INTEGRATED COMMUNITY HEALTHCARE FOR HARD-TO-REACH POPULATION

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Abstract: the Layman's Report, developed within the framework of Work Package 5 (WP5) – Communication Campaign, Dissemination and Exploitation of Results, provides an accessible overview of the main activities, achievements and lessons learned from the REACH-OUT project. The document presents the pathway implemented by the partnership in Italy, Greece and Malta to improve access to prevention, early diagnosis and healthcare services for migrants and other vulnerable population groups. It describes the project's preparatory activities, outreach interventions, communication actions, networking and stakeholder engagement initiatives, as well as monitoring and evaluation processes, highlighting both quantitative results and evidence

collected directly in the field. The report aims to offer a clear summary of REACH-OUT's contribution to promoting more accessible, integrated and community-based health services for hard-to-reach populations.
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Authors' list

Organization	Name
DIGIVIS	Eugenio Doti
DIGIVIS	Federica Di Pietro
DIGIVIS	Mauro Di Giacomo
PRAKSIS	Maria Moudatsou
PRAKSIS	Eleni Dimopoulou

1. The REACH-OUT project: context, objectives and structure of the intervention

REACH-OUT – "Integrated community healthcare and outreach services for hard-to-reach populations" is a European project designed to improve access to prevention, early diagnosis and care for some of the population groups that are hardest to reach through traditional healthcare services. The project was funded under the EU4Health programme, through call EU4H-2021-PJ2, topic EU4H-2021-PJ-13, with the support of the European Union and under the management of the European Health and Digital Executive Agency, HaDEA.

Launched in January 2023, REACH-OUT was conceived as a three-year project, ending on 31 December 2025. Subsequently, through an amendment, its duration was extended by six months, bringing the conclusion of activities to June 2026. This extension enabled the partnership to consolidate field activities, strengthen networking effort and plan the valorisation of the results achieved through communication and dissemination in a more structured way.

The project arose from a concrete need, directly observed by the partners in their respective intervention contexts: many people experiencing social, economic and/or social/administrative marginalisation still face significant obstacles in accessing healthcare services, particularly in relation to the prevention and treatment of HIV, tuberculosis, sexually transmitted infections, hepatitis B and hepatitis C. The focus on these diseases is not incidental: they are conditions for which information, prevention, early testing and continuity of care are essential, but which often remain insufficient precisely among the most exposed and hard-to-reach populations. In many cases, these infections are associated with limited knowledge of risks, prevention methods, available services and treatment pathways. Some can remain asymptomatic for a long time, delaying access to diagnosis and increasing the risk of complications or further transmission.

The main target groups include migrants, refugees, asylum seekers, undocumented people, workers in situations of exploitation or informality, homeless people, sex workers, people who use substances and disadvantaged local groups.

These groups are not united by a single condition, but by a recurring difficulty: distance from ordinary services. This distance may depend on language barriers, lack of information, fear of stigma, uncertainty about rights of access to care, direct or indirect costs, difficulties in travelling, housing precarity, irregular working conditions or low trust in institutions. In many

cases, health is shaped by broader social determinants, such as access to water and decent housing conditions, the possibility of working regularly, administrative stability and social recognition. For this reason, REACH-OUT did not consider “health” only as the absence of disease, but as an outcome influenced by a broad range of social, relational and institutional determinants.

The project also responds to a specific public health challenge. In many European contexts, people most exposed to the risk of HIV, tuberculosis, hepatitis and sexually transmitted infections often reach services late, when diagnosis is already advanced or when the infection has not been detected in time. Missed diagnosis reduces the possibility of timely treatment, increases the risk of complications and makes it more difficult to interrupt transmission.

Therefore, the overall objective of REACH-OUT was to improve health outcomes for migrants and disadvantaged local groups in three countries, Italy, Malta and Greece, by promoting prevention, early diagnosis, access to care and cooperation among the actors involved. The project aimed to strengthen the capacity of healthcare systems and the third sector to reach population groups that often remain outside ordinary pathways, building a bridge between outreach work, public services and institutions.

The logic of the intervention is integrated and multidisciplinary. In REACH-OUT, healthcare activities were combined with cultural mediation, social orientation and information campaigns, without overlooking initiatives for capacity building, networking among stakeholders for institutional awareness-raising and monitoring of results. The chosen approach is that of outreach: not waiting for people to come spontaneously to services, but bringing information, testing, orientation and care pathways to the places where people live, work or transit. This principle is particularly important in informal or peripheral contexts, where ordinary services are often distant, little known or perceived as inaccessible.

The essential actions of the project are developed around a principle of proximity. REACH-OUT brings services to the places where people live, work or transit, through mobile units, outreach activities and low-threshold territorial points. In these contexts, teams offer medical consultations, counselling and rapid tests for HIV, syphilis, hepatitis B, hepatitis C and other sexually transmitted infections. The healthcare intervention is accompanied by cultural mediation, orientation to services and clear information on rights of access to health.

Communication is another fundamental component. The project included numerous targeted campaigns to disseminate information on prevention, testing, sexual health and available services, using digital channels and social media to reach both directly involved communities and professionals, institutions and civil society organisations. Communication within the project was thus not conceived only as visibility for the project, but as an operational public health tool: it serves to reduce stigma, improve knowledge and facilitate access to services.

The European added value of REACH-OUT also lies in its transnational dimension. Italy, Malta and Greece are Mediterranean countries with different healthcare systems and institutional arrangements, but they face similar challenges: reaching people on the move, marginalised people and other groups that are frequently excluded from mainstream healthcare pathways. The project made it possible to test solutions adapted to local territories, while maintaining a common working framework.

The partnership reflects this integrated approach. REACH-OUT brought together humanitarian organisations, public health institutions, communication companies, applied research and

monitoring. Each partner contributed with a specific role, within a structure designed to connect field intervention, knowledge production and valorisation of results. The composition of the partnership is as follows:

1. **INTERSOS – Organizzazione Umanitaria** is the project coordinator. The NGO was responsible for the overall management of the consortium and for leading the implementation of outreach activities in Italy, particularly in some of the most vulnerable contexts in Southern Italy (Puglia and Sicily).
2. **PRAKSIS Association,** a Greek NGO with experience in proximity work, harm reduction, intervention with marginalised populations and networking with local, national and European actors.
3. **Ministry for Health – Government of Malta**, the Maltese institutional partner, with a strategic role in connecting the project, the public healthcare system, prevention, sexual health services and policies for decentralising access to care.
4. **DIGIVIS S.r.l.s.,** the partner responsible for communication, dissemination and valorisation of results, including the development of the project's digital presence, social campaigns and organisation of the final conference.
5. **PIN S.c.r.l. – Servizi Didattici e Scientifici per l'Università di Firenze**, a partner with expertise in research, monitoring and evaluation, tasked with supporting the reading of results and the overall quality of the project pathway.

The operational structure of the project is organised into six work packages covering the entire life cycle of the activity:

- **WP1 – Project management and coordination**, led by INTERSOS, dedicated to overall coordination, consortium management and facilitation of the project's proper progress.
- **WP2 – Sites needs assessment and capacity building**, led by the Ministry for Health of Malta, aimed at assessing the needs of the intervention sites and building shared competences among partners, also through the creation of training packages for operators.
- **WP3 – Implementation of outreach activities in Italy, Malta and Greece**, namely the effective commitment of the implementing partners to street work and outreach activities in contact with the target populations.
- **WP4 – Networking and Stakeholders' engagement**, led by PRAKSIS, focused on stakeholder involvement, the promotion of dialogue among actors and the valorisation of results through roundtables.
- **WP5 – Communication campaign, communication, dissemination and exploitation of results**, with DIGIVIS as the partner responsible for communication strategy, project branding, the official website, digital campaigns, dissemination and production of the final tools for valorising results.
- **WP6 – Monitoring and Evaluation, led by PIN S.c.r.l.**, dedicated to monitoring, evaluation and the collection of evidence on field implementation and project results.

From a financial point of view, REACH-OUT is a budget-based action grant, with a funding rate equal to 80% of eligible costs. The Grant Agreement indicates total eligible costs of approximately EUR 1.6 million, with a European Union contribution of EUR 1.3 million.

This report presents the almost four-year pathway of the project in a concise and accessible form, describing the main stages of the international initiative: from the construction of the brand and communication tools to the activation of field work; from collaboration among

partners and local stakeholders to the promotion of results; from impact monitoring to reflection on future sustainability.

2. First activities: project identity, needs' assessment and preparation of field work

The official launch of the project coincided with the first coordination moment, held in January 2023 through the kick-off meeting with the project officer and HaDEA representatives. The meeting enabled the partners to share the operational framework, clarify roles and responsibilities and define priorities for the first months. From the outset, REACH-OUT followed two complementary directions: on the one hand, the construction of the project's public identity, and on the other, the preparation of the field activities that would be launched in the following years.

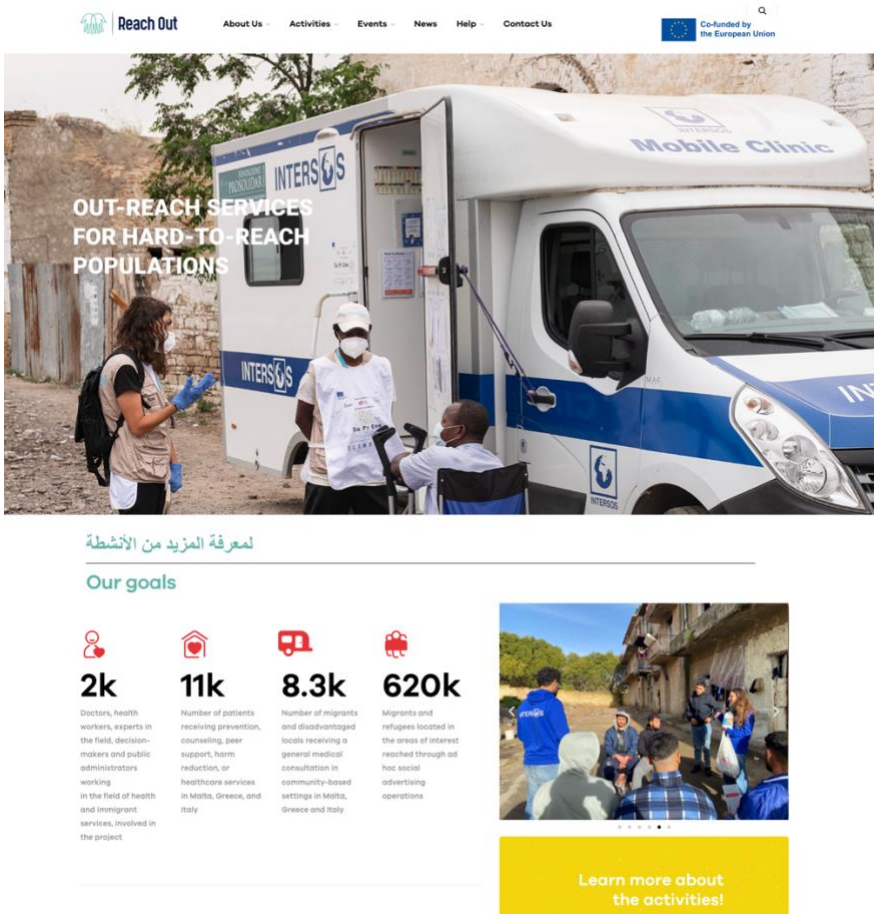
In the initial phases of the project, DIGIVIS played a central role in developing communication tools. The first work concerned the definition of the brand book, necessary to give the project a coherent and recognisable visual identity, including proposals for the official logo. This was accompanied by the preparation of the Executive Communication and Dissemination Plan, designed to turn communication and dissemination objectives into an operational plan. The document defined the main targets, the channels to be used, the tone of messages and the tools to be activated throughout the project pathway and was validated by all members of the partnership after a careful evaluation process.

A few months after the launch, the official REACH-OUT website was also launched. The platform was built as an information space and public project archive (repository). Its structure is simple and accessible: it presents the initiative, the partnership, planned activities, events, news, FAQs and contacts. From the homepage, the website conveyed the project's central message: improving health and preventing disease through community services aimed at the hard-to-reach people[1].

At the same time, DIGIVIS launched the first awareness-raising campaigns on social channels. The contents introduced the main themes of the project and helped make the REACH-OUT brand recognisable among different audiences. In this phase, communication had a preparatory function: creating awareness, explaining the value of prevention and beginning to build trust around an intervention that would bring healthcare services and information directly into the territories.

[1] Link to the project website: https://reachouteurope.eu/

Home page of the project website



To strengthen this initial dissemination work, in April 2023 the partnership organised the Info Days, one in each partner country. The meetings represented moments for presenting the initiative and involving local actors. Their function was not only promotional. The Info Days made it possible to explain what REACH-OUT would implement, which services would be activated and how local stakeholders, healthcare operators, institutions and third-sector organisations could contribute to the effectiveness of the intervention.

Initial communication proposals to raise public awareness of the project topics

General Info Days poster

Each Info Day involved an audience of approximately 30 to 40 participants. These were mainly social and healthcare operators, mediators, institutional representatives and stakeholders active in the fields of health, migration, prevention and social inclusion. This first exchange

helped the project enter local contexts not as an isolated initiative, but as part of networks already engaged in working with migrants, vulnerable groups and hard-to-reach communities.

In the months following the Info Days and the first advertising campaigns launched on the project's social platforms, the Ministry for Health of Malta implemented WP2 activities, dedicated to needs' assessment and capacity building. This phase was essential to prepare field work in a way that was consistent with the real needs of the territories. The objective was to avoid a single, abstract model that was the same for all contexts, and instead to build interventions based on the characteristics of the populations reached, the existing barriers and the services already available.

The needs' assessment was based on a survey addressed to selected stakeholders. The questionnaire, structured into sections dedicated to the stakeholder profile, the territorial context and the health needs observed in services, collected practical information, for example on the most common nationalities among users, the languages spoken by operators and the main barriers encountered by migrants in accessing care. The questions included, for example, "*What are the most common nationalities of the people accessing the services?*" and "*Are there information, prevention and testing programmes for HIV, hepatitis, tuberculosis and sexually transmitted infections in this area?*". The questionnaire also helped partners identify the categories most exposed to the risk of health exclusion. The information collected was used to guide both team training and the subsequent organisation of outreach activities.

WP2 connected needs analysis and competence building. The training activities were mainly addressed to the outreach teams involved in implementing field activities. The training included common modules for all professionals involved and specific in-depth sessions for medical staff, preparing the groups to work in a coordinated way on prevention, testing, cultural mediation, referral and access to services.

In some cases, local stakeholders involved in collaboration pathways were also invited to take part in joint training. Part of the training also concerned migrant health, the culturally sensitive approach, data protection and the ability to work with people living in conditions of vulnerability. Another part focused on more directly medical aspects, with particular attention to tuberculosis, HIV, hepatitis, other sexually transmitted infections and the use of point-of-care tests.

The training and needs' assessment activities concluded with the first annual project meeting, organised in Malta on 30 and 31 October 2023. The event represented an important transition between the launch phase and the implementation phase. Over the two days, project updates, the role of partners and the activities planned for the following months were discussed. The meeting also provided space for several general medicine insights linked to REACH-OUT's objectives, highlighting the health and social needs to which the project would respond.

Poster for the first REACH-OUT Annual Meeting - Malta

The programme addressed themes central to the intervention: migrant health, communicable diseases, gender- and culture-sensitive approaches, prevention of sexually transmitted infections and the use of rapid tests in the fieldwork. The discussion made it possible to connect the technical aspects of the project with a broader vision of health, understood as

access to services, trust, continuity of care and the ability to reach people who are often distant from ordinary pathways.
The annual meeting also offered a public space for presenting the partnership. Each partner illustrated its role and objectives within REACH-OUT, showing how the project was built on different but complementary competences. The healthcare, humanitarian, communication and research dimensions were presented as parts of a single pathway. The training organised as part of the meeting strengthened the competences of the project groups and raised awareness among local healthcare professionals regarding the challenges linked to assisting hard-to-reach populations.
The programme addressed topics such as migrant health, communicable diseases, culturally oriented and gender-sensitive approaches, HIV, hepatitis, sexually transmitted infections, tuberculosis and the use of rapid point-of-care tests. The audience was composed of:

- 27 Maltese healthcare professionals (doctors and nurses working in territorial clinics, detention centres and reception centres for asylum seekers and refugees);
- 3 staff members/collaborators of the Ministry for Health of Malta;
- 20 representatives of the other project partners (INTERSOS, PRAKSIS, DIGIVIS and PIN).

Overall, the first annual meeting represented an important opportunity for exchange. It strengthened the cohesion of the project group, made it possible to verify the progress of the first activities and helped partners plan more effectively the field work that would begin shortly afterwards.

3. Field activity and results achieved by the REACH-OUT project

After the launch phase, the construction of common tools, the needs' assessment and team training, REACH-OUT entered its most concrete dimension: proximity work in the territories. WP3 - Implementation of outreach activities in Italy, Malta and Greece represented the operational core of the project, because it translated the integrated approach defined in the previous months into direct activities with the involvement of the target population, in places where access to healthcare services is often more difficult.

Outreach activities were built around a simple but essential principle: bringing prevention, information, testing and health orientation closer to the communities that are hardest to reach. In the three partner countries, this principle took different forms, adapting to local contexts, available networks and the operational conditions of each territory. In all cases, however, the objective remained the same: to reduce the distance between vulnerable people and care services, turning first contact into a possible structured pathway for access to health and increased awareness.

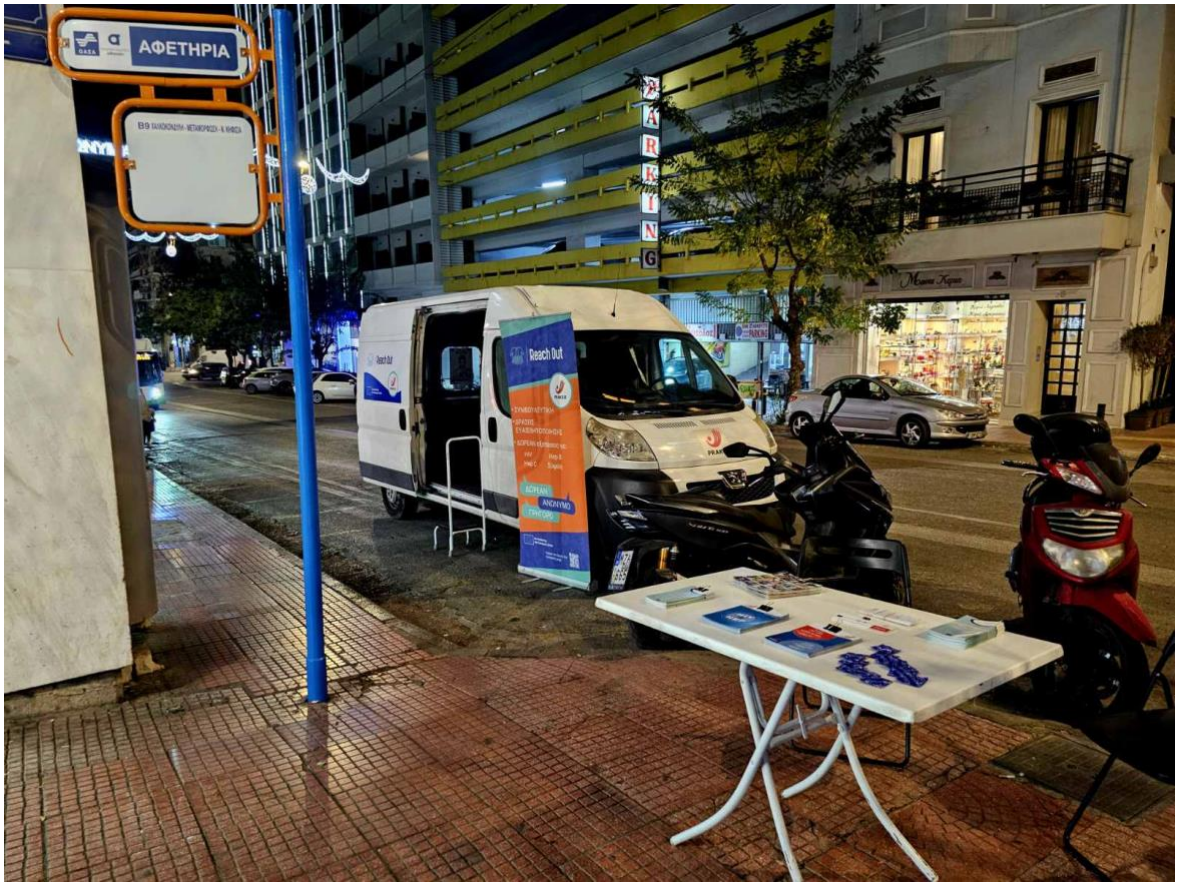
In Italy, the activities carried out by INTERSOS followed the framework outlined in the project Proposal and subsequently in the Grant Agreement. The intervention was launched in July 2023 and built on an already consolidated territorial presence, particularly in Puglia and Sicily. In Puglia, work focused on the Capitanata area and the province of Foggia, where INTERSOS was already operating in support of migrant workers living in informal settlements. In Sicily, coverage involved several territories and urban or semi-urban contexts, including Ribera, Campobello di Mazara, Palermo (with particular attention to the Ballarò area) and Agrigento (Piazza Ravanusella). The value of the Italian intervention lay precisely in its ability to adapt the proximity model to territorial contexts that were often very different from one another. REACH-OUT strengthened the activities of multidisciplinary teams, integrating the offer of rapid tests, counselling, health information and orientation from the mobile unit with the other services offered by the humanitarian organisation. Field work made it possible to reach people who live or work in areas often distant from ordinary care pathways, while maintaining a recognisable presence in places of greater social and health vulnerability.

INTERSOS field activity - Italy


Clinic
INTERSOS

PRAKSIS also drew on its experience in street work and the use of mobile units in Greece. The activities were activated in July 2023, after a phase of technical and organisational preparation necessary to make the planned model fully operational. Greek territorial coverage was broad and diversified, focused mainly on the main urban contexts of Attica region and Thessaloniki, but also extended to surrounding areas and public gathering places. In the Attica area, activities involved both central city spaces and transit and meeting points frequented by people in conditions of vulnerability, including Kotzia Square, Pedion tou Areos, Victoria Square and Agios Panteleimonas Square. These were complemented by interventions in the Egaleo area, in Agios Stefanos and in Maroussi, also on the occasion of public events such as the Health Festival and the 26th Antiracist Festival of Athens. Coverage also included Thessaloniki, where PRAKSIS carried out activities in different parts of the city and in collaboration with local services and organisations. Interventions reached central areas such as Aristotelous Square, Kamaraarea of the Arch of Galerius, as well as spaces connected to services for vulnerable people, such as the Night Shelter for Homeless of the Municipality of Thessaloniki and the Night Shelter linked to EOPAE, the National Organisation for the Πrevention and Treatment of Addictions. Similarly to INTERSOS, PRAKSIS offered primary healthcare services with mobile units and fixed structures, counselling, test administration, street work activities, distribution of information materials and referral to specialist services. Presence in festivals, squares, streets, shelters and community services enabled the project to intercept different needs and bring services closer to people who would hardly have been reached through more traditional channels.

PRAKSIS field activity - Greece


ΑΦΕΤΗΡΙΑ
PARKING
Reach Out


Reach Out
PRAKSIS
• ΣΥΜΒΟΥΛΕΥΤΙΚΗ
• ΔΡΑΣΕΙΣ ΕΥΑΙΣΘΗΤΟΠΟΙΗΣΗΣ
• ΔΩΡΕΑΝ εξετάσεις για:
HIV
Hep C
Hep B
Σύφιλη
ΔΩΡΕΑΝ
ΑΝΩΝΥΜΟ
ΓΡΗΓΟΡΟ
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The Maltese case followed a different path. In the project documents, the Ministry for Health activities had been envisaged around the activation of a dedicated mobile clinic, to be used near reception centres, in areas with a high migrant presence and in contexts most marked by socio-economic vulnerability. Due to internal bureaucratic constraints and procedures, the implementation of this model could not take place within the originally planned timeframe and modalities. The Maltese institution therefore redirected the intervention towards operational forms compatible with the available institutional and administrative framework. This remodulation nevertheless made it possible to keep the project's proximity component active. Activities included tests and individual information sessions in existing services, also outside the direct perimeter of the Ministry for Health. These included services for people with addictions, prison facilities, mental health contexts and, naturally, services aimed at the migrant population. In the same period, activities were activated in Primary Health Care community clinics, both in Malta and Gozo. Awareness-raising initiatives were also carried out across the Maltese territory on the occasion of public events, turning moments of high participation into opportunities for information, prevention and connection with services. From January 2026, Malta also began using the Mobile Unit, with an average of two outreach sessions per week. Although this activation came at an advanced stage of the project, it represented an important step, because it brought the Maltese intervention closer to the original approach.

Field activity and participation in MFH events - Malta

The monitoring results provide an overall significant picture of the work carried out in the three countries. Although, at the time of publication of this document, the monitoring and collection of the final data are still ongoing, the evaluation team has already been able to certify over 4,600 medical consultations in proximity contexts, with a particularly relevant contribution from the activities carried out in Italy and Greece through mobile units, territorial interventions and community-based services. This figure is accompanied by a very important result on the testing side: more than 3,700 people were tested in community settings, confirming the project's ability to bring prevention and early diagnosis outside traditional healthcare places.

The offer of specialised tests was one of the strongest components of the intervention. In the three countries, the great majority of people encountered received a screening proposal consistent with their history and the risk factors identified. This aspect is central, because it shows that outreach was not limited to providing information but created concrete opportunities for access to tests for sexually transmitted infections, HIV, hepatitis and syphilis.

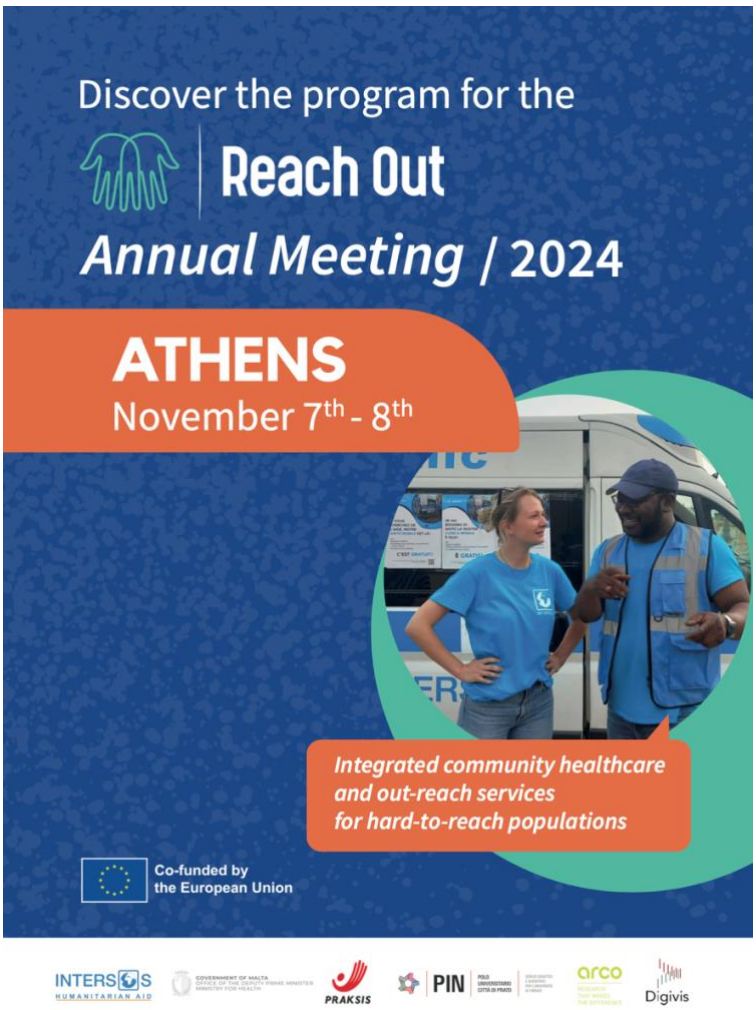
Alongside healthcare activities, the project reached over 15,000 people through prevention, counselling, peer-support, harm-reduction or service accompaniment sessions, in line with the integrated nature of REACH-OUT. Contact with people never ended with the single test or medical visit; throughout the entire duration of the project, the aim was to create spaces for listening, orientation and trust-building in social and territorial contexts where individuals in conditions of vulnerability often feel the weight of stigma and prejudice. The numerous group

sessions strengthened the community dimension of the intervention, while a very high number of people were reached through counselling and prevention activities.

Another important element concerns continuity of care. Almost all people who tested positive for sexually transmitted infections, HIV or hepatitis were oriented towards sexual health services. Likewise, all people for whom other health needs emerged were directed towards the relevant primary health care services. Outreach activities did not merely promote increased awareness and a partial resolution of problems among the target population, but also represented a tool to accompany those concerned towards more structured care pathways.

After almost two years of project activities, the partnership met in Athens on 7 and 8 November 2024 for the second REACH-OUT Annual Meeting, hosted by PRAKSIS. The meeting represented an important opportunity to discuss the project's progress. In the presence of the HaDEA Project Advisor, Jurgita Kaminskaite, representatives of all partners presented results, objectives achieved and critical issues that had emerged in the different work packages, from field activities to communication, through to monitoring and evaluation.

Poster for the second REACH-OUT Annual Meeting - Athens



The event involved both members of the partnership and external stakeholders interested in the health of hard-to-reach populations. The second day was dedicated to joint working sessions aimed at risk analysis, identifying the main operational criticalities and defining corrective actions useful to maximise the effectiveness of activities in the final year of the project.

Overall, the data describe a project that reached thousands of people through different forms of proximity. Medical consultations, tests, counselling activities and referrals show complementary dimensions of the same intervention: bringing services closer, making prevention more accessible and accompanying people towards care pathways when necessary. The strength of the activities implemented lies precisely in this combination.

REACH-OUT produced relevant numbers not only because it brought services into the territories, but because it built concrete passages between information, screening and care. In this sense, outreach was the operational heart of the project: the point at which the European strategy became direct relationship, territorial presence and real access to health.

4. Presentation of results: Joint Mediterranean Roundtables and national meetings

During 2025, at the same time as and up to the end of the project period, within Work Package 4 (WP4) – Networking and Stakeholder Engagement, the REACH-OUT project promoted an articulated pathway of exchange with institutions, healthcare professionals, civil society organisations, researchers and public decision-makers, with the objective of transforming the evidence collected in the field into recommendations and reflections useful for improving policies and services aimed at the most vulnerable populations. The national and Mediterranean roundtables represented a structured space for dialogue among the different actors involved, fostering the exchange of experiences, analysis of criticalities encountered during outreach activities and identification of possible shared solutions.

During the project, nine national roundtables were organised, three for each country, and two Joint Mediterranean Roundtables dedicated to transnational exchange among partners and stakeholders in the Mediterranean area.

The national roundtables were held as follows:

Country	Modality	Date	Topics covered
Italy	Hybrid – in person in Palermo, at the INTERSOS office, and online	28 October 2025	Presentation of the results achieved in Sicily and exchange with healthcare, institutional and third-sector stakeholders. The discussion addressed access to health for migrants and vulnerable people, the weight of social determinants, the role of cultural mediation and the need to strengthen collaboration between public services and NGOs.
Italy	Hybrid – in person in Foggia and online	12 November 2025	In-depth discussion of the activities carried out in Puglia, with particular attention to seasonal workers and people living in informal settlements. The exchange highlighted the value of mobile units, referral pathways and continuity of care, underlining the importance of stably connecting outreach, prevention and territorial healthcare services.
Italy	Online	11 May 2026	Final national meeting dedicated to summarising the Italian experience. Participants discussed lessons learned, the sustainability of the model tested and the conditions needed to integrate outreach practices more stably into local services and health policies aimed at hard-to-reach populations.
Malta	Online	17 June 2025	Presentation of the project and discussion of the main health challenges affecting migrant and vulnerable populations in Malta. The exchange addressed tuberculosis, sexual health, communicable infections, barriers to accessing services, stigma, linguistic-cultural mediation and coordination among the healthcare system, migration services and civil society organisations.
Malta	Online	12 May 2026	Discussion of testing, individual information and outreach activities carried out through existing services and territorial clinics. The meeting made it possible to reflect on emerging needs, opportunities to strengthen prevention in community contexts and the need to make services more accessible for vulnerable people.
Malta	Online	28 May 2026	Exchange on the future prospects of the activities launched by the project. The discussion concerned the sustainability of interventions, the strengthening of territorial networks, public awareness-raising and the possibility of consolidating prevention, testing and health orientation pathways aimed at migrant communities and at-risk groups.
Greece	Online	28 April 2026	First national exchange on the main barriers limiting access to healthcare services for migrants,asylum seekers, and other hard-to-reach and vulnerable groups in Greece. Administrative obstacles — including the lack of AMKA and the complexity of the PAMKA provisional registration system — alongside linguistic barriers and limited health literacy were discussed, together with the need to strengthen outreach, orientation and linkage-to-care approaches, and to improve collaboration and referral pathways among services at national level.
Greece	Online	15 May 2026	Second national exchange focusing on Tuberculosis among vulnerable populations and the specific situation in Thessaloniki, where STI outbreaks have been closely linked to substance use. Barriers to diagnosis, treatment continuity, and access to harm reduction services were discussed, together with the need for

Country	Modality	Date	Topics covered
			integrated outreach interventions and stronger coordination between public health authorities and NGO providers.
Greece	Online	25 May 2026	Third and concluding national exchange, centred on case studies and good practices emerging from the REACH OUT outreach activities in Greece. Concrete field examples were presented and discussed, illustrating how barriers to healthcare access were addressed in practice and how effective referral and linkage-to-care pathways were established.

A total of one hundred forty (140) participants attended the national roundtables.

Alongside the national exchanges, REACH-OUT promoted two Joint Mediterranean Roundtables, conceived as moments of transnational dialogue among project partners, institutions, professionals and organisations active in the Mediterranean area. These meetings made it possible to compare experiences from Italy, Greece and Malta, identifying common challenges and possible shared strategies to improve access to health for hard-to-reach populations. The international meetings therefore contributed not only to the dissemination of project results, but also to the construction of a structured dialogue among national and international stakeholders, creating the basis for future collaboration initiatives and for the development of the project's final policy recommendations.

Poster for the first REACH-OUT Joint Mediterranean Roundtable

The first Joint Mediterranean Roundtable, held online on 11 December 2025 with the participation of 42 stakeholders, represented an important opportunity to present the preliminary results of the outreach activities and discuss the main barriers limiting access to prevention, diagnosis and care services. Recurring themes emerged across all countries involved, and were also discussed in all the national meetings organised under WP4:

administrative difficulties, lack of linguistic-cultural mediation, stigma associated with sexually transmitted infections and the need to strengthen collaboration between healthcare services and community organisations.

Poster for the second REACH-OUT Joint Mediterranean Roundtable

The second Joint Mediterranean Roundtable, organised in June 2026 at the end of the implementation pathway, made it possible to consolidate the evidence collected during the project and transform it into shared orientations for the future. A total of thirty-four (34) participants attended the second Joint Mediterranean Roundtable. The exchange highlighted the value of the integrated approach tested by REACH-OUT and the importance of keeping

cooperation networks active among institutions, healthcare operators and civil society organisations, so that the good practices developed can continue to generate benefits even beyond the conclusion of the project.

In total, the national and Mediterranean roundtables brought together two-hundred sixteen (216) participants across all sessions.

5. Communication and dissemination

Communication and dissemination activities (included within WP5, Communication campaign, communication, dissemination and exploitation of results) accompanied the entire life cycle of the REACH-OUT project, performing an essential function both in supporting field activities and in promoting dialogue with professionals, institutions and stakeholders. The strategy was built around a dual need: on the one hand, to reach migrants and people in conditions of vulnerability, also with the aim of supporting the awareness-raising process on the issues addressed by the project; on the other, to encourage contact with healthcare operators, civil society organisations, public decision-makers and reception professionals in order to create a digital community with a precise sectoral orientation.

In this sense, the role of communication went far beyond the concept of "visibility", representing instead an integral part of the intervention. Informing people about the existence of free services, the dates and places covered by the mobile units, and the possibility of accessing rapid tests and counselling without documentary or language barriers meant contributing directly to the project's public health objectives.

During the activities, information contents, multilingual materials, social campaigns, Digital PR activities and event promotion actions were developed. Communication followed the evolution of the project: in the initial phase it helped build the REACH-OUT brand identity, make the initiative recognisable and disseminate the general objectives. With the launch of field activities, communication progressively became more operational, accompanying the mobile units' outings across the territory and promoting concrete services.

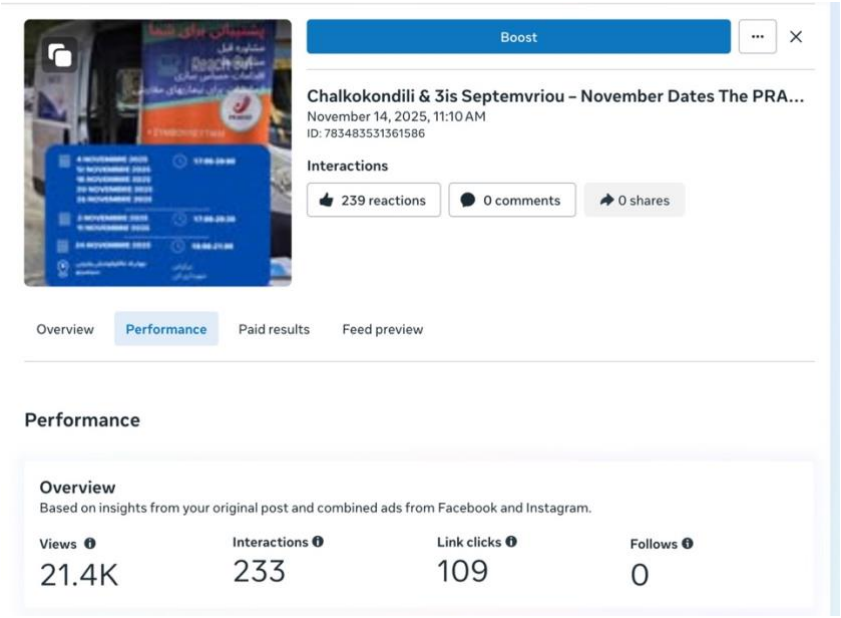
Particular attention was devoted to linguistic accessibility. Since the communities reached by the project came from very different backgrounds, contents were disseminated in numerous languages, including Arabic, French, English, Bengali, Albanian, Romanian, Urdu, Swahili, Tamil and Sinhala.

Digital advertising campaigns represented one of the main tools of the strategy. Between 2023 and 2026, campaigns were carried out on Meta, LinkedIn and TikTok, with planning closely linked to outreach activities and project events. The ADV can be traced back to several main macro-categories:

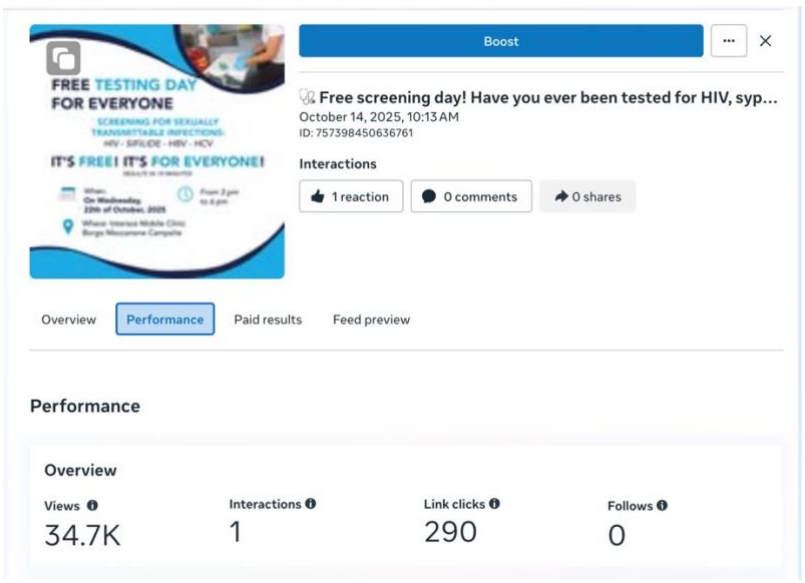
- **Mobile clinic and direct healthcare campaigns** (around 50% of the total). Operational ads communicating where and when the mobile clinic was available, and which services were offered: medical visits, socio-legal counselling, STI testing and psychological support. Visuals used bright REACH-OUT colours, practical icons and multilingual messages.
- **Free testing and screening campaigns** (around 22%). Ads promoting specific free testing days for HIV, syphilis, HBV and HCV, with urgent, action-oriented messages. Claims such as "It's free! It's for everyone! No documents required" addressed the main psychological and bureaucratic barriers to access.

- **Awareness-raising and information service campaigns** (around 19%). Campaigns promoting REACH-OUT's WhatsApp channels and messages such as "Your Health Matters" and "Help is here for you". They aimed to build continuity of contact and trust, using more narrative copy and emotional visuals based on real photos.
- **Institutional and event campaigns** (around 9%). A smaller group of ads with limited budget and highly professional targeting, linked to project launch, roundtables and the Final Conference. They addressed operators, doctors, NGOs and institutions, with more formal copy and mainly English/French content.

PRAKSIS Mobile Unit promotion campaign



INTERSOS Testing Day promotion campaign



From a geographical point of view, communication followed the operational structure of the project. In Italy, the campaigns focused mainly on Sicily and Puglia, in line with the presence of

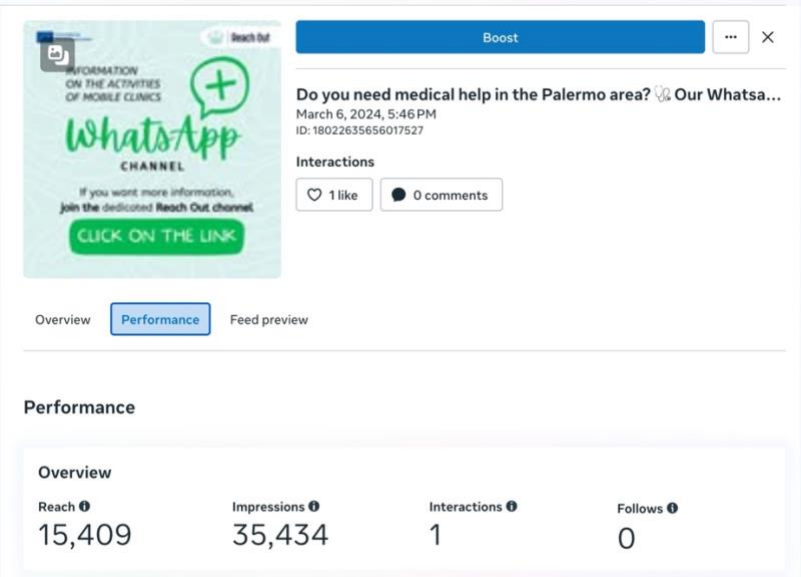
the mobile units and the activities carried out by INTERSOS. In Sicily, work focused on Palermo, Agrigento and other territories involved in outreach activities; in Puglia, attention focused on the Borgo Mezzanone area and the province of Foggia. In Greece, the campaigns accompanied the PRAKSIS intervention mainly in the metropolitan area of Attica and, following the expansion of activities, in the Thessaloniki area, with messages linked to the presence of the mobile clinic, testing services and support activities. In Malta, communication had a more institutional and professional dimension, supporting awareness-raising activities and events aimed at stakeholders.

The results achieved exceeded the project's initial targets. Overall, digital activities reached over 1 million unique accounts across the different channels used. Meta campaigns reached more than 850,000 unique accounts (*reach*), generating over 2.1 million *impressions* and more than 18,500 interactions. These were complemented by approximately 160,000 unique accounts reached through TikTok, with an engagement rate of 0.2%. Finally, on LinkedIn, communication activities focused on engaging professionals from the healthcare, social care and reception sectors by promoting the project's main institutional events. In particular, dedicated campaigns for the Joint Mediterranean Roundtable and the Final Conference generated more than 27,000 impressions across Italy and Greece, increasing the visibility of REACH-OUT among a highly qualified professional audience.

The initial objectives envisaged reaching at least 600,000 unique accounts, including 500,000 migrants or people in conditions of vulnerability and at least 5,000 professionals and stakeholders. Through Facebook alone, approximately 280,000 professionals belonging to the healthcare, social and reception sectors were reached, with an engagement rate of 1.9%, while Digital PR activities involved over 2,000 qualified professionals and stakeholders.

LinkedIn played a specific role in strengthening the institutional dimension of the project. This channel was used above all to reach professionals, organisations and qualified actors in the health and social sectors, particularly on the occasion of the Joint Mediterranean Roundtables and the promotion of the Final Conference. The choice to use LinkedIn made it possible to combine communication aimed at target communities with a dissemination line more oriented towards networking, professional participation and the valorisation of project results among a specialised audience.

Promotion campaign for the project WhatsApp channels



TikTok instead helped expand the project's ability to intercept broader and less traditional audiences, offering an additional channel for disseminating simple, immediate and accessible messages. Although with a lower engagement rate than other channels, the platform made it possible to reach a significant number of unique accounts and strengthen the project's digital presence in a communication environment frequented by different segments of the population.

A further proximity communication tool was represented by the WhatsApp channels activated in February 2024 for Sicily and Puglia. Designed as a complement to the activities carried out on social media, these channels further supported the dissemination of practical information and localised updates on mobile unit activities, testing opportunities and ways of accessing services. Unlike campaigns aimed at a broad audience, WhatsApp was used as a direct and territorial tool, particularly useful for communicating dates and locations in a simple and immediate way. Promotion of the channels through social media also helped create a connection between broader digital communication and proximity information tools, further strengthening the project's capacity to reach target communities in the intervention territories. In total, the WhatsApp channels registered 78 members (54 in Sicily and 24 in Puglia).

Overall, communication and dissemination activities therefore contributed decisively to the success of REACH-OUT. Social platforms helped increase the visibility of the services offered, supporting the work of the mobile units and facilitating access to information by vulnerable communities. The adopted strategy showed that, in projects aimed at hard-to-reach populations, communication is not an accessory element, but an operational tool: it helps people know where to go, when to attend, which services are available and why access to prevention and care can be safe, free and possible.

The final event dedicated to project dissemination was the REACH-OUT Final Conference, held online on 25 June. The event saw the participation of representatives from all project partners, who presented to the audience the results achieved and the activities carried out in detail.

REACH OUT Final Conference poster

6. Monitoring and evaluation

Monitoring and evaluation accompanied REACH-OUT throughout the entire project pathway, with the objective of following the progress of activities, reading results coherently across the three countries and supporting partners in the progressive evolution of the interventions. WP6, coordinated by PIN S.c.r.l. through the ARCO research centre, provided the project with a common methodological framework, shared data collection tools and moments of analysis useful for transforming the information collected into operational indications.

In addition to enabling the natural final verification of results, continuous monitoring allowed the implementing partners to observe the progress of activities, promptly recognise any risks or criticalities and intervene before these elements compromised the effectiveness of field work. In a project based on outreach, mobile services and collaboration with local networks, this function was particularly important.

PIN/ARCO's work combined quantitative and qualitative approaches. On the one hand, it followed the project indicators, data collection and the evolution of results in the different countries; on the other, it helped read the implementation dynamics in depth, including aspects such as accessibility of services, quality of referrals, collaboration among local actors, teams' capacity to reach target populations and sustainability of the practices tested.

Photo from ARCO field visit activity in Athens

A central contribution to the final evaluation then came from the field visits carried out in the three intervention countries. The visits took place in Malta from 21 to 24 May, in Greece from 11 to 14 May between Thessaloniki and Athens and in Italy in Foggia from 18 to 22 May. . These activities integrated desk review and remote data collection with evidence gathered directly in the implementation sites. During the visits, interviews with key actors, focus group discussions and direct observations were conducted. Partners, local stakeholders and, where possible, beneficiaries of the activities were involved. This made it possible to collect qualitative information on operational dynamics, results achieved and the main difficulties encountered in the different national contexts.

Overall, monitoring and evaluation strengthened the project's ability to learn while it was being implemented. The evidence collected made it possible to triangulate data, observations and testimonies, offering a more complete reading of the results. In this way, WP6 contributed not only to final reporting, but also to the overall quality of the intervention, helping partners understand what worked, which conditions favoured access to services and which elements may be valorised in the future to replicate or adapt the REACH-OUT model in other contexts.