



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):	Erviti
First name(s):	Juan
Today's date:	21/10/2021
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

<p>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)?</p> <p>In 2010, during a short stay in the University of British Columbia, Canada, Dr. James M Wright kindly encouraged me to set up a satellite of their Cochrane Hypertension Group. Our managers at the Navarre Health Service fully supported the proposal and we started working on Cochrane reviews in coordination with the Hypertension Group in Vancouver.</p> <p>I have co-authored various reviews (7) and protocols (3), and also contributed as a peer reviewer. I am also the Director of the Navarre Cochrane Associate Center, Spain, under Cochrane Iberoamerica. I participate in training activities on systematic reviews and critical appraisal of medical literature. I have also participated as a speaker in different Cochrane meetings (Barcelona, Madrid and Edinburgh).</p> <p>Additionally, I have been involved in the Translation Advisory and the Knowledge Translation Groups. I have attended different Colloquia and Governance meetings. My Center is currently participating in both the RoB2 pilot and the Editorial Independence and Efficiency pilot. We have also given support to Iberoamerican authors in need of expert advice for their projects. Additionally, we are involved in a project to facilitate "Living Evidence to Inform Health Decisions" in coordination with Epistemonikos. I also advocate for improving efficiency and quality of reviews.</p>
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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).

In the Navarre Health Service, Spain, I served as the Head of the Drug Information Unit (2004-2017), and later as the Head of the Innovation and Organization Unit (2017-2020). Additionally, from 2004 to 2014, I was the vice president of the Ethics Clinical Research Committee that operates at Provincial level.

Currently, I am a member of two different boards including representatives of both the Spanish Medicines Agency and the National Health Service. One of them is the "BIFAP assessment committee". BIFAP is a nation-wide database of clinical records for pharmacoepidemiology research. Formerly, I was a member of the Scientific Board for this database. I am also a member of the Therapeutic Positioning Reports Group that establishes the recommendations for drug use within the National Health Service in Spain.

I served as a member of the Governing Committee of the International Society of Drug Bulletins (ISDB) (2008-2016), and also as the Secretary (2012-2016). In 2015, I organized the ISDB General Assembly in my hometown, Pamplona, Spain.

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).

According to my previous experience in different Boards, it is essential to abide by the principles of the Organization. In the case of Cochrane, I feel fully identified with them, namely, collaboration, relevance, integrity and quality. Additionally, it is important to learn from the cultural, linguistic or social differences among members in order to find a better way to put these principles into practice. Cochrane Iberoamerica is a good example of a collaborative approach oriented to the common interest. It reflects the richness of diversity and also showcases the feasibility of bringing together people from different culture and background, making it possible to form a sound, lively and fruitful community, based on mutual respect and appreciation.

Now we are facing challenging times. We must become more efficient as we also improve our quality standards. In this situation, it is really important to be sensitive to the employment situation of many people in Cochrane. Probably new and diverse fundraising resources should be put in place to guarantee the stability of the Organization.

In order to reinforce our collaborative approach, we should keep feeding strategies to promote participation, debate, and interaction. Board members should reflect the sense of Cochrane community.

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

I am a quiet, reflective person and very much like listening to and learning from people. I am also convinced that teamwork is the way to go. In order to become an effective member of the Board, I should make an effort to

obtain as much information as possible about the key issues for the Organization and also listen to the experts, Cochrane members, Council, and people out of Cochrane too. In my experience, inputs from outsiders are highly valuable because sometimes they can see what you cannot.

I should also adhere to the principles of Cochrane and make an effort to wisely prioritize the most relevant issues to be handled, in coordination with different Cochrane groups including the Governing Board members.

In Cochrane, there should be room for all who feel attracted by its values. Fortunately, our Organization brings together diverse people who may play different roles and also have their own priorities and expectations. The key issue is how to enable fulfilment of individual expectations in the benefit of the community.

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	Not much.	I have been working as the Editor of the Drugs & Therapeutics Bulletin of Navarre (Spain) which is an open access publication (2004-2017)
6. Fundraising and business development	Develop and implement opportunities for income generation, build organizational relationships and connections, access donor and partner networks	Not much.	Please see Question 11.
7. Digital product development	Guide user-centred design, development and delivery of new digital products, understand informatics and structured data	No.	
8. Financial management	Oversee an organization’s fiduciary, risk and audit duties, lead financial and investment planning	No.	
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	Yes.	At local level, I have been quite active in advocating for evidence in different institutions, outreaching policy-makers, clinicians and researchers. At national level, I have been doing so at the Spanish Medicines Agency, and also through open conferences oriented to the general population. Additionally, I have participated in different TV/radio programs and also redacted some press releases

			<p>to let people know about forthcoming drug use campaigns in my Province. I have also been invited to participate in meetings or congresses organized by different medical associations and universities where I always advocated for evidence.</p> <p>In 2014, I was invited by the Ministry of Health of Colombia (through the EU funded “EuroSocial program”) to support different initiatives to advocate for the rational use of drugs in that country. In 2015, I was invited again by the Colombian Ministry of Health to reinforce the program and also by the Ministry of Health of El Salvador for the same purpose.</p> <p>At European level, I have also advocated through contacting different Spanish Members of the European Parliament on issues related to drug regulation.</p>
10. Science communications or public relations	<p>Build organizational brand and profile online and in person, lead crisis management, design effective external and internal communications processes; OR</p> <p>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</p>	Yes	<p>I am the coordinator of the MAPAC group in Navarre, Spain. MAPAC (acronym for Improving the Clinical and Health care Appropriateness) is a nation-wide initiative coordinated by the Department of Clinical Epidemiology and Public Health of the Hospital Sant Pau (Barcelona).</p> <p>The main aim is to identify potentially useless, doubtful or low-value interventions by making recommendations and proposals to reduce their use. It also seeks to promote the use of better options if available. Improving the appropriateness is a systematic and explicit process; its key points are the assessment of available scientific evidence and the active participation of clinicians, managers and methodological experts. Clinicians actively participate in the projects that they themselves propose. The final recommendations are made mandatory by Resolution of the Managing Director of the Navarre Health Service, Spain.</p> <p>In order to implement these recommendations, we use e-tools for the e-record (filters and warnings). Additionally,</p>

			the Navarre Health Service developed a software program called SAPE-OBSERVA that selects patients meeting certain pre-specified clinical criteria. Massive interventions on these patients can be performed through the e-record at one go, by including recommendations to doctors for each individual that are displayed as a “pop-up” as soon as the doctor logs on the patient’s e-record.
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	<p>In the non-governmental organization Medicus Mundi, I have been coordinating projects in India over the last 25 years. For this, I have been applying for funding to both public and private institutions, and also allocating resources for the projects and the charity infrastructure as well. For many years, I myself would write the projects according to the “logical framework approach” and deal with funders.</p> <p>The most challenging project I have managed was the construction of a 100-bed hospital in Kanniyakumari, Tamil Nadu, India. At present, I collaborate as a supervisor. Probably, the most satisfactory project I promoted was the creation of a Cooperative Bank for Women in Gujarat, India (some 20 years ago). At present over 3,000 women in the region are members of this bank. This project has improved ladies’ self-esteem and also provided better health and welfare in the region.</p>

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

Cochrane is now facing challenging times, and I think I could contribute to the reshaping of the Organization with my experience and balanced personality. The key issue is how to become more efficient and competitive in this changing world as we meet Archie Cochrane’s principles. As a truth seeker, I believe that only if we learn about the true effects of interventions will we be able to serve patients, health systems and society in general.

I feel in debt to the Cochrane Collaboration since I have grown and improved as a professional thanks to this widely respected institution. Maybe now is the time for me to contribute to Cochrane in a different way by joining the Governing Board.

Declarations:

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

I hereby confirm that I:

1. Have accepted the Terms and Conditions of Cochrane Membership and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	✓
2. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: <ul style="list-style-type: none">• What is a charity• What is a charity trustee?• What trustees must do• How trustees look after the charity	✓
3. Accept the Governing Board Charter	✓
4. Accept and will adhere to the Code of Conduct for Trustees	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	✓
NAME: Juan Erviti	
DATE: 21/10/2021	

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 [conflict of interest policy](#) (for Cochrane Groups) and the [declarations of existing members of the Board](#).

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?	Yes. From 01/09/2020 to 31/08/2021, I was supported by the Restoring Invisible and Abandoned Trials Support Center (University of Maryland, Baltimore, USA) to conduct a reanalysis of the FOURIER trial (evolocumab).
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	No
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	No
e) Possessed shareholdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	No
f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	No
2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?	No

Annex 2: Trustee Eligibility Declaration

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

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

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	✓
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	✓
<p>Am not prevented from acting as a trustee because I:</p> <ul style="list-style-type: none"> • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission 	✓
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	✓
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 (United Kingdom) to knowingly or recklessly provide false or misleading information	✓
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	✓