



MICRODIS Second Annual Meeting Report

February 25-27, 2009

Université Catholique de Louvain

Brussels, Belgium



UCL

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List of abbreviations

FU	Fondation Universitaire
FP6	Sixth Framework Programme
MICRODIS	<i>Integrated Health Social and Economic Impact of Extreme Events: Evidence, Methods and Tools</i>
EU	European Union
SCENARIO	<i>Support on common European Strategy for sustainable natural and induced technological hazards mitigation</i>
EDEN	<i>Emerging Diseases in a changing European Environment</i>
NEDIES	<i>Natural and Environmental Disaster Information Exchange</i>
DRH	<i>Disaster Reduction Hyperbase</i>
SWG	Social Working Group
HWG	Health Working Group
EWG	Economic Working Group
WG	Working Group
Unicef	United Nations Children's Fund
WHO	World Health Organization
CDC	Center for Disease Control
UNAIDS	United Nations Programme on HIV and AIDS
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UK	United Kingdom
FGD	Focus Group Discussion
KII	Key Informant Interview
IDI	In Depth Interviews
NGO	Non-Government Organization
PPS	Probability Proportionate to Size
APHES	Assessing Public Health in Emergency Situations



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1. Executive Summary

The MICRODIS partners met at the Fondation Universitaire (FU) in Brussels for the Second Annual Meeting of the “*Integrated Health Social and Economic Impact of Extreme Events: Evidence, Methods and Tools*” project (MICRODIS) which is funded through the Sixth Framework Programme (FP6). A list of participants can be found in Table 1. The three day conference was held from the 25th of February 2009 to the 27th of February 2009. The objective of the meeting was to discuss the achievements as well as challenges that were met over the last year as well as to plan for the third MICRODIS reporting period.

Each thematic group (Health, Social and Economic) held a meeting in the morning session of Day 1 to discuss the progress made over the second project year. During the afternoon session of Day 1, introductory speeches were held by: Professor Debarati Guha-Sapir, the MICRODIS project coordinator from the Université Catholique de Louvain (UCL); Professor P.C. Joshi, the University of Delhi (UoD); and, Mr. Tomas Turecki, the MICRODIS Scientific Officer from the European Commission (EC).

The second meeting day represented the scientific research day of the Annual Meeting. Four guest speakers were invited to present other FP6 European Union (EU) funded projects or other relevant work. Dr. Scria Menoni from the Politecnico di Milano gave a presentation on the FP6 funded project “*Support on common European Strategy for sustainable natural and induced technological hazards mitigation*” (SCENARIO). The project aims at developing a European roadmap on sustainable mitigation of natural and induced technological hazards and risk to support future research priorities; Dr. Guy Hendrickx from Avia-GIS presented the FP6 funded project “*Emerging Diseases in a changing European Environment*” (EDEN) which involves the identification of European ecosystems and environmental conditions which can influence the spatial and temporal distribution of pathogenic agents; Mr. Stefan Scheer from the Traceability Risk Assessment Unit DG Joint Research Center at the European Commission presented the FP6 funded project “*Natural and Environmental Disaster Information Exchange*” (NEDIES) and the “*Disaster Reduction Hyperbase*” (DRH). Both projects are databases that harbour information on the occurrence of natural disaster. Richard Blewitt from HelpAge International based in London gave very interesting insights from his experience regarding an impact and needs assessment after the Cyclone Nargis in Myanmar.

During the afternoon session of Day 2 each country field team gave a presentation on the achievements and challenges they faced while implementing the MICRODIS integrated assessment tools in the field. Further, the country field teams had made a great effort to display their field experience with eye-catching posters, which were displayed just outside the entrance of the meeting room. Discussions on each country team’s field work were held, with the comments and questions taken from invited guests.

The third meeting day started with thematic group presentations. Each thematic working group (WG) (Health, Social, and Economic) gave a summary as to what was discussed in the respective working group session held during their morning meeting session on Day 1 (February 25th). After this session, a



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presentation on deliverables and milestones for the next reporting period was given by Ms. Laura Irvine. The deliverables and time lines were described and discussed. Many questions were addressed and the goals of the MICRODIS projects were emphasized again. Further, a paper writing session was held during which presentations on how to write scientific papers were given. In addition, a handout was distributed regarding the publication rules under the MICRODIS project. Prof. Guha-Sapir then closed the official part of the Annual Meeting, thanking all participants for attending and outlining the exciting events to come in the final year of the project. Each country team received their poster to take home, additionally they were given the opportunity to choose one additional poster which would then be ordered and send to them via post by the UCL.

The Second Annual Meeting had many stimulating presentations and detailed discussions, and was thus both productive and successful. Following the official meeting there was a steering committee meeting. This was a closed session where only one representative from each partner institution, the MICRODIS Financial Administrator (Mrs. Bernadette Dubus) and the MICRODIS Technical Officer (Ms. Laura Irvine) were present. During this meeting session issues were discussed in relation to changes in the consortium, finances, personnel and other important issues.

The atmosphere throughout the three meeting days made a good and enthusiastic start into the last reporting period of the MICRODIS project and could have not been accomplished without the initiative and hard work of every MICRODIS partner.



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Table1: MICRODIS Second Annual Meeting: Participants list

European Commission (EC)	Universitätsklinikum Heidelberg (UKL-HD)
Mr. Tomas Turecki	Prof. Michael Marx
Mr. Stijn Vermoote	Ms. Revati Phalkey
Université Catholique de Louvain (UCL)	Ms. Anja Gao
Prof. Debarati Guha-Sapir	HealthNet TPO (HNI)
Ms. Laura Irvine	Dr. Ivan Komproe
Mrs. Bernadette Dubus	Mr. Tim Wind
Ms. Barbara Cichon	University of Paris Sorbonne (UPS)/Ferurbat
Mr. Jose Rodriguez	Prof. Guy Chemla
Mr. Miguel Beaudin (Intern)	Dr. Alexandre Borde
Ms. Fabienne Kinard	Prof. Patrick Pigeon
University of Northumbria (UoN)	SWECO Grøner
Dr. Maureen Fordham	Dr. Stale Navrud
Ms. Manuela Scharf	Hanoi School of Public Health (HSPH)
Ms. Supriya Akerkar	Dr. La Ngoc Quang
University of Delhi (UoD)	Ms. Tran Thi Tuyet Hanh
Prof. P. C. Joshi	Ms. Le Thi Thanh Huong
Dr. Sonia Kaushal	Hue College of Economics (HCE)
Voluntary Health Association of India (VHAI)	Dr. Tran Huu Tuan
Mr. Shisir Ranjan Dash	Mr. Mai Van Xuan
University of Indonesia (UoI)	Avia-GIS (EDEN)
Dr. Mondastri Sudaryo	Dr. Guy Hendrickx
Mr. Besral	Politecnico di Milano (SCENARIO)
Xavier University (XU), Philippines	Dr. Scira Menoni
Dr. Maria Teresa Sharon C. Linog	Dr. Seda Kundak (Guest)
Citizens' Disaster Response Center (CDRC)	DG Joint Research Center European Commission (NEDIES)
Mrs. Lourdes Louella E. Escandor	Mr. Stefan Scheer
Ms. Christie Suyin Ceres G. Jamoralin	HelpAge International
Mr. Tomasito Talledo	Mr. Richard Blewitt
	Bandim Health Project
	Dr. Jens Nielsen



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2. MICRODIS SECOND ANNUAL MEETING DAY 1

DAY 1 - THEMATIC GROUP PREPARATION DAY WEDNESDAY MORNING SESSION , FEBRUARY 25TH, 2009

Informal closed thematic group sessions

2.1. Session 1: Informal Thematic Group Meetings

The health, economic and social thematic groups gathered to discuss the achievement and challenges that were met when implementing the MICRODIS integrated assessment tool. Separate rooms were available to facilitate these discussions. Every thematic group leader had prepared beforehand a WG specific agenda with items to discuss during this session:

- Health Working Group (HWG): Professor Michael Marx, Heidelberg University Hospital (UKL-HD);
- Social Working Group (SWG): Dr. Maureen Fordham, University of Northumbria (UoN);
- Economic Working Group (EWG): Dr. Alexander Borde, University of Paris Sorbonne (UPS).

The individual minutes from the working sessions can be found in the separate deliverable document: "*Thematic Working Group and Steering Committee Meeting Report*".

The EWG decided to hold their thematic group discussion in the second half of the morning session to enable the entire group to attend the meeting.

Prior to the annual meeting, every field team submitted nine power point slides depicting their field experience with photos and maps accompanied. The posters from each field site were displayed during the annual meeting to help participants and invited guests visualize the research and hard work that each field team had done in the second year of the project.

2.2. Session 2: Open session

During this open session MICRODIS consortium members had the choice to:

- Continue the thematic meeting if there were unresolved issues;
- Meet with Mrs. Bernadette Dubus regarding project budgets and finance issues;
- Hold individual research meetings.



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All thematic WGs decided to continue their fruitful discussions during this time, with some taking short breaks to meet with Mrs. Dubus.

DAY 1 - THEMATIC GROUP PREPARATION DAY WEDNESDAY AFTERNOON SESSION, FEBRUARY 25TH, 2009

Opening Ceremonies

2.3. Session 3: Introductory speeches

Introductory speeches were held to officially open the Second Annual Meeting of the MICRODIS project: **Professor Debarati Guha-Sapir** (MICRODIS Project Director, (UCL)/Centre for Research on the Epidemiology of Disasters (CRED)) welcomed all participants and outlined the objectives of the Second Annual Meeting:

1. Sharing field experiences, challenges and achievements;
2. Presenting planned field work;
3. Exchange of knowledge and experience between research projects and scientists;
4. Looking forward and planning year 3 of the MICRODIS project.

Professor P.C. Joshi (UoD) gave a speech stating that disaster reduction is a must for the sustainable development and a social security in Asia and in the world. He emphasized that the overall goal of the MICRODIS project is to strengthen preparedness, mitigation and prevention strategies in order to reduce the health, social and economic impact of extreme events on the population. Further, he mentioned that the MICRODIS survey work in most of the Asian site has been completed during the second year and that in the coming months the MICRODIS Asian partners will be analyzing their data, comparing results and making presentations in the government bodies, seminars and conferences. He raised awareness that there remained a responsibility towards the people who collaborated in the surveys and thus the dissemination of the results to the field sites in a language that is known to the people is important.

Mr. Tomas Turecki (*MICRODIS Project Scientific Officer, EC*) presented specific funding programmes that address natural hazards under the European Research Framework Programme. He stated for instance, that the work programme for 2009 (13 Million Euros) involved the following topics related to natural hazards:

- Forest fires in the context of climate and social changes;
- Costs of natural hazards (climate and hydrometeorology related hazards);
- Vulnerability assessment of buildings, lifelines systems and networks related to earthquakes;
- Risk, prevention and management of urban floods.



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After the introductory speeches, the agenda and announcements were made (See ANNEX1). A roundtable introduction of the project partners and guests was then held, where every participant introduced themselves. At the end of the day, all participants were invited for drinks at the FU.

3. MICRODIS SECOND ANNUAL MEETING DAY 2

DAY 2 – MICRODIS ANNUAL MEETING FEBRUARY 26TH, 2009

Scientific Research: Morning Session

3.1. Session 1: Guest speaker presentations

Chair: Michael Marx, UKL-HD, introduced the guest speakers.

- (1) Dr. Scira Menoni from the Politecnico di Milano presented the FP6 funded project SCENARIO:
 - The project involves the development of a roadmap on sustainable mitigation of natural and induced technological hazards and risks which will support future European research priorities for the 7th framework programme;
 - The project will contribute to the European policies on natural hazards;
 - It will further facilitate the integration of fragmented research approaches, concepts and results by incorporating existing experiences on natural disaster projects and initiatives as European level, including important nation and international initiatives;
 - SCENARIO assesses the value chain of natural disasters through updating knowledge and state of the art on natural disaster prevention and mitigation in the context of modified societal and environmental features.

- (2) Dr. Guy Hendricks from Avia-GIS presented the FP6 funded project EDEN:
 - In the last years vector-borne, parasitic or zoonotic diseases have (re)-emerged and spread in Europe;
 - EDEN stands for Emerging Diseases in a changing European Environment;
 - EDEN aims to increase preparedness by developing and coordinating at European level a set of generic investigative methods, tools and skills with a common scientific framework;



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- EDEN studies a range of diseases sensitive to environmental changes: West Nile, Rodent-borne, Tick-borne, and Leishmaniasis etc.;
 - EDEN integrates research between 42 leading institutes from 24 countries in Europe and Asia;
 - EDEN is organised into a series of vertical sub-projects led and managed by a group of internationally recognized experts;
 - More than half of the data within this project came from the field;
 - One of the major findings were that one should not avoid complexity;
 - It was stated that the data sharing is and complicated issues as people feel that they own the data. Within the EDEN project data is put on a common website and once the data has been published it becomes a common good within the consortium, meaning that all teams within the project are allowed to work with it.
- (3) Mr. Stefan Scheer from the Traceability Risk and Vulnerability Assessment Unit DG Joint Research Centre European Commission presented the FP6 funded project NEDIES as well as his work related to the DRH:
- NEDIES is an IT platform (Database) incorporating information on natural disasters;
 - Hyperbase: Database focussing on natural disasters;
 - There is no knowledge or judgment as of yet in terms what sort of information biases are incorporated in the database. This is something that will be addressed in the future;
 - There is no knowledge of any competing database with a similar format;
 - The cost of the assessment tools will be mentioned in the hyperbase.
- (4) Dr. Richard Blewitt from HelpAge International based in London present his experience from his work regarding a common needs assessment after the Cyclone Nargis. He emphasized that this assessment was a tool to open up borders serving for Myanmar government to cooperate:
- It took about 36 hrs to develop and finalize the methods for assessing the needs in the aftermath of Cyclone Nargis;
 - Managing the different expectations is difficult;
 - There were many personnel restriction due to government restrictions;
 - Although Myanmar lies within a disaster prone zone it was not prepared for such an extreme event;
 - The needs assessment was done in collaboration: Unicef, World Vision, Save the Children, WHO, CDC, UNAIDS, UNHCR, UNDP, MYANMAR EGRESS, etc.;
 - A periodic review of achievements was introduced and it is still ongoing. One outcome of the periodic review, for instance, shows that the sanitation within the worse hit areas has improved.

Coffee Break



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3.2. Session 2: MICRODIS field study experience PART I

Chair: Professor P.C Joshi, UoD

Each field team that had implement the MICRODIS survey gave an approximate 20 min presentation of their work including the challenges they have in the field. Those teams that had not implemented the assessment tools gave a status/progress report with timelines of the implementation plan. Every presentation was followed by a short question and answer session lead by external invited participant. Summary of each country presentation is provided below.

NOTE: All the country presentations are available on the CD that was given to each Partner at the last meeting day. In addition every country presentation will be available on the MICRODIS project website (www.microdis-eu.be).

(1) Tewkesbury, United Kingdom (UK)

Presenter: Dr. Maureen Fordham, UoN

Background	Tewkesbury is a medieval market town with about 10,000 inhabitants. The flood in 2007 was the worst one recorded in the history, with 1000 properties directly flooded and many others affected. The town center was completely cut off from vehicles and residents were without water for up to 18 days. Three people died and may were displaced.
Research team	Staff members from the UoN, Health Net International (HNI), UCL and 13 field workers from 6 countries
Research status	Data collection completed: The generic MICRODIS tool was adapted to the European/UK context but keeping most of the MICRODIS core for comparison across countries. A pilot study was performed in Morpeth, Northumberland with 27 questionnaires administered and master student were trained for questionnaire administration. The data collection was mostly quantitative and less qualitative.
Challenges	The following challenges were faced: Lack of sample addressed due to data protection limitation; some respondents were resistant to taking part in the survey; Some interviewers were inexperienced; compressed survey period; keeping the balance high survey cost with need to meet target numbers.
Achievements	Sample of 504 of which 213 questionnaires were completed (42%). Of those completed, 135 were flooded and 78 were non flooded households. 31% (158) refused to answer the questionnaire and 133 households were unobtainable.
Lessons learnt	Overall, the lessons learnt included that: it is important that interviewers are being able to explain the relevance of questions; the health data was limited due to lack of physical health impacts; the level of detail required for the economic data lead to many gaps in the data; the length of the questionnaire lead to refusals; Awareness activities prior to the fieldwork increase response rate.
Question/Answer session Lead: Dr. Richard Blewitt	The age and gender of the respondents should be taking into account as they may be a difference in impact among different groups of the population. The second issue that was addressed was the gaps in the economic data. Although data from Insurance companies were not targeted it should be integrated in the tool within the European context. The third issue that was discussed was that is important to ask the question as to where should the line be drawn regarding country specific adaptation of the MICRODIS questionnaire. An obvious issue is that it makes, for instance, no sense to ask UK citizens about the cattle although other issues may not that straightforward. Another issues addressed was the reason for not being able to reach some occupants. Dr. Maureen Fordham explained that next to the lengths of the questionnaire, some other reasons included that some of the affected houses were summer houses or their occupants had jobs for which they were not at home most of the time.

(2) Orissa, India

Presenter: Mr. Shisir Ranjan Dash, Voluntary Health Association of India (VHAI)

Background	Since 2001 the state experiences floods almost every year.
Research team	Staff members from the VHAI and 14 enumerators
Research status	Data collection completed: A pilot study was conducted among 32 families in June 2008. The questionnaire was reviewed and once again pre tested with 45 families in November 2008. The enumerators were trained from 3rd to 5th of November 2008. Data collection and test checking of 10-15% by supervisors followed.
Challenges	One of the challenges was to keep the motivation of enumerators high. Another challenge was to take anthropometrics measurement due to community believes. There were also problems encountered in data entry and merging of files.
Achievements	The health system survey was administered in 31 health institutions. 1540 households surveyed (758 affected and 816 non affected). In addition anthropometrics measurements were taken from 456 children and 21 FGDs/KIIs were completed.
Lessons learnt	Overall, the lessons learnt included that practice is important when administering the questionnaire; it is important to take daily notes and feedback; it also crucial to observe carefully and learn from the community and to pay great attention to quality, rigor, triangulation and the involvement of community and government.
Question/Answer session Lead: Dr. Richard Blewitt, HelpAge International	Dr. Richard Blewitt asked whether the survey could be implemented in a short period of time (five weeks, ten week)? Mr. Shisir Ranjan Dash answered that looking at the quality aspect of the survey it could not be implemented in a short period of time. Further, he stated that the community should be properly mobilized to participate in the survey before the actual survey takes place. Mr Stefan Sheer asked whether the health institution were not reluctant to give the health system data? Prof. Joshi responded that VHAI had a very strong presence in the field; they are managing number of Public Health Centers in collaboration with Government and have a good rapport with the local administration and community so it was not difficult. As third question was while administering the questions, was data collected regarding vaccinations. Mr. Shisir Ranjan Dash answered that indeed data on immunization was collected.

(3) Albay, Philippines

Presenter: Dr. Tomasito Talledo, Citizens' Disaster Response Center (CDRC)

Background	Albay province: Typhoon Mienyo (September 27-28, 2006) affected about 540m771 people. Typhoon Reming (November 30, 2006) affected about 669m 895 people with 518 dead, 648 missing and 1,423 injured.
Research team	The team included four people from the CDRC team, logistic officer, local coordinator, quantitative response (8 enumerators team leader), qualitative responses (In-Depth Interviews (IDIs), two FGD facilitators)
Research status	Data collection completed: The MICRODIS tool has been adapted with additional question on reproductive health and translation into two languages (Filipino and Cebuano). The assessment tool was pre-test with ten respondents and five interviewers from 14-15 October 2008. Interviewer training took place from 25-27, 2008. Data collection followed and consisted of household interviews, IDIs, FGDs and documentation of non-verbal language, audio, photo and video documentation.
Challenges	The challenges included the thickness of questionnaire; the level of detail required in the economic part; gender of the respondents as there were more female respondents (75.8%).



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Achievements	400 respondents, 4 FGDs, IDIs were completed
Lessons learnt	The lessons learnt included that it is important to be critical of official baseline data. Further, a good rapport with people and knowledge of their culture and sensitivity towards people's concern plays an important role when conducting the field work.
Question/Answer session Lead: Dr. Jens Nielsen, Bandim Health Project	Dr. Jens Nielsen asked whether there were also problems encountered with the health questions on the same level than with the economic questions. Dr. Tomasito Talledo stated that there were problems encountered with the health problems on same level as with the economic part of the questionnaire. Only light modifications were done to meet the Philippines setting. The second questions were referred to a follow-up. This, maybe, possible. However it would depend on the budget. The third issue that was raised was that there was an inconsistency noticed with government description of most and least affected household. Some of the households described by the government as most affected turned out to be least affected and vice versa. It is not clear as which method the government uses to measure the disaster impact.

(4) Hanoi, Vietnam

Presenter: Dr. La Ngoc Quang, Hanoi School of Public Health (HSPH)

Background	Hue was originally selected as study site in Vietnam. As in 2008 only minor floods occurred and in Hanoi a historic flood occurred resulting in 22 deaths and huge economic loss the study site was changed to Hanoi.
Research team	Four HSPH staff, interviewers were trained in January 2009.
Research status	Data collection not completed. The main areas in which the MICRODIS questionnaire was adapted to the local setting included the inclusion of questions regarding dengue fever and skin disease. In the household questionnaire, IDIs and part of the health system questionnaire was used to collect available data on health at district and commune level.
Achievements	Up to now the pilot study was implemented both in Hue and Hanoi. Further, the study was implemented at two most severely affected districts: Chuong My and Hoang Mai where 200 households per commune were selected (800 households in total).
Next steps	<ul style="list-style-type: none"> • Enter data, analyze data, and write the report and publications. • Carry out extension studies.
Question/Answer session Lead: Mr. Stefan Scheer	Mr. Stefan Scheer inquired whether the data collect through the health system questionnaire can be considered as official. Dr. La Ngoc Quang assured that this was the case.

**DAY 2 – MICRODIS ANNUAL MEETING
FEBRUARY 26TH, 2009**

Scientific Research : Afternoon Session

Chair: Dr. Tomasito Talledo, CDRC

(1) Aramon, France

Presenter: Professor Patrick Pigeon, Ferurbat

Background	Aramon is located in the south-eastern part of France, with 1600 households (3770 inhabitants, 1999 estimation population 2008: 3869). The floods occurred in September 2002.
Research team	At present four team members from the Universte de Savoi, Ferurbat, Universite de Montpellier. No interviewers have been trained up to this point.
Research status	Pre-implementation phase: The intermediate step will be to produce the following reports: contextual report, hypothesis and research questions report. The next immediate steps will included the final validation of field research protocol, research questions, validation of adapted core questionnaire, defining sample size.
Question/Answer session	The question was raised whether there is a risk prevention plan exists in the area. Prof. Pigeon stated that there was a risk prevention plan available in the area.
Lead: Dr. Guy Hendricks	

(2) Southern Leyte, Philippines

Presenter: Dr. Maria Teresa Sharon C. Linog, Xavier University (XU)

Background	Two municipalities in Southern Leyte were selected: Hinunangan (Earthquake 17 July 2007) and St. Bernard (Mudslide 17 February 2006)
Research team	Two supervisors and ten enumerators from the Research Institute for Mindanaor Culture of XU
Survey implementation	Data collection completed: The pre-survey site visit and courtesy call to local government executives was done in September 2008. The Interviewer training, review of data collection techniques, mock interviews followed. For the actual data collection the field personnel was divided into two sub-teams, each sub-team consist of: one Supervisor and five enumerators.
Challenges	The following challenges were encountered: Slow interviewing pace during the first few days of field work; site accessibility and transport; length of questionnaire mad respondent hesitant to participate in the questionnaire; the duration of field operation could have been shorter if not for the slight delay due to bad weather and light flooding in the selected communities.



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Achievements	The target of four FGD and twelve IDIs was achieved on time. Further a full All activities were completed full cooperation and support of local executives facilitated the timely completion of field operations.
Lessons learnt	The following lessons were learnt: Building linkages with local executives is important; patience and diplomacy are important; seasoned field enumerators are important.
Question/Answer session Lead: Mr. Stefan Scheer	A follow up of the study would also depend on the budget.

(3) Bahraich, India

Presenter: Dr. Sonia Kaushal, UoD

Background	Baharaich is located 125 km north-east of Lucknow, the state capital. There were 173 flood affected villages in 2007
Research team	Five team members for UoD and staff member from the UoN and 15 enumerators
Research status	Data collection completed: Three pilot studies were conducted and questionnaires were filed tested. A two day training session for enumerators was held and the data was collected (FGDs, IDIs and quantitative assessment tool).
Challenges	The following challenges were encountered: Household tracing was sometimes difficult; asking sensitive question; distance of Hamlets as some were very far from each other (1-1.5 hour); gender of the enumerators as the majority of the enumerators were male which limited to ask female specific questions; transportation for FGD participants from the village to the city; software problems.
Achievements	The following achievements were made: 318 questionnaires among flood affected and 304 among non-flooded were conducted; Six FGDs (Non-Government Organization (NGO), medical officers, village headmen, village men, marginalized women and upper cast women); Six KIIs (chief medical officer, project officer UNDP, NGO representative, additional development officer, sub- divisional magistrate and the sub-district office). Further, 80 narratives were collected, and essay writing competition was conducted as well as photographic and video documentation were produced. Finally, secondary information from district officials was collected.
Lessons learnt	Some lessons learned included that there is a strong need of a good communication system to deliver flood warning; there is a need for delivering material and service support to people living in places away from roads; primary health care support is needed to be effectively given in the flood affected areas; psychological impacts of flood are apparent and there is need to provide mental health support to the flood affected population.
Question/Answer session Lead: Dr. Guy Hendricks	Another challenge was that the study was conducted in a part of India where approximately 21 percent of the population are illiterate. Things like essay and drawing competition, visual material such as movie documentations, were done as they were seen as beneficial tools to share feelings and emotions and to raise awareness.

(4) Bojonegoro, Indonesia

Presenter: Dr. Mondastri Sudaryo, University of Indonesia (UoI)

Background	Bojonegoro has a population of 1.231.399. During the flood in December 2007 858 houses were severely damaged and 1 850 houses were mild to moderately damaged. 31 deaths occurred. About 229.000 people were displaced.
Research team	Researchers from the UoI and local interviewers
Research status	Data collection completed: The quantitative assessment tool was comprised of 26 pages with the focus in health. It was translated into bahasa and back translated into English. The questionnaire was pilot with 26 respondents. A two stage cluster sampling method with Probability Proportionate to Size (PPS) was used. 50 villages were identified with 500 respondents (250 flooded households and 250 non-flooded households). The qualitative study was carried out using FGDs and IDI. Secondary data collection was performed reviewing health service profiles.
Challenges	The following challenges were faced: Violation of the interviewer guideline by on enumerator; some interviewers had difficulties understanding the questionnaire understanding; language barriers making spot and cross checks difficult in some cases; non availability of respondents at the time of interview; availability of under five children for anthropometric measurements; difficulties in arranging in-depth interview; Inexperience of data collectors.
Achievements	All the above obstacles and challenges were dealt with and resolved and data collection (500 respondent interviews, 7 FGDs, 6 IDIs) was completed in time
Question/Answer session Lead: Dr. Jens Nielsen, Bandim Health Project	List of flooded/non flooded villages came from the District Health Office. The information of flooded/non flooded neighbourhood blocks was provided from the Head of the Village. Great caution needs to be taken in choosing the right statistical techniques in order to neither over nor under estimate the impact.

(5) Morpeth, United Kingdom

Presenter: Dr. Maureen Fordham, UoN

Background	Morpeth is an ancient market town located in the northeast of England. It has a population of around 16 000 and has a long history of flooding. The largest recorded flood prior to the flood in March 2008 was in 1963 by which 503 properties were flooded. In March 2008 around 1012 properties were flooded if which 913 were residential. More than 400 evacuation/rescuers were carried out and many people were displaced.
Research team	The team will consists of: MSc Disaster Management and Sustainable Development student who will be carry out the fields work activities, The UK MICRODIS Country team and colleagues from HNI and CRED
Research status	Ongoing: The questionnaire is being adapted to the UK setting. The pilot study was conducted in Morpeth on the 25/26 of November 2008. The interviewer training is planned for March and the data collection is planned within the period of May/June.
Question/Answer session Lead: Dr. Richard Blewitt	It was clarified that the field work as not been carried out at this point in time. At the moment integrated mental health questions are being develop. The field study is being planned. The team is now at the point of adapting the questionnaire this means that least successful questions will be removed from the questionnaire or adapted (i.e. the question concerning the social support that has been received). Further, some additional questions with a specific mental health focus are currently being developed in collaboration with HNI.



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Coffee break

3.4. Session 4: Open discussion

Chair: Dr. Stale Navrud, Sweco Groner

The work of the Hue team was presented by Dr. Tan Huu Tuan form the Hue College of Economics (HCE)

Background	The Quangnam province in located on the central coast and in one of the most disaster-prone provinces in Vietnam. In 2007 several big floods occurred killing 47 people and inundating nearly 200,000 houses.
Research status	This project is in the proposal phase. A detailed research framework has been developed and will be finalized in the upcoming weeks. The pre-test and final surveys are being planned for the period of May/July.
Question/Answer session Lead: Dr. Jens Nielsen, Bandim Health Project.	The time plan for this study is 12 months with a focus on storms and floods. Dr. Jens Nielson enquired whether the same flood happened in 2007. Dr. Tan Huu Tuan stated that this had not been the case. Another issue raised was whether the MICRODIS core questionnaire needs to be implemented again. It is not clear what benefit of the core will bring so maybe it would be better to implement and in-depth assessment tool. Further, how many people returned to their homes after the disaster has struck is not clear. Maybe only very little people will not return, this may also be dependent on the age of the displaced.

The partners then participated in an open discussion, with the following main points raised:

- Implantation of the MICRODIS tool and the cultural differences that are meet
- Difference in obtaining data between female and male interviews (this may vary from culture to culture)
- Difference in the data when having between female and male respondent (i.e. when having to answer economic questions as women may not be so involved in this field)
- Difference in data considering age. It was experienced in the UK that older women tend to like to tell stories. This was also noticed in India.
- It was mentioned that the MICRODIS tool, however, remains a quantitative assessment tool. Depending on the sex or age of interviewer or respondent, only the stories may very well vary.
- It was pointed out that not all surveys have been completed up this point in time. The teams that have not implemented the MICRODIS tool can learn from the lessons learned from the ones that have been already implemented in order to avoid new pitfalls.
- It was mentioned that some lessons learned are common for all questionnaires and all countries and some are context-specific. This need to be distinguished.
- The question needs to be asked as to “what are we developing this for?” The MICRODIS tool should serve for information purposes for a recovery plan. However, through the process of this study other ways of using the MICRODIS should be explored.



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3.5. Session 5: Closing session

During this session the Assessing Public Health in Emergency Situations (APHES) Summer Course and its goals and objectives were presented by Mr. Oliver Degomme.

Following this, Prof. Guha-Sapir outlined the MICRODIS Plan for 2009:

- Publication Plans to be developed;
- Promotional Material to be produced and distributed;
- Remaining field work to be done: Vietnam, UK, France;
- Small focused studies to be decided upon and carried out;
- Preparation for conferences to present the results of the MICRODIS project;
- Development of the Central database;
- Extension: The EC has tightened its rules to grant extension under the current FP6 framework. Extension will only be granted in exceptions whereby very strong arguments are needed. It is strongly suggested that all partner continue to work as if no extension will be given and the extension possibilities will be revisited in three months time.

The meeting finished for the day and participants enjoyed a Belgian dinner together at Chez Leon.



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4. MICRODIS SECOND ANNUAL MEETING DAY 3

DAY 3 – MICRODIS ANNUAL MEETING FEBRUARY 27TH, 2009

MICRODIS & Steering Committee Meeting Morning session

The third meeting day was only for MICRODIS consortium members.

4.1. Session 1: Working group presentations

Chair: Dr. Sharon Linog, XU

One person from each thematic WG (Health, Social, and Economic) presented what was discussed in the respective working group session held during their morning meeting session on February 25th. The SWG and HWG presentations are available on the CD and website, where the EWG did not use PowerPoint to present.

- (1) HWG: Mr. Shisir Ranjan Dash, VHAI (See ANNEX 2);
- (2) SWG: Mr. Tim Wind, HNI (See ANNEX 3);
- (3) EWG: Dr. Alexander Borde, Ferurbat (The WG report can be found in the document: “*Thematic Working Group and Steering Committee Meeting Report*”).

4.2. Session 2: Detailed MICRODIS Plan 2009

Ms Laura Irvine presented the MICRODIS Plan for 2009. Each work package was discussed one-by-one with the draft Implementation Plan for Months 25-36, with all expected outputs and timelines for each deliverables detailed.

4.3. Session 3: Paper writing session

Presentations on how to write a scientific paper for health and economic journals were given by Dr. Stale Navrud and Dr. Michael Marx. A proposed outline of Study Report was presented by Dr. Sharon Linog. The presentation were provided on a CD and given to each partner at the end of the conference. Alternatively the presentation of the paper writing session can be found on the MICRODIS web-site (www.microdis-eu.be).



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A handout was distributed regarding the publication rules under the MICRODIS Project in which two official project documents were cited (See ANNEX 4):

- *MICRODIS GOCE Contract number 036877 Annex II (approved by the Commission on 23 October 2003- Decision C (2003) 3834 dated 23.10.03)*
- *Consortium Agreement: MIRCODIS Contract No: 036877: CHAPTER 10*

4.4. Session 4: Closing session

Prof. Guha-Sapir closed the official part of the MICRODIS Second Annual Meeting, thanking all participants for attending and outlining the exciting events to come in the final year of the project. During this session she gave every country team the poster material.

4.5. Session 5: Steering Committee Meeting

The Steering Committee Meeting Report can be found in the separate document: "*Thematic Working Group and Steering Committee Meeting Report*".



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5. ANNEX

ANNEX 1 Announcements

ANNEX 2 HWG presentation

ANNEX 3 SWG presentation

ANNEX 4 Publication rules

ANNEX 1: Announcements

- **Attendance form:** Participants were kindly asked to sign the attendance sheets each day for both the morning and the afternoon session. It was emphasized that no reimbursement could be made for those who had not signed the form at times during the day.
- **Finances/budgets:** It was mentioned that appointments regarding financial matter could be made on short notice and Mrs. Dubus would be available on Wednesday morning, Thursday and Friday morning.
- **Presentations/distribution materials:** Participants were kindly asked to give all presentation materials to Ms. Barbara Cichon first thing in the morning.
- **Posters:** It was mentioned that every country team would be able to take their field poster home with them. In addition every team would be able to choose one additional poster which they would like to have. The UCL team would make sure to print the additional posters and sent them via post.
- **Dinner suggestions:** It was mentioned that participants could make their own plans for dinner tonight. For those who wanted there were leaflets with dinner suggestions available.
- **CD:** It was emphasized that all the presentation material would be put on a CD and would be made available to the participants by the end of the meeting on Day 3 (Friday 27 February).

ANNEX 2: Health Working Group presentation

4/27/2009



Health Working Group Meeting Summary

**MICRODIS Second Annual Meeting
25 February, Brussels - Belgium**

PARTICIPANTS

1. Prof. Debarati Guha Sapid (CRED)
2. Ms. Barbara Cichon (CRED)
3. Dr. Mondastri Sudaryo (Maqo -UOI)
4. Mr. Besral (UOI)
5. Mr. Shisir Ranjan Dash, VHAI
6. Dr. La Ngoc Quang (HSPH)
7. Ms. Tran Thi Tuyet Hanh (HSPH)
8. Ms. Le Thi Thanh Huong (HSPH)
9. Prof. Michael Marx: University of Heidelberg
10. Ms. Revati Phalkey: University of Heidelberg

AGENDA

- > Welcome address and introduction to the agenda
- > Round of introduction of HWG members
- > Update HWG members (Deliverables/ Achievements)
- > Field work, data entry, and data processing (Household survey/health system survey)
- > In-depth studies
- > Integration of HWG findings with social and economic groups
- > Scientific output
- > Future Plan (Deliverables and milestones planned for months 24-36)

UPDATES & DISCUSSIONS

New members

- > Besral from UOI, Ms. Barbara from CRED, Anja from University of Heidelberg were amongst the new members joining the HWG.

Outgoing members

- > Eko (UOI), Valerie (University of Heidelberg) and Olivier (CRED).

Change of Administration

- > University of Heidelberg took responsibility of Coordination for HWG replacing Evaplan since February 2008.

Change in study site

- > HSPH, Vietnam changed the study site from Hue to Hanoi in view of the historic importance of the floods in Hanoi.

Field Study

- > Field Survey in Hanoi, Indonesia and India, VHAI site are completed. Data entry is also completed in Indonesia and India site. Analysis is yet to be done.

Extended Study

- > All partners felt that there should be some in-depth study in all the survey areas based on the main survey findings.

Subjects for In-depth Study

- > HSPH: Case control studies and cohort studies to assess changes in morbidity patterns.
- > VHAI: Challenges of vector borne diseases and changing morbidity patterns in the context of climate change.
- > University of Heidelberg: Two indepth studies will be conducted at Bahraich site by Revati and Anja on Health Systems and Migration for doctoral dissertations.
- > UOI: Propose case-control studies for specific diseases.
- > It has been decided that the respective partners may submit a concept note for approval of steering committees.

1



4/27/2009

Health Systems Data: All partners of health group has collected health system data along with main survey. Analysis will be done in collaboration with University of Heidelberg.

Integration with Other thematic Areas: It has been decided that health data will be analyzed in an integrated manner with the help of experts from social and economic groups with special focus on health.

HWG MINI WORKSHOP: Asia partners should meet in GATEWAY India (no more than 6 people) in May 2009 for an intensive mini workshop to look at the data, sampling methods, recoding, merging and integrating with other thematic areas.

Guideline for data Analysis: Social, and the economic groups will be requested to provide guidelines for analysis of social, and economic data by May 2009. Revati and Barbara with input from Mago will develop a similar guideline for dissemination to the other groups for analysis of health data by end of April.

Scientific Out put: The partners should closely monitor national, international and regional conferences between now and December 2009. Each partner should budget to attend 1 or more international and 1 or more regional conferences.

Research Publications: Suggestion from CRED was to review the data collected and partners should consider a MICRODIS report series. This series would be internally peer reviewed. Once we have these report series, partners could plan papers that go beyond Microdis consortium.

Documenting Methods and tools: HSPH suggested to compile experiences with research from the last 2 years on developing methods and tools, and field-work challenges and published as a Guideline for field surveys. One possibility is to approach the WHO publication section for financing such a publication in disaster Management department of WHO in Vietnam.

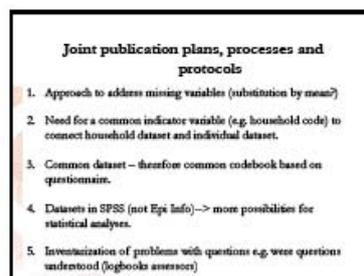
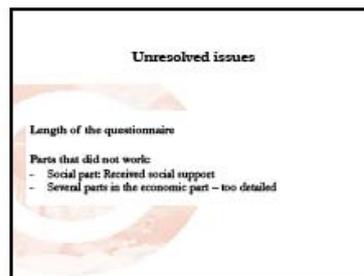
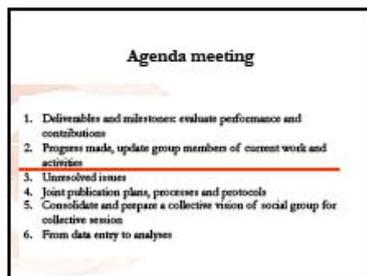
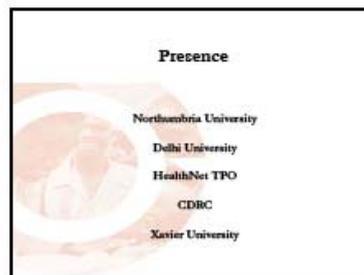
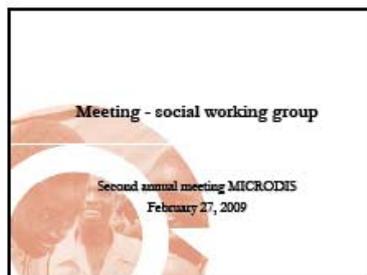
CHALLENGES

Data Processing challenges

- >Issues related to different sampling methods at sites.
- >Issue related to use of different soft ware.
- >Data merging and compilation without compromising inter- site and inter-country specificity.
- >Re-coding of data to improve data compatibility across sites and across countries.
- >At what point in time we are to disseminate survey findings to the community and the administrative authorities in study sites.

THANK YOU

ANNEX 3: Social Working Group presentation



Publications & conferences

Lisbon conference sociology: Muzsem, Laura, PC Joshi
 - Research profiling and quality data collection: avoiding or creating bias
 - Towards a multi-disciplinary rapid assessment instrument to measure the impact of natural disasters
 Publications: common interests, analyses and publications

Example: towards analyses & data from India by HealthNet TFO

Before analysis

Random missing values versus systematic missing values.
 Sum/average variables – latent social and mental health constructs
 Reliability and validity
 E.g.
 MHIS scale after recoding, mean scale:
 $(sf9 + sf11 + sf13 + sf14 + sf15) / 5$

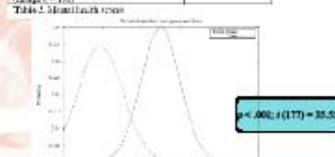
The example of India

These research questions:
 1. What is the prevalence of people suffering from mental health disorders?
 2. What are predictors of mental health disorders at:
 A. The individual level
 B. The contextual level

Mental health by general screener (MHIS)

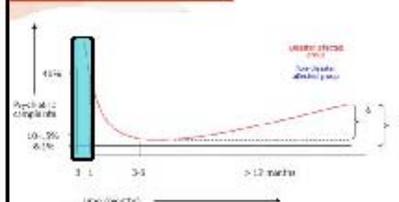
	India	Western
Mean MHIS	10.94 (11.58)	55 (1.5)

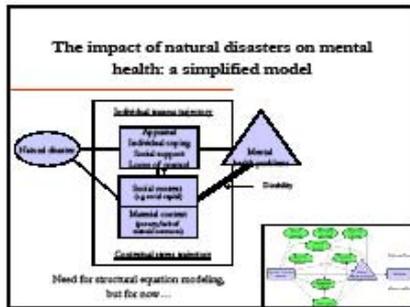
TABLE 2. MHIS SCALES SCORES



$p < .001; t(177) = 32.55$

An explanation by speculation





Contextual risk factors for mental health

	DEPT							
DEPT	1	1	1	1	1	1	1	1
DEPT	1	1	1	1	1	1	1	1
DEPT	1	1	1	1	1	1	1	1
DEPT	1	1	1	1	1	1	1	1
DEPT	1	1	1	1	1	1	1	1

$F(1, 10) = 10.000, p < .05, \eta^2 = .50$

Example of advancing towards analyses and publications

E.g. research questions:

1. What is the impact of natural disasters on mental health?
2. What are **multidisciplinary** risk factors for the etiology of mental health (health, economic, and social mechanisms)?
Towards a risk profile for the etiology of mental health problems

Cross-cutting: comparison between countries (mental health and explanatory mechanisms, meaning of concepts)

Invitation towards joint analyses & publications & sharing of datasets

Thank you

ANNEX 4: Publication rules

- (1) **Document:** MICRODIS GOCE Contact number 036877 ANNEX II (approved by the Commission on 23 October 2003 – Decision C (2003) 3834 dated 23.10.03)

PART A: Implementation of the Project

II.9 Confidentiality

1. The *Commission* and the *contractors* undertake to preserve the confidentiality of any document, information, *knowledge*, *pre-existing know-how* or other material communicated to them in relation to the execution of the *project*, and which has been identified as confidential in relation to the execution of the *project*, or where such information was provided orally, it has been confirmed as such in writing within 30 days after disclosure. Where the *contract* provides for the communication of any data, *knowledge*, *pre-existing know-how* or other document, the *contractors* and the *Commission* shall first satisfy themselves that the recipient will keep it confidential and use it only for the purpose for which it is communicated.
2. The confidentiality of any document, information or other material, the disclosure of which could harm, interfere with or otherwise limit the effective protection of their intellectual property rights, must be maintained during the life of the *project*. Unless other agreements are made between the *contractors*, this confidentiality must be maintained for the period in which *use* of any *knowledge* or *pre-existing know-how* is to be made available after the end of the *project*. This obligation no longer applies where:
 - a. the content of any of the document, information or material becomes publicly available through work or actions lawfully performed outside this *contract* and not based on activities under it, or;
 - b. the content of the document, information or material has been communicated without confidentiality restrictions or these are subsequently waived, or;
 - c. the information is lawfully received from a third party who is in lawful possession there and under no obligation of confidence to the disclosing party.

II.12 Publicity

1. The *contractors* shall, throughout the duration of the *project*, take appropriate measures to ensure suitable publicity for the *project* in order to highlight the *Community* financial support. Unless the *Commission* requests otherwise, any notice or publication by the *contractors* about the *project*, including at a conference or seminar, must specify that the *project* has received research funding from the *Community's* Sixth Framework Programme. Where use of the European emblem, or any similar trademark or logo, is envisaged, prior approval shall be required from the *Commission*. Authorization to use the European emblem or other similar mark or logo implies no right of exclusive use. It does not permit the appropriation of the emblem, or of any similar trademark or logo, whether by registration or by any other means.



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2. The *Commission* shall be authorized to publish, in whatever form and on or by whatever medium, including the Internet, the following information:
 - a. the name of the *contractors*;
 - b. the general purpose of the grant in the form of the summary provided by the *consortium*;
 - c. the amount granted and, except for lump sum contributions, the rate of the *Community* financial contribution to the *project*;
 - d. the geographic location of the activities carried out.
3. Upon a reasoned and duly substantiated request by the *contractor*, the *Commission* may agree to forego such publicity if disclosure of the information indicated above would risk compromising the *contractor's* security or commercial interests.

PART C: Intellectual Property rights

II32- Ownership of knowledge

1. *Knowledge* shall be the property of the *contractor* carrying out the work leading to that *Knowledge*
2. Where several *contractors* have jointly carried out work generating the *knowledge* and where their respective share of the work cannot be ascertained, they shall have joint ownership of such *knowledge*. The *contractors* concerned shall agree amongst themselves the allocation and terms of exercising ownership of that *knowledge* in accordance with the provisions of this *contract*.
3. If personnel working for a *contractor* are entitled to claim rights to *knowledge*, the *contractor* shall take steps or reach appropriate agreements to ensure that these rights can be exercised in a manner compatible with its obligations under this *contract*.
4. Where a *contractor* transfers ownership of *knowledge*, it shall take steps or conclude agreements to pass on to the assignee its obligations under this *contract*, in particular regarding the granting of *access rights*, *dissemination* and *use* of the *knowledge*. As long as the *contractor* is required to grant *access rights*, it shall give at least 60 days prior notice to the *Commission* and the other *contractors*, of the envisaged assignment and the name and address of the assignee.
5. The *Commission* or the other *contractors* may object within 30 days of notification to such a transfer of ownership. The *Commission* may object to transfer of ownership to third parties, in particular to those not established in a Member State or an *Associated State*, if such a transfer is not in accordance with the interests of developing the competitiveness of the dynamic, knowledge-based European economy or is inconsistent with ethical principles. The other *contractors* may object to any transfer of ownership, if that transfer would adversely affect their *access rights*.

II.33 Protection of knowledge

1. Where *knowledge* is capable of industrial or commercial application, its owner shall provide for its adequate and effective protection, in conformity with relevant legal provisions, including this *contract* and any *consortium agreement*, and having due regard to the *legitimate interests* of the *contractors* concerned. **Details of any such protection sought or obtained shall be included in the plan for using and disseminating the knowledge.**

2. Where a *contractor* does not intend to protect its *knowledge* in a specific country it shall inform the *Commission*. Where a *contractor* intends to waive the protection of its *knowledge*, the *Commission* shall be informed at least 45 days prior to the corresponding deadline. In such a case and where the *Commission* considers it necessary to protect such *knowledge* in a particular country, it may, with the agreement of the *contractor* concerned, adopt measures to protect the *knowledge*. In this event, and as far as that particular country is concerned, the *Community* shall take on the obligations regarding the granting of *access rights* in the place of the *contractor*. The *contractor* may only refuse if it can demonstrate that its *legitimate interests* will be significantly impaired.
3. A *contractor* may publish or allow the publication of data, on whatever medium, concerning *knowledge* it owns provided that this does not affect the protection of that *knowledge*. The *Commission* and the other *contractors* shall be given 30 days prior written notice of any planned publication. If, before the end of this period, the *Commission* and/or the other *contractors* so request, a copy of this data shall be communicated to them within 30 days after receipt of such request. The *Commission* and the other *contractors* may object to the publication within 30 days after receipt of the data envisaged to be published, if they consider that the protection of their *knowledge* would be adversely affected by this publication. The planned publication shall be suspended until the end of this consultation period. In the absence of any objection within the above-mentioned period, it is deemed that the *Commission* and the other *contractors* agree.

The *consortium agreement* may specify the practical details of any such right to object.

II.34 Use and dissemination

1. The *contractors* shall *use* or cause to be used the *knowledge* arising from the *project*, which they own, in accordance with their interests. The *contractors* shall set out the terms of *use* in a detailed and verifiable manner, notably in the *plan for using and disseminating the knowledge*, and in accordance with the provisions of this *contract* and the *Rules for Participation*.
2. If *dissemination* of *knowledge* would not adversely affect its protection or its *use*, the *contractors* shall ensure that it is disseminated within a period of two years after the end of the *project*. Should the *contractors* fail to do so, the *Commission* may disseminate the *knowledge*. In so doing, the *Commission* and the *contractors* shall take particular account of the following factors:
 - a. the need to safeguard intellectual property rights;
 - b. the benefits of swift *dissemination*, for example in order to avoid duplication of research efforts and to create synergies between *projects*;
 - c. confidentiality;
 - d. the *legitimate interests* of the *contractors*.

(2) **Document:** *Consortium Agreement: MICRODIS Contract No: 036877*



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CHAPTER 10: Publications, Press Releases and Reports to the Commission

10.1 General Principles

It is understood that any publications or communication made pursuant to this Section is required to indicate the contribution made by each of the partners in the project. All written or oral public disclosures will acknowledge the Project and acknowledge that the Project received funding from the Commission's Sixth Framework Programme.

Nothing in the Consortium Agreement shall be construed as conferring rights to use in advertising, publicity, or otherwise, the name of the partners or any of their marks or logos, without their prior written approval.

All publications will expressly reflect that they have been developed within the project and will include a disclaimer saying: "This publication is an output of MICRODIS, a research project supported by the European Commission's Sixth Framework Programme."

10.2 Publication of Own Knowledge

For the avoidance of doubt each partner shall have the right to publish or allow the publishing of data which constitutes such partner's knowledge, pre-existing know-how or Confidential Information it owns in accordance with the Contract, Annex 2 II. 33.3. For the avoidance of doubt, no partner shall have the right to publish or allow the publishing of data which constitutes another partner's knowledge, pre-existing know-how or confidential information unless approved by that partner prior to publication.

10.3 Other Publications

Any publication or communication incorporating another partner's knowledge, pre-existing know-how or confidential information, whether written or oral, is required to have obtained the consent of the partners concerned. To this end, the partner or partners wishing to make a publication will provide a copy of the abstract of the publication manuscript and a reasonably detailed description of any oral presentation to the other partners and the Commission via the Coordinator at the earliest practicable time, but in any event within the least thirty (30) days prior to any proposed submission for publication of any manuscript or any presentation or other public disclosure date.

Each partner is entitled to request that its confidential information shall be deleted from such publication or communication. Each partner may also object to the publication within a period of twenty (20) days from receipt of the proposed publication, if they consider that the protection of their knowledge would be adversely affected. In such case, the partners agree to delay the publication up to a maximum of sixty (60) days after objection to allow for protection.

If none of the partners object to the publication within one (1) calendar month from the date of referral, consent shall be deemed to be given.



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The Project Steering Committee shall try a prior settlement of the disputes on matters provided by this Section. However, none of the partners concerned may withhold its consent to publication or communication upon the expiry of a period of four (4) calendar months following the first submission of the proposed publication or communication.

10.4 Disclaimer and Marking of Confidential Information Provided to the Commission

In addition to Annex 2 II.12 of the *Contract*,

(a) All information provided to the *Commission*, publications and press releases, shall have a disclaimer saying “The information in this document is provided as is and no guarantee or warranty is given that the information is fit for any particular purpose. The user thereof *uses* the information at its sole risk and liability.”

(b) Confidential information provided to the *Commission* will be marked stating the information is confidential and may be used only for information purposes by Community Institutions to whom the *Commission* has supplied it.

10.5 Publication to Qualify for a Degree

Where a person carrying out work on the *project* on behalf of a *partner* (the “Relevant *partner*”) needs to include *pre-existing know-how* or *knowledge* of another *partner* in a publication to qualify for a degree, dissertation or thesis, approval for *use* shall be obtained from the appropriate *partner* owning such rights or affected by the *use* in accordance with the provisions of Annex 2 II.12 of the *Contract*, such approval not to be unreasonably withheld.

To ensure that the planned date of publication can be met the approval of the relevance parties shall be sought at least three (3) months before the latest date on which (pursuant to the qualification procedures) the contents of the planned publication can be altered. The *partners* agree to cooperate to allow the timely submission, examination, publication and defense of any dissertation or thesis for a degree, which includes their *knowledge* and/or *pre-existing know-how*. The *partners* undertake to cooperate to resolve disputes as to the contents of such publications in order to ensure timely release of the publication.