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WP7 COMMUNICATION

D7.1 COMMUNICATION STRATEGY

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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D7.1 Communication Strategy

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INTRODUCTION

A communication strategy is set to serve the significant goal of the ASSET partnership, namely the convergence between Science and Society in epidemics and total pandemics, in order to produce an Action Plan based on Mutual Learning and Active Mobilization (MMLAP).

Internal and external communication is at the centre of the ASSET project mission. It will involve all the partners and will try to address a large part of society in order to contribute to preparedness in case of infectious threats, notably epidemics and pandemics. It will use relevant and widely used new social media to open a **two-ways dialogue** with the public as well as with relevant stakeholders, in order to bring **science in society** and **mobilize** it, with the aim of achieving a **change** in attitudes and behaviors.

This document of communication strategy will be mainly used by partners as a guide to plan both coordinated and local communication activities. It shows some general clues that will need to be adapted throughout the project, in response to changing needs.

According to ASSET's DoW (Description of Work), communication will have

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

These aims help to draw the main line of both internal and external communication, the latter being split in two parts (one about the project itself and the other about its contents and products).

For this purpose the Communication Unit has to interact with all other partners, notably with those involved in Citizen Consultations (WP4) and Mobilization and Mutual Learning (WP5). So, **internal** communication among partners will be a basis for the **external** one.

BACKGROUND

Communication about epidemics and pandemics is now set against a backdrop different from the one a decade ago, when pandemic preparedness plans were prepared in response to the SARS and bird flu crises.

Public attitudes towards these issues in fact changed deeply after the 2009 A(H1N1) pandemic. "National pandemic plans were usually based on a single scenario that was more severe than the actual 2009 pandemic, and that was extrapolated from the severity of previous pandemics and the possibility that H5N1 would cause the next pandemic" (1), a document, prepared jointly by ECDC and WHO European Region stated in 2012. This



brought about a key misunderstanding among stakeholders and the general public: declaring a pandemic was necessary to start the implementation of preparedness actions (like the production of vaccines) and, rather than implying severity, it only pertained to the wide geographic spread of the new strain of flu virus. Media and common people, however, interpreted this as a declaration of an impending catastrophe. The milder than expected evolution of the pandemic was taken by many as a proof that the declaration had been driven by economic interests.

A lesson from the A (H1N1) pandemic is therefore that flexibility is crucial. While most plans were prepared in view of a severe flu pandemic, it has become clear that preparedness should cover a broader range of challenging emerging diseases. It must also be able to face both relatively mild, but widespread disease, like A (H1N1), with a strong socioeconomic impact despite lower lethality, and much more limited in spread outbreaks of severe disease, caused by different viruses (like Ebola), and possibly even intentionally caused within bioterrorist attacks.

Definition of pandemic

The definition of a “**pandemic**” is accordingly being discussed. The sudden emergence and rapid spread of the H1N1 influenza virus in 2009 caused confusion about this term. Some argued that explosive transmissibility is sufficient to declare a pandemic, while others maintained that severity of infection should also be considered (2).

Ongoing debate among experts shows a gap among what epidemiologists, virologists, policy makers, clinicians and common people mean by the term “pandemic”, that in different interpretations can refer to

- the **geographical extent** of a pathogen’s transmission (generically wide, or specifically in two, or more, WHO regions);
- the emergence of a **new recombinant flu or other emerging virus**, capable of sustained transmission in humans;
- the relevant, more than usual, **number of cases** of the disease, with its **health and socioeconomic burden** (with the difficulty of defining in a quantitative and unequivocally way what “relevant” or “more than usual” means);
- the **severity/lethality** of the disease (see above).

The challenge to find an agreement on this definition, along with the evidence that flu is not the only infectious threat we have to tackle with, suggest to think and talk of “infectious threats” instead of “pandemic” and “epidemic”. Such uncertainties, anyway, cannot be solved within this document, at the beginning of the project. They reflect an ongoing debate in the scientific community as well as in the ASSET Consortium, that will need to be addressed in the dialogue among partners, stakeholders and citizens throughout the project time.



D2.2 by LYONBIOPOLE (*Reference guide of unsolved scientific questions related to Pandemics and Epidemics*) will offer a starting point for discussion on these issues, that will be one of the main content of ASSET internal and external communication.

Legacy of 2009 A(H1N1) pandemic

A misunderstanding about the use of the term “pandemic” is at the root of many unwanted side effects of A (H1N1) pandemic, mainly due to lacking or wrong communication both to the general public and inside -- and among -- health organizations and professionals at international, national and local level. Communication proved to be a weak point, that could put an effective response at risk, had the pandemic been as serious as it was thought it would have been.

ECDC analysis was that in 2009 pandemic “..main challenge was in dealing with the perception and communication of risks. In future, those involved in risk communication need to develop ways of better involving the scientific community and civil society. Their aim must be that risk is properly understood and trust maintained”(3).

Previous related EU funded projects, i.e. TELL ME and ECOM, have deeply studied what went wrong in communication during 2009 A(H1N1) pandemic, showing that in that case communication

- was mainly top-down, involving neither population nor healthcare professionals;
- did not succeed in dealing with uncertainty, notably in the first phases;
- lacked in flexibility, since their contents were not modified when the pandemic proved to be milder than it was supposed to be in the beginning;
- did not guarantee transparency, allowing rumors and charges of conflict of interest between health organizations and pharmaceutical industry.

A legacy of 2009 pandemic was therefore a decreased perception of risk (4) about pandemic in the general population and this idea soon widened to all infectious diseases. A German study showed that “during the peak of the pandemic, only 18% of participants stated that they perceived the risk of pandemic influenza as high; this proportion fell to 10% in January 2010” (5).

The coincidence with the global financial and then more widely economic crisis occurring in those same years shifted the focus further from health issues to socio-economic threats.

As a result, at the moment, many people in Europe and USA keep on thinking that in 2009 WHO cried wolf, driven by pharmaceutical industry, that flu is a trivial disease and that pandemic flu is not a serious threat.

The loss of confidence in international and national health authorities had a strong **impact on seasonal flu vaccination** too, adding to growing mistrust towards other vaccinations (measles, polio, ...) for different reasons, in different parts of the world.



In the last months, wide media covering of **Ebola** epidemic in Western Africa has raised again awareness of possible infectious threats. Ebola is not the only one, even if the most challenging as far as October 2014. As Tom Frieden, CDC director, wrote (5): «The U.S. and the world now face a perfect storm of disease threats. New and virulent pathogens, such as H7N9 avian influenza and Middle East Respiratory Syndrome Coronavirus (MERS-CoV), emerge every year. Diseases respect no borders...Pathogens are becoming more resistant to antimicrobial drugs, and the possibility of bioterrorism continues to grow as new technologies make bioengineering cheaper and easier».

In this situation people's attitude swings between indifference and panic. The objective is to activate a process in which the endpoint is an informed, vigile and aware worry. To convey the idea that there is **a third way, called preparedness**, will be a key objective of ASSETcommunication.

According to the cited ECDC and WHO joint document, another important lesson learnt from 2009 pandemic is the key role of **intersectoral communication and cooperation** (1). The transdisciplinary composition of the ASSET consortium and the mutual learning and mobilization purposes of the project are supposed to help to improve response to infectious threats in this respect, too.

Last but not least, to design an effective communication strategy, we cannot forget that in the last 10 years a media revolution has completely changed the scenario. In 2004 Facebook and in 2006 Twitter, just to mention two of the most popular **social networks**, upset the web. "Until recently the predominant communication model was "one" authority to "many" – i.e. a health institution, the ministry of health or a journalist communicating to the public. Social media has changed the monologue to a dialogue, where anyone with ICT access can be a content creator and communicator"(6).

Learning from 2009 A (H1N1) lessons, the cited joined WHO and ECDC document recommends to incorporate the use of social media "into communication strategies for advocacy work and reaching risk groups (i.e. for vaccine campaigns), particularly young people" (1). This is in line with the main principles of TELL ME Communication Framework Model, according to which the public isn't a target but a **partner in communication** (7).



Figure 1. In TELL ME Communication Framework Model Public sphere, with its segmentation, is at the centre of the communication process, as a partner and not a mere target of it.

Accordingly, in the ASSET project, social networks have a key role and are seen as a main tool of both dialogue and mobilization (T5.1).

GENERAL GUIDELINES

Communication is a key element of the ASSET project, necessary to achieve its main objectives of Mutual Learning and Mobilization, both inside and outside the consortium.

All communication activity should therefore:

- highlight the **peculiar characteristics** of the project, i.e:
 - o “*active*” project, focused on dropping Science in society with a Mobilization and Mutual Learning (MML) action plan
 - o *complementarity* of perspectives, knowledge and experiences among partners
 - o mutual, not top-down, *interaction with society*, particularly through citizens’ consultations and social media’s analysis and use
- **address a wide portion of society**, not only experts in academia, public health and research centres, but also the general public
- use a **clear, precise but plain and simple language**, avoiding any sort of jargon for insiders, and encouraging, when possible, the use of videos, graphs and vignettes.



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It should be:

- social
- visual
- transparent
- inclusive
- bottom-up
- collaborative.

This communication strategy, drawn at the beginning of the project, is open to changes over time, in order to **adapt** to possible evolutions in both the external and the internal scenario, aiming to respond to public and experts communication requirements.

ASSET strategy will therefore address 3 levels of communication, that can in some cases overlap, may evolve in time, but that need to be considered separately :

- 1) **internal communication** within the ASSET consortium. ASSET partners have complementary perspectives, knowledge and experiences: communication among them is a sort of laboratory where capacity of intersectorial exchanges can be built and proofed. It aims to *mutual learning* in order to address effectively scientific and societal challenges raised by pandemics and associated crisis management;
- 2) **external communication** involving stakeholders and citizens has two different type of contents (from which derive some difference in goals and tools):
 - I. **external communication about ASSET project.** It will present ASSET *characteristics and activities* in order to set it as an authoritative actor in the field, sharing an innovative methodological approach as well. Virtual cluster with other related and MMLAP projects will help improving this aspect.
 - II. **external communication of ASSET contents and products (SiS oriented).** It will delivery *contents and products of the project* to different target groups, in order to bring Science in Society and to get a change in the way people face epidemic and pandemic threats;



Internal communication

Internal communication among partners is the basis for any other kind of communication and activity within and outside the project.

Objectives

The main goal of internal communication will be to facilitate a transparent and participatory discussion, allowing multi-actor cooperation and transfer of knowledge among partners, and then progressively extended to stakeholder representatives, **creating a wider community**, and crossing sectors, disciplines, levels (local, national, supranational), geopolitical and cultural areas.

This will make of ASSET's community **a reliable, recognized partner** for both the public and the institutions, building a bridge among different sectors of research and of society.

Some of the main objectives of internal communication among partners are:

- developing a common language to speak (i.e. through a shared Glossary);
- improving each other competences and knowledge (i.e. mutual learning);
- getting in touch with different social and cultural realities in different European countries;
- sharing decisions about activities to be done on behalf of the project;
- producing a shared and effective Action Plan.

Other objectives will possibly be identified throughout the project.

Tools

In order to reach the previous tasks some tools have been identified:

- a **Community of Practice (CoP)** is part of the “project infrastructure” according to the DoW. It has been set on a Moodle platform and acts as a forum to debate both on general issues related to the project and on more specific tasks. This tool will help partners to keep in touch with the advancement of different tasks, to discuss on general issues and to know what happens in other countries as far as infectious threats are concerned.

It aims

- o to facilitate discussion both in a General Forum and in Specific Fora dedicated to single WP;
- o to share works in progress;
- o to gather and share resources useful for all the partners;
- o to gather and share all the deliverables and products of the project;



- o to other tasks that could arise throughout the project.
- a **glossary** (D1.2) is one of the first tasks on which all partners worked together in order to agree on a common language, despite different backgrounds, using the CoP. According to DoW, in the context of capacity building, “the goal of the glossary will be to facilitate internal communication, avoiding linguistic misunderstandings among partners and stakeholders with so many different disciplinary and cultural backgrounds, contributing to ensure overall coherence, and forming a shared, transdisciplinary, language for the Action Plan”. Several partners contributed to its writing and editing; others will intervene in the future since it is thought to be changed and integrated according to different situations;
- the **ASSET website**, mainly relevant for external communication, will help internal communication as well. A *virtual editorial staff* involving representatives from different partners will meet in periodic virtual newsroom meetings: this will help mutual learning from different point of views by competence and country;
- involvement of different partners in the *editing staff* of the **Policy bulletin** on pandemic preparedness and response is another example of practical cooperation within consortium;
- virtual and personal **internal meetings and workshops**, following the KOM held in Rome on 26-27th May 2014;
- virtual and personal meetings of **Project Executive Board** and **Project Management Board**, including representatives from all the partners.

Outcomes

Internal (WP8) and external evaluation of internal communication will be based on

- CoP activity (numbers of interventions on the platform, number of different partners intervening on the platform, ecc...);
- interactions among partners in the production of the Action Plan;
- shared production of glossary (numbers of items in the glossary, addition of terms by different partners, correction of terms by different partners, ecc...);
- number of virtual website newsroom meetings;
- number of virtual policy bulletin newsroom meetings;
- number of virtual and personal meetings within consortium;
- number of participants to virtual and personal meetings.

External communication



External communication have two types of contents (about the project, I, and about its contents, II), that share some goals, targets and tools.

This common aspects will be dealt with, before going through specific characteristics of the two subtypes of communication.

Objectives

External communication has different general goals related to different target groups.

It aims

- to cooperate with health authorities for preparedness;
- to rebuild trust (transparency, uncertainty,...) in health authorities by the public;
- to fight against false rumours (vaccines,...).

As far as targets are concerned all external communication is going to involve both experts in the field and common citizens. It will therefore need to be accurately targeted, in order to identify the best language, way and medium for each.

Targeting

Communication should be tailored to different stakeholders (policymaker, healthcare professionals, airlines, airports and other commerce and industries possibly involved, pharma and vaccine industry, families and so on). ASSET partners will try to adapt their contents to these different targets, using different languages (more or less formal, complex, or specialistic, for example) and different means (website, newsletters, press, tv/radio, printed resources like leaflet and posters, social media, citizens consultation, events, flashmobs, and so on).

Internal communication within partners since the beginning needs to be extended to other stakeholders and experts in the field, in order to widen views and enrich the debate.

OTHER EU FUNDED RELATED PROJECTS

Our communication strategy will involve since the beginning of the project **other EU funded related projects** working on the same issues and **other MMLAP projects**, even in different fields, in order to **share knowledge** and compare **methodological issues**.

According to the DoW, “an ongoing, informal, *MMLAP virtual cluster* will facilitate the exchange of experiences with other MMLAPs, and promote best practices. The MMLAP virtual cluster will provide a rare opportunity to learn from others with whom ASSET partners may not interact on a regular basis, and to learn from their past experiences in MMLAPs. Learning from other MMLAPs should not just focus only on infectious outbreaks and related crises, but on how others have tried to achieve their goals in other fields such as environment, education, agriculture, etc. (e.g., what works and what does not work in participatory practices, training, and communication with stakeholders)”.



In order to identify methodological best practices, the task leader (Zadig) will contact other MMLAP coordinators and relevant partners and ask each project to appoint a liaison officer with ASSET: a reserved area on the CoP could help achieving a useful exchange.

STAKEHOLDERS AND POLICY MAKERS

In the course of the project ASSET virtual community meeting on the CoP will be broadened to relevant stakeholders, who will be also provided with a forum of their own for their debate in a private area of the CoP (**stakeholder portal**).

Other contacts will be established with relevant policy makers in the **High Level Policy Forum (HLPF)**, that could be provided with a reserved area on the CoP as well. The **first HLPF seminar** scheduled for 15th March 2015 in Brussels will be a good chance for networking and making the ASSET project better known among high level policy makers. Following events, on a yearly basis, should strengthen this cooperation.

HEALTHCARE PROFESSIONALS

A special attention should be paid to healthcare professionals, for their key role in case of epidemics. They should not be targeted in a top-down way, but actively involved in decisions. Even when trust in health authorities is weakening, personal contact with GPs, nurses and other public health staff can help to convey correct information and to gather people's doubts and fears to be addressed to.

GENERAL PUBLIC

According to the TELL ME framework model, in fact, all stakeholders are part of the public, too, and segmentation of the target should be more accurate than it used to be: a doctor, for example, can be seen also as part of a category at risk, or a worried parent, too.

Special care need the so-called **opinion leaders**, not only political or religious ones, but also those not formally recognized, such as specific figures inside families or communities (old people in some societies, mothers in others, and so on) or identified through social media (bloggers or twitter users with many followers, for example).

Tools

Both subtypes of external communication will use several tools:

- a brand;
- the Community of practice (CoP), extended to relevant stakeholders and HLPF members;
- the website;
- social media (notably Facebook, Twitter and You Tube);
- periodic newsletters;
- public events;
- local activities;



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- other channels of dissemination;
- scientific communication.

BRAND

The ASSET consortium needs first of all to be identified as a new actor in the field of infectious threats, preparedness and response.

For this purpose it's very important to have a **corporate image** to be used in **all** external communication. **Brand is much more than a logo**; it is a coordinate way to present the project so that any product (website, deliverable, business cards, newsletters, and so on) reflects its mission, vision and values.

After gathering partners' ideas and suggestions, the brand has been prepared by Zadig's staff.

Its first step was the release of a **logo**, created partly by crowdsourcing, as requested by DOW, in order to respond to ASSET principles of public involvement. We used www.99designs.it, calling for international contributions through the Italian platform of the world's largest online marketplace for graphic design (www.99designs.com).



The sentence on the bottom is the so-called pay-off, a sort of motto making the ASSET mission more explicit.

As far as the design is concerned, **colors** are a form of non-verbal communication. So we chose blue and green:

- **Blue**: the psycho-chromatic meaning of blue is institution, trustworthiness, order and loyalty. This color exhibits an inner security and confidence. You can rely on it to take control and do the right thing in difficult times.
- **Green**: this is the color of balance and harmony. It is the great balancer of the heart and the emotions. It represents health and well-being. It means being tactful, emotionally balanced and calm, sympathetic, compassionate with a high moral sense. Encourages 'social joining' of groups, a need to belong.



In the **shape** we find the letter A of ASSET. And in order to balance the vertical form of this letter we find the bow on the right and the rounded shape down on the left. This look like an arrow, so we get, additionally, the representation of ASSET goals.

COMMUNITY OF PRACTICE (CoP)

The Community of Practice on the Moodle platform, mainly used for internal communication, could be extended to other relevant experts, stakeholders and HLPF members, in case creating appropriate reserved areas for debate (i.e. stakeholder portal).

WEBSITE

ASSET website is a key tool of external communication, even if it could somehow useful for internal communication as well. It will be made by Zadig in cooperation with other partners who will be asked to participate into a virtual editorial staff with periodic newsroom meetings and:

- **publish** their deliverable and all other outputs (newsletters, ...) onto the website, as well as on the CoP;
- **upload** on it any products of local activities (i.e. leaflets, posters, pictures, videos), with a short abstract in English;
- **report** any relevant events in their country that could be of interest for the project.

The website will follow all the communication guidelines previously indicated (clarity of language, addressing both experts and the general public, transparency, interaction with different parts of society, plenty of pictures, videos, infographs, and so on) and will be completely open access.

It will have 3 types of contents:

- a sort of **library** where everybody (experts, media, general public) can find key documents (abstracts and link to the source) about preparedness for epidemics:
 - o by international organization (as ECDC, CDC and WHO);
 - o by TELL ME, ECOM and other related projects;
 - o by other reliable sources (i.e. scientific journal's infographic or national TV video interviews with relevant stakeholders on general issues);
 - o by ASSET staff on general issues (historical, socioeconomical, epidemiological pages of context);



■ **outputs** of the project:

- o Glossary;
- o deliverables, introduced by short abstracts;
- o published papers;
- o lessons and presentations at conferences, meetings, etc...;
- o events (in a calendar);
- o bulletins and newsletters;
- o local activities (reports, pictures, videos, leaflets, etc..);
- o special events (Best practice award, Summer school, Geneva Music Festival, etc..);
- o Citizen consultations (with all their products, before and after);
- o Best Practice Platform;
- o Activities and documents related to ASSET Action Plan;
- o Ethics, Law and Fundamental Rights in Pandemics and Epidemics Report and related contents;
- o Gender Issues in Pandemics and Epidemics Report and related contents;
- o Intentionally Caused Outbreaks Report and related contents;

■ **dialogue** with society:

- o articles, viewpoints, comments by partners, stakeholders, policymakers, etc...;
- o link to selected blogs by relevant opinion leaders in the field (posts filtered by editors);
- o links to related EU funded projects and other MMLAPs;
- o news about the project;
- o press review;
- o link to ASSET's social media accounts;
- o analysis of social media's activity.

SOCIAL MEDIA

Social media activity, as described in T5.1, will notably contribute to achieve the external communication's objectives by:

- actively involving stakeholders and public;
- catalyzing mobilization power;
- collecting information;
- involving people in decision-making;
- promoting behavioural changes.



Both a **Facebook**, **Twitter** and **LinkedIn** account will be opened on behalf of the ASSET project. A dedicated **YouTube** channel will help to disseminate videos.

The choice of these social networks is motivated by their high popularity in Europe, even though these networks may not be as popular elsewhere.

In 2011 social networking already was part of a Europeans' daily routine, with more than 7 out of 10 adults visiting a social network site daily (including 20 per cent who do it 5 times a day). It is likely that in following years this quote has even increased, given the wide spread of smartphones and tablets, that make even easier to connect all over the day.

In summer 2014 the European Technographics Online Benchmark survey, conducted by Forrester Research, analyzed more than 15,000 adults from five European countries on their use of six different social media platforms.

Facebook resulted as the leading social networking site in Europe, with almost 60 per cent of Europeans surveyed claiming they visit the site at least once a month. The video-sharing site YouTube was the second most visited site, with more than half of European Internet users active on the site. Twitter ranks the fourth place, while only six per cent use LinkedIn monthly.

Social media activity will be actively used

- to explore **social reach**, that is the total number of individuals across all social platforms who actively follow (fans, followers, subscribers) a company or a campaign or a theme. In this stage we will analyze the presence and the social reach of national, European, and international agencies directly involved in pandemic preparedness as well as the social reach of their main "competitors", that is individual, groups and organizations which oppose public health policies on pandemics on political, philosophical, or religious grounds, and groups and organizations against vaccination. Finally, we will collect data on the social reach of the main vaccine and antiviral drug manufacturers and their social marketing strategies.
- to monitor **social conversations** by different steps:
 - identifying social conversations and strategic keywords which reflect the main topics;
 - analyzing keywords popularity and relevance, and their main patterns of use. Eventually one should get information about the strength of each keyword (mentions of a keyword as a percentage of total possible mentions), its passion (the likelihood that a keyword is being used), the number of unique authors and the average time between mentions;
 - understanding pain or passion points in the general public and in specific target groups;
 - identifying influencers, content creators, people engaged in pandemic preparedness, supporters, critics, skeptics, people actively involved in anti-vaccination groups. Opinion leaders will be ranked



and mapped in order of importance and in accordance to their position towards pandemic policies. We will focus also on so-called value-added influencers (such as journalists, industry analysts, professional advisers, and so on). We will engage with them on all relevant platforms -- their blogs, Facebook pages and Twitter accounts.

- to manage **social content**: the next step will be focused on contents. Social Content is a broad category, which includes original content such as blog posts, video, Facebook wall posts, Facebook events, Twitter posts, specials, as well as responses to conversations happening in social media addressing specific mentions (positive or negative). Social Content will be fed primarily by the previous stages of Social Media Mobilization and by results of the public consultations. The goal of our content campaign will be to increase mutual trust among actors and mobilize stakeholders, promoting:
 - democratic participation and engagement among the public;
 - credible, transparent and two ways communication by institutions and health authorities;
 - verifiable and understandable information by researchers and industries.

In addition to general public, more specific target groups of the social media campaign will be:

- health professionals
- police/army/law enforcement officers
- journalists
- people working in the pharmaceutical industry.

All this activity will regard contents in English, but could be integrated with local initiatives made by partners in different languages.

If large and important target groups are identified through stakeholder mapping as unreachable through social media activity, it is practical to attempt reaching them through local initiatives and other appropriate means.

NEWSLETTERS

The ASSET project will provide two different kind of periodic newsletters:

- a biannual **Pandemic Preparedness and Response Bulletin** (T6.2) by ISS, which will collect and disseminate information on policy initiatives devoted to pandemics and related crisis management, and policy developments at local, national and European levels. An editorial committee have already been established in order to gather, filter and edit relevant information.



The names of the eleven members are:

- Task leader: (ISS) Alberto Perra, Barbara De Mei, Valentina Possenti
- Task contributors: (HU) Manfred Green; (UMFCD) Mircea Ioan Popa, Adriana Pistol; (NCIPD) Mira Kojouharova;
- T6.1 leader: (TIEMS) Thomas Robertson;
- Scientific Publication leader: (PROLEPSIS) Agoritsa Baka;
- Communication leader: (ZADIG) Eva Benelli,
- Quality officer: (ZADIG) Donato Greco.

The contents of this Bulletin (hypothetically with a module/column-based architecture, as an electronic journal style) could be:

- general crisis management issues, such as Public Health Emergency Preparedness (PHEP);
- Emerging Infectious Diseases-EIDs (in particular, in the first Bulletin issue we could focus on Ebola as major specific topic);
- monitoring current status of established national pandemic plans and/or strategies in Europe, as well as statements, recommendations, etc. about public health emergencies, epidemics included.

The first issue of the Bulletin will be published in the first months of 2015. Overall, in ASSET it is required to issue seven editions of this six-monthly Electronic Bulletin.

- Related deliverables are the three “Pandemic Preparedness and Response Bulletin Reports”
- D6.4: M18-jun 2015 (1 Bulletin published);
- D6.5: M36-dec 2016 (3 Bulletins published);
- D6.6: M48-dec 2017 (3 Bulletins published).

The bulletin will be circulated within the ASSET wider stakeholder community and sent to relevant public health authorities and policy making institutions. It will be sent out through the official website, so that brand identity would be greater enforced and ASSET products will be more recognizable by intended targets, being associated to the Consortium as a whole.

- a biannual **Research and Innovation Newsletter** (T7.10) by Lyon Biopole devoted to Responsible Research and Innovation (RRI) in the field of antiviral drugs and vaccines. The newsletter will target researchers both in academia and industry. The newsletter will present the progress of the ASSET action and will keep researchers abreast on the most update news about RRI in their research field.

Newsletters will be provided by responsible partners and sent to selected mailing lists from the website through the MailChimp platform. It would better if each of the two mailing (bulletin and newsletter) was shifted 3 months from the other, not to overlap them.



PUBLIC EVENTS

Public events represent a great opportunity both for ASSET visibility and to convey its contents, as they will be produced.

Some can be organized by single partners at the local level, some are listed in the DoW:

- A **transdisciplinary workshop** (DATAMINING), scheduled for the beginning of 2015, in Geneva, should consolidate WP2 outcomes, cross-fertilize research, and progress in the establishment of an original, transdisciplinary, common, approach among partners.
- **High Level Policy Forum** (TIEMS) will bring together selected European policy-makers at regional, national and EU levels, key decision makers in health agencies and pharmaceutical industry, and civil society organisations, in a unique and interactive dialogue to promote on-going reflection on EU strategic priorities about epidemics and pandemics. The first meeting is scheduled for the beginning of 2015. By linking different policy levels both virtually through an online platform, and physically during the yearly seminar, the Policy Forum will consider and revise specific issues related to EU strategic priorities in infectious threats communication, preparedness, and response. Although the Forum may produce recommendations, its primary role will be to create mutual trust, improve communication, and provide a “safe” environment to address questions which are otherwise difficult to discuss. An important goal of the forum is strengthening the perception that further dialogue among the participants is going to be fruitful due to increased insights into each other’s perspectives, and the sense that conversation is worth.
- **Citizen consultation** (DBT), scheduled between m21 and m36, will be a great chance to engage the public in the debate on pandemic crisis prevention and management. The work will take form as a transnational citizen consultation with simultaneous national face-to-face 1-day meetings with a web-based framework for transnational comparison of the national results. The method will be developed as a part of the Action Plan Handbook in T3.3, and will be inspired by the World Wide Views method. Citizens at all national meetings receive the same information (before and during the meeting), are subject to the same facilitated process, and answer the same questions. The method delivers a transnational overview of how citizens in the involved countries answer a set of pre-defined questions, and which messages they themselves want to send to policy-makers. An Internet service provides transparency with regards to partners, information material, process and the full set of result data. WP4 is built on WP2 and WP3 and will provide outputs for WP5, notably for T5.1 (Social Media Mobilization) and T5.3 (Local Initiatives). WP4 will be highly coordinated with WP7, to ensure European dissemination. National dissemination in the involved countries will be part of the work in T4.2. The work is separated into only three major tasks, because of the nature of the method, which involves a



highly integrated set of coordination activities (background production), and the national/regional citizen consultations.

- **Summer school** on SiS related issues in Pandemics (ISS). Three editions should be organized, starting by m18. The objective of the course is to foster exchanges on foundational and methodological approaches as well as on contemporary and educational issues in SiS related aspects of Pandemics. This course works from a transdisciplinary (social sciences, science communication, public health, vaccinology, bioethics, gender issues, clinical ethics, political science) perspective. During the course, project partners and invited prominent international experts will give presentations on various topics concerning SiS related issues in Pandemics. There will be time for intensive discussions. The language of instruction will be English. The course is of interest to participants from diverse professional backgrounds, such as public health, medicine, philosophy and social science, media, health care administration, and PhD students undertaking courses of study in these areas. For the first three editions of the school, we will not request registration fees but twenty participants will be selected each year on the basis of their CVs and the relevance of their interests to the programme of the school.
- **SiS in Pandemic Best Practice Award for GPs (PROLEPSIS)** will give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness, in order to improve the quality of communication with their patients and the local community active participation. Three 3.000 € prizes will be given each year, starting from the second year of project life as educational grants to be used at any of the partner organization. The context will be open to all GPs and GP registrars working in any MS and will be advertised through GP European societies and national medical associations. The task leader will be in charge of organizing and advertizing the context, and to establish an independent jury.
- **Liaison with the Comenius Programme (EIWH).** Starting on m12 till the end of the project information about ASSET will be disseminated to youth people in primary and secondary schools through the Comenius Programme. Comenius is part of the EU's Lifelong Learning Programme, and it aims to help young people and educational staff better understand the range of European cultures, languages and values. The task leader will contact Multilateral Project consortia, awarded with 2011, 2012 and 2013 grants under the priority "Support to making science education more attractive" and will invite them to design together targeted dissemination initiatives in schools. The task leader will be in charge to liaise with Comenius, to plan and coordinate efforts with other ASSET partners, and to report results to the whole consortium.
- **Geneva Music and Science Festival (DMI),** has been organized since 2012 by the Universities of Geneva and Lausanne, the Geneva Opera, the High Schools of Music in Geneva and Lausanne. After m24 DMI plans to devote one of the next editions to "Music and communicable diseases in Europe", (e.g., sexually transmitted diseases, tuberculosis, etc.) and their wider influence on European civilization. The Geneva colloquium aims to explore the possibility of using arts and music for mobilization of people



and for promoting a scholarly reflection on the wider impact of infectious diseases on cultural productions and on the forms of their fruition. The Geneva location of this event will be leveraged to invite experts from WHO, and to disseminate information on the ASSET action to international organizations. The co-organization between universities and musical institutions allows intensive interaction between scientists and different players from the world of music as well as the public. The program includes conferences, symposia, and workshops, accompanied with concerts and opera events in the evening.

- **Brokerage event (ZADIG)** At m46 concurrently with the project final conference a brokerage event will be organized, with the aim to offer to the ASSET consortium, both as a whole and as single partners, an appropriate place to present themselves, to show their expertise, and their ideas about how ASSET could survive and develop after the completion of EC funds. We shall involve other projects related to H2020 Challenge 1 (Health, demographic change and wellbeing), and running or upcoming big innovation initiatives (EIP) or joint partnerships (JPI) or private public partnerships (PPP), etc, other related EU innovation activities, platforms etc. The event will be co-organized with the External Advisory Board, and will be structured on three main activities:
 - a plenary session will offer participants exhaustive information about the goals of the event, about the support they can receive from organizers and will find information about the European frameworks;
 - the parallel sessions – led by co-chairmen, will offer the participants the possibility to present themselves, their organizations and to detail their ideas. The participants will have the opportunity to get to know each-other and to find partners for their ideas
 - the bilateral discussions facilities will offer a direct possibility for the development of ideas and the creation of clusters as a basis for the pursuing of ASSET. At the end of the day, a short report presented by co-chairmen of the sections will give the possibility to have an output of the development of ideas, to better identify the clusters and to receive recommendations for the next steps to follow.
- **Final conference (ISS)** At the end of the project, a final conference will be held in Brussels, which will present the main outcomes of the action to a selected audience of EU stakeholders and policy makers. One of the main goals of this conference will be to search for an endorsement that may allow further pursuing the action after the completion of the EC contract.

LOCAL ACTIVITIES



Communication activities will take place at global, European and local level. International wider communication will be provided by the main tools of ASSET communication, i.e. website, social networks, newsletters, press releases.

On the other hand, all partners are responsible for **local communication**, since they know both local languages and different social and cultural context. In any case, the Zadig staff will be available to give support so that local communication can always be consistent in its content and form, among all the partners and in all the countries involved, under the same ASSET brand.

Some partners have already indicated possible local channels of dissemination of ASSET contents and initiatives:

- **Italy** (Zadig/ISS): Scienzainrete, Scienceonthenet, Epicentro, Healthdesk, Partecipasalute, several health journalists and science writers
- **Greece** (PROLEPSIS): Yannis Koutelidas, communications & press manager of Prolepsis Institute (i.koutelidas@prolepsis.grmailto:) (media list and contacts in press, websites and blogs)
- **Norway** (FFI/TIEMS): Norwegian partners communication departments will choose the best channel to disseminate in the country (i.e. www.forskning.no)
- **Ireland** (EIWH): Eilish O Regan, Irish Independent. Other reachable channels are TV3 <http://www.tv3.ie/> , TG4 Teilifís Na Gaeilge <http://www.tg4.ie/> RTÉ One <http://www.rte.ie/tv/rteone.html> RTÉ 2 Raidió Teilifís Éireann www.rte.ie/tv/rte2.html
- **Romania** (UNIVERSITATEA DE MED): A traditional medical journal (“Medical life”) and possible contacts with radio, websites and blogs. Project to realize a Romanian Public Health Journal, that will translate all the information from the Bulletin into Romanian and will be distributed to the medical community.

More detailed local plans of communication will be produced by partners in the next months and will allow this strategy to be updated.

Local initiatives (ISS), scheduled between m25 and m45, aim to promote mobilization and mutual learning at local level and to enhance the transfer of the most effective policies and practice. Local initiatives will experiment two-way communication at local level, say, they will provide an opportunity to local actors and stakeholders to feed the action with their contents and to co-design the action itself (so being different from pure dissemination activities). This task will be fed by results coming from the public consultation. They will involve directly all the regions, and cities, where project partners operate. Notably we will address citizens and stakeholders in the following cities: Rome, Milan, Paris, Lyon, Dublin, London, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa.

In each city, we will first identify relevant stakeholders and will contact them, notably:

- health professionals



- police/army/law enforcement officers
- media
- pharmaceutical industry.

Special attention will be devoted also to identify and map local initiatives and events which can be related to pandemic and infectious diseases, even in very different and unconventional areas (e.g., not only medical conferences but also art exhibitions, theatre plays, science museum, etc.). The overall goal of this investigation is to try to capture 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. This will be achieved through an ethnographic observation which will be also a way to corroborate the results of the public consultation carried out in WP4.

After mapping relevant stakeholders (and related events), the partner will contact and engage people into a conversation about infectious threats, epidemics and pandemics. Such a conversation could be informal and unstructured, or it could be more structured and organized in specific events such as symposia, brief workshops, conferences, TV broadcasts in local television stations, meetings with primary school teachers, meetings with pregnant women, etc. In this phase, the partner will also share information with the public. A variety of information sharing methods will be developed—published materials, “detailing” visits to secondary schools, scientific museum, public health centres, etc. by trained experts, production of short videos, teleconference support and more—to disseminate information to, and to collect inputs and feedback from, family doctors, nurses, educators, housewives, healthcare providers, public health officers, communicators, consumers, and those providing oversight to public health measures addressing flu pandemic preparedness at local level.

All these experiences will be noted and carefully analyzed with a reflective attention, with the aim not “to describe from outside”, but “to understand from inside”. Local initiatives will be carefully planned by each partner together with other partners and the task leader. Each partner will design feasible and realistic plans which will include reflections on the variety of actors and intermediaries, showcase exhibitions, and explore ethical and gender issues as well as providing indicators for measuring the societal impact.

Specific attention will be devoted to ensure that local initiatives are women-friendly - e.g., balanced gender portrayals, culturally appropriate, and delivered at a place and time allowing women’s participation. Women’s organizations including women NGOs will be locally involved and women will be specific targets in participatory exercises concerning vaccination of children and older people. Training materials and methods should take account pregnant women’s special needs in pandemics. Local initiatives will be aligned and synchronized with Citizens Meetings (see T4.2) in order to mutually reinforce public consultation, and multiply the impact local mobilization and mutual learning activities. All local initiatives will be documented and reported to the task leader, which will manage the whole task and provide a consolidated report. Regular meetings among partners - F2F and virtual - will provide exchange of information, deeper coordination, review and internal evaluation.



OTHER MEANS OF DISSEMINATION

Other means of disseminations at international levels will be **press releases**, sent to mailing lists of hundreds of European health journalists and/or experts and stakeholders. These will be sent on a regular basis, according to the communication needs of the project.

In some cases help from partners could be asked in order to translate some relevant contents in different languages.

TIEMS offers its electronic **newsletter** quarterly, reaching more than 36,000 experts worldwide, as a further tool of dissemination. All partners are welcome to post articles and news from the ASSET Project. Alex Fullick is the editor and can be reached on: alex@stone-road.com.

Kare Harald Drager, president of TIEMS, also sends out monthly an Update from TIEMS President, in which he can include news from the ASSET Project and direct the readers to important articles.

Partners are strongly encouraged to participate to **meetings and conference** where they can mention ASSET project. The first one will be at TIEMS 2014 annual conference in Niigata, Japan in October, where Tom Robertson will have a presentation on the ASSET Project. TIEMS arranges several workshops and conferences worldwide each year, and all partners are welcome to submit papers for presentation. Anyone can go to TIEMS website and see what events are planned.

In any case, participants are asked to inform the Zadig staff so that their presentation can be mentioned either on the website or on different channels of communication.

SCIENTIFIC COMMUNICATION

ASSET will start a **research paper** series that will hold an ISSN number, available on the project's website and feature the main outputs from the project in the form of research papers. The research and innovation community will be targeted by this paper series as well as by academic papers published in peer reviewed open journals. At the project completion the book of the project will be submitted for publication to a major international publishing house. Furthermore, the research and innovation community will be targeted by hosting on the international science web portal "Scienceontheweb" (www.scienzainrete.it/en) a series of articles, videos, data-visualizations and news related to ASSET and its main topics. Two subsequent communication reports will gather this activity.

MONITORING COMMUNICATIONS

Most activity in ASSET project is about communication. Monitoring it therefore needed in all related tasks, as requested by Quality management plan provided by Zadig. As far as main communication activities are



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planned in details, their valuation will be considered and implemented as well, in agreement with each WP/task leader.

Each partner is asked to keep track of national and local media mentioning ASSET project. This information will be included in the D7.16 Final publishable summary report, that will summarise the main project achievements.

CONCLUSIONS

In this document, ASSET's communication strategy is summarized, as a draft to address all partners, according to the requirements of the DoW. But since both internal and external communication are at the heart of the ASSET project, being precondition of Mutual learning and Mobilization, this strategy will need to be progressively readdressed with the contribution of all partners, tuning in with rapidly evolving scenarios in Europe.



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