COMPASS

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

Annual Report 2025

Stronger, visible, and influential African-led civil society driving HIV policy, funding, and accountability.

LIST OF **ACRONYMS**

ACT: Advocacy Core Team

AGYW: Adolescent Girls and Young Women

AHD: Advanced HIV Disease

AIDS: Aquired Immune Deficiency Sydrome

amfAR: The Foundation of AIDS Research

ART: Anti-Retro Virus Therapy

ARV: Antiretrovirals

ATF: Aids Trust Fund

AVAC: AIDS Vaccine Advocacy Coalition

BHASO: Batanai HIV and AIDS Services Organisation

CAB-LA: Cabotegravir

CAG: Community Art Refill Group

C-CAAT: Compass Campaign Advocacy Assessment Tool

CCM: Country Coordinating Mechanism

CDC: Center for Disease Control

CEDEP: Centre for the Development of People

CHANGE: Community Health and HIV Advocates Navigating Global Emergencies

CLM: Community Led Monitoring

COMPASS: Coalition to build Momentum, Power, Activism, Strategy & Solidarity

COP: Country Operational Plan

COWLHA: Coalition of Women Living with HIV

CSO: Civil Society Organisation

DSD: Differentiated Service Delivery

DRM: Domestic Resource Mobilization

DVR: Dapivirine Vaginal Ring

EANNASO: Eastern Africa National Networks of AIDS Service Organisation

GADH: Global Advocacy Data Hub

GBMSM: Gays, Bisexual, Man who have Sex with Man

GC7: Grand Cycle 7

GF: Global Fund

HEPS: Coalition for Health Promotion and Social Development

HIV: Human Immunodeficiency Virus

IAS: International AIDS Society

ICASA: International Conference on AIDS and STIs in Africa

JONEHA: Network of Journalist living with HIV

KP: Key Populations

KP-TNC: Key Populations Transnational Collaboration

LEN: Lenacapavir

LGBTIQ: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer

MANET+: Malawi Network of People Living with HIV

Ministry of Health and Child Care (MOHCC)

NACOPHA: National Council of People Living with HIV in Tanzania

NACP: National AIDS Control Programme

NHIS: National Health Insurance Scheme

PEPFAR: U.S. President's Emergency Plan for AIDS Relief

PLHIV: People Living with HIV

PO-RALG: President's Office – Regional Administration and Local Government

PST: Program Support Team

PZ: Pangaea Zimbabwe

SAYWHAT: Students and Youth Working on Reproductive Health Action Team
SPARC: Simple and Participatory Assessment of Real Change
TACAIDS: Tanzania Commission of AIDS
TMDA: Tanzania Medicines and Medical Devices Authority
TB: Tubercolosis
TMDA: Tanzania Medicines and Medical Devices Authority
TWG: Technical Working Group
UHC: Universal Health Coverage
UHF: Universal Health Fund
USG: United State Government
ZiCHIRe: Zimbabwe Community Health Intervention Research

OVERVIEW

Established in 2017, COMPASS is a transnational civil society advocacy coalition dedicated to strengthening community-centered HIV responses in Malawi, Tanzania, and Zimbabwe. For nearly a decade, COMPASS has shaped national, regional, and global HIV responses through coalition-based, data-informed advocacy, centering the priorities and leadership of communities most impacted by HIV, driving down new infections, and reducing AIDS-related deaths.

The coalition brings together diverse country-based civil society groups across all three countries, alongside seasoned regional and global advocacy partners from across Africa and the United States. Together, COMPASS partners gather, analyze, and apply evidence and lived experience to drive strategic advocacy campaigns that change policy, shape funding, and hold the HIV response accountable to community priorities.Across Tanzania, Zimbabwe, and Malawi, year 7 of COMPASS implementation demonstrated clear and measurable progress toward advancing sustainable domestic financing for HIV and health, strengthening accountability systems, and institutionalizing community-led approaches within national policy and financing frameworks.

This progress reflects a deliberate shift from fragmented, issue-specific advocacy toward coordinated, systems-level influence, where domestic resource mobilization (DRM), governance, and service delivery are increasingly addressed as interconnected components of health system sustainability. Across all three countries, partners have moved beyond agenda-setting to securing concrete policy commitments, influencing budget allocations, and shaping the design of national financing mechanisms, positioning COMPASS as a catalytic driver of reform.

26 COMPASS Partners

These partners work in different workstreams including but not limited to HIV Policy and Legistlation, DRM, Pandemic, Preparedness and Response

Financing and Projects

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This supported 26 projects which were implemented in Tanzania, Zimbabwe and Malawi. The projectes were under the thematic focus areas of COMPASS

Rising to an Unprecedented Moment

In 2025, the HIV/AIDS response faced a historic inflection point. At the same moment, the world was anticipating the transformative promise of Lenacapavir, a new long-acting biomedical prevention technology, catastrophic funding cuts to global health, and to HIV/AIDS in particular, threatened to reverse decades of hard-won progress.

Emerging bilateral approaches further risked sidelining community and civil society voices at precisely the moment they were needed most. COMPASS's role in ensuring the HIV response remains person-centered, rights-based, and accountable to communities has never been more vital.

As the global health sector worked to meet the moment, COMPASS partners mobilized rapidly. They collected and analyzed Community-Led Monitoring (CLM) data and rapid assessment findings to document the real-world impacts of stop-work orders on communities across all three countries.

Picture Taken during an outreach

Marondera, Zimbabwe

Through community surveys, partners identified emerging gaps and barriers in HIV prevention and treatment, particularly for key populations, adolescent girls and young women (AGYW), and people living with HIV (PLHIV). This real-time data filled gaps left by outdated PEPFAR data and paused CLM programs, informed COMPASS advocacy, and was shared with governments and development partners to support more responsive policies and programs.

Additional COMPASS interventions included:

- Health GAP launched CHANGE (Community Health and HIV Advocates Navigating Global Emergencies), a global coordination platform that provides civil society with up-to-date analysis of the rapidly shifting global health policy and funding landscape and a framework for coordinated responses.

CHANGE
COMMUNITY HEALTH & HIV ADVOCATES NAVIGATING GLOBAL EMERGENCIES

- amfAR supported partners by analyzing PEPFAR data, tracking service disruptions caused by stop-work orders, and modeling the projected impact of U.S. government funding cuts on health outcomes.
- AVAC, in collaboration with Data, etc. and EANNASO, analyzed Global Fund data and modeled scenarios for sustaining essential community HIV services amid anticipated funding reductions. Later in the year, AVAC launched the Global Advocacy Data Hub (GADH), a centralized platform giving communities access to vital Global Fund data ahead of GC8.
- The COMPASS Policy and Legislation Working Group supported country partners in understanding, analyzing, and influencing policy changes, ensuring evidence-driven responses to the evolving HIV landscape.

The outcomes achieved during this period are the result of strategic coalition-building, sustained multi-stakeholder engagement, and targeted technical advocacy, grounded in evidence and aligned with national reform processes. Importantly, COMPASS-supported interventions have strengthened the interface between civil society, government institutions, and policy platforms, enabling more effective participation in decision-making spaces and increasing the responsiveness of health financing systems to accountability and sustainability priorities.

Collectively, these results demonstrate not only progress against planned outcomes but also growing institutional uptake of COMPASS priorities, including increased government ownership of financing processes, integration of HIV within broader health system reforms, and recognition of community-led approaches as essential to effective and sustainable health responses.

Below is a summary of the key wins across COMPASS in Year 8:

HIV Policy Advocacy highlights

- In the wake of the US Government's stop-work order, PEPFAR processes were halted. To ensure that communities would have a voice in defining the priorities for the HIV and broader health response in their countries in the absence of the COP processes, COMPASS convened CSOs and private sector partners in Malawi, Tanzania and Zimbabwe to co-develop a People's Core Package of Services in each country, an advocacy platform that articulates the community-defined minimums for HIV, TB, and health services. This initiative aims to inform and influence the formal package endorsed by the government, ensuring it remains responsive to real-world needs.

COWHLA CARG Meeting; Chikwawa District.

Lilongwe, Malawi

- In Malawi, COMPASS partner COWLHA's ongoing advocacy for adoption and scale up of community ART groups (CAGs) as an effective differentiated service delivery model to increase access to ARVs resulted in another win as district health offices scaled up CAG models to more sites in response to data showing the model improved treatment adherence and retention.
- In Tanzania, contributions to the development of National Community Engagement Guidelines supported the formal recognition and integration of community-led monitoring and social accountability mechanisms within national policy frameworks, strengthening the institutional basis for sustained community participation in health system oversight.
- COMPASS Tanzania AGYW partner DARE facilitated multi-track advocacy in Tanzania to advance access to new HIV prevention technologies CAB-LA, the Dapivirine Vaginal Ring (DVR), and Lenacapavir, with a particular focus on Adolescent Girls and Young Women (AGYW). On the regulatory front, DARE convened a meeting between the Tanzania Medicines and Medical Devices Authority (TMDA) and civil society organizations (CSOs) to build shared understanding of approval processes and data requirements, resulting in a clearer roadmap for ongoing CSO-regulator collaboration.

Dare Parliamentary Engagement Meeting

Dar Es Salaam, Tanzania

In parallel, sustained engagement with the Parliamentary Health Committee yielded strong political commitment to a full prevention choice package. Lenacapavir received the most notable backing, with parliamentary leaders highlighting its twice-yearly dosing schedule as especially promising for populations who face challenges adhering to daily oral PrEP.

This campaign of CSO engagement, regulatory dialogue, and parliamentary advocacy helped move Lenacapavir forward in the approval process, demonstrating that coordinated, multi-stakeholder advocacy can bridge technical readiness and political will to expand people-centered HIV prevention in Tanzania.

- Tanzania key populations partner GABINET-RIO documented incidences of stigma, discrimination, and violence against GBMSM communities, including in accessing health care, in Tanzania to provide data to inform advocacy with the national government for amendment of the national violence prevention and response guidelines to be more responsive to the needs of LGBTQ+ people. GABINET-RIO's reporting was recognized by the UN Office of the High Commissioner for Human Rights (OHCHR) which selected GABINET-RIO to lead the National UPR Shadow Report for LGBTQI+ issues, giving them a "seat at the table" at the UN level, which COMPASS is using to pressure the Tanzanian government on equitable violence prevention and response reform for key populations from the top down.

- Zimbabwe partner ACT secured Direct Parliamentary Recognition as Technical Assistance Provider to Parliament on health sector policy, providing unprecedented civil society access to legislative processes and enabling continuous civil society participation in health policy formulation.

Diana Mailosi, ACT Coordinator presenting during a parliament engagement

Harare, Zimbabwe

Farai Mahaso, BHASO Executive Director Presenting during the AHD Scale-up plan

Mazowe, Zimbabwe

- Zimbabwe partner BHASO led a policy review process on the national Advanced HIV Disease (AHD) Scale-Up Plan, which led to approval and adoption of the AHD scale up plan by the Ministry of Health and Child Care (MOHCC), including the inclusion of the community model of care, along with community-level indicators into the national tracking tool for accountability.

- COMPASS partner SRC led the development and adoption of a KVP-inclusive, and equity-centered national Lenacapavir rollout plan by MoHCC to the Global Fund. The plan explicitly prioritizes KVPs and integrates community-led approaches to demand generation, uptake, and effective use of Lenacapavir and explicitly recognizes the structural barriers affecting KVP access, including stigma, GBV, and mental health challenges. As a result, KVPs will be prioritized in the pilot introduction of LEN and unlocks GFATM investment in commodity procurement. The plan is institutionally anchored within MoHCC and will guide future national planning beyond the pilot phase of the LEN rollout

- Based on the demonstrated impact and effectiveness of the PrEP Squad model in Zimbabwe, (a community led PrEP model which utilizes community mobilizers to link key populations to PrEP), COMPASS was formally invited by the Ministry of Health and Child Care (MoHCC) to submit the model for official review and potential integration into Zimbabwe's national Community Differentiated Service Delivery (DSD) Models Manual. This represents a significant step toward institutionalizing innovative, community-led prevention strategies at national scale.
- COMPASS partners across the three countries are systematically monitoring the experiences and needs of key populations as HIV services are integrated into primary care across the region. By generating and utilizing this evidence, COMPASS is advocating for the preservation and strengthening of KP-friendly services within the evolving service delivery models, ensuring that integration does not compromise access, quality, or responsiveness for the most affected groups.

Health Financing and Domestic Resource Mobilization highlights

In 2025 national government ownership of health financing and HIV sustainability processes became a matter of increased urgency across all three countries, driven by the rapidly changing global health funding landscape in the wake of US government stop-work orders by sustained engagement and strategic positioning within formal policy and technical platforms.

- In Malawi, sustained advocacy contributed to a significant increase in the national health budget, including a MWK 20 billion allocation and an additional MWK 17.1 billion secured during the mid-term review process. These gains were complemented by policy reforms introducing earmarked financing mechanisms, including a motor vehicle insurance levy and increased tobacco taxation, signaling a shift toward more predictable and sustainable domestic financing pathways.
- COMPASS partners CEDEP/MANET+ and JONEHA's advocacy for an earmarked allocation of taxes from motor vehicle insurance, cigarettes and alcohol to health yielded a partial win, with the introduction of a motor vehicle accident levy of 2% on motor vehicle insurance that will be ring fenced for health funding. The government also increased the import duty on e-cigarettes from 10% to 30% and introduced an excise duty of 200% on e-cigarettes and other personal vaping products.

- JONEHA influenced increased allocations for HIV commodities, including MWK 1 billion for ARV procurement and an additional MWK 4.3 billion for the HIV response. Advocacy also contributed to a 33% increase in district council drug budgets, improving commodity security and addressing supply-side constraints.
- In Tanzania, high-level alignment with key government institutions—including TACAIDS, PO-RALG, NACP, and the Department of Policy and Planning—was operationalized through a structured Budget Analysis Inception Meeting. This process established agreement on scope, methodology, and institutional roles, unlocking access to critical budget data and creating a coordinated platform for joint evidence generation and advocacy. This alignment strengthened the technical and political foundation for advancing sustainable financing mechanisms, including the AIDS Trust Fund.

Zimbabwe Youth Inclusive budget process at the Parliament of Zimbabwe

Harare, Zimbabwe

- There was improved access to budget data through structured government engagement processes significantly strengthened the evidence base for domestic resource mobilization advocacy. This enhanced data access enabled more robust analysis, informed policy dialogue, and increased the credibility of civil society engagement in financing discussions.

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- Sikika's sustained DRM advocacy in Tanzania contributed to government consideration of long-term domestic financing reforms, reflected in the 2025/26 National Budget, which introduced new taxes and levies earmarked for health financing. Notably, 70% of revenues generated from these reforms are allocated to the AIDS Trust Fund, with 30% directed to the Universal Health Fund, signaling a major policy shift toward sustainable HIV and UHC financing.

- Advocacy by Tanzania partners Sikika and NACOPHA resulted in the continued growth and prioritization of the AIDS Trust Fund as a central mechanism for financing the national HIV response. Government allocations to the ATF increased from TZS 1 billion in FY 2021/22 to TZS 1.88 billion in FY 2022/23 and FY 2023/24, and further to TZS 5.28 billion in FY 2025/26. These allocations reflect a more strategic and programmatic focus, with:
    - 60% directed to community-based HIV prevention interventions;
    - 30% allocated to ATF operational strengthening and governance; and
    - 10% dedicated to addressing the socio-economic impact of HIV, including the economic empowerment of people living with HIV.

Munyaradzi Chimwara (Zimbabwe Country Coordinator) presenting during a ZiCHIRe engagement with parliamentarians

Harare, Zimbabwe

- NACOPHA was appointed to the Tanzania National Task Force on Social Contracting, and its shadow guidelines for social contracting were adopted as a template for the national multisectoral guideline for social contracting mechanisms in Tanzania. These wins will help institutionalize community perspectives in national health financing reforms.
- In Zimbabwe, civil society engagement in the National Health Insurance Scheme (NHIS) draft process contributed to strengthening governance and accountability provisions within the emerging framework. Participation in the National Health Financing Technical Working Group further reinforced the positioning of domestic resource mobilization within broader sector reforms, ensuring alignment between financing strategies and health system priorities.

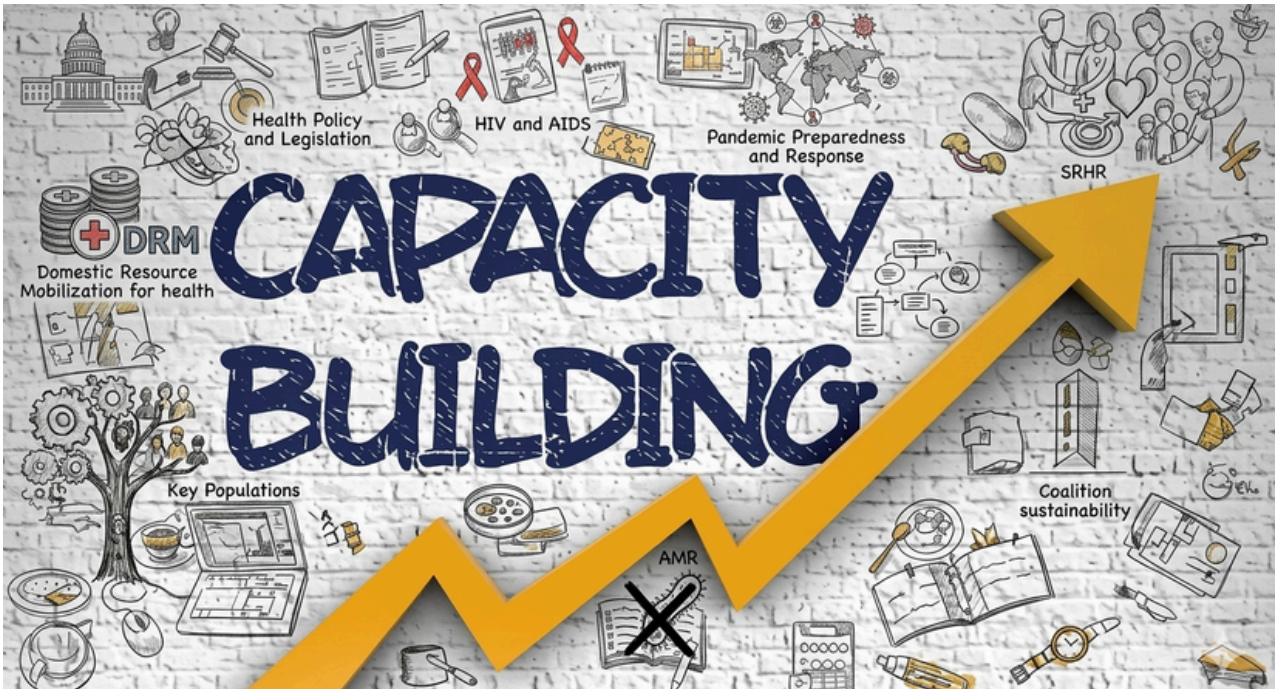
- Sustained COMPASS engagement and advocacy with the Ministry of Health and Child Care (MoHCC), Parliament, and Technical Working Groups led to the consolidation of National Health Accounts (2019–2024) and a formal government commitment to publication, marking a significant step toward improved data availability and evidence-based decision-making.
- High-level parliamentary engagement facilitated by ZiCHIRe led to the endorsement of an independent budget expenditure monitoring forum, creating a structured mechanism for oversight of health resource allocation and utilization. A framework and structure of the forum has been developed with COMPASS partner input, and is now under parliamentary review.
- The COMPASS DRM working group led a Regional Analysis on DRM Strategies and Lessons learned presented at the International AIDS Conference 2025. Findings from the COMPASS analysis were highlighted in an article in the Economist and in aidsmap *(COMPASS member Richard Ochando from AVAC is quoted),* and COMPASS was invited to speak on health financing as a plenary speaker at ICASA in December.

- In the wake of Global Fund reprioritization and deallocation processes, COMPASS acted rapidly to equip CSOs and stakeholders with the knowledge and strategies needed to navigate shifting funding scenarios. To ensure robust participation of civil society and affected communities in the ongoing Global Fund GC7 reprioritization and deallocation process, COMPASS provided targeted technical assistance to CCM members and CSO representatives across the region. This support included timely information-sharing, capacity strengthening, and strategic guidance, empowering CSOs to interpret evolving guidance, articulate community priorities, and effectively advocate during reprioritization discussions. As a result, civil society voices are better positioned to influence decision-making, protect essential services, and secure resources for the most affected populations. COMPASS as the Global Fund TA provider to Anglophone countries, provided direct support as requested by CSOs in Botswana, Kenya and Zimbabwe.
    - COMPASS held a multi-month webinar series specifically for civil society to engage in the GF reprioritization process and prepare for GC8 engagement, which attracted up to 250 participants per session from across anglophone Africa.
    - COMPASS technical assistance enabled CSO representatives in the CCMs in COMPASS countries and beyond to ensure community-led interventions and priorities informed programmatic adjustments to sustain HIV response efforts amid constrained resources.

- COMPASS played a catalytic role in elevating health financing and workforce issues with global and regional stakeholders, including the World Bank, African Union and the Africa CDC. Specifically, COMPASS partners led technical discussions on the debt crisis and its impact on health, spotlighting the loss of over 350,000 health worker jobs and a decrease in HIV prevention due to USG funding cuts.

- COMPASS partner Health GAP led the coordination of global civil society efforts to address USG funding cuts through the newly established CHANGE (Community Health and HIV Advocates Navigating Global Emergencies) platform. Other COMPASS partners actively led sub-working groups and drove both global and regional advocacy actions, ensuring a unified, strategic response to safeguard HIV, TB, and health priorities in the face of emerging funding challenges.

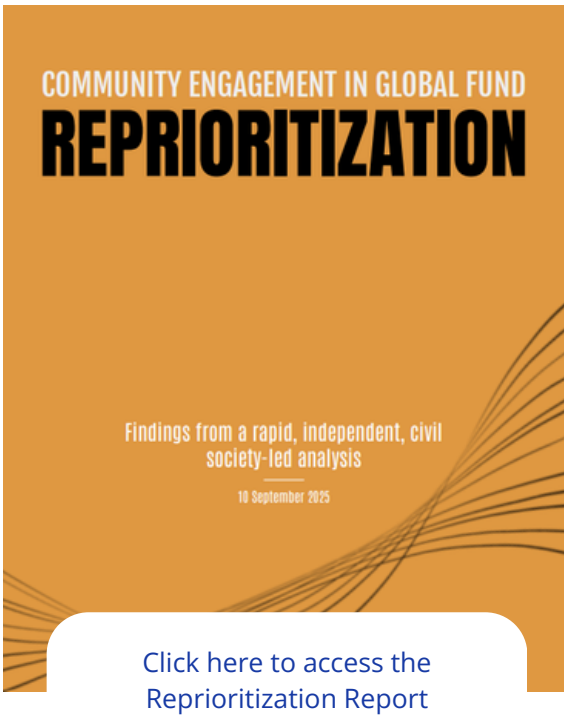
- Through COMPASS engagement with Africa CDC and the African Union, COMPASS ensured that civil society would be represented in the planned High-Level inter-Ministerial and Technical Experts Committee, originally proposed without CSO participation. Thanks to COMPASS advocacy, civil society secured space for 2 representatives to join this committee, which will be responsible for developing actionable recommendations to increase fiscal space for health and strengthen coordination between African Health and Finance ministers.



Skills Sharing and Capacity Building Initiatives

- MERL Champions Training: COMPASS delivered targeted training and refresher sessions for MERL champions on C-CAAT and SPARC tools, resulting in stronger leadership, more effective partner support, and improved quality of midterm reports and SPARC stories.

- Technical Webinars and Civil Society Engagement:
  - In partnership with Data, Etc. and EANNASO, COMPASS led a high-impact webinar series for Anglophone African CSOs on meaningful Global Fund engagement during reprioritization and deallocation, reaching up to 250 participants per session and building CSO capacity to protect community priorities amid funding shifts.
  - The COMPASS Program Strategy Team led a monthly webinar series on supporting civil society engagement in the upcoming Global Fund GC8 processes



Click here to access the Reprioritization Report

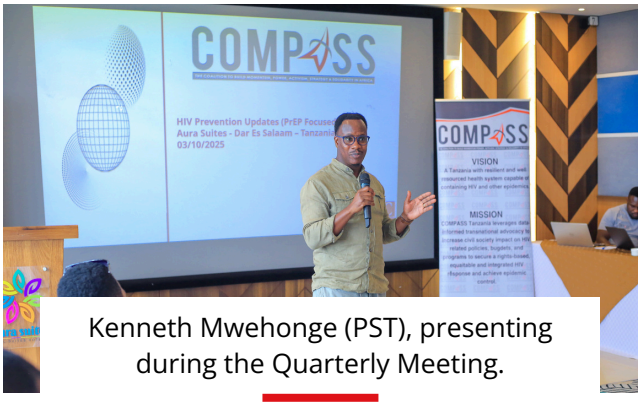
Platform: University of Sydney School of Public Health – Global Health Seminar

- **Session 1:** Implications of the Current Shifts in International Aid for Equity in Global Health
- COMPASS partner Maureen Luba (AVAC, Malawi) underscored how recent changes in global aid are disproportionately impacting low- and middle-income countries (LMICs), stressing the urgent need for increased domestic investments and a recalibration of global health initiatives to safeguard equity.
- **Session 2:** Financing for Health in Africa

- COMPASS Program Strategy Team technical advisor Amanda Banda (PZ, Malawi) presented on COMPASS's strategic role in shaping Domestic Resource Mobilization (DRM) policy, strengthening civil society engagement, and reinforcing national oversight mechanisms to advance sustainable health financing across Africa.

South-South Learning Exchanges:

COMPASS has strengthened coalition-based advocacy, enabling civil society to engage more cohesively and effectively in policy and financing processes.



Kenneth Mwehonge (PST), presenting during the Quarterly Meeting.

Dar Es Salaam, Tanzania

- Social Contracting: Zimbabwe's ZiCHIRE and Uganda's HEPS provided technical support to Tanzanian partner NACOPHA, leading to a government commitment and joint drafting of national social contracting guidelines.
- Budget Analysis: Malawi's CEDEP-MANET, supported by Tanzania's Sikika, led the first CSO budget analysis for Malawi, drawing on Sikika's expertise widely recognized across the region.
- In Zimbabwe, coordinated engagement among a broad coalition of civil society actors, including ZiCHIRe, ZIMCODD, Population Services Zimbabwe, My Age Zimbabwe, SAYWHAT, ACT, and the Advocacy Core Team, resulted in the development and presentation of a unified civil society position on health financing.
    - This position articulated clear priorities, including increased domestic investment, accelerated implementation of the National Health Insurance Scheme, and responsive strategies to address emerging funding gaps, strengthening civil society influence within national policy processes.
- In Tanzania, collaboration between Sikika, NACOPHA, the Benjamin Mkapa Foundation, and community networks strengthened the integration of technical analysis with community validation, ensuring that advocacy priorities remained grounded in lived experience and responsive to population needs.

Adaptive Strategies and Peer Learning:

Muko Richard (PST), Harry Madukani (COWHLA) meeting the Director General for ESA during ICASA

Accra, Ghana

Implementation faced several cross-cutting challenges, including persistent data gaps, limited budget transparency, competing priorities within government Technical Working Groups, delays in parliamentary processes, and broader fiscal constraints driven by reduced donor funding.

Partners adapted by strengthening coalition coordination, aligning advocacy with broader health system reforms, and leveraging multiple engagement platforms to sustain momentum and influence. These adaptive strategies ensured continued progress despite a complex and evolving policy and financing landscape.

Across countries, competing priorities within government Technical Working Groups and delays in policy and parliamentary processes continued to affect the pace of reform implementation. In response, partners adapted by strengthening coordination, aligning advocacy efforts with broader health system reform agendas, and leveraging multiple engagement platforms to maintain momentum and sustain influence.

- HEPS convened a global strategy session to share practical adaptations for CSOs facing USG stop-work orders, enabling partners to sustain community engagement and advocacy despite resource constraints.
- The COMPASS Policy Advocacy TWG hosted a webinar to address changing policy environments and equip partners with responsive strategies.
- COMPASS and the Key Populations Transnational Collaboration (KP-TNC) co-hosted a webinar to assess the future of KP HIV interventions post-funding cuts and chart new advocacy priorities.