COMPASS

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

COMPASS NEWSLETTER

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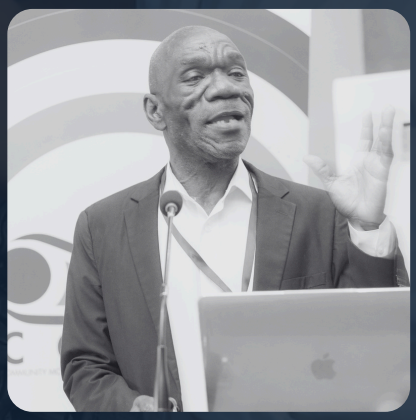


Edited by: Fortune Marangwanda

COMPASS Africa

ADVANCING TRANSITION READINESS THROUGH INCEPTION MEETING AND STRATEGIC PLANNING FOR GC8 ENGAGEMENT

Following the successful completion of initial transition processes, COMPASS Tanzania officially launched its six-month transition period under the COMPASS Accelerate Project (CAP) through a Transition Inception Meeting held on 14-15 April 2026 at White Sands Resort, Dar es Salaam.

The meeting convened coalition partners, with each organization represented by two participants including COMPASS focal persons, to ensure inclusive and coordinated planning. The session was further strengthened by in-person technical support from Ashley Ngwenya and Joseph Njowa (Pangaea Zimbabwe), alongside Dr. Richard Muko from the Program Support Team, who guided discussions and supported alignment with CAP expectations.

COMPASS Tanzania Coalition, MERL and Secretariat during the inception Meeting.

Dar es Salaam, Tanzania

The inception meeting served as a critical platform to align the coalition on transition priorities, strengthen coordination within the limited six-month window, and identify strategic opportunities for both resource mobilization and advocacy, particularly targeting “low hanging” results across CAP priority areas.

A key achievement of the meeting was the co-development and validation of a comprehensive Strategic Action Plan (SAP), providing a clear, time-bound roadmap for implementation. The SAP outlines structured workstreams, defined partner roles, and accountability mechanisms to guide coordinated action during the transition period.

On resource mobilization, partners identified priority thematic areas and established systems and teams for opportunity mapping, donor engagement, and joint proposal development. Core tools such as investment cases, proposal templates, and partnership frameworks were developed to enhance the coalition's readiness to compete for funding.

Francis Luwole (Country Coordinator) and Zahara Mansoor (KVP Forum) discussing fundraising features for COMPASS.

Dar es Salaam, Tanzania

On advocacy, the coalition prioritized strategic entry points within the ongoing Global Fund Grant Cycle 8 (GC8) funding request development process. Efforts are focused on ensuring that community-led HIV prevention interventions, such as community-led monitoring (CLM) and other critical services, are effectively reflected, costed, and safeguarded within the national proposal.

Overall, the meeting marked a significant milestone in strengthening Tanzania's preparedness for transition, positioning the coalition to undertake coordinated, evidence-driven advocacy and resource mobilization efforts to sustain and scale community-led HIV responses.

STRENGTHENING PREVENTION ADVOCACY: COWHLA SECURES A SEAT AT THE HIV GUIDELINE TABLE

The Coalition of Women Living with HIV and AIDS (COWLHA), continues to strengthen its influence in shaping Malawi's HIV prevention landscape. COWLHA, successfully secured representation on the small writing team responsible for developing Malawi's consolidated national HIV guidelines. Following engagements with the Deputy Director of the Department of HIV and AIDS (DHA), a COWLHA /Y + representative was officially included in the guideline drafting process. This achievement ensures that key prevention priorities, including PrEP (Pre-Exposure Prophylaxis), remain visible and protected within the integrated national guidelines.

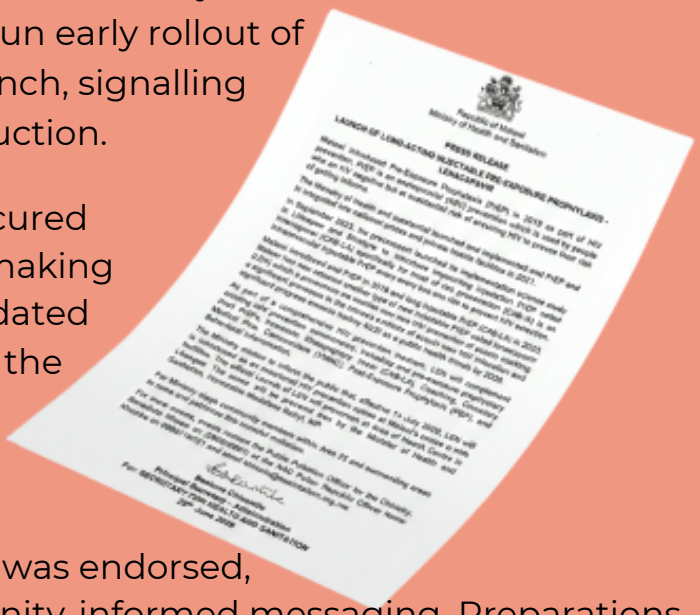
The consolidation of HIV guidelines presents both opportunities and risks. While integration can improve efficiency, there is a possibility that critical prevention interventions could lose visibility. Having a representative in the writing team allows us to safeguard these essential elements and ensure that community perspectives are reflected.

Harry Madukani COWHLA

As part of this engagement, COWLHA will participate in guideline-writing sessions in Mzuzu and contribute to the national PrEP launch and rollout task force. The organization has also secured a place within the communications and demand-creation committee that is supporting the planned soft launch of PrEP services.

COWHLA AND Y+ DRIVE POLICY INFLUENCE AHEAD OF LENACAPAVIR LAUNCH

Lenacapavir is confirmed for launch in July, pending finalisation of the Minister's schedule.Notably, select health facilities have already begun early rollout of the drug ahead of the official launch, signalling strong momentum for its introduction.



COWHLA and Y+ successfully secured representation on key decision-making structures, including the consolidated HIV guidelines writing team and the Lenacapavir launch communications subcommittee. Following this COWHLA and Y+ developed a press release which was endorsed, ensuring consistent and community-informed messaging. Preparations for the launch are progressing, with Information, Communication and Education material being developed.

PREPARING MALAWI FOR THE NEXT GENERATION OF HIV PREVENTION

As Malawi prepares for the introduction of Lenacapavir, a long-acting HIV prevention option, ensuring that communities are informed, engaged, and ready to access the intervention is critical. Through strategic advocacy, policy engagement, and community mobilisation, COWHLA and Y+ Malawi are helping to lay the groundwork for a successful and equitable rollout, ensuring that the voices of young people and communities most affected by HIV are reflected in national decision-making processes.

COWHLA and Y+ Malawi played an active role in the consolidation of the country's HIV guidelines. The revised guidelines bring together key HIV interventions, including Voluntary Medical Male Circumcision (VMMC), Pre-Exposure Prophylaxis (PrEP), Sexually Transmitted Infections (STIs), and Elimination of Mother-to-Child Transmission (EMTCT), into a streamlined and more accessible document. Importantly, the organisations successfully advocated for the retention of key information on Lenacapavir within the guideline's addendum, helping to ensure that healthcare providers and communities have access to accurate information on this new prevention option.

Through their engagement in national processes, COWHLA and Y+ also identified several risks that require attention as Malawi moves closer to introducing Lenacapavir. One of the key concerns is the age-of-consent gap. While PrEP guidelines currently target individuals aged 18 years and above, other HIV services are available from the age of 15, potentially leaving vulnerable adolescents without access to important prevention options.

Their influence extended beyond the guidelines review process. Through a dedicated consultation with the World Health Organization (WHO), COWHLA and Y+ provided critical insights on the strengths and gaps within Malawi's National Strategic Plan (NSP) ahead of its finalisation. They also contributed to the joint HIV, Tuberculosis, and Malaria Programme Review, where they highlighted both achievements and persistent challenges in PrEP implementation, ensuring that community experiences and perspectives informed national discussions.

By bridging the gap between communities and policymakers, COWHLA and Y+ Malawi are ensuring that the introduction of Lenacapavir is not only scientifically innovative but also community-centred. Their efforts are helping to create a more inclusive, informed, and responsive HIV prevention landscape, one that is better equipped to meet the needs of those most at risk and accelerate Malawi's progress towards ending HIV as a public health threat.

STRENGTHENING HEALTH FINANCING ADVOCACY IN MALAWI: JONEHA ADVANCES KEY REFORMS

JONEHA and partners during the meeting.

Lilongwe, Malawi

JONEHA (Network of Journalists Living with HIV) is continuing to play a key role in shaping health financing reforms in Malawi, helping to push forward practical policy changes aimed at improving how health services are funded and delivered. Its work focuses on increasing domestic resources for health and ensuring that financing policies support prevention, equity, and long-term system sustainability.

The government has confirmed the scale-up of Out-of-Pocket Services (OPS) from 13 to 18 district facilities, an expansion led by the Department of Budget and Development (DBBD). While OPS improves service availability, it also reinforces the urgency of shifting toward more pooled funding so that patients are not overburdened by direct payments.

At the same time, steps are being taken to operationalize the National Health Fund, a key policy mechanism designed to mobilize domestic health financing. Government has proposed financing the fund through a 2% levy on motor vehicle insurance, a move that could provide a predictable and locally generated revenue stream for health services. In parallel, the Department of Budget and Development has committed to initiate a midterm review of the National Health Financing Strategy (2023-2027), opening space to strengthen priorities such as prevention financing and financial protection.

In January 2026, the network submitted recommendations to the Ministry of Finance calling for an increase in HIV prevention funding from 7% to 15%, alongside the introduction of earmarked taxes to sustain prevention programmes. The organisation has also strengthened its technical engagement by working with platforms such as the International Treatment Preparedness Coalition (ITPC) and consulting health economics expertise to ground its proposals in evidence.

Despite earlier delays due to government transitions, the meeting with new leadership of Directorate of Planning and Policy Development (DPPD) in the Ministry of Health created important entry points for policy dialogue. The director showed openness to integration-focused prevention and confirmed the need to begin planning and resource mobilisation for the National Strategic Plan (NSP) review. DPPD also agreed to share key policy documents, including draft amendments to the Public Health Act, which are expected to incorporate provisions for the National Health Fund, and a Private Sector Engagement Framework being developed to guide collaboration with businesses.

BUILDING MOMENTUM FOR SUSTAINABLE HIV PREVENTION FINANCING IN MALAWI

On 8 May 2026, JONEHA convened a high-level stakeholder meeting with the National AIDS Commission (NAC) and the Department of HIV and AIDS (DHA) to discuss HIV prevention financing, policy alignment, and advocacy priorities. The engagement focused on strengthening collaboration between civil society and government while exploring innovative approaches to domestic resource mobilization and the introduction of emerging prevention technologies, including PrEP and long-acting prevention options.

The meeting marked a significant step forward in building government ownership of HIV prevention financing. Both NAC and DHA expressed support for continued collaboration and committed to supporting campaign implementation efforts. Importantly, - the discussions generated new advocacy entry points that will enable civil society organizations to engage more effectively with government decision-makers on sustainable HIV financing and prevention priorities.

As Malawi navigates a changing funding landscape, stakeholders emphasized the growing importance of domestic resource mobilization. Discussions explored realistic financing targets and strategies to ensure that HIV prevention remains adequately funded in the future. While some proposed financing targets were considered ambitious, the dialogue helped identify more practical pathways toward increasing domestic investment in prevention programs.

JONEHA's advocacy efforts have also highlighted the critical role of relationship-building in achieving policy change. Through sustained engagement with NAC and DHA, the organization has strengthened the technical and political foundations necessary for future discussions with senior planning and treasury officials. According to JONEHA representatives, obtaining buy-in from technical agencies is essential before advancing financing proposals to higher-level government decision-making structures.

During the meeting, stakeholders reflected on a previous advocacy success where engagement with the Department of HIV and AIDS contributed to an increase in the national ART co-financing target from 0.2 percent to 0.8 percent. This change represents a significant increase in domestic investment and demonstrates how strategic advocacy can influence resource allocation decisions with long-term benefits for Malawi's HIV response.

The initiative is also benefiting from growing interest among Members of Parliament. Engagements with the Parliamentary Health Committee revealed openness to discussions around sustainable domestic financing mechanisms, with legislators recognizing the need to prepare for a future where donor funding may become increasingly constrained.

Despite this progress, challenges remain. Delays in securing meetings with key planning authorities have slowed some advocacy activities, prompting JONEHA to explore alternative engagement strategies, including targeted one-on-one meetings and strengthened relationship management with newly appointed government officials. These efforts will maintain momentum and ensure that important policy discussions continue moving forward.

MY AGE AFRICA ESTABLISHES TECHNICAL BACKUP TEAM TO STRENGTHEN THE INCLUSION OF PREVENTION PRIORITIES IN THE GLOBAL FUND FUNDING REQUEST

As countries prepare their Global Fund Grant Cycle 8 (GC8) funding requests, ensuring that advocacy priorities are backed by credible evidence, accurate data, and technical expertise has become increasingly important. To address this need, My Age Africa (MAA) established a Technical Backup Team (TBT) to provide real-time technical support to the Civil Society Organization (CSO) writing team and strengthen the quality of youth contributions to the funding request process.

The Technical Backup Team brings together seasoned advocates and technical experts with extensive experience in HIV programming, prevention advocacy, strategic information, budgeting, and policy engagement. The team was formed to serve as a resource hub for the writing team, providing timely responses to technical questions and helping ensure that key prevention priorities are supported by robust evidence and data.

During the development of the funding request, writing teams are often required to justify interventions using epidemiological data, prevention statistics, costing information, implementation evidence, and national targets. Recognizing the complexity of this process, MAA created the Technical Backup Team to bridge gaps in information and provide the technical expertise needed to strengthen the quality of submissions.

The team played a critical role in reviewing prevention priorities, analyzing data related to young people and HIV prevention, and supporting discussions around biomedical prevention interventions. Members were available to respond to questions from the writing team, provide costing information, validate statistics, identify relevant evidence sources, and offer strategic recommendations to strengthen narrative sections of the funding request.

By establishing the Technical Backup Team, MAA ensured that youth-led advocacy was not limited to representation alone but was supported by the technical rigor required to influence major funding decisions. The initiative enabled youth priorities to be presented alongside credible evidence, increasing their visibility and strengthening the case for investments in HIV prevention interventions that respond to the needs of young people.

Gogo Jessie, CCM Representative for FBOs

Harare, Zimbabwe

The Technical Backup Team also enhanced coordination between youth organizations and technical stakeholders involved in the GC8 process. Through regular engagement and information sharing, the team helped ensure that prevention targets, service delivery priorities, and community perspectives were accurately reflected throughout the funding request.

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Beyond the immediate funding request process, the establishment of the Technical Backup Team represents an important investment in sustainable advocacy capacity. The network of experts and advocates created through the initiative will continue to serve as a valuable resource for future policy discussions, grant implementation, and accountability efforts.

As HIV financing discussions become increasingly data-driven and evidence-focused, MAA's Technical Backup Team demonstrates the value of combining advocacy experience with technical expertise. By ensuring that youth priorities are backed by strong evidence, accurate statistics, and sound costing information, the initiative is helping young people move from being consulted participants to influential contributors in shaping national HIV investments.

STRENGTHENING MEDIA ADVOCACY FOR HIV PREVENTION AND HEALTH FINANCING

The Advocacy Core Team (ACT), in partnership with My Age Africa and Population Services Zimbabwe (PSZ), is strengthening media engagement on HIV prevention, sexual and reproductive health and rights (SRHR), and sustainable health financing by building journalists' capacity to report on these issues accurately and responsibly.

Recognising the critical role the media plays in shaping public discourse and influencing policy conversations, the organisations facilitated a specialized training for journalists focused on SRHR, HIV prevention, health financing, and rights-based ethical reporting in Mutare. The training provided media practitioners with technical knowledge on emerging HIV prevention interventions, the challenges facing adolescent and youth sexual and reproductive health, and the implications of declining donor funding on Zimbabwe's health sector.

The training also emphasized the importance of ethical, evidence-based reporting that protects the dignity and rights of affected communities while elevating the voices of those most impacted by health inequities. Journalists explored how to translate complex health financing and policy issues into compelling stories that resonate with both the public and decision-makers.

The impact of the training was quickly evident. Following the engagement, journalists developed and published stories highlighting the growing challenge of teenage pregnancy, barriers to accessing sexual and reproductive health services, and the potential consequences of declining donor support for HIV prevention and broader health programming. https://www.newsday.co.zw/local-news/article/200056070/push-for-teen-reproductive-health-law-as-pregnancies-surge

These stories have contributed to raising public awareness about the need for sustained investment in HIV prevention and adolescent health services at a time when countries are increasingly being called upon to mobilize domestic resources to sustain health gains.

BUILDING A TRUSTED PARTNERSHIP WITH PARLIAMENT TO ADVANCE HEALTH POLICY REFORM

Sustained engagement between the Advocacy Core Team (ACT), Parliament, and policymakers is strengthening the policy and financing environment for HIV prevention in Zimbabwe. Over several years, ACT has invested in building trusted relationships with legislators, ensuring that evidence from communities informs national health decisions, particularly those that influence sustainable financing for HIV prevention.

Most recently, ACT provided technical input to a parliamentary petition proposing the establishment of a Health Council and contributed evidence during Senate consultations on age restrictions and access to health services. These engagements helped ensure that policy discussions considered equitable access to essential HIV prevention services, especially for young people and other vulnerable populations.

ACT also submitted technical recommendations to Parliament during the development of the National Health Strategy, advocating for stronger prioritization of HIV prevention within national health planning and resource allocation. By supporting Parliament to champion evidence-based policies and increased domestic investment in prevention, ACT is helping create a more sustainable financing environment for biomedical and other HIV prevention interventions as external donor funding declines.