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Deliverable D2.1 — Communication, dissemination, education and training plan

Work Package 2 — Communication and dissemination

Deliverable: D2.1 — *Communication, dissemination, education and training plan*

Work Package: WP2 — Communication and dissemination

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1. Introduction

This deliverable operationalizes WP2 tasks T2.1–T2.4 and T2.6 by defining the communication and dissemination approach, stakeholder groups, communication channels, education and training activities, and support arrangements for the ISNSS project. It is linked to MS3 (Website and meeting schedule), MS4/D2.1 (Service communication, dissemination, education and training plan), and MS5 (Project details, questions, and answers for dissemination). It also provides the basis for subsequent monitoring and reporting under MS6/D2.2 in project month 36.

The ISNSS project aims to strengthen infectious disease surveillance in Iceland through the development and implementation of a digital platform supporting notification, case management, contact tracing, and public health monitoring. The platform is being developed to support more efficient, coordinated, and user-oriented surveillance processes across relevant sectors.

In line with the objectives of WP2, this deliverable sets out the approach for communication, dissemination, stakeholder engagement, education, and training throughout the project lifecycle. It is intended to support structured implementation of WP2 activities, ensure that relevant target groups are reached and engaged, and provide a clear basis for ongoing communication and dissemination efforts.

The purpose of this plan is to ensure effective communication of project activities and outcomes, facilitate stakeholder engagement, and support the successful implementation and use of the ISNSS platform. Further details on platform development and deployment are provided in Deliverable D5.1, *Service Deployment and Improvement Plan*.

The plan is intended to provide a practical and structured framework that can support continuity, coordination, and consistent stakeholder engagement throughout implementation.

2. Stakeholders and target groups (T2.2)

2.1 Target groups

The primary target groups for the ISNSS project include stakeholders involved in infectious disease surveillance, reporting, system operation, and decision-making at national and district levels.

Table 1 summarizes the main stakeholder groups relevant to ISNSS and their expected relationship with the project. In this table, *interest* refers to the degree to which a stakeholder is expected to be engaged in or affected by ISNSS, while *influence* refers to the stakeholder's ability to affect project implementation, decision-making, or outcomes.

Table 1. Stakeholders and target groups relevant to ISNSS

| Target group | Stakeholder | Role | Interest | Influence | Communication | Key needs |
|---|--|--|-------------|-------------|---|--|
| Governance and strategic oversight | Chief Epidemiologist (Sóttvarnalæknir) | National surveillance oversight | High | High | Briefings, reports, strategic discussions | Accurate and timely surveillance data, system reliability |
| | Health Information (HUS) | Quality, security, and technical oversight related to key IT infrastructure | High | High | Coordination meetings, technical planning, implementation follow-up | Defined responsibilities, system reliability, data quality, security, and registry alignment |
| | Ministry of Health (Stafræn Heilsa) | Strategic and technical partner for eHealth infrastructure and interoperability | High | High | Coordination meetings, technical planning, implementation follow-up | Clear governance, interoperability, defined responsibilities, and eHealth architecture alignment |
| | Authorities and policymakers | Strategic oversight, policy alignment, and decision-making | Medium | High | Reports, summaries, and briefings | Understanding of system impact, public health value, and planning implications |
| Core public health implementation | DOHI internal users | Core system users and coordinators | High | High | Internal meetings, training sessions, and continuous updates | Clear workflows, system usability, and reliable data |
| | District physicians | District coordination, surveillance interpretation, and local implementation support | High | Medium–High | Targeted training, coordination meetings, continuous communication | Access to timely data, clarity in responsibilities, and ability to act on local trends |

| | | | | | | |
|--|---|---|-------------|-------------|--|---|
| Clinical and healthcare users | Landspítali – Infectious Diseases | Clinical reporting and case management | High | High | Training sessions, demonstrations, and user guidance | Efficient workflows and minimal administrative burden |
| | Landspítali – STI Department | STI surveillance and contact tracing workflows | High | Medium–High | Targeted training and workflow demonstrations | Practical tools for contact tracing and ease of use |
| | Healthcare institutions | District reporting and system use | High | Medium–High | Training sessions and online materials | Clarity in reporting requirements and accessibility |
| Cross-sector and technical partners | MAST (Icelandic Food and Veterinary Authority) | Cross-sector collaboration in zoonotic and foodborne disease surveillance | Medium | Medium | Coordination meetings and targeted communication | Clear data-sharing processes and defined roles |
| | Health inspectors | Local public health actions and inspections | Medium | Medium | Information sessions and guidance materials | Clear responsibilities and communication channels |
| | Matís | Food testing support in selected foodborne outbreak investigations | Medium | Medium | Targeted coordination, workflow guidance, and technical onboarding where applicable | Clear procedures for submitting relevant findings, defined access and responsibilities, and efficient information sharing |
| | Laboratory personnel | Data providers for test results and confirmations | Medium | Medium | Technical coordination as needed and indirect communication via system integration | Reliable data transfer, system compatibility, and minimal disruption to existing workflows |
| Public-facing stakeholders | General public (e.g. questionnaire respondents) | Contributors to surveillance data through questionnaires and self-reporting tools | Medium–High | Medium | Public-facing communication through digital platforms/social media, clear instructions, and user-friendly interfaces | Easy-to-use reporting tools, clear guidance, and trust in data handling and privacy |

Given the national scope of ISNSS, **Table 1** focuses on the main stakeholder groups expected to be involved in surveillance, reporting, system use, and coordination. It is recognized that additional healthcare professionals, institutions, and other relevant actors may need to be engaged depending on the disease context and implementation setting.

2.2 Stakeholder engagement considerations

The stakeholders identified in **Table 1** vary in their roles, levels of influence, and degree of interaction with the ISNSS system.

Communication and dissemination activities will be tailored accordingly. Core system users and high-influence stakeholders will be engaged through direct communication, training, and ongoing support, while other stakeholders will be engaged through targeted information sharing, coordination activities, or public-facing communication tools as appropriate.

3. Communication and dissemination strategy (T2.1, T2.3)

This section outlines the overall communication and dissemination strategy for WP2. The strategy is intended to support awareness, engagement, and effective use of the ISNSS platform by ensuring that communication activities are targeted, consistent, and aligned with the needs of relevant stakeholder groups throughout implementation.

3.1 Overview

The communication and dissemination strategy under WP2 is designed to raise awareness of the ISNSS project, promote understanding of the platform's purpose, functionality, and benefits, support adoption and effective use among relevant stakeholders, and facilitate feedback and continuous improvement throughout implementation.

3.2 Approach

The strategy combines targeted communication tailored to relevant stakeholder groups, structured dissemination activities throughout the project lifecycle, continuous engagement through appropriate communication channels, and the integration of education and training activities to support implementation.

3.3 Key messages

The key messages communicated under WP2 will be adapted to each target group and will focus on the purpose and benefits of the ISNSS platform, expected improvements in surveillance, reporting, and workflows, user responsibilities and relevant platform functionalities, and data protection, privacy, and compliance considerations.

3.4 Communication tools and dissemination channels

The following dissemination channels are used, or will be used, to support communication with relevant stakeholders:

- Web-based platforms and document sharing, including the ISNSS project webpage
- Meetings (in-person and remote)
- Email and internal messaging systems
- Demonstrations and workshops
- Social media channels, where appropriate, including Facebook, Instagram, and LinkedIn

The ISNSS project webpage serves as a central public dissemination channel for project information, deliverables, and frequently asked questions. Additional materials, such as diagrams, presentations, slides, and teaching materials, will be published there as they become available. Social media channels may also be used, where appropriate, to support public dissemination of project information and updates.

The following communication and support materials are used, or will be developed, as part of WP2 activities:

- Presentations and demonstration materials
- User guides and manuals
- FAQ / Q&A documents
- Fact sheets and visual guides
- Training materials

Additional communication materials may include diagrams and visual workflow illustrations to support stakeholder understanding of core system functions and implementation logic.

3.5 Timeline and milestones

The communication, dissemination, education, and training activities under WP2 will be implemented throughout the project timeline and aligned with system development, stakeholder engagement, and deployment phases. **Table 2** summarizes the main communication, dissemination, education, and training activities under WP2, their links to the official WP2 milestones and deliverables, and the current implementation phases used for planning and follow-up.

Table 2. Timeline of main WP2 activities, linked milestones, and current implementation phases

| Activity category | Activity | Linked task(s) | Milestone | Implementation phase | Format | Timeframe | Status |
|---|--|------------------|-------------------------|---|---|----------------------|---------|
| Planning and preparation | Preparation of communication, dissemination, education, and training materials | T2.1, T2.3, T2.4 | Contributes to MS4/D2.1 | Preparation of core materials underway | Internal preparation / material development | Mid-2026 to mid-2027 | Ongoing |
| Stakeholder engagement and communication setup | Stakeholder mapping, meeting planning, and preparation of communication channels | T2.2, T2.3 | MS3 (M6) | Stakeholder engagement structure established and maintained | Internal planning / coordination / scheduling | 2026–2028 | Ongoing |
| Communication tools and dissemination channels | Maintenance and use of communication and dissemination channels, | T2.3 | MS3 (M6) | Communication channels active and updated as needed | Web-based communication / meetings / document sharing | 2026–2028 | Ongoing |
| Dissemination materials | Development and refinement of project information materials, diagrams, and questions and answers for dissemination | T2.3, T2.4 | MS5 (M12) | Written and visual dissemination materials under development and revision | Written materials / visual materials / web content | 2026–2027 | Ongoing |
| Help desk and support | Help desk and support function provided through the Directorate of Health for users of the ISNSS platform | T2.6 | Contributes to MS6/D2.2 | Help desk function established and available during business hours | Support function / user assistance | 2026–2028 | Ongoing |

| | | | | | | | |
|--------------------------------|---|------------|-------------------------|--|---------------------------------------|---------------|---------|
| Training implementation | Delivery of dissemination, education, and training activities for relevant target groups | T2.4 | Contributes to MS6/D2.2 | Training rollout planned in alignment with implementation | In-person / online / hybrid sessions | Mid 2027–2028 | Planned |
| Monitoring and updates | Feedback collection and updates to communication, dissemination, education, and training materials and activities | T2.4, T2.5 | MS6/D2.2 (M36) | Feedback and revision cycle to be implemented during rollout | Questionnaires / follow-up / revision | 2027–2028 | Planned |
| Reporting | Compilation of dissemination, education, training, and monitoring report | T2.5 | MS6/D2.2 (M36) | Final WP2 reporting to be completed at project month 36 | Document / report | M36 | Planned |

3.6 Budget and resources

WP2 activities will be implemented using the resources allocated in the approved project budget. These include personnel resources for coordination and delivery of communication and dissemination activities, travel and subsistence for meetings and training sessions, and other goods, work and services related to dissemination materials and support activities. According to the approved budget tables, WP2 includes personnel resources of EUR 310,000, travel and subsistence of EUR 15,024, and other goods, works and services of EUR 40,000.

4. Education and training plan (T2.4, T2.6)

4.1 Purpose

Education and training activities under WP2 are intended to support relevant users and stakeholder groups involved in the implementation and use of the ISNSS platform, including internal users, healthcare professionals, and other actors as appropriate.

4.2 Training activities

Table 3 summarizes the planned education and training activities under WP2 by target group. The training program is structured to support internal and core users, clinical and public health users, and healthcare institutions across the health districts. Sessions are planned as in-person, online, or hybrid activities of approximately 1–2 hours and are expected to be implemented from mid-2027 onward, in alignment with system readiness and deployment. This phased approach is intended to address role-specific training needs, support geographic coverage, and promote consistent understanding and use of the ISNSS platform across relevant settings.

The schedule presented in **Table 3** is indicative and may be further refined as implementation progresses and specific training needs are confirmed.

Table 3. Planned education and training activities by target group under WP2

| Training category | Activity | Target group | Format | Duration | Timeframe | Status |
|---|---|---|-----------------------------|-----------------|---------------------|---------------|
| Internal and core users | Session 1 – Internal project team | Internal project team and key users | In-person | 1–2 hours | Mid-2027 | Planned |
| | Session 2 – Physicians and staff at DOHI | Physicians and staff at DOHI | In-person | 1–2 hours | Mid-2027 | Planned |
| Clinical and public health users | Session 3 – District physicians | District physicians representing the seven health districts | Online / in-person | 1–2 hours | Second half of 2027 | Planned |
| | Session 4 – Head physicians | Head physicians / department heads | Online / in-person | 1–2 hours | Second half of 2027 | Planned |
| | Session 5 – General clinician users | Physicians and other regular clinical users | Online / in-person | 1–2 hours | Second half of 2027 | Planned |
| District healthcare institutions | Session 6 – Healthcare institutions, capital area users | Healthcare institutions in the Capital Area | In-person / online / hybrid | 1–2 hours | 2027–2028 | Planned |
| | Session 7 – Healthcare institutions, district users I | Healthcare institutions in the Southern Peninsula and South Iceland | In-person / online / hybrid | 1–2 hours | 2027–2028 | Planned |
| | Session 8 – Healthcare institutions, district users II | Healthcare institutions in West Iceland and the Westfjords | In-person / online / hybrid | 1–2 hours | 2027–2028 | Planned |
| | Session 9 – Healthcare institutions, district users III | Healthcare institutions in North Iceland | In-person / online / hybrid | 1–2 hours | 2027–2028 | Planned |
| | Session 10 – Healthcare institutions, district users IV | Healthcare institutions in East Iceland | In-person / online / hybrid | 1–2 hours | 2027–2028 | Planned |

4.3 Training materials

Training materials will include presentations, system demonstrations, hands-on exercises, user guides, workflow descriptions, video demonstrations, one-page instruction sheets, and questions and answers (Q&A) materials made available through the project webpage.

Visual workflow diagrams will also be used to support understanding of key system functions, including case creation, case updates, and contact tracing processes (see **Figures 1–3**). While these materials are primarily intended to support education and training for users, they may also be used in communication and briefing contexts for governance and strategic stakeholders, as they provide a concise overview of system logic and implementation pathways.

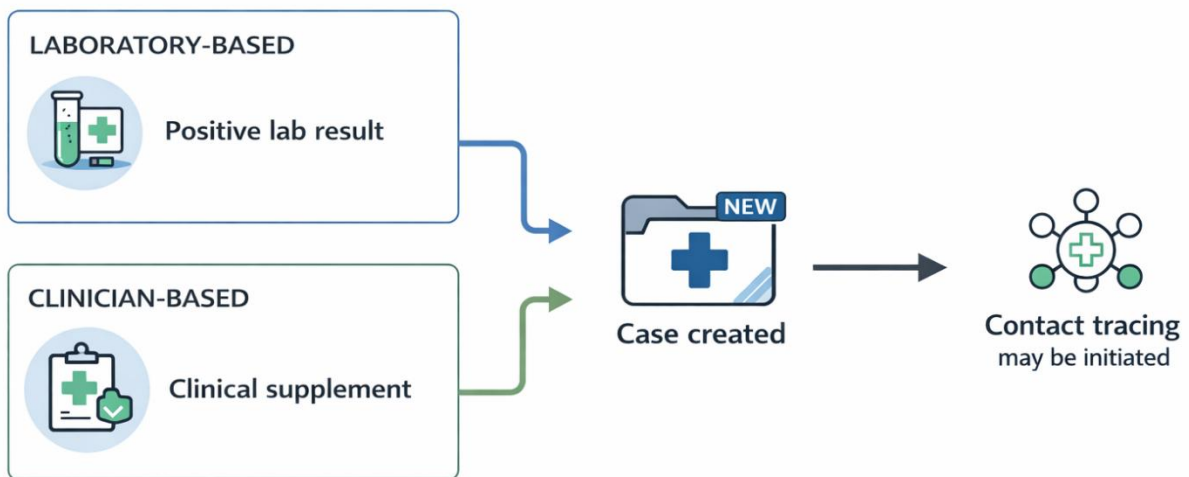


Figure 1. Two pathways for case creation in ISNSS: laboratory-based and clinician-based entry points, with contact tracing initiated where applicable.

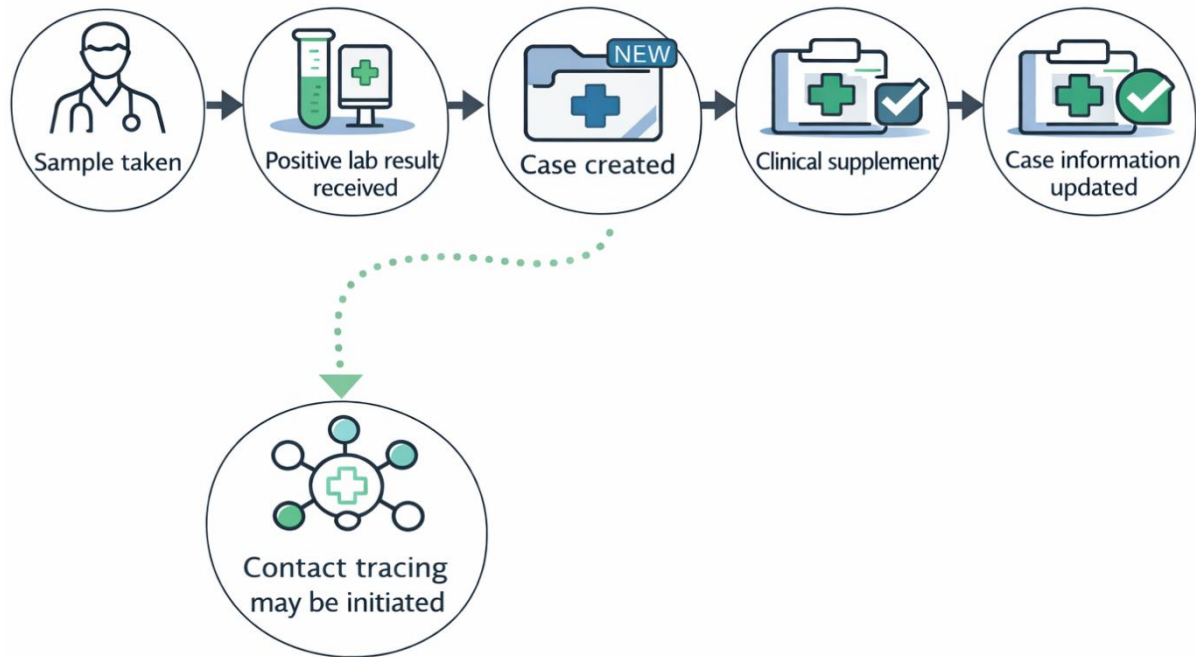


Figure 2. Standard case workflow in ISNSS, from sample collection and positive laboratory result to case creation, clinical supplementation, and updated case information, with contact tracing initiated where applicable.

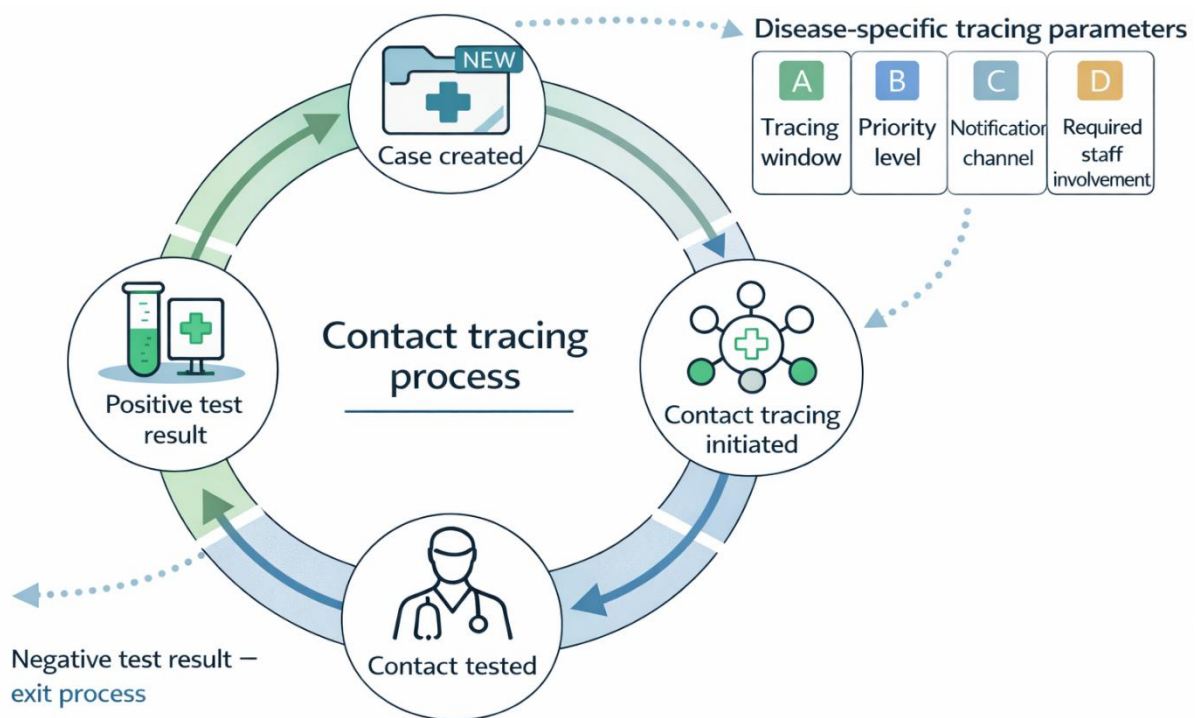


Figure 3. Contact tracing workflow in ISNSS, including case creation, contact tracing initiation, contact testing, and disease-specific tracing parameters.

4.4 Feedback and evaluation

Feedback and evaluation will form an integral part of the education and training activities under WP2. Short feedback questionnaires will be made available after each session to gather participants' views on the relevance, clarity, and usefulness of the materials and activities. Responses will be summarized and used to support the continuous improvement of training activities throughout implementation.

4.5 Help Desk and Support

A help desk and support function is available through the Directorate of Health via the email address svl@landlaeknir.is during business hours on weekdays from 08:00 to 16:00. This function will support users of the ISNSS platform by responding to questions, assisting with practical issues, and contributing to the effective implementation and use of the platform. The support function will be further developed and refined as implementation progresses and support needs become clearer, including adjustments to guidance materials, user support arrangements, and related communication tools where appropriate.

5. Monitoring, risk and compliance

5.1 Key performance indicators (KPIs)

The effectiveness of WP2 communication, dissemination, education, and training activities will be monitored using the following key performance indicators (KPIs):

- Number of dissemination and training activities conducted
- Number of participants in training and dissemination activities
- Number of stakeholder groups engaged
- Number of communication and training materials produced
- Feedback results from training sessions

5.2 Risk assessment and mitigation

Several risks may affect the implementation of WP2 activities. These include low stakeholder engagement, delays in system development affecting the timing of communication and training activities, misunderstanding or misinformation, and limited resources. Mitigation measures include early and continuous stakeholder engagement, flexible scheduling of training sessions, clear and consistent communication, and iterative feedback and adjustment throughout implementation.

5.3 Accessibility

Accessibility will be considered in the preparation of communication, dissemination, education, and training materials. This includes the use of clear and understandable language, readable formats and layouts, and consideration of relevant accessibility standards where applicable.

5.4 EU4Health visual identity

This deliverable has been prepared in accordance with Article 17 of the Grant Agreement and the applicable communication, dissemination and visibility requirements. All materials developed under WP2 will comply with EU4Health visual identity and visibility requirements.

The project will be presented on the relevant website and, where appropriate, social media accounts, including the project summary, coordinator contact details, list of participants, the European flag, the funding statement, and project results.

Publications and public events related to WP2 will display the required references to EU funding, and public project results will be uploaded to the EU4Health Project Results Platform through the Funding & Tenders Portal.

5.5 Documentation archive

All dissemination and training activities will be documented to support transparency, continuity, and audit readiness. Documentation will include attendance lists, agendas, materials used, feedback results, and evidence of dissemination activities, such as screenshots or links where relevant.