

Governing Board Elected Member Candidate Statement

Family name (surname):	Rashidian
First name(s):	Arash
Today's date:	30 Jul. 20
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] Iran If yes, please state which country. You will be asked to provide proof of citizenship or residency

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)?

I have known Cochrane since 1999 when I joined the University of York (UK) for my PhD. I employed systematic review methods in my PhD, and in six Cochrane reviews over the years with EPOC, PaPaS, Back & Neck groups; and in many more non-Cochrane systematic reviews I have co-authored.

In 2010 I joined a small group (including Cochrane editors and authors) to conduct qualitative evidence syntheses needed for the development of WHO guidelines. It resulted in the development of the GRADE-CERQual approach. I also co-authored the first Cochrane "qualitative evidence synthesis". In 2014, I became an EPOC Editor.

I joined the WHO in 2015 as the Director of the department responsible for evidence and data in EMR countries. My collaborations with Cochrane have expanded since, and is focused on knowledge translation (including a joint regional training on SUPPORT briefs, Cairo 2015; and training of Cochrane Editors in Krakow 2019).

My approach to systematic reviews has been question/policy driven: using the methodology to guide decision making at different levels; in order to have an impact on health care systems and health outcomes. This is a mission for Cochrane and I wish to help in delivering this mission.

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).

These include responsibilities since joining WHO (2015). Previously, while I held primary academic positions, I had a few secondary positions that involved health and research policy. Key responsibilities are:

- 2015-date Director of Information, Evidence and Research (since 2020: Director of Science, Information and Dissemination), WHO/EMRO. Involves e.g. chairing of Publication Committee, membership of Compliance Committee; coordinating EMR Advisory Committee for Health Research; membership of WHO Guideline Review Committee; and since COVID-19, leading Research and Knowledge Management Pillar for COVID-19 emergency response in EMRO
- 2015-date EVIPNet global steering group
- 2013-2015 Deputy Chancellor for Public Health and Primary Care -Tehran University of Medical Sciences (effectively Director of Public Health for a catchment area of over 3million people; reporting to TUMS Governing Board)
- 2014-2015 Chair - Iran's Scientific Board for Health Management and Economics (certification and accreditation power)
- 2006-2014 Member -TUMS Research Council (responsible for approving/overseeing research grants obtained by schools and research centres)
- 2009-2013 Founding Director of Iran's National Institute of Health Research (Chairing of NIHR Research Council; reporting to NIHR Governing Board)
- 2013-2015 Member- Saveh School of Medicine Governing Board
- 2010-2013 (Founding) Member - Advisory Board, Eastern Mediterranean Region Academic Institute Network (EMRAIN)

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 noted above, I have a track record of acting in capacities that require collaborative approach at international, national and institutional levels. The roles highlighted in the previous sections require such capacities. For example, development of national clinical guidelines (in the UK and Iran) and development of WHO guidelines are examples of activities that need agreement (within merits of the query and boundaries of evidence) not only on overall direction, but also on the wording and application specifications.

In addition, as a board member there is a responsibility for overseeing and allocation of financial budgets and reflecting on and steering the overall direction of Cochrane. I have fulfilled such roles in different Boards, including some that involved strategy development, budgetary approval or human resource responsibilities. Such roles require tact in listening carefully to the argument that are put forward, negotiating with attention to the overall vision and mission of the organization and its day-to-day tasks, and an understanding of different viewpoints that others bring forward that may reflect their expertise, experiences or perspective. As such each member has added value.

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

I grew up in Iran, and have worked in senior positions in the UK, Iran and Egypt. In addition I was an honorary academic with Aga Khan University (Pakistan). My work has involved collaborations and visits to many countries across the globe. Cochrane is the embodiment of a global community that works together for a noble cause.

I value Cochrane work not only as a review author, or editor, but also as a user of its evidence outputs, and as an advocate for evidence informed decision making and knowledge translation. I am fascinated by evidence synthesis methodologies, involving different types of primary study designs. Understanding the wealth of Cochrane work, makes for a more effective Board member.

I have served in Board positions. My senior managerial positions have involved responding and reporting to the Boards, and hence appreciating how an effective Board can help the decision making processes in an organization like Cochrane. I have developed Key Performance Indicators and reported using KPIs. Since 2015 I work in an organization that is committed to impact.

With such roles and experiences, I am in a position to understand the long-term benefits for the Cochrane and help it in achieving its goals.

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

There are a few key challenges ahead. COVID-19 has made the public more aware of the value of science. However, in a sense the boundary between science and pseudo-science has become more evasive than before. With the trends observed in some corners of the world, Cochrane has a role in ensuring that what has been built in establishing the value of evidence-informed policy-making is not diluted.

In addition, the need for rapid evidence has become more prominent. Cochrane has developed new methodologies on these, but further work is needed. There is also a geographical limitation in the reach of the Cochrane. I am from the Eastern Mediterranean Region, and there is only one Cochrane entity located in this region. There are only three in Africa, and few in south east Asia and south America. Efforts should be made to enhance the geographical presence of the Cochrane in such regions. Lastly, the post COVID-19 era might bring economic challenges, at least in the mid-term. National policies might become more inward looking, and economic slowdown might reduce

resources available to Cochrane. Cochrane should observe these challenges tactfully and resort to effective mitigating approaches.

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.

Knowledge translation and implementation science has been a main element of my professional life. My PhD involved implementation (or lack of implementation) of clinical guidelines recommendations. Since then I have conducted and led numerous research studies (including supervision of PhD students) on the topic, and have worked on theoretical understanding of “knowledge translation”, its barriers and facilitators, and the organizational set-ups that enable knowledge translation in academic institutions, in advocacy or linkage institutions, as well as within decision making settings and organizations.

In my role as Director of NIHR, I established open calls for funding for Health Technology Assessment studies needed by the MOH. I also organized policy dialogue meetings in which policy makers, stakeholders and researchers discussed key national policies and used the deliberations for policy making and evidence synthesis.

Specifically, I was part of a small team at the established Knowledge Utilization Research Center (TUMS) in 2009 and acted as its deputy for research for over five years. The KURC pioneered development of tools, practical applications and implementation studies, and had a key role in making Iran one of the leading low-and-middle-income countries in knowledge translation for health.

I am currently a member of the EVIPNet global steering group.

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.

Before joining WHO, I was a Professor of Health Policy and Management at the School of Public Health (TUMS), with honorary affiliations with the UK (Imperial College London) and Pakistan (Aga Khan University). I have established my career in health policy and systems development in different countries. I have extensively published in areas of evidence-informed decision-making processes, and evidence-informed policies in areas of health financing, organization of care, pharmaceutical policies, quality of care and health workforce.

My responsibilities in the WHO include supporting countries in evidence-informed policy-making. After a few years of work with leading institutions globally and within the region, WHO organized a high-level meeting on “institutional capacity for evidence-informed policy making” in Beirut 2019 to discuss these plans. I then drafted and presented the technical paper to the Ministers of Health in the region (October 2019), and a resolution was passed with clear guidance for the WHO and EMR countries: *“Framework for improving national institutional capacity for use of evidence in health policy-making”*. The framework identifies areas of action needed for different countries according to their needs and resources including countries affected by emergencies. The technical paper and the resolution are available on the WHO website.

8. Do you have legal experience?

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

No. Limited academic experience as well as experience within the context of the WHO

9. Do you have experience of advocating for evidence?

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

Yes.

Mainly focused on research priority setting at institutional, national and multi-national levels; academic studies on research priority setting approaches, identification of research needs from policy orientations and from guideline committees and HTA studies, and fund-raising for research questions of key importance in the context of priorities, at institutional, national and international (EMR countries) levels.

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).

No. Non-expert knowledge within WHO practice and regulations

11. Is there anything else you would like to say in support of 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 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: Arash Rashidian	
DATE: 30 July 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 In the last three years, have you:	Yes/No (If yes, please provide details)
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?	Not directly. However in the past I have been part of a team that received funding from Cochrane for methods development. The funding was used to cover some meeting related expense that I attended. Currently I am employee of the WHO
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	I am employee of the WHO. No other conflicts of interest.
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?	I am Director of Science, Information and Dissemination within WHO Eastern Mediterranean Regional Office
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)?	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	√
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) • 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 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)’	√