

# PATHS 2026 & TIER-Plus: Tools to support prioritization and transition to more sustainable HIV programmes

IAS – the International AIDS Society




Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

# Background



 HIV financing landscape is rapidly shifting

 Countries must make trade-offs across prevention, testing and treatment prioritize and integrate HIV with other health services

 Many tools are available to support prioritization, integration and designing sustainable HIV programmes but are not always easy to find

# PATHS 2026: Planning and Action Toolbox for HIV Sustainability

## Objective:

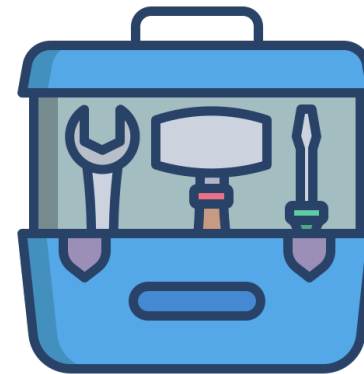
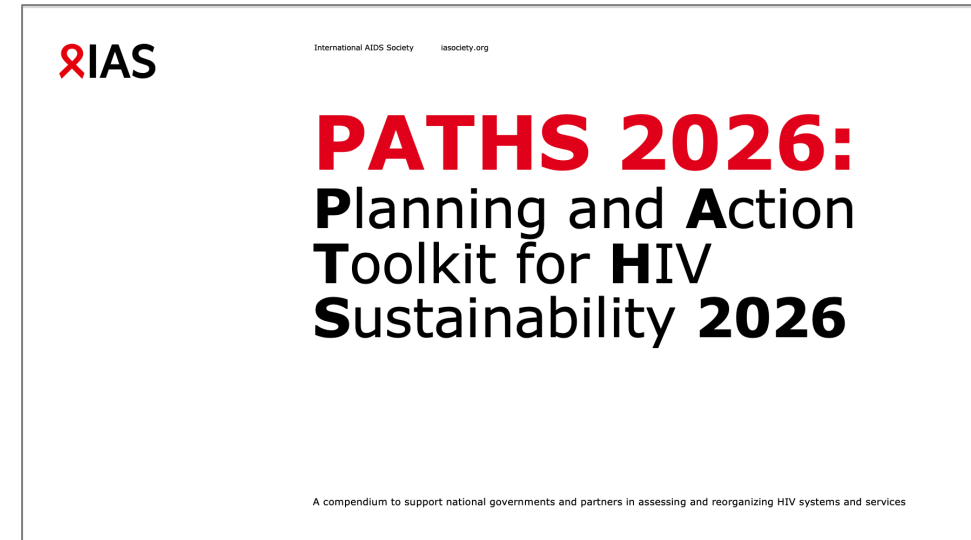
PATHS is a compendium designed to support national governments and partners in assessing and reorganizing HIV systems and services.

It compiles practical guidance, frameworks and tools that countries can use to:

- identify programmatic efficiencies and priorities
- move forward with integrated service delivery and systems adaptations
- guide national discussions on sustainability and transition planning.

## 2026 update:

- New: changing donor financing arrangements, bilateral country–US government memoranda of understanding, and the upcoming Global Fund GC8 cycle.
- PATHS is designed as a living resource, updated regularly as new tools and country experiences emerge.



# From TIER to TIER-Plus

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



## 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?*

## TIER-PLUS is different from other tools

- ✗ It is not a modelling tool
- ✗ It is not a budgeting tool
- ✓ It is a conversation tool for prioritization

## Objective of TIER-Plus

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

### Users



Ministries of Health and other policy makers



Civil society



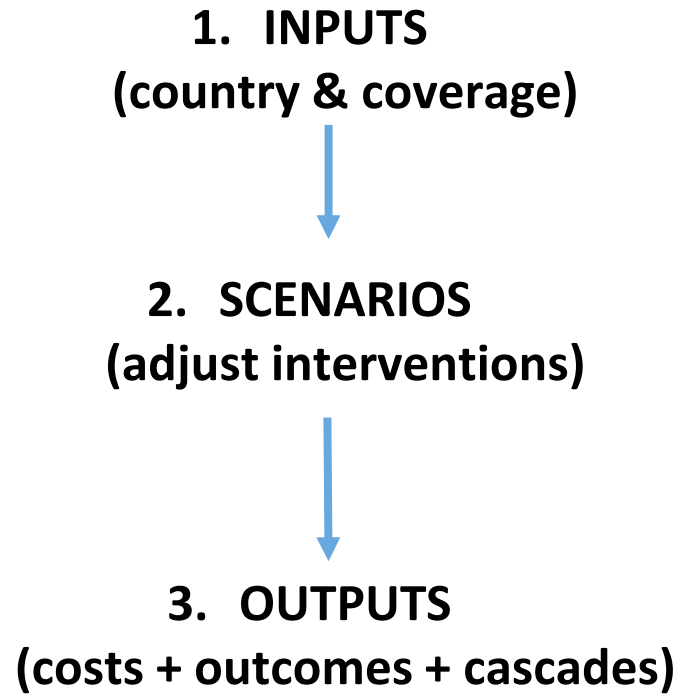
Implementers



Funders

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

# TIER-Plus prototype: Let's take a look



# 1. What goes in (inputs)

- a. Select the **country**
- b. Confirm (or edit) **epidemic parameters**

HIV Intervention Impact Calculator

Select Regional Profile: South Africa

Epidemic Parameters

Total Population: 64007187

HIV Prevalence (%): 16,8

New Infections/Year: 166536

Current Diagnoses/Year: 158753

% of PLHIV Diagnosed: 95,3

% Diagnosed on ART: 84,5

% on ART Suppressed:

Baseline Coverage Scenarios Results Comparison

# 1. What goes in (inputs)

## c. 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.

## | Treatment Monitoring & Quality

Routine VL monitoring (% of people on ART)

Cotrimoxazole prophylaxis (according to guidelines) (% of new ART initiations)

OI screening & management (% of new ART initiations)

MMD: 3-month dispensing (% of stable clients)

MMD: 6-month dispensing (% of stable clients)

MMD: 12-month dispensing (% of stable clients)

## | Advanced HIV Disease Package

CD4 testing (all new initiations) (% of new ART initiations)

Full AHD package (LAM, CrAg, fluconazole) (% of AHD-diagnosed new initiations)

## 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



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

For example:

- Add more MMD
- And less CD4 testing

	Scenario 1	Scenario 2
<b>OI screening &amp; management</b> Baseline: 65 % of new ART initiations	65	65
<b>MMD: 3-month dispensing</b> Baseline: 35 % of stable clients	50	35
<b>MMD: 6-month dispensing</b> Baseline: 5 % of stable clients	30	5
<b>MMD: 12-month dispensing</b> Baseline: 0 % of stable clients	15	0
<b>CD4 testing (all new initiations)</b> Baseline: 60 % of new ART initiations	60	40
<b>Full AHD package (LAM, CrAg, fluconazole)</b> Baseline: 80 % of AHD-diagnosed new initiations	80	80

# 3. What TIER-Plus produces (outputs) 1/3

## Two scenarios compared to the baseline

- a. Progress towards 95-95-95s
- b. Key epidemiological outcomes

### Progress Toward 95-95-95 Goals (End of Year)

Baseline	Scenario 1	Scenario 2
<b>1st 95:</b> % of PLHIV diagnosed <b>98.8%</b>	<b>1st 95:</b> % of PLHIV diagnosed <b>98.8%</b> (0pp)	<b>1st 95:</b> % of PLHIV diagnosed <b>98.8%</b> (0pp)
<b>2nd 95:</b> % of diagnosed on ART <b>87.6%</b>	<b>2nd 95:</b> % of diagnosed on ART <b>87.9%</b> (+0.3pp)	<b>2nd 95:</b> % of diagnosed on ART <b>87.6%</b> (0pp)
<b>3rd 95:</b> % on ART suppressed <b>93%</b>	<b>3rd 95:</b> % on ART suppressed <b>93%</b> (+0pp)	<b>3rd 95:</b> % on ART suppressed <b>93.1%</b> (+0pp)

### Key Epidemiological Outcomes (End of Year)

Baseline	Scenario 1	Scenario 2
<b>New Adult Infections:</b> <b>168,003</b>	<b>New Adult Infections:</b> <b>164,239</b> (-3,764)	<b>New Adult Infections:</b> <b>168,003</b> (0)
<b>New Infant Infections:</b> <b>6,210</b>	<b>New Infant Infections:</b> <b>6,210</b> (0)	<b>New Infant Infections:</b> <b>6,210</b> (0)
<b>HIV-Related Deaths:</b> <b>180,233</b>	<b>HIV-Related Deaths:</b> <b>177,999</b> (-2,234)	<b>HIV-Related Deaths:</b> <b>182,904</b> (+2,671)
<b>New LTFU:</b> <b>257,581</b>	<b>New LTFU:</b> <b>226,974</b> (-30,607)	<b>New LTFU:</b> <b>257,581</b> (0)

# 3. What TIER-Plus produces (outputs) 2/3

## c. Health outcomes

Health Outcomes (relative to baseline)

Scenario 1		Scenario 2	
Tests Performed:	0	Tests Performed:	0
New Diagnoses:	0	New Diagnoses:	0
<b>ART Initiations:</b>	0	<b>ART Initiations:</b>	0
Infections Averted:	+2,297	Infections Averted:	0
Deaths Averted:	+2,393	Deaths Averted:	-2,671
Additional Suppressed:	+30,454	Additional Suppressed:	0

## d. Cost analysis

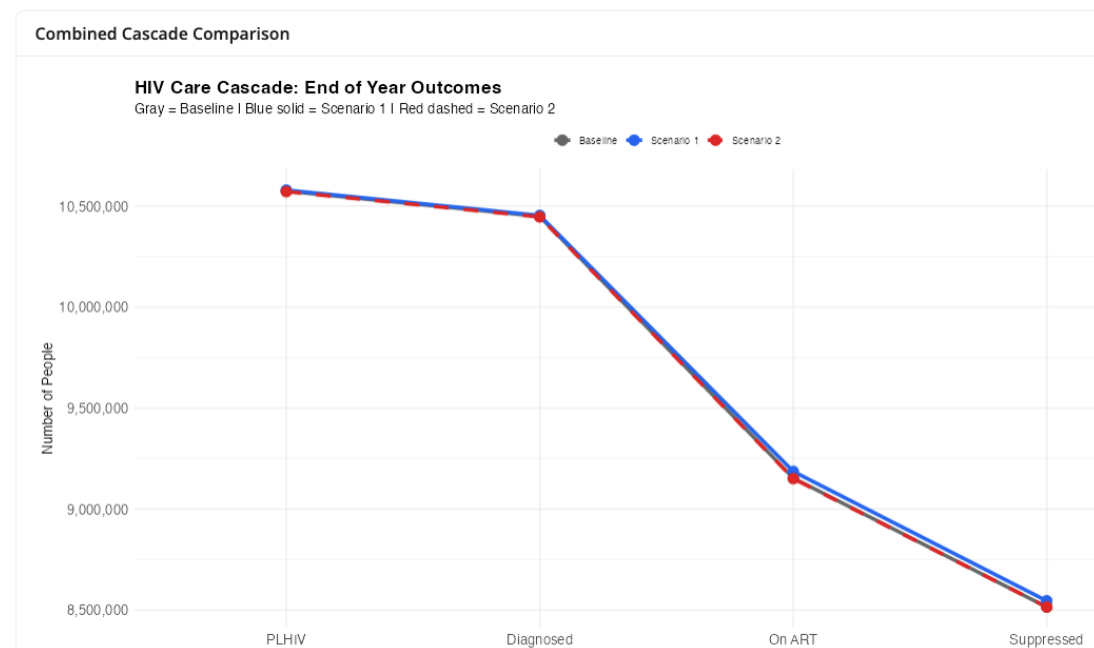
Cost Analysis

Baseline	Scenario 1	Scenario 2
Intervention Costs: <b>\$967,877,348</b>	Intervention Costs: <b>\$1,021,175,934</b> (+\$53,298,586)	Intervention Costs: <b>\$964,865,889</b> (\$3,011,459)
ART Provision: <b>\$1,830,652,809</b>	→ Scale-up costs: <b>+\$53,298,586</b>	→ Scale-down savings: <b>-\$3,011,459</b>
<b>Total Program Cost: \$2,798,530,157</b>	ART Provision: <b>\$1,836,743,642</b> (+\$6,090,833)	ART Provision: <b>\$1,830,118,602</b> (\$534,207)
Cost per Infection Averted: <b>\$107,197</b>	<b>Total Program Cost: \$2,857,919,576</b> (+\$59,389,419)	<b>Total Program Cost: \$2,794,984,491</b> (\$3,545,666)
Cost per Death Averted: <b>\$47,756</b>	<b>Net Budget Impact vs Baseline: +\$59,389,419</b>	<b>Net Budget Impact vs Baseline: -\$3,545,666</b>
	Cost per Infection Averted: <b>\$90,162</b>	Cost per Infection Averted: <b>\$106,863</b>
	Cost per Death Averted: <b>\$50,386</b>	Cost per Death Averted: <b>\$54,834</b>

# 3. What TIER-Plus produces (outputs) 3/3

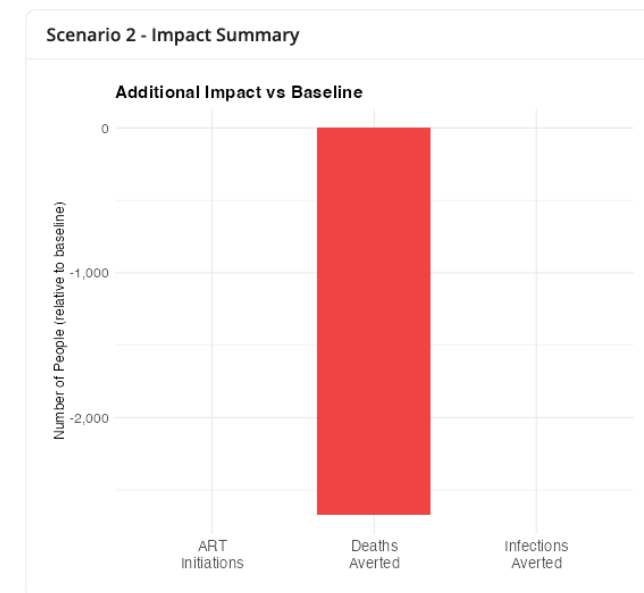
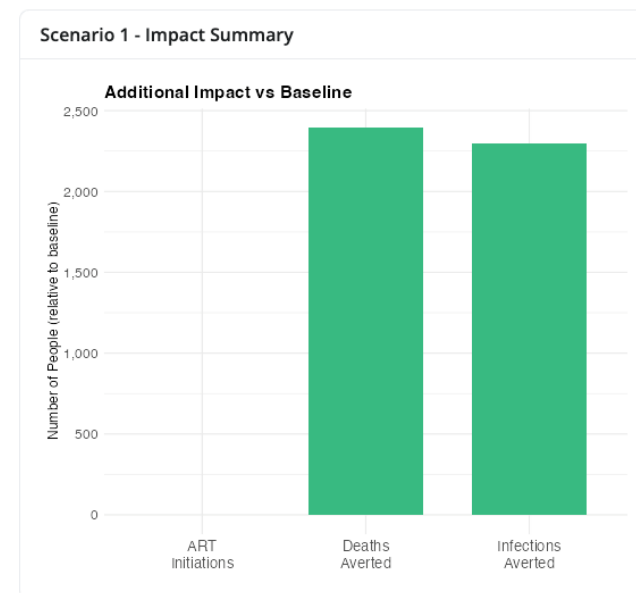
## e. Impact on HIV care cascade

HIV Care Cascade: Baseline vs Scenarios (End of Year)






## f. Impact summary

Key Outcomes Summary






# What TIER-Plus can and cannot do

## 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

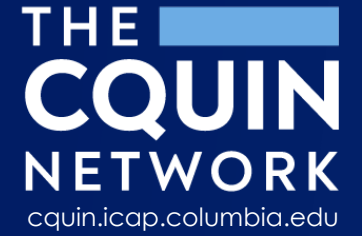
## What TIER-Plus cannot do

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

# 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?





# Thank you

For more details, contact [dsd@iasociety.org](mailto:dsd@iasociety.org)

