# Cochrane Geographic Group Types

Cochrane has a broad range of Groups to allow for flexibility and inclusiveness. 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**: Associate Centres 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.

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 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 too. This will be particularly relevant when there are Affiliates in a country but no Centre or Associate Centre. An example where Cochrane is already using this regional approach is the Iberoamerican Network.

*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.*

See also the annex for examples of Cochrane Networks.

**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. Only under exceptional circumstances would a new Group in a country start as an Associate Centre or full Centre. 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.

**Annex – Cochrane Network Examples**

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.

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.