus

TIER-Plus is a planning tool for national HIV programme stakeholders to support annual budget allocation and resource prioritization decisions. It enables users to model how resource allocation across different HIV interventions—prevention, testing, treatment, and retention—translates into projected changes in key outcomes, including progress toward the 95-95-95 targets, new HIV acquisitions, mortality, and programme costs.

Not all prevention options can be prioritized at 100% coverage – how do we choose?

Oral PrEP
protect / expand the existing programme

Lenacapavir
introduce long-acting injectable PrEP

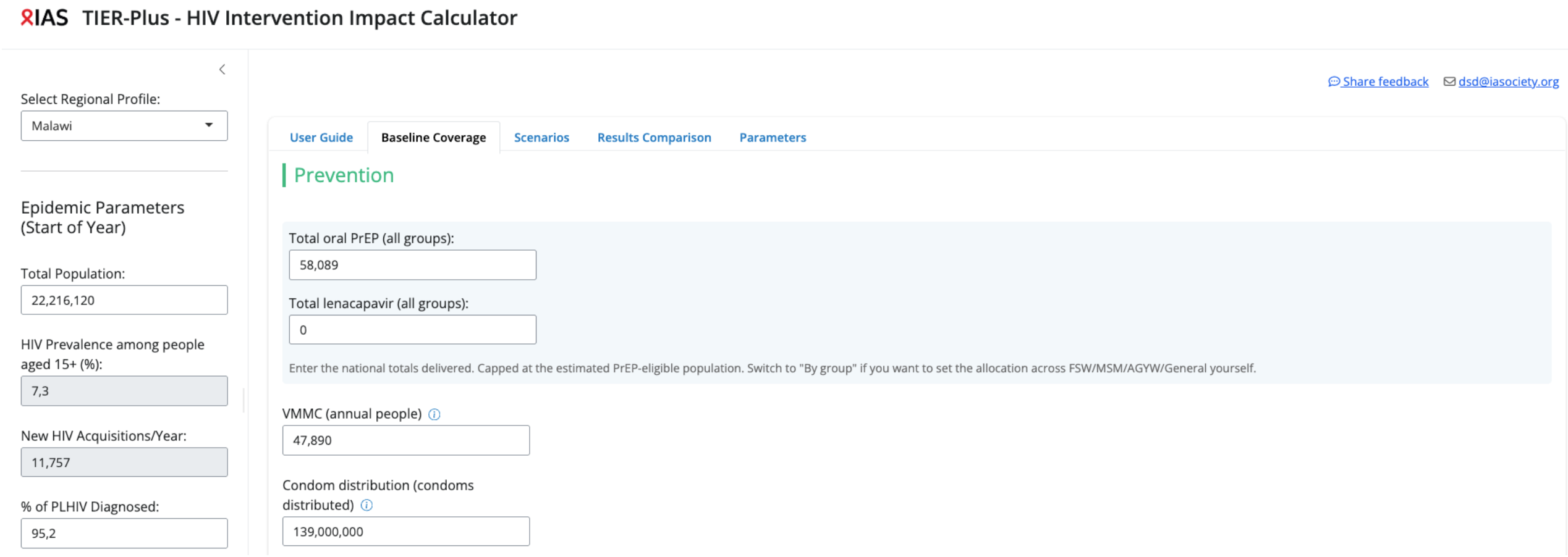
VMMC
protect / expand circumcision

Condoms
protect condom programming

You told us what you'd want to know first:

- acquisitions averted
- costs & value for money
- numbers & populations reached
- coverage & unmet need
- acceptability & equity

Malawi's baseline prevention coverage



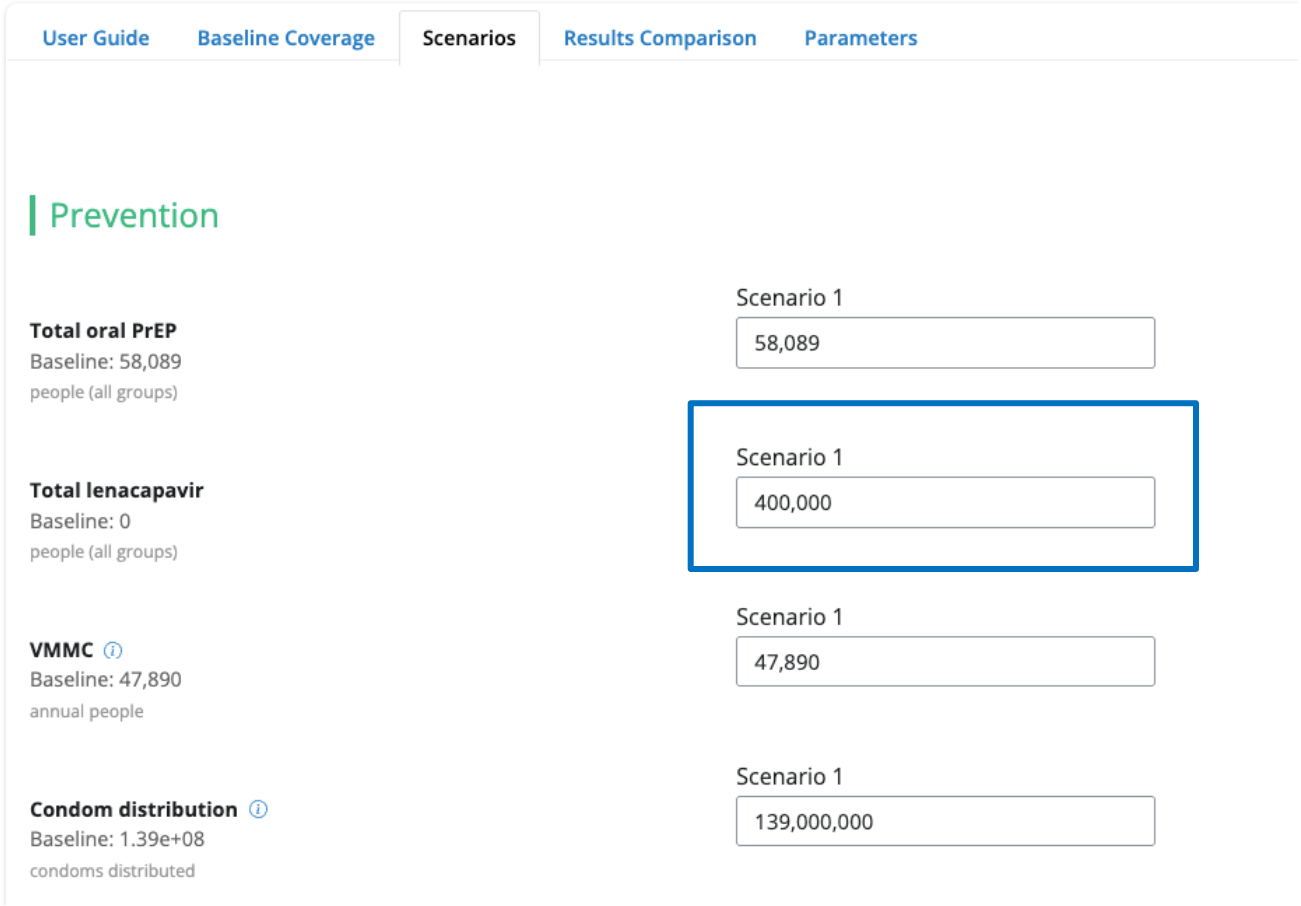
What if we changed our coverage of prevention services

1

Introduce lenacapavir

Expand coverage of lenacapavir to 400,000 people

Building a scenario is just changing the numbers



Trade-offs between scenarios – health outcomes

Key Epidemiological Outcomes (End of Year)

Baseline		Scenario 1	
New Adult Acquisitions:	11,757	New Adult Acquisitions:	11,243 (-514)
New Infant Acquisitions:	1,602	New Infant Acquisitions:	1,602 (0)
HIV-Related Deaths:	13,453	HIV-Related Deaths:	13,453 (0)

Introducing lenacapavir at this level averted 514 new adult HIV acquisitions (-4.4%)

Trade-offs between scenarios – cost

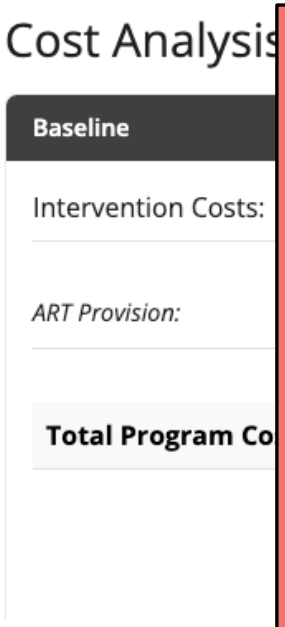
Cost Analysis

Baseline	
Intervention Costs:	$51,016,231
ART Provision:	$83,006,600
Total Program Cost:	**$134,022,831**

Scenario 1	
Intervention Costs:	$66,697,037 (+$15,680,806)
ART Provision:	$83,006,600 ($0)
Total Program Cost:	**$149,703,636 (+$15,680,805)**

… but at a potentially infeasible cost

Trade-offs between scenarios – cost



If we do not have sufficient budget, the addition of this much lenacapavir may need come at the expense of other prevention options

What if we changed our coverage of prevention services

1

Introduce lenacapavir

Maintain overall number of people on PrEP by switching half of those on oral PrEP to lenacapavir

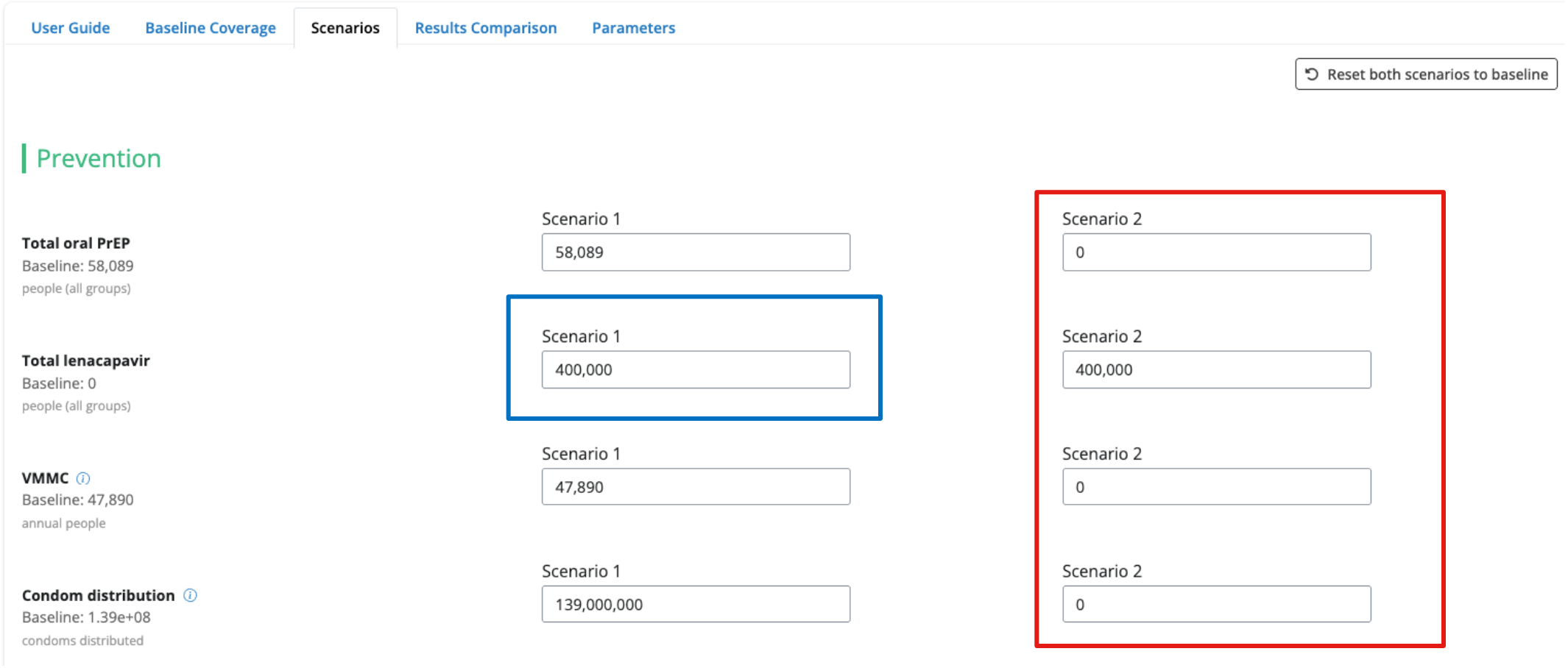
2

Introduce lenacapvir and reduce other prevention

Decrease oral PrEP, condoms and VMMC until costs are the same as baseline

4 WHAT IF WE PRIORITISE DIFFERENTLY?

Adding Lenacapavir and reducing other prevention options



Trade-offs between scenarios – cost

Cost Analysis

Baseline	
Intervention Costs:	$51,016,231
ART Provision:	$83,006,600
Total Program Cost:	**$134,022,831**

Scenario 1	
Intervention Costs:	$66,697,037 (+$15,680,806)
ART Provision:	$83,006,600 ($0)
Total Program Cost:	**$149,703,636 (+$15,680,805)**

Scenario 2	
Intervention Costs:	$51,448,720 (+$432,489)
ART Provision:	$83,006,600 ($0)
Total Program Cost:	**$134,455,320 (+$432,489)**

We now have a much smaller budget increase and total costs are similar between baseline and Scenario 2

Trade-offs between scenarios – health outcomes

Key Epidemiological Outcomes (End of Year)

Baseline		Scenario 1		Scenario 2	
New Adult Acquisitions:	11,757	New Adult Acquisitions:	11,243 (-514)	New Adult Acquisitions:	12,580 (+823)
New Infant Acquisitions:	1,602	New Infant Acquisitions:	1,602 (0)	New Infant Acquisitions:	1,602 (0)
HIV-Related Deaths:	13,453	HIV-Related Deaths:	13,453 (0)	HIV-Related Deaths:	13,453 (0)

But health outcomes have worsened

Comparing the trade-offs

Outcomes (relative to baseline)	Scen. A + lenacapavir	Scen B + lenacapavir – oral PrEP – condoms - VMMC
Change in new aquisitions	-514	+823
Change in budget ($)	+15,680,805	+432,489

TIER-Plus does not tell us what the correct answer is. We could have looked at many combinations of prevention options at different coverage levels.

But, it DOES show the trade-offs between scenarios, letting stakeholders use this information to transparently make decisions or to redesign investment plans.

What information can Tier-Plus provide?

TIER-Plus can help with

- ✓ Highlight current coverage & unmet need within interventions (in countries with validated data)
- ✓ Show trade-offs in health outcomes between scenarios e.g acquisitions averted or gained for prevention interventions
- ✓ Indicate likely cost differences between scenarios
- ✓ Contribute towards discussion and decisions surrounding the value for money of interventions

What information can Tier-Plus not provide?

- ✗ **One-year horizon —** under-counts long-run benefit — particularly relevant for prevention
- ✗ **Constrained interventions —** cannot model every intervention or element of implementation
- ✗ **Not the whole picture —** misses acceptability, lived experience and access barriers
- ✗ **Not equity or rights —** can't easily weigh who is left behind
- ✗ **Not why people choose —** can't tell you why someone prefers one option over another

Communities can use TIER to:

1. Challenge assumptions and ask sharper questions about proposed investments
2. Compare alternative scenarios and advocate for their consideration
3. Have discussions with other stakeholders using the same tool, with the same data and seeing the same outputs.

THE KEY MESSAGE

TIER-Plus can’t tell Malawi (or any other country) what to prioritise. It makes the consequences of each choice visible — so decisions are transparent, evidence-based, and open to challenge.

Prioritization Under Pressure
From Evidence to Influence

Simon Sikwese

Pakachere Institute of Health and Development Communication

16 September 2026

When to build the Advocacy Foundation

- Our experience
  - Know when decision making begins
  - Know who makes the decision?
  - Know what data sources do they use?
  - Know the basis for the decisions made?
  - Start planning early

How to build the Advocacy Foundation

- **Initial Choices:** What was the basis for the decisions to allocate the **limited** HIV prevention funds across competing priorities?
    - Why LEN? Why not Condoms? Why CAB LA? Why not SBC? LEN for which population?

- **TIER-Plus Use: CSOS:** Use Tier-Plus to make quantitative projections to understand trade-offs in HIV infections, target populations, and budget allocation.
    - If more LEN among KPs and less condoms and no oral PrEP, what will the impact be?

- **Community Insights: CLM:** Gather qualitative evidence, human rights realities, and systemic factors to establish what the quantitative models miss.
    - Stigma in public facilities, health care worker attitudes toward KPs, barriers towards youth access to services

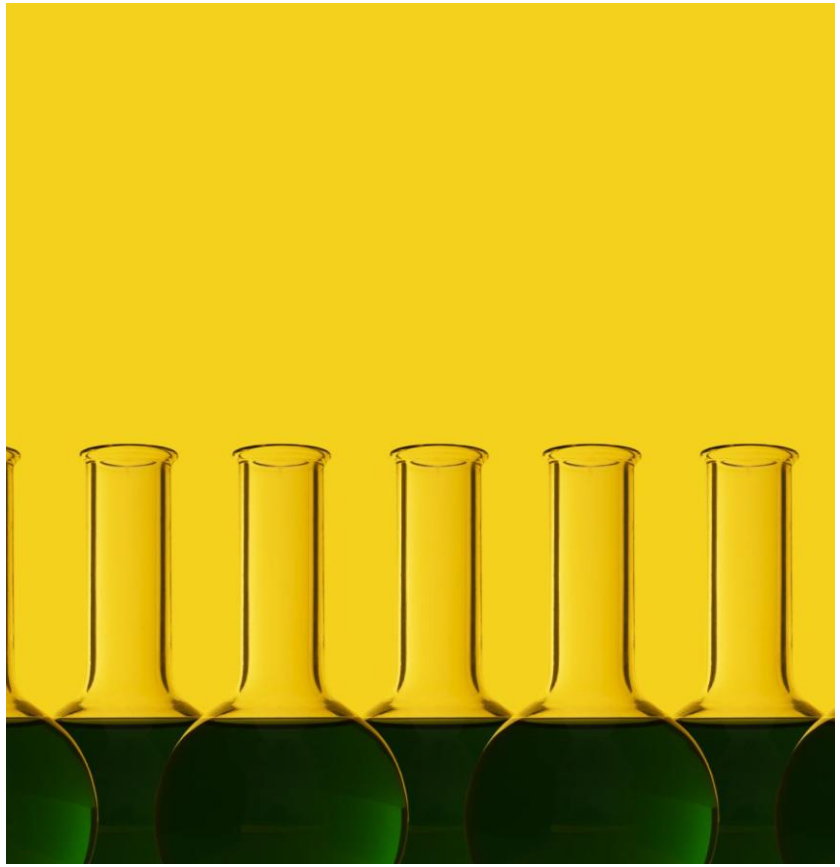
- **Triangulation:** Merge quantitative data and lived experience into a advocacy agenda to influence decisions.

Making the Trade-offs

Intervention	Unit Cost Profile	Efficacy & Coverage Characteristics	TIER-Plus Trade-off Projection
Oral PrEP	Low to moderate daily cost	High efficacy if adherent; higher dropout rates over time	Cost-effective for high-risk cohorts Retention challenges, pill burden.
Long-Acting Injectable PrEP (CAB-LA/LEN)	Higher delivery & commodity cost	Very high protection; overcomes daily pill burden	Higher per-person cost yield; High infection reductions per user
VMMC	Higher one-time intervention cost	One-time procedure offering lifetime partial protection (~60%)	Strong long-term cost-effectiveness and sustained population-level impact.
Condoms	Very low per-unit cost	Protects against HIV, STIs, and unintended pregnancy	High volume for low cost, but impact depends on consistent population use.

Making quantitative and qualitative considerations

- TIER-Plus provides critical direction, but community-led advocacy brings a complete picture:
  - **TIER-Plus:** Use to project epidemic trajectory, service expansion, and cost-effectiveness scenarios.
  - **Qualitative Evidence:** Unearth stigma, supply chain bottlenecks, human rights abuses, and healthcare barriers.
  - **Strategic Triangulation:** Using both evidence prevents misallocation of funds and grounds technical models in lived experiences.



Influence and the Power of Coalitions

- Use of existing coalitions to engage with the quantitative and qualitative data to make evidence driven trade-offs
    - CLM Data
    - Other qualitative data
- Use the evidence to influence decisions during Global Fund and other processes
- Tier-Plus is a handy tool to support framing of our ASKS

Influencing decisions: Tier-Plus

Frame the advocacy ASK:

- Translate technical trade-offs into persuasive policy narratives.
  - What would be the impact if we increased LEN, reduced oral PrEP, and targeted/prioritized female sex workers for LEN access?

Mobilize:

- Position civil society speakers (CSAF) as technical and community experts.
- Conduct community-backed advocacy campaigns prior to and during country dialogue and resource allocation cycles.
  - Meetings with CCMs to provide evidence
  - Meetings with NACs and key decision makers in the MoHS prior to the decision-making processes

The message

Data must be collected and triangulated before decision making processes commence.

Experience from the GC8 Process

Use of CSAF as a platform to interrogate the evidence and use it to influence decisions

The need for more time to triangulate qualitative and quantitative data from Tier-Plus.

Understanding of data sources used to make decisions

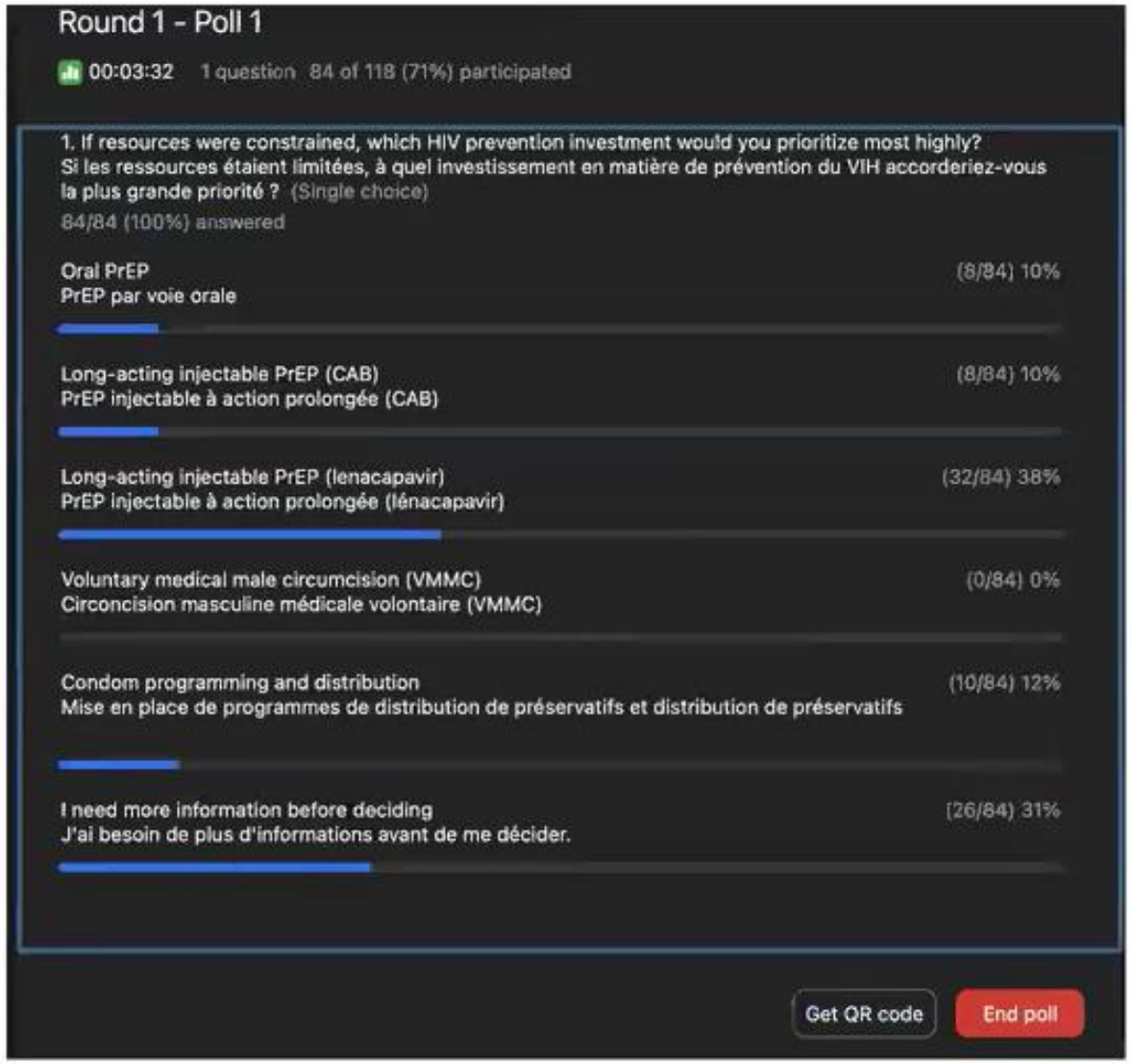
Orient advocates on the use of Tier-Plus tool

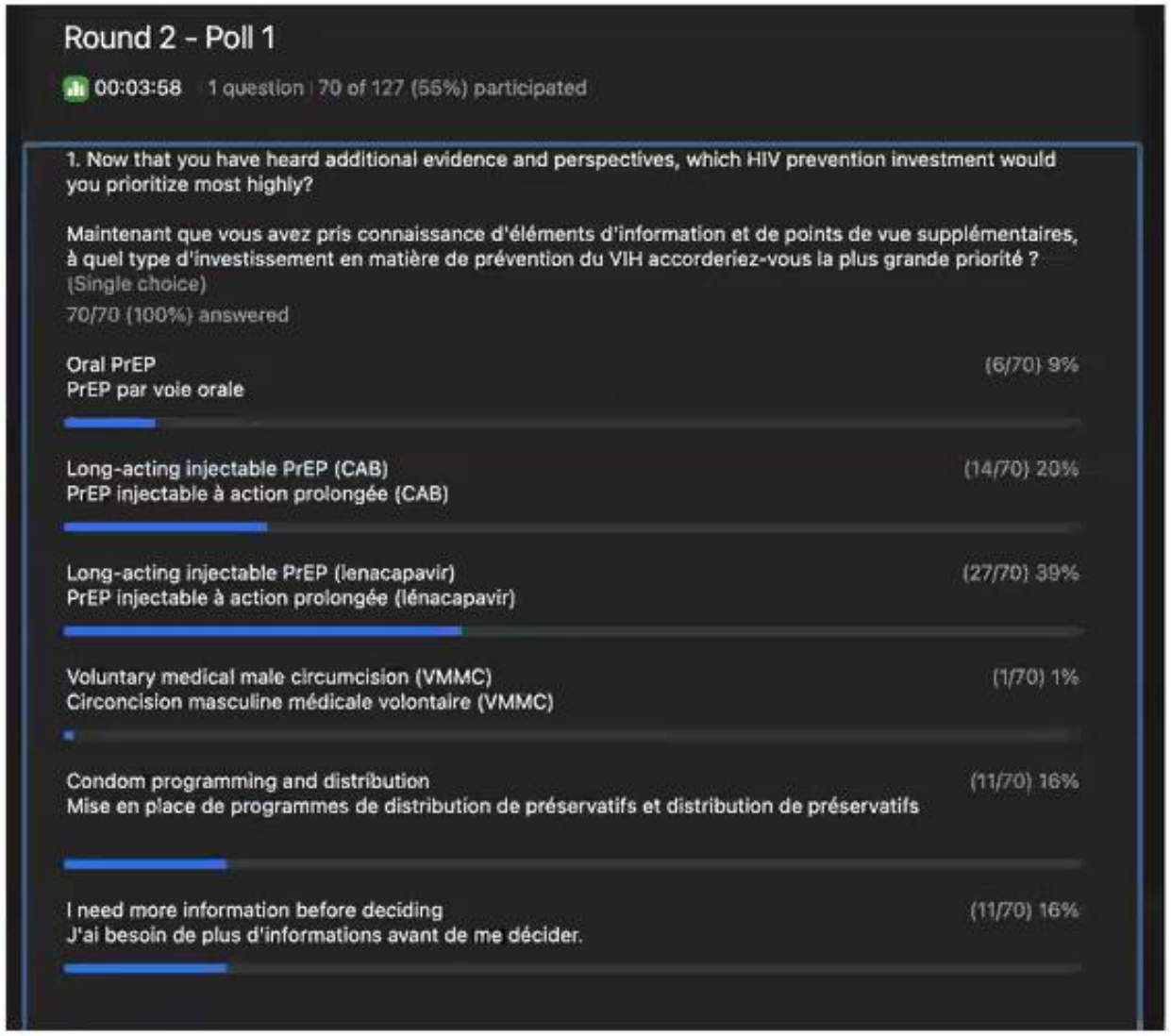
The prioritization scenario – Round 2

Lise Jamieson, HE2RO, South Africa

IAS

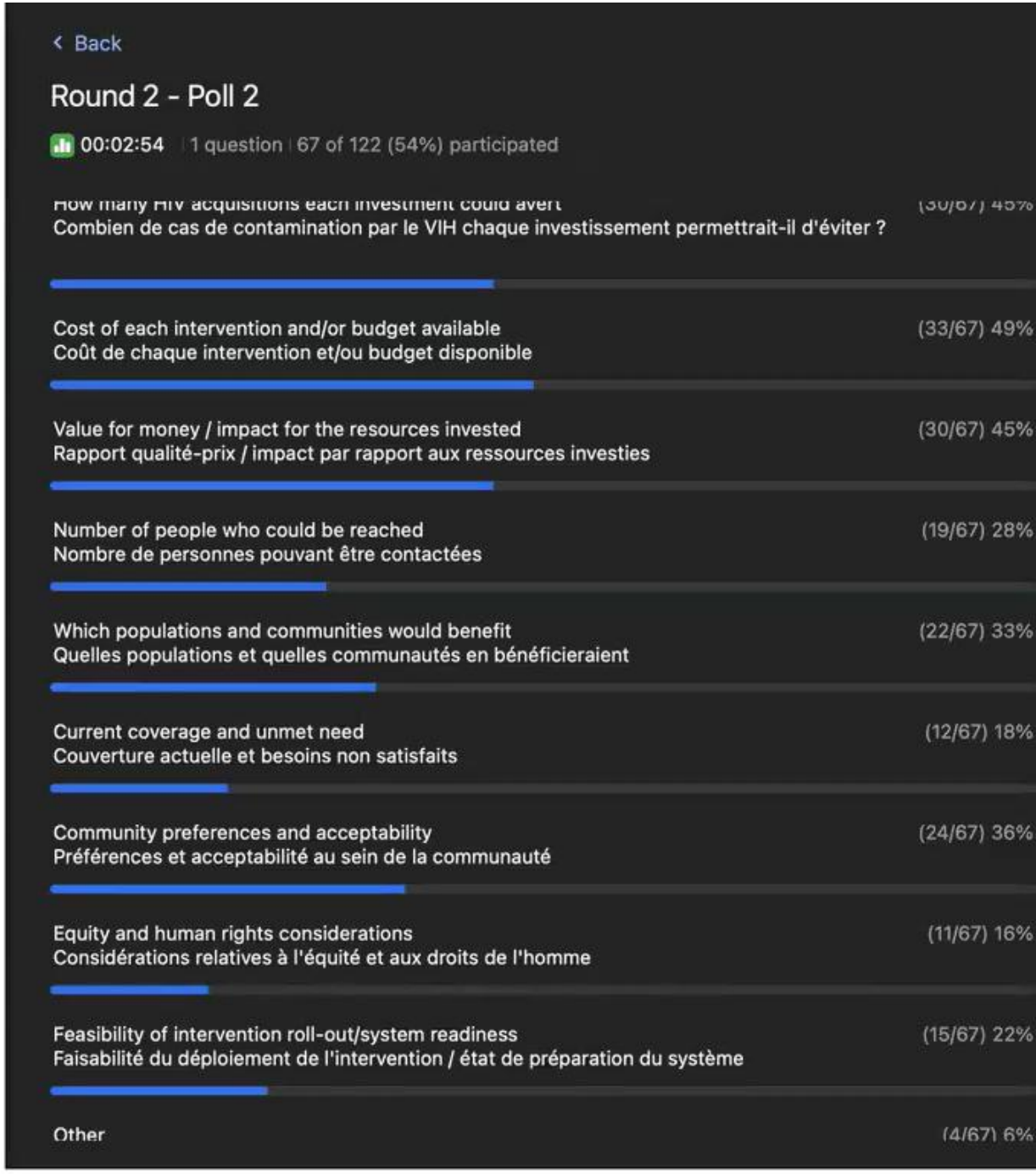
ITPC





Lise Jamieson, HE2RO, South Africa


Back
Round 1 - Poll 2
00:03:49 | 1 question | 84 of 124 (67%) participated
How many HIV acquisitions each investment could avert (20/84) 35%
Combien de cas de contamination par le VIH chaque investissement permettrait-il d'éviter ?
Cost of each intervention and/or budget available (38/84) 45%
Coût de chaque intervention et/ou budget disponible
Value for money / impact for the resources invested (34/84) 40%
Rapport qualité-prix / impact par rapport aux ressources investies
Number of people who could be reached (24/84) 29%
Nombre de personnes pouvant être contactées
Which populations and communities would benefit (31/84) 37%
Quelles populations et quelles communautés en bénéficieraient
Current coverage and unmet need (22/84) 26%
Couverture actuelle et besoins non satisfaits
Community preferences and acceptability (33/84) 39%
Préférences et acceptabilité au sein de la communauté
Equity and human rights considerations (16/84) 19%
Considérations relatives à l'équité et aux droits de l'homme
Feasibility of intervention roll-out/system readiness (23/84) 27%
Faisabilité du déploiement de l'intervention / état de préparation du système
Other (1/84) 1%
Get QR code
End poll


Back
Round 2 - Poll 2
00:02:54 | 1 question | 67 of 122 (54%) participated
How many HIV acquisitions each investment could avert (30/67) 45%
Combien de cas de contamination par le VIH chaque investissement permettrait-il d'éviter ?
Cost of each intervention and/or budget available (33/67) 49%
Coût de chaque intervention et/ou budget disponible
Value for money / impact for the resources invested (30/67) 45%
Rapport qualité-prix / impact par rapport aux ressources investies
Number of people who could be reached (19/67) 28%
Nombre de personnes pouvant être contactées
Which populations and communities would benefit (22/67) 33%
Quelles populations et quelles communautés en bénéficieraient
Current coverage and unmet need (12/67) 18%
Couverture actuelle et besoins non satisfaits
Community preferences and acceptability (24/67) 36%
Préférences et acceptabilité au sein de la communauté
Equity and human rights considerations (11/67) 16%
Considérations relatives à l'équité et aux droits de l'homme
Feasibility of intervention roll-out/system readiness (15/67) 22%
Faisabilité du déploiement de l'intervention / état de préparation du système
Other (4/67) 6%

Panel discussion

- **Whose priorities?**
- **Whose evidence?**
- **Who decides**

Audience Q&A

Name of the Speaker

Topic Lore Ipsum

TIER-Plus is a living tool

We need and want your feedback to make TIER-plus as useful as possible!

What else would you like to see?

Please explore and provide feedback!