

Governing Board Paper

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Agenda item:	KT Strategy/Implementation Plan
Submitted for Governing Board meeting:	Cape Town, September 2017
Submitted by:	Julie Wood and Sylvia de Haan, CEAD Sally Green, KT Advisory Group Co-Chair and Director of Cochrane Australia
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	<p>The Board approves:</p> <ul style="list-style-type: none"> starting the KT implementation work focusing on a prioritized 10 (out of 17) work-packages outlined in the KT Framework The implementation plan for 2018-2019
Executive summary:	<p>The <u>Knowledge Translation (KT) Framework</u> was approved in April 2017 by the Cochrane Board. At that meeting, the Board requested an implementation plan to be presented at its next meeting. This document presents this implementation plan. It outlines the governance structure set up to guide KT implementation in the organization, summarizes the activities carried out between the Geneva and Cape Town meetings, outlines the activities that will be implemented in the coming two years, and presents the budget needed for successful implementation.</p>
Consultation with Cochrane Council:	Yes
Financial request:	Provision approval for a budget of GBP 120,000 per year for 2018-2019.

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The Governing Board approved the Knowledge Translation (KT) Framework during its meeting in Geneva in April 2017. At that meeting, the Board requested an implementation plan to be presented at its next meeting. This document presents this implementation plan. It outlines the governance structure set up to guide KT implementation in the organization, summarizes the activities carried out between the Geneva and Cape Town meetings, outlines the activities that will be implemented in the coming two years, and presents the budget needed for successful implementation.

It is important to emphasize upfront that we see KT as an overall term that captures a whole range of activities aimed at ensuring Cochrane's systematic reviews are relevant, respond to the needs of our stakeholders and are presented in a format that facilitates the use of evidence. Many Cochrane Groups already undertake KT activities. For these Groups the KT Framework will help situate their existing work, define areas of expertise that they can share with others in the Cochrane community, and identify where they may want to invest more. Other Cochrane Groups have been less active in KT. We expect that the KT Framework, implementation plan, and the KT support structures being developed will help these Groups move forward into this area of work with which they are less familiar.

1 Knowledge Translation (KT) Framework

The [KT Framework](#) was approved in April 2017 by the Cochrane Board.

The KT Framework describes six key themes as a framework for organizing our thinking and activity around KT:

- **prioritization and co-production** (strengthening processes to identify and prioritize important reviews and involving stakeholders in review production);
- **packaging/push** (presenting Cochrane evidence in multiple formats and modes, and disseminating these effectively);
- **facilitating pull** (making it easier to use Cochrane evidence and growing our stakeholders' capacity for evidence use) ;
- **exchange** (forming and maintaining meaningful partnerships and forums for dialogue with our users);
- **improve climate/building demand** (contributing to a culture of evidence informed health care); and
- **effective and sustainable KT**.

The themes map broadly to the goals and objectives of the *Strategy to 2020*.

Strong and effective KT to partner review production is essential to achieving Cochrane's vision and maximizes the benefit of the work of our contributors. The framework therefore puts KT at the heart of our organization.

2 Knowledge Translation Governance

The aim of the KT Framework is to provide clarity around Cochrane's role in KT and what activities should be considered as priorities, both at Group and organizational level. Recognizing the importance of context in effective KT, the Framework envisions KT as being embedded in and integrated throughout the organization, with a distributed leadership model, and with everyone having a role.

To start implementing this framework, a KT Advisory Group has been established that brings together leaders in Cochrane who have an interest and experience in KT to advise on effective implementation and leadership of the Framework. The Advisory Group reports to Cochrane's Governing Board. Reflecting distributed leadership, this group will be co-chaired between Cochrane's Senior Management Team (SMT) and the community. Click [here](#) for more information about the Advisory Group.

In addition to the KT Advisory Group, working groups are being set up to support implementation of the work packages. Each working group will involve members from the Cochrane community and KT Advisory Group, as well as one or more Central Executive team (CET) staff member.

Working groups may vary in format and in ways of operating. It is expected that working group members will contribute at least one day a month to KT work. More time investment may be needed during short periods of time, and we will look for volunteers within the working groups able to commit that additional time when required. We will aim for geographic diversity in these working groups, and will encourage the many members and Groups already working in the thematic areas to join so that the work contributes to their interests and existing activities.

Contributions to the working groups will be on a voluntary basis, or build on work already happening in Groups. CET staff members who support the working groups will be expected to contribute, on average, one day a week towards these KT activities, depending on the specific workpackage and its stage of development.

3 From Geneva to Cape Town

In addition to the set-up of the KT governance structure, the time between Geneva and Cape Town has been used to identify and agree, jointly with the KT Advisory Group and the wider Cochrane community, the priority Work Packages (WPs) to tackle during the first two years of implementation.

We have also delivered [webinars](#) to inform and engage the community; these sessions also allowed us to obtain additional input, and respond to questions. Click [here](#) for detailed feedback from the webinars.

In order to prioritize, we reviewed the WPs (outlined in the KT Framework) against the following criteria:

- The WP builds on existing expertise within Cochrane.
- Investment in the WP creates one or more 'easy wins' (i.e. scaling up an activity to be of use across the community).
- The WP needs innovation and investment now (i.e. building capacity) for it to provide the expected gains in the longer term.
- The WP facilitates the implementation of other KT activities.
- The WP is crucial for Cochrane to achieve *Strategy to 2020*.
- The WP is not dependent on other activities within Cochrane which could delay its implementation.

Using these criteria, and realizing that WPs are at various stages of development, we then allocated WPs to the following categories:

Watching brief:	This includes WPs where pockets of good activity are happening across the Cochrane community. We will ‘watch’ this, document the experience, expertise, and examples, but will not invest more human or financial resources at this stage, besides gathering information as to what Groups are working in these areas. A WP could also be at watching brief stage because it is dependent on another WP (for example the way that increasing co-production is dependent on embedding prioritization and building exchange. Some Groups already have embedded prioritization and have established methods of co-production, and we want to ensure that this plan captures this innovative work).
Coordination:	These are WPs where a lot of work is already happening, and the focus will be on learning, documenting, and agreeing best practice, and increasing coordination. This may also require a look at existing practice and discontinuation of activities or products that are not based on best practice. Clear criteria will be developed to help evaluate current practice and help define such best practice.
Design and implementation:	These are areas of work with the greatest potential impact on Cochrane’s relevance and/or which have greatest impact on other KT activities. Hence, these WPs will channel most support from CET, and funding will be available to support this work. In some cases this will be new initiatives; in others it will involve scaling up existing work.
Training:	This will be a cross-cutting category: a WP will fall under another category, and may also have a training component. CET’s role will be one of oversight and coordination. Funding may be required to develop new content, or to build online learning resources.
Central activity:	These are WPs that have a large impact on Cochrane CET and will facilitate KT activity within Cochrane. Community members may be involved, but CET has primary responsibility to make these initiatives happen.
Dependencies:	These are WPs that are dependent on the further development of the Cochrane Library or other key development areas of Cochrane (such as the content strategy). These will not be taken forward until this dependency has been unblocked.

Table 1 shows a mapping of all 17 WPs against these criteria and categories.

Table 1: Mapping of KT work packages against criteria and category

WP no		Builds on expertise	Is easy win	Needs innovation	Facilitates other KT	Crucial for Strategy to 2020	Dependency	Category of WP
1	Embed prioritization	✓	✓		✓	✓		Design and implementation; Training
2	Increase co-production	✓			✓			Watching brief
3	Adapt review formats				✓		✓	Dependency
4	Improve & scale up products	✓	✓		✓	✓		Coordination; Design and implementation; Training
5	Translate	✓	✓		✓	✓		Coordination
6	Evolve Cochrane Library				✓		✓	Dependency
7	Grow capacity in users	✓	✓		✓	✓		Coordination; Training
8	Scale up engaging	✓		✓			✓	Dependency
9	Formalize strategic partnerships	✓	✓		✓	✓		Design and implementation; Training
10	Establish forums for exchange				✓			Watching brief
11	Convene deliberative dialogues			✓				Watching brief
12	Improve climate				✓	✓		Watching brief
13	Establish KT governance	✓			✓	✓		Central activity
14	Build infrastructure	✓	✓		✓	✓		Central activity
15	Strive for common language				✓			Coordination
16	Build KT capacity in Cochrane				✓	✓		Training
17	Evaluate our KT framework				✓			Built into all WPs

Reviewing the criteria and the categories within which the WPs would fall, we have identified 10 priority WPs (see the bolded WPs in table 1):

Embed prioritization: The goal of this WP is to ensure Cochrane systematic reviews respond to national, regional, and global health thematic priorities. A draft plan of work for this WP has been included in annex 1a, as an example, and indicates the type of activities that will be covered by this WP.

Improve and scale up products: Type of activities:

- Map and document current activity across all groups to facilitate shared learning and identify activities for scale up.
- Determine which formats are best for which review and audiences.
- Prioritize products for further development and scale up.

Translate: Type of activities:

- Link translation work to improving and scale up products: translate products most appropriate for specific reviews, audiences, and settings.
- Consider how to improve on existing translations initiatives.

Grow capacity in our users: Type of activities:

- Strengthening KT capacity within the Cochrane community; developing KT leadership; developing learning opportunities in core KT Framework components.
- Scaling up existing training & sharing resources.
- Training of intermediaries, especially media.

Formalize strategic partnerships: The goal of this WP is to strengthen mechanisms for effective dialogue with partners, and ensure Cochrane evidence and expertise are used by external partners and contribute to improving health outcomes. A draft plan of work for this WP has been included in annex 1b, as an example, and indicates the type of activities that will be covered by this WP.

Establish KT governance: Type of activities:

- Establish a governance mechanism for KT, including appropriate advisory structures.
- Develop mechanism for monitoring and quality control of KT products.
- Enable dispersed leadership of KT through establishing KT groups and leaders and providing a forum for them to collaborate in implementing the KT framework.

Build infrastructure: Type of activities:

- Redesign Cochrane community webpages on KT.
- Develop repository of resources, tools, and products for undertaking KT.
- Develop workflow tools to facilitate KT and communication around KT outputs.
- Identify and make accessible examples of excellence.

Strive for common language: The terminology used within the KT framework and this implementation plan may be unfamiliar for people. This WP focuses on clarifying KT terms, adjusting language to more commonly understood terms when possible, and to strive to use consistent, plain language in our communication and KT outputs.

Build KT capacity in Cochrane: Training will be a cross-cutting area of work, and Table 1 lists the WPs within which we expect a substantial training component. Type of activities listed in the KT framework include:

- Establish a training and development programme to build KT skills in Cochrane Groups.
- Grow capacity and skills within Cochrane and Groups for knowledge brokering.
- Develop Cochrane's KT leadership through a programme of training, mentoring, and support for leaders.

Evaluate our KT framework: an evaluation component will be built into all WPs.

The WPs not prioritized are:

- The Watching Brief WPs: As mentioned above, beyond what Groups are already doing and capturing that information, there will be minimum investment in these areas for the time being. Further work in these areas may start when: additional external funding becomes available; another WP has delivered its outputs and outcomes and a WP in the Watching Brief category needs to start to move the work forward; or new developments happen in the area of these WPs which would merit more rapid action.
- The dependency WPs which will form a later set of priorities.

4 Expectations for Cochrane Groups

As with all new initiatives, some Groups will be more enthusiastic about this KT framework, while others will find it less relevant. Several community members have already expressed their interest for active involvement in the working groups, but we are very conscious of the fact that not everybody has the time, resources, or capacity to contribute actively to KT implementation. However, while people may not be actively involved in developing the KT activities, these activities will still impact their work, and a certain level of engagement is needed. Table 2 provides an overview of the involvement we expect from Cochrane Groups during the first two years of KT implementation.

Table 2: Involvement of Cochrane Groups in KT implementation

Who?	What?	When?
CRGs	Respond to surveys or requests for interviews on current KT activities, products, and training resources.	Start 2018
	Participate in training on embedding prioritization and implementing a prioritization process.	At least once during 2018/2019
	For CRGs that have not yet developed a priority list of reviews: Conduct a prioritization exercise for the first time with individualized support from KT experts when needed, and within the context of the newly established Cochrane Review Networks.	During 2018/2019
	Check every review for KT dissemination opportunities and products (note: many Groups already do this) and discuss these with CET.	Ongoing
Centres and Fields (and other interested Groups, including CRGs)	Respond to surveys or requests for interviews on current KT activities, products, and training resources.	Start 2018
	Define the contribution of the individual Centre/Field towards KT, and the support that can be given to other Groups (i.e. to Affiliates or Associates). Contributions could include (but are not limited to): <ul style="list-style-type: none"> • Conduct a KT training workshop • Establish new partnerships and/ or agree processes for identifying and engaging with strategic partners • Participate in mentoring programme to build KT leadership (as a mentor or mentee) • Participate in train-the-trainer activities • Share KT products and support their use in other settings • Contribute to one of the KT working groups • Collaborate in prioritization processes 	Start 2018
	Based on the above, implement the defined KT activities, with guidance from the relevant KT working groups where needed and appropriate.	Ongoing
Translation teams	Consider commencing translation of KT products identified for scaling-up (or new KT products when available).	Once during project

5 Implementation plan for 2018-2019

Phase 1: Planning the work (September – December 2017)

- Finalize establishment of working groups, and designate members of the Advisory Group and CET staff to the Groups.
- Designate members of Advisory Group and CET staff to the Watching Brief WPs so that members of the community know who to engage with, and to facilitate monitoring of these WPs.
- Develop draft workplans for working groups (see examples Annex 1a and 1b), to be reviewed by KT Advisory Group and then reviewed, amended, and validated by the working groups.
- Review costs per WP and decide on budget allocation, as well as the possibility to have a KT funding call that groups could respond to.
- Create KT pages on the Cochrane Community website so that tools, resources, and examples of good practice can be shared with the community.

Phase 2: Implementing KT (January 2018 – December 2019)

- The agreed plans of work will help guide the working groups and allow the groups to monitor their progress during the two-year time frame. The KT Advisory Group member who is part of the working group will report on progress to the KT Advisory Group during its quarterly meetings. Ongoing monitoring will facilitate adjustments throughout the two years, and include new priority areas, completing areas early, or discontinuing activities that are not delivering as intended. Any substantial adjustment (defined as an output that was originally agreed upon but will no longer be met), will be discussed with and approved by the KT Advisory Group.
- Continuously engage the Cochrane community in the KT implementation work through:
 - regular communication from the working groups to the community through the community website and newsletters;
 - a coherent training programme covering the various KT themes, building on the expertise of the working groups, other community members and/or using external resource people;
 - KT activities during Cochrane Colloquia and regional meetings.
- A more detailed break down of specific activities for 2018-2019 will be prepared in the first quarter of 2018, based on the plans of work prepared by the working groups, and will be shared with the Governing Board during the Lisbon meeting.

Phase 3: Planning KT work after 2019 (July 2019-December 2019)

- The KT Advisory Group will review the KT Framework and evaluate progress made with the various WPs. They will review the delivered outputs, the investment that may be needed to maintain these outputs, and whether there is evidence that the outputs are starting to lead to the expected outcomes. The Advisory Group will also review Watching Brief WPs and the Cochrane Library dependent WPs, and advise on how to advance these WPs during the next KT implementation phase. The Advisory Group will consider any new developments within and outside Cochrane that may impact on the priorities to be pursued in this next phase.

6 What will success look like?

By the end of 2019, we believe that this KT implementation phase will bring about the following changes for Cochrane:

- More effective, and an increased number of, review prioritization processes demonstrating how we are engaging with our users to support their evidence informed decision-making.
- More robust implementation of appropriate dissemination practices and KT products to reach desired audiences, and that ensure our users receive and can act on our reviews and products, in particular for prioritized reviews.
- More efficient use of resources and sharing of KT best practices and learning across all Cochrane Groups and across languages.
- Qualitative feedback from partners and external stakeholders that comment on Cochrane evidence being easier to understand and access.
- An increased demand from partners for Cochrane's services, for example illustrated by: more partnership agreements being formalized by Cochrane Groups; an increased involvement of external partners in priority setting process driven by Cochrane Groups.
- Qualitative and quantitative feedback that shows how we are growing our users' capacity to find and use our reviews and evidence.
- An increased number of reviews consider KT from the start, illustrated by: stakeholder engagement from research question development phase onwards; a dissemination plan; and a plan for engagement with end users upon completion of the review.
- An increased awareness, recognition, capability and support of the need for KT across Cochrane Groups, demonstrated for example by: an increase in use of the KT community webpages; increased demand to the KT Advisory Group and the working groups for support in KT activities; participation in the training programme; and more reviews with specific KT plans.

A detailed list of outputs and expected outcomes for this first phase of KT implementation will be developed by the working groups, and will be shared with the Governing Board in Lisbon. After that we expect the above measures of success to be further refined. A formal monitoring and evaluation plan will also be developed for the Lisbon meeting.

In addition to the more detailed list of outputs and expected outcomes, we expect to have achieved the following by Lisbon:

- A fully functioning governance structure.
- Revamped KT pages on the community website.
- Implementation plan agreed and work underway.
- Co-ordination and collection of data re existing KT capacity and experience under way.
- At least two examples of KT great practice in the community identified and formal plans made to scale these up.

7 Risk management strategy

The aim of the KT Framework is to provide clarity around Cochrane's role in KT and what activities should be considered as priorities, both at Group and organization level. Recognizing the importance of context in effective KT, the Framework envisions KT as being embedded in and integrated throughout the organization, with a **distributed leadership model**, and with everyone having a role.

As a result, the KT implementation plan builds on community input and contributions through the working groups, and gives responsibility to the working groups to develop and implement a detailed, realistic, and manageable plan of work.

This strategy comes with several risks (not listed in order of priority):

- **Working group members are not able to dedicate the requested time:** Working group members will be encouraged to inform in a timely manner their fellow working group members if they cannot fulfil their commitment. The working group members can then redistribute tasks, and/or recruit additional members.
- **Working group members are not well enough aware of the expertise available within the Cochrane community in their specific area of work:** One of the first tasks for the working groups will be to review the priority activities and to reflect critically on the capacity available in the working groups and whether this is sufficient to address the priority areas. Working groups are encouraged to approach additional people (this could also be people from outside Cochrane) to fill the identified gaps.
- **CET staff cannot contribute the time requested:** We will continuously monitor the contribution needed by CET staff to advance the work of the working groups. Should this exceed one day a week (the estimated time CET staff will contribute to a working group) solutions will be found to reduce the workload (by reducing number of activities; redistributing staff time; other)
- **Cochrane Groups do not respond to the request for contributions:** We have indicated the contributions expected from Cochrane Groups (see Table 2), and consider these expectations manageable additional tasks for Groups. We will communicate these tasks to Groups and ensure that tasks remain actionable and manageable.

8 Budget

Most of the KT implementation work will be carried out by voluntary contributions from Cochrane community members and leveraged from existing activities, and by dedicated CET staff time.

Additional funding is requested for the WPs in the Coordination and Design and Implementation categories. We expect that funding of **GBP 120,000** per year, for two years, would be sufficient to implement these WPs successfully.

These additional resources will be fund activity by the Cochrane community. Example activities that could be supported by these funds include:

- Travel funds for experts in priority setting to facilitate priority setting processes by Cochrane Groups;
- Funds for developing training in a range of KT themes and for the delivery of this training across the Cochrane community;
- Funds for mentoring of Cochrane Groups in priority KT themes; or
- Funds for adapting KT products that have been proven successful to facilitate their scaling up.

A detailed breakdown of the KT budget will be provided before the 2018 budget is approved by the Board later in the year. It is not yet possible to provide this as the Work Package Groups have not yet had time to meet.

A transparent process will be set up to manage these funds and the way they can be accessed and used. The fund will be managed in consultation with the KT Advisory Group and fully reported.

Annex 1a –Embed prioritization draft plan of work

Work package 1: Embed prioritization processes as an essential part of Cochrane Review production

WP Category: Design and implementation; training

Note: this annex has been added as an example of what a plan of work for one of the WPs could look like, and can form the starting point for the discussion of the working group focusing on this WP. The working group will develop the final plan of work.

Goal:

Cochrane systematic reviews respond to national, regional, and global health thematic priorities.

Outcomes:

- Cochrane Groups (CRGs, Centres, and Fields) define their research agenda using a transparent and inclusive process.
- Partners engage with Cochrane priority setting processes.
- Priority setting processes stimulate co-production of reviews and knowledge translation activities.
- KT is enabled through prioritization of reviews aligned to the needs of our users.

Outputs:

- Tools and resources for priority setting processes.
- Tools and resources that facilitate partner engagement in priority setting.
- Training and mentoring of Cochrane Groups in priority setting.
- Identified and evaluated practice in priority setting.
- Rolled out best practice in the form of guidance for Cochrane Groups for priority setting.

Outcome	Output	Activities 2018-2019	Measure of success
Cochrane Groups define their research agenda using a transparent and inclusive process.	Tools and resources for priority setting processes	Identify and make available tools and resources for priority setting	Tools available and accessed from Cochrane community site
	Tools and resources for priority setting processes	Identify and make available tools that facilitate partnership engagement in priority setting	Tools available and accessed from Cochrane community site
	Identified practice in priority setting	Map and document existing priority setting processes conducted by Cochrane Groups	80% of Cochrane Groups have provided information re their current priority setting process
	Evaluated practice in priority setting	Review existing priority setting processes and evaluate their impact (i.e. have priority questions resulted in reviews? Has funding been obtained to address priority questions?)	Successful priority setting practices have been identified

	Rolled out best practice	Develop a guidance document to facilitate Cochrane priority setting processes	Guidance document developed; made available on the community site; and being used by Cochrane Groups
	Training and mentoring of Cochrane Groups in priority setting	Identify groups with successful priority setting processes willing to work with those seeking to implement better processes	Capacity (mentors) identified
	Training and mentoring of Cochrane Groups in priority setting	Develop and provide training on priority setting	Training provided and available online
	Training and mentoring of Cochrane Groups in priority setting	Work with Cochrane Groups to define their research agenda (mentoring service available upon request)	At a minimum 10 Cochrane Groups have defined (or updated) their research agenda using the guidance provided
	Sharing of best practice in priority setting	Document the experiences with priority setting and facilitate learning across Groups	At a minimum 10 Cochrane Groups have shared their experience
Partners engage with Cochrane priority setting processes	Tools and resources for priority setting processes	Stakeholder engagement is addressed in the tools and resources made available to Cochrane Groups	Stakeholder engagement is essential part of Cochrane priority setting tools and processes
	Tools and resources that facilitate partner engagement in priority setting	Develop mechanisms that partners can use to pro-actively approach Cochrane and Cochrane Groups for discussing priority topics	At a minimum 10 Cochrane Groups have a clear mechanism in place for partner engagement in priority setting
	Sharing of best practice in partnership development	Document and share examples from Cochrane Groups on how they engaged external partners in priority setting, how this influenced their research agenda, and how this influenced their further work with the involved partners	Stories of partnership engagement in priority setting
Priority setting processes stimulate co-production of reviews and knowledge translation activities		Use the priority setting process to identify reviews appropriate for co-production	More Cochrane Groups identify and communicate opportunities for co-production
		Use the priority setting process to define KT opportunities within the research agenda (KT to be included in the priority setting guidance document)	More Cochrane Groups identify and plan for KT from agenda setting stage onwards
		Document stories of Cochrane Groups including co-production and KT in their priority setting process	Stories of co-production and KT in priority setting

A detailed timeframe, including CET and working group responsibilities, as well as budgetary implications, still needs to be developed by the working group. The working group will also validate this workplan, and/or make amendments where necessary.

In the table above, the connection (and dependency) with other WPs (WP 1 and WP 4) has also been indicated. Members of the Priority Setting Methods Group will be involved in this WP.

Annex 1b –Strategic partnerships draft plan of work

Work package 9: Formalize strategic partnerships

WP Category: Design and implementation; Training

Note: this annex has been added as an example of what a plan of work for one of the WPs could look like, and can form the starting point for the discussion of the working group focusing on this WP. The working group will develop the final plan of work.

Goal:

Cochrane has strengthened mechanisms for effective dialogue with partners, and Cochrane evidence and expertise is used by external partners and contributes to improving health.

Outcomes:

- Cochrane Groups know the external partners most relevant to their area of focus, and connections have been established.
- Cochrane Groups are responsive to the priorities of external partners.
- External partners demand Cochrane evidence and expertise.
- External partners use Cochrane evidence and expertise to inform their work.

Outputs:

- Tools and resources that facilitate partnership mapping, development, and maintenance.
- Tools and resources that facilitate partnership engagement in priority setting.
- Training and mentoring of Cochrane Groups in partnership development.
- Identified and evaluated practice in partnership development.
- Sharing of best practice in partnership development.
- Cochrane products adapted to partners' needs.

The table below lists the activities that need to be implemented to reach the outcomes and outputs. Measures of success have been listed too.

Outcome	Output	Activities in 2018-2019	Measure of success
Cochrane Groups know the external partners most relevant to their area of focus, and connections have been established	Tools and resources that facilitate partnership mapping, development and maintenance	Identify and make available tools that facilitate partnership mapping (and adjust to Cochrane requirements if needed)	Mapping tools available and accessed from Cochrane community site
	Tools and resources that facilitate partnership mapping, development and maintenance	Identify and make available tools that facilitate partnership development and maintenance (and adjust to Cochrane requirements if needed)	Tools available and accessed from Cochrane community site
		Mapping existing external partners of Cochrane Groups	80% of Cochrane Groups have provided information re their current external partners

	Training and mentoring in partnership development	Work with Cochrane Groups in identifying new partnerships that should be established	At a minimum 10 Cochrane Groups have identified new strategic partnerships to be developed
	Training and mentoring in partnership development	Develop new partnerships with Cochrane Groups (identify partner needs; joint purpose of a partnership; objectives; expected outputs etc)	At a minimum 10 Cochrane Groups have developed new strategic partnerships
	Training and mentoring in partnership development	Maintain new partnerships with Cochrane Groups	Support is provided to a minimum of 10 Cochrane Groups to maintain the strategic partnerships so that it starts delivering what it is intended to do
	Identified practice in partnership development	Document partnership development stories	At a minimum 10 Cochrane Groups have shared their experience (blogs, news items)
	Evaluated practice in partnership development	Evaluate the impact of engagement with external partners (i.e. influence on research agenda; funding; use of reviews), and identify success factors	Success factors in partnership development documented
Cochrane Groups are responsive to the priorities of external partners	Tools and resources that facilitate partnership engagement in priority setting	Work with the WP on embedding prioritization to ensure stakeholder engagement is addressed in the tools and resources made available to Cochrane Groups	Stakeholder engagement is an essential part of Cochrane priority setting tools and processes
	Sharing of best practice in partnership development	Document and share examples from Cochrane Groups on how they engaged external partners in priority setting, how this influenced their research agenda, and how this influenced their further work with the involved partners	Stories of partnership engagement in priority setting
External partners demand Cochrane evidence and expertise		Document requests from external partners to Cochrane Groups (could be through annual survey, or more continuous feedback mechanism - alerting CET to new request when received)	An increase in number of requests from external partners
	Tools and resources that facilitate partnership mapping, development and maintenance	Document response to the requests and use this to evolve and further develop tools, resources, and support provided to Groups	Tools, resources, and guidance to Groups adjusted or elaborated
External partners use Cochrane evidence and expertise to inform their work	Cochrane products adapted to partners' needs	Work with the WP on scaling up existing products and ensure these are relevant to external partner needs (as identified during the partnership development phase)	Needs of external partners are documented and influence activities of WP 4

	Sharing of best practice in partnership development	Work with Cochrane Groups to document the way in which their external partners use Cochrane evidence. This can be the use of SRs in guidelines, or more anecdotal evidence of use	At a minimum 10 Cochrane Groups document how (one of) their external partners uses Cochrane evidence or expertise
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A detailed timeframe, including CET and working group responsibilities, as well as budgetary implications, still needs to be developed by the working group. The working group will also validate this workplan, and/or make amendments where necessary.

Annex 2 - Acronyms

CET:	Central Executive Team
CRG:	Cochrane Review Group
KT:	Knowledge Translation
SMT:	Senior Management Team
WP:	Work Package