

Delivery of the *Strategy to 2020* in 2017: Targets Report

Strategy to 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world.

Trusted evidence.
Informed decisions.
Better health.



Progress status indicator	
PR = Progress	
SP = Spend against allocated budget	
Green (G)	Good progress, with confidence that most delivery dates will be met
Amber (A)	Some delays that may affect overall delivery, with corrective action required - including alterations to original delivery dates
Red (R)	Serious concerns that current or revised delivery dates will not be met; urgent corrective action required

Abbreviations:	
Q1 – Q4	Quarter 1 (January – March) Quarter 2 (April – June) Quarter 3 (July-September) Q4 (October-December)
CET	Central Executive Team
SMT	Senior Management Team
CET departments	The CET departments were re-organized and re-named in early 2018: <ul style="list-style-type: none"> • CEO: CEO's Office • IRD: Innovations, Research & Development • EM: Editorial & Methods (previously CEU) • KT: Knowledge Translation (previously Communications & External Affairs) • MLS: Membership, Learning & Support Services (previously Learning & Support) • ITS: Informatics & Technology Services (previously Informatics & Knowledge Management) • FCS: Finance & Core Services

Key messages at the end of 2017:

- Nine of the 10 Targets established for 2017 were completed or made good progress. Only the launch of an enhanced Cochrane Library has faced major delays.
- In 2017, Cochrane made major changes to its organizational structure with the launch of eight CRG Networks incorporating all CRGs, and the completion of the structure and function review of Fields. Furthermore, a Membership Scheme was launched.
- Knowledge Translation was confirmed as new key function for the organization with the launch of the KT framework and associated work packages.
- Long-standing work to launch a web version for RevMan, and training and accreditation resources for editors, came to fruition.
- A hugely successful inaugural Global Evidence Summit was held, attracting over 1,300 participants from 75 countries. Summits will now be held every four years.
- Project Transform, which aims to improve the way people, processes and technologies come together to produce Cochrane content, attracted significant external funding to expand its remit.
- A new translations management support tool was implemented to support the incredible work of translations teams working in 14 languages.
- Following the extensive changes to Cochrane's Articles of Association in October 2016 five new 'internal' Board Members were elected by Cochrane's individual membership in separate rounds of voting in 2017, and another four 'external' Board members appointed. This marked the largest single transformation of Cochrane's governance ever in a single year. A new advisory body, the Cochrane Council, set up as a forum for Cochrane's Groups to meet and consider key issues affecting the organisation also began its work in April 2017.

More resources on 2017 performance:

- [2017 Cochrane Dashboard](#)
- [Strategy to 2020 on Cochrane Community](#)
- [2017 Annual Review](#)
- 2017 Trustees Report & Financial Statements
- [2017 Community Video: Recognizing success in 2017](#)
- [2018 Definitions of Success](#)

2017 Targets

Strategy to 2020 Targets for 2017

PURPLE: not started or N/A; RED: serious concerns; AMBER: some delays; GREEN: on target

● 1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews

● 4. Improve the process of producing translations to make it easier for Cochrane translators and editors

● 8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms

● 2. Complete the Transform project

● 5. Define an organization-wide framework for knowledge translation activities

● 9. Launch a Cochrane membership scheme

● 3. Complete the delivery of a programme of training and accreditation for editors

● 6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish

● 10. Complete implementation of the approved governance reforms

● 7. Host a successful Global Evidence Summit

1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews

RevMan Web is the next generation of Cochrane’s Review Manager software for preparing and maintaining Cochrane Reviews. This browser-based version of RevMan will work across all platforms, be installation-free, and automatically updated. Due to the de-prioritisation of this Target in 2016 to focus resources on the technical implications of the enhanced Cochrane Library project and membership scheme, delivery of RevMan Web was moved to 2017.

End of year assessment			
Target Outcomes	Cochrane authors and editors have started using RevMan Web for updating and writing intervention Cochrane Reviews, which allows: <ul style="list-style-type: none"> Improved integration between review production tools, particularly Covidence, RevMan and GradePro. More frequent and seamless delivery of updates and new features. Concurrent working by more than one author on the same review. 		
Indicators of Success	<ul style="list-style-type: none"> ReviewDB (the supporting technical infrastructure for RevMan Web) and RevMan Web for Intervention reviews are released without known critical issues. Covidence integrates with RevMan Web for new reviews and updated reviews. At least 50% of users actively working on intervention reviews have used RevMan Web in a given month. 		
Deliverables – by CET and third parties	<ol style="list-style-type: none"> 1. Release of ReviewDB for intervention reviews synchronizing with Archie. 2. A roll-out plan for RevMan Web has been developed and communicated to groups and a package of user support resources is available. 3. Release of RevMan Web Intervention Beta for testing and use by a limited audience. 4. RevMan Web Intervention Beta released for all Cochrane users. 5. RevMan Web Intervention Beta with Covidence integration supporting a review updating cycle. 6. Release of RevMan Web for intervention reviews. 7. RevMan Web supports other review types and more new methods. 	Estimated Delivery Dates:	End of year:
		Q1 2017	✓
		Q2 2017	✓
		Q2 2017	✓
		Q3 2017	→
		Q4 2017	→

		Q4 2017 In 2018	→ To be confirmed
Deliverables – by Cochrane Groups	<ol style="list-style-type: none"> All Review Groups (CRGs) have designated at least one person as the Group’s first point of contact for RevMan Web, who can support the rest of the Group and is the communication link to the Central Executive Team/ME Support. All CRGs respond to surveys on their experience with RevMan Web. The Statistical Methods Group has contributed and agreed to a plan for new statistical methods in RevMan Web. 	Estimated Delivery Dates: Q2 2017 Q2-3 2017 Q3 2017	End of year: → → To be confirmed
Start date for work	2015		
End of year assessment	<p>Due to delays to delivery of the enhanced Cochrane Library and Membership projects, the CET’s development team did not have capacity to progress the implementation of RevMan Web from Q4 2016 to Q2 2017. However, quality assurance and rollout planning did progress during this period, and development work resumed Q3 2017, with 7/12 Q3 & Q4 sprints dedicated to RevMan Web. This first resulted in an ‘Alpha’ release that was used to develop training and orientation materials, and then a ‘Beta’ release to the community in December 2017. The Beta is gradually being rolled out to a wider audience based on several criteria such as support load, issues identified, and user feedback.</p> <p>Further work has been done in the CET to determine the roadmap and process for prioritising features for RevMan and the Cochrane Library. It is likely the content strategy developed by the EMD will play a leading role – this is reflected as a “to be confirmed” date for deliverable (7) for the CET and deliverable (3) for Cochrane Groups. We will define smaller work packages and release often to deliver value sooner.</p>		

2. Complete the Transform project

The Governing Board approved ‘Project Transform’ for funding from 2015-17 as part of the Cochrane ‘Game Changer’ initiative for allocating core funds to achieve ambitious strategic goals. The aim of the project is to work with the Cochrane community to improve the way people, processes and technologies come together to produce Cochrane content. 2017 is the final year of the project and it is expected to deliver on-time and within scope.

End of year assessment			
Target Outcomes	Significantly improved long-term value and sustainability for Cochrane by piloting, refining, and scaling up innovations in content production in collaboration with other Cochrane projects. The starting point for Project Transform is the assertion that content production is our core business and our global network of contributors is our greatest asset. By better mobilising these networks through the appropriate use of technology, we can maximise the value of our content and our long-term sustainability in a changing external environment.		
Indicators of Success	Overall completion of the project’s proposed deliverables, with:	Estimated Delivery Dates:	End of year:
Deliverables – by CET and third parties	<ul style="list-style-type: none"> Evidence Pipeline: More than 85% of RCTs in new Cochrane Reviews sourced from the Cochrane Register of Studies Database Cochrane Crowd: 5 tasks available on the platform Task Exchange: More than 3,000 active users 	Q4 2017	→

Deliverables – by Cochrane Groups	<ul style="list-style-type: none"> • Production Models: 20 author teams involved in new production models • Guidelines: Completed integration of systems with author tools • Machine learning: Launched repository of datasets for machine learning by Bond University 		
Start date for work	2015		
End of year assessment	<p>Cochrane's Project Transform team was awarded a Partnership Project grant from the Australian National Health and Medical Research Council (NHMRC) at the end of 2015. The funding will help the project team find the best way to bring together automation, crowdsourcing and Cochrane's global network of contributors to transform the way evidence is produced. Current research and evaluation activities will be expanded, particularly across the automation and crowdsourcing initiatives, and demonstration projects with the Australian guideline development community will be set up. The NHMRC grant will help Cochrane move more rapidly towards effective and efficient evidence and guideline production.</p> <p>A variation to change the end date of the Project Transform to the end of 2018, to bring it into alignment with the NHMRC Partnership Project life cycle and associated expanded project activities, was executed in May 2017.</p> <p>The project team has re-prioritised the overall delivery schedule in response to both developments in technological solutions through the project life cycle, as well as dependencies and synergies with other Cochrane projects (e.g. Linked Data).</p> <p>This re-prioritisation will have no impact on the final delivery of items, and by the project end date of 31 December 2018, the project team will have delivered on all items across the six project components as per the deliverables.</p>		

3. Complete the delivery of a programme of training and accreditation for editors

First established in 2015, this Target is a programme covering a broad range of activities to improve the support provided for Cochrane editors. The major project to identify a set of core competencies for editors of biomedical journals, led by the Ottawa Hospital Research Institute (OHRI), is now complete, though OHRI has been unable to finish the implementation and evaluation of a training programme aligned with the competencies. Continuing this work is now the Cochrane Learning & Support Department's highest priority in 2017. Working closely with the Cochrane Editorial Unit and CRG leadership, a comprehensive editor training plan will be agreed, beginning with a project to apply the competencies developed by OHRI to Cochrane's specific context, and develop a comprehensive programme of training and support as intended under the 2016 Target.

End of year assessment			
Target Outcomes	<ul style="list-style-type: none"> • A programme of ongoing learning and support for Editors, aligned with the Quality Strategy and identified core competencies. • Assessment of editorial competencies and learning behaviours through accreditation enabled. • All Cochrane editorial teams engaged in a conversation about ongoing learning. 		
Indicators of Success	<ul style="list-style-type: none"> • A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies. • A framework for Editor accreditation has been developed for implementation from 2018. • CRGs are actively engaged in designing and implementing editor training and are satisfied with the CET's work in this area. 		

<p>Deliverables – by CET and third parties</p>	<ul style="list-style-type: none"> • An Editor Training Strategy has been drafted and presented to the Co-Eds at the Geneva Mid-Year Meetings. • The core competencies identified by the Ottawa Health Research Institute project in 2016 have been adapted for Cochrane needs, a preliminary suite of training resources identified, and a plan for new resources to be developed has been agreed. • A framework for Editor accreditation has been drafted and the data required to confirm accreditation has been mapped. • Development of new editor training resources has begun, and systems to collect the required data for accreditation are in place. 	<p>Estimated Delivery Dates:</p> <p>Q2 2017 Q3 2017 Q3 2017 Q4 2017</p>	<p>End of year:</p> <p>✓ ✓ → ✓</p>
<p>Deliverables – by Cochrane Groups</p>	<ul style="list-style-type: none"> • Co-Eds have provided feedback on the Editor Training Strategy and approved the direction of travel at the Geneva Mid-Year Meetings. • Groups have engaged in discussions around the implementation of Editor training and accreditation and provided constructive feedback. • Co-Eds have approved the accreditation framework in principle. 	<p>Estimated Delivery Dates:</p> <p>Q2 2017 Q3 2017 Q4 2017</p>	<p>End of year:</p> <p>✓ ✓ →</p>
<p>Start date for work</p>	<p>Q1 2017</p>		
<p>End of year assessment</p>	<p>A joint Editor Training Strategy was developed by the LSD and CEU (now MLSS and EMD), and the direction of travel was presented in Geneva in April and supported by the Co-ordinating Editors.</p> <p>A map of core competencies for editors has been mapped against Cochrane requirements, providing the basis for a draft Editor Learning Framework, to be discussed in Lisbon and turned into a programme of learning for Cochrane Editors in 2018 and beyond.</p> <p>The Learning Record Store (LRS) has been set up, which is a piece of infrastructure necessary for tracking editors’ learning activities, both online and face-to-face. The work on linking individual learning resources and events with the LRS and creating individual and group reports will continue in 2018 and provide a basis for future accreditation of Cochrane Editors.</p> <p>The work on creating an Editor Training Portal has begun, which should provide a one-stop-shop for learning and support for Cochrane Editors.</p> <p>Specific training on common errors for editors have been delivered as a workshop in Cape Town (at the Global Evidence Summit) and at the 2017 UK Symposium, as a Learning Live webinar, and through promotion of Common Errors learning modules.</p>		

4. Improve the process of producing translations to make it easier for Cochrane translators and editors

In 2016, Cochrane supported translations teams working in Croatian, French, German, Japanese, Korean, Malay, Portuguese, Russian, Simplified Chinese, Spanish, Tamil and Traditional Chinese, and these teams published 4,784 new or updated translations of Review abstracts and Plain Language Summaries over the year. To support their further development in 2017 we will review the present and future capabilities of the existing translation management system (TMS), used to manage the editorial process for translating content, against possible alternatives and proceed based on the best strategic fit for Cochrane.

End of year assessment			
Target Outcomes	Improved process of producing translations which makes it easier for Cochrane translators and editors; facilitates volunteer involvement and quality control; enables high level of data automation and membership integration with Cochrane systems.		
Indicators of Success	<ul style="list-style-type: none"> • Alternative translation management systems (TMS) have been user tested and assessed with translation teams and IKMD against existing system. • A decision has been made on the future TMS, and a contract agreed. • A new TMS has been integrated with our systems; or setup of existing system has been enhanced. • All active translation teams have been trained to use the new or enhanced system to translate Reviews and web content. 		
Deliverables – by CET and third parties	<ol style="list-style-type: none"> 1. Run user testing of alternative TMS. 2. Agree on future system. 3. Negotiate future TMS contract. 4. Integrate TMS with Cochrane systems. 5. Set up system for all active translation projects. 6. Run training on how to use new system. 7. Monitor teams’ use of the system, recommend adaptations as needed. 	Estimated Delivery Dates: Q1 2017 Q2 2017 Q2 2017 Q2/3 2017 Q4 2017 Q4 2017 Q4 2017 and beyond	End of year: ✓ ✓ ✓ → → → →
Deliverables – by Cochrane Groups	<ol style="list-style-type: none"> 1. Translation teams participate in TMS testing. 2. Translation teams participate in training on how to use future TMS. 3. Translation teams use the future system to translate Reviews and web content. 	Estimated Delivery Dates: Q1 2017 Q4 2017 Q4 2017 and beyond	End of year: ✓ → →
Start date for work	Q1 2017		
End of year assessment	<p>Translation teams participated in in-depth user testing of different TMS in February 2017. The results from the user testing, technical and cost analysis were discussed with the Translation Advisory Group at the Governance Meetings in Geneva, in April 2017. Due to limited capacity in ITS department, it was agreed to extend the Smartling contract for 12 months, and to make a final decision on the future system in October. The delayed decision meant that the timelines for this target have been pushed back by about six months.</p> <p>Considering any relevant developments, the Translation Advisory Group re-assessed potential TMS in October, and decided to replace Smartling with Memsorce. The Memsorce contract took effect on 1 February 2018.</p> <p>The technical integration of Memsorce with cochrane.org is complete. The integration with Archie for the translation of Reviews, Cochrane Account and the CRM is in progress. Translation teams will start using Memsorce in April 2018.</p>		

5. Define an organization-wide framework for knowledge translation activities

End of year assessment			
Target Outcomes	A defined role for knowledge translation in Cochrane, providing a framework to coordinate Knowledge Translation (KT) activities across the organization, and support those who are well-placed to undertake this role.		
Indicators of Success	<ul style="list-style-type: none"> • A knowledge translation strategy has been delivered to and approved by the Governing Board. • An implementation plan is available with sufficient detail to inform the 2018 budget planning. 		
Deliverables – by CET and third parties	<ol style="list-style-type: none"> 1. A strategy outlining where Cochrane should focus its efforts and approach in KT is published. 2. An implementation plan for the KT strategy is developed. 	Estimated Delivery Dates:	End of year:
Deliverables – by Cochrane Groups		Q2 2017 Q4 2017	
Start date for work	2016		
End of year assessment	<p>Following the approval of the KT Framework in April 2017, a KT Advisory Group was been established. Webinars were held by the CET to engage the wider community in discussing KT implementation priorities. These webinars also asked members of the community to indicate KT areas they would like to contribute to.</p> <p>Following these webinars and interactions with the KT Advisory group, a KT implementation plan was drafted, submitted and approved by the Governing Board in September 2017. From October the KT implementation has started, in first instance by setting up working groups, involving around 100 community members, for each of the prioritised KT work packages. These working groups have met and all have identified priority areas of work for 2018.</p>		

6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish

The Central Executive Team and Wiley are currently working with a third-party provider to develop an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use Cochrane content in their decision-making. This is a complex project that is divided into many different areas, including the display of Cochrane Reviews and CENTRAL, linking of the CDSR and CENTRAL, the search and discovery interface, and multi-language search and the display of non-English language content. Researching user needs and stakeholder insights is a key component of development. We have been doing this research through one-to-one user testing with Cochrane Library users and focus groups with members of the Cochrane community. Due to the complexity of work and the requirement to create new and bespoke functionality, overall delivery is slightly delayed – now expected to be in the middle of 2017 rather than at the end of Quarter 1, as previously planned.

End of year assessment			
Target Outcomes	A new Cochrane Library platform and Spanish language portal will improve user experience, and allow users searching in Spanish and finding both Spanish and English language content.		
Indicators of Success	<ul style="list-style-type: none"> The new platform has been launched successfully without critical problems (e.g. crash, failure of essential functions). The Spanish language portal will have been launched and available to users. Users will be able to search in Spanish and retrieve Spanish and English language content. Longer term, usage will increase by people in Spanish speaking locations. 		
Deliverables – by CET and third parties	1. Central Executive Team: Requirements documentation delivered on request. User acceptance testing. Issues identified and raised in timely and appropriate manner, including escalation to SMT of critical risks and issues.	Estimated Delivery Dates: Q3 2017	End of year: →
Deliverables – by Cochrane Groups	2. Highwire (external development partner)/Wiley: Development of platforms with appropriate functionality as described in the tender document and subsequent feature descriptions.		
Start date for work	Q2 2016		
End of year assessment	This major but complex project – essential both to the achievement of Cochrane’s mission and Cochrane’s future financial sustainability - is classified as a high priority for the CET, and continues to consume large commitments of time and effort from staff, with significant negative impacts on other projects and Targets. The new platform was not launched in 2017 as hoped, but a beta launch was achieved in April 2018. A full launch is expected by July 2018.		

7. Host a successful Global Evidence Summit

In 2017 Cochrane is joining with four other leading organizations – the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute – to hold the first ‘Global Evidence Summit’ (GES) in Cape Town, South Africa from 12-16 September 2017. The GES replaces the normal Cochrane Colloquium in 2017. Its aim is to highlight and promote evidence-informed approaches to health policy and development, offering the most cost-effective interventions, particularly in the context of low- and middle-income countries.

End of year assessment			
Target Outcomes	The GES will have strengthened Cochrane’s position as a leader in evidence-based health care, and in active association with international policy and guideline developers, consumer networks and organizations.		
Indicators of Success	<ul style="list-style-type: none"> We will have a stronger integration and relationship with international guideline developers and policy-makers, measured by citations of Cochrane evidence and enhanced relationships/partnerships. The event will have received more than 2,000 registrations. 		

<p>Deliverables – by CET and third parties</p>	<ul style="list-style-type: none"> • Cochrane CET, and the four participating organizations will deliver on their objectives set out by the Global Organizing Committee, and the Local Organizing Committee. • Cochrane CET will be represented on each of the Committees and Sub-Committees to ensure Cochrane and its strategic aims are represented throughout the event. • The CET, together with representatives from the four participating organizations will work together to achieve the desired number of successful registrations. • The CET will work to deliver a successful global event with effective event administration, on-site and remote organization, and brand and promotional support, as and when required. • The CET will provide technical support for the event. 	<p>Estimated Delivery Dates:</p> <p>Q3 2017</p>	<p>End of year:</p> <p>✓</p>
<p>Deliverables – by Cochrane Groups</p>	<ul style="list-style-type: none"> • Cochrane Groups will support the event by ensuring prompt registration by their members and contributors. • Cochrane Groups will submit relevant abstracts and workshops to ensure Cochrane and its strategic aims are represented throughout the event. • Cochrane Groups will actively support the promotion of the GES through effective communications and dissemination through social media and their websites. 	<p>Estimated Delivery Dates:</p> <p>Q3 2017</p>	<p>End of year:</p> <p>✓</p>
<p>Start date for work</p>	<p>June 2016 since announcement and launch of the GES plans.</p>		
<p>End of year assessment</p>	<p>The first Global Evidence Summit was held between 13-17th September 2017 in Cape Town, South Africa. More than 1,300 people from 75 countries gathered together and it was the first time that Cochrane, The Campbell Collaboration, Guidelines International Network, International Society for Evidence-based Health Care, and Joanna Briggs Institute have joined forces to create this premiere event in evidence-based policy.</p> <p>The theme of the Summit was ‘Using evidence. Improving lives’ and aimed to advance the use of reliable research evidence in addressing some of the world’s most serious health and social challenges. Attendees from across the world were exposed to an illuminating line-up of content and world-class speakers and facilitators that intrigued and engaged wide audiences. Cochrane South Africa, with the support of a professional conference organizer and the CET, led the event planning with strategic direction from the Global Organizing Committee, made up of members of each partner organization. Cochrane’s event management resources underpinned the organization of the event including the use of Event Manager, Cochrane’s online management system, website, and app; in addition, Cochrane led on financial support, branding, communications and content distribution.</p> <p>The event was hugely successful, with newcomers to all partners attending and a large number from other UMIC/LMIC countries. Based on a full internal survey, it was proposed that a GES event is hosted by Cochrane every 3-4 years and a recommendation for GES2 in 2021 was submitted to the Governing Board in Lisbon in March 2018.</p>		

8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms

Strategy to 2020 has taken Cochrane into a new phase of its evolution. It offers a new strategic framework in which to operate, so that Cochrane Groups prioritize work that is aligned with the Strategy and demands that the organization ensures it is 'fit for purpose' with a structure and ways of working best configured to deliver our strategic goals. Structure and function reforms have featured on the annual Targets lists since the establishment of the Strategy in 2014 and are likely to continue to do so until 2020.

End of year assessment			
Target Outcomes	<p>Cochrane will have addressed the challenge of inconsistent review quality: all new and updated reviews produced will meet the needs of decision makers and meet agreed standards for quality, timeliness and priority.</p> <p>Cochrane will have changed its structures and ways of working through a successful transformation programme and will be optimally placed to ensure that its reviews and other services are positioned to be the evidence source of first choice for decision makers – including policy makers, guidelines producers, health professionals and citizens.</p>		
Indicators of Success	<ul style="list-style-type: none"> • The Structure and Function project team* will have presented recommendations to the Governing Board of proposals aimed at addressing the problem of poorly performing CRG editorial groups. • The Structure and Function project team will have presented recommendations to the Governing Board of proposals aimed at ensuring the sustainability of Cochrane’s review production units. This will include concrete proposals for fewer, larger and more sustainable editorial units. • The Editor in Chief and CEU will be implementing the changes agreed by the Governing Board. <p>*David Tovey (replaced by Mark Wilson, June 2017), Karla Soares Weiser, Toby Lasserson, Nicky Cullum, Jonathan Craig, Martin Burton, Nuala Livingstone, Maria Gerardi</p>		
Deliverables – by CET and third parties	<p>Central Executive Team:</p> <ol style="list-style-type: none"> 1. Data on CRGs including performance, scope, timeliness, production history to be presented by project team. 2. Editor in Chief and CEU team to implement changes approved by Governing Board. <p>Cochrane Groups:</p> <ol style="list-style-type: none"> 3. To provide data on request in timely manner. <p>Project team (CET and Group representatives):</p> <p>To prepare, agree and present concrete recommendations for Governing Board aimed at:</p> <ol style="list-style-type: none"> 4. Ensuring that all new and updated reviews achieve desired and agreed standards. 5. Changes to the structure and function of groups that will lead to fewer, larger editorial units and ensure the ability of Cochrane’s editorial teams to produce and publish high quality reviews that meet the needs of decision makers, including the implementation of agreed innovative methods. 	Estimated Delivery Dates:	End of year:
Deliverables – by Cochrane Groups			
Start date for work	Q4 2016		

End of year assessment	<p>The CRG Transformation Programme was completed by mid-August 2017 by the CET, shared with the Cochrane community, and approved by the Governing Board, in Cape Town, in September 2017. The Programme included the establishment of eight CRG Networks. A new CRG Network portal was established on the Cochrane Community website that contains online resources for CRGs and Networks.</p> <p>The re-accreditation process for CRGs was started by developing a guidance document and holding two community webinars for CRGs. Two Network Senior Editors were appointed in December 2017 (Lisa Bero for the Public Health and Health services, and Nicole Skoetz for the Cancer Network). In addition, all Associate Editors were assigned to Networks, and we negotiated with the UK National Institute for Health Research to provide fund for eight Network Support Fellows to support the CRGs during the transition phase (2 years). A final version of the Collaboration Agreement between the CET and CRGs was shared with all UK-based CRGs (+ Fertility Regulation Group in the USA) and negotiation started for signing off the Agreements.</p>
-------------------------------	---

8b. Structure and function reforms for Fields:

End of year assessment			
Target Outcomes	Fields will be a more stakeholder-driven, outward facing layer of Cochrane that can make sense of evidence for others by re-organising or re-packaging it to meet stakeholder needs. Fields will represent a bridge between Cochrane and their external stakeholder communities to help people easily access, engage and communicate with us.		
Indicators of Success	<p>A strategy for reforms to the structure and functions of Fields, informed by the knowledge translation strategy, will have been delivered to and approved by the Governing Board.</p> <p>The CEO's office will work with Fields and other relevant Groups to implement the recommendations from the Fields Structure and Function review.</p>		
Deliverables – by CET and third parties	<ol style="list-style-type: none"> 1. A strategy for structure and function reforms to Fields 2. An implementation plan 	Estimated Delivery Dates:	End of year:
Deliverables – by Cochrane Groups		<p>Q2 2017</p> <p>From Q2 2017</p>	<p>✓</p> <p>✓</p>
Start date for work	2015		
End of year assessment	<p>A strategy for the structure and function reforms to Fields was developed and approved by the Governing Board, in Geneva in April 2017. Implementation plans were then completed and a process of assessment of all Fields against their new functional areas* is now underway. Once this process of assessment of Fields is complete there will follow a formal process of signing Collaboration Agreements with all Fields who continue to operate.</p> <p>*The focus of Fields will be on Knowledge Translation activities to meet the defined evidence needs of their external stakeholders, in contrast to CRGs who will also be undertaking knowledge translation activities but doing so based on the reviews they are producing. These two approaches are complementary, but there is a different emphasis on what is the primary motivation and driver for the respective Groups' work. The KT work of Centres will be like that of Fields, but in their case the stakeholder audience will be geographically defined.</p>		

9. Launch a Cochrane membership scheme

This Target will lead to a transformation in the ways new and existing collaborators become involved in Cochrane’s work. We will provide routes for getting involved through clear user journeys online and, for the first time, will have a range of tasks to suit the diverse interests of those wanting to support Cochrane. Membership status will then be available for those who make a demonstrable contribution to Cochrane’s work, whether as an author, translator, Crowd participant, Task Exchange contributor or a learner. Individuals will be able to see and show their credentials when seeking to undertake a task; and Groups will be able to more reliably assess the ability and experience of someone who wants to contribute to the Group.

End of year assessment			
Target Outcomes	At the end of this first phase of the membership scheme: <ul style="list-style-type: none"> ○ A pool of supporters will have been created who are interested in contributing to Cochrane. ○ Existing members will have been transferred to the membership system ○ Data on members will comply with Cochrane’s data protection policies and be held in one place ○ There will be greater visibility on contributors and their activity 		
Indicators of Success	<ul style="list-style-type: none"> ● The membership system will be launched on time and allow Cochrane to measure the contribution of tasks by individuals. ● A series of metrics will monitor the success of phase 1 membership, including number of active members, number of active supporters and the conversion of supporters to members during phase 1. 		
Deliverables – by CET and third parties	<u>Phase 1:</u> 1. User Journeys for all types of contributors defined and agreed (General Interest, task, Micro Task, Training, Author, Peer Reviewer, Translator) 2. Implementation of a technology solution to hold personal data and contribution of individuals (SugarCRM system) 3. Implementation of a technology solution that allows automation of journeys and communications (SugarCRM system) 4. A communications strategy for contributors and Groups is delivered <u>Phase 2:</u> 5. We have a plan in place for the further development of the membership scheme.	Estimated Delivery Dates:	End of year:
Deliverables – by Cochrane Groups	1. Groups work with the CET to transfer over all possible individual data into the central membership system. 2. Groups work with the CET to change processes and procedures to attain reports on individuals and comply with data protection.	Phase 1: Q1 2017 Phase 2 planning: From Q2 2017	
Start date for work	Q1 2016		

End of year assessment	All deliverables in Phase 1 were met, although the process of establishing the technology platform that underpins membership has taken a lot longer than desired. We have now finalised the Phase 1 system build and are working through the membership activation process for historic or existing members before opening the new processes for future members. These delays have impacted are ability to move on the Phase 2 work and community engagement work which will now happen during 2018. Future phases of development of the membership scheme will focus on public engagement and building pathways for areas of Cochrane not covered comprehensively in Phase 1.
-------------------------------	--

10. Complete implementation of the approved governance reforms

Following a detailed review and consultation process, Cochrane amended its organizational governance in 2016, including changes to the Governing Board and the way our elections are run. In 2017 we will seek to complete these reforms.

End of year assessment			
Target Outcomes	Increased transparency of the organization’s governance and improvement in the opportunities for any collaborator to participate in governing the organization and/or to be appointed to a leadership position.		
Indicators of Success	<ul style="list-style-type: none"> • Two elections for new internal Board members and the appointment of two new external members will have been completed. • The first Cochrane Council meeting will have been held and the Council will have developed its working processes and future agenda. • The Governing Board’s Governance Reform working group, and the Council, will have considered the future role of the Group Executives. • An Annual General Meeting open to all members of Cochrane (as defined by the new membership scheme) will have been held. 		
Deliverables – by CET and third parties	<ol style="list-style-type: none"> 1. Organization of Board elections. 2. Support to Cochrane Council and the Governing Board’s Governance Reform working group. 3. Organization of Annual General Meeting. 	Estimated Delivery Dates:	End of year:
		Q2-3 2017 Q2 2017 Q3 2017	✓ ✓ ✓
Deliverables – by Cochrane Groups	<ol style="list-style-type: none"> 1. Candidates standing for Board election(s). 2. Council members work with their communities to develop the Council’s agenda, and establish working processes and future agenda. 3. A plan for the future role of Group Executives is established. 4. Attendance and voting at Annual General Meeting. 	Q2-3 2017 Q2 2017 Q3 2017 Q3 2017	End of year: ✓ → → ✓
Start date for work	Q1 2017		
End of year assessment	Following the extensive changes to Cochrane’s Articles of Association in October 2016, five new ‘internal’ Board Members were elected by Cochrane’s individual membership in separate rounds of voting in 2017, and another four ‘external’ Board members appointed. This marked the largest single		

transformation of Cochrane's governance ever in a single year. A new advisory body, the Cochrane Council, set up as a forum for Cochrane's Groups to meet and consider key issues affecting the organisation, also began its work in April 2017.

At the first Annual General Meeting held under the new individual membership model for the charity, members of the community provided their own perspectives on what will define a successful *Strategy to 2020* in a video series, including the flagship presentation on success in 2017.

In 2018, the Governing Board and Council will continue to work together to strengthen their relationship and respective roles, and the review of the role of the Group Executives will be completed.