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WP9 LEGACY

D9.1 Financial Sustainability Plan

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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D9.1 Financial Sustainability Plan

Task: **T9.1** Financial Sustainability Plan

Leader: AK – Other contributors: All

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EXECUTIVE SUMMARY

	<p>MAIN ISSUE: Uncertainty and confusion characterise communication during pandemic issues and public health emergencies of international concern. This is a major risk factor affecting trust between citizens and health authorities. It can lead to mistrust, vaccination hesitancy and further negative public health consequences.</p>
	<p>ASSET proposal: To improve forms of dialogue and better cooperation at different levels within Science-in-Society (SiS) issues for a Responsible Research and Innovation (RRI). It has been achieved through the development of risk communication strategies and appropriated tested tools for a more effective communication offer.</p>
	<p>TEAM: 14 partners</p> <ul style="list-style-type: none"> • 1 Association: Lyon Biopole (Fr). • 1 Foundation: DBT - Danish Board of Technology (Dk). • 3 NGOs : EIWH - European Institute of Women's Health (I.e.), TIEMS - International Emergency Management Society (Be), Institute of Preventive Medicine, Environmental and Occupational Health (Gr). • 2 Private research institute: DMI - Data Mining International (CH), International Prevention Research Institute (Fr). • 3 Public research institute: FFI - Norwegian Defence Research (No), ISS - Istituto Superiore di Sanità (It), NCIPD - National Centre of Infectious and Parasitic Diseases (Bg). • 2 SMEs : Zadig (It), ABSISKE%Y (Fr); • 2 Universities : Haifa University (Il), Carol Davila University of Medicine and Pharmacy (Ro).
	<p>MAIN RESULTS TO DATE:</p> <ul style="list-style-type: none"> • Public consultation • High level policy forum • ASSET toolbox • Action plan handbook • Best practice portal / Stakeholder portal • Social media • General practitioner award • Summer schools
	<p>SUSTAINABLE RESULTS:</p> <ul style="list-style-type: none"> ◦ Web portal (Best practice portal / Stakeholder portal) ◦ Social media ◦ Dissemination materials
	<p>FUNDING REQUESTED:</p> <ul style="list-style-type: none"> • Short-term: own fund • Mid-term: <ul style="list-style-type: none"> ◦ Local project : around 100 k€ per year ◦ European project : around 1 million € per year



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1. Financial sustainability plan objectives

The objectives of the sustainability plan are:

- to identify the main exploitable results,
- to identify which action has to be pursued,
- to clarify motivation of partners concerning sustainable actions derived from ASSET,
- to define the strategy of such actions,
- to identify the potential funding for such actions.

Inputs from all partners have been collected with a dedicated e-questionnaire. The analysis and conclusion are presented below together with the analysis of potential funding.

2. ASSET background

2.1 Vision

ASSET (Action plan in Science in Society in Epidemics and Total pandemics) is a 48-month Mobilisation and Mutual Learning Action Plan (MMLAP), which aims to:

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

ASSET combines public health, vaccine and epidemiological research, social and political sciences, law and ethics, gender studies, science communication and media, in order to develop an integrated, transdisciplinary, strategy, which will take place at different stages of the research cycle, combining local, regional and national levels.

ASSET Objectives

- 1- Building a common approach and creating a common language to be used in a cooperative multi-actor and multidisciplinary action.
- 2- Reviewing existing studies on pandemics, their wider societal implications, research and innovation, governance mechanisms.
- 3- Carrying out a public consultation on pandemic preparedness and governance.
- 4- Mobilising relevant stakeholders and actors and promoting mutual learning mechanisms.
- 5- Contributing to restoring trust among scientists, researchers, policy makers and the general public.



3. ASSET Key Stakeholders

6 groups of possible stakeholders, even if some of them include different actors with different roles in epidemics and pandemics. An actor may be included in more than one group, as well. However, here we are concerned with the groups, and not individual actors.

3.1 INTERNATIONAL, NATIONAL AND LOCAL ORGANIZATIONS AND AUTHORITIES

In this group, we have included a large number of potential actors in epidemics and pandemics, even if their role can be different.

Some health authorities, like WHO and Ministers of Health, are more involved in governance; others have a major impact in scientific and communication issues, such as ECDC, CDC, US National Institutes of Health; local health units have to deal with practical implications of the crisis, such as vaccinating the public, facing their fears and possible mistakes made at higher levels.

In addition, non-health organizations and authorities too can be involved in case of a pandemic, which can influence public security, socioeconomics, travels, education and so on International organizations such as UNICEF, OECD and IATA, national government and non-government bodies and associations, even if not directly related to health, could both have an impact and be impacted by a pandemic crisis.

Therefore, they should be addressed too, in order to make them aware of the possible implications in their activities.

Charities and NGOs can be an important bridge to reach population diffident towards authorities, as were citizens of Western Africa countries hit by the Ebola epidemic. They are always on the frontline fighting the disease on the field, but can act also as cultural mediators, a sometimes-fundamental role.

3.2 HEALTHCARE PROFESSIONALS

Even if they are the main protagonist of the response to any infectious threat, healthcare professionals are not usually involved in the draft of preparedness and response plans. During the 2009 A(H1N1) pandemic, in many countries they were not even adequately and timely informed by health authorities and had to rely on media, as well as the patients who were asking their opinion, for example about vaccinating. In addition to this, education about vaccinology is scarce in many European medical school systems.

All of this does not encourage a good attitude to vaccination in doctors, nurses and other health professionals: the low rates of coverage reached in these groups in some European countries is a much powerful tool against vaccination than any rumours spread by anti-vaxx propaganda.

When preparing to respond to an epidemic or a pandemic, not only specialists in infectious diseases have to be involved: family doctors, pediatricians, school doctors, gyn/obs, midwives,



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nurses and health assistants also need to be considered because of the trust people have in them.

In addition to the associations of GPs, an important target might be the research networks of GPs, for their interface role between civil society and clinical research.

3.3 SCIENTIFIC COMMUNITY

Many branches of science can be involved in a crisis such as an epidemic or pandemic: medicine in different specialties (epidemiology, public health, virology, infectiology, pneumology, intensive care, pediatrics...), laboratory diagnostics, immunology, vaccinology are often considered.

Nevertheless, in a Science-with-and-for-society approach, other expertise need to be integrated into pandemic preparedness plans: health and risk communication, social media, law, ethics, sociology, ethnology, gender studies, economics, mathematical modelling (and in particular behavioural epidemiology), informatics and so on.

Experts of different disciplines often do not dialogue and all of this knowledge is too often fragmented: only a mutual learning, integrated approach will allow a better management of future infectious crises in all their implications.

3.4 INDUSTRY

Pharmaceutical industry is an important stakeholder in the management of an infectious crisis. Especially in a historical phase when public research funding is increasingly being cut by governments because of scarcity of resources, the role of private companies is the key not only for producing and supplying, but also for developing new antivirals and vaccines.

Modern technologies, such as reverse vaccinology, could further accelerate the process in case of an emerging virus, when time is the key for efficacy and effectiveness of vaccination. In 2009, for example, vaccines could be supplied only when the peak of the pandemic was already decreasing, making them less useful. Now, it would be easier to have them in a shorter time.

Clear and transparent agreements with big firms currently working on vaccines are therefore essentials for WHO, but should also be signed by any country. A coordinated effort by all EU Member states, with a common negotiation, could obtain better conditions in terms of costs and flexibility.

Since the public always considers relationships between big pharma and public health authorities with suspect, a strict policy on potential conflicts of interests should be developed and transparency should be always pursued.

At last, in a Science-with-and-for-society perspective, along with pharma industry, also diagnostics sector, airlines, farming, livestock, and many other economic activities could be possibly impacted in different ways and cases by an infectious outbreak and should be therefore addressed in complete and integrated preparedness plans.

3.5 MEDIA

The world of media went into a revolution in the last decades. The internet gave a much easier access to any kind of information than ever before in the history of mankind; the so-called web



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2.0, where people could interact in an active way through blogs, wiki, comments, and social media gave another steer that has completely changed the parameters of communication, also in health and especially in emergency situations. Misinformation, as well as information, can much more easily spread.

The web 2.0 is a tool that enables not only to listen to the public's voice, but also to conduct a dialogue with the public and to allow public participation.

In 2009 A(H1N1) flu pandemic some health authorities in Europe were not ready to face this change. Lessons learnt in that situation, and then during Ebola epidemic in West Africa in 2014, drove a greater attention towards new media, as new opportunities to listen to the public's voice and make them take part in the process.

However, in this scenario, newspapers and magazines, but even more radio and television, are not to be forgotten, since they still are important source of information, especially for the elderly.

3.6 GENERAL PUBLIC

As it is said in the Background section of ASSET D3.2 Roadmap to roadmap to open and responsible research and innovation in pandemics, the availability of information from several sources has shifted the traditional science/technology centered approach to a new one where the demands of patients and their relatives are central and they become active partners in the decision making process with regard to their health. As a consequence, the success of new therapies and public health interventions is increasingly dependent on how the needs of users are taken into the account...

Until recently, input from patients was listened but not always taken into account. A more active participation of patients and structured interaction between main health users and health care professionals (HCPs) in charge of research and development (R&D) could certainly render R&D more efficient and effective.

Following the suggestions of TELL ME project D3.1 New framework model for Outbreak Communication and in the innovative perspective of Patient and Public Involvement (PPI), public is not to be considered any more only the target of a top-down communication by experts and authorities, but an active stakeholder. As such, it must be listened to and its position need to be considered and respected.

It's important that governance relates to sub-populations, and that it tailors the risk plans and messages to various sub-groups, so that these plans would be tailored to the specific needs, culture and risk perceptions, as well as to the specific risks each specific epidemic (or risk situation) poses. The segmentation of risk groups, which traditionally includes health workers, pregnant women, elderly and children, should not be done automatically, but rather, be reviewed separately each time when a new pandemic emerges or a new vaccine is introduced. Essential actors thus have to be associations of consumers, who have a fundamental role in many EU countries.



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4. Assessment of ASSET project as a sustainable action

First step of financial sustainability plan is to analyse the ASSET background which may influence the sustainability potential of the action: where ASSET come from, how ASSET got to the end of the project.

Where ASSET comes from: ASSET has been submitted to a call for proposal of the European Commission in 2013 (FP7-SCIENCE-IN-SOCIETY-2013-1). Several partners were involved in a previous FP7 project TELL ME <http://www.tellmeproject.eu> which provided evidence and to develop models for improved risk communication during infectious disease crises. The project proposal has been prepared by a former coordinator, CSSC, an Italian SME specialized in RRI consultancy. The SME filled for bankruptcy during the project negotiation. The consortium has been then re-organised in order to successfully achieve the project objectives. A coordinating duet has been created composed of ABSISKEY (French SME specialized in collaborative project management and funding) which replaced CSSC as contractual coordinator, and ISS (Italian research institute) as the scientific leader/coordinator of the project. AT the beginning of the project BRITISH MEDICAL JOURNAL GROUP (UK) and GENEVA UNIVERSITY (CH) left the consortium and PROLEPSIS (GR), DATA MINING INTERNATIONAL (CH) joined the consortium.

How ASSET got to the end of the project: 14 partners were involved in ASSET. 12 partners are non-profit organizations. 2 partners are for-profit SMEs (Zadig - communication agency and Absiskey – consultancy company). The provisional budget was 4,496,454.40 € for a total grant of 3,939,880 €. It has to be noticed that the difference between budget and grant is mainly due to the indirect cost which are higher in the budget (calculated based on real indirect cost while calculated with a flat rate of 7% in the grant), in other words ASSET activities were 100% reimbursed by the EC grant (except for some indirect costs for private partners as previously explained). Project lasted 48 months and 480 person*months were required to achieve the project objectives. Resources mobilized were about 10 full time equivalent all along the project duration. 58 deliverables were produced by the consortium (all of them are public).

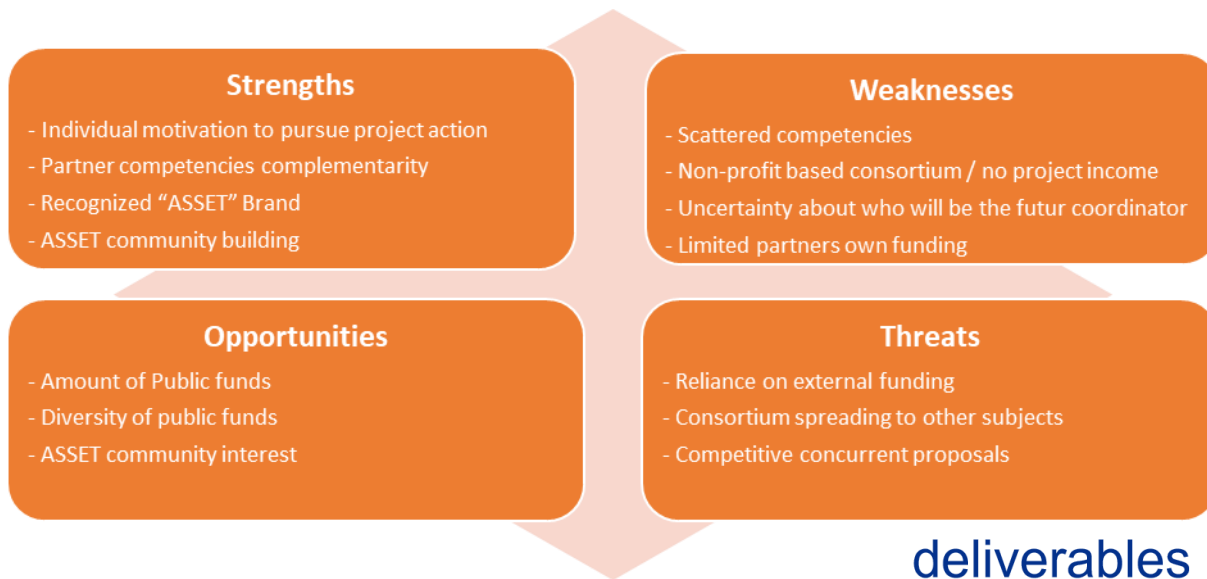
SWOT analysis concerning the potential for financial sustainability actions derived from ASSET:



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Assessment of the sustainability potential has been performed based on an e-questionnaire distributed to the consortium partners. Findings issued from the e-questionnaire are discussed in the following sections.

5. Main actions needed in order to survive after completion of the EU funding



5.1 BUILD ON ASSET SUSTAINABLE AND EXPLOITABLE RESULTS

When the ASSET partners are asked about the main actions to be undertaken to make the ASSET PROJECT sustainable, they express the necessity to: build on the ASSET sustainable and exploitable results; Develop actions of different nature and at multiple levels (global, EU, national, local); Focus either on a general project or a specific project; Define the scope, activities, targeted results (impact) of this new project.

The results of ASSET that the partners view as the most sustainable and exploitable are:

- 1 **Social media** presence (Facebook – Twitter - You Tube – LinkedIn) and project **website** contents and **two-way communication** actions developed during the ASSET project.
- 2 Based on the interesting **results** obtained by the ASSET project, focus on further **research** works conducted by scientists so as to challenge and verify the results generated by ASSET
- 3 The **methodology** built and used during ASSET (in particular for the **citizen consultations**)



- 4 The **intersectoral** and **multi-stakeholder approaches** used in ASSET
- 5 The ASSET **toolbox**
- 6 The **summer school legacy**
- 7 The results obtained from the **citizen consultations**
- 8 The **deliverables** related to WP2 (*D2.1 - Governance Report; - D2.2 - Reference Guide on Scientific Questions; - D2.3 - Crisis Participatory Governance Report; - D2.4 Ethics, Law and Fundamental Rights Report; D2.5 - Report on Gender Issues; D2.6 - Report on Intentionally Caused Outbreaks; - D2.7 - Transdisciplinary Workshop report*).

5.2 CARRY OUT ACTIONS OF DIFFERENT NATURE AT MULTIPLE LEVELS

When asked about the actions of different nature to be undertaken at multiple levels, the ASSET partners seem to favour the continuation of activities carried out during ASSET or the development of new actions at global, EU and national levels:

- Carry on with **communication activities**, studying further, deepening expertise gained in ASSET and giving advice to European Union (EU and LOCAL);
- Spread the **knowledge** gained during ASSET (EU / NATIONAL LEVEL);
- Establish a new and common approach to deal with **epidemics** and **pandemics** (EU / NATIONAL LEVEL);
- Develop a new project based on the ASSET results (EU LEVEL);
- Use some **recommendations** elaborated in ASSET project towards the **policy makers** and **healthcare professionals** (NATIONAL LEVEL);
- Prepare a new project (EU / NATIONAL / GLOBAL LEVEL);
- Continue actions like the several platforms carried out involving stakeholders (EU / TRANSNATIONAL LEVEL);
- Organise citizens consultations or local initiatives (NATIONAL / LOCAL LEVEL);
- Disseminate the ASSET findings to **policy makers** and prepare (via education, training) communities and policy makers (NATIONAL, REGIONAL AND LOCAL LEVEL);
- Prepare a new project focusing on research and policy recommendation related to vaccination on the elderly (BELIEVE project proposal and other related follow-up projects, if successful) (EU LEVEL);
- Prepare a policy-oriented project involving the member states (EU LEVEL);
- Prepare a project focusing on disease protection culture;
- Develop actions related to vaccine adherence;
- Carry on with the dissemination activities (EU LEVEL).

Table: Sustainable actions to be done

To be carried on	Global	0	
	EU	4	- Carry on with communication activities, studying further, deepening expertise gained in ASSET and giving advice to European Union;



			<ul style="list-style-type: none"> - Spread the knowledge gained during ASSET; - Continue actions like the several platforms carried out involving stakeholders; - Carry on with the dissemination activities.
	National	3	<ul style="list-style-type: none"> - Spread the knowledge gained during ASSET; - Use some recommendations elaborated in ASSET project towards the policy makers and healthcare professionals; - Disseminate the ASSET findings to policy makers and prepare (via education, training) communities and policy makers (NATIONAL, REGIONAL AND LOCAL LEVEL).
	Local	3	<ul style="list-style-type: none"> - Carry on with communication activities, studying further, deepening expertise gained in ASSET and giving advice to European Union; - Disseminate the ASSET findings to policy makers and prepare (via education, training) communities and policy makers; - Disseminate the ASSET findings to policy makers and prepare (via education, training) communities and policy makers (NATIONAL, REGIONAL AND LOCAL LEVEL).
To be created	Global	1	- Prepare a new project
	EU	7	<ul style="list-style-type: none"> - Establish a new and common approach to deal with epidemics and pandemics; - Develop a new project based on the ASSET results; - Prepare a new project; - Prepare a new project focusing on research and policy recommendation related to vaccination on the elderly (BELIEVE project proposal and other related follow-up projects, if successful); - Prepare a policy-oriented project involving the member states; - Prepare a project focusing on disease protection culture; - Develop actions related to vaccine adherence;
	National	2	<ul style="list-style-type: none"> - Establish a new and common approach to deal with epidemics and pandemics; - Organise citizens consultations or local initiatives.
	Local	1	- Organise citizens consultations or local initiatives.

5.3 MEASURE OF THE INTEREST IN CONTINUING ASSET PROJECT

Among the new actions to be developed, the preparation of the continuation of the ASSET project deserves to be explored in greater depth in the following parts of the report. This choice is further supported by the feedback provided by the partner on the question "Are you interested in following up on the ASSET project in the near future?": The unanimity of partners answered yes to that question.

13 YES out of 13 partners surveyed.



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On the question of whether a new project that builds on ASSET should be a general project or a project focused on a specific thematic, the ASSET partners seem to favour more the latter option.

-5 / 15 - A general project

-10 / 15 - A project focused on a specific thematic

5.4 IDENTIFY THE THEMATICS OF A NEW PROJECT

The ASSET partners identify six different thematics in which the new project could be focused on.



Once the potential thematic identified the partners brainstormed on the scope, objectives and expected impact that could be take over.

From the questionnaire submitted to the ASSET partners, specific ideas on the scope, objectives and impact emerged and are detailed below. 6 suggestions related to the scope are made; 5 objectives and 6 impacts are identified.

The Scope of future activities should rely on education and training, communication, dissemination and methodologies developed during ASSET. Thanks to the experienced gained during ASSET, the future activities could target multiple stakeholders: migrant and refugee populations, professionals of the health sector, local communities, policy makers at local levels, local health care services.

It could take the form of project such as:

- A project on education and training, focused on epidemics, pandemics related to migrant and refugee populations.
- A EU Health-focused project oriented towards national level and involving all the professionals of the health sector (e.g. nurses – doctors – phamacists).



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- Communication, dissemination and discussion of pandemics issues in order to reach out and involve the public and all the stakeholders.
- Export the methodologies developed during ASSET towards other thematics under the 'Science with and for Society' (SwafS) programme.
- Explore the misconceptions/myths of local communities about infectious diseases based on which tools will be developed for communities and policy makers at local levels.
 - Issues to be tackled would include migrants/refugees (epidemics/pandemics thought to be caused by the influx of refugees and migrants, epidemics/pandemics thought to be caused by animals, vaccination hesitancy, vaccination in the elderly, the role of schools, the role of local health care services).

Thematics and targeted communities were taken into account during the financial opportunity search presented in section 9 in order to identify the most appropriate source of funding.

6. Financially sustain these needs

The potential activities presented above would require funds to be implemented. The requested budget for such actions can be roughly estimated according to their scope: Around 1 million € per year for actions with a European dimension / around 100 000 € per year for actions at a national level according to the targetted country.

6.1 Internal funding:

Internal funding solutions are very limited. ASSET did not produce products which may be exploited commercially. All project deliverables follow a public dissemination level. Project income in term of sale of goods is not a possible scenario.

Concerning the sale of services developed during ASSET, this option is also difficult to envisage. 12 partners over 14 are non-profit organisation. The valuable experienced gained during ASSET will be indirectly exploited by all partners during their routine businesses. It is part of the valuable impact of ASSET at the partner level. Each partner stays focused on its expertise and will use ASSET experience as an added value for their own activities. On the other hand, the use of ASSET experience towards a common goal, the sustainable continuation of ASSET, requires external funds and could not rely on revenues generated by partners.

On the question of whether the new project could be financed via the partners' own funds or other external public funds, the unanimity of ASSET partners would rely on external public funds. One partner also expressed the possibility to work on its own financial resources.

External public funding programmes (EU: H2020 – National - Regional etc) = **15 / 15**

Own partner funding = **1 / 15**



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7. Resources that can be mobilized within the consortium and in-kind support

The table below summarizes the motivation, competencies and type of support ASSET partners could mobilize in future actions after the ASSET Project. The motivation factor from different angles (organization level and at personal level) is also addressed.



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Partner	Discipline	Motivation at organization level	Motivation at personal level	Competence offered	Type of Support
ZADIG	Experts in science communication	Maintain the potential of communication which has reached its peak at the end of the ASSET project.	Interest in risk communication and two-way communication	My communication skills, refined by ASSET's experience on two way communication.	Our organization is based on a network of professionals with various communication skills: scientific journalists, editors, webmasters, social media strategists, ethics and training experts, and so on. We are therefore able to offer many competent human resources.
FFI	Experts in defense and bioterrorism	Work on research tasks related to biological research or biological security	-	Biological research expertise and laboratories	Human resources (Bio-research group) - Knowledge
ISS	Experts in public health	Study of not-well sized evidences like the so-called vaccination hesitancy that is becoming a strong reality in Europe	Rather than personal motivation we can talk about the institutional mandate.	Scientific research, methods for evidence based prevention and health promotion	Personnel devoted to scientific research
NCIPD	Experts in public health	Improve National Pandemic Plan and response to public health emergency	My personal motivation to follow up ASSET project is the possibility to improve the response of NCIPD to emergency event.	We could offer our institutional competences and experience.	Too early to say
UMFC D	Experts in public health	The great importance for this kind of project (ASSET)	I know (by experience) how important was and still is the general objective and the specific objectives of the project. The society is still not prepared for	Microbiology for public health, public health initiative, preventive medicine skills, a better link with health authorities as the collaboration between the	In the last months the situation improved, so the co-financing for a new project would work. Other resources could be taken into consideration. Several



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			emergencies, epidemics and pandemics. The efforts need sustainable efforts.	University, the National Institute for Research Cantacuzino and with the Ministry of Health and with the Ministry of Defense increased in the last months.	young colleagues are better prepared and could fit with the objectives and work in a new project. Some mistakes will use to have a better approach and better results.
HU	Experts in public health	Vaccine hesitancy and refusal is a major public health issue which requires much more research.	Research and public health policy	As a physician epidemiologist, having head the Israel Center for Disease Control and being actively involved in national vaccination policy.	We have highly experienced professionals in the epidemiology field
LYONB IOPOL E	Experts in vaccine and drug research	Importance of the vaccination topic; Deal with big issue at the national level; Work under the interesting SWaFS programme which can contribute in a relevant manner to answer to actual health challenges in Europe"	To reinforce the links between research and innovation players and large public on societal and economic issues.	"1. Knowledge management: experts identification & mobilisation, information on technological state of the art & on innovation markets (analysis studies, workshops...) 2. Networking activities: access to the regional ecosystem, business & scientific workshops (academy, industry & SMEs, clinicians, policy makers, investors/ mobilisation 3. Coaching of companies: business & market access tools (vouchers, international missions, organisation of	Human resources



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				calls for projects), technological development supportn & organisation), competence matching; citizen consultation 4. Training: link between education organisations and industrial needs (support for e-learning courses creation and training for SMEs) 5. Communication: strategy & implementation tools, broadcasting & dissemination of results"	
PROLE PSIS	Experts in preventive medicine	The work already conducted is hugely important and should be used beyond the lifetime of the project	The importance of preparing societies and communities to respond to epidemics and pandemics.	Research skills (quantitative and qualitative research), training, dissemination, management	WP leader, task leader
TIEMS	Experts in emergency	Ensure the sustainability of the good work done in ASSET. The dialogue and communication developed between TIEMS and the other consortium partners were very fruitful and deserve to be carried on. Build on the foundation of knowledge and network	I like the challenge of working with transdisciplinary research team and opportunity to make social impact of alleviating sufferings from epidemics and pandemics I have become quite interested in the challenges involved in pandemic response	Project management, research, networking, grant writing. Develop informational concepts and materials; project leadership. Disemmination to TIEMS global network, and orgnizing different events and discussion groups +	By human resources Develop informational concepts and materials; project leadership; dissemination. We can contribute in writing the proposal. Pandemics his one of the calls for next August



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		<p>developed during ASSET.</p> <p>Build on the foundation of knowledge and network developed during ASSET.</p>	<p>I like to see the project results get used and be communicated beyond the project partners.</p>	<p>participate with different experts</p>	
EIWH	Experts in gender issues	<p>The EIWH has been working on a life-course approach to Vaccination, The ASSET project and results obtained is a very important part of this work and is willing to carry on.</p> <p>Literature Review, Summer School, Gender Platform, Citizens Consultation, Schools Workshop, local initiative,</p>	<p>I have a strong belief in the importance of vaccination in preventing disease and believe that vaccination hesitancy is a problem for public health the results of the project should be widely distributed and should be made available to the New EU Joint Action on Vaccination.</p>	<p>The EIWH has worked on promoting vaccination over the lifecourse for the last number of years and is part of a network of organisations who have recently come together to form a coalition on vaccination.</p>	Human resources, network
DMI	Experts in risk assessment	<p>Work on any topic that suits to our experience and expertise.</p>	<p>•CARRY ON THE COLLABORATION WITH THE CONSORTIUM</p>	<p>ADVANCED MULTICRITERIA RISK ASSESSMENT AND COST-EFFECTIVENESS ANALYSES OF PUBLIC HEALTH INTERVENTIONS</p>	<p>SOME TASKS COULD BE SUPPORTED DIRECTLY BY DATA MINING INTERNATIONAL, COMPLETED BY POTENTIAL FUNDINGS FROM THE EC OR WHO</p>
IPRI	Experts in epidemiology	<p>IPRI is an institute focusing on Global Public Health (GPH), and <i>Science with and for Society</i> is increasingly important to make effective GPH plans.</p>	<p>I am an ID epidemiologist strongly convinced of the relevance of Science in Society in the progress of my discipline</p>	<p>Global Public Health; ii) Mathematical Modeling; iii) Science in Society</p>	Human Resources
DBT	Experts in participatory	<p>Continue public health project within the RRI paradigm</p>	<p>To drive citizens input center stage in policy-making.</p>	<p>We can offer three core competences. 1) Public</p>	Human Resources



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	governance			engagement activities with citizens and users, 2) Engagement with stakeholders, policy-makers and parliamentarians, 3) Project management activities.	
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8. Assess pros and cons of various legal structures of the future consortium, and other possible kinds of cooperation

To assess pros and cons of the various legal structures of the future consortium, and other possible kinds of cooperation, the ASSET partners were asked to express their opinion on the challenging aspects of the ASSET project. On this occasion, it could be seen that some challenges turned to be real obstacles.

Also the partners were asked to specify which tasks they performed with confidence and which tasks they performed with less confidence.

8.1 PROS AND CONS: IDENTIFIED OBSTACLES AND CHALLENGES IN CURRENT ASSET CONSORTIUM

Partner	Challenges	Obstacles / Threats
ZADIG	-	The ability to really influence communication models
FFI	-	FFI is a defence research establishment, which means that there are some restrictions as to what we can disseminate and what tasks are within our scope.
NCIPD	The main challenge was implementation of Citizen consultation in Bulgaria.	-
LBP	<p>Organisation of the public consultation was a new exercise for our organisation with specific methods to understand and implement: positive challenge to gain new competences in the consultation field.</p> <p>Working with transdisciplinary consortium, composed by such different types of organisations (with different backgrounds – social sciences, epidemiology, ethics...), which was very fruitful."</p>	
TIEMS	Finding a practical way to achieve the vision of T6.1 HLPF.	<p>Persuading the partners to complete to do lists and no funding for teaching at Summer School and for consortium meetings</p> <p>As engineers to get a grip on all medical and pandemic terms</p>



ISS	-	Being ISS the Scientific Coordinator of the Consortium overall, the main challenges were about further addressing and supporting the development of some tasks and WPs not so clearly detailed in the operative DoW.
DMI		This Is A Project With Many Many Deliverables, Very Difficult To Handle
IPRI	Sometimes the DoW of tasks was too cryptic/generic. However, we all worked to a up-to-date and un-ambiguous interpretation of the definition	
EIWH		Would liked more contact with WP leaders - monthly TC for example to ensure continuity.
UMFCD		A context with many political changes. The importance of public health is not well understood. The reaction to emergencies and outbreaks is not well prepared.
DBT	Perhaps the collaboration between the WP3 deliverables and tasks and the WP4 actions.	Also, we regret the lack of integration between the Local initiatives and WP4.
HU		Meeting deadlines with limited resources

8.2 PROS AND CONS: IDENTIFIED STRENGTHS IN CURRENT ASSET CONSORTIUM

Partner	Tasks	Comments
ZADIG	Task T5.1 (social media Mobilization)	-
	Task T7.3 (web portal)	-
FFI	Task T2.6 (Intentionally Caused Outbreaks)	This task was clearly within FFIs area of expertise
	Task T4.1 (Background Production)	-
	Task T4.3 (Citizen Meetings and Follow Up)	DBT gave excellent guidance, information and training for completing the citizen consultations
	Task T7.6 (Summer School on SiS related issues in Pandemics)	also ok, when teaching in the summer school about task 2.6
NCIPD	Task T1.2 Capacity Building	Development of the Glossary and terminology
LBP	Several tasks	Those tasks involving the regional ecosystem as LBP has a strong network allowing to reach relevant stakeholders in the field of vaccination
TIEMS	Task T2.3 Crisis Participatory Governance WP3 as a whole Task T3.4 ASSET Tool Box Task T6.1 High Level Policy Forum	-
ISS	Task T1.4 Scientific Coordination -	ISS, as the National Institute of Public Health in Italy,



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	Task T6.2 Pandemic Preparedness and Response Bulletin Task T7.6 Summer School on SiS related issues in Pandemics Task T5.3 Local Initiatives	was identified to lead and contribute to tasks which were in line with its mission (Scientific Coordination, PPR Bulletin, Summer School, local initiatives, initial and final meetings).
PROLEPSIS	All tasks assigned	We approached all tasks with confidence
DMI	Task T7.11 Geneva Music & Science Festival	Organization Of Music And Health Session In The Frame Of An International Music Festival
IPRI	All tasks assigned	-
EIWH	Task T2.5 Gender Issues in Pandemics and Epidemics Task T7.6 Summer School on SiS related issues in Pandemics Task T4.2 Citizens Meeting National Preparation Task T4.3 Citizen Meetings and Follow Up Task T5.3 Local Initiatives	Literature Review - Gender Platform - Citizens Consultation - Schools Workshops
UMFCD	DIALOGUE & PARTICIPATION, STUDY & ANALYSIS, ACTION PLAN DEFINITION CITIZEN CONSULTATION POLICY WATCH COMMUNICATION EVALUATION LEGACY MANAGEMENT	(Glossary and Terminology, Scientific Coordination) (Governance of Pandemics and Epidemics, Reference guide of unsolved scientific questions, Ethics, Law and Fundamental Rights in Pandemics and Epidemics, Intentionally Caused Outbreaks, Trans-disciplinary Workshop) (Strategic Plan, Action Plan Handbook) (Citizens Meeting National Preparation, Citizen Meeting), (Pandemic Preparedness and Response Bulletin), (Communication Strategy, Science Communication, Summer School on SiS related issues in Pandemics, SiS in Pandemic Best Practice Award for GPs), (Project Monitoring and ongoing evaluation), (Exploitation Plan), (Management initiation)
DBT	WP4 and assigned tasks	It was well structured, and very well implemented.
HU	All task assigned	Dealing with the issues of vaccine hesitancy



8.3 PROS AND CONS: WEAKNESSES IN CURRENT ASSET CONSORTIUM

Partner	Tasks	Comments
ZADIG	Task T7.4 Media Office	-
FFI	Task T5.3 Local Initiatives	There was very little guidance provided at the beginning of this task, and we had to find our own solutions compatible with FFIs guidelines
	Task T6.1 High Level Policy Forum	The idea was good, and the first meeting had good representation. However, we lost momentum. The communication and results presented should have been much clearer.
NCIPD	Task T4.1 Background Production Task T4.2 Citizens Meeting National Preparation Task T4.3 Citizen Meetings and Follow Up	
LBP	Task T7.10 Research and Innovation Newsletter	The RRI Newsletter as it was sometimes difficult to get input from the project's partners.
TIEMS	None Task T2.3 Collection and analysis of experiences of participatory governance in crisis management	
ISS	-	The issues which showed to be difficult to face somehow were mainly related to administration procedures because ISS is a public research institute and it is not always easy to align the internal rules with the European requirements.
PROLEPSIS	Task T7.7 SiS in Pandemic Best Practice Award for GPs	
DMI	WP4 Citizen Consultation	
IPRI	None	
EIWH	Task T7.7 SiS in Pandemic Best Practice Award for GPs	
UMFCD	STUDY & ANALYSIS, CITIZEN CONSULTATION, MOBILIZATION AND MUTUAL LEARNING, POLICY WATCH COMMUNICATION	(Collection and analysis of experiences of participatory governance in crisis management, Gender Issues in Pandemics and Epidemics) (Follow Up - after citizen meeting) (Social Media Mobilization, Best Practice Platform and Stakeholder Portal, Local Initiatives) (High Level Policy Forum) (Web portal, Media Office, Liaison with the Comenius Programme, Gender Issue Platform, Geneva Music & Science Festival).
DBT	Task T6.1 High Level Policy Forum	The high-level policy forum, which never met the intended goals and significance.
HU	Task T6.1 High Level Policy Forum	Participating in the High Level Policy Forum



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9. Funding opportunities

Overall, there are two main categories of funding allocated from the European Union budget to support projects, which can be mobilised by any type of project leader (association, company, public authority). For 2014-2020, this funding is concentrated on the main priorities of the Europe 2020 Strategy and its triptych: smart growth, sustainable growth and inclusive growth.

European Union aids 2014-2020

1. Indirect support programmes or European Structural and Investments Funds (ESI Funds)

Managed by member states

- Territorialised cohesion policies (ERDF, CF, INTERREG)
- Vocation to finance national or cross-border/transnational projects (INTERREG)
- Order of magnitude: 35% of the EU budget

2. Direct aid programmes or Community action programmes or sectoral programmes

Managed by European Commission

- Sectoral policies (research, development, innovation, environment, education and training, etc.). Ex: H2020, LIFE, Erasmus+... etc.
- European partnership obligation (for the vast majority of programmes) or European dimension
- Competition logic : response to a call for proposal
- Order of magnitude: 10 to 15% of the EU budget

9.1 Indirect support programmes : European Structural and Investments Funds (ESI Funds)

European Structural and Investments Funds (ESI Funds) are implemented through multi-annual programmes defined at national, regional, cross-border or transnational level, the scope of which covers an area precisely defined at that scale.

The most appropriate funding opportunity within ESI sub-programmes may be found in the European Regional Development Fund (ERDF). ERDF funds granted under INTERREG (or European Territorial Cooperation - CTE) programmes intend to co-finance cross-border or transnational cooperation projects. The majority of FESI implementation programmes are managed by the Regions.

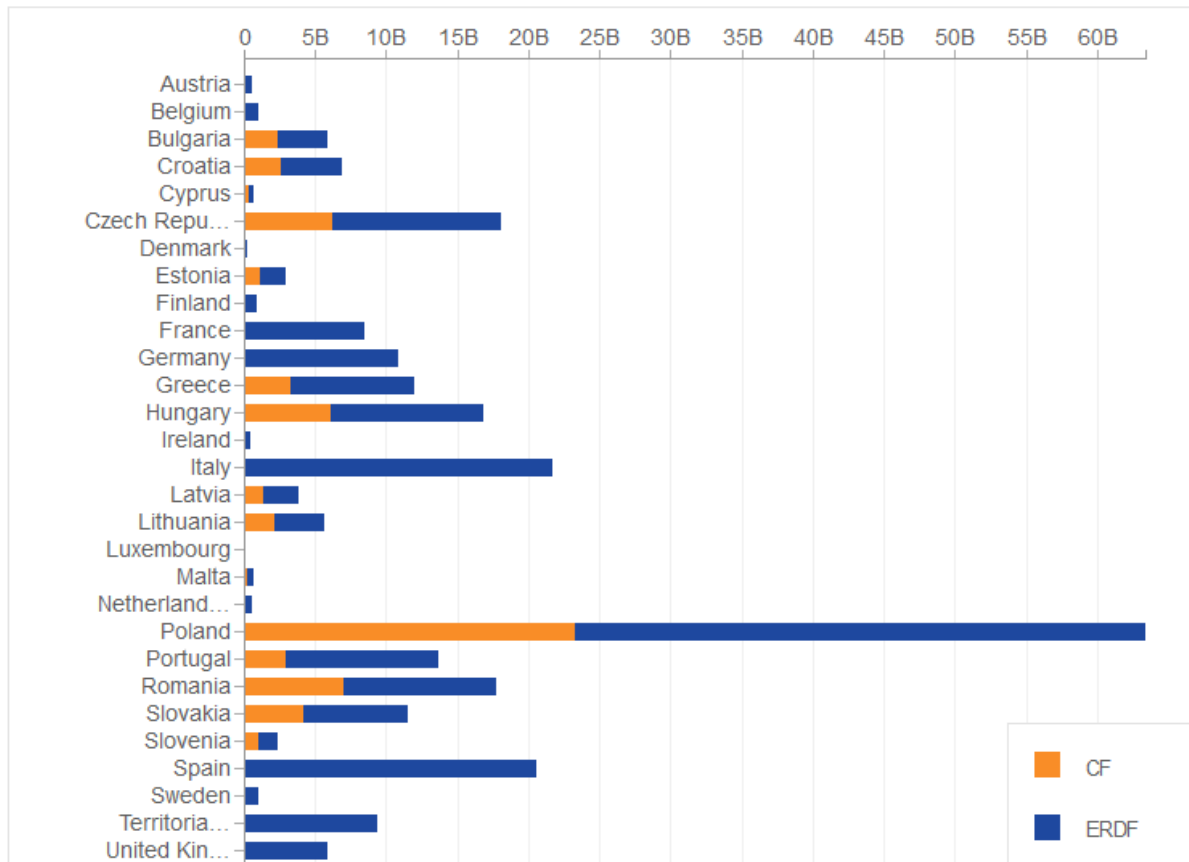
2014-2020 Budget of ERDF and CF (cohesion fund)



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In the 2014-2020 programming period, the European Structural and Investment Funds, in particular the European Regional Development Fund (ERDF), the European Social Fund (ESF) and the Cohesion Fund, will support 11 investment priorities, also known as thematic objectives.

To be eligible for support from the ESI funds, projects must be in line with the priorities and criteria defined in their implementation programmes and in the calls for projects published on that basis. For 2014-2020, these priorities have been refocused at European level on 11 priority thematic objectives defined precisely in European regulations and accompanied by thematic concentration targets for the ERDF and the ESF.

Thematic objectives (interesting ones for ASSET local continuation are underlined):

1. Strengthening research, technological development and innovation
2. Enhancing access to, and use and quality of information and communication technologies (ICT)
3. Enhancing the competitiveness of small and medium-sized enterprises (SMEs)
4. Supporting the shift towards a low-carbon economy in all sectors
5. Promoting climate change adaptation, risk prevention and management
6. Preserving and protecting the environment and promoting resource efficiency
7. Promoting sustainable transport and removing bottlenecks in key network infrastructures
8. Promoting sustainable and quality employment and supporting labour mobility



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- 9. Promoting social inclusion, combating poverty and any discrimination
- 10. Investing in education, training and vocational training for skills and lifelong learning
- 11. Enhancing institutional capacity of public authorities and stakeholders and efficient public administration

Investment from the ERDF will support all 11 objectives, but 1-4 are the main priorities for investment.

Main priorities for the ESF are 8-11, though the Fund also supports 1-4.

The Cohesion Fund supports objectives 4-7 and 11.

Interreg

There are 54 Interreg programmes <https://interreg.eu/>

Interreg thematics broad thematics are the following (in bold, thematics interesting for ASSET continuation):

- **Research and innovation,**
- **ICT,**
- Competitiveness of SMEs,
- Low carbon economy,
- Combating climate change,
- Environment and resources efficiency,
- Sustainable transport,
- Employment and mobility,
- **Social inclusion,**
- **Better education, training,**
- **Better public administration.**

Interreg Europe is the only INTERREG programme which involve all ASSET partners location and with thematic relevant for ASSET and which must be considered as a financial opportunity:

INTERREG Europe	
Description	www.interregeurope.eu Interreg Europe helps regional and local governments across Europe to develop and deliver better policy. By creating an environment and opportunities for sharing solutions, the programme aims to ensure that government investment, innovation and implementation efforts all lead to integrated and sustainable impact for people and place.
Countries	28 MS + Norway + Switzerland
Beneficiaries	<ul style="list-style-type: none"> - Public authorities – local, regional and national - Managing authorities/intermediate bodies – in charge of the Investment for Growth and Jobs programmes or European Territorial Cooperation - Agencies, research institutes, thematic and non-profit organisations – although not the main target group, these types of organisations can also work with Interreg Europe by first engaging with their local



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	<p>policy makers in order to identify options for collaboration with Interreg Europe.</p>
Call for proposal	<p>No on-going call. Futur publication mid-2018</p>
Example of project	<p>ELISE: 8 partners from 7 regions. ELISE addresses a societal challenge common to European regions: to promote better health and life for all. This covers the need to improve health and well-being outcomes and promote healthy and active ageing, but also to promote market growth, job creation, EU competitiveness.</p> <p>https://www.interregeurope.eu/elise/</p>

INTERREG Interact	
Description	<p>www.interregeurope.eu</p> <p>Interreg Europe helps regional and local governments across Europe to develop and deliver better policy. By creating an environment and opportunities for sharing solutions, the programme aims to ensure that government investment, innovation and implementation efforts all lead to integrated and sustainable impact for people and place.</p>
Countries	<p>28 MS + Norway + Switzerland</p>
Beneficiaries	<ul style="list-style-type: none"> - Public authorities – local, regional and national - Managing authorities/intermediate bodies – in charge of the Investment for Growth and Jobs programmes or European Territorial Cooperation - Agencies, research institutes, thematic and non-profit organisations – although not the main target group, these types of organisations can also work with Interreg Europe by first engaging with their local policy makers in order to identify options for collaboration with Interreg Europe.
Call for proposal	<p>No on-going call. Futur publication mid-2018</p>
Example of project	<p>ELISE: 8 partners from 7 regions. ELISE addresses a societal challenge common to European regions: to promote better health and life for all. This covers the need to improve health and well-being outcomes and promote healthy and active ageing, but also to promote market growth, job creation, EU competitiveness.</p> <p>https://www.interregeurope.eu/elise/</p>



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Other Interreg programmes are focused on specific regions and must be analysed on a case by case basis. Among the 54 programmes,

- 32 include thematic on **Research and innovation**,
- 1 include thematic on ICT,
- 15 include thematic on Social inclusion,
- 15 include thematic on Better education, training,
- 31 include thematic on Better public administration.

9.2 Direct support programmes

Unlike the ESI programmes, which are territorialized, the sectoral programmes, managed directly by the European Commission, are drawn up at European level and their scope of intervention covers (generally) the whole territory of the European Union. They support the implementation of European cooperation projects involving partners from several States eligible under the programme (EU or non-EU members), or projects which have a European dimension and which are in line with the priorities of EU sectoral policies (including research, development and innovation policy). They are implemented through calls for proposals which define more precisely the priorities and criteria for intervention of the funds mobilised.

To receive support from these programmes, projects must therefore fall within the thematic priorities and comply with the intervention criteria defined in the programmes, the calls for projects published on this basis and all the documents accompanying their implementation (work programmes, guidelines, applicants' guides, etc.).

The table below gives an overview of the main direct aid programmes interesting for ASSET continuation.

Programme	Description	
HORIZON 2020 2014-2020 78,6 B€	European collaborative projects mainly in research, development and innovation between laboratories, universities, public actors, companies, in generic technologies (ICT, nanotechnologies etc.) and societal challenges (health, energy, transport, climate and environment, etc.)	
	Beneficiaries	All types: SMEs, Public institution, Association, Industry...
	Funding	500 k to 12 M€ per project / 70% to 100% funding rate
ERASMUS + 2014-2020 14,7 B€	Individual mobility actions and partnership projects / innovation / exchange of good practice in the field of education / training (school, university, vocational training, adults...) and youth and sports (youth exchanges, EVS, cooperation for innovative practices in sport etc.)	
	Beneficiaries	Erasmus+ is open to many individuals and organisations, although eligibility varies from one action to another and



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3rd Health Programme 449.4M€		from one country to another.
	Funding	
		<p>Third EU Health Programme is the main instrument that the Commission uses to implement the EU Health Strategy. The programme has 4 overarching objectives which seek to:</p> <ul style="list-style-type: none"> - Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle; - Protect Union citizens from serious cross-border health threats; - Contribute to innovative, efficient and sustainable health systems; - Facilitate access to better and safer healthcare for Union citizens.
	Beneficiaries	Public authorities, public sector bodies, in particular research and health institutions, universities and higher education establishments
	Funding	200 k€ to 1M€ / 60% funding rate

Call for proposals analysis: H2020

Call title	Mining big data for early detection of infectious disease threats driven by climate change and other factors
Website	https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/sc1-bhc-13-2019.html
Challenge keyword s	The use of next generation sequencing combined with surveillance data, health registries and societal data from informal/non-traditional sources (e.g. social media) holds promise for improving individual and population health.
Scope keyword s	Transdisciplinary, One health approach, risk modelling and mapping, risk assessment and monitoring of (re-)emerging infectious disease threats.
Grant per proposal	EUR 12-15 million
Deadline	16 April 2019



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Call title	Establishment of an International Network of Social Sciences Research Centres to help address governance and other challenges in the preparedness for and the response to infectious threats
Website	https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/sc1-hco-06-2018.html
Challenge keywords	Many global infectious disease outbreaks are enabled, accelerated and allowed to spread by shortcomings in governance at all levels (national, regional as well as global). The need to establish an international Network of Social Sciences Research Expertise, to better address governance and other challenges in prevention and response to infectious threats, be it at local, national, regional or global levels.
Scope keywords	Strengthen research capacity and catalyse social sciences researchers. Foster cross-region and global research collaborations. Facilitate ongoing engagement between researchers and global policymakers. Inform and enable better preparedness and response.
Grant per proposal	EUR 2 to 3 million
Deadline	18 April 2018

Call title	Grounding RRI practices in research and innovation funding and performing organisations
Website	https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-05-2018-2019.html
Challenge keywords	<p>Institutional changes are required to respond to the increased interactions between R&I stakeholders in society. Good practices are widespread in Europe in terms of:</p> <ul style="list-style-type: none"> - Citizens' and citizens' associations engagement in science; - Formal and informal science education; - Gender equality in science; - Research ethics and integrity; - Open access to research results.
Scope keywords	Consortia are expected to implement institutional changes in at least one but preferably all five fields listed above as part of an integrated approach. All scientific disciplines are covered.
Grant per proposal	EUR 1.50 million
Deadline	2 April 2019 / 10 April 2018



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Call title	Grounding RRI practices in research and innovation funding and performing organisations
Website	https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-05-2018-2019.html
Challenge keyword s	<p>Institutional changes are required to respond to the increased interactions between R&I stakeholders in society. Good practices are widespread in Europe in terms of:</p> <ul style="list-style-type: none"> - Citizens' and citizens' associations engagement in science; - Formal and informal science education; - Gender equality in science; - Research ethics and integrity; - Open access to research results.
Scope keyword s	Consortia are expected to implement institutional changes in at least one but preferably all five fields listed above as part of an integrated approach. All scientific disciplines are covered.
Grant per proposal	EUR 1.50 million
Deadline	2 April 2019 / 10 April 2018

Other H2020 calls of interest

Topic: SwafS-13-2018: Gender Equality Academy and dissemination of gender knowledge across Europe

<https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-13-2018.html>

Deadline: 10 April 2018 17:00:00

Topic: SwafS-14-2018-2019: Supporting the development of territorial Responsible Research and Innovation

<https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-14-2018-2019.html>

Deadline: 02 April 2019 17:00:00

Topic: SwafS-16-2019: Ethics of Innovation: the challenge of new interaction modes

<https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-16-2019.html>

Deadline: 02 April 2019 17:00:00

Topic: SwafS-19-2018-2019: Taking stock and re-examining the role of science communication
Forthcoming



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<https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-19-2018-2019.html>

Deadline: 02 April 2019 17:00:00

Topic: SwafS-21-2018: Advancing the Monitoring of the Evolution and Benefits of Responsible Research and Innovation Open

<https://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/swafs-21-2018.html>

Deadline: 10 April 2018 17:00:00

ERASMUS +

Erasmus+ has opportunities for a wide range of organisations, including universities, education and training providers, think-tanks, research organisations, and private businesses. The Key Action 2 : Cooperation for innovation and the exchange of good practices.

- Strategic partnerships in the field of education, training and youth
- Knowledge Alliances
- Sector Skills Alliances
- Capacity building in the field of higher education.

Call deadline: each year in march / April.

3rd Health Programme

No interesting call currently published.

1) Public private partnership

IMI the Innovative Medicines Initiative

This public private partnership fund collaborative projects involving EFPIA members (European Federation of Pharmaceutical Industries and Associations). Projects are co-funded by the EC and EFPIA.

IMI call 12 Topic 5: Analysing the infectious disease burden and the use of vaccines to improve healthy years in aging populations: This call is more scientific and industry focused but the ASSET consortium has the expertise to contribute to the fourth pillar: "How to best communicate to stakeholders through education and training of HCPs".

<http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/topics/imi2-2017-12-05.html>



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10. Current sustainable actions

ASSET sustainability is already effective with several actions which will continue after the end of the project.

10.1 Website

- The website which is the Best practice portal / Stakeholder portal the main repository of all ASSET results will be maintain during at least 1 year.
 - o <http://www.asset-scienceinsociety.eu/>
- The COP, the collaborative platform will also be maintain during 1 year.

10.2 H2020 proposal building

A new H2020 project was designed with the objective to pursue some of the actions developed in ASSET. The proposal was submitted under the H2020 SwafS-10-2017 topic: Putting Open Science into action. The scope of the call for proposal stated that proposals could be inspired (but not exclusively) by previous Mobilisations and Mutual Learning Action Plans (MMLs) funded by the European Commission. The thematic included Health, demographic change and wellbeing.

A part of the ASSET consortium (7 partners) participated to the proposal titled BELIEVE: Bridging scientific Evidence, applications for Learning, policy Initiatives and public Engagement for improving Vaccination among the Elderly.

Abstract of BELIEVE:

BELIEVE, by means of the direct intervention of the Civil Society (CS), will add healthy years to aging people by developing innovative vaccination policies to reduce the burden of vaccine-preventable diseases (VPD) in elderly people.

The direct peer-to-peer involvement of CS in all research phases and tasks will not only benefit the efficiency of the designed policies, but also allow to define Science with and for Society (SwafS) methodologies and guidelines.

The BELIEVE double objective (defining a rationale for open science and facing a scientific problem with high societal impact) can only be reached by acting on multiple interdisciplinary fronts: understanding determinants of vaccine hesitancy & refusal of elderly people in the “post-trust society”; understanding & quantifying “frailty”; simulating the impact of policies by new computational models taking into the account both human vaccine propensity and the decline of immune system in elderly; access to big data to be anchored to the real world.



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In BELIEVE, CS is also consulted to provide meaningful inputs. Indeed, BELIEVE policy recommendations on vaccine acceptance will be based on an informed and deliberative public engagement process.

Health-Care Workers (HCWs) influence vaccine propensity in the CS. Thus, the BELIEVE effort will be at risk if a training effort targeting HCWs is not enacted: one of BELIEVE core tasks is the design of innovative methods and tools for the training of HCWs in “vaccinology”.

BELIEVE is based on a CS-Centred model of innovation where CS, industry, government and academia are committed to work together and share knowledge and data.

Only by the implementation of a genuine SwafS approach in the above outlined research needs one can reach a RRI compliant result of new advanced vaccination policies and simultaneously define a new rationale to put Open Science in action.

BELIEVE will produce a relevant impact on health and related social costs for the aged population.

Result: Unfortunately BELIEVE was not selected for funding.

10.3 ASSET COMIC

The comic book – concept and development

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 Pseudosciences), 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.

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 caricatural 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



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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.

The exhibit – concept and development

Realisation of an exhibit at the WOW Comics Space, Viale Campania 12, Milano (Italy). The exhibit will be structured in four sections:

1. An introduction to pathogens and to the way vaccines work.
2. An historical perspective on epidemics and vaccinations, with a focus on risk perception and risk communication.
3. The origin and evolution of scientific hoaxes.
4. The diffusion of vaccines in the world, today and tomorrow.

Access

Free

Target

A general public, with no specific knowledge about the topic.

Collateral activities

Guided tour, educational initiatives for school, drawing laboratories. These activities will have paid admission but might be free of charge if funded.

Communication

A dedicated press office, the WOW Comics Space website and newsletter, WOW and Zadig social media accounts.

Structure

Panels and interactive exhibits.

Budget

An estimate for the realisation of such an exhibit is about 15,000€, which includes:

- Technical design of the exhibit
- Iconographic and documentary research
- Graphic design for both exhibit and communication materials
- Preparation of the contents
- Transport and insurance of materials to be exposed



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- Installation of monitors, moving screens, showcases and display cabinets
- Setting up of the expository space
- Communication plan (not including advertisement)

This estimate does not include the cost for the use of the museum spaces, which is 10,000€/month.

Dissemination

The exhibit as an international perspective and its concept may be available for the employment in other countries, with a support for local adaptations and the use of materials. In such cases, related prices will be evaluated case by case.

Funding

On-going crowd funding sourcing.