

Ensuring better geographical participation in The Cochrane Collaboration

Purpose of paper

A key organisational challenge arising from the Strategic Review is to ensure that our internal structures and processes are efficient and fit for purpose. One recommendation concerns reviewing the 'terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration.' At the request of the Steering Group Exec, Centre Directors have been asked to address this issue more strategically, particularly with reference to ensuring better geographical participation and coverage of global health topics.

Urgency

Medium.

Access

Open.

Background

See attached paper submitted to the Centre Directors' Meeting.

Proposals and Discussion

The paper outlines several strategies to address regional participation; these will be discussed in more detail at the CDs meeting in Auckland. Following the meeting, the intention is to submit a funding proposal to the Steering Group for implementing various practical measures. There will be a chance to provide the Steering Group with brief feedback during the Auckland meetings.

Decision required

None.

Steve McDonald
21 February 2010

What can the Collaboration do to increase participation by people living in different regions of the world?

Paper for Centre Directors' Meeting, Auckland, March 2010. Prepared by Steve McDonald with due acknowledgement of the input of Jimmy Volmink, Jonathan Craig and Sally Green.

Summary

1. Ensuring equitable regional participation and better coverage of topics relevant to global health priorities are not new challenges for the Collaboration but have received greater impetus following the Strategic Review. The CCSG has asked Centre Directors to prioritise this issue and take the lead in developing a coherent strategy. The purpose of this paper is to outline several proposals to address this issue and inform discussions in Auckland about the practical measures (operational plans) required to implement them.

Background

2. The Cochrane Collaboration is committed to encouraging wide participation (regional, linguistic, economic, cultural, etc.) and producing relevant reviews that will influence policy and practice. In spite of this commitment, the Collaboration remains dominated by contributors from economically developed regions and largely relies on funding from these regions to support its infrastructure. For example, with the exception of Centres and Branches and two CRG satellites, all Cochrane entities are based in USA & Canada, Australia & NZ or Europe. Unsurprisingly, *The Cochrane Library* predominantly addresses health issues relevant to these regions leading to a mismatch in disease burden and information to address such burden.
3. The good news is the situation is improving. Authors from Africa, Asia and Central & South America now account for 25% of all authors listed in Archie, up from 15% in 2005 (*see Appendix*). This reflects the efforts of many individuals and groups within the Collaboration to pursue various initiatives to build capacity for producing reviews and advocacy for using reviews at regional and national levels. Several of these initiatives were highlighted during the plenary at the Singapore Colloquium, and typically involve elements of mentoring, fellowships and the formation of alliances and networks.
4. Despite the above efforts, the Collaboration has no coherent, sustainable strategy to address the issues of participation and coverage. The danger is that without such a strategy, particular countries or regions may remain under-represented and meeting the challenge of supporting reviews relevant to global health will remain problematic.

Our task

5. The Steering Group has sent a clear instruction to Centre Directors (via the Centre reps) that increasing participation and improving coverage are priority issues, and indicated that resources are available to support specific proposals. Our task is to consider how best to implement the strategies suggested in this paper (plus others as appropriate), and to advise the Steering Group what would be most helpful in achieving them.

Contextual issues

6. Dealing with participation and coverage as a single topic conflates several issues. We think it's helpful to tease apart the following three separate but related issues:

- a) How do we become more representative globally in terms of regional participation and contribution? (*Organisation and Structure*)
 - b) How do we encourage production of Cochrane reviews, especially in countries/regions where this is difficult, e.g. because of resources, limited access to training and support, language barriers, etc.? (*Review Authorship*)
 - c) How do we ensure that our reviews are relevant and have the potential to influence policy and practice? (*Review Content*)
7. We have deliberately avoided using 'developing countries' because these terms tend to encourage us to think of the developing world as a uniform group of countries where a one-size-fits-all strategy can be applied. Singling out 'developing countries' may also be counterproductive, in part due a stigmatising effect. Further, it would mean that countries not considered 'developing countries', but which are under-represented, may continue to be overlooked.
 8. A regional approach to increasing participation has been successfully pursued by Centres and some CRGs in sub-Saharan Africa, South America, parts of Asia and the Middle East. Different strategies (and resources) have been applied but all approaches respect and build on the historical, cultural, language and economic linkages between people.
 9. Reviews of most relevance to resource-poor settings are often complex ones, partly because the health system is a key component of the question or intervention (as is the case with public health reviews). Both methodological complexity and the challenge involved in supporting less experienced review teams, who may not have good access to training and support, raises the perennial issue of the tension between participation and review quality.
 10. Centres have a key role in supporting regional participation but need to join with other Cochrane entities to identify opportunities for capacity building and advocacy. Similarly, the Training Working Group has a role in considering specific training and support issues to tackle under-representation.

Proposed strategies

11. Many of the barriers to and facilitators of participation in the Cochrane Collaboration are already well known as a result of project evaluations, surveys, regular discussions at Colloquium workshops, etc. The strategies suggested below are from staff at the South African Cochrane Centre and are based on the premise that all Cochrane entities should be strongly encouraged to be as globally representative and diverse as they can be.
 1. Provide targeted funding for entities who wish to widen participation, e.g. through author and editor training, methodological (especially statistical) support, establishing new satellite editorial offices or branches; establishing entities focussing on major global problems, etc.
 2. Publicly recognise Cochrane entities that are succeeding in the inclusion of under-represented groups and highlight existing good practice models.
 3. Support Cochrane contributors' meetings in various parts of the world, providing financial assistance if needed.
 4. Increase the number of stipends available to people from economically disadvantaged backgrounds to facilitate attendance at Colloquia.
 5. Monitor progress towards more equitable regional participation through Monitoring and Registration Group mechanisms.

6. Create a 'bulletin board' on the Cochrane website for those who wish to indicate their need for support and those who wish to flag their interest in providing it.
12. In addition, the recent paper on the 'Representation of people from non-English speaking backgrounds across the Cochrane Collaboration' included several practical solutions for implementing the above strategies (especially in relation to strategy 1):
 - a) improve support for non-English speaking authors through mentoring networks;
 - b) provide training and support by establishing language-based networks;
 - c) develop two-way translation networks involving authors from English and non-English backgrounds.

Discussion and output from Auckland

13. For the strategies proposed above (especially nos. 1-4) our task is to answer the question 'What do we need to do to achieve...?' Among other things, we will need to consider:
 - what the strengths and risks of various approaches might be
 - how each strategy would achieve the desired aims
 - who should we provide support to and through what mechanisms and structures
 - which regions/countries should we target
 - what kind and level of resources are required
 - what outputs should we monitor and measure.
14. We propose to spend at least two hours to discussing these issues (breaking into small groups) and aim to develop some operational plans (including an indication of resources) for the practical measures identified.
15. One framework to use when considering potential strategies is to think about i) existing enablers, ii) modifying or adding value to existing enablers to maximise benefits, and iii) new approaches.

18 February 2010

Appendix

	Authors 2005	Authors 2009	% incr
AMERICAS			
Northern America	1249	2915	133%
Caribbean	13	30	131%
Central America	9	57	533%
South America	288	917	218%
EUROPE			
Northern Europe	2941	5943	102%
Western Europe	824	1945	136%
Eastern Europe	29	54	86%
Southern Europe	476	983	107%
AFRICA			
Northern Africa	14	43	207%
Middle Africa	2	9	350%
Eastern Africa	11	40	264%
Southern Africa	107	220	106%
Western Africa	41	107	161%
ASIA			
Western Asia	70	292	317%
Central Asia	0	0	0%
Eastern Asia	295	1598	442%
Southern Asia	75	443	491%
South-Eastern Asia	157	452	188%
OCEANIA			
Australia/New Zealand	938	2008	114%
TOTAL	7539	18056	140%

