**PROGRESS REPORT ON COCHRANE INITIATIVE TO BUILD GLOBAL CAPACITY IN SYSTEMATIC REVIEWS (COCHRANE ACADEMY)**

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**Submitted to the Steering Group:** September 17, 2012

**Purpose:** To update the Steering Group on activities relating the Cochrane Initiative to Build Global Capacity in Systematic reviews (Cochrane Academy)

**Urgency:** Low.

**Access:** Open (with ‘Confidential’ appendix).

**BACKGROUND**Since its inception, The Cochrane Collaboration has been committed to engaging individuals around the world in the conduct and use of systematic reviews relevant to their healthcare decision needs. To date, we have made substantial progress, with over 28,000 individuals from 109 countries currently involved with the Collaboration. Twenty per cent of the contact authors of Cochrane reviews come from lower- and middle-income countries (LMICs). Many entities (for example, the Infectious Diseases, HIV/AIDS and EPOC review groups) have worked to engage and support individuals in LMICs. We have a number of Centres and Branches in LMICs. Strategic approaches to priority setting have drawn greater attention to the need for reviews relevant to the global burden of disease and stakeholders in LMIC settings. Nevertheless, the Collaboration is aware that it could improve global participation in its activities and the relevance of our reviews for all citizens of the world. The majority of entities and Collaboration leaders are based in developed country settings (especially Australia, Canada and Europe). The 2009 Strategic Review recommended that the Collaboration should “Review terms of reference, number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration”.

To address these issues, the Strategic Session of the 2011 Cochrane mid-year meeting in Split focussed on ‘Ensuring The Cochrane Collaboration enables better global participation’. This session was attended by over 100 individuals from across the Collaboration in person and also using web enabled technology. One of the potential strategies identified during the strategic session was the establishment of a formal training and mentoring programme to support first-time authors to complete high quality reviews (Cochrane Academy). This received a high level of support from participants in the session and in discussions since.

Following the Split meeting, the Co-Chairs and Peter Tugwell liaised with various key external stakeholders to discuss how best to achieve the aims of the Cochrane Academy. There was universal support for the proposed Cochrane initiative, with recognition that this was a major one for the Collaboration to undertake. There was recognition of the benefits of building capacity in systematic reviews within LMIC settings to enhance use of evidence in healthcare decisions and to strengthen the research infrastructures. All stakeholders, however, strongly recommended that the initiative should focus upon building relationships and capacity with institutions/groups rather than individuals (mainly due to concerns about the mobility of individuals and potential loss of capacity if individuals leave their original country). In addition, they highlighted the possibilities of leveraging funding from institutions and national and international funders and donors to extend the impact of the proposed Cochrane Collaboration funding and to increase the likelihood of sustainability of funding. We were advised to establish this initiative in a few sites in the first year and use this as an exemplar in a future meeting with national and international funders. In Madrid (October 2011) and Paris (April 2012), the CCSG agreed to allocate GBP100k per year for three years to support this initiative. This paper provides a report on progress since Paris.

**PROGRESS TO DATE**

***Change in name:*** Following discussions with a number of individuals within the Collaboration and the Advisory Group, we changed the name from ‘Cochrane Academy’ to ‘the Cochrane initiative to build global capacity in systematic reviews’, which we believe is more descriptive.   
  
***Application process:*** In May 2012, we invited applications from 10 institutions identified by the Advisory Group as having the capacity to make rapid progress. We received 9 applications that were peer reviewed by the Advisory Group which recommended funding for four institutions for GBP 30k for 2-3 years (see Appendix 1). We are currently establishing contracts with these institutions. In addition we identified a further 2-3 institutions that could be funded if additional funding were found.

***Additional funding:***The American Institutes for Research has agreed to provide partner funding and has contributed 75K USD (approx 46K GBP) to this initiative. In addition, Peter Tugwell has been in discussions with the International Development Research Centre (Canadian development agency) who have expressed a willingness to fund a further identified institution for at least 12 months, with a strong possibility of further funding beyond this. Peter Tugwell and Jordi Pardo are currently working with the institution on an application.

We have booked a meeting on 30th October 2012 alongside the Second Global Health Systems Research Symposium to seek further support for this initiative. Dr Tim Evans is helping us to identify key donors who might be interested in partnering on funding. If we manage to secure additional funding, we will consider options about how best to use this, including increased funding for funded institutions, fund new institutions, and to issue a further call for proposals to identify new potential institutions. In addition, we will establish an international steering group.

**SUMMARY**

We have made substantial progress to date, including undertaking a peer reviewed application identifying four institutions and additional funding partners, and have planned an event to identify further funders.

**Recommendations:** None.

**Resource implementations:** None.