



Cochrane Knowledge Translation Strategy

April 2017



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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 Group¹ 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

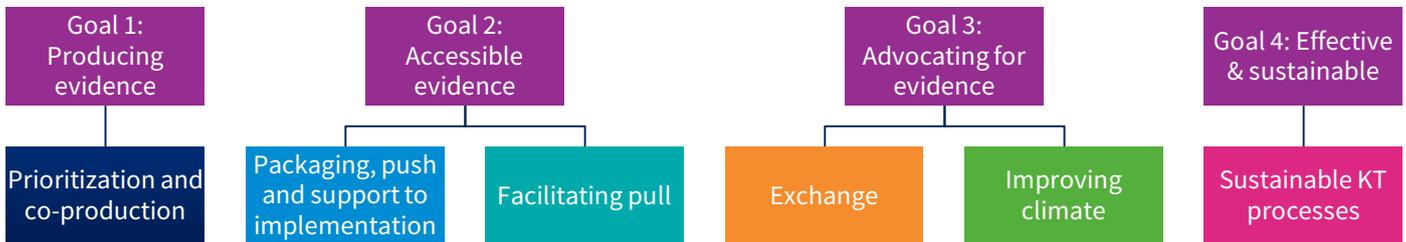
Cochrane has a well-established and validated Vision, Mission and Goals in the *Strategy to 2020*. The KT Strategy has been developed to support our Vision and Mission and to be explicitly aligned with Cochrane's *Strategy to 2020*.

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.

| <i>Strategy to 2020 Goal</i> | 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 | <p>Continuously evolve the Cochrane Library so it makes Cochrane reviews easy to find in appropriate formats and languages</p> <p>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</p> <p>Scale up mechanisms for engaging with, and responding to key user groups and meeting their evidence needs</p> |
| Goal Three: Advocating for Evidence | Exchange | <p>Further define and implement policies to formalise strategic partnerships at all levels of the organization</p> <p>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</p> <p>Convene deliberative dialogues to contextualize global guidance to national or sub-national levels and to address emerging health-system challenges</p> |
| | Improving climate | <p>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</p> |
| Goal Four: Effective and Sustainable Organization | Sustainable KT Processes | <p>Agree and adapt or establish structures for the governance, leadership, oversight and implementation of Cochrane's KT Strategy</p> <p>Build infrastructure and resources to enable KT</p> <p>Strive for common language in Cochrane around KT</p> <p>Build capacity for KT in Cochrane: learning, leadership and fundraising</p> <p>Using evidence to inform our KT and continuously evaluate our KT Strategy</p> |

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 also 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 the large numbers of Cochrane contributors who attended our sessions both at the London mid-year meeting and at the symposium in Seoul at the colloquium. The outputs from these sessions had a huge influence on the development of the strategy.

Appendix: workplan activities

Under each work package there will be a series of activities required to achieve the change we want to see. Some potential activities are included in the appendix as an example of what an initial workplan might look like. However, we feel that the activities need to be owned and defined by those undertaking the work, so we have tried to be illustrative not comprehensive. We have done this primarily to demonstrate the breadth and nature of work likely to be involved for anyone who feels they need some more specific detail around what the strategy implementation will involve.

| PURPOSE | GOAL | KT THEME | WORK PACKAGE | Potential activity |
|---|------------------------------|----------------------------------|---|--|
| To ensure that Cochrane review findings are shared, understood and used to support health and health care decisions | Goal One: Producing Evidence | Prioritization and Co-production | Embed prioritization processes as an essential part of Cochrane review production | Agree and roll out prioritization methods |
| | | | | Develop resources and provide support for Groups in prioritization |
| | | | | Identify priority reviews at CRG, field and geographic level |
| | | | Increase the number of reviews co-produced with users to ensure reviews are created aligned to users' needs | Develop and apply criteria for selecting reviews for co-production |
| | | | | Support stakeholder and user identification for involvement in reviews |
| | | | | Develop capacity for CRGs in working with stakeholders and users for co-production |

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| | | | | Develop and provide training and resources for consumers in co-production |
| To ensure that Cochrane review findings are shared, understood and used to support health and health care decisions | 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. | Develop and provide methods, training and resources to support CRGs, authors and stakeholders and users in co-production |
| | | | | Produce exemplar reviews and document processes |
| | | | | Develop and apply criteria to select and prioritise reviews for KT at inception |
| | | | | Establish review level advisory groups to consider KT throughout review production in prioritised reviews |
| | | | | Develop KT plans at inception for prioritised reviews, considering relevant end uses and likely impact |
| | | | | Develop tools and resources, provide support and grow capacity in Groups and authors to integrate KT activities in review production |
| Improve the structure, content and readability of Cochrane reviews (for example shorten reviews; improve implications sections; add a section on implications for policy-makers; consider addition of cost-benefit information in appropriate reviews) | | | | |
| Build capacity in the Central Executive Team to support KT integration throughout review production | | | | |

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| | | | <p>Improve and scale up existing products, or innovate new products, which package and present Cochrane Reviews to suit different stakeholder needs</p> | <p>Develop a framework for determining which products are best suited to which reviews and audiences</p> <p>Audit existing types of products (e.g. Plain Language Summaries, blog shots) and prioritise products for further development</p> <p>Strengthen methods (structure content and processes) for plain language summaries and support their implementation</p> <p>Develop capacity in Centres, CRGs, Fields and authors to write and disseminate policy briefs for policy relevant reviews (templates, training and support)</p> <p>Expand suite of special collections and overview type products</p> <p>Innovate and develop visual representation and infographical methods of communicating Cochrane reviews</p> <p>Consult with stakeholders and users to understand their needs and inform product development</p> <p>Explore development of decision aides based on high priority reviews</p> <p>Translate our reviews and products to support the uptake of evidence in non-English speaking countries</p> <p>Develop an approach for identifying reviews and KT products of likely impact in each setting and ensuring translation into appropriate language</p> |
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| shared, understood and used to | Goal Three: Advocating for Evidence | Facilitating pull | Continuously evolve the Cochrane Library so it makes Cochrane reviews easy to find in appropriate formats and languages | Harness the benefits of electronic publishing by enabling user-defined and more accessible presentations of reviews (for example create flexible graphic/visual displays of review data; provide contextual information to enable implementation) | |
| | | | | Highlight key messages and actionable or conclusive evidence to better support decision-makers | |
| | | | Grow capacity in our users through development and delivery of training in using Cochrane evidence and in understanding the concept and importance of evidence in decision-making. | Audit and scale up training and toolkits to support use of Cochrane evidence | |
| | | | | Establish and grow relationships with journalists, universities and other professional training programmes to embed knowledge about the value and use of Cochrane evidence | |
| | | | | Develop and scale up training and support for policy-makers and healthcare managers in different jurisdictions to reinforce the value and use of Cochrane evidence in decision-making. | |
| | | | Scale up mechanisms for engaging with, and responding to key user groups and meeting their evidence needs | Simplify and promote access to Cochrane Response through establishing mechanisms to partner with Cochrane Groups, Centres and Fields, enabling promotion to their stakeholders and scope | |
| | | | | Support and conduct rapid reviews for policy-makers and healthcare managers in partnership with Review Groups | |
| | | | | Scale up the Targeted Update pilot, evolving processes in response to the lessons learned | |
| | | | Exchange | Further define and implement policies to formalise strategic partnerships at all levels of the organization | Refine and implement Cochrane’s partnership strategy to provide a comprehensive framework to guide the formation of partnerships at the organizational, regional, national and group level |

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| | | | Support Groups to identify appropriate partners and form strategic partnerships relevant to their scope or region |
| | | | Develop capacity for Cochrane 's leadership at all levels to identify, establish and maintain relevant partnerships |
| | | | Develop and maintain a network of intermediaries (eg media, guideline developers) to partner in knowledge translation activities relevant to our target audiences |
| | | 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 events for partners to meet with Cochrane leadership around their evidence needs and relevant issues for them |
| | | | Invite partners' input into Cochrane's existing decision making processes (Advisory Structures, Summits and liaison positions) |
| | | Convene deliberative dialogues to contextualize global guidance to national or sub-national levels and to address emerging health-system challenges | Support identification of high priority decisions for partners to guide development of suites of reviews or overviews of reviews appropriate to inform deliberative dialogues |
| | | | Develop capacity for methods of deliberative dialogue in the organization. |
| | | | Pilot exemplar deliberative dialogues and document processes |

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| <p>To ensure that Cochrane review findings are shared, understood and used to support health and health care decisions</p> | <p>Goal Three: Advocating for Evidence</p> | <p>Improving climate</p> | <p>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</p> | <p>Develop criteria for selecting opportunities and partners to improve climate</p> <p>Develop capacity and tools for Cochrane leadership at all levels in advocacy and public engagement</p> |
| <p>To ensure that Cochrane review findings are shared, understood and used to support health and health care decisions</p> | <p>Goal Four: Effective and Sustainable Organization</p> | <p>Sustainable KT Processes</p> | <p>Agree and establish structures for the governance, leadership, oversight and implementation of Cochrane’s KT Strategy</p> <p>Build Infrastructure and resources to enable KT</p> | <p>Establish a governance mechanism for KT in Cochrane, including appropriate advisory structures</p> <p>Develop mechanisms for monitoring and quality control of KT outputs</p> <p>Enable dispersed leadership of KT through establishing KT Groups and leaders and providing a forum for them to collaborate in implementing the KT Strategy</p> <p>Develop a curated virtual KT repository of resources, tools and policies for undertaking KT, including information about training, support and peer support; drawing from and signposting the work of our collaborators where appropriate</p> <p>Develop a platform for recording, collating and making available all KT outputs related to Cochrane reviews,</p> |

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| | | | | Develop or signpost workflow tools to facilitate KT and communication around the development of KT outputs |
| | | | Strive for common language in Cochrane around KT | Establish a common understanding around KT terms in Cochrane that works across languages |
| | | Build Capacity for KT in Cochrane: learning, leadership and fundraising | | Establish a training and development programme to build KT skills in Cochrane Groups |
| | | | | Grow capacity and skills within Cochrane and Groups for knowledge brokering |
| | | | | Develop Cochrane's KT leadership through a programme of training, mentoring and support for leaders |
| | | | | Fundraise for KT in order to attract new resourcing for KT activities at all levels of the organization |
| | | Using Evidence to inform our KT and continuously evaluate our KT Strategy | | Audit KT activities against what is known to work or not work from KT research |
| | | | | Establish processes for continuous evaluation of KT activities to ensure they are having impact and guide future work |

Appendix: mapping knowledge translation in the Strategy to 2020

| KT Theme | Strategy to 2020 Objectives |
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| <i>Prioritization and co-production</i> | <p>Goal One: Producing Evidence</p> <ul style="list-style-type: none"> 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 prioritise the production and updating of Cochrane Systematic Reviews accordingly. |
| <i>Packing, push and support to implementation</i> | <p>Goal Two: Making our Evidence Accessible</p> <ul style="list-style-type: none"> 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. |
| <i>Facilitating Pull</i> | <p>Goal Two: Making our Evidence Accessible</p> <ul style="list-style-type: none"> 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. We will simplify and standardise the language used across our content to improve readability and reduce ambiguity. 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. <p>Goal Three: Advocating for Evidence</p> <ul style="list-style-type: none"> 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. |
| <i>Exchange</i> | <p>Goal Three: Advocating for Evidence</p> <ul style="list-style-type: none"> 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. |
| <i>Improving Climate</i> | <p>Goal Three: Advocating for Evidence</p> <ul style="list-style-type: none"> We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making. 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 prioritised 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. |
| <i>Sustainable KT</i> | <p>Goal Four: Building an Effective & Sustainable Organisation</p> <ul style="list-style-type: none"> We will become a truly global organisation by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change. We will review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals. We will make major new investments in the skills and leadership development of our contributors. |