Cochrane

Delivery of the
Strategy to 2020 in 2016:
Targets Report

Trusted evidence.
Informed decisions.
Better health.

Contents

Executive Summary

Strategy to 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world.

Although 2016 was the third year of Cochrane's *Strategy to 2020*, it was very much a transition year with the organization hard at work on a wide range of major strategic initiatives affecting every area of Cochrane's organization and activities. Many of these changes will be delivered or begin widespread implementation in 2017: such as the changes to the structures and ways of working of Cochrane Groups, the launch of the new enhanced Cochrane Library and the new Cochrane Membership scheme, the establishment of a new Knowledge Management Strategy, and the completion of Project Transform and the annotation of all Cochrane Reviews to help us build a more flexible, powerful 'linked data' evidence system for the future.

The breadth, scale, complexity and interdependency of much of our work meant, perhaps inevitably, that some of our ambitious 2016 Target deadlines had to be pushed forward into 2017; but I'm delighted to say that 15 of the 17 Targets established for the year will be successfully delivered by mid-2017. This represents an extraordinary body of work that I hope this report, focusing only on the specific Targets we set ourselves, reflects well. This report does not attempt to give a single comprehensive picture of all of Cochrane's achievements in 2016: for that, I encourage you to read the 2016 Trustees Report & Financial Statements and the forthcoming 2016 Annual Review. But we can celebrate:

Cochrane's 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.

- Total Cochrane income rose by 25% in 2016, with Cochrane Library royalties up over 13% and a major grant from the Bill & Melinda Gates Foundation supporting our linked data work.
- Usage of Cochrane.org continued its strong growth: with over 10 million visits in 2016, up 75% on the year before.
- Over two thirds of those visits were made using an Internet browser set to a language other than English, compared to only 2% of all visits in 2012.
- Demand for Cochrane evidence rose by 34% in 2016; with pdf downloads up by 43% on 2015.
- Cochrane Systematic Review production fell slightly, but our metrics and analysis showed improvements in the quality and timeliness of priority titles.
- As part of Project Transform, the new citizen science platform 'Cochrane Crowd' was launched and by the end of the year more than 1 million RCTs had been classified by more than 4,200 contributors – 90% of whom were new contributors to Cochrane.
- Translations teams working in Croatian, French, German, Japanese, Korean, Malay, Portuguese, Russian, Simplified Chinese, Spanish, Tamil and Traditional Chinese, published 4,784 new or updated translations of review abstracts and Plain Language Summaries over the year.
- Substantial changes to Cochrane's governance were achieved, with new external members appointed to the Governing Board and new Articles of Association adopted at the Annual General Meeting in October 2016. We now have an individual membership governance model, enfranchising thousands more people to vote both for candidates for the Board and on our organizational policies and governance.
- In 2016 we led preparations to hold the first 'Global Evidence Summit' (GES) in September 2017 in Cape Town, South Africa with four other organizations (the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute). Its aim is to highlight and promote evidence-informed approaches to health policy and

development, offering the most cost-effective interventions, particularly in the context of low- and middle-income countries.

- Our new Cochrane Partnership Policy provided the framework for the successful agreement of new organizational partnerships with MAGIC and Epistemonikos, supporting our ambitions to expand and diversify the content we provide to users as part of the Cochrane Library.

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

With so much change happening across so many areas of Cochrane's life and work, it is easy to get lost amongst all the projects and initiatives and lose track of where we are, and where we are heading. To give all Cochrane collaborators a detailed roadmap of where *Strategy to 2020* will take us, what it will mean, and what we've accomplished so far, after widespread consultation in 2016 we've published a 'Definition of Success' framework that sets out what success looks like for each of the *Strategy*'s 28 objectives at the end of 2020, and where we expect to be on that journey by the end of 2017.

The next twelve months will be some of the most exciting and important in Cochrane's history as those major strategic initiatives begin to appear. We've reduced the number of Targets in 2017 to focus our work on successfully delivering those projects; and continuing to demonstrate to our stakeholders – the users of our evidence, our contributors, our partners and funders - the growing outcomes and tangible benefits that the implementation of *Strategy to 2020* is bringing to their experience with Cochrane.

Mark Wilson
Chief Executive Officer
March 2017

Glossary

Terms used in this document:

CRG	Cochrane Review Group
CET	Central Executive Team
CEU	Cochrane Editorial Unit (a CET department)
CEAD	Communications & External Affairs Department (a CET department)
IKMD	Informatics & Knowledge Management Department (a CET department)
SMT	Senior Management Team (comprised of Chief Executive Officer, Editor in Chief, and heads of CET departments)

Status indicators:

Status: Overall status assessment Spend: Spend against 2016 budget	
Grey	Completed
Green	Good progress with confidence that the delivery date will be met.
Amber	Delays have affected delivery, but will be completed in the first half of 2017.
Red	Serious concerns that the planned delivery date will not be met or revised delivery date cannot be met; urgent corrective action required; and/or project failed or abandoned.
Purple	Not yet started, or not substantially started.

Goal One: Producing Evidence

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

Key Messages:
- Centralized screening for Cochrane Reviews by the CEU was successful for identifying deficiencies in review quality, but to be sustainable the work needs to be undertaken more at Group level in future.
- The prioritization list for Cochrane Reviews continued to establish itself as a tool for focusing review topics on global health needs.
- Work on an updating strategy and timeliness pilot projects was reduced to allocate CET staff resources on the enhanced Cochrane Library, and structure and function projects.
- Similarly, delivery of a web-based version of RevMan was delayed to focus staff resources on the enhanced Cochrane Library project and development of the technical infrastructure for the membership scheme.
- Based on excellent performance in 2016, the Transform project is expected to deliver on-time and within scope at the end of its funding in December 2017.

	2016 Target	Status
1	Quality strategy	✓
2	Prioritization list	✓
3	Updating strategy	
4	Timeliness pilot projects	
5	New authoring infrastructure	
6	Transform project	✓

1. Quality strategy

We will finalise and implement a strategy for quality assurance and quality improvement to ensure that Cochrane Reviews consistently reflect current best practice.

"This Target will lead to changes in the existing review screening process to create a more flexible and responsive service. Cochrane Review Groups (CRGs) will become equipped with the capability to carry out the pre-publication screening process."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A referral screening service has been created for: • On demand referrals from CRGs (any stage) • High impact reviews, e.g., for media release. • Reviews referred due to concerns identified by the Copy Edit Support service	Groups have contributed to a report on the number and range of reviews referred and common issues identified.	✓

A screening guide is delivered for CRGs in conjunction with webinars describing the process of screening, common errors and best practice.	A volunteer group of editors has developed guidance.	→

Assessment of success:

The on-demand review screening service was successfully launched and is proving popular with CRGs. The CEU team received 181 reviews and protocols for 'on demand' screening in 2016, 21% of the total published. In addition, all Cochrane Reviews that were press released in 2016 centrally were screened by the CEU team prior to publication and dissemination, as well as seven referrals for screening where copy editors identified technical issues. In almost all cases, reviews went back through the editorial process in CRGs to fix important quality issues.

The volume of reviews to be screened and demanding nature of the work entailed in checking them reduced capacity to deliver the proposed 'Screening Guide'. However, in 2016 the CEU audited abstracts from the last five reviews published by each CRG and will use the findings to finalise the Screening Guide and a quality checklist in 2017. The CEU has also been actively considering ways to monitor review quality in a timely and cost effective manner, and put forward proposals that will be considered separately by the Governing Board in April 2017. Whilst the 'Indicators of Success' for this Target changed in 2016, when considering the Target's aims the overall assessment is that it was completed.

2. Prioritization list

We will improve the Cochrane Review prioritization list by increasing the transparency of each new entry, incorporating more priorities identified by external parties to ensure that it reflects global needs, and providing more opportunities for competent potential author teams and individuals.

"This Target will amend the existing processes for identifying new priority reviews and updates, seeking to make the rationale for inclusion more transparent, and increase the focus on externally derived priorities that explicitly address the needs of global decision makers."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A paper explaining the rationale for revisions to list and proposed changes is published by March 2016.	Groups have contributed to the revised list and use it to prioritize review topics.	✓
The list is evaluated to measure its effectiveness in leading to the commissioning and completion of targeted reviews by March 2017.		On track for 2017

Assessment of success:

The Cochrane priority reviews submission framework has been in place since March 2016 and all new submissions are made according to the new guidelines. The CEU team conducted an audit in early 2016 documenting the work carried out by CRG teams on prioritisation. To highlight good practice and encourage more CRGs to participate, a series of blogs based on interviews with CRGs about their prioritization work has been published on a dedicated page on Cochrane.org. Publication of these blogs will continue in 2017. A new audit of the prioritization list began in December 2016 and was finalised in January 2017. Titles that have been on the list for 24 months without significant progress were removed at the end of February 2017. The engagement aspect of this Target will be carried forward jointly by the CEU and CEAD. This will include working with the Cochrane Priority Setting Methods Group to develop a checklist and guidance to support priority setting exercises within Cochrane.

3. Updating strategy
We will focus on developing and beginning to implement a comprehensive updating strategy for Cochrane content to ensure that high priority reviews are kept up-to-date.

"This target will result in a comprehensive updating strategy that incorporates transparent decision-making about future plans to update each review, and explores and evaluates different models of how to update. It will be a two-year project."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
An updating strategy that builds on the report of the 2014 Cochrane-sponsored updating meeting in Hamilton, Canada, is prepared.	Groups have contributed to an implementation plan for the updating strategy, with two areas in development.	→
An early evaluation of a targeted updating project is undertaken.	The report on the targeted updating project was presented to the CRG community.	✓

Assessment of success:
Aspects of this Target were de-prioritized in order that the CEU could focus on the enhanced Cochrane Library project (Target 10). However, work continued on aspects of updating, including publication of an article on when and how to update systematic reviews (based on the Cochrane-sponsored updating meeting); revising Cochrane's Updating Policy; releasing the Updating Classification System in Archie for Cochrane Review Groups to use (ahead of publication in 2017); and a change in Archie to allow the publication of a protocol as part of an update (to be released as part of the Enhanced Cochrane Library project). Descriptions of the update status of reviews, based on the decision made via the Updating Classification System (UCS) guides readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. The system can also help CRGs with prioritization decisions for individual Cochrane Reviews. The updating decisions and descriptions will be published in the *Cochrane Database of Systematic Reviews* in 2017. By Quarter 1, 2017, almost 20% of Cochrane Reviews have been categorised by CRG teams; 16 Targeted Updates completed; and a report on the Targeted Updates project published. The project team worked together with seven different CRGs. Work on updating will continue in 2017 as part of the CEU's core business.

4. Timeliness pilot projects
We will address the challenge of improving timeliness of review production by re-evaluating the Cochrane editorial process and supporting pilot projects that improve production efficiency, author and editor experience, and review quality.

"This Target will involve the exploration and piloting of changes to existing editorial process, and different models. It will ensure that our editorial policies continue to reflect best current practice."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
At least two substantial changes to the editorial process (e.g., merged title and protocol phase) are identified in consultation with Groups; and pilot projects, with evaluation, are undertaken.	Volunteer groups from the Cochrane Group community are engaged in the work.	→

At least three new policy areas have been developed and implemented, including management of proven or suspected fraud, and peer review processes.	CRGs and other stakeholders are aware of, and have agreed to, the new policies.	→

Assessment of success:

This Target was reconfigured by the CEU following the October 2016 meeting of the Governing Board in Seoul. The work covered by this Target will now run in parallel in 2017 with the CRG transformation programme. A fast-track editorial service has already been launched as the first pilot to improve speed to publication. A pilot exploring the separation of the development and editorial functions will be progressed, but will involve fewer reviews and CRGs than was initially proposed in order to prioritise the 'fast track' pilot.

Work on developing Cochrane-wide editorial policies continues as part of the CEU's core business. The policy on peer review is out for consultation (March 2017), and the policy on managing proven or suspected fraud in studies considered for, or included in, a Cochrane Review is being drafted alongside an advisory group (March 2017). Work on several other areas is underway, with the policies included in the Cochrane Editorial and Publishing Policy Resource upon completion.

5. New authoring infrastructure

We will revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online with the release of beta versions into general use; and ensuring that 85% of reviews moving beyond the protocol publication stage use Covidence or EPPI-Reviewer from October 2016.

"This Target will move RevMan and the CRS online, which will enable further integration with Covidence, Transform tools, EPPI-Reviewer and other browser-based tools, forming a new ecosystem for more user-friendly and efficient review production in Cochrane."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A beta test plan for RevMan Web has been approved and RevMan Web is being beta-tested in general use.	Cochrane Groups and review production teams are beta testing RevMan Web.	→
A plan has been agreed for the full transition to RevMan Web (in 2017) and phase out of the RevMan 5 desktop version.	Groups have committed to the RevMan Web transition plan.	→
Covidence (default) or EPPI-Reviewer (if complex review methods) are in use on more than 85% of new reviews by from October 2016.	CRGs are being trained in using Covidence and/or EPPI-Reviewer for their authors and contributors. CRGs have begun to use CAST tools – at least 85% of new reviews from October 2016.	→

Assessment of success:

Full delivery of this Target was delayed into the first half of 2017 because of the extensive demands on the IKMD developers and team by work on the enhanced Cochrane Library project (Target 10) as well as the Linked Data (Target 10), Transform (Target 6), Membership (Target 13) and CRS projects. It now features as a Target for 2017 and will move ahead as planned – albeit with a revised timeline.

Users started migrating to the Cochrane Register of Studies web version in May 2016 and this will be completed in 2017. Training and editorial support initiatives to introduce Covidence and EPPI-Reviewer to the Cochrane community were initiated. Whilst take up of Covidence by systematic reviewers around the world was dramatically successful (by early 2017 new users were signing up at the rate of 1,000 a month) the use of Covidence by the Cochrane community was much slower than expected. Feature changes and further development of the software

were made in late 2016 and early 2017 to address the issues Cochrane reviewers highlighted and use by collaborators is expected to increase considerably in 2017.

6. Transform project

We will improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our Transform project, including live versions of the crowdsourcing platforms Task Exchange and Getting Involved, and the machine learning Evidence Pipeline for study identification; and piloting new production models.

"Transform will address four key challenges in content production through four project components:

   I.   *Evidence Pipeline - finding relevant research in a timely and reliable way.*
   II. *Getting Involved - developing pathways for potential new contributors.*
   III. *Task Exchange - increasing the efficiency of working collaboratively.*
   IV. *Production Models - ensuring our content is relevant and up to date."*

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
Evidence Pipeline • Citations triaged to CRGs. • Soft launch of 'beta' platform and in use by 5 or more CRGs. • Initial use by computer science community.		✔
Getting Involved (Cochrane Crowd) • Launch of 'beta' platform for citation screening and in use by early adopters. • Two tasks are available on platform.		✔
Task Exchange • Launch of 'beta' platform and in use by early adopters. • Use by new Cochrane contributors.		✔
Production models • Content production model assessment report published. • Selection of model(s) for pilot completed. • Pilot phase commenced.		✔

Assessment of success:
The Governing Board approved 'Project Transform' for funding from 2015-17 as part of the Cochrane 'Game Changer' initiative for allocating core funds to achieve ambitious strategic goals. The aim of the project is to work with the Cochrane community to improve the way people, processes and technologies come together to produce Cochrane content. 2017 is the final year of the project, and based on excellent performance in 2016, it is expected to deliver on-time and within scope.

Evidence Pipeline:
Any CRG can now sign-up and use the platform; and machine models are accurately classifying citations by CRG. Their integration with Cochrane Crowd is ongoing, including the development of 'crowd-machine' as a service for individual reviews. Work has begun on applying PICO tags and triaging citations.

Getting Involved (Cochrane Crowd)
Cochrane Crowd was successfully launched and within the year more than 1 million RCTs were classified by more than 4,200 contributors – 90% of whom were new contributors to Cochrane.

Task Exchange:
The beta platform launched February 2016 and there are already more than 700 users – 30% of whom are new contributors to Cochrane. Over 200 tasks are now hosted on the platform.

Production models:
As planned, the production model assessment report was published in April 2016 and the 'Living Systematic Review' (LSR) selected as the model to pilot. Living Systematic Reviews are systematic reviews that are continually updated, incorporating new, relevant data as it becomes available. A LSR network was formed with more than 100 members; a LSR Methods Symposium was held at the Seoul Colloquium in October 2016 (>150 participants); and a LSR guidance document developed with pilot LSRs underway.

Goal Two: Making our Evidence Accessible

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

Key Messages:
- A grant from the Bill & Melinda Gates Foundation helped accelerate the Linked Data project by supporting its 'proof of concept' and funding the platform and process development, as well as the PICO annotation of over a thousand pregnancy, childbirth, neonatal and child health Cochrane Reviews.
- Extensive community consultation in 2016, including a special strategic session at the Colloquium in Seoul, informed the development of Cochrane's new Knowledge Translation strategy, which will now be completed in April 2017.
- As a result of improved central and local support to Cochrane's translations teams, the number of produced translations, dissemination, and access to Cochrane.org in non-English languages increased substantially in 2016.

	2015 Target	Status
7	Cochrane Review PICO annotation	🟨
8	Knowledge Translation strategy	🟨
9	Translations pilot projects	✓

7. Cochrane Review PICO annotation

We will make the content and data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and protocols at question, included study, and analysis levels.

"Cochrane PICOs are short summaries of a clinical question addressed by one or more Cochrane Reviews. Target audiences for Cochrane PICOs are healthcare practitioners and professionals, and other informed users of health care (e.g., decision-makers). This Target will complete the background work required to enable PICO views of Cochrane evidence in the Cochrane Library and elsewhere."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
For all reviews and protocols, a complete set of PICO annotations have been developed at question, included study, and analysis levels.	CRGs are familiar with linked data tools and annotation work.	→
An annotation tool has been added to the workflow in Archie, RevMan, and the CRS.	Information Specialists are trained in annotation and there is engagement with the CET on governance of metadata.	→
Scoping of core APIs is in place for external business cases and data feeds.	Information Specialists begin annotating all new reviews in their Group and, in combination with	→

| | HarmoniSR, PICO annotating studies in the CRS. | |

Assessment of success:

In September 2016, a grant from the Bill & Melinda Gates Foundation allowed full concept development and testing to go ahead a year ahead of schedule for the Linked Data PICO annotation project relating to 1,100 Cochrane Reviews covering Pregnancy, Childbirth and Neonatal care. By the end of 2016 Cochrane was delivering on time and scope the ambitious programme after scaling up its activities following receipt of the grant. However, this also required a redesign of the project with annotation of the rest of Cochrane's Reviews delayed until 2017. This will begin in earnest with engagement of Cochrane's Information Specialists in Quarter 2, 2017.

8. Knowledge Translation strategy

We will support the real-world application of Cochrane content by developing a Cochrane 'Knowledge Translation' strategy.

"This Target will provide a clear understanding of what it means to undertake knowledge translation (KT) work in Cochrane. This will inform further developments of organizational the structure and function review as well as our future partnerships with other organizations."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A strategy outlining where Cochrane should focus its efforts and approach in KT is published.		→
An implementation plan for the KT strategy is developed.		→
	Cochrane Groups have a clear understanding of what it means to fulfil a KT function in Cochrane.	On track for 2017

Assessment of success:

The development and implementation of a Knowledge Translation Strategy lies at the heart of the transformation of Cochrane set out in its *Strategy to 2020*. Good progress was made in the development of the KT Strategy in 2016 as a result of the extensive consultation with the Cochrane community conducted by a specially-formed KT Working Group. This Group met together in Oxford, UK, in June where they developed a framework for KT activities that was tested at a symposium at the Seoul Colloquium in October. Following further extensive consultation with internal and external stakeholders to inform the KT priorities the Strategy will be presented to the Governing Board in April 2017 for consideration. Once the Board have approved a strategy a more detailed implementation plan will be developed for work to begin in 2018. This continues to be an organizational Target in 2017.

9. Translations pilot projects

We will pilot new models to prioritize and support translation teams to improve the sustainability of their activities and ensure the quality of their translations.

"Cochrane established a translation strategy in 2014 which focuses on central support and co-ordination to support local translation teams, as well as sustainable translation approaches. The overall aim is to strengthen our impact in non-English speaking countries. This Target will focus on the sustainability component of the work undertaken by those local teams, as well as ensuring the quality of their output."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
Language priority criteria, benefits, support and responsibilities have been agreed, agreements signed with the different language teams and activity reported on a quarterly basis, including individual success indicators.		✓

The existing translation management system has been reviewed, and a plan for adaption or new development agreed.		On track for 2017
Cochrane.org pilot is launched in one language featuring locally adapted content, and editorial processes are in place.		✖
Multi-language Cochrane Library is launched in Spanish.		→
A new translation management system is released.		On track for 2017

Assessment of success:

Providing financial support to translations teams as well as implementing yearly delivery plans per language has led to the number of produced translations, dissemination activity, and access to Cochrane.org in non-English languages increasing steadily and substantially throughout the course of the year. The successful pilot to set up contractual agreements with all translation teams will be fully operationalized in 2017.

As part of the review of the existing translation management system, a shortlist of other systems that could meet our needs was compiled. Our requirements have been prioritized based on inputs from the Translation Advisory Group to facilitate the decision-making process. The shortlist of tools will be user tested and assessed against requirements and for cost/value in more detail in 2017 to reach a preferred solution.

Due to lack of resources and concurrent development of the Multi-language Cochrane Library, the Cochrane.org pilot project was put on hold. The CET translations staff will work with the Spanish team to pilot this once Biblioteca Cochrane Plus (www.bibliotecacochrane.com) is integrated within the Cochrane Library in 2017.

The multi-lingual elements of the enhanced Cochrane Library are in progress. Detailed requirements are being written in preparation for the development phase. Planning for user testing and focus groups has started. The IKMD has been working on associated Archie developments relating to the file format of translations, which is almost complete; and has made progress on the import of the Spanish legacy data and setting up an interface for the Spanish translation workflow.

Goal Three: Advocating for Evidence

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Key Messages:
- Building the new technological platform for the enhanced Cochrane Library was the most resource-intensive, challenging and problematic initiative Cochrane undertook in 2016. Due to the problems encountered by Wiley and its technology partner, Semantico, the launch of the enhanced Cochrane Library was repeatedly delayed from its original deadline of the end of January 2017.
- Cochrane is contributing to the REWARD (REduce research Waste And Reward Diligence) campaign and playing its part in improving efficiencies in the research lifecycle.
- Cochrane's new partnership policy provided the framework for the successful agreement of new partnerships in 2016.

	2015 Target	Status
10	Enhanced Cochrane Library	🟥
11	REWARD campaign	✓
12	Partnerships and alliances	✓

10. Enhanced Cochrane Library
We will work together with Wiley, our publisher, and a selected third party technology provider, to build and deliver an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use Cochrane content.

"This Target will lead to a radically improved Cochrane Library for our users."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
CET, Wiley, and the external technology supplier are working together to build and deliver an enhanced Cochrane Library.	Groups and/or individuals are consulted and are involved in user testing.	✓
New Cochrane Library platform is launched.		→

Assessment of success:

Over the course of the year, extensive work was conducted by the CET in support of our publisher, John Wiley & Sons, Ltd., and its technology partner, Semantico, on redeveloping all aspects of the Cochrane Library platform to improve user experience, including the display of the Cochrane Review and CENTRAL, linking of the *Cochrane Database of Systematic Reviews* and CENTRAL, the search and discovery interface, and multi-language search and the display of non-English language content. This has involved researching user needs and stakeholder insights through one-to-one user testing with Cochrane Library users and focus groups with members of the Cochrane community.

This major but complex project – essential both to the achievement of our mission and Cochrane's future financial sustainability - was classified as a high priority for the CET, but it consumed increasingly large commitments of time and effort from existing and new staff, with significant negative impacts on other projects and Targets. Despite the substantial additional investments made in the project by all three partners, by the end of the year the enhanced Cochrane Library launch date at the end of January had to be postponed; with further delays to the project emerging as a result of the takeover of Semantico by HighWire, another specialist publishing technology platform provider. By the end of Quarter 1 2017 a definitive launch date from Wiley and HighWire had still not been received. For this reason, the Target is set to 'Red' rather than 'Amber' and the SMT continues to prioritize CET staff resources on the project.

11. REWARD campaign

We will develop a plan for how Cochrane can contribute to the REWARD (REduce research Waste And Reward Diligence) campaign and play its part in improving efficiencies in the research lifecycle.

"The REWARD (REduce research Waste And Reward Diligence) Campaign invites everyone involved in biomedical research to critically examine the way they work to reduce waste and maximize efficiency. This Target will provide a plan for how Cochrane can effectively contribute to it."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
An action plan on how Cochrane can further contribute to reducing waste in research in its review production processes is published.	Groups and individuals from the Cochrane community have contributed to the action plan.	✓
A joint advocacy campaign is launched with a partner around issues raised by the REWARD campaign.		→

Assessment of success:

At the Seoul Colloquium in October 2016 a 'special session' was organised on REWARD. The session was informed by a survey that had been circulated to the participants in the REWARD Conference of September 2015, who also have an affiliation to Cochrane. The survey gave insight into what Cochrane could be doing to reduce research waste. Work on empty reviews and priority setting was highlighted as important to be taken forward.

At the same time, a Cochrane-REWARD prize was established and will be awarded for the first time in Amsterdam, in May 2017, during the World Congress on Research Integrity. The ideas generated in the submissions will form the basis for additional communication and advocacy on research waste by Cochrane, and may provide the basis for a joint advocacy campaign.

12. Partnerships and alliances

We will implement our new partnerships strategy, and develop new partnerships with consumer networks, technology providers, and other organizations hosting the Global Evidence Summit in 2017.

"To achieve the Strategy to 2020 we need to look beyond our organization and work with others. While Cochrane can do much on its own, by working in partnership we can achieve more with our resources. This Target will improve our network of partnerships, helping us to deliver our other targets for the year."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
An agreement with all partners for the 2017 Global Evidence Summit has been developed. The GES will incorporate the Colloquium in 2017.	Cochrane South Africa will host the 2017 Global Evidence Summit in Cape Town.	✓
A programme for Wikipedia interns to improve Cochrane evidence on		✓

Wikipedia has been developed for five health topic areas.	
A new strategic relationship with a technology partner has been developed.	✓

Assessment of success:

The Cochrane Steering Group, in its January 2016 meeting, approved a revision of Cochrane's partnership policy. It also supported the proposed partnership framework. This framework is intended as a tool for all Cochrane Groups when developing or evaluating their partnerships and provided the background to the successful delivery of this Target in 2016.

In June, the Global Evidence Summit was formally launched and the partnership arrangements for it were finalised with the Campbell Collaboration, Joanna Briggs Institute, Guidelines International Network, and International Society for Evidence Based Health Care. All organizational committees for GES were established by the end of the year and the call for abstracts was opened in January 2017.

The Cochrane-Wikipedia initiative continued and was expanded into multiple topic areas, including Women's Health and Hypertension. In October 2016, a pilot by Cochrane Global Ageing was initiated to work with volunteers specifically recruited to help improve Wikipedia content in the area of ageing. The volunteers contributed over four months, at approximately four hours a week. They received four hours of online training from Wikipedia to ensure they were comfortable editing Wikipedia content. Cochrane, through Cochrane Global Ageing, provided content guidance and project management support. A project page shared results within the Wikipedia community, and a dashboard kept track of the edits made and the number of reads of the articles edited.

As planned, organizational partnerships were delivered with MAGIC (MAking GRADE the Irresistible Choice), which is non-profit research and innovation programme set up to make evidence summaries and recommendations that work for clinicians at the point of care and to facilitate shared decision-making with patients; and Epistemonikos, a non-profit organization whose core objectives are to bring evidence closer to those making health decisions through technology and innovation, primarily via the Epistemonikos database of systematic reviews.

Finally, a workshop on consumer engagement and partnerships was organized for the Seoul Colloquium in October 2016. Discussions around developing an international patients and public involvement network have advanced well. The network development, and engagement with additional partners, will continue in 2017.

Goal Four: Building an Effective & Sustainable Organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Key Messages:
- The complexity of integrating the technology systems associated with Cochrane's new Membership scheme slightly delayed its launch to April 2017.
- In 2016 significant progress was made in the final designs of Cochrane Groups' future structure and function reforms. CRGs, Fields and Methods will complete the detail design phase in the first half of 2017 with implementation of the reforms across all Groups gathering pace in the second half of the year.
- Development of a new online learning environment progressed slower than expected, but will deliver within scope in 2017.
- Ongoing delays and recognition of the need to deliver editor training and accreditation in a new way in 2017 has pushed the status of this Target to 'Red'.
- Revised Articles of Association and a new Cochrane governance structure was successfully designed and implemented in 2016.

	2015 Target	Status
13	Membership Scheme	🟧
14	Organizational structure and function review	🟧
15	Online learning	🟧
16	Editor training and accreditation	🟥
17	New governance structure	✓

13. Membership scheme

We will create a more inclusive organization by launching the Cochrane Membership Scheme and re-developing the Cochrane Community website around it.

"*This Target will lead to a transformation in the ways new and existing contributors can become involved in Cochrane's work. We will provide routes for getting involved through clear user journeys online and for the first time will have a range of tasks to suit the diverse interests of those wanting to contribute to Cochrane. Membership status will then be available for those who have demonstrated contribution to Cochrane's work*"

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
The Cochrane Community website is launched.		✔
The membership scheme has undergone a 'soft launch' at the 2016 Colloquium in Seoul where delegates can sign up for membership.		→

10,000 members have signed up.	→

Assessment of success:

The Cochrane membership work progressed well throughout 2016. However, this is a highly complex project that involves the implementation of a new technology system, integrations with existing systems, process changes and additional development work on existing systems. Thus, launch was pushed back to Quarter 2 2017.

In advance of the launch the project team will be working with various communities within Cochrane to highlight the benefits of Cochrane Membership and to facilitate adoption of the new processes required. Once launched, newcomers will be able to come to a central point and sign-up to be part of Cochrane. From there on they will have a seamless experience, which will direct them to where there are opportunities to contribute.

In 2017, as the results of this project become tangible, we hope that the whole community will embrace Cochrane membership for the variety of benefits it brings. This is a major priority for the organisation and as such it continues to be an organizational Target in 2017.

14. Organizational structure and function review

We will implement changes to Cochrane Groups' structure and functions to ensure our organizational structure is optimally aligned to Cochrane's mission and goals.

"Cochrane's Group structure is changing, expanding into new institutions, countries and regions around the world, and becoming more integrated and impactful in its work, particularly in relation to external audiences and stakeholders."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
An implementation plan for overall S&F reform is completed.	Cochrane Groups have established new plans in line with their new functions, aims and ambitions and S&F implementation plan targets.	✔ →
New accountability, reporting and support structures & processes are in place between the Central Executive Team & Groups.	Cochrane Groups are adapting/have adapted their structures in line with S&F implementation plan targets.	✔ →
New managerial, reporting and support structures & processes are working well to support Cochrane Group transformation and normal work targets.	New Cochrane Groups previously waiting for recognition have been formally integrated within Cochrane's structures or received clear development targets.	✔ →

Assessment of success:

Strategy to 2020 has taken Cochrane into a new phase of its evolution. It offers a new strategic framework in which to operate, so that Cochrane Groups prioritize work that is aligned with the *Strategy,* and demands that the organization ensures it is 'fit for purpose' with a structure and ways of working best configured to deliver our strategic goals. Structure and function reforms have featured on the annual Targets lists since the establishment of the *Strategy* in 2014 and are likely to continue to do so until 2020. In 2016 significant progress was made, although the SMT and Governing Board recognised that the complexity and scale of the work required a longer-term approach than originally set out in the 2016 Target.

Geographically-orientated Groups (including Centres):
In 2016 the design phase for geographically-orientated Groups (including Centres) was completed. Key changes included:
- Collaboration Agreements were agreed between the CET and Centres formalising new accountability arrangements; and these will be agreed and signed in the first half of 2017.
- Centre 'Branches' have been re-named 'Associate' Centres.

- Two new categories of Cochrane Groups, 'Affiliates' and 'Networks', have been established.

The functions of Cochrane's geographic-oriented Groups have been divided into four tiers to reflect the incremental increase in functional output of Groups as they progress from Affiliate to Associate Centre to Centre (and possibly, to Network). Tier One covers functions to be delivered by an Affiliate; Tiers One and Two by an Associate Centre; and Tiers One, Two and Three by a Centre or Network. Tier Four is a level of additional optional functions that can be delivered by any of the Groups.

The key focus of the functions is around managing Cochrane's presence in the country or region: including building partnerships and other stakeholder relationships, and undertaking associated knowledge translation activities to ensure that Cochrane evidence is used in that country or region. The strong emphasis on work that facilitates uptake of Cochrane's outputs within a defined geographical or linguistic area, such as knowledge translation activities, is a significant change for some Groups, but it is critical to achieving Cochrane's mission.

Networks, Centres, Associate Centres and Affiliates are ultimately accountable to the CEO and through him/her to Cochrane's Governing Board. However, direct accountability is established between the CEO and the Networks and Centres; with the Directors of those Cochrane Groups responsible for the support to and management of the Associate Centres and Affiliates who report to them. The reference Centre concept that over the last 20 years governed the relationships between a Centre and Branch (now Associate Centre) has been changed and instead accountability, mentorship and support relationships between an Associate Centre or an Affiliate and a Centre will be defined on a case by case basis.

Cochrane Review Groups:
Following extensive consultation and design work by the CET in the first three-quarters of the year, in October 2016 the Governing Board approved the recommendations of the CRG Structure and Function paper relating to review production and impact (Paper 1). In addition, the Board recommended the appointment of a project team, under the leadership of the Editor in Chief, to facilitate and expedite initial work relating to review quality and group sustainability (the 'sustainability review'). A two-stage process is planned: focussing in Phase 1 (until April 2017) on those CRGs who appear most vulnerable in terms of resources, or at highest risk of producing reviews that fail to meet agreed standards. Phase 2 will take a broader system-wide perspective on structural and process improvements and changes.

Consumer Network:
In 2016 the Consumer Network completed its own structure and function review, and began implementing its delivery plan, which recognises consumer contributors as fundamental to Cochrane, contributing at every level to the *Strategy to 2020*'s Goals.

Fields; Methods Groups:
A proposal around the future of Fields will be discussed at the Cochrane Governance Meetings in Geneva in April 2017, following the publication of the Knowledge Translation strategy; and work on changes to Methods Groups will be integrated within the CRG transformation programme, which is looking broadly at a more sustainable production system for the Cochrane Library. In addition, in 2016 the new Scientific Committee was established to strengthen the scientific integrity and oversight of methodological practice within Cochrane.

15. Online learning
We will improve our training resources by establishing a new online learning environment.

"Upgrading Cochrane's online learning environment will have a direct impact on the quality and accessibility of learning, while also enabling better evaluation to inform our work, interconnection with Cochrane membership and review production platforms, and the commercialization of online learning for users."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
Selection of environment platform complete and implementation has begun.	Groups and other contributors have contributed to user testing & feedback on the Cochrane Training website.	✔

User testing of the redeveloped Cochrane Training website is complete and ongoing development plan is in place.	Methods Groups have updated content and contributed to online learning modules.	→
Upgrade of content and instructional design of online learning modules is complete.		→
Implementation of environment and integration with available systems is complete.		→

Assessment of success:

The new Cochrane Training website was fully operational in 2016, although development and design work continued in response to user feedback throughout the year. Major user testing has been deferred to 2017 to align with CEAD's broader strategy for user feedback on websites.

Other elements of Cochrane's online learning environment were finalized and implementation began, including selection and roll-out of a new webinar platform and the Cochrane Learning Live webinar series, and new online learning development software, used to develop new learning resources for editors.

Major work on redeveloping Cochrane's core online learning modules (OLMs) for authors began, engaging five Cochrane Methods Groups in the content design with an eLearning design partner. Work on this project is well advanced, although the delivery estimate has been extended to July 2017 following more detailed scoping of the content of each module.

A development partner for Cochrane's new Learning Record Store (LRS) was selected, and the design and specification started for this system that will collect detailed evaluation data and connect learning activities across Cochrane's multiple data systems. Implementation of the LRS has been delayed until mid-2017, in line with the OLMs. So, although overall timelines have been pushed into 2017, work on this Target progressed well in 2016.

16. Editor training and accreditation

We will expand the support we provide to Cochrane editors by delivering a programme of training and accreditation for them.

"In close collaboration with the Cochrane Editorial Unit quality assurance agenda, this Target will establish best practice standards for the competencies of editorial teams and establish a programme of support for our editors to achieve these standards, ultimately leading to a formal system of accreditation to acknowledge their expertise."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies.	The Ottawa Health Research Institute & Cochrane Editors have established a core set of competencies for Cochrane editors.	✔
A system of accreditation for Cochrane editors is designed.	The Ottawa Health Research Institute & CRGs have conducted a trial to evaluate the effectiveness of the training programme.	→
	The system of accreditation for Cochrane editors is implemented by CRGs.	→

Assessment of success:

Led by the Ottawa Hospital Research Institute (OHRI), the major project to identify a set of core competencies for editors of biomedical journals is complete. However, OHRI has been unable to complete the remaining planned phases of the project, including implementation and evaluation of a training program aligned with the competencies.

Although some training activities for Cochrane editors continued, including the development of new Common Errors online learning resources arising from the CEU's screening program, the provision of face-to-face and teleconference support by trainers and the CEU staff, and early discussions about directions for a culture of ongoing learning among editors, a more integrated approach is required.

Continuing this work is the Learning & Support Department's highest priority in 2017. Working closely with the CEU and CRG leadership, a comprehensive editor training plan will be agreed, beginning with a project to apply the competencies to our specific context and develop a comprehensive program of training and support as intended under this 2016 Target. Due to these ongoing delays and recognition of the need to deliver in 2017 in a new way to originally envisaged, this Target has been set to 'Red'.

17. New governance structure
We will improve the effectiveness of Cochrane's governance by finalizing and implementing a new governance structure, including a newly re-formed Governing Board (formerly Steering Group).

"This Target will deliver an updated, more open and externally focused Governing Board that retains close links to the community of Cochrane collaborators and Groups."

Indicators of Success Central Executive Team	Cochrane Groups	Have we succeeded?
The Steering Group-led Governance reform plan is completed, considered and approved.	Cochrane Groups have been consulted about the changes.	✔
Preparatory activities (such as amendments to the Articles of Association; Charity Commission approval for the changes; preparations for the AGM) have been implemented.	Changes considered and approved by Cochrane's members at the Annual General Meeting.	✔
	Election of Governing Board members; and their confirmation by Extraordinary AGM (electronic) is completed.	✔

Assessment of success:
Cochrane's new governance structure was completed in 2016 following a comprehensive review. The Cochrane community was actively engaged through two open rounds of consultation, plus in-person strategic discussions with participants in the London Mid-Year meetings, followed by final endorsement at the Annual General Meeting in Seoul in October.

New Articles of Association were drafted, incorporating all the changes agreed. Permission was secured from the UK Charities Commission for a revision and extension of Cochrane's charitable 'objects', before the Articles were approved unanimously by members at the AGM. Changes implemented in 2016 for the first time included the appointment of Cochrane's first external Governing Board members; a formal change from Group to individual membership of Cochrane; preparation for and calling of the first election of at-large Board members (replacing constituent representatives); and agreement to establish a new Cochrane Council, providing a forum for consideration of issues by Cochrane's Groups. The first official meeting of the new Council will be held at the Cochrane Governance Meetings in Geneva in April 2017.