



# Governing Board Internal Candidate Statement

Please note that both this Internal Candidate Statement and the Letters of Support you provide **will be published on the Cochrane Community website** during the elections process, and the Internal Candidate Statement will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

Please submit this Internal Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the two nominators writing your Letters of Support.

Family name (surname):	<b>Meerpohl</b>
First name(s):	<b>Joerg J</b>
Today's date:	<b>2017-06-14</b>

You may expand the boxes in providing your answers to the questions below:

- 1. Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Governing Board?**

Yes. Details can be found below:

## **Evidence-informed health care or policy**

Since the very early beginning of my career as paediatrician I have actively practiced evidence informed health care when seeing my patients. Over the last 10 years I also got the opportunity to be involved with Evidence-informed policy making through work with national and international organizations such as WHO.

## **Editorial policy and publishing**

I have been an editor for the Cochrane Haematological Malignancies Group since 2011. I also work as Section Editor for „Rare Diseases and Orphan Drugs Journal: An international Journal of Public Health“ and the German journal „Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen“, as Associate Editor for „Health and Quality of Life Outcomes“ and as Co-Editor in Chief for „Research Integrity and Peer Review“.

## **Consumer engagement**

Through my involvement with various guideline organizations I have plenty of experience in interacting with consumers, which are usually represented on these panels. Also, our translation programme of Cochrane Evidence (“Cochrane Kompakt”) requires regular

interaction with consumers in Germany.

### **Systematic review conduct**

I have conducted 30+ systematic reviews over the last 10 years including 15 Cochrane Reviews. Some of these reviews are methodological reviews or prevalence reviews. Several included non-RCTs.

### **Systematic review methodology**

I have done research for several years on dissemination bias, reporting quality, and in particular the GRADE approach and its use for assessment of the certainty of evidence for Cochrane Summary of Findings tables. I am currently involved in activities on development of a tool for Risk of Bias assessment of Non-randomized studies of exposure, and guidance for use of time to event data in Summary of Findings tables.

### **Knowledge translation and communication**

As Co-Director of a Cochrane Group in a non-English speaking country (Cochrane Germany) I have always been actively involved in knowledge translation and communication. My activities do include translations and adaptation as well as activities like work with guideline developers, national and international policy-makers, and journalists and the public. In the last few years we successfully launched our translation programme of Cochrane Evidence „Cochrane Kompakt“ and a Cochrane Blog in German „Wissen was wirkt“.

### **Financial management in the not-for-profit sector**

I have served as board member for 6 years for the German Network on Evidence Based Medicine (>1000 members), and for the last 3 years on the Cochrane Governing Board. As part of both roles I have been involved in the financial planning and management.

### **Organizational governance**

In addition to the above, I have been involved in governing / advisory bodies of various other organizations, such as the GRADE Guidance Committee, the National Guideline Commission in Germany, the WHO ICTRP Advisory Board.

I have also held organizational responsibility as consulting physician for the outpatient clinic of the Ped. Hematology & Oncology Department at Freiburg Medical Center, and as Co-Director of Cochrane Germany.

## **2. How have you contributed to Cochrane's work during your time as a member?**

After having qualified as a paediatrician at the Paediatrics Department of the Medical Center at the University Freiburg in 2005 and a subsequent six-months unpaid leave to travel in East-Asia and South America, I felt on my return that I wanted to embark on new challenges. Therefore, I started working as part-time (50%) researcher at the German Cochrane Centre (GCC) located in Freiburg while pursuing my specialization in paediatric haematology/oncology. The same year, I was able

to attend my first Colloquium in Sao Paulo, Brasil. As part of my work at the GCC, I quickly started to conduct my first series of Cochrane Reviews and initiated a project on publication practice in paediatric oncology (publication bias and reporting quality).

During these first years at the GCC, I conducted three Cochrane Reviews as lead author on iron chelation in various transfusion-dependent anaemias with the Cystic Fibrosis & Genetic Disorders and the Haematological Malignancies review groups. Since then, I have been involved in >10 Cochrane Reviews as senior author or co-author with various Cochrane Review Groups.

In addition to my contributions as author of Cochrane Reviews, I am Co-Director of Cochrane Germany, member of the Center Director's Executive, member of several Methods Groups (e.g. GRADEing), member of the Trainer's and Statistical Network, and member of the Advisory Board of the Child Health Field.

### **3. What experience do you have in leadership and/or governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership?**

For many years I acted as deputy director of Cochrane Germany, and since 2015 as Co-Director of Cochrane Germany, one of the biggest national Cochrane Centers.

I am also a member of the GRADE Guidance Committee (since 02/2014), and I have been a methodological advisor with several national and international guideline panels (e.g., WHO Nutritional Guidance Advisory Expert Group, WHO HIV, WHO SAGE subgroup on Vaccine Hesitancy). Furthermore, I was a board member of the German Network for Evidence based Medicine for 6 years, a member of the advisory board of the WHO ICTRP for 3 years, and of the Cochrane Child Health Field since 11/2012. I have also coordinated a very successful European Union funded FP7 multi-national project on publication bias.

### **4. What do you think would make you an effective member of the Board?**

I will bring a high level of commitment (working Co-Director of the GCC), the ability to see issues from different perspectives (non-native speaker, non-English environment, clinician by training) and flexibility to adapt to different contexts and situations. After 12 years of clinical experience (mostly in paediatric haematology & oncology), I am a team-player and have extensive experience in both making and communicating (also unpleasant) decisions under pressure.

Also, in the last few years through involvement with the Cochrane Board and other high level boards I can now build on extensive experience both in the national and international context.

### **5. How do you see Cochrane developing or changing in the future (i.e., what is your 'vision' for Cochrane), and why?**

In my view it is important that we ensure that Cochrane remains to be seen as an ambitious, scientific organization which continues to employ cutting-edge methodology and provide leadership to others with regard to evidence synthesis, methods in evidence synthesis, use of technology, use of diverse data, etc.. In particular, I would want to see Cochrane continue and increase its work and activities in methods development and refinement to be the organization to set standards for new methods (e.g. diverse data, use of technology) as Cochrane did 2 decades ago.

While the quality and timeliness of our main product, the Cochrane Library, is of utmost importance, I think we need to (continue to) be broader in our portfolio of activities to stand out from our competitors and be able to attract funding from very diverse funders in different settings across the world.

Finally, I hope that Cochrane will become an even more international organization, in terms of its members and leadership (people involved), and in terms of availability of its content and products (multi-lingual for users) as well as diverse opportunities to contribute (flexible and multi-lingual for contributors).

## 6. What do you see as the most important issues to be addressed by the Board during your term of office?

Next to continued implementation of Strategy 2020 I am convinced we need to work now on our Strategy to 2025, if not 2030. The broad field of using evidence (data) for health decision-making is moving fast. We are seeing many competitors in this field; also, other non-randomized, observational data are increasingly being used, and new types of data (big data) are emerging.

Also, technology and artificial intelligence are being explored to support the process of evidence synthesis and decision-making.

While Cochrane is currently already active in these areas, I strongly feel that the Board needs to address all these challenges, which I personally would want to see more as opportunities, through intense work on a Strategy to 2025, which will ensure that Cochrane retains its leadership role in evidence synthesis and methods development.

Finally, given the current changes and likely future changes to our structure and function, it is of paramount importance in my view, to do whatever is required to retain the enthusiasm of our members, and the collaborative spirit and fantastic ethos which has made Cochrane what it represents today.

## 7. For individuals seeking re-election, how have you contributed to the Board during your previous term of office?

During the last 3 years of my first term on the Board I have been a very active board member and have attended all meetings.

In addition, I have been a member of two subgroups of the Board, namely the Governance Reform

Group and the External Board Member Committee.

#### 8. Is there anything else you would like to say in support of your nomination?

Given the changes to the Board composition through, for example, the addition of the external Board Members, which in my view strengthens the Board, I think it is important at the same time to ensure some continuity, which I will be able to provide.

Also, given the international nature of Cochrane, I believe it is important to have non-English Board members who can add a different perspective (e.g. importance of translations) to the strategic planning of the Board.

Finally, while I would still like to believe that I represent the younger generation, I think that I at least belong to the next generation of Cochrane leaders taking on responsibility and stepping into the shoes of Cochrane's founding generation.

## Declaration of Interest statement:

Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane's [conflict of interest policy](#) and the [declarations of existing members of the Board](#).

Please answer the following questions:

<b>1. Financial interests In the last three years, have you:</b>	<b>Yes/No (If yes, please provide details)</b>
a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research?	<i>European Union, Bundesministerium f. Bildung und Forschung, Bundesministerium f. Gesundheit, World Health Organization</i>
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	<i>Yes - World Health Organization, Zorginstituut Nederland</i>
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	<i>Yes - Robert-Koch Institute, European Stroke Organization, Swiss Medical Board, Landesärztekammer Baden-Württemberg, Association of the Scientific Medical Societies in Germany, WHO</i>
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	No
e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	No
f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	No
<b>2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?</b>	<i>Yes - Member of the GRADE working group Member of the GRADE guidance group Member of the board of the German Network for Evidence based Medicine</i>