



# 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.

Please submit this Elected Member Candidate Statement in Word format by **Friday 18 October 2024**. It should be shared beforehand with your two nominators.

Family name (surname):	<b>PEREZ GAXIOLA</b>
First name(s):	<b>GIORDANO</b>
Today's date:	<b>17 October 2024</b>
Are you a current member of the Governing Board standing for re-election?	<b>No</b>
Are you a Cochrane member in a low-income or middle-income country (LMIC)?	<b>Yes</b>

## Questions 1-4: Skills, experience and motivation

**1. Please outline your experience of serving as a trustee, member of a governing board, board of directors, management group or similar? (maximum 200 words)**

For the past ten years I have been the director of Cochrane Mexico, which is a conglomerate of five Associate Centres (ACs). Its governance is through a board of the five ACs directors. In 2024, I became a subdirector of the Cochrane Iberoamerican network.

From 2016 to 2021, I was a member of the Cochrane Geographic Groups' Executive, reviewing new Groups applications, discussing Geographic Groups activities and needs, and facilitating communication between Groups.

In 2012-2013, I participated in regional health projects for CODESIN (Council for the Economic Development of the State of Sinaloa), focusing on obesity prevention. My role was analysing and commenting on protocols.

Since 2006, I have been a member of different committees locally and at the State level, ranging from research ethics, children's mortality, electronic health records, and COVID-19 surveillance and action.

**2. Can you demonstrate your commitment to Cochrane's mission, vision and founding principles? (link- [About us | Cochrane](#))**

---

---

(maximum 200 words)

As a clinician practicing both in a public paediatric hospital and in a private clinic, I have used Cochrane evidence to diagnose and treat patients. In both working places I have maintained my clinical practice and research free of conflicts of interest, with no support from the pharmaceutical industry.

In 2009, we established the first Cochrane group in the Northwestern part of Mexico. It started as an Affiliate and is currently a Cochrane Centre. The Centre is in a public paediatric teaching hospital which serves as a reference centre for this region. Since then, I have continuously worked for Cochrane in various roles (described in the next question) and contributed to 8 Cochrane colloquia.

### 3. How have you contributed to Cochrane's work?

(maximum 200 words)

During the past decade, I have participated in Cochrane activities in multiple roles:  
As an author in five Cochrane reviews, in paediatric and infectious diseases topics.

I have run workshops for teaching Cochrane methods for health professionals. I've also run workshops aimed at patients teaching them about systematic reviews and about assessing health claims.

As director of Cochrane Mexico, I have coordinated activities of the Mexican Centres. We have maintained a stable structure which was lacking in previous years. Mexico currently has five Associated Centres and three Affiliates.

I organised the two largest Cochrane Crowd challenges with students at the largest public University in the State of Sinaloa. These challenges involved hundreds of students (455 students in 2018, 579 in 2022). More than 8,000 randomised controlled trials were identified in each event. In 2023, I organised a nationwide Cochrane Crowd challenge involving 59 students from 31 Mexican universities.

I have also participated in projects closely related to the Cochrane Collaboration: Testing Treatments and Informed Health Choices. I was part of the editorial alliance of Testing Treatments interactive, and I published the first Spanish validation of the questionnaire to measure people's abilities to assess treatment claims of the Informed Health Choices project.

### 4. Trustees are required to act only in the best interest of the charity and make decision collectively. Members of the Governing Board take a collaborative approach to decision-making and must set aside personal opinions and group affiliations. Please describe how you would fulfil this obligation, using examples.

(maximum 200 words).

As director of Cochrane Mexico, I've had to decide on the merits of institutions applying to become part of our network. Instead of pushing for projects that aligned with my interests or close to my institution, I thoroughly reviewed each proposal's potential impact on our overall mission and consulted with other members to gauge their insights. We made decisions based on data, strategic fit, and the collective benefit to our beneficiaries. To achieve this, it is important to foster an environment where open dialogue is encouraged, ensuring all voices are heard and respected. This approach can help us reach balanced and well-informed decisions.

---

---

Leaving your opinion aside is not easy, but when in a position of management is often necessary to get a deeper understanding of the topics at hand, and personal views might cloud your judgement.

**5. What skills, experience and personal qualities do you have to enable you to serve as an effective member of the Cochrane Governing Board?  
(maximum 200 words)**

Ever since I learnt about the Cochrane Collaboration during my paediatric residency years and later in my postgraduate studies, I've been a passionate advocate of Cochrane. Guiding healthcare decisions with high quality systematic reviews and guarding against conflicts of interest was such a logical and genuine goal that I was convinced immediately about the importance of the Collaboration.

I have experience in various levels of Cochrane, including as an author, a director of a Centre, a member of an Executive, and a subdirector of a Network. In those roles I have had to lead, dialogue, mediate, and sometimes make difficult decisions. I also have skills and experience in knowledge translation, having worked disseminating evidence with social media, websites, blogshots and other KT products.

The support I have from my institution allows me to dedicate time and effort for board meetings and work, apart from my clinical duties.

## Specific Skills

These are the essential skills, knowledge and experience that the Board needs from its members collectively. We do not expect any single Governing Board member to have all the skills and experience listed below.

The Governing Board is committed to improving the organizations' approach to equity, diversity and inclusion. It recognises that having members with a broad mix of skills and knowledge as well as a range of perspectives and lived experiences will help the Board to be innovative, flexible, better able to adapt to a changing environment and address future challenges.

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 examples:
<b>Experience of serving on a Governing Board, Board of Trustees or similar</b>	Contribute actively to the Governing Board's role in giving firm strategic direction to the organization and evaluating performance against agreed targets.	YES	<p>For the past ten years I have been the director of Cochrane Mexico, which is a conglomerate of five Associate Centres (ACs) and its governance is through a board of the five ACs directors. In 2024, I became a subdirector of the Cochrane Iberoamerican network.</p> <p>From 2016 to 2021, I was a member of the Cochrane Geographic Groups' Executive, reviewing new Groups applications, discussing Geography Groups activities and needs, and facilitating communication between Groups.</p> <p>In 2012-2013, I participated in different health projects for CODESIN (Council for the Economic Development of the State of Sinaloa), focusing on obesity prevention.</p> <p>Since 2006, I have been a member of different committees locally and at the State level, ranging from research ethics, children's mortality, electronic health records, and COVID-19 surveillance and action.</p>
<b>Experience of serving on a Finance, Audit and Risk Committee or equivalent</b>	Understand budgets, accounts and financial statements.	NO	

<b>Fundraising</b>	Share your knowledge and experience in developing opportunities for income generation, building organizational relationships and accessing donor and partner networks.	NO	
<b>Publishing and Open Access.</b>	Guide others through the complexities and opportunities that Cochrane’s ambitions around achieving Open Access present.	YES	Regarding full access to The Cochrane Library in Mexico, I was involved in discussions with the ministry of health to acquire either a National or a Statewide license. Unfortunately, it was not possible. Currently, very few institutions in Mexico, such as <i>Tecnológico de Monterrey</i> , the most important private University, have a subscription.  I’ve been an associate editor of the journal “ <i>Evidencias en pediatría</i> ” for the past decade. From 2013-2020, I served as an associate editor of Archives of Disease in Childhood Education & Practice Edition. I participated in the Testing Treatments interactive Editorial Alliance.
<b>Member engagement and communication</b>	Understand communications and member engagement strategies and processes.	YES	As stated above, I have successfully involved hundreds of medical students in three different Cochrane Crowd challenges. I am a member of the Communication Group of the Cochrane Iberoamerican Network. During 2017, I developed a series of structured summaries and blogshots to disseminate Cochrane reviews in Mexico. They were called “Cochrane in daily practice”. As a practicing paediatrician, I wrote a book called “Horror stories for parents”, which is a book about myths of childcare and children’s health and it is informed with Cochrane reviews.
<b>Digital and Artificial Intelligence</b>	Bring to the Board an understanding of user-centred design and the development and delivery of new digital products.	YES	Worked as an advisor for an electronic health record (EHR) system to incorporate medical evidence, including Cochrane reviews. The EHR ran searches and displayed results in real time when the user selected a diagnosis and/or a treatment.

---

			<p>As part of the Testing Treatments interactive Editorial Alliance, working with Sir Iain Chalmers, we launched the first Testing Treatments interactive website that was in a language other than English.</p> <p>I have maintained Cochrane Mexico's website and social media accounts for more than ten years.</p>
--	--	--	--

**6. Any other information you would like to add to support your nomination (maximum 200 words)?**

## 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 <a href="#">Terms and Conditions of Cochrane Membership</a> and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	GP
2. Have read the following guidance from the Charity Commission <a href="#">The essential trustee: what you need to know, what you need to do</a>	GP
3. Accept the <a href="#">Governing Board Charter</a>	GP
4. Accept and will adhere to the <a href="#">Code of Conduct for Trustees</a>	GP
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	GP
6. Have completed the 'Trustee Eligibility Declaration' required by the <a href="#">UK Charity Commission for all Trustees</a> (Annex 2 of this document)	GP
<b>NAME: GIORDANO PEREZ GAXIOLA</b>	
<b>DATE: October 17, 2024</b>	

## 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:

<b>1. Financial interests</b>  <b>In the last three years, have you:</b>	<b>YES/NO (If YES, please provide details)</b>
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?	NO
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	NO
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	NO
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	NO
e) Possessed 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
<b>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?</b>	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	GP
Understand Cochrane’s purposes (objects) and rules set out in its <a href="#">Articles of Association</a>	GP
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"> <li>• Have an unspent conviction for one or more of the offences <a href="#">listed here</a></li> <li>• Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order</li> <li>• Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator)</li> <li>• Have been removed from being in the management or control of any organization in Scotland (under relevant legislation)</li> <li>• Have been disqualified by the Charity Commission</li> <li>• Am a disqualified company director</li> <li>• Am a designated person for the purposes of anti-terrorism legislation</li> <li>• Am on the sex offenders register or equivalent in any country</li> <li>• Have been found in contempt of court for making (or causing to be made) a false statement</li> <li>• Have been found guilty of disobedience to an order or direction of the Charity Commission</li> </ul>	GP
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	GP
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	GP
Comply with my responsibilities as a trustee that are set out in the <a href="#">Charity Commission guidance ‘The essential trustee (CC3)’</a>	GP