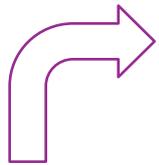
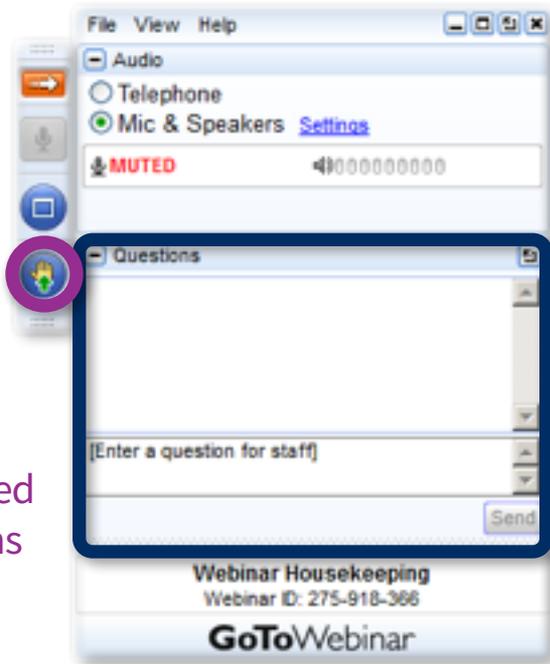


# Welcome to the webinar

Structure and Function impact on Networks,  
Centres and Branches

## About GoToWebinar



Please raise your  
hand to be unmuted  
for verbal questions  
or comments



Submit your questions  
and comments using the  
Questions panel



# Contents

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**01** The Centres and Branches S&F Review

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**02** Overview S&F Review Decisions taken by CSG.

---

**03** Greater integration with Review production.

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**04** Increased focus on KT.

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**05** Structural changes: role of networks or regions.

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**06** Future of Centres: what will success look like.

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## Vision for change

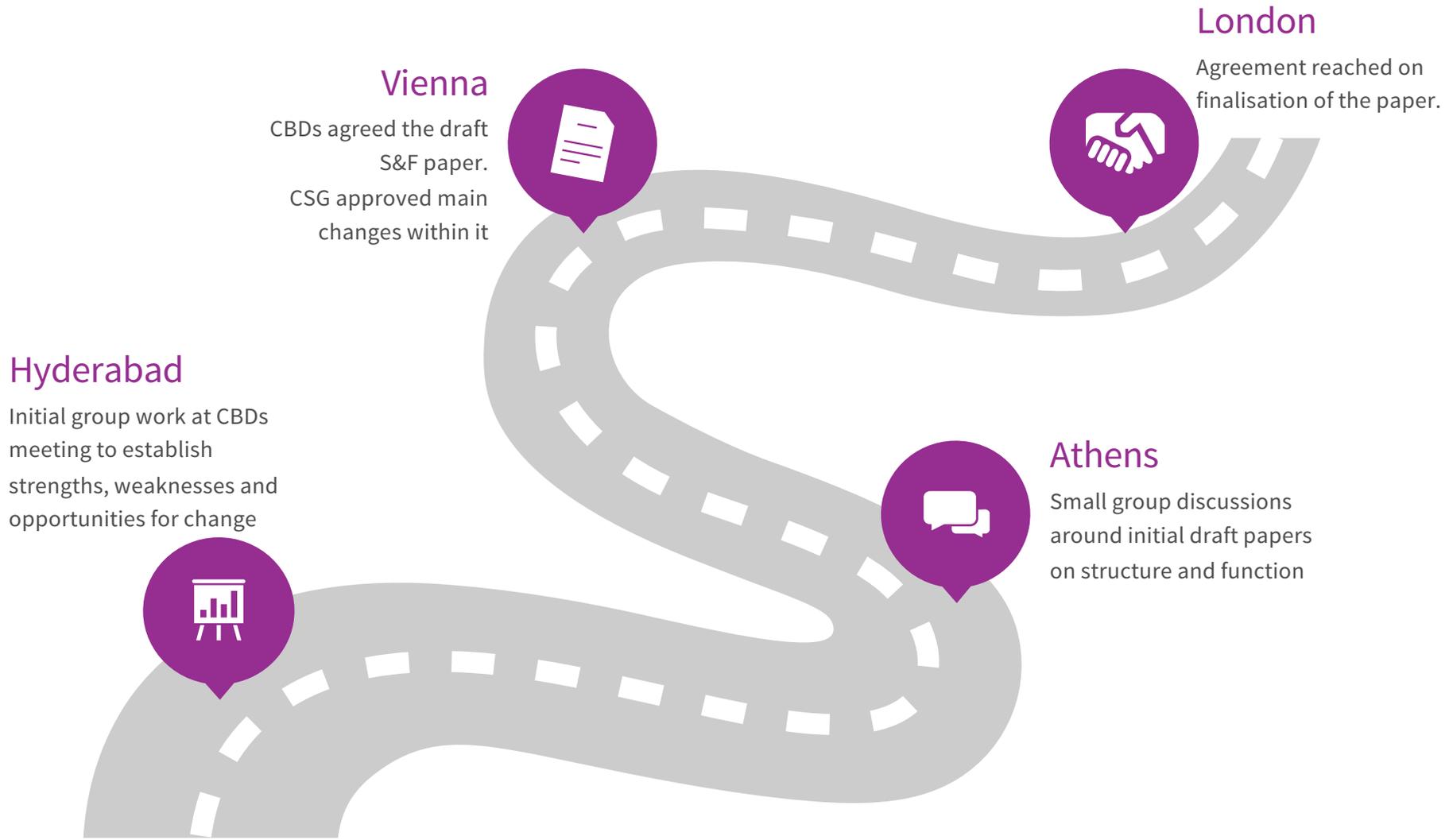
Cochrane's vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

To achieve this:

- We want Centres to play a pivotal role in ensuring that our reviews inform health decisions in policy and practice in their national and regional environments.
- We want Centres to have the option of playing a more active and integrated role in the production of Cochrane Reviews.



# Structure and Function process



# Rationale for Change



FUNCTIONAL CHANGE

Alignment with Strategy to 2020



STRUCTURAL CHANGE

Structures no longer meet needs



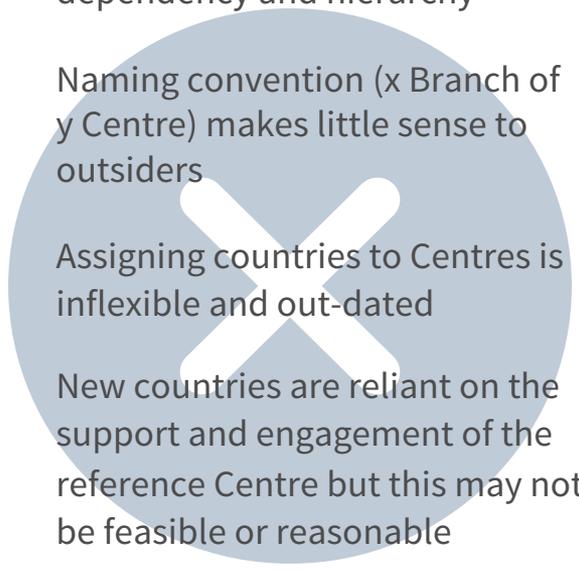
ACCOUNTABILITY CHANGES

Outdated accountability mechanisms



# Current model

- 01 Provides structure to support establishment of Cochrane in new countries
  - 02 Bestows official status for Cochrane in a country or region
  - 03 Provides for a staged path from Branch to Centre
  - 04 Fosters collaborative networks of Branches based on geography and/or language
- 

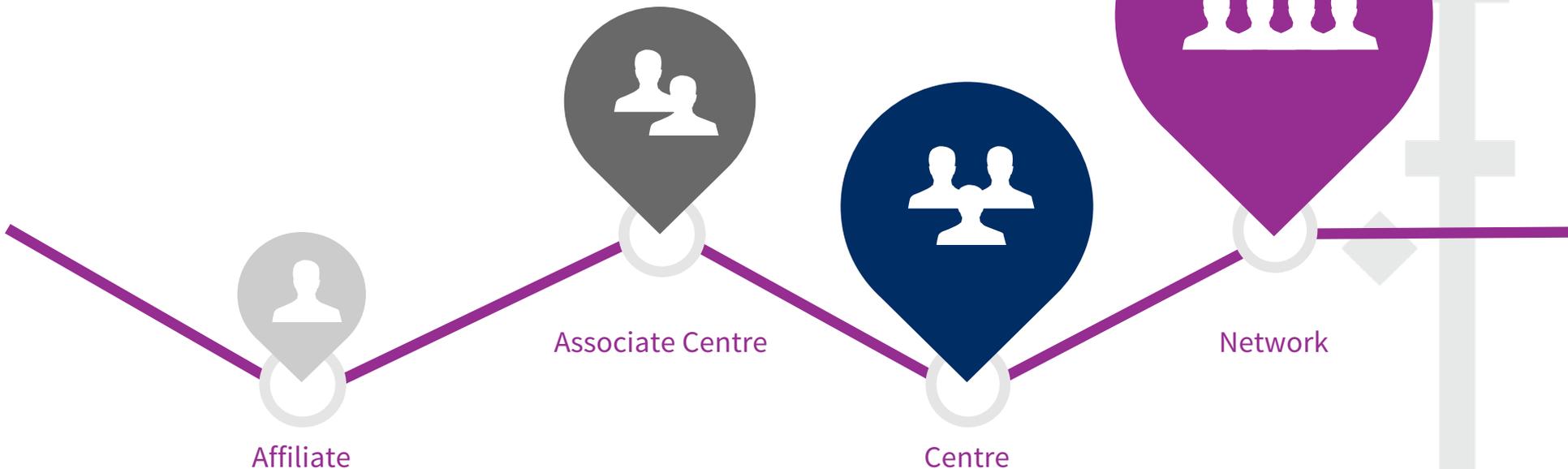
- 01 Political sensitivities of certain Centre-Branch relationships
  - 02 Encourages perception of dependency and hierarchy
  - 03 Naming convention (x Branch of y Centre) makes little sense to outsiders
  - 04 Assigning countries to Centres is inflexible and out-dated
  - 05 New countries are reliant on the support and engagement of the reference Centre but this may not be feasible or reasonable
  - 06 Limits Cochrane recognition to a small number of supporting institutions and collaborators
  - 07 Competition for Cochrane Branch or Centre status can cause disruption
- 

## New Structures

Many new Branches in recent years, but no Centres.

Iberoamerican network model created as official structures did not meet needs.

We are also introducing an additional small group type, Affiliate, to create options for a more developmental pathway



## Opening the door to others

- The new structures allow for multiple groups to operate in a country or region.
- This creates the opportunity for networks within countries, e.g. the new Cochrane Brazilian Network
- This also opens up opportunities for new Centres to be established between more than one site sharing the functions.



**Map of Brazilian Network**  
States in blue: Affiliate locations  
State in purple: Brazilian Cochrane  
Centre location

# Functional re-alignment of Geographic Groups

01

## *Strategy to 2020*

We have mapped the Objectives from *Strategy to 2020* to the functions of Groups and as a result we have established a refined set of functions that align the work of Centres with the *Strategy*.

02

## Knowledge Translation

The Cochrane Knowledge Translation strategy is under development, but it is clear that to meet our 2020 ambitions Centres have a key role to play in this area as this requires knowledge, expertise, links and skills that only those within the country will have.

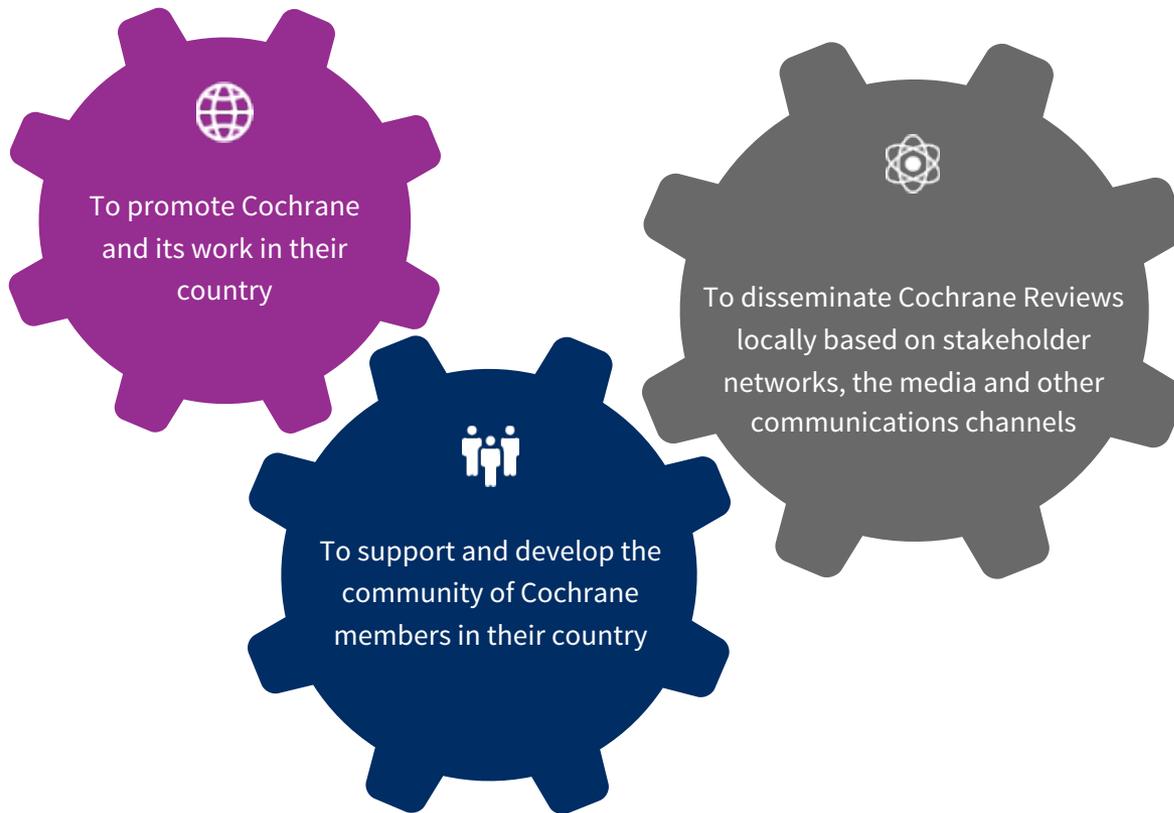
03

## Other key functional areas

There is now a greater emphasis on external engagement and building bridges with stakeholders in addition to the dissemination and knowledge translation (KT) activities. All of these are aimed at increasing the uptake of Cochrane evidence and need to happen in all countries and regions of the world.



# Affiliate (Tier 1) Functions



AFFILIATE

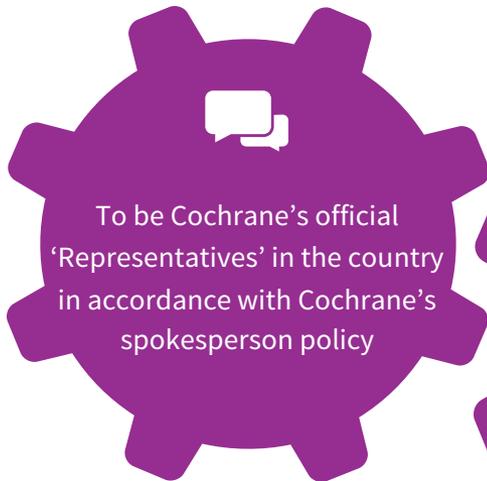
01

Functions:

Tier One

Affiliate

# Associate Centre (Tier 2) Functions



ASSOCIATE CENTRE

02

Functions:

Tiers One & Two

Associate Centre

# Centre (Tier 3) Functions



To undertake or contribute to methodological or other research supporting improved production or use of synthesised evidence



To expand and diversify the funding base of Cochrane work in the country



To act as a coordinating Centre for Cochrane activities in a country including supporting CRGs, Fields or Methods Groups that are based in the country



To maintain a country advocacy programme in support of Cochrane's mission, profile and agenda and provide a country voice for campaigns Cochrane is involved in

CENTRE

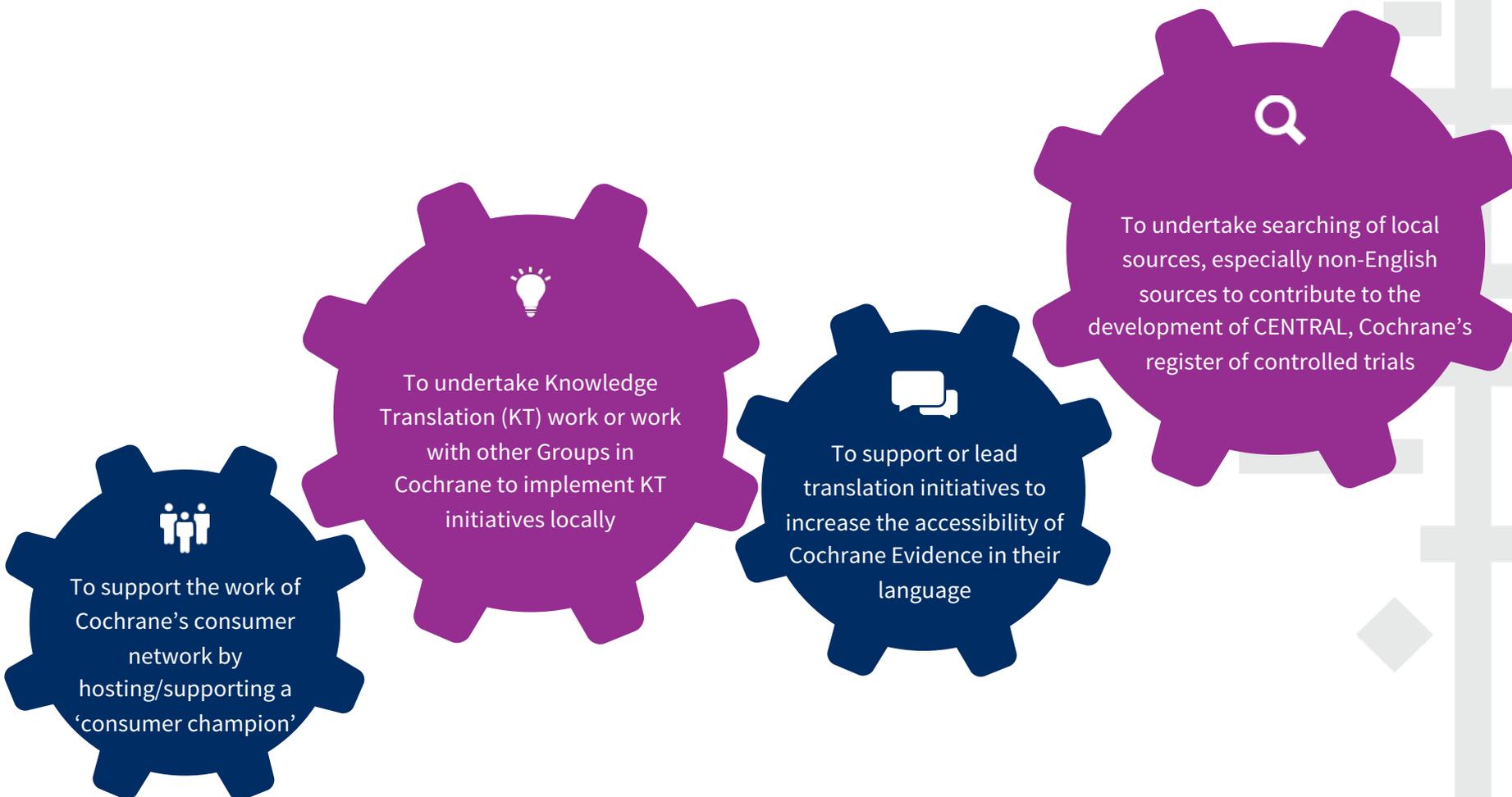
03

Functions:

Tiers One, Two,  
Three & One  
Additional  
Function

Centre

## Additional (Tier 4) Functions



# Naming Conventions

- Naming conventions have already changed linked to branding
- Groups can now present themselves with an external face that is different from the internal accountability and support structure within which a Group works
- E.g. the *Austrian Branch of the German Cochrane Centre* is now simply *Cochrane Austria*.



# New accountability structures

- Reference Centre concept is ending
- Accountability will be established on case-by-case basis
- Support and mentorship relationships will be with most appropriate Centre, e.g. based on functional interest or language not just geography
- CEO will approve all new lines of mutual accountability and support, taking advantage of the knowledge of CDs



# Core priorities for Geographic Groups



To ensure that our reviews inform decision making in health care it is fundamental that Centres focus on uptake of evidence through knowledge translation and advocacy.



Only a Centre can build the links and relationships needed and have the nuanced understanding of context required to work effectively on translating knowledge into practice and policy in their country or region.



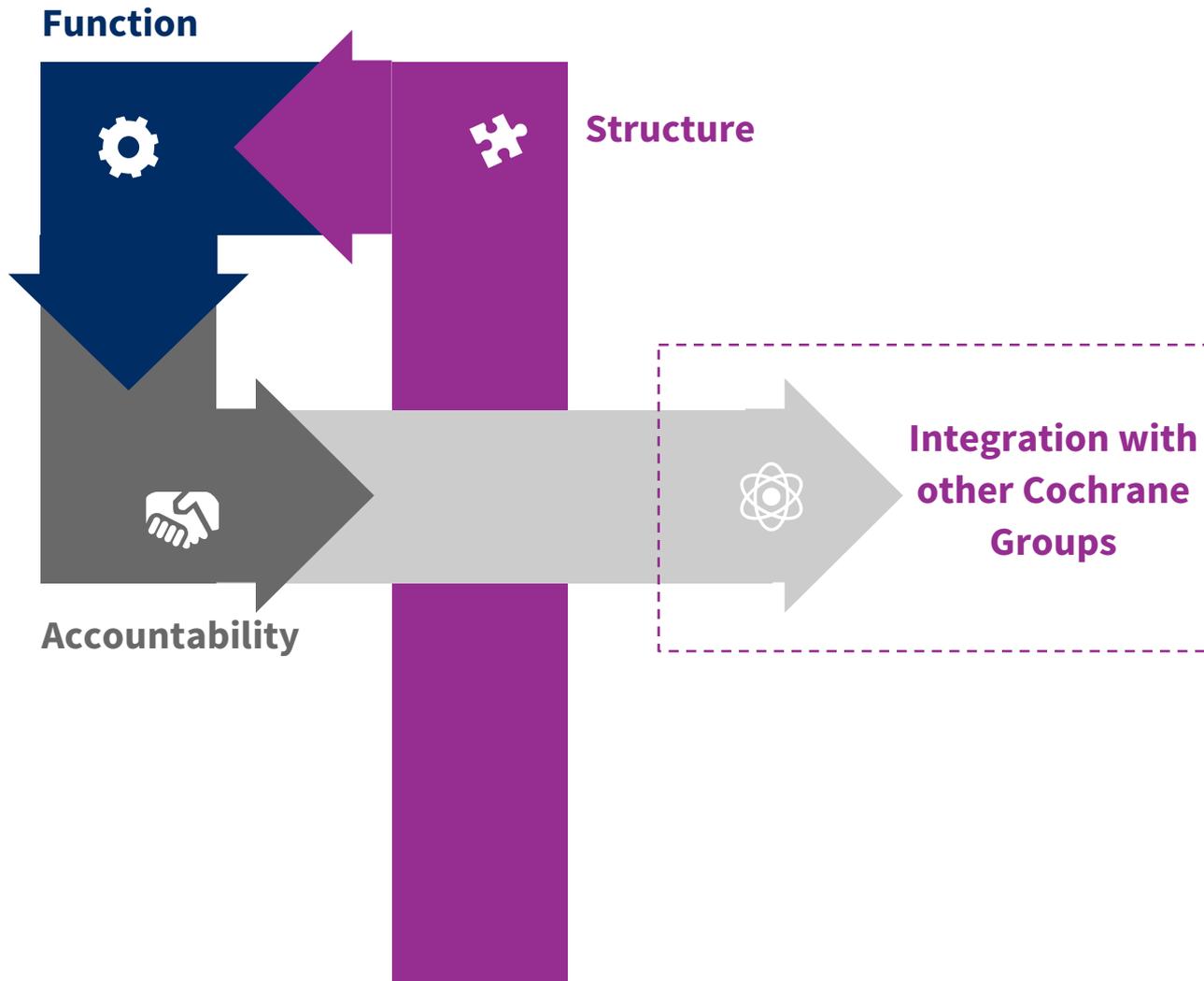
Centres can continue their methodological research and support roles in review production, but we anticipate that most country presences will need to be more outward looking and focus on the exchange of knowledge.



For some Centres there will be a challenge here, because of the disconnect between funding priorities and Cochrane Priorities. We will work with each Centre/Network to discuss and agree how to deal with this.



# S&F: Progress to date



## CSG decisions

- ❑ Key themes: Consolidation, Integration, Flexibility and Sustainability.
- ❑ Key areas of change in review production include a separation of editorial and development functions in CRGs and the development of a journal style submission channel.
- ❑ Review producing Groups are reconfiguring around 7 thematic hubs.
- ❑ Flexible functions mean that Groups can diversify where required and where funding permits.
- ❑ We are exploring consolidation of Centres into regions or networks to increase collaboration and integration.

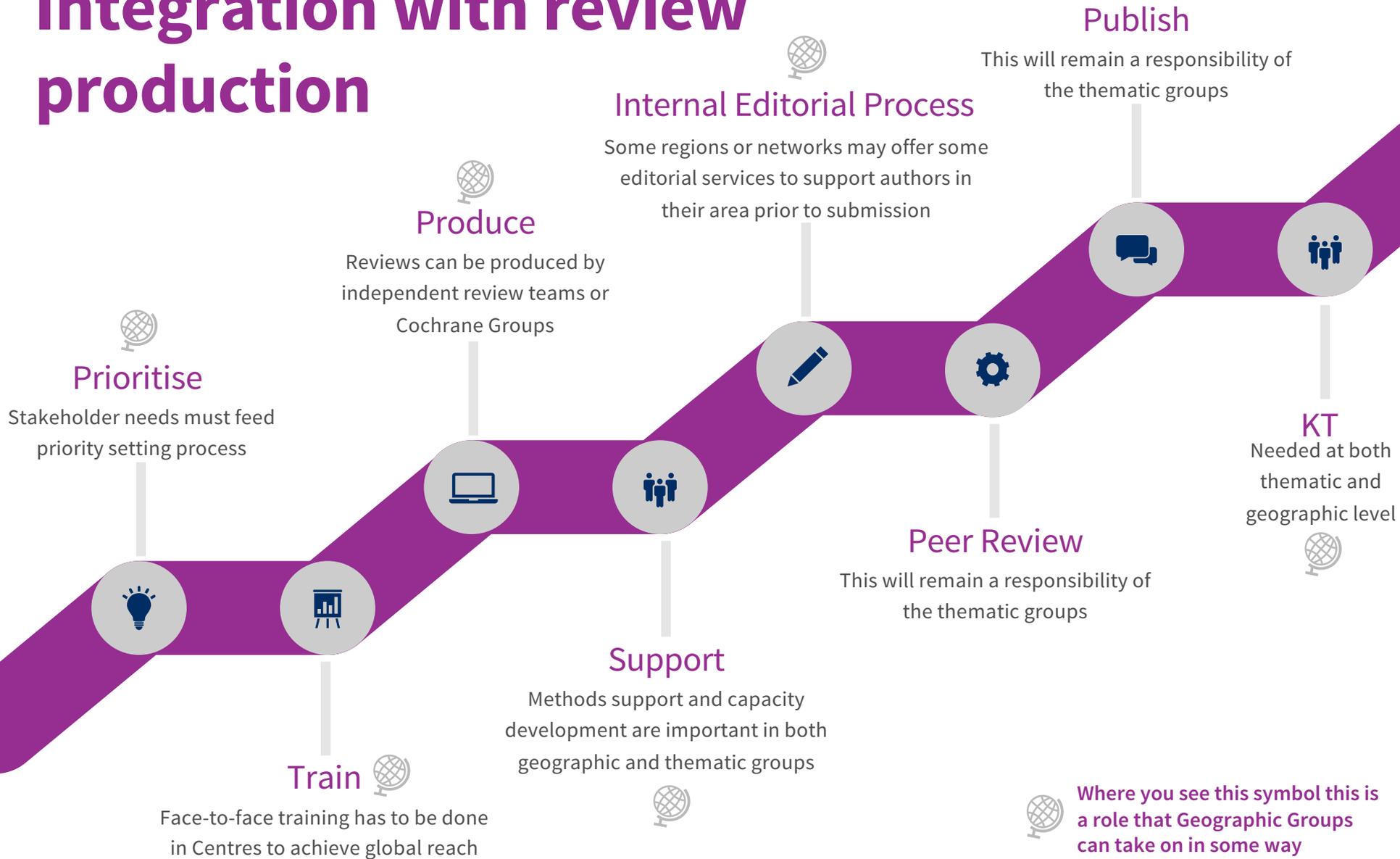


# Impact of these decisions on Geographic Groups

- These decisions do not undermine or change any work done to date on S&F for Centres and Branches
- Through greater flexibility and integration Groups will work more closely together
- In particular we want to build integration around the review production workflow to create a system where Groups work together more
- Full range of new possibilities from review creation through to knowledge translation
- Successful change would see Centres more closely integrated with the Thematic Hubs and their processes and outputs



# Integration with review production





# Training

- Training is already one of the key areas of work for Centres, however, it is not always linked to need.
- We need to support Centres to train people on the basis of need and put a greater emphasis on training authors through the lifecycle of their review
- Training that falls outside of this should be used as a commercial activity to support the work of the Centre (as happens in many centres already)
- Training isn't just about review production: there is a key role for Centres around training users of SRs and around training in support of our advocacy goals.

# Methods Support Service

- CSG approved idea of methods support service. It would make sense to structure this geographically.
- We would expect there to be a small number of units spread across the globe.
- We envisage that Centres would be well placed to host such units with a remit of supporting authors in their region
- There would be limited funding attached, most likely to help with coordination.
- There may be options for other methods support services such as specific complex methods support.

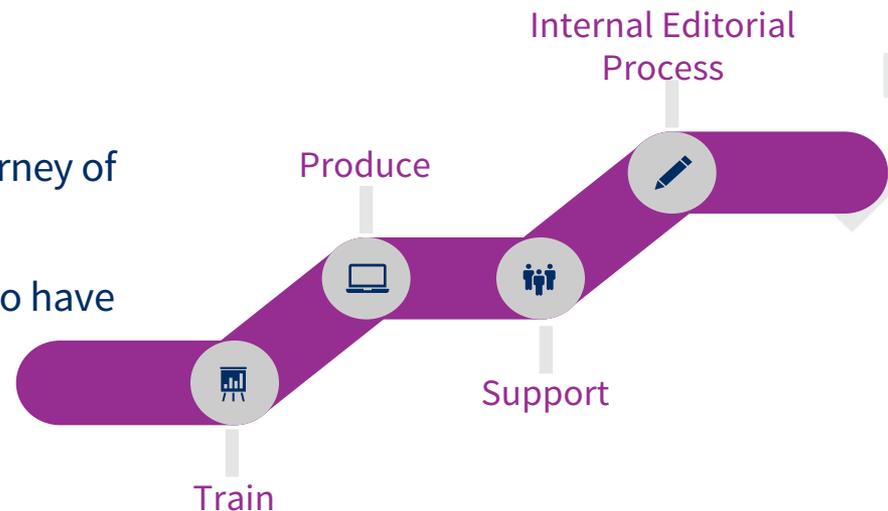


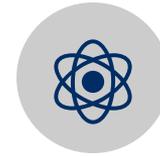
# Review Production Support Roles

Review production support that is specific to the context to ensure that local authors can be nurtured and supported whilst maintaining a high standard of submissions to the Thematic Groups

Services, depending on needs and funding, might include:

- English language support
- Methods support/training in own language
- Support for writing reviews in own language
- Review screening prior to submission
- Mentorship / guarantorship
- Learning and support for the whole journey of producing a review
- Intensive remedial work for authors who have had submissions rejected

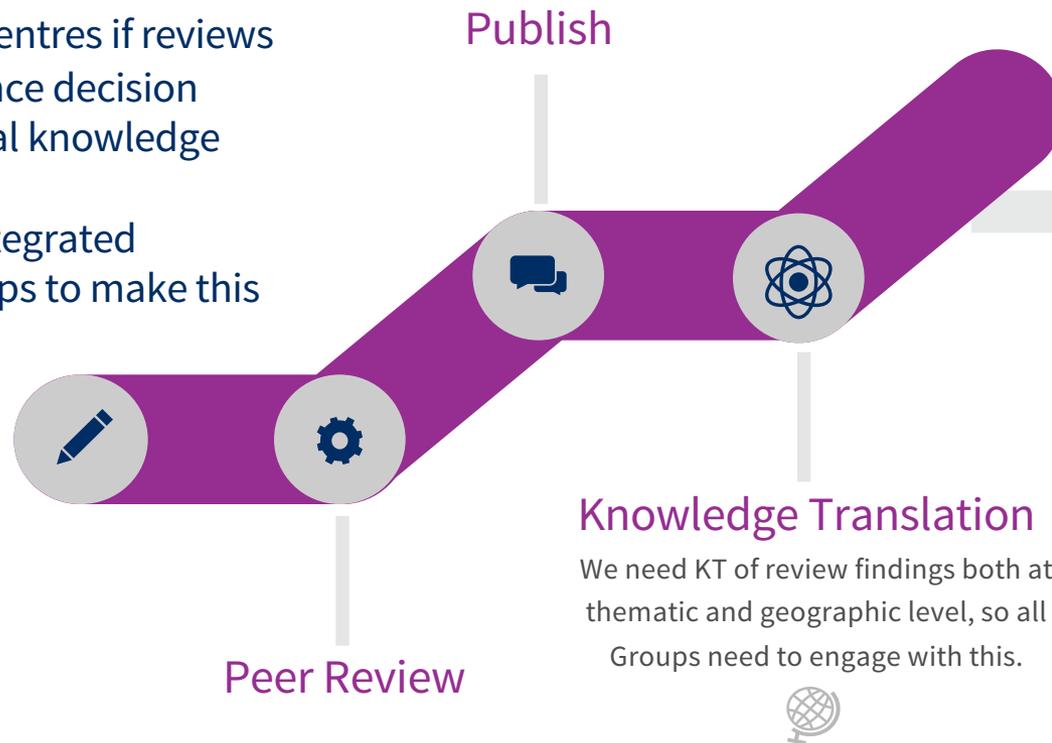




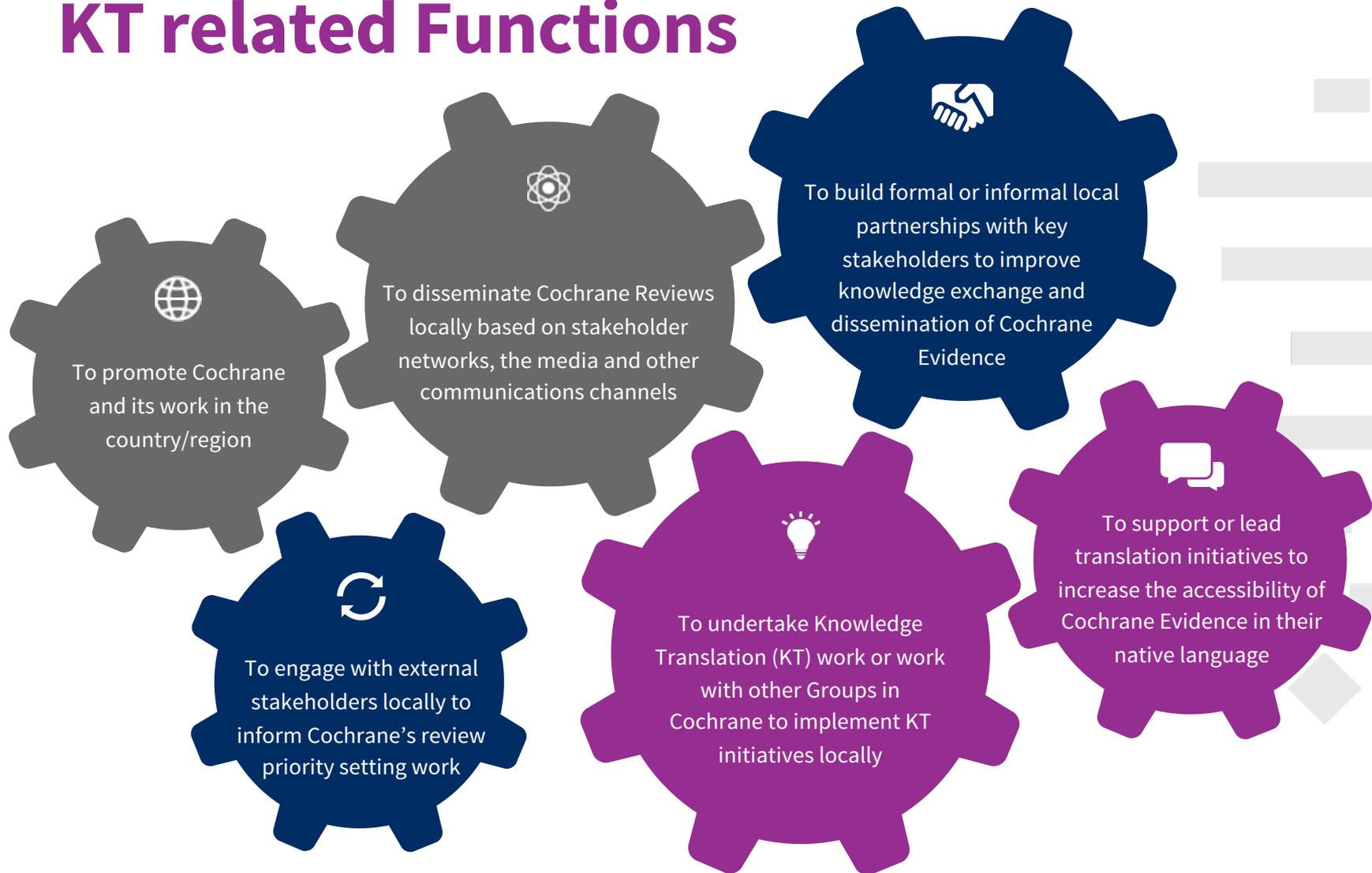
# Integrated Knowledge Translation

“Reviews that consistently inform and influence decision making in healthcare”

- The process doesn't stop upon publication
- We need support from Centres if reviews are to inform and influence decision making as this takes local knowledge and implementation
- However, we need an integrated approach between Groups to make this work seamlessly



# KT related Functions

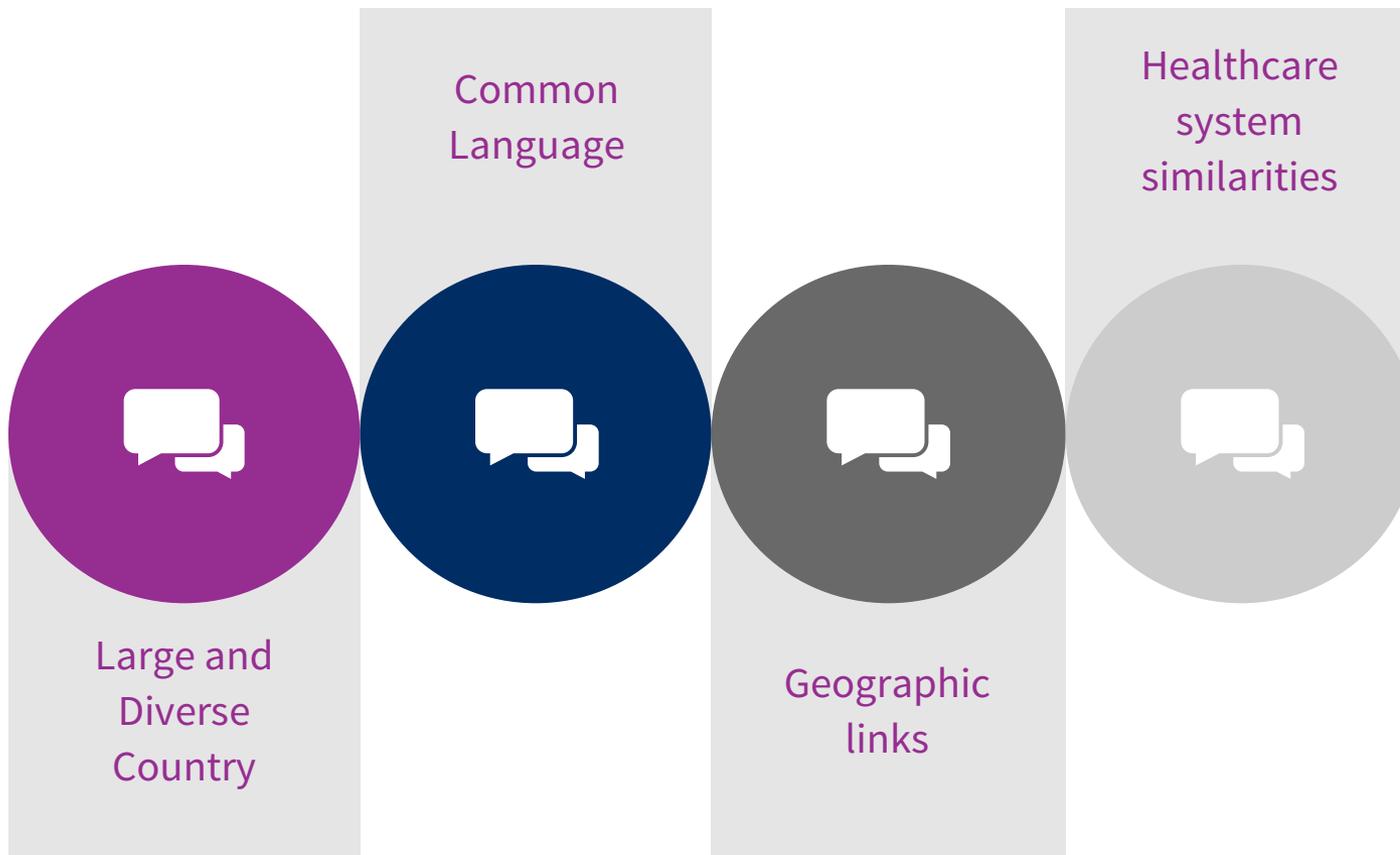


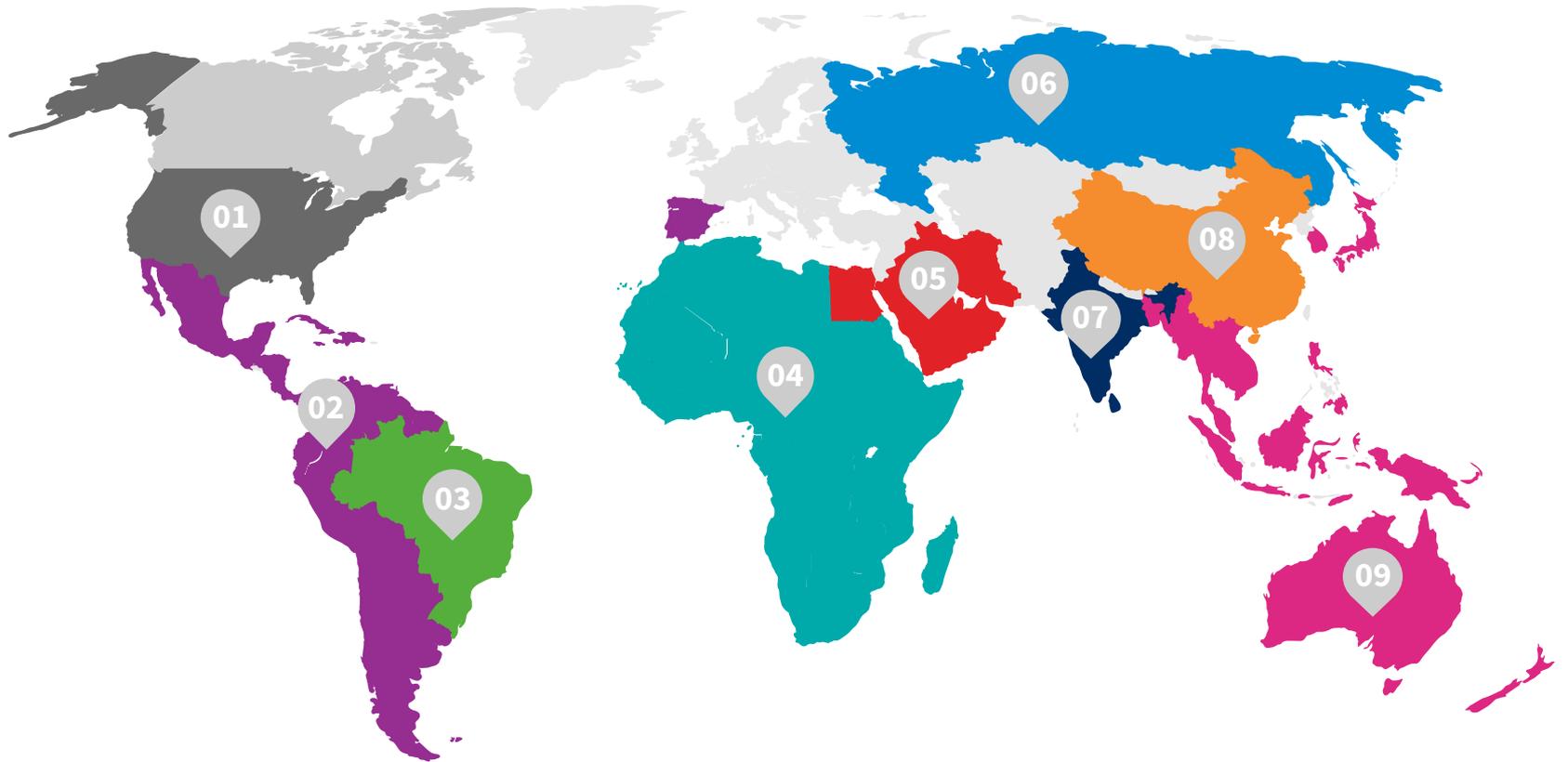
# Structural Changes

- We have explored structural changes that divide Cochrane's global presence into regions
- We have also explored further development of large scale networks to increase collaboration within and between countries
- We feel that several large countries will benefit from a network approach and we will work with those countries to develop them.
- We don't want to force accountability structures that don't offer greater value than the cost of implementation. Therefore, we are taking a pragmatic approach at the moment building on the existing networks and initiatives.
- If we continue to grow at the pace of the last 5 years we will need to adopt a more regional approach to effectively manage the growth.



# Potential Network factors





01 US Network

03 Brazilian Network

05 Middle East Network

07 South Asian Network

02 Iberoamerican Network

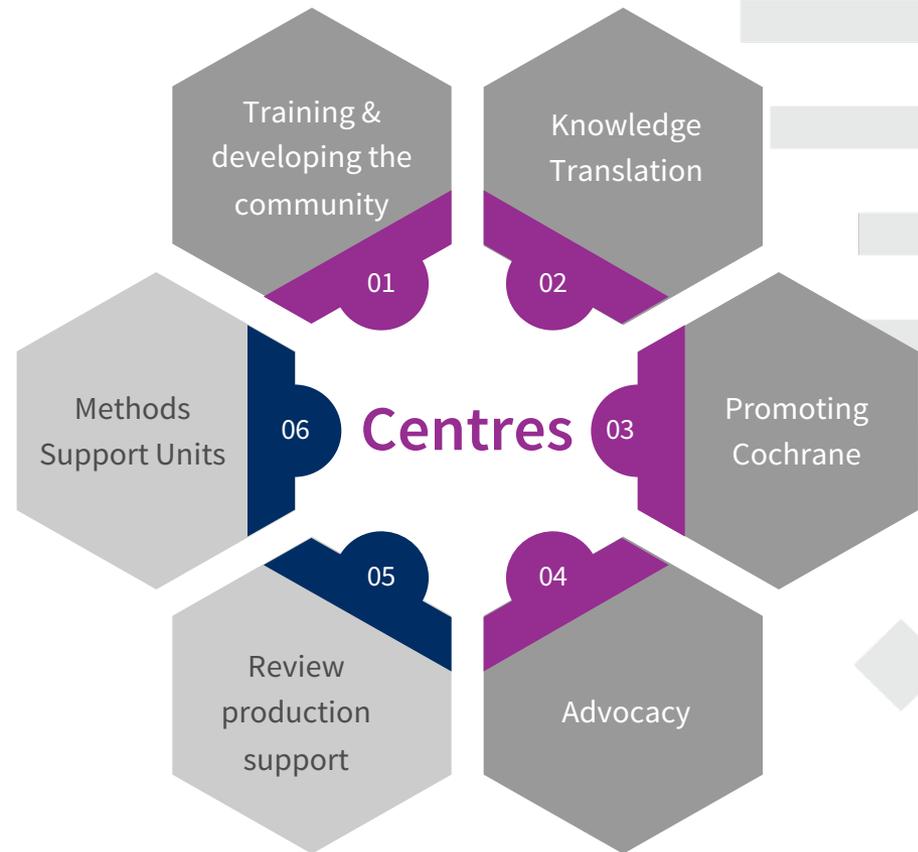
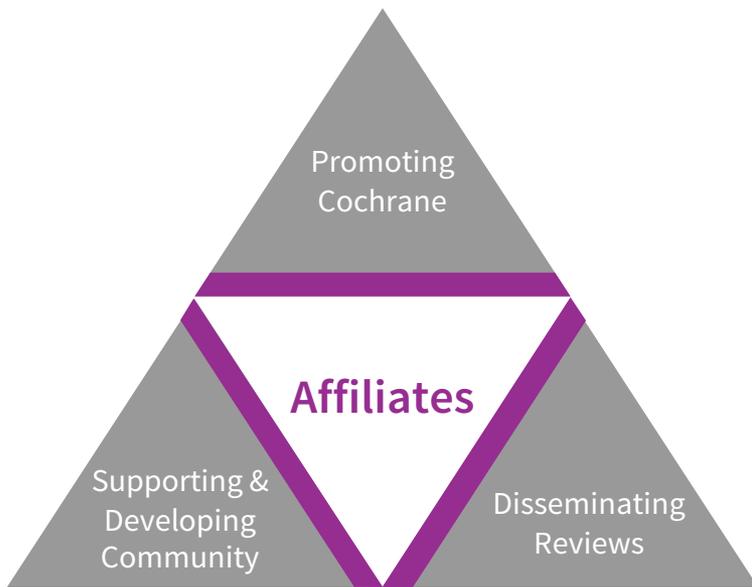
04 African Network

06 Russian Network

08 Chinese Network

09 Asia Pacific Network

# What could Centres look like in future?



## What success would look like

- Cochrane evidence is flowing through to decision-makers everywhere, driven locally by Networks, Centres, Associate Centres & Affiliates
- KT is happening at country level & Cochrane is increasingly recognised & valued as a key evidence provider
- High quality methods support is available for authors on a geographical basis
- High quality training is available for authors on a geographical basis
- Networks, Centres, Associate Centres and Affiliates operate under a clear, manageable and meaningful accountability structure
- There is improved & efficient inter-Group collaboration / Groups are operating as one system



# Next Steps

01

Feedback from webinars will be collated and used to inform next steps

*August*

02

A paper for the CSG will be developed to outline how we anticipate implementing these changes

*September*

03

CSG will consider / approve the paper at their meeting before the Colloquium

*October*

04

Discussion at the CBDs meeting in Seoul (post-CSG).

*October*

05

Detailed implementation plans developed with the Groups

*November-December*

06

Implementation work begins

*January*

# Thank you



**Questions?**

Please ask questions  
now



**Slides**

We will circulate  
slides after the  
webinar



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