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WORK PACKAGE 6 POLICY WATCH HIGH LEVEL POLICY FORUM REPORT 1

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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EXECUTIVE SUMMARY

This is a report of the activities through June, 2015 of the High Level Policy Forum (HLPF) established under Task 6.1 of the ASSET program. During this period the first members of the HLPF were assembled, and the first HLPF meeting was held in Brussels on Thursday March 12, 2015.

As this was the first meeting of the HLPF, considerable time was spent discussing how to focus the activities of the Forum to maximize its value, considering the many aspects affecting pandemic response, the many organizations involved, and the limited resources of the Forum. While it will certainly be valuable for the participants to share best practices, it will probably be even more valuable for the group to take advantage of its unique structure to address what is needed beyond best practices to improve pandemic response.

The ASSET program can provide a means to act on the insights developed in the Forum. This might begin by having the HLPF review the conclusions of ASSET Work Package 2 Study and Analysis, which is intended to identify the gaps and opportunities in pandemic response that will be addressed by the Strategic Plan, Roadmap, Workbook, and Tool Box to be created by ASSET Work Package 3.

Subsequent to the March 12 meeting, recruiting for HLPF members continued, and one new member was added (Lina Bruno). ASSET HLPF brochures and introductory material were distributed by HLPF member Bjørn Guldvog at the meeting of EU Chief Medical Officers and Chief Nursing Officers in Riga during April, to support recruiting of additional members. We also contacted EU SANTE Policy Officer Germain Thinus to begin coordination of HLPF activities with the EU Health Security Committee. We have been invited to participate in their next conference, and we plan to hold the second HLPF meeting adjacent to this conference in Luxembourg (mid October), to enable a good exchange of information.

1. INTRODUCTION

This report is Deliverable D6.1 of the ASSET program's Task 6.1 High Level Policy Forum, of Work Package 6 Policy Watch. It provides a report of Forum activity through month 18 of the ASSET program (June 2015), a list of Forum participants, and the minutes of the Forum's first physical meeting, which took place on March 12, 2015 in Brussels.

Draft versions of this report were created by the High Level Policy Forum (HLPF) Secretary, and circulated to Forum participants for comments, additions, and continued discussion. The report thus represents not only a description of activities, but also a means to further the work of the Forum and to record its consensus.

A final version of this report was created by adding a summary of HLPF activities after the March meeting, through June 2015.



2. FORUM ACTIVITY REPORT THROUGH JUNE 2015

2.1 Forum Planning with ASSET Partners

In August 2014 a discussion was initiated by the Task 6.1 leader, TIEMS, presenting an initial plan for the HLPF, and asking for suggestions for potential members. Continuing discussion among the ASSET partners participating in Task 6.1 (TIEMS, ISS, DBT, FFI, NCIPD, EIWH) was recorded in an HLPF Discussion Document (Annex 1 of this report).

2.2 Development of HLPF Introduction Document

A document was drafted by TIEMS and further developed by the Task 6.1 ASSET partners, to explain the objectives of the HLPF, present the initial HLPF membership, and announce the agenda and plans for the first HLPF meeting held in Brussels on March 12, 2015. An updated version of this document is included in this report as Annex 2.

2.3 Recruitment of Forum Members

It was decided to recruit the initial HLPF membership by contacting potential members directly, based on recommendations from the ASSET community. It was expected that this initial group of members would help us further define the HLPF and recruit additional members through their networks. The initial membership is listed in Section 3 of this report.

2.3 First Forum Meeting

The first Forum meeting was held in Brussels on March 12, 2015. The agenda for this meeting is shown in Annex 3 of this report.

2.4 Meeting Report

Following the March 12th meeting, the HLPF Secretary created a draft of this report, High Level Policy Forum Report 1, which was circulated, discussed, and improved upon by meeting participants. The conclusions of this discussion are contained in the final version of this report. The report has been distributed through ASSET and TIEMS websites, and it is being used as background information when recruiting new members to HLPF.

2.5 Recruiting Additional Members to HLPF

One new member has joined the ASSET HLPF since the first meeting of ASSET HLPF, namely Lina Bruno, Head of the National Influenza Centre (South France) & Head of the Virpath lab, France. An updated list of HLPF members is found in Annex 2 of this report.

2.6 HLPF Introduction to EU Chief Medical and Nursing Officers

ASSET HLPF member Bjørn Guldvog, offered to introduce the ASSET HLPF and try to recruit members to the ASSET HLPF, at the meeting of EU Chief Medical Officers and Chief Nursing Officers in Riga 7 – 8 April 2015. The ASSET brochure and an Introduction to ASSET HLPF leaflet were distributed to about 150 participants in



Riga, and the result was that 22 expressed interest in the ASSET HLPF. They were from Poland, Portugal, Luxembourg, Germany, Latvia, Lithuania, Estonia, Finland, Slovenia, Netherlands, France, Denmark, Croatia, UK, Belgium and Hungary. We are following up with them, with the goal of recruiting them as members of the ASSET HLPF.

2.7 Developing a Relationship with the EU Health Security Committee

Since the EU Health Security Committee seems to have some activities similar to those of the ASSET HLPF, it was decided to contact this committee, to understand their work and how it relates to the ASSET HLPF. We also wanted to investigate the possibility of recruiting members from EU Health Security Committee to the ASSET HLPF, and to consider cooperation between ASSET HLPF and EU Health Security Committee.

EU SANTE Policy Officer Germain Thinus, Luxembourg, was contacted in March 2015, and a dialogue has begun. Annex 10 of this report, Decision 1082/2013/EU, provides a perspective on the goals and approach of the EU Health Security Committee. Further information on the committee can be found at [EUHSC](#). Of particular interest to the HLPF, at the June EU Health Security Committee meeting, it was decided to establish/formalize (1) one permanent working group on preparedness; and (2) the HSC communicators' network.

The ASSET project has been invited to participate with one observer in the next EU Health Security Committee Conference, which will be held in Luxembourg 12-14 October 2015. A draft agenda for the conference is included as Annex 11 of this report.

2.8 Preparing for the Second ASSET HLPF Meeting

We are considering arranging the second ASSET HLPF meeting in Luxembourg during the EU Health Security Conference, most likely the 13th or the 14th of October or the day after the Conference, the 15th of October 2015. One ASSET representative will be invited to attend the Conference, and it will then be of interest to report back observations and findings to the ASSET HLPF and the ASSET Consortium for their consideration.

We are also looking into the opportunity to establish contact between EU Health Security Committee members and the ASSET HLPF during the Conference in Luxembourg. It is not yet decided how to best do this.

3. FORUM PARTICIPANT LIST AND TERMS OF REFERENCE

3.1 Forum Participants

HLPF Members

Bjørn Guldvog (Norway), Director General of Health and Chief Medical Officer, The Norwegian Directorate of Health

Karl Ekdahl (Sweden), Head of Public Health Capacity and Communication, European Centre for Disease Prevention and Control

Jeff French (UK), CEO at Strategic Social Marketing



Thea Kølsten Fisher (Denmark), Section Chief/Professor, University of Southern Denmark, The Serum Institute, University of Copenhagen

Ranieri Guerra (Italy), Head of Office, Istituto Superiore di Sanita (Did not participate in the meeting)

Lina Bruno (France), Head of the National Influenza Center (South France) and Head of the Virpath Lab (join HLPF after the March Meeting)

Other Participants in the March 12th Meeting

K. Harald Drager, The International Emergency Management Society (Chair)

Thomas V. Robertson, The International Emergency Management Society, Thinking Teams (Secretary)

Kailash Gupta, The International Emergency Management Society

Alyssa Carrier, The International Emergency Management Society, Risk Prepared

Alberto Perra, Istituto Superiore di Sanita

Kjersti Brattekas, Norwegian Defence Research Establishment

Manfred Green, University of Haifa

Jeanne Svalebek Jørgensen, The Danish Board of Technology Foundation

Vanessa Moore, European Institute of Women Health

Roberta Villa, Zadig

3.2 Terms of Reference

The Terms of Reference for members of the HLPF will be drafted and approved after the Forum has a chance to refine its charter and mode of operation.

We reiterated that in the Forum the participants would be speaking for themselves only, and not representing their organizations. During the meetings, discussions will be held under the Chatham House Rule: *“When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”* (www.chathamhouse.org) This rule will not apply to assigned agenda items and presentations, unless specifically requested by the author or presenter. Meeting minutes will be reviewed by participants to insure no unwanted attributions are made.

The HLPF Terms of Reference will need to be consistent with our objectives and value-added -propositions, and they will address important questions in the operation of HLPF such as member responsibilities, interactions with other organizations and bodies, operation of HLPF meetings, handling sensitivities related to member contributions and interactions, and the outputs of the HLPF.



4. MINUTES OF FORUM MEETING MARCH 12, 2015

4.1 Introduction

This was the first meeting of the ASSET High Level Policy Forum (HLPF). Its purpose was to introduce the participants to each other, review the ASSET context for the HLPF and other background, and engage in discussions to further refine the direction of the HLPF. The agenda for the meeting is included as Annex 2 of this report, and the participants are listed in Section 3.1 above. Meeting presentation materials are included in this report as follows:

- Annex 4 - The ASSET Project (Alberto Perra)
- Annex 5 - From TELL ME to ASSET (Manfred Green)
- Annex 6 – The new Decision 1082/2013/EU (Karl Ekdahl)
- Annex 7 - Health Security Committee (Tom Robertson)

4.2 Meeting Notes

- Highlights of points discussed during Alberto Perra's introduction to ASSET:
 - Q: Was there a specific gap analysis that led to the ASSET program? A: Issues of adequate information and distrust have been apparent in the EU, which led to the program. The ASSET work packages are structured to identify gaps to guide the program.
 - Q: Is ASSET a research project? A: Not a research project per se, but the work packages draw on researchers and survey research results to develop improvements to pandemic response action plan.
 - Q: Challenges for ASSET: Be more specific about what outputs will look like. What does success look like? What is the right scale for this project? How broad is our engagement of the larger community? What is the value added of the project? A: The Mobilization and Mutual Learning Action Plan (MMLAP) nature of ASSET means that these questions are answered in the course of the project. Propose ideas! Help us decide which stakeholders to engage
 - ASSET is largely about moving from mistrust to trust
 - ASSET is addressing a large problem with many elements and players – it will be important for us to prioritize what we work on – perhaps two or three key issues.
- Highlights of points discussed during Manfred Green's presentation on the TELL ME project
 - Reducing mistrust and improving transparency are illusive. These issues have been apparent for over 40 years, yet we have made limited progress



- The “revolving door” and other perceived conflicts of interest feed mistrust
- Total transparency needs to be tempered to avoid unnecessary panic, particularly in dealing with uncertainties
- Highlights of points discussed concerning EU Decision 1082
 - Annex 8 is a summary of EU Decision 1082 provided by Donato Greco
 - Karl Ekdahl did the presentation on EU Decision 1082
 - This directive formalizes a Health Security Committee (HSC) which includes representatives from all EU states, to address serious cross-border threats to health. Should the HLPF work with the HSC?
 - There have been two meetings of the HSC – Karl Ekdahl has been participating as a representative from the CDC
 - The HSC is expected to establish standing committees in the future, which would probably be our point of contact for interaction with the HSC. However, the formal structure and process of the HSC would probably make working with them not worth the expenditure of ASSET/HLPF resources at this time
- Highlights of points raised during open discussion
 - ASSET is a Science in Society project, where we need to measure outcomes as they affect individual citizens. Key themes are responsible research and promoting mutual learning. It is not simple, for example balancing transparency and secrecy in the face of uncertainty.
 - The ASSET HLPF Introduction (Annex 2) posed several “Questions to ASSET-HLPF”. In preparation for our meeting, Bjørn Guldvog discussed these questions with his organization and developed their response, which is summarized in Annex 9, General Points about Communication with the Public in a Pandemic Situation. This paper makes many important points. Themes include building trust and preventing fear through rapid, coordinated, and consistent communication; timely implementation and marketing of a full range of communication channels, including social media; and EU agreements and protocols to establish consistent sources of authoritative information.
 - Key issues on the front line of officially dealing with pandemics are: where do we find trustworthy information? How do we communicate uncertainty?
 - Early communication of “worse case” assessments is not entirely successful. When situation turns out to be not the worst case, the public blames officials for untrustworthy communication



- It is important that ASSET not duplicate what has been done, or what is already being done. What is our added value? We should find our “end users” and ask them what they need, e.g., policy makers and public health officials
- Two key issues: What is the best advice? Why is it still not working?
- There already exists lots of practical guidance on how to deal with pandemics – we don’t need to come up with our own version of that. For some reason, people don’t follow this guidance – why? Maybe it would be useful for us to provide a “map” to what is available
- A key result of the ECOM project (Effective Communication in Outbreak Management, www.ecomeu.info) is that in influencing the public’s behaviour during a pandemic, communication is only a small part of the solution. Although public health officials may spend all their energy doing as much communicating as possible, this is often not the solution. For example, piling on more announcements about the importance of vaccination can make vaccine resisters more resistant. Sometimes officials engage in unproductive “victim blaming”
- ECOM found that redesigning services can be more effective in changing public behaviour than increasing communication. Redesign might include bringing vaccines to where the people are, engaging local influencers, and incentives/disincentives. For example, much higher vaccination rates were achieved when at-work vaccination was instituted for Irish nurses and midwives. Redesign can be more expensive than communication, though
- Community coalitions are probably a critical part of the solution
- The ASSET Description of Work (DOW) states that the HLPF will connect ASSET work with policy cycles, but allow freer discussion of important issues than possible in more formal settings
- Perhaps the HLPF can help guide the ASSET program so that it would be useful, so that it addresses the issues identified in ASSET Work Package 2 in the areas of current governance, unsolved scientific questions, adopting participatory governance, ethics/laws/rights, gender issues, and intentionally caused outbreaks. Sometimes “less is more” – we should pick our targets
- Using the internet and social media is very important. We need also to consider the disadvantaged, that may not have access
- ASSET is a project, not a policy making group. We can come up with hypotheses and test them
- We should aim for geographic diversity in looking for new members for the HLPF. Less developed countries might find participation particularly valuable
- The ASSET Community of Practice (CoP) web platform is a valuable source of information and collaboration. The HLPF will identify in the future how they want to use the platform to further



its goals, for example with a special area restricted to HLPF members. A Forum member asked if members of his staff might have access to the CoP, and the group believed this would be ok. Concerning information feeds from the CoP, most members wanted only brief, summary information, so as not to add too much to their already large information load.

CONCLUSIONS AND RECOMMENDATIONS

Main Conclusions

1. The meeting participants actively engaged in discussions that confirmed their experience in and dedication to health policy excellence, and supported a conclusion that the HLPF has the potential to identify and help address gaps.
2. The HLPF has been initially described as a forum of cross-sector policy makers engaging in a unique forum to consider EU strategic priorities in pandemic preparedness. Just how we go about this needs to be further defined to insure the Forum
 - a. Adds value to the EU and the ASSET program, by supporting the program's goal to improve EU pandemic response through a Mobilization and Mutual Learning Action Plan
 - b. Provides a valuable return on the time invested by participants
 - c. Does not simply duplicate past or on-going work, or attempt to play a role already assumed by another organization
 - d. Narrows the scope of its work to focus on delivering the best value within its limited resources
 - e. Provides the beneficiaries of its work with what they want and need.
3. We need to focus on what hasn't been working and why. For example, trust can be enhanced by adopting health communications best practices, but it can take redesigning health services to improve public response.
4. The HLPF would benefit from recruiting additional members that provide wider representation across regions and sectors.

Proposed Value-Added Propositions for the HLPF

Drawing from discussions before and during the meeting, the following are proposed as statements that clarify the value we are seeking from the activities of the HLPF

- Value to the EU – the HLPF will help insure that the outputs of the ASSET program (1) address real needs and gaps; (2) are useful to policy makers; and (3) are compatible and complimentary to related activities by other groups. In addition, it is hoped that the EU will benefit from the additional insights policy makers will gain from participation in the HLPF. In addition, we hope HLPF members will help channel the results of the ASSET program to the EU organizations, policy makers, and other stakeholders that can use these results to better prepare EU society for pandemics.



- Value to the ASSET program – the HLPF will lend their insights to the development of the ASSET Work Package 3 products - Strategic Plan, Research Roadmap, Workbook, and Tool Box – which are the primary means by which ASSET will improve EU pandemic response.
- Value to HLPF participants – the HLPF will offer (1) a chance to engage in dialog with peers, to learn ideas, experiences, and practices that might contribute to one's own operation; (2) expand one's network of potential collaborators across geography and sectors; and (3) play an influential role in improving EU pandemic response through the ASSET program.

Suggested Next Steps to Realize the Potential Value of HLPF

1. ASSET team and current HLPF members continue to recruit new HLPF members
2. HLPF members and meeting participants review these draft minutes, not only to add observations from the meeting, but also to contribute ideas and suggestions for future activities. For example, how and to what extent might the HLPF help channel ASSET findings into the operation of the EU health system?
3. ASSET program provide a summary to HLPF members of the problems and gaps in EU pandemic response, identified by ASSET Work Package 2 Study and Analysis. Convene a virtual HLPF meeting to allow the HLPF to comment on, elaborate, validate, or contradict the conclusions of Work Package 2
4. Consider the new integrated Threat Index developed by the TELL ME project, as an improvement to pandemic response that might be recommended by the ASSET project
5. When available, ASSET team provide summaries of Work Package 3 results, for comment by the HLPF
6. At the next annual HLPF physical meeting, provide opportunity for networking and idea sharing, in the context of a review of ASSET progress to date and planned next activities.



ANNEXES

Annex 1 HLPF Discussion

Annex 2 Introduction to the HLPF

Annex 3 Agenda for First HLPF Meeting

Annex 4 The ASSET Project

Annex 5 From TELL ME to ASSET

Annex 6 The new Decision 1082/2013/EU

Annex 7 Health Security Committee

Annex 8 EU Decision 1082 – A new challenge to increase population protection

Annex 9 General points about communication with the public during a pandemic situation

Annex 10 Decision 1082/2013/EU

Annex 11 Draft Agenda for EU Health Security Conference

ASSET HIGH LEVEL POLICY FORUM

DISCUSSION

Between Involved Partners

1. Persons and their profile to invite on the Forum

This is of course the crucial issue, and I need proposals from all of you, and also from the other Consortium Members. In the outset I have figured a Forum with about 15 members, which of course could grow over the project period, but it should be limited for the first Forum to the key ones. When we have recruited the basic Forum, I am sure the members we have selected and who has accepted will be the right resource to come up with other names, so we could grow the Forum..

But we should probably start out reaching consensus on what kind of profile are we looking for those we invite to be Forum members!

So, start out the first week with suggestion what kind of profile we should aim for the members of the Forum, but also names, which profiles could be an example!

Considerations by Alberto: We should try to better identify what are the output (or outcome, if any) of this forum. What we want the members of the forum to do for the project during the timeframe of the project activities and after the project. Are we figuring out what are their expectations from the project? May we use a matrix (like the following one) to improve our understanding of these stakeholders?

	Relevance of the stakeholder for the objective of ASSET	
Interest in the project of the stakeholder	++	+-
	-+	--

Would it be a good idea to ask ASSET CoP members to send ideas on what is a meaningful list of institutional (and not only) figures to invite?

Jacob: It makes good sense to establish a forum with an as broad selection of members as possible. We could also consider involving a media-partner in regards to the dissemination of the outputs from the group. It could be a good way of securing that the messages from the group reaches the right target group in the best possible way. The matrix model looks good for creating an overview of the stakeholders.

Kjersti: I would suggest to attempt making the first HLPF include at least one member from each level suggested in the DOW, i.e. policy-makers (EC, DGs etc.), decision makers (e.g. EPSCO, ENVI, WHO Europe) pharmaceutical companies (e.g. Roche, GlaxoSmithKline, Sanofi, AstraZeneca) and civil society organisations (e.g. European Public Health Alliance (EPHA) etc.). This is to aim for making the discussion multidimensional.

I agree with Alberto that some interest matrix may be used, and that CoP members can send in their lists of figures. We should also consider the members to sign a letter of intent (LOI) including any identified project activities and outcome standardised for the HLPF.

Savina: I agree with the suggestions so far. Maybe a list of the organizations, suggested here so far can be posted in the CoP to be expanded by the other partners. Should we prioritize and first trying to invite members of some organizations, and, if that does not work – move on to other organizations? That would be a meaningful approach if the forum has to be kept a certain size.

Peggy: I agree with the suggestions so far that the forum should be multisectoral and representative of the main stakeholders, as Kjersti and Tom have suggested including DG SANCO, ECDC, EMA, ASPHER, Committee of the Regions, Health Experts, EUROHEALTHNET, Patient NGOs, Industry, National Institutes of Public Health. Crucial to have the

reach into national level in the Member States and beyond. Should an ultimate aim be to have a satellite forum in Member States overseen by the HLPF?

Tom: I certainly agree with the comments so far. As Alberto's table indicates, interest in our project is a primary consideration – this interest could come from personal connections with our group or a particular resonance with our mission to improve EU response to pandemics. Perhaps people who were personally involved with the H1N1 response would have not only sympathy for our cause, but also valuable knowledge and perspective. It seems like this is a situation where we can recruit a few key people, and they can help us recruit more through personal connection.

Besides the primary considerations of personal interest, connections, and H1N1 experience, I agree with Kjersti's suggestion to seek representation from the key organizational categories. If we don't do that, we will surely be missing important things. Some other organizations that participated in the H1N1 response included the European Center of Disease Control, European Medicines Agency, European Food Safety Agency, Health Security Committee, the Global Health Security Initiative, and even the World Organization for Animal Health. Also, it would be good to get coverage at the multiple levels – Global, EU, Member States, regions, local – and of course the dimensions Kjersti mentions of government/ngo/commercial/professional.

2. Contacting Process

When we have a preliminary list, we need to agree on how we contact these persons. I believe in informal contacts first by someone knowing the person, to clarify, if the person is willing and have time to sit on the Forum, and if the signal is positive, we will do a formal contact by letter, which should include a preliminary Terms of Reference, and the structure and plan for the meetings. However, I suggest these issues is to be formally decided by the Forum itself after discussion on the Forum.

Alberto: ASSET is a project, proposed by a private group involving many types of organizations, granted, as many other, by the EC. That is all the official endorsement that we dispose. We were wondering whether it is possible to get from EC a stronger support (?) to involve our VIP candidates to the forum.

Jacob: I agree with Kjersti and it could also be an idea to include a list of people we have already contacted (to be updated as the stakeholders agree to participate in the forum) for the person we are inviting to see.

Kjersti: I agree with Harald's approach. It is wise to enquire about interest via a familiar contact person before sending an official letter. However, we should include reference to the EC grant agreement and call topic the project is aiming to answer briefly in the first correspondence in order to reference our main objective and the EC support. It could also be a possibility to ask the Coordinator to liaise with the EC Project Officer (Agni) for further support in contacting/encouraging VIPs. Perhaps a letter emphasizing the importance of the HLPF with her signature could be a suggestion.

Savina: I agree with the approach of combining informal communication with a follow-up formal letter. The formal letter can summarize the main points of the Forum in short – why is the Forum meeting? Why is it a unique opportunity? The letter may also prompt the person, who receives it, to contact others who may be interested, and/or to sign up for further news. "Further news" may include informing the person about the latest topics of discussion and future meetings. However, I am not sure how detailed the news can be, considering that the person may sign up for news, but not be an actual member of the Forum, and this may undermine the closed, Chatam House rule nature of the forum.....so this is just a suggestion.

Peggy: I think the informal approach will work for people known to the partners but we need the formal invitation with a TOR for the many others as this sets the scene and demonstrates our intent. We should get an "important" person/s to be our Champion and ask if he/she/they will co-sign the invitation on our behalf.

Tom: In addition to drawing on personal connections and official statements, I think we can make a pretty good "sales pitch". Although I don't have the context to anticipate how VIPs would view our project, it seems to me it is a pretty big deal – it address a very important EU issue, and it can have significant impact.

3. Mission and Focus of the Forum

This is a very important beginning of the Forum, and in order to trigger your thoughts, please, see the link to the Mission and Focus of TIEMS: <http://tiems.info/About-TIEMS/mission.html>

Send us your ideas, and we will structure a first draft

Alberto: As we said above, what the forum and the overall WP6 is going to produce would feed (and also would be fed by) the other WPs. It will take more time to involve other CoP partners but it is worth doing. The question for the other partners is: what I need the WP6 to make me available (in terms of information or mobilization, for example) to enable me to achieve my WP (or task) objectives?

Jacob: I agree with Kjersti - let's stick with the description of the mission and focus from the DOW (for now) and then maybe rewrite it into a list of 10 (bullet)points for transparency as the example from TIEMS shows.

Kjersti: The mission and focus should first and foremost be defined by – and based on – the DOW, and then further defined. Example from DOW:

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

Focus:

- The Policy Forum will consider and revise specific issues related to EU strategic priorities in pandemic communication, preparedness, and response.
 - Although the Forum may produce recommendations, its primary role will be to create mutual trust, improve communication, and provide a “safe” environment to address questions which are otherwise difficult to discuss.
 - An important goal of the forum is strengthening the perception that further dialogue among the participants is going to be fruitful due to increased insights into each other's perspectives, and the sense that conversation is worth.
 - While the participants will not participate in any official position, it is hoped that they might influence policy decisions in a variety of ways.
 - A few basic rules for the forum are:
 - 1) The forum promotes dialogue, not debate: participants are not being asked to defend their own views or to find the weakness in others' positions, but to explain their own perspectives;
 - 2) Parties speak for themselves only, not as representatives of groups, institutions, governments, etc.;
 - 3) Conversation will be carried out under the Chatham House rule.
-
- **Savina:** I agree with listing the main features of the Forum, summarized by Kjersti, and with further refining the mission and priorities during the first meeting. In addition to the points from the DoW, it may be good to summarize why the forum is important, maybe something like:
 - “Tackling pandemics is an intricate process, which necessitates effective interaction among many stakeholders. As this interaction must happen very quickly and under intense public scrutiny, preparedness is essential. The network of stakeholders can only be prepared well through building trust and good working relationships beforehand. In addition, identifying and discussing important policy issues and thinking of how they can be improved, can only be done comprehensively through considering the points of view of all the main stakeholders. The HLPF provides this opportunity at the highest level. It is a place for stakeholders to meet, learn from each other, and come up with better policy solutions”
-
- **Peggy:** I think the Tiems mission and focus are a great starting point but the Forum itself will have to agree its mandate. awareness raising, advisory, reviewing guidelines?
 - **Tom:** I believe this is a situation where for the most part we could assemble the HLPF participants, present the objectives and ground rules stated in the DOW, and allow the participants to refine mission and priorities.

4. Terms of Reference (TOR) for the Forum and its Members

I suggest we should aim for a formal Forum, which should over time be sustainable and self governed, and this needs to be reflected in the Terms of Reference, and it should also be considered if the Forum should be formally registered as an entity of some kind!

In order to trigger your thoughts on what we should include in the TOR, please, look at the following link with Terms of Reference for TIEMS Directors and Officers and Secretariat:

<http://tiems.info/images/TIEMS%202013%20Terms%20of%20Reference%20Document.pdf>

For your info, TIEMS is registered as a non-profit international NGO in Brussels.

Send us your ideas, and we will structure a first draft!

Alberto: We would proceed setting up ToR only after the steps described above

Jacob: I agree it is a good idea to look at this later in the process.

Kjersti: I also think this should be done after the steps above.

Savina: A general ToR plan may be drafted after step 3 and refined in the Forum.

Peggy: I think that the fact that TIEMs will be the Secretariat (as suggested below) for the project duration will instill confidence into potential Forum participants and allow for the evolving of a new organisation.

Tom: I think at the beginning, the TOR should state something like the minimum commitment required of a participant to be part of the HLPF – willingness and availability to participate in meetings and commitment to open, respectful, and confidential discussions. Also, the TOR could define roles such as Chairperson and Secretary, which would initially be filled by ASSET people. Beyond that, the TOR could become more specific as the HLPF structures itself.

5. Forum Secretariat

TIEMS (Tom and I) will be the Secretariat during the project life time, but a formal secretariat should be established for the Forum.

Alberto: It sounds good

Jacob: If that's what is needed in the future – that is fine.

Kjersti: This would be a natural item to address in the Forum.

Savina: I agree. This topic should be addressed in the Forum, when discussions of whether the Forum will go on after ASSET, arise.

Peggy: Agree great idea

Tom: I agree.

6. Structure of the meetings

We are recruiting persons, whom I am sure have a very busy agenda, so we have to limit the time for the meetings. I suggest 1 day meetings in the start-up and in the ASSET project period and then the Forum itself can find out over time, how long time their meetings should take in the future. For example PSC Europe Forum, see <http://www.psc-europe.eu/>, which I had the responsibility to establish in the NARTUS EU project, have two, 2 days meetings a year, where presentations of key issues are part of the agenda. They also have a membership and an AGM (annual general meeting for decisions and voting on issues) at one of the meetings every year. Their administration is done by a paid secretariat.

We also need to start so late in the morning, say not before 10. a.m. and end, early, say 4 p.m., so people can travel to and from Brussels under the day. We need also to provide catering in form of coffee breaks and lunch, so a convenient locality in Brussels is important. Can anyone help with cheap or even free localities so we can keep costs down.

Alberto: If you change your mind we can give you plenty of indications of such places in Rome

Jacob: Short one-day meetings sound good and Brussels is a good place for the meetings. We can also offer meeting facilities here in DBT, Copenhagen for about 35 people. We have professional workshop facilities including voting equipment etc.

Kjersti: I agree with Harald on this approach. From previous experience in other EU projects, it is tactically wise to hold such events in Brussels for the convenience of the attendants and assured participation. Although not only people that are Brussels-based should be invited to the HLPF, it is convenient to travel there with train (Eurostar etc.) from several Continental European destinations + the UK, and there are frequent flights from most large cities. The downside is of course that the localities will not be free for the most part. After the HLPF is established, it may be that members have localities in Brussels with the possibility to host meetings and that meetings can be held in other cities after agreement with the members. It is highly recommended to outline dates for meetings at an early stage in order for the members to hold off the dates in their calendars.

As for the time of the meetings, I think 1 day meetings should be aimed for until the forum is well established. Although the time between 10am-4pm may be brief, a well-planned agenda with room for relevant presentations, discussion session(s) and networking/coffee/lunch should be manageable in this range.

Harald: If you remember the venue where we had the EDEN end-user workshop last November, I believe they can also offer localities for smaller events (the rooms used for discussion groups). The catering is excellent, and I think prices can be negotiated: http://www.bao.be/BAO_WEB/UK/Accueil.htm

Savina: I agree with this approach.

Peggy: Sounds good Brussels is easier to get to than other venues and many EU organisations have a base there.

Tom: The approach outlined by Harald and Kjersti sounds good to me.

7. Agenda of the first Forum

I suggest that the agenda of the first Forum, should be a constitution meeting and actually formally establish the Forum as an entity of some kind, and we need to prepare for this, so at least the following needs to be on the agenda:

- 1) *Welcome and introduction by ASSET project*
- 2) *Mission and Focus*
- 3) *Form of entity*
- 4) *Membership*
- 5) *Terms of Reference*
- 6) *Meeting plan*
- 7) *Budget and Financing*
- 8) *Any Other Business (AOB)*

Comments and further ideas are welcome

Alberto: It is possible that Forum participants have responsibilities of technical teams. Could it be an idea sending them a few weeks before a preliminary document to be discussed during the first forum? In this case some of our potential participants would arrive to the Forum adequately prepared or with a revised version of your preliminary document.

Jacob: The agenda looks good. However it is important that we foster a living discussion on the points that are discussable. Therefore it has to be made clear which points are merely orientation and therefore already decided and which are up for discussion. Thus, we have to make sure the framework for the discussions are clear.

Kjersti: Alberto's idea is good. The participants should be able to come prepared for the meeting, and this will also require less time on some of the agenda points. I otherwise think the agenda looks appropriate for a first meeting. We should aim to make sure the participants leave with a good understanding of the project, and a clear view of the road ahead.

Savina: The first meeting is introductory and the agenda is good. However, in order for the participants to gain a practical idea of what the Forum will be doing in the future, maybe a small policy discussion on a current topic should already take place. For example, if the Forum were to be held now, a presentation on ebola, followed by a discussion of policies, governing the EU response, can be discussed (while ebola is not a pandemic, it's high on the public agenda and the behavior/policies of institutions/countries with regard to this topic directly affects public trust.). Any other topic can also be chosen, and probably another topic may be of higher interest to members (depending on who they are) – but the point is not to only have a meeting that talks to the Forum about the Forum, but one that also does a bit of the actual Forum work.

Peggy: Agree with sending background documents and reading material in advance, so that questions can be answered in advance of or at the meeting

Tom: I like the idea of sending material in advance – perhaps background on ASSET, the issues we are trying to address, and the objectives of HLPF. I wonder how much we can count on VIPs to do much preparation work – I think it might be difficult to count on, however the meeting will certainly be better if preview materials are made available.

Alberto suggests that we might make assignments to participants, to bring revised documents or other products to the first meeting. That may be difficult, however I think we should look for opportunities to do that – for example a member may prepare to present their perspective on the H1N1 response.

8. Physical Meetings and Virtual Meetings

Since we talk about busy people from all over Europe, and that it is limited funds for arranging the meetings in the project period, see 10, we need to consider if we should add virtual possibility for the physical meetings as well and even have only virtual meetings now and then.

Comments and suggestions are welcome!

Alberto: Of course, the web infrastructure (being prepared by ZADIG) or also a reserved place in our CoP would be an easy offered opportunity. But our experience is that our VBPs (very busy people) would not be so enthusiastic in virtual participation in web spaces. A possible mediation would be asking them to identify a person of their team to replace them and to be accounted by for the participation in the web based forums

Jacob: Roberta's idea sounds good. In virtual meetings it can also be a good idea to assign the members with clear and active roles to play during the meeting. This could for example be to do a presentation or to be the facilitator of a debate etc. Webinars with presentations could also be a possibility.

Kjersti: Indeed, we have the same experience with "VBPs" not considering virtual meetings as "official" or "relevant" as physical meetings. However, the DOW states that we should be "...linking different policy levels both virtually through an online platform, and physically during the yearly seminar..." If virtual meetings are to be held on some platform, we should aim to shorten the time of the meetings as much as possible. It should also be taken into consideration that some companies/establishments (like FFI) have strict security regulations which do not allow for camera/microphone capacity on computers. Hence, an additional, or included, telephone connection should be set up

for these meetings. A possibility is also to use the CoP forum for smaller discussion items. Roberta's idea seems reasonable.

Savina: Virtual meetings can be meaningful if they are kept simpler – linked to a single topic, possibly one that is new, highly important, and dynamic – a topic that may get “old” by the next physical meeting – an outbreak with pandemic potential, a controversial situation etc.

Peggy: Physical meetings are of course more effective. But COP can be also productive and useful for specific discussions for the HLPF providing the topics are well documented for the participants

Tom: I think virtual attendance at one of the physical meetings could be a possibility, but by exception, for the reasons Kjersti states. We do have a responsibility to make the virtual meetings (in presence) work, too, and this is an opportunity to be creative! Perhaps every VBP has a local associate that can mediate between the VBP and the virtual world. Perhaps we can make the virtual meetings compelling enough to get good participation from VBPs.

Roberta: I understand that for “virtual meeting” you mean teleconferences, skype connections and anything like this, virtual but “in presence”. For the “written” discussion online Alberto is referring to, we are providing 2 different alternatives:

- 1) On the Asset website we are not going to develop a virtual area dedicated to HLPF private discussion, both because all the platform will be open and – as Alberto said -- that these VBP aren't supposed to be so eager to participate. In order to have their important voices on our website, we are going to ask the HLPF members for comments, features and articles about relevant issues, and maybe try to interview or videointerview them, as far as possible.
- 2) For reserved discussion, on the other hand, we are going to open a dedicated Forum on the COP, for the HLPF members and people from their team.

Do you agree with this idea?

9. Development of the Forum over the Project lifespan and after

A long term plan should be proposed for the Forum, assuming the Forum is to be a sustainable self-governed. Forum over time. We should make a preliminary plan to be adopted by the Forum itself, but an updated long term plan should be prepared and approved by the Forum itself before the end of the ASSET project.

Alberto: It sounds difficult. Under the pressure of ASSET project it is possible that VBPs would be motivated in participating in the forum, but after? Without any official appointment by their own government, any recognition by EC or by other international organization (WHO?), what should support sustainability of the Forum for after-project coming years?

ASSET main result would be setting up a MMLAP. These type of projects are expected to create a great deal of effective communication, persistent connections (between any kind of organizations interested by epidemic/pandemic, included general population) and democratization.

MMLAPs are expected to set up stable and sustainable frames, within single countries and within EU, to ease communication, preparedness and action in case of epidemics. This is the main reason why ASSET is asked to have a legacy and carry on the activities throughout horizon 2020.

Those VBSs would be somehow concerned by this so that they also could be asked to give their ideas of their role in carrying out the ASSET MMLAP.

Jacob: I agree with Kjersti and Alberto – but the plan should however be addressed in the forum in time to plan further ahead.

Kjersti: Alberto has a point. Perhaps a long term plan should be a secondary goal for the forum, to be established on the basis of their ideas and consent towards the end of the project.

Savina: A long-term plan may come up if the forum works out well and the members want it – this depends on many things and is probably better discussed with the Forum itself at a later point.

Peggy: Alberto makes very valid points this is a discussion for the TOR

Tom: The need for the interactions we hope to create in the HLPF will persist beyond the ASSET program, and of course ASSET has a responsibility to leave a legacy. I agree that how to do this in the context of the MMLAP can be a topic discussed by the HLPF. Possibly we will want to continue the HLPF. Another possibility is that the HLPF objectives can be taken on by some other forums.

10. Budget for the Forums

It is planned four meetings during the ASSET project period, and for this is allocated funds of 24 000 € or 6 000 € per meeting. It maybe that the first meeting will be cheaper than the later meetings in the project period or visa versa, so we expect to distribute the funds in the best interest of developing the Forum in the project period. These funds have to cover expenses for Tom and me to be in Brussels for the meetings preparing and being the secretariat. In addition, cost for conference facilities and catering for the people present. I trust in addition to the Forum members, yourself and other ASSET Consortium members will be present, so I assume 25 – 30 persons for the first meeting. Preliminary cost assumptions for conference facilities and catering say 65 € per person, and this leads to a approx. total of 2000 € for catering and conference localities (ideas to keep costs down are welcome!). We also estimate 2000 Euro in preparation and travelling costs for TIEMS. This leaves € 2000 € for eventual printing matters and extras + eventual support of travelling for some of the Forum members. However, we should avoid paying travel and accommodation for the Forum members!

However, we should aim for the Forum to be financed by EU or others in the future after the ASSET project!

Comments and ideas, please!

Alberto: We agree with your approach

Jacob: I agree with Kjersti and Alberto.

Kjersti: In my experience, Board and Forum members are usually compensated for travel and accommodation but not for their time. If no travel/accommodation compensation is offered this may risk limiting participation. However, it could be an option to ask participants to request especially for this support, and they may not all do it. I am assuming the other ASSET members to be present will place travel costs under a different post – is it possible that TIEMS can also place travel costs elsewhere? Preparatory costs for the meetings would of course be under the meeting post.

Savina: Not compensating members for travel and accommodation will very likely limit the choice of members. Considering you have 2000 Euro left for printing and extras and eventual support, it may actually be possible to compensate up to 10 members. This means:

1. The meeting is strictly a one-day meeting, so accommodation is not compensated.
2. The meeting is held at a place, allowing most members to travel to and fro within 2-3 hours (that is, 2-3 hours in each direction).
3. You retain 500 Euro for printing and extras (I believe this can be a sufficient amount), and allocate the rest for traveling.
4. So – you have 1500 Euros for traveling.

You can use the 1500 in several ways, depending on how many members you get, but if you tell people you can reimburse up to 100 or up to 150 Euro from their trip, plan early, and make use of the wonderful train system in Holland, Belgium, France, and Germany, you get a large pool of possible members, who can manage. I just checked a ticket for tomorrow from Koeln to Brussels – return is 130 Euros, and this is the fast train, which takes an hour and a half. Had I bought the ticket earlier, it would probably have cost 50 Euros (DB has wonderful early planner discounts, I hope this also goes for the TGV etc.). Another option is, if you have 10 members, to limit the reimbursement to 100

for those who are based within a reasonably short train-trip of the location, and to then have 500 Euro left for the reimbursement of up to 250 for at least two plane tickets from further locations.

This all depends on the number and location of people in the Forum and involves some more intricate planning, but may be doable. Maybe like this Brussels still remains the best location, though it really depends on where the headquarters of the members we want are – maybe then choosing the location can start with looking up headquarter addresses?

Peggy: Perhaps the EU would consider funding the the Forum as an expert /other Network

Tom: If we can only get good participation by offering travel support, this is a budget challenge that we might need to discuss with the ASSET Program office. We might agree to (1) limit attendance to HLPF members who will pay their own travel; (2) use up all the HLPF travel budget on the first meeting, to get things going, and convene later physical meetings counting on contributions by members or sponsors; or (3) find additional travel funds that can be allocated by the ASSET program.

11. Any Other Business (AOB)

Alberto: Just a free (additional) thinking about the HLPF that Harold and his group are starting in these days.

Following Kjersti suggestion let's take from the DOW the most important indication about what the HPLF is expected to do: "the Policy Forum will consider and revise specific issues related to EU strategic priorities in pandemic communication, preparedness, and response ". Many other DOW phrases about HLPF mainly concern organization and management.

As I said during the KOM, in ASSET there are many aspects (tasks, methods, and objectives as well) of uncertainty that we have to further study, discuss and implement. After few months I feel even more convinced of that. Taking part to ASSET project we have accepted this challenge. But we cannot "transfer" this uncertainty to the stakeholders, notably to the VBP ("very busy people", according to the Harald appropriate definition) candidates to the HLPF. As much as possible we have to tackle this task with a pragmatic approach (VBPs like it!). If I were a VBP my position toward Harald proposal (and thereafter also ours) would be nicely expressed by this question: "What are you asking me exactly to do among the many things that I can do accordingly to my position?"

I am aware that we don't have a simply answer but the more we push our thinking the more we are likely to produce tangible results in ASSET.

A possible approach starting from the "problem setting": in our WP2 we are carrying out an exhaustive recognition of what were (and are, somehow) the main problems/issues that weakened "communication, preparedness and response" during the last pandemic crisis. Much of this information collected and adequately synthesized could trigger the discussion among the HLPF members.

As Harald proposes, these discussions have to be facilitated and oriented so that they can produce (even) unofficial recommendations. I would say that we want VBP recommendations on how to be effective (as ASSET at least) in giving practical answers to questions, among many others, like:

- a. What and how can we do to improve (any) systems capacities to make European citizens (and their representatives) timely informed for the next epidemic crisis?
- b. What and how can we help them to identify trustable and accredited information sources?
- c. What and how can we do to ease access to citizens to correct and timely information?
- d. What and how can we do to create channels to enable citizens to ask questions and have timely answers from government officials and accredited sources?
- e.

I wonder whether these questions would also be practical outcomes for ASSET project.

Hope you want to carry on this discussion on our platform so that other members could participate

Jacob: I agree with Kjersti.

Kjersti: The design of plans for the HLPF so far seems structured and ambitious. However, some points, like 4, 5 and 9 should probably be developed after the Forum is established. It is wise to think ahead and have some thoughts about these matters beforehand, but the Forum should be involved in further goals and development, especially regarding plans after the project lifetime.

Savina:

Peggy: The Forum should have short medium and long term goals , reflected in the TOR

Tom: As indicated by my other answers, I agree with Kjersti that we can start with a basic framework, and engage HLPF members to develop it further.



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 612236



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ASSET HIGH LEVEL POLICY FORUM

Introduction, Mission & Focus, Agenda and Members



www.asset-scienceinsociety.eu

Introduction

The 2009 H1N1 influenza pandemic revealed a breakdown in the communication between decision makers, their scientific institutions and the European public. This communication failure led to unwanted effects, such as the failure of a large part of the population to adopt adequate preventive measures, and the scientific sector not taking into account important information coming from the population. The objective of **ASSET** (Action plan in Science in Society in Epidemics and Total pandemics) is to create the blueprint for a better response to pandemics, through improved forms of dialogue and better cooperation between science and society at various stages of the research and innovation process. **ASSET** is a four-year, European Commission funded Mobilization and Mutual Learning Action Plan (MMLAP) project, which started 1st January 2014 and will end on 31st December 2017. The perspectives developed by the **ASSET** project will flow into Horizon 2020. See ASSET Project Web-site for more information of the project: <http://asset-scienceinsociety.eu/>.

The project objectives are:

1. Forge a partnership with complementary perspectives, knowledge and experiences to address scientific and societal challenges raised by pandemics and epidemics, and associated crisis management.
2. Explore and map SiS (Science in Society) related issues in pandemics and epidemics.
3. Define and test a participatory and inclusive strategy to improve bi-lateral communication aimed to succeed with crisis management.
4. Identify necessary resources to make sustainable the actions 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. The aim is to develop an integrated, trans-disciplinary strategy, which will take place at different stages of the research cycle, combining local, regional and national levels. One of the ASSET project tasks is to establish an **ASSET High Level Policy Forum (ASSET-HLPF)**.

ASSET High Level Policy Forum

Tackling pandemics and epidemics is an intricate process, which necessitates effective interaction among many stakeholders. As this interaction must happen very quickly and under intense public scrutiny, preparedness is essential. The network of stakeholders can only be prepared well through building trust and good working relationships prior to the incident. In addition, identifying and discussing important policy issues and examining how they can be improved, can only be done comprehensively through considering the points of view of all the main stakeholders. The ASSET-HLPF is intended to provide this opportunity at the highest level in various European countries. It is a place for stakeholders to meet, learn from each other, and come up with better policy proposals.

ASSET-HLPF Mission & Focus

Mission:

The **ASSET High Level Policy Forum (ASSET-HLPF)** 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.

Focus:

- The Forum will consider and revise specific issues related to EU strategic priorities in pandemic preparedness, including communication and other responses.
- The Forum may produce recommendations - however its primary role will be to create mutual trust, improve communication, and provide a “safe” environment to address questions which are otherwise difficult to discuss.

- The forum aims to strengthening the perception that further dialogue among the participants is going to be fruitful due to increased insights into each other's perspectives, and the sense that conversation between the concerned parties has intrinsic value.
- The participants will not participate in any official position, but it is hoped that they might influence policy decisions in a variety of ways.

ASSET-HLPF Basic Rules

The basic rules for the forum are:

1. The forum promotes dialogue, not debate. Participants are not being asked to defend their own views or to find the weakness in others' positions, but rather to explain their own perspectives.
2. Parties speak for themselves only and not as representatives of groups, institutions, or governments.
3. Conversation will be carried out under the Chatham House rule: "When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed".

Questions to ASSET-HLPF

- What and how can we improve (any) systems capacities to make European citizens (and their representatives) timely informed of the next infectious disease crisis?
- How can we help them to identify trustable and accredited information sources?
- What can we do to ease citizen' access to correct and timely information?
- What can we do to create channels to enable citizens to ask questions and receive timely answers from government officials and accredited sources?
- How can we develop a European Scientific network to promote and support such processes?
- Is it possible to draft a general strategy to pursue, in the coming years, the defined objectives through Horizon 2020?
- What is the role of the European institutions in supporting this process?

ASSET-HLPF Time Schedule

The ASSET project partners have started the recruitment process, by identifying potential participants to join the ASSETHLPF, from all stakeholders concerned with public health, such as policy makers, decision makers, companies, civil society organizations, media and others, in order to achieve a multidimensional discussion in the forum. The ASSET-HLPF first meeting was held in Brussels 12th March 2015. Further physical meetings will be scheduled on a yearly basis, while virtual meetings will then be scheduled between the physical meetings.

Minutes from the first meeting is found at:

<http://tiems.info/images/ASSET%202015%20HLPF%20Report%201%20draft%20minus%20annexes.pdf>


ASSET HLPF secretary is: Thomas Robertson, TIEMS USA

ASSET-HLPF Contacts

If interested in ASSET-HLPF and being a member of the forum, please, contact:

- Alberto Perra, alberto.perra@iss.it
- Valentina Possenti, valentina.possenti@iss.it
- K. Harald Drager, khdrager@online.no ▪ Thomas Robertson, tvrobertson@yahoo.com

PRELIMINARY LIST OF ASSET-HLPF MEMBERS

Name	Position	Organization	Country
 Bjørn Guldvog https://www.linkedin.com/pub/bj%C3%B8rn-guldvog/42/35b/b1a	Director General of Health and Chief Medical Officer	The Norwegian Directorate of Health (A professional agency under the Ministry of Health In Norway)	Norway
 Karl Ekdahl http://linkd.in/1BCMtTt	Head of Public Health Capacity and Communication at European Centre for Disease Prevention and Control (ECDC)	European Centre for Disease Prevention and Control (ECDC)	Sweden
 Jeff French http://linkd.in/1BmQoRl	CEO at Strategic Social Marketing	Strategic Social Marketing	UK
 Thea Kølsen Fisher https://www.linkedin.com/pub/thea-k%C3%B8lsen-fischer/4/7b5/b54	Section Chief/Professor	University of Southern Denmark The Serum Institute University of Copenhagen	Denmark
 Ranieri Guerra http://bit.ly/1LSt4UF	Head of office at Istituto Superiore di Sanita	Istituto Superiore di Sanita	Italy
 Lina Bruno http://www.virpath.com/virpath/lina-bruno-1/	Head of the National Influenza Centre (South France) & Head of the Virpath lab	Hospices Civils de Lyon & Université Claude Bernard Lyon1	France

More ASSET-HLPF members under recruitment!

Agenda for ASSET-HLPF Meeting in Brussels, 1015 – 1800, 12th March 2015

- 1015:** Welcome Coffee/Tea/Juice/Water with Pastries
- 1030:** Welcome by the moderator, **K. Harald Drager**, TIEMS, Belgium/Norway
- 1040:** Introduction to the EU project ASSET, and the Expected Outcome of the ASSET High Level Policy Forum (HLPF); **Alberto Perra**, ISS, Italy
- 1100:** Presentation of all the participants by themselves
- 1130:** From Tell Me to ASSET – How to implement Participatory Governance in Preparedness against Epidemics and Pandemics; **Manfred Green**, University of Haifa, Israel
- 1150:** November 2014 Implementation of the EU Directive 1082 – How to Transfer Theoretical Issues into Practical Applications?; **Donato Greco**, Zadig, Italy
- 1210:** Q&A and Discussion
- 1300:** Lunch with Salad, Sandwich Buffet and Dessert
- 1400:** Mission and Focus of ASSET-HLPF
- 1430:** Form of entity for ASSET-HLPF
- 1500:** Members of ASSET-HLPF/Suggestions and Contacts
- 1530:** Coffee/Tea/Juice/Water with Biscuits
- 1600:** Terms of Reference of ASSET-HLPF
- 1630:** Meeting plan of ASSET-HLPF/annually and between annual meetings
- 1645:** Budget and Financing of ASSET-HLPF
- 1715:** Summing Up/Discussion
- 1800:** End of Meeting

ASSET-HLPF Secretary, Thomas Robertson, TIEMS USA



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The ASSET project

HIGH LEVEL POLICY FORUM



ALBERTO PERRA, SCIENTIFIC COORDINATOR,
ISTITUTO SUPERIORE DI SANITA' - ITALY

Brussels, March 12, 2015

www.asset-scienceinsociety.eu



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ASSET

- **Funded by the European Union's Seventh Framework Program**
- **48-Month Mobilization and Mutual Learning Action Plan (MMLAP) Project**
- **Starting date: 01/01/2014**





Country	% Informed (¹)		% Distrust in information sources (²)				
	'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

European citizens perceptions :
Information level and distrust
responses (2009)



Primary Aims of ASSET

- Forge a partnership with complementary perspectives, knowledge and experience to address scientific and societal challenges raised by pandemics
- Explore and map SiS-related issues in global pandemics
- Define and test a participatory and inclusive strategy
- Identify resources to make the project sustainable





RRI : Responsible Research and Innovation, aligning research to values, needs, expectations of society

Researchers and stakeholders



MML ACTION PLAN



Civil society organisations and other actors

The strategy



- addressing challenges where science and technology are involved
- bring together as partners different actors
- pool partners' knowledge and experience
- develop mutual understanding and joint solutions



**SCIENCE IN SOCIETY:
bringing science into society → empowerment**

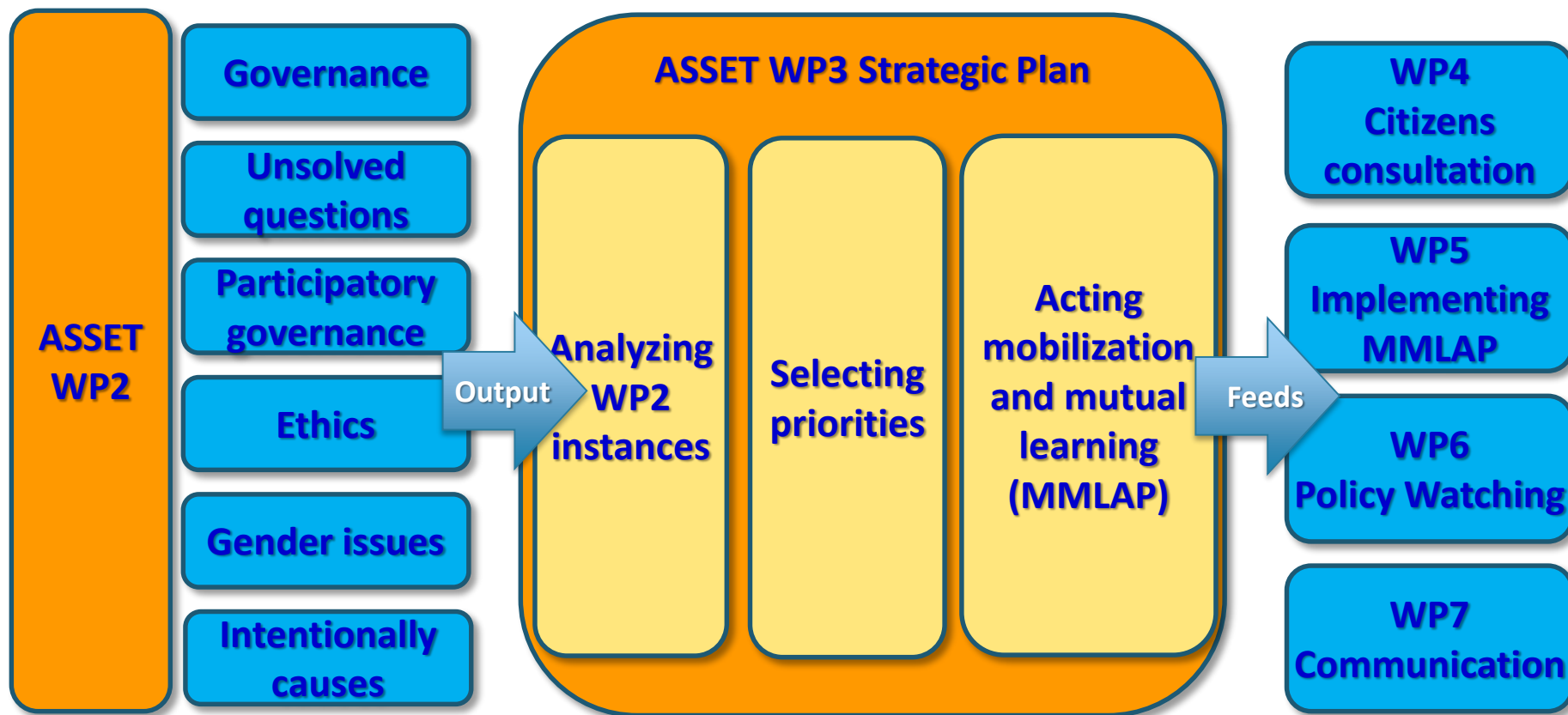


**SOCIETAL CHALLENGE:
Pandemics**



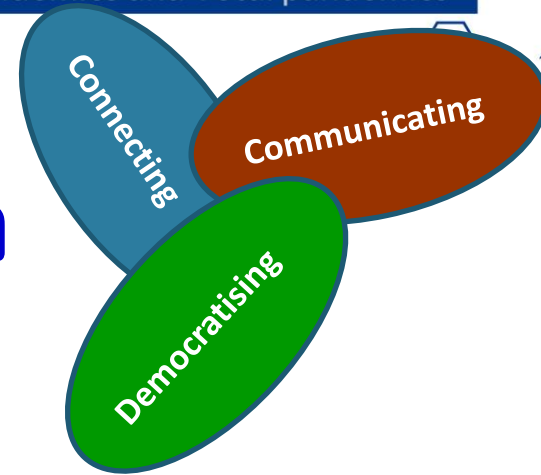


The ASSET steps





Essential functions of MMLAP approach



- **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
 - example: Communicating with policy makers to share developments in research agendas and progresses in investigation
- **Democratizing**
 - allowing different categories of stakeholders, and particularly marginalized social groups, to have a voice in decision-making processes
 - "fully embedding CSOs in research processes"






Challenges of MMLAP

- **Social inclusion**
 - the democratization of scientific agendas and activities
 - bringing science out of its ‘ivory tower’, and promoted a ‘methodology for action’
 - collaborative approaches with a diverse range of stakeholders
 - to explore the day to day obstacles involved in doing so
- **Mutual learning**
 - enabled to share good collaborative practice and ideas
 - research processes more critically self-aware
 - reducing institutionalized prejudice against working in collaboration with non-scientific partners
 - development of new forms of knowledge and unexpected outcomes
- **Policy relevance**
 - valuable stimulus for innovation and for the development of potentially ‘world-changing ideas’
 - supporting knowledge based decision making processes





In practice:

- **Timely and adequate information**
- **Easy identification of trustable information sources**
- **Communication channels between citizens and researchers/health authorities**
-


Preparedness and response for the next pandemics or epidemics





The ASSET Consortium

Name	Short name	Country
VITAMIB SAS	VITAMIB	France
ASSOCIATION LYON BIOPOLE	LYONBIOPOLE	France
BMJ PUBLISHING GROUP LIMITED	BMJ GROUP	United Kingdom
EUROPEAN INSTITUTE OF WOMEN'S HEALTH LIMITED	EIWH	Ireland
Fonden Teknologirådet	DBT	Denmark
FORSVARETS FORSKNINGINSTITUTT	FFI	Norway
INTERNATIONAL PREVENTION RESEARCH INSTITUT-IPRI MANAGEMENT	IPRI	France
ISTITUTO SUPERIORE DI SANITA	ISS	Italy
NATIONAL CENTER OF INFECTIOUS AND PARASITIC DISEASES	NATIONAL CENTER OF I	Bulgaria
THE INTERNATIONAL EMERGENCY MANAGEMENT SOCIETY AISBL	TIEMS	Belgium
UNIVERSITE DE GENEVE	UNIVERSITE DE GENEVE	Switzerland
UNIVERSITATEA DE MEDICINA SI FARMACIE'CAROL DAVILA' DIN BUCURESTI	UNIVERSITATEA DE MED	Romania
UNIVERSITY OF HAIFA	UNIVERSITY OF HAIFA	Israel
CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP	CSSC	Italy
ZADIG SRL	ZADIG SRL	Italy



What is ASSET: shared expertise

Trans-disciplinary
Research

Evaluation

Medical
Anthropology

Political
studies

Social
sciences

Health
Promotion

PHEP

Microbiology

Security
Research

Crisis
communication

Gender
studies

Sciences
communication

Emergency
management

Epidemiology

Bioterrorism

Public Health

Vaccines and
Pharmaceutical
Research

Technology
assessment

Advocacy

Vaccinology





Menu principale

- Community news

Navigazione

- Home
- Community news
- Corsi

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 social 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!

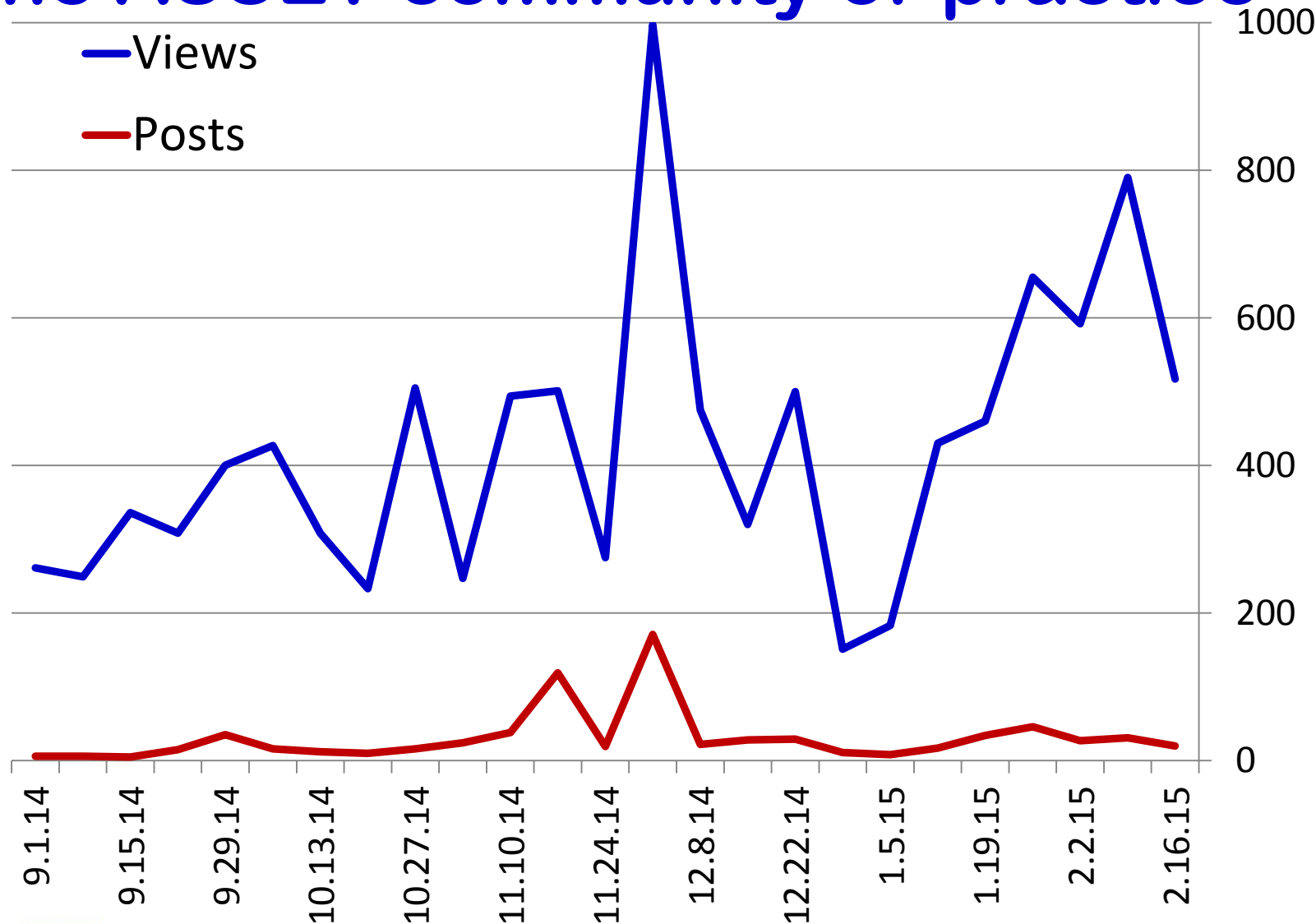
If you are already logged in, please, press a button to get into the area of your interest

GENERAL FORUM	EVENTS	GLOSSARY	RESOURCE DATA
WP1 <i>Dialogue and participation</i>	WP2 <i>Study and analysis</i>	WP3 <i>Action Plan Definition</i>	WP4 <i>Citizen Science</i>
WP5 <i>Mobilization and Mutual Learning</i>	WP6 <i>Policy Watch</i>	WP7 <i>Communication</i>	WP8 <i>Evolution</i>

The ASSET community of practice



The ASSET community of practice





The ASSET site



ASSET High Level Policy Forum in Brussels

Tackling pandemics and epidemics is an intricate process, which necessitates effective interaction among many stakeholders. As this interaction must happen very quickly and under intense public scrutiny, preparedness is essential. The network of stakeholders can only be prepared well through building trust and good working relationships prior to the incident.

[READ MORE](#)



FOLLOW US ON:



Social media play a major role in any kind of communication, including health communication. ASSET aims to exploit their potentiality in order to pursue its own objectives.

[READ MORE](#)

NEWS AND EVENTS

THE BULGARIAN LOCAL COMMUNICATION PLAN HAS BEEN RELEASED

POSTED ON FEBRUARY 18, 2015 - 15:20

24TH INTERNATIONAL WORLD WIDE WEB CONFERENCE IN FLORENCE

MAY 18, 2015 - 09:00

Da Basso Fortress, Firenze (Italy)

ASSET HIGH LEVEL POLICY FORUM IN BRUSSELS

MARCH 12, 2015 - 10:15

Avenue du Boulevard 17, Bruxelles (Belgium)

TELL ME PASSES ON THE TORCH

JANUARY 29, 2015 - 16:00

ASSET MEETING IN GENEVA

FEBRUARY 24, 2015 (ALL DAY)

Genève Aéroport, Le Grand-Saconnex (Switzerland)

1 of 2

[next](#)

All entries



Key points for an effective health crisis management. The Ebola case

MONDAY, MARCH 9, 2015 - 10:16

Recognize and respect fear. This is one of the main lessons Ron Klain claims to have learned by his efforts against Ebola. Klain has recently served as the first White House Ebola Response Coordinator, also known as the Ebola Czar. From such a high position, he got a close and deep insight into the dramatic threat to global health represented by the West Africa outbreak.

TARGET: CITIZENS, DECISION MAKERS, GOVERNMENT AND PUBLIC HEALTH, HEALTHCARE PROFESSIONALS

TOPIC: EPIDEMIOLOGY, STAKEHOLDERS

TAGS: VIEWPOINT, CRISIS MANAGEMENT

[READ MORE](#)

PLOS and ECDC together with a special issue on vaccine hesitancy

MONDAY, MARCH 2, 2015 - 17:49



The recent cases of measles outbreaks in US and Europe reignited the debate on vaccines, the science behind them and the conflict between the right to individual freedom and the state intervention. Amongst the several factors that contribute to the decrease of vaccination coverage - especially in some groups - vaccine hesitancy is one of particular interest, which should require much greater attention from public health and epidemiology, medical sociology, anthropology, and the behavioural, economic and political sciences.

TARGET: DECISION MAKERS, GOVERNMENT AND PUBLIC HEALTH, HEALTHCARE PROFESSIONALS

Tracking influenza's steps and targets

MONDAY, FEBRUARY 16, 2015 - 17:20

Flu News Europe

According to the last news from [FluNews Europe](#), the current wave of influenza is causing a higher level of mortality among elderly people compared to the four previous seasons. In fact, an excess of all-cause mortality among the elderly (aged ≥65 years), concomitant with increased influenza activity and the predominance of A(H3N2) viruses, has been observed in recent weeks in Belgium, France, Portugal, Spain, Switzerland and the United Kingdom (England, Scotland and Wales).

TARGET: CITIZENS, DECISION MAKERS, GOVERNMENT AND PUBLIC HEALTH, HEALTHCARE PROFESSIONALS, INDUSTRY & COMMERCE, SCHOOL AND EDUCATION





Possible role of HLPF

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





Thank you for your commitment

Alberto Perra, ASSET, ISS



From TELL ME to ASSET

How to Implement Participatory Governance in Pandemic Preparedness



**Manfred S Green MD,PhD
University of Haifa, Israel**

What is Participatory Governance?

- **Participatory governance seeks to deepen citizen participation in the governmental process**
- **It relates to citizen competence, empowerment, and capacity building**
- **It impacts on service delivery, social equity, and political representation**

Functions of Public Health Governance

Carlson et al. AJPH 2015:105

- **Policy development**
- **Resource stewardship**
- **Continuous improvement**
- **Partner engagement**
- **Legal authority**
- **Oversight**



How do the findings from the TELL ME project feed into ASSET?

The TELL ME Project

**Transparent communication in Epidemics:
Learning Lessons from experience,
delivering effective Messages, providing
Evidence**

**Co-funded by the EC Seventh Framework
Programme - HEALTH Theme**

Feb. 2012 to Jan. 2015

The Central Question in TELL ME

- What was the communication gap during the 2009 H1N1 outbreak
- between global and local health organizations and the public
- which led to immunization non-compliance
- and a sense of mistrust and lack of transparency

TELL ME Research Questions

- **How can the general public be better motivated to take effective preventive measures during the epidemic?**

- **What communication methods can deal with complexity, uncertainty, misinformation and malicious information?**

- **What communication strategies can maximise vaccine uptake, and assist health professionals and agencies to cope with vaccine-resistant groups?**

- **Vaccine acceptance/refusal and resistance to vaccination**
- **Narratives and urban myths surrounding epidemics and vaccination**
- **Human rights, stigmatization and risk of discrimination against specific population segments and target groups**
- **Population behavior in epidemics**



t@llm@

TELL ME Products



- **TELL ME Website**
- **Framework model for outbreak communication**
- **TELL ME Communication Guide**
- **Agent-Based Simulation Model**
- **Online course for primary care staff**
- **Pandemic threat index**

- 1. WHO:** Which actors are involved ?
- 2. HOW:** What communication channels are best used by those actors?
- 3. WHEN:** When is best to communicate messages - prior to, during or after the epidemic?
- 4. WHAT:** What risk communication theories and tools should be used for more effective involvement of the public?



Involve the public at all stages!

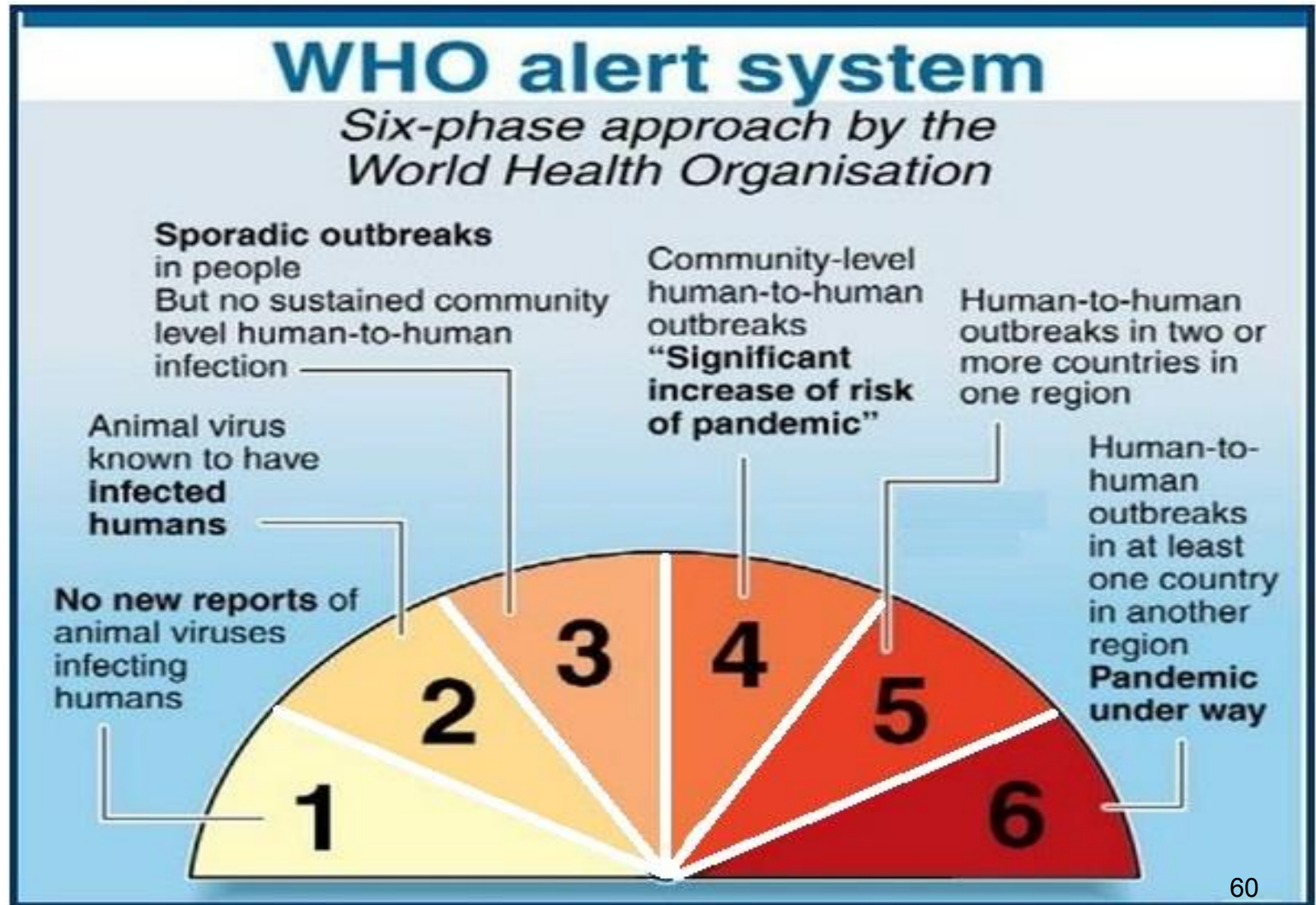


TELL ME Communication Guide Documents



- 1. Communication strategies for health professionals and agencies**
- 2. Communication strategies for working with different sub-populations and at-risk groups**
- 3. Communication strategies for institutional actors**
- 4. Communication strategies for preventing misinformation and addressing resistance to vaccination**

The 2005 WHO Threat Index





t@llm@

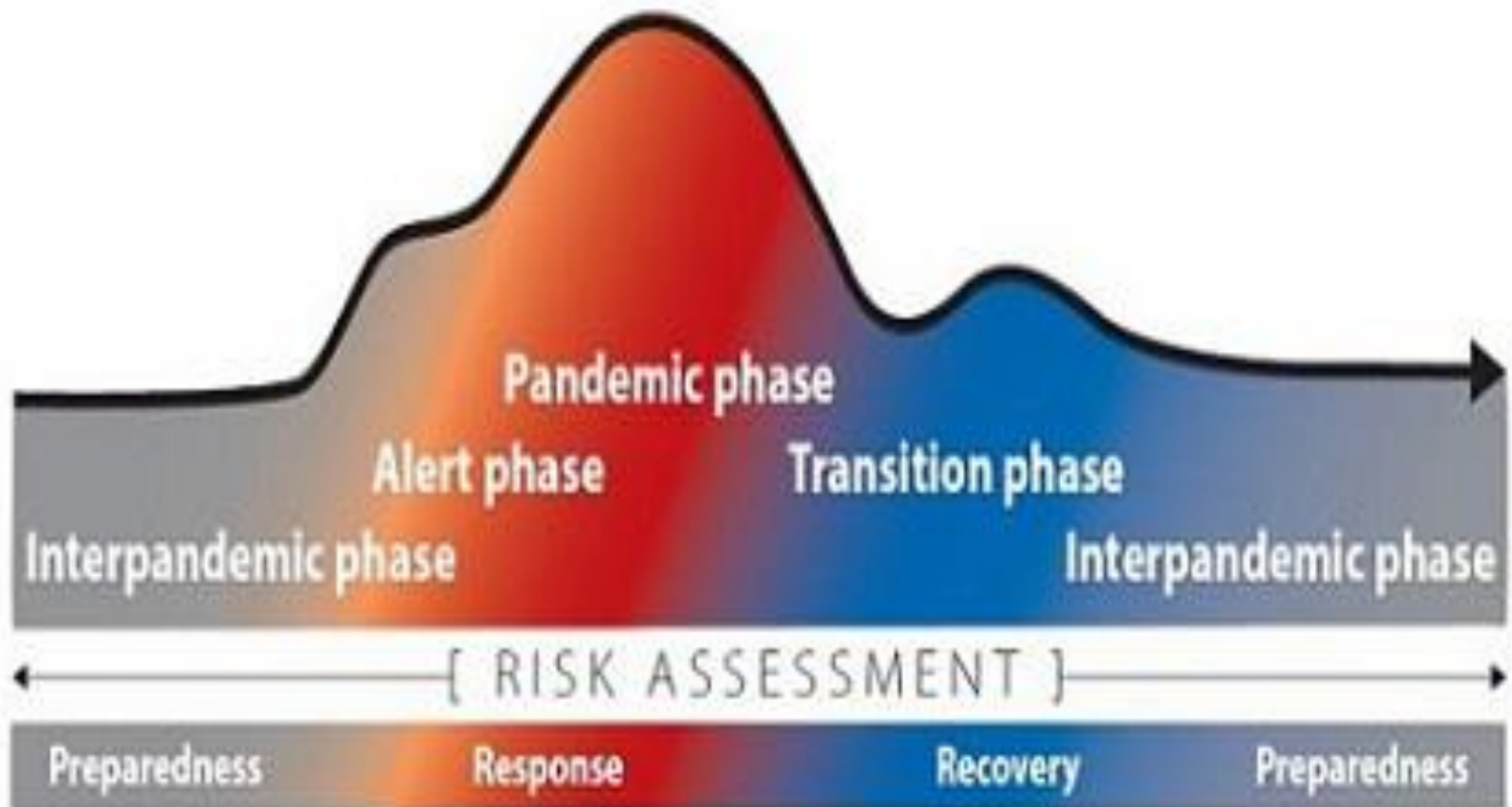
WHO Threat Index



Lessons Learned During 2009

- **Inaccessible to the media and the general public**
- **Lack of coincidence between the implementation of the influenza phases and public risk perception**
- **A growing mistrust towards health authorities in general and WHO in particular**

WHO Revised Pandemic Phases (2013)



Alternatives?



Integrative WHO Threat Index

Pandemic communication phases		
Communication phase	WHO pandemic phase	CDC pandemic severity
1. Pre-pandemic cold	1 or 2	
2. pre-pandemic warm (little public attention)	3	1
3. pre-pandemic hot (teachable moment)	3 or 4	1
4. pandemic imminent	4 or	2 or 3
	5	2 or 3
5. pandemic elsewhere	6	4
6. pandemic here	6	5
7. pandemic elsewhere (again)	6	4
8. post-pandemic	1 or 2 or	1
	3 or even 4 (for different strain)	



ASSET

Governance of Pandemics and Epidemics

The Revised IHR and Core Capacities

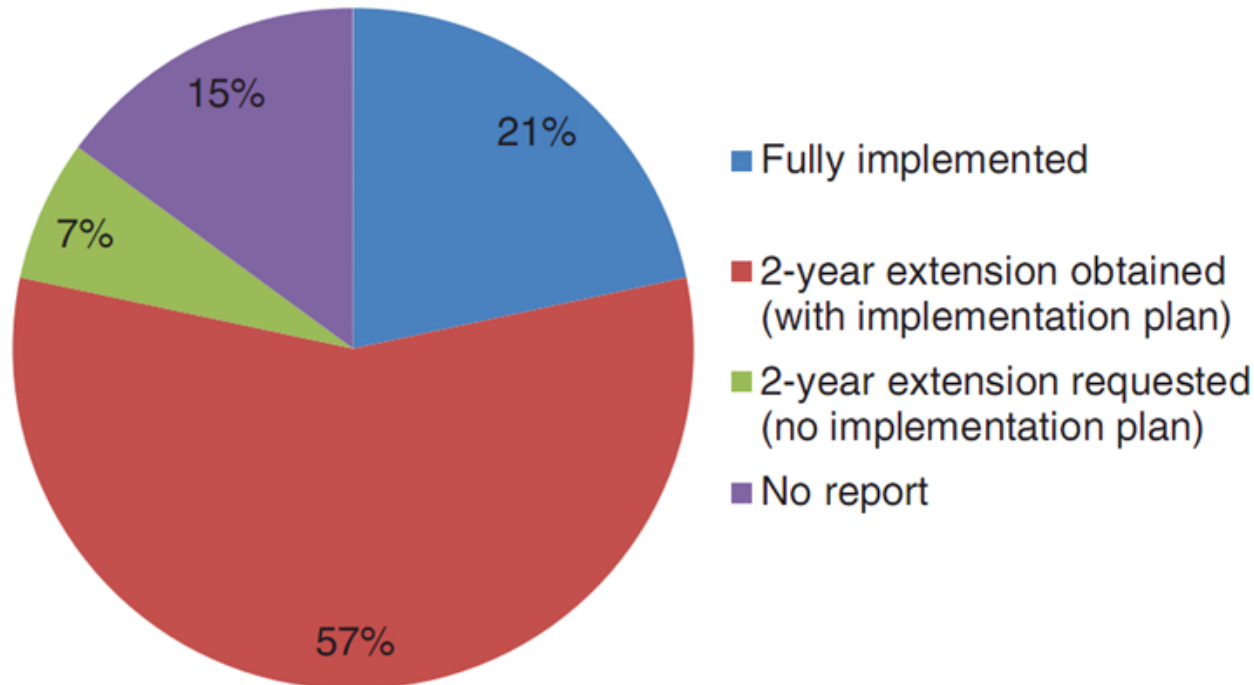
- **National Legislation, Policy and Financing**
- **Coordination and NFP Communications**
- **Surveillance**
- **Response**
- **Preparedness**
- **Risk Communication**
- **Human Resources**
- **Laboratory**

Aspects of Governance in the 2009 H1N1 Pandemic

1. Role and performance of **World Health Organization (WHO)**
2. Role of the **pharmaceutical industry** and its performance
3. Role of the **media** and its performance

Problems with WHO Members Compliance with IHR Core Capacities Strengthening Process

March 2013



Problems with Communication Regarding the Role of the Pharmaceutical Industry

- **Conflict of interests (COIs)**
- **Financial reliance on the pharmaceutical industry**
- **The revolving door**

Possible Solutions

- **Close the revolving door** – members of vaccine advisory committees should not have received funding from or own stock in a vaccine manufacturer
- **The problem:** Finding qualified vaccine experts who have no past ties to pharmaceutical companies can be very difficult
- **Expand private sector involvement** to include companies whose financial interests directly align with those of global health

Role of the Media and its Performance

Some Examples

Downplay the Disease

- **"At the beginning of your remarks you said that in Australia a great deal of activity is being seen in Victoria at the community level**
- **Why then has the WHO not declared a pandemic, is there any doubt in your mind that this is a pandemic at this point?" (WHO, June 9, 2009)**

Hyping the Disease

- **"Do you believe that the news about the risk of the spread of the disease and also about the risk about the severity of the disease **has been exaggerated**?"**
- **Is there a risk that WHO has raised expectations so high that some countries might downplay the spread of the disease?" (WHO, May 11, 2009).**

Transparency

- **"When you talk about the revision of the regulations, are you also talking about making it public, including the names of the people on the committee that took this decision today?"**
- **Will the names of the people in the committee be publicized, or will they still be kept as a secret?" (WHO, August 10, 2010).**

Suspicious Regarding the Organization's Competence

- The test that you have at CDC depends on reagents that other people don't have
- What are those reagents and why are they not distributed widely to Mexico and to state health departments?" (CDC, April 25, 2009).

Suspensions re Manufacturing of the New Vaccines

- **Is there a date that WHO has set to make the decision whether to go to full scale manufacturing?" (WHO, May 13, 2009).**
- **"What's the likelihood that we won't have a vaccine in the U.S. until later in the season than you would like? (CDC, May 20, 2009)**

Conclusions

- **TELL ME (and other EU projects) provided the evidence base for aspects of communication related to the participatory governance issues in ASSET**
- **ASSET will provide an action plan using public health governance principles, which can deal with the communication issues based on lessons learned in TELL ME**



**“If you TELL ME - it will
be an ASSET”**



The new Decision 1082/2013/EU: New opportunities to increase population protection

Prof. Karl Ekdahl,
Head of Public Health Capacity and Communication Unit
European Centre for Disease Prevention and Control



Background to the Decision

1998

- **Decision 2119/98/EC of the European Parliament and of the Council**

2001

- **EU Health Security Committee** (informal)

2005

- **European Centre for Disease Prevention and Control**
- Surveillance
- Threats and risk assessment

2007

- **International Health Regulations (IHR)**
- All-inclusive threats approach; core capacities

2009

- **Lisbon Treaty** – Article 168 – Monitoring, early warning of and combating serious cross-border threats to health

2011

- Commission's **legal proposal** of serious cross-border threats to health

2013

- **Approval** of the proposal by the co-legislators

2014 -

- **Implementation** of the legal proposal: EU assessment and management of serious cross-border threats to health



Main elements of the Decision

Broader scope than previous legislation

- Threats of biological origin, including
 - communicable diseases, antimicrobial resistance, health care-related infections, non-communicable diseases caused by bio toxins or other biological agents,
- Threats of chemical origin
- Threats caused by environmental factors
- Threats of unknown origin
- Events which may constitute public health emergencies of international concern determined pursuant to the IHR (2005)

Policy context (recitals expressing political will)

- Reiterate responsibilities of MS to manage public health events but underlines the needs for coordination
- Need to avoid the overlap of activities, duplication and conflicting actions
- Catch-all clause
 - Action may be taken at Union level at exceptional circumstances, even if a threat is not covered by the scope of the Decision
- Adequate preparedness in critical sectors with impact on health sector (energy, ICT, transport, civil protection)
 - Interoperability with other sectors (e.g. veterinary sector)
- Implementation of IHR core capacities
 - Update on revision of national preparedness planning

Policy context (recitals expressing political will)

- Crisis management
 - Health Security Committee (HSC) as a body of consultation and coordination of response for all threats
 - The need to coordinate response at Union level
 - HSC will have a more important role in co-ordinating preparedness
- Risk and crisis communication
 - Clarity and coherence of messages
 - Communication adapted to national needs and circumstances

Preparedness and response planning

- Create a basis for Member States to put in place comparable preparedness plans
- Mutual information and consultation to strengthen preparedness by supporting coherence and common approaches
 - sharing best practice and experience in preparedness and response planning
 - promoting interoperability of national preparedness planning
 - addressing intersectoral dimension of preparedness and response planning at Union level
 - supporting implementation of core capacity requirements for surveillance and response under IHR
- Reporting by MS on state of preparedness and response planning in 2014 and then every 3 years (Article 4 reporting)

Joint Procurement

- Establishment of a mechanism for joint procurement of medical countermeasures
 - Pandemic vaccines
 - Personal protective equipment (PPE)

Communicable diseases

- Reflect ECDC responsibility for risk assessment and disease surveillance on communicable diseases
- Strengthened cooperation with WHO reporting mechanisms

Other serious cross border threats to health

- Ad hoc monitoring
 - Put in place monitoring of threats only when they are notified and for the duration of the incident
- Notification of alerts
 - Extended EWRS
- Risk assessment
 - Use ECDC/EFSA, other European agencies concerned, the Scientific Committees of the Commission

Early Warning and Response System (EWRS)

- Rapid alert system for notifying serious cross-border health threats
 - Owned by EC but operated by ECDC
 - Exists since 1998 but now expanded beyond CDs
- Criteria for notification of events
 - unusual or unexpected,
 - causes or may cause significant morbidity or mortality,
 - may grow rapidly in scale,
 - exceeds, or may exceed, national response capacity
 - affects (or may) more than one MS
 - requires (or may) a coordinated response at Union level.

Emergency situations at Union level

- Recognition of a situation of public health emergency to accelerate the process for marketing authorisation of vaccines and medicines.

- Forum for consultation and coordination between the Member States:
 - national responses to serious cross-border threat to health
 - risk and crisis communication, aimed at providing consistent and coordinated information in the EU to the public and to healthcare professionals
- Active role during Ebola event

Coordination of Risk Communication

- To be decided by the HSC how communication issues will be best addressed
- Foreseen (continued) network of risk communicators
- Communication should follow the principles and good practices established and recognised as sound communication standards
- Guidelines on risk and crisis communication and toolkit to be developed

Opportunities

- Broad legal basis – previously lacking
- Link between IHR and Community legislation
- Issues related to preparedness and risk communication in a new policy context
- Risk communication seen as an essential element of preparedness
- Momentum for change during the implementation
- Article 4 survey results as a basis for capacity building initiatives



Thank you for your attention.



www.asset-scienceinsociety.eu



share and move to face nasty bugs

Health Security Committee

EU Decision 1082/2013

THOMAS V. ROBERTSON
THE INTERNATIONAL EMERGENCY MANAGEMENT SOCIETY
(TIEMS)



HIGH LEVEL POLICY FORUM

Brussels, 12.03.2015



co-funded by the EU. GA: 612236



EU Decision 1082/2013

- References Treaty on the Functioning of the European Union (TFEU) – ensure public health
- Complements national policies for monitoring, early warning, and combating serious cross-border threats to health
- Expands on EU Decision 2119/1998
 - Goes beyond communicable diseases to include other bio/chemical, terrorist, climate threats
 - Formalizes the Health Security Committee (HSC)





Health Security Committee

Goals

- Share best practices and experiences in response planning
- Promote interoperability of national response planning
- Address inter-sectorial dimensions of response planning at the EU level
- Support implementation of the WHO International Health Regulations (IHR)
- Minimize inconsistent or confusing communication with public and other stakeholders





Health Security Committee

Structure

- Each Member State: one representative, one alternative identified by 7 March 2014
- EC provides Chair and Secretariat
- Meet at regular intervals, and on request by Commission or Member State
- May engage experts and observers





Health Security Committee

Activities

- Reviews and coordinates Member State preparedness and response plans
- Works with Member States and Commission to coordinate response, including risk and crisis communication
- Helps monitor and provide feedback on implementation of Decision 1082





Implications for ASSET

- HSC can be instrumental in implementing ASSET (and TELL ME) recommendations
- HSC and HLPF both want to improve planning and response through multi-national information sharing
- HSC and HLPF seem to have complementary structures and goals
 - HSC is more formally structured, may include narrower range of stakeholders
 - HLPF may be able to better address issues "out of the box"
- Recommend HLPF contact and coordinate with HSC



EU Decision 1082 - A new challenge to increase population protection!

By

Donato Greco MD

22.02.2015

The EU member states response capacity to health threats is still very uneven and inadequate to cope with cross border international health threats : recent response to the H1N1 Flu pandemic and to the Ebola alert are striking examples.

The IHR WHO regulations implementation is ongoing, but still far from a full application in several countries.

Then the European Parliament and the European Council agreed to approve DECISION No 1082/2013 on 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC.

The Commission shall submit to the European Parliament and the Council by 7 November 2015, and every three years thereafter a report on the implementation of this Decision.

As technical body an Health Security Committee, composed of representatives of the Member States is hereby established : in fact a HSC was already existing and has been instrumental in the construction of this decision, but was created as an “informal body” while the actual committee has defined tasks in coordination and support to the European Commission. The decision has a wide application (art.2):

“This Decision shall apply to public health measures in relation to the following categories of serious cross-border threats to health:

(a) threats of biological origin, consisting of:

(i) communicable diseases;

(ii) antimicrobial resistance and healthcare-associated infections related to communicable diseases (hereinafter ‘related special health issues’);

(iii) biotoxins or other harmful biological agents not related to communicable diseases;

(b) threats of chemical origin;

(c) threats of environmental origin;

(d) threats of unknown origin;

(e) events which may constitute public health emergencies of international concern under the IHR, provided that they fall under one of the categories of threats set out in points (a) to (d).

2. This Decision shall also apply to the epidemiological surveillance of communicable diseases and of related special health issues”

It is clear that the field of this decision application goes well over the communicable diseases area, up to unknown origin that can include man made attacks.

The other innovative aspect of this directive is definitively the recognition of risk communication as one essential tool in coping with health threats (par 22 of considerations).

Infact countries are requested to include appropriate risk communication strategies into the requested annual health response and preparedness plan.

Moreover in art. 11 - par.b, coordination of risk and crisis communication to be adapted to Member State needs and circumstances, aimed at providing consistent and coordinated information in the Union to the public and to healthcare professionals is requested in the EU Coordination and response.

This directive , de facto put in practice only on October 2014 gives appropriate space of implementing Both TELLME and ASSET products : the availability of scientifically constructs ob Risk communication strategies and appropriated tested toll for best effective communication offer a relevant challenge to all national authorities, but also to the several dozens researcher on ASSET project.

General points about communication with the public in a pandemic situation

Build Trust - Prevent Fear

In order to build and maintain trust in the population we need to give information that is simple, honest and as consistent as possible.

Information and advice must be clear, but it must at all times be based on scientific knowledge and be thoroughly quality assured.

If there is something we do not know, we must say so clearly. If we say we know something and it later turns out that we were wrong, it will seriously damage the citizens' trust. Do not make a promise you are not certain you can keep.

Information should be Rapid – Coordinated - Consistent

Rapid

When we see a crisis building – it is important to give information and advice early and keep it updated

Bad news travel fast. A large proportion of the population uses social media, and news about a suspected serious epidemic will travel extremely fast.

Lack of trustworthy information from authorities will leave a gap that is filled by speculation and uncertainty.

Coordinated

The health authorities in each country is responsible for giving information to its own citizens.

At the same time, we know that people will actively look for information and will rely and act upon the information they find most trustworthy.

If the information from the health authorities in the different countries diverges, it will cause insecurity, lack of trust and open up to speculation

Therefore it is crucial that the information given is coordinated between scientific institutions and authorities across Europe.

Consistent

Inconsistent information leads to uncertainty, fear and lack of preventive action.

Information must be as consistent as possible - over time and from different official source – within countries and from authorities of different European countries.

Ideally in a crisis the authorities of all the countries of Europe should give the same information and advice .

Questions to ASSET-HLPF

What and how can we improve (any) systems capacities to make European citizens (and their representatives) timely informed of the next infectious disease crisis?

Before a crisis:

- *Establish agreements, plans and routines for communication between scientific institutions and authorities across Europe.*
- *Agree which institution(s) should be the source(s) of information and advice – both on a national level and European level.*
- *Test this in exercises.*

In a crisis:

- *Follow/adhere to the plans and agreements.*

How can we help them to identify trustable and accredited information sources?

Before a crisis:

- *Develop good internet-pages. Easy to use and optimized for search-engines (SEO)*
- *Build relations to/alliances with the media. They media are our most important allies and channels to reach the public in a crisis.*
- *Build up, establish spokespersons, give them a position – choose spokespersons, train them, encourage them to be in the media.*
- *Establish a position on twitter. The institutions we want the media to follow in a crisis should have a core group of followers before the crisis.*

In a crisis:

- *Actively market the channels and sources we want people to use*
- *Non-paid communication:*
 - *Use the media. Provide them with good information and make spokespersons available.*
 - *Use twitter and facebook actively as early as possible. Gather followers.*
 - *Good posters – easily available on the web-pages. (This was very successful in Norway during the pandemic in 2009-10 – you still find the posters on the walls in restrooms and doctors waiting-rooms today.)*
- *Paid communication:*
 - *Campaigns – TV, radio, web, boards.*
 - *Google ads.*
 - *SMS-campaigns*
 - *Facebook-campaigns*

What can we do to ease citizen access to correct and timely information?

Before a crisis:

- *Establish simple, robust web-pages and facebook-pages where people can find trustworthy information and advice adapted to user needs and requirements.*
- *Establish and/or make plans for interactive services where people can ask questions. See below.*

In a crisis:

- *Market these channels.*

What can we do to create channels to enable citizens to ask questions and receive timely answers from government officials and accredited sources?

Before a crisis:

- *Establish services where citizens can contact the authorities with questions:*
 - o *A phone service*
 - o *Facebook-pages*
 - o *E-mail-service*
- *We can both use established services, such as the authorities' ordinary facebook-pages and web-pages and we can establish dedicated e-mail and phone services that can be activated in a crisis-situation.*
- *In order to have such services up and running on short notice they must be well planned.*
- *Establish good facebook-pages where citizens get quick and quality-checked answers to their questions.*

In a crisis:

- *Activate services where citizens can ask questions*
- *Market these services*
- *Monitor what the citizens know, think and feel about the situation and if they know what precautionary measures they should take.*
 - o *Through surveys – start as early as possible*
 - o *By following the traditional and social media closely*
 - o *By registering what the citizens ask when they use the interactive services*
- *Respond quickly to direct questions, but also to rumours and questions in the social media.*

How can we develop a European Scientific network to promote and support such processes?

-

Is it possible to draft a general strategy to pursue, in the coming years, the defined objectives through Horizon 2020?

-

What is the role of the European institutions in supporting this process?

- *As this is largely a question of science and communication, it is natural to think that ECDC should play a central role in this process, as the agency should in a crisis situation*



Decision 1082/2013/EU

Update 29 June 2015

1998-
Communicable diseases

2001- Task force on bioterrorism
CBRN & pandemics

2002- HEOF
Health Emergencies Operations Facility

2004- SANCO C3 – Health Threats unit



2005
European Centre for
Disease Prevention and Control

December 2001

EU
Health
Security
Committee

(HSC)

Global
Health
Security
Initiative

(GHSI)



Decision 1082/2013/EU on serious cross border threats to health


Decision 1082/2013/EU in a nutshell












Strengthened EU Health Security Framework



Integrated, coordinated and comprehensive approach for preparedness, risk assessment and crisis response

- New Decision taking on board the good provisions of Decision 2119/1998/EC for communicable diseases
 - ☐ (including antimicrobial resistance and Healthcare associated infections)
-  ☐ and covering also bio-toxins, chemical and environmental threats

Decision 1082/2013/EU for all threats

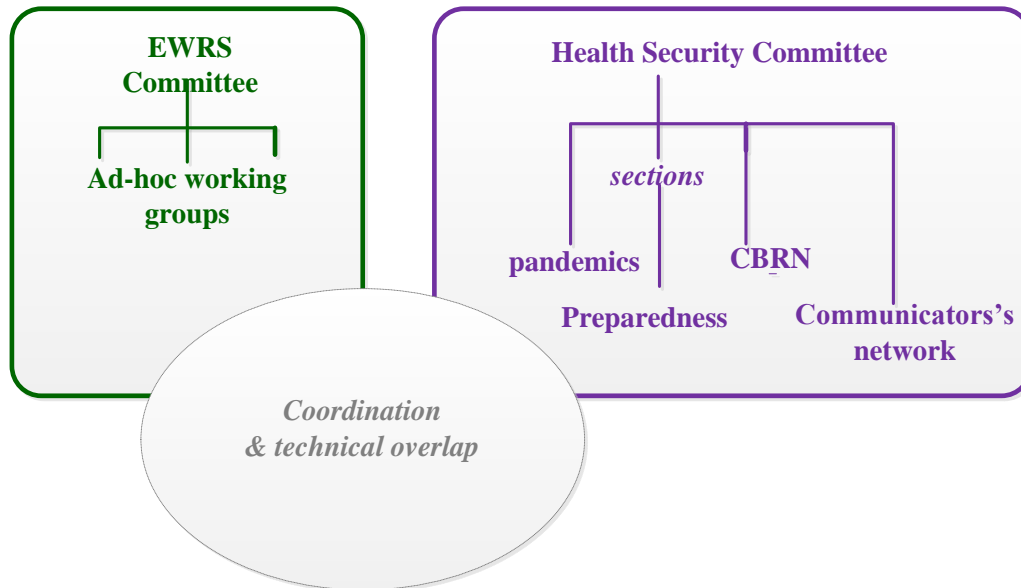
-  Preparedness and response planning
-  Joint procurement of Medical countermeasures
-  Epidemic surveillance for communicable diseases
-  Ad- hoc monitoring for bio-toxins chemicals and environmental threats
-  Early Warning and Response Systems
-  Clarification of responsibility for risk assessments
-  Strengthened coordination of preparedness and measures by a strong Health Security Committee
-  Risk and crisis communication as part of the response
-  Recognition of emergency situation

BEFORE
Decision 1082/2013/EU

Decision 2119/98
CD / AMR / HAI

Council conclusions 15/11/2001
CBRN / pandemics

Competent authorities



*Comitology committee
regulatory function*

NETWORK Committee

Implementing decisions

NOW

Decision 1082/2013/EU
CD / AMR / HAI / Chem. & Env. threats / other biologicals

Competent authorities



*Comitology committee
regulatory function*

**Health Threats
committee**

Implementing acts

Decision embedded in global health security



Decision 1082/2013/EU

Agencies



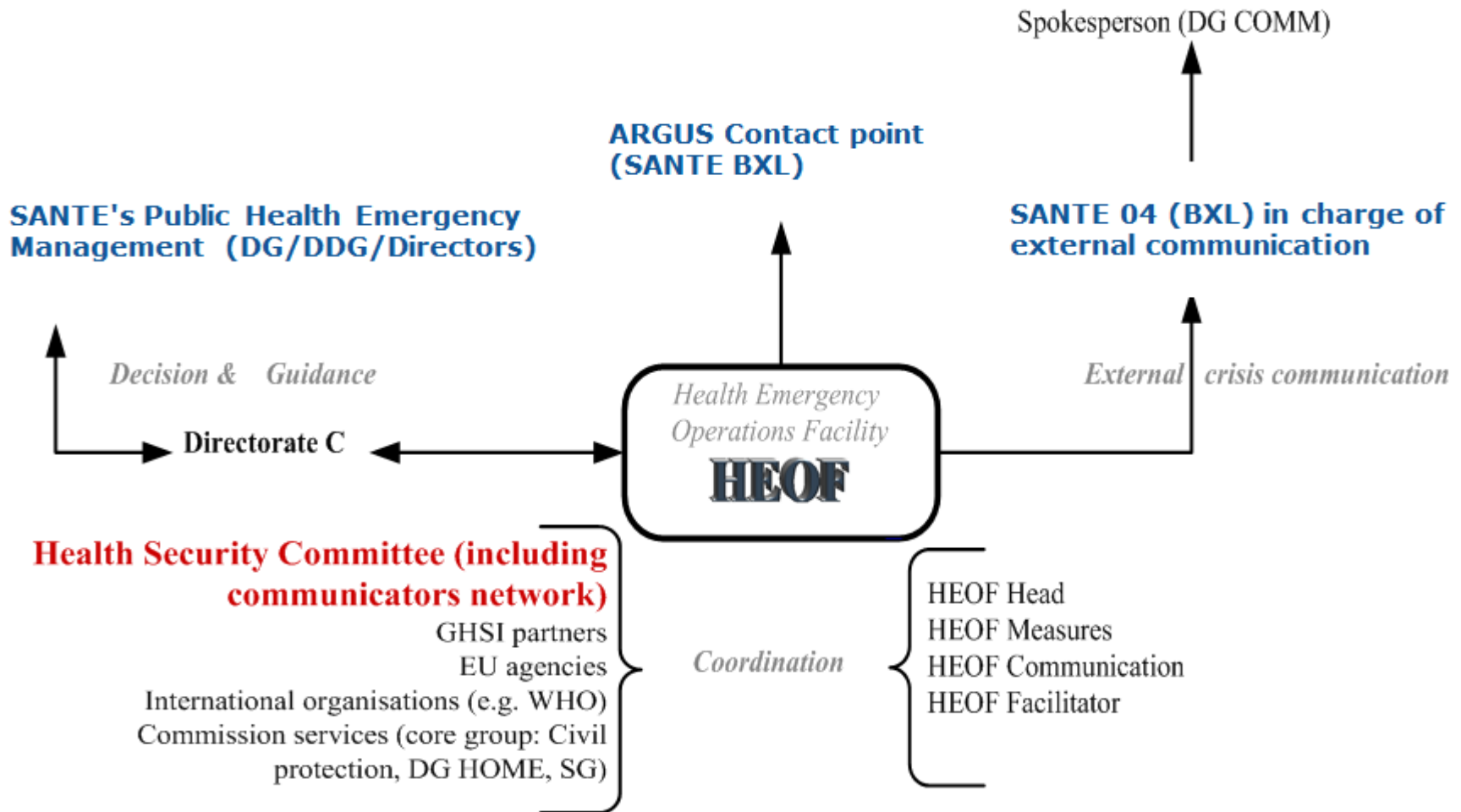
GHSI: Global Health Security Initiative



- HOME
- ECHO
- EEAS
- DEVCO
- ENER
- MOVE
- JRC
- SG



- ARGUS
- MIC / CECIS
- ECURIE
- RASFF
- ADNS
- RAPEX
- EUROPHYT
- EWRS
- RAS¹¹⁴ CHEM



DG ECHO

ERCC

(Emergency Response Coordination Centre)

Facilitate access to expertise available in
Respective EU agencies

Preparedness planning, exercises & training

Support to information gathering,
analysis tools

Sharing of threats & risk analysis
/assessment capabilities

Back-up facilities,
specialised infrastructure & equipment

Real-time information exchange

Participation in respective
Committees & WGs

Ad-Hoc secondment of Liaison
Officers

Coherent media
communication

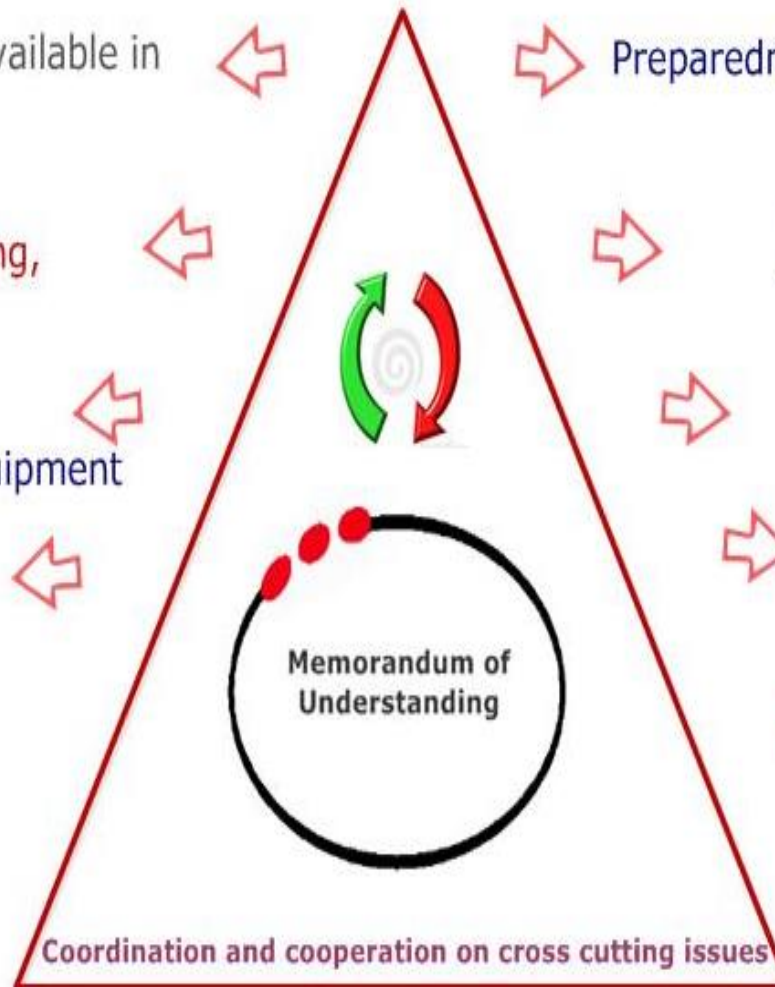
Secured communication lines

**DG HOME
STAR**

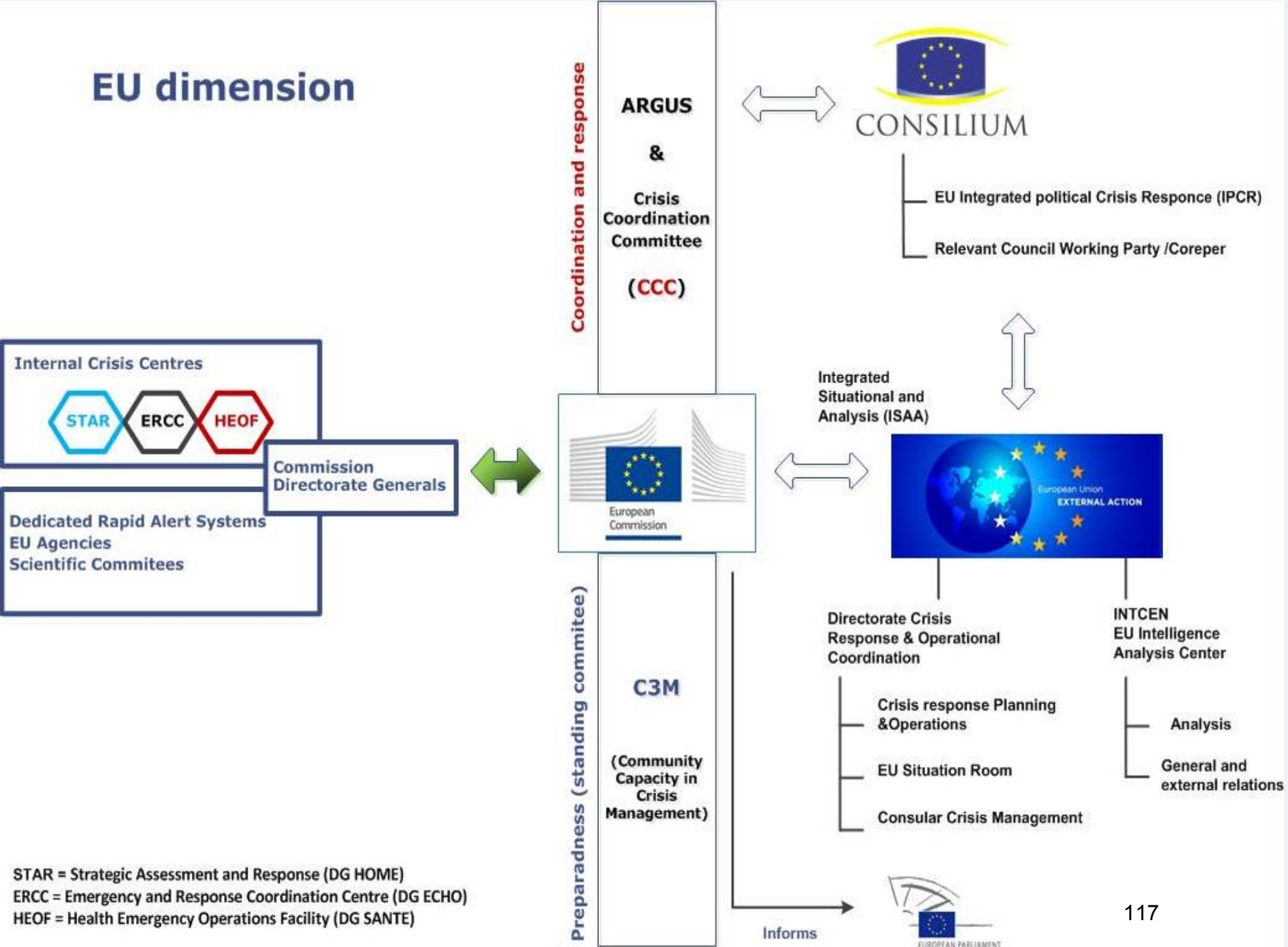
(Strategic Assessment and Response)

**DG SANTE
HEOF**

(Health Emergency Operations Facility)



EU dimension



THANK YOU FOR YOUR ATTENTION !!!

Europe working for healthier, safer,
more confident citizens

Preparedness and response:

http://ec.europa.eu/health/preparedness_response/policy/index_en.htm

Twitter: **EU_Health** 
@EU_Health



Draft Agenda for EU Health Security Conference

Luxembourg, 12-14 October, 2015

Monday 12 October 2015		
09.30	Opening of the conference	
09.30-10.30	Addresses (10')	<ul style="list-style-type: none"> • Minister Lydia Mutsch (L) • Commissioner Andriukaitis : Ebola lessons learned exercise as the "first" example after the entry into force of new law on health threats, and focuses on the EU preparedness dimension • Commissioner Stylianides: Ebola as a global threat and the global lessons learnt • WHO HQ- Margaret Chan or Keiji Fukuda: WHO global perspectives • WHO Euro- Zsuzsanna Jakab: WHO regional perspectives • German G7 representative (feedback from the Berlin meeting)
10.30-12.00	Feedback on lessons learned from Ministers of Health Health and representatives from the 3 affected countries	<ul style="list-style-type: none"> • Feedback from Ministers of Health: What is your most important learning from the Ebola event? What is the way forward? • Feedback affected countries: lessons learned in regards to handling of the external support received
12.00 – 12.30	Coffee break	
12.30 – 13.15	Health Award ceremony	<ul style="list-style-type: none"> • Handing over of the prizes to the 3 laureates by: <ul style="list-style-type: none"> ▪ Minister Lydia Mutsch (L) ▪ Commissioner Andriukaitis ▪ Commissioner Stylianides • Interview session with attending journalists
13.15 – 14.30	Lunch break for Ministers and other participants	
14.30 – 16.30	Moderated panel discussion	<ul style="list-style-type: none"> • ECDC • RED CROSS • Médecins sans frontières • GHSI representative • Unicef • GAVI • EFN

Adjourn	* Journalists present will be given the opportunity to provide feedback on their perception of the communication about Ebola which happened at national, EU and international level to the participants of workshop 3 on communication after the moderated panel discussion.			
19.30	Dinner			
Tuesday 13 October 2015				
09.00	Start of the 4 parallel workshops			
	The Ebola outbreak as a complex crisis: the unprecedented scale, severity, and complexity of the Ebola epidemic, and the need for enhanced inter-sectoral cooperation	New strategies for treatment and prevention including protection of health care workers, medical evacuation, diagnostic methods and vaccines	Communication activities and strategies addressed to the public and health professionals	The changing 'status' of Ebola virus from local challenge to global threat: preparedness activities and global health security
10.30 - 10.45	Coffee break			
10.45 - 12.30	WS 1 continues	WS 2 continues	WS 3 continues	WS 4 continues
12.30 – 13.30	Lunch break			
13.30 – 15.00	WS 1 continues	WS 2 continues	WS 3 continues	WS 4 continues
15.00 – 15.15	Coffee break			
15.15 – 17.00	WS 1 continues	WS 2 continues	WS 3 continues	WS 4 continues
17.00	Adjourn			
19.30	Dinner			
Wednesday 14 October 2015				
9.00	WS 1 resumes	WS 2 resumes	WS 3 resumes	WS 4 resumes

10.30 - 10.45	Coffee break			
10.45 - 12.00	WS 1 continues	WS 2 continues	WS 3 continues	WS 4 continues
12.00	End of the 4 workshops			
12.00 – 13.00	Lunch break			
13.00 – 15.00	Closing session	<ul style="list-style-type: none">• Reporting back from the 4 workshops• Closing speech from respective Directors / Cabinets of DG involved?<ul style="list-style-type: none">○ MoH Luxembourg○ ECHO○ DEVCO○ RTD○ SANTE• Chair Health Security Committee		
15.00	End of the conference			