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

BANERJEE, Kushal:

Yes. I have been responsible for bringing in change and the expansion of charitable activities while managing limited resources. Since I've joined the clinic, it has doubled its patient numbers, more than doubled the number of doctors and increased efficiency. Over the years, working as a team, we have moved the clinic from an 'individual centric' doctor's practice to a more 'institutional' practice whose patient load is evenly distributed across a panel of doctors. The doctor -patient ratio at the clinic is higher than several government hospitals while it functions without any external funding. The clinic has not lost patient volume even as its busiest and senior most doctor has began limiting patient numbers and working hours. These changes and the running of the practice requires effective decision making and management on a regular basis. To bring about this ongoing change required a slow and graded approach. I started with small steps like cosmetic changes to the Clinic and work area, working my way up to suggesting and carrying out the recruitment of more staff and doctors. Finally, the acquisition of a new site for a new centre and the addition of auxiliary centres was done.

BONFILL, Xavier:

Yes. As said in question # 2, I have been the president of the some non-profit entities registered in Spain that were created for managing the resources obtained and needed to support the Cochrane activities in our referent area as well as independent research projects. We have provided a large variety of services, such as training courses, elaboration of clinical guidelines, translation or supporting research activities.

Since 2009 I have been trustee of the Board of the Institute of Biomedical Research Sant Pau, linked to my hospital in Barcelona, which includes 8 public and non-profit private institutions.

DELLAVALLE, Robert

Yes. The largest charity I have helped govern to date has been the Denver Botanic Garden. I served as a trustee from 1996 to 1998. In that role, I attended monthly board meetings and voted on budget and organizational proposals. The toughest decision I had to make during this time was to support the **Board's strategy** to replace its highly qualified Director of the Gardens due to his failure to modify ambitious garden expansion proposals that lacked community support. These expansion plans largely came to fruition 15 years later under different leadership with greater community input and involvement.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra

I have incorporated non- profit organizations. I have acted as financial officer to many non- profits and have been involved in the formation of others. I have been on the board of directors of several charities and have also been involved in the writing of the mission statements and objectives of others.

I also currently sit on the board of a for profit business.

GAJEWSKI, Jerzy B.

Yes; I am a Trustee (6 years) and a Treasurer (3 years) of the International Continence Society with the office in Bristol, UK which is governed by UK Charity Commission law. I was a Chair of the Canadian Urological Association Scholarship Foundation and a member of the Canadian Continence Foundation governed by Canadian Charity Law.

GREEN, Sally

No

GUPTA, Deepak Kumar

No

JORDAN, Vanessa

No

JORGENSEN, Karsten Juhl

Yes. Board member and Treasurer from 2010 to present in the Danish Society of Medical Ethics, Philosophy and Methods.

KHALIL, Hanan

No

LIM, Blanche

Yes. I have led funded Projects with grants which require accounting for grant execution and governance from various organisations given in kind towards a purpose. These include the SEER programme (Low Vision Programme) which provides integration of rehabilitation in-hospital **back to the individual's homes** in collaboration with the low vision optometrist and occupational therapist and our EC2 Programme (Eye care for Empowered Community, which aims to train allied healthcare providers for the institutionalised in nursing and voluntary homes to detect visual issues early on as part of the EnABLE Programme (Eye Care and Assistance for the Blind, the Low Vision and the Elderly). We were privileged to have received funding in this case of a total of SGD\$1.5million to build a better tomorrow for our vulnerable. This has commenced its run from 2016 and 2015 and will be drawing to a close this year. In addition, I am also a part of the current Project Silver Screen programme – where charity and policy making as it should be works hand in hand to benefit the community at large – this programme commenced its run this year (<http://www.projectsilverScreen.sg>). Regionally, I have participated in the efforts of the Khmer Sight Foundation(Cambodia) and A New Vision(Indonesia) which thrives on its part from charitable donors who believe in working towards the same purpose.

PARDO PARDO, Jordi

Yes, as explained, I have experience as a member of the Cochrane Collaboration Steering Group (2002-2004) and as a leader of my national Scout association. From my scout experience I learnt how to handle the different expectations of the central team versus the needs of the volunteers around the country providing the services.

My time on the Steering Group allowed me to see how production of reviews is handled in different parts of the world, and how it is really difficult that a one size fits all solution would work. The Collaboration is rich in its diversity, and embracing its diversity is the way to go. For instance, we developed a guidance for intercultural communication, emphasizing the need to know others, and not to judge but be able to adapt to different way of interacting. There are no magic bullets to solve the problems, but the accumulation of good deeds eventually produces results.

PEINEMANN, Frank

No

QASEEM, Amir

Yes. One example is as Chair (2 years), member of the executive committee (4 years), and member of Board of Trustees (8 years) for Guidelines International Network (GIN), a UK based charity. I have been involved in making decisions involving finances, strategy, membership, expanding collaborations, establishing partnerships, and expanding **GIN's presence at the local level by establishing the regional organizations** such as GIN Asia, GIN North America, and GIN Iberoamerica. I am still a member of the regional steering committees and helping the local leaders with establishing strategic priorities to advocate for evidence and be inclusive by incorporating local policy leaders, public figures, and clinicians.

RAY, Sujoy

No, I have no experience of governance but I have worked with charitable institutions in Bangalore.

ROSENFELD, Richard

Yes. I served on the Board of Directors for the American Academy of Otolaryngology - Head & Neck Surgery Foundation for 10 years, in my capacity as Journal Editor, Senior Advisor for Quality and Guidelines, and Chair of the Subspecialty Advisory Committee. My roles relied heavily on group facilitation and collaborative leadership, leading to a 50% increase in impact factor for our journal, a new task force for developing clinical practice guidelines, and enhanced synergy of our national Academy with related subspecialty medical societies.

RUOTSALAINEN, Jani Henrik

No

Do you have experience of Organizational Finance and Resource Management?

BANERJEE, Kushal:

No

BONFILL, Xavier:

Yes. All the activities done during the almost last 25 years in order to promote Cochrane activities in Iberoamerica have been developed thanks to the capacity that we have had to raise and spend the resources needed, because we have not received enough core funding for sustaining our activities.

It is also remarkable that we have been able to maintain the translation activities to publish the Biblioteca Cochrane for almost 20 years, dealing with complex agreements between some Iberoamerican governments or institutions, Update Software, Wiley and Cochrane Central. We have organised two Colloquia (Barcelona 2003 and Madrid 2011), with good capacity of organisation and resource management.

DELLAVALLE, Robert:

Yes. As the Chief of the Dermatology Service for the Department of Dermatology at the Rocky Mountain Regional VA Medical Center I have managed the greater than one million dollar annual clinical budget of this division of the hospital for several years.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

Yes, as mentioned above I have often acted as the financial officer of non-profits.

I currently have an accounting practise with the husband and deal every day with finances and resources management.

GAJEWSKI, Jerzy B.

Yes.

- Treasurer of the Canadian Urological Association (under Canadian Law) and now
- Treasurer of the International Continence Society (under UK law)
- Treasurer of the Canadian Male Sexual Health Council
- Secretary/Treasurer Canadian Academy of Urological Surgeon
- Treasurer- Canadian Foundation for Research Incontinence

GREEN, Sally

Yes.

- As Co-Director of Cochrane Australia for 15 years I have demonstrated a high level of Organizational Finance and Resource Management
- I have oversight of all budgeting and reporting to the National Health and Medical Research Council and to Monash University with respect to Cochrane Australia's activities and expenditure

I have led many large and complex research projects with significant budget and reporting requirements, often across multiple countries.

GUPTA, Deepak Kumar

Yes,

When in last year (July 2017) I conducted a Zonal Post Graduate Orientation (CDE) Programme of North India as an Organizing Secretary wherein we have orthodontic student delegates from whole of North India, there were apprehension about generating enough money from sponsorship, but through lot of negotiations and initiatives we could generate sufficient money to manage our programme.

Further, I have following experience with regard to financial management.

I have served as a treasurer of Indian Dental Association Panchkula, for 2 years wherein association collects money from members and it is spent on conducting Continuing Dental Education (CDE) Programme for its members

Presently, I am also working as a Treasurer for my Resident welfare Association since last 6 years and managed the association money in a way that every single penny was spent on serving the right cause of Association.

Further I have been core committee members in my resident welfare association since its inception.

JORDAN, Vanessa

Within the university setting I have managed large research grants. These grants have typically covered a three year program including funding for operating costs, staff costs and institutional overheads.

JORGENSEN, Karsten Juhl

Yes. I have managed the budget of the Danish Society for Medical Ethics, Philosophy and Methods for eight years. I have also managed my own grants, primarily a three year post doc grant, as well as those of the PhD-students I have been involved in.

KHALIL, Hanan

Yes. As an academic, I manage the finances of all my research projects, the centre of chronic diseases management finances and the Journal of Evidence Based Health Care editorial office management.

BLANCHE, Lim

Yes. I currently serve as Chief Resident, and also assist the Clinical Director as he leads the Department of **Ophthalmology's** Operations Committee. In this role I steer various Clinical quality improvement projects. In addition, as co-lead of the local Low Vision and EC2 programmes (elaborated in Q6 and 9) and Project Silver Screen, I frequently participate in decisions on the purchase of equipment, adjustment of clinical load, procurement of manpower, and usage principles of material and human resources and funding to achieve our goals. This requires prudence in handling finances of the organizations I work with.

PARDO PARDO, Jordi

Yes. At Cochrane level, I was the chair of the local organizing committee of the Barcelona Colloquium 2003, and I was responsible for planning the budget and ensuring the expenses stayed within the budget. During my time with Cochrane Canada I was in charge of managing the budget. In my current position, I'm part of the management team that allocates resources and plans the financial needs of the team.

During my time in the scouts I was responsible for the group's activities and reporting, including the budget. As president, I signed off on our budget plans and reports. At the scout group level, the budget was the equivalent of 6,000 Euros per year. At the city level, it was up to 250,000 Euros per year. At the National level, our budget was 1,000,000 Euros per year.

PEINEMANN, Frank

Yes. I have to manage my scientific research by myself including recruitment of contributors, providing advice to less experienced participants, seeking financial support to pay publication fees. From 2006 to 2018, I advanced 45 publications associated with systematic reviews of healthcare interventions including 15 Cochrane reviews.

QASEEM, Amir

Yes, at my own institution, American College of Physicians. I am responsible for a multimillion-dollar budget.

SUJOY, Ray

No

ROSENFELD, Richard

Yes. I chaired the Finance Committee for the American Society of Pediatric Otolaryngology, where I applied my understanding of finance and resource management to grow the research endowment from under 300,000 USD to about 900,000 USD over 6 years. This included raising over 250,000 USD from member charitable contributions and working with our investment advisors to develop a financial policy that would allow for growth while respecting the inherent conservatism in managing an endowment for a charitable society.

RUOTSALAINEN, Jani

There are people employed at the Central Editorial Team in London to take care of the organisation's finances. I trust their expertise in providing the Board with timely and sufficient information to make informed choices about how to spend the millions we make annually.

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

BANERJEE, Kushal:

Yes. I have overseen training and recruitment at the clinic where I work for five years. In this time, I've trained seven new junior doctors and ten new members of support staff. I was also responsible for their recruitment. I oversee the management of all twenty-five support staff and seven doctors.

I also oversee the development and execution of innovative change at the clinic such as the introduction of self-check-in kiosks for patients, automated real time 'big screen' displays for patient and medicine queues, 'on the cloud' appointment systems, electronic consultation services, dispatch and delivery of medicines to patients around the world and so on. I was responsible for the identification of new sites and the opening of two new centres and expanding capacity at the first. These have been successfully running for five years. In addition, as a team we were responsible for doubling the capacity of our main clinic.

BONFILL, Xavier:

Yes. As director of the Service of Clinical Epidemiology and Public Health in my hospital, director of our research group, and president of our non-profit organisations I have had the responsibility of managing the involved human resources.

DELLAVALLE, Robert:

Yes. Since 2004 I have led the selection and hiring of dermatologists, physician assistants, licensed nurse practitioners and medical technicians for Dermatology Service of the Denver VA Medical Center and the managing of all staff, health care providers, residents, and students. Since 2001 I have been interviewing and selecting dermatology residency applicants for the University of Colorado School of Medicine.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

As the president of several non-profits the management of staff often fell on my shoulders. When an executive directors has been part of the staff structure they would supervise and manage staff under them and my responsibility would be to supervise the executive director. I have assisted in creating a staff manual.

GAJEWSKI, Jerzy B.

Yes, as a president of Canadian Urological Association, I was responsible for oversight of our Corporate Office in Dorval, Quebec with 6 staff members. During my term as a president we established this office. I was involved with the interviews and hiring the general manager and other staff members.

I was Director of Fellowship Program in our Department of Urology, Dalhousie University over the last 26 years and was responsible for accepting and managing fellows. As a Trustee of the International Continence Society I was supervising our central office in Bristol with 9 staff members.

GREEN, Sally

Yes. In addition to my longstanding role leading the team at Cochrane Australia for the past 15 years, I am the Graduate Research Co-ordinator in the School of Public Health and Preventive Medicine at Monash University. In this capacity I am responsible for the management of academic matters for 170 PhD students. This role includes ensuring quality of supervision, oversight of progress and support for PhD students and their supervisors. I solve issues relating to Human Resources for this cohort and have had formal training in providing feedback about performance, difficult conversations and mediation, respectful relationships in workplaces and mentoring.

GUPTA, Deepak Kumar

Yes, as a Head of my Department at my institute I have managed my co faculty colleagues, paramedical staff and 100 undergraduate students and 9-12 post graduate students for their day to day problems, mentoring and academic work, and started Post Graduation (MDS) Programme which need lot of Initiative. This starting of MDS needed lot of management for procurement of additional material through quotations and tendering process. I am amongst the senior faculties of my institute and involved in day to day management of the institute affairs.

JORDAN, Vanessa

I am a co-director of a limited liability company that incorporates a medical practice. This practice has recently undergone a restructure, expansion and a move to new premises which has involved working with human resource (HR) consultants. This process is still ongoing but I believe it has given me invaluable experience and has demonstrated the need for good legal advice and understanding of HR practice.

JORGENSEN, Karsten Juhl

Yes. I have been co-supervisor on three completed PhD-theses and am currently co-supervising three more. I have also been involved in hiring young and senior researchers at the Nordic Cochrane Centre.

KHALIL, Hanan

Yes, as an academic at Monash University, I lead research projects where I am responsible for students and research assistants. In this role, I always collaborate with staff from other partner organisations.

BLANCHE, Lim

Yes. I currently sit on the Operations Committee in my department with current Projects to revamp clinical processes and to improve Physician and Allied Health workflows and patient experience. As Chief Resident of the Ophthalmology department, I manage manpower and clinic-specific services on a daily basis. This includes managing more than 40 medical staff and 100 nursing and allied health staff, serving up to 500 patients on a daily basis with a patient inflow of approximately 150,000-200,000 annually. My role also requires my engagement with other stakeholders outside of the department, including interdepartmental collaborations, external organisations such as the Singapore Association for the Visually Handicapped. In the Ophthalmology department, multiple services are frequently called to function at the same seating: from clinic room availabilities, to surgical, procedural and consult services as well as balancing the staffing of every service against the manpower constraints and training requirements of junior staff. This also requires careful consideration of patient inflow to the various allied healthcare providers with patient load to be adjusted within considerable time points in due consideration for clinic and administrative staff. At the same time, we are constantly on a lookout to continually improve clinical processes and workflow, moving staff to open new services as required and to cover essential key requirement as necessitated. Currently, I am privileged to work with like-minded colleagues who have embarked on Project Reset – a complete revamp and remodelling of our current clinic processes and appointment system to address a few core issues.

PARDO PARDO, Jordi

Yes. During my time at the Iberoamerican Cochrane Centre, I was in charge of the development of the Iberoamerican Network. As part of my role, we needed to create a structure to organize the contributors from different countries, and creating and following up on annual workplans with the contributors. As acting Executive Director of Cochrane Canada, I managed a team of 4 full-time people, plus a summer student. As part of Cochrane Musculoskeletal, I managed our student position, and I am part of the management team of our research group. We ensure the continuous development of our staff and provide opportunities to thrive in their positions. I really enjoy helping people to develop their potential. Since a move to Canada I have had the privilege of coaching and promoting athlete development for young football players from the ages of 5 to 17 years of age as a coach with Soccer Chelsea in Quebec.

PEINEMANN, Frank

Yes. I have to manage my scientific research by myself including recruitment of contributors, providing advice to less experienced participants. Constructive communicating with co-authors of my work as well as with authors of the evaluated studies is a prerequisite of successfully complete and publish a work produced by a team of various people.

QASEEM, Amir

Yes, I am responsible for managing the staff of the clinical policy at the American College of Physicians. I have also participated as a member and chair in search committees including leading committee to interview candidates to hire CEO. I am also on governing boards, where one of my responsibilities is to expand the value of the organization, expand its membership, and provide strategic direction. In addition, I have led establishing several committees and selecting members to develop evidence reviews and guidelines.

SUJOY, Ray

I have not worked as a human resource manager but as a team leader, I have coordinated work in medical and research teams which includes planning, organisation, staffing, leading, delegation and controlling of tasks. These I believe are the basic jobs of a human resource manager.

ROSENFELD, Richard

Yes. Since 2008 I have served as chair of an academic medical department and residency training program, where I am responsible for the oversight and strategic management of 12 full-time physician faculty, 15 resident physicians in training, about 25 support staff, a practice plan with 3 office locations, and relationships with 5 affiliated training sites. During my tenure as chair I have recruited new faculty, built-out new office sites, expanded the clinical enterprise, and shaped the organizational culture through annual retreats and bimonthly executive committee meetings.

RUOTSALAINEN, Jani

As with the finances, there are people employed at the Central Editorial Team in London to take care of the **organisation's HR matters. I trust their expertise in providing** the Board with timely and sufficient information to make informed choices about new recruitments and such. When it comes to organisational development, many feel that this has mainly applied to the Central Editorial Team in London. Apart from the recent development to herd review groups into loose networks, which to my genuine surprise looks very promising. Nonetheless, it is crucial that Cochrane takes enough time to define, in a collaborative and constructive manner, what the different roles of different kinds of groups are and how they can be best developed. During the Peter Gøtzsche incident it became clear that there are very different opinions on what are Cochrane-related activities. Our members will resent it greatly if the definition is simply imposed on them.

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

BANERJEE, Kushal:

No

BONFILL, Xavier:

Not very much. We have been translating the diverse Cochrane materials addressed to consumers into Spanish and have a formal agreement with the Organización de Consumidores y Usuarios (OCU), the Spanish national organisation of consumers, in order to periodically publish some outreach materials in their magazine. But we have not succeeded in involving patients in evidence production.

DELLAVALLE, Robert:

Yes. Consumer Kathy Godfrey served as the skin cancer consumer who contributed to my 2004 systematic review on the effect of cardiac medications on melanoma incidence. I have also provided free educational lectures to consumers on skin diseases and have developed open access patient decision aids for patients with acne (<https://www.informed-decisions.org/acnepda.php>) and psoriasis (<https://www.informed-decisions.org/psoriasispsda.php>) in collaboration with numerous patient and physician focus groups.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

As mentioned above, the focus of my volunteer work is to act as a patient advocate. I review grants for the Department of Defence, I sit on a panel for the FDA, I sit on a national Medicare advisory committee and many other examples I could give you as examples of consumer involvement.

I chaired a committee with academia, pharma, FDA and consumers to insurance that in drug development the consumer perspective was considered.

I have been involved in legislative education at the local, state and national level regarding issues of health policy.

GAJEWSKI, Jerzy B.

Yes: I have been a member of the Canadian Continence Foundation and developed patient information booklet on Incontinence and sacral neuromodulation. I was also working with Polish Continence Foundation and Polish Urological Society to get government approval for sacral Neuromodulation in Poland which was just approved this year.

I have been also involved with the Canadian Cancer Foundation and work on patient guidelines for erectile dysfunction and incontinence after radical prostatectomy.

GREEN, Sally

Yes. I have broad and relevant experience working with consumer and policy colleagues in the production of research syntheses and evidence-based guidelines. I also contribute to the leadership of Cochrane's [Knowledge Translation](#) initiative which recognises consumers and health policy makers as key audiences for Cochrane.

As a member of advisory committees for government and health policy agencies I have worked collaboratively with highly skilled consumer and patient representatives. My work on the executive of [Project Transform](#), in particular [Cochrane Crowd](#) and the [Living Evidence Network](#), has provided opportunities to work closely with patient representative NGOs in Stroke, Arthritis and Diabetes.

I have also completed and published several studies investigating strategies to support the use of evidence in health policy making.

GUPTA, Deepak Kumar

No.

JORDAN, Vanessa

Cochrane New Zealand has always included consumer representation on its advisory board. I have been fortunate to work with these representatives. In order to be inclusive of consumers organisations need to recognise not only the value they add but also show an understanding that these individuals do not have the resources that are commonly available to other board members such as Continuing Medical Education (CME) and travel funds.

I have also worked closely with Choosing Wisely international and Choosing Wisely New Zealand. This organisation aims to empower consumers to ask pertinent questions regarding treatment choices that they are offered.

JORGENSEN, Karsten Juhl

Yes. I have served as methods expert on six national clinical guidelines that used GRADE and was produced by the Danish Health Authority. Some of these guidelines included patients in the panel to help define PICO questions and to make it possible to include patient values and preferences in the process of making final recommendations. I have also collaborated with patients' advocates on research projects in breast cancer screening.

KHALIL, Hanan

Yes. I have been involved in many advisory boards and working groups. In most of these groups, there is always a consumer and patient involvement.

BLANCHE, Lim

Yes, I currently work with the Regional Health System and our Ageing Population Office at the national level (Ministry of Health and Ministry of National Development) with collaborations together with the Health Promotion Board to start a Nation-wide Functional Screening Programme, Project Silver Screen. In addition, I have co-led the Low Vision Programme(SEER)and EC2 (Eye Care for Empowering Community) programme from 2015 to 2017, with funding from major bodies (Tote board and Temasek Foundation) with the aim to advocate for Ophthalmological health services to reach the vulnerable (elderly, the institutionalised, the visually impaired, those of low socio-economic status) locally – with concurrent health services research. These have been wildly successful initiatives, with multiple projects arising from these collaborative efforts throughout the country and enabling exploration for further development in provision and healthcare to the vulnerable across various key partners and even across specialties, e.g. collaboration with Public Health practitioners, otorhinolaryngologists, dentists, allied health personnel (optometrists, technicians), and researchers. As evidence is collated from our current work and relayed back to the policy makers – we aim to take steps in real-time, to avail change as is required.

PARDO PARDO, Jordi

Yes. I am a vocal advocate for the need to meaningfully engage patients and consumers in Cochrane activities. As such, I played a leadership role in engaging patients and consumers in all my Cochrane roles, i.e. as staff at the Iberoamerican Centre, Managing Editor with Cochrane Lung Cancer and co-Managing Editor with Cochrane Musculoskeletal.

For example, I have supported patients to contribute on translation activities, peer-refereeing and authoring reviews by ensuring regular communication, clearly defining their roles and responsibilities, and enabling active participation. I have organized training events for patients, and co-led recruiting activities with consumers.

PEINEMANN, Frank

Yes. I am member of the Tuberous Sclerosis Complex association of Germany. I have indicated a lack of health care professionals able to acknowledge the full picture of the disease in Germany. I have indicated a lack of knowledge and even a lack of willingness to provide for appropriate understanding and treatment of the disease.

QASEEM, Amir

Yes, I have been very involved in advancing the science and including public members in evidence production and health policy. I have led the effort to include public members in guideline panels. In addition, I expanded the concept of a public jury to provide input on clinical policy issues both regionally and nationally. An example includes forming a Public Panel at the American College of Physicians that includes members representing various sociodemographic in the United States. In addition, being on the steering committee of the Women Preventive Services Initiative, a government funded project in the United States that establishes health and public policies for care for women at the national level, incorporating patient voice was one of the priorities. At the international level, my involvement includes GIN Public, that helps establish methods and provides input on how to incorporate public voice in the panels.

SUJOY, Ray

No, but I have interacted with patients taking their perspective as regards Cochrane. Several of my literate patients have now started looking up the Cochrane Library for many answers for themselves and their family members.

ROSENFELD, Richard

Yes. As Senior Advisor for Guidelines and Quality at the American Academy of Otolaryngology - Head and Neck Surgery, I championed consumer and public engagement by integrating them as full participating members of our guideline development groups. I have also served on the board of Consumers United for Evidence-based Healthcare (CUE), a trustee liaison for G-I-N Public, and an advocate for consumer engagement in multiple educational venues. My successful advocacy for consumer and patient involvement in guideline development was recognised by G-I-N in 2016 with the Najoua Mlika-Cabanne Innovation Award.

RUOTSALAINEN, Jani

Yes. I helped with the recent project looking at new Cochrane review presentation formats. Together with a colleague we ran six interviews with Finnish Cochrane Library users. I have also participated in running an EU OSHA focus group on establishing a list of the most pertinent biohazards in healthcare, agriculture and waste management with experts from each topic area.

Do you have experience of Advocating for Evidence?

BANERJEE, Kushal:

Yes. I've delivered papers at conferences advocating for higher quality of evidence and its generation. I was invited to speak on barriers in generating intellectual property in medicine. I regularly encourage peers to seek training in evidence-based medicine to better understand current best evidence and start contributing to the body of evidence. I am constantly encouraging patients to follow the evidence when they are considering the choices between two or more therapeutic options. This includes reduction of consumption of unnecessary medicines or supplements and understanding the options related to elective surgery and other clinical scenarios. I help patients better understand their options using available evidence. This can sometimes mean highlighting the absence of evidence.

BONFILL, Xavier:

Yes. As director of the Iberoamerican Centre and Network, for many years I have had the responsibility of maintaining many contacts with diverse people representing governments, universities, research groups, charities, patients associations, or drug companies, among others.

DELLAVALLE, Robert:

Yes, I advocated for maximum utilization of Cochrane Systematic Reviews in American Academy of Dermatology (AAD) guidelines when I led the AAD guidelines committee from 2015-2017 and for proper GRADEing of evidence in the World Health Organization guidelines on the treatment of skin and oral HIV-associated conditions in children and adults (http://www.who.int/maternal_child_adolescent/documents/skin-mucosal-and-hiv/en/).

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra:

I am on the board of CUE, Consumer United for Evidence Based Healthcare. I am the patient advocate on the Scientific Advisory Board for Susan G. Komen all who believe strongly in evidence based research and evidence based healthcare.

GAJEWSKI, Jerzy B.

Yes: Through my work as a member of several committees in the 7th editions of International Consultation on Incontinence, developing CUA and ICS guidelines and standardizations documents. Also, by teaching research methods to fellows and residents.

GREEN, Sally

Yes. A recent example is the launch of Cochrane Indonesia in March 2018. This is the culmination of a decade of partnering and supporting colleagues in Indonesia to advocate for the role and impact of high quality health evidence in daily clinical practice and in public policy making.

This is one of many examples of the impact and real benefits advocacy and thought leadership bring to our organisation. Advocacy is a critical component of our vision and mission and is integral to our collective organisational success.

My advocacy experience encompasses extensive promotion of Cochrane and Cochrane reviews. It also extends to encompass key roles in shaping the scientific programs for four Colloquia and broader activities and partnerships designed to increase the recognition and uptake of research evidence in health.

GUPTA, Deepak Kumar

No

JORDAN, Vanessa

Yes, I have compiled multiple submissions to the New Zealand Ministry of Health (MoH) on their national health strategy and national health research strategy. These submissions highlighted the necessity of using high grade evidence to support their recommendations. In addition to formally advocating for the use of evidence I have also informally discussed how to help the MoH use evidence and this has resulted in Cochrane New Zealand running training workshops on the use and interpretation of evidence within the ministry.

I am also currently engaged in a project that is assessing the grade of evidence used to support Choosing Wisely recommendations. We hope to add appropriate existing evidence to the evidence base behind these recommendations as well as highlighting clinical areas where a gap in systematic review evidence may exist.

JORGENSEN, Karsten Juhl

Yes. Throughout my time with Cochrane, I have been teaching evidence-based medicine to medical students, doctors, other health care workers and researchers. This has been anything from giving brief introductions to teaching week-long PhD-courses, in Denmark and in other countries. Our Centre is regularly used by Danish and international media as a source to get independent, methodologically qualified opinion on current topics in healthcare. This is a core function of our Centre and an important platform to talk about the importance of evidence; its limitations; as well as for promoting Cochrane. These activities impact and inform both the public and health care policymakers and have had real influence on health care decisions. I regularly participate in public debates in media, write newspaper articles and letters for the debate section of medical journals, drawing attention to what the evidence says and does not say.

KHALIL, Hanan

Yes, I am the Editor in Chief of The International Journal of Evidence Based Healthcare. In this role, I run a Journal that is issued four times a year on different aspects of Evidence health care. Previously, I published special issues on new methodologies and medication safety.

In addition, I also run an Evidence Based Health Care Centre addressing Chronic Diseases Management. The Centre is a Joanna Briggs Institute Centre of Excellence for Evidence. The centre has published multiple Evidence summaries addressing chronic diseases management and was the recipient of many evidence awards. The work of the centre was published in the following link.

Khalil, H., Chambers, H., Munn, Z. and Porritt, K., 2015. Improving Chronic Diseases Management Through the Development of an Evidence-Based Resource. *Worldviews on Evidence-Based Nursing*, 12(3), pp.139-144.

I have also run a monthly column in the **Australian Pharmacist** entitled "Evidence summaries". The column has been very popular amongst pharmacists in Australia and has been running since 2011 firstly on a monthly basis and from last year, it is published bimonthly.

I am also one of the authors of new methodologies for scoping reviews and umbrella reviews. These methodologies have high citations.

BLANCHE, Lim

Yes. In 2014, my collaborator and I had sought to make a case for open access to evidence to Cochrane (CHOICE- Cochrane Health Open-Access Initiative for Comprehensive ERM, the Cochrane ‘Game Changers’ Investment Initiative 2014) to challenge the concept of “non-significant results”. We desired to prevent clinically significant research which had failed to satisfy existing publishing requirements and interest from becoming lost data; to do so may significantly skew pre-existing knowledge of current disease and management. This proposal had been shortlisted for the final round of selections. Thankfully, this goal has now become reality in recent years, as other like-minded individuals have pushed through with a similar process. We have also since been involved in other initiatives, such as the utilisation of mobile application technology to assist in our endeavours.

PARDO PARDO, Jordi

Yes. As part of the development of the Iberoamerican Cochrane Network, we participated in several activities to promote Cochrane, systematic reviews and/or evidence-based healthcare. For instance, in 2007 I travelled to Peru, Ecuador and Colombia. As part of this trip we met with medical students to talk about evidence-based medicine, local politicians on how to assist in evidence-informed policies, and with local librarians about the value of systematic reviews.

In Cochrane Musculoskeletal, we promote the use of systematic reviews and guidelines with professional organizations in our area. We are currently collaborating with the Canadian Rheumatology Association and the American College of Rheumatology by contributing to clinical guidelines on rheumatoid arthritis based on Cochrane Reviews.

PEINEMANN, Frank

Yes. As a lecturer of the Children’s Hospital of Cologne, I regularly hold seminars to get medical students acquainted with evidence-based medicine and to demonstrate how it actually can help to overcome conflicts in the pediatric practice. One example is to find an evidence-based solution in prescribing or not prescribing antibiotics for children with acute otitis media. As a lecturer of FOM, I regularly teach about principles of evidence-based medicine.

QASEEM, Amir

Yes, I have an extensive experience in this field. I am the lead staff for clinical policy at the ACP, advocating for using best available evidence as the basis for not only guidelines, but also for decisions such as coverage, reimbursement, performance measures, or payments.

I am an official spokesperson for ACP and have been professionally trained for the press/media relations. Over the years, I have been interviewed by journalists for from TV, Radio, and Print/Internet for many high-profile media outlets such as CNN, NBC, Washington Post, New York Times, and Wall Street Journal to name a few.

I have also been involved in discussions and giving presentations in front of local, state, and federal levels, both government and private organizations, such as the United States Congressional Staff, CMS, CDC, AHRQ, and private insurance companies, health care systems, hospitals, patient organizations, and disease advocacy organizations.

Internationally, I have helped establish evidence as a strategic priority for medical organizations and at the national level, including using clinical guidelines, across regions, talking to governmental and provincial

ministries and private health care systems. Examples include the European Commission and European medical specialty societies, Russian Federation, China, to name a few.

SUJOY, Ray

I began by forming a Cochrane Club in my medical school KMC (Kasturba Medical College) Manipal and on Fridays we took up certain patient problems and searched for evidence. The club is still ongoing and medical undergraduates regularly search for evidence. I have organised several Cochrane workshops in medical colleges around my home institute. By writing clinical answers, I have helped translate Cochrane evidence into answers to specific queries that are often asked by practicing clinicians. I am also involved in translations. Hindi is the language spoken in India and at my Institute level I help by translating evidence into Hindi. Earlier I had translated the findings of a Skin Group Review into Hindi and this was included as a podcast in the Cochrane Library.

ROSENFELD, Richard

Yes. In my multiple leadership roles with the American Academy of Otolaryngology - Head & Neck Surgery (Journal Editor, Chair of the Guidelines Task Force, Sr. Advisor for Guidelines and Quality) I have consistently advocated for evidence as a foundation for all healthcare decisions. My contributions include developing trustworthy methodology for evidence-based guidelines, mentoring Academy scholars in systematic reviews and guidelines, and initiating and sustaining a Cochrane Corner for the Academy journal.

RUOTSALAINEN, Jani

Yes. I have given multiple course on understanding and using evidence in occupational safety and health practice. The next one will be in April 2019 in Reykjavik: <https://bit.ly/2zL6fQj>. Our review group has put considerable effort into formulating the implications for research in all our reviews as concrete practical advice to inform new studies, including such things as a power calculation to reach an adequate sample size. I also have my own blog titled NordicEBM where I have written about and advocated for evidence. See for example: <https://bit.ly/1VhJDg4>.

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

BANERJEE, Kushal:

No

BONFILL, Xavier:

Partially. We have developed an initiative in Spain called MAPAC, which stands for 'Improving the clinical and health care appropriateness', which now has a multicentre approach. Related to this, we created the portal www.dianahealth.com which provides in English and Spanish access to the existing worldwide recommendations for reducing low value health care interventions.

DELLAVALLE, Robert:

Yes. In 2015 I helped found the American Academy of Dermatology (AAD) Cochrane Fellowship (<https://www.aad.org/members/awards-grants-and-scholarships/cochrane-scholarship>) while serving as the AAD Guidelines Committee Chairman---this scholarship increases Cochrane workforce capacity in dermatology by funding two dermatologists travel to the Colloquium annually. So far 8 dermatologists have received the travel award. Over several years I have directed medical students I teach to contribute to the

Cochrane Wikipedia dissemination project. This work has increased the citation of Cochrane Skin systematic reviews in Wikipedia skin disease chapters which are collectively viewed by millions of internet users annually (<https://community.cochrane.org/news/get-involved-cochrane-wikipedia-initiative>).

EKE, Ahizechukwu Chigoziem

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 improve 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.

FINESTONE, Sandra:

I work very hard addressing the issues of lack of access particularly in diverse communities. Where you live should not dictate if you live.

I currently serve as the patient advocate on several proposals looking at involving communities in clinical trials and clinical studies.

GAJEWSKI, Jerzy B.

YES: I am a member of ICI-RS. This society has 100 KOL from all over the world which meet once a year to discuss research projects related to incontinence. After each meeting there is a publication in *Neurourology and Urodynamics*. I was chair of one of the discussion groups in 2015 with publication: *Do we assess urethral function adequately in LUTD and NLUTD? ICI-RS 2015. Neurorol. Urodynam., 36: 935-942.* The last meeting was in Bristol in June 2018 and I was Chair of Proposal # 3: *Are there different patterns of detrusor overactivity which are clinically relevant? ICI-RS 2018.* The paper is being submitted for publication this month.

GREEN, Sally

Yes. As reflected in the examples above I have longstanding and proven experience in advocating for the use of evidence and for broadening its reach and impact.

Examples include:

- Co-chairing of the Implementation and Impact reference group for the Australian Clinical Trials Alliance
- Member of the Synthesis and Translation of Research advisory group to Australia's National Health and Medical Research Council
- Oversight of Cochrane Australia's dissemination activities (newsletters, engagement strategy, events and partnerships)

Co-chair of Cochrane's Knowledge Translation Advisory Group and co-led the development of our Knowledge Translation Framework. Improving the reach and impact of Cochrane's work is the key aim of this initiative

GUPTA, Deepak Kumar

No

JORDAN, Vanessa

One of our main objectives of Cochrane NZ at its inception was to establish a national licence for access to the Cochrane Library. In 2005 we achieved this goal by lobbying the district health boards (DHB's) and the Ministry of Health. Once this licence was in place it became one of Cochrane NZ's key objectives to promote and increase the use of this licence which I am responsible for. As such I produce over 60 alert documents annually which target 14 medical specialties highlighting new Cochrane reviews in their area of interest.

I also actively engage in social media. Cochrane New Zealand has an active Twitter account and Facebook page which targets users of Cochrane reviews. We are very careful to tag consumer and professional organisations if we believe the post is of interest to them thus expanding the reach of Cochrane evidence.

As a result of these and other activities annual full text downloads have increased from 35100 in 2006 to 161,467 in 2017 giving New Zealand the sixth highest number of full text downloads for countries with national site licences.

JORGENSEN, Karsten Juhl

Yes. I was involved in developing some of the first evidence-based national clinical guidelines in Denmark that used GRADE, although the main person responsible for setting the structure was and is still Britta Tendal who did her PhD at our Centre and now works at the Danish health Authorities. I actively supported this work by serving as a Methods Consultant and have actively and publicly promoted this initiative from the Danish health Authority. High-quality guidelines based on systematic reviews are in my opinion a key element to link evidence to practise.

KHALIL, Hanan

Yes, As the Editor of an international Journal, I have experience and knowledge in increasing research impact and wide dissemination of research. Over the last three years, the journal has released a methodology issue which is the highest accessible issue to date.

BLANCHE, Lim

Yes. As Chief Resident, I have worked to help revamp our departmental "Continuing Medical Education" curriculum. Through the exploration of various Research themes: Basic sciences, Innovative, Health services, with the guidance of invited experts in the field, we aim to enhance research capabilities of our colleagues and help Residents gain confidence in entering their research of interest with the tools to achieve their investigational needs. With a special interest in low vision, I have also provided feedback to engineering innovators based on clinical experience and linked up various groups to further promote progression on research. With our research in Cochrane, we have also been involved in impactful projects such as the Prevention of Pseudophakic Cystoid Macular Edema paper with Cochrane. Regionally, in my line of voluntary work with Khmer Sight Foundation, I have previously initiated conversation and provision of evidence to voluntary healthcare in support of the prudent use of antibiotics.

PARDO PARDO, Jordi

Yes. As a graduate of Communication Science, I have a keen interest in reaching out and broadening access. During my time in Cochrane I led the creation of the Biblioteca Cochrane Plus, the largest translation project in the organization. I have contributed to several activities for consumers, lay public and media to learn about Cochrane. One such example is where I led a project for the timely development of 14 podcasts on immigrant and refugee health.

PEINEMANN, Frank

No

QASEEM, Amir

Yes, my experiences include involvement in public and private entities. I am responsible for dissemination and implementation of guidelines and evidence at the American College of Physicians. I work with agencies such as AHRQ, NQF, and insurers such as CMS, United Healthcare, and Blue Cross & Blue Shield on issues such as access and impact of research. In addition, my experiences include leading discussions around evidence-based medicine, including training and working with federal agencies and national level organizations. I have participated in strategic planning to expand the reach of research, its implementation, and ultimate incorporation at the point of care using tools such as DynaMed.

SUJOY, Ray

I have helped to disseminate research as a member of various student journals during my undergraduate days.

I have also edited Wikipedia using research references so that the latest in the field of medicine is easily accessible to all users.

I have written Cochrane clinical answers to summarise evidence from Cochrane.

ROSENFELD, Richard

Yes. I have chaired the Research Committee and the Science and Education Committee for the American Academy of Otolaryngology - **Head and Neck Surgery**. **As the Academy's journal editor for 8 years I enhanced the efficiency and effectiveness of peer review processes, recruited new associate editors and reviewers, published about 40 editorials on research and critical thinking, and enhanced our pipeline of systematic reviews. When I concluded my editorial term the journal's impact factor had increased by about 50%.**

RUOTSALAINEN, Jani

For a number of years I have been advocating for the wider use of Wikipedia to disseminate the results of our reviews. This should be a high Knowledge Translation priority across Cochrane. I believe I also still hold the current record for the largest number of different language versions of a Cochrane podcast. See all 20 here: <https://bit.ly/2OGoMTI>. I even managed to get an enthusiastic volunteer to translate a Cochrane Plain Language Summary into Klingon: <https://bit.ly/1L5Tflc>. To me, even though, some might see the idea as frivolous, it demonstrates nicely how it is possible to engage totally new audiences when we let go of rigid ideas of what Cochrane evidence ought to look like and what innovative things we can do with it. As a non-native English speaker, I am acutely aware of not only the challenges of translation but also the possibilities it brings.

Do you have experience of Fundraising & Development?

BANERJEE, Kushal:

No

BONFILL, Xavier:

Please, see my response to question # 7.

DELLAVALLE, Robert

Yes. I have served as the Colorado State Chair of the Dermatology Foundation Leaders Society (<https://dermatologyfoundation.org>) for several years. The Dermatology Foundation is a private foundation founded in 1946 that solicits funds to support skin disease research. My success in fundraising has led to my **appointment to the Dermatology Foundation's National Leadership Society Committee and to expanding my fund-raising region for the Foundation to include multiple US states outside Colorado.** I have also served on the Dermatology Foundation Grant Selection Committee for the past 3 years.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra

Fundraising is not my focus, but I chaired Race for the Cure in my community and support many other fund raising programs.

When speaking about research I also mentioned that funding is always needed and offer those I am speaking to examples of how they can contribute.

GAJEWSKI, Jerzy B.

Yes; I did fundraise for Canadian Urological Association, International Continence Society and Canadian Male Sexual Health Council and as a Chair of several national and international society meetings and my department educational activities

GREEN, Sally

Yes. I have worked with colleagues across Australia and Asia to successfully secure funding for Cochrane groups and for **national and institutional licences to the Cochrane Library.** I am a member of Cochrane's Development Committee.

GUPTA, Deepak Kumar

Yes

We have been holding various programme in our institute by raising funds for corporate, dealers, merchants etc

JORDAN, Vanessa

No

JORGENSEN, Karsten Juhl

Yes. Applying for and securing funding for myself and PhD-students.

KHALIL, Hanan

No

LIM, Blanche

Yes. I have helped to raise funds for various mission trips, in collaboration with A New Vision (Indonesia) and Khmer Sight Foundation (Cambodia). Within Singapore, I am working to obtain appropriate funding and direction of resources, as part of a project to enable access to work in the health care setting for less-abled individuals. In Singapore, we believe in a climate of driving a greater healthcare effort not just with policy-making but with funding and grants from various community partners, such as Tote board and Temasek Cares Foundation with the projects as mentioned above. In addition, I have participated in raising funds for the low-vision population in support of our Singapore Association of the Visually Handicapped and the Singapore Guide Dogs Association through charity art sales at a departmental conference in 2016. Apart from developing and fundraising for the above projects, I too am participating in revolutionizing eye care to the population in Singapore, refining clinic work processes and establishing new services for the department.

PARDO PARDO, Jordi

Yes. I have contributed to writing several grants that successfully secured funding for our activities during my work with the above-named different Cochrane groups. I have lead initiatives with the Pan-American Health Organization, and the Canadian Rheumatology Association, in order to provide funding for the development of Cochrane activities.

During my time in Cochrane Canada, we managed to secure funding to support the Canadian Symposium from a systematic review producer and a national health technology assessment.

PEINEMANN, Frank

Yes. I have raised funding for a two-year research fellowship in Atlanta, Georgia. I have raised funding for non-personal costs in another project. I have raised funding for congress fees and articles processing charges.

QASEEM, Amir

Yes, we planned and hosted the GIN Annual Conference in Philadelphia, USA in 2016. It was a highly successful meeting, both financially and strategically, with good educational content and most importantly, participation from across the globe. It involved gathering external financial support from sponsors and

required team work and organization with other partners for the conference.

RAY, Sujoy

No

ROSENFELD, Richard

Yes. As noted in question #7 I presided over a major campaign to resuscitate and grow the research endowment of the American Society of Pediatric Otolaryngology. I have also chaired a capital fundraising campaign for the Auditory Oral School of New York and a similar campaign to build a new laboratory for resident training in my department.

RUOTSALAINEN, Jani Henrik

I have raised funds but not on a scale implied here. A yard sale probably doesn't count. And yes I have developed many things and myself. Although for the latter I can mostly thank my wife.

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

BANERJEE, Kushal:

I am a homeopath and I understand that I am an improbable choice for this position. It is worth considering, however, that I have been advocating for the generation and use of evidence-based medicine for more than ten years. After completing the MD (Homeopathy), I read for an MSc at the University of Oxford in evidence-based healthcare. I am continuously under fire from fellow practitioners who, incorrectly, believe that common evidence generation models are not suitable for complementary and alternative medicine. I've also faced flak from evidence-based medicine practitioners for what I do. I believe that I will bring a balanced approach to some contentious issues in medicine. Despite some biases that I may have, I understand that high quality evidence speaks for itself. Cochrane is limited in its understanding and representation of complementary and alternative medicine, an important area which is increasing in popularity amongst patients worldwide. My experience in a charitable organisation: the successful **changes we've implemented** and the growth achieved should also benefit Cochrane. A member with my background and training will contribute to the diversity of opinions and backgrounds that an acclaimed international organisation like Cochrane strives to achieve.

BONFILL, Xavier:

I feel that Cochrane, to which so many people we have devoted so much time along our life, now really needs the generosity and capacity from all of us. We are a unique organisation worldwide whose contributions and importance go far beyond our products. Our existence and background demonstrates that the principles on which we have built our project are enough solid and necessary to be preserved and enlarged in order to improve the health of people and also the health of the world. The original spirit of the Cochrane Collaboration must be adapted to the new times and challenges but without losing its nature. We must learn constructively from the recent problems in order to better combine legality and participation, democracy and inclusiveness.

DELLAVALLE, Robert

Lastly, I would like to thank all of the members of Cochrane for allowing me to join in the organization's important work for so many years and for so many close friendships along the way. I welcome the opportunity to further contribute in this concrete way to building and strengthening Cochrane's spirit of collaboration and its impact on the health of persons across the globe.

EKE, Ahizechukwu Chigoziem

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.

FINESTONE, Sandra

I would only mention that I think the work that Cochrane does is important and if I can contribute in some meaningful way, I would like to do that.

GAJEWSKI, Jerzy B.

I am committed, enthusiastic and honest individual. I am rather new to Cochrane but has vast experience in similar societies and can bring a new perspective into the organization.

GREEN, Sally

As this statement attests, my career to date has encompassed a wide range of rewarding roles and responsibilities across the worlds of Cochrane, health research, knowledge exchange and research translation. I have enjoyed learning and working collaboratively with colleagues in different countries and settings, contributing to evidence-based health care, rigorous policy advice, improved clinical practice, research and systematic reviews. Throughout this varied and fulfilling professional journey I have consistently maintained a real and clear focus on what matters most to me: improving global health outcomes through evidence-informed healthcare decisions.

Alongside the professional rewards that have come from pursuing this goal, I have forged extraordinary working relationships and rich personal networks of Cochrane colleagues around the world who share my **commitment**. I now seek to continue to make a real contribution to Cochrane's original shared goals and contemporary mission by being elected to the Governing Board. I will work to ensure our organisational governance and direction is aligned to our principles of quality, participation, access, relevance and collaboration.

GUPTA, Deepak Kumar

On a personal note I would like to say that I am extremely hardworking and unbiased person having ability to think out of Box, which can help infuse new thoughts in Cochrane Leadership.

Further I have been very loyal to all the institutions wherever I have worked.

I have a unique ability of weighing everyone in a scale of natural justice rising above relationship, friendship, acquaintances etc.

JORDAN, Vanessa

I believe I would be a valuable member of the Cochrane governing board. As an active Cochrane contributor across many Cochrane groups I bring with me a wide knowledge base. As a methodologist I am also used to working in collaborative groups across research areas. By collaborating with people from different backgrounds I have learnt effective and appropriate communication skills as well as how to build positive working relationships. I am a very experienced public speaker and am also effective communicating in small groups. I would appreciate the opportunity to give back to Cochrane by helping steer the organisation through the next three years.

JORGENSEN, Karsten Juhl

Our Collaboration is strong, and I believe that we all share and work for its fundamental values and goals. We need to focus on our strengths built over many years and expand on them. To increase the impact of independent, robust assessments of the evidence in medicine, we need a Cochrane that is unified and professional. This should in no way impede constructive scientific debate or discussions about how our charity is best organised or run. We include many strong-minded and passionate individuals with diverse opinions. This is a strength and a necessity for our Collaboration in order to remain relevant and as a forum for new ideas and future development of evidence-based medicine. Discussions can and should be heated, but should also be respectful. The respect should go both upwards and downwards in our organisational structure.

KHALIL, Hanan

No, thank you.

LIM, Blanche

It would be a great privilege for me to be able to serve our community more effectively through this role.

PARDO PARDO, Jordi

I am fortunate enough to have seen the organization from different vantage points. My many and varied contributions made to Cochrane, have equipped me with a unique skill set. I can truly appreciate the views and needs of Managing Editors, authors, and consumers. I am proud of the achievements we have reached as an organization and honoured to have had the chance to contribute to them. I think though that as an organization we have not achieved our full potential. I am confident we can help develop the areas of the organization that need to grow and steward the changes within the current structures to maximize our contributions, and deliver on the expectations of our funders and partners. Focusing in the bread and butter of the organization, the production of reviews, we can ensure that our authors thrive producing reviews, and our editorial bases can guarantee reviews adhere to the best available methods. From there we can distribute the knowledge in every language, on many platforms to ensure our work reaches every person with every need. This is a colossal challenge that only a diverse, inclusive and respectful organization with a global reach, such as Cochrane, can achieve.

PEINEMANN, Frank

I have been admiring Cochrane and its principles, contributing successfully to Cochrane for many years, and I would play a governing part of it.

QASEEM, Amir

It would truly be an honor for me if I am given the opportunity to represent you as a board member. I have gained a lot of knowledge from many of you in various ways and I am very appreciative of all your support

over the years.

You are all the spirit of Cochrane and you are the collaboration network. Thank you and warm regards.

Amir Qaseem, MD, PhD, MHA, FACP Vice President

American College of Physicians Philadelphia, Pennsylvania USA

RAY, Sujoy

My passion for Cochrane is my greatest strength. I have enjoyed writing and updating reviews. I am generating evidence as well as using it for patients as a clinician. I believe in bringing evidence generated through Cochrane to every person in my country and the world. I can persevere and continue to work whether it is reviews, clinical answers or other parts of Cochrane. I have been an enthusiastic participant in colloquia, conferences and workshops related to Cochrane for a long time and have made many friends and contacts through them.

During the Hyderabad Colloquium I was the youngest Cochrane member. I was asked to come on the dias and light a lamp. In India light and brightness represent the positive and the good. Light by its brightness dispels the dark and evidence in medicine dispels the uncertainties of health care. This is what the Cochrane Collaboration does and this is what I intend to carry forward through my association with the Collaboration.

ROSENFELD, Richard

I am passionate about Cochrane, have benefitted greatly from my engagement, and am eager to give back and share my 30 years of experience in healthcare, public health, and business administration.

RUOTSALAINEN, Jani Henrik

I have lived and studied in the UK and I do appreciate that there are sometimes considerable differences in culture. I fully admit that the directness that we are used to here in the Nordic countries does not necessarily work elsewhere. Also my bizarre sense of humour may not be to everyone's liking. **So, I promise to work on** my output. Secondly, despite mentioning Peter Gøtzsche a few times by now, it is not my intention to merely fish for protest votes from those angered by his expulsion. What I do mean to say is that if elected I promise to find better ways to address the significant emotional backlash caused by the event. I have heard many people resenting the fact that they were forced to choose a side either by supporting the Board or to be labelled as siding with Peter and thereby being wrong by default. This is madness! It is evident from quite a lot of the comments submitted on our petition that there has been significant collateral damage. We need to mend this before we can move forwards reunited.