

Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane Community website during the elections process, and the Candidate Statement and photograph will remain on the website against the names of new members for the duration of their terms on the Board. For this reason, this Candidate Statement document template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded.

Please submit this Elected Member Candidate Statement in Word format by the stated deadline. It should be shared beforehand with your two nominators.

Family name (surname):	Eke
First name(s):	Ahizechukwu Chigoziem
Today's date:	8th of November, 2018

1. How and when did you first become involved in Cochrane and what has been your subsequent contribution to Cochrane's work (maximum 200 words)?

In addition to my work and review that led to my winning the 2017 Kenneth Warren Prize (<http://community.cochrane.org/news/winning-2017-kenneth-warren-prize>), my contributions to Cochrane has integrated two fundamental aspects of the Cochrane review process: dedication to rigorous systematic review methodology and commitment to evidence-based Health Policy. In fact, my enthusiasm for the potential influence of methodologically scrupulous systematic reviews on health practice, policy and future research *brought me to Cochrane as a resident physician back in 2008 (10 years ago)*. Since then, I have been involved both as an author and a peer reviewer in a number of Cochrane systematic reviews with six different Review Groups (Pregnancy & Childbirth, HIV-AIDS, Gynaecology & Fertility, Gynaecological & Neuro-Oncology, Pain & Palliative, and Hepato-Biliary Groups).

As of November of 2018, I have authored and published eight Cochrane reviews and four protocols. In five of the reviews, I am the lead author. This extensive exposure to Cochrane review standards gave me a basis for parallel work on the Collaboration's projects, initiatives intended to bring Cochrane reviews into practice.

Five years ago (2013), I was appointed as an Associate Editor of the **Cochrane Clinical Answers (CCA)**, working with Cochrane Editors to publish 17 CCAs to date. In addition to this, I have been involved in direct Health Policy work with experts at Johns Hopkins University School of Public Health, Harvard University, Michigan State University, and the University of Michigan among others to promote the mission of Cochrane. Likewise, I have had coordinated dialogue with African and South American colleagues involved in health policy in order to advance global participation in Cochrane and promote use of the Cochrane Library/Cochrane reviews/Cochrane Clinical Answers in policy making and clinical

practice. I currently work as an Obstetrician and Gynecologist and Maternal Fetal Medicine fellow at the Johns Hopkins University School of Medicine.

2. What experience do you have serving as a member of a governing board, board of directors or similar? This might be within a non-for-profit or charitable organization, or a hospital or University. Please include the name(s) of the organization(s), the roles you played and other relevant information (maximum 200 words).

Through my international experience, I have found my leadership niche within Cochrane, working in both in the United States and in Africa to further this organization's drive towards inclusive scholarly interchange. I have actively increased the geographical diversity of Cochrane by collaborating, training and mentoring new authors from around the world. Along with my collaborator, Dr. George Eleje, I set-up networks of authors in developing countries, creating new groups and committees to encourage rising scholars from African nations in particular. My success in these efforts is due in part to my background and time spent in Africa. Before becoming a United States citizen, I worked for five years at the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. While there, I focused on quality assessment of systematic reviews, incorporating them into evidence-based patient information bulletins. Through this opportunity, I developed skills in translating evidence into patient care bulletins, communication and mentorship, competencies that are necessary for leadership on an international scale.

As a physician here in the United States, I have mentored several current and prospective Cochrane authors while working at Harvard, Michigan State, and now at the Johns Hopkins Hospital. *I currently serve on the Governing board of the American College of Obstetricians and Gynaecologist (ACOG) District IV Junior Fellow College Advisory Council (JFCAC) here in the United States.* Prior to this position, I served on the board as the representative of ACOG to the American Medical Association (AMA). In all my current and previous roles, I have been responsible for leading projects which demand teams to trust and respect my experience and my decision making. My leadership style is based on team work, trust, collaboration, and inspired decision making. I believe that a positive attitude coupled with positive reinforcement can inspire change and hard work. I rely heavily on proper planning, organizational systems, and communications skills, which I have acquired from experience through my leadership roles.

3. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the charity. Please describe how you would fulfil this obligation, using examples from previous committee or other work (maximum 200 words).

As a board member of the American College of Obstetrician & Gynaecologists (ACOG), my leadership style is based on team work, trust, collaboration, and inspired decision making. I believe that a positive attitude coupled with positive reinforcement can inspire change and hard work. I rely heavily on proper planning, organizational systems, and communications skills, which I have acquired from experience through my leadership roles.

I will apply the same approach when appointed to the Cochrane Governing Board. The Cochrane Governing Board position will allow me to continue my development as a leader while taking on leadership responsibilities that will further the research and health policy aspects of Cochrane. Moreover, joining the Cochrane Governing Board will provide the opportunity for me to network with likeminded professionals, and to create strategic partnerships that will magnify our community and international-level impact. My overall aims will be to maintain and ultimately improve the quality of Cochrane Reviews, support training for Cochrane teams and increase the involvement of academically and geographically diverse authors in the organizational structure of Cochrane, as well as in the processes of selecting, preparing and updating reviews.

Through these efforts, I am confident that the number of high quality, up-to-date and relevant Cochrane reviews and the number of authors who have regular collaboration with the Cochrane entities will increase. Finally, my role in the Cochrane Governing Board will facilitate my broader contribution to health policy by expanding the frontiers of systematic review use within evidence based medicine and framing the agenda for future Cochrane research.

4. What do you think would make you an effective member of the Board (maximum 200 words)?

I believe I would be an asset to the Cochrane Governing Board. It is critical that the electable member to the Cochrane Governing Board be team players, and pilot initiatives that will enhance the capacity of board members, a charge that I have prepared for both my own review contributions and in supporting others' work through close partnerships. I have dedicated the last 10 years to refining my leadership skills, developing systematic reviews, and mentoring others on how to carry out systematic reviews. I have used my endeavours to effect positive change in healthcare policies for individuals in Africa and here in the US. Furthermore, I have worked closely with many different groups in Cochrane: authors and editors from developing and developed countries, native English speakers/authors for whom English is not their first language, people with a wide range of health and methodological knowledge as well as patients/consumers, clinicians and policy makers.

I have acquired a solid working knowledge of how different groups in Cochrane function as I have had opportunities to attend meetings. I have also facilitated the engagement of many projects with Cochrane, and set-up new initiatives that have moved Cochrane forward, thus gaining a thorough understanding of the challenges leaders face in initiating new projects. Many of my positions within Cochrane has been voluntary, so I also recognize the difficulties of voluntarily authors who play key roles in developing content for the Cochrane Library. I believe all these qualities and my dedication to Cochrane and to team work, will make me an efficient member of the board.

5. What do you believe are the most important strategic challenges for Cochrane in 2019 (maximum 200 words)?

I have a vision, a mission, and several goals I would like come to fruition during my tenure as a member of the Cochrane Governing Board. They include:

Vision

In line with the Cochrane 2020 strategic plan of putting Cochrane evidence at the heart of health decision-making all over the world, my vision is to see Cochrane emerge to be the best evidence based organization in the world by continuing to conduct world-class reviews and creative activities that develop knowledge and contribute to the scientific and economic growth and advancement of science that can benefit humanity as a whole.

Mission

To develop and expand innovative research programs that align well with the Cochrane Collaboration's mission and strategic plan, **address important global health and economic needs**, and through technology transfer and commercialization noticeably **support the scientific development of nations of the world**.

Goals

- Capitalize on Cochrane's unique strengths to develop a research corridor linking developing and developed countries to achieve the strategic goals of the collaboration
- Build and sustain strategic research clusters of excellence that leverage existing strengths of Cochrane, match well with future directions of Cochrane, and offer good opportunities that are of strategic importance
- Expand regional, national, and international partnerships with industry, government, and academia in research and economic development
- Emphasize targeted strategic research clusters and interdisciplinary initiatives that result in internationally recognized distinctive and innovative sponsored research programs
- Continue to foster research partnerships, integrating research programs across the world, and promoting opportunities for collaboration with other research and economic organizations, as well as the not-for-profit and for-profit sectors
- Foster systematic integration of Cochrane systematic reviews in undergraduate and graduate programs, leading to research-based learning in the academic disciplines across the world.

Questions 6-12: Specific Skills

To function optimally the Governing Board requires a range of experiences, knowledge and expertise amongst its membership. We cannot expect any single Governing Board member to have all the necessary skills and experience. We are looking for diversity.

We do not expect you to answer “yes” to more than one or two of these questions.

If you do answer “yes”, please provide at least one example which best demonstrates your experience or expertise. You may wish to include:

- A description of the situation and the context
- What you did
- What skills and knowledge you deployed
- The outcome and your personal contribution

6. Do you have experience of Charity Governance (in any charitable organization around the world)?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. I am the founder of the Eliminate Breast Cancer Advocacy Program (EBCAP), a platform for legislative and community advocacy on breast cancer prevention, and have led meetings with legislators and offered testimony on an ACOG breast density bill in Congress. My involvement with this charity organization has made me aware of the importance of implementing robust systems for team work, to ensure that Board members manage the affairs of the organisation in an appropriate manner. It has been an immense commitment from all involved, but the rewards are there when I see how everyone's contribution support the mission of the organisation. This works perfectly well if trustees are very committed to their roles and responsibilities. My skill in this area will be an addition asset if elected to the board.

7. Do you have experience of Organizational Finance and Resource Management?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

I have experience in Finance, Resources and Organisation Development while working with a Public Health organization in Eket, Nigeria. I also served as the Secretary/Treasurer of the American College of Obstetrician & Gynaecologists, District V from 2015 to 2016. My Master in Public Health (MPH) degree in Health Policy & Management from the Harvard University School of Public Health prepared me adequately to serve in these capacities.

I believe that for any organization to be sustainable, it is not enough to only evaluate projects, strategic processes, personnel and knowledge. It is essential to also evaluate operational and organisational budgets. Having a continuous stream of income and making the most of it is an essential element of stability of any organisation's work. In doing so, cost efficiency and effectiveness are important to keep in mind along with the allocation of specific financial resources to monitoring, evaluation and learning activities. In summary, financial management entails planning, organising, controlling, monitoring and evaluating the financial resources of any organisation to achieve its overall objectives. My skill in this area will be an addition asset if elected to the board.

8. Do you have experience of People Management (often called 'Human Resources' in English) and Organizational Development?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. As a current board member of the American College of Obstetrician & Gynaecologists (ACOG), I am part of a team responsible for recruiting, screening, interviewing and placing junior officers of ACOG in strategic leadership positions. I know that human resources is one of the most vital parts of any organization, since it manages everything from employee retirement packages to healthcare benefits,

dispute resolution, and general corporate communications. My skills in this area will be an addition asset if elected to the board.

9. Do you have experience of Consumer and Patient involvement in Evidence Production and Health Policy?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. I have been involved through my work with the Patient-Centred Outcomes Research Institute (PCORI) here at the Johns Hopkins University School of Public Health, which requires active involvement of patients and caregivers, along with other end-users. We developed a conceptual framework that emphasizes engaged patient/consumer-professional partnerships across all levels—at the point of care, in healthcare organization design and governance, and in public policymaking. The desire for useful evidence for patients and health professionals is a key motivation for the creation and rapid expansion of patient-powered research networks. Our conceptual model suggests that patient and consumer engagement occurs in varying degrees across a continuum. Full partnership, as conceived by our model, involves shared leadership—where patients and families make decisions equally with health professionals and researchers, sharing responsibility for the planning, conduct, interpretation, dissemination, and adoption of research findings. I believe this is the ultimate goal of patient/consumer engagement and is most likely to yield the greatest progress toward a safe, high-quality, efficient, and patient-centred system. My skill in this area will be an addition asset if elected to the board.

10. Do you have experience of Advocating for Evidence?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. As a Feto-Maternal Medicine physician here at Johns Hopkins, and as an Obstetrician and Gynaecologist, I have always advocated for evidence using Cochrane systematic reviews. I help promote Cochrane's evidence-based healthcare in general and Cochrane evidence through campaigning, explaining and sharing knowledge about evidence-based practice, research and evidence with other consumers, patient organisations and networks. I am involved in developing and managing strategic partnerships. As an advocate for Cochrane, I have supported Cochrane's growth through the proactive management of strategic partnerships, the development and delivery of advocacy positions, and building of Cochrane's profile as global advocate for evidence informed health care and decision making. I have helped to frame research questions and identify relevant outcome measures; evaluate the impact of evidence, and worked alongside researchers and clinicians using Cochrane reviews as a gold-standard. My skill in this area will be an addition asset if elected to the board.

11. Do you have experience of Widening Access, Participation, Reach and Impact of Research?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I did this while I was a student at Harvard University School of Public Health. Widening access to research has been a strategic priority for me. As a student at Harvard and Michigan State University, I mentored so many students on the conduct of research and systematic reviews. I did a research on

widening access to College students, and quickly realized that students from higher socio-economic groups or those who attended 'advantaged' high schools were significantly more likely than those from lower socio-economic groups or 'deprived' schools to: come from families with high levels of parental education; have positive experiences of schooling; complete compulsory and secondary schooling; achieve the grades necessary for higher education entry; achieve grades needed for admission to a selective university; and have the knowledge and confidence to make informed decisions about further and higher education. My strategy to in improving access to research and participation was to bridge this gap. My skill in this area will be an addition asset if elected to the board.

12. Do you have experience of Fundraising & Development?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. I started active fundraising as a medical student in the College of Medicine at the University of Calabar, Nigeria 22 years ago. One day, I was asked by an alumnus to donate \$100 to his charity organization, and in one fell swoop, I forever changed the course of his career and future. This single act of generosity served as a catalyst that brought me back to fundraising. Several years ago, I saw a simple flyer on a wall that read "What's your Legacy?" That caused me to dig deep, and I decided I wanted to get back to making a difference. I needed to do more than manage teams. I saw fundraising as a privilege that has given me the chance to connect philanthropists to opportunities that change the world. I have also been active in fundraising for the American College of Obstetricians & Gynaecologist's political action committee (PAC). My skill in this area will be an addition asset if elected to the board.

13. Is there anything else you would like to say in support of your nomination (maximum 200 words)?

I believe I will be an asset to the Cochrane Governing Board. ***My vast experience as a son, a father, a teacher, a husband, a physician, an advocate and a team player has moulded me for leadership.*** I have dedicated the last 10 years to refining my leadership skills, developing systematic reviews, and mentoring others on how to carry out systematic reviews. My goal will be to support Cochrane's work with all my strength if given the opportunity to sit on the board.

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have accepted the Terms and Conditions of Cochrane Membership and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	✓
2. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: <ul style="list-style-type: none"> • What is a charity • What is a charity trustee • What trustees must do • How trustees look after the charity 	✓
3. Accept the Governing Board Charter	✓
4. Accept and will adhere to the Code of Conduct for Trustees	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	
NAME: AHIZECHUKWU EKE, MD MPH.	
DATE: November 8th, 2018	

Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial 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:

1. Financial interests In the last three years, have you:	Yes/No (If yes, please provide details)
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?	NO
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	NO
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	NO
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
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?	NO

Annex 2: Trustee Eligibility Declaration

As required by the [UK Charity Commission](#)

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	✓
Understand Cochrane’s purposes (objects) and rules set out in its Articles of Association	✓
<p>Am not prevented from acting as a trustee because I:</p> <ul style="list-style-type: none"> • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission 	AE
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	✓
Understand that it’s an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information	✓

Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	✓