

Knowledge Translation case-study: **Cochrane Oral Health – A global alliance of strategic partners to support evidence production and use**

This case study tells the story of the Cochrane Oral Health Global Alliance; a scheme initiated in 2010, to develop partnerships between Cochrane Oral Health and multiple national associations and colleges. The partnerships provide many benefits including ensuring stakeholder input into developing the priorities for reviews in oral health and dentistry, along with contributing funding towards the resources required to deliver Cochrane evidence.

The beginning – a clear need – the desire to have timely, relevant and high quality reviews

At Cochrane Oral Health we had two main challenges: to produce high quality reviews for which we needed well qualified staff (especially methodologists), and to make sure the reviews we produced were relevant to our end-users.

We decided to develop a Global Alliance (GA) of key partners in oral health and dental care to help us build a priority portfolio of required synthesised evidence. At the same time, we would encourage these partners to provide financial support, at a self-defined affordable level, that would help us recruit the needed capacity and skills to conduct the priority reviews in a timely manner.

Working towards success

We initially approached organizations with whom we had existing relationships to become GA partners. This had the benefit of discussing sustainable evidence production with groups who were already supportive of our research activities.

We aimed to acquire sufficient GA partners to be able to match our NIHR funding level which could support the employment of two full-time staff and administrative support. We request that all GA partners commit to a 3-year term of annual research donations of an amount affordable to each organization, to allow us to employ necessary editorial base support. However, the donation amount is for each GA partner to determine themselves, and if pressed for an amount, we provide them with the median received to date.

The GA is as formal a structure as is possible which includes providing annual reports, having an Annual General Meeting (AGM), and receiving signed commitments of funding terms or one-off donations via 'research donation letters' (to satisfy Charities Commission/auditing requirements). The formality is also necessary to ensure continuity of finance, particularly for retaining staff and extending their contracts.

To date, we have acquired 15 GA partners (national associations and colleges), although only nine are current and the remaining six have lapsed. The main reasons for these six leaving the GA are their own financial constraints and changing priorities of the organization.

All GA partners are funders and are actively involved in the prioritization process - through

nominating an organizational representative to engage on their behalf. Other activities with members include us providing training on evidence informed health and health care, or supporting a team of review authors.

Mutual benefits

- Working with partners to identify the ‘right’ reviews is essential. This then facilitates use of the review results (i.e. by guideline developers) – getting the guidance to those who need it, faster. This is illustrated by the case study of the American Dental Association who, after working with us to provide the reviews they needed, reduced their [oral cancer guideline](#) production timeline from 2 years to just 6 months.
- As we build up expertise and skills in-house, the process of producing reviews is quicker – which means our partners benefit.
- One key benefit to our partners is a recognition (on publications issued within a year of each research donation, and on [our website](#) in perpetuity) of their contribution to the production of evidence that they (and their membership) see value in having access to. An example of this (from our GA partner, New York University College of Dentistry) is demonstrated in a [YouTube video](#) that we produced for Cochrane’s 20th anniversary.

Maintaining success and looking to the future

- We are currently expanding our partnership engagement to include other evidence synthesizers and guideline development groups within a Global Evidence Ecosystem for Oral Health ([GEEOH](#) [coming soon]). Establishing the GEEOH broadens GA partners’ contributions from focusing upon sustainable evidence production towards a transformational model of evidence development. It is hugely exciting for partners to see how they contribute to a much broader picture of public health impact in oral health. The ecosystem approach helps in developing a joint vision that partners are working towards.
- We are building our own capacity in strengthening relations. We now have a dedicated point of contact within the editorial base with whom partners can liaise with, which assists in maintaining relationships.
- Several GA partners have tried to assist in the recruitment of additional partners; however, maintaining organizational interest in supporting the GA has proved difficult, as executive committees of organizations rotate each year and initial interest was largely driven by individuals who then moved on to other roles.

Tips and lessons learned

- Partners appreciate being given [short annual reports](#) detailing outputs and successes to share with their organizations. These documents can also be used to approach new potential partners.
- Inviting multiple partners to contribute to prioritization processes is good, but ensure their contributions inform the resulting priorities rather than driving the priorities (a contributory force rather than a definitive one); multiple partners could result in a multitude of priorities - which can be difficult to deal with.
- Managing partners’ expectations around providing training provision and new title registration can be challenging. Some may assume their donations afford them privileges.
- Try not to make special-cases for initial partnerships - we encountered difficulties with our first partner by promising the delivery of reviews in a specific area of oral health, with allocating editorial base resources in reciprocity for their donation. Instead, we now frame partnerships as supporting the production of evidence synthesis across oral health, rather than specifics which can be difficult to replicate for every individual partner.
- Maintain personal contact at a technical level, as executive committee members rotate annually in some cases.
- Keep the editorial base’s designated point-of-contact copied into partnership emails. This ensures centralized communication, and avoids duplication.

- Creative dialogues are needed, and will help find new opportunities. A good example is the eco-system approach referred to above.

Tips for financial arrangement with partners

- Be aware of banking charges, which are often applied to international bank transfers, and make clear to partners that these are additional to donation commitments; otherwise the donation received may be less than what was promised.
- Your host institution may have specific financial and auditing processes (particularly for philanthropic gifts) which may require particular documentation. In our case we needed 'research donation letters' stating the purpose of funds and specifying a spend-by date.
- Situations change. We experienced a partner that was no longer able to support us in the way that they had committed to. To minimize impact of such changes, we recommend prioritizing salaries above other expenditures (travel, conferences, training). Also, be careful not to become too reliant upon partnership funding.

Jo Weldon, Research Coordinator and the Cochrane Oral Health Team

The Knowledge Translation Partnerships Working Group has developed [work-in-progress guidance](#) to help Cochrane Groups develop, strengthen and maintain meaningful partnerships.

If you have examples of your Knowledge Translation work that you would like to share, please contact Karen Head at khead@cochrane.org