

Gravitate-Health

WP8 Project management, collaboration agreements, communication & dissemination

D8.11 Dissemination and Communication Plan

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Lead contributor	14-ECHA (Valentina Tageo; Carina Dantas; Federica Porcu)
Other contributors	1-UiO (Anne Moen, Line Løv), 2-Pfizer (Giovanna Ferrari, Ronnie Mundair) 15-MindView (Fanny Mavroeidi)
Internal reviewer	15-MindView (Lina Nikolopoulou) 2-Pfizer (Karen Godbold)

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EXECUTIVE SUMMARY

The present plan aims to develop an implementable strategy with related methodologies to carry out appropriate and effective communication and dissemination actions, with the intent to maximise the impact of the Gravitate-Health project.

The strategy is built around providing key knowledge at the right time and in the most appropriate format to a variety of stakeholders, including the general public.

To ensure wide dissemination of the project and to increase its impact and outreach, the Gravitate-Health Dissemination and Communication Plan undertakes the following activities:

1. Develop and deploy communication and dissemination planning to ensure that all project outputs reach the appropriate audience and have the expected impact.
2. Monitor the achieved impact of the dissemination and adjust methodologies as appropriate.
3. Organise the involvement of all partners to ensure a correct deployment of the communication and dissemination strategy.
4. Coordinate with external stakeholders (patients, regulatory bodies, healthcare providers, decision makers), as well as other related projects and institutions to ensure a high outreach of the communication activities.

The Dissemination and Communication Plan provides a thorough overview of the plans, assets and capacities involved in the Dissemination, Communication and Stakeholder Engagement (DC&SE) activities, as well as an operational guidance for the key partners in charge of maximizing their outreach and impact. The *communication strategy* will be based on a multilayer, targeted stakeholder framework, to guarantee that a clear focus of engagement is achieved. The *dissemination strategy* will be based on providing relevant, targeted information to identified stakeholders, opinion leaders and their constituencies who will spread the project's outputs and major results to a broader audience.

Communications concerning the Project and Dissemination of Results are furthermore subject to the terms of the Consortium Agreement and Grant Agreement, including those on Dissemination and Confidential Information, and the Communication Guidelines (attached as Appendix 12 to the Consortium Agreement). For ease of reference, the provisions of the Consortium Agreement on Dissemination and Communication are included in annex 5 to this Communication and Dissemination Plan.

LIST OF ABBREVIATIONS AND GLOSSARY

Acronym / term	Full name / definition
DC&SE	Dissemination Communication & Stakeholder Engagement
ePI	Electronic Product Information
HCP	Healthcare professional
Grey literature	Common grey literature publication types include reports (annual, research, technical, project, etc.), working papers, government documents, white papers and evaluations. Organizations that produce grey literature include government departments and agencies, civil society or non-governmental organizations, academic centers and departments, and private companies and consultants.

1. Objectives

Gravitate-Health Dissemination, Communication & Stakeholder Engagement (DC&SE) activities will follow an exploitation driven dissemination approach. The design, maintenance, implementation and monitoring of the strategy will be developed within WP8, although several other WPs, e.g., WP1, WP2, WP6, WP7, will put in place different stakeholder engagement actions during the project to secure proactive involvement in co-creation processes, and endorsement of as well as institutional commitment for large scale uptake. Diverse DC&SE activities are pre-defined and further matched with the targeted audiences. These may be adapted or extended during the project and will be fully detailed in the DC&SE plan. All partners of the consortium will contribute to the dissemination according to their foreseen role and effort, and we will be using all available tools by participating and giving presentations at conferences, publishing papers, holding press conferences, networking and similar activities, to maximize the existing dissemination channels for the purpose of project result adoption and successful future commercialization of Gravitate-Health outputs. During the project, all Gravitate-Health partners will be encouraged to identify and approach the most important groups of interest within their reach.

In line with the overarching project's goal to empower citizens as users with digital information tools, specifically bolstering safe use of medicines for better health and wellbeing, the DC&SE strategy will guide the Gravitate-Health consortium in targeting stakeholders and project activities across the 3 project phases (Figure 1).

The key **Dissemination, Communication & Stakeholder Engagement objectives** are:

- **Promoting the Gravitate-Health key assets, i.e., the G-lens services and know-how built from pilot experience.**
- **Building and expanding the Gravitate-Health stakeholder community around the world.**
- **Laying groundwork for a strong Gravitate-Health market positioning and exploitation strategy.**

Each of these objectives will be tackled through the implementation of a series of activities across WP2 and WP8 gathered under 4 strategic DC&SE pillars:

- 1) **Raise awareness through communication:** All the stakeholders relevant to Gravitate-Health should become aware of the aims, actions and achievements of the project and more widely of their available assets and resources;
- 2) **Create engagement:** Through a variety of initiatives, online tools, events, consultations, open calls, etc. Gravitate-Health aims to attract and engage innovators and potential customers and users from all over Europe and beyond to enable global impact;
- 3) **Secure participation:** Facilitating access to relevant information in order to better understand Gravitate-Health technologies and initiatives, including existing testbeds, deployment sites, resources, trials and services, which are key to stimulate active involvement and market uptake;
- 4) **Enable uptake:** Gravitate-Health will go beyond the traditional dissemination and communication plans by gathering and disseminating evidence on the economic and social benefits of project assets and services, to embed such evidence in a value proposition in order to pave the way for its exploitation beyond the project's end.

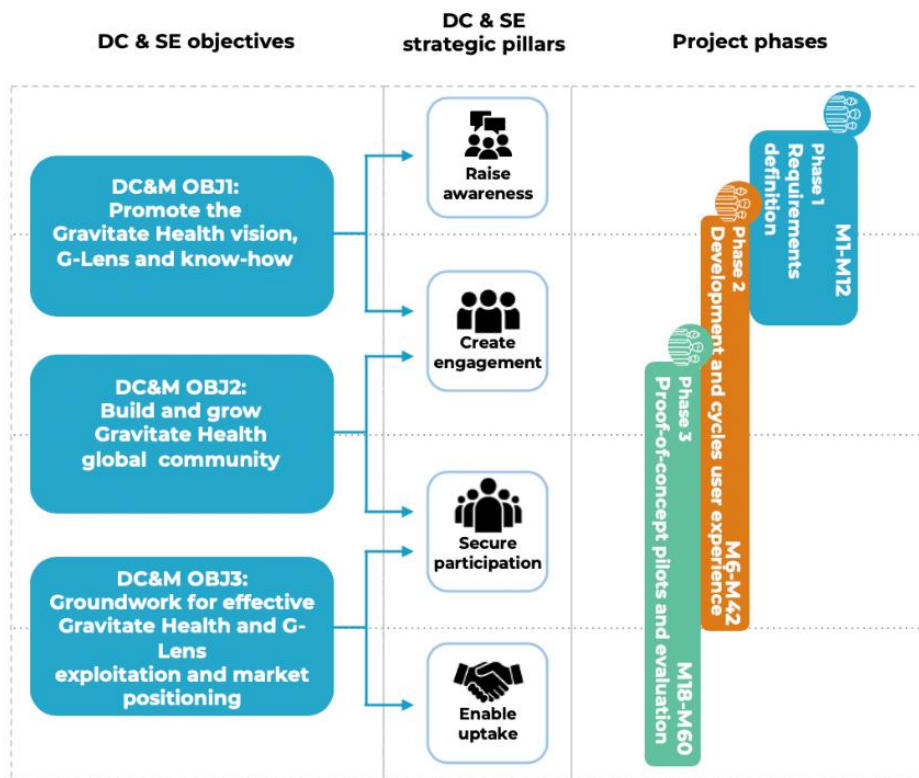


Figure 1. Dissemination, Communication and Stakeholder Engagement (DC&SE) objectives and strategic pillars

2. Methodological approach

The Dissemination and Communication plan is being developed within the first 6 months of the project. As such there are currently no key project outputs available for dissemination. Thus, during the early stage of the project, activities will focus on raising awareness of the project with the various stakeholder groups present within the scope of the project, as well as the general public. As the work develops, this plan will be updated to include specific events and their timing. Reporting on the outputs of the DC&SE activities will occur annually as specified in the project deliverables.

Each partner within Gravitate-Health has a specific geographical, research, business and societal sphere of operation as well as specific technical, legal, commercial or clinical expertise (see Figure 2). Therefore, they rely upon a unique set of circumstances that provides for their own methodology for dissemination to various audiences and each partner has a role to play in disseminating the aims and outcomes of the project.

This plan aims to integrate the uniqueness of each partner’s abilities and situation with the global dissemination objectives for the project. Furthermore, it serves as operational guidance and provides the routes and terms of collaboration among the core partners involved in WP2 and WP8, which are the most directly involved in DC&SE, by outlining roles and responsibilities as indicated in the next section.



Figure 2. Gravitate-Health consortium members grouped according to their key role and expertise

2.1 Interrelations among the DC&SE activities and other WPs

The DC&SE activities are elaborated in the frame of the task T8.3 Dissemination, Communication and Stakeholder Engagement plans and overviews [Task Leads: ECHAlliance, UiO, Pfizer, MW]. Alongside these activities in WP8, WP2 is also greatly involved in the DC&SE activities as outlined in Figure 3, which in pictorial summary shows how it is the backbone of the overall Stakeholder Engagement (SE) strategy of the project and is connected with all many WPs where stakeholder interactions are foreseen.

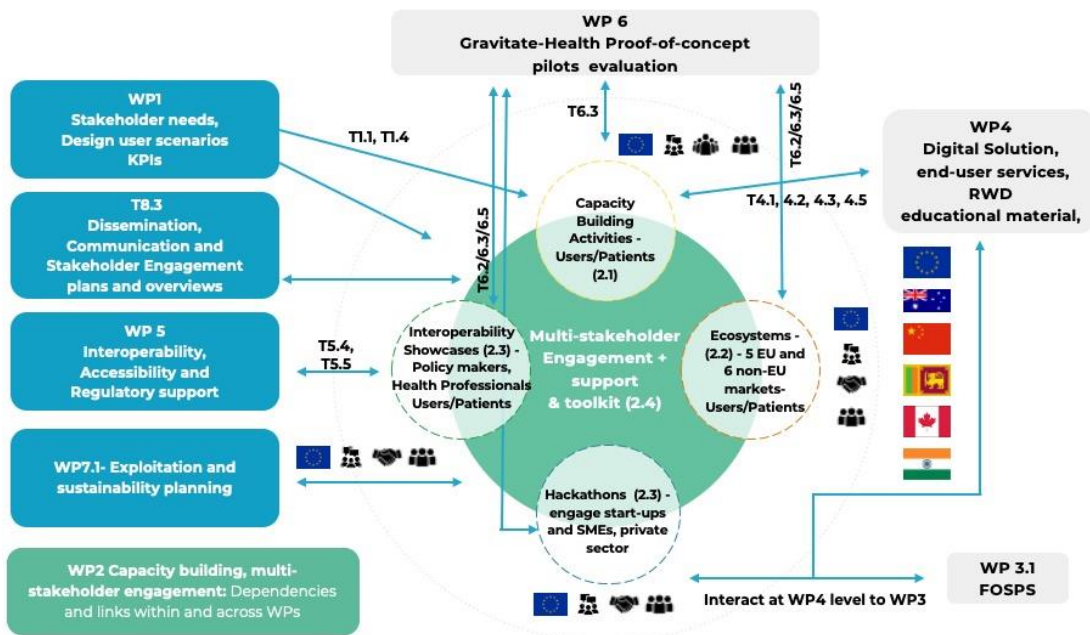


Figure 3. Multi-stakeholder engagement across Gravitate-Health WPs

2.2 Allocation of responsibilities

For the reasons above, the Gravitate-Health consortium deems important to define and clearly allocate DC&SE core activities and corresponding operative responsibilities across the key partners involved in both WP2 and WP8, namely T8.3 (see Table 1). These activities are planned and will be performed in line with the provisions on dissemination and communication in the Grant Agreement and Consortium Agreement, reproduced here in Annex 5 for the readers' convenience.

Table 1. Activities and responsible partners across the spectrum of the Dissemination and Communication activities

Activity	Responsible partner/s
Dissemination and communication planning and reporting Production of corresponding deliverables	ECHAlliance (Dissemination Coordination Lead) in collaboration with WP8 Co-Leads (UiO and Pfizer)
Stakeholder Engagement planning and reporting Production of the corresponding deliverables	The Synergist, in collaboration with WP2 Co-Leads (EPF and Pfizer)
Website design, update and maintenance	MindView
Design and production of the Gravitate-Health identity and graphic assets	Datawizard
Social media management	ECHAlliance
Production of audiovisual materials: <ul style="list-style-type: none"> - Planning and supervision - Animated videos' production - Editing and posting of video interviews, social media short videos, GIFs and podcasts recorded in collaboration with involved partners 	<ul style="list-style-type: none"> - ECHAlliance - Resources to be identified by the PMO - ECHAlliance
Newsletter design, content curation and subscription database management	MindView
Press releases: <ul style="list-style-type: none"> - Writing and editing in English - Translation and adaptation in national language - Posting in relevant national press outlets 	<ul style="list-style-type: none"> - ECHAlliance in collaboration with WP8 Co-Leads (UiO and Pfizer) - All partners - All partners
News and blogs: <ul style="list-style-type: none"> - Collection and editing in English - Posting on the website 	<ul style="list-style-type: none"> - ECHAlliance - MindView
Scientific publications:	

<ul style="list-style-type: none"> - Writing, editing and manuscript submission - Coordination and compliance with the rules settled in the Gravitate-Health Grant Agreement and Consortium Agreement - Writing of publishable summaries suitable for lay public communications to be uploaded on the website and production of related Social Media posts - Making sure that all articles are published in an open access repository, venue or hybrid journal (in the latter case, Article Processing Charges (APCs) are eligible costs) and freely available for download on the Gravitate Health website, in compliance with clause 7.5.3 CA and 29.2 GA. 	<ul style="list-style-type: none"> - Partners involved in the related WPs, Tasks and activities - WP8 Co-Leads (UiO and Pfizer) - ECHAlliance - Authors + MindView
<p>Publication of non-indexed articles, grey literature pieces, interviews, and commentaries on magazines, websites of relevant associations and networks, and general printed and digital outlets:</p> <ul style="list-style-type: none"> - Identification of the topic, the suitable outlet for the publication and writing in English - Review & editing upon need and check formal communication requirements 	<ul style="list-style-type: none"> - Partners involved in the relevant WPs, tasks or activities - ECHAlliance
<p>Organization of project workshops and events:</p> <ul style="list-style-type: none"> - Setting concept, agenda, content and speakers - Logistic and technical support - Communication on relevant media, news editing and posts - Publishing on the website - Production of highlights is publicly disclosable 	<ul style="list-style-type: none"> - Partners involved in the relevant WPs, tasks or activities - PMO - ECHAlliance - MindView - Partners involved in the relevant WPs, tasks or activities & ECHAlliance

The table above does not cover the allocation of responsibilities related to the planning, implementation, evaluation and reporting of the stakeholder engagement (SE) activities to be carried out in the frame of WP2 and other WPs, which will be designed and implemented by the respective tasks' leads and partners. The task T8.3 team will provide support to any partner promoting a SE activity, securing the relevant social media coverage and coordinating the production of news and publication of insights and outcomes of the SE activity, whereas applicable.

The core Task 8.3 team is composed by the Task Leads named hereafter and the respective teams:

- Valentina Tageo, ECHAlliance
- Prof Anne Moen, University of Oslo
- Dr Giovanna Maria Ferrari, Pfizer
- Lina Nikolopoulou, MindView

In particular, Federica Porcu, ECHAlliance, supports the daily operations of the communication activities and acts as Social Media Manager, and Fanny Mavroei, MindView act as manager for the website.

2.3 Planning

With the aim to facilitate coordination and harmonization of communication and dissemination actions and messages, all partners are asked to inform in advance the PMO and the Dissemination Coordination Lead about any communication and dissemination opportunity they envisage through their networks, invitations they receive, their plans to join external events as well as the expected timing and foreseen content for their scientific manuscript.

In order to manage this information flow smoothly and taking into account the size of the partnership, this activity is supported by a shared spreadsheet placed in the Teams collaborative working space of the project and referred to in the **Annex 3** to the present document.

This task is not meant to represent an extra burden for partners but a useful tool to secure interactions between the T8.3 team and the rest of the partnership are handled efficiently and opportunities for visibility, outreach and engagement are not missed.

The partners can access the Communication and Dissemination Planning Tool continuously and update it.

The tool is regularly tracked by the Dissemination Coordination Lead on a bi-monthly basis. However, in order to secure fast and efficient coverage of any event opportunity at both national and international event, if a partner is planning to either arrange or participate in an event, they are asked to note it down in the tool the detail and promptly alert the Dissemination Coordination Lead to arrange the necessary actions.

2.4 Monitoring and reporting

An Excel-based tool is also provided for monitoring and reporting of communication and dissemination activities and made available in the project Teams collaborative working space.

All partners are requested to collect and report information, links and supporting documents related to the communication and dissemination activities they have carried out every six months.

Such information is processed, analyzed and reported by the Dissemination Coordination Lead (ECHAlliance) in the Annual Reports. The Dissemination Coordination Lead and the PMO will work to arrange this reporting in alignment with other reporting activities. Proactive contribution of all partners is crucial to fulfil the reporting obligations towards IMI and allow the preparation of complete and accurate Annual Reports (D8.4-D8.8).

The tool (**Annex 4**) includes the following sheets:

- An introduction providing indications to use the tool
- A page illustrating how to setup Social Media Analytics in order to collect the required data from Twitter and LinkedIn
- Seven sheets to collect the relevant information for reporting, namely:
 - o Online communication activities
 - o Scientific Publications
 - o Conference Publications
 - o Events Tracker
 - o Press Clippings
 - o Other Activities
 - o Printed Materials used and distributed

Table 2 summarizes the Key Performance Indicators stated in the DoA and respective targets that the consortium aims to achieve per each of the communication tools, actions and channels illustrated in the next section.

Table 2. Communication tools, KPIs and targets

Communication tools & channels	Key Performance Indicator (KPI)	Targeted outcome
Gravitate-Health website	No. of web visits	> 2500 per month in year 1 > 3000 per month in year 2 > 5000 per month in year 3
Social media handles (Twitter, LinkedIn)	No. of followers	> 1000 followers on Twitter and LinkedIn by the end of the year 1, and at least 30% increase every year
Audiovisual products at YouTube	No. of visualizations in YouTube	> 400 visualization per video
Participate in national and international conferences	No. of conferences where Gravitate-Health is presented, accepted workshop, paper, presentation, or poster session	> 2 national event pr. year where Gravitate-Health is piloted > 6 major international conferences and exhibitions per year
Publications in scientific journals	No. of articles	> 20 during the grant period
Traditional media campaigns	No. of campaigns	> 3 global campaigns launched across the project's duration

3. Preliminary stakeholder identification and mapping

A preliminary stakeholder identification and mapping is included in the Gravitate-Health Description of Action (DoA, Part B, section 2.2) and serves as a guiding reference for the DC&SE activity planning which is outlined in the present document.

Gravitate-Health involves the full range of stakeholders (Figure 4) relevant to the healthcare journey, i.e., citizens, academia and research, public bodies, hospitals, regulators, private companies, and standardisation bodies, and represents therefore the full value chain in multiple countries. An overview of the different stakeholder categories targeted by the project's DC&SE activities, their interests and expectations are provided in the following section.

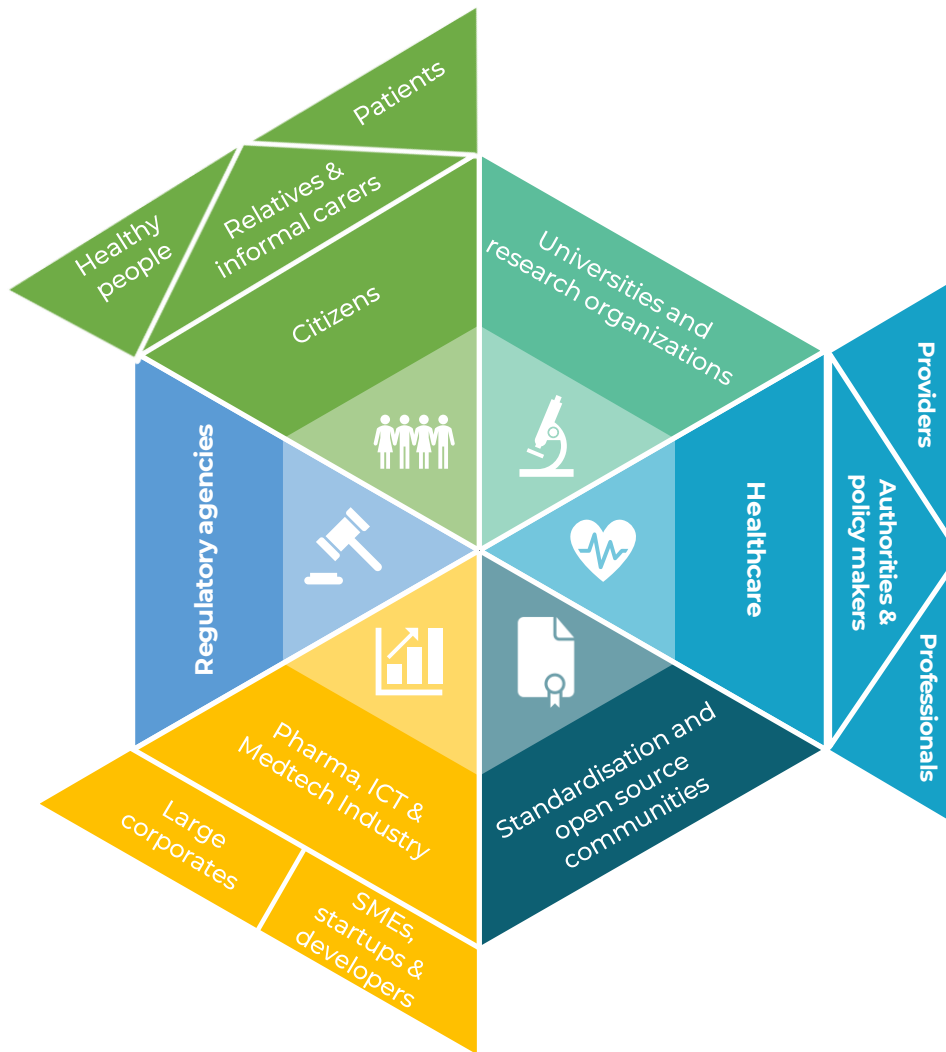


Figure 4. Stakeholder categories targeted by DC&SE Gravitate-Health activities

3.1 Key stakeholders, interests and expectations

Table 3 provides a list of stakeholders' categories, the relevance of their contribution to the project, as well as the targeted DC&SE actions to engage them and their expected impacts and tasks involved in the course of the Gravitate-Health action.

Table 3. Relevant stakeholders, interests, expected impacts from DC&SE and main actions tools

Category	Relevance	DC&SE expected impacts	Related WPs/tasks	DC&SE main actions and channels
Citizens, patients and their support networks (relatives and informal carers)	They are the ultimate beneficiaries of all services created, deployed and evaluated.	The DC&SE activities will be directed to create the awareness needed to stimulate demand of innovative digital, secure services that improve access, understanding, empowerment and QoL. Messages tailored to audiences, e.g. young persons, older adults, women and men, will be produced to encourage them to be involved in the proposed ecosystem. In addition, synergic effort will be made between WP8 and WP2, and task 2.1 is fully dedicated to secure end-user engagement across all project phases.	WP1 T2.1 T2.4 T8.3	Map relevant social media accounts and tag them during dissemination of news via Twitter, LinkedIn, YouTube Local workshops at pilot level, interregional or inter-national workshops to gather and leverage “user voice” Communication materials and training tools adapted to cultural backgrounds and national languages Traditional media (e.g. press, TV) and online channels
Health Care Professionals (HCPs)	Together with citizens, they are core end users of the Gravitate-Health services.	Create understanding about the benefits Gravitate-Health will bring by supporting monitoring of better-informed patients, improving adherence and thus efficacy of care plans, and making information exchange easier. Equip HCPs with knowledge and skills needed to take the most from services provided, increase innovation readiness and cope with process redesign and change management that the G-lens and services’ adoption will require.	WP1 T2.1 T2.4 T8.3	Map relevant social media accounts and tag them during dissemination of news via Twitter, LinkedIn Involve them in online and f2f events Promote newsletter subscription and targeted news with the support of specialized networks and associations we work with (e.g., European Federation of Nurses, European Specialist Nurses Organization, etc.) Communication materials and training tools adapted to cultural backgrounds and national languages

Category	Relevance	DC&SE expected impacts	Related WPs/tasks	DC&SE main actions and channels
Health and social care providers	They are key providers of health and care services, e.g., home, primary care, hospitals and other public and private specialized care centers.	Generate awareness about efficiency and productivity gains coming from improved decision-making processes based on the G-lens trusted knowledge resources and datasets. Secure engagement, build capacity and foster adoption from health and care organizations external to the consortium via wider involvement of EU and global ecosystems.	T2.1 T2.2 T8.3	Early engagement in co-creation of the solution and anticipation of intended impacts of projects' processes and services Involve hospital managers, CEOs, CIOs, HR managers, etc. in online and f2f events Send newsletters and targeted news
Large Corporates (incl. Pharma industries)	Large corporations, incl. pharma industry, are key players in Digital Transformation of the European industry, impacting transversally in industrial sectors.	Gravitate-Health's DC&SE plan steers collaboration among the public and the industry side of the consortium and create opportunities for sustainability beyond the project's end.	T8.3 T8.5	Participation in international conferences Participation in EFPIA events Liaison with national industry associations and participation in appropriate industry forums to present on G-lens progress Contribute project direction via IAB member Support the <i>Design G-lens Contest</i> and sponsor Gravitate-Health Design Award
SMEs/Start-ups and developers	They lead innovation designing smart services which are more usable, useful and affordable for users, using AI, robotics, VR and other emerging technologies.	In the frame of WP2, Gravitate-Health team plans to engage SMEs, startups and entrepreneurs to present innovative ideas and build or test applications and new services on the Gravitate-Health federated, open source platform. Also, we will provide information, training, and opportunities to access living testbeds, market experience for innovative products	T2.2 T2.3 T8.3	Targeted events to disseminate Gravitate-Health tools and development guidelines. Organization of the Design Thinking Workshop Participate in the Gravitate-Health Design Award and the Design G-lens Contest Liaison with digital health accelerators and incubators via the partners' networks, starting with HIMSS and ECHA. Opportunities to participate in specialized

Category	Relevance	DC&SE expected impacts	Related WPs/tasks	DC&SE main actions and channels
		and services.		national and international events, and fairs.
Standardization bodies and open source communities	They create consensus around the issues related to open platforms' development, enable innovation through technological open source projects.	The DC&SE will make specific effort to a) raise awareness about the opportunities for the digital health market growth beyond borders, by digital platforms standards adoption and compliance, and b) steer contribution of such organizations on future digital standards for digital platforms focused on medication and health self-management services.	T8.3 T8.5 in conjunction with WP5 activities	Participation in specialized events and conferences. Partner with the W3C Accessibility initiative, GPII and WCAG 2.1 via dedicated engagement actions and technical workshops.
Health authorities and policy makers	Regional and national authorities are the key decision makers, procurers and payers in health systems.	Curated dissemination channels and materials for policy makers are identified and used in the DC&SE strategy, in order to provide them with relevant content, evidence and inputs to drive informed decisions and potential legislative developments to support use of new digital tools such as ePI.	T2.2 T8.3 WP7	Formal mailings and invitations to targeted events Disseminate at relevant events of the Ministries of Health in the consortium partners' countries and regions Communicate policy recommendations and press releases in the different countries and at European level Involve them during the local key events and meetings Foster contribution to and endorsement of the Gravitare-Health White Paper
Universities and research organizations	Research organizations are bringing essential know-how, disruptive ideas and solid multi-disciplinary	The highly collaborative environment established by a multidisciplinary project like Gravitare-Health is the perfect setting for research collaborations to flourish, bring scientific	T2.2 T8.3	Ad hoc seminars at local levels, webinars and training sessions. Publications in specialized and scientific journals. Opportunities for participation in national

Category	Relevance	DC&SE expected impacts	Related WPs/tasks	DC&SE main actions and channels
	backgrounds to the Gravitare-Health consortium.	community closer to market and accelerate technology transfer. Here is opportunity for publications in high impact journals and participation in conferences, visibility for researchers and their work, and follow up advancements in the digital health field and standards.		and international conferences. Key events, meetings and publications of European Networks of Universities. Educational content for university modules and courses produced by academic partners.
Regulatory bodies	Scientific knowledge is keystone for regulatory decision making. Many IMI projects generate data of direct relevance to regulatory authorities, health technology assessment (HTA) and payers.	Building on lessons learnt from several projects, the Gravitare-Health DC&SE strategy seeks engagement with regulators, starting at an early stage of the projects ¹ to result in beneficial interactions to ensure the project is on the right track and buy-in of the regulators for the chosen approach.	T8.3 WP5 WP7	Organize meeting at national and EU level Disseminate G-lens development Gather their contribution to the project directions through engagement via the International Advisory Board (IAB) Progressively interact interaction with standardization committees and initiatives as well as EMA/HMA initiatives that promote ePI common structure. Foster contribution to and endorsement of the Gravitare-Health White Paper

¹ Lavery H and Meulien P (2019) The Innovative Medicines Initiative –10 Years of Public-Private Collaboration. Front. Med. 6:275. doi: 10.3389/fmed.2019.00275.

4. Dissemination actions and tools

Having identified the four main pillars for building the DC&SE strategy and the stakeholders we need to reach, a more detailed plan of actions, techniques and channels to be used for achieving the goals is shown below, considering both traditional communications methods and novel digital marketing techniques.

4.1 Compulsory elements to be included in all IMI project communications

In line with the IMI Grant Agreement, all communication activities and products on IMI projects (articles, project websites, presentations, flyers, press releases, social media, videos etc.) must include all of the following elements, details of which are given below and reported in the communication principles detailed the deliverable D8.1 Quality Management Plan (section 2.3.3):

- A formal acknowledgement of IMI's support: *"This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking (JU) under grant agreement No 945334. The JU receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA and Datapharm Limited"*. If space or format constraints do not allow to Include the full paragraph shortened versions are allowed prior approval from the Project Management Office (PMO).
- A link to the IMI website: <https://www.imi.europa.eu/>.
- IMI, EU, EFPIA, Associated Partner logos as follows:



- A disclaimer: *"This communication reflects the views of the authors and neither the IMI nor the European Union, EFPIA, or Datapharm Limited are liable for any use that may be made of the information contained herein"*.

4.2 Digital communication, positioning and outreach

In all digital communication, positioning and outreach about Gravitate-Health, we will ensure awareness of and compliance with the specific provisions in our GA and CA. Special care about 'Communications related to the Project that do not contain Results or Background, including by means of newsletters, blogs, and websites of patient groups, caregiver organizations, and the like' will be in line with guidance from Appendix 12 of the Consortium Agreement, also reproduced here in Annex 5 for the readers' convenience.

4.2.1 Content production for website and social media

A clear process is established for content production for use in the news and blogposts to be published on the website and diffused on social media.

Each partner who wishes to produce and publish relevant content is requested to:

- **Alert the Dissemination Coordination Lead and Social Media Manager via email and/or on the collaborative Team working space** (WP8 channel)
- **Fill in the Template** and provide a draft for content, rationale for publication and alignment with the ongoing project activities
- **Support further the content dissemination via their own social media and communication channels** (i.e., own website, newsletters, etc.).

The template for news and blogposts production and collection, including relevant instructions to make the process smooth and ensure that communication is homogeneously streamlined and comply with the IMI2 programme requirements, is placed in the Teams collaborative working space of the project and referred to in the **Annex 2** to the present document.

4.2.2 Website and blog

Undoubtedly, **website and blog** are the main tools to centralize a digital campaign to attract users. The concept is easy, the higher Gravitate-Health and its content rank on the Search Engine Results Page for relevant keywords and phrases, the more likely the Gravitate-Health technological know-how and service offers will be discovered by relevant stakeholder searching for products, solutions and services on the search engines. The project has set up Gravitate-Health **website and blog**, which will adapt continuously as long as expectations from each stakeholder category and potential benefits the project can bring to them evolve. This approach will be applied from the beginning of the project with intentions of generating value content in the first stage by displaying the scope and objectives of the project, and in later stages, to show the value proposition from a professional and business model perspective.

With this approach we will be able to 1) Drive relevant traffic to the website; 2) Build the Gravitate-Health audience; 3) Position Gravitate-Health in the market; 3) Share the project expertise, gaining trust and credibility. In order to monitor and analyze Gravitate-Health audiences, a web traffic analysis tool will be used to track the impact and behavior of the users and orient the online strategy accordingly. It is important to mention that website and blog will constitute the main tools for generating awareness and engagement of the target groups identified, and will serve as a mirror of the actions described below.

An extensive description of the website structure and sections is provided in the deliverable “D8.2 Setup of project visual identity, website, handles for external-facing media, LinkedIn, Twitter”.

4.2.3 Social media

The content strategy will be applied in the messages that will be transmitted in **Social Media (Twitter and LinkedIn)**.

Social networks are open for all public, so our messages will be targeted, differentiating the profiles of users, but with the common purpose of building the Gravitate-Health community brand. For this purpose, a regular activity will be maintained on these channels and special campaigns will be designed for relevant achievements or keystones in the project's life.

Social media handles have been setup at the start of the project and specific banners and images have been produced in line with project brand identity as reported in the deliverable D8.2.

Communication on social media and digital platforms is governed by the rules and communication guidelines listed in the Appendix 12 of the Consortium Agreement, reported as part of the Annex 5 of the present document.

In general, we aim to an average of one tweet per week and one LinkedIn post every two weeks. Tweets and LinkedIn posts will feature:

- Relevant achievements, ongoing activities, workshops, events and campaigns run in the frame of the Gravitate-Health work plan
- Stakeholder consultations and calls for Expressions of Interest
- Presentation of the project in conferences, congresses and other events
- Publication of relevant reports from international policy institutions, regulators and agencies
- Adoption of relevant legislations, standards and guidelines
- Relevant achievements, ongoing activities, workshops, events and campaigns run by the IMI and European projects which Gravitate-Health has an established collaboration agreement with
- Publications, initiatives, news, and events promoted by IMI and EFPIA

Furthermore, specific posts will be issued anytime Gravitate-Health is featured in a media outlet, presented in an event, cited in an institutional report or article, etc.

In addition to the project's official hashtag **#gravitatehealth**, a series of relevant hashtags have been identified: #digitalhealth, #safemedicine, #patientengagement, #ehealth, etc. Specific hashtags may also be used on the occasions of e.g. large events arranged by some partner, World or International Days, etc.

As mentioned above, the present plan is being developed within the first 6 months of the project. As such there are currently no key project outputs available for dissemination. Thus, during the early stage of the project, activities have mostly focused on raising awareness of the project with the various stakeholder groups present within the scope of the project as well as the general public.

The social media plan is a living document to be continuously updated along the project's duration in the planning tool (Annex 3). Table 3 below provides an illustrative example of some social media campaigns planned for the second project's semester.

However, it is noteworthy that social media communication will be flexible and adapted to the specificities of each WPs as well as consider the typology of activities involved.

In general, the WPs can be split into 3 focus key areas:

- *"Research & Development"* WPs: WP1, WP3, WP4, WP5 and WP6 are going to generate scientific and technical outputs, i.e. knowledge, requirements, datasets, tools, methods, standards, etc. that are going to feed into/pave the ground to further works in other WPs.
- *"Supportive"* WPs: WP2 and WP7 (respectively focusing on stakeholder engagement and exploitation) are meant to sustain the overall goals of the project framing the conditions for the uptake of the project's results.
- *"Governance"* WP: WP8 aims to make sure that the architecture of the project is solid, operations are smooth and efficient, communication is effective and compliance with regulations and legal requirements is guaranteed.

Based on this characterization, the R&D WPs will be generating content suitable for social media communication as long as the outputs and intermediate achievements will be mature enough to be disclosed. Supportive WPs, and particularly WP2, will accompany

the activities during the whole duration and social media communication will evolve accordingly.

WP8 will also generate valuable content for social media communications such as spotlight on (i) consortium members, as soon as their respective microsites (see D8.2) become available (ii) WP Co-Leads, or (iii) other specific experts and bodies involved In the project governance and coordination.

Table 4. Illustrative social media mini-campaign planning

Key topic	Social media action/s	Timeline
Gravitate-Health work plan	One LinkedIn post and a Twitter mini-campaign promoting: <ul style="list-style-type: none"> • An article/blogpost illustrating the overall structure and rational of our work plan and inviting to go and visit the specific project sections' pages in the website to learn more • A video-interview or podcast with the Project Coordinator and Industry Lead • An infographic illustrating the core activities and expected outcomes of each WP and their interrelations 	May 2021
WP1 "Listening"	One LinkedIn post and a Twitter mini-campaign promoting: <ul style="list-style-type: none"> • An article/blogpost illustrating the work currently performed in WP1, challenges and actions undertaken to overcome them, lessons learnt so far and next steps • A video-interview or podcast with the WP1 Co-Leads <p>An infographic built around the WP keyword "Listening" visualizing the key concepts and methods involved in the WP and how they feed into WP3, 4, 5 and 6</p>	June 2021
WP2 "Engagement"	One LinkedIn post and a Twitter mini-campaign promoting: <ul style="list-style-type: none"> • An article/blogpost illustrating the work currently performed in WP2, challenges and actions undertaken to overcome them, lessons learnt so far and next steps • A video-interview or podcast with the WP2 Co-Leads <p>An infographic built around the WP keyword "Engagement" visualizing the key concepts and methods involved in the WP and how it is connected to other WPs</p>	July 2021

4.3 Audiovisual materials (e.g., videos and podcasts)

The Gravitate-Health project gathers a wide range of partners with powerful communication resources and departments.

This will result in the production of a variety of audiovisual products that are an essential part of a successful communication enhancing attractiveness, understandability and accessibility of the information disseminated.

In particular, we envisage generating:

- **Video-interviews / video-pills** (short videos for social media) e.g., WP-specific video pieces featuring a short and understandable explanation of each WP's aims and current efforts
- **A series of animated videos** including at least:
 - o **One animated promotional video** on the overall project's aim, mission and expected results
 - o **One animated video for each testing scenario**, illustrating how the implementation of the G-Lens prototype will transform the care and health management in the scenarios by referring to concrete examples of end users (i.e., the personas depicted in WP1 for requirements' elicitation)
- **One video-interview / testimonial podcast from each testing scenario** so as to foster a storytelling approach to communication and dissemination.
- **Video series featuring patients, HCPs or carers**, e.g. explaining the challenges they face with their medication plan and to self-manage their health, bringing their hands-on testimonial of their experience using the tools, etc. thus evolving at different stages of the project (first release available on YouTube [here](#)).
- **Podcasts in national languages** curated by individual partners.

As indicated in section 2:

- Recording of the video pieces, short interviews, etc. is curated by the involved partners. The ECHAlliance team will take care of the editing, posting and provide operational support and guidance.
- As for the animated videos' script creation, design and production, appropriate resources will be mobilised in WP8. The Dissemination Coordination Lead and the PMO will agree on a detailed workflow from the concept to the production engaging the involved partners (e.g., the interested testing scenario representative).

A series of graphic products has been generated to support the release of communication materials for printed and digital distribution.

Specifically, by M6, the following assets have been produced:

- Brand identity assets, icons, images' repository and typography (as thoroughly described in the deliverable "D8.2 Setup of project visual identity, website, handles for external-facing media, LinkedIn, Twitter").
- Visuals for social media profiles and cover pages
- A set of WP-specific icons
- Templates for flyers and posters
- Templates for letter head, event invitations, and web banners.

In the first year of the project, the following assets will be generated and made available to partners for use and dissemination:

- A standard institutional PowerPoint presentation highlighting the key objectives, features and expected impacts of the project
- Extended synopsis of the project with key objectives, key areas and expected impacts of the project
- A professional brochure to be distributed in digital PDF format.

Materials meant to be printed such as leaflets, posters and roll-out will be produced as soon as the epidemiological situation will improve, COVID-19 restrictions will be gradually released, and it will be possible to arrange and/or take part in physical events.

4.4 Events

4.4.1 Events arranged by Gravitare-Health partners and their networks

As mentioned above, multiple events, workshops and webinars will be arranged during the activities of WP2 and the connected WPs it will interact closely with.

Overall, the Gravitare-Health consortium plans to organize at least 5 national events, 3 workshops and 3 conferences either building upon / in conjunction with existing partners' mainstream events or as standalone initiatives.

To mention a few examples of the events that we have already envisaged in the DoA:

- *Gravitare-Health Design Award and the Design G-lens Contest*: Gravitare-Health will set up hackathons to reach the vibrant SME community. In particular, to elicit feedback on and further inspire the developers for the longer-term sustainability of the integrated digital platform “Gravitare-Health FOSPS with G-Lens functionality” we will host and set up “The Gravitare-Health Design Award” and “Design G-lens Contest”. The competition for “The Gravitare-Health Design Award” and “Design G-lens Contest” seek to mobilize SMEs, start-ups, high profile coders and entrepreneurs, industries and stakeholders to test new applications and services that enrich ePIs (electronic Product Information).
- *External ecosystems' events*: We plan a series of workshops to be undertaken through the established digital health ecosystems across the ECHAlliance network in 11 countries (5 European and 6 non-European). The workshops will be designed to include activities to give new insights into how tailored ePI can be further optimized to provide feedback on the development and usability of the open source; they are not designed to collect sensitive personal information. We will not include any activities requiring collection of sensitive data in these workshops thus it is not anticipated that such workshop attendance would require ethics committee approval. The participants in workshops will be provided with detailed information on the Gravitare-Health Action and will be invited to give their opinions.
- *User engagement workshops and campaigns*: Gravitare-Health seeks to engage with and disseminate results to be used by many communities, coined as “user voice” to elicit premises that will underpin technological innovation in Gravitare-Health. One of the key vehicles to reach this target is the User Advisory Group, settled in the frame of T2.1 and meant to accompany the design, development and testing of the core project's outputs.

The data gathered from participants will be collected and processed in accordance with GDPR in EU countries, and on the basis of consent according to Article 6(1)(a); in ecosystems where GDPR does not apply, data will be collected and processed in accordance with applicable legislation. Further details and procedures in relation to data protection and privacy are illustrated in the deliverable D8.3 "Data Management Plan".

The necessary material for the user-oriented engagement actions, ecosystems' webinars (including engagement of their stakeholders in local language and input to a roadmap handbook that take the specific regional or national context into account), and promotional material for the "Gravitare-Health Design Award" and "Design G-lens Contest" will be prepared in the frame of the respective task leads supported by the corresponding WP2 co-leads with the editing support and supervision of the task T8.3 team.

Moreover, it is important to acknowledge that the Gravitare-Health consortium includes several renowned networks and associations that will help amplify the project's outreach capacities through their established events, conferences, workshop series, as well as communication channels and tools.

- *European Connected Health Alliance (ECHAAlliance)*: Every year the ECHAAlliance arrange, patronise, or co-host a variety of events, workshops, and webinars. Here after a short list of the most relevant for Gravitare-Health dissemination:
 - *Digital Health and Wellness Summit*² at 4YFN, Mobile World Congress, Barcelona (Spain). The Digital Health and Wellness Summit series is a consolidated appointment running since 2014 as a showcase of the best innovators from around the world, bringing digital technologies to improve healthcare delivery for all. It creates opportunities for these innovators to meet end-users (clinicians and patients) and understand their needs and challenges. This event takes place during Four Years from Now (4YFN) during Mobile World Congress in Barcelona, Spain, and is dedicated to disruptive innovation around mobile technologies. Investors also participate to give their vision of the market and detect innovative start-ups with high potential. The 2021 edition will be arranged as a hybrid event due to the current COVID-19 restrictions.
 - *Digital Health Society Summit*. The Digital Health Society (DHS) is a movement and a legacy of the Estonian Presidency of the Council of the European Union in 2017. It works with interested EU Presidencies and multi stakeholders to promote digital health policies, services and products and focuses on health data and data management. It has worked on a range of important areas including interoperability, data donation, legal frameworks and digital workforce transformation. Its Summit³ is an annual event happening in November. Its third edition will take place on the 23rd and 24th of November (format and modalities for participation still to be confirmed). Moreover, in 2020 the DHS organised with the Gravitare-Health partner i-HD two Round Tables with invited experts to explore in depth issues surrounding health data and the creation of the European Health Data

² Past editions of the Digital Health and Wellness Summit: <https://echalliance.com/dhws/>. 2021 edition: <https://echalliance.com/the-digital-health-wellness-summit-2021/>.

³ Past editions of the Digital Health Society Summit: 2020 <https://echalliance.com/digital-health-society-virtual-summit-2020/> and 2019 <https://echalliance.com/the-digital-health-society-summit/>.

Space. These Round Tables have led to the release of a series of recommendations and calls to action that have been presented during the 2020 edition of the Summit. Lastly, DHS is a Knowledge Partner in All Policies for a Healthy Europe and Bleddyn Rees is the Chair of the Digital Working Group www.healthyeurope.eu. DHS is also a founding member of the EU Health Coalition www.euhealthcoalition.eu.

- *Regional and thematic ecosystem events*: ECHAlliance supports its 50+ territorial ecosystems in the organisation of regional events and facilitates assistance to build Thematic Innovation Ecosystems around collectively selected themes of common interest. Whereas suitable, presentations of the project will be featured in such ecosystem events.
- *HIMMS Europe* has an outstanding track record in arranging international digital health conferences. The HIMSS & Health 2.0 European Health Conference brings together HIMSS's knowledge, expertise and thought leadership in healthcare digitisation, and Health 2.0's network of entrepreneurs and investors showcasing the latest and most innovative health tech solutions. Featuring best practices and thought leadership amongst Europe, this event encompasses virtual engagement for attendees as the world makes the transition to a new normal. Network with forward-thinking peers and solutions providers exploring innovative approaches to collaborations, sustainability and precision and transforming health and care in Europe. The 2021 edition is going to be held in digital format due to the current COVID-19 restrictions.
- *European Patients Forum (EPF)*: We will participate in EPF events reaching patient organizations across Europe. The [EPF Congress](#) provides an exceptional opportunity for dialogue and engagement with a wide range of health players who aspire to showcase patient-led innovation. The 2021 edition will be arranged as a virtual event from the 26th to the 29th October and will have as a main topic the added value of patient partnership in the digital transformation of healthcare.

1.1.1 Conferences and congresses featuring Gravitate-Health

In addition to the events arranged by the project and its partners, an essential part of the dissemination and communication strategy will be the participation of Gravitate-Health consortium members in **national and international conferences** to spread Gravitate-Health's value and interact directly with the audiences. Although those events will be selected early every year according to the focus and stage of the project, a preliminary list of international conferences and events targeted for 2021 and 2022 is provided in the table below.

Furthermore, partners are provided with a specific sheet in the Gravitate-Health Communication & Dissemination Planning tool (Annex 3) where they are asked to list any national and international event where they are planning to be involved in.

The Dissemination Coordination Lead, together with the PMO, regularly tracks the tool and gets in touch with the specific partners to assess suitability, requirements and expected impacts of a certain event.

Table 5. Provisional list of conferences and events for spreading the Gravitate-Health insights during 2021 and 2022

Conference name	Location	Date	Link
Drug Information Association (DIA) Europe 2021	Virtual	15 th – 19 th March 2021	https://www.diaglobal.org/Flagship/DIA-Europe-2021
31 st Medical Informatics Europe Conference (MIE2021)	Virtual	29 th – 31 st May 2021	https://mie2021.org/en/
European Public Health Conference 2021	Virtual	10 th – 12 th November 2021	https://ephconference.eu/index.php
Drug Information Association (DIA) Annual Meetings (2021 edition)	Virtual	27 th June – 1 st July 2021	https://www.diaglobal.org/Flagship/DIA-2021
International Conference On Human Aspects of IT for the Aged Population (ITAP)	Virtual	24 th – 29 th July 2021	http://2021.hci.international/cfp/CfP_ITAP-2021.pdf (jointly held with HCI International 2021)
Observational Health Data Sciences and Informatics OHDSI Symposium	Virtual	12 th – 15 th September 2021	https://ohdsi.org/2021-ohdsi-global-symposium-info/ https://www.ohdsi.org/2021-collaborator-showcase/
DIA Pharmacovigilance Strategies Workshop	Virtual	7 th – 9 th September 2021	https://www.diaglobal.org/en/conference-listing/meetings/2021/09/pharmacovigilance-strategies-workshop
European Health Management Association (EHMA)	Virtual	15 th – 17 th September 2021	https://ehmaconference.org/
World Congress on Medical Informatics (MedInfo)	Virtual (2021 edition)	2 nd – 4 th October 2021	2021 edition: https://imia-medinfo.org/wp/medinfo-2021/ 2023 edition: https://medinfo2023.org/
International Society of Pharmacovigilance (ISoP) Annual Meetings	Virtual	8 th – 10 th November 2021	https://www.isop2021oman.org/
25 th Annual International Society for Medication Adherence (ESPACOMP) Conference	Virtual	8 th – 19 th November 2021	https://www.espacomp.eu/

Conference name	Location	Date	Link
International Conference on Health Informatics (HEALTHINF) 2022	Wien, Austria	9 th – 11 th February 2022	http://www.healthinf.biostec.org/
International Conference on Information and Communication Technologies for Ageing Well and e-Health	Prague, Czech Republic	23 rd – 25 th April 2022	http://www.ict4ageingwell.org/
European Public Health Conference 2022	Berlin	9 th – 12 th November 2022	https://ephconference.eu/Berlin-2022-290
International Conference on Medical and Health Informatics	TBD	2022	http://www.icmhi.org/
Regulatory Affairs Professional Society (RAPS) Euro Convergence Conferences	TBD	2022	N/A
Conferences organized by the Drug Safety Research Unit	TBD	2022	N/A
American Medical Informatics Association (AMIA) Annual Symposium and/or Clinical Informatics Conference 2022	TBD	2022	https://www.amia.org/
WHO Symposium on the Future of Digital Health Systems	TBD	TBD	N/A
Drug Information Association (DIA) Europe 2022	Brussels, Belgium	29-31 st March 2022	https://www.diaglobal.org/en/flagship/dia-europe-2022/program/get-involved/abstracts
TOPRA Symposium 2022	TDB	2022	TOPRA Annual Symposium 2021 (Link to be updated for 2022)

4.5 Scientific dissemination

Specific provisions about dissemination is included in both the Grant Agreement and Consortium Agreement and reported in **Annex 5** for the readers' convenience.

Scientific publications will be developed to share the research experiences and evidence about the potential of the Gravitate-Health tools, services and ecosystem uptake among the research and innovators communities. The Gravitate-Health consortium will publish position papers, review articles and research papers related to the scientific topic and findings in this domain, in peer review journals and “grey” (non-indexed) literature.

The consortium has already identified journals that fit with the project and, above all, apply an open access policy, in line with EC requirements:

- *International Journal of Digital Healthcare (IJDH)*
- *Digital Health*
- *mHealth: New horizons for health through mobile technologies*
- *Lancet Digital health*
- *JAMIA Open*
- *IEEE Journal of Translational Engineering in Health and Medicine*
- *Journal of Biomedical and Health Informatics*
- *International Journal of Integrated Care*
- *Drug Safety. The Official Journal of the International Society of Pharmacovigilance (ISoP)*
- *Therapeutic Innovation & Regulatory Science Journal – former Drug Information Journal of the Drug Information Association (DIA).*
- *TOPRA Regulatory Rapporteur*

The Project has been designed to maximize the number of manuscripts derived from the workplan. Overall, the Gravitate-Health consortium aims to publish at least 20 journal articles in high-impact peer-reviewed journals with target readerships of our potential beneficiaries during the project, with additional articles in the 2 years following project completion. Therefore, a preliminary list of the main manuscripts in each WP is being produced and will be kept continuously updated.

4.6 Traditional media coverage

Traditional **channels** such as **Press, Radio and Television** will be used for transmitting the findings, goals, scope and milestones of the project to a wide audience through general media, and to research and industrial targets through specialized media. In the case of digital press, the content design will be aligned to the web and social media presence and targeted keywords and messages to attain more impact.

The first Press Release issued in the occasion of the project public launch is attached in **Annex 1**.

National efforts to reach out and get visibility on traditional media as well as identify national communication ambassadors are a responsibility of each partner with the support and supervision of the Dissemination Coordination Lead and the PMO.

Furthermore, at international level, the recognized information brands and vast outreach capacities of [HIMSS media](#), i.e., HIMSS TV, Healthcare IT News and MobiHealthNews, will be leveraged. In addition to their well-established, available suite of communication tools for use, HIMSS have access to regional communities (Nordic, Iberian), language-based communities (French, German), and country level communities (the Netherlands, Italy).

4.7 Featuring Gravitate-Health in IMI and H2020 communication and dissemination tools

The project is presented in the H2020 Cordis and represented in the IMI project database: <https://www.imi.europa.eu/projects-results/project-factsheets/gravitate-health>. The project overview in the IMI webpage will be updated with new project results at least annually.

Moreover, IMI provides a number of opportunities to support the communication and dissemination effort of the consortium which are listed in the [programme communication guidelines](#).

The PMO and Dissemination Coordination Lead will consider and jointly decide upon achievements, events or else to be sent to the attention of IMI for featuring in the IMI newsletter, project success stories and IMI events.

Moreover, the European Commission's communication channels, including Horizon Magazine, the EU Research Success Stories, will be leveraged accordingly.

5. Networking with relevant societies and initiatives

Gravitate-Health will liaise with relevant international organizations via bilateral connections or working seminars:

- DIA - Drug Information Association
- MILE - Medical Information Leaders Europe
- RAPS - Regulatory Affairs Professional Society
- MAPS - Medical Affairs Professional Society
- DSRU - Drug Safety Research Unity
- PhRMA - Pharmaceutical Research and Manufacturers of America
- TransCelerate BioPharma – Accelerate the development of new medicines
- Critical Path Institute (C-Path) - non-profit, public-private partnership with Food and Drug Administration (FDA)
- International Society of Pharmacovigilance (ISoP)
- OHDSI - Observational Health Data Sciences and Informatics
- MIE - Medical Informatics Europe
- VULCAN - Vulcan HL7 FHIR Accelerator Program
- EFMI – European Federation for Medical Informatics
- EHMA – European Health Management Association
- EUPHA – European Public Health Association
- European Health Forum – Gastein

Additional activities, specifically on medication adherence and digital health literacy, will be brought into play in collaboration with WHO and OECD. Overall, these activities will emphasize and make visible to the targeted audiences how Gravitate-Health will contribute towards the achievements of the UN Sustainable Development Goals, especially SDG3 (Good Health and Wellbeing), SDG8 (Decent Work and Economic Growth) and SDG17 (Partnerships).

6. Communication and dissemination synergies with other projects

Gravitate-Health will benefit from partnership and collaboration agreements with other IMI and H2020 projects to multiply value creation. At the end of the project, the project outcomes will pave the way for exploitation paths that will move Gravitate-Health outputs from prototype demonstrators to be validated in real operational environments. The exploitation plan will present the exploitation paths to a **sustainability vision** aiming at innovating in business models for geographical and technical scalability.

The Gravitate-Health DoA already contains references to connected projects we plan to liaise with. Table 5 below is meant to be further enriched and updated in the Annual Reports as long as the Action progresses and more and future projects will be added.

Table 6. Envisaged collaborations with other IMI and European projects

Project	DC&SE Collaboration/Mutual Interest terms and expectations
eHAction – Join Action supporting the eHealth Network (http://ehaction.eu/)	Through SPMS and their leadership of eHAction, we will reach out to all EU Ministries of Health and their eHealth agencies.
TEHDAS - Joint Action project develops European principles for the secondary use of health data (https://tehdas.eu/)	As stakeholder in the European Health Data Space (TEHDAS) Joint Action, and member of the WP4 Project Forum, we can contribute to develop European principles for the use of health data and infrastructure planning.
H2O - Health outcomes observatory (https://health-outcomes-observatory.eu/)	We will prepare a joint demonstration where patients who agree to collect health outcomes data via the H2O provided application also interact with the G-lens to gain more focused information and access to knowledge services about their medication. An existing H2O national Observatory site and infrastructure will host the shared environment, and the demonstration will focus on one of H2Os three disease areas.
PharmaLedger (https://pharmaledger.eu/)	This includes joint efforts to increase access to trusted information for sustainable use, as well as dissemination and information sharing that can lead to novel digital services based on innovative use of the coming ePI.
UNICOM - Up-scaling the global univocal identification of medicines (https://unicom-project.eu/)	These include opportunities to share publicly available information in areas of mutual interest through seminars and workshops, targeted to stakeholder groups, as well as events geared towards multi-stakeholder engagement. News items and social media efforts can also be campaigned provided that efforts in both projects are complementary. Main WPs involved in these activities will be WP12 for UNICOM and WP2 for Gravitate-Health, with communication support of T8.3.

7. CONCLUSIONS

The Deliverable D8.11 is developed in the frame of Task 8.3 and takes into consideration the complexity and breadth of activities of Dissemination, Communication and Stakeholder Engagement activities that the Gravitate-Health project will put in place across its work packages.

It provides an overview of the plans, objectives, methods and tools to be implemented and a handy guideline to secure smooth interaction between the Task 8.3 team and the rest of partners.

Annex 1 – Press Release #1

<https://www.gravitatehealth.eu/introducing-gravitate-health/>



«Empowering and Equipping Europeans with health information for Active Personal Health Management and Adherence to Treatment»

Introducing Gravitate - Health – A new research consortium launches, with a mission to bring innovative digital health information tools to patients and empower person-centred healthcare.

DATE 16th November 2020

The Innovative Medicines Initiative (IMI) funds a 5-year worldwide research project - **Gravitate-Health**, that aims for improved access and understanding of health information, for safe use of medicines, risk minimization and improved quality of life.

40 leading partners from civil society, academia and industry in 15 countries have joined forces to develop novel, patient-focussed healthcare information tools that will offer citizens timely access to trustworthy, relevant information about medicines, based on the assertion that the engagement of patients in their own health relies on actionable, understandable, relevant, reliable and evidence-based information that meets their specific needs, health context, and literacy level. This unique public – private strategic partnership is co-led by the University of Oslo (public partner coordinator) and Pfizer (industry lead).

Safe use of medication and adherence to treatment are significant public health challenges where understanding, access to accurate information, capabilities to comprehend, and trust play major roles. OECD estimates that around 200,000 premature deaths annually in Europe relate to poor medication adherence, which may cost as much as 125 billion € each year in avoidable hospitalization, emergency care and adult outpatient visits⁴. Empirical studies of information flows in health care show lack of interoperability and broken chains of activity which complicate information sharing. Medication information can be fragmented, unavailable or not used, so introducing risks of which the user may be unaware, for example risk of errors in use that can lead to adverse events, disability, and even death.

Medicinal product information is subject to strict regulation and scientific validation procedures; it plays a pivotal role in assisting health care professionals when prescribing and dispensing the medicine, and informs patients and consumers about its safe use. Currently, patients primarily receive this information in the form of a paper leaflet provided with their medicine. This presents a range of practical challenges to access and understanding: the content of the leaflets may not be readily understandable or indeed relevant to the needs of many patients, is typically presented in small font sizes and may not reflect the most up-to-date information due to long production timescales for product packaging. These problems are likely to be aggravated by aging, multimorbidity and chronic diseases, with many patients needing to refer to multiple paper leaflets for different medicines.

⁴ OECD/European Union (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris/European Union, Brussels, https://doi.org/10.1787/health_glance_eur-2018-en.

Making regulator-approved medicinal product information from a trusted authorized source digitally available to patients and healthcare professionals is fundamental to support the digital transformation of healthcare across the EU, which will in turn offer significant public health benefits. It brings new opportunities to address shortcomings in the current patient information paradigm by allowing for ease of access to trustworthy content, speed of update, accessible formats, the ability to better personalize content to the needs of the individual and also to link with other health information systems, e.g. electronic health records.

To advance on this journey and address current challenges, Gravitate-Health will develop and test an integrated, digital, user-centric health information solution seeking to demonstrate tangible improvements in availability and understanding of health information from a set of trusted sources, starting with regulator-approved medicinal product information and the Electronic Health Record International Patient Summary (EHR-IPS). The main outputs will be an open source digital platform supporting G-Lens functionally, and a White Paper with recommendations on realistic strategies to strengthen access, understanding and future use of digital services like electronic product information (ePI) as a tool for risk minimization.

By developing electronic tools to improve access of patients and healthcare professionals to information on medicines Gravitate-Health aligns its goals with the relevant recommendations from the European Commission (COM(2017) 135 final) and the European Medicines Agency’s subsequent action plan to improve the product information for the EU (EMA/680018/2017).

The Action seeks to demonstrate that such improvement translates to higher levels of adherence to treatment, safer use of medication (Pharmacovigilance), and better health outcomes and quality of life, and to develop new and deeper insights into how use of available health information can be optimized to act as effective risk minimization measures. Patient voice and human touch are at the heart of Gravitate-Health. Broad patient and stakeholder engagement underpin the planned work and will drive the technology development through the life of the project.

“Our mission is to equip and empower patients with digital health information and tools that make them confident, active, and responsive in their patient journey, specifically encouraging safe use of medicines for better health outcomes and quality of life,” said Prof Anne Moen, coordinator of Gravitate-Health and Professor in the Institute for health and society, University of Oslo.

Gravitate-Health Project Lead, Dr Giovanna Ferrari of Pfizer, added: *“This collaboration between academia, industry and stakeholder associations promises strong and unique results and an exciting opportunity to deliver new digital information approaches demonstrated to offer wide benefit to patients.”*

Supported by a grant from IMI

The project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 945334. This joint undertaking receives support from the European Union’s Horizon 2020 research and innovation programme and the European Federation of Pharmaceutical Industries and Associations [EFPIA] and Datapharm. The total budget is 18.5 M€ for a project duration of 60 months.

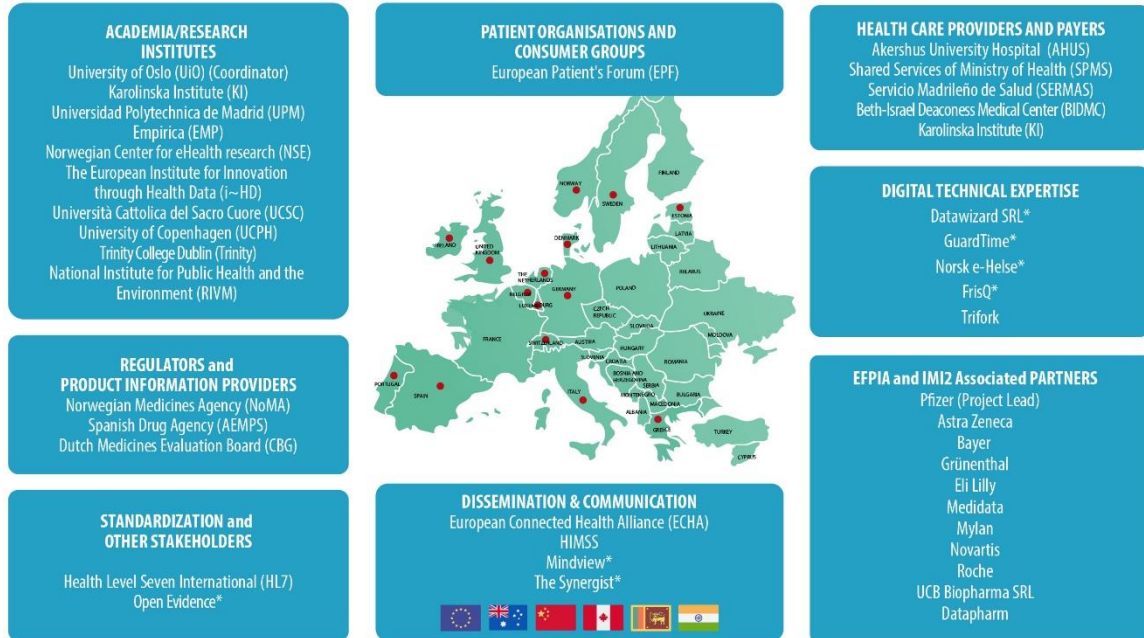

 innovative
medicines
initiative


Project facts

- **Project acronym:** Gravitate-Health
- **Start date:** 01 November 2020
- **Duration:** 60 months

- **Budget:** €18,5 Mio
- **Coordination:** University of Oslo, Prof Anne Moen
- **Project Lead:** Pfizer Ltd, Dr. Giovanna Ferrari

Gravitate-Health partners at a glance



ACADEMIA/RESEARCH INSTITUTES
 University of Oslo (UiO) (Coordinator)
 Karolinska Institute (KI)
 Universidad Politécnica de Madrid (UPM)
 Empirica (EMP)
 Norwegian Center for eHealth research (NSE)
 The European Institute for Innovation through Health Data (i~HD)
 Università Cattolica del Sacro Cuore (UCSC)
 University of Copenhagen (UCPH)
 Trinity College Dublin (Trinity)
 National Institute for Public Health and Environment (RIVM)

PATIENT ORGANISATIONS AND CONSUMER GROUPS
 European Patient's Forum (EPF)

HEALTH CARE PROVIDERS AND PAYERS
 Akerhus University Hospital (AHUS)
 Shared Services of Ministry of Health (SPMS)
 Servicio Madrileño de Salud (SERMAS)
 Beth-Israel Deaconess Medical Center (BIDMC)
 Karolinska Institute (KI)

DIGITAL TECHNICAL EXPERTISE
 Datawizard SRL*
 GuardTime*
 Norsk e-Helse*
 FrisQ*
 Trifork

REGULATORS and PRODUCT INFORMATION PROVIDERS
 Norwegian Medicines Agency (NoMA)
 Spanish Drug Agency (AEMPS)
 Dutch Medicines Evaluation Board (CBG)

STANDARDIZATION and OTHER STAKEHOLDERS
 Health Level Seven International (HL7)
 Open Evidence*

DISSEMINATION & COMMUNICATION
 European Connected Health Alliance (ECHA)
 HIMSS
 Mindview*
 The Synergist*

EFPIA and IMI2 Associated PARTNERS
 Pfizer (Project Lead)
 Astra Zeneca
 Bayer
 Grünenthal
 Eli Lilly
 Medidata
 Mylan
 Novartis
 Roche
 UCB Biopharma SRL
 Datapharm

Legend: *SME (small and medium sized enterprises)

Norway	Universitet i Oslo (Coordinator) Norwegian Centre for eHealth Research Akershus Universitetssykehus Norsk e-Helse AS Statens Legemiddelverk
United Kingdom	Pfizer Limited (Project Lead) Eli Lilly and Company Limited MDSOL Europe Ltd Datapharm Limited
Sweden	Karolinska Institutet FrisQ Holding AB AstraZenica AB
Denmark	Københavns Universitet Trifork Public A/S
Belgium	HL7 Europe Forum des Patients européens The European Institute for Innovation through Health Data The Synergist UCB Biopharma SRI
Italy	Datawizard SRL Università Cattolica del Sacro Cuore
Spain	Universidad Politécnica de Madrid Open Evidence Servicio Madrileño de Salud Agencia Española de Medicamentos y Productos Sanitarios
Germany	empirica Gesellschaft für Kommunikations-und Technologieforschung mbH

	HIMSS Europe GmbH Bayer Aktiengesellschaft Grünenthal GmbH
Ireland	Trinity College Dublin European Connected Health Alliance Mylan IRE Healthcare Limited
The Netherlands	Rijksinstituut voor Volksgezondheid en Milieu Agentschap Collegee ter Beoordeling van Geneesmiddelen
Greece	MINDVIEW Business Consulting and Research limited
Portugal	Serviços Partilhados do Ministério da Saúde, E.P.E.
Estonia	Guardtime OÜ
Switzerland	Novartis Pharma AG F. Hoffmann – La Roche AG
USA	Division of Clinical Informatics at Beth Israel Deaconess Medical Center

About IMI

The Innovative Medicines Initiative (IMI) is Europe's largest public-private initiative aiming to improve health by speeding up the development of, and patient access to, innovative medicines, particularly in areas where there is an unmet medical or social need. IMI facilitates collaboration between the key players involved in healthcare research, including universities, the pharmaceutical and other industries, small and medium-sized enterprises (SMEs), patient organisations, and medicines regulators. It is a partnership between the European Union (represented by the European Commission) and the European pharmaceutical industry (represented by EFPIA, the European Federation of Pharmaceutical Industries and Associations). For further information: www.imi.europa.eu.

DISCLAIMER: *The present press release reflects the authors' view and neither IMI nor the European Union, or EFPIA, re responsible for any use that may be made of the information contained herein.*

Project Contacts

Project Coordinator

Prof Anne Moen

University of Oslo, Oslo, Norway

email: anne.moen@medisin.uio.no

Contact via Media Relations at University of Oslo: Thea C. Engelsen, +47 910 09 941

Dissemination coordinator

Ms. Valentina Tageo

ECHAlliance, Ireland

Email: valentina@echalliance.com

Project Lead

Dr Giovanna Ferrari

Pfizer Limited

email: Giovanna.Ferrari@Pfizer.com

Generic contact: press@gravitatehealth.eu

Annex 2 – Templates for news and blogposts' production and collection

The present template is available for partners' use at in the WP8 channel of the project Teams space in the Folder WP8 > WP8 Tasks > T8.3 Dissemination, Communication and Stakeholder Engagement plans and overviews > [02_Templates](#)⁵

Date (dd/mm/yy)

Author (Name Surname, Organization)

Title

Subtitle

(In case of an event, please write here the date and the place)

[ADD A PHOTO]

(Add a description of the photo and source/copyright if applicable and provide high resolution version if available)

[Text...]

Instructions to be deleted when the news is finalised:

Please describe:

- 1) Aims and objectives of the workshop/external event/relevant initiative/result achieved
- 2) Relation to the Gravitate-Health project and overarching goals
- 3) Specify the type/s of Stakeholders/Attendees participating and Gravitate-Health Partners involved
- 4) In case of external events, briefly describe the context where the project has been featured or presented
- 5) In case of external events, include any relevant and useful link (event agenda, recording, photo gallery, or else)
- 6) State the main results and outcomes achieved with the activity/event/initiative
- 7) Mention possible future events/activities following/building upon the one described in the news as well as next steps, lessons learnt

Please note: the news should be between 1 to 2 pages.

Please provide in the same document relevant Twitter handles or hashtags (e.g., of other stakeholders partnering your initiative, events, conferences, organisers, etc.) that should be tagged in the related posts.

⁵https://teams.microsoft.com/l/file/FB264965-0135-4A1E-A79F-2DD5C6B72A01?tenantId=463b6811-b0a4-4b2a-b932-72c4c970c5d2&fileType=docx&objectUrl=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth2%2FDelte%20dokumenter%2FWP8%2FWP8%20Tasks%2FT%20208.3%20Dissemination%2C%20Communication%20and%20Stakeholder%20Engagement%20plans%20and%20overviews%2F02_Templates%2FGravitate-Health_Template_News.docx&baseurl=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth2&serviceName=teams&threadId=19:9058370802db4cce9617fa6a7645fd79@thread.tacv2&groupId=66b56090-2160-4a51-a480-4f318b2b5556

Annex 3 – Communication and dissemination planning tool

The Communication and Dissemination planning tool is accessible in the WP8 channel of the project Teams space in the Folder WP8 > WP8 Tasks > T8.3 [Dissemination, Communication and Stakeholder Engagement plans and overviews](#) > 09_Planning⁶



Dissemination & Communication Activities - Partner Planning Tool

Dear Gravitate Health Partners

This Tool will be used by the Gravitate Health project to keep track of the communication and dissemination opportunities as they emerge along the project's duration.

This is not meant an extra burden for you but a handy tool to note down events, publication opportunities, etc. as they arise and help the PMO and Coordination Lead plan accordingly and provide you the best support.

How to use this Tool

There are four Worksheets as follows:

1 - Social media plan (for ECHAlliance internal use)

2 - **Planned Manuscripts:** Please indicate the tentative topics for scientific manuscripts you are planning to produce

3 - **Journals & Special Issues:** We have introduced a preliminary list of potentially suitable journals and special issues, please add the ones you consider that should be targeted

4 - **Targeted events:** We have introduced a preliminary list of targeted events for 2021-22, please add any other you consider relevant and/or you are planning to participate to

Guidelines

Please try to be as complete as possible.

This is a living tool meant to aid planning and it might be enriched with further sheets upon request/depending on needs.

Questions?

If you have any questions, please do not hesitate to contact the ECHAlliance team:

[Valentina Tageo valentina@echalliance.com](mailto:Valentina.Tageo@echalliance.com)

[Federica Porcu federica@echalliance.com](mailto:Federica.Porcu@echalliance.com)

THANK YOU!

Figure 5. Screenshot of the Planning Tool cover page

⁶https://teams.microsoft.com/l/file/5F253871-7B62-46D5-A55C-C49DCA50813F?tenantId=463b6811-b0a4-4b2a-b932-72c4c970c5d2&fileType=xlsx&objectUrl=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth%2FDelte%20okumenter%2FWP8%2FWP8%20Tasks%2FT%208.3%20Dissemination%2C%20Communication%20and%20Stakeholder%20Engagement%20plans%20and%20overviews%2F09_Planning%2FGravitate-Health_Comm%20%26%20dissemination%20planning.xlsx&baseUri=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth2&serviceName=teams&threadId=19:9058370802db4cce9617fa6a7645fd79@thread.tacv2&groupId=66b56090-2160-4a51-a480-4f318b2b5556

Annex 4 - Communication and dissemination reporting tool

The Communication and Dissemination planning tool is accessible in the WP8 channel of the project Teams space in the Folder WP8 > WP8 Tasks > [T8.3 Dissemination, Communication and Stakeholder Engagement plans and overviews > 10_Reporting⁷](#)

Gravitate Health Dissemination & Communication Activities - Partner Reporting Tool

Dear Gravitate Health Partners

This Tool will be used by the Gravitate Health project to record all of the communication and dissemination activities undertaken by project partners. This will allow us to map the dissemination actions, estimate the total reached audience and track progress against our KPIs. The information you provide will feed into formal reporting for the European Commission.

How to use this Tool

There are six Worksheets as follows:

- 1 - **Online communication:** Please keep track of your online communication activities in this sheet. If you need support to setup your **Twitter analytics**, please check the sheet SM analytics setup and follow the instructions provided.
- 2 - **Scientific Publications:** Please record details of your Scientific Publications
- 3 - **Conference Publications:** Please record details of your Conference Publications
- 4 - **Events Tracker:** Please record details of events you have attended where Gravitate Health was on the agenda
- 5 - **Press Clippings:** Please record details of Gravitate Health in your local/ regional/ national press
- 6 - **Other activities:** Please record details here of other comms & diss activities not included elsewhere
- 7 - **Printed Materials:** Please record here the printed materials you make use of

Guidelines

Please try to be as complete as possible.

The Tool is meant to be completed on an organisational basis, so please try to **cluster all your individual efforts** (e.g. tweets from personal accounts) under **one submission for each organisation**.

Questions?

If you have any questions, please do not hesitate to contact the ECHalliance team:

Valentina Tago valentina@echalliance.com

Federica Porcu federica@echalliance.com

THANK YOU!

Figure 6. Screenshot of the Reporting Tool cover page

⁷https://teams.microsoft.com/l/file/5F253871-7B62-46D5-A55C-C49DCA50813F?tenantId=463b6811-b0a4-4b2a-b932-72c4c970c5d2&fileType=xlsx&objectUrl=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth%2FDelte%20okumenter%2FWP8%2FWP8%20Tasks%2FT%208.3%20Dissemination%2C%20Communication%20and%20Stakeholder%20Engagement%20plans%20and%20overviews%2F09_Planning%2FGravitate-Health_Comm%20%26%20dissemination%20planning.xlsx&baseUri=https%3A%2F%2Fuio.sharepoint.com%2Fsites%2FGravitateHealth%2&serviceName=teams&threadId=19:9058370802db4cce9617fa6a7645fd79@thread.tacv2&groupId=66b56090-2160-4a51-a480-4f318b2b5556

Annex 5 – Contractual obligations related to Communication and Dissemination

Grant Agreement Provisions for Dissemination and Communication:

ARTICLE 29 — DISSEMINATION OF RESULTS — OPEN ACCESS — VISIBILITY OF JU FUNDING AND SUPPORT FROM JU MEMBERS

29.1 Obligation to disseminate results

Unless it goes against their legitimate interests, each beneficiary must — as soon as possible — ‘disseminate’ its results by disclosing them to the public by appropriate means (other than those resulting from protecting or exploiting the results), including in scientific publications (in any medium).

In addition, the beneficiaries must comply with the additional dissemination obligations set out in Annex 1.

This does not change the obligation to protect results in Article 27, the confidentiality obligations in Article 36, the security obligations in Article 37 or the obligations to protect personal data in Article 39, all of which still apply.

A beneficiary that intends to disseminate its results must give advance notice to the other beneficiaries of — unless agreed otherwise — at least 45 days, together with sufficient information on the results it will disseminate.

Any other beneficiary may object within — unless agreed otherwise — 30 days of receiving notification, if it can show that its legitimate interests in relation to the results or background would be significantly harmed. In such cases, the dissemination may not take place unless appropriate steps are taken to safeguard these legitimate interests.

If a beneficiary intends not to protect its results, it may — under certain conditions (see Article 26.4.1) — need to formally notify the JU before dissemination takes place.

29.2 Open access to scientific publications

Each beneficiary must ensure open access (free of charge online access for any user) to all peer-reviewed scientific publications relating to its results.

In particular, it must:

(a) as soon as possible and at the latest on publication, deposit a machine-readable electronic copy of the published version or final peer-reviewed manuscript accepted for publication in a repository for scientific publications;

Moreover, the beneficiary must aim to deposit at the same time the research data needed to validate the results presented in the deposited scientific publications.

(b) ensure open access to the deposited publication — via the repository — at the latest:

(i) on publication, if an electronic version is available for free via the publisher, or

(ii) within six months of publication (twelve months for publications in the social sciences

and humanities) in any other case.

(c) ensure open access — via the repository — to the bibliographic metadata that identify the deposited publication.

The bibliographic metadata must be in a standard format and must include all of the following: the terms "Innovative Medicines Initiative 2 Joint Undertaking", "European Union (EU)", "Horizon 2020" and "EFPIA" and "Datapharm Limited"; the name of the action, acronym and grant number; the publication date, and length of embargo period if applicable, and a persistent identifier.

Consortium Agreement Provisions:

7.5 DISSEMINATION OF RESULTS

7.5.1 GENERAL COMMITMENT ON DISSEMINATION

7.5.1.1 Each Beneficiary shall Disseminate its Results as soon as possible, unless such Dissemination goes against its legitimate interests (for instance, because the Results have not yet been protected, the Results concern trade secrets, or disclosing the Results would infringe on Applicable Legislation and security related, or other applicable obligations).

7.5.1.2 A Beneficiary may not Disseminate Results generated by another Beneficiary or any Background or Confidential Information of such other Beneficiary, even if such Results, Background or Confidential Information are amalgamated with such Beneficiary's Results, without the other Beneficiary's prior written approval.

7.5.2 REVIEW AND APPROVAL PROCESS

7.5.2.1 A Beneficiary may only Disseminate any Results if it has circulated the proposed Dissemination to the other Beneficiaries by written notice at least sixty (60) Days prior to such Dissemination, and the below procedure has been followed.

7.5.2.2 Any Beneficiary may object to such a proposed Dissemination within thirty (30) Days of notification, if it can show its legitimate interest in relation to the Results would be significantly harmed, such as for the reasons as detailed here below:

- a) where protection of the objecting Beneficiaries' own Results or Background would be adversely affected by the proposed Dissemination;
- b) where the proposed Dissemination contains Confidential Information from the objecting Beneficiary; or
- c) where other legitimate interests of the objecting Beneficiary are harmed.

If such objection is made, the publishing Beneficiary will:

- (i) in case of a) extend the review period and delay the proposed dissemination for a period of at least three (3) months and a maximum of six (6) months to allow the objecting Beneficiary to evaluate the patentability and/or to file a patent application for the objecting Beneficiary's Results or Background; and/or otherwise modify the publication as requested for scientific or patent reasons;
- (ii) in case of b) delay the Dissemination until the objecting Beneficiary's Confidential Information is removed from the proposed Dissemination
- (iii) in case of c) enter into good faith discussions with the objecting Beneficiary on how to address the legitimate interests of the objecting Beneficiary, as the case may be, by amending the proposed Dissemination.

7.5.2.3 If no objection is received in writing within the thirty (30) Days' period mentioned above, the Beneficiary seeking Dissemination will be free to proceed with the Dissemination as submitted to the other Beneficiaries to the extent such Dissemination does not include or refer to Results or any Confidential Information of any other Beneficiary.

7.5.2.4 Nothing in this Consortium Agreement shall be construed as conferring rights to use in advertising, publicity or otherwise the name of the Beneficiaries or any of their logos or trademarks without their prior written approval.

7.5.2.5 Details of any Dissemination and an electronic copy of the published version must be provided to the IMI2 JU within two (2) months following publication.

7.5.2.6 Notwithstanding the provisions of this Clause, nothing in this Agreement shall prevent a student from submitting for a degree of the university a thesis based on the Results obtained during the course of work undertaken as part of the Project, the examination of such a thesis by examiners appointed by the university, or the deposit of such a thesis in a library of the university in accordance with the relevant procedures of the university. The Steering Committee will be informed on an on-going basis regarding the proposed contents of any thesis to be submitted to the university and the final draft shall be submitted to the Steering Committee for review prior to submission to the university. Other Beneficiaries may comment on the contents of the thesis in accordance with Clause 7.5.2.. All appropriate measures ensuring confidentiality must be taken by the Beneficiary with which the student is associated to ensure protection of Confidential Information and/or patent protection of the other Beneficiaries, which shall, where appropriate, require examiners external to the Beneficiary university to sign an agreement of non-disclosure prior to receipt of the thesis and comply with any other applicable requirement under Appendix 2, as the case may be.

7.5.3 OPEN ACCESS TO SCIENTIFIC PUBLICATIONS

Where Dissemination concerns a peer-reviewed scientific publication, each publishing Beneficiary shall comply with Article 29.2 of the Grant Agreement.

7.5.4 MANDATORY MESSAGING IN CONNECTION WITH DISSEMINATION

Unless the IMI2 JU requests or agrees otherwise or unless it is impossible, any type of Dissemination that shall arise from the Action shall include the logos, emblems, and text provided for in Article 29.4 of the Grant Agreement.

7.6 COMMUNICATIONS

Each beneficiary may make communications provided that the subject matter, content and form of such communication falls within the scope of the communication guidelines as set forth in appendix 12.

Appendix 12 to the Consortium Agreement: Communication Guidelines

This Appendix governs Communication, by means other than Dissemination, by or on behalf of Beneficiaries. It is intended to cover, for example, the use of social media where the Project is associated with such Communication, e.g., a tweet that includes a reference to the Project, the Project twitter handle, “[XX]”, or the like. The use of social media, e.g., Twitter, Facebook, Instagram, Linked-In, blogs, and the like, is generally encouraged to build awareness of and publicize the Project and its progress. It is within this spirit that the following binding guidelines are provided. These guidelines cover Communications related to the Project that do not contain Results or Background, including by means of newsletters, blogs, and websites of patient groups, caregiver organizations, and the like.

Any activity listed as “**Permitted Communications**” below can be undertaken. Activities that are listed as “**Prohibited Activities**” below list may be permissible, but are subject to the terms of the Consortium Agreement, including those on Dissemination and Confidential Information.

Permitted Communications *

** To the extent not including any Results of any Beneficiary or any Background or Confidential Information of another Beneficiary and to the extent applicable confidentiality obligations are respected.*

- A. Announcements regarding upcoming Project presentations
- B. Links to web pages containing news coverage of Project, and any web-based content, e.g., journal articles and abstracts.* But see “Links Guidelines” below
- C. Information raising awareness about the need to treat, prevent, or diagnose of [XX], but statements in a tweet that include health statistics and scientific content must include a link to a credible independent site that supports the information
- D. Information about the IMI2 JU’s values and the IMI2 JU’s commitment in society
- E. Information about partnership/collaboration with patients’ associations/charitable associations and foundations
- F. Information aimed at involving and engaging people in a future IMI2 JU or Project event directed to general public
- G. Information about the launch of the Project website or a Project app open to general public
- H. Information about new EU health policies/regulations
- I. Information that may refer to healthy living tips
- J. Information about the Project’s press releases that have been approved
- K. General chats about Project
- L. [Enrolment announcements]
- M. Links to caregiver support groups and other similar resources, unless permission to link is required

- N. Links to general news regarding [XX], treatments, screening, biomarkers, and diagnostics developed outside of the Project.

Prohibited Activities*

** May be permissible by applying the relevant provisions concerning Confidential Information and Dissemination.*

1. Communications including Results of any Beneficiary or any Background or Confidential Information of another Beneficiary
2. Dosage amounts/timing
3. Photos and video of people (unless prior written permission has been obtained)
4. Any post/comment regarding a Beneficiary's products or compounds, including compound names, off-label or inappropriate use, making claims that are false or unsubstantiated, and making claims about another Beneficiary's products
5. Promotion of products (considered identifiable or viewable), promotional text regarding specific product or comparison of products
6. Attempts to diagnose a condition, recommend a treatment, or address other topics more appropriately reserved to healthcare professionals
7. Disclosure of Confidential Information or Background of another Beneficiary
8. Financial disclosures about a Beneficiary and predictions of its future performance
9. Commentary regarding ongoing litigation or other dispute resolution matters
10. Commentary regarding any crisis situation, adverse events, side effects resulting from the Project
11. Any harassing, threatening, derogatory, defamatory, discriminatory, abusive, hateful, violent, inciteful, or obscene language or material
12. Any reference to personal information of another, including name or information that may be used to identify or locate an individual (including last name, e-mail address, phone number, age or geographical location) or that could otherwise be deemed to constitute invasion of another's privacy
13. Libel, slander or defamation of the character of anyone
14. Any direct use (not linked) of third party copyrighted materials without prior permission
15. Any illegal statements, material, or content
16. Any political or religious content or propaganda
17. Any language that promotes drugs or alcohol, predation of minors, illegal or inappropriate activities or dangerous behavior that may result in harm to anyone reading the tweet or any linked content.

LINKS GUIDELINES

- A. Links must be to non-product promotional websites/content only

- B. The content of the Communication with a link must be consistent with and supported by the content found in the link. Such a supporting link should be to a credible and appropriate independent source
- C. Linked content must not include statements that the Beneficiary making the Communication cannot communicate itself
- D. Ensure the linked content is credible and appropriate, and aligns with the IMI2 JU and the Project's values, tone & objectives
- E. Make it clear that the linked content belongs to a Third Party by including an appropriate citation or link back to the original source
- F. Ensure there is no implication that linked non-sponsored third-party content is affiliated with or endorsed by the IMI2 JU, the Project or the Beneficiaries.
- G. Do not alter Third Party content
- H. Links to Third Party websites are permissible, provided the website content is approved taking into account these guidelines. Review of content linked to the Third-Party website hosting the article linked to the Communication is not required unless there is some indication that the linked content may contain unsubstantiated statements or promotional claims.

THIRD PARTY PERMISSION GUIDELINES

- A. Third Party content is generally copyright protected. Obtain or ensure that permission to use or a copyright license is in place prior to communicating content as use of copyright protected content without a copyright licence / written permission could lead to a claim for copyright infringement.
- B. Personally identifiable information of living individuals is protected by data protection legislation, and the individual's written consent to use this is generally required. However, other legal basis may apply according to Applicable Legislation.
- C. It is permissible to retweet a link that a Third-Party content owner has already tweeted, provided the content is approved under these guidelines for this use.
- D. It is also permissible to retweet a retweet of content, provided that the original source can be verified and has social sharing for Twitter enabled, and the content has been approved for this use.

FOR THIRD PARTY CONTENT FROM ORGANISATIONS (E.G. MEDIA, PARTICIPANTS, ASSOCIATIONS, ETC.)

- A. Photographs of trademarked content (e.g., magazine covers or articles) should not be posted without the express written permission from the publisher.
- B. No content from an image or stock photography warehouse should be used without first obtaining a proper licence. No content that says "courtesy of" a stock photography warehouse, even if it has social sharing functionality, should be used without obtaining a proper license.

FOR THIRD PARTY CONTENT FROM INDIVIDUALS

- A. Photos and/or videos depicting individuals may not be taken (and posted) without the express written consent of each of the depicted individuals (right of self-image and personal data protection right if the images are identifiable information) and the photographer (intellectual property rights).
- B. Names and other personally identifiable information of individuals may not be publicly posted without the individual's express written consent as a general rule. However, other legal basis may apply according to the Applicable Legislation.
- C. Quotations and sayings from living individuals or individuals that have been deceased less than 75 years (or any other applicable period during which authorship is protected under the relevant applicable law) should not be used without written permission from the individual or their estate. Whether copyright rules apply to the relevant individuals' saying must be first assessed.
- D. Content from minors should be accompanied or replaced, as the case may be, by the parents/guardian consent. In any event, information on minors should not be posted publicly or retweeted.
- E. Third Party tweets should not be used on other social media platforms or for offline uses (e.g., in printed materials) without first obtaining the individual's express written permission, unless permitted by the Applicable Legislation.