Structure and Function Review

Paper 2: Cochrane's Geographic Presence

[OPEN ACCESS]

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Purpose of the Paper:	In addition to the implementation of the adopted recommendations of the 2016 Centre, Branches & Networks Structure and Function Review (http://tinyurl.com/h7y9zrs), to propose further changes to the Centres model as a result of the organizational Structure & Function Review.
Access:	Open Access
Summary of recommendation:	To adopt the additional recommendations affecting Cochrane's geographic-oriented Groups (Networks, Centres, Associate Centres and Affiliates) arising out of the organizational Structure & Function Review; so that these can be implemented in future.
Resource implications:	No additional resources required in 2017. Small additional funds may be required from 2018.
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Contents

1 Executive Summary 3

2 Background 3

2.1 The role of geographic-oriented Groups in Cochrane 3

2.2 Structure & Function Review Changes 3

3 New opportunities for Cochrane's geographic-oriented Groups 5

3.1 Greater integration with review production process 6

3.2 Further development of Networks 8

4 Cochrane's Knowledge Translation Strategy 10

5 Proposed timelines and project plans 11

6 Impact and resources required 11

7 Evaluation 12

7.1 Evaluating this success 12

8 Recommendation to Cochrane's Steering Group 13

8.1 Approve Changes to structure and function laid out in the paper 13

8.2 Approve the associated budget in principle 13

Appendix 1: Centre and Branch structure and function review paper 14

Appendix 2: Consultation with the Cochrane Community 15

1 Executive Summary

Cochrane has already adopted and begun implementing the recommendations of its Structure and Function Review of Cochrane Centres, Branches and Networks[1] to meet the needs of its *Strategy to 2020*, expand its geographic profile and activities, and increase its impact on health decision-making in more countries and regions over the next decade.

However, in this paper – a companion piece to *Paper 1: Creating a more sustainable review production system for the Cochrane Library* - we consider the work of Cochrane's geographic-oriented Groups within an organisational perspective. Cochrane needs to ensure that it establishes a united system of Groups (including Review and Methods Groups, and Fields) which work more effectively together to achieve Cochrane's mission. We have a wealth of expertise in the organisation, but too often Cochrane's Groups work in silos which do not maximize their potential collaboration and impact.

This paper therefore recommends a series of changes which will allow Cochrane's geographic-oriented Groups to work less rigidly; integrate their activities more effectively with other Cochrane Groups; and offer authors and other collaborators and external stakeholders who interact with multiple Groups a more consistent and 'joined up' experience. In achieving this we hope to maximise the benefit from the contribution of all contributors and avoid duplication of effort.

2 Background

2.1 The role of geographic-oriented Groups in Cochrane

Cochrane 'Centres', 'Networks', 'Associate Centres' (formerly called 'Branches') and 'Affiliates' are Cochrane Groups that act with a country or regional focus for the organization. Their primary roles are to represent Cochrane, to support contributors to the collaboration's work and to facilitate uptake of Cochrane's outputs within a defined geographical or linguistic area. These Cochrane Groups are resourced by national governments or agencies and/or their host institutions and other funders; through the efforts of their Director(s) and other Group staff who attract core and project funding for Cochrane activities.

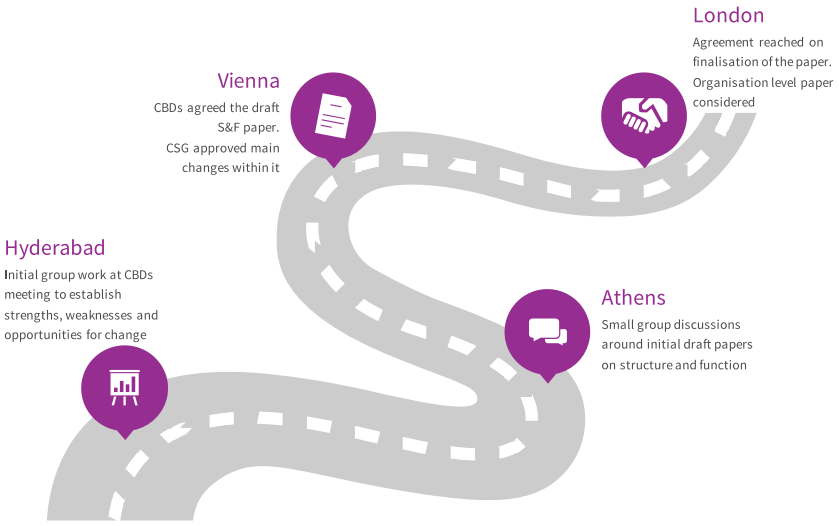
2.2 Structure & Function Review Changes

The review of Centres, Branches and Networks' functions and ways of working, and the structures required to deliver them most effectively, started in Hyderabad, India in September 2014. Since then Cochrane's Central Executive has worked with the Centre Directors' Executive and the community of Centre and Branch Directors to develop a series of recommendations which were approved by Cochrane's Steering Group in late 2015; and in the form of a final paper (*Implementing Strategy to 2020: Cochrane Centres, Branches and Networks Structure & Function Review*[1]) endorsed by the geographic-oriented Cochrane Groups themselves in July 2016. These revised functions, structures and accountability mechanisms will now be implemented in 2016-17. The main changes now being implemented are as follows:

[1] See http://tinyurl.com/h7y9zrs and Appendix 1 for more details.

2.2.1 Structural changes

We have introduced an additional geographic-oriented Cochrane Group type called 'Affiliates', which are smaller than the existing Branches structure. This allows for more individuals and institutions to be involved in Cochrane's work; as well as establishing a more flexible, staged approach to developing a Cochrane presence in a country. It also allows Cochrane to develop multiple groups operating in a country, and for those Groups to offer specialized activities as well as expanding the capacity and opportunities for Cochrane evidence to be promoted and publicized in different parts of a country, and for collaborators to receive more localized support.

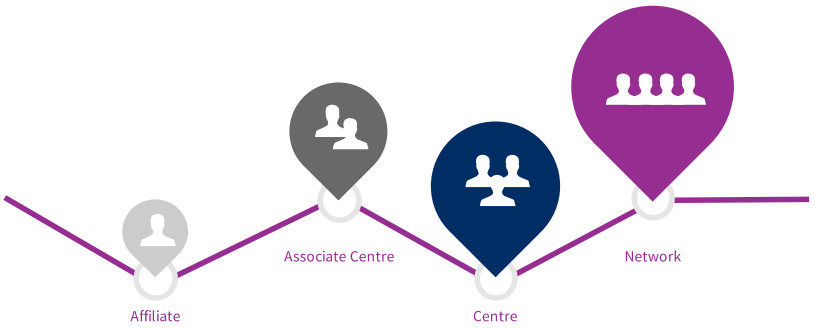


We have changed the name of 'Branches' to 'Associate Centres' and their outward naming conventions so that we no longer have Groups with names such as the 'Japanese Branch of the Australasian Cochrane Centre', which was problematic for Groups for a variety of reasons.

The final structural change is the formalisation of the Cochrane 'Network' concept which has been piloted so effectively by the Iberoamerican Network (see page 9).

2.2.2 Functional changes

The functions of Cochrane's geographic-oriented Groups have been divided into four tiers to reflect the incremental increase in functional output of Groups as they progress from Affiliate to Associate Centre to Centre (and possibly, to Network). Tier One covers functions to be delivered by an Affiliate; Tiers One and Two by an Associate Centre; and Tiers One, Two and Three by a Centre or Network. Tier Four is a level of additional optional functions that can be delivered by any of the Groups. Centres need to undertake one additional 'Tier Four' function but other Groups need only undertake additional functions if they have the resources and appetite to do so. For instance, an Affiliate may take on the additional function of translation and support or run a country's translation-related activities.



The key focus of the functions is around managing Cochrane's presence in the country or region: including building partnerships and other stakeholder relationships, and undertaking associated knowledge translation activities to ensure that Cochrane evidence is used in that country or region. The strong emphasis on work that facilitates uptake of Cochrane's outputs within a defined geographical or linguistic area, such as knowledge translation activities, is a significant change for some Groups, but it is critical to achieving Cochrane's mission.

2.2.3 Accountability changes

Networks, Centres, Associate Centres and Affiliates are ultimately accountable to the CEO and through him/her to Cochrane's Governing Board. However, direct accountability is established between the CEO and the Networks and Centres; with the Directors of those Cochrane Groups responsible for the support to and management of the Associate Centres and Affiliates who report to them. The reference Centre

concept that over the last 20 years governed the relationships between a Centre and Branch (now Associate Centre) has been changed and instead accountability, mentorship and support relationships between an Associate Centre or an Affiliate and a Centre will be defined on a case by case basis. This means that the Centre which supports and manages a smaller Group can be determined flexibly, to respond better to the range of factors that affect which Centre is best able and most willing to perform that role (for instance: language, location, common functional priorities, and common healthcare system characteristics). It is expected that most Associate Centres will continue to be accountable to a Centre; and Affiliates will be accountable to their local Centre or Associate Centre.

2.2.4 Core priorities for Geographic Groups

The Structure and Function Review of Cochrane Centres, Branches and Networks revealed several priority areas for geographic Groups. These key priorities are – and must remain - the main focus of their work:

- To ensure that Cochrane reviews inform decision making in health care it is fundamental that Networks, Centres, Associate Centres and Affiliates focus on the uptake of evidence through knowledge translation and advocacy.

- Only a geographic-oriented Cochrane Group 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.

- It is important that Centres involved in methodological research and support roles in review production continue in these roles, but we anticipate that many new country presences will need to be outward looking and focus on the exchange of knowledge.

For some Centres and Associate Centres there will be a challenge here, because of the disconnect between their own funding priorities and those of Cochrane. The Central Executive will work with each Centre/Network to discuss and agree how to deal with this tension and adapt accordingly.

Nevertheless, the organization-wide review has identified new opportunities and roles that geographic-oriented Groups, if they choose to, may want to take on.

3 New opportunities for Cochrane's geographic-oriented Groups

The Organizational Structure & Function Review conducted, at the request of the Steering Group, since the Colloquium in Vienna in October 2015, concluded that in order for Cochrane to make most effective and efficient use of its available resources for the production and dissemination of health and healthcare evidence it is important that we break down the 'silo' approach in which Cochrane Groups overwhelmingly work within their own sphere of functional activities, and develop more active collaboration across Groups of different types. In relation to Cochrane's geographic-oriented Groups this means:

- Playing a pivotal role in ensuring Cochrane evidence informs health decisions in policy and practice in their national and regional environments; and
- Having the option of playing a more active and integrated role in the production of Cochrane Reviews.

It must be stressed that these new possibilities and potential activities are optional, and in no way mandatory for any geographic-oriented Cochrane Group to take up. Funding support for some of these activities may be easier for the Group to obtain, and this new flexibility will allow them both to work on activities that interest them and to attract resource support that otherwise would have been closed to them.

For those Groups that are able to take a more involved role in the review production process there will be benefits with regard to knowledge translation, as this could be a form of co-production which can lead to more effective knowledge translation by having more influence earlier in the process and through being more informed about the work being produced. More generally the work of knowledge translation necessitates a high degree of collaboration between all Groups as there may be many Cochrane Groups involved in the knowledge translation of any given review, so the following proposals aimed at improving integration between Groups are important for facilitating knowledge translation work.

3.1 Greater integration with review production process

We want to create a system of Groups in Cochrane that allow us to produce and disseminate reviews more efficiently, taking advantage of all the skills and expertise that are dispersed throughout the organisation without duplicating effort. To do this we need to allow greater flexibility in Group types, and encourage greater integration between Groups where it leads to meaningful collaboration.

The most obvious framework for closer integration between Cochrane Groups is around the Review production workflow. In particular, we believe that closer involvement and collaboration in the process of producing the reviews will allow for an easier transition to the knowledge translation stage post publication.

Successful change would see Cochrane's geographic-oriented Groups more closely integrated with the new 'Health Systems' that frame the outputs of Cochrane Review Groups (CRGs). These 'Health Systems, as proposed in the *Structure and Function Review Paper 1: Creating a more sustainable review production system for the Cochrane Library*[2] are:

Potential Clinical Systems and Themes

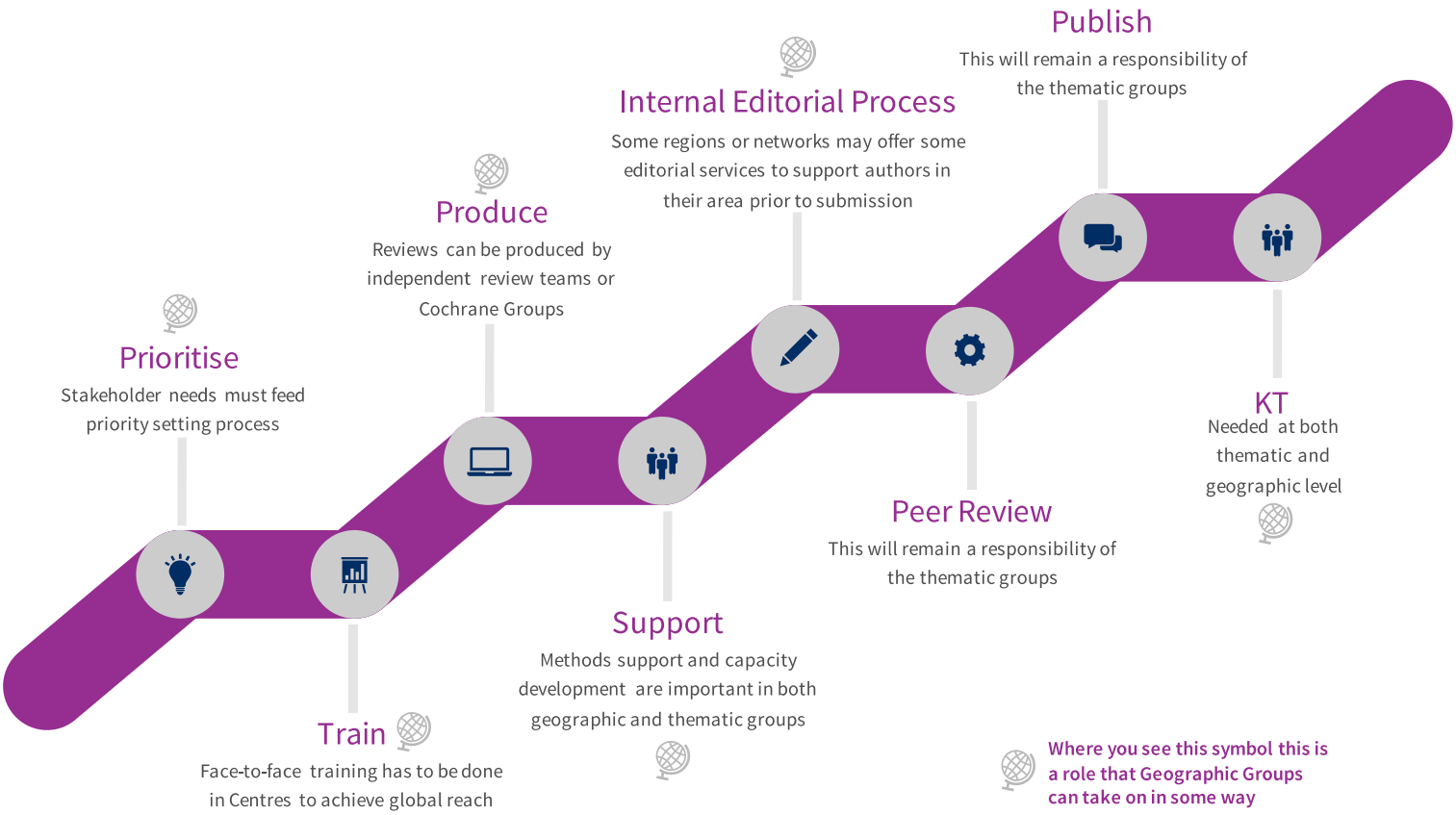
- Acute and Critical Care
- **Cancer**
- **Cardiovascular**
- **Gastrointestinal and** Hepatobiliary
- Metabolic, Renal and Genitourinary
- **Health Systems**
- Mental Health
- Musculoskeletal
- Neuroscience & Sensory
- Public Health
- Reproductive and Child Health
- Respiratory and Allergy

3.1.1 Prioritisation

Producing the right Reviews that answer the most pressing, topical and important health questions is critical if Cochrane is to maximize the impact of its evidence on health decision-making worldwide. It is a key objective of *Strategy to 2020* and it is a core issue in the *Structure and Function Review Paper 1: Creating a more sustainable review production system for the Cochrane Library*. Good prioritisation requires extensive, high-quality input from external stakeholders, so that we know what they need in their decision-making. Geographic-oriented Cochrane Groups are ideally placed to contribute to this given their key role in building relationships with stakeholders locally.

[2] Available at: http://community.cochrane.org/organizational-info/resources/organizational-structure-and-function/resources

The sharing of this knowledge and insights to Review Groups so that they make the best decisions on prioritisation is complex, and will require a coordinated system to support such broad engagement in the process within Cochrane.



3.1.2 Training

Training is already one of the key areas of work for Centres and the function most commonly undertaken by them. However, training programmes are not always linked to need, so people are trained who cannot then register titles with CRGs. We need to work with Centres to create a system whereby training is more closely linked to review production needs, and create a system approach that allows authors to access the training support they need at different points in their Cochrane journey on a local level.

Training that falls outside of this Cochrane need should be capitalised on as a commercial opportunity for Centres. Many Centres already offer paid-for training courses to non-Cochrane authors, and we want to encourage this as a way of helping Centres to be sustainable. However, training is not all about review production. It is important that we are training people in the use of evidence, and other skills relating to dissemination, knowledge translation and advocacy.

3.1.3 Producing Reviews

Reviews are often produced in Centres by in-house systematic reviewers or Centre staff who have an interest in authoring reviews. Where this is leading to highly capable repeat author teams this is to be promoted. However, some author teams do not necessarily need to use the full support of the Cochrane CRG process, which may slow them down. As an alternative approach we intend to pilot and implement a 'journal style' fast track editorial process which allows for final submissions of reviews from such Groups, assuming a protocol has been registered (e.g., on Prospero). This will allow Centres to author and provide support for more Cochrane Reviews, as currently a lot of their work is not published within Cochrane when they have to produce reviews rapidly, e.g. for national guidelines.

3.1.4 Supporting Review Production

Methods Support Service

The Methods Groups' Structure and Function Review identified the need for a Methods Support Service so that authors and CRGs can access methodological support more easily and quickly. It appears to make sense to structure this support geographically, and have a small number of units based in Cochrane's geographic-oriented Groups. We expect that this would involve some funded time for a coordinator who helps to triage the incoming requests. Ultimately, though, the unit would be reliant on methodologists working locally (i.e., in a country or region) who are willing to be part of the Support Service. We envisage that these units are most likely to be based in a regional structure, which would allow, for instance, for a Methods Support unit serving the Spanish speaking community to be set up as part of the Iberoamerican Network.

The methods elements are covered in more detail in *Structure and Function Review Paper 1*.

Review production support
Many Centres have a vested interest in developing the contributor base in their country. In many cases this will be part of the reason why they are funded and results in local training programmes and sometimes more bespoke support to author teams.

We think that this role in Centres could, where desired, be expanded to become more comprehensive in creating a positive and supportive environment for review production. The aim would be to assist in the support and nurturing of authors in order to increase the standard of quality of submissions to CRGs and the 'Health Systems'. Authors in different countries will face different challenges, so all of the ideas here will not be relevant in all situations. It is also essential that where support is given, those providing that support must be adequately trained to do so, but it could include:

- English language support;
- Methods support/training in the authors' own language;
- Support for writing reviews in the authors' own language;
- Local review screening prior to submission (based on the screening guide being developed by the CEU screening team);
- Mentorship/guarantorship;
- Learning and support for the whole journey of producing a review;
- Intensive remedial work for authors who have had submissions rejected.

Some of these are support activities that existing Centres and Branches may already provide as part of their work for Cochrane. There will need to be some standardisation of approaches and tools to ensure that the materials being used are appropriate and those delivering the support are adequately trained.

Some of these possibilities, however, represent significant shifts. For example, supporting authors to write reviews in their own language is a major departure. This would need to be tested before rolling out to more than one language, but the basic premise would be that the authors could produce the review in their own language and receive support in that language throughout the process from their local Group. The review would be translated into English at a point in the process when it needs to be considered for peer review. This may help to address quality issues where language is a barrier to otherwise highly capable researchers producing high quality reviews.

Geographic-oriented Groups wishing to take on additional work around review support will need, in turn, to be confident of support from their funders. This expanded review production, training, mentoring and author support would be regarded as additional Tier Four functions, where the local context requires such a level of service and where a funder is interested in supporting it.

3.2 Further development of Networks

Cochrane's Steering Group in April 2016 highlighted that the organization should aim to consolidate its Group structure, where possible, into fewer, larger Groups where this could lead to a more integrated and efficient production and dissemination system.

Merging Centres together to make fewer, larger Centres does not make sense; as their work is explicitly focused at a country level. However, this does not preclude some improvements to the way we organise the overarching structure of Centres. We believe that some form of networked approach whereby Groups collaborate in certain areas could lead to more effective and easier collaboration, not just between Centres but also between Centres and other Groups. The Central Executive investigated whether Cochrane should establish regional groupings to help support, administer and manage geographic-oriented Groups within them, possibly following the WHO regional structure.

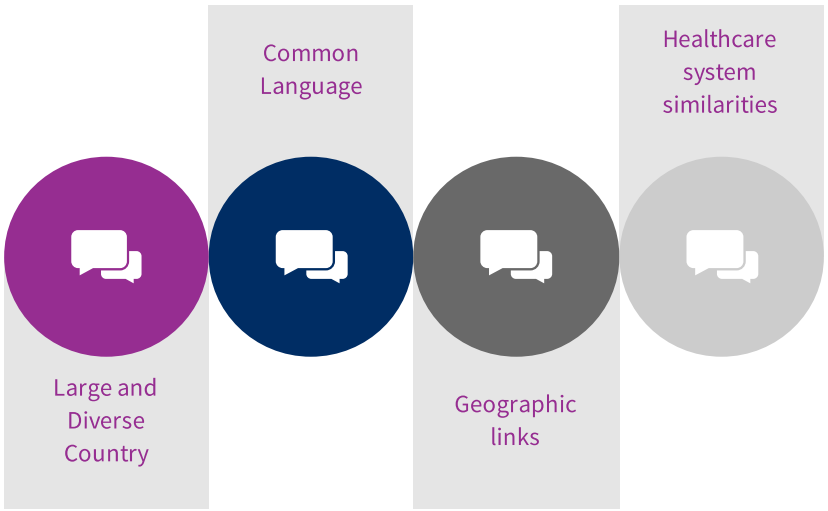
We are only interested in consolidation that maximises benefit and minimises cost and unnecessary bureaucracy. Working together in a given area of activities has to offer clear benefits to the Groups involved. The Central Executive's conclusion was that regional consolidation along the lines of the WHO structure was not worthwhile, as the benefits were not greater than the likely costs of implementation. However, we think that several large countries will benefit from a Network approach (as set out in the *Centres, Branches & Networks Structure & Function Review*) as would certain cross-country regions, so we will work with those countries to develop these networks over the coming years.

In the next decade, if Cochrane continues to grow at the pace of the last five years, we will need to adopt a more regional approach to effectively manage the growth[3], so this situation will be monitored and periodically reconsidered.

3.2.1 Network development factors

Cochrane Networks will be useful in countries that are geographically large or where there is significant diversity within a country. We also think that they will be useful in regions where there is either a common bond (such as a common language as in the Iberoamerican Network) or where Groups are small and could benefit from working together collectively in a region. There may also be instances where common approaches to healthcare drive relationships between Groups, but this may be more applicable to informal, additional relationships that are established between Groups.

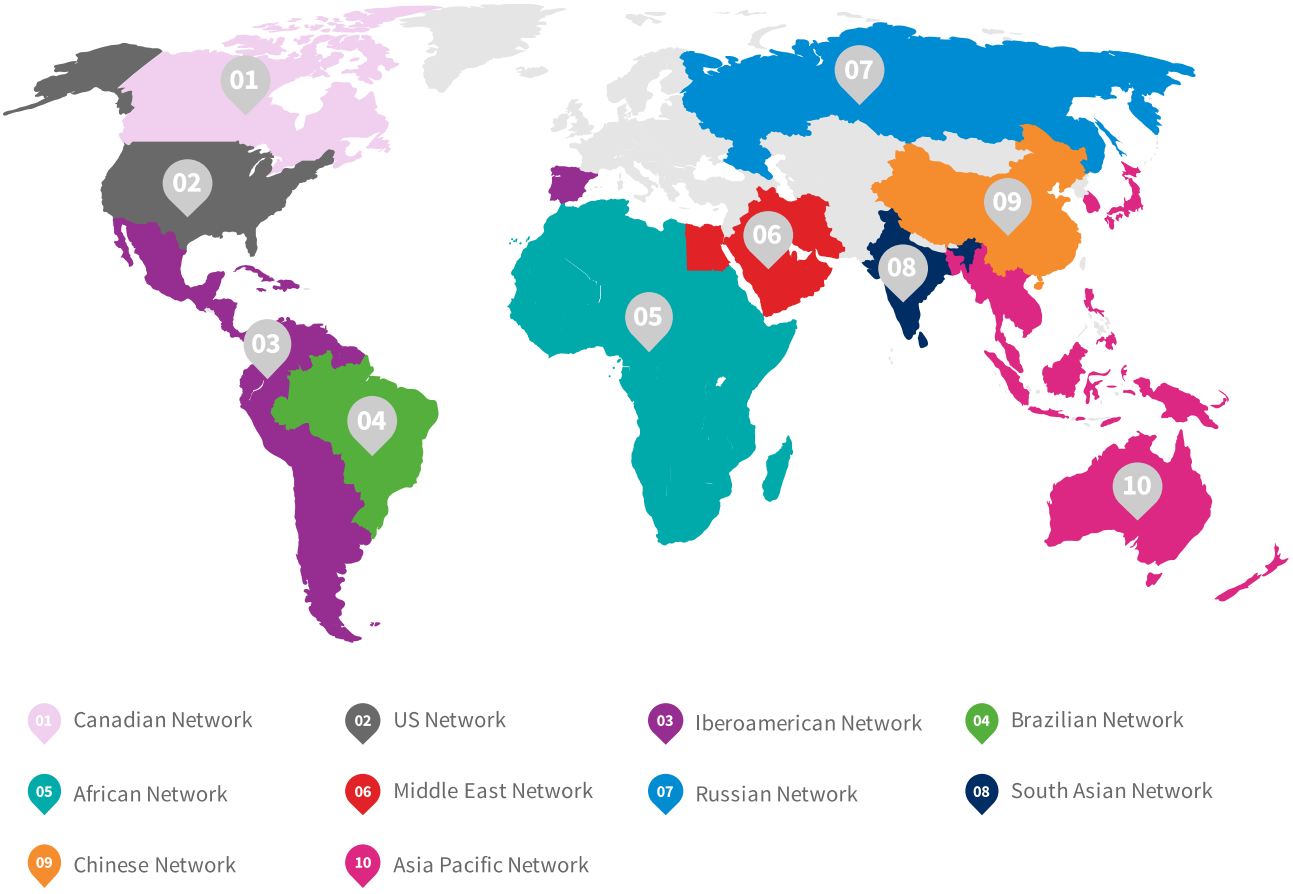
Potential factors to consider in developing Networks



[3] Whilst there have been no new Centres registered in the last five years, there have been a large number of new Cochrane Branches registered leading to an increase of over 50% in the total number of Centres and Branches.

3.2.2 Areas where networks are already under consideration or will be considered

The below is not an exhaustive view of where networks may be of use to Cochrane, and we would welcome other suggestions, but it gives a starting point for where we might seek to establish networks in the short term.



4 Cochrane's Knowledge Translation Strategy

Cochrane's Knowledge Translation strategy will set out the key themes and approaches of knowledge translation work for all Groups. It will also drill down into each theme and provide examples of activities that can be undertaken. This will help geographic-oriented Groups to prioritise the knowledge translation work that they engage in; but it will also set out priorities for collaboration with other Groups as common ground is established in terms of areas of mutual interest in knowledge translation.

In particular, we expect more collaboration between Fields and Centres as the Knowledge Translation strategy comes into effect. The future of Fields will be closely linked to the KT strategy, given their role in stakeholder engagement and KT, but to achieve as broad an impact as possible they will need to work in collaboration with geographic-oriented Groups to tailor KT products, services and approaches to local contexts. Fields' KT expertise can also usefully be taken advantage of by Centres and other geographic-oriented Groups.

Much more detail about the collaborative ways of working to increase the influence and impact of Cochrane's KT work across all its Groups will be provided by the KT strategy when it is finalized for the Mid-year meeting in April 2017 in Geneva.

5 Proposed timelines and project plans

The Central Executive's priority in 2017 will be to focus on implementing the core function changes already approved in the *Centres, Branches & Networks Structure & Function Review*; and supporting new or existing Cochrane Networks. Following agreement with each Cochrane Centre on the new mutual accountability documents (Collaboration Agreement), the Central Executive will work with each Centre to discuss and agree its annual/multi-year plan of action based on its available resources and local priorities. As part of this we will identify challenges or barriers to the Centres developing in this way (e.g., its funder priorities are not aligned to Cochrane's functions) and we will support Centres to deal with this.

Embedding the strengthened focus on knowledge translation by geographic-oriented Groups as part of the Knowledge Translation strategy will also be an important area of work in 2017.

If approved, Cochrane's Central Executive will support Groups who show an interest in diversifying their functions as set out in this paper. However, the Central Executive is not yet budgeting for the resources to support the implementation of the full range of changes or the creation of many Networks, so we will prioritise and phase the changes according to expected benefit and local appetite.

Whilst the objective of breaking down silos and improving and increasing collaboration and greater integration between Cochrane Groups of different types is essential, these changes will have to be carefully managed to complement those involving Cochrane Review Groups and the review production process[4], as well as other critically important initiatives such as the launch of Cochrane's membership scheme and finalization of its Knowledge Translation strategy in 2017, and the further development of collaboration and support platforms like Task Exchange and Cochrane Crowd.

A number of Cochrane's Associate Centres are already preparing applications to become full Centres; and we expect many new applications in the coming years for Affiliate status both in countries where a Cochrane presence already exists, and those in which no recognised Group has been established yet.

6 Impact and resources required

[4] See *Structure & Function Review Paper 1: Creating a more sustainable review production system for the Cochrane Library*

Oversight, management and support for the changes already under way from the *Centres, Branches & Networks Structure & Function Review* will be provided from existing Central Executive resources (principally in the Chief Executive's Office).

The need for additional resources to support geographic-oriented Groups develop as recommended in this paper will emerge in 2017-18 as the changes to Cochrane Review Groups and the review production process are implemented. It is expected that – given the optional nature of many of these activities – the extra costs will be small. Specific funds for some initiatives (such as the Methods Support Service units) will be made available. In addition, there may be a need to create a small fund to encourage change and innovation in the work of Networks, Centres and other geographic-oriented Groups from 2018.

7 Evaluation

To understand the success of the changes outlined here we need to think about what success might look like and then identify key measures we might want to evaluate. From the organisational perspective, we think success would be:

- Improved, efficient inter-Group collaboration; with Cochrane Groups operating as a single system and providing more coherent and integrated support to authors.
- Cochrane evidence is flowing through to decision-makers everywhere, driven locally by Networks, Centres, Associate Centres & Affiliates; and Cochrane is increasingly recognised and valued as a key evidence provider.
- High quality methods support and training are available for authors on a geographical basis.
- Networks, Centres, Associate Centres and Affiliates operate under a clear, manageable and meaningful accountability structure.

7.1 Evaluating this success

These are complex outputs to measure, but there are various avenues we can explore to get an understanding of success in these areas:

- Stakeholder satisfaction surveys to assess how well Cochrane evidence and knowledge translation products and services are meeting their needs.
- Cochrane's internal monitoring and reporting mechanisms: where each Network and Centre will provide an annual report on their activities based on their own strategic/annual plans.
- Author experience surveys to show whether we are meeting our authors' needs; and an increase in the number of authors returning to do second or subsequent Cochrane Reviews will provide a key metric on improved author retention.

8 Recommendation to Cochrane's Steering Group

8.1 Approve Changes to structure and function laid out in the paper

To adopt the additional recommendations affecting Cochrane's geographic-oriented Groups (Networks, Centres, Associate Centres and Affiliates) arising out of the organizational Structure & Function Review; so that these can be implemented in future.

8.2 Approve the associated budget in principle

The Central Executive expects to meet the 2017 costs of oversight, management and support for the changes set out in this paper within existing resources budgeted for 2017. There may be requirement for a small additional resources in 2018 to facilitate and support Cochrane's Networks, Centres, Associate Centres and Affiliates adapt to these changes in 2018 and beyond.

Appendix 1: Centre and Branch structure and function review paper

As outlined in sections 1 and 2 above, Cochrane has already adopted and begun implementing the recommendations of its Structure and Function Review of Cochrane Centres, Branches and Networks to meet the needs of its *Strategy to 2020*, expand its geographic profile and activities, and increase its impact on health decision-making in more countries and regions over the next decade.

The approved paper is available online and can be accessed from this page: http://community.cochrane.org/organizational-info/resources/organizational-structure-and-function/resources

Alternatively, you can navigate directly to the document here: http://tinyurl.com/h7y9zrs

Appendix 2: Consultation with the Cochrane Community

The proposals contained in this document were presented to the Cochrane community in four webinars held in July and August 2016. The feedback was very positive. Below we summarise some of the key areas of discussion in the consultation webinars.

Practical details of implementation

There were some questions on how the potential integrations with review production will work in practice. This level of detail has not been developed yet, as we need to wait until the future structure and improved ways of working of CRGs are clearer before establishing more definitive proposals.

There were also specific questions about the integration with priority setting, which is an area that many collaborators and Groups were interested in contributing to. Priority setting is largely driven by the CRGs and that is appropriate; but geographic-oriented Groups should be encouraged to undertake priority setting exercises and feed the results into Cochrane review and other evidence planning. We need to build a more robust system for tracking ongoing priority setting exercises so that people can easily contribute in this way.

Knowledge translation emphasis

There were various questions around KT structures and support. The KT strategy will determine this, but it is not yet complete.

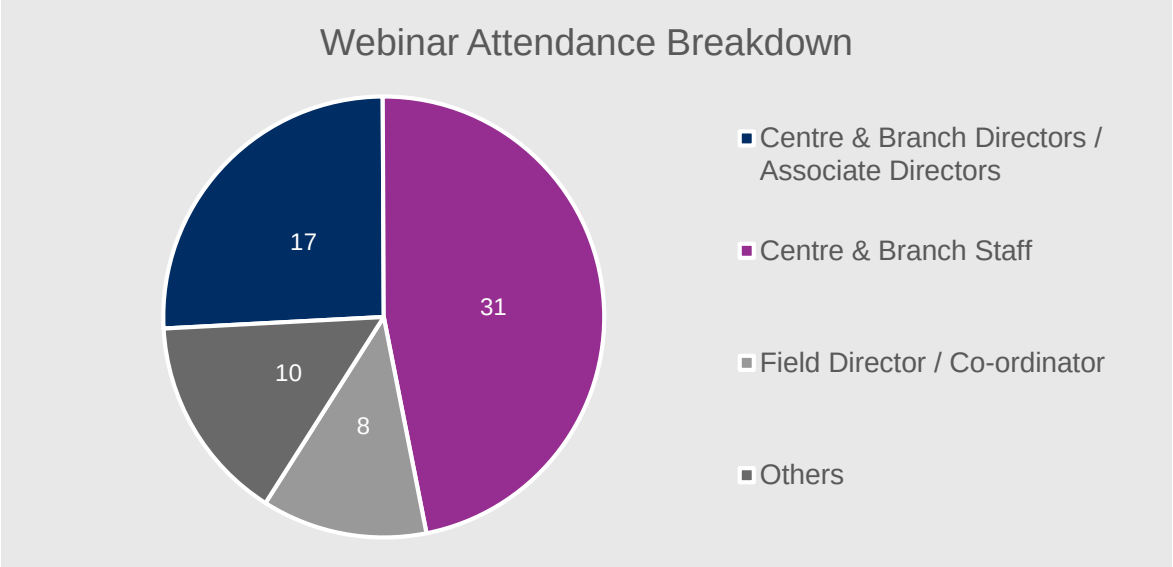
There was also acknowledgement that whilst some Centres are heavily engaged in KT activities, for others KT is not currently a priority (or an activity at all). This will take a big change and will need the backing of funders. The CEO's office is willing to support Centre Directors in those conversations with funders; and the KT strategy will help guide Centres who are establishing new KT programmes of work for their Centre (as mentioned in sections 2.2.4 and 5 above).

It was highlighted that Fields have a lot of experience in KT that needs to be leveraged by Centres. In many cases Fields may work on KT activities which are then delivered locally in different countries through the geographic-oriented Groups. This is covered above in section 4.

The final area of enquiry around knowledge translation was about the evidence available. Cochrane doesn't always have all the evidence to respond to stakeholder needs. When undertaking KT this could be an issue and it may be wise to use non-Cochrane evidence in addition to the Cochrane Evidence in such work. This may be true for some KT activities. Where there is an identified gap in Cochrane this needs to be fed back into the priority setting framework. The knowledge translation strategy is focussing primarily on the knowledge translation relating to Cochrane outputs, so this is where the main focus for the organisation will be. This challenge is more relevant to the Knowledge Translation strategy development and so is not covered in this paper.

Quality and management of smaller Groups

Some questions concerned how the quality and performance of Affiliates will be managed. We have set a clear accountability framework such that Affiliates will report to their local Associate Centre or Centre, who will be expected to monitor the quality and performance of their work. The CEO's Office will always be available to the Centre/Associate Centre to support them where there are concerns. These issues are covered in the approved structure and function review paper relating to Centres, Branches & Networks (see appendix 1 for details).



Of those who attended, the following locations were represented:

Andes
Australia
Austria
Belgium
Bosnia and Herzegovina
Canada
Canada Francophone
Central America and Spanish-speaking Caribbean
China
Denmark
Finland
France
Germany
Hungary
Iberoamerica
Italy
Japan
Malaysia
Netherlands
New Zealand
Nigeria
Nordic
Norway
Portugal
Singapore
South Africa
South America
South Asia
Switzerland
Taiwan
UK
USA