**Application to Establish a Cochrane Geographic Group: Affiliate**

This form is for any Cochrane members or Groups wishing to establish a Cochrane Geographic Group Affiliate. Applicants are strongly encouraged to read the guidance document on the new [Cochrane development model and application process](https://community.cochrane.org/organizational-info/plans/future-evidence-synthesis-cochrane/about-cochranes-new-production-model) before completing the form.

Completed applications should be submitted to Tiffany Duque: at tduque@cochrane.org and Karla Duque Jacome: at kduquejacome@cochrane.org



**Sponsor group:** if applicable, please name the Cochrane geographic group with which you have been working or who will provide induction for you should you be selected. **(not required for selection)**

**Terms of acceptance if granted:**

* 12 months probationary period
* The host institution, proposed Affiliate Director, and Cochrane must sign Cochrane’s Geographic Group Collaboration Agreement
* Monitoring and evaluation metrics must be reported annually on [Cochrane’s M&E platform](https://community.cochrane.org/organizational-info/resources/resources-groups/geographic-groups-portal/reporting)
* All staff and signatories must read and agree to the terms of Cochrane’s organizational policies:

[Spokesperson](https://community.cochrane.org/sites/default/files/uploads/inline-files/Spokesperson%20Policy%20Revision%202020%20-%20Final%20-%20August%202020.pdf)

[Conflict of Interest](https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/Conflict%20of%20Interest%20policy_2023_05_v21.pdf)

[Logo and Branding](https://community.cochrane.org/sites/default/files/uploads/inline-files/Cochrane%20Brand%20Guidelines_Jan%202022%20Updated.pdf)

**Eligibility Prioritization:**The following criteria will be used in selecting new Affiliate Geographic Groups:

* The proposed group fills a geographic gap in which Cochrane currently has little or no presence, especially in LMIC\* settings
* The proposed group will fill a technical / dissemination gap (i.e. policy influence, impactful partnerships, capacity development, training, language translation, and material development)
* One or some of the proposed staff have worked with Cochrane previously and have Cochrane expertise\*\*
* Capacity to attend and participate in quarterly Geographic Group virtual meetings and other Cochrane events\*\*\*

\* Low- and Middle-Income Countries as defined by The World Bank: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>
\*\* Using and/or producing Cochrane resources and tools to access and utilize evidence-based healthcare information; partnership with existing Cochrane groups.
\*\*\* Directors are expected to attend & participate in four Geo Group meetings annually or send a Deputy in their stead. Additionally, participation in Cochrane events and other regional meetings is encouraged.

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| A. Cochrane experience |  |
| 1. Experience of Core Members: | Detail experience with Cochrane or other Cochrane groups of members of the group, collaborations, etc. If none, detail other experiences that can be transferable, responding to the needs of stakeholders with diverse types of evidence synthesis and dissemination.  |
| **B. Ability to deliver** |  |
| 2. Anticipated Annual Capacity: | Detail your expected number of activities to be done each year. *Example: The affiliate’s anticipated annual capacity in the first two years includes undertaking a minimum of 2 activities (training, webinars, and Systematic review) across two topics.* |
| 3. Experience in Delivering to Strict Deadlines | Detail your experience following deadlines. *Example: Our streamlined development plans include leveraging technology, templates, and efficient workflows to ensure timely completion.* |
| 4. Training Plans for Quality Assurance: | Detail anticipated plans to maintain quality over activities performed by the affiliate. *Example: We have a proven* *record of accomplishment of delivering evidence syntheses and dissemination activities to strict deadlines. Our streamlined development plans include leveraging technology, templates, and efficient workflows to ensure timely completion.* |
| 5. Priorities and expertise | Detail if there is a specific expertise in the group and what activities and/or topics will be priorities. *Example: Our priorities are to deliver high-quality, evidence-based information in a timely and efficient manner/Our expertise is translations into native language.* |

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| **C. Funding and support as applicable** |
| 6. Funding Contracts | Detail any funding approved or to be approved, any funding should comply with Cochrane’s Conflict of Interest Policy. Specify how the funding will be received and if there are any restrictions. Example: We are in discussions with potential funding sources and have initiated conversations with (List Funding Agencies). The funding will be economical and will help to maintain three permanent members. No funding will be provided for online support. |
| 7. Funding Mechanisms | Example: grants / organizational funds / in-kind support |
| 8. Maximising Resource Identification: | Detail activities that will be performed to increase and/or obtain resources. Example: Our strategies to maximize the likelihood of identifying and securing evidence synthesis and dissemination contracts include proactive engagement with stakeholders, networking, and leveraging support from regional partners. |
| 9. Anticipated Support from Cochrane: | Detail what type of support is expected from Cochrane. *Example: We anticipate support from Cochrane, including guidance from the Central Executive Team and collaboration with other Cochrane Groups.* |
| 10. Established Networks and Partnerships: | Detail any networks and/or partnerships considered/approved to aid the impact of the group. E*xample: We have established networks and partnerships with (name of) stakeholders outside Cochrane, which we will leverage to enhance the impact of the affiliate’s work.* |
| 11. Plans for New Relationships: | Detail other institutions your affiliate will seek/is seeking as a partner. *Example: We have plans to foster new relationships with xxx to increase the relevance and quality of our outputs.* |

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| **D. Values** |
| 12. Promotion of Inclusivity and Diversity: | Confirm that the group intends to promote inclusivity and diversity. If possible, indicate how you will accomplish that goal.  |
| 13. Sustainability and Succession Planning | Detail key activities or strategies to maintain the sustainability of the group. *Example: Sustainability will be ensured through strong host institution partnerships(s), mentoring programs, and robust succession planning to facilitate continuous success*. |
| 14. Collaboration to Reduce Research Waste | Detail strategies and/or considerations to reduce research waste. *Example: We will actively collaborate with other xxx Cochrane Groups to minimize research waste through efficient resource utilization and shared initiatives.* |

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| **E. Representation of Cochrane’s Core Values:** |
| 15. Collaboration, relevance, integrity, and quality. | Confirm the interest of the group to prioritize equitable representation, work transparently, and avoid vested interests and research waste in alignment with Cochrane’s core values. Please write a two-line statement. |

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| **F. Operational plans** |
| 16. Center Director and Accountability | Accountability to Cochrane will be established and maintained through adherence to the provided Terms of Reference: **AGREE / DISAGREE**Comments: |
| 17. Quality Assurance Practices: | Quality assurance will be ensured through rigorous working practices, including supervision, clear lines of accountability, effective communication channels, checklists, and collaboration with other Cochrane Groups. **AGREE / DISAGREE**Comments: |

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| **G. Activities Expected from and Justification of Proposed Geographic Group** |

 Be prepared to carry out and report annually on at least 3 activities, such as:

* Training and learning opportunities
* Workshops
* Conferences or professional development (organized or attended)
* Curricula development
* Language translations
* Tools, methods, materials development
* Methods Research
* Priority setting (communicating national priorities to Cochrane to aid in organizational prioritization)
* Evidence production (Cochrane and other systematic reviews and meta-analyses
* Dissemination / Knowledge Translation of Cochrane evidence
* Cochrane-Wikipedia Project
* Partnership development
* Consumer / Patient Involvement
* Contributions to the use of Cochrane evidence in healthcare guidelines
* Contributions to funding (grant writing, resource allocation, etc)
* Cochrane Colloquium committees including abstract & workshop submission reviews, poster scoring, etc.
* Participation in Cochrane Networks (trainers, methods) and Workgroups (climate health, equity)
* Participation in Cochrane Mentorship programs
* Attendance and/or engagement in Cochrane Colloquium, which is held as the annual Face-to-Face Geographic Group meeting
* Participation in regional geographic group events and meetings

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| 18. In sections 18a- 18c, provide details and justification on how the group will fill local/country needs, the current state of EBM & evidence-use, and governance |  |

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| 18a. Benefits of Cochrane Presence | **Brief rationale** | **The Local Environment** | **Use of Evidence in Decision-Making** | **Gaps and Improvements** |
|  | (Why a Cochrane group is necessary) | (i.e. health, policy, academia, research, access, etc.) | (Description of the state of evidence use) | (Highlighting gaps in the evidence system) |

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| 18b. Current Cochrane Activity & Motivations | **Extent of Current Cochrane Activity** (if applicable) | **Motivation for Cochrane Presence** | **Contribution to Diversity, Equity & Inclusion** |
|  | [Number of authors, editors, etc.] | [Motivation from within the constituency] | [Highlight this contribution] |
| 18c. Governance | **Leadership & Governance of Proposed Group** |
|  | [Brief Description] |

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| **H. Leadership and Geographic Group Staff Members** |

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| 19. Leadership & Team Members: please indicate who will fill the following positions, along with the time commitment of each member (%FTE) |  |
|  | **Director** | **Deputy Director** | **Advisory Board** | **Librarian** |
|  | [Director Name & %FTE] | [Deputy Director Name & %FTE] | [Yes/No, with details if applicable] | [Yes/No, with details if applicable] |
|  | **Add'll Staff Details** | **Host Institution Representative** |  |
|  | [Names, roles, & %FTE] | [Name, title] |  |
| **Total members and allotted time** | [# members total in the proposed group as detailed above and **total # of FTEs** (full-time equivalents; preferably 1-3) |

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| 1. **Strategic Plan**
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| 20. Principal Goals and Activities:  |
| The strategic plan template is below. Outline your proposed activities and plans for a 3–5-year period. |
| 21. Mentorship and Support:  |
| Detail here if you will provide or receive mentorship or support or if you are interested in joining one or more of Cochrane’s mentoring schemes as a mentor/provider.  |
| *Examples of Cochrane mentoring and fellowship programs include:** [*Cochrane US Health Equity Mentoring Program*](https://us.cochrane.org/news/cochrane-us-mentoring-program-year-3)
* [*Cochrane International Mobility Programme*](https://training.cochrane.org/cochrane-international-mobility)
* [*WHO - Cochrane - Cornell Summer Institute*](https://www.human.cornell.edu/dns/who-cochrane-cornell-summer-institute)
* [*Cochrane Ireland Communication Mentoring Scheme*](https://ireland.cochrane.org/news/communicating-public-mentorship-scheme)
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| **J. Letters of Support** |

Please provide 2-3 letters of support, at least one being from the Host Institution, detailing who is offering support, how they relate to the affiliate group/staff, why they support the proposal, and the benefits of the proposed affiliate group.

| **K. Conflict of Interest** |
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| **Declarations of Interest of the Proposed Director & Host Institution Representative** | The proposed Director must complete the Cochrane Conflict of Interest Declaration form below |
|  Cochrane Conflict of Interest Declaration**Name: ￼** **Proposed role in Cochrane Geographic Group:** **Date:****1.** **Financial interests**a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organization (i.e. any organization related to health care or medical research) to conduct research?b) Had paid consultancies: any paid work, or consulting fees (in cash or kind) from a related organization?c) Received honoraria: one-time payments (in cash or kind) from a related organization?d) Served as a director, officer, partner, trustee, employee, or held a position of management with a related organization?e) Possessed shareholdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?f) Received personal gifts from a related organization?g) Had an outstanding loan with a related organization?h) Received royalty payments from a related organization?**2. Do you have any other competing interests that could pose a conflict of interest that would** **reasonably appear to be related to the primary interest?**(Yes/No)Comment: |

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**Strategic Plan Template**

Please create a tentative 3–5-year plan detailing ‘SMART’ short and long-term goals to be achieved.   You may fill in the template here. Add more rows as needed.

**Definitions:**

* **‘SMART’ goal:** statements that describe the results you are working to accomplish. They use the SMART technique, so they are clear, understandable, and easy to follow. (**S**: specific, **M**: measurable, **A**: achievable, **R**: Relevant, **T**: time-bound)
* **Short-term goals:** can be achieved in the near future, typically within the first 1-2 years These goals are achieved with specific objectives that are actionable and help you make progress toward larger, long-term goals.
* **Long-term goals:** are planned to be accomplished in years 3-5 of the strategic plan. Long-term goals require time and planning and build on the goals and objectives of years 1-2

**Types of activities\*:** select from the following key Geographic Group activities. These correlate to the activities your group will be expected to carry out and report on annually using a Cochrane Monitoring and Evaluation platform.

* Training, learning opportunities, workshops
* Conferences or professional development (organized or attended)
* Curricula development
* Language translations
* Tools, methods, material development
* Priority setting
* Evidence production
* Dissemination / Knowledge Translation
* Partnership development
* Contributions to the use of Cochrane evidence in healthcare guidelines
* Contributions or improvements to health-related policy on local or national levels
* Promote Cochrane or the Cochrane geographic group(s) & gain visibility
* Consumer /patient/caretaker engagement
* Written report or publication
* Internal report or similar (ex: centre quarterly report; group M&E (monitoring & evaluation), etc.)

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| \*Type of Activity | Brief description | SMART' Objectives |
|   |   | Short-term: Long-term: |
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| \*Type of Activity | Brief description | SMART' Objectives |
|   |   | Short-term: Long-term:  |
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| \*Type of Activity | Brief description | SMART' Objectives |
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