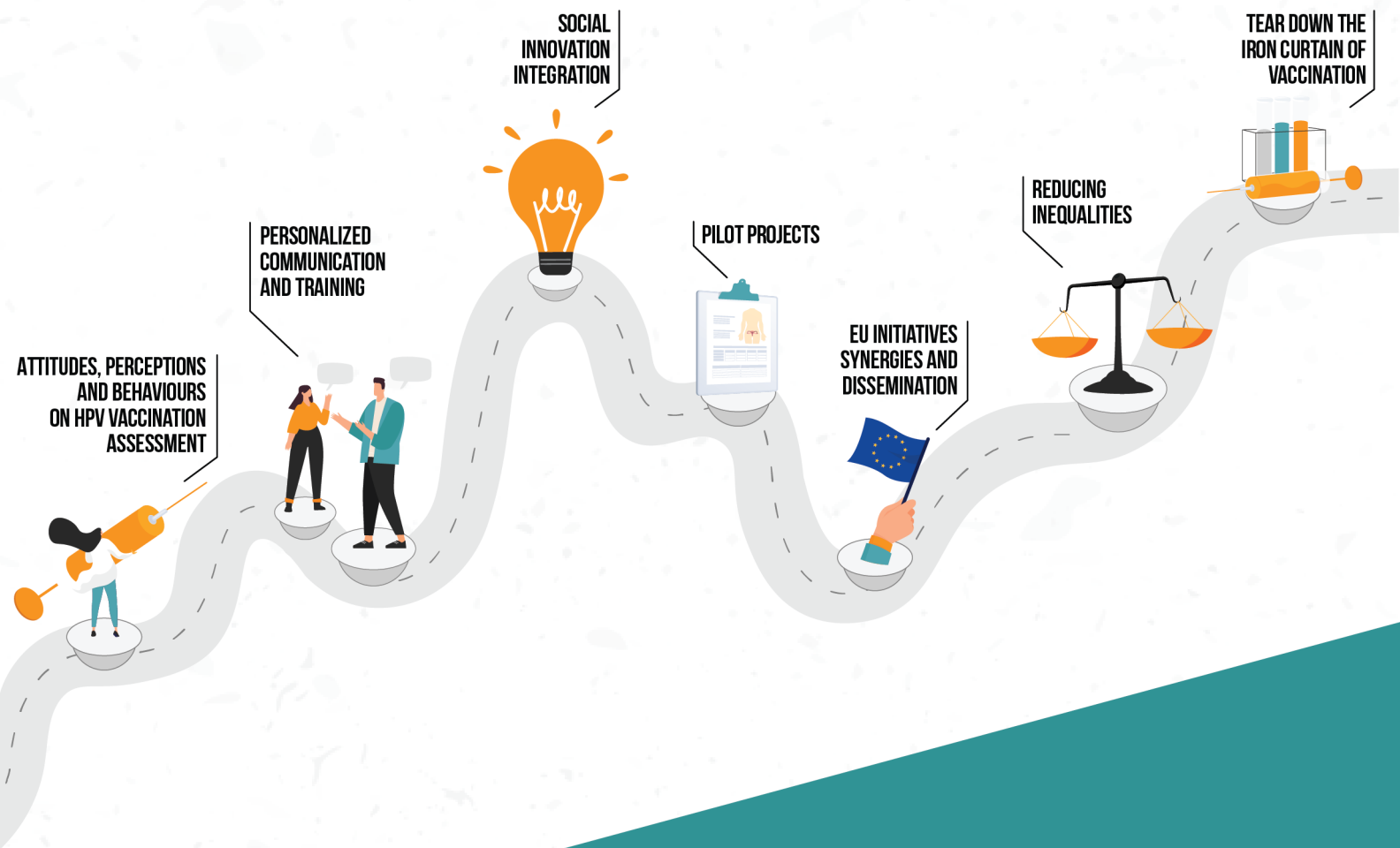


Rethink and Reduce inequalities in HPV vaccination through personalized communication and training, based on social innovation and behavioural determinants of health



MANAGEMENT AND GOOD GOVERNANCE PROTOCOLS



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Contents

Introduction and background	2
Description of the project	3
Indicators	4
Reporting structure	5
Governance structure	7
Consortium management	7
Human Resources.....	8
Financial Management	10
Implementation.....	12
Documents management.....	13
Reporting.....	13
Management approaches	14
STAKEHOLDER ANALYSIS	16
UPDATED RISK ANALYSIS.....	18
INDICATORS.....	21
MILESTONES.....	23
DELIVERABLES	24
METHODS AND INSTRUMENTS	26
ETHICS, GDPR AND SAFEGUARDING POLICY.....	28
Project planning - Timetable	29

Management and good governance protocol

INTRODUCTION AND BACKGROUND

Every organization carries out activities designed to help it achieve its goals. An effective organization carefully designs its activities as processes that are governed, data-driven, comply with regulatory standards, and create efficiencies. Organizational governance is a holistic approach that encompasses the processes, standards, rules and practices that an organization follows. It guides operations and administration, ethics, risk management, compliance and more.

Key characteristics of good governance include:

- **Transparency:** Information, decisions, and actions are easily accessible and understandable to the public or relevant stakeholders. Transparency helps build trust and prevents corruption.
- **Accountability:** Those in power are responsible for their decisions and actions. They are answerable to the public, stakeholders, or appropriate governing bodies.
- **Participation:** Citizens or relevant stakeholders have the opportunity to be involved in decision-making processes. This involvement can be direct or through representatives.
- **Rule of Law:** The governance follows established laws and regulations, ensuring that no one is above the law, and legal frameworks are upheld.
- **Consensus Orientation:** Decision-making involves seeking common ground and achieving broad consensus among stakeholders, even if they have differing interests.
- **Equity and Inclusiveness:** All segments of society should have access to opportunities and benefits. Discrimination and exclusion are minimized.
- **Effectiveness and Efficiency:** Governance processes and institutions should deliver results and services in a timely and cost-effective manner.
- **Strategic Vision:** There should be a clear direction and long-term vision guiding governance actions and policies.
- **Responsiveness:** Governance institutions and processes should be flexible and responsive to the needs of the people they serve.
- **Ethical Conduct:** Those in power should act ethically, promoting integrity and maintaining high standards of behavior.

Good corporate governance means effective monitoring of an organization's management processes so that its integrity is maintained and more open and rigorous procedures are carried out, ultimately ensuring legal compliance. The international social responsibility standard, ISO 26000, is dedicated to organizational governance and provides the following definition of organizational governance: "A system by which an organization makes and implements decisions in pursuit of its objectives. Governance systems include management processes designed to meet performance objectives, taking into account the interests of stakeholders."

Good governance is essential for stable and sustainable development, social cohesion, and the protection of human rights. It is relevant not only for governments at all levels (local, regional, national) but also for organizations, businesses, and non-governmental entities. By adhering to the principles of good governance, institutions can enhance public trust, encourage economic growth, and promote the overall well-being of their constituents or stakeholders.

DESCRIPTION OF THE PROJECT

The “Rethink and Reduce Inequalities in HPV Vaccination through Personalized Communication & training, based on social innovation and behavioral determinants of health” project is co-funded by the European Union through EU4Health Programme and will be implemented by a consortium composed of the Renasterea Foundation for Woman’s Health (as coordinator), the Centre for Innovation in Medicine, and the Eurocomunicare Association (as partner), and the European School of Oncology (as associated partner), during 2023-2025.

Although HPV-generated cancers are some of the most preventable forms of cancer, the vaccine uptake in Central Eastern Europe, Southern Europe, and EU-widening countries is low or very low. HPV infection is responsible for 99.7% of cervical cancers and two HPV types (16 and 18) cause 70% of cervical cancers and pre-cancerous cervical lesions. Evidence also links HPV with cancers of the anus, vulva, vagina, penis, and oropharynx. The now-available HPV vaccine covers 90% of the circulating strains of the virus. the virus.

In this context, vaccination of the female and male populations should be one of the public health priorities. Theoretically, it is, but practically the results are missing in many countries – Romania, Bulgaria, Greece, Poland, Republic of Moldova, Ukraine, Belarus, Georgia, Albania and so on are the best examples on how lack of access to the right information, misinformation/fake-news, unrealistic communication strategies and the infodemic related to vaccination in general (including Covid-19 vaccination) can generate thousands of avoidable deaths. These countries, with Romania being one of the worst, have the highest rate of preventable and treatable deaths in European Region.

The ReThinkHPVaccination Project aims at changing this narrative and reducing inequalities in HPV vaccination between and within countries through personalized communication & training, based on social innovation and assessment and targeted interventions on the behavioral determinants of health. The main goal of this project is to support Member States and EU-widening countries to ReThink and ReStart their HPV vaccination campaigns and so take a step closer to achieving Europe's Beating Cancer Plan and Cancer Mission objectives with regards to HPV vaccination and cancer prevention.

Over the course of 2 years, we aim to:

1. Provide evidence-based knowledge for European countries with a low HPV vaccination rate on the best communication and engagement strategy to restart or improve their HPV vaccination campaigns based on the understanding of behavioral determinants of health and social innovation.
2. Provide guidance on how to tackle the vaccination and HPV vaccination infodemic, fake-news and disinformation/conspiracy theories.
3. Develop training programs for the key actors in the process of HPV vaccination at the national level (training of trainers) - from implementing the idea of getting vaccinated until the vaccination itself.
4. Implement the training and knowledge in two disadvantaged regions in Romania (Pilot Projects) and measure the level of HPV vaccination literacy before and after the implementation.
5. Disseminate the information to the national authorities and to other NGOs or civil entities from Romania and to representatives of other countries with a similar profile.
6. Engage with relevant European institutions (e.g., Joint Research Center) and to contribute to the objectives of the Knowledge Center on Cancer, one of the flagships of Europe's Beating Cancer Plan.

INDICATORS

WP	Indicator	Baseline	Target	Means of verification	Methods	Instruments
5	Number of training courses organised	0	12	Training reports, agenda, attendance list	N/A	N/A
4	Number of training of trainers organised	0	1	Training report, agenda, attendance list	N/A	N/A
4, 5	Number of people trained	0	300	Centralization of participants	N/A	N/A
4,5	Satisfaction rate / feedback of trainees	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for training participants and trainees - beginning and end of trainings - Measure the participants level of HPV vaccination literacy
6	Satisfaction rate / feedback of national/regional authorities responsible for human papillomavirus vaccination programmes	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for authorities
6	Number of practices taken up by national authorities to complement the national human papillomavirus vaccination programmes	0	1	Report	N/A	N/A

6	Number of practices taken up by regional authorities to complement the regional human papillomavirus vaccination programmes	0	2	Report	N/A	N/A
	Number of types of material produced for disseminating expertise, best practices, and guidelines (e.g., studies, reports, handbooks, brochures)	0	Printed materials: 50 handbooks, 240 brochures Electronic: 1 curriculum, 1 guideline, 1 infographic, 3 handbooks, 3 reports	Produced materials	N/A	N/A
6	Number of countries outreached by actions	0	5	Report	N/A	N/A
6	Number of organisations outreached by the actions	0	15	Report	N/A	N/A
	Number of engagement events organised	0	3	Report	N/A	N/A
8	Number of Romanians reached by the awareness campaigns (TV, Radio, Websites, social media)	0	50.000 (internet and social media) 50.000 (TV and Radio appearance)	Dissemination report	N/A	N/A

REPORTING STRUCTURE

1. Project Title and Overview:

- Name of the project

- Brief description or overview of the project
2. **Project Team:**
 - List of team members and their roles/responsibilities
 3. **Key Milestones:**
 - A timeline or table showing the major milestones achieved or upcoming
 4. **Progress Summary:**
 - Overall progress of the project
 - Percentage completion or key performance indicators
 5. **Issues and Risks:**
 - Any challenges or issues encountered
 - Mitigation strategies for risks
 6. **Budget and Resource Status:**
 - Overview of budget utilization
 - Resource allocation and availability
 7. **Tasks Completed and status of the work packages achievements:**
 - Specific tasks or activities completed during the reporting period
 8. **Upcoming Activities:**
 - Future tasks or activities planned
 - Milestones to be achieved in the next reporting period
 9. **Changes to the Project Plan:**
 - Any modifications to the original project plan
 - Reasons for changes and their impact
 10. **Communication and Stakeholder Engagement:**
 - Summary of communications with stakeholders
 - Feedback received and addressed
 11. **Key Performance Indicators (KPIs):**
 - Metrics and KPIs relevant to the project
 - Comparison of actual performance against targets
 12. **Recommendations and Action Items:**
 - Any recommendations for improvement

- Action items for the team or stakeholders

13. Appendix:

- Additional supporting documents or details, such as charts, graphs, or reports

GOVERNANCE STRUCTURE

Consortium management

The consortium is composed of the Renasterea Foundation, as coordinator of the consortium, the Centre for Innovation in Medicine, and the Eurocomunicare Association.

The overall structure of the management is described below:

Coordinator: ReThinkHPVaccination Project will be coordinated by Renasterea Foundation (RF), which will assume responsibility for all coordination and management tasks and monitor that the action is implemented properly. RF will act as the intermediary for all communications between the consortium and the granting authority.

The management team is formed of:

1) **The Project Manager** that will be fully in charge of the coordination of the project, with all Work packages; takes the strategic decisions, approves, and supervises the budget; supervision & evaluation of the results of the project, for all partners.

2) **The Executive Director of Renasterea Foundation** –Senior Expert will act as assistant manager. Directly involved & supervising the activities and projects of the Foundation; supervises the acquisitions; provides support to the project's team; manages the relationships with authorities & partners; acts as the legal representative of Renasterea Foundation for this project.

3) **The secretary** will be in charge and will keep all the financial and technical documents of the project and will send them to partners or evaluators. Will participate in the preparation of technical and financial reports and will perform administrative tasks within the project.

Each beneficiary of the project will also name a Project Leader that will collaborate with the Project Manager and the top management team.

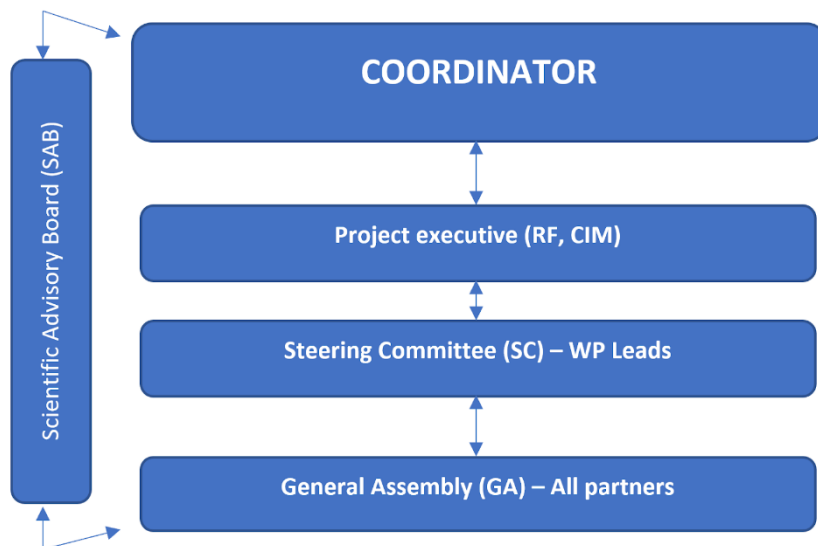
Project executive: RF together with CIM will form this group. Its role is to supervise and guide the progress of the project and communicate on a regular basis with the above and below structures (via telephone or online meetings).

Steering Committee: This is composed by the three partners in the consortium, who are also WP Leads and by the Associated Partner (ESO). The SC duty is to follow and control all activities leading to the fulfilment of the project's objectives with respect to content, timing, and budgeting. The SC: controls project execution in respect to time schedule and the Grant Agreement including its description of work and if necessary, corrections of actions; the SC suggest changes in the Work Plan (if needed) to be approved by the General Assembly; the SC suggests alterations relating to sharing of work and of the members of the WPs to the General Assembly; the SC reports and is accountable to the General Assembly. Online Conferences will be arranged every three months.

General Assembly: The GA is composed of all the project Participants, and each participant has one vote only. Meetings will be held twice a year giving the opportunity to discuss and decide on all fundamental actions and matters of the project. The decisions of the GA are legally binding to all participants in project related matters, maintaining the rights and obligations of each Participant according to the rules set in the Consortium and Grant Agreement. The GA will also vote on the removal or addition of project partners and Participants. The rules of making decisions are outlined in detail in the Grant Agreement.

Scientific Advisory Board: It will comprise 6 experts, who represent the major participants of the project and are leaders in their fields of expertise. These are: Prof. Alexandru Eniu (Deputy Scientific Director, European School of Oncology). Expertise: Oncology and Education; Dr. Alberto Costa (CEO of the European School of Oncology). Expertise: Oncology; Prof. Radu Vladareanu (President of the National Society for Obstetrics and Gynaecology). Expertise: Gynaecology, Prof. Alina Bargaoanu (High Level Group of Experts on Fake News (European Commission), President of the Administrative board at the European Institute of Romania). Expertise: Fake News and Disinformation; Dr. Marius Geanta (President Centre for Innovation in Medicine). Expertise: Personalised public health; Dr. Gindrovel Dumitra (Coordinator of the vaccinology group within the National Society of Family Medicine). Expertise:

Medicine
Family and Vaccinology.



HUMAN RESOURCES

Long-term experts and short-term experts with dependent activities will be contracted with Individual Labour Contract.

If a member of the project team will be replaced by a person from outside the project's partner organizations, the recruitment will be done through a public recruitment notice posted on the website of the respective organizations, the project's facebook and other social networks. Each partner will establish its recruitment procedure subject to compliance with the principles of equal opportunities,

transparency and the matching of skills, qualifications and experience of the replaced person. This rule will only apply to long-term experts. If the partner organizations cannot identify people who meet the requirements of the short-term positions they will be able to apply the recruitment procedure above.

The partners will notify the Project Coordinator of the recruited persons by sending an information letter to which the job description/terms of reference and the respective person's CV will be attached.

The project coordinator and the project managers of each partner will draft the job descriptions for the persons contracted with the Individual Labour Contract or the terms of reference for the persons contracted with service provision agreements.

WP	Position	Partner	No of months/position
1	Project manager	RF	24
1	Financial manager	RF	24
1	Acquisition expert	RF	5
1	Administrative expert	RF	24
2	Senior experts/advisors/researchers	RF	1
2	Junior experts/advisors/researchers	RF	3
2	Senior experts/advisors/researchers - Public Health Communication	CIM	4
2	Senior experts/advisors/researchers - Public Health Communication	CIM	4
2	Junior experts/advisors/researchers	CIM	12
2	Junior experts/advisors/researchers	CIM	12
2	Junior experts/advisors/researchers	CIM	8
2	Project manager	CIM	9
2	Technical personnel	CIM	5
2	Graphic designer	CIM	5
2	Junior experts/advisors/researchers	CIM	2
2	Junior experts/advisors/researchers	CIM	2
2	Trainers/teachers	CIM	2
2	3 Senior experts/advisors/researchers	EU	2
3	Senior experts/advisors/researchers	RF	4
3	Senior experts/advisors/researchers	CIM	2
3	Junior experts/advisors/researchers	CIM	3
3	Junior experts/advisors/researchers	CIM	2
3	Administrative personnel	EU	8
3	3 Senior experts/advisors/researchers	EU	3
3	3 Junior experts/advisors/researchers	EU	3
3	Administrative personnel	EU	3
4	Communication PR Specialist	RF	15
4	2 Senior experts/advisors/researchers	CIM	2
4	Junior experts/advisors/researchers	CIM	2

4	Junior experts/advisors/researchers	CIM	1
4	Administrative personnel	CIM	1
5	2 Senior experts/advisors/researchers	EU	2
5	Junior experts/advisors/researchers	EU	2
6	International Relations Specialist	RF	21
6	Project manager	CIM	8
6	Senior experts/advisors/researchers	CIM	3
6	Senior experts/advisors/researchers	CIM	1
6	Junior experts/advisors/researchers	CIM	3
6	Junior experts/advisors/researchers	CIM	3
6	Junior experts/advisors/researchers	CIM	3
6	Technical personnel	CIM	5
6	Graphic designer	CIM	3
6	Junior experts/advisors/researchers	CIM	3
7	Junior experts/advisors/researchers	RF	24
7	Project Lead ME	RF	24
7	Project managers	CIM	4
7	Junior experts/advisors/researchers	CIM	2
7	Junior experts/advisors/researchers	CIM	2
7	Senior experts/advisors/researchers	CIM	2
7	Graphic designer	CIM	5
8	Media Expert	RF	20
8	Illustrator	RF	8
8	Project managers	CIM	3
8	Senior experts/advisors/researchers	CIM	1
8	Junior experts/advisors/researchers	CIM	3
8	Junior experts/advisors/researchers	CIM	3
8	Graphic designer	CIM	3

FINANCIAL MANAGEMENT

Each of the three consortium participants will have its own accountability and financial experts, as juridic entities that will communicate to ensure the best financial management and report everything to the coordinator financial management, ensured by a qualified financial expert, with national certification and solid knowledge. Their tasks: to strictly control the budget and expenses; to strictly follow the reporting procedures; to archive all financial records.

The Acquisition Expert will be ensured by a person with solid knowledge of the national and international legislation and with over 5-year expertise in public acquisitions. His tasks: to identify the type of the acquisition considering the amount of the expense, to prepare the acquisition documents and to coordinate the acquisition procedure.

The overall budget (allocation of funds) for each specific activity of the project will be prepared by the financial manager, presented to the Project Manager, and approved by the President. Then, the

detailed budget is approved by the Executive Director and Finance Manager. The acquisition documents for the subcontracting services will be prepared by the Acquisition Expert and reviewed by the Financial Manager and the Project Manager and signed by the Executive Director. The Project Manager administers the specific budget approved by the Executive Director. The Finance Manager controls and reports the expenses versus the approved budget.

The financial documents will be verified in the middle (M12) and at the end (M24) of the project by a recognized and specialised audit institution, which will certify that the financial management and all the expenses of the project will be carried out legally with maximum efficiency and transparency.

According to the Grant Agreement:

„The budget breakdown may be adjusted — without an amendment (see Article 39) — by transfers (between participants and budget categories), as long as this does not imply any substantive or important change to the description of the action in Annex 1.

However:

- changes to the budget category for volunteers (if used) always require an amendment
- changes to budget categories with lump sums costs or contributions (if used; including financing not linked to costs) always require an amendment
- changes to budget categories with higher funding rates or budget ceilings (if used) always require an amendment
- addition of amounts for subcontracts not provided for in Annex 1 either require an amendment or simplified approval in accordance with Article 6.2.”

Indirect costs will be reimbursed at the flat-rate of 7% of the eligible direct costs (categories A-D, except volunteers costs and exempted specific cost categories, if any).

Needed supporting documents:

(a) *for actual costs*: adequate records and supporting documents to prove the costs declared (such as contracts, subcontracts, invoices and accounting records); in addition, the beneficiaries’ usual accounting and internal control procedures must enable direct reconciliation between the amounts declared, the amounts recorded in their accounts and the amounts stated in the supporting documents

(b) *for flat-rate costs and contributions* (if any): adequate records and supporting documents to prove the eligibility of the costs or contributions to which the flat-rate is applied

(c) *for the following simplified costs and contributions*: the beneficiaries do not need to keep specific records on the actual costs incurred, but must keep:

- (i) for unit costs and contributions (if any): adequate records and supporting documents to prove the number of units declared
- (ii) for lump sum costs and contributions (if any): adequate records and supporting documents to prove proper implementation of the work as described in Annex 1
- (iii) for financing not linked to costs (if any): adequate records and supporting documents to prove the achievement of the results or the fulfilment of the conditions as described in Annex 1

(d) *for unit, flat-rate and lump sum costs and contributions* according to usual cost accounting practices (if any): the beneficiaries must keep any adequate records and supporting documents to prove that

their cost accounting practices have been applied in a consistent manner, based on objective criteria, regardless of the source of funding, and that they comply with the eligibility conditions set out in Articles 6.1 and 6.2.

(e) *for personnel costs*: time worked for the beneficiary under the action must be supported by declarations signed monthly by the person and their supervisor, unless another reliable time-record system is in place; the granting authority may accept alternative evidence supporting the time worked for the action declared, if it considers that it offers an adequate level of assurance.

The beneficiaries must keep the original documents. Digital and digitalised documents are considered originals if they are authorised by the applicable national law. The granting authority may accept non-original documents if they offer a comparable level of assurance.

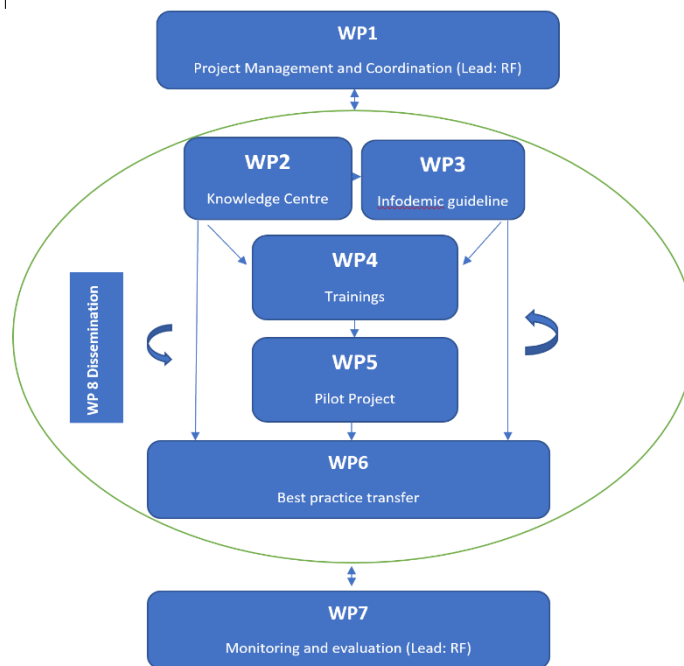
The financial statements must be drafted in euro. Beneficiaries with general accounts established in a currency other than the euro must convert the costs recorded in their accounts into euro, at the average of the daily exchange rates published in the C series of the Official Journal of the European Union (ECB website), calculated over the corresponding reporting period. If no daily euro exchange rate is published in the Official Journal for the currency in question, they must be converted at the average of the monthly accounting exchange rates published on the European Commission website (InforEuro), calculated over the corresponding reporting period.

IMPLEMENTATION

Implementation will be done in accordance with the project activity schedule, project implementation plan and detailed budget. If the partners want to change certain activities, these changes will be sent to the Project Lead together with the justification necessary to prepare the notification. Also, any modification of the financing contract will be sent by the partners to the Project Lead for the drafting and transmission of additional notifications/documents as appropriate.

Work Packages structure

- WP1 - Project management and coordination
- WP2 - Building a Knowledge Centre on HPV vaccination
- WP3 - Combating fake-news and the infodemic
- WP4 - Designing HPV vaccination communication trainings
- WP5 - Pilot project in Romania
- WP6 - Best practice transfer to EU and EU widening countries
- WP7 – Monitoring and evaluation
- WP8 – Dissemination



Documents management

Any partner can send a document for consultation, or make a proposal and set a deadline (date and time) by which the partners' answers are expected.

The partners, after analyzing the document or proposal, send their response by e-mail; the answer can be of any nature (eg: yes, we agree; we propose changes, make the following additions; we do not consider it useful...etc). If a partner does not send a response by the set deadline, the proposal is considered tacitly accepted.

For each work package of the project, a folder with the number of the WP will be organized in the electronic version and printed, the folder in which all the documents generated by the partner organization for that activity will be collected, during the entire project. Each document created/developed by the partner organization will be included in the folder of the activity in which it was developed. Practically, all the annexes contained in the monthly reporting documents will be organized here by activities, in chronological/alphabetical order.

The external communication documents sent by the partners will be done after verification and approval by the Project Coordinator, and will be registered in the register of exits/entrances of each organization.

An online shared space will be created for documents management: <https://inomedro.sharepoint.com/sites/RethinkHPV/SitePages/ProjectHome.aspx>

Reporting

According to the Grant Agreement, The beneficiaries must continuously report on the progress of the action (e.g. deliverables, milestones, outputs/outcomes, critical risks, indicators, etc; if any), in the

Portal Continuous Reporting tool and in accordance with the timing and conditions it sets out (as agreed with the granting authority). Standardised deliverables (e.g. progress reports not linked to payments, reports on cumulative expenditure, special reports, etc; if any) must be submitted using the templates published on the Portal.

In addition, the beneficiaries must provide reports to request payments, in accordance with the schedule and modalities set out in the Data Sheet (see Point 4.2):

- for additional prefinancings (if any): an additional prefinancing report
- for interim payments (if any) and the final payment: a periodic report.

The prefinancing and periodic reports include a technical and financial part.

The technical part includes an overview of the action implementation. It must be prepared using the template available in the Portal Periodic Reporting tool.

The financial part of the additional prefinancing report includes a statement on the use of the previous prefinancing payment.

Management approaches

1. Technical reporting – from each partner, beginning of each month, end of first week of the month, standard short report – activities description, milestones and results achieved, HR employment, contracts signed.
2. Financial reporting – separate meeting of financial expert with internal experts from each partner. For better monitoring of expenditure and financial management, 2 separate accounts – EURO and Lei, for each partner.
3. Project modifications - GANTT, budget, HR positions, etc – request for change to RF accompanied by detailed justifications and documents regarding the changes, in order to secure the approval of project officer from EU4Health BEFORE operating the proposed changes
4. Procurements – according to Romanian Law, RF will have an expert available for consultation and support, procurement monitoring will be decided later
5. Internal communication – each partner will monitor it's own experts according to it's internal management procedures. Partner coordinators communicate weekly with the lead monitoring expert and project management team.
6. Main work mode – google drive, shared by Adriana Boata already. All support documents, contract, project proposal, documents have to be there. Mails as alternative.
7. All contact data for all experts from all partners have to be available – compulsory to fill this info on the contact data document – google drive
8. Monthly online meeting, first Tuesday of the month, between partners, to discuss and assess what has been done and what has to be done for the next month.

9. Risk assessment management and analysis by participants, during monthly meetings (distinct topic during each meeting).
10. Quality management and monitoring and evaluation system – separate meeting in the next 2 weeks to define methodology and instruments.
11. Reporting system to EU – 2 main intermediary reports and continuous monitoring and reporting system
12. All results, activities, human resource effort, have to be recorded and proven with deliverables and documents, to be able to get them validated

STAKEHOLDER ANALYSIS

Stakeholder analysis is a process that helps identify and understand the individuals, groups, or organizations that have an interest in or can be affected by a project.

1. Government authorities

- **Ministry of Health:** Responsible for public health policies, regulations, and funding for vaccination programs. The current Minister of Health is an active promoter of the HPV vaccination campaign in Romania and he stated they will extend the HPV vaccination program to adult women and boys in order to increase the vaccination rate at national level:

“With the resources of this Ministry, we vaccinated more than 100,000 girls in the anti-HPV vaccination program. Now is the time for a new approach. After years of discussion, we decided that we can offset vaccines and greatly increase access to vaccination, not just for girls who are already eligible, but also for women between the ages of 18 and 45, and even for boys. The financial resources used to compensate vaccines in the near future are from the Ministry of Health and will be transferred to the National House for Health Insurance, so that we can include vaccines on a list that allows vaccination of adults or patients with chronic diseases. We want to continue to facilitate access for currently eligible categories. The more people we have vaccinated, the better the public health problem can be controlled” (Alexandru Rafila, Minister of Health, March 2023)¹.

- **National Institute for Public Health:** Involved in the planning, implementation, and monitoring of vaccination campaigns. The institution develops and promotes vaccination campaigns at local, regional and national level and they coordinate the HPV vaccination campaign at local level through local public health departments. They, monthly, report the vaccination stakes and ask for new ones if needed. The Institute for Public Health is part of another European project targeting HPV vaccination – PERCH project; the project involves 18 European countries and 34 partner organizations, aiming to improve the capacity of member states to plan and implement HPV vaccination campaigns by sharing knowledge and experience.

2. Healthcare Professionals

- **Doctors and Nurses:** Provide medical expertise, administer vaccines, and offer counseling to patients and parents.
- **Pharmacists:** Dispense vaccines, provide information, and play a role in vaccine distribution.
- **Medical Associations:** Represent the interests of healthcare professionals and may provide guidance and support for vaccination initiatives. The National Society of Family Medicine in Romania develops and implements trainings for health professionals to improve their knowledge and abilities on implementing HPV vaccination campaigns.

3. Educational Institutions:

- **Schools and Universities:** Can serve as venues for vaccine administration and education programs. Teachers and school administrators can promote vaccination among students. The

¹ The full press article is available here: <https://www.hotnews.ro/stiri-sanatate-26119195-vaccinul-hpv-compensat-premiera-romania-pentru-femeile-varsta-pana-45-ani-anunta-alexandru-rafila.htm>

initial HPV vaccination campaign (2008-2009) started in schools, but the campaign was a failure due to communication and organization issues. Still, the schools can be a relevant stakeholder for promoting HPV vaccination and facilitating the parents and students' access to information.

4. Community Organizations and NGOs:

- Advocacy Groups: Organizations working to raise awareness about HPV-related diseases and the importance of vaccination.
- Women's Health Organizations: Focus on promoting women's health and may support campaigns targeting HPV vaccination for girls and women. Few women organization are active in Romania, some examples: Asociația Mame pentru Mame, E-Romnja (Roma NGO), Centrul Filia
- Youth Organizations: Involved in engaging young people and raising awareness about HPV.

5. Media:

- News Outlets: Have the power to raise awareness about the benefits of HPV vaccination, dispel myths, and inform the public. Scoala 9 has been interested on HPV vaccination campaigns and they documented the situation in Romania: <https://www.scoala9.ro/ce-am-invatat-din-esecul-campaniei-anti-hpv-din-2008--odata-cu-aducerea/1128/>
- Social Media Influencers: Engage with the younger population and can play a significant role in spreading accurate information about vaccination.

6. Parents and Guardians:

- Parents of Adolescent Girls: Play a critical role in decision-making regarding their daughters' vaccination. Their support and understanding are crucial for successful vaccination campaigns.
- Parent-Teacher Associations: Can act as advocates and influencers, supporting vaccination efforts and disseminating information to parents.

UPDATED RISK ANALYSIS

Identified risk	Mitigation strategy
<p>Changes to national and/or European legislation in the field, with a direct impact on the project</p>	<p>Maintaining permanent communication between partners to avoid situations where the information used is no longer up-to-date. Constant information about changes in national and/or European legislation through permanent monitoring of the relevant legislation. Risk management plan and risk management procedure developed at the beginning of implementation, which will identify other specific risks and solutions and will update the list of risks already identified.</p>
<p>The delay of an activity leads to the delay of dependent activities</p>	<p>This risk can have a significant impact on the implementation of the planned activities The mitigation strategy consists of continuous monitoring of project status. Constant monitoring of compliance with the calendar and operational plan. The rapid definition of action plans for the recovery of possible delays. Allocating additional resources or making an additional effort to catch up on delays. To reduce risks, each important activity has a coordinator or is under the direct supervision of the project manager and the vast majority of activities are assigned to the sole responsibility of one of the partners, depending on the skills and expertise of each one, thus reducing the risk of overlaps, misunderstandings or non-correlations. Close communication also contributes to limiting the effects or occurrence of risk.</p>
<p>Risk of not fulfilling the indicators - this risk can occur in any implementation process. It refers to the total or partial non-fulfillment of the indicators or to the non-compliance with the structure of the indicators proposed in the financing request.</p>	<p>In order to mitigate the risk, the dynamics of the indicators of the financing request will be permanently monitored. The monitoring process will involve monitoring reports that will analyze each indicator that is an integral part of the funding request. In the case that an indicator does not correspond to the implementation process, specific measures will be taken to remedy the situation of that indicator. Such measures, depending on the situation encountered, could be: increasing the implementation team for the recovery of delays with the assumption of ineligible costs deriving from this process, the creation of partnerships with employers, NGOs or other actors interested in the recovery of delays.</p>
<p>Non-compliance with the project budget structure - the distribution of expenses by budget chapters</p>	<p>In order to eliminate this risk, monitoring will be carried out with a monthly frequency and expenditure projections will be made depending on the realities of the implementation process. The management team will be directly responsible for this activity. In the event of the identification of deviations from the distribution of expenses by budget chapters, according to the provisions of the financing request, a notification or an additional act will be initiated to modify the budget structure. The permanent monitoring of the budget will be an integral part of the implementation procedures that will be carried out and used in the implementation process.</p>
<p>Target group risk – target group fluctuation,</p>	<p>There may be a series of fluctuations regarding the target group or a dynamic of the recruitment process that affects the implementation process. In order to eliminate this risk, concrete</p>

<p>resignations, target group ineligibility</p>	<p>partnerships will be created with as many educational units as possible and an integrated database of students and teachers will be created. In the event of a deficit of the target group, with the help of the educational units, an additional number of students of the profiles necessary for inclusion in the activities of the project will be called. To limit this risk, at least 10% more people will be selected as a potential target group, from which reserves will be established.</p>
<p>The commitment, motivation and enthusiasm of the project participants could decrease during the project</p>	<p>This risk will be managed by creating a varied and interactive program of activities that will keep the participants interested and involve them directly. Measures will be taken to ensure an environment in which the rights and well-being of the people involved in the project activities are respected and protected</p>
<p>The emergence of conflicts between project team members</p>	<p>The project manager will organize regular formal and informal discussions with the project team in order to prevent possible conflicts. The experts each have specific responsibilities, without overlapping. Motivating teams by mentioning common objectives. Replacement of human resources in case of necessity.</p>
<p>The risk of project activities not being scheduled in time</p>	<p>Realization of procurement procedures in which very clear deadlines and penalties for non-fulfillment of these deadlines are specified Communication within the project team and continuous monitoring of activities and their timing. The achievement of deadlines in the Gantt chart to cover possible delays, which do not affect the implementation of the project</p> <p>The risk management procedure, the monitoring and evaluation procedure developed by the management team at the beginning of the project and which will be updated during the project. Elaboration and periodic updating of a project implementation plan.</p>
<p>Delays in project objectives (medium)</p>	<p>The Project COO is responsible for monitoring progress in accordance with the deliverables defined. Regular meetings with all the WP coordinators and internal communication to share progress and advances will ensure the timetable of the project. If the delays are caused by external or unpredicted changes, the management team will engage their best efforts in solutioning. The ultimate likelihood of delays is very low.</p>
<p>Failure in implementing the Pilot Project (very low)</p>	<p>Although this risk is low, since we would not engage in implementing a Pilot Project if we wouldn't have the resources and connections, if this happens, and after engaging with the local authorities they are reluctant, we will choose another region with the profile described in the project (there are plenty in Romania).</p>
<p>Failure in increasing the level of HPV vaccination literacy in the targeted population in the Pilot Project (low)</p>	<p>There is a very low chance that the information we provide is quickly forgotten and does not help to raise the overall health literacy in the community. If this happens and after the measurement, we see that their attitudes, perceptions, and behaviours did not positively change, we begin to work on a strategy the other way around - it could be a sign that in populations like those, another approach is needed (maybe compulsory vaccination).</p>

<p>Failure in engaging with NGOs from other countries (medium)</p>	<p>Normally, we would consider this risk as being low, but given the pandemic context, the NGOs might have other priorities. To avoid this blockage, we will start engaging with them from the beginning of the project. In this case, the risk of this happening is low.</p>
<p>Covid-19 pandemic and restrictions are still harsh (medium)</p>	<p>While most of our activities are online (except one event) or we would like them to be at this moment, exceptions might appear - we could conclude that in some areas from the Pilot Project the people are not engaged during online courses or that the meetings that we intend to have online with the journalists and Romanian media will be preferred to be in person. We will do our best to convince them that online would be better, find new methods of online interaction and/or provide them temporary means of online attendance.</p>

INDICATORS

WP	Indicator	Baseline	Target	Means of verification	Methods	Instruments
5	Number of training courses organised	0	12	Training reports, agenda, attendance list	N/A	N/A
4	Number of training of trainers organised	0	1	Training report, agenda, attendance list	N/A	N/A
4, 5	Number of people trained	0	300	Centralization of participants	N/A	N/A
4,5	Satisfaction rate / feedback of trainees	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for training participants and trainees - beginning and end of trainings - Measure the participants level of HPV vaccination literacy
6	Satisfaction rate / feedback of national/regional authorities responsible for human papillomavirus vaccination programmes	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for authorities
6	Number of practices taken up by national authorities to complement the national human papillomavirus vaccination programmes	0	1	Report	N/A	N/A
6	Number of practices taken up by regional	0	2	Report	N/A	N/A

	authorities to complement the regional human papillomavirus vaccination programmes					
	Number of types of material produced for disseminating expertise, best practices, and guidelines (e.g., studies, reports, handbooks, brochures)	0	Printed materials: 50 handbooks, 240 brochures Electronic: 1 curriculum, 1 guideline, 1 infographic, 3 handbooks, 3 reports	Produced materials	N/A	N/A
6	Number of countries outreached by actions	0	5	Report	N/A	N/A
6	Number of organisations outreached by the actions	0	15	Report	N/A	N/A
	Number of engagement events organised	0	3	Report	N/A	N/A
8	Number of Romanians reached by the awareness campaigns (TV, Radio, Websites, social media)	0	50.000 (internet and social media) 50.000 (TV and Radio appearances)	Dissemination report	N/A	N/A

MILESTONES

WP	Milestone	Lead beneficiary	Means of verification	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	MS1. Kick-off online meeting	RF	Grant agreement signed Meeting report																								
2	MS2. Knowledge centre launch	CIM	Online platform available																								
3	MS3. Guideline launching event	RF	Agenda and list of participants																								
4	MS4. Counties vaccination representative's (trainers) online training	RF	Agenda and list of participants																								
5	MS5. The first online training course	RF	Agenda, presentation slides and recording.																								
6	MS6. Online event:	RF	Published, Agenda and list of participants																								

DELIVERABLES

WP	Deliverables	Lead	Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
4	D4.1. Training curriculum	RF	Curricula for the training (approx. 20 pages, PDF format, English language).																								
4	D4.2. Report on the knowledge of the training for counties vaccination representatives	RF	Electronic format, English language. Including agenda, list of participants, feedback and HPV literacy assessment																								
5	D5.1. Report on the trainings held	RF	This deliverable refers to the online training courses from the 2 zones. We will provide: invitation, agenda and feedback questionnaire.																								
5	D5.2. Report on attitudes, perceptions, and behaviours towards HPV vaccination in the community	RF	Presentation of the data. Electronic format, English language.																								
5	D5.3. Social media awareness campaign	RF	Electronic format, English and Romanian languages																								
6	D6.1. Report on the synergy with JRC on Knowledge Centre on Cancer	CIM	Electronic format Language: English																								

WP	Deliverables	Lead	Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
6	D6.2. Report on the NGOs engagement	RF	Electronic format, English language. Including agenda from the event, list of participants and letter of engagement.																								
6	D6.3 Consensus document on the strategy to rethink and restart HPV vaccination	RF	Will be signed by all participants from countries in T6.2 and written in English.																								
7	D7.1. Initial evaluation Report	RF	Electronic format, english language.																								
7	D7.2. Impact and monitoring indicators	RF	Electronic format, english language.																								
7	D7.3. Final evaluation report	RF	Electronic format, english language.																								
8	D8.1. Dissemination report	RF	Electronic format Language: English																								
8	D8.2. Project leaflet	RF	Electronic format Language: English																								

METHODS AND INSTRUMENTS

After each training, a feedback form will be filled in by the participants and an evaluation report will be written based on the data analysis. The purpose of the questionnaire is to assess the satisfaction of the participants in the training. The questionnaire is anonymous and the aggregated results will be used to document the progress and impact of the project on the beneficiaries.

Feedback form

1. How do you rate the implementation/organization of the training session you attended?

Please use a scale of 1 to 5 in your rating, where 1="Strongly Disagree", 2="Disagree", 3="Neither Agree nor Disagree", 4="Agree", 5="Agree total".

Communication with the organizing team	1	2	3	4	5
Communication with the organizing team was efficient.	1	2	3	4	5
I received clear information about administrative activities (account, accommodation, transport, etc.)	1	2	3	4	5
I received a clear answer to any question addressed to the organizing team.	1	2	3	4	5
The organizers were attentive and offered me support when I needed it.	1	2	3	4	5

Trainer/s	1	2	3	4	5
He/she stimulated thinking and discussion, providing opportunities for the exchange of ideas and experience.	1	2	3	4	5
He/she transmitted clear information about the course topic	1	2	3	4	5
He/she clearly answered to the questions of the participants	1	2	3	4	5
Overall, I am satisfied with the trainer.	1	2	3	4	5

Training sessions	1	2	3	4	5
The program of the training course was well organized in order to facilitate the approach of all proposed topics and the organization of debates and discussions with all participants.	1	2	3	4	5
The training session had a suitable duration for a good understanding of the information presented and for the involvement in discussions of all participants.	1	2	3	4	5
The other facilities made available (materials received in the map, equipment) were useful in the smooth running of the training course.	1	2	3	4	5
The content of the training session was organized in a logical way.	1	2	3	4	5
Overall, I am satisfied with this training session.	1	2	3	4	5

Facilities	1	2	3	4	5
The location was suitable for the training course.	1	2	3	4	5
The accommodation conditions were good.	1	2	3	4	5
The food provided was good.	1	2	3	4	5

2. Mention 2 things you learned in this training session

3. What were the strengths of this training session?

4. What were the weaknesses of this training session?

7. Other comments from participants:

8. Socio-demographic data

8.1. County: _____

8.2. Locality: _____

8.3. Age: _____

8.4. Gender: _____

8.5. Profession: _____

ETHICS, GDPR AND SAFEGUARDING POLICY

All partners implement “Do no harm” principles in all activities by analyzing possible unintended effects of actions and mitigating the risks of negative impact for the vulnerable communities we work for and for the community in general. In order to mitigate unintended negative effects, we have initial needs assessment and constant feedback sessions with the participants in the projects.

The project incorporates ethical and safety considerations at all levels. Secondly, at all aspects of the research, from recruiting subjects to collecting and storing data to reporting results, risks to research participants will be minimised. Staff involved in research will be trained to avoid ethical issues and to apply the ethics protocol. Risks to research participants will be minimized in all aspects of the research, from recruiting subjects to collecting and storing data and reporting results.

All project activities take into consideration a gender dimension in terms of access and involvement, but also regarding the messages and discourses we promote. Minimum 50% of the target group are women.

A data management plan will be put in place to formalise the handling of personal data by the project partners in accordance with EU GDPR. The data collected by will be fully anonymised before being analysed and transferred for legal analysis. Each subject will fulfil a GDPR agreement that will stipulate all the information regarding data collection, data access and storage. The project and research participants will be well informed about data protection.

Other ethics issues that may arise when implementing the project and the solutions found to minimize the risks: (1) lack of accountability and responsibility from the project team will be reduced through objectives and clear selection mechanism for project staff and the involvement of the Advisory Board, (2) lack of honesty and transparency will be avoided by providing accurate information and making realistic commitments with the intent of meeting them, (3) conflict of interests will be avoided by all means.



Project planning- Timetable

ACTIVITY	MONTHS																							
	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24
Task 1.1 - Project coordination and management																								
Task 1.2 -Communication and reporting																								
Task 1.3- Quality assurance planning																								
Task 2.1 - Gather data and information																								
Task 2.2 – Validate the content																								
Task 2.3 – Generate the national survey																								
Task 2.4 – Communication matrix																								
Task 2.5 – Create the online platform																								
Task 2.6 – Create the HPV communication toolkit in Romanian																								

Task 2.7 – Prepare for publishing the scientific papers																								
Task 3.1 – Data and information																								
Task 3.2 – Write the guideline for combating fake news																								
Task 3.3 – Launch the guideline																								
Task 4.1 – International training programmes																								
Task 4.2 – Translate and adapt in Romanian																								
Task 4.3 – Select trainers																								
Task 4.4 – Measure the HPV vaccination literacy level																								
Task 4.5 – Hold the training																								
Task 5.1 – Evaluate the situation from the 2 zones																								
Task 5.2 – Establish partnerships with the County Management																								
Task 5.3 – Measure HPV vaccination literacy level																								

Task 5.54– Social media awareness campaign and invitation to participate																							
Task 5.5 – Print the brochures and distribute them																							
Task 5.6 – Organize the courses																							
Task 5.7 Evaluate the trainee’s satisfaction																							
Task 6.1 – Synergy with the Beating Cancer Plan Roadmap and JRC																							
Task 6.2 – International NGOs engagement																							
Task 6.3 – Online event and consensus paper																							
Task 7.1 – Prepare first evaluation report																							
Task 7.2 – Define indicators of impact																							
Task 7.3 – Final evaluation report																							
Task 8.1 – Project Branding																							
Task 8.2 – Project webpage																							
Task 8.3 – Dissemination report																							



