

Annual Report
on the
Delivery of
Strategy to 2020

Targets for 2014



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Executive Summary

2014 was a notable year for Cochrane, marking the first twelve months of its new *Strategy to 2020* adopted unanimously at the Colloquium in Quebec in September 2013. *Strategy to 2020's* ambition is enormous: a new mission 'to promote evidence-informed health decision making by producing high quality, relevant, accessible systematic reviews and other synthesised research evidence' will be achieved through the implementation of four key goals and 28 objectives over the next six years. Each year Cochrane will establish annual targets to help us focus our activities and measure progress towards implementing *Strategy to 2020*.¹ This will not be 'business as usual' but a transformational programme of change that will expand Cochrane's profile, reach and impact in healthcare decision-making around the world. For the first year of *Strategy to 2020* Cochrane set itself 20 specific targets. This is the first Annual Report of its performance in 2014 in achieving those targets.

Laying the foundations

As with any long-term project, the first year of *Strategy to 2020* was a foundational one, marked by widespread consultation and detailed planning ahead of the significant changes that will take place in the coming years across the four Cochrane goals of producing evidence, making our evidence accessible, advocating for evidence, and building an effective and sustainable organization. Whilst Cochrane's Central Executive team will lead *Strategy to 2020's* implementation, eventual success will only be achieved with the active support and involvement of all of Cochrane's collaborators and groups. This requires their engagement with and ownership of many parts of the organizational change that were introduced, discussed and planned in 2014. Although the results of most of these initiatives will not emerge until 2015, 2016 and beyond, many Cochrane collaborators already experienced the heady, sometimes uncomfortable, tensions produced by rapid change taking place simultaneously across many different areas.

The level of ambition set out in the 2014 targets was substantial; and it was known that the pace of design and implementation of projects to meet them would have to be adjusted given the overall scale of change being attempted, with completion carrying over into 2015.

Each of the 2014 Targets in this report is evaluated using a 'traffic light' assessment against two factors: 'Progress' and 'Spend'. For Target 'Progress', green signifies target completion; orange reflects partial completion where the target will be delivered; and red indicates failure to complete. A purple code indicates work on a Target has not yet begun. For Target 'Spend', green signifies expenditure to deliver the target is on or below budget; orange indicates spending is ahead of budget, being monitored but expected to finish on or below budget; and red indicates spending is above and will remain over budget. Expenditure on none of the targets was over-budget or is likely to finish over budget. Brief narrative details report against each of the Targets' Indicators of Success; then more extensive narrative sections report on achievements and challenges in full.

Ten of the 2014 targets were 'achieved', with all or the vast majority of 'indicators of success' being met. For nine of the 20 targets, implementation started but was not finished by the end of the year. However, few of these were significantly behind schedule and all of the 2014 targets will be delivered in 2015.

One of the targets was not scheduled to begin until 2015 (planning for the introduction of a Cochrane membership scheme in 2015 – Target 4.1) although even here initial preparations started. None of the targets were abandoned or substantially downgraded; rather, some were delayed because their scope and

¹ For full details on *Strategy to 2020* and its implementation, go to: www.cochrane.org/about-us/our-strategy

complexity increased as a result of the consultations internally with Cochrane collaborators and externally with other stakeholders. The scorecard of achievement set out in this document is therefore a very positive one, reflecting an outstanding year of achievement for Cochrane against its priority targets for the year.

Other indicators of organisational performance

These were not the only indicators of a highly successful year for Cochrane. A total of 407 Cochrane Systematic Reviews were published alongside 462 Updated Reviews and 514 new Protocols. Although this was a fall from the levels published in 2013 it reflected the direction of travel Cochrane's Editor in Chief, David Tovey, has advocated for 'fewer, better reviews'. Evidence of the 'better' emerged in the middle of the year with the *Cochrane Database of Systematic Reviews* (CDSR) increasing its 2013 impact factor to 5.939 (from 5.785 in 2012) and its five-year impact factor to 6.706 (6.553). Total citations of the CDSR increased by 16% to nearly 40,000, higher than the *BMJ*. Over 36,000 Cochrane collaborators are now registered with us, and over 8,500 were active in the last six months of 2014 on Cochrane reviews, reflecting the huge on-going work by authors and editorial teams.

These excellent production statistics were matched by those showing the demand for Cochrane evidence. Nearly 10.5 million abstracts of reviews were accessed from the *Cochrane Library* in 2014 with demand for articles from the *Library* growing by 7% to 8.96 million. The number of recorded full text downloads fell slightly compared to 2013 but this is due to extensive mining of the CDSR by ten institutions in that year. As a result of our Open Access policy 917 Cochrane Systematic Reviews were made open access in 2014; and now 3.66 billion people in 148 countries have free at the point of use access to the *Cochrane Library*.

Sales revenues rose by 4.3% and annual royalties by 5.1% - just above the 5% target level agreed with Wiley, our publisher. Although expenditures increased as the organization invested in new projects and in an expansion of the Central Executive to deliver the *Strategy*, they were still well short of budgeted amounts and we ran an operational surplus for the year of £865,000, resulting in a further increase in Cochrane's financial reserves to over £7.6 million.² Cochrane's Steering Group (CSG) decided to draw down these reserves in the coming years by investing them strategically in projects that would help the organization deliver its *Strategy*; and this included the launch of a new 'Game Changers' initiative in February 2014 that invited submissions of projects that would transform Cochrane's products or organization in a substantial way. Thirty-nine projects were submitted, reflecting the enormous reservoir of innovation within the Cochrane collaboration and the tremendous interest of other organizations in working with us. The winner was approved by the CSG at the end of 2014: 'Project Transform', which will establish a new IT platform and build new Cochrane community networks to improve the way people, processes, and technologies produce Cochrane content. The 'Game Changers' process was just one example of the many other projects and initiatives that were accomplished by Cochrane staff and collaborators in 2014 but fell outside the *Strategy to 2020* targets for the year and are therefore not fully covered by this report.

This report reflects an exciting year of achievement the fruit of which will be only fully appreciated in the coming years. We are already beginning to see some of these changes, such as the launch of the new Cochrane brand and websites in January 2015. Many more results are to come as we embark on two intense years of activity in 2015 and 2016. The 2015 annual Targets are even more ambitious than those of 2014 (see Annex 2 for details) and they reflect a dynamic organization determined to deliver 'trusted evidence, informed decisions and better health' for more and more people around the world in the future.

Mark Wilson, CEO

April 2015

² Subject to confirmation by Cochrane's annual audit.

Goal One: Producing Evidence

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

Substantial progress was made in relation to Goal One in 2014. Cochrane's first high-priority reviews list was produced and as part of that initiative we identified the key research recommendations from a range of national and international organisations (e.g., NICE Guidelines, AHRQ, WHO) and disseminated individualized reports to Cochrane Review Groups (CRGs) based on them.

The MECIR subset of targets was established, drawing on the learning generated by the Cochrane Editorial Unit's new quality assurance pilot programme that screened all reviews before publication. The pilot was such a success that CRGs requested it was continued in future.

After a competitive tender process a new tool to support our authors in the review process was selected and an implementation plan agreed. 'Covidence' will become Cochrane's primary author tool and 'EPPI-Reviewer' developed for more complex review types; with both available to Cochrane authors in 2015 but full project implementation scheduled to take three years. The original target schedule was recognized to be unrealistic which is why its status is orange (ongoing). We expect these new tools to have a substantial impact both in terms of improving the author experience and in speeding up the time it takes to write a Cochrane review.

	2014 Target	Status	Spend
1.1	High Priority Reviews list		
1.2	MECIR subset		
1.3	Author Support Tool / Review reduction time strategy		
1.4	Non-standard review framework		

1.1 High Priority Reviews List

Develop a list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct production priorities; and establish a decision-making framework to update it at regular intervals.

	Indicators of Success	Have we succeeded?
1	Cochrane groups and the Central Executive team have together engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them.	Yes. This work is now complete.
2	A list has been developed of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct organisation-wide	Yes. A list of approximately 290 titles has been compiled

	production priorities for 2015 onwards.	and published.
3	100 new reviews from the list have been registered (review teams identified and titles registered).	This work is ongoing and forms part of the 2015 target.
4	A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.	This has not been completed in 2014 but will be addressed as part of the 2015 target.

In 2014 there were two significant achievements in relation to this target:

First, we completed a project to identify the research recommendations from a range of national and international healthcare research organisations in Australia, Canada, Spain, Switzerland, the UK and the USA. Individualized reports were created for CRGs that were in some cases relevant to their priority selection but also helped to provide a wider view of where a group's scope intersected with national and international research priorities.

Second, we created a priority Cochrane Review master list containing over 290 titles. There is an almost even split between new reviews and updates on this list. The level of engagement on this project was high, with priority review recommendations received from 48 groups. As a result we have significantly exceeded our original goal of identifying approximately 200 titles. In many cases CRGs have engaged with stakeholders in formal ways to compile their priority list. Some of the reviews and updates in the priority list are already registered and/or underway. This gives us confidence that we will be able to make significant progress on Target 1.1 in 2015 (see Annex 2 for the full list of 2015 Targets).

This continues to be a *Strategy to 2020* target in 2015 and work will include creating a subset of new reviews from the larger list; talking to groups in March-June 2015 to identify which of these titles are registered and have author teams in place; and following up with groups in November-December to see if they have subsequently registered any more new priority titles. We will also establish a decision-making framework both at group and organizational level to maintain prioritisation processes.

This is the first time Cochrane has identified priorities across groups as well as within groups. We have learned a lot from the exercise that will inform future work. The priorities list is a dynamic document that will build over time as groups increasingly adopt more sophisticated processes for identifying priorities of external stakeholders. We also hope that the creation of CRG 'alliances' (see Target 4.4 below) will encourage groups to work together to identify shared priorities.

1.2 MECIR subset

Create a prioritised sub-set of the existing MECIR (*Methodological Expectations of Cochrane Intervention Reviews*) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.

	Indicators of Success	Have we succeeded?
1	A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created.	Yes.
2	A regular audit process for measuring compliance has been established.	A method has been established for evaluating reviews.
3	An audit has been completed for the last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is	Yes. An audit has been

achieved.

conducted.

A subset of key MECIR standards was established and the audits conducted, so this target was successfully reached. Due to the overwhelmingly positive reception by CRGs of the pilot screening programme launched in September 2013 it will be continued in future.

The scope of the audit was changed to preserve the screening programme. We compared two cohorts of new intervention reviews published in August 2013 and August 2014. This compared review quality before and after the introduction of the screening programme. The audit comprised 56 reviews. Overall, a higher proportion of the quality items were met by the reviews in 2014 compared with 2013 (86% vs. 71%). The proportion of reviews judged to be fully or partially compliant with all quality items was higher in the 2014 cohort compared with 2013 (64% vs. 18%). There were reasonable improvements in how recent searches were conducted, use of trial registries, and declared changes from protocol. Internal consistency of reviews was considered better in the 2014 cohort of reviews. Inappropriate study exclusion decisions, problematic interpretation of findings, omission of primary outcomes in abstracts, and inconsistent reporting of results remained relatively low across both years. Although infrequent, misinterpretation of subgroup analysis suggests that this approach should be applied more carefully.

In 2015 we have a new target to develop a quality assurance strategy that will build on the achievements of the last year. We also have a separate target that includes developing a checklist for assessing the implementation of GRADE, the quality of Summary of Findings tables, and use of GRADE beyond Summary of Findings tables.

A comprehensive report on this work is available on the [CEU website](#).

1.3 Author Support Tool / Review reduction time strategy

Improve production processes by: i) implementing a web-based author support tool; ii) establishing a strategy for reducing review production time by 30%.

Indicators of Success	Have we succeeded?
1 A web-based author support tool has been designed, implemented and integrated into production workflows.	A tender was conducted and a solution is in development. Implementation is covered by a 2015 target.
2 A strategy for production time reduction is in place and ready to be implemented.	This will need to be evaluated once the CAST is fully implemented.

During 2014 we successfully ran a 'Request for Proposals' and tender process, and chose a solution for the Cochrane Author Support Tool (CAST). Candidate solutions were shortlisted following a scoring process by a special panel. Four teams/tools were interviewed and out of these a solution was chosen that consisted of three elements that will jointly constitute the Cochrane Author Support Tool project:

- 1) Appointing 'Covidence' as the primary process tool for fulfilling the core requirements of the authoring process (i.e., screening, data extraction, etc.); plus
- 2) Funding the development of the CRS to transform it into the CRS-D (D for data; for the storage of study-level data generated in the production process); and

- 3) Creating a partnership with the EPPI-Centre to ensure the integration of the 'EPPI-Reviewer' tool for use by Cochrane authors working on more complex review types.

A kick-off meeting was held in early October 2014 and development has now begun on all fronts. A project management structure and draft project plan with key milestones was put in place and regular meetings established between all parties, coordinated by the Central Executive's Informatics & Knowledge Management Department (IKMD).

The review reduction time strategy element of this target sought to reduce timelines by 30%, which we hope to achieve through implementation of the CAST. We will need to wait some time before we can actually measure the success of this.

Looking forward, 2015 will see the completion of the design, implementation, and integration of the CAST in our production workflows. This is incorporated into Target 1.5 for 2015.

1.4 Non-standard review framework

Establish a framework to inform decision-making and target setting for new and existing types of non-standard intervention Cochrane Systematic Reviews and other products and services.

Indicators of Success	Have we succeeded?
1 A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.	Yes. A framework is in place.
2 Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.	Following further consideration it was decided that these targets were not appropriate.

Following extensive discussions and consultation this target was broadened to address not only non-standard reviews, but also other new methods and tools. The framework is in place and ready to be implemented, however the 'production targets' element of the target was removed as it became clear through the development process that this was not appropriate and did not fit with the revised scope of the target.

The framework includes new methods and tools not currently included in the *Handbook*, or extensions to established methods and tools: for example, the risk of bias tool for non-standard designs and non-randomised studies; the introduction of new analytical techniques within Cochrane, such as network meta-analysis; and the inclusion in reviews of different forms of data. It also covers review developments addressing different questions, including diagnostic test accuracy or prognosis (exemplar reviews in progress).

As part of the framework a formal process for the development and adoption of Cochrane methods policy has been established. The Methods Application and Review Standards Advisory Committee (MARS AC) will become the key forum to deliberate, monitor and recommend on methods policy to the CSG. The Methods Executive will review development proposals and recommend their development or not. A decision pathway elaborating these responsibilities is in the framework.

In 2015 this framework will move to its implementation phase and associated guidance will be made available. The 'Methods Research and Review Development Framework' is available at:

<https://methods.cochrane.org/projects-developments/research>.

Goal Two: Making our Evidence Accessible

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

At the heart of making Cochrane evidence 'accessible and useful to everybody, everywhere in the world' is ensuring it is in a language they understand. Huge steps forward were taken in 2014 on Cochrane's commitment into translating our evidence into many languages. An ambitious translation strategy was approved at the beginning of the year; a new 'Translation Management System' established and by the first quarter of 2015 ten language teams were using it to translate and publish abstracts and Plain Language Summaries (PLS), with another seven teams in initial or testing stages. These translation teams are also boosting the reach and impact of Cochrane's media and outreach work, with December's e-cigarettes review and accompanying press release being translated into six languages within days of publication.

Our 'Linked Data' project successfully completed its foundation phase on time and budget. This was a major undertaking, building the foundations for the new exploration phase which is now underway that will offer more exciting and tangible IT developments in the coming year.

We are committed to making Cochrane Systematic Reviews accessible to all through open access, but this must be in a way that the organisation can sustain and does not undermine Cochrane's ability to develop and grow in the future. Establishing a successful 'Open Access Strategy' is therefore one of the most important challenges facing Cochrane, and in 2014 detailed exploratory work explored potential business models that would meet these objectives. Two potential models were approved by the CSG in late 2014 and these will be further developed in consultation with external stakeholders to finalise the strategy by the end of 2015.

Some Goal 2 targets fell behind schedule due to capacity shortfalls, competing priorities and expansions in the scope of planned work. This particularly affected the review of the experience of users (and non-users) of Cochrane's evidence – an exercise fundamental to the future development of our products and services. The Central Executive decided that 'doing it right' was more important than 'doing it fast'; but all of the targets established in 2014 and not yet delivered will be completed in 2015.

	2014 Target	Status	Spend
2.1	User experience review and framework		
2.2	Dissemination checklist		
2.3	Linked Data first phase		
2.4	Open Access roadmap		

	2014 Target	Status	Spend
2.5	Simplified and standardised language		
2.6	Translation strategy		

2.1 User experience review and framework

Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing reassessment.

	Indicators of Success	Have we succeeded?
1	A mapping, data gathering and analytical project has been undertaken and completed, providing a better understanding of how to make our content more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.	We have not completed this work, so it is being taken forward in 2015.
2	A framework for ongoing reassessment and evaluation is in place.	To be established in 2015.

The original scope of work on this target was expanded after further consultation and analysis, as it was recognised that this is a much larger project than originally envisaged, requiring significant inputs from external stakeholders to be successful. As a result, the project was extended into 2015 and is now being led jointly by Cochrane's Editorial Unit, the Communications & External Affairs Department (CEAD) and Cochrane Innovations.

A report that pulled together what we have learned from previous user engagement projects, including the 2012 strategic session in Paris on Cochrane content, was commissioned and delivered in December 2014, providing a useful starting point for future work. The project plan was developed and the project will engage with a range of different stakeholders inside Cochrane, our publishers, other key external agencies and a sample of individual Cochrane end-users in 2015; with results emerging from this work before the Vienna colloquium.

2.2 Dissemination checklist

Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users.

	Indicators of Success	Have we succeeded?
1	A dissemination checklist has been created and is being piloted with volunteer Cochrane groups	After a delayed start good progress was made and work will be completed in 2015.

After a delay of several months due to the change in personnel in the CEAD team, work on this target got underway in September 2014. Several well-attended and enthusiastic sessions at the 2014 Colloquium were held, building on work done by Review Groups, Fields and others in this area. One outcome was an agreement that the name and scope of the project needed to change to 'Impact Plan', reflecting the need to focus less on dissemination and more directly on impact, and to consider this at all stages of review development. Subsequent work led to an outline of what an Impact Plan might contain and the development of a simple website to support this resource.

Our plan to complete this work involves developing the content and website by March 2015; getting feedback from relevant people and groups during April; and piloting by groups in May. The pilot will inform further changes to the website, which will then be made available to all groups and authors. Further development will be carried out as part of the 'Future of Review Production' work-stream (2015 Target 1.5), so that impact and dissemination are truly part of the main workflow.

2.3 Linked Data first phase

Complete the first phase of the Cochrane 'linked data' project to create structures and linkages between our content to make it more accessible and useful.

	Indicators of Success	Have we succeeded?
1	Linkages and structures have been built into Cochrane's technology systems, connecting the Cochrane Register of Studies, Archie, and the new Linked Data Triple Store.	Yes, work complete.
2	An 'ontology' for linking data and annotating Cochrane content has been completed.	Final draft completed and available at: http://linkeddata.cochrane.org/
3	A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first instance to enable the faster and more efficient creation of Cochrane Clinical Answers.	Yes. The Cochrane PICO Annotator tool and framework have been established and are in use.

The Linked Data Project's 'Foundation Phase' was successfully completed in 2014. All indicators of success were achieved as well as additional work that we hadn't expected to complete in this initial phase. The move to leveraging linked data technologies for Cochrane is a long-term fundamental shift and this phase represents the groundwork for the two subsequent phases of 'Exploration' (2015-16) and, eventually, 'Production' (2017), where we will see these technologies in 'live' use on both the production and dissemination ends of our technology systems.

In 2014 we forged key partnerships with groups, both external and internal to Cochrane, that will assist us in our work, including commissioning external consultants who then worked with IKMD developers to bring them up to speed on the latest linked data technologies. We are already seeing added value emerging from the Linked Data project. Cochrane Clinical Answers (CCA) editors have indicated that early results will significantly decrease the time required to produce a CCA: for example, the Risk of Bias display being created for the project will potentially halve the time required to produce the RoB section of each CCA. We are also exploring with Cochrane Innovations potential commercial plans for aspects of the new processes, products and services.

In 2015-16 the project will move into its 'Exploration' phase where we will be tackling the annotation of the backlog of Cochrane Reviews with the PICO and planning the integration of the annotation tool into the workflow of the forthcoming browser-based RevMan and browser-based CRS. In addition, we will be looking at synergies with the Transform project as well as the Cochrane Author Support Tool project.

The 'Production' phase will see the PICO annotator and linked data integrated into our production systems, to coincide with the launch of browser-based RevMan and CRS in 2016-17. We will also aim to put linked data into our publishing and dissemination systems, dependent on the capabilities of our publishing partner(s) and/or in combination with efforts led by Cochrane Innovations.

2.4 Open Access roadmap

Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.

	Indicators of Success	Have we succeeded?
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1 A roadmap has been established in collaboration with John Wiley & Sons, Ltd, and is ready to be implemented, setting out our plan – including an income replacement strategy – for achieving universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and later the archive of existing published reviews.

An in-depth paper outlining two recommended OA models was presented to the CSG in Hyderabad. Work continues in 2015 to produce an approved Open Access strategy by the end of 2015.

The first phase of work establishing models for how we might make Cochrane Reviews open access culminated in a report to the CSG in Hyderabad that outlined two recommended options which integrated many features of the 12 different options considered earlier in the year. The two options were based around: 1) a free and premium model; and, 2) a consortium model. There is an acknowledgement that these are not mutually exclusive and so the final model may combine elements of both.

We are now working up the models in more detail to consult with key stakeholders to test some of the assumptions in our plans before we can provide a final recommendation to the CSG in Vienna. Alongside this work we also will undertake an analysis of the financial situation should such a model be implemented, and a joint risk analysis will be undertaken by Cochrane and Wiley so that all risks of the models are understood.

Once this work has been done the working group will prepare an 'Open Access Strategy' to be approved by the CSG by the end of 2015 that will guide Cochrane's future publishing work.

2.5 Simplified and standardised language

Simplify and standardise the language used across our content to improve readability and reduce ambiguity.

	Indicators of Success	Have we succeeded?
1	Guidelines for simplified and standardised language across content have been developed.	This work was not completed and will be taken forward to 2015.
2	An audit for plain language summaries against the new guidelines has been undertaken.	As above, not completed.
3	All reviews are produced according to the new guidelines.	As above, not completed.

This target was not completed in 2014 due to lack of resources in the CEU to undertake the necessary work. Plans are in place to do this work in 2015.

2.6 Translation strategy

Finalise Cochrane's translation strategy, establish a translation management system to integrate all existing workflows, and introduce key digital content and multi-lingual portals in French, Spanish and three other languages.

	Indicators of Success	Have we succeeded?
1	Cochrane's translation strategy and business plan has been completed and ready to be implemented.	Yes.

2	A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).	Yes, Archie and Cochrane Summaries have been integrated with our translation management system, and that system is being actively used.
3	Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages	Cochrane Summaries is available in 12 languages other than English.

Cochrane's new translation strategy was approved in Quarter 1 2014, and a new Translations Co-ordinator (Juliane Ried) appointed in Quarter 2. In February 2014 the company Smartling was contracted to provide a new Translation Management System (TMS) and this sophisticated and extensive system was then integrated with Archie and Cochrane Summaries. By the first quarter of 2015 10 Cochrane translation teams were using the TMS with another seven teams preparing to join. The French translation team is already using Smartling, but will also integrate its own machine translation software directly into the system's workflow. The Japanese and Spanish translation teams are pending integration due to complex existing workflows. We will continue working on optimizing technical processes and the user experience for translators as new functionality for the TMS is made available by Smartling.

Translation work within the Cochrane-Wiley Technology Roadmap to establish a multi-language version of the *Cochrane Library*, including search functionality, is progressing but at a slower pace than we would like. The current target is to launch a beta version for two languages in mid-2015, followed by other languages after successful testing. This will include the integration of the Spanish-language 'Biblioteca Cochrane Plus'.

Work also started on defining policies and procedures around translations; on developing supporting materials for translators; on developing strategies to engage new translators and increase Cochrane's translation capacity; and on encouraging coordinated multi-language media activities. This work will continue in 2015. In addition, in the next 12 months further languages will be integrated into TMS; new support materials and training programmes for translators will be developed; and – most excitingly - multi-lingual versions of the new Cochrane.org and Cochrane Library websites will be launched.

The success of these first stages of Cochrane's translation work was evidenced by successfully obtaining in late 2014 an EU grant to develop machine translation software for consumer health information in four Central European languages (German, Polish, Czech and Romanian). The grant will bring up to 400,000 Euros over three years for Cochrane.

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.

Strategy to 2020 included an important recognition by Cochrane that its mission 'to promote evidence-informed health decision-making' could only be achieved through a much more active and high-profile engagement with the external world by advocating for what we do, raising awareness of the impact of our work, and working together with others in new, powerful ways.

There were significant achievements in this newly prioritised area of work in 2014. After extensive consultation across the collaboration and over nine months of planning Cochrane's new brand identity and Cochrane.org and *Cochrane Library* websites successfully launched in January 2015.

New formal partnerships were established with Wikipedia, the Guidelines International Network (G-I-N), and The Campbell Collaboration; and we reinvigorated our relationship with the WHO.

The depth and quality of Cochrane's media coverage of new reviews was transformed this year, with highlights being the extensive global coverage of the Tamiflu story in March and over 400 media hits on electronic cigarettes facilitating smoking cessation in December. Cochrane's network of international media contacts and relationships expanded enormously, and we also passed a milestone in social media activities when the number of our Twitter followers passed the 50,000 mark, an increase of more than 15,000 from a year ago.

These achievements are noteworthy given the unexpected upheaval in 2014 in the newly formed Communications & External Affairs Department (CEAD) due to staff changes that left it considerably under-capacity for most of the year. This accounts for why two of the targets for Goal Three, on the development of an Advocacy agenda and improved impact story database, were only partially implemented. Both of these targets will be completed in 2015.

	2014 Target	Status	Spend
3.1	Coherent brand		
3.2	Three to five strategic partnerships		
3.3	Advocacy agenda		
3.4	Online metrics and impact stories		

3.1 Coherent Brand

Create a coherent Cochrane brand across all content

Indicators of Success	Have we succeeded?
1 A new end-user focused 'cochrane.org' website is launched that is consistently branded with The Cochrane Library and all other digital and offline products.	Yes, the new brand identity and websites were launched at the end of January 2015.

On Saturday 31st January 2015 Cochrane launched its new visual identity and logo together with the re-launch of Cochrane.org and the *Cochrane Library*. This was the result of a huge amount of work in 2014 that began in January with a reputational audit conducted by external consultants of how Cochrane was perceived in the world. This informed the development of a range of new brand images and concepts that were developed in Quarter 1, with four selected for extensive consultation within the Cochrane community in Quarter 2. In July the Steering Group made a final choice, and this was then integrated into the development of a radically redesigned externally facing Cochrane.org website (primarily aimed at people who are new to Cochrane and who want to use our evidence) and a visually refreshed *Cochrane Library*. In addition, Cochrane's Central Executive developed new sub-brand identities with over 100 Cochrane groups.

Cochrane's new visual identity is a unique opportunity to signal evolution of the organization and to represent *Strategy to 2020's* mission, vision and goals. With the launch now complete, 2015 will involve the widespread implementation of the new visual identity across all Cochrane groups in new branded templates and new group websites. Later in the year CEAD will create Cochrane 'stories' that support and articulate the essence of the new Cochrane brand.

3.2 Three to five strategic partnerships

Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making

Indicators of Success	Have we succeeded?
1 Three to five partnership agreements have been secured.	Yes, We secured partnerships with Wikipedia, G-I-N, The Campbell Collaboration and reinvigorated our relationship with WHO.
2 A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas.	Will be delivered by the Trusts and Foundations Fundraiser by end of Q2 in 2015.

Cochrane's newly formed partnership with Wikipedia was formalized in early 2014 and quickly developed momentum and impact. Cochrane's first Wikipedian-in-Residence, Sydney Poore, was appointed and worked intensively throughout the year with contributors from the Cochrane and Wikipedia communities to establish relationships, practices and resources for effective collaboration towards the shared goal of improving the evidence base in Wikipedia and making high-quality evidence available to a wider global audience.

The new partnership with the Guidelines International Network (G-I-N), aiming to increase the use and impact of Cochrane evidence within health guidelines around the world, was also formalised in early 2014. Progress was slow but following discussions at G-I-N's 2014 annual meeting in Melbourne and the

Colloquium in Hyderabad next steps were agreed on the development of the Cochrane-GIN web platform, initiatives to support G-I-N member access to the *Cochrane Library*, and exploring cross-promotional opportunities at Cochrane's and G-I-N's annual meetings in 2015.

Following Julie Wood's arrival as Head of CEAD in September 2014 renewed progress was made on Cochrane's partnership with the WHO. Work is continuing on updating a new WHO multi-year work plan; and Cochrane has invested more resources into the development of its relationship with WHO by appointing a new part-time staff member, Sylvia de Haan, based in the Swiss Cochrane Centre, to coordinate initiatives.

Cochrane's senior leadership was engaged in discussions with The Campbell Collaboration leadership through much of 2014 on formalizing our longstanding informal partnership; and a new MoU containing a wide range of new initiatives to bring the two organization's activities together was agreed at the end of the year and signed in January 2015.

This area of work will continue to be represented in the 2015 Targets, where we will look to create two more formal partnerships, develop partnership mapping, and draft a new partnership strategy for Cochrane.

3.3 Advocacy agenda

Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector

Indicators of Success	Have we succeeded?
1 A formal policy development and sign-off process has been developed and adopted.	Nearly. A draft policy was discussed by the CSG in November and is in consultation with expected final sign-off in Q2 2015.
2 Cochrane's initial advocacy agenda has been developed.	Delayed. Advocacy work will be redefined in 2015, see below for further details.
3 Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online.	Yes. Cochrane offered comment on many stories throughout the year, as well as placement of opinion pieces and speaking at key conferences.
4 Higher quality and quantity media coverage is being generated	Yes. In 2014, there were 1,393 media hits across 45 countries. See below for details.

The Central Executive's Communications and External Affairs team worked for most of 2014 at less than half its planned capacity, with many staff changes taking place, and priorities were therefore made to concentrate efforts on Targets 3.1 and 3.2. Nevertheless, considerable progress was made in Target 3.3 in building Cochrane's external profile, with more in-depth media coverage of reviews being generated and the dramatic increase in Cochrane's social followers continuing in 2014.

There were 1,393 media hits across 45 countries during the year. Cochrane released 12 press releases about new and updated reviews published in the *Cochrane Library* with the top 10 most popular stories:

1. New evidence shows Electronic Cigarettes facilitate smoking cessation – 400 media hits
2. Tamiflu & Relenza: how effective are they? - 238 media hits
3. Timing of epidural is up to the mother – 178 media hits
4. Advanced breast cancer: benefits of Trastuzumab (Herceptin®) outweigh the risk of harm
5. Asthma drugs suppress growth
6. Stem Cell Therapies Look Promising For Heart Disease
7. Shift workers: evidence for sleep inducing and alertness drugs is weak
8. Antibiotics: On-the-spot tests reduce unnecessary prescriptions
9. Cheaper alternative to licensed drug for treating eye disease has similar side-effects says new Cochrane Review
10. Zinc Supplementation Boosts Immune System in Children, Cochrane Review Finds

Of the media outlets that covered Cochrane stories, 31 ran 10 or more pieces, 2% up from 2013. The US continues to have the most coverage of stories, followed closely by the UK. It is notable that now reviews are published when ready (rather than monthly) and publicised individually they are achieving a better volume of coverage.

In 2015 we will continue to build up Cochrane's presence in the media and in social media by supporting Cochrane groups to do more media and dissemination work, and across more languages and geographies. This will include promoting one 'global' story a quarter (at a minimum) and increasing Cochrane's profile as a thought leader by attending more conferences and writing opinion pieces in influential media.

3.4 Online metrics and impact stories

Capture and communicate Cochrane's impact on policy and practice, introducing online metrics and stories of impact.

Indicators of Success	Have we succeeded?
1 A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.	Not completed. To be carried forward in 2015.
2 A prominently displayed, regularly updated record of where Cochrane evidence is being utilized has been established.	We have established the Impact Stories database, but this is still in its 'beta' stage and in need of development.

Work on this vital target will continue in 2015, following the establishment in 2014 of an Impact Stories database (www.community.cochrane.org/impact-stories), which is a CEAD-led effort to create a resource available to all Cochrane contributors to catalogue the impact of Cochrane evidence. The submission link is available on the Cochrane Community website, and those stories already submitted are available for review. Next steps for implementing this target are:

- establishing impact metrics and sharing results quarterly within the collaboration;
- ensuring that the majority of Cochrane groups are contributing to the Impact Database;
- producing more stories communicating the difference that Cochrane Reviews make and providing these to the collaboration for use.

Goal Four: Building an Effective & Sustainable Organisation

To be a diverse, inclusive and transparent international organisation 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.

One of 2014’s key achievements in building an effective and sustainable organisation was the development and approval of a comprehensive Cochrane Training & Professional Development Strategy to guide our learning and support activities in future. This set out an ambitious programme of learning and development initiatives that will equip Cochrane to provide the highest quality systematic reviews in an increasingly competitive market.

The structure and function reviews of Cochrane Groups collectively form one of the most significant and far-reaching *Strategy to 2020* targets (Target 4.4), as they will shape the organization ‘to ensure that [Cochrane is] optimally configured to enable us to achieve our goals’ (Objective 4). The first step in this process was a review in the first quarter of 2014 of Cochrane Review Groups. The analysis and ideas that emerged from the review were - as expected - the subjects of considerable debate within the collaboration given wide-ranging differences in the analysis of the need for change, the nature of the change required, and the ability and willingness of Groups to change. The process was a healthy one, however, and at Cochrane’s Mid-Year Business meetings in Panama a series of challenges and initial plans for change were developed and agreed. In September at the Colloquium in Hyderabad Cochrane’s Centres, Branches, Fields, Consumer Network and Methods Groups began work on their structure and function reviews that will be completed in 2015.

Cochrane’s financial and human resource processes and systems were radically improved in 2014; and the first steps made in improving our monitoring and reporting processes. In addition, Cochrane Innovations’ first derivative products, Cochrane Clinical Answers and Cochrane Learning, were delivered to market. These new products are being monitored by the new Cochrane Innovations team, and a new Cochrane Innovations Strategy is being prepared for May 2015.

	2014 Target	Status	Spend
4.1	Membership scheme		
4.2	Training and professional development strategy		
4.3	Governance review		
4.4	Structure and function reviews		
4.5	Cochrane Clinical Answers and Cochrane Learning		

	2014 Target	Status	Spend
4.6	Improved financial and business processes		

4.1 Membership scheme

Introduce a Cochrane membership scheme.

Indicators of Success	Have we succeeded?
1 Models of organisational membership have been explored and a preferred membership scheme established that more effectively enfranchises existing Cochrane contributors and attracts new contributors with useful skills and experience.	We are on course to achieve this indicator of success by the deadline.

Cochrane will launch a new membership scheme by the end of 2015. There were no planned activities to achieve this target in 2014 but different models of membership were researched that will inform a first draft of a Cochrane membership scheme for Steering Group and Group Executive consideration at their meetings in Athens. Following this initial discussion the plans will be shared with the Cochrane collaborators for consultation, as they would form our initial member base.

The fundamental principle of the new membership scheme will be to make Cochrane more open and inclusive to people who want to support our work in many different ways. The new 'Game Changer' initiative, Project Transform, perfectly supports this ambition and will enable us to establish a technology platform that supports and links Cochrane members with many different skills and interests in future. We have therefore been working closely with the new Transform project team and are confident that a 'soft launch' of the new membership scheme will be ready for the Colloquium in Vienna in October. However, a definitive launch date will only be established once all of the features of the scheme are agreed, scoped out and the technology development needs have been fully assessed.

4.2 Training and professional development strategy

Develop, and begin implementation of, an inter-professional and inclusive training and professional development strategy.

Indicators of Success	Have we succeeded?
1 A training and professional development strategy has been completed and is in roll-out phase.	Yes.

The new three-year Training & Professional Development Strategy was completed and approved with full funding by the Cochrane Steering Group in September 2014, following an extensive development process that involved wide consultation inside and outside Cochrane. The final strategy presents a prioritised, achievable, ambitious plan for learning and development projects in the coming years, addressing organizational priorities, linking with the work plans of other Central Executive teams, and addressing the needs of all our key contributor groups.

Work has begun on initial key projects, and in January 2015 the new Head of Learning & Support, Miranda Cumpston, was appointed. Appointment of the new Learning & Support Advisory Committee will be an important first step for the new department, along with establishing action plans for each of the projects outlined in the strategy. One of the major projects, around editorial competencies, has been identified as one of Cochrane's targets for 2015 (Target 4.5).

4.3 Governance review

Conduct a review of Cochrane's governance structure and processes.

Indicators of Success	Have we succeeded?
1 A review of Cochrane's Board of Trustees and other governance committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively.	This was postponed by the Steering Group to 2015.

The Cochrane Steering Group (CSG) postponed full implementation of the 'Governance Review' to 2015 because the CSG wanted to concentrate on developing and strengthening its own approach and work first, aware that the CSG needed to change its focus from an operational to a strategic perspective. CSG members considered the requirements of the *Good Governance Code*, the leading benchmark of good practice for UK-based charities; and conducted a self-assessment survey of their performance. This informed a highly successful 'Development Day' for the CSG that members held with a specialist external consultant ahead of the Hyderabad Colloquium. This initiative will continue with further CSG development days at the 2015 Mid-Year Meeting in Athens and Vienna Colloquium.

A CSG sub-group was established at the end of 2014 to lead the Governance Review in the next 12 months; covering both the structure and function of the CSG and other governance, advisory and accountability relationships within Cochrane.

4.4 Structure and function reviews

Review and adjust the structure and functions of the global network of Cochrane groups

Indicators of Success	Have we succeeded?
1 Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our <i>Strategy to 2020</i> goals.	This work was not completed in 2014, but will be by the end of 2015.

It was decided that the scale and complexity of the challenge of reviewing the functions and structure of the diverse range of Cochrane Groups needed to be staggered, beginning with the Cochrane Review Groups in 2014, followed by the Centres, Branches, Fields, Consumer Network and Methods Groups in 2015.

Cochrane Review Groups

This project represented an important challenge for Cochrane in 2014. Central to our approach was the need to balance the requirement to make improvements in key areas whilst holding true to those aspects of our culture and processes that are essential to our community. The review phase was undertaken in 2014 and some major themes and ideas emerged. Two key issues consistently highlighted were the debilitating and demotivating workload problems faced by CRG teams; and the inconsistent and sometimes unsatisfactory nature of the experience of some of our authors. Addressing these challenges is critical to Cochrane's future sustainability.

To begin to resolve these problems an initial set of actions were identified at the Mid-Year Meeting in Panama: including improved learning and mentorship programmes; fast track processes for high priority work from highly skilled teams; identifying rewards for recruiting and retaining high quality peer reviewers; and creating processes to ensure that reviews that fail to meet expected standards are swiftly, but respectfully, rejected.

Another key theme to come out of this work is the concept of 'alliances' to build much greater efficiencies. We are encouraging Cochrane Review Groups to build new alliances 'from the ground up', either because

they are located near to one another or they share a common interest. There has been encouraging progress with the early development of a 'Cancer Alliance', where several strands of possible collaboration have already emerged.

Establishing clear accountabilities and the mutual responsibilities of CRGs and Cochrane's Central Executive was also identified as a priority, something that will be required for all Cochrane Groups – and these will be established in 2015. There are many other ideas that have come out of the CRG project that will be explored and tested in the next 12 months and beyond. A more detailed write up of this project was provided in the *Cochrane Editorial Unit Update* circulated in February 2015.

Fields, Centres, Branches, Consumer Network and Methods Groups

Substantive work on the structure and function reviews of Cochrane's other Groups started at the Hyderabad colloquium in September 2014. Terms of Reference have been established for all of the reviews by the respective Executives/Project Boards and in Quarter 1 2015 are in the data gathering phase. There will be overlaps of stakeholders and activities in these reviews, so the Central Executive team is playing a co-ordinating role to ensure there is no duplication of effort, relevant ideas from the different reviews are shared between them, and the separate review recommendations are coherent for the whole organisation.

4.5 Cochrane Clinical Answers and Cochrane Learning

Deliver Cochrane Clinical Answers and Cochrane Learning to market

Indicators of Success	Have we succeeded?
1 The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with Cochrane Innovations and John Wiley & Sons, Ltd.	Yes, both CCAs and Cochrane Learning have been delivered.

The editorial team continued to produce new Cochrane Clinical Answers (CCAs) throughout 2014, meeting their target of 600 CCAs by the end of the year. Our publishers, Wiley, began an international sales and marketing campaign targeted at bundling sales of CCAs with the *Cochrane Library*. Another 400 new CCAs will be produced by January 2016, and the Wiley sales and marketing strategy will be updated in April 2015 with a focus on usage and revenue targets. A key priority for the CCA sales strategy in 2015 will be the identification of new ways to reach our clinical users so that Cochrane evidence can be accessible at the point of care and within a range of decision support tools.

The focus in 2014 for Cochrane Learning was the market testing of 60 'Dr Cochrane' CPD learning modules produced from Canadian grant funding in 2013. Results were disappointing overall, so a strategic review of Cochrane Learning will be completed in March 2015 with an updated business and investment plan developed by June.

4.6 Improved financial and business processes

Establish improved financial and business monitoring and reporting processes

Indicators of Success	Have we succeeded?
1 A 'Dashboard' and wider set of editorial and business metrics to monitor and report on the implementation progress of Strategy 2020 have been established.	Yes, Dashboard first presented in Hyderabad.
2 An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring & Registration Committee framework) ready for the 2015 annual reporting cycle.	An expanded monitoring round took place in November 2014. There are still issues to address though to make this

		fit for purpose.
3	Cochrane's chart of accounts has been amended to reflect more accurately the organisation's activities and management accountabilities; and its Central Executive financial systems have been updated and improved.	Yes. Completed.

A Cochrane Organizational Dashboard was developed by the Central Executive in 2014 in consultation with the Steering Group and launched at the Hyderabad Colloquium in September. We will continue to evaluate the metrics used in this dashboard as we seek to find the most appropriate metrics for capturing organisational performance.

With the delay in completion of all the Cochrane Group structure and function reviews until the end of 2015 an appropriate set of new monitoring and reporting metrics could not be established. This will now follow the decisions made about the Groups' future roles and responsibilities and is likely to be finalized in 2016. However, changes were made to the financial reporting formats required on an annual basis from the Groups, though the reception was mixed with some respondents complaining that the reports were too onerous and with limited relevance to their work. The exercise exposed the paucity of financial information held by Cochrane on its Groups, the wide range of financial arrangements of those Groups, and the need to use better the existing reporting requirements of Groups to their funding partners.

The targeted improvements in Cochrane's own financial systems and processes were made in 2014. A new cloud based accounting system was identified and put in place, enabling remote input and reporting of accounting data. The chart of accounts was revised to reflect the new managerial structure, and this will be further developed in 2015 to mirror the detail provided in the Central Executive's departmental budgets, enabling better drill-down to relevant transaction detail and a wider range of financial reports that can be produced easily.

Cochrane's banking and payment systems (including of international payments) were also revised and rationalized, with a number of unnecessary accounts being closed to reduce duplication of effort and improve control; and the Central Executive made greater use of a wider range of designated currency accounts. A review of Cochrane's pension arrangements as well as how we handle payroll has resulted in a plan to process payroll in-house from mid-2015. This will enable us to use greater HR management functionality available with most payroll systems, as well as bringing Cochrane into line with new UK legislation on the auto-enrolment of staff into a new lower-cost pension provider.

Annex 1: Cochrane Dashboard 2014

The open access version of the Cochrane Dashboard for 2014 is available on the Strategy to 2020 web page: www.cochrane.org/strategy2020

Annex 2: Cochrane's 2015 Annual 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.

Our Goal 1 Objectives to 2020

- | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HIGH-QUALITY | 1. We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes. |
| RELEVANT | 2. 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. |
| UP-TO-DATE | 3. 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 | 4. 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 | 5. 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 | 6. We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems. |
| | 7. We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane |

Systematic Review production teams³ to retain and develop our contributor-base.

³ Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.

Our Targets for Goal 1 in 2015

Target	Indicators of success	Timing
High Priority Reviews List		
Finalise and begin work on Cochrane's top 200 high priority reviews and establish a decision-making framework both at group and collaboration level to maintain prioritisation processes	<ol style="list-style-type: none"> 1. A high priority reviews list is available 2. 50% of topics/titles are underway by the end of 2015 3. 75% of topics/titles are underway by end of 2016 	<p>January 2015</p> <p>December 2015</p> <p>December 2016</p>
<i>Contributes towards objectives: Relevant & Up-to-Date</i>		
Quality Assurance Strategy		
Develop a Cochrane Review quality assurance strategy	<ol style="list-style-type: none"> 1. A Cochrane Review quality assurance strategy and work plan is available 2. A full conflict of interest audit of Cochrane Reviews is complete and future guidance is available in the Editorial and Publishing Policy Resource 3. An author satisfaction survey is in place for author teams of all new Cochrane Reviews 	<p>October 2015</p> <p>October 2015</p> <p>May 2015</p>
<i>Contributes towards objective: High Quality</i>		
GRADE and Summary of Findings Tables		
Implement GRADE and Summary of Findings (SoF) by ensuring that GRADE methodology is included and described in all new intervention protocols and reviews and that 85% of new intervention reviews have a SoF table for the main comparison	<ol style="list-style-type: none"> 1. An audit in Q4 2015 demonstrates that all new protocols comply with this target 2. An audit in Q4 2015 demonstrates that new reviews comply with this target 	<p>December 2015</p>
<i>Contributes towards objective: High Quality</i>		
Updating Classification Framework		
Implement the Updating Classification Framework	<ol style="list-style-type: none"> 1. All CRGs categorise their portfolio of reviews using the new Updating Classification Framework 2. An audit in Q1 2016 demonstrates compliance 	<p>December 2015</p> <p>January 2016</p>
<i>Contributes towards objectives: Up-To-Date & Relevant</i>		
Future of Review Production: Foundation phase		
Launch the beta version of the browser-based RevMan; and implement and roll out the Cochrane Author Support Tool project	<ol style="list-style-type: none"> 1. Browser-based beta interface designed and live with initial RevMan modules in testing 2. All components of the CAST project (including Covidence, 	<p>December 2015</p> <p>December 2015</p>

Contributes towards objective: Efficient Production

- EPPI-reviewer and CRS-D) are in place and being used by Cochrane contributors
3. A communications plan is in place to ensure that the Cochrane community is fully engaged in the changes that this will entail
- June 2015
-

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE:

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

Our Goal 2 Objectives to 2020

USER-CENTRED DESIGN AND DELIVERY

1. We will put the needs of our users at the heart of our content design and delivery.
2. 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.
3. 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

4. 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

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

MULTI-LINGUAL

6. 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.

Our Targets for Goal 2 in 2015

Target	Indicators of success	Timing
User Experience		
<p>Complete a user research project to evaluate perception of the Cochrane brand; understand how, why and when people use Cochrane evidence; understand the needs and preferences of potential users; and establish a framework for on-going reassessment</p> <p><i>Contributes towards objective: User-Centred Design and Delivery</i></p>	<ol style="list-style-type: none"> 1. The user research project and the results analysis are complete 2. A product enhancement and product development strategy is developed based on the key findings and recommendations from the user research 3. Findings are being used to improve how we communicate about Cochrane to the wider world including on Cochrane.org website, leading to increased engagement and traffic. 	<p>October 2015</p> <p>December 2015</p> <p>December 2015</p>
Open Access Strategy		
<p>Establish a final strategy for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016</p> <p><i>Contributes towards objective: Open Access</i></p>	<ol style="list-style-type: none"> 1. Consultation with external stakeholders to test our models for open access is complete 2. The CSG considers a Cochrane Open Access strategy and implementation is beginning 	<p>October 2015</p> <p>December 2015</p>
Non-English Language Access to Cochrane Content		
<p>Improve non-English language access to Cochrane content by launching the new Cochrane.org and Cochrane Library in at least five languages and by conducting a pilot project to incorporate Cochrane evidence in non-English Wikipedia entries by the end of 2015</p> <p><i>Contributes towards objective: Multi-Lingual</i></p>	<ol style="list-style-type: none"> 1. Launch of non-English language versions of the rebranded Cochrane.org in at least five languages 2. Launch of non-English language versions of the Cochrane Library in at least five languages, including search functionality 3. A pilot expansion of the Cochrane - Wikipedia project to one other language is complete and the results are informing future development 	<p>December 2015</p>
Simplified and Standardised Language		
<p>Establish a framework and guidelines for simplified and standardised language across Cochrane Reviews</p> <p><i>Contributes towards objective: Accessible Language</i></p>	<ol style="list-style-type: none"> 1. A framework and guidelines for simplified and standardised English are complete 2. A project plan detailing future implementation and evaluation is presented to the CSG 	<p>October 2015</p>

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.

Our 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'	<p>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.</p> <p>We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.</p>
GLOBAL ADVOCATE	<p>We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.</p> <p>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.</p> <p>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.</p>
GLOBAL PARTNER	We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations
GLOBAL IMPACT	We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

Our Targets for Goal 3 in 2015

Target	Indicators of success	Timing
<p>Cochrane Re-brand Implement, in conjunction with Cochrane groups, the global re-brand by the end of 2015 <i>Contributes towards objective: Global Profile</i></p>	<ol style="list-style-type: none"> 1. The launch of the rebranded Cochrane.org website creates clearer journeys for users to find what they want and a testing plan is in place for improvements based on user feedback and research. 2. All group, product and collaboration-wide communications incorporate the new brand to achieve the aim of presenting Cochrane as a unified collaboration 	<p>January 2015</p> <p>December 2015</p>
<p>Partnership Strategy Build on our existing partnerships, identify two new partnerships and develop a new partnership strategy <i>Contributes towards objective: Global Partner</i></p>	<ol style="list-style-type: none"> 1. Deliver partnership work plans with Wikipedia, GIN, Campbell and WHO 2. Two new partnership MoUs are developed and work plans agreed for each partnership 3. A partnership strategy is agreed by the CSG 	<p>December 2015</p> <p>December 2015</p> <p>October 2015</p>
<p>Communicating our Impact Capture and communicate Cochrane's impact on policy and practice by developing robust output and outcome metrics and impact stories <i>Contributes towards objective: Global Impact</i></p>	<ol style="list-style-type: none"> 1. Impact metrics are established and results shared quarterly with the Collaboration 2. The majority of Cochrane groups are contributing to the Impact Database 3. Three to five stories communicating the difference that Cochrane Reviews make are available for use by the Collaboration 	<p>December 2015</p> <p>March 2015</p> <p>December 2015</p>

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation 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.

Our Goal 4 Objectives to 2020

INCLUSIVE AND OPEN	We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved
GLOBAL AND DIVERSE	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
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 organisation 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 organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position
ENVIRONMENTALLY RESPONSIBLE	We will review and adjust our operations to reduce their environmental impact

Our Targets for Goal 4 in 2015

Target	Indicators of success	Timing
Membership Scheme		
Introduce a Cochrane membership scheme <i>Contributes towards objective: Inclusive and Open</i>	<ol style="list-style-type: none"> 1. An end-user survey is undertaken to understand requirements of potential members 2. A "soft launch" of the membership scheme occurs at the Vienna Colloquium 3. A new membership scheme is available for members to sign up and a plan is in place to disseminate the scheme 	<p>June 2015</p> <p>October 2015</p> <p>December 2015</p>
Governance and Structure and Function Reviews		
Complete the structure and function reviews of our governance bodies and Cochrane groups <i>Contributes towards objectives: Efficiently Run & Transparently Governed</i>	<ol style="list-style-type: none"> 1. A review of Cochrane Steering Group and other governance and accountability structures is complete 2. Structure and function reviews of CRGs, Methods Groups, Fields, Centres and Branches and Consumer Network are complete 3. Implementation plans are in place for approved changes to the Steering Group and Cochrane Groups in 2016 and beyond 	<p>October 2015</p> <p>October 2015</p> <p>December 2015</p>
Generating income for a sustainable future		
Develop a Cochrane Innovations strategy and business plan and build relationships with trusts, foundations and funding bodies <i>Contributes towards objective: Financially Strong</i>	<ol style="list-style-type: none"> 1. A Cochrane Innovations strategy and business plan is developed, which supports diversification and expansion of Cochrane's funding base, informed by the needs of the healthcare community 2. A communication plan to engage key stakeholders is established 3. Key performance indicators, including business and product development metrics to monitor and report on the implementation progress of the strategy and business plan are in place 4. Relationships started with three key trusts, foundations or other funding bodies and funding pitches submitted 	<p>April 2015</p> <p>May 2015</p> <p>April 2015</p> <p>December 2015</p>
Capacity Building through Regional Initiatives		
Build Cochrane capacity through targeted regional	<ol style="list-style-type: none"> 1. A strategic plan for Cochrane in Africa is drafted 	<p>March 2015</p>

initiatives and identify methods that can be applied in other regions	<ol style="list-style-type: none"> 2. A pilot study is completed with the Chinese Cochrane Centre to establish a Chinese Cochrane Network and the learning applied to other regions where appropriate 3. A plan for identifying other regions where we should prioritise support for building Cochrane capacity is complete 	<p>December 2015</p> <p>December 2015</p>
<i>Contributes towards objective: Global and Diverse</i>		
<i>Training for Cochrane editors</i>		
Develop a programme of training for Cochrane editors and establish a system of accreditation based on this programme	<ol style="list-style-type: none"> 1. A core set of competencies for Cochrane editors is established 2. A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies 3. A trial is conducted to evaluate the effectiveness of the training programme. 4. A system of accreditation for Cochrane editors is designed. 	<p>November 2015</p> <p>March 2016</p> <p>December 2016</p> <p>December 2016</p>
<i>Contributes towards objectives: Investing In People & Efficient Production</i>		
<i>Environmental Impact Review</i>		
Review Cochrane's environmental impact and draft an environmental sustainability strategy	<ol style="list-style-type: none"> 1. A commissioned review of Cochrane's environmental impact is complete 2. An environmental sustainability strategy to reduce Cochrane's environmental impact, where appropriate, is established. 	<p>March 2015</p> <p>December 2015</p>
<i>Contributes towards objective: Environmentally Responsible</i>		