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TITLE: MOBILITAZION AND MUTUAL LEARNING

SUBTITLE: LOCAL INITIATIVE REPORT

ASSET Project • Grant Agreement N°612236

ASSET

Action plan on SiS related issues in Epidemics and Total pandemics

7th RTD framework programme

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Responsible partner: **ISS**

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LOCAL INITIATIVE REPORT

Task: T5.3

Leader: ISS – Other contributors: LYON, PROL, EIWH, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCO, HU, ZADIG

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EXECUTIVE SUMMARY

In 2001 the European Commission launched the Science in Society (SiS) action plan that included engagement, gender equity, science education, open access, ethics and governance to foster public involvement and a sustained two-way dialogue between science and civil society.

The ASSET project is based on the evidence that facing public health emergency of international concern (PHEIC) such as epidemics and pandemics is thus a major challenge for both science and society, a challenge that requires a multidisciplinary approach.

Moreover, in order to effectively deal with scientific and societal challenges raised by public health crisis management through multidisciplinary expertise ASSET aims to develop a mobilization and mutual learning (MML) approach as outlined in its Strategic and Action Plan (respectively, Task/Deliverable 3.1 and Task/Deliverable 3.3).

The ASSET local Initiatives (T5.3; carried out in: Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) are one of the MML tools.

They have been based on a fourfold strategic approach:

- 1) Valid Information and share all relevant information;
- 2) Combine advocacy with scientific inquiry and innovation processes;
- 3) Jointly design ways to test disagreements between stakeholders;
- 4) Always promote reflective practices to enlarge the portfolio of ideas.

The present report (Deliverable 5.3) describes all the initiatives delivered in the 11 partner cities which were opportunities to have a conversation with a wide plurality of targets (family doctors, nurses, educators, health care providers, public health officers, policy-makers, communicators, consumers, students, etc.) in several local settings (universities, healthcare services, airport, research institutions, civil administrations) as shown in the Table at the following page.

In the end, indeed, we can state 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.

Table 1. Overview of local initiatives developed by the project's partners

CITY PARTNER	TARGET(S)	ISSUE(S)
Rome ISS	High school students	Preparedness and response towards epidemics and pandemics
	Professional networks involved in the field	Community resilience
	HCWs, pregnant and/or breastfeeding women	Vaccinations among HCWs in epidemics and/or pandemics
Lyon LYONBIO-POLE, IPRI	Medical students and resident medical doctors at University	Respiratory infectious disease: the role of vaccination and personal behaviours
	Relevant stakeholders of this initiative	Promotion of immunization programs at local level
Dublin EIWH	Pregnant/ recently pregnant women; public health doctor; primary care team; midwifery representative; local women's group	Influenza vaccination in pregnancy
Oslo FFI	Health professionals/ authorities/ agencies working on preparedness and response for epidemics and pandemics	Results of Citizen consultation; Crises- and risk communication; Vaccination with particular concern to HCWs and pregnancy
Athens PROLEPSIS	HCWs, Medical or nursing university students	Vaccine preventable diseases (VPD): role of HCWs; barriers, and appropriate materials; preparing local communities for epidemics and pandemics
Sofia NCIPD	HCWs, Health Care Students	Practical information about prophylactic measures and behaviour during influenza epidemics and pandemic, risk communication; vaccination; citizen consultation.
Brussels TIEMS	Public Health and Civil Protection Authorities and/or manager	Results from citizen consultations, mainly on participatory governance as a management policy
Geneva DMI	General population	Vaccine adherence
Bucharest UMFCD	HCWs, medical students, general population	Knowledge and attitudes towards epidemics and pandemics; Community knowledge, attitude and practice regarding epidemics and pandemics
Haifa HU	High school students	Science-orientation/ education by using artistic tools (comics, painting, photography, etc.): correlation between hygiene, transmission of infectious diseases
Milan ZADIG	Police/army/law enforcement officers	Management of emerging infectious diseases crises in an airport setting
	People visiting the Museum	Vaccine hesitancy

INTRODUCTION

Local Initiatives (T5.3) have been based on a fourfold strategic approach: 1) Valid Information and share all relevant information; 2) Combine advocacy with scientific inquiry and innovation processes; 3) Jointly design ways to test disagreements between stakeholders; 4) Always promote reflective practices to enlarge the portfolio of ideas.

The aim of the ASSET local Initiatives (to be developed in: Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) is 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 information, decisions and policies/practice relevant at community level.

In line with the mobilization and mutual learning (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.

The task on local initiatives (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),
- ✓ T7.13 (final conference).

PART I: PLANNING THE ASSET LOCAL INITIATIVES

1. COORDINATING METHODS AND MATERIALS DEVELOPED BY ISS

ISS as task 5.3 leader developed a set of materials and tools allowing the eleven task partners (LYON, PROLEPSIS, EIWH, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG) to develop the local initiatives in their own city according to homogenous approaches:

- ✓ an operative *protocol* indicating background, objectives, methods, timing of activity (Figure 1),
- ✓ a template for *planning* the local initiatives (Table 2),
- ✓ a template for *arranging* the local initiatives (including both context and stakeholder analysis; Figures 2 and 3),
- ✓ two *evaluation* templates (questionnaires to be filled in, respectively, by participants to the local initiatives and by organizers; Figures 4 and 5),
- ✓ a template for *reporting* the local initiatives (Figure 6).

They are all reported in the figures and tables that follow as indicated in the list above.

Figure 1. Operative protocol for developing the local initiatives (T5.3)



Action plan on SiS related issues in Epidemics and Total pandemics (ASSET) Project
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WP5 MOBILIZATION AND MUTUAL LEARNING (MML)

PROTOCOL

TASK T5.3 - LOCAL INITIATIVES (M 25 – 45)

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

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ASSET Action plan on Science in Society related issues in Epidemics and Total pandemics



I. A general introduction to the ASSET Local Initiatives

The participation and collaboration of local organizations representing society and main groups of actors and stakeholders is crucial to the planning and implementation of the Mobilization and Mutual Learning (MML) activities that are encompassed in the framework of the fifth Work Package in ASSET. WP5 aims in fact to carry out MML actions at European, national, and local levels on the basis both of previous WPs (in particular the third and the fourth WPs) and of the other WPs simultaneously developed (the sixth on Policy Watch and the seventh WP on Communication).

Notably, WP5 intends to:

- ✦ 5.1 exploit social media potentiality for citizens' and stakeholders' mobilization in pandemic emergencies and promote social media mobilization;
- ✦ 5.2 establish a Best Practice Platform and Stakeholder Portal that may support mutual learning activities;
- ✦ 5.3 create a web of local initiatives to promote mobilization and mutual learning at local level and to enhance the transferability of the most effective policies and practices.

Specifically, the task 5.3 is incapsuled in the overall approach of 'Science with and for Society' (SWAFS) that is intended to address the European societal challenges, building capacities and developing innovative ways of connecting science to society. The SWAFS approach is based on: Ethics; Responsible Research and Innovation (RRI); Science Education; Public Engagement in RRI; Open Science (Open Access); Promoting Gender Equality in Research and Innovation. RRI is an inclusive approach to research and innovation (R&I), to ensure that societal actors work together during the whole research and innovation process. It aims to better align both the process and outcomes of R&I, with the values, needs and expectations of European society.

II. Inputs from the Strategic Plan

A set of instruments has been elaborated to communicate effectively to specific stakeholders on a limited scale. A strong opportunity to connect local contexts and national/international is constituted by a series of local initiatives. Fed by the results of the eight ASSET citizen consultations previously carried out by the project, the 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 where local initiatives are hosted, several stakeholder groups are identified.

The local initiatives to be developed are framed in the six specific action lines of the ASSET Strategic and Action Plans, they are expected to:

- ✦ 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 (GOVERNANCE);
- ✦ help understanding ways to disseminate key messages targeting specific risk groups (patients with cardiovascular disease, with lung diseases, mothers, healthcare workers) on the benefits of influenza vaccination and/or to prevent rumors (PARTICIPATORY GOVERNANCE);
- ✦ be an effective approach to further convey inputs coming from citizens' consultation and to enhance the transferability of the most effective policies and practices (ETHICS);
- ✦ be women-centered as female role is crucial in terms of health protection and promotion (eg. vaccinations) (GENDER).

III. Inputs from Roadmap to Open and Responsible Research and Innovation in Pandemics

Local Initiatives are designed in order to:

- ✦ exploit heterogeneity across different countries or in a same country involving as many stakeholders as possible on one hand and sensitizing them for including Civil Society in the process of scientific research on the other;
- ✦ discuss with population groups on perception of pandemic-related issues (risk communication developed, vaccination management, institutional behaviours, as well as "orphan" and other matters);
- ✦ learn from the people what type of communication they prefer the most;
- ✦ popularize what really is a good internet website;
- ✦ explore the unperceived influence that media have on citizens.

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IV. Frame for developing Local Initiatives

Local Initiatives (to be developed in Rome, Milan, Paris, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) are based on a fourfold strategic approach:

- Share valid and 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.

More in detail, this investigation is featured by:

- experimenting an effective two-way communication;
- conducting a dialogue according to a methodological process and relational skills (empathy, self-awareness, active listening). Empathy and listening are abilities to open oneself to another's experience, in order to follow, grasp and understand the subjective experience of the "person", as fully as possible. In this way it is possible both to see the world through the other person's eyes and point of view and to have information from his/her rational and emotional part so as to be able to understand his/her requests and needs;
- capturing the "spirit of the place" about infectious outbreaks, the specific way(s) in which people living in a given city or region perceive, and react to, the pandemic threat;
- involving local stakeholders to share information, decisions and policies/practices;
- providing an opportunity to local actors and stakeholders to feed the action with their contents and to co-design the action itself;
- 'women-friendly' because to be delivered at a place and time allowing high levels of women's participation.

Local initiatives are definitively based on a participatory communication approach and conducted in different and unconventional places/situations (not only scientific conferences, workshops or seminars, but also art exhibitions, theatre plays, science museums, schools).

Indeed, the type of conversation could be informal and unstructured, or it could be more structured and organised in specific events such as symposia, brief workshops, conferences, TV broadcasts in local television stations, meetings with different groups of population such as primary school teachers, pregnant women, young mothers, etc.

According to the specific characterization chosen for the local initiative to develop, several issues would be explored in the field of the ASSET domain (i.e. preparedness and response toward major epidemics).

The four issues which the eight public consultations focused on are:

- Personal freedom and public health safety,
- Communication between citizens and public health authorities,
- Transparency in public health,
- Access to knowledge.

Each initiative issuer is the main decision-maker on specific features of the meeting to develop in the local community:

- setting (healthcare, education, culture, civil administration, etc.),
- target population (health professionals, politicians, authorities, industry, at-risk groups, etc.),
- issues/topics in order to mobilize and achieve mutual learning in the population.

[The overview of the ASSET local initiatives in twelve cities is included in the .xls file]

ASSET local initiatives

(Rome, Milan, Paris, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa)

Timing



Actions planning and operative tools

Objective and Related Template	Features
CONTEXT ANALYSIS including STAKEHOLDERS ANALYSIS	Describing the background and identifying the profile of the initiatives one questionnaire with key items to analyze background/original context (city associated to partner, stakeholders identified and contacted, etc. and a form for the stakeholder inventory).
FRAME of INITIATIVE	Analyzing the process overall, with regard to methods, scenarios, tools, etc.
EVALUATION by ISSUERS	Monitoring alignment with planning according set of quantitative and qualitative criteria to be met.
EVALUATION by PARTICIPANTS	Collecting feedback by participants
REPORTING	Returning results to stakeholders involved (local community, European Commission)

Table 2. Template for planning the local initiatives

ASSET Partner Name			
Place where LOCAL INITIATIVE (T5.3) is intended to be carried out		Country:	City:
		Setting:	
Target to be mobilized/subject of the mutual learning			
Specific Topics/Issues			
Focus on gender pattern			
MOBILIZATION	Which opportunities do you have to mobilize the target selected? And how do you plan to measure that mobilization operated?		
MUTUAL LEARNING	Which opportunities do you have to promote mutually learning? And how do you plan to measure that action of mutual learning operated?		

**Figure 2. Template for arranging the local initiatives****Template #1 for organization of the local initiative**

ASSET Partner:

Country:

City:

Part 1: CONTEXT ANALYSIS**Thinking about setting, target and issue(s) selected for carrying out your local initiative...****1. how challenging do you rate it? And why? Is there any evidence?**

e.g. a meeting organized with women on vaccination issues would be highly challenging for the lower compliance among female people who are important also for the vaccination adherence by children

2. what does the local community need?

e.g. in a meeting organized with women on vaccination issues it could be a good communication by healthcare system, access to services, trust in institutions, ...

1

Part 2: LOCAL INITIATIVE DEVELOPMENT**GENERAL PART****3. Context** specify where the local initiative is implemented, such as: theatre plays, science museum, school, local health unit, family counselling, social centre, consumers association, etc.; specify also if it is placed in a particular setting (rural, urban, etc.)**4. Date and time of the local initiative (more if different editions)**

dd/mm/yyyy from ... to ...

dd/mm/yyyy from ... to ...

dd/mm/yyyy from ... to ...

5. Objectives of the local initiative (The objectives have to be expressed with a verb of action)

1. ...
2. ...
3. ...

6. Approximate number of the participants**Number** (Specify how many participants will be involved):**7. How did you plan to disseminate the local initiative?** (e.g. announcement on the web, paper leaflets, etc.)

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TARGET OF THE LOCAL INITIATIVE**8. Target(s) that you would involve** Please give a brief description of target group(s)**9. Describe the strategy to involve the target of the local initiative** (What do you plan to do in order to facilitate participation and dialogue with the citizens)**STAKEHOLDERS OF THE LOCAL INITIATIVE****10. Stakeholders that you would involve** Please give a brief description of stakeholders' categories (For each stakeholder you can fill in the "ASSET project stakeholder database local initiatives")**11. Describe the strategy to involve these stakeholders** (What do you plan to do in order to facilitate participation and dialogue with the stakeholders identified?)

3

SPECIFIC FEATURES OF THE LOCAL INITIATIVE**12. Agenda of the initiative** (Describe the program of the initiative, the main topic(s) or theme(s), the activities that you decide to carry out and the tools will be used)**13. Expected results** (Describe the results that you expect to obtain by developing this local initiative)

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Figure 3. Template for stakeholder analysis (according to the matrix of influence and interest)

ASSET project stakeholder database local initiatives

- Note**
1. Please insert all your stakeholder organizations
 2. Please list per each organization the different staff personnel (job role) who could be interested in local initiative on separate lines
 3. When you fill in the fields "type of stakeholder" and "job roles", please try to use the options provided in the Directory sheet. If your entry is not among the stakeholders already identified, you are allowed to add a new type
 4. When you fill in the fields "power of influence" and "level of interest", please refer to the sheet "influence and interest ranking" to get more information

Type of stakeholder	Name of stakeholder	Website	Power of influence	Level of interest	Country	City	Job roles in the stakeholder organization	Person covering that role	Contact email	Phone number	Address	Note
			1=Little/no influence	1=Little/no interest								
			2=Some influence	2=Some interest								
			3=Very influence	3=Very interest								

The following questions can help you gauge the level of influence and interests of identified stakeholders have on the local initiatives

	stakeholder influence	stakeholder interest
Questions	<ul style="list-style-type: none"> What are the responsibilities of the stakeholders (e.g. do they define policies? do they allocate resources? do they just implement decisions?) What is the stakeholder's capacity to persuade (many) others into implementing mobilization and mutual learning (MML) initiatives? Can the stakeholders influence others to use the results provided by ASSET? What are the consequences of not paying attention to this stakeholders? Are there any threats posed by the stakeholders? 	<ul style="list-style-type: none"> What are the stakeholder's expectations of the local initiative? What benefits are there likely to be for the stakeholders? What resources will the stakeholder wish to commit (or avoid committing) to the local initiative? What other interests does the stakeholder have which may conflict with the initiative?
Example	A General Practitioner GP has no influence (1) while he has some influence (2) when he is in charge of the GP organization. If this GP organization plays a role in the definition of the MML initiatives then he has significant influence (3)	A GP has some interest (2) while he can have a significant (3) interest if the GP organization is involved on local initiatives implemented
Scale	1=Little/no influence 2=Some influence 3=Very/significant influence 4=High influence	1=Little/no interest 2=Some interest 3=Very/significant interest 4=High interest

Figure 4. Template for evaluating the local initiatives (questionnaire to be filled in by participants)

Template #2 for participants' evaluation of the local initiative

ASSET Partner:
Country:
City:

Part 1: IN MATTER OF ORGANISATION

1. Was the setting appropriately selected according to your needs?

2. Have you encountered critical issues in partaking in the local initiative? If yes, please specify which difficulties were encountered

Part 2: IN MATTER OF APPROACH/METHODS IMPLEMENTED

3. When you were involved to join the local initiative, was it clear enough the sense of this activity?

4. In your opinion, to what extent have the explicated MML objectives been achieved?

5. Which aspects went particularly well? (e.g. was a really constructive dialogue performed? Did you feel effectively 'mobilised'?)

6. Could you please tell us more about one or more successful aspect(s) in your experience?

Part 3: IN MATTER OF CONTENTS DEVELOPED

7. Were issues discussed in line with your own personal knowledges/expertise?

8. Which issues would you have preferred to be dealt?

9. In general on public health emergency management, which are the best ways to make the connection between scientific and societal worlds really interact and work effectively?

**Figure 5. Template for evaluating the local initiatives (questionnaire to be filled in by organizers)**

Template #3 for evaluation of the local initiative

ASSET Partner:
Country:
City:

Part 1: IN MATTER OF ORGANISATION

1. **The setting where the MML local initiative has been implemented** theatre plays, science museum, school, meeting with pregnant women, social centre, consumers' association,...) Is it placed in a particular setting (rural, urban, etc.,...)

2. **In how much time the MML initiative was carried out**

3. **How many and what kind of people were involved?** Please give a brief description of the people involved

4. **How many stakeholders were involved?** Please give a brief description of the stakeholders involved (For each stakeholder you can fill in the "ASSET project stakeholder database local initiatives")

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Part 2: IN MATTER OF APPROACH/METHODS IMPLEMENTED

10. **To what extent have the original MML objectives been achieved?**

11. **Which aspects went particularly well?** (eg. was a really constructive dialogue performed? Were participants effectively 'mobilised'?)

12. **How do you know how successful it was?** (eg. a positive feedback from participants in evaluation questionnaire, request for further similar initiatives to be developed, etc.)

13. **Could you please tell us more about one or more successful aspect(s) in your experience?**

14. **What particular skills you already know/have and use did you apply in order to implement the MML initiative?**

3

5. Have you identified critical issues in developing the local initiative? If yes, please specify, which difficulties were encountered in terms of organization and implementation of the local initiative as well as in the aspects of project management: policy making, identifying strategies, action planning, implementation, evaluation? And how were these overcome?

1) **Organization** (such as difficulties in identifying a setting, in recruiting the participants, or the stakeholders, etc.)

2) **Implementation** (such as difficulties conducting the dialogue, in listening, in facing some topics o themes, etc.)

6. Did you have visibility on local media?

Yes ☐ NO ☐

7. If Yes, how many media e and what type were been interested?

8. Did you have visibility on social media/networks?

Yes ☐ NO ☐

9. If Yes, how many media e and what type were been interested?

2

15. Which other skills would you have needed in order to better implement the local initiative?

Part 3: IN MATTER OF CONTENTS DEVELOPED

16. Which issues were more discussed?

17. In the context of issue(s) and target(s) selected, which are the main new knowledges and indications that you received by arranging the MML local initiative(s)?

18. Broadly speaking, what have you learned/can we learn from this experience? In terms of skills, competencies, MML initiatives planning and so on?

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Figure 6: Template for reporting the local initiatives



WP5 MOBILITAZION AND MUTUAL LEARNING

T5.3 LOCAL INITIATIVE REPORT

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ASSET

Action plan on SiS related issues in Epidemics and Total pandemics

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LOCAL INITIATIVE REPORT. MALPENSA EVENT

Task: T5.3

Leader: ZADIG – Other contributors:ISS

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As here documented, as per its role of task leader ISS coordinated the development of local initiatives which were carried out in eleven partner cities (Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) during 2017. The complete overview as per all the planning issues requested by ISS through the Table 2 (Template for planning the local initiatives) is reported at the Table 3 in the pages from 12 to 15. Looking at the ASSET local initiatives overall, it is clear that health care workers (HCW) and students are the targets most suitable to MML action: six local initiatives to professionals and other six to the young people, this last confirming a very common health promotion practice that is the collaboration with schools. Three local initiatives address peculiar development settings: airport, museum of comics and international stakeholder community. About topics, vaccination represents 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 Description of Work (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.



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Table 3. Overview of the local initiatives planned to be carried out in eleven ASSET partner cities

COD	CITY PARTNER	SETTING(S)	TARGET(S)	ISSUE(S)	GENDER FOCUS	MOBILIZATION	MOBILIZATION EVALUATION	MUTUAL LEARNING	MUTUAL LEARNING EVALUATION
1a	Rome-ISS	School/Work Alternation	High school students	Preparedness and response towards epidemics and pandemics	Female role in society for advocacy on health	Highlighting to what extent social determinants, such as ethics or gender, impact on health outcomes	Questionnaire developed by ISS within the materials for T5.3 further adapted and translated in Italian	To address concerns, doubts and fears of young people when a public health emergency occur also in terms of social issues, beside research on vaccine and other scientific aspects	Questionnaire developed by ISS within the materials for T5.3 further adapted and translated in Italian
1b		EU-funded research projects	Professional networks involved in the field	Community resilience	Possibility to empower women for a better community resilience outcome	Analysis of specific case-studies about crisis management	Follow-up after the workshop	Within the dual exchange of competences and expertise on elaboration of guidelines on crisis communication and community resilience	Follow-up after the workshop
1c		Family counselling of a Local Health Unit	HCWs, pregnant and/or breastfeeding women	Vaccinations among HCWs in epidemics and/or pandemics	Women and vaccination compliance not only for themselves but also as family health caregivers	Lay people in Italy think that vaccinations among HCWs should be compulsory when an infectious epidemic, or even a pandemic, occurs. Moreover, given the specific role that women play in determining vaccination coverage and compliance, meeting pregnant women and newly mothers aims to understand their attitudes and concerns about childhood vaccinations as well as vaccines in general.	Questionnaire developed by ISS within the materials for T5.3 further adapted and translated in Italian language	Conversation will be based on the exchange between, on one hand, knowledge that researchers in public health do have and, on the other hand, know-how and practice owned by HCWs who work on the field, directly with the public.	Questionnaire developed by ISS within the materials for T5.3 further adapted and translated in Italian language
2a	Lyon-LYONBIO-POLE, IPRI	Academic faculty	Medical students and resident medical doctors at University	Respiratory infectious disease: the role of vaccination and personal behaviours	Role of mothers	Parental decision to vaccinate their children is a major epidemiologic issue, as well as their ability to transfer good practices concerning daily behaviours at risk. This all gets even more relevance in relation with Science With and For Society.	State of the art questionnaire, to be developed online and statistically analysed	A face-to-face mutual learning event to enhance a two-way communication debate. After the event a detailed feedback to be sent to all the participants	Interaction with participants after the event to grasp the influence on their perception and behaviours



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2b		"Immuniser Lyon", a key pioneer local initiative in on public health and prevention	Relevant stakeholders of this initiative	Promotion of immunization programs at local level	Role of mothers	Parental decision to vaccinate their children is a major epidemiologic issue, as well as their ability to transfer good practices concerning daily behaviours at risk. This all gets even more relevance in relation with Science With and For Society.	French ASSET partners – Lyonbiopole and IPRI – decided to go	To better understand this local initiative from inside	French ASSET partners – Lyonbiopole and IPRI – decided to go
3	Dublin-EIWH	Local primary care centre	Pregnant/ recently pregnant women; public health doctor; primary care team (e.g., pharmacy, psychologist, nurse); midwifery representative; local women's group	Influenza vaccination in pregnancy	Influenza vaccination is lower for pregnant women, the highest risk group – focusing on this specifically female issue with the help of health care professionals and representatives of women's groups, as well as the pregnant/recently pregnant women themselves, ensures focus on the relevant group and also allows their voices to be heard.	There are a number of vibrant community primary care centres in Dublin, which have strong ties to local groups. EIWH basing on much previous experience in connecting with such centres, as well as ties to local women's groups, aims to bring these groups together and lead a discussion on the issues surrounding influenza and pregnancy.	As a forum where all stakeholders can speak openly and freely in an informal manner, thereby ensuring that all participants remain involved. Evaluation forms to measure the outcome in terms of participant's opinions and comments, to what extent the meeting was relevant, and for HCWs how it could help them in their work.	The findings from WP2, specifically the findings on pregnancy and pandemics/epidemics and vaccination, are shared with the group in advance to form the basis for discussion. Opinions and understanding of the pregnant/recently pregnant women are basis for discussion as well as the experiences of the health care professionals.	Issues/barriers and perspectives of the various stakeholders to be documented discussed and reported as well as per the comments and concerns of the participants to inform on what problems may arise in terms of reaching pregnant women
4	Oslo-FFI	Workshop and discussion forum	Health professionals/ authorities/ agencies working on preparedness and response for epidemics and pandemics	Results of Citizen consultation; Crises- and risk communication; Vaccination with particular concern to HCWs and pregnancy	Emphasizing information available on gender differences; inviting some actors from women's organizations working with preparedness and sanitary.	A local health authority showed interest in the results from the citizen consultation. This contact is the starting point to gather relevant actors for the workshop. Workshop is mainly based on information and results from the citizen consultation.	By using our contacts from different agencies to reach out to other relevant actors.	With regard to relevant results from the citizen consultation, discussions where all the actors can describe and share their point of view and opinions on the matter.	Follow up questions during and/or after the workshop to be sure on the right interpretations



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5	Athens-PROLEPSIS	Local health unit serving either rural or urban populations; medical school/University or the nursing school/University	HCWs, Medical or nursing university students	Vaccine preventable diseases (VPD): role of HCWs; barriers, and appropriate materials; preparing local communities for epidemics and pandemics	Women are fundamental in vaccination compliance not only for their own but also as family health caregivers	Prolepsis has access to regional/local health care services as well as medical and nursing schools. We have evidence to show which VPDs are mostly neglected in Greece (and the EU) from previous initiatives (as the HProlmmune project) and we have material and educational information to distribute.	Evaluation forms to measure the outcome that serve as for basis to discussion document concerning preparedness of communities with local stakeholders.	Sharing the scientific knowledge and listening to local stakeholders on these issues with concern to their perspective and problems in relation to preparedness	Minutes and conclusions
6	Sofia-NCIPD	Hospitals and Regional Health Inspectorate; Schools of Public Health.	HCWs, Health Care Students	Practical information about prophylactic measures and behaviour during influenza epidemics and pandemic, risk communication; vaccination and results of citizen consultation.	As general background, vaccination imply the high value to the women role	Stimulate reflection on key themes – as vaccination, communication channels and others. Often students are not familiar with flu vaccination and channels they need to use if there is an outbreak. We would start discussions with them to mobilize them for better understanding of the problems related to epidemics and pandemics and vaccines efficacy and necessity.	Short information material and questionnaire among HCW; discussions with students	Exchange of opinion on specific topics as vaccination, communication channels, etc.	Understanding of viewpoints based on open exchange
7	Brussels-TIEMS	Physical workshop and virtual discussion	Public Health and Civil Protection Authorities and/or manager	Results from citizen consultations, mainly on participatory governance as a future management policy	Gender pattern in vaccinations	Presentation of background material from the Citizen Consultations meetings and eventual follow up if of interest, focus on the Belgium situation, and eventual future use of participatory governance in public health in the future in Belgium.	Observations to be included in the minutes, answers to the questionnaire	Dialogue grounded on relevance materials from ASSET.	Minutes and summary
8	Geneva-DMI	6 cantons of French speaking area in Switzerland (Romandie): Geneva, Vaud, Jura, Jura Bernoise, Neuchatel, Valais	General population	Vaccine adherence	Not specific focus but broad meaning of the female role in vaccination	In coordination with the citizen consultation task. Direct contacts of social institutions Direct contacts with media Press release	Open qualitative questions asked in the frame of a short telephone survey	Contacting local media in the frame of the follow up of the citizen consultation event	Open qualitative questions asked in the frame of a short telephone survey



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9	Bucharest-UMFCD	University of Medicine and Pharmacy, Scientific Circle of Microbiology	HCWs, medical students, general population	Knowledge and attitudes towards epidemics and pandemics; Community knowledge, attitude and practice regarding epidemics and pandemics	Attempt to involve men and women in equal number (even though women are more susceptible to participate to these kinds of discussions)	Medical students attending the Scientific Circle of Microbiology are generally interested in related topics. Some participants from the Citizen Meeting on the 24 th September 2016 expressed their great satisfaction with the event and the wish to have such an initiative organized in their own city/region (other than the capital of Romania).	A „before and after” questionnaire, to reflect the impact of discussions on knowledge and attitudes. By asking the same questions, to measure the increase of public awareness on epidemics and pandemics.	Each individual choice has a social responsibility and everybody needs to make informed choices: transparency, openness are the key-aspects to grasp thoughts and feelings.	Quantitative, cross-sectional interview study, based on a structured questionnaire. Also, an extended feedback on thoughts and opinion about the action as follow-up
10	Haifa-HU	The #instagerm project	High school students	Science-orientation/ education by using artistic tools (comics, painting, photography, etc.): correlation between hygiene and transmission of infectious diseases; world of micro-organisms, and its mechanism; history of plagues and infections; treatment and infection prevention	Boys and girls were invited to join in on equivalent basis.	By getting the student involved on health issues, such as infectious diseases, prevention and treatment. Additional lectures from experts and invited lectures on infectious diseases, prevention and vaccination.	Preliminary study of the students’ knowledge, attitudes, etc., towards health issues.	By stimulating students to tell their own perspectives and perceptions	Students final assignment: Creating a campaign, which applied the learned health subjects in the school’s public space
11a	Milan	Malpensa International Airport	Police/army/law enforcement officers	Management of emerging infectious diseases crises in an airport setting	Zika virus case study/greatest risk in pregnant or fertile women	Airport personnel are on the front line in case of epidemics/pandemics. An interactive workshop with simulating exercises to introduce SiS issues (eg. risks for stigma, ethical concerns, communication and the balance between personal freedom and public safety) in crisis management.	By asking a few open questions after the meeting	Invitation to experts in different related disciplines (health, law, communication, ...) while listening to questions, doubts and practical problems raised by the personnel on the field.	By asking a few open questions after the meeting
11b		Museum of Comics	People visiting the Museum	Vaccine hesitancy	Vaccination highly associated to women	Comics are proved effective communication tools	Number of visits	Organization of an exposition further valuing comics produced	Comments by visiting people

PART II: DELIVERING THE ASSET LOCAL INITIATIVES

2. PRESENTATION OF THE LOCAL INITIATIVES DEVELOPED BY THE 12 ASSET PARTNERS

After a recognition of all the local initiatives to be developed in eleven partner cities (Rome, Milan, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa), ISS collected feedback from all the task contributors (LYON, PROLEPSIS, EIWH, FFI, IPRI, NCIPD, TIEMS, DMI, UMFCO, HU, ZADIG) mainly through the template shown at Figure 6. The complete picture on the ASSET local initiatives is included in the following paragraphs.

I. ISS-ROME

1.1 SCHOOL/WORK ALTERNATION

EXECUTIVE SUMMARY

The first local initiative developed by ISS has been carried out within the school/work alternation program, in collaboration with another ISS Office where the ASSET coordinating group is placed.

This face-to-face MML initiative has been performed on March 16th 2017, involving 5 high-school students and 2 ISS colleagues. It dealt with the 6 main Science-in-Society (SiS) issues related to public health emergencies such as epidemics and pandemics.

RATIONALE/BACKGROUND

The ASSET Coordinating group at the ISS works at the Centre for Disease Prevention and Health Promotion. Valentina Possenti has been contacted by Giovanni Assogna and Lorenza Scotti, working at the ISS Office for External Relations and International Affairs to propose an involvement of the ASSET project in the activities promoted within the school/work alternation program.

This is a national agreement to allow high-school students access institutions or other workplaces to know several working contexts and understand how they are regulated.

ISS is a program partner and some students have been selected and allowed to attend a specific educational package.

DELIVERING THE LOCAL INITIATIVE

On 16th March 2017, in presence of Giovanni Assogna and Lorenza Scotti, Valentina Possenti met the selected group of 5 high-school students (age: 16-18) participating in the school/work alternation program hosted by ISS for a one-day training on 'Past, present and future of pandemic preparedness and response'.

The educational materials specifically addressed the 6 main Science-in-Society (SiS) issues related to public health emergencies such as epidemics and pandemics. They were presented according to a highly interactive and participatory approach in order to effectively involve, mobilize and practice mutual learning.

After a two-way and stimulating discussion on aspects included in a PowerPoint presentation (Figure I.1), young people were involved in using the role-playing technique (Figure I.2).

Two different scenarios on risk communication were proposed:

- 1) scared and confused people ask health care workers about pandemic emergency;
- 2) how to address ethical issues related to public health emergencies.



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Figure I.1: PowerPoint presentation

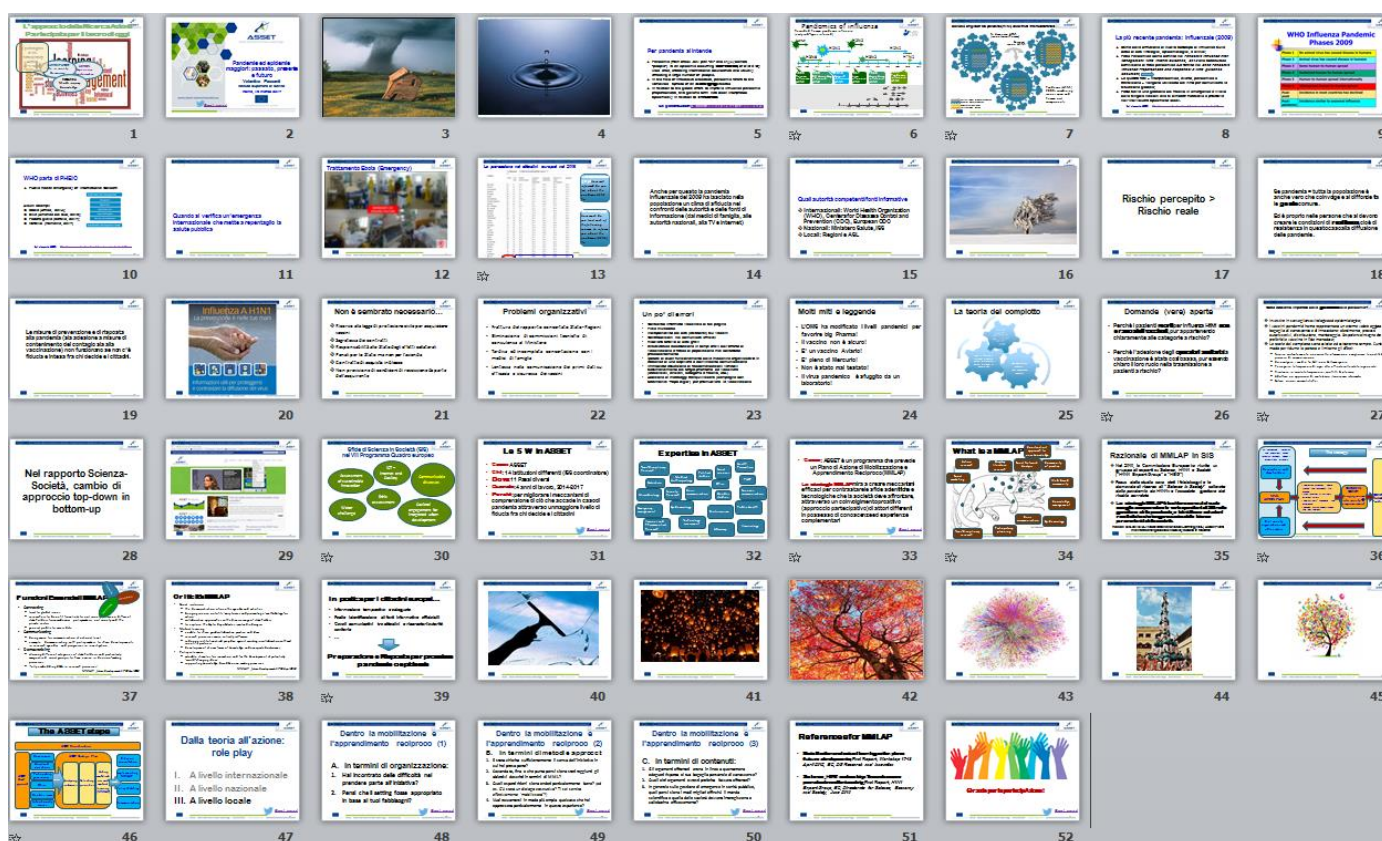


Figure I.2: Materials for role-plays

Role Playing technique

*Nel *role play*, letteralmente "gioco di ruolo", i partecipanti si calano rispettivamente nel personaggio di chi intervista e di chi è intervistato e mettono in scena una rappresentazione, enfatizzando alcune tipologie situazionali.

*Il *role play* è un'esperienza didattica di pratica operativa simulata in aula, avente come finalità l'apprendimento attivo e il perfezionamento di comportamenti professionali nei quali esiste un'importante componente affettivo-relazionale.

*L'interazione che si agisce nel *role play* è in grado di mettere in evidenza e far gestire "nel qui ed ora" problemi di atteggiamento, comunicazione, autocontrollo, operatività finalizzata.

*Per questo motivo, la tecnica del *role play* ha un forte potenziale formativo ed essendo "potente" è quindi importante che chi gestisce il *role play* ponga attenzione all'emozione degli attori.

*È importante che siano seduti di modo che manchi il contatto visivo, proprio come durante la conversazione telefonica.

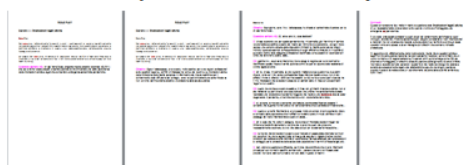
*Il partecipante all'esercizio guidato in qualità di osservatore avrà una griglia in cui sono segnalati degli item, per cui si dovranno indicare le peculiarità emerse in fase di *role play*, ossia il fattore di presenza/assenza, maggioranza/limitatezza, etc.

*Dopo il *role play*, gli attori commenteranno la loro performance, e sarà discusso e valutato quanto agito e osservato dai partecipanti all'esercizio guidato.

Grid for Self-Watching

Indicatori	Aspetti di criticità	Aspetti di soddisfazione
Comunicazione verbale		
Comunicazione paraverbale		
Efficacia		
Empatia		
Auto-consapevolezza		

Scripts for Role Plays





EVALUATING THE LOCAL INITIATIVE/CONCLUSIONS

Basing on the answers given in the questionnaire¹ for evaluation by initiatives' participants provided by ISS (Figure 4), the students highly appreciated the MML day promoted within ASSET.

According to them, key issues were:

- ✓ influence by social networks,
- ✓ clear risk communication,
- ✓ bio-terrorism,
- ✓ effective preparedness and response plans at national level,
- ✓ multidisciplinary approach to foster the interconnection between scientific world and societal sphere.

As expected, the students enjoyed the role plays very much because through a highly involving method they really understood to what extent, in public health, professional competencies and commitment in the interpersonal interactions matter to get an effective outcome.

Given the learning setting where the MML initiative was placed, it can be actually considered a pretty positive indicator.

1.2 EU-FUNDED RESEARCH PROJECTS (HORIZON 2020)

EXECUTIVE SUMMARY

The second local initiative developed in Rome was addressed to a technical target group, such as researchers, sector professionals and public health officials working on crisis management.

The ASSET coordinating group at ISS was involved by the Horizon 2020 DARWIN project in a process for validating some concept cards which are propaedeutic to the elaboration of European resilience management guidelines.

The process was composed by two parts: first, a discussion forum was activated on a platform and a physical workshop was held at ISS on July 4th 2017 as well.

RATIONALE/BACKGROUND

The responsible person of the ISS Office for External Relations and International Affairs, Luca Rosi, is the scientific coordinator of a European research project, DARWIN Expect the Unexpected and Know How to Respond (<https://www.h2020darwin.eu/>) that is funded under the Horizon 2020 research programme.

It aims to improve the responses of the European community to both natural crises (e.g., flooding, earthquakes) and man-made disasters (e.g., cyberattacks).

The DARWIN working group at ISS (Giuseppina Mandarinò, Lorenza Scotti) asked ASSET scientific coordination to be involved in the elaboration process of European resilience management guidelines aimed at policy makers, service providers and first responders.

¹ It has been translated in Italian language and adapted to the specific context of the local initiative development



DELIVERING THE LOCAL INITIATIVE

Valentina Possenti was involved in a one-month process composed by two sessions:

- 1) virtual discussion on a dedicated Forum placed on the ISS e-Learning platform;
- 2) a table top exercise on 4th July 2017 from 10 to 17.30 at ISS.

During the virtual discussion based on the web forum, three concept cards were evaluated:

- ✓ Card 27- Understanding Roles and Responsibilities;
- ✓ Card 83- Noticing Brittleness;
- ✓ Card 84- Communication with Public not yet involved.

This last concept card was the focus for in-depth analysis in the workshop on 4th July 2017.

The participants in the pilot exercise on 4th July 2017 were:

- ✓ Luca Rosi, Giuseppina Mandarino, Lorenza Scotti, Sabina Giorgi, Edoardo Tognoni (DARWIN/ISS);
- ✓ Luca Save (DARWIN/Deep Blue);
- ✓ Valentina Possenti (ASSET/ISS);
- ✓ Eva Benelli (ASSET/Head of Zadig, agency for scientific communication);
- ✓ Francesca Maffini (Head of Press Office at the Italian Civil Protection);
- ✓ Ferruccio Di Paolo (Ministry of Internal Affairs; NATO Representative for Communication Planning on Public Information in Crisis).

The main exercise developed at the workshop concerned the 'Scenario Disease Outbreak' that was already anticipated on the forum.

The case was about a suspected infection, potentially degenerating in epidemics, on a plane landing at the International Fiumicino Airport.

After comments and feedback gathered by the online discussion to better structure the case-study, the workshop participants were asked to further elaborate possible evolutions posed by the risk situation described (it is interesting that the local initiative delivered by Zadig was set up at the Milano Malpensa Airport; XI Section in the present report).

EVALUATING THE LOCAL INITIATIVE/CONCLUSIONS

Beside the interaction that was developed at the exercise at ISS on 4th July 2017 with the aim of increasing the specificity of the concept card concerning communication with public not involved, a great degree of MML was achieved between ASSET and DARWIN projects.

It is proved by the follow-up and another contact after the workshop because Valentina Possenti was interviewed on 25th July 2017 as expert to give further feedback on the guideline titled 'Communication strategies for interacting with the public not yet affected by or involved in a crisis'.

Many of the inputs given on risk communication were also relating to TELL ME project products such as the risk communication model and in particular the part concerning institutional actors (in line with the legacy that ASSET needs to exploit with this previous work).



1.3 FAMILY COUNSELLING AT LOCAL HEALTH UNIT

EXECUTIVE SUMMARY

Last but not least, it is presented the main MML activity delivered at local level in the city of Rome: meetings held at the family counselling of the Local Health Unit (LHU) Rome 1.

The setting chosen was identified because of the high relevance to the female health: the family counselling is quite totally attended by women in relation to the reproductive and maternal health.

This set of MML initiatives was hosted within the services provided to pregnant and breastfeeding women, to discuss mainly on childhood vaccinations-related issues such as vaccine hesitancy.

It is noteworthy that the topic is highly debated in Italy since ten mandatory childhood vaccinations to access state school entered into force last summer (Law 31st July 2017, n. 119).

The MML process from planning to implementing the initiatives addressed to women accessing the family counselling lasted since the month of September 2017 till November 2017.

RATIONALE/BACKGROUND

As per the clear indication at page 23 of the ASSET DoW, the local initiatives are supposed to be 'women-friendly'.

This is the reason why in the set of local initiatives developed by ISS as direct issuer, beside the role of task coordinator, a group of activity has been carried out at the family counselling of one LHU in the city of Rome.

Valentina Possenti has been in contact with the head of the second health district of the LHU Rome 1, Dr. Camillo Giulio De Gregorio, to be authorised in delivering health promotion addressed to pregnant and/or breastfeeding women attending the family counselling.

As highlighted in the review cared by EIWH within the WP2 (T2.5), vaccination and gender are highly interconnected and the female role in the society is broadly known as one of the most important factors to be addressed in health promotion.

ISS has produced a background document ad hoc extrapolating vaccination-related contents from the main results and conclusions raised by the ASSET High Level Policy Forum, task 6.1 (Figure I.3).

Figure I.3: Document on vaccination-related contents from the ASSET High Level Policy Forum discussions





PLANNING THE LOCAL INITIATIVE

To agree the local initiative to be delivered at the family counselling of the LHU Rome 1 (placed in Rome, Via Salaria 140) a process has been developed as follows:

- ✓ 05/09/2017 physical meeting at the family counselling of the LHU Rome 1 to introduce scope and methods of the initiative at the presence of Simonetta Leoni (midwife) and Stefania Tonetti (social assistant);
- ✓ 07/09/2017 exchange by emails to be authorized by the Service Responsible, Dr. De Gregorio;
- ✓ 27/09/2017 phone conversations and follow-up discussions by email with Dr. De Gregorio;
- ✓ 28/09/2017 specific materials sent by email to Dr. De Gregorio, Simonetta Leoni and Stefania Tonetti;
- ✓ 07/11/2017, 19/12/2017 ASSET local initiative on childhood vaccination within the weekly slot dedicated to breastfeeding mothers.

ISS elaborated several documents in Italian language to develop the local initiative on childhood vaccination at the family counselling of the LHU Rome 1:

- ✓ Rationale including the template indicated at Table 2, Part I (Figure I.4);
- ✓ Planning template as per the Figure 2, Part I (Figure I.5);
- ✓ Participants' evaluation template as per the Figure 4, Part I (Figure I.6);
- ✓ Text on scientific evidence about vaccination-related issues such as vaccine hesitancy (Figure I.7).

Figure I.4: Rationale in Italian language - local initiative at family counselling, LHU Rome 1



INCONTRIAMO LE MAMME PER PARLARE DI VACCINAZIONI!

ASSET (Action plan on Science in Society related issues in Epidemics and Total pandemics) è un progetto del Settimo Programma Quadro (7FP) giunto al suo quarto e ultimo anno (termina il 31 dicembre 2017), coordinato dal Centro Nazionale per la Prevenzione delle malattie e Promozione della Salute (CNaPPS) dell'Istituto Superiore di Sanità (ISS), che tra i suoi obiettivi annovera quelli di miglioramento delle strategie di preparazione e risposta a emergenze di sanità pubblica, quali epidemie e pandemie, creando tra l'altro occasioni di contatto e confronto tra diversi portatori di interesse (stakeholder) di riferimento.

In questo contesto, il personale sanitario è ovviamente il primo a essere chiamato in causa, oltre a essere interessato dalla questione non ultima e molto dibattuta delle vaccinazioni. Letta in chiave interdisciplinare (di 'Scienza-in-Società; SiS') propria di ASSET, la tematica della vaccinazione e il correlato fenomeno di esitazione vaccinale aprono scenari relativi non solo ad aspetti tipicamente sanitari o di policy, ma inerenti anche elementi sociali quali quelli etici, legali, di genere, di comunicazione.

In Italia, a maggior ragione a fronte del recente decreto che impone l'obbligatorietà del ricorso alla vaccinazione dei bambini per l'accesso scolastico, ci piacerebbe incontrare le donne che accedono al consultorio familiare o perché frequentanti il corso preparazione al parto e/o lo spazio allattamento e coinvolgerle in una discussione partecipata, in modalità del tutto dialogica, eventualmente anche alla presenza degli operatori aziendali. L'obiettivo specifico di tale iniziativa sarebbe di mobilitare e facilitare un processo di apprendimento reciproco (MML) nel target coinvolto, in questo caso appunto neomamme o donne in gravidanza.

A seguire si forniscono ulteriori dettagli sul progetto ASSET, sulle tematiche di interesse e nello specifico sulle caratteristiche dell'iniziativa che si vuole promuovere nel contesto del consultorio familiare della ASL RM1.

ASSET è un progetto europeo di ricerca della durata di quattro anni (2014-2017) che verte sulla pianificazione e implementazione di interventi su questioni di Scienza in Società (SiS) correlate a emergenze epidemiche e pandemiche. Il progetto riunisce esperti con diversi background, dalla sanità pubblica e ricerca epidemiologica alle scienze politiche e sociali, e alla comunicazione.

L'obiettivo generale di ASSET è di sviluppare una strategia integrata e transdisciplinare per le misure di prevenzione delle minacce alla salute pubblica. Più nello specifico, il progetto mira a:

- Realizzare partnership dalle prospettive, conoscenze ed esperienze complementari al fine di rendere efficace la gestione delle emergenze sanitarie e delle loro implicazioni a carattere sia scientifico sia sociale;
- Approfondire lo studio dei problemi di Scienza in Società (SiS) correlati a minacce per la salute pubblica;
- Individuare e testare una strategia partecipativa e inclusiva per tematiche coperte e stakeholders coinvolti.

Per maggiori informazioni: <http://www.asset-scienceinsociety.eu/>

Vaccinazione Nonostante i mirabili progressi terapeutici delle malattie, la prevenzione si conferma la misura più efficace sotto tutti i punti di vista, non ultimo anche quello economico. In caso di epidemie o anche pandemie interventi farmacologici e non quali ad esempio la vaccinazione e la quarantena rappresentano le misure principali di risposta all'emergenza. Soprattutto a partire dalla vaccinazione pandemica per A/H1N1, si è registrato un calo per molte delle coperture vaccinali per malattie prevenibili con vaccino. Questo fenomeno si associa alla diffusione di ciò che in letteratura viene descritta come esitazione vaccinale anche supportata dalla polemica sorta intorno all'obbligatorietà di alcune vaccinazioni in quanto si farebbe appello al conflitto tra i diritti fondamentali (l'autonomia decisionale in capo ai singoli individui) e la salvaguardia dello stato di salute collettivo ovvero l'impedimento della circolazione di malattie trasmissibili. Altresì, la pratica

vaccinale è correlata a preoccupazioni che si sollevano nella popolazione, in merito agli effetti avversi causati dai vaccini. Un esempio eclatante è costituito dal caso del vaccino MPR (morillo, parotite e rosolia) che fu associato all'autismo in modo fraudolento, o il più recente vaccino HPV (contro il papilloma virus) che, senza alcuna prova scientifica a supporto, viene associato a sintomi debilitanti, quali affaticamento, vertigini e forti mal di testa.

Vaccinazioni e gravidanza In generale, le donne in gravidanza sono più soggette a contrarre malattie gravi e a essere ospedalizzate per l'influenza, e in caso di eventi pandemici il tasso di mortalità è superiore per le donne in gravidanza rispetto quelle non lo sono. Le ragioni addotte sono diverse: i cambiamenti ormonali dovuti alla gestazione, il sovraccarico sul sistema cardiovascolare e la relativa debolezza del sistema immunitario per prevenire il rigetto del feto: tutto ciò rende più difficile lo sviluppo di una risposta antivirale sufficientemente forte nella donna in gravidanza. L'Organizzazione Mondiale della Sanità raccomanda a tutte le donne in gravidanza di vaccinarsi durante la stagione influenzale, e alle autorità sanitarie di includere questo gruppo di popolazione nei target ad alta priorità qualora si presenti una pandemia influenzale. Nonostante ciò, entrambe le raccomandazioni risultano ad oggi disattese in quanto le coperture vaccinali delle donne in gravidanza sono inferiori ai livelli della popolazione generale. Questi valori sono spiegabili sia di una non consapevolezza nelle donne gravide dell'aumentato rischio sia di un'assenza di consiglio da parte degli operatori sanitari alle donne in gravidanza di vaccinarsi contro l'influenza stagionale e/o pandemica.

Iniziativa locale ASSET presso consultorio familiare ASL RM1

Partner ASSET		ISS
Paese: ITALIA		Città: ROMA
Sede		Setting: Consultorio familiare della ASL RM1 sito in Via Salaria 140, Roma
Target		Gruppi di donne che accedono al consultorio familiare o perché frequentanti il corso preparazione al parto e/o lo spazio allattamento
Argomenti		Vaccinazioni (sia in generale sia con riferimento a emergenze epidemiche/pandemiche)
Focus sul genere		La popolazione target individuata è esclusivamente femminile
Mobilitazione	Quali opportunità di mobilitazione	Il pubblico generico pensa che in casi di emergenze epidemiche/pandemiche gli operatori sanitari siano chiamati a vaccinarsi obbligatoriamente. Al momento attuale in cui l'obbligo vaccinale è un argomento molto dibattuto, il consultorio frequentato da donne in gravidanza o in allattamento rappresenta un contesto favorevole per l'obiettivo di mobilitazione sui vaccini e argomenti ad esso correlati di una parte di popolazione che ricopre un ruolo chiave in termini di protezione e promozione della salute
	Parametri di valutazione	In coda all'incontro sarà somministrato un questionario con poche domande aperte.
Apprendimento reciproco	Quali opportunità di promozione dell'apprendimento reciproco	Il dialogo verterà su uno scambio di opinioni tra la caratterizzazione dei fenomeni correlati alla vaccinazione (accettazione, esitazione, rifiuto) come descritti in letteratura da una parte e il punto di vista delle donne frequentanti il consultorio o nell'ambito del corso di preparazione al parto o dello spazio di support all'allattamento dall'altra.
	Parametri di valutazione	In coda all'incontro sarà somministrato un questionario con poche domande aperte.



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Figure I.5: Planning template in Italian language - local initiative at family counselling, LHU Rome 1

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Template di Pianificazione

Parte 1: ANALISI DI CONTESTO

Con riferimento al setting, al target e agli argomenti prescelti per sviluppare l'iniziativa locale...

1. quanto pensiamo sia 'sfidante'? Perché? Vi è evidenza a supporto?

La scelta del consultorio familiare come contesto di incontro con donne che frequentano il corso di preparazione al parto o lo spazio di supporto all'allattamento non è casuale ma motivata, in genere, dal ruolo chiave rivestito dalla donna in merito alla compliance vaccinale e più nello specifico dai valori inferiori di copertura vaccinale registrati nelle donne in gravidanza, sia per l'influenza stagionale sia per eventi pandemici. Inoltre, obbligo ed esitazione vaccinale sono argomenti molto attuali, in Italia a maggior ragione a fronte del recente decreto su vaccini e accesso scolastico.

2. di quali elementi necessita la comunità locale?

Organizzazione efficiente dei servizi sanitari e facilità di accesso, comunicazione efficace con i cittadini, fiducia e credibilità delle istituzioni

Parte 2: PROFILO INIZIATIVA LOCALE

PARTE GENERALE

3. Contesto

Consultorio familiare della ASL RM1 sito in Via Salaria 140, Roma

4. Tempi

Una seduta del corso di preparazione al parto (lezione sulle vaccinazioni) e/o incontro all'interno di spazio allattamento che si svolge al consultorio il martedì mattina

5. Obiettivi specifici

- Mobilizzare donne in gravidanza o in allattamento sui vaccini e argomenti a essi correlati (obbligatorietà, esitazione) a fronte del ruolo chiave ricoperto in termini di protezione e promozione della salute per se stesse e in qualità di madri in circostanze epidemiche e non
- Sviluppare un processo di apprendimento reciproco con donne in gravidanza o in allattamento rispetto a quanto riportato in letteratura su argomenti vaccino-correlati (obbligatorietà, esitazione)

6. Partecipanti

Donne frequentanti una seduta del corso di preparazione al parto e/o dello spazio allattamento

7. Divulgazione

Modalità con cui divulgare l'iniziativa saranno concordate con il personale del consultorio

TARGET

8. Target individuato

Donne frequentanti corso di preparazione al parto e/o dello spazio allattamento

9. Coinvolgimento del target

Le donne frequentanti il corso di preparazione al parto sono un gruppo già formato mentre coloro che accedono allo spazio allattamento (spazio settimanale) sono casuali

STAKEHOLDERS

10. Stakeholders coinvolti

Operatori del consultorio e capo-distretto

11. Coinvolgimento degli Stakeholders

- 05/09/2017 incontro introduttivo con le operatrici aziendali Simonetta Leoni e Stefania Tonetti presso il consultorio della ASL RM1 sito in Via Salaria 140;
- 07/09/2017 email per richiesta autorizzazione iniziativa a Capo-Distretto Dott. Camillo De Gregorio;
- 27/09/2017 accordi telefonici e invio materiali a Dott. Camillo De Gregorio;
- 28/09/2017 invio materiali specifici su iniziativa al consultorio della ASL RM1 di Via Salaria 140

CARATTERISTICHE SPECIFICHE

12. Agenda

- Presentazione dei Partecipanti
- Introduzione dell'iniziativa (contesto, obiettivi, termini di riferimento)
- Esposizione del problema (vaccinazioni e questioni correlate: offerta attiva, obbligo, esitazione e suoi determinanti)
- Discussione in una prospettiva di mobilitazione e apprendimento reciproco
- Riflessioni conclusive su aspetti vaccino-correlati
- Somministrazione questionari di valutazione
- Comunicazione di modalità di restituzione del feedback

13. Risultati attesi

In parallelo con l'approccio partecipativo e la modalità dialogica con cui si intende sviluppare l'iniziativa locale, ci si aspetta un elevato interesse e coinvolgimento da parte delle donne su un argomento molto attuale quale quello delle vaccinazioni e degli aspetti che vi si correlano.

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Figure I.6: Evaluation template in Italian language for participants in the local initiative

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Questionario di Valutazione

Sull'organizzazione:

1. Hai incontrato delle difficoltà nel prendere parte all'iniziativa?

2. Pensi che il setting fosse appropriato in base ai tuoi fabbisogni?

Su metodi e approcci:

1. È stato chiarito sufficientemente il senso dell'iniziativa in cui hai preso parte?

2. Secondo te, fino a che punto pensi siano stati raggiunti gli obiettivi descritti in termini di mobilitazione e apprendimento reciproco?

3. Quali aspetti ritieni siano andati particolarmente bene? (ad es. c'è stato un dialogo costruttivo? Ti sei sentita effettivamente 'mobilitata'?)

Sui contenuti:

1. Gli argomenti affrontati erano di tuo interesse?

2. Avevi già un bagaglio di conoscenze in merito agli argomenti oggetto di discussione?



3. Quali ulteriori aspetti o altri temi avresti preferito fossero sviluppati?

In genere, quali pensi siano elementi cruciali per determinare una gestione efficace di malattie prevenibili da vaccino?

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Figure I.7: Brief document on scientific evidence about vaccination-related issues (vaccine hesitancy)

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COMUNICARE I VACCINI

I cambiamenti socio-culturali degli ultimi vent'anni hanno profondamente modificato l'approccio alla salute, oggi sempre più considerata come un bene globale, da mantenere e sviluppare attraverso un impegno collettivo e individuale. La tutela della salute rappresenta, infatti, una responsabilità che coinvolge i singoli individui, la comunità familiare e sociale, le strutture preposte del Servizio Sanitario Nazionale e le altre istituzioni non sanitarie.

Tale impostazione ha comportato una ridefinizione di ruoli e attività dei protagonisti del "sistema salute", ma anche delle strategie di intervento, oggi tendenzialmente orientate all'integrazione delle professionalità e delle competenze (lavoro in équipe e lavoro di rete) e al riconoscimento della centralità dei cittadini con i quali condividere valutazioni e scelte (partecipazione del cittadino).

In questo scenario la comunicazione per la salute si configura come un'attività complessa e ben diversa da quella che all'inizio del secolo scorso inaugurava la comunicazione di pubblica utilità attraverso grandi affissioni che miravano a prevenire malattie (vaiolo, colera ecc.) in una popolazione con un basso livello di istruzione e di esposizione alla comunicazione di massa¹.

Comunicare la salute² oggi vuol dire pianificare, in modo strategico, la circolazione di informazioni all'interno della comunità sui temi di salute socialmente rilevanti e attivare flussi di comunicazione bidirezionali tra i cittadini, le istituzioni pubbliche, le organizzazioni, la società civile e il sistema dei media. L'obiettivo è informare, aumentare la conoscenza e la consapevolezza su un argomento o un problema di salute e argomentare e motivare gli individui, le istituzioni e la società nel suo complesso, su cambiamenti comportamentali a favore della salute.

All'interno di questo scenario, particolare attenzione va rivolta al tema delle vaccinazioni³, e all'impatto che i cambiamenti culturali e sociali hanno avuto sulla percezione del rischio a livello individuale e collettivo e sulla pratica vaccinale in sé.

Al giorno d'oggi, si è persa infatti la memoria storica dei rischi causati dalle malattie infettive e prevale la percezione del rischio vaccinale. La riduzione dell'incidenza delle malattie prevenibili da vaccino ha fatto sì che in alcuni gruppi di popolazione si sviluppasse la tendenza a mettere in discussione la necessità dei vaccini.

La diffusione di questo fenomeno è stata favorita altresì dalla disponibilità di molteplici fonti informative, spesso ricche di elevata mole di informazioni disomogenee tali da generare confusione. L'avvento della tecnologia e di Internet ha determinato un drastico cambiamento rispetto al passato: oggi l'informazione è ricercata istintivamente in rete e in un secondo momento verificata con figure di riferimento affidabili.

L'esitazione vaccinale⁴, che comprende i concetti di indecisione, incertezza, ritardo nell'adesione, riluttanza o rifiuto della vaccinazione nonostante la disponibilità di servizi erogati dal servizio sanitario, è un comportamento influenzato da diversi fattori:

- la fiducia in un vaccino o in coloro che lo somministrano,

¹ Promozione della Salute, Guadagnare Salute: rendere facili le scelte salutari: <http://www.guadagnare salute.it/promozione/difesi/1.asp>

² Comunicazione per la Salute, <http://www.dcs.it/news.php?tema=9>

³ Vaccini e vaccinazioni, EpiCentro: <http://www.epicentro.it/sanidoc/vaccinazioni.asp>

⁴ Esitazione vaccinale, EpiCentro: <http://www.epicentro.it/sanidoc/vaccinazioni/vaccinazione.asp>

- la noncertezza (non percezione della necessità e dell'importanza del vaccino),
- la facilità di accesso ai servizi vaccinali.

Il comportamento esistente rispetto alla vaccinazione può assumere una caratterizzazione eterogenea:

- di indecisione su vaccini specifici o sulla vaccinazione in generale,
- di accettazione di tutti i vaccini, sebbene associata a permanente preoccupazione,
- di accettazione selettiva di alcuni vaccini con rifiuto o ritardo di altri,
- di rifiuto totale di tutte le vaccinazioni.

L'atto vaccinale si configura come un intervento sanitario complesso dalle forti implicazioni familiari e sociali: da una parte è una misura di prevenzione delle malattie rivolta al singolo individuo e dall'altra è finalizzata a un risultato di salute pubblica, per l'intera comunità. Inoltre, riguarda principalmente la popolazione in età pediatrica, in genere in uno stato di buona salute, per cui molti genitori temono eventuali effetti collaterali o reazioni avverse causate dal vaccino.

Alcune tematiche non possono trovare risposte e chiarimenti solo con la lettura di materiali scritti, ma richiedono un confronto con figure di riferimento competenti e credibili nell'ambito di una relazione di fiducia:

- gli effetti collaterali e le possibili reazioni avverse causate dai vaccini,
- il bilancio su rischi e benefici della malattia e della vaccinazione,
- la confusione informativa causata da messaggi contrastanti,
- le implicazioni personali legate alla scelta vaccinale.

Solo in questo contesto è possibile far emergere e ascoltare paure, dubbi, perplessità e fornire informazioni chiare, complete, aggiornate e personalizzate, che si inseriscano nello schema cognitivo ed emotivo della persona e che possano chiarire la confusione generata da messaggi contraddittori, contenere le reazioni emotive e quindi facilitare un processo decisionale consapevole rispettando i tempi dell'altro⁵. Le vaccinazioni richiedono pertanto la costruzione della rete, la collaborazione integrata tra tutti i servizi e le figure professionali coinvolte nel percorso vaccinale (Pediatrici di Libera Scelta, Medici di Medicina Generale, Consulenti,...).

Le trasformazioni in corso evidenziano la necessità di ricorrere a nuovi modelli di comunicazione da integrare con quelli più tradizionali e di rafforzare le competenze comunicative degli operatori impegnati in ambito vaccinale. Impongono, inoltre, una riflessione sugli aspetti fondamentali dell'attività vaccinale: l'organizzazione dei servizi, la condivisione delle scelte strategiche ai vari livelli (nazionale, regionale e locale), la strategia di comunicazione per l'offerta attiva derivante dall'obbligo e il correlato calendario vaccinale⁶, la sinergia e la collaborazione integrata tra tutti i servizi e le figure professionali coinvolte nel percorso vaccinale, il potenziamento della rete, la valorizzazione del ruolo dell'operatore vaccinale.

Il panorama negli ultimi mesi si è ulteriormente modificato con l'introduzione dell'obbligatorietà vaccinale che, di fatto, richiede una ancora maggiore attenzione per gli aspetti comunicativi. Le persone, nella figura di genitori, al di là dell'obbligo hanno bisogno di essere ascoltati, di capire, di ricevere informazioni argomentate e personalizzate per poter affrontare in modo consapevole e informato dubbi e paure per un "atto sanitario" posticato su un individuo sano. Un atto che comunque può comportare un rischio e la percezione del rischio dell'operatore sanitario è diversa da quella di un genitore.

Si sottolinea l'importanza del principio della corresponsabilità delle istituzioni e dei cittadini che fornisca punti concreti per rafforzare la credibilità istituzionale e il rapporto di fiducia e che evidenzii alcuni aspetti fondamentali:

- la vaccinazione è un importante strumento di prevenzione e promozione della salute degli individui e della collettività,
- la vaccinazione è un mezzo di costruzione sociale della salute perché attraverso la protezione di ogni singolo (Io) garantisce la protezione della collettività (Noi),
- le istituzioni si devono impegnare a garantire la sicurezza dei vaccini anche attraverso un miglioramento della vaccinazione-vigilanza,
- le istituzioni devono premunirsi di informare in modo comprensibile, continuo con campagne vaccinali e attraverso figure chiave in ambito vaccinale quali il medico di famiglia e il personale sanitario del servizio vaccinale, da tenere costantemente aggiornate,
- i cittadini e i genitori sono invitati a valutare i rischi con il sostegno degli operatori competenti, in una sorta di bilancio decisionale,
- è fondamentale la comprensione empatica per le paure e i dubbi dei genitori (che caratterizza oggi l'esitazione vaccinale, ma che non comporta necessariamente un rifiuto) e la vicinanza delle istituzioni attraverso la presenza di operatori competenti dal punto di vista scientifico e comunicativo è essenziale,
- è necessario investire in formazione e informazione: in primo luogo, la formazione del personale sanitario, attraverso percorsi multidisciplinari integrati per condividere non solo i presupposti teorici ma anche le modalità con cui effettuare le vaccinazioni nelle varie età,
- è necessario aumentare le attività divulgative sul web, con una sempre maggiore diffusione di informazioni scientificamente corrette sia attraverso i siti istituzionali o accreditati sul piano scientifico sia sui social network, e un monitoraggio costante di onirismi, berocioni e conoscenze esistenti a vari livelli, in modo da essere in grado di contrastare efficacemente sia i falsi miti che possono rivelarsi determinanti nella propaganda di posizioni contrarie alle vaccinazioni, sia i comportamenti dettati da posizioni ideologiche o da scarsa conoscenza delle malattie prevenibili da vaccino.

La comunicazione deve essere più accurata, esauriente, coerente e trasparente. Non è sufficiente informare, avvertire, persuadere, bensì occorre condividere e comprendere a vicenda.

Riferimenti inseriti nel testo

- Promozione della Salute, Guadagnare Salute: rendere facili le scelte salutari: <http://www.guadagnare salute.it/promozione/difesi/1.asp>
- Comunicazione per la Salute, <http://www.dcs.it/news.php?tema=9>
- Vaccini e vaccinazioni, EpiCentro: <http://www.epicentro.it/sanidoc/vaccinazioni/aggiornamenti.asp>
- Esitazione vaccinale, EpiCentro: <http://www.epicentro.it/sanidoc/vaccinazioni/vaccinazione.asp>
- Donato Graco, Eva Benelli. Vaccinazione: cosa intendiamo quando parliamo di obbligo. Scienza in rete <http://www.scienza in rete.it/articolo/vaccinazioni-che-cosa-intendiamo-quando-parliamo-di-obbligo/donato-graco-eva-benelli/2361>
- Donato Graco. Vaccini e promozione della salute: scelte più responsabili e consapevoli o obbligo vaccinale? EpiCentro: <http://www.epicentro.it/sanidoc/vaccinazioni/graco.asp>

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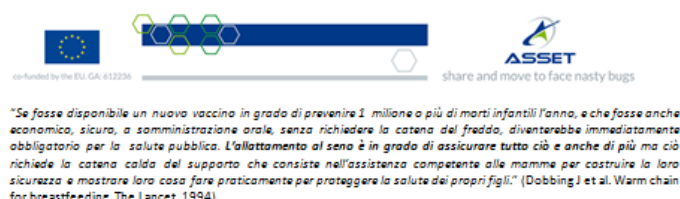
DELIVERING THE LOCAL INITIATIVE

On 7th November and on 19th December 2017, Valentina Possenti met breastfeeding mothers accessing the family counselling of the LHU Rome 1 at the presence of Simonetta Leoni (midwife) and Stefania Tonetti (social assistant) to discuss on childhood vaccination, also basing on the recent Italian law that mandates 10 vaccines in order to allow children attend state school.

The main concepts which have been dealt are included in the brief Word text document at Figure I.8 as well as in the PowerPoint presentation at Figure I.9:

- ✓ some statements from available literature on the relevance of vaccination in public health;
- ✓ vaccine preventable diseases and risk communication, the European Decision 1082/2013;
- ✓ the three dimensions determining vaccination compliance in the population (individual risk perception, collective mistrust toward institutions, healthcare organization and communication);
- ✓ ASSET project and vaccinations according to the MML approach;
- ✓ stimulating questions to the breastfeeding mothers participating in the local initiative in order to achieve MML objectives.

Figure I.8: Text document to discuss on vaccination-related issues (vaccine hesitancy)



"Se nella prossima pandemia influenzale, in un futuro prossimo o più lontano, fosse di virulenza moderata o elevata, la più importante arma di protezione individuale contro la malattia sarebbe il vaccino, ma la seconda sarebbe la comunicazione" (John Barry, *The Great Influenza in Nature*, 2009)

Quando le tematiche correlate alle malattie trasmissibili prevenibili da vaccino incontrano la comunicazione del rischio: dove nascono i fenomeni dell'esitazione e del rifiuto vaccinale

A fronte delle più recenti esperienze di **comunicazione del rischio** veicolata dalle istituzioni (pandemie, campagne influenza stagionale, epidemie) c'è evidenza per cui molto sia da migliorare, a tutti i livelli, non solo e non tanto sul piano mediatico, quanto attraverso la formazione e una maggiore competenza di coloro che per primi sono chiamati in causa, ossia operatori e autorità sanitarie.

Pertanto, si rende necessaria una maggiore attenzione degli attori istituzionali alla comunicazione sanitaria e soprattutto agli strumenti per fronteggiare gli scenari legati alle paure della popolazione in relazione alle misure di contenimento delle malattie infettive. In un contesto simile, la pratica vaccinale assume grande rilevanza, in Italia ancor più a fronte della recente introduzione normativa che innalza a dieci le vaccinazioni obbligatorie per l'accesso scolastico.

Questi e altri temi sono oggetto di studio nel progetto europeo ASSET (*Action plan on Science in Society related issues in Epidemics and Total pandemics*; 2014-2017) che include elementi di salute pubblica, ricerca epidemiologica, scienze sociali e politiche, diritto ed etica, questioni di genere, comunicazione e media per la messa a punto di una strategia integrata e transdisciplinare di preparazione e risposta alle minacce per la salute pubblica. Quest'ultima è un qualcosa da fare attraverso il coinvolgimento della società nel suo complesso, a fronte di processi coordinati, condivisi e basati sulle evidenze.

Come ricorda la Commissione europea nella Decisione 1082/2013/UE del Parlamento europeo e del Consiglio, la comunicazione del rischio per la salute pubblica pone delle minacce qualora non sia ben gestita in quanto se "incoerente o confusa con il pubblico e le parti interessate, come gli operatori sanitari, può avere un impatto negativo sull'efficacia della risposta dal punto di vista della sanità pubblica e degli operatori economici".

In ASSET ad esempio sono state portate avanti numerose attività che hanno permesso di analizzare da vicino l'efficacia, le lacune e le potenzialità della comunicazione nei vari Paesi europei. Un esempio su tutti è stata la realizzazione di consultazioni pubbliche svoltesi in contemporanea in 8 nazioni coinvolgendo un campione di cittadini in una giornata di informazione e discussione su una serie di argomenti chiave. Nella sezione dedicata alle vaccinazioni è emerso chiaramente il clima che attraverso il nostro Paese con i cittadini che lamentano una forte incomprensione da parte delle autorità sanitarie e una scarsa comunicazione su questo tema. Il campo di azione è quindi ancora ampio e deve essere presidato da tutti, ragionando "con la società" e non più "per la società".





Figure I.9: Presentation to ground discussion on vaccination-related issues (vaccine hesitancy)

The figure displays 12 presentation slides from the ASSET project, organized in a 3x4 grid. Each slide features the ASSET logo and the tagline 'share and move to face nasty bugs'.

- Slide 1:** 'Le vaccinazioni viste dalle mamme' (Vaccinations seen by mothers). Presented by Valentina Possenti, Istituto Superiore di Sanità, Roma, November 2017.
- Slide 2:** 'Tre dimensioni per l'adesione all'offerta vaccinale da parte della popolazione' (Three dimensions for vaccine uptake by the population).
- Slide 3:** 'Dimensione individuale' (Individual dimension). Focuses on 'Rischio percepito > Rischio reale' (Perceived risk > Real risk).
- Slide 4:** 'Dimensione collettiva' (Collective dimension). Focuses on 'Livello di fiducia verso i servizi del sistema sanitario' (Level of trust towards healthcare services).
- Slide 5:** 'Dimensione organizzativa' (Organizational dimension). Lists: Rapporto competenze Stato-Regioni, Concertazione con la pediatria di base, Comunicazione su efficacia e sicurezza dei vaccini.
- Slide 6:** 'Nel rapporto Scienza-Società, cambio di approccio da top-down in bottom-up' (In the Science-Society relationship, change of approach from top-down to bottom-up).
- Slide 7:** 'ASSET Analytics' showing a screenshot of the project's data visualization tool.
- Slide 8:** 'Le 5 W in ASSET' (The 5 Ws in ASSET). Details: Cosa (What): ASSET; Chi (Who): 14 institutions; Dove (Where): 11 countries; Quando (When): 4 years (2014-2017); Perché (Why): to improve emergency management mechanisms.
- Slide 9:** 'Come: ASSET è un programma che prevede un Piano di Azione di Mobilitazione e Apprendimento Reciproco (MMLAP)' (How: ASSET is a program that provides a Mutual Mobilization and Learning Action Plan (MMLAP)).
- Slide 10:** 'Le vaccinazioni in ASSET' (Vaccinations in ASSET). A diagram showing various research and communication fields like Transdisciplinary Research, Evaluation, Microbiology, Emergency management, etc.
- Slide 11:** 'Sulle vaccinazioni dei vostri figli' (On your children's vaccinations). Lists questions: 'Siete favorevoli?', 'Avete dei dubbi?', and 'Quali sono le questioni principali: reazioni avverse, fiducia negli operatori, comunicazione o organizzazione dei servizi?'.
- Slide 12:** 'Grazie per la partecipazione!' (Thank you for participation!). Includes images of colorful trees.

EVALUATING THE LOCAL INITIATIVE

A high MML level has been achieved through the meeting with breastfeeding mothers on childhood vaccination-related issues such as vaccine hesitancy developed at the family counselling of the LHU Rome 1.

Overall, all the voices listened were by pro-vaccination women but several elements were addressed:

- ✓ the personal opinion and experience are much higher or stronger proportionally with the number of children (the first kid – up to six month old – for 4 women, in one case² it was the second child and the third son in another³);
- ✓ quite all the moms could refer to friends or relatives of theirs who are hesitant or totally refusing vaccinations due to different reasons such as feared correlation with autism or other diseases;

² This mom fully remembered the MML discourse because she was met thrice: at the introductory meeting held on 5th September 2017 and at both the two following dates.

³ This woman told to be highly sensitive to vaccination compliance because of an epileptic sister who cannot refuse vaccine, especially MMR.



- ✓ on the contrary, from their own participating mothers experienced some feeble fears like adverse reactions to vaccine but also to get pretty informed on mandatory vaccinations to let children access state nursery and school;
- ✓ the midwife working at the family counselling of the LHU Rome 1 (Simonetta Leoni) highlighted the fundamental role of health professionals in terms of competences, resources and willingness on one hand and on the other to what extent vaccination compliance in population does not relate to accessing healthcare services but is mainly associated to willingness of people;
- ✓ Simonetta Leoni also recalled how anti-vaccines parents poorly access the family counselling or ask private appointments, avoiding to expose their unvaccinated children to an environment attended by vaccinated people;
- ✓ the social assistant working at the family counselling of the LHU Rome 1 (Stefania Tonetti) outlined the detail of historical memory loss at community level;
- ✓ Stefania Tonetti also reminded the paradox that heavy health promotion campaigns among Roma people were successful and on the contrary now vaccination coverage is decreasing in the Italian population;
- ✓ beside very specific issues, even evidence-based general considerations were addressed by the group overall such as that occurrence of public health phenomena such as vaccine hesitancy is due to a generational feature (less sense of civic responsibility associated to a mistrust towards authorities and institutions) amplified by the broad use of technologies like social networks or multimedia platforms;
- ✓ social iniquities were also addressed as pretty relevant issues strongly impacting on health outcomes, even if in such this context, high educational or cultural level is not always a protective factor against hesitation or refusal attitudes toward vaccinations.

Gathering questionnaires with the mothers' answers, it emerges that:

- ✓ Organization of such these meetings was highly appreciated, any difficulty in participating was not reported and the setting was indicated as appropriate to host such a health promotion activity as proposed within ASSET;
- ✓ According to the participating women, the sense of the initiative was clear, they liked MML methods and approaches used in the meeting (based on dialogue and two-way communication);
- ✓ In moms' opinions, vaccine-related contents are really important as well as implications on socio-cultural aspects (e.g., the Italian law that mandates 10 childhood vaccinations to allow children access state school). They expressed a high favour to talk about mandatory vaccinations and to what extent vaccine hesitancy is spreading in their community.

CONCLUSIONS

Indeed, we can state that **the initiatives developed in ASSET at local community level really expressed MML**: as experienced in the citizen consultations, public health issues are fully addressed just capturing the '*spirit of the place*' by discussing with population living on territory. This represents a great opportunity to policy makers and health authorities but also a challenge due to competences.



II. LYONBIOPOLE AND IPRI-LYON

2.1 IMMUNISER LYON

EXECUTIVE SUMMARY

To deliver this local initiative, Lyonbiopole and IPRI decided to focus on a key pioneer local initiative in France and in Europe regarding public health and prevention at the local level.

The vaccination awareness campaign “Immuniser Lyon” (or Immunize Lyon) started in the year 2015 and federates a collective of around thirty economic stakeholders from Lyon (City of Lyon, Regional Health Agency, Lyon Civil Hospitals, doctors’ representatives, pharmacists, nurses, midwives, mutual funds, patients web platforms, Sanofi Pasteur MSD...) in order to raise awareness among infectious diseases prevention.

Vaccine schedules, official recommendations, recommended vaccination according to the travel destination, celebrities’ testimonials, vaccination trucks and the Electronic Immunization Record Book are different examples of services provided by the partners of the initiative on a voluntary base.



Figure II.1: “Immuniser Lyon” flyer

On 9 October 2017, the partners of the initiative organised an event in the Saint Luc - Saint Joseph hospital in Lyon. During this event, free and open to all, three activities were presented:

- ✓ The exhibition “Vaccination myths and reality”;
- ✓ Information stands;
- ✓ The creation of Electronic Immunization Record Book.

In order to better understand this local initiative from inside, the French partners of the ASSET project – Lyonbiopole and IPRI – decided to go and meet some relevant stakeholders of this initiative during the event.

RATIONALE/BACKGROUND

This report is line with the mapping exercise of initiatives and events which can be related to vaccination and infectious diseases at the local level (i.e., in Lyon and the Auvergne Rhône-Alpes Region). In order to collect inputs and feedbacks from the stakeholders involved in this initiative, through an informal dialogue allowing a two ways communication, Lyonbiopole participated in the event organised at the Hospital Saint Luc – Saint Joseph in the city centre of Lyon.

PLANNING THE LOCAL INITIATIVE

The collect of information was planned following the agenda of the initiative “Immuniser Lyon”. The events organised during the French week dedicated to Science (the so called “Fête de la Science”) appeared to be particularly relevant (from 7 to 15 October 2017).



In this context, it has been decided to go and meet the stakeholders of Immuniser Lyon during the event called “Vaccination myths and reality” organised at the Saint Luc - Saint Joseph hospital on 9 October 2017. A questionnaire (in French) has been developed to orient the interview but the priority was given to free and informal dialogue. Here are some examples of questions raised during the interview:

- ✓ How does Immuniser Lyon disseminate information related to vaccination?
- ✓ Is this kind of initiative developed elsewhere?
- ✓ Why is it important to bring together a group of actors to work on this issue?
 - *[Depending on the type of stakeholder interviewed]* What is your role in this initiative?
- ✓ Do you involve the civil society in the development of your actions? If yes, how?
- ✓ How could you strengthen the participation of civil society in this type of initiative?
- ✓ Are you targeting a specific group of the population?

DELIVERING THE LOCAL INITIATIVE

Participants

The local initiative was delivered on 9 October 2017, in Lyon. The event was organised in the main entrance hall of the Hospital. Very few people came specially to visit the exhibition “Vaccination myths and reality”, the vast majority of the visitors were people going to the hospital. Different kinds of stakeholders representing the initiative “Immuniser Lyon” were present. They have been identified (such as nurses, pharmacists, doctors, representatives of the city of Lyon and pharmaceutical industry, etc.) and interviewed.

Figure II.2: Picture of the Exhibition “Vaccination myths and reality”





DISCUSSIONS

The discussions were based on the mutual learning approach and focused on diverse aspects of the local initiative such as the creation of “Immuniser Lyon” by the City of Lyon and the Regional Health Agency in the year 2015. The originality of the approach is based on the wish to remove vaccination from the only health professional/patient dialogue, to understand it as a shared and collective object and to contribute to a public health dynamic, even more in a context of evolving vaccine recommendations. The activities of the initiative “Immuniser Lyon” were also discussed such as the local dissemination of the national campaigns as close as possible to the inhabitants with a specific focus on the most fragile population categories; the interconnection of professional networks in order to ensure a coherence and complementarity of the actions.

In this respect, a doctor presented us one of the most important tool promoted by “Immuniser Lyon”: The Electronic Immunization Record Book (CVE: *Carnet de Vaccination Electronique* in French). The Auvergne Rhône-Alpes Region has positioned itself on the experimentation of the CVE (on specific territories representing the urban-rural diversity of the Region). Doctors, pharmacists, midwives, nurses are involved in this broad experiment.

The CVE can be created on the following website www.MesVaccins.net and through a mobile application. The doctor made a demonstration of the creation of an online account which is a very easy process allowing a wide range of users to deal with it. An interesting fact is that the CVE takes into account the opinion of anti-vaccine groups of people in order to respect their “freedom”. This tool gathers personalised information on vaccinations and share data with healthcare professionals who are responsible for the validation of the data entered by the patient. The patient can receive alerts via e-mail or sms when the date of revaccination approaches.

Figure II.3: Screenshot of the Electronic Immunization Record Book

The screenshot shows the 'Mon carnet de vaccination électronique' interface on the MesVaccins.net website. The user is logged in as 'Edouard', born in 2001 (14 years 11 months old). The interface includes navigation tabs for 'Mes carnets', 'Mon compte', 'Aide', and 'Nous contacter'. Below the user information, there are buttons for 'Modifier', 'Supprimer', and 'Transférer vers un autre compte'. A message states 'Ce carnet n'est pas encore partagé.' The main section is titled 'Vaccins reçus' and includes sub-tabs for 'Questionnaire santé', 'Vaccins à faire', and 'Partage du carnet'. There are buttons for 'Ajouter une vaccination' and 'Imprimer'. A message indicates 'Ce carnet de vaccination n'a pas encore été complété avec les vaccins inscrits dans le carnet de santé.' Below this is a table of 'Vaccins réalisés' with columns for 'Date de l'acte', 'Vaccin utilisé', 'Protège contre', and 'Lot'. The table lists three vaccinations: MONOVAX (Tuberculose), PRIORIX (Rougeole, Oreillons, Rubéole), and PENTAVAC (Diphtérie, Tétanos, Polio, Coq., H. influenzae b).

Date de l'acte	Vaccin utilisé	Protège contre	Lot
03/10/2001 5 mois 7 jours	MONOVAX notice	Tuberculose	
24/10/2002 1 an 5 mois	PRIORIX notice	Rougeole, Oreillons, Rubéole	
13/02/2003 1 an 9 mois rappel	PENTAVAC notice	Diphtérie, Tétanos, Polio, Coq., H. influenzae b	



EVALUATING THE LOCAL INITIATIVE

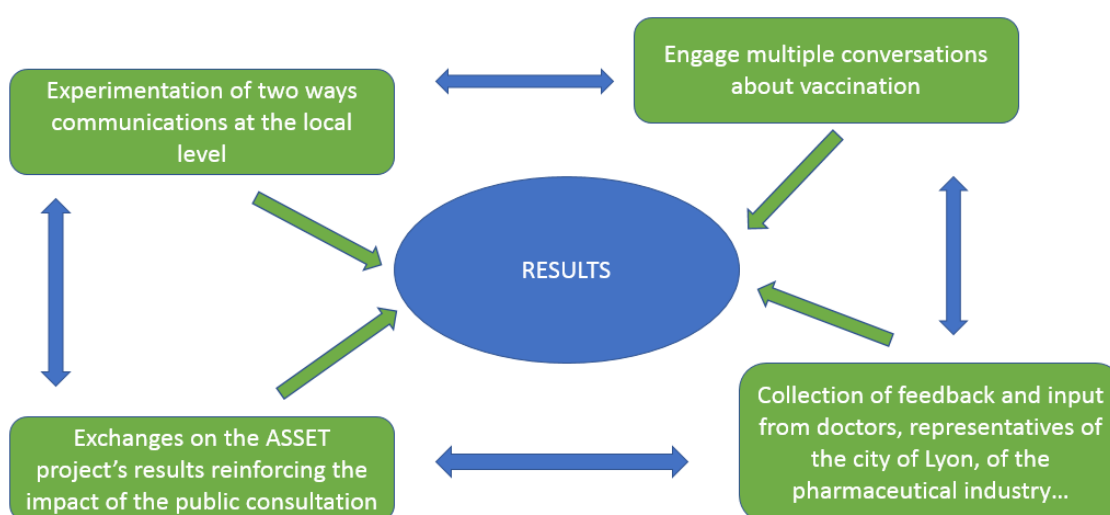
Methods

The partners we met are strongly involved in the local initiative Immuniser Lyon based on a voluntary participation. They were very keen on sharing their experience and feedbacks on this initiative. The methods used are discussions with different stakeholders from the public and private sector, from the health and non-health sector, interested in discussing with the ASSET partners and to promote their local initiative and the Electronic Immunization Record Book.

Results

The participation to this event allowed us to capture the “spirit” of the initiative Immuniser Lyon and to see how strongly committed are its different partners. On the other way around, the meetings also allowed us to present the ASSET project and its results to this highly relevant local network which already have an impact at the national level.

Figure II.4: Interconnection of contents in terms of implications for ASSET



CONCLUSIONS

This local initiative is totally in line with the ASSET objectives regarding the analyse of communication methods related to vaccination and the prevention of infectious diseases towards the civil society. Given the relevance of this initiative, other cities in France and in neighbouring countries have expressed their willingness to transpose this kind of information and awareness campaign (e.g.,: Nice, two English Counties).

Furthermore, the Electronic Immunization Record Book has the ambition to cover the French National territory and has been presented as a good practice – **“a new way to prevent vaccine hesitancy at a large scale”** – at the European Health Forum Gastein in Austria hold on 4-6 October 2017.



2.2 MEDICAL SCHOOL STUDENTS

EXECUTIVE SUMMARY

The local initiative, planned in close collaboration by Lyonbiopole and IPRI, experimented the two-way communication at the local level with the medical students and resident medical doctors from the University “Claude Bernard” Lyon (France).

This initiative has been elaborated in two steps via an online questionnaire launched in July 2017 and a face-to-face mutual learning event organised on October 25th 2017, involving respectively 65 and 8 medical students and resident medical doctors.

The topics covered were in line with the ones covered in the Citizen consultation and the position of the Resident MDs is close to the one reported by our citizens consultations in Europe. But more specifically, one of the most important point highlighted by the medical students and resident medical doctors in the discussion was the lack of sufficient training on issues of society and public health such as vaccines and vaccination.

RATIONALE/BACKGROUND

Medical doctors are fundamental in planning and implementing response to Epidemics and Pandemics, also because they are the main source of medical information for their patients, as well as the interface with Public Health authorities. This role is increasingly important in the current age of the “Post-Trust Society” (Loefstedt, 2005).

However, at least in France, Medical Students and resident medical doctors⁴ have an insufficient level of training on Public Health in general, and on vaccination in particular. Currently there are no training actions to increase their awareness of their above-mentioned social roles. Awareness about the key role of vaccines and vaccination is sometime acquired during their professional career.

For this reason, we designed an Event targeted to regional resident medical doctors of the Medical School of Lyon “Claude Bernard” University. Lyon is the third largest city in France, and its university is a leading scientific institution, especially in medicine and biology. Moreover, many research institutes are, for this reason, established in Lyon, including the WHO International Agency for Research on Cancer.

PLANNING THE LOCAL INITIATIVE

At the beginning, we contacted the Head of Medical School, who appreciated our initiative and put us in contact with Association of Medical Students, which answered very favourably to our request.

The Event was communicated via email and via social media to all the members of the Association and the Residents of the University. The practical organization to the event has been difficult, given the very strict scheduling of the Residents, who have large work charges in Lyon Hospitals and have frequent examinations. Thus, we decided to conduct the event in two steps. In the first step, a questionnaire (including also open questions) was diffused via social media. The second Step consisted of a face-to-face mutual learning event, which was held close to the University facilities on October 25th, 2017.

⁴ i.e. MDs that received a diploma from a School of Medicine and that are specialising in the various branches of Medicine by both further study and, mainly, work as MDs in Medical and Surgical Departments of Hospitals



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The aim of the first step was to assess the opinions of Residents on vaccine use during the 2009-2010 H1N1 pandemics. The results were used to better orient the discussion during the face to face meeting with the Residents. An evaluation form was given to all participants at the end of the event.

DELIVERING THE LOCAL INITIATIVE

Figure II.5: Invitation sent to medical students and resident medical doctors

Epidémies, pandémies et vaccination

“Le grand défi pour les médecins dans la société de la post-confiance”

20h00 - Discours de Bienvenue
Lyonbiopôle

20h05 – Présentation du Projet ASSET
Mitra Saadatian-Elahi / Lyonbiopôle

20h15 - Débat pour un apprentissage mutuel
Moderateur: Alberto d'Onofrio / IPRI et
Mitra Saadatian-Elahi / Lyonbiopôle

21h25 - Conclusions
Lyonbiopôle / IPRI

Rendez-vous le
MERCREDI 25 OCTOBRE
à
Wee-An
7 rue de la Part-Dieu Lyon 3

Contact: ondine.frete@lyonbiopole.com www.asset-scienceinsociety.eu

ASSET Action plan on Science in Society related issues in Epidemics and Total pandemics

Participants

Residents of the Medical School of the University “Claude Bernard” Lyon (France). On behalf of ASSET Project:

Alberto d'Onofrio (IPRI), Ondine Freté, Emilie Romeo, Mitra Saadatian-Elahi (LYONBIOPOLE). Participants showed a great interest for the ASSET project. We provided the URLs of the ASSET communication material, so they can share with their colleagues. The language adopted during the event was French, since all participants were French or French-speaking.

EVALUATING THE LOCAL INITIATIVE

Methods

The first part of the initiative was based on an on-line questionnaire. The second step was a face-to-face meeting with residents.

Main Results of the First Step

Overall, 65 Residents answered the online questionnaire. The Questionnaire was composed of ten closed questions, as well as eight open questions (see the ANNEX). The first three questions were binary questions while the others were closed questions with multiple answers or prioritisation questions.



In total, 96.9% and 84.6% of respondent were in the favour of compulsory vaccination for health-care professionals and general population, respectively, in case of epidemics.

The large majority (73.8%) believe that in case of pandemics, the population protection should infringe upon the individual freedom.

The fourth question was on the prioritisation of vaccine distribution in case of insufficient quantity of vaccines. The maximum priority was given to Health-care workers, followed by children, chronically diseased people, pregnant women. Contrarily to our expectation, elderly people were not considered as a priority group. On the contrary, they received the largest score in the category “minimal priority”.

The next question concerned the actions to be recommended in preparedness plans. Hand washing was the action that received the highest score in the category “most priority”, while limitation of individual freedom was considered the less important one (received the largest number of votes in the category less priority).

Finally, the last prioritisation response was on the PH authorities’ actions to be enacted in the inter-pandemic periods. The maximum priority was given to sensitisation campaigns, followed by improving the epidemiological surveillance systems, and by improving the preparedness plans. The less important action was considered. The role of social media was heterogeneously evaluated. Indeed, its distribution was bimodal, with an appreciable number of subjects considering it the most priority and the less priority.

The largest majority (69%) of the responders believe that in case of new epidemic PH authorities should accelerate the market authorizations process for most promising vaccines and treatments.

Good and intensive communication campaigns of measure limiting the epidemic propagation were cited by the largest majority of responders (70%) as the most important PH task during an epidemic.

Beside social media and web, during epidemics television was identified as the most efficacious media communication tool, followed by radio (which is very influential in France), whereas the local media were considered the less important.

The modalities of contagion were largely considered as the most important information to be communicated during an epidemic, whereas the less important was the number of deaths. The strongest argument to handle the rumours on vaccines was considered the capillary communication of the results of rigorous scientific studies.

To the question of scarce adherence of healthcare professionals to seasonal flu vaccination, the most recurrent answer was lack of time. This is maybe due to the fact that healthcare worker in France, to get the vaccination have to take extra-work time to go the visit their occupational doctor.

The open question that received the strongest pattern of answers was the one on why pregnant women are less vaccinated than the general population. The fear of adverse events and of toxicity for the foetus was most recurrent answer.

Another question with a strong pattern of answers was the one on how to convince elderly people to get vaccinated. The most popular answer was to argument on potential morbidity and mortality related to vaccine-preventable diseases.

Concerning special groups of population (as refugees, and traveling people) with less access to PH, the most common argument given to convince them to vaccinate was the benefits for vaccines for individuals and also as community level.



The second-last question was on the needs of medical doctors to favour vaccine uptake among their patients.

Information on the subject, educative actions towards children and students and having communication tools (posters in ambulatories) have been reported as the most fundamental needs.

Nowadays parents hesitate to vaccinate their children against nowadays rare or locally eliminated vaccine preventable infectious diseases. We asked the Residents how they would convince these hesitant parents to vaccinate their children. Two are the most recurrent answers. The first is that one should inform the parent that the disease is very rare thanks to the widespread of vaccine, without which the diseases could resurge. The other answer is that it is important to stress the severity of vaccine preventable diseases, which often are under-estimated (e.g., measles, poliomyelitis).

Main Results of the Second Step

Overall, 8 residents attended to the face-to-face meeting.

The most important point evidenced by the discussion was the lack of sufficient training on issues of society and public health such as vaccines and vaccination. They said that: “on vaccination, apart the training on the immunological nature and effects of vaccines, we only learn about the vaccination schedule”. Residents MDs feel that they do not have adequate arguments to advice their patients and to counter-balance the anti-vaccine opinions and the vaccine hesitancy. For example, it resulted that they were not informed that there exist countries - like Italy - where vaccine against Hepatitis B is mandatory since many years, and judged this information that we conveyed to them as useful to reassure patients as far as their fear of dangerous side effects induced by that vaccine.

There was a consensus on the fact that vaccine hesitancy both in patients and in MDs is very often related to the lack of memory of epidemic of serious diseases, which currently are very rare or eliminated in France, but which could be come back due to the reduction of immunised persons caused by vaccine hesitancy. Some resident suggested that in order to mitigate this lack of memory MDs should inform their patients also by means of “shocking histories” explaining that some diseases are less innocuous than one could think, and that also children are at risk.

Resident MDs (and medical students) need reliable, objective and effective information but they do not know where to find this information.

It could be good to have explanatory sheets per vaccine explaining side effects, giving arguments to convince patients, etc. They believe that professors should set-up training sessions for example during the lunch time to discuss with medical student’s social aspects of vaccinations and histories that could be used to convince their patients to get vaccinated. More in general a formation on societal challenges would be welcome.

The Residents believe that the best strategy to mitigate vaccine hesitancy is, once they are well informed, to be totally transparent on benefits and the few known vaccine-related risks.

Another important theme that has been stressed is the lack of formation on communication. One of the Resident MDs said us “Basically a MD must communicate along her/his whole work-day: primarily with patients, but also with colleagues, nurses and other HCWs. We receive no training at all in communication, apart MDs specialising in Oncology, who receive a very short training in communication of bad news to patients.” This observation is of particular significance and suggests that curricula at Medical Schools must be rethought to face a number of challenges related to the interaction with patients, and with the society at large.



Lack of time to get vaccinated was the main reason they think that could explain low vaccination rates among health care professionals. When vaccination campaigns are well organized in the hospitals, it works and the staff is not against being vaccinated. Being vaccinated every year is a lot according to some interns (“do not want an injection once a year”), and at least one of them openly declared to be hesitant on some vaccines.

As far as the current debate in France induced by the recent law measured aiming at making mandatories a larger number of vaccines, residents stressed that it is causing many reactions among their patients. One of Resident reported that some of her patients have the impression “of being deprived of their personal freedom”. Another interesting point stressed by the students is the need of implementing digital technologies to the “carnet de vaccination”, by transforming it in a personalised smartphone app allowing also to interact with the family doctors.

We illustrated to the Medical Residents the work done in the ASSET project, and they were interested and agreed that many of the ASSET results have direct implication in their work. In particular:

- ✓ they agreed on the challenges caused by the phenomenon of “Post-Trust Society”
- ✓ on the need of implement two-way communication both concerning policies and risk communication
- ✓ the role of MDs, and in particular of GPs, as key communication and scientific interface between PH professionals and civil society
- ✓ They were interested in the concept of “Science in Society”, of which they had not heard before our event.

CONCLUSIONS

The position of the Resident MDs is close to the one reported by our citizens consultation. Similar to the citizens, they give priority to the public health safety over the personal freedom. Our results showed high levels of support for mandatory vaccinations in case of pandemic risk.

Resident MDs believe that there is a need for receiving clear unambiguous information and more training on:

- ✓ General public health and in particular vaccines and vaccination
- ✓ vaccine-related societal challenges
- ✓ communication towards their patients and civil society

in order for them to feel comfortable when giving the reasons why their patients should get vaccinated.



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ANNEX II.1: Results of the online Questionnaire send to the Resident MDs

Consultation des étudiants et internes en médecine (ASSET)

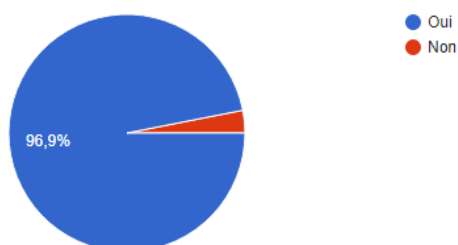
65 réponses

RÉSUMÉ

INDIVIDUEL

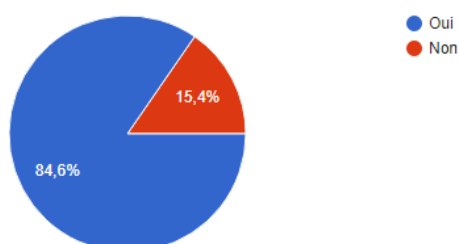
1. Pendant une épidémie seriez-vous favorable à la vaccination obligatoire pour le personnel de santé ?

65 réponses



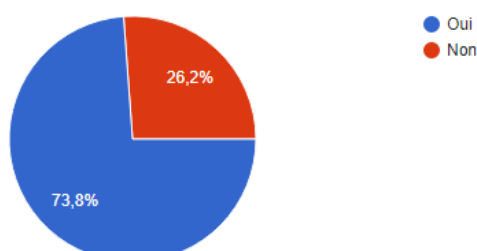
2. Pendant une épidémie seriez-vous favorable à la vaccination obligatoire pour la population générale à condition que l'on dispose de quantité suffisante de vaccins ?

65 réponses



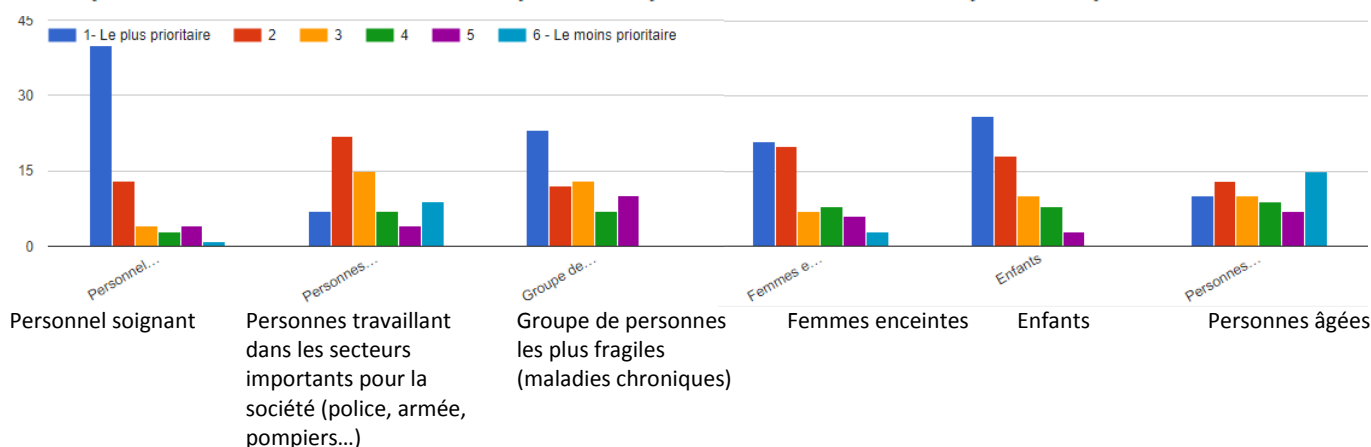
3. En tant que personnel de santé, pensez-vous qu'au cours d'une crise pandémique la protection de la population devrait devancer la liberté individuelle ?

65 réponses

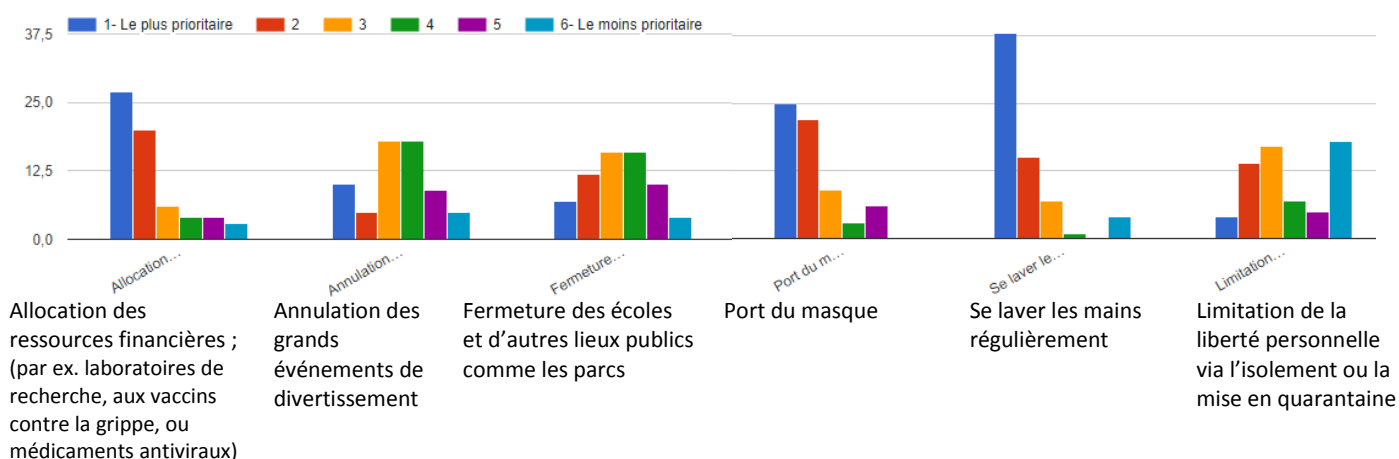




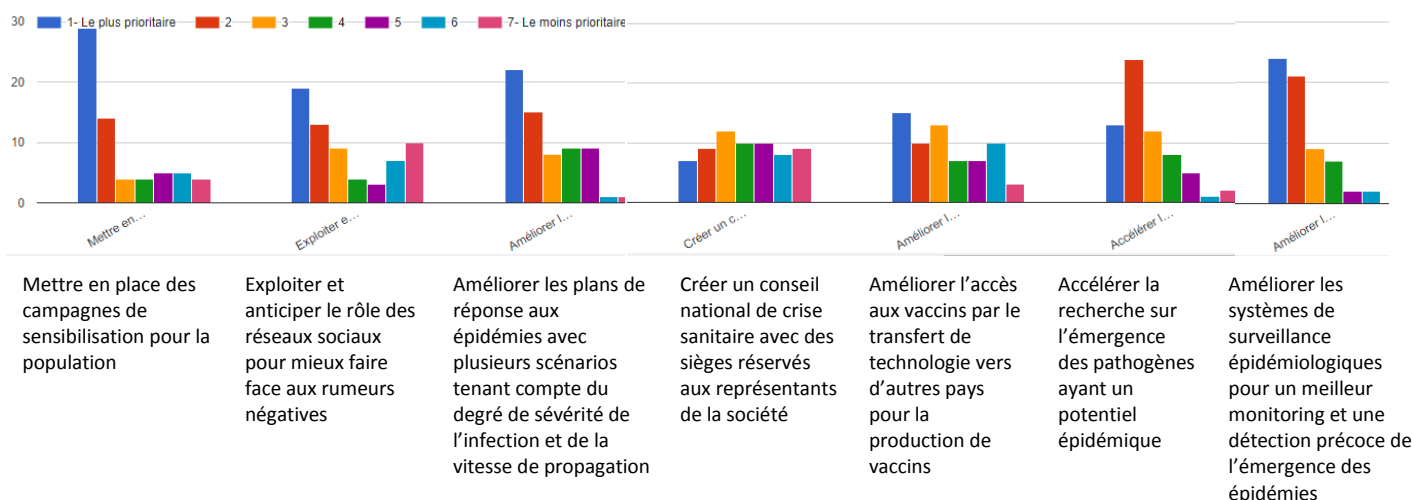
4. Donnez un ordre de priorité de distribution des vaccins/médicaments lorsque ceux-ci sont en faible quantité pendant une crise épidémique :



5. Donnez un ordre de priorité à l'importance que doivent avoir les items suivants dans le plan de préparation à une crise épidémique :



6. Donnez un ordre de priorité pour des actions à mener par les pouvoirs publics et les autorités de santé en prévision d'une crise épidémique potentielle (période post-pandémie) :





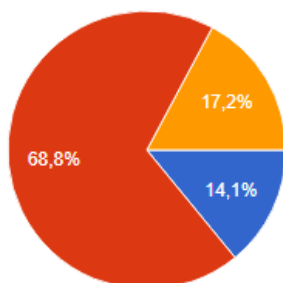
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7. Au cours d'une nouvelle épidémie, comment les autorités publiques de santé devraient-elles travailler sur les traitements et vaccins ?

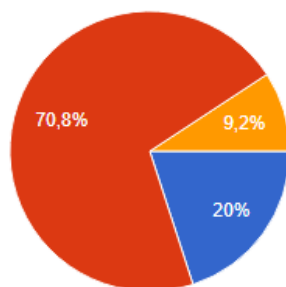
64 réponses



- Suivre minutieusement les règles et procédures établies
- Accélérer le processus en donnant la priorité aux traitements et vaccins les plus prometteurs
- Autoriser les patients à recevoir un traitement expérimental

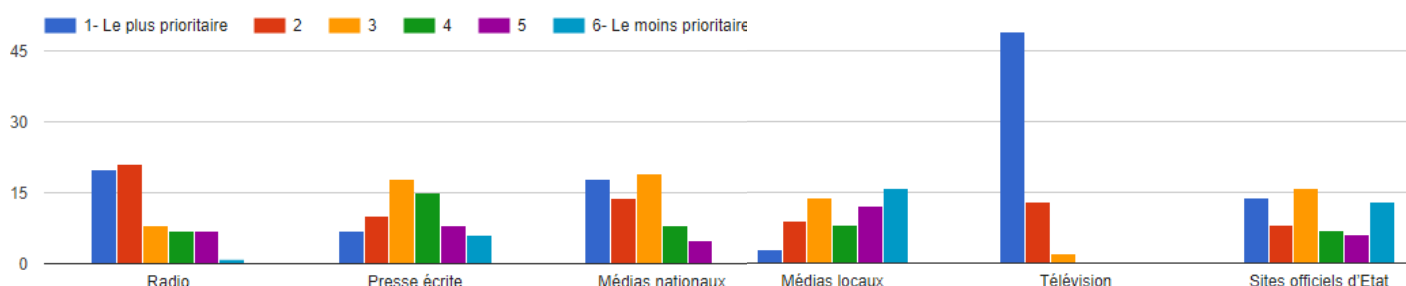
8. Au cours d'une épidémie favoriseriez-vous :

65 réponses

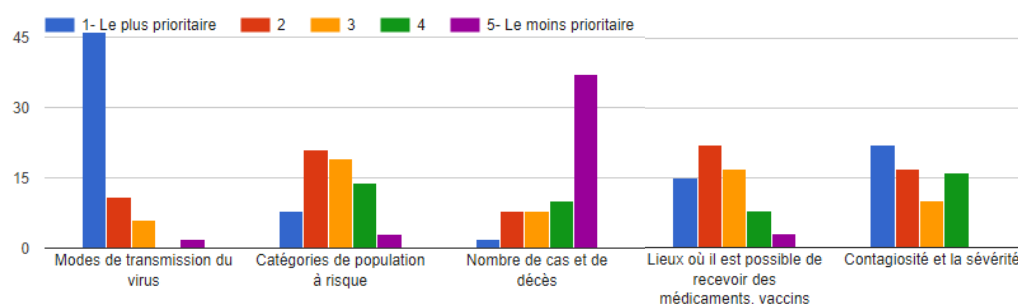


- La mise en quarantaine des malades
- Une communication intense sur les mesures de limitation de la propagation de l'épidémie pour que chacun se responsabilise
- L'annulation des grands événements de divertissement (ex : concerts, concours sportifs...)

9. En dehors des médias sociaux et des sites web généralistes, classez par ordre de priorité les canaux de communication à utiliser pour communiquer pendant une crise épidémique :



10. Quelle est selon vous l'information la plus importante que la population générale a besoin de connaître de la part des autorités publiques au sujet d'une épidémie ? (merci de classer par ordre de priorité)





III EIIWH-DUBLIN

EXECUTIVE SUMMARY

Female university students from a local university were invited to participate in a dialogue on issues in pregnancy and pandemics/epidemics and vaccination. The local initiative in Dublin took the format of a two-way communication, where information was shared with participants who then took part in a focus group and filled out a questionnaire.

RATIONALE/BACKGROUND

The local initiative in Dublin was informed by the findings from T2.5, “Gender Issues in Pandemics and Epidemics”. Part of the findings from T2.5 related to pregnancy and influenza, and the fact that pregnant women are given the highest priority among all the risk groups when it comes to the influenza vaccine. However, despite the increased risk of illness and mortality that accompany a pregnant woman getting influenza, the vaccination cover lags behind that of the general population. We wanted to study young women’s thoughts around this, and explore the extent to which they were even aware of the issue.

PLANNING THE LOCAL INITIATIVE

Women from a local university were approached about participating in a focus group on pregnancy, influenza and vaccination via an electronic noticeboard. Prior to the event, the participants were sent background reading taken from T2.5 on pregnancy, influenza and vaccination.

On the day of the event, a number of questions were asked relating to these facts, and the women’s own knowledge/experience/thoughts and concerns. 15 women signed up to the local initiative, however on the day of the event nine showed up. All these women were either undergraduate or postgraduate students at university.

The focus group discussions went on for about 40 minutes, and this was followed by a short questionnaire. The questionnaire opened with asking the women how familiar they are with the issue of epidemics/pandemics in general. This was followed by three questions on issues relating to trust – who they consult first if they are ill, who do they trust for information about epidemics/pandemics and vaccinations, and what kind of communication channels they prefer. This was followed by questions relating specifically to pregnancy and influenza vaccination, and finally two questions on their experience of the day and of the format of the local initiative.

DELIVERING THE LOCAL INITIATIVE

Exercise/Discussion about Focus Group

The focus group discussion began with an open question on how familiar the participants were with the influenza vaccine. All participants knew about the vaccine, but few had gotten it. One participant said she was getting it the first time this year after hearing that this year’s strain is going to be very bad, judging by the current strain in Australia. Another participant said she has never gotten it before, but her new postgraduate research study meant she would be going to meet with vulnerable patients in hospital. In order to protect these patients, whose illness affects their breathing, she would probably get the flu vaccine this year.



One participant brought up the point that she had wanted to get the vaccine this year, as she had been sick with glandular fever this summer and had heard she should therefore take the vaccine – but when she rang the college health care services to book an appointment, the waiting list was 12 weeks long. She therefore decided not to go ahead, as it seemed to be too much hassle. It is worth noting that appointments at a college health care services in Ireland are free, and the influenza vaccine there would cost €15. A regular GP appointment with for example your family GP costs between €50 and €60 – a lot of money, especially for a student.

One participant mentioned that her husband gets the vaccine every year as he has an underlying condition, and that her mother gets it as well – however, she felt that there was very limited information or communication from GPs about the vaccine, even for young people who might belong to a risk group.

The next area of discussion was that of pregnancy and influenza, asking if the participants had any previous knowledge about pregnancy and influenza. Most participants did not have any knowledge at all, bar a few who had family members or colleagues who got the flu jab when pregnant. None of the participants had known that pregnant women were a risk group until they had received the pre-reading.

One participant explained that she first thought that the reason a pregnant woman is considered at risk is because her getting influenza is a risk to the foetus, as opposed to the mother. Most participants agreed, saying that this was their initial thought too.

One participant explained that her colleague who is pregnant with her second child had gotten the flu vaccine, but mainly as the hospital they do research in had set up a vaccination ‘event’ to encourage healthcare workers to vaccinate. This was easily accessible and they were given free chocolate and coffee, which had enticed the participant’s colleague. They had spoken about it afterwards and the colleague had said that she was intending to get the vaccination anyway, and had gotten it with her first pregnancy, but that getting it so easily through work was a major help for her actually going through with getting the vaccination. She also mentioned that her GP had not told her that she would need the whooping cough vaccine, which she was very unhappy with and intended to get for her second pregnancy.

One participant explained that she and two of her siblings were born in Australia. In Australia, when you are born you get a large, thick book detailing not only the vaccinations you receive as an infant and child, but also what vaccines your mother got when she was pregnant. Her youngest sister was born in Ireland, and she only got a vaccination card, with a few handwritten notes on it – the Australian version is much more detailed, and is in hard cover and difficult to lose. Many participants agreed that this was a good idea, as most of them did not know if they (or rather, their parents) still had their vaccination cards, or where to go to find out what vaccinations they had received.

In terms of having a vaccination when pregnant, the group raised the instinctual concern that taking medication when pregnant could harm the baby. Also, again they spoke about their belief that influenza vaccine was taken to protect the baby from influenza, as opposed to protecting the mother against the risk of getting influenza when pregnant due to the potentially bad outcomes.

One participant said that now that she knew that the vaccine was to protect the mother and not the baby, it should be up to the mother to decide if she thinks she can deal with getting influenza when pregnant. The mother may decide that she has a good immune system and if she were to get flu she would be fine, rather than risk taking a vaccine when pregnant. Some members of the group pointed



out that a mother getting very sick, even if it is “just” with high fever, could be potentially bad for the foetus – and if the outcome is death of the mother, it is obviously very bad for the foetus as well.

This brought up a topic that may be unique to Ireland – but as one participant pointed out, a lot of people here use the word “flu” for a bad cold. It is very common in Ireland for people to say they “had a dose of the flu yesterday” if they had a stuffy nose and a regular head cold. Especially young people who may not have had influenza for a long time forget how sick you actually are when you get influenza, and how hard it really affects you.

One participant mentioned that somewhere in her head, she had the idea that if you get the influenza vaccine you get sick for a few days after, and that this had played part in her never getting the vaccine previously, even though it had been offered free of charge in her former place of work. Another participant said that she used to get the influenza vaccine every year as a child and always got sick, so as she got older she thought “what’s the point”, and that she might as well go without it. This was a very interesting discussion in light of the fact that women are most likely receiving double the dose of the influenza vaccine that they need, as the vaccine has been tested mainly on males and therefore the male dose is considered the norm for both sexes, even though women tend to have more adverse reactions and side effects to the dose than men.

None of the participants had ever spoken to their GPs about the influenza vaccination. One participant mentioned that she had a friend of a friend who had recently gotten tuberculosis, which she was not aware you were at risk of getting in Ireland, and intended to speak to her GP about the TB vaccine when she went there the next time.

This launched a discussion about childhood vaccinations and whether they are for life or not, with some participants saying that they did not know what vaccinations may need a “top-up” and which ones were for life. One participant suggested that if her GP sent her a letter saying that e.g., her TB vaccination was most likely not effective anymore and that she would need a top-up, she would gladly go and do it, for all illnesses. The entire group agreed with this, saying that if they were told it was important and that they should do it from their doctor, they would do it. One participant compared it to the National Cervical Screening Programme, where all women living in Ireland between the ages of 25 to 60 get letters saying when they are due for a smear test. This spontaneous and widespread support for a life-course approach to not only the influenza vaccine but all vaccinations, was a very interesting part of the dialogue.

Finally, the discussion moved to vaccination of children and thoughts around parents who actively chose not to vaccinate their children. One participant told us that her little sister had gotten the HPV vaccine recently, and about an hour after she had developed a severe headache which lasted for over a month. This was obviously a frightening experience, but she also told us that her other sister has severe asthma, and as a result of this could not take all the vaccinations she needed to as a child due to always being on strong steroids and/or antibiotics and medication. Because of this, her sister was dependent on herd immunity – without it, she was severely at risk. She said that while her one sister had gotten sick from a vaccine, she was such a small minority and that while for examples the measles vaccine might be bad, it is much better than measles! She said her family experience was a living example of why vaccines are so necessary, and even if an adverse reaction occurred, like for one of her sisters, that is a lot better than her unvaccinated sister dying from an illness that herd immunity could have protected her from.



Another participant mentioned that when she was a teenager and the HPV vaccine started to be given to girls, a lot of parents in her school would not allow their children to get it. While she got it and never had any problems, she said that many of her friend's parents felt that the vaccine was new and scary and they did not want their children to be treated as "guinea pigs".

This prompted a lively discussion about fear and uncertainty versus scientific fact and reality. The entire group agreed that so-called "anti-vaxxers" were reliant mainly on anecdotal evidence and bogus statistics, and the "no smoke without fire" excuse to avoid vaccination. Participants criticised the weak response from authorities, saying that they should mount a stronger response to the anti-vaccine groups. As an example, one participant suggested that if 10 people got narcolepsy from a vaccine, authorities should retaliate with figures such as "while this is very regrettable, a result of this vaccination, as a forward projection, 100,000 women will now not get cancer" or something along those lines.

Also, the use of questionable statistics should be challenged – for example, statistics like "8 times more likely" can in actual fact be 0.000000008, it is just used in a vague way by the anti-vaccine groups. Another participant suggested that the authorities should counter the claim that vaccines contain heavy metal with the fact that air pollution in the city would be a lot worse for a child than a vaccination.

One participant said that she viewed it as a moral issue – would I rather my child dies of a horrible and preventable disease, than potentially exposing them to an infinitesimally small chance of harm from a vaccine? Another participant agreed, saying would you rather have a child with autism or a child that's dead from a vaccine-preventable disease.

Near the end, one participant raised an interesting point saying that she has no healthcare background and her way of finding information is just to google it. If she were to put "vaccination" into google, news articles connecting vaccination with autism or illness would invariably pop up. She said that while she would probably go to the HSE website (the Irish health care services) to look up information, she said that the alarmist news reports would probably leave "niggling thoughts" in the back of her head -- there is just not enough information that has come out strongly in the mainstream media that effectively and resolutely dispels the anti-vaccine message.

QUESTIONNAIRE RESULTS

Q1. Are you familiar with the issue of epidemics/pandemics?

Yes, very

Yes, a little

Not a lot

Not at all

As can be seen from question 1, all students were somewhat or very familiar with the issue of epidemics/pandemics, with only two participants saying that they did not know a lot and no one opting for "not at all".

**Table III.1 Are you familiar with the issue of epidemics/pandemics?**

Q1. Are you familiar with the issue of epidemics/pandemics?		
Variable	Number	Percent
Yes, very	3	33.3
Yes, a little	4	44.4
Not a lot	2	22.2
Not at all	0	0
Total	9	100

Q2. When you are ill, who do you consult first? Rank from 1 to end, with 1 being the most important.

Internet

Relatives

My general practitioner

University services

Other (please describe):

In question 2, the Internet and Relatives are join first in who the participants consult when they are sick. This is closely followed by their General Practitioner, and then by university services. Other comes in 5th as the least important – only three participants entered an option for “Other”, which was pharmacist; peer-reviewed literature online; and friends who are studying science.

Table III.2 When you are ill, who do you consult first? Rank from 1 to end, with 1 being the most important.

Q2. When you are ill, who do you consult first? Rank from 1 to end, with 1 being the most important.	
	Mean rank
Internet	2.22
Relatives	2.22
General Practitioner	2.67
University services	3.83
Other	4.06



Q3. Who do you trust the most for information about epidemics/pandemics and vaccines? Rank from 1 to end, with 1 being the most important.

- Government sources
- Healthcare professionals
- Word of mouth
- Religious leaders
- Celebrities
- Friends/family
- Lecturer
- Print media
- Television/radio
- Social media

Question 3 looked at who the participants trusted the most for information about pandemics and epidemics. The results showed that healthcare professionals were by far the most trusted source of information, followed by government sources and then friends/family. Traditional communication routes such as print media and television/radio also scored fairly high, coming in at 4th and 5th place respectively, compared to social media at number 8, behind word of mouth.

Table III.3 Who do you trust the most for information about epidemics/pandemics and vaccines? Rank from 1 to end, with 1 being the most important.

Q3. Who do you trust the most for information about epidemics/pandemics and vaccines? Rank from 1 to end, with 1 being the most important.		
	Mean rank	Place of importance
Healthcare professionals	1.33	1
Government sources	2.44	2
Friends/family	4.44	3
Print media	4.67	4
Television/radio	4.83	5
Lecturer	6.22	6
Word of mouth	6.61	7
Social media	7.33	8
Religious leaders	8.44	9
Celebrities	8.67	10

Q4. During a pandemic or epidemic outbreak, what kind of communication channels would you prefer public authorities to use? Rank from 1 to end, with 1 being the most important.



- ☐ Radio
- ☐ Social media
- ☐ State media
- ☐ Television
- ☐ Official state web pages
- ☐ None of the above

For question 4, the participants narrowly preferred state media as their number one preferred communication channel during a pandemic/epidemic outbreak, very closely followed by official state web pages. Social media is the last pick, at number 5 (“none of the above” and “other” were primarily left blank). While these young participants are part of the generation that gets most of their information online, as clearly shown by their first choices, this particular group is very suspicious of the trustworthiness of social media.

Table III.4 During a pandemic or epidemic outbreak, what kind of communication channels would you prefer public authorities to use? Rank from 1 to end, with 1 being the most important.

Q4. During a pandemic or epidemic outbreak, what kind of communication channels would you prefer public authorities to use? Rank from 1 to end, with 1 being the most important.		
	Mean rank	Place of importance
State media	2.22	1
Official state web pages	2.28	2
Television	2.78	3
Radio	3.67	4
Social media	4.67	5
None of the above	6.06	6
Other	6.33	7

Q5. Before today, were you aware of the issues around influenza vaccination and pregnancy?

- ☐ Yes, very
- ☐ Yes, a little
- ☐ Neutral
- ☐ Not really
- ☐ Not at all

In terms of their previous knowledge around issues of pregnancy and influenza vaccination, as many participants said they were not a lot/not at all familiar with the issue as those who said they were a little familiar. None were very familiar and one was neutral, showing that while some knew a bit about it, there was also a lot of participants for whom this was new information.



Table III.5 Before today, were you aware of the issue around influenza vaccination and pregnancy?

Q5. Before today, were you aware of the issue around influenza vaccination and pregnancy?		
Variable	Number	Percent
Yes, very	0	0
Yes, a little	4	44.4
Neutral	1	11.1
Not a lot	2	22.2
Not at all	2	22.2
Total	9	100

Q6. Do discussions like this one make you feel more informed and confident in making a decision on vaccination of you were pregnant?

- ☐ Yes, very
- ☐ Yes, a little
- ☐ Neutral
- ☐ Not really
- ☐ Not at all

For question 6, the participants were overwhelmingly positive towards the discussion in the local initiative. The information they had gotten and the chance to discuss this issue with peers had raised their awareness and confidence in their knowledge.

Table III.6 Do discussions like this one make you feel more informed and confident in making a decision on vaccination of you were pregnant?

Q6. Do discussions like this one make you feel more informed and confident in making a decision on vaccination of you were pregnant?		
Variable	Number	Percent
Yes, very	7	77.8
Yes, a little	2	22.2
Neutral	0	0
Not a lot	0	0
Not at all	0	0
Total	9	100



EVALUATING THE LOCAL INITIATIVE

Methods

In order to gauge the overall success of the discussion and of the format of the event, we added two evaluation questions at the end of the questionnaire: “Did you find the discussion useful?” and “Are events such as these (small initiatives where issues are discussed on a local basis) helpful?”.

Results

Q7. Did you find the discussions useful?

- ☐ Yes
- ☐ No
- ☐ No opinion

For question 7, all participants were in overwhelming agreement that they did find the discussion useful, with all choosing “yes”.

Table III.7 Did you find the discussion useful?

Q7. Did you find the discussion useful?		
Variable	Number	Percent
Yes	9	100
No	0	0
No opinion	0	0
Total	9	100

Q8. Are events such as these (small initiatives where issues are discussed on a local basis) helpful?

- ☐ Yes, very
- ☐ Yes, a little
- ☐ Neutral
- ☐ Not really
- ☐ Not at all

Again, the participants overwhelmingly considered the local initiative helpful, with eight out of nine participants thought the event very helpful and one participant thought it a little helpful.

Table III.8 Are events such as these (small initiatives where issues are discussed on a local basis) helpful?

Q8 – Are events such as these (small initiatives where issues are discussed on a local basis) helpful?		
Variable	Number	Percent
Yes, very	8	88.9
Yes, a little	1	11.1
Neutral	0	0
Not a lot	0	0
Not at all	0	0
Total	9	100



CONCLUSIONS

As judged by the participant, the local initiative in Dublin was a success. The participants engaged with the subject matter in the form of lively discussions and frank conversations, and made the most of the opportunity to learn more and exchange ideas.

The main points of importance from the focus group discussion were that most of the participants were not aware of pregnant women being a high-risk group, or why pregnant women were considered high-risk.

All participants were aware of the influenza vaccine but few had taken it, mainly as many felt that there was no need – of those who had actively considered it, some had been put off by long waiting times and accessing it not being practical, and others by stories of women always getting sick after taking the vaccine.

The group perceived that there was not enough information out there regarding the influenza vaccine, and that GPs and other healthcare professionals did not do enough to promote it.

Also, they felt that there was not enough knowledge about vaccinations in general – what vaccines had they received as children, which ones last for life and which ones do not?

Participants all agreed that they would be happy to take vaccinations throughout their life if only they were told what to take and when to take it – in the current set-up, they did not know who to ask for this information.

The group also heard striking examples of the importance of herd immunity, and the societal and moral obligation to vaccinate children. Moreover, the group felt that the government and/or the mainstream media had not and were not doing enough to counteract the “anti-vaxxer” marketing and fearmongering.

In the questionnaire, the findings showed that the participants were not overly familiar with the issue of pandemics and epidemics, but nor were they unfamiliar.

They would consult the internet and relatives first if they got ill, however they trusted health care professionals and government sources for information regarding pandemics and epidemics.

Social media was far down the list in trustworthiness, however this does not mean that this particular group was not getting their information online.

Their preferred communication channel during a pandemic/epidemic was state media closely followed by state web pages – the least preferred channel was social media, again showing they simply did not trust information on social media, but instead preferred established and official sources.

Most of the participants were not overly familiar with the issue of pregnancy and influenza vaccination before participating in the focus group, however a large majority reported feeling more informed and confident to make decisions regarding this issue after the local initiative.

Similarly, all participants felt that the discussion had been useful and that the format of the local initiative was helpful.



IV FFI–OSLO

EXECUTIVE SUMMARY

The Oslo/Norway local initiative consisted of an expert group gathered by FFI. The local initiative workshop was conducted at FFI on 13th October 2017. The main topics covered by the presentations and discussions were:

- ✓ Main findings from the ASSET project and FFIs work
- ✓ The Norwegian status compared to the findings from the European citizen consultations
- ✓ Risk communication, advice and transparency – nationally and internationally
- ✓ Participatory governance – bottom-up AND top-down
- ✓ Further research opportunities and recommendations

The local initiative contributed with valuable insights and discussions on a local and national level.

RATIONALE/BACKGROUND

In the local initiative in Oslo, we provided the participants with necessary information from the ASSET project and the relevant results from the citizen consultation in order to consolidate the “expert group” local initiative. The workshop focused on dialogue and participation where participants described and shared their point of view and opinions on the matters presented.

The main rationale is to engage national experts in the findings of ASSET, and create a dialogue about national experiences “versus” the European opinions and best practices.

PLANNING THE LOCAL INITIATIVE

FFI used the opportunity to create a unique local initiative with potential for national policy influence. FFI identified and invited relevant experts from health and security to discuss relevant issues in a national context. Before the event, the participants received an information package including:

- ✓ The report from the citizen consultations: D4.3 Policy report
- ✓ All relevant links to the ASSET webpage and some relevant ASSET articles
- ✓ A letter explaining the purpose of our local initiative
- ✓ The event program.

Vision

Give the participants necessary information from the ASSET project and the relevant results from the citizen consultation in order to consolidate the local initiative for Oslo. The workshop is focused on dialogue and participation where all the participants can describe and share their point of view and opinions on the matters at hand. Follow up questions are asked during and/or after the workshop to assure the right interpretations.

Preparation

The participants are given an information package before the event including:

- ✓ The report from the citizen consultations: D4.3 Policy report
- ✓ All relevant links to the ASSET webpage and some relevant ASSET articles
- ✓ A letter explaining the purpose of our local initiative
- ✓ The event program.



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share and move to face nasty bugs

Location and Time

- The FFI facilities/The House of Knowledge (“Kunnskapsbyens hus”)
- Mid-September
- Ca. 09.30 – 13.00

Participants

FFI takes advantage from the opportunity to create a unique local initiative with potential for national policy influence. FFI exclusive contacts within the field of public health and biological preparedness in both the civil and defense fields are emphasized. Hence, the local initiative covers the total defense concept within biological preparedness in Oslo and potentially on national level. The participants are representatives from civil health authorities and defense agencies. The following agencies are represented: The Norwegian Center for NBC Medicine, the Norwegian Institute of Public Health, Norwegian Armed Forces Joint Medical Services, Norwegian Food Safety Authority, Norwegian Veterinary Institute, the Veterinary College, Oslo Police Department, the Ministry of Defense and others. Also several participants from the biological field at FFI participate.

Program

The preliminary schedule for the event is indicated at the Table IV.1.

Table IV.1: Planning schedule for the local initiative

1	Introduction	Presentation FFI. Agenda, presentation of vision, information about the local initiatives
2	Overview on the ASSET project	Presentation FFI. General presentation with the overview of the Project and main outcomes
3	Main results from ASSET thematic areas	Presentation FFI
4	Citizen consultations	Presentation FFI, reflection and group work. Lessons identified and discussion about the report and results
5	The way forward	Discussion. Plan for this local initiative, feedback from the participants, actions list for moving forward

DELIVERING THE LOCAL INITIATIVE

The “expert group” gathered at FFI 13th October 2017.

Participants

FFI invited our exclusive contacts within the field of public health, biological preparedness and security in both the civil and defense fields. The local initiative hence encompassed the “total defense concept” within biological preparedness in Oslo and potentially on national level.

The participants consisted of sixteen representatives from civil health authorities and defense agencies. The following agencies were represented: The Norwegian Center for NBC Medicine, the Norwegian Institute of Public Health, Norwegian Armed Forces Joint Medical Services, Norwegian Food Safety Authority, Norwegian Veterinary Institute, the Veterinary College, the Ministry of Defense, the Royal Norwegian Air Force, and the Norwegian Defense Materiel Agency. In addition, there were six expert participants from the biological field at FFI.

Exercise/Discussion



The programme for the event was as indicated in the Table IV.2 that follows.

Table IV.2: Definitive agenda of the local initiative

1	Introduction	Presentation FFI Agenda, presentation of vision, information about the local initiatives
2	Overview of the ASSET project	Presentation FFI General presentation with the overview of the Project and main outcomes
3	Main results from the thematic areas of ASSET	Presentation FFI 1. Vaccination and the results of Citizen consultation. 2. Mandatory vaccination for health care workers 3. Vaccination during pregnancy 4. Crises- and risk communication
4	Citizen consultations	Presentation FFI, reflection and group work Lessons identified and discussion about the report and results
5	The way forward	Discussion Plan for this local initiative, feedback from the participants
6	Summary	Plenary presentation with feedback

EVALUATING THE LOCAL INITIATIVE

The expert group was active during and after the presentation, and held a vivid discussion. The main finding from our local initiative was that most of the recommendations from ASSET are already implemented in the Norwegian system. This was a good confirmation for practitioners as to the direction of our health system.

Methods

The method for this local initiative was mainly qualitative. It was considered feasible to consult the experts with findings in order to get an in depth discussion, and to consult them about forums in Norway where the ASSET project may have further relevance. The discussion was conducted in a semi structured manner.

Results

The first round of discussion was centred on laboratory safety and security. It was recommended in ASSET that bio-risk management systems are recommended. The expert group agreed to this, and have recommended that such systems be required by law.

- ✓ Main result: Implement bio-risk management systems in laboratories

When presented with the main recommendations from the citizen consultations, the expert group considered the status of the recommendations in Norway. The recommendations are as follows:

- ✓ **Trust in information** The GPs should be trained to adapt to the changing society, and decision-makers should be urged to be visible and present at 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 an emergency situation, public health interests should infringe upon the individual freedom
- ✓ **Citizens' voices** 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 citizen input to policies on epidemic preparedness and response.

In the discussion about these recommendations, the expert group claimed that Norway is fulfilling recommendations 1, 2, 4 and 5. As for number 6, it was questioned whether this is actually relevant, or if the volunteer citizens had been biased when recommending it. It was discussed that it was “obvious” that the citizens who had wanted to go to the citizen consultation thought this issue was important, but it was less than obvious to the expert group that the general population would even consider taking part in a public discussion in the case of epidemics.

- ✓ Main result: Norwegian experts are sceptical to the notion that the general population will join the public debate in an epidemic/pandemic event

There was a discussion about point number 2, where the experts asked why we used the term “restore trust towards society”. This would indicate that trust has been lacking, or been broken before risk communication is activated, and this is not perceived to be the case in Norway. Norway is a high-trust society, and we strive to keep this up through transparency.

- ✓ Main result: Restoring trust is not as relevant as maintaining trust on the national level.

It was brought up by the expert group that they are worried that all groups in Norway don't get the information they need. There are several population groups that do not have the same native language as the main population, and risk communication needs to be customised. The ASSET project has mapped the different population groups in order to invite a representative selection of the population. However, the project did not do research on whether the information distributed by the health authorities is understood by non-native Norwegians.

- ✓ Main result: Information should be developed in several relevant languages before a crisis in order to disseminate information swiftly.

The expert group also discussed how international collaboration can be challenging in a developing pandemic situation. It is a big decision whether or not to implement a travel ban, and to close the borders due to the threat. Therefore, countries may often wait for someone else to declare an emergency before doing it themselves, in order not to “overreact” in hindsight.

- ✓ Main result: International collaboration concerning risk and crisis communication is important.



Another topic covered was that “health authorities” are not only doctors and health institutions; it is also decision makers and the policy level. This is often overlooked, and people tend to walk into a “cognitive trap”, where they naturally assume health issues concern only the level that works in health services. FFI think ASSET has taken this into consideration by including “policy watch” in the project. However, engaging the “higher levels” of policy and decision makers has proven difficult.

- ✓ Main result: All levels of governance should be included and held responsible in discussions about epidemics and pandemics.

Lastly, the discussion about the outcomes and continuation of the ASSET project revolved around clearer thematic areas and goals. The expert group critiqued the project for not promoting new knowledge – they were already aware of the main results. They also critiqued the format of EU-projects of this kind, where the “wheel is often reinvented”. However, the expert group did appreciate that the results were in a high degree similar to what we are doing in Norway. This was a good indication that what we are doing is right, and the expert group had great understanding for the fact that this is not the case all over Europe. They were positive to a more thematic and research based follow-up.

- ✓ Main result: Do further research on more targeted issues within the field.

List of main results overall:

- ✓ Implement bio-risk management systems in laboratories;
- ✓ Norwegian experts are sceptical to the notion that the general population will join the public debate in an epidemic/pandemic event;
- ✓ Restoring trust is not as relevant as *maintaining* trust on the national level;
- ✓ Information should be developed in several relevant languages before a crisis in order to disseminate information swiftly;
- ✓ International collaboration concerning risk and crisis communication is important;
- ✓ All levels of governance should be included and held responsible in discussions about epidemics and pandemics;
- ✓ Do further research on more targeted issues within the field.

CONCLUSIONS

The local initiative for Oslo brought together an expert group within the fields of health and national security. The group may have a potential national impact. They confirmed that they agreed with many of ASSET’s findings and thematic areas, but were a bit sceptical to the impact, especially in Norway.



V PROLEPSIS-ATHENS

EXECUTIVE SUMMARY

A local initiative was organised in Athens, Greece among 4th year medical students. The initiative was organized as part of the “Practical Fieldwork” which is part of the compulsory “Preventive Medicine and Public Health” course of 4th year medical students.

The local initiative focused on discussing the **role of health care professionals in mobilizing communities to respond to epidemics and pandemics**. The event took place at the medical school, University of Athens on the 5/4/2017.

The aim of the discussion was to:

Explore the role of the scientific community and its connection to the wider society so as to effectively respond to scientific and social challenges which are raised during periods of pandemics and epidemics as well as discussing the wider area of crisis management.

RATIONALE/BACKGROUND

This local initiative report is in line with the objectives of the ASSET project to mobilize local stakeholders in responding adequately to epidemics and pandemics. Medical students were selected as the most appropriate target group as they will become the health care professionals of the future and their role will be pivotal in shaping health related policy in the future.

The event was organised and planned with the rationale of involving experts in open dialogue about public health emergencies and compare their opinion with the conclusions of the ASSET project.

PLANNING THE LOCAL INITIATIVE

An invitation was issued at the Medical School, University of Athens inviting 4th year medical students to the initiative as part of the practical fieldwork of the module “Preventive Medicine and Public Health”. The event was planned with the responsible for the course supervisor who guided the presentations and provided tips for the discussion which followed.

DELIVERING THE LOCAL INITIATIVE



The initiative was held on Wednesday 4th of April 2017 at the Medical School of the University of Athens. Initially a presentation was made by Dr Agoritsa Baka who introduced the ASSET project and explained the purpose and background of the initiative. An interactive discussion followed.



Participants

In total 26 participants attended the event. Participants were 4th year medical students.

Discussions

The discussion which took place focused on the following topics:

- ✓ Unanswered scientific questions
- ✓ Rights and obligations of health care providers
- ✓ Risk communication
- ✓ Communication on adopting different measures at times of pandemics and epidemics
- Immunization of high risk groups
- ✓ Universal vaccination

EVALUATING THE LOCAL INITIATIVE

The local initiative was lively and students shared their experiences openly. A number of issues emerged as particularly important with consequences for the work of the ASSET consortium.

Methods

We used the results of the discussions as well as a questionnaire to evaluate the event. The questionnaire included a number of open ended questions which provided a wealth of information which we present below.

Results

The event was rated successful as we received back questionnaires from all the participants that attended the event (N= 26). All participants were 4th year medical students.

Concerning the organizational issues all participants responded that they were satisfied with the venue and the delivery of the event.

Respondents indicated that these types of events should be organised more frequently.

It was evident that medical students expected a simple presentation and were not prepared for the very fruitful discussion that followed.

We asked respondents whether they better understood the concept of community preparedness and inclusion concerning epidemics and pandemics. Responses were overwhelmingly positive. One respondent said *“Both concepts became more understandable and it has become clearer the role of society and health care professionals has become clearer”*

The main issues which were discussed and raised many questions concerned the perceived role of health care professionals and in particular medical doctors. It was evident that at last medical students do not view their role as part of preparedness for epidemics and pandemics. They view their role clearly as part of a therapeutic team and not as taking part in preventive measures.

The following list of discussion points is very indicative of the way the discussion progressed and the types of questions asked:



- ✓ Informing doctors about severity and consequences – participants highlighted the importance of providing accurate and up to date information about the severity and consequences of vaccines for example or keeping doctors informed about the true extent and circumstances of epidemics and pandemics.
- ✓ They discussed how in many cases doctors are not correctly and accurately informed by relevant public health authorities especially doctors at local and regional levels.
- ✓ Participants highlighted the need to be offered official and updated guidelines from relevant public health authorities.
- ✓ Training in epidemic and pandemic preparedness and communication was repeatedly emphasised. It seems that this lacks in official medical education.
- ✓ Official hospital information is necessary in any plan for epidemic and pandemic preparedness
- ✓ A discussion took place about the plethora of scientific and medical related information that is available nowadays and the need for doctors to be able to assess and adequately disseminate information to community members.
- ✓ Participants emphasised the need to be able to obtain official documentation so as to challenge rumours – evidence that rumours are not real need to be provided by public health authorities.
- ✓ Doctors have the right to vaccine because of their role in the community – we vaccinate doctors so as to protect the system – doctors are part of the system hence they are among the priority groups to be vaccinated
- ✓ Governments and not individual doctors have the responsibility to convince people to vaccinate.
- ✓ Priority to vaccination should be decided by an independent committee
- ✓ It would not be strange in a time of a pandemic or epidemic vaccination priority to be corrupted
- ✓ International independent guidelines instead of national guidelines
- ✓ Internet information platform
- ✓ School based training
- ✓ A large part of the discussion focused on the fact that medical students (4th year) did not consider themselves as their job to mobilize people to become vaccinated rather public health authorities – including those at regional and local levels - should have this role.
- ✓ Use the general public as volunteers
- ✓ Top down approach – initiative and actions to come from above

CONCLUSIONS

The data from the Local Initiative in Athens highlighted the following important issues which have a direct impact on the ASSET project.

There is a need to emphasise during basic medical training the important role that physicians have in epidemic and pandemic preparedness as this currently is not well perceived.

Initiatives at the local level are very much needed to raise awareness concerning the important role of health care professionals in epidemic and pandemic preparedness and society mobilisation.



VI NCIPD-SOFIA

EXECUTIVE SUMMARY

Three local initiatives were held in Bulgaria. The range of subjects in the conducted Local initiatives in Bulgaria included:

- ✓ Personal freedom and public health safety
- ✓ Communication between citizens and public health authorities
- ✓ Transparency in public health and access to information.

The topics covered were in line with the Citizen consultation held in Bulgaria and that helped us to compare the opinion between citizens and experts.

Local initiative 1 was organized in Regional health inspectorate in Sofia city on 29 March 2017.

Local initiative 2 was organized in two of the main universities in which medical students study – Medical University and Sofia University. Two meetings were held – in Sofia University 20 students took part (12 April 2017), in Medical University 73 students took part (31 March 2017).

Local initiative 3 was on-line based. On-line questionnaire was initiated. We invited healthcare workers working in Regional health inspectorate, doctors, healthcare workers, students and others to take part. 156 persons responded (7 students, 58 medical doctors, 91 other healthcare workers).

RATIONALE/BACKGROUND

The main rationale is to involve experts in open dialogue about public health emergencies and to compare their opinion with the opinion of the citizens on some important questions.

PLANNING THE LOCAL INITIATIVE

The Local initiatives were planned in January, February and March 2017. For better comparison, some of the topics and questions prepared for the Citizen consultation were used.

When we finished with the meetings we decided to initiate an on-line questionnaire to cover more types of healthcare workers and from different regions.

DELIVERING THE LOCAL INITIATIVE

The local initiatives were held on: 29 March 2017 (with Regional Health Inspectorate in Sofia city); 12 April with students from Sofia University; 31 March 2017 with students from Medical University; and on-line questionnaire was open in May.

Participants

270 participants – healthcare workers and medical students. 24.4% are medical doctors, 38.5% other healthcare workers and 37.1% students.



Exercise/Discussion

The range of subjects in the conducted Local initiatives in Bulgaria included:

- ✓ Personal freedom and public health safety
- ✓ Communication between citizens and public health authorities
- ✓ Transparency in public health and access to information

Questionnaire was given to the participants after the discussion.

EVALUATING THE LOCAL INITIATIVE

The Local initiatives were lively and people wanted to share their experience.

On the question “Should dialogue processes like ASSET be arranged in the future work with pandemic and epidemics response and preparedness?” most of the people answered with yes – (73%)

Methods

The methods used are discussions with experts and questionnaire. The results were statistically analysed.

Results

A total of 270 medical specialists and students, trained in the field of medicine, took part in the three meetings and the online survey.

Among them, 24.4% are medical doctors, 38.5% are other health specialists and 37.1% are students. The average age of respondents is 40.5 the highest among the medical doctors (50.4), followed by the other health specialists (47.44) and the youngest are the students (26.9). The majority of the participants are women (90.7%).

On the subject of personal freedom and public health safety (Figure1) more than half of the participants expressed the opinion that personal freedom should be restricted for the benefit of public health in case of a pandemic or epidemic risk.

This is observed in the answers regarding the personal freedom limitation. Just over half of the participants (61%) express the opinion that healthcare authorities should make the flu vaccination mandatory in case of a pandemic or epidemic risk. Students have the highest proportion of positive answers (77%), followed by the citizens (64%). Medical doctors and other healthcare specialists are more moderate and the positive answers among them are about 52%.

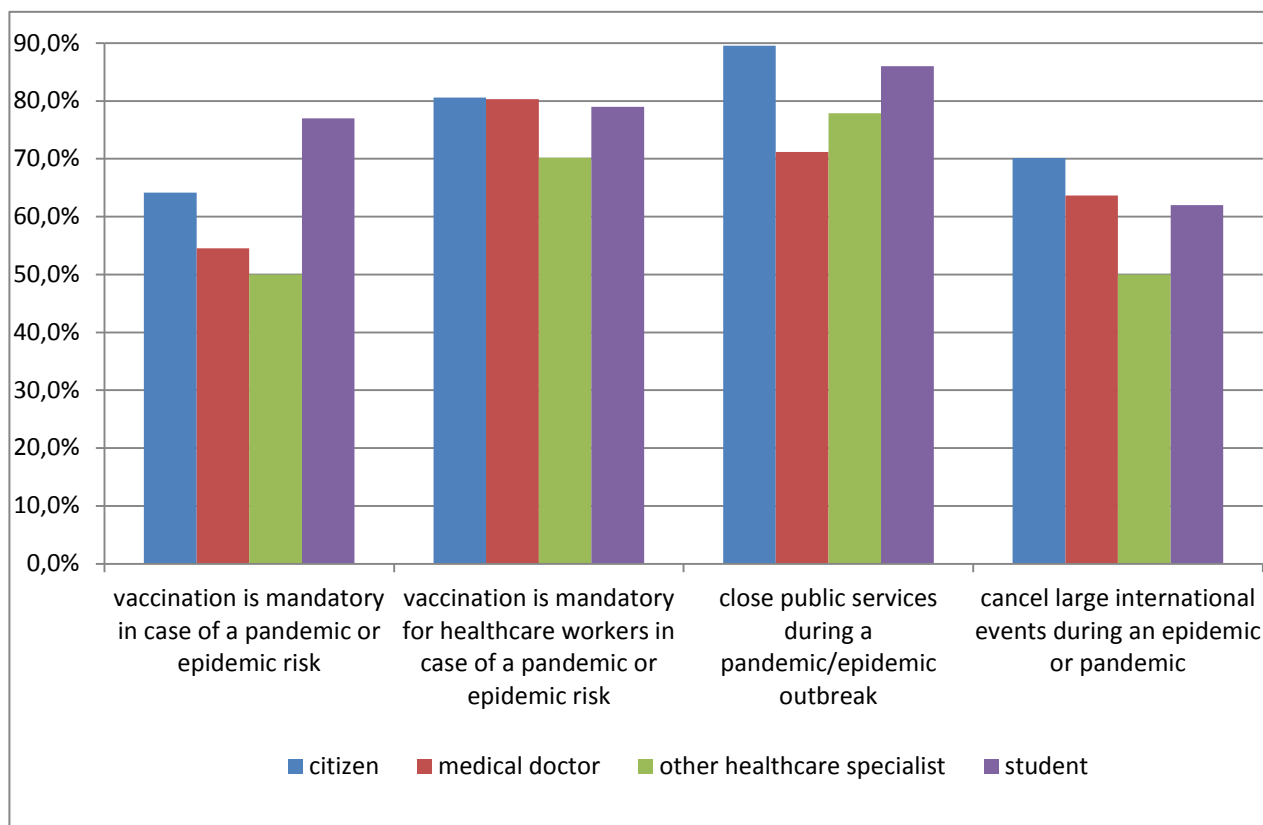
The question about mandatory influenza vaccination for the healthcare workers in case of a pandemic or epidemic risk is not equally accepted by the medical workers and the students. While the medical workers are quite moderate in accepting the mandatory nature of the influenza vaccination for healthcare workers, the students consider such vaccination mandatory, and in that way they come close to the answers in the Citizen consultation. Despite of that, almost 76% of all participants express the opinion that the influenza vaccination for healthcare workers should be made mandatory by the health authorities in case of a pandemic or epidemic risk.

Regarding the closure of public services during a pandemic/epidemic outbreak, 79% express an opinion supporting such measure and that is particularly strong within the students and the citizens.



About 58% of the participants consent to restrictive measures towards large international events such as the Olympic Games incl. cancelation, during an epidemic outbreak or pandemic.

Figure VI.1: Personal freedom and public health safety. Distribution of respondents according to the positive answers to questions 1-4 (percentage) regarding restriction of personal freedoms



Discussion on prioritizing the treatment some groups before other with regard to the scarce resources allocation within epidemic/pandemic, less than half of the participants (45%) give priority to healthcare workers. It is interesting to note that the citizens and other healthcare specialists have highest proportion of positive answers, followed by the medical doctors, while this is true for only a third of the students. On the other hand more than half of the participants (59%) express the opinion that the priority should be given to high-risk groups and here the opinions of medical doctors and other healthcare specialists match, while, among the students, the proportion of participants that selected this answer is lower and the lowest is among the citizens. One out of ten (10%) participants does not support discriminative approach and shares the opinion “first come, first served” and here all groups have similar proportion of positive answers. A quarter (23%) of the students has not selected an answer to this question.

Discussions on the topics “Transparency in public health” and “Trust, action mechanisms and access to information” were complemented with additional questions. In the survey 65% consider the absence of accessible information as a reason for low immunization coverage with influenza vaccine e.g., among pregnant women. 18% of respondents believe that this is due to the fact that the risks are not perceived as safe. On the question “During a pandemic outbreak like the 2009-2010 influenza pandemic, are you comfortable with certain information not being publically available for security purposes?” about 58% consider that such approach is wrong. Half of all medical doctors (47%) share that opinion and most people in other groups: other healthcare specialists (64%), citizens (64%) and



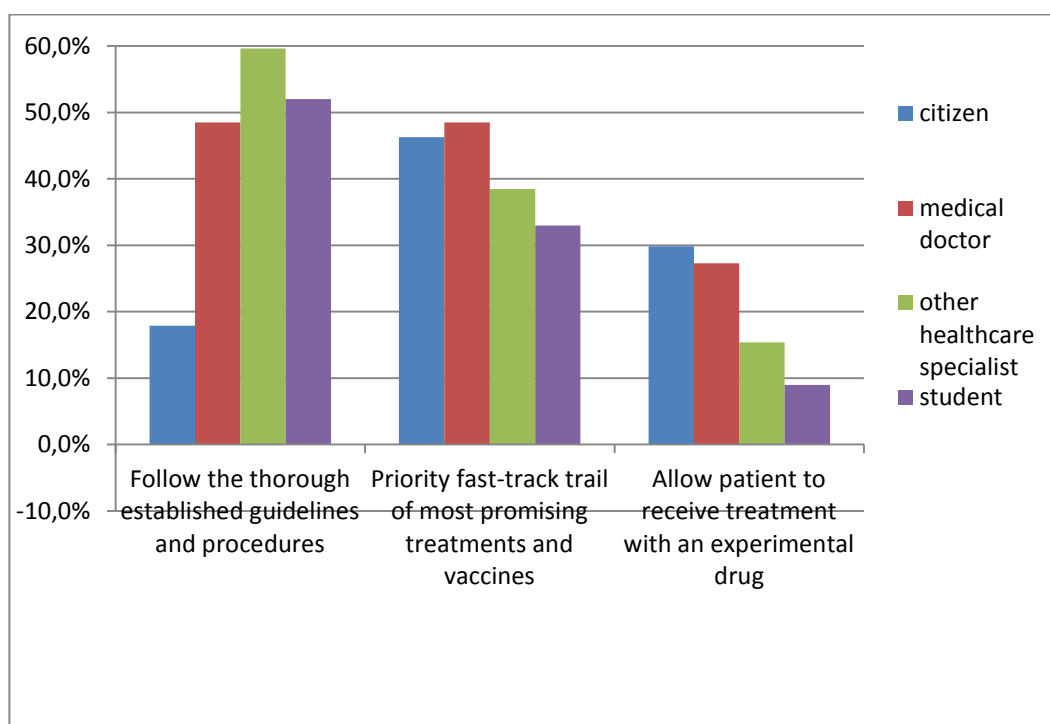
students (60%). Almost 48% of respondents support the need of transparency and publishing of scientific studies even when there is large degree of uncertainty about the results.

Trust and transparency between citizens and public health authorities are crucial for effective epidemic control. For instance, perceptions of 54% of participants on the question “During epidemic outbreaks how should public health authorities work with new epidemic drugs and vaccines?” are that established guidelines and procedures should be strictly followed. There is no significant difference between the answers of the three groups but there is a large difference with citizen’s responses – only 18% of them have chosen this answer.

Answers given to the question: “Priority for testing the most promising therapies and vaccines” shows that possibility to ensure fast track trail of most promising treatments and vaccines is well accepted by citizens and medical doctors (46-48%); again citizens (30%) and medical doctors (27%) are these groups which give their preference, to the answer “Allow patient to receive treatment with an experimental drug” while 9% of students agree.

Good communication between civil society and health professionals and health authorities during the crises, undoubtedly is very important, and asking participants to explore their vision about the best way for communication, we receive an average of 78% of respondents (HCWs, students and citizens) who consider “clear one-way communication” as the best way for the information to be provided by the public health authorities.

Figure VI.2: Transparency in public health and access to information. Distribution of the participants positive answers to question “During epidemic outbreaks like the Ebola virus disease, how should public health authorities work with new epidemic drugs and vaccines” (percentage)





CONCLUSIONS

The data from the Local initiatives and Citizen Consultation, conducted in Bulgaria, is not representative due to the methodology of participants' selection.

However, the results could be used to formulate a number of conclusions for the population surveyed. In general, the attitude of the medical professionals that took part in the study - doctors and other healthcare specialists, regarding the discussed topics, is very similar and probably related to their professional experience and knowledge incl. experience in epidemic situations.

The position of the students is closer to that of the citizens, which is undoubtedly related to the lack of experience and professional knowledge.

In any way, this marks the need for intensive work in the course of their training on these matters. Introduction to healthcare legislation, sharing of international experience, in depth exploration of national background in controlling infectious disease epidemics, especially the strong and weak points in the strategy etc., would contribute to the forming of adequate understanding and attitude in case of epidemic/pandemic risk of disease spread in the country and abroad.

It can be categorically stated that the participants give priority to the public health safety over the personal freedom restrictions.

This means that there is a tendency to minimize ethical conflicts in a possible pandemic/epidemic. Because of that any measures that could be up taken seem appropriate.

The survey shows high levels of support for mandatory vaccinations when present pandemic risk. In the same time, mandatory vaccination of healthcare workers seems less acceptable for the healthcare specialists than for the citizens.

Additionally, in epidemic/pandemic outbreak participants would support additional measures such as closure of public services and cancelation of events.

In terms of scarce resources allocation, research participants support, firstly, distribution among high-risk groups, secondly, among healthcare workers.



VII TIEMS-BRUSSELS

EXECUTIVE SUMMARY

The TIEMS ASSET Local Initiative was carried out at the 8th Event of Community of Users on Secure, Safe and Resilient Societies, 12-14 September 2017, in Brussels at the BAO Congress Centre, sponsored by the European Commission's DGHOME.

The conference consisted of a one-day plenary session, and two days of workshops, together with social events. TIEMS presented the ASSET program objectives, activities, and results at a presentation during the plenary session, and at a day-long workshop on the second day, when we went into more detail and engaged participants in discussions triggered by issues raised by ASSET.

RATIONALE/BACKGROUND

TIEMS sought a forum to review the findings of ASSET and in particular the ASSET High Level Policy Forum (HLPF), in Belgium, in which TIEMS is registered.

Since Brussels is the site of many multi-national conferences and gatherings, we looked for such an opportunity.

PLANNING THE LOCAL INITIATIVE

Phillippe Quevauviller of DGHOME was contacted with a message describing ASSET and asking if the Community of Users group, sponsored by his organization, would be interested in becoming a discussion partner with the ASSET project, particularly regarding the three issues under discussion by the ASSET High Level Policy Forum (HLPF):

- ✓ Participatory governance in public health
- ✓ Ethical issues in pandemic preparedness planning
- ✓ Vaccination hesitancy.

TIEMS was given a presentation slot during the September 12th plenary session of the 8th Event of Community of Users (CoU) on Secure, Safe and Resilient Societies, and the resources to convene a day-long workshop on September 13th.

TIEMS collected presentation materials from ASSET partners, and developed presentations for the CoU plenary session presentation and the workshop the following day.

DELIVERING THE LOCAL INITIATIVE

Participants

There were 120 attendees at the conference, representing stakeholders from government, academia, and industry, concerned with the safety and resilience of communities.

The plenary event was also streamed on-line, but we do not know how many participants participated on-line.

The list of participants is included at the Table VII.1 in the three following pages.



co-funded by the EU. GA: 612236

share and move to face nasty bugs

Table VII.1: List of participants at the 8TH MEETING OF THE COMMUNITY OF USERS ON SECURE, SAFE AND RESILIENT SOCIETIES

Prefix	First Name	Last Name	Job Title	Organisation
Dr	Pavel	CASTULIK	CBRN On-Site Technical Assistance- Team Leader	Agriconsulting S.A.
Mr.	Michael	Löscher	Senior Consultant	ARTTIC
Mr	Clive	Goodchild	Technology Planning Manager	BAE SYSTEMS
Mr	Per-Erik	Johansson	Director	European CBRNE center, Umea university
Ms	Elodie	Reuge	Crisis Management Project Manager	European Organisation for Security (EOS)
Mr	Xavier	Criel	Director Emergency Management Services	FPC Risk
Ms.	ALMUDENA	SANCHEZ	BUSINESS DEVELOPMENT EXECUTIVE	GMV
Mr	Georgios	EFTYCHIDIS	R&D Manager	KEMEA
Mr	Georgios	Kaiafas	Attendee	REA B4
Ms	Magda	Stepanyan	Founder & CEO	Risk Society
Mr	Dimitris	Diagourtas	Managing Director	Satways Ltd
Mr	Javier	Larrañeta	Secretary General	Spanish Technology Platform on Industrial sAfty & Security
Dr	George	Pallis	Director	T4i engineering Ltd
Mrs	Brigitte	Serreault	Project manager	Université de Nice-Sophia Antipolis
Dr.	Valerio	Cozzani	Professor, coordinator of security research	University of Bologna
Dr	Lydia	Lyroudia	Senior Research Fellow	University of Exeter/Centre for Water Systems
Ms	Joanna	Jaskowiak	Political administrator	Council of the EU
Mrs	Fanny	Guay	Strategic Resilience Manager	Danish Institute of Fire and Security
Ms	Hannah	Rosenqvist	Research consultant	Technology
Dr	Knut	Øien	Senior scientist	DBI
Dr	AIKATERINI- MARINA	KYRIERI	PROGRAMME OFFICER	SINTEF
Mr.	Danny	Seker	Director ICT, Security and FET	EUROPEAN COMMISSION ISERD
Mr.	Edward	Shaw	WP leader and Dissemination Manager	Carr Communications Limited
Ms	Laura	Petersen	Environment, Resilience and Risk Engineer	EMSC
Mr.	Clemente	Fuggini	Foreign Branch Office R&D Integration Management	Rina Consulting S.p.A. - Formerly D'Appolonia S.p.A.
Ms	Judith	Kieran	PR Account Director	Carr Communications Limited
Dr	Georgios	Giannopoulos	Scientific Officer	European Commission
Mr	Torben	Sauerland	Researcher	University of Paderborn
Commander HN	Spyridon	Kintzios	End User	Hellenic Ministry of Defence
Mr	Gabriele	Pedrini	Policy officer	Autonomous province of Trento
Mr	Vasileios	Papadopoulos	End User	Hellenic Air Force
Mr	Evangelos	SDONGOS	Scientific Project Manager	Institute of Communication & Computer Systems
Dr	Matthieu	Branlat	Research scientist	SINTEF
Mr	Jaime	Abad	Earthquake Risk Engineer	BRGM
Prof. Dr.	Aleksandar	Jovanovic	CEO	European Virtual Institute for Integrated Risk Management
Mr	Vasileios	Latinos	Project Officer, Sustainable Resources, Climate and Resilience	ICLEI European Secretariat
Ms.	Katarzyna	Tetlak	Researcher	Steinbeis Advanced Risk Technologies



Dr.	Malcolm	Robb	Engineering Manager	BAE Systems Maritime - Naval Ships
Mrs	Mirjana	Nikolic	International and EU Projects Manager	Petroleum Industry of Serbia Petroleum Industry of Serbia (NIS j.s.c. Novi Sad)
Mr	Dmitry	Bezrukov	Process Safety Manager	NIER Ingegneria S.p.A.
Dr	Marco	Buldrini	Head of "Relevant Risks" Unit	CTIF
Mr	Dennis	Davis	Senior Adviser	Fraunhofer INT
Mrs	Isabelle	Linde-Frech	Deputy Head of Business Unit	University of Florence
Dr.	Emanuele	Bellini	Project Manager	Eskom
Mr	Malcolm	Van Harte	Power System Resilience Manager	ICLEI European Secretariat
Ms	Clara	Grimes	Communications Officer	Civil Protection Department - Autonomous Province of Trento
Dr	ALESSANDRO	GALVAGNI	Civil Protection officer - Referent to European initiatives and projects	Heriot-Watt University
Dr	Fiona	McNeill	Assistant Professor	AIA
Mr	Thomas	Knape	Director	Centre of Research and Technology Hellas (CERTH)
Dr	Anastasios	Karakostas	Researcher	Czech Technical University, Dept. of Security Technologies and Engineering
Mrs	Nora	Velat	Project Manager	Université catholique de Louvain (UCL) armines
Dr	Olga	Vybornova	Senior Researcher	TECNUN (University of Navarra)
Pr	Gilles	Dusserre	Partner eNOTICE project Coordinator of Smart Mature Resilience (SMR) project	TECNUN (University of Navarra)
Dr	Jose Maria	Sarriegi	Representative from Smart Mature Resilience (SMR) Project	University of Strathclyde
Dr	Raquel	Gimenez	Research Associate	Campus Vesta
Dr	Igor	Pyrko	Research coordinator	university of Rome Tor Vergata
dr.	Kathleen	Van Heuverswyn	Post doctoral researcher	EUK Consulting
mr	Daniele	Giovanni	Research Executive	IBM
Mr	Marc	Piper	Research staff member	Argonne National Laboratory
Mr	Udi	Barzelay	Principal Infrastructure Analyst	Argonne National Laboratory
Dr	Frederic	Petit	Program Manager	Factor Social
Mr	Duane	Verner	Manager	
Professor	José	Palma-Oliveira		
Dr.	Caglar	Akgungor	Project Manager	AKUT Search and Rescue Association Centre for Teaching and Research in Disaster Medicine and Traumatology (KMC)
Dr	Peter	Berggren	Researcher	AIT Austrian Institute of Technology GmbH
Dr.	Georg	Neubauer	Senior Scientist, Project Coordinator	CODATA-Germany
Mr	Horst	Kremers	Chair	Carnegie Mellon University and US Army Corps of Engineers
Dr	Igor	Linkov	Focus Area Lead	Paderborn University
Mr	Robin	Marterer	Scientific Staff	University of Frankfurt
Dr	Georgios	Kolliarakis	Senior Researcher	Campus Vesta
Mrs	Ine	Huybrechts	Researcher	
Mrs	Marie Christine	BONNAMOUR	Secretary General	Public Safety Communications Europe
Ms	Lila	Gaitanidou	Researcher	CERTH/HIT
Dr.	Caterina	Berbenni-Rehm	R&D SME	PROMIS@Service
Mr.	Juha	Rautjärvi	Senior Partner	Societal Security Solutions Ltd.
Dr.	Karmen	Poljansek	Scientific Project Officer	European Commission (JRC)
			Head of Staff Unit Research and Innovation Management	German Federal Agency for Technical Relief - Headquarters
Mr	Klaus-Dieter	Büttgen	Project Manager	MINISTERIO DEL INTERIOR
Mr	César	Diego		



Mr.	Kåre Harald	Drager	TIEMS President	The International Emergency Management Society
Mr	GUY	KONINCKX		CIRERO
Dr	Thomas	Robertson	Director, North America	TIEMS
	Bryan	Kessie		
	Lucile	Mendoza		
	Ahmed	MEBARKI		
	Bozidar	Stojadinovic		
	Mariela	Tapia		
	Rachel	Searle		
	Claudio	Rolandi		
	Gilad	Rafaeli		
	Kristian	Milenov		
	Nora	Annesi		
	Bastien	Caillard		
	ANGELOS	CHARLAFTIS		
	Pedro	Ferreira		
	Elisabeta	Florescu		
	Gerard	Desmond		
	SERAFIN	Dominique		
	Aoife	Doyle		
Dr	Aikaterini	POUSTOURLI	Policy Officer / Member of the SAG ResiSTAND	EC DG HOME B4
Dr.	William	Hynes	Managing Director	Future Analytics Consulting Ltd (FAC)
Mr	Jiri	Chalupa	Civil protection attache	MOI - DF FRS
	Stefano	Morelli		University of Firenze (Italy)
Dr.	Gyöngyvér	Lenkey	Director of the Engineering Division	Bay Zoltán Nonprofit Ltd. for Applied Research
General Manager	STEFANO	DE VIGILI	General Manager	CIVIL PROTECTION DEPARTMENT -
Mr	ALEX	VENTURI	DISASTER MANAGER	AUTONOMOUS PROVINCE OF TRENTO APPS
Mr	ANDRE	PIRLET	NCP European R&D Projects Developer	NCP - UWE
	William	R. McNamara		DHS Office of Infrastructure Protection
	Nicola	Rebora		CIMA Foundation
	Apostolos	Paralikas		DG ECHO
	Laura	Schmidt		DG ECHO
Mrs.	Anabela	Gago		DG HOME
Mr.	Olivier	Onidi		DG HOME
Mr.	Hans	De Neef	Coördinator nucleair noodplan – Coordinateur plan d'urgence nucléaire	Direction générale Centre de Crise, Service Planification d'Urgence
Mrs.	Anca	Costescu		European Commission, JRC Directorate C
Mr.	Ian	Clark		JRC
Mr.	Carlos	Rojas Palma		SCK-CEN
Mrs	Jirina	Valentova		European Commission
Mr	Daniel	Hiller		Fraunhofer
Ms	Patricia	Compard	Chair	CEN TC 391 Societal and citizen security
	Laura	Birkman	Senior Consultant	Ecorys
	Alexandra	Schmid	Consultant	Ecorys
Mrs	Stefania	Manca		Municipality of Genoa



We attended the conference and interacted with the attendees over three days. Our plenary presentation was about 20 minutes, and we hosted a day-long workshop.

The ASSET presentation at the 8TH meeting of the community of users on secure, safe and resilient societies is available on the CoU website: [https:// www.securityresearch-cou.eu](https://www.securityresearch-cou.eu) as well as reported in the minutes of the meeting.

Presentation – Preparing for the next pandemic! The ASSET EU-project findings and conclusions, by K. Harald Drager and Thomas Robertson (TIEMS)

The 2009 H1N1 Pandemic provided the main impetus for the ASSET project. Aims of ASSET: Improve response to pandemics and other health emergencies and forge partnerships with complementary objectives, knowledge and experience to address scientific and societal challenges raised by pandemics. ASSET brought doctors and engineers together. This proved to be a good complementary collaboration.

How were aims translated into activities? Science and society issues considered:

- ✓ Governance (interaction authorities + public)
- ✓ Science (how can we engage public in drug approval processes)
- ✓ Ethics (principles + processes)
- ✓ Gender equality (interaction with society)
- ✓ Bioterrorism (interaction with society).

On the basis of the above, an action plan was developed with citizen consultation. This was further refined via an interactive High-level Policy Forum that involved numerous stakeholders: authorities, Healthcare Professionals, Science, Industry, Media, and Public.

Surveys were not sufficient as knowledge levels varied, so an interactive workshop was held instead. Spent half day informing the experts about the issue (create a shared understanding) and the second half was used to get input, feedback and validation. In terms of impact, the project helped to restore trust, SIS Issues considered, increased awareness and knowledge, a two way active transparent multidisciplinary communication. Moreover, the project helped to manage uncertainty and misinformation.

This MML opportunity was an excellent forum to expand discussions raised within ASSET, to a community that would be otherwise not familiar with these issues.

Some excellent discussions resulted from the three issues discussed by the ASSET HLPF, and by reviewing the questions asked during the ASSET Citizens Consultations. These discussions confirmed the universal nature of the issues, local variability in how they have been addressed, and the need for further discussion and a better framework. We believe attendees left with ideas to improve frameworks in their local areas.

EVALUATING THE LOCAL INITIATIVE

We got a very good response to our plenary presentation (it was one of the most informative), and the degree of engagement of the participants in the workshop indicated success.

TIEMS filled in the template for the local initiative evaluation overall provided by ISS (Figure 5, Part I) as follows.



Template #3 for evaluation of the local initiative

ASSET Partner: TIEMS

Country: Belgium

City: Brussels

Part 1: IN MATTER OF ORGANISATION

- 1. The setting where the MML local initiative has been implemented** theatre plays, science museum, school, meeting with pregnant women, social centre, consumers' association,...) Is it placed in a particular setting (rural, urban, etc.,...)

The TIEMS ASSET Local Initiative was carried out at the 8th Event of Community of Users on Secure, Safe and Resilient Societies, 12-14 September 2017, in Brussels at the BAO Congress Centre, sponsored by the European Commission's DGHOME. The conference consisted of a one-day plenary session, and two days of workshops, together with social events. TIEMS presented the ASSET program objectives, activities, and results at a presentation during the plenary session, and at a day-long workshop on the second day, when we went into more detail and engaged participants in discussions triggered by issues raised by ASSET.

- 2. In how much time the MML initiative was carried out**

We attended the conference and interacted with the attendees over three days. Our plenary presentation was about 20 minutes, and we hosted a day-long workshop.

- 3. How many and what kind of people were involved?** Please give a brief description of the people involved

This was a varied group of people from across Europe concerned with the safety and resilience of communities. The attendees were professionals from government, academic, and industrial organizations.

- 4. How many stakeholders were involved?** Please give a brief description of the stakeholders involved (For each stakeholder you can fill in the "ASSET project stakeholder database local initiatives")

There were 120 attendees at the conference, representing stakeholders from government, academia, and industry. The list of participants is enclosed. The event was also streamed on-line, but we do not know how many attended remotely. We got one comment, which is found below under item 12.



5. Have you identified critical issues in developing the local initiative? If yes, please specify, which difficulties were encountered in terms of organization and implementation of the local initiative as well as in the aspects of project management: policy making, identifying strategies, action planning, implementation, evaluation? And how were these overcome?

- 1) **Organization** *the agenda for this meeting was already quite full; fortunately we were able to convince the organizer that our participation would add value to the conference.*
- 2) **Implementation** *we had an excellent dialog with a small group of attendees during the workshop, with interest in public health dimensions of resilience. Many of the attendees were more specialized in city infrastructure, and so were not as interested in the workshop, but was fully informed during the plenary presentation.*

6. Did you have visibility on local media?

Yes

☐☒

NO

7. If Yes, how many media e and what type were been interested?

There may have been some media coverage of the overall event, and this may have led indirectly to coverage of the ASSET local initiative

8. Did you have visibility on social media/networks?

Yes

☐☒

NO

9. If Yes, how many media e and what type were been interested?

Some of the participants at the event may have been active on social media before and after the event, and that may have led to exposure of the ASSET project, but we are not aware of any specific activity on social media.

Part 2: IN MATTER OF APPROACH/METHODS IMPLEMENTED

10. To what extent have the original MML objectives been achieved?

This was an excellent forum to expand discussions raised within ASSET, to a community that would be otherwise not familiar with these issues. This is quite consistent with MML objectives.



11. Which aspects went particularly well? (eg. was a really constructive dialogue performed? Were participants effectively 'mobilized'?)

Some excellent discussions resulted from the three issues discussed by the ASSET HLPF, and by reviewing the questions asked during the ASSET Citizens Consultations. These discussions confirmed the universal nature of the issues, local variability in how they have been addressed, and the need for further discussion and a better framework. We believe attendees left with ideas to improve frameworks in their local areas.

12. How do you know how successful it was? (eg. a positive feedback from participants in evaluation questionnaire, request for further similar initiatives to be developed, etc.)

We got a very good response to our plenary presentation (it was one of the most informative), and the degree of engagement of the participants in the workshop indicated success. We got one mail from a person attending the plenary event on-line, which reads as follows:

Hi Harald, Great to see at CoU – I was following the event via web. Good presentation – important topic. And you “hitting the point” without over-doing it is magnificent.
Greetings, Anna-Mari Heikkilä (Dr) - Senior Scientist - VTT TECHNICAL RESEARCH CENTRE OF FINLAND Ltd

13. Could you please tell us more about one or more successful aspect(s) in your experience?

The three-day format allowed for extended discussion with a number of parties. These connections may well carry ASSET results beyond where they might have gone otherwise.

14. What particular skills you already know/have and use did you apply in order to implement the MML initiative?

In the format of this initiative, good presentation skills were required to generate interest in the following day's workshop, which was on a topic most attendees had not considered. During the workshop, we needed a balance of presentation of informational materials, and discussion facilitation.

15. Which other skills would you have needed in order to better implement the local initiative?

Perhaps with more time, we could have more explicitly related the ASSET work to the main themes of the conference.



Part 3: IN MATTER OF CONTENTS DEVELOPED

16. Which issues were more discussed?

Vaccination hesitation and ethics led to active discussions, as did the questions from Citizen Consultations.

17. In the context of issue(s) and target(s) selected, which are the main new knowledges and indications that you received by arranging the MML local initiative(s)?

We learned how ASSET considerations relate to community resilience. It is quite possible that an ASSET follow-on project might build on ASSET results to improve models and strategies for community resilience.

For example, Ian Clark, Head of Unit, EU Disaster Risk Management Knowledge Centre, did present before us earlier in plenary, a study "Science for Disaster Risk Management 2017" and he explained during his presentation that Pandemics was not included in the report, so that gave us a good and important introduction to our presentation of ASSET.

18. Broadly speaking, what have you learned/can we learn from this experience? In terms of skills, competencies, MML initiatives planning and so on?

This was a good local initiative for TIEMS, because we often host and participate in conferences like these. This is probably a consideration for others who might perform local initiatives – picking a venue in which you are comfortable. Since the ASSET topic was unique (though highly relevant) to the main themes of the conference, we might have spent more time "building a bridge" to the main themes, for our audience.

CONCLUSIONS

Some excellent discussions resulted from discussion the three issues discussed by the ASSET HLPF, and by reviewing the questions asked during the ASSET Citizens Consultations. These discussions confirmed the universal nature of the issues, local variability in how they have been addressed, and the need for further discussion and a better framework. We believe attendees left with ideas to improve frameworks in their local areas.

This was an excellent forum to expand discussions raised within ASSET, to a community that would be otherwise not familiar with these issues. This is quite consistent with MML objectives.



VIII DMI-GENEVA

PLANNING THE LOCAL INITIATIVE

DMI filled in the template for the local initiative organization provided by ISS (Figure 2, Part I) as follows.

Template #1 for organization of the local initiative

ASSET Partner: Data Mining International

Country: SWITZERLAND

City: Geneva

Part 1: CONTEXT ANALYSIS

Thinking about setting, target and issue(s) selected for carrying out your local initiative...

1. how challenging do you rate it? And why? Is there any evidence?

Health care workers include physicians, nurses, technicians, dental personnel, pharmacists, physiologists, laboratory personnel, students and trainees. They are particularly exposed to infectious agents that can be transmitted to and from health care workers and patients.

2. what does the local community need?

There is a need of more specific information targeting health professionals about influenza prevention.

Part 2: LOCAL INITIATIVE DEVELOPMENT

GENERAL PART

3. Context specify where the local initiative is implemented, such as: theatre plays, science museum, school, local health unit, family counselling, social centre, consumers association, etc.; specify also if it is placed in a particular setting (rural, urban, etc.)

The local initiatives have been carried out in the French community area of Switzerland. Two regions ("Cantons") Geneva and Vaud, have been targeted because they include two important university hospitals: HUG in Geneva (Geneva canton) and CHUV in Lausanne (Vaud canton).

The local initiatives include a cycle of conferences about risk of epidemics and pandemics targeting health professionals and health students.

4. Date and time of the local initiative (more if different editions)

Conferences organized: 21/02/2017 from .17:00 to 20:00; 08/05/2017 from .17:00 to 20:00; Flyer distributions during February 2017



5. Objectives of the local initiative (The objectives have to be expressed with a verb of action)

1. ...Educate health professionals about influenza threat
2. ...Inform health professionals about flu vaccination

6. Approximate number of the participants

Number (Specify how many participants will be involved):
About 50 participants attended to the two conferences
In parallel 2000 flyers were distributed

7. How did you plan to disseminate the local initiative? (e.g., announcement on the web, paper leaflets, etc.)

The conferences were announced in the web site of the University Hospitals
The Flyers were distributed in public hospitals and private clinics

TARGET OF THE LOCAL INITIATIVE

8. Target(s) that you would involve Please give a brief description of target group(s)

Health professionals

9. Describe the strategy to involve the target of the local initiative (What do you plan to do in order to facilitate participation and dialogue with the citizens)

Conferences with questions and answers

STAKEHOLDERS OF THE LOCAL INITIATIVE

10. Stakeholders that you would involve Please give a brief description of stakeholders' categories (For each stakeholder you can fill in the "ASSET project stakeholder database local initiatives")

Physicians, Pharmacists, Nurses, Physiologists, Health students

11. Describe the strategy to involve these stakeholders (What do you plan to do in order to facilitate participation and dialogue with the stakeholders identified?)

Conferences with questions and answers

SPECIFIC FEATURES OF THE LOCAL INITIATIVE

12. Agenda of the initiative (Describe the program of the initiative, the main topic(s) or theme(s), the activities that you decide to carry out and the tools will be used)

The program was based on key prevention actions against human influenza including: - Wash your hands, - Cover your cough, - Stay home if you're sick, - Get vaccinated



13. Expected results (Describe the results that you expect to obtain by developing this local initiative)

Expected results include the decrease of influenza transmission between health professionals and patients, which would lead to a decrease of influenza morbidity in this at-risk population.

EXECUTIVE SUMMARY

Two categories of local initiatives have been carried out in Switzerland targeting Health professionals in the French community area.

Two regions ("Cantons") Geneva and Vaud, have been targeted because they include two important university hospitals: HUG in Geneva (Geneva canton) and CHUV in Lausanne (Vaud canton).

A cycle of conferences about risk of epidemics and pandemics targeting health professionals and health students organized on February 21st and May 8th.

Flyer distributions in private and public hospitals about human influenza vaccination prevention targeting health professionals during February 2017.

RATIONALE/BACKGROUND

Health care workers include physicians, nurses, technicians, dental personnel, pharmacists, physiologists, laboratory personnel, students and trainees.

They are particularly exposed to infectious agents that can be transmitted to and from health care workers and patients.

PLANNING THE LOCAL INITIATIVE

The Local initiatives were planned in February and May 2017.

During February 2017, handouts were distributed to 42 private and public hospitals.

In February 21st, the first conference has been organized at the Geneva University.

In May 8th, the second conference has been organized at the Geneva University.

DELIVERING THE LOCAL INITIATIVE

Time duration of the conference presentation was about 45 minutes followed by 45 minutes of interactions with the participants.

This format raised awareness about prevention targeting health professionals and health students.

Constructive discussions concerned the topic of vaccination and health priorities.

About 50 participants attended to the two conferences.

In February 2017, 2000 flyers were distributed in 42 public and private hospitals, and medical centers.



Figure VIII.1: Flyer delivered in the month of February 2017



EVALUATING THE LOCAL INITIATIVE

No formal evaluation methodology has been carried out. However participant qualitative feedback were very positive.

CONCLUSIONS

Such local initiatives have been organized with the collaboration of local organizations such as the institute of Global Health of the University of Geneva, which has organized the conferences.

These initiatives should be considered as pilot actions with limited effects over time.

Sustainable programs should be organized taking into account the learnings collected during the implementation of the local actions.



IX UMFCD-BUCHAREST

EXECUTIVE SUMMARY

Our local initiatives included promoting the project's official website and also trying to receive feedback on its structure and design. Another local initiative involved organizing three meetings similar to the ones held last year, but this time we invited medical students. After a presentation the discussions included ethical issues, personal freedom, different problems that might appear during an epidemic threat. We also tried to sensitize the students to the importance of what and the way that they communicate. We applied a questionnaire similar to the one used in citizens' consultation and compared the results obtained with the ones from citizens' consultation. We asked the students to disseminate the information and they were very responsive, probably especially because they have understood the importance of such a project, that it should continue and of the responsibility that they have in the public health issues.

RATIONALE/BACKGROUND

In implementing our local initiatives we had three different approaches. First of all we tried to promote the official website of the project mainly among students and we also asked them to give us a feedback regarding the site. Secondly, after the results and the experience obtained from the citizens' consultations we wanted to use them in the best way and we wanted to create a bridge between what citizens want and what future healthcare workers have to do. More than this, we wanted to motivate them to transmit further the information, the ideas and what they have learned after the discussions. Our initial plan included two meetings in other towns similar with the ones from citizens' consultation, but considering the changes that appeared regarding the Cantacuzino Institute, because administrative documents had to be done and emergencies appeared, we were not able to organize them in another city besides Bucharest. We have chosen to involve medical students since in our university we have students from all over the country, and in this way we could obtain a more diverse result. One of the reasons we decided to have this meetings and discussions was the special issues regarding the vaccine hesitancy in our country, results also highlighted by a previous study of ours. We would not give up and we will try to organize citizen meetings in other towns in the last 2 months of the year and in the following years (for project sustainability).

PLANNING THE LOCAL INITIATIVE

We started planning our local initiatives in December 2016, first developing an invitation towards the medical students from the Carol Davila University of Medicine to express their opinion regarding the official ASSET website; we continued to work with them in the following months, until 15 October 2017, gathering their messages on different aspects from articles' content to the way they can find something on the page. We organized three meetings in which we invited medical students, which took place in October 2017. Since the beginning of October we also started applying a questionnaire to future healthcare workers with questions similar to the ones used in citizens' consultations.

DELIVERING THE LOCAL INITIATIVE

The delivering of the local initiative implied not only a continuing discussion with more than 500 students and collecting their messages from January 2017 until the beginning of October, but also organizing from the beginning of October 2017 two meetings with medical students and one with students from the midwifery faculty, which took place at the end of October and also designing an



online questionnaire after testing it in live interviews. Now, we have an ongoing local initiative with students from the faculty of nursing.

Participants

For our first local initiative (the one regarding promoting the project's official site and obtaining feed-back) we involved almost 600 participants (approximately 400 medical students in the second year, approximately 20 medical students in the third year, 50 fourth year students in the midwifery and nursing faculty and around 100 students in other universities).

Regarding the meetings we invited for the first meeting 14 second year midwifery students (9 participated), and for the second and third meeting we had second year medical students. We are planning to have another meeting with students in the nursery faculty.

We applied a questionnaire to more than 260 medical students in the second year.

The main characteristic of our participants, besides the connection with the healthcare system was diversity, all of them being from different parts of the country.

Exercise/Discussion

The feed-back on the ASSET website had to include not only their opinions on what they like or comments regarding one article, but also suggestions of improvement.

During the meetings held with the students we had the following programme:

- ✓ A general presentation of the ASSET project
- ✓ Presenting some of the work packages and their results
- ✓ Presenting the organization of the Citizens consultation
- ✓ about the participants
- ✓ organizers
- ✓ official opening
- ✓ mass-media impact
- ✓ programme of the consultations
- ✓ managing the results
- ✓ importance of volunteers
- ✓ Exercise regarding the ASSET site
- ✓ Presenting a questionnaire
- ✓ The importance of the project
- ✓ Discussions
- ✓ Disseminating the information
- ✓ Conclusions.

EVALUATING THE LOCAL INITIATIVE

For our first local initiative the evaluation was rather a qualitative one, by trying to extract the main ideas from the messages received from the students. During the meetings the students were really interested about the project, the majority of the information presented were quite something new and different for them, who are at the beginning of their road to becoming healthcare providers. We received a positive feed-back from them after the meetings, some of the students wrote to us: "I think the ASSET project is interesting and the questions raised my attention concerning some issues that I wasn't thinking until now, I would like to hear more about this. The exercise with the phone was



interesting”, “The information heard about the European project – ASSET impressed me in a pleasant way and made me want to find out more”, “Regarding this project, I looked it up on their site and I think it’s an ambitious project with well-defined purpose in the future”.

Methods

For the first local initiative we started planning in December 2016 who is going to be involved, in January and February we started sending the emails to ask medical students to access the ASSET site, read one of the articles and tell us their opinion, the article was chosen by them. In order to have a dynamic approach, a couple months later we asked the same students to visit the site again and tell us what they think. Plus they were asked to talk with friends from other universities to do the same thing. They also send us their opinion in August-September. We also involved medical students from the third year of medical school and fourth year students from the faculty of nurses and midwifery.

The participants in the meetings were selected from more than 400 second year medical students. During the meetings, as written in the programme from above, we first presented a few data about the project, some of the work packages, how we organized the citizens consultation and a few of the results. This presentation was followed by a small exercise involving the use of their phone – the ones that had the possibility were asked to access at the same time the ASSET site (we decided to have this activity since in the messages received from the students some of them wrote that they had some problems with the site). We continued with discussions regarding the usefulness of such projects and their impact in society. After the meetings they had to complete a questionnaire.

One of our local initiative included applying an online questionnaire to medical students. First we tested the questionnaire by applying it in Romanian in a direct interview. The questionnaire had a part of the questions used in the citizens’ consultation. Since the medical students know English we applied it in English and we had over 260 responses.

Results

Regarding our first local initiative, we tried to extract the aspects appreciated by students and to synthesize some improvement suggestions from them. The students considered positive aspects of the site:

- ✓ there are no adds
- ✓ the information are well structured
- ✓ there is a search button
- ✓ the site has connection with some social networks
- ✓ the videos make the site more interesting
- ✓ the colors chosen are pleasant
- ✓ the articles’ titles are interesting
- ✓ the articles are written in an accessible way
- ✓ the motto (“move to face nasty bugs”) is interesting
- ✓ Some of the students suggested that they would like it better if the following aspects would be different:
 - ✓ a more intuitive navigation menu
 - ✓ the videos to have more conclusions written
 - ✓ some of the videos do not have a good sound
 - ✓ some of the information to be in the native language



- ✓ when accessing it from mobile phone (android system) the aspect of the start page is kind of hard to handle; plus the images are sometimes overlapping
- ✓ the start page has too much info
- ✓ the articles are published rarely
- ✓ in the “stories” section it would probably be better if there would be a classification criterion

From the meetings (Figure 1. A picture from one of the meetings) we had more types of results. One of our first findings was the fact that medical students are really open to this kind of activities.

They were very interested in finding out more details of how such a project works and what the results.

Figure IX.1: A picture from one of the meetings



Another result implied the fact that students have discussed and learned what is better to do in case of a crisis situation, and also how they should approach the citizens.

Since some of the students suggested that they had some technical problems when accessing the official site we decided to have a small exercise during our meetings. Therefore we asked the ones that had the possibility to access the internet from their phones to open the site, all at the same time, and have a look at it. The students were very engaged in this activity. We are planning to repeat this activity with a larger number of people (more than 200) at the same time.

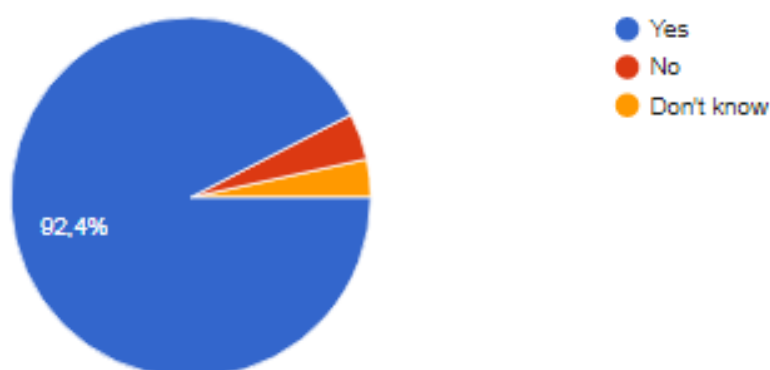
More than participating and finding out about the project and the results of the citizens consultations, the students were also asked to disseminate the information and tell their colleagues and, of course, to anyone who is interested. We have quickly seen the results in the number of participants, with each meeting having more and more interested students who wanted to come. The meetings were followed by sending a questionnaire to the participants and also by receiving feed-back from them regarding the way we organized the meetings, the programme, the duration, what they have learned and, of course, their impression on what they found out about the project. We applied a questionnaire



to medical students and compared their results with the ones from the citizens' consultation. We had more than 260 results.

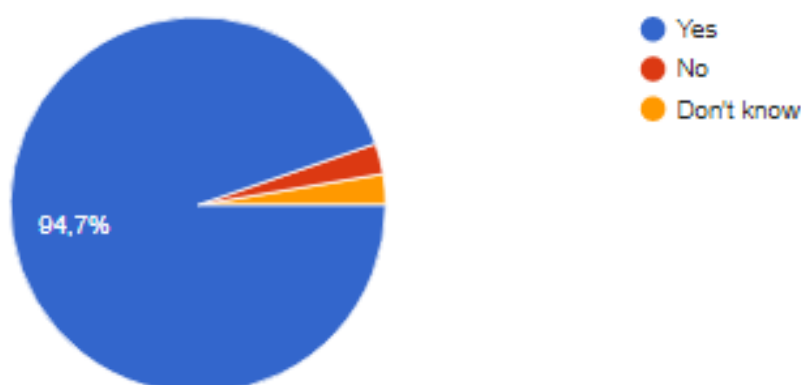
On the question regarding the mandatory vaccination against influenza during an epidemic/pandemic threat the majority of them answered that they agree (Figure 2. Should public health authorities make flu vaccination mandatory in case of a pandemic or epidemic risk?)

Figure IX.2: Mandatory flu vaccination in case of a pandemic or epidemic risk



Similar results were observed in what concerns the vaccination of healthcare workers in an influenza epidemic threat (Figure 3. Should public health authorities make flu vaccination mandatory for health care workers in case of a pandemic or epidemic risk?).

Figure IX.3: Mandatory flu vaccination for health care workers in case of a pandemic or epidemic risk

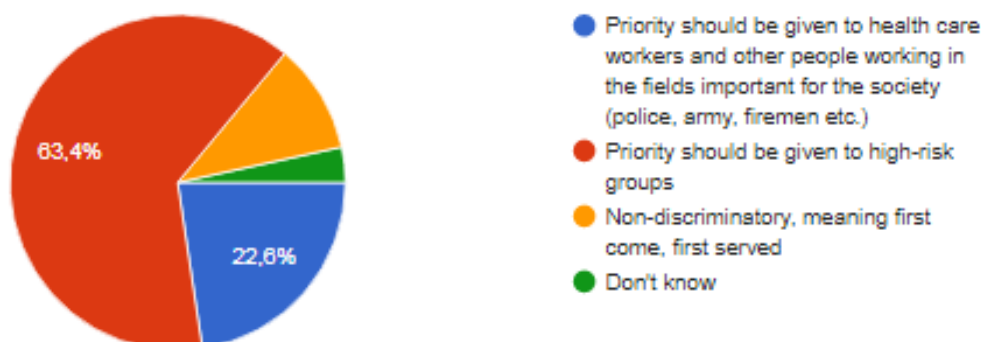


These results highlight not only the understanding of the importance of such a situation that medical students have, but also their responsibility. Moreover, an interesting response is the one regarding the scarce sources during an epidemic. In the citizens consultation developed in our country, the majority of the people, unlike other countries, answered that the principle of the distribution should be the high-risk groups.

It was quite interesting to see that the majority of the future healthcare workers give the same answer (Figure 4. What should be the principle of distribution of scarce resources during an epidemic/pandemic outbreak?).



Figure IX.4: Principle of distribution of scarce resources (e.g., medicine) during epidemics/pandemics



Maybe influenced by their knowledges on infectious diseases transmission the majority of medical students answered that they would cancel large international events and they would close public services during an epidemic threat.

It seems that not only the citizens were not satisfied with the information offered during epidemic threats, but also the majority of medical students. Another interesting finding was the source of information preferred of the medical students. Most of them answered the television and the social media. The last answer may be influenced by their age, young people being more prone in using social media.

Although the medical students could get better informed and probably they would have a different understanding in what concerns the infectious diseases, it seems that they would prefer to get simple information like what to do and what not to do.

It is pleasant to see that the majority of medical students are interested in finding out what the other citizen think/fear/want during pandemic threats.

CONCLUSIONS

The local initiatives in our country had a multilevel approach. First we wanted to have a feed-back regarding the project's official site. This action helped us in gathering a few valuable opinions regarding how other people think about the website.

We tried to organize meetings similar to the ones held last year in the citizens' consultation, this time involving future healthcare workers.

Regarding the answers from the questionnaire we observed that in the majority of them, they were similar to the ones from the citizens' consultation.

It is pleasant to see that, although at the beginning of the road and without too much experience, the medical students already think that the actions should be driven for the general good, even though this could sometimes minimize their personal freedom.

A less pleasant aspect was the fact that the trust of the medical students in healthcare authorities is not very high. An interesting result was the answers received regarding the source of information, although students would prefer to be informed through television or social media, they mostly distrust them.



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We concluded that medical students could use a subject in which they should learn how to communicate with the patient and most of all how to offer information keeping the balance between earning the trust of the patient and telling him what he needs to know.

We think that one of our main conclusions was that medical students are very prone in participating in such activities, more than this, from the discussions we had with them we have seen their willingness in finding out more about projects, the importance that they give to other people opinion and of course their attitude in disseminating the information.



X HU-HAIFA

EXECUTIVE SUMMARY

Research Initiative Project 2016: *#instagerm project* We started with a preliminary survey, which identified students' knowledge and attitudes toward different health issues. For example, the students did not know what exactly public health entails or what the curriculum of this discipline is.

We asked for their image of germs, and most of them considered germs very "bad," even though they knew some germs are considered "good." Some even mentioned that they had learned that subject in biotechnology and biology classes. Another example was their lack of knowledge on infectious diseases.

Some mentioned AIDS, lupus, influenza, or tuberculosis. Concerning prevention and treatment methods for infectious diseases, students offered the use of antibiotics, vaccines and hygiene. Few suggested alternative medicine strategies, such as acupuncture.

During the *#instagerm project*, the members of the university team introduced different health issues to the students. Later, the students applied those issues artistically, by using social media outlets like Instagram and Snapchat.

We started with a lecture on the principles of photography and ways of conveying abstract ideas, such as germs and bacteria, into photos and art. Then, the students were introduced to the hidden world of bacteria, mainly whether bacteria are primitive organisms or intelligent social creatures, the focus of research on vaccines and medicines. Dr. Grifat (MD), as a guest lecturer, discussed infectious diseases, prevention and vaccination.

The team also lectured on the importance of hygiene in the private and public spaces. In addition, the students learned the similarities between art and science, as both require observation, intuition, inspiration and passion. The students learned some of the principles of health communication and the entertainment-education approach. That approach is a communication strategy that integrates educational materials and messages within entertaining and artistic contents, such as music, dance, drama, literature, film, comics, painting, sculpture and internet (Singhal and Rogers, 1999). The students learned how to transform the different new subjects into a visual expression and experience.

We encountered a major difficulty during the *#instagerm project*, when the students found it difficult to convey abstract concepts, such as bacteria or hygiene, in a visual way. They found it difficult to move from a concrete way of thinking to a more abstract way. Therefore, we advised them how to make that leap, and presented them with campaigns and photographs from abroad.

The final assignment was the creation of a campaign on hygiene in public spaces, mainly school bathrooms. The students worked in groups and designed posters targeted at the high school population (see pictures below).

For example, one group wrote a poster on HPV and questions we should ask regarding its vaccination. Another group created a large comic strip on antibiotics as a super hero. A different group made a poster explaining the principles of hygiene in public restrooms, and another group's poster informed about the crowd wisdom of bacteria. A different group created a humorous comparison between love and the learning curve of germs. All posters were presented on the walls of the high school's public spaces.



INTRODUCTION

In this health project, we sought to establish a collaboration between the university and high schools, where the university could accompany high schools and give them professional tools.

Our main goal was to make health issues more accessible to the students by using artistic tools, such as comics, painting, photography, etc. Therefore, we aspired that for the students to achieve the following:

1. Understand the correlation between hygiene and the transmission of infectious diseases.
2. Understand the world of microorganisms, and its mechanism.
3. To learn about the history of plagues and infections.
4. Learn about treatment and infection prevention.
5. Become science-oriented.

We believe that a major benefit of this project is the empowerment of participating students to pass their acquired knowledge and tools to other teenagers in other classes and other ages via artistic tools. This research project integrated three areas: formative evaluation, popular science and education-entertainment.

METHODOLOGY

The *#instagerm project* took place at Katznelson High School, Kfar Saba, IL, for 13 classes from January 2016 to June 2016, during the second semester of the school year. We chose to work with the students of the science-oriented class, since they would be more at ease with the health issues we sought to teach.

PROJECT DESIGN

1. **Preliminary study:** Survey of the students' knowledge, attitudes, etc., towards health issues, such as infectious diseases, prevention and treatment.
2. **Lectures of the university team members**, with Dr. Rami Grifat (MD), who lectured on infectious diseases, prevention and vaccination. The students had to integrate theoretical material and practice, and apply the new information to visual expression (photographs and Instagram).
3. **Final assignment:** Creating a campaign, which applied the learned health subjects in the school's public space.

PROCEDURE AND RESULTS

We started with a preliminary survey, which identified students' knowledge and attitudes toward different health issues. For example, the students did not know what exactly public health entails or what the curriculum of this discipline is.

We asked for their image of germs, and most of them considered germs very "bad," even though they knew some germs are considered "good." Some even mentioned that they had learned that subject in biotechnology and biology classes.

Another example was their lack of knowledge on infectious diseases. Some mentioned AIDS, lupus, influenza, or tuberculosis. Concerning prevention and treatment methods for infectious diseases, students offered the use of antibiotics, vaccines and hygiene.

Few suggested alternative medicine strategies, such as acupuncture.



During the *#instagerm project*, the members of the university team introduced different health issues to the students. Later, the students applied those issues artistically, by using social media outlets like Instagram and Snapchat.

We started with a lecture on the principles of photography and ways of conveying abstract ideas, such as germs and bacteria, into photos and art. Then, the students were introduced to the hidden world of bacteria, mainly whether bacteria are primitive organisms or intelligent social creatures, the focus of research on vaccines and medicines. Dr. Grifat (MD), as a guest lecturer, discussed infectious diseases, prevention and vaccination.

The team also lectured on the importance of hygiene in the private and public spaces. In addition, the students learned the similarities between art and science, as both require observation, intuition, inspiration and passion. The students learned some of the principles of health communication and the entertainment-education approach. That approach is a communication strategy that integrates educational materials and messages within entertaining and artistic contents, such as music, dance, drama, literature, film, comics, painting, sculpture and internet (Singhal and Rogers, 1999). The students learned how to transform the different new subjects into a visual expression and experience.

We encountered a major difficulty during the *#instagerm project*, when the students found it difficult to convey abstract concepts, such as bacteria or hygiene, in a visual way. They found it difficult to move from a concrete way of thinking to a more abstract way. Therefore, we advised them how to make that leap, and presented them with campaigns and photographs from abroad.

The final assignment was the creation of a campaign on hygiene in public spaces, mainly school bathrooms. The students worked in groups and designed posters targeted at the high school population (as reported in the pictures below; Figures X.1-5).

For example, one group wrote a poster on HPV and questions we should ask regarding its vaccination. Another group created a large comic strip on antibiotics as a super hero. A different group made a poster explaining the principles of hygiene in public restrooms, and another group's poster informed about the crowd wisdom of bacteria. A different group created a humorous comparison between love and the learning curve of germs. All posters were presented on the walls of the high school's public spaces.

Figure X.1: Final assignment posters, Left: Crowd wisdom of bacteria - Right: Questions on HPV vaccine





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Figure X.2: Final assignment posters, Left: Antibiotic superhero - Right: Love and germ



Figure X.3: Final assignment posters, Information on bacteria





Figure X.4: Final assignment posters, Bacteria colonies and their crowd wisdom

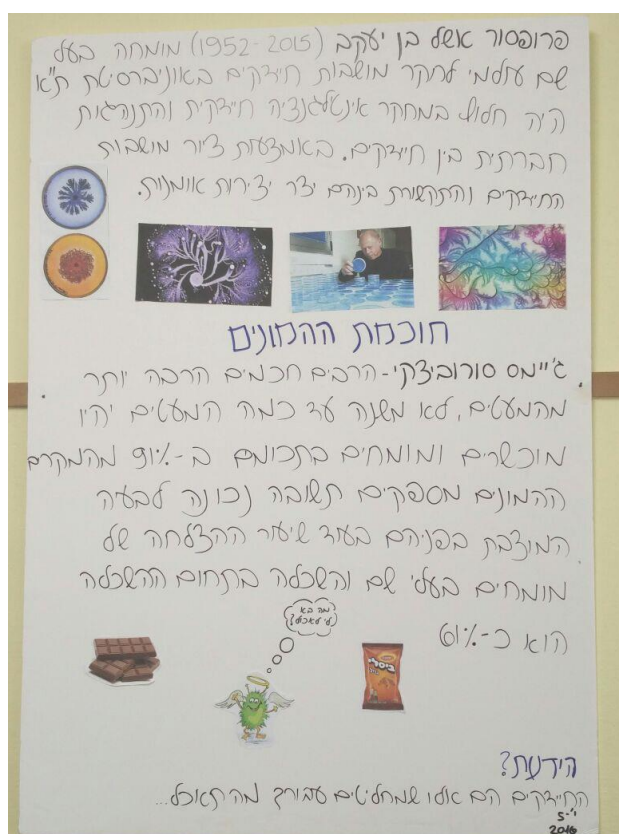


Figure X.5: Final assignment posters, Germs, diseases and vaccines



CONCLUSIONS

The combination of art and science requires working with art-oriented groups of students alongside science-oriented students, so that each side contributes their expertise. Working with students on how to photograph abstract ideas requires more than a single lecture. The project requires the close support of the homeroom teacher and school management for it to succeed.



XI ZADIG-MILAN

11.1 AIRPORT

EXECUTIVE SUMMARY

Airports are critical points in nowadays outbreak, epidemics and pandemics, since emerging infectious diseases can easily spread from one to the other part of the world by plane travels. Staff is provided with operative protocols but is quite unaware of the relevance of communication issues in the spread of diseases. Therefore, we decided to organize a local initiative in Malpensa International Airport of Milan, where we could address also police/army/law enforcement officers, a target mentioned by the ASSET DoW, but hardly reached by other events developed at local level. The event, to which ISS partner contributed, was very much appreciated by all the participants.

RATIONALE/BACKGROUND

Airports are critical points in nowadays outbreak, epidemics and pandemics, since emerging infectious diseases can easily spread from one to the other part of the world by plane travels. Staff is provided with operative protocols but is quite unaware of the relevance of communication issues in the spread of diseases. There is a need to fill this gap, with special regard to the management of suspect cases, insulation, quarantine, stigma and so on. It was decided to organize a local initiative in Malpensa International Airport of Milan (Figure XI.1), where it is possible to reach and involve also police/army/law enforcement officers, a target that is explicitly mentioned by the project DoW, but hardly reached by other local initiatives to be developed in a total of eleven partner cities as well as within the rest of ASSET tasks.

Figure XI.1: Malpensa International Airport of Milan



PLANNING THE LOCAL INITIATIVE

Zadig started planning for this event in great advance, trying to get in touch both with local authorities and airline representatives and with the officers that in the Ministry of Health deal with airports. In the beginning, we thought to give the floor to all the different stakeholders operating in the airport (border health, airlines, police, other authorities, ...) leading them to dialogue in a round table. After talking with them, and especially with Dr Barbra Bucci, responsible for Airways Health on behalf of the Italian Ministry of Health, it became clear that the airport personnel have many chances to dialogue on




operative issues. On the contrary, they were totally unaware of communication issues, and eager to know about ASSET expertise.

DELIVERING THE LOCAL INITIATIVE

Basing on the reasons explicated above, we therefore changed the program of the event, shifting it into a multistakeholder meeting with a series of presentations, followed by an exercise and a final discussion. It took place at the Malpensa International Airport of Milan on 25th May 2017.

An evaluation form was delivered at the end of the event to understand to what extent the participants appreciated and valued the initiative (Figure XI.2).

Figure XI.2: ASSET Workshop at the Malpensa International Airport of Milan

 <p>WORKSHOP</p> <p>The Management of Infectious Threats in Airports: the Impact of Communication</p> <p><i>Malpensa Airport, ENAC Building - 25th May 2017</i></p> <div style="border: 2px solid green; padding: 10px; margin: 10px 0;"> <p>• "In the next influenza pandemic, be it now or in the future, be the virus mild or virulent, the single most important weapon against the disease will be a vaccine.</p> <p>The second most important will be communication."</p> <p style="text-align: right; font-size: small;">John Barry, The Great Influenza in Nature, 2009</p> </div> <p>Communication is a key point in the management of infectious threats: this is obviously true for the exchange of information between international, national and local authorities, but it is very relevant also as far as the media, the public, and the people personally involved are concerned. It is proved that an effective and respectful communication can help to slow down the spread of a disease, while ignoring this aspect can have dreadful consequences, as it happened in the first months of the Ebola outbreak in Western Africa.</p> <p>Airports are critical points in nowadays outbreak, epidemics and pandemics. Therefore, their staff need to be aware of the relevance of these issues, with regard to suspect cases, insulation, quarantine, stigma and so on.</p>	<p style="text-align: center;">PROGRAM</p> <p>H 14:00 Welcome and introduction <i>Lidia Musumeci, Malpensa Airport Directorate</i></p> <p>H 14:05 ASSET project: one of the EU initiatives to improve outbreak preparedness and response by two-ways communication among different stakeholders. <i>Valentina Possenti, Italian National Institute of Health (ISS), coordinator of ASSET project.</i></p> <p>H 14:15 Communication on infectious emergencies among international, national and airport authorities: from the declaration of a PHEIC by WHO to the recommendation issued by Health Ministry. What will change with 1082/2013/EU directive on serious cross border threats to health? <i>Donato Greco, ECDC and WHO consultant, former director of the Laboratory of epidemiology and biostatistics at the Italian National Institute of Health and then Director general of prevention and communication at the Italian Ministry of Health.</i></p> <p>H 14:30 The role of communication, with regard to ethical and legal issues, in the spread of infectious diseases: lessons learnt from previous epidemics. <i>Roberta Villa, Zadig, ASSET project.</i></p> <p>H 14:45 How to communicate with passengers and staff during an infectious emergency in airport. <i>Barbara De Mei, National Institute of Health (ISS), ASSET project.</i></p> <p>H 15:00 Case-study exercise of an airport-based scenario in small groups.</p> <p>H 15:45-16:30 Discussion and closing remarks.</p>
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Participants

On behalf of ASSET Project: Donato Greco, Zadig; Roberta Villa, Zadig; Barbara de Mei, ISS; Valentina Possenti, ISS.

Other participants were: Lidia Musumeci, Malpensa Airport Directorate; Michela Bardelli, Alitalia Station Manager; Sergio Barbieri, Delta Station Manager; Alessandra Orsi, Lufthansa Group Station Manager; Stefania Viola, Cathay Station Manager; Monica Parmigiani, Airport Handling; Flavio Oliviero, American Airlines Station Manager; Debora Mariani, MEA Station Manager; Stefano Milani, State Police Local Chief; Sara Masiello, Latam representative; Salvatore Amato, Brussels Airlines Station Manager; Vincenzo Migliore, Avia partner; Fabiola Treffiletti, State Police; Elena Portone, Sea Spa; Barbara Bucci, USMA (Airways Health Medical Unit); Francesca Bertolini, Turkish Airlines



Station Manager; Roberta Brivio, psychologist, Società Italiana Psicologia delle Emergenze; Loredana Vellucci, Italian Ministry of Health.


Participants showed a great interest on ASSET presentations (available on the ASSET Community of Practice; CoP), taking notes and asking for them after the event, so that colleagues unable to participate could view them.

The language chosen for the event was Italian, because all people participating in the meeting were Italian.

Exercise

The participants in the ASSET local workshop were divided in 4 groups, discussing some relevant issues raised by presentations shown and proposed through an exercise.

Figure XI.3: Exercise at the ASSET local event developed at Malpensa International Airport of

 <p style="text-align: center;">MALPENSA EXERCISE</p> <p>Un caposcalo, un pilota e due assistenti di volo stanno prendendo il caffè a un bar di Malpensa.</p> <ul style="list-style-type: none"> - Avete sentito? Torna ebola. In Congo, stavolta. - Non ci sono voli diretti da qui su Brazzaville, vero? - No, ma io sono in partenza per Parigi. Sai il quante connection? - Vabbè, ma non ti starai mica a preoccupare? Non è mica così facile prendersi ebola. - Sì, la fai facile tu, che stai chiuso in cabina. Ma l'altra volta non è stato uno scherzo tenere sotto controllo la paura. - Io ricordo, nel momento di maggior panico, un volo da Amsterdam con un passeggero di colore che poveretto aveva una tosse insistente. Il vicino è venuto a chiedermi di cambiare posto. Era terrorizzato. - Ma da dove veniva il passeggero? - Da Amsterdam, te l'ho detto. Era un cittadino olandese che non aveva mai messo piede in Africa. Lo so perché è stato lui a dirmelo, per tranquillizzarmi, quando ha visto che il vicino aveva cambiato posto. Era così desolato. <ol style="list-style-type: none"> 1. <i>Quali elementi devono far sospettare il caso di una malattia contagiosa preoccupante a bordo? I sintomi, la nazionalità del passeggero, l'aeroporto di provenienza, un insieme di questi fattori?</i> 2. <i>Come vi comportereste in una situazione sospetta, in volo, al gate o ai controlli di sicurezza? Che cosa direste al passeggero e a chi gli sta vicino?</i> <ul style="list-style-type: none"> - A me è capitato proprio in quelle settimane con un passeggero proveniente dalla Nigeria, dove l'epidemia era sotto controllo, ma qualche caso c'era stato. Si vedeva che stava male. Secondo me aveva la febbre. Non potevamo escludere nulla, e tra di noi, di là qualche domanda ce la siamo fatta. Ma lui non ha detto niente, secondo me per paura di subire conseguenze. Era un uomo d'affari inglese, viaggiava in prima classe, probabilmente temeva di perdere qualche appuntamento se avesse dato l'allarme. - Altro che perdere qualche appuntamento! C'è gente che è stata messa in quarantena e per due settimane non è potuta uscire di casa né vedere nessuno. Se non sei proprio sicuro di aver avuto contatti a rischio, secondo me non dici nulla. - Sì, ma così rischi di ritardare le cure su di te e contagiare nel frattempo altre persone. Non è uno scherzo. - Già, però ognuno fa quello che può. <ol style="list-style-type: none"> 3. <i>Quali potrebbero essere le ragioni per cui una persona nasconde il suo malessere?</i> 4. <i>Come la si può approciare in questi casi?</i> <p>Mentre discutono, li raggiunge un altro pilota, di un'altra compagnia.</p>	<ul style="list-style-type: none"> - Parlate di ebola? Vi ho mai raccontato che cosa è capitato a me nel momento di massima isteria collettiva? Coprivo la tratta Londra- Nairobi, che è a migliaia di chilometri dall'epicentro dell'epidemia. Eppure mia figlia era disperata, non dormiva di notte, mi ha supplicato di chiedere di cambiare rotta. I compagni di scuola infatti l'avevano isolata. Le avevano detto che il padre poteva portare ebola in Europa, e che nessuno di loro sarebbe più venuto a casa nostra finché non fossi tornato a viaggiare su mete più tranquille. - In effetti, anche mia cognata aveva annullato il viaggio dei sogni in Sud Africa, perché non si sa mai... - Ragazzi, ma non ha senso! - Già, ma anche chi lavora a terra qui, e incrocia migliaia di passeggeri al giorno, rischia di subire le stesse discriminazioni, personalmente o addirittura tramite i suoi familiari. - Ci si potrebbe contagiare anche tramite i materiali trasportati in stiva... - Ehi, mi avete spaventato, intervieni un poliziotto all'altro lato del bancone. Devo farmi cambiare assegnazione? <ol style="list-style-type: none"> 5. <i>Quali sono le professioni più a rischio di stigma e discriminazione nel corso di un'emergenza infettiva?</i> 6. <i>Pensate che la comunicazione istituzionale e interpersonale possa contrastare questo fenomeno? Se sì, in che modo?</i>
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Milan



EVALUATING THE LOCAL INITIATIVE

All the local event participants were provided with the evaluation form included at the Figure XI.4 in the page that follows.

Figure XI.4: Evaluation questionnaire for the ASSET local event at Malpensa International Airport of Milan



QUESTIONARIO DI VALUTAZIONE

Alla fine di questa giornata di confronto, vi chiediamo di rispondere brevemente a questo questionario.

- 1) Ritieni che l'incontro di oggi sia stato
 - a. Molto utile
 - b. Abbastanza utile
 - c. Sostanzialmente inutile
 - d. Una perdita di tempo
- 2) Pensa che il tema della comunicazione
 - a. Sia irrilevante in corso di emergenza, quando ci sono problemi pratici da affrontare
 - b. Sia di esclusiva pertinenza degli uffici stampa e relazioni con il pubblico
 - c. Sia di interesse per tutti, ma in pratica riguardi pochi
 - d. In qualche modo coinvolge tutti
- 3) A suo parere, un incontro come quello di oggi andrebbe ripetuto in altri aeroporti?
 - a. Sicuramente sì
 - b. Forse, ma solo nei più grandi
 - c. Non credo
 - d. Non so
- 4) Quali altri aspetti non strettamente operativi pensa che potrebbero e dovrebbero essere affrontati nella preparazione e risposta a una minaccia infettiva?

Grazie mille per la collaborazione!
Il team di ASSET

A total of ten participants filled it.

- ✓ Nine of them rated the event “very useful” and 1 “quite useful”,
- ✓ All of them stated that the communication issues somehow concern everybody,
- ✓ Nine think that the event should be repeated in other airports, and 1 thinks it should be repeated,
- ✓ at least in big airports, with international flights.

The answers to the final, open questions suggest:

- ✓ More attention to the operative, practical issues;
- ✓ A better previous knowledge of role and tasks of each actor in preparedness and response to an infectious threat;
- ✓ Effective communication “in time of peace”, which rarely takes place;
- ✓ Communication at all levels, to avoid lack of information;
- ✓ Respect of everybody to avoid stigma and discrimination;
- ✓ Cooperation with every person involved;
- ✓ A special attention and listening to those who work on the field.



CONCLUSIONS

The event was very satisfying both for the ASSET team and for the participants. They said that the meeting raised issues they are willing to face and tackle again in the future. The possibility of repeating it in other airports could be considered, if ASSET resources allowed this.

11.2 COMICS

EXECUTIVE SUMMARY

Zadig is an agency based in Rome and Milan working on scientific communication since 90s. Therefore, it is a well-known reality in the field of public health as well as in the media and communication context overall. They have been contacted by the Museum of Comics in Milan and, rather than a simply initiative, a real project has started at local level.

The Zadig team, mainly in the person of Michele Bellone, has elaborated a comic on vaccine hesitancy. This product could be further valued within an exposition to be arranged by the project completion, thus creating additional synergy in ASSET itself (dissemination-WP7 and legacy-WP9).

PLANNING THE LOCAL INITIATIVE

Vaccines represent a tough challenge for science communication. Delivering evidence-based information, engaging different stakeholders with a two-way communication, and acknowledging citizens' doubts and fears are difficult tasks that need to be pursued altogether, since they are all crucial for an effective risk communication. In such a context, vaccine hesitancy is a complex and rapidly changing global problem that requires ongoing monitoring.

Together with Wow Comics Space and the CICAP (Italian Committee for the Investigation of Claims of the Pseudoscience), ASSET participated to the development of a project of health communication based on comics. Aim of the project is to facilitate science dissemination and public engagement about vaccines and vaccine hesitancy by realising a comic book on these topics.

DELIVERING THE LOCAL INITIATIVE

The comic book contains a story told from the perspective of parents with a hesitant attitude towards vaccination, confused by some of the information they received and worried for the wellbeing of their children. By discussing and confronting each other, they will guide the reader through a series of topics related to vaccines, which will be analysed in some in-depth information boxes. During the preparation of the screenplay, all the lessons learned during the course of ASSET project were applied to avoid potential elements of stigmatisation, possible oversimplifications and caricature representation of hesitant parents.

The distribution of the comic book might be accompanied by the organisation of an exhibit, to be held at the Wow Comics Space in Milan, which will display different visual representations of vaccines and epidemics through strips, comics, posters and cartoons. Such an exhibit will be designed to improve public engagement, and will host seminars about vaccinations and epidemic preparedness. The organisation of this exhibit would represent a significant element of legacy for the ASSET project. In this perspective, both the exhibit and the comic book might be translated in English or other languages, and the possibility of a crowdfunding is under evaluation.



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