Dissemination, Exploitation & Communication Plan
(DECP)

EU4health Civil Society Alliance

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1.0	06/07/2026	Antonio Martin	Formatting & Revisions
2.0	22/10/2026	Antonio Martin	Final Version
2.0	26/10/2026	Steering Committee	Approval

List of Abbreviations

DECP	Dissemination, Exploitation and Communication Plan
DECT	Dissemination, Exploitation and Communication Table
EASL	European Association for the Study of the Liver
ECDC	European Centre for Disease Prevention and Control
EN	English language
ES	Spanish language
EU	European Union
EU4Health	European Union programme for the Union's health policy
GDPR	General Data Protection Regulation
GLI	Global Liver Institute
HaDEA	European Health and Digital Executive Agency
HR	Croatian language
INHSU	International Network on Health and Hepatitis in Substance Users
KPI	Key Performance Indicators
NGO	Non-Governmental Organisation
PT	Portuguese language
PWID	People Who Inject Drugs
SHIELD JA	Strategies for Health Interventions to Eliminate Infection related Cancer Joint Action
SEIMC	Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica
URL	Uniform Resource Locator
WHO	World Health Organisation
WP1 – 5	Work Package 1 – 5

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Executive Summary

The MOBHOPE Dissemination, Exploitation and Communication Plan (DECP) defines the strategy for raising awareness of the project, sharing its results with relevant stakeholders, and supporting their uptake and sustainability beyond the project’s lifetime.

It is aligned with the project's Grant Agreement, including Article 17 and Annex 5, and ensures appropriate visibility of EU4Health funding through the HaDEA.

MOBHOPE aims to improve access to viral hepatitis screening, liver health assessment and linkage to care through mobile services targeting underserved and vulnerable populations. Its communication activities seek to raise public awareness, promote equitable access to healthcare and reduce stigma. Dissemination activities focus on sharing scientific and operational findings with healthcare professionals, researchers, policymakers, public health authorities and civil society organisations.

The strategy combines the project website, social media, media engagement, scientific publications, conferences, workshops, stakeholder meetings and public awareness initiatives. Activities are implemented across the three participating countries, supported by collaboration among consortium partners and relevant European and national stakeholders. All communication and dissemination materials must comply with EU visibility requirements, including the European emblem and the applicable EU4Health funding statement.

The exploitation strategy focuses on supporting the continued use of the project's main results: the training modules package, baseline stigma assessment, screening and referral protocols, and operational findings from mobile liver health services. These outputs are intended to support healthcare and social care providers, inform policymakers and facilitate the replication and sustainability of effective service models.

Progress will be monitored through quantitative and qualitative indicators, including website visits, social media reach and engagement, communication outputs, scientific publications and conference contributions, stakeholder and policymaker engagements, and project results uploaded to the EU4Health Project Results platform. Monitoring data will be collected throughout the project and reviewed periodically to assess progress, identify opportunities for improvement and inform updates to the DECP.

The plan is a living document, supported by a shared Dissemination, Exploitation and Communication Table (DECT), which records completed and planned activities across the consortium. It will be reviewed every 6 to 12 months to ensure that activities remain relevant, measurable and aligned with MOBHOPE's objectives, while promoting the long-term uptake and impact of its results.

1. Introduction

This Dissemination, Exploitation and Communication Plan (DECP) sets out the strategy and activities for communicating and disseminating the results of MOBHOPE, in accordance with Article 17 of the Grant Agreement and the requirements specified in Annex 5.

Communication and dissemination are distinct but complementary activities:

- Communication targets the general public, using non-specialised language, to raise awareness and promote the project and its activities.
- Dissemination targets specialised audiences (scientific communities, policymakers, industry stakeholders), using scientific or technical language, to share project results and maximise their uptake and impact.

This plan is a living document and will be updated throughout the lifetime of the action. To support the continuous updating of this document, the MOBHOPE consortium maintains a shared Dissemination, Exploitation and Communication Table (DECT), accessible to all partners. Consortium members regularly log completed and upcoming communication, dissemination and exploitation activities in this table, ensuring that the information collected across all three sites is captured in a structured and timely manner. The DECT serves as the primary source of information for updating the DECP, which will be reviewed and refreshed every 6 to 12 months throughout the lifetime of this project.

In particular, all visibility requirements follow Article 17.2 of the Grant Agreement (Visibility — European flag and funding statement), which requires that all communication activities, dissemination materials, and any infrastructure, equipment or major result funded by the grant acknowledge EU support through display of the European emblem and the funding statement set out in Annex 5.

1.1 Objectives

This DECP pursues the following specific objectives:

- Raise awareness among the general public, civil society and mass media about viral hepatitis, liver health and the barriers faced by underserved populations, and about MOBHOPE's contribution to addressing them.
- Ensure timely and effective dissemination of project results to scientific communities, healthcare professionals and policymakers, to maximise their uptake into clinical practice and policy.
- Guarantee full visibility of EU4Health funding across all communication and dissemination outputs, in compliance with Article 17 of the Grant Agreement and Annex 5.
- Support the exploitation and sustainability of project results (training modules, protocols, standard service package) beyond the project's duration.
- Foster engagement with key stakeholders (World Hepatitis Alliance, ECDC, national health authorities, SHIELD JA) to build synergies and reinforce policy impact.

1.2 Key Messaging

- Mobile units bring life-saving hepatitis screening, liver assessment and linkage to care directly to people who are otherwise left behind by conventional healthcare.
- Early detection and timely treatment of viral hepatitis prevent cirrhosis and liver cancer — and mobile outreach is how we reach the people who need it most.
- Dignity and respect are at the centre of every MOBHOPE service: no one should be turned away or stigmatised because of who they are or where they live.
- MOBHOPE is building a replicable, EU-wide model so that other Member States can adopt mobile liver health services.
- This work is only possible thanks to EU4Health funding and European solidarity.

1.3 Target Audience

Table 1. Target Audience

Audience	Sub-groups	Primary Purpose
General public	EU citizens, civil society, mass media	Awareness-raising, visibility of EU funding
Service users / vulnerable populations	PWID, homeless individuals, migrants, sex workers, prisoners	Access information, reduce stigma, encourage service uptake
Scientific community	Hepatologists, infectious disease specialists, researchers	Uptake of operational research findings, publications
Healthcare & social care providers	Hospitals, NGOs, harm-reduction services	Adoption of protocols and standard service package
Policymakers	National/regional health authorities, ECDC, HaDEA	Policy uptake, sustainability, scale-up
Project partners & related initiatives	World Hepatitis Alliance, SHIELD JA	Synergies, shared learning

1.4 Planned Budget

Communication and dissemination activities are funded under Work Package 4 (Standardization and Quality Improvement of Mobile Liver Health Services), primarily under budget category C.3 (Other goods, works and services) as detailed in Annex 2 of the Grant Agreement. This covers costs for the project leaflet, website and social media content development, design of visual identity materials, translation of materials into national languages, and registration/travel costs for dissemination at conferences (e.g. EASL, INHSU). No dedicated commercial advertising budget is allocated; dissemination relies primarily on owned channels (website, social media) and partner/stakeholder networks.

1.5 Future Activities

All future activities must comply with the visibility and funding acknowledgement requirements of Annex 5, including display of the European flag and EU4Health funding statement. Public project results must be uploaded to the EU4Health Project Results platform available through the Funding & Tenders Portal.

2. Communication Activities

Communication activities are aimed at the general public and service users, including EU citizens, civil society and mass media. They use non-specialised language and promote the action and its results as required by Article 17 and Annex 5 of the Grant Agreement.

List the type of communication activities to the general public carried out and/or still planned:

Table 2. Communication Activities 2025-2026

Means / Channel	Main Goal(s)	Date	Link (if applicable)
IiSGM/HGUGM/HUIL Websites	Project Presentation	11/11/2025	link; link; link
Con Salud	Project Presentation	12/11/2025	link
Opinando sin Anestesia	Project Presentation	12/11/2025	link
X	Project Presentation	14/11/2025	link
Salud a Diario	Project Presentation	16/11/2025	link
MOBHOPE Website	Kick-Off Meeting Promotion	08/12/2025	link
Youtube	Project Presentation	13/02/2026	link
Facebook, Instagram	Kick-Off Meeting Promotion	28/06/2026	
Facebook, Instagram	Project Presentation	28/06/2026	
Facebook, Instagram	MOBHOPE at EASL Congress	28/06/2026	
Facebook, Instagram, LinkedIn	World Hepatitis Day and Project Promotion	28/07/2026	link
EUDA Connect	Project Promotion	01/10/2026	link
Facebook, Instagram, LinkedIn	Linkage-to-Care Presentation (at INHSU)	09/10/2026	link
LinkedIn	MOBHOPE Training Package	27/10/2026	link
On-site Work and Publications	European Testing Week	23-30/11/2026	

All communication activities will be designed with the general public in mind, using simple, concise and non-technical and non-stigmatising language that focuses on the project's impact rather than specific deliverables or work packages. Each communication output will convey one clear message and include a direct call to action (e.g. "Join our event", "Check out the video") to actively engage the audience. All content will be verified for accuracy before publication; any errors will be corrected promptly. Where events would be open to the public, a registration link will always be included. Communication materials will be made visually attractive through the use of images, photos, GIFs or videos (with subtitles where applicable). When using images from image banks, the correct copyright and source will be credited; when photos feature people, the consent from both the individuals photographed and the photographer will be obtained. All visuals will include the EU emblem and the EU4Health funding statement, in compliance with Annex 5 of the Grant Agreement and EU visibility rules, both in English and in national languages when possible (i.e. Croatian, Portuguese and Spanish).

2.1 Visual Identity and Templates

A consistent visual identity has been developed to ensure MOBHOPE materials are easily recognisable across all three countries and communication channels, and to reinforce the visibility of EU4Health funding.

The following branded assets have been produced and are maintained centrally by FIBHGM (WP5), with access provided to all partners via the shared SharePoint environment:

Table 3. Project Communication and Dissemination Resources

Asset	Description	Use
Project logo	MOBHOPE visual identity mark, including colour palette and typography guidelines	All public-facing materials, website, social media, signage
Letterhead / official templates	Word template for official correspondence, reports and deliverables	Consortium correspondence, deliverable submission, official letters
PowerPoint presentation template	Branded slide template including EU emblem and funding statement on cover/closing slides	General project presentations, conference talks, Steering Committee and Advisory Board meetings
Poster / roll-up banner template	Standardised layout for conference posters and the project roll-up banner	Congresses, public events, mobile unit visibility material
Leaflet template	Layout for the project leaflet (D4.7), available in EN, ES, PT and HR	Community outreach, mobile unit distribution
Others	Website resources such as pamphlets, training packages and information available to the public	Professional activities dissemination and public identity

All templates incorporate the European emblem and the EU4Health co-funding statement. Partners must use the approved templates for any project-related material and must not modify the EU emblem or combine it with other visual marks.

Requests for new templates or adaptations (e.g. additional language versions) should be directed to the WP5 coordination team for approval before use, consistent with the centralized approval mechanism described in Section 7.1.

3. Dissemination Activities

Dissemination activities are aimed at target groups such as scientific communities, industry stakeholders and policymakers. They make project results available to those best placed to use them. Public project results must be uploaded to the EU4Health Project Results platform available through the Funding & Tenders Portal.

3.1 Publications

For actions involving publications, the action and the European flag and funding statement must be mentioned on the cover or first pages following the editor's mention.

3.2 Events (Conferences, Workshops, etc.)

For any open public event, when possible, the coordinator of the project will notify European Health and Digital Executive Agency (HaDEA) in advance so the event can be included in the HaDEA website calendar and potentially reposted on HaDEA channels.

For actions involving public events, signs and posters mentioning the action and the European flag and funding statement must be displayed.

Table 4. Dissemination Activities 2025-2026

Type / Format	Audience	Date	Link (if applicable)
*Oral Presentation	World Patient Alliance – European Regional Meeting	01-02/11/2025	Link
Oral Presentation	European Association for the Study of the Liver (Studio)	19/12/2025	Link
Oral Presentation	GLI/Hepatos Roundtable – Patient meeting on liver health	23/02/2026	
Meeting	Portugal's Directorate-General for Health	10/04/2026	
Meeting	World Hepatitis Alliance Meeting on Stigma Survey	20/04/2026	
Meeting	External Advisory Board Meeting 1	21/04/2026	
Oral Presentation	World Hepatitis Summit 2026	28-30/04/2026	Link
Oral Presentation	WHO Innovation Platform	05/05/2026	
Meeting	Regional Health Authority – Beja	08/05/2026	
Banner & Open Testing	EASL Congress 2026	27-30/05/2026	Link
Oral Presentation	SEIMC 2026 Congress	28-30/05/2026	
Meeting	Regional Health Authority – Setubal	29/06/2026	
Meeting	Regional Health Authority – Coimbra	30/06/2026	
Oral Presentation	World Hepatitis Alliance Europe Webinar	25/07/2026	
Webinar Presentation	Subdirecció General d'Addiccions, VIH, ITS i Hepatitis Víriques, Generalitat de Catalunya	26/07/2026	
Oral Presentation	XVI International Meeting on Therapy in Liver Diseases	01/10/2026	
Poster Presentation	INHSU 2026	07/10/2026	Link
Oral Presentation	FOCUS Partner Summit	13-15/10/2026	
Meeting	Synergies Meeting with SHIELD JA	19/10/2026	
Meeting	External Advisory Board Meeting 2	20/11/2026	
Trainings	Ares do Pinhal – Partner Network Session	03/12/2026	
Trainings	European Testing Week	23-30/11/2026	

*Prior to the official start of the project in November 2025, dissemination activities had already taken place in September and October 2025 to introduce the forthcoming MOBHOPE consortium. These activities included participation in events such as the Hepatitis B Foundation CAB meeting and the Central Eastern European Patient Engagement Annual Forum.

3.3 Project Website

Website URL: https://mobhope.eu/

The project website must present the project summary, coordinator contact details, list of participants, European flag, funding statement and project results. The administrators will ensure the website also features project impact stories, not just deliverables. The website includes updates about presentations, preliminary findings, recent news or meetings with photos in a section for it. It also features the projects official public deliverables as well as the project tools (such as the staff training packages in relation to WP1 and the users' stigma survey in relation to WP3, among others) and results.

Figure 1. Project Website

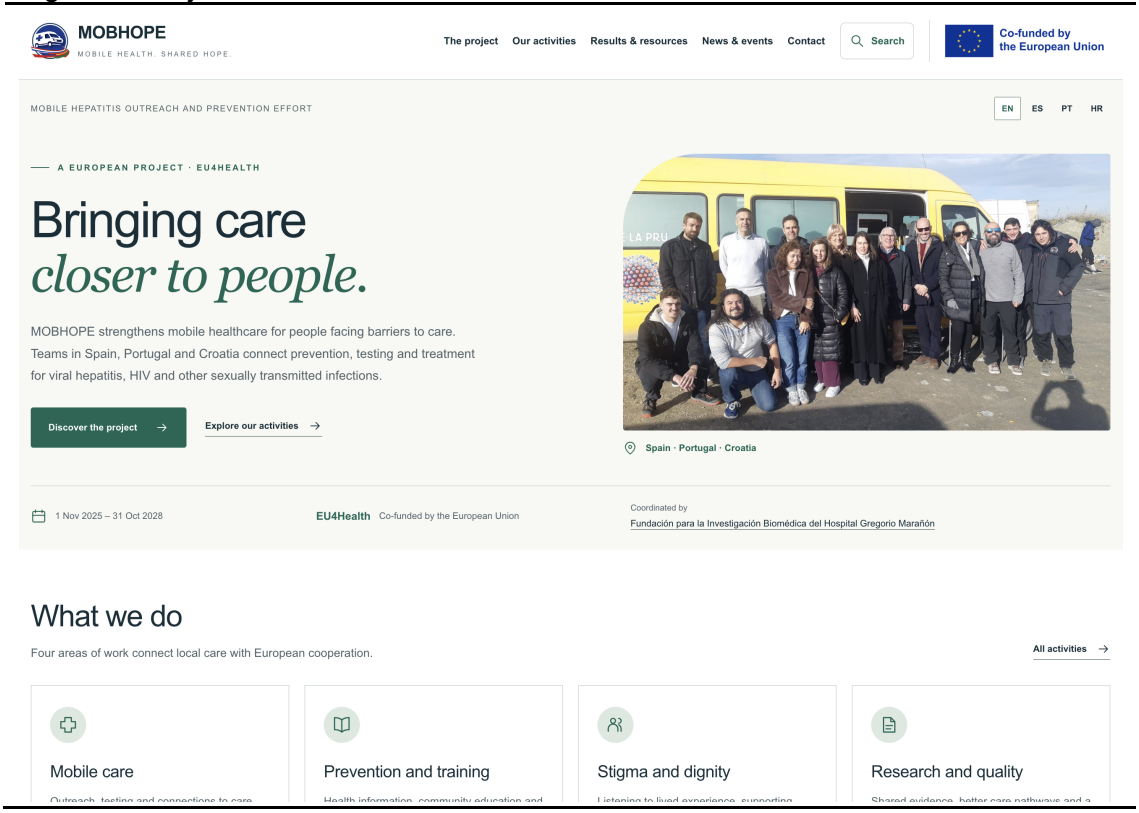
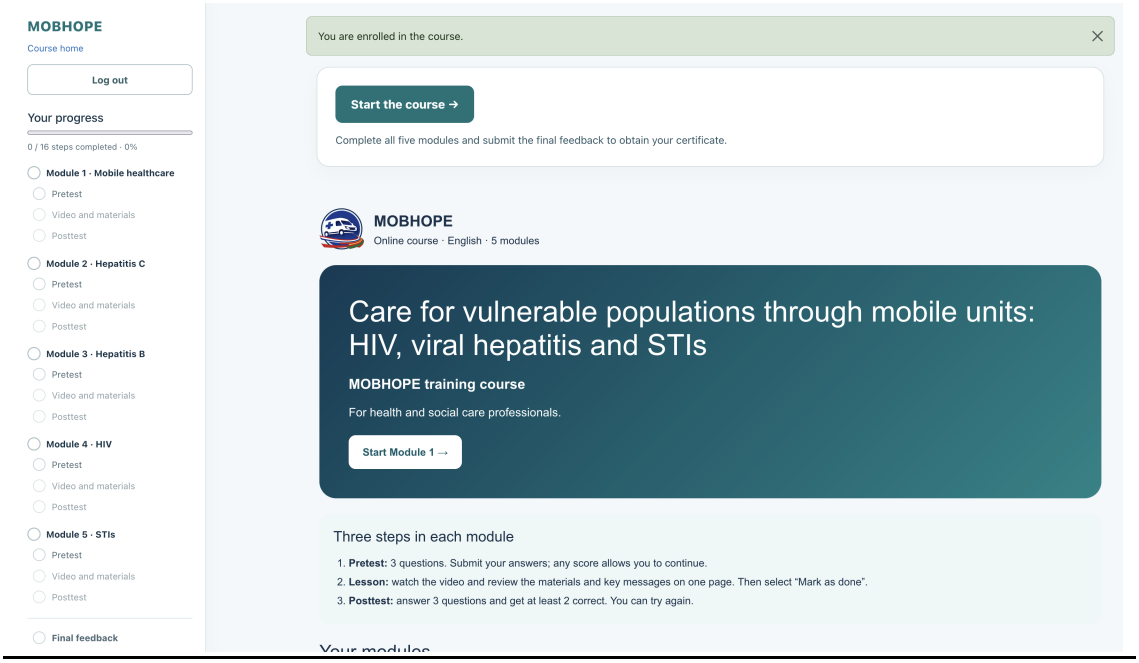


Figure 2. Training Modules Package in the Project's Moodle Site



3.4 Social Media

Platform / Link 1: LinkedIn / https://www.linkedin.com/company/mobhope

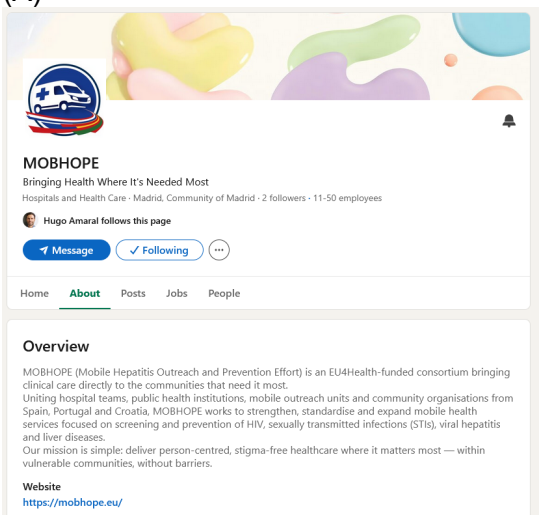
Platform / Link 2: X / https://x.com/mobhope8048

Platform / Link 3: Facebook / https://www.facebook.com/people/MobHope-Street-Medicine-MobHope-project/61591539503023/

Platform / Link 4: Instagram / https://www.instagram.com/mobhope.project/

Figure 3. Project Social Media Sites

(A)



(B)



(C)

(D)



Note: (A) MOBHOPE's main LinkedIn; (B) X; (C) Facebook; and (D) Instagram pages.

Social media accounts must present the project in accordance with the requirements of Annex 5, including the European flag and funding statement.

LinkedIn and X (formerly Twitter) were selected as the project's primary social media platforms for professional and institutional engagement, based on their complementary reach and audience profiles. LinkedIn provides a channel to engage with healthcare professionals, researchers and institutional partners, who are central to the dissemination and uptake of the project's results. X was selected for its capacity to reach policymakers and amplify key messages to a broader audience in real time, particularly through relevant hashtags and engagement with EU institutional accounts.

Facebook and Instagram complement these platforms by targeting the general public more broadly, including the friends and relatives of mobile unit users, as well as local communities and other people who may benefit from greater awareness of MOBHOPE's activities. These platforms are particularly suitable for sharing accessible, visual and non-stigmatising content that promotes the project, raises awareness of liver health and encourages engagement with mobile services. To ensure a consistent communication approach and reduce duplication of work, Facebook and Instagram are managed as integrated communication channels, with Facebook posts automatically shared on Instagram.

A social media content calendar will be maintained, with posts planned at least one month ahead of events, when possible, and aligned with relevant international days. In line with the content to be published, posts will include relevant tags and hashtags. At minimum, the tag @EU_HaDEA and the specific tag associated to the project social media account will be included. Other tags may include @EU_Commission and @EU_Health. Each post will use 2-4 hashtags, including #EU4Health, #EUfunded, and #HealthUnion.

Posting frequency: about 1-2 posts per month, increasing around key milestones (e.g. conferences, deliverable publication, World Hepatitis Day).

Responsible partner: FIBHGM (WP5) coordinates the publication calendar; Ares do Pinhal, Hepatos and Madrid Positivo contribute country-specific content and translations.

Content types: project milestones, deliverable highlights, event participation, impact stories (anonymised/consented), World Hepatitis Day and other awareness dates, EU4Health cross-promotion.

KPIs: follower growth rate, engagement rate (likes/shares/comments), reach per post, click-through to website.

4. Exploitation of Results

Exploitation refers to the use of project results beyond the project itself — in products, services, standards, policies or further research. In accordance with Annex 5, the granting authority has rights to exploit non-sensitive results for information, communication, dissemination and publicity purposes. The beneficiaries must ensure these rights of use for the whole duration they are protected by industrial or intellectual property rights.

Table 5. Exploitation of Project's Results

What is to be Exploited	Target Group / End Users	Format	Expected Outcome
Training Modules Package	Health and Social Care Providers	Videos	Awareness and Reduction of Stigma
Baseline Stigma Assessment	World Hepatitis Alliance / European Centre for Disease Prevention and Control	Report	Awareness on Stigma in Vulnerable Populations
Screening & Referral Protocols	Health and Social Care Providers	Report	Comprehensive Care Protocols
Operational Findings	Health and Social Care Providers and Policymakers	Interim Reports	Awareness of Mobile Units' Pertinence

If results are subject to moral rights or third-party rights (including intellectual property rights), the beneficiaries will ensure compliance with obligations under the Grant Agreement, notably by obtaining the necessary licences and authorisations from the rights holders concerned.

5. Monitoring & Evaluation

The effectiveness, quality, and compliance of communication and dissemination activities will be strictly monitored and governed. To ensure message coherence, scientific accuracy, institutional alignment, and strict adherence to ethical and legal standards, the following governance framework and indicators will be applied.

5.1 Centralized Approval and Media Relations Governance

To maintain control over the project's public image and scientific messaging, a centralized approval mechanism is mandatory for all partners:

- **Prior Approval Mechanism:** No partner or consortium member may publish, disseminate, or release any project-related material (scientific, institutional, or promotional) without the prior review and explicit consent of the Project Coordinator and the Steering Committee.

- **Institutional Affiliation and Media Relations:** Any communication directed to mass media, press releases, or journalistic interactions that involve the affiliation of FIBHGM, the Hospital General Universitario Gregorio Marañón (HGUGM), or any professional with an employment relationship linked to the project, must be exclusively channelled and authorized through FIBHGM-HGUGM's Official Communication Department. The MOBHOPE coordination team will be directly involved in processing, coordinating, and validating these requests to ensure institutional compliance.

5.2 Ethical Compliance, Image Rights, and Protection of Vulnerable Populations

Given the highly sensitive nature of the target populations (e.g., PWID, homeless individuals, migrants, prisoners), the protection of third-party rights is a critical component of the Monitoring and Evaluation framework:

- Explicit Consent for Third Parties: Any dissemination activity that involves the use of images, audio, testimonials, or identifiable data of third parties (especially patients or vulnerable groups) requires strict ethical compliance.
- Mandatory Authorization Form: Prior to any capture or publication, a specific, written, and signed informed consent must be obtained from the individual (or their legal guardian). This consent form must explicitly detail:
    1. The exact objective and purpose of the dissemination.
    2. The specific context, channels, and geographical scope where the material will be circulated.
    3. The legal framework backing the data processing and image rights (in strict compliance with the GDPR and national legislation).
- Veto Power: The Project Coordinator and Steering Committee will automatically reject any communication output that does not include the corresponding signed consent forms attached to the approval request.

5.3 Monitoring Indicators

The effectiveness of communication and dissemination activities will be monitored using the following indicators:

- Number and reach of communication outputs (website visits, social media followers, press mentions).
- Number of scientific publications and conference contributions.
- Number of stakeholders and policymakers reached through dissemination activities.
- Number of results uploaded to the EU4Health Project Results platform.
- Compliance with European flag and funding statement display requirements.

Monitoring data will be collected and reviewed at each reporting period and included in the periodic reports submitted to the granting authority.

Table 6. Monitoring Indicators

Activity / Title	Indicator	Count	Details (if applicable)
Website	Visits	-	Start of recording from November 2026

Social Media Platforms	Publications/Posts	14	
	Followers	41	
	Likes	7	Only from LinkedIn at this stage
	Interactions	903	Only from LinkedIn at this stage
Scientific Dissemination	Publications / Conferences	12	
Press	Interviews	5	
Official Meetings	Stakeholders	5	
	Policymakers	4	