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WP10 MANAGEMENT

D10.2 Technical and Administrative

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: AK

Contributing partners: ALL

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Dissemination: **PU**

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DOCUMENT MANAGEMENT

PROJECT FULL TITLE	D10.2 Technical and Administrative
PROJECT ACRONYM	ASSET
	Coordination and Support Action: project funded under Theme SiS.2013.1.2 "Mobilisation and Mutual Learning (MML) Action Plans"
GRANT AGREEMENT	612236
STARTING DATE	01/01/2014
DURATION	48 months

D10.2 Technical and Administrative

Task: T10.3 Project Termination

Leader: AK – Other contributors: All Consortium Members

History of changes:

Vn	Status	Date	Organisation / Person responsible	Reason for Change
V1	Draft	21/02/2018	Céline Blanchon Emmanuel Muhr	-
V2	Final	25/04/2018	Emmanuel Muhr	-



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1. Abstract

This deliverable provides a detailed aggregated reporting on technical advancement project administration and resources consumption for the whole duration of the ASSET project (i.e. 1st January 2014 – 31 December 2017).

2. Work progress and major achievements during the whole duration of the project

WP1: DIALOGUE & PARTICIPATION

WP Leader: NCIPD

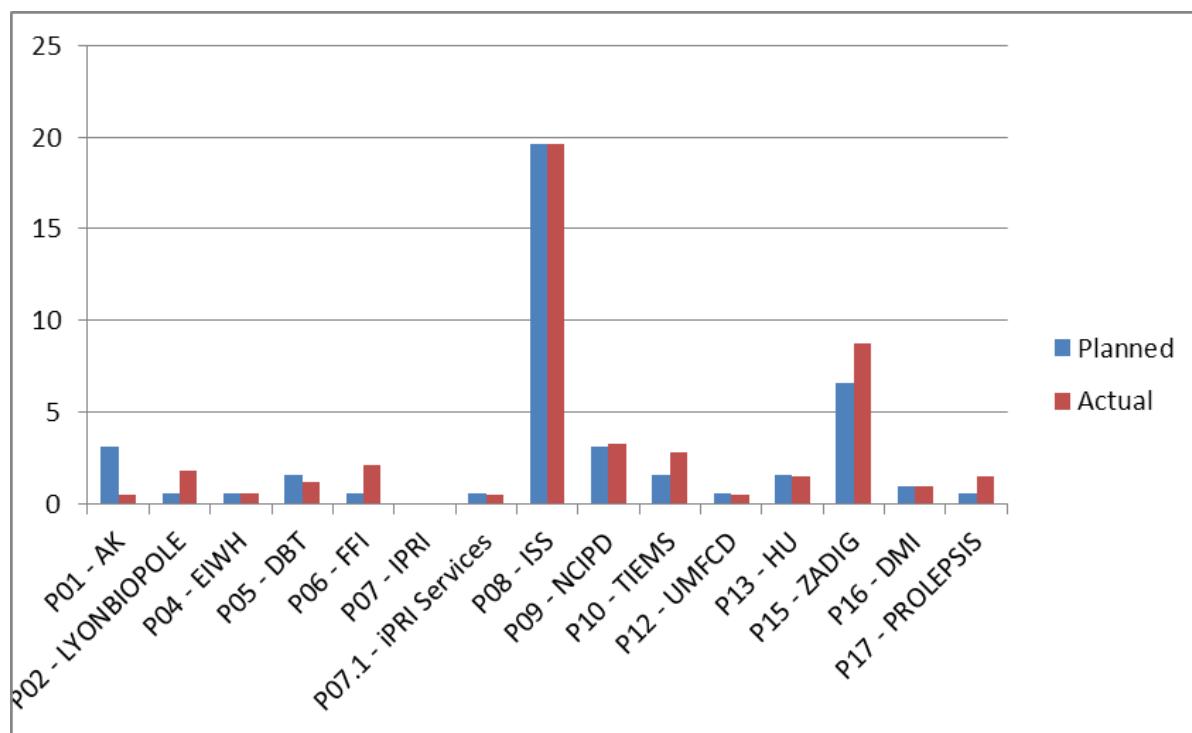
Start month: m1 (January 2014)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 45.77 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP1	
	Planned	Actual
P01 - AK	3,1	0,5
P02 - LYONBIOPOLE	0,6	1,8
P04 - EIWH	0,6	0,6
P05 - DBT	1,6	1,2
P06 - FFI	0,6	2,1
P07 - IPRI	0	0
P07.1 - iPRI Services	0,6	0,5
P08 - ISS	19,6	19,65
P09 - NCIPD	3,1	3,32
P10 - TIEMS	1,6	2,81
P12 - UMFCO	0,6	0,5
P13 - HU	1,6	1,5
P15 - ZADIG	6,6	8,79
P16 - DMI	1	1
P17 - PROLEPSIS	0,6	1,5
Total	41,8	45,77



Work progress and overall achievements for the WP

The purpose of the Kick-off Meeting (KoM – T1.1) was to create the basis for a smooth project development, to review the overall Project timetable and to fine tune the work of the Consortium. Work on T1.2 and the creation of the Glossary, through active online collaboration among partners (on the Community of Practice Forum, and by online meetings) facilitated the building in ASSET of common approach and language. Work on the Glossary allowed partners to exchange knowledge and experience. The Glossary itself provides the reference document for our common language.

The web-based Community of Practice developed in T1.3 is the main tool, which allows sharing and transferring knowledge among ASSET partners. It has established itself as both a working platform for completing tasks and a place for communication, where partners discuss a number of relevant topics. The MMLAP virtual cluster additionally helped in knowledge transfer and in facilitating multi-actor work in the ASSET life. Ongoing scientific coordination of the project (T1.4) has so far provided careful and comprehensive overlooking of workflow on all tasks. Feedback and suggestions have been provided to task leaders and task contributors as necessary. The approach to scientific coordination has been inclusive, involving open discussion and has facilitated the better quality of the leadership of tasks.

The KoM achieved the important goal not only to gather all Consortium Partners for the first time, but also to have the planned activities really started. The Kick off Meeting, the Community of Practice, and the work on the Glossary have all facilitated active communication and teamwork among partners during the first year of project life. Partners have become well acquainted with each other and with the expert knowledge each brings to the project.

Reference common language. The Glossary is a comprehensive reference document, covering and explaining terms that span all the topics, relevant to ASSET. It has been developed, using the varied expert knowledge of partners.

A platform for work and communication. The web-based Community of practice has become an invaluable tool for everyone to follow up and participate in project activities and to easily gain an



overlook of what's currently happening. As well, the platform has become a place for discussion on various topics, related to pandemics and epidemics, facilitating exchange of perspectives and knowledge.

Careful and comprehensive overlooking of all tasks, provided by the Scientific Coordination task.

More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP1.

In the project timeslot M 19 - M 36, WP1 constantly developed the work on the virtual MMLAP cluster, the support ensured to the CoP in general plus all the effort on Scientific Coordination of the project overall. Participatory methods and an open dialogue among Partners, as well as between the scientific coordinator and all WP leaders, have been carried on. Feedback and suggestions to task leaders and task contributors were provided as necessary. Generally speaking, careful and comprehensive overlooking of workflow on all tasks has been provided.

An inclusive approach has been followed, involving open discussion on the CoP platform and its own forums and, where it was more appropriate, per e-mail. Anyway, the privileged approach goes in the direction of sharing all ideas and inputs on the internal web portal so that a transparent and really enriching conversation can be sustained. The Scientific Coordinator has worked in strict and continuous contact with the Project Coordinator and Manager. During the second half of 2016, a particular attention has also been paid to focus on the transition from FP7 to H2020, working on designing a new proposal for applying in 2017.

A separate work Package Leaders/Project Executive Board area on the CoP platform has been established and an open discussion among WP leaders for suggestions of External Advisory Board members has been initiated. EAB meetings have been arranged but it is very difficult to make busy people participate in physical reunions, so that a reinforcing strategy has been thought for 2017.

In spite of some difficulties occurring in some specific tasks' implementation not depending on partners' actions but for external causes, a good flow of the project can be reported due to a constant and effective overlooking and invitation to contribute and collaborate. In December 2016, the Scientific Coordinator changed but this issue did not impact on the task evolution.

More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP1.

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.



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T1.1 Kick off Meeting (KoM)

Task leader: ISS

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

Start: m1 – **End:** m6

Actual progress: 100%

This task was active in RP1 only.

Progress towards objectives

The Meeting was called by the Istituto Superiore di Sanità (P8 ISS) and took place in Rome on May 2014, 26th and 27th. The ASSET KoM dealt mainly with presentation of all Partner Institutions (14) forming the ASSET Consortium. The wider context of Mobilization and Mutual Learning Action Plan (MMLAP) in which the ASSET Project is included was presented and discussed. Particularly three main functions of MMLAP (connecting, communicating, democratizing) were described and exemplified for ASSET implementation. Having clear the methodological approach and the contents of ASSET as MMLAP project, all the Partners were invited to describe their own role in ASSET basing their presentations upon a common template that was provided by ISS and specifying a set of questions to answer in order to facilitate the common understanding and the beginning of the co-operation.

A second objective of the KoM was to receive the legacy of TELL ME (Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence), a collaborative EU-funded 7th Framework Programme project, seeking to provide evidence and to develop models for improved risk communication during infectious disease crises. The TELL ME key-question is about the communication gap during the 2009 H1N1 outbreak between global and local health organizations and the public which led to immunization non-compliance and a sense of mistrust and lack of transparency. ASSET intends to broaden the TELL ME information and/or communication aspects. Since pandemics and other infectious disease crises impact on mortality/morbidity as well as on socio-economic elements, several issues have been included into the ASSET review: governance of flu pandemics; unsolved scientific questions regarding influenza and pandemics; ethical, legal and societal implications of pandemics; gender issues and vulnerability, vaccines; research and innovation; risk of intentionally caused outbreaks.

To start immediately the co-operation for the project activities and recover the initial delay, the rationale of the Community of Practice (CoP) was presented. Starting from the three interrelated dimensions of CoPs (domain, community, practice), their key-functions were outlined (generating new knowledge, expertise and practice). All partners participated in a practical tutorial on how to operate the web site for making the CoP work and produce the expected results for each task/work package.

Significant results / Key findings

In order to facilitate the achievement of the main objectives of WP1, the KoM addressed the general structure and role of each partner in the implementation of the project, as outlined in the DoW, dealt with timetable issues, reviewed administrative and financial issues and management procedures while fostering the transferring of knowledge among ASSET partners. Due to the discussion about MMLAP the KoM produced a valuable common understanding of such new approaches to produce results for SiS. Finally, all partners were enrolled within the web based community of practice and enabled to use the CoP key functions (forum, database, resource upload and download) and tools.

T1.2 Capacity Building



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Task leader: NCIPD

Contributors: LYONBIOPLE, EIWH, DBT, FFI, IPRI, ISS, TIEMS, UMFCO, HU, ZADIG, DMI, PROLEPSIS

Start: m2 – **End:** m11

Actual progress: 100%

This task was active in RP1 only.

Progress towards objectives

To build a common approach, an inclusive strategy was selected, where everyone can participate in the coining of Glossary terms, through comments in the Glossary section by writing e-mails, directly posting in the CoP WP1 Forum, and participating in online conference call. A preliminary draft of the Glossary with about 300 terms, was amended and integrated to achieve over 450 issues. A few terms required live discussion within the consortium members to be defined in a suitable manner taking into account the context and methods of the project.

Several categories were developed through looking at specific topics, listed in WP2, as those indeed are the main fields, relevant to ASSET. A special care was taken to create a logical link between the Glossary and TELL ME results ending up many terms used within TELL ME, which should be included in the Glossary.

The methodological approach adopted for this task was as follows:

- Compiling an initial list of relevant terms and uploading the draft into the web based CoP. For each term the reference links were incorporated ;
- Collecting all partners comments, suggestion and integrations;
- Listing terms meriting further discussion and organization of 2 virtual meetings;
- Identification of the terms relevant for each area (6) of literature review planned within the WP2 and discussion with the task leaders;
- Incorporating results into the Glossary.

Significant results / Key findings

A wide glossary of relevant terms was produced and shared in the ASSET CoP to be further used for accomplishing the task of the project. A user-friendly system was set up to provide the CoP members with browsing options (search, categories) and using active link functionality (to external sources and to other terms in the Glossary).

A pdf file with all the Glossary has also been made available on the web platform.

The possibility to publish the glossary on the official ASSET web site to allow external individuals to use the terms included in the glossary and improve mutual understanding of the concepts concerning pandemics preparedness and response, is under study.

T1.3 Project Infrastructure

Task leader: ZADIG

Contributors: AK, ISS

Start: m2 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The ASSET Community of practice



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During the KoM, the consortium members had a clear picture of the fact that they were building a Community of Practice (CoP), necessary to acknowledge the challenge of carrying out a MMLAP and manage its complexity. Based on the principles of social constructivism, the CoP is among the most efficient systems of co-construction, capitalization and generation of knowledge. To support this nascent CoP, a web-based infrastructure was planned and implemented. An open-source software has been adopted (Moodle), powering internet platforms allowing combining tools of concepts non-moderated, self-organized discussion process (quantified, constructive feedback) and liquid democracy (delegated or proxy voting). The CoP is at the moment restricted to project partners, yet we will progressively extend its access to stakeholder representatives as they are involved in the project. The platform is endowed with several functions tailored on ASSET CoP operational needs; each WP disposes of an open forum for discussing proposals about topics, issues, and opportunities to be addressed as they emerge; the activity leading to the expected deliverables is enriched by each WP forum space that contributes to the work in progress, so that each ASSET product is transparently available to all ASSET participants. A deliverables repository is also included as well as a common events calendar and a resources space.

The MMLAP virtual cluster

To improve the potentiality of ASSET project, a virtual cluster which may facilitate the exchange of experiences with other MMLAPs was created. A database on EU funded MMLAP projects, either still ongoing or completed, has been constructed and made available for the CoP. Contacts with the single MMLAP projects have been made and are still ongoing. A MMLAP virtual cluster meeting took place on 4th June 2015 (M18).

Period 2 – M19 – M36

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 during the second reporting period: new areas, folders and tools have been created to facilitate a better and more efficient exchange among participants, and discussions have been very useful and productive for the implementation of the project activities. The presence and the work of a dedicated tutor revealed to be crucial in helping participants to use the tools: discussion threads and documents are made available in a more efficient manner in order to be easily retrieved. As shown by the statistics generated, the use of the CoP by the partners is mainly focused on exchange ideas and insights as well as documents and information on discussion forums (both general and specific per/WP).

The screenshot shows the home page of the ASSET Community of Practice web platform. The page is designed with a clean, professional layout. At the top, there is a header with the ASSET logo and the tagline "share and move to face nasty bugs". Below the header, there is a navigation menu with sections like "Main menu", "Navigation", and "Administration". The main content area is titled "ASSET Community of Practice" and includes a welcome message, a brief description of the project, and a grid of buttons for various forums and resources. A sidebar on the right contains a "Help" section, a "Calendar" for February 2017, and "Online users" information.

Figure 1:
Home page of
ASSET
Community of
Practice web
platform



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The MMLAP virtual cluster

Besides its main role within the Consortium, the CoP has widened its functions since access to the platform has been extended to selected external stakeholders. As it is also shown in the Figure 1, three bottoms – last row – have been added: a MMLAP virtual cluster, the High Level Policy Forum (HLPF) area and the External Advisory Board (EAB) area.

The MMLAP area was activated in October 2015 (two webinars for MMLAP projects were organised on 3rd June and on 7th July 2015). The MMLAP Area contains a Forum for the exchanges and discussions of best practice about the involvement of stakeholders in the scientific issues, and a Database for gathering useful documents (reference documents and outputs of the involved projects). Except for ASSET, 8 projects agreed to be part of the Platform:

GAP2 (<http://gap2.eu>),

PERARES (<http://www.livingknowledge.org/livingknowledge/perares>),

BEWATER (<http://www.bewaterproject.eu/>),

R&Dialogue (<http://www.rndialogue.eu/>),

Siforage (<http://www.siforage.eu/>),

Syn-Energene (<http://www.synenergene.eu/>),

Satori (<http://satoriproject.eu/>),

RRI-Tools (<http://www.rri-tools.eu/>).

Period 3 – M37 – M48

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.

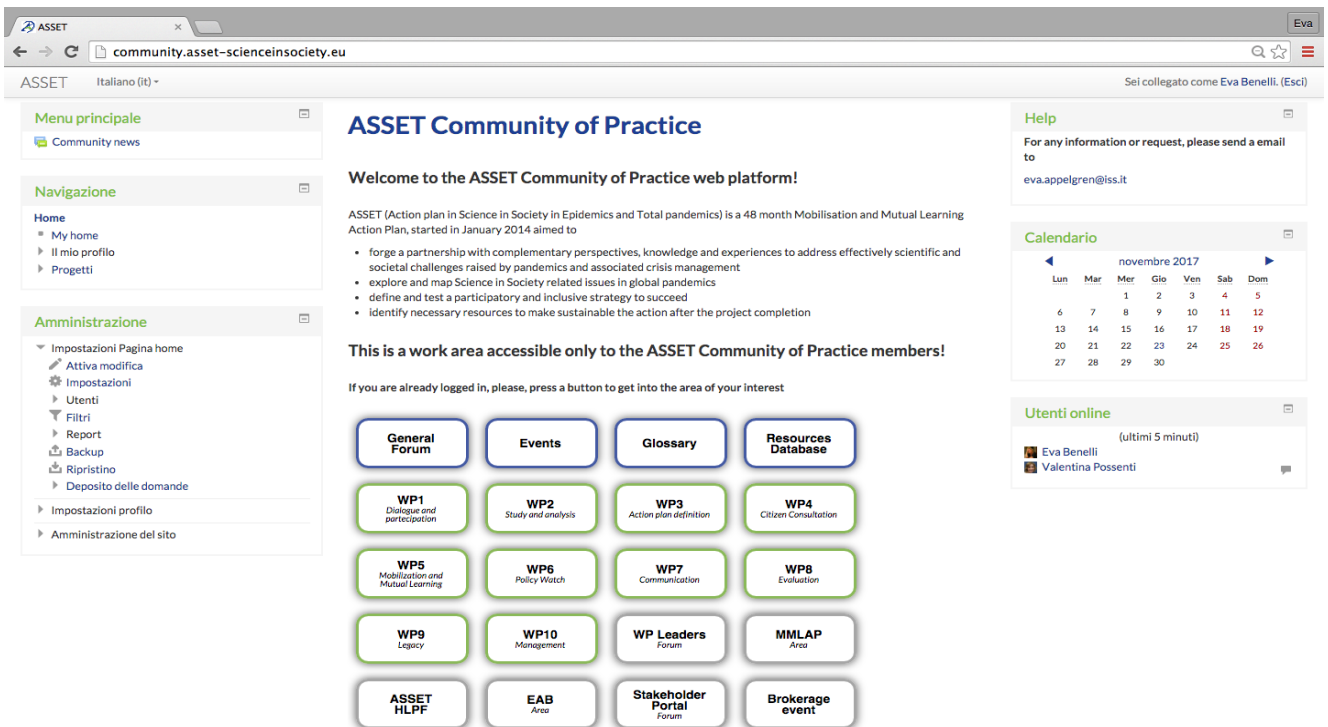


Figure 2: Home page of the ASSET Community of Practice web platform at the end of the project

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

Period 1 – M1 – M18

The web based Community of practice

The internal communication within the CoP have been of very high intensity. Excluding the exchanges by e-mail or telephone, the volume of contacts among the consortium members is documented by the statistics automatically generated by the moodle operated web site. From July 2014 (M7) up to the end of June 2015 (M18), over 12,000 connections to the web platform by the 48 active consortium members - were recorded. On average, in a single week of CoP life more than 600 CoP vi have been registered. All PPT presentations, the deliverables, the works in progress, and overall all the ASSET products are made available on the CoP site.



The MMLAP virtual cluster

At the moment, the project disposes of a database with the more relevant characteristics of the MMLAPs completed or still active in the EC. During the first virtual meeting the strong points and the main challenges concerning MMLAP were discussed by the participants.

Further steps are needed to improve this useful dialogue:

- Gather all the useful documents on different participatory methodologies: those coming from literature that every project took as a point of reference and those directly produced within the projects (reports, handbooks, Action Plans);
- Organise a database of best practices: the indicators of the database will be shared and agreed with all the participants in order to make it easy to use and consult. The database will be hosted in the internal Community of Practice (CoP) of ASSET;
- Create a CoP sub-community dedicated to MMLAP discussion and sharing, a sort of online forum

Period 2 – M19 – M36

The web based Community of Practice

It has been demonstrated that the CoP is very useful, indeed, in sharing deadlines for highly cooperative tasks and on complex issues which, for instance, require creation of boards and committees, portals or platforms. The CoP activities got a general good trend over the period covering months 19 to 36 gaining an average of 100 posts for each quarter. A slight decrease is observable during the summer months as well. The CoP was also effective in supporting some actions' implementation: for instance, development of Action Plan and its elements (WP3 tools) or planning and coordination of such activities as citizen consultations or local initiatives. It is confirmed as a highly effective detail the functionality that generates daily digests automatically which are received by all registered members in their own mailboxes.

Another important repository is represented by the section "Events" (the second button on the first row in the Figure 2) that gathered and shared materials used for several project occasions – only those encompassed within the period 19-36 are listed below:

- Geneva festival (30th July 2016);
- Summer School editions (21st -24th September 2015, 15th-17th June 2016);
- Consortium and associated PEB meetings (25th September 2015, 14th June 2016);
- EAB meetings (3rd February 2016, 14th June 2016);
- Meetings of High Level Policy Forum (Copenhagen, 15th January 2016)
- Set of workshops to prepare Citizens consultations (Copenhagen, 26th-27th November 2015 and 21st -23rd November 2016);

Seminar "Lessons learned for public health from the Ebola outbreak in West Africa", organized by the EC Directorate on General Health (12th - 14th October 2015).

The MMLAP virtual cluster

About the MMLAP virtual cluster, 2016 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. Thus, it has been thought to finalise a different strategic positioning, and to extend the invitation to all programs which can share relevant issues or methods to be shared with the ASSET project.



When the MMLAP Area was activated, 8 projects joined in the Forum and started the discussion on MMLAP strategies. In light of the mentioned attempt of repositioning the overall strategy, the task leaders want to stimulate the Forum by sharing documents and inputs on ASSET key issues (an example could be ethical issues or insights raised by citizens consultations delivered in September 2016).

Period 3 – M37 – M48

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.



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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	EPISOUTH 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	EURONHD European network for highly infectious disease	EUVAC.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	FLURESP Cost-effectiveness assessment of european influenza human pandemic alert and response strategies	GAP2 Bridging the gap between science, stakeholders and policy makers	HProlImmune 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

Period 1 – M1 – M18

The Scientific Coordination (SC) is a complex task entrusted to the Scientific Coordinator, assisted by the Pool of WP leaders and the Advisory Board. For the sake of the objective achievement a strict co-operation has been studied and carried out with the Quality Manager and the Project Manager.

To build this function for the project, a few steps have been followed to ensure effective communication, transparency and participatory decision making. The project infrastructure, and in particular the web framework for the ASSET community of practice, has been planned to enable participants to have as many sub-communities as work packages. All of them dispose of a reserved space where, by means of a forum, they can exchange information, material and resources. Furthermore, a specific area has been activated for the work package leaders, in order to allow them to discuss any



issues concerning the Scientific Coordinator. To ensure an active participation, the web platform automatically sends every day a digest of the discussions of the previous day to all ASSET members. Periodical Consortium meetings (held in May 2014 (M3), and February 2015 (M15),) and many virtual consortium meetings - either plenary or partially - have facilitated the exchange of the scientific information and the monitoring of the ongoing activities.

Period 2 – M19 – M36

As in the first reporting period, the Scientific Coordinator (SC) has been in close collaboration with the WP Leaders Board and the External Advisory Board (EAB). Additionally, the SC has been working in constant cooperation with the Quality Manager (provided by ZADIG) and the Project Manager (provided by ABSISKEY).

In relation to the Figure 2, a dedicated area for work package leaders has been reserved on the CoP platform. In that way, communication to and from the Scientific Coordinator have been facilitated and improved in terms of efficiency and effectiveness.

As documented above in the results achieved under T1.3, the Consortium and associated PEB meetings (25th September 2015, 14th June 2016) and EAB meetings (3rd February 2016, 14th June 2016) were held as well as virtual conferences, where appropriate, according to –either plenary or partial– necessity due to the implementation of ongoing activities.

Period 3 – M37 – M48

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).

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

Period 1 – M1 – M18

The 6 –month delay in the timetable of the planned tasks has been partially recovered allowing the consortium members to contain the end of the project into the deadline originally planned (December 2017). This result has been achieved also because of the high intensity of information exchanges and interrelations between the different tasks and WPs carried out within the web-based Community of Practice, which has been managed by the Scientific Coordinator.

17 out of 18 deliverables planned for the first 18 months of the project have effectively produced in about 12 months (June 2014-June 2015 (M6-M18)). All of them have reviewed or are under reviewing by the Scientific coordinator and the Quality Manager.



Period 2 – M19 – M36

The four WP3 tasks were still slightly affected by the initial six-month delay: it was decided to postpone D3.1, D3.2 and D3.3 by three months (the first two deliverables from M18 to M21 and the third one from M21 to M24). D3.4 –instead of M24– was initially supposed to be finalised at M27 and finally was submitted at M33. However even in this changing scenario, the key role played by the huge communication exchange supported on the web-based Community of Practice and under the supervision of the Scientific Coordinator was evident.

A Logical Framework was set up to provide the project with a strong evidence based indicators dashboard data from WP Leaders have been collected to produce the final version of the project Logical Framework document. All the recommendations coming from the first Independent External Evaluators (IEE) have been analysed in a participated (EAB, WP leaders) way and then implemented to strengthen the project activities.

Period 3 – M37 – M48

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

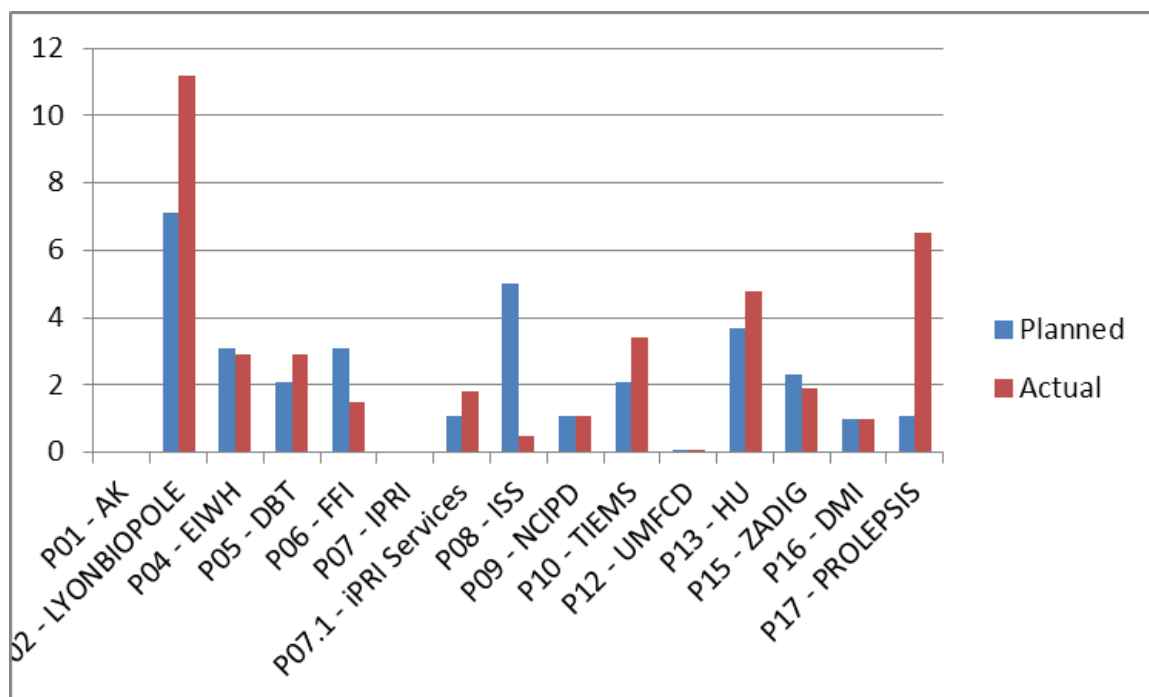
Start month: m4 (April 2014)

End month: m16 (April 2015)

Efforts reported for the whole project duration: 39.6p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP2	
	Planned	Actual
P01 - AK	0	0
P02 - LYONBIOPOLE	7,1	11,2
P04 - EIWH	3,1	2,9
P05 - DBT	2,1	2,9
P06 - FFI	3,1	1,5
P07 - IPRI	0	0
P07.1 - iPRI Services	1,1	1,8
P08 - ISS	5	0,5
P09 - NCIPD	1,1	1,1
P10 - TIEMS	2,1	3,4
P12 - UMFCF	0,1	0,1
P13 - HU	3,71	4,8
P15 - ZADIG	2,3	1,9
P16 - DMI	1	1
P17 - PROLEPSIS	1,1	6,5
Total	32,91	39,6



This WP was active in RP1 only.

Work progress and overall achievements for the WP

WP2 is about the state of the art research and existing studies on pandemics, and their wider societal implications, research and innovation in this area, and the operational and regulatory environment. Its main objectives are to establish a baseline knowledge about: 1) governance of flu pandemic and other similar crises; 2) unsolved scientific questions regarding influenza and pandemic situations; 3) past experience of participatory governance, bringing research about influenza and pandemics closer to democratic institutions at all levels; 4) targeted ethical, legal and societal implications of pandemics; 5) gender issues in pandemics; 6) the research and innovation context; 7) the risk of intentionally caused outbreaks. A common feature in preparing those thematic reports was the first step to achieve, i.e. a broad literature review, followed by an in-depth analysis carried out in some cases by the experts in the field (external to the project) in some other cases by interviewing selected stakeholders.

Work progress for the WP

WP2 is about the state of the art research and existing studies on pandemics, and their wider societal implications, research and innovation in this area, and the operational and regulatory environment. Its main objectives are to establish a baseline knowledge about: 1) governance of flu pandemic and other similar crises; 2) unsolved scientific questions regarding influenza and pandemic situations; 3) past experience of participatory governance, bringing research about influenza and pandemics closer to democratic institutions at all levels; 4) targeted ethical, legal and societal implications of pandemics; 5) gender issues in pandemics; 6) the research and innovation context; 7) the risk of intentionally caused outbreaks. A common feature in preparing those thematic reports was the first step to achieve, i.e. a



broad literature review, followed by an in-depth analysis carried out in some cases by the experts in the field (external to the project) in some other cases by interviewing selected stakeholders.

Overall achievements for the WP

In terms of contents, the state of the art produced different results:

- The International Health Regulations (IHR) provided a basis for international collaboration during infectious disease crises with the WHO as the supranational health authority; B. The pharmaceutical industry's influence ranges from providing finances to "The revolving door" phenomenon; C. The journalists focused on different issues during the press conferences of WHO and CDC during the 2009 H1N1 pandemic;
- Creating the broadest overview of scientific needs that have been already identified;
- Analysis of models and experiences of participatory governance in crisis management at various levels, local, national and international;
- General taxonomy of ethics, law and fundamental rights implications of pandemics and epidemics;
- Review of various issues such as sex differences in influenza and vaccination, the risks that pregnant women face during pandemics and epidemics, and more;
- Reviewing current knowledge and main policy documents concerning intentionally caused outbreaks and a taxonomy of the main governance problems posed by the risk of intentionally caused outbreaks in democratic societies.

Furthermore, in line with the DoW, many of the reports' findings will be utilized for setting up the strategic plan for the ASSET MMLAP.

More details are provided below with regards to the progress made towards the objectives, significant outcomes and major achievements, separately for each task in WP2.

T2.1 Governance of Pandemics and Epidemics

Task leader: HU

Contributors: LYONBIOPOLE, NCIPD

Start: m7 – End: m14

Actual progress: 100%

Progress towards objectives

The objectives of this task were to review the role and performance of the WHO, ECDC and CDC in 2009 pandemic, focusing on published documents and press reports. The 2009 H1N1 pandemic was the departure point for this report, highlighting the lack of trust and perceived conflict of interests of the international organizations that pervaded the media.

Significant results / Key findings

The findings of this study suggest that the revised IHR has provided a comprehensive basis for international collaboration during infectious disease crises and has strengthened the role of the WHO as the supranational health authority. This is particularly relevant for timely exchange of information and



risk communication. Nevertheless, many countries have not yet been able to achieve the core capacities required by the revised IHR.

Particular attention was devoted to the pharmaceutical industry and its performance in the process. Mainly, the target was on the issue of Conflict of Interests (Col) between health authorities and pharmaceutical companies, and the potential impact of those companies on the decision making process used by health authorities. Their influence ranges from providing finances to "the revolving door" phenomenon.

The role of the media in monitoring governance performance during the 2009 H1N1 pandemic was also analyzed. The communications that occurred between the media and two central health authorities: WHO and the Center for Disease Control and Prevention (CDC) were examined. Both authorities held virtual press conferences during the pandemic, so we could study the issues that journalists focused on. These include the declaration of the H1N1 influenza pandemic as such, the decision to hasten vaccines' production, transparency of stakeholders' conduct in the decision making process and possible conflicts of interests.

T2.2 Reference guide of unsolved scientific questions related to Pandemics and Epidemics

Task leader: LYONBIOPOLE

Contributors: IPRI, HU

Start: m4 – **End:** m15

Actual progress: 100%

Progress towards objectives

The aim of this reference guide was to outline, from the scientific and technical literature, the main unsolved scientific questions regarding pandemics, with a particular focus on influenza and, of course, by taking as a particular case study, the H1N1 2009 pandemic. The global aim was to identify key points for an optimal preparedness in case of a possible future pandemic. To structure the report, we followed the classical four-step paradigm of decision making: Decision Input, Decision Making, Decisions Output and Communication.

The analysis of decision making required to perform a review of the state of the art in surveillance of emerging pathogens with potential risk of causing pandemics;; the following step (Decisions Output) involved the review of the preparedness and response enacted during the H1N1 pandemics; Finally, the analysis of the communication involved a review of the processes of risk communication and a review of an important issue during pandemics and epidemics: the changes in human behavior (and its impact) following non-mandatory recommendations by Public Health Authorities.

In line with the DoW, we complemented our analyses by means of an appropriate questionnaire, sent to the experts in the field of pandemics and epidemics (virology, epidemiology, mathematical modelling, and social psychology). A focused workshop was then held in Lyons, in February 2015 (M14), in order to discuss the most interesting findings of the questionnaires, and to point out main research areas that they consider as "vital" for future pandemic preparedness.



Significant results / Key findings

Preparing the society to new and more efficient systems of Pandemics Surveillance is a major challenge. Thus, many recommendations for good practices in pandemic and preparedness were discussed and proposed by the reference guide.

The same guide identified, however, a selected list of key open problems/challenges of risk communication during pandemics.

Finally, it was highlighted that classical statistical methodologies in epidemiology nowadays have to be complemented by mathematical models describing the spread of infectious diseases also from the point of view of the human behaviour and how the information and the rumours on the spread of a disease (and on vaccine-related side-effects) induce such changes.

T2.3 Collection and analysis of experiences of participatory governance in crisis management

Task leader: TIEMS

Contributors: DBT

Start: m7 – **End:** m14

Actual progress: 100%

Progress towards objectives

The term Crisis Participatory Governance was coined to include citizens and civil society in risk communication and organized response to a crisis (i.e., epidemic and pandemics threats) so as to pioneer citizen engagement in policy making and implementation.

To prepare this report, the literature on research in participatory governance during crisis, including epidemics and pandemics, was broadly reviewed. The aspects of governance at the local, national and international levels for crisis in general were discussed and related to infectious disease crisis such as epidemics and pandemics.

Significant results / Key findings

Crisis participatory governance in the context of case studies including the South Sudan Secession Crisis, the present Ebola epidemic, the 2009 H1N1 pandemic, and 2015 H1N1 outbreak in India were discussed and selected recommendations headed to support the ASSET ongoing strategic plan.

To contribute to expand responsible research and innovations, some methods about how to empower marginalized groups in society (i.e., women, ultra-poor, illiterate, physically and psychologically challenged, with lower social capital, and some ethnic groups) were pointed out. Another recommended research area is how to improve willingness and capacity of state actors in participatory governance since it is a matter of culture, tradition, religion, legacy, and existing practices.

T2.4 Ethics, Law and Fundamental Rights in Pandemics and Epidemics

Task leader: ZADIG

Contributors: PROLEPSIS

Start: m7 – **End:** m15

Actual progress: 100%



Progress towards objectives

The emergence of new pandemics demands novel solutions and particular attention to ethical issues, which include: solidarity; protection of personal autonomy versus public good; informed consent under emergency circumstances; stigmatization, resource allocation, prevention vs. treatment, and human rights.

The report on Ethics, Law and Fundamental Rights focused on relevant ethical, legal and fundamental rights considerations in situations of public health emergencies, such as epidemics and pandemics. Starting from the international policy landscape on what constitutes fundamental human rights, both at EU and world level, the international policy instruments were outlined so as to provide a concrete framework for the formulation of national policies in the event of a large scale public health emergency.

Significant results / Key findings

An ethical ASSET strategy has been prepared not only as an ongoing tool for all the ASSET activities, but more as a working tool for all stakeholders confronting with pandemic-epidemic emergencies.

References to formal EU docs do offer protection against deviation from the EU approved ethical policy. Coming to an operational phase the ethical issues principles must be incorporated into the strategic plan as well as into the following MMLAP operations. A particular care will be considered in dealing with civil society and with stakeholders. A dedicated part has been devoted to media operators.

T2.5 Gender Issues in Pandemics and Epidemics

Task leader: EIWH

Contributors: ISS

Start: m7 – End: m14

Actual progress: 100%

Progress towards objectives

T2.5 aimed to look at gender differences affecting exposures to infectious diseases as well as access to, information on, and use of, vaccinations in pandemics and epidemics. By using a targeted gender approach, as well as including different population groups for example by age, socioeconomic status, minority status, and gender, a societal perspective is to be presented that connects with a scientific approach. This also helps highlight existing inequalities in health, as well as focusing on prevention and viewing issues across the lifespan and not in isolation.

A literature review was carried out and summarized to systematically study the available literature regarding gender issues in pandemics and epidemics. The goal was to gather information on current research as well as to identify gaps where more research is needed. Interviews were also conducted with stakeholders from various areas concerned with pandemics, epidemics, and vaccinations, in order to gain more insight into gender issues.

Furthermore, interviews were conducted with stakeholders from various areas concerned with pandemics, epidemics, and vaccinations, in order to gain more insight into gender issues. Methods and findings from these made up the second part of the report. A total of seven stakeholders agreed to participate in interviews discussing gender perspectives of influenza epidemics/pandemics and



vaccination. The stakeholders interviewed were selected so as to represent different point of view within the Civil Society: the Pharmaceutical Group of the European Union (PGEU), the International Longevity Centre UK (ILC-UK), the Strategic Advisory Group of Experts (SAGE) on Immunisation, WHO, the European Centre for Disease Prevention and Control (ECDC), the European COPD Coalition (ECC), the Confederation of Meningitis Organisations (COMO) and the Irish Nurses and Midwives Organisation (INMO).

Significant results / Key findings

Literature review findings indicate that biologically, females and males differ in their immunological responses to seasonal influenza virus vaccines. Particularly, pregnant women are at risk due to unique factors connected to pregnancy. In general, vaccination of pregnant women serves to protect both the woman and the foetus. As for Health care workers and Carers, they tend to be predominantly female, and there is little consensus on how to target the low vaccination rates of HCW, and how to reach out to carers. 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. Stakeholder interviews showed that only one stakeholder reported having a specific focus on gender issues. Many stakeholders were of the opinion that influenza does not discriminate by gender but continuously stressed the importance of effective communication, making it the largest issue identified in the survey data. The report issued at the end of the task shows the importance of the gender issue and the priority for including such a issue in the ASSET strategic plan to improve preparedness for pandemics and emergencies management.

Evidence compiled in this report from both the literature and the stakeholder interviews clearly show that there is a need for a more gendered approach to influenza pandemics/epidemics and vaccination. A life-course approach to influenza is important for all groups; however, the specific needs detailed for women in general, and for particular groups, are crucial for the efforts to work towards more cohesive and effective protection against influenza pandemics and epidemics, and the increased reach of vaccinations. Suitable communication, identifying subgroups and their specific needs, and clear and properly directed health promotion strategies are needed if women's position relating to these issues is to be successfully addressed.

T2.6 Intentionally Caused Outbreaks

Task leader: FFI

Contributors: LYONBIOPOLE, HU

Start: m7 – **End:** m14

Actual progress: 100%

Progress towards objectives

The objectives for the task was to make a governance relevant deliverable with an overview of governance problems in democratic societies related to intentionally caused outbreaks. The study includes a collection and analysis of the main policy documents concerning Intentionally Caused Outbreaks and a taxonomy of the main governance problems posed by the risk of Intentionally Caused Outbreaks in democratic societies, chiefly the tension between secrecy and transparency, freedom of



research and security, citizen involvement and experts' decisions. In the scope of WP2, this deliverable covers the issues and background for intentionally caused outbreaks, including bioterrorism and use of biological weapons as well as existing mechanisms to mitigate these issues and gaps/problems in handling this aspect of governance.

Significant results / Key findings

The main findings from the analysis and taxonomy concerning “the tension between secrecy and transparency” are problems related to state biological weapons programs, international agreements with vague repercussions and loose implementation, dual-use research, stockpiles, biological agents' reservoirs and public communication. In “freedom of research and security”, problems mainly relate to dual-use issues, movements of agents and equipment, laboratory safety and security and the security of the public. “Citizen involvement” problems are mainly within the areas of protection of citizens, their say in decision-making processes, involvement in prevention, preparedness, response and recovery as well as public communication aspects. As for “experts' decisions” the main governance problem areas lie within expert involvement in policy, expert involvement that is required for decisions and complex problem areas not possible to solve without expert advice and communicating complex areas to policy-makers and the public.

T2.7 Transdisciplinary Workshop

Task leader: DMI

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

Start: m12 – **End:** m16

Actual progress: 100%

Progress towards objectives

The objectives of the Transdisciplinary Workshop were to discuss and synthesize the main findings of the 6 thematic reports prepared within WP2. The participation of all the ASSET consortium partners to this workshop allowed to:

- consolidate the WP outcomes
- cross-fertilize research
- make progress in the establishment of an original, transdisciplinary, common, approach.

The ASSET consortium is composed by partners from various disciplines, leveraging their huge experience and skills to establish a baseline knowledge about the studied thematic areas.

Significant results / Key findings

The TDW constituted an important opportunity to synthesize the state of the art research and to review existing studies on pandemics with their wider societal implications.

The number of discussions that followed each presentation significantly contributed to the clarification of the role of each ASSET partner has to play for a better integration and synergy in implementing the tasks required by the MMLAP. In this sense, the TDW contributed to identify WP2 main outcomes and the ways they are expected to feed other tasks particularly in WP3, WP6, WP8 and WP10.

**WP3 ACTION PLAN DEFINITION**

WP Leader: TIEMS

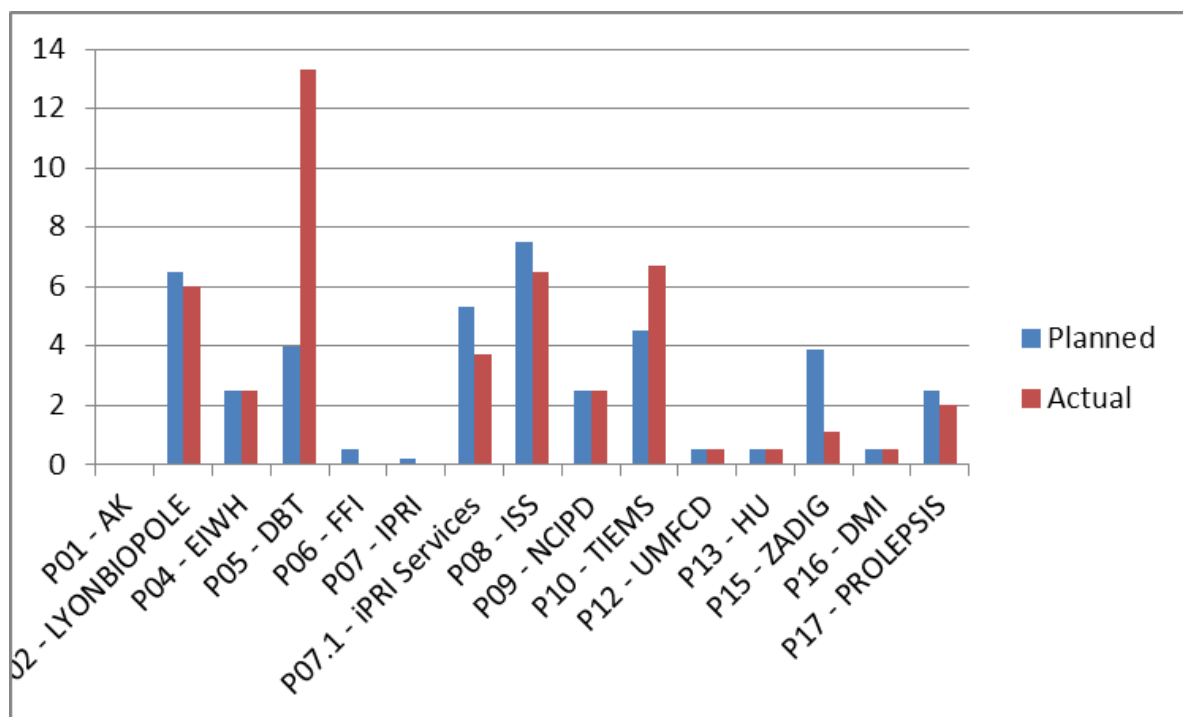
Start month: m13 (January 2015)

End month: m32 (March 2016)

Efforts reported for the whole project duration: 45.8p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP3	
	Planned	Actual
P01 - AK	0	0
P02 - LYONBIOPOLE	6,5	6
P04 - EIWH	2,5	2,5
P05 - DBT	4	13,3
P06 - FFI	0,5	0
P07 - IPRI	0,2	0
P07.1 - iPRI Services	5,3	3,7
P08 - ISS	7,5	6,5
P09 - NCIPD	2,5	2,5
P10 - TIEMS	4,5	6,7
P12 - UMFCF	0,5	0,5
P13 - HU	0,5	0,5
P15 - ZADIG	3,9	1,1
P16 - DMI	0,5	0,5
P17 - PROLEPSIS	2,5	2
Total	41,4	45,8



Work progress and overall achievements for the WP

WP3 started in the last two months of the first reporting period. It aims to define the overall architecture of the Action Plan, a roadmap towards the incorporation of user-driven open innovation in the area of pandemic preparedness and response, a handbook of the action including also detailed timetable and a collection of tools for its implementation. Being ASSET a MMLAP, it can be stated that the present WP (on Action Plan definition) and the fifth one (about MML) are the real core of the whole project.

The ASSET Strategic Plan focuses on several types of activities (face-to-face interactions, online forums, and media/social media) on six lines of action to i) improve trust in authorities, ii) engage the public with the research community, iii) increase pandemic awareness among health care workers and the public, iv) engage all stakeholders in discussion of ethical best practices, v) improve vaccination rates among women, and better representation in clinical trials, and vi) develop standardized policies for preparedness and response to intentionally caused outbreaks.

The Roadmap suggests activities within and after the ASSET project to rethink the research process, better include key players, improve communication and education, and neutralize negative side effects of Patient and Public Involvement (PPI).

The other two WP3 deliverables, D3.3 Handbook and D3.4 Tool Box, were developed both to i) support the implementation of the Strategic Plan and Roadmap and ii) to take advantage, as much as possible, of tools which have previously been developed, for example in the TELL ME and ECOM projects. These Handbook and Toolbox have been strongly considered in consultation with their intended users, with the policymakers and other stakeholders who are likely to be involved and engaged in by their use.

T3.1 Strategic Plan



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Task leader: ISS

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

Start: m13 – **End:** m24

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The ASSET consortium is given the mandate to contribute in tackling the state of uncertainty and confusion that characterized the official communication during the last pandemic. This element was recognized as a risk factor affecting trust between citizens and decision makers and scientists.

The main SP objective is to propose a model of change so as to make easier the acquisition of mastery in terms of knowledge, attitudes and behaviours in case of a threaten conditions, like a pandemic, to build a more resilient society.

The main steps to set up the SP are as follow:

- Definition of the ASSET mission, as from the DoW and the main ASSET goals;
- The Problem Setting for selected action lines emerged by the 6 specific WP2 reports in form of a list of main issues inventoried;
- Consequential Strategy of Action for each action line aims to identify and develop specific action to be developed by the ASSET MML action Plan;
- Then, basing on the amount of information retrieved, we will establish general objectives for the identified strategies, specify decision making processes, put down a timetable (PERT or Gantt chart), elaborate evaluation process and criteria to clear indicate a roadmap to achieve the goals.

In building the ASSET strategy (and, consequently, the also action) plan, partners considered that all ASSET actions will be encompassed by the overall approach of mobilization and mutual learning strategy.

A first Joint Design Workshop to revise the results of this plan was called and others are under further arrangement.

The completion of the Strategic Plan (SP) is particularly relevant for the tasks T3.2 (Roadmap to Open and Responsible Research and Innovation in Pandemics), T3.3 and T3.4 (Action Plan Handbook and tool box) and for the entire WP4, concerning the citizen consultation.

Period 2 – M19 – M36

The ASSET Strategic Plan (SP) is a high-level plan that aims to provide a framework for MML strategy and, consequently, for the actions and activities to be included in the MML Action Plan. The SP plays a crucial role in defining a clear focus not only for the actions to be carried out by ASSET members but also for relevant stakeholders, to engage societal actors in the research and innovation process, and to create equal conditions for citizens' engagement, possibly also including specific strategies into pandemic policies in the European members states. The SP offers a model of change so as to make it easier to acquire the mastery in terms of knowledge, attitudes and behaviors in case of a threat like a pandemic, to build a more resilient society. Consequently, the ASSET SP has at its core the development of citizens' awareness, empowerment and action on the responsible research and innovation (RRI) mainstreams (Governance, Unsolved Scientific Questions and Open Access to Scientific Outcome, Participatory Governance and Science Education, Ethics, Law and Fundamental Rights, Gender Issues,



Intentionally Caused Outbreaks), by implementing instruments and tools of the mobilization and mutual learning approach.

As it has been stated within the general WP3 description, the completion of the Strategic Plan (SP) is particularly relevant for the tasks T3.2 (Roadmap to Open and Responsible Research and Innovation in Pandemics), T3.3 and T3.4 (Action Plan Handbook and Tool box) and for the entire WP4, concerning the citizens consultation.

Significant results / Key findings

Period 1 – M1 – M18

The delivery date of the SP is planned for the end of September 2015 (M21).

At present, 28 main issues were identified by means of the discussion made on the web based platform and during the Joint Design Workshop. A consolidation of such topic is in progress to prepare the following step of identification of consequential specific strategies of action.

Period 2 – M19 – M36

The SP was issued in September 2015 (M21). According to the six RRI components, the SP enlisted priority topics for each strategic line identified. **Governance:** - Increasing the public's trust in policy makers regarding decisions on drugs and medicines, - Fostering the trust between policy makers, the media and the public by offering several opportunities to enhance two-way communication; **Unsolved Scientific Questions and Open Access to Scientific Outcome:** -Due to the many and very different issues it is not possible to design a unique and consistent strategy for the ASSET project to carry out for the unsolved question that will be tackled prospectively from the point of view of the different MMLAP instruments available (see the Strategic Plan); **Participatory Governance and Science Education:** - Developing capacity and increasing health-care workers influenza pandemic awareness, - Conducting information campaigns in the population, especially among high-risk groups, - Promoting a wide platform to mobilize and promote mutual learning of different stakeholders about the priority themes selected by the project; **Ethics, Law and Fundamental Rights:** - Promoting ethical best practices in the event of public health emergencies to be considered in addressing fundamental rights (e.g. restriction of personal freedoms), ethical issues (e.g. duty to provide care), societal issues (e.g. priority-setting) and political issues (e.g. international cooperation) in pandemic, - Defining strategies for involvement of civil society to contrast the actual one-way decision processes, particularly fostering the role of social networks to understand public perceptions and to disseminate information; **Gender Issues:** - Promoting population (and especially women's) and stakeholders knowledge and interest namely on the vaccine, for example in sex-specific effects in vaccine efficacy, and preparedness measures, - Mobilizing the research community to carry out specific and multidisciplinary studies on gender issues, such as women's experiences and attitudes to vaccinations uptake of vaccination; **Intentionally Caused Outbreaks:** - Promoting European Members Countries to endow themselves with policy documents regarding intentionally caused outbreaks to be handled under regular frameworks for outbreaks in the health sector, and law enforcement to be involved on an ad-hoc basis if necessary, - Ensuring the necessary freedom of research despite the potential two-edged sword, contributing to the publications and release of material that can aid malicious actors to obtain or produce agents suitable for ICOs can be a threat to societies.



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T3.2 Roadmap to Open and Responsible Research and Innovation in Pandemics

Task leader: LYONBIOPOLE

Contributors: IPRI

Start: m13 – End: m21

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The objective of task T3.2 is to design a roadmap towards responsible and open, citizens-driven, research and innovation on vaccines and antiviral drugs to answer the question to what extent, and according to which conditions, user innovation is possible in the field of research and innovation on epidemic infectious diseases prevention and response. According to the objectives of the ASSET project, the CoP is convinced that open innovation in pandemic related research requires initial investments because it demands a shift in the traditional, technology centred, approach. The general aim is to complement the strategic plan developed in task T3.1 and provide the background for the Task 5.2 « Best Practice Platform and Stakeholder Portal ».

Preliminarily, general concepts and methodological approaches that have been employed to set-up and/or improve interactions between users and health care professionals are reviewed. Particularly, a review of the existing experiences of user involvement is ongoing in the health and pharmaceutical sector, to assess to what extent and according to which conditions user-driven innovation is possible. Unfortunately, in the majority of cases these experiences are either under tailored or they entail a relatively minor involvement of users. In particular, no evidence is available concerning such participation in vaccine research. Conversely, more information is available on methodological aspects, on which thus trying to construct a realistic roadmap of recommendation to open and responsible research and innovation in pandemics.

Period 2 – M19 – M36

T3.2 was about designing a Roadmap towards responsible and open, citizens-driven, research and innovation on vaccines and antiviral drugs. The Roadmap complements the SP developed in T3.1 and was issued in coherence with the findings of the WP2 Deliverables, EU sources, patients' organisations and documents about SiS and RRI. It is supposed to answer the question to what extent, and according to which conditions, user innovation is possible in the field of research and innovation on epidemic infectious diseases prevention and response.

Significant results / Key findings

Period 1 – M1 – M18

- There is a significant increase in knowledge of the relevance of patients and public involvement (PPI) in health research;
- PPI can be an important tool to overcome the current distrust towards public health authorities and towards biomedical scientists;
- The public collaboration in research until now has been accidental whereas it should be systematic;



- Insufficient level of details on practical cases of PPI is available in the literature. In particular no examples of PPI in vaccine research are available.

To promote a progressive involvement of these topics within the frame of the Responsible Research and Innovation, ASSET will share these findings with relevant stakeholders and, to achieve that, utilize the opportunities offered by the MML Action Plan, like the High Level Policy Forum.

Period 2 – M19 – M36

The main conclusions of the Roadmap towards best practices for the Patient and Public Involvement (PPI; patients, care givers, health researchers and patients' organizations) in biomedical research concerning pandemics take off from recognising an increased number of research programs involving patients, but robust evidence on the PPI outcome is yet desirable. PPI could impact a research study at different levels, ranging from shaping research question to the choice of control arm, ethical issues and communication of the results.

The public collaboration in research should be systematic, start at the very beginning and last throughout all the research process, according to a modulated degree of involvement. Thus, appropriate actions need to be implemented, by sensitising stakeholders of public and private health research. Users involved in a research project should feel as independent intellectual co-owners so much that civil society representative should be active in the extraction of key points after general data collection, as well as in the interpretation of research results, especially those that have more impact on their daily life. A universal consensus terminology is needed both to clearly define levels and extent of patient's participation in a health-related research as well as to help in evaluating the impact of that.

To really implement PPI, a range of associations is crucial to be involved. First, general practitioners (GPs) can provide a unique expertise in some domains and that can also perform as an interface between professional researchers and civil society representatives, to such an extent that, in the field of pandemic prevention, new research network of GPs should be an integral part of projects. Other important key players are European and national associations of consumers: they have to be sensitised on risks of hypothetical influenza pandemics and relevance of their direct involvement in the related scientific and technological health research.

Mutual understanding between research and public health professionals and civil society representatives is fundamental for PPI: all participants should take a training course in this field preliminary to a PPI project and, as far as the set-up of validated and official internet sites should be encouraged, citizens have to be addressed in referring preferentially to these sources. Actions should be enacted to foster the internet-based dialogue between biomedical scientists and patients as well as general public, thus making the internet and its social networks both the first stage of the PPI and a tool to develop it.

Development of collaborative structures should start with a research effort (of course in collaboration with civil society) on how to implement two-way public health decisions: another crux for PPI implementation is the civil society making scientists aware of problems, even "orphans", to be investigated. An action in this sense could be represented by introducing patients-reviewers for project



design, scientific articles, grant applications. PPI projects should be evaluated in order to assess the value and impact of such partnerships, that implying availability both of validated specific measurement tools and of information to enrich methodological research on PPI.

T3.3 Action Plan Handbook

Task leader: ZADIG

Contributors: LYONBIOPOLE, PROLEPSIS, EIWH, DBT, IPRI, NCIPD, TIEMS

Start: m19 – **End:** m28

Actual progress: 100%

This task was active in RP2 only.

Progress towards objectives

The ASSET Action Plan Handbook is a concise and practical executive manual, which includes detailed description of MML actions and related responsibilities which several stakeholders have to be assigned. In this handbook, the contribution coming from ASSET to bring some SiS themes (e.g. ethical and gender issues, or transparency) into the public debate on pandemic and epidemic preparedness and response is clearly and practically explained. First of all, the manual was designed grounding on objectives and strategies outlined by the D3.1 (Strategic Plan) and the D3.2 (Roadmap towards responsible and open, citizens-driven research and innovation on vaccines and antiviral drugs). Furthermore, the process of the Handbook contents planning and writing also considered reflections and discussions that took place in the ASSET consortium. Inputs and insights were required to the task contributors and generally to all partners, both on the CoP web platform, either by remote meetings and email exchanges. After a share path, the document was structured in such a way to be easily used more generally by interested stakeholders. The Handbook is a project milestone, then special attention was also devoted to the layout and pagination, not only to respond to aesthetic criteria, but above all to make it readable and easy to consulting.

Significant results / Key findings

The structure of the Action Plan Handbook is focused on the different targets of action. This choice aims at making it a practical and usable tool for stakeholders and other possible users, and could represent a model for future action plans, as well. The document is therefore made of 5 sections:

- In the first one, the 6 main themes of RRI that the project deals with (as well as its own SP) are presented;
- In the second, the 6 main targets of action are indicated. Some of the main challenges for them in the field of pandemic and epidemic preparedness and response are suggested, too;
- The third section does list concrete actions and activities to mobilise 6 main targets on the previous 6 themes;
- The fourth section includes a graphical synthesis of ASSET Action Plan by target, along with a more detailed timetable;
- The fifth section specifies what the legacy of ASSET project can be, that is how this experience, its activities and tools could turn out to be useful for stakeholders after the project completion and which other actions could be finalised in another future H2020 project, which could benefit from the work done in ASSET.



T3.4 Toolbox

Task leader: TIEMS

Contributors: PROLEPSIS, EIWH, DBT, IPRI, NCIPD, ZADIG

Start: m22 – **End:** m33

Actual progress: 100%

This task was active in RP2 only.

Progress towards objectives

The Toolbox details the processes described in the D3.3 Action Plan Handbook. Preliminary research, study, thinking, and identification of Tools were done. A head start introductory message was delivered in August 2014. Then, a preliminary mapping was released in November 2015 and a preliminary plan was finalized in December 2015. In March 2016, the Tools Development Plan was circulated on the CoP web platform.

The preliminary plan was further elaborated in the Tools Development Plan including activities, all responsible partners, and related timing. A Tool Box Group was created with mailing list of relevant colleagues. A teleconference with the Handbook and Tool Box partners was held in January 2016 to improve the understanding of the task among the partners. Tools were assigned for development to the partners by mutual agreement. Guidance was provided to the partners for development of the Tools, Queries were replied and clarified, and doubts were cleared. During the Consortium Meeting and Summer School in Rome in June 2016, face-to-face discussions were held to discuss and sort out issues. A clarification was obtained from the Project Officer at the Commission for utilizing Tools developed in other EC-funded projects as ASSET Tools.

The only deviation to be reported is in the start of the task after receipt of the Handbook (although preparatory work was started as early as in August 2014 as stated above) due to late start of the project and late receipt of the Handbook in M28 (April 2016). It was not possible to deliver the tool Box in M27, when the previous activity Handbook was completed in M28. D3.4 ASSET Tool Box was completed in M33. This delay is not expected to have an impact on the other tasks and on the available resources and planning as well.

Significant results / Key findings

The task was completed with posting the Deliverable D3.4 Tool Box on the ASSET website in August 2016. The Tool Box consists of eight Tools. These are:

1. Checklist - Awareness of Healthcare Workers for Influenza Vaccination
2. Glossary - Epidemics, Including Zika and other Emerging Virus Infections
3. Infectious Outbreaks Continuing Medical Education Online Interactive Course
4. Data Visualization
5. Citizen Participatory Meetings
6. Reporting Health Issues by Journalists
7. Response to Radiological, Biological, and Chemical Threats by Healthcare Professionals
8. Checklists for Researchers.

**WP4 CITIZEN CONSULTATION**

WP Leader: DBT

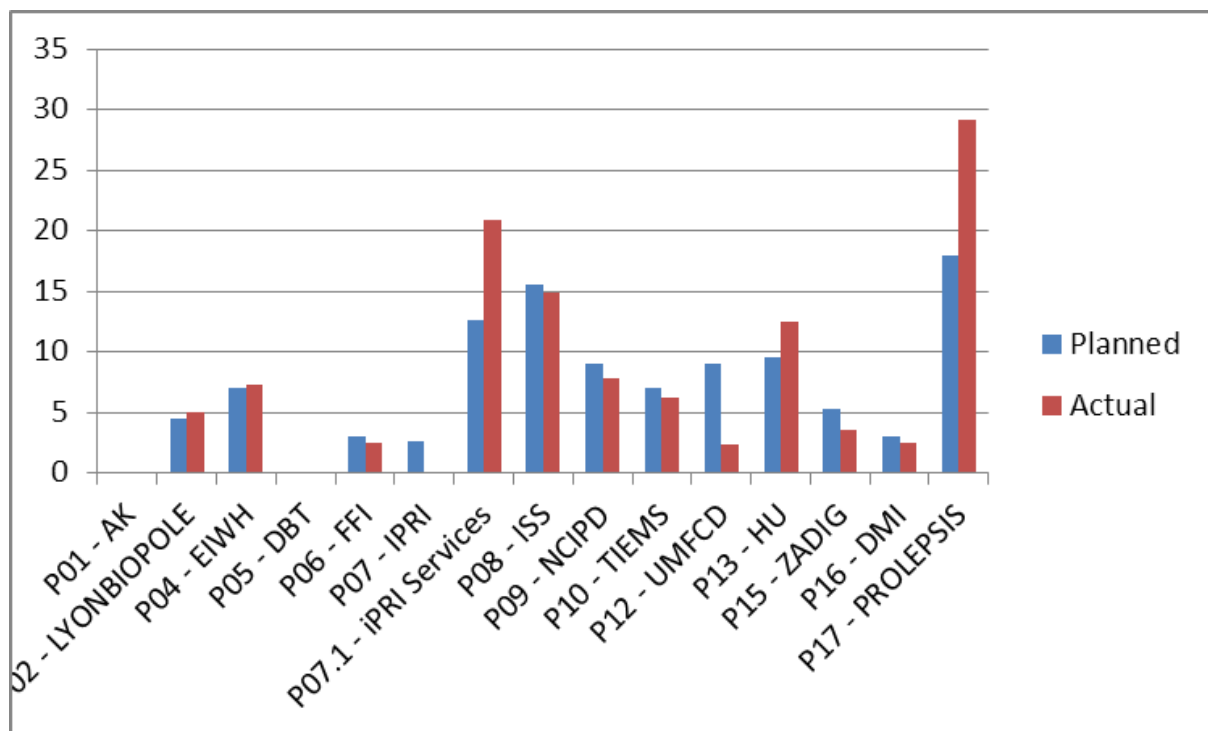
Start month: m19 (July 2015)

End month: m40 (April 2017)

Efforts reported for the whole project duration: 70.4 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP4	
	Planned	Actual
P01 - AK	0	0
P02 - LYONBIOPOLE	10,5	8,88
P04 - EIWH	5,2	4,22
P05 - DBT	21	27,4
P06 - FFI	4,2	3,5
P07 - IPRI	0	0
P07.1 - iPRI Services	0,2	0,2
P08 - ISS	8	8,5
P09 - NCIPD	4,2	4,5
P10 - TIEMS	0,2	0,3
P12 - UMFCD	5,2	5,5
P13 - HU	0,2	0,2
P15 - ZADIG	1,1	0,5
P16 - DMI	5,72	6
P17 - PROLEPSIS	0,2	0,7
Total	65,92	70,4



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,	WP4



			FFI, ISS, NCIPD, UMFCF	
			DBT, LYONBIOPOLE, DMI, EIWH,	
29	T4.2	3rd Webinar: Dissemination plans	FFI, ISS, NCIPD, UMFCF	WP4
29	WP4	Social Media mobilization	All	T5.1
			DBT, LYONBIOPOLE, DMI, EIWH,	
30	T4.1	Translation of information material	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
30	T4.2	4th Webinar: Staff on the ASSET Day	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
31	T4.2	5th Webinar: Vote reporting and practicalities	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
32	T4.2	6th Webinar: TBD	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
32	T4.3	Distribution of information material to citizens	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
32	T4.4	Test and translation of Webtool	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
33	T4.2	7th Webinar: TBD	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
33	T4.3	Citizen consultations	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
34	T4.3	Policy Workshop	FFI, ISS, NCIPD, UMFCF	WP4
			DBT, LYONBIOPOLE, DMI, EIWH,	
39	T4.3	Policy Report	FFI, ISS, NCIPD, UMFCF	T5.3
			DBT, LYONBIOPOLE, DMI, EIWH,	
40	T4.3	Policy conference with the EU-Parliament	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, UMFCF, HU, ZADIG

Start: m19 – **End:** m30

Actual progress: 100%

This task was active in RP2 only.

Progress towards objectives



The entire WP4 is concentrated on the eight citizen consultations, to be delivered across Europe according to a standardised method. The ASSET Citizen Consultations is based on the World Wide Views method, which combines simultaneous national face-to-face citizen consultations worldwide with a web-based transnational comparison of national results. The overall objective of the method is to strengthen the engagement of citizens in political decision-making processes. Citizens have to live with the consequences of policies: this is the reason why their views should be taken into consideration. To ensure a high quality and a uniform introduction to the themes of the consultation in all countries, information videos for each of the four debate session are planned to be produced and translated by national partners into their national languages.

Each thematic session at the Citizen Consultations are then introduced by the head facilitator and an information video. After this introduction, the participants engage in moderated group discussions with the purpose of giving all participants the time to reflect and listen to other opinions. Each thematic session is ended with a voting session, where citizens individually vote on alternative answers to a different number of questions. The voting results are instantly reported on this website, so that anyone with an Internet access can compare answers to the various questions across countries.

Significant results / Key findings

The task leader has performed all the materials to be used by the eight partners in delivering the public consultation in their own country.

This package has been included in a manual that aims i) to set the scene for the question of pandemics and how to deal with them in terms of governance, public communication and inclusion; and ii) to outline everything that needs to be done before, during, and after the specific citizens' consultation process.

The manual is first and foremost a guide for ASSET project managers and staff (including group facilitators) responsible for organising and carrying out the citizen consultations; it is made of four parts:

- Training material for project managers on execution of the citizens' meetings;
- Pre-defined questions for citizens;
- English version information booklet for pre-meeting information;
- English version information videos for thematic introductions.

T4.2 Citizens Meeting National Preparation

Task leader: DBT

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

Start: m25 – **End:** m33

Actual progress: 100%

This task was active in RP2 only.

Progress towards objectives

The objective of the citizens' meetings was to identify the best way to communicate on epidemics and the best governance adapted to the related crisis management. Participating citizens expressed their opinion on four subjects which were screened and selected by consortium partners:



- 1 ***Personal freedom and public health safety.*** This theme addresses the inevitable conflict between public health safety and personal freedom and to what extent citizens think each concern is relevant and at a greater priority degree;
- 2 ***Communication between citizens and public health authorities:*** Risk and crisis communication channels and conflicts are considered to be an integral part of any public health emergency response as a dynamic process of sharing and responding to information about a public health threat;
- 3 ***Transparency in public health:*** Citizens have been asked to reflect on need for transparency in public health policy and the need for public health authorities to work in peace during an outbreak;
- 4 ***Access to knowledge:*** Within this fourth issue, people are invited to debate on various sources to acquire knowledge and how to deal with the frontiers of research in public health communication.

Furthermore, a last open session was organised at the end of public consultations where participants were asked the question: "*Considering the issues debated today, what is your most important recommendation to national and international policy-makers?*" and to give recommendations from their own personal point of view accordingly.

Significant results / Key findings

In each partner country, the ASSET partners delivered the set of actions presented by DBT in order to organise effective and standardised public consultations. The method applied has been the same all over the eight European participating countries (Denmark, France, Switzerland, Ireland, Norway, Italy, Bulgaria, Romania) along the whole process since the population sampling and recruitment to the identification of different roles on the consultation delivery (head facilitators, round-table facilitators, technicians, and so on).

The training was performed as foreseen in the handbook that DBT circulated (deliverable D4.1). On the consultation day (24th September 2016), the ASSET project and its main objectives in general were presented to the participants as well as the specific context for organising citizens' consultations. The participants were also explained in details what was expected from them. All consultations' activities were carried out as planned, and overall the consultation was successful as the participants demonstrated to be very satisfied both about the entire process of involvement and by the practical organisation and ending outcomes.

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%

Progress towards objectives



Period 2 – M19 – M36

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.

Period 3 – M37 – M48

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

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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

Period 2 – M19 – M36

It has been taken stock of the conclusive WP4 workshop as a set of conclusions/recommendations that has been summarised, in the form of brief statements, under a thematic item:

'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.

**Period 3 – M37 – M48**

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.

WP5 MUTUAL LEARNING AND MOBILIZATION

WP Leader: ISS

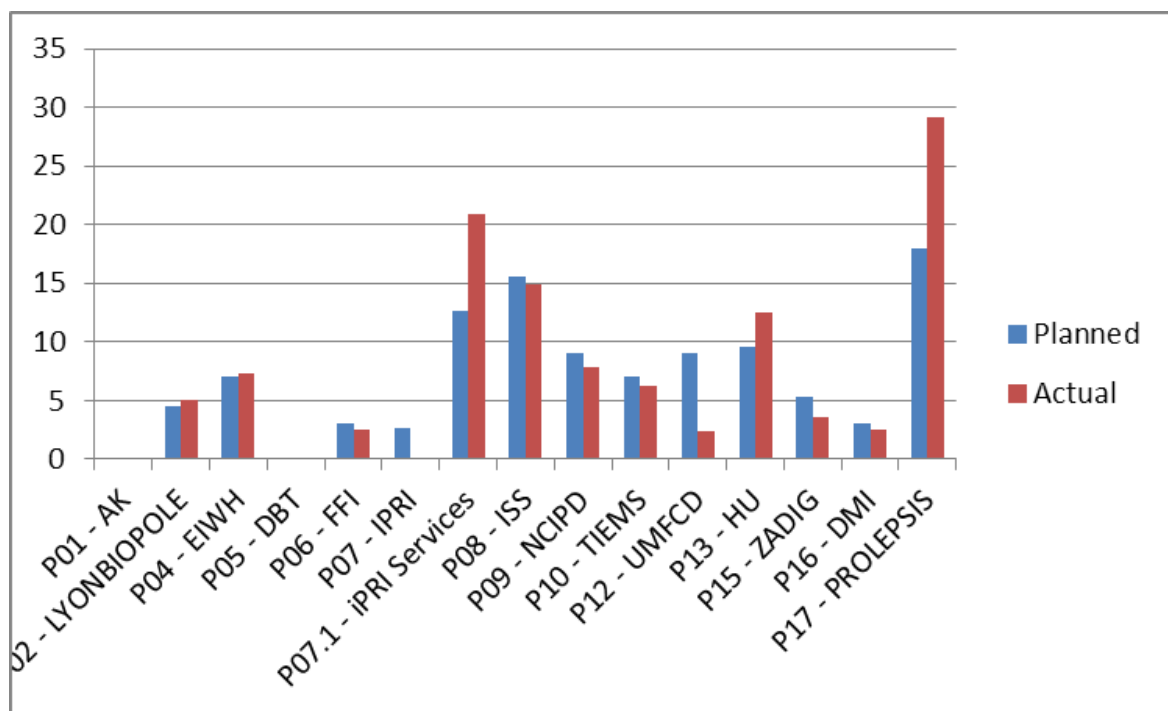
Start month: m25 (January 2016)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 114.68 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP5	
	Planned	Actual
P01 - AK	0	0
P02 - LYONBIOPOLE	4,5	4,99
P04 - EIWH	7	7,36
P05 - DBT	0	0
P06 - FFI	3	2,55
P07 - IPRI	2,6	0
P07.1 - iPRI Services	12,61	20,85
P08 - ISS	15,5	14,91
P09 - NCIPD	9	7,8
P10 - TIEMS	7	6,25
P12 - UMFCO	9	2,34
P13 - HU	9,61	12,46
P15 - ZADIG	5,26	3,53
P16 - DMI	3	2,5
P17 - PROLEPSIS	18	29,14
Total	106,08	114,68



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).

T5.1 Social media Mobilization

Task leader: ZADIG

Contributors: ISS, PROLEPSIS, EIWH

Start: m25 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 2 – M19 – M36

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 activity 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).

During the second reporting period, 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.

Period 3 – M37 – M48

T5.1 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

Period 2 – M19 – M36



In order to monitor social conversations developed, an application was developed and finalised to identify the most influential Twitter users on specific topics, according to a list of hashtag we have provided,. Being based on mentions and retweets, such an approach is also effective in discovering influential users within a short period. Every day, the application extrapolates the most popular accounts according to our key words. A daily analysis of the firsts 20 accounts allowed us to identify main categories: Institutions, Media, Firms, Researchers, University, organizations, and charities.

For example, during February of 2016, over 500 accounts related to a list of hashtags focused on Zika virus and vaccines were analysed: It was found out that 13 belong to public institutions (i.e. United Nations or House Foreign Affairs Committee), 94 to public health institutions (i.e. CDC and WHO) and 66 to employees of public institutions (i.e. Gregory Härtl – Head of Public Relations/Social Media for the WHO – or Tom Frieden – CDC Director). Six accounts belong to politicians (mostly in the US). Furthermore, the study underlined a strong prevalence of media related accounts. Among 100 accounts, it was shown that 16 belong to medical or scientific journals (as The Lancet or PLoS), 80 belong to newspapers (as Forbes) and 120 to journalists. 18 of the most popular accounts belong to researchers; universities, charities and organizations were included in a single group of 40 accounts. ZADIG already supported the core message of the ASSET project sharing pictures with important slogan related to it, sharing videopills in which stakeholders talk about some issues related to the project (such as epidemic/pandemic/preparedness), sharing all the news from the website (articles, events,etc.) and supporting project activity such as the Summer School and Citizen Consultation.

Period 3 – M37 – M48

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.

3. 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, UMFCD, HU, ZADIG

Start: m25 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 2 – M19 – M36

This task includes both a web-based Best Practice Platform (BPP), collecting best practices on SiS related issues in scientific and clinical research on pandemics and a Stakeholder Portal (SP), in order to: i)



provide a gateway for interested stakeholders to register their interest in becoming involved; ii) be organised for specific campaigns or consultations. Both the BPP and the Stakeholder Portal are hosted by the ASSET web site.

BPP is 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 but that are not yet been widely adopted; iii) Transfer knowledge of best practices among researchers, practitioners, institutions, organizations; 3) Develop and iv) Validate best practice guidelines; v) Disseminate and encourage best practice adoption.

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.

Period 3 – M37 – M48

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 “sprit” 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

Period 2 – M19 – M36

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 here adapted. WP3, and in particular T3.2, evidenced instead a remarkable theoretical work, whose transition in Practices is “in progress”, that 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 (via the specialized Portal) existing Best Practices to the discovering, collecting and promoting future best practices, which are good or promising ones, candidate best practices, at the moment. Finally, an advanced phase will concern conceiving “Best Practices Guidelines” (BPG; to be used mainly after the project completion), but the first step is to understand where to focus on. It has been also considered that such these guidelines constitute an important part of the ASSET “heritage”, i.e. they should have an effective societal impact in the future.

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

- 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.

Talking about “good/promising practice” means projects that are aligned to previously identified issues described in the Tasks of WP2 and in the task T3.2. On each practice, materials are developed as follows: synthetic factsheets, broader descriptions, endowment web and link references, additional interviews.

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)



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Low income or 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.

A first set of search engines was performed and it emerged that: potential good/promising practices to feed the BPP are numerically limited, although sufficient to run it; the vast majority of practices are National, and not documented in English or only indirectly documented in English, thus all consortium partners have been requested to identify and signal practices country-specific.

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.

Period 3 – M37 – M48

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 1 below summarizes the characteristics of the collected good practices.

Table 1– Characteristics of collected good practices

Name of good practice	Country	Period	Level	Documentation	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 - no	-project initiators and managers - mediators	yes	-hard to reach groups -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	1996-ongoing	local & national	- website in English and	yes	-project initiators and	No	-hard to reach groups



Romania (RHM – Roma Health Mediators)				Romanian - report in English		managers - mediators		-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 Lyon	France	2015- 2016	Local	website in French	No	-active partners -VIP message communicators	yes	Vaccination
Coalition for Epidemic Preparedness Innovations (CEPI)	world- wide	2017- ongoing	inter- national	website in English	No	active partners	No	vaccine development
Vaksinko : an informational campaign about	Bulgaria	2016- ongoing	national	website in Bulgarian	No	active partners	No	Vaccination



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vaccines in Bulgaria

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.

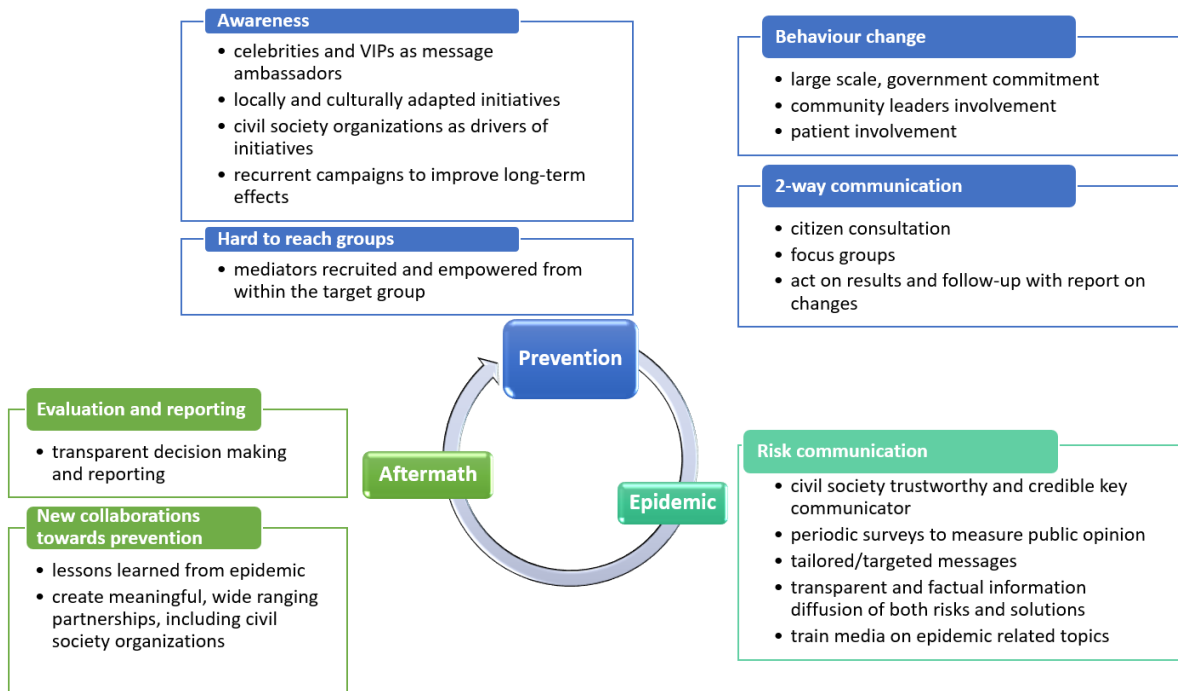
A conceptually important part of the work for the year 2017 was devoted to the design and implementation and validation of the Best practices guidelines. Best practices guidelines were developed from the collected practices. **We** stress that the guidelines constitute an important part of the “heritage”/“legacy” 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.



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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

Period 2 – M19 – M36

Local Initiatives are based on a fourfold strategic approach: valid information and share all relevant information; combine advocacy with scientific inquiry and innovation processes; jointly design ways to test disagreements between stakeholders; always promote reflective practices to enlarge the portfolio of ideas. The planned Local Initiatives (to be developed in: Rome, Milan, Paris, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) aims to promote MML at local level and to enhance the transferability of the most effective policies and practice. The overall goal of this investigation is then double: 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 information, decisions and policies/practice.

A participatory communication approach is developed both in carrying out local initiatives and in delivering Project mandatory outputs: many information sharing methods will be developed—published materials, etc. to communicate with a plurality of targets (family doctors, nurses, educators, housewives, health care providers, public health officers, communicators, consumers, etc.). These experiences have in fact to be described “to understand from inside”, local initiatives are intended to capture the “spirit of the place” about large crisis emergency, the specific way(s) in which people living in a given city or region perceive, and react to the pandemic threat. In each city, selected stakeholders are represented by health professionals, police/army/law enforcement officers, media, and pharmaceutical industry.

According to the six specific action lines of the ASSET Strategic Plan indications for action in task T5.3 are collected and summarised as follows per single strategic line of interest:

- **GOVERNANCE** - Local initiatives explore different categories of stakeholders, including public representatives and particularly marginalized social groups, to understand to what extent citizens are willing to participate and whether it is appropriate to encourage them to have a voice in the policy decision-making processes regarding vaccination policies;
- **PARTICIPATORY GOVERNANCE** - To be tested in the local initiatives where the project will work out key messages targeted at specific risk groups (patients with cardiovascular disease, with lung diseases, mothers, healthcare workers) on the benefits of influenza vaccination. Local initiatives will help understanding ways to disseminate at local level such an approach notably to prevent rumours;
- **ETHICS** - Local initiatives are expected to be an effective approach to convey inputs coming from citizens’ consultation and the stakeholders’ platform aiming to promote mobilization and mutual learning at local level and to enhance the transferability of the most effective policies and practice;



- GENDER - Involving local Civil Society Organizations on debate about attitudes toward vaccination will be actions to develop. The common understanding of this lack in the health care structure among people is also a field for investigation and mobilization, too. Perceptions, ideas and opinions can be gathered by physical meetings.

Period 3 – M37 – M48

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

Period 2 – M19 – M36

After an overview of local initiatives developed in other EU MMLAPs by checking official websites or directly discussing with other partners projects, ISS ran an initial timetable of activities also implying Responsible ASSET partner(s): Identifying the profile of the initiatives to carry out (including a variety of actors and intermediaries, showcase exhibitions, ethical and gender issues with particular concerning to vaccination and pregnancy) and related template to be filled by each Partner; Coordinating the mapping of relevant stakeholders (and related events) the single partner will contact and engage people into a conversation about flu pandemics and related template to be filled by each Partner; Defining and releasing contents basing on WP4 results (public consultations run on September 2016, 24th); Outlining evaluation methods and tools.

Given the timetable that follows below, at month 36, all the Partners have identified the type of local initiative to be carried out and filled in the related template provided by the task leader. Then, since 2017 the task (local initiatives) implementation phase starts. The detailed timing shared with the consortium is as follows: by the end of 2016 all 12 local initiatives have been generally described in terms of issues covered, target interested, setting chosen and so on; From February to June 2017 all 12 partners will implement local initiatives in the identified cities; by September 2017 all 12 local initiatives' issuers will evaluate them filling in the report template provided by ISS as task leader; By December



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2017 ISS will release the Final deliverable (comprehensive report) on T5.3, based on the single reports collected.

Period 3 – M37 – M48

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

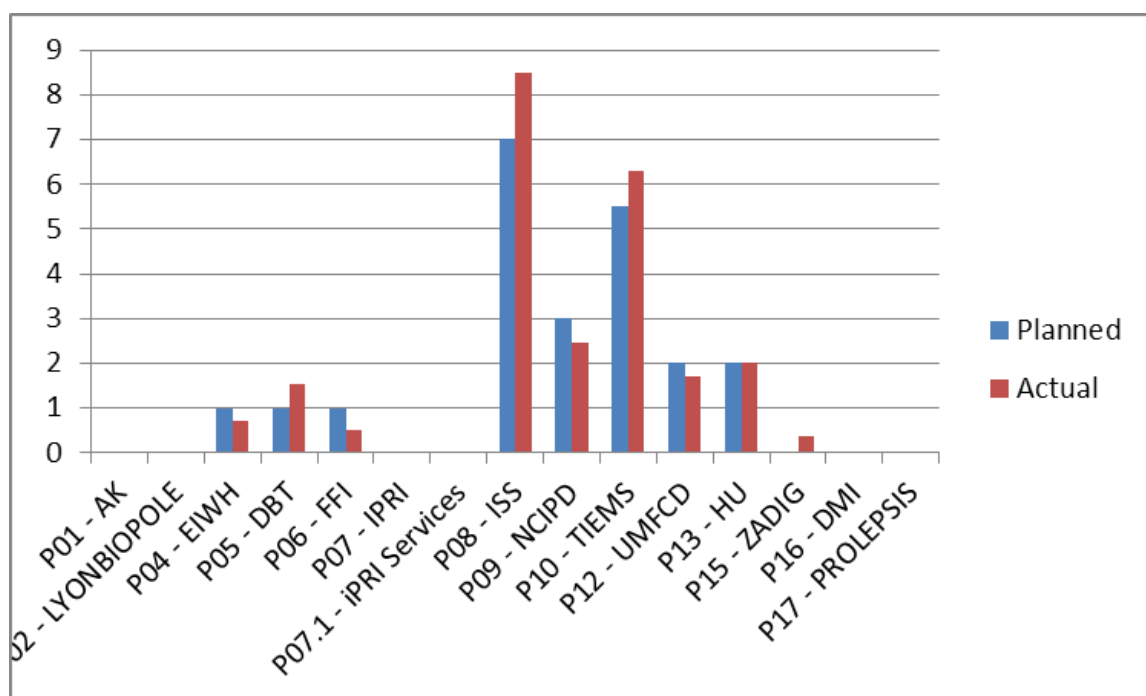
Start month: m6 (June 2014)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 24.06 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP6	
	Planned	Actual
P01 - AK	0	0
P02 - LYONBIOPOLE	0	0
P04 - EIWH	1	0,7
P05 - DBT	1	1,55
P06 - FFI	1	0,5
P07 - IPRI	0	0
P07.1 - iPRI Services	0	0
P08 - ISS	7	8,48
P09 - NCIPD	3	2,45
P10 - TIEMS	5,5	6,3
P12 - UMFCO	2	1,7
P13 - HU	2	2
P15 - ZADIG	0	0,38
P16 - DMI	0	0
P17 - PROLEPSIS	0	0
Total	22,5	24,06



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

Period 1 – M1 – M18

During the first reporting period, the first members of the HLPF were gathered, and the first HLPF meeting was held in Brussels on Thursday 12th March, 2015 (M15).

In August 2014 (M8), a discussion was initiated by the Task T6.1 leader, TIEMS, which presented an initial plan for the HLPF, and asked for suggestions for enrolling potential members. A document was drafted by TIEMS and further developed by the Task T6.1 ASSET partners, to explain the objectives of the HLPF, present the initial HLPF membership, and announce the agenda and plans for the Brussels HLPF meeting (M15). 6 HLPF members were recruited, from Norway, Sweden, UK, Denmark, Italy, and France.

During the Brussels HLPF meeting considerable time was spent discussing on how to focus on the activities of the Forum to maximize its value, considering the many aspects affecting pandemic response, the many organizations involved, and the limited resources of the Forum. While it will certainly be valuable for the participants to share best practices, it will probably be even more valuable for the group to take advantage of its unique structure to address what is needed beyond best practices to improve pandemic response.

Period 2 – M19 – M36

Fourteen members are now being recruited to be part of the ASSET HLPF and two ASSET HLPF meetings have been arranged: the first one on 12 March 2015 in Brussels (during the *first reporting period*), and the second one on 15 January 2016 in Copenhagen. While the basic vision of the HLPF was clear ever since the first HLPF meeting, and the value of the forum evident, there was a question at that time of how best to focus the activities of the HLPF. This relates to the wide range of issues associated with pandemic preparedness, and the large number of organizations and projects in Europe that are working in this area. In the period prior to the second HLPF meeting, the ASSET project produced new results that provide a focus for the activities of the HLPF, including a Strategic Plan and a Roadmap for research and innovation. These two documents identify the requirements for specific HLPF activities, including consultation, review, and endorsement of ASSET results and plans. These requirements have also been reflected in the HLPF Terms of Reference, which were approved by the HLPF members, during the approval of the minutes of the second ASSET HLPF meeting.



Period 3 – M37 – M48

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

Period 1 – M1 – M18

Following the Brussels meeting (M15), the HLPF Secretary prepared a draft of D6.1, High Level Policy Forum Report 1, which was circulated, discussed, and improved upon by meeting participants. The conclusions of this discussion were published in the final version of this report. The report has been distributed through ASSET and TIEMS websites, and it is being used as background information when recruiting new members to HLPF.

Since the EU Health Security Committee seems to have some activities similar to those of the ASSET HLPF, it was decided to contact this committee, to understand their work and how it relates to the ASSET HLPF. We plan to participate in the next EU Health Security Committee Conference, which will be held in Luxembourg 12-14 October 2015 (M22).

Period 2 – M19 – M36

During the second reporting period, further pressure has been put on all ASSET partners to be engaged and recruit members to ASSET HLPF as well as on proposing content and insights so as to better address the work on HLPF. The third physical meeting of the ASSET HLPF is agreed to take place in Brussels 28 April 2017 (beginning of third reporting period), in conjunction with the ASSET Consortium meeting and the feedback on consultations at the EU Parliament, scheduled on 26 – 27 April 2017.

The ASSET HLPF members and their substitutes are invited to the meeting, and electronic communication has been already started on the CoP web platform in order to get members prepared for this third HLPF meeting on three topics selected:

1. Participatory Governance Policy in European Public Health;
2. How to improve considerations of ethical issues in the influenza pandemic plans that every EU country needs to prepare and update;



3. Vaccination hesitancy and the possible option of compulsory immunization.

The three topics have been introduced to the ASSET HLPF members, by way of brief documents/articles and questions to be answered. The ending outcome should be achieving a comprehensive policy recommendations including the three issues identified.

Period 3 – M37 – M48

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



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Task leader: ISS

Contributors: NCIPD, UMFCD, HU

Start: m6 – End: m48

Actual progress 100%

Progress towards objectives

Period 1 – M1 – M18

Context and main objectives

The ASSET Pandemic Preparedness and Response Bulletin (PPRB) is addressed to relevant stakeholders in the field, and aims to collect and disseminate information on policy initiatives devoted to pandemics and related crisis management and developments at local, national and European levels.

After the establishment of an Editorial Committee, a dedicated discussion thread was started on the Community of Practice (CoP) web platform [a total of 42 contributions posted in the time interval: June 2014-June 2015 - (M6-M18)].

By sharing ideas among the editorial board and Consortium members overall, it was decided that the PPRB contents are not only focused on governmental decisions on Public Health Emergency Preparedness (PHEP) and management of Emergent Communicable Diseases, but also on statements/recommendations, public discussions such as those going on on the main social networks.

The first issues concerning the ASSET Bulletin were discussed and finalized. A list of potential users was identified and approved as well.

Period 2 – M19 – M36

Share and move (the ASSET Pandemic Preparedness and Response Bulletin, PPRB) is an updating tool on policy initiatives concerning pandemics and international public health crisis management, developed at local, national and international levels. This Bulletin – a total of seven editions are to be issued by December 2017 – deals with the latest key health data, information and indicators in matter of Public Health Emergency Preparedness (PHEP), Emergent Communicable Diseases, revisions of national pandemic plans and/or strategies, as well as of relevant statements and recommendations in the field.

Share and move wants to address effectively scientific and societal challenges raised by pandemics and more generally by what the World Health Organization (WHO) has recently defined as Public Health Emergencies of International Concern (PHEIC). The PPRB can be read by the six RRI key elements (governance, open access, engagement, gender equity, ethics, and science education) and is addressed to international stakeholders who are relevant in the field of pandemic preparedness, including risk communication strategies and other responses.

First, an Editorial Committee was established and is the main responsible for the contents published in each issue. Other ASSET Partners and external experts in the field also contribute actively. Once the Bulletin is edited, it is spread out to a mailing list of stakeholders relevant at national and international levels, but also website users can subscribe on a bottom banner available on the ASSET homepage and then receive the bulletin by email.

To better understand which columns have been decided to run and the sort of contents that is selected, the “What’s new” perspective has been adopted and implemented. It means news from the world of pandemic and more in general emergency, such as an epidemic, preparedness and response are firstly reported. This main section is a sort of folder “case” including core issues such as PHEP, risk



communication, laws. Major achievements by the most important international public health institutions are described as well as highlights and insights circulated by the most used social media. The Bulletin includes also a relevant website in the field, recent update from the ASSET project and a “snapshot”, standing for an innovative concept represented by a graphic item.

Period 3 – M37 – M48

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

Period 1 – M1 – M18

The first issue of PPRB was finalized by April 2015 (M16) with an editorial approach supported by the official template released within WP7 activities. Its contents have been scheduled according to the “*What’s new (from the world)...*” formula covering 6 areas: Pandemic Preparedness and Response , Public Health Institutions, Web in the field of PPR, Social Networks, ASSET, SnapShot news. PPRB is downloadable in a .pdf version from the ASSET website as well as spread out to relevant stakeholders in the field at international level.

Period 2 – M19 – M36

After the release of the first issue of **Share and Move** (finalized during the first reporting period at M16), that is quite generic, the Bulletin has been shaped as a tool that is more specifically tailored according to the peculiarities of this challenging MMLAP project. As explained above, ASSET aims to bridge the gap between the scientific community and society in the field of epidemics and pandemics management. And the European Commission recalled the aim to foster public engagement and a sustained two-way dialogue between science and civil society by encompassing key strategic areas (engagement, gender equity, science education, open access, ethics and governance) within the main SiS action plan launched in 2001.

Since the release of its second issue **Share and move**, has been mainly focused on one of the six SiS topics that were highlighted within the project “Study and Analysis” phase: Governance of pandemics and epidemics; Unsolved scientific questions; crisis participatory governance; Ethical, legal and societal implications; Gender pattern – vulnerability; intentionally caused outbreaks. So the second issue of the Bulletin focused on governance of pandemics and epidemics, and the third issue concentrated more on unsolved scientific questions. Proposing the same structure than in the others, the fourth issue (published during the summer of 2016) dealt with intentionally caused outbreaks, even with regard to



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the steps of preparedness and response, and to relevant information shared on the web and by the most used social networks. It has been decided that the fifth issue of the Bulletin will be on the participatory governance, and the sixth issue on ethics, and, finally, the seventh and last issue on gender pattern.

Period 3 – M37 – M48

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

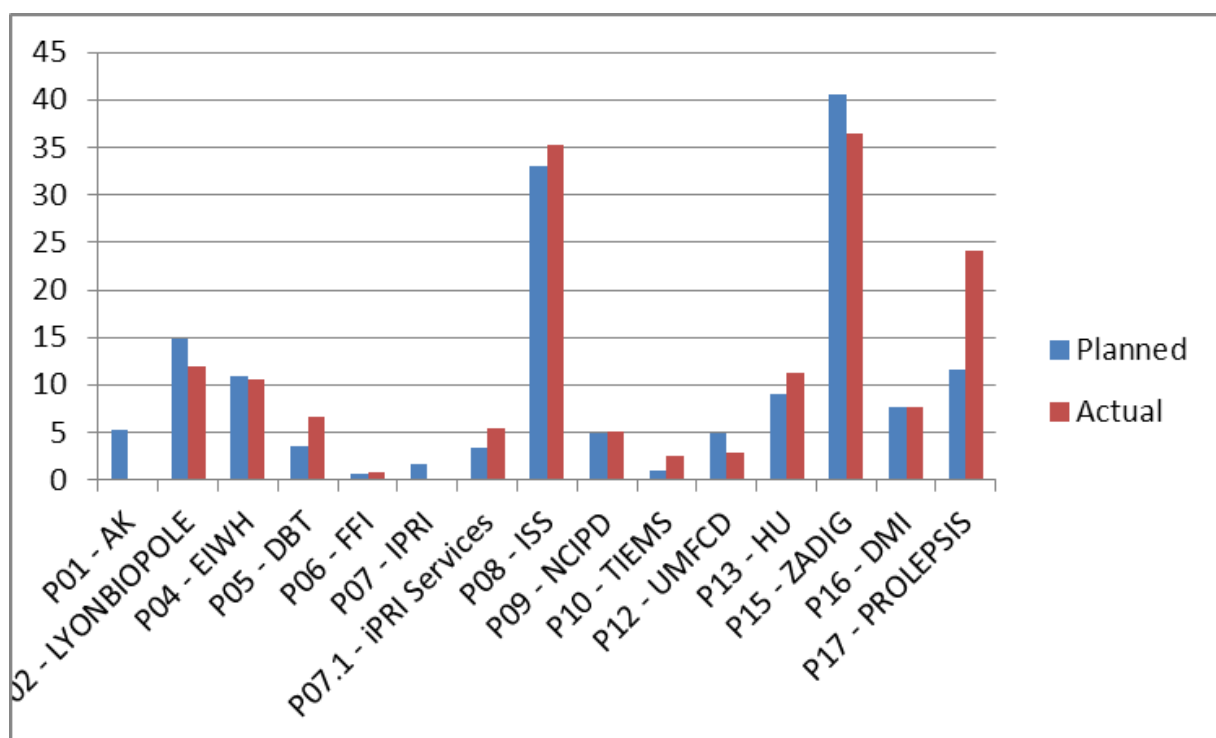
Start month: m1 (January 2014)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 160.87 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP7	
	Planned	Actual
P01 - AK	5,2	0
P02 - LYONBIOPOLE	14,9	11,96
P04 - EIWH	10,9	10,5
P05 - DBT	3,6	6,65
P06 - FFI	0,6	0,88
P07 - IPRI	1,6	0
P07.1 - iPRI Services	3,3	5,4
P08 - ISS	33	35,26
P09 - NCIPD	4,9	5,02
P10 - TIEMS	0,9	2,58
P12 - UMFCF	4,9	2,95
P13 - HU	9,01	11,3
P15 - ZADIG	40,6	36,47
P16 - DMI	7,6	7,74
P17 - PROLEPSIS	11,6	24,16
Total	152,61	160,87



Work progress and overall achievements for the WP

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 was active in RP1 only.

Progress towards objectives

The Communication Strategy (CS) is set to serve the relevant goal of the ASSET partnership: the convergence between Science and Society in epidemics and total pandemics. Internal and external communication is at the core of the ASSET project mission.

The CS is extensive with regard to the involvement of all the partners and the project as a whole. In terms of target groups to be considered, a large part of society is addressed to contribute to preparedness in case of infectious threats, notably epidemics and pandemics. According to the ASSET's DoW, communication activities are supposed to:

- Ensure the project's visibility by using either traditional or new media tools;
- Document every major advancement of the project; encompass a bi-directional dialogue, allow educational opportunities and knowledge transfer among partners, stakeholders, policy makers and the general public.

So, the “Communication and dissemination strategy” represents the frame of the ASSET communicative approach, but it can be also seen as a guide to be used by project partners to plan and develop coordinated communication activities.

To better address the overall consistency of the CS, an interesting case is to be envisaged in the example of T6.2 “Pandemic Preparedness and Response Bulletin”.

Even if it has been conceived as a policy watch tool, namely in WP6, the Bulletin was included in the Strategy, being pooled with the Newsletter (T7.10).

Significant results / Key findings

The following drafts of the Communication and Dissemination strategy were enriched by six months of discussions within the web based platform of the Community of practice. Eighteen different contributions were integrated into the final version, showing the effective co-operation produced by the ASSET consortium members within the CoP.

In early January 2015 (M13), the Communication strategy was completed and made available to all partners by publishing it on the Community of practice (CoP) web platform.

The related deliverable (D7.1) is available and downloadable on the ASSET website, as well as all other ASSET Deliverables. In this way, according to the communication plan, most of the information already produced by ASSET is available for the internal as well as for the external communication.

Overall, communication activities developed during the first 18 months of the project have been developed on the basis of methods, techniques, indications on language and style, formats studied and established by the Communication Strategy.

T7.2 Brand Creation

Task leader: ZADIG

Contributors: -

Start: m1 – End: m6

Actual progress: 100%



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This task was active in RP1 only.

Progress towards objectives

The creation of the ASSET brand constitutes one of the core elements of communication-related activities within the wider frame of the ASSET project, and specifically the WWP7. As specified in the ASSET Communication Strategy, it is fundamental for the project consortium to be identified as a new actor in the field of communications for infectious disease threats. As such, it has required not only to build a corporate identity to accurately convey the salient characteristics of the project, but also to develop a brand around its name that embodies the spirit and values of the ASSET project as a whole. The task started quite early and collected 13 contributions in 2 months of discussion in the CoP before being delivered on January 15 2014.

Significant results / Key findings

The ASSET brand reflects the results of a creative process, based on the different type of contributions made by the partners and through a process of crowdsourcing. ASSET has been successful in creating a highly evocative and well-defined identity in an effort to unify the internal and external communication materials. The various devices and project templates that form part of the ASSET identity are distilled into a Reference Manual ("Guideline") developed by P15 ZADIG that sets the standards for use of the different visual elements and dissemination material. These print and brand guidelines as well as the various communication vehicles that constitute part of the ASSET brand are available for download by partners and can be retrieved from the project's internal communication platform, the Community of Practice (CoP).

The ASSET brand reflects the results of a creative process, based on the different type of contributions made by the partners and through a process of crowdsourcing. ASSET has been successful in creating a highly evocative and well-defined identity in an effort to unify the internal and external communication materials.

All documents, deliverables, slide sets and any communication products, such as the graphic design of the website and the flyer to present the project, were made by applying the instructions of the Reference Manual.

T7.3 Web Portal

Task leader: ZADIG

Contributors: ISS, AK

Start: m1 – End: m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The ASSET website (<http://www.asset-scienceinsociety.eu/>) has been fully operative since January 2015 (M13).

This website is a key tool for external communication, even if it has proven to be useful for internal communication as well. The website follows the main lines indicated by the communication strategy (clarity of language, reaching both experts and the general public, transparency, interaction with



different parts of society, plenty of pictures, videos, infographics) and it is completely open access.

The website plays 3 main roles:

- 1) “library”, where everybody (experts, media, general public) can find key documents (abstracts and links to the source) on outbreak preparedness developed by international organizations (such as ECDC, CDC and WHO), by other projects such as TELL ME, ECOM and other cognate programs; by other reliable sources (i.e. scientific journal's infographic or national TV video interviews with relevant stakeholders on general issues); by ASSET staff on general issues (historical, socioeconomic, epidemiological pages of context);
- 2) “window for project outputs”: such as the Glossary (WP1), project deliverables, introduced by short abstracts; published papers; lessons and presentations at conferences, meetings minutes, events announcements; bulletins and newsletters; local activities (reports, pictures, videos, leaflets,); special events (like the ongoing Summer school);
- 3) “witnessing the real project life”: news, articles, press review; viewpoints, comments by partners, stakeholders, policymakers; links to selected blogs by relevant opinion leaders in the field (posts filtered by editors); links to what's going on and/or achieved within other EU-funded projects and MMLAPs; updates on ASSET's social media accounts and their own activity.

Period 2 – M19 – M36

The ASSET website is the showcase of the project and one of the main tools by which ASSET itself is becoming an authoritative voice in the field of pandemic/epidemic preparedness and response; currently, it is operative, and its contents are regularly updated. Notably, advancements can be reported as here described by ZADIG, which:

- Improved the newsletter management and dispatch through the development of a new web tool and a new online database for the project's contacts;
- Implemented an analytics page that shows the trend in the number, type and geolocalisation of visitors to the website, and statistics on the main social media manned by the project. The page is directly linked to the website homepage through a dedicated banner;
- Coordinated the development of the gender platform with ISS and EIWH;
- Improved graphic layout of homepage banners linking to Newsletter and Bulletin;

In period 2

- contents have been regularly updated with new features and videointerviews by different stakeholders;
- scientific papers and documents by international authorities enriched the section of resources about preparedness and response to epidemics and pandemics; ^[1]_{SEP}
- a Citizen Consultation area has been created which gathers material and results on the event; ^[1]_{SEP}
- a Best and Promising Practice platform has been created which collects good practices on Science-In-Society related issues in public health research on epidemics and pandemics ;
- a Sex&Gender&Vaccination section deals with issues related with sex and gender differences in



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preparedness and response to epidemics and pandemics;

- a banner “read our paper series” has been created and published on the homepage.

A Stakeholder portal was created on the Cop, in a reserved area, while stakeholder interventions and videointerviews are hosted on the website.

The number of access on the website is quite satisfying and growing, as well as social media engagement.

Period 3 – M37 – M48

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

Period 1 – M1 – M18

The website has been online since January 2015 (M13) and is regularly operating, with an average rate of renovation of six new contents per month.

The website is being developed and updated on a continuous basis, which, as indicated in the DoW, will have enabled all the planned sections and contents by the end of the project. After the first six months of activity, the following contents were already accessible: more than 18 articles and many news, six videos, dozens of documents and information materials. The website also has published all the deliverables provided by the project and implemented by partners, and the first issue of the Research



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and Innovation Newsletter and of the Pandemic Preparedness and Response Bulletin was sent to a mailing list of over 2,500 international addresses. ASSET is also present on the main social media, disseminating the most interesting contents of the website.

Period 2 – M19 – M36

Compared to data shown in mid-2015 (M18), in the year 2016 the ASSET website had a constant relevant number of visits: a peak was registered in November 2016 with 32.033 pages visited by 5792 visitors of which 4134 unique visitors. The USA provided the highest number of visitors followed by Italy and the rest of Europe. The ASSET Facebook site peaked in November 2016 too, reaching 1514 visitors and in the whole year of 2016, 3531 new profiles were registered. Also the Twitter ASSET profile peaked in November 2016 to 147 new engagements producing 14300 impressions. The website's mailing list has been expanded and now includes more than 7,000 international addresses.

Period 3 – M37 – M48

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):



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- 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%

Progress towards objectives

Period 1 – M1 – M18

Strategic objectives and developmental approaches for the media office are described in the ASSET communication strategy (WP1). The media office has to work in synergy with the website, social media activities and initiatives involving citizens and stakeholders to build an appropriate visibility for the project. To achieve this, several dissemination activities have been launched, taking all possible opportunities to inform about ASSET and build national and international relationships with the media. Indeed, in this initial phase of the project, the work of the media office focused on the creation of a mailing list with the names of the leading journalists internationally active on the issues of the project. The partners have been invited to report interesting contacts for their country. This mailing list, continuously updated, provides the basis for the dissemination of press releases and others news and products from the project.

During the upcoming project activity period, the regular activity of production and distribution of press releases will be undergone and, in the meantime, the website will host a number of specific functions and activities like strengthening links to social networks (Facebook, Twitter, YouTube Channel), a media



gallery containing audio-visual productions and a virtual library, a platform for proposition development and decision making, the Best Practice Platform and the Stakeholder Portal, a Innovation Showcase and the nascent Gender Platform.

Period 2 – M19 – M36

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.

The efforts of the Media Office have been focused on establishing relationships with a wide network of journalists and other stakeholders all over the world, also by participating in international events and congresses and circulating as much as possible the ASSET identity. A special relationship has been established with the World Federation of Science Journalists and an agreement about possible cooperation has been reached.

Thanks to the collaboration of all the partners, the media office gathered many contacts to be used within the work on major social media, mainly Facebook and Twitter.

A video was produced to better present the project. Many press releases and videopills were produced and sent to a consolidated mailing list of European journalists.

In period 2, main media office activities were related to Citizen Consultation and ASSET Dataviz on Compulsory vaccination and Ethical issues in Pandemic preparedness and response plans.

A Press kit will be prepared for Brussels event in April 2017.

Period 3 – M37 – M48

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

Period 1 – M1 – M18

In accordance with the DoW, the ASSET project is establishing its presence on major social media. In spring 2015, some relevant networking and press office activities have been performed:

- At the International Journalism Festival in Perugia, international health journalists and other stakeholders involved in infectious outbreaks, notably Ebola epidemic in West Africa, were interviewed (Boseley, Cooper and O'Hara). Interviews have been made available on the ASSET website;



- At Digital Pharma Europe 2015, in Rome, multichannel marketing strategies adopted by industries for their commercial communication were analysed in-depth and their feasibility to strengthen the dissemination within the ASSET project was assessed;
- At a round table of the World Federation of Science Journalists in Paris, a groundwork for cooperation for new projects related to infectious outbreaks (notably bird flu in Africa) was established.

Period 2 – M19 – M36

Achieving and increasing the mailing list in use, press releases and other some relevant networking activities by participating at national and international events are the core of the task. ZADIG produced a Digital Strategy focused on Facebook and Twitter also in connection with T5.1. As for Facebook, ZADIG tested the efficacy of a promotion campaign by paying firstly an insertion fee for 2 posts, and secondly for the whole ASSET page: As a result, 854 new followers were added. The ASSET project is also present on Youtube, and on LinkedIn.

In period 2 the following new dissemination tools have been produced:

- A video presenting the project.
- Contacts and meetings have been activated with PANDEM, RRI tools, SATORI, SYNERGENE and SMART projects;
- 27 Press releases and videopills were sent to about 1,000 European journalists.
- 2 Dataviz were produced on Compulsory vaccination and Ethical issues in Pandemic preparedness and response plans by Zadig staff, and sent to European press.

In period 2 ASSET was mentioned in 5 articles by Italian newspapers and website, and twice by Vaccines Today. ASSET Citizen Consultation was picked up by many Italian, Romanian and Bulgarian media.

<http://www.asset-scienceinsociety.eu/pages/press-review>

Period 3 – M37 – M48

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).



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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, UMFCD, HU, ZADIG

Start: m12 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The task includes the start of a research paper series that holds an ISSN number, available on the project's website, and features the main outputs from the project in the form of research papers.

The research and innovation community is the main target for the paper series as well as for academic papers published in peer reviewed open journals.

At project completion, the book of the project will be submitted for publication to a major international publishing house.

The research and innovation community is being targeted by hosting the international science web portal "Scienceontheweb" (www.scienzainrete.it/en), a series of articles, videos, data-visualizations and news related to ASSET and its main topics.

Period 2 – M19 – M36

The ASSET journal is titled: "Epidemics and Pandemics, the response of society- - ASSET Scientific Updates". The ISSN number is issued in Italy as the coordinator is an Italian organization. The ISSN number is 2532-3784. To date the following issues have been published:

Issue n. 1 - Science for and with Society aiming to the public health emergencies response and preparedness

1. **Science with and for Society (SwafS): The case for Epidemics & Pandemics** by Athena Linos, MD, MPH, PhD, Professor & Chair of Dept. of Hygiene, Epidemiology & Medical Statistics, Athens Medical School. President of the Institute of Preventive Medicine Environmental and Occupational Health, Prolepsis.



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2. **Gender Issues in Pandemics and Epidemics** by European Institute of Women's Health (EIWH), Ireland
3. **From Modelling Epidemics to Modelling Human Behaviour Impact on Epidemics: Perspectives for Science in Society** by Alberto d'Onofrio

Issue n. 2 - Democracy and human rights under Public Health Emergency (PHE) threat

1. **Democracy and human rights in a Public Health Emergency (PHE)** by Solveig Wallyn
2. **Ethics in influenza pandemic planning** by Eva Benelli & Alessandra Craus
3. **Open and Responsible Research and Innovation in Pandemics** by Alberto d'Onofrio & Mitra Saadatian

Issue n. 3 - National borders and the spreading of diseases

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

Five more issues are scheduled for the remaining of the project.

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

Period 3 – M37 – M48

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.



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- 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. Место 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.	Dimitrova V., Georgieva T., Minkova A.,



	Курчатова, Е. Насева, М. Кожухарова Изследване на нагласите на медицинските специалисти към грипните ваксини в България. <i>Обща медицина</i> , 2017, брой 3, стр. 3-7.	Naseva E., Kurchatova A., Kojouharova M. Study of the attitudes of family doctors in Bulgaria towards influenza vaccines. <i>General Medicine</i> . 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). <i>Социална медицина</i> , 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). <i>Social Medicine</i> . 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. <i>Здравна политика и мениджмънт</i> , 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. <i>Health Policy and Management</i> , 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 ETTORRE MAJORANA FOUNDATION AND CENTRE FOR SCIENTIFIC CULTURE - SCUOLA SUPERIORE DI EPIDEMIOLOGIA E MEDICINA PREVENTIVA "G. D'ALESSANDRO in Erice, Trapani.
4. SiS-RRi 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

Period 1 – M1 – M18

- P17 PROLEPSIS has suggested a number of proposed titles for the journal - currently the consortium is deciding on the title which will be available in the next weeks ;
- Contents of the first issue are being proposed and agreements have been reached with the leaders of WP2 (P13 HU) to include scientific articles for the first issue.

Period 2 – M19 – M36

- 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>
- Three issues have been published and 5 more are scheduled.

Period 3 – M37 – M48

- Plans are being discussed for further issues to be delivered and posted on the ASSET website.
- Visualizations are 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, UMFCD, HU, ZADIG

Start: m12 – End: m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

Context and main objectives

The ASSET Summer School is thought as a three-edition appointment for better addressing, analysing and discussing on “Science in Society” issues occurring within pandemics and related crisis management, including communication and other responses.

The transdisciplinary perspective that constitutes the basis for the Summer School is retrievable both in topics to be covered and in the potential applicants’ profiling (with regard to education and work experience).

This annual training course is developed in fact according to a transdisciplinary perspective that includes social sciences, science communication, public health, vaccinology, bioethics, gender issues, clinical ethics, political science. Furthermore, the ASSET Summer School is addressed to people with different



background: public health, medicine, philosophy, social science, media, health care administration. The Summer course is conceived within the WP7 (Communication) so it is mainly supposed to further disseminate scientific achievements in the field of SiS related issues in Pandemics. This is the reason why, in the field of SiS related issues in Pandemics, the first edition (2015) will cover six main topics which are the WP2 study areas (Governance; participatory governance; gender issues; intentionally caused outbreaks; unsolved questions; Ethics and Laws).

A dedicated discussion thread has been started on WP7 forum of the Community of Practice (CoP) web platform; all Consortium members have been solicited to be actively involved, giving lessons and engaging in discussions with other prominent international experts. A storyboard (complete with a rationale, tentative programme, an opinion survey and a timetable) has been shared and filled in by each Partner. Comprehensive documents have been uploaded on the CoP including notes, comments and suggestions by all.

Period 2 – M19 – M36

Context and main objectives

The ASSET Summer School is focused on “Science in Society” issues occurring with management of pandemics as well as of public health emergencies of international concern, including communication and other responses.

Given its positioning in the WP7 (Communication) it is supposed to further disseminate scientific achievements in the field of SiS related issues in Pandemics. It is the reason why all the three planned editions (2015, 2016, 2017) deal with the six WP2 study issues which correspond with the Strategic Plan's action lines: Governance of pandemics; Unsolved scientific questions about epidemics and pandemics; Crisis participatory Governance; Ethical, legal and societal implications of pandemics; Gender pattern – vulnerability; (Issues related to) intentionally caused outbreaks.

Arranging a school edition means that the task leader

- organizes the dissemination of the event (WP leader cares communication on the website);
- coordinates the macroplanning and microplanning phases to understand contents and Learning Units to be developed;
- cares all administration issues in order to effectively hold the course (catering, travel grants, location and facilities, etc.).

At that stage, all the Consortium members discuss about learning units to be carried out, methods to be used and approaches to follow, contents to be presented, internal and external teachers and/or lecturers to be invited. Partners are in fact constantly solicited to be actively involved giving lessons and engaging in discussions with other prominent international experts. The three ASSET Summer Schools editions are held in Rome at the National Centre for Epidemiology, Surveillance and Health Promotion, that is the National Centre for Diseases Prevention and Health Promotion (CNaPPS) of the Istituto Superiore di Sanità since January 2017. The calendar is as follows:

- ✓ 1st Summer School - from September 2015, 21st to 24th;
- ✓ 2nd Summer School - from June 2016, 15th to 17th;
- ✓ 3rd Summer School - from May 2017, 30th to June 1st.



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Period 3 – M37 – M48

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

Period 1 – M1 – M18

The First edition of the ASSET Summer School is to be held in Rome from 21 to 24 September 2015 (M21).

Period 2 – M19 – M36

Both in the first and the second editions of the Summer School, the participants were selected on the basis of their CVs and motivation letters. They 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, and three days in 2016) and the lessons were given by lectures from prominent international experts on several topics, ranging from crisis management to issues related to social and health inequalities, and participate to group work exercises and case studies. Lecturers discussed the ethical, legal and societal implications of pandemics, the unsolved scientific questions about them, the main problems about outbreaks governance and gender-related issues.

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



co-funded by the EU. GA: 612236



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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).

Given all these features characterizing ASSET, the delivery of T7.6 takes on even more challenging hints because it is a training designed for adults, in particular addressed to professionals involved on the field. Then, a huge attention has been 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. Furthermore, the intended peculiar multi-disciplinarity to face epidemics and pandemics enlarges potential target of interest but does not find specific addresses as well.

The first Summer School edition can be seen as a test for retrieving contents to be proposed within the subsequent ASSET Summer Schools. With the second Summer School edition the participants have been given the opportunity to present their own projects, activities or experience developed in the field of interest. This aspect made students' applications improve so that 8 trainees participated in the 2015 edition and 17 trainees partook in the Summer School organized in 2016.

Period 3 – M37 – M48

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%

Progress towards objectives

Period 1 – M1 – M18

The task aims to raise awareness of SiS themes among general practitioners in Europe. The project is offering 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. Three 3.000€ prizes is planned to be assigned each year, starting from the second year of the project life as educational grants to be used at any of the partner organization.



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The context is open to all GPs and GP registrars working in any Member States and is going to be advertised through GP European societies and national medical associations. The task leader (P17 PROLEPSIS) is in charge of organizing and advertising the context, and to establish an independent jury.

Period 2 – M19 – M36

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

- 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:

1. 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.
2. The award subject area will be extended to include practices for migrants/refugees and primary health care.
3. 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.

Period 3 – M37 – M48

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

Period 1 – M1 – M18

- The prize is planned to be awarded at the end of each year starting from the end of 2015;
- Lists of GPs from across the EU are being compiled and updated continuously.
- A search of existing best practices on SiS issues concerning infectious diseases is ongoing

Period 2 – M19 – M36

- We have awarded 5 awards so far while 4 are still pending.
- Due to low response in the 1st year we have opened the award to more specialties and subject areas.

Period 3 – M37 – M48

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 Comenius Programme (and then ERASMUS + Programme)

Task leader: EIWH

Contributors: ISS

Start: m12 – End: m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

Information about ASSET and its findings through collaboration with the Comenius programme will be disseminated. The Comenius Programme focuses on the first phase of education, from pre-school and primary to secondary schools. It is relevant for all members of the education community.

Part of the EU Lifelong Learning Programme, Comenius seeks to develop knowledge and understanding among young people and educational staff; it helps young people acquire the basic life skills and competences necessary for their personal development, for future employment and for active citizenship.

Period 2 – M19 – M36

Progress has been made, as detailed below, in engagement with transition year students in Dublin. The findings will be described in detail in a report outlining the student's understanding of pandemics, epidemics and infectious diseases, as well as a look into 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 much problems. Moreover, they 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.

Period 3 – M37 – M48

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 are 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

Period 1 – M1 – M18

Those in receipt of the Comenius grant awards for Multilateral projects under the priority “Support to make science education more attractive” for 2011, 2012 and 2013 will be identified. Contacts with the European Commission are currently ongoing for information about the grant recipients, as these projects are a centralised action managed directly by the Commission, and not by each Member States national education agency. Once full contact has been established, it will be discussed how to best approach the task with the result of designing targeted dissemination initiatives in schools.

Period 2 – M19 – M36



Initially, we encountered difficulties in identifying schools connected to the Comenius programme. The DOW outlines this task as collaborating with schools which were awarded a Comenius grant as a multilateral consortia under the heading "Support to make science more attractive" in 2011, 2012 and 2013. We identified a number of these projects, however the grant recipients have all been universities, rather than schools, who have used the grant to apply their project to schools in their countries. So far we have contacted the only English-speaking country that was awarded a grant, Scotland, where the University of the West of Scotland were the grant recipients. They unfortunately did not conduct any of their work in schools in Scotland, but rather in schools across Europe. We identified a project in Greece that would be suitable, and our ASSET partner Prolepsis kindly agreed to help us and tried to track down the project to see what schools were involved. Unfortunately, since the DOW specifies that the projects must have been awarded the grant between 2011-2013, the project group was no longer in operation and Prolepsis, despite spending a great deal of time and effort helping us, eventually reached a dead end.

After the significant problems we had identifying Comenius schools, 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. We have identified six schools in Ireland that were awarded the Erasmus Plus grant. We contacted all schools via telephone at the start of the school year, and got a positive response, with all schools expressing interest and enthusiasm for the project, and were happy to work with us. However, there was a delay in the collaboration as the main secondary school teacher's union in Ireland called a number of strike days during the first term of the school year 2016/2017. The teachers are striking for a reform in their contracts, which during austerity saw newly qualified teachers getting a different contract with less protection and much lower starting wages. Also, they are protesting a proposed change to the curriculum in the Junior Certificate, which is the exam taken to enter upper secondary school. Because of the strike, the schools advised us that they would not be in a position to organise anything concrete until the strike is over. An agreement between the Irish government and the union was reached in November 2016, and the schools asked us to contact them again in early 2017, to begin the process in earnest.

Thus, we began collaboration with Tallagh Community School, where we engaged with transition year (TY) students. Transition Year is a year in which students (generally aged 15-16) are assessed, and not examined. The purpose of the TY is to assist in the transition from the school environment by encouraging creativity and responsibility. Students typically receive education in the usual subjects but also participate in work experience, internships, non-academic studies, volunteering, and so on. The idea is that students will encounter subjects and training outside the school environment, get a more practical grounding in various subjects, and try different things before they decide what subjects to study for the two-year Leaving Certificate cycle, which is the final secondary school examination in the Irish school system.

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 are the biological mechanisms behind infectious diseases. We then followed up with examples of this, beginning with the Spanish flu, smallpox, polio and cholera to give them an idea of the many different types of pandemics that have existed within history.

We chose Spanish flu as it showed the devastation influenza can cause, and the smallpox and polio as examples of how infectious diseases can be fought using vaccination. Cholera was then discussed using the story of the Broad Street Pump outbreak in Soho in London, where the efforts of Dr John Snow not only ended the outbreak but also was the founding event of the study of epidemiology. By engaging the students in Dr Snow's almost detective-like work in finding the source of the outbreak, it allowed them to participate in the presentation while also explaining in a very practical way what epidemiology is.

We then moved on to more recent epidemics: Zika, SARS, Ebola, and H1N1. Following this, 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.

The questionnaire opened with asking the students how familiar they are with epidemics/pandemics in general, and a number of specific diseases. Also, there were questions on information they thought was important to know, and how they could protect themselves from infectious diseases.

The second part of the questionnaire was concerned mainly with how the students get information on health-related issues, how they communicate, what communication channels they trust and why, and what the best communication channels are and which ones they would prefer authorities to use.

Period 3 – M37 – M48

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



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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%

Progress towards objectives

Period 1 – M1 – M18

This task focuses on gender-sensitive and women-specific research on pandemics. The findings from ASSET will be disseminated to allow for increased awareness regarding flu pandemics related risk, notably for pregnant women and infants, and enable women to make informed decisions. Also, the focus will be on promoting gender awareness within pandemic-related research; pandemic preparedness; as well as advocating for increasing European support at different levels for health service research focusing on gender and age inequalities with respect to infectious outbreaks.

Period 2 – M19 – M36

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 Gender Platform is now up and running, as is the Sex, Gender & Vaccination Facebook page. The Facebook page does not have many followers, however we are trying to rectify this as much as possible through engaging with other stakeholder and interest Facebook pages.

Period 3 – M37 – M48

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

Period 1 – M1 – M18



A completed Draft outline of the implementation Plan has circulated to Consortium Members in May 2015 (M17). A brief outline of the planned approach is as follows:

A targeted stakeholder listing is under development consisting of a broad spectrum of European groups and organisations including NGOs, health professionals, public health and health promotion representatives .

A policy brief on gender issues in pandemics and epidemics for the general public and for health professionals is being developed.

EIWH will plan and host a seminar on Gender Issues in Pandemics and Epidemics for relevant stakeholders. The date will be towards the end of the task and confirmed at a later date.

Period 2 – M19 – M36

During the second reporting period, through discussions with our partners ISS and ZADIG, a joint decision was made to call the platform Sex, Gender & Vaccination, rather than the more vague Gender Issue Platform. EIWH also created a logo for the platform, to increase the branding. The Gender Platform is now live on the ASSET webpage, with articles being posted by ZADIG and contributions being made by EIWH. There is not yet a social media presence, although Facebook has been chosen as the most suitable social media type. The FB page will link into the website, so that anything posted there will show on the FB page and discussion will be encouraged. The EIWH will monitor the page once it is up and running.

We have a number of themes, and post corresponding articles/interviews/points of interest. The themes are: Pregnancy, Ageing/older people, Co-morbidity, Chronic diseases, Vulnerable groups (ethnic minorities, lower socioeconomic status, and so on), Women as caregivers, Women in the workplace/women at home, Health care workers, Biological issues, Women in clinical trials. EIWH also plan to conduct interviews with relevant stakeholders and policy makers that can be released as podcasts with stakeholders in connection with each theme.

Interviews are currently being conducted, and will be posted on the Gender Platform and the Facebook page together with articles and papers relating to the specific theme.



Period 3 – M37 – M48

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

Period 1 – M1 – M18

A conference call was organized on 4th May 2015 (M17), during which was discussed the format and the main points the newsletter should point at, taking into account the targets (industrial and academic researchers). A particular attention was given to the links with other current ASSET activities, such as the following tasks T1.2 “Glossary of terms”, T2.2 “Reference guide of unsolved scientific questions”, T2.5 “Report on gender issues in pandemics and epidemics”, T3.2 “Roadmap to open and responsible research and innovation in pandemics”, T7.4 “Media office”, T7.5 “Science communication, research paper series”, T7.9 “Gender issue platform”, WP4 “Citizen consultation”. It was then decided to create this newsletter, setting up a routine watch on news published on responsible research and innovation in drugs and vaccines. This implies defining key words and sources to regularly gather news on the subject.

Period 2 – M19 – M36

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.

Lyonbiopole edited 4 newsletters, 2 are left till the end of the project. The work evolved from a first a brainstorming about setting the different sections of the newsletter to answer to the objectives and focus the target, to secondly the presentation of the ASSET RRI activities. We decided then to enlarge the newsletter to other RRI events and news in Europe. Now, we want to insist on the RRI tools that ASSET partners put in place and give them an echo to other scientific RRI studies.



Period 3 – M37 – M48

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

Period 1 – M1 – M18

The first newsletter issues will be issued in a few weeks and will present the ASSET project, define the RRI concept and give concrete RRI cases taking them from other European RRI initiatives but will also be based on the ASSET own experience.

Period 2 – M19 – M36

The 4th Newsletter (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. We announced that we will give a debriefing of those activities for the 5th Newsletter in June 2017.

Period 3 – M37 – M48

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

Task leader: DMI

Contributors: ISS

Start: m25 – End: m36

Actual progress: 100%

This task was active in RP2 only.

Progress towards objectives

Popular events such as Music Festivals have been proposed as tools for MML purpose. A music festival can be considered in fact as one mechanism for effectively attracting citizens, getting their full attention, and tackling scientific related challenges by presenting perspectives, knowledge and experiences. By this mean, SiS expressions of dialogue and cooperation can be developed for an effective communication of key messages and for leveraging public engagement, science education, and scientific dissemination. The Geneva Music Festival aimed to propose commonly defined assessment framework/methodologies and management of multi-disciplinary solutions, which take into account general public concerns and SiS related issues (participation, inclusiveness, ethics, gender, communication, etc.). It dealt with 'hot' topics for ASSET: individual and collective health, interest of music education in health, epidemic and pandemic threats. Indeed, classical music has been selected to be a potential important cultural activity to support scientific dissemination actions. This task proposed a unique way of integrating classical music in the promotion of education and public health by organising a piano concert where the classical piano pieces were accompanied by the presentations of six international scientific experts. Entitled "Concerto for Piano and Sciences" the event was the first scientific conference of this kind organised in partnership with the famous Verbier Festival near Geneva (Switzerland). This original joint event created a unique opportunity for the public to attend to the combination of classical piano music and extremely informative public health interventions proposed by international experts.

Significant results / Key findings

Organised on 30th July 2016, each scientific talks were followed by a piano classical sequence played by an international virtuoso pianist. Andrey Gugin, a Russian pianist and laureate of several prestigious international piano competitions has been invited with the agreement of Verbier Festival governance to perform a classical concert divided in 6 sequences. The topics presented by the public health experts during the concert-conference will touch more particularly on the aspects of individual and collective health (Dr Ariel Beresniak, DMI), the music's impact on the brain (Dr Pierre Lemarquis), the cognitive effects of the early music education (Hélène Vareille), the human epidemics of animal origin (Dr Donato Greco, ZADIG), the epidemics response strategies (Dr Sylvie Briand) as well as various defence mechanisms that the communities can employ against future pandemics (Dr Alberto Perra, ISS). The organisation of the Science Music Festival event was an important opportunity to communicate not only on front of a general public audience attending to the event, but also to the public audience worldwide



afterward thanks to high quality videos posted in the ASSET dedicated YouTube channel. Key actions to be implemented during a pandemic have been presented such as improving citizen responsibilities, improving official communication transparency and credibility, and improving inter- sectorial collaboration. Of particular importance, the Geneva Science Music Festival was a pivotal task to invite external expert with the aim to enrich the topics investigated in the frame of ASSET such as fighting against epidemics and pandemics

T7.12 The final publishable summary report

Task leader: ZADIG

Contributors: -

Start: m45 – **End:** m48

Actual progress: 100%

This task was active in RP3 only.

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, UMFCD, HU, AK, ZADIG

Start: m46 – **End:** m46

Actual progress: 100%

This task was active in RP3 only.

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 in 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

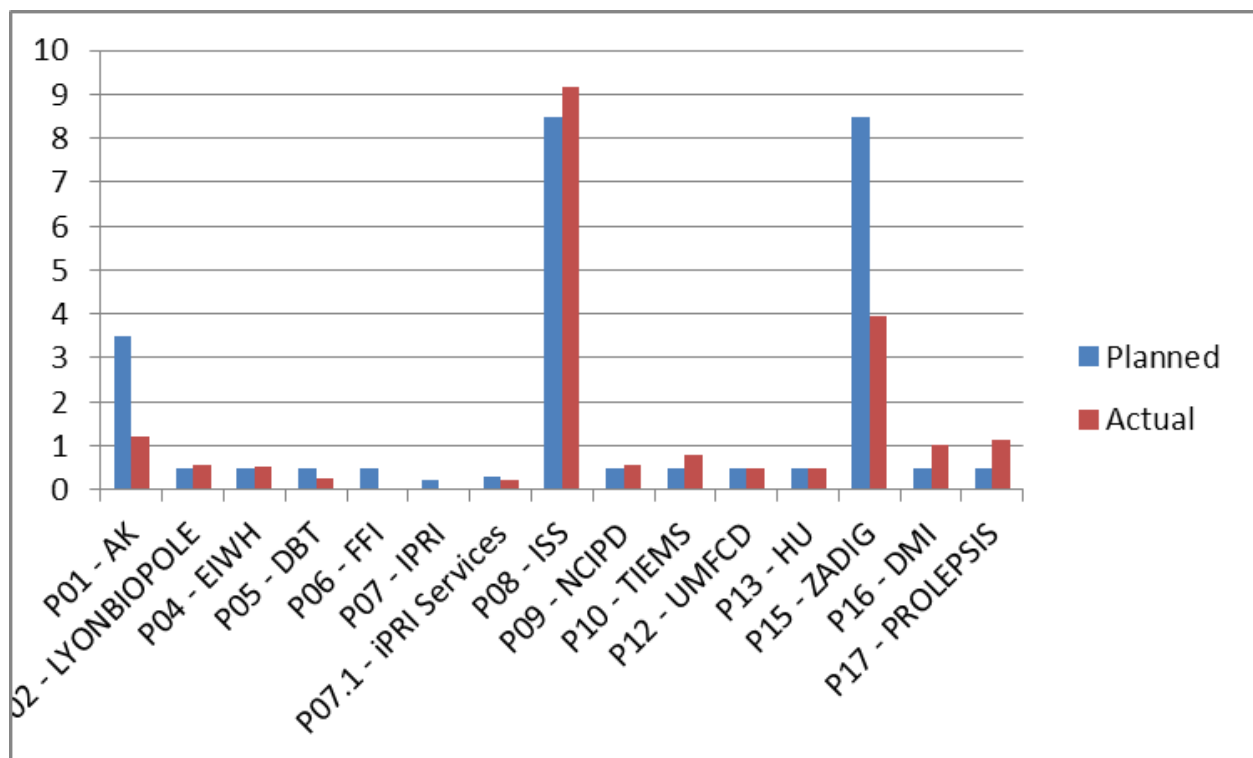
Start month: m3 (March 2014)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 20.34 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP8	
	Planned	Actual
P01 - AK	3,5	1,2
P02 - LYONBIOPOLE	0,5	0,58
P04 - EIWH	0,5	0,52
P05 - DBT	0,5	0,25
P06 - FFI	0,5	0
P07 - IPRI	0,2	0
P07.1 - iPRI Services	0,3	0,2
P08 - ISS	8,5	9,15
P09 - NCIPD	0,5	0,56
P10 - TIEMS	0,5	0,8
P12 - UMFCD	0,5	0,5
P13 - HU	0,5	0,5
P15 - ZADIG	8,5	3,95
P16 - DMI	0,5	1
P17 - PROLEPSIS	0,5	1,13
Total	26	20,34



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).

T8.1 Project Monitoring and ongoing evaluation



co-funded by the EU. GA: 612236



share and move to face nasty bugs

Task leader: ZADIG

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

Start: m4 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

Three different questionnaires were set up to carry out internal evaluation: a general quality plan questionnaire (Form 1), a self-assessment form (Form 2), and a continuous monitoring tool (Form 3). A strong input to the internal evaluation came also from the level and quality of the changes of ideas, documents and other resources in the CoP platform. The statistics generated by the Moodle web-based platform have facilitated the monitoring by offering a quantitative dimension of the relevant activities.

To date, 20 Form 3 (continuous monitoring tool) have been collected and reported on all the tasks effectively active in the reporting period 1. In general, the Logical Framework Analysis table included in Form 3 has not been filled out by the partners. However, the interactions between the Quality Officer and the Scientific Coordinator have permitted to gather the necessary information in the Form 3, thus allowing an efficient monitoring. From the content analysis of this first questionnaire, it has been observed that each ASSET member, after an initial running phase, has understood well his/her tasks and the interactions between them, especially through the web-based CoP (which has been operational 3 months after the beginning of the project). Since then, the total volume of exchanges among the different members has varied globally from 7,000 to over 9,000 posts or views per quarter.

Period 2 – M19 – M36

In RP2 the activities are carried out following the DOW indications, and the consortium is strengthening more and more the internal cohesion thanks to a lively debate on the Community of Practice (CoP) and to the exchange of ideas among members around all the project products.

Period 3 – M37 – M48

In RP3, 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

Period 1 – M1 – M18

Following the concise quality Plan set up for ASSET, the planned deliverables were first made available on the CoP platform for the ASSET consortium members. Then, after the approval by the Quality Officer, followed by the Principal Investigator's, and finally by the Project Manager's, 11 deliverables



have been completed and submitted to the Commission until the end of June 2015 (M18). Many deliverables have been completed with an average delay of 5 months (range 3-9), as a consequence of the postponement in the implementation of the overall project activities.

Period 2 – M19 – M36

The Internal evaluation was developed gathering on the CoP and analyzing the Form3 related to the active tasks of the considered period month 19-36 may 2015 December 2016.

All the deliverables but 2 (D1.7, D4.3,) were received in due time. The delayed deliverable are in the final editing stage as demonstrated by the update F3 forms received. The strategic plan, the MMLAP tool box were completed as well as the Action Plan and the Road Map.

The citizen consultation was performed in 8 countries involving 540 participants. The communication and dissemination of the project results and activities have been increased since the website has become fully operative and the efforts on social media have been set up in view of the dedicated tasks, starting in the next months.

Two Interim quality reports were produced between the first and the second periodic reports.

Period 3 – M37 – M48

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



co-funded by the EU. GA: 612236



share and move to face nasty bugs

Task leader: AK

Contributors: External Independent Evaluator (subcontracted)

Start: m5 – **End:** m48

Actual progress: 100%

Progress towards objectives

Period 1 – M1 – M18

The task T8.2 was subcontracted to Crossxculture 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).

Period 2 – M19 – M36

The 1st External Evaluation Report (ER1) (final version) was 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.

Period 3 – M37 – M48

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

Period 1 – M1 – M18

- 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.

Period 2 – M19 – M36

- 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).

Period 3 – M37 – M48

- 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)

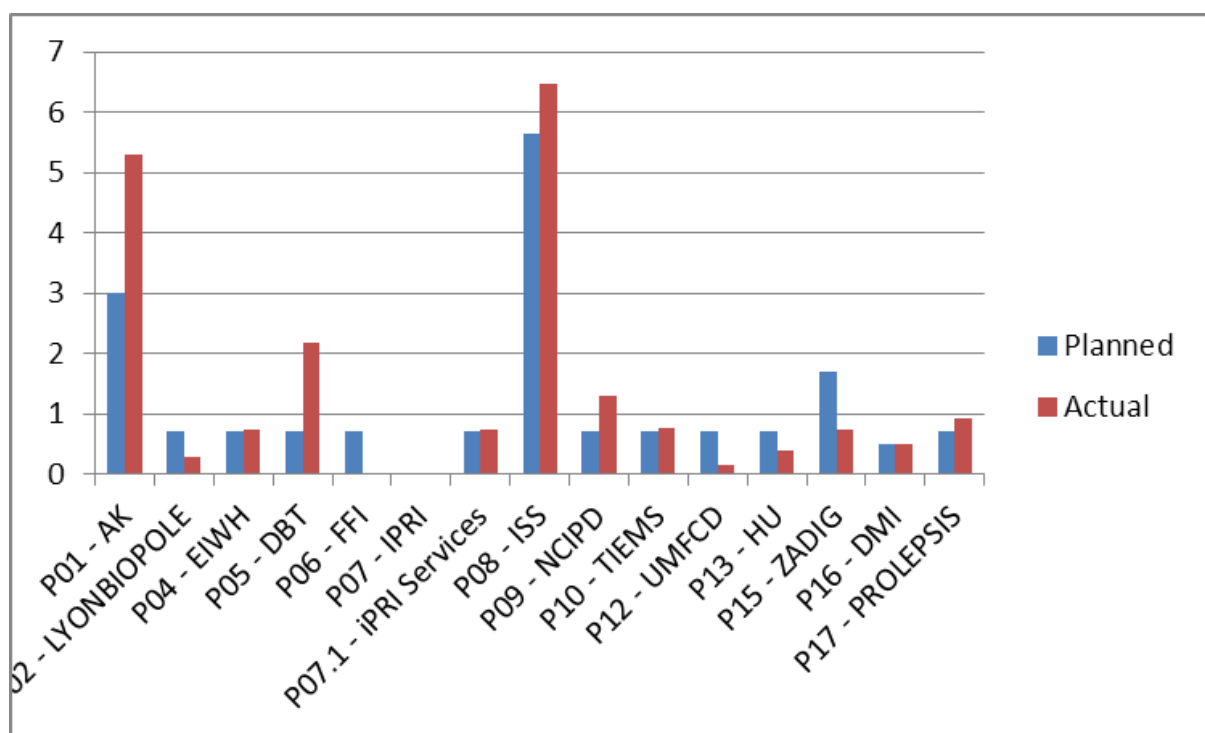
Efforts reported for the whole project duration: 20.46 p*m – Actual Progress: 100%

This WP and the related tasks were active in RP3 only.



Efforts under the WP – Total planned vs total used (Person*Months)

Partners	WP9	
	Planned	Actual
P01 - AK	3	5,3
P02 - LYONBIOPOLE	0,7	0,28
P04 - EIWH	0,7	0,74
P05 - DBT	0,7	2,17
P06 - FFI	0,7	0
P07 - IPRI	0	0
P07.1 - iPRI Services	0,7	0,74
P08 - ISS	5,64	6,47
P09 - NCIPD	0,7	1,29
P10 - TIEMS	0,7	0,76
P12 - UMFCF	0,7	0,14
P13 - HU	0,7	0,4
P15 - ZADIG	1,7	0,75
P16 - DMI	0,5	0,5
P17 - PROLEPSIS	0,7	0,92
Total	17,84	20,46





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, UMFCO, 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, UMFCF, 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.



3. Project management for the whole duration of the project

3.1 Consortium management tasks and achievements

The financial and administrative aspects of the ASSET Project have been prepared according to the following reference documents:

- Grant Agreement number **612236**;
- ASSET Consortium agreement, version **2013-15-11**;
- Guide to Financial Issues relating to FP7 Indirect Actions, version **2013-03-18**;
- Annex II “General Conditions” of the FP7 Grant Agreement, version **2012-14-12**;
- Guidance Notes on Project Reporting, version **2012-28-06**;
- Template for Periodic Report, version **2012-28-06**.

All the partners in the Project used the Project netboard Internet-based management tool, to which they have access by using personal usernames and passwords.

The information collected from the partners is as follows:

- Monthly time sheets identified per person, Task, Work package and activity. Each time sheet has been updated with the actual labour cost of the person concerned according to the data provided by the respective accounting systems of the partners. The actual time consumption and the corresponding labour costs are thus identified, controlled and compared to the provisional figures set in the Technical Annex.
- Expenses incurred in the project for the various project cost categories such as:
 - Travel and per diem identified per person and per activity;
 - Other specific costs identified per partner and per activity;
 - Consumables identified per partner and per activity;
 - Subcontracting costs identified per partner and per activity;
 - Indirect cost, automatically calculated according to the partners’ respective indirect cost models;
 - The receipts per partner, if any.

The above information has been analysed by the project Coordinator and its services. Any significant deviations from the budgeted figures are documented with the partners concerned and, wherever the case, actions are taken at the level of the Coordinator.

Management reporting is based on views and tables automatically generated by the Project netboard Internet-based management tool in the .xls and .doc formats for the period concerned. The standardisation of the figures and tables, according to the updated guidelines provided by the Commission services is meant to ensure the overall consistency of the Periodic Report over time.

Finally, the figures and tables provided in the three Periodic Reports identify the amounts to be reported in the Form C of each partner directly in the Form C editor online tool, FORCE, and are automatically generated by the Project netboard Internet-based management tool from the time sheets and the declaration of expenses of the partners. This ensures that the justifications of the resources



consumption provided by the Periodic Report are always consistent with the figures reported in each partner's Form C.

During the whole project duration, the Coordinator and its services communicated with each Participant's scientific responsible person by e-mail as well as in Project Management Board meetings. Each partner's representative participated to the Project Management Board meetings (face to face or virtual) at months: 5 and 15 for RP1; 21 and 30 for RP2 and 40 and 46 for RP3.

All the required documents (Form C, expenses lists, and timesheets) are centralised at the Coordinator level, with the full collaboration of the partners.

WP10 MANAGEMENT

WP Leader: AK

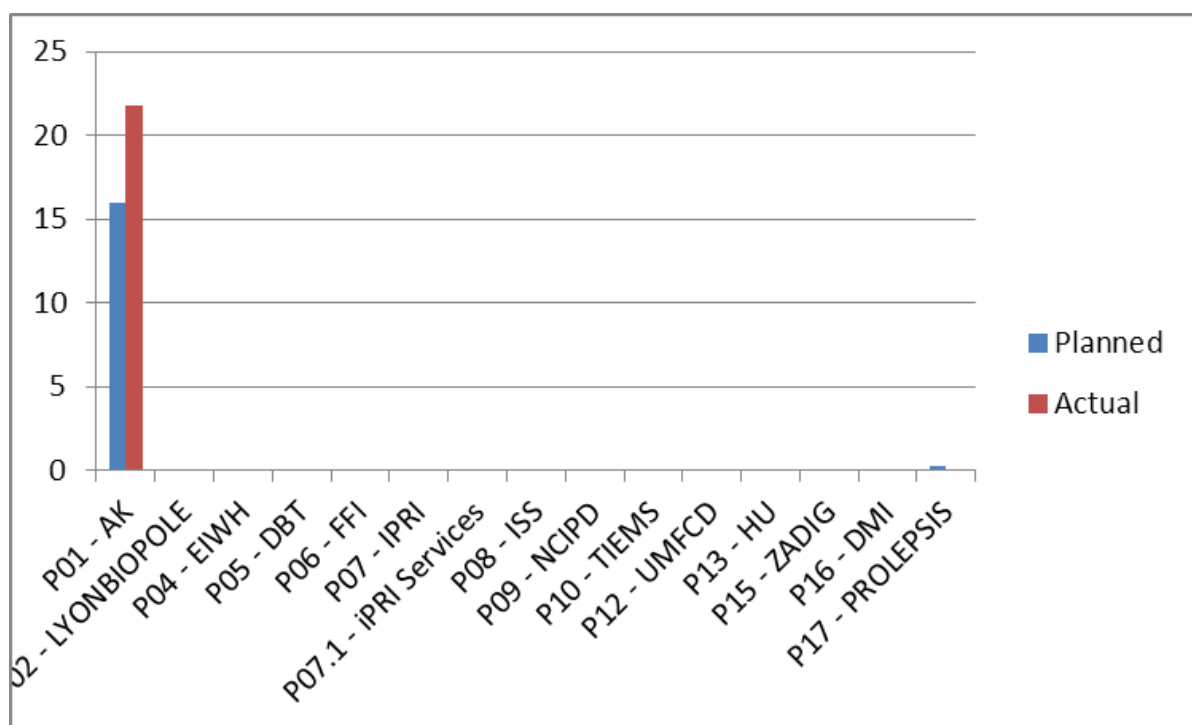
Start month: m1 (January 2014)

End month: m48 (December 2017)

Efforts reported for the whole project duration: 21.78 p*m – Actual Progress: 100%

*Efforts under the WP – Total planned vs total used (Person*Months)*

Partners	WP10	
	Planned	Actual
P01 - AK	16	21,78
P02 - LYONBIOPOLE	0	0
P04 - EIWH	0	0
P05 - DBT	0	0
P06 - FFI	0	0
P07 - IPRI	0	0
P07.1 - iPRI Services	0	0
P08 - ISS	0	0
P09 - NCIPD	0	0
P10 - TIEMS	0	0
P12 - UMFCF	0	0
P13 - HU	0	0
P15 - ZADIG	0	0
P16 - DMI	0	0
P17 - PROLEPSIS	0,26	0
Total	16,26	21,78



Work progress and overall achievements for the WP

In regards to the WP10 major achievements over the project lifetime, these could be summarised as follows:

- Setting-up and running of the Project Management Tool and making available to all consortium members the management, monitoring and control procedures (“Getting started” manual circulated - training provided);
- Preparing and making available the Project Handbook (a “Must Know” project manual including QA/QC procedures) to all actors in the project;
- Controlling the time and expenses reported by the partners on a monthly basis and comparing with the provisional figures so as to anticipate any deviations;
- Collecting and aggregating reporting information (efforts and costs) for the regular internal resources checking and periodic reporting towards the Commission;
- Providing the Consortium members with continuous assistance upon managerial issues;
- Collecting and submitting to the Commission the project deliverables according to QA/QC procedures;
- Implementing the provisions of the Consortium Agreement; Keeping the Consortium Agreement up-to-date;
- Organizing the project internal meetings (virtual or face-to-face);
- Collecting and circulating the meeting minutes and dealing with feedback before formal acceptance.



- Organizing the termination of the Grant Agreement and the Consortium Agreement in close collaboration with the partners.

T10.1 Management initiation

Task leader: AK

Contributors: -

Start: m1 – End: m7

Actual progress: 100%

This task was active in RP1 only.

Progress towards objectives

Resources Management

- Organising and coordinating (along with P8 ISS) the kick off meeting - 26-27 May 2014, Rome (Italy);
- Writing the minutes of the kick off meeting;
- Initiating coordination and management of the resources;
- Initiating population of the project management platform in close collaboration with the partners;
- Setting up control over the time and expenses declared by the partners on a monthly basis;
- Organising and distributing the first portion of the first pre-financing made by the Commission to the Consortium in accordance with the corresponding articles of the Consortium Agreement.

Grant Agreement Management

- Setting up the project decision bodies;
- Setting up the mechanisms for turning all meetings into legal decision making events resulting in contractual binding of partners;
- Raising consciousness about duties, liabilities and responsibilities in daily practice; Keeping a close eye upon the contractual and legal consistency of activities.

Significant results / Key findings

- Despite the cumulative six-month delay, the kick-off meeting was successful and the project was officially launched in good conditions;
- The coordination and management of the resources were successfully set up and the partners understood the necessity to provide reporting data on a regular basis;
- The distribution of the first portion of the first pre-financing towards the partners was achieved in due course.

T10.2 Management Cruise Mode

Task leader: AK

Contributors: -

Start: m5 – End: m45

Actual progress: 100%

Progress towards objectives



Period 1 – M1 – M18

Resources Management

- Organising and coordinating (with P16 DMI) the Transdisciplinary Workshop and Coordination Meeting (Geneva, Italy). Writing the minutes of the meeting;
- Coordination and management of the resources;
- Assisting the partners in populating the project management platform;
- Controlling the time and expenses declared by the partners on a monthly basis and comparing with the provisional figures for the first reporting period (1st January 2014– 30 June 2015);

Management of the Foreground

Facilitating discussions on scientific aspects during the meetings;

Collecting, checking (after prior check by the Quality Manager and Scientific Coordinator) and submitting to the Commission the deliverables of the reporting period.

Grant Agreement Management.

- Follow up on legal and financial aspects with the Commission;
- Keep on raising consciousness amongst the Consortium about duties, liabilities and responsibilities in daily practice;
- Keeping a close eye upon the contractual and legal consistency of activities.
- Correspondence with the Commission Project Officer and Legal Officer in the context of the preparation of a request (request #1 and # 2) to amend the Grant Agreement. In the case of the request #1, it was necessary to validate changes in the partnership (P3 - BMJ GROUP - P11 - CSSC – terminated their participation to the project in the first quarter of 2014. And P11 - Université de Genève did not accede to the Grant Agreement. Two new partners joined the project: P16 - DMI, P17 - - PROLEPSIS) .In the case of the request #2, it was necessary to validate IPRI MANAGEMENT's request to include IPRI SERVICES as a linked Third Party.

The Consortium also took the opportunity of the Grant Agreement amendment request to validate the changes in the Pert Chart (duration of tasks under WP2 and WP3 – date of delivery of deliverables related to WP2 and WP3 – date of achievement of Milestone 3 “Action Plan Handbook”).

Period 2 – M19 – M36

Resources Management

- Organizing and coordinating (with ISS) the Consortium Meetings in September 2015 (M21) and in June 2016 in Italy at M30. A control the time and expenses declared by the partners on a monthly basis and a comparison with the provisional figures for the second reporting period have been realized at M30 during the consortium meeting;
- Providing the Consortium members with assistance upon managerial issues. Conference calls have been organized with the Scientific Coordinator for adopting the best management strategy and for solving potential internal conflicts. Assistance has been provided to the partner LYB for implementing the citizen consultation in terms of budget distribution; regular checks have been made with the scientific coordinator and the task leaders for implementing their tasks in the best way and adopting the best strategy that was the case for the task 5.3 and the task 7.11.

Management of the Foreground



- Collecting and submitting to the Commission the project deliverables of the period according to QA/QC procedures.

Grant Agreement Management.

Correspondence with the Commission Project Officer and Legal Officer in the context of the preparation of a request (request # 3) to amend the Grant Agreement at M18 (July 2016). Such a request was necessary to ask the EC the need for subcontracting for the partners LYB and DMI for running the tasks T4.3 and T7.11

The Consortium also took the opportunity of the Grant Agreement amendment request to realign some partners' budgets following their remarks on the lack of budget linked to travel costs. The Annex 1 has been modified in this way. The budget internal transfers concern 9 ASSET partners (P02 LYB; P06FFI; P07 IPRI; P08 ISS; P15 ZADIG; P13 HU; P16 DMI; P17 PROLEPSIS) and have been submitted to the EC with support of AK. Also, minor adjustments in the workplan were made following discussions with the partners (Partner P4 EUROPEAN INSTITUTE OF WOMEN'S HEALTH LIMITED – EIWH, in the context of task T7.8 will liaise with the ERASMUS + programme and not the COMENIUS programme which no longer exists. The D3.4 version 2 could be submitted to the Project Officer as an updated version of D3.4 which would be retitled ASSET Tool Box intermediate version, as the partner wishes to collect until the end of the project additional tool boxes to be presented to the EC.

Period 3 – M37 – M48

Resources Management

- Preparation of the second periodic report and submission to the Commission; Collecting the form Cs and financial information about the use of the resources and the audit certificates from ISS and ZADIG; Completion of EC reporting tools SESAM and FORCE.;
- Performing a monthly check of the time and expenses reported by the partners and comparing the reporting data with the provisional figures so as to anticipate any deviations; providing the necessary support and assistance to the partners during the period to allow them to report in good conditions;
- Aggregating the reporting information (efforts and costs) for the intermediate internal resources checking and further periodic reporting towards the Commission;
- Providing the Consortium members with assistance upon managerial issues. Conference calls have been organized with the Scientific Coordinator for adopting the best management strategy and for solving potential internal conflicts. Regular interactions have been made with the scientific coordinator and the task leaders for implementing their tasks in the best way and adopting the best strategy;
- Collecting and submitting to the Commission the project deliverables according to QA/QC procedures;
- Implementing the provisions of the Consortium Agreement; Keeping the Consortium Agreement up-to-date;
- Organizing and coordinating (in cooperation with ISS) the Consortium members Meetings in April 2017 at the Commission in Brussels (at M40). A review of the time and expenses declared by the partners on a monthly basis and a comparison with the provisional figures for the third reporting period was made during this consortium meeting.



Significant results / Key findings

Period 1 – M1 – M18

The project management tool was kept updated and allowed to inform and advise the partners on the status of the project resources consumption.

The requests # 1 and # 2 to amend the Grant Agreement were accepted in March 2015 and August 2015.

The validation of the new Pert Chart by the Commission, where a few work packages and related tasks and deliverables have been re-adjusted, will allow an improvement of their efficiency, and enable the partners to bring back the project to the original 48 month duration.

Period 2 – M19 – M36

During the summer 2016, conference calls have been organized with Alberto Perra and ASSET Project Officer to make some progress point with him and to collect information for the last year project implementation. We also have been contacted to participate with Alberto Perra to a pool conducted by the cabinet Ernst & Young.

At M35, we have set up an action plan for 2017 with Alberto Perra starting by organizing the next ASSET events (Brussels). Contacts were made with the Project Officer on that matter.

Collecting, checking (after prior check by the Quality Manager and Scientific Coordinator) and submitting to the Commission 14 deliverables of the reporting period.

The Amendment request #3 has been finalized with AK and the Financial Officer, submitted and accepted by the EC early September 2016 (M33).

Period 3 – M37 – M48

During its cruise mode phase, the ASSET project was correctly managed and monitored and close interactions between the partners facilitated the identification and resolution of issues. In particular, operational and administrative issues were reported, discussed at meetings and countermeasures were applied.

The coordination and management of the resources were set up since the beginning of the project and maintained during the cruise mode phase of the project and the partners were continuously reminded about the necessity to provide reporting data on a regular basis. The methods and tools used to optimize the management of the project were always followed and accepted by all the partners.

T10.3 Project Termination

Task leader: AK

Contributors: -

Start: m46 – End: m48

Actual progress: 100%



Progress towards objectives

Period 3 – M37 – M48

Resources Management

- Organizing and coordinating (in cooperation with ISS) the final Consortium members Meeting in October 2017 in Roma at M46, in parallel to the project final event. A review of the time and expenses declared by the partners on a monthly basis and a comparison with the provisional figures for the third reporting period was made during this final consortium meeting;
- Preparation of the third periodic report and the final report in cooperation with the partners and submission to the Commission; Collecting the form Cs and financial information about the use of the resources and the audit certificate from DBT; Completion of EC reporting tools SESAM and FORCE.;
- Terminating the Grant Agreement and the Consortium Agreement while reminding the partners' remaining rights, liabilities and obligations (confidentiality, IPR issues, and publications).

Management of the Foreground

- Facilitating discussions on scientific aspects during the final consortium meeting;
- Collecting, checking (after prior check by the Quality Manager and Scientific Coordinator) and submitting to the Commission the 22 deliverables of the reporting period.

Grant Agreement Management

- Correspondence with the Commission Project Officer and Legal Officer in the context of the preparation of the request (# 4) to amend the Grant Agreement at M48 (Dec. 2017). The purpose of this amendment was to validate the following changes:
 - Modification of Annex 1
 - Change of coordinator's banking details
 - Change of coordinator's name and address

Significant results / Key findings

- The request # 4 to amend the Grant Agreement was accepted in early 2018.
- The partners were aware of their rights and obligations
- The project management platform was closed with its contents archived for the required number of years;
- The Consortium Agreement was terminated;
- The Grant Agreement was terminated.



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3.2 Problems which have occurred and solutions

Problems which have occurred and how they were solved or envisaged solutions		
Partner/Work package or activity concerned	Problem	Solution
P11 – Université de Genève WP 1 DIALOGUE & PARTICIPATION WP 2 STUDY & ANALYSIS WP 3 ACTION PLAN DEFINITION WP 4 CITIZEN CONSULTATION WP 5 MOBILITAZION AND MUTUAL LEARNING WP 7 COMMUNICATION WP 8 EVALUATION WP 9 LEGACY	P11 - Université de Genève did not accede to the Grant Agreement and could not participate in the project. Université de Genève had the following role in the project: TASK LEADERSHIP: T2.7, T7.11 TASK CONTRIBUTION: T1.1, T1.2, T3.1, T4.1, T4.2, T4.3, T5.3, T7.1, T7.5, T7.6, T7.7, T7.13, T8.1, T9.1, T9.2 DELIVERABLE OWNED: 2.7, 7.15	Preparation and submission of a request to amend the Grant Agreement (Amendment # 1) in order to remove the partner from the list in Article 1.1 of the GA and to enrol a new partner (P16 DMI) able to fulfill Université de Genève's duties.
P3 - BMJ WP 1 DIALOGUE & PARTICIPATION WP 2 STUDY & ANALYSIS WP 3 ACTION PLAN DEFINITION WP 4 CITIZEN CONSULTATION WP 5 MOBILITAZION AND MUTUAL LEARNING WP 7 COMMUNICATION WP 8 EVALUATION WP 9 LEGACY	P3 BMJ, due to internal restructuring, could no longer commit to the project. BMJ had the following role in the project: TASK LEADERSHIP: T7.5, T7.7, T7.12, TASK CONTRIBUTION: T1.1, T1.2, T2.4, T2.7, T3.1,T3.3,,T3.4, T4.1, T5.1, T5.3, T7.1, T7.6, T7.13, T8.1, T9.1, T9.2 DELIVERABLE OWNED: 7.8, 7.9, 7.11, 7.16	Preparation and submission of a request to amend the Grant Agreement (Amendment # 1) in order to: 1/ terminate the participation of P3 BMJ and to enrol a new partner (P17 PROLEPSIS) able to fulfill BMJ's duties.



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<p>P14 - CSSC WP 1 DIALOGUE & PARTICIPATION WP 2 STUDY & ANALYSIS WP 3 ACTION PLAN DEFINITION WP 4 CITIZEN CONSULTATION WP 5 MOBILITAZION AND MUTUAL LEARNING 48 WP 6 POLICY WATCH WP 7 COMMUNICATION WP 8 EVALUATION WP 9 LEGACY</p>	<p>P14 CSSC, due to its decision to enter into voluntary liquidation, could no longer commit to the project. CSSC had the following role in the project: WP LEADERSHIP: 5, 9 TASK LEADERSHIP: 1.1, 1.4 (scientific coordination), 2.4, 3.1, 3.3, 5.3, 7.6, 7.13, 8.1, 9.2 TASK CONTRIBUTION: 1.2, 1.3, 2.7, 4.1, 5.1, 6.1, 7.1, 7.3, 7.4, 7.7, 7.10, 7.11, 9.1 DELIVERABLE OWNED: 1.1, 1.5, 1.6, 1.7, 2.4, 3.1, 3.3, 5.3, 7.10, 7.17, 8.1, 8.2, 8.3, 9.2</p>	<p>2/ terminate the participation of P14 CSSC and transfer its tasks and budget to P8 ISS.</p>
<p>- P4 EIWH - T7.8 Liaison with Erasmus Plus instead of Comenius P16 DMI - T7.11 Geneva Music Festival. - P2 LYONBIOPOLE (T4.2) - IPRI (T5.3)</p>	<p>- Stop of the program Comenius - Difficulties to register the ASSET project with the Geneva Music Festival programmation - No expertise for LYB in recruiting and involving citizens.</p>	<p>- Shift of the T7.8 to work on the Erasmus + program - Participation to the Concerto for Pianos and Science event instead located in Verbier. - LYB has been helped by subcontract specialized in this task which has been officialised through the Amendment request n°3 - 1000€ extra has been transferred from Zadig's budget to IPRI</p>



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P8 8 ISS	Leaving of Alberto Perra, ASSET scientific coordinator starting in January 2017.	He has been replaced by Valentina Possenti who took over all Scientific Coordinator task. She was helped by AK in this new role.
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3.3 List of project meetings, dates and venues

Meetings Title	Organised by	Starting date	Ending date	Location
Project Management Board meeting (Discussion over changes in the Consortium Members)	P1 ABSISKEY	25 March 2014	25 March 2014	VIRTUAL MEETING
Kick Off Meeting	P8 - ISS	26 May 2014	27 May 2014	ISS – ROME, ITALY
Discussion over essential Glossary terms	P9 NCIPD	30 September 2014	30 September 2014	VIRTUAL MEETING
Transdisciplinary Workshop	P16 - DMI	24 February 2015	25 February 2015	GENEVA AIRPORT, SWITZERLAND
Workshop	P2 LYONBIOPOLE	23 February 2015	23 February 2015	LYONS, FRANCE
ASSET High Level Policy Forum	P10 TIEMS	12 March 2015	12 March 2015	BRUSSELS, BELGIUM
Project Management Board Meeting (strategic discussion over Task T3.2)	P1 ABSISKEY	17 March 2015	17 March 2015	VIRTUAL MEETING
MMLAP virtual cluster meeting (T1.3)	P15-ZADIG	4 June 2015	4 June 2015	VIRTUAL MEETING
WP4 Workshop for ASSET citizen meetings	DBT	26 November 2015	27 November 2015	COPENHAGEN
ASSET Summer School	ISS	22 September 2015	24 September 2016	ROME
ASSET Consortium Meeting	ISS	25 September 2015	25 September 2015	ROME
WP4 Workshop for ASSET citizen meetings	DBT	21 March 2016	22 March 2016	COPENHAGEN
ASSET Consortium Meeting	ISS	14 June 2016	14 June 2016	ROME
ASSET Summer School	ISS	17 June 2016	17 June 2016	ROME
WP4 Workshop for ASSET citizen meetings results	DBT	21 November 2016	23 November 2016	COPENHAGEN



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Consortium and EAB Meeting	ISS	27/04/17	27/04/17	BRUSSELS
Citizen Consultation Meeting at the EU Parliament	DBT	26/04/17	26/04/17	BRUSSELS
Third High Level Policy Forum	TIEMS	28/04/17	28/04/17	BRUSSELS
ASSET Summer School	ISS	30/05/17	31/05/17	ROME
ASSET Final Conference & Brokerage Event	ISS/ZADIG	30/10/17	31/10/17	ROME
Last consortium meeting	AK	30/10/17 morning	30/10/17 morning	ROME

3.4 Deliverables and Milestones tables

Table1.Deliverables											
Del. no.	Deliverable name	Version	WP no.	Lead beneficiary	Nature	Dissemination level	Delivery date from Annex 1 (project month)	Actual/ forecast delivery date	Status Not submitted/ Submitted	Contractual Yes/ No	Comments
D1.1	KOM Report	1	1	8 - ISS	R	PU	6	16/02/2015	Submitted	Yes	Submitted later than
D1.2	Glossary and Terminology	1	1	9 - NCIPD	R	PU	11	05/03/2015	Submitted	Yes	Submitted later than expected
D1.3	Project Infrastructure Report 1	1	1	15 - ZADIG	R	PU	18	23/09/2015	Submitted	Yes	Submitted later than expected
D1.4	Project Infrastructure Report 2	1	1	15 - ZADIG	R	PU	36	26/01/2017	Submitted	Yes	Submitted almost on time
D1.5	Project Infrastructure Report	1	1	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D1.6	Scientific Coordination Report 1	1	1	8 - ISS	R	PU	18	20/10/2015	Submitted	Yes	Submitted later than expected
D1.7	Scientific Coordination Report 2	1	1	8 - ISS	R	PU	36	25/04/2017	Submitted	Yes	Submitted later than expected
D1.8	Scientific Coordination Report 3	1	1	8 - ISS	R	PU	48	25/04/2018	Submitted	Yes	Submitted later than expected
D2.1	Governance Report	1	2	13 - HU	R	PU	14	20/04/2015	Submitted	Yes	Submitted later than expected
D2.2	Reference Guide on Scientific Questions	1	2	2 - LYONBIOPOLE	R	PU	15	08/06/2015	Submitted	Yes	Submitted later than expected
D2.3	Crisis Participatory Governance Report	1	2	10 - TIEMS	R	PU	14	18/03/2015	Submitted	Yes	Submitted almost on time as per the new



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D2.4	Ethics, Law and Fundamental Rights Report	1	2	15 - ZADIG	R	PU	15	20/04/2015	Submitted	Yes	Submitted almost on time as per the new
D2.5	Report on Gender Issues	1	2	4 - EIWH	R	PU	14	14/04/2015	Submitted	Yes	Submitted almost on time as per the new schedule
D2.6	Report on Intentionally Caused Outbreaks	1	2	6 - FFI	R	PU	14	14/04/2015	Submitted	Yes	Submitted almost on time as per the new schedule
D2.7	Transdisciplinary Workshop Report	1	2	16 - DMI	R	PU	15	24/06/2015	Submitted	Yes	Submitted later than expected
D3.1	Strategic Plan	1	3	8 - ISS	R	PU	21	22/12/2015	Submitted	Yes	Submitted later than expected
D3.2	Roadmap to Open and Responsible Research and Innovation in Pandemics	1	3	2 - LYONBIOPOLE	R	PU	21	27/01/2016	Submitted	Yes	Submitted later than expected
D3.3	Action Plan	1	3	15 - ZADIG	R	PU	24	13/05/2016	Submitted	Yes	Submitted later than expected
D3.4	ASSET Tool Box	1	3	10 - TIEMS	R	PU	27	23/08/2016	Submitted	Yes	Submitted later than expected
D4.1	Citizens Meeting Preparatory Materials	1	4	5 - DBT	R	PU	30	28/09/2016	Submitted	Yes	Submitted later than expected
D4.2	Citizens Meeting National Materials	1	4	5 - DBT	R	PU	32	24/10/2016	Submitted	Yes	Submitted later than expected



D4.3	Policy Report on Pandemic Consultation	1	4	5 - DBT	R	PU	36	25/04/2017	Submitted	Yes	Submitted later than expected
D5.1	Social Media Mobilization Report	1	5	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D5.2	Best Practice Platform and Stakeholder Portal	1	5	7 - IPRI	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D5.3	Local Initiative Report		5	8 - ISS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D6.1	High Level Policy Forum Report 1	1	6	10 - TIEMS	R	PU	18	04/08/2015	Submitted	Yes	Submitted later than expected
D6.2	High Level Policy Forum Report 2	1	6	10 - TIEMS	R	PU	36	06/02/2017	Submitted	Yes	Submitted almost on time
D6.3	High Level Policy Forum Report 3	1	6	10 - TIEMS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D6.4	Pandemic Preparedness and Response Bulletin Report 1	1	6	8 - ISS	R	PU	18	24/06/2015	Submitted	Yes	Submitted on time
D6.5	Pandemic Preparedness and Response Bulletin Report 2	1	6	8 - ISS	R	PU	36	25/01/2017	Submitted	Yes	Submitted almost on time
D6.6	Pandemic Preparedness and Response Bulletin Report 3	1	6	8 - ISS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.1	Communication Strategy	1	7	15 - ZADIG	R	PU	6	28/01/2015	Submitted	Yes	Submitted later than expected
D7.2	Project Brand	1	7	15 - ZADIG	R	PU	6	28/01/2015	Submitted	Yes	Submitted later than expected



D7.3	Web Portal Report 1	1	7	15 - ZADIG	R	PU	24	30/12/2015	Submitted	Yes	Submitted later than expected
D7.4	Web Portal Report 2	1	7	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.5	Media Report 1	1	7	15 - ZADIG	R	PU	24	29/01/2016	Submitted	Yes	Submitted almost on time
D7.6	Media Report 2	1	7	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.7	Science Communication Report 1	1	7	17 - PROLEPSIS	R	PU	24	17/08/2016	Submitted	Yes	Submitted later than expected
D7.8	Science Communication Report 2	1	7	17 - PROLEPSIS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.9	Summer School Report 1	1	7	8 - ISS	R	PU	24	12/01/2016	Submitted	Yes	Submitted almost on time
D7.10	Summer School Report 2	1	7	8 - ISS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.11	GP Award Report	1	7	17 - PROLEPSIS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.12	Liaison with the ERAMUS+ Programme	1	7	4 - EIWH	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.13	Gender Issue Platform Report	1	7	4 - EIWH	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.14	Research and Innovation Newsletter Report	1	7	2 - LYONBIOPOLE	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected



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D7.15	Geneva Music Festival Report	1	7	16 - DMI	R	PU	36	25/04/2017	Submitted	Yes	Submitted almost on time
D7.16	Final Publishable Summary Report	1	7	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D7.17	Final Conference Report	1	7	8 - ISS	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D8.1	Project Quality Report 1	2	8	15- ZADIG	R	PU	18	23/09/2015	Submitted	Yes	Submitted later than expected
D8.2	Project Quality Report 2	2	8	15 - ZADIG	R	PU	36	03/02/2017	Submitted	Yes	Submitted almost on time
D8.3	Project Quality Report 3	1	8	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D8.4	Ex Post Evaluation Report 1	1	8	1 - AK	R	PU	18	19/10/2015	Submitted	Yes	Submitted later than expected
D8.5	Ex Post Evaluation Report 2	1	8	1 - AK	R	PU	36	06/06/2017	Submitted	Yes	Submitted later than expected
D8.6	Ex Post Evaluation Report 3	1	8	1 - AK	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D9.1	Financial Sustainability Plan	1	9	1-AK	R	PU	48	25/04/2018	Submitted	Yes	Submitted later than expected
D9.2	Brokerage Event Report	1	9	15 - ZADIG	R	PU	48	06/04/2018	Submitted	Yes	Submitted later than expected
D10.1	Project Handbook	1	10	1 - AK	R	PU	6	01/10/2015	Submitted	Yes	Submitted later than expected
D10.2	Technical and Administrative	1	10	1 - AK	R	PU	48	25/04/2018	Submitted	Yes	Submitted later than expected



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Table2.Milestones							
Milestone no.	Milestone name	Work package no	Lead beneficiary	Delivery date from Annex 1	Achieved Yes/No	Actual/forecast achievement date	Comments
MS1	Glossary	WP1	9 - NCIPD	11	YES	15	The milestone was achieved with a delay of 8 months due to a late start in the project implementation
MS2	Transdisciplinary Workshop	WP2	16 - DMI	13	YES	15	The milestone was achieved with a delay of 4 months due to a late start in the project implementation
MS7	High Level Policy Forum established	WP6	10 TIEMS	10	YES	10	Achieved on time
MS3	Action Plan	WP3	15 - ZADIG	21	YES	24	The milestone was achieved with a delay of 3 months
MS4	Starting Public Consultation	WP4	5 - DBT	29	YES	33	The milestone was achieved with a delay of 4 months



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MS5	Closing The Public Consultation	WP4	5 - DBT	36	YES	36	The milestone was achieved on time. The policy report has been submitted however with a delay of 3 months
MS6	Launching Of The Best Practice Platform	WP5	7 - IPRI	32	YES	32	The milestone was achieved, with a slight delay, during RP3 (M37-M48)
MS8	Final Publishable Summary	WP6	15 - ZADIG	48	YES	48	The milestone was achieved on time
MS9	Performance And Effectiveness Indicators	WP8	1 - AK	12	YES	25	The milestone was achieved with a delay of 13 months due to a late start in the project implementation
MS10	Financial Sustainability Plan	WP9	1 - AK	48	YES	48	The milestone was achieved on time, although the deliverable was submitted with a delay.



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3.5 Statement on the use of efforts and budget

3.5.1 Overall Efforts consumption (person*month)

Table 2: Overall effort consumption per WP (person*month)

Partners	WP01		WP02		WP03		WP04		WP05		WP06		WP07		WP08		WP09		WP10		Total	
	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A
AK	3,1	0,5	0	0	0	0	0	0	0	0	0	0	5,2	0	3,5	1,2	3	5,3	16	21,78	30,8	28,78
LYON BIOPOLE	0,6	1,8	7,1	11,2	6,5	6	10,5	8,8	4,5	4,99	0	0	14,9	11,96	0,5	0,58	0,7	0,28	0	0	45,3	45,69
EIWH	0,6	0,6	3,1	2,9	2,5	2,5	5,2	4,2	7	7,36	1	0,7	10,9	10,5	0,5	0,52	0,7	0,74	0	0	31,5	30,04
P05 - DBT	1,6	1,2	2,1	2,9	4	13,3	21	27,4	0	0	1	1,55	3,6	6,65	0,5	0,25	0,7	2,17	0	0	34,5	55,42
FFI	0,6	2,1	3,1	1,5	0,5	0	4,2	3,5	3	2,55	1	0,5	0,6	0,88	0,5	0	0,7	0	0	0	14,2	11,03
IPRI	0	0	0	0	0,2	0	0	0	2,6	0	0	0	1,6	0	0,2	0	0	0	0	0	4,6	0
IPRI Services	0,6	0,5	1,1	1,8	5,3	3,7	0,2	0,2	12,61	20,85	0	0	3,3	5,4	0,3	0,2	0,7	0,74	0	0	24,11	33,39
ISS	19,6	19,65	5	0,5	7,5	6,5	8	8,5	15,5	14,91	7	8,48	33	35,26	8,5	9,15	5,64	6,47	0	0	109,74	109,42
NCIPD	3,1	3,32	1,1	1,1	2,5	2,5	4,2	4,5	9	7,8	3	2,45	4,9	5,02	0,5	0,56	0,7	1,29	0	0	29	28,54
TIEMS	1,6	2,81	2,1	3,4	4,5	6,7	0,2	0,3	7	6,25	5,5	6,3	0,9	2,58	0,5	0,8	0,7	0,76	0	0	23	29,9
UMFCD	0,6	0,5	0,1	0,1	0,5	0,5	5,2	5,5	9	2,34	2	1,7	4,9	2,95	0,5	0,5	0,7	0,14	0	0	23,5	14,23
HU	1,6	1,5	3,71	4,8	0,5	0,5	0,2	0,2	9,61	12,46	2	2	9,01	11,3	0,5	0,5	0,7	0,4	0	0	27,83	33,66
ZADIG	6,6	8,79	2,3	1,9	3,9	1,1	1,1	0,5	5,26	3,53	0	0,38	40,6	36,47	8,5	3,95	1,7	0,75	0	0	69,96	57,37
DMI	1	1	1	1	0,5	0,5	5,72	6	3	2,5	0	0	7,6	7,74	0,5	1	0,5	0,5	0	0	19,82	20,24
PROLEPSIS	0,6	1,5	1,1	6,5	2,5	2	0,2	0,7	18	29,14	0	0	11,6	24,16	0,5	1,13	0,7	0,92	0,26	0	35,46	66,05
Total	41,8	45,77	32,91	39,6	41,4	45,8	65,9	70,4	106,0	114,6	22,5	24,0	152,6	160,8	26	20,3	17,84	20,46	16,2	21,78	523,32	563,76

P = Planned – A= Actual



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Figure 4: Overall effort consumption per WP (person*month)

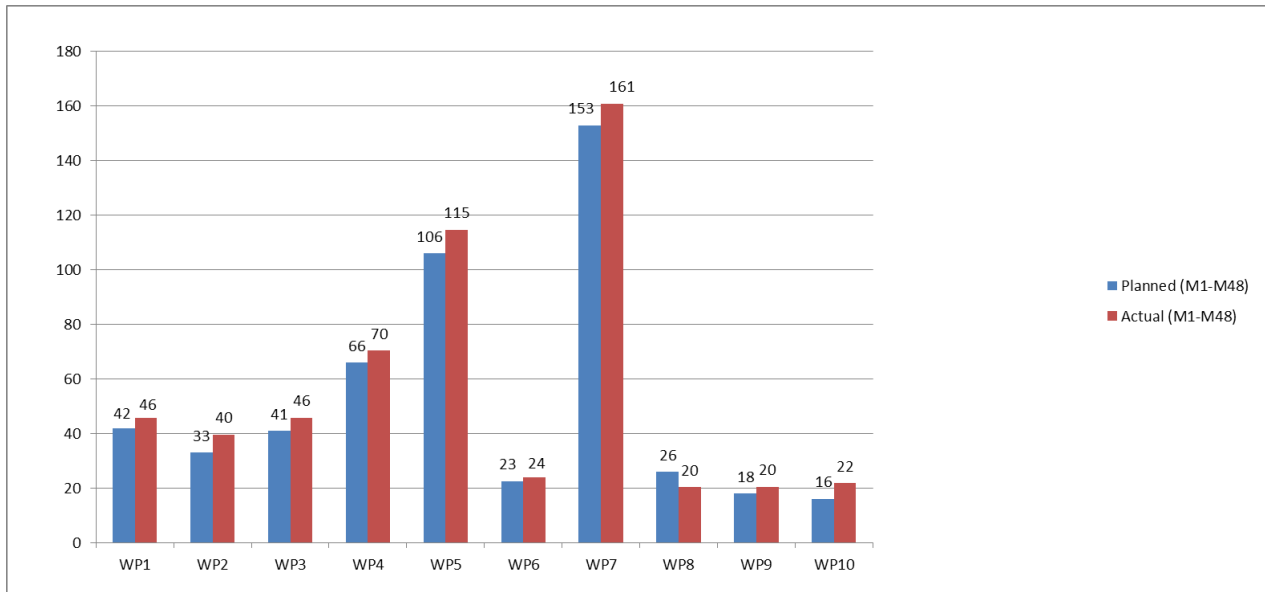


Table 3: Effort consumption per Partner (person*month)

Partners	PLANNED (M1-M48)	ACTUAL (M1-M48)
AK	31	29
LBP	45	46
EIWH	32	30
DBT	35	55
FFI	14	11
IPRI	29	33
ISS	110	109
NCIPD	29	29
TIEMS	23	30
UMFCD	24	14
HU	28	34
ZADIG	70	57
DMI	20	20
PROLEPSIS	35	66
<i>Total</i>	523	564

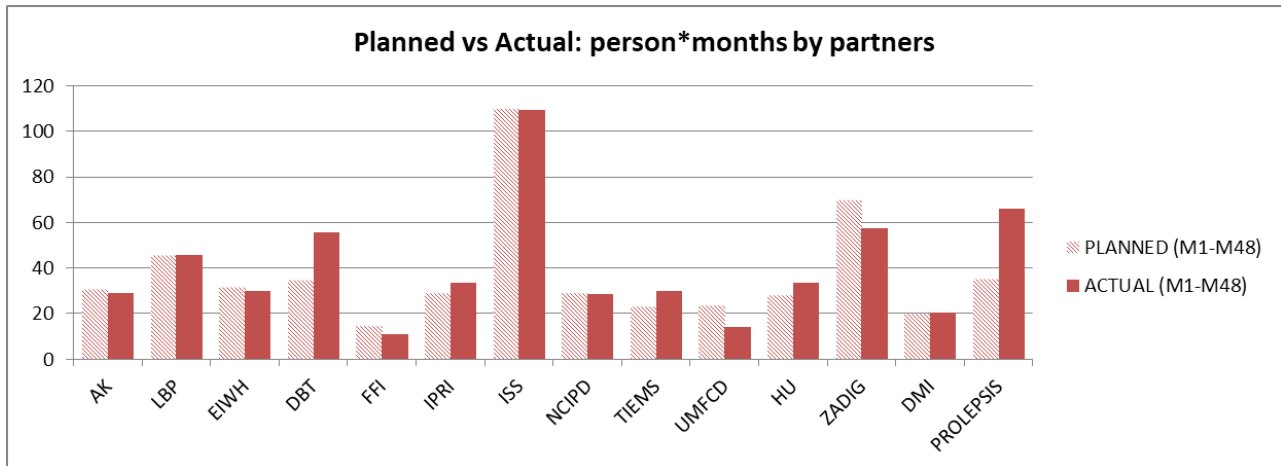


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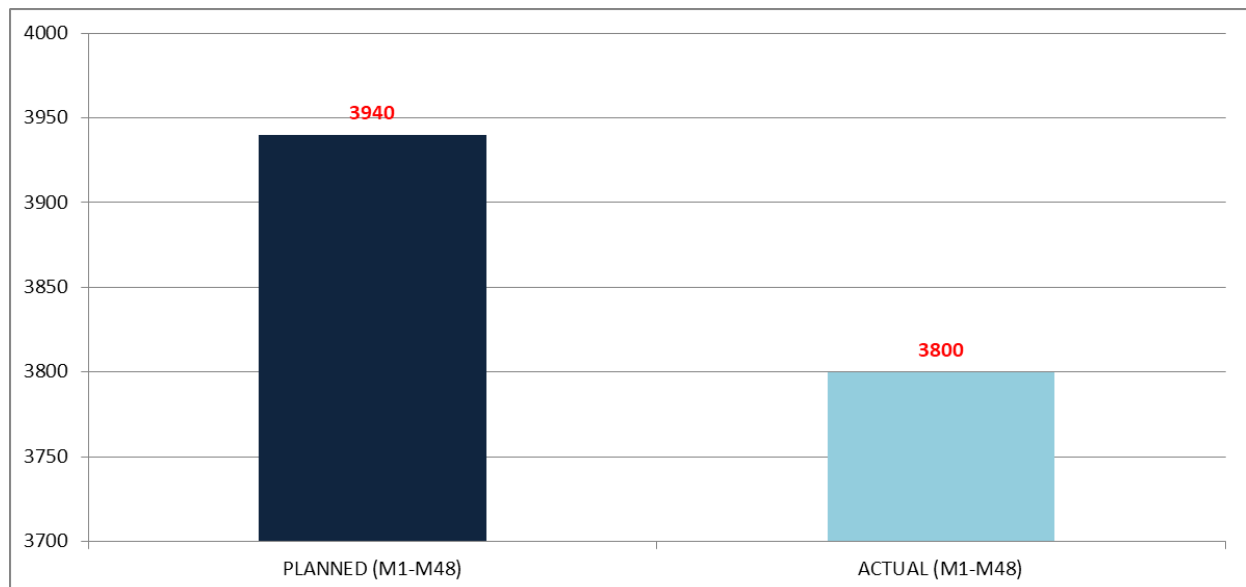
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Figure 5: Effort consumption per Partner (person*month)



3.5.2 Overall Budget consumption (€)

Figure 6: Overall requested EU contribution - Planned vs Actual (€)





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Table 4: Requested EU contribution per partner - Planned vs Actual (€)

Partners	PLANNED (M1-M48)	ACTUAL (M1-M48)
AK	223	206
LBP	237	233
EIWH	193	193
DBT	402	403
FFI	193	89
IPRI	290	244
ISS	628	640
NCIPD	186	112
TIEMS	252	321
UMFCD	158	87
HU	184	219
ZADIG	530	559
DMI	222	257
PROLEPSIS	241	238
<i>Total</i>	3940	3800

Figure 7: Requested EU contribution per partner - Planned vs Actual (€)

