

Governing Board Elected Member Candidate Statement

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

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

Family name (surname):	Alfirevic
First name(s):	Zarko
Today's date:	
Are you a current member of the Governing Board standing for re-election?	[No]
Will you be 30 years old or younger on 29 November 2021?	[No] If yes, you will be asked to provide proof of your age following submission of your Candidate Statement

Questions 1-4: General experience and motivation

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

I was one of many young medics that were spellbound by Ian Chalmers' vision in the early 90's. As he was describing the birth of Cochrane to me, he said something like: 'you can check-in anytime, but you can never leave'. And here I am 30 years later - author of more than 50 Cochrane reviews, member of the Cochrane Collaboration Steering group between 1997 and 1999 and Co-ordinating Editor of the Pregnancy and Childbirth Group since 2008.

2. What experience do you have serving as a member of a governing board, board of directors, management group or similar? This might be within a non-for-profit or charitable organization, or a hospital or university. Please

include the roles you played and other relevant information (maximum 200 words).

I was a member of the senior executive team of a large public maternity hospital in Liverpool, UK between 2002 and 2007. I was the Head of Department for Women's and Children's Health (2010-2019) and then Associate Pro-Vice Chancellor (2019-2021) of the University of Liverpool.

In these executive roles, I had to work on developing organisational strategy and deal with issues related to personal development plans and performance, financial probity and governance.

I was Chair of the Academic Committee and Council Member of the Royal College of Obstetricians and Gynaecologists (2013-2017), Chair of the Scientific Committee and Executive Board member of the European Association of Perinatal Medicine (2014-2016) and President of the United Kingdom Association of Alumni and Friends of Croatian Universities (1999-2002). In these roles I gained considerable experience in the workings of diverse, multidisciplinary committees and shared decision making.

Between 2012 and 2015, I served as a member the UK National Institute for Health Research (NIHR) Health Technology Board for Commissioned Research with annual budget of >20 million GBP. This role provided me with a great insight into the decision-making process of a major public funder.

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

It would be very easy for me to promise to set aside my personal opinions and group affiliation, but these are also my particular strengths. I am passionate about the importance of Cochrane review groups, whilst accepting that change is needed in terms of numbers, governance structure and funding arrangements. I am also extremely concerned about the potential damage to Cochrane's reputation caused by the inclusion of untrustworthy research. These are just two examples of the important issues that I can influence using my previous experience.

In my previous roles, I have learned that good quality data are essential for effective management and strategic decision making. Whilst Cochrane has recently put some effort into this, I will drive this agenda forward at the Board level, in the best interests of the organisation as a whole, as Cochrane defines its next chapter.

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

As a Board member, I am keen to embrace and support well-argued proposals of what the future of Cochrane might look like. I will also use my experience of working in the public health sector to highlight proposals that will not work or wouldn't be in the best interest of Cochrane and the public we serve.

My previous senior leaderships roles have equipped me to communicate effectively and succinctly, both face-to-face and online. As a member of various executive committees, I have also learned to appreciate and embrace the values of collegiality, impartiality, discretion, and confidentiality.

Questions 5-11: Specific Skills

The Governing Board needs a range of experiences, knowledge and expertise amongst its membership. We do not expect any single Governing Board member to have all the necessary skills and experience; we are looking for diversity.

We do not expect you to answer "yes" to more than one or two of the questions below.

If you do answer "yes", please provide at least one example which best demonstrates your skills or experience.

Desired skills and experience for this election:		Which means to you can:	Do you have skills and experience in this area? [YES/NO]	If YES, please provide an example:
5.	Publishing and Open Access	Guide others through the complexities and opportunities for organizations in achieving Open Access to content and data	YES	I have been Editor of two other scientific journals published by Wiley (BJOG and Ultrasound in Obstetrics and Genecology) where these issues have been hotly debated.
6.	Fundraising and business development	Develop and implement opportunities for income generation, build organizational relationships and connections, access donor and partner networks	YES	As a Head of Academic Department and subsequently Associate Pro-Vice Chancellor of a major UK University, fundraising and business development have been my key performance indicators.
7.	Digital product development	Guide user-centred design, development and delivery of new digital products, understand informatics and structured data	NO	I better say NO here as these words are far too technical for me.
8.	Financial management	Oversee an organization's fiduciary, risk and audit duties, lead financial and investment planning	YES	This was also part of my University role for which I received formal training.
9.	Advocacy	Act as an ambassador for an organization, influence and strengthen the commitment of public leaders or decision-makers to a cause, secure community support	NO	I will certainly try to do this as I am really passionate about the 'Cochrane' brand. I am often told by my international peers that, as an ambassador and a leader, I am persuasive and persistent, but to claim that I have skills to influence public leaders and decision-makers globally would probably be a step too far.

10. Science communications or public relations	Build organizational brand and profile online and in person, lead crisis management, design effective external and internal communications processes; OR Educate and raise awareness of science-related topics, design strategies for effectively communicating complex ideas to different audiences, or lead the transfer of knowledge into action	NO	Again, most of these are big corporate words and I don't like making empty promises. That said, knowledge exchange has been one of the key performance indicators in my previous jobs. I am well aware of its importance and challenges to do it effectively at the world stage. I have represented (apparently successfully) UK Royal College of Obstetricians and Gynaecologist on the BBC at the launch of a national campaign 'Each Baby Counts'.
11. Making organizations more diverse and equitable	Guide equity, diversity and inclusion assessments and target-setting or provide lived experience of addressing issues of inequality	YES	UK academic community, led by NIHR and Dame Sally Davies in particular, have been global champions of this agenda in the public sector. As an exec of Liverpool University, I have received extensive training in this area and represented clinical academic community at the executive level.

12. Anything else you'd like to say in support of your nomination (maximum 200 words)?

Cochrane is now a big, diverse family that has become increasingly difficult to manage, but it is crucial that we find the way to do it effectively. Striking the right balance between our iconoclastic, organically evolving structure with minimal central accountability and the need to be nimble, globally responsive, financially sustainable and 'corporate', was never going to be easy.

These are indeed challenging times, but we have encountered many challenges in the past and we will do so again in future. I am confident that Cochrane will rise to these challenges and continue to be a key player as a champion of trusted health care evidence globally. However, such a role carries with it a huge responsibility that must be at the forefront of all our key decision-making.

I believe that I am a real team player with adequate experience and interpersonal skills to be an effective Board member. If elected, I will make every effort to be visible to the Cochrane community and work tirelessly not just to identify problems, but also to focus on finding cost-effective, feasible solutions.

Declarations:

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

I hereby confirm that I:

1.	Have accepted the <u>Terms and Conditions of Cochrane Membership</u> and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	ZA	
2.	Have read the following guidance produced by the <u>National Council for Voluntary Organisations</u> in the UK:	ZA	
	 What is a charity What is a charity trustee? What trustees must do How trustees look after the charity 		
3.	Accept the <u>Governing Board Charter</u>	ZA	
4.	Accept and will adhere to the <u>Code of Conduct for Trustees</u>	ZA	
5.	Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	ZA	
6.	Have completed the 'Trustee Eligibility Declaration' required by the <u>UK Charity Commission for all Trustees</u> (Annex 2 of this document)	ZA	
NAME: Zarko Alfirevic			
DA	TE: 21 st October 2021		

Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial relationships with other organizations, professional relationships to other members of the Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane's <u>conflict of interest policy</u> (for Cochrane Groups) and the <u>declarations of existing members of the Board</u>.

Please answer the following questions:

1. Financial interests	YES/NO (If YES, please provide details)
In the last three years, have you:	
a) Received funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e., any organization related to health care or medical research) to conduct research?	 Cochrane Pregnancy and Childbirth Infrastructure funding. NIHR. 2020-2025. (Co-ordinating Editor) Children growing up in Liverpool. Wellcome Trust. 2020-2025. (Coapplicant) COPE: The carboprost or Oxytocin Postpartum haemorrhage effectiveness study. NIHR HTA. 2019-2023. (Co-applicant) Placental growth factor led management of the small for gestational age fetus: a feasibility study. NIHR CCF. 2019-2021. (Coapplicant) Core support for UK based Cochrane Collaborative Review Groups: Pregnancy and Childbirth. Department of Health (UK). 2015-2020 (Co-ordinating Editor) Harris Wellbeing Centre for Preterm Birth research WELLBEING OF WOMEN 2015-2020 (Chief Investigator) A Randomized Controlled Trial Of Sildenafil Therapy In Dismal Prognosis Early-Onset Intrauterine Growth Restriction (STRIDER). NIHR EME. 2014-2020 (Chief Investigator)
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No

No
No

Annex 2: Trustee Eligibility Declaration

As required by the <u>UK Charity Commission</u>

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

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	
Understand Cochrane's purposes (objects) and rules set out in its <u>Articles of Association</u>	ZA
Am not prevented from acting as a trustee because I:	ZA
 Have an unspent conviction for one or more of the offences <u>listed here</u> Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) Have been disqualified by the Charity Commission Am a disqualified company director Am a designated person for the purposes of anti-terrorism legislation Am on the sex offenders register or equivalent in any country 	

 Have been found in contempt of court for making (or causing to be made) a false statement Have been found guilty of disobedience to an order or direction of the Charity Commission 	
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	ZA
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 (United Kingdom) to knowingly or recklessly provide false or misleading information	ZA
Comply with my responsibilities as a trustee that are set out in the <u>Charity Commission guidance</u> <u>'The essential trustee (CC3)'</u>	ZA