

# Governing Board OPEN ACCESS

<b>Schedule</b>	Monday 8 November 2021, 7:30 PM — 9:30 PM GMT
<b>Venue</b>	Zoom
<b>Description</b>	<p>Videoconference to be opened 15 minutes early for an informal 'coffee round' for those who would like to attend.</p> <p>Los Angeles (USA - California) Wednesday, 13 October 2021, 11:30 Denver (USA - Colorado) Wednesday, 13 October 2021, 11:30 Ottawa (Canada - Ontario) Wednesday, 13 October 2021, 14:30 Buenos Aires (Argentina) Wednesday, 13 October 2021, 15:30 London (United Kingdom - England) Wednesday, 13 October 2021, 19:30 Barcelona (Spain - Barcelona) Wednesday, 13 October 2021, 20:30 Milan (Italy - Milan) Wednesday, 13 October 2021, 20:30 Cape Town (South Africa) Wednesday, 13 October 2021, 20:30 Tel Aviv (Israel) Wednesday, 13 October 2021, 21:30 Melbourne (Australia - Victoria) Thursday, 14 October 2021, 06:30 Auckland (New Zealand - Auckland) Thursday, 14 October 2021, 08:30</p>
<b>Notes for Participants</b>	<p>Board members must declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change:</p> <p><a href="https://community.cochrane.org/organizational-info/people/conflict-interest/board">https://community.cochrane.org/organizational-info/people/conflict-interest/board</a>. All meeting participants are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.</p> <p>Download a PDF version of the agenda pack from <a href="https://cochrane.azeusconvene.com">cochrane.azeusconvene.com</a></p>
<b>Organiser</b>	Veronica Bonfigli

## Agenda

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VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE [19:15-19:30 GMT]

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7:30 PM      OPENING BUSINESS: (5 MINS)

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1. Welcome, Apologies, Declaration of Interest, Board Code of Conduct and Board Charter

 Code of Conduct for Trustees_Aproved 22Mar18.pdf	1
 Governing Board Charter only_Aproved 22Mar18.pdf	4

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- 1.1. Welcome to Ginny Barbour, attending as a consultant on Open Access for Item 3
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- 1.2. Record of thanks to outgoing Board members Xavier Bonfill and Nicky Cullum; and apologies from Nicky Cullum
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2. Approval of the Agenda, including the papers and decisions in the Consent Agenda  
For Decision
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7:35 PM      SUBSTANTIVE BUSINESS: (60 MINS)

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3. PERMANENTLY RESTRICTED ITEM - COMMERCIALY SENSITIVE] (40 MINS)  
For Decision - Presented by Charlotte Pestridge, Karla Soares-Weiser and Judith Brodie
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4. CEO Report: [VERBAL REPORT] (10 MINS)  
Presented by Judith Brodie
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- 4.1. Central Executive Team Review & Reorganization  
For Information

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5. Editor in Chief Report: [VERBAL REPORT] (15 MINS)

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5.1. CRG Restructure: updates of funding and status of CRGs  
For Information

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5.2. Chronic Fatigue Syndrome Review: update  
For Information - Presented by Tracey Howe and Karla  
Soares-Weiser

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8:40 PM CLOSING BUSINESS: (5 MINS)

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6. Matters Arising not otherwise covered by the Agenda

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7. Any Other Business

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8. Date of next meeting: 14 December, 19:30 GMT

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8:45 PM CLOSED SESSION (TRUSTEES ONLY) (10 MINS)

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CEO recruitment: update  
For Information

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Board elections: update  
For Information

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Evaluation of meeting:

 GB-2021-1310 Governing Board post-meeting evaluation  
Trustees (OPEN ACCESS SUPPORTING DOCUMENT).pdf

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 GB-2021-1310 Governing Board post-meeting evaluation  
Leadership Team (OPEN ACCESS SUPPORTING  
DOCUMENT).pdf

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[Trustees \(LINK FOR THIS MEETING:](#)

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[Leadership Team \(LINK FOR THIS MEETING:](#)

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CONSENT AGENDA:


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Finance, Audit & Investment Sub-Committee Minutes  
[RESTRICTED ACCESS SUPPORTING DOCUMENT] - FOR  
INFORMATION ONLY

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Fields' Report on the future of Cochrane [OPEN ACCESS  
SUPPORTING DOCUMENT] - FOR INFORMATION ONLY

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 Council paper 151121- 1 Fields' Report on the future of  
Cochrane [OPEN ACCESS SUPPORTING DOCUMENT].pdf

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Matters arising from previous meeting

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# Governing Board

## Code of Conduct for Trustees

<b>First prepared:</b>	19 February 2018 Governance Sub-Committee
<b>Last updated:</b>	21 March 2018 Governance Sub-Committee
<b>Governing Board approved:</b>	22 March 2018 Lisbon Governance Meetings

## 1. Introduction

Those who serve on the Governing Board are trustees of a UK charity and have responsibilities both under UK company law as directors and under UK charity law. As part of this, each Governing Board Member ('Trustee') is asked to agree to abide by the Code of Conduct which is set out in this document and to sign the Trustee's Declaration accordingly. This is to be read in conjunction with the Articles of Association of the Charity.

A copy of the Code of Conduct will be made available at the front of all Governing Board agendas.

## 2. Purpose of the Code

The Code aims to define the standards expected of Cochrane's Trustees in order to ensure that:

- The organisation is effective, open and accountable;
- The highest standards of integrity and stewardship are achieved; and
- The working relationship with any staff and advisers is productive and supportive.

## 3. Code of Conduct

### 3.1 Selflessness

Trustees have a general duty to act with probity and prudence in the best interest of the charity as a whole. They should not act in order to gain financial or other benefits for themselves, their family, their friends, or the organisation they come from.

### 3.2 Integrity

The charity's Trustees should conduct themselves in a manner which does not damage or undermine the reputation of the organisation or its staff. More specifically they:

- Should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their role;
- Must avoid actual impropriety and any appearance of improper behaviour;
- Should adhere to the Board Expenses Policy and avoid accepting gifts and hospitality that might reasonably be thought to influence their judgement, and any gift or hospitality received in any connection to the charity over the value of £50 GBP should be declared to the Board.

### 3.3 Objectivity

In carrying out their role, including making appointments, awarding contracts,

recommending individuals for rewards and benefits, or transacting other business, the Trustees should ensure that decisions are made solely on merit.

In arriving at decisions in areas where they do not have expertise themselves, the Trustees should consider appropriate professional advice.

### 3.4 Accountability

The Trustees:

- Have a duty to comply with constitutional and legal requirements and to adhere to official organisational policies and best practice in such a way as to preserve confidence in the charity;
- Are accountable to the organisation's members and other stakeholders for their decisions, the effectiveness of the Board, and the performance of the organisation.

### 3.5 Openness

The Trustees should comply with Cochrane's Data Protection Policy and ensure that confidential information and material, including material about individuals, is handled in accordance with due care; so that it remains confidential.

In addition, they should be as open as possible about their decisions and the actions that they take. As far as possible, they should give reasons for their decisions and restrict information only when the wider interest clearly demands.

### 3.6 Honesty

The Trustees have a duty to avoid any conflict of interest so far as is reasonably practicable and adhere to Cochrane's Conflict of Interest policies. In particular, they must make known any interest in any matter under discussion which:

- Creates either a real danger of bias (that is, the interest affects him/her, or a member of his/her family, or friends, or organisation, more than the generality affected by the decision); or,

- Which might reasonably cause others to think it could influence the decision.
- He/she should declare the nature of the interest and withdraw from the room and not participate in discussion and decision making, unless the remaining Trustees agree otherwise.

### 3.7 Leadership

The Trustees must:

- Promote and support the principles of leadership by example and adhere to Cochrane's Charter of Good Management Practice;
- Attend all meetings regularly (unless there are exceptional reasons not to do so), ensuring they prepare for and contribute appropriately and effectively, and avoid dominating the contributions of others;
- Bring a fair and open-minded view to all discussions of the Board, maintaining a respectful balance between speaking and listening, treating different views with respect, and ensuring that all decisions are made in the charity's best interests;
- Respect the authority of the Co-Chairs of the Board, and the chair of any meeting;
- Having given delegated authority to any of their number or to any staff, be careful - individually and collectively - not to undermine it by word or action.
- Accept and respect the difference in roles between the Board and staff, ensuring that the honorary officers, the Board and staff work effectively and cohesively for the benefit of the organisation, and develop a mutually supportive and loyal relationship;
- Respect the roles of staff, and of management arrangements in the staff team, avoiding any actions that might undermine such arrangements;
- Abide by any equal opportunities, diversity, health and safety, bullying and harassment policies and any other policies agreed by the Board;

- Maintain respectful, collegial and courteous relationships with contacts established in the Board member role;
- When speaking or writing as a Board member, ensure comments reflect current organisational policy even when they might be at variance with personal views;
- When speaking privately (that is, when speaking not as a Board member) adhere to the Spokesperson Policy and make great efforts to uphold the reputation of the charity and those who work in it.

## 4. Breaches of the Code

In cases where there is a concern that a Trustee has breached this Code, the matter will be reviewed by the Co-Chairs, or a Co-Chair and another Trustee, or two Trustees appointed by the Co-Chairs. They will make a recommendation to the Board. (If a concern has been raised about a Co-Chair, the review will be undertaken by the other Co-Chair and another Trustee).

The Board will decide whether to discuss the recommendation in closed session. Any sanctions will be determined by the Board, up to and including requiring the Trustee concerned to resign from the Board. The Trustee will accept the decision of the Board in such cases.

Charities Act 2006 from acting as a charity Trustee.

- I undertake to fulfil my responsibilities and duties as a Trustee of the charity in good faith and in accordance with the law and within the charity's objects, mission and values.
- I do not have any financial or other interests in conflict with those of the charity (either in person or through family or friends or business connections) except those that I have formally notified in a conflict of interest statement.
- I will make known any interest in any matter under discussion which creates either a real danger of bias (that is, the interest affects me, or a member of my family, or friends, or organisation, more than the generality affected by the decision); or which might reasonably cause others to think it could influence the decision, and withdraw from the room and not participate in discussion or decision making, unless the remaining Trustees agree otherwise.
- I will abide by the Code of Conduct for Trustees of the charity.
- In the event of my breaching this Code I am prepared to accept sanction as determined by the Board.

## 5. Trustee's Declaration

I declare that:

- I am over age 18.
- I am not an undischarged bankrupt.
- I have not previously been removed from Trusteeship of a UK or overseas charity by a court or charity commission.
- I am not under a disqualification order under the UK Company Directors' Disqualification Act 1986 or an overseas equivalent.
- I am, in the light of the above, not disqualified by section 72 of the UK Charities Act 1993 as amended by the UK

Signed:

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Governing Board Charter

<b>First prepared:</b>	20 February 2018 Governance Sub-Committee and Honorary Treasurer
<b>Last updated:</b>	20 February 2018 Governance Sub-Committee and Honorary Treasurer
<b>Governing Board approved:</b>	22 March 2018 Lisbon Governance Meetings

## Governing Board Charter

### Vision & Strategy

#### Compelling and durable charitable purpose

**Cochrane** has a compelling and durable charitable purpose for the benefit of the public. Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

#### Long-term strategy flowing from the charitable purpose

The **Board** has a well-developed long-term strategy which is focused on impact. It considers the possible future environments in which **Cochrane** will operate, including the changing needs of beneficiaries - those who use, deliver and/or pay for health care.

### Board Leadership

#### Board commitment to focus on impact

The **Board** is committed to this focus and thereby to the long-term sustainable success of **Cochrane**.

#### The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach<sup>1</sup>.

#### Suitable structures and expertise

The **Board** has the necessary skills, expertise and structures in place to fulfil the vision and mission of **Cochrane** and to implement and oversee the 'focus on impact' approach.<sup>2</sup>

<sup>1</sup> Refer to the Code of Conduct for Trustees

<sup>2</sup> Refer to the Board Skills Matrix



## Value Drivers & Stakeholder Engagement

### Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**<sup>3</sup>. These are at the heart of the charity and are fully taken into account in decision-making throughout the organisation. The **Board** regularly assesses the extent to which **Cochrane**'s charitable purposes are being fulfilled and the values are being applied in the organisation and identifies areas for development.

### Active engagement with, stakeholders

The **Board** has identified **Cochrane**'s key stakeholders. The **Board** engages with them and the charity's beneficiaries – those who use, deliver and/or pay for health care. The **Board** seeks stakeholders' opinions and communicates with them on matters of importance to them. The **Board** has developed targets and initiatives, covering all aspects of its work, in relation to diversity, inclusion and related issues and monitors progress being made towards achieving the goals it sets.

### Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly<sup>4</sup>. It ensures that remuneration and promotion has full regard to employees' contribution to the charity.

### Commitment to a sound financial approach

The **Board** is committed to a sound financial strategy that protects **Cochrane**'s viability, maintaining sufficient reserves to cover contingencies whilst avoiding an undue build-up of reserves.

## Innovation & Risk Management

### Focus on innovation of benefit to society

The Board ensures that Cochrane has the capacity and capability to be innovative. In promoting innovation, the Board both encourages ongoing incremental improvements and seeks opportunities for transformational change.

### Effective risk management system

The Board ensures that its risk management system takes full account of all risks, including the risk that Cochrane will impose negative impacts on society. It seeks to identify how risks may be mitigated and acts accordingly.

### Attention to the importance of the 'licence to operate'

The Board has full regard to reputational risk and the importance of its 'licence to operate' to the future success of the charity.

## Board Performance

### High quality stakeholder and society-orientated information used in decision-making

<sup>3</sup> Refer to Cochrane's Principles: <http://www.cochrane.org/about-us/our-vision-mission-and-principles> [Accessed 20.02.18]

<sup>4</sup> Refer to Cochrane's Charter of Good Management Practice: <http://community.cochrane.org/organizational-info/resources/policies/charter-good-management-practice> [Accessed 20.02.18]

The **Board** ensures that it has sufficient high-quality, relevant and reliable information about stakeholder and wider societal matters. **Cochrane** works co-operatively with other organisations to help maximise its impact on society.

**Clear focus on performance with respect to beneficiaries, other stakeholders and wider society**

The **Board** has developed non-financial, and financial, Key Performance Indicators (KPIs) and a risk management system that flows directly from the strategy. Emphasis is placed on matters of importance to those who use, deliver and/or pay for health care – other stakeholders and wider society. The **Board** seeks to foster a high level of public trust in **Cochrane**.

**Fostering resilience to crisis situations**

The **Board** works hard to prevent crises which could negatively impact on stakeholders or wider society and has the necessary skills and experience to respond effectively in a crisis situation.

Governing Board: post-meeting evaluation (Trustees)

Q1. The Agenda:

	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree		Total
The agenda pack was published in sufficient time for me to adequately prepare for this meeting	16,67%	1	16,67%	1	0,00%	0	50,00%	3	16,67%	1	6
The agenda pack gave me the right information to support my participation and decision-making	33,33%	2	33,33%	2	33,33%	2	0,00%	0	0,00%	0	6
The agenda items were appropriate for the Board to consider	66,67%	4	33,33%	2	0,00%	0	0,00%	0	0,00%	0	6
The length of the agenda was appropriate	16,67%	1	66,67%	4	0,00%	0	16,67%	1	0,00%	0	6
Answered											6
Skipped											0

Q2. The Meeting:

	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree		Total
The Co-Chair(s) guided the meeting effectively and encouraged full participation	40,00%	2	40,00%	2	20,00%	1	0,00%	0	0,00%	0	5
Time was used effectively per agenda item and discussions were focussed	16,67%	1	66,67%	4	16,67%	1	0,00%	0	0,00%	0	6
We were open and honest in our communication	50,00%	3	33,33%	2	16,67%	1	0,00%	0	0,00%	0	6
We avoided getting into operational detail (our discussions stayed strategic)	50,00%	3	50,00%	3	0,00%	0	0,00%	0	0,00%	0	6
We made good decisions	50,00%	3	33,33%	2	16,67%	1	0,00%	0	0,00%	0	6
Next steps and actions were clearly identified	33,33%	2	50,00%	3	16,67%	1	0,00%	0	0,00%	0	6
Answered											6
Skipped											0

Q3. How you felt about the meeting overall:

	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied		Total
star	0,00%	0	0,00%	0	16,67%	1	50,00%	3	33,33%	2	6
Answered											6
Skipped											0

Q4. Comments (optional):

Answered  
Skipped

4  
2

Respondents	Response Date	Responses	Tags
		The meeting pack was long with detailed appendices and ideally needed more time available to review this complex material.	
		The OA workshops in advance of this meeting were essential in helping the Board members understanding of the papers before the meeting.	
		Attendance of advisor, Ginny Barbor, was extremely helpful. We should make more use of advisors.	
		It would be helpful if members made more use of the annotation option.	
	Oct 24 2021 1 03:20 AM	Officers responses to annotated comments were very timely and very helpful.	
		Annotations on consent agenda items need to be followed up. Do we have a mechanism for doing this?	
		Board only time was squeezed due to the substantive agenda items on the main meeting. There are several organizationally critical issues happening concurrently: OA, Evidence Synthesis Units/ restructuring editorial processes, CET restructuring and interim executive in place, fundraising/ CIHR funds issue. In parallel, staff need to manage events like Cochrane Convenes. For the community there is the cancellation of the next Colloquium, meaning several years since last meeting as a scientific community, and finally not much discussion about the other groups (fields, methods, geographic etc). Given the breadth of issues at play, I find that making decisions on each individually may be fine but does not give us overarching strategic thinking space and time in our current meetings. I noted that we signed off on the restructuring, Cochrane Convenes and ESU workshops which happened concurrently, revealing some issues with planning and making me question our decision-making. Given the list of items we're tackling and their importance, I think we need due consideration to a face to face meeting or changing format of the meetings to have a bigger picture perspective here. Personally, I would suggest we meet as a Board in person, as soon as we feasibly can.	
		Due to this being my first Board meeting, some snafu's let to my meeting pack being available to me the day before the meeting --which was not enough time to fully evaluate the contents.	
	Oct 21 2021 2 03:11 PM		
	Oct 20 2021 3 02:22 PM		
	Oct 20 2021 4 12:18 AM		
		Great meeting! Perhaps our guest was not able to provide the input we initially intended.	

Governing Board: post-meeting evaluation (Leadership Team)

Q1. The Agenda:

	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree		Total
I had adequate time to prepare the supporting documents for this meeting	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
I had adequate guidance on what information the Board needed from the supporting documents I prepared	100,00%	1	0,00%	0	0,00%	0	0,00%	0	0,00%	0	1
The agenda pack gave me the right information to support my participation	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
The agenda items were appropriate for the Board to consider	100,00%	1	0,00%	0	0,00%	0	0,00%	0	0,00%	0	1
The length of the agenda was appropriate	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
Answered											1
Skipped											0

Q2. The Meeting:

	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree		Total
The Co-Chair(s) guided the meeting effectively and encouraged full participation	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
Time was used effectively per agenda item and discussions were focussed	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
The Board were open and honest in their communication	100,00%	1	0,00%	0	0,00%	0	0,00%	0	0,00%	0	1
The Board avoided getting into operational detail (discussions stayed strategic)	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
The Board made good decisions	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
Next steps and actions were clearly identified	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
I got what I needed from the Board at this meeting	0,00%	0	100,00%	1	0,00%	0	0,00%	0	0,00%	0	1
Answered											1
Skipped											0

Q3. How you felt about the meeting overall:

	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied		Total
star	0,00%	0	0,00%	0	0,00%	0	0,00%	0	100,00%	1	1
Answered											1
Skipped											0

Q4. Comments (optional):

Answered	0
Skipped	1



**FORWARDED TO THE GOVERNING BOARD 8  
NOVEMBER 2021: FOR INFORMATION ONLY AT  
THIS TIME**

## **Fields Report**

### **‘The future of Cochrane: Perspectives from Fields’**

***Recipients:***

Cochrane Library Editor-in-chief

Cochrane co-chairs of the Board

Cochrane interim CEO

Cochrane Council

***Date:*** October 2021

### ***The future of Cochrane: Perspectives from Fields***

Cochrane recently launched its [Strategy for Change 2021-2023](#). To constructively contribute to the on-going community engagement around changes in Cochrane, Fields would hereby like to take this opportunity to share some of their perspectives. This includes perspectives on (1) Cochrane’s strengths, (2) Cochrane’s weaknesses and (3) proposals and suggestions from Fields in relation to these. We also include some comments on ‘What Fields can do; where best and how Fields can impact the organization’ in relation to each of the Objectives for Change outlined in the Strategy.

Fields are literally bridges serving in two ways: toward the stakeholders, to disseminate health information produced by Cochrane; toward Cochrane, to identify priorities and allow production of the evidence most relevant to stakeholders. Understanding and optimizing the

topic- and context-specific reciprocal connections between producing evidence synthesis and its impact on decision-making is a critical part of ensuring Cochrane retains and augments its relevance as a global evidence synthesis leader and innovator. We believe that changes aimed at optimizing the organization's relevance and impact are key to its sustainability. Fields are committed to engaging with and supporting the leadership and community through and beyond this season of change.

Some of **Cochrane's Strengths:**

- Collaboration among a diverse range of multinational members and contributors, including patient partners.
- No financial conflicts of interest.
- Cochrane reviews and evidence of high quality, methodological rigour and transparency.
- Development of methods and methodological approaches to evidence synthesis that continuously lead the advancement of this field of secondary research on a global scale.
- Cochrane reviews are regularly updated, and continued adoption of the recently developed 'living review' model will ensure that Cochrane review evidence will be increasingly current.
- Review formats that are fit-for-purpose, in plain language that can be translated into multiple languages, available and understood by everyone (Goal 3).
- An established and growing knowledge Translation community, complemented by research to improve spread and uptake of our evidence by end-users
- Development of innovative knowledge translation and mobilization approaches, which have greatly influenced these activities worldwide.
- A strong global brand that represents quality and trustworthiness, coupled with a 20-year track record of shaping global policy, guideline, and clinical decisions about health.
- A wealth of diverse evidence synthesis and knowledge translation 'intellectual capital'.

Some of **Cochrane weaknesses:**

- A high volume of 'empty' reviews or reviews with so few studies that meaningful conclusions on effectiveness or harms cannot be produced. Concomitant with this, there is no consideration of the best way to disseminate and interpret reviews with uncertain conclusions, or to impact the funding and production of additional good-quality primary research for such reviews.
- Cochrane reviews are available in abstract with a plain language summary or in full text, formats that are too long to read.
- Cochrane reviews take too much time from inception to publication, which is a burden for authors and a real threat to the timeliness and therefore relevance of the review to stakeholder needs.
- Many Cochrane reviews do not reach their target decision-makers (policy makers, healthcare workers, consumers, worldwide).

- Lack of awareness of Cochrane's work with decision-makers – who often do not know who we are nor understand the importance of our work. We need to advocate more for the uptake and use of evidence in policy and practice.
- Attention mostly focused on questions that are answerable by RCTs, despite Cochrane being a leader in alternative review methods. As such there is still a lack of synthesised evidence in the Cochrane Library that is sought by guideline developers, clinicians, consumers, service providers and policy makers.
- Prioritisation within groups, but not across groups, with an incomplete view of the most important needs of people making decisions about health.
- Stakeholders involvement complete in some areas and not in others, with prevalence of engagement of some stakeholders above others according to the individual group

involved (e.g. only clinicians, only global health managers etc) even when multiple stakeholders have needs, some of which may compete.

#### Some **proposal and suggestions from Fields:**

- Produce Cochrane reviews that ask 'good', high priority health questions: respond to global emergencies.
- Continue to improve the presentation of review content in line with other journals. Reviews need to be improved for academic readership as well as offerings for other audiences. Details of methodological procedures should not be considered as the primary publication but as supporting information. Develop guidance, templates, or automated procedures to transform full reviews into formats that are more accessible to general clinical and research audiences.
- Verify before title acceptance that Cochrane review conclusions will not be empty.
- Identify causes of delays in review production and learn from instances in which production is not delayed. Use this information to simplify the review production process to let the review production be faster. The pressing opportunity is to reduce processes for reviews of RCTs. This would allow more time to be spent on emerging, important review types, leading to streamlining of their processes in the future .
- Facilitate stakeholders and public involvement across the review process by optimizing the advisory panels and networks established by Fields.
- Maintain the high quality of Cochrane reviews.
- Ensure effective and timely dissemination of Cochrane reviews to the right audiences in the right formats so that decision-makers can use the findings.

#### ***What Fields can do; where and how Fields can impact the organization?***

Important changes in Cochrane now are essential. Fields are not able to be involved at all levels. Fields' funding is limited, and funders' aims differ between Fields. However, because Fields are a bridge between stakeholders and Cochrane, members have access to multiple stakeholder priorities as well as expertise in knowledge translation (KT). They have

developed specific KT products that could be applied more systematically and widely to increase Cochrane's visibility and impact, and have the potential to be income-generating. In addition, Fields have an important network of content expertise worldwide. Fields can help achieve the organization's Strategy for Change objectives by:

***Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define:***

Priority global health and care questions are easy to formulate when experts in these specific topics are solicited. Fields are sensitive to the needs and priorities of external stakeholders (patients/consumers, policy makers and practitioners). As Fields are often in contact with these stakeholders, they could facilitate connecting with them. It could help for

faster collaboration between policy makers and researchers, or field practitioners and researchers, with the ultimate result: a co-construction of evidence synthesis that can be used to inform better decisions for better outcomes.

It should also be noted that Fields are already successfully working in a dedicated manner in many of the priority global health and care challenges that have been identified by Cochrane (Eg, Healthy Ageing, Disability, Climate Change). In fact, they were first movers in these topic areas within the Organisation. Not only do they gather high quality expertise, but they have also been recognised as important contributors by key stakeholders (e.g. WHO). Many of these topics will dominate global discussions over the next decade. Therefore, Fields are ideally positioned to help Cochrane develop and implement its strategic mid and long term plans. This will be of the utmost importance when planning future external funding applications, for instance.

***Objective 2: Streamlining production of reviews and simplifying editorial systems and processes:***

Fields can help in review production by being a force for proposing important themes in their area of interest. Fields need to be involved at the first stage of review production, at the initial setting of priority health topics with stakeholders and funders. In addition, Fields members often contribute as being authors themselves and/or as being often in contact with Field practitioners which facilitate finding authors or reviewers. Moreover, their current activities also include developing adequate approaches and methods related to the Global health and care priorities, which can easily inform the production of targeted and relevant reviews (e.g. development of evidence-to impact frameworks within WHO documents). Fields have also developed experiences and implemented new methods related to evidence gathering and summarising for their end-users, like evidence maps, overviews of reviews or rapid living systematic reviews, as during the COVID-19 emergency, that have shown a great impact in the community. These innovations could serve new user-friendly approaches to evidence synthesis.



***Objective 3: Advocating for evidence-informed decision-making and integrity in research, including pursuing high-impact partnerships and activities:***

Many Fields are in close partnerships with important healthcare organizations such as WHO and other United Nations agencies, and regional and national bodies. Fields have an important role in Cochrane to advocate for integrity in health research through their network of global communities and partnerships to push for change, for wider, more effective collaboration across health topics and disciplines.

***Objective 4: Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors:***

This objective is ambitious, and it will decrease Cochrane funding. However, making all Cochrane reviews open access will facilitate the accessibility of Cochrane reviews to all, worldwide. Fields are located in different parts of the world and assure global dissemination that help consumers, practitioners, researchers, and policymakers to be aware of Cochrane evidence. Fields have also been able to maintain their financial autonomy, and can play an important role in helping other units across Cochrane to adjust to this new financial scenario through their learned experiences.

***Objective 5: Improving user experience by increasing the accessibility and usability of our products:***

Fields have good experience in implementing KT activities, including producing relevant KT products for target audiences, including policy briefs for policymakers and guideline developers, publishing in journals used and accessed by health practitioners, and creating lay-friendly products for consumers. They publish Cochrane Corners in different languages and in different areas of interest, newsletters, articles, editorials, electronic books, podcasts, blogshots, etc...

They deliver presentations during national and international scientific meetings, run workshops and educational events...

They also actively work towards including Cochrane evidence in international and national policy documents.

They maintain a website in different languages and a social media network.

Fields also contribute to methodological research to advance methods in synthesis and primary research in their area of focus. Further, fields contribute to evaluating and advancing methods for KT.

Finally, most Fields have training activities worldwide, strengthening their partnerships and collaborations across the world of evidence synthesis. Actively working towards recruiting volunteers to engage in Cochrane activities contributing to a diverse and equitable organization.

Being aware of the reviews under production at their first step will allow Fields to prepare

their dissemination and advocacy activities better and earlier.

In areas where patients and the public are making decisions about health care, it is important to educate laypeople about evidence and support the interpretability and utility of Cochrane reviews for these stakeholders. Fields that work with patients and the public can use current models of education about evidence (e.g., Informed Health Choices) to partner with layperson stakeholders to develop and test Field-delivered education and engagement

interventions for the public. This may be particularly important for audiences that lack access to or trust in clinical authorities (e.g., communities with low socioeconomic status or other systemic disadvantages) and is relevant to diversity and equity in the uptake of Cochrane evidence.

## **Conclusions**

We hope that with continued and strengthened purposeful partnerships, inclusive networks and constructive collaboration across the Cochrane community, Fields will be empowered to support a reimagined Cochrane that is strong and sustainable, enabling us all to go further in realizing our vision of a world of better health for all people. In particular, we hope that within the reimagined organization we would be able to continue to support Cochrane's strengths and produce:

- Cochrane reviews that influence practice and policy by asking and answering the right questions at the right time.
- Cochrane reviews that tell what is known if there is insufficient evidence for clear conclusions.
- Shorter, fit-for-purpose Cochrane reviews (written in plain language).
- Rapidly produced, high-quality reviews that meet the needs of end-users.
- Cochrane reviews that reach their target audience(s) (policy makers, healthcare workers, consumers) worldwide in formats that are accessible and easy to understand and act upon.
- A wide range of new products that 1) fit to our mission, that is improving health through evidence, 2) diversify our income sources, giving more stability for the future, 3) better communicate the retrieved evidence to our end-users, thereby increasing the uptake, 4) increase our presence in the community, 5) strengthen the importance of evidence.

The COVID-19 pandemic has given Cochrane the opportunity to transform the production of its reviews, in terms of the speed of production, acceleration of title registrations, updates and the prioritization. This has resulted in many beneficial developments and lessons across the organization. In many ways, the experience gained during the COVID-19 pandemic has actively demonstrated some of the ways in which relationships with our target audiences can be strengthened and leveraged to maximize the impact of our evidence synthesis products. Additional efforts and understanding is still needed in some areas. We believe that many of

these developments and lessons will serve Cochrane well through this period of change, as we transform the organization in line with new strategic environments, while maintaining the impetus to achieve Cochrane's mission: 'an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.'

***Next steps for discussion:***

1. What do you think Fields need to do next to support Cochrane's future plans?
2. How can Fields be more involved in these plans and processes?

Cochrane Fields Executive

18th October 2021

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