Cochrane

Governing Board (March 2021) OPEN ACCESS

Schedule	Monday 8 March 2021, 7:30 PM — 9:00 PM GMT
Description	Videoconference to be opened 15 minutes early for an informal 'coffee round' for those who would like to attend and to finish 15 minutes later. Los Angeles (USA - California) 11:30:00 Ottawa (Canada - Ontario) 14:30:00 Buenos Aires (Argentina) 16:30:00 London (United Kingdom - England) 19:30:00 Barcelona/Copenhagen 20:30:00 Cape Town (South Africa) 21:30:00 Melbourne (Australia - Victoria) 06:30:00 (of 9th March) Auckland (New Zealand - Auckland) 08:30:00 (of 9th March)
Notes for Participants	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: https://community.cochrane.org/organizational-info/people/conflict-interest/board. You 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.
Organiser	Veronica Bonfigli

Agenda

7:30 PM	1.	Welcome, Apologies, Declarations of Interest for this meeting, Board Code of Conduct and Board Charter

    📄 Code of Conduct for Trustees_Approved 22Mar18 (3).pdf   1

    📄 Governing Board Charter only_Approved 22Mar18 (3).pdf   4

7:32 PM   2.   Approval of Agenda, including the papers and decisions included in the Consent Agenda

Report for Approval - Presented by Tracey Howe

7:34 PM   3.   Matters arising from previous meeting (not on agenda): Minutes from last meeting to be approved separately by Convene vote

For Discussion - Presented by Tracey Howe

     📄 Decisions from the Board 15 Dec 2020.docx   7

7:38 PM   4.   Co-Chairs' Report [VERBAL REPORT]

For Information - Presented by Tracey Howe and Catherine Marshall

     5.   CONSENT AGENDA:

     5.1.   CEO's Update [CONSENT AGENDA] [RESTRICTED ACCESS SUPPORTING DOCUMENT]

Presented by Mark Wilson

     5.1.1.   Annex 1: COVID Evaluation Report

     5.1.2.   Annex 2 of CEO Report: Cochrane Funders Forum Invitation - SEE 6.1

For Discussion

     5.1.3.   Annex 3: Sustainability Review (charity funds) - SEE 10.1

     5.2.   Editor in Chief Report [CONSENT AGENDA] [OPEN ACCESS SUPPORTING DOCUMENT]

Presented by Karla Soares-Weiser

     📄 GB-2021-49 Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT].pdf   8

     5.3.   Draft Trustees Report & Financial Statements 2020 [CONSENT AGENDA] [RESTRICTED ACCESS

SUPPORTING DOCUMENT until final version is approved]

5.4. Board Sub-Committees: 2020 Reports and 2021 Workplans [CONSENT AGENDA] [OPEN ACCESS SUPPORTING DOCUMENT]
Presented by Lucie Binder

📄 GB-2021-51 Sub-Committees end of year reports 2020 and 2021 work plans [OPEN ACCESS SUPPORTING DOCUMENT].pdf   12

5.5. Cochrane Library Publishing Report [CONSENT AGENDA] [RESTRICTED ACCESS SUPPORTING DOCUMENT]
Presented by Charlotte Pestridge

5.6. Cochrane Membership Report 2020 [CONSENT AGENDA] [OPEN ACCESS SUPPORTING DOCUMENT]
Presented by Chris Champion

📄 GB-2021-54 Cochrane Membership Report [OPEN ACCESS SUPPORTING DOCUMENT].pdf   20

SUBSTANTIVE ITEMS:

7:40 PM   6. Acknowledging long standing and leadership contributions [OPEN ACCESS SUPPORTING DOCUMENT]
For Decision - Presented by Chris Champion

📄 GB-2021-53 Acknowledging long standing and leadership contributions [OPEN ACCESS SUPPORTING DOCUMENT].pdf   28

7:45 PM   7. Open Access strategy development [RESTRICTED ACCESS SUPPORTING DOCUMENT]
For Decision - Presented by Charlotte Pestridge, Sally Green and Nicky Cullum

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7:55 PM   8. The future of Cochrane Reviews: a pilot project to improve editorial integrity and efficiency [RESTRICTED ACCESS

SUPPORTING DOCUMENT]
For Decision - Presented by Karla Soares-Weiser, Karsten
Jorgensen and Xavier Bonfill Cosp

8:05 PM   9. Development of the new organizational Strategic Framework:
              update [CONSENT AGENDA] [OPEN ACCESS SUPPORTING
              DOCUMENT]
              For Discussion - Presented by Mark Wilson, Lucie Binder,
              Tamara Kredo and Marguerite Koster

              📄 GB-2021-58 Development of the new organizational   32
              Strategic Framework [OPEN ACCESS SUPPORTING
              DOCUMENT].pdf

8:15 PM   10. Organizational sustainability:
              For Discussion - Presented by Jordi Pardo Pardo and Karen
              Kelly

           10.1. - Annex 3 of CEO Report: Sustainability Review (charity
                    funds) [RESTRICTED ACCESS SUPPORTING
                    DOCUMENT]
                    For Decision - Presented by Mark Wilson, Jordi Pardo Pardo
                    and Karen Kelly

8:25 PM   11. Format of Cochrane Community event 22/23 March
              For Discussion - Presented by Jo Anthony, Juan Franco and
              Catherine Marshall

              📄 GB-2021-59 Cochrane Community virtual event 22-23   36
              March 2021 [OPEN ACCESS SUPPORTING DOCUMENT].pdf

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           12. Date of Next Meeting: Board call flexible agenda 60 mins To Be
              Confirmed for 22nd April

8:30 PM   13. Closed Session (Trustees only)

           Matters arising from previous meeting

Governing Board
Code of Conduct for Trustees

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	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.

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

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.

Signed: _____

Name: _____

Date: _____

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Governing Board
Charter

First prepared:	20 February 2018 Governance Sub-Committee and Honorary Treasurer
Last updated:	20 February 2018 Governance Sub-Committee and Honorary Treasurer
Governing Board approved:	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[1].

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.[2]

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[1] Refer to the Code of Conduct for Trustees
[2] Refer to the Board Skills Matrix

1 of 3

Value Drivers & Stakeholder Engagement

Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**[3]. 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[4]. 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

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

[4] 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.

Decisions from the Board's teleconference: 15 December 2020

- The Board approves the new Reserves Policy including the specific designations
- The Board approves the proposed central organizational Plan & Budget for 2021
- The Board approves the closure of Cochrane Innovations Limited

Governing Board Paper: Reports

Title:	**Editor in Chief Report**
Paper Number:	**GB-2021-49**
From:	Karla Soares-Weiser, Editor in Chief
People Involved in the developing the paper:	Karla Soares-Weiser, Toby Lasserson, Rachel Marshall, John Hilton, Kayleigh Kew, Helen Wakeford and Ruth Foxlee.
Date:	February 2021. For Consideration at 8th March 2021 Governing Board meeting.
Executive Summary	Below is a summary of the work carried out from October 2020 to February 2021. Work on key projects (Editorial Management System, Cochrane Library publishing, conflict of interest policy implementation, and management of high-profile reviews) continued during this period. An update on the editorial work to respond to the COVID-19 pandemic and on publishing outputs during in Q4 2020 and Q1 2021 is provided. The project implementation plan for a major project to improve editorial integrity and efficiency is presented separately.
For your:	For information
Access:	Open

Key updates:

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period (Q2 2021)
Cochrane Library: publishing output in 2020	Monthly publishing output for the Cochrane Library in 2020.	Publishing output stabilised during Q4 2020 after an increase in output in Q3. By the end of 2020, *Cochrane Database of Systematic Reviews* total output was very similar to 2019, although with a higher proportion of updates versus new reviews, and more protocols. • **2020**: 284 new reviews, 262 updated reviews, 270 protocols (total 816) • **2019**: 317 new reviews, 242 updated reviews, 251 protocols (total 810) As of 19 Feb 2021, we have published 38 new reviews, 25 updates and 48 protocols, which is a similar rate of output to 2020 and 2019. Final totals of Cochrane Clinical Answers for 2020 were 529 new and 76 updated (big increase on 357 new and 73 updated in 2019). As of 19 Feb we have published 73 CCAs this year.	Production of reviews and protocols continues at a steady rate. The introduction of new editorial management and production systems during 2021 may potentially have an impact on the rate of flow of content through to publication. Significant variation in time to publication across all CRGs: • Title to Protocol 2020 median varies from 4 to 54 months • Protocol to Review 2020 median varies from 12 to 73 months	We will continue to monitor the Cochrane Library output on a regular basis.
Editorial Management System	Work with Cochrane's editorial management system provider ([Aries Systems](#)), consultants ([Origin Editorial](#)) and members of	Set-up and testing activities: Changing responsibilities for copyeditors, testing new copyediting software, defining author workflow for submission of RevMan files, planning Cochrane author user testing and single sign-on testing, First *Editorial Manager®* site created. Secure File Transfer Protocol (SFTP) sites created: for Aries (*Editorial Manager®*) to send	Contract with Origin Editorial ends in in June and the Community liaison officers are only seconded until end of June. Challenges for getting copy-editing changes back into RevMan files, which are currently being worked on. Key changes to processes upcoming including: author COI collection (initially time consuming for	Soft launch with first CRG (Cochrane Fertility Regulation) March 2021. Training and roll-out to rest of Children and Families Network and next Network. Configuration of 'central' Editorial Manager site

	the Cochrane community to implement the new system, *Editorial Manager®*	content to Wiley, and for Wiley to notify Aries of delivery and publication Discussions in Q1 2021 with Aries (*Editorial Manager®*) and Convey teams on how to collect author Declarations of Interest via the [Convey, Global Disclosure System](). The Cochrane form has been deployed on the Convey platform and testing is underway. Communication with Cochrane Community via Community liaison demonstration to *Children and Families Network* and presentation at Editor in Chief webinar.	authors but anticipated to be more streamlined thereafter and offer more functionality for Managing Editors); copy-editing and production (changing responsibilities); new forms and email templates for authors, peer-reviewers and editors.	Test and refine Cochrane COI form on Convey and integration with Editorial Manager.
High-profile (controversial) reviews	Managing the complaint process for Cochrane Reviews on Chronic fatigue syndrome or myalgic encephalomyelitis (ME/CFS)	Investigated two requests to withdraw two Cochrane Reviews on ME/CFS, following the release of draft NICE guidance. Investigations were carried out by a subgroup of the Editorial Board, a co-ordinating editor, the Editor in Chief, the Deputy Editor in Chief, the Senior Editorial Officer and a Network Associate Editor. The investigation concluded that the reviews should not be withdrawn.	One person has made a complaint about the handling of their request for the reviews to be withdrawn. All relevant information (timeline, email exchanges and meeting minutes) have been shared with the CEO, the Editorial Board and the Cochrane Library Oversight Committee. There are some delays in the update of the exercise for ME/CFS review from the independent advisory group; however, we are anticipating advice in March.	The requests to withdraw, and the complaint, have highlighted some challenges in our withdrawal and complaints policies that we want to address (after the conclusion of the investigation of the complaint).

COVID-19 RELATED ACTIVITIES

Covid-19 priority settings and pipeline	Continue to deliver reviews based on our priority setting and provide direct support to the WHO, whilst managing unsolicited submissions.	The process of identifying and publishing priority reviews has continued (see Central Editorial Service below). October 2020 to February 2021 saw fewer unsolicited submissions and a continued focus on negotiating key submissions and identifying expert peer review to maximise quality, coverage, and impact.	We are working on a strategy for COVID-19 in 2021. Three broad priority areas have been identified - vaccination, generic medicines and mental health impacts. We will commission updates of key reviews already published, and work with teams who have reviews in process to oversee publication. We expect updating cycles to lengthen or even stop for our published reviews as the evidence base stabilises. During the next phase of	Finalise strategic priorities with Editorial Board for COVID 19 in 2021.

		Published reviews can be viewed here. Reviews in the editorial process or pending submission include: **7** diagnostic test accuracy; **5** public health; **9** treatment or prophylaxis; **4** vaccine & immunity. The 'Review Bank' is updated periodically to show the body of reviews underway or published within Cochrane and to advertise priority areas we are looking to pursue.	the pandemic, we will need to identify funding opportunities to collaboratively support the creation of high-priority COVID-19 reviews. We continue to work with the community to identify well-resourced teams to work on priority reviews identified by the WHO. This remains challenging, particularly for more complex reviews (e.g., prognosis, public health reviews using modelling studies, etc).	
Central Editorial Service	Continue to facilitate rapid publication of COVID-19 reviews, through expansion of the central team and ongoing support from other EMD team members and CRG Managing Editors, donating their time to support overflow of editorial work.	October-February 2020, the Central Editorial Service received **41** COVID-19 submissions and expressions of interest. **6** were rejected on quality and priority grounds, **3** were delegated to a CRG, **32** are pending submission or in the editorial process, and **7 reviews were published**. **Total for 2020**: **22 COVID-19 reviews published** **5 non-COVID-19 fast-track reviews published** A full list of published COVID-19 reviews is available on the Central Editorial Service's webpage. Drafted Terms of Reference for DTA reviews, with the aim of increasing efficiency.	The ambitious nature of the programme (volume and speed of work) means the team has been under considerable pressure at times. We saw unsolicited COVID-19 submissions decrease compared to the April-September 2020 period, but the number of high-quality submissions negotiated between the Central Editorial Service and key author teams remained steady.	Expand the Central Editorial Service given the continued high-output of COVID-19 reviews, and buy-in from CRGs. We have negotiated suite of **9 COVID-19 treatment and prophylaxis reviews** to be submitted over the next quarter. **5 key COVID-19 reviews will be updated**. In addition to the above we are expecting another **7 COVID-19 submissions in public health and diagnostic test accuracy**. In parallel we aim to continue publishing non-COVID-19 priority reviews (6 currently in editorial process).

Governing Board Paper: Reports

Title:	**Board Sub-Committees: 2020 Reports and 2021 Workplans**
Period covered by this report:	2020 and 2021
Purpose of the report:	To provide an overview of the work carried out by the Board sub-committees in 2020. Also to provide the 2021 workplans of the Governance Committee and the Finance, Audit, and Investment Committee, which are our two standing committees meeting on a regular basis and submitting a workplan as per their terms of reference.
Paper Number:	**GB-2021-51**
From:	Lucie Binder, Head of Governance and Strategy Casey Early, Head of Finance
People Involved in the developing this report:	Veronica Bonfigli, Governance Officer
Date:	25 February 2021. For Consideration at 8th March Board meeting
For your:	Information
Access:	Open

2020 Summary:

Committee:	Meetings	Activities
Nominating Committee	April 2020	• Interviewed and recommended Karen Kelly as an appointed member to the Board. • Developed a score sheet for the appointment of candidates to the Board.
Remuneration Committee	September 2020 and November 2020	• Agreed a process for Co-Chair remuneration when those Co-Chairs are not employed by a third-party. • Approved Cost of Living Adjustment for charity staff in 2021. • Conducted CEO appraisal and approved pay award. • Reviewed its own terms of reference.
Colloquia, Meetings and Events Working Group	March, June, July, August, September, October, and November 2020	• Looked at virtual options for meetings from the perspective of purpose, financial sustainability, diversity and inclusion and health and safety. • Working Group due to finalize its recommendations and disband by April 2021.
Working Group on Financial and Other Delegations (Joint FAI & Governance Committee)	August 2020	• Amended the Honorary Treasurer and FAI Terms of Reference • Agreed to separate the 'Financial Delegations' and 'Other Delegations' so that the Financial Delegations are overseen by the FAI Committee and the 'Other Delegations' should be overseen by the

		Governance Committee, supported by the Governance & Strategy Unit. Any Board-level or CEO financial delegations would need to be reflected in both policies if not already stated in the Financial Delegations or subsidiary documents. • Made some recommendations on 'People Issues' delegations to be considered by the Governance Committee: namely, that although all matters of organisational structure below the level of CEO were the responsibility of the CEO, the Board should have approval of significant structural changes to overall HR strategy and policy.
Strategic Planning Working Group	January and June 2020	• A temporary working group made up of Board members and members of the Senior Management Team. • Met to discuss and develop the new Strategic Framework. Will Gardner, an external consultant, joined meetings. • The group will meet twice in 2021 (in February and date TBC) to finalise the new Framework and is then due to be disbanded.
Diversity and Inclusion Programme	Twice between October and December 2020	• Formed in October 2020. • Its role is to have oversight of a 'listening and learning' exercise to capture the experiences, thoughts, and recommendations for future action of Cochrane members and supporters on expanding diversity and inclusion in the organization.

2020 Summary and 2021 Plans:

Governance Committee:

From:
Veronica Bonfigli, Governance Officer

Current Sub-Committee/Working Group members:
Tracey Howe (Board Co-Chair and Chair of the Committee)
Catherine Marshall (Board Co-Chair)
Karsten Juhl Jorgensen
Jordi Pardo Pardo
Karen Kelly (Treasurer)
Marguerite Koster
Tamara Kredo
Lucie Binder, Head of Governance,
Veronica Bonfigli, Governance Officer

Date: 25 February 2021
For your: Information
Access: Open

Summary of activities in past year:	Due to the coronavirus outbreak, in 2020 the Governance Committee has met virtually five times:
	- On 16th January
	- On 18th February
	- On 29th April (replacing the in-person meeting at the cancelled Governance meetings)
	- On 23rd September

- On 25th November

The membership of the committee has changed as follows:

- Martin Burton has been the Chair until September 2020 when Tracey Howe took over as Chair;
- Catherine Marshall joined the committee in July 2020;
- Karen Kelly joined in June 2020;
- Tamara Kredo and Marguerite Koster joined the committee in November 2020

Summary of activities in past year against the remit in the TORs:

Ensure the Board continues to adhere to good governance practices as set out in the UK Charity Code
- Discussions around adhering to the UK Charity Code started at the January 2020 meeting and a full assessment of Cochrane against the Code was undertaken in September 2020.
- Cochrane's assessment against the Charity Code will be kept as a living document.

Develops a profile of the Board as it should evolve over time and ensures that the Board's approach to diversity supports its effectiveness, leadership, and decision-making

- Board Diversity paper submitted by Tracey Howe at the January 2020 meeting
- A recommendation went to the Board at the March 2020 meetings.
- Elections in August with two vacancies ring-fenced to members from LMIC countries.

Takes the lead in succession planning, taking steps to recruit and prepare future Board members
- The Committee keeps track of the timeline of Board composition, elections and terms of office using an excel spreadsheet submitted at the February 2020 meeting and kept updated.

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	• An induction pack is made available to new members joining the Board **Ensure the Board continues to adhere to good governance practices as set out in the UK Charity Code** • Amendments to the Articles of Associations submitted at the January meeting. • The revised Articles have been approved by the Board at the October 2020 meeting. • The revised Articles are put to members' vote at the next AGM on December 16th 2020. **Periodically reviews and updates the Board's policy guidelines and practices** • Discussions around the statutory requirements of Board member took place at the September 2020 meeting with a member of the HR team present. • Reviewed the Terms of Reference of the Board's sub-committees. • Risk management paper submitted by Tracey Howe at the January 2020 meeting.
Planned activities for next year:	The work of the Committee in 2021 will focus topics including: • Appraisal of the Board as a whole • Appraisal of individual Board members • Appraisal of the Editor in Chief • Appraisal of the Co-Chairs • Appraisal of the Chief Executive Officer (CEO) • UK Charity Code Assessment compliance • Board information and education • Board members skills set for future vacancies • Virtual good governance 2021 • Non-financial Delegations • Guidance on Open and Restricted Access Board papers

Finance, Audit, and Investment Committee:

From:
Casey Early, Head of Finance

Current Sub-Committee/Working Group members:
Tracey Howe (Board Co-Chair and Chair of the Committee)
Nicky Cullum
Sally Green
Karen Kelly (Treasurer)
Casey Early, Head of Finance
Mark Wilson, CEO

Date: 25 February 2021
For your: Information
Access: Open

Summary of activities in past year:	In 2020 the Committee has met four times:
	- On 28th April
	- On 18th August
	- On 11th November
	- On 30th November
	Summary of activities in 2020:
	- 2019 Trustees' Report and Financial Statements
	- 2019 Audit
	- Quarterly management accounts inc governance costs
	- Reserves policy
	- Closure of Cochrane Innovations Ltd
	- Financial Delegations
	- 2021 Plan and Budget

Planned activities for next year:	2020 Trustees' Report and Financial Statements 2020 Audit planning/report - Quarterly management accounts inc governance costs - Reserves policy 2022 Plan and Budget - Sustainability and efficiency review - Investments policy - Financial delegations and other financial policies including Anti-Money Laundering, Counter Fraud, Credit card and Finance manual (SOP) - Internal controls checklist

Governing Board Paper: Reports

Title:	**Cochrane Membership Report 2020**
Period covered by this report:	January to December 2020
Date and period of last report:	First of what will be annual reports
Purpose of the report:	The Governing Board are ultimately responsible for admitting people to membership of the organization, so an annual report on membership is being provided to inform you of how the membership is developing.
Paper Number:	**GB-2021-54**
From:	Chris Champion, Head of People Services
People Involved in the developing this report:	N/A
Date:	January 2021. For Consideration at 8 March 2021 Board meeting
For your:	Information
Access:	OPEN

Contents of this report:

1.1 Overview

As of 1st January 2021, we had:

13,190
Members

87,517
Supporters

The 13,190 Members can be subdivided into:

- **11,200** standard members who have achieved members through contributions
- **1,982** role based members who have membership by virtue of their role
- **8** Emeritus Members who have been granted a special form of enduring membership

*Anyone can sign up to be a **Cochrane Supporter**, it just involves creating an account with Cochrane. From that point people earn points based on contributions, and once they have earned enough points, they become a **Cochrane Member** for a certain period of time based on what their contribution has been. More information on how membership works is available at https://www.cochrane.org/join-cochrane/membership*

> In 2020, we welcomed **1,132 new members** to the organization and approximately **20,000 new supporters.**

In 2020, we refreshed our membership web pages on Join Cochrane. It is now significantly clearer for potential new members to see how they can be part of the organisation and to understand what membership is and what it offers.

Content is divided into three clear sections
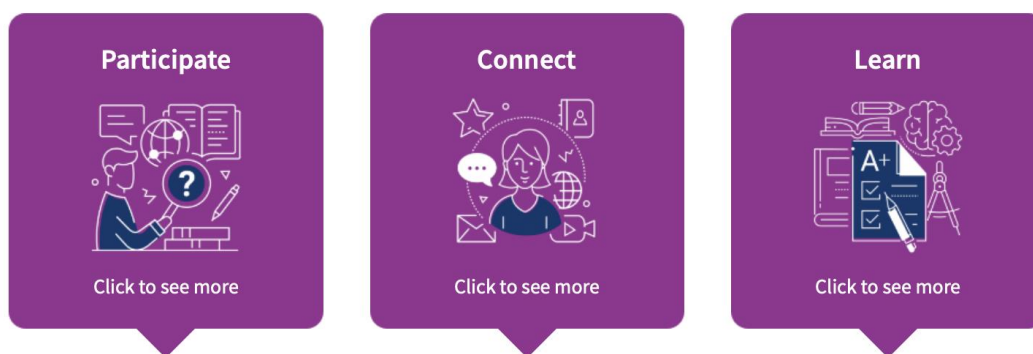
And we are increasingly using the language of volunteering to engage people in ways to participate beyond traditional authorship roles.
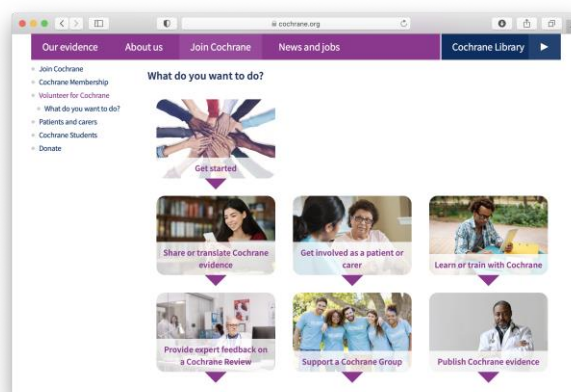
We have also incorporated testimonials from members to give a more human face to membership.

Visit cochrane.org and click on Join Cochrane to see more information

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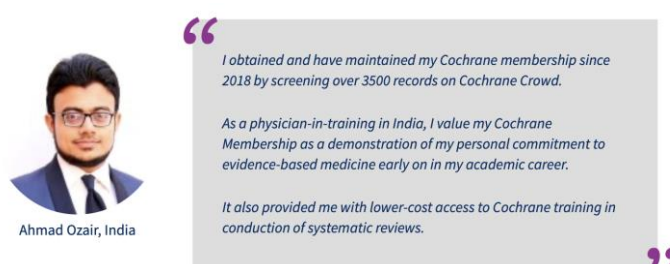## 1.2   Total number of supporters and members[1]

The total number of supporters and members has risen during 2020 with a sharp increase at the beginning of the COVID-19 pandemic.

Month	Supporters	Members
Jan	67,551	12,152
Feb	67,065	12,199
Mar	67,995	12,225
Apr	71,893	12,323
May	76,624	12,480
Jun	78,778	12,618
Jul	81,105	12,777
Aug	82,276	12,922
Sep	83,413	13,002
Oct	85,205	13,014
Nov	86,650	13,115
Dec	87,517	13,190
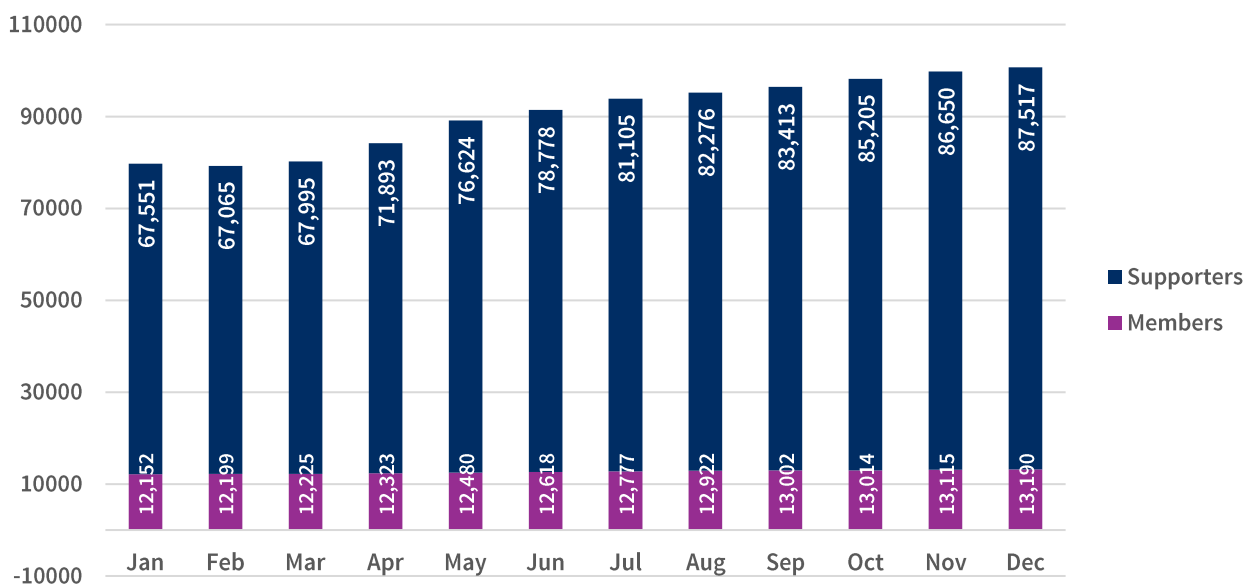
On 15th December 2020 the total number of Members and Supporters reached 100,000

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[1] Supporters are those people who have created a Cochrane Account and have an engagement level of active or interested. Members are those people with an active Membership regardless of engagement level.

1.3 Growth over time for Member and Supporter figures

Number of Members and Supporters over time
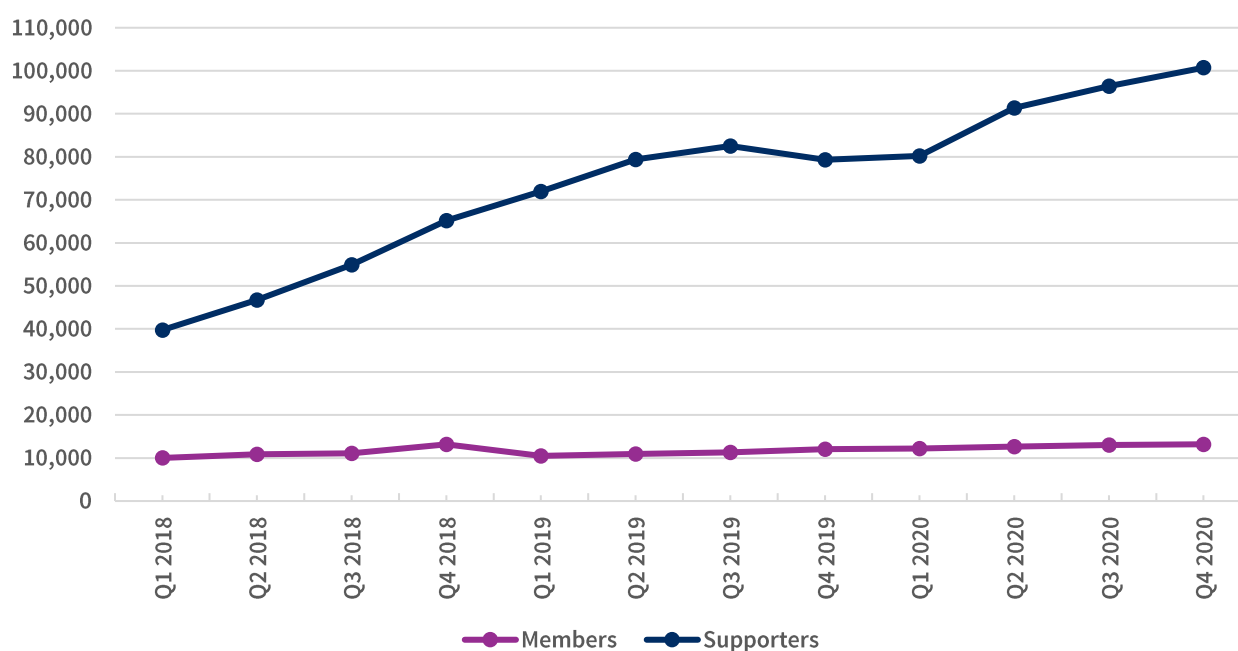

Year	Quarter	Members	Supporters	Total
2018	Q1	10,023	29,726	39,749
	Q2	10,876	35,868	46,744
	Q3	11,096	43,783	54,879
	Q4	13,158	52,033	65,191
2019	Q1	10,523	61,418	71,941
	Q2	10,917	68,501	79,418
	Q3	11,318	71,221	82,539
	Q4	12,061	67,250	79,311
2020	Q1	12,225	67,995	80,220
	Q2	12,618	78,778	91,396
	Q3	13,002	83,413	96,415
	Q4	13,193	87,517	100,710

As of mid-January 2021, we now have more members than ever before: 13,253

1.4 Memberships by type

Standard members gain membership through earning points for their contributions.

Role-based members are eligible for membership because of the role they hold within Cochrane.

At the AGM the first 7 Emeritus Co-ordinating Editors received the new Emeritus Membership, joining David Tovey who already had Emeritus Membership as Emeritus Editor-in-Chief.

Memberships by Type

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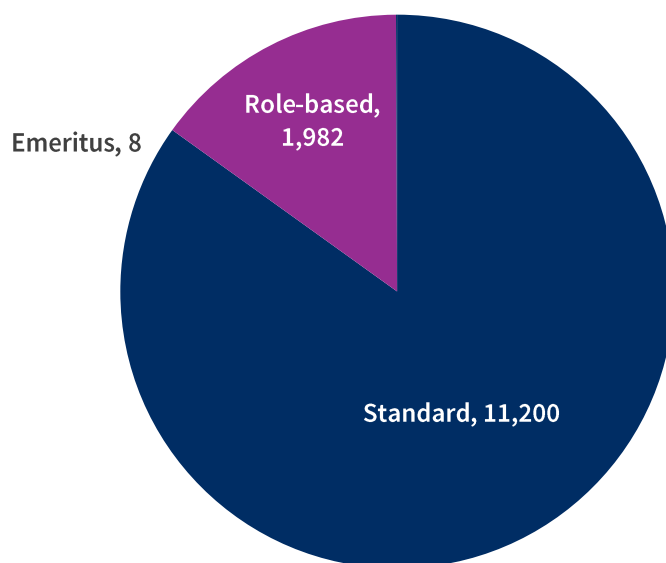
1.5 Membership acceptance rate

20,267 new supporters joined Cochrane in 2020.

During 2020, there were 5,956 new Memberships created and 69% of these were accepted (memberships have to be accepted by the person, which involves signing up to the terms and conditions of membership).

The percentage of those who are eligible for Membership who accept the terms and conditions of Membership:

Membership acceptance rate

Type	2020:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Standard	Created	262	241	239	300	282	296	340	314	292	332	292	294
	Activated	115	98	97	126	174	234	225	233	199	207	199	175
	Rate (%)	44	41	41	42	62	79	66	74	68	62	68	60
Role-based	Created					2203	80	55	14	23	47	26	17
	Activated					1809	73	48	10	17	39	20	13
	Rate (%)					82	91	87	71	74	83	77	76
Emeritus	Created												7
	Activated												7
	Rate (%)												100

Notes:

- Role-based Membership became reportable in May 2020.

- We started to send out automated reminders in May 2020 which improved the rate of acceptance.

- Emeritus Membership does not require acceptance as the individuals are already members, however they are included for completeness.

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1.6 Membership renewal

When Membership expires, a person's Membership will be renewed if they have earned sufficient Membership points. The percentage of members whose continuing contributions meant their Membership was renewed are below:

Expiry date	Renewed	Expired	% Renewed	Total Expired
Jan	44	33	57%	77
Feb	51	35	59%	86
Mar	73	101	42%	174
Apr	55	34	62%	89
May	1929	14	99%	1943
Jun	240	4176	5%	4416
Jul	155	18	90%	173
Aug	131	25	84%	156
Sep	122	125	49%	247
Oct	142	70	67%	212
Nov	98	85	54%	183
Dec	98	109	47%	207

Notes:

In May, anyone who was eligible for role-based Membership (1,500 people) was asked to accept their new role-based Membership, which meant their standard Membership automatically expired. This has distorted the figures for May.

In June 2017, when the Membership project was launched, a large number of 1, 3 and 5 year Memberships were created. Many of the 3 year membership terms expired this year in June. Many of these people would have been authors of protocols who have failed to complete their review in the 3 year period and so they have not earned the additional points required to renew their membership.

Governing Board Paper: Decision & Discussion items

Title:	**Acknowledging long standing and leadership contributions to Cochrane**
Previous papers submitted on this topic:	Previous Membership Papers to the Board (Athens 2015, Vienna 2015 and Geneva 2016) are available in a Convene folder
Paper Number:	**GB-2021-53**
From:	Chris Champion, Head of People Services
People Involved in the developing the paper:	Developed by Chris Champion with advice from Mark Wilson and the Senior Management Team
Date:	11 February 2021. For Consideration at 8 March 2021 Board meeting
For your:	Decision
Access:	OPEN

Executive summary

Our membership system is based on active contributions, so when someone leaves the organization and stops contributing their membership ceases. For some individuals who have made an extraordinary contribution to the organization this is inappropriate and so we want to formalize criteria for offering membership to these individuals that is not linked to continued contribution, but is instead a recognition of their previous extraordinary contribution. This paper sets out how these two new membership categories of Lifetime Member and Emeritus Member will work and seeks Governing Board approval to formalize these categories.

Background and context

| Supporter | Member | Staff Member | Life Member | Emeritus Member |

Cochrane Membership rewards those who contribute to Cochrane's work. Membership is primarily based on a points system. Anyone who signs up to Cochrane as a supporter can earn points and when they reach a threshold they become a member for a certain amount of time (1, 3 or 5 years). Cochrane Group staff and those in governance positions are also eligible for Membership whilst in post. People who contribute to Cochrane over many years continue to have their membership renewed over an extended amount of time. However, the system is set up in such a way that when people stop contributing, they cease to be a member once their current membership period expires (this will range between 12 months and 5 years depending on their membership).

In the original membership concept, we had the idea that some people would become Lifetime Members or Emeritus Members, but we have never formalized these categories of membership.
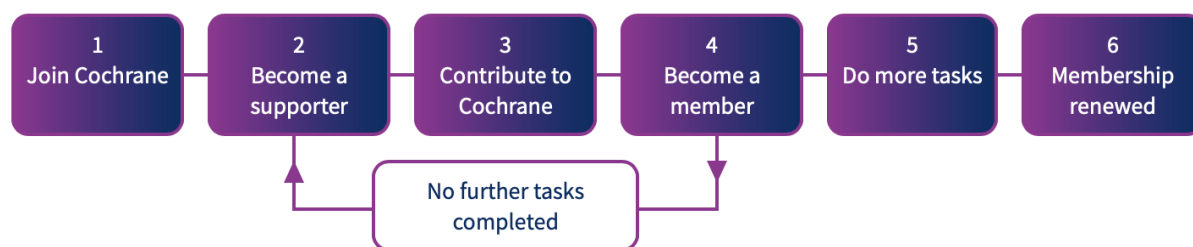
Flow diagram demonstrating the membership lifecycle

Issues

In previous Board papers around Membership we have not confirmed the mechanism for Lifetime and Emeritus Memberships. Certain people have been awarded emeritus status in recent years, including the Board designating David Tovey Emeritus Editor-in-Chief and a number of retiring Co-ordinating Editors were designated Emeritus Co-ordinating Editor in 2020. This proposal to the Board is to formalize and standardize the way in which Lifetime and Emeritus awards will be used in future.

Proposal

To create a formal way of recognising exceptional contributions to the organisation through memberships that are not time limited and are not linked to continued contribution. We propose to do this through two mechanisms: **Lifetime Membership** and **Emeritus Membership**

Lifetime Membership

For those individuals who have been part of Cochrane for many years who are approaching the end of their time working in the organization we can consider Lifetime Membership to acknowledge their longstanding commitment to Cochrane. For example, many CRGs have staff members who have worked for the Group for more than a decade and contributed significantly to Cochrane's success.

Long service alone is not enough to receive this award, the individual nominated for the award should have made a significant contribution to Cochrane beyond their day to day work. This may involve participating in committees, working groups or other initiatives where they have contributed to Cochrane more generally and beyond their specific day to day remit.

There is an expectation that people being nominated for this award will have worked in Cochrane for over 10 years, though in some cases where there has been an exceptional contribution in a shorter time and a person embodies the characteristics that this award seeks to reward, this award can still be considered.

We envisage that a list of new lifetime memberships will be published annually in the Annual Review, though they may be given out at any time of year. There would not be any formal ceremony associated with these awards. We would expect to award around ten to twenty of these awards per year, but there may be peaks and troughs, as, for example, there may be a large number of Group staff who have worked with Cochrane from the early 1990's who retire over the coming years leading to a peak.

The following criteria describe the sort of contribution that this award seeks to recognize. Awardees should meet all of these criteria to some degree.

- Served in a Cochrane role for a significant period of time, normally more than 10 years;

- Made an extraordinary contribution to Cochrane that exceeds the expectations of their role in Cochrane;

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- Held positions of responsibility in the organization, e.g. contributed to committees, governance groups or other initiatives;
- Embodies Cochrane's Principles, especially the principle of collaboration.

Standard membership terms and conditions apply, e.g. not working for pharmaceutical companies, so if someone moves on to a role in industry they may be unable to accept their membership.

These criteria are similar to those of the Chris Silagy prize, which is no coincidence, as lifetime membership is attempting to capture similar qualities, but just acknowledging this at the end of a person's time in Cochrane.

Emeritus Membership

The concept of Emeritus Membership is to acknowledge those who make a significant contribution to the leadership of the organization over a significant length of time. As with Lifetime Membership, there is an expectation that the individual will have contributed to the organization for a significant period of time, normally over ten years, but in this case there is a requirement that the person has held a significant leadership position in the organization or has acted in a leadership capacity. We would expect there to be a small number of these each year, perhaps between five and ten per year.

In certain circumstances, Emeritus Membership status may be given with an associated title: e.g., Emeritus Co-ordinating Editor, which may come with specific additional acknowledgement (for example, a certificate from the Editor in Chief).

New Emeritus Members should be announced annually, ideally at the AGM.

The following criteria describe the sort of contribution that this award seeks to recognize. Awardees should meet all of these criteria to some degree.

- Served in a Cochrane role for a significant period of time, normally more than 10 years;
- making an extraordinary contribution to Cochrane that exceeds the expectations of their role in Cochrane;
- held a significant leadership position in Cochrane, e.g., Co-ordinating Editor, Centre Director;
- embodies Cochrane's Principles, especially the principle of collaboration.

Reward

Both Lifetime Members and Emeritus Members will have an open-ended Cochrane Membership, with associated rights and benefits that come with that. Importantly, this includes the right to contribute to our governance through voting in Cochrane Elections.

Certificates of appreciation will also be sent to these individuals in addition to their membership certificate that is available on demand in Cochrane Account. Recipients of these awards may use these titles and the associated downloadable membership badge in email signatures, or in other ways if they wish to do so.

Whilst we hope that these benefits will be appreciated, the main focus of these awards is on the acknowledgement rather than the reward.

From informal feedback received we know that these awards will be appreciated. For example, in 2020 we announced that a number of retiring Co-ordinating Editors would gain a title of Emeritus Co-ordinating Editor and that was very well received.

Identifying or nominating candidates

The Membership team in People Services administer the membership database and can assign Lifetime or Emeritus Memberships as required. The membership team will actively promote nominations for Lifetime

Membership in appropriate areas of the organisation, but we will also monitor changes in Group staff roles to actively identify potential nominees. The membership database will track who holds different sorts of membership and can be searched as required to produce reports.

Nominations can be made by peers by writing to support@cochrane.org and they will be processed by the membership team before being passed on for approval.

Approval of these Membership awards

We will convene a small Governing Board sub-committee (a Membership Committee or Awards Committee) to oversee approval of these awards.

Retrospective memberships

Where someone wishes to be acknowledged retrospectively, they or their peers may write to support@cochrane.org with an explanation of their previous role in the organization and what status they believe would be relevant to them. If someone is nominating themself for a retrospective award, they should include a named referee who will be able to confirm their previous contributions.

Retrospective awards will follow the same approval processes as above. We do not intend to offer posthumous recognition through this system.

Costs, Benefits and Risks to Cochrane

These awards do not come with any physical reward, nor do they have any financial reward attached, so there is no direct cost. The staff cost associated with managing the awards is minimal.

These people who have contributed significantly to Cochrane would feel alienated by the organization if they remained part of our normal points based system, and so this scheme seeks to retain the good will of these individuals who will continue to be advocates for Cochrane and it also allows us to continue a relationship with these people to involve them in ways that benefit the organization in the future.

There are no significant risks identified. All memberships are subject to the terms and conditions of membership and, if necessary, they can be revoked by the Governing Board, for example, if we felt that someone with one of these memberships was bringing the organization into disrepute.

Recommendations

a) **The Board approves the formalization of these two new categories of membership**   Yes/No/Abstain

Next steps

- The People Services team will set up the required internal processes.
- A Terms of Reference for the sub-committee will be drafted
- We will communicate to the community that these awards are now available.

Governing Board Paper: Reports

Title	**Development of the new organizational Strategic Framework: UPDATE**
Date and period of last report:	Last formal update provided to the Board for its October 2020 teleconference
Purpose of the report:	To provide the new Vision > Mission > Goals, and definitions of success against the Goals (previously the Objectives) for the Board's information at this meeting, which remain unchanged from those previously signed-off by the Board in 2020. Feedback on the current draft suggests that the only changes required are to the Objectives. These changes are currently being made.
	A verbal report in addition to this report will be provided by Mark Wilson at the meeting.
Paper Number:	GB-2021-58
From:	Lucie Binder, Head of Governance & Strategy
People Involved in the developing this report:	Mark Wilson, CEO
Date:	2 March 2020. For Consideration at 8th March Board meeting
For your:	Information
Access:	Open

Cochrane: Our Strategy from 2021
"Trusted Evidence. Informed Decisions. Better Health."

Our Vision
is a world of better health for all people
where decisions about health and health care are informed by trusted evidence.

Our Mission
is to inform health decision making
by producing trusted and timely synthesized evidence, making it accessible and advocating for its use.

GOAL 1: **Producing trusted evidence** To produce trusted and timely synthesized evidence addressing the most important questions for health decision making.	GOAL 2: **Informing health decisions** To inform health decisions by making Cochrane evidence accessible and usable for those who need it.	GOAL 3: **Advocating for evidence** To be a leading global advocate for evidence-informed health care.

GOAL 4: Collaborating effectively
To be an independent, global, diverse, sustainable and well-run collaboration of members and supporters

GOAL 1:   PRODUCING TRUSTED EVIDENCE

To produce trusted and timely synthesized evidence addressing the most important questions for health decision making.

Success against this Goal means that Cochrane evidence is:

RELEVANT to users through prioritization, appropriate methods and updated so that it keeps pace with primary research	**TRUSTED** by users because editorial policies and methodological standards are high and applied consistently	**TIMELY** so that evidence is available to users to support decision-making	**EFFICIENTLY PRODUCED** through people, processes and technology working well together

GOAL 2:   INFORMING HEALTH DECISIONS

To inform health decisions by making Cochrane evidence accessible and usable for those who need it.

Success against this Goal means that Cochrane evidence is:

DISCOVERABLE & USEFUL through formats, features and products that respond to the needs of end users	**UNDERSTANDABLE & MULTI-LINGUAL,** through plain, standardized language, high-quality translations, and tools and training that grow users' capacity for evidence-based decision-making	**ACCESSIBLE TO ALL,** through our commitment to Open Access and making Cochrane evidence freely available in Low- and Middle-Income countries

GOAL 3:   ADVOCATING FOR EVIDENCE
To be a leading global advocate for evidence-informed health care.

Success against this Goal means that Cochrane, its members and supporters:

ADVANCE EVIDENCE-INFORMED DECISION-MAKING by using our voices, reputation and global network of relationships to influence the use of evidence in policy and decision-making	IMPROVE EVIDENCE QUALITY by campaigning for transparency and integrity in health research

GOAL 4:   COLLABORATING EFFECTIVELY

To be an independent, global, diverse, sustainable and well-run collaboration of members and supporters.

Success against this Goal means that Cochrane is:

GLOBAL & INCLUSIVE, by taking active steps to continuously improve collaboration, diversity and equity	AN INVESTOR IN PEOPLE, by providing appropriate learning and development for its members	SUSTAINABLE, by having a funding model that provides the resources needed to achieve its organizational Goals

Governing Board Paper:
Decision & Discussion items

Title:	Cochrane Community virtual event: 22/23 March 2021
Previous papers submitted on this topic:	None
Paper Number:	GB-2021-59
From:	Jo Anthony, Head of Knowledge Translation Lucie Binder, Head of Governance & Strategy
People Involved in the developing the paper:	Sabrina Khamissa Events and Brand Support Officer
Date:	8 March 2021. For consideration at the Governing Board meeting, 8 March 2021
For your:	Information
Access:	Open

Executive summary

A virtual event for the Cochrane Community is being held on 22/23 March 2021. It will take place twice over the same day to cover different timezones. Its purpose is to provide an opportunity for Cochrane members and supporters to hear from and question Cochrane's leaders - the Board Co-Chairs, CEO, and Editor in Chief – in the first Quarter of 2021 given that the Governance meetings have now been pushed back to May 2021. It will also provide a more informal opportunity for members and supporters to meet and network under the title: *Cochrane in 2021: an opportunity to reunite with colleagues.*

Update:

- See Figure 1, below, for the latest draft of the programme.
- As of 8th March: 185 registrations on Hopin platform – so far, ALL are Cochrane Group staff and a real mix of Geo groups, Review Group staff, Fields, and Central Executive Team.
- Session is now 90 mins including the 'informal' coffee break.
- Co-Chairs, CEO, and Editor in Chief to pre-record 3-5 minute videos in advance of the sessions covering the main strategic priorities of the organization, and introducing the May 2021 Governance meetings. Guidance on 'how to navigate' the platform will be also circulated in this communications message.
- Written questions to be invited in advance on an online platform and at the sessions. Feedback can also be submitted after the informal coffee breaks.
- Anne Anderson Virtual Walk to be launched on 8th March via Community and Cochrane.org websites, and social media.

Figure 1: Proposed timetable correct as of 8 March 2021

TIME (GMT)	OTHER TIME ZONES START TIME:	MONDAY 22 MARCH (TUES 23 MARCH IN SOME TIMEZONES)
9:00 – 09:45	Central Europe - 10:00 India - 14:30 China - 17:00 Australia - 19:30 New Zealand - 22:00	**Live Introduction + Virtual Anne Anderson walk - Co-chairs** (10 minutes) **Recap of strategic messages - EiC and CEO** (10 minutes) **Live Q&A followed by closing remarks** (20-25 minutes)
09:45 – 10:30		**Optional randomized coffee breaks (45 minutes), with thematic 'conversation prompts' on topics like 'diversity in Cochrane' and 'best ways to receive information about Cochrane business'**
10:30 - 12:00		Optional networking time
NB: Morning session closed. Afternoon session is duplicate session to account for a range of timezones.		
17:00 – 17:45	New Zealand - 06:00 23 MARCH North America: PT - 10:00 CST - 12:00 EST - 13:00 South America - 14:00 Central Europe - 18:00	**Live Introduction + Virtual Anne Anderson walk - Co-chairs** (10 minutes) **Recap of strategic messages - EiC and CEO** (10 minutes) **Live Q&A followed by closing remarks** (20-25 minutes)
17:45 - 18:30		**Optional randomized coffee breaks (45 minutes), with thematic 'conversation prompts' on topics like 'diversity in Cochrane' and 'best ways to receive information about Cochrane business'**
18:30 - 20:00		Optional networking time