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COMPASS

THE COALITION TO BUILD MOMENTUM, POWER, ACTIVISM, STRATEGY & SOLIDARITY IN AFRICA

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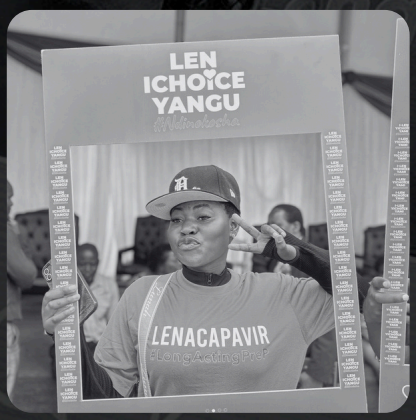


COMPASS Africa

Edited by: Fortune Marangwanda

COMPASS PARTNERS PARTICIPATE IN ZIMBABWE'S LAUNCH OF LENACAPAVIR

COMPASS partners were among the organisations that participated in Zimbabwe's national launch of Lenacapavir (LEN), a new long-acting HIV prevention option, held on 19 February 2026 in Epworth, Harare. The event was led by the Ministry of Health and Child Care with support from the National AIDS Council and brought together government officials, development partners, civil society organisations, and community groups.

The launch positioned Zimbabwe as a regional leader in expanding equitable access to innovative HIV prevention options. Lenacapavir is a long-acting injectable form of Pre-Exposure Prophylaxis (PrEP) administered just twice a year, providing up to six months of protection against HIV. This new option offers an alternative for individuals who face challenges with daily oral PrEP, including AGYW, young people, key populations, and underserved communities.

PZ Executive Director Imelda Mahaka

"The introduction of Lenacapavir demonstrates that prevention progress is as much a political choice as it is a scientific one. Introducing long-acting prevention strengthens our national response and signals regional leadership in expanding prevention options for those most at risk."

Honourable Minister of Health and Child Care Dr. Douglas Mombeshora emphasised the government's commitment to ensuring that innovations strengthen the national HIV response. *"My Ministry has prioritised strong policy foundations to support this rollout, from guidelines and health worker preparedness to supply systems and community engagement. Our goal is simple: to ensure that new innovations strengthen our health systems and serve the people most at risk."*

He also noted that the government will continue to work with partners, including The Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations system, to mobilise resources needed to expand access to HIV prevention methods and sustain gains made in the national response.

P.Z team at the launch

Harare, Zimbabwe

Lenacapavir offers important advantages by reducing the burden of daily adherence, improving privacy, and helping individuals overcome barriers such as stigma, mobility challenges, and inconsistent access to health services.

Zimbabwe's rollout of Lenacapavir demonstrates that prevention innovation is most effective when it is equitable, community-driven, and supported by strong partnerships between government, civil society, and development partners.

By expanding prevention choices and improving access to long-acting technologies, Zimbabwe is strengthening its response to HIV and accelerating progress toward ending new infections and achieving epidemic control.

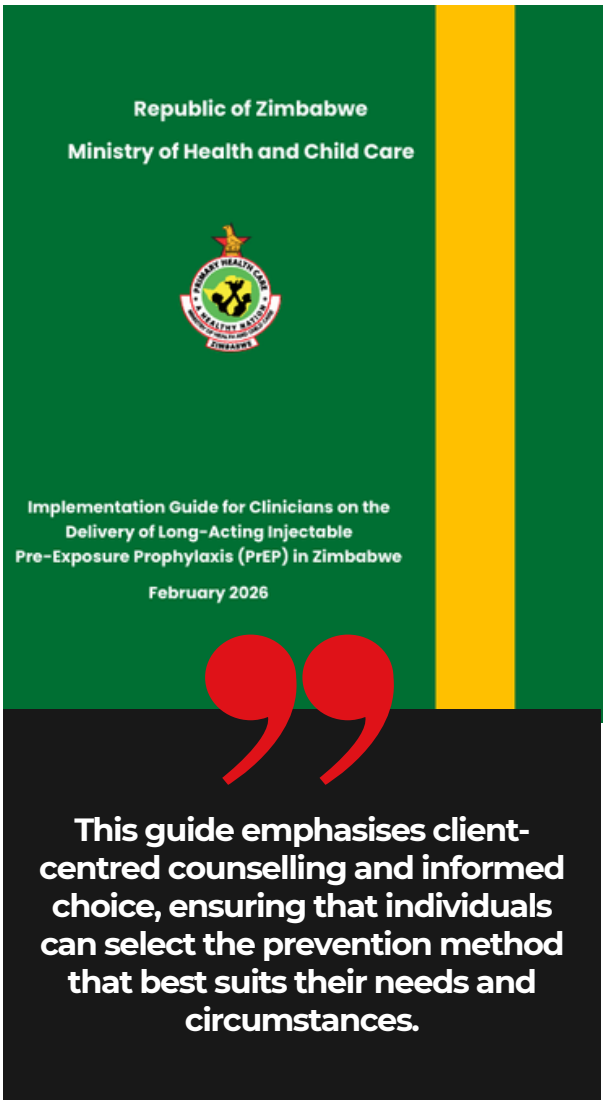
U.S Embassy Rep, NAC CEO and Minister of Health and Child Care touring stands

Harare, Zimbabwe

COMPASS PROVIDES TECHNICAL ASSISTANCE FOR NEW LONG-ACTING INJECTABLE PREP IMPLEMENTATION GUIDE

In February 2026, COMPASS, through the secretariate, Pangaea Zimbabwe provided direct technical assistance to the Ministry of Health and Child Care in the development of the Implementation Guide for Clinicians on the Delivery of Long-Acting Injectable PrEP in Zimbabwe. The guide is an important document in strengthening the country's HIV prevention response and expanding access to innovative biomedical HIV prevention options.

COMPASS PROVIDES TECHNICAL ASSISTANCE FOR NEW LONG-ACTING INJECTABLE PREP IMPLEMENTATION GUIDE



The organization's support helped ensure that the guide provides practical tools for clinicians, enabling the safe, effective, and equitable rollout of long-acting injectable PrEP services across Zimbabwe ensuring the guidance reflects global evidence and aligns with Zimbabwe's national HIV prevention strategy. This effort contributes to strengthening service delivery and expanding access to innovative HIV prevention interventions within the country's health system.

The new implementation guide provides healthcare workers with standardized, evidence-based guidance on the delivery of long-acting injectable pre-exposure prophylaxis (PrEP), including the use of Cabotegravir and Lenacapavir, which offer longer-lasting protection against HIV infection. These options expand the range of prevention choices available to individuals at substantial risk of HIV acquisition.

Zimbabwe has made significant progress in reducing HIV infections and AIDS-related deaths over the years. However, new infections remain high among certain populations, including adolescent girls and young women and other populations at increased risk. The introduction of long-acting injectable PrEP will help to address these challenges by improving adherence and offering more convenient prevention options compared to daily oral medication.

The implementation guide supports clinicians and program managers by providing step-by-step guidance on identifying eligible clients, initiating injectable PrEP, monitoring patients, and managing follow-up care. It also outlines key clinical considerations such as HIV testing requirements, counselling, dosing schedules, and pharmacovigilance reporting for adverse drug reactions.

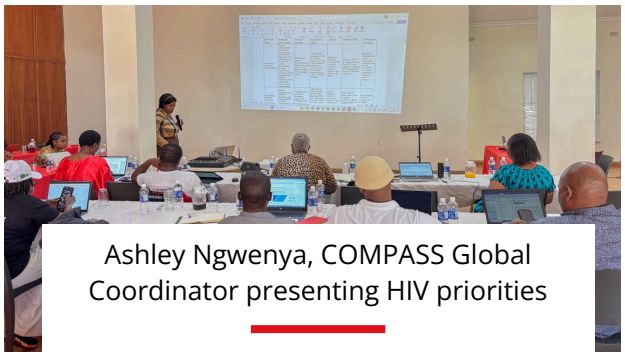
Long-acting injectable PrEP adds to the growing range of HIV prevention options available in Zimbabwe, which already includes oral PrEP and the dapivirine vaginal ring. By increasing the number of prevention choices, the health system can better respond to individual preferences and improve uptake among populations at higher risk of HIV infection.

The Implementation Guide for Clinicians on the Delivery of Long-Acting Injectable PrEP in Zimbabwe (February 2026) is available for clinicians, program managers, and partners involved in HIV prevention programming.
You can access the document here: Zimbabwe Implementation Guide for Long-Acting Injectable PrEP

ZIMBABWE HOSTS FINAL CIVIL SOCIETY DIALOGUE AHEAD OF GLOBAL FUND GRANT CYCLE 8

COMPASS was part of the Civil Society Organisations (CSOs) Priorities Charter Dialogue held in Mazowe from 23-24 February 2026, marking a step in shaping the country's response ahead of the Global Fund to Fight AIDS, Tuberculosis and Malaria Grant Cycle 8 (GC8) funding process. The meeting brought together including representatives from the Ministry of Health and Child Care, National AIDS Council of Zimbabwe, UNAIDS, the Global Fund Secretariat, the Country Coordinating Mechanism, and civil society organisations from across Zimbabwe.

The dialogue marked the final stage of a broader national consultation process that began in Bulawayo and Masvingo in November 2025. These earlier meetings ensured that community voices and priorities from across the country inform Zimbabwe's GC8 funding request.



Ashley Ngwenya, COMPASS Global Coordinator presenting HIV priorities

Mazowe, Zimbabwe

During the discussions, stakeholders reflected on the evolving realities shaping the next phase of Global Fund investments. Presentations highlighted that GC8 requires a strategic shift, with greater emphasis on integrating HIV, tuberculosis, and malaria programs into primary health care systems to strengthen service delivery and sustainability.

Participants also discussed the Global Fund's growing focus on value for money, with countries expected to demonstrate efficient use of resources and strengthen accountability for health investments. This shift places greater responsibility on national systems to sustain and maximise the impact of funding.

Another major theme emerging from the consultations was the need to prioritise populations most at risk, particularly Adolescent Girls and Young Women (AGYW), key populations, and communities mostly affected.

Dr. Donald Tobaiwa (Program Strategy Team) presenting the CSO core package.

Mazowe, Zimbabwe

The dialogue also highlighted the importance of increasing domestic resource mobilisation and strengthening Zimbabwe's co-financing commitments. As global health financing evolves, participants emphasised that building national self-reliance will be critical to sustaining progress in the fight against HIV, TB, and malaria. At the same time, stakeholders stressed the need to accelerate new health innovations, including expanded prevention tools and community-driven approaches that improve access to services.

Ashley Ngwenya, COMPASS Global Coordinator, outlined key HIV priorities identified through the consultations and the proposed way forward. These priorities focus on strengthening prevention efforts for AGYW, expanding community-based testing and prevention services, integrating HIV services within primary health care, and ensuring sustained treatment and support for people living with HIV. The consultations also emphasised strengthening community systems and civil society leadership to ensure that programs remain responsive to community needs.

The detailed list of civil society priorities that emerged from the consultations can be accessed here.

As Zimbabwe moves toward submitting its proposal to the Global Fund, the outcomes of these dialogues will help guide investments that strengthen health systems, expand prevention and treatment services, and ensure that no community is left behind.

TANZANIA APPROVES LENACAPAVIR

Tanzania has approved Lenacapavir, a long-acting injectable medicine that is transforming how people access and adhere to HIV prevention services. This milestone reflects not only scientific innovation, but also the impact of sustained advocacy and partnership, central to the work of Dare's campaign under COMPASS.

This achievement is the result of sustained, coordinated advocacy. Through the Dare, which played a critical role in advancing the agenda for new HIV prevention technologies. Dare's advocacy has contributed to the continued strengthening of youth-led HIV prevention initiatives, ensuring that young people are not only beneficiaries but active drivers of change in the response.

Importantly, last year Dare's sustained engagement influenced national policy processes, contributing to the inclusion of key biomedical HIV prevention tools, including CAB-LA and Lenacapavir, in the revised draft of Tanzania's National PrEP Implementation Framework. The official registration of Lenacapavir in December 2025 marked a major milestone in regulatory approval efforts, opening the door for expanded access to long-acting prevention options.

Lenacapavir introduces a fundamentally different approach to HIV care. Unlike conventional oral Pre-Exposure Prophylaxis (PrEP), which requires daily adherence, this new medicine is administered just twice a year. For many, especially those who struggle with daily medication routines, this innovation offers renewed hope for improved adherence.

According to Tanzania's Chief Government Pharmacist, the drug will primarily benefit individuals with treatment resistance, those unable to maintain consistent daily regimens, and people at high risk who require pre-exposure prophylaxis (PrEP). By preventing the virus from entering CD4 cells and multiplying, Lenacapavir provides preventive protection, marking a major leap forward in biomedical HIV interventions.

The approval by the Tanzania Medicines and Medical Devices Authority (TMDA) paves the way for importation and eventual integration into national health systems. Updated national treatment guidelines are expected to formalize its inclusion by mid-year, bringing Tanzania closer to offering cutting-edge, patient-centered HIV services.

Working alongside coalitions such as U4P (United for Prevention), COMPASS Tanzania has amplified community voices, championed evidence-based advocacy, and strengthened accountability mechanisms to ensure that innovation translates into equitable access

Beyond the approval itself, Tanzania is also undertaking broader health system reforms that align with COMPASS priorities. The planned integration of HIV services into general healthcare, phasing out standalone Care and Treatment Clinics (CTCs), aims to reduce stigma and normalize HIV care. Patients will receive services alongside others, from the same providers and pharmacies, reinforcing equity and confidentiality.

Despite the progress, challenges remain. The high cost of Lenacapavir poses a significant barrier, with stakeholders emphasizing the need for inclusion in the Global Fund's next funding cycle (GC8) and increased domestic investment to ensure affordability and scale-up.

COMPASS TANZANIA POSITIONS COMMUNITY PRIORITIES IN THE GLOBAL FUND GC8 PROCESS

Tanzania has officially began preparations for the Global Fund's 8 funding cycle (GC8), influencing how resources are allocated for HIV, TB, and malaria over the coming years. With the allocation letter received on the 13th of March 2026, the country has moved into full planning mode.

The establishment of the Funding Request Development Task Team (FRDTT), which includes COMPASS representation, including the Country Coordinator Francis Luwole, ensures that community perspectives are embedded directly within the core decision-making body. At the same time, community writing processes have been initiated through the Non-State Actors for Health (NSA-H) platform, creating space for civil society and grassroots actors to contribute meaningfully to the funding request.

Active participation in the Tanzania National Coordinating Mechanism and the FRDTT provides a direct pathway to shape priorities. In parallel, involvement in proposal writing teams allows community actors to ensure that interventions are not only included but clearly articulated and strongly justified.

A key innovation in this process is the development of a Community Charter, a unified advocacy tool designed to define, consolidate, and amplify priority interventions from community perspectives. Complementing this, NSA-H-led dialogues are bringing together diverse stakeholders to align on key asks and push for the inclusion of essential community-led responses.

MALAWI PREPARES FOR LENACAPAVIR ROLLOUT

Malawi is taking steps towards the introduction of Lenacapavir (LEN), signalling progress in expanding access to innovative HIV prevention options. With 19,000 doses expected to arrive in-country in April, preparations are already underway to ensure a smooth and effective rollout.

The introduction of LEN comes at a critical time, as Malawi continues to strengthen its HIV prevention response through more client-centred and differentiated approaches. As a long-acting injectable administered twice a year, Lenacapavir has the potential to significantly improve adherence and expand prevention choice, particularly for individuals who face challenges with daily oral PrEP.

The Department of HIV is currently mobilizing resources to support key rollout activities. These include training healthcare providers, activating service delivery sites, and driving demand creation to ensure communities are informed and ready to access the new prevention option. Additionally, efforts are underway to support the printing and dissemination of updated guidelines, a step in standardizing implementation across the country.

Currently the Lenacapavir addendum to national guidelines has finalized. The document is currently awaiting approval from senior management within the Ministry of Health. Once approved, it will formally guide the integration of LEN into Malawi's HIV prevention framework.

The government is also taking a strategic approach to the rollout of long-acting prevention options. Plans are in place to introduce both Lenacapavir and CAB-LA (long-acting cabotegravir). However, in line with resource optimization, Malawi will first utilize its existing stock of CAB-LA before transitioning fully to LEN, with no immediate plans to procure additional CAB-LA once current supplies are depleted.

Beyond policy and supply readiness, attention is also being given to community engagement. Messaging on Lenacapavir has already been developed and is now awaiting testing to ensure it is clear, relevant, and responsive to the needs of different populations.

Malawi's progress reflects a shift toward embracing innovation in HIV prevention. As the country moves closer to rollout, continued collaboration between government, communities, and Civil Society Organisations is essential to ensure that Lenacapavir delivers on its promise, expanding choice, improving access, and accelerating progress toward ending HIV.

Source: U.S Embassy in Malawi- MALAWI SIGNS A 5-YEAR MOU WITH UNITED STATES OF AMERICA

Lilongwe – The Governments of the United States and the Republic of Malawi signed a five-year Health Cooperation Memorandum of Understanding (MOU) that outlines a comprehensive co-investment to save lives, strengthen Malawi's infectious disease prevention and response capabilities, and make America safer, stronger, and more prosperous, as laid out in the America First Global Health Strategy.

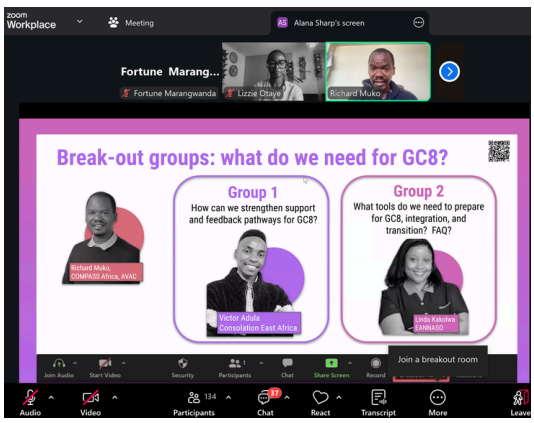
Under the arrangement, working with Congress, the United States intends to provide up to $792 million over the next five years to support Malawi's efforts to combat HIV/AIDS, malaria, and other infectious diseases, and bolster disease surveillance and outbreak response. Malawi will increase its overall annual health spending by $143 million during the life of the MOU. The five-year MOU is designed to facilitate full Malawian ownership of health services through domestic funding of its health workforce and essential commodities. By signing this MOU, Malawi is working with the United States over the next five years to strengthen its financial leadership and self-sustain its health sector.

Historically, U.S.-Malawi health cooperation has had enormously positive results. Thanks to decades of generous assistance from the people of the United States, Malawi has made significant progress addressing the HIV/AIDS epidemic. In particular, Malawi is one of a handful of countries that have reached the 95-95-95 goals for epidemic control of HIV/AIDS. The U.S.-Malawi partnership under the new five-year MOU builds on existing progress, moves away from parallel NGO delivery systems, and invests in cutting-edge health solutions, fostering greater Malawian national ownership over its health-delivery systems and frontline workers. This MOU puts Malawi on a jointly decided five-year path to a more durable, responsive, and self-reliant health system, empowering Malawi to increase ownership of its HIV/AIDS response.

GLOBAL ADVOCACY DATA HUB: WHAT EVIDENCE AND DATA DO WE NEED FOR GC8?

As countries and civil society organizations prepare for the next funding cycle of the Global Fund to Fight AIDS, Tuberculosis and Malaria, The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) in partnership with COMPASS, KP TNC, Women 4 Global Fund, amfAR, Data etc conducted a webinar on the 10th of March to discuss on new digital tools that are emerging to support stronger advocacy, better data access, and more coordinated community engagement.

During the webinar brought together civil society leaders and technical partners introduced a set of practical resources designed to help communities navigate the upcoming Grant Cycle 8 (GC8) process more effectively. The discussion emphasized the importance of collaboration among civil society organizations and communities to ensure they are not siloed when engaging in health financing and policy discussions.



"Communities must work together, push for access to information, and ensure they are equipped with the data needed to meaningfully influence national funding priorities. Strengthening collective action and evidence-based advocacy was underscored as essential for ensuring community priorities are reflected in funding proposals."

Dr. Richard Muko-COMPASS Program Strategy Team

Another highlight of the session was the introduction of the Global Advocacy Data Hub, a platform designed to make important Global Fund, related resources more accessible to civil society. The hub was developed in response to feedback from previous webinars where participants raised concerns about limited access to critical documents and data needed for advocacy.

Three key tools are now live on the platform:

- **Documents Portal**

A centralized and searchable repository where civil society organizations can access and share grant-related documents. The portal aims to address a common challenge where important Global Fund documents are not widely accessible, limiting community participation in advocacy processes.

- **Global Fund FAQ and Community Guide**

This resource provides plain-language explanations of frequently asked questions about Global Fund processes. It was developed to help communities better understand complex funding mechanisms and ensure that key information is shared across networks.

- **Reprioritization Dashboard**

A data-focused tool that highlights activities that were cut or reprioritized during the previous funding cycle. By identifying what was removed from GC7 grants, the dashboard provides valuable evidence that civil society can use when advocating for priorities in GC8 discussions.

Patrick Drake from Global Advocacy Data Hub emphasized that the tools are designed to evolve with community input. Civil society feedback will help improve existing resources and inform the development of additional tools to support advocacy and engagement in future funding cycles. By equipping communities with the right tools and resources, initiatives like the Global Advocacy Data Hub are helping ensure that civil society voices remain central in shaping responses to HIV, tuberculosis, and malaria.

For COMPASS, these emerging tools represent an important opportunity to strengthen community-led advocacy and ensure that evidence and lived realities inform the next phase of Global Fund investments.

The Global Fund Allocation Letters are out

Tanzania GC8 Allocation Letter
Zimbabwe GC8 Allocation Letter
Malawi GC8 Allocation Letter