



Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

## Dissemination Plan

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## Executive Summary

This document constitutes deliverable D2.4-“Dissemination Plan”, which is a part of Work package WP2-“Dissemination” of the INTEGRATE Joint Action (Grant Agreement No: 761319). It presents the dissemination strategy that has been defined for the project, which has been elaborated during the first four months of the Joint Action lifecycle.

Using a comprehensive communication and dissemination package, WP2 will provide the framework for improved interaction and knowledge sharing among stakeholders in the domain of HIV (Human Immunodeficiency Virus), viral hepatitis, TB (Tuberculosis) and STIs (Sexually transmitted infections) testing and linkage to care and combination prevention. The focus will be on exchanging best practices and piloting tools, in order to identify barriers for implementation at the policy level as well as foster collaboration between stakeholders in the targeted diseases for better integration in implementation of prevention, testing and linkage to care of HIV, viral hepatitis, TB and STI's, at the policy level.

The current report describes the main aspects of the INTEGRATE dissemination plan referring to:

- 1) the main pillars of the dissemination strategy;
- 2) the objectives of the dissemination strategy and the key messages to be conveyed;
- 3) the target audience and a tentative list of key stakeholders;
- 4) the foreseen actions of the dissemination strategy;
- 5) deliverables and milestones concerning dissemination;
- 6) the INTEGRATE communication and dissemination package;
- 7) the dissemination strategy timeline, and
- 8) the evaluation measures regarding the INTEGRATE dissemination strategy.

Updates on the dissemination plan are expected by taking into account the outcomes of the dissemination strategy as well as advances in the domain of the Joint Action.



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## 1. Introduction

Work package 2 (WP2) of the INTEGRATE Joint Action (JA) is devoted to dissemination activities. Its key objectives are:

1. To plan and conduct dissemination communication and knowledge management activities, in order to provide the means for discussion, dissemination and knowledge sharing of the JA activities and outputs (inside and outside the Joint Action).
2. To organize a multi-stakeholder Conference for HIV, viral hepatitis, TB and STIs and contribute to other dissemination events.

All INTEGRATE partners participate in the dissemination activities of the project, while the WP2 leader, namely CErTH, will focus on coordinating and supporting all the respective activities, in order to ensure the widest possible communication of the outcomes from each core WP within the specific themes targeted by INTEGRATE.

Using a comprehensive communication and dissemination package, WP2 will provide a framework for systematic interaction and knowledge sharing among stakeholders in the domain of HIV (Human Immunodeficiency Virus), viral hepatitis, TB (Tuberculosis) and STIs (Sexually transmitted infections) focusing on testing, linkage to care and combination prevention. The emphasis will be given on exchanging best practices, identifying barriers for implementation at the policy level, and fostering collaboration between stakeholders in the above disease areas for better outcomes in implementation of prevention, testing and linkage to care of HIV, viral hepatitis, TB and STI's, at the policy level.

The current report describes the INTEGRATE dissemination plan based on the following structure: Section 2 presents the rationale of the dissemination strategy, the objectives and messages to be conveyed, the target audience and a tentative list of key stakeholders, the foreseen actions of the dissemination strategy, as well as the relevant deliverables and milestones. Section 3 presents the INTEGRATE communication and dissemination package, comprising of the INTEGRATE Website and its knowledge management component, the INTEGRATE presence in social media, the logo and visual material. Section 4 presents the INTEGRATE dissemination strategy timeline, while section 5 presents the evaluation measures regarding the dissemination activities of the JA. Finally, section 6 concludes this report.



## 2. The INTEGRATE Dissemination Strategy

### 2.1 Dissemination Strategy Rationale

INTEGRATE strives to achieve high visibility of outcomes and results as well as sustainable impact on national policies and strategies. The planned engagement and dialogue with policy makers and other key stakeholders, such as representatives of associations for persons living with HIV, hepatitis, STI and TB, are highly prioritized in the INTEGRATE activities, in order to ensure that results and best practices are taken into consideration in the development of national strategies.

All INTEGRATE partners will support the implementation of the communication strategy, in order to leverage the anticipated communication activities at the national level. This will ensure that all communications are associated with the core objectives of the project and that key messages are consistently delivered. It has to be noted that the implementation of the national dissemination activities and the identification of relevant stakeholders to be engaged is expected to provide high-impact in the sustainability of the INTEGRATE outcomes. This will be an important point that will be elaborated on annual partnership forum meetings and other WP-related meetings.

The main pillars of the INTEGRATE dissemination strategy include:

- Pillar 1.** Define clearly the objectives of the dissemination strategy as well as the messages that the dissemination strategy shall convey (section 2.2).
- Pillar 2.** Identify the target audience and then compile and maintain a database of the targeted stakeholders (section 2.3).
- Pillar 3.** Ensure high visibility and impact for the action by providing the necessary knowledge sharing and capacity building mechanisms that will be followed throughout the duration of the JA.
- Pillar 4.** Establish close collaboration with the core INTEGRATE WPs, in order to disseminate their outcomes in a timely and comprehensive manner with appropriate actions (section 2.4).
- Pillar 5.** Develop an attractive and comprehensive dissemination toolkit, capable of conveying the messages to the targeted audience (section 2.5).
- Pillar 6.** Evaluate and update the dissemination strategy periodically based on the feedback and the achieved results, in order to ensure that the dissemination activities maximize the INTEGRATE outcomes' visibility and reach the targeted audience (section 5).

These pillars are further described in the following sections.





## 2.2 Dissemination Objectives and Messages to Be Conveyed

The objectives of WP2, as documented in the INTEGRATE Grant Agreement, are:

1. To plan and conduct dissemination communication and knowledge management activities, in order to provide the means for discussion, dissemination and knowledge sharing of the JA activities and outputs (inside and outside the Joint Action).
2. To organize a multi-stakeholder Conference for HIV, viral hepatitis, TB and STIs and contribute to other dissemination events.

In addition to being clear about the rationale of the INTEGRATE dissemination activities, we must carefully consider what we would like to convey about this JA. To identify key messages, it is important to understand the stakeholder's perspective and to identify what they would potentially like to know about INTEGRATE. The key messages should address what makes INTEGRATE unique and why recipients should care about its activities and outcomes. Key messages shall attract the attention of stakeholders by providing new information or convincing evidence on the domain that INTEGRATE elaborates on. Messages should be concrete, credible and comprehensive.

Some initial key messages formulated by the INTEGRATE core-WP leaders are:

**WP4 - Policy development and sustainability:** INTEGRATE aims at increasing integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU Member States by 2020, by piloting activities related to HIV home testing/sampling, specialty guidelines review, integration of testing data, novel prevention and partner notification strategies, and patient experience monitoring. However, in order to be effective in the long-term, these activities need to be sustainable and further developed, consolidated and maintained by integrating them in the national policies. *INTEGRATE will work towards country-specific policy development and sustainability of the JA results by identifying and communicating to the relevant stakeholders the possible ways to integrate them into the national existing policies and processes, though a sustainability plan and a more specific roadmap to reach the goal.*

**WP5 - Integrating testing and linkage to care of HIV, viral hepatitis, TB and STIs:** Ending HIV transmission in Europe is possible, but it will require increased testing initiatives and linkage to care across a wide range of settings. *Testing is the gateway to both treatment and care and prevention. All individuals have a right to know their HIV status; Indicator condition driven testing is an effective strategy to deliver this; normalising testing and removing potential provider based barriers; Indicator Condition driven testing has the potential to decrease levels of late presentation and levels of undiagnosed infection; it is a cost effective intervention.* For a successful roll-out of self-testing and self-sampling tests there needs to be *adequate quality*



*assurance processes of sampling and testing devices, innovations in communicating test results, and systems to facilitate prompt linkage of newly HIV diagnosed patients to HIV care.*

**WP6 - Monitoring and evaluation of HIV, viral hepatitis and STIs testing and linkage to care:** As testing programmes expand and become integrated, it is vital that progress is monitored locally and nationally, nevertheless, difficulties remain in monitoring performance of testing programs at all levels and linkage to care due to significant gaps in the data available. In particular, the existing separation of datasets between national surveillance and community based testing sites undermines the ability of all stakeholders to understand and assess the opportunities and challenges facing testing programs. Improving testing policies, planning, resource allocation and program performance requires timely, accurate and high-quality data on HIV testing and linkage to care locally, nationally and regionally. *INTEGRATE will identify and communicate some of these challenges and opportunities by identifying processes that can facilitate the integration of testing and linkage to care data for HIV, Hepatitis and STIs into surveillance and M&E systems, helping to produce meaningful national datasets that capture the activities of the various organisations conducting testing, such as Community Based VCT settings (CBVCT) and health care settings and strategies highly popular such as the European Testing Week.*

**WP7 - Improving the use of ICT tools and Partner Notification in combination prevention for HIV, viral hepatitis, TB and STIs:** Partner notification is integral in preventing disease transmission, preventing reinfection and facilitating diagnosis in others, key facets of primary and secondary prevention. Current guidelines on partner notification vary by area and healthcare setting throughout the EU, resulting in gaps of identification and treatment. When possible, there should be uniform systems for partner notification and sharing of best practice and resources across disease areas as vulnerable populations are prone to multiple co-infections. *INTEGRATE will identify and disseminate partner notification tools as well as ICT tools that can be adapted for key populations, country contexts and healthcare settings, sharing lessons learned from one disease area to another.*

**WP8 - Capacity building:** There is a need across the EU to improve capacity of health care professionals and community workers in delivering comprehensive care programmes for HIV, TB, viral hepatitis and STIs, rather than treating each disease separately. *INTEGRATE will identify and share good models of integration of testing and linkage to care that can be replicated in different settings/countries, in order to improve the health condition of multimorbid patients across Europe.* There is a wide range of training tools and guidelines on HIV, viral hepatitis, TB and STIs that can be adapted and used across the EU. *INTEGRATE will disseminate the adaptation and use of such tools, according to specific needs and gaps.*

The WP2 Leader in collaboration with the INTEGRATE partners will further analyse and define more precisely the INTEGRATE key messages as the JA work progresses, and disseminate them through the INTEGRATE Communication and Dissemination Package.



## 2.3 Target Audience and Key Stakeholders

The main target audience of the INTEGRATE JA are:

- Public authorities and policy-makers involved in the prevention, testing and linkage to care of HIV/AIDS, viral hepatitis, TB and STIs.
- Healthcare professionals, including general practitioners of primary care services, as well as health staff of public and private institutions specialized on infectious diseases.
- Staff of civil society organizations working in the field of HIV/AIDS, viral hepatitis, TB and other infectious diseases, both with key groups (PWUDs, LGBTs-, sex workers, youth) and the general population.

We anticipate that the above target groups will contribute to wide dissemination and implementation of the INTEGRATE outcomes. Implementation is a strategic issue for INTEGRATE, aiming to use the evidence and translate the JA outcomes to inform testing and treatment policies at the EU and national levels.

Undiagnosed people living with HIV, viral hepatitis, TB and STIs as well as most affected populations are the final beneficiaries, since the aim is to secure timely access to diagnosis and optimal care. These groups will be reached through the target groups mentioned above.

A stakeholder analysis was performed at the beginning of the JA to map-out the key groups of the targeted stakeholders for INTEGRATE. The following target groups of stakeholders were considered relevant for INTEGRATE and included in the analysis:

- Participating networks, programmes and projects;
- The scientific community of the domain;
- EU policy makers;
- National policy makers;
- Target group organisations;
- Organisations representing people living with the targeted diseases.

More specifically, and taking into account the stakeholders who were targeted/involved by/in past/ongoing relevant JAs and projects, the INTEGRATE target audience includes:

- European Commission and the Consumers, Health and Food Executive Agency (CHAFAEA)
- European Centre for Disease Prevention and Control (ECDC)
- WHO Regional Office for Europe (WHO/Europe)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Coordinators of European projects focusing on the diseases considered by INTEGRATE
- Governmental Health Agencies-Public Health Institutes
- Local, Regional, and Provincial Administration Bodies



- Healthcare professionals and epidemiology associations
- Medical societies such as: European Association for the Study of the Liver (EASL), European AIDS Clinical Society (EACS), BASHH, SSSTDI, Infectious Disease Society of Ireland (IDSI), Infectious Disease Society of America (IDSA), International Union against Sexually Transmitted Infections (IUSTI)
- Universities, Research Institutes, Training Centres
- Voluntary Associations
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- HIV in Europe Initiative
- Correlation Network (working on hepatitis C)
- TB Coalition
- STOP TB partnership
- European AIDS Treatment Group (EATG)
- Civil Society Forum for HIV/AIDS
- AIDS Action Europe
- HIV Networks
- HIV/AIDS Think Tank
- HIV/AIDS organizations
- Members of the COBATEST Network of Community Based Voluntary Counselling and Testing services (CBVCTs)
- European CBVCT services
- HepCare
- E-DETECT TB
- HIV/AIDS Non-Governmental Organizations (NGOs) and organizations
- Most-at-risk groups, such as men who have sex with men and vulnerable groups such as immigrants.
- “Stefan S. Nicolau” Institute of Virology (Romania)
- Therapy Centre for Dependent Individuals – KETHEA (Greece)
- Sex Education Foundation (Hungary)
- Bulgarian Family Planning and Sexual Health Association (Bulgaria)
- Sensoa Flemish expertise centre for sexual health (Belgium)
- Institute for Hygiene and Tropical Medicine (Portugal)
- Central and North-West London NHS Foundation Trust (UK)
- Deutsche Aids Hilfe e.V (Germany)
- Swedish Institute for Communicable Disease Control (Sweden)
- EuroHealthNet
- The Sexual Health Centre Limited (Ireland)
- Prince Leopold Institute of Tropical Medicine (Belgium)



- Aids Hilfe Wien (Austria)
- Soa Aids Nederland (the Netherlands)
- Ministry of Health, Social Services and Equality (Spain)
- Health Service Executive (Ireland)
- National Institute for Infectious Diseases Lazzaro Spallanzani (Italy)
- National Institute for Infectious Diseases «Prof. Dr. Matei Bals» (Romania)
- INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE (France)
- THE GLOBAL NETWORK OF PEOPLE LIVING WITH HIV (GNP+)
- The Hungarian Civil Liberties Union (Hungary)
- Health and Social Environment Foundation (Bulgaria)
- Robert Koch-Institut (Germany)
- Asociatia Romana ANTI SIDA (Romania)
- Tuberculosis Foundation of Latvia (Latvia)
- Institute of Hygiene (Lithuania)
- Finnish Lung Health Association (Finland)
- AUTO SUPPORT et reduction des risques parmi les USAGERS DE DROGUES – ASUD (France)
- The competence Centre of the City of Oslo Agency for Alcohol and Drug Addiction Services (Norway)
- Developing Initiatives for Support in the Community - DISK (UK)
- Central and Eastern European Harm Reduction Network
- Rotterdam Public Health Service (the Netherlands)
- Government of Catalonia, Department of Health (Spain)
- Swedish Drug Users Union (Sweden)
- The Eurasian Harm Reduction Network (EHRN)
- The Centre for Research on Drugs and Health Behavior at the London School of Hygiene and Tropical Medicine (UK)
- Social cooperative Società Dolce - Bologna (Italy)
- Fundación Secretariado Gitano (Spain)
- Hors la Rue - Paris (France)
- European Forum for Urban Safety - EFUS
- Development and Education Centre RIC Novo Mesto (Slovenia)
- Association of Varna Organizations for Drug Prevention (Bulgaria)
- NPO Convictus Estonia (Estonia)
- Association of Schools of Social Work in Romania (Romania)
- LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
- National Institute of Public Health – National Institute of Hygiene (Poland)
- National Health Institute – Istituto Superiore di Sanità (Italy)
- Ministry of Health – General Direction of Health Prevention (Italy)



Table 1 lists the types of targeted stakeholders for each INTEGRATE WP.

**Table 1: Stakeholders for each INTEGRATE Work Package.**

CORE WORK PACKAGES					
	WP 4	WP 5	WP 6	WP 7	WP8
<b>Primary Stakeholders</b>	EU policy makers, National policy makers, National Healthcare Authorities, Healthcare decision makers, Legal and regulatory authorities	Healthcare providers and commissioners, Healthcare decision makers, National Authorities, civil society organisations working on screening, linkage to care and treatment issues, Key populations	Healthcare decision makers, National Authorities, Civil society organisations working on screening, linkage to care and treatment issues	Healthcare providers and commissioners, civil society organisations working on screening, linkage to care and treatment issues, Lab-based IT staff, Health IT staff, National Authorities	Healthcare providers and commissioners, Civil society organisations working on screening, linkage to care and treatment issues, Medical schools, nursing education, specialist training programmes for doctors
<b>Secondary Stakeholders</b>	Scientific Community, Public Health bodies, Civil society organisations	Medical schools, nursing education, specialist training programmes for doctors, special interest groups, lab staff, lab-based IT staff, Health IT staff, commercial companies in HIV testing technology and pharmaceutical companies	Public Health bodies, Civil society actors involved in testing/linkage to care, Scientific community	PLHIV networks, Civil society organisations, Health Care Providers, Community Based Organisation,	Civil society organisations, Public Health bodies, PLHIV networks

## 2.4 Dissemination Strategy Actions

In order to implement the INTEGRATE dissemination strategy, the following actions will be conducted:

- A1. Analyse content of existing platforms/initiatives e.g. HIV in Europe, European Testing Week, OPTTEST, JA Quality Action, HA-REACT, HIV-EDAT, DG Sante Health Policy Platform (HPP, <https://webgate.ec.europa.eu/hpf/>), ECDC, AAE Clearing House, tbcoalition.eu, Think Tank, Civil Society Forum, etc.
- A2. Review European Testing Week materials in collaboration with WP5.
- A3. Deliver a comprehensive and attractive dissemination and communication package (section 3).



- A4. Organize a multi-stakeholder Conference that will be held in conjunction with the international biennial HepHIV Conference, in order to disseminate INTEGRATE findings and results. HepHIV was the first European Conference to address HIV and viral hepatitis in tandem. In addition to demonstrating the great deal of synergy between the two diseases and creating opportunities to learn from each other's experience, HepHIV is successful in bringing together a broad audience with participation from civil society, policymakers, health professionals and European public health institutions, both as participants and partners. Combining the INTEGRATE Conference with HepHIV will ensure the widest possible participation of the involved stakeholders as well as interaction with a very broad audience in the domain of the JA across Europe. The proposed time and venue is first half of 2019 in Romania under this country's EU presidency.
- A5. Publish the Conference Proceedings as a Supplementary Volume in a relevant, open-access journal (e.g. BMC Infectious Diseases or BMC Public Health).
- A6. Participate in annual Partnership Forums. In year 2, it will be held in conjunction with the HepHIV 2019 Conference, which will allow for interaction with other relevant EU initiatives and a broad range of scientific and community representatives. Another important forum will be the 3 regional Workshops planned to be held in year 2 and 3 in Poland, Italy and Estonia, respectively, organized in the scope of WP8-“Capacity building”.
- A7. Interact and pursue synergies with relevant initiatives/bodies/organizations: This will be achieved through the participation of INTEGRATE partners in relevant meetings at the national, EU and international level to promote the JA outputs.
- A8. Contribute to dissemination of the JA results at other national and EU events, like the annual IAS conferences, the World Days for AIDS, Hepatitis and TB, and major HIV, viral hepatitis, TB and STI conferences.
- A9. Plan scientific publications in highly-ranked, open-access journals, presenting the project concept, vision and results.

## 2.5 Dissemination-related Deliverables

The deliverables concerning the dissemination of INTEGRATE are:

- **D2.1 - JA Leaflet** (Month 3): A leaflet to promote the JA.
- **D2.2 - Layman version of final report** (Month 36): Short version of the final report, written for the interested public as a target group).
- **D2.3 - Website** (Month 3): The JA website.
- **D2.4 - Dissemination Plan** (Month 4): The report describes the dissemination plan, stakeholder analysis and JA dissemination material. To be updated M12, M24 and M34.
- **D2.5 - Newsletters** (Month 36): INTEGRATE Newsletters with communication on the activities and results in the JA and relevant update and news from JA partners. To be prepared and sent approximately every 4-6 months.





- **D2.6 - Website and knowledge component updates** (Month 36): Concerns regular updates of the INTEGRATE Website and its knowledge sharing component (hosting and/or linking of/to best practices, tools and relevant material). Updates are planned to be conducted on an annual basis (M12, M24, M36).

## 2.6 Dissemination-related Milestones

The milestones concerning the dissemination of INTEGRATE are:

- **MS4 - Matrix for analysis of existing knowledge platforms** (Month 4): Matrix for analysis of existing knowledge platforms e.g. HiE, ETW, OptTEST, JA Quality Action, HA-React, HIV- Edat, DG Sante, ECDC, AAE Clearing House, tbcoalition.eu, Think Tank, Civil Society Forum etc.
- **MS5 - Website and social media presence** (Month 3): Website and social media profiles established.
- **MS6 - Dissemination plan** (Month 6): Dissemination plan including stakeholder analysis.
- **MS7 - User manuals for JA website** (Month 12): Development of user manuals to guide (Coordinator and relevant LPs) in sharing and uploading content for the JA website.
- **MS8 - Draft conference programme** (Month 20): Development of the draft conference programme.



### 3. The INTEGRATE Communication and Dissemination Package

#### 3.1 The INTEGRATE Website

The Website for the INTEGRATE JA is publicly available at <http://IntegrateJA.eu/> and it is operational from Month 3 of the JA. It has been developed and being maintained by CERTH (Figure 1). Details regarding its structure and content have been reported in Deliverable D2.3 – Website. Being the primary JA communication tool, the INTEGRATE Website has been planned to be maintained and updated for a minimum of 5 years, thus, for a least 2 years after the JA completion.

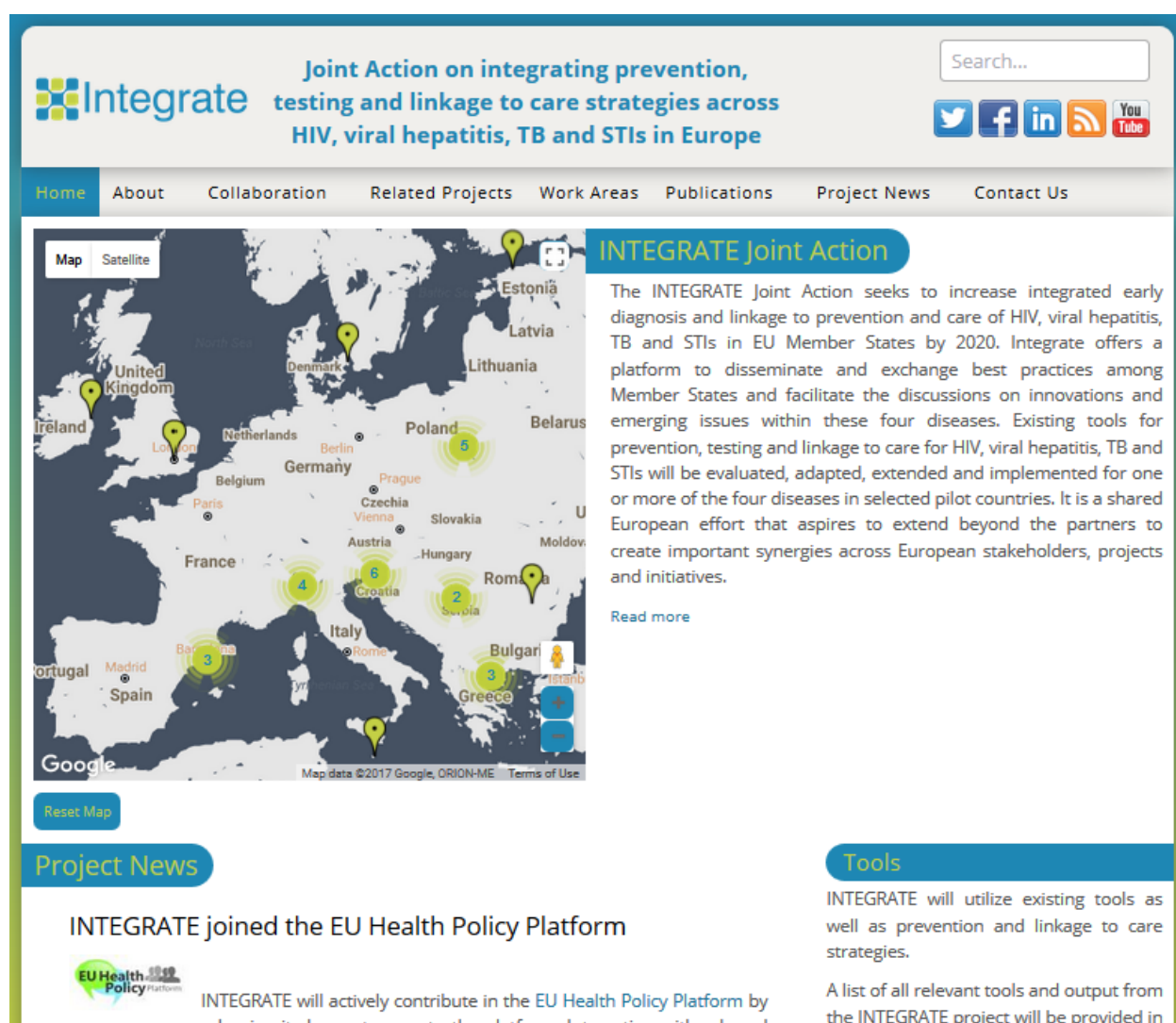


Figure 1. The INTEGRATE Web site.

Careful design and constant updates will be performed showcasing the most recent news, results and ongoing activities of the JA. The Website includes a content management system, where

partners can share news about intermediate results and events, writing of press releases, newsletters, participation to special events, etc.

### 3.2 The INTEGRATE Knowledge Management Component

The knowledge management component of INTEGRATE (currently under development) will be incorporated in the project Web site. The ultimate goal is to deliver a comprehensive and easily accessible, online knowledge sharing component for hosting and/or linking of/to best practices, tools and relevant material.

As a first step, INTEGRATE analysed the content of existing platforms, actions projects and initiatives e.g. HIV in Europe, European Testing Week, OptTEST, JA Quality Action, HA-REACT, Euro HIVEdat, tbcoalition.eu, E-DETECT TB, ESTICOM, Hep-Care Europe, AAE Clearing House, DG Sante Health Policy platform (<https://webgate.ec.europa.eu/hpf/>), ECDC, Think Tank, Civil Society Forum, etc. The outcome of this activity is going to be documented in an internal report.

Emphasis will be given on establishing measures concerning the sustainability of the INTEGRATE outcomes. To this end, INTEGRATE will ensure that the most relevant parts of this knowledge will be also posted in the EU Health Policy Platform (HPP), aiming to assure the sustainability of the INTEGRATE knowledge. The WP2 leader and the Coordinators will establish a collaboration with the HPP staff to ensure the best dissemination through HPP.

### 3.3 INTEGRATE Presence in Social Media

Dissemination of the INTEGRATE outcomes in popular social networks has been already launched. Social media (SoMe) channels play a pivotal role in the dissemination of the JA outcomes, but also in the networking and collaboration among all stakeholders and user groups. An integral feature of SoMe is the constant engagement with the audience and, therefore, it is expected to initiate plenty of valuable discussions and interactions. Hence, INTEGRATE's SoMe presence is spread across popular SoMe platforms, such as Twitter, Facebook, LinkedIn, YouTube and even Instagram.

#### INTEGRATE in Twitter

##### INTEGRATE Twitter Account

<https://twitter.com/IntegrateJA>

Twitter is a microblogging platform that is currently engaging more than 300 million monthly active users, being one of the most popular SoMe channels. The key advantage of Twitter is that information posted on it has the ability to reach a vast number of users, in real-time. EU projects, health organisations and patient associations rely heavily on Twitter for their networking and dissemination strategies. To this end, Twitter has been the first media channel that INTEGRATE



exploited for its introduction to the public, from the first month of the INTEGRATE JA (Figure 2). During the INTEGRATE kick-off meeting in Brussels, which was held on September 18-20, 2017, the INTEGRATE Twitter account was introduced by tweeting about the kick-off meeting, following key accounts and propagating tweets related to the JA. Apart from the registered username (@IntegrateJA), the account has introduced the #IntegrateJA hashtag, which is meant to be used to focus discussions around a specific topic on Twitter for enhanced visibility.



Figure 2: INTEGRATE account on Twitter.

## INTEGRATE in Facebook

### INTEGRATE Facebook Page

<https://www.facebook.com/IntegrateJA/>

Facebook is one of the most prominent online social networks, with massive influence on audiences. In the scope of the INTEGRATE JA, Facebook is particularly appropriate for networking with patient associations and the general public interested in the JA work. Allowing for lengthier content and a variety of supported media (photos, videos etc.) compared to Twitter as well as being a base for discussions amongst users, INTEGRATE's Facebook page (Figure 3) aspires to engage the community and raise awareness in a user-friendly manner and, consequently, increase the interest and expectations for the JA impact and outcomes.

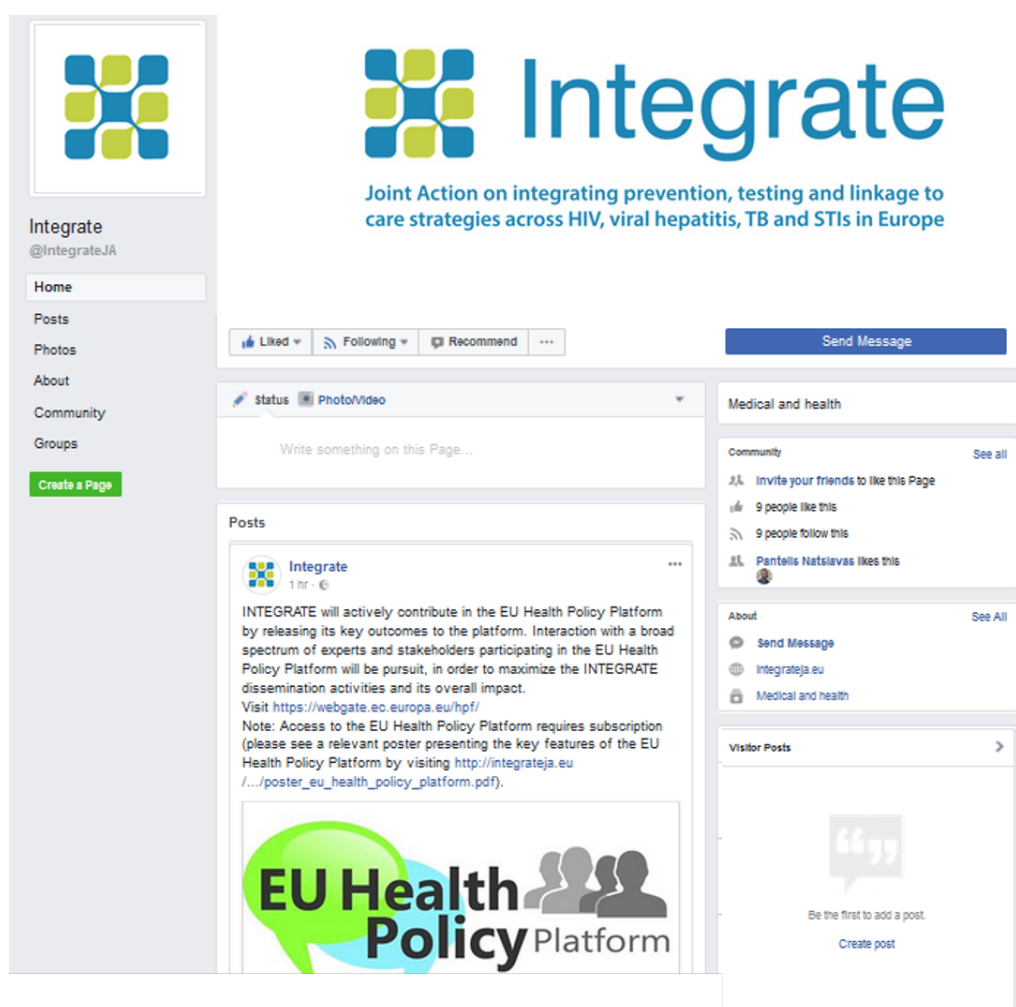


Figure 3: INTEGRATE page on Facebook.

## INTEGRATE in LinkedIn

### INTEGRATE LinkedIn Profile

<https://www.linkedin.com/in/integrateja/>

### INTEGRATE LinkedIn Group

<https://www.linkedin.com/groups/12070241>

LinkedIn is one of the most widely recognized professional social networks. It offers a platform on which professionals can communicate and interact; thus, it is an ideal medium for INTEGRATE to reach out to scientists and healthcare professionals in related fields for possible collaboration. For the INTEGRATE JA, a LinkedIn profile as well as a LinkedIn Group have been created (Figure 4).

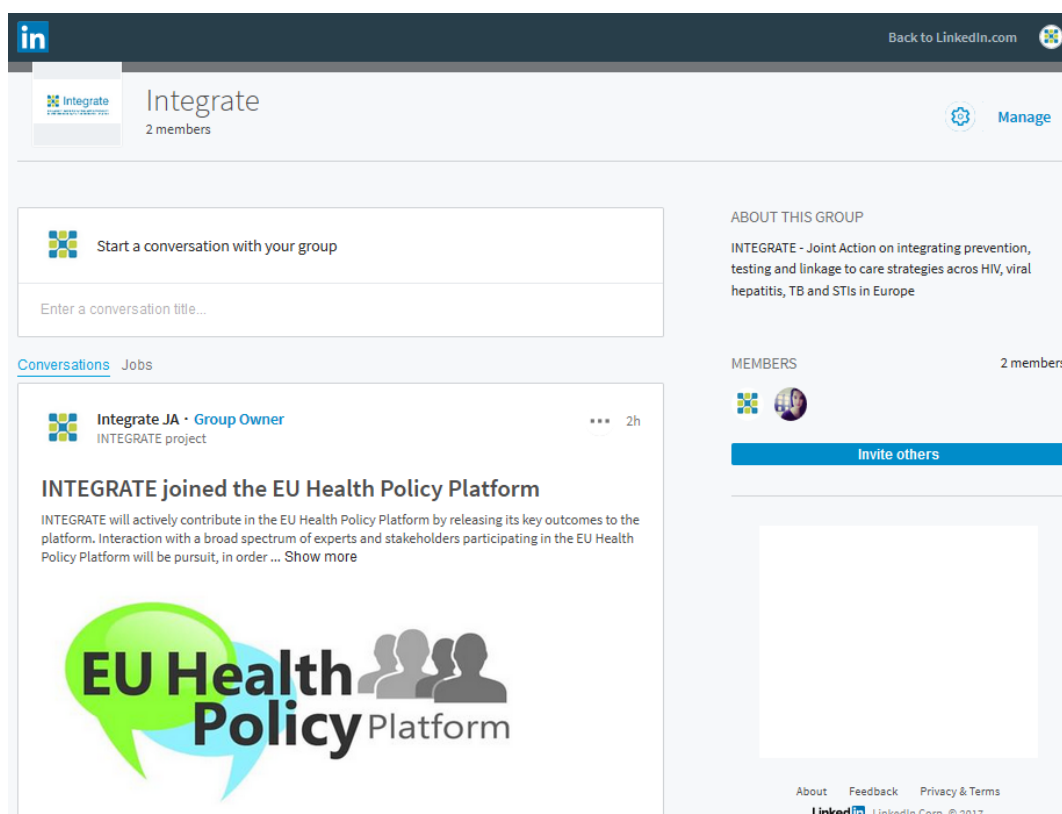


Figure 4: INTEGRATE Group on LinkedIn.

## INTEGRATE in YouTube

### INTEGRATE YouTube Channel

<https://www.youtube.com/channel/UCHIoihYeO0w89rH-OC9Ic3Q>

YouTube is a multimedia platform, mainly focusing on hosting and sharing videos, but also offering strong community features (followers, channels, subscriptions, etc.). Short informative videos about INTEGRATE's goals and expected impact, results, videos dedicated to raising awareness and promoting discussion on INTEGRATE related topics, are all soon expected to be generated through INTEGRATE's activities. For that reason, a YouTube channel has already been established, although it doesn't feature any content yet.

## 3.4 INTEGRATE Logo and Visual Material

Aiming to develop a distinctive visual identity for the INTEGRATE JA, its logo was designed early on (on month 1 of the JA). The key concept behind the logo's design is the integration of the various tools and procedures that currently exist for the prevention and testing of HIV, TB, Viral Hepatitis and STIs.



Figure 5: INTEGRATE logo with short title.

The visual identity of INTEGRATE will be applied to all media channels (Website and social media accounts) and on all the JA's documents (deliverables, leaflet, presentations and internal reports). Three versions were created, one featuring the Joint Action's full title (Figure 5), one featuring only the JA's short name (Figure 6) and one containing just the logo, to be used as a profile image in the various SoMe accounts (Figure 7).



Figure 6: INTEGRATE logo with full title.



Figure 7: INTEGRATE logo for social media accounts.

Additional visual material, i.e. production of banners, posters, preparation of 9 project newsletters will be developed. For the moment, the INTEGRATE leaflet has been created, as part of deliverable D2.1-JA Leaflet (Figure 8).

In addition, based on the approved visual identity, the WP2 leader created templates for deliverables, internal reports, presentations, deliverable review forms, as well as minutes of meetings and teleconferences. All partners shall use these throughout the full duration of INTEGRATE. In these templates, the INTEGRATE logo and the logo of the 3<sup>rd</sup> Health Programme appear to acknowledge the funding source.

On each presentation and communication material, the following disclaimer will be always displayed: *"This presentation/material arises from the joint action INTEGRATE which has received funding from the European Union, in the framework of the Health Programme (2008-2013). The content of this presentation represents the views of the author and it is his sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive*



Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains."

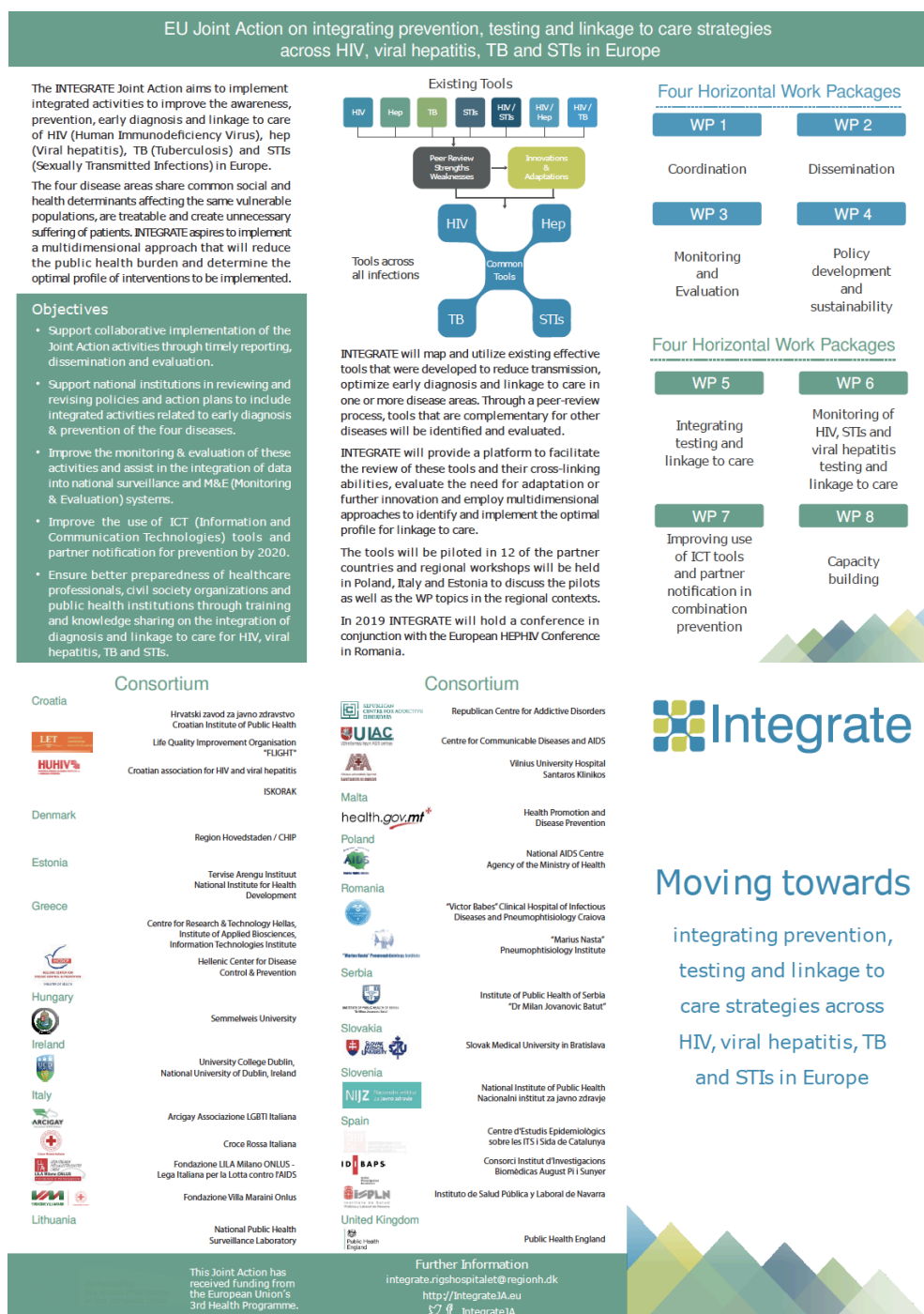


Figure 8: The INTEGRATE leaflet.

## 4. The INTEGRATE Dissemination Activities Timeline

The dissemination activities timeline presented in [Figure 9](#) illustrates the key, foreseeable dissemination prospects and events. The list of activities presented here is not meant to be exhaustive, but rather indicative of the dissemination planning for the INTEGRATE JA. The timeline will be constantly enriched, as the JA evolves, with targeted events and activities every 6 months. The annual updates of the dissemination plan will include a complete lists of dissemination activities for the corresponding time periods.



Figure 9: Dissemination Activities Timeline.





## 5. Evaluation Measures for the INTEGRATE Dissemination Strategy

The INTEGRATE dissemination strategy shall be considered as a dynamic process throughout the entire JA lifecycle. Thus, the dissemination plan will be monitored throughout the project, in order to evaluate its implementation and effectiveness. This evaluation is essential, in order to align the strategy to new issues and challenges that may arise during the JA implementation by aligning the planned activities. A list of tentative, though specific evaluation indicators – both quantitative and qualitative, as listed in [Table 2](#) – will enable us to assess the success of the dissemination strategy by comparing the expected outcomes with the achievements.

**Table 2: Evaluation measures for the INTEGRATE dissemination strategy.**

Activity	Outcome	Indicator	Target
Internal communication		% of Consortium members taking part to monthly meeting/year 90%	90%
On-line communication	Website	Number of website visits/month	200
	Social media - Twitter	Number of followers	500
	Social media – Facebook Page	Number of likes (followers)	500
	Social media – LinkedIn Group	Number of members	200
	Social media – YouTube Channel	Number of followers	100
Off-line communication	Leaflet	Copies distributed to stakeholders per year/partner	200
	Policy briefs	Number of national and international authorities reached	N/A
	Press Releases	Number of press releases/year	2
Videos		Videos/year	1
Training	Webinars	Number of trainees/webinar	50
Events	National Meetings	Number of national meetings organized/year	3
	International Meetings	Number of international meetings organized/year	1
	External events	Number of external events/year	4
Publications	Articles	Number of articles published	5
	Public Reports	Number of public reports/year	2

Evaluation of WP2 activities will be also conducted by WP3-“Monitoring and Evaluation”.



## 6. Conclusions

The current report presented the dissemination plan of the INTEGRATE JA. It described the main aspects of the INTEGRATE dissemination plan referring to:

- 1) the main pillars of the dissemination strategy;
- 2) the messages to be conveyed;
- 3) the target audience and a list of key stakeholders;
- 4) the foreseen actions of the dissemination strategy;
- 5) deliverables and milestones concerning dissemination;
- 6) the INTEGRATE communication and dissemination package;
- 7) the INTEGRATE dissemination strategy timeline, and
- 8) the evaluation measures regarding the INTEGRATE dissemination strategy.

Given the current stage of the INTEGRATE lifecycle, this report comprehensively presents our dissemination strategy. Nevertheless, this strategy will constantly be evaluated and aligned to address new aspects concerning the dissemination of the INTEGRATE JA.



## Abbreviations

- AIDS: Acquired Immune Deficiency Syndrome
- DoA: Description of Action
- Hep: Hepatitis
- HIV: Human Immunodeficiency Virus
- HPP: The EU Health Policy Platform
- INTEGRATE: Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe
- JA: Joint Action
- SoMe Social Media
- STIs: Sexually transmitted infections
- TB: Tuberculosis
- WP: Work Package



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Hrvatski zavod za javno  
zdravstvo Croatian Institute  
of Public Health



Life Quality Improvement Association



Croatian association for HIV and viral  
hepatitis



ISKORAK

### Denmark



Region Hovedstaden / CHIP

### Estonia



Tervise Arengu Instituut  
National Institute for  
Health Development

### Greece



Centre for Research & Technology  
Hellas, Institute of Applied  
Biosciences, Information  
Technologies institute



Hellenic Center for  
Disease Control &  
Prevention

### Hungary



Semmelweis  
University

### Ireland



University College Dublin,  
National university of  
Ireland Dublin

### Italy



Arcigay Associazione LGBTI



Croce Rossa Italiana



Fondazione LILA Milano ONLUS -  
Lega Italiana per la Lotta contro l'AIDS



Fondazione Villa Maraini Onlus

### Lithuania



National Public  
Health Surveillance  
Laboratory



REPUBLICAN  
CENTRE FOR ADDICTIVE  
DISORDERS

Republican Centre  
for Addictive  
Disorders



Centre for Communicable Diseases  
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### Malta



Health Promotion and  
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### Poland



National AIDS Centre  
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