

Governing Board Elected Member Candidate Statement

Family name (surname):	Kredo
First name(s):	Tamara
Today's date:	28 July 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 I am resident in South Africa, an upper middle- income country.

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)?

My first introduction to Cochrane was a talk at my Cape Town-based Medical School in 1997 by Jimmy Volmink, founding Director of Cochrane South Africa (SA). It was 10 years later, during my specialist training, that I conducted my first Cochrane Review. I was welcomed to Cochrane, mentored and provided with high-quality training sealing a relationship with Cochrane and Cochrane SA and the wonderful colleagues that generously shared the ethos of the Collaboration. I have been working at Cochrane SA, since 2010, aiming to impart this ethos in the country and region. I have held several leadership roles: Deputy Director of the Centre; more recently co-directing Cochrane Africa, a network that aims to expand Cochrane's work in sub-Saharan Africa, the continent challenged with the lowest levels of Cochrane activity; co-lead of SA GRADE Network. I was a member of the Centre Directors

Executive (now Geographic Groups) and was part of several strategic and advisory committees: Global Evidence Summit organising committee chair, Scientific Committees for Colloquia, abstracts, workshops and stipends committees, Training and Knowledge Translation Strategic or Advisory Groups groups and am currently involved with the Knowledge Translation Evaluation Project team developing tools for evaluating the impact of Cochrane's work.

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).

During 2011 – 2012 I was a co-opted Trustee of the Guidelines International Network Governing Board, a Scottish Charity in which the Board members provide oversight to the strategic direction, governance and organisational finances. I was a member of the Cochrane Nutrition Advisory Board (2017 – 2019) and am currently on the Advisory Board for Cochrane Sweden. I have been privileged to hold several leadership roles and directed numerous research and non-research programmes of work that required setting up or participation in national or global management teams. An example is the inaugural Global Evidence Summit, hosted in Cape Town in 2017. This event included five organisations leading the field of evidence synthesis globally. As the host, I worked with the global organising committee, and chaired the local organising committee working openly and inclusively with all partners, ensuring the conference management ran smoothly and within budget, culminating in a successful event that I trust many at Cochrane enjoyed. These many experiences have provided insight into the importance of governance issues, organisation finance and resource management all driven and informed by alignment with strategic goals and a spirit of inclusivity.

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).

If elected to be a Board member, I would set aside group affiliations and act in the best interests of the Charity guided by the strategy developed collaboratively by the broader Cochrane constituency.

The reason I became involved with Cochrane was that its driving principles resonated with my beliefs and commitment to inclusivity, with rigor, transparency and integrity. These are principles I stand by and would maintain as a Board member. I am committed to working with colleagues and teams to approach decision-making collaboratively, respectfully and with clear sight on the higher aims of enhancing evidence-informed decision-making and impacting healthcare and people's lives. I value

diversity in views, experiences and skills, as this brings the richness and strength to our decisions and our organisation.

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

An effective Board member requires experience in governance and leadership; deep understanding of Cochrane's strategy, vision and culture; and a commitment to the principles that underpin Cochrane's work. I believe I meet these requirements, but additionally, I bring a wealth of experience from working in evidence synthesis and evidence-informed decision-making in a culturally, linguistically and geographically diverse country and region.

My breadth of experiences within Cochrane provide insight into many facets of the organisation. I have experience primarily as an author and working with the geographic groups to support author engagement in sub-Saharan Africa through training and mentoring programmes. I have been involved with hosting the Cochrane Satellite HIV Editorial Group prior to its merging with the Infectious Diseases Review Group. I have been fortunate to be invited to various committees to support Colloquia, training, and knowledge translation, amongst others. Increasingly, my work for Cochrane is about advocacy for use of evidence in decision-making with policy stakeholders and media to ensure access to and use of Cochrane evidence.

Taken together, my experiences within Cochrane, my commitment to its principles and my personal commitment to dedicate the necessary time and energy to the task of being a Board member, would make me an effective contributor to the Board.

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

COVID-19 and the resulting global health and welfare crisis has emphasised the need for greater collaboration to avoid duplication; enhanced advocacy for and communication of health evidence; and for evidence that addresses priorities of the poorest and most vulnerable.

I believe the most important strategic challenges for Cochrane from 2020 are:

- Remaining true to the Cochrane principles of collaboration, striving for relevance, rigour and promoting access in the context of a growing organisation, increasingly complex systematic reviews and editorial processes and the demand for greater diversity of communication formats to different audiences.
- Continuing to be a leader in evidence synthesis methods development in the context emergent evidence synthesis groups

- Striving to be truly global, by producing reviews that address priorities of relevance to the most vulnerable, and ensuring geographically, linguistically and culturally diverse representation in strategic groups within the organisation and as part of the consultation for the next strategic plan
- Improving the author experience and consistency of editorial approaches by better resourced editorial systems and efficient review production including advancements in methods and use of technology
- Supporting the evaluation of impact of Cochrane Reviews, related products and activities for specific audiences by maximising engagement with geographic groups
- Considering ways to sustain Cochrane into the future through continuing to explore publishing and funding models and exploring new opportunities for revenue generation

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).

Knowledge translation cuts across all the work that we do, some examples include:

Capacity building for evidence users (e.g. policymakers) in finding, appraising and applying systematic reviews: This course was developed collaboratively with the Centre for Evidence-Based Healthcare at Stellenbosch University and Cochrane SA and was initially run in traditional face-to-face format in several countries in sub-Saharan Africa (DFiD funded). With Cochrane support, this is also available as an interactive, facilitated online university short course run over several weeks. This has reached 100s of participants in the region and continues to receive positive feedback.

There are several other examples of knowledge translation work, such as media training with journalism students and health journalists in South Africa; working with WHO as a methodologist to facilitate use of evidence in WHO guidelines; and our long running Cochrane SA newsletter that includes Cochrane technical summaries and plain language summaries with a reach to thousands of readers in the region.

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

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

Cochrane SA aims to impact policy and practice wherever we can through the conduct and communication about our Cochrane and other systematic reviews. When starting work at Cochrane SA in 2010, the strategy was focused on a 'push' to share evidence with policymakers through presentations and sharing review results at every opportunity. Since then, and through building relationships and trust, the Centre receives numerous requests for reviews ('pull') or to work with policymakers ('exchange') to conduct reviews. Through this engagement, I have been invited to join the National Essential Medicines Committee, a ministerially appointed position responsible for reviewing evidence, advancing methods, ratifying national guidelines about essential medicines thus informing funding decisions. In the past few years we have received a request to formalise the link with the National Department of Health and Cochrane SA at the South African Medical Research Council. We have started to establish an Evidence Responsive Initiative, conducting systematic reviews or rapid reviews collaboratively and responsively to inform national guidelines, particularly essential medicine list standard treatment guidelines. Further, in the context of COVID-19, I am a member of the national guidelines writing team and have driven some of the methods advancement, supported the production of rapid reviews, and use of the evidence to decision frameworks to ensure transparent decision-making. This is further gaining traction and we are building bridges with the South African GRADE Network that I co-lead and creating a larger cohort of reviewers able to respond to increasing requests for high quality evidence.

8. Do you have legal experience?

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

No

9. Do you have experience of advocating for evidence?

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

Cochrane South Africa advocates for evidence-based healthcare and Cochrane in South Africa through hosting workshops and events and linking with a network or peers in institutions around the country. We focus on building capacity and creating awareness of health researchers to navigate the Cochrane library, with specific support for higher education institutions known in South Africa as ‘historically disadvantaged institutions’ that received less funding and support in the previously segregated Apartheid era. We have also advocated for national access to evidence, and the South African Medical Research Council funds a national license to Cochrane for one-click access for all in the country.

Cochrane Africa’s work as a regional network is primarily to advocate for Cochrane evidence. We have developed an advocacy strategy with the first step to enhance engagement with Cochrane authors and members more frequently sharing news and opportunities to contribute to Cochrane work, for example through Task Exchange. Beyond the work of the Cochrane Africa coordination team, most of the work is decentralised to sub-regional hubs (West Africa, Francophone Africa and Southern-Eastern Africa) to address the vast geographic and cultural community in sub-Saharan Africa.

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

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

I remain enthusiastic about Cochrane’s work and its future potential as an organisation that remains central to the global discussion about healthcare evidence production and use and methods advancement. In my work at Cochrane SA, and in leading Cochrane Africa, I am committed to ensuring Cochrane remains a sustainable, global organisation that embraces diversity, rigour and keeps patients and the public in the forefront of our strategy.

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: Tamara Kredo	
DATE: 31 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:

<p>1. Financial interests</p> <p>In the last three years, have you:</p>	<p>Yes/No (If yes, please provide details)</p>
<p>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?</p>	<p>Yes</p> <p>I have received funding for research projects or work related travel in the past three years:</p> <ul style="list-style-type: none"> • SAMRC Flagship award for Project SAGE (South African Guideline Excellence), 2014 -2019, principal investigator • Liverpool School Tropical Medicine, (UK DFID) READ-IT, 2018 – 2024, collaborator, site principal investigator • German Federal Ministry funding (BMBF) Collaboration for Evidence Based HealthCare in Africa (CEBHA+), 2017 – 2022, Cochrane South Africa, principal investigator • Social Impact Bond for adolescent health in South Africa, 2018 – 2020, collaborator • NIH Travel grant to McMaster GRADE Working Group meeting, June 2019 • Evidence Response Initiative for SAMRC, in support of UHC, August 2019 • Cochrane KT Evaluation support project, collaborator, January 2020
<p>b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?</p>	<p>Yes</p> <p>Paid consultancy as World Health Organization guideline methodologist (June 2019, June – November 2020)</p>

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 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	TK
Understand Cochrane’s purposes (objects) and rules set out in its Articles of Association	TK
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	TK

<ul style="list-style-type: none"> • 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>	TK
<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>	TK
<p>Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'</p>	TK