Action Grant “CORE”
COMMunity REspose to End Inequalities

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Antwerp

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About AIDS Action Europe

AAE is a regional network of a diverse group of more than 370 NGOs, national networks and community-based groups, most of which are HIV service organisations, in 47 countries spanning the WHO European Region.

In April 2017, the AAE Steering Committee expanded the network’s mission to reflect a more integrative approach. The new mission addresses tuberculosis (TB) and viral hepatitis as mono-infections, in addition to HIV/AIDS, reflecting a decision to use synergies and avoid duplications wherever and whenever possible. This is especially relevant for key populations who are particularly affected by, and vulnerable to, the three epidemics.
About the Action Grant
The Global AIDS Strategy 2021–2026 is focused on reducing inequalities.

The Strategy builds on three interlinked strategic priorities:

Strategic Priority 1: maximize equitable and equal access to HIV services and solutions;

Strategic Priority 2: break down barriers to achieving HIV outcomes;

Strategic Priority 3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.
Action Grant “CORE”

• EU4Health Programme – 2021 - 2027
• 36 months project
• January 1<sup>st</sup> 2023 – December 31<sup>st</sup> 2025
• Overall amount: 2 877 582€ - 80% EU contribution
• 24 Beneficiaries and 1 Affiliated Entity from 16 countries
• www.Core-action.eu
Project CORE – “Community Response to End Inequalities” aims to reduce inequalities in HIV, TB and viral hepatitis response by promoting, strengthening and integrating the community responses that have proven key in reaching those that are not reached by mainstream prevention and healthcare services, especially in MSs where these responses are still lacking.
CORE pursues the following strategic goals:

1. Strengthening the capacity of community-led and community-based services
2. Consolidate and increase the scope and effectiveness of community-based linkage to care
3. Support exchange and dialogue between community-led and community-based service providers, community networks, representatives of key affected communities, and other stakeholders
4. Address policy, legal and structural barriers
Structure
Project Partners

**WP Leads and Co-Leads:**
- AIDS Action Europe/Deutsche Aidshilfe
- Rights Reporter Foundation
- LILA Milano
- Institute of Tropical Medicine Antwerp
- GAT
- CEEISCAT
- European AIDS Treatment Group
- Czech AIDS Help Society

**Regional Networks**
- Africa Advocacy Foundation
- European Sex Workers Rights Alliance
- Correlation – European Harm Reduction Network

**Implementing organisations (14 from 12 countries):**
- **Bulgaria**: Health without Borders
- **Cyprus**: AIDS Solidarity Movement
- **France**: Federal Paraliu Rouge
- **Germany**: Afrikaherz / VIA Regional Berlin/Brandenburg e.V
- **Greece**: Positive Voice and Praksis
- **Hungary**: HATTER
- **Portugal**: GAT
- **Poland**: FES
- **Romania**: ARAS and Carusel
- **Slovakia**: Odyseus
- **Slovenia**: Legebitra
- **Sweden**: Noaks Ark Mozaïk
WP4 – Integration and Harmonisation

• To identify where, why and for whom the HIV response is not working.
• Increase the capacity of CHW to promote and conduct community-led/ community–based interventions reaching persons experiencing intersectional vulnerabilities.
Focus on early diagnosis of HIV, viral hepatitis, and other STIs, Tuberculosis using a data collection tool based on community identified needs.

Harmonize the testing and linkage to care data collected in the community services, generating Europe-wide standardized indicators to be used at local, national and regional level.

**COBATEST network tools**

develop a peer program manual to contribute to effective peer support strategies.

**assessment of potential strategies for scaleup** and transfer of innovative health pathways and create the necessary knowledge base to overcome barriers to scaling-up access to treatment

WP5 - Implementation
WP6 – Stakeholder Engagement

The overall objective of WP 6 is to engage stakeholders at the different stages of the project to ensure that activities are relevant for the end beneficiaries, that groups that are currently lacking adequate access to services are reached and involved in the project, to raise interest and gain support of key actors in view of promoting the sustainability, transferability and scale up of the interventions after the project ends.
WP7 – Policy Development

WP7 is responsible for mapping and evaluating the legal and policy frameworks that community-led and –based organisations operate in in the EU Member States and based on the findings develop policy recommendations.
Outcomes
• The short-term effects of the project are expected at the community service delivery level:
  • Increased, improved, and integrated community service delivery: prevention, testing and counselling, earlier diagnosis and improved linkage to and retention in care with respect to HIV, TB, viral hepatitis, and STI
  • Harmonised and increased data collection and reporting with regards to community-led and community-based prevention, testing and counselling, and linkage to care.

• The mid-term effects of the project are expected in capacity and network building with community-led and community-based organisations, and in improved cooperation between regional networks and their memberships. The members of all networks will benefit from the materials developed, adapted, or improved during the project, and will be able to apply good practice and innovative approaches in their community or national context.

• The expected long-term effect of the project include policy and legal change, and enabling environments for communities and community service delivery in all EU Member States, leading to decreasing inequalities in accessing prevention, testing and counselling, treatment and care, thus accelerating progress towards the health-related targets in SDG3.
Thank you!

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