Interim Project Report

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2.0	29/10/2026	Steering Committee	Final Version Approval

List of Abbreviations

CEIm HGUGM	Institutional Review Board of the FIBHGM (*Comité de Ética de la Investigación con Medicamentos del Hospital General Universitario Gregorio Marañón*)
DMP	Data Management Plan
DECT	Dissemination, Exploitation and Communication Table
EAB	External Advisory Board
EASL	European Association for the Study of the Liver
ECDC	European Centre for Disease Prevention and Control
EU	European Union
EU4Health	European Union programme for the Union's health policy
GDPR	General Data Protection Regulation
HCC	Hepatocellular carcinoma
HepHIV	European conference on HIV and viral hepatitis
HIV	European conference on HIV and viral hepatitis
HPV	Human papillomavirus
IRB	Institutional Review Board
IPTT	Indicator Performance Tracking Table
JA	Joint Action
KPI	Key Performance Indicator
MASLD	Metabolic dysfunction-associated steatotic liver disease
MS	Milestone
PPI	Public and Patient Involvement
QR	Quick Response
RACI	Responsible, Accountable, Consulted and Informed
RDT	Rapid Diagnostic Test
REDCap	Research Electronic Data Capture
SC	Steering Committee
T	Task
WHA	World Hepatitis Alliance
WP1 – 5	Work Package 1 – 5

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Executive Summary

During its first year of implementation (Months 1-12), Mobile Hepatitis Outreach and Prevention Effort (MOBHOPE) successfully established the organisational, operational and methodological foundations required for joint implementation across Spain, Croatia and Portugal. Bringing together three experienced mobile-health organisations within a common European framework, the consortium established its governance structures,

strengthened cross-country collaboration, developed shared protocols and training resources, and put in place the management and data infrastructure needed to support the project's next phase.

By the end of Month 12, the consortium had completed 9 of the 12 expected deliverables (75%) and achieved 7 of its 9 milestones (78%). The achievements of this first reporting period extend beyond the formal outputs delivered: MOBHOPE has established a functioning consortium, agreed common approaches to service delivery and research, and developed the collaborative working arrangements necessary to move from project set-up towards coordinated implementation and evidence-based service improvement.

Key achievements during Year 1

The consortium made substantial progress across all work packages:

- **Project coordination and governance (WP5):** The Steering Committee and External Advisory Board were established, regular consortium and Steering Committee meetings were instituted, and a common project-management framework was introduced. This includes shared planning, responsibility-allocation, performance-monitoring and risk-management tools.
- **Training and capacity building (WP1):** A package of five professional training modules was developed and made available through a dedicated Moodle platform, with video content in English, Spanish, Portuguese and Croatian. Common screening and referral standard operating procedures were also developed and adapted to the participating countries.
- **Mobile outreach and operational research (WP2):** The consortium established a common research framework, study protocol, minimum dataset and KPI structure to support consistent data collection and the analysis of screening, referral and linkage-to-care pathways across the participating sites.
- **Stigma assessment and human dignity (WP3):** Collaboration with the World Hepatitis Alliance was established to support the implementation of a validated stigma survey. The consortium also developed its anti-stigma intervention plan and established the foundations for assessing stigma among vulnerable populations reached through mobile services.
- **Standardisation, communication and dissemination (WP4):** The Dissemination, Exploitation and Communication Plan, project website, professional-facing communication materials and shared communication procedures were established, providing a common platform for visibility, stakeholder engagement and future dissemination of results.
- **European collaboration:** Initial synergies with the Joint Action Health Interventions to Eliminate Infection related Cancer (SHIELD) were established, identifying opportunities to exchange knowledge, contextualise stigma findings and align relevant training and capacity-building activities.

Data collection and outstanding deliverables

Three deliverables remain outstanding: D1.2, D3.1 and D4.1. Their completion depends on the collection, consolidation and analysis of sufficient project data, rather than on the absence of the underlying project structures or methodological tools.

Data collection for the stigma survey began in Croatia and Spain in September 2026. Activation of the survey in Portugal remains pending in the Portuguese mobile unit. In parallel, implementation of the professional training modules began in October 2026.

These activities therefore require additional implementation time before a sufficiently robust body of evidence is available for analysis and reporting.

The consortium expects to have sufficient data to complete the three outstanding deliverables by early 2027. In the meantime, data collection, monitoring and implementation will continue, with progress reviewed through the project's established coordination and reporting mechanisms. Milestone MS4.1, associated with the consolidated findings report D4.1, also remains outstanding and will be addressed once the relevant evidence and work-package findings can be brought together.

Transition to Year 2

The first year has established the essential conditions for the project's next stage: a functioning transnational consortium, common operational and research frameworks, shared training resources, strengthened governance, and initial implementation across the participating countries. These achievements provide the basis for Year 2 to focus increasingly on the generation and analysis of evidence, the implementation and evaluation of interventions, and the refinement and standardisation of mobile liver-health services.

Priorities for Months 13-24 include expanding data collection across all participating sites, monitoring and refining the training programme, implementing and evaluating anti-stigma interventions, advancing the cascade-of-care analysis, and consolidating findings to inform the development of a standardised service package. Continued collaboration with the SHIELD Joint Action will further support knowledge exchange and the wider relevance of project results.

Overall, Year 1 has delivered the principal organisational and methodological foundations envisaged for the project's start-up phase. MOBHOPE now enters its second year with established collaborative structures, shared tools and protocols, and a clear pathway towards generating the evidence and service improvements envisaged by the project.

1. Introduction

1.1 About MOBHOPE

Mobile Hepatitis Outreach and Prevention Effort (MOBHOPE) is a project funded under the European Union's EU4Health Programme (Grant Agreement No. 101233203; call EU4H-2024-PJ-03). The project aims to improve the prevention, detection and care of viral hepatitis and other liver diseases among vulnerable populations through mobile health units, accessible screening, strengthened referral pathways, professional training and operational research.

MOBHOPE is coordinated by the *Fundación para la Investigación Biomédica del Hospital Gregorio Marañón* (FIBHGM), in consortium with the Croatian Society for Liver Diseases "Hepatos" in Croatia, *Ares do Pinhal* in Portugal, and the *Unidad Móvil de Cribados* in Spain. The project has a planned duration of 36 months. The consortium brings together organisations operating in different national, institutional and service-delivery contexts. Its added value lies in combining this experience within a shared European framework, developing common methods and generating evidence that can inform improvements in mobile liver-health services.

1.2 Specific Project Objectives

The project pursues five specific objectives:

1. Improve primary prevention of viral hepatitis and secondary prevention of cirrhosis and hepatocellular carcinoma (HCC) through the development of communication and health-promotion skills.
2. Develop a cascade of care for viral hepatitis through outreach, rapid diagnostic tests (RDTs) and other point-of-care liver-health services.
3. Conduct operational research and analyse detection rates of hepatitis B and C and metabolic dysfunction-associated steatotic liver disease (MASLD), social determinants of health, and the cascade of care.
4. Assess stigma and discrimination associated with viral hepatitis and promote human dignity across the EU.
5. Improve the quality of mobile liver-health services through the consolidation of results and the standardisation of a service package.

1.3 Consortium Structure and Work Packages

Project activities are organised into five work packages:

- **WP1 — Communication and Health Promotion:** Development and implementation of training and communication activities.
- **WP2 — Cascade of Care Development through Mobile Outreach Services:** Development of common screening, referral and research approaches and analysis of service outcomes.
- **WP3 — Stigma and Discrimination Assessment and Human Dignity Promotion:** Assessment of stigma and development and evaluation of anti-stigma interventions.
- **WP4 — Standardisation and Quality Improvement of Mobile Liver Health Services:** Consolidation of findings and development of a standardised service package.

- **WP5 — Project Coordination and Management:** Governance, project monitoring, data management, regulatory compliance, stakeholder involvement and coordination.

This interim report, Deliverable D5.2, provides a consolidated account of progress during Months 1-12, including achievements, outstanding activities, challenges, mitigation measures and priorities for the second year. It also reports on the first period of activities undertaken to establish synergies with the SHIELD Joint Action.

2. Year 1: Establishing the Foundations for Joint Implementation

2.1 A Shared Framework for Collaboration

The first year of MOBHOPE focused on establishing the conditions required for three organisations operating in different national and institutional contexts to work together within a common European project framework.

This involved more than completing individual activities. It required the establishment of shared governance and decision-making structures, clarification of responsibilities, development of common operational and research methodologies, and creation of mechanisms for data management, communication and cross-country collaboration.

The consortium made progress in each of these areas. Regular coordination mechanisms were established; screening and referral procedures were developed; training resources and a shared data-collection infrastructure were created; and initial activities were initiated for operational research and stigma assessment.

These achievements provide the organisational and methodological basis for the project's next phase.

2.2 Establishment of Governance and Management Systems

The Steering Committee and External Advisory Board were established, providing complementary structures for consortium decision-making and independent scientific and strategic advice. Regular monthly consortium meetings and more frequent Steering Committee meetings created opportunities to review progress, resolve operational questions and coordinate activities across work packages.

The project-management function was strengthened through the introduction of shared tools, including a RACI matrix, logical framework, indicator performance tracking table (IPTT), operational Gantt chart, risk and problem registers, and sustainability plan. Together, these mechanisms have improved the clarity of responsibilities, strengthened progress monitoring and established a common basis for planning and accountability.

2.3 Development of Shared Operational and Research Methods

The consortium developed a common research framework and study protocol, approved by the corresponding Institutional Review Board (IRB), to support consistent data collection across the participating sites. The framework establishes common definitions, a minimum dataset, a KPI structure and standard operating procedures for screening

and referral. The development of the training package and the adoption of shared data-management arrangements further support implementation across the different national contexts. These common resources are important outputs of the first year because they allow partners to build on their individual experience while working towards comparable approaches and results.

2.4 Establishment of the Basis for Evidence Generation

Implementation of MOBHOPE-specific data collection has progressed at different rates across the participating sites. The stigma survey began in Croatia and Spain in September 2026. The corresponding activity in Portugal remains pending the activation of the mobile unit for the relevant project activities. Training-module implementation also began in October 2026. The consortium has therefore established the methods and infrastructure needed for data collection, while the accumulation of sufficient observations for analysis remains ongoing. The remaining data-dependent deliverables will build on this infrastructure and the evidence generated during the second year. The consortium expects to have sufficient data to complete D1.2, D3.1 and D4.1 by early 2027, subject to continued implementation and data-quality review.

2.5 Transition Towards Implementation and Improvement

The first-year achievements establish a foundation for the next phase of MOBHOPE. During Year 2, the emphasis will increasingly shift towards:

- Expanding implementation and data collection across the participating sites;
- Evaluating the effectiveness of the training package;
- Implementing, evaluating and improving anti-stigma interventions;
- Analysing screening, referral and linkage-to-care outcomes;
- Consolidating evidence across work packages; and
- Using findings to inform service improvement and standardisation.

This progression reflects the project's intended development from consortium formation and methodological alignment towards evidence generation and the improvement of mobile liver-health services.

3. Project Coordination and Management (WP5)

Table 1. WP5 Year 2025-2026 Progress

Ref.	Project Activity	Type	Status (100%)
MS5.1	Steering Committee and Advisory Board Established	Milestone	Accomplished
D5.1	Data Management Plan (DMP)	Report	Completed
MS5.2	Data Management Plan Approved	Milestone	Accomplished
D5.2	Interim Project Report	Report	Completed

3.1 Governance Bodies

In line with Task T5.1 and the project's governance arrangements, the Steering Committee (SC) and External Advisory Board (EAB) were established during the first reporting period.

Steering Committee

The SC is the consortium's central governance and oversight body. The SC comprises three representatives, one from each of the three mobile units, together with the Project Coordinator and the Project Manager, both from the coordinating institution. These members represent the project and present activities and results. Its responsibilities include monitoring overall progress, reviewing achievements, addressing challenges, adapting implementation arrangements, and resolving issues that cannot be addressed at work-package level. The SC also serves as the main mechanism for resolving disagreements, with binding decisions taken by majority vote when consensus cannot be reached, in accordance with the agreed governance rules.

The SC was formally established in December 2025, and its composition was further confirmed in March 2026 following the incorporation of the Project Manager. In parallel, the consortium agreed on a common approach to internal collaboration and working procedures, which was formalised through an internal consortium agreement to support consistent coordination and effective cooperation among partners.

External Advisory Board

The EAB provides independent scientific, strategic and policy-oriented advice to the consortium. It supports alignment with European and international standards, strengthens scientific credibility and advises on the scalability and sustainability of project results.

The EAB was formally established in January 2026 and held its first meeting on 21 April 2026 with an attendance rate of 8 out of 10 members. MOBHOPE’s approach was recognised as highly relevant, with concrete recommendations to strengthen its implementation, research methodology, and policy impact, alongside opportunities for collaboration and dissemination at European and international levels.

In October 2026, the EAB was expanded through the incorporation of an additional member, bringing its total membership to 11. The second EAB meeting is scheduled for 20 November 2026 and will provide an opportunity to present the significant progress achieved by the MOBHOPE consortium over the preceding six months. Key topics for discussion will include the perfectioning of the project’s training modules for professionals and its anti-stigma programme. EAB members will be invited to provide feedback on the final design, messaging, and implementation strategies of these initiatives to help ensure their relevance, acceptability, and effectiveness in reaching and supporting the target populations.

Meeting activity and decision-making

Since the in-person kick-off meeting in Madrid in December 2025, the consortium has held 12 monthly consortium meetings and 24 Steering Committee meetings. The two meeting formats serve complementary purposes. The SC addresses operational coordination and day-to-day project decisions, while monthly consortium meetings provide a broader forum for reviewing progress, discussing cross-work-package activities and addressing decisions affecting consortium-wide implementation.

Meetings have been recorded and minuted since the incorporation of the Project Manager. Agendas, minutes and recordings are stored on a shared SharePoint

accessible to consortium members. The Project Manager circulates agendas in advance and prepares written summaries of key decisions when required.

3.2 Key Governance Decisions

Joint delivery model

Although the Grant Agreement assigns work packages and tasks to individual beneficiaries/partners, the consortium agreed to adopt a collaborative delivery model in which all partners contribute jointly across project activities, reflecting the small size of the consortium and the interdependence of the work packages. This approach supports knowledge exchange, shared ownership and coordinated implementation across national contexts.

Grant Agreement amendment

A formal request has been submitted to amend the Grant Agreement to include Madrid Positivo as a beneficiary of the Action, recognising its direct operational role in MOBHOPE. Since November 2025, Madrid Positivo has provided the *Unidad Móvil de Cribados* (the Spanish mobile unit) for the implementation of the Action. Pending formal approval of the amendment, Madrid Positivo participates in consortium meetings by invitation. The requested amendment also includes the reallocation of part of FIBHGM's budget to Madrid Positivo to reflect its operational responsibilities within the Spanish mobile unit. The amendment also has implications for the recruitment of a social educator for the Spanish mobile unit. A temporary contract has been put in place to ensure continuity of activities pending formal approval of the amendment and the associated budget reallocation.

3.3 Data Management Plan (T5.2)

Task T5.2 covers the development of the Data Management Plan (DMP), delivered as D5.1. The DMP was reviewed and approved by the Steering Committee. The DMP establishes procedures for managing project data throughout its lifecycle, from collection and storage to analysis, archiving and eventual disposal, as applicable.

Data is collected anonymously at source by the participating mobile units. Data sharing across the consortium is governed by the agreed data-sharing arrangements and applicable ethical and regulatory requirements.

To support consistent data collection and training delivery, the coordinator has provided access to two shared platforms:

- A common REDCap instance for survey data collection.
- A common Moodle platform for training modules and trainee feedback, available in English, Spanish, Portuguese and Croatian.

The DMP also establishes procedures for data interoperability and standardisation, enabling information collected locally to be consolidated and analysed consistently at consortium level.

3.4 Regulatory and Ethical Compliance (T5.3)

Data protection

All consortium partners are required to comply with the General Data Protection Regulation (GDPR) and applicable national data-protection legislation. The project's data-management arrangements are designed to support the responsible collection, handling and analysis of data generated through mobile-unit activities, taking into account the sensitivity of the populations served.

Local authorisations

The participating mobile units already held the relevant health-service and local-authority authorisations required for their pre-existing operations before MOBHOPE began. Project-specific research and data-use activities are addressed through the applicable ethical and regulatory procedures.

Ethical approvals

The consortium agreed to seek a common ethics approval for MOBHOPE as a consortium-level project involving the use and analysis of secondary data generated through the mobile units, including responses to the stigma survey. Approval was granted by the *Comité de Ética de la Investigación con Medicamentos del Hospital General Universitario Gregorio Marañón* (CEIm HGUGM), under *Acta 17/2026*.

Each participating mobile unit is also pursuing the relevant local ethical approval, where required, referring to the coordinating site's approval and providing the corresponding documentation in case needed. The initiation of the ethics submission process required additional time during the initial set-up period. Following submission, the approval process proceeded without further reported difficulties, and the consortium has continued to progress the relevant local procedures.

3.5 Public and Patient Involvement (PPI)

During the first reporting period, the consortium began laying the groundwork for its Public and Patient Involvement strategy.

External scientific and strategic input has been provided through the EAB, including organisations with experience in patient engagement and civil society. However, this advisory role does not constitute direct PPI in the strict sense.

Structured mechanisms for involving service users, patients and community representatives in shaping project design, implementation or governance have not yet been fully established.

The development of a formal PPI mechanism remains an outstanding activity under Task T5.6 and will be prioritised during the next reporting period.

3.6 Consortium Coordination and Collaboration

Monthly consortium meetings provide a regular forum for:

- Updates from participating mobile units.
- Review of deliverable and milestone status.

- Discussion of cross-work-package activities and operational issues.
- Coordination of communications and dissemination.
- Identification of funding and collaboration opportunities.
- Review of decisions requiring consortium-wide input.

This structure has supported the development of a more consistent and collaborative working approach across the consortium.

3.7 Monitoring of Data Collection (T5.7)

Monitoring of data collection and site participation is embedded in the project's existing documentation and coordination structures. Data is progressively entered into the shared REDCap system, while deliverables and project documentation are tracked through Microsoft SharePoint. A shared dissemination and communication tracking table records activities planned or carried out by consortium members. At monthly consortium meetings, the Project Manager requests updates from each mobile unit on the collection of data relevant to MOBHOPE, including stigma-survey implementation.

Progress across participating sites

All three mobile units have been operational since the start of the project and have continued to contribute to the implementation of MOBHOPE activities.

Spain. The Spanish mobile unit (UMC) experienced a mechanical breakdown in early 2026 and was temporarily taken out of service for repairs. A loaned vehicle ensured continuity of activities during this period, with normal operations resuming following the repairs. The incident primarily affected operations in March and April 2026. Funding has since been secured for the acquisition of a second vehicle to strengthen operational resilience. Following the granting of ethical approval and the establishment of the necessary agreements with WHA in September 2026, implementation of the WP3 stigma questionnaire commenced.

Croatia. The Hepatos mobile unit has remained fully operational throughout the project. Following the granting of ethical approval and the establishment of the necessary agreements with WHA in September 2026, the Croatian team also initiated implementation of the WP3 stigma questionnaire, initially administered using pen-and-paper forms and subsequently digitised.

Portugal. The *Ares do Pinhal* mobile unit has remained operational since the start of the project, carrying out planned activities, including testing and client engagement, and maintaining records of these contacts. However, implementation of the WP3 stigma questionnaire is still pending. Consequently, no stigma survey data have yet been collected or recorded in REDCap for the Portuguese site.

As a result, WP3 stigma data collection is underway in Spain and Croatia, while implementation in Portugal remains pending. The consortium will continue to monitor progress across all three sites to support the consistent implementation of the questionnaire and the integration of the resulting data into the project's monitoring and reporting processes.

3.8 Challenges and Corrective Actions, Initial Project Set-up and Coordination

Recruitment of the Project Manager was completed in the second half of March 2026, later than originally anticipated. The establishment of the project-management function and clarification of coordination arrangements consequently required additional time during the start-up period.

Following recruitment, the consortium introduced a set of shared management tools and processes:

- RACI matrix to clarify responsibilities.
- Project logical framework.
- Indicator performance tracking table.
- Operational Gantt chart.
- Risk, problem and learning registers.
- Sustainability plan.

These tools provide a clearer basis for collaborative implementation, progress monitoring and accountability.

Progress across participating sites

Recruitment of a social educator for the Spanish mobile unit (UMC) was affected by the ongoing Grant Agreement amendment and associated budget transfer to Madrid Positivo. A temporary contract was used to maintain continuity of activities pending completion of the formal amendment process.

Management of operational issues

The consortium continues to use structured planning, internal deadlines and regular follow-up to address operational issues and maintain visibility of outstanding actions. These arrangements will remain important during Year 2 as implementation expands and the project moves towards analysis and consolidation of findings.

4. Synergies with the SHIELD Joint Action

4.1 Initial Engagement and Bilateral Meetings

In line with the European Commission's approach to fostering synergies between EU-funded initiatives, MOBHOPE has established collaboration with the SHIELD Joint Action. The Grant Agreement foresees early, mid-term and final joint meetings, supported by corresponding deliverables, to facilitate knowledge exchange and identify opportunities for complementary activities.

The first bilateral virtual meeting took place on 19 May 2026, building on an initial introduction during the SHIELD kick-off meeting. The meeting brought together representatives of both initiatives to present their respective objectives, methodologies and work plans, and to identify potential areas of collaboration, particularly in stigma assessment and staff training.

A second bilateral meeting took place on 19 October 2026, focusing more specifically on identifying practical synergies between MOBHOPE and SHIELD. The discussion centred on the complementarity between MOBHOPE's WP3 and SHIELD's WP5, which focus on stigma reduction strategies. The meeting brought together key members to explore opportunities for mutual contributions to the development, implementation and evaluation of stigma-related interventions.

4.2 Areas of Complementarity and Potential Collaboration

Stigma assessment and anti-stigma interventions

Both initiatives address stigma as a barrier to health and access to care, albeit in different contexts and across different populations. SHIELD's work encompasses conditions including HPV, sexually transmitted infections, tuberculosis and HIV, with an emphasis on approaches to measuring and addressing stigma. MOBHOPE complements this work by focusing on viral hepatitis and collecting evidence from populations reached through mobile services, including people experiencing homelessness, people in prison settings and people who use drugs.

The October meeting provided an opportunity to explore how SHIELD's expertise could inform the development and refinement of MOBHOPE's anti-stigma programme. In particular, feedback from SHIELD WP5 experts could help strengthen the programme's content, relevance and implementation approach. In return, MOBHOPE could share its methodological experience, survey adaptations and, when available, relevant findings from its stigma assessment to inform SHIELD's ongoing work. The potential use of data from SHIELD partners to contextualise MOBHOPE's baseline stigma assessment was also discussed, subject to further consultation with the relevant partners and compliance with applicable data-use and governance requirements.

SHIELD also shared findings from a partner survey capturing country-level and organisational perspectives on stigma. These findings may offer a complementary source of contextual information for interpreting MOBHOPE's results, subject to assessment of their relevance and comparability.

Training and capacity building

MOBHOPE is developing professional training modules on hepatitis care under WP1 and anti-stigma training materials under WP3. These resources may complement SHIELD's capacity-building activities, particularly WP8, which addresses training and behavioural approaches for healthcare professionals, including those working in prison settings.

The two initiatives identified opportunities to exchange training materials and methodological resources as they become available. MOBHOPE could contribute practical tools and learning materials to support SHIELD's training activities, while benefiting from SHIELD's expertise in stigma reduction and the development of interventions for healthcare professionals. Further exchanges will help determine how these resources can be adapted and used across the respective initiatives.

Wider networking and dissemination opportunities

The collaboration has also highlighted potential links with other relevant initiatives and networks, including HEP-HOPE, which addresses viral hepatitis among migrant populations; EASL's Love Your Liver and IMPACT activities, in which Hepatos already participates; and the Viral Hepatitis Prevention Board, a SHIELD partner under WP6. These connections may provide further opportunities for knowledge exchange, dissemination and collaboration on shared priorities.

In addition, the HepHIV 2026 conference in Dublin, organised by EuroTEST and scheduled for 2–3 November 2026, provides a relevant opportunity for MOBHOPE and SHIELD representatives to meet and continue discussions on potential synergies. The event offers a further setting to exchange experiences and strengthen links between the initiatives as their respective activities progress.

4.3 Next Steps

Building on the discussions held in May and October 2026, the consortium will continue developing collaboration with SHIELD through the following actions:

- **Anti-stigma programme development:** Explore opportunities for SHIELD WP5 experts to provide feedback on MOBHOPE's programme.
- **Training and capacity building:** Exchange relevant training materials, methodological resources and practical tools as they become available.
- **Data and evidence exchange:** Assess the feasibility of using relevant SHIELD partner data to contextualise MOBHOPE's stigma findings, subject to confirmation of data availability, comparability and applicable governance requirements.
- **Coordination across work packages:** Maintain contact with the relevant SHIELD work packages to identify complementary activities and avoid duplication.
- **Continued collaboration and dissemination:** Use upcoming meetings and relevant events to sustain the exchange between the initiatives and identify further opportunities for joint work.

Progress on these activities will be monitored through subsequent project reporting, including the planned mid-term and final synergies meetings.

5. Progress by Work Package (WP1–WP4)

WP1 – Communication and Health Promotion

Linked objective: Improve primary prevention of viral hepatitis and secondary prevention of cirrhosis and HCC through communication and health-promotion skills.

Table 2. WP1 Year 2025-2026 Progress

Ref.	Project Activity	Type	Status (67%)
D1.1	Training Modules Package	Report	Completed
MS1.1	Training Modules Finalised	Milestone	Accomplished
D1.2	Annual Training Report	Report	Expected by January 2027
MS1.2	(A) First Annual Training Sessions (B) SHIELD JA synergies meetings	Milestone	(A) Expected by December 2026 (B) Accomplished

D1.3	Screening & Referral Protocols	Report	Completed

Main achievements:

Training module development (T1.1)

The consortium developed a package of five professional training modules:

- Introduction to MOBHOPE and mobile units.
- Hepatitis C.
- Hepatitis B and Delta.
- Human immunodeficiency virus.
- Sexually transmitted infections.

Each module includes an embedded knowledge assessment and a feedback survey to support evaluation and continuous improvement. The package is hosted on a dedicated Moodle platform, with recorded video content available in English, Spanish, Portuguese and Croatian. This provides a common training resource accessible across the participating countries.

Training delivery (T1.2)

The consortium adopted a hybrid training approach, combining online self-paced learning with in-country launch and engagement activities. The online format allows professionals, peer educators and community partners to access the modules flexibly, while in-person activities provide opportunities to introduce MOBHOPE, encourage participation and collect feedback. Implementation of the training modules began in October 2026. The first annual training sessions are expected to happen between the months of November and December 2026. The number of participants who have started or completed the training, together with any in-country launch events held, will be reported using the latest Moodle and attendance records in the upcoming D1.2.

Educational materials (T1.6)

The consortium produced professional-facing leaflets explaining MOBHOPE's rationale and the role of mobile units in reaching vulnerable populations. QR codes provide direct access to the online training modules. The materials are available through the project website and contribute to the project's wider communication activities under WP4.

Screening and referral protocols (T1.7)

A common set of standard operating procedures for screening and referral was developed, both in English and in the corresponding national languages. The English-language version provides a common methodological reference and supports the project's wider work on service standardisation.

Implementation considerations:
The consortium reviewed the original training delivery model and adopted a more flexible hybrid approach. Rather than relying exclusively on a fixed number of in-person sessions, the project now combines an online package that can be accessed at any time with in-country engagement activities. This approach is intended to support wider access, accommodate staff availability and facilitate continuous learning. Training delivery and effectiveness will be monitored through platform analytics, knowledge assessments, feedback surveys and records of in-person activities.

Outstanding work and next steps:
During Months 13-24, the consortium will:

- Monitor participation and completion of the training modules (T1.3).
- Analyse pre- and post-training assessments and participant feedback (T1.4).
- Refine the modules in response to identified needs (MS1.3).
- Strengthen referral pathways and promote integrated prevention strategies (T1.5; T1.8; T1.9).
- Continue stakeholder engagement and collaboration with SHIELD (T1.10).
- Consolidate training delivery and outcome data for the relevant reporting deliverables, including D1.2.

WP2 – Cascade of Care Development through Mobile Outreach Services

Linked objectives: Develop a cascade of care for viral hepatitis and conduct operational research on screening, referral and care outcomes.

Table 3. WP2 Year 2025-2026 Progress

Ref.	Project Activity	Type	Status (100%)
D2.1	Research Methodology & Tools	Report	Completed
MS2.1	Research Framework Completed & Approved	Milestone	Accomplished
MS2.2	Mobile Clinics Deployment Kick-off	Milestone	Accomplished
D2.2	Interim Operational Research Findings	Report	Completed

Main achievements:
Research framework (T2.1)
The consortium finalised the common multi-country research methodology and Study Protocol under Deliverable D2.1. The protocol establishes a shared approach to operational research, including the cascade-of-care pathway, minimum dataset, KPI matrix and relevant standard operating procedures. The framework provides the basis for collecting and analysing comparable information across the participating sites.

Mobile-unit operations (T2.2)
The project builds on the experience and pre-existing operations of the participating mobile-health organisations in Madrid, Split and Lisbon. All three mobile units were fully functional since the project start date. During Year 1, the consortium focused on aligning

these operations with MOBHOPE's common objectives, methodology, documentation and reporting arrangements. The report distinguishes between pre-existing mobile-unit operations and the start of specific MOBHOPE data-collection activities, which have progressed at different rates across the sites.

Rapid diagnostic tests and point-of-care services (T2.3)

Rapid diagnostic tests are used for screening within the participating mobile services. Further details on the types of tests, liver-assessment procedures and other point-of-care services should be consolidated from the site records. The Portuguese mobile unit is expected to count on a FibroScan during the second year of the project. Cumulative activity data for Months 1-12 has been reported using the agreed definitions and minimum dataset.

Data collection and operational considerations:

The Spanish mobile unit experienced a mechanical fault in early 2026. The issue was resolved through repair, and a temporary replacement vehicle was used to maintain continuity of operations. Funding has subsequently been secured for a second vehicle to strengthen resilience. The main outstanding task is the consolidation and analysis of cumulative screening, referral and cascade-of-care data across the participating sites. Differences in the timing of data collection mean that the consortium will continue to expand the dataset before completing the relevant analyses and reporting outputs.

Outstanding work and next steps:

During Months 13-24, the consortium will:

- Strengthen linkage-to-care procedures and follow-up documentation (T2.4).
- Continue collection, cleaning and validation of screening and referral data (T2.5).
- Integrate findings on social determinants of health into service refinement and analyse cascade-of-care outcomes and barriers to access (T2.6).
- Advance the cascade-of-care analysis towards D2.3 and MS2.3 (T2.7).
- Consolidate interim operational research findings for D2.2 in accordance with the contractual reporting schedule (T2.9).

The consortium will continue monitoring the completeness and comparability of data across the sites to ensure that findings are sufficiently robust to inform service improvement.

WP3 – Stigma and Discrimination Assessment and Human Dignity Promotion

Linked objective: Assess stigma and discrimination associated with viral hepatitis and promote human dignity.

Table 4. WP3 Year 2025-2026 Progress

Ref.	Project Activity	Type	Status (75%)
D3.1	Baseline Stigma Assessment Report	Report	Expected by January 2027

MS3.1	Stigma Tools validated (ECDC/World Hepatitis Alliance)	Milestone	Accomplished
D3.2	Anti-Stigma Program Implementation Report	Report	Completed
MS3.2	Anti-Stigma Interventions Deployed	Milestone	Accomplished

Main achievements:

Stigma-assessment methodology (T3.1)

In June 2026, the consortium signed a Memorandum of Understanding with the World Hepatitis Alliance to support collaboration on stigma-survey data. WHA shared its REDCap instrument, enabling MOBHOPE to use the validated questionnaire in four languages: English, Spanish, Portuguese and Croatian. This collaboration provided an established methodological basis for the survey and reduced the need to develop a separate instrument from scratch. It also created opportunities to contextualise MOBHOPE findings against relevant WHA/ECDC data, subject to the applicable data-sharing arrangements.

Initiation of data collection

The stigma survey began collecting data in Croatia and Spain in September 2026. Activation in Portugal remains pending the activation of the stigma survey protocol. Consequently, the dataset remains in the accumulation phase and requires further collection and analysis before the baseline findings can be consolidated across the vulnerable populations served by the mobile units. Thus, the main outstanding requirement is to collect sufficient survey responses across the participating sites to support a meaningful baseline assessment.

Anti-stigma intervention plan (T3.3)

The consortium developed the Anti-Stigma Plan through a consultative process. An initial draft was prepared by the coordinator, discussed and refined by the Steering Committee, and circulated to the External Advisory Board for review. The plan provides a framework for implementing interventions intended to address stigma and promote human dignity in the delivery of mobile health services with activities targeting not only the users of the mobile units and the public, but also the corresponding socio-healthcare professionals and their organisations.

More specifically, training resources for professionals have been published on the MOBHOPE project website to support the recognition and management of stigma and discrimination in socio-healthcare settings. These resources include practical case scenarios designed to help professionals identify potentially stigmatising situations, reflect on their implications, and develop appropriate responses in their daily practice. They complement the Anti-Stigma Plan by translating its objectives into practical learning opportunities that promote respectful, non-discriminatory and person-centred care.

Outstanding work and next steps:

During Months 13-24, the consortium will:

- Continue and expand stigma-survey data collection.
- Monitor data completeness and quality across sites.

- Consolidate and analyse the baseline findings for D3.1.
- Implement the planned anti-stigma interventions (T3.4).
- Evaluate intervention implementation and outcomes towards MS3.3 (T3.5).
- Document implementation and evaluation findings in the relevant WP3 deliverables (T3.6; T3.7).

WP4 – Standardization and Quality Improvement of Mobile Liver Health Services

Linked objective: Improve the quality of mobile liver-health services through the consolidation of results and standardisation of a service package.

Table 5. WP4 Year 2025-2026 Progress

Ref.	Project Activity	Type	Status (75%)
D4.6	Plan for Dissemination & Exploitation (DECP)	Report	Completed
D4.7	Project Leaflet & Media Releases	Website / Resources	Completed
MS4.5	Dissemination Plan & Website Launched	Milestone	Accomplished
D4.1	Consolidated Findings Report	Report	Expected by February 2027
MS4.1	Consolidated Findings Completed	Milestone	

Main achievements:

Communication planning and infrastructure (T4.7)

The consortium finalised the Dissemination, Exploitation and Communication Plan (D4.6), establishing a shared strategy for project visibility, stakeholder engagement and dissemination. The project website is live and publicly accessible. A roller banner was also produced for use at in-person events and site launches. The DECP is maintained through ongoing reporting of communication activities by consortium members, with consolidated updates prepared periodically by the Project Manager.

Communication tools and outreach (T4.8)

The consortium has developed a range of communication and outreach materials to ensure consistent project visibility and messaging across participating sites. These include two complementary leaflets, one targeting healthcare and social-care professionals and linked to the training package through QR codes, and another aimed at mobile unit users and patients. Both leaflets have been prepared in multiple languages and are available on the MOBHOPE project website.

In addition, the consortium has established and maintains four active social media accounts on LinkedIn, X, Facebook and Instagram. A set of standardised communication templates has also been developed to support consistent dissemination and project representation, including presentation templates, official letter templates and standardised email responses. These resources facilitate coordinated communication across the consortium and support the implementation of the Dissemination, Exploitation and Communication Plan (DECP).

The leaflets and other project resources are available at: https://mobhope.eu/en/resources/

Consolidated Findings Report

Deliverable D4.1 (Consolidated Findings Report) and its associated Milestone MS4.1 remain pending. The report will synthesise findings from WP1-WP3, bringing together evidence on service implementation, training activities, and stigma assessment across the three participating countries. The common screening and referral procedures developed under WP1, together with the research framework and shared key performance indicator (KPI) structure established under WP2, provide the methodological foundations for consolidating experience across sites and informing the development of a standardised service package.

At the reporting cut-off, implementation and data collection activities are still ongoing, particularly in relation to training delivery and WP3 stigma-survey data collection. The consortium will therefore consolidate the report once sufficient evidence is available across the relevant work packages to support a comprehensive synthesis. This approach will ensure that the deliverable reflects the accumulated findings, lessons learned, and cross-country experience generated throughout the project, providing a robust evidence base for consolidating the MOBHOPE model and informing the development of a standardised service package.

Outstanding work and next steps:

During Months 13-24, the consortium will:

- Consolidate findings from WP1-WP3 for D4.1.
- Design and share physical copies of user-facing informational leaflets.
- Maintain the website and social media channels.
- Update the DECP and its monitoring indicators.
- Identify opportunities to strengthen integration and quality improvement across the participating mobile services (T4.1).
- Progress towards the draft standard service package under MS4.2 (T4.2).

The consolidated findings report will provide an important link between the project's operational experience and the development of a common service package.

6. Challenges and Lessons Learned

The first year of MOBHOPE focused on establishing the consortium's governance structures, developing common working methods, and initiating the project's core activities across the participating countries. While the project encountered initial coordination and operational challenges, these experiences helped strengthen collaboration and establish a more structured basis for implementation.

The main challenges and the lessons learned were as follows:

- **Project coordination and task planning.** The later-than-planned recruitment of the Project Manager affected the timing of some initial activities. Following the appointment, the consortium introduced clearer task allocation, internal deadlines, monitoring tools, and more structured coordination procedures. These improvements have strengthened accountability and facilitated joint delivery across work packages.

- **Coordination across partners.** The consortium recognised the importance of maintaining regular communication and balancing project responsibilities with partners' other professional commitments. Monthly consortium meetings, more frequent Steering Committee meetings, and shared documentation have helped improve information exchange, decision-making, and collective ownership of project activities.
- **Operational continuity and data collection.** Local operational circumstances, including a temporary mechanical issue affecting the Spanish mobile unit and differences in the timing of local implementation, influenced the pace of activities. The consortium responded by maintaining service continuity where possible, strengthening operational resilience, and progressively harmonising implementation and data collection procedures across sites.
- **Progress achieved and evidence generation.** Although several core activities were initiated later than initially planned, with most of the implementation work getting underway from April 2026 onwards, the consortium has since made substantial progress in delivering the project's planned activities. Within approximately half of the originally envisaged implementation period, most of the key activities and methodological foundations have been established, including the development of training resources, the Anti-Stigma Plan, shared research instruments, and common implementation procedures. The main outstanding requirement is now the continued implementation of activities and collection of sufficient data to support robust cross-country analyses. In particular, further data are needed from the stigma surveys and training activities before the planned analytical deliverables can be finalised. The consortium continues to monitor progress and anticipates completing the outstanding evidence-dependent deliverables by early 2027.

Overall, these experiences have reinforced the importance of structured coordination, realistic implementation planning, harmonised data collection, and continuous communication between partners. The consortium has established the foundations needed to address these challenges and progress towards the project's scientific and operational objectives.

7. Financial Overview

This interim report provides a consolidated overview of project progress, activities, challenges, and next steps across all work packages, including the first period of activities undertaken to establish and strengthen synergies with the SHIELD Joint Action. It is not intended to provide a detailed justification of expenditure, which is addressed through the applicable financial reporting procedures.

Based on the information available for the reporting period, project activities have been implemented within the framework of the approved financial allocations. Financial monitoring will continue throughout the project to ensure that resources remain aligned with planned activities and objectives.

8. Priorities for the Second Year (Months 13-24)

Building on the structures, working methods, and collaborative relationships established during the first year, the second year will focus on generating evidence, refining interventions, and translating implementation experience into improvements in mobile liver health services.

The main priorities and expected outputs are:

- **Training and capacity building:** Continue delivering the training modules, assess their effectiveness, refine their content based on participant feedback and learning outcomes, and prepare the annual training reports (2025-2026 and 2026-2027).
- **Cascade of care and operational research:** Consolidate and analyse screening, referral, and follow-up data across the participating countries to identify gaps, barriers, and good practices, contributing to the Cascade of Care Analysis and Best Practices.
- **Stigma assessment and dignity promotion:** Continue collecting and analysing stigma-survey data, refine the anti-stigma programme, and implement and disseminate materials promoting dignity and reducing stigma and discrimination, supported by the relevant evaluation and reporting activities.
- **Standardisation and quality improvement:** Use the findings from the different work packages, together with the experience of the mobile units, to develop a common standard service package. This process will identify effective practices, opportunities for improvement, and procedures that can be harmonised across sites, while allowing for relevant national and local differences.
- **Evaluation and collaboration:** Advance the mid-term internal evaluation, continue cooperation with the SHIELD Joint Action, and strengthen stakeholder engagement and the sustainability of project results.

Through these activities, MOBHOPE will move from establishing a common framework for collaboration towards systematically analysing its implementation experience and using the resulting evidence to improve, refine, and standardise mobile liver health services.