



D1.1 - Project Management Plan

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Contributing Author(s)	Pippa Powell, Polina Starchenko
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List of abbreviations and definitions

Abbreviation	Full name
APMGF	Associação Portuguesa de Medicina geral e familiar
CA	Consortium Agreement
CIBER	Centro de Investigación Biomédica en Red
CO	Coordinator
CoP	Community of Practice
EAB	Expert Advisory Board
EFA	European Federation of Allergy and Airways Diseases Patients' Associations
GA	Grant Agreement
MB	Management Board
NKIP	National Koranyi Institute for TB and Pulmonology
PO	Project Officer
POLFED	Polish Federation of Asthma, Allergy and COPD Patients' Associations
SC	Steering Committee
WP	Work Package

Disclaimer

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Executive summary

The aim of D1.1 Project Management Plan is to support the LH4L consortium in the day-by-day execution of project activities, providing information about project management as well as specific management roles, communication guidelines and rules.

This document has to be considered as a working tool, updated as needed and history of changes reported, which can be improved during the project lifetime, to facilitate the collaboration among the partners and to create a “common language” within the people involved in the LH4L.



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1. Introduction

This Project Management Plan is aimed at providing clear guidelines to the consortium in the day-by-day project activities, and to facilitate the monitoring of LH4L progress. It is complementary document to the Grant Agreement, DoA and Consortium Agreement.

The document provides:

- Definition of roles and responsibilities for governance and management,
- Communication rules regarding mailings, meetings, and conference calls,
- Rules for usage of templates and documents naming.

These guidelines are reviewed and adopted by all project's partners in order to establish and share an operational methodology to reduce the project overhead and increase the efficiency of the work carried out.

It is expected that all members of LH4L consortium are aware of the general aspects addressed in this document to successfully contribute to the project.

2. LH4L management bodies

The LH4L management structure is composed of different roles and bodies that will support the project coordinator in the implementation of the management activities to guarantee the proper execution of tasks and use of resources, the follow-up of deadlines and the compliance of EC rules.

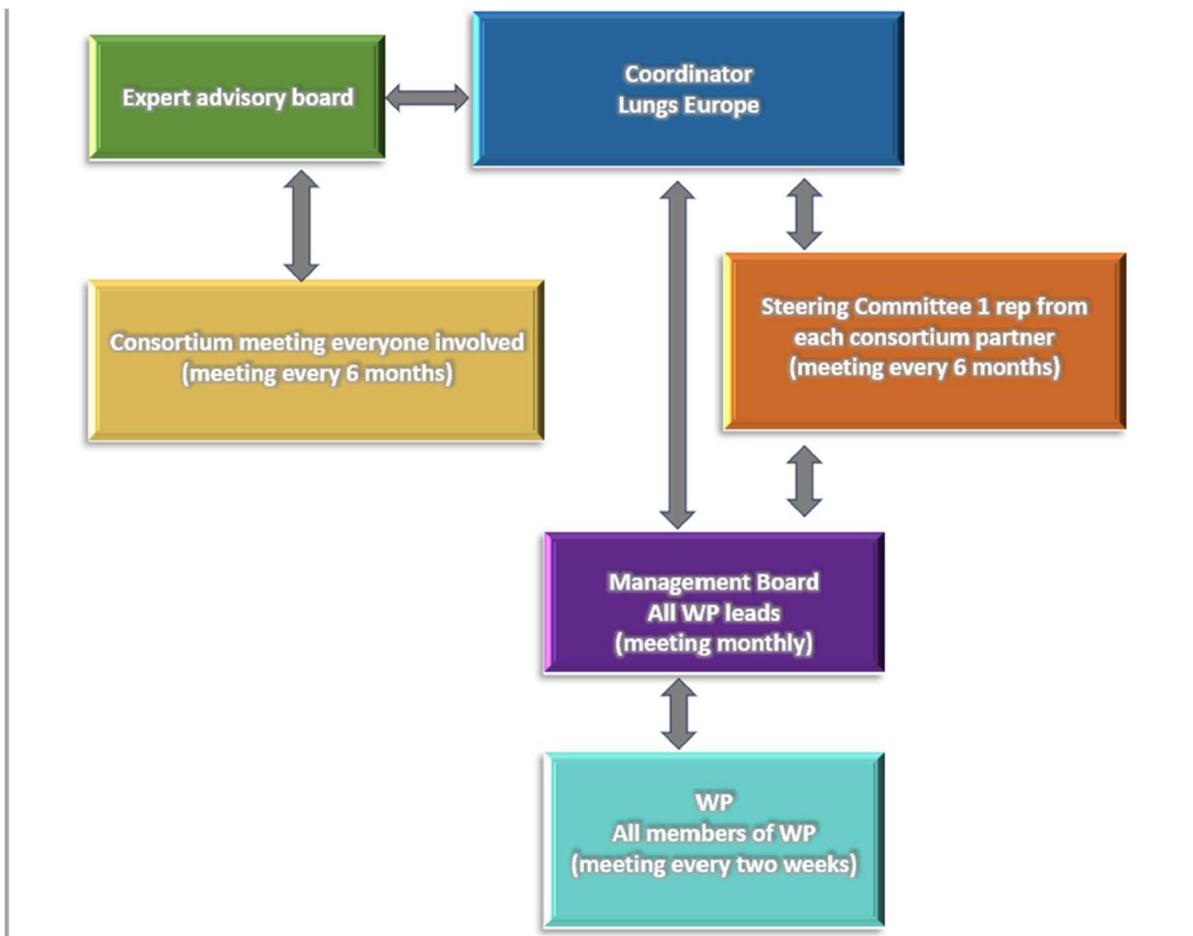
As indicated in the figure above, the management structure supporting LH4L project is composed by:

- Coordinator (CO)
- Steering Committee (SC)
- Management Board (MB)
- Expert Advisory Board (EAB)



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For data protection reasons, as this deliverable is public, the names of the persons representing the roles above are available for the consortium members in the LH4L's management SharePoint, with restricted access only for partners.

Main roles and the initial plan for meetings and decision-making procedure:

Coordinator (CO):

in collaboration with the WP leads, will carefully monitor the activities of the project and manage the project resources, in charge of managing good collaboration of all partners, ensuring smooth flow of communication and organising meetings. Lungs Europe is the Coordinator of LH4L.

Steering Committee (SC):

will form the overall decision-making body consisting of one representative per consortium partner. Decisions will be based on the Consortium Agreement, which will be set up between all partners, taking into account the experience of currently running collaborative projects. The SC will be chaired by Lungs Europe and has the sole authority to decide on issues that necessitate changes in the EC Grant Agreement and/or the



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Consortium Agreement, such as major modifications of the work plan, budget distribution, possible addition of or calls for new partners, as well as unresolved management issues. The SC will meet online every six months back-to-back with plenary consortium meetings to ensure transparent project evolution and governance. If deemed necessary, extraordinary meetings can be arranged. Data sharing decisions will be under the remit of the SC; for the needs of the project, data will be shared widely within the consortium in accordance with data protection regulation and subject to informed consent. Requests outside of the project duration or from external organisations will be assessed on a case-by-case basis. Based on the type of dataset, it will be decided which datasets can be made public, shared, or kept confidential. All relevant data are managed centrally by partner CIBER. If required, decisions regarding IP rights will be discussed at the level of the SC. Operational procedures for the SC are outlined in the Consortium Agreement

Management Board (MB):

is the operational body and comprises all work package leaders. The MB is the interface between work packages and the SC and will be responsible for monitoring the progress of the project, quality assurance, and the ad hoc coordination of project activities. The MB will meet monthly by teleconference to ensure close monitoring of progress and quality assurance.

Expert Advisory Board (EAB):

is composed of a group of European and national experts. These experts will give their time to the project to oversee its scientific and evidence-based approach and ensure it is in line with public and youth needs. They will provide regular advice to the Co, be invited to all consortium meetings and be called into the SC when required.

3. Meetings:

- Consortium will meet monthly to discuss all WP activities together, as we are small consortia with very interdependent WPs and partners.
- SC and MB will meet alongside Consortium meeting and when needed separately.
- EAB meetings will be held every 6 months as a part of a Consortium meeting specially dedicated to the update of and advice seeking of EAB.
- WPs will meet as needed on ad hoc basis when developing the activities.



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4. Work plan

The work plan follows the contractual document DoA - TECHNICAL DESCRIPTION (PART B), both in terms of activities and scheduling. The different outcomes are also identified in the list of deliverables, in the above-mentioned document.

Here is the summary of all the tasks per work package, timelines and related deliverables, and milestones with deadlines.

T#	Tasks	Description	Lead
WP1	Project management and coordination		
T1.1	Project coordination	This task encompasses all tasks related to project management. From administrative tasks, to monitoring of project activities and reporting of the project progress and achievements to the European Commission. It includes the management of all consortium bodies and its members.	LUNGS EUROPE
T1.2	Data management	This task will focus on proper data management that aligns with GDPR and is fit for purpose for the needs of the project.	LUNGS EUROPE
T1.3	Joint coordination and synergies with other initiatives and projects	This task will manage networking and clustering activities of the project, and interconnect with the joint actions.	LUNGS EUROPE
T1.4	Reporting activities	Preparation, review and submission of reports for deliverables.	LUNGS EUROPE
WP2	Stakeholder engagement and community of practices		
T2.1	Establishment of a community of practices (CoPs)	Actions aimed at identifying and collecting existing knowledge, as well as building further understanding on barriers, needs and facilitating factors for the prevention of CRDs in young people.	EFA, LUNGS EUROPE
T2.2	Building capacities across the CoP and beyond to support civil society (especially patient groups) to work in the field of prevention	Capacity building activities aimed at expanding civil society (especially patient groups) capacities, providing them with methodologies, practices and tools to support their communities, acquire the skills and know-how they need to develop sustainable models for the prevention of CRDs, targeting young people and disadvantaged groups	EFA, LUNGS EUROPE
T2.3	Facilitate the involvement of the stakeholders in the development of all the materials in WP3, in addition to public health guidelines and policy recommendations.	Facilitate the discussion to collect the multi-stakeholders input on the outputs developed by WP3 and WP4, to encapsulate findings and raise awareness, foster action among governmental actors on lung health, and consolidate best practices for a more comprehensive public health policy that benefits citizens directly.	EFA, LUNGS EUROPE
WP3	Knowledge hub		
T3.1	Knowledge on lung health	To provide the scientific evidence of long-term consequences of impaired lung function in early life, and on the origins/aetiologies of/risk factors for impaired lung function in early life in a format that all stakeholders will understand. To do so we will engage with CADSET and GLI researchers, and with the Expert Advisory Board.	CIBER, LUNGS EUROPE, EFA, WP4 partners
T3.2	Knowledge on interventions	To conduct a scoping review of the literature on tested childhood interventions to modify lung health.	CIBER, LUNGS EUROPE, EFA, WP4 partners



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T3.3	Material adaptation	To identify and adapt relevant existing materials for the pilots, and to add new where these is gaps	CIBER, LUNGS EUROPE, EFA, WP4 partners
T3.4	Prototype set-up	To build the prototype of materials and data collection tools need to deploy the pilots. To do so we will build upon already established CADSET, GLI, ERS and ELF initiatives.	CIBER, LUNGS EUROPE, EFA, WP4 partners
WP4	Identifying and addressing inequalities at national level		
T4.1	Selection of schools	Selection of schools in 3 countries based on specific inequalities and target groups identified in WP3 (e.g. school in areas with low air quality, schools with high numbers of pupils displaced from their homes)	Polish Federation of Asthma, Allergy and COPD Patients' Association, APMGF, National Koranyi Institute for TB and Pulmonology
T4.2	Lung health education and lung function testing	To perform the lung health checks (target 300 per country) and awareness raising activities related to the identified inequality	Polish Federation of Asthma, Allergy and COPD Patients' Association, APMGF, National Koranyi Institute for TB and Pulmonology
T4.3	Data collection	To collect quantitative and qualitative data and feedback into Knowledge hub on feasibility of/barriers to implementation for different settings and inequalities	Polish Federation of Asthma, Allergy and COPD Patients' Association, APMGF, National Koranyi Institute for TB and Pulmonology
WP5	Communications, dissemination, policy and sustainability		
T5.1	Prepare, update and implement a communication and dissemination plan	The communication and dissemination plan will be developed early in the project and will be regularly updated benefiting from the outcomes of WP2 through its engagement with the CoPs. The plan will be the support to coordinate communication and dissemination activities	LUNGS EUROPE
T5.2	Prepare a communication and dissemination toolbox	To support communication and dissemination activities, various material will be prepared early in the project including project logo, document and presentation templates, and a project leaflet. A public-facing web page will also be developed within the Lungs Europe website to allow everyone to access full information about the project and to access material associated with the project.	LUNGS EUROPE
T5.3	Develop policy recommendations	Based on the work done in WP2 through the consultation of the CoPs and in WP3, LH4L outcomes will be used to develop policy recommendations. These will be published in	LUNGS EUROPE



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		a major respiratory scientific journal and communicated through the MEP lung health group and other channels and will be a corner stone of the sustainability plan.	
T5.4	Work on a sustainability strategy	The sustainability strategy will include the actions that will be planned by the consortium after project termination to ensure achieve EU wide deployment of the policy recommendations and further rollout of the concept in countries in the EU and beyond.	LUNGS EUROPE

W#	Tasks	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	M25	M26	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36		
WP1	Project management and coordination	MS1	MS2	MS3																																			
T1.1	Project coordination						D1.1														D1.3																		
T1.2	Data management							D1.2																															
T1.3	Joint coordination and synergies with other initiatives and projects																																						
T1.4	Reporting activities																				D1.4																		
WP2	Stakeholder engagement and community of practices						MS4		MS5																											D2.5			
T2.1	Establishment of a community of practices (CoPs)								D2.1																														
T2.2	Building capacities across the CoP and beyond to support civil society (especially patient groups) to work in the field of prevention																																			D2.4			
T2.3	Facilitate the involvement of the stakeholders in the development of all the relevant policy recommendations						D2.2							D2.3																									
WP3	Knowledge hub															MS6	MS7																			D3.3			
T3.1	Knowledge on lung health																																						
T3.2	Knowledge on interventions																				D3.1																		
T3.3	Material adaptation																																						
T3.4	Prototype set-up														D3.2																								
WP4	Identifying and addressing inequalities at national level						MS8														MS9		MS10																
T4.1	Selection of schools																		D4.1																				
T4.2	Lung health education and lung function testing																								D4.2		D4.3												
T4.3	Data collection																																						
WP5	Communications, dissemination, policy and sustainability						MS11																													MS12			
T5.1	Prepare, update and implement a communication and dissemination plan						D5.1																																
T5.2	Prepare a communication and dissemination toolbox						D5.2																																
T5.3	Develop policy recommendations																																					D5.3	
T5.4	Work on a sustainability strategy																																					D5.4	

5. Decision-making procedures

Decision-making procedures are indicated in the Consortium Agreement, signed on 27 September 2024.

6. Reporting to the European Commission

The project has 2 formal reporting periods at month 18 and 36:

- First periodic reporting: 1 September 2024 – 28 February 2026.
- Final reporting: 1 March 2026 – 31 August 2027.

The information to be provided must contain both technical and financial reports as indicated in the Grant Agreement.



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7. Project reviews

The CO is in regular contact with the Project Officer (PO) to report the project progress on the scheduled activities in a transparent and practical manner so the PO can continuously monitor the performance of the project in accordance with the Description of Action. Such contact may occur by email, phone calls, or physical meetings.

Periodic contractual technical reviews will be performed by the EC to assess the work carried out in the project. Initially, one project review per reporting period is expected.

8. Amendments and potential issues

The main aim of the beneficiaries is to carry out the planned tasks and activities within the time scheduled and the foreseen resources as described in the Grant Agreement.

Any deviation (e.g. delays, change in the status of a beneficiary, etc.) must be communicated immediately to the CO. The CO shall resolve queries and advise to the beneficiaries. If further action is needed, the CO will contact the PO to request clarifications and procedures to be followed.

Significant deviations from the work plan described in the DoA may require an amendment and must be communicated in writing to the CO. In order to request an amendment, the involved beneficiary/ies need to first communicate it to the CO, and if confirmed, the beneficiary/ies involved should distribute a written communication to the consortium detailing the reason behind the proposed changes, as well as the direct consequences in terms of budget, activities, work plan, etc.

If the amendment need is confirmed, the CO will follow the rules detailed in the annotated Grant Agreement to comply with the requirements and procedures indicated by the EC, by requesting the amendment process to the PO on behalf of the consortium.

9. Rules and guidelines for documents preparation

When producing any document, related to LH4L, to be distributed to on the behalf of the project, each partner shall apply the following basic rules:

- Produce the document in an electronic file with the same name as the instance identifier (see next sections),



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- Use British English,
- Use a spell checker to reduce typo errors,
- Use the appropriate template: follow the styles in the word document (Headings, Normal, etc),
- Follow the general guidelines (structure of the document) as well as the specific guidelines included in the template if available,
- Final version of the documents must be uploaded by deliverable responsible or by the CO, in word and pdf format, in the specific folder of LH4L's internal SharePoint,
- Moreover, to facilitate the control and history of the documents elaborated by the consortium, the version history needs to be documented in the file itself, in the dedicated table called Version history,
- Deliverables need to be submitted for review to the whole Consortium allowing at least 21 days for response.

10. Deliverable files name

In the case of Deliverables, the versions of the documents, exchanged among partners before the final submission to the European Commission, will be versioned according to the following format:

LH4L_Dn_title_version

Where:

“Dn” is associated to the deliverable number specified in the DoA. *E.g D1.1*

“title” is the name of the deliverable. *E.g. Project Management Plan*

If there are more than one version, add a version number. E.g. _v1.2

The final versions of the document to be submitted to the European Commission.



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11. Emails

To easily identify the emails related to the project, partners will add the acronym “LH4L” or with brackets “[LH4L]” as first in the subject of any email associated to the project.

Examples: “LH4L: WPx subject”; “LH4L: GA subject”; “[LH4L] Subject.

12. Templates

Templates are made available for partners to strengthen the uniformity of the outputs, including for presentations (PowerPoint), project deliverables and reports.

Such templates can be used for internal and external communications.

Templates are available in the LH4L’s SharePoint.

13. Communication

Properly communicating on a project is a critical project success factor. Communication within LH4L will take mainly the form of:

- Information sharing and storage through the internal SharePoint.
- Emails via mailing list regularly updated and available in the internal management portal.
- Meetings.

14. Communication with the Commission

The CO is responsible for efficient communication between the consortium and the EC. Any communication of the partners with the EC shall pass through the CO. This means that the partners shall not directly contact the European Commission officers for questions regarding the LH4L project.



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15. Meetings/call conferences

The consortium met once for a face to face Kick Off meeting. Due to restrictive budget, call and video conferencing is the preferable option to meet.

Call conferences are considered an effective way to be in contact and provide updates about progress of activities. The following meetings/conferences are planned:

- Kick-off Meeting: already held.
- Consortium meetings: every month.
- Final meeting.
- WPs meetings/call/web conferences: at any time when requested by the WPleader or SC.
- Tasks meetings/call/web conferences: at any time when requested by taskleader or WP leader.
- Review meetings: with the participation of the EC PO + external reviewers. Asindicated in the GA.

Meetings dates and timing shall be defined, when possible, with at least 14 days notice.

16. External communication

External communication is needed in order to properly communicate the project activities to the general public and raise the interest of the potential stakeholders.

Any communication from the LH4L project must contain the project logo, the EU flag, and the following statement: "LH4L project is co-funded under the EU4H Project Grants under grant agreement no. 101160880. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency. Neither the European Union nor the granting authority can be held responsible for them.

17. LH4L SharePoint

A SharePoint, restricted for partners' internal usage, has been set-up by the CO at the beginning of the project to facilitate document sharing among the consortium.

The management platform has two main functions:

- Act as repository of all the useful documents (templates, GA, CA, guidelines, list of contacts, etc.) to support the management of the project.



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- Be a management tool to exchange documents per WPs, plan meetings, maintain a calendar of internal events/meetings dates, etc.

Each person, associated to a beneficiary of LH4L, has access to the SharePoint and is responsible to keep shared documents of the project in this folder.

SharePoint is structure of the folder is following

1. WP1
2. WP2
3. WP3
4. WP4
5. WP5

18. Conclusions

This Project Management Plan is aimed at providing clear guidelines to the consortium in the day-by-day project activities, and to facilitate the monitoring of LH4L progress. It is complementary document to the Grant Agreement, DoA and Consortium Agreement.

These guidelines are reviewed and adopted by all project partners in order to establish and share an operational methodology to reduce the project overhead and increase the efficiency of the work carried out.

It is expected that all members of LH4L consortium are aware of the general aspects addressed in this document to successfully contribute to the project.



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