

# **BREAKING DOWN SILOS**

## **TO BUILD CRISIS RESILIENCE AND END AIDS**



Across the world, HIV organisations are increasingly responding when crises strike. They are delivering mobile healthcare to people on the frontline of the war in Ukraine, supporting marginalised communities displaced by bombing in Lebanon, responding to severe flooding in Mozambique and Malawi and to Ebola and mpox outbreaks in Uganda, and providing a safe space for migrants in Guatemala.

## SCALING UP COMMUNITY-LED APPROACHES WHEN CRISES STRIKE

**The Frontline AIDS partnership brings together 54 community and civil society partners across 100 countries. In 2025 alone, the Frontline AIDS partnership reached 1,920 community-based or community-led organisations with technical or financial support. We are united by a shared vision: a world free from AIDS for everyone, everywhere.**

Frontline AIDS and our partners are breaking down the siloes between the humanitarian and HIV sectors. We are sharing a powerful body of practice on how to strengthen systems so HIV services can adapt, endure and respond to current and emerging threats.

In 2026, Frontline AIDS made it a strategic priority to build resilience to crises. Scaling up community-led approaches which continue to deliver when crises strike is how we are meeting this aim. This new strategy is interlinked with our other two strategic priorities: strengthening health systems,

and championing human rights and gender and racial justice.

Community-led systems are central to resilient health responses. When conflict, disease outbreaks, climate shocks and migration disrupt HIV prevention, treatment and care, these systems protect people's health by ensuring services continue.

The humanitarian sector is still struggling to shift power, funding and decision-making to locally-led organisations. Local organisations that have experience working with marginalised groups rarely have access to humanitarian funding.

Despite Grand Bargain commitments to provide 25% of funding directly to local and national responders, local and national organisations received only 4.3% of direct funding in 2025.<sup>i</sup> This must change. Countries must meet new commitments in the UNGA 2026 Political Declaration on AIDS to include HIV in emergencies and humanitarian response frameworks.<sup>ii</sup>



**Frontline AIDS calls on the humanitarian sector to recognise HIV prevention and treatment as essential from Day 1 of every emergency.**

- 1 Humanitarian responses must include lifesaving HIV prevention, testing, treatment, care and support from the outset of every emergency, in line with the latest UNGA 2026 High-Level Meeting Political Declaration.**
- 2 Local and national organisations must lead the integration of HIV services into emergency responses. These organisations need adequate resourcing and support to deliver community-led solutions, networks and systems that reach the most marginalised groups and communities.**

Frontline AIDS and its partners have pioneered the integration of tailored HIV support and services into wider humanitarian responses. This makes humanitarian responses more inclusive of people at increased risk of HIV who are too often overlooked, including people who use drugs, trans people and sex workers. By collaborating with flexible donors and building progressive partnerships, our partners have filled gaps in national crisis responses and addressed the needs of marginalised people. As a result, more inclusive humanitarian responses have been built.

## OUR PARTNERS:

### REACHING MARGINALISED COMMUNITIES DURING CRISES

**Crises put people at greater risk of HIV. While people living with HIV often struggle to access healthcare and other vital support. Crises can also exacerbate existing stigma against LGBTQ+ people and the most marginalised communities.**

The communities that most need HIV and related health services are often the first to lose access to health and humanitarian support. These overlooked communities are often the least shielded by national social

protection safety nets. When, or if, a country's crisis response plan kicks in, these communities are considered last – or ignored entirely. This must change.

Frontline AIDS partners are often the first to reach marginalised communities during a crisis. Just as they were the first to reach those most affected by the HIV pandemic when it first emerged.

During crises, our partners ensure that people can still access antiretroviral therapy (ART), HIV prevention

technologies, harm reduction and sexual and reproductive health and rights (SRHR) services uninterrupted. They document and report human rights violations. They provide support and case management so that people living with HIV and survivors of gender-based violence can look after their mental health and wellbeing. They advocate globally, regionally and nationally to develop and operationalise guidelines for sustaining HIV responses in crises.



**Our partners are responding to crises in Ukraine, Guatemala and Lebanon, countries from three regions where HIV infections are on the rise: Latin America, Eastern Europe and the Middle East and North Africa.**

<sup>i</sup> Active Learning Network for Accountability and Performance, (2026), The State of the Humanitarian System 2026, London: ALNAP/ODI Global. Available at: [🔗](#)

<sup>ii</sup> The UN High-Level Meeting on HIV/AIDS Political Declaration (July 2026) includes Paragraph 53 which sets out a commitment to “fully integrate HIV responses within emergency preparedness, pandemic preparedness and humanitarian response frameworks, recognizing that conflicts, climate-related disasters, natural disasters, economic shocks and humanitarian crises disproportionately affect people living with, at risk of or affected by HIV, particularly women and girls who may be exposed to sexual violence”. See United Nations General Assembly, (July 2026), Political declaration on HIV and AIDS: On the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030, New York: UN. Available at: [🔗](#)

# LEBANON

## CONNECTING MARGINALISED COMMUNITIES WITH HEALTHCARE AND HUMANITARIAN SERVICES

Patrick Farah carries out an HIV test at an SIDC clinic in Lebanon: "My aim is to make sure that people can access sexual health services the fastest and best way possible."

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## REACHING MARGINALISED COMMUNITIES DURING CRISES

Over the past 35 years, the Society for Inclusion and Development in Communities and Care for All (SIDC) has worked alongside marginalised communities and people most affected by HIV in Lebanon so they can access lifesaving HIV, harm reduction, health and humanitarian services.

Lebanon is facing deepening economic problems and a severe humanitarian crisis marked by ongoing violence, mass displacement and infrastructure destruction. Israel's military escalation in South Lebanon has displaced over one million Lebanese people from their homes. Lebanon also hosts the highest number of refugees, predominantly Syrians and Palestinians, per capita in the world.<sup>i</sup>

When the first large wave of Syrian refugees entered Lebanon in 2011, SIDC began collaborating with the humanitarian system. "It took a long time to break through with the idea that SIDC is not only working on HIV, and that HIV is a priority in emergencies," said Nadia Badran, SIDC's Executive Director.

People living with HIV, and people at increased risk of HIV such as men who have sex with men, transgender people, sex

workers, people who use drugs and people in prisons, face high levels of stigma and discrimination in Lebanon and throughout the Middle East. This discrimination prevents them from accessing vital services during emergencies.

SIDC has the relationships, the trust and the presence to reach the marginalised communities in Lebanon that others cannot. This is as true when crises hit as it is at other times.

### SERVING THE LGBTQ+ REFUGEE COMMUNITY

SIDC plays a key role in ensuring LGBTQ+ Syrian refugees access the humanitarian services they need by collaborating with the Lebanon Protection Cluster.

Working with other organisations, it also established the Lebanese Humanitarian Development Fund – a network of 100+ local organisations responding to the humanitarian crisis – and trained network members on how to respond in ways that are inclusive of diverse sexualities and genders.

SIDC now works with a range of humanitarian actors, including the International Organization for Migration, the UN High Commissioner for Refugees (UNHCR), the International Rescue Committee, Oxfam and Care International. It is known within the Lebanon Protection Cluster as a

principal actor serving the refugee LGBTQ+ community.

SIDC advocates for a dedicated response for refugee LGBTQ+ people facing barriers to health services, and for support for marginalised groups in Lebanon. It is collaborating with UNHCR and UNOCHA to provide LGBTQ+ people who have experienced gender-based violence with cash assistance and support to access other services.

### MAKING SEXUAL AND GENDER-BASED VIOLENCE SERVICES MORE INCLUSIVE

SIDC has been instrumental in expanding the definition of sexual and gender-based violence in Lebanon. Its advocacy means that LGBTQ+ people who have experienced violence because of their gender identity or sexual orientation are now able to access relevant services.

The surge of HIV infections across the Middle East and North Africa makes this work crucial. A 2025 Frontline AIDS report found HIV infections across the region have risen by 116% since 2010, yet the region only receives 1% of global HIV funding.<sup>ii</sup>

"While the numbers highlight how much remains to be done, they also reinforce the urgent need to sustain and strengthen the HIV response during crises," said Badran.

### NADIA BADRAN

EXECUTIVE  
DIRECTOR,  
SIDC

"It took a long time to break through with the idea that SIDC is not only working on HIV, and that HIV is a priority in emergencies."

i UNHCR, 'Lebanon crisis' [web page, accessed October 2026], Washington DC: UNHCR. Available at: [\[link\]](#)

ii Frontline AIDS, (2025), HIV Prevention and Accountability Report: a multi-country community perspective 2025, Brighton and Cape Town: Frontline AIDS. Available at: [\[link\]](#)

# UKRAINE

## REACHING PEOPLE ON THE FRONTLINE OF CONFLICT

Queuing for medical treatment and supplies at an APH mobile clinic.

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## REACHING MARGINALISED COMMUNITIES DURING CRISES

Alliance for Public Health (APH), a Frontline AIDS partner, is providing crucial humanitarian support and lifesaving healthcare, including HIV and TB treatment and harm reduction services, to people in frontline communities. As a key player in Ukraine's HIV response for more than two decades, APH understands how to adapt and innovate to address the additional challenges that conflict brings to marginalised communities.

At times, these challenges can feel insurmountable. In July 2026, for instance, a Russian missile attack destroyed a warehouse holding APH's entire stock of HIV prevention supplies for 2027. "This is not just another strike. It is an attack on 300,000 Ukrainians who depend on HIV prevention services and on their fundamental right to health," said Andriy Klepikov, APH Executive Director. Despite such setbacks, APH continues to reach the communities others cannot.

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The war has destroyed vital health infrastructure. APH has responded proactively, working with its community partners to operate over 50 mobile clinics in areas where medical facilities and pharmacies have been destroyed. Each mobile clinic is staffed by dedicated nurses and doctors who provide a wide range of health and laboratory services. These clinics are enabling people in frontline communities at increased risk of HIV to still get the healthcare they need.

This approach builds on APH's public health experience and long-standing partnerships with communities and healthcare providers, developed through collaboration over more than 25 years.

### DIGITAL TOOLS KEEP HEALTHCARE WITHIN REACH DURING WAR

The conflict has led to a shortage of healthcare workers, and it has made it harder for people to access healthcare in person. To address this, APH now operates three telemedicine hubs and has developed six TWIIN digital assistants. This means people at increased risk of HIV can access relevant, round-the-clock services and tailored health information when they need it.

**ANDRIY KLEPIKOV**  
**EXECUTIVE  
DIRECTOR,  
APH**

The digital assistants are designed to make health information resonate with the diverse communities TWIIN serves. Avatars include a young woman called Sofia, a man who uses drugs called Mykhaylo and a drag artist called Sasha. "It enables someone to find their 'twin' – someone with lived experience of the same issues that the client seeks help with," explains Maria Malakhova, APH Project Manager for Implementation Science and Health Innovations.

APH also uses AI to analyse client records so that it can identify people who may have undiagnosed HIV. These people are offered HIV testing, and those who test positive are linked to treatment and care.

APH's agile response to the conflict has resulted in more people in Ukraine taking PrEP (pre-exposure prophylaxis) to prevent themselves from getting HIV than before Russia's full-scale invasion.

**Every second person in Ukraine diagnosed with HIV has been tested through APH-supported programmes.**

Over 40% of those starting antiretroviral therapy were referred and linked to services by APH and its partners.

These results show the impressive reach and impact of APH-supported services. The organisation is central to sustaining people's access to HIV prevention and treatment across Ukraine, despite the war.

# GUATEMALA

## SUPPORTING MIGRANTS AND SURVIVORS OF GENDER-BASED VIOLENCE

HIV self-testing kit being used at a Mujeres en Superación (OMES) clinic in Guatemala.

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## PROVIDING A SAFE SPACE FOR MIGRANTS IN GUATEMALA

Less than 20 minutes from the Mexican border, Casa Violeta in Guatemala provides support and protection to migrants passing through its doors and to survivors of gender-based violence.

“These women ... are just trying to survive as best they can because of their circumstances,” said Carrillo. “So we let them know the risks and tell them how to protect themselves.”

“Casa Violeta is a place for those in need,” says Adriana Carrillo, Casa Violeta’s manager. It provides people with a safe space during the day and support for survivors of gender-based violence as well as sexual health testing, including HIV tests, referrals, and information on HIV prevention.

Casa Violeta was established by Guatemalan sex worker organisation Organización Mujeres en Superación (OMES). OMES is part of RedTraSex, a network of female sex workers which operates across 15 countries in Latin America and the Caribbean.

Five staff run Casa Violeta. Four are sex workers and one is a trans woman. The centre provides non-judgemental, stigma-free support to everyone, including sex workers and LGBTQ+ people from any nationality, meeting a need that government and Catholic-run centres in Guatemala overlook.

This support is crucial. In Latin America, HIV rates are 42% higher among sex workers and 19% higher among trans women than the general population.<sup>i</sup>

### MEETING MIGRANTS’ DIVERSE NEEDS

In the past two years alone, 3,000 migrants have come through Casa Violeta’s doors. They are fleeing violence, political repression, poverty and food insecurity exacerbated by climate shocks in countries such as Honduras, El Salvador, Colombia, Cuba,

Venezuela, Haiti, Peru and Bolivia. While such migrants have historically headed north to the United States of America (USA) via Mexico, Carrillo says some are now returning south due to the USA’s increasingly repressive immigration policies.

Undocumented migrants face risks at every step of their journey. “Since they are coming into Guatemala irregularly, they can’t just walk across the bridge. They must pay to cross the river on a raft,” said Carrillo. These migrants are particularly vulnerable to being forced into unpaid or poorly paid work or being sexually exploited.

### THE NUMBER OF SURVIVORS OF GENDER-BASED VIOLENCE IS GROWING

Casa Violeta supports survivors of gender-based violence. The need is great: over a third of Guatemalan women will experience sexual violence in their lifetime, and access to comprehensive health services is limited.

The number of survivors is growing. Guatemalan and migrant women are increasingly turning to transactional sex to support their families and finance their migration. This puts them at increased risk of violence and of contracting HIV and other sexually transmitted infections.

“These women ... are just trying to survive as best they can because of their circumstances,” said Carrillo. “So we let them know the risks and tell them how to protect themselves.”

**ADRIANA CARRILLO**  
**MANAGER,**  
**CASA VIOLETA**

<sup>i</sup> Joint United Nations Programme on HIV/AIDS. (2024). Latin America – 2024 global AIDS update. Geneva: UNAIDS. Available at: [UNAIDS](#)

<sup>ii</sup> Human Rights Watch. (2025). Guatemala: Failed Response to Sexual Violence Against Girls. New York: HRW. Available at: [HRW](#)

# HOW WE SUPPORT OUR PARTNERS

Frontline AIDS has always been on a 'localisation journey'. For over 30 years we have been strengthening capacity and sharing innovation across our partnership. During this time, several Frontline AIDS partners have evolved from community-based organisations to strong national organisations that are leading the HIV response in their countries. We have supported them in the following ways.

## SHARING AND EXCHANGING CAPACITY AND UNLOCKING PARTNERS' ACCESS TO INSTITUTIONAL FUNDING

Just under half of Frontline AIDS funding is provided directly to our partners through onward grants: \$7.4m (USD) out of a total of \$15.7m (USD) was granted to partners in 2025. The remaining funds were invested in a technical team, which directly supports the partnership, as well as a dedicated crisis fund that enables partners and community-based organisations to get rapid assistance during acute emergencies.

Frontline AIDS' peer reviewed accreditation process, and other capacity sharing support we provide, has helped our partners secure funding, including from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Forty-one Frontline AIDS partners have successfully completed the accreditation process which means they meet a recognised set of standards in good governance, accountability and HIV programming. As a result, 30 Frontline AIDS partners are now principal or sub-recipients of the Global Fund.

THE FRONTLINE AIDS PARTNERSHIP COLLECTIVELY REACHED

**10.1** MILLION PEOPLE  
IN **46** COUNTRIES

WITH SRHR INTERVENTIONS IN 2025



APH and its partners are distributing humanitarian supplies to people living on the frontline in Ukraine.

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A Syrian refugee visits a Lebanese Paediatrician with her sick child at the Salama clinic in Lebanon.

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Navigating floods in Malawi exacerbated by climate change.  
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APH medical personnel wearing body armour while carrying out medical scans.

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**BROKERING HUMANITARIAN PARTNERSHIPS**

Frontline AIDS connects partners to humanitarian funding to help sustain programming for marginalised communities and people at increased risk of HIV when it is needed most.

In response to the 2022 Russian invasion of Ukraine, we brokered a relationship between Christian Aid and Alliance for Public Health, our partner in Ukraine. This enabled over 100 Ukrainian community-based organisations to receive microgrants and continue providing essential services to communities most affected by HIV. In 2024, we brokered a strategic relationship between Christian Aid and the Society for Inclusion and Development in Communities and Care for All, our partner in Lebanon, after conflict broke out and Israeli military action escalated in the south of the country.



**ENSURING POLICIES AND GLOBAL GUIDELINES ARE INFORMED BY HIV ORGANISATIONS' EXPERTISE**

Frontline AIDS plays a leading role in influencing policies and guidelines related to providing services for people living with and most affected by HIV in emergencies.

Frontline AIDS and our partners Y+ Global and the Middle East Harm Reduction Association were central in ensuring that the final UN High Level Meeting Political Declaration on HIV/ AIDS (June 2026) agreed a politically binding commitment to fully integrate HIV responses within emergencies, pandemic preparedness and humanitarian response frameworks. The Declaration formally recognises that natural disasters and other humanitarian crises increase people's vulnerability to HIV and disproportionately affect people living with or at increased risk of HIV, particularly women and girls who may be exposed to sexual violence.

We serve on the inter-agency task team on HIV in emergencies to ensure these global guidelines are updated and informed by local HIV organisations' expertise and lived experiences.

**SHARING LEARNING AND EVIDENCE**

Frontline AIDS captures knowledge and innovative practice across our partnership and beyond through our publications and our online portal, the Innovation Hub.<sup>iii</sup> We increase the visibility of our local and national partners and the added benefits that locally-led actors bring to humanitarian response. We share this learning through webinars, blogs, journal articles and conference collaborations.

Frontline AIDS was the first organisation to outline the effects of the climate crisis on HIV. Our groundbreaking evidence brief shared modelling which indicated there will be 11.6-16 million additional HIV infections by 2050 if current trends continue.<sup>iv</sup> The significance of this led the Lancet HIV to profile our research.<sup>v</sup>

iii Explore the Frontline AIDS Innovation Hub at [🔗](#)  
iv Frontline AIDS, (December 2023), HIV and the climate crisis: Safeguarding health in a changing world, Brighton and Cape Town: Frontline AIDS. Available at: [🔗](#)  
v The Lancet HIV, (February 2024), 'Effect of climate change on the HIV response' in The Lancet HIV, 11 (2). [🔗](#)

# WORK WITH US

The HIV movement needs support to adapt its approaches and operations to increasingly disrupted, crisis-affected settings.

Harnessing the expertise of civil society-led organisations can transform humanitarian responses, making them more inclusive, effective and responsive to the needs of people affected by HIV.

**TOGETHER WE CAN END AIDS  
FOR EVERYONE,  
EVERYWHERE.**



An SIDC worker collects information as a part of their mobile clinic program to expand access to HIV testing in several areas of Lebanon.

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# JOIN US. END IT.