

# NOMINATION STATEMENT

**Gerald Gartlehner**  
**Director Cochrane Austria**

**1. Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Cochrane Board?**

I have experience and expertise in several of the essential areas. Most importantly, I have 15 years of experience in systematic reviews and meta-analyses of health care interventions. I have led or participated in numerous systematic reviews on prevention, diagnosis, and treatment of various conditions (including 11 Cochrane reviews). I have also led or participated in multiple methods projects that advanced the field of systematic reviews. Many of these projects were funded by the U.S. Agency for Healthcare Research and Quality (AHRQ). In addition, I also have experience in the implementation of systematic reviews having worked with guideline groups in Europe, the United States and from the World Health Organization (WHO). For several years I was an advisor to the U.S. Consumers Union. My content expertise is reflected in consultant work for the WHO, the Austrian Ministry of Health, the Oregon Drug Effectiveness Review Project, and others.

**2. How have you contributed to Cochrane's work during your time as a member?**

I am the founding director of Cochrane Austria which was established at the Danube University, Krems in 2010. I am also the co-convenor of the Rapid Reviews Methods Group and a member of the European Satellite of the Cochrane Public Health Group. In 2015 Cochrane Austria organized the 23<sup>rd</sup> Cochrane Colloquium in Vienna. I have taught at multiple Cochrane workshops held in Austria, Germany, Hungary, or Romania. I was also part of the scientific review committee for the Cochrane Game Changer grant. In addition, I am the author or co-author of 11 Cochrane reviews or protocols and have served as a peer reviewer for multiple Cochrane reports and, most recently, for the new chapter on review of reviews for the upcoming Cochrane Handbook.

**3. What experience do you have in leadership and governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership?**

Within Cochrane I am the director of Cochrane Austria. I am also the founder and chair of the Department for Evidence-based Medicine and Clinical Epidemiology at the Danube University, Krems, Austria and the Associate Director of the RTI-International – University of North Carolina Evidence-based Practice Center in the USA where I spend 25 percent of my professional time. These professional roles require leadership and governance at a local university level as well as at an international level. In October 2015, Cochrane Austria organized the locally and internationally successful 23<sup>rd</sup> Cochrane Colloquium in Vienna. I am particularly pleased with the outcome of this event because of the many challenges we faced in organizing such a large scale international conference for the first time.

**4. What do you think would make you an effective member of the Board?**

Because of my professional involvements in Europe and the U.S, my studies in China, and extensive travels, I believe I have a strong cross-cultural sensitivity that extends to non-Western cultures. As a non-native English speaker, I can well relate to the difficulties that contributors of non-English speaking countries face. My continuing work as a practicing clinician helps to keep me cognizant of the barriers between academic research and day-to-day medical practice. I am a firm believer in teamwork and have extensive experience in long-term strategic planning and decision-making.

**5. How do you see Cochrane developing or changing in the future (i.e. what is your ‘vision’), and why?**

Cochrane is a highly respected institution academically but sometimes not in touch with the needs of decision makers. To stay relevant, Cochrane will have to develop ways to produce reports in a more rapid and more flexible manner without compromising methodological validity. Given the open access path that Cochrane has taken, Cochrane will have to come up with new business models to acquire revenue. Nevertheless, the heart and soul of Cochrane are the more than 37,000 collaborators who provide time and expertise pro bono for Cochrane and for better healthcare. Acknowledging their work is crucial and the upcoming membership scheme is an important first step. Cochrane needs to make sure that their enthusiasm does not become jaded because of bureaucracy, slow review groups and frustrating processes. Another vision I have for Cochrane’s future success is increasing Cochrane’s reach and influence to more places throughout the world and the upcoming generation of physicians and decision-makers. This can be achieved by integrating innovative methods of multimedia communication. As Cochrane grows, I see the greatest challenge in balancing professional management of the organisation with maintaining the collaborative spirit and the enthusiasm of its members.

**6. What do you see as the most important issues to be addressed by the Board during your term of office?**

During the past two decades Cochrane has become a methodological leader in the area of systematic reviews and meta-analyses. I see some risk that Cochrane is losing this role and will be passed by new developments. Important methodological developments have not been implemented in RevMan and national institutions that had adopted Cochrane methods are now moving on to stay abreast with the newest methodological developments. I believe that the Board needs to ensure that Cochrane remains a methodological leader in the field and that sound, independent, and relevant research remains the most important product that Cochrane offers. Therefore, I believe that it will be crucial that the Board collaborates closely with the new Scientific Advisory Committee.

Another important issue that the Board needs to advance is making Cochrane content available in non-English languages. For all of these issues, a close collaboration of the Board with the Cochrane Council will be crucial.

**7. Is there anything else you would like to say in support of your nomination?**

I'd be very honoured to become a member of the Board. Given my professional background in Central Europe and the United States, I believe I would be well suited to bridge cultural misunderstandings and provide cross cultural sensitivity and representation for the English-speaking and non-English speaking members of Cochrane.

# CONFLICTS OF INTEREST DECLARATION

**Gerald Gartlehner**  
**Director Cochrane Austria**

## 1. Financial interests

a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research?

During the past 5 years, I received funding from the following organizations:

1. Austrian Ministry of Health
2. European Union
3. Lower Austrian Social and Science Funds
4. U.S. Agency for Healthcare Research and Quality (AHRQ)
5. World Health Organization

b) Paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation?

1. Oregon Health and Science University
2. World Health Organization

c) Received honoraria: one-time payments (in cash or kind) from a related organisation?

1. Austrian Catholic Hospital Organization
2. Universite Paris Descartes

d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation?

No

e) Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?

No

f) Received personal gifts from a related organisation?

No

g) Had an outstanding loan with a related organisation?

No

h) Received royalty payments from a related organisation?

No

## **2. Other competing interests**

Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?

1. Member of the highest advisory committee of the Austrian Ministry of Health
2. Member of the GRADE working group
3. Member of several working groups of AHRQ Evidence-based Practice Center program

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To whom it may concern

Freiburg, 19.12.2016

## Letter of support of the nomination of Prof. Dr. Gerald Gartlehner for the election of the Cochrane Governing Board

Dear colleagues,

with this letter I would like to endorse the nomination of Prof. Dr. Gerald Gartlehner, Director of Cochrane Austria, for the forthcoming election of the Cochrane Governing Board.

Gerald has been known to me for more than ten years. During this time he has enormously contributed to the development of evidence-based healthcare and Cochrane work in Austria and internationally. A major step in the structural development was the launch of the Austrian Cochrane Branch of the German Cochrane Centre. During this process and on many other occasions, e.g. for supporting the Hungarian Cochrane Branch, we have been closely cooperating. Gerald would, as a member of the Cochrane Governing Board, certainly be able to represent the view of Centres but also, beyond that perspective, a much broader view of Cochrane work as a cornerstone of evidence-based health care.

His broader view is supported by his appointments at both the Danube University in Krems / Austria and the University of North Carolina Evidence-based Practice Center, Chapel Hill / USA which will allow Gerald to contribute to the Board's in a genuinely international role.

Sincerely,



Gerd Antes  
Director Cochrane Germany



December 16, 2016

Cochrane Central Executive Team  
St Albans House  
57-59 Haymarket  
London  
SW1Y 4QX  
UK

Dear Cochrane Colleagues,

We are writing this letter to provide our strongest possible support to the nomination of Dr. Gerald Gartlehner, Director of Cochrane Austria, to become a member of the Cochrane Governing Board.

Dr. Gartlehner is the head of the Department for Evidence-based Medicine and Clinical Epidemiology at Danube University, Krems, Austria. Trained as a physician in family and emergency medicine and a clinical epidemiologist, Dr. Gartlehner has extensive experience in producing high-impact systematic reviews that inform health care and policy. Recently, Dr. Gartlehner was named as the Associate Director of the RTI-UNC (Research Triangle – University of North Carolina) Evidence-based Practice Center in Chapel Hill, North Carolina, USA. He has led multiple systematic reviews for the U.S. Agency for Healthcare Research and Quality (AHRQ) and the Oregon Effectiveness Review Project. In addition, Dr. Gartlehner has been involved in various international methods groups in advancing methodology for evidence synthesis. There is no question that Dr. Gartlehner will be able to bring valuable global perspectives that aim at making impact to the Governing Board.

What has made Dr. Gartlehner particularly qualified for the position is his charismatic leadership and organizational skills. Dr. Gartlehner is open, forward thinking, and engages with people whom he meets. He is articulate and persuasive, and at the same time respectful and inclusive. Many of you would agree that the Cochrane Colloquium he organized in Vienna in 2015 was stimulating and memorable. Dr. Gartlehner also has contributed to multiple initiatives in transforming the Center's structures and functions, demonstrating his commitment to the organization. In summary, Dr. Gartlehner has the appropriate combination of qualification and

temperament. We are confident that Dr. Gartlehner will serve and motivate the Governing Board, and the broader Cochrane community as a whole.

Sincerely,



Tianjing Li, MD, MHS, PhD  
Assistant Professor  
Associate Director, Cochrane United States



Kay Dickersin, MA, PhD  
Professor  
Director, Cochrane United States



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**To whom it may concern**

Lausanne, 16 December 2016

Dear colleagues,

With this letter we would like to endorse the nomination of Prof. Dr. Gerald Gartlehner, Director of Cochrane Austria, for the upcoming election of the Cochrane Governing Board.

We have known Gerald as a leader in evidence-based healthcare and the Cochrane community in particular. We are convinced that, as a member of the Cochrane Governing Board, he would be able to represent not only the views of the Centre Directors but also of others groups within Cochrane.

In addition, with his co-appointments at both the Danube University in Krems / Austria and the University of North Carolina Evidence-based Practice Center, Chapel Hill / USA, he would be able to provide an invaluable external view on Cochrane.

Sincerely,

Pr Bernard Burnand  
Director  
Cochrane Switzerland

Dr Erik von Elm  
Co-Director  
Cochrane Switzerland