



share and move to face nasty bugs

# The **ASSET Research Project** as a Tool for Increased Levels of Preparedness and Response to Public Health Emergencies

Valentina Possenti, ISS

*On behalf of the ASSET Consortium*

## RRI-SIS Conference 2017

Rome, 25.09.2017



co-funded by the EU. GA: 612236

[www.asset-scienceinsociety.eu](http://www.asset-scienceinsociety.eu)



# ASSET NUMBERS

- 4 years old (2014-2017)
- 14 Partners involved
- 11 Countries covered in the Consortium





# ASSET PEOPLE

1. FORSKNINGINSTITUTT-FFI
2. THE INTERNATIONAL EMERGENCY MANAGEMENT SOCIETY-TIEMS
3. FORSVARETS FONDEN TEKNOLOGIRADET- DBT
4. EUROPEAN INSTITUTE OF WOMEN'S HEALTH- EIWH
5. VITAMIB
6. LYONBIOPOLE
7. INTERNATIONAL PREVENTION RESEARCH INSTITUT- IPRI
8. DATAMINING INTERNATIONAL- DMI
9. UNIVERSITATEA DE MEDICINA SI FARMACIE CAROL DAVILA DIN BUCURESTI-UMFDB
10. ZADIG SRL
11. ISTITUTO SUPERIORE DI SANITÀ- ISS
12. NATIONAL CENTER OF INFECTIOUS AND PARASITIC DISEASES- NCIPD
13. INSTITUTE OF PREVENTIVE MEDICINE ENVIRONMENTAL AND OCCUPATIONAL HEALTH- PROLEPSIS
14. UNIVERSITY OF HAIFA- HU





# ASSET KEYWORDS

- Not only **SiS** and **RRI**
- **MMLAP** Mobilisation and Mutual Learning Action Plan (on SiS related issues in Epidemics and Total pandemics)





# ASSET MAIN CONCEPT: MML

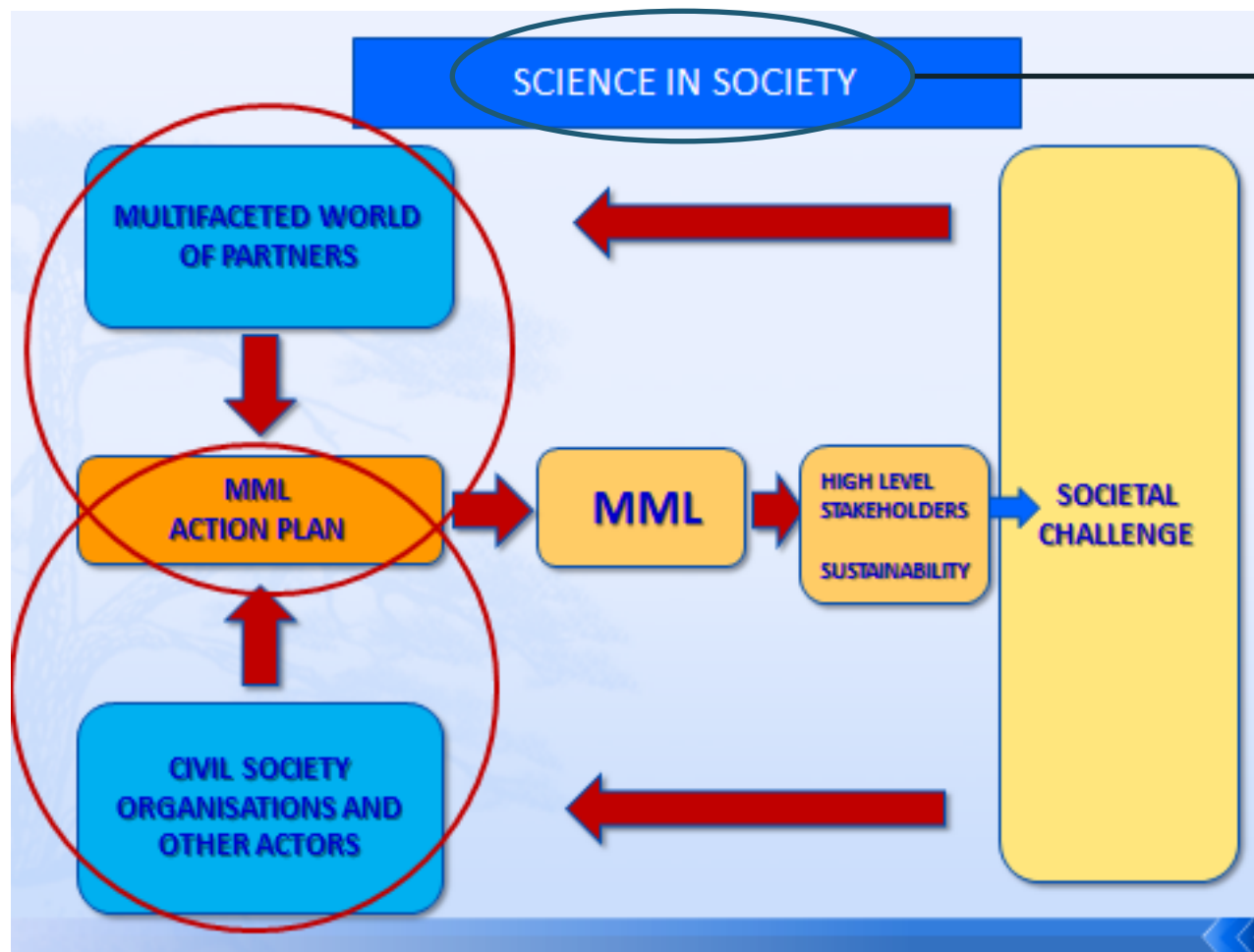
- **Connecting**
  - local to global issues
  - researchers to benefit from links to civil society between different stakeholders from academia, policymakers, civil society and the private sector
  - general public to access data
- **Communicating**
  - doing more for communication at national level
  - e.g. communicating with policy makers to share developments in research agendas and progresses in investigation
- **Democratising**
  - allowing different categories of stakeholders, and particularly marginalised social groups, to have a voice in decision-making processes
  - "fully embedding CSOs in research processes"

MMLAP: future development, *17-18 April 2012*





# SIS AND MML IN ASSET



1. PUBLIC ENGAGEMENT
2. GENDER EQUALITY
3. SCIENCE EDUCATION
4. ETHICS
5. OPEN SCIENCE
6. GOVERNANCE

[GLOBAL TRENDS IN SCIENCE IN SOCIETY]







The PAR  
paradigm:

Participatory  
Action  
Research

# ASSET APPROACH





# TOWARD A CITIZEN SCIENCE OR PARTICIPATORY RESEARCH STRATEGIES

SPECIFIC STRATEGIES TO INVOLVE CITIZENS.  
**CORE CITIZENS' ENGAGEMENT STRATEGIES.**







# PARTICIPATORY RESEARCH STRATEGY IMPLIES ENGAGING POPULATION SINCE THE DEFINITION OF THE RESEARCH AGENDA

Ann Ist Super Sanità 2017 | Vol. 53, No. 1: 3-5  
DOI: 10.4415/ANN\_17\_01\_02

## EDITORIAL

### Knowledge and participation. Moving towards scientific citizenship

Fabrizio Rufo

Dipartimento di Biologia Ambientale, Sapienza Università di Roma, Rome, Italy

The scientific and technological progress of the first modernity developed through the centralization of intelligence, power and risk control, which was concentrated in technical structures comprising technicians, specialist, decision makers. The relationship between science and society has progressively evolved establishing a net separation between the experts who, through the use of the usual investigative methodologies, are able to reach an excellent level of analytical understanding of the issues that need resolving, and the public authorities. In this sense, the institutions are to be considered the client that ordered the investigations and also the users of these results, which then are transformed into some form of operative function in policy making. In this way, a mechanism has been generated in which collective will is flanked by the desires of policy makers, which are released from democratic procedures but which in their turn are legitimated due to the availability of a *surplus* of knowledge which determines the attribution of representative ability. In the words of Antonio Gramsci in the *Quaderni dal carcere*: "The popular element 'hears' but does not always understand or knows; the intellectual element 'knows' but does not always understand and especially 'hears'. If the relationship between intellectuals and population-nation, between directors and subordinates, and between the governors and the governed – is based on a form of participation in which sentiment-passion becomes understanding and therefore knowledge (not mechanically but actively), only then can the relationship be considered representation with an exchange of individual elements between the governed and governors, between the subordinates and directors. In other words, only shared life represents social power" [1].

This is a surprisingly up to date statement if one compares it to the current historical period, characterized by a rapid transition towards a knowledgeable society in which new forms of social relationship are evolving based on the ability to look for, elaborate and gain knowledge, which becomes the parameter in determining the levels of freedom, self-realization and independence of each person. In this sense, it is important to remember that knowledge is a more advanced and refined style of elaboration, because it requires the capacity to create links between people and disciplines. This

means that it can gain value if it is considered a relational asset and not simply as static and limited goods. This perspective is based on the idea that knowledge is, ever more, a cooperative asset and this means it is necessary to modify the structures and forms of representation and inclusion of science, the economy, law and politics [2].

This series of theoretical questions is closely linked to the need to define social strategies and public policies that are able to favour a balanced and rational management of the risks and benefits that are present in the interaction between science and society. Science has become one of the main organizational instruments of a multitude of individual and collective actors and is positioned between the influence of some subjects and forces that are often opposing and which amplify the role of general politics [3]. This new dimension of scientific enterprise means having to increase and diversify the responsibilities of scientists, who must make a broader evaluation of transparency, communication and the use of the results of their research. Identifying the elements that condition the work of scientists and highlighting incongruences does not mean making accusations against science and the cultural patrimony it is based on, but, on the contrary, it simply means posing the question regarding a more serene evaluation of its importance and therefore of the responsibility of science in contemporary society. In order to express the contents and realize the potential of a knowledge-based society, it is becoming ever more important to make a correct evaluation of the conditions of the general background to understand the possible alternatives between risk and benefit. The importance of bearing in mind this intricate network of relations was evidenced by the transformation that has taken place in an extremely delicate sector, namely communication and the public management of risk [4]. The crisis today regards the model which is based on what could be considered as a form of technocratic protection of policies founded on an untouchable "hierarchy of knowledge", which in cases of doubt "determine knowledge". However, who is it that decides in those situations of "mixing knowing and not knowing what must and must not be considered as proof?" [5]. As Stuart Kauffman so often reminds us, the combination of all biological and technological func-

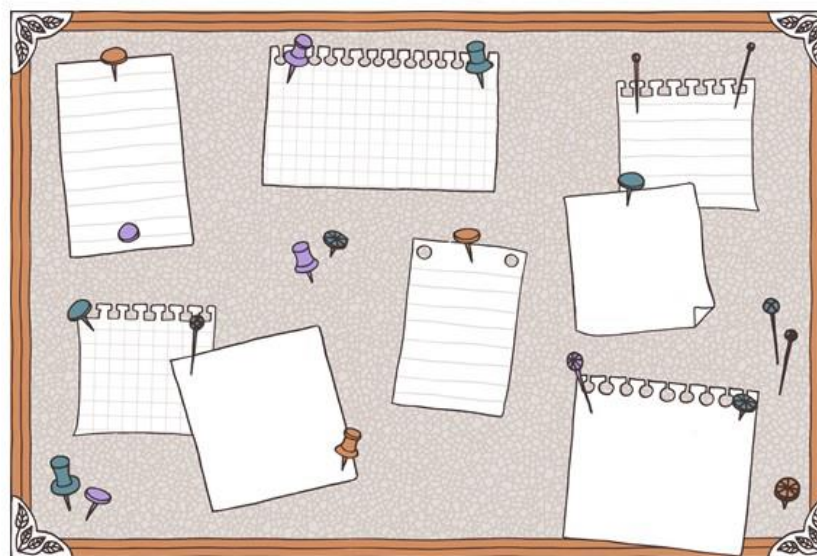
3

EDITORIAL





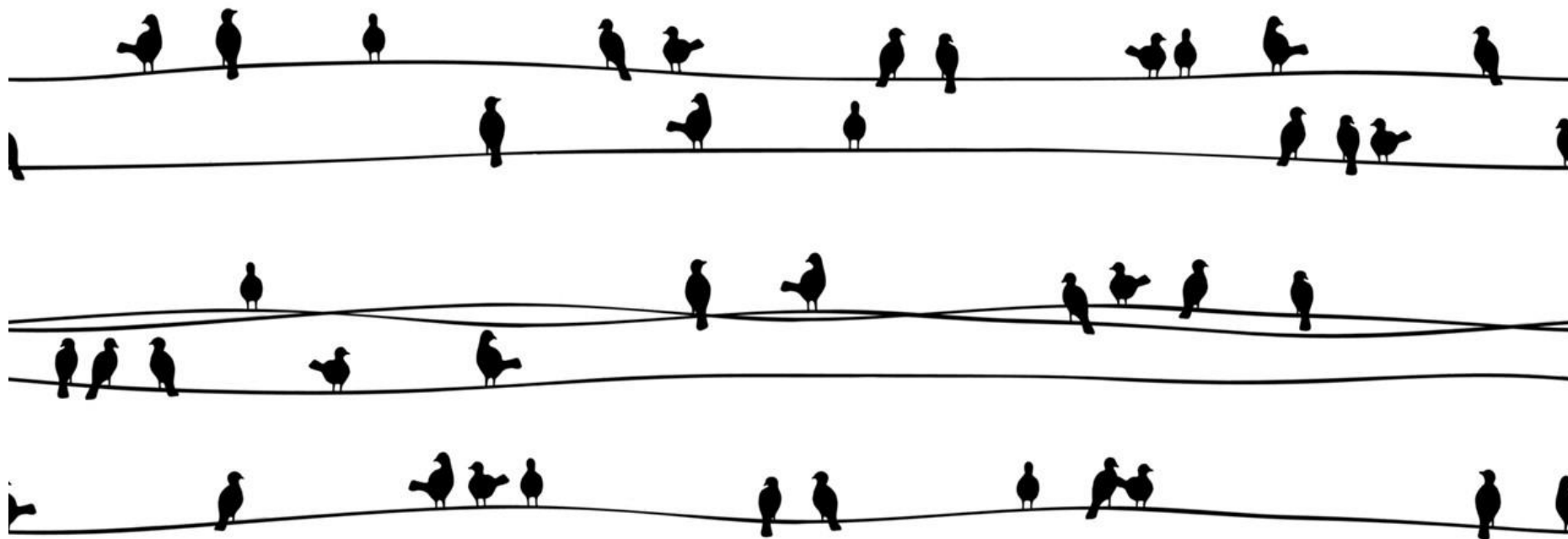
# RESEARCH QUESTIONS. REASONABLE ENDPOINTS. CONSISTENT WAYS TO MEASURE THEM.





# INSTITUTIONAL RESPONSIBILITY TO EMPOWER PUBLIC AWARENESS

**TRANSPARENCY AND DISCUSSION.**





# VACCINATION

## AN OUTSTANDING EXAMPLE

SCIENCE IN SOCIETY RELATED ISSUES  
ETHICS, GENDER, GOVERNANCE  
RESPONSIBLE RESEARCH AND INNOVATION  
PEOPLE INCLUSION AND ENGAGEMENT  
CURRENT HEALTH CHALLENGE  
LOW COVERAGE, VACCINATION HESITANCY,  
ANTIVACCINE MOVEMENTS





# COMMUNICATION

*«In the next influenza pandemic, be it now or in the future, be the virus mild or virulent, the single most important weapon against the disease will be a **VACCINE** but the second will be **COMMUNICATION**»*



*John Barry. The Great Influenza in Nature, 2009*







# RISK PERCEPTION AMONG EU CITIZENS IN 2009

| Country        | % Informed<br>( <sup>1</sup> ) |            | % Distrust in information sources ( <sup>2</sup> ) |                             |                      |                               |          |
|----------------|--------------------------------|------------|--|-----------------------------|----------------------|-------------------------------|----------|
|                | 'Well'                         | 'Not well' | Health professionals                               | National health authorities | European authorities | Media (TV, radio, newspapers) | Internet |
| Slovenia       | 91                             | 8          | 26.7   | 35.0                        | 39.6                 | 56.3                          | 39.6     |
| Norway         | 87                             | 12         | 10.7   | 13.2                        | 17.4                 | 69.6                          | 44.8     |
| Switzerland    | 87                             | 13         | 13.3   | 24.9                        | 36.6                 | 69.1                          | 51.9     |
| Finland        | 87                             | 13         | 7.4  | 14.2                        | 24.8                 | 39.6                          | 43.6     |
| Portugal       | 84                             | 15         | 10.1   | 19.8                        | 16.9                 | 46.2                          | 33.2     |
| Malta          | 85                             | 15         | 6.0  | 14.9                        | 14.6                 | 41.2                          | 33.3     |
| Luxembourg     | 84                             | 15         | 14.0   | 31.0                        | 37.3                 | 68.4                          | 56.1     |
| United Kingdom | 83                             | 16         | 8.1  | 18.3                        | 36.4                 | 65.1                          | 44.5     |
| Iceland        | 83                             | 16         | 3.5  | 6.6                         | 20.4                 | 54.2                          | 43.3     |
| HU: Hungary    | 83                             | 17         | 29.0   | 43.4                        | 33.7                 | 70.7                          | 40.2     |
| IE: Ireland    | 83                             | 17         | 7.1  | 22.1                        | 21.2                 | 49.6                          | 43.5     |
| Belgium        | 82                             | 17         | 7.7  | 21.4                        | 24.3                 | 64.4                          | 55.8     |
| Sweden         | 82                             | 17         | 11.0   | 14.9                        | 23.2                 | 72.8                          | 47.7     |
| Denmark        | 81                             | 19         | 7.8  | 10.6                        | 17.1                 | 56.3                          | 38.3     |
| Netherlands    | 80                             | 20         | 8.7  | 16.0                        | 22.4                 | 64.3                          | 48.9     |
| France         | 77                             | 22         | 19.5   | 48.1                        | 48.0                 | 73.7                          | 59.0     |
| Austria        | 77                             | 22         | 15.5   | 29.7                        | 42.9                 | 66.6                          | 48.6     |
| Germany        | 75                             | 25         | 17.2   | 36.1                        | 45.8                 | 65.8                          | 47.8     |
| Italy          | 75                             | 25         | 23.1   | 42.9                        | 40.5                 | 66.7                          | 48.9     |
| Cyprus         | 72                             | 29         | 19.7   | 24.6                        | 24.0                 | 49.7                          | 33.4     |
| Slovakia       | 71                             | 28         | 18.6   | 24.3                        | 26.8                 | 44.2                          | 36.4     |
| Bulgaria       | 70                             | 29         | 21.1   | 35.6                        | 25.5                 | 39.8                          | 21.2     |
| Spain          | 69                             | 30         | 12.8   | 41.7                        | 38.7                 | 62.3                          | 48.9     |
| Greece         | 67                             | 33         | 26.5   | 43.1                        | 36.8                 | 74.1                          | 35.4     |
| Czech Rep.     | 66                             | 34         | 15.3   | 25.8                        | 32.3                 | 42.4                          | 37.9     |
| Romania        | 66                             | 34         | 15.0   | 34.9                        | 29.4                 | 44.5                          | 31.0     |
| Poland         | 66                             | 35         | 23.6   | 52.0                        | 44.3                 | 57.5                          | 44.5     |
| Estonia        | 57                             | 42         | 16.2   | 24.7                        | 24.4                 | 45.0                          | 34.9     |
| Latvia         | 51                             | 48         | 27.4   | 56.4                        | 48.5                 | 53.8                          | 42.3     |
| Lithuania      | 43                             | 54         | 25.4   | 36.5                        | 25.0                 | 39.3                          | 27.4     |
| EU-27          | 75                             | 24         | 16.6   | 35.5                        | 38.2                 | 62.8                          | 46.3     |

## INFORMATION

(1): How well informed do you feel about the pandemic H1N1 flu

## DISTRUST (2):

How much do you trust each of the following sources to inform you about the pandemic (H1N1) flu



# PANDEMIC COMMUNICATION

*Eur J Public Health*. 2015 Feb;25(1):135-9. doi: 10.1093/eurpub/cku131. Epub 2014 Aug 14.

## 'By failing to prepare you are preparing to fail': lessons from the 2009 H1N1 'swine flu' pandemic.

Crosier A<sup>1</sup>, McVey D<sup>2</sup>, French J<sup>3</sup>.

### Author information

- 1 1 Word of Mouth Research Ltd, London, UK adam@womresearch.org.uk.
- 2 1 Word of Mouth Research Ltd, London, UK.
- 3 2 Strategic Social Marketing Ltd, London, UK.

### Abstract

**BACKGROUND:** Pandemic influenza has the potential to cause widespread death and destruction. Communications with the public have a vital role in the prevention of pandemic influenza by promoting the effective uptake of behaviours that can delay the spread of infection. This study explored the development and implementation of communications in the pandemic influenza outbreak of H1N1 ('swine flu') in 2009 in three European countries.

**METHODS:** In-depth interviews were conducted with senior policy and communication officials involved in the planning and delivery of communications programmes in England, Italy and Hungary.

**RESULTS:** The study found a lack of planning and a low value attached to the skills required to produce effective communications. In all case study countries there was a dearth of good quality audience research to inform the development of communications. Little thought had been given to the tone, targeting or channelling of messages. Instead, communications were characterized by a 'one size fits all' and a 'top down', expert-led response. There was also little effort to evaluate the impact of communications, but where this was done, very low levels of public compliance and engagement with key behavioural messages were found.

**CONCLUSIONS:** Policy makers should prioritize investment in the skills and expertise required to achieve desired behaviour changes. Audience research should be conducted throughout the planning cycle to inform national communications strategies. This should include insights to inform the segmentation of public audiences, targeting of messages and consideration of content and emotional tone most likely to achieve desired behavioural outcomes.

© The Author 2014. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.





# GROUPS AT RISK OF STIGMA

## PEOPLE...

- INFECTED AND THEIR RELATIVES
- SURVIVING
- AT RISK FOR PROFESSIONAL REASONS  
(HCWs, DIRECT CONTACT WITH PUBLIC,...)
- RELATED TO THE GEOGRAPHICAL SOURCE  
OF THE DISEASE
- RELATED TO THE MODE OF TRANSMISSION  
OF THE DISEASE





# PHEIC: WHO DEFINITION

## Public Health Emergency of International Concern

### Some examples:

- ☐ Ebola (Africa, 2014)
- ☐ Zika (South America, 2016)
- ☐ Yellow fever (Brazil, 2017)
- ☐ Measles (Romania, 2017)
- ☐ Polio (Afghanistan, Pakistan)
- ☐ MerS-CoV (Middle East)

### Outbreaks and emergencies

Emergencies »

Nigeria crisis »

South Sudan crisis »

Syrian Arab Republic »

Zika virus and complications »

### Sustainable Development Goals

ASSET GLOSSARY: <http://www.asset-scienceinsociety.eu/pages/pandemic-influenza>







# EU DECISION

## Decision 1082/2013/EU

### Article 4

Member States and the Commission shall consult each other (...) with a view to coordinating their efforts to develop, strengthen and maintain their capacities for the monitoring, early warning and assessment of, and response to, serious cross-border threats to health.

That consultation shall be aimed at:

- (a) **sharing best practice and experience** in preparedness and response planning;
- (b) **promoting the interoperability** of national preparedness planning;
- (c) addressing the **intersectoral dimension** of preparedness and response planning at Union level; and
- (d) supporting the **implementation of core capacity** (...) of the **IHR**.

DECISION No 1082/2013/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL  
of 22 October 2013  
on serious cross-border threats to health and repealing Decision No 2119/98/EC  
(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE  
EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European  
Union, and in particular Article 168(5) thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national

among themselves their policies and programmes in the  
areas covered by Union action in the field of public  
health.

(2) Pursuant to Decision No 2119/98/EC of the European  
Parliament and of the Council (?) a network for the  
epidemiological surveillance and control of  
communicable diseases in the Community was set up.  
Experience gained in the implementation of that  
Decision confirms that coordinated Union action on  
monitoring, early warning of and combating those  
diseases adds value to the prevention and management

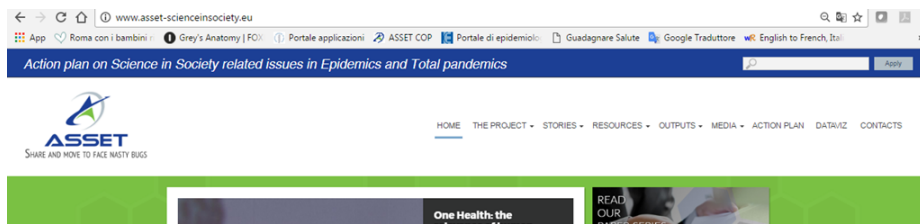






# ASSET

## INTERNAL AND EXTERNAL COMMUNICATION RESEARCH PROJECT



### PROJECT

Information about ASSET project and partners

### STORIES

Events related to issues of interest, by a list and a calendar, as the three Summer School editions  
News and relevant features in the field, on infectious threats and broadly on Science-in-society  
Videos by ASSET and other related projects

### RESOURCES

Laws and rulements  
Related EU projects and outputs generated  
Health authorities (papers and documents available at international level)  
Scientific literature  
Sex and gender

### OUTPUTS

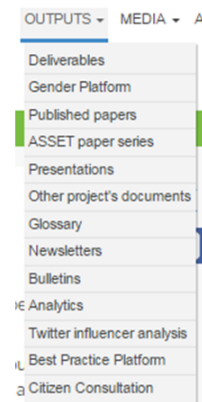
Deliverable – Gender platform – Published papers – Paper series – Presentations – Other documents – Glossary – RRI newsletters – Pandemic preparedness and response bulletins – Analytics – Twitter influencer analysis – Best practice platform and Stakeholder portal –Citizen consultation

### MEDIA

Press realease  
Press review

### DATA visualizations

Social networks [Facebook](#), [Twitter](#), [YouTube](#), [LinkedIn](#)





# ASSET BRAND

## WORK PACKAGES

THE ASSET PAY-OFF CLAIMS ‘TO FACE NASTY BUGS’, BUT THE BOTTOM OF THE WEBSITE LOOKS LIKE A **BEEHIVE**...

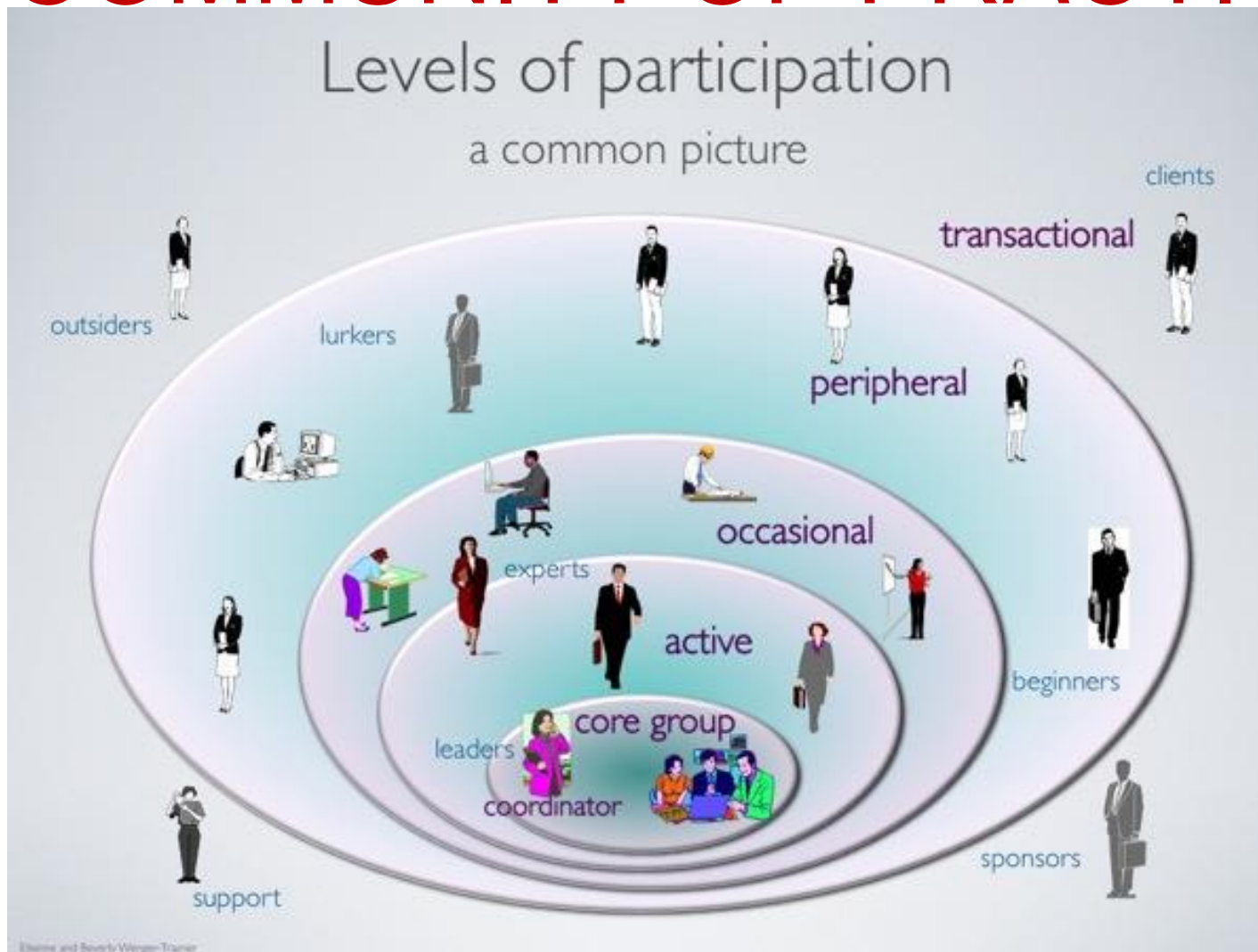


**BEES** BRING MESSAGE OF SUSTAINABILITY FOR THE ECOSYSTEM. THEY ARE THE CONTROL UNITS FOR THE ENVIRONMENT





# COMMUNITY OF PRACTICE




Wenger E, Trayner B.




community.asset-scienceinsociety.eu

ASSET COPEnglish (en)▼You are logged in as Valentina Possenti (Log out)



# ASSET COMMUNITY OF PRACTICE



### Main menu

- Community news

### Navigation

- Home
  - My home
  - My profile
  - My courses

### Administration

- Front page settings
  - Turn editing on
  - Edit settings
    - Users
    - Filters
    - Reports
    - Backup
    - Restore
    - Question bank
- My profile settings
- Site administration

## ASSET Community of Practice

Welcome to the ASSET Community of Practice web platform!

ASSET (Action plan in Science in Society in Epidemics and Total pandemics) is a 48 month Mobilisation and Mutual Learning Action Plan, started in January 2014 aimed to

- forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- explore and map Science in Society related issues in global pandemics
- define and test a participatory and inclusive strategy to succeed
- identify necessary resources to make sustainable the action after the project completion

This is a work area accessible only to the ASSET Community of Practice members!

If you are already logged in, please, press a button to get into the area of your interest

General forum

WP1 Dialogue and participation

WP5 Mobilization and Mutual Learning

Events

WP2 Study and analysis

WP6 Policy Watch

WP9 Legacy

Glossary

WP3 Action Plan Definition

WP7 Communication

WP10 Management

Resources Database

WP4 Citizen Consultation

WP8 Evaluation

WP Leaders Forum

### Help

For any information or request, please send a email to  
eva.appelgren@iss.it

### Calendar

| November 2014 |     |     |     |     |     |     |
|---------------|-----|-----|-----|-----|-----|-----|
| Mon           | Tue | Wed | Thu | Fri | Sat | Sun |
|               |     |     |     |     | 1   | 2   |
| 3             | 4   | 5   | 6   | 7   | 8   | 9   |
| 10            | 11  | 12  | 13  | 14  | 15  | 16  |
| 17            | 18  | 19  | 20  | 21  | 22  | 23  |
| 24            | 25  | 26  | 27  | 28  | 29  | 30  |


### Online users

(last 5 minutes)

- Valentina Possenti

community.asset-scienceinsociety.eu/course/view.php?id=11

You are logged in as Valentina Possenti (Log out)



co-funded by the EU. GA: 612236

share and move to face nasty bugs

www.asset.com





# RRI SIX KEYS IN ASSET

**GOVERNANCE**  
OF PANDEMICS AND EPIDEMICS



**ETHICS, LAW AND FUNDAMENTAL RIGHTS** IN PANDEMICS AND EPIDEMICS



**ENGAGEMENT**  
FOR  
INTENTIONALLY CAUSED OUTBREAKS



**OPEN ACCESS TO SCIENCE**  
OUTCOMES

**UNSOLVED SCIENTIFIC QUESTIONS** RELATED TO PANDEMICS AND EPIDEMICS



**GENDER ISSUES** IN PANDEMICS AND EPIDEMICS



**PARTICIPATORY GOVERNANCE** IN CRISIS MANAGEMENT







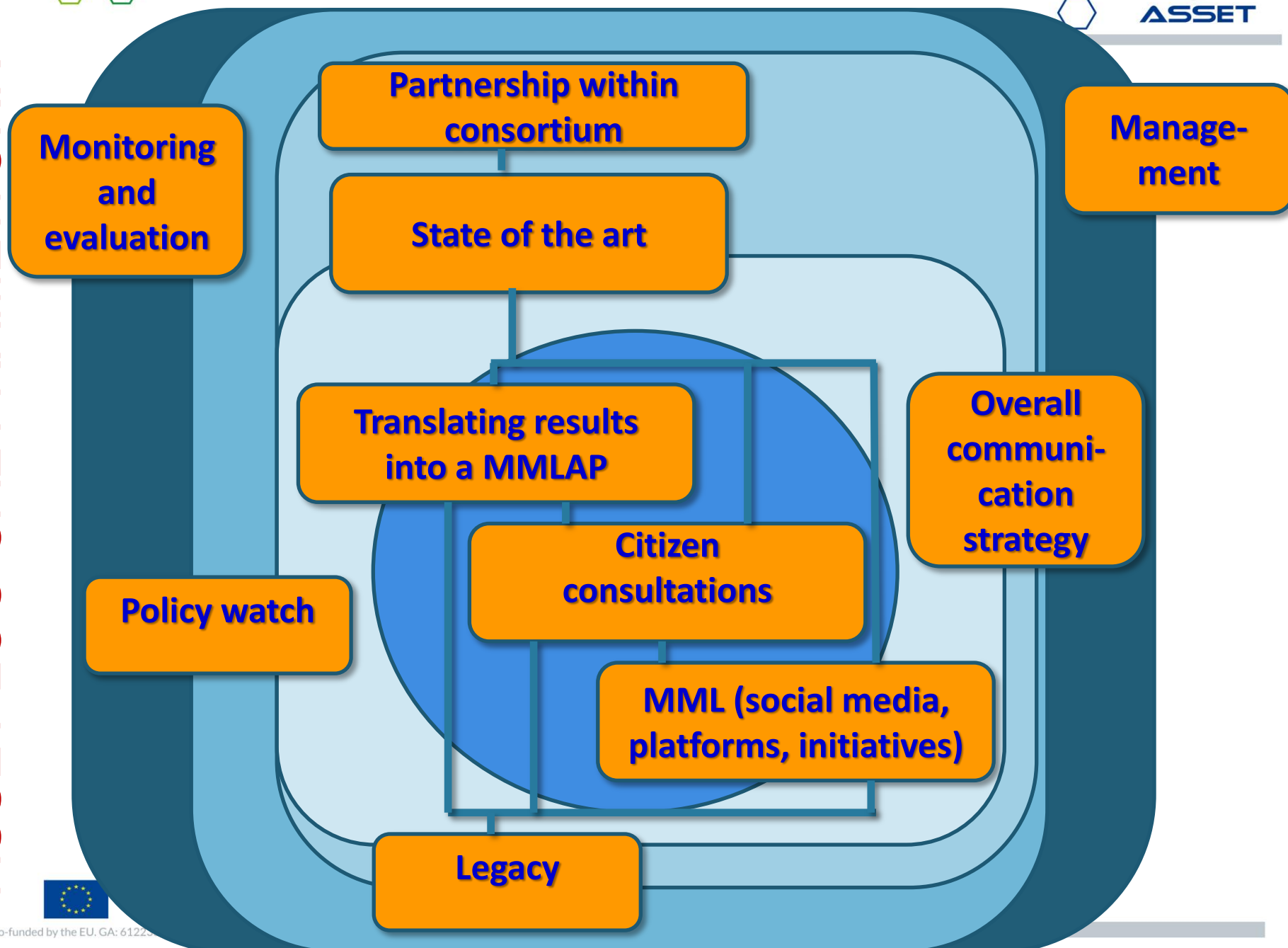
# ASSET OBJECTIVES

- Build a common approach and create a common **language** to be used in a cooperative multi-actor and multidisciplinary action
- Review existing **studies** on PHEIC, their wider societal implications, research and innovation, governance mechanisms
- Carry out a **public** consultation on preparedness and governance to PHEIC
- Mobilise relevant **stakeholders** and actors and promoting mutual learning mechanisms
- Contribute to restoring **trust** among scientists, researchers, policy makers and general public



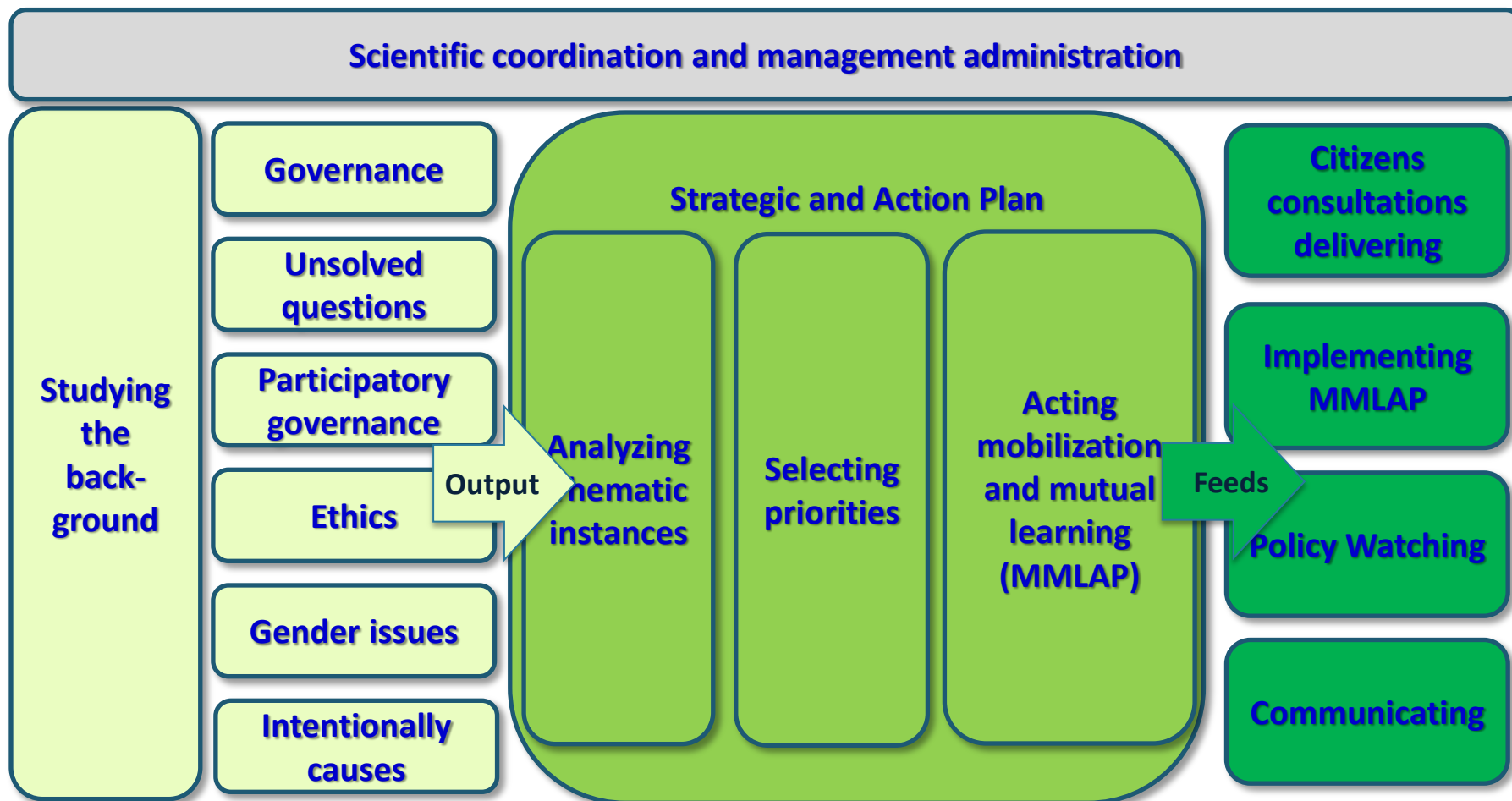


# ASSET LOGICAL FRAMEWORK





# ASSET STEPS





# ASSET CAPITALS





# ASSET EU CONSULTATIONS

- 8 countries (Bulgaria, Denmark, France, Ireland, Italy, Norway, Romania, Switzerland)
- 24th September 2016
- 430 citizens
- issues related to preparedness and response when PHEICs occur (mainly risk communication and vaccinations, institutional credibility, transparency, trust)







# ASSET MML

- Social media coverage
- Best Practice Platform and Stakeholder Portal
- Wide ranged local initiatives in 12 cities (Rome, Milan, Paris, Lyon, Dublin, Athens, Brussels, Oslo, Sofia, Bucharest, Geneva, Haifa) to
  - ✓ understand the spirit of the place;
  - ✓ enhance transferability of the most effective policies and practices





# ASSET POLICY WATCH

- 3 physical meetings of the High Level Policy Forum sided by discussion on a web platform on: 1) public participation, 2) mandatory vaccination, 3) ethics in pandemic preparedness
- 7 Pandemic Preparedness and Response Bulletins (a SiS topic per each issue from n. 2 to 7)





# ASSET TAILORED COMMUNICATION

- Scientific community – Paper series (6 publications)
- Professionals – Summer Schools (3 ed)
- GPs/HCWs – Best Practice Award (3 ed)
- School – Liaison with Erasmus Plus
- Stakeholders – Gender Platform
- Pharma industry – Newsletter on RRI on drugs (6 pub)





## Bringing SIS issues into Pandemic Preparedness & Response

The overall objective of ASSET project is to develop a multi-stakeholder approach to pandemic preparedness and response, focusing on the role of Science in Society (SIS) and the importance of communication and public engagement.

- Improving and supporting SIS activities and networks
- Developing a pandemic preparedness and response plan
- Improving and supporting SIS activities and networks
- Improving and supporting SIS activities and networks

### 6 MAIN SIS/RRI THEMES

ASSET project aims to address the following issues in the field of pandemic preparedness and response:

#### GOVERNANCE

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response

#### SCIENCE AND SOCIETY (SIS) AND RRI

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response

#### EDUCATION AND TRAINING

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response

#### ETHICS, LAW AND HUMAN RIGHTS

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response

#### GENERAL ISSUES

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response

#### DISSEMINATION AND OUTREACH

- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response
- Develop a multi-stakeholder approach to pandemic preparedness and response





[illegible]

2

[www.asset-scienceinsociety.eu](http://www.asset-scienceinsociety.eu)



# ASSET FINAL EVENT



**Best practices for promoting health in the population**  
Pania Karmaki, Prolepsis

## 1.C. ETHICAL ISSUES

**Reflection on ethics at the ASSET High Level Policy Forum**  
Kare Harald Drager, TIEMS

**To what extent is ethics recalled in national pandemic preparedness plans?**  
Alessandra Craus, Zedig

**SATORI experience**  
Daniela Ovadia, University of Pavia

**Ethics in public health**  
Sabina Gainotti and Carlo Petrini, ISS

**17,00 CLOSURE**



**31<sup>st</sup> OCTOBER 2017**

**Share and move\_The CASE-STUDY** for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics

**09,30 PLENARY SESSION II: VACCINATION/VACCINE HESITANCY**

**Opening speech** Walter Ricciardi, ISS President (to confirm)

**Vaccination hesitancy in Italy**  
Donato Greco, Zedig

**Perspectives at European level**  
Michael Sulzner, European Commission

**Perspectives at national level**  
Stefania Iannazzo, Italian Ministry of Health

**Perspectives at local level**  
Alberto Perra, Local Health Unit Rome 5

**Chairperson:** Roberta Villa, Zedig

**10,30 PLENARY DISCUSSION**

**11,00 BREAK**

**11,30 THREE PARALLEL SESSIONS**

**2A. A MATTER OF POLICY: TENSION BETWEEN SECRECY AND TRANSPARENCY AND CONFLICT OF INTERESTS**

**Security, secrecy and transparency in public health emergency management**  
Kjesrti Brattekas, FFI

**The Italian decision to mandate children vaccinations**  
Paolo Fortunato D'Ancona, Italian Ministry of Health

**Evaluating public health interventions against pandemics**  
Ariel Beresniak, DMI

**2B. LAY PUBLIC ENGAGEMENT - Let's be social**

**Vaccination hesitancy 2.0**  
Roberta Villa, Zedig

**Information and new consumption on the web**  
Walter Quattrocchi, Networks Department

**How can health information be retrieved in big data?**  
Alberto Tozzi, Bambino Gesù Hospital

**People engagement on the web**  
John Stian Haukeland, DBT

**2C. GENDER IMPLICATIONS**

**Gender pattern and vaccination**  
Peggy Maguire, Vanessa Maria Moore, Rebecca Maria Moore

**The woman role according to a lifecourse health promotion perspective**  
Angela Giusti, ISS

**Case-studies of women as health promoters**  
Sofia Colaceci, ISS



**Women and science**  
Marina Patriarca and Maria Cristina Angelici, ISS

**13,00 PLENARY SESSION III: PERSPECTIVES FOR EUROPEAN RESEARCH ON HEALTH**

**Open scientific issues in the European research framework**  
Giorgio Guzzetta and Stefano Merler, Bruno Kessler Foundation

**Empowerment strategies in support of the neighbourhood policy**  
Silvia Declich and Maria Grazia Dente, ISS

**Chairperson:** Valentina Possenti, ISS

**14,00 LUNCH**

## SPEAKERS

Michele Bellone, Zedig Srl, Italy  
Eva Benelli, Zedig Srl, Italy  
Ariel Beresniak, Data Mining International Sa, DMI - Geneva, Switzerland  
Kjesrti Brattekas, Norwegian Defence Research Establishment, FFI - Oslo, Norway  
Massimo Ciotti, ECDC, Stockholm, Sweden  
Sofia Colaceci, Istituto Superiore Sanità, ISS - Rome, Italy  
Alessandra Craus, Zedig Srl, Italy  
Paolo Fortunato D'Ancona, Ministry of Health, Italy  
Alberto d'Onofrio, International Prevention Research Institut, IPRI - Lyon, France  
Jacques de Haller, Comité Permanent des Médecins Européens, CPME - Brussels, Belgium  
Silvia Declich, Istituto Superiore Sanità, ISS - Rome, Italy  
Maria Grazia Dente, Istituto Superiore Sanità, ISS - Rome, Italy  
Kare Harald Drager, The International Emergency Management Society AISBL, TIEMS - Brussels, Belgium  
Sabina Gainotti, Istituto Superiore Sanità, ISS - Rome, Italy  
Angela Giusti, Istituto Superiore Sanità, ISS - Rome, Italy  
Donato Greco, Zedig Srl, Italy  
Manfred Green, Haifa University, HU - Haifa, Israel  
Giorgio Guzzetta, Bruno Kessler Foundation, Trento, Italy  
John Stian Haukeland, Fonden Teknologirådet, DBT - Copenhagen, Denmark  
Stefania Iannazzo, Ministry of Health, Italy  
Pania Karmaki, Institute of Preventive Medicine Environmental and Occupational Health, Prolepsis - Athens, Greece  
Peggy Maguire, European Institute of Women's Health Limited, EIW - Dublin, Ireland  
Stefano Merler, Bruno Kessler Foundation, Trento, Italy  
Rebecca Maria Moore, European Institute of Women's Health Limited, EIW - Dublin, Ireland  
Vanessa Maria Moore, European Institute of Women's Health Limited, EIW - Dublin, Ireland  
Daniela Ovadia, University of Pavia, Italy  
Marina Patriarca, Istituto Superiore Sanità, ISS - Rome, Italy  
Alberto Perra, Local Health Unit Rome 5, Italy  
Carlo Petrini, Istituto Superiore Sanità, ISS - Rome, Italy  
Valentina Possenti, Istituto Superiore Sanità, ISS - Rome, Italy  
Walter Quattrocchi, Laboratory of Computational Social Science, Networks Department, Lucca, Italy  
Walter Ricciardi, Istituto Superiore Sanità, ISS - Rome, Italy  
Mitra Saadatian, Lyonbiopole Health Cluster - Lyon, France  
Debora Serra, Zedig Srl, Italy  
Angela Spinelli, Istituto Superiore Sanità, ISS - Rome, Italy  
Michael Sulzner, European Commission, Luxembourg  
Alberto Tozzi, Bambino Gesù Hospital, Rome  
Roberta Villa, Zedig Srl, Italy



# THANKS



[valentina.possenti@iss.it](mailto:valentina.possenti@iss.it)

