



The Roadmap for  
European CAM Research

A pan-European research network for Complementary and Alternative Medicine (CAM)

Final Report of CAMbrella Work Package 8 (leader: Bettina Reiter)

# **CAMbrella strategy for dissemination of project findings and future networking**

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*Bettina Reiter, Franziska Baumhöfener, Meike Dlaboha, Jesper Madsen, Stephanie Regenfelder, Wolfgang Weidenhammer: CAMbrella strategy for dissemination of project findings and future networking*

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*CAMbrella – A pan-European research network for Complementary and Alternative Medicine (CAM)*

The goal of this collaboration project was to look into the present situation of CAM in Europe in all its relevant aspects and to create a sustained network of researchers in the field that can assist and carry through scientific endeavours in the future. Research into CAM – like any research in health issues – must be appropriate for the health care needs of EU citizens, and acceptable to the European institutions as well as to national research funders and health care providers. It was CAMbrella's intention to enable meaningful, reliable comparative research and communication within Europe and to create a sustainable structure and policy.

The CAMbrella network consists of academic research groups which do not advocate specific treatments. The specific objectives were

- To develop a consensus-based terminology widely accepted in Europe to describe CAM interventions
- To create a knowledge base that facilitates our understanding of patient demand for CAM and its prevalence
- To review the current legal status and policies governing CAM provision in the EU
- To explore the needs and attitudes of EU citizens with respect to CAM
- To develop an EU network involving centres of research excellence for collaborative research.

Based on this information, the project created a roadmap for research in CAM in Europe. The roadmap sums up and streamlines the findings of the whole project in one document that aims to outline the most important features of consistent CAM research at European level.

For other reports of the CAMbrella project which are also available on <https://phaidra.univie.ac.at/> see the additional information on the description data (meta-data) of this report.

## Acknowledgements

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## 1. Introductory remarks

CAMbrella was a “coordination and support action”<sup>1</sup> and as such it had a strong focus on communication and dissemination of its processes and results.

The overall aim of CAMbrella was to provide scientifically based knowledge on the current status of CAM (Complementary and Alternative Medicine) in Europe that enters in a roadmap for future research in this area. Its aim was also to create a stable research network and provide a consensus based terminology for CAM that can serve as a basis for future collaborative research in this area. CAMbrella tried to map the patients’ and the providers’ needs; it gives an overview over all academic CAM centres in Europe and provides more insight in what is missing in terms of public knowledge and information about CAM. CAMbrella did not advocate single methods or treatments in CAM.

As a health field that is widely used by citizens and patients all over Europe CAM is not adequately represented in academic research and education. It is subject to controversies in medical science as well as in the public at large. CAM is more than any other field in medicine burdened with suspicions of quackery or allegations about the principal lack of scientific evidences for its treatments.

While CAMbrella certainly did not advertise CAM as the “better” medicine, it tried to contribute to a more business-like approach in giving a picture about the overall situation as realistic as possible and spread the results of this as widely as possible. The aim here was to inform policy makers and other relevant target audiences about the outcomes and thus broaden and enlighten the fundamentals for research decision making on the levels of the European Union, but also on the national levels of the member countries. Thus the establishment of a dissemination strategy (task 8.3) was an important part of the project's goals.

In the course of the last year of the CAMbrella runtime (2012) the intention was to put much effort into the task of informing all kinds of stakeholders about the results of CAMbrella. As the single work packages at this time already had finished their reports and deliverables, it had become the task of WP8 to condense their findings and results and to bring them into a suitable form for the respective audiences. The informational needs of these audiences differ substantially and had to be taken into account. One format won’t fit all needs.

In the following we would like to give an outline of the dissemination strategy:

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<sup>1</sup> These are actions that cover not the research itself, but the coordination and networking of projects, programmes and policies (Definition according to the guideline of *7th Framework Programme for Research and Technological Development*).

This strategy is addressing two main categories of audiences, which differ substantially and thus had to be addressed in different manners. One part of it is aimed at the scientific community and mostly runs into scientific papers that were published open access and the presentation of papers at international conferences to the scientific audience of CAM and Non-CAM researchers and clinicians.

The other part aims at the dissemination of the results to policy makers, opinion makers and the public at large. Here a more thought out process has to be established as scientific findings do not automatically translate into everyday language and understanding. The process of translating and interpretation is described in this report. WP8 aims at a transparent and consensus based process. The vision here is to create a CAMbrella slogan with which the findings and the overall goal will be identified – not only on the political levels but also in the public opinion.

The concept we used for this effort is using well known marketing tools and strategies – here we have to thank Karen Chapman (external communication expert) for her valuable input at a workshop in Vienna in September 2011.

## **2. Identification of target audiences**

### **2.1 The identification of European CAM stakeholders**

The identification of European CAM stakeholders has been undertaken in the following ways:

- By checking the registrations via the website – the 45 registrations predominantly come from either CAM interested groups, providers or academic and private research centres.
- By collection of contacts and data via the existing networks of the Advisory Board, project partners and external experts.
- By collection of a coherent list of European non-CAM, but health related or health interested stakeholders established by web-research recently (October 2011).

For the identification of target audiences within the European policy bodies for the dissemination of CAMbrella's results see [Annex 1a](#) (list of Members of the European Parliament belonging either to the Committee on Environment, Public Health and Food Safety (ENVI) or to the Committee on Industry, Research and Energy (ITRE) dealing with questions of public health or health research, respectively).

In addition, there is a 'MEPs<sup>2</sup> for CAM' interest group within the European Parliament (EP) (list of MEPs who have affirmed they are interested in being involved in the CAM interest

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<sup>2</sup> MEP: Member of the European Parliament

group see [Annex 1b](#)) which is co-chaired by the following MEPs: Elena Oana Antonescu, Chiles Chichester, Marian Harkin, Sirpa Pietikäinen and Thomas Ulmer.

Finally, we identified a smaller group of MEPs as well as members of the European Commission (EC) who have been actively involved in Health- and CAM-related topics by organizing or participating in workshops or conferences which took place within the EP in the last months:

- **Workshop ‘Health in All Policies (HiAP)’, 25 May 2011 (organized by ENVI);**  
Ms Glenis Willmott (MEP), Mr Alojz Peterle (MEP) and among others Ms Paola Testori Coggi (Director General of the Directorate General for Health and Consumers (DG SANCO)), and Mr Kevin McCarthy (Head of Sector, Public Health and Health Services Research; Directorate Health, Directorate General for Research and Innovation (DG RTD))  
<http://www.europarl.europa.eu/document/activities/cont/201109/20110930ATT27937/20110930ATT27937EN.pdf>
- **Meeting “The need for research into health promotion and CAM” of the European Parliament Interest Group on Complementary and Alternative medicine (CAM), October 11, 2011**  
Chaired by MEP *Sirpa Pietikäinen*, Finland. Including a presentation entitled ‘CAM and the Research Framework Programmes’ given by Mr. Ole Olesen, Senior Scientific Officer, Infectious Diseases & Public Health unit, DG Research and Innovation  
<http://www.homeopathyeurope.org/media/political-activities/collaboration%20in%20EUROCAM/camig-october-2011-meeting-summary>
- **Workshop ‘Alternative Medicines’, 30 November 2011 (organized by ENVI)**  
Mr Alojz Peterle (MEP) and Dr Andrzej Rys (Director of the Health Systems and Products Directorate of DG SANCO)  
<http://www.europarl.europa.eu/document/activities/cont/201112/20111219ATT34498/20111219ATT34498EN.pdf>
- **Round Table Meeting of the European Parliament Interest Groups ‘MEPs Against Cancer’ and ‘MEPs for CAM’ on Cancer and the contribution of Complementary and Alternative Medicine (CAM), March 27, 2012 (chaired by MEP Sirpa Pietikäinen, Finland)**  
Mr Alojz Peterle (MEP), Mrs Hedi Broson of the Norwegian Cancer Society, Oslo Norway  
<http://www.homeopathyeurope.org/media/political-activities/collaboration%20in%20EUROCAM/cam-interest-group-meeting-27-march-2012>
- **Workshop ‘Mid-term review and evaluation of the EU Health Strategy’, 30 May 2012 (organized by ENVI)**  
Ms Glenis Willmott (MEP), Mr Alojz Peterle (MEP), Dr Antonyia Parvanova (MEP and ENVI Shadow Rapporteur) and Dr Andrzej Rys (Director of the Health Systems and Products Directorate of DG SANCO)

<http://www.europarl.europa.eu/document/activities/cont/201208/20120816ATT49726/20120816ATT49726EN.pdf>

- **Workshop on ‘Active and Healthy Ageing: A challenge for the EU to create age-friendly environments’, 8 October 2012 (organized by ENVI)**

Ms Kartika T. Liotard (MEP), and N. N. (European Commission representative)

<http://www.europarl.europa.eu/document/activities/cont/201210/20121003ATT52879/20121003ATT52879EN.pdf>

- **Conference ‘CAM – Innovation and Added Value for European Healthcare’, October 9, 2012 (organized by the European multi-stakeholder group for CAM – EUROCAM)**

Ms Elena Oana Antonescu (MEP), Sirpa Pietikäinen (MEP), Alojz Peterle (MEP) and Mr John Dalli (European commissioner for Health and Consumer Policy)

<http://www.homeopathyeurope.org/media/news/newsletter-16-january-2013/unprecedented-cam-conference-in-the-european-parliament>

For the proceedings or further information of the workshops see the respective links above.

The following two links are leading to the websites and latest organisational charts of DG SANCO and DG RTD, respectively. These are the DGs which are involved in healthcare and health research questions hence being our potential target audience within the EC:

[http://ec.europa.eu/dgs/health\\_consumer/chart.pdf](http://ec.europa.eu/dgs/health_consumer/chart.pdf)

<http://ec.europa.eu/research/index.cfm?pg=contacts&lg=en&origin=footer>

## **2.2 Non-CAM health related stakeholders**

### **2.2.1 Questionnaire**

Information about health related issues is available to the European citizens via many different sources, e.g. newspapers, magazines and health authorities. But regarding CAM the picture seems to be more blurred, as the sources of information rarely are related to the public health authorities.

Thus, we wanted to get a clear picture of the informational needs regarding CAM among the European citizens, and we decided to contact a number of organizations (see [Annex 2](#)).

The target group was defined as:

*European organizations related to the citizens’ health or well-being, but not with a specific CAM focus.*

40 stakeholders were invited to help to establish sound knowledge about the needs of the European public at large in regard to information about CAM.

In order to have a fruitful dialogue with the representatives of the organizations, we carried out this task in two steps:

From November 2011 until January 2012 WP 8 conducted a survey by sending out emails which link to the questionnaire (see [Annex 3](#)) combined with phone calls to relevant contacts in each organisation. The questionnaire was designed in order to get qualitative input for our dialogue with the target group. As the target group cannot be expected to possess detailed knowledge about CAM, the questions do not presuppose access to scientific based data or media statistics.

By the end of January 2012 we had analysed the results of the survey, and this outcome created the fundament for a workshop (see 2.2.3) representing the second step to fulfil the task.

### **2.2.2 Survey results**

The respondents think that the CAM issue is important and they find the access to information poor. It is their opinion, that the EU citizens have a demand for more information on CAM, and they think that the evaluation of treatments is the most important informational need. Thus, the organizations we have asked were quite motivated to participate in our workshop.

#### *Summary of results:*

- 70% find CAM of some relevance, important or very important to their organisation.
- The European citizens' access to reliable information about CAM is poor or very poor, according to 80% of the respondents.
- Internet, followed by news media and health related magazines, is regarded as the most dominant information service used by the citizens regarding CAM.
- 60% find their own access to information regarding the CAM situation in the European countries difficult or very difficult.
- The EU citizens have a demand for more information on CAM, according to 95% of the respondents.
- More than 50% find the level of CAM information provided by EU health authorities poor or very poor.

- The most important informational need regarding CAM in Europe is evaluation of treatments, followed by guidelines for CAM users and access to research data.

The questions were answered by mostly NGOs (non-governmental organisations) and non-profit and patients organizations (N=20). The survey was opened 25<sup>th</sup> of October 2011, and the results were analysed 20<sup>th</sup> of January 2012.

The results of the survey have been presented and discussed in depth at a workshop in Brussels this year (see also 2.2.3). In the email presenting the survey, we were describing the concept and the aim of the workshop, and the target group was encouraged to sign up for the workshop. At the workshop we discussed the issues in the questionnaire and the future needs regarding information about CAM.

The target group's contact to the citizens and their needs is highly valuable for our research, and we think that the input from the workshop will contribute to the fulfilment of our objectives, in particular "to explore the needs, beliefs and attitudes of the EU citizens with respect to CAM".

### **2.2.3 Stakeholder Workshop**

The WP8 members organized a stakeholder workshop on the status of information about CAM in Europe.

The workshop was based on the results of the stakeholder survey. A group of 6 Brussels based European stakeholders had been invited to join WP8 for a discussion of the survey's results. The workshop aimed to interpret the results in close connection with the stakeholders themselves and get an informed input from the stakeholder groups about their needs in terms of information and dissemination of CAM related subjects.

This workshop was kindly hosted by the headquarters of the European Public Health Alliance (EPHA), Rue de Trèves 49-51 Box 6, 1040 Brussels, Belgium, on the 12<sup>th</sup> April 2012. EPHA is also a member of the Advisory Board of CAMbrella.

According to the work plan this workshop should already have taken place earlier. However, this was a plan written down before the actual work had begun and it soon became clear that a reasonable workshop could only be run when there was a sufficient network of stakeholders established that was already involved in the process. With the internet / telephone survey and the hosting of EPHA of the workshop this was accomplished only in April 2012.

The following main conclusions can be drawn from the workshop discussion:

- The informational needs are focused on evaluation of treatments, guidelines for CAM users and access to research data. Furthermore a guideline for a critical approach to CAM information would be needed.

- CAM is not taken seriously due to bias and the fact that there are many different and very diverse methods summarized under the name CAM.
- There is an increasing interest on CAM beyond the EU citizens as well as the European Commission. However, one barrier to get established is the differences regarding education of the providers all over the EU countries.
- Helpful to get CAM established could be: education programmes, cleaning up the different methods, focus on single diseases first, an independent official body giving guidelines and do supervising, cost benefit studies
- National health bodies will have to do this work.
- Pressure might also come from people who are taking care for their health by using CAM and finance this on a private basis.

The proceedings of the workshop can be found in [Annex 4](#).

### **3. How to address the different audiences**

An important outcome of the WP 8 meeting in Vienna was to get a clear distinction between the two categories of our audience. We categorized our audiences according to two parameters:

- Importance and relevance for the outcome of CAMbrella: “Primary” and “Secondary” audiences
- How we are going to address them: “Direct” or “Indirect”

We understood *primary* audiences as the ones that are interested in the findings on their own grounds and CAMbrella has an inherent interest to reach them with its messages. Primary audiences can be scientific, regulatory, political or financial European and national bodies.

Some audiences in this sense are “primary”, but were not likely to attend the final conference or could not be addressed personally at other occasions and thus cannot be labelled “direct”. Instead we communicated with them via print or email, and in parallel they were addressed “indirectly” via other stakeholders (e.g. CAMbrella participants) or via the media.

*Secondary* audiences in this understanding are those, who we assumed to have an interest in the project either for their own purposes (CAM stakeholders) or for their own dissemination activities (Media, Universities etc.). Again some of them could be reached directly (for

instance the PR departments of the partner universities), but most of them will be accessible only indirectly via press and media work from our side.

Table 1 shows which of the tools and strategic approaches mentioned above were used to reach which kind of audience.

**Table 1: List of target audiences and the corresponding way to address them**

<b>Target audiences</b>	<b>Means of access</b>
<b>Primary direct</b>	
Scientific Community	Scientific journals: publications Meetings/Conferences Website
EU Commission – DG Research and DG SANCO	Policy brief Final conference Website
EU Parliament	Policy brief Final conference Website Call to action
Council of Ministers	Policy brief Partners: direct contacts with national ministers Final conference Call to action Website
<b>Primary indirect audiences</b>	
National policy makers Health and Research	Policy brief Invitation to final conference Website Call to action
<b>Secondary audiences</b>	
Media	Press release (s) Project brochure Policy Brief Website Newsletter Facebook Twitter
CAM stakeholders	Stakeholder workshop Press release (s) Project brochure Website Newsletter Facebook
PR officers Universities	Press release (s) Project brochure Website Newsletter Facebook Personalized, direct E-mailing

## **4. Dissemination activities**

### **4.1 Project logo**

The first step in the communication was the development of a CD (Corporate Design) and a logo (see below) that would identify the project. The CD consists of a letterhead, templates for minutes and notes and the logo in different formats for web based use and print use. The CAMbrella logo and colour (green) first was presented already at the kick-off workshop in Munich in January 2010 and was received very friendly by the project partners. Now, after the closure of the project it can be said that logo and CD have been highly successful in serving as identifying tools for the project – both internally as well as externally.

In connection with the CD WP8 proposed a communication policy (see [Annex 5](#)) to the partners which was approved by the SSC (Scientific Steering Committee) and gives the guidelines for usage of the CD and of communication within the project as well as for external communications like interviews, press releases, articles in non-research journals etc.

In order to be accessible and identifiable by people who might be interested in the project, WP8 produced badges with the CAMbrella logo which partners wear during international conferences or national meetings.



### **4.2 Poster and Leaflet**

A project roll-up was produced in summer 2010 to be present at meetings and conferences and is at the disposal of all project partners if needed at conferences or meetings (see [Annex 6](#)).

A project flyer which gives a short version of the overall information has been produced in autumn 2010. It was downloadable from the web based working platform of the project ([www.projectplace.com](http://www.projectplace.com)) and reprinted at the disposal of partners who wanted to hand out information about CAMbrella at conferences, meetings and other events (see [Annex 7](#)).

### **4.3 Project's Website**

Online since April 2010 the project's website [www.cambrella.eu](http://www.cambrella.eu) gives a coherent overview over the set-up, the tasks, responsibilities and contacts of the work package leaders and all

the collaborators. There was also an announcement for the CAMbrella Final Conference on the website. In addition, the results of the single work packages and all the reports will be also published on the website.

The website has served as the primary tool for the process of identification of CAM stakeholders in Europe. 45 institutions have taken the opportunity of registering as stakeholders via the website and have been or will be approached by project partners with specific questions.

Originally there had been scheduled a special website feature “Ask the Expert” – a possibility to get in contact and discuss research related questions with the top European experts. The idea was to enhance the interrelatedness and user friendliness of the website as well as augment the impact of the project's activities.

We had however to decline from this original plan, because we had not thought over the workload for the participants in answering non filtered questions by the public at large. On second thought, and being confronted with all sorts of questions raised by people around Europe even without a special feature for it, we had to skip the plan. In future there should be a specific funding for this type of activity to make it feasible to introduce an experts’ corner on the website.

#### **4.4 Project Newsletter**

12 newsletters (see <http://www.cambrella.eu/home.php?il=1&l=deu>) have been sent out to approx. 1300 subscribers, who registered via the website, if interested. The regular features of the newsletters have been:

- Introduction
- Portrait of one of the European CAM stakeholders
- Report on one of the work packages, their tasks and their progress
- Report about the overall situation regarding CAM in one of the participants’ country.

To these regular features reports about important scientific events, interviews with relevant people in the field, reports about related EU funded research projects were added.

#### **4.5 Facebook profile page**

The CAMbrella profile gave a general overview about the project, but did not encourage explicit feedback, except the “Like-Button” function. A person who likes the CAMbrella profile could click this button which links the CAMbrella profile to his/her own profile page. 154 persons “liked” the CAMbrella facebook page thus expressing their interest in CAM and our project (see screenshot / [Annex 8](#)). The facebook page was closed in February 2013.

## 4.6 Policy Brief

We set up a Policy Brief which is intended to address European politicians. Policy briefs are a special format which clearly addresses European politicians. The policy brief as a standardized format is intended to inform policy makers in short on new current state-of-the-art findings, showing what the needs are and how to encounter them. The predefined format immediately attracts the interest of European Commission (EC) policy makers, as this format of condensed information is always intended to address them. The policy brief explains what the general aim of the studies was, and focusses more on the technical details, methodology, facts and figures for the expert readers. Here it was most important to show for example what the findings of WP7 ('Roadmap') are, delivering immediately suggestions on how to bring forward the needs of European stakeholders all over continent. This was a task that fits perfectly into the general idea of what European legislation is all about: the task is not suitable to be regulated by nation-centred policies, but can be much better regulated in an overarching setting like the EC. A short summary about the project, key figures, participants and contacts gives the opportunity to contact the key participants. The policy brief was distributed and published in the course of the final conference (see 4.12) and is available for download on the CAMbrella website

(<http://www.cambrella.eu/aduploads/cambrellapolicybrief.pdf> ).

## 4.7 Project brochure

We also provided a Project Brochure which is intended to address the broader public, i.e. the interested citizen without a specific knowledge or training in the field of medicine. In order to address this target audience appropriately we will first explained what is meant by the term "CAM", which therapies we consider as included and which might not be included. This point refers to the findings of WP1. In a next step the brochure informed about the project in general, we explain what we used the money for and which added value we gained for the 500 million European citizens. It explains the different aspects of the topic we analysed, the legal status (WP2), the needs of citizens (WP3), the patients' perspective (WP4), the providers' perspective (WP5), and the global perspective (WP6) in an audience-centred way. The brochure is distributed via the internet as a downloadable pdf-file, as well as in a printed version on conferences and fairs, and as a hand-out to the media.

The brochure also points out the gaps in the informational basis as well as the difficulties we encountered in gathering the information, hoping that this might also trigger some interested persons to continue networking, gathering information and collecting contacts of interested and informed stakeholders especially in those countries where we haven't found such contacts yet. CAMbrella has ended, but not CAM and the needs of all stakeholders; the CAMbrella project became in a way the nucleus for all interested stakeholders across Europe, inviting them to network further on. The roadmap of course is the essential part here, showing in which topics research is needed and considered most useful, thus giving the

European citizens an insight how their taxpayers' money might be spent fruitfully and with respect to their interest and expectations. The project brochure was ready for distribution at the final conference in November 2012 and is available for download on the CAMbrella website (<http://www.cambrella.eu/aduploads/cambrellaroadmap.pdf> ).

## **4.8 Press Release**

A press release informed the interested media about the outcome of the project. We put together a general press release that could easily be adapted to the regional and national needs of the consortium partners. They translated the general text into their respective languages and added emphasis on their own specific contributions to the work.

The idea was to spread the news to potentially 500 million European citizens, to inform them about the project in general and about the outcome. If the estimates are correct that about 100 million EU citizens do use CAM each year, a large interested audience was to be expected.

## **4.9 Scientific presentation of the results**

### **4.9.1 Conferences**

The participants of the CAMbrella project took much effort in informing the public about our project by holding oral lectures or poster presentations at approx. 20 conferences all over Europe and abroad (see list of dissemination activities, [Annex 9](#)). In addition, there are presentations planned for conferences being held after the run-time of the project. The predominant place to present and discuss the CAMbrella findings will be the 8<sup>th</sup> International Congress on Complementary Medicine Research (ICCMR conference) in London, April 11-13, 2013 including a workshop or special session dedicated to CAMbrella.

### **4.9.2 Publications**

So far the following scientific papers on the CAMbrella project have been published:

Weidenhammer W, Lewith G, Falkenberg T, Fønnebø V, Johannessen H, Reiter B, Uehleke B, von Ammon K, Baumhöfener F, Brinkhaus B., EU FP7 project 'CAMbrella' to build European research network for complementary and alternative medicine., *Forsch Komplementmed*. 2011;18(2):69-76. doi: 10.1159/000327310.

P. Roberti di Sarsina, Le Medicine Non Convenzionali nel programma d'azione dell'Unione Europea in materia di salute: il Consorzio CAMbrella., *Bollettino Notiziario*, 2010/1: 5-9.

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### 4.9.3 Special Issue FoKoM

All papers generated by evaluating the results of the single work packages (see list in chapter 4.9.2) are published in a supplement issue of the scientific journal “Forschende Komplementärmedizin (FoKoM) – Research in Complementary Medicine”. All articles of this issue are open access: <http://www.karger.com/Journal/Issue/257354>. In addition they are accessible via the CAMbrella website: <http://www.cambrella.eu/home.php?il=205&l=deu>. For the title page of this issue see figure 1.

Since the manuscript deadline was in June 2012 in order to get the papers reviewed and finally published until November 2012 when the final conference takes place, the report from WP7 – roadmap for CAM research – is not part of this special issue. The corresponding deliverable was submitted by the end of September 2012 to the EC and the results of WP7 will be published at a later stage in a scientific paper.



Figure 1: Title page of supplement issue of “Research in Complementary Medicine” summarizing CAMbrella major findings

#### 4.10 Non-scientific presentation of the results

In order to disseminate the results of CAMbrella into the European public at large, some translational work had to be done from the scientific findings and their specific publication and language into an understandable and informative message to everyone who is interested in the topic.

The strategy here aimed at the collection of key messages from the single work packages (see figure 2):



**Figure 2:** Interaction of the different WPs regarding the dissemination of results

WP8 asked the WP leaders and their teams to provide 3 to 4 key messages about their work and the final results. Key messages give the most important findings in a short phrase to catch the essentials in an attractive way. Key messages are a means to an end, they assert the result – they phrase a position that can be backed up with proof. The key message is the summing up of the respective WP's work and results in a single phrase that can catch attention and is true at the same time.

Every key message can and should be backed up with some single messages about the findings in more details. The single messages should give the evidence why the key message is true. This work was to be accompanied by a short (not more than 1 page) policy recommendation, which went into the Policy Brief (see chapter 4.6).

WP 8 then synthesized the received messages and formed them into the CAMbrella slogan and gives a very short summary of some lines to illustrate it (see figure 3).

This slogan is: **“CAMbrella – The Roadmap for European Cam Research”**

Fed by the slogan WP8 was enabled to work on the positioning of CAMbrella as a unique approach to the CAM situation in Europe



Figure 3: Pyramid graph showing the non-scientific dissemination strategy.

Figure 3 shows the process of achieving the position and the slogan that represent the overall message of CAMbrella. It is worked from the bottom to the top. The results outline the policy brief, the project brochure, the website, the media releases and all other dissemination efforts.

The final strategy has been presented to the Consortium at the meeting of the Scientific Steering Committee in Stockholm, May 9-11, 2012.

#### **4.11 Other dissemination activities**

Beside of the dissemination activities mentioned above dissemination of the CAMbrella project took place in various further ways (see [Annex 9](#)).

For example, the project was announced on some of the partners' websites and via poster and flyer, interviews took place and presentations for the civil society were held.

## 4.12 Final Conference

The major event of the CAMbrella project was the realisation of the last project milestone which was the Final Conference.

It was organized in order to disseminate the major findings of the project and present the roadmap for future CAM research in Europe as well as to raise awareness for research on complementary medicine, especially referred to politicians.

What is known by now is that many European citizens are using CAM but its status is characterized by an enormous heterogeneity in all of its aspects: from the terminology currently used to the methods provided, and from its prevalence (use) to the national legal status and regulations. However, CAM could be an advantage in the prevention of disease, as well as being cost-effective.

By funding this project the EU Commission is taking the above mentioned development of CAM into account. However, to expedite the research on CAM provided a roadmap for future clinical and epidemiological research in the field of CAM.

The Final Conference disseminated the project outcomes to the relevant stakeholders of CAM, particularly the research community, policy and other authorities, as well as patient, provider and consumer care bodies, and last but not least, the interested broad public.

The Members of the European Parliament were one of our target groups during the Final Conference and the event the day before. We intended to provide them with the necessary background to decide if it is worth to appeal to the EU Commission to give further support to CAM research by informing them about the status quo of CAM in Europe in every aspect and present our proposals for future research in the field of CAM. The concept of the Final Conference covered two parts:

### November 28, 2012, 16.30 – 18.30– CAMbrella Workshop within the EP

A pre-conference for MEPs within the buildings of the European Parliament took place. The German MEP Dr. Angelika Niebler agreed to invite CAMbrella to the Parliament, kindly hosted and chaired the workshop.

Short incentive talks were given which included a summary of the project and a presentation of the major findings as well as the conclusions with respect to the future development in the field (for more information see [Annex 10](#)). Furthermore the politicians were provided with written information on the project, i.e. the policy brief (see 4.3). The “come together” part after the workshop was intended to enhance contacts and talks between project partners and MEPs.

### November 29, 2012, 09.30 - 17.00 – Final Conference

The main part of the Final Conference was a one day event held at the Representation of the Free State of Bavaria to the European Union in Brussels.

All relevant stakeholders had been invited (personal invitations to individuals), like policy decision makers in the Public Health sector, e.g. the European Parliament, the European

Commission (DG RTD and DG SANCO), and the European Council of National State Ministers of Health, aiming on “educational advertising” of CAM issues to them, the Advisory Board members (representing the patient, provider and consumer care bodies) and external CAM experts. About 150 guests attended the conference.

The aim of this one-day event was similar to the CAMbrella workshop the day before but the content was presented much more in detail. We provided expert knowledge about our work as well as talks of invited speakers (see program in [Annex 10](#)).

The special issue of the scientific journal FoKoM (see 4.9.3) was handed out during the Final Conference. The presentation of CAMbrella outcomes ended in the European research roadmap as a vision for the future. Networking among stakeholders was encouraged in an open discussion at the end of the conference.

#### **4.13 Final report**

Apart from the mandatory periodic reports there is a request to deliver a final report of the CAMbrella project to the European Commission. This report has to be in accordance with a given outline which allows only limited space for the description of the scientific results. The published articles also do not allow the comprehensive presentation of all information and findings which will have emerged from the project. However, a maximum of information is compiled on form of the Work Package Reports which have been created during the run-time of the project. All reports which were assigned a dissemination level “public” (according to Description of Work DoW or modified by the Scientific Steering Committee) are made available via the project’s web-site [www.cambrella.eu](http://www.cambrella.eu). The documents are accessible for download.

Furthermore, all CAMbrella Work Package Reports were published with open access on Phaidra, a comprehensive university digital asset management system with long-term archiving functions hosted by the university of Vienna, Austria, <https://phaidra.univie.ac.at/>. This procedure is fully in line with the OpenAccess Policy of the European Commission which requires that researchers provide open access to articles resulting from EC funded research, within a specified time period. It includes the outputs that scholars normally give away for free for publication (peer-reviewed journal articles, conference papers and datasets of various kinds). The policy aims to ensure that research results funded by the EU citizen are made available to the population at large for free. In this way, Open Access is considered a way to improve the EU's return on research and development (R&D) investment (see also <https://www.openaire.eu/>).

## 5. Concluding remarks

The CAMbrella activities terminated in December 2012, and the discussion of among the audiences mentioned above will go on. The aim of the dissemination tasks, though, reaches beyond the final conference and the press releases.

The status of CAM research in Europe is far from homogenous, and the members of CAMbrella represent only 12 of the 27 EU member states. Well established traditions for co-operation and exchange of information do not exist, and it is not an easy task to ensure stable communication from Liverpool to Lodz, from Tromsø to Timisoara.

This underlines the importance of “handing over the CAMbrella legacy” to an existing network of CAM researchers as pointed out in the Description of Work: “To facilitate and foster a sustainable, high quality collaboration of European CAM researchers by actively supporting a regional interest group within an already existing international society for CAM research (ISCMR).” Thus, at our annual meeting in Stockholm in May 2012, future networking and the continuation of the CAMbrella website has been one of the major topics. Handing it over to The European Chapter of ISCMR is an obvious possibility, but other options have to be considered as well.

In order to facilitate the search for potential partners regarding future CAM research projects we generated a list containing the institutions of all our partners in the consortium as well as information on further institutions named by those partners as well as by the advisory board members (see [Annex 11](#)). This list is a working document and needs further editing and up-dating. We started with the CAMbrella consortium, the inventory of the Euricam initiative, and a list of institutions from German-speaking countries kindly provided by the “Karl und Veronica Carstens” Foundation. After cross-checking with the members list of the “Forum universitärer Arbeitsgruppen für Naturheilverfahren und Komplementärmedizin” we searched for contacts relevant for CAM research in various European countries. This was done with the support of the Advisory Board whose members have numerous contacts to national institutions. The inclusion criteria like ‘actively working on research of CAM’ are weak and difficult to validate. This may result in some errors by including some entries wrongly and other better fitting contacts missing. The major issue of the list is the insufficient knowledge of CAM research activities in several European countries.

In addition, we created a list of scientific journals on CAM by using the publications of CONG-Wei-hong and CHEN Ke-ji <sup>3</sup>, and Jun-Ying Fu *et al.* <sup>4</sup> as a basis and establishing our own list by

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<sup>3</sup> Cong WH, Chen KJ Chin: Journals on traditional medicine and natural products published in English. J Integr Med. 2010 Dec;16(6):551-556

<sup>4</sup> Jun-Ying Fu, Xu Zhang, Yun-Hua Zhao, Mu-Hsuan Huang and Dar-Zen Chen: Bibliometric analysis of complementary and alternative medicine research over three decades. Scientometrics, 2011;88(2):617-626

leaving out some of the journals which seemed too specific to us and adding some more which were known to us (see [Annex 12](#)).

In parallel, through cooperation with i.e. our Advisory Board, we supported the provision of information about our findings on stakeholders' websites even after December 2012 and as widely as possible.

One central aim of the project was the creation of a roadmap for future research in the area of CAM built on experience gained from a broad spectre of research activities across Europe taking into account the findings of the project. Medical research is integrated in the complex structure of healthcare systems throughout the EU and consequently has to consider a very broad range of needs and concerns from a variety of interested parties.

The researchers' networking will not only be important for the research as such. The synthesis of the CAMbrella documentation, the network of researchers and the continuation of the website also has the option of serving as a focal point for communication between other CAM stakeholders. Taken as a whole, the CAMbrella "legacy" will also help facilitating the future debate in the media and dialogue between policy makers, health authorities, scientists, health professionals and the public at large – thus extending the impact of CAMbrella and gaining added and sustainable value for the 500 million European citizens.

## List of abbreviations

<b>CAM</b>	Complementary and Alternative Medicine
<b>CD</b>	Corporate Design
<b>DG</b>	Directorate General (European Commission)
<b>DG RTD</b>	DG for Research and Innovation
<b>DG SANCO</b>	DG for Health and Consumers
<b>EC</b>	European Commission
<b>EP</b>	European Parliament
<b>EU</b>	European Union
<b>Euricam</b>	European Research Initiative for Complementary and Alternative Medicine
<b>FoKoM</b>	Forschende Komplementärmedizin - Research in Complementary Medicine (scientific journal)
<b>FP7</b>	Seventh Framework Programme
<b>MEP</b>	Member of the European Parliament
<b>NGO</b>	Non-governmental organisation
<b>PR</b>	Public Relations
<b>SSC</b>	Scientific Steering Committee
<b>WP</b>	Work Package

## Annexes

### **Annex 1a:** List of MEPs dealing with questions of public health/health research

Name	Country	Committees	
		ENVI*	ITRE**
János ÁDER	Hungary	X	
Gabriele ALBERTINI	Italy		X
Amelia ANDERSDOTTER	Sweden		X
Josefa ANDRÉS BAREA	Spain		X
Elena Oana ANTONESCU	Romania	X	
Pablo ARIAS ECHEVERRÍA	Spain	X (Substitute)	
Kriton ARSENIS	Greece	X	
Sophie AUCONIE	France	X	
Jean-Pierre AUDY	France		X
Margrete AUKEN	Denmark	X (Substitute)	
Inés AYALA SENDER	Spain	X (Substitute)	
Pilar AYUSO	Spain	X	
Johannes Cornelis van BAALEN	Netherlands		X (Substitute)
Maria BADIA i CUTCHET	Spain		X (Substitute)
Zigmantas BALČYTIS	Lithuania		X
Paolo BARTOLOZZI	Italy	X	
Ivo BELET	Belgium		X
Sandrine BÉLIER	France	X	
Bendt BENDTSEN	Denmark		X
Sergio BERLATO	Italy	X	
Luigi BERLINGUER	Italy		X (Substitute)
Godfrey BLOOM	United Kingdom	X (Substitute)	
Rita BORSELLINO	Italy	X (Substitute)	
Frieda BREPOELS	Belgium	X (Substitute)	
Jan BŘEZINA	Czech Republic		X
Cristian Silviu BUȘOI	Romania	X (Substitute)	
Reinhard BÜTIKOFER	Germany		X
Jerzy BUZEK	Poland		X (Substitute)
Milan CABRNOCH	Czech Republic	X	
Martin CALLANAN	United Kingdom	X	
Antonio CINCIAN	Italy		X (Substitute)
Maria Da Graça CARVALHO	Portugal		X
Daniel CASPARY	Germany		X (Substitute)
Pilar del CASTILLO VERA	Spain		X
Giles CHICHESTER	United Kingdom		X
Nessa CHILDERS	Ireland	X	
Yves COCHET	France	X	X (Substitute)
Lara COMI	Italy		X (Substitute)
António Fernando CORREIA DE CAMPOS	Portugal		X (Substitute)
Jürgen CREUTZMANN	Germany		X
Brian CROWLEY	Ireland		X
Tadeusz CYMAŃSKI	Poland	X	

Peter van DALEN	Netherlands	X (Substitute)	
Rachida DATI	France		X (Substitute)
Chris DAVIES	United Kingdom	X	
Francesco DE ANGELIS	Italy		X (Substitute)
Christine DE VEYRAC	France	X (Substitute)	
Dimitrios DROUTSAS	Greece		X
Bairbre de BRÚN	United Kingdom	X	
Anne DELVAUX	Belgium	X	
Christian EHLER	Germany		X
Bas EICKHOUT	Netherlands	X	
Edite ESTRELA	Portugal	X	
Jill EVANS	United Kingdom	X	
José Manuel FERNANDES	Portugal	X (Substitute)	
João FERREIRA	Portugal	X (Substitute)	
Christofer FJELLNER	Sweden	X (Substitute)	
Karl-Heinz FLORENZ	Germany	X	
Vicky FORD	United Kingdom		X
Jacqueline FOSTER	United Kingdom	X (Substitute)	
Gaston FRANCO	France	X (Substitute)	X
Dolores GARCÍA-HIERRO CARABALLO	Spain	X (Substitute)	
Vicente Miguel GARCÉS RAMÓN	Spain		X (Substitute)
Eider GARDIAZÁBAL RUBIAL	Spain	X (Substitute)	
Elisabetta GARDINI	Italy	X	
Gerben-Jan GERBRANDY	Netherlands	X	
Adam GIEREK	Poland	X (Substitute)	X
Julie GIRLING	United Kingdom	X	
Nick GRIFFIN	United Kingdom	X	X (Substitute)
Norbert GLANTE	Germany		
Robert GOEBBELS	Luxembourg		X
Marek Józef GRÓBARCZYK	Poland		X (Substitute)
Matthias GROOTE	Germany	X	
Françoise GROSSETÊTE	France	X	X (Substitute)
Andrzej GRZYB	Poland		X (Substitute)
Cristina GUTIÉRREZ-CORTINES	Spain	X	X (Substitute)
András GYÜRK	Hungary		X
Takis HADJIGEORGIOU	Cyprus		X (Substitute)
Fiona HALL	United Kingdom		X
Rebecca HARMS	Germany	X (Substitute)	X (Substitute)
Satu HASSI	Finland	X	X (Substitute)
Jutta HAUG	Germany	X (Substitute)	
Jacky HÉNIN	France		X
Edit HERCZOG	Hungary		X
Esther HERRANZ GARCÍA	Spain	X (Substitute)	
Jolanta Emilia HIBNER	Poland	X	X (Substitute)
Gunnar HÖKMARK	Sweden		X (Substitute)
Yannick JADOT	France		X (Substitute)
Kent JOHANSSON	Sweden		X
Romana JORDAN CIZELJ	Slovenia	X (Substitute)	X
Dan JØRGENSEN	Denmark	X	

Philippe JUVIN	France	X (Substitute)	
Karin KADENBACH	Austria	X	
Ivailo KALFIN	Bulgaria		X (Substitute)
Jarosław KALINOWSKI	Poland	X (Substitute)	
Sajjad KARIM	United Kingdom		X (Substitute)
Krišjānis KARIŅŠ	Latvia		X
Seán KELLY	Ireland		X (Substitute)
Christa KLASS	Germany	X	
Lena KOLARSKA-BOBIŃSKA	Poland		X
Eija-Riitta KORHOLA	Finland		X (Substitute)
Georgios KOUMOUTSAKOS	Greece	X (Substitute)	
Béla KOVÁCS	Hungary		X
Paweł Robert KOWAL	Poland		X (Substitute)
Sergej KOZLÍK	Slovakia	X (Substitute)	
Holger KRAHMER	Germany	X	X (Substitute)
Philippe LAMBERTS	Belgium		X
Bernd LANGE	Germany		X (Substitute)
Esther de LANGE	Netherlands	X	
Werner LANGEN	Germany		X (Substitute)
Jo LEINEN	Germany	X	
Corinne LEPAGE	France	X	X (Substitute)
Peter LIESE	Germany	X	
Kartika Tamara LIOTARD	Netherlands	X	
Elżbieta Katarzyna ŁUKACIJEWSKA	Poland	X (Substitute)	
Toine MANDERS	Netherlands	X (Substitute)	
Vladimír MAŇKA	Slovakia		X (Substitute)
Riikka MANNER	Finland	X (Substitute)	
Linda McAVAN	United Kingdom	X	
Mairead McGUINNESS	Ireland	X (Substitute)	
Bogdan Kazimierz MARCINKIEWICZ	Poland		X
Marian-Jean MARINESCU	Romania		X (Substitute)
Jiří MAŠTÁLKA	Czech Republic	X (Substitute)	
Marisa MATIAS	Portugal	X (Substitute)	X
Kyriakos MAVRONIKOLAS	Cyprus	X (Substitute)	
Zofija MAZEJ KUKOVIČ	Slovenia	X	X (Substitute)
Judith A. MERKIES	Netherlands	X (Substitute)	X
Morten MESSERSCHMIDT	Denmark		X (Substitute)
Alajos MÉSZÁROS	Slovakia		X (Substitute)
Miroslav MIKOLÁŠIK	Slovakia	X (Substitute)	
Alexander MIRSKY	Latvia		X (Substitute)
Radvilė MORKŪNAITĖ-MIKULĖNIENĖ	Lithuania	X	
Tiziano MOTTI	Italy		X (Substitute)
Cristiana MUSCARDINI	Italy	X (Substitute)	
Bill NEWTON DUNN	United Kingdom	X (Substitute)	
James NICHOLSON	United Kingdom	X (Substitute)	
Angelika NIEBLER	Germany		X
Lambert van NISTELROOIJ	Netherlands		X (Substitute)
Paul NUTTALL	United Kingdom	X	
Eva ORTIZ VILELLA	Spain	X (Substitute)	

Miroslav OUZKÝ	Czech Republic	X	
Vladko Todorov PANAYOTOV	Bulgaria		X (Substitute)
Rolandas PAKSAS	Lithuania		X
Justas Vincas PALECKIS	Lithuania	X (Substitute)	
Vladko Todorov PANAYOTOV	Bulgaria	X	X
Gilles PARGNEAUX	France	X	
Antonyia PARVANOVA	Bulgaria	X	
Jaroslav PAŠKA	Slovakia		X
Aldo PATRICIELLO	Italy		X
Marit PAULSEN	Sweden	X (Substitute)	
Andres PERELLO RODRIGUEZ	Spain	X	
Alojz PETERLE	Slovenia	X (Substitute)	
Markus PIEPER	Germany		X (Substitute)
Sirpa PIETIKÄINEN	Finland	X	
Mario PIRILLO	Italy	X	X (Substitute)
Rovana PLUMB	Romania	X (Substitute)	
Pavel POC	Czech Republic	X	X (Substitute)
Vittorio PRODI	Italy	X (Substitute)	X
Fiorello PROVERA	Italy		X (Substitute)
Miloslav RANSDORF	Czech Republic		X
Britta REIMERS	Germany	X (Substitute)	
Vladimír REMEK	Czech Republic		X (Substitute)
Herbert REUL	Germany		X
Teresa RIERA MADURELL	Spain		X
Frédérique RIES	Belgium	X	X (Substitute)
Michèle RIVASI	France	X (Substitute)	X
Crescenzo RIVELLINI	Italy	X (Substitute)	
Jean ROATTA	France		X (Substitute)
Jens ROHDE	Denmark		X
Anna ROSBACH	Denmark	X	
Oreste ROSSI	Italy	X	X (Substitute)
Dagmar ROTH-BEHRENDT	Germany	X	
Paul RÜBIG	Austria		X
Kārlis ŠADURSKIS	Latvia	X	
Daciana Octavia SÂRBU	Romania	X	
Amalia SARTORI	Italy		X
Algirdas SAUDARGAS	Lithuania		X (Substitute)
Christel SCHALDEMOSE	Denmark	X (Substitute)	
Carl SCHLYTER	Sweden	X	
Horst SCHNELLHARDT	Germany	X	
Birgit SCHNIEBER-JASTRAM	Germany	X (Substitute)	
Edward SCICLUNA	Malta	X (Substitute)	
Giancarlo SCOTTÀ	Italy	X (Substitute)	
Salvador SEDÓ i ALABART	Spain		X
Richard SEEBER	Austria	X	
Peter SKINNER	United Kingdom		X (Substitute)
Theodoros SKYLAKAKIS	Greece	X	
Alyn SMITH	United Kingdom		X (Substitute)
Renate Sommer	Germany	X (Substitute)	

Bogusław SONIK	Poland	X	
Francisco SOSA WAGNER	Spain		X
Ewald STADLER	Austria	X (Substitute)	
Bart STAES	Belgium	X (Substitute)	
Struan STEVENSON	United Kingdom	X (Substitute)	
Hannes SWOBODA	Austria		X (Substitute)
Konrad SZYMAŃSKI	Poland		X
Csaba Sándor TABAJDI	Hungary	X (Substitute)	
Hannu TAKKULA	Finland		X (Substitute)
Claudiu Ciprian TĂNĂSESCU	Romania	X	
Salvatore TATARELLA	Italy	X	
Eleni THEOCHAROUS	Cyprus	X (Substitute)	
Marianne THYSSEN	Belgium	X (Substitute)	
Britta THOMSEN	Denmark		X
Silvia-Adriana ȚICĂU	Romania		X (Substitute)
Patrizia TOIA	Italy		X
Evžen TOŠENOVSKÝ	Czech Republic		X
Catherine TRAUTMANN	France		X (Substitute)
Gino TREMATERRA	Italy		X (Substitute)
Michail TREMOPOULOS	Greece	X (Substitute)	
Ioannis A. TSOUKALAS	Greece		X
Claude TURMES	Luxembourg		X
Niki TZAVELA	Greece		X
Thomas ULMER	Germany	X (Substitute)	
Marita ULVSKOG	Sweden	X (Substitute)	X
Vladimir URUTCHEV	Bulgaria	X (Substitute)	X
Adina-Ioana VĂLEAN	Romania		X
Kathleen VAN BREMPT	Belgium	X (Substitute)	X
Alejo VIDAL-QUADRAS	Spain		X
Kristian VIGENIN	Bulgaria	X (Substitute)	
Philippe de VILLIERS	France	X (Substitute)	
Henri WEBER	France		X
Anja WEISGERBER	Germany	X	
Åsa WESTLUND	Sweden	X	
Glenis WILLMOTT	United Kingdom	X	
Sabine WILS	Germany	X	
Hermann WINKLER	Germany		X (Substitute)
Marina YANNAKOUDAKIS	United Kingdom	X	
Anna ZÁBORSKÁ	Slovakia	X (Substitute)	
Andrea ZANONI	Italy	X (Substitute)	
Auke ZIJLSTRA	Netherlands		X (Substitute)
Roberts ZĪLE	Latvia		X (Substitute)
Inês Cristina ZUBER	Portugal		X (Substitute)

\* ENVI: Committee on Environment, Public Health and Food Safety

\*\* ITRE: Committee on Industry, Research and Energy

Data generated by using the information provided on the website of the EP (2012).

**Annex 1b:** List of MEPs interested in being involved in the CAM interest group

Name (Country)	Party
Ulrike Lunacek (AU)	Greens
Paul Rübig (AU)	EPP/Chr Democrats
Richard Seeber (AU)	EPP/Chr Democrats
Karin Kadenbach (AU)	Soc Democrats
Frieda Brepoels (BE)	Greens
Ivo Belet (BE)	EPP/Chr Democrats
Mariya Nedelcheva (BUL)	EPP/Chr Democrats
Zuzana Brzobohata (CZ)	Soc Democrats
Miroslav Ouzky (CZ)	Conservatives
Milan Cabrnoch (CZ)	Conservatives
Sirpa Pietikäinen (FI)	EPP/Chr Democrats
Satu Hassi (FI)	Greens
Liisa Jaakonsari (FI)	Soc Democrats
Eija-Riitta Korhola (FI)	EPP/Chr Democrats
Michèle Rivasi (FR)	Greens
Corinne Lepage (FR)	Liberal Democrats
Rebecca Harms (GE)	Greens
Peter Liese (GE)	EPP/Chr Democrats
Heide Rühle (GE)	Greens
Thomas Ulmer (GE)	EPP/Chr Democrats
Elisabeth Schrödter (GE)	Greens
Jorgos Chatzimarkakis (GE)	Liberal Democrats
Theodoros Skylakakis (GR)	EPP/Chr Democrats
Liam Aylward (IR)	Liberal Democrats
Marian Harkin (IR)	Liberal Democrats
Mairead McGuinness (IR)	EPP/Chr Democrats
Seán Kelly (IR)	EPP/Chr Democrats
Marco Scurria (IT)	EPP/Chr Democrats
Gerben-Jan Gerbrandy (NL)	Liberal Democrats
Ria Oomen-Ruijten (NL)	EPP/Chr Democrats
Judith Merkies (NL)	Soc Democrats
Bas Eickhout (NL)	Greens
Jolanta Emilia Hibner (PL)	EPP/Chr Democrats
Oana Antonescu (RO)	EPP/Chr Democrats
Alojz Peterle (SLO)	EPP/Chr Democrats
Rosa Estaràs Ferragut (SP)	EPP/Chr Democrats
Willy Meyer (SP)	European United Left
Andres Perello Rodriguez (SP)	Soc Democrats
Carl Schlyter (SWE)	Greens
Cecilia Wikström (SWE)	Liberal Democrats
Jean Lambert (UK)	Greens
Julie Girling (UK)	Conservatives
Giles Chichester (UK)	Conservatives
Michael Cashman (UK)	Soc Democrats
Jill Evans (UK)	Greens
James Nicholson (UK)	Conservatives
Keith Taylor (UK)	Greens
Bairbre de Brún (UK)	European United Left
Sarah Ludford (UK)	Liberal Democrats
Marcelo Sosa-Iudicissa	Principal administrator EP Internal Policies DG

Data kindly provided by Dr. Ton Nicolai, EUROCAM ([info@cam-europe.eu](mailto:info@cam-europe.eu)).

**Annex 2:** List of non-CAM related target groups - Survey & workshop

- |    |   |
|----|---|
| 1  | Renewing Health   |
| 2  | Health Action International Europe  |
| 3  | European insurance and reinsurance federation                                 |
| 4  | European Medical Association  |
| 5  | European Federation of Nurses Associations                                    |
| 6  | World Confederation for Physical Therapy (ER-WCPT)                            |
| 7  | AGE platform Europe   |
| 8  | Caritas Europa  |
| 9  | CEDAG   |
| 10 | Mental Health Europe  |
| 11 | European Platform for Rehabilitation  |
| 12 | The European Consumers' Organisation  |
| 13 | European Citizens' Initiative   |
| 14 | EUROPEAN CITIZEN ACTION SERVICE (ECAS)  |
| 15 | European Patient's Forum  |
| 16 | COTEC - Occupational Therapists of the European Countries                     |
| 17 | The European Network of Occupational Therapy in Higher Education              |
| 18 | European Union of General Practitioners                                       |
| 19 | WONCA Europe World Organization of Family Doctors                             |
| 20 | Standing Committee of European Doctors  |
| 21 | EFPAM European Federation of Patients associations in Anthroposophic Medicine |
| 22 | EFHPA European Federation of Homeopathic Patients Associations                |
| 23 | WHO Europe  |
| 24 | Health First Europe   |
| 25 | EU Health Policy Forum  |
| 26 | ENVI  |
| 27 | ITRE  |
| 28 | The Association of Schools in Public Health in the European Region            |
| 29 | The European Breast Cancer Coalition  |
| 30 | European AIDS Treatment Group-EATG  |
| 31 | European Association of Hospital Managers-EAHM                                |
| 32 | European Heart Network-EHN  |
| 33 | European Partnership for Action Against Cancer                                |
| 34 | World Cancer Research Fund International                                      |
| 35 | European Association of Senior Hospital Physicians                            |
| 36 | European Federation of the Associations of Dieticians                         |
| 37 | European Institute of Women's Health  |
| 38 | International Diabetes Federation - European Region                           |
| 39 | International Planned Parenthood Federation                                   |
| 40 | The European Men's Health Forum   |

### **Annex 3:** Survey Results

#### The status of information about CAM in Europe SurveyMonkey









1. To which degree is Complementary and Alternative Medicine an issue in your organisation? Do you find it:

	not important at all	some relevance	important	very important	Rating Average	Response Count
Level of importance	30,0% (6)	55,0% (11)	5,0% (1)	10,0% (2)	1,95	20
answered question						20
skipped question						0

2. How would you judge the European citizens access to reliable information about CAM (your impression)?

	very poor	poor	fair	good	very good	No opinion	Rating Average	Response Count
Do you find it	10,0% (2)	70,0% (14)	5,0% (1)	5,0% (1)	0,0% (0)	10,0% (2)	1,85	20
answered question								20
skipped question								0

### 3. CAM in the media: Which sources of information seem to be the most dominant information services used by the citizens regarding CAM?

		Response Percent	Response Count
News media		40,0%	8
Health related magazines		35,0%	7
Media for health professionals		10,0%	2
Scientific journals		15,0%	3
Internet		55,0%	11
CAM providers/manufacturers		35,0%	7
Public health authorities		5,0%	1
no opinion		20,0%	4
answered question			20
skipped question			0

### 4. Please judge your access to information regarding the CAM situation in the European countries (legislation, use among citizens, treatment descriptions, etc).

	very difficult	difficult	acceptable	easy	very easy	no opinion	Rating Average	Response Count
Do you find it:	10,0% (2)	50,0% (10)	20,0% (4)	0,0% (0)	10,0% (2)	10,0% (2)	2,20	
answered question								
skipped question								

### 5. In the future, do you think that the EU citizens have a demand for more information on CAM?

	not important at all	not necessary	present level is sufficient	important	very important	No opinion	Rating Average
More information is	0,0% (0)	0,0% (0)	0,0% (0)	64,7% (11)	29,4% (5)	5,9% (1)	4,1
answered question							
skipped question							








### 6. The level of CAM information provided by EU health authorities

	Excellent	Good	Fair	Poor	Very poor	No opinion	Rating Average	Response Count
The level is:	0,0% (0)	0,0% (0)	29,4% (5)	35,3% (6)	17,6% (3)	17,6% (3)	3,86	17
answered question								17
skipped question								3

### 7. Open question: What do you think is the most important informational need regarding CAM in Europe?

	Response Percent	Response Count
access to research data	47,1%	8
evaluation of treatments	70,6%	12
guidelines for CAM users	52,9%	9
public information centres	17,6%	3
no opinion	11,8%	2
Other (please specify)		3
answered question		17
skipped question		3

**8. Please categorize your own organisation:**

		Response Percent	Response Count
NGO / Non-profit		35,3%	6
Charity		0,0%	0
Citizens association		5,9%	1
Patients association and similar		23,5%	4
Insurance		0,0%	0
Health professionals association (nurses, MD, etc.)		11,8%	2
EU policy/parliamentary related organisation		5,9%	1
Media/information		0,0%	0
Educational institution		5,9%	1
Other (please specify)		11,8%	2
answered question			17
skipped question			3

**9. If you have any additional comments, please feel free to enter them here:**

	Response Count
	4
answered question	4
skipped question	16

**Page 3, Q7. Open question: What do you think is the most important informational need regarding CAM in Europe?**

1	We do not know enough about interactions between CAM and conventional medicines. More research!	Jan 6, 2012 3:04 PM
2	Standards and evidence Rational use: ensuring appropriateness and cost-effectiveness (Efficacy and quality) Patient safety and service provide by Health professionals / Regulation Integration within national health care systems	Nov 10, 2011 11:50 AM
3	There appears to be a need for the provision of empirical data which is exemplifying how CAM can integrates the theories and practices of modern medicine and alternative medicine (not as a substitute but as a complementary approach). On the other hand there is a need of information on the limits of the classical medicine. Only if citizens do understand the limits, they can appreciate CAM.	Nov 9, 2011 10:04 PM

**Page 3, Q8. Please categorize your own organisation:**

1	Public health institution	Jan 6, 2012 3:04 PM
2	international non profit, public health mandate	Nov 2, 2011 3:17 PM

**Page 3, Q9. If you have any additional comments, please feel free to enter them here:**

1	There may be a role for the EU bodies to promote research in cases where evidence has been found of successful treatments with CAM.	Nov 10, 2011 11:50 AM
2	Availability of info, evidence and regulatory aspects are imptant to preserve health security and patient safety. Appropriately regulated and known, CAM can become an important asset in reaching national and regioarl health improvement and disease prevention targets	Nov 2, 2011 3:17 PM
3	Patients using complementary medicine should stand up and make their voices heard otherwise Big Pharma will rule forever!	Nov 2, 2011 11:18 AM
4	More information on the quality standards and on the efficacy and effectiveness of CAM is necessary. People need also more information regarding the relative value of CAM compared to traditional medicine and treatments.	Oct 27, 2011 2:39 PM

## **Annex 4:** Proceedings of the Stakeholder Workshop

### **CAMbrella Stakeholder Workshop**

Brussels, 12<sup>th</sup> April 2012

(Jointly organized by Work Package 8 and EPHA.)



### **Proceedings of the Workshop:**

#### ***‘The Status of Information and Knowledge about Complementary and Alternative Medicine (CAM) among European Health Stakeholders.’***

Workshop was held on April 12, 2012, 3 to 6pm, in the office rooms of EPHA, Rue de Trèves 49-51, 1040 Brussels.

Minutes prepared by Stephanie Regenfelder, April 19, 2012

### **Summary**

The following main conclusions can be drawn from the workshop discussion:

- CAM is not taken seriously due to bias and the fact that there are many different and very diverse methods summarized under the name CAM.
- There is an increasing interest on CAM beyond the EU citizens as well as the European Commission. However, one barrier to get established is the differences regarding education of the providers all over the EU countries.
- Helpful to get CAM established could be: education programmes, cleaning up the different methods, focus on single diseases first, an independent official body giving guidelines and do supervising, cost benefit studies
- National health bodies will have to do this work.
- Pressure might also come from people who are taking care for their health by using CAM and finance this on a private basis.

## Minutes

Welcome and opening by Dr Bettina Reiter (leader CAMbrella Work Package 8).

In her introduction Bettina described shortly the aims of the CAMbrella project and the workshop (see above) organized by Work Package 8 which is responsible for the communication and dissemination part of the project.

Next Jesper Odde Madsen (Journalist, Member Work Package 8) introduced himself and gave a short overview about the results of the internet survey (all results in detail have been handed out to the participants prior to the beginning of the workshop):

From November 2011 until January 2012 WP 8 conducted a survey by sending out e-mails which link to the online questionnaire, combined with phone calls to relevant contacts in each organisation. The questionnaire was designed in order to get qualitative input for our dialogue with the target group. As the target group (non-CAM stakeholders) cannot be expected to possess detailed knowledge about CAM, the questions do not presuppose access to scientific based data or media statistics.

Jesper explained that the main outcome of this survey is that the EU citizens have a demand for more information on CAM, but that the citizens' access to reliable information on CAM is poor. Regarding the informational needs, the main points are evaluation of treatments, guidelines for CAM users and access to research data. Furthermore a guideline for a critical approach to CAM information would be needed. Jesper added that 'health' is one of the most searched topics in Google. Participant No.1 asked for the exact aims of the workshop.

Jesper stated that the aims are in principle the following:

- identify key players among the information providers
- identify key issues regarding the quality of CAM information
- identify commercial, political and organizational barriers
- gather ideas, suggestions and recommendations
- find out if and how workshop participants' organisations can contribute to future collaboration on the issue

Furthermore he stressed that it will not be possible to identify all this issues exactly by the present small group but that he is looking for individual concerns and experiences of the workshop participants.

Bettina added that she wants to find out what the participants think about the issues raised by Jesper before - personally and as a representative of their respective organisation. In addition she pointed out that the aim of this workshop is also to report these findings to the European Commission together with the results of the internet survey which gave first insight.

Participant No. 2 stated that one crucial point to clarify is to find out how the citizens take the decision to use or not to use CAM. Is it via direct contact or via the internet or due to the right (wrong) information etc.

Participant No. 1 explained one important question for her work is not the single patient but the lack of understanding and acceptance talking with politicians or health professionals, e. g. about chronic diseases. CAM is not taken seriously as an existing approach. This is for her the main barrier for CAM.

Participant No. 3 said that CAM as a category compared to the conventional medicine is like unofficial and official. He explained that the 'evil strategy' – Denigrate, Duplicate, Dominate – a common way how some companies talk others competing ones down, also happens to CAM in his opinion.

Participant No. 4 added that many people in the health sector are using CAM but there is a threshold to come out with this. He observed that progressive health professionals are using CAM but still the conventional health professionals are dominating the public health and in parallel there is an increased search for CAM beyond the citizens. Furthermore there is a slow opening of the European Commission to CAM he recognized but e. g. the CPME (Standing Committee of European Doctors) is blocking. Following the media there can be observed even an anti-CAM campaign over the past 3 years, especially in UK and Germany. He concluded that nevertheless there is a CAM demand by the citizens.

Bettina replied that the CAMbrella group also has the feeling that there is an increasing interest in CAM but she asked if there is any data available to proof this.

Participant No. 1 pointed out that she knows data from the European Parliament showing an increasing level of interest.

With regard to the European Parliament Participant No. 4 referred to the existence of a CAM interest group since 2 or 3 years consisting of members of the European Parliament and their meetings which take place several times a year with approx. 40 persons attending.

Participant No. 5 stated that one problem is that people with and without academic degree are providing CAM. The mainstream medicine in Scandinavia feels uncomfortable with CAM medicine. If you place yourself in a CAM position you are even outside the establishment he explained.

Jesper handed out his reflection paper No. 1 on the role of key players among the information providers and asked the participants to discuss the content with his or her neighbour for about 10 min.

Participant No. 6 wanted to stress the point that not all the CAM therapies have the same value and therefore it is important to inform and educate the doctors correctly.

Participant No. 1 agreed that this is one of the big challenges. In addition she stated that CAM as a label could be also a barrier since it includes so many and different approaches. Furthermore she pointed out that even within the EPHA Board the opinions regarding the usefulness of CAM are divided since it is mostly not an evidence-based medicine.

Participant No. 2 said that as long as CAM is isolated from conventional medicine it will not be possible to achieve a lot and what patients and professionals are looking for is best practice. He pointed out that the Belgian cancer league showed how they integrated CAM in their hospitals – this is best practice for patients. But of course the evidence has to be shown as well he said. One approach for the future could be to pick out certain diseases e. g. chronic diseases and cancer and integrate CAM here, he suggested.

Participant No. 6 and Participant No. 2 stressed the importance for cleaning up the diverse methods which are summarized in CAM to filter those which have been proven to be really useful.

Jesper took up the point of information flow to the doctors and asked for answers to the reflection paper question: 'Seen from the perspective of a member: What would you expect from your own organisation, if it announced that 'We will provide information about CAM'?

Participant No. 3 stated that for him the level of education of the CAM providers is very important since this refers also to the safety aspect. He referred to Italy where courses of studies on universities for CAM have been established. In addition, he pointed out that there are a lot of conventional pharmaceutical representatives who contribute to the information of doctors but only a few for CAM.

Participant No. 6 stressed that he would like more information on CAM and more CAM representatives coming to him.

Bettina stated that there are also a lot of peer-reviewed journals existing for CAM. However, the doctors seem to do not care. She assumes this is due to bias.

Participant No. 1 agreed that the doctors should be the starting point. The push-pull strategy does not work for CAM due to bias also in her opinion.

Participant No. 7 pointed out that in her country of origin, Poland, CAM is found in the field of folk/gypsy medicine and enlightenment is difficult.

Participant No. 4 agreed that there is a different CAM tradition in the different EU countries. In Scandinavia CAM is outlawed, in Germany it is accepted to a large extend and in southern Europe there is a focus on academically trained practitioners.

Jesper highlighted that due to this differences the EU organisations of the present representatives have an important role.

After a short break Bettina summarized that there are a lot of barriers for CAM getting an accepted medicine.

Participant No. 5 asked if there should be a take-home-message at the end of this workshop. Bettina explained that it should be learned how the EU citizens feel about the current information situation. This will be reported to the European Commission but the CAMbrella group is not doing any policy by themselves.

Jesper added that this information will not only go into the report but should be used as well as a basis for the on-going network of CAM researchers.

Participant No. 4 pointed out that he concludes that the training of doctors is extremely important because they give the patients an orientation.

Participant No. 8 (Policy Coordinator for Health Systems EPHA) added that this is also true for pharmacists.

In addition Participant No. 4 stressed the power of patients. Patients can find a lot of information in the internet but it is impossible to give them guidelines which information is right and reliable and which not. In his opinion the official health bodies have to take up this issue.

Looking e. g. on side effects of herbs having an influence on the safety of patients Participant No. 2 said that the patient is the most important part of the integration of CAM and an independent institute will be needed to take care of the patients' interests.

Bettina suggested an institute for the EU like the NIH (National Institute for Health) for the USA.

Dr Wolfgang Weidenhammer (CAMbrella Coordinator) pointed out that an institute like the IQWiG (Institute for Quality and Efficiency in Healthcare) in Germany would be helpful.

Bettina asked the question if all is driven by interest in the field of CAM due to the absence of a neutral institute.

With regard to an independent institute Bajou could imagine something like the WHO (World Health Organisation) does for some special issues.

Participant No. 4 added this could also be handled by a special section within the EMA (European Medicines Agency).

Participant No. 8 stressed that citizens might not use these websites to get information on CAM.

Bettina asked the question where the citizens go for information on established medicine. Most of the participants answered they go to the doctors.

Jesper handed out a second inspiration paper addressing the questions:

- Do you have any ideas on what can be done to provide citizens with a better basis for discussing and assessing Cam information/health information and
- Is it possible or realistic to encourage and/or help people to strengthen their own critical capacity?

He explained that we cannot change very much in the internet in short time. But he added the question might be: 'How can we empower citizens to utilize and evaluate critically the information provided'.

Participant No. 2 explained that for conventional medicine there are guidelines and standards. But of course it is not practical to introduce this in short time he stated. In his opinion an education programme should be set up including education of e. g. nurses in order to integrate CAM in the public health.

Wolfgang pointed out that regarding the issue of education there is a heterogeneous map within the EU. He described that in Germany an education programme started 30 years ago with a model project in Munich which integrated CAM in the conventional medicine education and today there is the possibility to take postgraduate courses in addition. Another approach for informing patients is the CAM cancer website by an EU funded 5<sup>th</sup> framework programme but beyond the high number of CAM websites this one gets lost.

Finally he stated that there are organizations like the European information centre on CAM (EICCAM) providing the results of papers translated in simple language but it did not make so much progress regarding the awareness in the net, he stated.

Participant No. 3 added that not everyone has access to the internet and these sites should be regulated by an official body e. g. EU gives logo for the websites they support. However,

the best way might be to let the market decide and let the users of these websites decide on the quality he said.

Participant No. 8 commented that he as a consumer does not like this procedure to say 'like it' to decide on the quality of a website or contribution.

Participant No. 2 stated that the German approach is for him the right one to integrate CAM to the academic area. In other EU countries this did not even start he said.

Participant No. 4 stressed more clear guidelines as a next step.

Jesper highlighted that quality assessment and information must interrelate.

Participant No. 2 stated that certification should be the first step.

Participant No. 4 added that only the health system responsible can be the driving force.

Wolfgang asked the question if national policy has an impact on EU or if it is just the other way around. Currently we see a negative development, e. g. in the UK, but a positive one on EU level, he explained.

Participant No. 4 said that the development in the EU is not positive enough to upgrade CAM. If a government is against CAM this is only a financial thing – the fear for further costs, he explained. The council of member states in the EU is the biggest block in his opinion.

With respect to the financial issue Participant No. 2 reported a graph of the UK government showing that for 45% of the costs they reimburse there was no cure of the patients, for another 45% they cannot be sure if they were cured and only for 10% they are sure that it cured the patients.

Participant No. 7 added that regarding the issue of saving money there is an opportunity for CAM to contribute positively and offer a way for long-term prevention.

Jesper concluded that the policy makers are also a target group not only the patients. One should change the mind of policy makers.

Bettina asked the question if one could gain more by saying that the European Parliament is interested in CAM instead of giving the patient the priority.

Participant No. 2 said that the organisation of health is still in country hand not in the hands of the EU.

Participant No. 8 added that as Participant No. 7 said in Poland the wealthier people have the choice so there might be also pressure from the citizens in future.

Bettina agreed that in the EU CAM seems to be a kind of elite medicine since it is often paid privately.

Wolfgang explained that in Germany a programme has been established where for acupuncture a regulation was defined to be paid by statutory sickness funds resulting in huge effects for integrating acupuncture in Germany.

In her closing remarks Bettina Reiter said thank you to all participants and announced a special issue of 'Forschende Komplementärmedizin' compiling the results of the project in scientific papers as well as the final conference of the project which will take place on 29<sup>th</sup> November 2012. The minutes of the workshop will be sent to all participants asking for additional comments and approval.

**Participants:**

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*Mr Baiju Khanchandani* (Public Health Committee of the European Chiropractors' Union - ECU) ([chiropractico@hotmail.com](mailto:chiropractico@hotmail.com))

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## Annex 5: Communication Policy



Pan-European Research Network  
for Complementary and  
Alternative Medicine (CAM)



### Communication Policy

#### Preamble

All work within the EU FP7-funded CAMbrella Project is governed by the comprehensive provisions set out in the Grant Agreement and the Consortium Agreement. The purpose of the present Policy is to specify and, where necessary, complement these provisions with regard to the aspect of communication, which is a vital issue for CAMbrella as a coordination action. Part I addresses 'internal' communication, i.e. communication activities within the CAMbrella Group. Part II deals with 'external' communication, i.e. communication between the group and the public (everything outside of the CAMbrella Group).

This Policy is a working document which will be revised and supplemented as required.

#### Part I: Internal communication

Communication takes place between the different bodies involved in the CAMbrella Project. A common platform ('Projectplace') is available for internal communication. Access to this platform is restricted to the members of the CAMbrella Group. The management of this platform is under the responsibility of Bayerische Forschungsallianz (Beneficiary 16) as the licensee; access and technical support are provided by Meike Diaboha (e.g. regarding individual settings such as automatic messages produced by Projectplace, etc.).

##### I.1. Definitions

The different bodies involved in the CAMbrella Project are defined as follows:

The Consortium encompasses the 16 Beneficiaries (parties) as listed in Annex 1 of the Grant Agreement.

Full Members of the CAMbrella Group are the 16 individuals labelled as contact persons in section B.2.2. of the Description of Work. This group also constitutes the General Assembly as specified in section 6.1 of the Consortium Agreement.

Associate Members are all additional staff members involved in the project, affiliated to the Beneficiary by regular work contracts paid by CAMbrella personnel budget or working 'in kind'.

Adjunct Members are all individuals who are not affiliated to the Beneficiary but declared their interest in contributing to CAMbrella by signing a special agreement that regulates the relationship with the Full Member (restricted to individual Work Packages where appropriate).

All Full Members, Associate Members and Adjunct Members together form the CAMbrella Group, which has access to Projectplace. Any communication within this group is referred to as 'internal communication'. Outside of the CAMbrella Group, there are two other bodies that are involved in the project, namely the Advisory Board and an undefined group of external experts. These groups do not have access to Projectplace. Any communication with these bodies is considered as being part of the 'external communication'.

Coordinator, Scientific Steering Committee and Management Board are Management Bodies as defined in section B.2.1. of the Description of Work.

## **1.2. Basic rules of communication**

Projectplace as the internal communication platform provides features for the storage and management of documents, the exchange of information, and the organisation of meetings. The following sections will address these three aspects with a specific focus on Projectplace features.

### **1.2.1. Documents**

All documents produced by the members of the CAMbrella Group are considered internal and confidential unless and until they are released for publication or dissemination (for details in this respect, see Part II). Up to this point in time, they ought not to be disclosed to any member outside of the CAMbrella Group.

All published or unpublished materials that are distributed to other group members should include the reference or source. In order to avoid informational overload, all members of the CAMbrella Group are asked to check the relevance of the respective documents carefully before forwarding or uploading them.

The structure of the individual Work Package folders (WP1 – WP9) and the Work Packages' individual procedures of document storage and management are under the responsibility of the Work Package Leaders.

No member is allowed to upload documents in any Work Package folder unless the responsible Work Package Leader instructs him or her to do so, or creates a folder that is explicitly designated for that purpose (e.g. a subfolder named 'External documents').

All members can upload documents in the folder 'Documents of general relevance'. The Work Package Leader (or a Work Package member serving as a delegate) may then check these documents and copy them into their WP folders.

All other document folders are under the responsibility of the Management Board.

#### **I.2.2. People**

In the 'People' section, Projectplace lists the individual members of the CAMbrella Group plus a number of specific groups (Work Packages 1 - 9, All members, Scientific Steering Committee, etc.).

Regarding the individual Work Package Groups, the Full Members decide in consultation with the responsible Work Package Leader who of their staff will be involved in the Work Package Group.

For any communication within or between individual Work Packages, these groups should be used as email distribution lists to ensure that emails are received by all members of the group. As the Coordinator, Wolfgang Weidenhammer is included in every group for informational purposes.

#### **I.2.3. Meetings**

In the 'Meetings' section, Projectplace provides features for the booking and organisation of meetings. Wherever possible, these features should be used to plan, schedule and hold meetings or audio/video conferences.

For every meeting or audio/video conference that involves the Work Package as a whole, agendas and minutes are to be prepared (see section 6.3.2 of the Consortium Agreement). These agendas and minutes are to be uploaded to Projectplace in the individual Work Package folder, preferably in a 'Meetings' subfolder.

#### **I.2.4. Management of Work Package groups**

The management of the individual Work Package groups is the responsibility of the WP leaders. In case of dispute within the WP, the leader should try to reach an amicable solution. If this is not possible, a WP member can turn to the Scientific Steering Committee, which will then discuss the problem and decide on a solution.

If the Steering Committee fails to resolve a controversy, all Full Members of the CAMbrella Group will be involved and decide on the solution via majority vote. The resulting majority opinion will be disseminated as the official CAMbrella position, but the opinion of the minority will be reported in the documents as well.

## **Part II: External communication**

### **General remarks**

The general rules on dissemination activities laid out in Annex II, Article II.30., of the Grant Agreement (GA), and in Paragraph 8.3 of the Consortium Agreement (CA) are binding.

### **II.1. Project acronym and name**

In all writings, mails, notes, etc., the project acronym "CAMbrella" is to be written with "CAM" in capital letters and "brella" in small letters.

In any publication that explains CAMbrella's focus, but is not research-related or a reporting requirement, the project is to be referred to using the full name "CAMbrella – a pan European research network for complementary and alternative medicine (CAM)".

### **II.2. Corporate Design**

The CAMbrella Corporate Design (CD) comprises the logo, the graphic design of the CAMbrella Website and Newsletter, the letter template, the presentation template, the notes and protocol template and, if desired, an email signature. These CD elements are to be used wherever possible. The logo and the different templates will be made available on Projectplace in the folder 'CAMbrella Templates'.

Wherever appropriate, the logo is to be integrated in all publications by members of the CAMbrella group along with the acronym, project number and website address ([www.cambrella.eu](http://www.cambrella.eu)). It also has to be provided to all external publication partners like university marketing or PR departments, journals (scientific or general), online services or the like.

The letter template includes the CAMbrella letterhead for individual (electronic or printed) letters to external partners. It is to be used in any official, external correspondence relating to CAMbrella. The presentation template (PowerPoint template) is to be used for any lecture, presentation or talk that is related to the CAMbrella project. The notes template will be used for protocols, notes and procedures of meetings within CAMbrella. If desired, an individualized email signature can be provided to sign emails to external partners which are concerned with CAMbrella business.

### **II.3. Website and Newsletter**

The website [www.cambrella.eu](http://www.cambrella.eu) is the first milestone of the CAMbrella project. It has been online since April 25, 2010. As a coordination action, CAMbrella is focused not only on disseminating the projects results but also on gathering as much information as possible on the actual CAM situation in Europe and making as much contact as possible with the CAM related European public, stakeholders as well as the public at large. All CAMbrella members shall therefore mention the Website's URL in every publication and provide it to any interested party. The CAMbrella members will pass on to the leader of WP 8 any information that is relevant to WP 8 on a national or European level (e.g. press reports, news, interviews, etc.). The Website editor, Jesper Madsen, and the editor in chief, Bettina Reiter, will in turn provide edited versions of the supplied texts and place them in the Website's news section and/or the quarterly Newsletter.

### **II.4. Project reference and acknowledgement of funding**

In all reporting papers and all research-related publications, the project is to be referred to as "CAMbrella - a pan-European research network for complementary and alternative medicine (CAM)". As provided for in Annex II, Article II.30., of the GA, all publications shall include a statement to indicate that the work was generated with the assistance of financial support from the Community. Therefore, all publications must include the following acknowledgement: "The CAMbrella project has received funding from the European Commission's Seventh Framework Programme (FP7/2007-2013) under Grant Agreement No. 241951."

### **II.5. Publications**

This part is meant to give more details to regulate the processes of publishing the outcomes of CAMbrella.

Output resulting from work carried out within CAMbrella and thus covered by this Policy includes all of the following categories:

1. Papers appearing in journals (peer-reviewed or not)
2. Book chapters, annual reviews, etc. edited externally
3. Edited contributions to conferences (published abstracts)
4. Invited keynote lectures at major international conferences
5. Poster sessions, abstracts or other non-edited contributions to conferences
6. Books edited or written by project members, alone or with others
7. Theses
8. Articles in popular magazines (for scientific community)

9. Publicity, media and science communication (for general public), including interviews for TV or radio
10. CAMbrella Newsletter

#### **II.5.1. Management**

Every proposed publication complying with categories 1-4 (see above) needs the approval of the Management Board (MB) as the competent body. All proposed publications resulting from the work of separate Work Packages should be coordinated by the responsible WP leader. The lead author must submit a final or close-to-final draft to the MB at least 4 weeks prior to the proposed date of submission. It is the responsibility of the MB to decide case-by-case whether the Scientific Steering Committee has to be consulted. If so, any comments from the SSC must be made within 2 weeks and will be passed to the lead author. The revised or final version should meet the approval of the SSC based on a 2/3 majority decision. If no comments are received within that 4-week period since submission to the MB, consent is deemed to have been given for submission.

The SSC's decision may consist of:

- (a) acceptance of the proposed publication without any reservation, or
- (b) a request for modifications, specifically if certain pieces of information contained in the proposed publication are likely to impair the industrial and commercial use of the Knowledge, or
- (c) a request that the publication or communication be postponed if, in its opinion, real and serious reasons require this, especially if the information contained in the proposed publication or communication is the subject matter of intellectual property protection.

This procedure is an approval process rather than a scientific review. It enables the SSC to monitor the "public" face of the project and to check for any conflicts regarding knowledge transfer or intellectual property issues.

Projectplace should be used as a tool for the abovementioned activities. To manage the approval process, folders will be available for "Draft manuscripts", "Pending manuscripts" and "Approved manuscripts". These folders are the responsibility of the Management Board.

A publication does not need approval if the content of the presentation refers to already published material (including internet websites). However, each presentation on CAMbrella or parts of it should be announced in advance, and respective material (e.g. PowerPoint presentations) should be provided to the leader of WP 8 for storage in a central archive.

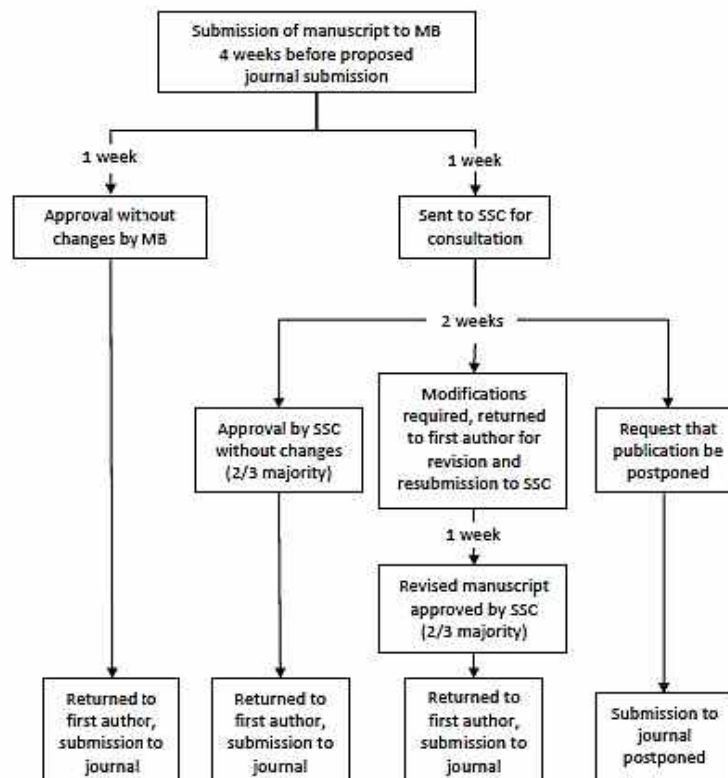


Figure: Approval process

### II.5.2. Authorship

Authorship should be limited to those who have made a significant contribution to the concept, design, execution or interpretation of the publication.

All those who have made significant contributions should be offered the opportunity to be listed as authors. Where this is not possible (e.g. journals that limit the number of authors), a consensus must be reached among the proposed authors as to who should be included and in which order. If this is impossible, the SSC must arbitrate.

Seniority and position in a research institution's hierarchy alone is not sufficient for authorship. This includes seniority within the CAMbrella project structure.

It is the aim of CAMbrella to promote first author papers by PhD students.

## **II.6. Documentation**

CAMbrella WP 8 (Dissemination and communication) will collate all output (in particular publications) produced from work carried out within the project. This is a reporting requirement, and it will make report compilation much easier if everything is handled centrally. Thus it is vitally important that copies of all papers, presentations and other material are sent to the WP 8 Leader for storage in Projectplace.

## **II.7. Provision of information**

### **II.7.1. External inquiries**

Inquiries directed to the CAMbrella group as a whole - addressing either all participants (email addresses can be found easily on the website) or individuals named as contact persons for the group - will be answered by WP 8 on a general basis. In such cases, WP 8 will consult with the Management Board and provide a suggestion of how to proceed with the respective inquiry. The Management Board will then decide on what it deems appropriate (if necessary, after consulting the SSC) and forward this information to WP 8, who will deliver the resulting official CAMbrella answer.

### **II.7.2. Information provided to the Advisory Board**

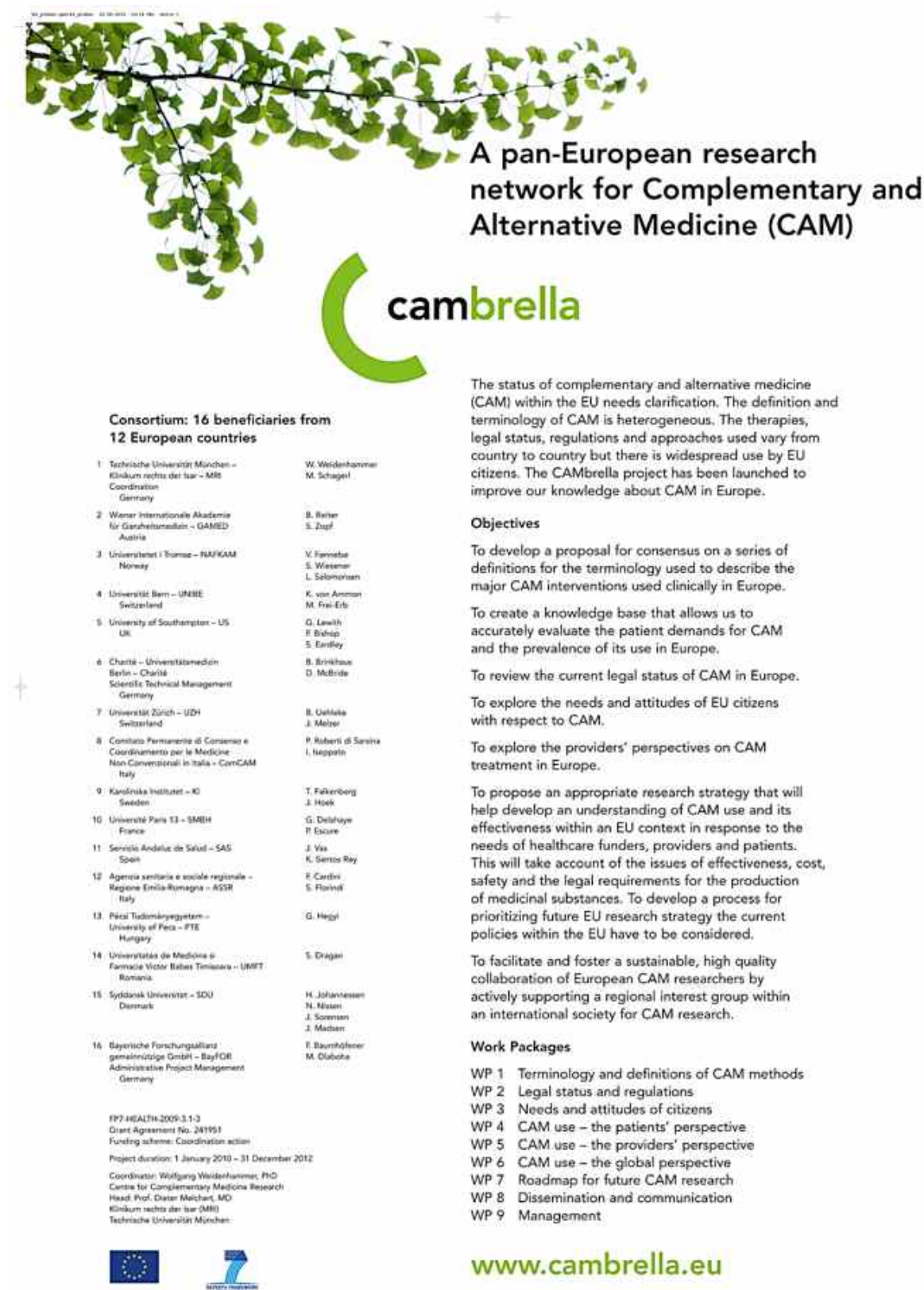
The members of the Advisory Board have access to a password-protected area on [www.cambrella.eu](http://www.cambrella.eu). In consultation with the leader of WP 8, the Management Board decides which documents will be made available there. The Work Package Leaders can submit documents for that purpose. The documents will be made available in pdf format only.

### **II.7.3. Information provided to the Commission**

In addition to Annex II, Article II.12., of the GA, the following Disclaimer and provisions are given:

- (a) All information provided to the Commission, publications (subject to the publisher's policy on printing disclaimers) and press releases shall bear a disclaimer stating "The information in this document is provided as is and no guarantee or warranty is given that the information is fit for any particular purpose. The user thereof uses the information at its sole risk and liability."
- (b) Confidential information provided to the Commission will be labelled as confidential and may be used only for informational purposes by Community Institutions to whom the Commission has supplied it.

## Annex 6: Project Poster



The poster features a large, stylized green leaf graphic on the left side. The title 'A pan-European research network for Complementary and Alternative Medicine (CAM)' is prominently displayed in the upper right. Below the title is the 'cambrella' logo, which consists of a green 'C' shape followed by the word 'cambrella' in a green sans-serif font. The main body of the poster is divided into several sections: 'Consortium: 16 beneficiaries from 12 European countries' lists 16 institutions and their representatives; 'Objectives' outlines the project's goals; 'Work Packages' lists the eight research areas; and 'Funding' provides details about the FP7-HEALTH-2009-1-1-3 grant. The bottom of the poster includes the European Union flag and the logo of the German Research Foundation (DFG).

### A pan-European research network for Complementary and Alternative Medicine (CAM)

**cambrella**

**Consortium: 16 beneficiaries from 12 European countries**

1 Technische Universität München – Klinikum rechts der Isar – MIB Coordination Germany	W. Weidenhammer M. Schagerl
2 Wiener Internationale Akademie für Ganzheitsmedizin – GAMED Austria	B. Reiter S. Zugl
3 Universitet i Tromsø – RAIKAM Norway	V. Færnebo S. Wessner L. Salomonsson
4 Universität Bern – UNIBE Switzerland	K. von Ammon M. Frei-Erb
5 University of Southampton – US UK	D. Lawth J. Bishop S. Eastley
6 Charité – Universitätsmedizin Berlin – Charité Scientific Technical Management Germany	B. Brinkhaus D. McBride
7 Universität Zürich – UZH Switzerland	B. Gschliess J. Meier
8 Comitato Permanente di Consenso e Coordinamento per le Medicine Non Convenzionali in Italia – ConCAM Italy	P. Roberti di Sarsina I. Neppola
9 Karolinska Institutet – KI Sweden	T. Falkenberg J. Håk
10 Université Paris 13 – SMH France	G. Delahaye P. Escure
11 Servicio Andaluz de Salud – SAS Spain	J. Vaz K. Santos Ray
12 Agenzia sanitaria e sociale regionale – Regione Emilia-Romagna – ASSR Italy	F. Cardini S. Fiorini
13 Pécsi Tudományegyetem – University of Pécs – PTE Hungary	G. Hegyi
14 Universitatea de Medicina si Farmacie Victor Babes Timisoara – UMFT Romania	S. Dragan
15 Syddansk Universitet – SDU Denmark	H. Johannessen N. Nissen J. Sørensen J. Madsen
16 Bayerische Forschungsliaison gemeinnützige GmbH – BayFOE Administrative Project Management Germany	F. Baumhöfener M. Olubote

**Objectives**

The status of complementary and alternative medicine (CAM) within the EU needs clarification. The definition and terminology of CAM is heterogeneous. The therapies, legal status, regulations and approaches used vary from country to country but there is widespread use by EU citizens. The CAMbrella project has been launched to improve our knowledge about CAM in Europe.

**Objectives**

- To develop a proposal for consensus on a series of definitions for the terminology used to describe the major CAM interventions used clinically in Europe.
- To create a knowledge base that allows us to accurately evaluate the patient demands for CAM and the prevalence of its use in Europe.
- To review the current legal status of CAM in Europe.
- To explore the needs and attitudes of EU citizens with respect to CAM.
- To explore the providers' perspectives on CAM treatment in Europe.
- To propose an appropriate research strategy that will help develop an understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funders, providers and patients. This will take account of the issues of effectiveness, cost, safety and the legal requirements for the production of medicinal substances. To develop a process for prioritizing future EU research strategy the current policies within the EU have to be considered.
- To facilitate and foster a sustainable, high quality collaboration of European CAM researchers by actively supporting a regional interest group within an international society for CAM research.

**Work Packages**

- WP 1 Terminology and definitions of CAM methods
- WP 2 Legal status and regulations
- WP 3 Needs and attitudes of citizens
- WP 4 CAM use – the patients' perspective
- WP 5 CAM use – the providers' perspective
- WP 6 CAM use – the global perspective
- WP 7 Roadmap for future CAM research
- WP 8 Dissemination and communication
- WP 9 Management

**Funding**

FP7-HEALTH-2009-1-1-3  
Grant Agreement No. 241951  
Funding scheme: Coordination action  
Project duration: 1 January 2010 – 31 December 2012  
Coordinator: Wolfgang Weidenhammer, PhD  
Centre for Complementary Medicine Research  
Head: Prof. Dieter Melchart, MD  
Klinikum rechts der Isar (MIB)  
Technische Universität München

[www.cambrella.eu](http://www.cambrella.eu)

## Annex 7: Project Flyer

### **CAMbrella – clearing the way for European CAM research**

CAMbrella is a pan-European CAM research network, funded by the EU commission. It is focused on academic research groups which do not advocate specific CAM treatments.

The CAMbrella Consortium consists of 16 scientific partner organisations from 12 European countries. The project is supported by an Advisory Board encompassing members of relevant stakeholder organizations, including patients, practitioners, providers and consumers.

The key task of the project is to develop a roadmap for research strategies in the field of CAM which may serve as a guideline for future scientific European CAM research. To enable meaningful reliable comparative research and communication, and to help create a sustainable structure and policy for CAM in Europe, we will build a network of European CAM research institutes and foster international cooperation.

CAMbrella is funded for a period of three years: January 2010 – December 2012.

**Be updated via the newsletter!** If you are interested in following the project, subscribe to the CAMbrella Newsletter – just fill in the form on the website [www.cambrella.eu](http://www.cambrella.eu)

### **CAMbrella – A pan-European research network for Com- plementary and Alternative Medicine (CAM)**

**CAMbrella's aim is to  
enable meaningful reliable  
comparative research and  
communication within  
Europe and help to create a  
sustainable structure and  
policy for CAM in Europe.**

[www.cambrella.eu](http://www.cambrella.eu)



The status of complementary and alternative medicine (CAM) within the EU needs clarification. The definition and terminology of CAM is heterogeneous. The therapies, legal status, regulations and approaches used vary from country to country but there is widespread use by EU citizens. The CAMbrella project has been launched to improve our knowledge about CAM in Europe.

#### The specific objectives of CAMbrella are

- to develop an EU network involving centres of research excellence for collaborative research
- to develop consensus-based terminology widely accepted in Europe to describe CAM interventions
- to create a knowledge base that facilitates our understanding of patient demand for CAM and its prevalence
- to review the current legal status and policies governing CAM provision in the EU and
- to explore the needs, beliefs and attitudes of the EU citizens with respect to CAM
- to propose an appropriate research strategy that will help develop an understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funders, providers and patients

The outcomes generated will be disseminated through our website, peer review publications and a final conference with emphasis on current and future EU policies, addressing the different target audiences with an interest in CAM.

#### The work packages

CAMbrella is divided into eight independent but interrelated work packages, whose members meet regularly. Each work package is managed by a researcher from one of the participating research centres.

1. Terminology and definitions of CAM methods
2. Legal status and regulations
3. Needs and attitudes of citizens
4. CAM use – the patients' perspective
5. CAM use – the providers' perspective
6. CAM use – the global perspective
7. Roadmap for future CAM research
8. Dissemination and communication
9. Management

The work is coordinated by a Management Board and directed by a Scientific Steering Committee, with support of an Advisory Board.

The Advisory Board represents the main CAM stakeholders including consumers, practitioners, clinical providers, and manufacturers of CAM medicinal products.

CAMbrella has been established under the Seventh Framework Programme (FP7) in January 2010.

Topic: FP7-HEALTH-2009.3.1-3  
Complementary and Alternative Medicine  
coordination and support action  
Grant Agreement No. 241951

#### Project management

Wolfgang Weidenhammer (Coordinator)  
Benno Brinkhaus (Scientific Technical Manager)  
Maïke Dlaboha (Administrative Project Manager)

#### Public relations

Bettina Reiter, reiter@gamed.or.at  
Jasper Odde Madsen, jm@jespermadsen.dk

#### Consortium

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Wiener Internationale Akademie für Ganzheitsmedizin (A) B. Reiter S. Schunder-Tatzber	Université Paris 13 (FR) A. Lazarus
Universitetet i Tromsø (NO) V. Fennøe S. Wiesener L. Salomonsen	Servicio Andaluz de Salud (ES) J. Vaz K. Santos Rey
Universität Bern (CH) K. von Ammon M. Frei-Erb	Agenzia sanitaria e sociale regionale – Regione Emilia-Romagna (IT) F. Cardini
University of Southampton (UK) G. Lewith F. Blahop S. Eardley	Pécsi Tudományegyetem – University of Pecs (HU) G. Hegyi
Charité – Universitätsmedizin Berlin (DE) B. Brinkhaus	Universitatea de Medicina și Farmacie Victor Babes (RO) S. Dragan S. Ursoniu
Universität Zürich (CH) B. Uehleke J. Melzer	Syddansk Universitet (DK) H. Johannessen N. Nissen J. Serensen J. Madsen
Comitato Permanente di Consenso e Coordinamento per le Medicine Non-Convvenzionali (IT) P. Roberti di Sarsina I. Iseppato	Bayerische Forschungsallianz gemeinnützige GmbH (DE) M. Dlaboha

**Annex 8: Screenshot/facebook**

(16<sup>th</sup> November 2012)

## Annex 9: List of all dissemination activities

Nº	Type of activities	Main leader	Title	Date	Place	Type of audience	Size of audience	Countries addressed
1	Web sites/ Applications	COMITATO PERMANENTE DI CONSENSO E COORDINAMENTO PER LE MEDICINE NON CONVENZIONALI IN ITALIA	Medicina alternativa: In Europa 100 milioni vi fanno ricorso	11/01/2010	www.cybermed.eu	Scientific community (higher education, Research) - Industry - Civil society - Policy makers - Medias	9999	Europe
2	Web sites/ Applications	SYDDANSK UNIVERSITET	1,5 mio. for mapping CAM. (JM)	21/01/2010	Website Syddansk Universitet: <a href="http://www.sdu.dk/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskning_senheder/HMS/Nyheder/Cambrella">http://www.sdu.dk/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskning_senheder/HMS/Nyheder/Cambrella</a>	Scientific community (higher education, Research) - Industry - Civil society - Policy makers - Medias	9999	Denmark
3	Web sites/ Applications	WIENER INTERNATIONALE AKADEMIE FÜR GANZHEITSMEDIZIN	www.cambrella.eu	01/04/2010	Internet	Scientific community (higher education, Research) - Industry - Civil society - Policy makers - Medias	9999	International
4	Interviews	KLINIKUM RECHTS DER ISAR	EU fördert Komplementärmedizin	10/05/2010	Naturamed 3/2010	Scientific community (higher education, Research)	9999	Germany
5	Presentation	KLINIKUM RECHTS DER ISAR	CAMbrella – a brief introduction	20/05/2010	5th ICCMR, Tromsø, Norway; CAMbrella Symposium	Scientific community (higher education, Research)	120	International
6	Presentation	CHARITE - UNIVERSITAETSMEDIZIN BERLIN	CAMbrella - Presentation of the workpackages	20/05/2010	5th ICCMR, Tromsø, Norway; CAMbrella Symposium	Scientific community (higher education, Research)	120	International
7	Presentation	UNIVERSITAET ZUERICH	CAMbrella – An example from WP1: Terminology	20/05/2010	5th ICCMR, Tromsø, Norway; CAMbrella Symposium	Scientific community (higher education, Research)	120	International

8	Presentation	KLINIKUM RECHTS DER ISAR	CAMbrella – a new chance for CAM research in Europe	28/05/2010	20 anni di crescita dell'omeopatia Italiana	Scientific community (higher education, Research)	120	Italy
9	Presentation	COMITATO PERMANENTE DI CONSENSO E COORDINAMENTO PER LE MEDICINE NON CONVENZIONALI IN ITALIA	Il Consorzio CAMbrella	05/06/2010	XXX Congresso della Società Italiana di Agopuntura, Milano	Scientific community (higher education, Research)	100	Italy
10	Presentation	KLINIKUM RECHTS DER ISAR	CAMBRELLA	25/06/2010	Forum-Meeting, University of Witten/Herdecke	Scientific community (higher education, Research)	50	Germany/ Austria/ Switzerland
11	Interviews	WIENER INTERNATIONALE AKADEMIE FÜR GANZHEITSMEDIZIN	EU-Projekt CAMbrella über Komplementärmedizin	05/07/2010	Medical Tribune 42. Jahrgang Nr. 11/2010	Scientific community (higher education, Research)	9999	Germany
12	Publication	KLINIKUM RECHTS DER ISAR	CAMbrella – The story so far	15/08/2010	ECHAMP Newsletter	Scientific community (higher education, Research) - Industry - Civil society	5000	Europe
13	Publication	KLINIKUM RECHTS DER ISAR	Research Initiatives in Europe	04/10/2010	Documentation in Forsch Komplementmed 2010; 17: 275-276	Scientific community (higher education, Research)	9999	International
14	Posters	WIENER INTERNATIONALE AKADEMIE FÜR GANZHEITSMEDIZIN	CAMbrella – A pan-European Research network for Complementary and Alternative Medicine	20/10/2010	Scientific Challenges in European Health, Brussels	Scientific community (higher education, Research) - Policy makers	60	Europe
15	Presentation	KLINIKUM RECHTS DER ISAR	CAMbrella – A pan-European Research network for Complementary and Alternative Medicine	06/11/2010	25th MAOT Congress, Pécs, Hungary	Scientific community (higher education, Research)	80	Hungary
16	Presentation	PECSI TUDOMANYEGYETEM - UNIVERSITY OF PECS	Hungary as a Member of the CAMbrella Project	06/11/2010	25th MAOT Congress, Pécs, Hungary	Scientific community (higher education, Research)	80	Hungary
17	Presentation	UNIVERSITAET BERN	Presentation of CAMbrellas work	06/11/2010	25th MAOT Congress, Pécs, Hungary	Scientific community (higher education, Research)	80	Hungary

			packages: WP5 CAM use: the providers' perspective			Research)		
18	Presentation	SERVICIO ANDALUZ DE SALUD	Proyecto CAMbrella - Red europea para la investigación en Medicina Complementaria y Alternativa	07/11/2010	VII Congreso de FILASMA, Sevilla	Scientific community (higher education, Research)	100	Spain
19	Flyers	WIENER INTERNATIONALE AKADEMIE FÜR GANZHEITSMEDIZIN	CAMbrella	03/12/2010	3rd European Congress for Integrative Medicine, Berlin	Scientific community (higher education, Research)	250	Europe
20	Posters	BAYERISCHE FORSCHUNGSALLIANZ GEMEINNUTZIGE GMBH	CAMbrella – A pan-European Research network for Complementary and Alternative Medicine	23/03/2011	Forum Life Science – 7th international congress and exhibition, TU München	Scientific community (higher education, Research) - Industry	1200	International
21	Presentation	KLINIKUM RECHTS DER ISAR	Brief introduction of CAMbrella	13/04/2011	European Parliament Breakfast, Brussels	Policy makers	50	Europe
22	Presentation	PECSI TUDOMANYEGYETEM - UNIVERSITY OF PECS	CAMbrella in Eastern European Countries	22/04/2011	NATO, RTO-185 Human Research program/L'École du Val-de-Grâce, Paris	Scientific community (higher education, Research)	60	International
23	Presentation	CHARITE - UNIVERSITAETSMEDIZIN BERLIN	Building a comprehensive map of the current situation of CAM in Europe – EU Project CAMbrella	09/05/2011	6th ICCMR Chengdu/China	Scientific community (higher education, Research)	50	International
24	Presentation	UNIVERSITY OF SOUTHAMPTON	A systematic review of the literature in CAM prevalence as part of the EU CAMbrella collaborative project.	09/05/2011	6th ICCMR Chengdu/China	Scientific community (higher education, Research)	50	International
25	Presentation	KAROLINSKA INSTITUTET	Global Strategies for CAM Research and Development: Lessons along the journey	09/05/2011	6th ICCMR Chengdu/China	Scientific community (higher education, Research)	50	International
26	Presentation	SYDDANSK UNIVERSITET	CAMbrella – en kort	13/05/2011	Annual Meeting of	Scientific community	25	Denmark,

			introduktion		Nordic Reflexology Network, Odense, DK	(higher education, Research)		Sweden
27	Presentation	KLINIKUM RECHTS DER ISAR	Current situation of CAM in Europe and development of a roadmap for future CAM research – EU project CAMbrella	15/05/2011	ICMART World Congress, The Hague	Scientific community (higher education, Research)	240	International
28	Presentation	KLINIKUM RECHTS DER ISAR	Current situation of CAM in Europe and development of a roadmap - EU project CAMbrella	25/05/2011	24. Sitzung AK Versorgung des Gesundheitsbeirates der Landeshauptstadt München	Policy makers	25	Germany
29	Presentation	UNIVERSITAET BERN	Komplementärmedizin für Europa/Nacht der Forschung	23/09/2011	Universität Bern	Civil society	35	Switzerland
30	Presentation	KLINIKUM RECHTS DER ISAR	CAMbrella – A pan-European Research network for Complementary and Alternative Medicine	08.10.2011	ISCMR European chapter, ECIM Berlin	Scientific community (higher education, Research)	25	International
31	Posters	KLINIKUM RECHTS DER ISAR	Komplementärmedizin europaweit vernetzt/ 11. Münchner Wissenschaftstage	22/10/2011	Ludwig-Maximilians-Universität München	Civil society	300	Germany
32	Presentation	KLINIKUM RECHTS DER ISAR	CAMbrella: A pan-European Research Network for Complementary and Alternative Medicine	16/05/2012	2012 International Research Congress on Integrative Medicine and Health, Portland, Oregon, USA	Scientific community (higher education, Research)	9999	International
33	Presentation	UNIVERSITY OF SOUTHAMPTON	CAMbrella: CAM use – the patients' perspective (work package 4)	16/05/2012	2012 International Research Congress on Integrative Medicine and Health, Portland, Oregon, USA	Scientific community (higher education, Research)	9999	International
34	Presentation	UNIVERSITAET BERN	CAMbrella: CAM use – the providers' perspective (work package 5)	16/05/2012	2012 International Research Congress on Integrative Medicine and Health, Portland,	Scientific community (higher education, Research)	9999	International

					Oregon, USA			
35	Presentation	KAROLINSKA INSTITUTET	Global Strategies for CAM Research and Development: Lessons along the journey	16/05/2012	2012 International Research Congress on Integrative Medicine and Health, Portland, Oregon, USA	Scientific community (higher education, Research)	9999	International
36	Poster	UNIVERSITATEA DE MEDICINA SI FARMACE VICTOR BABES TIMISOARA	CAM use by staff of Faculty of Pharmacy in Romania - a further need for evidence base	21/09/2012	5th European Congress for Integrative Medicine, Florence, Italy	Scientific community (higher education, Research)	700	International
37	Poster	KLINIKUM RECHTS DER ISAR	CAMbrella project overview	22/09/2012	5th European Congress for Integrative Medicine, Florence, Italy	Scientific community (higher education, Research)	700	Europe
38	Publication	Comitato Permanente di Consenso e Coordinamento per le Medicine Non Convenzionali in Italia	Widening the paradigm in medicine and health: Person-centred medicine as the common ground of trad. Med.	01/10/2012	in: Costigliola V (ed) Healthcare overview	Scientific community (higher education, Research)		Europe
39	Presentation	KLINIKUM RECHTS DER ISAR	The CAMbrella project - status and potential impact	09/10/2012	CAM Conference at European Parliament, Brussels	Scientific community (higher education, Research) - Civil society - Policy makers	120	EU international
40	Workshops	KLINIKUM RECHTS DER ISAR	CAMbrella Workshop	28/11/2012	European Parliament Brussels	Policy makers - Medias	15	EU
41	Presentation	KLINIKUM RECHTS DER ISAR	The CAMbrella project - a brief introduction	28/11/2012	CAMbrella Workshop - European Parliament Brussels	Policy makers - Medias	15	EU
42	Presentation	SYDDANSK UNIVERSITET	CAM use and attitudes by the EU citizens	28/11/2012	CAMbrella Workshop - European Parliament Brussels	Policy makers - Medias	15	EU
43	Presentation	UNIVERSITETET I TROMSOE	CAM regulation in the EU	28/11/2012	CAMbrella Workshop - European Parliament Brussels	Policy makers - Medias	15	EU
44	Presentation	UNIVERSITY OF SOUTHAMPTON	CAM research – present situation and global perspective	28/11/2012	CAMbrella Workshop - European Parliament Brussels	Policy makers - Medias	15	EU

45	Presentation	CHARITE - UNIVERSITAETSMEDIZIN BERLIN	CAM research – the roadmap for Europe	28/11/2012	CAMbrella Workshop - European Parliament Brussels	Policy makers - Medias	15	EU
46	Flyers	Wiener Internationale Akademie für Ganzheitsmedizin	CAMbrella - European Policy Brief	28/11/2012	website www.cambrella.eu / final conference	Scientific community (higher education, Research) ndustry - Civil society - Policy makers - Medias	500	EU international
47	Publication	Wiener Internationale Akademie für Ganzheitsmedizin	Project Brochure "The Roadmap for European CAM Research"	28/11/2012	website www.cambrella.eu / final conference	Scientific community (higher education, Research) - Industry - Civil society - Policy makers - Medias	500	EU international
48	Press releases	Wiener Internationale Akademie für Ganzheitsmedizin	Complementary and Alternative Medicine (CAM) plays an important role in healthcare in Europe – but t	29/11/2012	div. media contacts	Medias		EU
49	Conference	Wiener Internationale Akademie für Ganzheitsmedizin	CAMbrella's Final Conference	29/11/2012	Representation of the State of Bavaria to the EU, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
50	Presentation	KLINIKUM RECHTS DER ISAR	Three years CAMbrella in retrospect	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
51	Presentation	UNIVERSITAET ZUERICH	Terminology and definitions of CAM methods	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
52	Presentation	UNIVERSITETET I TROMSOE	Legal Status and Regulations	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
53	Presentation	SYDDANSK UNIVERSITET	Needs and attitudes of citizens	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education,	150	EU

						Research) - Policy makers - Medias		
54	Presentation	UNIVERSITY OF SOUTHAMPTON	CAM use - the patients perspective	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
55	Presentation	UNIVERSITAET BERN	CAM use - the providers perspective	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
56	Presentation	KAROLINSKA INSTITUTET	CAM use - the global perspective	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
57	Presentation	CHARITE - UNIVERSITAETSMEDIZIN BERLIN	Roadmap for future CAM research	29/11/2012	CAMbrella Final Conference, Brussels	Scientific community (higher education, Research) - Policy makers - Medias	150	EU
58	Publication	KLINIKUM RECHTS DER ISAR	interview with Wolfgang Weidenhammer, CAMbrella coordinator	14/12/2012	ECHAMP newsletter Dec 2012	Scientific community (higher education, Research) - Industry - Policy makers - Medias	2000	EU
59	Publication	KLINIKUM RECHTS DER ISAR	Interview: Reviewing complementary medicine in Europe	31/12/2012	research*eu results magazine, N° 18, Dec 2012/Jan 2013	Scientific community (higher education, Research) - Civil society - Policy makers - Medias	1000	EU
60	Publication	Comitato Permanente di Consenso e Coordinamento per le Medicine Non Convenzionali in Italia	Conferenza Finale del Consorzio Europeo CAMbrella: "The Roadmap for European CAM Research" –Bruxelles	26/10/2012	Bollettino Notiziario, No. 12, 2012	Scientific community (higher education, Research) - Policy makers - Medias	300	Italy

**Annex 10: Final events: CAMbrella Workshop (10a) and Final conference (10b)****CAMbrella Workshop**Brussels, 28<sup>th</sup> November 2012*The Roadmap for European CAM Research.***FP7 project CAMbrella – Paving the way towards European research on  
Complementary and Alternative Medicine****First Glance at the Project's Main Findings****Wednesday, 28 November 2012, 16.30 – 18.30****European Parliament, Building Altiero Spinelli, Room ASP 3 F 383, Brussels****Agenda**

- |       |  |
|-------|--|
| 16.30 | <b>Welcome and Opening</b> by Chairperson Angelika Niebler (MEP)               |
| 16.35 | <b>Introduction</b> to the project (Wolfgang Weidenhammer)                     |
| 16.50 | <b>CAM use and attitudes by the EU citizens</b> (Helle Johannessen)            |
| 17.00 | First round of Questions and Answers   |
| 17.05 | <b>CAM regulation in the EU</b> (Vinjar Fønnebø)                               |
| 17.15 | Second round of Questions and Answers  |
| 17.20 | <b>CAM research – present situation and global perspective</b> (George Lewith) |
| 17.30 | <b>CAM research – the roadmap for Europe</b> (Benno Brinkhaus)                 |
| 17.40 | Short statements from the Advisory Board                                       |
| 17.50 | Discussion   |
| 18.20 | Closing remarks by the Chair   |
| 18.30 | End of Meeting   |
|       | followed by get-together (lobby)   |

## Speakers

DR. ANGELIKA NIEBLER, MEP and Chair

DR. DR. WOLFGANG WEIDENHAMMER, Project Coordinator,  
Competence Centre for Complementary Medicine and Naturopathy (CoCoNat), Klinikum  
rechts der Isar, Techn. Univ. Munich, Germany

PROF. DR. HELLE JOHANNESSEN, Work Package Leader,  
CCESCAM – Center for Cross-disciplinary Evaluation Studies of Complementary and  
Alternative Medicine, University of Southern Denmark

PROF. DR. VINJAR FØNNEBØ, Work Package Leader,  
National Research Center in Complementary and Alternative Medicine (NAFKAM),  
Universitetet i Tromsø, Norway

PROF. DR. GEORGE LEWITH, Work Package Leader,  
Complementary and Integrated Medicine Research Unit, University of Southampton, United  
Kingdom

PROF. DR. BENNO BRINKHAUS, Work Package Leader,  
Institute for Social Medicine, Epidemiology, and Health Economics at the Charité University  
Medical Center in Berlin, Germany

DR. PETER ZIMMERMANN, Advisory Board,  
International Federation of Anthroposophic Medical Associations (IVAA)

MR. NAND DE HERDT Advisory Board,  
European Coalition on Homeopathic and Anthroposophic Medicinal Products (ECHAMP)

MR. STEPHEN GORDON, Advisory Board,  
European Central Council of Homeopaths (ECCH)

MS. MARION CASPERS-MERK, Advisory Board,  
Kneipp-Bund e. V.

MR. SASCHA MARSCHANG, Advisory Board,  
European Public Health Association (EPHA)

For more specific information about CAMbrella please visit our website: [www.cambrella.eu](http://www.cambrella.eu)  
Or contact us at: [cambrella@lrz.tum.de](mailto:cambrella@lrz.tum.de)



## CAMbrella Workshop

Brussels, 28<sup>th</sup> November 2012

### Participants

Name	Function
Angelika Niebler	MEP, Chairperson
Peter Liese	MEP
Maria Da Graça Carvalho	MEP, Rapporteur Horizon2020
Paul Rübig	MEP
Ioannis A Tsoukalas	MEP
Aino Valtanen	Ass. MEP Pietikäinen
Sonia Gasparikova	Ass. MEP Mikolasik
Marcelo Sosa-Iudicissa	DG Internal Policies, Health Policy
Deike Pahl	RCN-Norwegian Liaison Office, Brussels, Univ. of Oslo
Martin Müller	European Adv for Research, swissCore

### Short report

According to the dissemination strategy of the CAMbrella project it was of high relevance for this coordination action to inform policy makers regarding research and health care on the concept and findings of the project. The workshop followed this objective by being placed in the European Parliament and by both inviting members of the European Parliament and the Commission. This was achievable by the support of chairperson Dr Angelika Niebler, MEP and member of ITRE Committee.

After the chair's welcome address and a brief introduction into the main challenges of future health care in Europe project coordinator Wolfgang Weidenhammer gave a short overview of the concept and objectives of the CAMbrella project. The selection of the most relevant topics addressed to the audience started with 'CAM use and attitudes by the EU citizens' presented by Prof Helle Johannessen, followed by 'CAM regulation in the EU' by Prof Vinjar Fønnebø. Research in CAM was addressed by two speakers, first by Prof George Lewith summarizing the current situation and common issues, and second by Prof Benno Brinkhaus presenting the proposal for a roadmap of CAM research in Europe as the main result of CAMbrella. The brief presentations were completed by the view of the project's Advisory Board which comprised 12 different stakeholder organizations in the field of CAM and Public Health.

At the close of the meeting some MEPs gave their view on the topics of discussion including Maria Da Graça Carvalho, responsible rapporteur for the preparation of the upcoming EU Framework Programme Horizon 2020. The project group expressed the need of CAM being regarded in this kind of research promotion.

**Annex 10b**

CAMbrella's Final Conference  
29<sup>th</sup> November 2012

The Roadmap for  
European CAM Research



Pan-European research network for  
Complementary and Alternative  
Medicine (CAM)

[www.cambrella.eu](http://www.cambrella.eu)

Kindly hosted by the Representation  
of the Free State of Bavaria to  
the European Union in Brussels.  
Rue Wiertz 77  
1000 Brussels, Belgium  
T + 32 (0) 2 - 23 74 811





## CAMbrella Final Conference

Brussels, 29<sup>th</sup> November 2012

### Agenda

	Chair Torkel Falkenberg
9.30 – 10.00	Registration
10.00 – 10.50	<b>Opening and Introduction</b>
10.00 – 10.10	Welcome Address Dr. Angelika Schlunck, Director of the Representation of the Free State of Bavaria to the EU
10.10 – 10.20	3 Years CAMbrella in Retrospect Dr. Dr. Wolfgang Weidenhammer, Coordinator, Technical University Munich, Germany
10.20 – 10.50	Keynote Lecture Prof. Dr. Jarle Aarbakke, Rector University of Tromsø, Norway
10.50 – 11.20	Coffee Break
11.20 – 11.40	<b>Session 1: The Framework of CAM in Europe – Terminology and Regulation</b>
11.20 – 11.30	Terminology and Definitions of CAM Methods Prof. Dr. Dr. Bernhard Uehleke, University of Zurich, Switzerland
11.30 – 11.40	Legal Status and Regulations Prof. Dr. Vinjar Fannebø, University of Tromsø, Norway
11.40 – 12.50	<b>Session 2: Citizens, Patients and CAM Providers – what do we know, what should we know?</b>
11.40 – 11.50	Needs and Attitudes of Citizens Prof. Dr. Helle Johannessen, University of Southern Denmark
11.50 – 12.00	CAM Use – the Patients' Perspective Prof. Dr. George Lewith, University of Southampton, United Kingdom
12.00 – 12.10	CAM Use – the Providers' Perspective Dr. Klaus von Ammon, University of Bern, Switzerland
12.10 – 12.30	Interests from a Patient's Point of View Kurt Langbein, Journalist and Cancer Patient, Vienna, Austria
12.30 – 12.50	Being a Practitioner – a Dialogue Dr. Francesco Cardini and Seamus Connolly
12.50 – 14.00	Lunch Break

**CAMbrella Final Conference**Brussels, 29<sup>th</sup> November 2012

Chair  
Vinjar Fønnebo

- 14.00 – 14.35 **Session 3: Research Strategy – the Global and the European Perspective. Presentation of the Roadmap for CAM Research in Europe**
- 14.00 – 14.10 CAM Use – the Global Perspective  
Prof. Dr. Torkel Falkenberg, Karolinska Institutet, Stockholm, Sweden
- 14.10 – 14.25 Roadmap for Future CAM Research  
Prof. Dr. Benno Brinkhaus, Charité, Berlin, Germany
- 14.25 – 14.35 Comments on the Roadmap from the Advisory Board's Perspective  
Dr. Peter Zimmermann, IVAA, Brussels, Belgium
- 14.35 – 15.45 **Questions, Answers and Reflections regarding Future CAM Research in Europe**  
open discussion moderated by Dr. Bettina Reiter, Leader work package Dissemination and Communication. Including all work package leaders:  
Dr. Klaus von Ammon  
University of Bern, Switzerland  
Prof. Dr. Benno Brinkhaus  
Charité, Berlin, Germany  
Prof. Dr. Torkel Falkenberg  
Karolinska Institutet, Stockholm, Sweden  
Prof. Dr. Vinjar Fønnebo  
University of Tromsø, Norway  
Prof. Dr. Helle Johannessen  
University of Southern Denmark  
Prof. Dr. George Lewith  
University of Southampton, United Kingdom  
Prof. Dr. Dr. Bernhard Uehleke  
University of Zurich, Switzerland
- 15.45 – 16.00 Closing Remarks  
Dr. Dr. Wolfgang Weidenhammer, Coordinator, Technical University Munich, Germany
- 16.00 – 17.00 Meet the Experts  
Networking (Lobby Hall with Buffet)

**CAMbrella Final Conference**

Brussels, 29<sup>th</sup> November 2012

## Short report

The CAMbrella dissemination strategy provided a full-day final conference in Brussels. After the CAMbrella workshop held in the European Parliament the day before (see Annex 5) the bigger conference was addressing a broader public audience. The access to the conference was on invitation only. The conference was free of charge. However, an online registration was mandatory. In preparation of the list of invitees a collection of names was generated including known players in the field of CAM research in Europe and other inventories of potentially interested people. The CAMbrella website offered to the public to subscribe for this list of interested participants. In the end invitations were sent out to about 400 people. Actually, 145 registered participants joined the conference in Brussels.

After a welcome address by the director of the Representation of the Free State of Bavaria to the EU, Dr Angelika Schlunck, the course of the presentations followed the agenda as planned. In order to leave enough time for the presenters' talk discussions were postponed to the discussion session in the afternoon. Two invited speakers enriched the presentation of the CAMbrella project findings by highly interesting external views. One was from the perspective of the director of the University of Tromsø, Norway, a country providing a lot of support to CAM from the governmental authorities. The second focussed on the patient's perspective presented by an Austrian journalist and cancer patient describing the development of his disease and his experiences with both conventional and complementary therapies.

An open discussion on questions, answers and reflections regarding future CAM research in Europe was carried out with active contributions from the audience which was continued during a 'meet-the-expert' session in the lobby of the venue.

*For the original leaflet with the program of the Final Conference see the document attached to CAMbrella final report.*

## Annex 11: List of CAM research centres within the EU

Name	Affiliation	Country	Type of organization	Contact person	e-mail	website
Clinical Division of Oncology/Department of Medicine I	Medical University of Vienna	Austria	University	Prof. Dr. Michael Frass	<a href="mailto:michael.frass@meduniwien.ac.at">michael.frass@meduniwien.ac.at</a>	<a href="http://www.onkologie-wien.at/english/">http://www.onkologie-wien.at/english/</a>
Department of Obstetrics and Gynecology	Medical University of Vienna	Austria	University	Prof. Dr. Leo Auerbach	<a href="mailto:leo.auerbach@meduniwien.ac.at">leo.auerbach@meduniwien.ac.at</a>	<a href="http://www.meduniwien.ac.at/brustCC/index.php?id=12">http://www.meduniwien.ac.at/brustCC/index.php?id=12</a>
Division of Medical Biochemistry	Medical University of Innsbruck	Austria	University	Prof. Dr. Florian Überall; Dr. Johanna Gostner; Dr. Oliver Wrulich	<a href="mailto:florian.ubereall@i-med.ac.at">florian.ubereall@i-med.ac.at</a> ; <a href="mailto:johanna.gostner@i-med.ac.at">johanna.gostner@i-med.ac.at</a> ; <a href="mailto:oliver.Wrulich@i-med.ac.at">oliver.Wrulich@i-med.ac.at</a>	<a href="http://www.i-med.ac.at/imcbc/medclinchemfolder/medclinchem.html">http://www.i-med.ac.at/imcbc/medclinchemfolder/medclinchem.html</a>
Institute for Homeopathic Research (IHF)		Austria	Public Corporation	Prof. Dr. Michael Frass; Ilse Muchitsch	<a href="mailto:ilse.muchitsch@homresearch.org">ilse.muchitsch@homresearch.org</a> ; <a href="mailto:michael.frass@homresearch.org">michael.frass@homresearch.org</a>	<a href="http://www.homresearch.org/en_index.html">http://www.homresearch.org/en_index.html</a>
International Academy for Holistic Medicine Vienna (GAMED)		Austria	Non-profit Organisation	Prof. Dr. Wolfgang Marktl; Dr. Bettina Reiter	<a href="mailto:office@gamed.or.at">office@gamed.or.at</a> ; <a href="mailto:marktl@gamed.or.at">marktl@gamed.or.at</a> ; <a href="mailto:reiter@gamed.or.at">reiter@gamed.or.at</a>	<a href="http://gamed.or.at">http://gamed.or.at</a>
Institute of Pharmaceutical Sciences/Department of Pharmacognosy	University of Graz	Austria	University	Prof. Dr. Rudolf Bauer	<a href="mailto:rudolf.bauer@uni-graz.at">rudolf.bauer@uni-graz.at</a>	<a href="http://www.kfunigraz.ac.at/phq">http://www.kfunigraz.ac.at/phq</a>
Platform for Integrative Health Research	Europ. Society for Integrative, Holistic and Environment Related Health Research	Austria	Non-profit Organisation	Dr. Hedda Sützl-Klein	<a href="mailto:office@gesundheitsforschung.at">office@gesundheitsforschung.at</a>	<a href="http://www.gesundheitsforschung.at">www.gesundheitsforschung.at</a>
Research Center Graz - Traditional Chinese Medicine	University of Graz/Medical University of Graz	Austria	University	Prof. Dr. Rudolf Bauer; Prof. Dr. Gerhard Litscher	<a href="mailto:rudolf.bauer@uni-graz.at">rudolf.bauer@uni-graz.at</a> ; <a href="mailto:gerhard.litscher@medunigraz.at">gerhard.litscher@medunigraz.at</a>	<a href="http://tcm-graz.at/english%20version/eindex.html">http://tcm-graz.at/english%20version/eindex.html</a>
Research Group 'Physics of Physiological Processes'/Faculty of Physics	University of Vienna	Austria	University	Prof. Dr. Karl W. Kratky	<a href="mailto:Karl.Kratky@univie.ac.at">Karl.Kratky@univie.ac.at</a> ; <a href="mailto:karl.kratky@meduniwien.ac.at">karl.kratky@meduniwien.ac.at</a>	<a href="http://homepage.univie.ac.at/karl.kratky/">http://homepage.univie.ac.at/karl.kratky/</a>
CCESCAM - Center for Cross-disciplinary Evaluation Studies of Complementary and Alternative Medicine	University of Southern Denmark	Denmark	University	Prof. Dr. Helle Johannessen	<a href="mailto:hjohannessen@health.sdu.dk">hjohannessen@health.sdu.dk</a>	<a href="http://www.sdu.dk/en/ccescam">http://www.sdu.dk/en/ccescam</a>
Interdisciplinary CAM-research (KUFAB)	University of Copenhagen	Denmark	University	Assist. Prof. Dr. Niels Viggo Hansen	<a href="mailto:nvh@soc.ku.dk">nvh@soc.ku.dk</a>	<a href="http://kufab.ku.dk/english/">http://kufab.ku.dk/english/</a>
VIFAB - Knowledge and Research Centre for Alternative Medicine	Danish Ministry of Health & Prevention	Denmark	Independent under the Ministry	Dr. Helle Lønroth	<a href="mailto:hlo@vifab.dk">hlo@vifab.dk</a>	<a href="http://www.vifab.dk/uk/">http://www.vifab.dk/uk/</a>
Department of Complementary and Integrative	University Paris 13	France	University	Prof. Dr. Antoine Lazarus	<a href="mailto:dumenat@smbh.univ-paris13.fr">dumenat@smbh.univ-paris13.fr</a> ; <a href="mailto:lazarus@univ-paris13.fr">lazarus@univ-paris13.fr</a>	<a href="http://www-smbh.univ-paris13.fr/">http://www-smbh.univ-paris13.fr/</a>

Medicine (DUMENAT)						
Center for Gynaecology and Obstetrics	Justus Liebig University Giessen	Germany	University	Prof. Dr. Karsten Münstedt	<a href="mailto:karsten.muenstedt@gyn.med.uni-giessen.de">karsten.muenstedt@gyn.med.uni-giessen.de</a>	<a href="http://www.ukgm.de/ugm_2/deu/ugi_gyn/index.html">http://www.ukgm.de/ugm_2/deu/ugi_gyn/index.html</a>
Chair for Medicine Theory, Integrative and Anthroposophic Medicine	University of Witten/Herdecke ('Gemeinschaftskrankenhaus Herdecke')	Germany	University	Prof. Dr. Peter Heusser	<a href="mailto:Peter.Heusser@uni-wh.de">Peter.Heusser@uni-wh.de</a>	<a href="http://www.uni-wh.de/gesundheitslehre/lehstuhl-medizintheorie/">http://www.uni-wh.de/gesundheitslehre/lehstuhl-medizintheorie/</a>
Chair for Naturopathy	University Hospital Rostock	Germany	University	Prof. Dr. Karin Kraft	<a href="mailto:karin.kraft@med.uni-rostock.de">karin.kraft@med.uni-rostock.de</a>	<a href="http://www.naturheilkunde.uni-rostock.de/index.htm">http://www.naturheilkunde.uni-rostock.de/index.htm</a>
Chair of Complementary and Integrative Medicine	University of Essen/Hospital 'Essen-Mitte'	Germany	University	Prof. Dr. Gustav J. Dobos	<a href="mailto:gustav.dobos@uni-duisburg-essen.de">gustav.dobos@uni-duisburg-essen.de</a>	<a href="http://www.uni-due.de/naturheilkunde/en/index.php">http://www.uni-due.de/naturheilkunde/en/index.php</a>
Charité Health Care Centre for Prevention and Integrative Medicine (CHAMP)	Charité - University Hospital Berlin	Germany	University	Prof. Dr. Benno Brinkhaus; Prof. Dr. Stefan N. Willich; Prof. Dr. Claudia Witt	<a href="mailto:champ@charite.de">champ@charite.de</a> ; <a href="mailto:Benno.Brinkhaus@charite.de">Benno.Brinkhaus@charite.de</a> ; <a href="mailto:stefan.willich@charite.de">stefan.willich@charite.de</a> ; <a href="mailto:claudia.witt@charite.de">claudia.witt@charite.de</a>	<a href="http://www.champ-info.de/">http://www.champ-info.de/</a>
Community Hospital Havelhöhe - Hospital for Anthroposophical Med. and Institute for Clinical Research (FIH)	Academic Teaching Hospital of Charité - University Hospital Berlin	Germany	Non-profit Organisation	PD Dr. Harald Matthes	<a href="mailto:info@havelhoehe.de">info@havelhoehe.de</a> ; <a href="mailto:hmatthes@havelhoehe.de">hmatthes@havelhoehe.de</a>	<a href="http://www.havelhoehe.de/welcome.html">http://www.havelhoehe.de/welcome.html</a> ; <a href="http://www.fih-berlin.de/">http://www.fih-berlin.de/</a>
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**Explanation:**

\*University/individual refers to persons which are involved in CAM research without a special department for CAM at the respective university.

CAMbrella Participant

**Annex 12: List of international journals on CAM**

Name	ISSN	Scope	Impact factor (2010) <sup>a</sup>	Issues/ year	Year of first issue <sup>b</sup>
Acupuncture & Electro-Therapeutics Research	0360-1293 (print) 2167-9010 (online)	basic and clinical research in acupuncture, electro-therapeutics, and related fields	0.250 (2009)	4	1998
African Journal of Traditional, Complementary and Alternative Medicines	0189-6016	applied medicinal plants, traditional medicines, complementary alternative medicines, etc.	0.457	3	2004
Alternative Medicine Review	1089-5159	alternative and complementary therapies	3.571	4	1996
Alternative Therapies in Health and Medicine	1078-6791	provide health care providers with continuing education to promote health, prevent illness, and treat disease	not stated	6	1995
BMC Complementary and Alternative Medicine	1472-6882	interventions and resources that complement or replace conventional therapies	2.200	12 <sup>c</sup>	2001
Chinese Journal of Integrative Medicine	1672-0415 (print) 1993-0402 (online)	integrative medicine as well as complementary and alternative medicine	0.578	12	1995
Chinese Medicine	1749-8546	all aspects of Chinese medicine	1.240 (unofficial impact factor)	12 <sup>c</sup>	2006
Chiropractic & Manual Therapies	2045-709X	evidence-based information that is clinically relevant to chiropractors, manual therapists and related health care professionals	not stated	12 <sup>c</sup>	2005
Complementary Therapies in Clinical Practice	1744-3881	effective and professional integration of complementary therapies within clinical practice	not stated	4	1995
Complementary Therapies in Medicine	0965-2299	objective and critical information on complementary therapies	1.484 (5-year impact factor: 1.990)	6	1993
European Journal of Integrative Medicine	1876-3820	strengthen the understanding and cooperation between conventional medicine and evidence based complementary and alternative medicine	1.200	4	2008
Evidence-Based Complementary and Alternative Medicine	1741-427X (print) 1741-4288 (online)	complementary and alternative medicine modalities, particularly traditional Asian healing systems	2.964	4	2004
Explore: The Journal of Science and Healing	1550-8307	evidence-based healing practices from a wide variety of sources, including conventional, alternative, and cross-cultural medicine	0.795 (5-year impact factor: 1.055)	6	2005
Fitoterapia	0367-326X	medicinal plants and to bioactive natural products of plant origin	1.899	8	1999

			(5-year impact factor: 1.884)		
Focus on Alternative and Complementary Therapies	2042-7166	present the evidence on complementary and alternative medicine (CAM) in an analytical and impartial manner	not stated	4	1996
Forschende Komplementär-mezizin/Research in Complementary Medicine	1661-4119 (print) 1661-4127 (online)	traditional and complementary/alternative medicine (CAM) on a sound scientific basis, promoting their mutual integration	1.059	6	1994
Homeopathy (formerly known as British Homeopathic Journal)	1475-4916	improving the understanding and clinical practice of homeopathy	1.000	4	1945
Integrative Cancer Therapies	1534-7354 (print) 1552-695X (online)	scientific understanding of alternative medicine and traditional medicine therapies, and their responsible integration with conventional health care	1.716	4	2002
Journal of Complementary and Integrative Medicine	1553-3840	evidence concerning the efficacy and safety of complementary and alternative medical (CAM) whole systems, practices, interventions and natural health products, including herbal medicines	not stated	1	2004
Journal of Ethnobiology and Ethnomedicine	1746-4269	promote the exchange of original knowledge and research in any area of ethnobiology and ethnomedicine	1.280 (unofficial impact factor)	12 <sup>c</sup>	2005
Journal of Ethnopharmacology	0378-8741	exchange of information and understandings about people's use of plants, fungi, animals, microorganisms and minerals and their biological and pharmacological effects based on the principles established through international conventions	2.466 (5-year impact factor: 3.216)	18	1979
Journal of Experimental and Integrative Medicine	1309-4572 (print) 2146-3298 (online)	entire field of biomedical sciences, particularly concentrated on the background of physiological and pathophysiological mechanisms from molecules to organ systems	not stated	4	2011
Journal of Manipulative and Physiological Therapeutics	0161-4754	advancement of chiropractic health care	1.418 (5-year impact factor: 1.458)	9	1999
Journal of Medicinal Food	1096-620X (print) 1557-7600 (online)	chemistry and biochemistry of the bioactive constituents of food, and substantiates their efficacy, safety, and potential uses	1.461	12	1998
Journal of Medicinal Plants Research	1996-0875	Medicinal Plants research, Ethnopharmacology, Fitoterapia, Phytomedicine etc.	0.879	12 <sup>c</sup>	2007
Journal of Natural Medicines	1340-3443 (print) 1861-0293 (online)	naturally occurring medicines and their related foods and cosmetics	1.469	4	2006
Journal of Traditional and Complementary Medicine	2225-4110	traditional medicine, preventive herbal medicine, and dietary therapy	not stated	4	2011

Journal of Traditional Chinese Medicine	0255-2922	clinical and theoretical research in this branch of medicine	not stated	4	1981
Medical acupuncture	1933-6586 (print) 1933-6594 (online)	evidence-based clinical papers, case reports, and research findings that integrate concepts from traditional and modern forms of acupuncture with conventional medical training	not stated	4	2007
Neural Regeneration Research	1673-5374	neural stem cells, neuroengineering, neurodegeneration, and traditional Chinese medicine and acupuncture intervention	not stated	12	2006
Phytomedicine	0944-7113	phytopharmacology, phytotherapy and phytotoxicology	2.662	14	1994
Phytotherapy Research	0951-418X (print) 1099-1573 (online)	medicinal plant research	1.878	12	1987
Planta Medica	0032-0943	medicinal plants and natural products	2.040	18	2006
Research Journal of Medicinal Plant	1819-3455 (print) 2151-7924 (online)	botany, biochemistry, phytochemistry, ethnopharmacology, fitoterapia, phytomedicine, phytotherapy, ethno-medicine and pharmacognosy	not stated	6	2007
The American Journal of Chinese Medicine	0192-415X (print) 1793-6853 (online)	original articles and essays relating to traditional or ethnomedicine of all cultures	1.979	6	1973
The Journal of Alternative and Complementary Medicine	1075-5535 (print) 1557-7708 (online)	to evaluate and integrate Complementary and Alternative Medicine (CAM) into mainstream practice	1.498	12	1995
The Journal of Complementary Medicine	1446-8263	authoritative, practical and relevant information on complementary medicine to its readers' daily practices or businesses of maximising patient and customer well-being	not stated	6	2002
The Journal of Dietary Supplements (formerly known as Journal of Herbal Pharmacotherapy)	1939-0211 (print) 1939-022X (online)	important issues that meet a broad range of interests from researchers, regulators, marketers, educators, and healthcare professionals	not stated	4	2001

<sup>a</sup>published by Thomson Reuters (ISI) in 2011 if not stated otherwise

<sup>b</sup>according to information stated on the journal's website

<sup>c</sup>no printed issues (open access)

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