State of the South

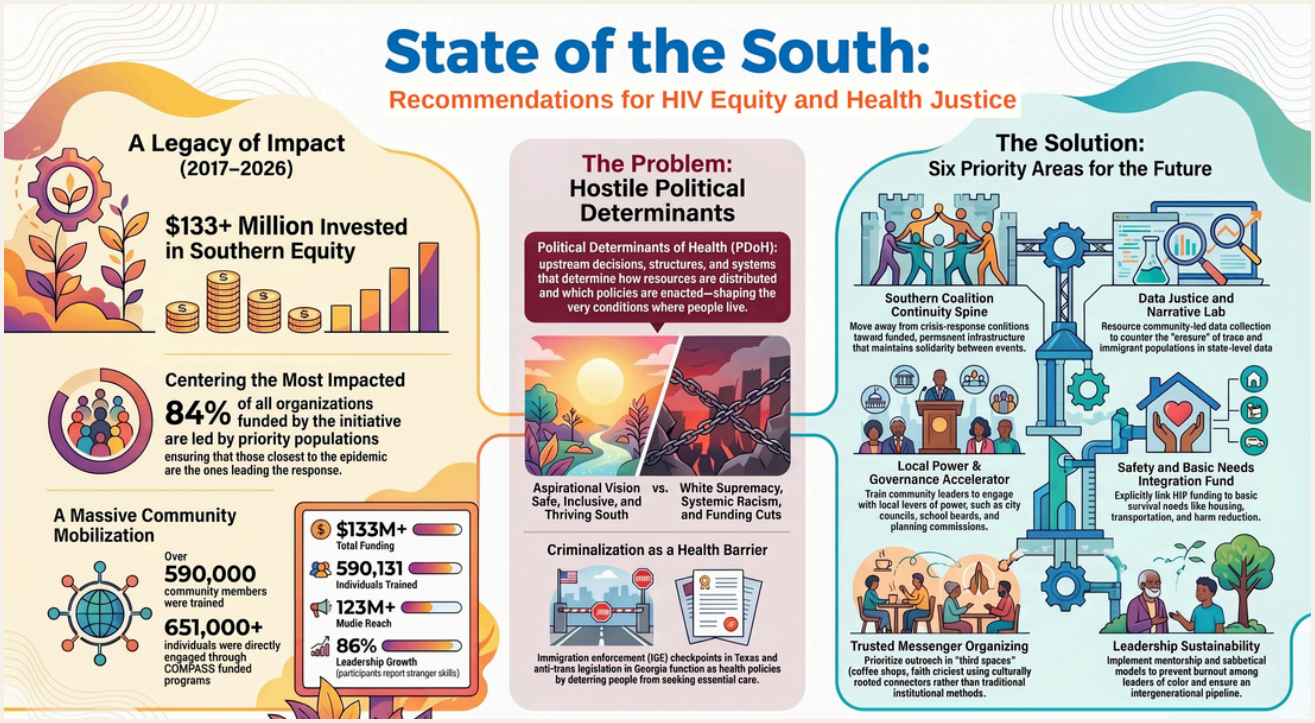
Gilead COMPASS Initiative® | A Special Report

The South Has Something to Say: Recommendations for HIV Equity and Health Justice

227	89	10	10
Stakeholders	Organizations	States	Sessions

Introduction

In 2026, the Gilead COMPASS Initiative® convened ten listening sessions across the U.S. South, engaging 227 stakeholders from 89 organizations across 10 states. The central finding: the conversation has shifted from social determinants of health to political determinants of health, signaling a new era of advocacy and community resilience.



"The ground has shifted. We are no longer just responding to health disparities — we are naming the systems that create them."

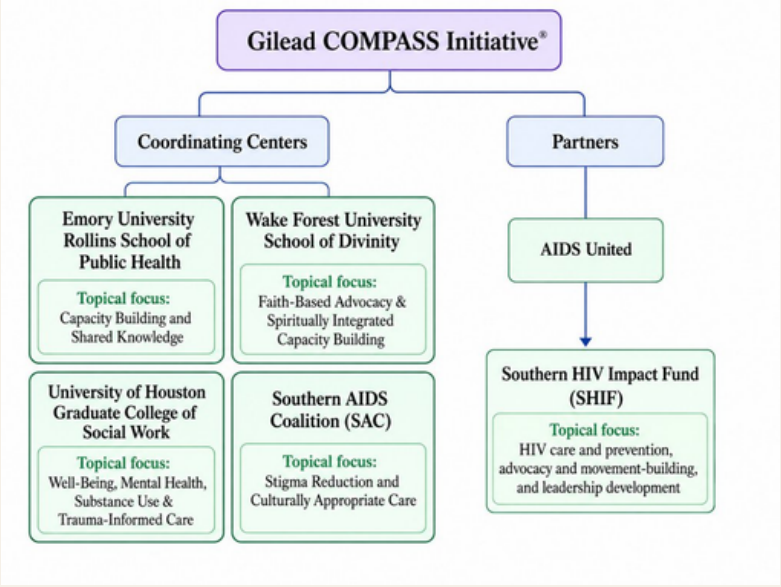
About the COMPASS Initiative®

The Gilead COMPASS Initiative® (COMmitment to Partnership in Addressing HIV/AIDS in Southern States) is a 10-year, $100 million commitment to address the HIV epidemic in the Southern United States. Launched in 2017, it operates through four Coordinating Centers and a national partnership with AIDS United.

Coordinating Centers

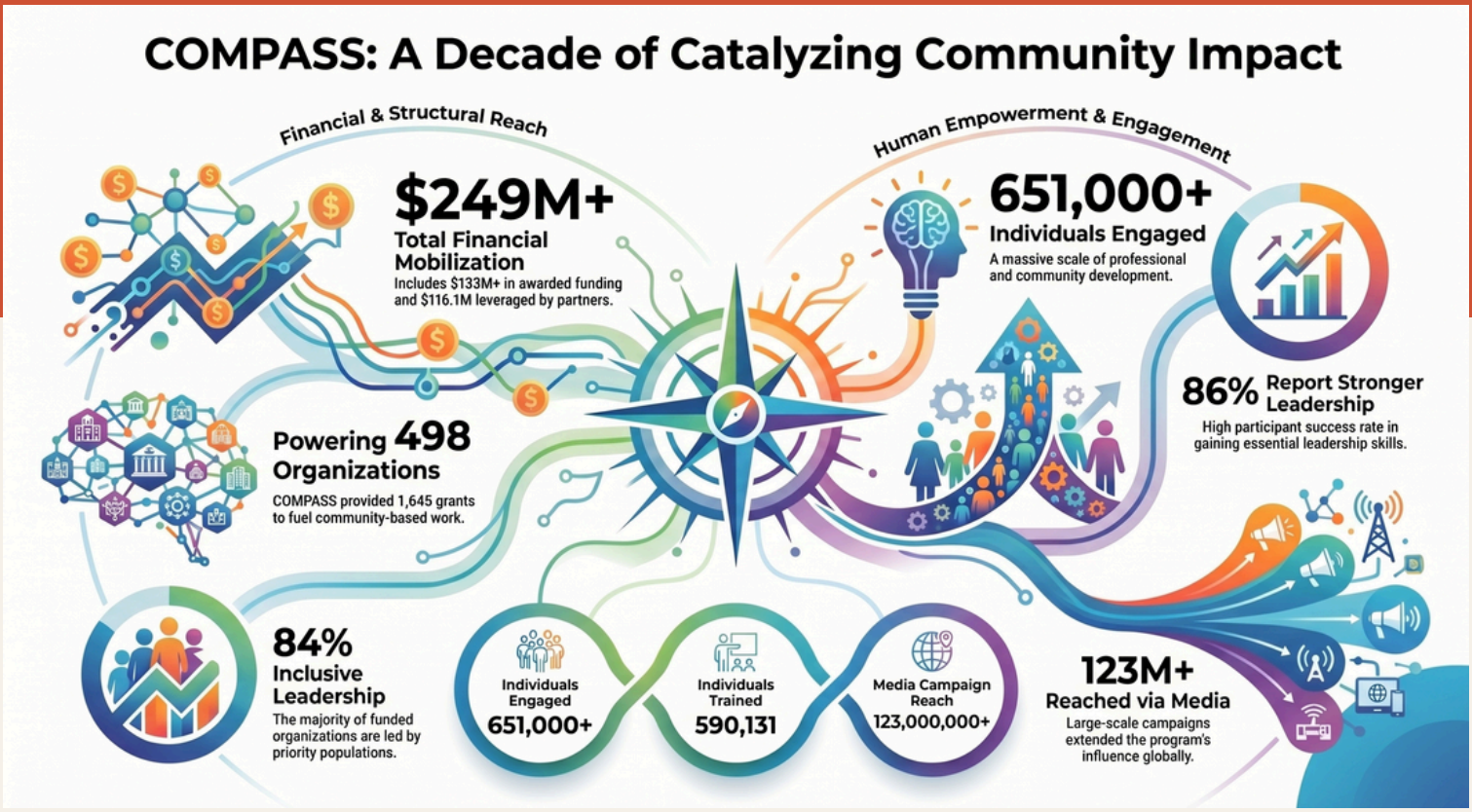
- Emory University (Atlanta, GA)
- Wake Forest University (Winston-Salem, NC)
- University of Houston (Houston, TX)
- Southern AIDS Coalition (Birmingham, AL)

In partnership with AIDS United, these centers provide funding, capacity building, and technical assistance to community-based organizations working to end the HIV epidemic in the South.




PROTECT
EVERY BLACK
LIFE.

Cumulative Impact (2017–2026)



$133M+

Invested

498
Organizations Funded

651K+
People Engaged

$116M
Leveraged

1,645
Grants Provided

84%
Orgs Led by Priority Populations

86%
Report Stronger Leadership

Methodology: How We Listened

Between January and June 2026, the COMPASS Initiative® conducted ten structured listening sessions, four in-person and six virtual, engaging stakeholders across the Southern United States. Sessions included structured group activities, expert panels, and participatory exercises designed to surface community priorities.

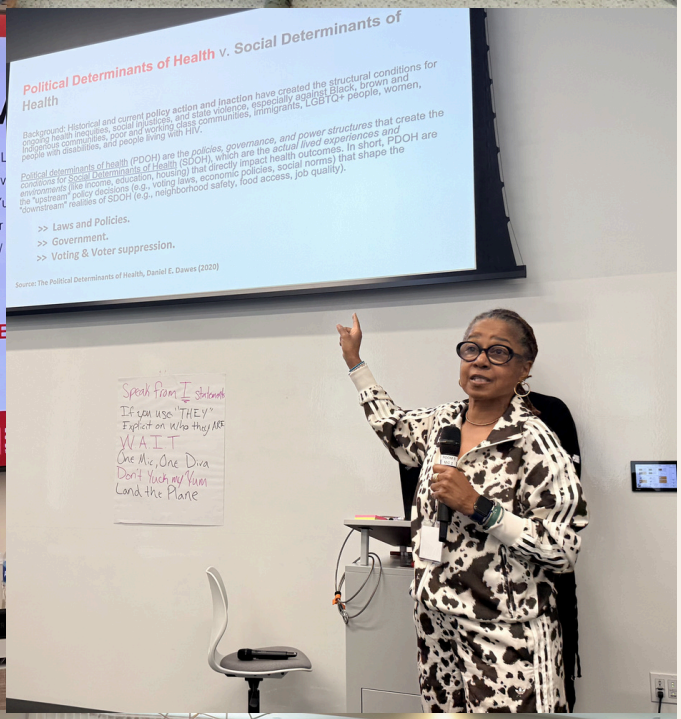
In-Person Listening Sessions

- Houston, TX - Texas + Louisiana
- Columbia, SC - SC, NC, Virginia
- Atlanta, GA - GA, MS, Alabama
- Orlando, FL - Florida statewide

Virtural Listening Sessions

- Black Gay Men in Arkansas
- Transmasculine Communities (Atlanta, GA)
- CHWs, Trans Women & Youth (Atlanta, GA)
- Latine Communities (TN, MS, NC, TX)
- Advocates in South Carolina
- Rural PLHIV, Women, and Disability & Recovery Communities (AL, AR, LA, MS)


COMM
Acknowledge of L
W.A.I.T / One Div
Don't Yuck My Yu
No Tolerance for
Mindful of Time /
WE
EMORY
ROLLINS SCHOOL OF PUBLIC HEALTH


Political Determinants of Health v. Social Determinants of Health
Background: Historical and current policy action and inaction have created the structural conditions for ongoing health inequities, social injustices, and state violence, especially against Black, brown and Indigenous communities, poor and working class communities, immigrants, LGBTQ+ people, women, people with disabilities, and people living with HIV.
Political determinants of health (PDOH) are the policies, governance, and power structures that create the conditions for Social Determinants of Health (SDOH), which are the actual lived experiences and environments (like income, education, housing) that directly impact health outcomes. In short, PDOH are the "upstream" policy decisions (e.g., voting laws, economic policies, social norms) that shape the "downstream" realities of SDOH (e.g., neighborhood safety, food access, job quality).
>> Laws and Policies.
>> Government.
>> Voting & Voter suppression.
Source: The Political Determinants of Health, Daniel E. Dawes (2020)
Speak from I Statements
If you use "THEY"
Explain Who they are
WAIT
One Mic, One Diva
Don't Yuck my Yum
Land the Plane

What COMPASS® Built

COMPASS® transformed organizations through a unique model: funding combined with coaching, peer connection, and sustained technical assistance. This bundled approach created lasting infrastructure where isolated grants could not.

"Before COMPASS, we were surviving. After COMPASS, we were building. The difference was not just money — it was belief."

— Alabama women-focused HIV organization

Key Findings

- Bundled Support — Funding + coaching + peer networks created lasting organizational capacity.

- Visibility as Survival — COMPASS made Southern HIV organizations visible to funders and policymakers.

- Collaboration as Survival — Cross-organizational relationships became critical infrastructure during political rollbacks.

Despite these gains, organizations face external threats: cash-flow gaps from short grant cycles, federal funding rollbacks, and increasing political hostility toward public health infrastructure.


MAXIMUM
OCCUPANCY
60

What Communities Named

THE VISION

THE BARRIERS

Communities articulated a clear vision for the South they want to build, and named the structural forces standing in the way.

Six Cross-Cutting Themes

1. Political Determinants of Health

Communities named politics — not just poverty — as the root cause of health inequity.

2. Safety & Criminalization

Policing, surveillance, and criminalization of HIV create barriers to care and trust.

3. Basic Needs as HIV Infrastructure

Housing, food, and transportation are not separate from HIV work — they are HIV work.

4. Narrative & Truth as Battlegrounds

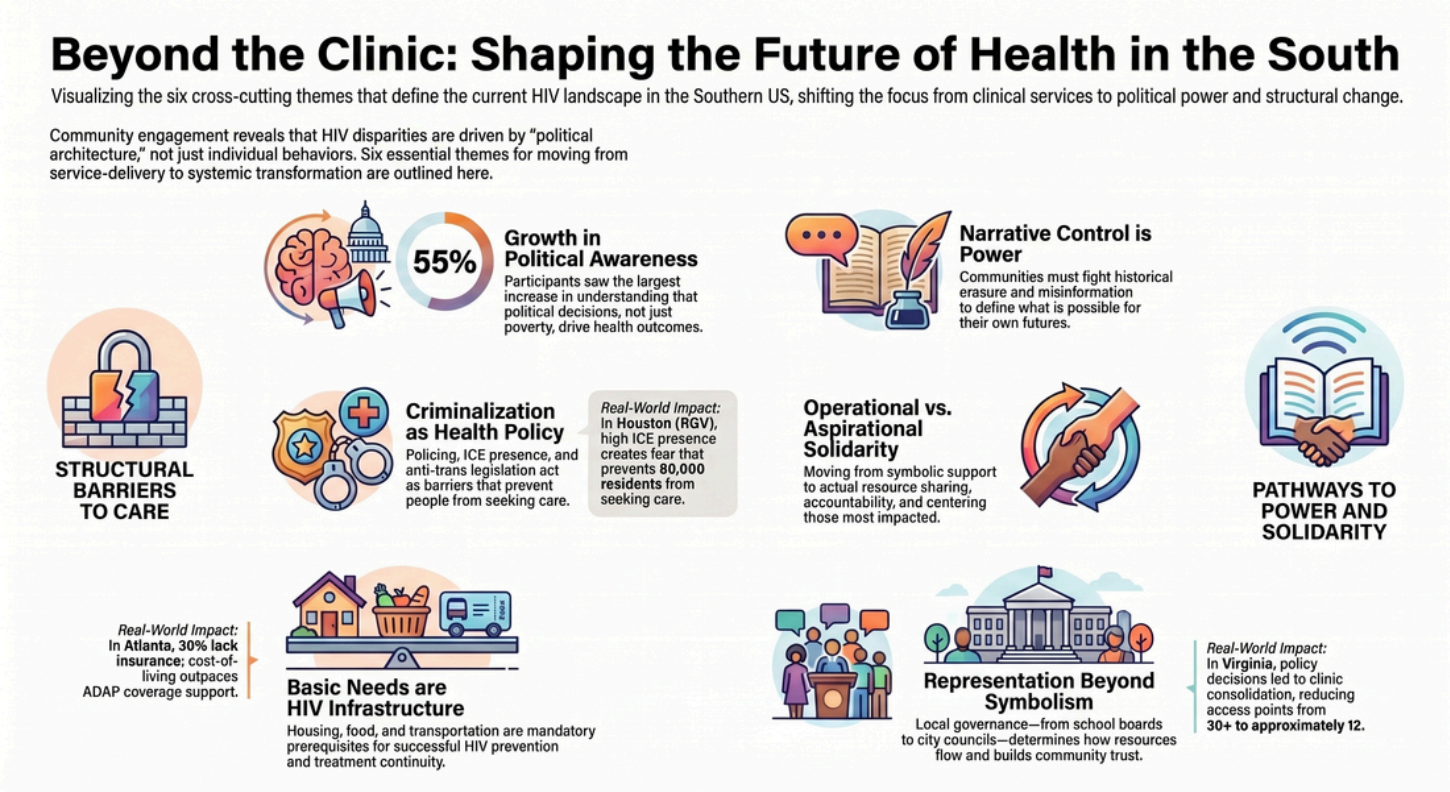
Misinformation and stigma require intentional counter-narratives rooted in community voice.

5. Operational Solidarity

Organizations need shared back-office support, not just program funding.

6. Power-Building Through Governance

Communities must move from service delivery to decision-making tables.



"In Columbia, participants shifted from 'what services do we need?' to 'who has the power to decide whether those services exist?'"

In Houston, participants described immigration checkpoints as barriers to HIV testing. In Orlando, gerrymandering was named as a direct threat to public health funding and representation.


MAXIMUM
OCCUPANCY
60

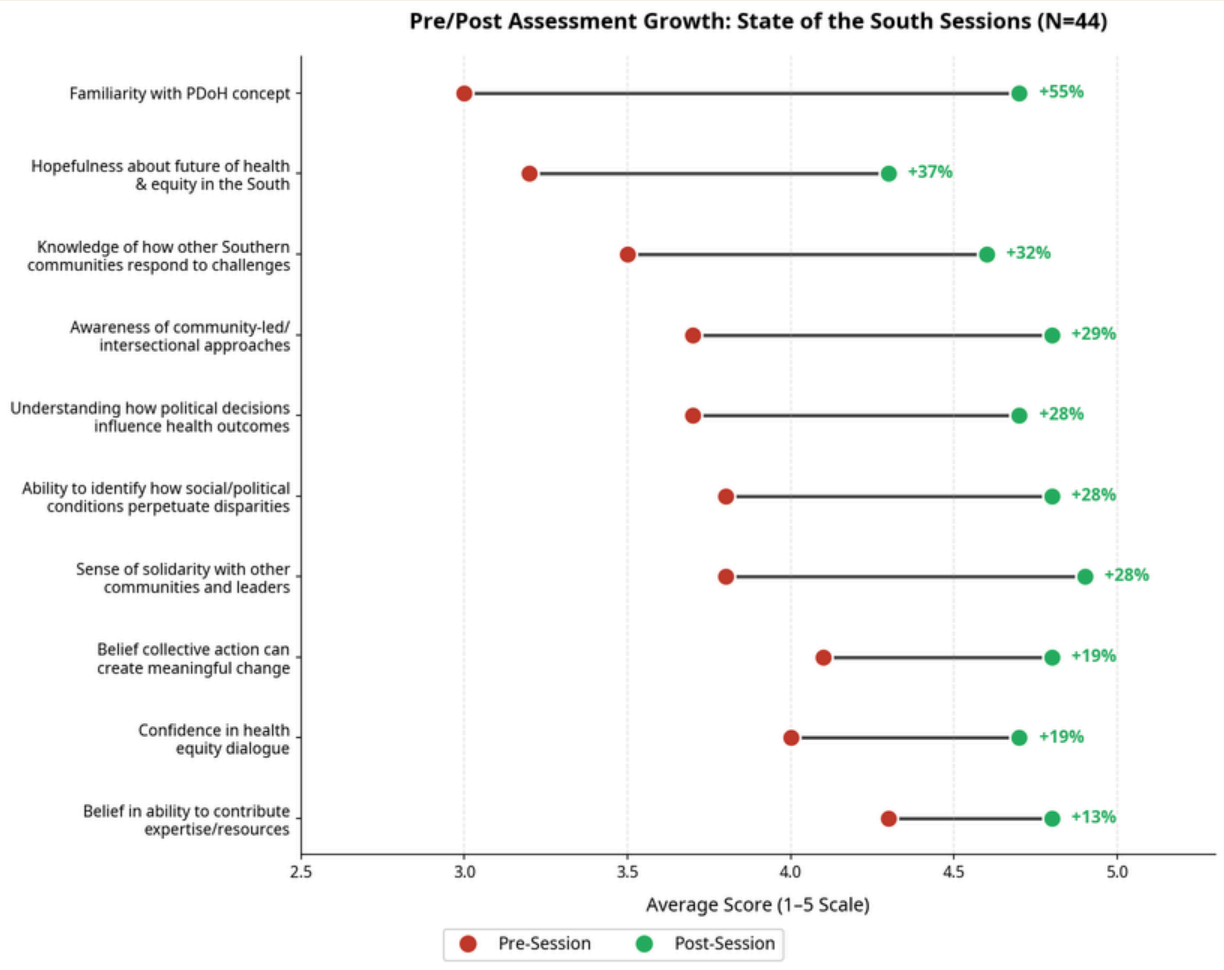
The Evidence: What the Data Shows

Pre- and post-session assessments (N=44) revealed significant shifts in knowledge, hopefulness, and cross-community connection among participants.

+55% Familiarity with political determinants of health

+37% Hopefulness about collective action

+32% Cross-community knowledge and connection



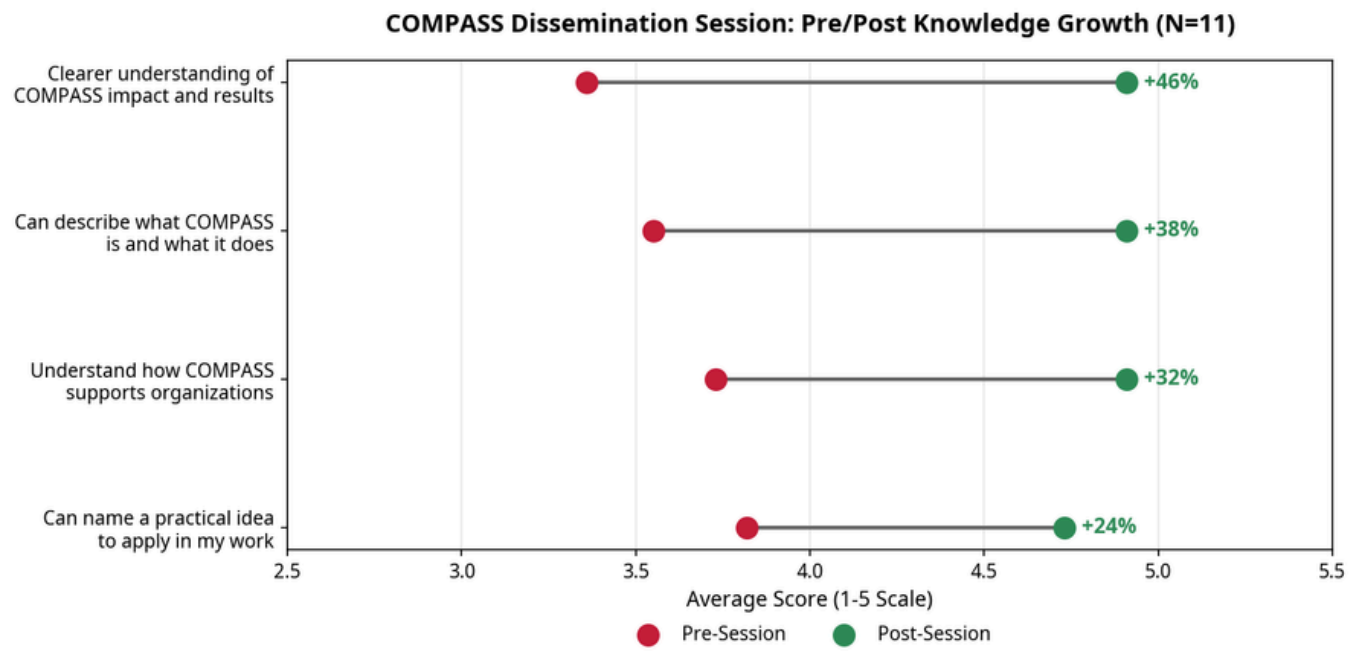
Dissemination Session Findings

Following the listening sessions, dissemination events were held to share preliminary findings with broader audiences. Pre- and post-assessments measured shifts in understanding.

+46% Clearer understanding of COMPASS impact

+38% Can describe COMPASS findings to others

+41% Confidence in applying findings to their work



"I came in thinking this was about HIV services. I left understanding it was about power."

— Participant, Orlando dissemination session

Implications for the Field

For Funders

Invest in multi-year, flexible funding. Support operational infrastructure, not just programs. Trust community-led organizations to set priorities.

For Capacity-Building Orgs

Provide bundled support models. Center political education in technical assistance. Build shared infrastructure across organizations.

For Policymakers

Expand Medicaid. Decriminalize HIV. Invest in political education and civic engagement as public health strategies.

For the HIV Movement

Build cross-sector coalitions. Connect HIV work to housing, immigration, and voting rights. Center the leadership of those most impacted.

Six Priority Areas for Investment

1. Southern Coalition Continuity Spine

A durable regional backbone connecting organizations across state lines for shared strategy, rapid response, and mutual aid.

2. Data Justice and Narrative Lab

Community-controlled data infrastructure and counter-narrative campaigns that challenge stigma and misinformation.

3. Local Power and Governance Accelerator

Training and support for community members to enter decision-making spaces — boards, commissions, and elected office.

4. Safety and Basic Needs Integration Fund

Flexible funding that addresses housing, food, and transportation as core HIV prevention and care infrastructure.

5. Trusted Messenger and Third-Space Organizing

Investment in peer-led outreach and community gathering spaces outside clinical or institutional settings.

6. Leadership Sustainability and Pipeline

Long-term support for emerging leaders, including compensation, mental health resources, and succession planning.

"The community is ready. The question is whether the systems around them will match their urgency."

This report captures what communities across the South already know: the infrastructure for health justice exists in their relationships, their resilience, and their readiness to lead. What remains is for funders, policymakers, and institutions to follow.

Acknowledgments

We acknowledge with deep gratitude the community members, organizational leaders, advocates, and frontline workers who shared their time and expertise across all nine sessions. We are especially grateful to Black South Rising for stewarding the in-person process and to the organizations that co-facilitated virtual sessions.

We recognize the COMPASS Initiative® partners: Emory University, Wake Forest University, University of Houston, the Southern AIDS Coalition, and AIDS United, for nine years of partnership.

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We honor the 498 organizations resourced across the full COMPASS Initiative®. Their daily work, in clinics, living rooms, third spaces, statehouses, is what this report seeks to protect and advance.

Hosts of Virtual Listening Sessions