



STRATEGY TO 2020



2014 Targets

Approved by Cochrane's Steering Group on 16th January 2014

Introduction

This document is for *internal* use only. It presents the final version of the *Strategy to 2020's* 2014 targets, which were developed by the Central Executive's¹ Senior Management Team in consultation with Cochrane groups and contributors between November and December 2013; and approved by the Steering Group (Board of Trustees) on 16th January 2014. These targets follow the adoption of the full *Strategy to 2020* by the organisation's members at the 2013 Annual General Meeting, on 21st September, in Québec City, Canada. Their purpose is to enable the organisation as a whole – its contributors, groups and Central Executive – to work effectively, efficiently and coherently in 2014 towards meeting Cochrane's mission, goals and objectives.

A specially formulated set of documents designed for external communication will be released within the next few weeks. These documents will be translated into a variety of languages and will be used to promote Cochrane's work to new and existing partners, funders, contributors and other stakeholders.

The collated feedback provided by contributors on the draft version of the 2014 targets is available on the Cochrane Community site, [here](#), alongside the full *Strategy to 2020* document series. The feedback demonstrates widespread support for the targets, as well as significant interest in how they will be implemented.

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

A reminder of the structure of the *Strategy to 2020*

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organisations. Cochrane's *Strategy to 2020* has been developed with the following structure:

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

¹ The Central Executive is the name for the newly amalgamated central support units (formerly the Operations Unit, Editorial Unit, IMS and Web Teams) and is split into five departments: CEO's Office; Cochrane Editorial Unit; Informatics and Knowledge Management (formerly the IMS and Web Teams); Communications and External Affairs; and Finance and Core Services.

- **Vision:** Outlines what the organisation wants the world in which it operates to be.
- **Mission:** Defines the fundamental purpose of the organisation, 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.

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

The objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets – of which those for 2014 are set out in this document – and accompanying workplans will be developed and reviewed on an annual basis to achieve these objectives. Some of the targets will be annual, some will be for a two-year period and a few may be for longer. All targets will be approved by the Steering Group and will establish the priority tasks the organisation is setting itself for a given time period. Progress against the targets and the wider objectives and goals will be reported on regularly.

The 2014 targets

The purpose of the 2014 targets is to enable Cochrane as a whole to work effectively, efficiently and coherently in 2014 towards meeting its mission, goals and objectives. Although support and leadership will be provided by the Central Executive team in implementing the targets, it is important that Cochrane contributors – and particularly Cochrane groups – recognise the critical role they play in achieving success and, where required, organisational change.

The targets have been developed to be individually and collectively ambitious. They are specifically designed to lay the groundwork and establish the processes that are currently missing in the organisation: 2014 will, in many ways, be the ‘year of preparation’ in the delivery of our longer-term ambitions. There are 20 targets spread across the four Goals of the new *Strategy*; and collectively they represent a substantial body of work.

Any target setting process obviously involves prioritisation to create an achievable balance between ambition and realistic workloads. The targets set out here represent what the Central Executive and Steering Group consider to be organisational priorities in the first year of the *Strategy* period, to lay the foundations for all objectives to be achieved by 2020. They do not denote a de-prioritisation of any other objectives, which will be addressed in future targets. They also do not represent all of the things that will be achieved next year by Cochrane; only those that the organisation has chosen to prioritise and measure as indicators of its progress in implementing the *Strategy to 2020*.

Moreover, because they represent top level organisational aims they do not drill down to the level of individual workplans for the Central Executive or Cochrane groups. For example, in the Central Executive workplan for achieving target 3.1.(to create a coherent Cochrane brand across all content), the revision of the group website builder will be included as an activity. So although this activity represents a ‘target’ for the coming year it does not feature in these organisation-wide 2014 targets.

Implementing the targets

The development of workplans for 2014 by the Central Executive departments is currently underway for completion by the end of February 2014. A more comprehensive report will be submitted for the mid-year meetings in Panama at the end of March detailing individual target timelines, activities, project teams, stakeholders and budget dependencies. Some of you will be contacted over the next few weeks for your input in this process. In future years it will be started earlier: at the end of the preceding calendar year, something not possible this time around given that the overall *Strategy to 2020* was in development until late 2013.

As part of driving the implementation of the targets the Central Executive team will be working with Cochrane groups to establish the targets within their workplans as well. **This is going to be a learning process for everyone as we seek to adhere to one unified strategy and set of prioritised activities, in many respects for the first time in Cochrane’s history. However, it is vital to enabling the success of the overall *Strategy to 2020*.**

The aim of these targets is not to increase workloads overall – in fact, we anticipate their successful implementation will bring efficiencies and clearer prioritisation that will reduce unrealistic workloads for groups and contributors – but to ensure the work that we do undertake as an organisation is optimally aligned to our vision, mission and goals. Cochrane’s *Strategy to 2020* sets out clearly the direction and the extent of change that we are embarked on; and although it was unanimously adopted by our members last September we recognise that this level of change will bring uncertainty and some disruption as we do new things, or introduce new ways of doing things. Processes are being

put in place by the Central Executive team to ensure that Cochrane contributors, and others who help us achieve our mission, are communicated with regularly; and we want to hear from you as the implementation of *Strategy to 2020* begins.

You may be contacted specifically as part of the ongoing consultation with contributors during the development and implementation of the workplans. Everyone will be provided with regular progress updates throughout 2014 in the new newsletters that are replacing *CCInfo*. However, if you have any specific questions, ideas, suggestions or would like to assist our work in a specific area, please feel free to contact Lucie Binder (lbinder@cochrane.org) who is managing the overall programme of work, or the individual target leads in the Central Executive as set out below.

2014 Target	Central Executive Team target lead	Email address
1.1 High priority reviews list	David Tovey Editor in Chief	dtovey@cochrane.org
1.2 MECIR sub-set	Toby Lasserson Senior Editor	tlasserson@cochrane.org
1.3.i Author support tool	Chris Mavergames Head of Informatics & Knowledge Management Ruth Foxlee Information Specialist	cmavergames@cochrane.org rfoxlee@cochrane.org
1.3.ii Review reduction time strategy	David Tovey Editor in Chief	dtovey@cochrane.org
1.4 Non-standard reviews framework	Jackie Chandler Methods Co-ordinator	jchandler@cochrane.org
2.1 User experience review and framework	Jacob Riis User Experience Lead Catherine Mclwain Consumer Co-ordinator	jacob.riis@ims.cochrane.org cmcilwain@cochrane.org
2.2 Dissemination checklist	John Hilton Editor	jhilton@cochrane.org
2.3 Linked Data first phase	Chris Mavergames Head of Informatics & Knowledge Management	cmavergames@cochrane.org
2.4 Open Access roadmap	Lucie Binder Senior Advisor to the CEO David Tovey Editor in Chief Harriet MacLehose Senior Editor	lbinder@cochrane.org dtovey@cochrane.org hmaclehose@cochrane.org
2.5 Simplified and standardised language	Harriet MacLehose Senior Editor	hmaclehose@cochrane.org
2.6 Translation strategy	Juliane Ried Translations Co-ordinator	juliane.ried@cochrane.org
3.1 Coherent brand	Helen Morton Head of Communications & External Affairs	hmorton@cochrane.org
3.2 3-5 strategic partnerships	Helen Morton Head of Communications & External Affairs	hmorton@cochrane.org
3.3 Advocacy agenda	Katie Breeze	kbreeze@cochrane.org

	Senior Media Officer Nancy Owens Content and Social Media Editor	nowens@cochrane.org
3.4 Online metrics and impact stories	Caroline Mavergames Internal Communications Officer	caroline.mavergames@cochrane.org
4.1 Membership scheme	Mark Wilson CEO	mwilson@cochrane.org
4.2 Training and professional development strategy	Miranda Cumpston Senior Training Co-ordinator	mcumpston@cochrane.org
4.3 Governance review	Claire Allen Manager, Governance and Membership Support	callen@cochrane.org
4.4 Structure and function review	David Tovey (for CRGs and Methods Groups) Editor in Chief	dtovey@cochrane.org
	Mark Wilson (for Centres and Fields) CEO	mwilson@cochrane.org
4.5 Cochrane Clinical Answers and Cochrane Learning	Cochrane Innovations CEO (Interim: CCAs: Lorne Becker ; Learning: Denise Thomson . Both Innovations Directors)	lornebecker@gmail.com dthomson@ualberta.ca
4.6 Improved financial and business processes	Hugh Sutherland Head of Finance & Core Services	hsutherland@cochrane.org

Thank you for your individual and collective support as we begin this exciting journey together.

Mark Wilson, Chief Executive Officer
David Tovey, Editor in Chief
Lucie Binder, Senior Advisor to the CEO
Chris Mavergames, Head of Informatics & Knowledge Management
Helen Morton, Head of Communications & External Affairs
Hugh Sutherland, Head of Finance & Core Services

Cochrane Central Executive Senior Management Team
31st^h January 2014

GOAL 1: PRODUCING EVIDENCE

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

Goal 1 recognises and reflects Cochrane's primary endeavour: to produce evidence. Specifically this goal seeks to enable Cochrane to continue and enhance its production of high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Whilst continuing to support the production of evidence across a broad range of health questions, 2014 will see us begin to prioritise the questions we answer more systematically. We will enhance our commitment to meeting quality standards across all Cochrane Systematic Reviews and will make this easier for production teams to achieve by implementing an online author support tool. By the end of the year we will have a plan in place to significantly reduce review production time and will have established a framework for expanding our offering beyond standard intervention reviews to support health decision-making.

Our 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 teams² to retain and develop our contributor-base.

² 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 2014

To achieve our Goal 1 objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
1.1	<p>RELEVANT AND UP-TO-DATE</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. • A list has been developed of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct organisation-wide production priorities for 2015 onwards. • 100 new reviews from the list have been registered (review teams identified and titles registered). • A priority-setting decision-making framework for Cochrane Systematic Reviews is in place. 	<ul style="list-style-type: none"> • A priority list and decision-making framework are completed by the end of December 2014. • Registration of 100 new reviews from the list completed by July 2015.
1.2	<p>HIGH-QUALITY</p> <p>Create a prioritised sub-set of the existing MECIR (<i>Methodological Expectations of Cochrane Intervention Reviews</i>) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.</p>	<ul style="list-style-type: none"> • A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created. • A regular audit process for measuring compliance has been established. • 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 	<ul style="list-style-type: none"> • Prioritised sub-set of MECIR standards completed by the beginning of May 2014 • Audit and target baseline for 2014 completed by December 2014.

1.3 EFFICIENT PRODUCTION

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

until full compliance is achieved.

- A web-based author support tool has been designed, implemented and integrated into production workflows.
- A strategy for production time reduction is in place and ready to be implemented.
- Author support tool implemented by the end of December 2014.
- Strategy for reducing review production time in place and ready to be implemented from the end of April 2015.

1.4 PIONEERING METHODS

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.

- 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.
 - Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.
- By the end of April 2014.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Goal 2 may possibly prove our most challenging but has enormous potential for achieving our mission. To deliver this will require that we put the needs of our users at the heart of our content design and delivery, provide open access to Cochrane Systematic Reviews, and develop a more accessible and multi-lingual offering.

Given the scale of the changes we need to make, 2014 will primarily be a year of preparation. By the end of the year we will have established a framework for ongoing assessment of user experience of Cochrane evidence, a comprehensive translation strategy, an open access roadmap, and piloted an approach to improve production teams' ability to disseminate their reviews to target users. We will have begun work on an accessible language initiative and delivered the first phase of planned technology improvements that will fundamentally change the way Cochrane's data and content are structured, stored and used. In addition, we will have taken concrete action to introduce multi-lingual portals in different languages.

Our 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 2014

To achieve our Goal 2 objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
2.1	USER-CENTRED DESIGN AND DELIVERY		
	Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing reassessment.	<ul style="list-style-type: none"> • 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. • A framework for ongoing reassessment and evaluation is in place. 	By the end of December 2014.
	2.2	Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users.	<ul style="list-style-type: none"> • A dissemination checklist has been created and is being piloted with volunteer Cochrane groups.
2.3	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.	<ul style="list-style-type: none"> • Linkages and structures have been built into Cochrane's technology systems, connecting the <i>Cochrane Register of Studies</i>, Archie, and the new Linked Data Triple Store. • An 'ontology' for linking data and annotating Cochrane content has been completed. • 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. 	By the end of September 2014.

<p>2.4</p>	<p>OPEN ACCESS Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.</p>	<ul style="list-style-type: none"> • 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. 	<p>By the end of December 2014.</p>
<p>2.5</p>	<p>ACCESSIBLE LANGUAGE Simplify and standardise the language used across our content to improve readability and reduce ambiguity.</p>	<ul style="list-style-type: none"> • Guidelines for simplified and standardised language across content have been developed. • An audit for plain language summaries against the new guidelines has been undertaken. • All reviews are produced according to the new guidelines. 	<ul style="list-style-type: none"> • Guidelines and an audit completed by the end of May 2015. • All reviews are using the simplified and standardised language by the end of December 2016.
<p>2.6</p>	<p>MULTI-LINGUAL 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.</p>	<ul style="list-style-type: none"> • Cochrane’s translation strategy and business plan has been completed and ready to be implemented. • A translation management system has been established integrating all existing workflows (including those in the Translation Exchange). • Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages. 	<ul style="list-style-type: none"> • Translation strategy and business plan completed by the end of April 2014. • Translation management system and key content available by the end of December 2014.

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 Three introduces an ambitious new area of focus for Cochrane: advocating for evidence. Harnessing our radical heritage, this goal seeks to establish Cochrane as the ‘home of evidence’ to inform health decision-making, build greater recognition of our work and develop our profile as a leading advocate for evidence-informed healthcare. Goal Three, with its focus on influence and impact, though an expanded area of work for Cochrane, is just as central as the production and dissemination of our evidence in delivering our mission.

Prioritising objectives that will add value from the very start of the *Strategy to 2020*, 2014 activity will focus on: executing a full organisational rebrand – presenting Cochrane as credible, current and coherent; securing strategic partnerships with institutions and individuals at the heart of health decision-making; and establishing a clear and compelling advocacy agenda for Cochrane. To underpin these objectives, we will also improve the ways in which we capture and communicate our impact and tell our story.

Our Objectives to 2020

GLOBAL PROFILE:

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

THE ‘HOME OF EVIDENCE’:

2. 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.

3. We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

4. We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
5. 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.
6. We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GLOBAL PARTNER:

7. 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:

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

Our Targets for Goal 3 in 2014

To achieve our Goal 3 objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
3.1	<p>GLOBAL PROFILE Create a coherent Cochrane brand across all content.</p>	<ul style="list-style-type: none"> A new end-user focused 'cochrane.org' website is launched that is consistently branded with <i>The Cochrane Library</i> and all other digital and offline products. 	<ul style="list-style-type: none"> Re-brand preview at the Hyderabad Colloquium, September 2014. Full launch completed by the end of January 2015.
3.2	<p>GLOBAL PARTNER Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making.</p>	<ul style="list-style-type: none"> Three to five partnership agreements have been secured. A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas. 	By the end of December 2014.
3.3	<p>GLOBAL ADVOCATE Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector.</p>	<ul style="list-style-type: none"> A formal policy development and sign-off process has been developed and adopted. Cochrane's initial advocacy agenda has been developed. Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online. Higher quality and quantity media coverage is being generated. 	<ul style="list-style-type: none"> Formal policy development and sign-off process adopted by the end of September 2014. Initial advocacy agenda completed by March 2015. Platforms secured by the end of December 2014. Higher quality and quantity

3.4 GLOBAL IMPACT

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

- A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.
- A prominently displayed, regularly updated record of where Cochrane evidence is being utilised has been established.

media coverage generated by the end of December 2014.

By the end of December 2014.

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.

Goal 4 provides the foundation for achieving our mission and will see us becoming a more diverse, inclusive and transparent organisation. To enable us to harness more effectively the enthusiasm and skills of our contributors we will introduce a Cochrane membership scheme by the 2015 Colloquium. Allied to this, we will have developed and be implementing a training and professional development strategy for our group staff and contributors by the end of 2014. With a more ambitious strategy than ever before we will begin to re-assess and change how our organisation is governed, structured and operates in order to fulfil our key functions and achieve our mission. We will have overhauled our financial and business processes to enable us to monitor and manage our activities more effectively.

Our Objectives to 2020

INCLUSIVE AND OPEN:

1. 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:

2. 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:

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

EFFICIENTLY RUN:

4. 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:

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

TRANSPARENTLY GOVERNED:

6. 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:

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

Our Targets for Goal 4 in 2014

To achieve our Goal 4 objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
4.1	INCLUSIVE AND OPEN Introduce a Cochrane membership scheme.	<ul style="list-style-type: none"> 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. 	By the Vienna Colloquium, October 2015.
4.2	INVESTING IN PEOPLE Develop, and begin implementation of, an inter-professional and inclusive training and professional development strategy.	<ul style="list-style-type: none"> A training and professional development strategy has been completed and is in roll-out phase. 	By the end of December 2014.
4.3	TRANSPARENTLY GOVERNED Conduct a review of Cochrane's governance structure and processes.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Review completed by the end of December 2014. Implementation of recommendations in 2015.
4.4	EFFICIENTLY RUN Review and adjust the structure and functions of the global network of Cochrane groups.	<ul style="list-style-type: none"> Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured 	<ul style="list-style-type: none"> Review of Cochrane Review Groups completed by the end of December 2014.

		<p>to enable us to achieve our <i>Strategy to 2020</i> goals.</p> <ul style="list-style-type: none"> The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with <i>Cochrane Innovations</i> and John Wiley & Sons, Ltd. 	<ul style="list-style-type: none"> Review of other groups completed by the end of July 2015. Implementation of recommendations for all groups completed by the end of December 2016.
4.5	<p>FINANCIALLY STRONG Deliver Cochrane Clinical Answers and Cochrane Learning to market.</p>	<ul style="list-style-type: none"> The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with <i>Cochrane Innovations</i> and John Wiley & Sons, Ltd. 	<p>By the end of December 2014.</p>
4.6	<p>Establish improved financial and business monitoring and reporting processes.</p>	<ul style="list-style-type: none"> A ‘Dashboard’ and wider set of editorial and business metrics to monitor and report on the implementation progress of <i>Strategy 2020</i> have been established. 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. 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. 	<ul style="list-style-type: none"> Dashboard and wider set of editorial and business metrics completed by the end of June 2014. Expanded, integrated monitoring and reporting systems completed by December 2014. Chart of accounts and Central Executive financial systems improvements completed by December 2014.