





Governing Board Teleconference (July 2020) OPEN ACCESS

Schedule	Thursday 2 July 2020, 9:00 PM — 10:30 PM BST
Venue	GoToMeeting (admin account)
Notes for Participants	<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: 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.</p>
Organiser	Veronica Bonfigli

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



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: _____



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 approach¹.

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

¹ Refer to the Code of Conduct for Trustees

² Refer to the Board Skills Matrix

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 fairly⁴. 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

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.

2. Approval of the Agenda

3. Matters arising from previous meeting

4. Record of Resolutions approved between meetings

5. Post 2021 Strategic Framework for
review [RESTRICTED ACCESS
SUPPORTING DOCUMENTS]

6. CEO Report [OPEN ACCESS
SUPPORTING DOCUMENT], including:

6.1. Spokesperson Policy [RESTRICTED ACCESS SUPPORTING DOCUMENT]

7. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT]



Governing Board Report

Title:	Editor in Chief Report
Period covered by this report:	March to June 2020
Date and period of last report:	October 2019 to March 2020
Purpose of the report:	<p>Below is a summary of the work carried out from March to June 2020. The work on target areas (Conflict of interest policy implementation, Editorial Management System, and Plain Language Summaries) have not been disrupted, although four priority projects were put on hold due to the Covid-19 response (High profile reviews implementation, Editorial charter implementation, Separation of development and editorial functions pilot, Methods strategy).</p> <p>The editorial work to respond to the COVID-19 pandemic is also summarised in the table. We are now planning an evaluation of this first phase and how the learns from the Covid-19 experience can support future developments in the review production process.</p>
Paper Number:	GB-2020-22
From:	Karla Soares-Weiser
People Involved in the developing this report:	Editorial and Management senior team
Date:	22 nd June 2020. For Consideration at 2 nd July Board meeting
For your:	Information
Access:	Open

Governing Board Report

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period
Cochrane Library: publishing output in 2020	Monthly publishing output for the Cochrane Library in 2020.	<p>At the start of 2020 Cochrane Database of Systematic Reviews output was at the same level as 2019, but publications dropped by about 20% in February and March in comparison with 2019. However the number of published reviews and protocols rose again in April and May, so by the end of May 2020 the output was exactly the same as for 2019.</p> <p>2020 to present (21 June): 127 new reviews, 115 updated reviews, 120 protocols</p> <p>2019 Q1 and Q2 totals: 150 new reviews, 123 updated reviews, 120 protocols</p>	<p>The figure for June is likely to be slightly lower again in comparison to 2019. However, judging from the number of submissions to the Copy Edit Support service (an early indicator of publishing output) we can expect a large number of publications in July.</p>	<p>We will continue to monitor the Cochrane Library output in a regular basis.</p>
2020 Conflict of interest policy implementation	To continue plans for implementation of the new conflict of interest policy for Cochrane Library content, including launch, communications, training, and support.	<p>Two of three virtual workshops for Managing Editors have been delivered and work on online learning modules, Frequent Asked Questions, a 'quick' policy guide for authors and decision trees to support Managing Editors is well-advanced. The Terms of Reference for the Panel have been revised and shared with the current panel and the Networks. The creation of a new Research Integrity team has strengthened our capacity to handle more cases centrally, therefore streamlining the referral process for Review Groups.</p>	<p>Identifying a technical solution to deliver a single-entry point for 'declaration of interests' from authors has been challenging. Current Editorial Management Systems do not offer an ideal solution. A paper is being drafted describing available options, and pros and cons of all possible approaches.</p>	<p>Continue work on a single declaration of interest entry point and deliver online training and resources.</p> <p>Work with the translation team to generate a Spanish version of the policy.</p>

7. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT]

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period
Plain Language Plan Pilot project	Cochrane has hired three professional science writers to write plain language summaries. They work closely with Cochrane's Editorial Service, plus two Cochrane Networks, writing for new and high-profile reviews and updates, including those on COVID-19. The writers will also develop plain language summary templates plus guidance to support Review Groups.	<p>Reviews with plain language summaries written as of 22nd June. Since April, the plain language summaries of all Rapid Reviews published due to the COVID-19 response and Cochrane Reviews from the MOSS Network have done by professional writers. Examples are:</p> <p>Quarantine (Rapid Review)</p> <p>Ash for hand cleaning (Rapid Review)</p> <p>MMR vaccine</p> <p>Convalescent plasma (Rapid Review)</p> <p>Video calls for reducing social isolation</p> <p>Personal Protective Equipment for healthcare workers</p> <p>Telephone interventions for managing symptoms in adults with cancer</p>	<p>So far we have received positive feedback, both from translators and our external audience.</p> <p>This has, however, raised the issue of the importance of accurate abstracts to produce a good plain language summary, and we have initiate internal discussions to assess the work necessary to standardise and guarantee the quality of abstracts for all Cochrane Reviews.</p>	Planning for the first phase of the evaluation project is underway and will take place in late June/July.
Editorial Management and Production Systems Programme	Ongoing projects: (1) Selection of a new external editorial and management system, (2) Review and plan of editorial workflows.	<p>The preferred Editorial and Management system vendor has been identified; and an editorial workflow questionnaire has been circulated to editorial teams.</p> <p>The questionnaire will gather information on the way editorial teams work now and will help with the design of all aspects of the new workflow template and related system set up. There has also been an initial review of translation workflows.</p>	<p>Across all projects, the objectives will be reviewed and redefined in light of learning to date and the choice of the new system vendor.</p> <p>There have been fewer responses to the questionnaire than anticipated to date; and the team has logged a risk that there could be resistance to workflow changes. To mitigate these, the team set up the questionnaire clinics and will work with the Community Liaison and KT teams on communications and support.</p>	To develop a new editorial workflow (from content submission) to editorial sign-off that builds on current workflows and incorporates best practice.

7. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT]

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period
COVID-19 RELATED ACTIVITIES				
Covid-19 priority settings and pipeline	Reviews underway in the following areas: diagnosis (see centralised editorial service update); practice in LMICs; mental health impacts; preventing transmission (dissemination strategies, contact tracing, travel bans, quarantine); and treatment and prophylaxis (convalescent plasma update; prophylactic anticoagulants; living NMAs).	Topic-based prioritisation with content experts focused the response and made decision-making more transparent. Unclear, overlapping and non-priority questions reworded or archived from the COVID 19 Question Bank.	Judging feasibility for rapid review methods and the right level, type and timing of input (CRG, Network Associate Editors, Methods Groups, Methods Support Unit, etc.) is a key challenge. Identifying well-resourced teams and appropriate methodological support is also an issue where non-standard methods are needed (prognosis, modelling, burden of disease s, etc).	Develop/adapt the rapid review template for different types of question. Formalise criteria for considering feasibility of proposals as either rapid, standard or living reviews.
COVID-19 workflow	Developing an editorial process for submissions of rapid reviews relevant to the COVID-19 pandemic, and implementing an interim Editorial and Management System, ScholarOne, for these rapid reviews	An editorial process has been devised for rapid reviews with members of the Editorial Service, the editorial board, other members within Cochrane including a 'public health hub' and Wiley. The process is designed to expedite the editorial process for rapid reviews while maintaining rigour. ScholarOne is being used to manage this editorial process, particularly the peer-review. All new submissions are now going through ScholarOne, and all articles that were submitted prior to the launch of ScholarOne have been uploaded to the system. ScholarOne ensures that peer-review comments are available in one location to all editors, and enables automation of some tasks.	The interaction between Word/ScholarOne and RevMan/Archie is not straightforward. Identifying and managing the number of people involved in the editorial process has also been challenging. Getting the right level and type of input at an early stage without slowing down the process unduly is a difficult balance.	Review of the editorial process and the use of ScholarOne for rapid reviews. Ensuring any lessons learned from using ScholarOne are considered for the implementation of Cochrane's new Editorial and Management System
Centralized Editorial Service	We have prioritised reviews for Covid-19 since March of this year, expanding the team to	Rapid Reviews and updates Quarantine Commissioned by WHO. 1 st version published 8 April 2020.	The 2020 workplan and budget for the central Editorial Service have changed with the shift in priorities necessitated by	We will pilot pre-print service for reviews going through the Editorial Service. We

7. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT]

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period
	<p>accommodate this. To meet the challenges of an ambitious programme of priority rapid and updated reviews, we recruited the current part-time Managing Editor to a full-time role and appointed two other Managing Editors to part time positions on a short-term basis. We have also benefitted from other EMD team members supporting our processes as well as CRG Managing Editors donating time to support overflow of editorial work from Covid-19</p>	<p>From submission to publication in 15 days. Altmetric score of 1881 on 22 June 2020</p> <p>Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) Published 21 April From submission to publication in 11 days Altmetric score of 207</p> <p>Personal protective equipment Update of existing review – published 24 April then 15 May (following author follow-up of study data) From submission to publication in 16 days Altmetric score of 25 on 22 June 2020</p> <p>Hand cleaning with ash Particular relevance to LMICs. Pre-publication version of the review shared with WHO. 1st version published 28 April 2020 From submission to publication in 28 days. Altmetric score of 76 on 12 June 2020</p> <p>Convalescent plasma Published 14 May From submission to publication in 12 days Altmetric score 270</p> <p>Video calls for reducing social isolation Published 21 May Altmetric score 154</p> <p>In progress (COVID-19)</p> <ul style="list-style-type: none"> • Antibody tests for SARS-CoV-2 (imminent) • Signs and symptoms (imminent) • Laboratory based molecular tests for SARS-CoV-2 <p>- 1</p>	<p>Cochrane's response to Covid-19 has seen many reviews being conducted or updated within weeks, whilst we have also had to honour our commitment to publish existing non-Covid reviews through the Editorial Service. A number of the Covid 19 reviews will be maintained as living reviews.</p> <p>The volume of work and speed we need to operate at has meant that we have had to adapt our processes. We have occasionally missed deadlines to feedback to authors regarding protocol submissions for Covid-19, although using an online system to manage editorial submissions has greatly increased our ability to respond promptly. Timeliness of feedback will be monitored going forward so that we can continually improve performance.</p>	<p>will continue to prioritise Covid 19 rapid reviews for that are managed centrally, whilst ensuring that the planned pilot for the separation of functions and other priority reviews are still supported. We would like to retain the expanded Editorial Service team to run the separation of functions pilot and to give greater capacity for publishing new and non-standard review types. We will also be exploring routes to central publication of reviews.</p>

7. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT]

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next period
		<ul style="list-style-type: none"> • Laboratory based molecular tests for SARS-CoV-2 – 2 • Rapid point-of-care tests for SARS-CoV-2. • Routine laboratory testing to determine if a patient has COVID-19 pneumonia or SARS-CoV-2 infection. • Convalescent plasma – 1st update of LSR to publish next week • Contact Tracing Technologies in Epidemics – to publish next week • Prophylactic anticoagulants for patients hospitalised with COVID-19 • Interventions to support the resilience and mental health of frontline health and social care professionals during a disease outbreak, epidemic or pandemic • Dissemination strategies for healthcare workers to prevent respiratory viral diseases spread in workplace 		

7.1. Cochrane Sweden Application to
become full Centre [OPEN ACCESS
SUPPORTING DOCUMENT] [CONSENT
AGENDA]



Governing Board Paper: Decision & Discussion items

Title:	Cochrane Sweden Centre Application
Previous papers submitted on this topic:	N/A
Paper Number:	GB-2020-23
From:	Sylvia de Haan, Head of External Affairs and Geographic Group Support
People Involved in the developing the paper:	The Geo-graphic Groups' Executive.
Date:	For Consideration at 2 ND July Board meeting
For your:	Decision
Access:	Open

Executive summary

We have received an application from Cochrane Sweden to upgrade its status from Cochrane Associate Centre to a full Cochrane Centre. The application is excellent, and it supports the strategic direction of the organisation. The CEO's Office and the Geographic Groups' Executive both support the application presented in summary in this document for Board approval. Cochrane Nordic (the Centre to which Cochrane Sweden reports to date) is also supportive of the Associate Centre becoming a full Centre.

Background and context

Under existing custom and practice, the approval of any new Cochrane Centre needs the formal approval of the Cochrane Governing Board, so that it can have a strategic overview of how Cochrane's global presence is evolving. Board members are not expected to read the detailed applications and plans for each new Centre as this level of scrutiny is undertaken by the CEO's Office. This paper summarises the application for the upgrade of the Cochrane Sweden Associate Centre to a full Cochrane Centre.

If Board members do want to refer to part or all of this application, it can be found in the Cochrane Board Dropbox [folder](#).

Issues

Cochrane Sweden has been in existence since 2017, as an Associate Centre of Cochrane Nordic. Cochrane Sweden promotes and represents Cochrane in Sweden and trains and supports Swedish Cochrane contributors. In less than three years of life as Associate Centre, Cochrane Sweden succeeded to create a visible and innovative presence at the national and international level. The staff is convinced to being already delivering functions as per a full centre, and a formal recognition as full Centre will further promote their work.

In its plan to upgrade to a full Centre, two priorities have been identified:

- To introduce review authors and other contributors to Cochrane methods, and support Swedish authors to prepare, publish and maintain their Cochrane reviews. Cochrane Sweden trains healthcare professionals

and researchers in workshops and courses organized by Cochrane Sweden. In addition, they provide individual support to author teams.

- To advocate for evidence-informed practice in Sweden, particularly through promoting access to Cochrane content and facilitating the use of Cochrane reviews to inform decision making. Their main target audience is healthcare professionals, University students and local institutions such as the HTA units. Cochrane Sweden, hosted by Lund Hospital and University, is also part of the national network of HTA units, where decisions on implementation and de-implementation of health interventions are discussed.

The Cochrane Sweden team consists of the director, a senior researcher, a communication consultant and a project coordinator (in addition to two administrative staff). It is envisaged that the staff will increase with the growth of the activities and after securing additional funding. The current funding base for staff and infrastructure is stable and diverse.

Other collaborators, not on a regular basis and not salaried by the Centre, will include physicians with experience in EBM, research methodology, or meta-analyses. Many other Swedish health professionals are involved with Cochrane activities as authors of Cochrane reviews and protocols.

Full support to the planned Cochrane Sweden activities has been expressed by the Head of Research for Skåne University Hospital; the Director of Research & Development at Region Skåne; and the Dean of the Faculty of Medicine.

Cochrane Sweden will continue their close collaboration with the Cochrane Sustainable Healthcare Field, Cochrane Norway and Cochrane Nordic. They will also contribute to geographical diversity in Cochrane with projects such as Cochrane International Mobility (CIM).

Recommendations

The CEO's Office and the Geographic Groups' Executive have reviewed the application in detail and are satisfied that Cochrane Sweden will be able to perform the functions to the level of a Cochrane Centre, that sufficient resourcing is in place, and that the Centre's strategic plan is aligned with Cochrane's *Strategy to 2020* and the Centres' functions. We have no hesitation in supporting this application and we recommend that the Governing Board approves the establishment of Cochrane Sweden as a full Cochrane Centre.

- a) **The Board approves the upgrade of Cochrane Sweden from Associate Centre to a full Cochrane Centre.**

Next steps

Cochrane Sweden becomes a full Cochrane Centre.

8. Any Other Business

9. Date of Next Meeting