

ECHoS

Cancer Mission Hubs

Project Management Plan

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Abbreviations

EBCP	European Cancer Beating Plan
HE	Horizon Europe
MS	Member States
AC	Associated Countries
ECHoS	Establishing of National Cancer Mission Hubs: Networks and synergies
NCMH	National Cancer Mission Hub
AE	Affiliated Entities
AP	Associated Partners
MS#.#	Milestone
D#.#	Deliverable
WP	Work Package
EB	Executive Board
GA	General Assembly
SAB	Strategic Advisory Board

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1. Introduction

The ambition of ECHO S is to support the implementation of the European Mission on Cancer by providing Member States and Associated Countries (MS and AC) with the capacity to create National Cancer Mission Hubs (NCMHs). These NCMHs will play a major role in mobilising and involving relevant national, regional, and local stakeholders, including citizens, in cancer-related policy dialogues. ECHO S will provide NCMHs with guidelines, toolkits, and models for the efficient implementation of NCMHs, the mobilisation of stakeholders, the creation of synergies and for the organisation of policy dialogues on cancer.

In addition, ECHO S will set the foundations for the creation of a European Network of National Cancer Mission Hubs (EU network of NCMHs) with the ambition to create a formal platform of knowledge sharing and support to the Cancer Mission that will continue fostering collaborative research, policy alignment and citizen and other stakeholder engagement efforts beyond 2027. ECHO S will engage with stakeholders across the entire ecosystem, from individual citizens to European institutions, including national authorities, regulators, industry, patient organisations, and academia.

This broad scope aims to take cancer-policy dialogues beyond research and innovation and health systems covering also other relevant areas in cancer control and support such as employment, education, and socio-economic aspects. To guarantee alignment and progress in cancer, ECHO S will be guided by impact focusing thematic areas of Cancer Mission such as prevention, early detection and treatment, quality of life and survivorship, as well as horizontal areas such as equity, sustainability, and cross-cutting priorities.

To achieve such ambitious goals, it is important to have a well-designed and clear Project Management Plan (PMP). In addition, the PMP should include Quality Management Control and Risk Management procedures to ensure high standards of the work produced and the prevention of potential project risks through precautionary measures, respectively.

This document describes the ECHO S PMP structured around eight chapters:

- **Chapter 1** introduces the document and the project.
- **Chapter 2** offers an overview of the project, including objectives, milestones, contractual deliverables, and the work plan.

- **Chapter 3** analyses the governance structure of ECHoS.
- **Chapter 4** describes the management processes, emphasising deliverable preparation, reporting to the European Commission (EC), internal reporting, and conflict resolution procedures.
- **Chapter 5** focuses on communication aspects, including data and information sharing best practices and project meetings.
- **Chapter 6** works on the quality assurance plan, outlining roles, responsibilities, and processes to ensure high-quality deliverables.
- **Chapter 7** addresses risks and challenges.
- **Chapter 8** concludes the document.

2.Project Description

2.1. Project Scope and objectives

ECHoS aims at creating NCMHs in each MS and AC, aligned with the Cancer Mission, operating at national, regional, and local levels. These NCMHs will have a key role in involving all relevant national, regional, and local stakeholders, including citizens, in cancer-related policy dialogues. To achieve this ambition ECHoS set 4 main objectives:

- Creation of National Cancer Mission Hubs in every MS and AC.
- Establishment of a network of support to advance Cancer Mission across Europe.
- Promote synergies with other European initiatives and programmes to maximise available funds, increase impact and fasten the implementation of the Cancer Mission priority areas.
- Create the foundations for a European network of NCMHs by developing a business continuity and operations model framework.

2.2. Project Overview

The ECHoS consortium consists of 57 organizations and 28 countries (Table 1).

Table 1 ECHoS Consortium

No	Beneficiary and Affiliated Entities	Country
1.	AGÊNCIA DE INVESTIGAÇÃO CLÍNICA E INOVAÇÃO BIOMÉDICA, AICIB	Portugal
2.	GESUNDHEIT OSTERREICH GMBH, GÖG	Austria
3.	SCIENSANO, SCIENSANO	Belgium
4.	CYPRUS CANCER RESEARCH INSTITUTE, CCRI	Cyprus
5.	FAKULTNI NEMOCNICE OLOMOUC, FNOL	Czechia
6.	FAKULTNI NEMOCNICE U SV. ANNY V BRNE, FNUSA-ICRC	Czechia

7.	USTAV HEMATOLOGIE A KREVNI TRANSFUZE PRAHA, IHBT	Czechia
8.	SIHTASUTUS TARTU ULIKOOLI KLIINIKUM, TUH	Estonia
9.	TARTU ULIKOOL, UTAR	Estonia
10.	SUOMEN SYOPAYHDISTYS -CANCERFORENINGEN I FINLAND RY - CANCER SOCIETY OF FINLAND CSF, CSF	Finland
11.	HELSINGIN JA UUDENMAAN SAIRAANHOITOPiIRIN KUNTAYHTYMÄ	Finland
12.	DEUTSCHES ZENTRUM FÜR LUFT - UND RAUMFAHRT EV, DLR	Germany
13.	ETHNIKO KENTRO TEKMIRIOSIS KAI ILEKTRONIKOU PERIECHOMENOU, EKT	Greece
14.	ORSZAGOS ONKOLOGIAI INTEZET, OOI	Hungary
15.	HEALTH SERVICE EXECUTIVE HSE, NCCP-HSE	Ireland
16.	UNIVERSITY COLLEGE DUBLIN, NATIONAL UNIVERSITY OF IRELAND, DUBLIN, NUID UCD	Ireland
17.	MINISTRY OF HEALTH, CSO-MOH	Israel
18.	UNIVERSITA CATTOLICA DEL SACRO CUORE, UCSC	Italy
18.1.	ALLEANZA CONTRO IL CANCRO, ACC	Italy
19.	FONDAZIONE IRCCS ISTITUTO NAZIONALE DEI TUMORI, INT	Italy
20.	LIETUVOS MOSKLO TARYBA, LMT	Lithuania
20.1.	VILNIAUS UNIVERSITETAS, VU	Lithuania
20.2.	VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINE SANTAROS KLINIKOS, VULS	Lithuania
20.3.	NACIONALINIS VEZIO INSTITUTAS, NCI	Lithuania
20.4.	KLAIPEDOS UNIVERSITETAS, KU	Lithuania
21.	LIETUVOS SVEIKATOS MOKSLU UNIVERSITETAS, LSMU	Lithuania
21.1.	LIETUVOS SVEIKATOS MOKSLU UNIVERSITETO LIGONINE KAUNO KLINIKOS, KAUNO KLINIKOS	Lithuania
22.	INSTITUT NATIONAL DU CANCER, INC	Luxembourg
22.1.	LUXEMBOURG INSTITUTE OF HEALTH, LIH	Luxembourg
23.	MINISTRY FOR EDUCATION, SPORT, YOUTH, RESEARCH AND INNOVATION, MCST	Malta

24.	MINISTRY OF HEALTH – GOVERNMENT OF MALTA, MFH	Malta
25.	STICHTING INTEGRAAL KANKERCENTRUM NEDERLAND, IKNL	Netherlands
26.	KREFTFORENINGEN, NCS	Norway
27.	OSLO CANCER CLUSTER SA, OCC	Norway
28.	NORGES FORSKNINGSRAD, RCN	Norway
29.	NARODOWE CENTRUM BADAN I ROZWOJU, NCBR	Poland
30.	NARODOWY INSTYTUT ONKOLOGII IM. MARII SKŁODOWSKIEJ-CURIE -PANSTWOWY INSTYTUT BADAWCZY, NIO-PIB	Poland
31.	ASOCIATIA CENTRUL PENTRU INOVATIE IN MEDICINA, INOMED	Romania
32.	NARODNY ONKOLOGICKY USTAV, NOU	Slovakia
33.	NADACIA VYSKUM RAKOVINY, NVR	Slovakia
34.	NACIONALNI INSTITUT ZA JAVNO ZDRAVJE, NIJZ	Slovenia
35.	FUNDACION TECNALIA RESEARCH & INNOVATION, TECNALIA	Spain
36.	KAROLINSKA INSTITUTET, KI	Sweden
37.	REGION STOCKHOLM, KCCC	Sweden
38.	STIFTELSEN STOCKHOLM SCHOOL OF ECONOMICS (SSE) INSTITUTE FOR RESEARCH, SIR	Sweden
39.	TURKIYE SAGLIK ENSTITULERI BASKANLIGI, TUSEB	Turkey
40.	INSTITUT NATIONAL DU CANCER GIP, INCa	France
41.	RIGAS AUSTRUMU KLINISKA UNIVERSITATES SLIMNICA SIA, ASLIMICA	Latvia
42.	KLINICKI BOLNICKI CENTAR SESTRE MILOSRDNICE USTANOVA, UHCSM	Croatia
No	Associated partners	Country
43.	MINISTÉRIO DA SAÚDE – REPÚBLICA PORTUGUESA, DGS/MS	Portugal
44.	OSLO UNIVERSITETSSYKEHUS HF, OUS	Norway
45.	SINTEF AS, SINTEF	Norway

46.	SVERIGES KOMMUNER OCH REGIONER, SALAR/RCC	Sweden
47.	INSTITUTO DE SALUD CARLOS III, ISCIII	Spain
48.	EUROPEAN CANCER ORGANISATION, E.C.O	Belgium
49.	LATVIJAS ZINATNES PADOME, LZP	Latvia
50.	AUGSTAKAS IZGLITIBAS UN ZINATNES INFORMACIJAS TECHNOLOGIJAS KOPLIETOSANAS PAKALPOJUMU CENTRS, VPC	Latvia

Partner organisations in the consortium include Public Health Organisations, Ministries of Science, Ministries of Health, National Funding Agencies, Innovation centres, Universities, and Cancer Centres. All partners are vested with interests on the successful implementation of Cancer Mission activities in their respective country or region and are experienced professionals in cancer care, cancer research, research- and health-policies and many are involved in health community engagement (e.g., citizens, industry, SMEs, academia, governance, hospitals, infrastructures).

2.3. Project Milestones

ECHO S project has sixteen milestones (MS) throughout its lifecycle, which are summarised in table 2.

Table 2 ECHO S Milestones

MS No	MS Title	WP	Deadline
1.	Kick-off Meeting and first Executive Board Meeting	1	2
2.	First General Assembly Meeting and Approval of Strategic Advisory Board and Liaison Committee	1	3
3.	First Meeting of Strategic Advisory Board	1	12
4.	Final Workshop	1	36
5.	Map existing or newly created hub-like structures	2	8
6.	Implementation of a Knowledge exchange program and first training visits	2	10
7.	Formal creation of the first NCMH and its launching event	2	24
8.	Consultation event to identify specific Cancer Mission actions where early multi-stakeholder cooperation is a critical success factor	3	9
9.	Impact model methodology	3	12

10.	Definition of terms of reference, scope, and duties of the Liaison Committee	4	4
11.	Report positioning the future EU network of NCMHs in the European cancer landscape	5	12
12.	Business-continuity framework for the network including governance, finance, and business models	5	24
13.	1st Maturity Map	6	10
14.	2nd Maturity Map	6	35
15.	CMH flagship event / cancer mission fair	6	24
16.	Townhall event on Citizen Engagement and participation	6	36

2.4. Project Deliverables

The project's work will be materialised in twenty-one deliverables. Table 3 presents project's deliverables with their responsible partners and their delivery date.

Table 3 ECHO S list of deliverables

WP	Del. No	Deliverable name	Partner	Del. Month
1	D1.1	Project Management Plan	AICIB	4
1	D1.2	Data Management Plan	AICIB	4
1	D1.3	Impact assessment template	TECNALIA	10
1	D1.4	Project Status Reports I	TECNALIA	12
1	D1.5	Project Status Reports II	TECNALIA	24
1	D1.6	Project Status Reports III	TECNALIA	36
2	D2.1	NCMH Concept Models Report	INT	18
2	D2.2	Manual/eBook with guidelines and best practices	NIO-PIB	24
3	D3.1	Web-based tool for stakeholder identification	HUS-FICAN	18
3	D3.2	Prototype impact models for Cancer Mission subareas	SIR	22
3	D3.3	Final Training packs circulated to relevant national networks	OCC	32
4	D4.1	Toolkit section on the website linking to relevant initiatives, events, and materials	EKT	6
4	D4.2	List of initiatives with envisioned synergies	MCST	6
4	D4.3	Map and timeline of activities to be held in synergy with Initiatives beyond Health	MCST	12
5	D5.1	Strategic Roadmap for the implementation of future European Network of NCMHs	AICIB	36
6	D6.1	Dissemination and Communication Plan	AICIB	4
6	D6.2	Website launched and Social Media Accounts Set-up	AICIB	3

6	D6.3	Toolbox for citizen participation in Mission Cancer	GÖG	18
6	D6.4	ECHO S diary on transnational and consultation event I	GÖG	12
6	D6.5	ECHO S diary on transnational and consultation event II	GÖG	24
6	D6.6	ECHO S diary on transnational and consultation event III	GÖG	36

2.5. Project Workplan and Breakdown

ECHoS workplan is organised in six Work Packages (WP) presented in table 4 with the indication of the responsible partner and the assigned effort in person months.

Table 4 ECHoS Work Packages

WP	WP Title	Lead Partner	Person Months	Start Month	End Month
WP1	Project Governance and Implementation	AICIB	135,72	1	36
WP2	National Cancer Mission HUBs design, creation, and Knowledge Exchange	INT	102,27	1	36
WP3	Multi-stakeholder identification, engagement, and cooperation	InoMed	102,84	1	36
WP4	Synergies: bridges to Missions and other European initiatives	MCST	87,38	1	36
WP5	Future EU network of Cancer Mission HUBs	Sciensano	39,21	1	36
WP6	Communication, Dissemination and Citizens' Engagement & Participation	KI	126,53	1	36

ECHoS consortium is coordinated by AICIB, the Portuguese Agency for Clinical Research and Biomedical Innovation. AICIB, in collaboration with the Portuguese Directorate General for Health, coordinates the National Cancer Hub (PT-NCH), hosts the Delegates and NCPs for Horizon Europe Cluster Health, and participates in European initiatives such as Health Partnerships and Coordinating and Support Actions in Health.

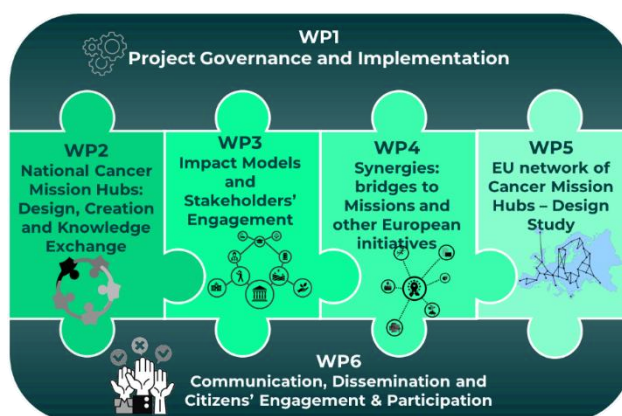


Figure 1 ECHoS Project Structure

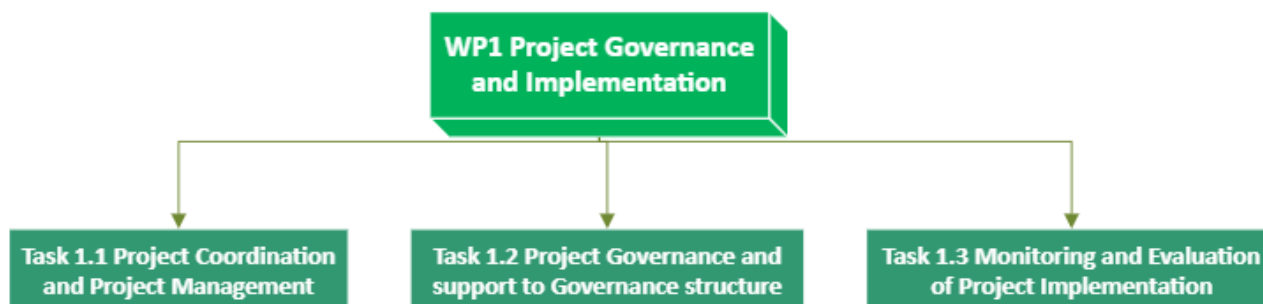


Figure 2 ECHO S WP1 Structure

AICIB (Portugal) is also the leader of WP1 which is transversal in its nature and highly connected to WP2, WP3, WP4, WP5 and WP6. All the management procedures for the day-to-day operations of the project are in WP1. These include the coordination of activities, support to WPs, preparing for project meetings, and delivery of periodic reports to the EC. This WP is also liable for the monitoring and evaluating of the project, which will be conducted by TECNALIA (Spain).

The objective of WP1 is to ensure an efficient coordination and management of the ECHO S project by:

- Operational level, manage the progress of project activities according to the timely fulfilment of the milestones and deliverables within the planned resources.
- Strategic level, make necessary adjustments to technological, scientific, economical, or legal aspects, if needed, to guarantee the course set out in the description of work.
- Institutional level, all the required documentation will be delivered according to the applicable rules and procedures.
- Consortium level, ensure a regular and up-to-date flow of relevant information among all partners.
- Outcome level assess, the impact and performance through monitoring of project results.

- Ethical and legal level, to ensure that all relevant ethical standards and guidelines of Horizon Europe will be rigorously applied, regardless of the country in which the activities take place.

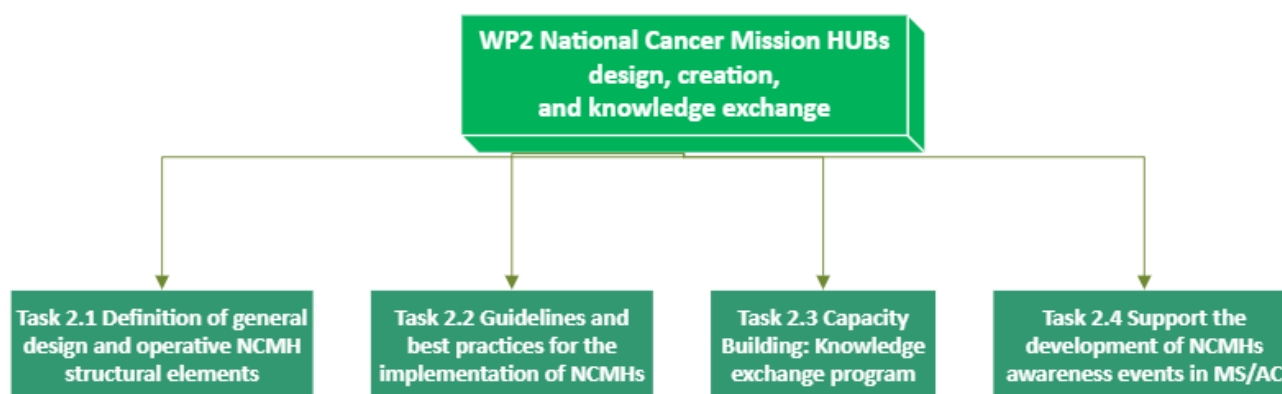


Figure 3 ECHoS WP2 Structure

WP2 is coordinated by INT (Italy) with the support, as task leaders, of the NIO-PIB (Poland), Sciensano (Belgium), the InoMed (Romania) and AICIB (Portugal). INT is an international reference centre in cancer, participating in countless research networks (including Joint Actions CraNe and JaNe) and more than twelve transnational cancer research organisations (such as OEIC). This alignment of competences is essential to guarantee that National Cancer Mission Hubs activities are complementary to those of Comprehensive Cancer Centres, leveraging each other's activities at national and international levels. The objective of WP2 is to define the grounds and promote NCMHs establishment by:

- Generating concept models of NCMHs, aligned with the Cancer Mission Implementation Plan, including the definition of minimal criteria for inclusion.
- Mapping and categorisation of structures – hubs, agencies, mirror groups, informal groups, initiatives – operating in MS/AC participating in ECHoS.
- Creating a manual with guidelines, best practices, real-world inspirational examples, and a set of recommendations for the creation of NCMHs.
- Developing an internal knowledge sharing program stimulating sharing of best practices and mutual learning among ECHoS' organisations.
- Supporting the development of meetings and events to raise awareness for NCMHs in MS/AC.

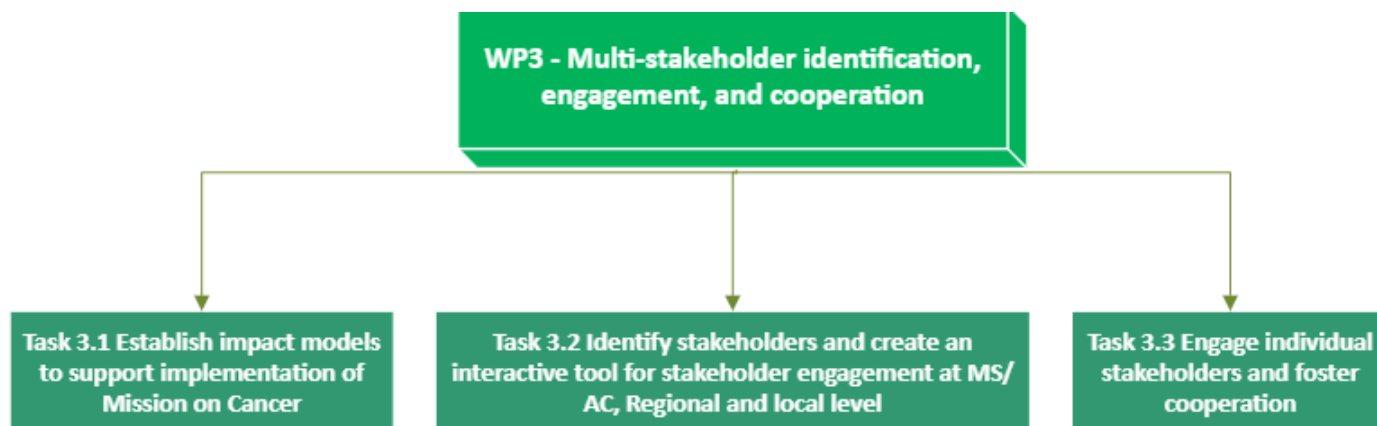


Figure 4 ECHO S WP3 Structure

WP3 is coordinated by the InoMed (Romania) with the support of SIR (Sweden), Karolinska CCC (Sweden), HUS-yhtymä (Finland) and the OCC (Norway) as task leaders. InoMed is a non-governmental organisation focused on innovation in the healthcare sector developing programs to educate, inform and engage all audiences about innovation in medicine. The objective of WP3 is to help NCMHs identify, engage, connect, and enable traditional and non-traditional organised stakeholders to actively and impactfully contribute to the success of the Cancer Mission. This will be achieved through:

- Develop suitable impact models for the Cancer Mission subareas that will contribute to the overall success of the Cancer Mission, by providing NCMHs with a blueprint to adapt to national context and priorities, allow them to rapidly engage relevant stakeholders and identify critical activities and necessary milestones.
- Based on impact models, systematically engage relevant stakeholder groups, and stimulate bottom-up cancer-mission activities.
- Foster multi-stakeholder co-operation by building a shared culture around Cancer Mission.
- Establish an interactive tool to map stakeholders across all groups in a way that enables new connections, and to encourage Mission activities among different stakeholders.

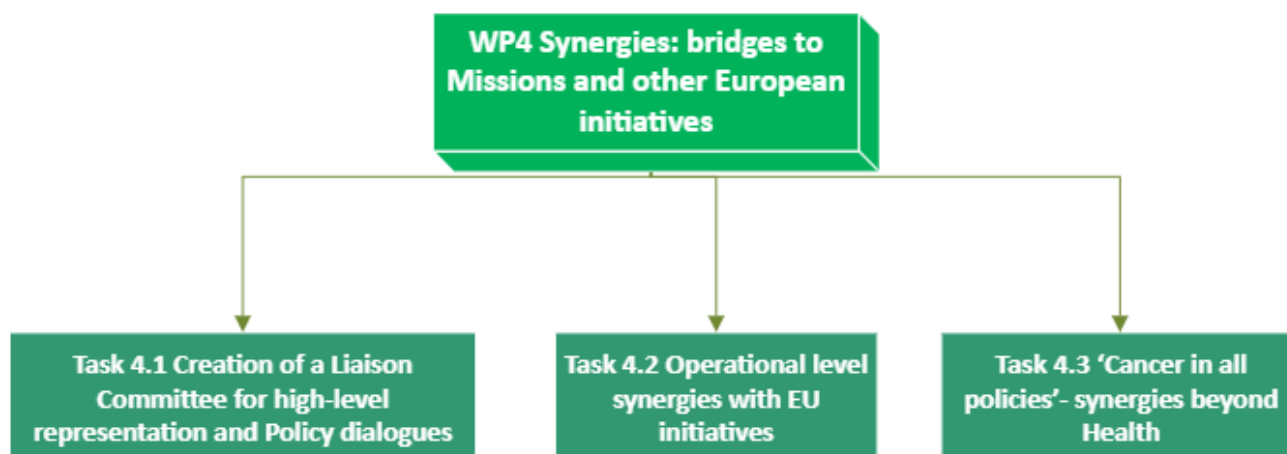


Figure 5 ECHoS WP4 Structure

WP4 is coordinated by the MCST (Malta), with the support of AICIB (Portugal), EKT (Greece) and UCSC (Italy) as task leaders. MCST is a public body with the mandate of advising government on science and technology policy. MCST runs the national RI program Fusion, participates in numerous international programs such as the NCP_Widera project, coordinating the WP on synergies, and hosts the National Contact point for Horizon Europe Programme. WP4 will initiate and strengthen synergies between ECHoS (and NCMHs) with other European bodies, initiatives, and actors to ensure that there is an effective policy dialogue at all levels and to allow an effective connection with such initiatives). This WP will thus:

- Ensure broad (European, national, regional, local) involvement of actors in the cancer policy dialogue, particularly with EU Institutions, National Authorities, Cancer Mission amongst others.
- Ensure broad stakeholders' involvement, including patients and citizens, in policy dialogue on cancer.
- Identify potential synergies with other areas to contribute to the success of the Mission.

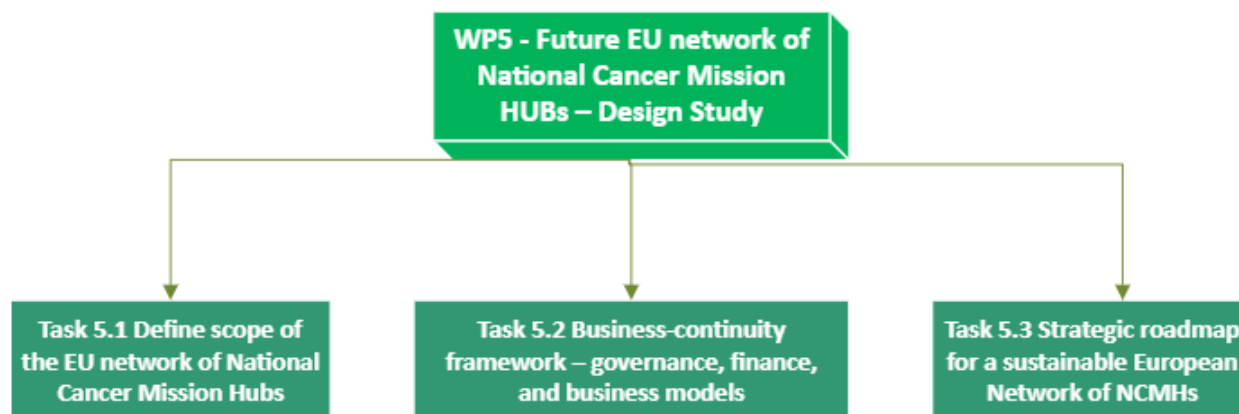


Figure 6 ECHoS WP5 Structure

WP5 is coordinated by Sciensano (Belgium), with the support of the NIO-PIB (Poland) and AICIB (Portugal). The Sciensano Cancer Centre is involved in all areas of cancer: prevention, screening, treatment, rehabilitation, psychosocial care, organisation of care, quality of care, ethics, database, etc. coordinating the work of multiple actors of different backgrounds in the fight against cancer. Sciensano is also involved in multiple knowledge sharing programs (e.g., Twinings), European initiatives funded through Horizon Europe and EU4Health programmes, and is part of more than ten transnational networks on Health and Cancer. Sciensano thus contributes with valuable expertise for the objectives of WP5. WP5 will build on the outcomes and outputs of WP2 and its potential adaptations to different national contexts. Adjustments may be required according to the needs identified in WP3, WP4, and WP6 in respect to interaction with organised stakeholders, synergies with other European initiatives, and individual citizens, respectively. WP5 goals will be achieved through:

- Identification of potential sustainability models, including both 'classic' and innovative approaches to fund-raising activities, business models, and legal status of the future network of NCMHs.
- Development of a Network "Business-continuity model" framework taking into consideration NCMHs diversity and governance, and a particular focus on citizen participation and policy dialogue activities.
- Develop a roadmap for the sustainable implementation of an EU network of NCMHs.



Figure 7 ECHoS WP6 Structure

WP6 is coordinated by KCCC (Sweden) a joint initiative between the KI (Sweden) and the Karolinska Institute (KI, Sweden), with the support of AICIB (Portugal) and GOEG (Austria). Among multiple objectives and lines of actions, the KCCC is dedicated to systematically cooperate and partner with patients, to increase the involvement of patients in the development of care, research, and education in the field of cancer. KCCC accumulated years of expertise in patient engagement and participation activities in cancer will greatly contribute for ECHoS success. In addition to national organisations, WP6 also relies on the support of the European Cancer Organisation as Associate Partners to the consortium who will be involved in communication and dissemination activities. Like WP1, WP6 has a horizontal character and is highly connected to WP2, WP3, WP4 and WP5. WP6 has the aim of bringing the Cancer Mission to those who need it the most: citizens. WP6 goals will be achieved through:

- Communication: Communicate across all required levels to support top-down / bottom-up mission approach.
- Citizen engagement and participation: Ensure broad citizen engagement and participation.
- Dissemination and Awareness Events: Facilitate 'added European dimension' to national events and effectively disseminate information about local cancer-related events as well as organize cross-cutting events.

- Impact: Ensure the long-term impact of the action by establishing a 'roadmap to impact', including but not limited to, a self-sustaining hubs ecosystem, tools, and trainings to support NCMHs on the way to get there and the exploitation of results and resources obtained during the project.

The ECHoS project has a duration period of 36 months, commencing in April 2023 and concluding in March 2026. Figure 2 provides a comprehensive visual representation of the project's timeline, presenting important milestones, deliverables, and activities from the project's initiation to its completion. This timeline acts as a guide, directing the project team and stakeholders throughout the different phases of the project, thereby ensuring effective implementation, and achieving successful project results.

		2023			2024				2025				2026	
		Q2 M1 M2	Q3 M3 M4 M5	Q4 M6 M7 M8	Q1 M9 M10 M11	Q2 M12 M13 M14	Q3 M15 M16 M17	Q4 M18 M19 M20	Q1 M21 M22 M23	Q2 M24 M25 M26	Q3 M27 M28 M29	Q4 M30 M31 M32	Q1 M33 M34 M35	Q2 M36
WP 1 - Project Governance and Implementation	Task 1.1 - Project Coordination and Project Management		D1.1 D1.2			D1.4a				D1.4b				D1.4c
	Task 1.2 - Project Governance and support to Governance structure	MS1.1 MS1.2				MS 1.3								MS 1.4
	Task 1.3 - Monitoring and Evaluation of Project Implementation				D1.3									
WP 2 - National Cancer Mission HUBs design, creation, and Knowledge Exchange	Task 2.1 - Definition of general design and operative NCMH structural elements			MS 2.1				D2.1						
	Task 2.2 - Guidelines and best practices for the implementation of NCMHs									D2.2				
	Task 2.3 - Capacity Building: Knowledge exchange programme				MS 2.2									
	Task 2.4 - Support the development of NCMHs awareness events in MS/AC									MS 2.3				
WP 3 - Multi-stakeholder identification, engagement and cooperation	Task 3.1 Establish impact models to support implementation of Mission on Cancer					MS 3.2			D3.2					
	Task 3.2 Identify stakeholders and create an interactive tool for stakeholder interactions at MS/AC, Regional and local level							D3.1						
	Task 3.3 Engage individual stakeholders and foster cooperation				MS 3.1							D3.3		
WP 4 - Synergies: bridges to Missions and other European initiatives	Task 4.1 - Creation of a Liaison Committee for high-level representation and Policy dialogues	MS 4.1												
	Task 4.2 - Operational level synergies with EU initiatives				D4.1									
	Task 4.3 - 'Cancer in all policies'- synergies beyond Health		D4.2					D4.3						
WP 5 - Future EU network of National Cancer Mission HUBs – Design Study	Task 5.1 - Define scope of the EU network of National Cancer Mission Hubs					MS 5.1								
	Task 5.2 – Business-continuity framework – governance, finance and business models									MS 5.2				
	Task 5.3 – Strategic roadmap for a sustainable European Network of Cancer Mission Hubs													D5.1
WP 6 - Communication, Dissemination, Citizens' Engagement & Participation	Task 6.1 - Dissemination and Communication		D6.1; D6.2											
	Task 6.2 – Citizens' Engagement and Participation Activities				MS 6.1			D6.3		MS 6.2			MS 6.3	
	Task 6.3 – Organization of Transnational citizens' engagement events					D6.4				D6.4				D6.4; MS6.4

Figure 8 ECHoS Project Timeline

3. Project Management and Governance

A clear and efficient project management and governance structure is crucial for the success of any project. This chapter describes the rules and procedures to ensure that the project and all the technical and financial requirements, described in the Grant Agreement, are completed successfully.

3.1. Project Management Strategy

AICIB as the ECHO S coordinator and the leader of WP1 - Project Governance and Implementation, is the responsible partner organisation for the management and coordination of ECHO S. As a strategy for an efficient completion of deliverables and milestones, and a fast-decision-making process AICIB will implement an effective communication-flux to share information with the consortium partners avoiding knowledge silos. In addition, AICIB will interact on a regular basis with WP Leaders and Task Leaders to ensure that milestones and deliverables are completed on time and that the project remains within scope, budget, resources, and quality. Any changes or improvements needed will be presented and discussed with the consortium partners. The decisions made, will be based on their approval.

3.2. Project Management Structure

The general organisational structure of ECHoS consists of the Coordinator, Executive Board (EB), General Assembly (GA) and the Strategic Advisory Board (SAB) (Figure 3).

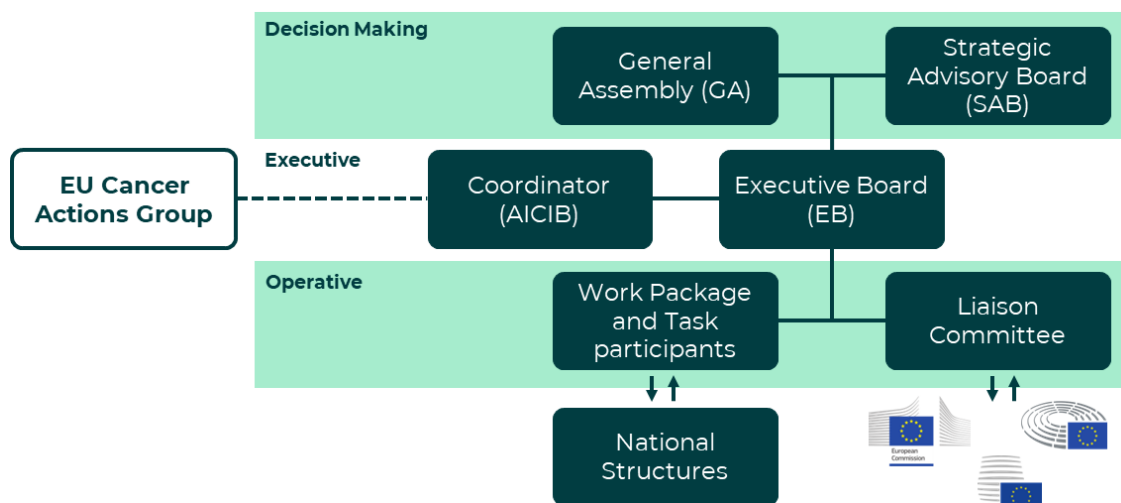


Figure 9 ECHoS Governance Structure

ECHoS consortium is organised into different functional layers. The execution of daily activities will be supervised by the coordinator (AICIB) with the support of Work Package and Task Leaders (AICIB, TECNALIA, INT, InoMed, MCST, EKT, SCIENSANO, HUS-yhtymä, KI, KCCC, SIR, GOEG, NIO-PIB, UCSC, OCC) acting as the EB. The EB will liaise on one side with the SAB and the GA to enrol in strategic discussions and planning, and on the other side, with the Operative Groups composed of the Liaison Committee for high level representation of the project and with consortium partners vested with responsibilities within WPs and tasks. Task participants will cooperate with organisations within the consortium to implement ECHoS activities in different MS and AC. In addition, the coordinator will represent ECHoS in the group of coordinators of EU Cancer Actions.

ECHoS will be implemented by a consortium with complementary expertise in cancer and associated policies, stakeholders' consultation, and citizens engagement activities. The detailed work per tasks and responsibilities are depicted in the table below.

Table 5 ECHO S Work Responsibilities Matrix

		Coordinator	Contributors	Completion Date	Link with other WP/Task
Work Package 1 - Project Governance and Implementation		AICIB	All partners	M36	
Task 1.1 Project Coordination and Project Management		AICIB	All partners	M36	
	Establishment of project management processes (Deliverables, Milestones, Reporting to EC and Internally, conflict resolution...)	AICIB	All partners	M4	All WPs
	Periodic Technical Report	AICIB	All partners	M18	All WPs
	Periodic Financial Report	AICIB	All partners	M18	All WPs
	Final Technical Report	AICIB	All partners	M36	All WPs
	Final Financial Report	AICIB	All partners	M36	All WPs
Task 1.2 Project Governance and support to Governance structure		AICIB	All partners	M36	
	Assistance to EB	AICIB	All partners	M36	
	Assistance to GA	AICIB	All partners	M36	
	Assistance to SAB	AICIB	All partners	M36	
	Continuous support to governance structure	AICIB	All partners	M36	All WPs
Task 1.3 Monitoring and Evaluation of Project Implementation		TECNALIA	All partners	M36	
	Establishment of KPIs and evaluation criteria	TECNALIA	All partners	M10	
	Continuous monitoring and evaluation	TECNALIA	All partners	M36	

Work Package 2 - Project Governance and Implementation		INT	GÖG, UT, TUH, NUID UCD, InoMed, SIR, TUSEB, NCCP-HSE, LMSU, DLR, CSO-MOH, TECNALIA	M36	
Task 2.1 Definition of general design and operative NCMH structural elements (INT)		INT	GÖG, UT, TUH, NUID UCD, InoMed, SIR	M18	
	Mapping of existing NCMH-like structures in participating MS/AC	INT	GÖG, UT, TUH, NUID UCD, InoMed, SIR	M8	T3.1, T6.2 and WP5
	Initial Draft of concept models	INT	GÖG, UT, TUH, NUID UCD, InoMed, SIR	M18	T3.1, T6.2 and WP5
	Test concept models against NCMH-candidate structures	INT	GÖG, UT, TUH, NUID UCD, InoMed, SIR	M18	T2.2, T3.1, T6.2 and WP5
Task 2.2 Guidelines and best practices for the implementation of NCMHs		NIO-PIB	NCCP-HSE, LMSU, TUSEB	M24	
	A discovery and planning phase	NIO-PIB	NCCP-HSE, LMSU, TUSEB	M12	T2.1
	Design the draft of the NCMH manual	NIO-PIB	NCCP-HSE, LMSU, TUSEB	M15	T2.1
	Validation of NCMH manual	NIO-PIB	NCCP-HSE, LMSU, TUSEB	M18	



	Design the final version of the NCMH	NIO-PIB	NCCP-HSE, LMSU, TUSEB	M24	
	each MS/AC to develop a bespoke implementation plan	NIO-PIB	NCCP-HSE, LMSU, TUSEB	M24	
Task 2.3 Capacity Building: Knowledge exchange program		Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M32	
	List of knowledge/capacity strengths of ECHoS MS/AC and which	Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M9	T2.1 and T6.2
	Expression of interest for knowledge exchange program	Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M10	
	Knowledge exchange program syllabus	Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M10	
	Implementation of a Knowledge exchange program visits	Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M32	
	Summary report in the knowledge exchange program experience	Sciensano/InoMed	DLR, CSO-MOH, TECNALIA	M32	WP5
Task 2.4 Support the development of NCMHs awareness events in MS/AC (AICIB)		AICIB	All Partners	M36	
	Organisation of visits for bilateral meetings with MS/AC National Authorities	AICIB	All Partners	M14	WP6
	Preparation of the dissemination material and meetings	AICIB	All Partners	M23	WP2, WP3 and WP6
	Support to the organisation of public events at national level	AICIB	All Partners	M36	All Partners



Work Package 3 - Multi-stakeholder identification, engagement, and cooperation		InoMed	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB, GÖG, IHBT, FNUSA-ICRC, EKT, MCST, IKNL, NIJZ	M36	
Task 3.1 Establish impact models to support implementation of Mission on Cancer		SIR	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB, CCRI, CSF, INT, NCBR,	M24	
	Literature research	SIR	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB	M12	WP6
	Evaluation of existing methodology for relevance wrt cancer context, selection of appropriate elements	SIR	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB	M12	WP6
	Testing and adaptation of methodologies, documentation of process and learnings	SIR	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB	M22	WP6
	Establishment of impact model prototypes for later adaptation to specific context, e.g. MS/AC priorities and cancer-specific needs	SIR	TU, UTH, NCCP-HSE, CSO-MOH, InoMed, KCCC, TUSEB	M22	WP6, T2.2



Task 3.2 Identify stakeholders and create an interactive tool for stakeholder engagement at MS/AC, Regional and local level		HUS	CCRI, CSF, INT, NCBR, InoMed	M30	
	Identification of stakeholders incl. non-traditional	HUS	CCRI, CSF, INT, NCBR, InoMed	-	T3.1, T3.3 and WP6
	alignment with WP6 web development	HUS	CCRI, CSF, INT, NCBR, InoMed	M18	T3.1, T3.3 and WP6
Task 3.3 Engage individual stakeholders and foster cooperation		OCC	GÖG, IHBT, FNUSA-ICRC, EKT, MCST, IKNL, InoMed, NIJZ	M36	
	Development and sharing of training material	OCC	GÖG, IHBT, FNUSA-ICRC, EKT, MCST, IKNL, InoMed, NIJZ	M32	T3.1, T3.1, WP2 and WP6
	Understanding stakeholders needs and drivers	OCC	GÖG, IHBT, FNUSA-ICRC, EKT, MCST, IKNL, InoMed, NIJZ	M7	
	Identify priority areas where de facto standard are missing and multistakeholder (across sectors/across fields) cooperation is needed	OCC	GÖG, IHBT, FNUSA-ICRC, EKT, MCST, IKNL, InoMed, NIJZ	M9	T3.1 and WP6
Work Package 4 - Synergies: bridges to Missions and other European initiatives		MCST	CCRI, DLR, MCST, OCC, INCa, NIO-PIB, LIH, ACC, UCSC, EKT, All Partners	M36	
Task 4.1 Creation of a Liaison Committee for high-level representation and Policy dialogues		AICIB	CCRI, DLR, MCST, OCC, INCa,	M36	



	Creation and Definition of the Liaison Committee Terms of Reference	AICIB	CCRI, DLR, MCST, OCC, INCa	M3	
Task 4.2 Operational level synergies with EU initiatives		EKT / UCSC	All Partners	M36	
	Mapping of the relevant projects and initiatives	EKT / UCSC	All Partners	Ongoing (D4.2 will comprise an initial mapping at M6)	
	First ideas presented in the Kick-off Meeting - further elaboration is expected once the website is operational	EKT / UCSC	All Partners	Ongoing (toolkit to be ready upon the website completion)	
Task 4.3 'Cancer in all policies'- synergies beyond Health		MCST	NIO-PIB, LIH, ACC, UCSC, EKT	M36	
	Identification and mapping of potential synergies beyond health	MCST	NIO-PIB, LIH, ACC, UCSC, EKT	Ongoing	
	Promote dialogues with non-health policy actors	MCST	NIO-PIB, LIH, ACC, UCSC, EKT	Ongoing	
Work Package 5 - Future EU network of National Cancer Mission HUBs – Design Study		SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa, LSMU, HUS, NCCP-HSE, TUSEB, IHBT, FNUSA-ICRC, CSF, NUID UCD, TECNALIA, SIR	M36	
Task 5.1 – Define scope of the EU network of National Cancer Mission Hubs		SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M12	



	Identify partner countries with NCMH like structures, in collaboration with WP2 and identify experts from each country	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	Depending on WP2 Survey	WP2
	Assessment of commonalities, synergies and differences to identify potential activities for the EU network	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	Depending on WP2 Survey	
	Identify potential organisations at EU level for collaboration or overlap	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M8	
	Develop suggestions for scope of EU network	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M9	
	Send suggestions to partners through survey to identify what is feasible and relevant for their country to join the EU network	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M10	
	Potential to have more in depth interviews with the contacts from the existing NCMH like structures	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M11	
	Joint workshop to discuss results with all ECHOS partners and NCMHs contacts	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M12	
	Define strategic and operational objectives	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M13	
	Report positioning the future EU network of NCMHs in the European cancer landscape (M12)	SCIENSANO	INC, MFH, IKNL, NCBR, InoMed, TUSEB, INCa	M14	T5.2 and T5.3



Task 5.2 – Business-continuity framework – governance, finance, and business models		NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M26	
	benchmarking against international organizations to identify appropriate and sustainable funding models	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M17	WP2
	Evaluation of feasibility to integrate with the Mission Core Network, developed within the TRAMI project	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M17	
	develop a portfolio of alternative scenarios for governance, finance, and business of the network.	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M20	
	evaluation of the specific ecosystem in which the future EU NCMH network will operate	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M20	
	Definition of a leading conceptual design, based on a standard set of criteria	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M23	
	Leading concepts SWOT analysis	NIO-PIB	SCIENSANO, LSMU, HUS, NCCP-HSE, TUSEB	M26	
Task 5.3 – Strategic roadmap for a sustainable European Network of NCMHs		AICIB	IHBT, FNUSA-ICRC, CSF, NUID UCD, INC, TECNALIA, SIR, INCa	M36	
	summarize and integrate the outcomes from T5.1 and T5.2 and, include all the relevant outputs produced within the ECHoS project	AICIB	IHBT, FNUSA-ICRC, CSF, NUID UCD, INC, TECNALIA, SIR, INCa	M25	T5.1, T5.2, WP2, WP3, WP4 and WP6



	early identification of strengths and weaknesses	AICIB	IHBT, FNUSA-ICRC, CSF, NUID UCD, INC, TECNALIA, SIR, INCa	M30	
	Development of a Strategic Road Map	AICIB	IHBT, FNUSA-ICRC, CSF, NUID UCD, INC, TECNALIA, SIR, INCa	M36	
Work Package 6 - Communication, Dissemination, Citizens' Engagement & Participation		KI	EKT, UCSC, ACC, LIH, MCST, SIR, All Partners	M36	
Task 6.1 – Dissemination and Communication		AICIB	All Partners	M36	
	Develop a dynamic dissemination and communication plan	AICIB	All Partners	M4	All WPs
	Brand Guide and Visual Identity	AICIB	All Partners	M4	All WPs
	Implementation of the Toolkit (WP4.2) on the website	AICIB	All Partners	M6	WP4, WP6
	Implementation of the Tool (WP3.2) on the website	AICIB	All Partners	M18	InoMed
	Social Media	AICIB	All Partners	M3	All WPs
	Website	AICIB	All Partners	M4	All WPs
Task 6.2 – Citizens' Engagement and Participation Activities		GÖG	All Partners	M36	
	Development of indicators and questions for Maturity Map Questionnaire	GÖG	All Partners	Ongoing (review process planned in September)	T6.1 and T6.3
	Development of Questionnaire, identification of addressees and sharing with partners	GÖG	All Partners	M6-M9	All WPs (T6.1, T6.2, WP3, WP6)



	Technical development of Maturity Map 1 (MS 13) and 2 (MS 14)	GÖG	All Partners	M10 and M35 (first and second version of the Maturity Map)	T6.1 and T6.3
	Development of a complementary analysis of attitudes, perceptions, and behaviour of citizens	GÖG	All Partners	<i>To Be Defined</i>	WP3
	D6.4 ECHoS diary on transnational and consultation events	GÖG	All Partners	M12, M24 and M36	All WPs (WP4)
	Citizen participation Toolkit (D6.3)	GÖG	All Partners	M18	All WPs
Task 6.3 – Organization of Transnational events		KI/KCCC	EKT, UCSC, ACC, LIH, MCST, SIR	M36	
	Participation/co-organization of pan-European Events on Cancer Awareness	KI/KCCC	EKT, UCSC, ACC, LIH, MCST, SIR	M12, M24 and M36	All WPs
	Providing national events larger visibility (connection with T6.1)	KI/KCCC	EKT, UCSC, ACC, LIH, MCST, SIR	M36	
	Organize ECHoS flagship event	KI/KCCC	EKT, UCSC, ACC, LIH, MCST, SIR	M24	



4. Management Process and Tools

4.1. Deliverable Preparation

According to the Grant Agreement, ECHoS has 21 deliverables, each one assigned to a specific Work Package. The responsible Partner(s), as depicted in Table 5, of a given deliverable is liable for its accomplishment in due time and with a high-quality-level to the ECHoS Coordinator, which is responsible to set a quality review process that will work until the end of the project or all deliverables completion. After the quality review process, the final version of the deliverable is uploaded by the Coordination Team to the EC Portal. The deliverable preparation process is depicted in Table 5.

Table 6 Deliverables' Preparation Process

Action	Due Date
First Draft for internal review ready	45 days before deadline
Final draft with internal Review ready	15 days before deadline
Final Review and Submission to EC	5 days before deadline

Any deviations from the time plan should be communicated by the deliverable leader to the Coordination Team as soon as possible. The time plan can and will be adjusted if previously agreed between the author, the reviewers, and the Coordination. After submission in the EC Portal, the deliverables will be made available on ECHoS website.

4.2. Reporting to the European Commission

ECHoS has 2 reporting periods which are also related to payment requests:

- **Reporting Period 1 (RP1)** from M1-M18
- **Reporting Period 2 (RP2)** from M19-M36

The Periodic Reports (including technical and financial components) are prepared with the contribution of all partners and the overall responsibility and coordination of AICIB. The reports are to be submitted in the portal by the coordination team, and the final report is to be submitted within 60 days after the end of the reporting period.

Additionally, there will be 3 Project Status Reports documenting the 12 months progress of ECHoS. These are included in WP1 and namely as deliverables:

- D1.4 Project Status Reports I
- D1.5 Project Status Reports II
- D1.6 Project Status Reports III

Similarly, for the periodic reports, all partners will be asked to contribute when and where necessary based on instructions that will be circulated by the responsible partner. The responsibility and coordination of the three Project Status Reports will be of TECNALIA.

4.3. Effort, Cost and Progress Management

The overall effort and budget for ECHoS are specified in the Grant Agreement, particularly in Annex 2 and in [Reports and Transfers ECHoS GLOBAL.xlsx](#). The objective of managing the effort, cost and progress is to ensure that the project is implemented within the predefined project milestones and budget.

The coordinator will work with all partners to continuously monitor the project's progress, comparing the actual effort and resources expended to the figures outlined in the GA.

All efforts should be reported in full hours, and Euro amounts should be reported with two decimal places.

If there is a deviation of - 5% in effort and/or cost, the status of cost/effort will be labelled as **"cautionary."** In the event of an unintended deviation of - 10%, the status will be changed to **"alert,"** triggering corrective actions that will be initially

discussed between the Coordination and the affected partner. The analysis of costs and efforts will be presented to all partners at the financial meetings.

4.3.1. Internal Reporting

To ensure that the coordination team has timely information about the effort, costs consumed and progression of tasks, each partner is required to comply with the internal reporting schedule established by the Coordination Team:

- Internal Reporting period 1 (IPR1) from M1-M9
- Internal Reporting Period 2 (IPR2) from M19-M31

4.4. Conflict Resolution

The proper implementation of the project plan and achievement of its objectives will be ensured by carrying out project management activities, including quality, budget, and risk management, as well as ensuring that all partners are aware of their commitments. To prevent challenges and conflicts, ECHO S will operate with a full transparency policy, promoting good communication among project members. As partners may need to resolve numerous issues and reach agreements throughout the project's duration, a process has been established starting with informal contacts such as discussions or ad-hoc meetings and progressing to written notifications, such as emails or minutes. Decisions regarding the work to be conducted will be made by the responsible Partner(s) (Table 5), with more complex issues being discussed and decided upon by the Executive Board or the General Assembly. The Coordination Team is responsible for mediate conflicts at the overall level, with a focus on solving conflicts at the lowest possible level, beginning with tasks, and using negotiation skills.



Figure 10 Conflict Resolution Scheme

Task leaders and Work Package leaders should notify the Coordination as soon as possible when conflicts arise so that mitigation measures can be proposed. Conflicts that are not solved on the Project Coordination level will be communicated to the General Assembly. Any correction measures will be in accordance with the GA and the CA. A good communication among all involved parties is a key point for avoiding and/or resolving any conflicts.

5. Communication Strategy and Tools

This chapter refers to the Dissemination and Communication Plan (D6.1). For further information concerning ECHO S communication strategy and tools, please consult Chapter 3 of Dissemination and Communication Plan.

6. Quality Assurance

6.1. Quality assurance overview

To ensure that results are relevant and high-quality ECHO S will ensure quality of its output at operational and strategic level. At operational level, the Coordination set up a results quality revision process and task 1.3 will be dedicated to the monitoring and evaluation of the project will also assess timeline compliance and timely achievement of objectives and KPIs.

ECHO S will further guarantee the excellence of its outcomes by implementing and establishing its Strategic Advisory Board, which will collaborate closely with the EC/Cancer Mission Board to evaluate the project's external environment. This process aims to assess the broader context in which the project operates, thereby ensuring the high quality and relevance of its results.

In the following chapter is depicted the ECHO S results' quality assurance process.

6.2. Roles and Responsibilities

AICIB, in its role as coordinator, will ensure that the consortium is aware of the Quality Assurance process and of the way each partner contributes to the successful implementation of the project and achievement of the project's quality requirements. Moreover, members are responsible for the development and control of the documented information of the project, which includes storage, backup, versioning, and control of changes. The TEAMS channel, which was chosen as the central repository for the project, is supporting both requirements and as such is ensuring that this information can be available at any time.

Each WP and task leader is responsible for monitoring and controlling the implementation phase of the project and ensuring conformity with the quality requirements.

6.3. Quality Criteria

All materials generated by ECHO S, including reports, deliverables, and publications, are required to meet high-quality standards that adhere to specific criteria. These criteria are based on the principles of thoroughness, accuracy, and timeliness.

Thoroughness pertains to the comprehensive coverage of the topic, ensuring that no important aspects are overlooked and avoiding unnecessary repetitions. Accuracy is emphasised through clear presentation of results, robust evidence supporting research findings and outcomes, and a commitment to minimising errors and ambiguities. Additionally, all materials must adhere to the visual identity of the project and use ECHO S templates, while also conforming to the specifications outlined by the EC. Finally, timeliness refers to the prompt submission of deliverables according to predetermined deadlines.

6.4. Deliverable and Milestone Quality Assurance Processes

The project deliverables will all follow the same template set up by AICIB who will provide to all partners guidelines about their use, the time plan, and the expected result. The review of the deliverable will focus on consistency and clarity of the document, relevance and coverage of the topic and language features. The coordinator will facilitate the review of the deliverables; however, this process will also require the contribution of all WP and task leaders. The quality assurance process is as follows:

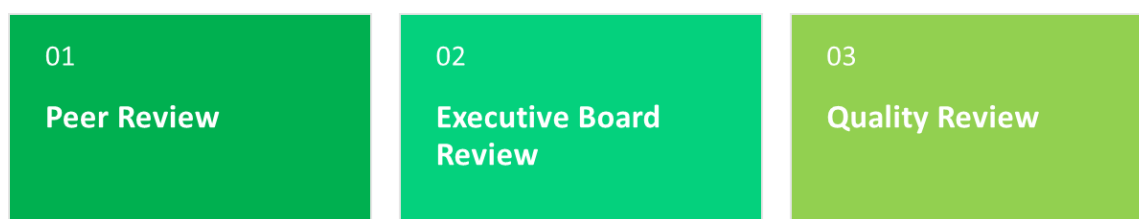


Figure 11 Deliverables Quality Assurance Process

- **Peer Review** - The partner/WP liable for the deliverable(s) will be responsible to share a draft version to be reviewed by the WP/Task peers.
- **Executive Board Review** - The partner/WP liable for the deliverable(s) will circulate among the Executive Board members for comments and feedback.
- **Quality Review** - The deliverable(s) will then be sent to the Quality Review team to assure the right language, template and formatting is used. AICIB, as the coordinator, will be responsible to assess if the deliverable follows the quality criteria before its submission.

The responsible partner must address the comments and suggestions made by the reviewers in a maximum time of a week between each review phase.

For milestones that rely on the publication of reports on the ECHO S website will undergo the same quality assurance process as the deliverables. If a milestone is verified through an agenda, minutes, or reports that are not intended for public access, achievement and approval should follow the process illustrated below:

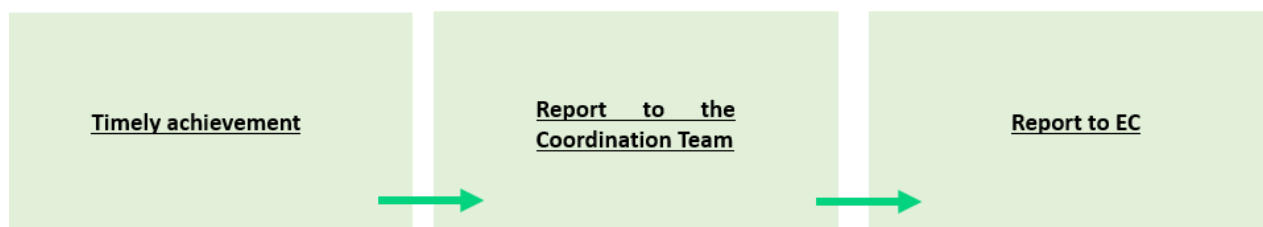


Figure 12 Milestones Quality Assurance Process

7.Risk Management

7.1. Risk Management Plan

Throughout the duration of the project, risks will be identified and assessed using a series of steps that make up the risk life-cycle process. These steps include identifying risks, analysing them, evaluating their significance, implementing measures to mitigate them, and monitoring their progress.

Every six months, during Executive Board meetings, risks will be reviewed and updated by Work Packages and Tasks leaders. This includes risk identifying and categorisation according to impact and likelihood. A Risk Assessment Matrix, as shown in Table 6, will be developed enabling a follow up of risk evolution. To complement this analysis, mitigation measures will be planned for critical risks.

Table 7 Risk Assessment Matrix

Impact	Likelihood					
		1-Low	2-Low/Medium	3-Medium	4-Medium/High	5-High
	5-High	Low	Medium	High	High	High
	4-Medium/High	Low	Medium	Medium	High	High
	3-Medium	Low	Medium	Medium	Medium	High
	2-Low/Medium	Low	Low	Medium	Medium	Medium
	1-Low	Low	Low	Low	Low	Low

7.2. Identified Risks

Description of Risk (likelihood/ Severity)	WP(s)	Proposed risk-mitigation measures
Reduced EC financial support to ECHO S	ALL	Reduce the workload of WPs and Tasks Reduce the number of NCMHs planned
Reduced financial support to NCMHs (Likelihood=Low* / Severity=High) *If 6M budget proposal is approved	ALL, WP2	Including a package envisaging financial support to national activities (T2.4). Promote activities supported in-kind by partner organizations. Invest in synergies with no financial support required.
Reduced support from National authorities (Likelihood=Low / Severity=High)	WP2, WP3, WP4	Active communication and involvement of authorities in ECHO S activities. Participants are for institutions empowered to Coordinate future NCMHs.
Poor involvement of Advisory Board Members (Likelihood=Low / Severity=Medium)	WP1	Active communication and involvement of Board Members in ECHO S activities. Follow-up on the implementation of SAB's recommendations
Lack of consensus on prioritized models for NCMH and Impact (Likelihood=Medium / Severity=Medium)	WP2, WP3	Implementation of tie-breaker methodologies including odd number of voting participants and experts-opinions.
Force majeure situations like COVID-19 or international war, impacting day-to-day operations in one or more MS/AC compromising project implementation (Likelihood=Low / Severity=High)	All, WP6	To be adjusted to specific scenario. A compromise for international cooperation and mutual support is baseline for the consortium.
Reduced number of interviews with organized international networks	WP5	Expand interviews to non-cancer and non-health networks. Develop theoretical Business

on cancer, or denied access to business model (Likelihood=Low / Severity=High)		Models. Engage with consultancy companies upon request /authorization from the EU Commission.
Duplication of activities with other ongoing EU or international initiatives (Likelihood=Low / Severity=High)	ALL	Ambassadors (WP4) are involved in other initiatives to ensure productive synergies and avoid duplication. Participation of ECHO S in the EU Cancer Actions Group is planned to aligned activities and synergies
Difficulty to involve policy makers at the necessary high level (Likelihood=Medium / Severity=High)	WP4	Integration of members with pre-established relations. Liaison Committee will include a rotative representative emerging from the MS presiding the Council of the EU.

8. Conclusion

This deliverable presents all relevant information regarding the project management and quality assurance plan of the project based on best practices. The document shall be used as a reference for all processes and means that will be used throughout the lifecycle of the project.



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