

Governing Board Elected Member Candidate Statement

Family name (surname):	Eke
First name(s):	Ahizechukwu
Today's date:	July 20, 2020
Are you a current member of the Governing Board standing for re- election?	No
Are you a citizen or resident of a Lower- and- Middle-Income Country or Territory	Yes - Nigeria (I spend 6 months of the year in Nigeria, and 6 months in the USA).

Questions 1-5: 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)?

In addition to my work and review that led to my winning the 2017 Kenneth Warren Prize (<http://community.cochrane.org/news/winning-2017-kenneth-warren-prize>), my contributions to Cochrane 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 Cochrane as a Resident Physician back in 2008 (12 years ago)*. Since then, I have been involved both as an author and as a peer reviewer in a number of Cochrane systematic reviews within six different Review Groups (Pregnancy & Childbirth, HIV- AIDS, Gynaecology & Fertility, Gynaecological & Neuro-Oncology, Pain & Palliative, and Hepato-Biliary Groups). **As of July of 2020, I have authored and published nine Cochrane reviews and four protocols.** 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 Cochrane's projects, initiatives intended to bring Cochrane reviews into practice.

Seven years ago (2013), I was appointed as an Associate Editor of the **Cochrane Clinical Answers (CCA)**, working with Cochrane Editors to publish 17 CCAs to date. In addition to this, I have been involved in direct Health Policy work with 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 Cochrane. Likewise, I have had coordinated dialogue with African and South American colleagues involved in health policy in order to advance global participation in Cochrane 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 physician at the Johns Hopkins University School of Medicine.

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 name(s) of the organization(s), the roles you played and other relevant information (maximum 200 words).

Through my international experience, I have found my leadership niche within Cochrane, working in both in Africa and the United States to further Cochrane's drive towards inclusive scholarly interchange. I have actively increased the geographical diversity of Cochrane by collaborating, training and mentoring new authors from around the world. Along with my collaborator, Dr. George Eleje, I 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 am a dual citizen of Nigeria and the United States), 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 who spends his time in Africa and the United States, I have mentored several current and prospective Cochrane authors while working at Nnamdi Azikiwe University Teaching Hospital Nigeria, Queen Elizabeth hospital, University of Calabar Nigeria, Harvard, Michigan State, and now at the Johns Hopkins Hospital. *I currently serve on the Governing board of the American College of Obstetricians and Gynaecologist (ACOG) Maryland Section Advisory Council as Vice Chair.* Prior to this position, I served on the board of the Junior Fellows of the American College of Obstetricians and Gynecologists (JFCAC) as the representative of ACOG to the American Medical Association (AMA). *I also currently serve on several leadership positions on OBGYN committees in Nigeria and the United States.* 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 based on teamwork, 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.

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 charity. Please describe how you would fulfil this obligation, using examples from previous committee or other work (maximum 200 words).

As a board member of the American College of Obstetrician & Gynaecologists (ACOG), my leadership style is based on teamwork, 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 many leadership roles.

I will apply the same approach when appointed to the Cochrane Governing Board. 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 Cochrane. 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 Cochrane, 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 research.

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

I believe I would be an asset to the Cochrane Governing Board. It is critical that the electable member to the Cochrane Governing Board be team players, and pilot initiatives that will enhance the capacity of board members, a charge that I have prepared for both by my own Cochrane review contributions and by supporting others' work through close partnerships. I have dedicated the last 12 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 Cochrane: 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 Cochrane function as I have had opportunities to attend meetings. I have also facilitated the engagement of many projects with Cochrane, and set-up new initiatives that have moved Cochrane forward, thus gaining a thorough understanding of the challenges leaders face in initiating new projects. Many of my positions within Cochrane has 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 Cochrane and to teamwork will make me an efficient member of the board.

5. What do you believe are the most important strategic challenges for Cochrane from 2020 onwards (maximum 200 words)?

Cochrane's most important strategic challenges in the next decade and beyond are 4 fold: the challenge of evidence generation; 2) challenge of evidence dissemination and implementation; and 3) the challenge of sustainability of evidence 4) the challenge of keeping Cochrane authors involved.

1. Challenge of evidence generation: The purpose of Cochrane reviews is to provide the best evidence for patients, clinicians, and payers with information that is useful in making treatment decisions. However, evidence is generated on a daily basis, sometimes, multiple times a day (COVID 19 is a classic example). With the time and challenge it takes to prepare Cochrane reviews from protocol stage to review stage, evidence and decision making for disease conditions that change pretty quickly becomes very challenging. We need prompt, more effective, and timelier application of research findings to real world situations through Cochrane reviews.

2. Challenge of evidence dissemination and implementation: Cochrane has come a long way with evidence dissemination, and has produced many tools and strategies, especially in developed countries. However, effective translation of the findings of Cochrane reviews into policy and the practice has lagged behind in many countries considered low or lower middle-income (as defined by the World Bank). This is because such countries often have health care systems that are under-resourced, and thus insufficiently responsive to health needs of their populations.

3. Challenge of sustainability of evidence: Sustaining evidence-based practice remains a major challenge. In 2013, the Institute Of Medicine (IOM) estimated that by 2020, 90% of all clinical healthcare decisions will be supported by accurate, timely information and reflect integration of the best evidence available (systematic reviews). This objective has not been met, as only about 15-20% of current clinical and public health practice is supported by strong level I evidence from systematic reviews and meta-analysis. There is a lot of room for improvement.

4. Challenge of keeping Cochrane authors and reviewers involved: How do we keep Cochrane authors continually involved and engaged (especially as authors and reviewers are not being remunerated for writing and reviewing Cochrane reviews)? Author/reviewer acknowledgement is an invaluable contribution to the progress of Science, and research on author/reviewer involvement, engagement, and wellbeing is critical for the next decade and beyond.

Questions 6-12: Specific Skills

To function optimally the Governing Board requires a range of experiences, knowledge and expertise amongst its membership. We cannot 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 these questions.

If you do answer “yes”, please provide at least one example which best demonstrates your experience or expertise. You may wish to include:

- A description of the situation and the context
- What you did
- What skills and knowledge you deployed
- The outcome and your personal contribution

6. Do you have experience of Knowledge Translation or science communication; and/or in widening access, participation, reach and impact of research?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I did this while I was a student at Harvard University School of Public Health, and have continued to do this since graduating in 2011. Widening access to publishing and research has been a strategic priority for me. As a student at Harvard and Michigan State University, I mentored so many students in publishing and 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 with publishing; 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 improving access to publishing, research and participation was to bridge this gap. My skill in this area will be an addition asset if elected to the board.

7. Do you have experience in evidence-informed policy making?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. Between 2017-2019, I was a committee member of the Society for Maternal Fetal Medicine Health Policy committee, and between 2019 to present, I serve on two health policy committees: The American College of Obstetricians and Gynecologists (ACOG) health policy committee, and the ACOG Obstetrics Practice Bulletin committee. While serving on these committees, I have used, and will continue to use evidence-informed policymaking to help make clinical and public health policy decisions used in writing obstetrics and gynaecology clinical practice guidelines. **I have learned 2 major lessons pertaining the use of evidence based policy making in healthcare.** First, policy processes are very complex, and simply presenting information to policy-makers and expecting them to act upon it is very unlikely to work. Policy processes are not entirely straightforward, as they have numerous stages and processes that each take varying lengths of time to complete and interpret. Second, research-based evidence, when properly done, can contribute to policies that have a dramatic

impact on the lives of millions of people. I have had several success stories using evidence- informed policy making based on my understanding of these.

8. Do you have legal experience?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. As part of my training in Health Policy and Management at the Harvard School of Public Health, I took some law classes with physicians in the JD/MPH dual degree program. That legal experience has helped me in developing policy and drafting legislation and regulations for population planning and control, improving the status of women, protecting the human rights of pregnant refugees, and other similar domestic and global public health matters. Also, my graduate work involved specializing in protecting the rights of disabled pregnant women. So, I have a special ability to solve public health problems using legal tools and a concrete understanding of how public health policies are expressed in laws and regulations. In addition, I have the ability to analyse the legal environment and carry out public health programs and activities in compliance with legal requirements, advocate for sound public health policy, and comprehend the legal ramifications of proposals for health care and social welfare reform.

9. Do you have experience of advocating for evidence?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. As a Feto-Maternal Medicine physician, and as an Obstetrician and Gynaecologist who does international work, 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.

10. Do you have knowledge or experience of the issues around Open Access to research output?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, In fact, in 2019, I was part of a panel that discussed the topic “**challenges in publishing medical and public health research in open access**”. After the panel discussion, we made recommendations on “the do’s and don’ts of open access publishing”, which has been widely used by several organizations. While open access publishing is desired for several reasons, including increased visibility of authors’ work and increased likelihood of getting papers cited (as a direct consequence of increased visibility), significant challenges still exist. First, open access publishing is very expensive. The average cost for a research manuscript to be published under open access these days is between \$1,200 to 2,000. While the cost for open access publication vary from place to place, uniform policies toward the payment of article processing charges (with regard to cost, word count, number of figures, tables, etc) are not uniform and have not been established. Second, there is the concern of anonymity during peer review in open access. Some open access journals require that the peer reviewers’ identity be made public. This, in our opinion, can compromise the peer review process, and make it less transparent. Finally, some journals in the open access domain are not indexed in major search databases, making it difficult for researchers to access these papers (despite the authors paying so much to get them published). We made recommendations on how to mitigate these challenges to better streamline open access publishing.

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

With my training and life experience in Nigeria, and being a dual citizen of Nigeria and the United States, 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 12 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.

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: Ahizechukwu Eke, MD MPH.	
DATE: July 20th, 2020.	

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?	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 share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the	NO

selection of the shares)?	
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	✓
Am not prevented from acting as a trustee because I: <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) 	✓

<ul style="list-style-type: none"> • 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 	
<p>Will provide true, complete and correct information to the Charity Commission if elected as a Board member</p>	<p style="text-align: right;">✓</p>
<p>Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information</p>	<p style="text-align: right;">✓</p>
<p>Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'</p>	<p style="text-align: right;">✓</p>