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WP1 DIALOGUE AND PARTICIPATION

SCIENTIFIC COORDINATION REPORT 3

ASSET Project • Grant Agreement N°612236

ASSET

Action plan on SiS related issues in Epidemics And Total Pandemics

7th RTD framework programme

Theme: [SiS.2013.1.2-1 Sis.2013.1.2-1]

Responsible partner: **Istituto Superiore di Sanità (P8 ISS)**

Contributing partners: **All Consortium Members**

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DOCUMENT MANAGEMENT

PROJECT FULL TITLE	Action plan on SiS related issues in Epidemics And Total Pandemics
PROJECT ACRONYM	ASSET
	Coordination and Support Action: project funded under Theme SiS.2013.1.2 "Mobilisation and Mutual Learning (MML) Action Plans"
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STARTING DATE	01/01/2014
DURATION	48 months

D1.7 Scientific Coordination Report 2

Task: T1.4 Scientific Coordination

Leader: Istituto Superiore di Sanità (P8 ISS) – Other contributors: All Consortium Members

History of changes:

Vn	Status	Date	Organisation / Person responsible	Reason for Change
V1	Draft	20/01/2018	P8 ISS/Valentina Possenti	-
V2	Revised Draft	21/02/2018	P1 AK Emmanuel Muhr / Céline Blanchon	-
VF	Final Version	25/04/2018	P1 AK Emmanuel Muhr	-



EXECUTIVE SUMMARY

This document is the third and last ASSET Scientific Coordination Report covering the third reporting period (01/01/2017 – 31/12/2017).

As reported both in the first and in the second Deliverables on scientific coordination (respectively, D1.6 and D1.7) a participatory approach and inclusive dialogue have been developed among all the project partners.

The present scientific coordination report is based on results coming from the constructive and constant cooperation intra-consortium, primarily among the scientific coordinator, the WP leaders and project manager. It provides an in-depth assessment of the whole project according to its own progress and achievements developed within the timeframe M37-M48.

Formal features of activity

In particular, all active Work Packages (WP) and Tasks (T) in the reference period are described in the way as follows:

- Actors involved,
- start and end month,
- % of advancement.

Work progress, achievements and key results

Then, at Project and WP levels:

- Work progress and achievements overall.

And more specifically, at Task level:

- Progress made towards the objectives,
- Significant results obtained and Key findings.



INTRODUCTION

ASSET is one of the Mobilisation and Mutual Learning Action Plans (MMLAP) focusing on health: it aims to address the research questions raised by the specific case of H1N1 pandemic and associated crisis management as well as to contribute on implementing the so-called "Science in Society" (SiS) issues in health, namely: public engagement, ethics, gender perspectives, science education, communication and access to and dissemination of scientific information.

MMLAP projects may sometimes lack detail concerning how certain objectives should be understood, or which characteristics should be embodied in the engagement activities and outputs. As new concepts, MMLAPs do not have clearly prescribed methods and activities, which may lead to different interpretations of what projects should actually achieve. It is the reason why in ASSET a great work has been devoted on the project logframe, in an effort to establish clear links between the different tasks and the higher-level effects ASSET aims to produce.

According to the agreed logframe, ASSET overall objective to contribute to incorporating SiS issues into the system of Research and Innovation related to pandemic or epidemic preparedness would be achieved, if three specific objectives could be met: 1) strong multidisciplinary research partnerships to effectively address identified scientific and societal challenges, 2) related SiS topics are explored and mapped, 3) participatory and inclusive strategies are developed to efficiently address these topics.

These specific objectives have been linked to specific tasks of the work programme:

- 1) Effectively addressing identified scientific and societal challenges means that the project work is referenced in strategic documents and actions relating to R&I policy in epidemics/pandemics, which relates to WP2 (identification of topics), the communication actions (WP7), especially science communication (T7.5) and the policy actions (WP6).
- 2) The success in exploring and mapping the identified Science in Society topics is measured by the effectiveness of the MMLAP strategy to create stakeholder mobilisation and participatory approaches (WP3) that, in turn, stimulate the engagement of the targeted stakeholder groups in the actions carried out under WP4 and WP5.
- 3) The identified Science in Society topics are efficiently addressed if the implementation of the ASSET action plan (WP4, WP5 and WP6) leads to visible effects in actual policy making.

Some outstanding examples for a more qualitative assessment of the activities are as follow:

- Characteristics of attendance and degree to which thematic objectives of the different workshops have been met (related tasks in WPs 5 and 6), instead of just reporting the number of such workshops that have been organised;
- Targeted channels for ASSET scientific publications (for example journals with high impact factor so as to have strong contributions to ASSET impact) other than the ones communicated on the ASSET website;
- Expected benefits that the summer schools can have for the implementation of ASSET (e.g. in terms of feedback received) and for reaching selected target groups (T7.6);



- Concrete outputs of actions in WPs 4, 5 and 6 in terms of (recommendations for) policy making.

Work progress and major achievements during the period M37-M48

Work progress and overall achievements for the project

The last project period (2017) has seen a very intensive activity: several relevant actions and related reports were completed as well as the dissemination of ASSET products progressed substantially. Since its very beginning, ASSET has been characterized mostly as a communication project: both internal and external communication have been addressed in the four years of activity (2014-2017).

As per the internal communication among the project partners it has been fully supported by the web-based Community of Practice (CoP). It revealed to be a reliable tool ensuring a good circulation and sharing of information, data, documents, etc. on general and specific topics – per WP and even per single task– as well as guaranteeing long discussions and articulated interactions among consortium members, also foreseeing useful daily reports which are sent out to the private mailboxes of the CoP members. Besides the original working areas (General Forum, 10 WP-related areas, Events, Resource Database), additional buttons were implemented over the years: 'Glossary of terms', 'Virtual Cluster for MMLAP', 'External Advisory Board', 'High Level Policy Forum', 'Stakeholder Portal', 'Brokerage Event'.

In terms of external communication, the main tool was the ASSET web portal that has been pretty enriched with different types of 'soft' materials (six Newsletters, seven Bulletins, eight paper series, scientific papers, articles, interviews, science pillows, data visualisation, etc.) as well as with 'hard' structures such as the different platforms (hosting results from the public consultations; gathering the practices and relating to the stakeholder portal; dealing with sex; gender and vaccination; collecting press releases and review; presenting the three Summer School editions). Besides publishing on the website, the ASSET news was sent out to the wider stakeholder community and to relevant public health authorities. After wrapping-up results coming out from the citizen consultations in the eight partner countries, the key action to ASSET – that is about mobilizing people and fostering mutual learning accordingly – was addressed. Three fundamental vectors have been encompassed under the Mobilisation and Mutual Learning (MML) umbrella: social media coverage; implementation of a best, good and/or promising practices platform and related stakeholders' portal; development of local initiatives in 11 partner cities.

In terms of policy watch, the High Level Policy Forum promoted its last physical meeting in Brussels in late April 2017 gathering all the discussion points on strategic priorities in public health emergencies management raised by national decision makers representing the European countries. The ASSET Final Event was held in Rome on 30 and 31 October 2017 including both an international conference and a brokerage space, as per legacy action. On this last aspect, many efforts were also dedicated in ASSET besides further developing networking actions on SiS issues with relevant international stakeholders in the field.

The transversal activities that were about project management (WP10) and evaluation (WP8) ensured guarantee of efficiency and effectiveness: without persecuting the project collaborating researchers with bureaucratic insistence; these two actions made themselves quite present within the ASSET



'family' in offering appropriate assistance and support as well as a careful and continuous monitoring of its overall performance.

WP1: DIALOGUE & PARTICIPATION

WP Leader: NCIPD

Start month: m1 (January 2014)

End month: m48 (December 2017)

Efforts reported for the reporting period: 4.97 p*m – **Actual Progress:** 100%

Work progress and overall achievements for the WP

In the final project period (2017), participatory methods and an open dialogue among the Partners, as well as between the scientific coordinator and all the WP leaders, have been even empowered based on the previous three-year experience (2014-2016).

The main WP1 tool has been the web-based CoP that, according to an inclusive approach, involved open discussion through its own forums and other utilities. Broadly looking at the project scientific coordination, a good workflow can be reported with relevant peak of activities carried out within the time interval M37-M48.

The two WP1 open tasks (project infrastructure and scientific coordination) are further detailed below concerning the progress made towards the objectives, significant outcomes and major achievements.

T1.1 Kick off Meeting (KoM)

Task leader: ISS

Contributors: LYONBIOPOLE, EIWH, DBT, FFI, IPRI, NCIPD, TIEMS, UMFCDD, HU, AK, ZADIG, DMI, PROLEPSIS

Start: m1 – **End:** m6

Actual progress: 100%

This task ended at month 6.

T1.2 Capacity Building

Task leader: NCIPD

Contributors: LYONBIOPOLE, EIWH, DBT, FFI, IPRI, ISS, TIEMS, UMFCDD, HU, ZADIG, DMI, PROLEPSIS

Start: m2 – **End:** m11

Actual progress: 100%

This task ended at month 11.

T1.3 Project Infrastructure

Task leader: ZADIG

Contributors: AK, ISS

Start: m2 – **End:** m48

Actual progress: 100%



Progress towards objectives

The ASSET Community of Practice (CoP)

The web platform for the ASSET Community of Practice (CoP; <http://community.asset-scienceinsociety.eu/>), has strengthened its crucial role in supporting internal communication flows among the project partners. If during ASSET's first year of activity the CoP was limited to project partners, over time Zadig progressively extended access to stakeholder representatives as they were involved in the project, thus injecting them into the core of ASSET's action plan, creating a wider community and crossing sectors, disciplines, levels (local, national, supranational) and geopolitical and cultural areas.

Figure 1. Home page of the ASSET Community of Practice web platform at the end of the project

ASSET Community of Practice

Welcome to the ASSET Community of Practice web platform!

ASSET (Action plan in Science in Society in Epidemics and Total pandemics) is a 48 month Mobilisation and Mutual Learning Action Plan, started in January 2014 aimed to

- forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- explore and map Science in Society related issues in global pandemics
- define and test a participatory and inclusive strategy to succeed
- identify necessary resources to make sustainable the action after the project completion

This is a work area accessible only to the ASSET Community of Practice members!

If you are already logged in, please, press a button to get into the area of your interest

General Forum	Events	Glossary	Resources Database
WP1 Dialogue and participation	WP2 Study and analysis	WP3 Action plan definition	WP4 Citizen Consultation
WP5 Mobilization and Mutual Learning	WP6 Policy Watch	WP7 Communication	WP8 Evaluation
WP9 Legacy	WP10 Management	WP Leaders Forum	MMLAP Area
ASSET HLPP	EAB Area	Stakeholder Portal Forum	Brokerage event

Help
For any information or request, please send a email to eva.appelgren@iss.it

Calendario
novembre 2017

Lun	Mar	Mer	Gio	Ven	Sab	Dom
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Utenti online
(ultimi 5 minuti)
Eva Benelli
Valentina Possenti

The MMLAP virtual cluster

The MMLAP area was activated in October 2015 (two webinars for MMLAP projects were organised on 3rd June and on 7th July 2015).

During the following years of the project, the work was dedicated to find other projects to be invited and to let them join in the discussion, but it seems that this reference model for projects was abandoned in Horizon 2020.

This is the reason why it has been thought to finalise a different strategic positioning, and to extend the invitation to all programs which can share issues or methods relevant to be shared with the ASSET project.

Significant results / Key findings

The web based Community of Practice

The objective of the ASSET Community of Practice was to help all partners and stakeholders to share a common vision of project's goals and a way to work and benefit together from theoretical reflections and field



experiences.

As a result of the many activities undertaken during the almost four years of project, the CoP has also been significantly enhanced, by opening protected areas for some important stakeholders such as: the members of the External Advisory Board (EAB), the High Level Policy Forum (HLPF), the stakeholder portal and the coordinators of MMLAP projects. A dedicated area was also created to the brokerage event.

A dedicated tool was applied to monitor the access to the CoP. Statistics of access are considered a proxy for the participation to the project.

Over the course of the entire project, the CoP was used as one of the most useful tools for working together, as is shown by the overall statistics for the entire period: from August 2014 to December 2017, the total login to CoP was 65.542, with an average of 1,600 accesses per month.

The characteristic peaks distribution indicates that work through the CoP was more intensive near the deadlines, although the frequency of discussions on the platform has always been maintained throughout the entire project. We can say that the result has been fully achieved: the CoP has become a mature instrument, regularly used by partners and stakeholders in the different areas

The MMLAP virtual cluster

The MMLAP virtual cluster successfully started with two webinars on 2015. During the project, the number of projects identified and invited to participate to the cluster has grown steadily and today there are 39 participants. Project managers visited the dedicated MMLAP's area at the CoP and 15 of them participated in the brokerage event at the end of October 2017.

See below the MMLAP virtual cluster on the Asset website.



Figure 2 : MMLAP virtual cluster on the Asset website

MMLAP AND OTHER EU PROJECTS				
AsiaFluCap Health system analysis to support capacity development in response to the threat of pandemic influenza in Asia	BEWATER Making society an active participant in water adaptation to global change	CASI Public Participation in Developing a Common Framework for Assessment and Management of Sustainable Innovation	CIMULACT Engaging all of Europe in shaping a desirable and sustainable future	DARWIN Expect the unexpected and know how to respond
DRIVER Driving innovation in crisis management for European resilience	ECOM Effective communication in outbreak management: development of an evidence-based tool for Europe	EDEN Solutions to improve CBRNe resilience	EPSOUTH Network for Communicable Disease Control in Southern Europe and Mediterranean Countries	EPWORK Developing the framework for an epidemic forecast infrastructure
EUPHARE Strengthening of the national surveillance system for communicable diseases	EUROHEP Surveillance of vaccine preventable hepatitis	EuroMOMO European monitoring of excess mortality for public health action	EURONHID European network for highly infectious disease	EUWAC.NET Dedicated surveillance network for surveillance and control of vaccine preventable diseases in the EU
FLUMODCONT Modelling the spread of pandemic influenza and strategies for its containment and mitigation	FLURES Cost-effectiveness assessment of european influenza human pandemic alert and response strategies	GAP2 Bridging the gap between science, stakeholders and policy makers	HPolImmune Promotion of immunization for health professionals in Europe	INPROFOOD Towards inclusive research programming for sustainable food innovations
JA-CHRODIS Addressing chronic diseases and healthy ageing across the life cycle	M-Eco Medical ecosystem – personalized event-based surveillance	MAPPING Studying the many and varied economic, social, legal and ethical aspects of the recent developments on the Internet, and their consequences for the individual and society at large	MARINA Get involved in the responsible marine research and innovation	PACITA Knowledge-based policy-making on issues involving science, technology and innovation, mainly based upon the practices in Parliamentary Technology Assessment
PANDEM Assessment of the current pandemic preparedness and response tools, systems and practice at national, EU and global level in priority areas	PE2020 Analysis of innovative public engagement tools and instruments for dynamic governance in the field of Science in Society	PERARES Public Engagement with Research And Research Engagement with Society	PHEME Computing Veracity – the Fourth Challenge of Big Data	PREPARE Providing infrastructure, co-ordination and integration of existing clinical research networks on epidemics and pandemics
PROMOVAX Promote vaccinations among migrant population in Europe	R&DIALOGUE Creating mechanisms for effectively tackling the scientific and technology related challenges faced by society	RESPIRE Improve the quality of indoor air, keeping it free from radon	SATORI Improving respect of ethics principles and laws in research and innovation, in line with the evolution of technologies and societal concerns	SECURING CITIES AGAINST GLOBAL PANDEMICS Investigating how cities in the West securitise against global pandemics
SESMIC Creating a structured dialogue and mutual learning with citizens and urban actors by setting up National Networks in 10 countries across Europe	SIS CATALYST Identifying how children can be change agents in the Science and Society relationship	SYN-ENERGENE Establishing an open dialogue between stakeholders concerning synthetic biology's potential benefits and risks	TELLME Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence	

T1.4 Scientific Coordination

Task leader: ISS

Contributors: NCIPD, HU, TIEMS, DBT, ZADIG, AK

Start: m1 – **End:** m48

Actual progress: 100%

Progress towards objectives

The Scientific Coordination (SC) is a complex task that the Scientific Coordinator is in charge of delivering in collaboration with WP Leaders Board and the External Advisory Board (EAB). Additionally, the SC is exploited in constant cooperation with the Quality Manager (officer from ZADIG) and the Project Manager (representative of AK).

As reported in the Figure 3 above, a dedicated area for WP leaders has been reserved on the CoP platform. In that way, communication to and from the Scientific Coordinator have been further facilitated and improved in terms of efficiency and effectiveness.



Places and dates for Consortium, EAB and PEB meetings have been previously documented regarding the results achieved on T1.3 (Brussels, 27 April; Rome, 30 October 2017), virtual conferences, where appropriate, according to –either plenary or partial– necessity due to the implementation of ongoing activities were held as well.

Significant results / Key findings

22 deliverables are related to the project timeframe M37-M48.

In this crowded scenario, the key role played by the huge communication exchange supported by the web-based CoP was obvious, and mainly under the supervision of the Scientific Coordinator, Quality Officer and Project Manager.

All the recommendations provided in the Independent External Evaluators (IEE) reports have been analysed in a participated way (jointly among EAB, WP leaders) and then implemented to further strengthen the project activities.

WP2 STUDY & ANALYSIS

WP Leader: HU

Start month: m4 (April 2014)

End month: m16 (April 2015)

Actual Progress: 100%

The entire WP2 and associated tasks were completed at month 16.

WP3 ACTION PLAN DEFINITION

WP Leader: TIEMS

Start month: m13 (January 2015)

End month: m32 (March 2016)

Efforts reported for the reporting period: 34p*m – Actual Progress: 100%

The entire WP3 and associated tasks were completed at month 32.

WP4 CITIZEN CONSULTATION

WP Leader: DBT

Start month: m19 (July 2015)

End month: m40 (April 2017)

Efforts reported for the reporting period: 6.10 p*m – Actual Progress: 100%

Work progress and overall achievements for the WP

WP4 was fully carried out during the second and third reporting period. Work package WP4 has been a great success and is one of the ASSET project's main legacies. WP4 consists of three tasks: Background Production, Citizens Meeting National Preparation and Citizen Meetings and Follow Up.



It has developed all the actions related to instruct, deliver and evaluate public consultations in eight ASSET partner countries (Denmark, France, Switzerland, Ireland, Norway, Italy, Bulgaria, and Romania). The activities of the WP followed the time plan as laid out in the table below.

Project Month	WP/T	Activity	Partners involved	WP/T Link
25	T3.4	1st draft of citizen consultation manual to be circulated on the CoP	All	WP4
25	T6.1	High Level Policy Forum in Copenhagen	TIMES, EIWH, DBT, ZADIG, ISS	T4.1
26	T4.2	1st Webinar: Citizen Recruitment	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
27	T4.2	1st draft of citizen recruitment plans	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
27	T4.1	Information material	All	WP4
27	T4.2	Training seminar of local project managers	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
28	T4.2	2nd Webinar: citizen recruitment plan revisited	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
29	T4.2	1st draft of dissemination plans	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
29	T4.2	3rd Webinar: Dissemination plans	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
29	WP4	Social Media mobilization	All	T5.1
30	T4.1	Translation of information material	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
30	T4.2	4th Webinar: Staff on the ASSET Day	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
31	T4.2	5th Webinar: Vote reporting and practicalities	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
32	T4.2	6th Webinar: TBD	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
32	T4.3	Distribution of information material to citizens	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
32	T4.4	Test and translation of Webtool	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
33	T4.2	7th Webinar: TBD	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
33	T4.3	Citizen consultations	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
34	T4.3	Policy Workshop	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4
39	T4.3	Policy Report	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	T5.3
40	T4.3	Policy conference with the EU-Parliament	DBT, LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCF	WP4

The most notable activity of WP4 has been the citizen consultations together with the collaborative process in which the consultation were organised with the ASSET partners. Notably, the thematic session were developed in collaboration with ASSET partners, taking into account their content expertise, and complimented with themes discussed online in open social media forums. The analysis of the citizen meetings, were also a collaborative



process, ensuring consistency and ownership of the results across the project. More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP4.

T4.1 Background Production

Task leader: DBT

Contributors: LYONBIOPOLE, PROLEPSIS, EIWH, FFI, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG

Start: m19 – **End:** m30

Actual progress: 100%

This task ended at month 30.

T4.2 Citizens Meeting National Preparation

Task leader: DBT

Contributors: LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCD

Start: m25 – **End:** m33

Actual progress: 100%

This task ended at month 33.

T4.3 Citizen Meetings and Follow Up

Task leader: DBT

Contributors: LYONBIOPOLE, DMI, EIWH, FFI, ISS, NCIPD, UMFCD

Start: m30 – **End:** m40

Actual progress: 100%

All citizen consultations followed the same schedule: the citizens, divided into tables of 5-8 people, were led through a program, divided into four thematic sessions and an open session, by a head facilitator and several group facilitators.

The questions posed to the citizens across Europe were selected to be of direct relevance to the policy-makers concerned with policies on pandemic crisis or threats and to provide decision makers with information about public opinion on different policy measures to do so. The questions had to be identical in all countries to allow for cross-national comparisons. To ensure comparability of results and clear communication to policy-makers, the questions and response choices were predefined in all sessions but the open policy recommendation session. The questions were clustered in six themes:

1. Personal freedom and public health safety;
2. Communication between citizens and public health authorities;
3. Transparency in public health;
4. Access to knowledge;
5. Qualitative policy recommendations (open session);
6. Evaluation

Prior to the citizen consultations, participants received balanced information from a 20-pages booklet written by the Danish Board of Technology in close collaboration with the ASSET project partners. The booklet provided basic information about the controversies on pandemic preparedness and response and different points of view on how to deal with it.



Information videos (each 4-10min long) were made by the Danish research and science communication company GoVisual for the four closed themes, repeating the most essential information available in the booklet and ensuring that all citizens would participate in the meetings with the necessary information. All information material was translated into local languages.

Results

A debriefing workshop was organized in Denmark on 21st and 22nd November 2016 to analyse the results of the consultations delivered in eight countries and to define the content of the Policy report (D4.3).

Besides, the best strategy to sensitise the Members of Parliament during the Brussels meeting (scheduled during reporting period 3 - 26th April 2017) was also discussed. After the two-day seminar, each participating partner to the citizens' consultation got the responsibility to write the part related to outcomes for their own country.

The ASSET citizen consultations show that citizens across Europe are willing to follow the advice from health authorities. In an emergency, citizens even supported the infringement of individual rights for the collective good. However, citizens emphasized that public health authorities must communicate in an honest and transparent manner. Citizens do not want to be protected from the realities of a situation; rather they want to know what the uncertainties and risks are. Participants in the meeting urged general practitioners (GPs) and authorities to increase their online presence and to engage in dialogue with their publics. The public desire clear and updated information on vaccination and pregnancy and believe that improved communication and dialogue can restore trust and build better relationships between health authorities and publics. Finally, citizens in the meetings expressed a desire for opportunities to provide input for policy development and action in the case of epidemic or pandemic crisis. Results can be summarized as:

Trust in information: the general practitioners should be trained to adapt to the changing society, and decision makers should be urged to be visible and present via the internet, as the use of the internet is increasing;

'Risk Communication': Build a transparent and clear risk communication to restore trust towards society;

'Pregnancy and vaccination': Update, clarify and standardize influenza vaccination advice materials for pregnant women;

'Ethics': In emergency situations, public health interest should infringe upon the individual freedom;

'Citizens voice': The citizens believe that honesty and transparency can increase the public trust (no matter how bad the situation is), and that it is their right to know and understand the accurate situation;

'Lessons learned and Citizen Participation': Public health authorities should devote more resources to collect citizens' inputs directed to national public policies on epidemic preparedness and response.

Significant results / Key findings

All the results of the citizen consultation can be reached at: <http://citizenconsultation.asset-scienceinsociety.eu/en-gb/results>

Policy workshop

After the citizen consultations, WP4 used the outcomes of the November 2016 policy workshop, to prepare a policy seminar April 27, 2017, where we presented the ASSET findings at the EU commission.



WP Leader: ISS

Start month: m25 (January 2016)

End month: m48 (December 2017)

Efforts reported for the reporting period: 65.08 p*m – **Actual Progress:** 100%

Work progress and overall achievements for the WP

WP5 aims to carry out MML actions at European, national, and local levels basing both on work done previously (with particular concern to the third and the fourth WPs) and on other WPs developed simultaneously (WP6 on Policy Watch and WP7 on Communication).

Notably, WP5 worked on three main axes:

- T5.1- exploiting social media potentiality both for citizens' and stakeholders' mobilization in public health emergencies and promoting social media mobilization;
- T5.2- establishing a Best Practice Platform (BPP) and a related Stakeholder Portal (SP) for discussion;
- T5.3- creating a web of initiatives to promote MML locally and to enhance the transferability of the most effective policies and practice.

All the three tasks in WP5 developed the six lines for action outlined in the ASSET Strategic Plan, as per their connection to the main RRI key-themes:

- GOVERNANCE- by a coordinated presence on social media, such as Facebook Pages, Twitter Handles, YouTube Channels, T5.1 widened the participation space for single citizens and organized stakeholder groups as well as contributed to increasing trust between policy makers, the media and the public;
- UNSOLVED QUESTIONS- in line with the findings from T2.2 (Review) and T3.2 (Roadmap) T5.2 mapped and collected existing initiatives, experiences, practices and projects on patient and public involvement (PPI);
- PARTICIPATORY GOVERNANCE- T5.1-3 paid attention to the public involvement in health crisis management;
- ETHICS- ethical issues were analysed as per their development on social media;
- GENDER- the three WP5 tasks, and above all local initiatives, addressed the gender-related issue, mostly the low vaccination coverage in women;
- INTENTIONALLY CAUSED OUTBREAKS- specific public engagement experiences during bio-terrorist attacks were analysed on social networks (5.1) as well as law enforcements were encompassed in the project stakeholders' portal (5.2).

More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP5.

T5.1 Social media Mobilization

Task leader: ZADIG

Contributors: ISS, PROLEPSIS, EIWH

Start: m25 – **End:** m48

Actual progress: 100%

Progress towards objectives



This task aims to exploit social media potentiality for citizens' and stakeholders' mobilization in pandemic emergencies. In order to involve the stakeholders and the general public, the social media activity is focused on Facebook and Twitter. According to the DoW, social media activities were scheduled to start at M25 (indeed, social media accounts have been launched since January 2015 to enforce and strategically support the website's activity).

The task leader, ZADIG, has worked on the one hand for the overall objective (involving the stakeholders and the general public) and on the other hand on a day-after-day approach to the main conversations among social media, in order to become actually integral and active part of those conversations.

Significant results / Key findings

One of the major objectives of the ASSET project is the establishment of baseline knowledge on social media talks about pandemics and related topic, according to these three lines of activity: Explore the social reach of pandemic, monitoring social conversations, managing social conversations. So, ZADIG provided an overview and discuss relevant data on social media accounts of international health organizations, vaccine firms and main competitors.

1. Explore the social reach of pandemic

Data from four agencies involved in pandemic preparedness were analysed: one international (World Health Organization - WHO), one Regional (World Health Organization Regional Office for Europe - Euro WHO), one European (European Centre for Disease Prevention and Control - ECDC) and one national (Centers for Diseases Control and Prevention - CDC). More specifically, ZADIG analysed data on their social media presence and engagement. In particular analysis shows that the WHO is the international health agency with more engagement on social media. In fact they have over 4.1 M followers on Twitter and over 3.4 M fans on Facebook (moreover they're the only ones to overcome the million fans on social media).

Regarding vaccines industries, ZADIG noticed that Pfizer, Merck and Sanofi have some issues with links to social media (often they have link not updated or unavailable). This should suggest that there is a lack of communication between different webmasters and social media managers, and that social media activities are more important than website maintenance. At the opposite all GSK's national website works very well and ZADIG found few social media account not reported in the main website.

As a last part of this analytics work ZADIG also studied some account against vaccines and vaccinations and the most important data is that they all have most engagement on Facebook. Probably this is related with the different length of texts between Facebook and Twitter. In fact, they are more likely to write long texts in which they tell about the damage of the vaccines and sad stories about alleged damage in babies.

2. Monitoring social conversations

During the whole project ZADIG tried to understand in how many ways a story can be told. ZADIG thus run an analysis of the most relevant tweets and accounts using some specific key words, chosen by the editorial board. For this purpose ZADIG developed an application to identify the most influential Twitter users on specific topics, according to a list of hashtags provided. Being based on mentions and retweets, such an approach is also effective in discovering influential users on the short period.

Manage social conversations

In general, using social media for social conversations, the ASSET project has learned some useful tips that can be considered a legacy of experience:



Twitter

hashtag: on one hand they are very useful to reach all the account that are interested in a topic but, on the other hand, the interaction rate increases with 1-2 hashtags, and decreases from the third hashtag.

Reply: Twitter allows sending a reply or mentioning to every tweet but most of the time no one cares (unless you're an influencer or somebody famous) because on one hand people prefer to talk with other people (and not with the account of a project) and on the other hand people prefer to talk with friends.

Facebook

Facebook's algorithm has changed many times during these years. The last, during 2017, changed this social media in a very deeply way. In fact, during the last months everyone uses Facebook to promote his work, activities, ideas, and so on, saw the reach decrease. This news is important because they will lead the communication in the future. If an institutions or a project wants to share their work on Facebook, they must consider a budget for advertising and, most of all, they cannot use only Facebook: they must have a good website, a good newsletter, and so on.

T5.2 Best practice platform and stakeholder portal

Task leader: IPRI

Contributors: NCIPD, TIEMS, UMFCF, HU, ZADIG

Start: m25 – **End:** m48

Actual progress: 100%

Progress towards objectives

Following the DoW of ASSET this task included both the design and implementation of:

- A web-based Best Practice Platform (BPP), whose planned aim was to collect best practices on SiS related issues in scientific and clinical research on pandemics
- A Stakeholder Portal (SP) to be, whose planned aim was to: i) provide a gateway for interested stakeholders to register their interest in becoming involved; ii) be organised for specific campaigns or consultations.

Following the ASSET DoW, the BPP was meant as a place where to: i) Collect established best practices on SiS related issues in research on pandemics; ii) Seek out/promote already best practices solutions not yet been widely adopted; iii) Transfer knowledge of BPs among researchers, practitioners, institutions, organizations; 3) Develop and iv) Validate best practice guidelines; v) Disseminate and encourage best practice adoption.

As mentioned in the previous reports, a significant part of the work for WP5.2 was focused on adapting the many aspects of the complex DoW of WP5.2 to the reality of the research panorama as emerged both from the previous WP2 and WP3 and from the initial phases of the work for the T5.2.

The SP is devoted to many professional categories, notably: health workers; police/army/law enforcement officers; media; pharmaceutical industry. Designing a Stakeholder Portal that allows to spot new patterns, encourages the evolution of new ideas, and helps new ideas scale to the point where they have impact, so establishing a “learning by making” strategy for innovation. Actions to be run here are: i) Making accessible selected and validated information in different sections according to the diverse thematic areas; ii) Prompting structured discussion by the project partners; iii) Inviting participants to contribute; iv) Presenting innovative solutions online and in showcase exhibitions organised locally by the project partners.



The BPP has allowed setting up an interactive social database to involve relevant stakeholders. From the evidence available in literature, Patient and Public Involvement (PPI) is encompassed and fits with other public health areas and few existing good/best practices cannot be generally adapted to the field of epidemics and pandemics. This important deviation from the DoW was first evidenced in T3.2 and then it was confirmed during our work for T5.2 in the years 2017 and 2016.

WP3, and in particular T3.2, evidenced instead a remarkable theoretical work, whose transition in Practices is, unfortunately, scarce more than “in progress”. This implied a partial repositioning of aims and scope of T5.2 and in particular it was decided to shift from the general aim of collecting and promoting existing Best Practices to the discovering, collecting and promoting (via the specialized Portal) currently good and promising practices that have the potentialities to become in best practices the next future.

It is important to stress that “good/promising practices”, in our definition, are Public Health projects that are aligned to previously identified issues described in the Tasks of WP2 and in the task T3.2.

A “risk map” of possible critical problems affecting T5.2 had been listed. The key points were:

- Reach a consensus on defining criteria of good/promising practices;
- Insufficient number of good/promising practices to be included;
- Amount of resources dedicated to developing best practice guidelines (BPGs);
- Stakeholders to be effectively activated for participating on these portals according to a defined strategy;
- Achieve recognizing ASSET accreditation to awarded entries on the platforms and giving an additional recognition to whom identifies and spreads practices early on.

Identified key themes on which searching good practices examples are focused are:

- Vaccination: Trust rebuilding, trust monitoring, propensity to vaccinate
- Non-pharmaceutical steps: Decreasing behaviours at risk and/or increasing risk-reducing behaviours (hand-washing, mask wearing, social distancing, school closures, travel restrictions)
- Health care workers: GPs involvement in prevention of infectious diseases, increasing the propensity of HCWs to get vaccinated and to adopt non-pharmacological preventive steps
- Gender issues: Pregnant women, vaccination in women (including pregnant women)
- Ethnic minorities (e.g. migrants, Roma communities)
- Communication and public health decision and in particular two-way communication/decision in public health (feedback): Risk/ uncertainty/ outbreak communication, public involvement in counteracting/dispelling rumours and conspiracy theories
- Didactic Projects concerning the role of SiS in Pandemics and Epidemics
- SiS projects actively involving specific sectors of Civil Society.

As said in the previous report(s), from our initial research work it emerged that: i) potential good/promising practices to feed the BPP are numerically limited; ii) the vast majority of practices are National, and not documented in English, thus severely limiting the number of identified practices.

Taking into account the above listed limitations and important adaptations (all of which remained – however - in the original “spirit” of the asset project) we can say that overall in 2017 we significantly progressed towards the objectives of t5.2, which were fully reached.



Moreover, some scientific tools (the “best practices guidelines”) and technical tools (the stakeholder portal) will remain as an important legacy of the asset project.

Significant results / Key findings

The criticalities stressed in the previous report and summarized in the previous section were largely confirmed in the work we have done in the year 2017. As a consequence, in view of this, all consortium partners have multiple times been requested to identify and signal practices country-specific.

Finally, when, during the year 2017, the Task reached its most advanced phase we were finally able to design, implement and validate the “Best Practices Guidelines”, whereas the initial steps of the Task were ore devoted, roughly speaking, to understand where we had to focus on.

BPP has been also mirrored on the ASSET Facebook page as well as on the Twitter account. Moreover, during designing the Stakeholders portal (SP) it has been evidenced that the BPP has to archive and divulgate Best/Good Practices both in the international civil society, and among public health professionals not directly involved in ASSET, and it has to be conceived as a source of informed debate for the SP. For this reason the Good/Best Practices retrieved have to be not only informative, but also engaging enough for stakeholders.

All collected good practices of the BPP were continuously updated, and the work on the collection of candidate Best Practices was a work in progress during the whole lifespan of the Task.

At the end of the project (31 December 2017), there were 11 good practices identified and collected on the Best Practices Platform on the ASSET website (<http://www.asset-scienceinsociety.eu/outputs/best-practice-platform>). Each good practice has a detailed description on the website, plus an informative factsheet summarising its characteristics.

People in charge of each good practice were contacted and invited to participate to an interview, in order to have a more detailed and direct account of the good practices, specifically of challenges met and overcome during its implementation, and mainly to give them the opportunity to, on the one hand, divulgate their viewpoint, and, on the other hand, to be directly in contact with a project, such as ASSET, focused on RRI. Unfortunately not all the responsible persons of the project accepted to be interviewed. Only five (over the planned 11) interview were realized.

The Table 2 below summarizes the characteristics of the collected good practices.

Table 1 – Characteristics of collected good practices

Name of good practice	Country	Period	Level	Document ation	Evaluation	Role of civil society	Interview	Themes
Carta Italiana	Italy	2015-ongoing	local & national	website in Italian	No	project initiators and managers	Yes (in italian, to be translated)	-vaccination
Health Mediation Bulgaria	Bulgaria	2001-ongoing	local & national	website in English and Bulgarian	internal - yes external -	-project initiators and managers	yes	-hard to reach groups



					no	-mediators		-prevention -mediation
Population consultation, two-way communication and decision, France	France	2016	National	website in French	No	-citizen consultation	yes	2-way communication
Health mediation France	France	2011-ongoing	local & national	website in French	yes	-project initiators and managers -mediators	No	-hard to reach groups -prevention -mediation
The Health mediators project in Romania (RHM – Roma Health Mediators)	Romania	1996-ongoing	local & national	- website in English and Romanian - report in English	yes	-project initiators and managers -mediators	No	-hard to reach groups -prevention -mediation
Population consultation, two-way communication and decision in New Zealand	New Zealand	2010	Local	scientific article in English	No	focus groups	No	2-way communication
Population consultation, two-way communication and decision in USA	USA	2009	local & national	website in English	No	-surveyed -focus groups	No	2-way communication
European Immunization Week	EU	2005-ongoing	European region	website in English	yes	active partners	yes	Vaccination
Immuniser	France	2015-	Local	website in	No	-active	yes	Vaccination



Lyon		2016		French			partners		
							-VIP message communicat ors		
Coalition for Epidemic Preparedness Innovations (CEPI)	world- wide	2017- ongoing	inter- national	website in English	No		active partners	No	vaccine developmen t
Vaksinko : an informational campaign about vaccines in Bulgaria	Bulgaria	2016- ongoing	national	website in Bulgarian	No		active partners	No	Vaccination

It is important to stress that, during the whole lifespan of T5.2, and especially in 2017, a number of practices, including some suggested by consortium members of ASSET, were not classified as good practices because they involved Civil Society only as passive or marginally active actor. The following is an example of a project identified in 2017 that was not selected as a good practice:

Sanofi digital clinical trials (<https://lehub.sanofi.com/en/innovation-en/sanofi-launches-digital-clinical-trials-to-improve-recruitment-and-reduce-trial-times/>)

This was a project aimed at improving participation in clinical trials by creating digital decentralized clinical trials, to which participants could be recruited and enrolled and participate from their homes. This project, while being an important endeavour of practical and scientific relevance, did not however actively engage civil society in a way that would correspond to a promising practice (at least, according our definition).

The Stakeholder Portal was designed and implemented as a multi-social platform with 2 autonomous components: a Facebook group, allowing the SHP to interface with Civil Society, and a LinkedIn forum, allowing a constructive dialog with professionals of Public Health, Industry, and Academia.

Initially, we contemplated a third component of the SHP as a part of the ASSET COP. However, due to technical issues emerged in the last phase of the Task (e.g. each member that wished to join the SHP on the COP needed to be internally validated and to be created an ASSET account, etc.), we finally kept only the Facebook and LinkedIn groups, for which there were no major connection/membership/privacy issues.

3553 potentially interested stakeholders were contacted, and as of Dec 31st 2017, 1.32% had joined the Facebook group, and 1.1% had joined the LinkedIn group. The two SHP are continuously alimented with posts of interest on civil society and public health initiatives, inspired by the work of the ASSET consortium.



The SP will be a part of legacy of ASSET because the Task coordinating institution will maintain it after the end of the project.

Finally, the relationship between BPP and SHP is bidirectional. One aspect, the BPP as source of debate for SHP, has been previously mentioned. Ideally, new Good Practices to be published in the BPP should emerge from the use of the SHP. Due to this bidirectional relationship between the BPP and the SHP, the fact that the number of identified good/promising practices actively involving civil society was limited delayed the start of the SHP to the very final part of the project.

The key messages emerging from the Task 5.2 are:

- A Best Practice is not only a practice that is replied and used as benchmark but also and mainly a Practice that facilitates mutual learning between Stakeholders and Civil Society that are involved and targeted by it.
- The degree of awareness of the Science with for Society is increasing among SHs, but their willingness of passing from the appreciation of the importance of the subject to real action is insufficient.

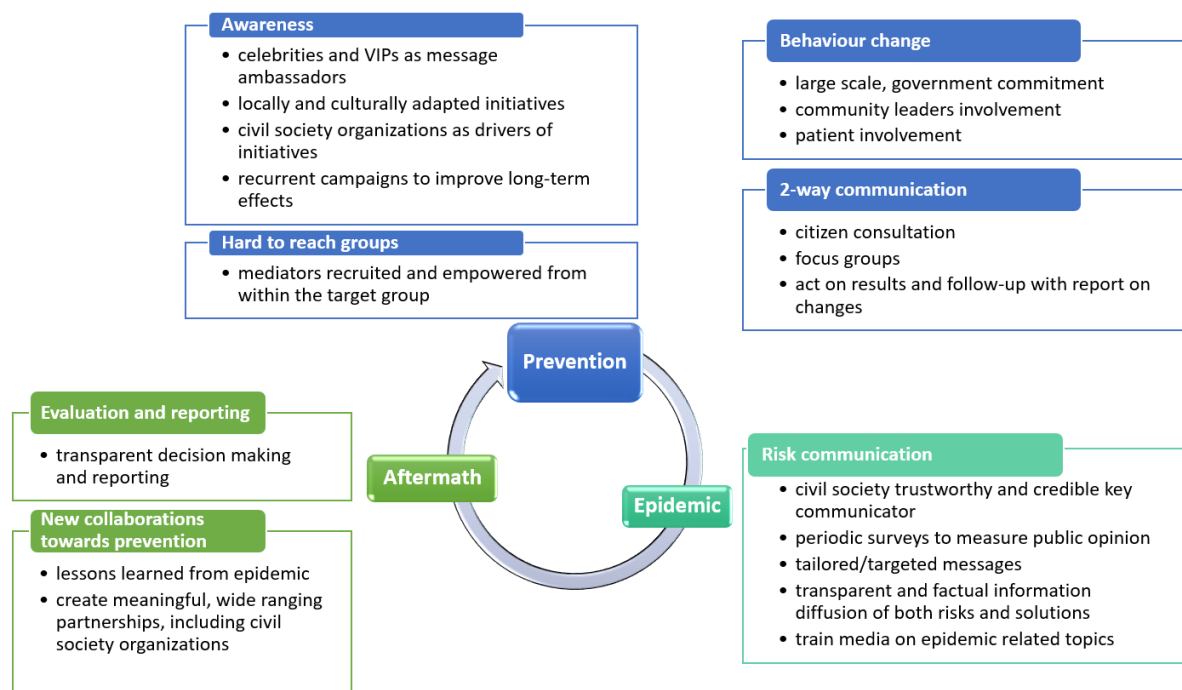
Stakeholders are interested in a collaborative portal and welcome the idea of sharing information and best practices. In practice however, while SH read the posts on the portal, they very rarely contribute with comments or posts of their own.

A conceptually important part of the work for the year 2017 was devoted to the design and implementation and validation of the Best practices guidelines. Best practices guidelines were developed from the collected practices. **We stress that the guidelines constitute an important part of the “heritage”/“legacy” of the ASSET project, i.e. they are meant to have an effective societal impact in the years following the end of the project.** Some basic principles were identified as common across good practices, such as the direct and active involvement of civil society in key aspects of projects, co-ownership of initiatives and mutual learning between stakeholders and civil society. This general part of the guideline was designed and implemented by stressing the coherence with the **“ASSET Roadmap for Responsible Research and Innovation” elaborated in the Task 3.2 of ASSET, but also differences that emerged from our work on the field of the really existing good-practices.**

There was no “one-size-fits-all” solution apparent, and guidelines were classified by type of project. Seven large types of projects were identified, and were grouped according to the timing of their implementation in relation to an infectious disease epidemic: Prevention (before), Epidemic (during), and Aftermath (after), and key messages for each of these seven types of projects were extracted.

The key messages for each of the seven types of projects are schematised in the below diagram, and also presented in more detail in the guidelines that are reported in the ASSET website and in the deliverable of the T5.2.

Figure 3. Prevention (before), Epidemic (during), and Aftermath (after): the key messages for each subtype of projects



Finally, we felt that an important part of BPG had to be explicitly devoted to “actions to avoid”:

- One size fits all” attitude. All initiatives need to be tailored to the targeted population and locally and culturally adapted
- Conflicting, non-transparent, one-way (top-down) communication. Risks should be adequately communicated to the public
- Passive involvement of civil society, as only a receiver of information.

The last point is particularly critical, because there are a number of good projects that are characterized by such as passive involvement of civil society. Often these projects are mistakenly interpreted as projects in “science with and for society”, whereas they should more correctly understood/classified as projects in “science for society”.

The BPGs are now diffused online but in the 2018 a scientific paper will be prepared on them and on the work done for the tp5.2, in order to disseminate our key findings and the asset viewpoint among the scientific communities and among public health decision makers.

ZADIG was in charge of the work of implementing the web-part as well as the social-network technical implementation of the task, whereas the social network administration was in charge to IPRI jointly (as far as technical issues were concerned) to ZADIG.

For more detailed information, please consult d5.2.

T5.3 Local initiatives

Task leader: ISS

Contributors: LYONBIOPOLE, PROLEPSIS, EIWH, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG

Start: m25 – End: m45

Actual progress: 100%



Progress towards objectives

The aim of the ASSET local Initiatives (developed in: Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) was to promote mobilization and mutual learning at local level and to enhance the transferability of the most effective policies and practice.

The overall goal of this investigation has been set out in order to

- Try capturing the “spirit of the place” about infectious outbreaks, say, the specific way(s) in which people living in a given city or region perceive, and react to, the pandemic threat;
- Involve local stakeholders to share relevant information, decisions, and practices at community level.

In line with the MML approach, a participatory communication has been developed in carrying out all the experiences that were opportunities to “*understand from inside*” as well as have a conversation with a plurality of targets (family doctors, nurses, educators, health care providers, public health officers, policy-makers, communicators, consumers, students, etc.) at local level. T5.3 has been fed by other project tasks as well as provided feedings to other activities. It elaborated inputs mainly coming from: WP3: T3.1-3.4 (Action Plan definition); WP4: T4.1-4.3 (public consultations); WP5: T5.1 (social media), 5.2 (best practice platform and stakeholder portal); WP6: T6.1 (High Level policy Forum). Additionally, it fed up some WP7 tasks: T7.3 (website), T7.4 (media office), T7.10 (RRI newsletter), and T7.13 (final conference).

Significant results / Key findings

Health care workers and students are the targets most suitable to MML action: six local initiatives to professionals and another six to the young people, this last confirming a very common health promotion practice that is the collaboration with schools. Three local initiatives addressed peculiar development settings: airport, museum of comics and international stakeholder community. About topics, vaccination represented the core focus of ten local initiatives but is mentioned in the others as well. Four initiatives are designed to be based on experiences or results of the citizen consultations delivered in 2016, and three events dealing with broader concepts such as health emergency preparedness and response. In the ASSET DoW,

It is explicitly stated that the local initiatives would have been gender-focused: women are directly involved in eight initiatives’ planning as well as outcome on female health is retrievable in other five MML experiences at local level. In the end, it can be stated that the initiatives developed in ASSET at local community level really expressed MML: as already experienced in the citizen consultations, public health issues are fully addressed just capturing the ‘spirit of the place’ by discussing with population and relevant stakeholders living on territory. This represents a great opportunity to policy makers and health authorities at central level but also a challenge due to competences which are needed.



WP6 POLICY WATCH

WP Leader: ISS

Start month: m6 (June 2014)

End month: m48 (December 2017)

Efforts reported for the reporting period: 3.86 p*m – **Actual Progress:** 100%

Work progress and overall achievements for the WP

WP6 is the longest ASSET thematic WP: it has started in 2014 and has been running until the project completion moving forward on two axes (the High level Policy Forum, HLPF; T6.1 and the Pandemic Preparedness and Response Bulletin, PPRB; T6.2).

Since the very beginning these two project activities have been developed according to a participatory approach among the Consortium Partners (mainly supported by the CoP web platform structures) and basing on the involvement of national and international stakeholders.

However, in both cases (HLPF and PPRB), efficiency and effectiveness have been much increased over the years: the discourse on SiS related issues in the field of public health emergencies of international concern (PHEIC) has been addressed under a more focused, tailored, structured and evidence-based approach.

First of all, the quantitative engagement of stakeholders was increased: this verified per the HLPF members recruited in representation of as many European countries as possible as well as per the recipients list of the PPRB, reaching out more than 4K relevant policy and decision makers at international level.

Secondly, even the quality overall was much improved: the HLPF members were asked three main topics (citizen participation, ethics in preparedness plans, mandatory vaccination) and each PPRB dealt with a specific SiS issue.

In the end, strategies to develop both the ASSET HLPF and PPRB are in line with the MML project approach that consists in the three functions of connecting, communicating and democratising.

Open and active listening, common understanding, advocacy building can be in fact retrieved in HLPF and PPRB implementation.

T6.1 High Level Policy Forum

Task leader: TIEMS

Contributors: ISS, DBT, FFI, NCIPD, EIWH

Start: m6 – **End:** m48

Actual progress: 100%

Progress towards objectives

The ASSET-HLPF, consisting of 14 members from 12 countries, convened three physical meetings:

1. Brussels 12th March 2015
2. Copenhagen, 15th January 2016
3. Brussels, 28th April 2017.



In addition to these physical meetings, a virtual discussion was carried out on the dedicated ASSET Community of Practice (COP) web-based platform. This discussion centered on three specific issues:

1. Participatory Governance in Public Health
2. Ethical Issues in Pandemic Preparedness Planning
3. Vaccination Hesitancy.

The virtual discussion of these issues was continued during the April 2017 physical meeting, providing a focus for the HLPF's final recommendations. These recommendations have been presented in ASSET D6.3 High Level Policy Forum Report 3.

Significant results / Key findings

The insights from the HLPF three-issue discussions can be summarized as follows:

- **Citizens Voice and Participation**
Citizens believe that honesty and transparency can increase the public trust (no matter how bad the situation is), and that it is their right to know the facts and have an accurate understanding of the situation. Public health authorities should devote more resources to collecting citizen input on policies for epidemic preparedness and response
- **Trust in Information**
General practitioners and health professionals need to be trained to adapt to changes in society, and decision makers should be urged to be visible and present on the web, as the Internet is an increasingly important medium for all kinds of communication
- **Risk Communication**
Authorities should communicate public health risks clearly and transparently, through information campaigns supported by experts and politicians, to restore trust between authorities and the public. These information campaigns need to be long term in nature, and communications should be segmented to target the many different audiences that exist in relation to epidemic and pandemic events
- **Vaccination**
Low vaccination coverage is a significant public health problem, and the reasons for it are complex and vary across countries and population groups. Improving vaccination coverage requires a multifaceted strategy that provides updated, clarified, and standardized informational materials targeted to particular groups such as pregnant women and the elderly
- **Ethics and Laws**
In emergency situations, public health interest should take priority over individual freedom. Laws should reflect shared basic principles across the EU, be tailored to local history and culture, and be complemented by information campaigns and incentives.

Concerning the potential continued operation of an HLPF-like forum, the following is recommended:

- Develop one or more specialized themes for the forum that a community of participants will find interesting, important, and unique. For example, exploring collaboration between Public Health and Civil Protection. Potential participants should be involved in selecting themes
- Partner the forum with an existing organization with shared interests, leading to efficiencies, access, and sponsorship
- Recruit well-known and respected members from relevant stakeholder communities as founding members.



T6.2 Pandemic Preparedness and Response Bulletin

Task leader: ISS

Contributors: NCIPD, UMFCF, HU

Start: m6 – End: m48

Actual progress 100%

Progress towards objectives

Share and move (the ASSET Pandemic Preparedness and Response Bulletin, PPRB) reached out the seven issues as planned in the project DoW.

The Editorial Committee structured the Bulletin with some ritual columns according to the “*What’s new*” perspective:

- Pandemic and more in general emergency, such as an epidemic, preparedness and response
- Achievements and initiatives promoted by relevant public health institutions internationally
- Highlights and insights circulated by the most used social media
- Evidence to a significant website in the field
- News on the issue of interest from ASSET
- A “snapshot”, standing for an innovative concept represented by a graphic item.

Significant results / Key findings

The fifth Bulletin (February 2017) highlights participatory governance pattern in the field of preparedness and response, as per the citizen consultations carried out in eight partner countries in 2016. Beside the recalled science education, other concepts are included such as ‘Internet of things’, ‘big data’ and ‘digital epidemiology’.

The sixth issue on ethics (July 2017) highlighted how ethical issues impact on preparedness and response toward public health emergencies. But in doing this, a pure ASSET perspective is developed: in other words, the ritual section called ‘From the ASSET world’ is missing because it is the basic and transversal approach followed overall. In this way, it has been matched the editorial approach that offers a common structure with innovative elements which are also entered. Furthermore, the bridging column that includes both pandemic or emergency (even called ‘pan-epidemic’) preparedness and response is run again.

Proposing the same structure as the others, the last edition (n. 7; December 2017) gives the readers an overview on gender issues both affecting preparedness and response in general as well as in particular in association with the vaccination pattern. Starting from the main results coming out from the initial project “Study and Analysis” phase, relevant studies in the field such as I-MOVE, SVEVA and PASSI are reported, and a specific PHEIC considered is Zika virus because of its high interconnection with the female health and pregnancy.

WP7 COMMUNICATION

WP Leader: ZADIG

Start month: m1 (January 2014)

End month: m48 (December 2017)



Efforts reported for the reporting period: 49.37 p*m – Actual Progress: 100%

Work progress and overall achievements for the WP

In regards to the WP7 major achievements during the third reporting period, these are summarised as follows:

Given the communication nature of the ASSET project overall, WP7 encompassed a pretty relevant set of activities.

With a total of 13 tasks, in fact it has been playing a crucial role all over the period of the ASSET project duration. 10 out of 13 tasks – related to activities carried out within the time interval M37 - M48 - are described in the current report.

In WP7 external communication actions and/or items have been developed mostly as follows: on the web as well as implying social media and platforms (the Sex&Gender&Vaccination section is one of them), through the RRI Newsletter and a scientific paper series with ISSN number.

The major achievements are briefly summarised in the paragraphs in the next pages, under each task separately, with regard to progresses made towards the objectives, significant outcomes and specific accomplishments.

T7.1 Overall Communication Strategy

Task leader: ZADIG

Contributors: LYON, PROLEPSIS, EIWH, DBT, FFI, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, AK

Start: m1 – **End:** m6

Actual progress: 100%

This task ended at month 6.

T7.2 Brand Creation

Task leader: ZADIG

Contributors: -

Start: m1 – **End:** m6

Actual progress: 100%

This task ended at month 6.

T7.3 Web Portal

Task leader: ZADIG

Contributors: ISS, AK

Start: m1 – **End:** m48

Actual progress: 100%

D7.4 ASSET Website Report 2 describes the up-to-date activity of ASSET project website (<http://www.asset-scienceinsociety.eu/>), which is a main tool of external communication of the P project, as planned in D7.1 Communication strategy. It is managed mainly by T7.3 task leader (ZADIG) with contributions by all partners.



According to ASSET's DoW (Description of Work), communication has:

- to ensure the project's visibility through traditional and new media tools;
- to document every major advancement of the project;
- to allow a bi-directional dialogue, educational opportunities and knowledge transfer among
- Partners, stakeholders, policy makers and the general public.

According to the values of transparency and dialogue that inspire the project, ASSET website is an entirely open platform, targeted to stakeholders, other related projects and the general public.

The website hosts also the MMLAP Virtual Cluster, where methodological issues in Mobilisation and Mutual learning are discussed.

ASSET website was published on 1st January 2015, due to the delay at the start of the project, and updated regularly, following weekly meetings of the editorial staff. During its three years, it improved its activity, increasing the number of visitors and of new contents uploaded twice a month. The web portal has been a work in progress, which developed new features during the whole project life.

Significant results / Key findings

In its four years of activity, the ASSET project fulfilled the requests of D7.1 Communication Strategy, following "all the communication guidelines previously indicated (clarity of language, addressing both experts and the general public, transparency, interaction with different parts of society, plenty of pictures, videos, infographics, and so on)" and being "completely open access".

The success of ASSET website is the result of a strategic choice: it was conceived not as the traditional project site, but as a dynamic communication tool. The ASSET website can be used as a tool of scientific deepening and of two-way communication, as a virtual cluster and also as an institutional website. As planned, it contains 7 types of contents, regularly updated, with different targets:

- Presentation and outputs of the project;
- Different resources about preparedness and response to epidemics and pandemics;
- Several means of dialogue with society;
- Citizens' consultation area;
- Best Practice platform;
- Gender platform;
- Asset Analytics area
- Stakeholder portal.

The website statistics are increased thanks to the activity due to Citizens' Consultations (WP4) and a more active presence on the social media according to T5.1 and T5.3 local initiatives, as planned by DoW.

From the 1st of January 2017 to the 31st of December 2017, ASSET website had: 25,706 unique visitors, 33,153 numbers of sessions, 82,157 pages viewed.

Involvement of other partners and different stakeholders is increased as well, accordingly to the expectations. The website's mailing list has been expanded and includes more than 7,500 international addresses.



All that follows is available on the website (public access):

- Brief presentation of the ASSET project; introductory video with interviews taken during the kick-off meeting; short descriptions of the 14 international partners; project Description of Work (DoW);
- 52 deliverables completed by the partners; 16 papers uploaded in the Gender Platform; 7 papers and 3 posters produced by the partners within the project; 6 issues of Epidemics and Pandemics, the response of society: ASSET paper series; 49 presentations at conferences, meetings or courses mentioning ASSET by the partners; ASSET brochure; ASSET glossary; 6 issues of Responsible Research and Innovation newsletter; 7 issues of Pandemic Preparedness and Response “Share and move” bulletins; Updated statistics on Asset website and social media in the Asset analytics area produced by website editorial staff; report on Twitter influencer analysis produced by website editorial staff; 10 documents uploaded in the Best Practice platform; 5 documents uploaded in the Citizens’ consultation area; Final Summary Report; Local communication strategy made by NCIPD for Bulgaria;
- 88 articles published, including news about the project and its advancements;
- 4 ASSET data visualizations
- 35 ASSET videos, including a presentation of the project, a “Concerto for Piano and science” at Verbier Festival and 32 interviews to several relevant experts and stakeholders;
- Links to: 39 other MMLAP projects; social network accounts (Facebook, Twitter, YouTube Channel, LinkedIn, Google plus and Pocket); library of resources; media area.

T7.4 Media Office

Task leader: ZADIG

Contributors: ISS, AK

Start: m1 – **End:** m48

Actual progress: 100%

Following the indications contained in the D7.1 - Communication Strategy, the media office works in synergy with the website, social media and the set of initiatives involving citizens and stakeholders in order to build a good visibility to the project.

In the last project phase, several events and contents were disseminated through Media Office activity.

Actions involving the public, such as the ASSET Citizen consultation, found most interest, especially in Eastern European countries (Bulgaria and Romania), where dissemination proved to be best spread.

New approaches such as data visualizations analysis also showed to be more appreciated than traditional press releases, despite the large number of journalists and stakeholders included in our mailing list.

Significant results / Key findings

In the second half of its activity, ASSET Media Office used the network of journalists and other stakeholders previously established all over the world, in order to disseminate ASSET contents.

At the end of its work, ASSET Media Office collected a MAILING LIST with more than 7,500 contacts, including almost 1,000 journalists from more than 20 European and extra European countries, working in printed press, radio TV broadcasting and/or blog and online news.



In the third period (M37-M48), they received:

- 1 PRESS KIT (prepared for Brussels event in April 2017),
- 12 (18 since the beginning of the project) PRESS RELEASES (one of which in 6 different versions, targeted to different countries, in 6 different languages).

They also received 16 VIDEOPILLS + 1 final playlist from ASSET website, with contribution by top scientists, public health researchers, pharma industry officers, journalists and other experts.

Local initiatives, national and European EVENTS (such as citizen consultation) were also occasions to disseminate ASSET.

MEDIA PICKUP can be considered satisfying: at the end of the project, ASSET, its events, activities and press releases were mentioned by 80 articles and broadcast on print, online, radio and TV media in Europe and disseminated through ISS and TIEMS newsletters to more than 160,000 professionals all over the world.

ASSET accounts on **SOCIAL MEDIA**, i.e. **Twitter and Facebook**, were also used to disseminate ASSET contents and to get in touch with public, experts and journalists involved in infectious diseases and risk communication. At the end of the project we had gained **1,560 likes on Facebook main ASSET page** and 243 followers on Twitter.

T7.5 Science Communication

Task leader: PROLEPSIS

Contributors: LYONBIOPOLE, DBT, IPRI, NCIPD, DMI, UMFCO, HU, ZADIG

Start: m12 – End: m48

Actual progress: 100%

Progress towards objectives

The on line paper series is titled “Epidemics and Pandemics, the Response of Society - ASSET Scientific Updates”. The journal is available from the ASSET website - <http://www.asset-scienceinsociety.eu/outputs/epidemics-and-pandemics-response-society-asset-paper-series>

The ISSN No is: 2532-3784

The titles and contents of the paper series are seen below:

Issue No. 1, Science with and for Society: Emergency (PHE) threat Public health emergencies: response and preparedness

- Athena Linos. Science with and for Society (SwafS): The case for Epidemics & Pandemics.
- European Institute of Women's Health (EIWH). Gender Issues in Pandemics and Epidemics.
- Alberto d'Onofrio. From Modelling Epidemics to Modelling Human Behaviour Impact on Epidemics: Perspectives for Science in Society

<http://www.asset-scienceinsociety.eu/outputs/asset-paper-series/issue-n-1-science-and-society-aiming-public-health-emergencies-response>

Issue No. 2, Democracy and human rights under Public Health Emergency (PHE) threat

- Solveig Wallyn . Democracy and human rights in a Public Health Emergency (PHE).
- Eva Benelli, Alessandra Craus. Ethics in influenza pandemic planning.



- Alberto d'Onofrio, Mitra Saadatian-Elahi. Open and Responsible Research and Innovation in Pandemics.

<http://www.asset-scienceinsociety.eu/outputs/asset-paper-series/issue-n-2-democracy-and-human-rights-under-public-health-emergency-phe>

Issue No. 3, National borders and the spreading of diseases

- Donato Greco. National borders and the spreading of diseases.
- Anat Gesser-Edelsburg and Manfred S. Green. Conflicts of Interest during Public Health Emergencies.
- Kjersti Brattekås and Rebecca K. Davidson. Intentionally caused outbreaks: secrecy vs. transparency.

<http://www.asset-scienceinsociety.eu/outputs/asset-paper-series/issue-n-3-national-borders-and-spreading-diseases>

Issue No. 4, The Social Networks in Public Health Emergency Preparedness and Response

- Michele Bellone. Public engagement and trust building on social media.
- Veronika Dimitrova, Anna Kurchatova, Antoaneta Minkova, Teodora Georgieva, Emilia Naseva, Mira Kojouharova. Is social media a realistic information channel during epidemics and pandemics? Results from the citizen consultation conducted in Bulgaria.
- Debora Serra. Social media activities in pharmaceutical industries: the case of Pfizer, Inc.

<http://www.asset-scienceinsociety.eu/outputs/epidemics-and-pandemics-response-society-asset-paper-series-issn-2532-3784/paper-series-4>

Issue No. 5, Risk Communication in times of an epidemic or pandemic

David Xiang, Christos Kontos, Afroditi Veloudaki, Agoritsa Baka, Pania Karnaki, Athena Linos.

- The positives and negatives of using modern technology, such as social media, to communicate risk
- An introduction to risk communication during epidemics and pandemics
- Communicating uncertainty in times of epidemics and pandemics

<http://www.asset-scienceinsociety.eu/outputs/epidemics-and-pandemics-response-society-asset-paper-series-issn-2532-3784/paper-series-5>

Issue No. 6, The role of citizens in times of an epidemic or pandemic

John Haukeland, Rebecca Moore, Lise Bitsch, Valentina Possenti

- The role of citizens in times of an epidemic or pandemic
- The Role of Citizens in Epidemic Preparedness and Response
- Views from the general public on communication and information dissemination during a pandemic; results and experiences from the 2016 Irish citizen consultation

<http://www.asset-scienceinsociety.eu/outputs/epidemics-and-pandemics-response-society-asset-paper-series-issn-2532-3784/paper-series-6>

Issue No. 7 Continuous Training for Medical Professionals: The case for health communication and disaster preparedness training

David Xiang, Christos Kontos, Afroditi Veloudaki, Pania Karnaki, Agoritsa Baka, Athena Linos.

- The role of continuous training for medical professionals.
- Health communication training in medical education – the importance for communities and patients.
- The Role of Training for Disasters and Public Health Emergencies.



We are planning to continue publishing the paper series including an issue dedicated to the results of the ASSET project and their future impact and use.

Visualizations have been published on the ASSET website accessible from <http://www.asset-scienceinsociety.eu/>

1. Immunization in healthcare workers - <http://www.asset-scienceinsociety.eu/news/features/immunization-healthcare-workers>
2. Sex and gender in clinical trials - <http://www.asset-scienceinsociety.eu/news/features/sex-and-gender-clinical-trials>
3. Ethical issues in national pandemic influenza plans - <http://www.asset-scienceinsociety.eu/news/features/ethical-issues-national-pandemic-influenza-plans>
4. Compulsory vaccination and rates of coverage immunisation in Europe - <http://www.asset-scienceinsociety.eu/news/features/compulsory-vaccination-and-rates-coverage-immunisation-europe>

Scientific articles related to ASSET published by consortium partners

1. Biology conference in Italy sparks criticism for including anti-vaccine speakers. Marta Paterlini. BMJ 2018; 360 doi: <https://doi.org/10.1136/bmj.k711> (Published 13 February 2018).
2. Gesser-Edelsburg A, Shir-Raz Y, Hayek S, Aassaraf S, Lowenstein L. Despite awareness of recommendations, why do health care workers not immunize pregnant women? Am J Infect Control. 2017 Apr 1;45(4):436-439.
3. Gesser-Edelsburg A, Walter N, Shir-Raz Y, Sassoni Bar-Lev O, Rosenblat S. The behind-the-scenes activity of parental decision-making discourse regarding childhood vaccination.
4. Gesser-Edelsburg A, Shir-Raz Y. Risk communication and infectious diseases in an age of digital media 1st ed. UK: Routledge; 2017.
5. Zika, or the burden of uncertainty Clin Ter. 2016;167(1):7-9.
6. Gesser-Edelsburg A, Shir-Raz Y. Science vs. fear: the Ebola quarantine debate as a case study that reveals how the public perceives risk. 2017;20(5):611-63.
7. Gesser-Edelsburg A, Shir-Raz Y, Walter N, Mordini E, Dimitriou D, James JJ. The Public Sphere in Emerging Infectious Disease Communication: Recipient or Active and Vocal Partner? Disaster Med Public Health Prep. 2015 Aug;9(4):447-58.
8. Gesser-Edelsburg A, Shir-Raz Y, Hayek S, Sassoni-Bar Lev O. What does the public know about Ebola? The public's risk perceptions regarding the current Ebola outbreak in an as-yet unaffected country (paper). Am J Infect Control. 2015 Jul 1;43(7):669-75.
9. Dimirtova V., Kurchatova A., Minkova A., Georgieva T., Naseva E., Kojouharova M. Is social media a realistic information channel during epidemics and pandemics? Results from the citizen consultation conducted in Bulgaria. Asset paper series Epidemics and Pandemics: The response of Society. 2017, Issue 4, pp. 6-10.
10. Vladimirova N., Naseva E., Dimitrova V., Minkova A., Kurchatova A. ASSET local initiatives in Bulgaria, spring 2017 (under review).
11. Mardarescu M, Popa MI, Streinu-Cercel A. HIV and AIDS: historical and current Romanian perspectives. Infectio.ro. 2014;40(4):13-20.
12. Popa GL, Popa MI. Data on the evolution of the Ebola epidemic. Infectio.ro. 2014;40(4):21-23
13. Gheorghe AS, Popa MI. The role of healthcare workers in increasing the compliance to the immunization program. Infectio.ro. 2015;41(1):9-12.



14. Gheorghe AS, Preda M, Popa GL, Popa MI. A potentially fatal disease preventable by vaccination produces a victim in Spain and rises a worldwide alert of the existing risk. *Infectio.ro*. 2015;43(3):5-9.
15. Popa GL, Gheorghe AS, Preda M, Popa MI. The recent experience of Belgium on diphtheria and the need to adopt prevention measures, in order to avoid future fatal cases. *Infectio.ro*. 2016;45(1):25-27.
16. Huhu MR, Butoi ML, Georgescu I, et al. Whither the vaccination? Retrospective study in a pediatric hospital. *Infectio.ro*. 2016;46(2):22-26.
17. Gheorghe AS, Preda M, Popa GL, Popa MI. Considerations and perspectives upon the current anti-pertussis vaccination strategy. *Infectio.ro*. 2016;46(2):37-39.
18. Preda M, Gheorghe AS, Popa GL, Popa MI. Data regarding influenza prevention and control at the start of the epidemic season. *Infectio.ro*. 2016;47(3):5-8.
19. Coldea L, Dragomirescu CC, Popa MI. Staphylococcal enterotoxin B - bioterrorism potential agent. *Infectio.ro*. 2016;47(3):21-23.
20. Cristea A, Parfeni O, Popa MI. Data on general views about vaccination in Bacau county. *Infectio.ro*. 2017;50(2):26-29.
21. Linares Fernández S, Marino CA, Preda M. Participants' opinion on Antwerp Summer School on Vaccinology (in press).
22. Popa GL, Popa MI. European Projects useful for the Romanian public health; the ASSET Project. *Infectio.ro*. 2015;41(1):5-8.
23. Popa MI. Cum ne pregătim pentru epidemii? *Viața Medicală*. 2016;1390(36):4 (Popa MI. How do we prepare for epidemics? *Medical Life*. 2016;1390(36):4).
24. Popa MI. Pregătiri pentru epidemii și pandemii. *Viața Medicală*. 2016;1392(38):2 (Popa MI. Preparing for epidemics and pandemics. *Medical Life*. 2016;1392(38):2).
25. Preda M, Popa GL, Popa MI. Consultări cetățenești cu impact European. *Viața Medicală*. 2016;1394(40):9 (Preda M, Popa GL, Popa MI. Citizen consultations with european impact. *Medical Life*. 2016;1394(40):9).
26. Preda M, Gheorghe SA. ASSET Summer School; from participants opinion. *Infectio.ro*. 2017;50(2):37-38.
27. Kailash Gupta of TIEMS made an interactive presentation on ASSET project to about 30 PhD students and faculty members of Earthquake Engineering and Disaster Management Institute, Civil Engineering Department, Istanbul Technical University, Istanbul, Turkey on December 15, 2014 for about two and half hour.
28. Kailash Gupta of TIEMS presented a paper on ASSET at the 6th Annual Conference of the International Society for Integrated Disaster Risk Management hosted by Technology Information, Forecasting and Assessment Council, Department of Science & Technology, Government of India, October 2015, New Delhi, India. Abstract before approval, paper, Presentation in ppt and pdf are attached.
29. Paper on "Crisis Participatory Governance" of Kailash Gupta of TIEMS for consideration in the Religion, Spirituality and Peace Commission was accepted for presentation at the 26th International Peace Research Association General Conference in Freetown, Sierra Leone, Nov. 27 – Dec. 1, 2016 on the theme: Agenda For Peace And Development: Conflict Prevention, Post-Conflict Transformation, and the Conflict, Disaster and Sustainable Development Debate. Abstract of the paper is attached.
30. "Pandemic Knowledge to Action" encompassing ASSET project and "Crisis Participatory Governance" are the topics of Research and Practice Highlights of the papers submitted by Kailash Gupta of TIEMS at the 42nd Natural Hazards Workshop, Broomfield, Colorado, USA, July 2017. The theme of the Workshop was Knowledge to Action: Reducing Hazards Losses and Promoting Disaster Resilience. The papers are available at <https://hazards.colorado.edu/workshop/2017/abstract/research-and-practice-highlight#pandemic-knowledge-to-action>.



31. Kailash Gupta of TIEMS participated in the 3rd World Congress on Disaster Management, Visakhapatnam, India, Nov. 6-10, 2017. In the 1st Plenary Session on Challenges and Opportunities for Implementation of Sendai Framework for Disaster Risk Reduction he announced one of the solutions of the challenge is to use "Crisis Participatory Governance" concept, coined in the EU co-funded ASSET project. He explained the concept. There was a lively discussion and the Chairperson of the session Mr. Kamal Kishore, Member, National Disaster Management Authority, Government of India asked Kailash to send the web link of crisis participatory governance (available at http://www.asset-scienceinsociety.eu/sites/default/files/d2.3_crisis_participatory_governance_report.pdf).

Articles in other languages:

No	Bulgarian	English
1.	Георгиева Т., Е. Насева, В. Димитрова, А. Курчатова, Т. Минкова, М. Кожухарова. Място и роля на гражданските консултации при определяне на приоритетите в здравеопазването. Медицински мениджмънт и здравна политика, 2017, брой 1, стр. 13-20.	Georgieva T., Naseva E., Dimitrova V., Kurchatova A., Minkova A., Kojouharova M. Place and role of citizen consultations when setting the priorities in the healthcare. Medical management and health policy. 2017, no.1, pp. 13-20.
2.	Насева Е., Т. Георгиева, В. Димитрова, А. Курчатова, А. Минкова, М. Кожухарова Препоръка на гражданите към лицата, отговарящи за стратегията и вземането на решения при епидемии и пандемии на национално и международно равнище. Здравна политика и мениджмънт, 2017, брой 2, стр. 12-15.	Naseva E., Georgieva T., Dimitrova V., Kurchatova A., Minkova A., Kojouharova M. Citizens recommendation to the persons responsible for strategy and decision-making in epidemics and pandemics at national and international level. Health policy and management. 2017, 17(2): 12-15.
3.	Димитрова В., Т. Георгиева, А. Минкова, А. Курчатова, Е. Насева, М. Кожухарова Изследване на нагласите на медицинските специалисти към грипните ваксини в България. Обща медицина, 2017, брой 3, стр. 3-7.	Dimitrova V., Georgieva T., Minkova A., Naseva E., Kurchatova A., Kojouharova M. Study of the attitudes of family doctors in Bulgaria towards influenza vaccines. General Medicine. 2017. 19(3): 3-7.
4.	Димитрова В., А. Курчатова, Т. Георгиева, Т. Минкова, Е. Насева, М. Кожухарова. Резултати от проведената в България гражданска консултация за готовността и отговора в случай на епидемии и пандемии (първо съобщение). Социална медицина, 2017, брой 1, стр. 10-13.	Dimitrova V., Kurchatova A., Georgieva T., Minkova A., Naseva E., Kojouharova M. Results from citizen consultation on epidemic and pandemic preparedness and response conducted in Bulgaria (First part). Social Medicine. 2017, 25(1): 10-13.
5.	Насева, Е., Н. Владимирова, В. Димитрова, А. Минкова, А. Курчатова. Сравнителен анализ на резултатите от проучване мнението на здравни работници, студенти в медицински специалности и граждани за готовността и отговора при епидемии и пандемии. Здравна политика и мениджмънт, 2018, бр. 1 (приета за печат)	Naseva, E., N. Vladimirova, V. Dimitrova, A. Minkova, A. Kurchatova. Comparative analysis of the study results on opinion of healthcare workers, medical specialties students and citizens to preparedness and response in epidemics and pandemics. Health Policy and Management, 2018, 1 (under press)

Posters/Conferences

1. National Centre of Infectious and Parasitic Diseases, Sofia, Bulgaria. Department Epidemiology and Communicable Disease Surveillance. Presented at The ASSET Final Event, 30-31 October 2017, Rome, Italy.



2. Dimitrova V., Georgieva T., Minkova A., Kurchatova A., Naseva E., Kojouharova M. Study of the attitudes of family doctors in Bulgaria towards influenza vaccines. Presented at The ASSET Final Event, 30-31 October 2017, Rome, Italy.
3. 51st Course of the ETTORE MAJORANA FOUNDATION AND CENTRE FOR SCIENTIFIC CULTURE - SCUOLA SUPERIORE DI EPIDEMIOLOGIA E MEDICINA PREVENTIVA "G. D'ALESSANDRO in Erice, Trapani.
4. SiS-RRRI Conference (Rome; 25-26 September 2017);
5. Annual conference of the Italian Association of Epidemiology (Mantua; 25-27 October 2017).
6. What does the public know about Ebola? The public's risk perceptions regarding the current Ebola outbreak in an as-yet unaffected country (poster) Gesser-Edelsburg A, Shir-Raz Y, Hayek S, Sassoni-Bar Lev O. Targeting Ebola International Congress 2015: Scientific Bases & Applications, Pasteur Institute, Paris, May 28-29, 2015.
7. Science vs fear: The Ebola quarantine debate as a case study that reveals how the public perceives risk (poster). Gesser-Edelsburg A, Shir-Raz Y. Targeting Ebola International Congress 2015: Scientific Bases & Applications, Pasteur Institute, Paris, May 28-29, 2015.
8. Outbreak or epidemic? How Obama's language choice transformed the Ebola outbreak into an epidemic (poster). Gesser-Edelsburg A, Shir-Raz Y, Bar-Lev OS, James JJ, Green MS. Targeting Ebola International Congress 2015: Scientific Bases & Applications, Pasteur Institute, Paris, May 28-29, 2015.

Significant results / Key findings

- The ISSN number of the paper journal titled "Epidemics and Pandemics, the response of society- ASSET Scientific Updates" is 2532-3784;
- The paper series is accessible from <http://www.asset-scienceinsociety.eu/outputs/epidemics-and-pandemics-response-society-asset-paper-series>;
- Plans are being discussed for further issues to be delivered and posted on the ASSET website.
- Visualizations available;
- List of scientific articles published by the ASSET consortium included.

T7.6 Summer School on SiS related issues in Pandemics

Task leader: ISS

Contributors: LYONBIOPOLE, PROLEPSIS, EIWH, DBT, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCF, HU, ZADIG

Start: m12 – **End:** m48

Actual progress: 100%

Progress towards objectives

The third and last ASSET Summer School was held at the National Centre for Diseases Prevention and Health Promotion (CNaPPS) of the Istituto Superiore di Sanità in Rome from May 2017, 30th to June 1st.

As done in the past two editions, the participants were selected based on evaluation of CVs and motivation letters, and followed a strategically planned series of lectures, group work exercises and case studies.

The daily programme ran from 9 am to 5 pm (four days in 2015, three days in 2016 and 2017) and the lectures provided by prominent international experts ranged from unsolved scientific questions to issues related to social and health inequalities as gender, ethical and legal implications of pandemics and outbreaks governance.



The background and rationale of activity encompassed within the ASSET Summer School denote all essential project elements: the fundamental reason basing this EU research program (need to re-establish trust between research/policy making and citizens), the strategy (improving efficiency and efficacy of communication between these two “worlds”, according to the scenario of the Science in Society and, to do that, the European approach of the Responsible Research and Innovation, RRI) and finally the outcome (getting the citizens not only beneficiaries of an improved communication, but also promoters within the policy cycle of a new deal in preparedness and response against epidemics and pandemics).

Large attention was paid to the methodological aspects and the planning phase in order to make all teachers and facilitators converge on a homogenous learning approach to be developed.

Significant results / Key findings

The third ASSET Summer School was the most successful one because if the first edition was a test for retrieving contents to be proposed, since the second edition of the Summer School, the participants have been given the opportunity to present their own projects, activities or experience developed in their field of interest.

In addition to some travel grants awarded, the involvement aspect made students' applications improve: 8 trainees registered and participated in the 2015 edition whereas 17 partook in both Schools organized in 2016 and in 2017

T7.7 SiS in Pandemic Best Practice Award for GPs

Task leader: PROLEPSIS

Contributors: LYONBIOPOLE, EIWH, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG

Start: m12 – **End:** m48

Actual progress: 100%

The objective of Task: 7.7 - SiS in Pandemic Best Practice Award for GPs was to raise awareness of SiS themes among general practitioners in Europe. The project offered a prize to give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness in order to improve the quality of communication with their patients and the local community. Three 3.000 € prizes were given each year, starting from the second year of project life as educational grants to be used at any of the partner organization. The context was open to all GPs and GP registrars working in any MS and was ill be advertised through GP European societies and national medical associations. The task leader was in charge of organizing and advertising the context, and established an independent jury task to widely disseminate the scientific results of ASSET to the wider scientific community.

The award jury

The award jury was decided by the consortium to comprise three (3) senior members of the consortium. These are:

1. Valentina Possenti – Scientific Coordinator of the ASSET project - valentina.possenti@iss.it
2. Professor Manfred Green - Professor and Head, School of Public Health, University of Haifa - manfred.s.green@gmail.com
3. Dr Agoritsa Baka – hellenic centers for Disease Control - agoritsabaka@gmail.com

Best Practice Award - evaluation criteria



1. Relevance to the subject of the award
2. Scientific background of the intervention (scientific evidence used, validity and reference publications)
3. Impact of the activity (magnitude of approached population, outcome and results of intervention (quantifiable results, if any))
4. Implementation of the activity (methods, innovative techniques used to approach the public or incorporate SiS issues)
5. Sustainability and multiplier effects (duration of activity, plans for repeat or continuation, dissemination)

The criteria are prioritized as above from 1 to 5, which implies their weight in the event of score ties. Each criterion is awarded a score of 1 to 4 points.

Award Description

The award was set at **3,000€ to be used as an educational grant**. More specifically:

- To attend a public health related European conference (such as ESCAIDE, EUPHA or relevant). In this case the award amount will cover for the winner's registration, travel and accommodation expenses
- To attend the ASSET Summer School 2016 in Rome. In this case the award amount will cover for the winner's travel and accommodation expenses to attend the summer school in Rome.
- To spend 5-10 working days working in one of the ASSET partner organizations
- Other educational activity/ies, related to public health preparedness and Science in Society (SiS)

The award cannot be used for the procurement of medical or electronic equipment. The award cannot be provided as cash reimbursement or bulk transfer to an individual's or an association's bank account without supporting documentation such as invoices of travel and accommodation expenses, registration expenses, etc.

Progress towards objectives

The **1st ASSET Award 2015** received 3 applications (2 incomplete). One winner was announced:

1. FIMP - Federazione Italiana Medici Pediatri (LUBRANO LUIGI, MD)

FIMP developed a smartphone application called MyPED. This application provides a child's growth (height and weight) monitoring and reminders to medical appointments and vaccinations, as well as other important functions.

The **2nd ASSET Award 2016** received 5 applications (all complete), 4 from Greece, 1 Romania and 4 winners were announced:

1. Health Centre of Nea Michaniona, Central Macedonia, Greece (Dr Magda Gavana, MD)
2. Working Group on Immunizations, National Society of General Practitioners, Romania- Dr Dorica Sandutu, MD)
3. Dr. Theodora Nakouti, MD- Internal Medicine and Infectious Diseases private practitioner- Karditsa, Thessaly- Greece
4. First national vaccination coverage survey of Greek Roma children, National School of PH, Athens, Greece (D. Papamichail, RN, PhD)

Certain changes were decided from the 1st ASSET Best Practice Award. More specifically it was decided to:



- Reduce the size of the application form. Applicants will send an abstract of 250 words (in English and the EU languages and Russian). Following a first evaluation interesting practice will be followed up and more information will be requested.
- The award subject area will be extended to include practices for migrants/refugees and primary health care.
- ASSET partners need to actively disseminate the best practice award announcement.
- Partners will be asked to post on the COP lists to which the translated announcement was disseminated.

The 3rd Asset best practice award was issued in 2017. The aim of the award as in 2016 was to:

- Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- Explore and map SiS-related issues in global pandemics
- Define and test a participatory and inclusive strategy to succeed
- Identify necessary resources to make sustainable the action after the project completion.

In that particular year ASSET focused on specifically awarding health professionals in the primary health sector GPs or groups of GPs who have best included Science in Society (SiS) aspects in order to improve the quality of communication about epidemics and pandemics with their patients and with local communities.

More specifically:

- Improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough) etc.
- Promote immunizations for groups of children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough) etc.
- Prevent the outbreak of infectious diseases among migrant/refugee populations,
- Improve primary health care services to better respond to outbreaks of infectious diseases.

The awarded practices are found below:

1. Influenza vaccination promotion - Dr. Dikla Agur Cohen, family physician, Head of Yokneam "Emek Hashalom" primary care clinic, Clalit Health Services, Israel
2. Occupational health - Dr. Theodora Christopoulou MD MSc, Occupational Physician Manager OTE Telecommunications, Occupational Physician
3. Influenza vaccination promotion - Patronatul Medicilor de Familie Bucuresti-Ilfov, Romania
4. RespiRo - Romanian Primary Care Respiratory Group

The full description of the awards and the educational activities covered through the awards are described in the relevant deliverable.

Significant results / Key findings

The aim of Task 7.7 was to raise awareness of SiS themes among general practitioners in Europe. The project offered a prize to give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness in order to improve the quality of communication with their patients and the local community active participation.

The consortium achieved the task objectives by delivering nine (9) awards of 3000€ and is especially satisfied as the awards reached people implementing at local and regional levels.



A number of recommendations should be considered based on this 3-year experience:

1. In order to attract interventions and practices at the local and regional levels it is necessary to keep the application process simple without too many prerequisites such as comprehensive evaluation data.
2. An award of this kind should be opened up to a wider audience so as to include different medical specialties as well as other health care personnel
3. Dissemination efforts should be more prominent in countries of Northern and central Europe.

T7.8 Liaison with the ERASMUS + Programme

Task leader: EIWH

Contributors: ISS

Start: m12 – End: m48

Actual progress: 100%

This task is now completed, and a full detailed report has been created in Deliverable D7.8. Below is an outline of what we have achieved throughout the task.

Progress towards objectives

Initially, we encountered difficulties in identifying schools connected to the Comenius programme, as this programme is now obsolete, and many of the projects were finished. Therefore, it was decided together with the ASSET partners that we would instead contact schools that were awarded the Erasmus Plus grant. Erasmus Plus is the new programme that replaced the Comenius programme – it commenced in January 2014, and combines all the EU's current schemes for education, training, youth and sport.

Contact was made with a secondary school in Dublin, and ultimately, we reached out to over 30 students in Transition Year (15-16 years old). Understanding and promoting health literacy among adolescents is important for a myriad of reasons, such as helping the adolescents develop lifelong health behaviours and habits, and enabling them to successfully avoid poor health outcomes with the help of their health literacy. Schools in particular offer a distinctive opportunity to reach out to children and teenagers, and the participation of adolescents is particularly useful when it comes to translating information into practical actions.

In discussion with the school principal and the TY coordinator, we developed a presentation and a questionnaire for the students to fill out. Together with the TY coordinator, we made sure that both the presentation and the questionnaire used terminology that the students would be familiar with, and had been exposed to previously.

The presentation was centred on the issue of pandemics and epidemics – what is it, what causes them, what is the biological mechanisms behind infectious diseases, discussing both historical outbreaks and ones happening today. We considered how an illness such as flu spreads in the community, and discussed ways that it might be prevented. We then asked the students what, in their opinion, would be the best way to communicate all this information, specifically pandemic preparedness and prevention of infectious diseases, to teenagers such as them. After this open discussion, they were asked to fill out a questionnaire on their familiarity with pandemics and epidemics, and their opinions on communication in a time of pandemics/epidemics and how they engage with news.

Significant results / Key findings

The findings are described in detail in the Deliverable report outlining the student's understanding of pandemics,



epidemics and infectious diseases, as well as how they engage with health-related issues and what communication channels they value. In summary, the results show that the students were fairly familiar with epidemics/pandemics, especially more recent ones (especially Ebola), and were aware of practical aspects of pandemic preparedness. They had many suggestions about how to keep healthy during a pandemic, chiefly to wash your hands, maintain good hygiene and stay informed. However, they were unfamiliar with influenza as a pandemic, viewing it more as a “normal” illness that did not cause many problems.

The students had very limited interactions with health-related communication. Most of them stated that their chief mode of communication was social media and the internet – any engagement with public health-related information would be purely by chance if it appeared in their newsfeed, and even then the chances of them viewing/reading the information was small, unless it was promoted by someone or something familiar, e.g. a celebrity or a well-known footballer. Whilst they stated that the most trustworthy information during a pandemic/epidemic would come from government sources, and that they would prefer information about such issues to come through clear one-way communication from public health authorities, they did not engage with such material – in fact, when asked, not one of the students from any session read the newspaper. Thus, while the students engaged with this dissemination activity and had plenty of opinions and ideas, actually reaching this age group in a pandemic/epidemic will most likely prove challenging without the right preparation and understanding of how they consume information.

T7.9 Gender Issue Platform

Task leader: EIWH

Contributors: ISS

Start: m12 – **End:** m48

Actual progress: 100%

This task is now completed, and a full detailed report has been created in Deliverable D7.9. Below is an outline of what we have achieved throughout the task.

Progress towards objectives

The Gender Issue Platform is an area of ASSET website dedicated to disseminating and promoting gender-specific and women-centred research on pandemics. In particular, it aims to disseminate information on influenza pandemic related risks, notably for pregnant women and infants; preventive measures; antiviral drugs; vaccines and vaccination; and make information available to women to enable them to make informed and responsible decisions for themselves and also as carers of children and ageing relatives. Central to the task as well is the issue of promoting gender awareness in pandemic related research and pandemic preparedness. The Gender Issue Platform will also advocate for increasing European support for preventive and appropriate biomedical, behavioural, epidemiological, public health and health service research, and policy on women's issues in pandemics and the impact of gender and age inequalities with respect to infectious outbreaks.

The EIWH created an implementation plan outlining the purpose of the Platform, the rationale behind it, and a summary of the content and our plan for it. This implementation plan was supported by the consortium, and together with the contributor Istituto Superiore di Sanità, we went to work.

Significant results / Key findings

The content on the Gender Platform was divided between a document depository and articles.



Document depository

A document depository was added on the site, which links to important policy and information documents. There are also a number of policy briefs in the depository. These are documents created by the EIWH summarising issues and policies, and giving recommendations, on areas relevant to women's health in general and/or specific illnesses or issues.

Articles

The main part of the Gender Platform was the articles posted that related to influenza, pandemics, epidemics, and vaccination. News articles that were relevant to the platform were posted, for example during the Zika crisis – this was particularly apt, as it was both a pandemic and also had specific sex and gender concerns.

Also, articles were written by the EIWH and posted on the Platform on, among other things, the Zika virus, gender integration in Horizon 2020, and a three-part article series on Sex, Clinical Trials and Medicines Regulations.

The main contribution of articles on the Gender Platform was based on the findings from ASSET T2.5, Gender Issues in Pandemics and Epidemics. Using the findings and recommendations from T2.5, a series of themes was developed.

These themes focused on areas where gender-based issues had proved to be of particular importance and/or concern, and explained the issues, the evidence-base, and what might be done to address these. The themes were:

- Sex differences in influenza and vaccination - Biologically, females and males differ in their immunological responses to seasonal influenza virus vaccines. Women have higher antibody responses to influenza vaccinations – the antibody response of a woman to half a dose of influenza vaccine is equivalent to the antibody response of a man to the full dose.
- Pregnancy –pregnant women are especially at risk during a pandemic/epidemic due to unique factors connected to pregnancy.
- Caregivers and health care workers – these groups tend to be predominantly female, and there is little consensus or evidence-based data on how to target behaviours and the low vaccination rates of HCW, and how to reach out to carers.
- Hard to reach groups -- hard to reach groups may have adverse health outcomes, and the complex interplay of gender and social and economic marginalisation makes this a particular issue for women.
- Older persons – older women's vaccination behaviour is not fully understood. Also, women in general and older women in particular, are underrepresented in clinical trials and research, thereby hindering any development of sex- specific treatments or policy guidelines.
- Chronic diseases – the specific issues facing those with chronic conditions in relation to influenza pandemics and epidemics, and the importance of vaccination.

Two of these articles, Older Persons and Caregiving and health care workers, were accompanied by an interview with an expert stakeholder in the field. For Caregiving and health care workers, the Director of Professional Development at the Irish Nurses and Midwives Organisation, Elizabeth Adams, was interviewed on issues relating specifically to caregiving, nursing, and vaccination. For Older Persons, David Sinclair the Director of the International Longevity Centre UK of the International Longevity Centre Global Alliance spoke on the challenges older persons face relating to influenza pandemics, epidemics and vaccination.

Social Media

The Gender Platform was hosted in a dedicated area within the ASSET homepage (asset-scienceinsociety.eu). A



Twitter account was also opened, @genderassets, which posted updates, information, tweets, retweets, and participated in campaigns, for example on the importance of reporting side effects from medications.

T7.10 Research and Innovation Newsletter

Task leader: LYONBIOPOLE

Contributors: ISS, IPRI, HU, ZADIG

Start: m12 – **End:** m48

Actual progress: 100%

Progress towards objectives

Task 7.10 aims to issue a biannual research & innovation newsletter devoted to Responsible Research and Innovation in the field of antiviral drugs and vaccines. The Newsletter will target researchers both in academia and industry. The newsletter will present the progress of the ASSET action and will keep researchers abreast on the most update news about RRI in their research field.

The Newsletter has been enlarged to other RRI events and news in Europe.

The editorial line has been set out on the RRI tools that ASSET partners put in place as well as an echo is given to other scientific RRI studies.

All the newsletters were produced with the same format containing four sections: Editorial, Focus, ASSET Progress, Event and News.

Significant results / Key findings

The 4th Newsletter (issued in January 2017) consisted in linking the ASSET activities and results to present to the researchers of academia and industry how ASSET answers the RRI issues. So, this one concentrated on the citizens' consultation that took place in September 2016: the idea was to explain the methodology and objective of the consultation and the follow-up with the results presentation to the European Parliament. Linked to this activity, we referred to the Local Initiatives (T5.3) that should complement the citizens' consultation.

The 5th Newsletter (issued in June 2017) opens with a reflection on the concept of public participation and the citizens' involvement in pandemic governance, as it emerged from a specific session dedicated to this topic during the third ASSET Summer School. Following that, the issue introduces the results of the eight citizens' consultations organized by the ASSET project, which have been presented at the European Parliament. Finally, the issue presents an update on the local initiatives organised by the ASSET project, with the aim of promoting mobilization and mutual learning at local level and to enhance the transferability of the most effective policies and practice.

The 6th Newsletter (issued in December 2017) includes a report of the ASSET Final Event, held in Rome on October 30-31, which presents the main topics discussed during the two-day event. Following that, the issue focuses on the unsolved scientific questions related to pandemics and epidemics and presented the project's results achieved in this field, like the Reference guide on questions raised by the H1N1 and the associated crisis management. Finally, the issue presents the 15 local initiatives that the project's partners have developed in many diverse cities (Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) involving different kind of stakeholders (family doctors, nurses, educators, health care providers, public health officers, policy-makers, communicators, consumers, students, etc.).

T7.11 Geneva Music & Science Festival Report



co-funded by the EU. GA: 612236



share and move to face nasty bugs

Task leader: DMI

Contributors: ISS

Start: m25 – End: m36

Actual progress: 100%

This task ended at M36

T7.12 The final publishable summary report

Task leader: ZADIG

Contributors: -

Start: m45 – End: m48

Actual progress: 100%

Progress towards objectives

As reported in the DoW, T7.12 is described as ‘the design, writing and editing of a report that summarises the main project achievements. Such a report had to be of suitable quality to enable direct publication by the Commission, and in a jargon-free language as to be readable by a “lay” audience’.

The publishable summary report has been conceived around the six main Science-In-Society (SiS) themes of Responsible Research and Innovation (RRI) that the ASSET project deals with, as described in the D3.3 Action Plan Handbook.

As also here often recalled, the six main SiS/RRI themes are:

- Governance of flu pandemics and other similar crises;
- Unsolved scientific questions regarding influenza and pandemic situations;
- Past experiences of governance, bringing research about influenza and pandemics closer to democratic institutions at all levels and moving from governance to crisis participatory governance;
- Targeted ethical, legal and societal implications of pandemics;
- Gender issues in pandemics;
- Risk of intentionally caused outbreaks.

Significant results / Key findings

Each of these themes was presented in a dedicated chapter, where all the relevant ASSET products and outcomes were described in a jargon-free language and with the support of graphics and pictures.

Some of these pictures – like dataviz, banners and website screenshots – were those produced by ASSET experts during the course of the project, while others have been prepared specifically for this report.

The report was published on the website, both in the deliverable section and in a dedicated page, accessible through a banner in homepage.

The report was also printed in 200 copies, one hundred of which were distributed at the ASSET Final Event in Rome.

Fifty of them were also distributed during the 10th European Public Health Conference (EUPHA) held in Stockholm from 1 to 4 November 2017.

T7.13 The Final Conference



Task leader: ISS

Contributors: LYON, PROLEPSIS, EIWH, DBT, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCO, HU, AK, ZADIG

Start: m46 – **End:** m46

Actual progress: 100%

Progress towards objectives

The ASSET Final Event “Share and move for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics” (Rome; October 2017, 30-31) consisted of:

- An international conference (T7.13) including plenary and parallel sessions,
- A brokerage moment (T9.2) that gave the opportunity to present even other research or activity materials, also relating to the virtual cluster gathering other mobilization and mutual learning action plan (MMLAP) projects (T1.3).

Significant results / Key findings

In delivering the ASSET Final Conference, other relevant interconnections than the ones indicated above were developed among the project tasks and Work Packages:

- Making the ASSET Final Event a mobilization and mutual learning (MML) initiative including the local, national and international levels as per the project methodological approach (T5.3);
- Involving as much as possible all the target groups and stakeholders engaged in by other tasks, mostly through the 3 Summer School Cohorts (T7.6) and the 3 Best Practice Award editions (T7.7).

The ASSET Final Conference was based on an interesting program because, instead of the usual technical ending project event, it was a real MML event involving several relevant stakeholders at local, national and international levels.

High appreciation values were reported: a positive feedback was returned by the professionals directly involved in the four-year long project as well as by many researchers, mainly working at ISS but also on other institutions, who never came in contact with ASSET.

36 speakers and 60 participants attended the ASSET final conference. They expressed a high level of appreciation about the contents and format of the conference.

WP8 EVALUATION

WP Leader: AK

Start month: m3 (March 2014)

End month: m48 (December 2017)

Efforts reported for the reporting period: 5.44 p*m – **Actual Progress:** 100%

Work progress and overall achievements for the WP

The ASSET project, with 10 work packages and 59 deliverables expected from 14 beneficiaries located in 11 countries, has a quite complex Pert chart. Most deliverables and work packages involve nearly all the project participants and thus this constitutes a challenge for proper coordination and monitoring. Moreover, as the project has started its activities with a 6-month delay (but with the determination by all the partners to recover



for the time lost and achieve the project's objectives by the end of the planned original 48-month duration). To make the monitoring as efficient and useful as possible for the tasks and work packages leaders, a document on quality monitoring (quality plan setting the project standards and procedures) was posted on the web-based CoP, and amended by the partners during the first three months of the project activities. Then, different tools (3 distinct Forms to be completed by the partners) for monitoring were implemented. During the first year of the project activities (June 2014-June 2015) the quality of all the ongoing tasks was monitored and the results made available on the ASSET platform.

As for the independent external evaluation, a draft of the Terms of Reference (ToR) was proposed by the Project Coordination to the ASSET partners via the CoP platform prior to be advertised as a call for tenders in the "European Evaluation Society" website (<http://www.europeanevaluation.org/home.htm>). The Crossxculture Consulting Company was selected on the basis of the quality of their proposal and the appropriate analysis and understanding of the ToR. The Crossxculture Consulting Company and AK signed a contract in February 2015 (M14).

More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP8.

T8.1 Project Monitoring and ongoing evaluation

Task leader: ZADIG

Contributors: LYONBIOPOLE, PROLEPSIS, EIWH, DBT, FFI, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, AK

Start: m4 – **End:** m48

Actual progress: 100%

Progress towards objectives

In the fourth year of the project, T8.1 played an even more strategic role both in ensuring the periodic oversight of actions' implementation and assessing the development results. Beside the questionnaire forms designed and used to perform the internal evaluation, utilities supplied by the Moodle web-based platform have facilitated the monitoring activity by offering a quantitative dimension of the relevant activities. Generally speaking, the activities was carried out following the DoW indications, and the internal cohesion was strengthened more and more within the consortium thanks to a lively debate on the CoP platform and to the exchanges of ideas among the members around all the project outputs.

Significant results / Key findings

The internal quality process was applied onto releasing Deliverables by the Partners. Each report was made available on the CoP for comments from the entire ASSET community and was evaluated respectively first by the Internal quality officer (QO), then by the Principal Investigator and finally by the Administration Officer. All deliverables received revisions and comments before being published on the CoP and submitted to the Commission. A continuous monitoring process has been functioning over the four years; each quarter the QO requested a synthetic update of the running activities to all WP and Task leaders (60 individuals!) through a standard form (Form 3).

Several quantitative indicators were also discussed and approved, from the time gap between expected and release deliverable time, to the numbers of participants to ASSET meetings.

A continuous flow of data came from the CoP use, the ASSET accesses on the web and social media pages. All those data are expressed partially in this report and in the specific deliverables.



De facto all the ASSET activities planned in the DoW were performed and all deliverables completed. As usual the Quality Report is a draft to be exposed to the CoP and to the ASSET governing body.

At this final stage the Internal QO believes that, having been carefully following all the ASSET four year long activities and having received an avalanche of pertinent data, should expose himself to express a “bona fide” personal vision of the project quality.

The quality internal assessment has been completed by the personal vision of the Internal QO: a very relevant amount of data produced (the long deliverables list, the more than 200 quarterly F3 updated forms, the quantitative indicators tables) offering a global view by the Officer who has been taking the challenging role to monitor ASSET project quality.

T8.2 Ex-post Evaluation

Task leader: AK

Contributors: External Independent Evaluator (subcontracted)

Start: m5 – **End:** m48

Actual progress: 100%

Progress towards objectives

This task was subcontracted to Crossculture Consultant Company (Independent External Evaluators – IEEs). In the first reporting period, the IEEs were invited to partake to the ASSET consortium meeting in Geneva (Transdisciplinary Workshop - February 2015 – M14) to facilitate their work and follow the exchanges in the CoP platform, where they had been granted total access authorization.

The IEEs then started to collect data (documents, interviews, posts, resources and deliverable analysis) to the 1st External Evaluation Report (ER1) (final version delivered at M22 (Oct. 2015)). The conclusions of the first report were received at M21 and were shared and discussed on the same month, during the Consortium Meeting in Rome, so that the partners could implement the external evaluator’s suggestions and recommendations.

The documents used by the IEEs for ER1 were:

- IEE Inception Report
- ASSET Description of Work (DoW)
- D1.2 Glossary and Terminology
- D2.1 Governance Report
- D2.2 Reference Guide on Scientific Questions
- D2.3 Crisis Participatory Governance Report
- D2.4 Ethics, Law and Fundamental Rights Report
- D2.5 Report on Gender Issues
- D2.6 Report on Intention Caused Outbreaks
- D6.1 HLPF Report 19
- D8.1 Quality Report 1

The partners interviewed were:

- ISS (Scientific coordinator) – 20 July 2015 and 28 August 2015
- TIEMS, WP3 and Task 6.1 Leader – 7 August 2015
- AK (Administrative Coordinator) WP8 and WP10 Leader and Task 9.1 Leader – 28 August 2015



As from M25, an extensive work was carried out by the Scientific Coordinator, the Quality Manager and the WP Leaders based on the evaluators' recommendations on building the project Logical Framework. Several versions were proposed by all actors and discussed until a final version was approved. This work was followed-up through conference call meetings organized between the Scientific Coordinator (Alberto Perra), AK and the IEEs.

In the context of the preparation of the 2nd External Evaluation Report (ER2) several interviews were launched with the IEEs at the end of February 2016 (M26). The 2nd External Evaluation Report was also based on the following documents:

- IEE Inception Report
- First Evaluation Report (ER1)
- ASSET Document of Work (DoW) – revised version received 3 September 2015
- D1.3 Project Infrastructure Report 1,
- D1.6: Scientific Coordination Report 1,
- D2.7 Transdisciplinary Workshop report,
- D3.1 Strategic Plan,
- D3.2 Roadmap to Open and Responsible Research and Innovation in Pandemics,
- D6.4 Pandemic Preparedness and Response Bulletin Report 1,
- D7.3 Web Portal Report 1,
- D7.5 Media Report 1, and,
- D7.9 Summer School Report 1.

Two further documents were provided by the Task 6.1 leader:

- Excerpt of D6.2 High Level Policy Forum Report 1, and,
- A report on the 2nd meeting of the HLPF – Copenhagen, 15 January 2016.

The partners interviewed were:

- ISS, scientific coordinator – 23 February 2016
- ISS, WP5 leader – 3 March 2016
- AK (Administrative Coordinator) WP8 and WP10 Leader and Task 9.1 Leader – 23 February 2016
- ZADIG, Task 3.3 leader – 25 February 2016
- DBT, WP4 leaders – 1 March 2016
- TIEMS, Task 6.1 leader – 4 March 2016, WP3 leader – 4 March 2016

The IEEs submitted a first final version of ER2 after the last interview, on 4 March 2016.

Several exchanges and phone meetings were organised during this period with the Scientific Coordinator (Alberto Perra), AK and the IEEs on the evaluation. After requests for review from AK and the Scientific Coordinator, a new version of the ER2 was received in June 2016 (M30). Within this revised version the Scientific Coordinator and AK proposed to the Project Officer to add an extra section with our comments which he accepted on the 23rd of August 2016. It was also proposed to the Commission (this was also accepted by the Commission) to merge ER2 with the subsequent External Evaluation Report, ER3.

The preparation of ER3 was initiated by the IEEs at the end of January 2017 (M37) according to the same approach used for ER1 and ER2.

The documents used by the IEEs for ER3 were:

- IEE Inception Report
- First Evaluation Report (ER1)
- Second Evaluation Report (ER2)



- ASSET Document of Work (DoW) – revised version received 3 September 2015
- D1.4 Project Infrastructure Report 2,
- D1.7 Scientific Coordination Report 2,
- D3.3 Action Plan Handbook,
- D3.4 ASSET Tool Box,
- D4.1 Citizens Meeting Preparatory Material,
- D4.2 Citizens Meeting National Material,
- D4.3 Policy Report on Pandemic Consultation & Public trans-national synthesis report,
- D6.2 High Level Policy Forum Report 2,
- D6.5 Pandemic Preparedness and Response Bulletin Report 2,
- D7.7 Science Communication Report 1,
- D7.15 Geneva Music & Science Festival Report, and,
- D8.2 Project Quality Report 2.

The partners interviewed were:

- ISS, Scientific coordinator and WP5 leader – 10 March 2017
- DBT, WP4 leader – 9 March 2017

At the final meeting in Rome (M46) AK informed the partners about the schedule related to the preparation of the final External Evaluation Report (ER4). The ER4 preparation was started in November 2017 (M45) according to the same approach used for the previous ERs.

The documents used by the IEEs for ER4 were:

- D1.5 Project Infrastructure Report 3,
- D1.8 Scientific Coordination Report 3,
- D5.1 Social Media Mobilization Report,
- D5.2 Best Practice Platform and Stakeholder Portal Report,
- D5.3 Local Initiative Report,
- D6.3 High Level Policy Forum Report 3,
- D6.6 Pandemic Preparedness and Response Bulletin Report 3,
- D7.4 Web Portal Report 2,
- D7.6 Media Report 2,
- D7.8 Science Communication Report 2,
- D7.10 Summer School Report 2,
- D7.11 GP Award Report
- D7.12 Liaison with the Comenius Programme Report,
- D7.13 Gender Issue Platform Report,
- D7.14 Research and Innovation Newsletter Report,
- D7.16 Final publishable Summary Report,
- D7.17 Final Conference Report,
- D8.3 Project Quality Report 3,
- D9.1 Financial Sustainability Plan, and,
- D9.2 Brokerage Event Report.

The partners interviewed were:

- NCIPD, WP1 leader – 24 November 2017
- ISS, Scientific coordinator and WP5 & 6 leader – 29 November 2017 - Task 9.1 Leader - 6 December 2017



- AK, WP8 & WP10 leaders – 29 November 2017
- ZADIG WP7 & WP9 leader – 29 November 2017

Significant results / Key findings

- Towards the end of the first reporting period (March 2015 - M15), an Inception Report was prepared and submitted by the IEEs). The report was discussed in the CoP platform and the evaluation activities got started.
- The final version of the 1st External Evaluation Report (ER1) was submitted to the Commission as D8.4 at M22.
- At M26, the IEE produced a logical framework regarding the evaluation aspects of the project implementation.
- AK received the first final version of ER2 from the IEEs in March 2016 (M27). A second revised version was received in June 2016 (M30).
- ER3 was delivered by the IEEs at the end of March 2017 (M38). The conclusions of the report were presented and discussed at the meeting in Brussels (M40).
- ER2 and ER3 were submitted to the Commission as a single deliverable (D8.5) in June 2017 (M42).
- ER4 was delivered by the IEEs in early December 2017 and submitted as D8.6 in April 2018.

WP9 LEGACY

WP Leader: ZADIG

Start month: m37 (January 2017)

End month: m48 (December 2017)

Efforts reported for the reporting period: 20.06 p*m – Actual Progress: 100%

Work progress and overall achievements for the WP

WP9 aims to set up a strategy for ensuring post-action sustainability and to give the participants, willing to pursue the activities developed in ASSET, the means to efficiently implement ASSET recommendations.

The specific actions encompassed in WP9 are the following:

- Development of a plan for financial sustainability of the action after the project completion;
- Organization of a brokerage event to mobilize the ASSET consortium and external stakeholders in order to identify concrete means to pursue and implement the project post-action.

Given that the ASSET project has been among the last funded projects under the Seventh Framework Programme and has been carried out during the implementation of Horizon 2020, the attempt is to align ASSET legacy to the current H2020 programme.

T9.1 Financial Sustainability and Exploitation Plan

Task leader: AK

Contributors: ISS, LYON, PROLEPSIS, EIWH, DBT, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG

Start: m37 – End: m48

Actual progress: 100%



Progress towards objectives

During the consortium meeting held at the Commission in Brussels (M40 – April 2017), AK explained to the partners how the work under T9.1 would be organized and specified the objectives of the task:

- Collect inputs from all partners via an ad hoc questionnaire;
- Analyse the feedbacks from the partners;
- Design a Financial Sustainability Plan which will assess:
 - Main actions needed to carry on activities after the completion of the ASSET EC grant;
 - How to financially sustain these needed actions;
 - Mapping of the resources that can be mobilized within the consortium and in-kind support;
 - Assess the existing funding opportunities (i.e. fund raising): identification and matching of funding organizations or agencies at local, national, European, and international level (the meeting in Brussels allowed to consider and discuss about the calls for proposals published under Horizon 2020 and the Third Health Programme);
 - Assess the pros and cons of various legal structures that could be part of a future consortium, and identification of other possible kinds of cooperation.
- AK designed the e-questionnaire and asked all the partners to complete it online (google forms)
- AK analysed the feedbacks from the partners; Some refinements were made in cooperation with some partners;
- At the final consortium meeting in Rome (M46), AK presented a status on the progress made (analysis of the received e-Questionnaire feedback) and the next steps.
- AK prepared the deliverable D9.1: Financial Sustainability Plan which includes a comprehensive financial sustainability plan and all partners' inputs.

Significant results / Key findings

- The meeting in Brussels (M40) and the final meeting in Rome (M46) allowed to consider and discuss further about the calls for proposals opportunities published under Horizon 2020 and the Third Health Programme;
- All the partners contributed to the e-Questionnaire
- Three different immediate and short term actions related to ASSET sustainability and exploitation of the results could be identified:
 - Maintenance of the ASSET website (Best practice portal / Stakeholder portal the main repository of all ASSET results) and maintenance of the CoP platform;
 - A new H2020 project proposal;
 - A new project on health communication based on comics (crowdfunding project).

T9.2 ASSET Brokerage Event

Task leader: ZADIG

Contributors: LYON, PROLEPSIS, EIWH, DBT, FFI, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, AK

Start: m45 – **End:** m48

Actual progress: 100%

Progress towards objectives

According to the project DoW, T9.2 is coupled with the final conference and concerns the organisation of a brokerage event with the aim to offer to the ASSET Consortium, both as a whole and as single partners, an appropriate place to present themselves, to show their expertise, and their ideas about how ASSET actions could survive and be developed after its completion.



Combining the brokerage event and the project final conference in Rome on 30 and 31 October 2017 (in blended modality implementation), allowed to gather all the Consortium Partners along with representatives of 18 out of the 39 projects participating in the ASSET Virtual Cluster (see T1.3).

Significant results / Key findings

The brokerage event was realized in parallel with the ASSET Final Conference in Rome on 30 and 31 October 2017, and was attended by the partners of the ASSET Consortium and by representatives of eighteen projects among the 39 participating in the Asset Virtual Cluster.

It was conceived as an opportunity to disseminate several forms of research activity materials such as booklets, reports, handouts, posters but also to run presentations, interviews, discussion forums and social media corners. The promotion of the two events (brokerage and Final Conference) was made through direct mailing, the ASSET website and the social media and we could count on approximately a hundred participants.

However, it is important to point out that if projects do not include budgets for taking part in these events, it is difficult to involve a large number of participants.