



share and move to face nasty bugs

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Providing you with news on Responsible Research and Innovation in the field of antiviral drugs and vaccines, in the framework of the ASSET project!

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## EDITORIAL – What is at stake about citizens’ consultation on epidemics?

### EVENTS & NEWS

#### 3<sup>rd</sup> Edition of the ASSET Summer School from 30<sup>th</sup> May to 1<sup>st</sup> June 2017 Roma, Italy

The aim of our annual Summer School is to establish an interactive learning space for professionals involved in Science in Society (SiS) related issues in Pandemics; share and exchange issues related to conducting and communicating research in SiS according to a transdisciplinary perspective, ranging from public health to social science and communication; address and critically discuss current discourses on research methodologies and findings as well as on practice-based cases.

Look at the 2<sup>nd</sup> course [report](#) of the 2015 edition.

**ASSET High Level Policy Forum** - brings together selected European policy-makers at regional, national and EU levels, key decision makers in health agencies, the pharmaceutical industry, and civil society organisations, in a unique and interactive dialogue to promote on-going reflection on EU strategic priorities about pandemics.

The second meeting was organized in Copenhagen 15<sup>th</sup> January 2016. Here is the detailed [agenda](#).

Minutes from the second meeting coming soon!

Have a look at the ASSET Pandemic Preparedness and [Response Bulletin](#) *“Share and move”* an updating tool on policy initiatives concerning pandemics and related crisis management, developed at local, national and international levels.

In epidemics and pandemics rumors and parallel informal information systems have challenged effective risk communication by health workers and authorities. Research studies have shown that rumors perpetually surface in situations that entail power asymmetries. Such situations often arise when knowledge is contested or is left to a small group of highly technical experts to unravel. Individuals or groups left outside such confined knowledge-hubs often produce their own version of the reality, in effect creating ‘rumors’. Such rumors constitute parallel information systems which are linked to the application of top-down communication systems and absence of genuine two-way communication systems.

The loss of confidence in international and national health authorities has had a strong impact on vaccination too, affecting not only flu, but also other infectious diseases. Since 2009, false myths about risks of vaccines have changed attitudes of many families, contributing to reduced immunization rate in some areas, leaving clusters of children unprotected, i.e. against polio, and preventing the achievement of important goals, such as measles eradication from Europe.

Rumors form rapidly during the outbreak of a crisis. Despite efforts by the authorities to deliver correct information, a social reality has arguably already been formed, which rational information is unable to alter. However, whereas rumors are an answer to a call for information from citizens, Crisis Participatory Governance practices, such as citizens’ consultation, might answer this call with better information and alter the spread of rumors.

The challenges confronting policy-makers and health practitioners’ today call for more inclusion of citizens and civil society in risk communication and organized response to epidemic and pandemics threats, in such a way that rumor will not be the main information channel.

Crisis Participatory Governance starts with effective risk communication that is entirely contingent on successfully identifying the cultural dimensions and priorities of the targeted groups. In doing so, it is critical that the identification is a result of an upstream and downstream, two-way communication process.



## FOCUS: The eight citizens' consultations of the ASSET project

### **The example of [CoReVac](#) consultation in France:**

CoReVac gathers partners from research institutes and units involved in vaccine researches, involving basic, pre-clinical, translational, clinical, epidemiological and societal researches, as well as industries, stakeholders funding those R&D efforts and public health bodies involved in vaccine implementation.

COREVAC organised a citizens' consultation on vaccine and established a [report](#), published the 30<sup>th</sup> November 2016.

Presided over Professor Alain Fischer, the committee of this large concertation aimed at identifying the civil society questions about vaccination and to give concrete propositions towards the very important problematic: restore trust towards vaccines.

To sum up, the committee recommends to improve the communication about vaccines by the implication of health care workers, schools and the medias. One of the major recommendation of the committee is to extend the obligation to vaccinate to include 11 diseases and not 3 as it is the case now.

Good governance is the backbone for equitable and sustained development and effective participation by all people have come to be viewed as a necessary requirement. Participatory governance means including citizens in decision making that has implication for their wellbeing, and transparency in the decision making and implementation processes. This is particularly important during the time of crisis, as people become the center of both providing aid and receiving it.

In that framework, the ASSET partners organized at the same time **citizens' consultations in 8 different European countries** (Italy, Switzerland, Ireland, Denmark, Norway, France, Bulgaria and Romania). In total 424 European citizens participated.

The aim of the ASSET Citizen Consultations was to **understand how European citizens think about epidemic and pandemic preparedness and response.**

Citizens participating in the project reflected the demographic distribution of the general population in each country with regard to the following parameters:

age, gender, geographical zone (city and countryside, specific region), educational level, occupation, other criteria of national relevance.

It was also important that all participating citizens were lay people, meaning that they should not be people working professionally with health care. Neither could politicians or officials working for the government with public health.

Round tables of 10 participants were organised and the debates were framed by one "round table facilitator" whose role was to be neutral and keep people focused on the subject of each session. In France, PhD students from different backgrounds were recruited. They are used to reflect on different subjects, analyse and write about them while keeping neutral. So, it was a real added value to get them involved in that experience and citizens gave them much credibility as "university students".

Four themes all relevant to epidemic and pandemic preparedness and response have been determined beforehand by the project partners to provide the citizens with background information on the themes that were discussed during the ASSET citizen consultations: 1- Balancing individual rights and the common good in the event of epidemics or pandemics; 2- Communication between citizens and public health authorities; 3- Transparency in crisis situations; 4- Trust, Action and Access to Knowledge.

Once at the meeting they have been asked to vote on questions related to each topic. The questions and the information material were the same at all eight citizen consultations.

Following the meetings, ASSET partners then compared the results to see similarities and differences among countries. The analysis will be the object of a Policy Report that is on the process of drafting now. It will contain recommendations that have been identified by the citizens.

**In April 2017**, ASSET partners will hold a **workshop in the European Parliament** during which the consultations process and results will be presented and discussed.



## ASSET PROGRESS: Mobilisation and Mutual Learning: ASSET Local Initiatives

### BEYOND THE ASSET PROJECT

#### *Population consultation, two-way communication and decision – good practice from the USA.*

In 2009, in USA, the Association of State and Territorial Health Officials (ASTHO) [surveyed the population](#) on their attitude towards vaccination, in order to adapt their communication messages and clearly and accurately promote the benefits of vaccination in ways that resonate with family decision makers. A total of 1,278 parents and guardians were interviewed using an online established survey panel.

The collected information was afterwards used to create a toolkit for communication for health officers to use, including methods of effective communication about vaccines, key messages to communicate, but also personalized messages depending on the target audiences. In 2010, draft messages issued from the toolkit were tested in focus groups of mothers in Atlanta, Washington D.C. and Seattle. Feedback from these focus groups was incorporated in the final messages.

RRI is an inclusive approach to research and innovation, to ensure that societal actors work together during the whole research and innovation process. It aims to better align both the process and outcomes of Research & Innovation, with the values, needs and expectations of European society.

In that framework, ASSET is putting in place 12 local Initiatives (to be developed in: Rome, Milan, Paris, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) and aim to promote mobilization and mutual learning at local level and to enhance the transferability of the most effective policies and practices.

#### **They will be based on a fourfold strategic approach:**

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

#### **The overall goal of this investigation is**

- to experiment an effective two-way communication;
- to conduct a dialogue according to a methodological process and relational skills (empathy, self-awareness, active listening);
- to try capturing the “spirit of the place” about infectious outbreaks, the specific way(s) in which people living in a given city or region perceive, and react to, the pandemic threat;
- to involve local stakeholders to share information, decisions and policies/practices;
- to provide an opportunity to local actors and stakeholders to feed the action with their contents and to co-design the action itself.

Local initiatives will be based on a **participatory** communication approach and conducted for example in hospitals towards health care workers asking them about their perception of vaccination and also towards students who are often not familiar with flu vaccinations and channels to be used use in case of epidemics.

They will be **women**-friendly balanced guaranteeing gender representations, culturally appropriate, and delivered at a place and time allowing women’s participation.

*Visit the [ASSET website](#) to discover more about the activities of the project!*