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| Agenda number: | **9.1** |
| Agenda item: | **Report on the 2016-2017 Governing Board election** |
| Submitted for Governing Board meeting: | Geneva, April 2017 |
| Submitted by: | Miranda Cumpston, Head of Learning & SupportLucie Binder, Senior Advisor to the CEO |
| Sponsored by: | Chief Executive Officer |
| Access: | Open |
| Decision or information: | Decision |
| Resolution for the minutes: | The Board:1. Approves the recommended changes to the electoral procedures for Governing Board elections;
2. Approves the proposed timelines for elections to be conducted in 2017;
3. Gives suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.
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| Executive summary:  | The Board election held in 2016-2017 was the first conducted under the new electoral procedures following the governance reform process completed in 2016. Eleven candidates stood for election, and their contribution and willingness to volunteer their time was greatly appreciated by the Board.As with any first run, some opportunities were identified to make changes that would improve the simplicity and transparency of the electoral process, including:* Replacing the preferential voting system with a simplified system in which voters cast one vote for each vacancy available with no ranking of candidates.
* Establishing a clear policy on candidate self-promotion, endorsement by Cochrane leadership groups and the use of official Cochrane news or email channels for this purpose.

Planning has also begun for 2017, and a calendar proposed for selection of external Board members, Board Co-Chairs and the next election of internal Board members. |
| Financial request: | None. |

# 1. Background:

The election for internal members of the Cochrane Governing Board over December 2016-January 2017 was the first to be conducted under the amended Articles of Association and election procedure approved at the Seoul Colloquium in October 2016. In general, the election ran very smoothly.

* 1. Participation

High-level demographic information was collected given the Board’s previously expressed interest in the diversity of both candidates and voters.

Eleven candidates stood for four available positions. All candidates were resident in high-income countries in Europe, North America and Australia, and eight were resident in countries whose main language is English. Cochrane will continue to encourage more geographic diversity among candidates and the Board is asked to provide its suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.

1,223 valid votes were received, compared to 732 votes in the 2014 election.

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| Votes by role\* | Votes by region |
| 1,019 Authors | 655 Europe |
| 315 Editors (incl. ME, Co-Ed, others) | 191 Asia-Pacific |
| 280 Staff (including all Groups & CET) | 171 North America |
| 242 Referees | 104 Africa & the Middle East |
| 66 Translators | 104 Central & South America |
| 55 Information Specialists |  |
| 49 Directors |  |
| 38 Consumer referees |  |

\* Top 8 roles only. Voters may have more than one of these roles.

The total number of eligible voters under the definition used in this election (based on Archie roles) was 44,387. However, these records contain a proportion of out-of-date information that will be resolved when the definition of voter eligibility is updated with introduction of the Cochrane membership scheme in the first quarter of 2017, during which data cleaning will also be conducted.

* 1. Voter feedback

Eighteen queries were received by the Central Executive Team (CET), the majority of which were queries about login details and eligibility to vote, and these were resolved. A further 25 requests to unsubscribe from Cochrane lists were received, which were actioned.

A small number of voters expressed confusion with the preferential voting system, in particular from those resident in countries where preferential voting is not widely used. It is likely that more voters found the system confusing, but did not raise the issue with the CET. Only around one third of voters took the opportunity to express more than four preferences. In addition, the preferential voting system proved complex and time-consuming to count, in the absence of specialised electoral software.

* 1. Canvassing and candidate endorsement

It was highlighted during the Board election, as well as the election for Author representatives on the Cochrane Council conducted in February/March 2017, that Cochrane lacks a policy on candidates canvassing on their own behalf, and for other groups to endorse or promote candidates. The two scenarios in which this occurred included:

* Candidates posting promotional messages about their own candidacy on Cochrane’s Facebook page, which were blocked by the moderator.
* Candidates being endorsed by leadership Groups (such as Executives), who then use official Cochrane email lists to recommend a specific candidate to Cochrane members, which were allowed to proceed.

Discussion and debate during an open election should not be stifled, but these scenarios present a risk that voters may believe that a specific candidate has been endorsed by Cochrane or the CET, or may feel pressured to vote a specific way when the message comes from an individual or group in authority. This is particularly true if official Cochrane communication channels are used to disseminate the message.

* 1. 2017 elections

In 2017 the Co-Chair and external Board selection processes will remain the same, although the timing of all the appointment processes will now be coordinated. The proposal is that the Co-Chair and external Board member selection and internal Board member elections are held concurrently, under the new Articles and electoral process. The timelines for these processes should allow sufficient time for notification of successful candidates, to ensure that they are able to attend the next Board meeting in Cape Town in September.

The timelines should also allow for the possibility of a candidate running in more than one category (for example, an individual may stand for election as an internal Board member and for the position of Co-Chair). In the past, these timelines have not been aligned. When a Board member was appointed as Co-Chair, this led to vacancies on the Board that could not be filled until the next election, which could be up to a year away.

#  Proposals:

* 1. Simplification of vote counting procedure

To improve the clarity of the counting procedure for voters, and ensure that the process for vote counting is efficient and sustainable for staff to implement, we propose that the current vote counting system be replaced with a system in which voters can cast a number of votes equal to the number of vacancies, and each vote has the same weight. The candidates with the highest number of votes will be declared elected.

This system is not as nuanced as full preferential voting, but has the advantage of being simpler while still allowing voters to express preferences for multiple candidates. Sensitivity analysis of the results of the last election showed that the use of different vote counting systems would not have changed the outcome of the election, although it would have changed the order in which candidates were declared elected.

A possible down side of this process is that it is not flexible in terms of the number of votes to be cast if the number of vacancies changes during the election (e.g. if one of the candidates is appointed as Co-Chair or a Board member steps down during an election), however, sufficient preferences will be generated to allow the selection of additional candidates if needed. The alternative would be to purchase access to an electronic election platform that would automatically count complex preferences.

* 1. Canvassing and candidate endorsement

We propose the following policy principles be added to the Electoral Procedure:

* Any Cochrane individual, Group or committee may encourage members to participate in elections without endorsing a candidate.
* Cochrane leaders or leadership committees (such as Executives) should not publicly endorse specific candidates.
* Official Cochrane communication channels (email lists, Group email addresses, Group social media accounts) should not be used to endorse specific candidates.
* Candidates may post promotional messages on their own social media profiles but may not post promotional messages/comments to Cochrane’s official Facebook account.
* Tagging of Cochrane’s Twitter account is not moderated, but where election-tags are noted, the administrators will also post a link to general information about the election including all candidates.
	1. 2017 elections

We propose that the selection/election processes for new Board members be conducted according to the following schedule:

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| 9-May | Call for all nominations (Co-Chairs – appointed by the Board; internal candidates – elected by the Cochrane electorate; external candidates - appointed by the Board) |
| 6-Jul | Deadline for nominations |
| 17-Jul | Voting opens for internal candidates |
| 10-Jul - 4 Aug | Board videoconference to decide Co-Chairs and external members from candidates standing |
| 7-Aug | Close of voting for internal candidates  |
| 11-Aug | Announcement of all results |
| 9-11 Sep | New members take up positions at Cape Town |

This timeline would enable all processes to be conducted simultaneously, which is efficient from an administrative and communications perspective. The Board can meet to make decisions about the selection of Co-Chairs and external members while the voting process for internal members continues.

In the event that either a sitting Board member or a candidate in the current election is appointed to the position of Co-Chair, this decision is made before voting closes. This allows a replacement Board member to be elected from the field standing for internal election (this is already provided for in the Electoral Procedure).

The alternatives to this timeline would be:

* Running the Co-Chair and external Board member selection process before the internal election, which would mean running this process over April/May and providing less time for the call for nominations.
* Running the Co-Chair selection after the internal election. This could be decided by the Board via teleconference and electronic remote voting; or in person in Cape Town. This would require very short timelines and – for the latter option – may mean that the candidates for Co-Chair could not take up their position in Cape Town. Any vacancies on the Board would also not be filled until the election in 2018.
	1. Measures of success:

Outcomes should include reduced confusion among voters, a reduced administrative burden in running and counting elections, clarity of communication policies that all Members can follow, and an overall smooth election process in 2018.

* 1. Issues and strategic implications:
		1. **Strategy Implications:**

These proposals are aligned with the *Strategy to 2020* Goal 4, Objective 6: Transparently Governed.

* + 1. **Resource implications:**

None.

* + 1. **Risks and dependencies:**

The dependency across all selection/election process in 2018 will be good communication to ensure that all prospective candidates and voters are clear on the policies and timelines in place.

* + 1. **Impact and change management:**

This will represent a minor change to procedure for most members, and can be managed by good communication.

* + 1. **Timelines:**

Changes to be adopted immediately and implemented in the 2017 selection/election processes.

* + 1. **Management Responsibility:**

Lucie Binder has direct responsibility for these processes.

* + 1. **Consultation:**

Miranda Cumpston, Head of Learning & Support

Lucie Binder, Senior Advisor to the CEO

Mark Wilson, CEO

# Recommendation(s):

The authors of this document recommend that the Governing Board supports the proposals listed above, namely that the Board:

1. Approves the recommended changes to the electoral procedures for Governing Board elections;
2. Approves the proposed timelines for elections to be conducted in 2017;
3. Gives suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.