



Sundheds- og Ældreministeriet

Enhed: SPOLD  
Sagsbeh.: DEPSJE  
Koordineret med:  
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Dok. nr.: 713690  
Dato: 09-10-2018

## NOTAT

### Ordførernotat vedr. Nordic Cochrane Center og centerets finanslovsbevilling

#### Problemstilling

Dette notat indeholder en kort beskrivelse af Nordic Cochrane Centers (NCC) organisering og finansiering samt den seneste tids debat om centeret og dets direktør.

#### Baggrund

##### *Organisering og finansiering af Nordic Cochrane Center*

Centeret blev etableret i 1993 på Rigshospitalet. Indtil 2007 - i forbindelse med nedlæggelsen af Hovedstadens Sygehusfællesskab (H:S) - blev bl.a. basisbevillingen til Cochrane Centret finansieret af den del af statens årlige tilskud til H:S, der vedrørte varetagelse af særlige Rigshospitalsspecifikke opgaver.

Med virkning fra 1. januar 2007 skete en teknisk omlægning af statens tilskud til H:S, herunder tilskuddet til varetagelse af særlige opgaver. Det betød, at bl.a. basisbevillingen til Cochrane Centret blev udskilt fra den del af statens årlige tilskud til H:S, der vedrørte varetagelse af særlige opgaver, og overført til en dertil hørende finanslovskonto under ministeriets finanslovsparagraf. Midlerne herfra udbetales til Region Hovedstaden til finansieringen af bl.a. Cochrane Centret, som forblev i Region Hovedstaden efter ophør af H:S fra 1. januar 2007.

Cochrane finansieres dels af Finansloven § 16.51.03.45, dels af bl.a. Forskningsrådene og Sygekassernes Helsefond. I 2018 er der afsat 17,8 mio. kr. på Finansloven, som - som via Region Hovedstaden - udbetales til Rigshospitalet, der administrerer tilskudsmidlerne. Peter Gøtzsche er ansat som tjenestemand på Rigshospitalet, der dermed har instruktionsbeføjelse over for ham.

Af Finanslovsbevillingens anmærkningstekst fremgår, at midlerne gives som tilskud til Cochrane mv.

Det fremgår endvidere, at aktiviteterne indenfor Cochrane området omfatter bl.a. udarbejdelse af systematiske oversigter over sundhedsvæsenets interventioner, forebyggelse af sygdomme, diagnostik, behandling og pleje. CTU understøtter og udfører videnskabeligt relevante kliniske forsøg, bl.a. som led i Cochrane-samarbejdet. I de afsatte midler fra 2009 og fremefter indgår 0,5 mio. kr. til finansiering af gratis adgang for alle til Cochrane-biblioteket.

#### *Den seneste tids udvikling*

Nordic Cochrane Centers direktør Peter Gøtzsche er d. 26. september blevet ekskluderet af Cochrane.

- ./. Sundheds- og Ældreministeriet har d. 27. september bedt det internationale Cochrane forbund om en redegørelse for konsekvenserne af eksklusionen i forhold til Nordic Cochrane Center, herunder hvilke krav NCC skal opfylde for fortsat at være medlem af Cochrane.
- ./. Det internationale Cochrane forbund har d. 28. september fremsendt svar, hvor baggrunden for eksklusionen beskrives. Det fremgår desuden, at eksklusionen fra Cochrane indebærer, at Peter Gøtzsche ikke kan være leder af NCC som del af Cochrane, jf. et internt Cochrane memorandum of understanding (MoU) mellem det internationale Cochrane forbund og Nordic Cochrane Center.

Det internationale Cochrane forbund skriver i samme svar, at NCC's fortsatte tilknytning til Cochrane-samarbejdet efter deres vurdering forudsætter en ny direktør. Det fremgår endvidere også, at Cochrane håber på fortsat dansk opbakning til samarbejdet.

Peter Gøtzsche skriver d. 28 september til ministeriet m.fl. og orienterer om, at han har meddelt det internationale Cochrane-samarbejde, at han trækker NCC ud af samarbejdet mhp. at blive et uafhængigt Cochrane center.

Cochrane har oplyst ministeriet, at de har copyright på navnet "Cochrane".

Sundhedsministeren har desefter sommerferien besluttet, at der skal foretages en uafhængig evaluering af NCC og finanslovsbevillingen, som ikke tidligere er blevet evalueret. Evalueringen vil blive foretaget med inddragelse af internationale eksperter. Evalueringen af Nordic Cochrane Center fortsætter som planlagt mhp. at sikre en uvildig evaluering af centerets forskningsmæssig produktion og værdi, organisering og ledelse, impact-analyse m.v.

## Alberte Rodskjer

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**Fra:** Mark Wilson <MWilson@cochrane.org>  
**Sendt:** 28. september 2018 14:07  
**Til:** Lene Brøndum Jensen  
**Cc:** Søren Jensen; Martin Burton; Sarah Watson; Karla Soares-Weiser  
**Emne:** Re: Conc. the Nordic Cochrane Center  
**Vedhæftede filer:** Functions of Cochrane geographic Groups.PDF; Cochrane-Nordic Cochrane Centre Collaboration Agreement - February 2017.PDF

**Prioritet:** Høj

Dear Lene,

Further to our telephone conversation this morning, this note is to confirm Cochrane's position in relation to the impact on the Nordic Cochrane Centre of the termination of membership of Professor Peter Gøtzsche.

Professor Gøtzsche's membership of Cochrane was terminated on 26<sup>th</sup> September and, therefore, his position as the recognized Director of the Nordic Cochrane Centre ended at the same time. He cannot act as Director of a registered Cochrane Group when he is not a member of The Cochrane Collaboration. Although not an employee of Cochrane, the right to lead a Cochrane Group is given and can be withdrawn by The Cochrane Collaboration, and this has been done in Professor Gøtzsche's case in relation to his leadership of the Nordic Cochrane Centre. In addition to Cochrane's Articles of Association and its general principles, policies, charters and processes - and the powers of Cochrane's Governing Board to decide on all matters affecting the charity - the mutual rights and responsibilities of the relationship between Cochrane and the Nordic Cochrane Centre, and Professor Gøtzsche, are set out in the attached Memorandum of Understanding (MoU). This was agreed by Cochrane and Professor Gøtzsche on behalf of the Nordic Cochrane Centre in February 2017. The MoU requires the Nordic Cochrane Centre "to support Cochrane's mission, principles, organizational strategies and goals as defined by Cochrane's Governing Board; and to fulfil the core functions of a Cochrane Centre ... as described on the Centres' portal on the Cochrane Community website and in Cochrane Policies" (Paragraph 2, and see attached pdf available on the website here: <https://community.cochrane.org/organizational-info/resources/resources-groups/centres-portal/establishing-geographic-group/roles-centres-associates-affiliates-and-networks>).

Paragraph 4 of the MoU states: "The Director of the Cochrane Centre agrees to adhere to Cochrane's managerial and performance accountability structures and to all Cochrane's policies and procedures. The Director is accountable to the Governing Board (through the Chief Executive Officer) for the Centre's Cochrane activities." These have obviously been incorporated in the decision this week by the Governing Board, whose right to make a definitive decision on dispute resolution and performance management issues is set out in Paragraph 23: "The decision of the Governing Board will be final." Some of the possible sanctions are set out in Paragraph 25: "Cochrane ... may impose additional measures, including ... suspension or removal of Cochrane's endorsement of the Director, dissolution or transfer of the Centre to another location or organization, or deregistration as a Cochrane Group." In this case, Cochrane's endorsement of the Director has been removed through the termination of his membership.

However, we remain committed to support the future work of the Nordic Cochrane Centre (with some important adjustments under its new leadership). Cochrane's dispute has been with an individual's behavior, not with the other staff of the Group of which he is a part. I was delighted to hear from you this morning that the Ministry of Health's grant is to the Nordic Cochrane Centre, and not to Professor Gøtzsche as an individual. If the grant has been, or will be, given to Professor Gøtzsche in his personal capacity, then – of course – whilst not being able to use the name of Cochrane he could continue to lead and run the present Nordic Cochrane Centre under another name and in any way he sees fit. As this is not the case, we very much want to work with you and the Rigshospitalet in continuing your support to the work of the Nordic Cochrane Centre under new leadership with Professor Gøtzsche taking no part in that work. Just as importantly, we would like to confirm the ongoing support for the even more vital work of the three Cochrane Review Groups that the Ministry of Health grant supports:

- The Hepato-Biliary Review Group – and the Clinical Trials Unit it runs (part of the Cochrane Long-Term Conditions and Ageing Network);
- The Anaesthesia, Critical and Emergency Care Review Group (part of the Cochrane Acute and Emergency Care Network); and
- The Colorectal Cancer Review Group (part of the Cochrane Cancer Network – and see the announcement of Professor Jacob Rosenberg from the Herlev Hospital and University of Copenhagen in Denmark as its new Co-ordinating Editor)

This is particularly the case because until now it is our understanding that Professor Gøtzsche decided unilaterally how much of the total grant received from the Ministry of Health was passed on to the Review Groups, and our records appear to indicate 25% of the grant went to the Hepato-Biliary Group, and 12.5% each to the Anaesthesia and Colorectal Cancer Groups.

We would greatly appreciate a more detailed meeting with the Ministry to discuss the future financing to the Nordic Cochrane Centre and the Cochrane Review Groups. We have no details of the funding contract, its amount, duration, end date, expected outputs and monitoring and evaluation mechanisms and we would be delighted to work with you on these and any other issues you would like us to be involved with. If this would be helpful, I would be happy to travel to Copenhagen to do so.

Once again, please let me express Cochrane's sincere gratitude for the Ministry's long-term support of Cochrane's work in Denmark and around the world (see the screengrab of the appreciation and recognition given on Cochrane's funders page and at: <https://www.cochrane.org/about-us/our-funders-and-partners>). Even in these difficult circumstances, we hope that this support will be able to continue under new leadership to be appointed at the Nordic Cochrane Centre. Please do not hesitate to contact me if you have any further questions or require additional information.

With my grateful thanks,

Yours sincerely,

Mark

**Mark G. Wilson**  
Chief Executive Officer



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**From:** Lene Brøndum Jensen <[lbj@sum.dk](mailto:lbj@sum.dk)>  
**Date:** Thursday, 27 September 2018 13:31  
**To:** Mark Wilson <[MWilson@cochrane.org](mailto:MWilson@cochrane.org)>, Martin Burton <[mburton@cochrane.org](mailto:mburton@cochrane.org)>  
**Cc:** Søren Jensen <[sje@sum.dk](mailto:sje@sum.dk)>  
**Subject:** Conc. the Nordic Cochrane Center

Dear Mark Wilson and Martin Burton,

The Danish Ministry of Health has noticed the recent development concerning The Nordic Cochrane Center and its director with great concern.

The Nordic Cochrane Center is financed by the Ministry of Health.

The Ministry would therefore like to request a statement/clarification concerning the recent development and its consequences for the Nordic Cochrane Center and its director, including:

- Which consequences does the termination of Peter Gøtzsches membership have regarding his position as Director of The Nordic Cochrane Center? What does The Cochrane Collaboration's Governing Board of Trustees' unanimously decision on 25th September to terminate Professor Peter Gøtzsche's membership of the organization, and his present position as a Member of the Governing Board and Director of the Nordic Cochrane Centre entail?
- What are the requirements for the Nordic Cochrane Center to continue as a part of The Cochrane Collaboration?

Due to urgency of the matter, the Ministry would kindly request to receive an answer by October 1<sup>st</sup>.

Please contact me if you have any questions.

Best regards,

Lene Brøndum

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**Lene Brøndum Jensen**

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**MINISTRY  
OF HEALTH**

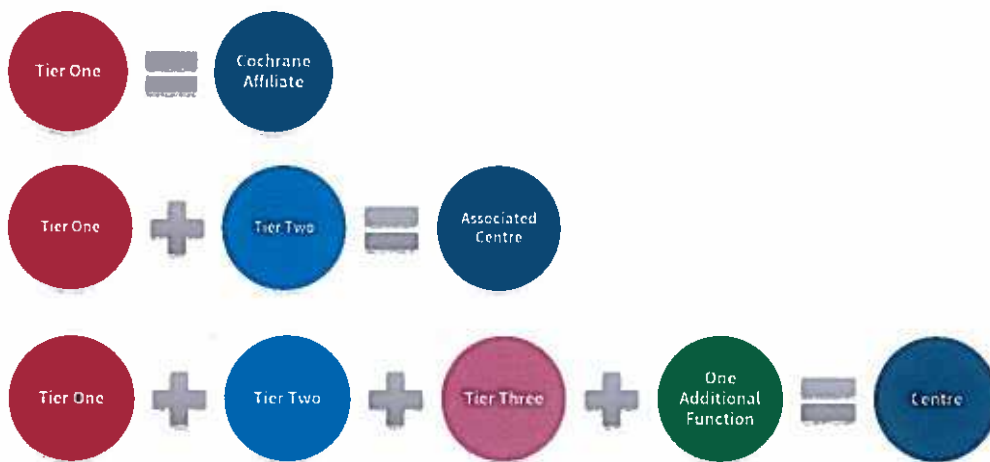
# Functions of Centres

The new functions of Centres and other geographically-oriented Cochrane structures are all directly built on *Strategy to 2020* objectives. The functions are in a tiered hierarchy. Tier One functions must be performed by any Cochrane Group, however big or small. Tier Two functions must be performed by Associate Centres (formerly Branches) and Centres. Tier Three are functions that Centres must perform as well as those in Tiers One and Two. Tier Four are additional functions that any Cochrane Group would be encouraged to consider, however, Centres must perform at least one Tier Four function. These functions are written as: ***"It is a core function of Cochrane Centres [to...]"***

## 1.1. The functions at a glance

	Affiliate	Assoc. Centre	Centre	Additional
Tier One	To support the work of Cochrane's consumer network.	To undertake knowledge translation initiatives locally	To support or lead translation initiatives	To undertake searching of local sources, especially non-English sources.
Tier Two		To act as a coordinating Centre for Cochrane activities	To undertake or contribute to methodological or other research	To expand and diversify funding base of Cochrane work
Tier Three	To be Cochrane's official 'Representatives' locally	To build local partnerships with key stakeholders	Contribute to Cochrane's priority setting work	To build capacity for Review production through training
Tier Four	To promote Cochrane and its work.	To support and develop the community of Cochrane members	To disseminate Cochrane Reviews locally	To host local events

## 1.2. How the tiers map to Groups



### 1.3. The tiers in detail

*Please note: to be concise we refer to "country" as the main area of activities, e.g.: "To promote Cochrane and its work in their country". However, all functions are to be applied within the Group's geographic area, which will be unique to that Group, e.g., for some Groups this will be within a country, other Groups may operate within a broader region and in the case of smaller Groups such as Affiliates they will often be applying the functions within a specified area of a country.*

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
<b>Tier One</b>				
1a	<b>To promote Cochrane and its work in their country</b>	<p><b>Functional area:</b> Representing and promoting Cochrane</p> <p><b>Strategy to 2020 Objective:</b> 3.1</p>	<p>Cochrane Centres/Branches have always been a key point of contact in a country or region providing information about Cochrane and liaising with people locally. This is a key role, but it is important that it is carried out in accordance with our brand guidelines so that everyone talks about Cochrane in a consistent fashion.</p>	<ul style="list-style-type: none"> <li>Promote Cochrane within Institutions in the country (e.g., hospitals, universities, ministries, government agencies).</li> <li>Disseminate information and news from Cochrane within local networks.</li> <li>Where appropriate, translate promotional materials into the local language.</li> <li>Pursue and maintain national subscriptions to the Cochrane Library.</li> </ul>
1b	<b>To support and develop the community of Cochrane members in their country</b>	<p>Developing Cochrane's Membership</p> <p><b>Strategy to 2020 Objective:</b> 4.2</p>	<p>The Cochrane Membership scheme will help to provide a more cohesive experience to being part of Cochrane, but it is essential that we do not lose the local connection that contributors have with their Centre. The membership scheme will support Cochrane Groups with this sort of work.</p> <p>This strong sense of a country/regional community is also important for identifying new leaders so that we ensure appropriate generational change.</p>	<ul style="list-style-type: none"> <li>Provide newsletters and other communications locally (with support of Cochrane provided tools)</li> <li>Support members in their engagement with Cochrane (e.g., help them reach appropriate contacts in Cochrane, or find appropriate tasks they can engage with)</li> <li>Help to maintain an active list of members/contributors in the Cochrane membership database.</li> </ul>



No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
1c	<b>To disseminate Cochrane Reviews locally based on stakeholder networks, the media and other communications channels.</b>	Local knowledge translation and dissemination  <b>Strategy to 2020 Objectives: 2.1; 2.2</b>	A key function of Cochrane Groups is to promote our work locally. This can be through local promotion, media and social media work, newsletters, etc. This may involve a certain degree of translation activity where necessary.	<ul style="list-style-type: none"> <li>Support the Cochrane membership scheme by creating a sense of community locally</li> <li>Provide opportunities for members in the area to take on leadership roles to ensure appropriate generational change.</li> <li>Support CRGs or other Groups in resolving disputes relating to authors in country.</li> <li>Maintain a network of stakeholders for the purposes of disseminating key Cochrane reviews (e.g. press released reviews)</li> <li>Build links with particular national bodies for more targeted dissemination of Cochrane Reviews.</li> <li>Build a social media presence to disseminate Cochrane Reviews locally</li> <li>Translate materials such as press releases to aid dissemination of findings in the local context.</li> </ul>
<b>Tier Two</b>				
2a	<b>To be Cochrane's official 'Representatives' in the country in accordance with Cochrane's spokesperson policy</b>	Representing and promoting Cochrane  <b>Strategy to 2020 Objective: 3.1</b>	Cochrane Networks/Centres/Associated Centres will act as official representatives of Cochrane in a country or region. This is a very important role, that must be carried out in accordance with our new Spokesperson policy.	<ul style="list-style-type: none"> <li>Speak on behalf of Cochrane, where appropriate, at national events or in the national media (always in accordance with the Cochrane spokesperson policy)</li> </ul>

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
2b	<i>To build formal or informal local partnerships with key stakeholders to improve knowledge exchange and dissemination of Cochrane Evidence</i>	Engaging with external stakeholders  Strategy to 2020 Objective: 3.7	Building partnerships at all levels is important and Cochrane Networks/Centres/Associated Centres are best placed to build them in their country. Partnerships can be formal or informal at the discretion of the Centre Director.	<ul style="list-style-type: none"> <li>• Build partnerships based around knowledge exchange (i.e. communicating outwardly about Cochrane and knowledge such as research priorities back to Cochrane) that help us to reach people making decisions in health (e.g. guideline developers, MoH/government agencies, healthcare providers &amp; consumer organisations)</li> </ul>
2c	<i>To engage with external stakeholders locally to inform Cochrane's review priority setting work.</i>	Engaging with external stakeholders  Strategy to 2020 Objective: 1.2	This does not mean that Centres need to start running priority setting exercises, but instead that we should integrate Centres into Cochrane's work to establish priority reviews so that we maximise opportunities arising from the contact Centres already have with external stakeholders.	<ul style="list-style-type: none"> <li>• Work with external stakeholders to establish their research priorities and communicate these back to Cochrane.</li> <li>• Engage in relevant priority setting exercises that are happening in Cochrane.</li> <li>• Where a need is identified, take a leading role in priority setting exercises, e.g., where the country's setting is of relevance to the exercise, or where the burden of disease locally is particularly high and so is a national priority.</li> </ul>
2d	<i>To build capacity for Cochrane Review production in their country by providing or facilitating face-to-face training and support for authors, editors, trainers and other contributors (in collaboration with Cochrane's Learning &amp; Support Department).</i>	Building capacity for review production  Strategy to 2020 Objectives: 1.7; 4.5	<p>Whilst Cochrane has a new Learning &amp; Support Department (LS&amp;D) that will provide tools, curricula, advice, trainer certification and other support, face-to-face training for authors, editors, trainers and other contributors in countries around the world will continue to be a collaborative activity led by Cochrane Groups.</p> <p>Capacity building should be considered in the broadest sense and targeted appropriately for each country and region where we have a local presence so that we are working towards a global network of highly skilled Cochrane contributors.</p>	<ul style="list-style-type: none"> <li>• Provide or facilitate face-to-face author training in the country based on Cochrane's LS&amp;D guidance.</li> <li>• Provide support for authors working on Cochrane Reviews based in their country.</li> <li>• Signpost new author teams to appropriate training materials and courses to develop their skills.</li> <li>• Provide training for being an editor or other Cochrane contributor. Where resources do not allow for this, assist</li> </ul>

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
2e	<i>To host local events such as country or regional symposia that promote the work of Cochrane, actively develop the contributor base, and build stakeholder links.</i>	Representing and promoting Cochrane  Strategy to 2020 Objective: 3.1	One of the recommendations of the Cochrane Events review was that we should place greater emphasis on regional events, and Cochrane's Central Executive should centrally offer some degree of support for organisers of such events.	<p>contributors in accessing other training opportunities in Cochrane.</p> <ul style="list-style-type: none"> <li>• Maintain a programme of virtual events for stakeholders and contributors.</li> <li>• Hold national and/or regional events at least every two years.</li> <li>• Hold meetings of Cochrane Groups in the country at least every two years (potentially combined with other local events).</li> </ul>

### Tier Three

3a	<i>To undertake or contribute to methodological or other research supporting improved production or use of synthesised evidence.</i>	Methodological development  Strategy to 2020 Objective: 1.5	Many Centres have a focus on methodological work, especially where it underpins their training programmes. Other Centres perform research relating to knowledge translation or other elements relating to the uptake of evidence. This function covers this broad range of research related activities that take place in Centres.	<ul style="list-style-type: none"> <li>• Undertake or contribute to methodological research; or</li> <li>• Undertake or contribute to research relating to the production or use of synthesised evidence</li> </ul>
3b	<i>To act as a coordinating Centre for Cochrane activities in a country including supporting CRGs, Fields or Methods Groups that are based in the country.</i>	Co-ordination and management  Strategy to 2020 Objective: 4.4	<p>As we introduce the notion of multiple Groups, such as Affiliates, operating in any given country it is important that we establish clear accountability measures. The Centre would take responsibility for approving, managing and monitoring the performance of smaller Groups working with them. This is a management role that involves being the point of contact in Cochrane's geographic accountability structures.</p> <p>This coordination role also extends to coordinating the overall Cochrane presence in a country. This is not an accountability line as CRGs,</p>	<ul style="list-style-type: none"> <li>• Maintain a programme of work around building links between Cochrane Groups based in the country.</li> <li>• Have a communications strategy to communicate regularly with Groups in the country through newsletters, blogs and other media.</li> <li>• Maintain a development plan for Cochrane's presence in the country that sets out a policy for establishing Affiliates or other Groups.</li> </ul>

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
			Fields, or Methods Groups in that country will still be accountable through existing channels, but there should be a coordination of all Cochrane work in that country and some degree of support for all Cochrane activity.	<ul style="list-style-type: none"> <li>• Manage the performance and reporting of designated Affiliates and Associated Centres in the country as appropriate.</li> </ul>
3c	<b><i>To expand and diversify the the funding base of Cochrane work in the country</i></b>	<p>Sustainable funding</p> <p>Strategy to 2020 Objective: 4.3</p>	Centres have always had the role of supporting other Groups with their funding in their country (or more often, relevant region). They should continue to take a role in leading, facilitating or supporting funding discussions for Cochrane Groups in their country. There is a new emphasis on diversification of funding.	<ul style="list-style-type: none"> <li>• Lead, facilitate or support funding discussions for Cochrane Groups in the country.</li> <li>• Seek opportunities that allow Groups to diversify their funding Income, i.e., attempt to bring in new forms of income revenues for Groups in the country.</li> </ul>
3d	<b><i>To maintain a country advocacy programme in support of Cochrane's mission, profile and agenda and provide a country voice for campaigns Cochrane is involved in.</i></b>	<p>Advocating for and with Cochrane</p> <p>Strategy to 2020 Objectives: 2.3; 3.4; 3.6</p>	<p>Critical to achieving our organisational vision is to communicate about how evidence synthesis and Cochrane evidence can be used in health-decision making. This sort of work is best done on a focal basis, with Cochrane's Central Executive providing advice, tools and support</p> <p>To really have an impact in these campaigns we need to take advantage of our global reach. One current example of a global Initiative Cochrane is supporting is the AllTrials Campaign.</p>	<ul style="list-style-type: none"> <li>• Maintain a programme of work around communicating the importance of Cochrane's work and the importance of evidence synthesis more generally, including its use in policy making.</li> <li>• Work with local research funders to promote primary research that is relevant and high quality; and promote the use of Cochrane Reviews to make decisions around funding of primary research.</li> <li>• Promote issues that are in line with Cochrane's values and principles, such as registration of trials, disclosure of conflict of interest, reporting of trials results.</li> <li>• Actively promote campaigns that Cochrane has signed up to in the local context (e.g., AllTrials)</li> </ul>

## Tier Four: Additional functions

## Functions of Geographically-oriented Groups

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
4a	<b><i>To support the work of Cochrane's consumer network by hosting/supporting a 'consumer champion'</i></b>	Engaging with external stakeholders  Strategy to 2020 Objectives: 1.2; 2.1	Consumer involvement in Cochrane should be structured around a global network with many country/regional contact points. Hosting, supporting and facilitating the work of a volunteer 'Consumer Champion' would allow this network to operate in a geographically dispersed way and increase its impact locally.  This should not necessarily have major resource repercussions as initially these would be volunteer positions to coordinate consumer input in a region. The hope is that in time some Centres would seek funding locally to increase this type of activity in Centres.	<ul style="list-style-type: none"> <li>• Host or provide support to a Consumer Champion in the country.</li> <li>• Support the Consumer Champion to develop and implement a plan of work around consumer engagement in the area.</li> <li>• Where opportunities arise, work with the Consumer Champion to obtain funding for consumer engagement work in the country.</li> </ul>
4b	<b><i>To undertake Knowledge Translation (KT) work or work with other Groups in Cochrane to implement KT initiatives locally</i></b>	Local knowledge translation and dissemination  Strategy to 2020 Objectives: 2.1; 2.2	Knowledge translation beyond the communication and dissemination described in other functions above is often country specific, or at the least highly customised. Knowledge translation work is already done by many Cochrane Centres/Branches, and we believe their engagement with Cochrane's newly proposed KT strategy will be of great value.	<ul style="list-style-type: none"> <li>• N.b. this needs to be worked out in detail once the KT strategy is in place</li> </ul>
4c	<b><i>To support or lead translation initiatives to increase the accessibility of Cochrane Evidence in their native language</i></b>	Multilingual  Strategy to 2020 Objective: 2.6	Cochrane Networks/Centres/Associated Centres in non-English speaking regions are strongly encouraged to undertake translation work or support translation initiatives led by others in their region. We do appreciate that translation will not be a local priority in all regions or languages, hence this is not an obligatory function.	<ul style="list-style-type: none"> <li>• Lead or provide support to an initiative to translate Cochrane Review Plain Language Summaries and Abstracts into the local language.</li> <li>• Where resourcing allows, translate more than just the abstract and PLS.</li> <li>• Work closely with Cochrane's Translations Co-ordinator and use Cochrane systems to undertake translation work.</li> </ul>

No.	Function	Area & S2020 Objective	Notes on contribution	Examples of activities
				<ul style="list-style-type: none"> <li>Develop a local community of translators and actively support that community.</li> </ul>
4d	<p><i>To undertake searching of local sources, especially non-English sources to contribute to the development of CENTRAL, Cochrane's register of controlled trials.</i></p>	<p>Improving identification of trials</p> <p><b>Strategy to 2020 Objectives: 1.4; 1.6</b></p>	<p>Centres have historically had a role in hand-searching, which has contributed significantly to CENTRAL. This function, however, has been expanded to remove the focus on the method (i.e., hand-searching) and put more emphasis on being involved in the discovery of trials locally however that is undertaken.</p> <p>This could also involve work to obtain access to clinical study reports of drug trials and the underlying raw, anonymised individual patient data.</p>	<ul style="list-style-type: none"> <li>Search local journals that have not been indexed by major biomedical databases and identify RCTs.</li> <li>Search local, non-English databases to identify RCTs.</li> <li>Search other sources of trials that are specific to the local area to identify RCTs.</li> <li>Contribute the RCTs found through these activities to Cochrane's CENTRAL database.</li> </ul>



## **COLLABORATION AGREEMENT**

### **BETWEEN**

#### **The Cochrane Collaboration**

St Albans House, 57-59 Haymarket,  
London SW1Y 4QX, United Kingdom

- hereinafter referred to as "Cochrane" -

### **AND**

#### **The Nordic Cochrane Centre**

Rigshospitalet, 7811, Blegdamsvej 9  
2100 København Ø, Denmark

- hereinafter referred to as "NCC" -

**January 2017**

# Preamble

The Cochrane Collaboration (hereafter referred to as Cochrane) is an independent non-governmental, international network of researchers, health practitioners, patient advocates, and patients responding to the challenge of making the vast amounts of evidence generated through health care research more useful for informed decisions about available treatments and diagnostic methods. It believes that a world of improved health is possible when decisions about health and health care are routinely based on high quality, relevant and up-to-date synthesized research evidence, which we produce and disseminate in the form of Cochrane Reviews and other accessible resources, published in the *Cochrane Library* ([www.thecochranelibrary.com](http://www.thecochranelibrary.com)). The *Cochrane Library* is an internationally recognized and unique source of reliable, independent information on the effects of interventions in health care and thus a cornerstone of evidence-based health care. Generated by more than 38,000 contributors from over 120 countries, Cochrane's work is not-for-profit and free from commercial sponsorship.

Cochrane is incorporated in England as a charitable company (The Cochrane Collaboration, Charity number 1045921; Company number 3044323) with a registered office at St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK.

All Cochrane Groups work to implement the goals and objectives of Cochrane's *Strategy to 2020*, in order to achieve its mission to 'promote evidence-informed health decision making by producing high quality, relevant, accessible systematic reviews and other synthesized evidence'. Cochrane "Centres", "Networks", "Associate Centres" (formerly called "Branches") and "Affiliates" are Cochrane Groups that act with a country or regional focus for the organization. Their primary roles are to represent Cochrane, to support contributors to the collaboration's work and to facilitate uptake of Cochrane's outputs within a defined geographical or linguistic area. These Cochrane Groups are resourced by their host institutions and/or national governments or agencies and other funders; through the efforts of their Director(s) and other Group staff who attract core and project funding for Cochrane and other activities.

The Nordic Cochrane Centre (hereafter referred to as NCC - [www.nordic.cochrane.org](http://www.nordic.cochrane.org)) was established in 1993 at the Rigshospitalet, Copenhagen, and works under the leadership of its Director, Professor Peter Gøtzsche.

The Parties are therefore establishing this Collaboration Agreement of 2<sup>nd</sup> February 2017, on the basis of mutual consent, to strengthen their existing cooperation by defining their mutual responsibilities with the purpose of sustaining and developing the activities and impact of the NCC in contributing to Cochrane's mission and strategic goals.

## The Agreement

### General Provisions

1. This Collaboration Agreement will begin on 2<sup>nd</sup> February 2017 and shall be valid for three years. The Agreement may be updated at the request of either [any] of the parties with reasonable justification.
2. The Nordic Cochrane Centre is bound to support Cochrane's mission, principles, organizational strategies and goals as defined by Cochrane's Governing Board; and to fulfil the core functions of a Cochrane Centre as set out in "*Implementing Strategy to 2020: Cochrane Centres, Branches & Networks - New Functions and Structures*" document (and as described on the Centres' portal on the Cochrane Community website and in Cochrane Policies).



3. Cochrane, through its Central Executive and recognised Cochrane Groups, is bound to support the activities of the NCC [and its Associate Centres and Affiliates] according to its available resources.
4. The Director of the Cochrane Centre agrees to adhere to Cochrane's managerial and performance accountability structures and to all adopted Cochrane's policies and procedures. The Director is accountable to the Governing Board (through the Chief Executive Officer) for the Centre's Cochrane activities.
5. Either of the Parties may terminate its involvement in this Agreement by giving six months' notice in writing to the other Parties. Termination of this Agreement should be for good cause only: such as if one Party is in breach of the provisions of this Agreement and does not remedy this breach upon written request of the other Party[ies] within a reasonable time.

### Cochrane's Central Executive

Cochrane, its Chief Executive Officer (CEO) and its Central Executive will:

6. Recognize the NCC as the leader and co-ordinator of Cochrane activities and principal representative of Cochrane in Denmark, and consult with its Director (s) on any activities affecting Denmark and those countries where the NCC manages an Associate Centre/Affiliate.
7. Acknowledge in its Annual Review, website and other organizational materials the support of the Rigshospitalet, Copenhagen as the host of the NCC; and the support of other additional funders to Cochrane's activities in Denmark.
8. Establish, develop, manage and maintain clear organizational strategies, policies, plans and structures in which the roles of the NCC, other Cochrane Groups, Cochrane's governance and advisory bodies and the Central Executive Team (CET) are clear; and provide opportunities for the Centre to input into them, and into the development of annual Cochrane Targets, Plans & Budgets.
9. Provide support to the Director and the NCC in line with activities, objectives and annual targets of Cochrane's *Strategy to 2020*. Further details of this support to deliver the four goals of *Strategy to 2020* may be set out in separate agreements.
10. Provide, at the request of the Director, all forms of support to the NCC and its Associate Centres and Affiliates that is due to the Centre.
11. Upon the request of the Centre Director, engage with, advise and support the Director and his/her staff in their work, including addressing problems or complaints, and helping with conflict resolution.
12. Provide to the NCC full access to the Cochrane Library (via Cochrane's publisher, John Wiley & Sons, Ltd), continued free access and support to all Cochrane's core portfolio of IT tools (including Archie, RevMan, Covidence, Task Exchange and others to be developed and offered to all Cochrane Groups), and one free registration to Cochrane's annual Colloquium.
13. Lead and manage the monitoring and reporting processes of Cochrane Centres, Networks and their Associate Centres and Affiliates. The Central Executive will, wherever possible, minimize the effort required by Centres to fulfil monitoring and reporting activities, and use the reporting and monitoring data it receives and analyses to provide feedback to the Centres to assist their work.
14. Support the NCC in discussions with external stakeholders, and assist fundraising efforts if required.

## Nordic Cochrane Centre

The Director of the Nordic Cochrane Centre will:

15. Support the implementation of Cochrane's *Strategy to 2020* by agreeing with the CEO a bi-annual or multi-year plan of activities for the NCC, including how the Centre will deliver its core functions.
16. Try to secure sufficient funding and in-kind support to allow the NCC to deliver the functions set out for Centres and its own activity plans (e.g., staff costs, computers, internet access, travel).
17. Provide effective leadership, support, monitoring and management of any Associate Centre/Affiliate and may call on the CEO and the Central Executive for all forms of support to the Associate Centre/Affiliate that are due to the Centre.
18. Comply with Cochrane's reporting and monitoring (including financial) requirements.
19. Attend a minimum of two Centre Directors' meetings in every three-year cycle.
20. Inform the Central Executive before signing agreements with third parties (including funders) if there is a risk that these agreements will infringe Cochrane's publishing partnerships, licensing, or general copyright arrangements of Cochrane Reviews or other Cochrane content, or agreements that Cochrane has in place.

The Director of the NCC may:

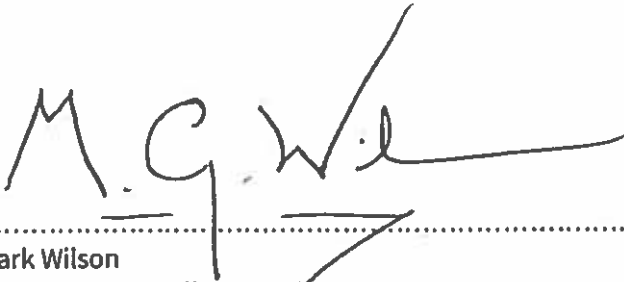
21. Establish and maintain an Advisory Board and/or independent Foundation to advise and support its work (including to attract external third party funding for its activities). The powers of any Foundation will be agreed by the Parties. The powers of any Advisory Board will be decided by the Centre Director.

## Dispute Resolution and Performance Management

22. In the event of a dispute between the CEO and the NCC Director on Cochrane-related business or issues, both will make every good faith effort to resolve it amicably within six weeks. The CEO and/or the Centre Director may call upon the Centre Directors' Executive to advise on the resolution of the dispute.
23. If, following attempts at a resolution of the dispute, the Cochrane Director remains opposed to the decision, he/she may appeal it to the Cochrane Governing Board. If the Centre Director's position is supported by a majority of the Cochrane Centre Directors' Executive, then this will be made clear to the Governing Board. The decision of the Governing Board will be final.
24. In the event that the performance or activities of the Director or his/her Centre in relation to Cochrane activities falls outside the expectations, functions and policies for Centres - and continues to do so following a period of management and support to the Director and Centre - Cochrane, through the CEO and with the involvement of the Centre Directors' Executive, may introduce a series of provisions or other support to help them reach the required standards or implement the required actions.
25. If the Director refuses to accept this support, or accepts it but the matters remain unresolved, Cochrane, through the CEO, may impose additional measures, including provision of further training and support, suspension or removal of Cochrane's endorsement of the Director, dissolution or transfer of the Centre to another location or organisation, or deregistration as a Cochrane Group. The Director or the Host Organization may appeal a decision as in paragraph 23; and the Centre Directors' Executive may give its views to the Governing Board.

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Professor Peter C. Gøtzsche  
Director, Nordic Cochrane Centre

Date:

Handwritten signature of Mark Wilson in black ink, consisting of stylized initials 'M.C.W.' followed by a long horizontal stroke.

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Mark Wilson  
Chief Executive Officer, Cochrane

Date: 22.2.17.