Cochrane

Implementing *Strategy to 2020*: Cochrane Centres, Branches and Networks

Structure & Function Review

June 2016

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1. Executive Summary

The role and functions of Centres and Branches within Cochrane (as described in our policies) has remained largely unchanged for 20 years. They act as a regional focus for Cochrane activities and support Cochrane contributors within a defined geographical or linguistic area.

Cochrane, however, is changing. With the introduction of the *Strategy to 2020* it is no surprise that Cochrane's organisational structure needs to change to respond to new ambitions, opportunities, pressures and challenges; and we need to align the functions and structures of Cochrane's Groups so that we are optimally configured to deliver this Strategy.

In addition to this, the Centres/Branches have identified that the current functional and structural arrangements are not working optimally. This is reflected in the fact that Centre registration has stagnated, adherence to functions is poor and widely diverse in what Centres are doing in comparison with their peers (ranging far more than different local contexts would justify), and in one region a new network structure has been created as the existing structures were not fit for purpose.

Proposed functional changes

The functional changes proposed put greater emphasis on external engagement, with the role of Centres firmly focussed on representing Cochrane in their area, building bridges with stakeholders, and undertaking dissemination and knowledge translation (KT) activities that increase the uptake of Cochrane evidence in their geographic area. The review also stresses the key role Centres play in building the Cochrane community locally, so that we continue to develop a vibrant community of Cochrane contributors around the world.

These clear functional priorities do not, however, mean that Centres are limited in their role, as the review recognizes the distinct background, expertise and areas of interest of existing and future Centres. The review sets out three core tiers of functions and includes additional functions that may be prioritized by Centres, e.g., translation, supporting consumer involvement, advocacy, expanded KT, and methodological research. This tiered list of functions requires Groups to deliver a small list of core functions, but gives them the flexibility to focus on areas of particular interest to them or to their location. This should lead to a situation where we have much closer adherence to essential functions than exists now, but we will also be providing a functional structure that meets the needs of Centres and their funders.

The functions are not meant to be overly prescriptive, and where practical details have been given they are examples only. Centres will be expected to provide a strategic and annual plans for their Group which detail how best to deliver these functions in their local context. In assessing plans from a Centre the Central Executive will also take into account the local funder priorities to ensure that these are recognised and incorporated.

Given this flexible approach we will be managing Centres on a case-by-case basis to ensure that we meet the requirements of Cochrane in a way that is appropriate to the local context.

Structural changes

Changes to structure are already happening following the introduction of the new Cochrane branding in 2015, which allows the organization to present a different external face to world compared to the internal accountability and support structure within which a Group works (i.e., the terminology 'Branch of …' is no longer used externally, with branches instead being referred to simply by their country name, e.g., Cochrane Austria).

The review proposes that small Groups, called *Affiliates*, can be set up to deliver a basic level of functions. These Affiliates could remain as they are; concentrate and expand their activities on a single function (e.g., translation); or they can follow a developmental pathway to become a larger *Associate Centre* (formerly Branch) conducting more functions; and then later potentially becoming a Centre (if there is not an already recognized Centre in their country). It is hoped that this more graduated range of Group types will allow for a developmental pathway but also provide for more flexible country and regional presences: e.g., a Centre with a network of Affiliates in the same country reporting to it (particularly where the country is large and there is regional diversity); or a Centre made up of collaborating Associate Centres in different locations. Additionally, across some regions we may establish Networks of Cochrane Groups, that could link a Centre(s), Associated Centres and Affiliates as developed by the Iberoamerican Cochrane Centre. These new structures provide ways to create a coordinated yet flexible Cochrane presence across a country or region.

Accountability

All of these new structures will be incorporated within a clear accountability framework; though the review recommends discontinuing the 'reference Centre' concept to allow for support and mentorship relationships based on common features such as language, culture, expertise, etc., rather than the previously inflexible geographic divisions and fixed associations. Memoranda of Understanding (MoUs) will be established between the Central Executive and Directors of Networks and Centres; but the precise accountability mechanisms between Centres and the smaller Groups (Associate Centres and Affiliates) which report to them will be left to those Directors to establish.

2. Overview of the Role of Centres

2.1. Current remit and functions

The role and functions of Centres and Branches within Cochrane (as described in our policies) has remained largely unchanged for 20 years. The *Organisational Policy Manual* describes Centres' and Branches' remit as follows: 'Cochrane Centres and their respective Branches act as a regional focus for the activities of The Cochrane Collaboration. Their primary role is to support contributors to The Cochrane Collaboration within a defined geographical or linguistic area.' This remit is fulfilled through carrying out the following core functions:

	Centres	Branches
1	To promote and represent The Cochrane Collaboration	To promote and represent The Cochrane Collaboration
2	To serve as a source of information about The Cochrane Collaboration	To serve as a source of information about The Cochrane Collaboration
3	To provide or facilitate training and support for review authors, editors, handsearchers and other contributors to The Cochrane Collaboration	To provide or facilitate training and support for contributors or potential contributors to The Cochrane Collaboration
4	To support regional editorial bases of Review Groups, Methods Groups and Fields by: • assisting in finding funding; • mediating conflicts, either between Cochrane entities or between individuals and entities	
5	To contribute to improving the quality of Cochrane reviews by performing, supporting or promoting methodological research	
6	To promote accessibility to The Cochrane Library to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary	To promote accessibility to The Cochrane Library to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary
7	To handsearch general healthcare journals in the linguistic area of the Centre and to submit the search results to the Collaboration's trial database	
"In addition, the Cochrane Centres may perform optional special functions on behalf of the organisation, such as development of software for use within the organisation or production of Cochrane News. Organising or hosting the annual Colloquium is another important optional function of Centres."		

3. Structure & Function Review Process

3.1. Hyderabad – September 2014

The Centres' Structure & Function Review began in 2014 with the Centre Directors' (CD's) Executive drafting Terms of Reference which were discussed and approved by Centre Directors at the Hyderabad Colloquium in September 2014. During that meeting small working groups discussed required changes to the functions, structure and governance of Centres, Branches and Networks. These discussions and the ideas generated by them informed the drafting of two papers by the CDs Executive: on the functions of Centres and the structures of Centres. There was an explicit decision not to write a governance paper at this point as it was considered pre-emptive to consider detailed governance arrangements and reforms before Centres, Branches and Network's future functions and structures were confirmed definitively.

3.2. Athens – May 2015

The papers drawn up by the Centres Executive were considered in detail by Centre and Branch Directors in May 2015, again in small working groups to try to maximise the opportunities for all views to be given and discussed. The main ideas and recommendations presented in the papers were endorsed in Athens, and the papers were updated to take into account the feedback received there (see Appendix 1 and 2).

3.3. Monitoring Data Review

Cochrane's Central Executive analysed the latest round of monitoring returns from Centres and Branches (undertaken in 2014) and produced a report that highlighted strengths, weaknesses and issues related to the reported functions and activities. This was circulated to all Centres in early 2015 (see Appendix 3).

3.4. External Stakeholder Evaluation

At the request of the Centre Directors' Executive an external evaluation of Cochrane Centres and Branches was commissioned in Quarter 1 2015 (that also covered perceptions and evaluations of the work of Fields, Methods Groups and the Consumer Network as well). This work was undertaken by Technopolis (an independent consultancy) between April and July 2015 and involved a global, multi-lingual survey in addition to 22 semi-structured telephone interviews. The online survey received over 450 responses in four different languages. A presentation of interim results of the evaluation were shared with Centre and Branch Directors in Athens in May 2015 with the final report received in Q3 2015 (the full report is available upon request).

3.5. Other Reviews & Next Steps

The Central Executive has ensured that ideas and themes emerging from the separate Structure and Function Reviews (covering Fields, Methods Groups and the Consumer Network as well as Centres and Branches) are presented to and integrated with the work of the others. Structure & Function Review reports in all of these areas were produced for and considered by the different Groups at Cochrane's Colloquium in Vienna in October 2015.

Following assessment of these reports by the individual Group Boards/Executives, they were considered and their key components approved by Cochrane's Steering Group (CSG) in Vienna. At the request of the CSG the Central Executive then drew on their recommendations to establish a holistic, organisational plan of action for changes to Cochrane Group functions, structures and governance and accountability relationships which were finally approved by the CSG in April 2016.

4. Rationale for change

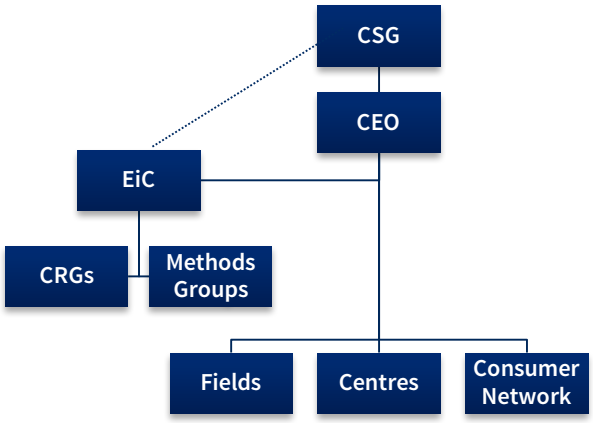
4.1. Cochrane's new *Strategy to 2020*

The *Strategy to 2020* has taken Cochrane into a new phase of its evolution. It offers us a new strategic framework in which to operate, so that Cochrane prioritizes work that is aligned with the *Strategy* and ensures that it is 'fit for purpose' to deliver the *Strategy* with an organisation configured to deliver our strategic goals.

This means that the core functions of Groups need to be rewritten to make them more relevant to our future needs and external demands. It is also likely that structural changes will be required to ensure we can deliver our *Strategy*. Whilst Cochrane's *Strategy to 2020* continues to place primary importance on the production of high quality, relevant evidence, it also emphasizes the need to make our evidence accessible and for us to engage actively in advocacy around evidence based practice to achieve our mission. The dissemination and promotion of Cochrane evidence in health and healthcare policy and practice amongst diverse user groups in different countries and regions; knowledge translation – including translation into local languages – of Cochrane evidence into forms of products and services that are much more accessible and valuable for people in their geographic space; and advocacy initiatives for Cochrane policies, positions and more broadly for evidence informed medicine, all represent areas of greatly increased activity for Cochrane in its *Strategy to 2020* which require us to think differently about the roles, functions and structures of Centres and Branches.

In addition, as Function number 1 in the current list of functions indicates (see Section 1), Centres, Branches, Networks and other geographic-based Cochrane structures play a vitally important representational role for the organization as a whole. They 'represent' Cochrane to stakeholders in their country – even more so now that Cochrane's new branding identifies the organization much more powerfully to that country (Cochrane Malaysia, Cochrane Australia, Cochrane Germany, etc.). This was not necessarily the rationale behind setting up many of the existing Centres in Cochrane's first two decades, where collaborators tended to form around shared, specific expertise in clinical or methodological research or training. Being open, responsive and supportive to the needs of diverse people and stakeholders in each country will become even more important as Cochrane launches its membership scheme, which will attract many more Cochrane supporters and members where Cochrane structures exist now (and in those where they don't).

The Cochrane rebrand has already provided an opportunity to remove the often clumsy naming structures that we have traditionally used. Those Groups that are Branches of Centres no longer present themselves externally in this way making it a lot easier for them to provide a coherent external presence for Cochrane in their country or region. It is important to note that for accountability purposes we maintain internal structures even though they will not be exposed to the external audience.



Centres and Branches are also now established within a clear line of responsibility and accountability to the CEO; with the CEO accountable for their performance, outputs and impact to Cochrane's trustees on the Steering Group.

To understand better the relevance of *Strategy to 2020* to Centres and Branches we undertook a mapping exercise to identify where their existing and potential future roles and functions sit in relation to the *Strategy*'s objectives (see Appendix 5). The key results of this analysis are that the key functions of Centres and Branches need to include more of a focus around dissemination, knowledge translation, stakeholder engagement and advocacy. This gives us a good basis for framing the future role and functions of Centres. The mapping also highlights the need for structural changes to allow for

more flexibility in establishing Cochrane Groups in different countries, since a lot of these activities will be best undertaken in a dispersed network in some larger countries or regions rather than in or through a single Centre.

4.2. Strengths and weaknesses of the current model identified by Centres and Branches

In the extensive process of consultation with Centres and Branches in 2014-15 highlighted in Section 2, several key themes emerged that guided the Review's focus and findings.

4.2.1. Representation, Communication and Advocacy:

Centre, Branch and Network Directors recognised that they perform a vital organizational representative, communication and advocacy role for Cochrane that is different from and additional to those related around specific Cochrane Review dissemination. Directors asked for more support from Cochrane's Central Executive in order to perform these tasks effectively, and also for earlier and improved communications support (particularly in the area of social media), for newly published Cochrane Reviews that would make an impact in their countries/regions.

4.2.2. Training and support:

Cochrane Centres, Branches and Networks play an important role in the training of new and existing Cochrane Review authors; but they recognized they needed to do much more to extend the target audiences for training and support to *users* of reviews, including policy makers and journalists (which some Centres and Branches are already doing). However, there was a recognition that existing Centres are struggling to meet the current demands of running workshops, following up with enthusiastic novice authors and requests for co-authorship of trainers. Directors want to increase capacity building in both production and use of Cochrane evidence but Centre, Branch and Network staff have limited time and capacity to spend on this function, so guidance, support and the sharing of innovative approaches (including tools and methods that could be used more effectively and efficiently) in training and learning from the Central Executive would also be welcomed.

4.2.3. Methodological research:

Centre Directors noted that not all Centres and Branches are involved with methodological research, but they recognized the importance of this activity, particularly for establishing the credibility of the Centre and Branch, as well as the flow-on effects of improving the quality of systematic reviews and being able to support locally-based authors.

4.2.4. Core versus other functions of Centres and Branches:

The 2014 monitoring round showed that no Centre was undertaking all of the core functions set out in Cochrane's *Organizational Policy Manual*. It also showed there was a very wide variation between the functions that different Centres concentrate on: partly out of the choice of Directors, partly because of the lack of expertise for some of the functions, and partly because of a lack of fundamental capacity or resource constraints that force Centre Directors to make choices on where they will concentrate their work.

It is notable that there have been no new Centres registered in the last five years whilst there has been an explosion of new Branches in Cochrane. This implies that the current Centre concept is not attractive to new Cochrane Groups, with the freedom and flexibility of the Branch concept and functions being more desirable. The new structure clearly has to offer a much more flexible range of Cochrane affiliations.

There is also a need to balance the required functions that must be provided by Cochrane Centres and Branches with the optional ones that could be performed because they have the expertise and resources to

do them. This would help to address the fundamental tension at the heart of all Cochrane Group work of achieving organizational coherence and consistency whilst leaving Centres and Branches with the autonomy to react to their local/national contexts, skills and resources.

4.2.5. Structural considerations

The internal Cochrane consultation highlighted structural strengths and weaknesses of the current model of Centres and Branches. The current model is effective in helping to establish Cochrane in new countries because of the support and mentoring role of a particular Centre. Once Branches are established the relationship with the Centre may lessen over time, particularly for Branches that are well-resourced and able to function independently. But in other circumstances, where linguistic, geographical or other factors are important, the Branch/Centre relationship may remain strong.

The allocation of individual countries to specific Centres, acting as their 'reference Centre', and the subsequent development of Branches and regional Networks, has been successful in some areas of the world, but has left other areas virtually untouched. Centres may not have the resources, mandate or inclination to support their reference countries, or politically it may be too difficult or impractical. The Centre/Branch model doesn't provide an alternative in these situations.

Where Branches have been successfully established, the current structure has several organisational drawbacks (e.g., naming conventions are awkward and often meaningless to people outside Cochrane; there is an implied hierarchical relationship which may be politically problematic; and – crucially – Branches are not official Cochrane member Groups so miss out on the Colloquium sponsored entity registration, AGM voting rights, etc.).

One widely supported innovation that emerged during the consultation was the success of a new Network model for Cochrane. The Iberoamerican Cochrane Centre (ICC) set up its own Network structure to develop Cochrane's presence in South and Central America as the current Cochrane structural model was insufficiently flexible and adaptable to their situation. In its Network model there are more levels of Cochrane affiliation possible beyond the current Centre/Branch possibility. The Network has been able to set out a clear developmental pathway for new Groups and provided a strong community within which the Groups operate. Importantly this network model has no notion of exclusivity in any one country or region, which has avoided damaging competitive rivalries to be 'the' Cochrane presence in that country or region. The Network is also flexible in dividing up regions rather than seeking to create a Cochrane presence in every country. All of these elements have required a flexibility that is entirely missing from Cochrane's current model, and the ICC has demonstrated that this flexible and adaptable Network approach can work very effectively. This Network possibility was unanimously welcomed by Centre and Branch Directors in Hyderabad and Athens as a model that should be incorporated and developed within Cochrane's future structure. Lessons from the ICC's pioneering work inform this paper, and are included in Appendix 6.

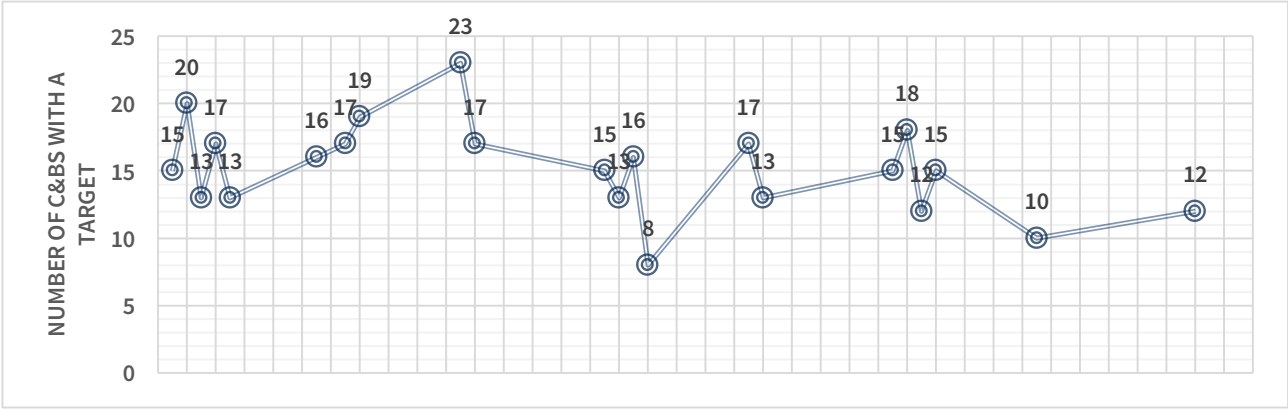
A summary of strengths and weaknesses of the current Centre/Branch model identified by the consultation are as follows:

Strengths	Weaknesses
• Provides structure to support establishment of Cochrane in new countries • Bestows official status for Cochrane in a country or region • Provides for a staged path from Branch to Centre	• Political sensitivities of certain Centre-Branch relationships • Encourages perception of dependency and hierarchy • Naming convention (*x* Branch of *y* Centre) makes little sense to outsiders

• Fosters collaborative networks of Branches based on geography and/or language	• Assigning countries to Centres is inflexible and out-dated • New countries are reliant on the support and engagement of the reference Centre but this may not be feasible or reasonable • Limits Cochrane recognition to a small number of supporting institutions and collaborators • Competition for Cochrane Branch or Centre status can cause disruption

4.3. Findings from the 2014 Centres/Branches Monitoring Report

A monitoring round was completed in 2014 for the previous two-year period. The monitoring focuses on the functions undertaken by Centres and this revealed, as shown in the graph below, there is a wide variation in the commitment of Centres and Branches (CBs) to the full range of functions (though Branches are not expected to undertake all functions). In fact, of those that completed the monitoring round only one function was universally considered as a target for all of them (offering author training).



The key highlights from our assessment of the monitoring data include the following.[1]

The provision of **author training** was the most consistently targeted objective. Other important objectives included **developing partnerships** with key regional organisations to promote Cochrane and Cochrane Systematic Reviews, **interacting with stakeholders** looking for information, and **delivering workshops** on using the Cochrane Library and/or interpreting Cochrane Systematic Reviews. **Information dissemination** also featured strongly.

Whilst some Groups appeared to use the core functions and related objectives as their primary work planning guide, at least one disregarded them almost entirely; most were somewhere in between.

Overall, core function 3: *to provide or facilitate training and support for review authors, editors, handsearchers and other contributors to Cochrane*, was the most consistently targeted function, followed by core function 1: *to promote and represent Cochrane*.

[1] The full report is in Appendix 3.

The least targeted objectives included **providing support to Groups for which the CBs are reference Centres** in securing long-term funding, **providing translated Cochrane Library resources** on the CBs individual websites,[2] and **handsearching**.

CBs were asked to state their targets for each performance objective and report on activities that contributed to the fulfilment of these targets. However, the quality and format of some of the information provided made it difficult in many instances to interpret whether these targets had been met – from the CBs' own perspective or from an independent assessment. In many cases Centres do not have clearly measurable work plans and targets, so performance management is not really possible. This needs to be addressed in the revised accountability structures, so that Centres can focus their work in planned ways to reach realistic targets and Cochrane's management and monitoring of performance is clearer and more meaningful.

The monitoring analysis made the following key recommendations:

1. Given that the current core functions are not being consistently achieved, some functions should be prioritised and others de-prioritised within the context of the *Strategy to 2020* targets: focusing on those organisation-wide targets that CBs are playing an essential role in fulfilling.

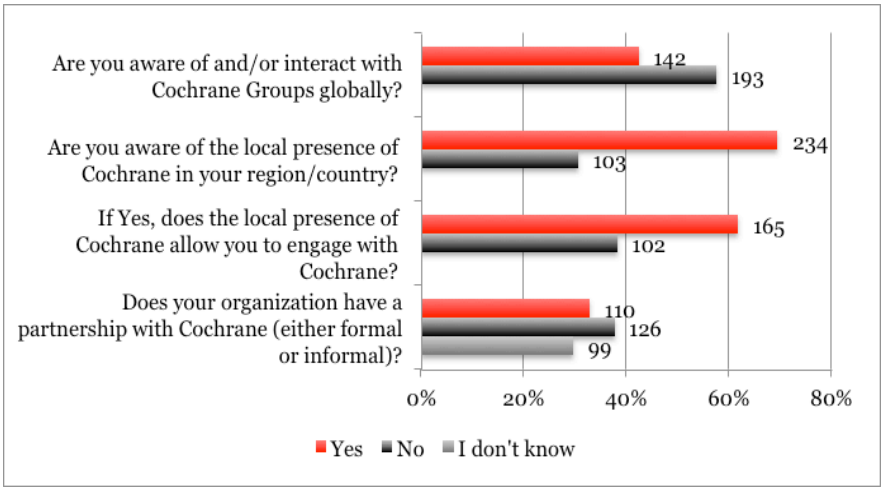
2. CBs should consider whether the performance objectives that are intended to measure the achievement of the core functions are meaningful and whether the targets are measureable. To what end are performance measures and targets being set?

3. Once core functions have been reviewed and brought in line with the *Strategy to 2020*, CBs need to consider what level of variation in priorities and performance between CBs is acceptable.

4.4. Findings from the External Consultation of Stakeholders

Cochrane commissioned an external review to obtain an independent view of the external stakeholder perception of Cochrane[3]. Whilst this was specifically commissioned for the Structure & Function Reviews it was, in many ways, a follow up on the reputational audit that Cochrane commissioned in early 2014 whose results were shared at the Mid-Year Business meeting in Panama in March 2014. The main themes and responses present in the reputational audit again emerged strongly in this report, but this time they are based on a larger sample size and more data so we have greater confidence in the findings of both reports. The key findings relevant to Centres and Branches in the report are as follows.

When asked about their local Cochrane presence 70% of respondents were aware of a local Cochrane presence. However, of those who were aware of Cochrane's local presence, only 62% felt that this allowed them to engage with Cochrane. There were also concerns that the presence in country can feel exclusive and limited to the institution where the Centre is based, which hinders country-wide engagement.

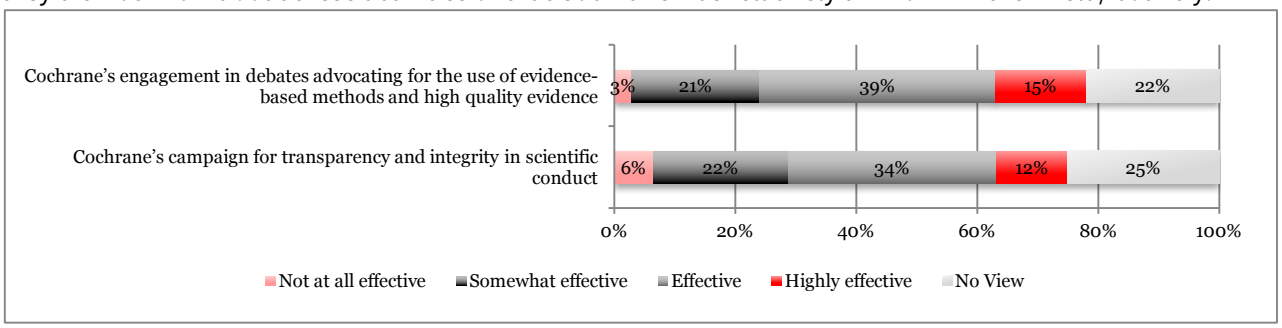


[2] This only applies to CBs operating in settings where the primary language is not English.

[3] The full report is available in the linked appendices

In terms of disseminating Cochrane findings there was a perception that more could be done, whether through traditional local associations, journals or media; or through information services, blogs and social media. Other formats for sharing Cochrane evidence were also mentioned, including briefing papers to commissioners, press releases to consumers, and workshops with health professionals. Interviewees confirmed that these sorts of activities are happening sporadically already, but a more strategic approach would be needed.

When asked to rate the effectiveness of Cochrane's advocacy and its campaign for transparency, survey respondents considered these, on average, to be less than effective (scores of 2.7 and 2.8, with 'effective' represented by a score of 3). Most of the survey respondents who explained their answers pointed out that they did not know about these activities or that Cochrane was relatively unknown in their field/ country.



The external review was driven by stakeholder lists provided by Cochrane Groups so as a sample those responding are likely to be aware of Cochrane. However, there were attempts to disseminate the survey through networks so as to reach non-Cochrane audiences.

The primary conclusions we draw from this external review are that there is some good work going on by Cochrane Centres, Branches and Networks in engaging with external stakeholders, but there is considerable demand for more engagement from them, and there is a lack of uniformity in the offering across countries. Clearly we need to learn from the good practices identified and apply these more systematically across the global network of Centres. Some of these activities will require a more dispersed local presence than currently exists in most countries.

4.5. The overall rationale for change

With the introduction of the *Strategy to 2020* it is no surprise that Cochrane's organisational structure needs to change to respond to new ambitions, opportunities, pressures and challenges. Our principal aim in this review is to align the functions and structures of Cochrane's country and regional Groups so that we are optimally configured to deliver this Strategy; but the rationale for change is deeper than this. The present Centres/Branches functional and structural arrangements are not as supportive as they should be and could be improved (as also reflected in the development of a new, unrecognised Network structure in South and Central America and the Caribbean). The registration of new Centres has stagnated, as Groups seek Branch status only. There is a lack of consistency or coherence in the functions that Centres and Branches are performing.

This leads us to a conclusion that we need to focus the core functions of Centres/Branches and Networks on a smaller set of essential functions that they are required to do; and have a list of desirable/optional functions that we would encourage Centres to do but would not be mandatory. We hope that this will allow Cochrane Groups to specialise in areas of interest to them whilst also focussing on a small set of core responsibilities so that these can be delivered effectively.

The new Cochrane branding initiative allows the organization to have a different external face to the outside world than the internal accountability and support structure that it works through. This allows Cochrane the opportunity of establishing new organizational presences country by country, whilst managing these in flexible ways through different accountability relationships and structures that meet local and organizational

needs and capacities. Establishing this flexibility, openness, clarity of function and mutual accountability between Cochrane and the individuals and institutions working in Centres and Networks around the world will allow us to develop and grow our organizational reach and impact in powerful new ways in the future.

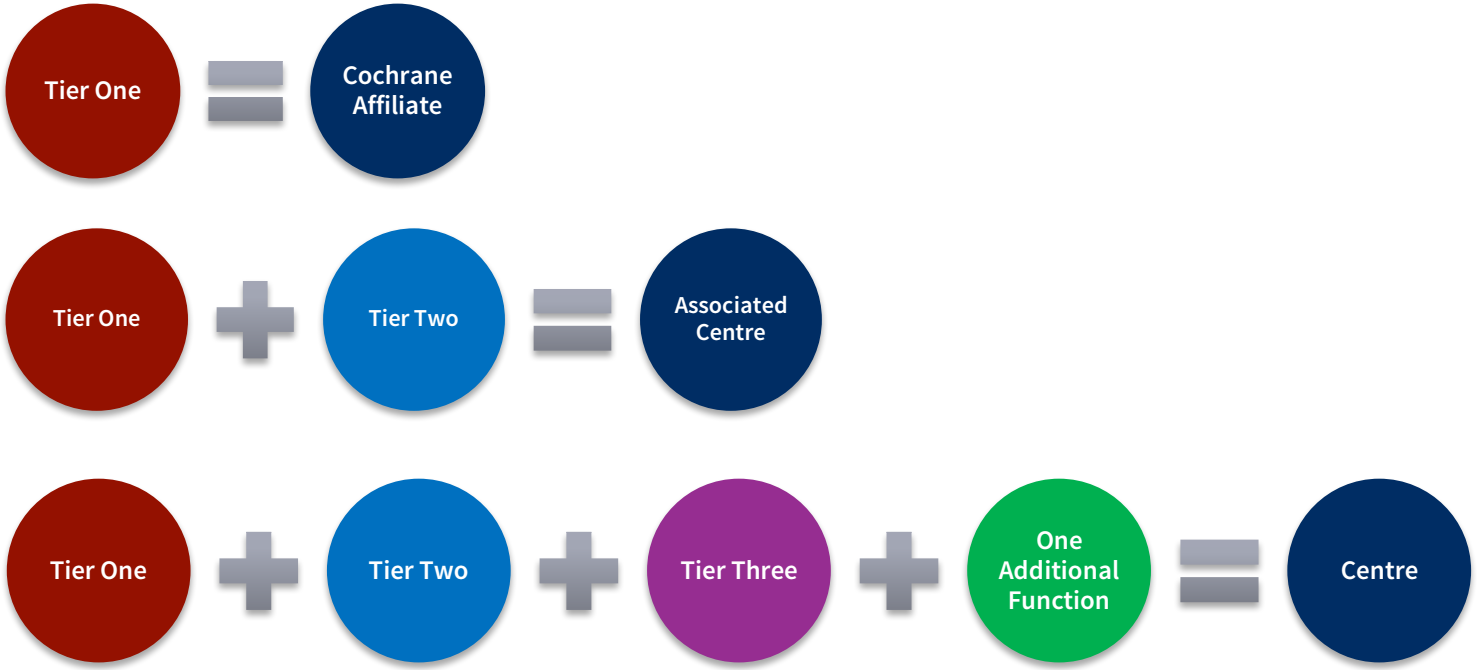
5. Functions of Centres

The new proposed functions of Centres and other geographically-oriented Cochrane structures are all directly built on *Strategy to 2020* objectives. The functions are in a tiered hierarchy. Tier One functions must be performed by any Cochrane Group, however big or small. Tier Two functions must be performed by Associate Centres (formerly Branches)[4] and Centres. Tier Three are functions that Centres must perform as well as those in Tiers One and Two. Tier Four are additional functions that any Cochrane Group would be encouraged to consider, however, Centres must perform at least one Tier Four function. These functions are written as: ***"It is a core function of Cochrane Centres [to…]"***

5.1. The functions at a glance

[4] See structure section below for the detailed explanations of the proposed Group types.

5.2. How the tiers map to Groups



5.3. The tiers in detail

Please note: to be concise we refer to "country" as the main area of activities, e.g.: "To promote Cochrane and its work in their country". However, all functions are to be applied within the Group's geographic area, which will be unique to that Group, e.g., for some Groups this will be within a country, other Groups may operate within a broader region and in the case of smaller Groups such as Affiliates they will often be applying the functions within a specified area of a country.

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
Tier One				
1a	***To promote Cochrane and its work in their country***	**Functional area:** Representing and promoting Cochrane **Strategy to 2020 Objective: 3.1**	Cochrane Centres/Branches have always been a key point of contact in a country or region providing information about Cochrane and liaising with people locally. This is a key role, but it is important that it is carried out in accordance with our brand guidelines so that everyone talks about Cochrane in a consistent fashion.	• Promote Cochrane within institutions in the country (e.g., hospitals, universities, ministries, government agencies). • Disseminate information and news from Cochrane within local networks. • Where appropriate, translate promotional materials into the local language. • Pursue and maintain national subscriptions to the Cochrane Library.
1b	***To support and develop the community of Cochrane members in their country***	Developing Cochrane's Membership **Strategy to 2020 Objective: 4.2**	The Cochrane Membership scheme will help to provide a more cohesive experience to being part of Cochrane, but it is essential that we do not lose the local connection that contributors have with their Centre. The membership scheme will support Cochrane Groups with this sort of work. This strong sense of a country/regional community is also important for identifying new leaders so that we ensure appropriate generational change.	• Provide newsletters and other communications locally (with support of Cochrane provided tools). • Support members in their engagement with Cochrane (e.g., help them reach appropriate contacts in Cochrane, or find appropriate tasks they can engage with). • Help to maintain an active list of members/contributors in the Cochrane membership database. • Support the Cochrane membership scheme by creating a sense of community locally.

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
				• Provide opportunities for members in the area to take on leadership roles to ensure appropriate generational change. • Support CRGs or other Groups in resolving disputes relating to authors in country.
1c	***To disseminate Cochrane Reviews locally based on stakeholder networks, the media and other communications channels.***	Local knowledge translation and dissemination **Strategy to 2020 Objectives: 2.1; 2.2**	A key function of Cochrane Groups is to promote our work locally. This can be through local promotion, media and social media work, newsletters, etc. This may involve a certain degree of translation activity where necessary.	• Maintain a network of stakeholders for the purposes of disseminating key Cochrane reviews (e.g. press released reviews) • Build links with particular national bodies for more targeted dissemination of Cochrane Reviews. • Build a social media presence to disseminate Cochrane Reviews locally • Translate materials such as press releases to aid dissemination of findings in the local context.
Tier Two				
2a	***To be Cochrane's official 'Representatives' in the country in accordance with Cochrane's spokesperson policy***	Representing and promoting Cochrane **Strategy to 2020 Objective: 3.1**	Cochrane Networks/Centres/Associated Centres will act as official representatives of Cochrane in a country or region. This is a very important role, that must be carried out in accordance with our new Spokesperson policy.	• Speak on behalf of Cochrane, where appropriate, at national events or in the national media (always in accordance with the Cochrane spokesperson policy).
2b	***To build formal or informal local partnerships with key stakeholders to improve knowledge exchange and dissemination of Cochrane Evidence***	Engaging with external stakeholders **Strategy to 2020 Objective: 3.7**	Building partnerships at all levels is important and Cochrane Networks/Centres/Associated Centres are best placed to build them in their country. Partnerships can be formal or informal at the discretion of the Centre Director.	• Build partnerships based around knowledge exchange (i.e. communicating outwardly about Cochrane and knowledge such as research priorities back to Cochrane) that help us to reach people making decisions in health (e.g.: guideline developers, MoH/government agencies, healthcare providers & consumer organisations).

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
2c	***To engage with external stakeholders locally to inform Cochrane's review priority setting work.***	Engaging with external stakeholders **Strategy to 2020 Objective: 1.2**	This does not mean that Centres need to start running priority setting exercises, but instead that we should integrate Centres into Cochrane's work to establish priority reviews so that we maximise opportunities arising from the contact Centres already have with external stakeholders.	• Work with external stakeholders to establish their research priorities and communicate these back to Cochrane. • Engage in relevant priority setting exercises that are happening in Cochrane. • Where a need is identified, take a leading role in priority setting exercises, e.g., where the country's setting is of relevance to the exercise, or where the burden of disease locally is particularly high and so is a national priority.
2d	***To build capacity for Cochrane Review production in their country by providing or facilitating face-to-face training and support for authors, editors, trainers and other contributors (in collaboration with Cochrane's Learning & Support Department).***	Building capacity for review production **Strategy to 2020 Objectives: 1.7; 4.5**	Whilst Cochrane has a new Learning & Support Department (LS&D) that will provide tools, curricula, advice, trainer certification and other support, face-to-face training for authors, editors, trainers and other contributors in countries around the world will continue to be a collaborative activity led by Cochrane Groups. Capacity building should be considered in the broadest sense and targeted appropriately for each country and region where we have a local presence so that we are working towards a global network of highly skilled Cochrane contributors.	• Provide or facilitate face-to-face author training in the country based on Cochrane's LS&D guidance. • Provide support for authors working on Cochrane Reviews based in their country. • Signpost new author teams to appropriate training materials and courses to develop their skills. • Provide training for being an editor or other Cochrane contributor. Where resources do not allow for this, assist contributors in accessing other training opportunities in Cochrane.
2e	***To host local events such as country or regional symposia that promote the work of Cochrane, actively develop the contributor base, and build stakeholder links.***	Representing and promoting Cochrane **Strategy to 2020 Objective: 3.1**	One of the recommendations of the Cochrane Events review was that we should place greater emphasis on regional events, and Cochrane's Central Executive should centrally offer some degree of support for organisers of such events.	• Maintain a programme of virtual events for stakeholders and contributors. • Hold national and/or regional events at least every two years. • Hold meetings of Cochrane Groups in the country at least every two years (potentially combined with other local events).

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
Tier Three				
3a	***To undertake or contribute to methodological or other research supporting improved production or use of synthesised evidence.***	Methodological development **Strategy to 2020 Objective: 1.5**	Many Centres have a focus on methodological work, especially where it underpins their training programmes. Other Centres perform research relating to knowledge translation or other elements relating to the uptake of evidence. This function covers this broad range of research related activities that take place in Centres.	• Undertake or contribute to methodological research; or • Undertake or contribute to research relating to the production or use of synthesised evidence
3b	***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.***	Co-ordination and management **Strategy to 2020 Objective: 4.4**	As we introduce the notion of multiple Groups, such as Affiliates, operating in any given country it is important that we establish clear accountability measures. The Centre would take responsibility for approving, managing and monitoring the performance of smaller Groups working with them. This is a management role that involves being the point of contact in Cochrane's geographic accountability structures. This coordination role also extends to coordinating the overall Cochrane presence in a country. This is not an accountability line as CRGs, Fields, or Methods Groups in that country will still be accountable through existing channels, but there should be a coordination of all Cochrane work in that country and some degree of support for all Cochrane activity.	• Maintain a programme of work around building links between Cochrane Groups based in the country. • Have a communications strategy to communicate regularly with Groups in the country through newsletters, blogs and other media. • Maintain a development plan for Cochrane's presence in the country that sets out a policy for establishing Affiliates or other Groups. • Manage the performance and reporting of designated Affiliates and Associated Centres in the country as appropriate.
3c	***To expand and diversify the the funding base of Cochrane work in the country***	Sustainable funding **Strategy to 2020 Objective: 4.3**	Centres have always had the role of supporting other Groups with their funding in their country (or more often, relevant region). They should continue to take a role in leading, facilitating or supporting funding discussions for Cochrane Groups in their country. There is a new emphasis on diversification of funding.	• Lead, facilitate or support funding discussions for Cochrane Groups in the country. • Seek opportunities that allow Groups to diversify their funding income, i.e., attempt to bring in new forms of income revenues for Groups in the country.

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
3d	***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.***	Advocating for and with Cochrane **Strategy to 2020 Objectives: 2.3; 3.4; 3.6**	Critical to achieving our organisational vision is to communicate about how evidence synthesis and Cochrane evidence can be used in health-decision making. This sort of work is best done on a local basis, with Cochrane's Central Executive providing advice, tools and support To really have an impact in these campaigns we need to take advantage of our global reach. One current example of a global initiative Cochrane is supporting is the AllTrials Campaign.	• Maintain a programme of work around communicating the importance of Cochrane's work and the importance of evidence synthesis more generally, including its use in policy making. • Work with local research funders to promote primary research that is relevant and high quality; and promote the use of Cochrane Reviews to make decisions around funding of primary research. • Promote issues that are in line with Cochrane's values and principles, such as registration of trials, disclosure of conflict of interest, reporting of trials results. • Actively promote campaigns that Cochrane has signed up to in the local context (e.g., AllTrials).
Tier Four: Additional functions				
4a	***To support the work of Cochrane's consumer network by hosting/supporting a 'consumer champion'***	Engaging with external stakeholders **Strategy to 2020 Objectives: 1.2; 2.1**	Consumer involvement in Cochrane should be structured around a global network with many country/regional contact points. Hosting, supporting and facilitating the work of a volunteer 'Consumer Champion' would allow this network to operate in a geographically dispersed way and increase its impact locally. This should not necessarily have major resource repercussions as initially these would be volunteer positions to coordinate consumer input in a region. The hope is that in time some Centres would seek funding locally to increase this type of activity in Centres.	• Host or provide support to a Consumer Champion in the country. • Support the Consumer Champion to develop and implement a plan of work around consumer engagement in the area. • Where opportunities arise, work with the Consumer Champion to obtain funding for consumer engagement work in the country.

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
4b	***To undertake Knowledge Translation (KT) work or work with other Groups in Cochrane to implement KT initiatives locally***	Local knowledge translation and dissemination **Strategy to 2020 Objectives: 2.1; 2.2**	Knowledge translation beyond the communication and dissemination described in other functions above is often country specific, or at the least highly customised. Knowledge translation work is already done by many Cochrane Centres/Branches, and we believe their engagement with Cochrane's newly proposed KT strategy will be of great value.	• N.b. this needs to be worked out in detail once the KT strategy is in place
4c	***To support or lead translation initiatives to increase the accessibility of Cochrane Evidence in their native language***	Multilingual **Strategy to 2020 Objective: 2.6**	Cochrane Networks/Centres/Associated Centres in non-English speaking regions are strongly encouraged to undertake translation work or support translation initiatives led by others in their region. We do appreciate that translation will not be a local priority in all regions or languages, hence this is not an obligatory function.	• Lead or provide support to an initiative to translate Cochrane Review Plain Language Summaries and Abstracts into the local language. • Where resourcing allows, translate more than just the abstract and PLS. • Work closely with Cochrane's Translations Co-ordinator and use Cochrane systems to undertake translation work. • Develop a local community of translators and actively support that community.
4d	***To undertake searching of local sources, especially non-English sources to contribute to the development of* CENTRAL, *Cochrane's register of controlled trials.***	Improving identification of trials **Strategy to 2020 Objectives: 1.4; 1.6**	Centres have historically had a role in hand-searching, which has contributed significantly to CENTRAL. This function, however, has been expanded to remove the focus on the method (i.e., hand-searching) and put more emphasis on being involved in the discovery of trials locally however that is undertaken. This could also involve work to obtain access to clinical study reports of drug trials and the underlying raw, anonymised individual patient data.	• Search local journals that have not been indexed by major biomedical databases and identify RCTs. • Search local, non-English databases to identify RCTs. • Search other sources of trials that are specific to the local area to identify RCTs. • Contribute the RCTs found through these activities to Cochrane's CENTRAL database.

6. Structures of Centres

6.1. Background

The current system of Cochrane country or region presences allows for two types of Group: Centre or Branch. Those wishing to undertake lower levels of work do not have a way in which to become recognised by the organization and the developmental pathway is therefore limited by having only a 'two step' approach. Centres and Branches are set up such that each country has a reference Centre which supports the development of Cochrane activity in that country. This leads to Branches of Centres being created where the Centre is often a neighbouring country, but can be very far away. Experience has shown that the levels of mentorship created through this system are sometimes very good, and that is clearly an element that needs to be protected where it functions well. Sometimes the mentorship and support is not strong; and the external designation of a Cochrane country Branch of another country Centre has stymied the profile, growth and development of a Branch.

There are alternatives emerging in the system however. The establishment of a Network model in South/Central America and the Caribbean is described in Section 4 (page 9). Elsewhere, Cochrane Groups working in the Middle East have now become accountable directly to the CEO's office in order to overcome the in-country and between-country rivalries in the region. Groups from different institutions in a particular country in this region are encouraged to work together collaboratively in a loose network led by a 'coordinator' who reports to the CEO and helps to build the individuals and institutions to a level of activity when they can be recognised within a more formal structure. In East Asia, an informal alliance has existed for 10 years that has provided a mechanism for countries in the region to cooperate in training, capacity building and advocacy.

Overall there has been agreement amongst Centres that positive examples of mentorship and support need to be retained in any future model, but the current inflexible model needs revising to reflect changes already underway. The new model should respond more actively and flexibly to the differing contexts and needs of countries and should allow for more growth of Cochrane presences both where there is currently no presence and where there is an existing cadre of contributors.

6.2. Overview of Structural Proposals

This Review proposes a new model for Cochrane Centres and other geographically-oriented Cochrane structures that will make our global presence fit for purpose in the future and will allow us to deliver our *Strategy to 2020*. The key changes proposed are:

- More levels of geographically-oriented Cochrane structures within the model;
- Encouraging multiple presences in each country or region within an integrated accountability structure;
- Developing Cochrane Networks where appropriate;
- Replacing the reference Centre concept with a new accountability framework.

As part of this shift we will need to review accountability and support structures for these Cochrane Groups. In particular, due to multiple presences, we will need to:

- Designate one Group in each country or region as the coordinating presence;
- Set out contractual agreements, as appropriate, stating that all Groups must commit to working together.

6.3. Multiple presences in a country or region

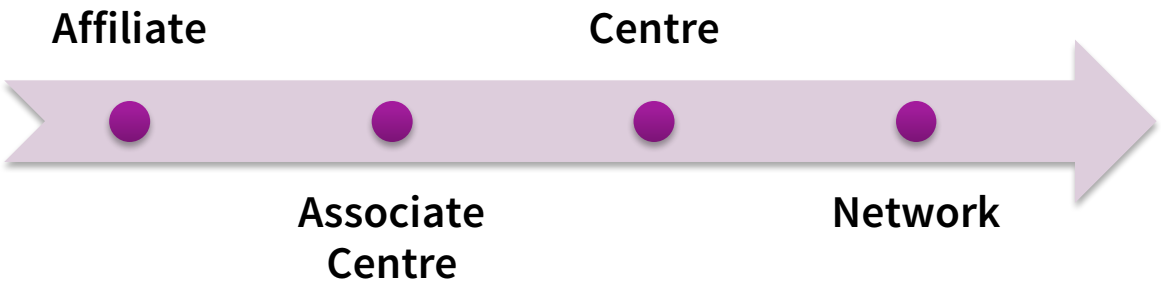
We propose that the idea of one Cochrane Group having exclusivity in a country or region should be phased out. For accountability purposes we will need to nominate a 'Co-ordinator' for any given country or region, but we would want to encourage multiple Groups of Cochrane collaborators from many different supporting institutions to work together in a country or region; and expect them to work in a collaborative and mutually supportive way. These individual Groups may fulfil just the essential four Tier One functions, or many. The co-ordinator role mentioned is a way of ensuring that there is a clear accountability relationship in countries regardless of how big or small their presence is.

Setting up additional Affiliate Groups should generally always be possible if the additional Groups meet the criteria and deliver the key functions set out in Section 5. However, we acknowledge that there could be a significant management burden on a Centre if many Affiliates were set up in the country without the Centre being resourced to manage them. For this reason, the Centre in the country will be involved in all proposals to develop additional presences.

The process for establishing new groups is detailed below in the accountability section.

6.4. Possible types of geographical Groups

Our current structure allows for Branches and Centres as the only geographical Groups. Under the new system **we propose to allow a broader range of Groups.** The broader range of Groups will allow flexibility to create networks within countries and regions, so that we can have wide reach and be inclusive. This will also allow us to offer a developmental journey where Groups are establishing a new presence in a country. The hierarchy of Groups available would be as follows:



Cochrane Affiliate: A small group of Cochrane members who work together locally and want to be recognised by Cochrane for the work they do. Affiliates may be the starting point for a Cochrane presence in a country or they may be a way to expand the reach of an existing country presence.

Criteria: undertake Tier One functions of Centres and other functions where capacity allows.

Associate Cochrane Centre: These Associate Centres (similar to what we currently call Branches) may be a developmental step along the way to being a full Centre. The functions required are fewer than for a full Centre and so there is more flexibility to focus on tasks or activities that the Group is interested in. Becoming an Associate Centre may be the ultimate goal of some Groups, in smaller countries especially. However, we would encourage all Associate Centres to build the Cochrane presence in their country to Centre level, which can be achieved by increasing the work of the Associate Centre, or by

partnering with others in their country to jointly fulfil all the functions of a Centre. In this latter example two Associate Centres could be jointly fulfilling all the Centre roles.

Criteria: undertake Tier One and Tier Two functions and additional Tier Three or Tier Four functions where capacity allows.

Cochrane Centre: A Cochrane Centre will have significant responsibility. A Centre by default will be the coordinating presence in a country and so will be responsible for reporting to Cochrane's Central Executive. A Centre could be achieved through groups in multiple locations working together to perform all the required functions, or it could be a single group. Cochrane Centres are also required to undertake at least one of the Tier Four additional functions.

Where a Group is located in a non-English speaking country or region, the Tier Four translation function would be strongly encouraged though not mandatory,

Criteria: undertake Tiers One, Two and Three functions listed and at least one Tier Four/Desirable function. Further Desirable functions are recommended where capacity allows.

Cochrane Networks: an organisation of multiple Groups (Affiliates, Associate Centres or Centres) that spans a large and diverse country or a region.

For a country-based Network this will be particularly appropriate where the country is large and there is significant regional diversity, so a geographically dispersed Cochrane presence will be beneficial. Examples where Cochrane has already identified the need to build a Cochrane Network are in China, the USA and Brazil, but we expect that many countries could benefit from expanding their reach through Affiliate Groups.

For regions where we are trying to build capacity and the Groups would be stronger working together rather than in isolation in their own country it will be a useful model. This will be particularly relevant when there are Affiliates in a country but no Centre or Associate Centre. Examples where Cochrane has already identified the need for regional networks include the Iberoamerican Network and the Middle East.

Criteria: Each Group within the Network must meet the relevant criteria for that Group type as above. For a Network to be established there should be three or more Groups involved. In a country where a Centre has, for example, three Affiliates they could choose to call themselves a Network, e.g., the Brazilian Cochrane Network. This decision should be made based on local circumstances.

Coordinating Role: With multiple presences in a country or region it is important that one Group is a designated Coordinator. This would be reviewed periodically, as over time another Group in the country/region may be better suited for the role. The nominated Coordinator would oversee the other Groups in the country or region and would take responsibility and accountability for their collective activities. This would include gathering the relevant monitoring details about activities and finances of the Groups.

A Centre should ideally hold this role, but where there is no Centre a smaller Group such as an Associate Centre or even an Affiliate may take it on. This will be managed in accordance with our accountability structure (see Section 7 for more information).

Working together: one of the potential pitfalls of having multiple presences in a country or region is that Groups can become competitive in a damaging way. In keeping with the Iberoamerican Cochrane

Network's approach, we would promote the use of contractual arrangements that commit Groups to proactively collaborate with any other Groups in their country or region.

Outward naming conventions: With the introduction of Cochrane's new branding, Groups of all sizes can now work under the banner of *Cochrane [Country Name]*. This has led to the removal of the awkward naming conventions such as the *Croatian Branch of the Italian Cochrane Centre* which is now simply known as *Cochrane Croatia*. This makes external communication significantly easier.

Cochrane needs to have a unified presence in any given country, so if a new Group sets up in a country as an Affiliate they will fall under the umbrella of that country's Cochrane presence, e.g., *An Affiliate of Cochrane Croatia.* Any Group setting up an additional presence in a country will not be allowed to set up a separate digital presence to the main website, and instead will be given a sub-section of the primary web presence for their country. The Communications and External Affairs Department (CEAD) can provide guidance for making the status of any Group clear on their web presence and other materials so there is no confusion with regard to the contribution a Group makes.

A Centre may use the term Cochrane [Country Name] as their primary name or they may wish to use their existing Centre title, e.g., The Dutch Cochrane Centre could be referred to as *Cochrane Netherlands* or it could choose to be known as *The Dutch Cochrane Centre*. Some Centres may continue to use both naming conventions and that is acceptable.

Associate Centres will also be able to refer to themselves using the same naming structure if there is no Centre in their country. If there is a Centre already established in their country, they will be known as: *An Associate Centre of Cochrane [Country Name].*

Affiliates that are set up in countries with an existing Centre or Associate Centre will be known as: *An Affiliate of Cochrane [Country Name].*

Affiliates that set up in a Country where there is no existing presence should refer to themselves as a *Cochrane Affiliate in [Country Name]*. They will need to follow guidance in terms of how they describe themselves on their web pages, but they will be able to have a standard website that has *Cochrane [Country Name]* as the header.

Any use of the Cochrane brand will be contingent on Groups performing the functions they set out to perform, and will be managed through the required accountability mechanisms.

6.5. Pathways for progression

Some Groups will want to register as a Cochrane Group to perform a very specific range of functions and will not want to progress further than this. Other Groups will be interested in developing a more complete presence, but will want to start off small to build up experience, infrastructure and funding required to achieve that. For this latter Group we propose a developmental pathway that takes them from a small local presence to full Cochrane Centre status.

We see the pathway as starting normally as a Cochrane Affiliate. This will help set up a presence and will provide a basis from which the Group can approach funders. From this point Groups can seek to develop into Associate Centres and then Cochrane Centres, gradually adding functions as they progress.

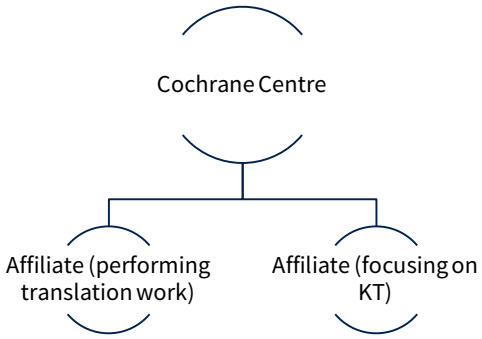
6.6. A network based approach to geographic presences

In many countries Cochrane would benefit from an expanded presence, so that Cochrane's work is more widely disseminated and there are more opportunities to build links with important external stakeholders. It may also be possible to extend the capacity of a Centre by partnering with others.

For this to be possible we propose to establish a network-based approach to developing presences in a country where such expansion is deemed beneficial. There will always be a lead, co-ordinating presence in the country which may be a Centre or an Associate Centre, but the presence of Cochrane in that country could expand by partnerships with Affiliates in other institutions. The country presence will be driven by the needs set out by the co-ordinating Centre in their strategic plan for the country, but as examples here are a few ways in which this network approach might help Groups to develop.

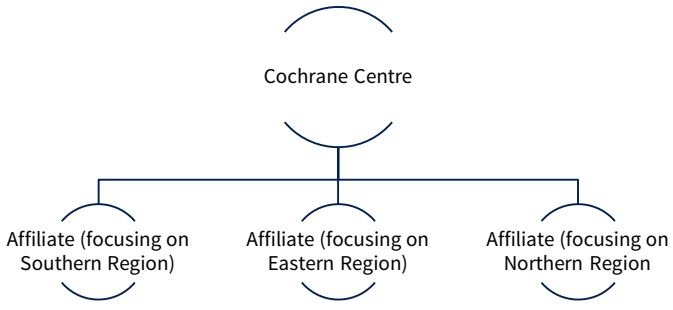
Example one:

A Cochrane Centre may want to expand its activities through partnership with another Group in the country. For example, in a non-English speaking country a Centre could partner with a smaller Group (an Affiliate) who are willing to lead a translation initiative in that language. The work would all fall under the umbrella of Cochrane [Country Name], and the Affiliate would be responsible to Cochrane through the Centre in their country.



Example two:

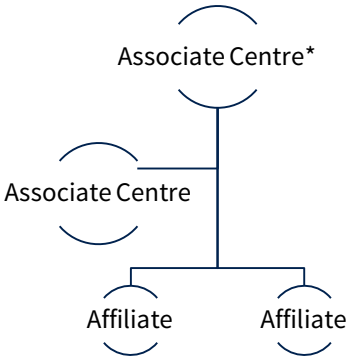
In a country that is geographically large and diverse a Centre may feel unable to have an impact across the whole nation. In this situation the Centre may seek to set up Affiliates or Associate Centres in various



key regions. These smaller Groups may work to the same workplan and so undertake the same tasks as the Centre, but with a regional focus.

Example three:

In a country where there are multiple Groups interested in forming a Cochrane presence, but none of whom have sufficient capacity to set up a full Cochrane Centre, they may want to work together, dividing the functions of a Centre between them, so that jointly they become a Cochrane Centre. In this situation there would have to be one Group who takes the lead co-ordinating role and reports to the Cochrane CEO.



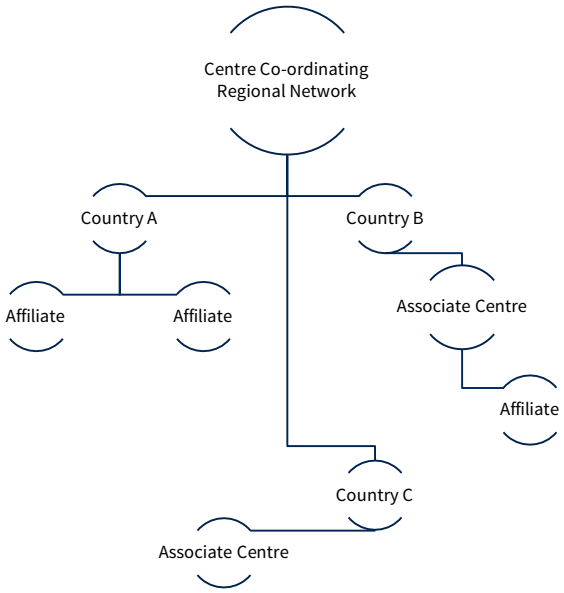
** the Associate Centre marked with an asterisk would be the coordinating Centre for management and accountability purposes.*

6.7. Regional Networks

As explained above, in some regions Groups will be stronger working together as a Network. This might be especially relevant in settings where there is insufficient funding or infrastructure to set up Centres locally, so smaller Groups may be set up who are part of a regional network. This might apply in the Middle East or Africa, for example. There are two expected permutations of this regional network approach.

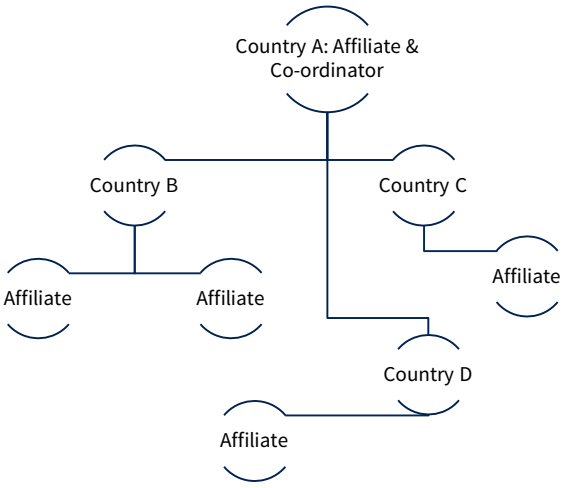
Example four:

A well-established Cochrane Centre leads the development of a Cochrane Network in a region of interest. The Iberoamerican Cochrane Network is an example of this approach.



Example five:

In a region where there is no significant infrastructure or funding for Cochrane activities, a collection of small Cochrane Groups in neighbouring countries may come together to form a Network so that they can work together to have greater impact in their countries and their region. In this instance, there is no well-established Centre driving the Network forward, so it is a mutually supportive network approach. We are keen to pursue this in the Middle East, for example.



7. Accountability and Governance

7.1. Support and Accountability Relationships

Historically, certain Centres have been allocated countries or regions for which they are the 'Reference Centre'. This has been helpful in developing Cochrane's global presence, but this Review has shown widespread agreement that this system is not always optimal. In future, in countries where there is no existing Cochrane presence, we propose that a potential Cochrane Group (Affiliate/Associate Centre) will no longer have to work through a 'Reference Centre' allocated to it 20 years ago, but will instead be able to directly contact Cochrane's Central Executive with a proposal for its activities to be overseen by a Cochrane Centre/Associate Centre/Network of its choice. This choice may be based on factors such as a common language; nature of work intended; specialist support skills needed and offered; strong personal, historical or institutional links.

There will be a collaborative process for establishing the required support and mentorship for the new Group. This will involve discussions with the Group in question and the other local Centres. A recommendation will then be discussed at the Centre Directors' Executive before the CEO makes a final decision on the accountability lines.

The lines of formal accountability for the new Group may not be the same as the sources of regular mentorship and support that a Group receives (for example, where a Group seeks mentorship in their own language or from a Centre that specialises in similar areas of work).

We will undertake a comprehensive review of the existing lines of accountability between Cochrane Centres and Branches. This will give us the opportunity to make changes where appropriate so that, for example, where a Branch works very closely with a Centre, but currently reports to a different Centre with whom they do not collaborate regularly, we can change the reporting to be with the Centre they interact with most. Essentially, we will be retrospectively applying the principles in this document that mentorship, support, and accountability should be decided on the grounds of appropriateness and should not be decided according to the blanket rules of historically assigned 'Reference Centres'.

Previously, Cochrane had a committee for administering the registration, monitoring and reporting of Groups. This was the Monitoring and Registration Committee (MaRC). The process of registering Groups was handled by this Committee, which advised the Cochrane Steering Group on decisions regarding new Groups. In 2015 the MaRC was formally wound up, following the decision of the CSG to abolish it several years earlier. The new system brings registration, approval for changes to Cochrane Groups, and monitoring and reporting lines for Groups, into the formal accountability structure now established for Cochrane.

All applications for a new Affiliate, Associate Centre, Centre or Network require the approval of the CEO, who has line responsibility for all of the activities of these Groups. However, the day to day line management of Affiliates and Associate Centres will be delegated to the existing or designated Centre. The CEO is advised on the applications for new Groups by the Centre Directors' Executive and other Executives as required, and then makes a formal decision on the registration of the Group.

A formal Memorandum of Understanding will be established between the Cochrane CEO and the Directors of Cochrane Centres, Networks and other Groups that have a direct line relationship with the Central Executive. This will be similar to that being established for other Cochrane Groups, including Co-ordinating Editors of Cochrane Review Groups and Directors of Cochrane Fields. This MoU will set

out the mutual responsibilities and accountabilities of Cochrane and its Central Executive and the Director/Head and Group. This will be routinely re-assessed as part of the monitoring process (at least once every five years).

In addition, Cochrane's *Charter of Good Management* sets out the organization's expectations of managers across the organization and the standards and behaviours we expect them to uphold. The Charter is designed to guide and support its leaders, and to give staff working in Cochrane clear guidance on the management behaviours they should expect to see (see Appendix 7).

7.2. Accountability for multiple presences in a country

It is important that all Groups work within a clear accountability structure and this is particularly important where we expand Cochrane's presence in a country by having multiple presences, such as Affiliates. Where there is already a Centre or other established presence in a country, they will be involved in developing the new Groups. It is critical that in every country we have a coordinating presence so that there is a clear line of accountability for all Cochrane activities.

The process for establishing new Groups is:

- The CEO and Centre Director will work together on the development of new Groups.
- The CEO will approve the establishment and disbandment of Affiliates, Associate Centres and Centres.
- The management of Affiliates and Associate Centres will be the responsibility of the appropriate Centre Director.

Where there is no larger group to manage a new Group, the CEO will work with other Centres in the region to establish appropriate lines of accountability and mentorship.

7.3. Strategic plans and succession planning

Groups of all sizes should have a strategic plan, which will - at a minimum - consist of a multi-year work plan that demonstrates how the Group plans to deliver the functions set out in this document in their local context. This plan should also contain some self-set targets for each function in addition to short, medium and long terms goals for that function.

Centres will be expected to provide an annual statement of what the priorities are for the year ahead (which may or may not be unchanged from the multi-year plan). The strategic plan for the Group must contain a succession plan which details what the Group is doing to develop future leaders in its Group, so that Cochrane can be assured that there are suitably equipped leaders able to take the Centre forward when the current Director steps down.[5]

Funders also require business plans from their Centres, so we have deliberately avoided being overly prescriptive about how the strategic plan should be put together so as to avoid the need for one strategic plan for Cochrane and one for the funder.

These strategic plans may be relatively brief or detailed depending upon the capacity of the Group, but the strategy and each annual update on activities should be submitted to the Central Executive

[5] We acknowledge that vacancies for Centre Director roles will be open calls, and as such we are not suggesting a single individual necessarily be trained up for the opportunity. Instead we are suggesting that anyone interested should be given opportunities to develop their leadership skills in Cochrane.

according to a defined schedule to be agreed. These plans will be used to assess performance of the Groups.

The CEO's Office will provide template strategic plans for Groups to use, however, where a comprehensive plan meeting our needs already exists we will not insist upon the use of our template

7.4. Monitoring of Centre Activities

Once we have established strategic plans for Cochrane Centres and so have a shared understanding of how Centres will be delivering the functions the Central Executive will establish a formal monitoring process. We believe this can be done in a way which is not burdensome to Centres and it will probably take the form of an annual report built on the same format as the strategic plan.

We would expect Centres to set short, medium and long term targets that can be assessed to measure performance. This should be done with the understanding that targets change due to unexpected circumstances, and such changes would be managed through communication with the CEO.

7.5. Existing and future policies and processes

The Cochrane brand is a valuable asset to Groups and so it should be used in a responsible fashion and Groups will be accountable to Cochrane for their use of it. Cochrane has set out a Spokesperson Policy that outlines expectations of those who speak on behalf of Cochrane. It is important that all of the Cochrane Groups in the geographic network of Centres and Networks adhere to this policy.

All Cochrane Groups are expected to comply with this and other central policies when acting on behalf of Cochrane.

7.6. Probation period

Setting up a new Cochrane Group is a challenging task, and it is also a significant responsibility to be part of Cochrane's global presence. Accordingly, we will introduce a probation system whereby new Groups are assessed after one year to ensure that they are progressing as expected in their plans and to ensure that they are capable of building the presence they have promised. Where progress has been slower than planned the approach will be to assess both the performance and the support and mentorship they require to succeed.

7.7. Centre Directors' Executive

There will continue to be a Centre Director's Executive as now, which will act as an Advisory body to the CEO and CSG on issues concerning Centres and Networks. Election and membership of the Centre Directors' Executive will be opened up to reflect the new geographic structure being implemented. The Executive's Terms of Reference will therefore have to be reviewed in 2016.

8. Impact on existing Branches and Centres

One of the key components of the new structures is the flexibility to have multiple Groups in a country or region. We hope that, where appropriate, existing Centres and Branches will work with others to develop new Affiliates in their country or region to expand the impact of their work. One consequence of this increased flexibility is the necessity to have a 'Coordinating Group' in each country or region. We propose that the existing Branches and Centres automatically become the co-ordinators for their country or region.

We will undertake a complete review of accountability mechanisms. We will sit down with each Centre and Branch and discuss their existing accountability arrangements and what they would like in future. Where Groups have, to date, been the reference Centre for a given region this will no longer be the case. This does not mean that Cochrane will be coordinating development centrally, it simply means that we will be flexible about how emerging Groups are supported and review opportunities for support and mentorship alongside each application (see section 7.1 above for details).

There may be branches which are well established and decide that they now qualify for the status of Cochrane Centre as a result of these changes, or that if they expand their work plan slightly they will qualify. Once these changes are implemented we will invite existing Branches who feel this is the case to contact us with a revised workplan (based on a template to be provided by the CEO's Office) which clearly demonstrates how the Branch will be fulfilling all the Centre functions. Assuming this is satisfactorily completed the transition to recognition as a Centre will be smooth for those Groups.

9. How Centres/Networks will fit with other Groups

Centres complement the work of Cochrane Review Groups, by providing an outward facing regional presence that can engage with stakeholders, disseminate reviews, train contributors locally, etc., so the fit between these two types of Cochrane Groups is mutually beneficial. However, the relationship and support of Cochrane Centres/Networks/Associate Centres with CRGs could be closer and more engaged than is currently the case. Cochrane will look at how these relationships can be deepened to mutual benefit as part of the next stage of the Structure & Function Review process.

A new Tier Four Additional function for Centres is to build much closer and more engaged relationships with consumers in their countries/regions. The Consumers Network is trying to create a global network of consumers with oversight of the consumers in a given country given to the appropriate local Cochrane Group. This doesn't mean Centres suddenly have to add something to their 'to do' list, but it does mean they would support a local Consumer Champion who will be seeking to develop Cochrane's presence in that region. It is hoped that, over time, Centres would become more engaged in this area and potentially seek external funding to expand their capacity in this area.

Where Fields fit in relation to Centres is more complex. In our current structure, Fields can sometimes overlap significantly with Centres as an outward facing presence of the organisation. Both Fields and many Centres have a particular interest in knowledge translation, and Fields may transition to become more KT focussed following the development of Cochrane's KT Strategy. The main difference between the two types of Groups, though, is that Centres seek to be an outward presence in their geographic area, while Fields currently seek to be an outward presence in their speciality area (although it may be that most Fields are impacting primarily in a specific geographic area). Under Cochrane's new KT Strategy, the role of both Groups in KT activities, and opportunities to work together in a more integrated way and for greater impact, will be explored.

10. Appendices

1. Appendix 1: Position Paper 1: Remit and Functions
2. Appendix 2: Position Paper 2: Models and structures
3. Appendix 3: Centres and Branches Monitoring report - Report based on monitoring undertaken in 2014 regarding the time period 2012-2013
4. Appendix 4: External Stakeholder consultation report
5. Appendix 5: Centres and Branches mapped to the Strategy to 2020 Objectives
6. Appendix 6: Lessons learned from the creation, promotion and coordination of the Iberoamerican Cochrane Network
7. Appendix 7: Cochrane's Charter of Good Management

Appendices 1-6 are available at the following link: http://tinyurl.com/jrk3ub5

Appendices 7 is available at the following link: (http://community.cochrane.org/organizational-info/resources/charter-of-good-management-practice)