Webinar Report : From Guidance to Impact: Sustaining HIV Services in Humanitarian Settings through Inclusion and Localization

Humanitarian Networks and Partnerships Week (HNPW)
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Link to the recording: Sustaining HIV Services in Crisis through Inclusion & Localization – UNAIDS, UNHCR & WFP Webinar

Main description: The webinar brought together humanitarian actors, technical experts, and community leaders to confront a stark reality: as humanitarian needs surge and funding declines, the space for essential HIV services is rapidly narrowing. The session explored the critical interface between HIV and humanitarian emergencies, introduced key updates on the revision of the IASC Guidelines for Addressing HIV in Humanitarian Settings, and featured a panel with speakers from MSF, FHI 360, 100% Life Ukraine and Young Positive South Sudan sharing concrete approaches for safeguarding, sustaining and expanding HIV services in the harshest conditions despite shrinking resources.

Opening testimony - Youth Leadership on the Frontlines: Lessons from South Sudan

The webinar opened with a powerful testimony from **Anna Alimocan**, Programme Coordinator at *Young Positive South Sudan*. Her words offered a grounding reminder of what it means to live with HIV amid fragile institutions and recurring violence. Treatment interruptions, displacement, stigma, and the absence of youth-friendly services are daily realities.

> *Try to imagine what it is like to be living with HIV in such unstable conditions—now imagine what it is like for young people.*
>
> Anna Alimocan

Yet Anna's narrative was also one of resilience. Her organization has trained **peer educators** who accompany other young people through treatment refills, provide psychosocial support, and even run mobile phone reminders for ART doses and viral load testing. Young people lead **community dialogues**, organize gatherings to reduce stigma, and support mental health screening at facilities.

> *We do not want to be seen just as people consulted and left aside—we want to be co-designers, partners from the beginning.*
>
> Anna Alimocan

Her plea was clear: community responses save lives, but **without sustained funding**, young people cannot keep filling critical gaps left by weakened systems.

Opening Remarks by Fodé Simaga, Director for Systems and Services for all at UNAIDS

Fodé Simaga highlighted the widening gap between escalating humanitarian needs and shrinking resources, warning that this dynamic is increasing HIV vulnerability across crisis settings. He noted that in contexts such as South Sudan, Ukraine, DRC, Haiti, the Sahel and the Middle East, displacement and disrupted health systems heighten risk—yet communities continue to demonstrate remarkable resilience.

He underscored the importance of updating the 2010 IASC guidance to reflect today's realities, making it more practical, streamlined and community-driven. He thanked partners for their collective efforts and stressed that the ultimate measure of success will be real-world impact: integrating HIV across humanitarian sectors, ensuring continuity of ART and prevention services, and strengthening coordination in emergencies.

> *It's not enough to have a great guidance document, we must translate it into impact on the ground.*
>
> Fodé Simaga

Setting the Scene - HIV in Humanitarian Settings – Understanding a Critical Interface

Moderator **Lise-Marie Le Quéré (UNAIDS)** expanded on the global context: noting that humanitarian needs are intensifying as crises become more complex, prolonged, violent, and compounded by climate shocks, leaving millions displaced, straining already fragile systems, and directly affecting continuity of care. She pointed out that this rise in demand coincides with declining humanitarian funding and hyper-prioritization, which is increasingly leaving major humanitarian health needs unmet and pushing HIV services to the margins at a time when continuity of treatment and prevention is essential. With huge numbers of PLHIV on treatment and with increasing proportions of people affected by humanitarian crisis, protecting essential HIV services in emergencies is essential for the health and dignity of people affected and for epidemic control.

> *HIV treatment continuity and prevention must continue to be recognized as humanitarian life-saving priorities.*
>
> Lise-Marie Le Quéré

She underlined that crises heighten vulnerabilities to HIV — displacement, spikes in GBV, deepening inequalities and stigma affecting adolescent girls, young women, and key populations, while service gaps increase. And she reminded that the humanitarian reset's call for faster, lighter, and locally-led responses align closely with HIV approaches, which have long been community-driven, adaptive, and trusted. In every emergency, community actors remain essential in sustaining the vital link to HIV care, even with limited resources.

She emphasized that proven solutions exist, including integrated service delivery, flexible models such as multi-month dispensing, mobile clinics, stronger supply chains with decentralization and prepositioning, better support to community-led groups, the use of innovations and digital tools. Finally, she observed that the ongoing revision of the IASC guidance offers a crucial opportunity to translate these lessons into practical tools that strengthen localization, preparedness, and coordination so that people living with and affected by HIV are not left behind during emergencies.

Revising the IASC guidance on HIV in humanitarian settings: Where are we now?

Michael Smith (WFP) recalled that the revision process originated from the NGO report to the UNAIDS Executive Board in 2023, which highlighted both achievements and persistent gaps in supporting people living with HIV in humanitarian settings, prompted discussion and strong engagement from Member States and resulted in explicit requests for updated guidance, improved coordination, and greater accountability. He indicated that the ongoing revision aims to reflect today's realities by positioning HIV more centrally within humanitarian planning and by strengthening linkages with sectors such as nutrition, protection, GBV, health systems, and social protection. The objective is to produce a short, practical, and actionable tool that can be readily used in real time by field colleagues.

He added that a core principle of this process has been the meaningful engagement of community-led actors and the broader inter-agency task team on HIV in emergencies. Ensuring that people living with and affected by HIV are not only consulted but placed at the center—as leaders, partners, and co-authors—has been essential to keeping the work grounded in real needs and realities.

Maheswari P. Murugayia (UNHCR) explained that revising the 2010 IASC guidance became essential to reflect major developments in HIV programming and the rapidly shifting humanitarian landscape. She noted that the process has been shaped by broad consultations, field missions such as the joint visit to Ethiopia, and a global workshop—all reinforcing the need for stronger community leadership and better integration of HIV within humanitarian planning.

She acknowledged setbacks, including losing the lead consultant, major funding shocks, and system-wide reforms that slowed progress. Despite this, strong collaboration across the Inter-Agency Task Team and partners like FHI 360 and MSF kept the work moving, and the draft is now about 70% complete, and will be presented to the IASC in mid-2026. She emphasized that the updated guidance will be streamlined, practical, and aligned with global standards, focusing on community leadership, localization, and sustainability, and designed as a living tool for national systems to adapt as humanitarian conditions evolve.

> *The new guidance must remain a living document, easily adaptable by all partners, especially the national systems.*
>
> Maheswari P. Murugayia

Panel Discussion - from coordination to collaboration: practical ways humanitarian actors and HIV community-based organizations can work better together in emergencies.

Taking action in humanitarian settings

Anna Alimocan, program coordinator at **Young Positives South Sudan** highlighted the central role of peer-led, community-based approaches in sustaining HIV services during humanitarian crises. She explained that through the CATS (Community Adolescent Treatment Supporters) model, trained young people living with HIV support their peers with treatment refills, follow-up, and mobile phone reminders, and assist displaced youth in transition centers to access care. At facility level, peer educators provide adherence counselling, youth-friendly support, and basic mental health screening, helping maintain continuity of care despite trauma, distance, and transport barriers. Anna also underscored the importance of tackling stigma and low HIV awareness through community dialogues and youth events and providing information of SRH and GBV. She emphasized that flexible, community-driven, peer-to-peer approaches are essential to reach young people where they are and ensure trust and continuity of HIV care in emergency settings.

> *Peer-to-peer support helps build trust, which is essential for young people living with HIV, especially in humanitarian settings marked by trauma and mental health challenges*
>
> Anna Alimocan

Valeriia Rachinska, Director of Human Rights, Gender and Community Development at **100% Life Ukraine** described extraordinary community-led action during the full-scale invasion. Because the network had already developed emergency preparedness plans, they shifted immediately into crisis mode. In collaboration with the Global Fund, USAID/PEPFAR, Chemonics, and others, they organized ART procurement and delivery nationwide, including frontline areas. Communities delivered medicines door-to-door, and at the same time, recognizing broader needs, 100% Life partnered with WFP to provide food, water, and safe shelters. During the first year following the invasion they served 1 million people, including 77,000 people living with HIV and their families.

> *You cannot help people with HIV if they have no food or nowhere safe to sleep.*
>
> Valeriia Rachinska

Dr. Charles Sonko, Chronic Care and Infectious Diseases Team Lead and HIV-TB Referent at **MSF** outlined the essential actions required in the first 90 days of a crisis, emphasizing that continuity of treatment must come first: *"If people stop ART, they become sick very quickly—and the response becomes far more expensive."* He stressed the need to prioritize protection for vulnerable groups, including survivors of GBV who require rapid access to PEP, as well as individuals repeatedly exposed to risk who may need PrEP. He also underscored the importance of simplified protocols, noting that frontline teams do not have time to interpret dense guidelines during acute emergencies. Pre-positioning and

> *In the middle of conflict, we pack our bags. The people who stay are the communities.*
>
> Charles Ssonko

advance planning are equally critical, including the preparation of "run-away bags"—ART packs ready for people who may need to flee suddenly. Dr. Sonko highlighted that MSF's ability to respond ultimately depends on communities.

Localization in Practice

Both Anna and Valeriia outlined clear requirements for genuine localization in humanitarian HIV responses. **Valeriia** explained that major successes in the emergency response—such as sustaining ART and delivering large-scale food assistance—were only possible due to rapid, coordinated action across donors and implementers, under community leadership. She cautioned that humanitarian systems too often treat community organizations as implementers rather than strategic partners, stressing that they must be involved in all stages of planning because communities remain long after humanitarian actors leave—and lives depend on their leadership. **Anna** reinforced that genuine community leadership means being engaged from the very beginning of planning, budgeting, and decision-making—not brought in later as beneficiaries. She explained that youth-led networks actively identify the priorities of young people in humanitarian settings, such as stigma and mental health needs, and design their programmes around these realities. She also highlighted partnerships with agencies like WHO, UNFPA and UNAIDS that enabled youth-led groups to contribute meaningfully, for example through joint training, supervision, and referral pathway strengthening—which helped them feel recognized as true partners. At the same time, she noted persistent challenges, including youth voices being excluded from coordination spaces and the instability of "one-off" or minimal funding.

> *Communities are here to stay. Humanitarian actors will leave the country if something fails. If our system fails, we will die.*
>
> Valeriia Rachinska

Tiffany Lillie, HIV Technical Director at **Family Health International 360**, offered the perspective of a large HIV implementer on what must be in place before crises hit, emphasizing that preparedness and viable localization require structured support to communities long before an emergency unfolds. Drawing on insights from FHI 360's work across 30 HIV-implementing countries, she noted recurring priorities: conducting vulnerability and threat assessments to identify populations at highest risk; mapping services and displacement patterns to pinpoint gaps; and developing realistic, costed action plans that prioritize lifesaving services rather than broad, unfocused approaches. She highlighted the need for minimum service packages, rapid response teams with clear roles, alternative communication channels including telemedicine, flexible service delivery models, and contingency plans for supply chains and patient evacuation. Tiffany also stressed the importance of integrating

> *If you make action plans that don't resonate with the community, it will be disastrous*
>
> Tiffany Lillie

> *Alternate delivery models aren't optional. If option A fails, we need B, C, and D ready to go.*
>
> Tiffany Lillie

communities directly into assessments and planning, ensuring they have resources, commodities, and multiple backup service options. Finally, she underscored that resilient systems are built not only through preparation but also through post-crisis reflection—coming together to review what worked, what failed, and how to strengthen community-led leadership for the next shock.

Charles emphasized that in acute emergencies, humanitarian actors must engage community partners from the very beginning, noting that communities are the ones who remain when external responders must leave. He stressed the importance of involving community-based and civil society organizations—and especially community leaders—in programme design, planning, and contingency development, as they carry forward implementation once humanitarian teams withdraw. Charles added that humanitarian actors have a responsibility to advocate for communities within Ministries of Health and global financing spaces, where community roles are often unrecognized and unsupported. He highlighted the need to ensure that community work is formally acknowledged in national action plans and that responders help shift institutional mindsets to value community leadership.

> *Without communities, Ministries of Health cannot function. Our role is to raise their voices and ensure their work is recognized.*
>
> Charles Ssonko

Humanitarian Reset & Hard Trade-Offs

Across all panelists, one consensus emerged: simplicity saves lives. **Valeriia** emphasized that despite widespread recognition of community leadership, collaboration in humanitarian response remains largely vertical rather than equal. She stressed that genuine localization requires early integration of community networks as operational partners in planning, simplified reporting requirements during crises, and flexible funding that adapts to real-time needs. She also underscored the need for long-term institutional support so that community-led organizations are not kept structurally dependent or sidelined in coordination spaces. For the humanitarian reset to be meaningful, she argued, communities must have a guaranteed place in decision-making—not only during implementation.

> *Everything that can be simplified should be simplified—you cannot submit 100 reports from a bomb shelter*
>
> Valeriia Rachinska

Anna echoed these points, highlighting that youth-led and PLHIV networks are still rarely included in coordination platforms in any formal way. She stressed that these groups must be present from the start—planning, budgeting, prioritization—and not invited only at the implementation stage. She noted that youth-led organizations are closest to affected populations but the last to be funded, leaving them unable to reach those most in need without resources, transportation, and sustained

> *Localization works only when community networks are included from start to finish and resourced throughout.*
>
> Anna Alimocan

support. She also called for clear referral pathways between humanitarian actors and community networks so that young people can be connected to treatment, psychosocial support, and basic services in both directions.

Charles noted that complex guidelines must be translated into simplified protocols that community actors can use independently once humanitarian teams withdraw. Treatment literacy for patients is equally essential, alongside preparedness plans that secure supplies ahead of crises. He also emphasized that communities must be funded to lead, and that prevention—including PrEP and PEP access—should not be neglected in acute emergencies. Lastly, he underscored that HIV actions must be embedded in national strategic plans to ensure recognition and funding.

Finally, **Tiffany** closed the session by stressing that integration of HIV into primary health care must not erode access, quality, or protection for people living with HIV and key populations. Drawing on experiences across multiple crisis settings, she highlighted several safeguards: ensuring security and community trust and acceptance, decentralizing HIV services, maintaining reliable supply chains with contingency plans, and strengthening government coordination so communities are not left alone to carry the burden. She emphasized the need for data systems that allow rapid adjustments, and for integration efforts to remain fully aligned with humanitarian realities to prevent HIV services from being siloed or deprioritized.

> *Oftentimes, HIV services do act in silo from the broader humanitarian health response, so there's a call for better integration.*
>
> Tiffany Lillie

Closing Reflections

In closing, **Michael Smith** pointed out that the examples shared throughout the webinar demonstrate a crucial fact: we know what works. The next step is making it work at scale. He noted the strong engagement—over 60 participants at peak—which signals how urgent and relevant this agenda remains. The forthcoming IASC guidance, he said, represents a collective commitment to turning principles into impact. He emphasized that the work continues, with updates on the guidance expected soon and ongoing engagement through the IATT platform to address remaining questions and shape next steps together.

> *Come hell or high water, we're going to get those guidelines done.*
>
> Michael Smith

For information on the Inter-Agency Task Team on HIV in humanitarian emergencies and resources on the issue, visit https://hivinemergencies.org/