

# ***Lifting The Burden***

## **The Global Campaign to Reduce the Burden of Headache Worldwide**

A partnership in action between the World Health Organization, World Headache Alliance, International Headache Society and European Headache Federation

## **Translation protocol for technical documents**

**These guidelines have been developed by the Translation Working Group for the translation of documents (hereafter called "technical documents") produced by *Lifting The Burden* and aimed at health-care professionals.**

Translations of all technical documents should follow these guidelines to ensure a high quality of translation and to be approved by the Translation Working Group.

Translation should follow five steps.

### **1. Coordination of the translation**

A translation coordinator, who oversees but does not carry out the translation, is selected according to the following criteria:

- a headache expert;
- bilingual in English and the target language (ideally a native speaker and a resident of the country of the target language);
- has ability to mediate between different translators and to understand the points of view of lay and professional translators.

If the coordinator is not a native speaker, a referee (native speaker) must be nominated. The referee cannot be involved in the translation process, and is called upon to arbitrate should irreconcilable views amongst translators prevent the production of a consensus-based translation.

The tasks of the coordinator include:

- selecting the translators and assessors (and referee if necessary);
- organising and overseeing the translation, including meeting with the translators to produce a consensus-based translation;
- organising and overseeing the quality assurance of the translation;

producing the report of the translation process.

## **2. Translation into target language**

Two independent translations into the target language of the original document must be produced.

The two translations may be carried out by two individual translators, by two pairs of translators (one translates and the second of the pair reviews the translation) or by two independent panels of translators (with 3-4 members in each panel). If a translator pair or a panel is used, one person should be named chairman and is responsible for liaising with the translation coordinator. The two individuals, pairs or panels may not confer with each other until each has produced their translation.

Translators are selected according to the following criteria:

- native speaker of the target language;

- at least one (individual, pair or panel) must be headache expert(s) or primary-care physician(s), according to the intended audience of the document;

- (ideally, the other is a professional translator or bilingual person, pair or panel skilled in language/linguistics, such as a teacher or journalist; if no such translator is available, then a second headache expert or primary-care physician [individual, pair or panel] may be used).

Translators are instructed to:

- keep translations professional, using technical language;

- make semantic and conceptual translations (rather than literal), so that the meanings of the words and phrases remain as in the original document;

- avoid invention (adding their own ideas to the text);

- keep a record of any parts that they found difficult to translate.

## **3. Production of a consensus-based translation**

The coordinator works with the two translators, or the named chairmen of the translation pairs or panels, to reconcile differences between the two translations and produce a consensus-based translation. There are three steps to this process:

- the translators each send their translations to the coordinator;

- the coordinator makes an initial comparison of the two translations and highlights and records any parts of them that are substantially different;

- the coordinator and translators (or chairmen) meet (or, alternatively, hold a teleconference) to discuss these parts and any other problem areas, agreeing through consensus on one translation.

If the translators cannot reach a consensus on any part, the coordinator, if a native speaker, makes the final decision. If the coordinator is not a native speaker, the referee is called upon to make the final decision.

#### **4. Quality assessment**

Three assessors are selected according to the following criteria:

- either headache experts or primary-care physicians, according to the intended audience of the document;

- a native speaker of the target language (and, ideally, a resident of the relevant country) with good understanding of linguistic factors (such as grammar, readability) but not necessarily bilingual.

The assessor is instructed:

- that the document is to be utilized by health-care professionals (specified, when appropriate);

- to assess the consensus-based translation for readability, grammatical correctness, medical correctness and cultural suitability;

- to keep a record of his/her comments and send these to the coordinator.

Each assessor reviews the consensus-based translation individually, without reference to the others, sending comments to the coordinator.

Minor changes suggested by the assessors may be implemented by the coordinator (in consultation if necessary with the referee).

When substantial changes are suggested, the coordinator must liaise with the translators (and referee if necessary) to agree on an alternative translation. If substantial changes are agreed, the quality of the new translation should be re-assessed by the same processes.

#### **5. Report of the translation process**

The coordinator should produce a report in English on the translation process, documenting the details (qualifications and experience) of the translators, referee and assessors. Furthermore, the report will contain:

- the original document;

- the two first translations, the consensus-based translation, any other intermediate versions and the final translation;

- a record of any substantial difficulties encountered during the translation (difficulties may include problematic words or parts of the document that were difficult to translate, points of disagreement and alternatives, or any aspects on which it was difficult to achieve consensus or that were highlighted during the quality assessment of the translation).

The report is sent to the chairman of the Translation Working Group.

## **Resolving problems**

Any problems with or queries about this translation process should be addressed to the chairman of the Translation Working Group.