Cochrane

GEOGRAPHIC GROUPS SYSTEMS, AND FUNCTIONS

2026 - 2031

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SECTION 1: BACKGROUND

1 Executive Summary

Cochrane's Geographic Groups (CGGs) play a pivotal role in extending the organisation's global reach, supporting evidence-based health decisions across diverse regions. Since 2016, there have been considerable developments in how these and other Groups operate. This document aims to give guidance and support to CGGs and to help streamline operations, promote consistency, and ensure Geographic Groups remain heard and involved in Cochrane's evolving strategic goals.

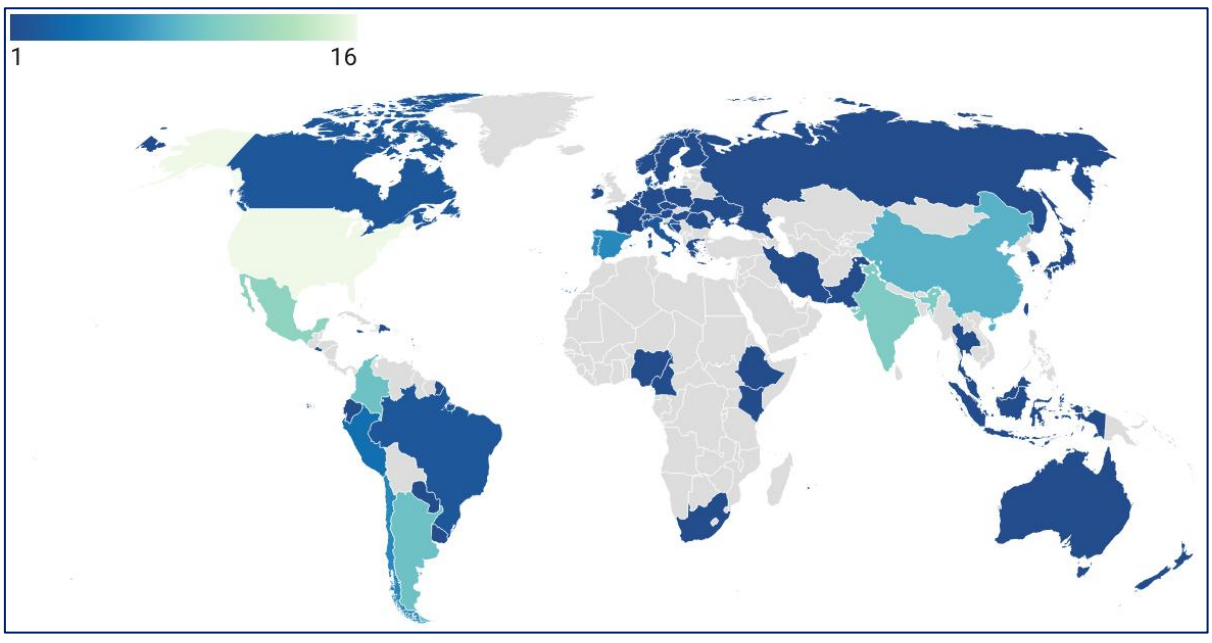
2 Overview Of Cochrane Geographic Groups

Cochrane Geographic Groups serve as the coordinating hubs for Cochrane's presence in specific countries or regions. Since their creation, the groups were categorised into four types: Affiliates, Associate Centres, Centres, and Networks.

This document clarifies the organisational structure of CGG and its relationship with Cochrane Central. Moreover, updates the system, moving to a simplified version by avoiding the lack of a clear difference between the Associate Centre and Affiliates. The groups will now be categorised into 3 types: Affiliates, Cochrane Centres, and Networks.

- **Cochrane Affiliates**: These are organised groups of Cochrane members who work locally and want formal recognition for their contributions. Affiliates may serve as the starting point for establishing Cochrane's presence in a new country or expanding its reach within an existing region. They can be affiliated with a CGG or the CET as necessary and will be the starting point of any new group. They will now encompass the responsibilities of Associates and Affiliates.
- **Cochrane Centres:** they serve as the primary hubs for Cochrane's presence in a country or region, supporting contributors and acting as the point of contact between Cochrane and local health communities. Ideally, they should oversee all Affiliates in the region.
- **Cochrane Networks:** These are formal collaborations among multiple Groups (e.g., Centres or Affiliates) within a country or supranational region.

2.1 Geographic Groups Presence as of January 2026



As of April 2026, there are 141 CGGs across 60 countries. The highest concentration of CGGs is in Europe and the Americas. Significant geographical gaps remain, particularly in Africa. Other underrepresented regions include the Middle East and North Africa (MENA) and North and Southeast Asia.

2.2 Key Updates and Reforms

Process Improvements

Since 2024, a refined application and induction process has been introduced to better support new CGGs. A dedicated Support Officer for CGGs, in conjunction with the Geographic Groups Executives (CGG Executives), oversees this system, ensuring a standardised and supportive onboarding process, along with continuous follow-up through a newly implemented Monitoring & Evaluation (M&E) platform.

Structural Clarifications and Transitions

Pathways for transition have been created, including progression or, if necessary, downgrading or closure. Transitioning between Group types will be guided by performance-based criteria and transparent processes that align with Cochrane's strategic goals, but also the local circumstances of each group.

Outward Naming Conventions

In 2020, Cochrane introduced new branding guidelines requiring all groups, regardless of size, to operate under the banner of "Cochrane [Country Name]. However, the rapid expansion of Affiliates during 2020 created confusion in Cochrane's new CRM system and among the public. To address this, Affiliates joining a preestablished group and, by agreement with other groups in the country/region, incorporated their host institution's name into their titles, such as "Cochrane Denmark (University of Aarhus)."

This system will only be used in countries where local expansion requires more than one group and must be approved by the preexisting centre or group of the country. Exceptions can be made by the CGGs Executives if there is reason to question the reasons for rejection.

Accountability and Evaluation: Monitoring and Evaluation (M&E) Platform

A M&E tool was developed in 2020 by the Cochrane Governance and Strategy Unit, together with input from a working group of volunteer Cochrane members. Between April and November 2022, beta testing and pilot studies were conducted with ten Geographic Groups, enabling the collection of valuable feedback. In 2024, preliminary data collected through the platform were presented to the Board, providing insights into regional and global performance. The process revealed the need for better coordination of reporting timelines and further integration of the tool into Cochrane's strategic planning efforts.

Strategic and Future Alignment

CGGs retain their autonomy but should be increasingly collaborating with other Cochrane entities, including Thematic, Methods and Production Groups, as well as Fields, and the support of the diverse CET areas. Their role as outward-facing ambassadors, engaging in knowledge translation, training, stakeholder engagement, information development, and advocacy, should be reinforced.

2.3 Geographic Groups and Their Relationship with CET and Other Cochrane Groups

In 2024, Cochrane's editorial team introduced a new scientific strategy, outlining four key research priorities:

- Maternal, Newborn, and Child Health

- Chronic Conditions
- Infectious Diseases
- Climate Change and Sustainability

The Scientific Strategy has led to a restructuring of the editorial teams responsible for content production, resulting in the creation of Thematic Groups, which work with the Evidence Synthesis Units. The new Scientific Strategy's focus areas provide a framework for Geographic Groups to work with, if applicable for their region, but should not limit them, as they can address local issues directly. See Our Scientific Strategy.

CGGs will remain autonomous and continue to complement the work of production groups by providing an outward-facing regional presence. This mutually beneficial relationship strengthens the fit between these types of Cochrane Groups. Cochrane will explore ways to deepen inter-group relationships to ensure mutual benefit and alignment across processes. In the long term, Cochrane recommends that while CGGs are not expected to oversee consumer or production groups, they must be involved when relevant.

2.3.1 Specialist Support from Central Executive Team (CET)

Patient and Public (P&P)

The P&P Team supports the active involvement of patients, carers, and members of the public in Cochrane's work to ensure that evidence is relevant, accessible, and responsive to the needs of those it serves, and plays a key role in strengthening patient and public involvement across CGGs. The PPI Lead within the CET is actively exploring ways to foster collaborative efforts that amplify local voices and support regional involvement. This includes providing tailored support through one-to-one discussions, sharing local PPI opportunities via the P&P Involvement newsletter, supporting posts on Cochrane Engage, and using additional communication channels as requested. In 2025, a new interview series was launched to showcase local PPI impact stories, and further approaches to strengthening local PPI support will be outlined in the forthcoming Patient and Public Involvement Strategy for 2027 and beyond.
The main contact for groups is: consumers@cochrane.org

Business and Development (BD)

The BD team works to identify, coordinate, and support funding opportunities that advance Cochrane's mission and create sustainable partnerships across the collaboration. To ensure CGGs are aligned with and maximise Cochrane's collective impact, the BD team can support and contact CGGs regarding relevant regional or global opportunities they are pursuing that may attract interest across the Collaboration. This will help coordinate efforts, avoid duplication, and provide support where needed. The BD team is also well-positioned to assist with establishing consortia and can offer advice on proposal development to strengthen bids.

While support will always be offered, it is recommended that CGGs actively interact with BD whenever they envision the potential for opportunities. Each group will make the final decision regarding their level of interaction.
You can contact this team through partnerships@cochrane.org or the support officer.

Communications Team

The Communications team guides Groups across Cochrane in relation to websites and social media; they work to share updates and encourage the use of available resources. The Communications team will supervise website Maintenance and Archival Policy to ensure the Cochrane brand remains professional and provides up-to-date evidence to local audiences. All CGGs with a web presence are responsible for the website complying with copyright policies and regularly maintaining them. Websites that remain inactive or unmaintained for a period of 12 months will be subject to review. If no corrective action is taken following notification from the Communications team or the GG Support Officer, the website will

be archived and moved to offline storage to prevent the dissemination of outdated information and free digital resources. Guidance, tools, and relevant regulations for social media activity are available on the Cochrane Groups Social Media resources page and the website page.
You can contact this team using this form or the email: press@cochrane.org.

Membership
The Membership team oversees the framework for how members and supporters interact with Cochrane, focusing on the user journey and community engagement. They provide the necessary infrastructure for Groups to manage their local networks effectively while ensuring a unified global experience. CGGs are encouraged to coordinate closely with the Membership team to ensure local engagement efforts are data-driven, technically sound, and aligned with Cochrane's broader membership strategies.
You can contact this team through support@cochrane.org or the support officer.

Learning
The Learning team serves as the primary hub for Cochrane's educational initiatives, providing the infrastructure and content necessary for capacity building across the global network. They manage a comprehensive suite of training tools, including Cochrane Interactive Learning, regular webinars, and various specialized training platforms designed to support both new and experienced contributors. Beyond content delivery, the Learning team provides vital technical support to other teams and Geographic Groups, specifically assisting with the setup and management of Zoom webinars to ensure professional and seamless virtual delivery. CGGs are encouraged to utilize these resources to enhance local expertise and should coordinate with the Learning team when planning large-scale digital training events.
You can contact this team using this form, support@cochrane.org or the support officer.

2.3.2 GGs and Other Groups

Fields
Fields focus on specific specialities or topic areas. Cochrane has 11 Fields that target aspects of healthcare, such as care settings (primary care), consumer types (children, older adults), or provider types (nursing). These Fields are overseen by the CET, which streamlines their relationship with CGGs. There can be substantial overlap between these groups. The addition of Thematic Groups has increased the complexity of the organisational structure, causing uncertainty about the status and role of Fields. Clarifying the role and contribution of Fields within the revised structure remains a key area for further development.

Methods Groups
Cochrane Methods Groups are responsible for providing policy advice and driving the development of the methodological approaches that underpin Cochrane's evidence synthesis. Their work spans diverse specialized areas, including statistics, qualitative methods, equity, and implementation, ensuring that the methods used to produce Cochrane reviews remain robust and innovative. While these groups are overseen by the CET, they maintain a strong informal connection with CGGs through substantial overlap in membership. This existing cross-membership facilitates vital knowledge exchange and regional capacity building; however, as Cochrane's organisational structure evolves with the introduction of Thematic Groups, there is a growing need to more clearly define formal interactions. Strengthening these relationships will ensure that high-level methodological expertise is effectively supported and shared across all CGGs, enhancing the quality of evidence synthesis worldwide.

Community of Practice
The Cochrane Community of Practice is a shared space, formally launched in February 2026, for Cochrane Groups engaged in developing evidence synthesis to connect, collaborate, and learn from each other. As such, it brings together Review Groups, Evidence Synthesis Units, Thematic Groups, Methods,

Fields, Geographic Groups and the Patient & Public Network to share experiences, best practice and practical solutions, strengthen connections and communication across groups, reduce duplication and improve coordination, and support collective learning across Cochrane. The CoP is supported through the CoP executive and members of the CET. Open meetings are held every two months; a space for open discussion and sharing ongoing work, opportunities for collaboration, updates from Cochrane, among other matters. Geographic Groups can actively participate in the CoP through participating in meetings and bringing to the attention of the CoP any issues related to evidence synthesis development they would like to know more about or that require attention or engagement with Cochrane Leadership.

SECTION 2: FUNCTIONS AND PROCESSES

3 Function and processes

The purpose of this section is to formalize and establish clear operational processes for the effective management and sustained productivity of our CGGs.

As the GGs continue to evolve, capturing and codifying these procedures is essential for several key reasons:

- **Preservation of Institutional Knowledge:** Ensuring that critical operational expertise and historical context are documented, preventing the loss of vital information during leadership or personnel transitions.
- **Operational Continuity:** Providing a standardized framework that allows work to continue seamlessly, ensuring that all team members are aligned on expectations and protocols.
- **Accountability and Follow-up:** Establishing a clear baseline for monitoring progress, managing deliverables, and ensuring consistent follow-up on strategic objectives.

By defining these parameters, we ensure that our global network remains both robust and ethically aligned with Cochrane's core mission.

3.1 Governance

While each CGG operates autonomously, all Groups must function within a clear accountability structure. Cochrane Geographic Groups work closely with the CET and other key actors to ensure their voices are acknowledged and their contributions are effectively integrated. The key roles in the leadership structure include:

- Chief Executive Officer (CEO): The CEO is the primary leader of CGGs, holding significant decision-making authority in collaboration with the CGG Executive.

- Support Officer: This CET member serves as the bridge between directors, executives, and the CEO. They oversee administrative responsibilities for all CGGs equitably, ensuring activities outlined in official documents are carried out. The support officer is accountable for addressing disruptions in key processes, such as those caused by structural changes, and ensuring smooth onboarding and management of new Groups.

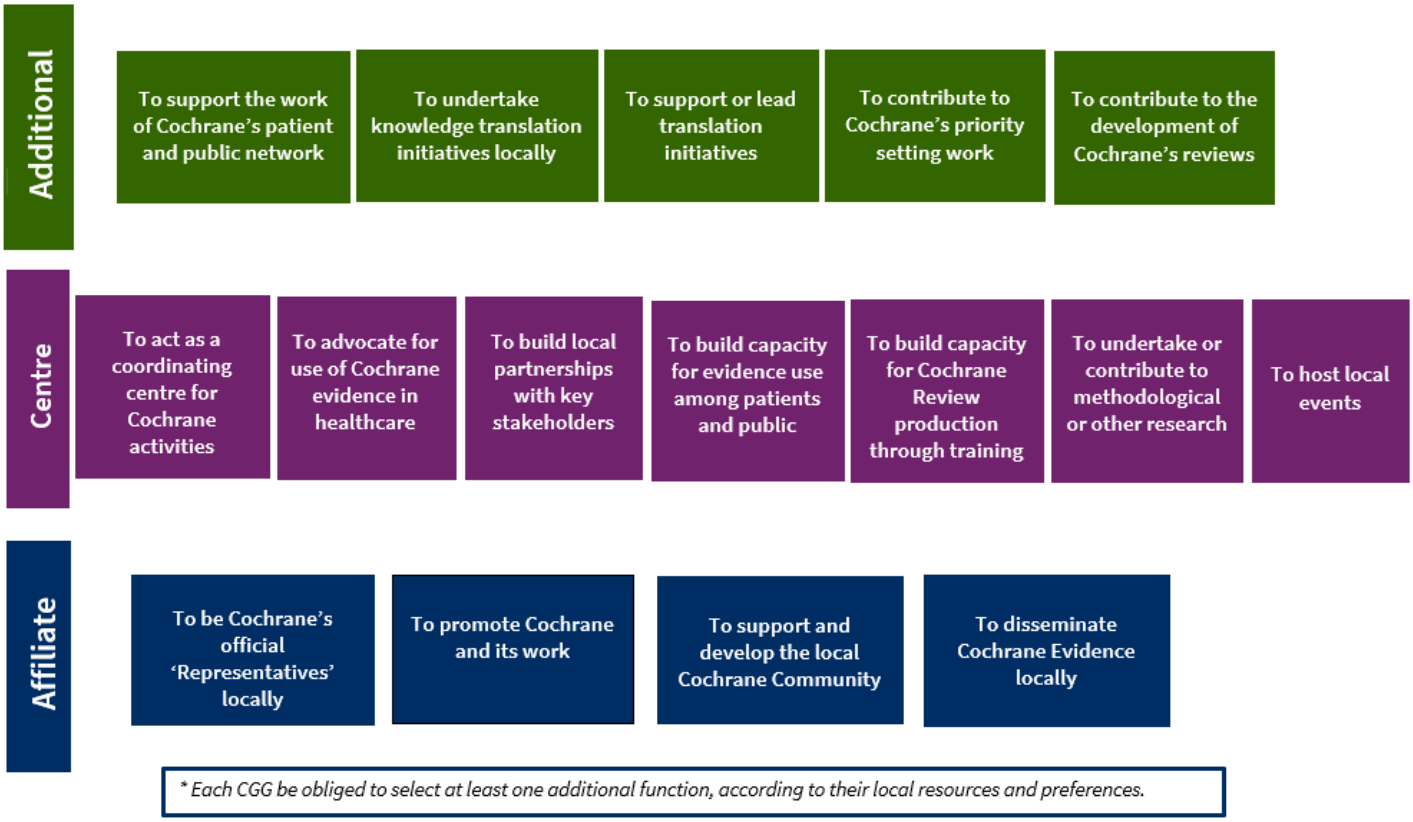
- CGGs Executive Members: This group serves as the connection between CGGs and the CET. Its members organise quarterly online meetings with CGG Directors, as well as in-person meetings at Leadership events and Colloquia. They ensure consistent communication of information to CGGs on issues relating to Geographic Groups, and take forward issues of concern from CGGs to the CET. The Executive also reviews and prioritises new Geographic Group applications to ensure success and accountability. See Terms of Reference(ToR).

3.2 Functions of Geographic Groups

The core roles and functions of Geographic Groups have remained largely unchanged since 2016. An updated version following the simplification process will organise the functions into plus optional functions that groups can perform based on their local needs:

- Affiliate functions
- Centre functions
- Additional functions: Optional for all groups

3.2.1 Tier Systems



4 Establishing New Geographic Groups

Historically, certain Centres were allocated regions where they acted as 'Reference Centres for Affiliates.' However, it became evident that a better approach in countries without an existing Cochrane presence was needed. It was decided that a new group could be established, as an Affiliate under the direct guidance of the CET.

4.1 Application Process to form a new Geographic Group

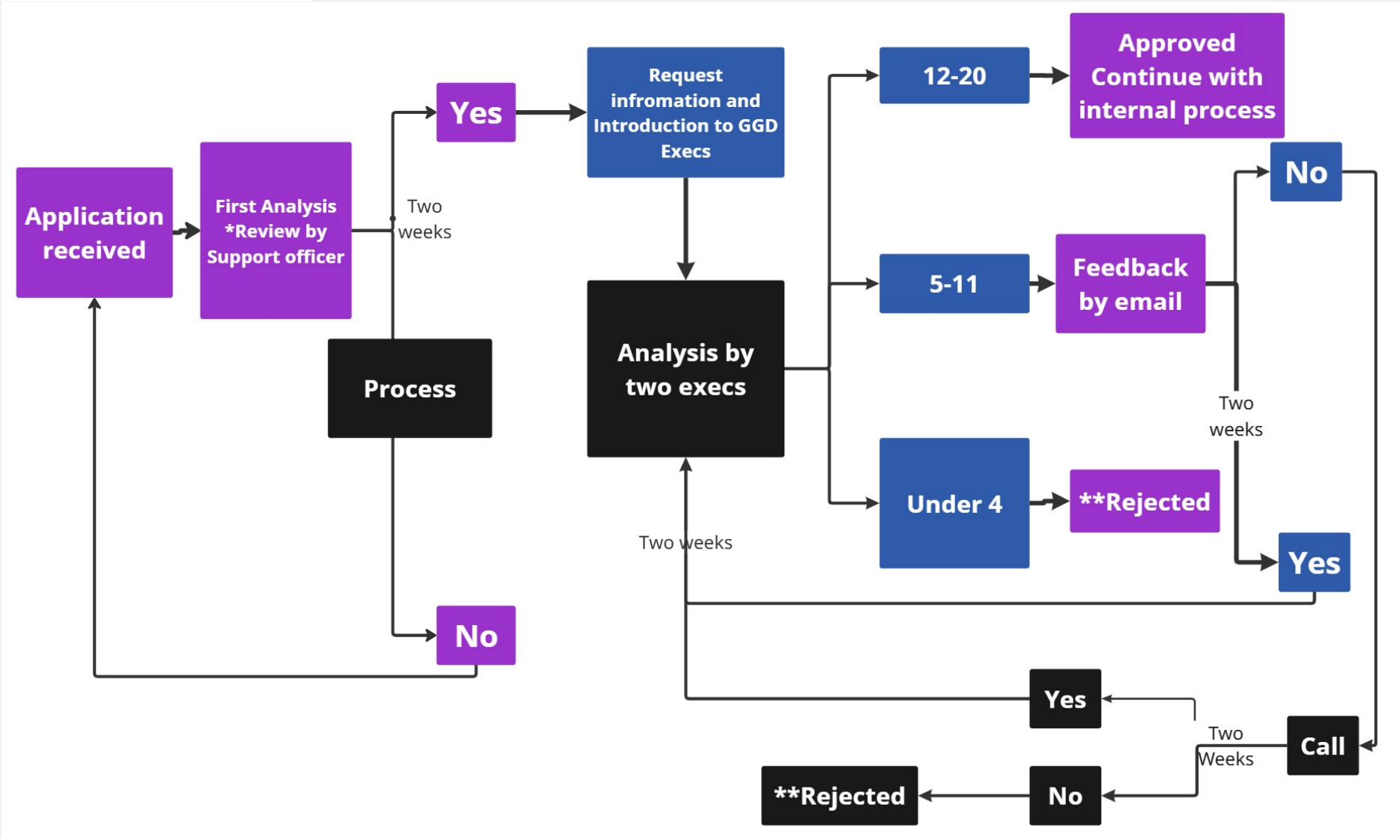
The new application process, implemented in 2024, yielded positive results. A new application will be considered based on the following:

- A completed application form (developed and revised with the CGGs Executives in 2025)
- A CV from the proposed director
- A letter of support from the host institution
- One or two support letters from a person with Cochrane Experience or Systematic Review experience (if the group is new to Cochrane)
- A support letter for the Cochrane Group that will sponsor them (non-compulsory)

The process is guided by the document and webpage Structure for Approval of New Cochrane Geographic Groups Application Process, and the application time can take 2-4 months, depending on response times.

The CGG Executives review and score the application according to pre-established criteria.

4.1.1 Flow Chart



*The support officer will make an initial revision of the application to ensure completeness and clarity and will reach out to any local groups to ensure local support. The established groups can raise objections or recommend rejections depending on the local reality.

** Rejected groups can reapply after two months and should reevaluate their SMART plan

4.2 Induction Process

Once a group is approved, the Support Officer will oversee the induction process, including a two-year probationary period. During this time, new Groups will receive guidance, mentorship, and support to help them establish their activities and integrate effectively into the Cochrane community. The induction process will include the following steps:

- **Approval Confirmation:** Supported by the GG's Support Officer, the approval of the new Group's application will be confirmed by the CEO via email.

- **Welcome Message:** A welcome message will be sent to the designated director or primary contact for the new Group by the support officer of GGs. If the Group is part of an existing region or network, the message will also involve the relevant Centre or Network leadership.

- **Internal comms:** The communications team will be informed of the approved group with a summary of the application to decide the level of support they will need. Only groups from new countries will be offered the possibility of websites, and only if the group has the relevant personnel and content to maintain it.

- **Welcome Meeting:** A one-on-one welcome meeting will be scheduled to:
    - Provide an overview of Cochrane Geographic Groups, including core roles, responsibilities, and strategic plans.
    - Introduce the Monitoring and Evaluation (M&E) platform and share relevant contacts.
    - Discuss branding guidelines (website needs, colour scheme, logo) and details about director meetings.
    - Agree on next steps and future meetings

A standardised presentation will be used for consistency. If KT teams are reintroduced by the CET, this step may be modified accordingly.
After the meeting, the director will be required to:

- Submit a list of team members for key roles, including leadership (e.g., director, deputy director, communications officer, publisher, etc), administrative support and training teams (KT or review production) guided by their goals and objectives. These details will be forwarded to the Support officer to ensure the team is added to the Sugar CRM.
- For Groups in countries without existing Cochrane representation, the support officer will request the creation of a logo, name, and colour branding for communications. These will be delivered to the Core Role publisher.

Brand and Policy Compliance

New Groups must use Cochrane branding and adhere to Cochrane's Spokesperson Policy, which outlines expectations for those speaking on behalf of Cochrane.

- For Groups in countries without existing Cochrane representation, a meeting will be needed to discuss a Communications strategy for the launch of a new group.
- For Groups joining an established Network or Centre, the announcement will be made by the respective network/centre on their website, and Cochrane's communications team will amplify it through central social media channels.

- For new Groups in regions or countries without prior Cochrane representation, Cochrane Central may handle the announcement directly.
- For Groups in countries without existing Cochrane representation that can maintain a website, this includes regular updates and content; the information will be passed to the web team for creation. If the group does not have the resources, a LinkedIn page is recommended.

The support officer will process the new group by using a standard checklist with a timeline of a minimum of 2 months for full preparation. The Support Officer should be informed at least 2 weeks in advance of any need for an online presentation or 2 months in advance for an in-person presentation (under the discretion of CET).

Strategic Planning Discussions

If not already scheduled, discussions with the Network or Centre head will be arranged to ensure alignment with strategic planning activities. New Groups are encouraged to hold monthly or bi-monthly meetings with the Support Officer or the Centre they belong to, with the goal of monitoring progress and addressing challenges.

Probation Period

To follow up on the establishment of a new GG, a two-year probationary in place, during which new Groups will be assessed based on their progress and adherence to SMART goals presented on their application.

A simple questionnaire will be sent midyear to understand the process the new group is going through and the point of support that can be given. If progress is slower than expected, the probation review will evaluate both the Group's performance and the additional support or mentorship they may require. Following this evaluation, discussions will compare the Group's actual performance with its intended goals.

In cases where Groups are unable to meet their self-chosen objectives, evaluators (CGGs Executives, Support Officer, or overseeing group/network) will determine whether the Group can fulfil its role or if further adjustments are necessary.

5 Monitoring And Evaluation (M&E)

Starting in 2025, participation in the M&E process became mandatory for all CGGs, regardless of their status. Each group will be required to report at least **four activities annually, plus any activities associated with received deliverables,** for example, Revman accounts (See Section 6).

To align with organisational timelines, a final yearly report will be prepared by February of the next year. These reports will be made publicly accessible through the Cochrane Resources website, ensuring transparency and promoting collaboration across the organisation. Groups that have not submitted anything will be reviewed in an annual audit to check their level of activity and decide if they need further support (See Section 6).

The latest annual report can be found on the Reporting website as the Monitoring and Evaluation Report 2025. The full database for the creation of local reports is available upon request.

6 Deliverables And Support From CET

A list of deliverables and benefits from CET to the CGGs was developed as a strategic initiative to strengthen the relationship.

They are aimed at raising morale, fostering a sense of being valued, and reinforcing the message that their efforts are recognised by the broader organisation. It is also a means for the CET to provide tangible support to CGGs, ensuring that they not only contribute to Cochrane's mission but also benefit from it.

6.1 Summary of Cochrane Support and Resources by Group Activity

Group Criteria	What Cochrane Will Provide
All Groups *(Standard Provision)*	Access to Cochrane's LOGO and branding for their country
	Visibility within Cochrane
	Organisational support (via the Support Officer)
	CET specialist support, including: Communications, Membership, P&P, Learning, Advocacy
	Individual check-ins with leadership/CET (depth depends on the group's type).
	Input into priority setting for the organisation and others (e.g., involvement/information on Cochrane reviews of specific regional health issues)
	Up-to-date information regarding Cochrane products
	Optional training on marketing, communication, and advocacy (depth depends on the group's type) provided by CET team members.
	Access to online training materials (RCT, KT and Trainers hub). See Cochrane Resources for Group Staff New training courses (NMA, classmate, etc.) will be negotiated independently.
	One complementary access to the Cochrane Library. See Cochrane Resources for Group Staff for conditions and how to activate them.
	Cochrane Central promotional materials (e.g., badges, pens) when available and via the events team.
	Two free RevManWeb subscriptions as a standard baseline (according to the resolution communicated in 2026)
	Access to Cochrane Community Slack messaging and relevant mailing lists. See Cochrane Communications for group staff.
	Specialised online course for induction and support. See Digital induction for new staff
	Up to 25 Core Role members
	Cochrane Membership during the duration of the group
Groups Producing Systematic Reviews	Database search support may be given to the centre upon request (subject to authorship)
	CET specialist support depending on needs and capacity (specifically from the Commissioning Editor and EPMD)

Highly productive groups *	Up to 3 more RevManWeb free subscriptions (or negotiation opportunities for a discount on an institutional subscription)
	Increase the number of Core Roles (>25)
Groups Performing Translation	CET specialist support (via the Multi-language Programme Manager)
	Software for translations and exclusive CET support

***Delivering a high quantity of impactful activities via M&E annually, including Cochrane and non-Cochrane information development.**

The RevMan benefit must strictly adhere to the following conditions:

- **Annual M&E Reporting**: Groups must report any RevMan-related activity annually through the M&E platform. Failure to meet deadlines results in the loss of complimentary Cochrane accounts.
- **Activity Alignment:** Reported activities must align with Cochrane's mission, demonstrate direct community engagement, showcase knowledge translation, and follow ethical/scientific guidelines.
- **Financial Boundaries:** RevMan provided by Cochrane to CGGs should not be used to perform work commissioned by an external organisation that has provided payment to the group, as in this case, it is considered that there is funding to cover the cost of the license.
- **Bidding Strategy:** While independent bidding is permitted, groups are strongly encouraged to use a partnership model with Cochrane Response rather than submitting competitive or conflicting bids.

7 Management of the Geographic Groups

GGs play a major role in the Cochrane ecosystem. To ensure the evolution of groups and maintain active engagement, the following processes are being implemented: the transitioning of groups from one type to another, the closure of inactive groups and the greater inclusion in other areas within Cochrane.

7.1 Transition and Evaluation of Geographic Groups

Transitioning from Affiliate to Centre can be initiated through a dual-trigger approach. Groups that feel they have met the criteria for the next level can apply for a transition through a self-assessment process, demonstrating their achievements and readiness. Alternatively, during the annual M&E review, the executives and support officers can identify groups that meet or exceed the criteria and recommend them for transition, if they agree. This balanced approach ensures that groups are empowered to advocate for their progress while maintaining an objective, data-driven evaluation.

As per the central recommendation:

- One Main Centre per region/country will be accepted as they will oversee smaller affiliates. Exceptions might be made if the local reality requires it and all involved groups agree.

7.1.1 Eligibility Criteria

Affiliate to Full Centre
At least 5 years in that role with no objections from other groups in the country with that role.
Consistent delivery of at least 6 *impactful activities annually.
Proven sustainability and leadership expertise in Cochrane activities are showcased in the M&E.
Strong and stable leadership that has proven to be involved in or assists in GG meetings.

*An impactful activity is one that demonstrably advances Cochrane's mission by increasing the awareness, use, or uptake of high-quality evidence within a specific country or region. The activities are aligned with Cochrane priorities, respond to local health needs, engage key stakeholders (e.g. policymakers, clinicians, researchers, or the public), and lead to clear outputs or outcomes.

- **Application Process:** The group wishing to transition from one group to another should submit a formal request (letter of intent) directed to the GGD Executive and Support Officer via email by the director of the group. The required documentation is as follows:

    - Application form (simplified version of the application for new groups)
    - Support letter from the host institution
    - Non-compulsory but desirable: a support letter from other groups that could mentor the group on their initial transition. This will be determined case by case, considering the expertise of the members of the group.

- **Review and Approval:** The review and approval will take two months and will use a similar but adapted format of the flowchart and scoring system of approved groups.
- **Review by Executive**: It will involve two executives scoring the group's application and then a general discussion guided by the Support Officer. A score of 20+ indicates readiness for transition; a score below 18 triggers a provisional status or support phase.

7.2 Downgrading and Closure Protocols

Downgrading refers to the process of reassigning individuals or entities from a higher-status group to a lower-status group. This transition can be initiated either by the group members themselves, if they recognise they have not maintained the required standards, the overseeing centre/network, or the GGD executive and Support Officer during an annual M&E assessment.
It is essential to clarify that neither downgrading nor closing centres is desirable. However, having a procedure in place to assist in such cases will streamline administrative tasks and enable greater local control over the Cochrane name.

7.2.1 Downgrading condition

Triggering Conditions
Non-compliance with M&E requirements for 2 years with no justification
No responses to direct communication from CET or GG executives for 1 year *
Leadership or operational challenges that have been unanswered for over 6 months**
Breaking spokesperson policy or actions contrary to Cochrane's mission and vision

*It is the GG support officer's duty to seek communication during that period actively
**It is the GG support officer's and/or the network's leadership's duty to seek communication during that period actively

The process of downgrading will NEVER be used as a punitive action, and it will only proceed if one or more triggering conditions are met and there have been no replies to the Support officer requesting clarification of the group's situation.

If the group has any issues with the Support Officer or CGGs Executives' decision, they can request the involvement of an external panel formed by other Directors to review the case**. Mentoring by another Group** will always be the first step, followed by the option of voluntary and temporary downgrading, and it won't affect the long-term support from CET to the group.

Process:

- **Initial Notification:** A letter of request to downgrade should be emailed to the Support officer to trigger the process. If the decision comes from the Support officer, the process begins with a formal communication to the group, informing them of the potential downgrading of their status. Any type of notification should clearly outline the reasons for the proposed change, providing well-documented evidence and rationale to ensure transparency.

- **Formal Response Opportunity**: Following the initial notification, the group is allowed to submit a formal reply within a defined timeframe, 30 days. This reply allows the group to present a justification for maintaining their current status, including relevant data, achievements, and a preliminary strategic plan if applicable. To streamline the assessment process, a standardised template for the formal reply may be provided following the same structure as the application form, ensuring that all necessary information is captured effectively.

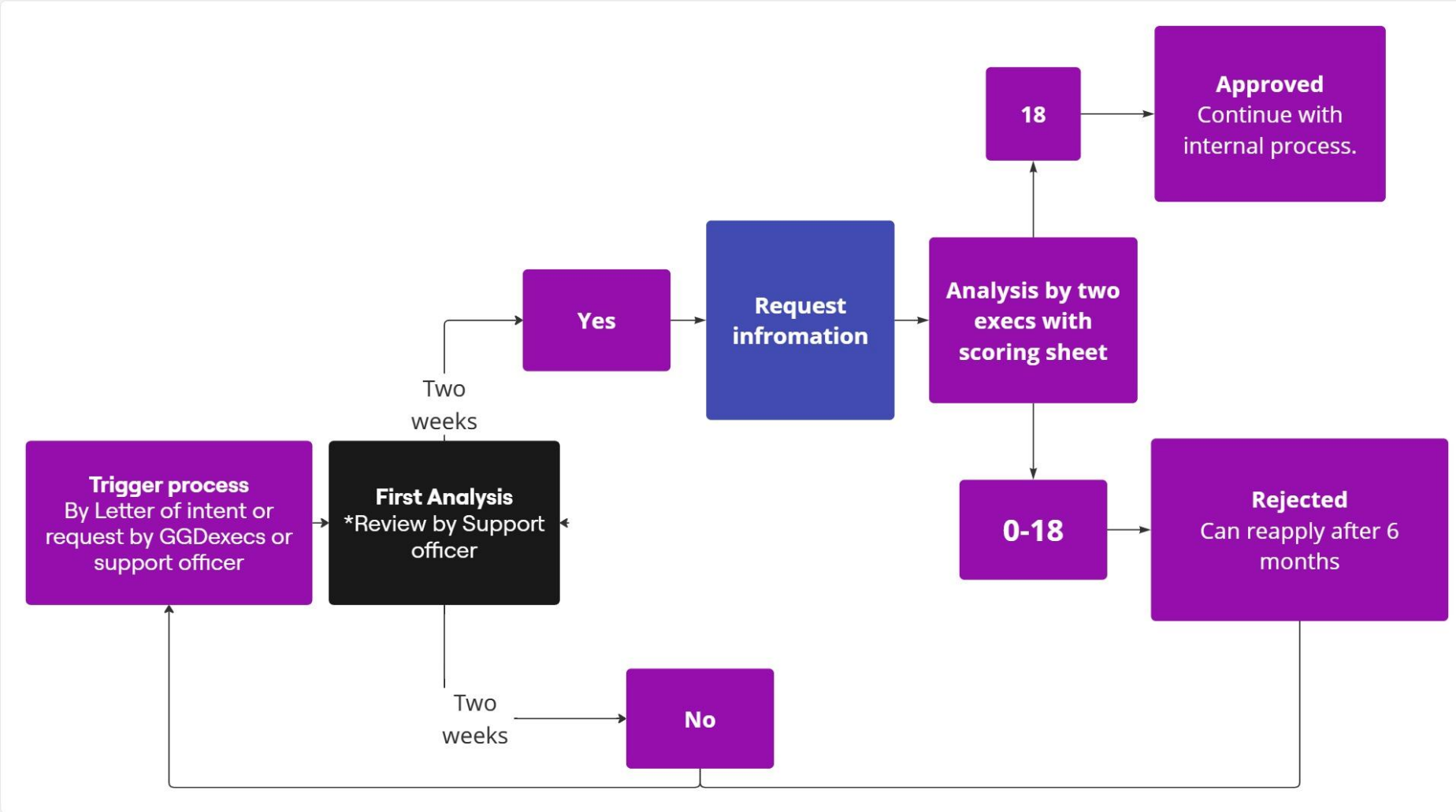
    - **Six-Month Probation Period:** If the group's formal reply is accepted, a six-month probation period is initiated. During this time, the group must present a clear and actionable strategic plan that outlines specific activities and milestones to address identified issues.

    - **Executive Open Discussion**: At the midpoint of the probation period, an open discussion is facilitated between the group and the GGD executive. This meeting serves as a platform to review the strategic plan, clarify expectations, and address any concerns that may arise.

    - **Assessment Post-Probation:** After the six-month probation, an evaluation of the group's performance is conducted. This assessment determines whether the strategic plan was implemented effectively and if the group's progress aligns with the organisation's expectations. A formal assessment report in the form of a summary of the scoring template is shared with both the group and the executive team.

    - **Final Decision:** If the group demonstrates successful performance and meets the outlined criteria, their current status is maintained, along with clear guidelines for continued performance. However, if the group fails to meet expectations or actively requests the downgrade, the legal team is engaged to initiate a formal downgrading process. This involves preparing an addendum, which is signed by all relevant parties to formalise the status change legally.

7.2.2 Flow chart



7.3 Closure of Geographic Groups

The closure of CGGs refers to the formal process by which a CGG stops its existence. The group may decide to end or discontinue its operations. This decision can be triggered by the group members themselves, particularly if they feel that maintaining the collaboration is no longer feasible or beneficial. It may happen when there are:

- Resource constraints: The group may face challenges like funding, lack of local infrastructure, or other resources needed to sustain collaboration.
- Inability to meet objectives: The group might feel it can no longer achieve its initial goals due to changing priorities or the lack of effectiveness in collaboration.
- Declining participation or engagement: If members are not participating or the group lacks the motivation to continue, the collaboration might falter.
- It can also be triggered by an overseeing group that knows the inside problems of the group, and the GGD executives and support officers, after the M&E annual evaluation.

During the closure process, the overseeing group and support officers must ensure that there is a transition plan in place and that members are informed and given the appropriate support. The process of closing a group will NEVER be used as a punitive action, and it will only proceed if it is requested or if any of the criteria have been met, and there is a lack of response to other communication media from the CGG executives of the group Support Officer (Email, instant message, or direct call).

7.3.1 Closure Criteria

Criteria for Closure
*Inactivity for 1 year
Others: Vacant leadership positions for over 12 months. Severe breaches of spokesperson policy or misalignment with Cochrane's mission. Failure to adhere to Cochrane principles.

*The group has not updated on social media in the last 6 months, their website has remained inactive for over 6 months, they have not reported on the M&E in the time described, and the group has not engaged in meetings (online, in person), and it has not replied to at least 3 active attempts of direct contact by the GG Support Officer, executive members or other groups leaderships.

Process:

- **Formal Notification and 3-Month Review Period**
  The closure process begins with a formal notification sent to all stakeholders, including named group members and relevant external partners. This notification includes the reasons for considering closure, such as a lack of resources, declining engagement, or an inability to meet objectives. The notification is accompanied by a 3-month review period during which the overseeing group or the GG support officer will evaluate whether the collaboration can be reinvigorated. During this period, group members are informed of the opportunity for a recovery phase, offering mentoring support, capacity-building, and the chance to restart activities if needed.

- **Support Phase with Capacity-Building, Mentorship, and Potential Recovery:**
  During the 3-month review period, a centre will be chosen to provide mentoring support to the Geographic Group. If no centres are interested, the CET support officer will lead the mentoring structure. This support may include:

- Capacity-building activities such as training sessions, workshops, and resource-sharing are used to strengthen the group's operations.
- Mentorship involves guidance from experienced individuals or teams who can help identify solutions to challenges faced by the group.
- Recovery initiatives include targeted support aimed at re-engaging members, addressing specific weaknesses, and realigning the group's goals and activities with the organisation's mission.

The goal of this phase is to determine whether the group can recover and resume its collaborative activities. If successful, the group will continue, and the closure process will be halted.

- **Formal Closure with Stakeholder Communication:**
  If, after the 3-month review period, it is determined that recovery is not possible, the overseeing group will proceed with formal closure. This stage involves:

  - Communication to all stakeholders (host institution, reported partnership, communications, and legal) about the decision to formally close the GG, providing clear explanations regarding the reasons for the closure. An announcement letter should be created to be presented to the Geographic Group Directors.
  - Cancellation of the Collaboration Agreement and Renunciation of the Cochrane Name. The legal team will be contacted by the support officer to finish the collaboration agreement. The groups should close any social media related to Cochrane GG or provide communications with the password and username for them to be deleted.

- Once the closure decision is finalised, the group will formally cancel any collaboration agreements it holds. This includes:

  - Renouncing the Cochrane name or any other organisation-specific identifiers, indicating the end of the formal relationship and ensuring no further use of the name in future activities.
  - Asset transfer to the overseeing organisation or other relevant entities. (Social Media, relevant contacts in the region, core roles in the CRM, etc.)
  - Ensuring that any remaining resources, intellectual property, or other assets are handled according to the terms outlined in the initial agreements or organisational policies.

- **Post-Closure Evaluation**
  A checklist sheet will be standardised to confirm all the steps were followed, with ideally a one-on-one interview with the latest leader and people involved to provide feedback and lessons learned.

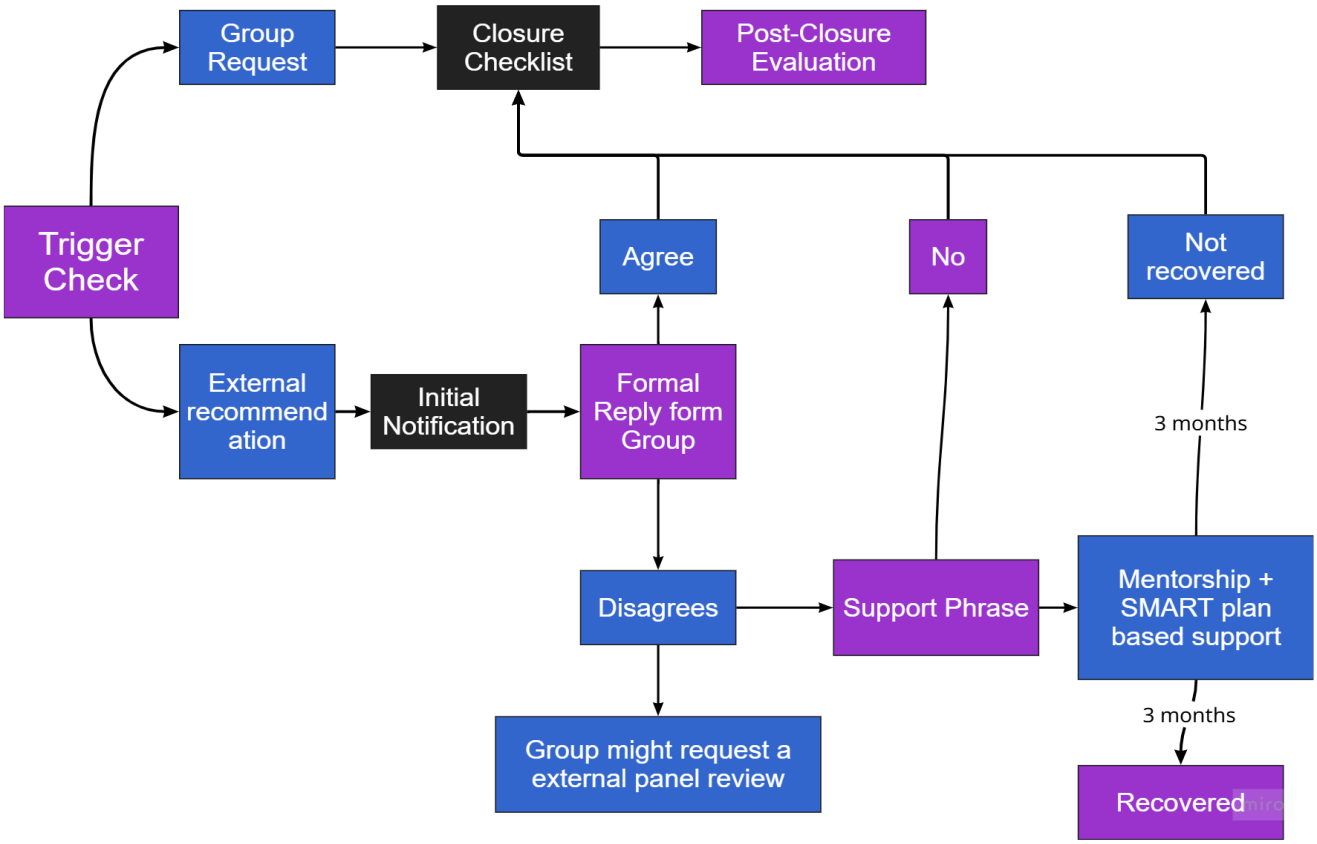
In the long term, a standardised closure report will be developed for archival and future reference. This process should be shown during the Director's meetings for feedback.

- **Emergency Accelerated Process:** In extreme cases where a Geographic Group's actions or situation pose an immediate and severe threat to Cochrane's reputation, the GGD Executives reserve the right to shorten the standard closure process. In such instances, the 3-month review and support phase may be bypassed or significantly condensed. The overseeing group will move directly to formal

notification and immediate cancellation of the Collaboration Agreement and renunciation of the Cochrane name. This accelerated path may be triggered by:

- Severe breaches of the spokesperson policy.
- Major misalignment with Cochrane's mission or core principles.
- Legal or ethical violations that require immediate dissociation to protect the organisation.

7.3.2 Flowchart



8 Glossary of Terms

- **Affiliate:** A Cochrane Geographic Group recognised by Cochrane to support activities within a defined country or region. Affiliates typically represent an initial stage of Cochrane presence and operate in accordance with an approved Collaboration Agreement and under agreed oversight arrangements.
- **Annual General Meeting (AGM):** The formal annual meeting of Cochrane at which governance, financial, and strategic matters are reported and considered, including organisational performance informed by Monitoring & Evaluation (M&E) reporting.
- **Associate Centre:** A Cochrane Geographic Group with defined responsibilities and operational capacity that does not meet the full criteria for designation as a Cochrane Centre. Associate Centres operate under an approved Collaboration Agreement and may function independently or as part of a Network.
- **Governing Board:** The governing body of Cochrane with responsibility for strategic oversight, fiduciary accountability, and organisational governance, as defined in the Cochrane Constitution.
- **Business Development (BD) Team:** A function within the Central Executive Team responsible for supporting funding development, partnerships, and consortium activities in alignment with Cochrane's strategic priorities.
- **Central Executive Team (CET):** The senior management team responsible for operational leadership, organisational coordination, and implementation of strategy across Cochrane Groups and functions.
- **Chief Executive Officer (CEO):** The senior executive officer of Cochrane with delegated authority to approve the establishment, transition, downgrading, and closure of Geographic Groups, in accordance with governance arrangements and advice from relevant Executives.
- **Closure (of a Geographic Group):** The formal termination of a Geographic Group's recognised status and authorised use of the Cochrane name, following a defined review and approval process.
- **Collaboration Agreement (CA):** A formal agreement between Cochrane and a Geographic Group that sets out governance arrangements, roles, responsibilities, reporting requirements, and conditions for use of the Cochrane name. The template can be seen in Appendix 6
- **Downgrading:** A formal governance process whereby a Geographic Group is reclassified to a lower status following sustained failure to meet agreed criteria or obligations. Downgrading is undertaken in accordance with defined procedures and is not intended as a punitive measure.
- **Cochrane Geographic Groups (CGGs):** Cochrane entities are established to support engagement, dissemination, capacity development, and representation of Cochrane within defined geographic areas, in accordance with approved agreements and policies.
- **Cochrane Geographic Groups Executive (CGGs Executives):** A committee established under approved Terms of Reference to advise on matters relating to Geographic Groups, including applications, performance review, transitions, downgrading, and closure.
- **Induction Process:** A structured process for onboarding newly approved Geographic Groups, coordinated by the designated CET Support Officer, including orientation, governance requirements, systems access, and an initial probationary period.
- **Knowledge Translation (KT):** Activities that support the dissemination, understanding, and appropriate use of Cochrane evidence by relevant audiences, in line with Cochrane policies and strategic objectives.
- **Low- and Middle-Income Countries (LMICs):** Countries classified as low- or middle-income according to World Bank criteria. Strengthening Cochrane engagement in LMICs is recognised as a strategic priority.
- **Monitoring & Evaluation (M&E) Platform:** A mandatory organisational system used to record, monitor, and report Geographic Group activities and performance, supporting accountability, transparency, and strategic planning.
- **Network:** A formal collaborative structure comprising multiple Geographic Groups within a country or defined region, established to coordinate activities and share responsibilities under agreed governance arrangements.
- **Probation Period:** A defined review period during which a Geographic Group's performance, governance, and alignment with agreed objectives are assessed following establishment, transition, or during remediation processes.
- **RevMan (Review Manager):** Cochrane's software for the preparation and maintenance of systematic reviews, access to which is governed by Cochrane policies and approved allocation mechanisms.
- **Scientific Strategy:** Cochrane's framework outlining priority research themes and cross-cutting commitments is intended to guide editorial, methodological, and engagement activities across the organisation.
- **Spokesperson Policy:** A Cochrane policy defining who may speak on behalf of Cochrane and under what conditions. All Geographic Groups and their representatives are required to comply with this policy.
- **Sugar CRM:** Cochrane's customer relationship management system is used to maintain organisational records, including Geographic Group details, contacts, and roles.
- **Support Officer for Geographic Groups:** A designated member of the Central Executive Team responsible for coordinating Geographic Groups, overseeing application and induction processes, monitoring performance, and acting as a liaison between Groups, Executives, and the CEO.
- **Thematic Groups (TG):** Cochrane Groups were established to organise editorial and production activity around defined thematic priorities, working in accordance with the Scientific Strategy and editorial governance structures.
- **Transition**: A formal governance process through which a Geographic Group progresses to a higher classification, subject to eligibility criteria, performance evidence, and approval through defined procedures.

9 Appendices

- **Appendix 1:** Implementing Strategy to 2020: Cochrane Centres, Branches and Networks. Structure & Function Review. June 2016
- **Appendix 2:** Geographic Groups Executives: Terms of Reference
- **Appendix 3:** Application to Establish a Cochrane Geographic Group: Affiliate 2024
- **Appendix 4:** Geographic Group Scoring Tool
- **Appendix 5:** All Cochrane Groups Policies
- **Appendix 6:** Establishing a New Cochrane Geographic Group: Checklist

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