



Cochrane Strategy to 2020 - in 2017:

Definitions of success by 2020, an assessment of progress, and a framework for work remaining

Document submitted by: Senior Management Team.

Purpose:

To provide the Governing Board, and the wider Cochrane community, with a definition of success for each of the *Strategy to 2020* Objectives; an assessment of predicted progress by the end of 2017; and a framework for establishing the work remaining to be done to reach that definition of success. It also provides proposed Targets for 2017.

This document is intended to be relevant until 2020, but developed and updated as work is completed and the organization adapts to new circumstances.

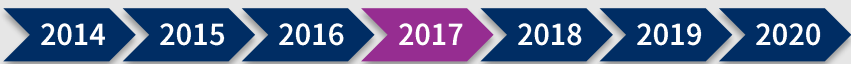
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Structure of the *Strategy to 2020*:

Vision > Mission > **Goals > Objectives > Targets** > Workplans:

- **Vision:** Outlines what the organization wants the world in which it operates to be.
- **Mission:** Defines the fundamental purpose of the organization, describing why it exists and what it does to achieve its vision.
- **Goals:** Establish the desired endpoints for achieving the mission.
- **Objectives:** Describe the ways in which goals will be operationalised and achieved.
- **Targets:** Represent the tangible stepping stones on the path towards the achievement of an objective. An objective may have one or many targets that must be fulfilled to achieve it.
- **Workplans:** Set out how the targets will be achieved.

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



Organizational Targets for 2017*

Together, the Central Executive Team and Cochrane Groups will:

GOAL 1: PRODUCING EVIDENCE

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

GOAL 2: MAKING EVIDENCE ACCESSIBLE

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

GOAL 3: ADVOCATING FOR EVIDENCE

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

GOAL 4: EFFECTIVE AND SUSTAINABLE ORGANIZATION

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

*These Targets reflect the prioritized list of activities for 2017 listed in the tables below.

Key:

2017:

These boxes show the predicted organizational position at the end of 2017 based on work already completed and work to be completed as part of the proposed 2017 Targets.

P: %

Estimated progress at the end of 2017 in Planning, design and preparation for reaching the Objective against its *Definition of Success by 2020*, when that definition equals 100%.

D: %

Estimated progress at the end of 2017 in Delivering and the Objective against its *Definition of Success by 2020*, when that definition equals 100%.

All *Strategy to 2020* resources, including detailed summaries of annual Targets to date, are available on the [Cochrane Community site](#).

Abbreviations used:

- **Board:** Governing Board
- **CET:** Central Executive Team
- **SMT:** Senior Management Team
- **CEU:** Cochrane Editorial Unit
- **CRGs:** Cochrane Review Groups
- **MECIR:** Methodological Expectations of Cochrane Intervention Reviews
- **MIF:** Methods Innovation Fund
- **SMF:** Strategic Methods Fund

HIGH-QUALITY		RELEVANT		UP-TO-DATE		DEFINITION OF SUCCESS BY 2020	
<p>Cochrane is the pre-eminent publisher of the highest quality, most efficiently produced and relevant Cochrane Reviews that are needed to guide decision makers. <i>This means:</i></p> <ul style="list-style-type: none">100% of new and updated Cochrane Reviews meet a subset of key MECIR standards.Quality screening is performed by CRGs, with the CEU taking an oversight role.The Editorial Board and Scientific Committee are directing decisions on methodological appropriateness, and there is 100% adherence for new and updated reviews.There is a rolling programme of audits aimed at providing snapshots of performance against agreed quality criteria.Key metrics for determining performance in critical areas (e.g., prioritization, quality, speed to publication, author experience, updating, innovation, impact) are all steadily improving.		<p>All Cochrane Reviews are selected and published to ensure that they meet the needs of end users and Cochrane is the preferred provider of evidence for international guidelines organizations and other policy makers. <i>This means:</i></p> <ul style="list-style-type: none">A Cochrane Priority Reviews List is developed, using transparent methods for identifying reviews that address uncertainties important to users and policy makers.Individual CRGs also maintain their own priority lists from which a subset feed into the Cochrane-wide list.CRGs have a part of their performance measured on their success in engaging externally with priority users.We actively search for skilled author teams to take on pre-identified high priority reviews, and have tighter established controls on author and title acceptance.		<p>Cochrane can guarantee production to agreed timelines for the majority of Cochrane Reviews. <i>This means:</i></p> <ul style="list-style-type: none">The Structure & Function CRG transformation programme has explicitly addressed how CRGs can meet updating targets, and as a result, 80% of high priority Cochrane Reviews are up-to-date at any given point, and 80% of high priority standard intervention reviews are completed within one year of protocol publication.Project Transform has delivered on its aims and we have defined our ‘future evidence systems’ strategy.‘Living Systematic Reviews’ are increasingly available and published in the Cochrane Library.			
						2019	
						2018	
<ul style="list-style-type: none">Structure & Function: Establish an Editorial Board and Scientific Committee.				<ul style="list-style-type: none">Structure & Function: Begin implementation of CRG transformation programme.Complete Project Transform and define the ‘future evidence systems’ strategy.		2017	
The Quality Assurance and Editorial Process Integrated Plan was launched. The Structure & Function reforms include plans to establish a Scientific Committee.		Between 2014-16 the Cochrane Priority Reviews List was developed and launched, and is regularly updated.		The Updating Classification System was developed and launched; and 16 Targeted Updates have been completed to date.		2016	
Audits confirmed that GRADE and Summary of Findings tables are used in the majority of Cochrane Reviews.				Project Transform was launched.		2015	
The CEU editorial screening programme was expanded. A subset of key MECIR standards was established.						2014	
1.1. HIGH-QUALITY We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.		1.2. RELEVANT We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.		1.3. UP-TO-DATE We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.		OBJECTIVE	
GOAL 1: PRODUCING EVIDENCE To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.						GOAL	

HIGH-QUALITY BY END OF 2017:

- A subset of key MECIR standards is established.
- The MECIR subset is included in the Quality Assurance & Editorial Process Integrated Plan.
- Tools are in place to measure adherence to MECIR standards, and statistics are published.
- A quality screening guide for CRGs to screen their own reviews is in place, supported by a CEU review referral service.
- The CEU provides substantial quality assurance support to CRGs.
- As part of the [Structure & Function](#) reforms, the Editorial Board and Scientific Committee are established; a Methods Support Team is in place; and proposals for ensuring the sustainability of all Cochrane editorial bases have been developed and presented to the new Editorial Board and Governing Board.

P: 80%; D: 50%

RELEVANT BY END OF 2017:

- The Cochrane Priority Reviews List is in place.
- The existing processes for identifying new priority reviews and updates for the list has been further improved, making the rationale for inclusion more transparent, and with an increased focus on externally derived priorities that explicitly address the needs of global decision makers.

P: 70%; D: 60%

UP-TO-DATE BY END OF 2017:

- The Updating Classification System is guiding readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. It is also helping CRGs with prioritization decisions for individual Cochrane Reviews.
- The Targeted Update project and other editorial pilots aimed at improving the speed to publication have been completed and recommendations are being implemented.
- The Structure & Function CRG transformation programme has explicitly addressed how CRGs can meet updating targets.
- Project Transform has been completed, resulting in improvements to the ‘evidence pipeline’ and production models that improve review production timeliness, including ‘living systematic reviews’.
- Our ‘future evidence systems strategy’ is defined.
- Up-to-date and production speed statistics are published.

P: 70%; D: 40%

WIDE COVERAGE	PIONEERING METHODS	EFFICIENT PRODUCTION	
<p>Coverage is defined by the needs of end users, including guidelines organizations and other policy makers. <i>This means:</i></p> <ul style="list-style-type: none">New structures for CRGs enable Cochrane Reviews to be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition).Wide coverage of health topics is implicit in the Cochrane Priority Reviews List.	<p>Cochrane is a leader in identifying, appraising and implementing new methods and review types that meet the needs of our users. <i>This means:</i></p> <ul style="list-style-type: none">Sustainable methods development and funding in Cochrane are being better supported through Structure & Function reforms for Methods Groups.The SMF has delivered on its aims.Our ‘future evidence systems’ strategy is addressed from the perspective of innovative methods as well as innovative technology.We have introduced prognostic reviews; and other review types and methods as identified by the MIF are in the pipeline for consideration by the Scientific Committee, or in development.A Methods Supplement to the Cochrane Library has been launched.	<p>Cochrane has improved the way people, processes, and technologies come together to produce content. <i>This means:</i></p> <ul style="list-style-type: none">Our new technology ecosystem is in place and tools are integrated with each other, including: browser-based RevMan, CAST (Covidence, EPPI-Reviewer, and CRS-D), Task Exchange, Cochrane Crowd, and GRADE.Project Transform has delivered on its aims and we have defined and are implementing our ‘future evidence systems’ strategy.New organizational structures enable CRGs to make more efficient use of the tools available to them.A journal-style submission process exists alongside standard publication for Cochrane Reviews.RevMan is able to accommodate new methods and different review types; and different content types are publishable on the Cochrane Library.Cochrane data is fully auditable and re-usable in production processes.	<p>Cochrane provides effective learning opportunities to support its contributors in the production and publication of high-quality reviews. <i>This means:</i></p> <ul style="list-style-type: none">The Training & Professional Development Strategy has delivered on its aims including<ul style="list-style-type: none">A programme of training and accreditation for Cochrane editors, and the programme of training for authors, have been implemented and are effective in improving quality standards.A strong change management system is in place to provide ongoing support to authors and editorial teams in implementing new methods, process and technologies.
<ul style="list-style-type: none">Structure & Function: Begin implementation of the CRG transformation programme, and Methods Groups reforms.		<ul style="list-style-type: none">Deliver RevMan Web.Complete Project Transform.Establish a systems integration plan for all components of the new technology ecosystem.Pilot a journal-style submission process.	Establish a programme of training and support for Cochrane editors aligned with the Quality Improvement Strategy, and design a programme for future accreditation.
Between 2014-16 Structure & Function reforms for CRGs and Methods Groups were initiated.	The Strategic Methods Fund was launched. The Structure & Function reforms are addressing a sustainable methods infrastructure.	The Targeted Updates pilot project targeted speed to publication. RevMan and the CRS are being moved online (browser-based). The Evidence Pipeline is being rolled out as part of Transform; and living systematic reviews are being explored.	Between 2015-16 a programme of training and accreditation for Cochrane editors was commenced. Design was completed and development commenced on a new online learning environment.
The Cochrane Priority Reviews List was developed and launched, and is regularly updated.	The second round of the Methods Innovation Fund was launched.	An initial beta version of RevMan was launched, and CAST rolled out across the community.	
	A non-standard review framework was established.	The Cochrane Author Support Tool (CAST) was designed and providers of the different elements approved: Covidence, CRS-D, and EPPI Reviewer.	The Training and Professional Development strategy was launched under the Cochrane Training initiative.
1.4. WIDE COVERAGE We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.	1.5. PIONEERING METHODS We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.	1.6. EFFICIENT PRODUCTION We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.	1.7. EFFICIENT PRODUCTION We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.
GOAL 1: PRODUCING EVIDENCE			

WIDE COVERAGE BY END OF 2017:

- The [Structure & Function](#) reforms are considering ways that Cochrane Reviews can be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition); and a system by system needs assessment has been completed.
- The Cochrane Priority Reviews List is in place.

P: 70%; D: 70%

PIONEERING METHODS BY END OF 2017:

- Sustainable methods development and funding is being considered as part of [Structure & Function](#) reforms.
- Two rounds of the [MIF](#) have contributed to the wider body of knowledge on research synthesis methods; and an evaluation of how the MIF 2015 projects can be implemented organization-wide is complete.
- The [SMF](#) is being used to energize and focus the adoption of these innovative methods.
- Our ‘future evidence systems’ strategy is addressed from the perspective of innovative methods as well as innovative technology.

P: 60%; D: 30%

EFFICIENT PRODUCTION – TECH BY END OF 2017:

- All components of our new technology ecosystem are delivered and being implemented across the Cochrane community, and tools are being integrated with each other, including: browser-based RevMan, [CAST](#) (Covidence, EPPI-Reviewer, and CRS-D), [Task Exchange](#), [Cochrane Crowd](#), and GRADE.
- [Project Transform](#) has delivered on its aims and we have defined our ‘future evidence systems strategy’, which we moving towards implementation.

P: 80%; D: 70%

EFFICIENT PRODUCTION – LEARNING & SUPPORT BY END OF 2017:

- A programme of training and accreditation for Cochrane editors has been developed and implementation has begun in collaboration with CRGs.
- A strong change management system is being implemented to provide ongoing support to authors and editorial teams in implementing new methods, process and technologies.

P: 90%; D: 80%

USER-CENTRED DESIGN & DELIVERY				OPEN ACCESS		DEFINITION OF SUCCESS BY 2020
Cochrane has a long-term sustainable publishing solution and is working with partners to deliver products to users. <i>This means:</i> Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive. <ul style="list-style-type: none">An enhanced Cochrane Library is established and subject to continuous user-led improvement; and we are harnessing user data and stories, and the outcomes of our new Knowledge Translation strategy, to drive decisions around future content design and delivery.Linked data (including PICO annotation) is supporting content delivery and product design.Our technology and data structures are flexible to deliver a range of products, formats, and services (APIs, data feeds) – and we ‘push’ content to users, as well as ‘pulling’ them to the Cochrane LibraryProject Transform has delivered on its aims, and we have defined and are implementing our ‘future evidence systems’ strategy.		Cochrane has maintained its commitment to consumer involvement in the design of its content and is more actively partnering with external patient and consumer organizations to bring the concepts and methodologies of evidence synthesis into mainstream use. <i>This means:</i> <ul style="list-style-type: none">The Cochrane Consumer Delivery Plan (part of the Structure & Function reforms) has delivered on its aims and recommendations are implemented.The Knowledge Translation strategy has involved consumers in its design and delivery.		Cochrane has achieved universal open access for new and updated Cochrane Reviews. <i>This means:</i> Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive. <ul style="list-style-type: none">People in every country can access Cochrane Reviews.Our open access policy supports the responsibilities Cochrane Groups have to their funders.We are successfully sustaining income to ensure continued organizational financial viability.		
<ul style="list-style-type: none">Deliver an enhanced Cochrane Library.Complete Project Transform		<ul style="list-style-type: none">Continue implementation of the Consumer Delivery Plan.Develop the Knowledge Translation strategy.		2017		
The Linked Data project was continued with PICO annotation . The enhanced Cochrane Library project was launched.		An initiative to establish an organizational Knowledge Translation strategy was launched.		2016		
Between 2014 -15 a user experience review and framework was established and informed the enhanced Cochrane Library project. A dissemination checklist for Cochrane Reviews was completed and will inform the Knowledge Translation strategy. The first phases of the Linked Data project were undertaken. Project Transform was launched.				2015		
				2014		
2.1. USER-CENTERED DESIGN AND DELIVERY We will put the needs of our users at the heart of our content design and delivery.		2.2. USER-CENTERED 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.		2.3. USER-CENTERED DESIGN AND DELIVERY 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.		
				2.4. OPEN ACCESS We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews and the archive of existing published reviews.		
GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE						
To make Cochrane evidence accessible and useful to everybody, everywhere in the world.						
ANNUAL TARGET						
OBJECTIVE						
GOAL						

USER-CENTRED DESIGN & DELIVERY – CONTENT & DELIVERY SOLUTIONS BY END OF 2017:

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An [enhanced Cochrane Library](#) is established; and we are already harnessing user data and stories to drive decisions around future content design and next delivery phases.

- [Linked data \(including PICO annotation\)](#) is part of Cochrane Library functionality.
- [Project Transform](#) has delivered on its aims and we have defined our ‘future evidence systems strategy’.

P: 90%; D: 60%

USER-CENTRED DESIGN & DELIVERY – EVIDENCE INTO MAINSTREAM USE BY END OF 2017:

- The [Cochrane Consumer Delivery Plan](#) is being successfully delivered and its recommendations are being implemented.
- The [Knowledge Translation strategy](#) has been launched and its recommendations are being implemented.

P: 90%; D: 50%

OPEN ACCESS BY END OF 2017:

- Cochrane Reviews are free to view 12 months after publication (green open access) via the Cochrane Database of Systematic Reviews (CDSR) in the Cochrane Library. Alternatively, authors have a choice to select a Creative Commons licence for immediate open access upon payment of an article publication charge (gold open access).
- Protocols for Cochrane Reviews are free to view immediately upon publication in the CDSR, and the process of depositing Cochrane Reviews in PubMedCentral is automated.
- Further developments to the enhanced Cochrane Library, are supporting the replacement of income from licence fees paid to access Cochrane Reviews.

P: 90%; D: 50%

ACCESSIBLE LANGUAGE	MULTI-LINGUAL
<p>Cochrane has established a set of standards and guidance for plain language in Cochrane content, along with a culture of feedback and audit. <i>This means:</i></p> <ul style="list-style-type: none">• The Plain Language Summaries pilot project has delivered on its aims and recommendations are implemented, including:<ul style="list-style-type: none">○ The use of simplified language has been explored, and where appropriate, integrated within Cochrane Reviews.○ We have tested whether the use of infographics and other innovative presentation formats are used to deliver evidence in universal ‘plain language’.○ ‘Dissemination’ is integrated in our authoring processes and tools.• Better user experience is measurable through usage statistics.	<p>Cochrane has established a reputation both as a multi-lingual organization and as a leading provider of health and healthcare evidence in many languages, with sustainable methods for translating content and a multi-lingual publishing platform. <i>This means:</i></p> <ul style="list-style-type: none">• The Translations Strategy and Business Plan has delivered on its aims, including:<ul style="list-style-type: none">○ The Abstracts and Plain Language Summaries of Cochrane Reviews are translated by Cochrane translation teams and then published in at least the six WHO official languages (either on Cochrane.org or the Cochrane Library).○ Existing volunteer translation teams are better supported with a content management system and targeted funding.
<ul style="list-style-type: none">• Implement the recommendations from the Plain Language Summaries pilot project.	
	<ul style="list-style-type: none">• Deliver an enhanced Cochrane Library in Spanish.• Assess the existing translations content management system.• Support translation teams with targeted funding.
Between 2014-16 work on simplified and standardised language was adapted into the current pilot project .	Pilot projects were established to explore sustainable models for translation teams. Plans for an enhanced Cochrane Library include integration of the Spanish language Biblioteca Plus.
	Cochrane.org was launched in multiple languages. A rapid expansion of the number of Cochrane Translation teams and of translated content on Cochrane.org.
	The Translations Strategy and Business Plan was developed and launched, including establishment of a Translation Management System.
ACCESSIBLE LANGUAGE We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.	MULTI-LINGUAL We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

ACCESSIBLE LANGUAGE BY END OF 2017:

- The [Plain Language Summaries pilot project](#) has delivered on its aims and recommendations are being implemented.
- P: 90%; D: 50%

MUTLI-LANGUAGE BY END OF 2017:

- The [Translations Strategy and Business Plan](#) is delivering on its aims, including:
 - The Cochrane Library is published in Spanish with the integration of the Spanish language Biblioteca Plus, and further languages are in the process of being developed.
 - Cochrane.org and Cochrane Evidence (previously Cochrane Summaries) are available in 13 languages.
 - Existing volunteer translation teams are better supported with a content management system and targeted funding.
 - Translations teams are working in Spanish, French, Russian, and Chinese.
- P: 80%; D: 50%

GLOBAL PROFILE		'THE HOME OF EVIDENCE'		DEFINITION OF SUCCESS BY 2020	
Cochrane has successfully established and enjoys rapidly expanding brand recognition and global profile, particularly in the health and healthcare sectors and amongst its main target audiences. <i>This means:</i> <ul style="list-style-type: none">The Cochrane Library is one of the main sources of reference cited by authors, researchers and 'thought leaders' in international science and health publications.Our evidence is also used and cited by international policy and guideline developers to inform global health decision-making.Cochrane Groups and members promote our brand and 'organizational voice' and messaging consistently.Our brand is an integral part of our content and Knowledge Translation strategy.		Cochrane is perceived as the 'go-to' place for evidence on health research by offering a consistent range of evidence-informed products and resources that meet the needs of our key stakeholders. <i>This means:</i> Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive. <ul style="list-style-type: none">An enhanced Cochrane Library is established and subject to continuous user-led improvement; and we are harnessing user data and stories, and the outcomes of our new Knowledge Translation strategy, to drive decisions around future content design and deliveryWe are working with partners worldwide to include their content in our products, or distribute and integrate our content through them.We are able to demonstrate through metrics and 'stories', the difference that it makes in changing policy and practice, and our Google ranking for health searches has improved.		2020	
				2019	ANNUAL TARGET
				2018	
		<ul style="list-style-type: none">Deliver an enhanced Cochrane Library.		2017	
An enhanced Cochrane Library project was initiated. The Cochrane Community website was relaunched.		The enhanced Cochrane Library project was initiated and undertaken. Partnerships with prospective new content providers/partners were developed.		2016	
Between 2014-15 the new Cochrane brand was developed, launched and implemented. A new Spokesperson Policy and Policy Development Framework were established.				2015	
				2014	
3.1. GLOBAL PROFILE We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.		3.2. THE 'HOME OF EVIDENCE' We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.		OBJECTIVE	
GOAL 3: ADVOCATING FOR EVIDENCE					
To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.					
GOAL					

GLOBAL PROFILE BY END OF 2017:

- Cochrane has successfully established and is promoting its [new brand](#) and Cochrane websites, including the Cochrane Library, have been re-branded.
- The CET, Cochrane Groups and Wiley have delivered an unprecedented level of quality media coverage of Cochrane Review findings (22% increase in 2015 alone).
- A new Spokesperson Policy and Policy Development Framework are in place and are supporting a consistent 'organizational voice', alongside our new Knowledge Translation strategy and other dissemination work.
- Global science and health publications and organizations are citing Cochrane Reviews as a matter of practice in reporting health decision-making.

P: 90%; D: 90%

THE HOME OF EVIDENCE BY END OF 2017:

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- An [enhanced Cochrane Library](#) is established; we are already harnessing user data and stories to drive decisions around future content design and next delivery phases; and our Google ranking for health searches has improved.
- Our dissemination efforts, as part of our Knowledge Translation strategy, are becoming more effective and sustainable through a consistent, targeted framework, and the building of international and regional partnerships.

P: 90%; D: 50%

'THE HOME OF EVIDENCE'		GLOBAL ADVOCATE	
Cochrane has established an international profile as an essential link between primary research and health decision-making in the 'health evidence lifecycle' of primary research, evidence synthesis, decision-making and outcomes. <i>This means:</i> <ul style="list-style-type: none">We are actively 'moving' our evidence into the hands of people who can put it into practical use according to the outcomes of our new Knowledge Translation strategy, other dissemination efforts, and our international collaborations.We are capitalizing on our international network of advocates within Cochrane Groups and the CET to promote Cochrane's role on the research waste and research quality agendas; and to create sustainable engagement with policy makers, journalists, and consumer organizations at regional and subject level.The 2017 Global Evidence Summit and other similar initiatives have positioned Cochrane as a leader in evidence-based policy-making.We are working with guidelines developers to promote the inclusion of a 'Based on Evidence' section to their guidelines and more than 90% of World Health Organization guidelines include evidence from Cochrane Reviews.We have developed an 'Implications for Research' section in Cochrane Reviews and have brought together the various projects on 'empty reviews' into a more coherent scheme that is mapping and publicizing research gaps consistently.		Cochrane has worked with partners to achieve the registration and reporting of results from all clinical trials. <i>This means:</i> <ul style="list-style-type: none">We have worked with All Trials and similar organizations to achieve this aim.We have developed metrics on how many trials are included in (or excluded from) Cochrane Reviews and used this in our advocacy.We are continuing to campaign for transparency and accuracy in the reporting of science and health research through our work with our partners, international bloggers, editors and journalists.	
<ul style="list-style-type: none">Develop the Knowledge Translation strategy.Host a successful Global Evidence Summit in Cape Town, South Africa.			
Cochrane signed on to support the REWARD campaign . An initiative to establish an organizational Knowledge Translation strategy was launched. The 2017 Global Evidence Summit was announced.		An initiative to establish an organizational Knowledge Translation strategy was launched.	
		A list of priorities for advocacy was established. We signed up to the AllTrials campaign in 2013.	
3.3. THE 'HOME OF EVIDENCE' We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.	3.4. GLOBAL ADVOCATE We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.	3.5. GLOBAL ADVOCATE 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.	3.6. GLOBAL ADVOCATE 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.
GOAL 3: ADVOCATING FOR EVIDENCE			

GLOBAL ADVOCATE – COCHRANE AS AN ESSENTIAL LINK BY END OF 2017:

- We are seeking to actively 'move' our evidence into the hands of people who can put it into practical use as part of our new [Knowledge Translation strategy](#), other dissemination efforts, and our international collaborations.
- We are starting to capitalize on our international network of advocates within Cochrane Groups and the CET to promote Cochrane's role on the research waste and research quality agendas; and to create sustainable engagement with policy makers, journalists, and consumer organizations at regional and subject level.
- The [2017 Global Evidence Summit](#) has helped to position Cochrane as a leader in evidence-based policy-making.
- 90% of World Health Organization guidelines include evidence from Cochrane Reviews as of 2016.
- We have signed on to support the [REWARD campaign](#).

P: 70%; D: 30%

GLOBAL ADVOCATE – TRANSPARENCY BY END OF 2017:

- We are continuing our work with [All Trials](#) to achieve the registration and reporting of results from all clinical trials.
- We are campaigning for transparency and accuracy in the reporting of science and health research through our work with our partners, international bloggers, editors and journalists.

P: 90%; D: 40%

GLOBAL PARTNER		GLOBAL IMPACT	
Cochrane is seen as the 'go-to' partner for evidence in association with global healthcare practitioners, policy makers, guideline developers and consumer networks and organisations. This means: <ul style="list-style-type: none">The Partnerships Policy & Framework has delivered on its aims and we have developed partnerships with external organizations across the world whose own activities contribute to our mission.Regional partnership building is a critical activity for regional Networks and Centres; and Cochrane Groups in general are developing new relationships that extend their influence in their areas of focus (in line with the Knowledge Translation strategy).We have established an international patients and consumer network.		Cochrane has defined measures of its impact and is using these to further its mission and contribute to organization-wide financial sustainability. This means: <ul style="list-style-type: none">The Knowledge Translations strategy has delivered on its aims, including the definition and delivery of impact metrics.Cochrane Reviews are used in at least 90% of WHO guidelines.Altmetrics scores are shown on Cochrane Reviews.'Impact stories' from Cochrane Groups are actively disseminated organization-wide through the internal communications channels, to be used by Groups in their advocacy work.The outcomes from Cochrane Group financial monitoring are being made available to Groups to use to enhance their funder relationships.	
			2019
			2018
	<ul style="list-style-type: none">Develop the Knowledge Translation strategy.		2017
A plan to establish 3-5 partnerships in 2014 was expanded into the current Partnerships Policy & Framework by 2016 and numerous partnerships have been agreed.	An initiative to establish an organizational Knowledge Translation strategy was launched.		2016
	Between 2014-15 work to collect online metrics and impact stories began and the Cochrane Dashboard was launched.		2015
			2014
3.7. GLOBAL PARTNER We will build international and local partnerships and alliances with organizations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organizations.	3.8. GLOBAL IMPACT We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.		
GOAL 3: ADVOCATING FOR EVIDENCE			

GLOBAL PARTNER BY END OF 2017:

- The [Partnerships Policy & Framework](#) is delivering on its aims and we have developed partnerships with WHO & PAHO, Wikipedia, GIN, the Campbell Collaboration, and AllTrials.
- We are also deepening our relationships with our three key partners: WHO, GIN and Wikipedia.
 - We are creating new partnerships focusing on advancing technologies.
 - The new [regional network structure](#) is supporting Networks and Centres to build more regional partnerships.
 - An international patients and consumer network is in development.
- P: 90%; D: 80%

GLOBAL IMPACT BY END OF 2017:

- The [Knowledge Translations strategy](#) includes the definition and delivery of impact metrics.
 - Cochrane Reviews are used in at least 90% of WHO guidelines.
 - Altmetrics scores are shown on Cochrane Reviews (e.g. [here](#)).
 - Cochrane Library usage shows steady month-on-month increase.
 - 'Impact stories' from Cochrane Groups are actively disseminated organization-wide through the internal communications channels, to be used by Groups in their advocacy work.
 - The outcomes from Cochrane Group [financial monitoring](#) are being made available to Groups to use to enhance their funder relationships.
- P: 90%; D: 70%

INCLUSIVE& OPEN		GLOBAL & DIVERSE		DEFINITION OF SUCCESS BY 2020	
Cochrane has successfully established a new membership scheme . <i>This means:</i> <ul style="list-style-type: none">• Targets for the number of members have been established and thousands of new people have been attracted into Cochrane and are contributing in many different ways to the work of the organization, expanding the capacity of Cochrane Groups in evidence production, dissemination & use, Knowledge Translation, advocacy and translation.• Membership is facilitating culture and generational change, opening the organization to a wider range of people with different perspectives, skills and experience.• Project Transform’s Cochrane Crowd and Task Exchange are integrated with the membership scheme; and routes into the organization are clear and members are acknowledged for their contribution.• The membership link to voting has proved successful in generating a diverse, capable series of candidates elected to the Governing Board.• We have a rapidly growing body of ‘supporters’ who are not active enough to become members but who follow and support Cochrane in other ways – including through financial donations.• An institutional membership scheme is in place that is attractive to our Group funders.• The Cochrane Community website has been re-developed and aligned with the new membership scheme.		Cochrane has expanded globally and is a more diverse organization. <i>This means:</i> <ul style="list-style-type: none">• We have a much bigger cadre of members and supporters from Central and South America and the Caribbean, Africa, Middle East, Eastern Europe, Russia and East Asia.• New Network and Affiliate Groups provide more flexible structures and an expanded Cochrane geographic organizational presence.• Whilst English remains Cochrane’s ‘lingua franca’, we are speaking and working in more languages and have a wider diversity of nationalities and languages involved in our governance and management structures.• Generational change has been supported by different organizational structures and succession planning is in place. We are confident that we have capable new leaders in place in new and existing markets.• We are doing more to measure and communicate our diversity and where we need to improve – and these statistics are published in the Cochrane Dashboard.			
				2019	ANNUAL TARGET
				2018	
• Launch the membership scheme.				2017	
Between 2015-16 the membership scheme was developed.		Ten new Cochrane Branches (now Associate Centres) were launched in 2014-16; and new structure and function plans for Cochrane geographic-oriented Groups will expand the opportunities for individuals and institutions to support Cochrane’s work in many more countries and regions within large countries.		2016	
		Regional capacity building initiatives were launched, leading to a strategic plan for Cochrane in Africa, and design and development of networks in Brazil and China. A new Equity & Diversity Task Force was launched to lead and support greater inclusiveness, diversity and equity in Cochrane.		2015	
				2014	
4.1. INCLUSIVE AND OPEN We will establish a membership structure to improve our organizational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organization for people who want to get involved.		4.2. GLOBAL AND DIVERSE We will become a truly global organization by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change		OBJECTIVE	
GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.				GOAL	

INCLUSIVE & OPEN BY END OF 2017:

- Cochrane has established a new membership scheme and is working towards making it successful according to the criteria set out under the ‘definition of success’ on this page.
- The [Cochrane Community](#) website has been re-developed and aligned with the new membership scheme.
- [Project Transform’s Cochrane Crowd and Task Exchange](#) are integrated with the membership scheme.

P: 80%; D: 50%

GLOBAL & DIVERSE BY END OF 2017:

- The [Global Evidence Synthesis Initiative](#) is established with Cochrane playing a major leading role in its development.
- The Cochrane Africa Network has been created. The 2017 Global Evidence Summit has helped to position Cochrane as a leader in evidence-based policy-making and established a much greater profile to Cochrane and its work in Africa.
- The Structure & Function reforms are creating a [regional network structure](#) that is building capacity regionally; with new Affiliates, Associates and Centres being formed across the world.
- New contractual mutual accountability agreements between Cochrane’s Central Executive & Cochrane Groups have been established.
- We are working much more intensively with PAHO in the Americas on Cochrane health evidence dissemination.
- The [Equity and Diversity Taskforce](#) has delivered recommendations which we are acting on to increase diversity and equity within the organization).

P: 80%; D: 70%

FINANCIALLY STRONG		EFFICIENTLY RUN	
Cochrane’s central and Group funding is stable and continues to grow. <i>This means:</i> Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive. <ul style="list-style-type: none">• We have developed a range of enhanced and ‘premium’ tools and products including those derived from linked data.• We have developed and are growing additional diversified income from derivative products and services produced by Cochrane Innovations – especially Cochrane Response.• We have stronger relationships with key Group funders and donors – and Cochrane Group funding is stable or growing as a result of the growth in support from regional and thematic Satellites and Affiliates.• Income from trusts and foundations, and project funding has grown significantly and is benefitting central and Group funds.• A culture of fundraising has been developed within Cochrane, including direct individual fundraising from supporters and members, the development of legacy funding, etc.		Cochrane. has reviewed and rationalized the Structure & Functions of its Groups, enabling it to more efficiently and effectively meet Goals 1-3, and achieve financial sustainability. It also has a CET that is cost effective, efficiently managed and run, and provides outstanding support and value to members and Groups <i>This means:</i> <ul style="list-style-type: none">• The recommendations and organizational changes resulting from the Structure & Function reviews have been successfully implemented by Groups worldwide.• Cochrane’s distinct collaborative culture is maintained but clear accountability structures are in place and working.• The CET is effectively supporting Groups to meet the organization’s Goals, and is providing cost-effective and high-value business and editorial leadership to the organization.	
<ul style="list-style-type: none">• Deliver an enhanced Cochrane Library.• Develop a draft content strategy and plan for a post-2018 publishing solution.• Deliver the online learning modules.		<ul style="list-style-type: none">• Structure & Function: Begin implementation of the Cochrane Review Group transformation programme established in 2016, and finalize remaining proposals for organizational Structure & Function reforms.	
The Enhanced Cochrane Library project was initiated. Cochrane Clinical Answers were moved to the Cochrane Library. Cochrane Learning was decommissioned and replaced by a plan for Cochrane Training online learning modules. Cochrane Response was launched. The Structure & Function reforms are creating expanded country and regional network structures that are building capacity in many new countries and regions. A grant of \$1.15 million USD from the Bill & Melinda Gates Foundation was secured.		Between 2014-16 the Structure & Function reforms to Cochrane’s Groups were initiated and run. These were followed in 2015-16 by an organizational structure and function review, leading to further change proposals. Financial and business processes were improved, leading to a Cochrane Dashboard and improved financial monitoring of Groups. An overhaul of the Organizational Policy Manual began. The Cochrane Charter of Good Management Practice was launched. The Cochrane CET’s HR, Finance, Project Management, Audit, Administration and Operational policies and procedures were reviewed, updated and improved.	
Cochrane Innovations delivered its first strategic plan.			
Cochrane Clinical Answers and Cochrane Learning were developed.			
4.3. FINANCIALLY STRONG We will strengthen Cochrane’s financial position by diversifying and expanding our funding base, both at core and Group level.		4.4. EFFICIENTLY RUN We will review and adjust the structure and business processes of the organization to ensure that they are optimally configured to enable us to achieve our goals.	
GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION			

FINANCIALLY STRONG BY END OF 2017:

- The [enhanced Cochrane Library](#) is established, incorporating translated content and [Cochrane Clinical Answers](#).
- [Cochrane Training](#) online learning modules have been launched to external users.
- Trusts & Foundations fundraising targets are met, including a grant of [\\$1.15 million USD from the Bill & Melinda Gates Foundation](#) for work on linked data.
- Project fundraising targets are met.
- The CET is supporting Groups to secure host institution long-term support agreements as part of Structure & Function reforms.

P: 70%; D: 60%

EFFICIENTLY RUN BY END OF 2017:

- The [Structure & Function reviews](#) of: 1) CRGs and Methods Groups (thematic); and 2) Centres and Fields (regional) are in process, or have been completed, and recommendations are being implemented.
- A review of Cochrane Colloquia and Events has been conducted (in 2015); with reforms of Mid-Year Business Meetings, Colloquia & other events.
- A [Cochrane Dashboard](#) to monitor and report on the implementation progress of *Strategy to 2020* has been established; with a new Cochrane Group monitoring and reporting system set up to replace old processes.
- The Organizational Policy Manual has been decommissioned, and content updated or transferred to the new Cochrane Community or Cochrane.org websites.
- Cochrane’s financial and planning years are aligned to the calendar year and improved financial monitoring of Groups is established.
- Central Executive financial and HR systems and processes updated and improved; and standard project management processes are implemented in support of *Strategy to 2020* implementation across the community.

P: 80%; D: 50%

INVESTING IN PEOPLE	TRANSPARENTLY GOVERNED	ENVIRONMENTALLY RESPONSIBLE
<p>Cochrane has established programmes of learning and development for all key organizational activities. <i>This means:</i></p> <ul style="list-style-type: none">The Training & Professional Development Strategy has delivered on its aims including:<ul style="list-style-type: none">The new regional network structure and increased support for Cochrane Trainers is improving how Cochrane works with contributors in their own regions and in their own languages to provide a high standard of training.We are an international leader in providing learning services to other audiences beyond Cochrane – particularly in online formats.Leadership development pathways and succession planning are in place for all senior and leadership positions.	<p>The Governance Reform Project has been completed and new governance structures are in place and working effectively and harmoniously. <i>This means:</i></p> <ul style="list-style-type: none">A Governing Board has replaced the Steering Group, providing more effective strategic leadership to the organization.Individual membership and voting rights have dramatically expanded our electorate through new Articles of Association.A new Council has been established to ensure the voice of Cochrane Groups continues to be heard.The new governance structures have been explicitly aligned with the new structures and functions of Cochrane Groups to avoid duplication of effort; and decision-making responsibilities and meeting formats clarified.	<p>Cochrane has a defensible position on climate change as the biggest threat to global health and we are transparent about the environmental impact of our operations. <i>This means:</i></p> <ul style="list-style-type: none">We have an environment strategy that has been implemented for operations led by the CET and is providing a benchmark for Cochrane Group activities.We have expanded our total organizational activities and impact whilst reducing the carbon footprint of our activities.
<ul style="list-style-type: none">Complete redevelopment of online learning for authors, and of our overall online learning environment for all contributors.	<ul style="list-style-type: none">Establish a Cochrane Council.Elect and appoint new members to the Governing Board to implement the newly revised structure.Align the new governance structure with revised Group structures; and clarify decision-making responsibilities.	<ul style="list-style-type: none">Publish environmental impact review for 2016 as part of Annual Review
Implementation of the Training & Professional Development Strategy commenced, including a range of initiatives to support all contributor groups, including establishing the Information Specialist Support program, development of resources to support consumer engagement, and commencement of major projects to improve our online learning environment.	Between 2014-16 the Governance Reform Project was undertaken. Three new external Steering Group members were appointed in 2016 and the CSG transitioned to a Board. New Articles of Association were established.	Environment impact review (for 2015) included in Annual Review for the first time.
The Training & Professional Development Strategy was launched.		An environmental impact strategy was developed for our core operations.
4.5. INVESTING IN PEOPLE: We will make major new investments in the skills and leadership development of our contributors.	4.6. TRANSPARENTLY GOVERNED: We will increase the transparency of the organization’s governance and improve the opportunities for any contributor to participate in governing the organization and/or to be appointed to a leadership position.	4.7. ENVIRONMENTALLY RESPONSIBLE: We will review and adjust our operations to reduce their environmental impact.
GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION		

INVESTING IN PEOPLE BY END OF 2017:

- The [Training & Professional Development Strategy](#) has been launched in 2014 and is delivering on its aims, including:
 - A programme of community-building, learning and development for Cochrane trainers has been implemented.
 - Cochrane’s new online learning environment is fully functional and delivering more effective learning for contributors.
 - The Structure & Function review has incorporated consideration of leadership development and succession planning.
 - The new [regional network structure](#) and increased support for Cochrane Trainers is improving how Cochrane works with author teams in their own regions and in their own languages to provide training.

P: 80%; D: 60%

TRANSPARENTLY GOVERNED BY END OF 2017:

The [Governance Restructure Project](#) has been completed and:

- A Governing Board has replaced the Steering Group, providing more effective strategic leadership to the organization.
- Individual membership and voting rights have dramatically expanded our electorate through new Articles of Association.
- A new Council has been established to ensure the ‘Group voice’ continues to be heard.
- The new governance structures are being explicitly aligned with the new structures and functions of Cochrane Groups to avoid duplication of effort; and decision-making responsibilities and meeting formats have been clarified.

P: 100%; D: 90%

ENVIRONMENTALLY RESPONSIBLE BY END OF 2017:

- We have commissioned a new environment strategy that has been implemented for operations led by the CET and is providing a benchmark for Cochrane Group activities.
- We are publishing an annual environmental impact review of our central operations.
- We have increased the use of virtual communications in day-to-day operations, for Colloquia and other Cochrane meetings, and in our new governance structures.

P: 90%; D: 80%