# TIER-Plus:

## Enabling smarter HIV prioritization decisions in a constrained funding era

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# Background


⚖️ HIV financing landscape is rapidly shifting

💰 Countries must make trade-offs across prevention, testing and treatment

⚒️ Decision-making tools are not designed for inclusive prioritization conversations – looking across HIV treatment and care, testing and prevention

# In response, in 2025 the IAS developed:

- *TIER Tool – Tool for Intervention, Evaluation and Ranking*", which provides a structured framework, in an **excel workbook**, for prioritizing interventions within HIV programmes across treatment and care, testing and prevention

- Look at minimum, standard and optimal interventions across the case cascade

- Used by 21+ countries through support from the CQUIN network & through COMPASS with civil society partners

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| | |
|---|---|
| | Keep (No Change) |
| | Keep (Modify) |
| | Drop |
| | Not applicable |
| | Missing Data |

# HIV prevention


**TIER COULD NOT SHOW THE IMPACT OF THE PRIOIRITIZATION ON COST OR OUTCOMES**

people who inject drugs a low priority

What to keep, modify, and drop with different funding scenarios
Each country presented their prioritization at the CQUIN Annual meeting (Posters, Country update presentations)

# From TIER to TIER-plus

- Adding a **quantitative** element to TIER – to understand the impact of different scenarios on costs and outcomes

- The modelling is being done by colleagues at Boston University, led by Associate Professor Brooke Nichols

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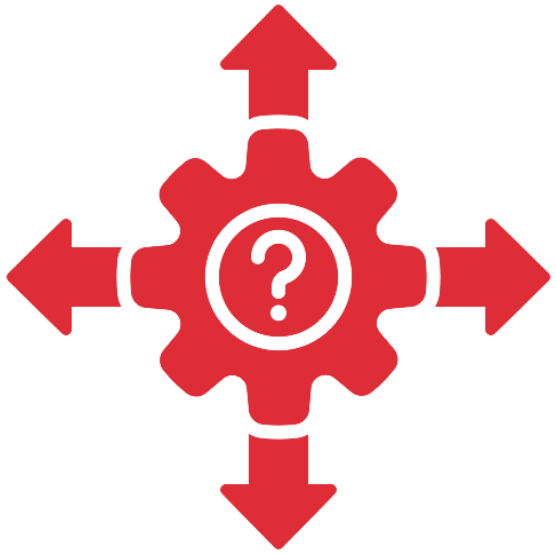
# The decision gap



**Countries need to answer questions like:**

- What happens if we reduce testing but expand ART?
- What is the trade-off between PrEP scale-up and retention investments?
- How do we prioritize under budget constraints?

Meanwhile, existing tools are:

- ❌ intervention-specific
- ❌ technical/modeller-led
- ❌ not designed for multi-stakeholder discussion

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# Objective of TIER-Plus

To enable stakeholders to **compare outcome and cost trade-offs** across HIV interventions through an accessible, interactive platform.

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# Users (or audience)

Ministries of Health and other policy makers

Civil society

Implementers

Funders

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# Why TIER-Plus is different from other tools

❌ It’s not a modelling tool

❌ It’s not a budgeting tool

✅ It’s a conversation tool for prioritization

# TIER-Plus approach (version 0.1)

- Defined ~ 30 core, specific interventions across prevention, testing, and treatment

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# Interventions included

## Prevention

- PEP
- Condom availability
- PrEP (oral)
- PrEP (Lenacapavir)
- VMMC

## Testing

- Facility-based (general)
- Facility-based (targeted)
- Network/Index
- Community-based (targeted)
- For key populations & STI services
- HIVST (Facility-based)
- HIVST (community-based)

## Treatment

- ART provision for all
- Differentiated service delivery (MMD, Community-pickup, fast-track)
- Cotrimoxazole prophylaxis (according to guidelines)
- ART initiation (and re-initiation)
- VL monitoring: suspected failure
- Routine VL monitoring
- TB Screening and Treatment
- TPT provision
- AHD testing and prophylaxis package (LAM, CrAG, CD4, fluconazole)
- Tracking & tracing (total)
- Adherence counselling/ psychosocial support

## ANC & PNC

- Infant prophylaxis
- ANC: HIV testing
- EID (early infant diagnosis)
- ANC: Viral load testing
- PNC: HIV testing
- PNC: Viral load testing
- PNC: ART continuation

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# TIER-Plus approach (version 0.1)

- Defined ~ 30 core, specific interventions across prevention, testing, and treatment
- Estimate costs and impact on six key outcomes for each intervention:
  - adult acquisitions, infant acquisitions, mortality, and the three 95s (diagnosis, treatment, viral suppression)
- Build an interactive platform enabling users to adjust coverage levels and visualize resulting effects on outcomes and costs of two scenarios compared to baseline
- Show how indicators change over a 1-year time horizon

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# »TIER-Plus prototype

## *Let's take a look*

1. INPUTS
(country & coverage)

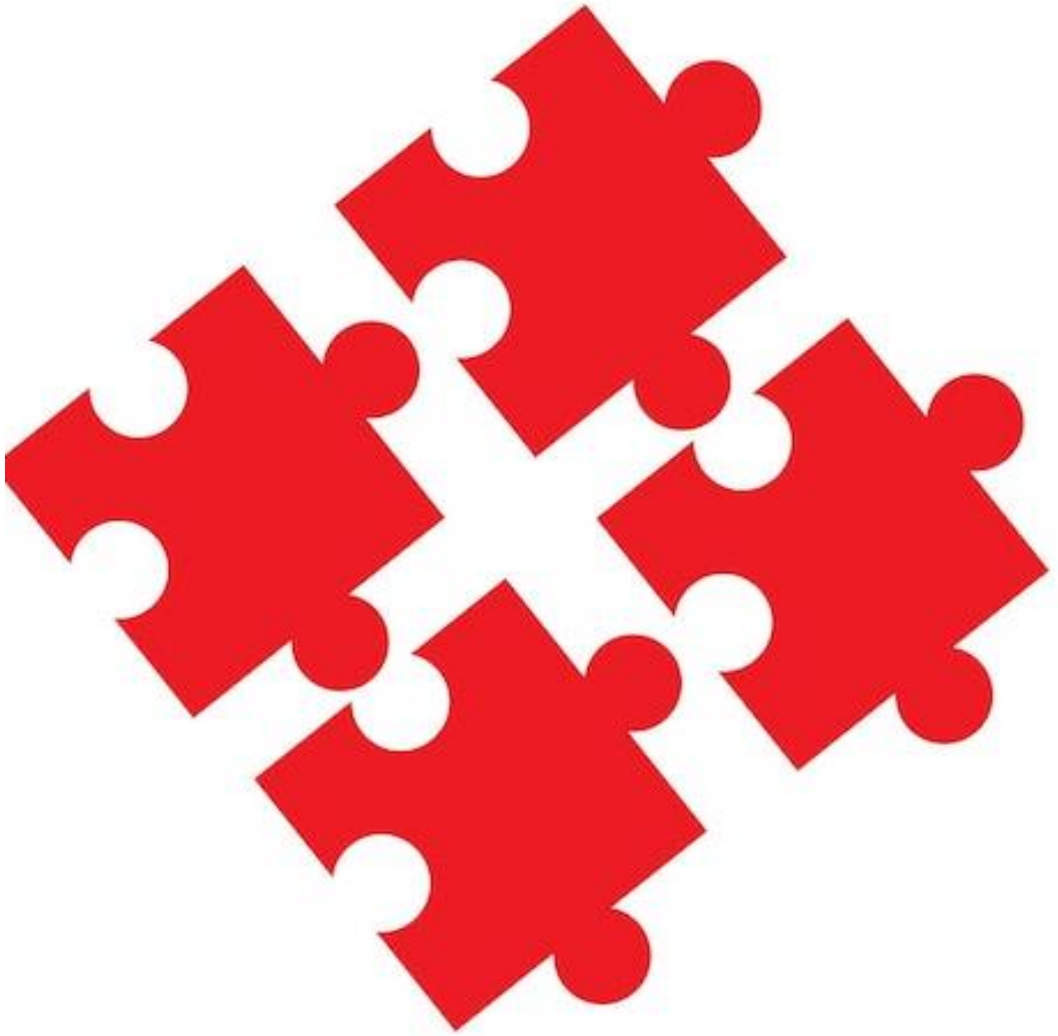
↓

2. SCENARIOS
(adjust interventions)

↓

3. OUTPUTS
(costs + outcomes + cascades)

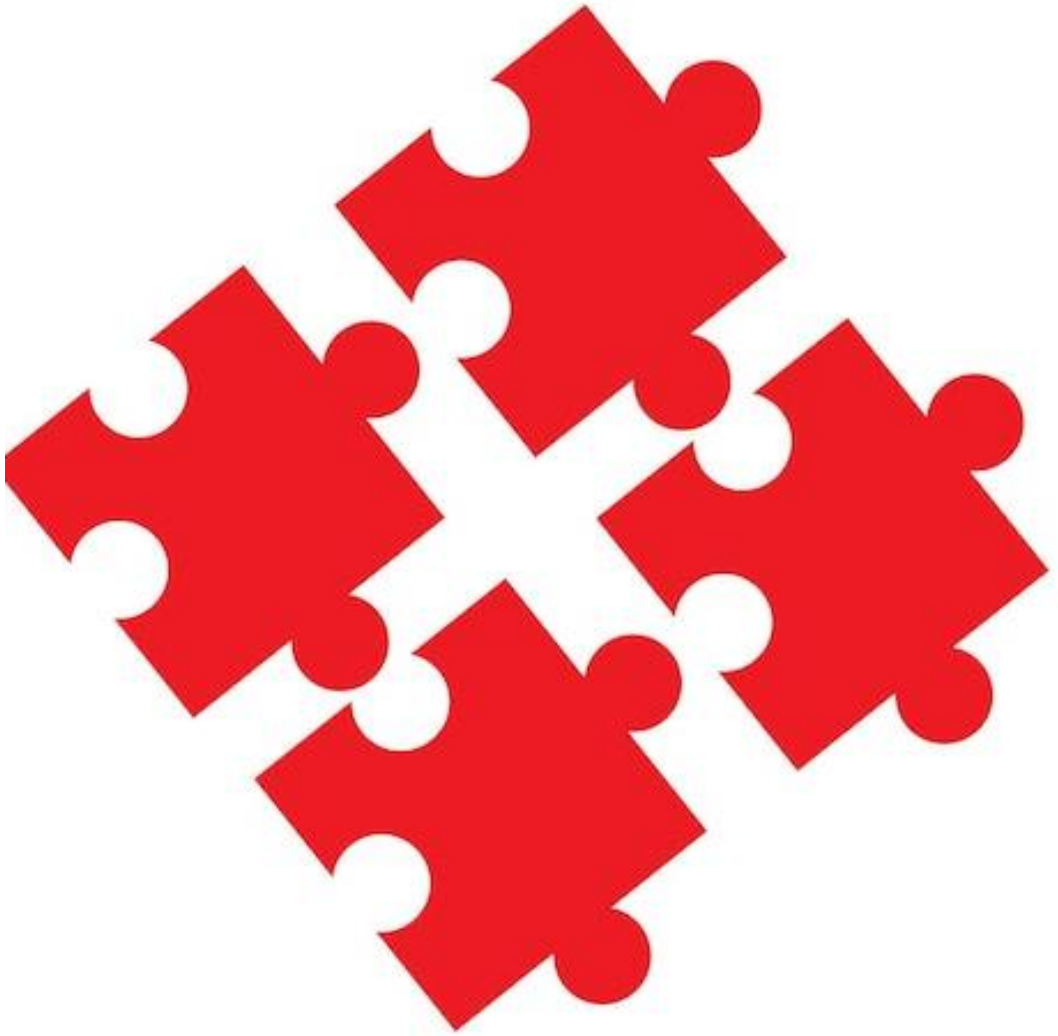
# 1. What goes in (inputs)



# 1. What goes in

i. Select the country

ii. Confirm (or edit) epidemic parameters



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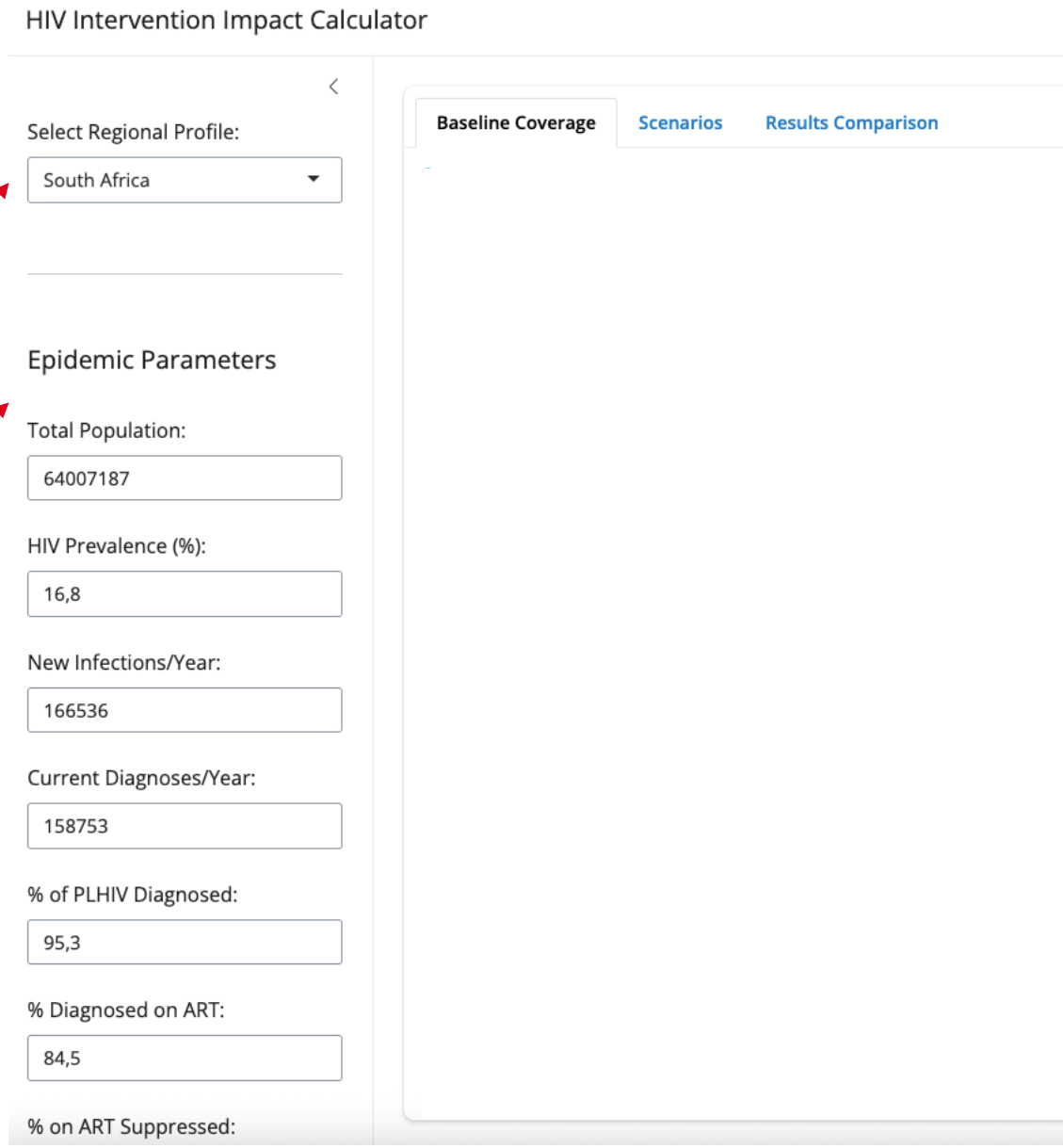
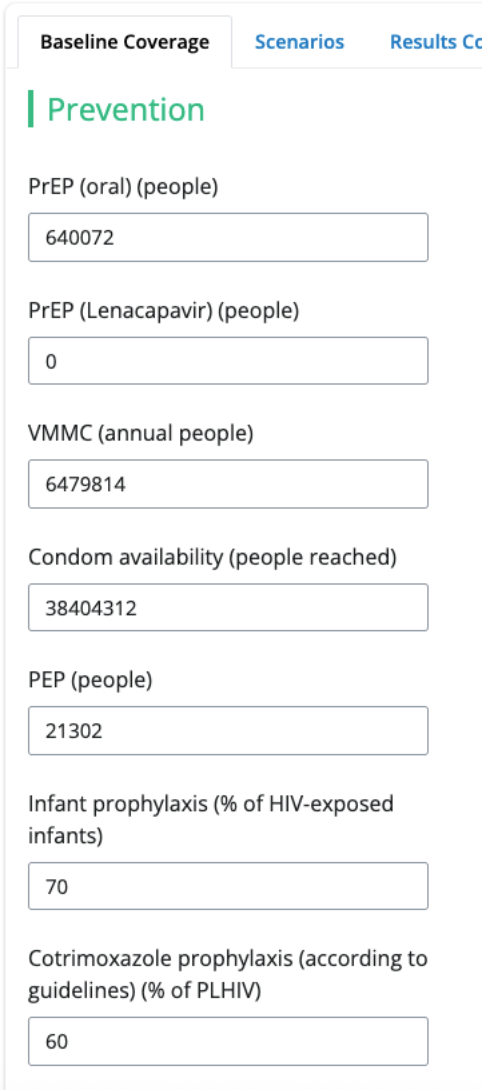
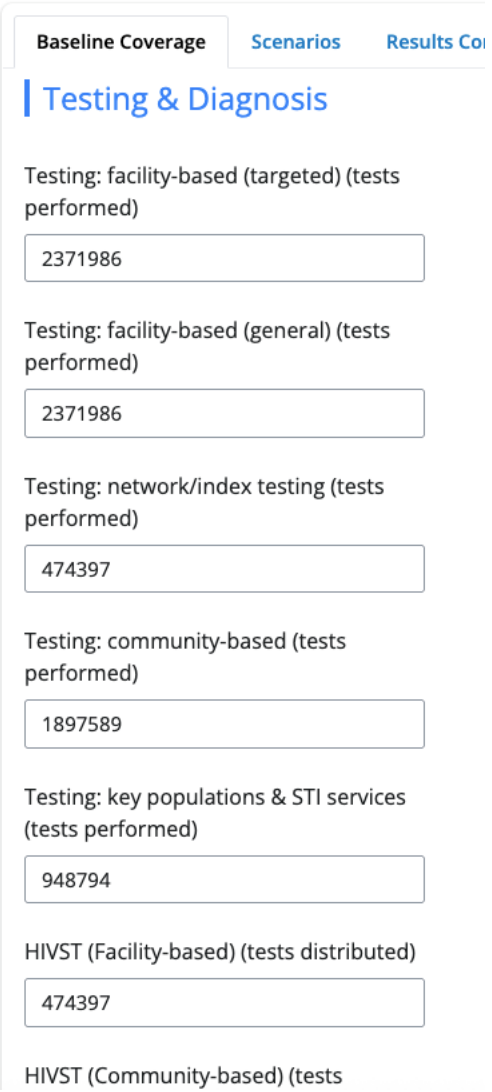


# 1. What goes in

## iii. Baseline interventions (coverage)

- For prevention
- For testing and diagnosis
- For treatment monitoring and quality
- For retention and adherence support
- For advanced HIV disease



# Important note!

*Default data is provided –*

*Users can customize if better national data is available.*

# 2. Then it's time to play – or build scenarios

**Adapt** the coverage of different interventions (populate different scenarios for comparison)

Add more interventions, and/or take some away

# For example:

Add more:
- PrEP (Lenacapvir)

And less:
- PrEP (oral)
- Condoms

Baseline Coverage | Scenarios | Results Comparison

## Prevention

| | Scenario 1 | Scenario 2 |
|---|---|---|
| **PrEP (oral)**<br>Baseline: 640,072<br>people | 500000 | 640072 |
| **PrEP (Lenacapavir)**<br>Baseline: 0<br>people | 100000 | 0 |
| **VMMC**<br>Baseline: 64,798<br>annual people | 64798 | 64798 |
| **Condom availability**<br>Baseline: 38,404,312<br>people reached | 20000000 | 38404312 |

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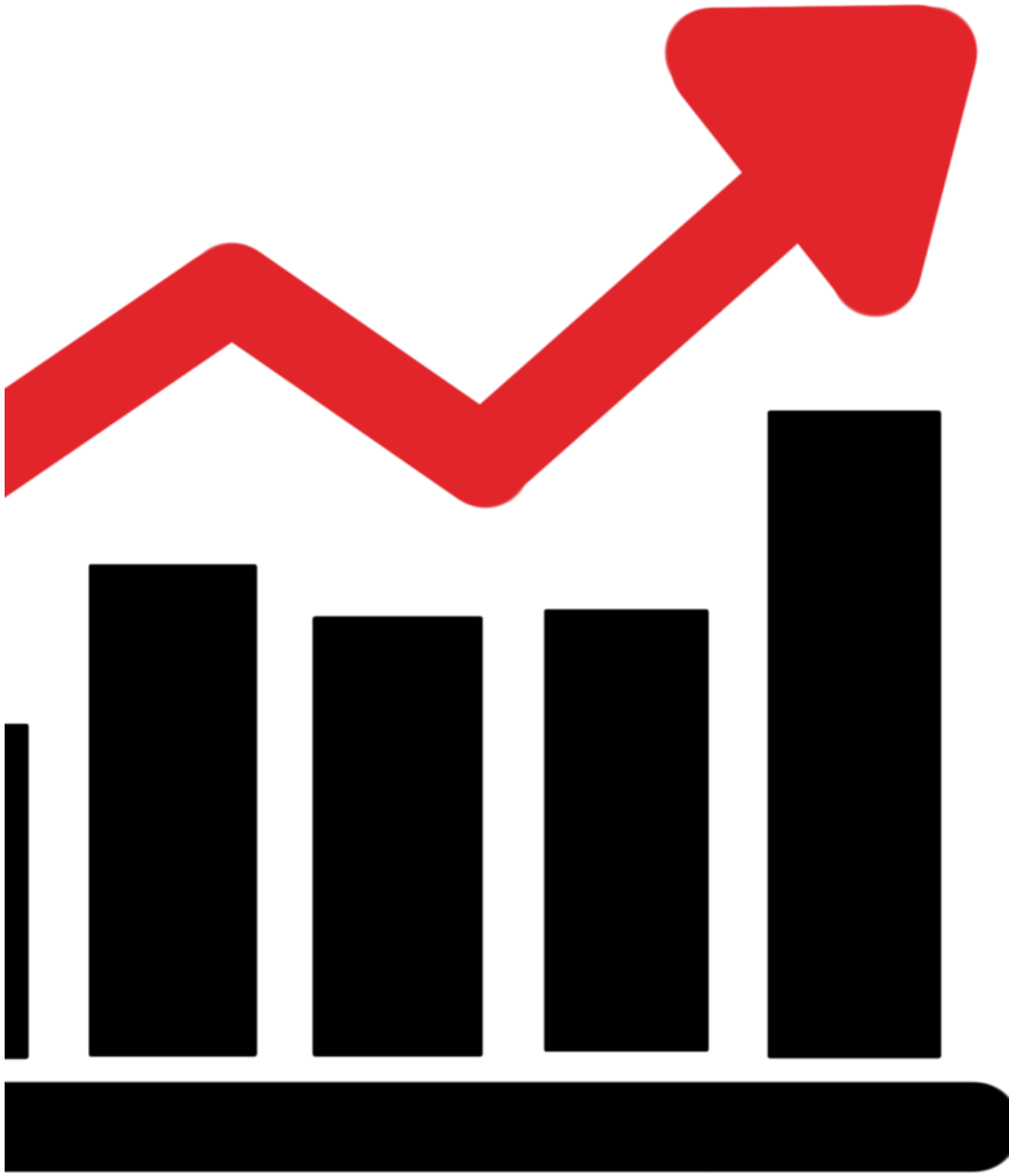
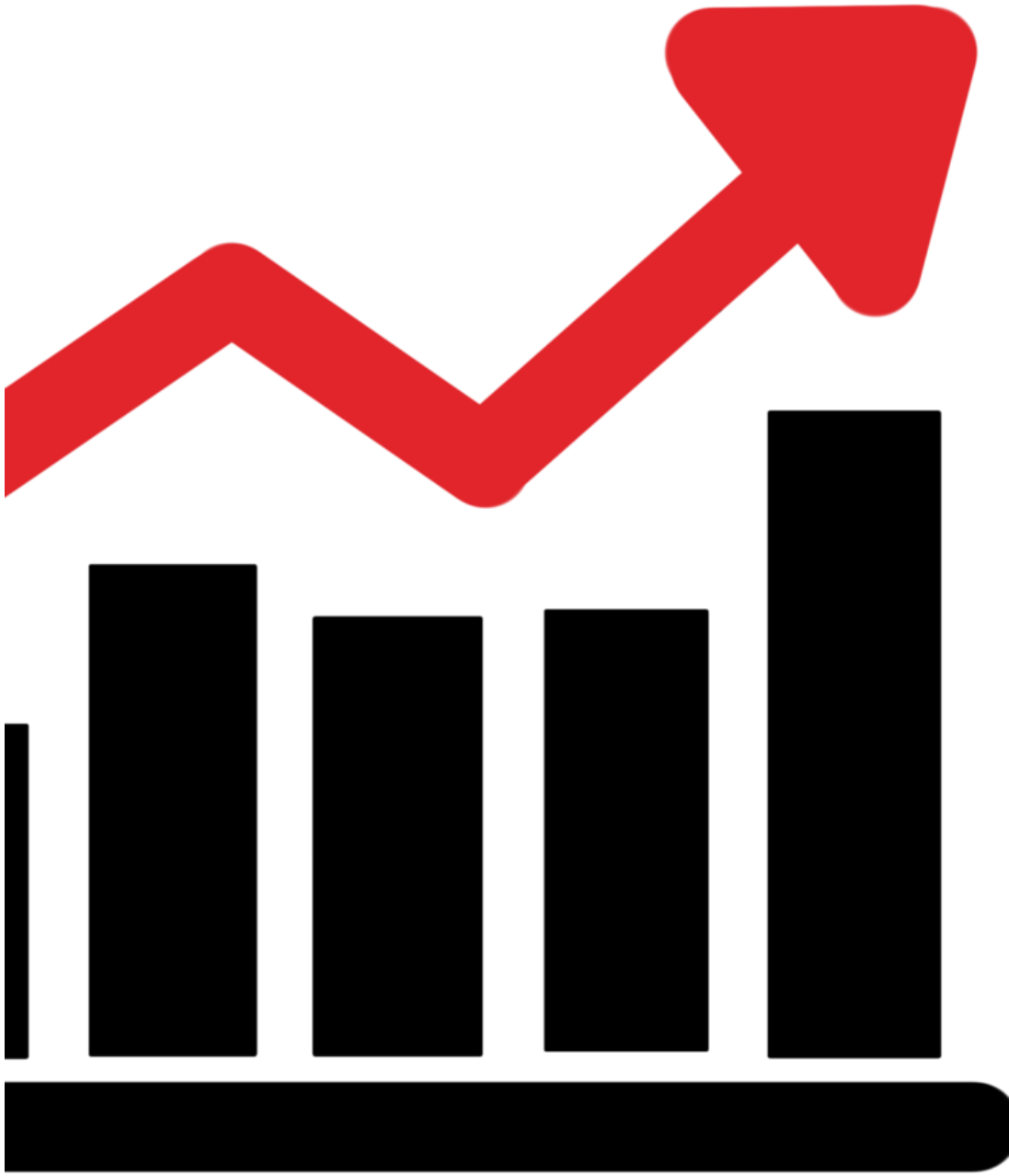
»**With this information**, more and less of different interventions, **TIER-Plus can then compare the impact** on costs and outcomes

# 3. What TIER-Plus produces (or, "what comes out" – the outputs)



# 3. Outputs

Two scenarios **compared** to the baseline



# 3. Outputs

i. Progress towards 95-95-95s

ii. Key epi outcomes

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Baseline Coverage | Scenarios | Results Comparison

## Progress Toward 95-95-95 Goals

| Baseline | | Scenario 1 | | Scenario 2 | |
|---|---|---|---|---|---|
| **1st 95:** % of PLHIV diagnosed | **95.3%** | **1st 95:** % of PLHIV diagnosed | **95.9%** | **1st 95:** % of PLHIV diagnosed | **95.5%** |
| **2nd 95:** % of diagnosed on ART | **84.5%** | **2nd 95:** % of diagnosed on ART | **88.3%** | **2nd 95:** % of diagnosed on ART | **84.7%** |
| **3rd 95:** % on ART suppressed | **92.3%** | **3rd 95:** % on ART suppressed | **88.7%** | **3rd 95:** % on ART suppressed | **92.3%** |

## Key Epidemiological Outcomes

| Baseline | | Scenario 1 | | Scenario 2 | |
|---|---|---|---|---|---|
| **New Adult Infections:** | **166,536** | **New Adult Infections:** | **165,998** | **New Adult Infections:** | **166,644** |
| **New Infant Infections:** | **45,426** | **New Infant Infections:** | **45,426** | **New Infant Infections:** | **45,426** |
| **HIV-Related Deaths:** | **53,299** | **HIV-Related Deaths:** | **51,434** | **HIV-Related Deaths:** | **49,568** |

# 3. Outputs

## iii. Health outcomes

ator

Baseline Coverage | Scenarios | Results Comparison

### Health Outcomes (relative to baseline)

| Scenario 1 - Health Outcomes | | Scenario 2 - Health Outcomes | |
|---|---|---|---|
| Tests Performed: | 1,256,028 | Tests Performed: | 1,256,028 |
| New Diagnoses: | 59,145 | New Diagnoses: | 18,130 |
| Re-engagement in Care: | 59,145 | Re-engagement in Care: | 18,130 |
| **ART Initiations:** | 93,106 | **ART Initiations:** | 35,685 |
| Adult Infections Averted: | 538 | Adult Infections Averted: | -108 |
| Infant Infections Averted: | 0 | Infant Infections Averted: | 0 |
| **Total Infections Averted:** | 538 | **Total Infections Averted:** | -108 |
| Deaths Averted: | 1,865 | Deaths Averted: | 3,731 |
| Additional Suppressed: | 77,343 | Additional Suppressed: | 29,643 |

# 3. Outputs

## iv. Costs

ator

Baseline Coverage | Scenarios | Results Comparison

### Cost Analysis

| Scenario 1 - Cost Analysis | |
|---|---|
| Intervention Costs (scale-up): | $73,946,403 |
| Savings (scale-down): | $5,923,075 |
| *ART Provision (outcome-driven):* | $1,750,500,542 |
| **Net Budget Impact:** | +$1,818,523,870 |
| Cost per Infection Averted: | $137,527 |
| Cost per Death Averted: | $39,640 |

| Scenario 2 - Cost Analysis | |
|---|---|
| Intervention Costs (scale-up): | $38,826,461 |
| Savings (scale-down): | $13,403,034 |
| *ART Provision (outcome-driven):* | $1,739,016,269 |
| **Net Budget Impact:** | +$1,764,439,696 |
| Cost per Death Averted: | $10,407 |

# 3. Outputs

## v. Impact on HIV care cascade

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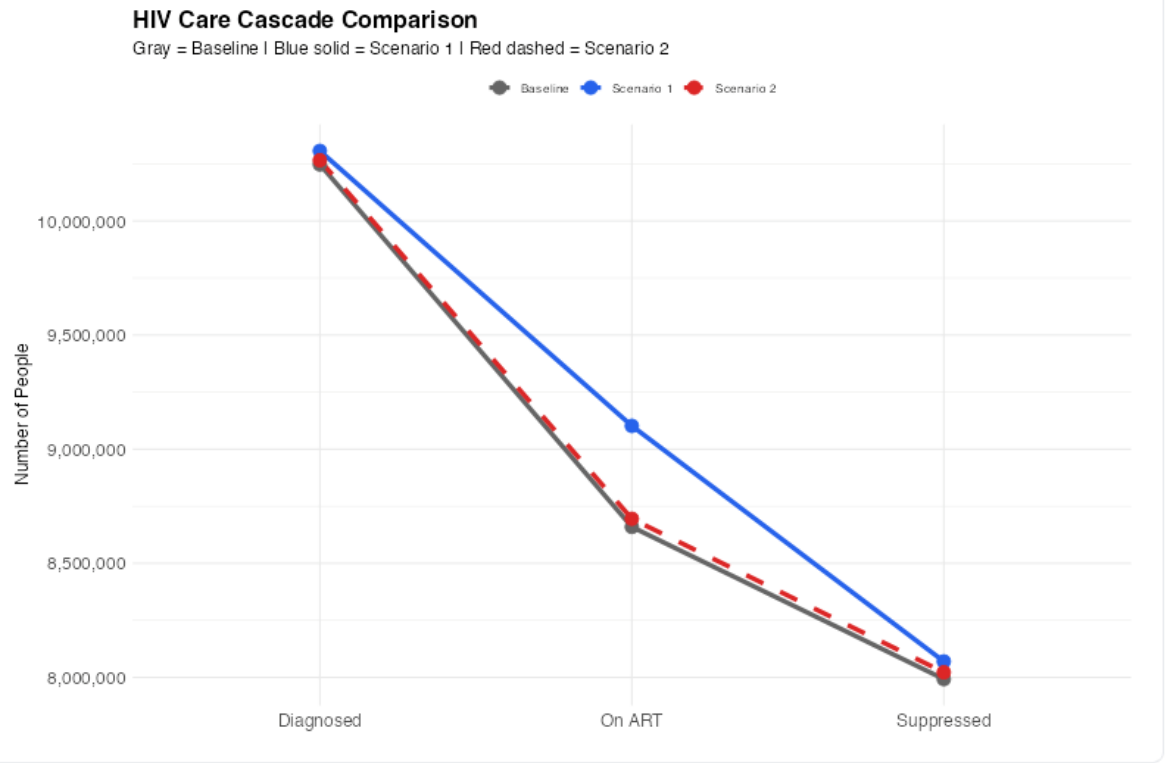
Baseline Coverage | Scenarios | Results Comparison

HIV Care Cascade: Baseline vs Scenarios

Combined Cascade Comparison



# 3. Outputs

## 6. Impact summary

- ART initiations
- Deaths averted
- Acquisitions averted

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## ✅ What TIER-Plus **can** do

- ✅ Support **decision making** conversations at a **national** level
- ✅ Look at the impact across the cascade of multiple interventions
- ✅ Give an understanding of **relative** impact of different interventions on both outcomes and cost

## ❌ What TIER-Plus **cannot** do

- ❌ Provide exact cost estimates for budgeting
- ❌ Give long-term estimates on epidemic impact
- ❌ Replace intervention-specific planning (use DMPPT, PrEP-it, etc.)

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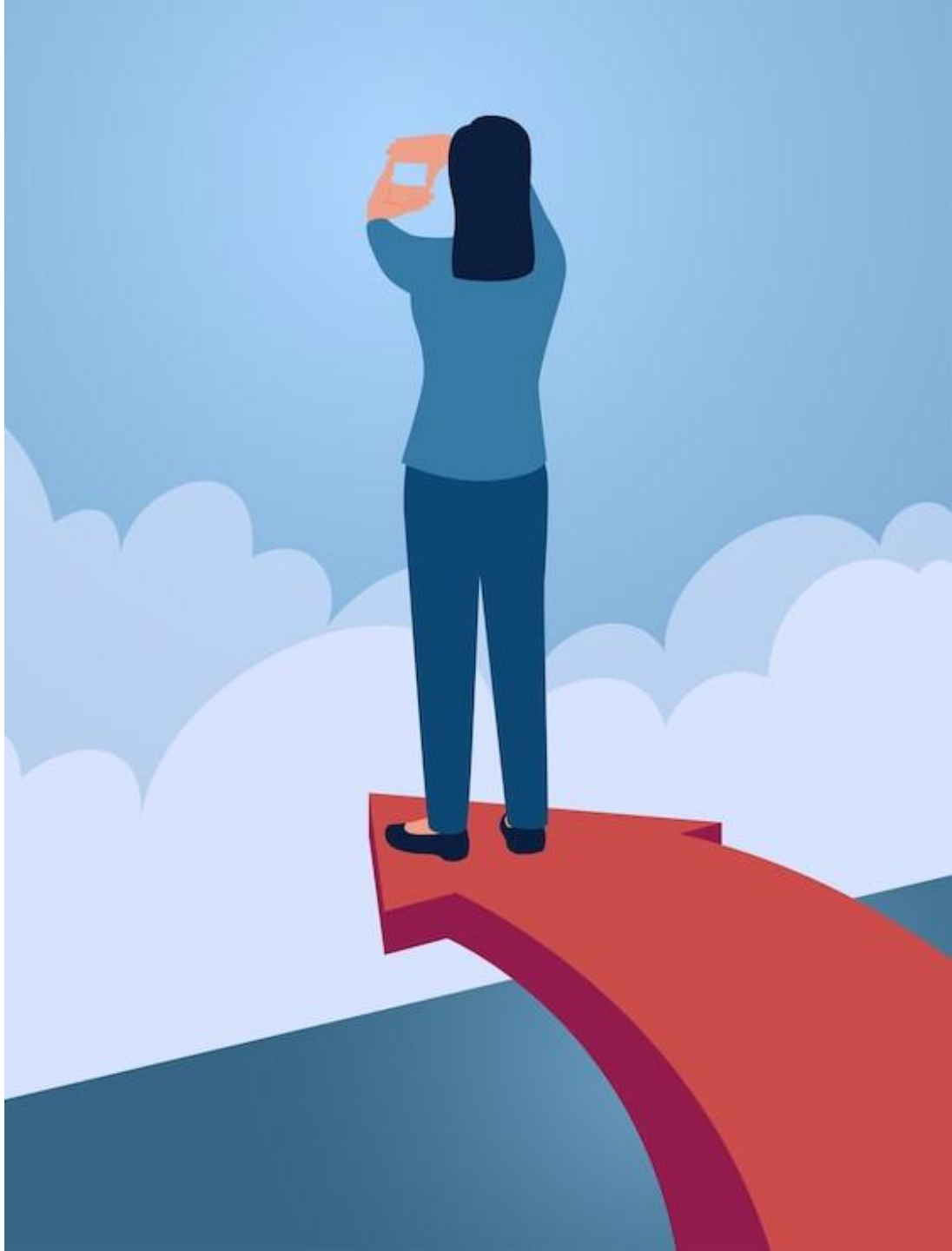
# What’s next

- Build TIER-Plus
- Prepare national stakeholders for it being available
- Share with stakeholders for inputs and feedback
- Iteration(s) based on feedback
- Disseminate and support training and uptake
- Monitor use and use cases



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# What do you think?


1. How do you feel about the TIER-Plus tool?
2. How clear is the purpose of TIER-Plus?
3. How useful is TIER-plus for decision-making in your context?
4. How likely are you to use TIER-Plus when it is available?
5. What is the ONE thing that would make TIER-Plus most useful for you?
6. What concerns or barriers might prevent you from using TIER-Plus?

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**For more details, contact dsd@iasociety.org**

**Download these slides at: bit.ly/TIERplus**

# Thank you