Governing Board Agenda

Geneva, Switzerland, 5th-7th April 2017

Board members and their abbreviations:	
Lisa Bero (Co-Chair)	LB
Cindy Farquhar (Co-Chair)	CF
Martin Burton	MB
Janet Clarkson	JC
Gerald Gartlehner	GG
Peter C. Gøtzsche	PG
Marguerite Koster	MK
Catherine Marshall	CM
Joerg Meerpohl	JM
Mona Nasser	MN
Nancy Santesso	NS
Denise Thomson	DTh.

Other attendees (by agenda item) and their abbreviations:		
Mark Wilson	CEO (SMT: Senior Management Team)	MW
David Tovey	Editor in Chief (SMT)	DT
Lucie Binder	Senior Advisor to the CEO (SMT)	LBr
Miranda Cumpston	Head of Learning & Support (SMT)	MCn
Chris Mavergames	Head of Informatics & Knowledge Management (SMT)	CMs
Charlotte Pestridge	CEO, Cochrane Innovations (SMT)	CPe
Sarah Watson	Head of Finance & Core Services (SMT)	SWn
Julie Wood	Head of Communications & External Affairs (SMT)	JWd
Chris Champion	Senior Programme Manager (CET: Central Executive Team)	CCn
Rachel Churchill	Co-ordinating Editor, CCDAN	RCl
Julian Elliott	Next Generation Co-ordinator (CET)	JEt
Sally Green	Director, Cochrane Australia	SGn
Fergus Macbeth	Funding Arbiter	FMh
Harriet MacLehose	Senior Editor (CET)	HMe
Deborah Pentesco-Gilbert	Editorial Director (Wiley)	DPG
Andy Robinson	Senior Vice President & Managing Director, Society Services (Wiley)	ARn
Angela Webster	Funding Arbiter	AWr
Sayer Vincent	Cochrane's charity accountants	SVt

DAY ONE: Wednesday 5th April (14:00 – 19:00)

Time		Item	Individual Responsible	Paper	Decision (D) or Information (I)
14:00		Governing Board Strategic & Development Day (Governing Board members only) • Governing Board Support Software Presentation [OPEN]	LB & CF CCn	- Y	- D

DAY TWO: Thursday 6th April (08:15 – 18:00)

Time		Item	Individual Responsible	Paper	Decision (D) or Information (I)	Board Responder
08:15		1. Welcome, Apologies, Declarations of interest, approval of the agenda, correspondence	LB & CF	-	-	
08:30		2. Co-Chairs' Report	LB & CF	-	I	
09:00		3. Funding Arbiter Panel Report [OPEN]	FMh/AWr	Y	I	
09:15		4. Central Executive Team Reports, including: 4.1 Delivery of the *Strategy to 2020 in 2016* Targets Report [OPEN]; 4.1.1 Cochrane Organisational Dashboard 2016 [RESTRICTED]; 4.2 Strategy to 2020 Organisational Targets for 2017 - progress update [OPEN]; 4.2.1 Definitions of Success by 2020 [RESTRICTED]; 4.3 Editor in Chief's Update; 4.4 Changes to CEU review screening [OPEN]; 4.5 Audit report of published abstracts and Summary of Findings tables [OPEN];	 MW MW MW MW DT DT DT	 Y Y Y Y - Y Y	 I I I I I D I	
10:15		Break				

10.45		4.6 Risk Management Report (Q2) [RESTRICTED]; 4.7 Diverse Data Update [RESTRICTED]; 4.8 **Approval for three new Cochrane Centres** [RESTRICTED]. 5. Finance 5.1 Introduction of Cochrane auditors; 5.2 2016 Trustees Report & Financial Statements [RESTRICTED]; 5.3 Report on Cochrane Group Funding in 2015 and calendar for 2017 monitoring [RESTRICTED]; 5.4 Terms of Reference paper for the Finance, Audit & Investment Committee [OPEN]; 5.5 Trustee Remuneration paper for the Finance, Audit & Investment Committee [RESTRICTED]; 5.6 Cochrane Australia Funding [RESTRICTED].	MW JEt & CMs MW MB/SWn/SVt MB/SWn/SVt SWn/LBr MB/SWn/SVt MB/SWn SGn	Y Y Y - Y Y Y Y Y	D I I I D I I D D	
12:30		Lunch				
13:30		6. Cochrane Innovations	CPe/SWn	-	I	
14:30		7. Knowledge Translation Strategy [OPEN]	DTn/SGn/RCl/CCn	Y	D	
15.45		Break				
16.00		8. Governing Board-Council Joint Session	LB & CF	-		
18.00		End				

Board and Council dinner on Thursday 6th April, from 7pm at The Lemon Cafe Restaurant, Rue du Vidollet 4, Genève 1202

DAY THREE: Friday 7th April (08:30 – 18:00)

Time		Item	Individual Responsible	Paper	Decision (D) or Info (I)	Board Responder
08:30		9. Governing Board Management 9.1 **Report on the 2016-2017 Governing Board election** [OPEN]	DTn/MC/LBr	Y	D	
09:00		10. Cochrane-Wiley Publishing Update, including: 10.1 Consideration of Future Publishing Arrangements [RESTRICTED]; 10.2 **2017 Work Plan & 2016 Publishing Management Team Report** [OPEN]; 10.2.1 Publishing Dashboard 2016 [RESTRICTED].	MW/DT/LBr DPG/ARn/LBr DPG/ARn/LBr	Y Y Y	I D I	
10:30	Break					
10.45		11. Cochrane Group Change Management Progress Report: 11.1 **Structure and Function review: Cochrane Review Groups (CRGs) sustainability** [RESTRICTED]; 11.2 **Structure and Function Review of Cochrane Fields: final design proposals** [OPEN].	DT MW/CCn	Y Y	D D	
12:30		Lunch				
13:30		12. Cochrane Membership Thresholds [OPEN]	JWd/CCn	Y	D	
14:00		13. AOB	LB & CF	-		
14:30		Board Only Time	LB & CF	N		
15.30		End & Refreshments				
16:00		(Co-Chairs only) Communication of Board Decisions/Meeting outcomes (with LBr & JW)				

Governing Board Paper

Agenda number:	**0.1**
Agenda item:	**Board portal software**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Chris Champion, cchampion@cochrane.org
Sponsored by:	Chief Executive Officer
Access:	Open
Decision or information:	For Decision
Resolution for the minutes:	To Be Decided
Executive summary:	Board software can help Boards to be more efficient. At the request of the Co-Chairs we have investigated options for Board portal software and their cost to see whether there is value in adopting it for the Cochrane Board. Our assessment is that there may be sufficient value in adopting specialist Governing Board software and we recommend three for consideration here. We will demonstrate the software packages for the Board and ask members to decide if such software would be useful and, if so, which package best suits their needs.
Financial request:	Up to £5,000 per annum depending on the Board's decision

I. Background

Board software can help Boards to be more efficient. They deliver papers in a streamlined system, linking files with the agenda and allowing easy annotation. It can support digital voting for Board motions, and some portals can provide functionality such as assigning Board members to agenda items or other task management. They also provide survey tools, which can help with Board engagement and good governance practices.

The CET was asked to look at the options available to see if it is possible to improve the systems we have in place at present, with an emphasis on improving the management of Board papers.

We currently have a manual, labour intensive system of producing Board document packages, which involves stitching together all the individual board papers to create a master document, which is a single PDF. These board packages can be annotated in standard PDF editing programmes such as Adobe Acrobat, and by their nature they are available to store offline on any device as well as available to print. However, they can be quite unwieldy when they run to several hundred pages, and Board members often struggle with navigation in these documents.

At the 2015 Mid-Year meeting the Board discussed improvements to this system and decided to maintain the existing PDF document arrangements; but also, to introduce a Board Dropbox folder, which allows for easier sharing of the papers (as opposed to emailing large attachments) and people to access individual papers or the consolidated package. In its meeting in October 2016 in Seoul the Board decided to revisit this decision, with members expressing dissatisfaction with the paper formats, and asked the CET to look again at the options.

We made a detailed assessment of 10 Governing Board support software packages and portals available, and concluded that there are some benefits from using this type of software: mostly based around the ease of navigating documents in meetings, easy annotation, and having a single, central point for storage of all papers and associated governance documents. It will also make the administrative process of pulling papers together easier.

Whilst assessing the packages available there were a few criteria that we weighted heavily, which include offline functionality, flexibility to use any device and ease of use.

II. Proposal

We propose that the Board considers three packages that we have identified as worthy of further consideration and we would like to demonstrate each of these packages for consideration in Geneva. Each package has its own merits, but all three of the packages support the following:

- Dynamic agenda with files linked to agenda items
- Annotation of files
- Document level permissions
- Document storage for general governance documentation
- RSVPs for meetings
- Surveys and voting
- Support for sub-committees
- 24/7 support
- Robust security

This presents us with three key areas on which to decide on the best package:

1. Offline use
2. Device availability
3. Intuitive ease of use

	OnBoard	Convene	Directorpoint
Web address	https://onboard.passageways.com	https://www.azeusconvene.com	http://directorpoint.com
Offline usage	Offline usage available in apps on tablets. Supports iOS and Android but also supports Kindle Fire, which is more cost effective (£90 per tablet).	Good offline usage on native apps which are available for Mac, Windows, iOS and Android. This is the best offline option.	Offline usage requires using the tablet app, which probably requires all Board members to have iPads. Alternatively, Board members have to download a big PDF.
Device availability	Tablets, including Kindle Fire. Web version available for laptop users as long as they have internet connection.	Laptop and tablet, so complete freedom of choice.	Tablets, primarily focused on iPad. Web version available for laptop users as long as they have internet connection.
Intuitive Ease of Use	Nice easy interface. Very intuitive.	Good interface, though there is more flexibility and functionality, so a bit more to learn.	Simple interface. Identical between iPad and browser.
Other notes		Has a nice function for adding actions by creating sticky notes in documents.	Strong admin side, which allows administrators to reset user password, give board member PAs access and other features. Also features more communication features for messaging.

From our assessment of the packages we think that Convene is the strongest because it allows users to use any device and provides full offline support, which can be important both when preparing for the meeting (e.g., on flights), but also during the meetings when internet connections cannot always be relied upon.

If any Board member would like to try out one or more of the packages themselves before the meeting, please contact Chris Champion (cchampion@cochrane.org) who can provide access to a test environment.

a. Measures of success:

We would measure success of this by looking at:

- how well the new system is adopted; and
- measuring Board satisfaction.

b. Issues and strategic implications:

I. Strategy Implications:

This is relevant to two objectives from Goal 4 of *Strategy to 2020*: *Efficiently Run* and *Transparently Governed*. It is important that the Board is efficiently run and that we make the most of the limited time that our trustees have available to dedicate to Cochrane. It is also important that we are transparent and compliant, and this software should assist us in this goal.

II. Resource implications:

Board portals charge an annual licence fee, depending on the package chosen this could range up to around £5,000 per year. If we are required to purchase tablet devices for Board members this would be an additional cost.

Portal Name	Estimated Cost	Potential device purchases
OnBoard	£3000-£4000 per annum depending on tier	Kindle Fire HD 8" is £89.99
Convene	£4290 per annum	Works across all devices so no purchase necessary
DirectorPoint	$3,600 per annum	Probably iPads £379; Samsung Galaxy tablets might offer slightly cheaper prices but less user friendly.

This is unbudgeted expenditure in 2017.

III. Risks and dependencies:

There are no major risks associated with this proposal. All of these products have good security and are reliable products that are unlikely to let us down during meetings.

There is a potential risk to the effective working of the Board if members of the Board do not understand how to use the system, but we feel that is easily mitigated by both choosing a well-designed product and providing appropriate support.

IV. Impact and change management

The primary impact to consider is the change to processes and ways of working for the Board. Members of the Board may receive information and navigate and use Board documents differently.

The impact on the Central Executive is positive. Building agendas and putting together the pack of papers becomes a different but simple task and there should be some time saving on the administration.

External stakeholders will be unaffected generally. We will still release open access papers to the community as PDF documents.

V. Timelines

We propose to demonstrate the options in Geneva and assuming a system is selected by the Board we will have it in place for the Cape Town meeting in September. Set up does not take very long so if the Board decides to have any teleconferences before Cape Town the system could be made available for those meetings.

VI. Management Responsibility

The Chief Executive's Office will oversee the substantive document management using the system; and IKMD will provide technical support to the software/platform.

VII. Consultation:

This paper builds on work done previously investigating the subject of Board technology needs. For the preparation of that first paper presented at the Athens mid-year meeting in 2015, we spoke to several Board members to get a broad understanding of the needs of the Board.

III. Recommendation(s):

We recommend that the Board takes a decision on:

- Is a Board portal something the Board wants to pursue?
- If so, which of these three Governing Board support software packages/portals is most appropriate to its needs?

Governing Board Paper

Agenda number:	**3**
Agenda item:	**Report from the Funding Arbiters**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Fergus Macbeth – fergus.macbeth@btinternet.com Angela Webster – angela.webster@sydney.edu.au
Sponsored by:	Editor in Chief
Access:	Open
Decision or information:	For information
Resolution for the minutes:	The Governing Board notes the contents of the Funding Arbiters' paper.
Executive summary:	Since the last report for the meeting in Seoul in 2016 the Funding Arbiters have dealt with 12 queries. There is no particular pattern to them and they have been quite varied in the issues raised. We have had three meetings of the Funding Panel which have been very helpful in resolving difficult queries and challenges to the initial decision. Substantial changes have been made to the online referral form to make the enquiries clearer and to help establish a searchable database. We have also updated the Funding Arbiter page on the website. At the Seoul Colloquium we ran a successful workshop at which we explained our new role as Funding Arbiters and stimulated useful discussion around some recent cases.
Financial request:	N/A

I. Background:

The Cochrane policy on commercial sponsorship dictated that the position of Funding Arbiter be established, reporting to the Steering Group (now Governing Board). The Funding Arbiters currently co-convene a panel of four members (excluding themselves) to give guidance on difficult issues which have been referred with respect to the policy on commercial sponsorship.

II. Panel:

Current panel members are: Fergus Macbeth (Funding Arbiter), Angela Webster (Funding Arbiter), Dorie Apollonio, Andreas Lundh, Richard Wormald, and Joaquin Barnoya. The fifth member of the panel has not yet been appointed.

III. Cases:

Since our last report presented in Seoul we have had 12 new referrals (including two appeals) of which we have given final opinions on 10 (only two referrals represented a COI). One of these cases was historic (the previous decision was appealed). The remaining two will be discussed on 21st March 2017 in our Funding Panel Meeting.

IV. Case management :

The new online referral form was implemented using the Zoho platform in December 2016. This form records relevant details of each case and generates reports which the panel members can access and comment on. Each case is tagged with the relevant clause from Cochrane's Commercial Sponsorship Policy to allow for the cases to be grouped. Overall the new form has improved information gathering in the early stages of processing a COI query, thus reducing the need to go back to the group for more information.

The form populates a database which enables the automatic logging of all cases and provides improved tracking. The reports are accessible online to all panel members which has allowed us to move away from managing and sharing information about cases via email, which everyone agreed had been a difficult and unwieldy approach.

We are still keen to involve the panel more directly by delegating responsibility for the initial decision on individual cases to panel members in rotation and will continue to investigate ways of doing this.

V. Training and support:

At the Seoul Colloquium we ran a successful workshop at which we explained our new role as Funding Arbiters and stimulated useful discussion around some recent cases.

VI. Funding Arbiter page:

A new Funding Arbiter page was launched on 3rd January 2017. The page gathers together a range of resources relating to conflict of interest and Cochrane's Commercial Sponsorship Policy. The page provides access to:

- The new online referral form (mentioned above) for submitting conflict of interest queries to the Funding Arbiters;
- Information of conflict of interest as it relates to Cochrane Review Groups and Cochrane authors, authors, and peer reviewers;
- Sample scenarios to help Cochrane Groups and authors to implement the conflict of interest policy in practice;
- Revised information about the role of the Funding Arbiters and the Funding Arbitration Panel.

The CEU has been working with the IKMD team to ensure that declarations of interest for the Funding Arbiters and all members of the panel will also be available on this page. We hope that this information will be available within the next month.

Governing Board Paper

Agenda number:	**4.1**
Agenda item:	**2016 *Strategy to 2020* Performance & Targets Report**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Senior Management Team
Sponsored by:	Mark Wilson
Access:	Open
Decision or information:	Information
Resolution for the minutes:	The Board notes the progress made in delivering the *Strategy to 2020* in 2016.
Executive summary:	This report provides a comprehensive assessment of progress made in delivering the *Strategy to 2020* Targets in 2016. However, it does not attempt to give a single comprehensive picture of all of Cochrane's achievements in 2016: for that, members are encouraged to read the 2016 Trustees Report & Financial Statements and the forthcoming 2016 Annual Review.
Financial request:	None.

Delivery of the *Strategy to 2020* in 2016:

Targets Report

Trusted evidence.
Informed decisions.
Better health.

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Appendix 1: Dashboard of organizational performance in 2016 **[Weblink]**

Appendix 2: Strategy to 2020 **[Weblink]**

Executive Summary

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

Although 2016 was the third year of Cochrane's *Strategy to 2020*, it was very much a transition year with the organization hard at work on a wide range of major strategic initiatives affecting every area of Cochrane's organization and activities. Many of these changes will be delivered or begin widespread implementation in 2017: such as the changes to the structures and ways of working of Cochrane Groups, the launch of the new enhanced Cochrane Library and the new Cochrane Membership scheme, the establishment of a new Knowledge Management Strategy, and the completion of Project Transform and the annotation of all Cochrane Reviews to help us build a more flexible, powerful 'linked data' evidence system for the future.

The breadth, scale, complexity and interdependency of much of our work meant, perhaps inevitably, that some of our ambitious 2016 Target deadlines had to be pushed forward into 2017; but I'm delighted to say that 15 of the 17 Targets established for the year will be successfully delivered by mid-2017. This represents an extraordinary body of work that I hope this report, focusing only on the specific Targets we set ourselves, reflects well. This report does not attempt to give a single comprehensive picture of all of Cochrane's achievements in 2016: for that, I encourage you to read the 2016 Trustees Report & Financial Statements and the forthcoming 2016 Annual Review. But we can celebrate:

Cochrane's vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

- Total Cochrane income rose by 25% in 2016, with Cochrane Library royalties up over 13% and a major grant from the Bill & Melinda Gates Foundation supporting our linked data work.
- Usage of Cochrane.org continued its strong growth: with over 10 million visits in 2016, up 75% on the year before.
- Over two thirds of those visits were made using an Internet browser set to a language other than English, compared to only 2% of all visits in 2012.
- Demand for Cochrane evidence rose by 34% in 2016; with pdf downloads up by 43% on 2015.
- Cochrane Systematic Review production fell slightly, but our metrics and analysis showed improvements in the quality and timeliness of priority titles.
- As part of Project Transform, the new citizen science platform 'Cochrane Crowd' was launched and by the end of the year more than 1 million RCTs had been classified by more than 4,200 contributors – 90% of whom were new contributors to Cochrane.
- Translations teams working in Croatian, French, German, Japanese, Korean, Malay, Portuguese, Russian, Simplified Chinese, Spanish, Tamil and Traditional Chinese, published 4,784 new or updated translations of review abstracts and Plain Language Summaries over the year.
- Substantial changes to Cochrane's governance were achieved, with new external members appointed to the Governing Board and new Articles of Association adopted at the Annual General Meeting in October 2016. We now have an individual membership governance model, enfranchising thousands more people to vote both for candidates for the Board and on our organizational policies and governance.
- In 2016 we led preparations to hold the first 'Global Evidence Summit' (GES) in September 2017 in Cape Town, South Africa with four other organizations (the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute). 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.

- Our new Cochrane Partnership Policy provided the framework for the successful agreement of new organizational partnerships with MAGIC and Epistemonikos, supporting our ambitions to expand and diversify the content we provide to users as part of the Cochrane Library.

Cochrane's mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

With so much change happening across so many areas of Cochrane's life and work, it is easy to get lost amongst all the projects and initiatives and lose track of where we are, and where we are heading. To give all Cochrane collaborators a detailed roadmap of where *Strategy to 2020* will take us, what it will mean, and what we've accomplished so far, after widespread consultation in 2016 we've published a 'Definition of Success' framework that sets out what success looks like for each of the *Strategy*'s 28 objectives at the end of 2020, and where we expect to be on that journey by the end of 2017.

The next twelve months will be some of the most exciting and important in Cochrane's history as those major strategic initiatives begin to appear. We've reduced the number of Targets in 2017 to focus our work on successfully delivering those projects; and continuing to demonstrate to our stakeholders – the users of our evidence, our contributors, our partners and funders - the growing outcomes and tangible benefits that the implementation of *Strategy to 2020* is bringing to their experience with Cochrane.

Mark Wilson
Chief Executive Officer
March 2017

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Glossary

Terms used in this document:

CRG	Cochrane Review Group
CET	Central Executive Team
CEU	Cochrane Editorial Unit (a CET department)
CEAD	Communications & External Affairs Department (a CET department)
IKMD	Informatics & Knowledge Management Department (a CET department)
SMT	Senior Management Team (comprised of Chief Executive Officer, Editor in Chief, and heads of CET departments)

Status indicators:

Status: Overall status assessment Spend: Spend against 2016 budget	
Grey	Completed
Green	Good progress with confidence that the delivery date will be met.
Amber	Delays have affected delivery, but will be completed in the first half of 2017.
Red	Serious concerns that the planned delivery date will not be met or revised delivery date cannot be met; urgent corrective action required; and/or project failed or abandoned.
Purple	Not yet started, or not substantially started.

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Goal One: Producing Evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Key Messages:

- Centralized screening for Cochrane Reviews by the CEU was successful for identifying deficiencies in review quality, but to be sustainable the work needs to be undertaken more at Group level in future.
- The prioritization list for Cochrane Reviews continued to establish itself as a tool for focusing review topics on global health needs.
- Work on an updating strategy and timeliness pilot projects was reduced to allocate CET staff resources on the enhanced Cochrane Library, and structure and function projects.
- Similarly, delivery of a web-based version of RevMan was delayed to focus staff resources on the enhanced Cochrane Library project and development of the technical infrastructure for the membership scheme.
- Based on excellent performance in 2016, the Transform project is expected to deliver on-time and within scope at the end of its funding in December 2017.

	2016 Target	Status
1	Quality strategy	✓
2	Prioritization list	✓
3	Updating strategy	
4	Timeliness pilot projects	
5	New authoring infrastructure	
6	Transform project	✓

1. Quality strategy

We will finalise and implement a strategy for quality assurance and quality improvement to ensure that Cochrane Reviews consistently reflect current best practice.

"This Target will lead to changes in the existing review screening process to create a more flexible and responsive service. Cochrane Review Groups (CRGs) will become equipped with the capability to carry out the pre-publication screening process."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A referral screening service has been created for: • On demand referrals from CRGs (any stage) • High impact reviews, e.g., for media release. • Reviews referred due to concerns identified by the Copy Edit Support service	Groups have contributed to a report on the number and range of reviews referred and common issues identified.	✓

A screening guide is delivered for CRGs in conjunction with webinars describing the process of screening, common errors and best practice.	A volunteer group of editors has developed guidance.	

Assessment of success:
The on-demand review screening service was successfully launched and is proving popular with CRGs. The CEU team received 181 reviews and protocols for 'on demand' screening in 2016, 21% of the total published. In addition, all Cochrane Reviews that were press released in 2016 centrally were screened by the CEU team prior to publication and dissemination, as well as seven referrals for screening where copy editors identified technical issues. In almost all cases, reviews went back through the editorial process in CRGs to fix important quality issues.

The volume of reviews to be screened and demanding nature of the work entailed in checking them reduced capacity to deliver the proposed 'Screening Guide'. However, in 2016 the CEU audited abstracts from the last five reviews published by each CRG and will use the findings to finalise the Screening Guide and a quality checklist in 2017. The CEU has also been actively considering ways to monitor review quality in a timely and cost effective manner, and put forward proposals that will be considered separately by the Governing Board in April 2017. Whilst the 'Indicators of Success' for this Target changed in 2016, when considering the Target's aims the overall assessment is that it was completed.

2. Prioritization list

We will improve the Cochrane Review prioritization list by increasing the transparency of each new entry, incorporating more priorities identified by external parties to ensure that it reflects global needs, and providing more opportunities for competent potential author teams and individuals.

"This Target will amend the existing processes for identifying new priority reviews and updates, seeking to make the rationale for inclusion more transparent, and increase the focus on externally derived priorities that explicitly address the needs of global decision makers."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A paper explaining the rationale for revisions to list and proposed changes is published by March 2016.	Groups have contributed to the revised list and use it to prioritize review topics.	✓
The list is evaluated to measure its effectiveness in leading to the commissioning and completion of targeted reviews by March 2017.		On track for 2017

Assessment of success:
The Cochrane priority reviews submission framework has been in place since March 2016 and all new submissions are made according to the new guidelines. The CEU team conducted an audit in early 2016 documenting the work carried out by CRG teams on prioritisation. To highlight good practice and encourage more CRGs to participate, a series of blogs based on interviews with CRGs about their prioritization work has been published on a dedicated page on Cochrane.org. Publication of these blogs will continue in 2017. A new audit of the prioritization list began in December 2016 and was finalised in January 2017. Titles that have been on the list for 24 months without significant progress were removed at the end of February 2017. The engagement aspect of this Target will be carried forward jointly by the CEU and CEAD. This will include working with the Cochrane Priority Setting Methods Group to develop a checklist and guidance to support priority setting exercises within Cochrane.

3. Updating strategy

We will focus on developing and beginning to implement a comprehensive updating strategy for Cochrane content to ensure that high priority reviews are kept up-to-date.

"This target will result in a comprehensive updating strategy that incorporates transparent decision-making about future plans to update each review, and explores and evaluates different models of how to update. It will be a two-year project."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
An updating strategy that builds on the report of the 2014 Cochrane-sponsored updating meeting in Hamilton, Canada, is prepared.	Groups have contributed to an implementation plan for the updating strategy, with two areas in development.	→
An early evaluation of a targeted updating project is undertaken.	The report on the targeted updating project was presented to the CRG community.	✓

Assessment of success:
Aspects of this Target were de-prioritized in order that the CEU could focus on the enhanced Cochrane Library project (Target 10). However, work continued on aspects of updating, including publication of an article on when and how to update systematic reviews (based on the Cochrane-sponsored updating meeting); revising Cochrane's Updating Policy; releasing the Updating Classification System in Archie for Cochrane Review Groups to use (ahead of publication in 2017); and a change in Archie to allow the publication of a protocol as part of an update (to be released as part of the Enhanced Cochrane Library project). Descriptions of the update status of reviews, based on the decision made via the Updating Classification System (UCS) guides readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. The system can also help CRGs with prioritization decisions for individual Cochrane Reviews. The updating decisions and descriptions will be published in the *Cochrane Database of Systematic Reviews* in 2017. By Quarter 1, 2017, almost 20% of Cochrane Reviews have been categorised by CRG teams; 16 Targeted Updates completed; and a report on the Targeted Updates project published. The project team worked together with seven different CRGs. Work on updating will continue in 2017 as part of the CEU's core business.

4. Timeliness pilot projects

We will address the challenge of improving timeliness of review production by re-evaluating the Cochrane editorial process and supporting pilot projects that improve production efficiency, author and editor experience, and review quality.

"This Target will involve the exploration and piloting of changes to existing editorial process, and different models. It will ensure that our editorial policies continue to reflect best current practice."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
At least two substantial changes to the editorial process (e.g., merged title and protocol phase) are identified in consultation with Groups; and pilot projects, with evaluation, are undertaken.	Volunteer groups from the Cochrane Group community are engaged in the work.	→

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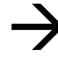
At least three new policy areas have been developed and implemented, including management of proven or suspected fraud, and peer review processes.	CRGs and other stakeholders are aware of, and have agreed to, the new policies.	

Assessment of success:
This Target was reconfigured by the CEU following the October 2016 meeting of the Governing Board in Seoul. The work covered by this Target will now run in parallel in 2017 with the CRG transformation programme. A fast-track editorial service has already been launched as the first pilot to improve speed to publication. A pilot exploring the separation of the development and editorial functions will be progressed, but will involve fewer reviews and CRGs than was initially proposed in order to prioritise the 'fast track' pilot.

Work on developing Cochrane-wide editorial policies continues as part of the CEU's core business. The policy on peer review is out for consultation (March 2017), and the policy on managing proven or suspected fraud in studies considered for, or included in, a Cochrane Review is being drafted alongside an advisory group (March 2017). Work on several other areas is underway, with the policies included in the Cochrane Editorial and Publishing Policy Resource upon completion.

5. New authoring infrastructure

We will revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online with the release of beta versions into general use; and ensuring that 85% of reviews moving beyond the protocol publication stage use Covidence or EPPI-Reviewer from October 2016.

"This Target will move RevMan and the CRS online, which will enable further integration with Covidence, Transform tools, EPPI-Reviewer and other browser-based tools, forming a new ecosystem for more user-friendly and efficient review production in Cochrane."

Indicators of Success **Central Executive Team**	**Cochrane Groups**	**Have we succeeded?**
A beta test plan for RevMan Web has been approved and RevMan Web is being beta-tested in general use.	Cochrane Groups and review production teams are beta testing RevMan Web.	→
A plan has been agreed for the full transition to RevMan Web (in 2017) and phase out of the RevMan 5 desktop version.	Groups have committed to the RevMan Web transition plan.	→
Covidence (default) or EPPI-Reviewer (if complex review methods) are in use on more than 85% of new reviews by from October 2016.	CRGs are being trained in using Covidence and/or EPPI-Reviewer for their authors and contributors. CRGs have begun to use CAST tools – at least 85% of new reviews from October 2016.	→

Assessment of success:
Full delivery of this Target was delayed into the first half of 2017 because of the extensive demands on the IKMD developers and team by work on the enhanced Cochrane Library project (Target 10) as well as the Linked Data (Target 10), Transform (Target 6), Membership (Target 13) and CRS projects. It now features as a Target for 2017 and will move ahead as planned – albeit with a revised timeline.

Users started migrating to the Cochrane Register of Studies web version in May 2016 and this will be completed in 2017. Training and editorial support initiatives to introduce Covidence and EPPI-Reviewer to the Cochrane community were initiated. Whilst take up of Covidence by systematic reviewers around the world was dramatically successful (by early 2017 new users were signing up at the rate of 1,000 a month) the use of Covidence by the Cochrane community was much slower than expected. Feature changes and further development of the software

were made in late 2016 and early 2017 to address the issues Cochrane reviewers highlighted and use by collaborators is expected to increase considerably in 2017.

6. Transform project

We will improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our Transform project, including live versions of the crowdsourcing platforms Task Exchange and Getting Involved, and the machine learning Evidence Pipeline for study identification; and piloting new production models.

"Transform will address four key challenges in content production through four project components:

I. Evidence Pipeline - finding relevant research in a timely and reliable way.
II. Getting Involved - developing pathways for potential new contributors.
III. Task Exchange - increasing the efficiency of working collaboratively.
IV. Production Models - ensuring our content is relevant and up to date."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
Evidence Pipeline • Citations triaged to CRGs. • Soft launch of 'beta' platform and in use by 5 or more CRGs. • Initial use by computer science community.		✓
Getting Involved (Cochrane Crowd) • Launch of 'beta' platform for citation screening and in use by early adopters. • Two tasks are available on platform.		✓
Task Exchange • Launch of 'beta' platform and in use by early adopters. • Use by new Cochrane contributors.		✓
Production models • Content production model assessment report published. • Selection of model(s) for pilot completed. • Pilot phase commenced.		✓

Assessment of success:

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 based on excellent performance in 2016, it is expected to deliver on-time and within scope.

Evidence Pipeline:

Any CRG can now sign-up and use the platform; and machine models are accurately classifying citations by CRG. Their integration with Cochrane Crowd is ongoing, including the development of 'crowd-machine' as a service for individual reviews. Work has begun on applying PICO tags and triaging citations.

Getting Involved (Cochrane Crowd)

Cochrane Crowd was successfully launched and within the year more than 1 million RCTs were classified by more than 4,200 contributors – 90% of whom were new contributors to Cochrane.

Task Exchange:

The beta platform launched February 2016 and there are already more than 700 users – 30% of whom are new contributors to Cochrane. Over 200 tasks are now hosted on the platform.

Production models:

As planned, the production model assessment report was published in April 2016 and the 'Living Systematic Review' (LSR) selected as the model to pilot. Living Systematic Reviews are systematic reviews that are continually updated, incorporating new, relevant data as it becomes available. A LSR network was formed with more than 100 members; a LSR Methods Symposium was held at the Seoul Colloquium in October 2016 (>150 participants); and a LSR guidance document developed with pilot LSRs underway.

Goal Two: Making our Evidence Accessible

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

Key Messages:

- A grant from the Bill & Melinda Gates Foundation helped accelerate the Linked Data project by supporting its 'proof of concept' and funding the platform and process development, as well as the PICO annotation of over a thousand pregnancy, childbirth, neonatal and child health Cochrane Reviews.
- Extensive community consultation in 2016, including a special strategic session at the Colloquium in Seoul, informed the development of Cochrane's new Knowledge Translation strategy, which will now be completed in April 2017.
- As a result of improved central and local support to Cochrane's translations teams, the number of produced translations, dissemination, and access to Cochrane.org in non-English languages increased substantially in 2016.

	2015 Target	Status
7	Cochrane Review PICO annotation	
8	Knowledge Translation strategy	
9	Translations pilot projects	✓

7. Cochrane Review PICO annotation

We will make the content and data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and protocols at question, included study, and analysis levels.

"Cochrane PICOs are short summaries of a clinical question addressed by one or more Cochrane Reviews. Target audiences for Cochrane PICOs are healthcare practitioners and professionals, and other informed users of health care (e.g., decision-makers). This Target will complete the background work required to enable PICO views of Cochrane evidence in the Cochrane Library and elsewhere."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
For all reviews and protocols, a complete set of PICO annotations have been developed at question, included study, and analysis levels.	CRGs are familiar with linked data tools and annotation work.	→
An annotation tool has been added to the workflow in Archie, RevMan, and the CRS.	Information Specialists are trained in annotation and there is engagement with the CET on governance of metadata.	→
Scoping of core APIs is in place for external business cases and data feeds.	Information Specialists begin annotating all new reviews in their Group and, in combination with	→

	HarmoniSR, PICO annotating studies in the CRS.	

Assessment of success:
In September 2016, a grant from the Bill & Melinda Gates Foundation allowed full concept development and testing to go ahead a year ahead of schedule for the Linked Data PICO annotation project relating to 1,100 Cochrane Reviews covering Pregnancy, Childbirth and Neonatal care. By the end of 2016 Cochrane was delivering on time and scope the ambitious programme after scaling up its activities following receipt of the grant. However, this also required a redesign of the project with annotation of the rest of Cochrane's Reviews delayed until 2017. This will begin in earnest with engagement of Cochrane's Information Specialists in Quarter 2, 2017.

8. Knowledge Translation strategy

We will support the real-world application of Cochrane content by developing a Cochrane 'Knowledge Translation' strategy.

"This Target will provide a clear understanding of what it means to undertake knowledge translation (KT) work in Cochrane. This will inform further developments of organizational the structure and function review as well as our future partnerships with other organizations."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A strategy outlining where Cochrane should focus its efforts and approach in KT is published.		→
An implementation plan for the KT strategy is developed.		→
	Cochrane Groups have a clear understanding of what it means to fulfil a KT function in Cochrane.	On track for 2017

Assessment of success:
The development and implementation of a Knowledge Translation Strategy lies at the heart of the transformation of Cochrane set out in its *Strategy to 2020*. Good progress was made in the development of the KT Strategy in 2016 as a result of the extensive consultation with the Cochrane community conducted by a specially-formed KT Working Group. This Group met together in Oxford, UK, in June where they developed a framework for KT activities that was tested at a symposium at the Seoul Colloquium in October. Following further extensive consultation with internal and external stakeholders to inform the KT priorities the Strategy will be presented to the Governing Board in April 2017 for consideration. Once the Board have approved a strategy a more detailed implementation plan will be developed for work to begin in 2018. This continues to be an organizational Target in 2017.

9. Translations pilot projects

We will pilot new models to prioritize and support translation teams to improve the sustainability of their activities and ensure the quality of their translations.

"Cochrane established a translation strategy in 2014 which focuses on central support and co-ordination to support local translation teams, as well as sustainable translation approaches. The overall aim is to strengthen our impact in non-English speaking countries. This Target will focus on the sustainability component of the work undertaken by those local teams, as well as ensuring the quality of their output."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
Language priority criteria, benefits, support and responsibilities have been agreed, agreements signed with the different language teams and activity reported on a quarterly basis, including individual success indicators.		✓

The existing translation management system has been reviewed, and a plan for adaption or new development agreed.	On track for 2017
Cochrane.org pilot is launched in one language featuring locally adapted content, and editorial processes are in place.	✘
Multi-language Cochrane Library is launched in Spanish.	→
A new translation management system is released.	On track for 2017

Assessment of success:
Providing financial support to translations teams as well as implementing yearly delivery plans per language has led to the number of produced translations, dissemination activity, and access to Cochrane.org in non-English languages increasing steadily and substantially throughout the course of the year. The successful pilot to set up contractual agreements with all translation teams will be fully operationalized in 2017.

As part of the review of the existing translation management system, a shortlist of other systems that could meet our needs was compiled. Our requirements have been prioritized based on inputs from the Translation Advisory Group to facilitate the decision-making process. The shortlist of tools will be user tested and assessed against requirements and for cost/value in more detail in 2017 to reach a preferred solution.

Due to lack of resources and concurrent development of the Multi-language Cochrane Library, the Cochrane.org pilot project was put on hold. The CET translations staff will work with the Spanish team to pilot this once Biblioteca Cochrane Plus (www.bibliotecacochrane.com) is integrated within the Cochrane Library in 2017.

The multi-lingual elements of the enhanced Cochrane Library are in progress. Detailed requirements are being written in preparation for the development phase. Planning for user testing and focus groups has started. The IKMD has been working on associated Archie developments relating to the file format of translations, which is almost complete; and has made progress on the import of the Spanish legacy data and setting up an interface for the Spanish translation workflow.

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Goal Three: Advocating for Evidence

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Key Messages:

- Building the new technological platform for the enhanced Cochrane Library was the most resource-intensive, challenging and problematic initiative Cochrane undertook in 2016. Due to the problems encountered by Wiley and its technology partner, Semantico, the launch of the enhanced Cochrane Library was repeatedly delayed from its original deadline of the end of January 2017.
- Cochrane is contributing to the REWARD (REduce research Waste And Reward Diligence) campaign and playing its part in improving efficiencies in the research lifecycle.
- Cochrane's new partnership policy provided the framework for the successful agreement of new partnerships in 2016.

	2015 Target	Status
10	Enhanced Cochrane Library	(red)
11	REWARD campaign	✓
12	Partnerships and alliances	✓

10. Enhanced Cochrane Library

We will work together with Wiley, our publisher, and a selected third party technology provider, to build and deliver an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use Cochrane content.

"This Target will lead to a radically improved Cochrane Library for our users."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
CET, Wiley, and the external technology supplier are working together to build and deliver an enhanced Cochrane Library.	Groups and/or individuals are consulted and are involved in user testing.	✓
New Cochrane Library platform is launched.		→

Assessment of success:

Over the course of the year, extensive work was conducted by the CET in support of our publisher, John Wiley & Sons, Ltd., and its technology partner, Semantico, on redeveloping all aspects of the Cochrane Library platform to improve user experience, including the display of the Cochrane Review and CENTRAL, linking of the *Cochrane Database of Systematic Reviews* and CENTRAL, the search and discovery interface, and multi-language search and the display of non-English language content. This has involved researching user needs and stakeholder insights through one-to-one user testing with Cochrane Library users and focus groups with members of the Cochrane community.

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This major but complex project – essential both to the achievement of our mission and Cochrane's future financial sustainability - was classified as a high priority for the CET, but it consumed increasingly large commitments of time and effort from existing and new staff, with significant negative impacts on other projects and Targets. Despite the substantial additional investments made in the project by all three partners, by the end of the year the enhanced Cochrane Library launch date at the end of January had to be postponed; with further delays to the project emerging as a result of the takeover of Semantico by HighWire, another specialist publishing technology platform provider. By the end of Quarter 1 2017 a definitive launch date from Wiley and HighWire had still not been received. For this reason, the Target is set to 'Red' rather than 'Amber' and the SMT continues to prioritize CET staff resources on the project.

11. REWARD campaign

We will develop a plan for how Cochrane can contribute to the REWARD (REduce research Waste And Reward Diligence) campaign and play its part in improving efficiencies in the research lifecycle.

"The REWARD (REduce research Waste And Reward Diligence) Campaign invites everyone involved in biomedical research to critically examine the way they work to reduce waste and maximize efficiency. This Target will provide a plan for how Cochrane can effectively contribute to it."

Indicators of Success **Central Executive Team**	**Cochrane Groups**	**Have we succeeded?**
An action plan on how Cochrane can further contribute to reducing waste in research in its review production processes is published.	Groups and individuals from the Cochrane community have contributed to the action plan.	✓
A joint advocacy campaign is launched with a partner around issues raised by the REWARD campaign.		→

Assessment of success:
At the Seoul Colloquium in October 2016 a 'special session' was organised on REWARD. The session was informed by a survey that had been circulated to the participants in the REWARD Conference of September 2015, who also have an affiliation to Cochrane. The survey gave insight into what Cochrane could be doing to reduce research waste. Work on empty reviews and priority setting was highlighted as important to be taken forward.

At the same time, a Cochrane-REWARD prize was established and will be awarded for the first time in Amsterdam, in May 2017, during the World Congress on Research Integrity. The ideas generated in the submissions will form the basis for additional communication and advocacy on research waste by Cochrane, and may provide the basis for a joint advocacy campaign.

12. Partnerships and alliances

We will implement our new partnerships strategy, and develop new partnerships with consumer networks, technology providers, and other organizations hosting the Global Evidence Summit in 2017.

"To achieve the Strategy to 2020 we need to look beyond our organization and work with others. While Cochrane can do much on its own, by working in partnership we can achieve more with our resources. This Target will improve our network of partnerships, helping us to deliver our other targets for the year."

Indicators of Success **Central Executive Team**	**Cochrane Groups**	**Have we succeeded?**
An agreement with all partners for the 2017 Global Evidence Summit has been developed. The GES will incorporate the Colloquium in 2017.	Cochrane South Africa will host the 2017 Global Evidence Summit in Cape Town.	✓
A programme for Wikipedia interns to improve Cochrane evidence on		✓

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Wikipedia has been developed for five health topic areas.	
A new strategic relationship with a technology partner has been developed.	✓

Assessment of success:
The Cochrane Steering Group, in its January 2016 meeting, approved a revision of Cochrane's partnership policy. It also supported the proposed partnership framework. This framework is intended as a tool for all Cochrane Groups when developing or evaluating their partnerships and provided the background to the successful delivery of this Target in 2016.

In June, the Global Evidence Summit was formally launched and the partnership arrangements for it were finalised with the Campbell Collaboration, Joanna Briggs Institute, Guidelines International Network, and International Society for Evidence Based Health Care. All organizational committees for GES were established by the end of the year and the call for abstracts was opened in January 2017.

The Cochrane-Wikipedia initiative continued and was expanded into multiple topic areas, including Women's Health and Hypertension. In October 2016, a pilot by Cochrane Global Ageing was initiated to work with volunteers specifically recruited to help improve Wikipedia content in the area of ageing. The volunteers contributed over four months, at approximately four hours a week. They received four hours of online training from Wikipedia to ensure they were comfortable editing Wikipedia content. Cochrane, through Cochrane Global Ageing, provided content guidance and project management support. A project page shared results within the Wikipedia community, and a dashboard kept track of the edits made and the number of reads of the articles edited.

As planned, organizational partnerships were delivered with MAGIC (MAking GRADE the Irresistible Choice), which is non-profit research and innovation programme set up to make evidence summaries and recommendations that work for clinicians at the point of care and to facilitate shared decision-making with patients; and Epistemonikos, a non-profit organization whose core objectives are to bring evidence closer to those making health decisions through technology and innovation, primarily via the Epistemonikos database of systematic reviews.

Finally, a workshop on consumer engagement and partnerships was organized for the Seoul Colloquium in October 2016. Discussions around developing an international patients and public involvement network have advanced well. The network development, and engagement with additional partners, will continue in 2017.

Goal Four: Building an Effective & Sustainable Organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Key Messages:

- The complexity of integrating the technology systems associated with Cochrane's new Membership scheme slightly delayed its launch to April 2017.
- In 2016 significant progress was made in the final designs of Cochrane Groups' future structure and function reforms. CRGs, Fields and Methods will complete the detail design phase in the first half of 2017 with implementation of the reforms across all Groups gathering pace in the second half of the year.
- Development of a new online learning environment progressed slower than expected, but will deliver within scope in 2017.
- Ongoing delays and recognition of the need to deliver editor training and accreditation in a new way in 2017 has pushed the status of this Target to 'Red'.
- Revised Articles of Association and a new Cochrane governance structure was successfully designed and implemented in 2016.

	2015 Target	Status
13	Membership Scheme	(amber)
14	Organizational structure and function review	(amber)
15	Online learning	(amber)
16	Editor training and accreditation	(red)
17	New governance structure	✓

13. Membership scheme

We will create a more inclusive organization by launching the Cochrane Membership Scheme and re-developing the Cochrane Community website around it.

"This Target will lead to a transformation in the ways new and existing contributors can 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 contribute to Cochrane. Membership status will then be available for those who have demonstrated contribution to Cochrane's work"

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
The Cochrane Community website is launched.		✓
The membership scheme has undergone a 'soft launch' at the 2016 Colloquium in Seoul where delegates can sign up for membership.		→

10,000 members have signed up.	

Assessment of success:
The Cochrane membership work progressed well throughout 2016. However, this is a highly complex project that involves the implementation of a new technology system, integrations with existing systems, process changes and additional development work on existing systems. Thus, launch was pushed back to Quarter 2 2017.

In advance of the launch the project team will be working with various communities within Cochrane to highlight the benefits of Cochrane Membership and to facilitate adoption of the new processes required. Once launched, newcomers will be able to come to a central point and sign-up to be part of Cochrane. From there on they will have a seamless experience, which will direct them to where there are opportunities to contribute.

In 2017, as the results of this project become tangible, we hope that the whole community will embrace Cochrane membership for the variety of benefits it brings. This is a major priority for the organisation and as such it continues to be an organizational Target in 2017.

14. Organizational structure and function review

We will implement changes to Cochrane Groups' structure and functions to ensure our organizational structure is optimally aligned to Cochrane's mission and goals.

"Cochrane's Group structure is changing, expanding into new institutions, countries and regions around the world, and becoming more integrated and impactful in its work, particularly in relation to external audiences and stakeholders."

Indicators of Success		**Have we succeeded?**
Central Executive Team	**Cochrane Groups**	
An implementation plan for overall S&F reform is completed.	Cochrane Groups have established new plans in line with their new functions, aims and ambitions and S&F implementation plan targets.	✓→
New accountability, reporting and support structures & processes are in place between the Central Executive Team & Groups.	Cochrane Groups are adapting/have adapted their structures in line with S&F implementation plan targets.	✓→
New managerial, reporting and support structures & processes are working well to support Cochrane Group transformation and normal work targets.	New Cochrane Groups previously waiting for recognition have been formally integrated within Cochrane's structures or received clear development targets.	✓→

Assessment of success:
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. In 2016 significant progress was made, although the SMT and Governing Board recognised that the complexity and scale of the work required a longer-term approach than originally set out in the 2016 Target.

Geographically-orientated Groups (including Centres):
In 2016 the design phase for geographically-orientated Groups (including Centres) was completed. Key changes included:

- Collaboration Agreements were agreed between the CET and Centres formalising new accountability arrangements; and these will be agreed and signed in the first half of 2017.
- Centre 'Branches' have been re-named 'Associate' Centres.

- Two new categories of Cochrane Groups, 'Affiliates' and 'Networks', have been established.

The functions of Cochrane's geographic-oriented Groups have been divided into four tiers to reflect the incremental increase in functional output of Groups as they progress from Affiliate to Associate Centre to Centre (and possibly, to Network). Tier One covers functions to be delivered by an Affiliate; Tiers One and Two by an Associate Centre; and Tiers One, Two and Three by a Centre or Network. Tier Four is a level of additional optional functions that can be delivered by any of the Groups.

The key focus of the functions is around managing Cochrane's presence in the country or region: including building partnerships and other stakeholder relationships, and undertaking associated knowledge translation activities to ensure that Cochrane evidence is used in that country or region. The strong emphasis on work that facilitates uptake of Cochrane's outputs within a defined geographical or linguistic area, such as knowledge translation activities, is a significant change for some Groups, but it is critical to achieving Cochrane's mission.

Networks, Centres, Associate Centres and Affiliates are ultimately accountable to the CEO and through him/her to Cochrane's Governing Board. However, direct accountability is established between the CEO and the Networks and Centres; with the Directors of those Cochrane Groups responsible for the support to and management of the Associate Centres and Affiliates who report to them. The reference Centre concept that over the last 20 years governed the relationships between a Centre and Branch (now Associate Centre) has been changed and instead accountability, mentorship and support relationships between an Associate Centre or an Affiliate and a Centre will be defined on a case by case basis.

Cochrane Review Groups:
Following extensive consultation and design work by the CET in the first three-quarters of the year, in October 2016 the Governing Board approved the recommendations of the CRG Structure and Function paper relating to review production and impact (Paper 1). In addition, the Board recommended the appointment of a project team, under the leadership of the Editor in Chief, to facilitate and expedite initial work relating to review quality and group sustainability (the 'sustainability review'). A two-stage process is planned: focussing in Phase 1 (until April 2017) on those CRGs who appear most vulnerable in terms of resources, or at highest risk of producing reviews that fail to meet agreed standards. Phase 2 will take a broader system-wide perspective on structural and process improvements and changes.

Consumer Network:
In 2016 the Consumer Network completed its own structure and function review, and began implementing its delivery plan, which recognises consumer contributors as fundamental to Cochrane, contributing at every level to the *Strategy to 2020*'s Goals.

Fields; Methods Groups:
A proposal around the future of Fields will be discussed at the Cochrane Governance Meetings in Geneva in April 2017, following the publication of the Knowledge Translation strategy; and work on changes to Methods Groups will be integrated within the CRG transformation programme, which is looking broadly at a more sustainable production system for the Cochrane Library. In addition, in 2016 the new Scientific Committee was established to strengthen the scientific integrity and oversight of methodological practice within Cochrane.

15. Online learning

We will improve our training resources by establishing a new online learning environment.

"Upgrading Cochrane's online learning environment will have a direct impact on the quality and accessibility of learning, while also enabling better evaluation to inform our work, interconnection with Cochrane membership and review production platforms, and the commercialization of online learning for users."

Indicators of Success **Central Executive Team**	**Cochrane Groups**	**Have we succeeded?**
Selection of environment platform complete and implementation has begun.	Groups and other contributors have contributed to user testing & feedback on the Cochrane Training website.	✓

User testing of the redeveloped Cochrane Training website is complete and ongoing development plan is in place.	Methods Groups have updated content and contributed to online learning modules.	→
Upgrade of content and instructional design of online learning modules is complete.		→
Implementation of environment and integration with available systems is complete.		→

Assessment of success:
The new Cochrane Training website was fully operational in 2016, although development and design work continued in response to user feedback throughout the year. Major user testing has been deferred to 2017 to align with CEAD's broader strategy for user feedback on websites.

Other elements of Cochrane's online learning environment were finalized and implementation began, including selection and roll-out of a new webinar platform and the Cochrane Learning Live webinar series, and new online learning development software, used to develop new learning resources for editors.

Major work on redeveloping Cochrane's core online learning modules (OLMs) for authors began, engaging five Cochrane Methods Groups in the content design with an eLearning design partner. Work on this project is well advanced, although the delivery estimate has been extended to July 2017 following more detailed scoping of the content of each module.

A development partner for Cochrane's new Learning Record Store (LRS) was selected, and the design and specification started for this system that will collect detailed evaluation data and connect learning activities across Cochrane's multiple data systems. Implementation of the LRS has been delayed until mid-2017, in line with the OLMs. So, although overall timelines have been pushed into 2017, work on this Target progressed well in 2016.

16. Editor training and accreditation

We will expand the support we provide to Cochrane editors by delivering a programme of training and accreditation for them.

"In close collaboration with the Cochrane Editorial Unit quality assurance agenda, this Target will establish best practice standards for the competencies of editorial teams and establish a programme of support for our editors to achieve these standards, ultimately leading to a formal system of accreditation to acknowledge their expertise."

Indicators of Success **Central Executive Team**	**Cochrane Groups**	**Have we succeeded?**
A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies.	The Ottawa Health Research Institute & Cochrane Editors have established a core set of competencies for Cochrane editors.	✓
A system of accreditation for Cochrane editors is designed.	The Ottawa Health Research Institute & CRGs have conducted a trial to evaluate the effectiveness of the training programme.	→
	The system of accreditation for Cochrane editors is implemented by CRGs.	→

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Assessment of success:
Led by the Ottawa Hospital Research Institute (OHRI), the major project to identify a set of core competencies for editors of biomedical journals is complete. However, OHRI has been unable to complete the remaining planned phases of the project, including implementation and evaluation of a training program aligned with the competencies.

Although some training activities for Cochrane editors continued, including the development of new Common Errors online learning resources arising from the CEU's screening program, the provision of face-to-face and teleconference support by trainers and the CEU staff, and early discussions about directions for a culture of ongoing learning among editors, a more integrated approach is required.

Continuing this work is the Learning & Support Department's highest priority in 2017. Working closely with the CEU and CRG leadership, a comprehensive editor training plan will be agreed, beginning with a project to apply the competencies to our specific context and develop a comprehensive program of training and support as intended under this 2016 Target. Due to these ongoing delays and recognition of the need to deliver in 2017 in a new way to originally envisaged, this Target has been set to 'Red'.

17. New governance structure

We will improve the effectiveness of Cochrane's governance by finalizing and implementing a new governance structure, including a newly re-formed Governing Board (formerly Steering Group).

"This Target will deliver an updated, more open and externally focused Governing Board that retains close links to the community of Cochrane collaborators and Groups."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
The Steering Group-led Governance reform plan is completed, considered and approved.	Cochrane Groups have been consulted about the changes.	✓
Preparatory activities (such as amendments to the Articles of Association; Charity Commission approval for the changes; preparations for the AGM) have been implemented.	Changes considered and approved by Cochrane's members at the Annual General Meeting.	✓
	Election of Governing Board members; and their confirmation by Extraordinary AGM (electronic) is completed.	✓

Assessment of success:
Cochrane's new governance structure was completed in 2016 following a comprehensive review. The Cochrane community was actively engaged through two open rounds of consultation, plus in-person strategic discussions with participants in the London Mid-Year meetings, followed by final endorsement at the Annual General Meeting in Seoul in October.

New Articles of Association were drafted, incorporating all the changes agreed. Permission was secured from the UK Charities Commission for a revision and extension of Cochrane's charitable 'objects', before the Articles were approved unanimously by members at the AGM. Changes implemented in 2016 for the first time included the appointment of Cochrane's first external Governing Board members; a formal change from Group to individual membership of Cochrane; preparation for and calling of the first election of at-large Board members (replacing constituent representatives); and agreement to establish a new Cochrane Council, providing a forum for consideration of issues by Cochrane's Groups. The first official meeting of the new Council will be held at the Cochrane Governance Meetings in Geneva in April 2017.

Strategy to 2020: Organizational Targets for 2017

Approved by the Governing Board, December 2016

Contents:

1. Summary of the proposed organizational Targets for 2017
2. Delivering the Targets in 2017
3. Outcomes and deliverables of the 2017 Targets

Trusted evidence.
Informed decisions.
Better health.

1. In 2017, the Central Executive Team and Cochrane Groups will together:

GOAL 1: PRODUCING EVIDENCE

1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews.
2. Complete the *Transform* project.
3. Complete the delivery of a programme of training and accreditation for editors.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

4. Improve the process of producing translations to make it easier for Cochrane translators and editors.
5. Define an organization-wide framework for knowledge translation activities.

GOAL 3: ADVOCATING FOR EVIDENCE

6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish.
7. Host a successful Global Evidence Summit.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms.
9. Launch a Cochrane membership scheme.
10. Complete implementation of the approved governance reforms.

2. Delivering the Targets in 2017:

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

2017 will take us to the mid-point of the *Strategy to 2020*. It will be another year of delivery and continuity, focusing particularly on the implementation and output phases of already established projects that featured as Targets in 2016. For this reason, there are a reduced number of Targets this year – we are not starting new work. Cochrane's focus will be on demonstrating to our stakeholders – the users of our evidence, our contributors, our partners and funders - the outcomes and tangible benefits that the implementation of *Strategy to 2020* is bringing to their experience with Cochrane year on year.

Cochrane's mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

Since the launch of the *Strategy* in 2014, the principal role of the Central Executive Team (CET) has been to lead on behalf of the organization the planning and development work for operationalizing and delivering the *Strategy to 2020* Objectives, and this will continue until the end of 2017 – as detailed by the Target areas for this year. At the end of 2017 it is expected that the planning and intensive development stages will be nearing completion for nearly all of the Objectives. After that point the CET will have a greater role to play in supporting the delivery and implementation of the new technologies, processes, and policies across Groups and the wider Cochrane community. Delivery of *Strategy to 2020*'s 28 Objectives can, on the whole, only be considered complete – and successful – once the whole community has adopted them.

Central Executive 'Target sponsors'*:*
Each Target is given a CET sponsor from the Senior Management Team, as listed below. They will ensure their project teams work with, and communicate to, Cochrane Groups about their involvement in delivering the Targets.

Target	Sponsor
1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews 2. Complete the *Transform* project	**Chris Mavergames** Head of Informatics & Knowledge Management cmaveragames@cochrane.org
3. Complete the delivery of a programme of training and accreditation for editors	**Miranda Cumpston** Head of Learning & Support mcumpston@cochrane.org
4. Improve the process of producing translations to make it easier for Cochrane translators and editors	**Julie Wood** Head of Communications & External Affairs jwood@cochrane.org
5. Define an organization-wide framework for knowledge translation activities	**Mark Wilson** Chief Executive Officer mwilson@cochrane.org
6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish	**David Tovey** Editor in Chief dtovey@cochrane.org
7. Host a successful Global Evidence Summit	**Julie Wood** Head of Communications & External Affairs
8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize	CRGs and Methods Groups:

remaining proposals for organizational Structure & Function reforms	**David Tovey** Editor in Chief Geographically orientated Groups, and Fields: **Mark Wilson** Chief Executive Officer
9. Launch a Cochrane membership scheme	**Julie Wood** Head of Communications & External Affairs
10. Complete implementation of the approved governance reforms	**Mark Wilson** Chief Executive Officer

Hyperlinks to the Cochrane Community website in the Target boxes, below, provide more information on each of the Targets.

3. Outcomes and deliverables of the 2017 Targets:

GOAL 1: PRODUCING EVIDENCE

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Goal 1 Objectives to 2020:

HIGH-QUALITY:

- We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

RELEVANT:

- We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and priorities the production and updating of Cochrane Systematic Reviews accordingly.

UP-TO-DATE:

- We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating Targets, particularly for high priority reviews.

WIDE COVERAGE:

- We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.

PIONEERING METHODS:

- We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

EFFICIENT PRODUCTION:

- We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
- We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

Goal 1 Targets in 2017:

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.		
Target Outcomes	Cochrane authors and editors have started using RevMan Web for updating and writing intervention Cochrane Reviews, which allows: • 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	• 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.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties	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.	1. Q1 2017 2. Q2 2017 3. Q2 2017 4. Q3 2017 5. Q4 2017 6. Q4 2017 7. In 2018
Deliverables – by Cochrane Groups	1. 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. 2. All CRGs respond to surveys on their experience with RevMan Web. 3. The Statistical Methods Group has contributed and agreed to a plan for new statistical methods in RevMan Web.	1. Q2 2017 2. Q2-3 2017 3. Q3 2017
Start date for work	Already started	

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.

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: • **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 • **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 Bond University	**Estimated Delivery Dates:**
Deliverables – by CET and third parties		Q4 2017
Deliverables – by Cochrane Groups		
Start date for work	Q1 2015	

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.		
Target Outcomes	• 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	• 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.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties	1. An Editor Training Strategy has been drafted and presented to the Co-Eds at the Geneva Mid-Year Meetings. 2. 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. 3. A framework for Editor accreditation has been drafted and the data required to confirm accreditation has been mapped. 4. Development of new editor training resources has begun, and systems to collect the required data for accreditation are in place.	1. Q2 2017 2. Q3 2017 3. Q3 2017 4. Q4 2017

Deliverables – by Cochrane Groups	1. Co-Eds have provided feedback on the Editor Training Strategy and approved the direction of travel at the Geneva Mid-Year Meetings. 2. Groups have engaged in discussions around the implementation of Editor training and accreditation and provided constructive feedback. 3. Co-Eds have approved the accreditation framework in principle.	1. Q2 2017 2. Q3 2017 3. Q4 2017
Start date for work	Q1 2017	

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

Goal 2 Objectives to 2020:

USER-CENTRED DESIGN AND DELIVERY:

- We will put the needs of our users at the heart of our content design and delivery.
- We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
- We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

- We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

ACCESSIBLE LANGUAGE:

- We will simplify and standardize the language used across our content to improve readability and reduce ambiguity.

MULTI-LINGUAL:

- We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

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 on the basis of the best strategic fit for Cochrane.		
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	• 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.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties	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 adaptions as needed.	1. Q1 2017 2. Q2 2017 3. Q2 2017 4. Q2/3 2017 5. Q4 2017 6. Q4 2017 7. Q4 2017 and beyond
Deliverables – by Cochrane Groups	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.	1. Q1 2017 2. Q4 2017 3. Q4 2017 and beyond
Start date for work	Q1 2017	

<table>
<tr><th colspan="2">5. Define an organization-wide framework for knowledge translation activities</th><th></th></tr>
<tr><td colspan="2">This Target will establish what it means to undertake knowledge translation (KT) work in Cochrane and identify the clear priorities of Cochrane’s KT work in future. It will inform further developments of Cochrane’s structure and function changes as well as our future partnerships with other organizations. Originally established as a Target for 2016, it has now moved into 2017 due predominantly to an increase in the amount of internal and external consultation undertaken by the project team in 2016.</td><td></td></tr>
<tr><td>Target Outcomes</td><td>A defined role for knowledge translation in Cochrane, providing a framework to coordinate KT activities across the organization, and support those who are well-placed to undertake this role.</td><td></td></tr>
<tr><td>Indicators of Success</td><td>• 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.</td><td>Estimated Delivery Dates:</td></tr>
<tr><td>Deliverables – by CET and third parties</td><td rowspan="2">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.</td><td rowspan="2">1. Q2 2017
2. Q4 2017</td></tr>
<tr><td>Deliverables – by Cochrane Groups</td></tr>
<tr><td>Start date for work</td><td>2016</td><td></td></tr>
</table>

GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Goal 3 Objectives to 2020:

GLOBAL PROFILE:

- We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.

THE 'HOME OF EVIDENCE':

- We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.
- We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

- We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
- We will promote reliable, high-quality primary research that is prioritized to answer real world health questions and improves the evidence-base on which our work is built.
- We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GLOBAL PARTNER:

- We will build international and local partnerships and alliances with organizations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organizations.

GLOBAL IMPACT:

- We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

Goal 3 Targets in 2017:

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.

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	• 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.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties **Deliverables – by Cochrane Groups**	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. 2. **Highwire (external development partner)/Wiley:** Development of platforms with appropriate functionality as described in the tender document and subsequent feature descriptions.	Q3 2017
Start date for work	Q2 2016	

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.

<table>
<tr><td>Target Outcomes</td><td>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.</td><td></td></tr>
<tr><td>Indicators of Success</td><td>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.</td><td>Estimated Delivery Dates:</td></tr>
<tr><td>Deliverables – by CET and third parties</td><td>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.</td><td rowspan="2">Q3 2017</td></tr>
<tr><td>Deliverables – by Cochrane Groups</td><td>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.</td></tr>
<tr><td>Start date for work</td><td>June 2016 since announcement and launch of the GES plans.</td><td></td></tr>
</table>

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Goal 4 Objectives to 2020

INCLUSIVE AND OPEN:

- We will establish a membership structure to improve our organizational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organizations for people who want to get involved.

GLOBAL AND DIVERSE:

- We will become a truly global organization by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

FINANCIALLY STRONG:

- We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

EFFICIENTLY RUN:

- We will review and adjust the structure and business processes of the organizations to ensure that they are optimally configured to enable us to achieve our goals.

INVESTING IN PEOPLE:

- We will make major new investments in the skills and leadership development of our contributors.

TRANSPARENTLY GOVERNED:

- We will increase the transparency of the organization's governance and improve the opportunities for any contributor to participate in governing the organization and/or to be appointed to a leadership position.

ENVIRONMENTALLY RESPONSIBLE:

- We will review and adjust our operations to reduce their environmental impact.

Goal 4 Targets in 2017:

<table>
<tr><td colspan="2">8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational <u>Structure & Function</u> reforms</td><td></td></tr>
<tr><td colspan="2">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.</td><td></td></tr>
<tr><td colspan="2">CRG transformation programme:</td><td></td></tr>
<tr><td>Target Outcomes</td><td>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.

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.</td><td></td></tr>
<tr><td>Indicators of Success</td><td>• 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.

*David Tovey, Karla Soares Weiser, Toby Lasserson, Nicky Cullum, Jonathan Craig, Martin Burton Nuala Livingstone, Maria Girardi</td><td>Estimated Delivery Dates:</td></tr>
<tr><td>Deliverables – by CET and third parties</td><td>Central Executive Team:
1. Data on CRGs including performance, scope, timeliness, production history to be presented to project team.
2. Editor in Chief and CEU team to implement changes approved by Governing Board.

Cochrane Groups:</td><td>1. Q3 2017
2. Q2 2018
3. Q2 2018
4. Q3 2017
5. Q3 2018</td></tr>
</table>

	3. To provide data on request in timely manner.	
Deliverables – by Cochrane Groups	**Project team (CET and Group representatives):** To prepare, agree and present concrete recommendations for Governing Board aimed at: 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.	
Start date of work	Q4 2016	

Structure and function reforms for Fields:		
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	• 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. • The CEO's office will work with Fields and other relevant Groups to implement the recommendations from the Fields Structure and Function review.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties	1. A strategy for structure and function reforms to Fields 2. An implementation plan	1. Q2 2017 2. From Q2 2017
Deliverables – by Cochrane Groups		
Start date of work	2015	

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.

		Estimated Delivery Dates:
Target Outcomes	At the end of this first phase of the membership scheme: • 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	• 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	Phase 1: 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 Phase 2: **5)** We have a plan in place for the further development of the membership scheme.	Phase 1: Q1 2017 Phase 2 planning: From Q2 2017
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.	
Start date for work	Q1 2016	

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.		
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	• 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.	**Estimated Delivery Dates:**
Deliverables – by CET and third parties	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.	1. Q2-3 2017 2. Q2 2017 3. Q3 2017
Deliverables – by Cochrane Groups	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.	
Estimated start date for work	Q1 2017	

Governing Board Paper

Agenda number:	**4.4**
Agenda item:	**Changes to CEU review screening**
Submitted for Governing Board meeting:	London, 16 March 2017
Submitted by:	Toby Lasserson, tlasserson@cochrane.org
Sponsored by:	Editor in Chief
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	We request that the Governing Board ratifies the proposed changes to the screening programme
Executive summary:	The paper outlines proposed changes to review screening, building on work carried out on the recent of review abstracts and commits to the development of a quality assurance checklist. It puts three proposed actions to management of review screening and briefly describes how the process will work on an operational basis.
Financial request:	NA

1. Background:

This report outlines proposals to monitor and manage review quality on an ongoing basis. This takes account of our current approach to review screening, the recent abstract audit, and plans to pilot the 'fast track editorial service' and the separation of editorial from developmental functions by Cochrane Review Groups.

Pre-publication screening of reviews has evolved since it began in 2013. The work of the 'Screening Team' is valued by many in Cochrane who request input on reviews (three reviews per week in 2016 and about four per week in 2017 to date). In addition to these reviews that are referred to the Screening Team, we also assess all reviews selected for press releasing, reviews referred from the copy edit support service, and the Cochrane UK's ARGO meeting.

As we acknowledged in the CEU quality report for the Seoul Colloquium, the supportive nature of this approach is restricted to reviews that are unlikely to represent the average, making it challenging for us to monitor the quality of the "average" review. To identify the best way forward we conducted the abstract audit using a 'publication checklist'. The results of the abstract audit were informative but also demonstrated the limitations of the tool. This led us to discuss a triage of all reviews using a modified version of the checklist. We intend to triage reviews as they are signed off by CRGs before making further decisions about whether to check the review more fully. By providing a more structured approach we hope to make the checks more transparent and replicable at an earlier stage of the sign off process.

2. Proposal:

The CEU screening team will undertake the following:

1. Preserve current referral system

The referral system will continue in its current form, allowing CRGs, Copy Edit Support, and the Communications and External Affairs Department (CEAD) to seek the team's assistance when necessary. We will develop a formal referral mechanism so that we can record a clear rationale for each review that is referred, by whom and at what stage the review is currently at. Where we can feedback verbally to the CRG teams we will seek to do this, as well as offering in time screening where this can be organised and resources permit.

2. Sample from signed off reviews

New or updated intervention reviews signed off on a weekly will be selected and assessed against a checklist that builds on the checklist from 2016. The tool we will use aims to triage reviews based on the abstracts, content of the Summary of Findings tables and results for key analyses. The current version of the tool is presented in Appendix 1. For purposes of equity we will sample from reviews signed off by all CRGs. The proposed process is outlined in Appendix 2.

The checklist is intended to be transparent and our piloting of the checklist indicate that it can take less than one hour to use for any given review. After this point, it should be possible to tell when a review may require a closer look from a screening editor or by the CRG. We are aware of variation in practices around the use of workflows around the sign off process and we intend to respect the way in which they are used by the CRGs. The tool is not intended to generate an aggregate score.

3. Develop and finalise a Review Quality Assurance Checklist

The screening process has considered several reviews against a subset of the MECIR standards. We intend to apply the same methods as we have been using up until now, but develop a QA Checklist that would be applied to:

i) Reviews sent to us by the referral process
ii) Reviews identified by the Triage Tool as requiring closer attention

We plan to develop guidance that explains the deployment of the Triage Tool and the QA Checklist.

a. Measures of success:

We aim to oversee cyclical audits of published review abstracts, Summary of Findings, and main analyses to provide CRG specific and community wide comparative data on abstract quality over time. This will tell us how much an effect the tool has had over time.

b. Issues and strategic implications:

I. Strategy Implications:

This relates directly to Goal 1. Planned changes from the Structure and Function transformation programme could impact on the screening process. As networks form we expect there to be a structural alignment of the CEU editors to accommodate this.

II. Resource implications:

Triaging and quality assurance work will be carried out by the team who run the screening process in the CEU. We propose to select reviews from the weekly sign offs to allow us to continue to accept reviews on a referrals basis, to work with colleagues in CEAD and LSD on dissemination and learning initiatives, and

to ensure that we have adequate capacity to work on the pilot for separating editorial from developmental function.

For cyclical audits, we would like to involve independent assessors, ideally from the CRG community, for the purpose of assessing review abstract quality.

III. Risks and dependencies:

Currently we are aware that due to variation in CRG processes, the alerts in the workflows system that we use to identify signed off reviews (stage E) can be misleading. As previously managed between 2013 and 2015, we plan to flag reviews that we intend to triage with the CRGs and CES directly to reduce disruption to the author and CRG editorial process.

Should there be a backlog of work created by other triaging work we will communicate the reason for delays on receipt of reviews that have been referred.

IV. Impact and change management

Not applicable.

V. Timelines

This is an ongoing process.

VI. Management Responsibility

Toby Lasserson from the CEU will have operational leadership of the QA process.

VII. Consultation:

List the names and titles of the people involved in the preparation of the Board paper.
Nuala Livingstone
Newton Opiyo
David Tovey
Liz Bickerdike
Kerry Dwan

3. Recommendations:

We request that the Governing Board endorses the proposals that we have outlined in relation to review screening and support for other activities.

Appendix 1 Current triage tool (10/03/2017)

ABSTRACT		**SUMMARY OF FINDINGS TABLE**		**DATA AND ANALYSIS (for Critical and Important outcomes in Main comparison)**	
Item	**Response**	**Item**	**Response**	**Item**	**Response**
Title reflects the review question		SoF table presents main outcomes (both benefits and adverse effects) for main comparison		Analyses match the plan specified in the methods section (e.g. MDs or SMDs; fixed or random effects meta-analysis)	
Research question (PICO) is clear and the rationale for the review is well described		PICO (including Settings) presented and accurate		Data from non-standard designs (cluster, cross-over, etc.) appropriately incorporated where relevant (check 'Unit of analysis issues' in methods & footnotes in forest plots)	
Search date is less than 12 months from publication?		Outcomes fully defined (i.e. time of measurement, scale of measurement, range of scores specified)		Multiple measurements from multi-arm studies or subgroups handled appropriately (check for double counting of studies in Forest plot and adjustment of sample size in control groups)	
Direction, magnitude and confidence intervals of effects clearly described where appropriate		Assumed and Corresponding risks presented (where appropriate)		Outlying results acknowledged and explored appropriately	

Findings for all important outcomes reported for the main comparison(s), including information about harm? (i.e. consistent with the outcomes reported in the SoF table)		Clear and accurate summary of narrative results (where appropriate)		No unusually high or low mean/SD/count data (look at comparability of SDs for studies using same scale; check that sample sizes for same studies are similar across key outcomes; look at weights of individual studies relative to sample size)	
There an estimation of the certainty (or quality) of the body of evidence using GRADE for each outcome reported in the abstract		Quality ratings presented for narrative results (where appropriate)			
Absolute effects used to illustrate the relative effects where appropriate		GRADE ratings are clearly justified (supported by clear and appropriate quality assessment criteria in Footnotes)		Key findings consistent across the summary versions of the review (compare abstract, PLS, SoF table, Effects of interventions and Data tables)	
Reporting of results avoids emphasizing statistical significance to determine presence or absence of an effect					
Conclusions are an accurate reflection of the evidence presented in the GRADE SoF table(s) and do not make direct recommendations					

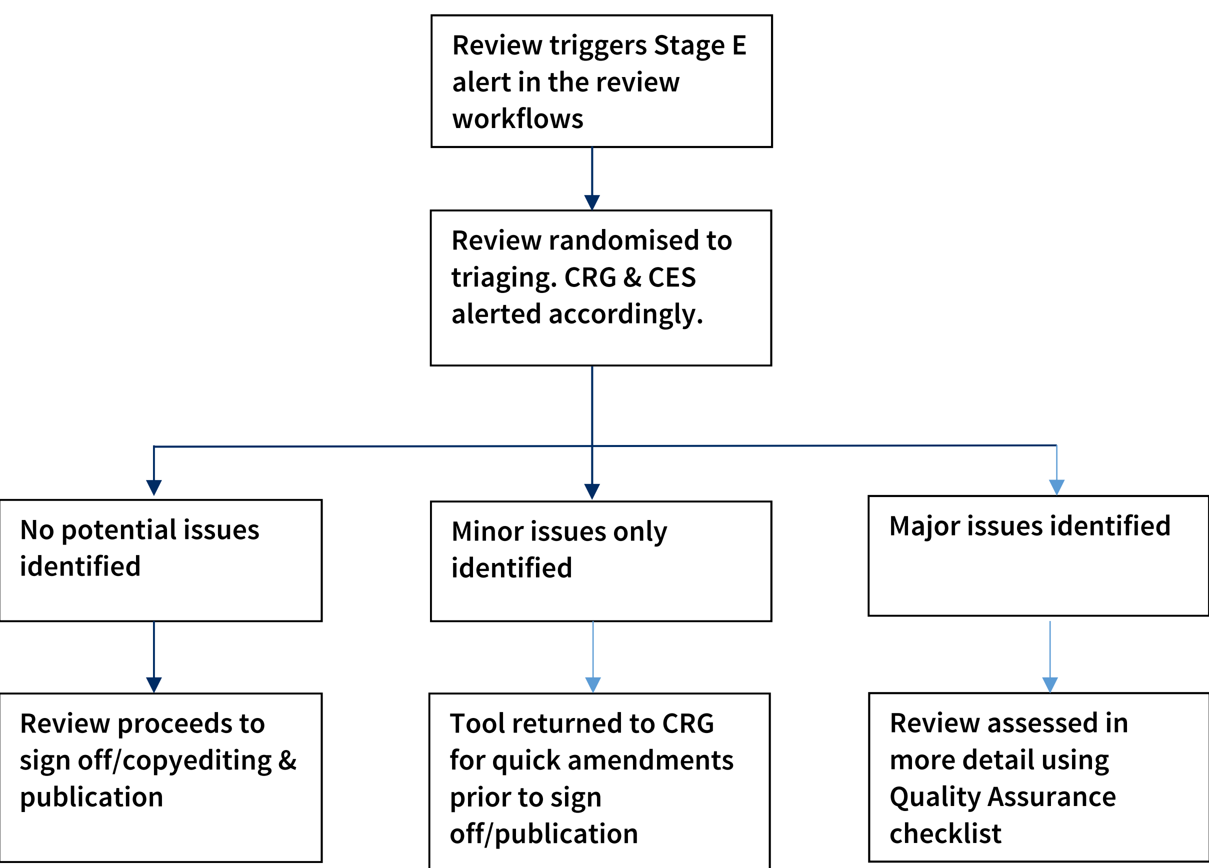
Time taken to Triage:

Decision (e.g. Proceed to full screen;
Return to CRG for amendment; Proceed for publication):

Main Points of Note:

Appendix 2

Proposed workflow for triaging[1]



[1] 'Minor issues' are those that are easily explained and thus easily fixed (e.g., discrepancies between results in abstract and those in SoF tables, details omitted from the SoF table)

'Major issues' are those that are less easily explained and may require more guidance to fix (e.g. unit of analysis errors detected, conclusions accurately fail to reflect the evidence presented in the GRADE SoF table(s), discordance between abstract outcomes and those presented in the SoF tables, authors make recommendations, GRADE ratings are not clear and justifiable).

Governing Board Paper

Agenda number:	**4.5**
Agenda item:	**Audit report of published abstracts and 'Summary of findings' tables**
Submitted for Governing Board meeting:	Geneva, 5th April 2017
Submitted by:	Toby Lasserson and Karla Soares-Weiser
Sponsored by:	David Tovey
Access:	Open
Decision or information:	Information
Resolution for the minutes:	Request for the Board to note the contents of the paper
Executive summary:	Cochrane Review abstracts provide a structured narrative summary of the review question, methods, results and conclusions. They are likely to be more widely read than the entire review, and may flag wider issues with the methods or interpretation of evidence in the full text of the review. One of the key objectives of the Structure and Function Review proposal approved by the Governing Board in Seoul in October 2016 was to develop and implement a rapid screening tool to evaluate reviews that had been signed off for publication by Cochrane Review Groups (CRGs). We assessed the current reporting quality in abstracts and explored whether this would be a feasible and effective way of screening all new and updated reviews. We designed a checklist in SurveyMonkey, and CRGs were allocated to CEU Editors during December 2016. Results were collated in a spreadsheet, and cross-checked for discrepancies. Overall, we found that several CRGs performed well and the spread was perhaps less than we had anticipated. There was variation in performance on the different questions, but in most cases the PICO criteria were judged to be sufficiently clear, the methods used were appropriate to the review question, and the conclusions of the reviews avoided giving recommendations for practice or policy.
Financial request:	None

I. Background

Why abstracts, why now?

Cochrane Review abstracts provide a structured narrative summary of the review question, methods, results and conclusions. They are likely to be more widely read than the entire review,1 and may flag wider issues with the methods or interpretation of evidence in the full text of the review. One of the key objectives of the Structure and Function Review proposal approved by the Governing Board in Seoul in October 2016 was to develop and implement a rapid screening tool to evaluate reviews that had been signed off for publication by Cochrane Review Groups (CRGs). We wanted to assess current reporting quality in abstracts and explore whether this was a feasible and effective way of screening all new and updated reviews.

This audit builds on previous work carried out within the Cochrane Editorial Unit (CEU) and contributes to a growing evidence base of systematic review abstract quality more generally. In 2011 an audit of the abstract, Plain language summary (PLS) and 'Summary of findings' tables (SoF) in 82 published Cochrane Reviews found a number of problems with abstracts. The main issues were inconsistency between the abstract results and conclusions, omission of important information regarding selection criteria, lack of absolute effects, unclear search dates and risk of bias of included studies. See Figure 1 for summary of results of the audit.

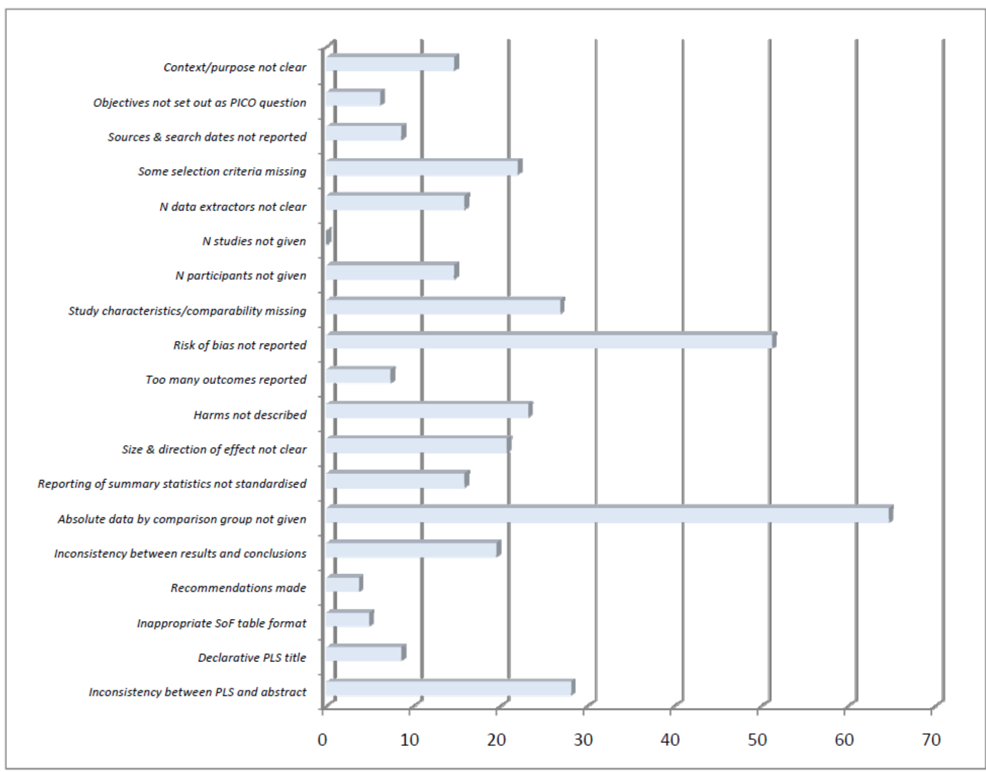


Figure 1: Abstract audit results assessing reviews published in 2011. Note that the results are reported as items NOT met.

In 2013, the Preferred Reporting Items for Systematic Reviews and Meta-analyses for Abstracts (PRISMA-A) published guidance on how to write and present abstracts for systematic reviews and meta-analyses.[1] A number of audits of systematic review abstracts using PRISMA-A describe similar issues and raised concerns about the quality of published abstracts in non-Cochrane systematic reviews.[2-4]

We wanted to find out if quality of reporting of recently published Cochrane Review abstracts has improved and which areas remain problematic.

Developing the Abstract Checklist

Checklist development started immediately following Governing Board approval in October 2016. Our initial tool comprised 10 questions (each awarded 1 or 0 points depending upon whether criteria were present or absent), and, after consideration of MECIR reporting standards and testing by a single CEU Editor on 15 abstracts, was modified to the final version. See Appendix 1 for details of the initial abstract checklist.

Applying the checklist

A modified version of the initial checklist was applied to the five most recently published Cochrane Reviews of each of the 52 CRGs (including HIV and Fertility Regulation CRGs).

The checklist was designed in SurveyMonkey, and CRGs allocated to CEU Editors during December 2016. Results were collated in a spreadsheet, and cross-checked for discrepancies. After initial assessment, we realised that for some reviews not all responses were available (for example, information on results and interpretation for ‘empty reviews’), and we decided to use ‘not applicable’ (NA) as a possible response in these circumstances. Details and guidance for the checklist can be seen in Table 1.

Table 1. Modified abstract checklist applied to all CRGs

#	Item	Question	Scoring system (0 to 12 points)
1	Title	Does the title reflect the review question?	Yes (1 point) No (0 points)
2	Background and objectives	Is the research question (PICO) clear and the rationale for the review well described?	Yes (1 point) No (0 points)
3	Search methods	Is the search date less than 12 months from publication?	Yes (1 point) No (0 points)
4	Search methods	Does the abstract indicate that trials registers were searched?	Yes (1 point) No (0 points)
5	Selection criteria	Are the eligible study designs described in the abstract appropriate to the review question?	Yes (1 point) No (0 points)

#	Item	Question	Scoring system (0 to 12 points)
6	Data collection and analysis	Are the direction, magnitude and confidence intervals of effects clearly described where appropriate?	Yes (1 point) No (0 points)
7	Main results and SoF table	Are the findings for all important outcomes reported for the main comparison(s), and does this include information about harm (i.e. consistent with the outcomes reported in the SoF table)?	Yes/NA (1 point) No (0 points)
8	Main results	Is there an estimation of the certainty (or quality) of the body of evidence using GRADE for each outcome reported in the abstract?	Yes/NA (1 point) No (0 points)
9	Main results	Have absolute effects been used to illustrate the relative effects where appropriate?	Yes/NA (1 point) No (0 points)
10	Main results	Does the reporting of results avoid emphasizing statistical significance to determine presence or absence of an effect?	Yes/NA (1 point) No (0 points)
11	Authors' conclusions	Are the conclusions an accurate reflection of the evidence presented in the GRADE SoF table(s)?	Yes (1 point) No (0 points)
12	Authors' conclusions	Do the authors avoid making recommendations?	Yes (1 point) No (0 points)

II. Results

Table 2 shows the final score for each one of the five most recent reviews, per CRG. Figure 2 shows the overall results for the five reviews (0-60 points; 5 reviews, 0-12 points per review) per CRG, ranked according to higher scores.

Table 2: Audit of the five most recently published reviews in the Cochrane Library, per CRG, as of 15 December 2016

Cochrane Review Group	Review 1 (0-12 points)	Review 2 (0-12 points)	Review 3 (0-12 points)	Review 4 (0-12 points)	Review 5 (0-12 points)
Airways	9	11	8	12	10
Anaesthesia	9	12	9	9	11
ARI	9	12	12	9	10
Back and Neck	8	8	9	9	9
Bone, Joint & Muscle Trauma	11	12	9	11	7
Breast Cancer	11	10	10	11	11
Childhood Cancer	11	7	8	8	11
CIDG	10	11	11	11	12

Cochrane Review Group	Review 1 (0-12 points)	Review 2 (0-12 points)	Review 3 (0-12 points)	Review 4 (0-12 points)	Review 5 (0-12 points)
Colorectal Cancer	9	9	10	10	10
Common Mental Disorders	9	10	11	9	9
Consumers	9	10	10	10	10
Cystic Fibrosis	3	6	11	7	12
Dementia	10	11	11	12	12
Development	8	11	10	10	12
Drugs & Alcohol	8	10	9	9	11
ENT	10	12	11	10	11
Epilepsy	7	8	9	5	9
EPOC	9	10	9	10	10
Eyes & Vision	12	12	12	11	12
Fertility Regulation	7	9	9	10	10
Gynaecological Cancer	12	10	9	11	10
Gynaecology	11	12	12	12	12
Haematological Malignancies	12	12	12	12	12
Heart	8	10	10	10	11
Hepato-biliary	8	9	12	9	8
HIV	8	9	10	12	10
Hypertension	9	12	8	11	11
IBD	8	9	11	9	8
Incontinence	8	8	10	7	8
Injuries	9	10	10	10	11
Kidney	6	10	6	7	7
Lung Cancer	6	8	12	6	10
Metabolic & Endocrine	10	10	11	12	12
Movement Disorders	8	11	12	8	11
Multiple Sclerosis	10	8	9	10	12
Musculoskeletal	8	10	11	12	12
Neonatal	10	8	10	9	11
Neuromuscular	7	7	11	9	11
Oral Health	11	10	11	10	11
PaPaS	10	8	8	12	12
Pregnancy & Childbirth	9	11	11	8	12
Public Health	6	7	7	8	11
Schizophrenia	7	9	8	9	9
Skin	9	10	11	10	12
STI	7	10	11	12	12
Stroke	8	9	6	9	10
Tobacco Addiction	8	8	8	8	10
Upper GI	5	7	9	10	10
Urology	7	9	10	11	8
Vascular	12	12	11	10	12
Work	12	8	9	9	11
Wounds	12	12	12	11	12

Overall, we found that several CRGs performed well on the audit and the spread was perhaps less than we had anticipated. In addition, some of the CRGs who had previously been identified as being at high risk performed creditably – perhaps due to changes in the editorial process and quality assurance system within the CRGs and possibly due to direct input from the CEU team.

There was variation in performance on the different questions. In most cases the PICO criteria were judged to be sufficiently clear, the methods used were appropriate to the review question, and the conclusions of the reviews avoided giving recommendations for practice or policy. In contrast, the following features were most likely to be associated with lost points (Figure 3).

- No mention of whether trials registers had been searched in the abstract[1]
- Absence of any attempt to report or estimate absolute effects
- Failure to import GRADE ratings into the narrative text of the abstract
- Over emphasis on statistical significance in the reporting of results, frequently leading to phrasing that equated non-statistical significance with no effect
- Failure to report all important outcomes, including harm

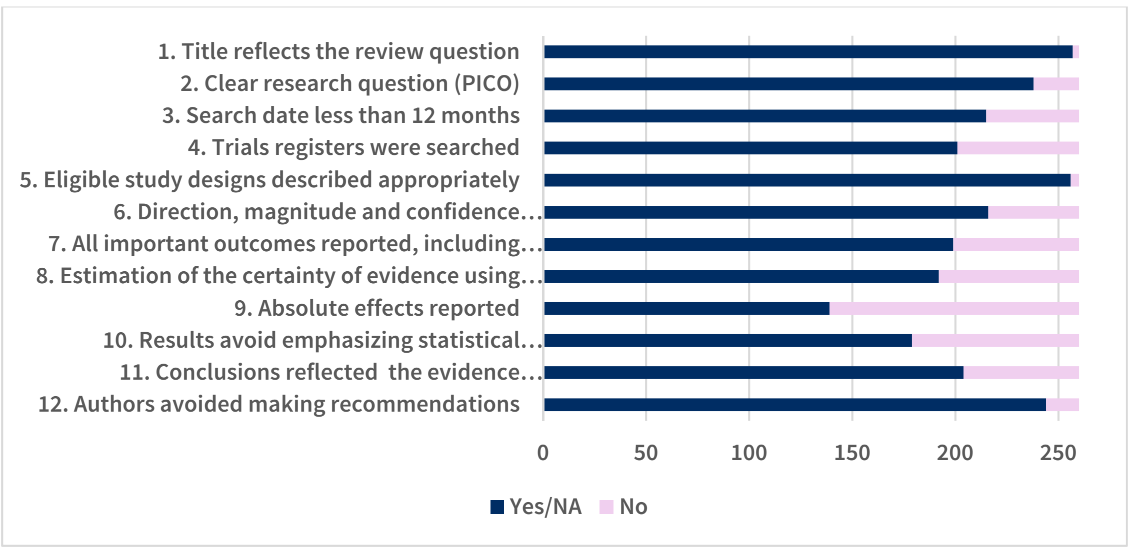


Figure 3: Overall responses for each one of the 12 questions (260 abstracts of published reviews evaluated; 1 point awarded for each question that received a positive answer)

III. Implications of the results

Our findings show that there are areas for improvement in a number of abstracts. The proportion of published abstracts that overlook harms remains around 25%. The proportion of abstracts that convey information about absolute effects stands at just over 53% compared with 35% in the 2011 cohort.

[1] Note that in this audit we did not check this against the Methods section of the review, so that in some cases points were deducted despite the authors having searched registers.

Increasing uptake of GRADE and inclusion of absolute effects in 'Summary of findings' tables could explain this increase. We also saw that 73% of abstracts include GRADE ratings for important outcomes.

Experience of using the checklist has shown that it needs to be modified before it can be used as a screening tool. Further items relevant to review conduct may need to be incorporated to improve its ability to identify quality issues beyond the summary versions of the review. However, recognising that abstracts, along with PLS, are the most widely read sections of the reviews, the checklist is a useful gauge of the state of abstracts in Cochrane Reviews. Our checklist was intended to cover key processes of the review reported in abstracts. In retrospect we think that reporting searches of trials registers might not be an essential element of the abstract, notwithstanding their importance in searches for the review.

When creating the audit tool we assigned equal weight to each item. This may have overlooked varying degrees of importance attached to different criteria according to MECIR. Selective outcome reporting, especially of harms, for example, is a more serious source of bias than failing to include an estimation of absolute effects.

We wanted to identify examples of substandard reporting, so for empty reviews we scored the reviews positively for responses that were judged as 'not applicable', i.e. the reporting of results. This will have inflated the scores for CRGs that included empty reviews, and renders cross-CRG comparisons somewhat unreliable. Owing to issues of feasibility, most reviews were only scored by one editor and inter-rater differences would have affected the scores for individual items. We attempted to limit these by having regular discussions between the assessing editors, and also by validating scores independently for abstracts that had scored poorly. In the latter case, the inter-assessor reliability was not perfect, but we judged it to be reasonable.

We believe that the audit provides a useful snapshot of the quality of reporting of abstracts across Cochrane Reviews published in the last year or so across all CRGs. There are many examples of excellent practice, as well as clear areas for improvement that would make the reviews easier to interpret by readers and probably improve their impact and utility.

We will describe how the results of the audit have influenced our proposals to change the screening process in a separate paper.

CEU team involved in the abstract audit

Liz Bickerdike (Editor)

Kerry Dwan (Statistical Editor)

Nuala Livingstone (Editor)

Jane Marjoribanks (Editor)

Newton Opiyo (Editor)

Elizabeth Royle (Copy Edit Support Manager)

Sera Tort (Clinical Editor)

Helen Wakeford (Editor)

Toby Lasserson (Senior Editor)

Karla Soares-Weiser (Deputy Editor in Chief)

David Tovey (Editor in Chief)

Governing Board Paper

References

1. Beller EM, Glasziou PP, Altman DG, Hopewell S, Bastian H, Chalmers I, et al. PRISMA for Abstracts: reporting systematic reviews in journal and conference abstracts. PLoS Med. 2013;10(4):e1001419.
2. Beller EM, Glasziou PP, Hopewell S, Altman DG. Reporting of effect direction and size in abstracts of systematic reviews. JAMA. 2011;306(18):1981-2.
3. Bigna JJ, Um LN, Nansseu JR. A comparison of quality of abstracts of systematic reviews including meta-analysis of randomized controlled trials in high-impact general medicine journals before and after the publication of PRISMA extension for abstracts: a systematic review and meta-analysis. Syst Rev. 2016;5(1):174.
4. Tsou AY, Treadwell JR. Quality and clarity in systematic review abstracts: an empirical study. Res Synth Methods. 2016;7(4):447-58.

Governing Board Paper

Figure 2: Audit of the five most recently published reviews in the Cochrane Library, per CRG, as of 15 December 2016 (Each review scored 0-12 points, totalling a maximum of 60 points per CRG)

Governing Board Paper

Agenda number:	**5.4**
Agenda item:	**Terms of Reference for the Finance, Risk and Audit Committee**
Submitted for Governing Board meeting:	2017 Mid-Year Meeting, Geneva
Submitted by:	Sarah Watson Head of Finance & Core Services
Sponsored by:	
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Governing Board approve the Terms of Reference for the Finance, Risk and Audit Committee
Executive summary:	
Financial request:	None

Terms of Reference

Composition, Attendees, Quorum & Reporting

1. The Finance Committee is a Committee of the Board of Trustees ("the Board") and reports directly to the Board.
2. All members of the Committee are appointed by the Board.
3. The Committee shall consist of not less than two Trustees appointed by the Board in addition to the Chairperson.
4. The Chairperson will normally be the Treasurer of the charity
5. The Committee may co-opt ex-officio members who in the opinion of the Committee will bring additional relevant skills to the Committee, but appointed members shall always form the majority.
6. The Chief Executive and Head of Finance and Core Services will normally be in attendance at all meetings.
7. The Head of Finance and Core Services is the Secretary to Committee Meetings. Minutes of meetings will be reviewed by the Board of Trustees when approved by the Committee Chairperson.
8. Unless otherwise determined by the Committee, a quorum shall consist of two members of the Committee.
9. The Committee will not meet less than three times a year and additionally as may be necessary. Where possible, and without compromise to the balance of skills, the composition of the Committee should be such so as to achieve a reasonable balance in terms of gender, age and ethnicity.

10. The Chair of the Committee (or in his/her absence, another Trustee member of the Committee) shall report to the Board at the next Board meeting.

Responsibilities

Financial

1. To review the draft of the five-year business plan and supporting annual financial plan and budget and make recommendations thereon to the Board of Trustees.
2. Regularly review performance against Plan and Budget.
3. Take responsibility on behalf of the Board for overseeing all financial aspects of Charity operations so as to ensure short and long term viability.
4. Monitor and recommend changes where appropriate to the board regarding the Reserves policy.
5. Maintain oversight of any budget lines relating to Governance costs.
6. To agree and review any new or revised financial policies such as expenses before presenting to the board for final approval.

Investment

1. To agree and review the Charity's investment policy, including the Charity's stance on ethical investments.
2. To review the performance of the Charity's portfolio of investments.
3. Consider changes to investment strategy and make appropriate recommendations to the Board.
4. To review the performance of the Charity's Investment Managers and to meet them formally at least once a year.
5. To report to the Board of Trustees.

Audit

1. To monitor and review the annual audit process
2. To recommend to the Board of Trustees appropriate actions following any management letter recommendations.
3. To participate in the tender process and selection of auditors every three years.
4. To report to the Board of Trustees.

OPEN ACCESS

Governing Board Paper

Cochrane Knowledge Translation Strategy

April 2017

Agenda number:	**7**
Agenda item:	**Cochrane Knowledge Translation Strategy**
Submitted for Governing Board meeting:	**Geneva, April 2017**
Submitted by:	**Chris Champion, cchampion@cochrane.org; Rachel Churchill rachel.churchill@ccdan.org; Sally Green sally.green@monash.edu; Denise Thomson dthomson@ualberta.ca**
Sponsored by:	**Chief Executive Officer**
Access:	**Open**
Decision or information:	**For Decision**
Resolution for the minutes:	The Board approves the Cochrane Knowledge Translation (KT) Strategy and the overarching commitment to put KT at the heart of all we do in Cochrane. The Board requests the CET to develop a detailed work plan and initiate the implementation phase.
Executive summary:	See section 1 below.
Financial request:	There is no specific financial request associated with this paper. The resourcing required will be integrated into annual budgets, with year one implementation of the KT Strategy being included in the 2018 budget request.

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2	Why Cochrane needs a Knowledge Translation Strategy	3
3	The change in Cochrane that we want to see as a result of this Strategy	3
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1 Executive Summary

- Knowledge translation (KT) is essential in achieving Cochrane's vision and maximises the benefit of the work of our contributors. This strategy puts KT at the heart of our organization.
- The Cochrane Knowledge Translation Strategy (KT Strategy) is a critical piece of work that elaborates on *Strategy to 2020*'s fundamental commitment to the dissemination, use and impact of Cochrane evidence. The KT Strategy Working Group recognises that a step change is needed to put KT at the heart of everything we do.
- This KT Strategy sets out a framework for KT in Cochrane, demonstrating the breadth and depth of the activities that would enable us to become a KT-centred organization. Parts of the organization already undertake excellent KT, but these activities are not systematic and coordinated across the organization. The KT Strategy will help us define the scope of Cochrane's KT efforts, guide work and investment, and, importantly, focuses us on the role that each type of Group[1] can play in Cochrane in KT.
- This KT Strategy highlights key areas of focus for Cochrane's KT work and the major audiences we should be serving. Those audiences are: *consumers and the public*; *practitioners*; *policy-makers and healthcare managers*; *researchers and research funders*.
- The aim of the KT Strategy is to provide clarity around Cochrane's role in KT and what activities should be considered as priorities, both at Group and organization level. Recognising the importance of context in effective KT, this Strategy envisions KT as being embedded in and integrated throughout the organization, with a distributed leadership model, and with everyone having a role. As a result, the Strategy takes a high-level, portfolio view of KT activities in Cochrane. We have attempted to define the key areas where Cochrane should focus its efforts, but we understand that priorities will be different depending on the needs, skills, expertise, resources and stakeholder expectations of individual Groups. The Strategy therefore aims for a layered portfolio approach, articulating both organizational-level activities to undertake centrally, as well as providing a framework to guide, co-ordinate and grow capacity for devolved activities and initiatives at Group and member level.

[1] "Group", when capitalised, refers to formal Cochrane Groups such as Fields, CRGs, Methods Groups or Centres.

- The Cochrane KT Strategy describes six key themes as a framework for organising our thinking and activity around KT. These themes map broadly to the goals and objectives of the *Strategy to 2020*. The six themes are:
    - Theme One. Prioritization and co-production of Cochrane reviews: *Producing reviews which meet the needs of our users*
    - Theme Two. Packaging, push and support to implementation: *Ensuring our users receive and can act on our reviews and products*
    - Theme Three. Facilitating pull: *Growing our users' capacity to find and use our reviews*
    - Theme Four. Exchange: *Engaging with our users to support their evidence informed decision making*
    - Theme Five. Improving climate: *Advocating for evidence informed health decision-making*
    - Theme Six. Sustainable KT Processes: *Building a sustainable infrastructure for knowledge translation*

2 Why Cochrane needs a Knowledge Translation Strategy

Cochrane's vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Realization of this vision relies both on production of Cochrane Reviews, and on effective strategies to facilitate their use.

KT is at the core of Cochrane's *Strategy to 2020*. Goals two and three are focused on engagement and meeting the needs of our existing and potential users. To properly understand what is required to deliver the *Strategy to 2020* commitments, we need a strategic view of what should be done in KT. This KT Strategy provides that strategic view and will guide a later implementation plan for how we propose to achieve these KT objectives for the organization.

A KT Strategy is a vital counterpoint to the investment in producing Cochrane reviews. As an organization committed to knowledge generation and synthesis, we also have to take responsibility for getting our knowledge used. We need excellent KT to accompany our excellent review production.

3 The change in Cochrane that we want to see as a result of this Strategy

We want this KT Strategy to facilitate significant culture change in Cochrane. We want KT to be accepted as an integral part of our work. This means that we want KT to be embedded in all that we do, rather than being considered a separate or optional activity.

In recent years, funders have put increasing emphasis on Cochrane making a difference to helping people in the form of better health decisions. We want Cochrane to be a KT-oriented organization where uptake and use of our evidence is at the forefront of our minds from the beginning and throughout the review production process. In this way, we can be sure that the review question, outcomes and comparisons chosen are appropriate to those who need the information, ensuring they are more likely to use our evidence to make decisions. Furthermore, a clear KT focus from the beginning allows us to establish early on which stakeholders will be interested in or affected by a given review and to understand their needs. Hence, work to develop outputs targeted to those stakeholders can be initiated earlier and can be integrated with the review production process.

Cochrane is in an enviable position of having a global network of contributors, who have spent many years building up the name of Cochrane in their country or discipline and building key relationships with stakeholders. We want to take this a step further and create KT groups within these country, regional and disciplinary networks. Building on our already extensive infrastructure will allow our KT activities to be broadly relevant and have the greatest reach possible.

This KT Strategy will affect everybody in Cochrane, but we are not necessarily asking people to do more; rather, we hope that through this KT Strategy we may do things differently. This may mean we need to learn new skills, so there is a substantive capacity development component to this Strategy.

Putting users at the heart of everything we do is at the core of *Strategy to 2020*, and through the KT Strategy we offer more specific plans for how we can achieve this. Importantly, our KT Strategy should result in making our reviews more impactful.

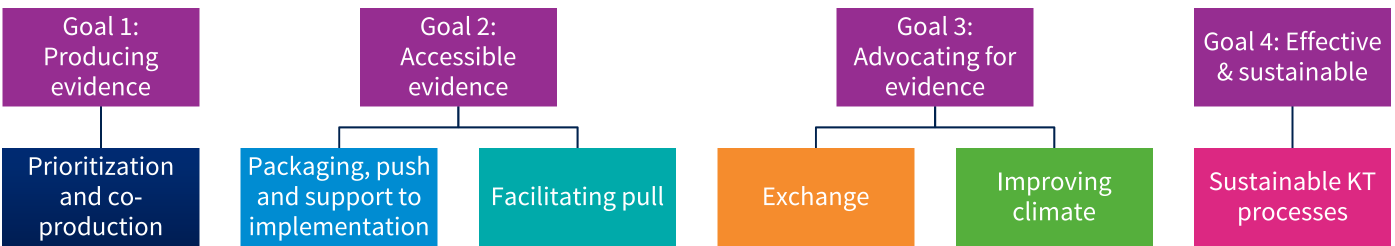
4 Goals, themes, audiences

Cochrane has a well-established and validated Vision, Mission and Goals in the *Strategy to 2020*. The KT Strategy has been developed to support our Vision and Mission and to be explicitly aligned with Cochrane's *Strategy to 2020*.

Themes in the KT Strategy

In the process of scoping the KT Strategy, we established a framework of themes to illustrate a range of activities that fall under the umbrella of knowledge translation. This in turn helps us to define the breadth of KT we want to engage in. We recognise the diversity of definitions used to describe KT activities, processes and mechanisms in the literature. Within this KT Strategy we have strived for consistent and accessible descriptors to label themes, work packages and activities. We hope this pragmatic approach will lead to greater coordination of, and improved communication about, KT within Cochrane. In fact, part of implementing the KT Strategy will involve agreeing a common language around KT terms to help us achieve an even greater shared understanding of the different opportunities and activities involved.

These KT themes map to the four goals of *Strategy to 2020*. In reality, significant cross-over exists between the different Goals and Themes, so we provide this schema very much for illustrative purposes only. The individual work packages associated with these themes will not be constrained by the way in which they are classified against this framework.



Strategy to 2020 Goals mapped against the KT Strategy themes

Theme One: Prioritization and co-production of Cochrane reviews.

Producing reviews which meet the needs of our users

This theme describes stakeholder engagement throughout the review production process. Activities in this theme focus on considering KT during all stages of review development and production, actively involving key stakeholders in topic and question selection, design, execution, interpretation and dissemination of Cochrane content.

Theme Two: Packaging, push and support to implementation

Ensuring our users receive and can act on our reviews and products

This theme describes a programme of work bridging production, dissemination and support to implementation through creating fit for purpose reviews and disseminating these effectively.

Theme Three: Facilitating pull

Growing our users' capacity to find and use our reviews

This theme describes facilitating the use of Cochrane reviews in health decision-making through making Cochrane reviews easy to find in appropriate formats and languages, and developing capacity in users to find and use our reviews and products.

Theme Four: Exchange

Engaging with our users to support their evidence informed decision making

This theme describes a range of interactive approaches to build partner relationships and support their decision making for issues of importance to them.

Theme Five: Improving climate

Advocating for evidence informed health decision-making

This theme describes activities linked to Goal 3 of *Strategy to 2020*. As with themes three and four, activities under this theme are not grounded in KT for specific reviews. Instead work under this theme lays the foundation for the use of research evidence in general, and Cochrane outputs in particular, by promoting and advocating for the role of systematic reviews in evidence-informed decision-making.

Theme Six: Sustainable KT Processes

Building a sustainable infrastructure for knowledge translation

This theme describes the organizational work that needs to be done to ensure that KT in Cochrane is adequately supported with appropriate infrastructure, processes and resources. This includes activities such as establishing governance and leadership for KT, creating systems to support KT, and providing training within Cochrane to ensure that we are collectively resourced to undertake KT work now and in the future. It also involves coordinating

Cochrane's KT work, monitoring and evaluating the KT Strategy, managing and sharing the knowledge generated for and about KT in Cochrane, and acting on the lessons learned.

Audiences for Cochrane's KT

We have framed the key audiences Cochrane needs to reach as the ultimate end users of Cochrane evidence - those making decisions about health. In many cases, we will access our audiences through intermediaries such as journalists or guideline developers.

It is important to consider the whole strategy through the lenses of different audiences. Many times when we refer to an activity, we will be taking a high-level view, recognising that these activities will need to be tailored to the needs of different audiences. We recognise that, when it comes to implementation, the perspectives of different audiences will need to be considered in much greater detail.

5 Work packages

The work packages listed here are the key areas of work that we have prioritized. Whilst aspirational, they represent important developments needed in each area for Cochrane to achieve the KT ambitions set out in this Strategy. In many cases work is well advanced ahead of the Strategy and the focus will be on embedding and scaling up existing examples of excellent KT. In other cases, foundational work and methods development is needed.

Strategy to 2020 Goal	KT Theme	Work Package Area
Goal One: Producing Evidence	**Prioritization and co-production**	Embed prioritization processes as an essential part of Cochrane review production
		Increase the number of reviews co-produced with users to ensure that reviews are aligned with users' needs
Goal Two: Accessible Evidence	**Packaging, push and support to implementation**	Adapt review formats and production processes to ensure reviews are 'fit for purpose' and are complemented by appropriate review-derived products for dissemination and support to implementation
		Improve and scale up existing products, and innovate new products, which package and present Cochrane Reviews to suit different stakeholder needs
		Translate our reviews and products to support the uptake of evidence in non-English speaking countries
	Facilitating pull	Continuously evolve the Cochrane Library so it makes Cochrane reviews easy to find in appropriate formats and languages

		Grow capacity in our users through development and delivery of training in using Cochrane evidence and (in relation to theme five) in understanding the concept and importance of evidence in decision-making
		Scale up mechanisms for engaging with, and responding to key user groups and meeting their evidence needs
Goal Three: Advocating for Evidence	**Exchange**	Further define and implement policies to formalise strategic partnerships at all levels of the organization
		Establish forums and processes to exchange ideas with partners, learn about their evidence needs and support their decision making for issues of importance to them
		Convene deliberative dialogues to contextualize global guidance to national or sub-national levels and to address emerging health-system challenges
	Improving climate	Develop a systematic and sustainable approach to contributing to efforts to improve the climate for use of research evidence in health and health care decisions
Goal Four: Effective and Sustainable Organization	**Sustainable KT Processes**	Agree and adapt or establish structures for the governance, leadership, oversight and implementation of Cochrane's KT Strategy
		Build infrastructure and resources to enable KT
		Strive for common language in Cochrane around KT
		Build capacity for KT in Cochrane: learning, leadership and fundraising
		Using evidence to inform our KT and continuously evaluate our KT Strategy

6 Dispersed leadership model

Successful KT is context specific and Cochrane strives to inform healthcare decisions in many different jurisdictions and contexts. This KT Strategy aims for a co-ordinated, dispersed leadership that harnesses the skills and experience of our diverse and widespread network of current and future KT leaders.

As outlined in theme 6 there is a significant amount of work that needs to be done at an organization-wide level to underpin and enable our KT efforts, and so there is an important role for the Central Executive Team to play in coordination of KT activities throughout Cochrane. However, if we truly want to be a KT-oriented organization we need people to be working differently throughout the organization and we need KT leadership to be distributed throughout Cochrane.

Our current organizational structures and functions already enable Cochrane Groups to focus on KT, and in some instances, e.g. Fields or Associate Centres, KT can be the primary focus of a Group's work. We now need to work

with Groups who are interested in, or already undertaking KT, to scale up that work. Where we have little activity in the area of a theme or work package we will also need to initiate and innovate KT, guided by this Strategy. We will need to grow a greater and dispersed network of leaders in KT in Cochrane who can drive the implementation of this KT Strategy at Group and regional level.

Ultimately, we want to encourage growth in and co-ordination of KT activities in Cochrane, so that we inspire members of the Cochrane community to become leaders in KT who feel empowered to take forward this KT Strategy. This dispersed leadership approach will greatly enhance Cochrane's ability to cover the range of target audiences and thematic and geographic areas where we need to enhance our KT activity.

7 Implementation, priorities and the change we want our audiences to see

What will Cochrane KT look like to our audience?

Consumers and the public

This KT Strategy strives to enable greater consumer participation in Cochrane activities and aims to result in better translation of Cochrane knowledge to those making decisions about their own health or the health of people for whom they care. There are opportunities for improved and better supported involvement from consumers, and for better consumer tailored KT activities across all themes. Examples include:

- Improved mechanisms and opportunities for consumers and members of the public to collaborate in setting priorities for Cochrane reviews;
- An increased offering of training for consumers and members of the public in how to co-produce Cochrane reviews and in how to find, understand and use Cochrane reviews;
- Better support for consumers’ involvement by Groups who have increased capacity and skills in working with consumers;
- A greater offering of dissemination products, including improved Plain Language Summaries and the potential for innovative graphical displays of results; and
- Better engagement with consumer agencies and organizations through formal partnerships and alliances in multiple jurisdictions.

Practitioners

This KT Strategy aims to make it easier for health practitioners to find and use Cochrane evidence for their decision-making through improved relevance, access and understanding. Examples include:

- Improved mechanisms for practitioners to engage with Cochrane in highlighting priority questions, co-producing Cochrane reviews and products, and co-developing KT plans;
- More effective dissemination of Cochrane evidence to practitioners through a range of products based on their needs and relevant to their decisions;
- Access to training in finding and using Cochrane evidence; and
- Better engagement with health professional organizations through formal partnerships and alliances in multiple jurisdictions.

Policy-makers and healthcare managers

This KT Strategy aims to enhance and improve opportunities for policy-makers and healthcare managers to find and use actionable evidence from Cochrane reviews in their decision-making. Examples include:

- Improved mechanisms for policy-makers and managers to engage with Cochrane in highlighting priority questions, co-producing Cochrane reviews and products, and co-developing KT plans;
- Enhanced dissemination of actionable evidence on priority policy issues, particularly as windows of opportunity open;
- Easier access to Cochrane knowledge in appropriate formats and languages, and more widely available training in how to find Cochrane reviews and products and to use them in decision-making;
- New opportunities to participate in deliberative dialogues that put contextualised Cochrane evidence alongside the tacit knowledge and real-world views and experiences of those who will be involved in or affected by decisions;
- Greater support in making the case for using evidence in decision-making and greater recognition of those who lead by example; and
- Developed capacity amongst policy-makers, healthcare organizations and managers to use Cochrane evidence in decision making.

Researchers and Research Funders

This KT Strategy aims to guide future research and research investment, and reduce research waste through facilitation of improved opportunities for researchers and research funders to use Cochrane evidence in identifying research gaps and priority research questions. Examples include:

- Improved *Implications for Research* sections in Cochrane reviews to help support future research and research funding decisions;
- Partnerships and forums with appropriate agencies to understand priority issues and exchange information; and
- Strengthened priority setting processes.

Implementation

This KT Strategy is intentionally aspirational. We want to set out a vision for KT in Cochrane with the understanding that it will take several years to begin to cover all of these areas of work. As a result, identifying and implementing priority elements of the KT Strategy is important.

The implementation of this KT Strategy will necessarily take place across multiple levels of the organization, and will be a complex process requiring careful planning and engagement from all Cochrane Groups. Furthermore, there is already considerable KT activity occurring at the Group level and centrally, and it will be important not to disrupt this work, but to build on and improve it in partnership with those already engaged in this work.

Assuming consideration and approval of this Strategy by the Board, our first actions will be to:

- Establish a governance and advisory structure for KT and for implementation of the KT strategy
- Communicate the strategy widely
- Develop an implementation plan for year one (2018)
- Agree initial priorities, including those requiring central investment to support execution of the KT Strategy throughout Cochrane
- Develop a budget request for supporting the implementation of the Strategy in 2018
- Start growing the distributed leadership structure and identify development needs of our leaders

We will be focussing early activity on key enablers, i.e. pieces of work that remove barriers for others to undertake work outlined in the Strategy, and capacity building tasks that start to develop greater knowledge and experience throughout the organization.

Priorities

There are many opportunities for KT work within Cochrane, so it is necessary to consider where specific activities are essential and/or likely to have the greatest impact early on. During our extensive process of consultation within Cochrane and engagement with external stakeholders, we heard many different messages about early priorities. The approach we set out here is intended to be motivating to the community, enable longer term goals, and have a demonstrable impact as soon as possible.

We will seek out the areas of KT excellence within Cochrane, aligned to the KT Strategy and divided by theme, audience or geographical area. Once we have identified and collated these, we will work with those involved to document their processes and, where necessary, enhance them to make them more generalizable. This will form the foundation for the development of organizational resources and training. Co-development with those who have experience of developing and/or implementing guidance, templates, training and resources will provide opportunities to scale up KT activities that have been shown to be successful.

We hope that this early work around identifying and scaling up areas of demonstrated KT excellence will bring us many benefits including the beginnings of the dispersed leadership model, development of common language around KT in Cochrane and a culture of learning and contributing simultaneously amongst those involved. In addition, this is an approach that empowers people throughout Cochrane to become involved in the implementation of this strategy from the very beginning.

8 Conclusion

Putting users at the heart of everything we do is at the core of Cochrane's *Strategy to 2020*. This KT Strategy elaborates on *Strategy to 2020*'s fundamental commitment to the dissemination, use and impact of Cochrane evidence. The KT Strategy highlights key areas of focus for Cochrane's KT work as well as the major audiences we should be serving. It demonstrates the breadth and depth of the activities that would enable us to become a KT-centred organization and describes six key themes as a framework for organising our thinking and activity around KT. These themes map broadly to the Goals and Objectives of the *Strategy to 2020*.

We have attempted to define the key areas where Cochrane should focus its efforts, but we understand that priorities will be different depending on the needs, skills, expertise, resources and stakeholder expectations of individual Groups. The Strategy therefore aims for a layered portfolio approach, articulating both organisational-level activities to undertake centrally, as well as providing a framework to guide, co-ordinate and grow capacity for devolved activities and initiatives at Group and member level.

We hope that those reading this document will be inspired by and enthusiastic about these plans to enhance our KT activities, and that this KT Strategy will enable a culture change in Cochrane, so that KT becomes accepted as an integral part of our work and embedded in all that we do.

9 Acknowledgements

We would like to acknowledge the contribution of the working group who have provided advice and input throughout the strategy development process.

The working group is co-chaired by:
- Rachel Churchill (Co-ordinating Editor, Cochrane Common Mental Disorders Group)
- Sally Green (Co-Director, Cochrane Australia)
- Denise Thomson (Co-Director, Cochrane Child Health).

Supported by:
- Chris Champion (Senior Programme Manager, CEO's Office, Cochrane Central Executive)

The working group members include:
- Rebecca Armstrong (Co-ordinating Editor, Cochrane Public Health)
- Martin Burton (Director, Cochrane UK)
- Agustín Ciapponi (Director, Centro Cochrane Argentino)

- Maureen Dobbins (Scientific Director, National Collaborating Centre for Methods and Tools (NCCMT), McMaster University)
- Sylvia de Haan (Partnerships Co-ordinator, Cochrane CET).
- Sophie Hill (Co-ordinating Editor, Cochrane Consumers and Communication Group)
- John Lavis (Canada Research Chair in Evidence-Informed Health Systems, McMaster University)
- Craig Lockwood (Director Implementation Science, The Joanna Briggs Institute)
- Martin Marshall (Professor of Healthcare Improvement, UCL)
- Pierre Ongolo-Zogo (Associate Professor, University of Yaoundé)
- Sally Redman (CEO, Sax Institute)
- Karla Soares-Weiser (Deputy Editor-in-Chief, Cochrane and Cochrane Innovations, Cochrane CET)
- Julie Wood (Head of Communications and External Affairs, Cochrane CET)
- Taryn Young (Director, Centre for Evidence-based Health Care, Stellenbosch University)

We would also like to acknowledge all the interviewees who provided their time and such valuable input into the strategy development. The report from those interviews is available on our website: http://community.cochrane.org/review-production/dissemination-resources/knowledge-translation-strategy/resources

Finally, we would like to thank all the Cochrane contributors who attended our sessions both at the London mid-year meeting and at the symposium at the Seoul colloquium. The outputs from these sessions influenced the development of the strategy significantly.

10 Appendix

In this paper for the Cochrane Board we have not included the potential workplan activities as they are operational details designed to help people gain a clearer understanding of what the implementation of this strategy might look like in practice. However, should any Board member wish to see this level of detail it is available in the version of the strategy published on the community website. Please see here: http://community.cochrane.org/review-production/dissemination-resources/knowledge-translation-strategy/resources

Governing Board Paper

Agenda number:	**9.1**
Agenda item:	**Report on the 2016-2017 Governing Board election**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Miranda Cumpston, Head of Learning & Support Lucie Binder, Senior Advisor to the CEO
Sponsored by:	Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board: 1) Approves the recommended changes to the electoral procedures for Governing Board elections; 2) Approves the proposed timelines for elections to be conducted in 2017; 3) Gives suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.
Executive summary:	The Board election held in 2016-2017 was the first conducted under the new electoral procedures following the governance reform process completed in 2016. Eleven candidates stood for election, and their contribution and willingness to volunteer their time was greatly appreciated by the Board. As with any first run, some opportunities were identified to make changes that would improve the simplicity and transparency of the electoral process, including: • Replacing the preferential voting system with a simplified system in which voters cast one vote for each vacancy available with no ranking of candidates. • Establishing a clear policy on candidate self-promotion, endorsement by Cochrane leadership groups and the use of official Cochrane news or email channels for this purpose. Planning has also begun for 2017, and a calendar proposed for selection of external Board members, Board Co-Chairs and the next election of internal Board members.
Financial request:	None.

1. Background:

The election for internal members of the Cochrane Governing Board over December 2016-January 2017 was the first to be conducted under the amended Articles of Association and election procedure approved at the Seoul Colloquium in October 2016. In general, the election ran very smoothly.

1.1 Participation

High-level demographic information was collected given the Board's previously expressed interest in the diversity of both candidates and voters.

Eleven candidates stood for four available positions. All candidates were resident in high-income countries in Europe, North America and Australia, and eight were resident in countries whose main language is English. Cochrane will continue to encourage more geographic diversity among candidates and the Board is asked to provide its suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.

1,223 valid votes were received, compared to 732 votes in the 2014 election.

Votes by role*	Votes by region
1,019 Authors	655 Europe
315 Editors (incl. ME, Co-Ed, others)	191 Asia-Pacific
280 Staff (including all Groups & CET)	171 North America
242 Referees	104 Africa & the Middle East
66 Translators	104 Central & South America
55 Information Specialists	
49 Directors	
38 Consumer referees	

* Top 8 roles only. Voters may have more than one of these roles.

The total number of eligible voters under the definition used in this election (based on Archie roles) was 44,387. However, these records contain a proportion of out-of-date information that will be resolved when the definition of voter eligibility is updated with introduction of the Cochrane membership scheme in the first quarter of 2017, during which data cleaning will also be conducted.

1.2 Voter feedback

Eighteen queries were received by the Central Executive Team (CET), the majority of which were queries about login details and eligibility to vote, and these were resolved. A further 25 requests to unsubscribe from Cochrane lists were received, which were actioned.

A small number of voters expressed confusion with the preferential voting system, in particular from those resident in countries where preferential voting is not widely used. It is likely that more voters found the system confusing, but did not raise the issue with the CET. Only around one third of voters took the opportunity to express more than four preferences. In addition, the preferential voting system proved complex and time-consuming to count, in the absence of specialised electoral software.

1.3 Canvassing and candidate endorsement

It was highlighted during the Board election, as well as the election for Author representatives on the Cochrane Council conducted in February/March 2017, that Cochrane lacks a policy on candidates canvassing on their own behalf, and for other groups to endorse or promote candidates. The two scenarios in which this occurred included:

- Candidates posting promotional messages about their own candidacy on Cochrane's Facebook page, which were blocked by the moderator.
- Candidates being endorsed by leadership Groups (such as Executives), who then use official Cochrane email lists to recommend a specific candidate to Cochrane members, which were allowed to proceed.

Discussion and debate during an open election should not be stifled, but these scenarios present a risk that voters may believe that a specific candidate has been endorsed by Cochrane or the CET, or may feel pressured to vote a specific way when the message comes from an individual or group in authority. This is particularly true if official Cochrane communication channels are used to disseminate the message.

1.4 2017 elections

In 2017 the Co-Chair and external Board selection processes will remain the same, although the timing of all the appointment processes will now be coordinated. The proposal is that the Co-Chair and external Board member selection and internal Board member elections are held concurrently, under the new Articles and electoral process. The timelines for these processes should allow sufficient time for notification of successful candidates, to ensure that they are able to attend the next Board meeting in Cape Town in September.

The timelines should also allow for the possibility of a candidate running in more than one category (for example, an individual may stand for election as an internal Board member and for the position of Co-Chair). In the past, these timelines have not been aligned. When a Board member was appointed as Co-Chair, this led to vacancies on the Board that could not be filled until the next election, which could be up to a year away.

2 Proposals:

2.1 Simplification of vote counting procedure

To improve the clarity of the counting procedure for voters, and ensure that the process for vote counting is efficient and sustainable for staff to implement, we propose that the current vote counting system be replaced with a system in which voters can cast a number of votes equal to the number of vacancies, and each vote has the same weight. The candidates with the highest number of votes will be declared elected.

This system is not as nuanced as full preferential voting, but has the advantage of being simpler while still allowing voters to express preferences for multiple candidates. Sensitivity analysis of the results of the last election showed that the use of different vote counting systems would not have changed the outcome of the election, although it would have changed the order in which candidates were declared elected.

A possible down side of this process is that it is not flexible in terms of the number of votes to be cast if the number of vacancies changes during the election (e.g. if one of the candidates is appointed as Co-Chair or a Board member steps down during an election), however, sufficient preferences will be

generated to allow the selection of additional candidates if needed. The alternative would be to purchase access to an electronic election platform that would automatically count complex preferences.

2.2 Canvassing and candidate endorsement

We propose the following policy principles be added to the Electoral Procedure:

- Any Cochrane individual, Group or committee may encourage members to participate in elections without endorsing a candidate.
- Cochrane leaders or leadership committees (such as Executives) should not publicly endorse specific candidates.
- Official Cochrane communication channels (email lists, Group email addresses, Group social media accounts) should not be used to endorse specific candidates.
- Candidates may post promotional messages on their own social media profiles but may not post promotional messages/comments to Cochrane's official Facebook account.
- Tagging of Cochrane's Twitter account is not moderated, but where election-tags are noted, the administrators will also post a link to general information about the election including all candidates.

2.3 2017 elections

We propose that the selection/election processes for new Board members be conducted according to the following schedule:

9-May	Call for all nominations (Co-Chairs – appointed by the Board; internal candidates – elected by the Cochrane electorate; external candidates - appointed by the Board)
6-Jul	Deadline for nominations
17-Jul	Voting opens for internal candidates
10-Jul - 4 Aug	Board videoconference to decide Co-Chairs and external members from candidates standing
7-Aug	Close of voting for internal candidates
11-Aug	Announcement of all results
9-11 Sep	New members take up positions at Cape Town

This timeline would enable all processes to be conducted simultaneously, which is efficient from an administrative and communications perspective. The Board can meet to make decisions about the selection of Co-Chairs and external members while the voting process for internal members continues.

In the event that either a sitting Board member or a candidate in the current election is appointed to the position of Co-Chair, this decision is made before voting closes. This allows a replacement Board member to be elected from the field standing for internal election (this is already provided for in the Electoral Procedure).

The alternatives to this timeline would be:

- Running the Co-Chair and external Board member selection process before the internal election, which would mean running this process over April/May and providing less time for the call for nominations.

- Running the Co-Chair selection after the internal election. This could be decided by the Board via teleconference and electronic remote voting; or in person in Cape Town. This would require very short timelines and – for the latter option – may mean that the candidates for Co-Chair could not take up their position in Cape Town. Any vacancies on the Board would also not be filled until the election in 2018.

a. Measures of success:

Outcomes should include reduced confusion among voters, a reduced administrative burden in running and counting elections, clarity of communication policies that all Members can follow, and an overall smooth election process in 2018.

b. Issues and strategic implications:

i. Strategy Implications:

These proposals are aligned with the *Strategy to 2020* Goal 4, Objective 6: Transparently Governed.

ii. Resource implications:

None.

iii. Risks and dependencies:

The dependency across all selection/election process in 2018 will be good communication to ensure that all prospective candidates and voters are clear on the policies and timelines in place.

iv. Impact and change management:

This will represent a minor change to procedure for most members, and can be managed by good communication.

v. Timelines:

Changes to be adopted immediately and implemented in the 2017 selection/election processes.

vi. Management Responsibility:

Lucie Binder has direct responsibility for these processes.

vii. Consultation:

Miranda Cumpston, Head of Learning & Support
Lucie Binder, Senior Advisor to the CEO
Mark Wilson, CEO

3 Recommendation(s):

The authors of this document recommend that the Governing Board supports the proposals listed above, namely that the Board:

1) Approves the recommended changes to the electoral procedures for Governing Board elections;
2) Approves the proposed timelines for elections to be conducted in 2017;
3) Gives suggestions for how Cochrane could provide support to non-English candidates to facilitate their participation in future elections.

OPEN ACCESS

Governing Board Paper

Agenda number:	**10.2**
Agenda item:	**Cochrane-Wiley Publishing Update, including:** **2017 Work Plan & 2016 Publishing Management Team Report**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Cochrane-Wiley Publishing Management Team*
Sponsored by:	Mark Wilson and David Tovey
Access:	Open, with both a restricted access and abridged open access dashboard of Cochrane Library performance in 2016 (Appendix 1).
Decision or information:	Information
Resolution for the minutes:	The Board is asked to review and note the 2016 Publishing Management Team Report and 2016 dashboard of Cochrane Library performance.
Executive summary:	This report provides a summary of Cochrane Library performance in 2016; and achievement against aims in the 2016 Cochrane-Wiley workplan, which was developed and is monitored by the Cochrane-Wiley Publishing Management Team. It includes a dashboard of Cochrane Library performance (Appendix 1). This is additional information that Board members may find useful, but is not required reading.
Financial request:	None

***Publishing Management Team:**

Cochrane:
CHAIR: Mark Wilson (Cochrane CEO)
Lucie Binder (Senior Advisor – non-voting)
Harriet MacLehose (Senior Editor)
Chris Mavergames (Head, Informatics and Knowledge Management)
Charlotte Pestridge (CEO, Cochrane Innovations)
David Tovey (Editor in Chief)
Julie Wood (Head, Communications and External Affairs – non-voting)

Guest:
Ahmad Ali (Project Manager)

Wiley:
Deborah Pentesco-Gilbert (Editorial Director)
Todd Toler (VP, Digital Product Management)
Ben Townsend (VP, Global Library Sales Strategy)
Jay Neill (VP - Digital Product & Platform Development)
Gavin Stewart (Editor, Wiley – non-voting)
Tony Aburrow (Associate Editor– non-voting)
Sophia Wheat (Assistant Editor– non-voting)

Guests:
Jo Garner (Senior Technical Product Manager)
Rachel Bock (Senior Product Manager)
Laura Simmonds (Marketing Manager)

2016 Workplan End of Year Report

1. Background

2016 was the first year that revenues from the Cochrane Library reached over £8 million GBP, triggering the 75% royalty rate to Cochrane and a 13% increase on royalties from 2015 - of £5.33 million GBP (excluding VAT). The 2015 Impact Factor of the *Cochrane Database of Systematic Reviews* increased to 6.103, up from 6.035 in 2014. Total demand for Cochrane content rose by 34% and full text downloads of Cochrane Reviews grew by 43%.

Additionally, Cochrane and Wiley implemented key Open Access strategy developments, as agreed by the Governing Board in October 2015, namely that Cochrane Reviews will be automatically deposited in PubMed Central after a 12-month embargo, and protocols of Cochrane Reviews will be made free to view immediately upon publication in the Cochrane Library. At the end of 2016, 42% of Cochrane Reviews (current versions) were available via Open Access - including a total of 2,716 Green embargoed free access and 61 Gold with a Creative Commons licence. At the Board's meeting in Seoul in October 2016, it supported the assessment from Wiley that the current Open Access policy is sufficiently progressive and that further moves towards universal, immediate OA should not take place unless and until alternative income is secured.

Overall, Cochrane and Wiley's partnership continued to deliver good progress against many of the contractual objectives in 2016. The parties selected and appointed a technology platform partner in 2016 to help respond to Cochrane Library product development requirements. However, technology provision and capacity to deliver product development continued – and continues - to be a major concern, with the project to deliver the new Cochrane Library platform in 'Red', meaning there are serious concerns that the revised delivery date of end of July 2017 cannot be met. The Publishing Management Team is monitoring the situation closely and more information will be provided in person at the Board's meeting.

2. Summary of Cochrane Library performance in 2016:

Section	Comments
Usage	HTML usage is 85% higher and PDF usage is 13% lower than prior year. Total full text downloads are up by 43% in 2016, compared to 2015. At the end of March 2016, the Anywhere Article was made the default full text destination for users of the Cochrane Library. This shift in user direction underpins the 2016 usage for full text downloads, abstracts and demand. This means that Full text downloads will be significantly higher and abstracts considerably lower following the switch to ASR.
Usage	Demand for Cochrane content is 34% higher than prior year.
Usage	Total full text downloads are 43% higher than prior year, abstract views are 52% lower, and overall demand is 34% higher than last year. Taiwan, China, Italy, Switzerland, France, Japan and Spain recorded above average increases in full text downloads in 2016, compared with 2015.

OPEN ACCESS

Monthly Production	Compared with the 2015, 68 fewer New Reviews, and 130 fewer Protocols were published. There were 58 fewer Review Updates published than in the previous year.
Open Access	All Gold OA articles published in 2016 are included in the list. 21 Gold Open Access articles have been published in 2016; 4 fewer than in 2015.
Open Access	At the end of 2016, 42% of Cochrane Reviews (current versions) were available via Open Access. The current version is the most recent version of a review.
Impact	'Workplace interventions for reducing sitting at work' received the most mentions of Cochrane Reviews published in 2016. It has the 3rd highest Altmetric Score of all Cochrane Reviews and is in the top 5% of all research outputs tracked by Altmetric. The top 10 articles of 2016 were mentioned 2,674 times on Twitter.
Impact	The 2015 Impact factor for the CDSR is 6.103, an improvement on the previous year's release. The Impact factor report has been updated with total cites (47,899) and the self-citation (5%) rate for 2015. 'Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth' remains the highest cited review of all time.
Revenue	Total revenue received was 11% higher than the previous year. Total revenue received in 2016 was £8,693,964.
Revenue	Royalties are 13% up on prior year. 2016 was first year to reach over £8,000,001 revenue to trigger the 75% royalty rate.
Sales and Licences	Despite real concern voiced by many of the Wiley Sales team over the increasing volume of OA content in the Cochrane Library, Cochrane institutional subscription sales remained stable throughout the last calendar year as well as first year sales into Latin America, post BIREME/PAHO cancellation, were positive and provide a good basis for growth in the region.
Sales and Licences	In 2016 we added Switzerland as a national provision and renewed 12 national/regional provisions. India was not renewed but discussions with new funders remain positive. Wyoming moved to a university license only and we moved out of the Bireme/PAHO license.

3. Assessment of performance against joint Workplan in 2016:

Status indicator:	
Grey	Completed.
Green	Good progress with confidence that delivery date will be met.
Amber	Delays that may affect /have affected delivery, with corrective action required in order to meet revised delivery date. Possible changes to scope.
Red	Serious concerns that delivery date will not be met or revised delivery date cannot be met; urgent corrective action required; and/or project failed or abandoned.
Purple	Not yet started, or not substantially started.

OVERARCHING CONTRACTUAL OBJECTIVE 2016 TARGET					End of year report
1	**Achieve universal 'one-click' access to the Cochrane Library, ensuring that it is free at the point of use**	i	Implement Tier 2 of Cochrane's new Open Access strategy. Namely, automatic deposition in PubMed Central after 12 months as part of our Green OA policy; making protocols cost free; and establishing a voucher system for major funders to publish Gold OA reviews at a discounted price.		Tier 2 implementation completed including: • All protocols published free to view on publication. • Automatic deposition of Cochrane Reviews in PubMedCentral for inclusion 12 months from date of publication.
		ii	In parallel with the development of the Open Access strategy, continue to achieve new, and maintain existing, national & regional licences to the Cochrane Library and achieve 5% growth in subscriptions sales in all regions in 2016.		• 1 new national provision (Switzerland); 12 renewals and one not renewed (India). • 11% growth in subscriptions sales in all regions including 24% growth in Wiley Enhanced Access Licences • 20% drop in National Provision sales due primarily to the reduced fee paid for the English national licence and the end of the India licence.
		iii	Approve the 2017 subscription pricing list for Cochrane Library licences, with explicit recognition in the prices of links between Cochrane Group infrastructure funders and Cochrane Library licence purchasers.		The 2017 subscription pricing list was approved by the Management Team at its June 2016 meeting, including explicit recognition of funding and purchaser links for national licences.
		iv	Approve the 2016 HINARI country cost-free access list.		One-click free access was enabled in Jan 2016 for 117 countries (up from 116 in 2015). Newly added this year in the HINARI category A&B countries were: Argentina; Libya and Saint Helena, while Dominican Republic and Peru graduated out of the categories and no longer have access via the HINARI scheme.
2	**Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods**	i	Agree an Addendum to the publishing agreement between Cochrane and Wiley in Quarter 1 to enable the delivery of an Enhanced *Cochrane Library* using the joint selection of a third party vendor (Semantico) for that engagement.		Addendum agreed in April 2016.
		ii	Deliver a governance plan that establishes the respective roles and responsibilities of Cochrane, Wiley, and Semantico for the publication and delivery of		

			Cochrane content in 2016.		
		iii	Build and deliver the first release of an Enhanced Cochrane Library with the functionality agreed in the Addendum that makes it easier to discover and use Cochrane content.		The Publishing Management Team will speak to the delays in this project at the Geneva meeting. Contributing factors include: the acquisition of Semantico, the third-party technology platform supplier, by Highwire at the end of 2016; delays in delivering data and data delivery complexities, functioning testing environments between Wiley and Highwire; insufficient assessment of feature requirements; challenges of working across 3 parties (Semantico/Highwire; Wiley; Cochrane).
		Iv	Prepare and maintain a register of requirements that will be consulted when agreeing features and requirements for subsequent releases (including from the Cochrane Library Future State Requirements as listed in the vendor Request for Proposals document).		Draft lists of requirements have been established and a new process for future developments is being agreed between Cochrane and Wiley as of January 2017, but work to finalise this is dependent upon further progress to the initial project.
		v	Deliver active projects (i.e., outside of the work with Semantico – now Highwire) for the Cochrane Library that are deemed appropriate and an efficient use of resource by Cochrane and Wiley.		Active projects completed per the Addendum include: • Making the Anywhere Article enhanced view the default article view • Automated table of contents However, all other projects have been deprioritized to focus on the Enhanced Cochrane Library and/or moved to the register of future requirements, as detailed above.
		vi	Approve the 2016 Marketing plan by the end of Quarter 2. Focus areas of the plan are likely to include communications and PR, implementing marketing automation, clarifying our social media strategy, events support for Cochrane Groups and clarification of dissemination tools to reach key target audiences.		Approved in June 2016 with the focus areas as planned.
3	**Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by using them as the basis for publishing**	i	Carry out the next phase of user research, including persona development, user journeys and establish a framework for ongoing assessment to inform development of the Cochrane Library and Innovations' products.		Research findings and recommendations on use have informed the Enhanced Cochrane Library. Future phases to be considered in 2017.
		ii	Use the business and publishing		Ongoing. Dashboard attached to this

	and delivery developments, improvements and innovations		'dashboard' data provided for Management Team meetings to inform decision-making in this area and undertake 'deepdives' in different areas of the business at each Management Team meeting.		report.
		iii	Hold an access options strategy 'deepdive' at a 2016 Publishing Management Team meeting.		Completed October 2016 and recommendation to continue cautiously with Tier 2 OA approved by the Board at its meeting in Seoul, October 2016.
4	**Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making available in languages other than English those elements identified by the Collaboration as appropriate for translation**	**i**	Deliver the Enhanced Cochrane Library as per Objective 2; and the user research as per Objective 3.		As above.
		ii	Continue to make complementary licences available to Wikipedia editors. Monitor referrer traffic from Wikipedia as part of the dashboard and periodically review statistics provided by Wikipedia on Cochrane. Contribute to the Wikipedia Cochrane partnership and strategy.		Ongoing. See the Cochrane Community site for more information.
5	**Engage positively with all users and stakeholders**	**i**	Meet the technology standards of service set out in the Service Level Standards in 2016 (on the current platform and on the future platform) and use the Key Performance Indicators to implement a 'continuous improvement approach' to service standards.		Technology performance service standards for the current Library platform were kept within agreed overall limits in 2016. Content and production issues were monitored, but a new approach to their management and resolution will be implemented for 2017.
		ii	Engage Cochrane Centre & Branch Directors in developing sales strategies by offering a co-ordinated Cochrane-Wiley series of sales events at the Korea Colloquium; and offer regional meetings for Centre & Branch directors as agreed by the Publishing Management Team.		Cochrane-Wiley sales event Understanding Global Access & Demand for the Cochrane Library held at Seoul Colloquium but poorly attended by Centre & Branch Directors. Regional and country meetings held in Cochrane Iberoamerica in Spain and in Ecuador at the annual Iberoamerican Cochrane network meeting. Co-ordinated with CEO meetings in Brazil and Iran. Funder meetings in Australia, New Zealand and Switzerland.
6	**Provide efficient and effective subscription management and support services for users**	**i**	Deliver service standards as per Objective 5.		

OPEN ACCESS

7	**Develop strategic partnerships with news providers, policy-makers, healthcare organizations, technology providers and others who can disseminate, promote and use Cochrane content in effective and appropriate ways**	i	Evaluate partnerships as part of the 2016 Marketing plan by the end of Quarter 2. Focus areas of the plan are likely to include supporting the partnerships with Wikipedia and the WHO; and clarifying the dissemination tools required to reach key target audiences, including partners and events support for the Colloquium and the 2017 Global Evidence Summit.		See update on Partnerships paper.
8	**Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity**	i	Develop a multi-language Cochrane Library as part of the Enhanced Cochrane Library, with the delivery of the Spanish version in March 2017.		As above.
		ii	Implement the recommendations from the Cochrane environmental review where appropriate.		Due to the delay in publishing the review, its recommendations will be considered in 2017.
9	**Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including those in high-level business and management roles**	i	Discontinue the Roadmap committee and implement the new management structure (a focussed tripartite working team) for the delivery of the Enhanced Cochrane Library in 2016-17.		Project Team > Project Board structure approved for enhanced Cochrane Library project.
		ii	Continue to hold bi-weekly Publishing Management Team Executive calls and quarterly KPI group calls.		
10	**Recognise and respond to the culture and unique organizational structure of the Collaboration**	i	Ensure that all members of the Cochrane and Wiley teams have a working knowledge of Cochrane and its *Strategy to 2020.*		
		ii	Deliver Management Team reports to the Steering Group and its sub-committees according to the new CSG reporting schedule.		
11	**Develop future Cochrane-Wiley publishing strategy**	i	Hold a future publishing strategy deepdive at a 2016 Publishing Management Team meeting.		This deepdive focussed on the Open Access strategy in October 2016. Starting in 2017, the parties will need to consider their future relationship and strategies.

12	**Deliver the Cochrane *Strategy to 2020* 2016 targets with Wiley dependencies**	i	Deliver the Cochrane *Strategy to 2020* 2016 targets with Wiley input or dependencies: 1. Quality strategy 2. Prioritization list 3. Updating strategy 4. Timeliness pilot projects 5. New authoring infrastructure 6. Transform project 7. Cochrane Review PICO annotation 8. Knowledge Translation strategy **9. Translations pilot projects** **10. Enhanced Cochrane Library** **11. REWARD campaign** **12. Partnerships and alliances** **13. Membership Scheme** **14. Organizational structure and function review** **15. Online learning** **16. Editor training and accreditation** 17. New governance structure		Refer to 2016 Targets report.
13	**Support the business case development and subsequent development and commercialisation of relevant Cochrane derivative products and services**	i	Deliver a minimum of 200 new Cochrane Clinical Answers (CCAs) by the end of 2016, and convert 350 partial CCAs to full CCAs by May 2016.		At end 2016, 200 new CCAs had been created and 350 partial CCAs had been converted to full CCAs, leading to a total of 1200 full CCAs.
		ii	Build and deliver CCAs as part of the Enhanced Cochrane Library first phase of work.		As above.
		iii	Work together on the first two phases of the user research projects for Linked Data to support the development of recommendations for the Cochrane Innovations' Linked Data commercialisation plan in May and August 2016.		Completed. Research phases completed for Cochrane Linked Data commercialisation strategy.
		iv	Work together to review the Wiley proposal for Essential Evidence Plus, making a recommendation to the PubMan Team by Quarter 2.		Reprioritised, pending initial discussions in October 2016. Will now be taken forward as part of Open Access strategy discussions.
		v	Implement a de-commissioning plan for Dr Cochrane with closure completed by Quarter 3.		Completed. Dr. Cochrane modules retired 30 September 2016.

Publishing Management Team Dashboard

Reporting Period – January – December 2016

Table of Contents

Page	Section	Heading	Comments
1	Usage	Full text downloads	HTML usage is 85% higher and PDF usage is 13% lower than prior year. Total full text downloads are up by 43% in 2016, compared to 2015. At the end of March 2016, the Anywhere Article was made the default full text destination for users of the Cochrane Library. This shift in user direction underpins the 2016 usage for full text downloads, abstracts and demand. This means that Full text downloads will be significantly higher and abstracts considerably lower following the switch to ASR.
2	Usage	Demand	Demand for Cochrane content is 34% higher than prior year.
2	Usage	Visits	There were over 10 million visits to Cochrane.org in 2016 - up 75% on prior year.
2	Usage	Page Views	There were 6,160,640 abstract views in 2016 compared with 12,014,798 views of summaries on cochrane.org in the same time period.
3	Usage	Referrer Data	In 2016, PubMed (27%) was the highest referrer to Cochrane content hosted on WOL. Google search was the second highest (16%) with Google scholar a very close third (16%) by a margin of 0.002%. The fourth largest was Cochrane.org (16%).
3	Usage	Usage by database	For CDSR, CENTRAL and DARE, there was a 13% drop usage on the EBSCO platform and a 2% increase in usage on the Ovid platform in 2016 compared with 2015. Usage of CENTRAL via WOL in 2016 is up 10% on prior year.
4	Usage	Key Metrics	Total full text downloads are 43% higher than prior year, abstract views are 52% lower, and overall demand is 34% higher than last year. Taiwan, China, Italy, Switzerland, France, Japan and Spain recorded above average increases in full text downloads in 2016, compared with 2015.
5	Monthly Production	Running Total of published articles Published articles compared to prior year Record Count	Compared with the 2015, 68 fewer New Reviews, and 130 fewer Protocols were published. There were 58 fewer Review Updates published than in the previous year.

6,7	Open Access	Gold Open Access	All Gold OA articles published in 2016 are included in the list. 21 Gold Open Access articles have been published in 2016; 4 fewer than in 2015.
8	Open Access	Running Total	At the end of 2016, 42% of Cochrane Reviews (current versions) were available via Open Access. The current version is the most recent version of a review.
9	Impact	Altmetric	'Workplace interventions for reducing sitting at work' received the most mentions of Cochrane Reviews published in 2016. It has the 3rd highest Altmetric Score of all Cochrane Reviews and is in the top 5% of all research outputs tracked by Altmetric. The top 10 articles of 2016 were mentioned 2,674 times on Twitter.
9	Impact	Impact Factor	The 2015 Impact factor for the CDSR is 6.103, an improvement on the previous year's release. The Impact factor report has been updated with total cites (47,899) and the self citation (5%) rate for 2015. 'Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth' remains the highest cited review of all time.

Usage in 2016

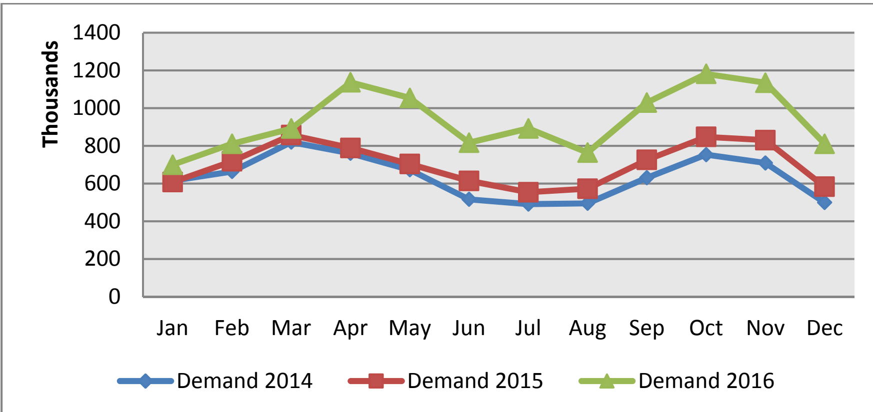
FULL TEXT DOWNLOADS

Thousands

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PDF 2015	258,886	241,886	297,457	277,790	253,510	224,558	208,345	217,300	268,100	317,634	309,801	215,168
PDF 2016	253,267	306,895	319,272	240,307	224,679	186,061	208,300	178,378	239,733	274,515	261,388	187,450
HTML 2015	219,603	312,518	388,932	359,791	312,644	246,698	227,917	245,347	337,478	395,420	390,858	276,094
HTML 2016	305,752	349,225	414,304	761,951	702,612	530,103	590,251	487,044	674,869	778,710	757,009	530,629

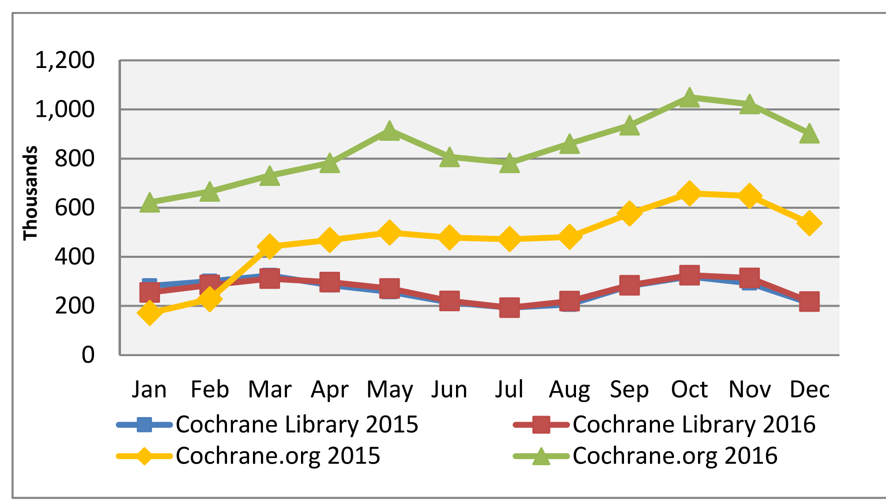
The graph above shows a breakdown of full text downloads recorded in 2016 and 2015 by month and type. 9,762,704 Full text downloads were recorded in 2016 compared to 6,803,735 in 2015; an increase of 43%.

DEMAND (Full Text Downloads + Access Denied)



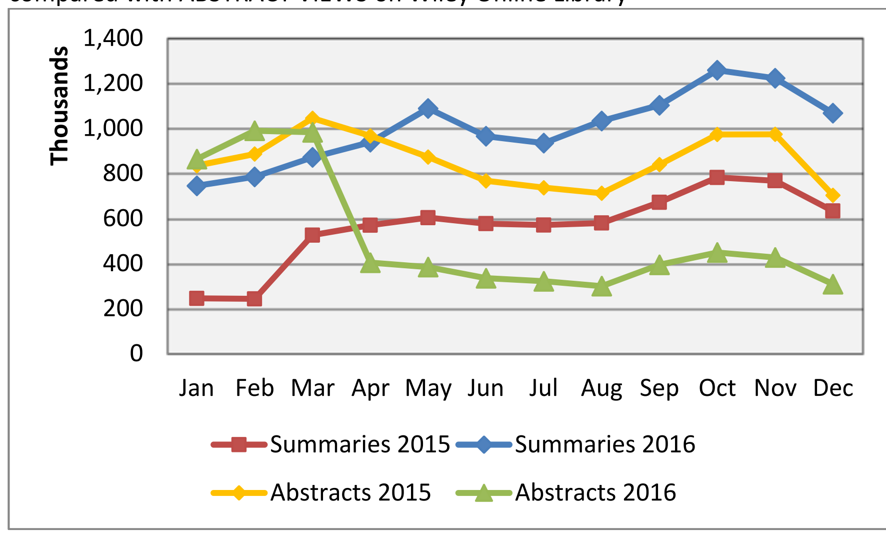
There were 11,223,982 attempts to access a full text version of a Cochrane review in 2016, 2,818,210 (34%) more attempts than in 2015.

VISITS to the Cochrane websites



10,092,623 visits to the Cochrane.org website were recorded in 2016, compared to 5,767,906 in 2015. 3,190,928 visits to the Cochrane Library website were recorded in 2016, compared with 3,166,095 in 2015.

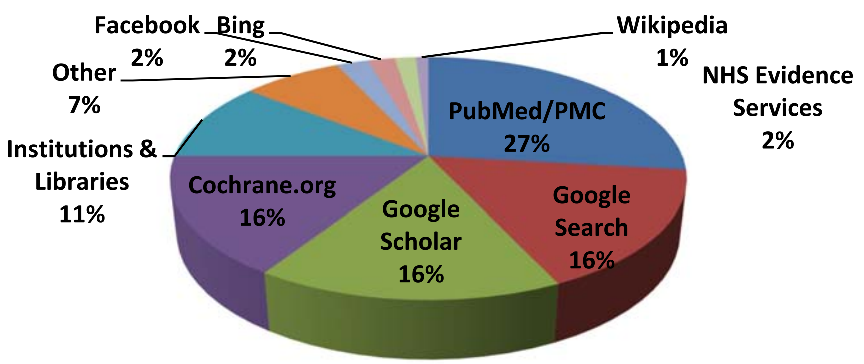
PAGE VIEWS of Summaries on the Cochrane website (www.cochrane.org) compared with ABSTRACT VIEWS on Wiley Online Library



12,014,798 page views of Cochrane Summaries were recorded in 2016, compared with 6,772,742 in 2015.

6,160,640 html abstract views were recorded in 2016, compared with 10,312,364 in 2015.

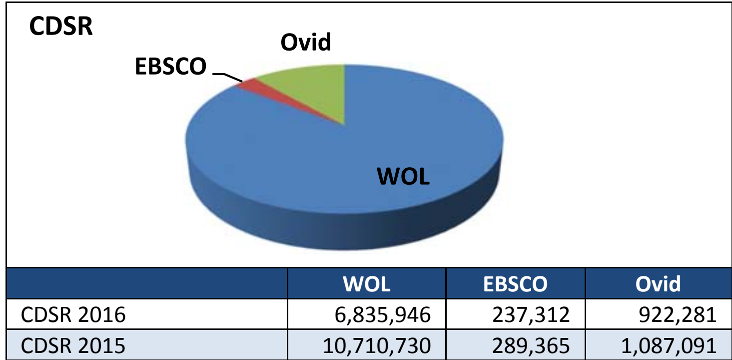
REFERRER DATA Referrals recorded in 2016 to Cochrane content hosted on Wiley Online Library.



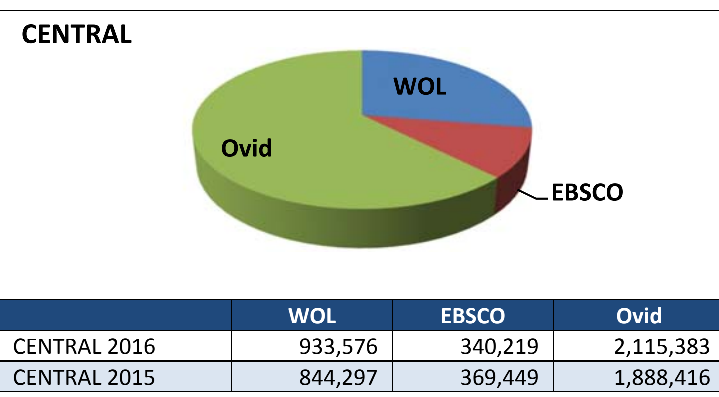
Referrer Name	Visits 2016
PubMed/PMC	951,182
Google Search	573,938
Google Scholar	573,806
Cochrane.org	560,776
Institutions and Library	376,319
Other	264,630
Facebook	84,668
Bing	72,475
NHS Evidence Services	55,624
Wikipedia	33,530

USAGE BY DATABASE

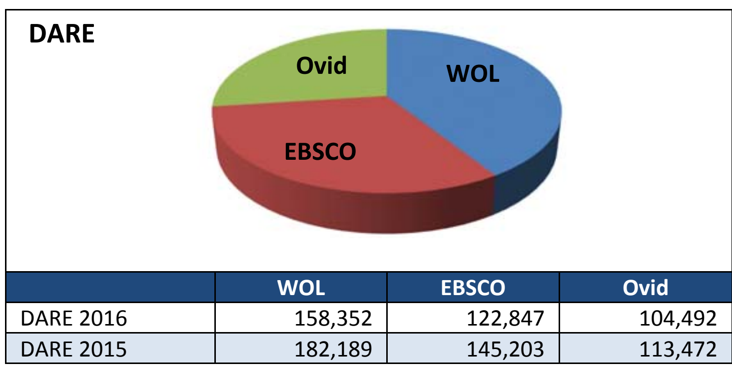
The following charts compare 'views' of each record by database. For the CDSR, the Wiley Online Library (WOL) number in the first chart represents Abstract views.



	WOL	EBSCO	Ovid
CDSR 2016	6,835,946	237,312	922,281
CDSR 2015	10,710,730	289,365	1,087,091

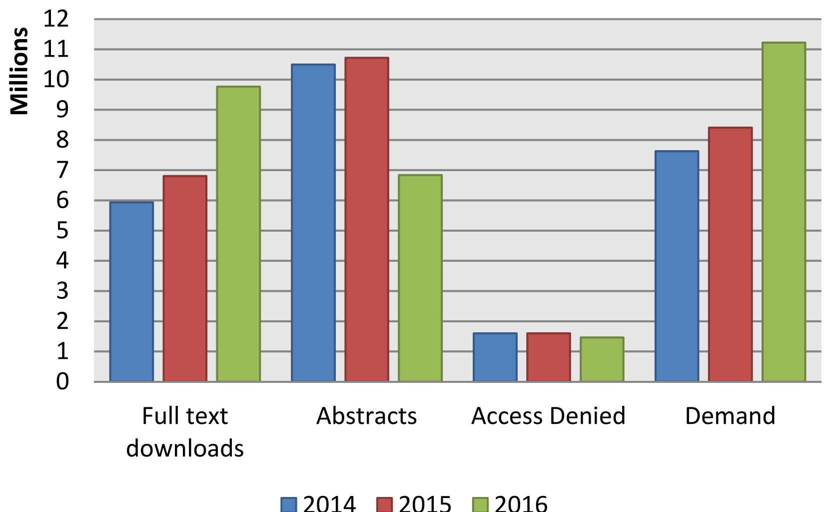


	WOL	EBSCO	Ovid
CENTRAL 2016	933,576	340,219	2,115,383
CENTRAL 2015	844,297	369,449	1,888,416



	WOL	EBSCO	Ovid
DARE 2016	158,352	122,847	104,492
DARE 2015	182,189	145,203	113,472

KEY METRICS
Annual comparison



Activity	2014	2015	2016
Full text downloads	5,938,186	6,803,735	9,762,704
Abstracts	10,493,601	10,716,215	6,835,928
Access Denied	1,602,037	1,602,037	1,461,278
Demand	7,629,989	8,405,772	11,223,982

Full text downloads by location
Note: Following the switch to AASR in March 2016, full text downloads will be significantly higher and abstracts considerably lower (see table of contents for full details.)

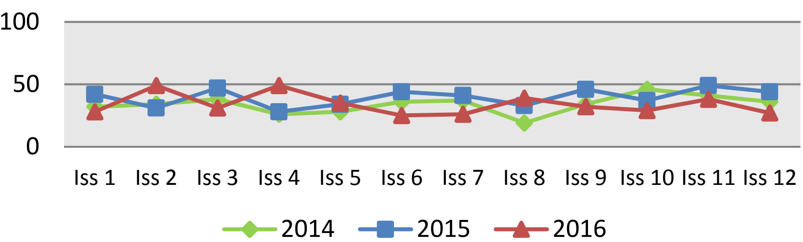
Country	2015	2016	
United States	1,297,061	1,918,375	48%
United Kingdom	1,504,630	1,872,445	24%
Australia	750,488	1,065,204	42%
Canada	235,396	339,988	44%
Netherlands	193,805	287,296	48%
Taiwan	150,954	263,049	74%
Germany	154,402	248,470	61%
China	135,017	232,305	72%
Italy	122,752	208,093	70%
Switzerland	74,689	161,821	117%
France	93,501	159,877	71%
Japan	87,266	154,890	77%
Brazil	107,980	153,704	42%
India	201,385	153,477	-24%
Spain*	70,396	140,348	99%
Ireland	104,168	139,667	34%
Norway	104,450	134,151	28%
New Zealand	99,495	133,570	34%
Sweden	108,223	111,627	3%
Denmark	73,962	102,740	39%

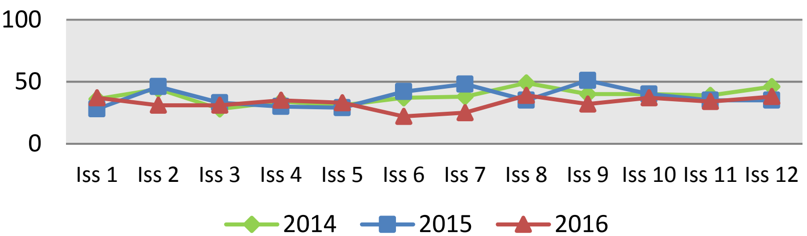
***Spanish language BCP data is not included due to data quality and availability issues**

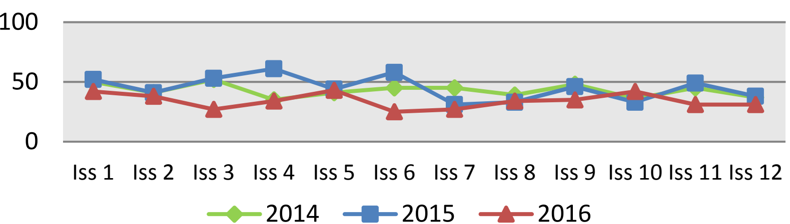
The countries included in the table above recorded the highest number of full text downloads in 2016. The average increase for the top 20 countries was 50%.

Monthly production

RUNNING TOTAL OF PUBLISHED ARTICLES







PUBLISHED ARTICLES COMPARED TO PRIOR YEAR

	New Reviews	Updated Reviews	New Protocols
2016	408	394	409
2015	476	452	539
2014	407	462	514

RECORD COUNT

Database	2014	2015	2016
Cochrane Database of Systematic Reviews	8,637	9,143	9,668
Database of Abstracts of Reviews of Effects	32,776	36,795	36,795
Cochrane Central Register of Controlled Trials	830,227	901,197	992,236
Cochrane Methodology Register	15,764	15,764	15,764
Health Technology Assessment Database	14,237	15,270	16,559
NHS Economic Evaluation Database	16,609	17,397	17,397
Editorials	95	107	118

Open Access

GOLD OPEN ACCESS

66 (six in 2013, fourteen in 2014, twenty five in 2015, twenty one in 2016) Gold Open Access articles published to date

	Date Published	Eligible for waiver
Ivermectin versus albendazole or thiabendazole for *Strongyloides stercoralis* infection	Jan-16	No
Oral iron supplements for children in malaria-endemic areas	Feb-16	No
Subsidising artemisinin-based combination therapy in the private retail sector	Mar-16	No
Antihelminthics in helminth-endemic areas: effects on HIV disease progression	Apr-16	No
Corticosteroids for managing tuberculous meningitis	Apr-16	No
Lateral flow urine lipoarabinomannan assay for detecting active tuberculosis in HIV-positive adults	Apr-16	No
Fixed-dose combinations of drugs versus single-drug formulations for treating pulmonary tuberculosis	May-16	No
Integrated management of childhood illness (IMCI) strategy for children under five	Jun-16	No
Nutritional supplements for people being treated for active tuberculosis	Jun-16	No
Interventions for improving coverage of childhood immunisation in low- and middle-income countries	Jul-16	Yes
Public stewardship of private for-profit healthcare providers in low- and middle-income countries	Aug-16	No
Interventions to reduce corruption in the health sector	Aug-16	No
GenoType® MTBDRsl assay for resistance to second-line anti-tuberculosis drugs	Sep-16	No
Six months therapy for tuberculous meningitis	Sep-16	No
Six-month therapy for abdominal tuberculosis	Nov-16	No
Vitamin D supplementation for preventing infections in children under five years of age	Nov-16	No
School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents	Nov-16	No
Efavirenz or nevirapine in three-drug combination therapy with two nucleoside or nucleotide-reverse transcriptase inhibitors for initial treatment of HIV infection in antiretroviral-naïve individuals	Dec-16	Yes
Polymer-based oral rehydration solution for treating acute watery diarrhoea	Dec-16	No
Oral zinc for treating diarrhoea in children	Dec-16	No
B-type natriuretic peptide-guided treatment for heart failure	Dec-16	No

RUNNING TOTAL OF PUBLISHED OPEN ACCESS ARTICLES

	2013	2014	2015	2016
Green Reviews (Running Total)	0	930	1,815	2,762
Gold Reviews (Running Total)	4	19	40	61
Number of Open Access articles available (Cumulative)	4	949	1,855	2,823
% of Cochrane Reviews Open Access	**0.1%**	**16%**	**29%**	**42%**

Impact

ALTMETRIC

Highest Altmetric scores from reviews published in 2016 (Scores retrieved 20th February 2017)

B=Bloggers T=Tweeters N=News outlets FB=Facebook walls M=Mendeley Readers

		B	T	N	FB	M
979	Workplace interventions for reducing sitting at work	12	303	83	12	249
741	Vitamin D for the management of asthma	9	155	72	37	10
499	Electronic cigarettes for smoking cessation	3	137	48	10	25
472	Breastfeeding for procedural pain in infants beyond the neonatal period	0	477	12	31	48
456	Motor control exercise for chronic non-specific low-back pain	4	373	20	36	22
409	Paracetamol for low back pain	4	425	7	40	43
349	Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption	6	179	24	6	83
316	Music interventions for improving psychological and physical outcomes in cancer patients	7	162	21	18	53
286	Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care	1	338	3	7	39
277	Yoga for asthma	4	125	21	14	42

To date (20th Feb, 2017), Altmetric has tracked scores for 8,449 articles from the Cochrane Database of Systematic Reviews. The top article in the table above is ranked 3rd of the 8,449 tracked articles from the Cochrane Database of Systematic Reviews.

IMPACT FACTOR

The 2015 Impact Factor for the Cochrane Database of Systematic Reviews was released in June. The Impact Factor for the CDSR is 6.103, an improvement on the previous year's release.

Year	Rank	Impact Factor	In-Window Cites	Citable items	Total Cites	Self-citation rate	5-Year Impact Factor
2015	**12**	**6.103**	**11,522**	**1,888**	**47,899**	**5%**	**6.665**
2014	13	6.035	11932	1977	43,592	6%	6.539
2013	10	5.939	9859	1660	39,856	8%	6.706
2012	12	5.785	8087	1398	34,230	8%	6.553
2011	10	5.912	7721	1306	29,593	5%	6.309

Highest cited Cochrane reviews (2005 – December 2016)

		Publication date	Updated?
579	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Mar-06	No
549	Interventions for preventing falls in older people living in the community	Sep-12	No
509	Interventions for preventing falls in older people living in the community	Feb-09	Yes
503	Cholinesterase inhibitors for Alzheimer's disease	Jan-06	No
451	Audit and feedback: effects on professional practice and healthcare outcomes	Jun-12	No
449	Interventions for enhancing medication adherence	Feb-08	Yes
392	Antidepressants for smoking cessation	Jan-07	Yes
341	Nicotine replacement therapy for smoking cessation (Review)	Jan-08	Yes
339	Pulmonary rehabilitation for chronic obstructive pulmonary disease	Apr-06	Yes
310	Effectiveness of brief alcohol interventions in primary care populations (Review)	Feb-07	No

WILEY

Governing Board Paper

Structure and Function Review: Positioning Cochrane Fields as KT-Focussed Groups

Agenda number:	**11.2**
Agenda item:	**Structure and Function Review of Cochrane Fields: final design proposals**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Chris Champion and Mark Wilson
Sponsored by:	Chief Executive Officer
Access:	Open
Decision or information:	For Decision
Resolution for the minutes:	To adopt the proposed structure and function design changes for Cochrane Fields as set out in the paper; and begin implementing them.
Executive summary:	This paper provides strategic proposals for the future of Fields, and knowledge translation more broadly, as part of the Structure and Function process.
Financial request:	There is no specific financial request associated with this paper, but supporting Fields and knowledge translation does have human resource implications for the CET. Furthermore, there are KT initiatives, such as the infrastructure proposals that will need to be funded, but that will be as part of the KT Strategy budget.

1. Executive Summary

Cochrane seeks to improve health decision making globally. We do this by producing systematic reviews, so that the best evidence is available: but available and used are not synonymous. For some audiences we need to adapt or re-package review findings, whereas for others we just need to disseminate reviews more widely so those audiences know they exist. It is critical to Cochrane that we connect health and healthcare decision-makers with the reviews we produce; and we listen to those stakeholders to understand what their evidence priorities are, so we use our limited review production resources to produce the reviews that are most likely to be used.

This knowledge translation (KT) challenge is the impetus for the development in 2016-17 of a Cochrane Knowledge Translation Strategy that will inform the KT work of all Cochrane Groups. It also provides the core context for this paper on Cochrane's Fields, as we want the remit of Fields to be driven by the new KT Strategy, and therefore we have outlined the proposed work of Fields around four functional areas based on the Strategy: Network Building; Building Demand/Advocacy; Knowledge Translation Outputs; and Stakeholder Engagement.

Cochrane has to engage with the broadest possible range of stakeholders, and Fields need to help us do this more as an externally facing, stakeholder-driven Group type interacting with end users to increase the uptake of our evidence into health decision-making. This is particularly important in areas where currently there is no stakeholder engagement: either because the tight focus of many Cochrane Review Groups (CRGs) does not correspond to the identities or groupings of external stakeholders, or because there is insufficient capacity in the relevant Review Group. The KT Strategy promotes a more integrated KT approach within Cochrane based on the KT needs of a topic or review. We must build a firmer base for collaboration between Cochrane Review Groups (CRGs) and Fields in the review process, as Fields bring skills, contacts and resources needed to support CRGs in prioritizing their work. In particular, we have an opportunity to address the needs of external stakeholders in a more meaningful way through aligning our Fields structures in part with the new consolidated 'networks' of CRGs that are under construction.

Fields also have a role to play in supporting Centres in their geographical knowledge translation remit. Many Centres will have well-established KT programmes and others will be developing more KT work over the coming years. It is important that the KT work of Centres intersects with and complements the work of Fields, so that there is maximum impact and minimal duplication of effort. We need to promote KT-focussed groups within country-based structures which complement existing and future audience- and topic-based Fields, allowing for partnerships to achieve an expansion of local implementation of the work done in specific topic areas and targeted at specific audiences by Fields. In time, we aspire for all Fields to have large networks, so that they can connect with geographically-based Groups effectively.

The KT Strategy is being submitted for approval at the Governing Board meeting in Geneva, and as Cochrane's KT implementation plans develop around the Strategy more details on the implications for Fields will emerge. This set of proposals is, therefore, a strategic-level document setting out a proposed plan for new structures and functions, which will evolve as it is implemented.

2. Background

The existing role of Fields is outlined on the Cochrane Community website here: http://community.cochrane.org/organizational-info/resources/resources-groups/fields-info and the current list of Fields is available here: http://www.cochrane.org/contact/fields.

When we initiated the Structure and Function Review of Fields we established a comprehensive rationale for change in the way that Fields operate. This will not be reproduced here, but is available at: https://tinyurl.com/jsxx79o.

3. Cochrane's Knowledge Translation Strategy

Cochrane's vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Realisation of this vision relies on the production of Cochrane Reviews, and effective strategies to facilitate their use.

KT is at the core of Cochrane's *Strategy to 2020*. Goals two and three are focused on engagement and meeting the needs of our existing and potential users; so a Cochrane KT Strategy is a vital counterpoint to all the money and time invested in producing Cochrane reviews. As an organization committed to knowledge generation and synthesis, we must take responsibility for getting our knowledge used.

Through the implementation of the KT Strategy we want to see a significant culture change in Cochrane towards becoming a KT-centred organisation where KT is considered a vital part of all activities we undertake.

The KT Strategy highlights six key thematic areas of focus for Cochrane's KT work; and establishes four primary audiences we should be serving. This allows us to draw boundaries around what Cochrane's KT role should be and, importantly, allows us to think again about the role that Fields could play in Cochrane in their domain[1].

3.1 The six themes of the Strategy

Theme One: Prioritisation and co-production of Cochrane reviews.
Producing reviews which meet the needs of our users

This theme describes stakeholder engagement throughout the review production process. Activities in this theme focus on considering KT during all stages of review development and production, actively involving key stakeholders in topic and question selection, design, execution, interpretation and dissemination of Cochrane content.

Theme Two: Packaging, push and support to implementation
Ensuring our users receive and can act on our reviews and products

This theme describes a programme of work bridging production, dissemination and support to implementation through creating 'fit for purpose' reviews and disseminating these effectively.

Theme Three: Facilitating pull
Growing our users' capacity to find and use our reviews

This theme describes facilitating the use of Cochrane reviews in health decision-making through making Cochrane reviews easy to find in appropriate formats and languages, and developing capacity in users to find and use our reviews and products.

Theme Four: Exchange
Engaging with our users to support their evidence informed decision making

[1] The Cochrane KT Strategy will be presented to the Cochrane Board in Geneva, April 2017. The paper will be available open access on the KT pages of the community site when it is finalised: http://community.cochrane.org/review-production/dissemination-resources/knowledge-translation-strategy

This theme describes a range of interactive approaches to build partner relationships and support their decision making for issues of importance to them.

Theme Five: Improving climate

Advocating for evidence informed health decision-making

This theme describes activities linked to Goal 3 of *Strategy to 2020*. As with themes three and four, activities under this theme are not grounded in KT for specific reviews. Instead, work under this theme lays the foundation for the use of research evidence in general, and Cochrane outputs in particular, by promoting and advocating for the role of systematic reviews in evidence-informed decision-making.

Theme Six: Sustainable KT Processes

Building a sustainable infrastructure for knowledge translation

This theme describes the organisational work that needs to be done to ensure that knowledge translation in Cochrane is adequately supported with appropriate infrastructure, processes and resources. This includes activities such as establishing governance and leadership for KT, creating systems to support KT, and providing training within Cochrane to ensure that we are collectively resourced to undertake KT work now and in the future. It also involves coordinating Cochrane's KT work, monitoring and evaluating the KT Strategy, managing and sharing the knowledge generated for and about KT in Cochrane, and acting on the lessons learned.

3.2 Audiences for Cochrane's KT

We have framed the key audiences that Cochrane needs to reach as ultimate end users of Cochrane evidence. In many cases, we will access our audiences through intermediaries such as journalists or guideline developers.

Audiences identified in the Cochrane KT Strategy

4. Cochrane structures to deliver KT

To be a KT-centred organisation we need to consider the different dimensions of knowledge translation, to understand the roles of Cochrane Groups in delivering the KT Strategy and ensure that it becomes embedded in everything we do.

Knowledge translation is context-specific. That context may be geographic, topic-based or specific to an audience group. It is important that we consider these dimensions when thinking about a model to deliver the KT Strategy in Cochrane.

Geographic focus

As part of the Centres' structure and function review we have already established that knowledge translation is a core part of a Centre's work. We have approved changes that allow Centres to create networks of groups within their country (either Affiliates or Associate Centres) that can do KT in a more flexible way; and encouraged Centres to introduce new ways of working (such as setting up 'consumer champions') that we hope will lead to increased KT activity at the geographic level.

Topic-based focus

Topic-based KT naturally falls within the work of Fields and CRGs, linking networks of professionals and experts in an area together to promote the use and impact of Cochrane evidence in global policy and practice. However, it is essential that this work complements the geographic approach, as ideally we will leverage our large country and regional network to increase the reach of topic-based KT activities.

Audience focus

Any Group focussed on undertaking KT in Cochrane will be focussed on a specific topic or geographic area as above, but that does not mean that they are obliged to focus on all four KT audiences. Any KT-focussed Group should consider which audiences it will cover. It is possible that some large, well-resourced groups will be able to cover all four KT audiences; but in other instances, multiple Groups may collaborate, each focussed on a different audience: e.g., a country might have four different KT-focussed Associate Centres, each dedicated on one of the four KT audiences.

4.1. KT Functions

The proposed KT functions of different Cochrane Groups will be set out in the KT Strategy, and will follow the six KT themes established in the Strategy. The priorities between and within these themes may change periodically as the organisation's KT priorities change. In addition, each KT-focussed Cochrane Group will have the latitude to decide on its own priorities which are most appropriate to its context.

Prioritisation and Co-production	Review production remains primarily a CRG function, but with the push for greater prioritisation and more co-production the CRGs will need support from Fields and Centres to connect with relevant stakeholders.
Packaging, push and support to implementation	This has traditionally been a key area of activity for Fields. Packaging reviews for stakeholder groups, summarising reviews, etc., will continue to be important. Through the KT Strategy we hope to be able to better coordinate and integrate such activities.
Facilitating Pull	This is about enabling our users to access the evidence that is available. This includes educational initiatives to increase usage.
Exchange	Fields working closely with stakeholders seek to meet their needs and this is exactly what exchange is about – providing for the needs of our stakeholders and being responsive to their needs. It starts with partnership building, but can be considered the next stage in developing the partnership into a relationship that meets the needs of the stakeholder to make decisions based on our evidence.
Improving Climate	Fields have always had an advocacy role, so this is not new. This covers activities aimed at developing the demand for evidence by educating people about EBM and Cochrane and advocating for the use of evidence in decision-making.
Sustainable KT Processes	The central organisation needs to take a leading role in supporting and coordinating KT processes and providing a robust infrastructure, but this is also about building capacity and capability at Group level. We need to see the

number of people skilled in KT growing at a Group level, so that we have both the skills required and the capacity to undertake the work.

5. The role of Fields in this KT approach

What distinguishes the role of Fields in this KT approach is that they are primarily focused on the needs of a stakeholder community or audience that they serve. They act as a bridge between the evidence produced by Cochrane and external stakeholders who need that evidence. CRGs may perform this role themselves with certain stakeholder groups linked to their topic area; but the breadth of potential stakeholders who could use Cochrane evidence means that we need Fields to augment and expand this critically important role.

To be effective, Fields need absolute clarity about who their audience is; and set their scope accordingly in a way that is realistic, based on their available resources. They should be an outward facing layer of Cochrane that makes sense of Cochrane for others by re-organising or re-packaging content and undertaking knowledge translation so that Cochrane evidence meets external users' needs and they can easily access, engage and communicate with us. This engagement role is not just about pushing information out to stakeholders, it is bi-directional: we need to listen to and learn from our stakeholders and feed that learning and insight into Cochrane.

The focus of Fields, therefore, is on the evidence needs of their 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.

Because of this different perspective, Fields will sometimes identify specific evidence needs of their stakeholders that are not being produced, or planned to be produced, by CRGs. In this case, they may end up needing to take on a review production role: either in collaboration with a CRG or on their own where a CRG is unwilling to support them. It is essential that we have mechanisms to support Fields in this activity when CRGs are unable to provide the required support; but we do not want to encourage Fields to become new CRGs, focused on review production. This topic is covered in more detail in section 6.2 below.

Given the importance of the new Field role, we need to prioritize establishing new Fields based on where we see the strongest external need for engagement. This is covered further in section 5.3.

When thinking about new Fields we should not assume they need to be established as indefinite presences. For example, if there was a global initiative running for three years and it was important Cochrane had a cohesive KT group responding directly to that initiative, then a Field could be set up for the duration of the initiative and disbanded once the specific external need was met.

This approach will also be able to take advantage of the new Cochrane Membership scheme, launching in April 2017, as it will allow newcomers to be more effectively channelled to the Field in the area of work individuals are interested in.

5.1. Functions of Fields

The functions of Fields need to evolve to support this model. A summary view of the KT Strategy breaks down the functional requirement of Fields into four areas of activity, which clarify Fields' contribution to Cochrane as part of a broader spectrum of knowledge translation activities. Fields will use the KT Strategy as the basis for their work plans.

Network Building

01

Connect stakeholders in a given area to create a global network, including those involved in:

- Production;
- Dissemination; and
- Implementation of evidence-based practice.

This should be integrated with and facilitated by Cochrane Membership.

Building Demand / Advocacy

02

- Advocate for Cochrane or other EBM to be used in decision making in the field
- Promote evidence-based practice
- Promote Cochrane Evidence
- Provide education and training on the methods and application of Cochrane Evidence for stakeholders
- Linked to this is a role in internal promotion/advocacy to emphasise the external stakeholder needs to those within Cochrane.

This maps to the knowledge translation strategy Themes 3 and 5

Knowledge Translation Outputs

03

This is the outward communication of Cochrane evidence through activities such as:

- Re-packaging content;
- Producing summaries; and
- Disseminating to targeted stakeholders

Precise activities will be recommended in the Cochrane Knowledge Translation Strategy and a Field will then prioritise based on the needs of their stakeholders.

This maps to the knowledge translation strategy Theme 2

Stakeholder Engagement

04

The KT strategy will emphasise the bidirectional nature of KT in Cochrane. Stakeholder feedback can inform:

- Outcome priorities
- Review topic priorities
- Cochrane methodological research

Opportunities for collaboration and commissioned work will also flow through these channels as we understand the needs of our stakeholders.

This maps to the knowledge translation strategy Themes 1 and 4

5.2. Structures of Fields

Fields don't need to be fixed entities rooted in one location. The most appropriate organising model for Fields is a 'dispersed network' model, in which the activity of people in different places around the world is managed from one or several sites (many Fields already operate on this principle).

Within the Field, a structure of subgroups is a useful approach as it allows for leadership in certain areas of work to be delegated to small Groups. This helps build both capacity and capability within the Field and it allows for deeper engagement from a broader range of interested parties. Such sub-groups are to be promoted as part of the Field and not as Groups in their own right.

Fields should also seek to establish cross-cutting networks that interact with geographic KT activity. Initially, Fields might identify key individuals in different countries and connect them with the KT work in their country as a representative of the Field. In the long run, we would aspire for each KT-focussed geographic Group to have access to a named individual from each Field to foster collaboration and ensure that the work of the Field can be implemented across the world. Building such comprehensive networks will take time for Fields, and they will need to grow in line with the KT capacity in geographic Groups, but this intersection between geographic-focussed KT and topic-focussed KT is critical to achieve the maximum impact and minimum duplication of effort.

Whilst we want to support low-cost models for supporting KT activity, it is important to acknowledge that knowledge translation work is a serious undertaking that requires dedicated effort from those involved. Fields which have consistently had full-time staff have been more productive, as would be expected, and so whilst we want to promote models that are low-cost but functional, we acknowledge that Cochrane must secure sufficient funding in different ways to resource adequately its KT ambitions and objectives. This could be through seeking project funding for discrete initiatives within Fields. This has the disadvantage of being short-term and requires a lot of effort to secure for each project, but it is an area where some Fields have had success.

5.3. Coverage of Fields

Current Fields cover specific areas of interest that have evolved in an *ad hoc* way over the last two decades. Cochrane needs to take a more consistent, co-ordinated and planned approach to the coverage of Fields

work in the future, targeting the healthcare sectors, treatments, populations or audiences where its evidence can make the greatest impact. Ideally we would want comprehensive coverage across these areas, but we need to prioritise our efforts and work out where there are gaps in the existing model where we need to establish new Fields.

There is also the question of what Fields are needed in condition areas. The existing 52 CRGs have been structured by their focus on specialized conditions, and it would have been duplicative to have Fields covering the same conditions. However, the CRG transformation programme will establish new more consolidated 'networks' of CRGs, and this may allow us to identify new Fields working at the level of the combined editorial groups, so that the CRGs working together can link to stakeholder groups of their combined area of interest, as well as with the stakeholders in their individual areas of interest that they already work with. These new Fields could be built from KT-interested individuals within the CRGs or through partnering with another organisation with an interest in this role. An example is the nascent 'Cochrane Global Mental Health' Group, which is being coordinated by the WHO and involves five CRGs covering the area of mental health. This new Cochrane Global Mental Health will facilitate the sharing production, dissemination and implementation of Cochrane reviews in low and middle-income countries.

As part of the implementation of the revised Fields model we will identify priority areas for new Fields where we feel stakeholder communities are underserved and we will work with the CRG transformation programme to identify where the new, larger editorial units might need complementary KT capacity from a new Field.

6. Specific issues identified that affect the success of Fields

6.1. Infrastructure to support collaboration

Cochrane's current internal structure, with rigid divisions between different types of Groups, has in the past created barriers to collaboration which have - in turn - led to unsuccessful working relationships for Fields. The barriers experienced by Fields have included: communication issues between Fields and CRGs; lack of interest from CRGs in participating in Fields' KT initiatives; the inability of a Field to effectively track reviews they are interested in; no exposure of the produced KT outputs leading to duplication of effort; inability to share resources and good practice; and conflict over the content of KT outputs.

There is a need for easy and effective collaboration between those producing the reviews and the potentially diverse range of people involved in knowledge translation and dissemination of those reviews or associated products to our many external stakeholders. We will need to keep this challenge in mind as we implement the knowledge translation strategy and other key change initiatives, such as the CRG transformation programme.

A practical solution to some of the issues would be to create a way of centrally recording KT activities undertaken on any given review, so that others interested in supporting the dissemination and use of a review can take advantage of the work and avoid duplicating effort. This would allow the relevant CRG and the review authors to see how the review has been used. It would involve sharing details of the KT undertaken and ensuring that links to outputs and materials can be reused. To do this we need to develop workflow tools that allows those interested in undertaking KT on a review to create a workflow around this which could then alert those involved when it is time to initiate KT tasks. This support system could lead to improved transparency and communication, better collaboration and the opportunity to have a more integrated approach to KT. This infrastructure is also proposed as part of the KT Strategy as it is not specific to the needs of Fields.

6.2. Fields and review production

Primary responsibility for review production sits with Cochrane Review Groups and will continue to do so. However, there may be times when a Field, through its stakeholder engagement work, identifies priority topics for Cochrane reviews that no CRG is willing or able to support.

In line with the Centres' Structure and Function Review paper, we think that there should be more flexibility in the role of Fields, and Fields should be able to take advantage of the introduction of new editorial process options, most notably the fast track editorial submission channel for high quality reviews[2].

If a Field wishes to take on the author support for a title that has not been prioritised by a CRG then this should be allowed if certain criteria are met. First: there must be a clear need for the review; Second: the opportunity to register and support such a title should be offered to relevant CRGs first, with the Field taking forward the review only once these CRGs have declined to take it on.

Where there is no CRG willing to support an author team to undertake the Review, and there is clear evidence that the topic is high priority, then there are two suggested approaches that the Field could follow.

1. A Field establishes a partnership with a relevant CRG to produce that review. The Field agrees to take on all responsibility for author support and initial checking of MECIR standards. All the CRG commits to do would be to manage the peer review process, sign off, and publish the protocol and review.
2. A Field is unable to find a partner CRG which is interested in the review, so they proceed with the Review, but publish the protocol externally, in PROSPERO for example. Once the review is complete they use the proposed fast track editorial system to submit the completed, high quality review.

If Fields wish to undertake this role they must be able to demonstrate to the Editor-in-Chief that they have the resources and skills available to provide author support which leads to consistent, high-quality submissions to the CRGs. The above process is indicative only at this stage, as the fast track process is now being piloted and we do not know how it will be configured ultimately. We will also take into consideration other proposed ideas such as an editorial group to support Fields review production. We wish to support the idea that Fields can produce reviews where their stakeholders demand it, so we will continue to explore the most appropriate way to achieve this, but this is dependent on elements of the CRG transformation programme.

6.3. A change of name?

We know that the term 'Fields' has no external validity: those outside Cochrane do not understand the term and how this relates to what these Cochrane Groups do. Recent branding changes have helped overcome this challenge to some degree: for example, the Child Health Field has become 'Cochrane Child Health'. This approach should be standardised across existing and future 'Fields'. For the purposes of organizational and functional description, however, we still need a name for the 'Fields' structural grouping, and we favour bringing 'knowledge translation' formally into the name to give a clearer indication of this pre-eminent role within these Groups. We therefore propose 'Knowledge Translation Groups' or 'Knowledge Translation Networks' as the new descriptive term for Fields.

We anticipate that Groups in geographic networks who are explicitly focussed on KT and working with topic- or audience-based 'Fields' will continue to be called Affiliates or Associate Centres, as they exist within a geographic-oriented framework of accountability (and see the Structure and Function Review for geographic-oriented Cochrane Groups for more details).

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[2] http://community.cochrane.org/review-production/production-resources/fast-track-editorial-process

7. Accountability and Governance

7.1. Lines of accountability

Establishing clear lines of accountability throughout Cochrane for our knowledge translation activities is critically important. Fields report to the CEO for their KT activities; and Centres – who will play such an important role in KT at a geographic level - also report to the CEO, as does the Central Executive's Communications & External Affairs Department, which will play a key role in facilitating and supporting Cochrane's KT activities around the world. We intend, initially, to continue the existing lines of accountability but to review them as the KT Strategy is implemented and as Fields (or whatever these Groups are to be called) increase their integration and work with CRGs.

7.2. Strategic plans and succession planning

Fields of all sizes should have a strategic plan built around the KT functions and audiences they plan to serve, which will be used to assess performance. This should be a multi-year strategy with annually updated targets representing activities planned in each given year. The strategy and each annual update on activities should be submitted to the Central Executive to a defined schedule to be agreed. As part of the strategic plan for the Field there should also be a succession plan which details what the Group is doing to develop future leaders.

7.3. Existing and future policies and processes

Fields, like all Cochrane Groups, are expected to adhere to Cochrane policies and processes. These are available on our website: http://community.cochrane.org/organizational-info/resources/policies

7.4. Advisory bodies

The new Cochrane Editorial Board has a position for a leader in knowledge translation and that person will need to be linked in with all the Groups undertaking KT in the organisation, as well as potentially supported by a KT advisory group.

The Cochrane Council and Governing Board will be considering the future of the Group Executives. It is likely that the Fields Executive will need to evolve as many more KT Groups emerge in the country networks. It will also need to respond to the need for greater linkages between Fields, Centres and CRGs as the KT Strategy is implemented. The newly-formed representative Council will be an initial step in promoting these linkages.

7.5. Memorandum of Understanding (MOU)

For this accountability structure to work we propose to set up MOUs with Fields that will be routinely re-assessed (at least once every five years). The purpose of these MOUs is to establish clear mutual accountabilities and to outline the support that Fields will receive from the Central Executive Team so that they feel empowered to undertake their Cochrane role effectively.

7.6. Probation period

Setting up a new Cochrane Group is a challenging task, and it is also a significant responsibility to be part of Cochrane's global presence. Because of this we will introduce a probation system whereby all new Groups are assessed after one year to ensure that they are progressing as expected in their plans and that they are accessing the support and mentorship they require to succeed.

Governing Board Paper

Agenda number:	**12**
Agenda item:	**Cochrane Membership Thresholds**
Submitted for Governing Board meeting:	Geneva, April 2017
Submitted by:	Chris Champion (cchampion@cochrane.org) or Julie Wood (jwood@cochrane.org)
Sponsored by:	Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the proposed thresholds for the transition from Cochrane 'supporter' to 'member' status for the first wave of activities to be covered by the Cochrane Membership scheme, with a review after 12 months.
Executive summary:	The Membership project was approved by the Board at previous meetings on a contribution-based membership model. The status of Cochrane 'member' will be awarded to people who have made a substantive contribution to the organisation, but equally important will be the new status of 'supporter', which we want to grow significantly. Supporters may not contribute anything substantive to the production of reviews or other core tasks of Cochrane, but they are important to promote Cochrane and evidence based decision-making more broadly. Having built the underlying systems for managing and measuring engagement for phase one of Cochrane Membership, we now need to clarify exactly what the thresholds are for people to move from 'supporter' status to 'member' status. This paper outlines the initial thresholds which we propose to use for attributing membership status, though we do acknowledge that these may need to change over time as we learn from the data we gather. In keeping with our inclusive approach, all existing collaborators in Archie will be offered a period of membership and then once that initial term ends they will need to meet these thresholds to continue being a member. For those involved in activities not covered by phase one thresholds (due to ongoing structure and function reviews) they will retain member status until we have defined thresholds for their area of activity, which we plan to discuss with those groups and roll-out by early 2018. This applies to Methods, Fields and Consumer members.
Financial request:	None specifically associated with this decision

1 Background

1.1 What problem is Cochrane membership trying to solve?

- It is not easy for those who are new to Cochrane to get involved.
- There is no way to track contributions, particularly outside of the review production process, and so it is hard to recognize all those contributions or manage that resource effectively.

The solution to this is Cochrane Membership. It is the broad term used to describe our engagement strategy work. As part of *Strategy to 2020* we are seeking to open up Cochrane to anyone who wants to be a part of the organisation, and so, over recent years, we have been establishing new ways for people to contribute. The role of Cochrane Membership is to bring these new pathways together in a coherent way to make it easy for anyone to get involved in Cochrane, whether as a supporter of Cochrane's work or as an active collaborator.

In addition, Cochrane Membership seeks to acknowledge the contributions that people make in a more transparent way. This is both to help people in their journey through Cochrane, but also as a means of rewarding them for their work.

Through clear pathways and new, exciting ways to get involved, we hope that Cochrane Membership will offer many people a way to contribute to Cochrane in which they can build up skills and offer great additional value to our work. This will provide us with the mechanism to develop and nurture the new talent needed for Cochrane's future with a greater focus on learning skills and undertaking tasks before attempting to become a review author.

The status of 'member' will be awarded to people who have made a substantive contribution to Cochrane, but equally important will be the new status of 'supporter'. We want this group to grow significantly. Supporters may not contribute anything "substantive" to the production of reviews or other core tasks of Cochrane, but they are important to promote Cochrane and evidence-based decision making more broadly. For more information on the development of Cochrane Membership please see the previous Board papers[1].

1.2 Why it is better for collaborators

- It will be easier to contribute to Cochrane's work
- It will be easier to be recognized for that contribution

1.3 Why it is important to Groups

- It will provide better reporting about people's skills, experience, areas of interest, contributions and training.
- It will reduce the burden of managing potential contributor queries (as this will be filtered automatically)
- It will reduce the burden of having to manage and maintain data protection compliance

1.4 Why it is important to the organization

- It will provide a better understanding of the human resource available to Cochrane, which is important if we are to respond to the external challenges the organisation faces.
- We will be able to provide an improved experience to people who come to us looking to get involved, as currently there is a fragmented and erratic response to newcomers, which is a considerable challenge for the organisation.

[1] http://community.cochrane.org/organizational-info/resources/support-cet-csg/membership/resources

- We will be able to communicate better with collaborators by targeting communications based on what we know about them. This means we can send more relevant content.
- Following the move from Group to individual voting, Cochrane Membership will allow us to implement clear definitions of engagement sufficient to qualify for membership and voting entitlement, as distinct from the broader community of less engaged supporters.
- This will be an important opportunity to improve our data protection compliance, which is an identified risk to the organisation.

1.5 The categories of support

Category	**Description**
Supporter	Anyone who signs up to Cochrane is automatically a supporter even if they only seek very minimal engagement, e.g., receiving newsletters.
Member	Members are those who make a substantive contribution to Cochrane's work, e.g., peer reviewing, translating or authoring.
Lifetime member	A Lifetime Member is someone who has made a considerable contribution to Cochrane, for example, through holding a position of responsibility. The criteria will also seek to identify others who, whilst not in a position of authority, have made a lasting contribution to Cochrane's work (e.g., the Chris Silagy prize winners are good examples of people who would be made Lifetime Members for their contribution to Cochrane).
Emeritus Member	Emeritus Member is a discretionary status that will be used to acknowledge a longstanding and outstanding contribution to Cochrane's work. It is likely that such memberships will be awarded annually at the AGM. We expect the first wave of Emeritus Members to be announced in 2018.

1.6 Who is eligible

Any individual can sign up to join Cochrane as a supporter or potential member.

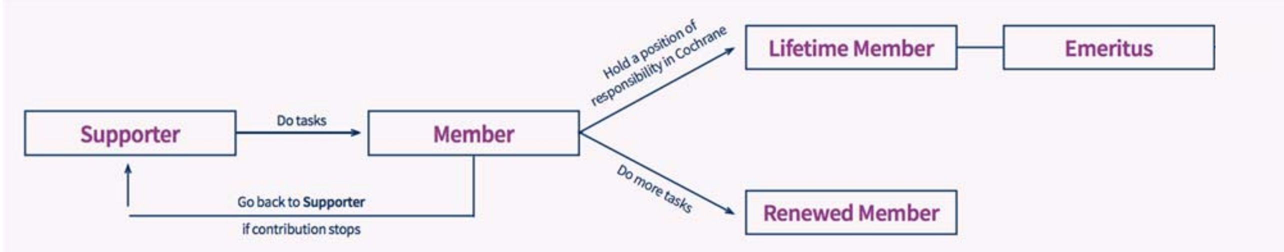
When someone achieves Member status they will be asked to agree to our terms and conditions of membership, which will state that Members should act in accordance with Cochrane's principles and policies, and that Cochrane reserves the right to withdraw member status should a member contravene this.

There will not be any specific conflict of interest clause associated with being a member, though in practice most people reaching member status will have to comply with our conflict of interest policy associated with the work they have completed, e.g. as an author.

Groups or institutions will not be eligible for membership at first. In future, we have the option to implement an institutional membership scheme, but this won't be available in 2017.

1.7 How someone becomes a member

Membership status can only be achieved by contributing to Cochrane's work in a sustained and substantive way. There will be specific thresholds for contribution that will set rules for when a supporter transitions to being a member.



1.8 Membership terms

- Membership is time limited.
- Membership is not cumulative. If writing a review provides you with 5 years of membership, writing a subsequent review 2 years later will initiate the start of a new 5-year term, so that in total that author receives 7 years (not 10 years) of membership.
- Membership will be divided into three mechanisms:
    1. Rolling annual membership for task based activities;
    2. 5-year membership terms for authoring contributions;
    3. Role-based membership for as long as someone holds certain roles.

Rolling annual terms will be granted for activities such as peer review, translations, or crowd-sourced tasks. All activities will be counted and once the threshold has been reached the individual will qualify for membership.

If a person's membership term expires, and they have made no further contribution to Cochrane, their membership will lapse and they will become a supporter again.

1.8.1 Initial transition to membership

At launch we will transition all existing collaborators to the membership system by offering them Cochrane Membership. Contact information for some people will be out of date, so we do not expect to convert all 40,000+ people in Archie to members, but anyone who has contributed previously and for whom we have active contact details will be offered membership.

For those people who fall into the categories of activity we are dealing with in phase one (Micro Task, Task, Translation, Authoring, Peer review), they will receive an initial year of membership, or, in the case of authoring, 5 years, and after that they will have to meet the membership thresholds to retain their status.

For groups who are not covered by the activities in phase one, e.g., methodologists, we will take an inclusive approach until we have worked out clear criteria for membership with those groups. So, in the case of methodologists, anyone who is a member of a Methods Group will be offered membership status until phase two of Cochrane's Membership scheme begins, when we will establish thresholds for more contribution types. The same applies to Fields and Consumers. We will work with those Groups to agree how to measure this contribution. These additional ways to gain and retain membership will be available in early 2018. We expect that, in future, as Cochrane changes, new pathways will be created for membership.

2 Proposal

2.1 Proposed thresholds for phase one activities

These thresholds are essential to Cochrane Membership. We want to ensure that they are sufficiently low so that we are open and inclusive; but also, that they are sufficiently high that they reflect the requirement to make a substantive contribution to Cochrane. Once we have successfully established these thresholds we will be able to appropriately reward people for their contribution to Cochrane through attributing membership status.

In phase one we will be measuring contributions in the following areas: Micro Task, Task, Translation, Authoring, Peer review. These have been chosen as they are activities that are measurable using our existing systems. For future phases, we will need to establish new processes to allow us to track and measure other activities that are not currently recorded.

We propose the following thresholds for the transition from 'supporter' to 'member' status. These can be changed as we learn more about contributions by gathering actual data, but we would like the Board to approve these initial thresholds.

Task	Nature of task	No. completed	Time frame[2]	Years of membership gained
Micro Task	Microtasks in crowd platform	3000	12 months	1 Year
Authoring tasks, e.g., data extraction, Risk of Bias	Task based detailed authoring work	5	12 months	1 Year
Translation tasks for author teams	Translation of studies as part of the review production process	5	12 months	1 Year
Translation of Cochrane outputs	Translation of Cochrane's publications or other materials into other languages	5	12 months	1 Year
Author a protocol	Authoring work	1	N/A	3 Years
Author a review	Authoring work	1	N/A	5 Years
Author an update	Authoring work	1	N/A	5 Years
Update the classification status of a review	Authoring work	1	N/A	1 Year

[2] This is the time frame in which the tasks should be completed.

Task	Nature of task	No. completed	Time frame[2]	Years of membership gained
Complete peer review of a manuscript	Reviewing (all types, e.g. statistical, consumer, clinical)	5	12 months	1 Year

2.1.1 Role-based membership

Individuals holding certain roles in Cochrane will automatically qualify for membership whilst they hold those roles. This includes the following:

- Board members
- Council Members
- Anyone who has a Group staff role, e.g. ME, Co-ed, Centre Director, Field Co-ordinator, Associate Centre Director, Affiliate Director
- Editors of Cochrane Groups
- Managers of translation projects
- Group Executive members
- Convenors of Methods Groups
- Central Executive team members
- Member of Scientific Committee
- Members of Cochrane Handbook Editorial team
- Funding Arbiter Panel members
- CLOC member

2.1.2 Lifetime Member

Criteria are yet to be developed for lifetime membership and it will be developed for phase 2.

2.1.3 Emeritus Member

Criteria are yet to be developed for emeritus membership. It is likely that the first opportunity to allocate emeritus membership will be in 2018.

2.1.4 People who contribute significantly, but fall outside of the thresholds

Anyone who is contributing to Cochrane in areas not covered by these thresholds will be offered membership until we have set thresholds for their area of contribution.

If, at any point, an individual feels they have contributed significantly to Cochrane, but they have not been offered membership, we will be happy to manage this on a case-by-case basis.

2.2 Measures of success:

Successfully implementing these thresholds will provide us with a framework for attributing membership to all individuals who make a substantive contribution to Cochrane.

If the thresholds are set appropriately this should be shown through:

- an ongoing population of new members qualifying; and
- not losing large numbers of members over time.

a. Issues and strategic implications:

i. Strategy Implications:

Cochrane Membership is a key strategic objective of *Strategy to 2020* and these thresholds for transitioning between supporter and member are important for establishing what constitutes a 'substantive contribution' to Cochrane.

ii. Resource implications:

There are no resource implications related to implementing these thresholds. Resources for the membership project are already approved and committed.

iii. Risks and dependencies:

There is a risk that people will be contributing significantly, but for some reason they will not reach one of our thresholds and thus not feel valued. We are mitigating this by offering membership to anyone involved in tasks not covered by the above thresholds and also offering a manual process in the case of exceptions.

iv. Impact and change management:

The change management required for the Cochrane Community is the same challenge faced by the membership project overall: i.e., adapting to new internal processes and providing information so that people understand the benefits of membership. We will be managing this through a comprehensive roll-out and communications plan. A key change for Groups is that they will need to manage all data about an individual through Cochrane systems and record contributions in Cochrane's systems, otherwise potential members lose out in having their contribution recorded.

v. Timelines:

We expect to implement these thresholds in April 2017 assuming they are approved by the Board.

vi. Management Responsibility:

Julie Wood has management responsibility for the implementation of Cochrane Membership.

vii. Consultation:

We have consulted throughout the past two years on the issue of membership and so these thresholds are informed by all of these meetings and discussions. We will be seeking feedback on this paper in Geneva at the Group meetings, and we will verbally update the Board on any feedback received.

3 Recommendation(s)

We recommend that the Board approves the thresholds for transition from supporter to member presented above.

We will review these thresholds as we have more data to work with, and we plan to bring an initial assessment and any revised thresholds to the Board in 12 months' time, as well as additional paths to membership.