Objectives

The overall objective of WP5 is two-fold. First, to obtain and maintain acceptance by relevant stakeholders of the DRIVE governance; second, to provide a plan for and effectively carry out communications to different stakeholder groups of the progress of DRIVE, with a particular focus on the influenza VE, knowledge gaps and experiences with PPP governance model. The detailed communication objectives and tasks derived from the overall objectives target two layers of stakeholders; the layer 1 composed of the existing statutory stakeholders (i.e. EMA, NRAs, MAHs, NPHIs, WHO) and the layer 2 composed of those better defined as non-statutory end users of VE data, and presently served with influenza related communications arising from NPHIs, ECDC, and WHO (i.e. physicians, nurses, social workers, citizen interest groups, patient organizations, media). The plan will also incorporate communications with the funding body, the IMI as a primary interested stakeholder.

See Figure 6 in Annex I of the DoA. Target audiences

Description of work and role of partners

WP5 - Communication and dissemination of results [Months: 1-60]
THL, FISABIO, IRD, P95, UNIFI, SYNAPSE, ISS, SURREY, COMO, UCBL, IABS-EU, SP, SEQIRUS, GSK Bio

The WP Lead will be THL and the WP Co-Coordinator will be SEQIRUS.

Task 5.1: Establish the procedures of external communication of DRIVE
Partners involved: THL (Task leader), FISABIO, UNIFI, SYNAPSE, ISS, SURREY, CoMO, IABS-EU, SEQIRUS, SP, GSK (M1-12).

WP5 is to communicate the progress and results of WP4-7. Communications will be based on key milestones within the working plans and the flow of results of WP4-7. To maintain credibility of DRIVE, timeliness, transparency, accuracy and coherence of information will be the foundation principles of all external communications.

The governance and procedures in external communications are established during the first year and tested and developed further thereafter. In principle, the content of communications is produced together with WP5 and the respective WP(s). To ensure coherence in communications related to project progresses and achievements, other WPs and the Coordination team will provide input and review to communications. Finally, all content is approved by the Steering Committee. External communications about other results will be disseminated in accordance to clause 7 of the CA. In demanding and important issues relating to the description of the studies and interpretation of the findings, the Independent Scientific Committee is consulted either by the Steering Committee or by WP5 directly. IMI will be consulted on major communication milestones ahead of execution and the General Assembly will be reported to on regular basis.

The Communication Plan will be prepared before the first influenza season 2017/2018. The plan will define the elements partly anticipated in section 2.2: 1) main communications channels - website(s), newsletter, press releases, scientific publications and social media; 2) target groups (Layer 1 & 2); 3) preliminary timelines and 4) organization of communications.

Special consideration will be given to DRIVE website which aim is two-fold:
- To build trust and credibility through full and timely transparency of the project’s funding, governance operations and progress.
- To provide an authoritative source of evidenced-based information about vaccine effectiveness for all interested stakeholders.

The master Communications Plan for DRIVE will target Pan-European stakeholders (layer 1 and 2). A key tactic for the communication of major project milestones will be to push stakeholders to the DRIVE website where study results will provide a Pan-European view of vaccine effectiveness as well as high level results for each participating country. All results information published on the DRIVE website will be accompanied by lay summaries, reviewed and approved in accordance with the project governance.

Participating NHAs will be engaged early in this process to ensure they have sufficient time to review country-specific results in the context of complete study results and prepare detailed country-specific analysis for sequenced communication to their in-country stakeholders (layer 1 and layer 2) in coordination with DRIVE Pan-European
communications. This approach has been chosen as NHAs should be given the courtesy of identifying political sensitives that may arise from communication of the study results and because they know best to communicate DRIVE results in their country.

DRIVE will support NHAs to communicate DRIVE results to in their respective countries and ensure consistency of message through the provision of key messages as well as communications tools and templates, such as result briefs, infographics and social media posts. It is our expectation that NHA websites will host detailed country-specific data analysis, and that the DRIVE website will provide links to these sites. Alternatively, this information could be uploaded to the DRIVE website by the DRIVE webmaster in accordance with established web governance.

There is a risk that this approach will delay publication of DRIVE results however we believe it will be the best way to keep the NHA engaged in the project. Ensuring sufficient time for review in the communications timelines and communicating deadlines clearly and well in advance will be critical to minimising this risk.

The DRIVE website will be built based on consultation with relevant stakeholders. The governance, architecture and content will be regularly reviewed to ensure it meets the needs of layer 1 and layer 2 stakeholders. This approach will be taken with other DRIVE communication tools, for example the Mobile App, where feasibility will first need to be established.

Task 5.2: Establish two-way communication lines between DRIVE and the “layer 1” stakeholders

Partners involved: THL (Task leader), FISABIO, IRD, P95, UNIFI, IABS-EU, SEQIRUS, SP, GSK (M1-24).

Establish two-way communication lines between DRIVE and the layer 1 stakeholders i.e. PHRB’s, Ministries of Health, ECDC, WHO, EMA, MAHs, and to define their needs in communicating with their respective customers, stakeholders or target groups (layer 2). As ECDC has indicated via advice from its Management Board that any communication from with ECDC will have to be unofficial, ways of working with ECDC needs special attention during the pilot phase, and possibly creative solutions.

In preparation for engagement with key stakeholders, DRIVE will conduct a mapping exercise of all relevant stakeholders, tapping into the knowledge of the consortium (WP1, WP5). The exercise will identify the aspects of DRIVE that are most relevant to each stakeholder (so communications can be tailored) as well as their key points of contact.

The communication plan will be completed through a web-based survey which will establish:

- Key issues to be addressed by the communications executed by DRIVE, including clarity of purpose, transparent governance, scientific credibility, ability of the consortium to deliver in a multi-stakeholder partnership and overall expectations of stakeholders;
- The most cost effective way for DRIVE to:
  - have regular dialogue with layer 1 stakeholders; and
  - to support layer 1 stakeholders to further communicate the results of DRIVE to 2 stakeholders.

Aspects to be explored in the web-based survey will include procedures for communication, cadence of communication, channels and tools, feedback loops and the technical depth of the content.

The web-based survey will be repeated according to need with layer 1 stakeholders to assess the effectiveness of all aspects of communications, with feedback incorporated into iterative development of the communications plan.

Task 5.3: Establish tools for “layer 1” stakeholders

Partners involved: THL (Task leader), FISABIO, UNIFI, ISS, IABS-EU, SEQIRUS, SP, GSK (M1-60).

Establish tools for “layer 1” stakeholders to assist them to further communicate DRIVE’s results to their respective stakeholders in “layer 2” and to discuss PPP experiences with them. As outlined in Task 5.2, DRIVE will conduct a web-based survey amongst layer 1 stakeholders to establish the most cost-effective channels and tools for enabling communication about key aspects of DRIVE, and subsequent communication to layer 2 stakeholders.

Through web-based surveys, layer 1 stakeholders will be invited to recommend and evaluate communication channels and tools, and to also provide guidance on content, both in regards to the progress of the projects and key or sensitive issues to address.

The content to be disseminated to layer 1 and layer 2 stakeholders will be developed and approved in accordance with the Governance model outlines in 5.1.

Task 5.4: Disseminate the mid and end-seasonal study results gradually to “layer 1” and to “layer 2” stakeholders in close interaction with national PHRB’s

Partners involved: THL (Task leader), FISABIO, UNIFI, CoMO, SP SEQIRUS, GSK, study sites investigators (M12-60).

Preliminary communications to layer 1 on mid and end-seasonal VE need to be designed to be as automated as possible, close to real time, and end user friendly.
Layer 2 communications takes mainly place through national PHRBs who better understand the landscape of influenza disease burden and vaccination policies in their own region; thus, this is not the main responsibility of DRIVE. However, DRIVE looks actively for ways to support Layer 1 stakeholders to address their target groups in Layer 2; this is where the experience of CoMo will be utilized as much as possible given their wide experience in communicating with multiple stakeholders through its global advocacy work. Scientific publications will follow preliminary communications.

Task 5.5: Disseminate information on knowledge gaps needing future R&D efforts arising from studies designed in DRIVE to MAHs / vaccine manufacturers in particular

Partners involved: THL (Task leader), P95, SEQRURUS, SP, GSK (M1-60).

Depending on the outcome and results of the register based and TND studies, observations considered to be signals needing further hypothesis testing studies may arise. Examples of such observations are the recent suspicion of decreased effectiveness after repeat influenza vaccinations or the unexpectedly low IVE of the AH1N1 component of the live attenuated nasal spray vaccine. These will be made known to MAH, but possibly also to academia and public research agencies, should a collaborative research effort be judged a preferable approach.

Task 5.6: Investigate among the stakeholders the value of the existing solutions.

Partners involved: IRD (Task leader), UNIFI, THL, SEQRURUS, SP, GSK (M1-12).

Investigate among the stakeholders the value of the existing solutions and practices regarding PPP governance models in the evaluation of VE (e.g. ADVANCE), design and conduct of influenza VE studies (e.g. I-MOVE+, IMOVE, existing networks in primary and hospital care, public health and academia), efforts to support the annual strain selection for future vaccine composition (WHO) and efforts to define correlates of protection for influenza vaccines (e.g. FLUCOP), and others. Particular attention will be paid to layers 1 as to what data and interpretations has been found useful, what not so useful, and what information is lacking from the different end users. These findings will be utilized to further plan and fine tune the communications contents, tools and timetables.

IRD will lead this task. IRD, SP and SEQRURUS will primarily develop interactions with ADVANCE WP1,2 and 7. THL will facilitate exchanges of information with I-MOVE+ and IMOVE. UNIFI will contribute to academia’s perspective. All will investigate other stakeholders perspective.

Task 5.7: Development of synergies with related initiatives

Partners involved: IRD (Task leader), all (M1-48).

To optimise the use of the project and partners’ resources, this task will be devoted to identify and develop synergies with existing initiatives providing experiences and best practices in the field that could be pivotal in achieving the DRIVE goals.

A synergy map of complementary initiatives will be produced to develop a mutual utilization strategy of priority outcomes from identified projects as several partners of DRIVE are also involved in the IMI ADVANCE Project, IMI FLUCOP Project or H2020 I-MOVE+ Project, among others. The utilization strategy will include a fully specified list of interactions and results, identification of key partners establishing contacts, and properly documenting all legal and exploitation issues in order to ensure that external efforts are identified, analysed, leveraged and prepared for insertion into the own work flows of DRIVE.

Appropriate formats and agreements of interaction will be devised, facilitating exchanges to promote synergistic collaboration between initiatives and partners, stimulate cross-fertilization between projects, and optimise the use of European Commission and EFPIA resources.

IRD will lead this task with input from all partners, similarly to task 1.1 from WP1 on the research agenda, and will be facilitated by annual updates of this research agenda.

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### List of deliverables

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<td>D5.8</td>
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### Description of deliverables

D5.1 Communication of a detailed stakeholder map for the DRIVE project, including the identification, grouping and layering of all stakeholders (M3).

D5.2 Agreement on communications governance model (M5)

D5.3 Web-based survey amongst layer 1 stakeholders (M6)

D5.4 Development of communications plan (M12); revisited periodically

D5.5 Report on the collected feed-back from “layer 1” stakeholders how DRIVE succeeded in meeting their expectations in communication (M14) and thereafter as needed until M60.

D5.6 Periodical back-to-back Forum of key stakeholders to review major scientific and process building results and plan for the remaining duration of the project to secure sustainability of the platform once project time period is over (M14 and annual review).

D5.7 Report on synergies identified and collaborations developed with other initiatives (M18, M60)

D5.8 Tailored, timely seasonal summaries of VE results for different stakeholder/clients in layer 1 and 2 (M10, M20, M30, M42, M60)

D5.9 Communication report of the study milestones arising from WP7 for the use of “layer 1” stakeholders (i.e. study approach, progress and findings influenza season) (M20, M30, M42, M60)

D5.10 Report on knowledge gaps needing future R&D efforts in IVE studies (M48).

D5.1 : Communication of a detailed stakeholder map for the DRIVE project [3]

Deliverable co-led by THL and SEQRUS

D5.2 : Agreement on communications governance model [5]

Deliverable co-led by THL and SEQRUS

D5.3 : Web-based survey amongst layer 1 stakeholders [6]

Co-led by THL and SEQRUS.

D5.4 : Development of the communications plan [12]

Deliverable co-led by THL and SEQRUS. It will be submitted in M12 and will have periodic updates.

D5.5 : Report on the collected feed-back from “layer 1” [14]

Report co-led by THL and SEQRUS. It will be submitted in M14 and will have periodic updates.

D5.6 : Periodical back-to-back Forum of key stakeholders [14]

Deliverable co-led by THL and IABS-EU. It will be reviewed annually after its submission in M14.

D5.7 : Report on synergies identified and collaborations developed with other initiatives [18]

This deliverable will be updated on M60.

D5.8 : Tailored, timely seasonal summaries of VE results for different stakeholder/clients in layer 1 and 2 [10]

This deliverable will have periodic updates on M20, 30, 42, 60.

D5.9 : Communication report of the study milestones arising from WP7 for the use of “layer 1” stakeholders [20]

This deliverable will have periodic updates on M30, 42 and 60.

D5.10 : Report on knowledge gaps needing future R&D efforts in IVE studies [48]

This deliverable will be co-led by THL and SEQRUS.
## Schedule of relevant Milestones

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<td>MS19</td>
<td>First communication plan agreed</td>
<td>6 - THL</td>
<td>12</td>
<td>Milestone co-led by THL and SEQIRUS. Deliverable 5.4 submitted</td>
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