STRATEGY TO 2020

20years

1993 - 2013

COCHRANE

Final version for adoption
by the members at the 2013
Annual General Meeting

[21st September 2013]

Executive Summary

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We do this by identifying, appraising and synthesizing individual research findings to produce the best available evidence on what can work, what might harm and where more research is needed.

After 20 years we are widely acknowledged as one of the world's leading organisations in the health sector, with a reputation for producing high-quality, credible information to inform health decision-making. In this *Strategy to 2020* we set out our new strategic plan, which defines the organisation's direction for the next six years and provides the framework for strategic decision-making.

The *Strategy to 2020* is the culmination of a collaborative process undertaken by our global network of contributors throughout 2013. This process assessed Cochrane's existing strategic framework and the changes needed to it to enable us to respond to our strategic challenges and opportunities over the coming years. It represents the collaborative vision of the organisation to 2020 and will rely on all contributors to ensure its success.

Within the framework of revised vision and mission statements – which were amended during the consultation process to reflect our aims and purpose better – the *Strategy to 2020* is based around achieving four key goals:

- **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 2: MAKING OUR EVIDENCE ACCESSIBLE**
  To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

- **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 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.

These goals are structured as three interlocking areas of equal focus and priority (Goals 1-3), underpinned by a fourth foundational area (Goal 4) designed to strengthen the

organisation and support our mission. To achieve our goals we will prioritise rigorous and efficient editorial and production processes, take a proactive approach to making our evidence more accessible, build our profile internationally, and invest in growing the capacity of our global network of contributors.

This document is for *internal* use only. It presents the final version of *Strategy to 2020* to all Cochrane contributors and selected external stakeholders. It will be submitted for adoption by the organisation's members at the 2013 Annual General Meeting, on 21st September, in Québec City, Canada, having been approved by Cochrane's Steering Group (the Board of Trustees).

A specially formulated document designed for external communication will be released following adoption of the *Strategy to 2020* and completion of the follow-on target setting process. This document will be translated into a variety of languages, including at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic) and will be used to promote Cochrane's work to new and existing partners, funders, contributors and other stakeholders.

Despite a more crowded arena of health evidence providers than 20 years ago, the need for Cochrane's work is greater than ever. As we move towards a world of increased accessibility to research evidence, the risks of misinterpreting this highly technical content increases, and the feasibility of any individual getting a balanced overview decreases. In this context, Cochrane's mission to identify and appraise research findings to the highest standards in order to provide accessible, credible information on which decisions can be taken has never been more important or useful for improving global health.

Mark Wilson, Chief Executive Officer
Lucie Binder, Senior Advisor

September 2013

Trusted evidence. Informed decisions. Better health.

Developing the *Strategy to 2020*: A collaborative process

The first draft of the *Strategy to 2020* was developed from the recommendations of the participants at the 2013 strategic session in Oxford, UK, in March, which was attended by more than 100 leaders from our global network of groups and members of our management committees. These participants were responding to an analysis of the organisation's current strategic framework by Cochrane's CEO, Mark Wilson; a series of policy and strategy documents developed by Cochrane contributors from the 2008-9 Strategic Review onwards; and wide consultation over the past year with contributors.

This draft was released for consultation with all Cochrane contributors and selected external stakeholders in July. In addition to the extensive written feedback received by email on the draft, Mark consulted with contributors and the management committees during a series of meetings and webinars.

Drawing from the feedback received, a final version has been prepared for adoption by the organisation's members at the 2013 Annual General Meeting (AGM), on 21st September, in Québec City, Canada. The senior leadership team has been consulting with members of the Steering Group throughout the preparation process and has also been using a group of contributors nominated by the Steering Group as a 'sounding board' for ideas and mechanism for rapid feedback.

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.

The *Strategy to 2020* has been developed with the following structure:
Vision > Mission > Goals > Objectives > Targets > Workplans:

- **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.

In the *Strategy to 2020,* the objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets 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.

Making it happen: how we will meet our strategic goals

Once the *Strategy to 2020* has been adopted – either at the AGM or following it if revisions are required – a process to develop targets for achieving the new strategic objectives will be established. It was originally intended that targets for 2014-15 would be developed by the AGM, but feedback showed that more time is needed to consult on the these targets given their budgetary implications and impact on the priorities of all groups and contributors. The indicative targets for 2014-15 have been retained in this final version to serve as a guide for the target setting process.

Pictured here and on the previous page: Participants at the 2013 strategic session, Oxford, UK

This process will be led by the staff of the Central Executive[1] in consultation with contributors. Measurements for success will be established against the targets, reviewed annually and reported on regularly to the Steering Group and the membership at the AGM. A mid-point, externally conducted progress review will also be undertaken.

As we finalise the targets we will also begin to plan how we will raise, allocate and spend the resources required to deliver them. Cochrane's regular income accrued from *The Cochrane Library* licence income and other sources will be the primary source of funding; and we will also invest a portion of our strategic financial reserves in critical areas of our work to help us reach our goals. However, successful implementation of the *Strategy to 2020* will also require Cochrane to diversify its funding base – an organisational objective now explicitly specified in Goal 4.

The first draft and this final version: a note on some of the changes

The feedback received from contributors on the first draft of the *Strategy to 2020* (the Consultation Document) was comprehensive, insightful and extremely valuable. The overall response was overwhelmingly supportive of the *Strategy's* direction and readers will therefore not find dramatic differences between the first draft and this version. Changes have been made, however, where a number of respondents highlighted similar concerns,

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[1] Central Executive is the name for the newly amalgamated central support units (the Operations Unit, Editorial Unit, IMS and Web Teams).

made suggested improvements, or gave their approval to the proposals highlighted in the 'our thinking' boxes. These include:

- Further wording changes to the Vision and Mission to reflect our aims, purpose and remit better.
- The introduction of a 'Who we are' section that is separate from the Mission statement to reflect the importance of our organisational model in achieving our mission.
- Some minor changes to our Principles to bring them up-to-date.
- The introduction of the concept and terminology of 'Cochrane', which encompasses all aspects of the organisation and its content, including *The Cochrane Library*. Respondents were very supportive of this idea, which simplifies the Cochrane brand and removes the internally-focussed divisions between 'the *Library*' and 'the Collaboration'.
- The introduction of the proposed new Cochrane tagline.
- The re-naming of 'Cochrane entities' to 'Cochrane groups', which includes all Cochrane Review Groups, Methods Groups, Fields, Centres, satellites and branches. Again, the feedback showed that contributors want to simplify and improve how we communicate our organisational structure to the world.

Contents

Our tagline:

Trusted evidence. Informed decisions. Better health.

Who we are:

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

Our vision:

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

The principles that guide our work:

Our current principles have been left almost unchanged, with the exception of some updates and clarifications. They have guided the development of the *Strategy to 2020* and will continue to guide the organisation in the future.

1	**Collaboration**	by fostering global co-operation, teamwork, and open and transparent communication and decision-making.
2	**Building on the enthusiasm of individuals**	by involving, supporting and training people of different skills and backgrounds.
3	**Avoiding duplication of effort**	by good management, co-ordination and effective internal communications to maximise economy of effort.
4	**Minimising bias**	through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.
5	**Keeping up-to-date**	by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.
6	**Striving for relevance**	by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.
7	**Promoting access**	by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.
8	**Ensuring quality**	by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.
9	**Continuity**	by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.
10	**Enabling wide participation**	in our work by reducing barriers to contributing and by encouraging diversity.

Our mission:

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

When Cochrane was established 20 years ago, the concept of evidence-based health care was confined to the academic discussion of a handful of pioneers. Today it is regarded as a scientific milestone of the last century[2] and one in which Cochrane and its contributors can rightly claim to have played a pivotal role in developing. As the concept becomes more mainstream there are now many other providers of information and advocates for evidence-informed decision-making – so while we are still recognised as a leader in this sector we are no longer unique. In order to maintain our leading position, make the most of our unique strengths, ensure long-term sustainability and deliver our mission, we must respond to this more competitive, complex and demanding environment.

The *Strategy to 2020* is our response to those challenges and opportunities. It establishes our aspirations and priorities for the next six years and sets out how we plan to achieve our vision. Within the context of our mission it is based around achieving four key goals:

- **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 2: MAKING OUR EVIDENCE ACCESSIBLE**
  To make Cochrane evidence accessible and useful to everybody, everywhere in the world.
- **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 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.

These goals are structured as three interlocking areas of equal focus and priority (Goals 1-3), underpinned by a fourth foundational area (Goal 4) designed to strengthen the organisation and support our mission.

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[2] Medical Milestones: Celebrating Key Advances since 1840. ISSN 0959-8138, BMJ January 2007; 334 (suppl):s1-22. Available from: http://www.bmj.com/highwire/filestream/438857/field_highwire_adjunct_files/0

GOAL 1: PRODUCING EVIDENCE

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

Producing high-quality, relevant evidence

Cochrane's origins lie with a small group of clinical researchers seeking to improve the quality of care provided to women and infants during pregnancy and childbirth[3]. The target users for the evidence they produced were well-defined, the relevance of the questions to those users was clear, and the uptake of the evidence into practice was potentially immediate. Since those early days the number of contributors has grown dramatically, as has the number, remit and use of Cochrane Systematic Reviews. In 2001 there were 1,700 registered Cochrane contributors; today there are more than 31,000[4]. In May 2012 the number of published Cochrane Reviews passed 5,000[5], addressing a broad range of health topics and questions; and full-text review downloads by users of *The Cochrane Library* exceeded 5,400,000[6] in that year alone.

> Reviews should address outcomes that are meaningful to people making decisions about health care
> *From the Cochrane Handbook for Systematic Reviews of Interventions*

We must continue to ensure that the priorities of our contributors in expanding the breadth and depth of our evidence match those of our growing number of end users. In other words, the relevance and applicability of Cochrane evidence for informing people's decision-making must remain at the heart of its design. We already know, for example, the Cochrane Systematic Reviews that users are accessing most frequently correspond closely to trends in global health[7]. We have both the opportunity and responsibility to expand the evidence we produce in these key areas.

Maximising production efficiencies

Our credibility is based on our commitment to high-quality, independently produced information. We have a tradition of using information technology to support our production and distribution processes - the *Cochrane Database of Systematic Reviews* was
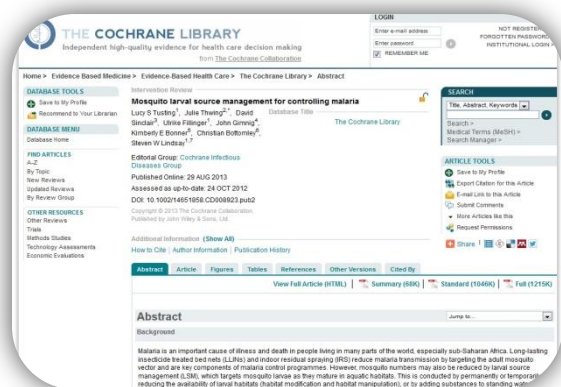
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[3] M.J. Friedrich. The Cochrane Collaboration Turns 20. Available from: JAMA, May 8, 2013—Vol 309, No. 18 1881

[4] Data sourced from Archie. Available from: http://archie.cochrane.org/

[5] Data sourced from *The Cochrane Library*. Available from:
http://www.thecochranelibrary.com/view/0/AboutTheCochraneLibrary.html

[6] Data sourced from John Wiley & Sons, Ltd. Available from Oxford 2013 Steering Group agenda:
http://www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg

[7] The top 10 most accessed Cochrane Systematic Reviews in 2012 address topics in smoking cessation, care of older people, obesity and mental health. Data sourced from John Wiley & Sons, Ltd. Available from Oxford 2013 Steering Group agenda: http://www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg and compared to The Top 10 Causes of Death. World Health Organization. Available from:
http://who.int/mediacentre/factsheets/fs310/en/

A Cochrane Systematic Review on
The Cochrane Library

available on the web by 1996[8] and we believe that the publication record of the Cochrane Pregnancy & Childbirth Group represents the longest serving electronic publication in medicine. We have also relied on a steady and increasing stream of contributors to produce Cochrane Systematic Reviews.

However, we recognise that there can be tensions between quality, speed of production, and the capacity of contributors to produce and maintain complex systematic reviews. We now need to re-focus on taking maximum advantage of new technologies, and increase the capacity-building of our contributor base, to bring efficiencies and improvements to our processes and methods, allowing us to deliver our evidence to users more quickly and effectively without compromising on quality.

PRODUCING EVIDENCE:
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.

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[8] The Cochrane Collaboration Chronology. Available from: http://www.cochrane.org/about-us/history

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 teams[9] to retain and develop our contributor-base.

Goal 1: 2014-15 Possible Targets
Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

I. Engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to develop **a list of high-priority Cochrane Systematic Reviews** that address questions of most importance and relevance to them; then produce them in an efficient and timely manner thereafter.

II. Establish new mechanisms for the **updating of high-priority Cochrane Systematic Reviews**.

III. **Develop and deliver the first phase of planned technology improvements** that will fundamentally change the way Cochrane's data and content are structured, stored and used in order to realise our ambitions for improving production processes.

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

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Designing useful, usable information

Cochrane Systematic Reviews are widely regarded as the highest standard of evidence to inform health decision-making, credibility that is both based in, and reflected by, their format and structure; they are the process record and written culmination of a comprehensive scientific investigation. However, user feedback shows that they are not the most accessible or usable way of presenting evidence to people to inform their health decision-making.

In April 2012 we published the recommendations of a comprehensive review of Cochrane content that established plans to improve the accessibility and usability of all content; these recommendations are reflected here in the *Strategy's* objectives. We now need to implement the plans for which we have well-defined requirements and consult with our users to plan further developments.

Evidence into action:
Cochrane contributor Professor Ashraf Nabhan in the delivery room, demonstrating new techniques for Caesarean delivery based on evidence from Cochrane Reviews. Cairo, Egypt.

Actively responding to open access

We are living in a world of increasing open access to scholarly research via the internet. Cochrane is feeling the impact of this: the funders of our global network of groups are increasingly specifying that the results of their funding be made available open access. Already more than half the world's population has one-click access to Cochrane content on *The Cochrane Library* through licenses or free access made possible by our low- and middle-income countries programme. In collaboration with our publishing partner, John Wiley & Sons, Ltd, we have made all Cochrane Systematic Reviews and updates published from February 2013 available open access twelve months after publication in the *Cochrane Database of Systematic Reviews*, and in PubMed Central or various country-specific PubMed databases. Additionally, authors and funders have the option to fund individual articles, or groups of articles, to be open access immediately upon publication.

Open access is not enough; we must learn how to communicate our research to make it truly accessible
From a blog post by Brant Moscovitch discussing access to primary research findings

However, we are aware that users all over the world are increasingly looking for information right now, free of charge or other access barriers, and in the languages they speak; and if they can't access it through Cochrane they will seek it elsewhere – even if that means compromising

on quality. They want to have to have usable interfaces to knowledge on a wide variety of technology platforms in their own language. Our challenge, therefore, is to continue to move proactively towards global open access for all Cochrane Systematic Reviews in a multiplicity of languages whilst securing replacements for our licensing income. We also know that the funding security of our network of groups is dependent on an open access future.

MAKING OUR EVIDENCE ACCESSIBLE: 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.

Goal 2: 2014-15 Possible Targets
Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

I. **Diversify our product range and delivery solutions**, prioritising online distribution and optimising our mobile, social and syndicated content.
II. Introduce a **series of improvements to the presentation and delivery** of *The Cochrane Library* and component content.
III. Build **dissemination strategies** into the editorial process of Cochrane Systematic Reviews to ensure that every review has its own dissemination plan tailored to target users. We will specifically seek to target practitioners and 'content re-packagers', especially guidelines developers, online information platforms, patient and consumer groups, medical librarians and journalists.
IV. Finalise and begin delivery of a comprehensive strategy to **translate key content** into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic).

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.

Building our profile; demonstrating our impact

In its first 20 years, Cochrane has established an international reputation for producing high-quality, credible information to inform health decision-making. We have focussed on getting the product 'right' and have invested our resources in achieving this aim convinced that the quality of our evidence will speak for itself.

While this approach has been sustainable as we built our reputation in the academic community, we now need to develop far greater recognition of the value of our work amongst users, especially health practitioners, patients and other healthcare consumers, policy-makers and guidelines developers.

Cochrane evidence plays a key role in health decision-making from the level of the individual to the planning of health services on an international scale. But our influence and impact could be even greater. Our challenge – and our opportunity – is not just to make our evidence

> We are responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We do this by identifying, appraising and synthesizing individual research findings to produce the best available evidence on what can work, what might harm, and where more research is needed.

even more accessible and widely used, but to use our profile, reputation and voice to advocate for evidence-informed health decision-making. We have recognised that this is essential to fulfilling our mission; and at an operational level, to demonstrating our relevance and usefulness to funders and supporters. A critically important example of this over the next six years will be our commitment to the campaign seeking to ensure that all clinical trials, everywhere in the world, are registered and their results are reported and easily accessible.

Making our voice clearer

There are noticeable inconsistencies in the ways that Cochrane is promoted across the world, exacerbated by the complexity of our organisational structure and a lack of focus on advocacy and external communication. Clarifying, simplifying and improving the way we present ourselves will be essential to building our profile and demonstrating impact. At the same time, in recognition of the complexity of the issues we are dealing with, we

need to take advantage of opportunities to partner with other organisations that help us to reach people making decisions in health.

An essential part of the 'health evidence lifecycle'
We can also do more to increase our profile as the link between primary research and health decision-making in the 'health evidence lifecycle' of primary research, evidence synthesis, decision-making and outcomes. Our role in this lifecycle puts us in a key position both to inform decision-making at the implementation stage; and to influence the primary research agenda by promoting research that is centred on the health decisions that people are making, identifying uncertainties, missing or poor evidence, improving health research methodologies, and campaigning for transparency in scientific conduct. Promoting this dual role will have two key benefits: i) it will reinforce the value argument for Cochrane's position as an essential 'knowledge provider' in the health sector and global public good; and ii) it will improve the evidence-base on which our work is conducted and our reputation built.

ADVOCATING FOR EVIDENCE: 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.

Goal 3: 2014-15 Possible Targets
Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

  I. Introduce an **overarching 'Cochrane' brand**. We will take advantage of the brand power that already exists in the Cochrane name to increase awareness of Cochrane's mission. We will ensure consistency of branding, language and terminology across all Cochrane content. We will introduce a single Cochrane web presence that provides a consistent, accessible user experience.

  II. Introduce a **series of online metrics** that demonstrate how and where Cochrane evidence has been cited and used, particularly in health guidelines; and publish **users' stories and examples of how practice has been changed** by Cochrane evidence.

  III. **Maintain our support for the *AllTrials* initiative** until regulations are in place internationally to mandate that all clinical trials are registered, and the full methods and the results of trials are reported.

  IV. **Establish ten new partnership relationships** with major health and health care international organisations including regional health bodies, guidelines developers, patient and consumer groups, and professional associations.

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.

Investing in our contributors

Underpinning Cochrane's work is a collaborative network of more than 31,000 contributors from over 120 countries, whose ongoing commitment will be the deciding factor in the organisation's long-term success. Our contributors are responsible for the vast majority of our work by producing, maintaining and developing new directions for Cochrane evidence; advocating for it within different geographical regions and health specialties; and raising the funding to conduct it through a global network of groups. They are supported by a small staff – the Central Executive – which ensures editorial standards; manages production and distribution; co-ordinates training and methods development; and leads the business.

Contributing to Cochrane:
Participants at South African Cochrane Centre's 20th anniversary meeting, 2013. Cape Town, South Africa.

Feedback from our contributors shows that there are some key challenges that need to be addressed as we seek to build a more effective and sustainable organisation. Despite an international pool of people who contribute to Cochrane Systematic Review production teams, the majority of our groups – which are the 'engine rooms' of the organisation and the routes through which people contribute to our work – are located in high-income countries and are tied to the funding raised by a relatively small number of world-leading academics. If we truly aspire to be a global organisation with global impact, we need to establish an organisational presence in all regions, promote diversity, and invest in developing the next generation of Cochrane leaders across the world.

Increasing efficiency and achieving sustainability

At the same time we need to address the sustainability of our network of groups. These groups are under increasing pressure to maintain their funding from governments, research institutions and other non-commercial sources in a volatile global economy and a climate of decreasing investment in research. This financial pressure is coupled with increasing workloads as Cochrane Systematic Reviews increase in scope and complexity, and the number of new contributors wanting to produce reviews also increases. We need to re-assess our organisational structure and business processes to ensure that they are optimally configured to enable us to achieve our goals.

Within the timeframe of this *Strategy to 2020* we will need to have replaced income from sales of licences to *The Cochrane Library* as it is currently made available to users to meet our objective of providing universal open access to Cochrane Systematic Reviews. To achieve this we will need to take a proactive approach to expanding and diversifying our sources of income. This income will be used to secure the organisation's long-term sustainability by resourcing the objectives and targets set out in this *Strategy to 2020*.

BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION:
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.

Goal 4: 2014-15 Possible Targets
Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

I. **Introduce a Cochrane membership scheme** that attracts people with useful skills and experience; and provides benefits like training and career-development to retain and develop our contributor-base.

II. **Conduct a Governance Review** to ensure that the organisation's governance processes and bodies fully enfranchise all of the organisation's constituencies, encompass diverse perspectives, are adequately skilled and work effectively.

III. **Review and adjust the structure, number and functions of the global network of Cochrane groups** that support our contributors.

IV. **Begin the translation of organisational resources** into different languages and increase the number of contributors from non English-speaking countries by 30%.

V. **Establish a programme to identify, mentor and train future leaders** of the organisation, prioritizing socio-cultural, linguistic, and gender diversity. By 2020, we aim to ensure that at least 50% of the organisation's leaders will be women and more than 50% will be from non English-speaking countries.