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-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 five 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 in the coalition focus countries and beyond.

In Year 5, COMPASS coalition partners continued their bold, impact-driven advocacy during the continued and evolving challenges of the COVID-19 pandemic, and defined the framework for the shift of the coalition to African leadership.

A detailed analysis of progress against strategic objectives can be found below:

I. *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.*

A. PEPFAR Engagement:

COMPASS Partners collaborated on intensified advocacy for Global HIV Financing, targeting PEPFAR with robust engagement during COP22 in-country stakeholder consultations and regional planning meetings while leveraging this process to make demands of governments, Global Fund, and other stakeholders. Among other priorities, COMPASS partners demanded increased investments for HIV prevention, human resources for health, infrastructure, drugs and commodities and community led monitoring.

Malawi: Malawi COMPASS partners led community consultations and engagement meetings with PEPFAR, governments, and other stakeholders in preparation for the COP regional planning meetings. Malawi is one of the countries that has achieved epidemic control, and 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 CSAF, with support from COMPASS Global Partners developed the People's COP document "Liu Lathu" outlining civil society priorities for COP22. In 2022 CSO and community asks targeted a wider range of stakeholders, including PEPFAR, government, and Global Fund.

Selected COP22 wins reflective of civil society demands include:

- **PrEP scale-up**
- **Increased laboratory capacity** in order to reduce turnaround time for viral load testing
- **Improved access to KP-competent services**, including drop-in-centers and KP-friendly facilities that provide a full package of prevention, treatment, and care services.
- **Increased coverage for cervical cancer information** from the health centers to the community to identify and address misinformation and myths around cervical cancer screening.
- **Increased HRH, reducing** long-term vacancies from 23 in COP21 to five in COP22.

Tanzania:

The Key and Vulnerable Populations Forum (KVPF) led the COMPASS partners and other Tanzanian CSOs in COP22 engagement. Activities included development of the People's COP "Sauti Yetu" with support from global COMPASS partners, and organizing an accountability meeting with the government, PEPFAR, UNAIDS, and CSOs to highlight the community priorities laid out in People's COP. KVPF supported COP22 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.

Selected COP22 wins reflective of civil society demands include:

- **Expansion of the DREAMS program** to three additional councils
- **PrEP target increased** to 103,000 in COP22 from a target of 78,000 in COP21

- **Addressing structural barriers for KPs, enhancing bio-behavioral surveillance and size estimation, and improving friendly services for key and vulnerable populations.** This will be complemented by efforts to address widespread stigma and discrimination
- **Commitment to 6MMD and DSD expansion** beyond Dar to better serve AGYW, PBFW and KVP, and support for strengthening community peer models.
- **COMPASS partner NACOPHA was appointed to manage the CLM funds** portfolio and sub-grant to PLHIV clusters and other CSOs. **PEPFAR allocated $500,000 for CLM** (Pediatrics, PMTCT, Youth in institutions of learning) and committed to scaling CLM to a total of 250 facilities in 50 councils (up from 167 facilities).

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 COP with support from the global COMPASS partners, and organized the Community-PEPFAR accountability meeting with the US Ambassador in Zimbabwe. 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.

Selected COP22 wins reflective of civil society demands included:

- **Differentiated Service Delivery:** The implementation and scale up of six multi-month dispensing (6MMD) and other DSD approaches continue to be prioritized in COP22.
- **PrEP and PrEP demand creation initiatives scaled up** through integration across DREAMS services (e.g., PrEP parenting module). Lessons from the Dapivirine Ring pilot in COP21 were incorporated into the program. The program leveraged the centrally funded MOSAIC award for continued TA to the MoHCC and introducing demand creation, literacy, and provided tools for the introduction of new PrEP products (the Ring, CAB-LA).
- **Mental Health, and Psycho-social support was integrated** into modules on self-care, wellness and resiliency skill building in group-based activities for AGYW and OVC programs.
- **Comprehensive and Integrated KP services scale up:** Community-led PrEP services for KPs were introduced, including community-led refills and increased service delivery at safe spaces.
- **Expansion of availability of self test** kits for targeted populations.
- **Cervical cancer screening and treatment:** Procurement of more screening and treatment equipment, improved access to services to set up new screening and treatment sites, scaling up HPV self testing, expansion of services, and training of HCWs.
- **Funding for KP structural interventions:** CSOs asked for a designated budget of USD $2M towards the implementation of KP structural interventions and won approximately $1.9M; PEPFAR also included several new activities aimed at addressing structural barriers, selected after consultation with KP CSOs and new CLM grants will be made to KP CSOs with additional funding of $130,000 for CLM to accommodate this.

Global:

- Health GAP, amfAR, and AVAC supported the development of evidence-based COP22 community recommendations development and drafting of People's COP documents.
- amfAR, AVAC, Health GAP, HEPS, ICWEA, and MPact supported partner engagement during the virtual COP22 regional planning meetings.
- Health GAP updated and published its *Rough Guide to Influencing and Monitoring PEPFAR Country Programs* for COP22 and facilitated PEPFAR Watch webinars series.
- Health GAP worked with civil society partners to develop its Measuring Up 2022 report, 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, alongside Friends of the Global Fight, developed key messages and actions to articulate the interaction and relationship between PEPFAR and the Global Fund, by simultaneously appealing to policymakers both in the US Congress and globally as they were preparing to pledge significant resources for each platform through the Global Fund's replenishment conference and and the U.S. Government's annual appropriations respectively.
- AVAC and partners also held, contributed, and participated in several consultations with Ambassador Dr. John Nkengasong, the newly-confirmed lead of the Office of the U.S. Global AIDS Coordinator and Health Diplomacy, to inform PEPFAR's strategy under his new leadership.

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 have applied and secured Global Fund CRG Technical Assistance, which will support increased COMPASS participation in the Global Fund NFM4/Grant Cycle 7. AVAC supported the partners to develop and submit the applications. COMPASS partners are also among those leading the CSO Dialogues in the three countries and are part of the writing/concept note development teams.

Malawi:

- MANASO continues to be a trusted leading partner in coordinating all CSOs and local NGOs in identifying key civil society priorities in the GFATM processes. MANASO has been coordinating all CSO engagement meetings on NFM4, and also coordinating the writing team. The processes are still ongoing.
- In preparation for the NFM4/grant cycle 7, five representatives from the COMPASS Malawi partners have been elected to be part of the funding proposal writing team, including the secretariat. The partners will coordinate and use these opportunities to influence the decisions of the funding priorities by developing joint priorities that COMPASS Malawi would like to see funded.

Tanzania:

- KVP Forum appointed two leaders to represent the KVP constituency in the country's Global Fund CCM.
- The KVP Forum chairperson was elected as the full member of the CCM representing the KP community.

Zimbabwe:

- Youth Engage attended the Zimbabwe CCM retreat and pushed directly for a youth seat on the CCM in the presence of the Global Fund country team. Zimbabwe has been resistant to youth and KP seats. Youth Engage and ZiCHIRe, along with other like minded CCM representatives will continue to push to make sure this becomes a win. Elections for a new CCM will be held in 2024.
- ZiCHIRe has a representative who has been attending key CCM meetings leading to the NFM4 request development slotted for 2023. Engagement with CSOs in 10 chapters of the country was done with the leadership of a CSO CCM representative who is also a member of the COMPASS team.

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 trainings 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. 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.

C. HIV Prevention Roadmap

At a time when new HIV infections are not falling fast enough, and more resources have been committed to COVID-19 and pandemic preparedness, there is an urgent need to galvanize commitment and resources towards 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. In Year 5, 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.

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 focused on *New Products are Needed and a New Paradigm is Essential: A new era in prevention?* and the role of the Roadmap.

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.

Tanzania:

DARE launched a collaboration of partners to advocate for the licensing of DVR and CAB-LA in Tanzania. The initiative hit a roadblock when the government of Tanzania rejected a licensing application for the DVR from IPM based on the efficacy rate. 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. 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.

Zimbabwe:

Following the release of the updated WHO guidance on PrEP in July 2022 and advocacy for choice in prevention options by civil society partners, including PZAT, the MOHCC adopted and adapted the guidance to include both DVR and CAB-LA in the Zimbabwe national guidelines, which will be launched in January 2023.

Global level:

- AVAC created and shared more than 17 accessible, up-to-date resources 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.

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 65 national NGOs by the end of 2022. CSAF-led CLM has 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.

Tanzania:
NACOPHA was selected to manage the CLM funds portfolio and be in charge of sub-granting to PLHIV clusters and other CSOs. 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.

Key and vulnerable populations focused CLM:

- KVP Forum conducted a CLM training for 100 participants from 26 KVP-led CSOs in four regions. The skills developed through the training will enable the CSOs to monitor the quality of services being offered by facilities for key and vulnerable populations. As a result of the training, five of the trainee organizations received CR19 funds to conduct CLM.
- KVP Forum collaborated with NACP, TACAIDS, PORALG and implementing partners under the support of HJFMRI to develop supportive supervision tools to standardize the process of data collection during supervision of KVP programs in Tanzania. This data will aid the advocacy process for better service delivery to KVPs.
- NNW+ collected data on SRH, HIV and SGBV for the Community and Facility Score Cards in Pwani, Morogoro and Dodoma Regions, covering two districts in each region. NNW+ shared the findings with council health management teams (CHMTs) in the districts, feeding into the development of action plans to address the gaps and challenges identified in the scorecard exercise. NNW+ used the action plans to then monitor implementation of planned improvements. NNW+ further disseminated findings to policymakers, resulting in TACAIDS committing to working closely with NNW+ to strengthen supportive structures for reporting cases of GBV and improve condom access and provision of SRH services for long-haul truck drivers along the transport corridor.
- TaNPUD conducted a survey among PWU/IDs incarcerated at Segerea Prison in Dar es Salaam to gather information on their access to medication-assisted treatment (MAT) services while in prison. TaNPUD is using this information to advocate to government agencies for improved access to health services for people in prison.

Zimbabwe:
Zimbabwe has 19 partners implementing CLM in 32 PEPFAR Districts and 225 facilities around the country. The CLM cycle is in its 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, and low coverage of childhood ART and TB. UNAIDS took over the CLM grant from ACT, with some COMPASS partners now working as consultants, and COMPASS Partner and ACT member ZNNP+ hosting them. ACT continues to support CLM and is a member of the National Steering Committee.

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.

- Global partners Health GAP, amfAR and HEPS partnered with country partners to carry out a two-day training for civil society advocates on using data for advocacy during the 2022 Montreal AIDS conference.

- 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

II. <u>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</u>

Malawi:

- CEDEP/MANET+ and CSAF partners won inclusion of the health trust fund - called Innovative Health Financing Mechanisms - in the health financing strategy. As a next step, CEDEP/MANET+ and CSAF will mobilize action for the development of a program and operational plan to guide the operationalization of the Innovative Health Financing Mechanisms. Monitoring will involve aligning the Health Financing Mechanisms program towards community led monitoring to facilitate accountability for desired health outcomes and resource use through advocacy.
- Like many other countries in Sub-saharan Africa, Malawi continues to face persistent drug stock-outs in its public health facilities. One of the major contributing factors has been the lack of funding at the Central Medical Stores for procurement of drugs and health commodities. JONEHA, CSAF, and other stakeholders pushed for increased funding for the Central Medical Stores Trust (CMST). For CMST to function properly it needed 30 billion kwacha, which JONEHA with CSAF Members, COMPASS partners and other stakeholders advocated for in order to recapitalize CMST. The government responded by injecting 22.5 billion kwacha towards CMST recapitalization in the 2022/2023 financial year budget, a substantial increase from the 15 billion of 2021/2022 financial year budget. This leaves CMST with a shortfall of 7.5 billion kwacha to fully recapitalize CMST, but still represents significant progress towards the recapitalization of CMST, which is considered crucial for the effectiveness of the drug supply system so as to reduce persistent drug stock outs, which were exacerbated due to COVID-19.

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 now 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.
- Sikika attended the AIDS Trust Fund (ATF) Marathon to mobilize domestic resources during the World AIDS Day Week. Sikika used the ATF Marathon to sensitize high-ranking government officials and other stakeholders on the significance of setting sustainable systems for mobilizing domestic resources in the country for HIV response. They also showcased how donor resources are not sustainable in the long run.
- BMF efforts to raise awareness on National Health Workforce Volunteerism Guidelines (NHWVG) as a means to address HRH gaps in the country yielded wins:
    - 90 HRH volunteers were deployed in four regions through the use of the National Health Workforce Volunteerism Guidelines (NHWVG). This deployment was as a result of earlier joint awareness-raising by BMF and MOH at regional and local government levels.
    - The Presidents of Tanzania mainland and Zanzibar made a commitment to support BMF's efforts in addressing the HRH gap in the United Republic of Tanzania. This commitment came after their recognition of the NHWVG as an innovative approach to reduce the Tanzanian HRH gap during the second Mkapa Legacy Symposium hosted by BMF in July.
    - The Community Based Health Plan (CBHP) that advocates for the use of Community Health Workers was finally disseminated to stakeholders by the MoH. The CBHP is an integral ask from the BMF and COMPASS Tanzania campaigns.

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.

  In addition to government engagements on DRM, ACT supported communities to understand the national budgeting processes and mobilized communities in five districts to engage in the 2023 national budget consultations.

Global Partners:

- AVAC co-hosted the inaugural Africa Health R&D Week. The event is now envisaged to be 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. Tanzania COMPASS partner Sikika and Zimbabwe COMPASS partner ZiCHIRe presented their DRM campaigns during one of the sessions.

- Following the success of the Africa Health R&D Week, 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.

III. 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.

Malawi:
CEDEP/MANET+ and CSAF advocated for increased allocation to the health budget from the current 10% to at least 15%, as per the Abuja Declaration commitment, with the recommendation that additional resources can go into a Health Financing Mechanisms that will help the health sector in time of emergency pandemics like COVID-19 and cholera.

Tanzania:
Sikika assessed COVID-19 disruptions on HIV prevention services in Tanzania. Sikika conducted an analysis of quantitative and qualitative data on the availability of HIV services and commodities before the COVID-19 pandemic, during the height of the pandemic, and during the recovery period from 2018-2022. Sikika shared findings with the facility managers and council and regional health management teams in two councils, and worked with the local authorities to identify strategies to facilitate the availability and accessibility of HIV prevention and treatment services when emergencies like COVID-19 occur. The CHMTs and facility managers agreed to an action plan to address key challenges. The action plan will be used as a monitoring tool for PLHIV and community-based organizations to monitor progress at the facilities.

Zimbabwe:
COMPASS, through ZiCHIRe in the CCM, successfully pushed for the allocation of Global Fund COVID-19 (C19RM) resources to the CSOs implementing the CSS grant. This has led to the community engagement on vaccine hesitancy, myths and misconceptions around vaccines as the country continues to push for an increase in targets toward herd immunity.

Global:

- AVAC advocated with other partners for TRIPS waiver expansion and vaccine equity through ACT-A/COVAX, and also criticized the global response and particularly HIC & corporate hoarding over the last three years. AVAC has been and continues to push for formal, clear accountability mechanisms in the Pandemic Fund and Pandemic Accord proceedings and plan to evaluate follow-through on countries' commitments in the UN Declarations on HIV, UHC, and PPR.
- The U.S. and countries committed to the formation of the Pandemic Fund at the end of last year. AVAC joined two ad-hoc pandemic preparedness advocacy coalitions and helped coordinate U.S. and global civil society interventions taking place around the negotiations establishing the fund. In particular, AVAC leveraged its communications capacity and policy expertise to analyze and directly report from World Health Summit in Berlin, on key developments to the global pandemic preparedness agenda.

COMPASS Africa Y5 (2021-2022) 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	Thematic area	# campaigns	Results
Malawi	U=U	1	- **CEDEP/MANET** as members of the CSAF, were part of the national task force to develop the roadmap and key messages to launch the U=U campaign - The strategy was informed by the global U=U campaign and was a collaborative effort with the MOH, national HIV response funders, and CSAF to launch and implement - The national U=U campaign was officially launched in June 2022
	Women/ girls and SRHR/HIV integration	2	- **COWLHA's** campaign focused on operationalization and implementation of SRHR/HIV integration guidelines, specifically addressing delays in finalizing the guidelines and associated SOPs. While the strategy and guidelines have been developed, they have not yet been released. However, some Area Development Committees incorporated funding commitments to integration infrastructure at the health facility level, which will pave the way for implementation. - **MANASO** is using CLM data to work on reducing new HIV infections among AGYW in targeted districts by enhancing the availability of data on injectable and non-injectable drug users and advocating for Youth Friendly Services. Importantly, young people in the districts have engaged directly as leaders in advocating for change, including peer led engagement meetings, developing peer led action plans to reduce new HIV infections, and taking part in campaigns to reach out to fellow youth in their district, advocate for Youth Friendly services, and uptake of ART and PrEP through youth to youth awareness programs. Safe spaces for people who inject drugs were created in 3 districts, and this group has been linked to district stakeholders to discuss issues that affect their mental health; with task forces formed to work with people who inject drugs. With people who inject drugs also leading advocacy work to address barriers in accessing services, district stakeholders are working to recognize and incorporate the needs of this population into district level interventions to reduce HIV infections.
	DSD	1	- With the goal of adopting Community ART groups (CAGs) as an approved DSD model, **COWLHA,** community members and stakeholders mobilized to generate support for CAGs. - COWLHA and CSAF were members of the group developing the operational manual for DSD models, with CAGs included in the draft manual. COWLHA also collaborated with District Health Offices to develop registers and a MEL framework - The manual is currently under review by the Ministry of Health and the registers and MEL framework are also pending review. - This will be considered a full win once the final strategy document is formally disseminated. Although still a partial win, the inclusion of CAGs in the strategy represents a significant policy shift as they were not originally planned for inclusion as an official DSD model.
	National financing/ DRM	1	- **CEDEP/MANET,** as part of CSAF, have been collaborating with the UHC Coalition to carry out collective advocacy on the establishment of a national health fund for all diseases and increased funding for the national HIV response - While the Health Finance Technical Working Group endorsed the inclusion of a Health Fund in the recent Health Financing Strategy, meetings with parliamentarians on budget expenditures were less successful - there was no room for 2023 budget changes, and the UHC's request for 15% of the national budget allocated for health was also not addressed. - However, the National Health Financing Strategy was launched in January 2023, and can be built on for future wins related to increased resources for the HIV response
	Key pops	1	- **LITE** focused advocacy efforts on changing MOH policies that are barriers to KP access to health services that are free of stigma and discrimination. Lite based their campaign on PEPFAR's commitment to fund programs aimed at reducing stigma and discrimination of KPs, and the COP22 strategic direction summary that outlines policy-based and community-based interventions - LITE advocated with home affairs to address barriers in uptake of services by KPs because of gender markers and lack of understanding by providers of gender identity and sexual orientation, which can result in stigma and discrimination - In 2022, one key success was the push for the MOH to remove the mandatory use of IDs to access health services, a key barrier for transgender people in accessing services without stigma, which resulted in 109 transgender individuals getting vaccinated for COVID-19.

	CLM	1	- **JONEHA** focused their CLM advocacy on using data to support health centres to reduce drug stock outs and defaulter rates - There have been positive strides in reducing defaulter rates in health centres in targeted districts, with 12 of the 15 health centres (70%) reducing their defaulter rates to below 5%, which is the acceptable maximum defaulter rate. Defaulter rates decreased significantly in centres with previously high defaulter rates (e.g. Chimwawa health center reduced from 36% to below 5%), and among the 3 centres that did not achieve below 5%, their defaulter rate decreased as compared to previous quarters. - Three steps critical to the availability of drugs in health facilities were implemented: 1.) Special funds were allocated in 2022 to ensure that District Health Offices are able to procure drugs from private pharmacies when they have emergency stock outs and the Central Medical Stores Trust (CMST) has run out of stock. 2.) The CMST received an exemption from the "Buy Malawi" Strategy and the CMST committed to increasing stock availability by 75% basing on the financial year 2021/22 budget. 3.) CMST recapitalized with 7.5 billion Malawi Kwacha in the 2022/2023 financial year budget resulting in the CMST recapitalization plan reaching 22.5 billion. JONEHA together with CSAF and COMPASS partners will monitor the impact of these interventions in year 6.
Tanzania	Key Pops	2	- Through advocacy efforts by **CENTA**, a total of 105 staff of KVP implementing organizations from 5 regions of Tanzania supported by PEPFAR have been successfully equipped with SOGIE information to enhance the provision of services that are friendly to MSM and Transgender. The University of Dar es Salaam has introduced the SOGIE curriculum for online access by anyone. - **KVP Forum** successfully led more than 40 Tanzania CSOs in COP22 engagement and more than 60% of community priorities were incorporated into COP22. KVP wins included; addressing the structural issues; Scaling up of MAT clinics; And commissioning an all-inclusive IBBS study. In the final COP22 Strategic Direction Summary (SDS), PEPFAR also committed to addressing the structural issues; an all-inclusive Bio Behavioural Survey (BBS); and implementing an inclusive Population-based HIV Impact Assessment (PHIA) that will emphasize KVP data.Uptake of PrEP among MSM and Transgender people has increased as a result of approval of PrEP framework by government of Tanzania and increased enrolment of high-risk persons in this HIV prevention approach. - KVP Forum contributed to the development of supportive supervision tools developed to standardize the process of Data collection during supervision of KVP programs by KVPF in Tanzania. The tools will be used by the KVP Forum and its members to monitor and assess the level of friendliness of the comprehensive KVP services at different levels.
	CLM	1	- **TaNPUD** participated in the creation of new harm reduction guidelines and curriculum that is undergoing and being coordinated by the Drug Enforcement and Control Authority and supported by the Henry Jackson Foundation Medical Research International (HJMRI) organization. Inputs shared by TaNPUD on behalf of PWUIDs were successfully incorporated into the harm reduction training guideline. - A MAT clinic was at established and officially opened at Kigamboni council following TaNPUD's advocacy efforts to address high volumes of PWUIDs attending Temeke clinic which is very far and costly and hence led to poor adherence. The government, through the minister of health, also committed to establishing establishing a MAT clinic at Muheza.
	HRH	1	**Benjamin Mkapa Foundation** influenced the reduction in HRH gap by 8.7% in 2022. The Government, through the Ministry of Health (MOH) and President's Office Regional Administration and Local Government (PORALG), issued employment permits and placement for 9,233 health workers; whereby 7,612 were allocated to Primary Health Care Facilities. The HRH Needs in the Country are 208,282 staff whereby by 2021 only 102,548 were available making a gap of 105,734 staff. Hence the employment permits issued in 2022 have contributed to 8.7% gap reduction.

	Women/ girls and SRHR/HIV integration	2	- **NNW+** collected data on SRH, HIV and SGBV for the Community and Facility Score Cards in Pwani, Morogoro and Dodoma Regions, covering two districts in each region. NNW+ shared the findings with council health management teams (CHMTs) in the districts, feeding into the development of action plans to address the gaps and challenges identified in the scorecard exercise. NNW+ used the action plans to then monitor implementation of planned improvements. NNW+ further disseminated findings to policymakers, resulting in TACAIDS committing to working closely with NNW+ to strengthen supportive structures for reporting cases of GBV and improve condom access and provision of SRH services for long-haul truck drivers along the transport corridor. Other improvements include increased uptake of HIV testing services among youth at Kibaha DC: 104 youth got tested, 6 were found HIV positive and linked to ART. Hours were extended at the Chamwino DC in an effort to reach more youth with prevention and treatment services, and Saturdays were set aside to specifically serve youths. - The Ministry of Health (MoH) and Gender Desk and head at the Ministry of home affairs committed to ensure establishment of gender desks at the health facilities (i.e., one stop centers) in the transport corridor top provide timely support for all GBV victims with health and legal services required. - **DARE's** efforts towards establishing a new AGYW Forum have still not yielded any direct support from TACAIDS (Tanzania Commission for AIDS) or NACP (National AIDS Control Programme). UNAIDS support to influence the established AGYW-F has been fading over time, seemingly in support of the current government's stand against the new forum. There is still pushback from a few CSOs over the AGYW-F advocacy agenda, which will be addressed via more engagements and dialogues. There is, however, notable AGYW visibility in the KVP-Forum via their AGYW Focal Point. Advocacy for biomedical prevention by DARE, KVP-Forum and CENTA has yielded more wins: - PrEP has finally been scaled up in Tanzania (since October/November 2021) followed by official launching of PrEP implementation Framework. PEPFAR committed to expanding PrEP services in all DREAMS operational units as part of the comprehensive package for AGYW HIV prevention, summing up to 14 districts coverage out of 169 districts in Tanzania. - During COP22, NACP committed to support CAB-LA and DVR adaptation contingent upon prequalification by WHO.
	National financing	1	- **Sikika** has been advocating for The Government AIDS Trust Fund Board to increase funding allocation responses from local revenue from approximately 2.5% to 5% of the total HIV/AIDS budget in FY2022/23. - The Government of Tanzania has increased allocation towards the HIV sector by 2% from TZS 8.235 Billion in 2021/22 to TZS 8.466 Billion in 2022/23. - In recognition of the need for strengthening ATF, the parliamentary AIDS committee tabled to the parliament annual report on 10 February, 2022 mentioning the need for strengthening sustainable strategies on resources mobilization for HIV and AIDS response
Zimbabwe	DSD	2	- **ZNNP+** influenced the removal of user fees for PLHIV in local council health facilities in 3 cities namely Gweru, Marondera and Mutare. However, the partial wins are fragile. Local authorities continue making efforts towards bringing back user fees using different approaches. This calls for pushing towards more sustainable solutions while continuing to safeguard the gains achieved so far. - **BHASO** contributed to the scaling up of the Out of Facility Community Art Distribution (OFCAD) model. 50% of the total allocation for DSD models under PEPFAR COP22 was designated towards implementation of OFCAD in 13 districts. Furthermore, National AIDS Council allocated 20 million to increase ART access through 4 thematic areas. 1 of the 4 thematic areas is implementation of DSD models including OFCAD.
	National Financing	2	- Although the **ACT** has relentlessly pursued the agenda for increased budget allocation and greater accountability for domestic resources, there have not been any tangible wins registered in 2022. - The budget allocation towards health went up from 10.2% (2020), to 13% (2021), to 14.9% (2022), however, dropping to an estimated 11.8% of the Total National Budget for 2023. - Similarly, while the Public Expenditure Tracking System (PETS) was adopted through advocacy efforts by **ZiCHIRe**, the process of implementation never started as MoHCC resisted uptake of PETS as an accountability tool. However, at least two CSOs in every province are now subcontracted by the National AIDS Council, thereby increasing access to the National AIDS Trust Fund and ultimately leading to transparent utilization of domestic resources. - The acknowledgement of Health Financing gaps by the Ministry of Finance, Parliament and Ministry of Health allows for stakeholders to pressure government to address the gaps that they themselves are admitting exist. However, the acknowledgement in itself is not enough and needs to translate into more action from the government

	Women/ girls and SRHR/HIV integration	2	- **ACT** influenced Parliament to include statutes that promote access to Sexual and Reproductive Health services for adolescents in the Medical Services Bill and Child Amendment Bill. Both bills now criminalize parents or guardians who deny their children access to health services including SRH services; with a penalty of a fine or 6 months imprisonment, or both. - While the Medical Services Bill is more influential in facilitating access to services compared to the Child Amendment Bill, both laws once passed into law will complement each other from different dimensions of access to services for adolescents. - **Youth Engage** established a youth-led and youth-serving platform focused on youth participation in PEPFAR and GF processes. The platform elected COP23 Youth Representatives and Alternates for the on-going PEPFAR COP and Global Fund grant development processes for Zimbabwe. - Furthermore, Youth Engage secured a commitment from the Country Coordination Mechanism on having a Youth seat in the CCM.
	CLM, Key pops	1	**GALZ** sensitized the Parliamentary Portfolio Committee on Health on challenges experienced by the LGBTIQ community in accessing services resulting in their commitment to champion the issues and engage MoHCC.
	Key Pops, SRHR	1	**GALZ** aimed to address barriers for effective Global Fund program implementation by KP organizations. In Zimbabwe, the GFATM funds flow from UNDP as the principal recipient to NAC as the sub-recipient, then to UNFPA as the sub-sub-recipient, and then finally to the KP implementers. GALZ leveraged meetings with UNDP, NAC and UNFPA to push for more efficient flows of funds to KP partners who are leading on implementation. These meetings led to the development of a recovery plan (pending approval) by UNDP as the Principal Recipient with two key recommendations: 1)UNDP will provide direct disbursement to KP implementing partners to improve efficiency and reduce loss of funds to administrative costs as money passes through multiple intermediary partners, and 2) partners will get larger tranches of funding every six months, as opposed to the quarterly disbursements, to minimize funding gaps that lead to service delays.
	TB	1	**UAN** established a taskforce comprising of Ministry of Health and Child Care, National AIDS Council and relevant CSOs. The taskforce facilitated increased uptake of TPT by children-caregivers, youths, prisons officials and diaspora PLHIV (from an average of 20% to 45%). - The partnership resuscitated the Electronic Health Register resulting in improvement of client retention from 85% to 94% of 253 initiated on TPT in 2022. - Gene-Xpert machines have been increased by 7 to 147 in 2022 in Zimbabwe, although Umzingwane District still has one machine that was repaired early 2022 and it is now functional

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

In Year 5, a significant internal focus of COMPASS 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* 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.

Global virtual Strategy Lab

COMPASS partners kicked off the year with all partners convening virtually for strategy lab. The three online sessions included reflections on Year 4 of COMPASS, sharing of lessons learned and challenges, the launch of updated strategic priorities for COMPASS 2.0, discussion of the coalition health scorecard findings and how they would inform work in Year 5 of COMPASS, and a kickoff of the governance working group that would lead the process of developing the new COMPASS governance approaches.

Coalition Health Scorecard

The MERL team disseminated results of the second annual (2021) Coalition Health Scorecard for discussion of findings and recommendations with COMPASS partners. Key findings centered on four areas: governance, communications, coalition vision, and collaborations.

Top findings include:

- COMPASS partner interactions were generally characterized by respect and support, resulting in strengthened partnerships and improved advocacy efforts.
- More could still be done to continue to strengthen linkages between Country and Global partners, and between different country coalitions. Accountability and conflict resolution mechanisms require further visibility and support to be effective.

COMPASS translated coalition health scorecard findings into action through:

- Informing COMPASS Governance Working Group and Steering Committee discussions and priorities
- Support to strengthen existing knowledge sharing and exchange platforms for South-South and North-South interface

- Establishment of monthly country and global coordinator meetings to ensure collaboration across country teams and between country teams and global partners
- Increased funding to country coalitions to strengthen country-level coalition cohesion and strategic priority setting

Governance
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. Key changes in the updated governance approach include:

- Leadership by an elected, cross-coalition Governance Committee that will lead conversations on the development of strategic priorities for the coalition, oversee participatory grantmaking approaches, and make membership decisions.
- Transitioning of the prime grantee and grantmaking role from AVAC to Zimbabwe-based partner PZAT.
- Introduction of term limits, terms of reference/charters and checkpoints for reviewing performance of partners holding governance roles, including the Governance Committee, Secretariat, Prime grantee/grantmaking partner, etc.
- Outlines clear expectations for accountability and transparency to the full coalition in key decisions, strategy development, conflict resolution, etc.
- Increased funding to country-level coalition structures to facilitate improved sharing, coordination and collaboration among partners in COMPASS countries.

The governance working group also coordinated an anonymous survey feedback tool to allow partners an opportunity to provide candid feedback on the new governance approach as well as the transition of the prime grantee role, secretariat and sub-granting functions to PZAT in an anticipated next phase of COMPASS. Seventy percent of partners approved of the transition, with 5% unsure, and 22% did not approve. Concerns raised by partners and addressed by AVAC and PZAT during an all-partner call include:

- Wanting to ensure PZAT is set up for success, with anxiety about the relationship with BMGF being lost if AVAC steps back
- Fear the process is being rushed, and that more time is needed to make this transition successful
- Fears that changes in leadership could read to reduced support for minority partners (e.g. KPs) within the coalition, and
- Anxiety about whether the new sub-grants team would allow the same flexibility AVAC provided in COMPASS sub-granting (e.g. permitting partners to update their work plans and reallocate budgets as needed to respond to shifting advocacy landscape).

AVAC and PZAT committed to a clear communication plan around the transition, and in February 2023 the governance working group will be revived with a new mandate of operationalizing the governance transition to enable partners to actively engage in the process and planning.

Sub-granting transition
AVAC transitioned the sub-granting role for the seven Zimbabwe partners to PZAT in 2022, representing a shift of about 25% of all COMPASS sub-grants. AVAC and PZAT worked together closely to transition and update COMPASS sub-granting and program support tools and processes, and checked in monthly to ensure smooth management of the handover. Having now successfully managed a full grant cycle of sub-granting within COMPASS, PZAT is prepared to continue the phased handover of the remaining approximately 20 COMPASS sub-grants by the end of 2023.

Organizational Capacity Strengthening
In addition to managing the sub-granting process to Zim partners, PZAT provided ongoing organizational capacity strengthening support to the seven Zimbabwe sub-grantees. PZAT 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, PZAT conducted ongoing virtual and in-person financial and organizational review meetings to provide training and mentorship to address the needs and gaps identified. PZAT also provided support in strengthening and standardizing sub-grant reporting. In 2023 PZAT plans to scale up this organizational capacity support model to partners in Malawi and Tanzania.

Data Champions:
amfAR and HEPS kicked off 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 Year 6, 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 Year 6 work plans in response to the strategies and priorities identified by each country coalition.

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 **three in-country COMPASS MERL Roadshows** in Zimbabwe, Malawi and Tanzania, reaching a total of 67 participants from across the three countries. 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.
- **MERL completed an evaluation of the COMPASS MERL Champions program.** Key findings include:
    - Embedding the MERL function at country levels requires a well-thought out coordination structure, including clear roles and responsibilities, communications mechanism, workflow and accountability mechanisms, and a specified budget.
    - Buy-in of the coordination team at the highest level of decision-making at country-level is fundamental to the success of the MERL Champions Model.
    - Incentivizing the MERL Champion enhances their motivation and morale.

  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 two COMPASS Coalition newsletters and disseminated them to the coalition.** The newsletters featured country SPARC Stories and highlights from Virtual Strategy Lab and the MERL Roadshow. The COMPASS newsletter continues to be a medium for learning and highlighting key coalition outcomes among partners.
- **MERL conducted two lessons-learned webinars to enhance partner learning across the coalition** and beyond COMPASS. The two webinars reached over 110 participants and covered:
    - Age of Consent to Sexual Reproductive Health Services Campaign case study*:* opportunity for the coalition and beyond to learn from the Zimbabwe experience and apply key lessons to their contexts..
    - MERL Champions Model**:** disseminated findings of COMPASS MERL champions program evaluation.
- **MERL conducted a third round of the coalition health scorecard,** with findings to be disseminated during the COMPASS virtual strategy lab in January 2023. Results will be discussed, validated and used to set goals for coalition strengthening at country level and across COMPASS coalition
    - 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

Planned Activities for Year 6 of COMPASS (High-level preview)

During country strategy labs, each COMPASS country coalition outlined their top advocacy priorities for Year 6 of COMPASS. These country-level strategies have guided the development of partner strategic action plans for the coming year and will also determine the focus of Global Partner technical assistance work plans. Priorities include:

Malawi strategic priorities:

1. Intensification and leveraging of **national treatment literacy efforts** to address existing gaps in access to HIV testing services, treatment linkage, adherence and retention.
2. **Adoption and scale up of diversified models of care** resulting in increased access to services and improved treatment retention.
3. Implementation of **comprehensive HIV primary prevention**, with specific focus on scaling up DREAMs interventions beyond the current sub-national units accelerating national rollout of the PrEP, VMMC and other HIV prevention interventions delayed by the COVID-19 pandemic.
4. Advocating for **increased domestic financing for the HIV response** with more resources going towards a comprehensive HIV prevention program.

5. Pushing for improved availability, quality and rational utilization of medicines and related medical supplies balancing among recipients of care, products and personnel to adequately and efficiently serve the population as per reforming the universal health coverage reflected in the National Health Strategic Plan III (2023-2030).
6. Promotion of **integration of HIV, TB and SRHR services** that is supported by an enabling policy environment, a strengthened health system and adequate infrastructure as espoused by the National SRHR policy 2017-22 and as recommended by the 2019 joint TB/HIV review report by WHO and ministry of health.
7. Strengthened **KP evidence-based planning, implementation and monitoring informed by reliable KP size estimates**.
8. Redefined **CSO Domestic Health Financing advocacy agenda** that defines success beyond just the nominal increase in available funds to the actual improvement and in service delivery access and quality. This will entail CSAF and COMPASS tracking the entire budget cycle from budget preparation to execution and accountability. The CSO advocacy will be aligned to the newly developed health financing strategy advocacy actions including mobilizing communities for health financing.
9. **Strengthened Civil Society engagement in Global Fund processes** that is informed by data and evidence gathered through community led monitoring efforts resulting in improved Global Fund program performance.

Tanzania:

1. **Increased retention of quality PEPFAR and Global Fund processes** that fully engage civil society by working alongside all COMPASS partners.
2. **Increased quality services for PLHIV, young persons and Key Populations**, targeted at PEPFAR, GOT and GF programming. This includes ensuring that there is restoration of previous wins on PrEP, VMMC, lubricants, drop-in centers, prevention, and overall treatments that have been or are in the danger of being reversed.
3. **Integration of HIV and COVID-19 advocacy i**n COMPASS campaigns. There is a need to address the pandemic to ensure that HIV programs remain unaffected.
4. **Strengthened coalition-buildin**g through new opportunities brought by the introduction of community led monitoring/
5. **Increased domestic resource mobilization** for HIV and accountability of the resources raised through advocacy campaigns.

Zimbabwe:

1. **Increased Budget Allocation and Greater Accountability for Domestic Resources Allocated for Health and HIV,** including adoption and implementation of the Public Expenditure Tracking System (P.E.T.S.), additional funding for health by identifying underutilized or untapped resources, more HRH recruitment and retention, and PrEP on demand.
2. **Increased Funding for Open Access to HIV & SRH Services for PLHIV and AGYW**, including an accountability framework to allow all young people to access services in a supportive environment, and funding for local partners to scale up DSDs for integrated HIV management, prevention and treatment, and SRH services and commodities achieved where possible through integrated programs, including for KPs.
3. **Improved Resources and Management to the COVID Response,** including monitoring and tracking resources allocated for the national response both from internal and external sources to enhance accountability, a Health Systems Inventory in view of COVID19 to the health sector in relation to the TB and HIV response, surveillance of Sexual & Gender Based Violence cases and ART uptake in the context of COVID19 and ensure continued access to relevant services, and media engagement for COVID vaccine and prevention awareness scale up.

Cross-coalition COMPASS priorities in Year 6:

PEPFAR

Among other priorities, COMPASS partners will continue to demand increased investments for HIV prevention, human resources for health, infrastructure, drugs and commodities, lab capacity, and community led monitoring.

In addition, 2023 marks the year for PEPFAR reauthorization, and AVAC is currently coordinating partners to work with Senate and House foreign policy staffers on negotiating key changes to PEPFAR reauthorization legislation that's expected to be introduced by authorizers. In particular, AVAC will be articulating and advocating for a significant policy expansion of the FDA-PEPFAR tentative approval pathway to include prevention products alongside antiretrovirals thereby catalyzing uptake and procurement of new and emerging prevention tools by PEPFAR-supported countries.

Global Fund

COMPASS will continuously support country partners during the Global Fund writing process via virtual calls, through the launch and use of the COMPASS Global Fund Engagement 101 Manual, which will be released in Q1 of Year 6. Bottleneck solving meetings will be held in Malawi for an inclusive writing process, and in Zimbabwe with UNAIDS, who are using the CLM to also interfere with the COP engagement process.

Prevention Roadmap

HEPS will build on the established momentum of COMPASS-led UNAIDS HIV Prevention Roadmap advocacy to consolidate country-led advocacy campaigns to realize the country's targets by 2025. Partners will launch their campaigns to hold national governments accountable to the roadmap targets.

CLM

amfAR and HGAP will continue their CLM data and technical support. In both Malawi and Zimbabwe, amfAR and HGAP's support will continue to the CLM consortiums that includes COMPASS coalition partners. In Malawi, this includes all coalition partners: JONEHA, LITE, MANASO, MANET+, and COWLHA. In Zimbabwe, partners will work primarily with ACT to support the development of the survey tools that will be rolled out as well as the data back-end systems that will be used by the coalition of organizations implementing CLM over the course of the year.

Pandemic preparedness and response

- HEPS will build on the previous partner COVID-19 country assessments conducted in Year 4 to use its current COVID-19 equitable access country advocacy experience to support partner involvement in COVID equitable access campaigns.
- AVAC will coordinate partners on pandemic preparedness and response to develop community priorities and talking points and develop a position paper on PPR.
- COMPASS partners will also monitor US State Department reorganization plans and work with key congressional offices to ensure sanctity and strengthening of the HIV/AIDS infrastructure to address wider emerging infectious disease response.
- AVAC continues to monitor and engage on several ongoing fronts across global and U.S. government policy spaces in regards to the PPR, and will seek to leverage its civil society networks across COMPASS and other partnerships to heighten civil society awareness, inclusion, and advocacy in PPR issues. This includes identifying avenues for civil society to engage and participate the UN High-Level Meetings (HLM) on Universal Health Coverage (UHC), tuberculosis (TB), and PPR - all of which are expected to thread pandemic preparedness as a significant policy undercurrent that will drive negotiations on international declarations and treaties that will eventually result at these global gatherings.

Operationalizing new governance approach

Governance:

In 2023 the COMPASS Governance Working Group will be refreshed as an operations working group tasked with operationalizing the structures and approaches outlined in the governance manual. This will include the election process for the Governance Committee, as well as updating participatory grantmaking approaches.

Sub-granting transition:

In 2023 AVAC will continue to transition the management of COMPASS partner sub-grants to PZAT, so that PZAT will be prepared to take over the sub-granting role for the full coalition in an anticipated phase 3 of COMPASS. AVAC will also begin to transition the secretariat role to PZAT in 2024.

In addition, AVAC will continue to prepare PZAT to take on the prime grantee role for COMPASS, including through ongoing engagement with BMGF and collaboration on reporting and proposal development.

Data Champions: Data Champions will continue to meet, shifting away from training towards collaborative Data Champion-led sessions on country-level advocacy work requiring data support

MERL

- MERL will support the utilization of scorecard learnings in the rollout and implementation of the new COMPASS governance approach.
- MERL will develop systems and tools for monitoring implementation of the new COMPASS governance system
- Trainings:
    - PZAT will lead virtual trainings for COMPASS and non-COMPASS partners to strengthen application of COMPASS MERL approaches and tools (CCAAT and SPARC) to measure advocacy campaign progress
    - PZAT and the MERL champions will continue to support widespread use of COMPASS MERL handbook for Advocacy champions
- PZAT and AVAC will develop two case studies with COMPASS partners to document unique approaches and for internal reflection. One case study will focus on the COMPASS approach to shifting leadership to Global South partners.
- MERL will continue to build the capacity of MERL champions through webinars, online interactions and in-person support as needed. The MERL champions will begin taking the lead in the development and dissemination of partner SPARC stories via the bi-annual COMPASS Africa Newsletter.