CORE

Community Response to End Inequalities

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Abstract	The CORE project successfully strengthened community-led integrated testing and linkage-to-care for vulnerable hard-to-reach populations across Europe. Despite facing bureaucratic and structural challenges typical of large EU-funded consortia, the project significantly expanded service delivery, built sustainable local capacity, and achieved major policy milestones, notably securing access to PrEP in Cyprus. The core lesson learnt is the urgent need for future projects to embed sustainability planning from the design phase, requiring sustained funding commitments from national governments and health systems to ensure community services endure.

CORE PROJECT LESSONS LEARNT REPORT

About CORE

CORE (COmmunity REsponse to End Inequalities) was a project aimed to reduce inequalities by enhancing community responses and addressing gaps in mainstream prevention and healthcare services, particularly in the EU Member States lacking such responses. The project employed strategies such as capacity building, networking, exchanging good practices, and implementing innovative approaches to promote, strengthen, and integrate community-driven approaches.

CORE focused on reaching the most vulnerable populations who traditionally have more difficulty accessing testing and linkage to care for HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis services. To achieve its goals, CORE engaged key stakeholders and addressed legal, policy, and structural issues to facilitate the integration of community-driven approaches into disease prevention and health promotion strategies. It built upon existing collaborations among regional networks and national and local organisations and leverages best practices and tools to support populations "left behind" in national responses. The project aimed to integrate and harmonize community responses to the unique needs of people with multiple vulnerabilities.

Through the CORE project, a total of 678,333 integrated screening sessions were conducted to offer rapid testing for HIV, viral hepatitis and syphilis in addition to 16,891 self-testing instances. In integrated screening sessions, 66,626 HIV tests were conducted: 42,982 tests for HCV and 34,630 for HBV. 53,124 tests were conducted for syphilis. Furthermore, 2.7 million condoms and 597,747 lubricants were distributed amongst key population groups.

The following organisations took part in the CORE project: Institute of Tropical Medicine Antwerp, European AIDS Treatment Group, European Sex Workers Rights Alliance (Belgium), Health without Borders (Bulgaria), AIDS Solidarity Movement (Cyprus), Czech AIDS Help Society (Czechia), Fédération Parapluie Rouge (France), AIDS Action Europe/Deutsche Aidshilfe, Afrikaherz/VIA Berlin (Germany), Positive Voice and Praksis (Greece), HÁTTÉR and Right Reporter Foundation (Hungary), Fundacja Edukacji Społecznej (Poland), LILA Milano (Italy), GAT (Portugal), ARAS and Carusel (Romania), Odyseus (Slovakia), Legebitra (Slovenia), CEEISCAT (Spain, Catalunya), Noaks Ark Mozaik (Sweden), Africa Advocacy Foundation and Correlation – European Harm Reduction Network (the Netherlands).

About this Report

This Lessons Learnt Report was developed to document learnings emerging from the implementation of the CORE project. The Report aims to support learning for future project consortiums, inform future advocacy designs for community-based projects, and provide recommendations for funders, implementing partners, policymakers, and community stakeholders.

Objectives of the Report

This Report seeks to:
- Consolidate lessons learnt on management, coordination, and collaboration from the project.
- Identify what worked in terms of effective strategies and approaches that can be scaled up or adapted by other actors.
- Highlight challenges encountered and the contextual factors that shaped results.
- Provide practical recommendations for strengthening stakeholder engagement, advocacy approaches, and project management in subsequent phases.

Methodology of the Report

This report is based on a qualitative review process designed to capture rich and diverse insights across implementing partners. The methodology consisted of the review of programme documentation including progress reports, meeting minutes, communication materials, stakeholder engagement plans, and deliverables to map key activities, milestones, and outcomes.

Semi-structured interviews were conducted with representatives from community-based organisations (CBOs) and work package leads. These interviews generated detailed accounts of implementation experiences, collaboration dynamics, enabling and constraining factors, and perceived outcomes. This approach aligns with qualitative methods used in related SRHR operational research, where Key Informant Interviews are central to understanding processes and dynamics in which project is implemented. Furthermore, feedback from Community Advisory Groups (CAGs) was incorporated to contextualize and validate findings.

All qualitative data interview notes and documented review outputs were synthesized and analysed by an independent consultant. Based on the analysis, patterns were identified to summarise successes, challenges, and actionable recommendations. Preliminary findings were shared with implementing partners during a CORE concluding meeting. This participatory validation strengthened the accuracy and relevance of the insights and ensured that conclusions reflect the perspectives of those directly involved in implementation.

Introduction

The CORE project was a rare opportunity when European Commission funded community-based services rather than advocacy or research alone. This report synthesises lessons learnt from interviews with all participating partners across the project's 36-month implementation period from January 2023 to December 2025.

Management

Key Achievements

Despite the forthcoming discussion of its challenges, the project yielded important successes. A core achievement was **the establishment and strengthening of collaborative networks among the participating organisations** – this was consistently identified by partners as a major positive outcome.

What is more, **partner retention remained robust** throughout the project, with no organisations dropping out as sometimes occurs in large consortia initiatives. The **project successfully executed its core work plan**, with delays in some areas balanced by early completion in others.

Financial management capacity improved over the project lifecycle. Although initially challenging, **partners ultimately reported feeling well-prepared to undertake new EU-funded projects** after successfully navigating CORE's demanding requirements. The support mechanisms implemented were highly effective: **WP1 proactively organised additional mandatory training sessions** delivered by their Financial Officer – and this proved invaluable for building internal financial capacity across the CORE consortium. **Support from the WP1 coordinators, particularly regarding reporting and Commission requirements**, was consistently praised by implementing partners. Additionally, **WP5 developed user-friendly, internal reporting systems** which successfully reduced the administrative burden on implementing partners.

Finally, for some implementing partners, **participation in CORE provided a significant strategic advantage, enabling them to secure additional funding by demonstrating their established**

services and proven project delivery capability. This outcome underscores the project's long-term value beyond its immediate scope.

Challenges

The project encountered significant structural challenges during its inception and implementation phases. The need for specialised skills in each Work Package resulted in partner organisations focusing only on their own tasks, sometimes at the expense of **losing sight regarding the broader project objectives and overall coherence**. Consequently, some partners expressed the view that the project's scale was too large to effectively maintain cohesion across all activities.

Furthermore, the European Commission's funding is fundamentally **designed to support large institutions**, which created inherent difficulties for CORE, a consortium largely composed of small CBOs. Most CBOs operate with volunteer or under-resourced staff, yet they were subjected to the same rigorous reporting requirements as well-established institutions. For most implementing partners, this project represented their first EU funding, an experience characterised by a perception of immense bureaucratic burden.

The European Commission's **reporting system presented a continuous operational challenge**. Ultimately, WP1 assumed primary responsibility for finalising submissions and providing clarifications on technical requirements, a necessity which resulted in a substantial increase in workload. Compounding this, the **support received from the EU Commission Project Advisor was notably limited**, primarily due to the Advisor's prolonged absences resulting from illness. This situation necessitated that **partners independently navigate complex submission and administrative processes**. Additionally, **staff turnover among WP leads** occurred without sufficient internal organisational debriefing or proper introduction to the consortium partners. This lack of continuity particularly complicated community engagement and implementation activities in certain workstreams.

In terms of evaluation, the **initial evaluation framework was overly ambitious**, attempting to measure change that partners felt was unrealistic given the project's constraints. Plans to conduct interviews with service users had to be abandoned due to a lack of travel funding and language barriers. While WP3 was mandated to lead the project evaluation, it **failed to provide internal support** to help adjust ongoing activities, thereby representing a missed opportunity for adaptive management. The **end-of-year survey experienced a marked decline in response rates**, dropping significantly in Year 2 and necessitating its complete discontinuation in Year 3. **The evaluation was also fragmented** across multiple WPs (WP3, WP4, and WP5). Separately, WP5 independently developed a **monthly monitoring tool**, which subsequently **complicated the external evaluation process** as this tool operated outside the formal purview of WP3. This situation contributed to a perception among some partners of **excessive monitoring** and a fundamental **tension between their identity as community activists and the bureaucratic reporting requirements** imposed upon them.

Regarding the **Community Advisory Group (CAG)**, it **was onboarded late and was never involved in the project design**. The **lack of face-to-face meetings** hindered effective engagement. CAG members initially struggled to understand the project's purpose, with clarity only gained upon the release of the interim report. One interviewee acknowledged uncertainty regarding the appropriate scope of enquiry for Advisory Board members, suggesting that these customary structures need rethinking regarding their actual function and value in community-led projects.

Furthermore, **regional networks** contributed to specific project milestones but **operated with unclear guidance regarding their defined role, and a corresponding lack of accountability mechanisms beyond standard financial reporting**. The lack of narrative reporting meant their activities remained largely invisible to the wider consortium.

Finally, **co-funding presented an ongoing, unresolved challenge**. The initial expectation that the Project Coordinator would facilitate securing co-funding did not materialise, leaving partners to manage this requirement independently with variable success. Sustainability planning received insufficient attention throughout the project lifecycle. **The rapidly changing funding environment**, with significant cuts to harm reduction and HIV services across Europe, fundamentally **reoriented project priorities**.

Lessons Learnt and Recommendations for the Future

The experience gained from CORE necessitates the implementation of several key strategic adjustments for future consortium-led initiatives. **Future projects must incorporate planned capacity building and operational assistance** from the outset rather than assuming all partners possess equal experience with complex EU funding mechanisms and administrative requirements.

To enhance project governance and efficiency, **it is essential to adopt more realistic evaluation frameworks** that do not create an excessive administrative burden for implementing partners. Furthermore, **responsibilities for monitoring and evaluation should be centralised** rather than being fragmented across multiple Work Packages.

To ensure full transparency and compliance, **clear accountability mechanisms, encompassing both narrative and financial reporting requirements, must be established** for all participating entities, including regional networks.

Regarding external engagement, **advisory groups must have clearer terms of reference**, defined governance roles, and be meaningfully involved from the project design stages, rather than being added mid-stream.

Finally, to ensure financial security and long-term impact, **explicit co-funding strategies need to be developed** early in the planning phase. Sustainability planning requires dedicated resources and consistent attention throughout the entire project lifecycle, not merely as an end-of-project requirement.

Communication and Knowledge Exchange

Key Achievements

The project provided valuable opportunities for **collaboration and experience exchange** across the consortium. Partners particularly valued the chance to learn how different countries approach various population groups, manage decisions regarding test distribution, and handle diverse prevention strategies. Organisations working with different population groups benefited **from cross-community learning** on providing basic counselling. Crucially, **some partners successfully leveraged the CORE framework to strengthen national collaborations**, exemplified by two national organisations significantly improving the coordination of their work.

Communication between partners improved over time. By the middle period of the project, other Work Packages began joining WP5's regular calls, leading to a much better flow of information across

the consortium. WP5 partners found the sharing of knowledge, support, and collaborative problem-solving to be excellent, including receiving practical assistance such as locating reliable test suppliers.

The competencies and opportunities provided by CORE were ultimately valued more highly by the partners than the financial support itself. Some of the implementing partners developed academic partnerships, publishing results of their work and presenting papers at conferences.

Finally, **dissemination materials proved effective:** videos developed within the project by WP2 proved effective for promotional purposes, and webinars done by WP6 were valued for professional development, with partners actively promoting these resources among their colleagues.

Challenges

The project experienced **significant shortfalls in its dissemination targets**. The ambitious initial plan of 15 Knowledge Hub webinars was not met, with only two completed in 2023–2024. While the team successfully organised four additional webinars in 2025, the overall target remained unmet.

Participation rates in WP4 workshops varied considerably. For instance, the chemsex workshop successfully attracted approximately 60 participants, yet **most other sessions rarely exceeded 10 attendees, with often half of these being CORE team members** rather than the target audience. **Low participation, particularly from WP5 implementing partners**, can be attributed to several factors: **existing high workloads; late notification of events lacking clear details on workshop duration; scheduling during regular working hours for understaffed organisations; and language barriers**. The exclusive use of English further limited access for non-English speaking participants, whilst the provision of simultaneous translation into all partners' languages was deemed too expensive. To address this, partners were invited to create subtitles for recorded workshops, although this initiative ultimately did not materialise. Furthermore, despite expressed partner demand for interactive workshops, discussions often remained limited, likely due to language discomfort.

As one partner observed, the real missing link was that **Work Package leads mainly engaged with the management staff of implementing organisations**, meaning that the community health workers and peers – the primary target group for capacity-building efforts – largely remained out of reach.

Limited interaction was also observed between certain Work Packages. For instance, WP5 partners providing information for WP7's legal analysis found the process confusing, as it consisted solely of email exchanges and questionnaires without the benefit of meetings or dialogue to contextualise the outcome document. WP7 drafted a report addressing the review of legal and regulatory barriers, the accessibility of prevention and testing options (PEP and PrEP), and the mapping and review of social barriers (including stigma and criminalisation). However, the report was produced towards the end of the project, leaving its planned dissemination and further strategic use in advocacy unclear. This requires clarifying interdependencies and interconnectedness of various work packages in terms of shared timelines in future projects.

Lessons Learnt and Recommendations for the Future

Communication strategies require robust coordination across all Work Packages to prevent information overload for partners and to ensure scheduling respects mandatory reporting cycles and existing operational demands on participating organisations. For **capacity building initiatives** to be effective, they **must be designed to reach frontline practitioners**, specifically community health workers and peer workers. Achieving this **necessitates implementing different communication approaches and potentially alternative scheduling** that better accommodates the working hours of

outreach workers. Furthermore, interactive elements within online workshops require **facilitation strategies that address and mitigate language barriers** to ensure meaningful participation from all partners.

A strong interest was expressed by some partners in conducting study visits, including job shadowing opportunities, to allow for first-hand observation of other organisations' operations, rather than relying solely on theoretical learning via online meetings. If feasible, future projects should allocate budget resources for travel to enable peer organisations to engage in this form of direct experience exchange and learning.

Interventions and Advocacy
Key Achievements

Despite the forthcoming challenges, **CORE demonstrably enabled the expansion and strengthening of services**. Partners reopened or established new interventions, significantly expanded their geographic reach, and developed crucial cooperation with various stakeholders, including municipalities, universities, hospitals, and private sector organisations.

The scope of testing services broadened substantially. Partners who previously conducted only HIV testing successfully integrated testing for HCV, HBV, and syphilis. This integrated testing proved beneficial, as the HIV-related stigma makes people reluctant to test, but combined tests reduced this barrier. In some contexts, **CORE created an opportunity to offer testing to all clients in need**. For instance, in one country, HCV testing, which had been previously limited to people engaged in recognised risk practices, was expanded to cover all community members. Organisations consistently reported that **peer workers were essential to the success of testing success**, both in terms of outreach and in creating trust within communities.

The population reach expanded beyond traditional target groups. One organisation added university students as a focus population, conducting EU testing weeks twice yearly with 80 tests per campaign, revealing that most students had never been tested and many lacked basic knowledge about infection transmission. Another organisation broadened its focus from working exclusively with African migrants to serve other migrant communities and recruit more peers from diverse backgrounds.

The project provided capacity and resources that many organisations lacked, with several partners identifying **CORE as essential for sustaining their only community-based HIV testing services in the country**. The project strengthened their organisational positions and enabled more effective advocacy. One organisation noted that integrated testing gave them credibility and positioned them as the sole provider of such services in their region. **Having funding independent from government or pharmaceutical companies also gave organisations greater freedom to advocate**, and partners stressed that this independence was crucial for community organisations engaging in advocacy.

While challenging for some, **COBATEST adoption provided organisations with increased credibility and standardised approaches**. Several partners **also successfully established or strengthened linkage-to-care systems**. For example, in Slovakia, a 2023 law change enabling linkage to care coincided with CORE implementation, allowing the organisation to develop vital connections with medical practitioners and expand testing capacity.

In addition, **Noaks Ark Mosaik successfully demonstrated an integrated testing model to decision-makers in their country**, combining peer-led interventions, targeted outreach, and the strategic use of digital tools. This model was subsequently scaled up and adopted within the formal system. In Greece, **Praksis, working with Positive Voices on CORE, expanded testing and engaged with key**

stakeholders to overcome bureaucratic hurdles, information gaps and stigma-related challenges in Thessaloniki. Furthermore, **advocacy work was conducted in France focusing on inclusive health and community-led policy strategies for sex workers**. This high-profile event engaged senators, Members of European Parliament, and local decision-makers in Paris before the EACS conference in 2025, initiating a dialogue on the full implementation of Harm Reduction Guidelines (2017).

A major public health milestone in HIV prevention was achieved in Cyprus with the launch of the Cyprus PrEP Point in May 2025, which was swiftly followed by the official commitment from the Ministry of Health in October to **provide free PrEP access for all citizens**. The AIDS Solidarity Movement, supported by AIDS Action Europe and EATG, was central to this effort, establishing itself as the main community information and support hub. Years of sustained local advocacy, targeted research, and community events successfully built the public and political support required for the Ministry of Health to approve this crucial access to PrEP. State representatives attended the launch event, and extensive media outreach helped to raise public awareness significantly. Today, **the Ministry refers people directly to the PrEP Point**, substantially easing access for those within hard-to-reach populations. Without the foundational groundwork established through the CORE project and its extensive network, achieving this national policy milestone would have required a considerably longer timeframe.

Furthermore, during the CORE project, one implementing partner saw its staff become certified trainers certified to instruct other peers in rapid testing, thereby building sustainable capacity. Finally, **project resources were successfully leveraged to include additional service locations, recruit new human resources, and facilitate the conversion of several part-time positions into full-time employment**.

Challenges

Legal barriers complicated the implementation of testing services in several countries, stemming from stringent licensing requirements and restrictions on which entities or individuals were permitted to perform certain tests. The **challenge of time-limited services** created ethical concerns. Partners highlighted the unfairness to service users when vital interventions appear and then disappear abruptly. This particularly affected **testing services, which lacked any concrete sustainability plan beyond the duration of the project funding**. For instance, in Greece, extensive work was required to obtain necessary licenses for services that were highly likely to end upon the project completion, creating frustration for both staff members and the communities served. Furthermore, in Germany, tax regulations stipulated that peer workers could only conduct a maximum of 15 tests before reaching the 240 EUR threshold requiring formal tax registration.

The COBATEST tool experienced IT issues that adversely affected its functionality. In addition, some implementing partners found the tool difficult to use in practice because many service users either could not fully understand the questions, lacked the requisite baseline knowledge about the infections being tested, or, in some contexts, the questionnaire was simply too long to be feasible within the service delivery timeframe.

Advocacy activities faced structural implementation challenges. Stakeholder engagement plans were developed in 2023 and updated in 2024, but **staff transitions made effective communication difficult**, necessitating the prioritisation of only four to five key partners rather than comprehensive engagement. Implementing the stakeholder plans proved difficult because **neither EATG nor WP5 organisations possessed dedicated budgets for advocacy activities**.

While EATG and AIDS Action Europe provided valuable support for specific initiatives, such as the opening of a PrEP point in Cyprus, **the overall advocacy structure did not suit all country contexts**.

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As some partners noted, **stakeholders do not respond well to external entities dictating what to do**, strongly suggesting that advocacy must be locally led to achieve maximum impact.

Lessons Learnt and Recommendations for the Future

Service expansion without sustainability planning creates ethical challenges. **Future projects must integrate sustainability planning from the design phase**.

Evidence strongly suggests that **integrated testing is more effective than single-disease testing in settings where stigma deters individuals from testing for a specific infection**. Using one test kit that covers multiple infections both increases public health impact and provides a practical advantage in community engagement. **Organisations must strengthen linkage-to-care systems** in parallel with expanding testing activities, as testing alone provides limited value to clients if adequate treatment and follow-up services are unavailable.

Furthermore, the crucial role of **peer workers must be supported with** appropriate structures, including **supervision, ongoing education, and fair compensation**.

Finally, stakeholder engagement requires dedicated budget allocation. Organisations and advocates within each country must drive their own advocacy strategies with international partners providing technical support, funding, and political backing upon request.

Recommendations and Sustainability

The dramatic shift in the funding environment, characterised by widespread cuts to harm reduction and HIV services across Europe, has severely affected the sustainability prospects for CORE services. By the project's conclusion, many implementing organisations face uncertain futures, lacking secure funding mechanisms to maintain the services introduced or expanded over the past three years. This essential lesson learned is clear: **community-based services, despite demonstrating their value and feasibility (such as community-led integrated testing and linkage to care), require sustained funding commitments from governments and health systems to survive**.

Despite these critical financial uncertainties, **the knowledge exchange and mutual support established through CORE will continue after the project formally concludes**. The partner network provides a robust foundation for coordinated advocacy directed towards decision-makers at both national and EU levels. Accordingly**, the immediate next steps must focus on advocacy, strategically utilising the data and evidence accumulated during CORE's implementation**, including findings from the WP7 legal and policy analysis report. Toolkits, workshops and webinars will remain accessible to the community via AIDS Action Europe's platforms.

For future initiatives, partners strongly recommend several structural changes: **projects should incorporate buffer budgets for operational flexibility, planned capacity building and operational assistance, more dedicated resources for sustainability planning from the outset, and the integration of more effective advocacy and fundraising strategies throughout the entire implementation lifecycle**.