Overview

Throughout the course of the AIDS response, vibrant advocacy and activism have driven solutions to the pandemic by focusing on accountability—making sure that power, funds and policies work for people living with and at risk for HIV. As the HIV response has matured, data/evidence-informed decision-making has become a primary driver for the programmatic response. Access to and analysis of the data behind these decisions has been limited for civil society activists and advocates; at the same time, in East and Southern African countries—as in other regions—civil society organizations have been enlisted as partners by the very funders and programs they must hold accountable, increasing the risks they face when they speak out as activists.

For the past six years, the Coalition to build Momentum, Power, Activism, Strategy and Solidarity (COMPASS) Africa has confronted these realities head on with bold, well-resourced, coalition-based, data-informed advocacy and activism. COMPASS combines country-based coalitions of civil society groups in Malawi, Tanzania and Zimbabwe with seasoned advocacy partners in the global North. Connected through a unique structure of strategic planning, real-time support and coordinated advocacy and activism, COMPASS partners have worked together to gather, analyze and use evidence and data to drive strategic advocacy campaigns and change policy and programs in the coalition focus countries and beyond.

In COMPASS 2.0, coalition partners continued their bold, impact-driven advocacy and launched the framework for the shift of the coalition to African leadership. A detailed analysis of progress against strategic objectives can be found below:

Objective 1: Improved development, adoption, implementation and evaluation of laws and policies supportive of comprehensive HIV responses that meet the needs of those at high risk of HIV infection or, if living with HIV, progressing to AIDS including adolescent girls and young women, and key populations.

COMPASS Partners collaborated on intensified advocacy for Global HIV Financing, targeting PEPFAR with robust engagement during COP22 and COP23 in-country stakeholder consultations and regional planning meetings. At the COP23 regional planning meeting COMPASS partners were at the forefront of pushing PEPFAR to ensure meaningful inclusion of civil society throughout a modified and prolonged COP process introduced in 2023. At the same time, COMPASS partners facilitated the development of Global Fund community charters in the three countries and engaged in Global Fund G7 funding request writing processes, leveraging both the PEPFAR and GF processes to make demands of governments, and other stakeholders. Among other priorities, COMPASS partners demanded increased investments for HIV prevention, human resources for health, differentiated service delivery, infrastructure, drugs and commodities and community led monitoring.

A. PEPFAR COP Engagement

Malawi:
Malawi COMPASS partners led community consultations and engagement meetings with PEPFAR, governments, and other stakeholders in preparation for the COP regional planning meetings (RPM). Malawi is one of the countries that has achieved epidemic control, and during the COP23 RPM PEPFAR presented Malawi an award for the country's progress toward the UNAIDS 95:95:95 targets, with civil society recognized as having played a crucial role in achieving epidemic control. As such the conversation during COP RPM meetings was largely focused on what interventions are needed to sustain the gains made so far. As usual, civil society voices were critical in reminding all stakeholders in the room that epidemic control must be reached everywhere among all population groups.

COMPASS partners and the Malawi Civil Society Advocacy Forum (CSAF), with support from COMPASS Global Partners developed the People's COP document "Liu Lathu" in outlining civil society priorities for COP22 and COP23. During this period CSO and community asks targeted a wider range of stakeholders, including PEPFAR, government, and Global Fund.

Selected COP23 wins reflective of civil society demands include:

- Increase in CLM budget from $750,000 to $1,000,000.
- Increased oral PrEP coverage from 80% to 90% of female sex workers and exploited girls, and support for the government to fast track the rollout of injectable cabotegravir in collaboration with Blantyre Prevention strategy and other stakeholders .
- Increased viral load coverage from 70% to >85%.
- Increased salary support for laboratory workforce.
- Strengthened SRH/HIV integration at community and facility levels.

Tanzania:
The Key and Vulnerable Populations Forum (KVPF) led the COMPASS partners and other Tanzanian CSOs in COP22 and COP23 engagement. Activities included development of the People's COP "Sauti Yetu" for COP22 and COP23 with support from global COMPASS partners, and organizing accountability meetings with the government, PEPFAR, UNAIDS, and CSOs to highlight the community priorities laid out in People's COP. KVPF and global partners mentored COP22 and COP23 CSO representatives to present community priorities during the regional planning meetings (RPMs), and organized reflection meetings after the RPMs to identify wins, losses, strategies moving forward. KVPF and other civil society representatives also met with the PEPFAR country and global team to discuss improving PEPFAR-supported KVP programs in Tanzania, with a focus on addressing structural barriers and ensuring funds are allocated for KVP-specific CLM specific for KVPs.

DARE also won advances for AGYW and youth during COP23. As a result of DARE's advocacy efforts on meaningful engagement of AGYW in all critical COP processes, for the first time in the history of COP processes in Tanzania, the AGYW constituency was allotted two representatives for COP23, and the Ministry of Health via NACP is planning to establish a forum for youth to discuss HIV and SRH issues targeting youth in school/higher learning institutions. Furthermore, due to DARE's advocacy during PEPFAR's opening panel discussion during the RPM, PEPFAR adjusted their agenda to include a full-hour youth panel on the closing day of each week of the COP23 RPM. At the end of the youth panel, Amb. Nkengasong committed to starting a PEPFAR Youth Advisory Board and that he intends to work with young people as part of his core initiatives to address HIV related inequities.

Selected COP23 wins reflective of civil society demands include:

- Increase in CLM funding from $500,000 in COP21 to $1.6M.
- Continued PrEP scale-up with increasing national target increasing from 103,000 in COP22 to 694,000 in COP23, and PrEP budget allocations

increasing from $10M in COP21 to $18M in COP23. Investment on PrEP is done with a focus on additional priority populations and innovative packaging to reduce stigma and demand creating using targeted communication, as well as support to GoT to explore injectable cabotegravir and the dapivirine vaginal ring.
- Establishment and strengthening of Crisis Response Teams (CRTs) with a total allocation of $1.2M to respond to human rights and structural barriers to access to HIV and related services for KVPs in 12 regions supported by PEPFAR. Each region of the country has been given an allocation of $20,000 for all crises facing KVP in COP23.
- Scale-up of harm reduction services in key regions and adoption of recommendations on voluntary index testing.
- Small grants allocations for beneficiary led programming to address barriers to HIV services, promote PrEP and/or self-testing demand and uptake, strengthen community systems for HIV care and support treatment literacy for PrEP, ARV, and viral load.

Zimbabwe:
COMPASS partner Advocacy Core Team (ACT) organized and led country-wide consultations with CSOs and communities in the four main provinces in Zimbabwe, ensuring that priorities of CSOs in remote regions, at the grassroot levels and among LHIV communities were integrated in the demands to PEPFAR. ACT led in the writing of the Zimbabwe Community COP22 and Zimbabwe Community COP23 with support from the global COMPASS partners. ACT led much of the back-and-forth advocacy with PEPFAR teams at country levels, MoH, Global Fund, and other stakeholders on specific sticky issues and priorities for CSOs, and trained and mentored the community representatives to engage in the process.

My Age Zimbabwe participated in the PEPFAR youth consultative process to ensure that issues for AGYW with disabilities are well-integrated in the youth priorities for Zimbabwe for COP23. This includes leading the development of the 2023 TWG strategic areas of focus, including the amendment of the DHIS2 for the Ministry of Health and Child Care. They also advocated for the development of disability inclusive indicators, which will allow national data on HIV to be further disaggregated according to disability in addition to age and gender.

Selected COP23 wins reflective of civil society demands included:
- Continuation of MOSAIC, MATRIX and Project Engage to actively support MOHCC to prepare for rollout of new biomedical prevention products to increase access and choice.
- Continue to support the HRH harmonization strategy of the country.
- DREAMS will expand direct programming for ABYM in COP23 through scaling up Coaching Boys into Men, No Means No for Boys, and re-investment in strengthening the capacity of MoPSE to implement effective comprehensive sexuality education (CSE) that reaches both girls and boys.
- PEPFAR is in full support of the inclusion of a seat for the youth in the National CLM Steering Committee and to include youth-specific indicators in the CLM data collection tools and will support the notion in the next NSC meeting.
- PEPFAR agreed that LAM testing be provided to 100% of PLHIV who are hospitalized and provided to all PLHIV presenting to care in outpatient settings with signs of advanced illness or with CD4 Test results of <200/mm and they also agreed to have an AHD target of 14% of those newly initiated on Treatment (Tx New) As at end of this reporting period this request had been surpassed and stands at 33% <CD4 200, 4% Serum CrAG Positive and 16% TB LAM Positivity rate, while 136 sites were reporting AHD management- a huge win from when we started pushing for AHD in COP20 when PEPFAR was supporting zero sites.

Global Partners:
- amfAR and HEPS worked with COMPASS country coordinators and data champions to address COMPASS country data needs to support COP processes.
- Health GAP, amfAR, and AVAC supported the development of evidence-based community recommendations development and drafting of People's COP documents.
- amfAR, AVAC, Health GAP, HEPS and ICWEA supported partner engagement during the regional planning meetings, with Health GAP leading civil society coordination, including pushing for meaningful engagement of civil society in the new COP processes introduced in 2023.
- Health GAP updated and published its *Rough Guide to Influencing and Monitoring PEPFAR Country Programs* and facilitated the **PEPFAR Watch webinar series** to support meaningful civil society engagement in COP23 planning, with global and country COMPASS partners amfAR, AVAC, DARE, HEPS, Health GAP, ICWEA, KVP Forum, and My Age leading thematic webinars for a global audience of civil society colleagues on community priority topics like Pediatric HIV, CLM, PrEP, AGYW, KPs, and data analysis.
- Health GAP worked with civil society partners to develop its *Measuring Up* reports, which provided a side-by-side analysis of People's COP demands against wins and losses. The analysis can be used as a tracking tool to hold PEPFAR accountable to its commitments in the strategic direction summaries.
- AVAC engaged civil society partners on PEPFAR reauthorization, moderating a webinar "African Civil Society Mobilization for PEPFAR Reauthorization" and presenting civil society perspectives on the GAPP webinar "Is this the end of PEPFAR? The PEPFAR Reauthorization dilemma."

B. Global Fund-focused Advocacy

Unlike PEPFAR, which is a donor-driven program with Country Operational Plans, budgets, and targets negotiated with national governments and other stakeholders, but significantly informed by priorities and strategies designed by PEPFAR headquarters, the Global Fund (GFATM) program remains a country-driven program promoting country ownership and leadership in setting priorities and targets needed for a comprehensive HIV response. Strong and robust CSO participation in the design, planning and implementation of the GFATM program is needed in order to achieve a comprehensive HIV response that is centered around the priorities and needs of different populations.

In Year 5, AVAC developed and conducted a needs assessment among partners in the three COMPASS countries to determine civil society priorities for capacity building around engagement of the Global Fund. Based on the training priorities identified from the needs assessment, AVAC launched a series of capacity strengthening webinars on GFATM engagement to supplement the webinars offered by GFATM. The supplemental training made GFATM engagement more accessible to civil society and prepared them better for the engagement.

Country partners in the three COMPASS countries secured Global Fund CRG Technical Assistance to support increased COMPASS participation in the Global Fund Grant Cycle 7. AVAC supported the partners to develop and submit the applications. COMPASS partners were also among those leading the CSO Dialogues in the three countries and were part of the writing/concept note development teams.

Partners in all the three countries participated actively in the GF replenishment drive. For example, in Tanzania partners collaborated with GFAN to send letters and roses to embassies to thank them for their past contributions and requesting them to up their contribution. COMPASS partners also participated actively in the replenishment drives by pushing their governments to also pledge. The pledges per country were $1M per country in all the three COMPASS countries, this being the first ever pledge in all the countries.

Malawi:
COMPASS partners and other CSOs, led by MANASO, contributed to the development of the Global Fund GC7 funding request. Civil society priorities included scale up and introduction of PrEP options, removing human rights and gender-related barriers across programming, and last-mile condom programming.

Selected Wins:

- All CSO priorities under Community Systems Strengthening were included, and investments will go toward CLM, research advocacy and accountability.
- Principal recipients will provide small grants to KP-led organizations during the implementation cycle.
- Injectable cabotegravir will be scaled-up in the high-burden districts of Lilongwe and Blantyre.
- Dapivirine introduction was included in the above allocation.

Tanzania:

COMPASS partners engaged in civil society consultations to define community priorities for the GF GC7 request. KVPF leveraged the processes to push for community-driven structural barriers response mechanisms for KVPs and secured six representatives on the GF GC7 writing team specific for KVP interventions. In addition, COMPASS partners Sikika, BMF, 2FG, GABINET and TaNPUD participated in the development of community priorities for the GF GC7 FR, ensuring the inclusion of community systems strengthening, homeless children and adolescents, MSM and transgender communities, and PWIDs in the priorities. NACOPHA was selected to lead development of CLM content for the GF GC7 proposal.

Six COMPASS members were on the core writing team, with one COMPASS partner on the CCM.

COMPASS partners engaged in a national dialogue to discuss and merge community and government priorities in order to develop consolidated national priorities for the request. Civil society faced some challenges from the government in securing civil society priorities in the negotiations.

Selected Global Fund wins:

- The GF Investment in community-led monitoring (CLM) will be $1.3M to strengthen community engagement, implementation, coordination and accountability structures for effective DSD models and quality of care among HIV, TB and malaria service recipients.
- Allocation of $500,000 for establishment and operationalization of Crisis Prevention and Response Teams in eight Global Fund supported regions to create an enabling environment to increase access and uptake of integrated HIV Services among KVPs.
- $9.3M investment in human resources for health (HRH) to increase absorption, deployment, and retention of existing and new health workers and increase the competence, performance, and productivity of health workers, and operationalization of policies and guidelines for community health workers.
- Commitment to support scaling-up of oral PrEP and introduction of CAB-LA in the country as part of the comprehensive package for KVP groups in the country.
- Investment in KVP programming: $5.3M was allocated to expanding harm reduction services, $38.6M for AGYW intervention, $4.2M for MSM, $1.1M for FSW.

Zimbabwe:

COMPASS partners engaged in national dialogues hosted by the CCM. They also helped lead the **development of the Global Fund Community Charter**, which identified key priorities for funding from key community constituencies and will help advocates to track their requests against what was won.

Community priorities included:

- Addressing structural barriers impeding access for young people, women, KVPs.
- Addressing gender inequality and GBV.
- Expansion of KVP programming.
- Strengthening CSO coordination.
- Supporting youth leadership in Global Fund processes.
- Increasing CSO engagement in Malaria programming.

Selected Global Fund wins:

- Cascade analysis for key populations for the first time in GC7, enabling reporting of the HIV testing, ART, STI and PrEP cascade for key populations
- Targeting high risk AGYW for prevention, ensuring better access to biomedical services: Supporting 15,757 AGYW to receive PrEP during 2024-2026; Strengthening targeting sexual partners, including younger men, using results of the TA on characterization of male sexual partners.
- More focus on transgender community: 95% of people reached have access to, and use appropriate, prioritized, person-centered and effective combination prevention options.
- Expanded outreach programs from 12 MSM sites in the current grant to 24 MSM sites in the new grant; New sites targeting non-PEPFAR districts with high populations; size estimates of MSM and provision of oral PrEP for 32,192 over 3 years.
- Inclusion of People Who Use and Inject Drugs (PWUID) as a new KP group.
- Increased the number of sex workers reached from 49,729 in 2022 to 81,762 by 2026, activities include procurement of STI medicines and oral PrEP for sex workers in their diversity.
- Increase in the provision of oral PrEP to sex workers from 14,345 in 2022 to 20,364 in 2026 (or a total of 59,072 over 3 years.

Global:

- AVAC led Global Fund technical support to all three countries under COMPASS to advance understanding of and engagement in Global Fund

stakeholder processes. Increased access to Global Fund training and other TA has increased Global Fund-focused advocacy by COMPASS partners and other civil society partners in the COMPASS countries, as well as utilization of Global Fund Community Engagement Strategic Initiatives funds. Training by AVAC on how to access short term TA in the three countries led to concrete GF CE SI TA support in the three countries. In Zimbabwe CSOs managed to get support from GF CRG and were able to do consultative meetings, engage in writing and a costing consultant. They went on to package a CSO priorities charter which was used in the funding request writing process. In Tanzania the writing team assisted and secured AGYW and KP TA and also came up with a priorities charter. Malawi was assisted with access to TA and their submission saw an increased amount going to Community Systems Strengthening. AVAC support included ongoing virtual meetings and mentorship, and inclusion in the country writing group chats, where AVAC helped to strategize ahead of the funding request writing process.

- amfAR and HEPS worked with COMPASS country coordinators and data champions to address COMPASS country data needs to support GC7 processes.

- PZ and AVAC led the development of a proposal for COMPASS to become a short-term technical assistance provider for Global Fund in the next cycle (GC7). COMPASS was selected as a pre-approved short-term technical assistance provider for the next three-year cycle, and COMPASS country partners will provide peer to peer and expert based technical support to other civil society partners to strengthen meaningful engagement in global fund processes in the Eastern and Southern African region.

C. HIV Prevention Roadmap

At a time when new HIV infections are not falling fast enough, and resources are increasingly at risk of being diverted to other priorities, there is an urgent need to galvanize commitment and resources towards the HIV prevention response. *The HIV Prevention Roadmap* is meant to provide a basis for countries to scale up HIV prevention as part of fast-tracking a comprehensive HIV response to meet global and national targets and commitments. The Roadmap primarily focuses on the 25 countries that account for up to 75% of all adult new infections globally, the 'prevention Coalition countries' and all three COMPASS countries are part of the targeted 25 countries.

HEPS Uganda leveraged its membership in the UNAIDS Global Prevention Coalition and country experience of HIV Prevention Roadmap implementation advocacy to initiate the development of comprehensive HIV prevention advocacy agendas with COMPASS country partners. In Year 5, HEPS conducted in-person meetings in all COMPASS countries to introduce the new HIV Prevention Roadmap targets and strategize on how to lead advocacy at country-level to influence adoption of these new targets into the country's national strategic plans. COMPASS partners pushed for increased investments towards implementation of the prevention roadmap milestones. In Malawi and Tanzania, COMPASS partners worked with other CSOs at country level to develop CSO and community milestones towards the HIV prevention 2025 roadmap. These were subsequently used as an advocacy and engagement tool during in-country HIV prevention meetings, including the recent HIV prevention roadmap country milestone development meetings organized by National AIDS Councils (NACs).

COMPASS partners Kenneth Mwehonge, HEPS Executive Director, and Lilian Benjamin Mwakyosi, the Executive Director of DARE, joined Ambassador Nkengasong in a special AVAC PxPulse podcast *New Products are Needed and a New Paradigm is Essential: A new era in prevention?* and the role of the Roadmap.

During Y6, HEPS and AVAC joined forces with Frontline AIDS to strategically align the Frontline AIDS United for Prevention coalition (U4P) with COMPASS in championing the UNAIDS HIV Prevention roadmap advocacy across the three COMPASS countries.

This collaboration played a pivotal role in fostering connections between Frontline AIDS and COMPASS, resulting in the expansion of Frontline AIDS' geographical reach to include Tanzania. Notably, this collaboration led to the establishment of Tanzania's inaugural CSO prevention coalition, spearheaded and hosted by AGYW COMPASS partner DARE.

Furthermore, the partnership between Frontline AIDS and COMPASS partners culminated in the co-creation of the United for Prevention campaigns implemented in the three COMPASS countries. To strengthen this collaboration, HEPS and COMPASS country focal leads were invited to attend the Frontline AIDS inception and harmonization meeting in Johannesburg in June 2023. Four COMPASS partners from the three countries participated in this inaugural activity.

HEPS supported COMPASS country partners to develop tailored UNAIDS HIV Prevention roadmap advocacy work plans. These work plans guide country-specific roadmap advocacy campaigns and complement the U4P campaigns. The ongoing partnership aims to harness synergy and maximize impact within the three COMPASS countries as part of the United for Prevention Campaign.

D. Biomedical Prevention

COMPASS partners continued to advocate on the importance of choice in biomedical prevention, including pushing for the approval, introduction and rollout of CAB-LA and the dapivirine vaginal ring (DVR).

Malawi:

Overall HIV prevention in the country remains underfunded. The government generated considerable pushback on DVR, arguing that rolling out the ring will not make a significant impact on the response. Instead, advocacy efforts and resources should be directed towards CAB-LA. CSOs acknowledge the importance of CAB-LA and its anticipated impact on response, however emphasized that choice for communities matters and one product should not be promoted over another.

Despite the government's initial position, CSAF discovered that Malawi's stringent regulatory agency - the Pharmacy and Medicines Regulatory Authority - had actually approved the DVR for the country. This led CSAF to re-engage the government on rolling out the DVR, and with continued pressure from CSAF, the GoM expressed openness to further dialogue with civil society stakeholders on the subject.

The government of Malawi launched the long-acting injectable pre-exposure prophylaxis (PrEP) CAB-LA in September 2023. Additionally, the Malawi Injectable PrEP Path-to-Scale initiative was also launched. The Path-to-Scale initiative is a science implementation study that aims to answer pressing local

and global questions and support policy development that strengthens the global HIV response. The introduction of CAB-LA will support market access efforts, including introduction planning, market segmentation, financing, supply chain, large-scale implementation science studies and policy formulation. The drug supplies will be provided by PEPFAR through ViiV Healthcare. The implementation will mainly be in Lilongwe and Blantyre.

In year 6, DVR was included in the Global Fund GC7 request with a $400,000 allocation. Furthermore, PEPFAR committed to fund the feasibility study. The COMPASS Malawi coalition will continue to engage PEPFAR, Global Fund and the government to ensure that they fast track their commitments on DVR implementation in Malawi.

Tanzania:
In Year 5, DARE, KVPF, NNW+ and 2FG together led the formation of a coalition known as Tanzania HIV and AIDS Prevention coalition (THAPC) to continue engaging the government and regulators to push for the acceptance of a range of biomedical prevention commodities in the country. Subsequently, the United for Prevention Coalition (U4P) was formed under the leadership of DARE in partnership with Frontline AIDS, with the same members as THAPC, including COMPASS Tanzania partners. U4P continues the advocacy work initiated by THAPC, focusing on improving HIV prevention strategies in Tanzania. DARE's continued advocacy on the importance of choice in prevention options for young people included three dialogues, which brought together 50 AGYW to discuss the importance of choice in HIV prevention for AGYW, as well as the need for DSD models in HIV prevention.

In Year 6, COMPASS partners continued to engage with MOH, TACAIDS, development partners and other decision makers to push for the introduction of DVR and injectable cabotegravir in Tanzania. In addition,

- U4P Coalition, under DARE leadership, for the first time ever developed the national HIV prevention community perspective report, following the 10 action points from the HIV prevention roadmap, highlighting gaps in HIV prevention services and key recommendations from community perspective. The report is soon to be launched in the country.
- DARE trained 15 AGYW as HIV prevention peer educators in their communities. The peer educators aim to improve overall AGYW engagement and openness to new HIV prevention options and HIV services. Utilizing both in-person and social media platforms, these trained young women have been actively championing AGYW priorities at both national and regional levels. A notable achievement includes one of the peers receiving recognition as PEPFAR's HIV Youth Champion of the year 2023 during the Tanzania Health Summit 2023.
- KVP Forum engaged in the national PrEP technical working group, ensuring that the TWG engages key populations in identifying appropriate responses to address the increasing rates of seroconversion among KVPs in Tanzania.
- NNW+ participated with advocates from 10 other countries to contribute to the roadmap pathways for HIV prevention in pediatrics.

Zimbabwe:
In Zimbabwe, COMPASS partners facilitated community consultations processes to identify and articulate community priorities which were then pushed during the COP and GF processes, including:

- Scaling up efforts to ensure access to oral PrEP to key and priority populations, including AGYW, pregnant and breastfeeding persons;
- Implementation science studies for adolescent girls, FSW and MSM on new PrEP modalities to increase PrEP choices, including the dapivirine vaginal ring, long acting injectable cabotegravir, and event-driven PrEP;
- Scaling up new biomedical innovations (CAB LA, Dapivirine vaginal ring) to increase choice and reach among populations at substantial risk of getting HIV;
- Optimizing linkages and access to services for sexual and gender-based violence survivors including access to PEP within 72 hours;
- Intensifying the status neutral approach for HIV testing using the job aid for linkages to combination prevention, building capacity and mentoring health workers and communities.

Global level:

- AVAC created and shared nearly 20 resources for advocates on the full spectrum of biomedical HIV prevention products from research to rollout and real-time analysis of emerging developments. AVAC presented on Improving PrEP rollout, uptake and retention during the PEPFAR Watch webinar series for civil society advocates.
- AVAC facilitated meetings between COMPASS country partners and global leaders, including Winnie Byanyima of UNAIDS, Amb. John Nkengasong of PEPFAR, and Atul Gawande and Han Kang of USAID, to make the urgent case for faster and more equitable access to both the DVR and CAB-LA – while creating platforms for these leaders and policymakers to listen to and engage with civil society before making critical policy decisions.
- ICWEA was among the leaders including DARE that championed prevention and engaged leaders like Winnie Byanyima and Amb. John Nkengasong on prevention, with a strong focus on choice in prevention. As a result, UNAIDS hosted the first ever prevention meeting for women and girls in Africa, committed to championing the prevention agenda. This was followed by a meeting at the IAC in Montreal and later a meeting hosted by Amb. John Nkengsong that led to a session that featured discussion on the DVR by his scientific committee. This culminated into the launch of CHOICE Manifesto, which has become a global prevention campaign.

E. Community-Led Monitoring

In the first phase of COMPASS, coalition partners were instrumental in supporting the development and implementation of People's COPs and related approaches in collaboration with other civil society partners. As a result of this collective work, a range of funders have stepped in to support CLM and cite it as a core component of effective programming. However, more resources do not automatically translate into more impact. COMPASS partners are engaging in CLM efforts, as well as tracking civil society experiences with CLM investments, developing recommendations and reports, leading online skills-building and -sharing approaches and public-facing assessments of how to make CLM work for the people most impacted by HIV.

Malawi:
CSAF-led CLM in Malawi has been raising its profile by influencing both PEPFAR and government programs in areas perceived as gaps by recipients of care. These include improving confidentiality, increasing the numbers of service providers, increasing the number of facilities providing some key services, especially for underserved populations like KPs and AGYW and, in some instances, changing program direction.

CLM has promoted the growing membership of CSAF from 18 member organizations three years ago to 68 national NGOs by the end of 2023. CSAF-led CLM also increased interest in a number of organizations initiating CLM projects, so CSAF mobilized all NGOs in Malawi conducting CLM into a coordination mechanism to improve their CLM practices and unify the advocacy voice to key national stakeholders. Through this coordination CSAF is working towards synergizing PEPFAR and Global Fund-supported projects.

As of 2023 the national coordination on CLM had improved drastically. The teams implementing CLM came together and developed a training manual, facilitators guide, engagement guide and data matrix that will be used across all CLMs in Malawi.

Tanzania:
NACOPHA was selected to manage the CLM funds portfolio and be in charge of sub-granting to PLHIV clusters and other CSOs. In FY23, they also sub-granted 4 KVP-led CSOs to implement KVP-specific CLM in eight regions of Tanzania. By engaging the Ministry of Health and the Prime Minister's Office, NACOPHA got the government to integrate CLM into Tanzania's five-year Health Sector HIV Strategic Plan V 2021-2026 and the National Multisectoral Strategic Framework V 2021-2026.

In addition, NACOPHA and other CLM stakeholders developed a joint action plan for coordination of CLM efforts in Tanzania. The National CLM Coordination structure that emerged from the plan also aims to provide a central repository of all the CLM reports in the country for ease of collecting evidence for advocacy with PEPFAR, Government and Global Fund. In year 6, NACOPHA established a CLM database that enables the centralization of national CLM data, furthering their advocacy efforts to harmonize coordination of CLM implementation and monitoring. They also developed a CLM Toolkit primarily targeted to CLM efforts in the PLHIV community and disseminated the toolkit across 65 councils. Additionally, with technical assistance from Global Fund CRG, KVPF developed standardized national KVP-specific CLM tools. These tools were digitized utilizing COMMCARE. After their development, a series of training sessions were conducted to orient KVP-led CSOs before CLM implementations.

Zimbabwe:
Zimbabwe has 29 partners (14 leads plus 15 Consortium partners) implementing CLM in 10 Provinces and 33 out of the 41 PEPFAR Districts and 210 facilities and 266 community-based data collectors around the country. The CLM cycle is in its 2nd fourth phase of data collection. Emerging trends have been drug stock outs, condom gaps across the districts, stigma and discrimination trends especially affecting KVPs, high teenage pregnancies, substance and drug abuse, viral load coverage and turnaround and low coverage of childhood ART and TB. UNAIDS took over the CLM grant from ACT, and COMPASS Partners and ACT member ZNNP+ is hosting the CLM Coordination ACT continues to support CLM, pushes national advocacy using CLM among other data and uses CLM data to inform COP and Global Fund engagements and is a member of the National Steering Committee. A national CLM Strategy is currently under development under the leadership of a COMPASS program support team member.

Global:

- amfAR and HEPS selected and trained nine data champions from the three COMPASS countries on analysis and use of data for advocacy. Training topics included: intro to data concepts; Excel skills; analyzing data on PEPFAR, GFATM, DRM, KPs, sex disaggregation and DREAMS; and CLM. The data champions have started assisting other COMPASS partners in their countries to analyze PEPFAR POART data, as well as community data collected from CLM and GFATM data to sharpen the evidence required for advocacy in the countries.
- amfAR and Health GAP supported CLM efforts in Malawi and Zimbabwe and provided initial support to Tanzania, focusing on developing CLM survey tools, data collection, data warehousing, and data visualization and reporting systems. amfAR and Health GAP also co-facilitated with other partners an in-person CLM training in Johannesburg that included COMPASS colleagues from Malawi and Zimbabwe.

F. Key Populations Advocacy

In Tanzania key population partners have been facing increasing criminalization and crackdowns as part of a wave of anti-KP sentiment that has been impacting many countries on the continent and across the globe. KP COMPASS partners KVP Forum, GABINET and TaNPUD have been leading campaigns to promote KP human rights and access to HIV services in an increasingly insecure climate. Notable activities include:

- GABINET, TaNPUD and KVP-Forum have been documenting and responding to crackdowns on LGBTQ+, PWUD and sex worker communities, including through the development of KP safety and security plans and community orientations on awareness, safety and security. COMPASS partners have also been sensitizing law enforcement to improve their interactions with KP communities.
- GaBINET, in collaboration with KVPF, facilitated a collaborative advocacy meeting with the Police Gender Desk, NACOPHA, NYP+, and other KVP-led organizations to establish a unified approach to address gender-based violence (GBV) challenges faced by Key and Vulnerable Populations in Tanzania. This inclusive gathering involved the comprehensive training of 50 participants from 12 regions. Conducted by the Police Gender Desk focal person, the training equipped attendees with the necessary knowledge and skills to adeptly handle and address GBV cases within their respective communities, emphasizing a shared commitment to fostering safer and more inclusive environments.
- KVPF directly engaged PEPFAR's John Nkengasong, Global Fund's Peter Sands, and UNAIDS' Angeli Archreker during an in-person meeting in Tanzania that AVAC helped to secure. During the meeting KVPF sought the agency leaders' interventions in pushing the Tanzanian government to improve the legal and operating environment for KVPs in Tanzania.
- AVAC helped KVPF draft a letter to Amb. Nkengasong from PEPFAR requesting him to meet with KVPF during his planned visit to Tanzania. This led to a face-to-face meeting between KVPF and Ambassador Nkengasong, with the surprise participation of Angeli Achrekar from UNAIDS, and Peter Sands from Global Fund. The meeting resulted in all three agency leads committing to supporting crisis response for KPs in Tanzania.
- Health GAP led weekly civil society coordination calls to monitor the anti-LGBTQ+ legislation in Uganda and engage regional and global advocacy partners on solidarity actions and legal challenges to the legislation.
- AVAC supported the PWID networks of Malawi, Zimbabwe and Tanzania among others to develop the declaration affirming the rights of women who use drugs. The declaration was launched during ICASA.

Objective 2: Increased allocation and/or improved use of HIV-specific human, financial and technical resources from national governments, ODA (PEPFAR and GFATM) and/or private sector to critical, effective programs and partners on the frontlines of the HIV response, with a focus on DSD models for combo HIV Px and treatment, achieved where possible through integrated programs.

Malawi:

- CEDEP with JONEHA participated in the development of the Health Financing Strategy in Malawi as well as an operational plan for the implementation of the strategy.
- COWLHA continued advocating for the inclusion of Community ART Groups (CAG) in Malawi's DSD operational manual, and collected and analyzed data on the piloting of CAGs in two districts in Malawi to build the evidence base for inclusion of the CAG model in the DSD manual.
- JONEHA continued to engage the National Local Government Finance Committee (NLGFC) on increasing the devolution of drug budget, which began in 2022 with a 10% devolution of the drug budget. The NLGFC reported identifying some areas that require improvement before raising the

devolution of the drug budget currently at MWK1.7 billion which has been fully disbursed. Additionally, JONEHA also engaged different stakeholders like the Ministry of Justice, Malawi Police Service and different Magistrates to appraise the progress on the utilization of the Pharmacy Medicines Regulatory Authority Act (PMRA) Act of 2019. JONEHA and COMPASS partners learned that a total of seven cases were charged using the PMRA Act of 2019. JONEHA continued to advocate for completion of the recapitalization of Central Medical Stores Trust to increase its capacity for procurement of drugs/essential medicines and the government of Malawi committed to complete the recapitalization of CMST during the 2023/24 budget revision process.

Tanzania:

- Sikika was identified by DRM stakeholders (both government and CSOs) in the country as a resource hub of national health budget analysis for DRM advocacy. This formal recognition is important as it will make it easier for Sikika to mobilize more allies in compelling the government to be more committed towards DRM. The Budget Analysis reports developed by Sikika are being used by the Ministry of Health and the Parliament during budgeting sessions to support increased allocations from levies collected from mobile money transfers to the AIDS Trust Fund (ATF).
- Sikika and AIDS Trust Fund (ATF) organized a meeting to integrate frameworks to advance domestic resource mobilization for health, including the National HIV/AIDS Spending Assessment, Investment Case 2.0, National Health Account, and Public Expenditure Review frameworks. This strategic meeting created a more organized framework for public domestic resources to the HIV response.
- BMF collaborated with the MOH to host a series of multi-sectoral consultative meetings to identify challenges to HRH management in Tanzania, resulting in an inter-ministerial remedial plan for addressing HRH deployment barriers in the country. This included the release of 17,303 employment permits for the period 2022/23 allocated to primary care facilities, making a reduction of the HRH gap by 16.3%. Moreover, the 2021 government endorsement of National Health Workforce Volunteerism Guidelines resulted in the recruitment of 1,318 HRH volunteers during 2022/23 allocated to 21 regional referral hospitals.
- BMF co-facilitated the National Community-Based Health Program (CBHP) Tanzania Advisory Committee (TAC) meeting, during which a six-month training curriculum for community health workers was developed. The curriculum will be launched in 2024 under the integrated community health service package.

Zimbabwe:

- BHASO and ZiCHIRe engaged the National AIDS Council to roll out Social Contracting to fund expansion of differentiated service delivery models. ZiCHIRe received the Social Contracting Funds to scale up the Brother to Brother DSD model and BHASO was targeted to receive funding for scaling up the Out of Facility Community ART Distribution (OFCAD) DSD model.
- ACT and ZiCHIRe led engagements of parliament on issues of domestic health financing, leading to the Parliamentary budget and health committees agreeing to the formation of a Budget Expenditure Monitoring forum to track and monitor resources and engage on issues of health financing. The Ministry of Health and Ministry of Finance are now meeting regularly to track disbursement and utilization of domestic resources by the MoF. Further, the Permanent Secretary of Health approved Zimbabwe's Multi-Sectoral Accountability framework, which has long been an advocacy priority for COMPASS partners.
- ZiCHIRe met with the Financial Technical Working Group and secured buy-in from members for a budget tracking and expenditure monitoring task force which is a key step in winning support from parliament to establish a taskforce for resource tracking, utilization and allocation. ZiCHIRe's participation in the government Health Financing Technical Working Group produced an action plan for 2023 that seeks to strengthen systems to regularly measure and monitor spending on PHC services and increase domestic resources for health.
- ACT conducted health budget literacy trainings for the public with key visits to remote areas to:
    - Enhance citizen participation in the budget process
    - Capacitate citizens with information to demand for DRM for health,
    - Mobilize citizens to demand for increased funding for health
    - Increase demand for health priorities

Global Partners:

- AVAC co-hosted Africa Health R&D Week. The event is an annual forum to catalyze a continental movement that builds bridges between researchers, policymakers, regulators, civil society and community members committed to Africa's health transformation through health.
- AVAC convened the Domestic Resource Mobilization (DRM) Learning Collaborative to facilitate sharing of strategies and lessons learned between COMPASS partners and other AVAC partners working on DRM.

Objective 3: Improved Country, regional and global responses to COVID-19 and health security to secure global equity and community-led action plans.

COMPASS partners continued to monitor the impacts of COVID-19 and push for improved pandemic preparedness and response at the national and global level.

- COMPASS Tanzania partner 2FG is actively engaged with EANNASO as part of the regional think tank efforts in PPPR. In the country, they participated in several meetings to give community perspectives on PPPR that contributed to the transformation of National AIDS Control Program (NACP) to National AIDS, STIs and Hepatitis Control Programme (NASHCoP).
- Tanzania partners Sikika, NACOPHA and KVPF tracked the impacts of COVID on health services for PLHIV, KVP and AGYW in Tanzania, and presented their findings to respective regional health management teams for redress and improved health systems preparedness. All COMPASS partners also continued their work to counter the huge anti-vax movement in Tanzania.
- AVAC led several global-level engagements to ensure the lessons of the HIV response are embedded in PPPR to protect the global gains of the HIV response:
    - Provided guidance and organizational support to civil society delegation on the Pandemic Fund Board.
    - AVAC and HEPS Supported drafting and editing of WHO report on gaps in medical countermeasure development, allocation, and distribution.
    - Held meetings with key Pandemic Accord negotiators to promote civil society priorities and provide analyses on draft texts.
    - Produced policy briefs, podcasts, and blogs outlining key issues for civil society intervention in UN High-Level Meeting on PPPR and Pandemic Accord negotiations.

COMPASS Africa Y6 Campaign Outcomes Table

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 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.

Country	Campaign Theme	# campaigns	Results
Malawi	DRM/ National Financing	2	**CEDEP/MANET+ and JONEHA** played a critical role in the development and finalization of the Malawi Health Financing Strategy that was launched in 2023. They will continue playing an instrumental role in the operationalization between 2023-2025, creating a significant window to influence increase in domestic resources for health. Despite a decrease in the allocation for health in the national budget to 9% from 10% allocated previously the actual monetary figure was more in year 6 than year 5 owing to the increase in the national health budget.
			JONEHA engaged judiciary, PMRA, Malawi police and Ministry of Justice to scale up dissemination and validation of the Pharmacy Medicines Regulatory Authority Act, which aims to stem drug theft and pilferage, which contributes to drug stock-outs. JONEHA continued to follow up with parliamentary committees on budget and finance and ministries of health and finance to advocate for recapitalization of the central medical stores. Roadblocks included weak economic growth and inflation and the devastation of Cyclone Freddy. JONEHA continued to follow up throughout the year.
	Key populations	1	**LITE** advocated for the integration of sexual orientation gender identity and expression (SOGIE) into comprehensive sexuality education for health care workers and police in Malawi. LITE partnered with Lilongwe University of Agriculture and Natural Resources Department of Human Ecology to pilot a SOGIE curriculum which they will eventually aim to have approved by the National Council for Higher Education.
	Differentiated Service Delivery	1	After a multi-year campaign to promote CAGs as a DSD model, MoH tasked **COWLHA** with developing the community component of the operational manual of the DSD model in Malawi. CAGs are in the DSD operational manual draft which is pending approval. Once approved the model will be officially adopted.
Tanzania	DRM/ National Financing	1	GoT increased the HIV/AIDS-related vertical budget allocation from 0.2% in 2022/23 to 4.5% in 2023/2024, in line with **Sikika's** campaign targets; this includes the domestically financed AIDS Trust Fund (ATF). In 2023/2024, there was an 88% increase in allocation to the ATF directly from the national government's budget. The President of Tanzania also signed the Health Insurance Bill in November 2023, making health insurance mandatory for all citizens, a move that aligns with Sikika's advocacy for strengthened domestic financing mechanisms in health care to achieve UHC. The government committed to use domestic resources to subsidize health insurance for approximately 26% of the population who cannot afford it.
	Key Populations	2	**KVPF and GABINET** influenced the establishment of the Crisis Prevention and Response mechanism (also known as Violence Prevention and Response) in Tanzania to enhance the quality of HIV and related health services for KVPs by timely addressing violence facing KVPs and other related structural barriers at their localities to ensure access to services without stigma and discrimination. The mechanism is funded by PEPFAR ($1.2M) and the Global Fund ($500,000) to be implemented in 20 regions (12 PEPFAR supported, and 8 GF supported) with KVP programs.
			TaNPUD's advocacy to increase availability of harm reduction services in Tanzania, including in prisons, contributed to GFATM's commitment to scale up harm reduction services during GC7. 10 CSOs in 10 regions will be funded to implement the Needle and Syringe Program (NSP) scale up and 9 CSOs to implement Medical Assisted Therapy (MAT) services. GF approved more than $5M to harm reduction services scale up. Government under Drug Control and Enforcement Agency (DCEA) committed to scale up MAT services including in Prisons settings. Already, the establishment of MAT services in Ruanda prison in Mbeya and construction of MAT facility in Chalinze and Muheza is underway. The construction is expected to be complete during the next GF implementation cycle of 2023 to 2026.

	CLM	1	**NACOPHA** through its secretariat role to administer the national Community Led Monitoring program motivated the government to integrate CLM into Tanzania's five-year Health Sector HIV Strategic Plan V 2021-2026 and the National Multisectoral Strategic Framework V 2021-2026. NACOPHA has facilitated a joint coordination structure and action plan which includes a central repository for national CLM data.
	SRH/HIV integration, AGYW	3	**2FG** advocated for increased access to HIV and SRH services for homeless youth and street children among PEPFAR and GF funding priorities**.** Global Fund prioritized Children and Youth Living and Working in the streets (CYLWS) as one of the priority populations to benefit from the national HIV response for GC7. PEPFAR committed to include CLWS as priority populations that will be targeted with the DREAMS program AGYW living and working on the streets will also be reached through the PEPFAR OVC program.
			DARE advocated for meaningful engagement of AGYW in policy, decision-making and leadership processes. Government of Tanzania through the Tanzania Commission for AIDS (TACAIDS) and National AIDS Control Program (NACP) committed to establish a Youth Council for HIV/AIDS as platform for young people to discuss their HIV related matters. TACAIDS committed to ensure AGYW are represented in all existing Management of AIDS Committee at village, ward, and council-levels. Youth representatives contributed in PEPFAR and Global Fund committing resources for the procurement of DVR and CAB-LA, beyond implementation sciences, as part of the bio-medical HIV prevention strategies in Tanzania once adopted by the government.
			As a result of Community Scorecard (CSC) results dissemination by **NNW+** to relevant government departments and stakeholders: Kilosa and Mpwapwa councils conducted community outreach on cervical cancer; more cases of women and young girls diagnosed with cervical cancer were linked to treatment and others were referred to hospitals for higher-level care.
	HRH	1	MoH deployed Health Workers to six regions through National Health Workforce and Volunteerism Guideline (NHWVG) at Primary Health Care Facilities that was the centerpiece of **BMF's** campaign. GoT released 8,070 Government Human Resource for Health (HRH) Work Permits that contributed to 2% reduction of the overall HRH gap. GoT has mainstreamed BMF supported Volunteers as fulltime employees. 1,318 health volunteers were allocated to regional referral hospitals in 21 regions. Local Government Authorities (LGAs) are allocating budgeting for their Comprehensive Council Health Plans to deploy health care workers through NHWVG. The Government has established the Human Resource for Health Information System (HRHIS) dashboard to track the national progress in a coordinated and structured manner.
Zimbabwe	DRM/National Financing	2	**ZiCHIRe** pushed for increased resources for health through targeted taxes. National AIDS Council increased the number of CSOs receiving funding from targeted taxes, as well as the amount of funds provided to CSOs through social contracting.
			ACT - conducted community budget literacy sessions. This year, an extra layer of also using community radios was used to expand reach of community members that participate. The literacy sessions were also used as a mobilisation platform for communities to participate in National Budget making processes. - conducted Health Policy Dialogues in Harare, Mutare, Bulawayo and Masvingo, meeting with Health Shadow Ministers from Political Parties were asked to present their Health Policy Manifestos and make commitments on how they intend to approach some of the challenges the health sector is facing. Among some of the commitments made are addressing per capita spending, increasing number of health care workers and their remuneration, availability of essential drugs and access-related barriers. Most of these commitments will be followed up immediately after the elections. - conducted two sensitisations with Parliament, to discuss health financing and the role Parliament could play in expenditure tracking.
	PLHIV/AHD	1	Ministry of Health and Childcare in partnership with **ZNNP+** capacitated a total of 654 health facilities out of 1706 on Advanced HIV Disease Management. In the process health practitioners and community cadres were trained to screen for AHD. PEPFAR and Global Fund committed resources to facilitate provision of AHD Management services in GF and PEPFAR supported districts.
	SRH/HIV integration, AGYW	1	**ACT** continued to push for the lowering of the age of access to SRH/HIV services for adolescents. The proposed amendments to the age of access laws were adopted as the formal recommendations of the Joint Committees Parliamentary Portfolio Committee on Health and Senate Thematic Committee on HIV to the Ministry of Health and Childcare.
	Key	1	**GALZ** supported 4 KP representatives to engage in GFATM GC7 country processes to push for improved HIV

	Populations, Global Fund		testing, prevention and PrEP services for MSM, including influencing resource allocation modalities to optimize MSM program performance. GALZ worked with the Zimbabwe KP Forum to push for the removal of human rights-related barriers to prevention for sex workers and an enhanced package for young women who sell sex. They designed tailored and differentiated packages of services for young MSM and male and trans sex workers in response to the 2022 HIV Gender Assessment findings during the GF GC7 writing.
	Differentiated Service Delivery	1	**BHASO** advocated for the increased availability and accessibility of DSD models with stakeholders, including local and national governments, PEPFAR implementing partners and civil society. Ministry of Health and Childcare through the Care and Treatment Performance- Strategic Information report (June 2023) has noted an increase in patient DSD coverage from 41% in 2022 to 47% (472,104) in 2023.
	Youth, AGYW	1	**My Age** advocated for the inclusion of young people with disabilities into HIV/SRH/TB/COVID guidelines and tracking, which led to the inclusion of disability indicators in the following: - Zimbabwe National Family Planning Council's Monitoring and Evaluation Systems, which will allow for identification progress, gaps, and challenges in the response to Sexual Reproductive Health and Rights for persons with disabilities including AGYW. - The Ministry of Health and Childcare through the Permanent Secretary has committed to include disability responsive indicators in the DHIS2 to strengthen availability of data and evidence that can inform decisions on policies, resources, and interventions. - National AIDS Council through the National Monitoring and Evaluation Director has committed to include disability indicators in the National Core-Output Indicator framework for the national response to HIV and AIDS which is targeting AGYW as one of the priority populations.
	Youth, PEPFAR, GFATM	1	**Youth Engage's** campaign aimed to strengthen meaningful youth participation in PEPFAR and GFATM processes. Youth Engage established a youth constituency who participated in youth consultations to ensure the priorities of young people around SRH/HIV were represented in the community priorities for PEPFAR and GF. Youth were trained on how to set priorities and present and their priorities were presented by a representative during community consultations.
	TB	1	**UAN** through Community Health Workers strengthened the referral pathway and reporting system for presumptive cases on TB.

Objective 4: Sustaining and evolving the COMPASS coalition to set the standard for transnational coalition-based, Africa-led activism via a milestone-driven, partner-led transition to African leadership, management and grantmaking.

In COMPASS 2.0 a significant internal focus of the coalition was defining a concrete framework for the leadership shifts as the COMPASS coalition approaches its anticipated third phase in 2024. This led to the development of the *COMPASS Governance Manual* and accompanying governance manual operationalization plan as a roadmap for shifting leadership and sub-granting approaches to African partners, as well as capacity building initiatives to ensure technical expertise on essential skills such as MERL and data analysis are owned by African partners. At the end of COMPASS 2.0 in November 2023, AVAC fully handed over the COMPASS prime and secretariat roles to PZ.

Global virtual Strategy Labs
COMPASS partners kicked off each year of COMPASS with all partners convening virtually for strategy lab. The online sessions included reflections on the previous year of COMPASS, sharing of lessons learned and challenges, reviewing the coalition strategy, and discussion of the coalition health scorecard findings and how they would inform the coming year of COMPASS. In Year 6, the governance working group and the executive directors of PZ and AVAC launched the Governance Manual, kicking off the new governance approach within COMPASS and provided a roadmap for the handover of the secretariat from AVAC to PZ.

Governance
In Year 5, COMPASS convened a cross-coalition governance working group to define and codify new African partner-led governance approaches and structures into a governance manual. The COMPASS Governance Working Group completed the governance manual drafting process and presented the document to partners in all three COMPASS countries for feedback during in-person validation meetings. With the manual validated by the coalition, in Year 6 COMPASS convened a governance manual operationalization task team (GMOTT) to map out a plan to operationalize the manual by the end of 2024, including formation of the new participatory Governance Committee, and process for reviewing and refreshing sub-granting processes.

COMPASS leadership transition
Over the course of COMPASS 2.0, AVAC implemented a phased handover of the COMPASS prime and secretariat roles over to PZ. This included:

- A phased handover of COMPASS sub-grants from AVAC to PZ, starting with piloting sub-grants management for all Zimbabwe partners
- Monthly calls to share SOPs, templates and process documents
- Phasing secretariat duties over to PZ over the course of Year 6 to ensure a smooth handover and complete onboarding of PZ as the secretariat
- Inclusion of PZ in conversations with BMGF and support for PZ as the lead in developing the COMPASS 3.0 proposal
- A visit to all three COMPASS countries to provide an in-depth overview of the transition plan, listen and respond to partner questions and recommendations for the transition, and talk about next steps for operationalizing the new governance framework.

AVAC will continue to serve as an advisor to PZ as needed during COMPASS 3.0 to support a successful leadership transition.

COMPASS 3.0 strategic planning

AVAC as the coordinator of the COMPASS program support and strategy team facilitated coalition-wide strategy reviews to refresh the COMPASS strategy for COMPASS 3.0. The draft COMPASS 3.0 strategy was then reviewed during in-person COMPASS country strategy consultations and a virtual Global Partner strategy session. The country consultations focused on not only validating the coalition-wide strategy, but refreshing the country-level advocacy strategies in alignment with the global areas of focus.

Organizational Capacity Strengthening
PZ provided ongoing organizational capacity strengthening support to the seven Zimbabwe sub-grantees. PZ conducted baseline organizational capacity assessments of each partner, which included in-person visits to each sub-grantee for discussions on capacity strengthening needs, a review of existing templates, records and resources, and evaluation of organizational standard operating procedures for financial management, procurement, and human resources. Based on the findings from the baselines, PZ conducted ongoing virtual and in-person financial and organizational review meetings to provide training and mentorship to address the needs and gaps identified. PZ also provided support in strengthening and standardizing sub-grant reporting. In COMPASS 3.0 PZ will scale up this organizational capacity support model to partners in Malawi and Tanzania.

Data Champions
amfAR and HEPS launched the Data Champions initiative, which focuses on building a skilled cadre of "data geeks" in each country to provide support in the use of data for advocacy by civil society partners and develop a sense of ownership of data expertise among country partners. amfAR and HEPS trained 9 data champions across the three COMPASS countries on key areas of data analysis and use for advocacy within COMPASS, including: intro to data concepts; Excel skills; analyzing data on PEPFAR, GFATM, DRM, KPs, DRM, sex disaggregation and DREAMS; and CLM.

Country-level Strategy Labs
The country coalitions in Malawi, Tanzania and Zimbabwe held in-person country-level strategy labs to bring together all in-country COMPASS partners to share and reflect on partner campaigns, update their landscape analyses and country-level priorities for each year of COMPASS 2.0, and workshop their campaign strategic action plans for the coming year. These strategy labs were also opportunities for the COMPASS country coalitions to engage and inform non-COMPASS CSO partners about the planned advocacy campaigns. Global Partners developed their annual work plans in response to the strategies and priorities identified by each country's coalition.

COMPASS at ICASA 2023

COMPASS had a strong representation at ICASA 2023, showcasing not only COMPASS advocacy but also the COMPASS governance work and MERL approaches.

Oral presentations included:

- **TaNPUD:** Scaling up Harm Reduction Services for People who Inject Drugs in Tanzania: Reaching The Last Mile PWID Communities
- **MERL HUB:** COMPASS MERL Model: Innovative Tools for Planning, Monitoring, and Evaluation of Advocacy Campaigns.
- **Advocacy Core Team:** COMPASS Program Support Team member Dr. Donald Tobaiwa gave a plenary presentation on experiences with CLM in Zimbabwe.
- **DARE:** Dr. Lilian Benjamin Mwakyosi, executive director of DARE, was selected as a **plenary speaker** for ICASA. Her session highlighted the importance of youth engagement in the development and implementation of sexual and reproductive health policies at the national, regional and continental levels.

Poster presentations:

- **MERL Hub**: Redefining Coalition Governance and Leadership in Support of Decolonizing Global Health: The Evolution of the COMPASS Coalition
- **2FG:** Realities Faced by Street Children Predisposing them to HIV and STIs in Dodoma and Dar es Salaam Cities in Tanzania
- **NACOPHA:** Implementing Community Led Monitoring for Improved Quality of HIV Services in Tanzania
- **Francis Luwole (Tanzania country coordinator):** Impact of Social Media Exposure on HIV Services Uptake among Tanzanian Young People: Implications for Enhancing the HIV Response
- **TaNPUD/KVPF:** Lessons from Crisis Response from TaNPUD in Enhancing Harm Reduction from 2015 to 2018
- **COWLHA:** Effective Strategies for Operating COWLHA Support Groups of Adolescents Living with HIV: Case of Mangochi and Chikwawa Districts of Malawi

Other key activities:
- **COMPASS hosted a community networking zone** where the COMPASS country coordinators from Malawi, Tanzania, and Zimbabwe presented on COMPASS advocacy approaches.
- At ICASA AVAC coordinated COMPASS partners to develop a **letter to PEPFAR from African CSOs to advocate for PEPFAR reauthorization.** The letter received 350 African CSO signatories.
- **Lillian Mworeko, the Executive Director of ICWEA, was the Community Programme Chair** and played an important role in advancing the agenda for communities, CSOs and COMPASS focus areas.

Monitoring, Evaluation, Results and Learning (MERL)

- **MERL officially launched the MERL Handbook for Advocacy** for use by partners in tracking progress and evaluating impact of advocacy initiatives. The MERL team also developed an accompanying reference book with examples from actual COMPASS campaigns to support partners to use the tools in the handbook.
- The MERL team held **annual in-country COMPASS MERL Roadshows** in Zimbabwe, Malawi and Tanzania. The trainings were co-facilitated by MERL Champions in each country, and participants were drawn from diverse stakeholders at country level, including policy makers and COMPASS Africa collaborators and allies. The trainings were mainly centered on practical application of the COMPASS MERL Handbook for Advocacy Champions. Participatory techniques were utilized throughout, including group discussions, drawing, reflection exercises, music and games. SPARC stories highlighting significant outcomes of COMPASS work in each country were produced as a result of the MERL Roadshows.
- COMPASS **expanded the MERL Champions program** to address the growing need for sustained MERL support at country-level and increase MERL integration into country coalition operations. Eight new champions were integrated into the MERL Champions network. There are now 18 MERL Champions supporting COMPASS partners across the three countries. Terms of reference were developed and endorsed by MERL champions to

guide their role and contributions to the coalition.

- **The MERL team and MERL Champions developed bi-annual COMPASS Coalition newsletters and disseminated them to the coalition.** The newsletters featured country SPARC Stories and highlights from Virtual Strategy Labs and the MERL Roadshows. The COMPASS newsletter continues to be a medium for learning and highlighting key coalition outcomes among partners.
- **MERL developed a case study on the COMPASS governance evolution.** The case study will be finalized and shared in early 2024.
- **MERL conducted third and fourth rounds of the coalition health scorecard.** Core focus areas of the coalition health scorecard are as follows:
    - Vision, Goals, and Advocacy Impact,
    - Governance and Communication,
    - Collaboration, Linking and Learning,
    - Strategic Planning and Implementation.

MERL will be sharing key findings from the 2023 scorecard during COMPASS strategy lab in March 2024.