COVINFORM

Crisis communication during the COVID-19 pandemic in Wales

Authors

Diana Beljaars, Sergei Shubin
Swansea University

Swansea University

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Table of Contents

Introduction

This report gives a brief overview of how the pandemic was managed in Wales in terms of crisis communication during the COVID-19 pandemic. Discussing the operationalisation of vulnerability, the report focuses on evaluating inclusive COVID-19 communication for behaviour change and addressing misinformation. In particular, the report considers good and bad practices, communication aiming at behaviour change, digital communication and exclusions, misinformation, and addressing vulnerable groups. It offers lessons learnt and .

The report is based on Welsh pandemic governance policy documents and publicly available information on Welsh government websites, academic literature, and expert interviews. The experts interviewed include (1) people who have been involved in the development, scrutiny, and implementation of the pandemic communication strategies; and (2) journalists who worked on the topic of the pandemic for English and Welsh-medium national and local broadcasters and other news forums. The interviews were conducted over Zoom or Microsoft Teams, the audio recordings were transcribed, and analysed thematically in NVIVO 12. The interviewees have provided informed consent and quotations of their input has been anonymised. Ethical approval has been provided by the Swansea University College of Science Ethics Board.

The report is part of the larger COVINFORM Deliverable "7.7 Analysis: Communication and information update M34" and connected with COVINFORM Deliverables 4.7, 5.7, and 6.7.

the structure of the Welsh Government prior to and during the COVID-19 pandemic

Wales is a devolved nation within the United Kingdom since 1998. Devolution granted the National Assembly for Wales the power to decide how the Westminster government's budget for Wales is spent and administered. In 2006, the National Assembly for Wales was given legislative powers, resulting in the creation of a Welsh Parliament and a Welsh Assembly Government, comprising of a Prime Minister for Wales (currently Mark Drakeford), Welsh ministers and deputy ministers. From May 2020 onward the National Assembly for Wales is called the Welsh Parliament in English and Senedd Cymru in Welsh.

Wales has its own National Health Service (NHS Wales). NHS Wales now delivers services through seven Health Boards (HBs) and three NHS Trusts: the Welsh Ambulance Services Trust, Velindre NHS Trust, and Public Health Wales (PHW). The HBs now plan, secure and deliver healthcare services in their areas.

The Wales Resilience Forum is the highest authority for crisis management and emergency planning in Wales and works in cooperation with local resilience forums and other agencies. Wales as a devolved nation follows advice from their Chief Medical Officer (Frank Atherton) and Chief Scientific Adviser (Rob Orford). The Chief Medical Officer works with the Welsh Government on policy for public health, and the Chief Scientific Adviser advises the Welsh Government on matters related to health science.

In the UK, COBR (Cabinet Office Briefing Rooms) meetings started on January 24, 2020, and although the participants of these meetings are not made public, they comprise of key ministers and officials. COBR is a crisis management facility that is activated in events of national significance; it is an important component of crisis management as authorities come together to identify appropriate responses to a crisis. In March 2020, COBR was the main forum for decision making in relation to COVID in the UK and included the devolved

nations in these meetings from early March. The UK-wide Scientific Advisory Group for Emergencies (SAGE) is an ad hoc committee that brings together government scientists and officials with external experts. While SAGE meetings provide scientific advice to guide policy and regulations, in practice, authorities agree on the best approach to handle the pandemic during COBR meetings. SAGE meetings therefore inform decisions taken during COBR meetings.
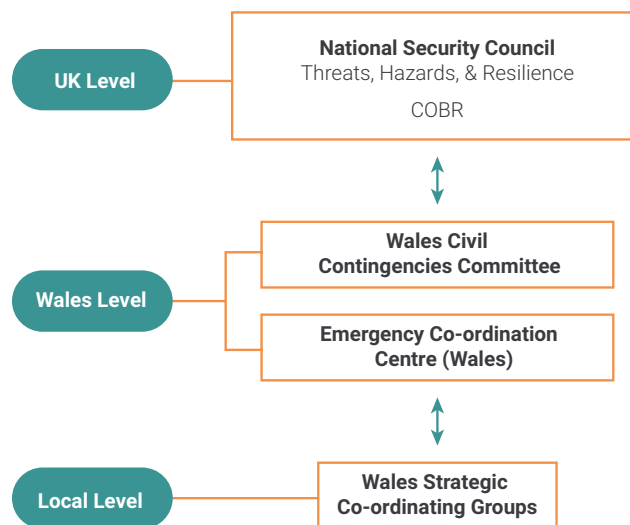
The Coronavirus Restrictions were approved by the Welsh Parliament on March 25th, giving Wales the power to manage the pandemic independently of the other British nations. As addition to the UK-wide SAGE group, Wales created a Technical Advisory Cell (TAC) and a Technical Advisory Group (TAG) to support SAGE in advising the Welsh Government and Public Health Wales. TAG-SAGE experts inform the ministers, which in turn present changes to the regulations to the Welsh Cabinet for consideration. The Cabinet makes the final decision which is communicated to the ministers.

The Welsh pre-pandemic preparedness strategy is aligned to the overarching UK-wide strategy. The main Welsh document that resembles a pandemic response plan or strategy is the *Wales Framework for Managing Infectious Disease Emergencies 2014.* It "generic arrangements for the management of major infectious disease emergencies by health services in Wales" (Welsh Government 2014: 5). Wales has a pandemic-specific response plan; the 2007 *Pandemic Influenza Guidance Planning* was established before the 2009 influenza pandemic. For emergencies in general, Wales has the *Pan-Wales Response Plan* (2019), that entails the command, control and coordination urgent response structure for national emergencies and includes activation levels and multi-agency responsibilities. A summary can be found here (*link*).

The Pan-Wales Response Plan Communications Structure

(published in 2012 and in place during the pandemic)

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UK Level ────── National Security Council
                Threats, Hazards, & Resilience

                COBR
                      ↕

Wales Level ──┬── Wales Civil
              │   Contingencies Committee
              │
              └── Emergency Co-ordination
                  Centre (Wales)
                      ↕

Local Level ───── Wales Strategic
                  Co-ordinating Groups
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Source:

Changes and other developments throughout the COVID-19 pandemic

⚠ Crisis management and communication at the start of the COVID-19 pandemic

The Welsh Government communicated its measures and plan in updated versions of the 'Coronavirus Control Plan for Wales' with regulations formalised in 'The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020' (UK Government, 2020). The (updated) plans have brief sections on communication, and focus on collective responsibility and maintaining the anti-COVID behaviours to prevent the virus spreading. Between March 2021 and September 2022:

1. March 2021: "Coronavirus control plan: revised alert levels in Wales", which "describes changes to alert levels taking account of vaccination and the dominant Kent strain".

2. July 2021: "Coronavirus control plan: alert level 0 (zero)", which "describes the measures to control coronavirus at alert level 0."

3. October 2021: "Coronavirus control plan: autumn and winter 2021 update", which "focuses on the options available to us over the autumn and winter period."

TAG launched a report in March 2022 "Living safely with COVID19 in Wales: risk communication and behavioural science perspectives" that is still in place in June 2023. It shifted the emphasis to all people and organisations continuing embracing anti-COVID measures. Most emphasis is placed on individual behaviours, based on the 'Covid Code' in the TAG's August 2021 paper *Sustaining COVID-safe behaviours in Wales*[1]. Interviewee communication specialist CS571 reflects on the communication about the implementation of the measures at the start of the pandemic and what makes it powerful enough so that people adopt these new rules:

"I understand public messaging, I understand the need to be really clear. And to have something that is authentic. So people say 'it's not just, you know, Boris [Johnson] or whoever standing up saying this. There's a guy there called Chris Whitty who understands it. He's clever, he's knowledgeable and he's got something that shows that I can't do that'. At what I can do is to say, 'from the evidence and research that we've got over time, this is where we think, you know, we can place the most emphasis' and you put the two together that can be really powerful." (Interviewee CS571)

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[1] https://gov.wales/technical-advisory-group-sustaining-covid-safe-behaviours-wales-html

In their view, the message combining quantitative and qualitative data insights was pertinent, rather than only quantitative data that almost exclusively underpinned Welsh policy decisions and crisis communication at the start of the pandemic:

> *"I'm not a scientist, but the hard science data can be used in any which way you want to justify what you've done and why you've done it. And I think it hasn't happened yet. But I think there was an interesting tension there. Because some of the things that we talk about, certainly what I do is I talk about 'we are always learning, nothing is definite, we cannot say for certain that if we do this thing, then that's going to cause that to happen'. Whereas if you see some of the kind of sciency stuff around the pandemic, there's all this modelling. And you know, 'if we do this, then by this point, we're all going to be locked up forever', or whatever. I don't subscribe to that, because I don't work in that world. But if I'm told that I'll do it."* (Interviewee CS571)

Their narrative beyond this quotation denotes a style of crisis communication based on 'hard' scientific assertions of clarity and certainty rooted in modelling exercises shifting to one that allows for more uncertainty and humbleness on knowledge creation about the virus-society interactions in Wales.

Evolvement of pandemic communication styles

According to Interviewee communication specialist CS573 who was involved with the Technical Advisory Group in Wales, at the start of the pandemic, the Guidance and Policy Cell did not have the new pandemic measure information that the Welsh Government had developed to a greater detail, nor did they receive it before the general public did via the press conferences. They stated that the Cell always kept an eye on the Welsh Government webpages and social media channels, on BBC Wales that broadcasted the press conferences, and on WalesOnline; a popular media channel that was often the quickest in reporting on Welsh pandemic news. At later stages (early summer 2020), the TAG was more closely included in the determination of the content of new government announcements, so that they could consider and coordinate answers to the questions they anticipated the new announcements would conjure. Interviewee CS573 elaborates:

> *"That information [from the Welsh Government] that would be reived by us was never at the pace at which it was televised or announced. So you know, as it progressed, obviously, we're now in a place, which is very different to the first wave, where there is more tactical input, there's more scientific input from the bodies."* (Interviewee CS573)

Also, in terms of processual change in crisis communication in this time, Interviewee CS573 remarked on two elements. Firstly, the practice came to an end of (scientific) experts writing a text that was then rewritten by a communication person before it was published. Instead, the comms person was involved in the first stage, which created a more robust message that still contained all the scientific references but was legible for a wide audience. They explained how that improved their processes:

> *"When you bring all those expertise together, yes there's always going to be challenges. But what you do get is the creation of information that's not just led by a comms [communications] individual, but it's actually underpinned by some theory and some knowledge. And part of that process, within our Guidance Cell, later on, we brought in our comms team to make sure our comms team were also giving the same messages, because we identify quite early on that they weren't aligned. And how we would like that information delivered and how we would like it visually displayed on the website to make it easy."* (Interviewee CS573)

Secondly, with more disaggregation of messages for different social groups based on vaccination and activities (e.g. going to a bar, doing a particular sports), return from different countries, household composition, etc an internal document was made and kept up to date to serve as basis for all crisis communication for all institutions (e.g. Public Health Wales) and TAG sub committees to avoid discrepancies.

For media correspondents, the early stages of the pandemic a journalist from BBC Wales with health expertise said that "At the start, there was a lot about public information, just telling the public what they needed to know, and what the government was doing. And you know, how likely it was there would be restrictions". They said that further analysis, interpretation, or addition of journalistic insights and expertise would bring more confusion and possibilities to challenge the crisis messages. Therefore, they abstained from doing so at that time, which would change in summer 2020 as and when it would not interfere with the government's message. The journalist described the difficulty of their task:

> *"I was trying to strike the balance between things like reassurance and accurately illustrating the scale of the threat: 'How worried should people be anyway?' (…) but you couldn't really assure or advise or accurately illustrate the scale of the threat (…) at the time, it was perhaps one of the things that I was thinking most about, you know, where do I pitch what I'm saying at this stage of the story?"* (Interviewee J73)

In the absence of offering a very critical analysis of the Welsh Government's interpretation of and response to the pandemic, this and other journalists suggested that the media's task mainly involved helping the public assess their position in this crisis.

Several changes in the content of the crisis response in Wales have become apparent. Interviewee CS571 remarked on the astounding ethical stance the Welsh response held towards homeless people at the start of the pandemic. They elaborate:

"I think that, that if nothing else, that was just jaw dropping in terms of response. I think there's some real issues around it. (…) There's lots of unknowns for me, but in terms of a government making a statement that says 'we will not allow homeless people to be without a home during this', I just thought, 'goodness, where did that come from?' So that that is the more positive example that from my reading of that it didn't matter who they were, it didn't matter what their problems or issues or addictions might have been, didn't matter if they were here illegally or not, none of that mattered, then what mattered was that they were able to access you know, a roof over their head, we were able to feed them now" (Interviewee CS571)

Whilst the possibilities for rapid and profound change turned out to be possible in Wales' social policies in the context of the pandemic, the longevity of these new ethical drivers of such policy is questionable. Not only through the incessant lack of resources that Wales continues to struggle with, and which keeps its healthcare system perpetually on the edge of collapse, the interviewee quoted above identified that the foundations for structural change around those new ethical positions may not allow future policy adherence to these ethics as social policy is not devolved to Wales (Bambra et al. 2021).

In the early pandemic stages, marginalised groups had pandemic regulations imposed on them from more central, nationally organised institutions, including Welsh Government, and were addressed by PHW. Later on, local teams gained decision-making importance on appropriate pandemic measures for these marginalised groups. As Interviewee CS573 elaborated on: "Our local teams, they know where those populations are. That's part of their role and what they bring to our public health system is that eyes and ears, and that community level knowledge to deliver that information."

In terms of changes in media coverage and message formations, a BBC journalist with health expertise argued that they changed their message delivery from addressing the figure of their grandmother to the figure of a sceptical friend in a pub. They remained sensitive as they knew that different people were affected differently by the pandemic, because differences in living conditions and having lost significant others: "So you took telling the story to others dispassionately while being involved in the story and the uncertainty." Restricted journalistic practices and the meaninglessness of numbers created further problems for journalists. In particular when the Welsh Government did not deliver on its own promise of delivering 9000 test results per day in the timeframe it had set itself. A journalist argued that "because the numbers were there each and every day, you almost have to start with the numbers and try and work back for backwards from there. And I was acutely aware that we are missing a huge amount of personal stories here but the problem was." From the Delta variant onward, the interviewee changed their focus into tracing circumstances of social groups that had been neglected.

The public reacted to the crisis management and communication in several ways. At the start of the pandemic, an interviewed communication specialist CS573 recalled that the need for clarity about the pandemic and information on what people should do was most pertinent. They explained that after every press conference and news item, the Cell would be bombarded by phone calls. Compounding the Welsh public's confusion was the lack of certainty about what advice to follow, as former UK Prime Minister Boris Johnson would announce new regulations, incorrectly seeming to speak to the whole of the UK. These televised press conferences by Westminster did not carry the ongoing message that only the measures announced by First Minister of Wales Mark Drakeford would be relevant to people in Wales.

In the wake of the ongoing uncertainties about the variants and in attempt to make sense of the significance of the pandemic threat, some members of the public became what a BBC journalist called "armchair epidemiologists". For the duration of the pandemic, some members of the public positioned themselves as knowledgeable about the virus and credible interpreters of statistical data that was made available by the British Office of National Statistics (ONS) and similar bureaus in other countries. The interviewed BBC journalist reflected on the difficulty in understanding what people were thinking:

> *"So one distinct challenge was a lot of [colleague journalists] who were deprived of many of their own reference points in terms of talking to people were then trying to develop the editorial priorities for me without any reference points themselves. So things that were worrying that often became trickle down as the thing I needed to be looking at today. And they would also be spending a huge amount of time looking at because people had saying they will return looking at those kinds of debates, on Twitter (…) who didn't have any way of referencing that themselves"* (BBC journalist)

Gauging the public opinion to find out what to address in news articles became very difficult in the absence of offline public debates. It was difficult to rely on online debates that were also fuelled by extremist views. A journalist who mainly publishes in Welsh-medium media outlets recalled being very conscious of their role in forming the public opinion on pandemic measures. They recall the case of a cinema owner in Swansea who flouted all pandemic rules and was forced to close indefinitely:

> *"I covered that and ended up covering it a lot, because and that was another one that I struggled with, because, you know, there was a point where there was so much interest in them. And I was saying, like, 'you got to be careful here that you don't – there's a real balance between doing what you know, deeming something as newsworthy, but also giving people who are sort of paddling, quite obviously in misinformation, too much oxygen. So that was a I remember that being quite a balancing act, actually…"* (Journalist)

In the absence of people's pre-pandemic references, this journalist was very conscious of not forming the public opinion in opposition to the pandemic regulations. Another journalist who reported mainly on local issues in Swansea recalled the increase in the uptake of the antivaxx ideology by the public and the ensuing hesitation for accepting the vaccine in early 2021: "there was just that that very strong, anti-vaxx element of society that were very vocal, and clearly genuinely believed that they were they were right, and that this thing was bad." The curation of conventional media articles and social media posts that held more or less extremist views was considered to be of great importance in how the public reacted to the pandemic measures according to the communication specialists and journalists.

Conditions for vulnerable groups within the governmental crisis management

✓ Acknowledging vulnerability in the pandemic

Whereas in the early stages of the pandemic, the Welsh government and (public) health authorities had been focussed on the measurable aspects of the pandemic, such as the infection and death rates, PPE availability, and hospital bed occupation, towards the winter of 2020 and 2021 different concerns became important. Interviewed communication strategist CS571 explained that more qualitative effects of the pandemic policies were also becoming important. The realisation came that the first pandemic winter would take another toll on people and the need for the vaccination programme to be effective for vulnerable groups was pivotal in considerations of the pandemic measures' effectiveness. The interviewee discussed this attention to vulnerable people:

"But suddenly, [marginalised people and violence] took on a new value and importance, because here's a bit of public health that is not just about vaccines, it's not just about medical stuff. It's not just about petri dishes, it's about people, and how they are going to be responding to this and how it might affect things like their mental health, things like adversity in childhood, because people are, you know, confined by restrictions. And the bit I was worried about more than anything else, what about those people we've never cared about, and we really don't care about now, what are we doing for them? So suddenly, I was given a platform, if you like, to start to voice some of the things that that suddenly people were listening to." (Interviewee CS571)

Their work and insights into marginalisation processes became central in the communication strategy. It helped to ensure people's continued adherence to the behavioural regulations and to prevent social inequalities to exacerbate rapidly. The quotation testifies of a consideration of vulnerability beyond biology or 'medical stuff' but seem to have expanded into a fuller idea of humanity in the pandemic: one that acknowledges personal, social history, feelings, and other intangible aspects of human life.

Interviewee CS571 who was involved with TAG explained how the notion of vulnerable groups consisting of certain social groups needed to be expanded further in crisis communication. In the context of care homes:

"The staff that work with [residents] are some of the lowest paid individuals in society. They have low educational standards, low health literacy, they have poor money, they're often on the poverty line, but also they're vulnerable themselves. (…) They were still going to work, even though they were susceptible to adverse risks themselves. How would you communicate to them a 74-page document over telephone, and that's what our role is, to talk them through those processes to make sure that they're safe, but also protecting the residents that they're treating or, or caring for." (Interviewee CS573)

Crisis communication then highlighted how vulnerability in the pandemic cannot only be considered as attached to social groups, but as emerging from circumstances and processes that put particular people in situations that made them susceptible to more suffering in the pandemic than many others.

The implementation of inclusive pandemic crisis communication

Media focused on disproportionate effect of the pandemic on different groups and highlighted the suffering of some. Such kind of messages also served to educate more privileged groups that the pandemic ought to be taken seriously, adhere to the rules, and highlight pandemic damages outside their social circles. In terms of media communication, the health correspondent from BBC Wales explained that they ensured the pandemic measure messages as issued by the Welsh Government were understandable for a large public. They did so by using language that included little to no jargon. As such, older people and people with a lower degree of completed education would be able to better understand what was happening and what was expected at the various stages of the pandemic.

In terms of policy making and communication strategy design, vulnerable people became of more importance at a later stage in the pandemic in Wales. Interviewee CS571 explained the shift they saw in how the consideration for marginalised groups in Wales had suddenly garnered interest from senior management and policy makers. They describe this sudden interest in policy formation discussion towards the summer of 2020 as follows:

> "'This feels colonial', is what I actually said, because I feel that we are in a space now where we could always say that not necessarily in public, but you know, we can call out things that we would have normally have done, and nobody would have said anything, nobody would have challenged it, but because of the experience that we've had, because now we can talk about things like exacerbation of issues, particular communities that we've never cared about. And now we're interested in that we can call out sorts of things." (Interviewee CS571)

The processes that had fuelled the marginalisation of certain social groups in Wales – they mention in particular Gypsy Travellers, homeless people, and minority ethnic groups – had suddenly been allowed to become visible and informative of new pandemic policy. The interviewee argued that despite the authorities' historical disinterest and maintenance of policy structures that would not reduce social and health inequality, the institutions were now (more) open to be confronted with these structures. As such, these policy formations on housing circumstance and vaccination pushed to the fore vulnerable people, the concerns for their welfare in the pandemic, and potential causes for their above-average statistical results on infection rate, death rate, and pandemic-induced poverty. Despite the interest in the plight of vulnerable groups in the pandemic, the interviewee remained sceptical in the durability of the health organisations' commitment to these groups. The communication strategist CS571 warned "don't let's revert back to that way of working because that wasn't the right way. Let's keep on this trajectory of trying to look at an inclusive approach to helping everybody". Their words speak of a hope towards continuing the prioritisation of vulnerable groups when pandemic has faded as public health priority for these institutions, and when the funding for addressing pandemic-related inequalities has dried up.

Summary

Lessons learnt

1. According to interviewed communication specialist CS571, the crisis management of the pandemic in Wales did not do enough to involve the different groups in Wales in a sufficiently equal manner. They argued against the overrepresentation of the 'objective' scientific data approaches that underpinned many aspects of the Welsh pandemic management with this evaluative strategy:

> *"'We're not going to tell you what you've done wrong. We're just going to listen, we're just going to find out how it felt. And we're just going to document that. And then we're going to look at it afterwards and decide how we how we can work out what happened'. Excluding people's experience is not going to help us in terms of understanding what that science is trying to get us to do. Because we won't do it if we don't understand what it felt like for people. So if we have another pandemic, what would what should we do, we should go straight to those communities, we should be ready to say 'they're not going to get the information, they're not going to get the data, we need to get those communities."* (Interviewee CS571)

Instead of pointing quantitative data analysis practices towards marginalised communities, a possible way forward is by centring these communities through shaping the experiences of these communities into a conceptual framework in which quantitative data needs to fit.

2. The division between English pandemic measures and those applied to Wales should have been more obvious for all the interviewees involved. Interviewee CS573 with expertise in public health illustrated:

> *"I think Hugh Edwards from BBC knows; he's put out on Twitter all the time, like, 'Wales is not England, what Boris [Johnson, former UK prime minister] says is not equal what Mark Drakeford [current First Minister of Wales] had said'. So I think there's a lot of stuff that needs to be done around how media take responsibility for the broadcast."* (Interviewee CS573)

1. The Welsh Government making a relatively radical ethical stance and acting in accordance with it helped to address major pandemic safety issues for homeless people.

2. Reliance on already formed public health networks that are run by highly networked people on first-name basis, as illustrated by the communication expert who worked for TAG as *collaboration had been part of their pre-pandemic work "so it didn't feel like it was a forced engagement, it was just natural"*

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Contact

Consortium

SYNYO GmbH (SYNYO), Austria

Magen David Adom in Israel (MDA), Israel

Samur Proteccion Civil (SAMUR), Spain

Universita Cattolica del Sacro Cuore (UCSC), Italy

SINUS Markt- und Sozialforschung GmbH (SINUS), Germany

Trilateral Research LTD (TRI UK), UK

Trilateral Research LTD (TRI IE), Ireland

Kentro Meleton Asfaleias – Center for Security Studies (KEMEA), Greece

Factor Social Consultoria em Psicossociologia e Ambiente LDA (FS), Portugal

Austrian Red Cross (AUTRC), Austria

Media Diversity Institute (MDI), UK

Societatea Naţională de Cruce Rosie Din România – Romanian Red Cross (SNCRR), Romania

University of Antwerp (UANTWERPEN), Belgium

Sapienza University of Rome (SAPIENZA), Italy

University Rey Juan Carlos (URJC), Spain

Swansea University (SU), UK

Gotenborg University (UGOT), Sweden

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