

Minutes of 2007 East Asian Cochrane Alliance Meeting

Date: 11/17/2007

Time: 3:20 – 5:00 pm

Venue: NTUH International Convention Center, Taipei, Taiwan

Moderator: Ken N Kuo

Participants:

Hyeong Sik Ahn (South Korea)

Jako Burgers (GIN)

Edwin SY Chan (Singapore)

Cliff Chen (Taiwan)

Ya-Wen Chiu (Taiwan)

Sally Green (Australasian Cochrane Centre)

Joseph Lau (Boston Cochrane Branch of the US Cochrane Centre)

Byung-Joo Park (South Korea)

Nick Royle (Cochrane Collaboration)

Jin Ling Tang (Hong Kong)

Kiichiro Tsutani (Japan)

Yi-Ching Yang (Taiwan)

Summary of discussion

1. Regarding cooperation style, there is a formal structuring involving in using the word Cochrane to label your entity. However, it may be not necessary to be constrained by language at local level.
2. A Cochrane entity such as the Australasian Cochrane Centre may have branches or networks under its umbrella. Some called branches, for example, New Zealand and Singapore, because they are representing

each country and single context. On the other hand, Networks, such as South Asian Cochrane Network including India, Nepal, Pakistan, and Sri Lanka, put all related countries into a working entity. There is formal monitoring registration process to be able to call your entity as Cochrane entity. There are requirements of Cochrane entities including strategic plans, sustainable founding, articulating KPI, and broad support. Cochrane entity cannot accept commercial funding. Funding usually come from government support.

3. The minimum requirements to be a center including to work in Cochrane activity in some forms, to have formal exploratory meeting which all people participating, to organize formal instruction and training, to support and develop experience for Cochrane review, to have stable funding, and, to support other Cochrane groups around the area if so expected.
4. Although there are Cochrane categories, the key issue is what really works for you, what allows you to come together and let other people to come to your organization as well. To call it networks, alliances, or branch really doesn't matter. Canadian Cochrane Center was formally Canadian Cochrane network. A branch, such as Singapore, also could be part of another network
5. The major issue is to increase the relevance of the Cochrane collaboration to the region, and increase the region's contribution to the Cochrane collaboration. How you want to set up the entity is the decision of people working together.
6. When you register to be a Cochrane entity, you must focus on Cochrane activities. But you also can have other related activities.

7. In discussion the terminology, we have decided that alliance is better than network. Therefore, East Asian Cochrane Alliance (EACA) is the consensus of the people attending this meeting. The alliance will include region/countries such as Japan, Taiwan, South Korea, Hong Kong and Singapore at this moment, and can expand to others in the future.
8. Each individual country/region can develop their own network within their local by supporting training and holding workshop. Being part of Cochrane Alliance, one can support and help each other to build the energy to ensure development and encourage everyone to participate.
9. It will be wonderful opportunities for us. On October 11-14 2009 there will be a Cochrane Colloquium Meeting in Singapore. This will give us enough time to work on this alliance and to have some thing to be the showcase in front of the global Cochrane community.
- 10.EACA is not aimed to create more meetings, but actually to create collaborative topics/subjects.
- 11.Although currently this region is represented by the Australasian center, but it is not constraining. For example: Japan is not mentored by Australasian center but by the US Cochrane center because they are more experienced in publishing between Japan and the US. But, of course, EACA can be under the umbrella of Australasian Center, this will up to our collective decision. Under the umbrella means existing and mentoring by an Cochrane entity. For example, the Australasian is required by the collaboration to send back reports every two years. In that report those branch or network under umbrella will be included.
- 12.Cochrane entities are more about coordination, methodology during

Cochrane reviews, and for updated reviews across clinical topics. The core function of a geographic based alliance is about supporting and using Cochrane reviews across the clinical areas. It may be not appropriate for the alliance or entity to restrict to a few clinical areas. It can be vertical focus in clinical areas or horizontal focus, for example, a project doing translation, a project on methodology, or both.

13. The Cochrane core mission is to produce systematic reviews, to support people in community business through training, through recruiting and through information. There are set of core functions they need to do to be considered as entity and come back to produce and use systematic reviews.
14. Singapore experience: Singapore offered a founding historically to include salaries for people to engage in EBM under a traditionally pure clinical trials unit. Singapore experience is not a pure trial center, but also wants to have a capability for doing epidemiology, and to be a key support of Cochrane activities. The first thing we attached was Cochrane training and associated with doing Cochrane reviews. And we do a lot of functions which a branch was expected to do, such as supporting systematic reviews, conducting training courses, teaching and actually doing reviews. Singapore's ease transition into the branch primarily was due to its historical development of the organization and the recognition by Australasian Cochrane center. This was an easy, crossover, and then some assurance to the pay masters and funders and also have the flexibility of calling Cochrane activities under the umbrella of EBM.

15. Everyone should experience at least doing one Cochrane review, not other non-Cochrane systematic review. It gives you credibility and understanding the process. Then you can decide whether to leverage your position, your time, and your influence in doing or encouraging people to do Cochrane review.

Concluding summary

1. There is a consensus to form East Asian Cochrane Alliance (EACA) by **Japan, Korea, Singapore, Taiwan and Hong Kong** initially, under the support of **Australasian Cochrane Center**.
2. The core function of EACA is to promote, support Cochrane systematic reviews and related activities in the regions.
3. It will be achievable to work out related preparation and strategic planning and to be showcased in front of the whole global Cochrane community during the Cochrane Colloquium in Oct 11-14. 2009 in Singapore.
4. The alliance can firstly begin its business from the training program of Cochrane review to meet the need in the region.
5. the five regions/counties are expected to appoint their representatives and we will call for the preparatory meeting in the near future.