Cochrane Equity and Diversity Task Force

# Terms of Reference

Background

Goal 4 of Cochrane’s *Strategy to 2020* is ‘to be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resource’. In order to become a truly diverse and inclusive organization, Cochrane needs to ensure that involvement in its work, including production of systematic reviews, is equitable.

Problem

Some research and more anecdotal evidence indicate that Cochrane faces a challenge in achieving its stated goals of diversity, inclusiveness, and equity. In terms of engaging authors and other actors in the work of Cochrane, geographical and language background appear as some of the main sources of inequitable treatment within the organization. However, it is clear that Cochrane needs to do more to address other factors such as gender, race, and ethnicity to meet these goals.

Cochrane has to tackle underlying challenges such as the prevalence of dominant value systems and biases within its structures and ways of working. It also needs to be pragmatic and address immediately specific salient issues that have already been identified. These include:

1. **Concerns about fair and equitable title registration processes**. A small randomized controlled study presented at the Madrid colloquium[[1]](#footnote-1) showed that CRGs tend to accept title registration proposals more readily if the authors are from native English speaking and high-income countries than if they are from non-native English speaking countries (NNESC) and low- and middle-income countries (LMIC). The design of the study excludes the possibility that these differences can be explained by differences in the quality of proposals. Aside from these findings, CEU and Cochrane Centres and Branches are aware of a considerable number of complaints from authors from NNESCs and LMICs about instances of inequitable distribution of titles. Although the extent of this problem is not known, the sheer number of such complaints warrants serious consideration.
2. **Concerns about the nature and tone of communication of some CRGs with authors**, especially from NNESCs and LMICs. Some authors complained about disrespectful, patronizing or even actively discriminating attitudes towards them. The Madrid colloquium paper found ‘requesting curriculum vitae and newcomer’s publication list’ as a frequent barrier to registering the title, although it is not clear if such requests by CRGs were indication of discrimination against authors from NNESCs and LMICs. The same study found that in some cases there was no response on the request for title registration. An older study, presented at the 2006 Cochrane Colloquium in Dublin, indicated that reasons for rejection of title registration were not always satisfactorily explained.[[2]](#footnote-2) Authors of a 2008 Cochrane commissioned survey also identified some communication problems and recommended that Cochrane should consider better ways of facilitating communication between CRG and authors.[[3]](#footnote-3)
3. **Concerns about the timeliness of CRG’s communication with authors**. In the 2008 survey, 57% of Cochrane authors complained about the delays in editorial processes at all stages of review production. The CEU screening programme found that the average time taken from protocol publication to publication of the completed review is around 27 months, with about 1/3 of the time being whilst the review is sitting at the editorial base, perhaps waiting peer review or editorial input.[[4]](#footnote-4) There is, however, no evidence that the authors from NNESCs and LMICs experience longer delays than others.
4. Potential or real concerns can be identified **in relation to other aspects of Cochrane work**. For example, introduction of new Cochrane information technologies such as online RevMan could result in unequitable access, as authors in some LMIC countries may have serious difficulties with internet connections. Access to training for diverse groups of contributors, especially those whose first language is not English, may also be limited, as identified in the Cochrane Learning and Professional Development Strategy.

Many CRGs go to considerable effort to ensure equity of involvement and establish positive, warm, and collaborative communication with authors regardless of their place of origin. CRGs also have a responsibility to ensure the quality of Cochrane systematic reviews, which necessitate rejecting author groups and their title proposals. Indeed, *Strategy to 2020*’s goal of producing high-quality, relevant, up-to-date systematic reviews means that *more* prospective authors will be disappointed by having their titles rejected for inclusion in the CDSR. It is therefore crucial to ensure that title registrations and rejections should be based on the quality of submissions and not on any other factor. Although it may be difficult to produce a fully robust and comprehensive evidence of inequitable treatment of authors in Cochrane, the accumulated body of anecdotal evidence of a perceived problem is large enough to warrant consideration of these issues.

Proposal for establishing a Cochrane Equity and Diversity Task Force

Following discussions at the Strategic Session in Athens in 2015 and elsewhere, a Cochrane Equity and Diversity Task Force on has been established with the following members:

1. Chair: Mark Wilson (Cochrane CEO, UK)
2. David Tovey (Editor in Chief, Cochrane Library, UK)
3. Rebecca Armstrong (Cochrane Public Health Group, Australia)
4. Agustin Ciapponi (Director, Cochrane Argentina)
5. Chiehfeng (Cliff) Chen (Co-Director, Cochrane Taiwan)
6. Jan Clarkson (Co-Ed, Cochrane Oral Health Group, UK)
7. Graziella Filippini (Co-Ed, Multiple Sclerosis and Rare Diseases of the Central Nervous System Group, Italy)
8. Hernando Gaitán (Co-Ed, Cochrane STI Group, Colombia)
9. Jackie Ho (Director, Cochrane Malaysia)
10. Shayesteh Jahanfar (author and trainer, Canada/Iran)
11. Jimmy Volmink (Director, South African Cochrane Centre)
12. Dario Sambunjak (Secretary, Cochrane Learning & Support Department, Croatia)

Task Force members do not represent different constituencies within Cochrane, but are expected to contribute to the work of the group in relation to the Cochrane organization as a whole, based on their personal experience and expertise. The Task Force is established for an initial mandate of two years (from September 2015), after which its composition and scope of work will be reviewed.

Terms of Reference

The aim of the Equity and Diversity Task Force is to improve the equity and diversity of involvement of Cochrane contributors and members in all aspects of the organization’s work, and particularly in the process of conducting systematic reviews.

The Task Force will review the issues outlined above and propose specific strategies to:

1. Establish a process for ongoing monitoring of the problem and sources of inequity and lack of diversity in Cochrane, including measuring the extent of the problem as far as it is practicable;
2. Inform ongoing work by the Cochrane Learning & Support Department to assess the skills of prospective author teams, ensuring that this is done appropriately and independently of the issues outlined above;
3. Increase transparency and standardization around the assessment and registration of new review proposals, in collaboration with the Cochrane Editorial Unit;
4. Improve accessibility and awareness of structures for raising, investigating and resolving complaints and appeals.
5. Address issues and questions related to equity and diversity not currently listed in these Terms of Reference, but that will be identified in the course of the Task Force’s work.

Reporting lines

The Task Force’s recommendations will be distributed to Group Executives for comment and feedback. Final decisions on the implementation of changes to Cochrane’s systems and procedures will be made by the Editor in Chief and CEO.

The Equity and Diversity Task Force should facilitate and monitor the implementation of changes made, and begin ongoing monitoring and evaluation of the impact of the actions.

Prepared by Dario Sambunjak, Miranda Cumpston and Mark Wilson

(Revised September 2015 for adoption June 2016)

1. Ciapponi A, Glujovsky D, Rey Ares L, García Martí S, Reveiz L. 'Testing selective responses of Cochrane groups to the request of conducting a Cochrane systematic review: A crossover randomized controlled trial' in: Abstracts of the 19th Cochrane Colloquium; 2011 19-22 Oct; Madrid, Spain. John Wiley & Sons; 2011. [↑](#footnote-ref-1)
2. Ciapponi A, Reveiz L, Martí-Carvajal A, Ortiz Z, María Sanchez Gomez L, Beatriz Delgado Ramirez M, Guillermo Manterola Delgado C, Martinez-Pecino F. How difficult is it to register a Cochrane title? An Iberoamerican authors' sample. In: Come to the craic. Abstracts of the 14th Cochrane Colloquium; 2006 23-26 Oct; Dublin, UK. 2006. [↑](#footnote-ref-2)
3. http://community.cochrane.org/collaboration-wide-survey-of-cochrane-authors [↑](#footnote-ref-3)
4. Tovey D et al. Strategic Session: Improving the Cochrane evidence „pipeline“. April 21, 2015. [↑](#footnote-ref-4)