COMPASS

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

COMPASS Participation at IAS 2026

COMPASS Africa

Edited by: Fortune Marangwanda

About COMPASS

The Coalition to Build Momentum, Power, Activism, Strategy and Solidarity in Africa (COMPASS) is an innovative, data-driven, and bold transnational collaboration of civil society organizations working across Eastern and Southern Africa and the Global North. Through partners in Zimbabwe, Tanzania, Malawi, Uganda, and the United States, COMPASS advances health and human rights by promoting HIV prevention, access to essential health services, sustainable health financing, and community-led accountability. The coalition generates and leverages evidence to drive strategic advocacy, influence policy, and ensure that the voices of communities most affected by HIV remain central to decision-making.

Photo credit: IAS Media-Andrea Testoni

Introduction

Held in Rio de Janeiro, Brazil, from 26-31 July 2026, the 26th International AIDS Conference (AIDS 2026) brought together scientists, policymakers, governments, donors, activists, civil society organizations, and communities from around the world to assess progress, confront emerging challenges, and shape the future of the global HIV response. Taking place at a critical moment marked by shifting financing landscapes, evolving prevention technologies, and renewed efforts to end AIDS as a public health threat by 2030, the conference provided an important platform for sharing evidence, strengthening partnerships, and advancing community-centered solutions.

COMPASS had a strong presence at AIDS 2026, with representatives from program strategy team, secretariat and coalition partner organizations participating in satellite sessions, panel discussions, community forums, policy dialogues, and strategic networking engagements. The coalition's participation reflected its commitment to ensuring that African community perspectives, lived experiences, and evidence-informed advocacy continue to influence global conversations on HIV prevention, treatment, advanced HIV disease (AHD), differentiated service delivery, domestic resource mobilization, and sustainable health systems.

More than a global conference, AIDS 2026 provided COMPASS with an opportunity to elevate community leadership, showcase country experiences, strengthen regional and global partnerships, and advocate for equitable access to life-saving HIV services and innovations. As governments and partners navigate increasing funding pressures and growing demands for sustainable responses, COMPASS continued to champion a fundamental principle: communities are not merely beneficiaries of HIV programmes but essential leaders in designing, implementing, monitoring, and sustaining solutions that improve health outcomes and save lives.

Maureen Luba (Program Strategy Team)

Photo credit: IAS Media-Felipe Varanda

COMPASS gratefully acknowledges the organizations, donors, and partners whose support enabled coalition representatives to attend AIDS 2026. The sessions featured in this newsletter were not exclusively COMPASS sessions; many were convened by COMPASS partners working alongside governments, civil society organizations, research institutions, and other stakeholders. COMPASS participation reflects its contribution to and engagement in these broader collaborative efforts.

Photo credit: IAS Media-Andrea Testoni

COMPASS at IAS 2025: Session Highlights

Session Title: From Evidence to Power – Communities on the Frontline-David Black Kamkwamba (Pre-conference session)

Session Overview

The session explored how exclusion from treatment and prevention is experienced, documented, and challenged in practice. It examined the role of community-led monitoring and lived experience in exposing gaps between policy commitments and reality, particularly for marginalized and criminalized communities that continue to face unequal access to services and new technologies. The discussion also focused on structural barriers to access, including affordability, intellectual property, pricing, licensing, and unequal rollout of innovation across regions and populations. Attention was given to how community evidence and collective advocacy strengthen accountability and support more equitable access pathways. The session also emphasized the importance of moving from documentation to action, linking evidence directly to policy, legal, and political responses capable of challenging exclusionary systems.

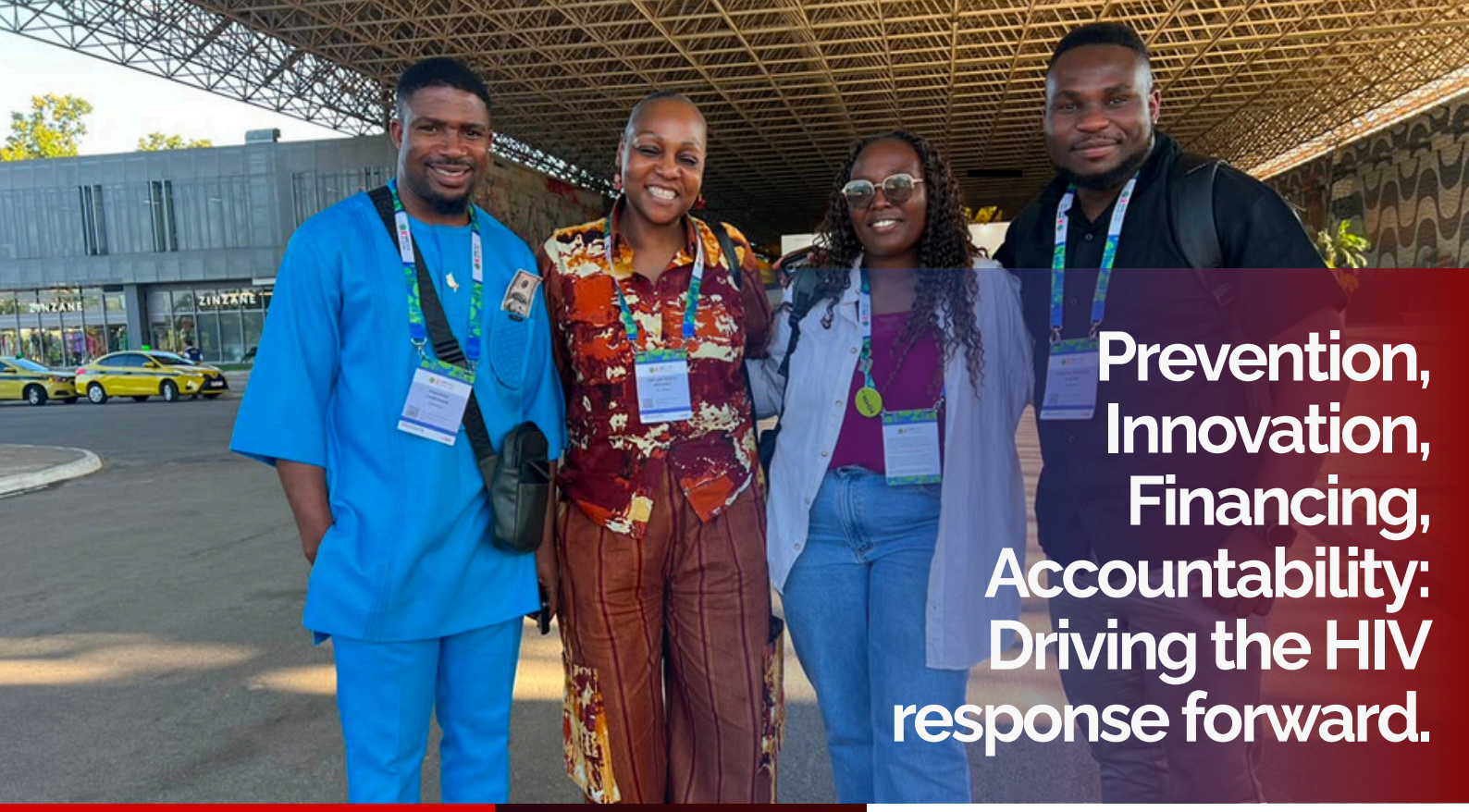
David Black Kamkwamba

Executive Director - Network of Journalists Living with HIV (JONEHA) Malawi

Session Title: Maintaining the momentum: From scientific innovation to real-world choice-Maureen Luba

Session Overview

A bridging session which explored how today's basic science becomes tomorrow's prevention tools, and what the field must do now to ensure that future discoveries translate into equitable, accessible options for those who need them. COMPASS was represented by Maureen Luba who spoke about the importance of putting communities at the centre of innovation. She emphasised the importance of meaningful community engagement in HIV Vaccine Research and Development pointing that affected communities should help set the research agenda, not only receive the results.



Prevention, Innovation, Financing, Accountability: Driving the HIV response forward.

Session Title: SAT43: No More Silos: Integration as the Pathway to Resilient Triple Elimination and People-centered Care - Edna Tembo

Session Overview:

The world has committed to eliminating vertical transmission of HIV, syphilis, and hepatitis B by 2030, yet progress has stalled due to siloed delivery platforms and fragmented systems. As countries now face the challenge of recalibrating their HIV and broader health responses amidst a shrinking health fiscal space, building EMTCT responses on integrated delivery platforms and systems is more critical than ever. The session showcased EMTCT initiatives that advance people-centred, life-course-based care delivered through integrated platforms. It featured pathways and tools used to advance integrated systems and delivery models sustainably; case studies showcasing the impact of bundled care on health and systems outcomes; and wrapped with an expert panel of government and community representatives, practitioners, and donors sharing lessons and considerations for countries as they work towards rebuilding sustainable systems and EMTCT platforms that put people first

Session Title: From Product to Impact: National Strategies to Scale LEN and Accelerate HIV Epidemic Control

Session Overview

This session showcased Malawi's progress in introducing and scaling Lenacapavir (LEN) as part of its national HIV prevention programme. The Malawi Ministry of Health's Department of HIV and AIDS (DHA) presented the country's phased rollout strategy, integrated service delivery model, health worker training, and demand creation efforts aimed at ensuring equitable access to long-acting HIV prevention.

Session Title: SAT36 Prioritization under pressure: Rethinking HIV service delivery with TIER-Plus- Imelda Mahaka and Simon Sikwesa

Session Overview:

HIV programmes are operating in an increasingly constrained funding environment, requiring difficult choices about which services to sustain, scale, or adapt. This session will explore how countries and communities are approaching prioritization in practice, using TIER-Plus-an interactive decision-support tool designed to compare the impact, costs, and trade-offs of different service delivery strategies across the HIV cascade.

Drawing on early experiences from ministries of health and community partners, the session will highlight how TIER-Plus is being used to inform real-world decision-making, support transparent dialogue, and align stakeholders around high-impact HIV service delivery. Speakers will share lessons from applying the tool in diverse settings, including opportunities and challenges in balancing efficiency, equity, and feasibility.

The session also introduced opportunities for further engagement with the TIER-Plus team during the conference

Protecting HIV Funding: The Quilt Carrying a Global Call to Save Lives

As part of its continued advocacy to protect and sustain HIV financing, COMPASS joined partners working with the Global Advocacy Data Hub (GADH) to showcase a powerful advocacy quilt at the IAS Conference, carrying a simple but urgent message: “HIV Funding Saves Lives.”

A second message, “Every Dollar Saves Lives,” highlighted the tangible impact that sustained HIV investments have made across treatment, prevention, and community systems strengthening. Supported by the International AIDS Society (IAS), the quilt transformed advocacy into a highly visible and participatory action, inviting conference delegates, community leaders, advocates, and other stakeholders to add their signatures in solidarity with the call to protect HIV funding.

More than a conference display, the quilt represents the voices and experiences of communities whose lives and wellbeing depend on sustained investment in the HIV response. Each signature added to the quilt reinforces a collective message: the gains achieved over decades cannot be taken for granted, and reductions in HIV financing risk reversing hard-won progress.

The advocacy journey of the quilt will continue beyond IAS. In September, it is scheduled to travel to the United States Conference on HIV/AIDS (USCHA), with further advocacy engagements planned in Washington, D.C., including opportunities to bring its message to policymakers and decision-makers. The aim is to keep HIV financing visible on the political agenda and reinforce the message that investments in HIV are investments in lives, communities, and the future of the global response.

The quilt campaign has also helped stimulate important conversations about the future of HIV financing. Key themes emerging from the action include domestic resource mobilisation, continued Overseas Development Assistance (ODA) for HIV, social contracting, and the responsible integration of HIV services within broader health systems. Together, these discussions underline that the future of HIV financing will require a combination of increased domestic investment, sustained international solidarity, stronger community financing mechanisms, and approaches to integration that protect the gains and specialised capacities built through the HIV response.

COMPASS Tanzania's Secretariat led the campaign on behalf of the wider COMPASS coalition, demonstrating the important role that country and community-led advocacy can play in influencing global conversations on HIV financing.

Speaking at the GADH event where the quilt was launched, Joseph Njowa attended in person, and Richard Muko (Program Strategy Team) and other COMPASS partners attended virtually, emphasised the importance of finding creative and alternative approaches to keep the demand for HIV resources visible and urgent. His message underscored a central lesson from the campaign: as the global financing environment changes, advocacy must also evolve. Communities must continue finding compelling ways to demonstrate what HIV investments have achieved, what is at risk if funding declines, and why sustained financing remains essential.

The quilt therefore carries more than signatures. It carries evidence, solidarity and a collective demand for action. Every signature represents a voice. Every dollar invested protects progress. And every investment in HIV has the potential to save lives.
HIV Funding Saves Lives. Every Dollar Saves Lives.

Session Title: Skills Lab: Community-led monitoring- Maureen Luba, David Black Kamkwanba

Session Title:

This interactive workshop convened community partners and stakeholders to build practical skills in community-led monitoring (CLM), grounded in the globally implemented ITPC-CLM model. Part 1 featured a dynamic, debate-style exchange among CLM experts examining core principles, tensions and lessons learnt. Part 2 offered a hands-on troubleshooting roundtable, where participants rotated through expert-led stations to explore real-world challenges, best practices, and success stories. The format will strengthened peer learning, cross-sectional networking, and effective collaboration in CLM implementation.

Maureen Luba (Program Strategy Team)

Photo credit: IAS Media-Felipe Varanda

Session Title: To fund or not to fund: Pathways and proof points to sustaining HIV prevention as part of integrated approaches and health financing reforms-Simon Sikwese, Mitchell Warren

Simon Sikwese

Executive Director for PAKACHERE Malawi

Session Overview

While annual HIV infections have declined by nearly 40% since 2010, the rate of decrease has stagnated, with 1.3 million new cases reported in both 2023 and 2024, driven by increasing or flatlining incidence in Asia, Latin America, Central and Eastern Europe, Middle East and North Africa, and larger relative numbers of new HIV acquisitions in Africa.

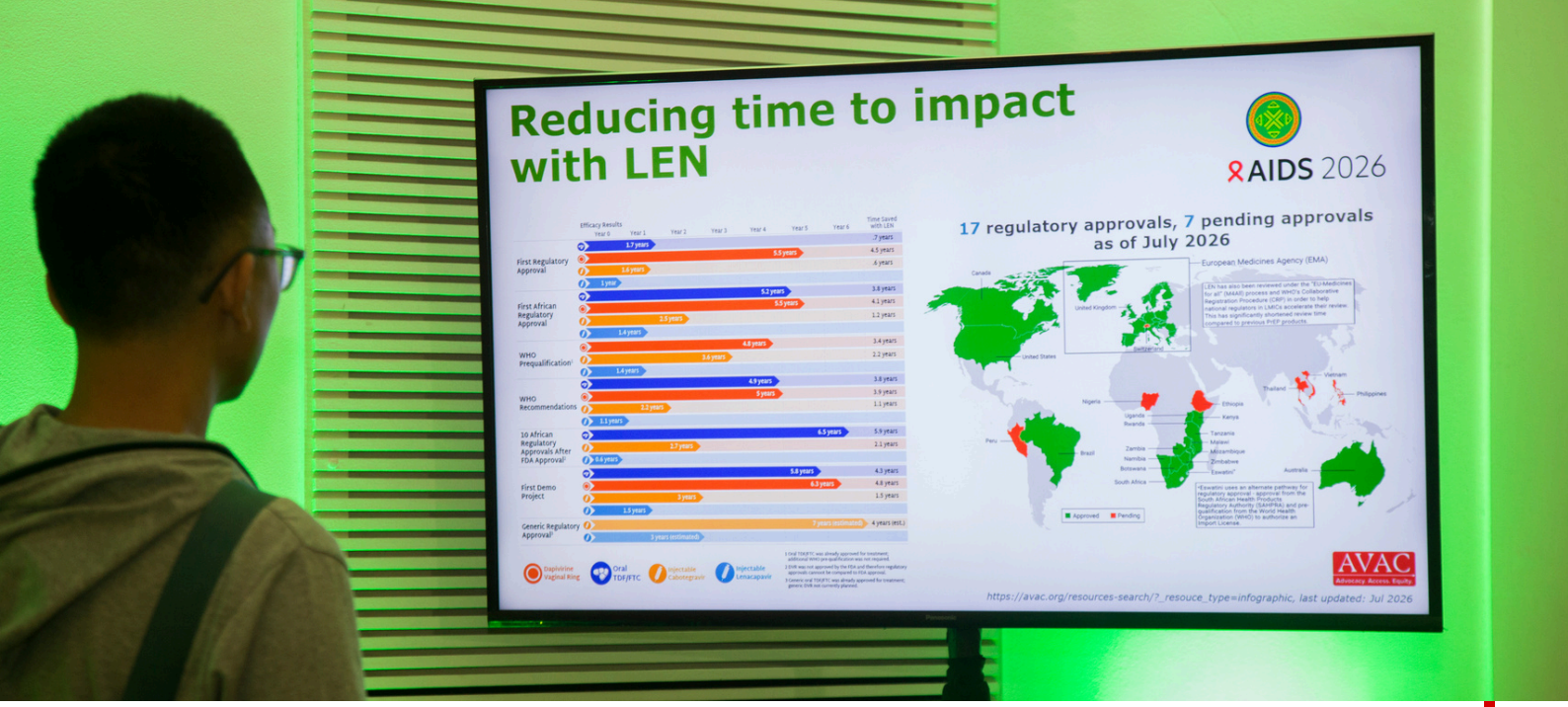
At the same time, since early 2025, financing for HIV prevention, including condoms, PrEP and PEP, VMMC, harm reduction, and EMTCT has declined substantially. This dynamic session quantified funding gaps and feature country reforms as well as innovative financing and delivery solutions to sustain prevention, from integrated primary health care and key population-led private-sector models to total market approaches and the role of national health insurance.

Session Title: Choosing impact: Making long-acting HIV prevention a reality for key populations in sub-Saharan Africa-Mitchell Warren

Session Overview

Powerful new, long-acting HIV prevention products are coming online amid significant changes to funding and support for key population (KP) programming. With the vast upheaval in global health financing over the past year, KP services have been the most at risk of interruptions or termination, especially in sub-Saharan Africa. Remaining organizations have been forging ahead to fill gaps and bolster advocacy and services where possible.

Global Black Gay Men Connect (GBGMC), in partnership with AVAC and the Global Key Populations HIV Prevention Advisory Board, is leading the PrEP Power Project to continue advancing the introduction of long-acting products for KPs. This session reviewed the current landscape and ongoing need for powerful and sustainable HIV prevention for KPs, provided evidence on need and demand, and discussed how and where to implement programming. Community and civil society representatives lead discussions with governments, donors, and implementers.



Session Title: Shared pipeline; shared goal: Innovations in long-acting antiretrovirals for PrEP, PEP and treatment-Mitchell Warren

Session Overview

This session explored innovations in research and development for ARVs across the spectrum: for PrEP, PEP and treatment. An initial presentation outlined the current and possible future progression of the pipeline of products and outline the ideal profiles for longer-acting methods for all three “use cases”. It also addressed the critical role of testing across the three forms of ARV applications, and how comprehensive delivery may be optimized as ARV products evolve and improve. Following the framing presentation, there was a facilitated discussion among product developers, researchers, advocates and funders - with active audience participation - on the comprehensive ARV-based pipeline, and outlined common challenges, gaps, opportunities, and ways forward.

Session Title: Skills Lab: Community-led monitoring-Maureen Luba, David Black Kamkwanba

Session Overview

This interactive workshop convened community partners and stakeholders to build practical skills in community-led monitoring (CLM), grounded in the globally implemented ITPC-CLM model. Part 1 featured a dynamic, debate-style exchange among CLM experts examining core principles, tensions and lessons learnt. Part 2 offered a hands-on troubleshooting roundtable, where participants rotated through expert-led stations to explore real-world challenges, best practices, and success stories. The format will strengthened peer learning, cross-sectional networking, and effective collaboration in CLM implementation.

Abstracts

Abstract Title: Projected impact of U.S. PEPFAR withdrawal on Zimbabwe and implications for the global HIV response

Presenter

Imelda Mahaka Pangaea Zimbabwe, Zimbabwe

Authors

K.H. Tram[1], J. Sherwood[2], I. Mahaka[3], M. Cameron[4], B. Honermann[2], C. Beyrer[5], J. Ratevosian[5]

Institutions

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Background:

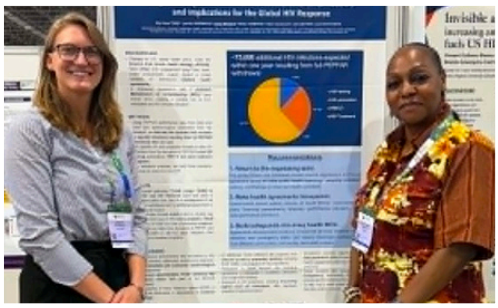
Changes in United States global health policy, under the America First Global Health Strategy (AFGHS), have shifted U.S. engagement away from open-ended programmatic support toward a model centered on time-bound, bilateral health Memorandums of Understanding (MOUs), which have been signed by 32 countries as of May 4, 2026. In Zimbabwe-where PEPFAR has supported HIV programming since 2003-negotiations over a proposed MOU have broken down, creating a credible risk of U.S. withdrawal. This analysis quantifies the potential impact of PEPFAR withdrawal in Zimbabwe, with particular emphasis on new infections resulting from service disruptions.

Methods:

Using PEPFAR performance data from 2024 and 2025 and epidemiological parameters from the literature, we estimate the expected total increase in new HIV infections resulting from full PEPFAR withdrawal after one year. We quantify the total projected increase in new HIV infections from the disruption of PEPFAR-funded HIV testing, prevention, prevention of mother to child transmission (PMTCT), and adult treatment programs. For sensitivity analyses, we build three scenarios, varying our reductions by +/- 10%.

Results:
Our model estimates 75,440 new HIV infections could take place in Zimbabwe within one year as a consequence of full PEPFAR withdrawal and no additional government or international support, including 8,939 new infections from loss of HIV testing programs, 19,139 from loss of prevention programs, 1,050 from disruptions to PMTCT, and 46,313 adult infections from disruption to treatment programs.

Conclusions:
This analysis demonstrates that policy shifts affecting PEPFAR support in Zimbabwe would have immediate epidemiological consequences. We project over 75,000 additional HIV infections within one year of full PEPFAR withdrawal, with the majority driven by disruptions in treatment coverage, consistent with prior modeling and real-world evidence. Moreover, prevention programming is also critical for durable epidemic control, with nearly 20,000 additional infections possible from reduced access to PrEP, VMMC, and services for key populations. Zimbabwe's experience illustrates both the achievements of PEPFAR and the risks under abrupt transition scenarios. Without careful management of this bilateral health engagement, short-term disruptions may translate into long-term setbacks for HIV epidemic control.




Session Title: Geospatial mapping for targeted HIV services: enhancing outreach for female sex workers in Malawi

Presenter
Simon Sikwese
Authors
J. Gondwe[1], S. Sikwese[1]
Institutions
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BACKGROUND:
Geospatial mapping is a spatial visualization method that enables the creation of customized maps, providing a representation of the physical world on a map. In January 2023, Local Endeavors for HIV/AIDS Prevention and Treatment Activity (LEAP) conducted hotspot mapping to identify locations with high numbers of female sex workers. The hotspot mapping aimed to improve service provision and coverage and develop geospatial system to monitor on going outreach service delivery coverage and inform resources allocation.

METHODS:
The project used hotspot mapping data collected in 2023 from 2,040 hotspots across 4 districts in Malawi with high population density of female sex workers as a master database. Open data kit central was used to develop an android based form, used by service provision teams in real time using mobile phones.
Due to changes in names given to hotspots overtime and ownership, matching hotspot names of routine data with master database was a challenge to monitor which hotspots have been visited with which services. We used geocoordinates from the master database and geocoordinates from routine data collected in real time to calculate spatial relationships using the haversine formula.

RESULTS:
Between December 2023 and December 2024, 1,408 hotspots were visited and 728 (52%) of these hotspots were matching the master database or were within 100 meters radius of a geolocation already mapped. Each visit had multiple services being provided, the most accessed service was HTS 1043(12.1%), followed by STI Screening 1031(11.9%) and GBV Screening 1008(11.7%). PrEP Refill services were at 960 (11.1%), HIV Self-Testing 868 10.0%. PrEP New 796 (9.21%) and ART Refill 795 (9.2%). Family Planning (782) 9.05%, Viral Load 718 (8.31%), STI Treatment 638 (7.39%). Chi-squared test showed high statistical significant difference among services (X-squared = 206.5, df = 9, p-value < 0.001).

CONCLUSIONS:
Using a live interactive dashboard, Different service providers can visualize in Microsoft power BI which hotspots have been provided with which services and plan outreach clinics accordingly. HTS is the most provided service during outreach clinics. Follow-up investigation into factors influencing service utilization should be done to address potential gaps in accessibility or preference.

Session Title: From maturity to sustainability: institutionalising community-led monitoring in Malawi's health system

Presenter

David Black Kamkwamba

Authors

J. Bozinovski[1], M. Luba[2], K. Lauer[3], G. Moses[4], S. Baptiste[5], D.B. Kamkwamba[6]

Institutions

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BACKGROUND:

Community-led Monitoring (CLM) has emerged as a mechanism for strengthening accountability, service quality, and community systems in health responses. In Malawi, CLM has evolved from a small advocacy initiative into one of the most mature national CLM models in Africa. This paper documents how CLM became institutionalised within national health systems and how it is being positioned for long-term sustainability in a context of shrinking donor funding, increasing pressure on domestic health financing and integrated health service delivery.

METHODS:

We conducted a longitudinal case study of Malawi's CLM program drawing on insights from program documents, policy reviews, and implementation data from 2016 to 2025. We analyzed five key domains: (1) use of CLM to inform national priorities and donor investments, (2) integration into national health information systems, (3) integration into national and district budgets, (4) service delivery improvements, and (5) national coordination mechanisms. We also reviewed documented service delivery outcomes and policy and financing decisions influenced by CLM.

RESULTS:

CLM is now implemented in all 28 districts, covering over 100 health facilities and multiple disease areas including HIV, TB, malaria, SRHR, and pandemic preparedness. CLM data has directly informed PEPFAR COP priorities, Global Fund funding requests, and national policies and strategic plans. CLM is embedded in national policy documents and is being prepared for integration into DHIS2 and other health information systems. At service level, CLM contributed to measurable improvements, including reduced waiting times, improved appointment adherence, expanded DREAMS coverage, and policy changes to allow emergency ART refills. Following recent funding cuts, CLM functioned as a national early warning system, producing rapid evidence that informed government response. Malawi has secured a government commitment of approximately USD 1 million to support CLM, and CLM activities are now included in district and national plans and budgets.

CONCLUSIONS:

A dual-track model combining peer-led campus networks with digital demand creation substantially increased HIVST uptake and demonstrated feasibility and acceptability within university systems. Institutionalizing and resourcing student-led networks is critical for sustainability, while continued policy advocacy is needed to address age-of-consent barriers and align access with adolescent risk realities. Scaling digital consultation platforms and integrating them into university health systems can further strengthen youth-centered HIV, SRH, and self-care service delivery. These lessons provide actionable guidance for implementing youth-led, system-focused HIV prevention strategies in similar contexts.

Congratulations to amfAR Senior Policy Associate Elise Lankiewicz, who was awarded the Journal of the International AIDS Society's Impact Award!

Lankiewicz and co-lead author Alana Sharp won for a February 2025 publication on early impacts of the PEPFAR stop-work order, and the award was presented at the 2026 International AIDS Conference last week. Read more here: **https://lnkd.in/gRSCrWDr**

Session Title: Digital media and peer networks as a dual-track implementation model to increase HIV self-testing uptake among university students in Tanzania

Presenter

Matrida Emmanuel Idifonce

Authors

M.E. Idifonce[1], L. Benjamin Mwakyosi[2], E. Kabyazi[2]

Institutions

[1]DARE Organization, Dar es Salaam, Tanzania, the United Republic of.

BACKGROUND:

Adolescents and young people (AYP) in Tanzania remain at elevated risk of HIV, yet uptake of HIV testing services within higher learning institutions (HLIs) remains suboptimal. Structural and social barriers, including stigma, low awareness of HIV self-testing (HIVST), limited youth-tailored outreach, and age-of-consent restrictions (18+), continue to constrain demand, despite national availability of HIVST kits. This initiative aimed to increase HIVST uptake among university students through a combined digital and peer-led implementation model.

METHODS:

Over nine months, a multi-site programme was implemented across five universities using two complementary approaches. The first approach focused on digital demand creation and policy engagement via social media campaigns, mainstream media messaging, and structured policy dialogues to raise HIVST awareness and support system alignment. An anonymous e-consultation platform provided HIVST counseling and sexual and reproductive health information. The second approach leveraged peer-led implementation, training 83 student champions within established campus networks (CHARGE-Groups) to promote HIVST through youth-centered events, including health fairs, sports tournaments, and women-focused forums. Interventions were delivered online and in-person, integrating student-led advocacy with institutional engagement.

RESULTS:

Peer-led engagement was highly effective, reaching 37,516 students exceeding targets and linking 12,645 individuals to HIV and SRH services. Student champions consistently outperformed external influencers in trust-building and facilitating uptake. Digital advocacy expanded reach to over 4.5 million individuals, with 87,197 receiving targeted HIVST messaging, though sustainability was limited by funding. A total of 48,543 HIVST kits were distributed. Preferences for blood-based kits were common, and age-of-consent restrictions remained a barrier for younger students. Institutional-level engagement and alignment with university leadership strengthened the system's capacity to support ongoing student-led HIVST initiatives.

CONCLUSIONS:

A dual-track model combining peer-led campus networks with digital demand creation substantially increased HIVST uptake and demonstrated feasibility and acceptability within university systems. Institutionalizing and resourcing student-led networks is critical for sustainability, while continued policy advocacy is needed to address age-of-consent barriers and align access with adolescent risk realities. Scaling digital consultation platforms and integrating them into university health systems can further strengthen youth-centered HIV, SRH, and self-care service delivery. These lessons provide actionable guidance for implementing youth-led, system-focused HIV prevention strategies in similar contexts.

What's Next for COMPASS

HIV Prevention

- Support accelerated rollout and uptake of long-acting HIV prevention options, including Lenacapavir (LEN).
- Strengthen community-led demand creation, especially for AGYW, pregnant and breastfeeding women, and key populations.
- Promote integrated, people-centered HIV prevention services within primary healthcare systems.
- Generate and use evidence to improve access to prevention technologies and services.

DRM (Domestic Resource Mobilization) for HIV Prevention

- Support sustainable financing models, including national health insurance and integrated health funding approaches.
- Engage governments and partners to close HIV prevention funding gaps.
- Promote efficient resource allocation through data and decision-making tools such as TIER-Plus.

Protection of Progress Through Policy and Rights

- Advocate for policies that protect equitable access to HIV services and innovations.
- Strengthen community-led monitoring and evidence-based advocacy to address barriers and exclusion.
- Defend the rights of marginalized and key populations affected by HIV.
- Push for policy reforms that translate scientific advances into real-world access and choice.

Country Accountability and Sustainability

- Institutionalize community-led monitoring as a key accountability mechanism.
- Strengthen integration of community data into national health information systems and planning.
- Promote country ownership, transparency, and long-term sustainability of HIV responses.