Progress and Results

1. Final Progress Details

I. Overview

Nearly four years ago, an ad-hoc coalition of US- and Africa-based advocacy organizations took on the task of designing a transnational advocacy effort that would both respond to and generate evidence. The group committed to combining data with strategic, impact-oriented activist and advocacy tactics in order to remove barriers to comprehensive HIV efforts that reduce AIDS deaths and HIV infections. This work, funded as the Coalition to build Momentum Power Activism Strategy and Solidarity (COMPASS Africa) has, in the course of its initial three-year of activities, achieved these goals, generating change at country and headquarters level, while also generating models and practices of relevance to other stakeholders committed to supporting activism and advocacy as part of a public health response to HIV and other pandemics. The report below highlights progress in Year 3 and cumulatively, with Year 4—a Bridge Year—underway. As we note below, Year 3 unfolded in the context of the global COVID-19 pandemic. This report highlights COMPASS's ability to continue its transnational collaborative work and local action under unprecedented circumstances. The coalition's resilience, persistence, track record and evolving norms and practices are assets in the global and country-level advocacy space at this critical, perilous and often terrifying moment in global health. We hope that this report demonstrates COMPASS's capacity to date and the case for continuing to support this coalition as part of the bold, impact-oriented advocacy needed for the work that lies ahead in reclaiming lost ground and creating new realities.

II. Core Accomplishments in Achieving Investment Outputs and Outcomes

A) Defining, implementing and building confidence in an impact-oriented approach to advocacy (1.1.3, 1.2.7)

From the outset, COMPASS used a campaign-based approach to conceptualizing, implementing and evaluating activist work. While this unit of conceptual planning has limitations in its ability to capture nuance and, when used on an annual basis, to convey the sense of dynamism in ongoing work, it has become a touchstone for partners' defining, reflecting on and evaluating progress. This approach, which looks at outcomes in terms of "wins," "partial wins," "no progress," and in terms of durability of the progress, is foundational to campaign planning and reinforced in the COMPASS Coalition Advocacy Assessment Tool (C-CAAT) (1.2.7). The MERL program has been developed and led via a collaboration between AVAC and PZAT, a Zimbabwe-based partner that develops the content, methodology and approaches for ongoing MERL skills building and support (1.1.3)

Over the past two years, since the C-CAAT has been developed, partners have affirmed the value of this approach, as reflected in the quotes below; COMPASS has also worked to showcase the utility of these tools to a wider audience, with development of a MERL toolkit underway in 2021. The C-CAAT and other MERL tools were also highlighted in an AIDS2020 poster presentation on COMPASS: *PEF1893 Transnational activism for an effective, comprehensive HIV response: Lessons from the coalition to mobilize power activism, strategy, solidarity (COMPASS) Africa.* We shared the tools as appendices for the January 2020 report, and have not re-submitted them with this report but can make them available again on demand.)

The quotes below are taken from the Coalition Health Case Study, submitted as Appendix A to this report; the Case Study provides further context and analysis.

> *"Well, I think the [C-CAAT] tool is quite helpful in the sense that it simplifies, or it makes it easy for people to be able to identify wins in advocacy agendas…But not just identify them, but also rate them in terms of priority, and in terms of relevance to the advocacy work that we have been doing."*
>
> *"I also realize that there could be other organizations in other countries that are doing similar campaigns that we're doing [here]. It would be good to have that exchange of ideas and seeing how they are also managing the terrain. The terrain might be different, but the strategy the same."*
>
> *"For example, the C-CAAT, the SPARC, we never had these tools before and it gave us an opportunity to evaluate ourselves, what we have done, what we have achieved. Those tools, for us, it's useful and we are using them to proceed with our implementation."*

As a partner notes above, there is utility in having common frameworks for evaluating advocacy. Notably, a COMPASS partner, Health GAP, began in 2021 to utilize a highly-similar scale of "responsive" "partially responsive" and "not responsive" in its evaluation of overall outcomes of civil society PEPFAR-focused advocacy. This evaluation involved work undertaken by COMPASS partners, but was not itself funded by COMPASS nor were the all of the country efforts summarized in the report, " Measuring Up: Tracking PEPFAR's Accountability to People Living with HIV 2020–21. This is one example of the way in which COMPASS is part of, and has helped create, an ecosystem beyond that which it funds directly, in which advocacy work is accountable for tangible impacts on programs, investments and service delivery models, rather than deliverables such as documents and dissemination meetings for their own sake. COMPASS's purpose-built MERL tools have reinforced this strategic

approach to planning, documenting and iterating advocacy and, we assert, have helped create a common language and framework for advocacy impact across civil society in East and Southern Africa.

B) Growing country-level coalitions in size, scope and diversity (1.1, 1.1.1, 1.1.6, 1.1.7)

In three years, COMPASS accomplished its goal of expansion and diversification. In the period covered by Year 3 of the COMPASS grant, the coalition expanded from 11 to 26 partners overall, with a 400 percent, 133 percent, and 600 percent increase in Malawi, Tanzania and Zimbabwe, respectively. In each instance, the expansion intentionally brought in two groups in each country working with and led by youth, and focused on sexual and reproductive health and rights (SRHR) and HIV integration. (**1.1.6 and 1.1.7**) (One partner from Year One in Tanzania did not receive grants for work in Years Two and Three; this shift is reflected in the calculations of coalition expansion.)

Growth is not in and of itself an achievement in all cases. In this context, however, we would assert that the expansion *is* a reflection of the strength and value-add of the COMPASS model. COMPASS stands apart from other models of advocacy funding in East and Southern Africa (and many other parts of the world) insofar as it provides funding to individual organizations at country level. These organizations work in coalition, individually and in small-group configurations. Other advocacy funding, such as the Robert Carr Fund, provides resources to a single group which is then charged with coordinating network-wide approaches. We have found that the COMPASS model fills a unique niche. It allows groups multiple modes of working together and, at its best, enabling a sense of equality across partners, and affording ways to ensure that issues such as key population and reproductive health priorities which often compete for attention in treatment-focused national planning and funder-driven spaces receive attention and resources within a coalition context (**1.1 and 1.1.1**). In the independent learning assessment conducted by OPM, diversification and improvement in coalition strength in Malawi and Tanzania were highlighted as a major success stating:

> *COMPASS has been successful in making the membership of country coalitions more diverse and improving the way in which partners work together in Tanzania and Malawi. The factors which have enabled COMPASS to work towards its objectives include providing access to financial resources, leadership and coordination through COMPASS coordinators and regional advisors, and the relationships built at Strategy Labs.*

C) Undertaking campaigns that drive real change (1, 1.1.4, 1.2.4)

COMPASS coalitions set specific objectives in areas that are essential to a comprehensive response, then pursue those objectives through strategic campaigns. As shown in the figures and tables below, COMPASS has delivered on this core investment objective.

i) An overall track record of "wins" and "partial wins"

In Year 2, we reported on fourteen unique campaigns, with 71% (10 out of 14) campaigns registered as "wins" or "partial wins" (See Figure 1). With Year Three coalition expansion, the number of unique campaigns exclusive of/not predominantly focused on PEPFAR annual planning, grew along with coalition expansion, with 39 unique campaigns whose focal areas and outcomes are captured in Table 1. Of these, 75 percent (24) register as "wins" (12) or "partial wins" (17) based on evaluation by AVAC, the MERL team and partners via C-CAAT and follow-up review of the campaigns table (see Figure 2).

Interpreting advocacy outcomes is complex, especially when reviewing outcomes on an annual basis for an ongoing campaign. As one example, the Malawi CSAF campaign for a comprehensive "U=U" program linking annual viral load, treatment literacy, a transition to DTG-based regimens and community-led implementation was coded as a "win" in year 2, with commitment to the components and progress on key areas, and as a "partial win" in year 3, as some of those commitments materialized and others did not. In a shift from Year 2 to Year 3, described further below, we counted PEPFAR-centered advocacy as a single campaign instead of tracking the hundred-odd civil society priorities in each coalition's agenda; we similarly combined Global Fund-focused initiatives into a single campaign, with a classification reflecting the overall responsiveness of the process and funding request to civil society priorities.

Figures 2 and 3 show the highly similar proportions of wins and partial wins from Year 2 (71%) to Year 3 (75%), with a shift in Year 3 to more 'partial wins.' At minimum, we feel that this reflects internal consistency in reporting and evaluating, but we also assert that the work of strategic action planning and the C-CAAT tool support these reported outcomes as "real" impact on key barriers. The shift from Year 2 to Year 3 in the proportion of wins versus partial wins could reflect COVID disruptions--though we endeavored to track those campaigns separately. Based on the nature of the campaigns in question and the partial wins recorded, we think it is an indication that the coalition work is moving in the right direction--perhaps from campaign components that are "low hanging fruit," such as endorsement of a specific policy or model, to actual, comprehensive implementation.

Figure 1: COMPASS Year 2 (2018-2019) Overall Campaign Outcomes

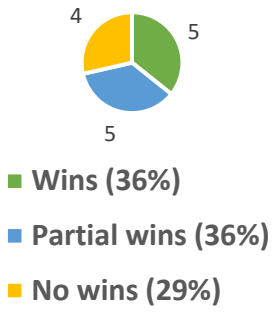
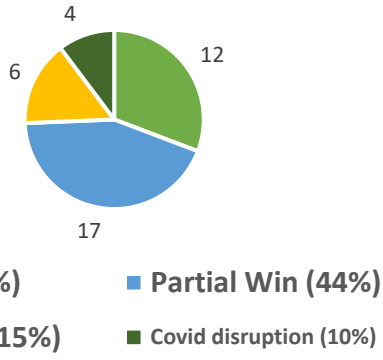


Figure 2: COMPASS Year 3 (2019-20) Overall Campaign Outcomes



As presented in Table 1 below, Year 3 (2019-2020) of COMPASS saw an expanded coalition with an intensified focus on AGYW/SRHR and key populations (in terms of absolute number of campaigns); deepened engagement with the Global Fund with all three COMPASS coalitions closely involved in and/or helping to lead civil society input into proposal development and reallocation decision making, and two out of three coalitions seeing outcomes that were partially responsive to comprehensive agendas developed in advance. (Note: In Year Two, we reported on "unanticipated" outcomes in thematic areas; in Year Three, with many more campaigns, including some continuing from one year to the next, the pre-specified campaign goals were sometimes broader--move forward on a specific issue, ensure accountability on a prior commitment. It was challenging to classify outcomes as prespecified and unanticipated with accuracy; we did not include this analysis for Year Three.)

As Table 1 reflects, COMPASS also continued to lead essential PEPFAR-centered advocacy—with such intensity and focus that we did not incorporate the PEPFAR-specific priorities into this read out of wins and impact. As Health GAP has documented in its invaluable and complementary PEPFARWatch Project, In Year 3, each coalition advanced agendas with roughly 100 distinct priority areas. COMPASS-support was instrumental to the development and implementation of these advocacy plans, which garnered key wins in differentiated service delivery, primary prevention, human resources for health and more--from both PEPFAR, GFATM and host governments (see Malawi CSAF's own assessment of outcomes, Appendix B as an example.) Instead of tracking each priority as an individual campaign, we isolated those which COMPASS groups, especially new partners in Zimbabwe, had pre-specified as goals; we did not include the other PEPFAR-focused outcomes in the Year Three totals. If anything, this reflects an under-estimation of COMPASS impact; it also affords a chance to see the PEPFAR-focused work in a broader context.

Table Key			
Win A tangible shift in policy, investment or service delivery approach taken in the context of focused, specific COMPASS partner demands for the shift which subsequently took place. We don't claim full credit for obtaining the shift, but have documentation of advocacy on this issue in the spaces where decisions were made.	**Partial win** A campaign or focal area in which significant progress was made that has or is expected to impact follow-up steps on the critical path to achieving a full win as defined above. For example, securing parliamentarian buy-in and multi-stakeholder consensus on the agenda for age of consent is a partial win, insofar as no policy has changed, but these steps are, if if not pre-requisites for, then significantly supportive of the ultimate outcome.	**No win** A campaign—which may be ongoing—in which no significant barriers shifted in the period covered. Process milestones like inclusion in decision-making spaces may be achieved,	**COVID-19 disruption** New/singular to Year 3, this category reflects work that could not take place as planned or be pivoted in the context of lockdowns or other pandemic-related shifts

Table 1: COMPASS Year 3 (2019-2020) Key Outcomes by Country and Thematic Areas			
Country	**Thematic Area**	**Number of Campaigns**	**Results**
Malawi	AGYW/SRHR	1	COWHLA sought and obtained government commitment to develop guidelines for SRHR and HIV integration, with work ongoing to pushing government to initiate the guideline development process in 2021
			PEPFAR COP win: DREAMS expansion to 46 additional sites across the targeted 3 districts in COP 20.

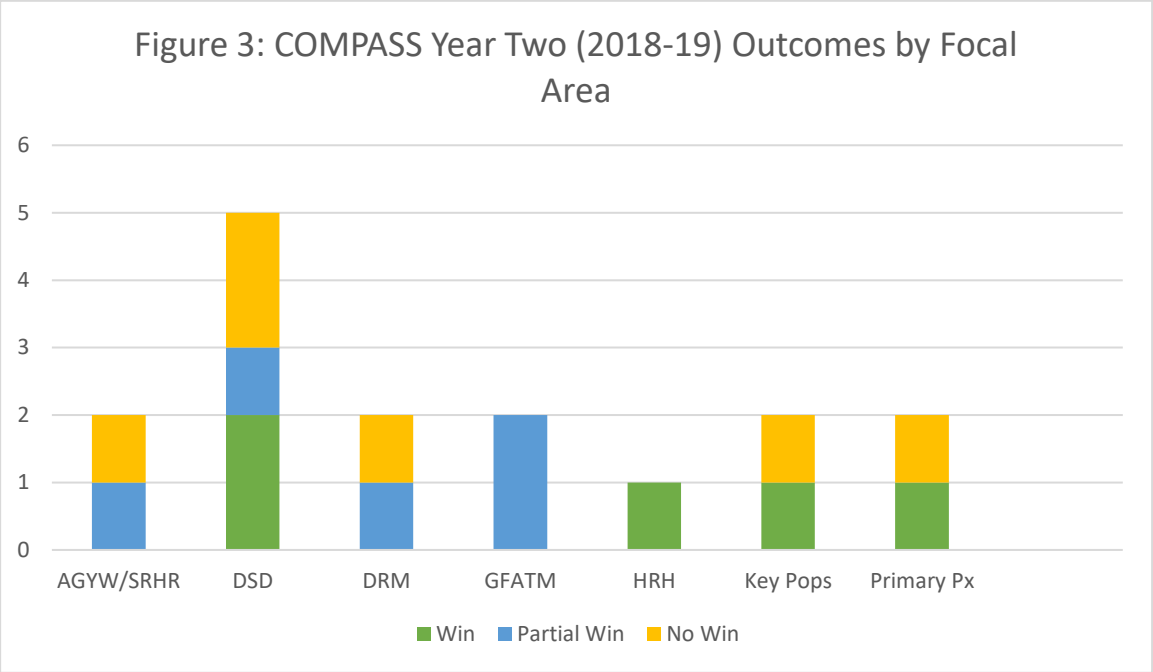
			PEPFAR COP win: Expansion of cervical cancer screening and treatment for WLHIV from 41 to 80 facilities in COP 20
	Covid-19 Impact	1	LITE documented COVID-related stigma and violence against LGBT individuals, and raised these concerns with World Vision, the Global Fund PR for key populations
	Differentiated Service Delivery	2*	COWLHA surveyed WLHIV on experiences accessing DTG-based regimens after Malawi policy change allowing prescription for women of child-bearing age; identified issues and found site- and system-level solutions
			Following adoption of universal annual viral load policy (April 2019) CSAF continued push for human-centered messaging on "U=U" and use of civil society partners in research literacy – roll out has been slow, but GoM "resuscitated" a comprehensive, CDC-authored plan in December 2020
			*Multiple wins or partial wins against key asks achieved via PEPFAR processes – see below
	Domestic Resource Mobilization	1	The CSAF campaign to have the Government of Malawi establish a National AIDS Trust Fund did not advance; GoM stated that this would lead to establishing multiple disease-specific funds; instead committed to a Health Trust Fund. CSAF has been invited to sit on the Technical working group for this effort.
	Global Fund	1*	Malawi CSAF developed a "Civil Society Charter" that established priorities for national strategic planning and Global Fund concept note development and led to the adoption of community-led prevention (PrEP) and treatment literacy and monitoring interventions, to additional funding for CSO coordination, expansion of VMMC services to 5 additional districts, and an increase within the HIV Component Budget for community-led services.
			*CSO charter contents informed both GF concept note development and National Strategic Planning processes on multiple issues; counted here as 1 GF-focused campaign to highlight success in coalition-led engagement. COMPASS partner MANASO is also the recipient of a community-led monitoring grant designed to track and ensure accountability on GF implementation CSAF was involved in the development of Global Fund COVID 19
	Human Resources for Health	1	Expansion of HRH investment commitment to 380 additional health workers added in the PEPFAR COP 20 planning cycle
	Key Populations	4	i)Commitment by MoH to establish and scale KP "Hybrid Centers," which are health facilities providing KP friendly services by a trained provider across all Global Fund supported facilities. ii)Financial Commitment from Global Fund for KP Population size estimate studies to improve estimates of prevalence and incidence to inform programming.
			Lite has sought change to standard health intake forms/clinic protocols to utilize gender affirming language and intake approaches; no shift obtained work – including possible human rights litigation – is ongoing
	PEPFAR-focused campaigns	N/A	The Malawi Liu Lathu document (the locally-owned version of the People's COP) contained 90 priorities, 64 of which were included (25) or partially included in the final strategic direction summary – highlights can be found in Appendix B of this report.
			Malawi CSAF is actively implementing a community-led monitoring grant that is utilizing COMPASS-supported processes and technical partnerships including amfAR, Health GAP and AVAC.
	Primary Prevention	2	VMMC expanded to three additional districts; PrEP treatment targets increased from 6000 in COP 2019 to 16048 in COP 2020 in PEPFAR COP, with community-led literacy supported in GF grant
			Condoms in prisons campaign advanced to recognition from the Commandant of prisons that sexual violence/encounters happen within prisons; additional action has not been taken, in part due to COVID-19
Tanzania	AGYW/SRHR	1	Ensure policies allowing vulnerable AGYW to access PrEP and self -test result in youth-friendly services and uptake This work pivoted, post COVID-19, into a rapid assessment of the prevention and SRHR needs among AGYW in the context of COVID. GoT position on COVID-19 made findings too sensitive for grantee to share with COMPASS partners or to disseminate
	COVID-19 impact	1	In Q2 2020, NACOPHA sought and obtained GoT permission to conduct a needs assessment of PLHIV in the context of COVID-19 and lobbied for PPE and service delivery modifications; subsequent work has been hampered by GoT position on COVID-19
	Differentiated Service Delivery	2*	DWWT developed and implemented a scorecard in six districts along a railway line looking at gaps and needs for WLHIV and AGYW; developed action plans with district councils for acting on findings, further steps disrupted by COVID

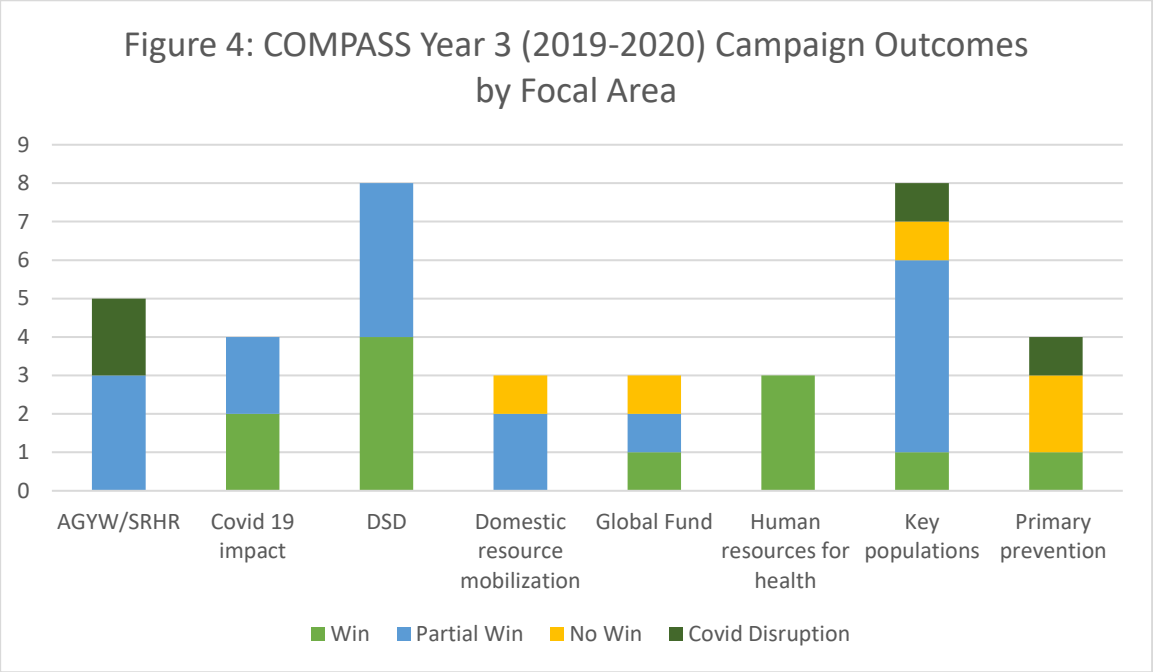
			CENTA mobilized the IMARISHA Networks of LGBTI, Sex workers and PWID, working with them to push back on a government proposal to abolish KVP clinics/drop-in centers
	Domestic Resource Mobilization	1	Campaign to secure 10 percent increase to AIDS Trust Fund and 5% increase to Local Government Fund resulted in USD $434,783 commitment to ATF by GoT
	Global Fund	1	Campaign to change implementation arrangement to allow civil society sub-sub recipients to be implementers, not collaborators did not see change; COMPASS-supported organizations did report high degree of involvement and input in concept note writing process. However,SIKIKA secured the leadership of the non-state actors in engagement with the Global Fund while BMF secured the Secretariat host for the same. These avenues for engagement will allow COMPASS Partners to continue to engage and advance advocacy priorities.
	Human Resources for Health	1	SIKIKA and BMF worked together to push the government of Tanzania to recruit an additional 1000 health care workers and used the COP20 process to secure a commitment from PEPFAR to recruit 5000 Health Care Workers including CHWs. BMF used COVID-19 pandemic to push and secure additional recruitments of 3000 CHWs from other non- traditional HRH funders such as UNICEF, Irish AID, DFID/FCDO to strengthen overall health services and mitigate impact of COVID on provision of essential services especially at the community levels including RMNCH and HIV services especially linkage of new clients to ART and tracing those lost to follow up.
	Key Populations	4	TanPUD received commitment for five MAT clinics in Dar es Salaam i)KVP Forum continued to convene, receive GoT recognition, mandate to conduct CLM; ii)some aspects of SOGIE incorporated into HCW training, full curriculum not adopted; iii)GoT continues to delay in adoption of circular prohibiting forced anal exams, has formally adopted one-month community-based dispensing for KPs
	PEPFAR-focused campaigns	N/A	Of 126 total priorities in a civil society "action agenda", PEPFAR was responsive to 104, with 56 included and 49 partially included, highlights include tk: COMPASS-supported partners have received resources to conduct community-led monitoring of PEPFAR activities
	Primary Prevention	1	TAYOA's campaign to build demand for and action on new biomedical tools through a cadre of young women informed about dapivirine vaginal ring, CAB-LA and oral PrEP advanced to stage of training champions; disrupted by COVID-19
Zimbabwe	AGYW/SRHR	3	i)ACT-led campaign to lower age of consent continued with intensified dialogue among faith leaders, media coverage and continued momentum towards a shift in policy; ii)My Age Zimbabwe secured inclusion of AGYW living with disability friendly IEC integrated SRHR, HIV, COVID and TB prevention, treatment, support and care materials. iii)The Youth Engage-led campaign to win integration guidelines of SRHR, SGBV, HIV, with funder commitments for implementation was disrupted by COVID lockdowns;
	COVID-19 impact/DSD	2	i)ZNNP+ conducted 2 impact assessments at the onset of COVID- 19 in March and later in July/August to assess impact of COVID-19 on PLHIV and used the outcomes to inform a new campaign they implemented immediately pushing for the policy adoption of 6MMD as well as scale up of its implementation. Ii)UAN switched from pediatric ART scale up campaign (even though pediatric ART and HIV response is a major issue in Zimbabwe) to scale up of TPT among PLHIV to mitigate impact of lockdowns and loss of employment facilitating spread of TB and other respiratory diseases.
	Differentiated Service Delivery	4	Campaigns to scale adoption of an out-of facility community ART model, increase TPT uptake in select districts, and secure funding to increase viral load access all saw wins in PEPFAR process; work to detect, prevent and mitigate stock outs saw success in reports from facilities on first-line medications; second-, third-line and PrEP all had supply issues at various times .
	Domestic Resource Mobilization	1	Nearly three percent absolute incremental increase in ZImbabwe's FY2020-21 national health budget compared to prior year. COMPASS-supported "Health Manifesto" commitments adopted by political leadership in 2019; some elements of budget agenda reflected in annual budget however financial resources and reactions to emergent issues (counterpart financing) not aligned with rhetoric
	Global Fund	1	There was very active and high engagement of COMPASS Partners in the Global Fund funding request writing process. ZICHIRe was formally appointed to the CCM as CSOs representative. BHASO actively engaged and secured inclusion of the OFCAD model in the GF funding request and funding, while ACT secured GF

			commitment to fund CLM although above allocation. Using the COP20 process ZNNP+ pushed for the reprogramming of over $6 million towards expansion of viral load. COMPASS supported CSOs also pushed for resources to be made available to cover persistent stock outs—a solution which led to GF commitment to cover all outstanding ART and other commodities gaps, and to exempt Zimbabwe from co-financing due to the government's inability to commit any resources due to the economic environment. In addition, COMPASS partners pushed with partial success for the increased investments in community systems overall and earmarked funding for specific AGYW programs.
	Human Resources for Health	1	Government of Zimbabwe lifted an HRH hiring freeze due to the wage bill policy restrictions imposed by the World Bank and IMF (and allowed the hiring 4000 health care workers- although now pending the actual recruitment); additional health worker salary support for lab technicians from 1.5 full time employees (FTE) to 2 FTEs per VL machine, Viral load champions, peer counsellors,, data clerks, nurses, pharmacists and Community Adolescent Treatment Supporters (CATS) from 2 to 12-20 per district included in both PEPFAR COP and GFATM concept note
	Key Populations	1	GALZ worked to establish community-led monitoring approach for KP clinics and to use findings to leverage change disrupted by COVID
	PEPFAR-focused campaigns	N/A	Of 106 priorities in the People's COP, 77 were included (39) or partially included (38), significant wins included; Additional funding for; Expansion of Treatment Literacy, Community led Monitoring, Expansion of Viral load services and HRH, the abolition of user fees for PLHIV related services, scale of 3HP and the TB Prevention Therapy, additional resources for scaling up of TB LAM services, Expansion of the PrEP and specific models of care for Key Population, expansion of the Paediatric treatment and care program and improvement of national data management systems. In COP20 GALZ pushed for and secured the expansion of "Men and Boys Program " especially designed for key populations as well the expansion of PrEP scale up to all priority PEPFAR districts and populations
	Primary Prevention	1	ACT undertook an effort to get the Government of Zimbabwe to review the cap on VMMC requesting for a new MoHCC VMMC Strategy Policy allowing widening of the target age group from 15 years to all boys. This did not succeed – given PEPFAR policy and funding role, this campaign goal was a heavy lift and one ACT advanced even after internal discussion on alternatives

ii) *Impact via Shifts in Strategy (1.2.1, 1.2.2)*

COMPASS began with a commitment to iterative strategic action planning and implementation, with coalitions reflecting on outcomes and revisiting the political, economic and epidemiological landscape in which the campaign is being conducted as part of the C-CAAT and strategic action planning process. Figures 3 and 4, which look at outcomes by focal area in Year Two and Three reflect expansion and iteration based on landscape analyses, which took the form of issue-specific "deep dives" into human resources for health in Malawi and Tanzania, a cross-cutting "state of the HIV response" analysis in Malawi that underpinned the CSO Charter—foundational document for inputs into the national strategic planning process and the Global Fund Concept note development process. In Zimbabwe, ACT undertook a rapid assessment of the factors driving medication stock outs and impacting the Government of Zimbabwe co-financing requirement; an assessment of HRH gaps is presently underway. These and other issue- and campaign-specific assessments helped shift targets and tactics. For example, in Year Three, each coalition undertook a campaign focused on government contributions to gaps in human resources for health. This reflected coalition analysis that domestic resource mobilization campaigns securing increases in government financial contributions were challenging due to constrained fiscal space and competing priorities. All of these HRH campaigns were "wins," with 2 out of 3 cases) resulted in expanded government contribution to the response. Figures 4 and 5 shows the outcomes by focal area for Years Two and Three. The shift in Global Fund outcomes—detailed in Table 1—also reflects intensified attention to and engagement with these processes.





iii) *Externally validated impact*

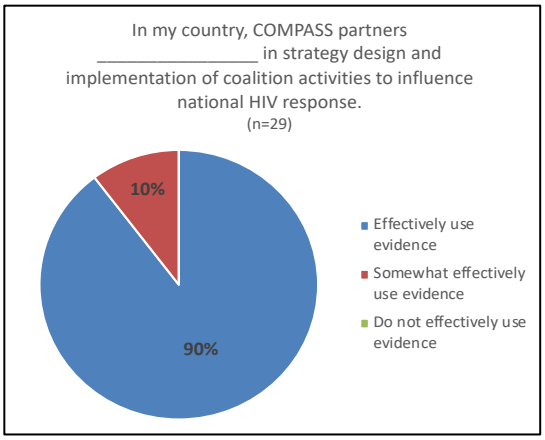
In addition to the quantitative, MERL-based internal assessments, both the Coalition Health Case Study and the OPM independent evaluation affirm the assertion that COMPASS campaigns have achieved tangible impact. OPM's interim summary findings as shared with AVAC state the following:

> *COMPASS coalition activity has had a positive impact on more effective allocation of available resources for specific issues that COMPASS identified as priority areas.*
>
> *COMPASS has used these fora to influence not only international funder decision-making but also domestic actors within their own governments. Beyond specific campaign achievements, as a whole COMPASS' concerted effort around these processes has influenced when, how and to what degree civil society engages in the decision-making, particularly through PEPFAR COPs." At the time of submission, OPM was validating these findings; however, our own internal MERL supports and amplifies these conclusions.*

D) Increased use of evidence and policy analysis/ideas by decision makers to guide resource allocation and design, implementation and evaluation of programs in Malawi, Tanzania and Zimbabwe (1.2, 1.2.3, 1.2.4, 1.2.5, 1.2.6)

The campaign outcomes described in the previous section were all based on and/or generated evidence in order to secure progress. These data--which by definition were presented to policy makers, implementers, payers and other civil society took many forms, from the scorecard developed by and for WLHIV used in five districts in Tanzania, to generating a brief on dried blood spot versus whole blood viral load to inform the Malawian government position on the "U=U" campaign in Malawi, to trainings on data and data use for parliamentarians in Zimbabwe. In addition to these campaign-specific examples of data use, COMPASS coalition partners led development and implementation of "People's COP"-style agendas which in turn generated additional expanded resources for "community-led monitoring" in all three countries--and beyond. amfAR, the COMPASS partner focused on data use and transparency, created and launched a data-for-advocacy training course; led an ongoing campaign to secure greater transparency in GFATM data; created and shared data analyses for countries within and beyond the COMPASS coalition derived from the database of PEPFAR Monitoring Evaluation and Reporting (MER) indicators developed as a COMPASS deliverable. The partners based outside of focal countries supported and amplified efforts to gather and use evidence on critical issues from index testing (Year 2 and 3), to analysis of SRHR-HIV integration gaps that helped drive specific demands within the COP 20 planning rooms and for language in the PEPFAR COP 2021 guidance document that affirmed a choice-based approach to planning for the dapivirine vaginal ring (DVR) and long-acting injectable cabotegravir (CAB-LA). In work which is ongoing in Year 4, COMPASS, via AVAC, is assembling evidence supporting choice-based programs from the contraceptive field, relevant PrEP programs and partners' own experiences to support a case at government and funder level for investing in biomedical prevention platforms that incorporate multiple options. There was no campaign within COMPASS that did not utilize evidence, and the influence can be measured in the outcomes reported, which were dependent on policy makers and implementers responsiveness to civil society interpretations of the data. (Of note: the draft of the OPM independent assessment noted that its assessment of how COMPASS contributed to the use of evidence in decision making was "premature." We shared numerous examples of the ways that coalition partners used data in campaigns which achieved shifts from policy makers and implementers who received these data and analysis. We hope this will be reflected in the final assessment and share, too, the partners' own conclusions, presented below in Figure 6 and partner quotations (from the Coalition Health Case Study).

FIGURE 5



"Looking back to where we are coming from to where we are today, we can sense some difference in the way we engage. For instance, we now ensure that our issues are supported with data." Country Partner

I think…what [our organization] really appreciated from COMPASS was capacity building around results-based monitoring and evaluation, and I think that training actually helped [us] to understand and also answer the "so what's" in terms of doing monitoring and evaluation on the ground, actually seeing the change and impact of our work. So for us, we have gained a lot of leadership skills, training, how to do our own budget and having what we call the evidence. Because, mostly without evidence you can't bring an issue to the top we'll discuss without evidence. Country Partner

E) Contributing to the evidence-base and funding for country-based, data-driven advocacy, and for a sustained global response (2.2.2, 2.1.2)

COMPASS partners have, across three years, been at the forefront of calls for expanding the resource envelope for HIV at the country and global level, contributing to funding "asks" and mobilizations directed at Congress and in the context of the Global Fund replenishment round, interrogating the risks and benefits to a comprehensive HIV response of a shift to universal health care based priorities (subject of a 2019 Strategy Lab session and issue analysis in AVAC Report), and, in the COVID-19 context, leading the call for resources to mitigate the impact of COVID-19 directly—via PPE, shifts in service delivery models, a pro-poor, universal access global trade-related intellectual property environment, and more. In addition, COMPASS has been able to mobilize resources for its own work. At the outset of the project, BMGF team members (and COMPASS subgrantees) rightly raised questions about the sustainability of the COMPASS investment at the outset and during the course of the project. From the beginning, AVAC, Health GAP and amfAR, along with country-based partners, urged both PEPFAR and GFATM to invest in community-led monitoring initiatives that covered diverse geographies, populations and types of services with the goal of identifying issues and taking action to find solutions for problems and secure the expansion of best practice models. COMPASS partners had piloted this type of work before several years, COMPASS-supported 'People's COP' processes in Malawi and Zimbabwe, along with People's COPs funded by other sources, played an essential role in demonstrating the feasibility, power and necessity of this type of work. 2020 saw grants or commitments to fund CLM in each of the COMPASS countries, with funds flowing to COMPASS partners. COMPASS alone did not mobilize these resources, but the coalition played a catalytic role in bringing the expanded financial support for and funder confidence in this work. The expansion of CLM investments has, at times, posed challenges for groups seeking to hold funders of CLM accountable for their program performance; it has also brought new players and expectations into discussions about what questions should be asked, by whom, and with what follow up action. As discussed in the "lessons" section, one core takeaway is that, having catalyzed additional resources for coalition partners, the COMPASS structure remains highly relevant to and valued by country-based partners.

F) Building a transnational advocacy structure that is resilient, responsive and honest about areas for growth.

COMPASS coalition partners undertook to creating "Strengthened coalitions advocating for data-informed policy and program approaches to strengthen a comprehensive HIV response in Malawi, Tanzania and Zimbabwe." One aspect of "strength" is the coalitions' ability to set and achieve progress on specific goals. Another is its internal cohesion, resilience and perceived value of the coalition to its members, including its ability to provide communications structures and forums for sharing skills and knowledge, addressing power dynamics and using the process of advocacy planning to embody the commitment to human rights we seek from those outside of the coalition. An in-depth process of documenting partners' perceptions of the coalition resulted in the Coalition Health Case Study submitted as Appendix TK. The top-line findings affirm the theory of change that we advanced in the proposal for COMPASS, and also identify areas for growth and improvement.

G) Flexibility and Resilience in the Context of Covid

COMPASS advocacy was--like everything else--impacted by COVID-19. In the first months of the pandemic, partners initiated rapid assessments of impact on communities; the coalition compiled and made publicly available a set of adaptable rapid assessment tools; and coalition members based in the US worked with those in country to identify and amplify local concerns and to lead a call for intensified investments in both the new and ongoing pandemics. Lockdowns, restrictions on movement, and rising case rates in countries which did not always have lockdowns in place impacted various campaigns, as did government policy in Tanzania on directly addressing the COVID pandemic. The coalition's ability to continue work--including holding a virtual "Strategy Lab" speaks to the strengths and processes built in the pre-pandemic context. These structures would be nearly impossible to replicate in the current context and are, we believe, essential to shaping the coming years of global health investment via advocacy; this is yet another reason we hope to continue COMPASS for a fifth year, and beyond.

III. Core Accomplishments Across Three Years of COMPASS

In Table 2, we highlight over-arching achievements and notable "wins" across the three-year COMPASS implementation period. This is a high-level, selective look at work that stands out both for what has been accomplished, what remains undone, and the precedents set for powerful transnational activism.

TABLE 2: Core Accomplishments Across Three Years of COMPASS

	Policy accomplishments	Program/service delivery model accomplishments	Advocacy Coalition Impact/accomplishments
Cross-cutting	• Dramatic expansion of funding for community-led monitoring from GFATM and PEPFAR tied to accountability work using a model piloted and refined by COMPASS partners • Key shifts in language in PEPFAR Country Operational Plan Guidance to support comprehensive sexual and reproductive health and rights programming – including securing adjusted language around sexual risk avoidance/abstinence programming, and language affirming choice-based prevention programming • COMPASS partners have individually and collectively articulated a comprehensive, SRHR-HIV and primary prevention agenda that was lifted up and amplified in the new UNAIDS strategy launched in 2020. COMPASS does not claim sole credit but contributed to the environment and will ensure its implementation	• Secured pause to PEPFAR implementation of index testing with stringent yield requirements in the absence of adequate monitoring and evaluation to identify and address adverse outcomes for clients and contacts • Developed shared resources on the evidence-base for key elements of a differentiated service delivery model including: o the feasibility of a "U=U" campaign in sub-Saharan Africa o the need for and feasibility of accelerated DTG transition including for women of child bearing age o use of Community Adherence Groups as a best practice • Developed shared resources for primary prevention roll out including: o Explanatory resources on/evidence for the need for human-centered design o An advocacy agenda on shifts in measurements of PrEP effective use and community coverage o An advocacy agenda focused on effective condom programming	• Using community-led monitoring to build People's COP agendas in three countries as part of a broader regional push (supported by Health GAP with non-COMPASS resources and other partners outside of COMPASS) • Creating and maintaining pressure on Global Fund to increase data transparency and sharing • Development of an on-line Data-for-Advocacy course • Development of a PEPFAR Monitoring Evaluation and Results database and tailored country-specific read outs/analyses on key areas • Creation of purpose-built MERL tools for planning, evaluating and iterating on strategic activism and advocacy for change • In-depth Coalition Health Score Card that captures strengths and areas for growth in transnational activism for internal learning and external audiences
Malawi	• Adoption of annual viral load monitoring for all PLHIV (Annual Viral load Policy issued on 1st April 2019)	• Commitment by MoH to develop and scale KP "Hybrid Centers"--health facilities providing KP friendly	• Civil Society Advocacy Forum has, with COMPASS support, emerged as a critical hub of advocacy expertise in Malawi. [Dr. Rose quote here from

	• Government approval of PrEP Policy and guidelines (PrEP policy approved in December 2018, final PrEP Guidelines endorsed by Senior Management in December 2020) • Adoption and approval of HIV Self Testing Policy and guidelines (HIVST policy adopted in September 2018) followed by a scale up HIVST testing services by PEPFAR Implementing Partners in Q1, 2019 • Government commitment to develop guidelines for SRHR and HIV integration, with work ongoing to pushing government to initiate the guideline development process in 2021. • Adoption of TPT for all as a national policy.	services by a trained provider across all Global Fund supported facilities. • VMMC target expansion to 3 more PEPFAR supported districts • HRH investment expansion; about 2372 Health Care workers added in 3 years (942 in COP 18, 1050 in COP 19 and 380 in COP 20). • DREAMS expansion to 46 additional sites across the targeted 3 districts in COP 20. • An increase in PrEP targets from 6,000 in COP 19 to 16,048 in COP 20. • Expansion of Cervical Cancer screening services from 41 health facilities to 80 facilities in COP 20	U=U case study] Specific achievements include: • Development and utilization of a "Civil Society Charter" that established priorities for national strategic planning and Global Fund concept note development and led to additional funding for CSO coordination, KP Population size estimates studies, expansion of VMMC services to 5 additional districts, PrEP roll out and the adoption of Community Led treatment literacy and monitoring interventions, • Development of 'Liu Lathu 19&20' highlighting Communities priorities for COP 19&20 resulting in recruitment of additional HRH investment, increased budget allocation towards HIV prevention services with specific focus on Key and Vulnerable Populations. • Coalition expansion from an initial single COMPASS-funded partner to an additional 4 partners, with an intentional focus on women, AGYW and key populations; this coalition expansion has happened with clarity on shared objectives and differentiated roles (i.e. JONEHA leads on COMPASS PEPFAR work, while additional groups support; MANASO has led on Global Fund-focused initiatives)
Tanzania	• Vulnerable AGYW included in eligible populations for PrEP and HIV self-testing. • Informing the national policy and implementation guidelines on differentiated service delivery (see next column for details). • Government commitment to introduce PrEP and self-test at national scale • Government commitment to expand the cadres eligible to offer HIV testing. • Amendment of the Tanzania HIV and AIDS Prevention and Control Act (HAPCA)2008 to accommodate HIV self-testing and lowering the age of consent for HIV testing services from 18 years to 15 years • Inclusion of Transgender People as a stand-alone population in the National HIV/AIDs strategic Plan.	• HRH investment expansion; including capacity building of Community Lay Cadres to support scale up HIVST services. • Government commitment to issue circular prohibiting forced annual exams on Key and Vulnerable Populations. • Increased participation of community-led KP organizations in implementation of the PEPFAR Key Populations Investment Fund. • Scale up of elements of a Differentiated Service Delivery (DSD) models including multi-month dispensing, pick-up by family member or friend, one-month ART for KP in community-based centers • Use of "undercover client" to assess PrEP services for key populations, with findings shared with government and PEPFAR and approach shared as a best practice for PrEP monitoring on PEPFARWatch advocacy planning call.	• COMPASS supported the establishment and capacity building of a strong KVP Forum that is recognized by both the Government of Tanzania, PEPFAR, UNAIDS and GFATM and is seen as a source of informed advocacy to address gaps and challenges in HIV and SRHR service delivery and access for KPs. • Tanzanian CSOs working across issues and positionalities vis a vis government successfully worked together and/or in loose coalition over three years, growing from four initial partners in Year 1 to four additional partners in Years 2 and 3, with more KVP-Forum affiliated groups working alongside funded partners. This Tanzania group found ways to use the larger COMPASS coalition membership to address issues and tensions between organizations; COMPASS developed coalition-wide learnings on mutual accountability as a result while also shifting power and resources away from a partner who was not able to uphold human rights for other coalition members • Improving the CSO participation in the Global Fund process; developed a community charter highlighting community's priorities for the Global Fund funding request (2020-2022) resulting in the expansion of the AGYW

			program from ten to eighteen districts, increasing the number of local CSO sub recipients, and additional funding for community treatment literacy and community-based monitoring interventions.
Zimbabwe	• Shifting national consensus on the need to harmonize and lower age of consent for sexual and reproductive health and HIV services—while ongoing, the ground-up, district-based work has prompted national dialogue and unprecedented engagement • Development of a political health manifesto demanding increased domestic health financing, removal or review of discriminatory laws and policies that make it difficult for minority groups to access health services freely, increased access to HIV treatment to 90% of children living with HIV as well as addressing the health worker crisis resulting in increased awareness of the HIV landscape, gaps and challenges among members of parliament and their commitment to address the same. • Building parliamentarian researchers' data use capabilities and establishing ACT as a source of information and expertise • Tackling stock outs through mobilization around Government of Zimbabwe's failure to meet its co-financing requirement with GFATM, root cause analysis of stock outs and lobbying within the Global Fund funding request context to secure needed resources for pharmaceuticals • Securing GoZ commitment to lift hiring freeze enabling expansion of health care workforce	• Expansion of Viral load testing services • Adoption of the Out-of-facility Community ART Distribution (OFCAD) model followed by increased funding for its scale up in selected districts. • Accelerating TLD transition using a women's choice-centered approach. • Building out a model for key population-centered services utilizing general population health clinics, collaborating with the government KP focal person and developing a plan for community-led monitoring of KP services. • Rapid impact assessment of service needs and gaps after COVID lock down leading to advocacy and demand for multi-month dispensing and scaled up TPT.	• Expansion of the Coalition from one grantee to six additional partners focused with coordination across action plans and work towards a shared agenda • ACT has been a source of honest critique about ways that COMPASS partners approach selection of tactics, and campaign focal areas, raising questions about power dynamics, decision rights and transnational collaboration that have challenged, enriched and informed the ongoing coalition model

Lessons Learned

Transnational, data-informed, North-South coalition change the AIDS pandemic response--with early impact in areas aligned with funder/country priorities. The most critical lesson is that the COMPASS model of data-informed transnational activism works. As the OPM Independent assessment concluded, “coalition activity has had a positive impact on effective allocation of available resources for specific issues that COMPASS identified as priority areas.” As we have documented over the past three years, coalition campaigns focused on differentiated service delivery have achieved “wins” or “partial wins” against pre-specified or opportunistic advocacy asks. Domestic resource mobilization, Global Fund performance improvement, prevention-cascade driven work for primary prevention and HIV-SRHR integration have received increasing attention from partners, with critical, incremental shifts achieved in many areas. In its first three years, COMPASS laid a foundation for sustained, strategic interventions in these areas; this work is ongoing in the bridge year and is, we feel, critical to the pandemic response as new primary prevention tools emerge and COVID-19 brings seismic changes to the public health landscape globally and locally.

“De-colonizing global health” requires early, intentional, inwardly-focused coalition work. As both the OPM study and the internal COMPASS Coalition Health Case Study found, the work of building a resilient, trust-based North-South coalition “pays off” in terms of impact, and requires early and ongoing attention to power dynamics, clarity of roles and decision-making rights, and channels of communication. COMPASS scaled an ad-hoc, pre-existing coalition into a resourced, formally-associated coalition and relied on historic relationships and modes of collaboration to do this with speed in the project’s first year--which saw intensive engagement in the PEPFAR planning space within months, if not weeks, of project launch. A key lesson for this project and for similar endeavors is that decision-making and collaborative structures, and the values that underpin them, should be explicitly defined, jointly owned and revisited regularly. Work to address redistribution of power and resources within the pandemic response, and to ensure accountability for human rights, must embody these principles in its own practice. COMPASS is actively working to implement structural shifts via partner-led task teams on communication and South-South collaboration, an explicit values and principles statement, and an ongoing skills-sharing effort designed to shift the center of gravity for decision- and grant-making to Africa-based partners.

A high-impact advocacy model that catalyzes new investments has continued--if not increased-relevance as these resources arrive. Over the course of the COMPASS project, core coalition activities such as the “People’s COPs,” and the use of civil society-led data collection, analysis and activism, helped demonstrate the utility of “community-led monitoring” in the context of a comprehensive HIV response. As a result of this work, and of advocacy on the part of COMPASS partners, PEPFAR, the Global Fund, BMGF and UNAIDS have all stepped up with new technical and financial resources for community-led monitoring. These funds bring sustainability to the work that COMPASS launched; they also help refine the role of the COMPASS coalition which has worked within and across the three focus countries to ensure that the work scales up with a continued emphasis on high-quality community-designed tools and accountability-focused implementation that sets and pursues advocacy goals based on findings, even (if not especially) when the focus of the advocacy is funding the work.