Governing Board Elected Member Candidate Statement

Please note that both this Elected Member Candidate Statement and the Letters of Support you provide will be published on the Cochrane Community website during the elections process, and the Elected Candidate Statement will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

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

<table>
<thead>
<tr>
<th>Family name (surname):</th>
<th>Eke</th>
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<tbody>
<tr>
<td>First name(s):</td>
<td>Ahizechukwu</td>
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<tr>
<td>Today’s date:</td>
<td>13th of July, 2018</td>
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You may expand the boxes in providing your answers to the questions below:

1. Do you have experience or expertise in one or more of the published list of areas of expertise for members of the Governing Board?

It is my pleasure to apply to be a member of the Cochrane Governing Board. I have had a variety of roles in the Cochrane Collaboration since 2009, preparing several Cochrane reviews and serving as an Associate Editor (Cochrane Clinical Answers), an author and a peer reviewer. I have also led the Cochrane Collaboration’s efforts to promote awareness of and engagement in the review process across the developed and developing world. These experiences have given me unique insight into the needs of the Cochrane readership. By applying this perspective as a member of the Governing Board, I believe that I will further the Collaboration’s mission to offer exceptionally well-researched, widely accessible reviews that provide a foundation for evidence-based health policy. I have expertise in 4 areas as advertised:

   A. Evidence-informed health care or policy
   B. Systematic review conduct
   C. Systematic review methodology
   D. Knowledge translation and communication.

2. How have you contributed to Cochrane’s work during your time as a member?

In addition to winning the 2017 Kenneth Warren Prize (http://community.cochrane.org/news/winning-2017-kenneth-warren-prize), My contributions to the Collaboration has integrated two fundamental aspects of the Cochrane review process: dedication
to rigorous systematic review methodology and commitment to evidence-based health policy. In fact, my enthusiasm for the potential influence of methodologically scrupulous systematic reviews on health practice, policy and future research brought me to the Collaboration as a resident physician back in 2009. Since then, I have been involved both as an author and a peer reviewer in a number of Cochrane systematic reviews with six different Review Groups (Pregnancy & Childbirth, HIV-AIDS, Gynaecology & Fertility, Gynaecological & Neuro-Oncology, Pain & Palliative, and Hepato-Biliary Groups). As of July of 2018, I have authored and published eight Cochrane reviews and four protocols (see below). In five of the reviews, I am the lead author. This extensive exposure to Cochrane review standards gave me a basis for parallel work on the Collaboration’s projects, initiatives intended to bring Cochrane reviews into practice.

Five years ago (2013), I was appointed as an Associate Editor of the Cochrane Clinical Answers (CCA), working with Cochrane Editors Sera Tort and Karen Patterson to publish 17 CCAs to date (see below). In addition to this, I have been involved in direct discussions with health policy experts at Johns Hopkins University School of Public Health, Harvard University, Michigan State University, and the University of Michigan among others to promote the mission of the Cochrane Collaboration. Likewise, I have coordinated dialogue with African and South American colleagues involved in health policy in order to advance global participation in the Cochrane Collaboration and promote use of the Cochrane Library/ Cochrane reviews/ Cochrane Clinical Answers in policy making and clinical practice. I currently work as an Obstetrician and Gynecologist and Maternal Fetal Medicine fellow at the Johns Hopkins University School of Medicine. Here are my published reviews, protocols, and CCA’s to date -

**Cochrane Systematic Reviews, Protocols and Titles (2009 till date)**


Eleje GU, Eke AC, Ezebialu IU, Ikechebelu JI, Ugwu EO, Okonkwo O.O. Risk-reducing bilateral salpingo-oophorectomy in women with BRCA1 or BRCA2 mutations (Title). *Cochrane Database of Systematic Reviews* Protocol in progress – Unique ID: 875614022712353654.

**Cochrane Clinical Answers (CCA)**


In women who are in the third stage of labor, which treatment is most effective at improving outcomes: active or expectant management? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.98.

In women with a twin pregnancy, what are the benefits and harms of prophylactic oral betamimetics? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.1185.

What are the benefits and harms of early versus late cord clamping in pregnant women giving birth at term to a singleton infant? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.308.
In pregnant women, what are the effects of fetal assessment tests on admission to the labor ward? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.134.

What are the benefits and harms of titrated oral misoprostol for augmenting labor in women with labor dystocia? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.703.


In pregnant women, is there randomized controlled trial evidence to support the use of cardiotocography instead of intermittent auscultation of the fetal heart rate? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.133.


What are the benefits and harms of antenatal interventions in pregnant women whose previous child was affected by fetomaternal (neonatal) alloimmune thrombocytopenia? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.149.


Is there randomized controlled trial evidence to support the use of betamimetics for maintenance therapy after threatened preterm labor? Ahizechukwu Chigoziem Eke (MD, MPH, FWACS, FICS) (on behalf of Cochrane Clinical Answers Editors). *Cochrane Clinical Answers* 2012. DOI: 10.1002/cca.177.

Published Systematic Reviews and Meta-analysis (Other than Cochrane)


3. What experience do you have in leadership and/or governance roles within Cochrane or in other relevant contexts? Can you provide examples of successful leadership?

Through my international experience, I have found my leadership niche within the Collaboration, working in both in the United States and in Africa to further this organization’s drive towards inclusive scholarly interchange. I have actively increased the geographical diversity of the Collaboration by collaborating, training and mentoring new authors from around the world. Along with my collaborator, Dr. George Eleje, I have set-up networks of authors in developing countries, creating new groups and committees to encourage rising scholars from African nations in particular. My success in these efforts is due in part to my background and time spent in Africa. Before becoming a United States citizen, I worked for five years at the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. While there, I focused on quality assessment of systematic reviews, incorporating them into evidence-based patient information bulletins. Through this opportunity, I developed skills in translating evidence into patient care bulletins, communication and mentorship, competencies that are necessary for leadership on an international scale.

As a physician here in the United States, I have mentored several current and prospective Cochrane authors while working at Harvard, Michigan State, and now at the Johns Hopkins Hospital. I currently serve on the Governing board of the American Congress of Obstetricians and Gynecologists (ACOG) here in the United States. Prior to this position, I served on the board as the representative of ACOG to the American Medical Association (AMA). In all my current and previous roles, I have been responsible for leading projects which demand teams to trust and respect my experience and my decision making. My leadership style is one based on team work, trust, collaboration, and inspired decision making. I believe that a positive attitude coupled with positive reinforcement can inspire change and hard work. I rely heavily on proper planning, organizational systems, and communications skills, which I have acquired from experience through my leadership roles.
4. What do you think would make you an effective member of the Board?

I believe I would be an asset to the Cochrane Governing Board. It is critical that the electable member to the Cochrane Governing Board pilot initiatives that will enhance the capacity of board members in the Collaboration, a charge that I have prepared for both my own review contributions and in supporting others’ work through close partnerships. I have dedicated the last 9 years to refining my leadership skills, developing systematic reviews, and mentoring others on how to carry out systematic reviews. I have used my endeavours to effect positive change in healthcare policies for individuals in Africa and here in the US. Furthermore, I have worked closely with many different groups in the Collaboration: authors and editors from developing and developed countries, native English speakers/authors for whom English is not their first language, people with a wide range of health and methodological knowledge as well as patients/consumers, clinicians and policy makers. I have acquired a solid working knowledge of how different groups in the Collaboration function as I have had opportunities to attend meetings. I have also facilitated the engagement of many projects with the Collaboration and set-up new initiatives that have moved the Cochrane Collaboration forward, thus gaining a thorough understanding of the challenges leaders face in initiating new projects. Many of my positions within the Collaboration have been voluntary, so I also recognize the difficulties of voluntarily authors who play key roles in developing content for the Cochrane Library. I believe all these qualities and my dedication to the collaboration will make me an efficient member of the board.

5. How do you see Cochrane developing or changing in the future (i.e., what is your ‘vision’ for Cochrane), and why?

I have a vision, a mission, and several goals I would like come to fruition during my tenure as a member of the Cochrane Governing Board. They include:

**Vision**

In line with the Cochrane 2020 strategic plan of putting Cochrane evidence at the heart of health decision-making all over the world, my vision is to see Cochrane emerge to be the best evidence based organization in the world by conducting world-class research and creative activities that develop knowledge and contribute to the scientific and economic growth and advancement of science that can benefit humanity as a whole.

**Mission**

To develop and expand innovative research programs that align well with the Cochrane Collaboration’s mission and strategic plan, address important global health and economic needs, and through technology transfer and commercialization noticeably support the scientific development of nations of the world.

**Goals**

- Capitalize on Cochrane’s unique strengths to develop a research corridor linking developing and developed countries to achieve the strategic goals of the collaboration
- Build and sustain strategic research clusters of excellence that leverage existing strengths of the Cochrane collaboration, match well with future directions of the Collaboration and offer good opportunities that are of strategic importance
- Expand regional, national, and international partnerships with industry, government, and academia in research and economic development
- Emphasize targeted strategic research clusters and interdisciplinary initiatives that result in internationally recognized distinctive and innovative sponsored research programs
- Continue to foster research partnerships, integrating research programs across the world, and promoting opportunities for collaboration with other research and economic organizations, as well as the not-for-profit and for-profit sectors
- Foster systematic integration of Cochrane systematic reviews in undergraduate and graduate programs, leading to research-based learning in the academic disciplines across the world.

6. What do you see as the most important issues to be addressed by the Board during your term of office?

My response to the previous questions outlines mainly what I want to achieve. My overall aim would be to identify strategies to increase the impact of Cochrane systematic reviews to evidence based medicine. I would also like to see increased involvement of authors in the processes of selecting, preparing and updating reviews, and in the organizational structure of The Cochrane Collaboration. Through this, I would hope that the number of high quality, up-to-date and relevant Cochrane reviews and the number of authors who have regular collaboration with the Cochrane entities, will increase. Above all, the impact this would have on science as a whole would be huge!

7. For individuals seeking re-election, how have you contributed to the Board during your previous term of office?

I am not seeking re-election. This would be my 1st election to the board.

8. Is there anything else you would like to say in support of your nomination?

The Cochrane Governing Board position will allow me to continue my development as a leader while taking on leadership responsibilities that will further the research and health policy aspects of the Cochrane Collaboration. Moreover, joining the Cochrane Governing Board will provide the opportunity for me to network with likeminded professionals, and to create strategic partnerships that will magnify our community and international-level impact. My overall aims will be to maintain and ultimately improve the quality of Cochrane Reviews, support training for Cochrane teams and increase the involvement of academically and geographically diverse authors in the organizational structure of the Cochrane Collaboration as well as in the processes of selecting, preparing and updating reviews. Through these efforts, I am confident that the number of high quality, up-to-date and relevant Cochrane reviews and the number of authors who have regular collaboration with the Cochrane entities will increase. Finally, my role in the Cochrane Governing Board will facilitate my
broader contribution to health policy by expanding the frontiers of systematic review use within evidence based medicine and framing the agenda for future Cochrane Collaboration research.

Declaration of Interest statement:
Candidates must make a declaration of conflict of interest, including financial or nonfinancial 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 and the declarations of existing members of the Board.

Please answer the following questions:

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<tr>
<th>1. Financial interests In the last three years, have you:</th>
<th>Yes/No (If yes, please provide details)</th>
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<tr>
<td>a) Received research 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?</td>
<td>None</td>
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<tr>
<td>b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?</td>
<td>None</td>
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<td>c) Received honoraria: one-time payments (in cash or kind) from a related organization?</td>
<td>None</td>
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<td>d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?</td>
<td>None</td>
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<td>e) Possessed share-holdings, 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)?</td>
<td>None</td>
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<td>f) Received personal gifts from a related organization?</td>
<td>None</td>
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<td>g) Had an outstanding loan with a related organization?</td>
<td>None</td>
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<td>h) Received royalty payments from a related organization?</td>
<td>None</td>
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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? None