



4PCAN

Milestone No. 7 – Communication campaigns preliminary results

June 2026



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List of Abbreviations

| Abbreviation | Full Name |
|--------------|---|
| INOMED | Center for Innovation in Medicine |
| IARC | The International Agency for Research on Cancer (WHO) |
| ECAC5 | European Code Against Cancer 5 th edition |
| LL | Living Lab |
| M | Month of project implementation (e.g., M1–M48) |
| WP | Work Package |
| 4P-CAN | Personalized Cancer Primary Prevention research through Citizen Participation and digitally enabled social innovation |
| BNCMH | Bulgarian National Cancer Mission Hub |
| BJCN | Bulgarian Joint Cancer Network |
| NAMRB | National Association of Municipalities in Bulgaria |
| BNR | Bulgarian National Radio |
| BNT | Bulgarian National Television |
| BTA | Bulgarian Telegraph Agency |
| MoH | Ministry of Health |
| MES | Ministry of Education and Science |

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1. Executive summary

This document presents the Communication Campaign Milestone No.7, covering the implementation period February–June 2026. It consolidates the first interim results of the European Code Against Cancer 5th Edition (ECAC5) communication campaigns implemented in Bulgaria and Romania under the Task 4.2.2: Strategic communication campaign for ECAC5 in Romania and Bulgaria (M34–M45), led by INOMED with the participation of the Bulgarian partner, BJCN.

The reporting period captures the transition from preparatory coordination to full implementation across both countries:

In Bulgaria, activities focused on the establishment of the Bulgarian National Cancer Mission Hub (BNCMH), national stakeholder mobilization, and the structured rollout of ECAC5 communication activities across media, institutional, and community channels.

In Romania, implementation centered on the launch of the [ECAC5 Knowledge Center Hub \(Raportuldegarda.ro\)](#), national dissemination activities, and the operationalization of the campaign in Argeş County, including Living Lab (LL)-based community engagement.

Across both countries, preparatory groundwork included mapping of communication channels, identification of key stakeholders, and alignment with WP2, WP3, WP4 – Task 4.1 findings, and implementation research outputs (WP2 D2.3–D6). This ensured that communication activities were evidence-based, context-specific, and consistent with the methodological framework developed within the 4P-CAN project. The collaboration with IARC supported the integration of high-quality data into the design of stratified and population-tailored communication strategies for ECAC5.

Overall, the first implementation phase demonstrates successful activation of ECAC5 communication systems in both countries, combining national-level dissemination, professional engagement, policy dialogue, and community-based interventions. The results provide the foundation for the scale-up phase planned for the next reporting period.

2. Introduction

This document reports on the implementation of ECAC5 communication campaigns in Bulgaria and Romania under the 4P-CAN project framework. It reflects the operationalization of Task 4.2.2 – Strategic communication campaign for ECAC5 in Romania and Bulgaria, led by INOMED in cooperation with national partners.

The report builds on the strategic and methodological framework defined in earlier work packages, particularly WP2 and WP3, and integrates evidence generated under Task 4.1 on cancer prevention knowledge, behaviors, and information sources. It documents how ECAC5 recommendations have been translated into national and local communication activities adapted to each country context.

The document also reflects the integration of implementation research into communication planning, ensuring that all activities are guided by evidence, aligned with EU priorities, and adapted to behavioral and socio-economic determinants identified in the target populations.

2.1. Objective and scope of the report

The primary objective of this report is to provide a comprehensive and transparent account of the ECAC5 communication campaign implementation in Bulgaria and Romania in the first half of 2026. It serves as a monitoring instrument assessing the progress of Task 4.2.2 in relation to planned activities, expected outputs, and implementation quality.

This report aims to:

- Document the implementation of ECAC5 communication campaigns in Bulgaria and Romania during the reporting period;
- Present key results from national and local-level dissemination activities;
- Highlight the role of evidence-based communication in shaping tailored ECAC5 messaging for different target groups;
- Provide evidence of cross-country coordination and methodological harmonization within the 4P-CAN project;
- Support transparency and accountability in the implementation of communication and dissemination activities;
- Inform the next phase of scale-up and optimization of ECAC5 communication strategies.

The scope of this report is to cover the ECAC5 communication, dissemination, and community engagement activities implemented in the two UE countries (Romania and Bulgaria) including national communication activities, engagement with stakeholders, media work, and community activities carried out through LLs.

2.2. Reporting period

Reporting period: February 2026– June 2026, covering the initial implementation phase of ECAC5 communication activities in Bulgaria and Romania.

3. National Campaign in Bulgaria

3.1 Overview of the campaign

Bulgaria's ECAC5 campaign, "Code for Life– Live the European Code Against Cancer," is implemented by the Bulgarian Joint Cancer Network (BJCN) through the Bulgarian National Cancer Mission Hub (BNCMH). The campaign aims to translate the ECAC5 into practical prevention actions across policy, healthcare, education, and community systems.

During the period February 2026–June 2026, the campaign transitioned from preparatory coordination to full implementation. Key achievements include the official establishment of BNCMH, national stakeholders' mobilization, early rollout of prevention policy and action communication, and activation of media, institutional, and community engagement channels.

Preparatory work ensured strong alignment with WP2–WP5, supporting methodological coherence and adaptation to national behavioral, socio-economic, and environmental determinants. This has helped ensure that implementation is consistent, evidence-informed, and responsive to the Bulgarian context.

The campaign is delivered through BNCMH, which brings together a stakeholder community of 100+ representatives and over 90 participating organizations across healthcare, academia, municipalities, civil society, patient groups, and the media.

Its main focus areas include tobacco control, reduction of harmful alcohol consumption, promotion of healthy nutrition and physical activity, preparation of national cancer screening programmes for CRC and CC as well as increased participation in existing prophylaxis programmes for Breast and Prostate cancers,

HPV vaccination, environmental risk awareness, and broader health education initiatives, but also addressing misinformation and knowledge gaps.

3.2. Objectives

The campaign aims to increase awareness and uptake of ECAC5 recommendations among the Bulgarian population, strengthen prevention behaviors, enhance professional capacity for prevention communication, and support integration of ECAC principles into national policies.

3.3. Key messages and target groups

The campaign as one of the main objectives of BNCMH is based on the idea that 40% of cancers are preventable. ECAC5 encourages people to adopt healthy lifestyles, take part in cancer screening, get vaccinated, and be aware of environmental risks.

To encourage action in the general population, messages are adapted to different age groups. Adults aged 25–64 are encouraged to follow at least five key ECAC5 recommendations, including quitting smoking, reducing alcohol consumption, eating a healthy diet, and participating in screening programmes.

Parents of teenagers are encouraged to act as prevention role models by accepting HPV vaccination and maintaining smoke-free and alcohol-aware homes. School-aged children (7–14) and young people (15–24) are supported to build early health knowledge, adopt active lifestyles, and develop awareness of misinformation related to health risks.

Beyond individual behavior, the campaign also targets key system stakeholders to strengthen long-term prevention structures. Healthcare professionals are encouraged to integrate ECAC5 recommendations into routine consultations and public health communication. Municipalities and local leaders are engaged in developing local prevention initiatives and community health activities.

At a broader level, the campaign focuses on supporting vulnerable populations by improving access to information and strengthening health literacy to reduce inequalities. It also encourages national policymakers to integrate ECAC5 principles into screening programmes, education curricula, cancer registries, and digital health systems.

3.4. Channels and implementation approach

The campaign communicates through BJCN channels, national media ([Bulgarian National Radio – BNR](#), [Bulgarian National Television – BNT](#), and the [Bulgarian Telegraph Agency – BTA](#)), professional networks ([BJCN-MORE platform](#)), and [BNCMH](#) partners.

Some of the media links: [MoH](#), [Ministry of Social Affairs](#), [MES](#).

Work with policymakers focuses on improving screening, vaccination, health education, the implementation of the national digital cancer registry system, and digital health tools. A major operational focus is establishing a health education and research policy alignment between the Ministry of Health (MoH) and the Ministry of Education and Science (MES).

Community-based LLs in Briagovo and Iskra, in partnership with Plovdiv University, support local implementation and citizen engagement.

3.5 Monitoring evaluation

Monitoring includes communication reach, stakeholder engagement, media coverage, and Living Lab participation. Outcome indicators focus on awareness, behavioral uptake, and policy integration of ECAC principles.

3.6. Implementation context and preparatory work

Before full implementation, work was done to map communication channels, identify key stakeholders, and align activities with WP2 and WP3 results. This baseline framework built upon earlier milestones, including a public national press conference held at the BTA National Press Club in July 2024.

BJCN worked with the Ministry of Health and the Parliamentary Health Committee to help integrate ECAC5 into national prevention policies, including contributing to the review and update of national colorectal and cervical cancer screening strategies and their structural alignment with the national ordinance for primary prophylaxis.

Preparatory engagement was also extended to municipal stakeholders, notably the National Association of Municipalities in Bulgaria (NAMRB), to collect local-level insights on citizen engagement and prevention culture. This phase was closely connected to the creation of BNCMH, the MORE-BJCN Annual Assembly 2025, media partnerships, and the preparation of the LLs.

3.7. Current status (February 2026– June 2026)

The campaign began in February 2026 with national communication, BNCMH establishment, and ongoing municipals engagement highlighted by explicit backing from Sofia, Varna, Burgas, Stara Zagora, Vratza, Ruse, Pleven, Targovishte Municipalities as well as the Association of Munciplities in Bulgaria. A key milestone was the launch of BNCMH on 11 March 2026, at GATE Institute, Sofia University, including a Memorandum for Synergy and Cooperation.

Following the launch, national media coverage (BNR, BTA, BNT) significantly increased visibility. Digital channels ([BNCMH](#) and BJCN platforms) ensured continuous dissemination. Professional dissemination continued through MORE networks, while Living Labs in Briagovo and Iskra were prepared for implementation.

3.8. Next steps (activities scheduled beyond June 2026)

The next phase will scale community implementation through Living Labs, expand school and youth engagement, strengthen municipal involvement, and continue policy integration. A core focus remains ongoing advocacy to fully embed cervical and colorectal cancer testing standards into local health policy structures and the integration of mandatory hours on health into the educational curriculum by MES. A penta-helix stakeholder workshop is planned to strengthen cross-sector coordination, remaining a priority next step as soon as current national political instability allows.

4. National Campaign in Romania

4.1. Overview of the campaign

The ECAC5 promotion campaign in Romania is implemented by the Centre for Innovation in Medicine (INOMED) in collaboration with the Romanian Society of Dermatology, the Romanian Society of Pulmonology, and local community partners in Argeş County. The campaign aims to translate the recommendations of ECAC5 into practical prevention actions across policy, healthcare, education, and community systems.

During the reporting period February 2026–June 2026, the campaign transitioned from preparatory coordination to full implementation. Key achievements include the official establishment of the digital ECAC5 Knowledge Center Hub on 20 April 2026, national stakeholder mobilization, early rollout of prevention communication via [Raportuldegarda.ro](https://raportuldegarda.ro) (coordinated by INOMED, with an estimated audience of 250,000 unique viewers per year), and activation of media, institutional, and community engagement channels in Argeş County, including Lereşti Living Lab. Preparatory work ensured strong alignment with WP2–WP5, supporting methodological coherence and adaptation to national behavioural, socio-economic, and environmental determinants. This has helped ensure that implementation is consistent, evidence-informed, and responsive to the Romanian context.

Its main focus areas encompass all 14 recommendations of the ECAC5, covering tobacco control, reduction of harmful alcohol consumption, promotion of healthy nutrition and physical activity, increased participation in cancer screening programmes, vaccination awareness (e.g. HPV and HBV), environmental risk awareness (including checking for indoor radon gas), and broader health education initiatives, but also addressing misinformation.

4.2. Objectives

The campaign aims to increase awareness and uptake of ECAC5 recommendations among the Romanian population, strengthen prevention behaviours, enhance professional capacity for prevention communication, and support integration of these principles into local and national policies.

4.3. Key messages and target groups

The campaign is based on the idea that many cancers can be prevented. ECAC5 encourages people to adopt healthy lifestyles, take part in cancer screening, get vaccinated, and be aware of environmental risks. Cancer prevention is seen as a shared responsibility between citizens, healthcare workers, policymakers, and local authorities.

To encourage action in the general population, messages are adapted to different target groups. Adults aged 18 and older are encouraged to follow key ECAC5 recommendations, including quitting smoking, maintaining a healthy weight through a balanced diet, limiting alcohol, and participating in organized screening programmes. Parents and families are urged to act as prevention role models by accepting HPV and HBV vaccinations, protecting children from excessive sun exposure, and maintaining smoke-free and radon-aware homes. School-aged children and young people are supported to build early health knowledge, adopt active lifestyles, and develop awareness of misinformation related to lifestyle risks. Beyond individual behaviour, the campaign also targets key system stakeholders to strengthen long-term prevention structures. Healthcare professionals are encouraged to integrate ECAC5 recommendations into routine consultations and public health communication. Municipalities and local leaders are engaged in developing local prevention initiatives and community health activities, specifically targeting sedentary lifestyles and obesity through physical interventions. At a broader level, the campaign focuses on supporting vulnerable populations by improving access to information and strengthening health literacy to reduce inequalities. It also encourages national and regional policymakers to use evidence-based resources to support health protection measures, workplace safety, and clean air policies.

4.4 Channels and implementation approach

The campaign communicates through [Raportuldegarda.ro](https://raportuldegarda.ro), which functions as the central ECAC5 Knowledge Center Hub, as well as digital and social media platforms (Facebook, Instagram) 2–3 times per week for wide public reach.

Broadcast communication is supported by [a dedicated episode of the #Știința360 podcast](#) featuring 4P-CAN Coordinator, Dr. Marius Geantă, discussing the ECAC5 recommendations, and two live interactive editions of the Știința 360 radio shows host by Radio Romania Cultural (public radio station covering the entire country).

At the national level, communication activities are organized through the [Raportuldegarda.ro](https://raportuldegarda.ro) platform, which functions as the central dissemination channel, structured around two complementary targets:

- For the general population, communication aims to increase risk factor awareness and support preventive behaviours through clear, accessible messaging.
- For policymakers and other decision-makers, the approach focuses on providing evidence-informed resources to support policy development and population-level risk reduction measures. Work with policymakers focuses on improving screening, vaccination, health education, and evidence-informed prevention resources.

A major operational focus is translating complex scientific recommendations into accessible, audience-specific toolkits. The campaign provides two comprehensive toolkits ([a Citizen Toolkit](#) and a [Policymaker Toolkit](#)) which consolidate all ECAC5 recommendations with clear, direct language for ongoing distribution.

Toolkit-ul persoanei informate

Pe baza recomandărilor ediției a 5-a a Codului European Împotriva Cancerului, am creat toolkit-ul persoanei informate: o serie de materiale scrise și vizuale care să îți fie alături în călătoria ta către **prevenția cancerului**. Vei găsi informații despre factorii de risc care predispun la apariția bolilor oncologice, cum îi poți evita, cum îți poți proteja familia și pe cei dragi dar și cum poți contribui la a crea comunități și medii mai sănătoase și longevive.

Toolkit-ul se adresează atât **cetățenilor** (la ce factori de risc să fii atent și cum să te protejezi) cât și **factorilor de decizie** (cum poți contribui la formarea comunităților sănătoase). Te invităm să selectezi categoria care ți se potrivește cel mai bine:

Cum mă pot proteja?

Cum mă pot implica?

Prevenția începe în comunitate

Deși în final alegerile noastre sunt individuale, ele sunt puternic influențate de cei cu care ne înconjurăm și de mesajele la care suntem expuși.

Mulți factori de risc adresați de recomandările Codului au elemente comportamentale comune care se formează timpuriu în viață și care se propagă prin intermediul rețelelor personale. A petrece timp îndelungat pe social media, concomitent cu a fi expus constant la reclame și mesaje cu privire la alimente și băuturi mai puțin sănătoase, alături de consumul alimentelor nesănătoase în timpul urmării unui film sau jocului pe calculator, sunt doar câțiva factori care influențează semnificativ starea de sănătate.

Figure 1 – The Toolkit of an Informed Person within the ECAC5 Knowledge Center Hub interface. The buttons “Cum mă pot proteja?” (“How can I protect myself?”) and “Cum mă pot implica?” (“How can I get involved?”) provide tailored information for the general population and policymakers

At the local level, ECAC5 implementation is further operationalized through the application of a personalised communication strategy in Argeș County. Activities implemented through the LL in Argeș County support local implementation of ECAC5, encourage dialogue with community members, and promote regionally adapted engagement approaches. These activities also contribute to the

adaptation of the personalised communication model to the characteristics of the 4P-CAN project and Lerești Living Lab. A core approach within community spaces involves training local facilitators to run regular, guided "walking football" sessions to promote physical activity, as an entry point for the broad engagement around ECAC5.

4.5. Monitoring evaluation

Monitoring focuses on counting communication reach, social media engagement, and community participation. The campaign tracks pageviews across the 28 specialized articles on Raportuldegarda.ro, counts how many Citizen and Policymaker Toolkits are downloaded, and maintains logs to guarantee that 100% of the printed brochure stock is distributed. Finally, changes in local awareness and physical activity are evaluated using a community questionnaire.

4.6. Implementation context and preparatory work

Preparatory work, carried out between February 2026 and the beginning of April 2026, focused on establishing the structural and content framework for dissemination, with an emphasis on translating evidence-based cancer prevention recommendations into accessible, audience-specific communication outputs. Before full implementation, work was done to map communication channels, identify key stakeholders, and align activities with the evidence generated under Task 4.1. The initial phase kicked off around [4 February \(World Cancer Day\)](#) with a special prevention feature on Raportuldegarda.ro.

INOMED worked with regional authorities to secure administrative cooperation, defining a two-level implementation model (national and local) and aligning content with identified behavioural and informational needs. This foundation work led to the signing of a four-year [Memorandum of Understanding](#) with the Argeș County Council in January 2026 (renewable), which establishes a framework for scaling activities from the Lerești Living Lab across the entire county and supporting broader European prevention and public health initiatives. Building on this, the event "[Argeș – Champion County in Cancer and Cardiovascular Disease Prevention](#)," hosted by the [Argeș County Council](#) and organized by INOMED on 29 January 2026, further strengthened local commitment to prevention and attracted extensive coverage from national and regional media outlets.

4.7. Current status (February 2026–June 2026)

The campaign started in February 2026. These preparatory activities supported the establishment of the ECAC5 Knowledge Center Hub, which was launched on 20 April 2026 and functioned as a structured dissemination and knowledge translation mechanism for ECAC5.



Codul European Împotriva Cancerului (ECAC5)

A fost lansată cea de-a 5-a ediție a Codului European Împotriva Cancerului (ECAC5), inițiativă dezvoltată de Agenția Internațională de Cercetare în Cancer (IARC) alături de Organizația Mondială a Sănătății (OMS). Codul oferă 14 recomandări pentru ghidarea cetățenilor și sistemelor de sănătate în reducerea riscului de cancer.

Codul European Împotriva Cancerului adresează principalele provocări ridicate de cancer la nivelul Uniunii Europene, precum și măsurile care pot fi luate pentru combaterea acestora. Bazat integral pe dovezi științifice, codul echeipează atât cetățenii cât și factorii de decizie, cu informațiile necesare construirii unor sisteme și comunități mai sănătoase. ECAC5 accentuează importanța colaborării, comunicării și diseminării cunoștințelor preventive despre cancer, pentru a crea ecosisteme în care toată lumea poate lua decizii sănătoase, informate.

Pentru prima dată de la lansarea Codului European Împotriva Cancerului în 1987, versiunea din prezent își extinde impactul mai departe de responsabilitatea și acțiunile individuale, oferind recomandări clare guvernelor și factorilor de decizie, pentru a reduce povara cancerului pe teritoriul Europei.



Figure 2 – ECAC5 Knowledge Center Hub interface

The Hub integrated a coordinated content framework hosting 28 specialized articles (14 for citizens, 14 for professionals) and 28 custom infographics. Citizen materials included short, explanatory articles completed by infographics for the 14 recommendations (e.g., how quitting smoking reduces cancer risk, how screening supports early detection, and how cleaner air is associated with lower cancer risk).



Figure 3 - Infographic example on exposure to passive smoking for citizens

Policy materials provided targeted structural guidance (e.g., protecting populations from second-hand tobacco smoke and implementing measures to increase population physical activity levels). Following the launch, digital dissemination significantly increased visibility.



Figure 4 – Infographic example on sun exposure for policy makers

At the local level, activities in Argeș County progressed into full public-facing status via the regional Education Caravan: on 15–16 April 2026, the local campaign successfully organized the high-visibility event **“AZI SUNT PROFU' TĂU DE SPORT! (TODAY I'M YOUR GYM TEACHER!)”** in Budeasa and Lerești with INOMED support. The initiative brought together champions, coaches, and leaders from local and national sports to promote healthy lifestyles and positive role models among students, highlighting the importance of perseverance, effort, and long-term engagement in physical activity. These activities received extensive visibility through local and regional media, institutional websites, television channels, and social media platforms.

The Health Festival in Lerești (28–30 May 2026) followed, operationalising ECAC5 at the community level through direct citizen dialogues, the distribution of tailored Romanian-language ECAC5 brochures, practical instruction on nutritional balance, and a community **walking football** session to promote physical activity, effectively reaching residents with actionable prevention messages.

4.8. Next steps (activities scheduled beyond June 2026)

The next phase will focus on expanding dissemination reach and strengthening behavioural impact.

National-level communication will continue through [Raportuldegarda.ro](https://raportuldegarda.ro), with expanded ECAC5 content and sustained social media dissemination.

Locally, activities in Argeş County will continue with additional community engagement and reinforcement of physical activity and prevention initiatives.

5. Conclusion

This mid-term report demonstrates that the campaign has successfully progressed from the planning stage to implementation in both Bulgaria and Romania.

In Bulgaria, the progress is reflected by the establishment of the Bulgarian National Cancer Mission Hub (BNCMH), national stakeholder mobilization and the rollout of coordinated communication activities across media, professional, community channels.

Through a combination of national digital platforms and local community activities, the project has established an effective framework for promoting cancer prevention recommendations. In Romania, this has been achieved through the launch of ECAC5 Knowledge Center Hub and the engagement of local communities in Arges County.

The results achieved by 30 June 2026 show that the digital hubs are operational in Romania, educational resources and toolkits are being actively used, and local communities are increasingly engaged in campaign activities. In Bulgaria, the campaign has continued to strengthen national coordination and multi-stakeholder engagement in support of ECAC5 implementation. Overall, these early achievements confirm that the campaigns have built a strong foundation and are well positioned to expand public outreach and prevention efforts during the next phase of implementation.

This is an interim report, and it focuses on the implementation of progress and activities carried out during the reporting period. A full analysis of the communication campaigns and their main results will be provided in Deliverable 4.5- Communication Campaigns Main Results (M45).