
Ensuring The Cochrane Collaboration enables better global participation

**BACKGROUND PAPER
for the STRATEGIC SESSION
SPLIT, CROATIA**

30 March 2011

Grand Ballroom
Radisson Blu Resort, Split
Wednesday 30th March, 2011
9am to 1pm (CET)*

*This briefing document was prepared by
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discussions, meetings and interviews
in various forums over the last year.*

GOALS

By the end of the strategic session, we expect to have identified a range of strategies to address the issues associated with global participation in The Cochrane Collaboration, including clear plans for their implementation.

1. Clear understanding and implications of the issues relating to enabling wider participation
2. Awareness of relevant activities in existence
3. List of the pros and cons of a range of strategic options
4. Prioritised list of strategic options to develop further
5. Plans of action for how strategic options will be developed, by whom and over what timeframe

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BACKGROUND: what problem are we trying to fix?

The Cochrane Collaboration is committed to encouraging wide participation and producing high quality, relevant reviews that will influence policy and practice. Ideally, the opportunities to contribute to The Cochrane Collaboration should be equally available to all, irrespective of a person's geography, language, culture or access to resources. The reality, in spite of this commitment, is that the Collaboration remains dominated by authors from economically developed regions, with a bias towards English-speaking countries (*Figure*).

This impacts in a number of ways. The disproportionate contribution by some countries and regions results in *The Cochrane Library* predominantly addressing health issues relevant to those regions, leading to a mismatch between disease burden and the availability of evidence in the form of Cochrane reviews. At an organisational level, failing to be inclusive limits the Collaboration's impact and inhibits diversity of funding (e.g. from subscriptions to the Library or access to infrastructure funding).

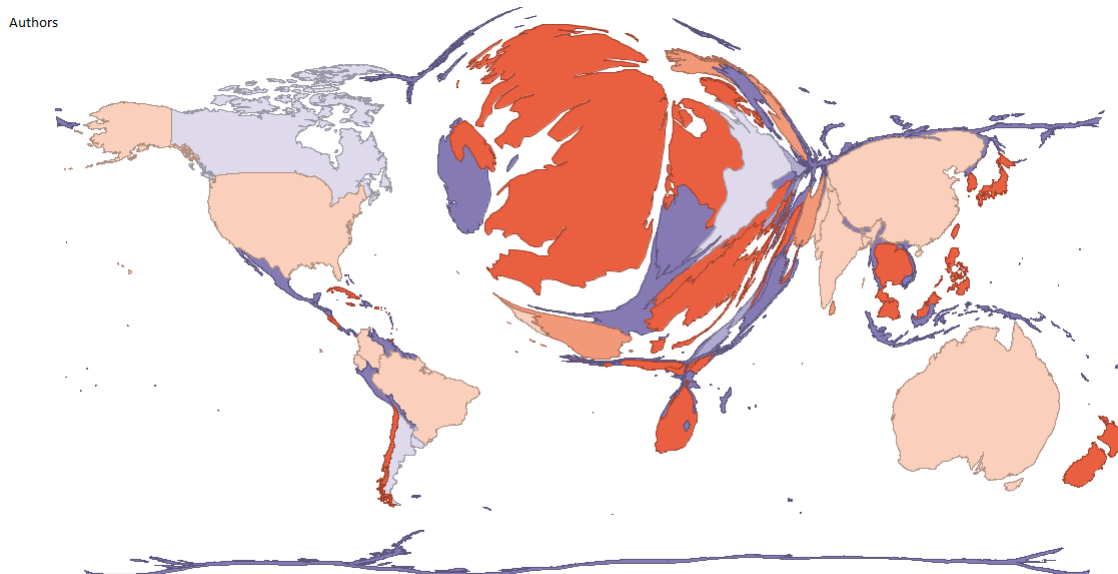


Figure Countries re-sized according to number of Cochrane authors (source: Archie, April 2010). [Thanks to P Ravaud]

In relation to global participation, the good news is the situation is improving. Authors from Africa, Asia and Central & South America now account for 25% of all authors listed in Archie, up from 15% in 2005. This reflects

the efforts of many individuals and groups within the Collaboration who have pursued various initiatives to build capacity for producing and using reviews. Such initiatives have typically involved elements of training, mentoring, fellowships or the formation of alliances and networks.

Despite the above efforts, the Collaboration has no formal, co-ordinated strategy to address the issues of global participation and topic coverage. The danger is that without such a strategy, particular countries or regions may remain mostly neglected, and meeting the challenge of supporting reviews relevant to global health will remain problematic.

DEVELOPMENT of the SESSION

The purpose of this strategic session is to look at how the Collaboration can enable better global engagement and participation. Specifically, it is find out what entity leaders and other informed Cochrane contributors think are likely to be the best approaches, and what actions and resources are required to implement them. Although the issue of participation has always been a core challenge for the Collaboration, it has received greater impetus following the Strategic Review. At the request of the Steering Group, a paper outlining potential strategies to address regional participation was discussed by the Centre Directors in Auckland in March 2010. This topic was then selected by the Steering Group to be the theme of the 2011 strategic session. In preparation for this session, we have drawn on existing materials and documents, and conducted a focused consultation with key individuals within The Cochrane Collaboration, both to generate new ideas and to get feedback on existing strategies.

There are a couple of caveats to bear in mind:

- We have intentionally conflated the two concerns of *Improving regional participation* and *Increasing coverage of topics relevant to global health priorities*. Although the issues faced by each are not always the same, we believe they are sufficiently overlapping as to make it practical to consider them together, particularly in the context of striving for both relevance and capacity development.
- We have focused on doing reviews and supporting authors, rather than using reviews, but we recognise that developing capacity for using reviews is often an entry point to doing reviews. Similarly, if we are to extend the breadth and range of editors, then authoring reviews is a crucial entry point to editing.

TASKS of the SESSION

- To refine and prioritise a set of strategies to enable increased participation in The Cochrane Collaboration by people living in different regions of the world.
- To confirm the barriers and facilitators, resources required, and likely outcomes of these strategies.
- To generate a list of actions that clearly sets out the 'who, what, when and how' these strategies will be taken forward.

SITUATION ANALYSIS: what are we doing now?

Many of the barriers to and enablers of participation in The Cochrane Collaboration are already well known as a result of surveys, evaluations of small-scale projects, discussions at Colloquium workshops, meetings, etc. We also have knowledge and experience from existing initiatives to draw on (*see Box*). With this information in mind, we sought more in-depth views about potential strategies the Collaboration could pursue, given that modest resources are likely to be made available by the Steering Group.

In September and October 2010, we interviewed 15 people¹ from within the Collaboration with diverse experience of supporting authors and promoting Cochrane activities in low- and middle-income countries, or in countries where English is not the first language. In discussing potential strategies, we encountered several contextual factors that should inform discussion at the session.

Contextual issues

1. Recognition of the tension between producing high quality reviews and increasing the number of reviews by authors in under-represented regions. It was acknowledged that high quality reviews were vital, and that any plan to increase review numbers and authors should only be implemented if review quality could be maintained.
2. Reviews of most relevance to resource-poor settings are often complex ones, partly because the health system is often a key component of the question or intervention. This leads to both methodological complexity and the challenge involved in supporting less experienced review teams, who may have limited access to training and support.
3. Awareness of the potential additional workload placed on Cochrane entities of supporting authors from under-represented regions, particularly in light of language differences. It was felt that this additional workload was real, and that given CRGs' existing high workloads, co-ordinated approaches were needed to address barriers and support CRGs.
4. Genuine capacity development for doing reviews needs to involve more than simply being led through the process; literature searching skills and use of software for referencing, and for doing quantitative and qualitative data analysis, are examples of the broader skills required to enable authors to independently lead reviews.
5. Recognition that a range of strategies should be developed and implemented flexibly by local teams who know the local environment. It was noted that this was not always possible and that a Collaboration-wide approach might have advantages, or be necessary.
6. Recognition that any initiative should start small and demonstrate its effectiveness before scaling up.

Key needs

To increase engagement and participation globally, and improve coverage of global health priorities, the most commonly cited needs were for:

1. Increased skills and capacity among authors.
2. Structures and resources to enable Cochrane entities to support authors from diverse backgrounds, including addressing more complex methodological reviews.
3. Mechanisms to facilitate language support and copy-editing for authors whose first language is not English.

Examples of existing initiatives within The Cochrane Collaboration aimed at promoting global participation

Fellowships

Aubrey Sheiham Public Health & Primary Care Scholarship; Effective Health Care Alliance Research Consortium (Infectious Diseases Group).

Mentoring programmes

HIV/AIDS Group Mentoring Programme

Intensive residential training

Reviews for Africa Programme

Bursaries

Complementary Medicine Field Bursary Scheme

Networks, branches and satellites

A regional approach to increasing participation has been successfully pursued by Centres and some CRGs in sub-Saharan Africa, South America, parts of Asia and the Middle East. Different strategies (and resources) have been applied but all approaches build on the historical, cultural, language and economic linkages between people.

External partnerships

Linking with external partners to build capacity for Cochrane reviews, e.g. PAHO and WHO.

¹ Xavier Bonfill, Jonathan Craig, Paul Garner, Donna Gillies, Jackie Ho, Tamara Kredo, Malinee Laopaiboon, Joy Oliver, Jordi Pardo, Philippe Ravaud, Karla Soares-Weiser, David Tovey, Jimmy Volmink, Philip Wiffen, Mingming Zhang. Thanks also to Nandi Siegfried and Ruhi Saith for helpful suggestions.

POTENTIAL STRATEGIES

Arising from the interviews, and also discussions at recent workshops and meetings, were ideas about how to address these needs. We have taken these ideas and tried to convert them into three broad strategic themes based around 1) support for authors, 2) regional networks and structures, including language support, and 3) external partnerships. We acknowledge that these broad strategic themes are not mutually exclusive. For each theme we have listed possible individual strategies that require actions and outputs. At the Strategic Session, we propose to break into small groups according to the themes and individual strategies described below, with the aim of refining the components and specifying the actions required to take each strategy forward.

Constraints and enablers

Resources are limited, and so we need to adopt a targeted, prioritised approach to what can realistically be achieved. Some components of the strategies described below clearly have direct financial costs (e.g. fellowships), others will require investment of people's time, and possibly additional staff (e.g. investigating partnerships). When considering the approaches below, it's important to be aware of initiatives within the Collaboration, particularly linked to training and the implementation of methodological advice, that should eventually lead to a more supportive environment for doing reviews. These enablers are described in more detail in the Annex.

Enablers

- Online Learning Resources
- Translation of training materials
- Cochrane Trainers' Network
- Minimum competencies for review author teams
- Methodological Expectations of Cochrane Intervention Reviews

1. Supporting authors

- **Cochrane Academy**, a formal training and mentoring programme to support first-time authors complete high quality reviews. Components of an Academy model could include: competitive selection, mentoring, fellowships, central support, help with navigating editorial processes, infrastructure contribution to entities.
- Building capacity among CRGs to support authors by scaling up existing **mentoring programmes** and providing practical advice and support on their broader implementation.

\$\$\$ Potentially significant resource implications, especially for 'Cochrane Academy' depending on the number of fellowships and timeframe that support is provided.

2. Cochrane regional networks and structures

- Strengthening capacity within **geographic or linguistic regions** is one way to generate a critical mass of Cochrane contributors, which is essential for the Collaboration's expansion into new countries and regions. Regional networks can augment existing support structures (through Review Groups) by helping to reduce the sense of isolation felt by contributors and enhance opportunities for training and mentoring.
- Establishing **satellites of CRGs** as a way of developing author capacity, promoting engagement, enhancing the impact of the Collaboration, and diversifying the funding base.
- **English-language support service** for authors whose first language is not English. Focus on providing language rather than methods support (assuming reviews are of a reasonable standard) either before submission to CRG or before sending out for peer review.
- Strengthen the capacity of **Centres/Branches** to provide training and methodological support. Ensure that

appropriate staff have access to training opportunities, and are linked to new structures in place to implement methods guidance and strengthen training capacity.

- Consideration of whether our **existing structures** are sufficiently flexible to accommodate more organic regionally-based models within the Collaboration.

\$\$\$ Potentially significant resource implications for English-language support service or start-up costs for regional networks.

3. Harnessing partnerships

- Several initiatives and platforms exist to support people from diverse regions participating in systematic review production and evidence-based practice. Some of these are co-ordinated by organisations with whom we have existing partnerships, and others are working in aligned activities. For example:

- WHO (EVIPNet, Alliance for Health Policy and Systems Research, Regional Offices)
- PAHO
- Joanna Briggs Institute
- G-I-N
- Evidence Aid
- AUSAid-DIFID-3iE systematic reviews in international development
- INCLEN (International Clinical Epidemiology Network)
- Society for Evidence-based Health Care (newly formed)

Strengthening existing relationships and negotiating new partnerships with relevant organisations may be a way to access people with interest and capability in systematic reviewing and to partner in training and support. Such partnerships may also facilitate prioritisation of review topics according to need, and uptake of reviews at a local and regional level.

\$\$\$ Modest resource implications, but potentially significant time investment required to explore practical and meaningful opportunities for partnerships.

TENTATIVE AGENDA

9:00	Welcome
9:05	Background and Objectives
9:20	Explanation of first task
9:30	<u>Small groups: Task 1</u> For each strategy: identify the key components; consider relevant enablers, barriers and constraints; specify outputs.
10:30	BREAK
11:00	Task 1 report back and discussion
11:30	Explanation of second task
11:40	<u>Small groups: Task 2</u> For each strategy: document the specific actions required to implement (i.e. the who, when, and how); estimate the resources required (i.e. funds, staff); measures of success.
12:20	Task 2 report back and discussion
12:40	Where to from here and wrap-up

ANNEX

ENABLERS: centrally co-ordinated activities within the Collaboration relevant to supporting reviews and review authors

- **Online Learning Resources**

Continued development of the multimedia modules produced by the UK Cochrane Centre. The six modules comprising Phase 1 are now available to Cochrane authors worldwide and cover the early steps involved in preparing a review. An additional six modules are in development and are expected to be released over the next 12 months. These resources will help address access to training, ensure a consistent minimum level of training is available to all authors, and potentially lessen the support workload on review groups.

- **Translation of standard author training materials and other resources**

A core set of training materials is being prepared by the Australasian Cochrane Centre, on behalf of the Training Working Group. These materials are approved by the relevant Methods Group to ensure consistency with the *Cochrane Handbook*. Several presentations are already available via the Cochrane Training website with the remainder to follow shortly. The Training Working Group plans to create versions of these materials in languages other than English, including audio. Other resources that are being translated include a Chinese version of the *Handbook*.

- **Cochrane Trainers' Network**

A network of people actively involved in providing training to support preparation of Cochrane reviews, or developing training materials. The Network will serve as a forum for facilitating use of standard Cochrane training materials, provide peer support, and improve the consistency of training by building capacity among trainers.

- **Minimum competencies for review author teams**

Misunderstandings between authors and review groups can arise because each side has different expectations. Better explanatory information (available in multiple languages) about what a review involves, how to register a title, form a review team, etc. is being drafted by the Training Working Group. Clear statements about the minimum competencies required of review teams, recently drafted by the MEs Exec, should help identify capable and committed authors, and minimise problems later in the review process.

- **Methodological Expectations of Cochrane Intervention Reviews (MECIR)**

This project aims to specify methodological expectations and ensure these are implemented across the Collaboration. Implementation will involve dissemination through networks of CRG-based individuals; appropriate modifications to the *Handbook* and RevMan; and incorporation into editorial processes (e.g. in check lists for editorial staff and referees) and standard training materials.