Structures of Centres

1.1.   Background

The current system of Cochrane country or region presences allows for two types of Group: Centre or Branch. Those wishing to undertake lower levels of work do not have a way in which to become recognised by the organization and the developmental pathway is therefore limited by having only a 'two step' approach. Centres and Branches are set up such that each country has a reference Centre which supports the development of Cochrane activity in that country. This leads to Branches of Centres being created where the Centre is often a neighbouring country, but can be very far away. Experience has shown that the levels of mentorship created through this system are sometimes very good, and that is clearly an element that needs to be protected where it functions well. Sometimes the mentorship and support is not strong; and the external designation of a Cochrane country Branch of another country Centre has stymied the profile, growth and development of a Branch.

There are alternatives emerging in the system however. The establishment of a Network model in South/Central America and the Caribbean is described in Section 4 (page 9). Elsewhere, Cochrane Groups working in the Middle East have now become accountable directly to the CEO's office in order to overcome the in-country and between-country rivalries in the region. Groups from different institutions in a particular country in this region are encouraged to work together collaboratively in a loose network led by a 'coordinator' who reports to the CEO and helps to build the individuals and institutions to a level of activity when they can be recognised within a more formal structure. In East Asia, an informal alliance has existed for 10 years that has provided a mechanism for countries in the region to cooperate in training, capacity building and advocacy.

Overall there has been agreement amongst Centres that positive examples of mentorship and support need to be retained in any future model, but the current inflexible model needs revising to reflect changes already underway. The new model should respond more actively and flexibly to the differing contexts and needs of countries and should allow for more growth of Cochrane presences both where there is currently no presence and where there is an existing cadre of contributors.

1.2.   Overview of Structural Proposals

This Review proposes a new model for Cochrane Centres and other geographically-oriented Cochrane structures that will make our global presence fit for purpose in the future and will allow us to deliver our *Strategy to 2020*. The key changes proposed are:

- More levels of geographically-oriented Cochrane structures within the model;
- Encouraging multiple presences in each country or region within an integrated accountability structure;
- Developing Cochrane Networks where appropriate;
- Replacing the reference Centre concept with a new accountability framework.

As part of this shift we will need to review accountability and support structures for these Cochrane Groups. In particular, due to multiple presences, we will need to:

- Designate one Group in each country or region as the coordinating presence;
- Set out contractual agreements, as appropriate, stating that all Groups must commit to working together.

1.3.   Multiple presences in a country or region

We propose that the idea of one Cochrane Group having exclusivity in a country or region should be phased out. For accountability purposes we will need to nominate a 'Co-ordinator' for any given country or region, but we would want to encourage multiple Groups of Cochrane collaborators from many different supporting institutions to work together in a country or region; and expect them to work in a collaborative and mutually supportive way. These individual Groups may fulfil just the essential four Tier One functions, or many. The co-ordinator role mentioned is a way of ensuring that there is a clear accountability relationship in countries regardless of how big or small their presence is.

Setting up additional Affiliate Groups should generally always be possible if the additional Groups meet the criteria and deliver the key functions set out in Section 5. However, we acknowledge that there could be a significant management burden on a Centre if many Affiliates were set up in the country without the Centre being resourced to manage them. For this reason, the Centre in the country will be involved in all proposals to develop additional presences.

The process for establishing new groups is detailed below in the accountability section.

1.4.   Possible types of geographical Groups

Our current structure allows for Branches and Centres as the only geographical Groups. Under the new system **we propose to allow a broader range of Groups.** The broader range of Groups will allow flexibility to create networks within countries and regions, so that we can have wide reach and be inclusive. This will also allow us to offer a developmental journey where Groups are establishing a new presence in a country. The hierarchy of Groups available would be as follows:

Cochrane Affiliate: A small group of Cochrane members who work together locally and want to be recognised by Cochrane for the work they do. Affiliates may be the starting point for a Cochrane presence in a country or they may be a way to expand the reach of an existing country presence.

Criteria: undertake Tier One functions of Centres and other functions where capacity allows.

Associate Cochrane Centre: These Associate Centres (similar to what we currently call Branches) may be a developmental step along the way to being a full Centre. The functions required are fewer than for a full Centre and so there is more flexibility to focus on tasks or activities that the Group is interested in. Becoming an Associate Centre may be the ultimate goal of some Groups, in smaller countries

especially. However, we would encourage all Associate Centres to build the Cochrane presence in their country to Centre level, which can be achieved by increasing the work of the Associate Centre, or by partnering with others in their country to jointly fulfil all the functions of a Centre. In this latter example two Associate Centres could be jointly fulfilling all the Centre roles.

Criteria: undertake Tier One and Tier Two functions and additional Tier Three or Tier Four functions where capacity allows.

Cochrane Centre: A Cochrane Centre will have significant responsibility. A Centre by default will be the coordinating presence in a country and so will be responsible for reporting to Cochrane's Central Executive. A Centre could be achieved through groups in multiple locations working together to perform all the required functions, or it could be a single group. Cochrane Centres are also required to undertake at least one of the Tier Four additional functions.

Where a Group is located in a non-English speaking country or region, the Tier Four translation function would be strongly encouraged though not mandatory,

Criteria: undertake Tiers One, Two and Three functions listed and at least one Tier Four/Desirable function. Further Desirable functions are recommended where capacity allows.

Cochrane Networks: an organisation of multiple Groups (Affiliates, Associate Centres or Centres) that spans a large and diverse country or a region.

For a country-based Network this will be particularly appropriate where the country is large and there is significant regional diversity, so a geographically dispersed Cochrane presence will be beneficial. Examples where Cochrane has already identified the need to build a Cochrane Network are in China, the USA and Brazil, but we expect that many countries could benefit from expanding their reach through Affiliate Groups.

For regions where we are trying to build capacity and the Groups would be stronger working together rather than in isolation in their own country it will be a useful model. This will be particularly relevant when there are Affiliates in a country but no Centre or Associate Centre. Examples where Cochrane has already identified the need for regional networks include the Iberoamerican Network and the Middle East.

Criteria: Each Group within the Network must meet the relevant criteria for that Group type as above. For a Network to be established there should be three or more Groups involved. In a country where a Centre has, for example, three Affiliates they could choose to call themselves a Network, e.g., the Brazilian Cochrane Network. This decision should be made based on local circumstances.

Coordinating Role: With multiple presences in a country or region it is important that one Group is a designated Coordinator. This would be reviewed periodically, as over time another Group in the country/region may be better suited for the role. The nominated Coordinator would oversee the other Groups in the country or region and would take responsibility and accountability for their collective activities. This would include gathering the relevant monitoring details about activities and finances of the Groups.

A Centre should ideally hold this role, but where there is no Centre a smaller Group such as an Associate Centre or even an Affiliate may take it on. This will be managed in accordance with our accountability structure (see Section 7 for more information).

Working together: one of the potential pitfalls of having multiple presences in a country or region is that Groups can become competitive in a damaging way. In keeping with the Iberoamerican Cochrane Network's approach, we would promote the use of contractual arrangements that commit Groups to proactively collaborate with any other Groups in their country or region.

Outward naming conventions: With the introduction of Cochrane's new branding, Groups of all sizes can now work under the banner of *Cochrane [Country Name]*. This has led to the removal of the awkward naming conventions such as the *Croatian Branch of the Italian Cochrane Centre* which is now simply known as *Cochrane Croatia*. This makes external communication significantly easier.

Cochrane needs to have a unified presence in any given country, so if a new Group sets up in a country as an Affiliate they will fall under the umbrella of that country's Cochrane presence, e.g., *An Affiliate of Cochrane Croatia.* Any Group setting up an additional presence in a country will not be allowed to set up a separate digital presence to the main website, and instead will be given a sub-section of the primary web presence for their country. The Communications and External Affairs Department (CEAD) can provide guidance for making the status of any Group clear on their web presence and other materials so there is no confusion with regard to the contribution a Group makes.

A Centre may use the term Cochrane [Country Name] as their primary name or they may wish to use their existing Centre title, e.g., The Dutch Cochrane Centre could be referred to as *Cochrane Netherlands* or it could choose to be known as *The Dutch Cochrane Centre*. Some Centres may continue to use both naming conventions and that is acceptable.

Associate Centres will also be able to refer to themselves using the same naming structure if there is no Centre in their country. If there is a Centre already established in their country, they will be known as: *An Associate Centre of Cochrane [Country Name].*

Affiliates that are set up in countries with an existing Centre or Associate Centre will be known as: *An Affiliate of Cochrane [Country Name].*

Affiliates that set up in a Country where there is no existing presence should refer to themselves as a *Cochrane Affiliate in [Country Name]*. They will need to follow guidance in terms of how they describe themselves on their web pages, but they will be able to have a standard website that has *Cochrane [Country Name]* as the header.

Any use of the Cochrane brand will be contingent on Groups performing the functions they set out to perform, and will be managed through the required accountability mechanisms.

1.5.   Pathways for progression

Some Groups will want to register as a Cochrane Group to perform a very specific range of functions and will not want to progress further than this. Other Groups will be interested in developing a more complete presence, but will want to start off small to build up experience, infrastructure and funding required to achieve that. For this latter Group we propose a developmental pathway that takes them from a small local presence to full Cochrane Centre status.

We see the pathway as starting normally as a Cochrane Affiliate. This will help set up a presence and will provide a basis from which the Group can approach funders. From this point Groups can seek to develop into Associate Centres and then Cochrane Centres, gradually adding functions as they progress.

1.6.   A network based approach to geographic presences

In many countries Cochrane would benefit from an expanded presence, so that Cochrane's work is more widely disseminated and there are more opportunities to build links with important external stakeholders. It may also be possible to extend the capacity of a Centre by partnering with others.

For this to be possible we propose to establish a network-based approach to developing presences in a country where such expansion is deemed beneficial. There will always be a lead, co-ordinating presence in the country which may be a Centre or an Associate Centre, but the presence of Cochrane in that country could expand by partnerships with Affiliates in other institutions. The country presence will be driven by the needs set out by the co-ordinating Centre in their strategic plan for the country, but as examples here are a few ways in which this network approach might help Groups to develop.

Example one:

A Cochrane Centre may want to expand its activities through partnership with another Group in the country. For example, in a non-English speaking country a Centre could partner with a smaller Group (an Affiliate) who are willing to lead a translation initiative in that language. The work would all fall under the umbrella of Cochrane [Country Name], and the Affiliate would be responsible to Cochrane through the Centre in their country.
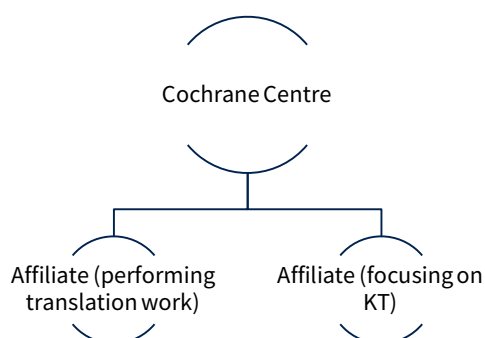

Example two:

In a country that is geographically large and diverse a Centre may feel unable to have an impact across the whole nation. In this situation the Centre may seek to set up Affiliates or Associate Centres in various
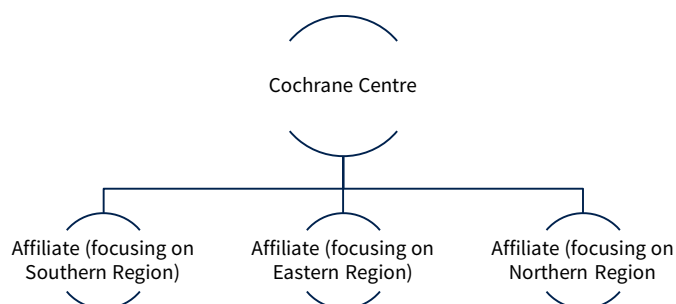
key regions. These smaller Groups may work to the same workplan and so undertake the same tasks as the Centre, but with a regional focus.

Example three:

In a country where there are multiple Groups interested in forming a Cochrane presence, but none of whom have sufficient capacity to set up a full Cochrane Centre, they may want to work together, dividing the functions of a Centre between them, so that jointly they become a Cochrane Centre. In this situation there would have to be one Group who takes the lead co-ordinating role and reports to the Cochrane CEO.

Associate Centre*

Associate Centre

Affiliate   Affiliate
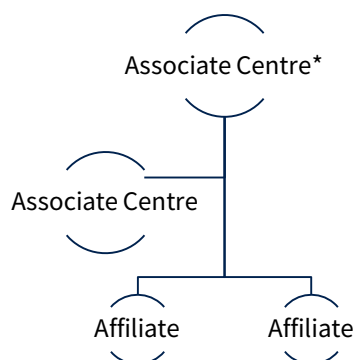
* the Associate Centre marked with an asterisk would be the coordinating Centre for management and accountability purposes.

1.7.   Regional Networks

As explained above, in some regions Groups will be stronger working together as a Network. This might be especially relevant in settings where there is insufficient funding or infrastructure to set up Centres locally, so smaller Groups may be set up who are part of a regional network. This might apply in the Middle East or Africa, for example. There are two expected permutations of this regional network approach.

Example four:

A well-established Cochrane Centre leads the development of a Cochrane Network in a region of interest. The Iberoamerican Cochrane Network is an example of this approach.
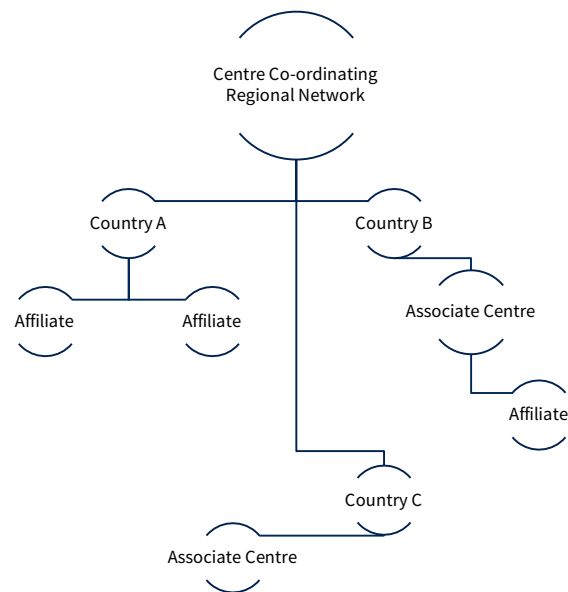
Example five:

In a region where there is no significant infrastructure or funding for Cochrane activities, a collection of small Cochrane Groups in neighbouring countries may come together to form a Network so that they can work together to have greater impact in their countries and their region. In this instance, there is no well-established Centre driving the Network forward, so it is a mutually supportive network approach. We are keen to pursue this in the Middle East, for example.