

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

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1. Contextualization and Core Premise

This document embodies the discussions from a high-level technical virtual seminar addressing one of contemporary global health's most critical dilemmas: the sustainability and optimal resource allocation for HIV programmes amidst severe budget constraints and multiple highly effective preventive and therapeutic interventions. The core premise guiding the work is the inevitability of prioritization. In resource-limited systems where not all health innovations can be fully funded or expanded, allocation decisions require difficult choices regarding what to protect, expand, adapt, or reduce.

2. Quantitative Modelling and the TIER-Plus Tool

A central axis of the technical analysis is the exploration of the **TIER-Plus** tool, a "what-if" decision-support instrument designed for national HIV programme annual planning. Using Malawi's epidemiological profile as a case study (total population ~22.2 million, HIV prevalence of 7.3% among adults, 11,757 new annual acquisitions, and high diagnostic and ART coverage around 95%), the tool models how resource reallocation across prevention, testing, treatment, and retention translates into projected health and budget outcomes over a one-year horizon. The authors emphasize a fundamental epistemological principle: *statistical models can inform a decision, but they cannot make it.*

Methodological Insight: Empirical scenario analysis shows that introducing long-acting lenacapavir for 400,000 people without adjustments incurs high fiscal costs (+\$15.6M), whereas budget-neutral substitution by defunding oral PrEP and VMMC leads to epidemiological regression (+823 new infections due to coverage loss).

3. Methodological Limitations and Community Integration

The analysis explicitly recognizes model boundaries: TIER-Plus operates on a one-year horizon (subestimating long-term prevention benefits), omits qualitative barriers (stigma, access, acceptability), and lacks human rights or equity metrics. To overcome this, the authors advocate for **strategic triangulation** combining quantitative projections with Community-Led Monitoring (CLM) data.

Integrating lived experiences with technical models empowers civil society organizations (CSOs) to challenge assumptions, formulate evidence-driven advocacy asks, and influence Global Fund and national resource allocation dialogues.

4. Summarized Academic & Scientific Data

Key parameters and baseline metrics extracted from the reviewed technical dossier:

Parameter / Metric	Baseline Value (Malawi Case Study)	Analytical Implication
Total Population	22,216,120	Macro-denominator for public health planning
HIV Prevalence (15+)	7.3%	General epidemic severity index
New HIV Acquisitions	11,757 / year	Primary epidemiological target metric
95-95-95 Targets	95.2% diagnosed; 95% on ART	High clinical saturation requiring precision prevention
Intervention Costs vs. ART	\$51M (Prevention) / \$83M (ART)	Fiscal baseline for trade-off simulations

5. Final Remarks

Rigorous prioritization requires aligning mathematical impact modeling with community accountability. Transparency in algorithmic trade-offs safeguards both fiscal sustainability and human rights in global health governance.