

Contents

How and when did you first become involved in Cochrane and what has been your subsequent contribution to Cochrane’s work (maximum 200 words)?	1
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).	6
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).	11
What do you think would make you an effective member of the Board (maximum 200 words)?	17
What do you believe are the most important strategic challenges for Cochrane in 2019 (maximum 200 words)?	21

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

BANERJEE, Kushal:

I attended my first Colloquium in Hyderabad, India in 2014. **I’ve attempted to work with a Cochrane group, but the topic was of low priority and couldn’t. I’ve had the privilege of being trained by leaders** and other senior members of Cochrane. Due to the nature of my own charitable work in India and my prolonged training in evidence-based medicine at Oxford, I have been limited in my ability to contribute to Cochrane up till now.

BONFILL, Xavier:

In 1994 I attended my first Colloquium in Hamilton (Canada) and began promoting the Cochrane Collaboration in Spain. In 1997 the Spanish Cochrane Centre was registered and I became its director. In 2000 the centre was registered as Iberoamerican Cochrane Centre (IbCC) because we assumed the responsibility of promoting and coordinating the Cochrane activities in the Latin American Spanish-speaking countries besides Spain and Portugal. I have been the director of the IbCC since then. We have established there a large network of associate and affiliate centres based in health care centres, research institutes, universities and government bodies. I have co-authored 30 Cochrane reviews and 4 protocols published in the Cochrane Library. I was the coordinating editor of the Lung Cancer Group between 1998 and 2003. We started translating the Cochrane reviews into Spanish in 2000 and publishing them in the Biblioteca Cochrane Plus

(BCP). Beginning in 2003 until now the Spanish Ministry of Health has maintained a national subscription to the BCP, similarly to what has happened in other Iberoamerican countries in different periods. The usage of the BCP has been always very high (in millions). It was integrated into the enhanced Cochrane Library in past July.

DELLAVALLE, Robert

My Cochrane involvement includes authoring and editing Cochrane reviews, hosting a Colloquium, serving as a guideline methodologist, founding a Cochrane travel scholarship, performing research, and serving as a Joint Co-ordinating editor of the Skin Group. In 2004, I led a systematic review examining the effects of common cardiac medications on skin cancer (melanoma). In 2006, I became an editor for the Cochrane Skin Group. In 2010, I organized and obtained grant funding for the first joint Cochrane and Campbell Colloquium in Keystone, Colorado, (800 participants). In 2014, I served as a GRADE methodologist for World Health Organization (WHO) guidelines on HIV skin and mucosal diseases. In 2015 I helped found the AAD Cochrane Fellowship (<https://www.aad.org/members/awards-grants-and-scholarships/cochrane-scholarship>) while serving as the American Academy of Dermatology (AAD) Guidelines Committee Chairman---this scholarship **increases Cochrane workforce capacity in dermatology by funding two dermatologists' travel to the Colloquium annually**. Over several years I have been involved in Cochrane research prioritization comparing Cochrane content with the global burden of disease (<https://methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project>) and Wikipedia dissemination projects that have increased the citation of Cochrane Skin systematic reviews in Wikipedia skin disease chapters (<https://community.cochrane.org/news/get-involved-cochrane-wikipedia-initiative>). In 2018, I was appointed Joint Co-ordinating Editor of Cochrane Skin.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra

I have been an advocate reviewer for 4 years. I was encouraged to volunteer to do reviews by another advocate to whom I had worked in other advocate programs. Since that time, I have reviewed 7 initial proposals and reviewed the proposals when they have been revised. At that time I have provided comments

on whether the revised copies have addressed concerns raised. I was privileged to review abstracts for the last annual meeting. In addition to the direct work I have done with and for Cochrane, I let my extended community know about the work that Cochrane is doing and often use Cochrane references when giving a presentation about outcomes and patient participation.

GAJEWSKI, Jerzy B.

I became the member in 2016 by submitting as a co-author systematic review paper. I was very much aware of the Cochrane organization but had very little knowledge how to be engaged in Cochrane activities. For the last 20 years I was involved in several systematic reviews, guidelines and recommendations through national (Canadian Urological Association) and international (International Continence Society, International Consultations on Incontinence) organisations. I was always a supporter of the evidence-based medicine in the busy urological practice and when teaching fellows and residents

GREEN, Sally

Cochrane has been central to my professional life for over 20 years. I authored my first Cochrane review in 1997 as part of my PhD thesis. Since then the organisation has grown and evolved in many ways, and so too has my involvement and commitment to its mission, values and impact around the world.

Over the past 20 years I have contributed as:

- An author on 19 Cochrane reviews
- Centre Director of Cochrane Australia since 2002
- Cochrane Editorial Board member since early 2018
- **Co-chair of Cochrane's Knowledge Translation Advisory Group since 2017**
- Advisory group member of Cochrane Infectious Diseases and Cochrane Kidney and Transplant
- **Cochrane's Steering Group** from 2002-2008
- An editor of the Cochrane Handbook 2003-2008

It is this experience and the diverse perspectives gained from all these roles that I would bring to the Board. I am committed to addressing the internal and external challenges Cochrane now faces in a way that upholds our longstanding ethos of collaboration, diversity and integrity. That ethos and the rewards of collaboration are as relevant and vital to me today as when I authored my first review.

GUPTA, Deepak Kumar

Yes, I happened to complete a task of reviewing a Cochrane review draft protocol on **“Treatment of dental complications in thalassaemia”** in 7th March 2017 in Cystic Fibrosis and Genetic Disorders Group. Further, recently (October 2018) I completed a full review on above mentioned review protocol; i.e. Treatment of dental and orthodontic complications in thalassaemia.

JORDAN, Vanessa

I have been involved with Cochrane for 15 years. I hold the post of New Zealand (NZ) Cochrane fellow and am a staff member of Cochrane NZ. As part of this position I advocate for Cochrane authors from NZ and have dealt with almost all Cochrane groups in this advocacy role. In addition to this I organise and run the Cochrane training within NZ and am involved with promotional activities to increase awareness and use of the Cochrane Library.

As a methodologist I have been involved in Cochrane authoring teams from various healthcare areas. I am an author on 17 Cochrane reviews and have worked with 7 different Cochrane groups as an author, which in turn are part of 5 separate networks.

In 2012 I was heavily involved in the organisation of the 20th Cochrane Colloquium. I was chair of the abstract committee and was on the scientific committee as well as being responsible for the overall organisation of the event.

I am a member of the statistical methods group, trainers' network and consumer network. I have also regularly represented Cochrane NZ at the Centre Directors' meetings. Lastly, I was a member of the Colloquium Policy Advisory Committee (CPAC) from 2011-2015.

JORGENSEN, Karsten Juhl

I first heard of Cochrane as a medical student. Peter Gøtzsche held a lecture on research methodology and systematic reviews and I was immediately drawn to the idea of systematic, independent evidence synthesis. I intended on doing a Cochrane review for my final assignment at medical school and approached Peter. Obviously, I had no idea how much work and time is required. I ended up undertaking another study and became affiliated with the Nordic Cochrane Centre and then employed in 2004. I worked here since. This work led to my thesis as Doctor of Medical Science from the University of Copenhagen, a position as Senior Researcher 2013, and Deputy Director from 2015. I am now a newly appointed Acting Director of the centre. My respect for Peter's science and our collaboration over many years does not necessarily mean we see everything the same way.

Throughout this time, I have been teaching EBM at both pre- and postgraduate levels, in Denmark and in affiliated Cochrane entities elsewhere. I assisted in the establishment of Cochrane Russia, Cochrane Poland and Cochrane Sweden. I have co-authored 6 Cochrane reviews and I am the main person responsible for creating a Danish version of Testing Treatments.

KHALIL, Hanan

I have attended Cochrane training in 2011-2012 at the Australasian EPOC Centre in Melbourne. Since then, I have published one full systematic review and a protocol. The full review of the second protocol is currently under Editorial review. I am also a consumer referee for a few Cochrane groups.

LIM, Blanche

I first became part of the Cochrane family in 2012 through my involvement with the Cochrane Eyes and Vision Group. I had felt that an apparently innocuous procedure (Patching of Corneal Abrasions) was accepted as common practice in various institutions and performed without supportive evidence without conferring additional benefits to patients. At that point, a literature review yielded conflicting reports from one paper to the other. The CEVG had also been looking to update its paper on the same topic.

Subsequently, I have also worked with the CEVG group on a second paper on the use of non-steroidal anti-inflammatory drugs in the prevention of pseudophakic cystoid macular oedema (PCME). This paper has since been published and also incorporated in the National Institute for Health and Care Excellence guidelines, used by the National Health Service (UK) to direct Cataract surgery guidelines. This has illustrated how evidence based medicine is the cornerstone of how healthcare should be practised and has motivated me to want to continue contributing in kind.

PARDO PARDO, Jordi

I am the co-Managing Editor for Cochrane Musculoskeletal, based in Ottawa. Since starting with the Cochrane Collaboration in 1997, I have served in a series of roles with increasing leadership responsibilities, including being a member of the 2002-2006 Cochrane Steering Group and co-chair of the Colloquium Policy Advisory Group. My contributions have centred on: 1) enabling diverse participation; 2) supporting high-quality reviews; and 3) attaining a wide reach. I enable the participation of consumers in Cochrane Musculoskeletal

by supporting their contribution to refereeing, priority-setting and participating in Colloquia. From 2000-2009, I was responsible for co-planning more than 20 Iberoamerican associate groups workplans. As managing editor, I support authors with guidance on tools, training and software support. I led online training initiatives for the Iberoamerican network and Cochrane Canada. I am an active member of the Living Evidence Network: critical for the future.

Most prominent in reaching a broader audience is my leadership championing and coordinating the need for translations to improve our global reach. I have also led communication initiatives such as podcasts and patient decision aids.

I feel honoured and privileged to have been awarded the Chris Silagy prize in 2012 for my contributions.

PEINEMANN, Frank

I submitted my first Cochrane title in 2008. From 2011 to 2018, I have authored 15 published Cochrane reviews including updates

(<https://www.ncbi.nlm.nih.gov/pubmed/?term=peinemann+f%5Bau%5D+Cochrane+Database+Syst+Rev%5Bta%5D+not+leipzig%5Bad%5D>). I have presented at several Cochrane Colloquia.

QASEEM, Amir

Dear friends and colleagues, I am submitting my name for your consideration and your vote for a position as **a member of Cochrane's Governing Board. I have been involved with Cochrane's work for over 15 years.** I have personally benefited tremendously and learned from you through your expertise, knowledge exchange, and collaborations. I have been able to bring this all back to the American College of Physicians, the oldest guidelines program in USA, to further our mission for improving patient care. My participation with Cochrane includes working with Cochrane centers to conduct evidence reviews that have formed the basis for ACP guidelines. I have attended and presented at the Cochrane Colloquiums, including at regional meetings in USA. I am a firm believer in collaborative work and conserving resources. To this end, one of my goals has always been to bring the evidence reviewers and the guideline developers to work closely together. When I was Chair of the Guidelines International Network (GIN), I took on this task and worked with my colleagues to establish the Cochrane/GIN partnership. In addition, I played a leadership role in negotiations and teamwork that resulted in a highly successful 2017 Global Evidence Summit in South Africa.

RAY, Sujoy

I first got involved with Cochrane in 2010 after attending the winter symposium at the South Asian Cochrane Network and Centre at Vellore, India. My age was 20 yrs then and I was pursuing my basic medical degree.

Following which my thirst for evidence in medicine increased and I attended several Cochrane workshops all over India. I started a Cochrane Club at my medical school and we searched for evidence for clinical scenarios which came our way or was asked for by practising clinicians

Subsequently, I tried my hand at generating evidence and authored/co-authored six Cochrane reviews with various Cochrane Groups as all the topics were of interest to me while pursuing my basic medical degree. While doing these I developed several skills, enjoyed myself and made many friends as my co authors were from countries all over the world

Currently I am lead author for a review with the Schizophrenia Group. Having completed my basic medical degree I opted for Psychiatry as my specialization and wanted to generate evidence for my subject.

I have also been engaged in citation screening and full text assessment for the Modifiable Risk Factors in Dementia project under the *Cochrane Dementia* and Cognitive Improvement Group.

I have also authored Cochrane clinical answers for Wiley.

I have attended two Cochrane Colloquia and I am also translating Cochrane plain language summaries into Hindi.

ROSENFELD, Richard

Upon becoming editor-in-chief of *Otolaryngology - Head & Neck Surgery* journal in 2006 I partnered with leadership of Cochrane ENT to subsequently publish 29 “Cochrane Corners” that engaged clinicians and methodologists in understanding and applying Cochrane reviews. Shortly after, in 2008, I established the Cochrane Scholars program with the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) to provide annual travel grants for 3 Academy members to participate in the Cochrane Colloquium in return for submitting a systematic review to our journal within 1 year. To date, I have mentored 41 Cochrane Scholars at 10 Cochrane Colloquia, and helped organise 2 additional ENT-specific Cochrane Conclaves in Oxford when our annual ENT meeting conflicted with the main Cochrane meeting. Another contribution to Cochrane has been as an Editor for Cochrane ENT, from 2008 to present, providing critical feedback on reviews, protocols, and priorities. Most recently, I was an active participant in the US Network Strategic Planning Meeting that took place in late October 2018 in Fort Worth, Texas, USA.

RUOTSALAINEN, Jani Henrik

I joined what was then known as Cochrane Occupational Health Field, in December 2004. I am an author on six published reviews and I have given a number of courses about conducting Cochrane reviews. Since becoming Managing Editor of Cochrane Work in 2010, I have delivered 48 protocols, 36 reviews and 14 updates of reviews to publication. I have managed our website (work.cochrane.org), our newsletter and our social media channels. I have also set up and managed a blog (visuallycochrane.net) for developing infographics and other visualisations of Cochrane reviews and their results. Furthermore, I have co-authored articles on systematic review methods, such as how to evaluate quality of preventive interventions, when and how to include non-randomised studies in Cochrane reviews and more.

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).

BANERJEE, Kushal:

I've not served as a member of a governing board or board of directors. The practice where I have worked for the last ten years, Dr. Kalyan Banerjee's Clinic, is a self-reliant charitable organisation. The clinic has seven doctors and support staff of twenty-five. The funds raised by charging patients in the morning are used to run free consultations in the evening. We are now treating a little over seven hundred patients a day. I have overseen recruitment and training of doctors and support staff, development of information technology systems and treatment of a significant portion of the patients and expansion activities for about eight years. I work with the panel of senior doctors and staff at the clinic to decide and implement change. Management and other administrative activities are also collectively carried out by this panel.

BONFILL, Xavier:

In Cochrane I have been a member of the Board of Directors since its inception and I was co-chair of the Centre Directors between 2008 and 2010. Since 1995 I have been the president of the Asociación Cochrane Iberoamericana (ACCIb) and since 2014 the president of the Institute for Clinical and Health Care Excellence

(INPECS), which are non-profit entities created for managing the resources obtained and needed to support the Cochrane activities in our referent area as well as research projects.

Since 2009 I have been trustee of the Board of the Institute of Biomedical Research Sant Pau, linked to my hospital in Barcelona. Since 2007 I am also a member of the Executive Committee of the Department of Pediatrics, Obstetrics and Gynaecology, and Preventive Medicine and Public Health at the Universitat Autònoma de Barcelona.

DELLAVALLE, Robert:

I served as a Trustee of the Board of the Denver Botanic Gardens from 1996 to 1998 (annual budget at the time ~\$5 million), as president of the Colorado Dermatologic Society in 2004 (annual budget at the time ~\$150K), as president of the American Dermatoepidemiology Network (ADEN) in 2006-2007, and as president of the National Association of U.S. Department of Veterans Affairs Dermatologists in 2009-2010. At the Denver VA Medical Center I have been a member of the Clinical Executive Council (in charge of hospital planning and operation) since 2004 and of the Professional Credentialing Board (in charge of verifying health care provider ability to care for patients) since 2004.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

I was instrumental in forming the Orange County Breast Cancer Coalition and served as its President for 7 years. I also was on the originating board of the Komen Race for the Cures in Orange County California. I was the President of the Orange County affiliate of Susan G. Komen 3 times and have been President of the Inland Empire Affiliate of Susan G. Komen also 3 times. I currently serve on a national advisory board for Medicare as well as two local committees for Medicaid. I serve on and FDA advisory board and the local Mental Health Board.

GAJEWSKI, Jerzy B.

Canadian Urological Association (CUA) Treasurer (2001-2005) & President (2009-2010, CUA Historian (2013-2019).

Northeastern Section of the American Urological Association President (2013-2014),

Chair of the Canadian Sexual Health Council (1999-2002),

Trustee of the International Continence Society (ICS) -UK based charity (2008-2011),

Treasurer of the ICS-UK based charity (2016-2019).

President of the Canadian Academy of Urological Surgeon (2005-2006).

GREEN, Sally

I served a six-year term on Cochrane's Governing Board from 2002-2008. This strengthened my interest in and commitment to ensuring the organisation has a strong and secure governance structure. I have served on several senior government and university governing and advisory boards in Australia, as well as for international organisations. I have consulted widely to government agencies in Australia.

Currently I am a member of:

- **Australia's National Health and Medical Research Council (NHMRC) Synthesis and Translation of Research Committee** (since 2014). In this role I provide advice to the NHMRC on research synthesis, guideline development and implementation methods
- **Executive of Monash University's School of Public Health and Preventive Medicine**
- **Board of the International Society for Evidence Based Health Care**

All these roles reflect my proven experience and ability to make a tangible contribution to the work of Boards and large, complex organisations.

GUPTA, Deepak Kumar

I have been a member of Board of Control and Board of Studies of my Institute i.e. Dr Harvansh Singh Judge Institute of Dental Sciences, Panjab University Chandigarh, India.

I am Heading my Orthodontic Department as a Professor and HOD at since more than 5 years (from 2013 till date) and started Post Graduation (Master Degree Course in Orthodontics) in 2015.

Previously, I headed Orthodontic Department from April 2010 to January 2012 at Gian Sagar Dental College and Hospital (Affiliated to Baba Farid University of Health Sciences) Rajpura India. So in total I have headed Orthodontic Department in Dental Institute for almost seven years now.

Last year (July 2017) I conducted a Zonal Post Graduate Orientation Programme (CDE) of North India as an Organizing Secretary.

JORDAN, Vanessa

I have not yet had the privilege of being a member of a board of directors. I have been an advisory board member of Cochrane NZ since its inception in 2004 and have represented Cochrane NZ at the centre directors'

board meeting as a proxy on multiple occasions. In these roles I have taken part in strategic discussions as well as small focus groups to discuss possible recommendations and future steps.

JORGENSEN, Karsten Juhl

I am a Board member and Treasurer of the Danish Society of Medical Ethics, Philosophy and Methods and have been since 2010. I have participated as Deputy Director of the Nordic Cochrane Centre in Cochrane activities since 2015 and in the daily activities of our Centre.

KHALIL, Hanan

I have been a member of several committees;

Firstly, The Therapeutic Goods Administration (TGA) Committee, where I was part of a team working on issuing new guidelines for the labelling of prescription and non-prescription medicines in Australia. I am currently, an expert advisor for TGA. Secondly, The National Advisory Group (NAG) of the Australian Association of Consultant Pharmacists, where I was responsible for reviewing the adequacy and appropriateness of the current accreditation systems and making recommendations for the refinement and improvement of those systems. Thirdly, The Monthly Index of Medical Specialities (MIMS) in Australia where I provide advice on MIMS products and contents. Fourthly, I have been an executive member of the Joanna Briggs Collaboration Scientific Committee. My role in this committee was to represent all the Australasian centres and be responsible for the development and oversight of the Institute's methodologies and materials related to evidence synthesis, transfer and implementation.

Finally, I am also the chair for the Rural Pharmacy Support Network, where I advocate for improving health workforce issues in rural areas.

BLANCHE, Lim

I currently serve as Chief Resident of the Ophthalmology department at the National University Hospital in Singapore, and have sat on the Operations Committee since 2016, assisting in the daily operations of the department. This includes management of human resource and manpower, ensuring clinical quality improvement and good clinical governance. As part of the Operations Committee, I have served in roles such as the Patient Safety Officer, and have implemented numerous clinical improvement projects and pathways. **I have also been elected as a member of the Resident's Sub-committee** for the hospital in 2016, advocating on the behalf of all trainees within our healthcare cluster.

I am fully committed to working with multiple healthcare providers to ensure care is extended to the vulnerable in the community: the institutionalised, the blind, the elderly and the poor. I have been a part of **A New Vision's** efforts, under Khmer Sight Foundation, serving in the Southeast Asian region. Within Singapore, I work with the Regional Health System to organize and conduct nation-wide functional screening for seniors aged 60 years and above, in line with the government's **thrust in public healthcare**. **This entails** collaboration with multiple stakeholders: partner hospitals, the governmental Healthcare Promotion Board, **the Singapore Women's Association, optometry associations, as well as various other parties**. I have also co-lead previous programmes for the Low Vision population, as well as community eye screens, and training of healthcare providers to provide early-state eyecare to the institutionalised.

PARDO PARDO, Jordi

I was a member of the then Steering Group of the Cochrane Collaboration from 2002 to 2006 representing Cochrane Centre staff. I led several initiatives during my term on the Steering Group, and I participated actively in different subgroups. During my membership, we navigated the transition to a new publisher from Update Software to Wiley, developed the Conflict of Interest policy, and set the path for the development of derivative products from Cochrane Reviews.

Outside of Cochrane, I was a member of the board of my scout group (Agrupament Escolta Itaca) from 1992, and president of it from 1994 to 1997. I moved on to be the president of section IV of the city of Barcelona from 1998 to 2001 (Sector IV, Demarcació del Barcelonés), and became the president for the whole city from 2001 to 2004 (Demarcació del Barcelonés). In 2004 I moved to the Catalan National Executive as a Pedagogical Co-ordinator, a position I kept until 2008 (Minyons Escoltes Guies Sant Jordi de Catalunya). At the National Level we had a budget close to 1,000,000 Euros. My responsibilities included organizing training events, youth leaders' continuous education, and liaising with other organizations and different levels of government.

PEINEMANN, Frank

I am member of the faculty and lecturer in paediatrics of the University Hospital Cologne, Germany. I am a lecturer in evidence-based medicine at the FOM University of Applied Science, Essen, Germany.

QASEEM, Amir

I have been on governance boards of many national and international organizations, not-for-profit/charity. As a board member, I have been responsible for ensuring that all the rules and requirements of the charity are met, including the appropriate use, allocation, and sustainability of finances. Below are several recent examples of organizations whose boards I served on:

- a) Chair 2012-13 and 2013-14 Guidelines International Network (elected twice, 1-year term each)
- b) Member, Board of Trustees 2010-13, 2013-16, 2016-Present Guidelines International Network (elected three times, 3-year term each)
- c) Member, Board of Directors 2015-Present American Medical Association's Physician Consortium for Performance Improvement (elected twice, 3-year term each)
- d) Member, Board of Directors 2013 to Present MedbiQuitous (twice, 3-year term each)
- e) Chair, Measures Advisory 2017-Present: American Medical Association's PCPI (3-year term)

Member, Board of Executives 2013-Present, DynaMed

SUJOY, Ray

Not as a governing board member but I have worked as a member of the following charitable organizations in Bangalore India

1-Muktha foundation

2-Laughter Yoga International University

ROSENFELD, Richard

My prior experience includes extensive service as a director, trustee, and officer of national and international organisations. Internationally, I was a trustee for the Guideline International Network (G-I-N), where I also founded and chaired the North American Community (G-I-N/NA). I am also the founder, inaugural president,

and a director of the International Society for Otitis Media, with additional board service on the Inter-American Association of Pediatric Otolaryngology. Nationally, I served as a director for 10 years with the American Academy of Otolaryngology - Head & Neck Surgery and for a similar duration with the American Society of Pediatric Otolaryngology, for which I was also a president. Regionally, I have chaired the board of **the Auditory Oral School of New York since the school's inception nearly 20 years ago.** Locally, I am on the governing board for our university practice plan, also serving as treasurer for the plan and as president of the medical and dental staff.

RUOTSALAINEN, Jani

I have served as the chair of our housing co-op board for five years. It involves listening to people's suggestions, finding compromises to difficult questions, and keeping diverse needs in mind whilst doing so. My role involves understanding what the situation is and making decisions on what needs to happen and then communicating effectively. The only difference with the Cochrane Governing Board is one of scale. Just as I am revolutionising communication in our housing co-op with initiating a website and with using WhatsApp instead of printed bulletins, I believe we can do the same in Cochrane. We can open up <https://forums.cochrane.org/> for policy discussions and open up the Board's thinking process already before it reaches decisions. This will greatly enhance understanding and acceptance of decisions.

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).

BANERJEE, Kushal:

I've involved senior members of staff in all decision making. In addition to treating patients my work has involved implementing evolutionary changes at the clinic. I work with software developers to convey our requirements and explain our processes. On completion of prototypes I work separately with doctors and support staff to get their input. This is then sent back to the team of developers who provide us with an updated product. This gets tested under my supervision at different levels before final execution. At every stage, I get approvals from separate groups of people which involves a deep understanding of the needs of patients, doctors and staff. I used similar processes during the designing of the expanded new clinic and the two auxiliary centres. This involved working with interior designers, architects, patients, staff and doctors. A cohesion of ideas was required to ensure that several perspectives are considered. This collaborative approach has resulted in increased patient capacity, higher efficiency amongst support staff and doctors and better patient feedback. The clinic is now considered a better place of employment. As a result, the practice and its charity work has flourished.

BONFILL, Xavier:

A Cochrane Board member must always keep in mind which the principles of this organisation are, particularly collaboration that names it and expresses its main essence. I and surely most of Cochrane members have joined this organisation also because of its democratic and participative nature and therefore we must protect and develop these values. We must also accept that we are a very diverse organisation that

aims to give global responses to the challenges posed worldwide but that they should get adapted to a great variety of local circumstances and characteristics.

The Board must find a good balance between debate and action, between participation and decisions. The Board members cannot be isolated from the rest of the organisation during its mandate but they have to be sensible to the opinions, criticisms and proposals coming from the different groups and entities, and particularly, from the Council. If the decision-making process would be based only or too much on the opinions of the people who eventually are Board members, the stability of the organisation could be too vulnerable and variable, or alternatively, be too dependent on the executive people.

We have developed the Iberoamerican Network trying to honour these principles and criteria.

DELLAVALLE, Robert:

My approach to decision making rests on open communication and transparency. My collaborative approach to problem solving is specifically demonstrated by the communication network I set up more than a decade ago to coordinate communication across the >75 dermatology services in the US Department of Veterans Affairs Health Care System that see more than 400,000 patient visits annually. This communication network is comprised of a no cost listserv with more than 70 VA health care providers that is further supplemented by a toll-free conference call every two months and a once a year in person meeting. The VA Dermatology Communication Network allows VA dermatologists to crowdsource solutions to patient problems and regulatory issues and avoid adverse unintended consequences and individual members needing to reinvent the wheel for solutions to common problems.

Another example of my collaborative leadership is my organizing the first Cochrane and Campbell Joint Colloquium in Keystone Colorado in 2010. This effort entailed 3 years of international monthly telephone conference calls with more than 30 key personnel and writing hundreds of letters and thousands of emails. These efforts resulted in a financially and academically successful Colloquium for both organizations.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

I am often the voice of reason in meetings where the passions of the participants are high. I often have strong opinions but always try to present my points of view in a reasonable, respectful manner. If my position is not supported by reason I am unlikely to bring others to my point of view. I am an accountant and am very logical and organized. I also have a doctorate in psychology so am trained to take note of not only spoken words but body language and I think I have honed that skill. I believe that more can be accomplished when groups work together. As mentioned I was instrumental in forming the Orange County Breast Cancer Coalition. Many well-meaning groups were scheduling events on the same days and by simply creating a calendar of events each of our programs were more successful and we were able to support each other without conflict.

GAJEWSKI, Jerzy B.

I will learn more about the environment, people and goals of the organisation. I will review the past activity, speak to other board members and if possible, to predecessors and listen to the people what they have to say. I will review a short- and long-range plan for the organisation and my position. I will be active and interactive within organisation. I will engage in a constructive discussion being not afraid to have my own opinion without imposing it.

GREEN, Sally

I am widely recognised as having a consistent, open and collaborative approach that is inclusive, constructive and respectful of the views of others. I believe and have demonstrated that effective decision-making is based on clear strategic thinking and a sound understanding of all relevant issues, views and evidence. This approach has characterised my work over the last 20 years both as a Centre Director working with colleagues across our geographic region and as an active member of many other global groups, including the Cochrane Editorial Board and Knowledge Translation Advisory Group. As a member of the Governing Board, I would fulfil my obligations in this same proactive, informed and positive way. **One of Cochrane's great strengths is** our international reach, our diversity and our ability to discuss our differences within a safe and constructive environment. Board decision-making processes need to reflect, foster and accommodate this. They should clearly relate to our organisational vision and mission, be guided by our original principles and be communicated clearly. As a Board Member, I would work to ensure we are guided by our overarching shared objectives, rather than acting for a specific constituency or in pursuit of a single issue.

GUPTA, Deepak Kumar

Yes, I have experience with regard to financial management. I have served as a treasurer of Local branch of Indian Dental Association at Panchkula for 2 years. Presently, I am also working as a Treasurer for my Resident welfare society since last 6 years.

I have been an active members of various committees of my institute and have always worked towards a common goal of organisation and never took decisions based on my personal choices and beliefs.

JORDAN, Vanessa

During my work and personal life I work consistently with groups and individuals to achieve various goals (authoring groups, organisational committees, exam committees, school parent groups). One of the constants I have found is that listening to all point of views is fundamental to gaining a group consensus. All

committees have members who come with different expertise and can offer value to the discussions. I have found that people are more likely to accept the group consensus if they feel they have had a fair hearing of their own point of view. I am no different.

Listening has to be balanced with relevance. It is important to keep comments on point. When I am offering a point of view to groups I recognise that time is valuable and I keep my comments pertinent and concise.

As an independent doctoral chair for the University of Auckland I frequently chair oral examinations that include examiners, department heads and supervisors. When coming to a consensus on an examination grade I put into practice the points I have made above. I listen to all point of views, keep the agenda to time and make sure all parties are happy with the consensus at the conclusion of the meeting.

JORGENSEN, Karsten Juhl

Practically all research projects need collaborative efforts to be successful. The vast majority of my work experience has been actively building collaborative relationships and the ability to negotiate with others from a wide range of cultures and viewpoints. I rely on these skills in my daily work as Deputy Director at a Cochrane Centre, which has also required collaborative skills and negotiations. I am currently at the centre of an international research project on re-evaluation of screening interventions involving more than 30 researchers from 7 countries. I also serve as a member of the Scientific Committee of the Preventing Overdiagnosis Conference where putting together a good and successful conference programme requires openness to the ideas of others and acceptance that your own ideas and suggestions may not be as good as you thought. As a methods consultant on Danish national clinical guidelines, I have had to balance the interests and opinions of clinicians and patients with sometimes political concerns and my own need to produce a methodologically sound guideline, all within a strict time frame. If elected to the Board, I would draw on all these valuable experiences of a collaborative approach to decision-making.

KHALIL, Hanan

In all my previous and current committee memberships, I always take into consideration the goals that We as a team, **would like to achieve and ensure that it is consistent with the organisation's vision and mission.**

In my role as a committee member of the National Advisory Group of the Australian Association of Consultant Pharmacists, I was involved in providing some feedback on new accreditation guidelines for accredited pharmacists undertaking home medicines reviews and medication reviews in aged care facilities. I am also an accredited pharmacist who is required to abide by these changes once they take effect. In my decision making to consider changes to the current system, I put aside how the new changes can impact on my credentials and how to achieve reaccreditation again using the new system of credentialing.

Another example is in my role as an executive member of the Joanna Briggs Scientific Committee. My role was to oversee and evaluate new methodologies. I have been the author of two of these new methodologies. In making decisions about the new methodologies, I declared a conflict of interest and was not involved directly in the final decisions of approval.

BLANCHE, Lim

I have been privileged through these years serving regionally, locally and within the hospital system and in community to work at these processes on a daily basis. Healthcare at present, if it is to progress, cannot remain an island upon itself. When personal differences come into play, impartiality needs to be executed

in order to preserve the tenets of Cochrane. The medical profession requires extensive buy in from organisations whether governmental or voluntary down to the community at lay level to ensure a paradigm shift in healthcare practices are achieved. I believe decision making for any effort is an amalgamation of purpose, weighing carefully the pros and cons and being adequately far-sighted to pre-empt any pitfalls and to direct the path for future. This frequently entails bringing in key players early on to engage them in a buy in for a common vision. It also means reaching a compromise (apart from the breach of core values) in order for harmonization as a team. This is a daily experience and a normative part of any collaborative process in my current line of work. The communications needed to guide all key players towards a common goal from the leadership to the smallest member of the team is regarded as critical. What this means as a member is the time and effort for investment of communication for a common cause, to which I am fully committed to.

PARDO PARDO, Jordi

During my period on the Steering Group we had several issues that were contentious within the group and within our constituencies. I put forward the views of my constituency fervently, while at the same time working with all the other representatives to look for the best outcome possible for the organization. Despite tense disputes, we successfully worked as a group to develop what we considered to be the best policies. We achieved that by ensuring the whole organization backed our decisions and making it clear that the divergence of views were not seen as personal disputes. That requires a lot of active listening, understanding **and respecting each other's points of view and being willing to concede to achieve a consensus.**

Listening is extremely important. As part of the Board, it is crucial to be inclusive and to be cognisant as to **what the community feels, particularly for those with different opinions from your own.** I've been fortunate to hold many roles in the organization, looking at the different challenges from different points of view. This has allowed me to look at the problems of the organization and focus on the issues, not the interests of particular constituents.

PEINEMANN, Frank

I would like to match topic contents with Cochrane ideas and regulations. Legendary achievements should be valued and new developments should have an opportunity to be acknowledged and integrated. Expression of one-sided opinions may cause reluctance and prevent advancement. Discussing with people and sharing various thoughts can lead to a reasonable change of plans. I have identified serious statistical errors in a highly esteemed randomized controlled trial. I did not write a letter to the journal blaming the authors. Instead, I contacted the authors to discuss with them my findings. The authors re-evaluated the statistics, agreed with my doubts, and finally published an erratum and informed physicians and patients.

QASEEM, Amir

I bring over 20 years of experience working on different types of boards and committees, as member and as chair, including governing boards of various organizations, guidelines committees, and governmental agencies. I have been involved in decisions varying from organizational level strategies to national level clinical priorities and policies. I have participated numerous times in meetings where controversial issues were discussed. However, at the end of the day, first and foremost, I always remember my fiduciary responsibility and do my best to make sound and ethically appropriate decisions by providing my foresight, oversight, and insight based on my knowledge and experiences while ensuring responsible use of resources while advancing the mission of an organization. In summary, I believe that our unique experiences, expertise, and beliefs may result in differing arguments, but more importantly, bring richness to the discussions. Open

mindedness, listening to others, mutual respect, and effective communication on well-grounded reasoning are the keys to help bring convergence in agreeing on decisions that are best for an organization. Rationality has to work together with reasonableness and this might mean that on some rare occasions, the final decision might be a marriage between a compromise and consensus among members.

SUJOY, Ray

I have been and continue to be involved in clinical care and research work in teaching institutions. Although these are not charitable organizations both patient care and research require a collaborative team approach.

In my speciality of Psychiatry, I am now working at NIMHANS (National Institute of Mental Health and Neuro Sciences) which is the premier Institute of India as regards to Mental Health.

We have a team approach to patient care. The team consists of clinicians, nurses, psychologists and social worker I have been a leader as well as a team member.

In certain of our Units particularly those responsible for Adolescent and Geriatric Mental health we have a Problem based approach. A team having a psychiatrist, a psychiatric nurse, psychologist, a social worker and an occupational therapist work together to solve the problem I am working in several teams in various capacities such as leader, team member, scribe, time keeper etc. I have also worked as translator which has greatly enhanced my listening skills.

Our Institute does a lot of research in mental health. Here again I work with a team of statisticians, Lab technicians, radiologists, and undergraduates. Every paper \article that gets accepted for publication the result of team work.

ROSENFELD, Richard

As the founder and inaugural chair of the North American Community of the Guideline International Network (G-I-N/NA), I brought together leadership from the U.S., Mexico, and Canada to create a new and highly collaborative entity. This required a win-win approach to melding interests of the new regional community (the first of its kind) with G-I-N as an international parent organisation. For example, to prevent competition of our regional meetings with the annual G-I-N conference we focused on empowering guideline developers (instead of showcasing new research and presentations), working with G-I-N to coordinate meeting dates (which were not always best for G-I-N/NA), and coordinating financial support for our conference to avoid reducing support for the main G-I-N meeting (which sometimes meant not approaching specific funders). In the end, our regional meetings proved synergistic to the main G-I-N conference, helping attract new members and interest.

RUOTSALAINEN, Jani

I don't agree that adopting a collaborative approach should involve setting aside personal opinions and group affiliations especially if these groups have elected me because of my opinions. My personal opinions are based on knowledge and values I hold dear. **Staying true to one's values and the ability to collaborate are not mutually exclusive.** It is possible that two people interpret the same facts very differently. This does not necessarily mean that either one is wrong. I believe Cochrane will greatly benefit from accepting more than just one truth in many issues. Reinstating Collaboration in Cochrane warrants first and foremost engaging a truly independent body to describe what happened with Peter Gøtzsche and why. Currently, members have many theories about why he was expelled, and fear that the same could happen to them if they speak out on **any issue when they don't agree with official Cochrane policy.** **If an independent review exonerates Peter, we should apologise and invite him back.** Should it exonerate the Board, we say thank you and move on. The idea is exactly the same as with the truth and reconciliation committee after the Apartheid era in South Africa.

When it comes to group affiliations, I will not set aside my loyalty to what I perceive to be the core values of Cochrane represented in cochranemembers.org.

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

BANERJEE, Kushal:

I've considerable experience in extracting maximum efficiency in a limited resource setting. My work has always included the safeguarding and enhancement of the reputation of my organisation. With limited options to delegate, I have experience in attending to small issues in an organisation on one hand and representing it on international forums and co-ordinating treatment of patients in thirty countries, on the other. As a result, I've developed a deeper understanding of the different facets of the running of an organisation. I understand the importance of a collaborative approach and the value that different points of view can bring. I've learnt that building consensus or majority support is a better executor of change than imposing it on subordinates or peers.

I come from a part of the world where several alternative systems of medicine are prevalent and exist symbiotically with conventional medicine. I believe my perspective from having lived and worked in India at a charitable practice and my training in evidence-based medicine will bring unique value to the Board.

BONFILL, Xavier:

I think my potential contributions to the Cochrane Board will be effective if I succeed in respecting the principles and values that I feel necessary for such endeavour: thorough analysis of the issues under discussion, with consultation to the pertinent people whenever necessary; search of the greater consensus among Board members before making a decision, looking always with flexibility for those agreements that can integrate the existing sensitivities; strategic vision to understand the needs of the organisation and capacity to overcome the potential challenges; personal commitment to look after the members of the organisation and making it really participative and inclusive, because without that Cochrane would be unable to achieve its goals; capacity to explore and reform the legal framework in order to adapt it to the goals and policies established by the whole organisation.

DELLAVALLE, Robert:

Cochrane needs Governing Board members who will put the charity above personal agendas. I believe my open-minded, collaborative, and transparent communication style, my broad experience, and my teaching skills (acquired from mentoring hundreds of medical students and promoting state-wide skin cancer prevention initiatives) will be my most valuable assets as a board member. My medical experience and my research in public health provide me with context for proactively using evidence-based practice. My experience with peer review and biomedical publication has prepared me for thinking about how Cochrane should best promote itself in the ongoing epidemic of predatory journals and poor quality meta-analyses. My work analysing the Global Burden of Disease (funded by the Bill and Melinda Gates Foundation) provides a broad perspective to ground prioritization of public health policy and research resource utilization. Lastly my experience mentoring more than 100 students and hiring staff for the medical service I have led since 2004 will also make me an effective board member.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

My main focus in the volunteer work that I do is to ensure that the patient voice is always heard and considered. I believe this would be the most valuable asset I could bring to the committee in addition to being a pragmatic thinker.

GAJEWSKI, Jerzy B.

I have experience working with associations and with charitable societies including UK Charity. I have vast research experience including guidelines, mission statements and systematic standardised reviews. As a treasurer of different organisations, I was involved in fund raising and account managing. I did a lot of clinical studies with industry and know the system very well from inside. I clearly understand the mandate and responsibility of the Trustee, which are much more complex with the additional legal responsibilities in compare to regular society Board member.

GREEN, Sally

The depth and breadth of my experience within Cochrane combined with my leadership skills and personal attributes equip me to be an effective Board member.

Experience: I have extensive experience with diverse roles, activities and issues across Cochrane internationally. I am a strategic thinker, an effective advocate and a proven problem-solver, with an ability to assess and address critical issues in the context of both the short and long-term.

Leadership skills: I believe good leadership comes from good decisions communicated well. It requires the ability to listen as well as to negotiate and explain – often in highly contested terrain. I have wide leadership experience and a trusted, highly valued network that enables me to consult widely and gain diverse perspectives to inform my understanding and approach.

Personal attributes: I am hardworking and fully prepared to invest the time needed to make a valuable contribution to the Board and the organisation more broadly. I continue to be filled with energy and **enthusiasm for Cochrane's vision and am privileged to mentor** many of our emerging leaders. I am committed to ensuring Cochrane is global, diverse, contemporary and participatory.

GUPTA, Deepak Kumar

My ability of having knowledge of Diverse fields (Dentistry, Medicine, Pharmacy, Law, Finance,) and my administrative skill and Out of Box thinking approach can make me an effective member of Board.

JORDAN, Vanessa

I have been associated with Cochrane for a reasonable number of years but I have not been a member since its inception. As such I believe I understand the values Cochrane is based around and what makes this organisation special but my views are not entrenched. Change should never be just for the sake of change alone but neither should an organisation stay exactly the way it was when it was conceived. Cochrane has a gold standard reputation that needs to be protected in order to maintain the level of respect we currently have worldwide. However, I believe Cochrane needs to change and grow in order to stay relevant and meet the needs of the current health evidence environment. If we do not change we risk being a Wikipedia entry of an organisation who was intimately involved in changing the face of health evidence in the late 90's and early 2000's. **The role of the governing board is to steer our organisation so that we maintain our reputation but** also so we continue to grow and develop and remain relevant. I would be honoured to be a part of this process.

JORGENSEN, Karsten Juhl

My long time affiliated with Cochrane comes from my dedication to the principles and objectives of the charity. My work as an author, trainer and my leadership role at the Nordic Cochrane Centre and collaboration with affiliated entities has given me a valuable insight into various Cochrane functions. Different members of Cochrane have different needs, goals and objectives, and it can be difficult to meet all of these. Optimal priorities and a realistic approach to balance ideals with what is possible must be applied. I believe I can collaborate with most people and can both initiate projects and see them through to the end.

KHALIL, Hanan

I believe I would make an effective member for the following reasons;

I have a passion for Evidence Based Health Care,

I prepare ahead for all my meetings

I am focused and outcome oriented.

I like being part of a team and collaborate on projects.

I have a high level of commitment to my work.

I meet all my deadlines.

BLANCHE, Lim

Having served with the department's operations executive team these 2 years and being a part of multiple regional and healthcare related directives and initiatives, I believe these are aspects that have equipped me in my journey to work towards working to protect the core purposes of Cochrane. I passionately believe in the core tenets of Cochrane, and desire to contribute in any means through the collaborative efforts of the team. This can manifest through responsible stewardship of the precious resources Cochrane is given, and the privilege of voluntary work across the globe. I am also interested to expand the vision of Cochrane to regions which still remain unaware of the need for evidence-based care, especially when this impacts the population at large. Together with the work that has enabled me to see the fruitfulness of a collaborative endeavour for the vulnerable, I believe that this will kickstart my part to play as a member of the Board.

PARDO PARDO, Jordi

During my time in Cochrane I have seen how different groups contribute to the organization. I am confident I can help to steer a sustainable transition for the organization, keeping the enthusiasm high and offering a vision of a successful, inclusive organization. I have been fortunate enough to wear different hats in Cochrane. I have valuable experience on how Centres and Review groups can successfully achieve their full potential. As a trilingual person, I have a distinct point of view, and I can recognize different approaches and embrace diversity. **I'm passionate about Cochrane and its mission, and from this passion I can bridge opinions and views from other passionate contributors to find a common solution.** From my role, I have a clear view of the needs to improve review production, from both the **authors' and editorial side, and be sure that the decisions** of the Governing Board have a beneficial impact on the core of the organization.

From my previous experience, I can see the big goals that we want to achieve, and I am serious about setting actionable implementation plans to make them happen. Cochrane is a vibrant organization with a lot of talent ready to be unleashed.

PEINEMANN, Frank

Patience with other opinions and collection of many diverse information to come to a fair and acceptable conclusion.

QASEEM, Amir

I have been trained as a physician, health economist, methodologist/clinical epidemiologist, business administrator, a leader and problem solver. I am responsible for leading the clinical policy of the largest physician organization (ACP) in the USA. At the national level, I have been deeply involved to in several initiatives and committees convened by public (CMS, CDC, NQF) and private organizations to improve the quality of health and health care of our patients. I have been invited to participate as a team member at the international level to develop health policy and quality improvement programs in countries in Asia, Australia, Europe, North America, and South America. I have been repeatedly invited to speak on health policy and economics, evidence-based medicine, performance measurement, guideline development, evidence synthesis, and quality of care. I have extensive experience writing for journal publications, with over 100 papers published in just the top 5 medical journals in the world, in addition to many other journals. I have been on governance boards and committees of several national and international organizations where I have experienced the importance of collaborative team work and effective communication skills. All of these experiences combined would help me make an effective member of the board.

SUJOY, Ray

Although I have not worked as a member of any Board or Governing body I believe that I have the capability of working as a team member in any such team. It would mean working as a member in a team which strongly believes in and is passionate about what the Cochrane Collaboration stands for. I believe I have the passion and the commitment to make me an effective member. Together with the passion I believe as a result of my working with various teams I have the capability to fulfil my role as a team member. Listening, analysing and adapting are my strong points. India has the second largest population in the world and an equally large medical fraternity who need to be made aware of evidence-based practice and those who are aware need the evidence made available to them easily, quickly and in a way that they understand. India being a developing nation many clinicians do not have access to the best evidenced intervention for their patients. In such cases “**which among the available interventions**” is best is what they need to know. Cochrane could focus on reviews needed for developing countries like India. This is another area where I could be effective as a team member.

ROSENFELD, Richard

Part of the answer to this question relates to my prior extensive engagement with Cochrane (question #1), more than 2 decades of service as a director or trustee for non-profit groups (question #2), and my ability to collaborate while being an effective change-agent (question #3). My 30-years of experience in healthcare, combined with degrees in medicine (MD), public health (MPH), and business administration (MBA), provide a skillset for effective collaboration in diverse and challenging situations. I have also championed critical thinking and evidence-based medicine within the discipline of otolaryngology in the US, having published 20 systematic reviews, 18 clinical practice guidelines, 29 Cochrane Corners, and methodology articles on conducting reviews, developing trustworthy clinical practice guidelines, and creating high quality clinical consensus statements.

RUOTSALAINEN, Jani

Several people have written to me saying that they disagree with me and the proposals for change and that they do not want to sign our petition: <https://www.ipetitions.com/petition/cochrane-for-members>. I have asked all of them to voice their opinions at cochranemembers.org. because I respect different opinions. Should I be elected to the Board, I would continue to engage Cochrane members in discussion about the **issues they raise and the Board’s deliberations and decisions**. Like any human being, I am fallible, but I have no problem accepting criticism and admitting that I have made a mistake. I will always try to fix my mistakes and not insist on positions where others have shown to me that they are wrong. I think my openness and willingness to consider all points of view is how I could help improve transparency in Cochrane and dispel the fear of reprisal that prevents too many from speaking out now.

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

BANERJEE, Kushal:

Cochrane must continue to strengthen its position as the source of the highest quality of evidence in medicine. It must expand its availability and increase its user base.

Popularising Cochrane in non-research-based health centres is an important area. Getting more doctors and medical personnel to use Cochrane on a day to day basis is important to get Cochrane even more out into the

‘real world’ where resources don’t always allow for separate research time. Large patient populations in different parts of the world remain unaware of Cochrane. Making the evidence from high quality systematic reviews understandable to the end user remains challenging. Striving for simplification without losing balanced interpretation of evidence is the key to achieving a wider audience for Cochrane.

Cochrane can and should provide more answers to questions posed by alternative systems of medicine. As integrative care becomes more popular, it is important to reliably estimate the value, if any, of these alternative approaches in health care.

BONFILL, Xavier:

In my opinion Cochrane is currently at a very important crossroad to face its future, with several major challenges: 1. reaffirming and further developing the foundational principles of the Collaboration so that there are no doubts neither internally nor externally about them or their interpretation. This would provide greater cohesion among members and overcome the existing confusion, frustration and division; 2. reviewing the internal mechanisms of organisation, participation, resolution of potential conflicts and differences, as well as clarifying the degree of the necessary autonomy of territorial entities and individuals. All these mechanisms should prevail over —although making them compatible with—the constraints from the legal structure of the organisation; 3. continuing the efforts to become an organisation really global, participative, multilingual, and inclusive; 4. developing a sustainable and ambitious economic model that combines institutional agreements, progressive open access policies and more support to Cochrane entities worldwide.

DELLAVALLE, Robert:

Our 2020 strategy goals (to produce the best medical evidence, make this evidence more accessible, advocate for the use of this best evidence, and assure the sustainability of Cochrane) all remain crucially relevant-- but above all we need to maintain a laser focus on our central mission of producing the highest quality and most impactful systematic reviews. Cochrane must also continue to lead the development of cutting edge methodological and policy applications of this work (given the proliferation of poorer quality reviews in ever increasing numbers) and push this best evidence into practice.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

The volume of work that is currently being created is difficult to control. Clinicians today cannot possibly read all the information available to them. Cochrane has the ability to be an important part of solving that issue. Also, data is becoming a larger **and important part of today's research**; Cochrane could be invaluable in this area.

GAJEWSKI, Jerzy B.

I think the most important, immediate task for the Board is to regain trust and support of the membership.

This can be done by the broader engagement of the membership in decision making and enhance communication. Any controversial issues must be promptly addressed with full transparency.

Like with many non-profit organisations the financial stability is very important and include healthy income, money managing and smart use of the funds.

One of the biggest challenges in my opinion is efficient distribution of Cochrane evidence and engagement of research and health care communities to adopt them. We must be also aware of biases, influences and fraud in research when producing evidence. I would like to see more advertising in medical journals and Cochrane presentation at the meetings. The different association and groups should be actively approached to include Cochrane presentations and evidence at the meetings even if to be sponsored by the Cochrane group themselves. As a urologist for the last 32 years, attending 5-6 meeting per year, I have never seen any Cochrane presentation.

GREEN, Sally

I believe our top five most important strategic challenges are to:

- Re-establish and grow our reputation for independence, collaboration and diversity
- Become truly global by producing reviews and summaries that analyse and address key priorities around the world in more languages and formats – increasing reach, relevance, accessibility and global representation
- Increase real global inclusion through organisational structures and processes that facilitate diverse and meaningful input into strategic planning and decision-making

- Improve the experience for Cochrane authors through more efficient review production that maintains rigour and facilitates updating of our reviews. This requires technological and methods development and implementation, editorial support and standards

Navigate changes in global publishing and funding models to sustain Cochrane for the next generation and ensure we make the most of new opportunities.

GUPTA, Deepak Kumar

The Cochrane challenge is that it should be a benchmark in informing, unbiased, evidence based treatment protocols in almost every speciality and problem related to human health.

Another challenge would be to make Cochrane a known name in Health care decision making process for policy makers, patients and health care providers.

The organisation should try to achieve already laid objectives and then set new targets for its all around growth around the Globe by taking more key peoples on Cochrane Platform.

JORDAN, Vanessa

Cochrane has recently faced a very public challenge to our brand and integrity. Both of these are at the heart of our strategy to 2020. We need to ensure Cochrane remains known for its gold standard work, ethos of academic rigour and true independence. Cochrane is a charity with multimillion dollar revenue and as such it needs to adhere to the rules and regulations prescribed in the UK Charities Act 2011. I believe that whilst following these rules the board must also consider the ethos of Cochrane and it must act in an open and transparent way. It is now time to move forward, learn from this experience and become even stronger as an organisation.

Dissemination of evidence has always been a challenge for Cochrane and I believe continues to be a challenge, and it must be met head on. This has already been identified and is part of the strategy to 2020 document. The establishment of the knowledge translation advisory group means Cochrane is moving in the right direction. However, I believe that although some projects have already been identified more needs to be done in this area. In order to be successful financially and more importantly to maintain and improve our position as evidence providers we need to ensure the evidence that we produce is relevant, accessible and utilised.

JORGENSEN, Karsten Juhl

Events in Edinburgh in September 2018 inevitably affect priorities for Cochrane in 2019. Our trustworthiness and the collaborative atmosphere dominated by mutual trust and respect that has always been our hallmarks Cochrane are being negatively affected and portrayed. These qualities need to be re-visited and there is a need for changes that will ensure our charity is an organisation that a diverse group of people can see themselves as part of and where everybody feels represented and respected for their opinions and contributions. This election needs to be a starting point to repair the damage that has been done.

2019 means that 2020 is almost upon us. The goals set in Strategy to 2020 are within reach and it is time to set new ones, a process that has already begun. An important focus is increased efforts to keep Cochrane relevant and strengthen what sets us apart. This means a focus on making sure our reviews are consistently up-to-date, of top quality, independent and address topics that are pertinent and needed by clinicians, guideline groups, citizens and policymakers. Living reviews and review task forces are possible ways towards these goals. Challenges are resources and ensuring platforms where everybody is heard.

KHALIL, Hanan

I think the most important strategic challenges for Cochrane in 2019 is the following:

1. Ensuring the transparency of the new governing board.
2. Ensuring the effectiveness of the board in providing strategic directions to the Cochrane Collaboration.

Ensuring all the initiatives created in 2018 are efficiently run and financially strong.

BLANCHE, Lim

Although Cochrane's reach has sufficiently arrived upon the doorsteps of most countries, informed and evidence-based care at present is still regarded a "luxury" in developing countries, where it may remain inaccessible to core healthcare services, governing bodies, and voluntary healthcare organisations. This can have the downstream effect of unsafe practices which can immensely impact care. This remains a severe limitation of care in the Asia-Pacific region which I have experienced on a personal level whilst engaging in missions, e.g. in Cambodia and parts of Indonesia. This exemplifies a major challenge that Cochrane faces, and should consider addressing to remain relevant globally.

1. Access to information – this *does not* simply entail open access. Rather, it is the challenge of having the information reach relevant policy-makers and voluntary organisations – the people who I hope to represent the practising hands and feet of Cochrane.
2. Relevance to the developing nation – in humanitarian efforts, as well as to those who desire to "survive" and thrive, to focus collaborative evidence based research towards building public healthcare, to encourage those who are steeped in voluntary work in these regions towards producing work that will enable us to evaluate effectiveness of care given the simplicity of options that are available.
3. Relevance to policy makers- an 'Insurmountable' mountain of knowledge. While Cochrane is a treasure trove of information, its very strength may be its weakness, when key players of healthcare provision may not know where to begin their hunt for relevant information pertaining to their line of work. Currently Cochrane produces a simplified abstract of current studies – but I would like us to be challenged to be relevant to policy-makers and offer evidence-based work that will impact change positively for critical use of resources.

I am aware that the above remains the strategic targets of Cochrane towards 2020 in form – but in today's healthcare climate remains a true challenge and massive undertaking.

PARDO PARDO, Jordi

Cochrane is at a cross-roads in its development. The landscape of systematic review production has changed substantially in the 20 years that I have been in the organization. When I started, there were few systematic reviews. The growth of Cochrane made the production of reviews accessible to many people. Currently, the production of reviews has been labelled as an "epidemic". The development of new tools, and greater expectations from our funders, is leading us to a faster and more complex production of reviews.

We need to extensively re-think how we are organized to respond to this challenge. Technological development will move the production of reviews to a new level. Untapping the potential that the new technology has, we can warrant that our reviews remain the gold standard of quality and the lighthouse of independence and reliability for decision-makers.

Cochrane is a truly international organization. We need to guarantee that at the core of the organization we embrace this sentiment. The translation project has shown how much we can achieve globally. We must continue to ensure that we offer opportunities to participate in our organization worldwide.

PEINEMANN, Frank

Acceptance by physicians. Practicability of Cochrane reviews, translating their scientific results into everyday clinical practice. Authorship issues. Cochrane has taken measures to prevent ghost authorship, but at the same time those measures may support guest authorship. Financial support from national governments to make Cochrane reviews and associated information available for the public. Use of various study designs to allow the evaluation of different aspects of an intervention, for example, adverse events. Rare diseases and orphan drugs.

QASEEM, Amir

I would like to work with our members to efficiently utilize our limited resources and strive towards expanding our role in the evidence-based medicine arena. Specifically:

1. Working with Cochrane members, guideline developers, clinicians, and public, as a team, to develop clinically relevant evidence reviews efficiently, cost effectively, in a timely manner, without compromising the quality.
2. Thinking beyond the current environment by starting to discuss advances in science and methods needed in the light of new data and technology that are now available.
3. Fostering and building new leaders among Cochrane members who can take the reins and steer Cochrane into the next decade.
4. Focusing on increasing the value of Cochrane among current and new potential members, exploring beyond the current offerings, including expanding our regional presence.
5. Increasing participation and visibility of Cochrane by advocating for evidence to public, policy makers such as performance measurement experts, and clinicians.
6. Supporting the core business, focusing on the long-term financial stability of the organization.

Listening to our members, asking them what we are doing well and what needs to change, and working towards building trust between members and governance including establishing a transparent and effective two-way communication.

SUJOY, Ray

I believe the challenges for Cochrane in 2019 would be: first, the reaching out to people as not everyone has access to the internet. Next, keeping up with the rapidly expanding knowledge in the medical world and updating the information as soon as possible. Third would be to encourage more people to be a part of writing and updating evidence, especially consumers and patients.

ROSENFELD, Richard

- Rebuilding public and member confidence in governance given the unfortunate negative media attention after abrupt changes in board composition before the last Colloquium
- Establishing, reimagining, and invigorating the US Cochrane Network following dissolution of the US Cochrane Center at Johns Hopkins University

- Enhancing awareness of Cochrane, and a “Culture of Cochrane” among clinicians, professional health associations, health policy makers, and all global stakeholders who rely on current best evidence for making informed decisions about healthcare
- Responding to stakeholder needs, especially guideline developers, with products that go beyond traditional reviews (interventions, diagnostic test assessment) such as rapid reviews, scoping reviews, updated reviews (rapid response group), and overviews
- Responding to challenges related to funding and financial support for the network

Promoting knowledge translation tools that help endusers understand, identify, disseminate, implement, and adapt Cochrane reviews and derivative products.

RUOTSALAINEN, Jani

I believe the most important strategic challenges for Cochrane in 2019 have been laid out nicely at www.cochranemembers.org. First of all, the distance between our members at the grassroots level and our top management has become too big. We need to create a culture of communication where everyone can speak their mind without fear of reprisal. Second, the Central Executive Team keeps using the income generated by authors and review groups to expand. It is imperative that the organisation gives back more and **reconsiders the need for so much employed staff. A key part of this is to redefine the CEO's job description** which should be to carry out the decisions made by the Board who have sufficient time and information to discuss issues and proposals fully. Third, we ought to think if the organisation has become too rigid and bureaucratic. There has been no discernible progress in knowledge translation, for example, because the organisation values the forming of committees more than a culture of trial and error. Finally, we must start transitioning to fully Open Access publication. The EU is already mandating that research paid by public money must be published OA.