

# Cochrane Governing Board meeting

<b>Schedule</b>	Tuesday 21 March 2023, 7:00 PM — 9:00 PM GMT
<b>Venue</b>	Zoom link: <a href="https://cochrane-org.zoom.us/j/85435823190?pwd=TXdvaHVwTTBVMDNzajlFSElra0xFZz09">https://cochrane-org.zoom.us/j/85435823190?pwd=TXdvaHVwTTBVMDNzajlFSElra0xFZz09</a>
<b>Description</b>	6.45pm - 7pm GMT: Coffee 7pm - 8.40pm GMT: Main business 8.40pm - 9pm GMT: Trustees only <a href="https://www.timeanddate.com/worldclock/fixedtime.html?msg=Governing+Board+meeting&amp;iso=20230321T19&amp;p1=%3A&amp;ah=2">https://www.timeanddate.com/worldclock/fixedtime.html?msg=Governing+Board+meeting&amp;iso=20230321T19&amp;p1=%3A&amp;ah=2</a>
<b>Notes for Participants</b>	<p>Board members must declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change:</p> <p><a href="https://community.cochrane.org/organizational-info/people/conflict-interest/board">https://community.cochrane.org/organizational-info/people/conflict-interest/board</a>.</p> <p>All Trustees and senior staff must also declare interests once a year in a more comprehensive form, which are kept by the Central Executive Team in a Register of Interests.</p> <p>All meeting participants are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.</p> <p>Download a PDF version of the agenda pack from <a href="https://cochrane.azeusconvene.com">cochrane.azeusconvene.com</a>.</p> <p>Comments and Questions:</p> <p>&gt; Convene agenda packs can be annotated with private notes, which are not shared and serve as aide-memoire; or as comments and questions seen by everyone with access to the agenda that are designed to support the in-person discussions</p>

at Board meetings

> Everyone should be careful to make sure these shared written comments - as 'sticky notes' on the agenda – don't obscure the text of the papers




> The Co-Chairs will review all written comments received one day in advance of a teleconference and decide which ones are material to the discussion, and will therefore be picked up during the meeting in advance of any vote

> Other comments and questions will be answered as written responses on the agenda by ELT, Head of Governance or Co-Chairs, either before the meeting or within one week of the meeting finishing depending on the number and nature of the comments

**Organiser**


Lucy Johnson-Brown


## Agenda

	VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE (15 MINS)	1
7:00 PM	OPENING BUSINESS: (5 MINS)	2
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	 B Governing Board Charter_Aproved 22Mar18 Updated 2020.pdf	7
	 C Strategy for Change Board decision-making framework 25April22.pdf	10
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	2. Approval of the Agenda, including the papers and decisions on the Consent Agenda For Decision - Presented by Catherine Marshall	14
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### 3. Approval of the minutes from 6 December 2022 [restricted and open access versions]

For Discussion - Presented by Tracey Howe

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**Vote** To APPROVE the minutes of the meeting held on 6 December 2022 as an accurate record of the meeting.  
12 Yes 0 No 0 Abstain 8 Pending

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SUBSTANTIVE BUSINESS: 30


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### 7:10 PM 4. Cochrane Library and New Product Development Proposal 31


For Decision - Presented by Laura Ingle


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**Vote** a) To APPROVE the proposed 2023 development plan for the Cochrane Library with a £414,000 three year development budget from the strategic reserves that will be monitored by the Finance, Audit and Risk Committee Yes/ No  
b) To APPROVE an annual ongoing running costs budget

of £75k Yes/No


c)To APPROVE an approach to research and planning for  
New Product Development for revenue streams in 2023  
Yes/No

0 Yes 0 No 0 Abstain 20 Pending

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7:40 PM	5. Annual General Meeting 2023	139
	For Decision - Presented by Catherine Marshall	
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	<b>Vote</b> To APPROVE the date, time and place of the Cochrane Annual General Meeting 2023	
	12 Yes 0 No 0 Abstain 8 Pending	






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7:45 PM	6. Emeritus and Lifetime Membership nominations	141
	For Decision - Presented by Catherine Marshall	
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	<b>Vote</b> a)	

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	For Decision - Presented by Stefano Negrini and Robert Dellavalle	

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**Vote** Resolution 1

The Council recommends that the Governing Board APPROVES the 2023 priorities for the Council, namely:

1. To support the Council element of the Governance Review, and implement recommended changes as agreed by the Governing Board.
- 2 To improve Council communication with the Board and its committees, its constituents and other internal and external collaborators. To develop ways of working that ensure communication works through multiple channels and that the voices of Council, constituents and collaborators play a proactive role in supporting Cochrane's vision, mission and strategy.
2. To develop ways of working in the Council that proactively encourages information sharing and collaboration.

Yes/No/Abstain

Resolution 2



The Council recommends that the Governing Board APPROVES that




Elections to the Council are suspended during 2023 whilst the restructure of Cochrane services is in the transitional phase. Anyone coming to the end of their term of office will automatically be renewed for a 12 month period. Terms of office may end before the full term if:

- i. The Governance Review recommends (and it is approved by the Board) a new structure, or
- ii. The Council member no longer works for or with Cochrane.

Yes/No/Abstain



0 Yes 0 No 0 Abstain 20 Pending

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VIRTUAL COFFEE AHEAD OF THE  
TELECONFERENCE (15 MINS)

**OPENING BUSINESS: (5 MINS)**

# 1. Welcome, Apologies, Declarations of Interest & Code of Conduct, Board Charter, Decision-Making Framework

For Information

Presented by Catherine Marshall





# Governing Board

## Code of Conduct for Trustees

<b>First prepared:</b>	19 February 2018 Governance Sub-Committee
<b>Last updated:</b>	21 March 2018 Governance Sub-Committee
<b>Governing Board approved:</b>	22 March 2018 Lisbon Governance Meetings

## 1. Introduction

Those who serve on the Governing Board are trustees of a UK charity and have responsibilities both under UK company law as directors and under UK charity law. As part of this, each Governing Board Member ('Trustee') is asked to agree to abide by the Code of Conduct which is set out in this document and to sign the Trustee's Declaration accordingly. This is to be read in conjunction with the Articles of Association of the Charity.

A copy of the Code of Conduct will be made available at the front of all Governing Board agendas.

## 2. Purpose of the Code

The Code aims to define the standards expected of Cochrane's Trustees in order to ensure that:

- The organisation is effective, open and accountable;
- The highest standards of integrity and stewardship are achieved; and
- The working relationship with any staff and advisers is productive and supportive.

## 3. Code of Conduct

### 3.1 Selflessness

Trustees have a general duty to act with probity and prudence in the best interest of the charity as a whole. They should not act in order to gain financial or other benefits for themselves, their family, their friends, or the organisation they come from.

### 3.2 Integrity

The charity's Trustees should conduct themselves in a manner which does not damage or undermine the reputation of the organisation or its staff. More specifically they:

- Should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their role;
- Must avoid actual impropriety and any appearance of improper behaviour;
- Should adhere to the Board Expenses Policy and avoid accepting gifts and hospitality that might reasonably be thought to influence their judgement, and any gift or hospitality received in any connection to the charity over the value of £50 GBP should be declared to the Board.

### 3.3 Objectivity

In carrying out their role, including making appointments, awarding contracts,

recommending individuals for rewards and benefits, or transacting other business, the Trustees should ensure that decisions are made solely on merit.

In arriving at decisions in areas where they do not have expertise themselves, the Trustees should consider appropriate professional advice.

### 3.4 Accountability

The Trustees:

- Have a duty to comply with constitutional and legal requirements and to adhere to official organisational policies and best practice in such a way as to preserve confidence in the charity;
- Are accountable to the organisation's members and other stakeholders for their decisions, the effectiveness of the Board, and the performance of the organisation.

### 3.5 Openness

The Trustees should comply with Cochrane's Data Protection Policy and ensure that confidential information and material, including material about individuals, is handled in accordance with due care; so that it remains confidential.

In addition, they should be as open as possible about their decisions and the actions that they take. As far as possible, they should give reasons for their decisions and restrict information only when the wider interest clearly demands.

### 3.6 Honesty

The Trustees have a duty to avoid any conflict of interest so far as is reasonably practicable and adhere to Cochrane's Conflict of Interest policies. In particular, they must make known any interest in any matter under discussion which:

- Creates either a real danger of bias (that is, the interest affects him/her, or a member of his/her family, or friends, or organisation, more than the generality affected by the decision); or,

- Which might reasonably cause others to think it could influence the decision.
- He/she should declare the nature of the interest and withdraw from the room and not participate in discussion and decision making, unless the remaining Trustees agree otherwise.

### 3.7 Leadership

The Trustees must:

- Promote and support the principles of leadership by example and adhere to Cochrane's Charter of Good Management Practice;
- Attend all meetings regularly (unless there are exceptional reasons not to do so), ensuring they prepare for and contribute appropriately and effectively, and avoid dominating the contributions of others;
- Bring a fair and open-minded view to all discussions of the Board, maintaining a respectful balance between speaking and listening, treating different views with respect, and ensuring that all decisions are made in the charity's best interests;
- Respect the authority of the Co-Chairs of the Board, and the chair of any meeting;
- Having given delegated authority to any of their number or to any staff, be careful - individually and collectively - not to undermine it by word or action.
- Accept and respect the difference in roles between the Board and staff, ensuring that the honorary officers, the Board and staff work effectively and cohesively for the benefit of the organisation, and develop a mutually supportive and loyal relationship;
- Respect the roles of staff, and of management arrangements in the staff team, avoiding any actions that might undermine such arrangements;
- Abide by any equal opportunities, diversity, health and safety, bullying and harassment policies and any other policies agreed by the Board;

- Maintain respectful, collegial and courteous relationships with contacts established in the Board member role;
- When speaking or writing as a Board member, ensure comments reflect current organisational policy even when they might be at variance with personal views;
- When speaking privately (that is, when speaking not as a Board member) adhere to the Spokesperson Policy and make great efforts to uphold the reputation of the charity and those who work in it.

## 4. Breaches of the Code

In cases where there is a concern that a Trustee has breached this Code, the matter will be reviewed by the Co-Chairs, or a Co-Chair and another Trustee, or two Trustees appointed by the Co-Chairs. They will make a recommendation to the Board. (If a concern has been raised about a Co-Chair, the review will be undertaken by the other Co-Chair and another Trustee).

The Board will decide whether to discuss the recommendation in closed session. Any sanctions will be determined by the Board, up to and including requiring the Trustee concerned to resign from the Board. The Trustee will accept the decision of the Board in such cases.

Charities Act 2006 from acting as a charity Trustee.

- I undertake to fulfil my responsibilities and duties as a Trustee of the charity in good faith and in accordance with the law and within the charity's objects, mission and values.
- I do not have any financial or other interests in conflict with those of the charity (either in person or through family or friends or business connections) except those that I have formally notified in a conflict of interest statement.
- I will make known any interest in any matter under discussion which creates either a real danger of bias (that is, the interest affects me, or a member of my family, or friends, or organisation, more than the generality affected by the decision); or which might reasonably cause others to think it could influence the decision, and withdraw from the room and not participate in discussion or decision making, unless the remaining Trustees agree otherwise.
- I will abide by the Code of Conduct for Trustees of the charity.
- In the event of my breaching this Code I am prepared to accept sanction as determined by the Board.

## 5. Trustee's Declaration

I declare that:

- I am over age 18.
- I am not an undischarged bankrupt.
- I have not previously been removed from Trusteeship of a UK or overseas charity by a court or charity commission.
- I am not under a disqualification order under the UK Company Directors' Disqualification Act 1986 or an overseas equivalent.
- I am, in the light of the above, not disqualified by section 72 of the UK Charities Act 1993 as amended by the UK

Signed:

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Governing Board

## Charter

<b>First prepared:</b>	19 February 2018 Governance Sub-Committee
<b>Last updated:</b>	21 March 2018 Governance Sub-Committee
<b>Governing Board approved:</b>	22 March 2018 Lisbon Governance Meetings <i>Updated 2020 with new organizational vision and mission</i>

## Vision & Strategy

### Compelling and durable charitable purpose

**Cochrane** has a compelling and durable charitable purpose for the benefit of the public. Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence. We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use. Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

### Long-term strategy flowing from the charitable purpose

The **Board** has a well-developed long-term strategy which is focused on impact. It considers the possible future environments in which **Cochrane** will operate, including the changing needs of beneficiaries - those who use, deliver and/or pay for health care.

## Board Leadership

### Board commitment to focus on impact

The **Board** is committed to this focus and thereby to the long-term sustainable success of **Cochrane**.

### The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach<sup>1</sup>.

### Suitable structures and expertise

The **Board** has the necessary skills, expertise and structures in place to fulfil the vision and mission of **Cochrane** and to implement and oversee the 'focus on impact' approach.<sup>2</sup>

<sup>1</sup> Refer to the Code of Conduct for Trustees

<sup>2</sup> Refer to the Board Skills Matrix

## Value Drivers & Stakeholder Engagement

### Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**<sup>3</sup>. These are at the heart of the charity and are fully taken into account in decision-making throughout the organisation. The **Board** regularly assesses the extent to which **Cochrane**'s charitable purposes are being fulfilled and the values are being applied in the organisation and identifies areas for development.

### Active engagement with, stakeholders

The **Board** has identified **Cochrane**'s key stakeholders. The **Board** engages with them and the charity's beneficiaries – those who use, deliver and/or pay for health care. The **Board** seeks stakeholders' opinions and communicates with them on matters of importance to them. The **Board** has developed targets and initiatives, covering all aspects of its work, in relation to diversity, inclusion and related issues and monitors progress being made towards achieving the goals it sets.

### Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly<sup>4</sup>. It ensures that remuneration and promotion has full regard to employees' contribution to the charity.

### Commitment to a sound financial approach

The **Board** is committed to a sound financial strategy that protects **Cochrane**'s viability, maintaining sufficient reserves to cover contingencies whilst avoiding an undue build-up of reserves.

## Innovation & Risk Management

### Focus on innovation of benefit to society

The Board ensures that Cochrane has the capacity and capability to be innovative. In promoting innovation, the Board both encourages ongoing incremental improvements and seeks opportunities for transformational change.

### Effective risk management system

The Board ensures that its risk management system takes full account of all risks, including the risk that Cochrane will impose negative impacts on society. It seeks to identify how risks may be mitigated and acts accordingly.

### Attention to the importance of the 'licence to operate'

The Board has full regard to reputational risk and the importance of its 'licence to operate' to the future success of the charity.

## Board Performance

### High quality stakeholder and society-orientated information used in decision-making

<sup>3</sup> Refer to Cochrane's Principles: <http://www.cochrane.org/about-us/our-vision-mission-and-principles> [Accessed 20.02.18]

<sup>4</sup> Refer to Cochrane's Charter of Good Management Practice: <http://community.cochrane.org/organizational-info/resources/policies/charter-good-management-practice> [Accessed 20.02.18]

The **Board** ensures that it has sufficient high-quality, relevant and reliable information about stakeholder and wider societal matters. **Cochrane** works co-operatively with other organisations to help maximise its impact on society.

**Clear focus on performance with respect to beneficiaries, other stakeholders and wider society**

The **Board** has developed non-financial, and financial, Key Performance Indicators (KPIs) and a risk management system that flows directly from the strategy. Emphasis is placed on matters of importance to those who use, deliver and/or pay for health care – other stakeholders and wider society. The **Board** seeks to foster a high level of public trust in **Cochrane**.

**Fostering resilience to crisis situations**

The **Board** works hard to prevent crises which could negatively impact on stakeholders or wider society and has the necessary skills and experience to respond effectively in a crisis situation.

# Board Decision-Making Tool

## a. Getting Ready

- ☐ Are we clear what we're being asked to decide and approve?
- ☐ How much time is appropriate to devote to this decision?
- ☐ Are there previous decisions relating to this topic which we should be bearing in mind?

## b. Strategic fit

- ☐ Does this deliver our Mission and move us towards our Vision?
- ☐ Is it consistent with the *Strategy for Change* Principles of **COLLABORATION, RELEVANCE, INTEGRITY, & QUALITY?**
- ☐ Does this clearly deliver against a Goal and Objective of the *Strategy for Change*?

## c. Data/Insight

- ☐ Do we have sufficiently robust information and insight to make a decision with confidence?
- ☐ Have the strategic, economic, financial, and operational implications been adequately considered?
- ☐ Are we clear how this initiative will increase or mitigate the principal organizational risks in the Charity's Risk Register? Are the proposed mitigations credible and robust?

## d. Implementation

- ☐ Are we sufficiently clear - at this stage - how this proposal will be implemented?
- ☐ Are we confident it's the most effective, efficient and Principles-aligned way to achieve the Goal & Objective compared to other possible options?
- ☐ Are we satisfied with the plans to measure, monitor and communicate effectiveness; and learn and adapt as implementation progresses?
- ☐ Have the financial and people resources required from Cochrane Groups and the Central Executive Team been sufficiently identified, with robust plans for consultation, clear timeframes, training etc?

## e. Return on investment

- ☐ Do we think this initiative will deliver the best value for the organization's stakeholders and beneficiaries compared to other possible options?
- ☐ Will it contribute to organizational financial sustainability; and if so, will this contribution be worth the investment of effort and/or financial resources?
- ☐ Does it support revenue diversification for the Charity and/or Cochrane Groups?
- ☐ Are we clear on the timing of the expenditure and cash flow implications?

1 - Select the relevant criteria for this decision at this point in the decision-making process (tick boxes); 2 – discuss; and 3 – decide

*To be used in conjunction with proposals submitted using the DECISION Board paper template*



# Strategy for Change: 2021-2023

1. Welcome, Apologies, Declarations of Interest & Code of Conduct, Board Charter, Decision-M...

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Our Vision	Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence			
Our Mission	We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use			
Key Principles	COLLABORATION Underpins everything we do locally and globally	RELEVANCE The right evidence at the right time in the right format	INTEGRITY Independent and transparent	QUALITY Reviewing and improving what we do, maintaining rigour and trust
Our Goals	GOAL 1: Producing trusted evidence To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making	GOAL 2: Advocating for evidence To be a leading global advocate for evidence-informed health and care	GOAL 3: Informing health and care decisions To inform health and care decisions by making our evidence accessible, usable, and available to all	
Objectives for Change	We will deliver Goal 1 by: 1. Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define 2. Streamlining production of reviews and simplifying editorial systems and processes	We will deliver Goal 2 by: 3. Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities	We will deliver Goal 3 by: 4. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors 5. Improving user experience by increasing the accessibility and usability of our products	
Enabling Objectives	Our Objectives for Change will be enabled by:  Improved efficiency      Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane’s work  Sustainability      Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization  Increased awareness and impact      Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations  Enhanced accountability      Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities			





# Cochrane Governing Board

## GOVERNING BOARD PAPERS - DEFINITIONS

ACTION	DESCRIPTION
For INFORMATION	There is usually no action to be taken on this – the paper may be the beginning of a proposal, or some further background on an issue or proposal the Board might consider at a later date.
To NOTE	Similar to 'for information' but this is information that the Board may need to refer to at a later date. Often used for compliance issues.
For ASSURANCE	Where the Board receives information that provides comfort that Cochrane is meeting its obligations, whether legal, regulatory, or in terms of delivering its strategic objectives.
For DISCUSSION	When a proposal comes to a Board, that does not need, or is too early to make, a decision. Often the paper author is asking for a steer from the Board about preferred direction of travel.
For DECISION	A decision of the Board is binding and sets the direction of travel for the organisation, unless it is brought back to the Board and revised or overturned.

ACCESS	DESCRIPTION
Open	<p>The default access level for papers submitted to the Board.</p> <p>These papers are published on the Cochrane Community website as part of an open access 'agenda pack' and are available to anyone.</p>
Restricted	<p>For papers that include information about individuals, or strategic and business plans that are not in the Charity's best interests to make publicly available.</p> <p>Unless the full paper needs to be made restricted, the paper's author(s) should highlight the restricted content <b>in yellow</b>. This content will be redacted or removed and the remaining sections of the paper published in the open access agenda pack, labelled as "open access version with restricted access content removed".</p> <p><b>If a paper is restricted, either in whole or in part, a clear rationale needs to be provided.</b> The author(s) also need to confirm whether the full paper can be made open access once the Board has discussed it, or why it's necessary to keep the paper – either in whole or in part - permanently restricted.</p> <p>Full versions of the restricted papers are made available to the Board, Executive Leadership Team, Head of Governance, and Council Co-Chairs only.</p>

Closed	<p>For papers that contain private or sensitive information at the time of submission to the Board that the authors feel should only be shared with the Trustees.</p> <p>These papers are made available only to the Board.</p>
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## 2. Approval of the Agenda, including the papers and decisions on the Consent Agenda

For Decision

Presented by Catherine Marshall

### 3. Approval of the minutes from 6 December 2022 [restricted and open access versions]

For Discussion

Presented by Tracey Howe

**GBMIN-2022-58 Co-Chairs' Report [ORAL REPORT]**

Catherine Marshall noted that most of the Chair's activities were included in the CEO report and thanked the Board members and staff for a very intense period of work since the last meeting in September.

**GBMIN-2022-59 CEO Report [Paper: GB-2022-44]**

Catherine Spencer was pleased to report greater confidence in Cochrane from our stakeholders. There had been an Open Access Working Group meeting, chaired by Jordi Pardo Pardo, at which the new Director of Publishing and Technology, Laura Ingle had attended.

The planned Product Development paper, due to be considered at this meeting, was reviewed by ELT in early December. ELT felt the paper needed more work before being presented to the Board and would benefit from input from the new Director of Publishing and Technology who will start work in January 2023.

Catherine thanked teams in the CET and mentioned in particular the advocacy work undertaken by Emma Thompson and that the team is looking forward to having the support of the new Head of Communications who also starts in January. She also highlighted the leads in Publications team and noted that she and Laura Ingle would continue to work on developing alignment and relationship building with Wiley.

In conclusion, Catherine expressed thanks to Trustees and ELT for their support, with particular thanks to the Board for approving the additional resources funding for the work next year.

**CEO Report - Development Directorate Update**

**GBMIN-2022-60**

Gavin Adams highlighted the recruitment of a new Head of Communications (name) whose key priorities would be on communicating the new strategy, website development and the 30<sup>th</sup> anniversary celebrations.

The fundraising strategy was being developed, with a focus on identification of needs with the Case for Support ready for circulation to the Board in January 2023.

**Editor-in-Chief Report [Paper: GB-2022-45]**

**GBMIN-2022-61**

The Editor in Chief presented the new style report. Initial feedback was positive, although members would prefer a little more narrative with the indicators.

In a response to a question, Karla Soares-Weiser reported that the Central Editorial Service reviews and protocols project launched in July was not working and would be reassessed in the new year.

The Board discussed the acute pressure that the Central Editorial Service was under, particularly as the March closing date of the UK CRG gets closer, and 70% of the staff employed leaves. Karla Soares Weiser noted that the key priority projects were now in place and that the extra resources allocated in the Plan and Budget would be welcomed by the Team. She was working with the Head of HR to support teams in specific areas, and there was a greater sense of enthusiasm in the workforce.

**GBMIN-2022-62      Matters Arising not otherwise covered by the Agenda and Any Other Business**  
There were none.

**GBMIN-2022-63      Date of Next Meeting**  
**To be confirmed with the plan for 2023 after this meeting.**

The Chair thanked the Board and Council Co-Chairs for the work over the past year, and in particular their contributions to the face to face meeting in Barcelona.

Thanks were also expressed to Casey Early and the rest of ELT for the work on the plan and budget.

She asked the CEO to pass on the Board's thanks and appreciation to staff and was pleased that staff could see that the Board were investing in the workforce making Cochrane a great place to work.

All attendees left the meeting at 20:45 GMT. The Trustees continued in closed session, a record of which is kept on behalf of the Co-Chairs.

**---MEETING END---**

# Governing Board Meeting Minutes

14 December 2022, 19:00 GMT – Meeting held by videoconference

The Cochrane Collaboration ('Cochrane'). Registered in England as a company limited by guarantee No. 03044323 Charity Number 1045921. VAT registration number GB 718 2127 49. Registered office: 11-13 Cavendish Square, London, W1G 0AN, United Kingdom.

Trustees declare conflicts of interest related to their role on the Board, which are published on the Cochrane [Community website](#) and are updated annually or when circumstances change. All meeting participants are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted participants may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.

## Board members (Trustees) present:

Name:	Attending from:
<b>Tracey Howe (Co-Chair)</b>	UK
<b>Catherine Marshall (Co-Chair)</b>	New Zealand
<b>Yuan Chi</b>	China
<b>Juan Franco</b>	Germany
<b>Karen Kelly (Treasurer)</b>	UK
<b>Tamara Kredo</b>	South Africa
<b>Gillian Leng</b>	UK
<b>Jordi Pardo Pardo</b>	Canada
<b>Emma Persad</b>	Sweden
<b>Vanessa Piechotta</b>	Germany

## Others present:

Name:	Role:	Attending from:
<b>Catherine Spencer</b>	Chief Executive Officer	UK
<b>Robert (Bob) Dellavalle</b>	Council Co-Chair	USA
<b>Casey Early</b>	Director of Finance & Corporate Services	UK
<b>Karla Soares-Weiser</b>	Editor in Chief	Israel
<b>Gavin Adams</b>	Director of Development	UK
<b>Roma Grant</b>	Interim Head of Governance (minutes)	UK
<b>Michael Brown</b>	Editor of Cochrane Evidence, Synthesis and Methods Journal	USA
<b>Chris Champion</b>	Head of Engagement, Learning & Support	UK
<b>Richard Morley</b>	Consumer Engagement Officer	UK

## Apologies:

<b>Sally Green</b>	Australia
<b>Wendy Levinson</b>	Canada
<b>Stefano Negrini</b>	Council Co-Chair Italy

### Restrictions:

Board Minutes are open access unless content is restricted when the Board considers it confidential and/or commercially sensitive. **Restricted access content is highlighted in yellow** and is made available to the Trustees, Executive Leadership Team, Council Co-Chairs and Head of Governance only. Minutes of the closed sessions of the Board, which are attended only by Trustees, are recorded on behalf of the Co-Chairs, and are only made available to the Trustees.

### Approved Resolutions:

Minute:	
<b>GBMIN-2022-53</b>	<b>The Governing Board APPROVED the recommendations of the Remuneration Committee with respect to the 2023 Pay Award.</b>
<b>GBMIN-2022-54</b>	<b>The Governing Board APPROVED the 2023 plan and budget as recommended by the Finance, Audit and Risk Committee.</b>

### ---MEETING START---

#### **GBMIN-2022-50 Welcome, Apologies, Declarations of Interest for this meeting, Board Code of Conduct, Board Charter and Decision-Making Framework**

Catherine Marshall was in the Chair and welcomed Members to the meeting. Apologies for absence had been received from Wendy Levinson, Stefano Negrini and Sally Green.

The Chair declared her interests in two agenda items:

- Cost of living adjustment – the Board’s decision on the pay award would also apply to the Co-chairs, so the Treasurer had been asked to chair this item
- Consumer framework – Catherine Marshall had some preliminary involvement in the project, but no involvement in the subsequent development or drafting of the report.

Tamara Kredo also reported her involvement in the Consumer Engagement Working Group, but had not had any subsequent involvement. She also reported that she would be leaving Cochrane South Africa after 12 years, to take up a role in the Health Systems Unit of the Medical Research Council, but would still remain involved in Cochrane in Africa. The Board congratulated her on her upcoming role.

Catherine Marshall also reported that there would be a discussion in the Board only session, chaired by Tamara Kredo about the length of term of office of a Co-chair and trustee. This directly affected Catherine Marshall’s tenure on the Board, but as the principle applied to both Co-chairs, they would recuse themselves from the discussion and decision.

Otherwise there were no new interests not previously declared.

#### **GBMIN-2022-51 Approval of the Agenda, including the papers and decisions in the Consent Agenda**

The Agenda and Consent Agenda were APPROVED, including the minutes from the meeting on 13 July 2022.

Consent Agenda papers for approvals and information:

Minutes of the meeting 21 September 2022 – for approval

Financial Delegations – for approval

For Information

Minutes of Future of Evidence Synthesis Oversight Committee

Minutes of Finance, Audit & Risk Committee



Governing Board and Committees Reports  
Finance Report  
Risk Report  
New Auditors, Price Bailey – resolution approved between meetings.

**GBMIN-2022-52 Barcelona Outputs and Outcomes Update [Paper: GB-2022-46]**

Catherine Spencer presented the report, noting that ELT started on work on preparing a case for additional resources – people or money – after the Barcelona meeting. The resource requests are in the Plan and Budget paper to be considered later in the meeting. It was agreed that any questions on the Barcelona outputs would be emailed to Catherine Spencer.

The Board congratulated ELT and their teams on the progress made. In response to a question, Catherine Spencer confirmed that the action log would continue to be updated and progress reported as part of the CEO report, until subsumed into business as usual.

**GBMIN-2022-53 2023 Staff Cost of Living Awards [Paper: GB-2022-48]**

Karen Kelly, chaired the session and presented the report from the Remuneration Committee.

Jordi Pardo Pardo requested greater clarity and adherence to guidance on what items should be open access and what should be restricted. There needed to be an explanation of why papers / issues should not be put in the public domain. The Chief Executive was asked to review the need for restricted papers prior to each meeting.

The Board noted that the pay awards were based on UK evidence and comparisons, and that in 2023 there would be detailed work on the global issues of pay and reward – including cost of living and annual leave.

**The Chair called for a vote. The following resolution was approved:**

**The Governing Board APPROVES the recommendations of the Remuneration Committee with respect to the 2023 Pay Award.**

**YES: Yuan Chi, Tamara Kredo, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly, Gill Leng**

**NO: NONE**

**ABSTAIN: Catherine Marshall and Tracey Howe**

**NO VOTE: NONE**

**GBMIN2022-54 2023 Plan & Budget [Paper: GB-2022-42]**

Catherine Marshall resumed the Chair and thanked ELT for the work they had done to include the work from Barcelona in the plan and budget. Karen Kelly, the Treasurer presented the report from the Finance, Risk and Audit Committee with support from the Director of Finance and Resources. The report built on the format adopted in 2021, so that finance follows the work identified in the plan. There were 17 priorities activities, and the plan also addressed the key risks. The budget will be adjusted in early 2023 to include these costs.

Casey Early noted that the weak British pound had generated a financial gain for Cochrane. The CET meeting in November had been very successful and ELT had budgeted to repeat this in 2023.

The Board agreed that there should be a face to face meeting of the Council, and if possible with joint Board and Council time. It was noted that in previous years the Executives had also met at the Colloquium and asked that any Community expectations were managed appropriately.

The Board sought an update on staff wellbeing. Catherine Spencer reported that the CET meeting in November had helped staff understand the new vision for the organisation. She noted that staff had appreciated the message of support from the Board. Catherine Spencer noted that the high tempo of work would continue in 2023, although some of the staffing gaps were beginning to be filled.

Catherine Marshall thanked Karen Kelly, ELT and the Finance and Resources Team for their work on the Plan and Budget. She emphasised the importance of the Finance, Audit & Risk Committee and asked for additional Board volunteers to join this group.

**ACTION:** Any Board members interested in joining the Finance, Audit & risk Committee should email the Co-chairs and/or the interim Head of Governance.

**The Chair called for a vote. The following resolution was approved:**

**The Governing Board APPROVES the 2023 plan and budget as recommended by the Finance, Audit and Risk Committee.**

**YES: Yuan Chi, Tracey Howe, Tamara Kredo, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly, Gill Leng**  
**NO: NONE**  
**ABSTAIN: NONE**  
**NO VOTE: NONE**

**GBMIN-2022-55      Board meeting cycle proposal – 2023 and beyond**

Catherine Marshall presented the proposals that had been discussed at Governance Committee and reviewed by the Chairs of the Board's committees.

The Board agreed that quarterly meetings were more appropriate to enable ELT to progress on large and innovative projects, and in 2023 (and possibly 2024) a second face to face meeting might be helpful to progress the ambitious agenda. It was agreed that face-to-face meetings should be Board meetings, with the opportunity to 'deep dive' into strategic issues, such as product and income diversification and Open Access issues.

It was noted that the Board had not received any weekly emails from the CEO since Barcelona. Although it had been agreed that the messages from should be less frequent, Catherine Spencer should consider an effective way of keeping the Board up to date in between meetings, for example, an alternating message from the CEO or EiC every two to three weeks.

*Post meeting note: It has been suggested that the email updates could alternatively be from ELT or senior Editorial members to update the board.*

**DECISION:** The Board AGREED that meetings would be quarterly with two face to face meetings in 2023 and possibly 2024.

**ACTION:** ELT was requested to provide recommendations and options on the content, length and timing of a face to face meeting in the first or early second quarter of 2023, potentially allied with a community or external event.

**GBMIN-2022-56 Consumer Framework [Paper: GB-2022-43]**

*Chris Champion and Richard Morley joined the meeting at 20.11*

The Board welcomed Chris Champion and Richard Morley.

Gavin Adams presented the new Framework, endorsed by the ELT, for information and discussion. The cover paper described the workplan, in which some activities which budgeted for and others were dependent on successful fundraising bids.

The Board thanked the team and acknowledged that the Framework is an excellent document.. There was a discussion about the definition of ‘co-production’, and the implications for Cochrane, particularly if consumers were paid for their participation. Richard Morley confirmed that the definition used in the document was consistent with the way Cochrane framed ‘co-production’, whilst acknowledging there was no agreed definition in the literature. The Board asked that a Foreword to the Framework be prepared on behalf of the Board, to demonstrate the Board’s commitment to this work.

Richard Morley reported that Cochrane had recently signed the ‘Putting People First’ pledge which had been well received by NICHR.

It was noted that organisations such as NICE pay consumers and Cochrane’s work with and recognition of the value of consumer input would be a strong story that would be appreciated by new and potential funders; however finding, training and supporting consumers was not straightforward.

It was reported that the 30 reviews for the Cochrane anniversary would be chosen by consumers.

The Board strongly endorsed the work, thanked Richard Morley and his team, requesting regular progress reports.

**ACTION:** The Director of Development and Head of Communications to draft a foreword from the Board to show its commitment.

**ACTION:** Regular reports to the Board on progress.

*Chris Champion and Richard Morley left the meeting at 20.32*

**GBMIN-2022-57**

*Dr Mike Brown joined the meeting at 20.31*

Dr Mike Brown, Editor of the new Open Access Journal was welcomed to the meeting and the Board members introduced themselves to him. He reported that he was excited that the journal was already taking submissions, and the first had been received within two hours of opening. The focus for submissions is evidence synthesis and methods. The journal has a diverse editorial board, with more women than men, members from all continents and a range of skill sets, including consumer expertise.

The Board welcomed him in post, noting that the open access journal would be a flagship for Cochrane. Mike Brown looked forward to meeting the Board in person at the Colloquium.

*Dr Mike Brown left the meeting at 20.40*

**GBMIN-2022-58 Co-Chairs’ Report [ORAL REPORT]**

Catherine Marshall noted that most of the Chair’s activities were included in the CEO report and thanked the Board members and staff for a very intense period of work since the last meeting in September.

**GBMIN-2022-59      CEO Report [Paper: GB-2022-44]**

Catherine Spencer was pleased to report greater confidence in Cochrane from our stakeholders. There had been an Open Access Working Group meeting, chaired by Jordi Pardo Pardo, at which the new Director of Publishing and Technology, Laura Ingle had attended.

The planned Product Development paper, due to be considered at this meeting, was reviewed by ELT in early December. ELT felt the paper needed more work before being presented to the Board and would benefit from input from the new Director of Publishing and Technology who will start work in January 2023.

Catherine thanked teams in the CET and mentioned in particular the advocacy work undertaken by Emma Thompson and that the team is looking forward to having the support of the new Head of Communications who also starts in January. She also highlighted the leads in Publications team and noted that she and Laura Ingle would continue to work on developing alignment and relationship building with Wiley.

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**GBMIN-2022-62      Matters Arising not otherwise covered by the Agenda and Any Other Business**

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To be confirmed with the plan for 2023 after this meeting.**

The Chair thanked the Board and Council Co-Chairs for the work over the past year, and in particular their contributions to the face to face meeting in Barcelona.

Thanks were also expressed to Casey Early and the rest of ELT for the work on the plan and budget.

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All attendees left the meeting at 20:45 GMT. The Trustees continued in closed session, a record of which is kept on behalf of the Co-Chairs.

**---MEETING END---**

**SUBSTANTIVE BUSINESS:**

## 4. Cochrane Library and New Product Development Proposal

For Decision

Presented by Laura Ingle



## Governing Board: Reports

**Title: Cochrane Library and New Product Development video**

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<b>From:</b>	Laura Ingle, Director of Publishing & Technology
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<b>Date:</b>	21 March 2023
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<b>For your:</b>	Information
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<b>Access:</b>	Open
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There is a video from Laura Ingle in the open link below which provides background and supports paper **GB-2023-04**

[Cochrane Product Development](#)





## Governing Board: Decision Paper

<b>Title:</b>	Cochrane Library and New Product Development Proposal
<b>Previous papers submitted on this topic:</b>	GB-2021-90 Open Access Research Findings and Next Steps (13 October 2021)
<b>Paper Number:</b>	<b>GB-2023-04</b>
<b>From:</b>	Laura Ingle, Director of Publishing & Technology and Executive Leadership Team
<b>People involved in developing the paper:</b>	<p>Cochrane: Rachel Craven – Head of Cochrane Library and Product Lead, Gert van Valkenhoef – Cochrane IT Development Manager, Rebecka Hall – RevMan Product Lead, Anna Noel-Storr – Head of Evidence Pipeline, Ella Flemmyng – Editorial Product Manager, Charlotte Pestrige – Director of Publishing &amp; Technology, Roger Tritton – Snr Product Development Manager. Also, the Editorial Production and Methods leadership team reviewed and assessed the product concepts, the finance team supported in modelling for business cases and Casey Early, Director of Finance &amp; Corporate Services reviewed the financial impact.</p> <p>External: Gordon Dooley – Director, Metaxis Ltd, Ahmad Ali – Linked Data consultant, Wiley (Publisher) product and sales teams, HighWire (Publishing Platform) product team, James Thomas – Machine Learning consultant.</p>
<b>Date:</b>	Final version for consideration at 20 March 2023 Board meeting.
<b>For your:</b>	<p><b>DECISION</b></p> <p>It is recommended that the Governing Board:</p> <ul style="list-style-type: none"> <li>a) <b>APPROVE</b> the proposed 2023 development plan for the Cochrane Library with a £414,000 three year development budget from the strategic reserves that will be monitored by the Finance, Audit and Risk Committee <b>Yes/ No</b></li> <li>b) <b>APPROVE</b> an annual ongoing running costs budget of £75k <b>Yes/No</b></li> <li>c) <b>APPROVE</b> an approach to research and planning for New Product Development for revenue streams in 2023 <b>Yes/No</b></li> </ul>
<b>Access:</b>	Restricted to the Governing Board

### 1 Purpose:

The purpose of this paper is twofold. Firstly, to present the digital development roadmap proposal for the Cochrane Library for 2023 and seek approval for additional budget of £414K from strategic reserves over three years to build and deliver this. Secondly, to propose a direction of travel for a product development plan for Cochrane that could help maintain revenue streams alongside future open access business models.

The main digital developments on the Cochrane Library proposed include: 1) enhancing our information about Randomised Control Trials in the CENTRAL database and Cochrane Reviews, and 2) enabling users to search for meta-analyses (data and analysis tables) within Cochrane Reviews.

The developments proposed to the digital roadmap will make our reviews, our results and the studies upon which the reviews are based, more discoverable, accessible, and reusable. This improvement to user experience and

discoverability across and within reviews and studies will empower users to find the right evidence at the right time and in the right format in order that it can be used to inform health and care decisions.

Strategic reserves are currently around £2.3m. The total request, over three years, equates to less than one fifth of Strategic Reserves (17%) and around 1-2% of annual budgeted expenditure.

Secondly, we are proposing a direction of travel to identify new product development opportunities, based on existing workstreams and technology that we believe can reduce risk to revenue with the move to Open Access, whilst delivering against the core mission for Cochrane.

This includes ongoing pilot schemes such the commercial roll-out of RevMan Web for non-Cochrane use and the provision of 3<sup>rd</sup> party branded (white-labelling) instances of Cochrane Crowd; as well as new options that will be enabled through our development of existing projects such as the Evidence Pipeline. These will open new funding sources, including university research offices, health research organisations and systematic reviewers in non-health fields.

For this, we would like the Board's agreement on continuing existing pilot schemes and entering into discovery for new products in 2023 in order to propose options alongside the Open Access model decision by the end of the year.

## 2 Background and context:

The Open Access paper approved by the Board in October 2021 and the risk assessment in the provisional budget for 2023 approved by the board in 2022 confirmed the importance of the ongoing development of functionality on the Cochrane Library to support Cochrane's open access plans and the 2023 budget .

We ran a research project in 2022 to validate a set of development concepts with our customers and users. The survey was fielded in Spanish and English using two methods: through an email sent to a list of Cochrane Library users, resulting in 297 responses and an intercept placed on the Cochrane Library website, resulting in 800 responses. There was a total of 1,097 respondents representing users and librarians.

While the future open access models for Cochrane are still being assessed, it has been accepted that we are likely to proceed with a combination of models. The initial Open Access commitment is for Systematic Reviews to be open by end 2025 and therefore, it is agreed that providing development that enhances the value of, and allows retention of the parts of the Cochrane Library not covered by this initial mandate, such as the CENTRAL database, should be planned for as part of the risk mitigation plan for other preferred open access models.

We also need to have a risk mitigation plan to cover the scenario where funders are not willing to fund Cochrane's content beyond Cochrane Reviews, or the funding is not high enough to cover all our review production and publishing costs. This plan should include product diversification, initially focussing on developing commercial opportunities for systems and processes that are already being developed for Cochrane's use.

Over the last 30 years Cochrane has built a unique position as the "gold standard" for Systematic Reviews. During this time, our expertise has led to a number of systems and processes being developed, collaboratively in order to support the membership in their research work. From tools to support the Evidence Pipeline at the start of a review, through to the search tools on the Cochrane Library for those discovering the reviews to inform decision making.

Over the next 30 years, we have the opportunity to build on this position to be seen as the experts that support evidence through providing data and digital tools to further improve health, globally. These innovations will contribute to Cochrane's leadership position and hopefully open doors for additional revenue streams, including training and funding grants.

All of these opportunities harness the power of Cochrane and future-proofs the organisation in a post-Open-access world and protect the opportunity for subscription revenue and provide new routes to different markets.

### 3 Options appraisal for development on Cochrane Library in 2023

The [customer and user research completed in 2022 \(see Appendix 1\)](#) tested six Cochrane Library product development concepts.

In this business case we have prioritised two concepts that are most relevant to the Cochrane Library, will best support Cochrane's open access plans and require additional funding to deliver.

Three of the concepts will progress via other routes so do not need Board budget approval at this time. One was identified as not recommended to pursue in the short term as the complexity and cost mean that we cannot see adequate return on investment. The status and proposed development route for the concepts are summarised in table 1 below and details can be found in Appendix 2-3

*Table 1: Product development concept options and status*

Concept	Outcome	Recommendation	Next steps
1. <a href="#">Supporting searches of meta-analyses</a> (See Appendix 2)	Enabling users to find meta-analyses across multiple reviews – via search, browse, etc. on PICO metadata sets for analyses.	Recommended in this proposal	Waiting for budget approval of £147K + £13K Project Manager support
2. <a href="#">Enhanced randomised control trials information</a> (See Appendix 3)	Development of PICO and other metadata for CENTRAL records that will allow important RCTs to be found more effectively in Cochrane Library via search, filter, etc. functionality	Recommended in this proposal	Waiting for budget approval of £241K + £13K Project Manager support
3. Ability to search Cochrane Reviews using review profiles	Concise descriptions of Cochrane Reviews, allowing users to find the reviews most relevant to their research question more quickly.	Will be considered within New Review Format	Active via New Review Format
4. Improved Cochrane data re-use	Exporting more granular data from Cochrane Reviews in non-proprietary formats for re-use in user workflows	Will be delivered within New Review Format	Active on Cochrane Library and RevMan Web roadmaps and will be delivered in Q2/Q3 2023 as part of the Supplementary Materials phase of New Review Format
5. Learning and training resources for evidence synthesis	Cochrane-branded product for learning and teaching systematic-review	Will provide more financial value to Cochrane via the Professional Membership business case	Active via Professional Membership business case

	production best practice, including tools		
6. Add new databases to the Cochrane Library such as a guidelines database (See Appendix 4)	Integration in Cochrane Library of data sources (health economics data, guidelines data); enabling cross-searching with Cochrane evidence	Not recommended: Cost, complexity and reputational risk of licensing data from third parties unlikely to outweigh benefits to Cochrane revenue	Pause unless new partnership emerges

We are proposing that these two developments are delivered behind a subscription paywall alongside open access Cochrane Reviews and review level data, in line with current funder open access mandates.

Longer term, the developments could also be funded as part of a broader open data/open research funder request for the Cochrane Library. In this option, the developments would showcase Cochrane's innovative solutions for delivering world class [FAIR data standards](#) and ensure that our data is truly Findable, Accessible, Interoperable and Reproducible.

Cochrane data is currently not very accessible in terms of the data we can give our users access to and the data is not easy to find or re-use (whether open or behind a paywall). The developments proposed would greatly enhance our case for support to funders for open access and open data.

### 3.1 The proposal

#### 3.1.1 Cochrane Library 2023 Development

We are asking for the budget to proceed with the following two developments on the Cochrane Library in 2023:

- 1) Enhancing our information about Randomised Control Trials in the CENTRAL database and Cochrane Reviews
- 2) Enable users to better find meta-analyses ("data and analysis tables") that address the healthcare outcomes they are interested in across multiple reviews.

This development will increase user value and the accessibility, usability and discoverability of our content.

Both features will be delivered through the development of metadata which is used to describe and enrich data and with information that makes it easier to find, use and manage.

Cochrane's Linked Data initiative paper providing background to these two initiatives is available in Appendix 5.

The main work requires the expansion of PICO annotation. PICO stands for four different potential components of a clinical question: Patient, Population or Problem; Intervention; Comparison; Outcome. The PICO model is widely used and taught in evidence-based health care as a strategy for formulating questions and search strategies and for characterizing clinical studies or meta-analyses

PICO annotation is already available and being leveraged for Cochrane Reviews on Cochrane Library and the proposal is to expand its use to other studies and analyses that are using the existing Cochrane Evidence Pipeline technologies, including Cochrane Crowd, machine learning and linked data.

The developments also build on and will enhance work already scoped and in progress for New Review Format including study centric data and enhanced characteristics of included studies. The developments we propose for

adding metadata to studies will enable us to deliver the full potential and application of study centric data in the Cochrane Library.

User and customer research confirms the high value both users and subscribers place on the two developments. The new features were rated highly by the main users of the Cochrane Library which includes researchers, policy makers, practitioners and librarians. ([See](#) appendix 1 for a summary of the survey results from the Cochrane Library in July 2022.)

## 4. Update on Existing New Product Launch

Cochrane already has new revenue streams outside Cochrane Library and alongside Cochrane Interactive Learning that are being expanded through our current Business Development route.

### 4.1 RevMan Web

As part of the future of Evidence Synthesis project, the decision was made to retire RevMan5 in April 2023 and move all Cochrane authorship to RevMan Web which has been live since 2015. Whilst we acknowledge how much many in the community value it, unfortunately it is not possible to maintain RevMan5 due to new costs related to data security, content hosting, data storage and user access controls.

The business case for RevMan Web for non-Cochrane authors agreed that from April, a subscription model will be available for non-Cochrane authorship. Following the announcement of the retirement of RevMan5, many institutions and individuals had indicated interest in subscription access and in Q1 2023, we were able to confirm that this functionality is now live and users are signing up for subscription access and we are moving towards our sales targets for 2023 and with communications this year, to upscale revenue in 2024.

As access to RevMan5 in the past has been through free download for users, this decision means that some new non-Cochrane users will no longer have access to RevMan. Added to this, the Council in December raised some concerns regarding reputational risk of people losing access to RevMan, especially in low and middle-income countries, different audiences such as members of the public and charities or individual in high income countries who could not afford to be included and for educational purposes, as well as the need for internet access potentially causing difficulties for some users. We know that many people have valued this access and have taken steps to mitigate the impact. More information about this can be found in Appendix 2.

## 5. Options for development and discovery of New Product Development

### 5.1 New Product Development

Once a decision has been made by the board in September about the Open Access model, we will also need to have identified and planned for new, potential revenue streams. We would like the board to agree to a programme of discovery in 2023 to identify viability and addressable markets in the following opportunities, as well as any other opportunities that emerge. These will be brought back to the board at the end of the year, alongside the Open Access model.

#### 5.1.1 Evidence Pipeline and Data Curation Opportunities

Many of the commercial product developments proposed build on the Evidence Pipeline and Linked Data work funded and developed by Cochrane over the past five years. These provide immediate opportunities to take products and services to market, once we have identified the best models and addressable markets.

Over the last decade we have developed tools and processes that help to manage information and create machine readable metadata. This has largely been focussed on making the review production process more efficient, with a particular focus on primary study discovery. The exponential increase in research publication has put an increasing

strain on traditional search and retrieval processes, resulting in lengthy production times and much duplication of effort.

Cochrane has always been a leader in evidence synthesis methods. In recent years our work on automation, through the use of crowdsourcing and machine learning, has helped to make better use of both human and machine effort, and now forms a core part of Cochrane's technological evidence ecosystem.

In parallel to this work related to automating study discovery, we have been developing capability in Linked data, which is structured data that is machine-readable. Historically, much of the world's scientific output has not been produced in a way that is machine-readable which hampers discoverability

Our work in these areas has attracted a lot of attention beyond Cochrane, and we have worked in partnership with a number of organisations helping to build classifiers, run crowdsourced tasks, and use the PICO ontology and associated tools. Much of what we have developed has been seen as useful beyond Cochrane, and indeed even beyond the healthcare domain.

It is clear that no single solution/product will be successful, quickly enough, to replace the income lost by going open access and we want to investigate a range of options, leading with market research, to put together a package of products and services that make the most of emerging trends and technology where Cochrane can provide unique expertise.

Our product opportunities approach must be aligned with the organisation's mission and strategic aims. Specifically, open access will also mean some element of open data ('making Cochrane FAIR'). This has implications for our revenue generating potential.

All of these opportunities are built upon partnerships with others. This includes the Cochrane Community, but also many opportunities are being piloted with organisations that will be key in the future, deepening relationships and including the WHO, the European Centre for Disease Control and Vivli.

The Evidence Pipeline Product opportunities span a range of different product types but most fall within four main categories:

### **1) Data/Metadata**

Cochrane already sits on a wealth of data/metadata held both within the Cochrane reviews (study data, analyses data etc) and within the repositories (e.g. CENTRAL). We also already have much of the infrastructure in place to generate new metadata (e.g. PICO metadata on studies in reviews and CENTRAL). Cochrane could make this data/metadata open but there are still revenue generating opportunities in the way in which the data is supplied to users.

### **2: Information Management Tools**

We have developed tools and systems that help to manage information (retrieve it, filter it, store it, curate it, search it, display it etc). Each of our tools could be commercialised individually. We also could consider creating a white label evidence pipeline.

### **Information Services**

We have expertise and can offer our services to non-Cochrane evidence producers in:

1. Search and retrieval services
2. Search results screening services
3. Building ML training data services
4. Building ML classifier services

### Educational Resources

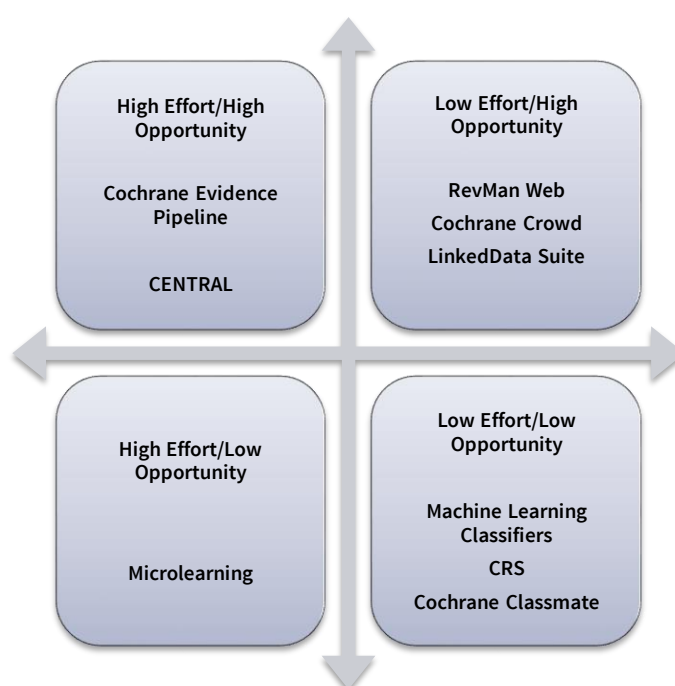
As well as Cochrane Interactive Learning, which is out of scope for this paper, we can offer microlearning opportunities on Cochrane Crowd.

Details of these opportunities are in Appendix 9 (below) and mapped in the following opportunity grid.

#### 5.1.2 Opportunity Grid

As these proposed products and services are built upon existing Cochrane systems and technology, some of these are already available to take to market, with appropriate market research and planning; others might require some technical development in order to launch, or in order to provide a bespoke service for partners. This grid shows which will take high or low effort and where we already have a route to market that would be high or low opportunity.

We know that other opportunities will also emerge this year, and we will revisit old opportunities to revalidate them, and more may be added to the grid as this happens.



## 6 Implications

### 6.1. Strategic implications

#### Mission and strategic goals

The proposal supports the delivery of Cochrane's mission through the improved discoverability, accessibility and usability of our research evidence. It directly delivers Goal 3 – informing health and care decisions by making our evidence accessible, usable and available to all, improving equity; and strategic objective 5 - improving user experience by increasing the accessibility and usability of our products, improving diversity. The primary audiences and users that will benefit directly are researchers, policy makers (including guideline developers), practitioners and librarians.

#### Principles

The proposal fully supports the Strategy for Change principles:

- Collaboration – making data sharing and data use easier.
- Relevance – easier to find the right evidence.
- Integrity – will help increase the reproducibility of our evidence.
- Quality – increase transparency and access to our review data.

#### Strategic risks mitigation

The proposal forms part of the risk mitigation plan for Cochrane's open access commitment as we continue to look for a viable and sustainable open access business model and while our future open access business model remains uncertain.

- It greatly enhances the value proposition for Cochrane's broader open research and open data ambitions.
- It directly supports an open access business model related to protecting some level of paywalled subscription income alongside open access Cochrane Reviews.
- It provides financial risk mitigation if funders are not willing to fund open access beyond Cochrane Reviews or the funding available is not enough to cover our review development and publishing costs.

## 6.2. Economic and income implications

Our user research confirms that the 2023 developments will deliver functionality that adds value to the experience of primary users of the Cochrane Library and customer research with our main purchasing decision makers, Librarians, confirmed that, as a result, the developments would increase the value of the Cochrane Library subscription.

This is a revenue protection proposal, where increasing the customer and user value of our paywalled content and functionality alongside open access Cochrane Reviews and article level data, will help protect some level of subscription income if we cannot find an open access funding model for the whole Cochrane Library, or the funding available is not sufficient to cover all our review production and publishing costs. Open access funder mandates currently only cover Cochrane Reviews and the data at article level and not the two other databases in the Cochrane Library, or the database access to all our raw data.

#### Paywall assumptions

- Meta-analyses search across reviews – could be part of an advanced database search behind a paywall. This could be positioned as an advanced research tool
- Enhanced study information – enhancements mainly to CENTRAL database which can remain behind the existing paywall.
- Whilst a static version of new characteristics of included studies tables would be open access, interactive elements could remain behind a paywall.

The main economic value is the ability to protect some level of subscription income on the Cochrane Library alongside the open access Cochrane Reviews. Customer research is not yet able to put a value on the protected sales but without these changes, it is unlikely that we could retain value behind a paywall after the Cochrane Database of Systematic Reviews moves to open access and we estimate we could increase the addressable market by extending interest in the advanced functionality to research offices as well as libraries.

The proposed developments will also increase the value proposition for Cochrane's broader open data/open research ambitions by making our data discoverable and accessible and aligned to the best practice FAIR data standards. If Cochrane wants to attract funding for open data and not just open access it needs to invest in metadata at analyses and study level.



The development budget request of £414k over three years represents just over 8% of the £5m signing bonus received from Wiley at the start of the new publishing contract from January 2021. This is a small percentage of this upfront publishing income to invest in product development to support the Cochrane Library's open access future. The application would be against the Strategic Investment Fund ('specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission') which has a current balance of around £2.3m.

### 6.3. Financial and resource implications

Total development costs for the Cochrane Library 2023 Developments are £471k with average annual ongoing running costs of £75k from 2025, including an Information Specialist role.

Full details of these development costs are in the [Business Case Budget \(Appendix 6\)](#)

Full costs of discovery for new product development opportunities are covered by existing resource, especially within the Evidence Pipeline team. However, due to delivery of the Open Access plan and Future of Evidence Synthesis programme this year, it is unlikely that we will have resource to fully investigate other new opportunities than those listed in the paper.

Wiley and HighWire have reviewed all the development requirements for the publishing platform and confirmed they can be delivered within the existing annual budget covered by the financial terms of the Wiley publishing contract.

The development costs include £57k for the RevMan Web development team which are already included within the Cochrane budget and 5YP, therefore the total new development costs budget request is £414k. This includes £151k additional budget in 2023, £251k budget in 2024, and £11k budget in 2025. Since this is not in the current 2023 budget, we are asking for approval for additional funding of the development costs, which are broken down as follows:

**Table 1: Budget by product development concept (£'000)**

	2023	2024	2025	Total
Total enhanced study data	71	159	11	241
Total meta-analyses search	68	79	-	147
Project manager	13	13	-	26
<b>Total new development budget</b>	<b>£152k</b>	<b>£251k</b>	<b>£11k</b>	<b>£414k</b>

Strategic reserves are currently around £2.3m. The total request, over three years, equates to less than one fifth of Strategic Reserves (17%) and around 1-2% of annual budgeted expenditure.

The investment will enable retention of a subscription product on Cochrane Library, once the Cochrane Database of Systematic Reviews moves to an open access model. It will also support usage of open access content.

Tables 2 and 3 confirm the budget split between external providers and new internal resource. We will need to increase the Information Specialist capacity to deliver the project and then maintain the services going forward. For these external providers, this builds upon work invested in over the last five years and currently underway and accounts for an increase in spend of around 30% over two years and an ongoing cost from year three of less than 5%.

**Table 2: Budget for external providers (£'000)**

	2023	2024	2025	Total
<b>Budget for external providers</b>				

Metaxis CRS and CENTRAL	-	30	-	<b>30</b>
Metaxis Crowd Platform	17	7	-	<b>23</b>
Data Language Linked Data platform	50	60	-	<b>110</b>
UCL machine learning & automation	8	13	-	<b>21</b>
Outcomes classifications consultant	8	-	-	<b>8</b>
<b>Total external providers</b>	<b>£83k</b>	<b>£109k</b>	-	<b>£192k</b>

**Table 3: Budget for new staff (£'000)**

	<b>2023</b>	<b>2024</b>	<b>2025</b>	
<b>New staff costs</b>				
Project manager	13	13	-	<b>26</b>
FTE	0.25	0.25	-	
<b>Information Specialist</b>	56	129	11	<b>196</b>
FTE	1.03	2.31	0.20	
<b>Total new staff costs</b>	<b>£69k</b>	<b>£142k</b>	<b>£11k</b>	<b>£222k</b>

## 6.4. Operational implications

The project will be delivered via the existing RevMan Web, Evidence Pipeline and Cochrane Library product teams with project management support from the current Cochrane Library and New Review Format project manager. The development and build will make use of existing technologies including Cochrane Crowd, linked data, machine learning, Cochrane Register of Studies, RevMan Web, and our standard publishing systems. System vendors involved in the development work include Metaxis for the Cochrane Register of Studies and Crowd Platform systems, Data Language for the Linked Data Platform, James Thomas at University College London for automation and machine learning and Wiley and HighWire for publishing. The cost of development and systems changes for these providers for 2023 development has been included in the budget.

The Cochrane Library programme of work is expected to take two years to deliver.

- Beta PICO search in CENTRAL for at least one thematic area by Q2 2024.
- PICO search in CENTRAL delivered by Q4 2024 with four years of studies (2 years backfile & 2 years prospective annotation).
- Dynamic characteristics of included studies tables in Cochrane Reviews from late 2024 for new reviews.
- Filter CENTRAL by included studies from late 2025, as requires critical mass and dependant on roll out of new review format.
- Beta PICO search of meta-analyses for at least one thematic area by Q3 2024.
- PICO search of meta-analyses across all new reviews from Q1 2025.

To develop this business case the product teams have completed high level requirements including operational and technology assessment for all system and process changes required to deliver the project. This detailed assessment has helped define the resource plan, delivery timelines and the budget request. The detailed project plan and roll out into the relevant product roadmaps for Evidence Pipeline, RevMan Web and the Cochrane Library will be finalised in Q2 2023, but all the information is available to complete these detailed plans. The roadmap timelines through to late 2024 have been estimated around New Review Format to ensure this project does not conflict with resources required for New Review Format and is complimentary to New Review Format.

The roll-out of RevMan Web for non-Cochrane Users is covered with resource agreed by the previous business case.

The discovery work for New Products and services will be part of the work of the Evidence Pipeline team in 2023, with support of the new Head of Business Development role, once recruited, and supported by the Product Management team, after the New Review Format project work is complete.

## 7. Risk summary:

### Cochrane Library – Digital Product Development – Risk Register

Risk	Likelihood	Impact	Mitigation plan
<p>1. Sustainability of the Crowd</p> <p>Do not retain size of or grow crowd to deliver new Crowd tasks within our two years' timeline. Work seen as too commercial.</p>	L	H	<ul style="list-style-type: none"> <li>• Crowd retention strategy</li> <li>• Ongoing promotion and growth via Crowd challenges</li> <li>• Protected as a free membership route, similar to authors</li> <li>• Messaging related to mission and use of funding</li> <li>• Future support for author annotations route.</li> <li>• Outsource to companies like Aptara India</li> <li>• Crowd output Open via CC BY NC license</li> <li>• Prioritizing content areas will increase the automation capability as the machine will learn from the crowd output, so reduce dependency on the crowd for some tasks once they are established.</li> </ul> <p>Timeline – mainly next two years as we increase the annotation Crowd tasks, including two-year backfile.</p>
<p>2. Reduction in review pipeline</p> <p>Reduces the user and customer value in our metadata product development</p>	M	M	<ul style="list-style-type: none"> <li>• CENTRAL enhancements and adding PICO metadata to study level data are not impacted by number of reviews published.</li> <li>• Focus on thematic areas to deliver meta-analyses value across reviews within specific content sets and supports scientific commissioning strategy.</li> </ul> <p>Consider investing in annotating backfile in a thematic area for meta-analyses to increase customer and user value.</p>
<p>3. Enhancement to characteristics of included studies tables not delivered as part of New Review Format.</p> <p>Critical dependency risk</p>	M	H	<ul style="list-style-type: none"> <li>• New Review Format is a priority project in Future of Evidence Synthesis.</li> <li>• Characteristics of included studies is kept within scope for and a priority within New Review Format.</li> </ul> <p>Publishing and Cochrane Library product teams are part of New Review Format project team to ensure ongoing development of tables driven by user feedback and with input from UX designers.</p>
<p>4. Focus on standard RCT study types and intervention reviews will limit user and customer value</p>	M	M	<ul style="list-style-type: none"> <li>• Still core value in Cochrane RCT intervention reviews. Still represents our main content set.</li> <li>• Start by demonstrating value in our core content set before investing across all content.</li> <li>• We can adapt and modify the technology and processes as we need to add new study types and review types in line with Cochrane's content plans.</li> </ul>

			<ul style="list-style-type: none"> <li>PICO annotation of diagnostic test accuracy reviews has started.</li> <li>Extensible to other domain areas, but would want a critical mass of content to trigger the extension.</li> </ul> <p>Timeline – in line with the content strategy and when we have fully delivered and validated the RCT and Intervention review value proposition.</p>
<p>5. HighWire delay delivery of proposed development roadmap</p> <p>Due to historic poor roadmap management, resource and capability issues at HighWire.</p>	M	H	<ul style="list-style-type: none"> <li>We have a resource and management commitment from HighWire senior team including CEO.</li> <li>Two-year program needs truly ring-fenced development team, including experienced project lead &amp; mgmt.</li> <li>Ongoing monitoring and reporting by Product team via Publishing Management Team (Cochrane &amp; Wiley).</li> </ul> <p>We have met with CEO at HighWire in Q1 2023 and have seen a recent improvement following management. escalation by Wiley.</p>
<p>6. Ongoing poor HighWire platform search performance does not allow delivery of full search and discovery value proposition.</p> <p>Lost confidence in HighWire platform search capability.</p> <p>The current search refactoring work on the website is unlikely to make search better, and in reality, will just make sure search does not get worse when we release the new metadata search in CENTRAL and CDSR.</p> <p>There is a risk we will not realise the full value of the new search and discovery features if the search remains slow. Users may like the new features, but will not use them if they are too slow.</p>	H	M	<ul style="list-style-type: none"> <li>We know that the HighWire platform can deliver the required developments but the search response times may be slow.</li> <li>We are changing the Linked Data delivery model to a standard XML metadata set. Simplify the technology whilst delivering the same output and user outcome on the Cochrane Library website.</li> <li>HighWire have recently increased their server and hosting capacity for the Cochrane Library.</li> <li>We will also investigate with Wiley and HighWire the technology and cost implications of replacing the search part of the current technology stack.</li> <li>We do not have the option of replacing the publishing platform within the next 3 years and by 2025.</li> <li>Wiley will not commit to the costs of a platform change while the future open access model and the future status of Wiley as our publisher when we move to open access by late 2025 is unknown.</li> </ul> <p>Timeline</p> <ol style="list-style-type: none"> <li>1) We are working with Wiley and HighWire in Q2 2023 to identify costs and operational implications of replacing the search part of the website and publishing platform.</li> <li>2) We will review our metadata annotation, storage and delivery technology with a view to simplifying where possible and reducing costs. The review has started and should be completed by Q2 2023. Review will include Cochrane Library and Vivli requirements. Changes should only take a few months to implement.</li> </ol>

## 8. Monitoring and communication:

The project will be a priority project for 2023 and will be monitored and reported via the quarterly Strategy for Change performance report and dashboard. A project manager working with the three project leads; Rachel Craven – Head of Cochrane Library, Anna Noel-Storr – Head of Evidence Pipeline and Gert Van Valkenhoef – Head of IT Development and Infrastructure will manage and monitor the key project workstreams.

User feedback is built into the roadmap development process so user feedback will be received and responded to during the build process. During implementation we will monitor the delivery of the agreed scope of work to the agreed timelines and budget and report to the Finance, Audit and Risk Committee. A set of performance metrics and targets will be developed related to usage, funding and customer and user satisfaction that will be monitored post launch of each feature.

Wiley will be responsible for communicating planned and actual product development to our users and customers. We will work with the Cochrane communications team to develop a roadmap communications plan for open access stakeholders including funders and authors, and the Cochrane membership.

## 9. Resolution:

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**It is recommended that the Governing Board:**

- a) **APPROVE the proposed 2023 development plan for the Cochrane Library with a £414,000 three year development budget from the strategic reserves that will be monitored by the FAR Committee Yes/ No**
  - b) **APPROVE an annual ongoing running costs budget of £75k Yes/No**
  - c) **APPROVE an approach to research and planning for New Product Development for revenue streams in 2023 Yes/No**
- 

## 10. Next steps:

### CLIB Development 2023

- 1) Finalise the detailed implementation plan of CLIB Development in April 2023 and start project.
- 2) Include developments in the funders open access and open data case for support in Q2 2023.
- 3) Develop community/membership communications plan for new functionality on Cochrane Library with communications team in Q2 2023

### New Product Development Roadmap

- 4) Publishing and Technology team to begin to research market opportunities and technical requirements for New Product Development, in line with the Open Access Strategy for further decision as a New Product development plan by the end of 2023.

# Appendices

**Appendix 1: Cochrane Product Enhancement Test Report 2022**

[https://www.dropbox.com/s/s9jeetvuzzl2py2/Appendix%201%20Cochrane\\_Product\\_Enhancement\\_Test\\_Report\\_2022%20%282022.08.03%29.pptx?dl=0](https://www.dropbox.com/s/s9jeetvuzzl2py2/Appendix%201%20Cochrane_Product_Enhancement_Test_Report_2022%20%282022.08.03%29.pptx?dl=0)

**Appendix 2: Supporting searches of meta-analyses Business Case**

<https://www.dropbox.com/s/gse5vuyunsswju0k/Appendix%202%20PICO%20search%20on%20meta-analysis%20business%20case%20Oct%202022.docx?dl=0>

**Appendix 3: Enhanced randomised control trials information Business Case**

[https://www.dropbox.com/s/fxvk87iy3y0zf1k/Appendix%203%20Enhanced%20Cochrane%20study%20information%20business%20case\\_Oct%202022.docx?dl=0](https://www.dropbox.com/s/fxvk87iy3y0zf1k/Appendix%203%20Enhanced%20Cochrane%20study%20information%20business%20case_Oct%202022.docx?dl=0)

**Appendix 4: New Database Business Case**

<https://www.dropbox.com/s/9o9o8qe0etotxgm/Appendix%204%20HEORO%20database%20CLIB%20business%20case%20Oct%202022.docx?dl=0>

**Appendix 5: Linked Data Initiative**

<https://www.dropbox.com/s/76xosi609e9353w/Appendix%205%20Cochrane%27s%20Linked%20Data%20initiative.docx?dl=0>

**Appendix 6: CLIB Product Development Budget**

<https://www.dropbox.com/s/70n7e7jo2v4rg03/Appendix%206%20CLIB%20Bus%20Cases%20-%20Budget.xlsx?dl=0>

**Appendix 7: Update on RevMan Web for Non-Cochrane Users****Appendix 8: Summary of Potential product opportunities from existing Cochrane tools and systems**

## Governing Board: Decision Paper

### Appendix 9: Potential product opportunities from existing Cochrane tools and systems

This is a grid of projects that have attracted attention from entities outside Cochrane that we believe could be developed into a suite of products and services that could quickly be taken to market, aligned to the Cochrane vision and mission and might offset some loss of the Open Access Revenue.

Tool	Detail	Unique opportunity	Product Opportunity	Revenue generating options	Considerations
<b>Cochrane Crowd</b>	Cochrane's crowdsourcing platform designed to host microtasks. Since launch in May 2016, Cochrane Crowd has grown from a single task to having hosted over 100; the crowd community stands at 27,000 people from 180 countries and over 8 million records have been collectively categorized by the crowd.	There is no platform like Cochrane Crowd operating in the evidence synthesis space that has been validated, evaluated and implemented to the same high standards and specification. We have attracted a lot of interest from the wider evidence synthesis community.	Enable non-Cochrane entities access to the Cochrane Crowd technology (software as a service model) Enable non-Cochrane entities access to the Cochrane Crowd community (platform as a service model)	Currently piloting with ECDC THIS Institute  Purchase software and annual licence for the software  Monthly/ annual subscription for the platform use	Requires research to identify addressable market  Would require support and Development resource
<b>Cochrane Classmate</b> ( <a href="https://crowd.cochrane.org/classmate">https://crowd.cochrane.org/classmate</a> )	An online, openly accessible platform built to enable teachers of evidence synthesis to use the tasks available on Cochrane Crowd for their students. This would enhance their learning experience in a way that would also help Cochrane filter the information overload. We created an infrastructure that supports and facilitates group learning in a way that has not been done before in Cochrane (or indeed in any similar organisation).	A teacher can put their students into groups, complete training and monitor their students' progress. Classmate represents a triple win: teachers get an easy way to enhance their teaching, Students get to contribute to real live evidence synthesis tasks for which they are acknowledged and rewarded, Cochrane gets willing and able volunteers.	Create premium version of Cochrane Classmate that provides more performance statistics and reporting features  Enable non-Cochrane entities to create their own classmate activities	Annual subscription for premium version of Classmate	Development resource would be required for premium version.

## 4. Cochrane Library and New Product Development Proposal

<b>Machine Learning classifiers</b>	<p>Cochrane Crowd helped to keep Cochrane's central database of controlled trials up-to-date with studies. and also produced a valuable by-product: a large quantity of high-quality training data. These data were used in the development, and subsequent implementation, of machine learning classifiers.</p> <p>Using crowd generated data (the labels produced by the crowd in combination with the agreement algorithms employed) we have been able to build a number of support vector machine learning classifiers:</p>	Each classifier has been through a rigorous process of development, calibration, and validation. We have a distinct advantage in Cochrane in our ability to generate large high quality training datasets and the AI expertise we can use from the team at Eppi Centre).	<p>Enable people to access Cochrane's classifiers</p> <p>Offer a service to help others create classifiers relevant to their domain (e.g. WHO example)</p> <p>Enable people to create their own/community classifiers This could be to either: create training datasets via Crowd? Or, to build, calibrate and validate classifiers</p>	<p>Annual subscription to the suite of available classifiers</p> <p>Service offering to build classifiers</p>	
<b>Cochrane Register of Studies</b>	Cochrane has developed an application designed for record storage, curation and linking called the Cochrane Register of Studies. This software goes beyond reference management capabilities as it is designed to work at the 'study level' rather than the bibliographic reference level. One research project may have many publication outputs 'salami sliced' – contributing to both prolific output and potentially giving a misleading understanding of the quantity of research available on a given topic.	A key capability is to be able to identify and link reports about the study, in order to gain a more accurate understanding of the research base for a topic, question or domain area. The CRS is the central repository for all records that supply Cochrane Crowd tasks. Users with appropriate access are also able to publish records to Cochrane's two study repositories: CENTRAL and the Cochrane COVID-19 Study Register.	Enable non-Cochrane entities to use the CRS for reference and study curation/ management, plus access to the classifiers	Annual subscription/license	
<b>CENTRAL on the Cochrane Library</b>	CENTRAL is a bibliographic database accessible via the Cochrane Library. It is a valuable resource for healthcare researchers and professionals, and it is mandatory for Cochrane systematic	CENTRAL is populated with reports of randomised and quasi-randomised controlled trials that have been submitted to CENTRAL via the Cochrane Evidence Pipeline.	Enrich existing CENTRAL content with enhanced metadata related to PICO (with search and filter capability)	Continue to have CENTRAL behind a paywall helping to maintain a subscription to the Cochrane Library	Potential ethical considerations related to this option of paywall data in



## 4. Cochrane Library and New Product Development Proposal

	reviewers to search CENTRAL for Cochrane intervention reviews.		Create study-based version of CENTRAL (related reports are linked)		an Open ecosystem
<b>The Complete Evidence Pipeline</b>	Seeking to transform study identification for Cochrane and other evidence synthesis producer from the top of the Pipeline where research enters the system via large, sensitive searches run across a range of sources, and retrieved via automation through tailored workflows enriching with metadata. This dynamic enrichment process is undertaken using both human and artificial intelligence working together to produce accurate, reliable metadata about studies.	We could enable researchers to build and implement an evidence pipeline within their own domain areas, including those outside of health. It would give users the ability to build workflow pipelines that leverage people and artificial intelligence, and enable users to identify existing research through guided development and automatic scheduling and running of comprehensive searches across a range of relevant sources using the latest interrogation technology.	Enable non-Cochrane entities to build their own evidence pipelines		This was proposed in Project Radar, an unsuccessful grant proposal to Innovate UK. Despite being unsuccessful, the proposal did score well in all categories
<b>Linked data tool suite</b>	Since 2014, Cochrane has been developing its linked data capability. This has involved the development of a number of tools: The Cochrane PICO ontology The Cochrane PICO vocabulary The vocabulary browser The Cochrane annotator	The PICO model is widely used and taught in evidence-based health care as a strategy for formulating questions and search strategies and for characterising clinical studies or meta-analyses. A detailed ontology needed to be created to ensure that the PICOs produced were consistent and of sufficient detail.  As well as an ontology, a core component was the development of a curated dictionary of terms, specifically for use with the PICO model that maps to other widely used vocabularies and an online browser that enables those creating the PICO annotations to identify the correct terms to use, with a specially designed, portable application/plugin that enables a user to annotate content according to the PICO model with the Cochrane vocabulary.	Enable non-Cochrane entities to use the PICO tool kit on their content		This is already being piloted with Vivli

## 4. Cochrane Library and New Product Development Proposal

<b>Microlearning educational materials</b>	Microlearning, the breaking of down of large, often complex topics into bitesize segments, and often incorporating gamified elements, has proved increasingly popular over recent years	<p>To date, three sets of microlearning modules have been developed on Cochrane Crowd:</p> <p><b>Key Concepts in research</b> made up of seven micro-modules, <b>Study Designs for the Complete Beginner</b>, made up of seven micro-modules</p> <p><b>Introducing Health Equity</b>, made up of six modules,</p>			The modules have been accessed thousands of times.
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## Governing Board: Decision Paper

# Cochrane Library Concept Tests

An Assessment of Potential Additions to Cochrane  
Library Functionality

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August 3, 2022

## Resources

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[Link to recorded meeting](#)

[Excel file with cross-tabs](#) – download a local copy to edit

[Excel file with survey data](#) – download a local copy to edit



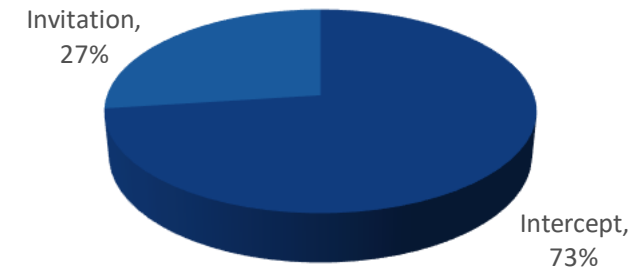
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## Background/Methodology

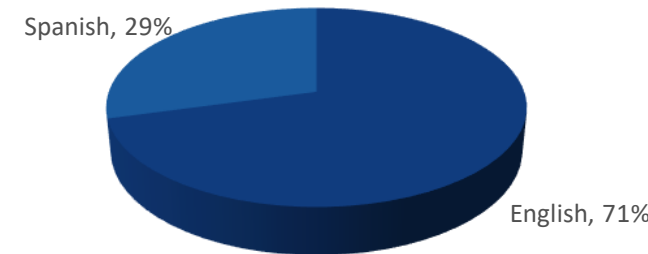
- Cochrane Library is evaluating different features that could provide value to their users. This report shows the reaction to six potential products/services that Cochrane could develop for the library, and assess their impact on the perceived value of a subscription to Cochrane Library. The six concepts were shown in random order to prevent any bias.
- The study was conducted via Qualtrics from June 23rd through July 18th, 2022. The survey was fielded using two methods. The first was an email sent to a list of Cochrane Library users, resulting in 297 responses. The second was an intercept placed on the Cochrane Library website, resulting in 800 responses. There was a total of 1,097 respondents.
- The survey, invitation and intercept were translated into Spanish. Contacts from a Spanish-speaking country were sent the Spanish invitation, and those who accessed the Spanish-language version of Cochrane Library were provided with the Spanish-language intercept. There were 776 English-language responses and 321 Spanish-language responses. For the English-language responses, 499 were from the intercept and 277 from the invitation. For the Spanish-language responses, 301 were from the intercept and 20 from the invitation.
- The report relies on many types of advanced statistical procedures, including Factor Analysis (to see distinct and overlapping trends) and Regression Trees (to determine the impact on a target variable).

Version of the survey



Source: Qualtrics

Survey Language



Source: Qualtrics

# Methodology

- The survey data is compared across groups. Items are listed on a slide when there is a statistically significant difference (i.e., that item is different from the other items within that group). When items are not listed, they are not significantly different from the overall measure (with 99% confidence).

## Reason for Visit

- Care for a Patient
- Make an Organizational Decision
- Conduct Research
- Make Policy Decisions
- Educational as a Teacher
- Educational as a Student
- Care for a Loved One

## Frequency of Visit

- Visit at Least Weekly
- Visit Monthly
- Visit Less than Monthly

## Language

- English
- Spanish

## Recruitment Method

- Invitation
- Intercept

## Region

- Africa
- Americas
- Asia Pacific
- Central Asia
- Europe
- Middle East
- United States/Canada

## Years of Experience

- ≤5 Years
- 6-20 Years
- 21+ Years

## Workplace

- Hospital/Medical Facility
- University
- Medical School
- Research facility
- Government
- Corporation

## Employed

- Employed
- Not Employed

## Impact on Subscription Value

- Increases Value Greatly
- Increases Value Somewhat
- No Impact
- Reduces Value

## Subscriber Status

- CL Subscriber
- National Provision
- Past Subscriber
- Never a Subscriber

## Librarians

- Librarian
- Not Librarian



## Executive Summary

- The proposed concepts are seen as greatly increasing the value of a subscription to Cochrane Library. As long as there is value placed on enhanced Randomized Clinical Trials, the concepts would greatly add value. The most enthusiastic would also like to re-use Cochrane data and have access to outside data.
- The concepts appeal even more so to those who need to make organizational decisions, especially at medical facilities. There is also greater appeal among educators, who particularly value the ability to gain access to data files. The only group who does not greatly value it are those who visit to care for a loved one.
- Cochrane Library users face the twin challenges of finding information and then applying information. Librarians are especially challenged by the issues that the concepts are designed to solve. Being able to share data is the least challenging aspect for Library users.
- There is a sharp split in the data between those who were invited to take the survey and those who were intercepted. The who were invited tend to be English-speaking, Cochrane Library subscribers, from the United States and work at a university. Those who were intercepted visit Cochrane Library twice as often, are enthusiastic about the concepts, work at a hospital and speak Spanish.

# Experience with Cochrane Library

## Experience with Cochrane Library

**Cochrane Library users face the twin challenges of finding information and then applying information. Librarians are especially challenged by the issues that the concepts are designed to solve. Being able to share data is the least challenging aspect for Library users. The more users visit the Library, the more value they place on the proposed concepts.**

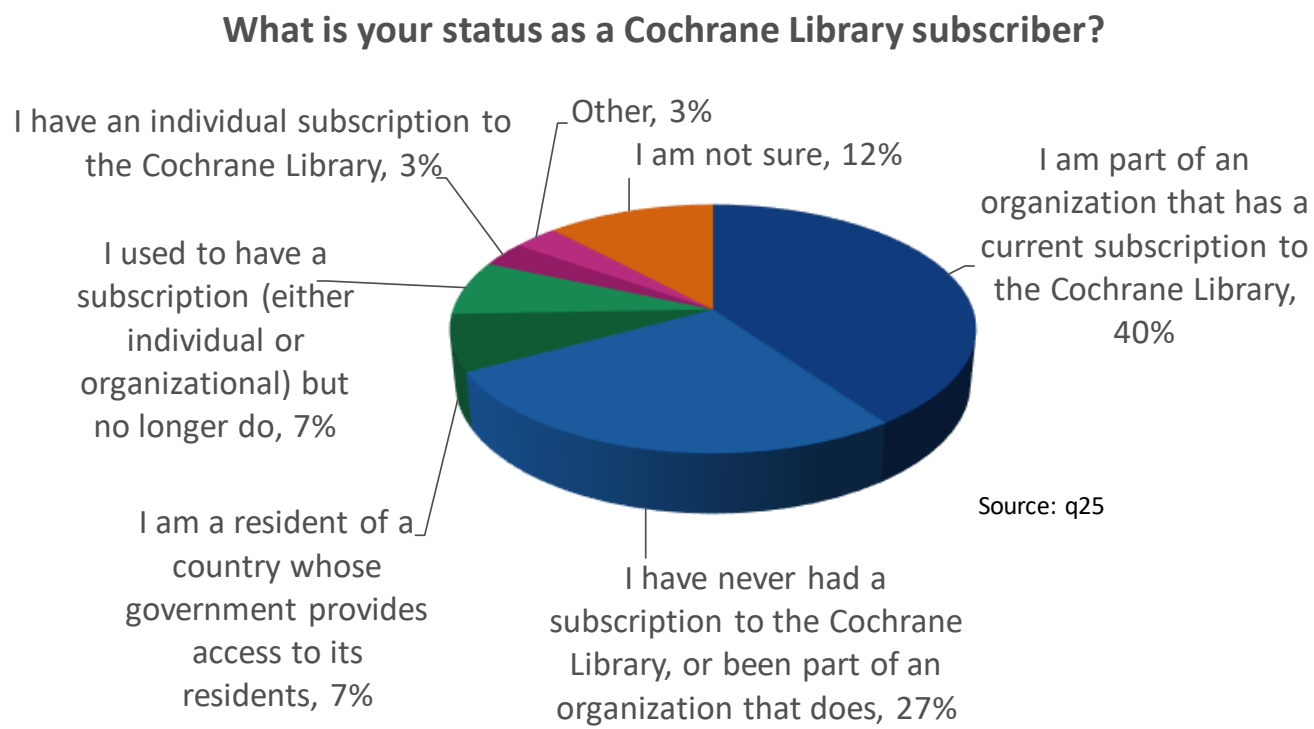
- The survey has 40% of respondents indicate that they have a subscription via their organization. However, half of those who greatly value the proposed concepts have a subscription via their organization. Most libraries subscribe to Cochrane Library, even among those who participated via the intercept.
- On average, users visit Cochrane Library nearly four times per month. Users who respond the most-positively toward the concepts visit more than once per week.
- None of the top professional use cases (researchers, decision-makers or clinicians) are more or less inclined to value the proposed concepts, with a very positive reception across the key personas.
- The top challenges among Cochrane Library Users are finding data across multiple sources, finding records of important studies and identifying all of the relevant data available. Users who were invited to the survey are challenged even more by these items. Librarians are especially challenged by making sure they have all of the relevant data needed.

4. Cochrane Library and New Product Development Proposal

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# Half of those who say the concepts greatly add value to a subscription are a part of an organization that has a subscription

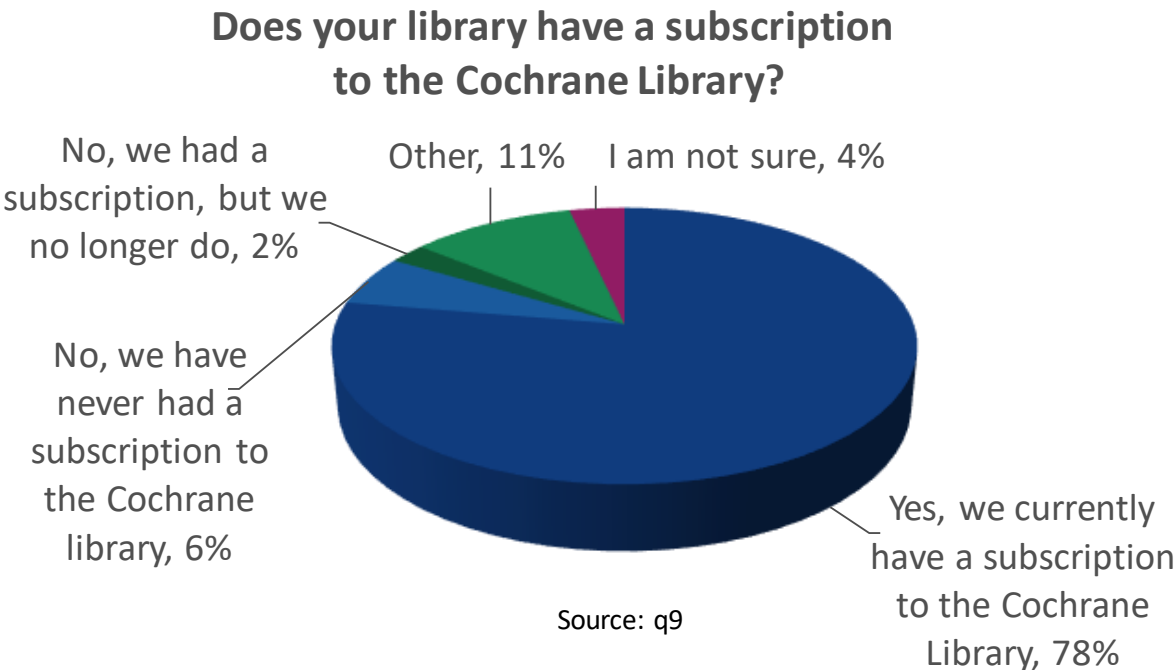
Over two-thirds of those who were invited to the survey have a subscription via an organization, but only one-quarter of those who were intercepted on the site have an organizational subscription.



	More Likely:	Less Likely:
Part of organization	<ul style="list-style-type: none"><li>University (70%)</li><li>Invitation (69%)</li><li>Medical School (66%)</li><li>Conduct Research (60%)</li><li>United States/Canada (57%)</li><li>Europe (49%)</li><li>Value Increased Greatly (48%)</li><li>21+ Years (47%)</li><li>Employed (46%)</li><li>English Language (46%)</li></ul>	<ul style="list-style-type: none"><li>Care for Loved One (4%)</li><li>Central Asia (14%)</li><li>Corporation (15%)</li><li>Value Not Impacted (17%)</li><li>&lt;=5 Years (19%)</li><li>Americas (20%)</li><li>Spanish Language (25%)</li><li>Intercept (28%)</li><li>Care for Patient (30%)</li></ul>
Never subscribed	<ul style="list-style-type: none"><li>Americas (48%)</li><li>Care for Loved One (48%)</li><li>&lt;=5 Years (44%)</li><li>Value Not Impacted (44%)</li><li>Spanish Language (42%)</li><li>Educational as Student (42%)</li><li>Intercept (35%)</li><li>Hospital/Medical Facility (29%)</li></ul>	<ul style="list-style-type: none"><li>Medical School (5%)</li><li>Invitation (7%)</li><li>University (7%)</li><li>Conduct Research (14%)</li><li>Europe (16%)</li><li>United States/Canada (19%)</li><li>21+ Years (20%)</li><li>English Language (22%)</li><li>Employed (22%)</li></ul>
National Provision	<ul style="list-style-type: none"><li>Asia Pacific (14%)</li><li>6+ Years (8%)</li></ul>	<ul style="list-style-type: none"><li>United States/Canada (3%)</li><li>&lt;=5 Years (4%)</li></ul>
Past subscriber	<ul style="list-style-type: none"><li>6+ Years (8%)</li></ul>	<ul style="list-style-type: none"><li>&lt;=5 Years (2%)</li><li>Visit Weekly (4%)</li></ul>
Individual subscription	<ul style="list-style-type: none"><li>Care for Patient (9%)</li><li>Visit Weekly (8%)</li></ul>	

# Three-quarters of the librarians currently have a subscription to Cochrane Library

Even a majority of those who participated via the intercept have a subscription. Most of the librarians who answered ‘other’ are part of a national provision, including those from Australia, Norway and the UK.

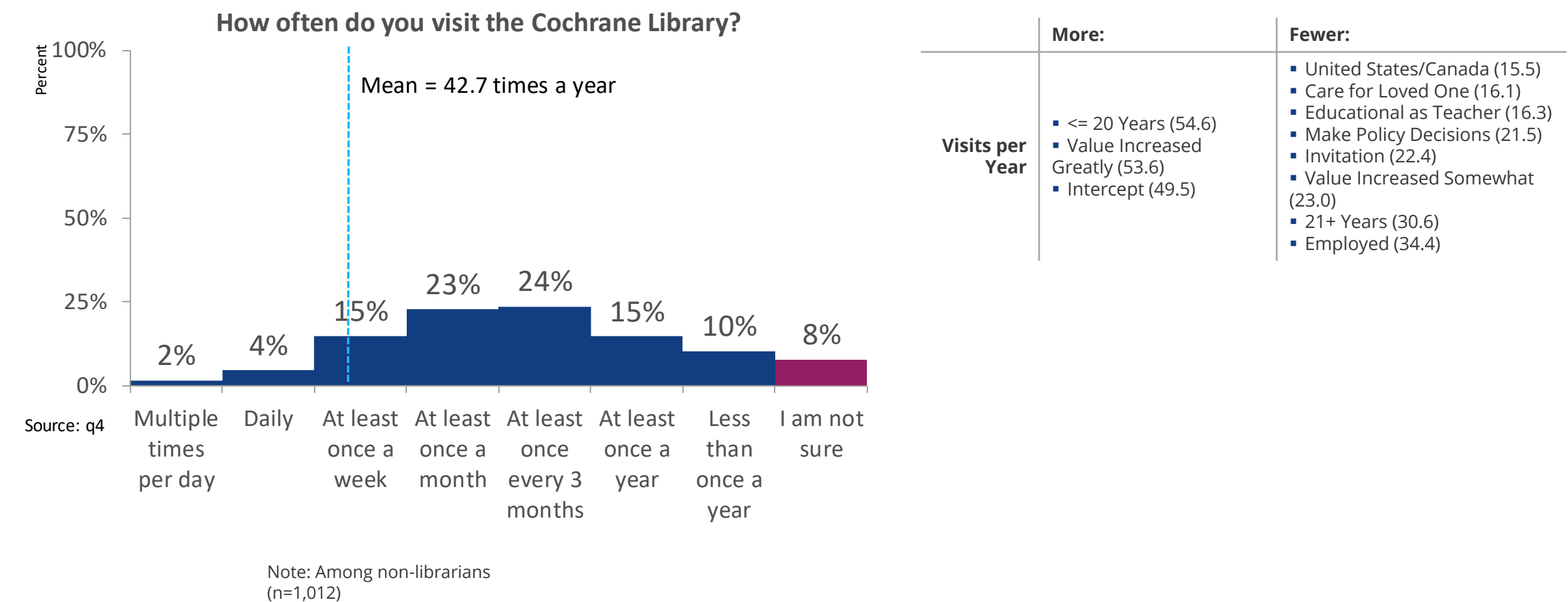


	More Likely:	Less Likely:
Yes	<ul style="list-style-type: none"> <li>United States/Canada (89%)</li> <li>Invitation (89%)</li> <li>&lt;=20 Years (88%)</li> </ul>	<ul style="list-style-type: none"> <li>Intercept (61%)</li> <li>21+ Years (63%)</li> </ul>
No		
Past		
Other	<ul style="list-style-type: none"> <li>Europe (35%)</li> </ul>	
Not sure		

Note: Among librarians (n=85).

# Cochrane Library users who are the most positive toward the proposed concepts visit the Library much more often

Those who say the proposed concepts would greatly increase the value of the Library visit more than twice as often as those who say the concepts would only somewhat increase the value of the Library. Users in North America visit Cochrane Library much less often.



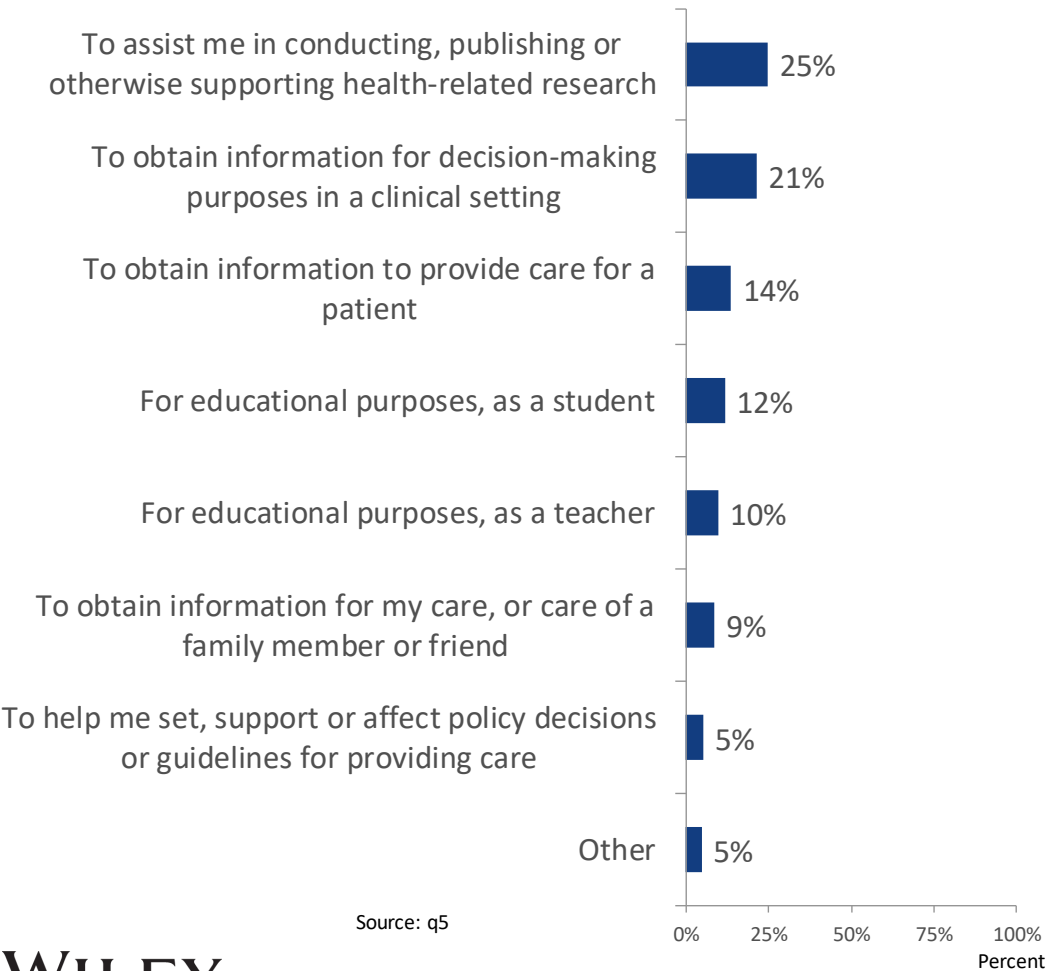
4. Cochrane Library and New Product Development Proposal

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# Users who see the proposed concepts to be very valuable are more likely to visit Cochrane Library for one of the professional use cases

Nearly two-thirds of the users are either conducting research, making decisions for clinics or treating a patient – and they are not impacted by the concepts.

Which of the following is the primary reason why you typically visit the Cochrane Library?



Note: Among non-librarians (n=1,012)

	More Likely:	Less Likely:
Conducting, publishing, supporting research	<ul style="list-style-type: none"><li>Research Facility (59%)</li><li>University (57%)</li><li>Invitation (51%)</li><li>Subscriber (39%)</li><li>English (29%)</li></ul>	<ul style="list-style-type: none"><li>Never Subscriber (14%)</li><li>Spanish (14%)</li><li>Americas (14%)</li><li>Intercept (16%)</li><li>Hospital/Medical Facility (20%)</li></ul>
Obtain information for decision-making in clinical setting	<ul style="list-style-type: none"><li>Hospital/Medical Facility (37%)</li></ul>	<ul style="list-style-type: none"><li>University (6%)</li><li>&lt;=5 Years (10%)</li></ul>
Obtain information for patient care	<ul style="list-style-type: none"><li>Asia Pacific (24%)</li><li>Hospital/Medical Facility (22%)</li></ul>	<ul style="list-style-type: none"><li>Medical School (2%)</li><li>Government (3%)</li><li>University (5%)</li><li>Central Asia (7%)</li></ul>
Educational – student	<ul style="list-style-type: none"><li>&lt;=5 Years (31%)</li><li>Central Asia (28%)</li><li>Intercept (14%)</li></ul>	<ul style="list-style-type: none"><li>21+ Years (3%)</li><li>Employed (5%)</li><li>Invitation (5%)</li></ul>
Educational – teacher	<ul style="list-style-type: none"><li>Medical School (39%)</li><li>University (26%)</li><li>21+ Years (16%)</li></ul>	<ul style="list-style-type: none"><li>Corporation (3%)</li><li>Middle East/Africa (3%)</li><li>Research Facility (4%)</li><li>&lt;=5 Years (4%)</li></ul>
Obtain information for personal care	<ul style="list-style-type: none"><li>Corporation (23%)</li><li>&lt;=5 Years (17%)</li><li>Never Subscriber (13%)</li><li>Visit Less than Monthly (11%)</li></ul>	<ul style="list-style-type: none"><li>Subscriber (1%)</li><li>Hospital/Medical Facility (2%)</li><li>Visit Weekly (2%)</li><li>University (2%)</li><li>Value Increased Greatly (5%)</li><li>Employed (5%)</li></ul>
Set, support, affect policy/guidelines for care	<ul style="list-style-type: none"><li>Government (35%)</li><li>Visit Monthly (10%)</li></ul>	<ul style="list-style-type: none"><li>University (1%)</li><li>&lt;=5 Years (2%)</li><li>Asia Pacific (2%)</li><li>Invitation (3%)</li></ul>
Other		<ul style="list-style-type: none"><li>Hospital/Medical Facility (&lt;1%)</li><li>Subscriber (2%)</li><li>Visit Monthly (3%)</li></ul>

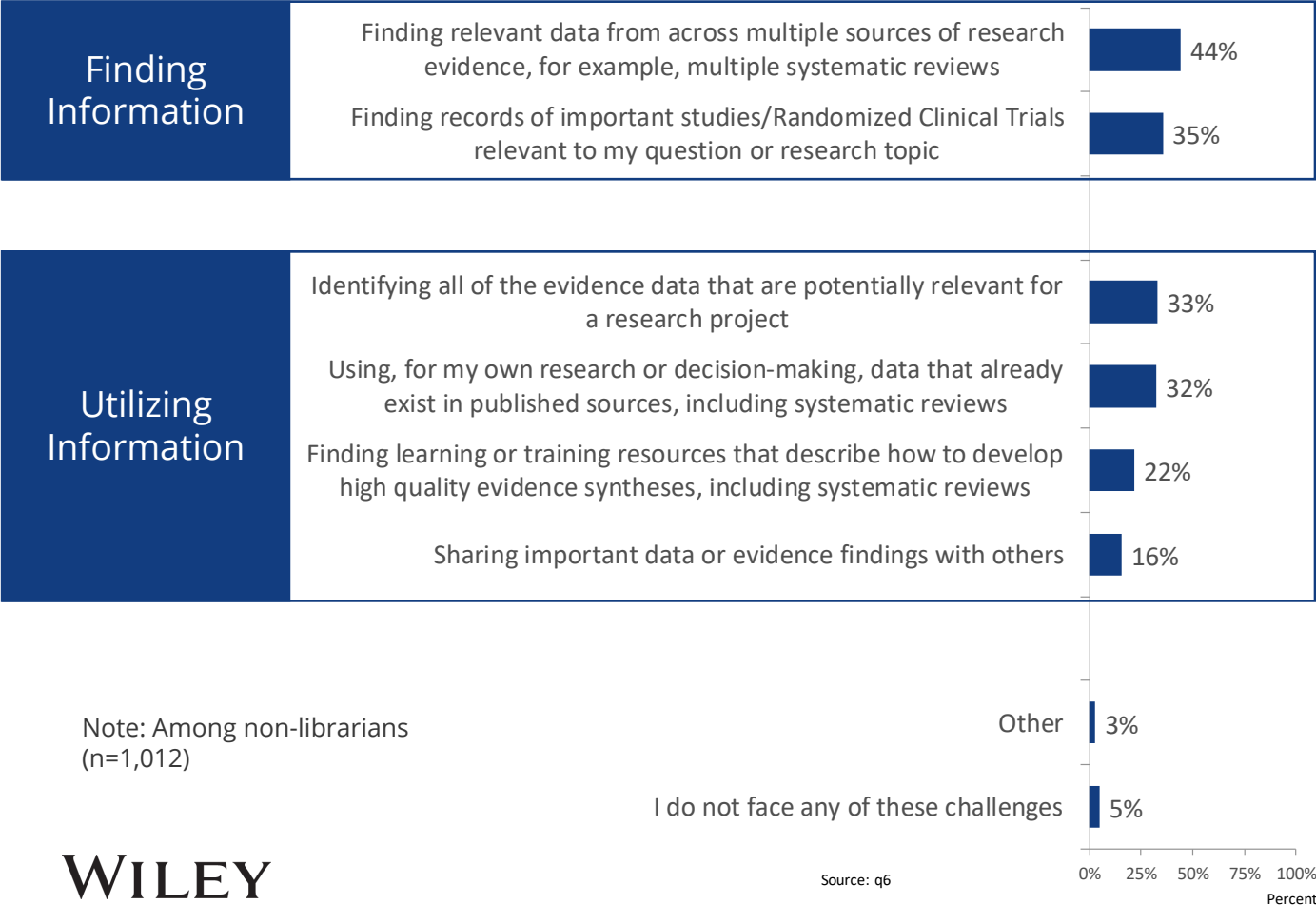
4. Cochrane Library and New Product Development Proposal

The proposed concepts address significant challenges that the medical community faces, including finding data across sources and RCTs

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Individuals who were invited to participate in the survey are more likely to be researchers, who in turn are more likely to be challenged by identifying all of the evidence that is potentially relevant for a research project.

Which of the following challenges do you face when finding or using health or medical information?



	More Likely:	Less Likely:
Finding Information	<ul style="list-style-type: none"><li>Invitation</li><li>Conduct Research</li><li>English Language</li></ul>	<ul style="list-style-type: none"><li>Care for Loved One</li><li>Spanish Language</li><li>Visit Weekly</li><li>Intercept</li></ul>
Utilizing Information	<ul style="list-style-type: none"><li>Medical School</li><li>Conduct Research</li><li>Invitation</li><li>English Language</li></ul>	<ul style="list-style-type: none"><li>Educational as Student</li><li>Spanish Language</li><li>Care for Loved One</li><li>Hospital/Medical Facility</li><li>Intercept</li></ul>
Other	<ul style="list-style-type: none"><li>English Language (4%)</li><li>Intercept (4%)</li></ul>	<ul style="list-style-type: none"><li>Invitation (1%)</li><li>Conduct Research (1%)</li><li>Spanish Language (2%)</li><li>Subscriber (2%)</li></ul>
None	<ul style="list-style-type: none"><li>Care for Loved One (14%)</li></ul>	<ul style="list-style-type: none"><li>Asia Pacific (2%)</li><li>Care for Patient (2%)</li><li>Make an Organizational Decision (2%)</li></ul>

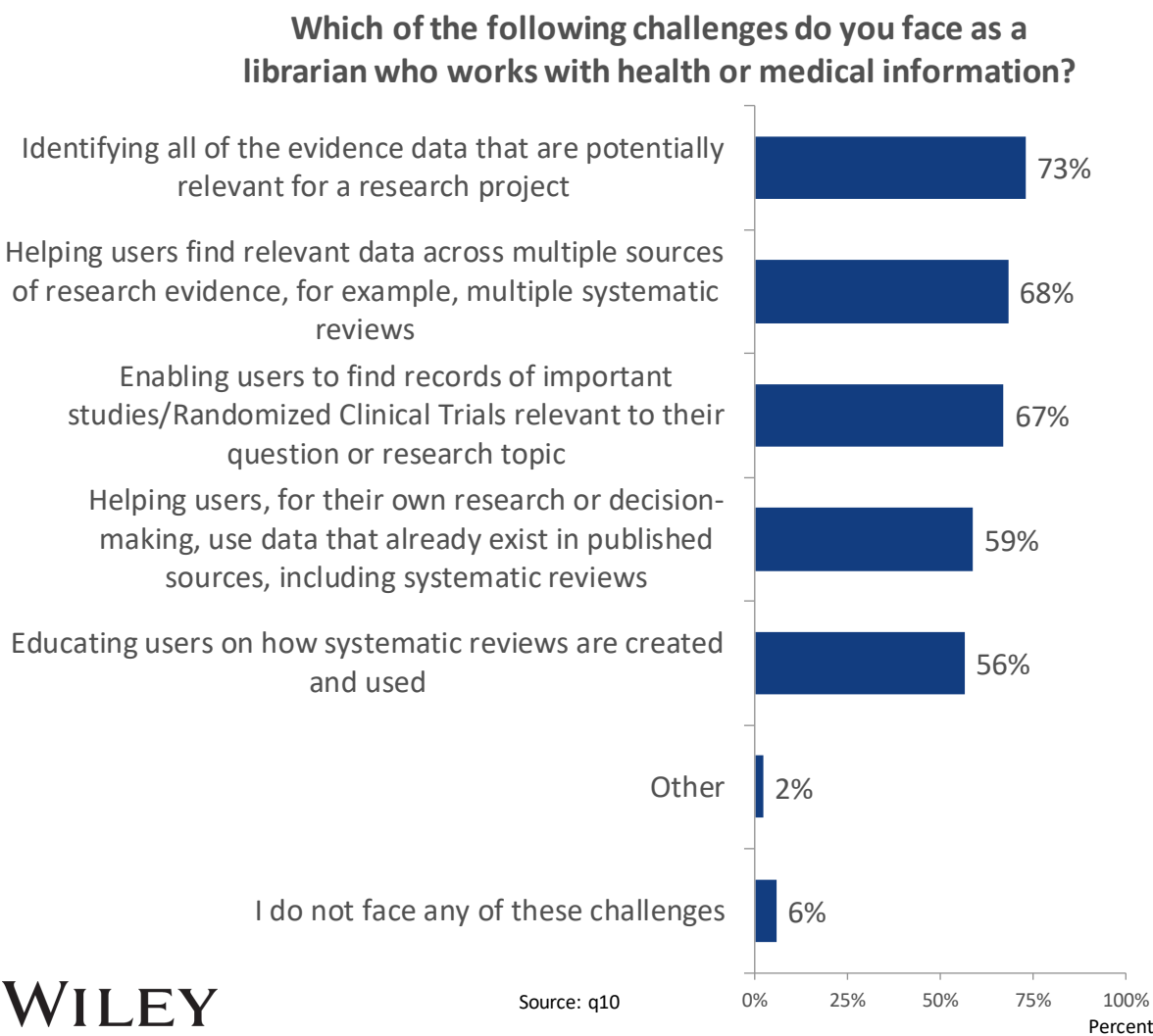


4. Cochrane Library and New Product Development Proposal

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# Over half of the librarians are challenged by each of the items that the proposed concepts are designed to resolve

More-experienced librarians struggle more with educating users on how systematic reviews are created and used.



	More Likely:	Less Likely:
Identifying relevant data for research project	<div>United States/Canada (81%)</div>	
Helping users find relevant data across multiple sources		
Enabling users to find records of relevant studies/trials	<div>6-20 Years (82%)</div>	<div>&lt;=5 Years (10%)</div>
Helping users use existing data		
Educating users on systemic reviews	<div>Value Increased Greatly (75%)</div> <div>6+ Years (64%)</div>	<div>&lt;=5 Years (30%)</div>
Other		
None		

Note: Among librarians (n=85).

# Potential improvements

## Potential Improvements

**The proposed concepts are seen as greatly increasing the value of a subscription to Cochrane Library. The only group who does not greatly value it are those who visit to care for a loved one. As long as there is value placed on enhanced Randomized Clinical Trials, the concepts would greatly add value. The most enthusiastic would also like to re-use Cochrane data and have access to outside data.**

- The most-valued concept is allowing search for meta-analyses across multiple reviews, including PICO searches. Decision-makers and those who work at a hospital/medical facility value it even more. This feature would be more of an attraction to the Library for end-users than it would be for librarians.
- At a close second is the concept for providing access to further data across the evidence ecosystem. This concept appeals especially to educators, who would be much more likely to visit Cochrane Library if it were available. European librarians especially see much greater value in a subscription if this feature were included.
- The enhanced information about randomized Clinical Trials would be quite valuable. This also appeals very much to users who need to make decisions for organizations. This would draw more users from Central Asia, but fewer who work for corporations.
- The ability to search reviews in new ways would be very valuable to users who visit Cochrane Library at least weekly. Librarians see much less value in this concept. European users are less likely to visit Cochrane Library due to this feature.
- The systematic-review learning and training is not as valued overall, but educators and students are quite positive toward it. Educators, frequent visitors and hospital workers would be more likely to visit Cochrane Library due to this feature.
- The ability to re-use Cochrane Data is the least-valued concept, although it is still valued – especially by educators. It is less of a draw to the Library for those in Europe or the United States/Canada.
- In general, the concepts were valued more by those who answered in Spanish and those who visit Cochrane Library more frequently. The concepts tend to be less-valued, but still seen as valuable, by those in the United States/Canada and those who are visiting to care for loved ones.

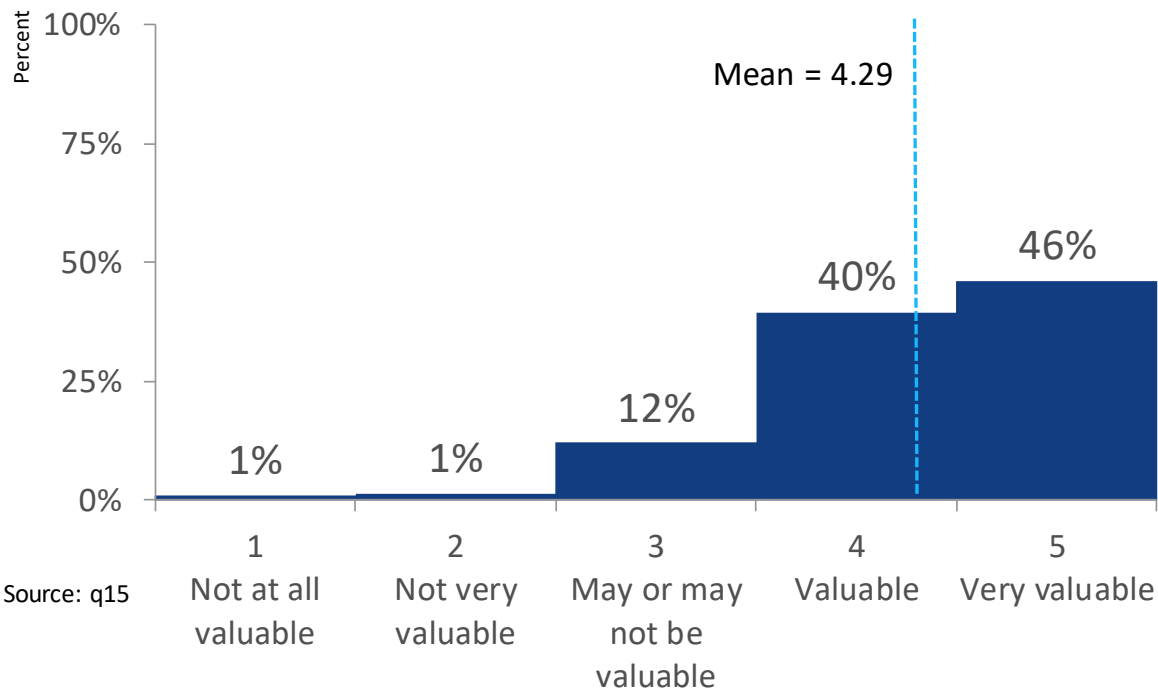
4. Cochrane Library and New Product Development Proposal

# Allowing searches for meta-analyses is the most-valued concept that Cochrane Library tested, especially for those at hospitals

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Individuals who work at a hospital or who visit Cochrane Library to make an organizational decision are place much more value on searchable meta-analyses.

How valuable would the ability to more effectively find meta-analyses presented across multiple Cochrane Reviews be to you in your role?



Cochrane Library is looking at potential ways to enable users to better find meta-analyses ("data and analysis tables") that address the healthcare outcomes they are interested in across multiple reviews.

Cochrane could enable a PICO (Patient, Intervention, Comparison, Outcome) search for meta-analyses across reviews. There could be a particular focus on helping users find meta-analyses that address important high-level outcomes (e.g., adverse events, mortality, etc.)

	More valuable:	Less valuable:
Meta-analyses	<ul style="list-style-type: none"><li>Americas (4.59)</li><li>Spanish Language (4.56)</li><li>Value Increased Greatly (4.52)</li><li>Make an Organizational Decision (4.50)</li><li>Hospital/Medical Facility (4.47)</li><li>Visit At Least Monthly (4.48)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.80)</li><li>Care for Loved One (3.93)</li><li>Librarians (4.02)</li><li>United States/Canada (4.09)</li><li>Value Increased Somewhat (4.12)</li><li>English Language (4.18)</li><li>Visit Less than Monthly (4.21)</li></ul>

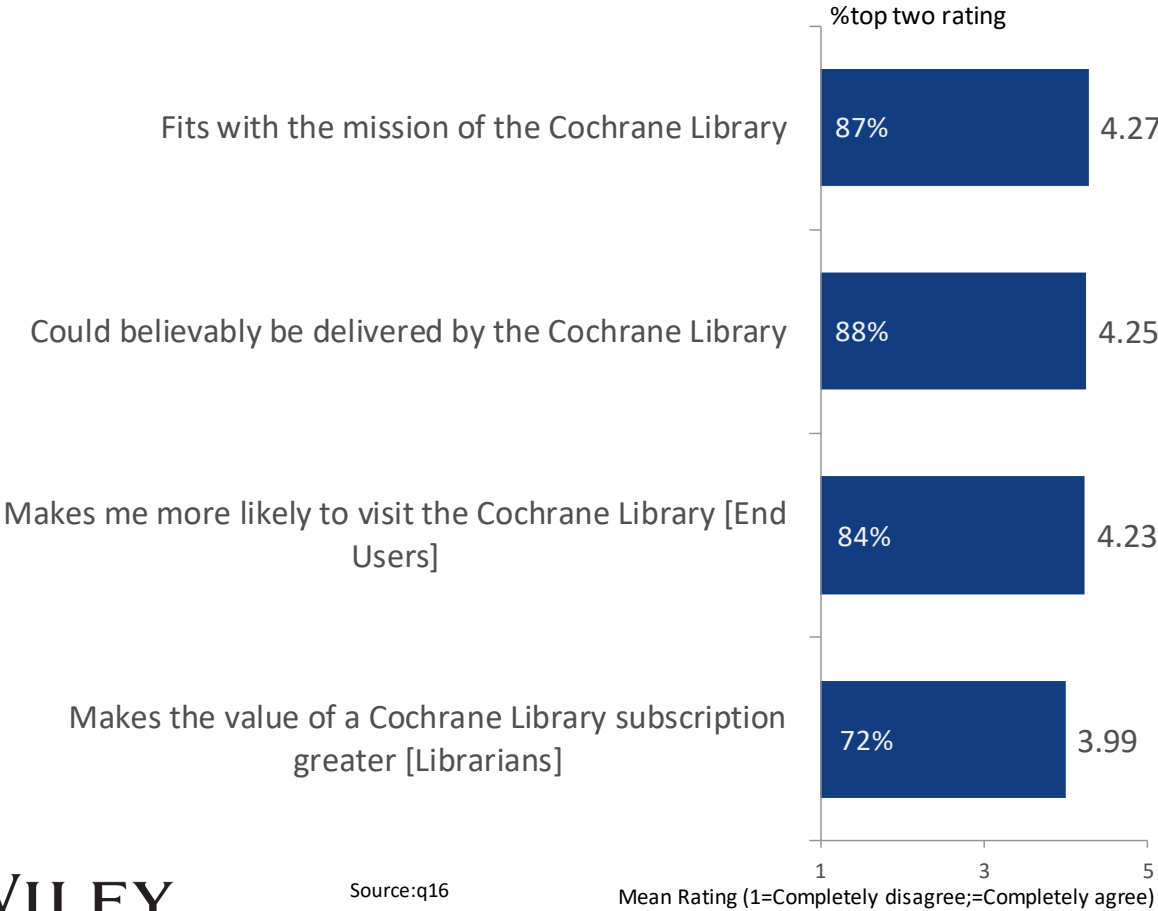
4. Cochrane Library and New Product Development Proposal

# Cochrane Librarian users completely agree that searchable meta-analyses fits the mission and could be delivered by Cochrane Library

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Being able to search meta-analyses has a bigger impact on wanting researchers/practitioners to visit Cochrane Library than it does on librarian’s opinion of the value of a subscription.

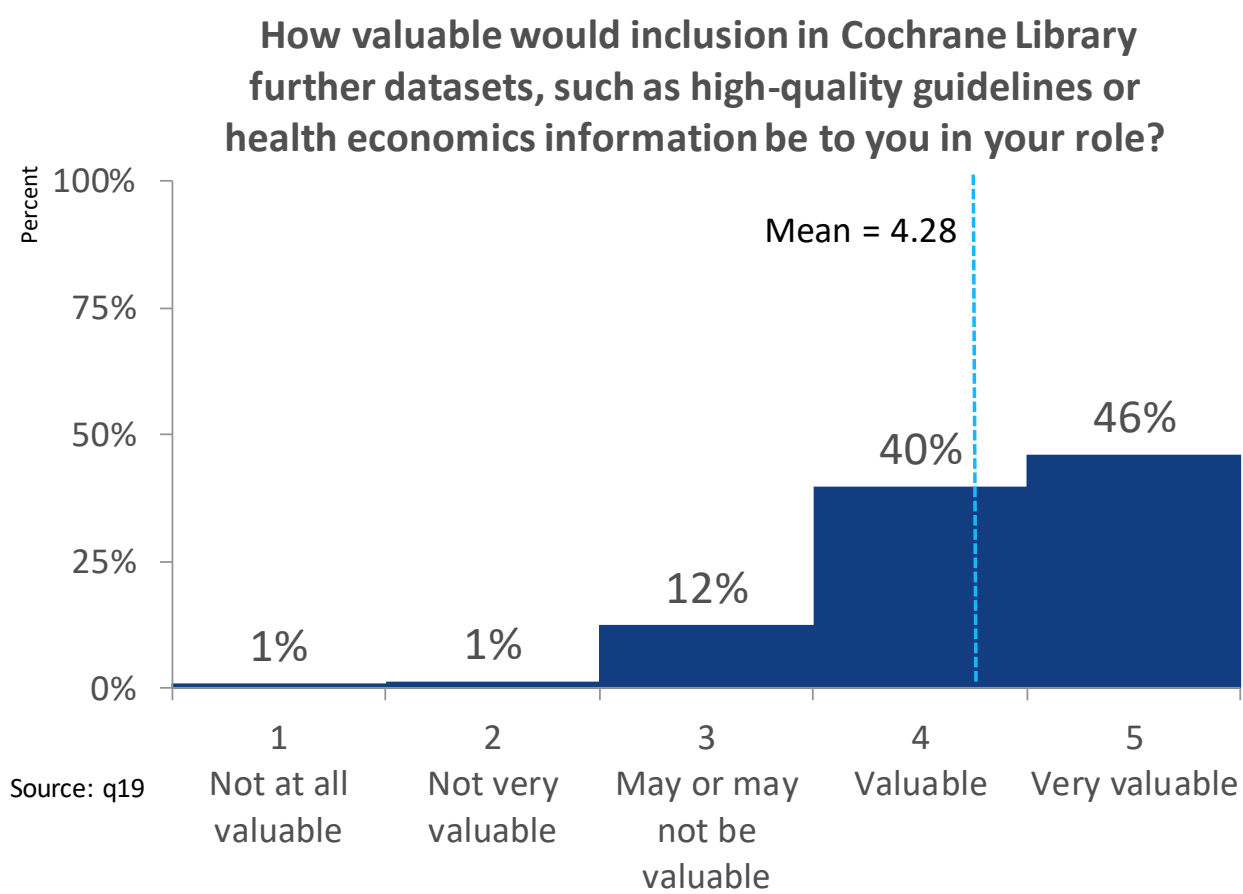
Indicate your level of agreement with each of the following about the effective finding of meta-analyses across multiple reviews. The concept...



	Agree more:	Agree less:
Fits mission	<ul style="list-style-type: none"><li>Value Increased Greatly (4.49)</li><li>Americas (4.44)</li><li>Employed (4.37)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.82)</li><li>Value Reduced (3.95)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Value Increased Greatly (4.47)</li><li>Educational as Teacher (4.44)</li><li>Americas (4.40)</li><li>Employed (4.36)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.75)</li><li>Value Not Impacted (3.91)</li></ul>
More likely to visit	<ul style="list-style-type: none"><li>Value Increased Greatly (4.48)</li><li>Americas (4.45)</li><li>Spanish Language (4.41)</li><li>Make an Organizational Decision (4.39)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.65)</li><li>Care for Loved One (4.01)</li><li>Value Increased Somewhat (4.04)</li><li>Visit Less than Monthly (4.13)</li><li>English Language (4.16)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.54)</li></ul>	<ul style="list-style-type: none"><li>Value Increased Somewhat (3.76)</li></ul>

# The ability to access data beyond the Cochrane Library ecosystem would be viewed as being very valuable

Educators see even more value than do those who have other use cases, especially those who are based in the Americas. Those in the Asia Pacific place the least value on it among all of the regions.



Cochrane Library is considering providing access to further data from across the evidence ecosystem. This could include information about important clinical guidelines published internationally (including guideline recommendations and the research evidence underpinning those recommendations) and/or sources providing data on health economics and burden of disease.

This would provide Cochrane Library users more evidence data and support the application of evidence in decision-making.

There is potential for cross-search of non-Cochrane datasets with Cochrane Reviews, including standard and PICO searches.

	More valuable:	Less valuable:
Further datasets	<ul style="list-style-type: none"><li>Americas (4.58)</li><li>Spanish Language (4.57)</li><li>Educational as Teacher (4.52)</li><li>Value Increased Greatly (4.50)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.58)</li><li>Value Reduced (3.80)</li><li>Care for Loved One (4.09)</li><li>United States/Canada (4.11)</li><li>Asia Pacific (4.11)</li><li>English Language (4.18)</li></ul>

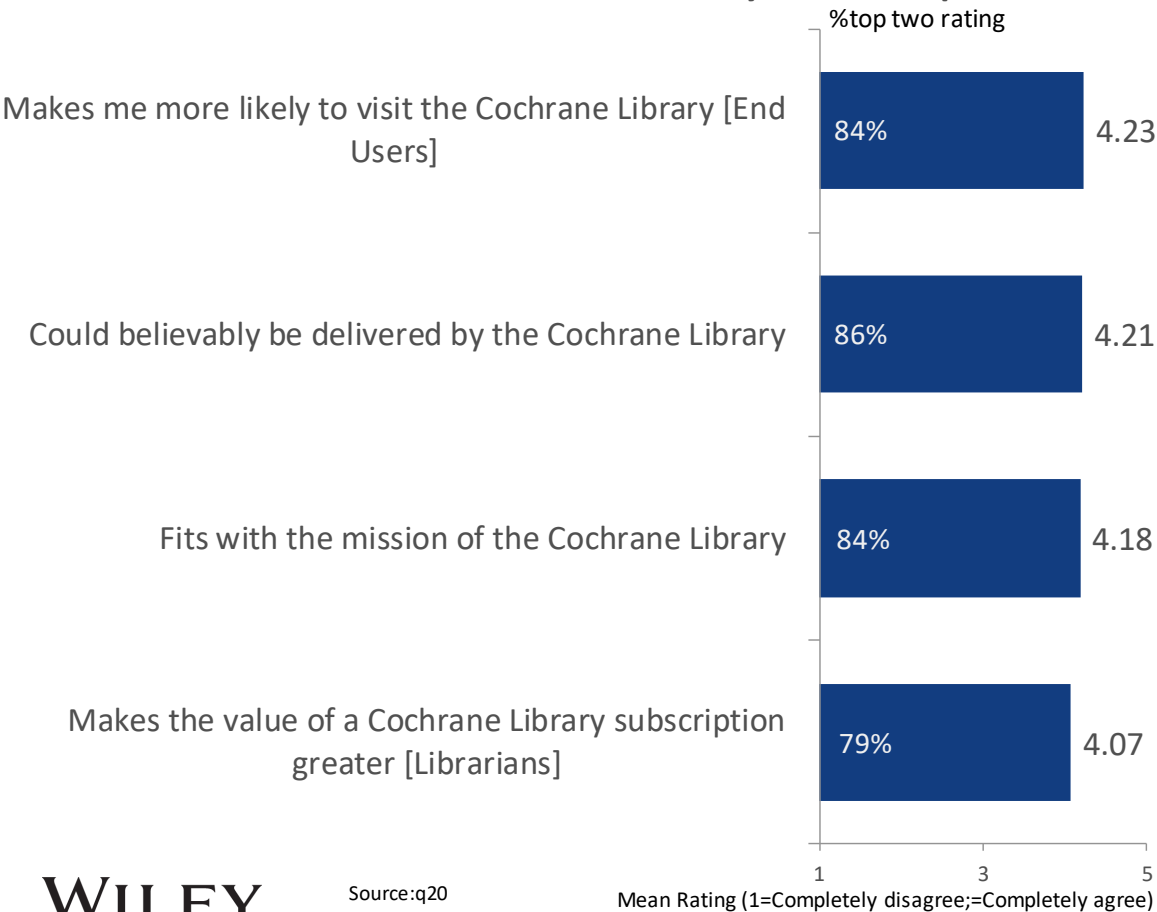
4. Cochrane Library and New Product Development Proposal

The inclusion of further datasets would encourage more visitors, but is the least likely to fit with the mission of Cochrane Library

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Librarians and government workers are the least likely to believe that access to outside datasets are aligned with the mission of Cochrane Library.

Indicate your level of agreement with each of the following about the inclusion of further datasets in Cochrane Library. The concept...



	Agree more:	Agree less:
More likely to visit	<ul style="list-style-type: none"><li>Value Increased Greatly (4.45)</li><li>Americas (4.44)</li><li>Spanish Language (4.42)</li><li>Make an Organizational Decision (4.40)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.51)</li><li>Care for Loved One (3.97)</li><li>Value Increased Somewhat (4.10)</li><li>English Language (4.15)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Value Increased Greatly (4.47)</li><li>Educational as Teacher (4.43)</li><li>Spanish Language (4.39)</li><li>Americas (4.38)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.65)</li><li>Value Not Impacted (3.78)</li><li>Care for Loved One (3.99)</li><li>Value Increased Somewhat (4.05)</li><li>English Language (4.15)</li></ul>
Fits mission	<ul style="list-style-type: none"><li>Value Increased Greatly (4.44)</li><li>Educational as Teacher (4.40)</li><li>Americas (4.37)</li><li>Spanish Language (4.33)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.59)</li><li>Librarians (3.98)</li><li>Government (4.00)</li><li>Value Increased Somewhat (4.02)</li><li>English Language (4.13)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.57)</li><li>Europe (4.40)</li></ul>	<ul style="list-style-type: none"><li>Value Increased Somewhat (3.91)</li></ul>

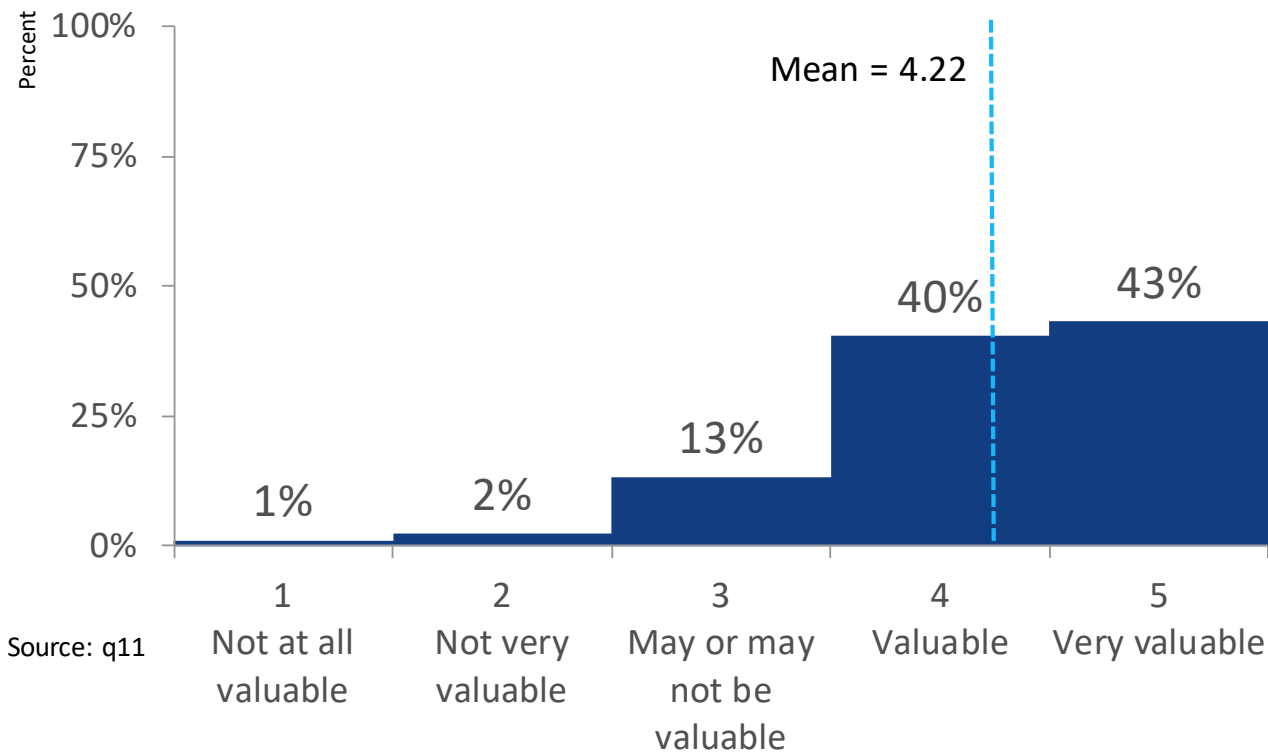
4. Cochrane Library and New Product Development Proposal

# The enhanced RCTs would be quite valuable, especially to those who are making an organizational decision

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The enhanced Randomized Clinical Trials are more valuable to those who visit Cochrane Library at least monthly than to those who visit less often. Those in the United States/Canada do not see it as valuable as those in other regions, but still see it as valuable.

How valuable would enhanced RCT information in Cochrane Library be to you in your role?



Source: q11

Cochrane Library is considering enhancing information about Randomized Clinical Trials (RCTs) in CENTRAL and Characteristics of Studies tables.

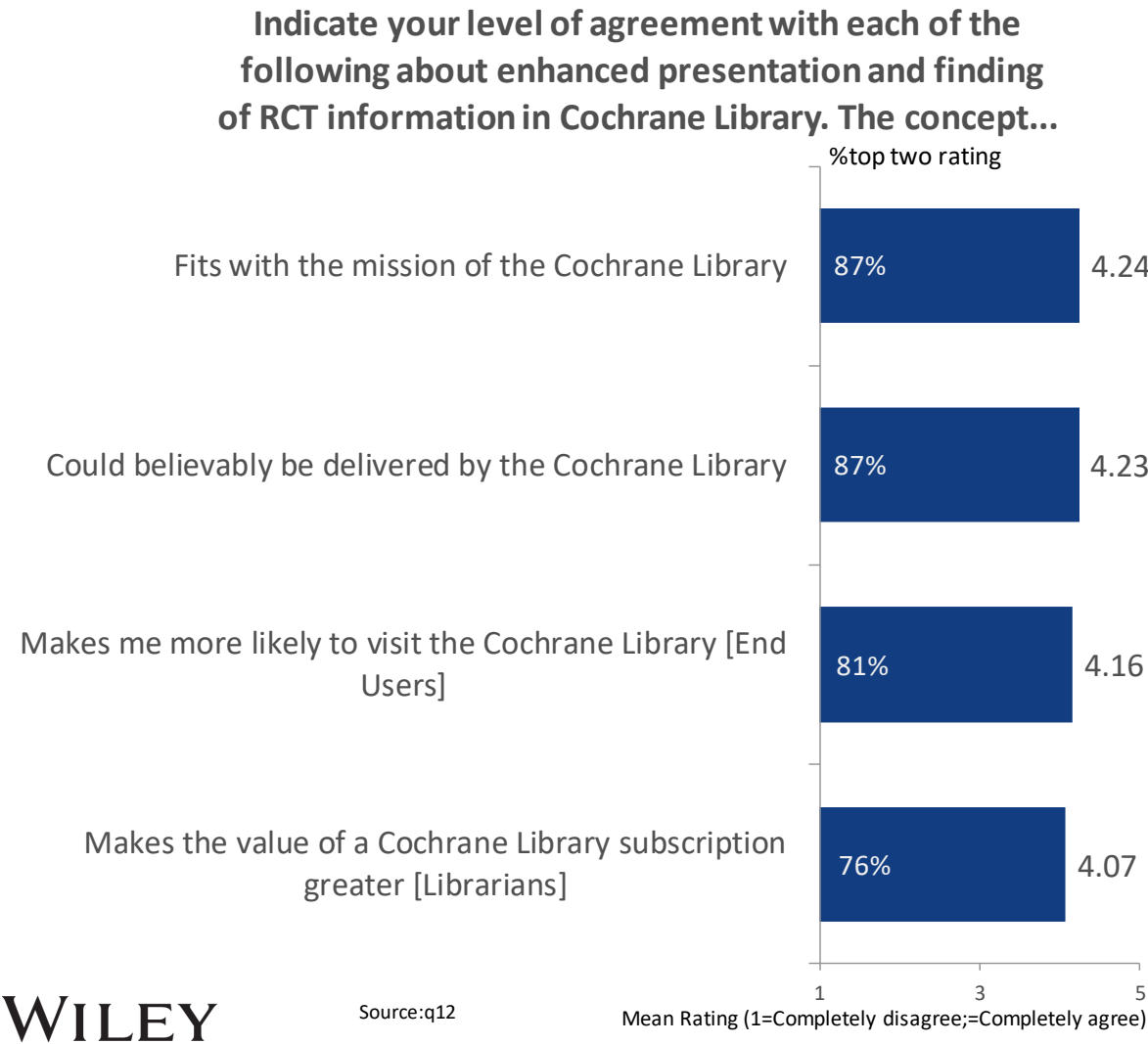
In particular, we are considering development of:

- 1) PICO [Population, Intervention, Comparison, Outcome] descriptions of RCTs cited in Cochrane Library - enabling them to be found in a PICO search
- 2) Describing RCT records by other criteria (e.g., study setting, study design) allowing studies to be filtered or searched by those criteria too.

	More valuable:	Less valuable:
Enhanced RCT information	<ul style="list-style-type: none"><li>Americas (4.55)</li><li>Spanish Language (4.52)</li><li>Value Increased Greatly (4.47)</li><li>Make an Organizational Decision (4.39)</li><li>Visit At Least Monthly (4.39)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.56)</li><li>Value Reduced (3.65)</li><li>Care for Loved One (3.77)</li><li>United States/Canada (4.04)</li><li>Asia Pacific (4.05)</li><li>Value Increased Somewhat (4.07)</li><li>Visit Less Than Monthly (4.10)</li><li>English Language (4.11)</li></ul>



There are no significant differences among Library subscriber status. The only difference among use cases is that it would not compel those who visit for care for a loved one to visit more often.



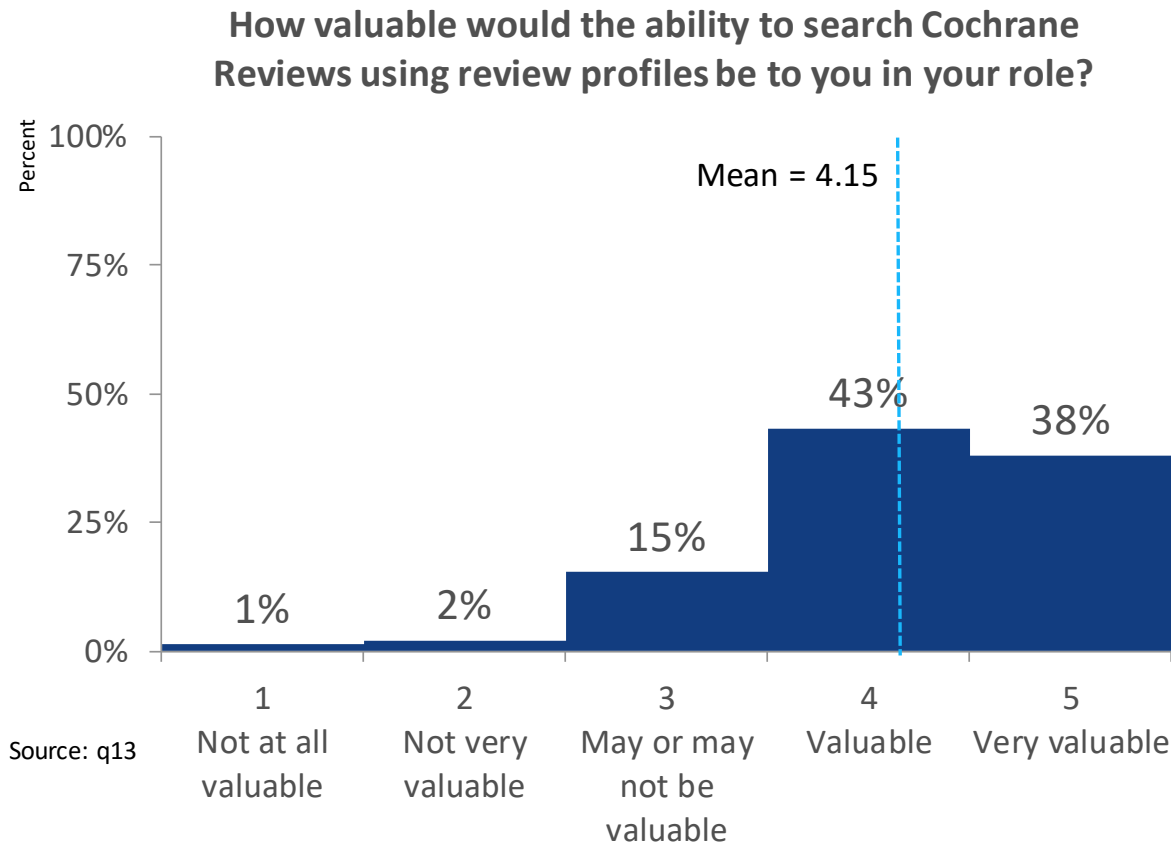
	Agree more:	Agree less:
Fits mission	<ul style="list-style-type: none"><li>Value Increased Greatly (4.46)</li><li>Americas (4.39)</li><li>Visit at Least Monthly (4.38)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.82)</li><li>Value Increased Somewhat (4.11)</li><li>Visit Less Than Monthly (4.17)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Value Increased Greatly (4.47)</li><li>Americas (4.40)</li><li>Spanish Language (4.38)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.45)</li><li>Value Not Impacted (3.73)</li><li>Value Increased Somewhat (4.10)</li><li>English Language (4.18)</li></ul>
More likely to visit	<ul style="list-style-type: none"><li>Central Asia (4.47)</li><li>Americas (4.42)</li><li>Value Increased Greatly (4.39)</li><li>Spanish Language (4.38)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.62)</li><li>Care for Loved One (3.87)</li><li>Corporation (3.90)</li><li>Value Increased Somewhat (4.00)</li><li>Visit Less than Monthly (4.03)</li><li>English Language (4.07)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.68)</li></ul>	<ul style="list-style-type: none"><li>Value Increased Somewhat (3.91)</li></ul>

4. Cochrane Library and New Product Development Proposal

# The ability to search Cochrane Reviews would be valuable, but those who visit Cochrane Library at least weekly see it as very valuable

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Librarians do not see the searchable reviews as being as valuable as do individual users. There are no differences by subscriber status.



Cochrane Library is considering new ways of helping users more effectively find Cochrane Reviews relevant to their own question, including providing "review profiles."

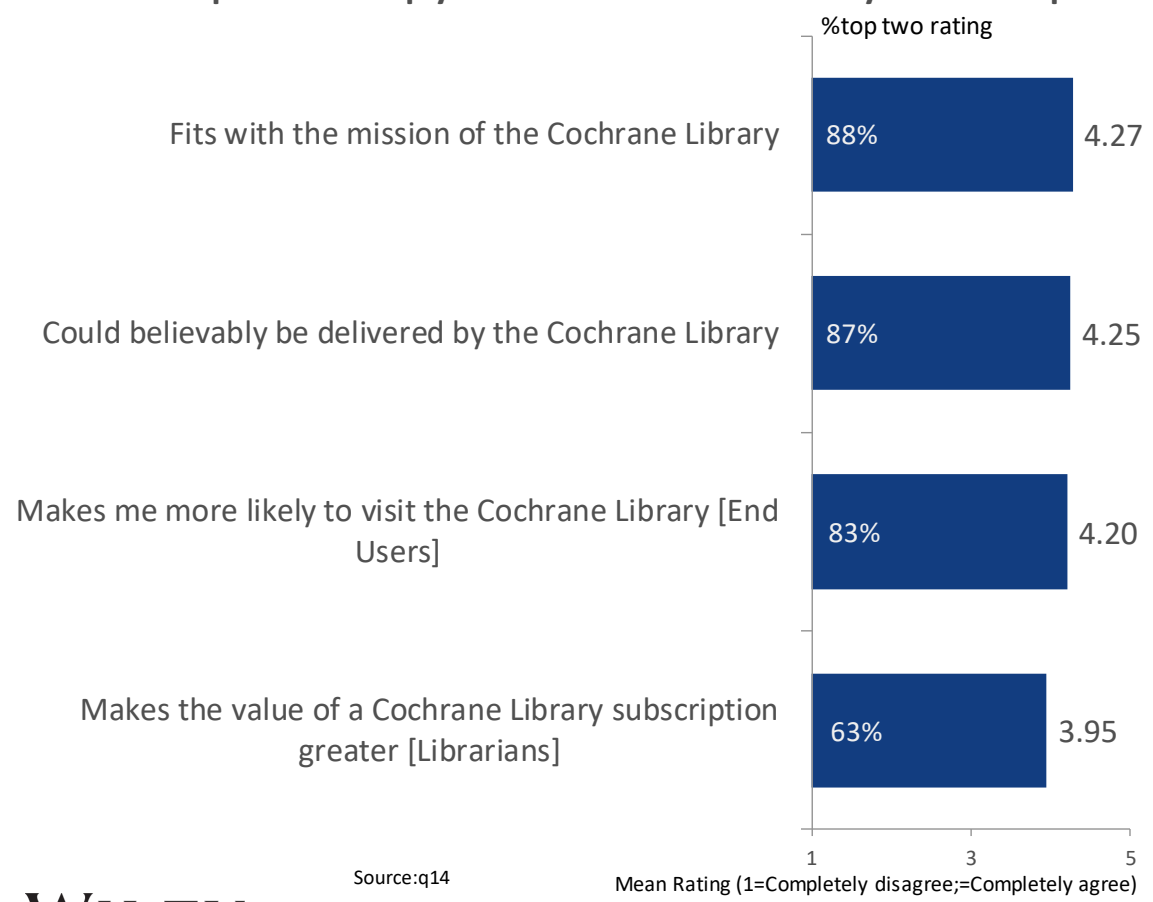
The review profiles would be concise descriptions of Cochrane Reviews (e.g., number of studies, total N, latest search date, methods used, etc.) and with the ability to filter or search reviews by any of those criteria.

	More valuable:	Less valuable:
Search using review profiles	<ul style="list-style-type: none"><li>Americas (4.42)</li><li>Value Increased Greatly (4.39)</li><li>Spanish Language (4.39)</li><li>Visit Weekly (4.37)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.45)</li><li>Librarians (3.74)</li><li>Care for Loved One (3.89)</li><li>Value Increased Somewhat (3.97)</li><li>United States/Canada (3.99)</li><li>English Language (4.05)</li><li>Visit Less than Monthly (4.07)</li></ul>

# Non-librarians who visit Cochrane Library at least weekly would be more likely to visit if the reviews were searchable

Educators see the searchable Cochrane Reviews as very strongly aligning with Cochrane Library’s brand. Corporate users see less brand alignment than do those who work in other locations.

Indicate your level of agreement with each of the following about the potential presentation of detailed Cochrane Review descriptions to help you find reviews more easily. The concept...



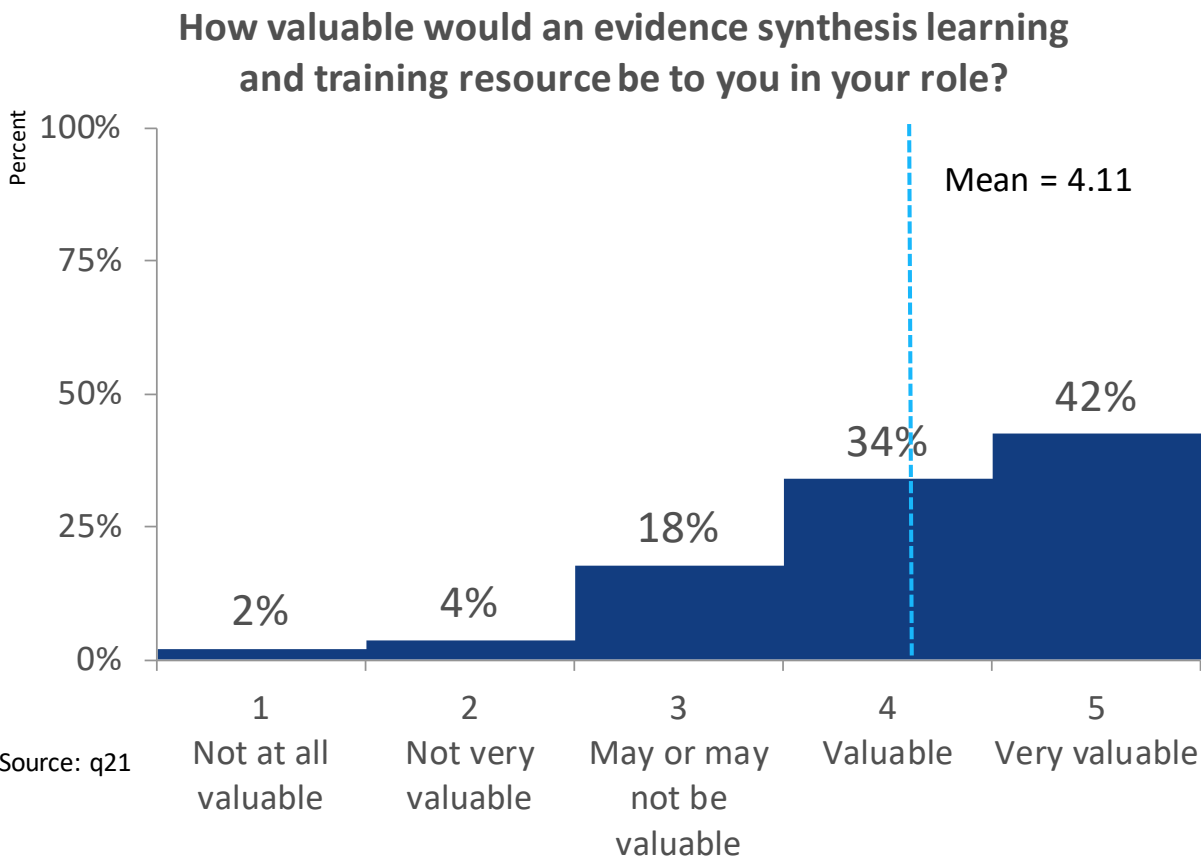
	Agree more:	Agree less:
Fits mission	<ul style="list-style-type: none"><li>Value Increased Greatly (4.46)</li><li>Educational as Teacher (4.46)</li><li>Americas (4.42)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.80)</li><li>Value Not Impacted (3.82)</li><li>Corporation (4.08)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Educational as Teacher (4.45)</li><li>Value Increased Greatly (4.44)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.65)</li><li>Value Not Impacted (3.76)</li><li>Corporation (4.08)</li></ul>
More likely to visit	<ul style="list-style-type: none"><li>Value Increased Greatly (4.45)</li><li>Americas (4.40)</li><li>Spanish Language (4.37)</li><li>Visit Weekly (4.37)</li><li>Make an Organizational Decision (4.36)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.56)</li><li>Value Reduced (3.75)</li><li>Value Increased Somewhat (3.97)</li><li>Europe (4.01)</li><li>English Language (4.13)</li><li>Visit Less than Weekly (4.16)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.36)</li></ul>	<ul style="list-style-type: none"><li>Value Increased Somewhat (3.62)</li></ul>

4. Cochrane Library and New Product Development Proposal

# Both educators and students see strong value in learning and training resources for evidence synthesis

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Learning and training resources is also more valued by those who have less than 20 years of experience and those who visit Cochrane Library at least monthly.



Cochrane Library is considering developing a package of learning and training information, software and sample Cochrane data that can meet the needs of those seeking to understand systematic-review production practice.

- An evidence synthesis learning and training tool could...:
- include multimedia materials explaining methods and techniques used in evidence synthesis.
  - provide training versions of review production tools, including RevMan Web.
  - enable the use of sample Cochrane data in RevMan Web for learning and training purposes.

	More valuable:	Less valuable:
Evidence synthesis learning and training	<ul style="list-style-type: none"><li>Americas (4.58)</li><li>Spanish Language (4.57)</li><li>Value Increased Greatly (4.39)</li><li>Visit Weekly (4.37)</li><li>Educational as Student (4.34)</li><li>Visit Monthly (4.32)</li><li>Educational as Teacher (4.32)</li><li>&lt;=20 Years (4.22)</li></ul>	<ul style="list-style-type: none"><li>Care for Loved One (3.49)</li><li>Value Not Impacted (3.64)</li><li>Corporation (3.75)</li><li>Value Increased Somewhat (3.79)</li><li>United States/Canada (3.81)</li><li>Asia Pacific (3.91)</li><li>Visit Less Than Monthly (3.92)</li><li>English Language (3.94)</li><li>21+ Years (4.00)</li></ul>

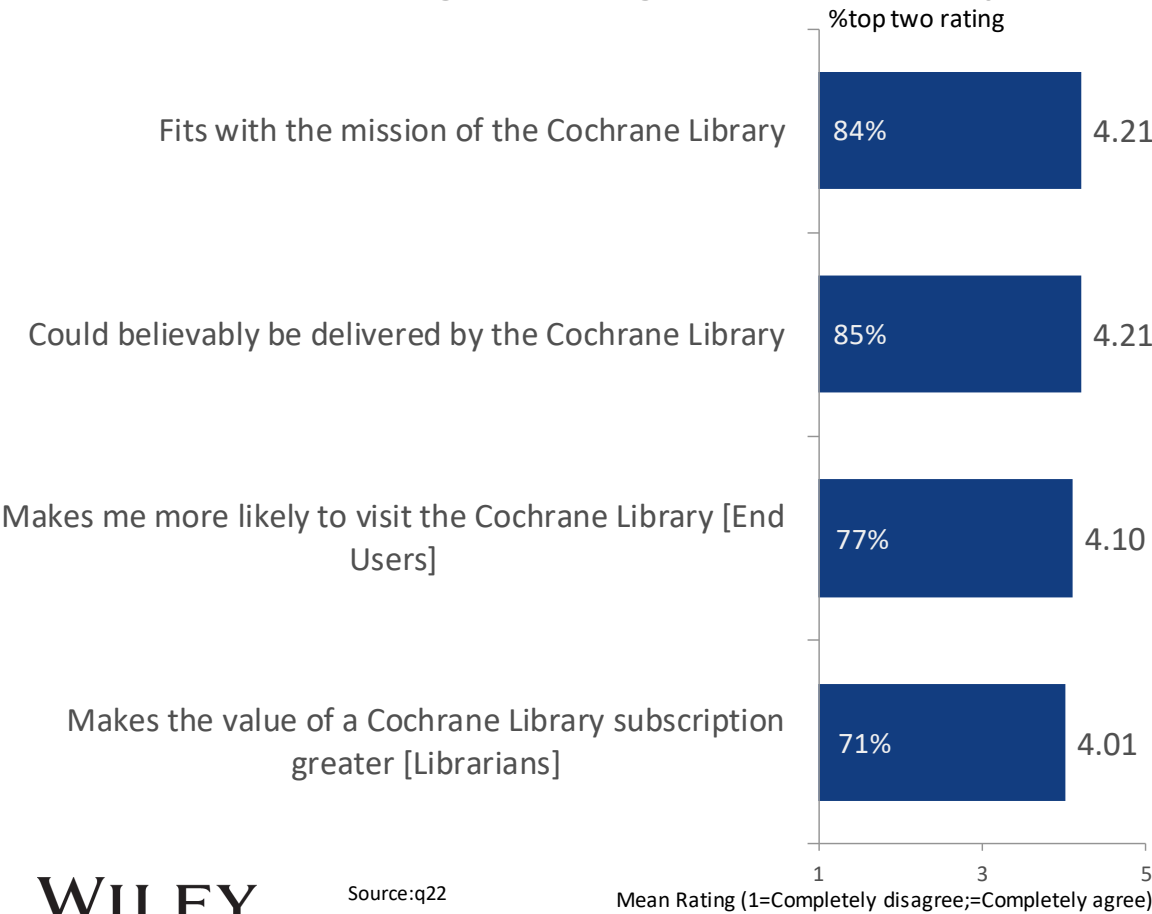
4. Cochrane Library and New Product Development Proposal

Evidence training would make educators visit more often, but has less of an effect on those in Europe or North America

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As with most of the concepts, those in the Americas and those who responded to the survey in Spanish are in much more agreement that the concept is aligned with the brand.

Indicate your level of agreement with each of the following about an evidence synthesis learning and training resource. The concept...



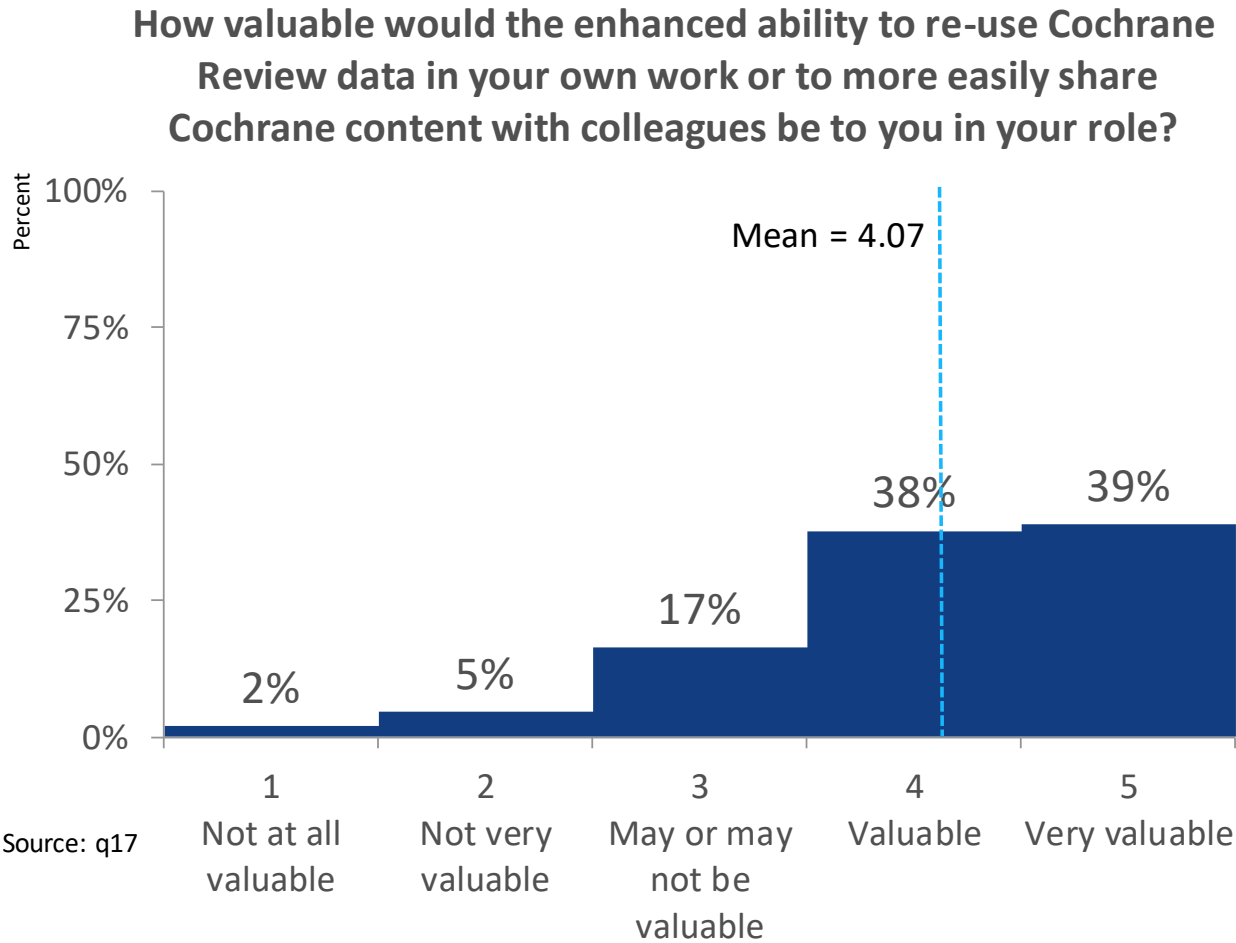
	Agree more:	Agree less:
Fits mission	<ul style="list-style-type: none"><li>Educational as Teacher (4.45)</li><li>Value Increased Greatly (4.43)</li><li>Americas (4.40)</li><li>Spanish Language (4.38)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.85)</li><li>Care for Loved One (3.95)</li><li>Corporation (4.02)</li><li>Value Increased Somewhat (4.03)</li><li>Visit Less than Monthly (4.13)</li><li>English Language (4.15)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Educational as Teacher (4.44)</li><li>Value Increased Greatly (4.43)</li><li>Americas (4.43)</li><li>Spanish Language (4.41)</li></ul>	<ul style="list-style-type: none"><li>Value Reduced (3.45)</li><li>Value Not Impacted (3.82)</li><li>Care for Loved One (4.00)</li><li>Value Increased Somewhat (4.05)</li><li>English Language (4.13)</li></ul>
More likely to visit	<ul style="list-style-type: none"><li>Americas (4.48)</li><li>Spanish Language (4.44)</li><li>Value Increased Greatly (4.40)</li><li>Educational as Teacher (4.33)</li><li>Visit Weekly (4.30)</li><li>Hospital/Medical Facility (4.22)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.42)</li><li>Care for Loved One (3.62)</li><li>Government (3.72)</li><li>Corporation (3.72)</li><li>Value Increased Somewhat (3.76)</li><li>United States/Canada (3.89)</li><li>Europe (3.93)</li><li>Visit Less than Monthly (3.96)</li><li>English Language (3.97)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.43)</li></ul>	<ul style="list-style-type: none"><li>Value Increased Somewhat (3.76)</li></ul>

4. Cochrane Library and New Product Development Proposal

# Functionality to re-use Cochrane Data are the least-valued concept that is being considered, especially among librarians

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There is a large difference in the value placed on re-using Cochrane data among those who are Spanish speakers (very positive) and English speakers (agnostic). Frequent Cochrane library visitors also place much more value on it than do less-frequent visitors.



Cochrane Library is considering possible developments to help users better re-use Cochrane data - to make use of Cochrane Reviews data in their own work projects, and/or to share Cochrane Review content with colleagues and others.

This could include more effectively exporting meta-analyses from Cochrane Reviews into their own workflow, where those data can be re-used in new evidence synthesis projects. It could also include creating reports comprising key data points (from individual reviews or across multiple reviews) to share with colleagues.

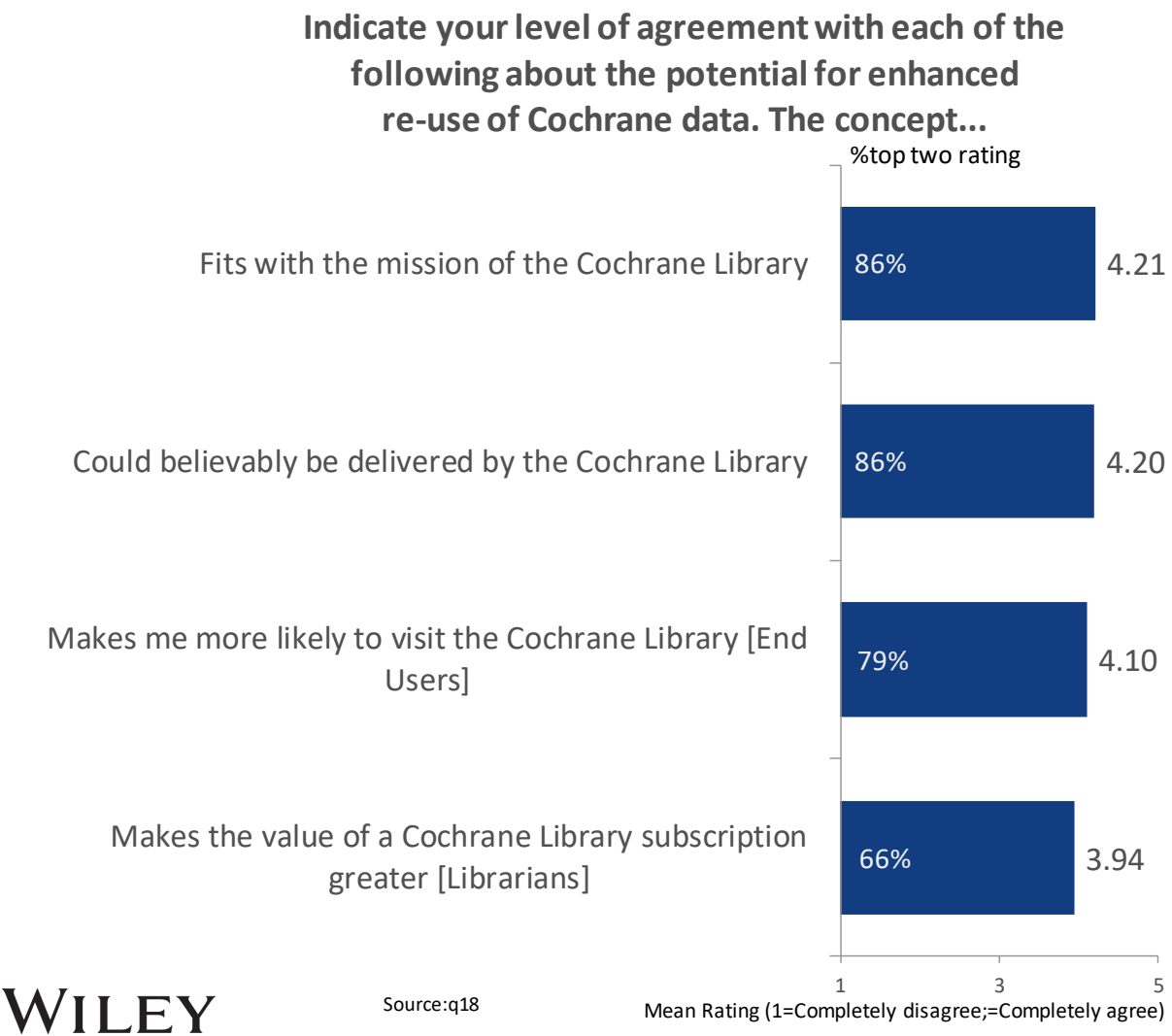
	More valuable:	Less valuable:
Re-use/share Cochrane data and content	<ul style="list-style-type: none"><li>Americas (4.56)</li><li>Spanish Language (4.56)</li><li>Value Increased Greatly (4.38)</li><li>Visit Weekly (4.34)</li><li>Central Asia (4.32)</li><li>Educational as Teacher (4.31)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.25)</li><li>Care for Loved One (3.50)</li><li>Librarians (3.69)</li><li>Value Increased Somewhat (3.73)</li><li>United States/Canada (3.74)</li><li>Asia Pacific (3.84)</li><li>English Language (3.88)</li><li>Visit Less than Monthly (3.93)</li></ul>

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# The ability to re-use data would make those in the Americas much more likely to visit Cochrane Library, but less so for the US & Europe

The ability to re-use data in local workflows has the lowest score among librarians’ view of the impact of the value of a Cochrane Library subscription.



	Agree more:	Agree less:
Fits mission	<ul style="list-style-type: none"><li>Value Increased Greatly (4.41)</li><li>Educational as Teacher (4.40)</li><li>Americas (4.37)</li><li>Spanish Language (4.34)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.64)</li><li>Value Increased Somewhat (4.04)</li></ul>
Could be delivered	<ul style="list-style-type: none"><li>Value Increased Greatly (4.40)</li><li>Americas (4.37)</li><li>Spanish Language (4.35)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.64)</li><li>Value Reduced (3.85)</li><li>Librarians (4.00)</li><li>Value Increased Somewhat (4.05)</li><li>English Language (4.14)</li></ul>
More likely to visit	<ul style="list-style-type: none"><li>Americas (4.44)</li><li>Spanish Language (4.41)</li><li>Value Increased Greatly (4.36)</li><li>Educational as Teacher (4.29)</li><li>Visit Weekly (4.27)</li></ul>	<ul style="list-style-type: none"><li>Value Not Impacted (3.10)</li><li>Care for Loved One (3.71)</li><li>Value Increased Somewhat (3.79)</li><li>Europe (3.92)</li><li>United States/Canada (3.93)</li><li>Visit Less Than Monthly (3.95)</li><li>English Language (3.97)</li></ul>
Greater value of subscription	<ul style="list-style-type: none"><li>Value Increased Greatly (4.46)</li></ul>	<ul style="list-style-type: none"><li>Americas (2.00)</li><li>Value Increased Somewhat (3.62)</li></ul>

4. Cochrane Library and New Product Development Proposal

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# The concepts are all well received, and are viewed as aligning with the overall Cochrane Library brand, making them viable extensions

End-users are more likely to visit Cochrane Library due to the proposed concepts, while librarians see the value of a subscription being greater.

	Find meta analyses across Cochrane Reviews	Provide outside data across evidence ecosystem	Enhance Randomized Clinical Trial information	Enhanced search of Cochrane Reviews	Evidence synthesis learning and training	Ability to re-use Cochrane Review data in workflows
Value	4.29	4.28	4.22	4.15	4.11	4.07
Fits mission	4.27	4.18	4.24	4.27	4.21	4.21
Believable	4.25	4.21	4.24	4.25	4.21	4.20
More likely to visit	4.23	4.23	4.16	4.20	4.10	4.10
Increases subscription value	3.99	4.07	4.07	3.95	4.01	3.94

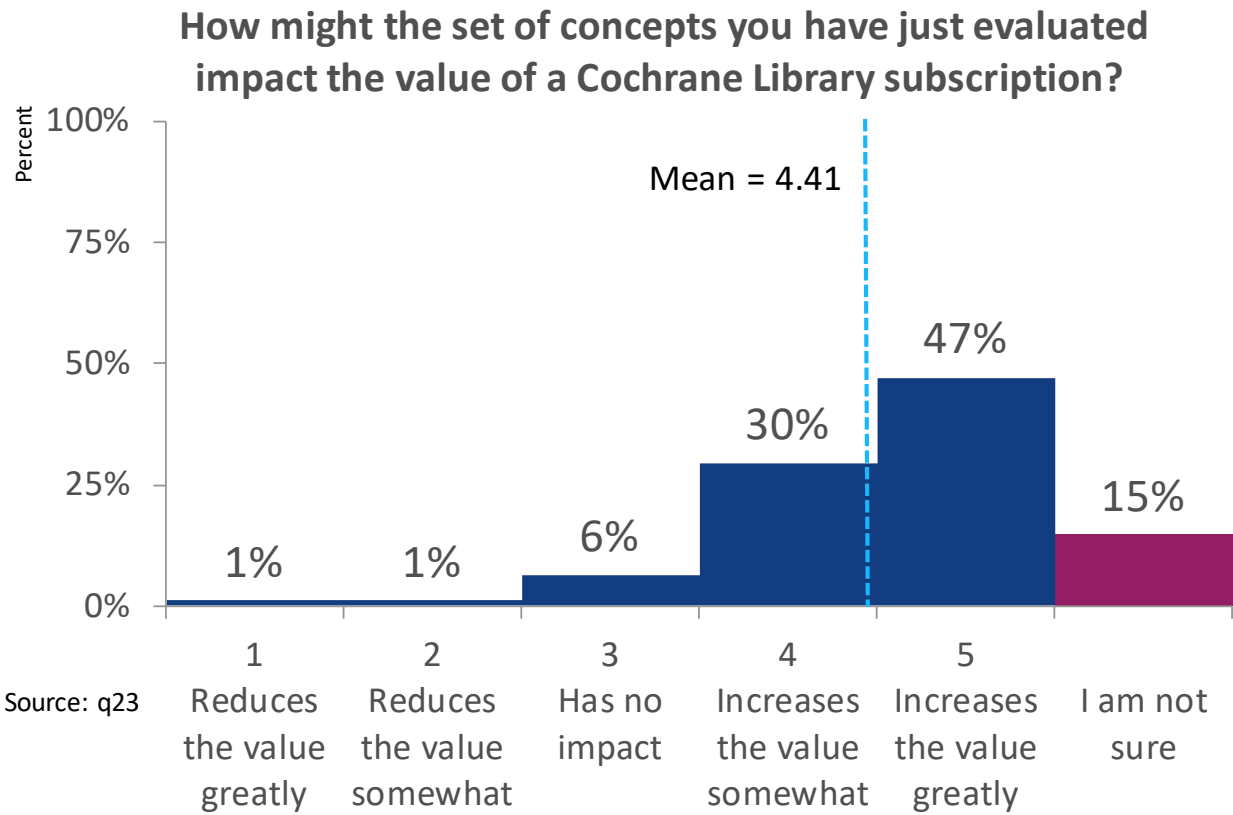


4. Cochrane Library and New Product Development Proposal

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# There is widespread consensus that the six potential concepts would greatly increase the value of a subscription to Cochrane Library

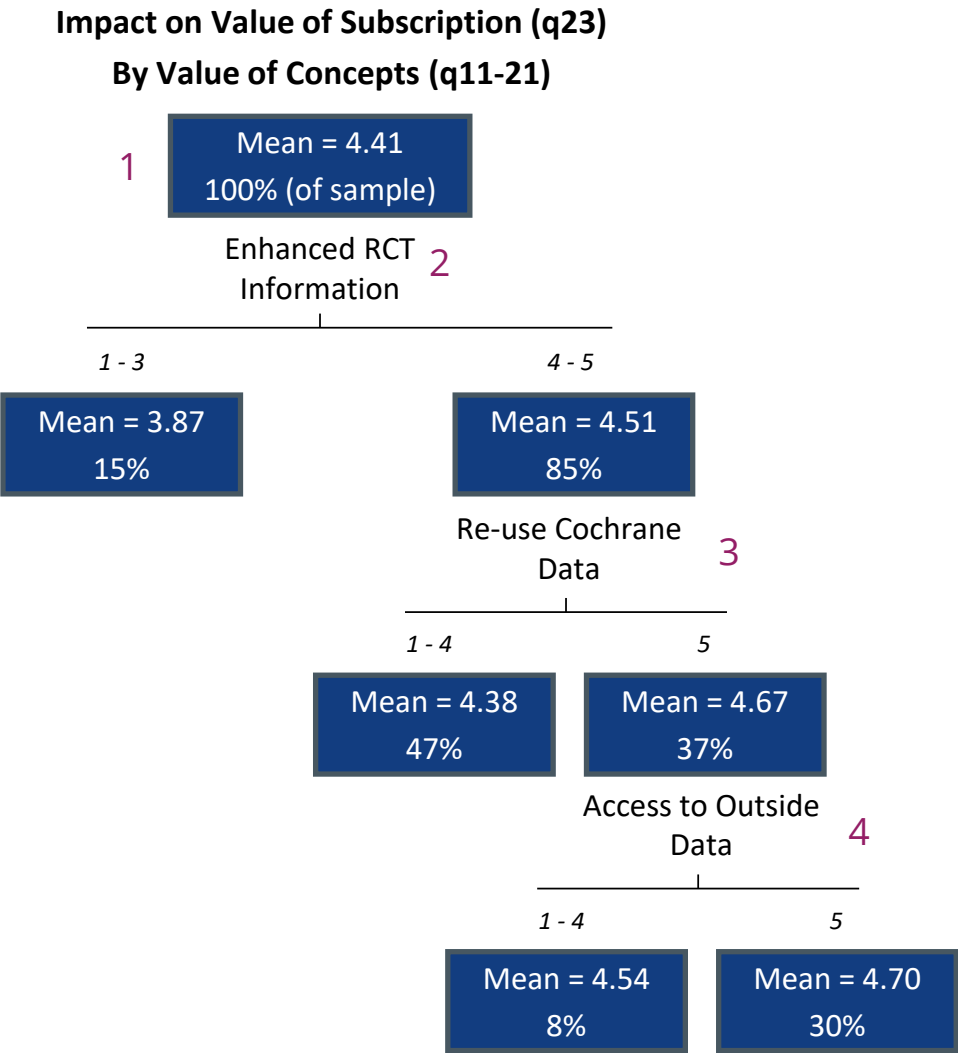
The only group who does not believe that the concepts would greatly increase the value of a subscription are those who visit in order to care for a loved one.



	More valuable:	Less valuable:
Full set of concepts	<ul style="list-style-type: none"><li>Spanish Language (4.57)</li></ul>	<ul style="list-style-type: none"><li>Care for Loved One (4.09)</li><li>English Language (4.36)</li></ul>

# Users are quite enthusiastic about being able to search RCTs more easily and have Cochrane Library be a foundational source for data

As long as users value the ability to search Randomized Clinical Trials using enhanced information, they see the proposed set of concepts are greatly adding value to a Cochrane Library subscription. The ability to share Cochrane data or outside data is a bonus.



- 1) The concepts are seen as greatly increasing the value of a subscription.
- 2) The biggest impact on increasing the value of a subscription is whether or not the enhanced RCT information is valued or not.
- 3) Those who then find the ability to reuse Cochrane Data very valuable see even more value added to a subscription.
- 4) Finally, the ability for Cochrane Library to provide access to outside data adds to the value of a subscription.

# Users suggest that anything that would help with search/discovery would be greatly valued, but that Cochrane must defend its credibility

Users also want Cochrane Library to continue to focus on providing summaries. Several, especially responses in Spanish, indicated that the attribute they prioritize the most is having access to information without needing to pay.

**Use the space to comment on any positives or negatives you see in any of the concepts, or any elements related to the concepts that you think would be essential. (Q24)**

## **Help with search/discovery**

- “A very useful resource to help clinicians like myself find relevant information. Any improvements to help us find information is helpful. We are all very time poor so any assistance is appreciated.”
- “Definitely being able to carry out searches based on the PICO question would facilitate and speed up the work, make the Cochrane search much more user-friendly.”
- “Anything to help doctors make good clinical decisions should be a priority. they literally don’t have time to do anything because they are seeing too many patients.”

## **Defending credibility**

- “Crucial that you indicated the quality of any metaanalyses you include; or exclude ones with very low evidence. A barrier in the 'real world' is the plethora of poorly done MA's which are then used to inform practice. We need help avoids these.”
- “All of these sound great! My only thought/concern is in regards to working with datasets etc. from outside of Cochrane - I'd assume that anything brought in to Cochrane would be evaluated before being included?”
- “There is concern that the Cochrane library has lost some independence and this is affecting its ability to provide unbiased evidence based medicine.”

## **Focus on Summaries**

- “Cochrane should focus on the provision of and access to summarized data, preferably on evidence level 1a (oxford criteria). Developing outcome "collections" of your SRs would be a great improvement.”
- “Some evidence synthesis may go beyond the simple PICO framework, and the inadequate knowledge and skill in the situation of uncertainty may hamper the use of non-Cochrane systematic review and complicate the application of evidence in decision making.”
- “As systematic reviews are mostly conducted , I think that the development of packaging of learning and training information software and sample that can meet the need of those conducting systematic reviews will be very helpful. I think that this concept would be essential.”

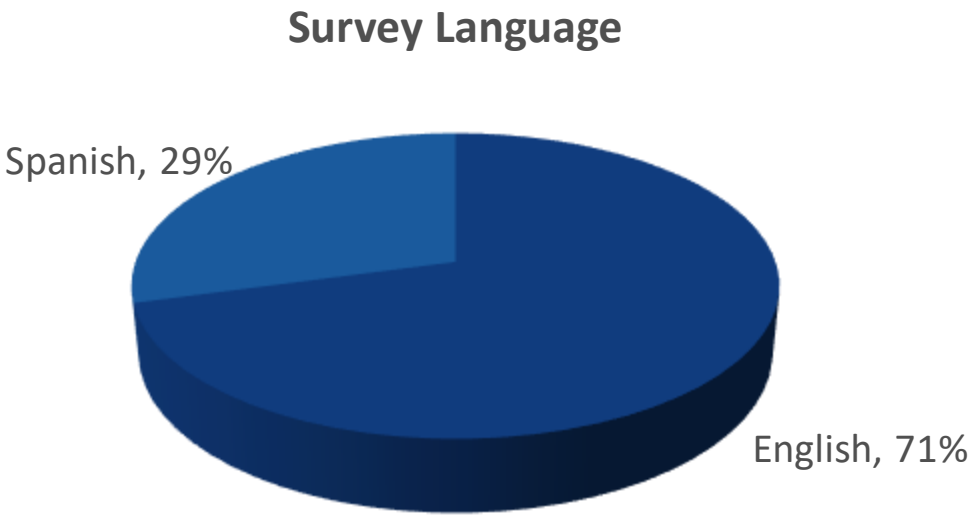
# Demographics

## Demographics

**There is a sharp split in the data between those who were invited to take the survey and those who were intercepted. The who were invited tend to be English-speaking, Cochrane Library subscribers, from the United States and work at a university. Those who were intercepted visit Cochrane Library twice as often, are enthusiastic about the concepts, work at a hospital and speak Spanish.**

- There are many differences between the 71% who answered in English and the 29% who answered in Spanish. Nearly all who were invited to the survey answered in English (93%), while over one-third of the intercept participants answered in Spanish (38%).
- Three-quarter of the responses were intercepted from Cochrane Library's website, with one-quarter who were invited via email. Only 6% of those who answered in Spanish were invited.
- One-third of the respondents conduct research and one-third apply the results in a clinical setting. Researchers are much more likely to be a subscriber, while those who apply results are more likely to work at a hospital and answer in Spanish.
- Two-thirds of the respondents are employed, while three-quarters of subscribers are employed. Half of the employed work at a hospital/medical facility. One-in-five work at a university, but over one-third of those who were invited do so.
- Librarians tend to fill one of three roles: Liaison Librarians, Information specialists and Reference Librarians. Over half of the European-Librarians are Information Specialists, compared to only one-in-seven in the United States/Canada. Librarians are either at a university or a hospital.
- Respondents average 20.8 years of experience, but subscribers average six more years than non-subscribers.
- The top country is the United States with one-quarter of the responses, but the Americas is the top region due to the Spanish-language outreach. Over half of those who were invited are from the United States/Canada, compared to only one-in-six of the intercept respondents.

Individuals who believe that the concepts would somewhat increase the value of a Cochrane Library membership are more likely to have responded in English.



Source: Qualtrics

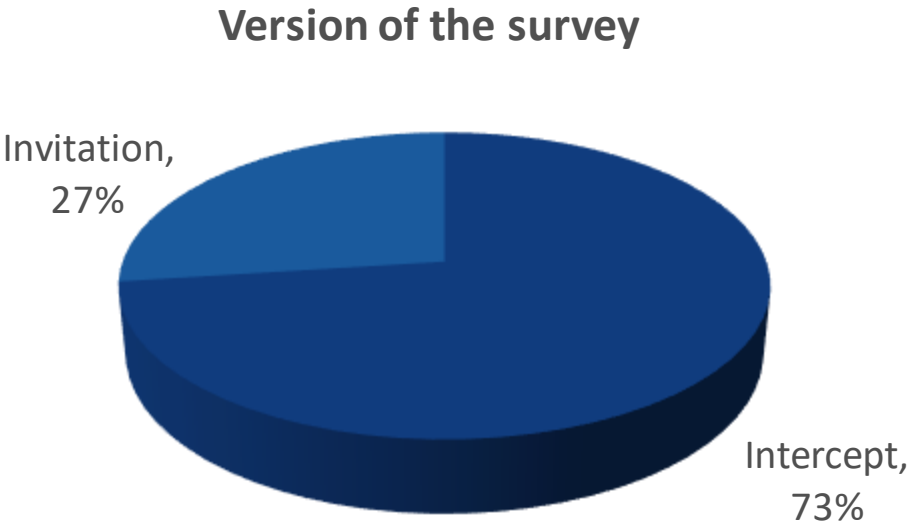
	More Likely:	Less Likely:
English	<ul style="list-style-type: none"><li>United States/Canada (99%)</li><li>Librarians (98%)</li><li>Middle East/Africa (97%)</li><li>Central Asia (94%)</li><li>Invitation (93%)</li><li>Value Increased Somewhat (87%)</li><li>University (85%)</li><li>Subscriber (84%)</li><li>Conduct Research (82%)</li><li>6+ Years (78%)</li><li>Visit Less than Monthly (75%)</li></ul>	<ul style="list-style-type: none"><li>Americas (20%)</li><li>Visit Weekly (57%)</li><li>Make an Organizational Decision (59%)</li><li>Never Subscriber (59%)</li><li>Intercept (62%)</li><li>&lt;=5 Years (66%)</li><li>Hospital/Medical Facility (68%)</li></ul>

4. Cochrane Library and New Product Development Proposal

# Three-quarters of the respondents are from the intercept, including 94% of those who answered in Spanish

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For those who indicated that the concepts had no impact on the value of a Cochrane Library subscription, even more are from the intercept.



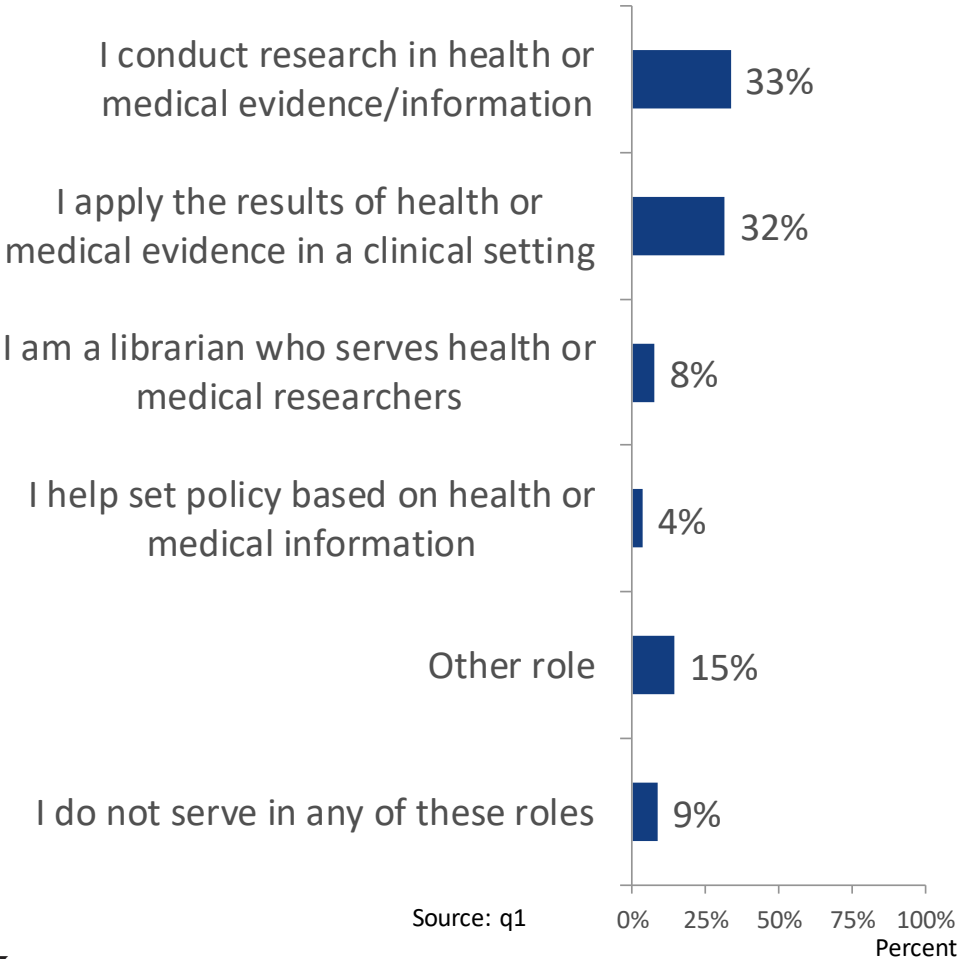
Source: Qualtrics

	More Likely:	Less Likely:
Invitation	<ul style="list-style-type: none"><li>Librarians (61%)</li><li>University (59%)</li><li>Medical School (59%)</li><li>United States/Canada (51%)</li><li>Conduct Research (50%)</li><li>Subscriber (48%)</li><li>21+ Years (38%)</li><li>English Language (36%)</li><li>Employed (33%)</li><li>Visit Less than Monthly (32%)</li></ul>	<ul style="list-style-type: none"><li>Americas (5%)</li><li>Spanish Language (6%)</li><li>Never Subscriber (7%)</li><li>Corporation (8%)</li><li>Educational as Student (9%)</li><li>Visit Weekly (13%)</li><li>Make Policy Decisions (13%)</li><li>&lt;=5 Years (16%)</li><li>Value Not Impacted (16%)</li><li>National Provision Subscriber (19%)</li><li>Hospital/Medical Facility (25%)</li></ul>

# There is a large split among those who conduct research (mostly invited) and those who apply results (mostly intercepted)

Individuals who do not serve in any of the listed roles were intercepted from the website, mostly to find information for care for a loved one.

Please identify your role.

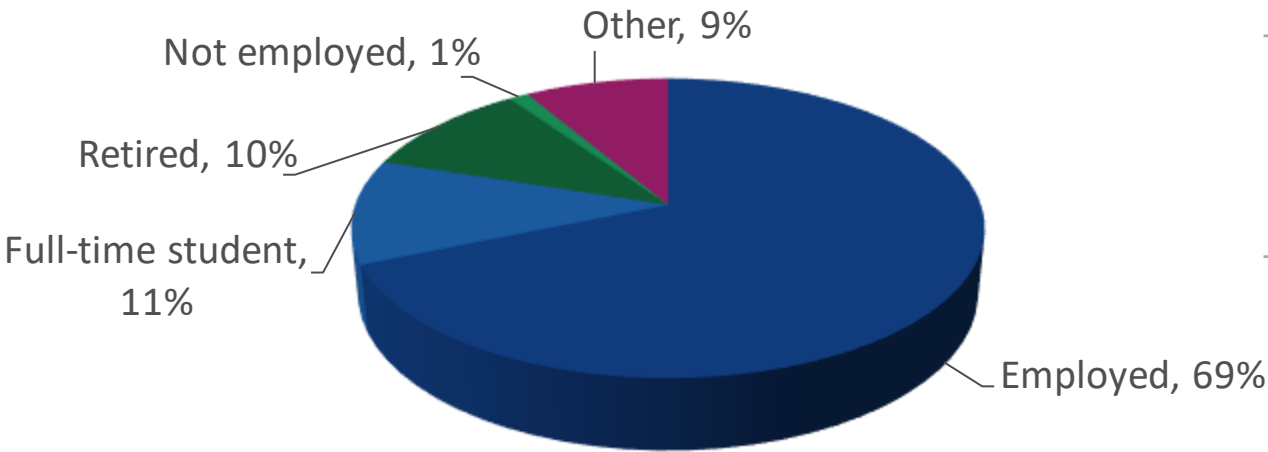


	More Likely:	Less Likely:
Conduct research	<ul style="list-style-type: none"> <li>Conduct Research (78%)</li> <li>University (73%)</li> <li>Research Facility (63%)</li> <li>Invitation (53%)</li> <li>Subscriber (51%)</li> <li>Central Asia (49%)</li> <li>Asia Pacific (46%)</li> <li>English Language (37%)</li> <li>6+ Years (36%)</li> </ul>	<ul style="list-style-type: none"> <li>Care for Loved One (7%)</li> <li>Care for Patient (17%)</li> <li>Corporation (20%)</li> <li>Make an Organizational Decision (22%)</li> <li>Americas (25%)</li> <li>&lt;=5 Years (25%)</li> <li>Spanish Language (25%)</li> <li>Never Subscriber (26%)</li> <li>Intercept (26%)</li> <li>Hospital/Medical Facility (30%)</li> </ul>
Apply results	<ul style="list-style-type: none"> <li>Care for Patient (68%)</li> <li>Make an Organizational Decision (64%)</li> <li>Hospital/Medical Facility (60%)</li> <li>Americas (43%)</li> <li>Spanish Language (41%)</li> <li>Employed (39%)</li> <li>Intercept (36%)</li> </ul>	<ul style="list-style-type: none"> <li>Care for Loved One (6%)</li> <li>Government (10%)</li> <li>University (10%)</li> <li>Conduct Research (10%)</li> <li>Invitation (20%)</li> <li>English Language (28%)</li> </ul>
Librarian	<ul style="list-style-type: none"> <li>United States/Canada (18%)</li> <li>Invitation (18%)</li> <li>English Language (11%)</li> </ul>	<ul style="list-style-type: none"> <li>Americas (&lt;1%)</li> <li>Spanish Language (1%)</li> <li>Central Asia (2%)</li> <li>Intercept (4%)</li> </ul>
Set policy	<ul style="list-style-type: none"> <li>Government (38%)</li> <li>Make Policy Decisions (34%)</li> <li>National Provision Subscriber (12%)</li> <li>Visit Monthly (7%)</li> <li>Employed (5%)</li> </ul>	<ul style="list-style-type: none"> <li>Care for Patient (1%)</li> <li>Educational as Student (1%)</li> <li>Conduct Research (1%)</li> <li>Asia Pacific (2%)</li> <li>Hospital/Medical Facility (2%)</li> <li>Visit Less than Monthly (2%)</li> </ul>



The least likely to be employed are those who visit the site as a student. There is no impact on employment status from the view of the concepts.

Which of the following best describes your current employment?



Source: q26

Note: Among non-librarians (n=773)

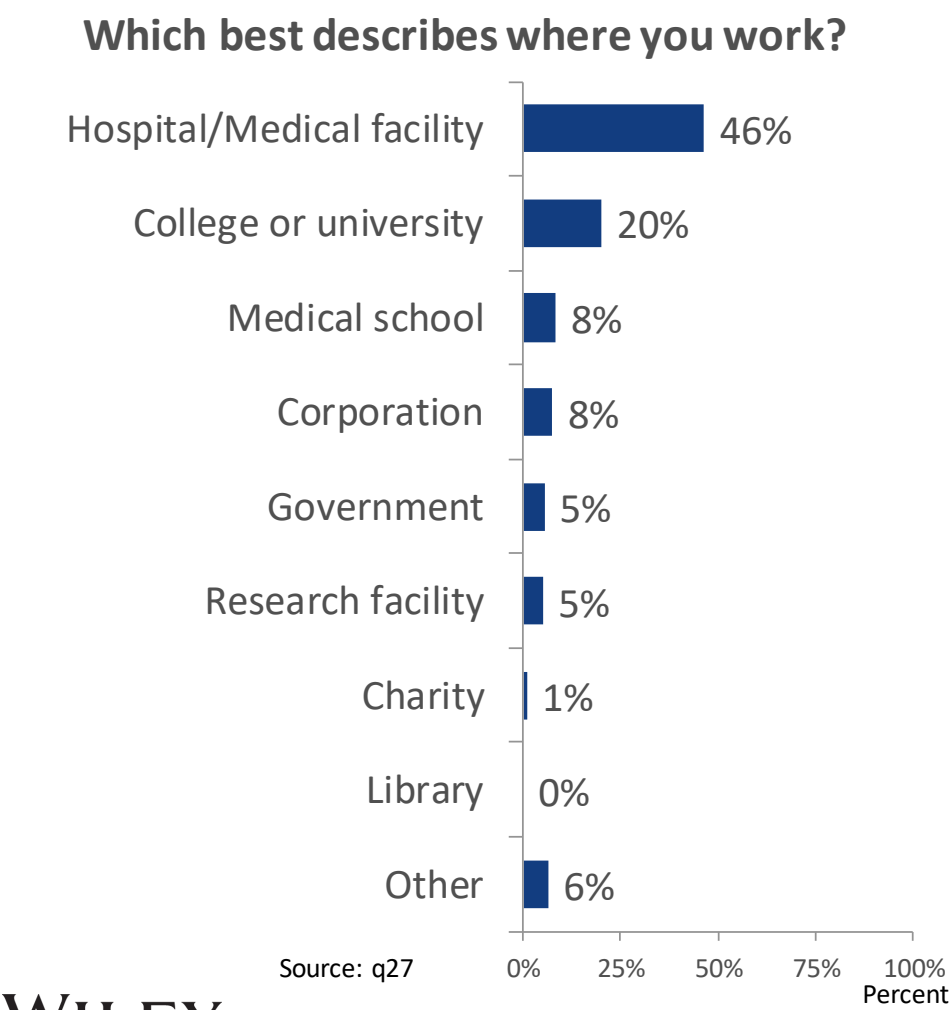
	More Likely:	Less Likely:
Employed	<ul style="list-style-type: none"><li>Educational as Teacher (80%)</li><li>Subscriber (79%)</li><li>Invitation (77%)</li><li>6+ Years (72%)</li></ul>	<ul style="list-style-type: none"><li>Educational as Student (29%)</li><li>Care for Loved One (48%)</li><li>&lt;=5 Years (51%)</li><li>Never Subscriber (57%)</li><li>Intercept (65%)</li></ul>
Student	<ul style="list-style-type: none"><li>Educational as Student (58%)</li><li>&lt;=5 Years (36%)</li><li>Central Asia (31%)</li></ul>	<ul style="list-style-type: none"><li>21+ Years (3%)</li><li>Make Policy Decisions (3%)</li><li>Care for Loved One (4%)</li><li>Make an Organizational Decision (6%)</li><li>Visit Less than Monthly (7%)</li></ul>
Retired	<ul style="list-style-type: none"><li>Care for Loved One (32%)</li><li>Past Subscriber (27%)</li><li>21+ Years (18%)</li><li>United States/Canada (17%)</li><li>English Language (12%)</li></ul>	<ul style="list-style-type: none"><li>6-20 Years (2%)</li><li>Central Asia (3%)</li><li>Educational as Student (4%)</li><li>Visit Weekly (5%)</li><li>&lt;=5 Years (5%)</li><li>Spanish Language (5%)</li><li>Americas (5%)</li></ul>
Not employed		
Other	<ul style="list-style-type: none"><li>Never Subscriber (15%)</li><li>Intercept (10%)</li></ul>	<ul style="list-style-type: none"><li>Invitation (4%)</li></ul>

4. Cochrane Library and New Product Development Proposal

# Employed users of Cochrane Library are mostly working at a hospital or other medical facility

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Individuals who were intercepted on the website are much less likely to be at a hospital or medical school, and more likely to be found at a university.



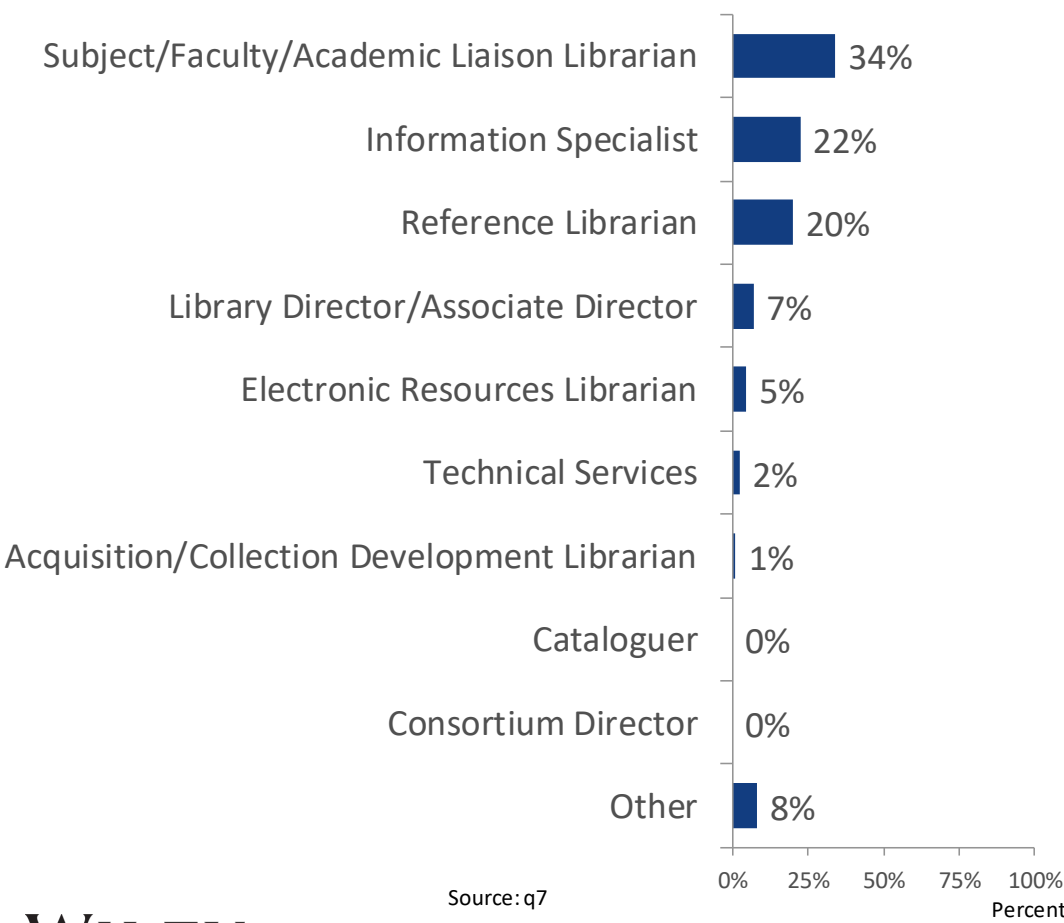
	More Likely:	Less Likely:
Hospital	<ul style="list-style-type: none"><li>Care for Patient (74%)</li><li>Make an Organizational Decision (71%)</li><li>Never Subscriber (60%)</li><li>Spanish Language (59%)</li><li>Americas (55%)</li><li>Intercept (52%)</li></ul>	<ul style="list-style-type: none"><li>Care for Loved One (15%)</li><li>Conduct Research (31%)</li><li>Educational as Teacher (31%)</li><li>Invitation (35%)</li><li>United States/Canada (37%)</li><li>English Language (42%)</li></ul>
University	<ul style="list-style-type: none"><li>Educational as Teacher (38%)</li><li>Conduct Research (38%)</li><li>Invitation (36%)</li><li>Subscriber (29%)</li><li>English Language (23%)</li></ul>	<ul style="list-style-type: none"><li>Make Policy Decisions (3%)</li><li>Make an Organizational Decision (5%)</li><li>Never Subscriber (6%)</li><li>Care for Patient (7%)</li><li>Care for Loved One (7%)</li><li>Educational as Student (8%)</li><li>Spanish Language (12%)</li><li>Intercept (12%)</li></ul>
Medical school	<ul style="list-style-type: none"><li>Educational as Teacher (24%)</li><li>Invitation (15%)</li><li>Subscriber (12%)</li><li>21+ Years (11%)</li></ul>	<ul style="list-style-type: none"><li>Care for Patient (1%)</li><li>Never Subscriber (2%)</li><li>&lt;=5 Years (3%)</li><li>Intercept (5%)</li><li>Europe (5%)</li></ul>
Corporation	<ul style="list-style-type: none"><li>Care for Loved One (33%)</li><li>&lt;=5 Years (20%)</li></ul>	<ul style="list-style-type: none"><li>Educational as Teacher (1%)</li><li>Invitation (2%)</li><li>Subscriber (3%)</li></ul>
Government	<ul style="list-style-type: none"><li>Make Policy Decisions (32%)</li></ul>	<ul style="list-style-type: none"><li>Care for Patient (1%)</li></ul>
Research facility	<ul style="list-style-type: none"><li>Conduct Research (10%)</li></ul>	<ul style="list-style-type: none"><li>Educational as Teacher (1%)</li></ul>

# 4. Cochrane Library and New Product Development Proposal

## Librarians tend to be in one of three roles: Liaisons, Information Specialists or Reference Librarians

Librarians who were intercepted on the site are three times as likely to be an Information Specialist than are those who were invited to take the survey. Information Specialists are also much more likely to be from Europe than from North America.

Which of the following most closely match your job title?



	More Likely:	Less Likely:
Liaison		Europe (10%)
Information Specialists	Europe (55%) Intercept (39%)	Invitation (12%) United States/Canada (14%)
Reference	Asia Pacific (50%)	
Director		
Electronic		
Technical		
Acquisition		
Other		

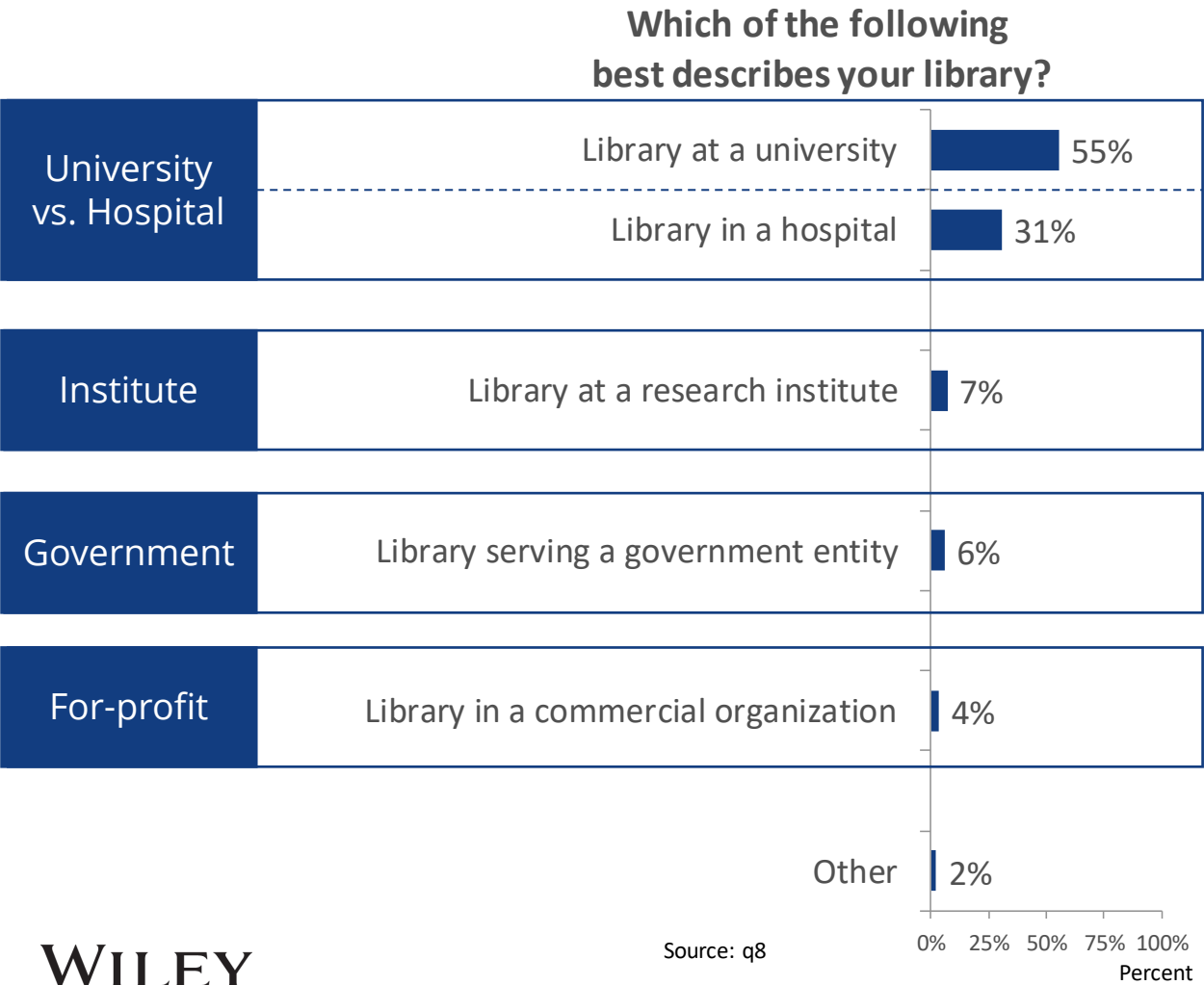
Note: Among librarians (n=85)

4. Cochrane Library and New Product Development Proposal

# Librarians tend to work at either a university or a hospital, with those in the United States much more likely to be at a hospital

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Individuals who responded in Spanish are more likely to work at a research institute or a commercial organization.

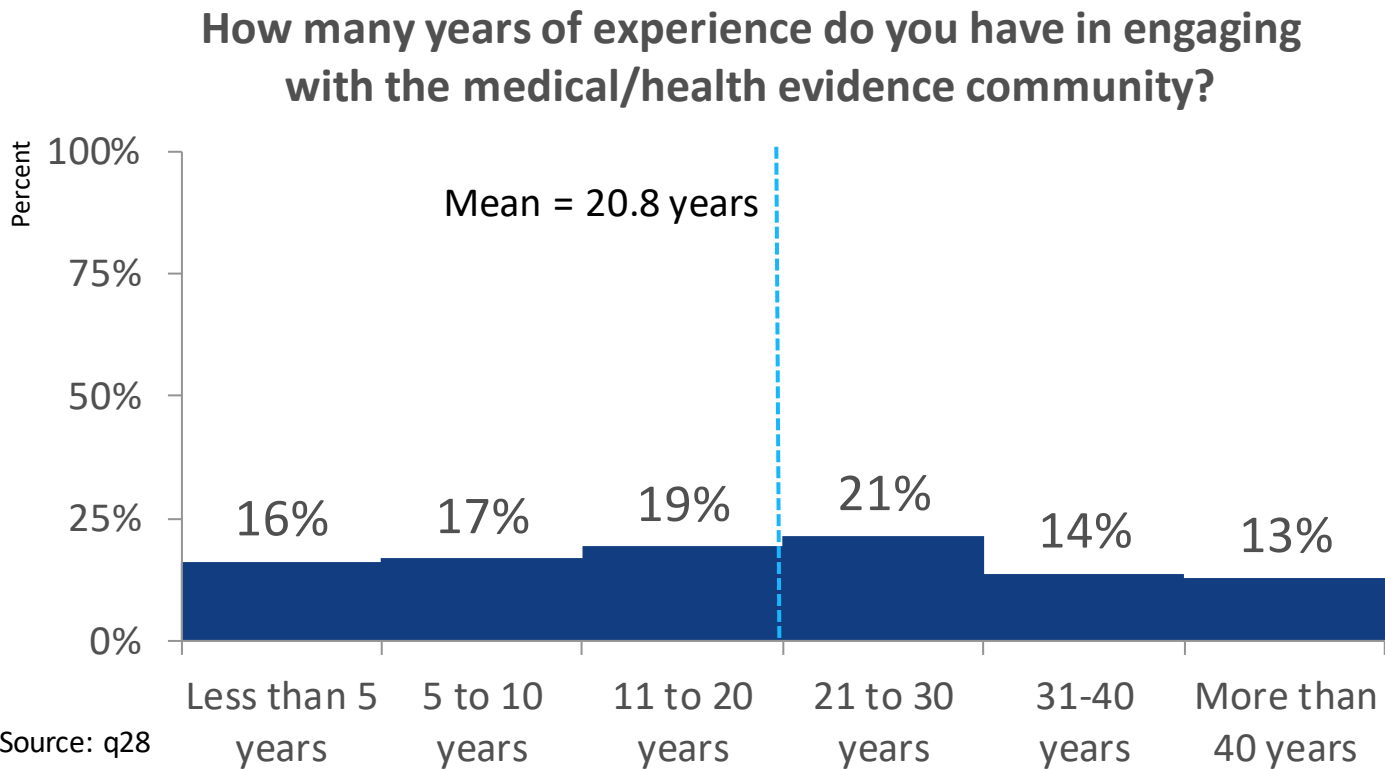


	More Likely:	Less Likely:
University vs. Hospital		<ul style="list-style-type: none"><li>Value Not Impacted</li><li>United States/Canada</li></ul>
Institute	<ul style="list-style-type: none"><li>Spanish Language</li><li>&lt;=20 Years</li></ul>	<ul style="list-style-type: none"><li>21+ Years</li><li>English Language</li></ul>
Government	<ul style="list-style-type: none"><li>Americas</li><li>Intercept</li></ul>	<ul style="list-style-type: none"><li>Value Increased Greatly</li><li>Invitation</li><li>Asia Pacific</li></ul>
For-profit	<ul style="list-style-type: none"><li>Spanish Language</li><li>Central Asia</li></ul>	<ul style="list-style-type: none"><li>English Language</li></ul>
Other		

Note: Among librarians (n=85)

# The average is 21.8 years of experience, but Cochrane Library subscribers have nearly six more years than never-subscribers

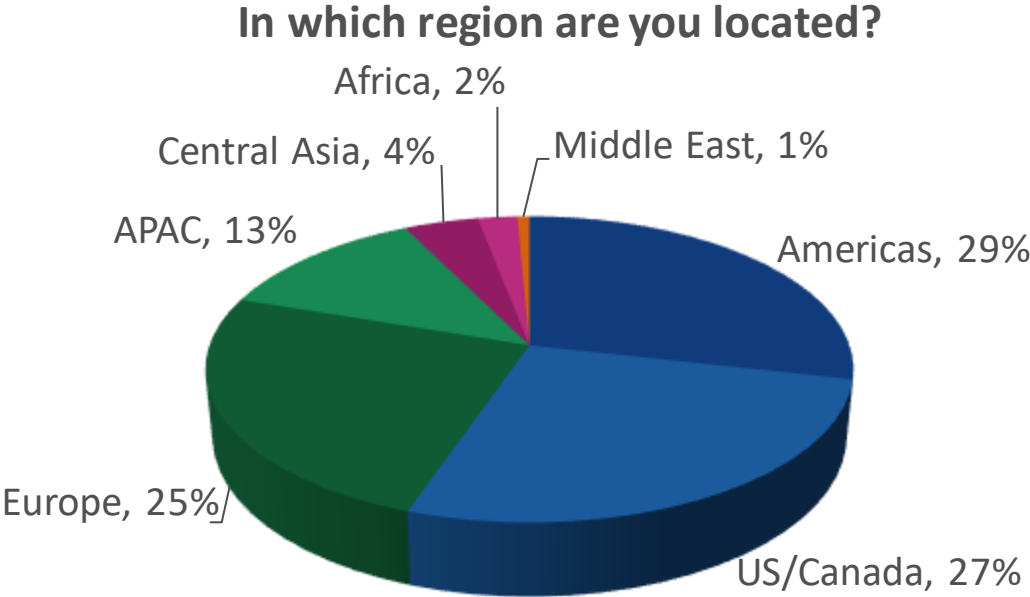
Both those who responded in Spanish and those who responded via the intercept have less experience. The impact of the concepts on the value of a subscription are not affected by years of experience.



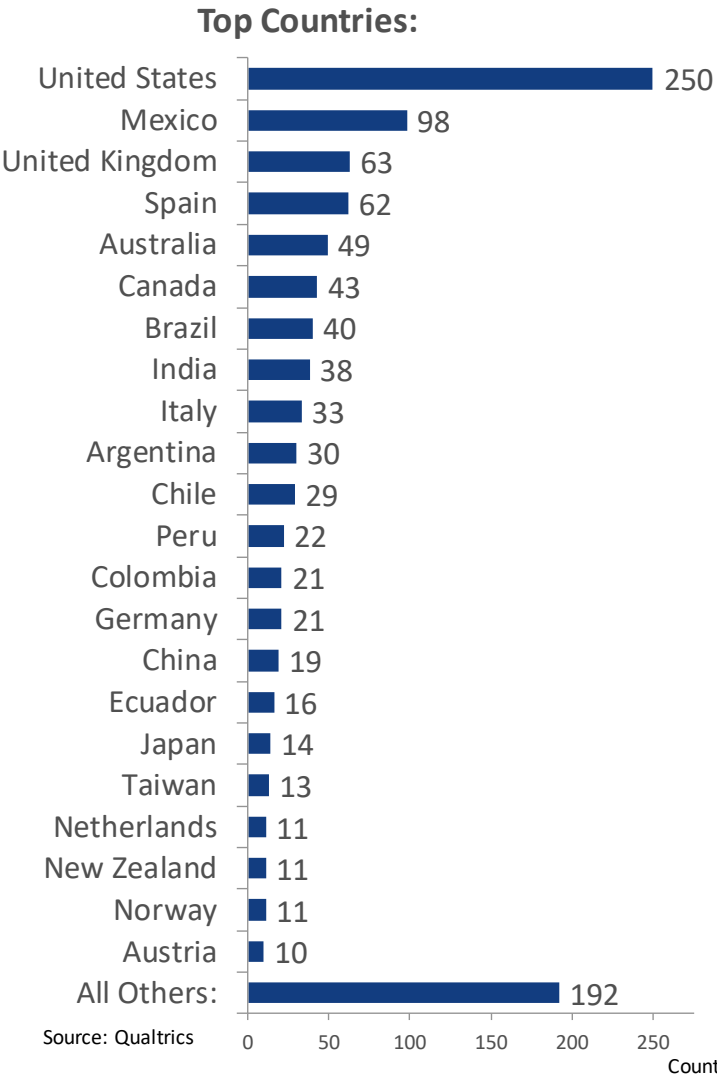
	Higher:	Lower:
Years	<div><div>Medical School (26.5)</div><div>Educational as Teacher (26.4)</div><div>Past Subscriber (25.3)</div><div>United States/Canada (24.1)</div><div>Make an Organizational Decision (24.0)</div><div>Invitation (23.4)</div><div>Subscriber (23.1)</div><div>Visit Less than Monthly (22.8)</div><div>English Language (21.4)</div></div>	<div><div>Educational as Student (9.5)</div><div>Central Asia (14.2)</div><div>Care for Loved One (16.3)</div><div>Librarians (16.8)</div><div>Never Subscriber (17.2)</div><div>Americas (17.9)</div><div>Visit Weekly (18.4)</div><div>Spanish Language (19.0)</div><div>Intercept (19.5)</div></div>

# The United States is the most-represented country, but the Americas is the most-represented region

There are 87 different countries represented in the survey,

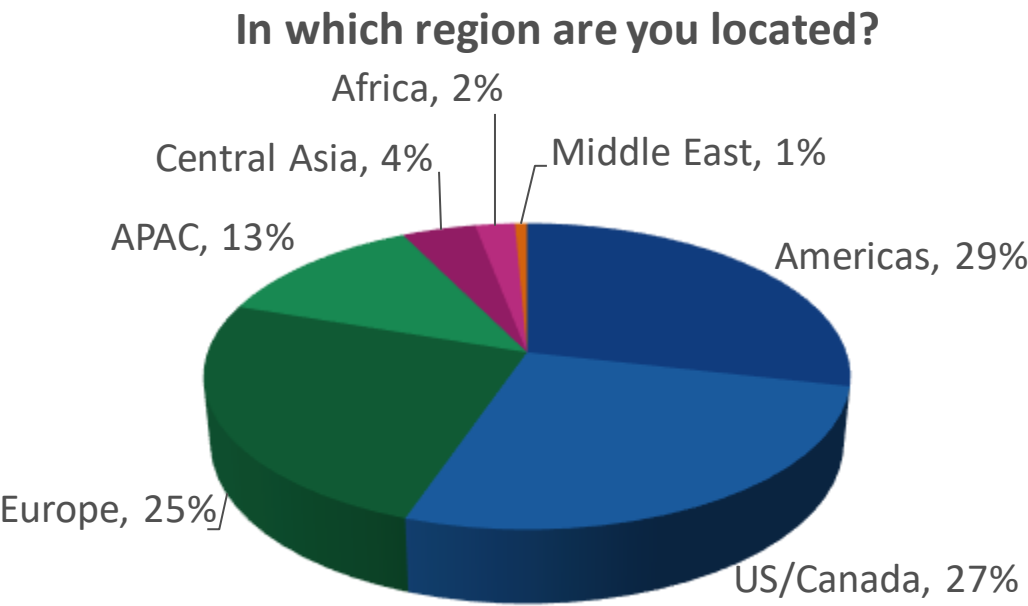


Source: Qualtrics



# The impact of the concepts on the value of a Cochrane Library subscription is only minorly impacted by the region

Over three-quarters of those who answered the Spanish-language version of the survey are from the Americas.

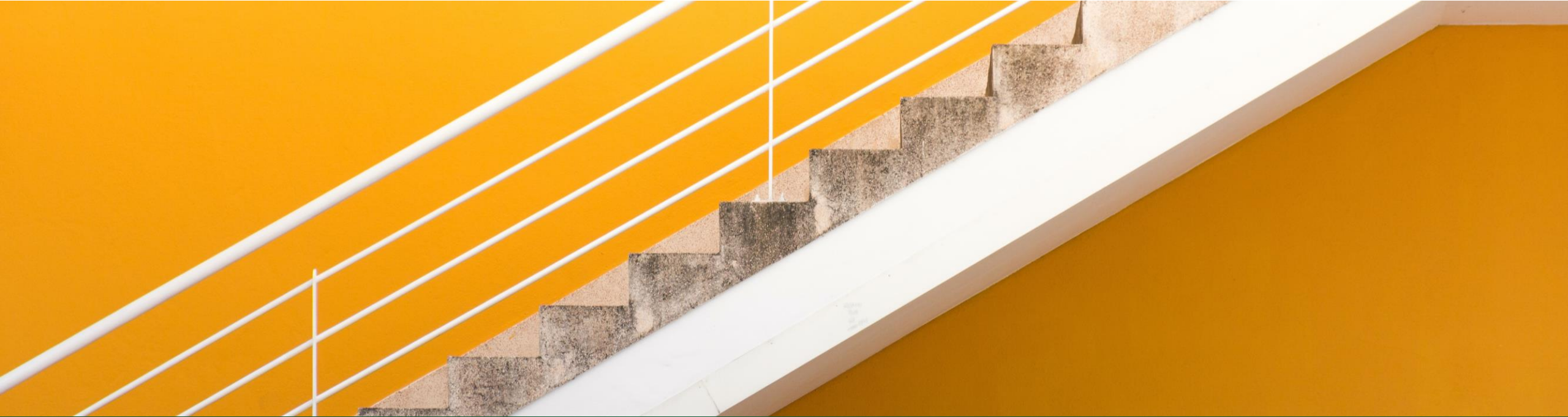


Source: Qualtrics



	More Likely:	Less Likely:
Americas	<ul style="list-style-type: none"><li>Spanish Language (78%)</li><li>Never Subscriber (45%)</li><li>Visit Weekly (43%)</li><li>Educational as Student (42%)</li><li>Intercept (37%)</li><li>&lt;=5 Years (34%)</li></ul>	<ul style="list-style-type: none"><li>Librarians (1%)</li><li>Invitation (6%)</li><li>English Language (8%)</li><li>Research Facility (11%)</li><li>Subscriber (13%)</li><li>University (15%)</li><li>Conduct Research (18%)</li><li>6+ Years (20%)</li><li>Visit Less than Monthly (24%)</li></ul>
United States /Canada	<ul style="list-style-type: none"><li>Librarians (61%)</li><li>Invitation (51%)</li><li>21+ Years (38%)</li><li>Care for Loved One (38%)</li><li>English Language (37%)</li><li>Subscriber (37%)</li><li>Visit Less than Monthly (30%)</li></ul>	<ul style="list-style-type: none"><li>Spanish Language (1%)</li><li>Visit Weekly (11%)</li><li>National Provision Subscriber (12%)</li><li>Intercept (18%)</li><li>&lt;=5 Years (18%)</li><li>Never Subscriber (19%)</li><li>Hospital/Medical Facility (22%)</li></ul>
Europe		<ul style="list-style-type: none"><li>Medical School (16%)</li><li>Never Subscriber (16%)</li></ul>
Asia Pacific	<ul style="list-style-type: none"><li>National Provision Subscriber (26%)</li><li>Care for Patient (22%)</li></ul>	<ul style="list-style-type: none"><li>Make Policy Decisions (6%)</li></ul>
Central Asia	<ul style="list-style-type: none"><li>Educational as Student (11%)</li><li>English Language (6%)</li></ul>	<ul style="list-style-type: none"><li>Librarians (1%)</li><li>Spanish Language (1%)</li><li>Value Increased Somewhat (2%)</li><li>Subscriber (2%)</li><li>21+ Years (2%)</li></ul>
Africa	<ul style="list-style-type: none"><li>Value Increased Greatly (3%)</li></ul>	
Middle East		





**Prepared by Broadview Analytics Inc. (Vendor)**

Contact with questions:

Ben Honour, Vicky Kinsman | Research Marketing

Suzanna Zeitler, Customer Insights | Business Insights | Global Enterprise Marketing



## **5. Annual General Meeting 2023**

For Decision

Presented by Catherine Marshall



## Governing Board: Decision Paper

<b>Title:</b>	<b>AGM 2023: London</b>
<b>Previous papers submitted on this topic:</b>	
<b>Paper Number:</b>	<b>GB-2023-05</b>
<b>From:</b>	Roma Grant
<b>People involved in the developing the paper:</b>	Executive Leadership Team
<b>Date:</b>	21 March 2023
<b>For your:</b>	<b>FOR DECISION</b>
<b>Access:</b>	Open

### Executive summary

This paper is to approve the date, time and location of the Cochrane Annual General Meeting for 2023.

### The Annual General Meeting

Cochrane is a charitable company under UK law, and in accordance with its Articles of Association has to have an Annual General Meeting.

### Resolution

**That the Governing Board APPROVES the place, date and time of the Cochrane Annual General Meeting:**

**Place: The Cochrane Colloquium 2023**

QEII Centre  
Broad Sanctuary  
Westminster  
London  
SW1P 3EE

**Date: Monday 4 September 2023**

**Time: 17.15 – 18.15 [GMT]**

**Yes/No/Abstain**

## 6. Emeritus and Lifetime Membership nominations

For Decision

Presented by Catherine Marshall

**RECURRING BUSINESS:**

## **7. Co-Chairs' Report [ORAL REPORT]**

For Information

Presented by Tracey Howe and Catherine  
Marshall

## 8. Chief Executive Officer's Report

For Information

Presented by Catherine Spencer



## Governing Board: Reports

<b>Title:</b>	<b>Chief Executive Officer's Report to March 2023</b>
<b>Previous papers submitted on this topic:</b>	
<b>Paper Number:</b>	<b>GB-2022-07</b>
<b>From:</b>	Catherine Spencer
<b>People Involved in the developing the paper:</b>	Executive Leadership Team
<b>Date:</b>	21 March 2023
<b>For your:</b>	<b>ASSURANCE</b>
<b>Access:</b>	Open

### Executive summary

This paper provides an overview for the Governing Board on achievements and challenges delivering on our plans for 2023 towards the *Strategy for Change*. It includes overviews from the Chief Executive Officer (CEO) and sections summarizing progress on each *Strategy for Change* objective. The Editor in Chief (EiC) Report is now a separate report but will be referred to in the *Strategy for Change* update.

### Overview from the CEO

#### 1.0 Strategy

1.1 A draft strategy 2024-2027 has been developed for the March 2023 Governing Board meeting. See strategy paper and [presentation](#) for more information. This will form the basis for further discussions at the March Governing Board Meeting.

1.2 It is suggested that a Strategy Working Group of no more than 6-8 people is formed to take the strategy forward after the Governing Board meeting. I have discussed this work with strategy consultant Tracey Barr, recommended by Gill Leng.

- 1.3 It is suggested that we have an initial meeting with the Strategy Working Group
- Then a meeting with an Expert External Panel. The Governing Board, is therefore, asked to consider whom they think could be invited to discuss our future direction.
  - A new version of the strategy will be presented to the May 2023 Governing Board meeting and subject to amendments
  - Consultation with the community between end of May and mid-July
  - Strategy communicated to the Colloquium in September 2023

## **2.0 Publishing and Technology**

2.1 As well as developing new products to enhance researcher experience and support our income, described in the Product Development paper, the publishing and technology team are also managing a significant turnover of technology products: This year we are retiring old products such as 'Archie' and 'RevMan5', and implementing new production products such as Pronto and RevManWeb.

2.2 The decision was taken at a meeting on Wednesday 8 March to discontinue use of Fonto, a copyediting tool. The meeting between the publishing and technology teams was very helpful in moving forward on how to deal with a bottleneck in Copy Editing. The teams worked really well together to create solutions and understand the challenges of each team.

2.3 Internally, there is also significant work to optimise our processes and as we prepare to migrate from Slack/Dropbox to Teams/Sharepoint.

## **3.0 Open Access**

3.1 The work that the consultant and expert, Tasha Mellins-Cohen, is doing with the Open Access working group led by Jordi Pardo Pardo, to determine a suitable Open Access model, that also maintains income, has been extremely promising.

3.2 Tasha is refining models based on criteria the working group have suggested. The current option would see Cochrane being able to meet Plan S criteria, providing open access at a level that is acceptable to funders, and being able to maintain and potentially grow income. This reduces risk while we grow other income sources. The initial model we select may evolve as we move towards Open Science. More information will be presented by Laura Ingle, Director Publishing and Technology.

## **4.0 Development**

4.1 Our Development Directorate is new and has been expanding its capability through recruitment and working with consultants.

4.2 Work on a fundraising/business development strategy is moving forward. More details in the Fundraising report.

4.3 We had the opportunity to prioritise work to secure the Foreign, Development and Commonwealth Office, Research Commissioning Centre tender, as part of a consortium with 3ie. This and similar bids required a 'case for support', and significant work from Gavin Adams, Development Director and Karla Soares-Weiser, Editor-in-Chief. That, with 3ie we have been successful in securing the tender is good news in terms of Cochrane's credibility and will provide us with opportunities to apply for many projects that sit within the main grant.

4.4 Head of Communications, Harry Dayantis, has significantly improved our comms output. As expected, due to the dearth of Comms he has a lot to catch up on, and many demands on his time.

4.5 Most recently his advice, experience and connections to other comms experts has been useful in how we have handled the response to the mask review. Harry in conjunction with the editorial team have planned and followed the release of the mask review to ensure the best outcome, with options being very carefully considered. Karla Soares-Weiser will provide more detail.



4.6 Harry is focusing on producing a comprehensive Comms Strategy and increasing communications to the community.

## 5.0 Colloquium

5.1 Planning and organising for the London 2023 colloquium is showing similar numbers to previous colloquia. Current registration numbers are low but reflect similar numbers at this time to the Edinburgh Colloquium. The Early bird deadline for ticket sales is 1<sup>st</sup> of June, it is at that point that we will have a clearer picture of likely numbers:

5.2 The best indicator of attendance at this stage is the number of abstracts. Happily, the numbers have beaten all records. The colloquium team have received 803 Abstracts and proposals for 124 Workshops. 803 abstracts is a good indication that significant numbers want to attend.

5.3 The fundraising team have also made a number of applications for grants for participants from Lower Middle-Income Settings, which could increase the number of places we are able to offer from our [existing stipend scheme](#).

5.4 Consumer stipends have been offered and advertised for attendance at the colloquium.

## 6.0 Governance Review

6.1 Three proposals were requested and received to complete a Governance Review. Proposals were received from Barney Tallack, Action Planning and Bayes (previously Cass) Business School.

6.2 The selected consultant was Barney Tallack who demonstrated -

- Understanding of Cochrane
- Understanding of complex international organisations
- Understanding of the cultural sensitivities of working in a global environment
- Governance Review experience including reviewing structures and working with Governing Boards and Executive Leadership Teams to determine the best structure to support organisational priorities.
- A willingness to work with the Governance and Nominations Committee and Executive Leadership Team to understand the scope needed beyond that of a standard governance review.

6.3 • Consulting, development and coaching experience working with international Governing Boards He

6.4 The Governance Committee have suggested areas to be covered in the Governance Review.

6.5 The Governing Board may wish at the March 2023 meeting to determine how board members can contribute to the scope of the review. However, the Governance Committee have already provided feedback.

6.6 Tracey Howe, Chair of the Governance Committee, and the Chief Executive will have an initial planning meeting with Barney Tallack. Plans will then be drawn up for his consultation/interviews with board members and others.

## 7.0 Consumer Engagement Framework

7.1 The Consumer Engagement Framework, discussed at the December 2022 Governing Board meeting has had an additional forward added to the document as at 7.2.

7.2 *Cochrane is a trusted and vital organisation in the world of evidence-based medicine. The engagement and involvement of users of Cochrane evidence is vitally important to our mission. We believe that involving our richly global and diverse community of stakeholders makes our research more reliable, relevant, of higher quality, and increases its uptake.*

*The Covid-19 pandemic has shown the imperative for the public to find ways to make sense of health information, to access evidence that they can trust and understand, on topics that relate to their experience, and in which they have been involved in creating.*

*Our work in this area began in 1994 with the formation of the Cochrane Consumer Network, and at that time we led the way in involving people in research. The Cochrane Board reaffirmed its commitment to this approach with the 2018 Statement of Principles for Consumer Involvement in Cochrane. The Governing Board will build on this long and unique history of collaboration across the world, including ensuring the people who benefit from our work (consumers, patients, carers and the wider public) are involved as co-producers of our evidence.*

*This Framework is the result of significant engagement with our community of consumers, researchers and others, from the task group it convened, the surveys we undertook, and consultations on its final version. We would like to thank all the contributors, in particular, the Cochrane Consumer Network Executive Group, the Framework task group, and Richard Morley, Cochrane's Consumer Engagement Officer.*

*We are at the start of a new phase of our work. We have set out a bold vision that is both exciting and a challenge to each and every one of us in our global community. This is an opportunity to significantly develop its work to engage with a diverse and international patient, care and public audience and we will be working hard to implement this Framework between now and 2027.*

*Cochrane Governing Board*

*February 2023*

## Progress on Strategy for Change Objectives

### Goal 1, Objective 1: Delivering timely, high-quality responses to priority global health and care questions, which the users of our evidence help define

#### Key priorities:

- Future of evidence synthesis transformational programme of work
- Submission pipeline monitoring and risk mitigation
- Establishing Thematic Groups and Evidence Synthesis Units
- Business case for expansion of the Centralised Editorial Service
- Develop and introduce a new, streamlined review format.
- Simplification of processes and tech
- Implement new way to monitor, manage and publish high profile reviews

#### Achievements and challenges

- See the Editor-in-Chief update.

#### Key risks

- The Future of Evidence Synthesis Programme has multiple risks, which were set out as part of the business case presented to the Governing Board, and will be monitored by the programme team, Programme Board (ELT (Executive Leadership Team)) and the Oversight Committee. The risks relating to finding sufficient funding for Evidence Synthesis Units and Thematic Groups are ongoing. Another key risk associated with the capacity of the Central Editorial Service has been identified and we are working on mitigation strategies including options to outsource some of the service. Copy editing is causing a challenge but Editorial are working closely with Publishing and Technology to find a viable solution.
- We are closely monitoring the number of reviews published in the Cochrane Library and are working on the pipeline project described above to mitigate some of the current risks.

### Goal 1, Objective 2: Streamlining production of reviews and simplifying editorial systems and processes

#### Key priorities:

- Develop and introduce a new, streamlined review format.
- Simplification of processes and tech

#### Achievements and challenges

- See the Editor-in-Chief update.
- Teams have started to implement projects as part of Future of Evidence Synthesis.

### Goal 2, Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities

Key priority: We will shape our advocacy programme building on Cochrane Convenes recommendations

#### Achievements and challenges

- Following our response to the WHO consultation on global clinical trials policy, Cochrane's Editor in Chief was recently appointed to a new WHO Technical Advisory Group on Development of Guidance on Best Practices for Clinical Trials (officially in a personal

capacity). This will be a key opportunity to input into this policy push, which was backed by several governments at the World Health Assembly in May 2022.

- As a follow-on from Cochrane Convenes, we have continued to engage with the WHO World Health Emergencies Programme teams which lead on science communication. This included a leading joint workshop on science communication in health emergencies at the International Social and Behaviour Change Communication Summit and participating in an expert consultation on science and knowledge translation in health emergencies. All activities were funded by WHO.
- Cochrane's Editor in Chief spoke at the American Association for the Advancement of Science (AAAS) meeting in Washington, DC in early March. While there, meetings were organised with the Agency for Healthcare Research Quality (AHRQ), the Pan American Health Organization (PAHO) and Academy Health. A meeting was planned with the UN Foundation which had to be rescheduled.
- We are currently planning for our attendance at this year's World Health Assembly. While a decision was made to not organise our own side event, we will attend and use it as a networking opportunity and as a chance to reconnect with WHO staff. Cochrane Rehabilitation and Cochrane Switzerland are planning to participate in a side event on a rehabilitation resolution to be adopted at the meeting.
- Planning is also underway for this year's World Evidence-Based Healthcare Day (20 October). The theme this year will be on health equity. If board members have ideas for activities this year, please let Emma Thompson know.

### **Key risks**

- Staff capacity for this area of work remains low relative to this time last year (currently at less than 1.0 FTE). This – together with the wider changes at Cochrane – has had a severe impact on the planned activities around the Cochrane Convenes recommendations. We aim to recruit an additional member of staff soon, however even with capacity at this level advocacy will predominantly be reactive rather than proactive.

### **Goal 3, Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors.**

Key priority: We will have a Board approved decision and transition plan (roadmap) for OA in 2022

### **Achievements and challenges**

- We have finalised the business case for Cochrane Library product development plans, and these have been submitted to the board for consideration. The user and customer research findings from Wiley are very positive, confirming that all concepts would increase customer and user value which will support the transition to OA.
- We have begun the OA working group which is identifying a decision framework for any future OA models.
- Tasha Mellins-Cohen has begun as Open Access consultant and has begun to develop a model that could work for Cochrane.
- Next steps are to work through scenarios, in partnership with Wiley, and to engage with Key funders to validate our approach, in order to bring recommendations to the Board in September 2023 and begin to transition through 2024.

### **Key risks**

- Governing Board not agreeing a model in September 2023.

### **Goal 3, Objective 5: Improving user experience by increasing the accessibility and usability of our products.**

Key priority: Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA

#### ***Achievements and challenges***

- Business cases for Cochrane Library product development have been completed and have been submitted for this board meeting to consider
- New Service Level Agreements are currently being agreed with Wiley, including improvements to speed of online publication

#### ***Key risks***

- Business cases not approved by Governing Board

### **Improved efficiency (enabling objective): Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work**

- **See the Editor-in-Chief update** for information on “new review format” and “open access journal”.

### **Sustainability (enabling objective): Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization**

Key priorities:

- Recruit a Director of Development
- Establish a global fundraising strategy with community consultation, and recruit a fundraising team

#### ***Achievements and challenges***

- Director of Development started in post on the 3 October.
- A case for support has been developed and has already enabled us to be part of the successful 3ie tender for a Research Commissioning Centre. This case for support is forming the basis of other approaches as listed in the March 2023 Fundraising Report.
- Karla Soares-Weiser had a successful business trip to the USA where she has made good potential connections, which will be followed up by the Director of Development
- The fundraising strategy is in development, but the decision was taken to prioritise funds that were immediately available to pursue. We have engaged a consultant and will be presenting the strategy to the Governing Board in May 2023.
- Recruitment is underway for the Head of Fundraising to be followed shortly after by recruitment for a Business/product Development post – this will enable us to explore new areas such as paid for editorial services.
- Cochrane Response is working with the Development Director to explore how to expand their work.

#### ***Key risks***

- A key risk we do not secure funding for Cochrane, but all activities are focused on the imperative of achieving a sustainable future.

**Increased awareness and impact (enabling objective): Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations**

### ***Achievements and challenges***

- The new Head of Communications started in post in December. On top of business as usual (BAU) comms activities, current priorities include: developing a comms strategy; redeveloping the website; recruiting a team; delivering change communications for Future of Evidence Synthesis; and establishing a global dissemination approach for high profile reviews.
- Head of Communications has engaged a consultant to work alongside the Future of Evidence Synthesis team, has already produced important communications packages for authors and staff.
- Recruitment of Internal Communications manager is ongoing, we had 100 applications and will appoint by early March.
- Challenges include mask review (this could also go under risks) – lots said about this already, can potentially take from Karla's update

### ***Risks***

- Constrained capacity and many priorities

**Enhanced accountability (enabling objective): Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities.**

Key priority: Culture and ways of working – values

### ***Achievements and challenges***

- A series of communications has begun to be sent to the Cochrane Community, this work will develop over the next few months now that we have resources in place.

### ***Key risks***

- Disenfranchised community due to previous lack of communications and lack of clarity over future plans

## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

For Information

## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

## Strategy for Change priorities 2022

RAG Grey – delivered; Green – on track; Amber – manageable delay/issue; Red – issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones. Flag any issues or changes to timelines
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.			
<b>GOAL 1: PRODUCING TRUSTED EVIDENCE</b> To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making						
<b>Objective 1:</b> Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define						
1.1	PRIORITY - Future of evidence synthesis transformational programme of work	Board approval, implementation plan developed Q2	1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expectations set	EIC	Green / Amber	Future of Evidence Synthesis - implementation across all projects continues. The Oversight Committee have met and identified four key projects: Central Editorial Service, New Review Format, Review Pipeline, Author Proposal Management. Review Pipeline: See 1.2 Submission pipeline: monitoring and risk mitigation below. Central Editorial Service: see 1.3 Maintain Central Editorial Service. New Review Format: see 2.1 Develop and introduce a new, streamlined review format. Author Proposal Management: Transition to business as usual was problematic so this workstream has been combined with 2 others and gone back into project phase, with a dedicated lead and will be considered alongside commissioning strategy in the review development team. Thematic Groups: 7 pilot Thematic Groups announced; implementation planning began; legal advice currently being sought on the agreement framework. Communication plans: The Future Cochrane website has been relaunched. The Head of Change Management, Project Portfolio Manager and Project Manager have met with the new Head of Communications to discuss communications needs and support for the programme. A consultant has been engaged to work 3 days/week to cover Future of Evidence Synthesis programme comms deficit. A key focus over Q1 will be Author communications because of the Author changes that will be happening (e.g., retiring RevMan 5 and New Review Format).
1.2	PRIORITY Submission pipeline monitoring and risk mitigation	1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget	1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets	EIC	Green	Monitoring viability of reviews in editorial process with UK CRGs. 2 Reviews submitted to Central Editorial Service with Dev support in Q4 2022 (about 20 reviews screened for CRGs). 2 recent submissions, and 11 reviews currently in development.
1.3	PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand	Scalable CES in place and operating by June 2022	1. Meet time to publication targets 2. Meet throughput targets	EIC	Green	Restructure of Central Editorial Service was completed. In Q4 2022 there were 79 new submissions, 104 are currently in process. In Q4 2022 31 submissions received a final decision, with 19 reviews accepted (11 reviews & 8 protocols) and 12 rejected. 10 reviews were rejected within 6 months of submission (83%) and 2 reviews were rejected after 6 months of submission (17%). 18 reviews were accepted within 9 months of submission (95%) and 1 review was accepted after 9 months of submission (5%).
1.4	Implement new way to monitor, manage & publish high profile reviews	New procedures in place and operating by Q3		EIC	Green	We are establishing procedures to handle high profile and contentious reviews. Positive developments include building a process to translate and disseminate high profile reviews in multiple languages and territories, establishing a press release distribution system and setting up media monitoring.
<b>Objective 2:</b> Streamlining production of reviews and simplifying editorial systems and processes						
2.1	PRIORITY Develop and introduce a new, streamlined review format	1) Concept & user research report delivered May 2022. 2) Scope of work agreed June 2022 for Editorial Board approval July 2022. 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3. 4) Systems implementation to start by Q4. 5) Aiming for April 2023 full go live.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction.	EIC/DP&T	Green	Consultation on initial mock-ups complete (inc. CET teams). User testing for CLIB changes ongoing. Mapping development work required for tech (inc. RevMan, Editorial Manager, CLIB), editorial and production/copyediting processes, policies, comms and training. RAG status moved from amber to green as the new milestones have been agreed.
2.2	PRIORITY Simplification of processes and tech - including prioritizing 1-2 additional projects (e.g. RevMan, central title registration)	1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevMan5 by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community. 6) Complete Covidence interoperability and launch improved data extraction to Cochrane authors by Q3 2022. 7) Complete centralised search and data curation improvements using machine and crowd to deliver the Evidence Pipeline as a core process for Cochrane by Q4 2022.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RMS in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES.	EIC/DP&T	Green	1) Ongoing development of Porto (Review Portfolio Management) for non-Cochrane use cases. 2) Review Portfolio Management for Cochrane reviews will be managed as a Future of Evidence Synthesis project to ensure alignment of requirements and ongoing dependencies. Roll out extended into Q1 2023. 3) Covidence interoperability work is ongoing to improve data extraction functionality in Covidence. 4) The Porto copy editing system has been delivered to the copy editing team for testing. Final assessment report from Copy Editing due mid April 2023. 5) Agreed roll out of new study centric data model is now included within the scope of the New Review Format project.



## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

## Strategy for Change priorities 2022

RAG Grey – delivered; Green – on track; Amber – manageable delay/issue; Red – issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE	ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones. Flag any issues or changes to timelines	
GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care						
Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities						
3.1	PRIORITY We will shape our advocacy programme building on Cochrane Convenes recommendations	Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Convenes. Develop ability to write and place thought leadership op-eds.	Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy: collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained)	DDev	Green	10
3.2	Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on. Retain high value partners eg WHO	Review of partners against SIC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board	Number of high impact connections (new and established). Mapping executed and reviewed by groups. Partner strategy paper for board written and delivered. Number of impact stories shared.	DDev	green	Developing a partnerships and advocacy strategy. First draft will be completed in early February 2023
GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all						
Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors						
4.1	PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022	Final costed options paper and proposed transition plan to Board by Q4 2022	Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy	DP&T	Amber	1) The Cochrane Library product development business case is being updated followed initial review by the ELT. Will now be submitted to Board in March 2023. The proposed development focuses on enhanced discoverability, accessibility and usability of Cochrane data at study and review level delivered by increasing our meta-data and leveraging new data management features due to be delivered as part of New Review Format. 2) OA Working Group, Chaired by Jordi Pardo Pardo began meeting in December to guide open access plans for 2023. 3) Project Plan for 2023 delivered to OA Working group including appointment of external OA Advisor in January 2023. Case for support in Q1 and decision on models at September board meeting, following engagement through Q2 with COALITIONs to get transformative status.
4.2	New Multilingual strategy & how it fits with OA (2023 onwards)	Development of draft multilingual strategy and approval of strategy by ELT and governing board	Finding a sustainable approach to continue multilingual activities	DDev	Green	Scenarios for multilingual work developed. And discussed by ELT. Final paper shared with ELT early July, and shared with the Board co-chairs for information.
4.3	Open access journal, establish new journal in partnership with Wiley	Journal launched January 2023	Readership gained, revenues	EIC	Green	Journal homepage went live on 12th November and opened for submissions on 14th November. Papers were received before year end. First issue planned for Q1 2023.
Objective 5: Improving user experience by increasing the accessibility and usability of our products						
5.1	PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA	4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3.	Subscription revenue business model protected. Increase usage of new features. Increase user and customer satisfaction	DP&T	Green	Business cases were finalized in early Sept addressing 1) Enhanced presentation of RCT data in CLIB 2) Finding Cochrane data from across multiple reviews 3) Enriching CLIB with additional data sets (three business cases) These informed the open access strategy paper shared with the ELT and to be taken forward to the Governing Board. <b>The "Cochrane data re-use" concept now to be focused on potentially enhancing the commercial RMW product rather than on enhancing Cochrane Library.</b> Q3 releases on the Cochrane Library will include PICO browse, prototype PICO search filter on main search, presentation of joint authorship and some Spanish portal fixes.

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OUR WORK IS ENABLED BY:						
Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work						
IE.1	Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024	Management accounts and projections Five-year projections updated for every FAR		DFCS	Green	The Board-approved 2023 operating budget, under reasonable income assumptions, is break-even but has an additional £0.4m application against the strategic reserves. The provisional 2024 financial model shows an operating surplus of £0.4m. We will continue to monitor expenditure and explore income-generating opportunities (as set out in the 2023 Plan & Budget) and ensure long-term financial sustainability.
IE.2	Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups	M&E Framework developed, tested and implemented (should be operational in 2023)	Increase in geo groups performance on key deliverables. Number of new and closed groups.	DDev	Green	Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Now being tested by 9 geographic groups - testing till September. Then adjustments and implementation starting in 2023.
Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization						
S.1	PRIORITY Recruit a Director of Development	Director of Devpmt in post by June 2022		CEO	Grey	Director of Development started in post in October.
S.2	PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team	1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least 7 funding proposals submitted worth at least ... 2. Revenue diversification - Revenue diversification strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022		DDev	Amber	1. Director of Development commenced employment in October 2022. Fundraising Strategy to be developed by July 23.
S.3	Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director	Wellcome funding application submitted by .... Fundraising database in place by ...		CEO	Amber	Work is progressing. Inc. a consultant who is doing a variety of work to meet this objective
S.4	Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023	Q3, Q4		CEO	Green	CEO to progress substantially in 2023.1st draft strategy to be presented to the Board March 2023.
S.5	Embed risk management at all levels within the Cochrane on a consistent basis (> one year)	Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU	<a href="#">Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework</a>	DFCS	Amber	Board Risk Policy approved, following professional advice, and now periodic Board risk reporting in place via WLG/ELT/FAR. WLG & GB risk management training to be rearranged. Reporting to be simplified. FARC assessment against IRM standard carried out and progress noted.
S.6	Close the London office & associated services (2022)	Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22	Alternative working arrangements and protocols in place	DFCS	Green	We have taken on a three-year lease (break notice: one-year) at The Kings Fund. Departure from St Albans House all resolved (subject to deposit, bal. service charge) and office paperwork processed, office contracts terminated. ELT have discuss broader considerations of move to Hybrid working and implications on organisational policies, Ways of working. Update/new policies in progress, to be completed Q123 alongside Culture objective.
Increased awareness and impact - Increasing the visibility and profile of Cochrane globally: demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations						
IA.1	Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact	Communication plan developed with quarterly targets	Focused external reach and visibility (PR mentions, social media metrics). Development of Cochrane as a thought leader. Meeting of quarterly targets.	DDev	Green	Head of Comms recruitment has been completed with Harry Dayantis commencing in post in December 2022. A key focus of the new HoC will be to develop a Communications Strategy in Q3, 2023.
IA.2	Develop Events strategy - internally and externally focused events - considering community needs and external visibility	Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4		DDev	Green	Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information.

## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

## Strategy for Change priorities 2022

RAG Grey – delivered; Green – on track; Amber – manageable delay/issue; Red – issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
Enhanced accountability - Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; Improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities						
EA1	PRIORITY Culture and ways of working (Values for the community)	Leadership development programme delivered Develop further the Board/executive partnership	Participants report satisfaction, and impact on their leadership. Staff report positive impact.	CEO	Green	(1) Initial Leadership Programme for WLG delivered, needs further ongoing development, taking into account new CEO, wider leadership changes/leavers/joiners and alignment with culture work outputs (2) CET culture project - Culture mapping activity with teams completed main themes consolidated into one map and a draft paper summarising key outputs and themes including draft values/behaviours and WoW trial recommendations. CET team session at meeting in November delivered for validation and feedback from CET. Paper to be amended/finalised as needed and formally submitted to ELT for update and recommendations approval / confirmation of next steps for 2023 (3) Wider Cochrane Community Values work (Council) on hold (4) An outcome of the Board/ELT meeting (Barcelona, Oct 2022) was to strengthen the joint Board & ELT ways of working ahead of the big strategic decisions that Cochrane needs to take in 2023 & beyond. The facilitator said: "Overall, participants were very pleased with the progress that had been made".
EA2	Review and rationalisation of Cochrane websites	Audit of Cochrane.org conducted and Cochrane.org revised <a href="#">Plan for website overhaul in place and budget identified</a>		DDev	Green	Website audit will be completed in early February 2023 with work commencing to rationalise websites in Q2, 2023
EA3	Put in place a register/list of current and planned organizational policies with review dates and authority level (ELT/GB etc)	Work to start in Q2		CEO	Amber	This will be progressed by then new Interim Head of Governance
EA4	Review and update governance arrangements, to ensure they are fit for purpose for the Cochrane's next stage of development	External consultant engaged; plan delivered; work underway		CEO	Amber	This will be progressed by then new Interim Head of Governance



<b>Title:</b>	<b>Progress on delivering Strategy for Change Objectives: Quarterly Update for Cochrane Board</b>
<b>Period covered by this report:</b>	Reporting on Quarter 4 (October - December) 2022
<b>Date and period of last report:</b>	5th December 2022, reporting on Quarter 3 (July - September) 2022
<b>Purpose of the report:</b>	This report is intended to provide the Governing Board with an update on the progress of key initiatives that fulfil the Objectives in the Strategy for Change.
<b>Paper Number:</b>	
<b>From:</b>	Susan Evans, Project Portfolio Manager, FCS
<b>People Involved in the developing this report:</b>	Executive Leadership Team & Heads Of
<b>Date:</b>	6th March 2023, for consideration at the 14th March Board videoconference
<b>For your:</b>	Information
<b>Access:</b>	Open and Restricted

The initiatives were given a RAG rating by the ELT.

<b>Traffic Light</b>	<b>Red Amber Green (RAG) Status Definition</b>
<b>Red</b>	<ul style="list-style-type: none"> <li>There are significant issues with the initiative because one or more aspects of project viability — time, cost, scope — exceed tolerances set by the project team.</li> <li>The project requires corrective action to meet its objectives. The issue cannot be handled solely by the project manager or project team and needs the input of the Senior Management.</li> </ul> ELT ACTION REQUIRED.
<b>Amber</b>	<ul style="list-style-type: none"> <li>A problem has a negative effect on project performance but can be dealt with by the project manager or project team.</li> <li>One or more aspect of project viability — time, cost, scope — is at risk. However, the deviation from plan is within tolerances assigned to the project manager.</li> </ul> ELT TO MONITOR SITUATION.
<b>Green</b>	<ul style="list-style-type: none"> <li>The initiative is performing to plan.</li> <li>All aspects of project viability are within tolerance. However, the project may still be late or forecast to overspend.</li> </ul> ELT TO BE INFORMED OF STATUS.

Strategy for Change priorities 2022

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Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.		
GOAL 1: PRODUCING TRUSTED EVIDENCE To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making					
Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define					
1.1	PRIORITY - Future of evidence synthesis transformational programme of work	Board approval, implementation plan developed Q2	1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expecttions set	EIC	Green / Amber
1.2	PRIORITY Submission pipeline monitoring and risk mitigation	1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget	1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets	EIC	Green
1.3	PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand	Scalable CES in place and operating by June 2022	1. Meet time to publication targets 2. Meet throughput targets	EIC	Green
1.4	Implement new way to monitor, manage & publish high profile reviews	New procedures in place and operating by Q3		EIC	Green
Objective 2: Streamlining production of reviews and simplifying editorial systems and processes					
2.1	PRIORITY Develop and introduce a new, streamlined review format	1) Concept & user research report delivered May 2022, 2) Scope of work agreed June 2022 for Editorial Board approval July 2022, 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3, 4) Systems implementation to start by Q4, 5) Aiming for April 2023 full go live.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction.	EIC/DP&T	Green
2.2	PRIORITY Simplification of processes and tech <i>'-including prioritizing 1-2 additional projects (e.g, RevMan, central title registration)</i>	1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevMan5 by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community 6) Complete Covidence interoperability and launch improved data extraction to Cochrane authors by Q3 2022 7) Complete centralised search and data curation improvements using machine and crowd to deliver the Evidence Pipeline as a core process for Cochrane by Q4 2022.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RM5 in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES.	EIC/DP&T	Green

Strategy for Change priorities 2022

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GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care					
Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities					
3.1	PRIORITY We will shape our advocacy programme building on Cochrane Convenes recommendations	Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Convenes.Develop ability to write and place thought leadership op-eds.	Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy; collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained)	DDev	Green
3.2	Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on. Retain high value partners eg WHO	Review of partners against SfC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board	Number of high impact connections (new and established). Mapping executed and reviewed by groups. Partner strategy paper for board written and delivered. Number of impact stories shared.	DDev	green
GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all					
Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors					
4.1	PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022	Final costed options paper and proposed transition plan to Board by Q4 2022	Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy	DP&T	Amber
4.2	New Multilingual strategy & how it fits with OA (2023 onwards)	Development of draft multilingual strategy and approval of strategy by ELT and governing board	Finding a sustainable approach to continue multilingual activities	DDev	Green
4.3	Open access journal, establish new journal in partnership with Wiley	Journal launched January 2023	Readership gained, revenues	EIC	Green
Objective 5: Improving user experience by increasing the accessibility and usability of our products					
5.1	PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA	4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3.	Subscription revenue business model protected. Increase usage of new features . Increase user and customer satisfaction	DP&T	Green

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OUR WORK IS ENABLED BY:					
Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work					
IE.1	Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024	Management accounts and projections Five-year projections updated for every FAR		DFCS	Green
IE.2	Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups	M&E Framework developed, tested and implemented (should be operational in 2023)	Increase in geo groups performance on key deliverables. Number of new and closed groups.	DDev	Green
Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization					
S.1	PRIORITY Recruit a Director of Development	Director of Devpmt in post by June 2022		CEO	Grey
S.2	PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team	1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least ? funding proposals submitted worth at least ... 2. Revenue diversification - Revenue diversification strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022		DDev	Amber
S.3	Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director	Wellcome funding application submitted by .... Fundraising database in place by ...		CEO	Amber
S.4	Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023	Q3, Q4		CEO	Green
S.5	Embed risk management at all levels within the Cochrane on a consistent basis (> one year)	Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU	<a href="#">Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework</a>	DFCS	Amber
S.6	Close the London office & associated services (2022)	Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22	Alternative working arrangements and protocols in place	DFCS	Green
Increased awareness and impact - Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations					
IA.1	Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact	Communication plan developed with quarterly targets	Focused external reach and visibility (PR mentions, social media meterics). Development of Cochrane as a thought leader. Meeting of quarterly targets.	DDev	Green
IA.2	Develop Events strategy - internally and externally focused events - considering community needs and external visibility	Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4		DDev	Green



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Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE			ELT LEAD	RAG
Enhanced accountability - Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global						
EA.1	PRIORITY Culture and ways of working [Values for the community]	Leadership development programme delivered Develop further the Board/executive partnership	Participants report satisfaction, and impact on their leadership. Staff report positive impact.	CEO	Green	
EA.2	Review and rationalisation of Cochrane websites	Audit of Cochrane.org conducted and Cochrane.org revised <a href="#">Plan for website overhaul in place and budget identified</a>		DDev	Green	
EA.3	Put in place a register/list of current and planned organizational policies with review dates and authority level (ELT/GB etc)	Work to start in Q2		CEO	Amber	
EA.4	Review and update governance arrangements, to ensure they are fit for purpose for the Cochrane's next stage of development	External consultant engaged; plan delivered; work underway		CEO	Amber	



UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
<p><b>Future of Evidence Synthesis</b> - implementation across all projects continues. The Oversight Committee have met and identified four key projects: Central Editorial Service, New Review Format, Review Pipeline, Author Proposal Management.</p> <p><b>Review Pipeline:</b> See 1.2 Submission pipeline monitoring and risk mitigation below.</p> <p><b>Central Editorial Service:</b> see 1.3 Maintain Central Editorial Service</p> <p><b>New Review Format:</b> see 2.1 Develop and introduce a new, streamlined review format</p> <p><b>Author Proposal Management:</b> Transition to business as usual was problematic so this workstream has been combined with 2 others and gone back into project phase, with a dedicated lead and will be considered alongside commissioning strategy in the review development team.</p> <p><b>Thematic Groups:</b> 7 pilot Thematic Groups announced; implementation planning began; legal advice currently being sought on the agreement framework</p> <p><b>Communication plans:</b>The Future Cochrane website has been relaunched. The Head of Change Management, Project Portfolio Manager and Project Manager have met with the new Head of Communications to discuss communications needs and support for the programme. A consultant has been engaged to work 3 days/week to cover Future of Evidence Synthesis programme comms deficit. A key focus over Q1 will be Author communications because of the Author changes that will be happening (e.g., retiring RevMan 5 and New Review Format).</p>
<p>Monitoring viability of reviews in editorial process with UK CRGs.</p> <p>2 Reviews submitted to Central Editorial Service with Dev support in Q4 2022 (about 20 reviews screened for CRGs).</p> <p>2 recent submissions and 11 reviews currently in development.</p>
<p>Restructure of Central Editorial Service was completed.</p> <p>In Q4 2022 there were 79 new submissions, 104 are currently in process. In Q4 2022 31 submissions received a final decision, with 19 reviews accepted (11 reviews &amp; 8 protocols) and 12 rejected.</p> <p>10 reviews were rejected within 6 months of submission (83%) and 2 reviews were rejected after 6 months of submission (17%).</p> <p>18 reviews were accepted within 9 months of submission (95%) and 1 review was accepted after 9 months of submission (5%).</p>
<p>We are establishing procedures to handle high profile and contentious reviews. Positive developments include building a process to translate and disseminate high profile reviews in multiple languages and territories, establishing a press release distribution system and setting up media monitoring.</p>
<p>Consultation on initial mock-ups complete (inc. CET teams). User testing for CLIB changes ongoing. Mapping development work required for tech (inc. RevMan, Editorial Manager, CLIB), editorial and production/copyediting processes, policies, comms and training.</p> <p>RAG status moved from amber to green as the new milestones have been agreed.</p>
<p>1) Ongoing development of Porto (Review Portfolio Management) for non-Cochrane use cases.</p> <p>2) Review Portfolio Management for Cochrane reviews will be managed as a Future of Evidence Synthesis project to ensure alignment of requirements and ongoing dependencies. Roll out extended into Q1 2023.</p> <p>3) Covidence interoperability work is ongoing to improve data extraction functionality in Covidence.</p> <p>4) The Fonto copy editing system has been delivered to the copy editing team for testing. Final assessment report from Copy Editing due mid April 2023.</p> <p>5) Agreed roll out of new study centric data model is now included within the scope of the New Review Format project.</p>

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines	
	10
Developing a partnerships and advocacy strategy. First draft will be completed in early February 2023	
1) The Cochrane Library product development business case is being updated followed initial review by the ELT. Will now be submitted to Board in March 2023. The proposed development focuses on enhanced discoverability, accessibility and usability of Cochrane data at study and review level delivered by increasing our meta-data and leveraging new data management features due to be delivered as part of New Review Format. 2) OA Working Group, Chaired by Jordi Pardo Pardo began meeting in December to guide open access plans for 2023. 3) Project Plan for 2023 delivered to OA Working group including appointment of external OA Advisor in January 2023, Case for support in Q1 and decision on models at September board meeting, following engagement through Q2 with COAlitionS to get transformative status.	
Scenarios for multilingual work developed. And discussed by ELT. Final paper shared with ELT early July, and shared with the Board co-chairs for information.	
Journal homepage went live on 12th November and opened for submissions on 14th November. Papers were received before year end. First issue planned for Q1 2023.	
Business cases were finalized in early Sept addressing 1) Enhanced presentation of RCT data in CLIB 2) Finding Cochrane data from across multiple reviews 3) Enriching CLIB with additional data sets (three business cases) These informed the open access strategy paper shared with the ELT and to be taken forward to the Governing Board. The “Cochrane data re-use” concept now to be focused on potentially enhancing the commercial RMW product rather than on enhancing Cochrane Library. Q3 releases on the Cochrane Library will include PICO browse, prototype PICO search filter on main search , presentation of joint authorship and some Spanish portal fixes.	

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
The Board-approved 2023 operating budget, under reasonable income assumptions, is break-even but has an additional £0.4m application against the strategic reserves. The provisional 2024 financial model shows an operating surplus of £0.4m. We will continue to monitor expenditure and explore income-generating opportunities (as set out in the 2023 Plan & Budget) and ensure long-term financial sustainability.
Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Now being tested by 9 geographic groups - testing till September. Then adjustments and implementation starting in 2023.
Director of Development started in post in October.
1. Director of Development commenced employment in October 2022. Fundraising Strategy to be developed by July 23.
Work is progressing. Inc. a consultant who is doing a variety of work to meet this objective
CEO to progress substantially in 2023,1st draft strategy to be presented to the Board March 2023.
Board Risk Policy approved, following professional advice, and now periodic Board risk reporting in place via WLG/ELT/FAR. WLG & GB risk management training to be rearranged. Reporting to be simplified. FARC assessment against IRM standard carried out and progress noted.
We have taken on a three-year lease (break notice: one-year) at The Kings Fund. Departure from St Albans House all resolved (subject to deposit, bal. service charge) and office paperwork processed, office contracts terminated. ELT have dicuss broader considerations of move to Hybrid working and implications on organisational policies, Ways of working. Update/new policies in progress, to be completed Q123 alongside Culture objective.
Head of Comms recruitment has been completed with Harry Dayantis commencing in post in December 2022. A key focus of the new HoC will be to develop a Communications Strategy in Q3, 2023.
Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information.

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
health and care priorities and reducing health inequities
(1) Initial Leadership Programme for WLG delivered, needs further ongoing development, taking into account new CEO, wider leadership changes/leavers/joiners and alignment with culture work outputs (2) CET culture project - Culture mapping activity with teams completed main themes consolidated into one map and a draft paper summarising key outputs and themes including draft values/behaviours and WoW trial recommendations. CET team session at meeting in November delivered for validation and feedback from CET. Paper to be amended/finalised as needed and formally submitted to ELT for update and recommendations approval / confirmation of next steps for 2023 (3) Wider Cochrane Community Values work (Council) on hold. (4) An outcome of the Board/ELT meeting (Barcelona, Oct 2022) was to strengthen the joint Board & ELT ways of working ahead of the big strategic decisions that Cochrane needs to take in 2023 & beyond. The facilitator said: ' <i>Overall, participants were very pleased with the progress that had been made</i> '.  
Website audit will be completed in early February 2023 with work commencing to rationalise websites in Q2, 2023
This will be progressed by then new Interim Head of Governance
This will be progressed by then new Interim Head of Governance

Abbreviation
ACP
Angular JS
API
AWS
BAU
CENTRAL
CEO
CES
CET
CLIB
COI
CRG
CRS-D
CRS-W
Ddev
DFCS
DOI
DP&T
EA
EIC
EIEP
ELT
ELS
EM
EPM
ESU
FAR
FCS
GB
GDPR
HoACP
HoG
HoHR
HR
HW
IRM
ITS
MECIR
M&E
OA
PICO
PM
P&T

RCT
SfC
SIG
SOAP
SQL
WHO
WLG

Definition
Advocacy, Communications and Partnerships department
a JavaScript-based open-source front-end web framework for developing single-page applications
Application Programming Interface
Amazon Web Services
Business as usual
Cochrane Central Register of Controlled Trials
Chief Executive Officer
Centralised Editorial Service
Central Executive Team
Cochrane Library
Conflict of Interest
Cochrane Review Group
Cochrane Register of Study Data
Cochrane Crowd CRS Web
Director of Development
Director of Finance and Corporate Services
Declaration of Interest
Director of Publishing and Technology
Executive Assistant
Editor in Chief
Editorial Integrity and Efficiency Pilot
Executive Leadership Team
Engagement, Learning and Support department
Editorial Manager
Editorial production and methods directorate
Evidence Synthesis Unit
Finance, Audit and Risk
Finance and Corporate Services
Governing Board
General Data Protection Regulation
Head of Advocacy, Communications and Partnerships
Head of Governance
Head of Human Resources
Human Resources
HighWire
Institute of Risk Management
Informatics and IT Services Department
Methodological Expectations of Cochrane Intervention Reviews
Monitoring and Evaluation
Open Access
Population, Intervention, Comparison and Outcomes - search tool
Production Manager
Publishing and Technology directorate

Randomised Controlled Trial
Strategy for Change
Standardized Information Gathering
Simple Object Access Protocol
Structured Query Language
World Health Organization
Wider Leadership Group



## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

## Strategy for Change priorities 2022

RAG Grey – delivered; Green – on track; Amber – manageable delay/issue; Red – issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones. Flag any issues or changes to timelines
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.			
<b>GOAL 1: PRODUCING TRUSTED EVIDENCE</b> To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making						
<b>Objective 1:</b> Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define						
1.1	PRIORITY - Future of evidence synthesis transformational programme of work	Board approval, implementation plan developed Q2	1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expectations set	EIC	Green / Amber	Future of Evidence Synthesis - implementation across all projects continues. The Oversight Committee have met and identified four key projects: Central Editorial Service, New Review Format, Review Pipeline, Author Proposal Management. Review Pipeline: See 1.2 Submission pipeline: monitoring and risk mitigation below. Central Editorial Service: see 1.3 Maintain Central Editorial Service. New Review Format: see 2.1 Develop and introduce a new, streamlined review format. Author Proposal Management: Transition to business as usual was problematic so this workstream has been combined with 2 others and gone back into project phase, with a dedicated lead and will be considered alongside commissioning strategy in the review development team. Thematic Groups: 7 pilot Thematic Groups announced: implementation planning began: legal advice currently being sought on the agreement framework. Communication plans: The Future Cochrane website has been relaunched. The Head of Change Management, Project Portfolio Manager and Project Manager have met with the new Head of Communications to discuss communications needs and support for the programme. A consultant has been engaged to work 3 days/week to cover Future of Evidence Synthesis programme comms deficit. A key focus over Q1 will be Author communications because of the Author changes that will be happening (e.g., retiring RevMan 5 and New Review Format).
1.2	PRIORITY Submission pipeline monitoring and risk mitigation	1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget	1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets	EIC	Green	Monitoring viability of reviews in editorial process with UK CRGs. 2 Reviews submitted to Central Editorial Service with Dev support in Q4 2022 (about 20 reviews screened for CRGs). 2 recent submissions, and 11 reviews currently in development.
1.3	PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand	Scalable CES in place and operating by June 2022	1. Meet time to publication targets 2. Meet throughput targets	EIC	Green	Restructure of Central Editorial Service was completed. In Q4 2022 there were 79 new submissions, 104 are currently in process. In Q4 2022 31 submissions received a final decision, with 19 reviews accepted (11 reviews & 8 protocols) and 12 rejected. 10 reviews were rejected within 6 months of submission (83%) and 2 reviews were rejected after 6 months of submission (17%). 18 reviews were accepted within 9 months of submission (95%) and 1 review was accepted after 9 months of submission (5%).
1.4	Implement new way to monitor, manage & publish high profile reviews	New procedures in place and operating by Q3		EIC	Green	We are establishing procedures to handle high profile and contentious reviews. Positive developments include building a process to translate and disseminate high profile reviews in multiple languages and territories, establishing a press release distribution system and setting up media monitoring.
<b>Objective 2:</b> Streamlining production of reviews and simplifying editorial systems and processes						
2.1	PRIORITY Develop and introduce a new, streamlined review format	1) Concept & user research report delivered May 2022. 2) Scope of work agreed June 2022 for Editorial Board approval July 2022. 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3. 4) Systems implementation to start by Q4. 5) Aiming for April 2023 full go live.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction.	EIC/DP&T	Green	Consultation on initial mock-ups complete (inc. CET teams). User testing for CLIB changes ongoing. Mapping development work required for tech (inc. RevMan, Editorial Manager, CLIB), editorial and production/copyediting processes, policies, comms and training. RAG status moved from amber to green as the new milestones have been agreed.
2.2	PRIORITY Simplification of processes and tech <i>-including prioritizing 1-2 additional projects (e.g. RevMan, central title registration)</i>	1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevMan5 by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community. 6) Complete Covidence interoperability and launch improved data extraction to Cochrane authors by Q3 2022. 7) Complete centralised search and data curation improvements using machine and crowd to deliver the Evidence Pipeline as a core process for Cochrane by Q4 2022.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RMS in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES.	EIC/DP&T	Green	1) Ongoing development of Porto (Review Portfolio Management) for non-Cochrane use cases. 2) Review Portfolio Management for Cochrane reviews will be managed as a Future of Evidence Synthesis project to ensure alignment of requirements and ongoing dependencies. Roll out extended into Q1 2023. 3) Covidence interoperability work is ongoing to improve data extraction functionality in Covidence. 4) The Porto copy editing system has been delivered to the copy editing team for testing. Final assessment report from Copy Editing due mid April 2023. 5) Agreed roll out of new study centric data model is now included within the scope of the New Review Format project.

## 8.1. Strategy for Change priorities schedule - Quarter 4 2022 update

## Strategy for Change priorities 2022

RAG Grey – delivered; Green – on track; Amber – manageable delay/issue; Red – issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE	ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones. Flag any issues or changes to timelines	
GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care						
Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities						
3.1	PRIORITY We will shape our advocacy programme building on Cochrane Conveners recommendations	Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Conveners. Develop ability to write and place thought leadership op-eds.	Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy: collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained)	DDev	Green	10
3.2	Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on. Retain high value partners eg WHO	Review of partners against SIC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board	Number of high impact connections (new and established). Mapping executed and reviewed by groups. Partner strategy paper for board written and delivered. Number of impact stories shared.	DDev	green	Developing a partnerships and advocacy strategy. First draft will be completed in early February 2023
GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all						
Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors						
4.1	PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022	Final costed options paper and proposed transition plan to Board by Q4 2022	Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy	DP&T	Amber	1) The Cochrane Library product development business case is being updated followed initial review by the ELT. Will now be submitted to Board in March 2023. The proposed development focuses on enhanced discoverability, accessibility and usability of Cochrane data at study and review level delivered by increasing our meta-data and leveraging new data management features due to be delivered as part of New Review Format. 2) OA Working Group, Chaired by Jordi Pardo Pardo began meeting in December to guide open access plans for 2023. 3) Project Plan for 2023 delivered to OA Working group including appointment of external OA Advisor in January 2023. Case for support in Q1 and decision on models at September board meeting, following engagement through Q2 with COALITIONs to get transformative status.
4.2	New Multilingual strategy & how it fits with OA (2023 onwards)	Development of draft multilingual strategy and approval of strategy by ELT and governing board	Finding a sustainable approach to continue multilingual activities	DDev	Green	Scenarios for multilingual work developed. And discussed by ELT. Final paper shared with ELT early July, and shared with the Board co-chairs for information.
4.3	Open access journal, establish new journal in partnership with Wiley	Journal launched January 2023	Readership gained, revenues	EIC	Green	Journal homepage went live on 12th November and opened for submissions on 14th November. Papers were received before year end. First issue planned for Q1 2023.
Objective 5: Improving user experience by increasing the accessibility and usability of our products						
5.1	PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA	4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3.	Subscription revenue business model protected. Increase usage of new features. Increase user and customer satisfaction	DP&T	Green	Business cases were finalized in early Sept addressing 1) Enhanced presentation of RCT data in CLIB 2) Finding Cochrane data from across multiple reviews 3) Enriching CLIB with additional data sets (three business cases) These informed the open access strategy paper shared with the ELT and to be taken forward to the Governing Board. <b>The "Cochrane data re-use" concept now to be focused on potentially enhancing the commercial RMW product rather than on enhancing Cochrane Library.</b> Q3 releases on the Cochrane Library will include PICO browse, prototype PICO search filter on main search, presentation of joint authorship and some Spanish portal fixes.

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## Strategy for Change priorities 2022

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Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
OUR WORK IS ENABLED BY:						
Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work						
IE.1	Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024	Management accounts and projections Five-year projections updated for every FAR		DFCS	Green	The Board-approved 2023 operating budget, under reasonable income assumptions, is break-even but has an additional £0.4m application against the strategic reserves. The provisional 2024 financial model shows an operating surplus of £0.4m. We will continue to monitor expenditure and explore income-generating opportunities (as set out in the 2023 Plan & Budget) and ensure long-term financial sustainability.
IE.2	Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups	M&E Framework developed, tested and implemented (should be operational in 2023)	Increase in geo groups performance on key deliverables. Number of new and closed groups.	DDev	Green	Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Now being tested by 9 geographic groups - testing till September. Then adjustments and implementation starting in 2023.
Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization						
S.1	PRIORITY Recruit a Director of Development	Director of Devpmt in post by June 2022		CEO	Grey	Director of Development started in post in October.
S.2	PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team	1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least 7 funding proposals submitted worth at least ... 2. Revenue diversification - Revenue diversification strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022		DDev	Amber	1. Director of Development commenced employment in October 2022. Fundraising Strategy to be developed by July 23.
S.3	Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director	Wellcome funding application submitted by .... Fundraising database in place by ...		CEO	Amber	Work is progressing. Inc. a consultant who is doing a variety of work to meet this objective
S.4	Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023	Q3, Q4		CEO	Green	CEO to progress substantially in 2023.1st draft strategy to be presented to the Board March 2023.
S.5	Embed risk management at all levels within the Cochrane on a consistent basis (> one year)	Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU	<a href="#">Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework</a>	DFCS	Amber	Board Risk Policy approved, following professional advice, and now periodic Board risk reporting in place via WLG/ELT/FAR. WLG & GB risk management training to be rearranged. Reporting to be simplified. FARC assessment against IRM standard carried out and progress noted.
S.6	Close the London office & associated services (2022)	Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22	Alternative working arrangements and protocols in place	DFCS	Green	We have taken on a three-year lease (break notice: one-year) at The Kings Fund. Departure from St Albans House all resolved (subject to deposit, bal. service charge) and office paperwork processed, office contracts terminated. ELT have discuss broader considerations of move to Hybrid working and implications on organisational policies, Ways of working. Update/new policies in progress, to be completed Q123 alongside Culture objective.
Increased awareness and impact - Increasing the visibility and profile of Cochrane globally: demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations						
IA.1	Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact	Communication plan developed with quarterly targets	Focused external reach and visibility (PR mentions, social media metrics). Development of Cochrane as a thought leader. Meeting of quarterly targets.	DDev	Green	Head of Comms recruitment has been completed with Harry Dayantis commencing in post in December 2022. A key focus of the new HoC will be to develop a Communications Strategy in Q3, 2023.
IA.2	Develop Events strategy - internally and externally focused events - considering community needs and external visibility	Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4		DDev	Green	Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information.

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.		
GOAL 1: PRODUCING TRUSTED EVIDENCE To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making					
Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define					
1.1	PRIORITY - Future of evidence synthesis transformational programme of work	Board approval, implementation plan developed Q2	1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expecttions set	EIC	Green / Amber
1.2	PRIORITY Submission pipeline monitoring and risk mitigation	1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget	1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets	EIC	Green
1.3	PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand	Scalable CES in place and operating by June 2022	1. Meet time to publication targets 2. Meet throughput targets	EIC	Green
1.4	Implement new way to monitor, manage & publish high profile reviews	New procedures in place and operating by Q3		EIC	Green
Objective 2: Streamlining production of reviews and simplifying editorial systems and processes					
2.1	PRIORITY Develop and introduce a new, streamlined review format	1) Concept & user research report delivered May 2022, 2) Scope of work agreed June 2022 for Editorial Board approval July 2022, 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3, 4) Systems implementation to start by Q4, 5) Aiming for April 2023 full go live.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction.	EIC/DP&T	Green
2.2	PRIORITY Simplification of processes and tech <i>'-including prioritizing 1-2 additional projects (e.g, RevMan, central title registration)</i>	1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevMan5 by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community 6) Complete Covidence interoperability and launch improved data extraction to Cochrane authors by Q3 2022 7) Complete centralised search and data curation improvements using machine and crowd to deliver the Evidence Pipeline as a core process for Cochrane by Q4 2022.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RM5 in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES.	EIC/DP&T	Green

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG
GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care					
Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities					
3.1	PRIORITY We will shape our advocacy programme building on Cochrane Convenes recommendations	Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Convenes.Develop ability to write and place thought leadership op-eds.	Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy; collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained)	DDev	Green
3.2	Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on. Retain high value partners eg WHO	Review of partners against SfC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board	Number of high impact connections (new and established). Mapping executed and reviewed by groups. Partner strategy paper for board written and delivered. Number of impact stories shared.	DDev	green
GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all					
Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors					
4.1	PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022	Final costed options paper and proposed transition plan to Board by Q4 2022	Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy	DP&T	Amber
4.2	New Multilingual strategy & how it fits with OA (2023 onwards)	Development of draft multilingual strategy and approval of strategy by ELT and governing board	Finding a sustainable approach to continue multilingual activities	DDev	Green
4.3	Open access journal, establish new journal in partnership with Wiley	Journal launched January 2023	Readership gained, revenues	EIC	Green
Objective 5: Improving user experience by increasing the accessibility and usability of our products					
5.1	PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA	4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3.	Subscription revenue business model protected. Increase usage of new features . Increase user and customer satisfaction	DP&T	Green

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG
OUR WORK IS ENABLED BY:					
Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work					
IE.1	Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024	Management accounts and projections Five-year projections updated for every FAR		DFCS	Green
IE.2	Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups	M&E Framework developed, tested and implemented (should be operational in 2023)	Increase in geo groups performance on key deliverables. Number of new and closed groups.	DDev	Green
Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization					
S.1	PRIORITY Recruit a Director of Development	Director of Devpmt in post by June 2022		CEO	Grey
S.2	PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team	1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least ? funding proposals submitted worth at least ... 2. Revenue diversification - Revenue diversification strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022		DDev	Amber
S.3	Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director	Wellcome funding application submitted by .... Fundraising database in place by ...		CEO	Amber
S.4	Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023	Q3, Q4		CEO	Green
S.5	Embed risk management at all levels within the Cochrane on a consistent basis (> one year)	Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU	<a href="#">Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework</a>	DFCS	Amber
S.6	Close the London office & associated services (2022)	Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22	Alternative working arrangements and protocols in place	DFCS	Green
Increased awareness and impact - Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations					
IA.1	Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact	Communication plan developed with quarterly targets	Focused external reach and visibility (PR mentions, social media meterics). Development of Cochrane as a thought leader. Meeting of quarterly targets.	DDev	Green
IA.2	Develop Events strategy - internally and externally focused events - considering community needs and external visibility	Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4		DDev	Green



Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	RAG
Enhanced accountability - Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global					
EA.1	PRIORITY Culture and ways of working [Values for the community]	Leadership development programme delivered Develop further the Board/executive partnership	Participants report satisfaction, and impact on their leadership. Staff report positive impact.	CEO	Green
EA.2	Review and rationalisation of Cochrane websites	Audit of Cochrane.org conducted and Cochrane.org revised <a href="#">Plan for website overhaul in place and budget identified</a>		DDev	Green
EA.3	Put in place a register/list of current and planned organizational policies with review dates and authority level (ELT/GB etc)	Work to start in Q2		CEO	Amber
EA.4	Review and update governance arrangements, to ensure they are fit for purpose for the Cochrane's next stage of development	External consultant engaged; plan delivered; work underway		CEO	Amber

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
<p><b>Future of Evidence Synthesis</b> - implementation across all projects continues. The Oversight Committee have met and identified four key projects: Central Editorial Service, New Review Format, Review Pipeline, Author Proposal Management.</p> <p><b>Review Pipeline:</b> See 1.2 Submission pipeline monitoring and risk mitigation below.</p> <p><b>Central Editorial Service:</b> see 1.3 Maintain Central Editorial Service</p> <p><b>New Review Format:</b> see 2.1 Develop and introduce a new, streamlined review format</p> <p><b>Author Proposal Management:</b> Transition to business as usual was problematic so this workstream has been combined with 2 others and gone back into project phase, with a dedicated lead and will be considered alongside commissioning strategy in the review development team.</p> <p><b>Thematic Groups:</b> 7 pilot Thematic Groups announced; implementation planning began; legal advice currently being sought on the agreement framework</p> <p><b>Communication plans:</b>The Future Cochrane website has been relaunched. The Head of Change Management, Project Portfolio Manager and Project Manager have met with the new Head of Communications to discuss communications needs and support for the programme. A consultant has been engaged to work 3 days/week to cover Future of Evidence Synthesis programme comms deficit. A key focus over Q1 will be Author communications because of the Author changes that will be happening (e.g., retiring RevMan 5 and New Review Format).</p>
<p>Monitoring viability of reviews in editorial process with UK CRGs.</p> <p>2 Reviews submitted to Central Editorial Service with Dev support in Q4 2022 (about 20 reviews screened for CRGs).</p> <p>2 recent submissions and 11 reviews currently in development.</p>
<p>Restructure of Central Editorial Service was completed.</p> <p>In Q4 2022 there were 79 new submissions, 104 are currently in process. In Q4 2022 31 submissions received a final decision, with 19 reviews accepted (11 reviews &amp; 8 protocols) and 12 rejected.</p> <p>10 reviews were rejected within 6 months of submission (83%) and 2 reviews were rejected after 6 months of submission (17%).</p> <p>18 reviews were accepted within 9 months of submission (95%) and 1 review was accepted after 9 months of submission (5%).</p>
<p>We are establishing procedures to handle high profile and contentious reviews. Positive developments include building a process to translate and disseminate high profile reviews in multiple languages and territories, establishing a press release distribution system and setting up media monitoring.</p>
<p>Consultation on initial mock-ups complete (inc. CET teams). User testing for CLIB changes ongoing. Mapping development work required for tech (inc. RevMan, Editorial Manager, CLIB), editorial and production/copyediting processes, policies, comms and training.</p> <p>RAG status moved from amber to green as the new milestones have been agreed.</p>
<p>1) Ongoing development of Porto (Review Portfolio Management) for non-Cochrane use cases.</p> <p>2) Review Portfolio Management for Cochrane reviews will be managed as a Future of Evidence Synthesis project to ensure alignment of requirements and ongoing dependencies. Roll out extended into Q1 2023.</p> <p>3) Covidence interoperability work is ongoing to improve data extraction functionality in Covidence.</p> <p>4) The Fonto copy editing system has been delivered to the copy editing team for testing. Final assessment report from Copy Editing due mid April 2023.</p> <p>5) Agreed roll out of new study centric data model is now included within the scope of the New Review Format project.</p>



UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines	
	10
Developing a partnerships and advocacy strategy. First draft will be completed in early February 2023	
1) The Cochrane Library product development business case is being updated followed initial review by the ELT. Will now be submitted to Board in March 2023. The proposed development focuses on enhanced discoverability, accessibility and usability of Cochrane data at study and review level delivered by increasing our meta-data and leveraging new data management features due to be delivered as part of New Review Format. 2) OA Working Group, Chaired by Jordi Pardo Pardo began meeting in December to guide open access plans for 2023. 3) Project Plan for 2023 delivered to OA Working group including appointment of external OA Advisor in January 2023, Case for support in Q1 and decision on models at September board meeting, following engagement through Q2 with COAlitionS to get transformative status.	
Scenarios for multilingual work developed. And discussed by ELT. Final paper shared with ELT early July, and shared with the Board co-chairs for information.	
Journal homepage went live on 12th November and opened for submissions on 14th November. Papers were received before year end. First issue planned for Q1 2023.	
Business cases were finalized in early Sept addressing 1) Enhanced presentation of RCT data in CLIB 2) Finding Cochrane data from across multiple reviews 3) Enriching CLIB with additional data sets (three business cases) These informed the open access strategy paper shared with the ELT and to be taken forward to the Governing Board. The “Cochrane data re-use” concept now to be focused on potentially enhancing the commercial RMW product rather than on enhancing Cochrane Library. Q3 releases on the Cochrane Library will include PICO browse, prototype PICO search filter on main search , presentation of joint authorship and some Spanish portal fixes.	

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
The Board-approved 2023 operating budget, under reasonable income assumptions, is break-even but has an additional £0.4m application against the strategic reserves. The provisional 2024 financial model shows an operating surplus of £0.4m. We will continue to monitor expenditure and explore income-generating opportunities (as set out in the 2023 Plan & Budget) and ensure long-term financial sustainability.
Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Now being tested by 9 geographic groups - testing till September. Then adjustments and implementation starting in 2023.
Director of Development started in post in October.
1. Director of Development commenced employment in October 2022. Fundraising Strategy to be developed by July 23.
Work is progressing. Inc. a consultant who is doing a variety of work to meet this objective
CEO to progress substantially in 2023,1st draft strategy to be presented to the Board March 2023.
Board Risk Policy approved, following professional advice, and now periodic Board risk reporting in place via WLG/ELT/FAR. WLG & GB risk management training to be rearranged. Reporting to be simplified. FARC assessment against IRM standard carried out and progress noted.
We have taken on a three-year lease (break notice: one-year) at The Kings Fund. Departure from St Albans House all resolved (subject to deposit, bal. service charge) and office paperwork processed, office contracts terminated. ELT have dicuss broader considerations of move to Hybrid working and implications on organisational policies, Ways of working. Update/new policies in progress, to be completed Q123 alongside Culture objective.
Head of Comms recruitment has been completed with Harry Dayantis commencing in post in December 2022. A key focus of the new HoC will be to develop a Communications Strategy in Q3, 2023.
Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information.

UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines
health and care priorities and reducing health inequities
(1) Initial Leadership Programme for WLG delivered, needs further ongoing development, taking into account new CEO, wider leadership changes/leavers/joiners and alignment with culture work outputs (2) CET culture project - Culture mapping activity with teams completed main themes consolidated into one map and a draft paper summarising key outputs and themes including draft values/behaviours and WoW trial recommendations. CET team session at meeting in November delivered for validation and feedback from CET. Paper to be amended/finalised as needed and formally submitted to ELT for update and recommendations approval / confirmation of next steps for 2023 (3) Wider Cochrane Community Values work (Council) on hold. (4) An outcome of the Board/ELT meeting (Barcelona, Oct 2022) was to strengthen the joint Board & ELT ways of working ahead of the big strategic decisions that Cochrane needs to take in 2023 & beyond. The facilitator said: ' <i>Overall, participants were very pleased with the progress that had been made</i> '.  
Website audit will be completed in early February 2023 with work commencing to rationalise websites in Q2, 2023
This will be progressed by then new Interim Head of Governance
This will be progressed by then new Interim Head of Governance

Abbreviation
ACP
Angular JS
API
AWS
BAU
CENTRAL
CEO
CES
CET
CLIB
COI
CRG
CRS-D
CRS-W
Ddev
DFCS
DOI
DP&T
EA
EIC
EIEP
ELT
ELS
EM
EPM
ESU
FAR
FCS
GB
GDPR
HoACP
HoG
HoHR
HR
HW
IRM
ITS
MECIR
M&E
OA
PICO
PM
P&T

RCT
SfC
SIG
SOAP
SQL
WHO
WLG

Definition
Advocacy, Communications and Partnerships department
a JavaScript-based open-source front-end web framework for developing single-page applications
Application Programming Interface
Amazon Web Services
Business as usual
Cochrane Central Register of Controlled Trials
Chief Executive Officer
Centralised Editorial Service
Central Executive Team
Cochrane Library
Conflict of Interest
Cochrane Review Group
Cochrane Register of Study Data
Cochrane Crowd CRS Web
Director of Development
Director of Finance and Corporate Services
Declaration of Interest
Director of Publishing and Technology
Executive Assistant
Editor in Chief
Editorial Integrity and Efficiency Pilot
Executive Leadership Team
Engagement, Learning and Support department
Editorial Manager
Editorial production and methods directorate
Evidence Synthesis Unit
Finance, Audit and Risk
Finance and Corporate Services
Governing Board
General Data Protection Regulation
Head of Advocacy, Communications and Partnerships
Head of Governance
Head of Human Resources
Human Resources
HighWire
Institute of Risk Management
Informatics and IT Services Department
Methodological Expectations of Cochrane Intervention Reviews
Monitoring and Evaluation
Open Access
Population, Intervention, Comparison and Outcomes - search tool
Production Manager
Publishing and Technology directorate

Randomised Controlled Trial
Strategy for Change
Standardized Information Gathering
Simple Object Access Protocol
Structured Query Language
World Health Organization
Wider Leadership Group

## 9. Editor in Chief's Report

For Information

Presented by Karla Soares-Weiser



## Governing Board: Reports

<b>Title:</b>	Editor in Chief report
<b>Previous papers submitted on this topic:</b>	Regular report
<b>Paper Number:</b>	<b>GB-2023-08</b>
<b>From:</b>	Karla Soares Weiser, Editor in Chief
<b>People Involved in the developing the paper:</b>	Senior members of the Evidence Production & Methods Directorate, Susan Evans
<b>Date:</b>	21 March 2023
<b>For your:</b>	Information
<b>Access:</b>	Open

## Executive summary

This paper provides an overview for the Governing Board on achievements and challenges delivering on Future of Evidence Synthesis programme of work and an update on activities of the new Cochrane Evidence Synthesis and Methods Journal. It includes performance metrics of the Central Editorial Service for January-February 2023, some update information on the steps we are taking to improve the production process, and the current use of strategic resources.

Where possible, it reports on the “red, amber, green (RAG)” status on current projects, which is also reported in this narrative report. In addition, we have initiated discussions with the Finance, Audit & Risk Committee to agree on a strategy to manage risks caused by the uncertainty in the review pipeline in 2023-24 and are working on a business case asserting how the strategic funds are being used so far.

## Overview from the Editor in Chief

It is fair to say that we expect 2023 to be a very eventful year, and we have been dealing with important challenges to implement the new process for development and publication of Cochrane Reviews, and challenges related to the uncertainties caused by the closure of 23 UK Cochrane Review Groups. I have attempted to summarise these challenges below.

### Future of Evidence Synthesis programme of work

Minutes of the Oversight Committee meeting on 7<sup>th</sup> January 2023 reporting on Q4 2022 has been shared with the Governing Board. This update focus on activities and challenges identified in January and February 2023.

Project	RAG	Notes on RAG status	Progress	Key Risk and mitigations since previous highlight report
<b>Prospective Author</b>		Approx. 40 proposals	Merged Author Proposal Management (new reviews and	R: Central team might be unable to manage

Project	RAG	Notes on RAG status	Progress	Key Risk and mitigations since previous highlight report
<b>Journey (new proposals submitted centrally)</b>		received and currently held pending admin support. We engaged J&J Editorial to provide additional resource during the next 6 months to manage new proposals and draft contract is being prepared.	updates) and Direct Submission Pathway projects to create 'Prospective Author Journey', increasing efficiency and reducing duplication of effort. The main challenges to maintaining business as usual included a complex form requesting too much information. An improved proposal form was implemented in Editorial Manager in February 2023, based on research question and Population-Intervention-Control-Outcomes (PICO) to facilitate decision-making.	proposals without significant support from the Editorial team, which puts significant pressure in the system. <i>M: Regularly monitor acceptance and conversion to protocol rates, and staff time spent once J&amp;J resource is in place. Evaluation planned to determine challenges in implementing a central proposal management.</i>
<b>Review Pipeline</b>		During January-February we have received 116 submissions, mostly from UK CRGs. We expect that UK CRGs will still submit $\pm 100$ reviews before closing of activities planned for 31 <sup>st</sup> March 2023.	We are monitoring progress of NIHR funded reviews and offering support from the Development team (Toby Lasserson team) when asked ( $\pm 25$ reviews). Commissioning Editor appointed start date in April, along with another Evidence Synthesis Development Editor. Methods Support Unit responding to approx. 20 queries per month and screening reviews on request from CRGs.	R: Maintain quality assurance of a large number of submissions in the short-term and drastically reduced output which impacts our obligations to Wiley M: <i>Commission highly cited/accessed reviews and showcase high profile reviews as part of the 30<sup>th</sup> anniversary.</i>
<b>Central Editorial Service</b>		RAG status moved to amber because of extreme increase in submissions to the service (42 in January, 74 this month and $\pm 100$ more expected in March).  <b>Metrics and key performance indicators for</b>	The Central Editorial Service (CES) restructure and expansion is completed, with two s 'clusters' of Managing Editors being set up to deal with $\pm 300$ submissions per year. We are working on communications for Phase 2 transfer of all editorial content from the remaining non-UK CRGs by December 2023 and this will be released in March. We have had a very positive response to our call for volunteers (e.g. content/signoff	R: We planned for $\pm 25$ submissions per month, but the closure of UK CRGs has seen an extreme increase on influx on submissions.  <i>M: We are seeking to urgently expand capacity to cope with the influx by outsourcing part of the process to J&amp;J Editorial (Wiley agency) and identifying free-lancers for flexibility. We are also</i>

Project	RAG	Notes on RAG status	Progress	Key Risk and mitigations since previous highlight report
		<b>January and February 2023 can be found <a href="#">here</a>.</b>	editors, consumer editors) as interim support to the editorial service while the Board of Associate Editors is established. <b>A detailed update can be found <a href="#">here</a>.</b>	<i>focusing on “Desk rejection” of lowest-quality submissions.</i>
<b>Reducing production time</b>		New project created to reduce the production time. Amber status because we are working with the team to establish short- and long-term solution.	The production team involving staff from the Evidence Production & Methods and Publishing and Technology Directorates met on 8 <sup>th</sup> March in London and agreed on short term solutions to reduce the backlog. Average time from acceptance to publication is of <b>53 days</b> (median); <b>64 days</b> (mean), but <b>a detailed description of issues can be found <a href="#">here</a>.</b> John Hilton, Head of Content Publication and Policies has resigned.	R: Possible delays and impact on quality resulting from changes to some production processes (e.g., copy editing). M: <i>Take a holistic approach, considering ways that New Review Format, software development and Central Ed Service can improve time in production. We are working with the Publishing &amp; Technology Directorate to identify efficiencies and avoid duplication of efforts on the production process.</i>
<b>New Review Format</b>		RAG status moved from amber to green as the new milestones have been agreed.  Every effort is being made to keep the timeline for this project given the importance for the sustainability of the process. 2023 is a foundational year that will allow for innovations going forward.	On 25 April 2023 study level data management in RevMan Web will be recommended as default for all newly registered reviews (milestone 1). Training and communication plans are in development. Standardised review article will launch in August 2023 and will be optional to allow development of policies and training. Exact timeframe for introducing supplementary materials to be confirmed by end March. Mock-ups with changes to subheadings are undergoing consultation, involving members of the Editorial Board. Priority areas for wider consultation for further development ahead of the August 2023 being defined.	R: Delays due to the complexities and dependencies associated with changing our publishing infrastructure  M: <i>Co-ordinate with relevant Central Executive Teams and Wiley.</i>

Project	RAG	Notes on RAG status	Progress				Key Risk and mitigations since previous highlight report	
Evidence Synthesis Units		Not officially started, but we aim to publish an application process by end of Q2 2023.	Recruitment for a fixed-term post to support creation of pilot application process underway. Continue discussion and activities with the Development Directorate to support fundraising.				R: Fundraising for Evidence Synthesis Units not successful  M: Consider wide pool of potential funders.	
Thematic Groups			7 pilot Thematic Groups announced; legal advice about agreement framework sought, implementation planning across central teams underway; developing a case for support for a Maternal Newborn & Child Health Thematic Group .				R: Reduction in Cochrane volunteer workforce due to transition period uncertainty.  M: Communications and engagement plan.	
Strategic designated funds tracker	Description		Fund	Spent	Committed in 2023/24 (staff already appointed)		Current underspend	RAG
	Central Editorial Service		300	42	258 (100%) on staff costs		0	
	Review Pipeline		350	17	125 (36%) on staff costs		208	

## Cochrane Evidence Synthesis and Methods

On 9<sup>th</sup> March we held a webinar to launch the [Cochrane Evidence Synthesis and Methods](#) to a wider community and to encourage people to get involved (300 attendees, 1800 signed to attend the webinar and will receive follow up information). The webinar was led by Mike Brown (Editor) and Ella Flemyng (Cochrane's Editorial Product Lead). Ahead of the webinar a series of [four articles](#) were launched stating how the journal adds to our values of collaboration, relevance and integrity. To date, the journal has received 15 submissions, made two acceptances and one rejection.

We have not identified major risk for Cochrane at this point. The key focus is to encourage submissions to guarantee a stable and strong pipeline and frequent publications post-launch.

## Strategic meetings in Washington DC and London during the past two weeks

Below you will find a brief summary of these meetings:

- [AcademyHealth](#), one of the Centres in the Cochrane US Network, have highlighted their interest in collaborating, in particular, on measures of impact both for science innovation and diversity, equity and inclusion (DEI). They have also shown some interest in the Sustainable Healthcare Field, and Catherine Spencer will discuss further with them.
- [Agency for Healthcare Research and Quality](#): I held a series with meetings organized by our colleagues at the Evidence-Based Practice Center Division (Craig Umscheid and Christine Chang), including Dr Tess Miller (Acting Director of the Center for Evidence and Practice Improvement - CEPI), Dr Bob Valdez (Director, AHRQ), and Dr Laura Sessums, (Chief Medical Officer, AHRQ). There is a strong willingness to collaborate in editorial process, quality assurance, and technology. Anna Noel-Storr, our Head of Pipeline Evidence & Data Curation, will attend an AHRQ meeting on May to discuss our evidence pipeline technology and Cochrane Crowd.

- [Pan American Health Organization \(PAHO\)](#): I met with colleagues, including a representant for Dr Jarbas Barbosa, the current Director. We discussed collaboration to produce evidence to support the delivery of the Sustainable Development Goals in Latin America, including the possibility of joint fundraising. We aim to continue these discussions during the World Health Assembly.
- I participated in a scientific session organized by Wiley at the American Academy for Advancements in Science (AAAS) annual meeting to discuss diversity in scholarly research publishing. Details of the session can be found [here](#).
- **Global Alliance for Living Evidence**: organized by Julian Elliot and attended by Gillian Leng, Tamara Kredo, and Declan Devane (Cochrane), [NICE](#), [MAGIC](#), WHO, among others.
- **Global Alliance for Living Evidence on Anxiety, Depression, and Psychosis**: The kickoff meeting of the Wellcome consortium in mental health was held in London on 7<sup>th</sup> March. Chris Champion and I attended on behalf of Cochrane. You can find more information [here](#).

I hope you find this report useful, but please do not hesitate to contact me if you need any clarification.

**Karla Soares-Weiser**  
**13<sup>th</sup> March 2023**

## 10. Annual report from the Council

For Decision

Presented by Stefano Negrini and Robert  
Dellavalle



# Governing Board Paper: Reports

<b>Title:</b>	<b>Council End of Year Report 2022</b>
<b>Period covered by this report:</b>	January to December 2022
<b>Date and period of last report:</b>	January to December 2021
<b>Purpose of the report:</b>	A report on the activities and achievements of the Council in 2022 and plans for 2023
<b>Paper Number:</b>	<b>GB-2023-16</b>
<b>From:</b>	Bob Dellavalle and Stefano Negrini, Council Co-Chairs
<b>People Involved in the developing this report:</b>	Council members Roma Grant, Interim Head of Governance
<b>Date:</b>	For Consideration at 21 March 2023 Board meeting
<b>For your:</b>	For INFORMATION and DECISION
<b>Access:</b>	Open Access

## PURPOSE

This paper is the Annual Report to the Governing Board from the Council, outlining its activities in 2022 and plans for 2023, for members' discussion and approval of the resolutions.

## 2022

<b>Member changes in 2022:</b>	<p><b><u>Members who stepped down:</u></b></p> <ul style="list-style-type: none"> <li>• Sarah Nevitt (Methods)</li> <li>• Agustin Ciapponi (Authors)</li> <li>• Maria-Inti Metzendorf (Information Specialists)</li> <li>• Lotty Hooft (Geographic Groups)</li> </ul> <p><b><u>Members elected or appointed:</u></b></p> <ul style="list-style-type: none"> <li>• Cinzia Del Giovane (Methods)</li> <li>• Nai Ming Lai (Authors)</li> <li>• Valerie Wells (Information Specialists)</li> <li>• Luis Garegnani (Geographic Groups)</li> <li>• Liz Dooley (Managing Editors - second term)</li> </ul>
<b>Summary of activities and achievements in 2022:</b>	2022 was a busy and productive year for the Council. The main focus for Council was the reorganisation of Cochrane, as this has been identified by the constituents of each of the elected members, as a source of concern. This resulted in a reprioritisation of some of the targets that were identified in 2021. In addition, the resource reallocation and restructure of the Cochrane Executive Team (CET) has meant that Council was unable to progress as far as they would have liked with some of their targets. The changes to the structure of the

Community – particularly due to the Future of Evidence Synthesis programme – has created uncertainty for Cochrane as a whole and will impact the future shape of the Council. In order to support the Governing Board and allow for communication of information to flow as much as possible between members of the Council and their constituencies, Council elected to continue to meet monthly. Due to resource constraints the CET were only able to support bimonthly meetings but Council continued to have informal meetings every second month to ensure its optimum functioning.

**1) Support the operationalization of plans to restructure the organization under the future of evidence synthesis program of work and ensure the voice of Cochrane Groups is heard as this work is progressed.**

The Co-Chairs regularly participated in all the Board Meetings ensuring the voice of the Community was heard. The Board Co-Chairs were also present at the Council meetings, with the CEO and Editor-in-Chief frequently invited to increase the two way communication. Stefano Negrini and Vanessa Jordan are representing Council and providing their expertise to the new Future of Evidence Synthesis Oversight Committee. The Committees remit is to provide oversight on behalf of the Governing Board of the implementation programme for the strategic redesign of Cochrane's processes and structures.

**2) Reconsider the Council's own role, representation, and terms of reference in light of the changes to the organizational structure.**

As the year progressed it became evident that the developing new structure would have a profound effect on the current composition of Council, but that it would not be a rapid change. During the transition there will be both entities that are being phased out, as well as new entities such as the thematic groups that are being introduced. The Council is very mindful that representation remains relevant and will continue to monitor the membership to ensure it is still appropriate.

**3) Deliver a set of organizational values for Governing Board approval.**

Work on delivering this objective was halted. The budget cuts and subsequent restructure, plus the current development of the new Strategy has reprioritised the work. Developing organisational values still remains an important component of the cultural landscape of Cochrane, but in terms of timeframe, it better fits as an element of the new Transformation Strategy that will be approved by the Board in 2023.

**4) Improve Council communications to Cochrane Groups and the wider community.**

Each member of Council represents their own constituencies. Several representatives have their own executive committees and feedback through these. The Authors representatives continue to use the Author panel that was set up in 2021 to communicate with engaged authors. A new Head of Communications has recently been appointed, and in 2023 will begin to develop a plan for more effective communication with the Council and assist members to improve communication.

**5) Contribute to the strategy to deliver Open Access to Cochrane Reviews whilst maintaining the financial sustainability of Cochrane Groups and the Charity.**

The Open Access Working Group held a meeting at the end of 2022, as work on achieving this priority will accelerate in 2023. Robert Dellavalle is Council representative on the Group.



## Council representation on Cochrane Working Groups

Council members have been part of and contributed to the work of a variety of Cochrane working groups as listed below.

Council members	Working Group
Silvia Minozzi	<i>Diversity Project working group</i> The groups has met five times in 2022 and have agreed and published the listening and learning report and developed a plan for future action in 2023 that responded to what had been heard. This plan is being refined currently and will be made available soon.
Vanessa Jordan	<i>Editorial Integrity and Efficiency Project (EIEP) working group</i> The Editorial Integrity and Efficiency Project was a pilot project that ran from June 2021 to July 2022 to ensure that the transition to a central editorial process would be as smooth as possible. The working group meet bimonthly in order to provide feedback on suggested implementation initiatives.
Vanessa Jordan and Stefano Negrini	<i>Future of Evidence Synthesis Oversight Committee</i> The Committee provides support, oversight and thought leadership on behalf of the Board for the implementation of the Future of Evidence Synthesis Programme.
Liz Dooley Ndi Euphrasia Ebai Atuh	<i>Membership and Awards Committee</i> The group is composed of people from the Board, the Council and the CET. It has developed and agreed the processes and criteria for Lifetime and Emeritus Membership Awards. Nominations for Lifetime and Emeritus Membership Awards have now been collated, and will be discussed at the next call in February 2023.
Robert Dellavalle	<i>Open Access (OA) Working Group</i> This group is meeting regularly to evaluate all Open Access options for the Cochrane Library

## 2023

<b>Priorities for 2023:</b>	<p>A key priority for the Council in 2023 is to identify its role and structure in the future. To support this, the Council will feed into the Council element of the Governance Review, so that an independent consultant can consider and recommend changes and effective practice from their knowledge and experience. The Council will retain its schedule of monthly meetings, but only one meeting each quarter will be a formal meeting, supported by the Central Team.</p> <p>The Council proposes to the Governing Board that its focus is on the following priorities in 2023, with a key focus on priority 1:</p> <ol style="list-style-type: none"> <li>1. To support the Council element of the Governance Review, and implement recommended changes as agreed by the Governing Board.</li> <li>2. To improve Council communication with the Board and its committees, its constituents and other internal and external collaborators. To develop ways of working that ensure communication works through multiple channels and that the voices of Council, constituents and collaborators play a proactive role in supporting Cochrane's vision, mission and strategy.</li> <li>2. To develop ways of working in the Council that proactively encourages information sharing and collaboration</li> </ol>
<b>Proposed changes to</b>	As identified above the Council is in a period of transition, whilst Cochrane reprioritises after the restructure and as the Board agrees and implement the new Transformation

<b>remit and/or other elements of the Terms of Reference:</b>	<p>Strategy. See the Appendix for current membership and people coming to the end of their terms of office in 2023.</p> <p>The Council proposes to the Governing Board that the following actions are approved, to be reviewed at the end of Q1 2024:</p> <ul style="list-style-type: none"> <li>a) Elections to the Council are suspended during 2023 while the restructure is in the transitional phase. As the future structure is evolving it will be unfair to elect representatives who may not remain after Council restructure. Anyone coming to the end of their term of office will automatically be renewed for a 12 month period. Terms of office may end before the full term if: <ul style="list-style-type: none"> <li>i. The Governance review recommends (and it is approved by the Board) a new structure, or</li> <li>ii. The Council member no longer works for or with Cochrane.</li> </ul> </li> </ul> <p>Please Note: Both Council Co-Chairs come to the end of their Co-Chair term of office in 2023. The Council has agreed that they will hold elections at their meeting at the Colloquium in September 2023, where either or both will be welcome to stand for re-election.</p>
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### **Resolution 1**

**The Council recommends that the Governing Board APPROVES the 2023 priorities for the Council, namely:**

- 1. To support the Council element of the Governance Review, and implement recommended changes as agreed by the Governing Board.**
- 2 To improve Council communication with the Board and its committees, its constituents and other internal and external collaborators. To develop ways of working that ensure communication works through multiple channels and that the voices of Council, constituents and collaborators play a proactive role in supporting Cochrane’s vision, mission and strategy.**
- 2. To develop ways of working in the Council that proactively encourages information sharing and collaboration.**

**Yes/No/Abstain**

### **Resolution 2**

**The Council recommends that the Governing Board APPROVES that**

**Elections to the Council are suspended during 2023 whilst the restructure of Cochrane services is in the transitional phase. Anyone coming to the end of their term of office will automatically be renewed for a 12 month period. Terms of office may end before the full term if:**

- i. The Governance Review recommends (and it is approved by the Board) a new structure, or**
- ii. The Council member no longer works for or with Cochrane.**

**Yes/No/Abstain**

## APPENDIX

**COUNCIL MEMBERSHIP – AS AT 31 DECEMBER 2022****Authors**

Vanessa Jordan

Nai Ming Lai

**Information Specialists (CISs)**

Rene Spijker

Valerie Wells

**Co-ordinating Editors**

Robert Dellavalle (Co-Chair)

Jo Morrison

**Cochrane Consumer Network Executive**

Ndi Euphrasia Ebai-atuh

Jack Nunn

**Fields**

Stefano Negrini (Co-Chair)

Montserrat Conde

**Geographic Groups Directors**

Erik von Elm (*replaced by Irena Zakarija-Grkovic from January 2023*)

Luis Garegnani

**Managing Editors**

Gail Quinn

Liz Dooley

**Methods Groups**

Cinzia Del Giovane

Silvia Minozzi

**Early Career Professionals**

Ahmad Sofi-Mahmudi

Santiago Castiello de Obeso

**MEMBERS APPOINTMENTS ENDING IN 2023 (unless the proposal to the Governing Board is accepted)**

- Erik von Elm (Geographic Groups) – ended his second term. Replaced by Irena Zakarija-Grkovic from January 2023.
- Rene Spijker (Information Specialists) – ending his second term.
- Gail Quinn (Managing Editors) – ending her second term.
- Robert Dellavalle, ending his term as Co-Chair in 2023 (Council member until 2025).
- Stefano Negrini, ending his term as Co-Chair in 2023 (Council member until 2025).
- Jo Morrison, ending her first term.
- Vanessa Jordan, ending her first term.

**CLOSING BUSINESS: (5 MINS)**

# 11. Matters Arising not otherwise covered by the Agenda and Any Other Business

For Discussion

Presented by Catherine Marshall

12. Date of next meeting:  
18 - 20 May 2023 in Paris

For Information

Presented by Catherine Marshall

13. CLOSED SESSION (TRUSTEES  
ONLY) (20 MINS)

# CONSENT AGENDA:

For Decision



## REPORTS FROM GOVERNING BOARD SUB COMMITTEES:

Minutes, summaries, terms of reference,  
recommendations and reports for  
information

## 14. Finance Audit and Risk Committee

## 14.1. Finance, Audit and Risk Committee Terms of Reference



# Governing Board Committee

## Terms of Reference

Cochrane's Articles of Association provide the Governing Board (Board) with the power to appoint Board Committees (Sub-Committees), and to delegate to these Committees authority to undertake its duties or functions as required. Non- members of the Governing Board may be invited to participate in accordance with the role and remit of the relevant Committee.

Committee	Finance, Audit & Risk Committee
Purpose	Financial governance, including external audit oversight, and risk management is a responsibility of the Board. The overall purpose of this Committee is to assist the Board in its duty to oversee the Charity's financial affairs and risk management.
Membership	<ul style="list-style-type: none"> <li>• Karen Kelly (Treasurer and Committee Chair), appointed June 2020</li> <li>• Juan Franco, appointed September 2021</li> <li>• Tracey Howe (Board Co-Chair), appointed September 2017</li> <li>• Vanessa Piechotta, appointed January 2022</li> </ul> <p><i>Non-voting:</i></p> <ul style="list-style-type: none"> <li>• CEO</li> <li>• Director of Finance &amp; Corporate Services</li> </ul>
Remit	<p>The remit of the Finance, Audit &amp; Risk Committee covers three principal areas:</p> <p><b>1. Financial oversight:</b></p> <ul style="list-style-type: none"> <li>• Review the detailed draft of the annual Plan &amp; Budget, which includes scenario planning for future years, and make recommendations to the Board.</li> <li>• Regularly review performance against the Charity's Plan and Budget.</li> <li>• Take delegated responsibility on behalf of the Board for overseeing all financial aspects of Charity operations, to ensure short and long-term viability.</li> <li>• Monitor and recommend changes, where appropriate, to the Board regarding the Reserves Policy.</li> <li>• Maintain oversight of any budget lines relating to Governance costs.</li> <li>• Agree and review any new or revised financial policies before presenting to the Board for final approval.</li> </ul> <p><b>2. Audit oversight:</b></p> <ul style="list-style-type: none"> <li>• Monitor and review the annual audit process.</li> <li>• Recommend to the Board appropriate actions following any management letter recommendations.</li> <li>• Review auditor performance and, as necessary, participate in the tender process and selection of auditors every <b>five years</b>.</li> <li>• Report to the Board.</li> </ul> <p><b>3. Risk oversight:</b></p> <ul style="list-style-type: none"> <li>• Monitor the effectiveness of Cochrane's risk management procedures via the ongoing review of the system of internal control.</li> <li>• Provide regular assurance to the Board that appropriate risk management</li> </ul>

	<p>procedures are in place and recommend any changes to the Risk Policy as required</p> <ul style="list-style-type: none"> <li>• Report to the Board.</li> </ul>
<b>Quorum</b>	Quorum will be a minimum of <b>two</b> members.
<b>Meetings</b>	<ul style="list-style-type: none"> <li>• The Committee will typically meet quarterly and additionally as may be necessary. The Chief Executive Officer, Director of Finance &amp; Corporate Services are active non-voting participants in meetings and will normally attend all meetings.</li> <li>• Members will be expected to contribute to meetings to ensure the best decisions can be made, and to allow the Committee to fulfil its role and responsibilities.</li> <li>• Members will be expected to provide pertinent and professional challenge where appropriate, albeit demonstrating clear respect for colleagues and their views.</li> <li>• Members will be expected to maintain confidentiality in respect of all discussed issues where this is so required.</li> <li>• All decisions will be voted on by a simple majority of those present. In the case of equality, the Committee Chair will have a casting vote.</li> </ul>
<b>Membership, Reporting and Assurance Arrangements</b>	<ul style="list-style-type: none"> <li>• All members of the Committee are appointed by the Board.</li> <li>• The Committee shall consist of not less than two Trustees appointed by the Board in addition to the Chair.</li> <li>• The Committee Chair will normally be the Treasurer of the Charity.</li> <li>• The Committee may recommend to the Governing Board (through the Nominating Committee) that a maximum of two members are appointed as co-optees. <ul style="list-style-type: none"> <li>○ A co-optee is appointed for one year and, with the approval of the Board, the term of office may be extended for no more than two further terms.</li> <li>○ The role is advisory to the Committee and the co-optee will have no voting rights, nor any legal or regulatory obligations as a trustee.</li> </ul> </li> <li>• Notwithstanding the above, the co-optee is expected to abide by the Trustees Code of Conduct and relevant Cochrane policies. The Committee, through its Chair, will provide routine written or verbal reports on its activities to the Board and will seek a steer on any matters that require the decision of the Board and/or their attention.</li> <li>• The Chair will conduct an informal review of the effectiveness of the Committee on an annual basis with the support of the Director of Finance &amp; Corporate Services and Head of Governance. This will include a review of the membership and any proposed changes will be recommended, via the Governance Committee, to the Board.</li> <li>• An action log will be maintained that will identify individuals and appropriate timelines for specific tasks, progress against which will be actively monitored at subsequent meetings (covered by the Minutes).</li> </ul>
<b>Secretary</b>	<ul style="list-style-type: none"> <li>• The Director of Finance &amp; Corporate Services will ensure that secretariat services are provided to the Committee, including the taking of minutes, record of attendance and distribution of papers.</li> <li>• Approved minutes will be issued, normally within ten working days of the meeting, and will list the topics discussed, actions agreed, and all individuals responsible for undertaking these actions.</li> <li>• These minutes will be taken to the Committee for approval, and if requested, made available to the full Board.</li> </ul>
<b>Review</b>	These Terms of Reference will be reviewed annually with any changes reviewed by the Governance Committee approved by the Board.

<b>Last updated</b>	October 2022 Finance, Audit & Committee
<b>Governing Board approved</b>	tbc

## 14.2. Minutes of the Finance Audit and Risk Committee meeting held on 2 December 2022

## 14.3. Finance report March 2023



## 15. Remuneration Committee

15.1. Minutes of the Remuneration  
Committee meeting held on 7 December  
2022

## 16. Governance and Nominations Committee

## 16.1. Minutes of the joint Governance and Nominating Committee meeting held on 9 February 2023

## 17. Future of Evidence Synthesis Oversight Committee

17.1. Minutes of the Future of Evidence  
Synthesis Oversight Committee meeting  
held on 7 February 2023

## 18. Data protection policy

## 19. Cochrane Library Annual Performance Dashboard



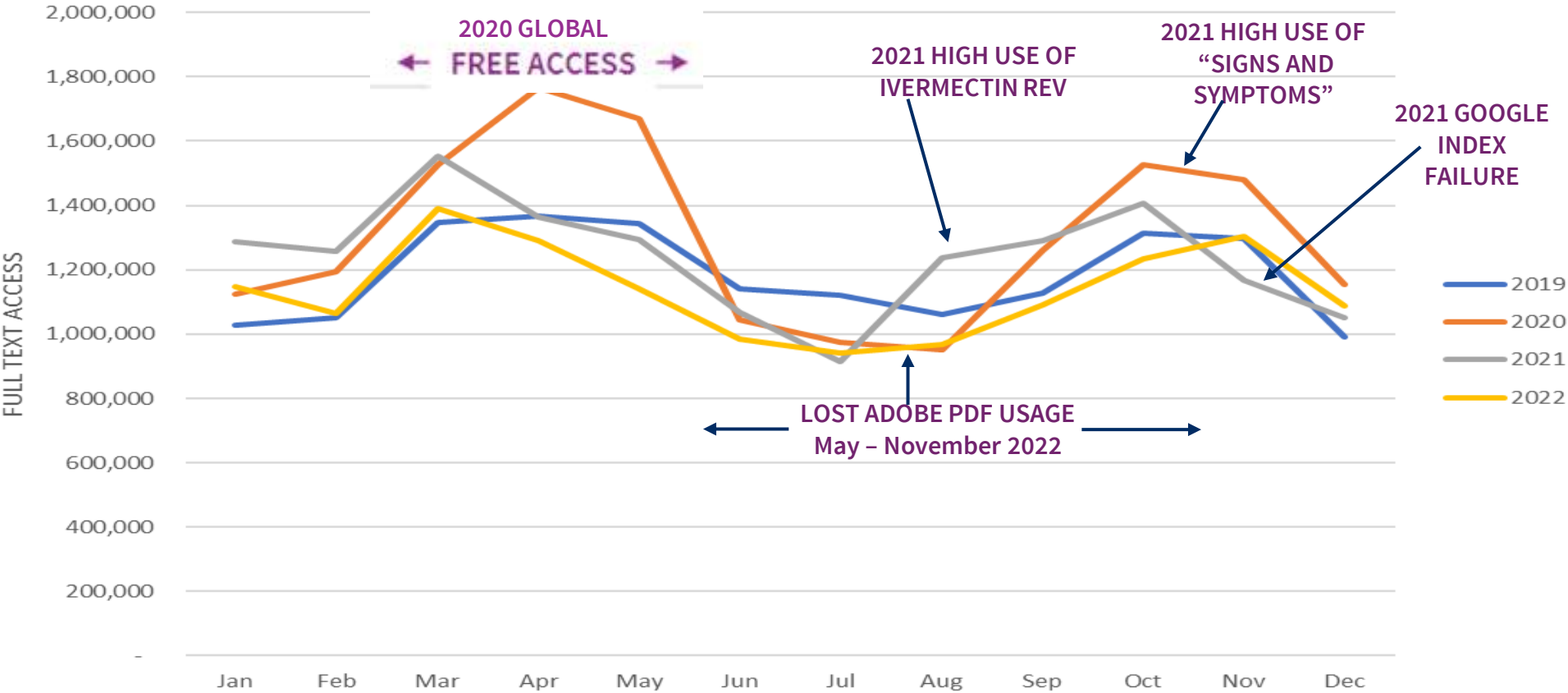
Trusted evidence.  
Informed decisions.  
Better health.

# Cochrane Library Publishing Performance Dashboard

Reporting Period: 2022



# Full Text Access



**Trends**  
1) 2021 COVID article peaks were not repeated in 2022  
2) 2021/ 2022 usage capture was impacted adversely by some technical issues (all now resolved)  
3) 2022 Q4 now tracking above 2019 pre-Covid levels

We expect this upward trend v 2019 to continue in Q1 2023.

	2019	2020	2021	2022	YoY	YoY %
Q1	3,423,217	3,845,570	4,095,444	3,601,684	▼- 493,760	▼- 12%
Q2	3,848,736	4,479,706	3,725,598	3,415,757	▼- 309,841	▼- 8%
Q3	3,310,463	3,185,744	3,444,728	2,998,143	▼- 446,585	▼- 13%
Q4	3,602,015	4,161,110	3,628,057	3,627,424	▼- 633	▼ 0%
YTD	14,184,431	15,672,130	14,893,827	13,642,027	▼- 1,251,800	▼- 8%

# Analysis of Full Text Usage YOY 2021 vs 2022

While we see a YOY drop of full text usage of 8% between 2021 and 2022, several factors have influenced patterns of unusually high usage for 2021 and lost Adobe analytics usage data in 2022.

The below looks at the impact of these extraordinary events on overall usage patterns with adjustments for these issues. Using these adjusted totals, YOY usage for 2022 is -1% **under 2021**

2021		2022 (YOY ▼ 8%)	
Reported Usage:	14,893,000 FTA	Reported Usage:	13,642,000 FTA
4 COVID articles viral usage	- 800,000 FTA	Lost PDF usage (May-Nov)	+700,000 FTA
Lost Google referrals (5 weeks)	+400,000 FTA		
Adjusted total	14,493,000 FTA	Adjusted Total	14,342,000 FTA
		ADJUSTED YOY -1%	

# Top accessed reviews in 2022

DOI	Rank	Title	Pub. Date	Full text views
10.1002/14651858.CD015017.pub3	1	<a href="#">Ivermectin for preventing and treating COVID-19</a>	Jun-22	95316 Pub 3+2
10.1002/14651858.CD012276.pub2	2	<a href="#">Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit</a>	Jun-18	62309
10.1002/14651858.CD015025	3	<a href="#">Antibiotics for the treatment of COVID-19</a>	Oct-21	37783
10.1002/14651858.CD013665.pub2	4	<a href="#">Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19</a>	May-22	36975
10.1002/14651858.CD015045	5	<a href="#">Colchicine for the treatment of COVID</a>	Oct-21	33276
10.1002/14651858.CD013705.pub2	6	<a href="#">Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection</a>	Jul-22	32314
10.1002/14651858.CD013652	7	<a href="#">Antibody tests for identification of current and past infection with SARS-CoV-2</a>	Nov-22	27807
10.1002/14651858.CD014963	8	<a href="#">Systemic corticosteroids for the treatment of COVID-19: Equity-related analyses and update on evidence</a>	Nov-22	23729
10.1002/14651858.CD013587.pub2	9	<a href="#">Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19</a>	Feb-22	23297
10.1002/14651858.CD006207.pub5	10	<a href="#">Physical interventions to interrupt or reduce the spread of respiratory viruses</a>	Nov-20	23070

# Heatmap for high impact articles – April 2020 – Dec 2022

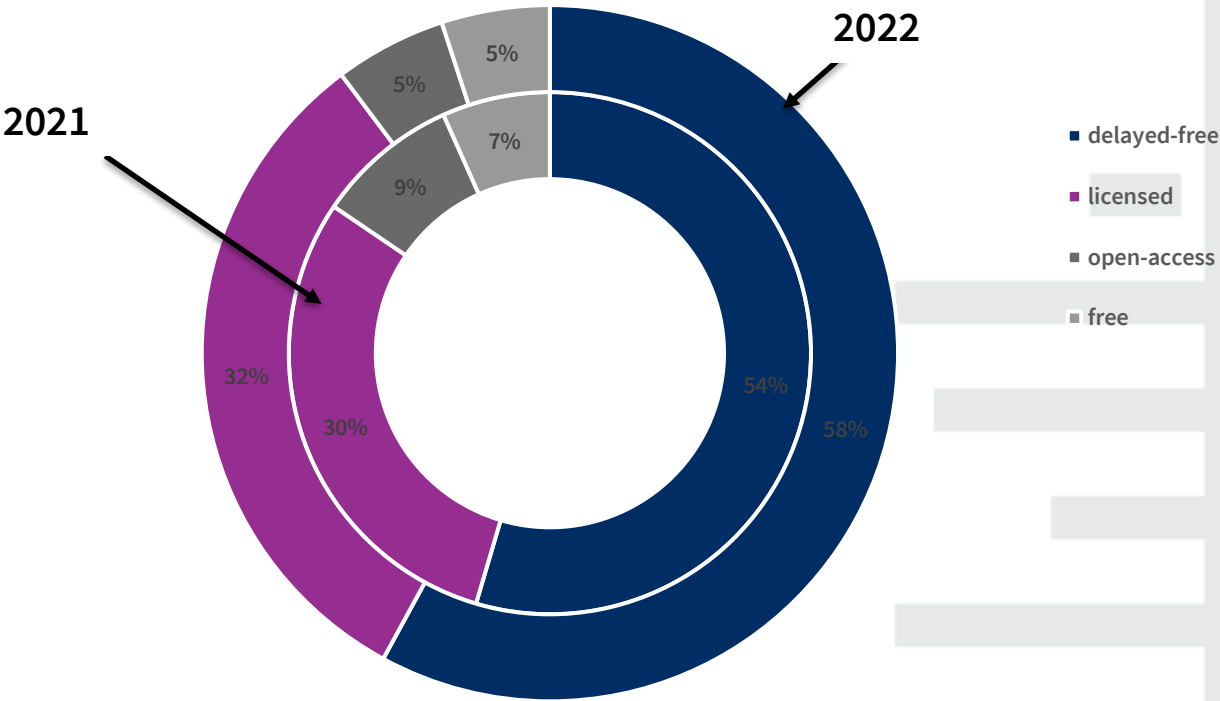
Title	2020			2021				2022			TOTAL
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
1 Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19		40K	228K	149K	27K	16K	7K	6k	2k	3K	478K
2 Ivermectin for preventing and treating COVID						333K	76K	42K	16K	7K	475K
3 Antibody tests for identification of current and past infection with SARS-CoV-2	20K	54K	54K	57K	17K	28K	10K	14K	6K	5K	265K
4 Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection				16K	27K	23K	28K	20K	7K	3K	124K
5 Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19				6k	1k	57k	18k	25k	6k	2K	115K
6 Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit	5K	8K	13K	13K	6K	14K	11K	14K	17K	15K	116K
7 Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection		14K	39K	21K	5K	4K	3K	3K	1K	4K	94K
8 Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	59K	9K	4K	2K	<1K	1k	<1K	<1K	<1K	<1K	78K
9 Physical interventions to interrupt or reduce the spread of respiratory viruses			17K	13K	6K	12K	9k	9k	5k	5K	75K
10 Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19				23K	7K	16K	9K	9K	5K	5K	75k
11 Music therapy for depression	7K	5K	8K	8K	4K	4K	8K	7K	6K	4k	59K
12 Interprofessional collaboration to improve professional practice and healthcare outcomes	6K	4K	9K	7K	3K	4K	7K	5K	5K	<1K	51K
Total per quarter	97K	134K	372K	315K	103K	512K	186K	154K	76K	55K	2.0M

Identifies quarters most impacted by heavily read articles, most related to COVID

Articles with >50K FTA  
April 2020 – June 2022

As of Q3 2022, no single article has extraordinary usage (all are 15K views or less)

# Usage by Access Status



Access status	2021	Split	2022	Split
delayed-free	5,612,127	54%	6,796,814	58%
licensed	3,077,902	30%	3,732,605	32%
open-access	907,334	9%	609,768	5%
free	687,514	7%	590,123	5%

## Top 25 full text access Countries 2022 vs 2021

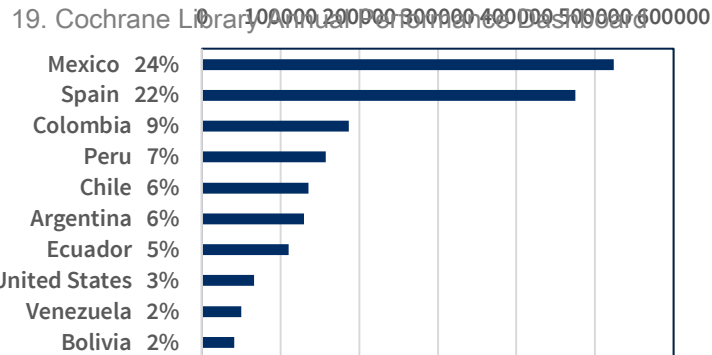
Rank	Country	Full text 2021	Full text 2022		YoY		YoY %
1	United States	1771556	1758405	▼	13,151	▼	-1%
2	United Kingdom	1606483	1751724	▲	145,241	▲	9%
3	Australia	929290	861187	▼	68,103	▼	-7%
4	Spain	656893	765822	▲	108,929	▲	17%
5	Brazil	614814	655127	▲	40,313	▲	7%
6	China	487932	620227	▲	132,295	▲	27%
7	Germany	460392	475751	▲	15,359	▲	3%
8	Mexico	323939	397764	▲	73,825	▲	23%
9	India	298216	368278	▲	70,062	▲	23%
10	Taiwan region	291673	364091	▲	72,418	▲	25%
11	Canada	350926	349199	▼	1,727	▼	0%
12	France	249217	300776	▲	51,559	▲	21%
13	Japan	248456	264137	▲	15,681	▲	6%
14	Italy	205328	219584	▲	14,256	▲	7%
15	Netherlands	204435	212524	▲	8,089	▲	4%
16	Malaysia	437097	212202	▼	224,895	▼	-51%
17	Thailand	144352	186907	▲	42,555	▲	29%
18	Colombia	165945	166523	▲	578	■	0%
19	Argentina	112347	160698	▲	48,351	▲	43%
20	South Korea	115523	145423	▲	29,900	▲	26%
21	Indonesia	133659	141922	▲	8,263	▲	6%
22	Chile	123933	138845	▲	14,912	▲	12%
23	Peru	136940	136568	▼	372	▼	0%
24	Switzerland	122130	129790	▲	7,660	▲	6%
25	Ireland	140395	128339	▼	12,056	▼	-9%

# Translations access – (YOY) 2022 vs 2021

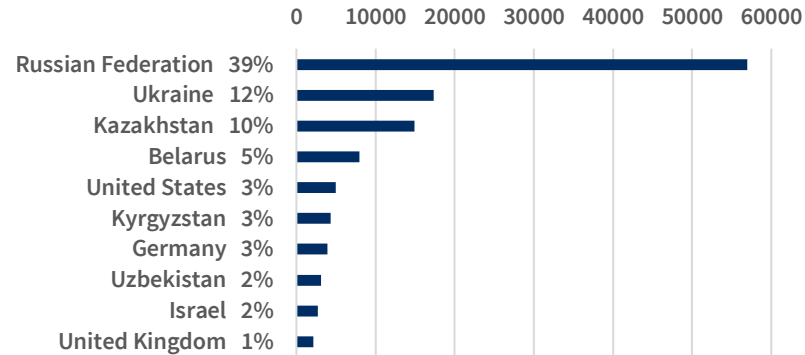
Translation Language	Views 2021	Views 2022	YoY		YoY %	
Spanish	1640789	2161677	▲	520,888	▲	32%
French	185374	322020	▲	136,646	▲	74%
Chinese (Simplified)	90482	157884	▲	67,402	▲	74%
Japanese	128325	139942	▲	11,617	▲	9%
Russian	145350	145480	▲	130	■	0%
Chinese (Traditional)	72421	120625	▲	48,204	▲	67%
Portuguese	90565	133331	▲	42,766	▲	47%
German	121207	117354	▼	- 3,853	▼	-3%
Thai	84502	118611	▲	34,109	▲	40%
Farsi	66663	117576	▲	50,913	▲	76%
Maylay	310666	109133	▼	- 201,533	▼	-65%
Chinese (Unspecified)	46197	63440	▲	17,243	▲	37%
Croatian	45866	54490	▲	8,624	▲	19%
Korean	22186	38599	▲	16,413	▲	74%
Polish	27814	29514	▲	1,700	▲	6%
Tamil	18999	14728	▼	- 4,271	▼	-22%



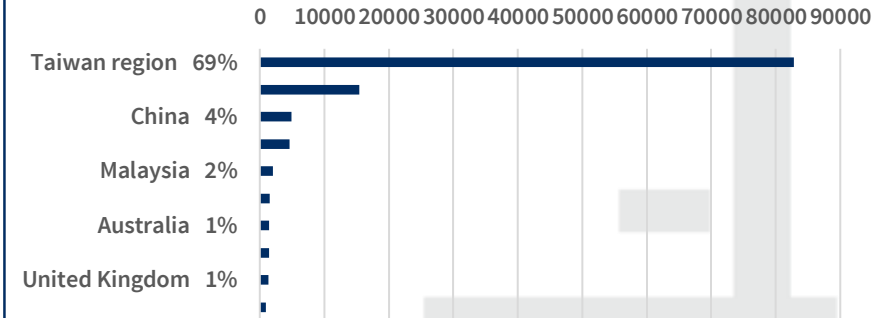
### Spanish Translation Usage by Country - 2022



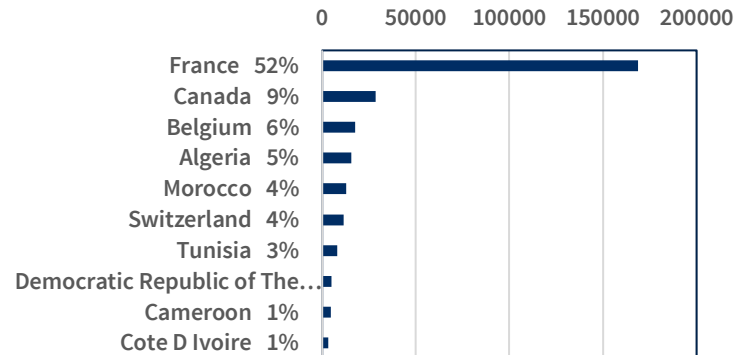
### Russian Translation Usage by Country - 2022



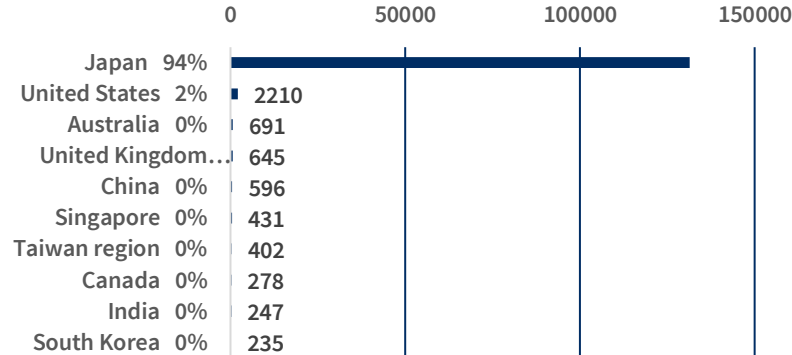
### Traditional Chinese Translations Usage by Country - 2022



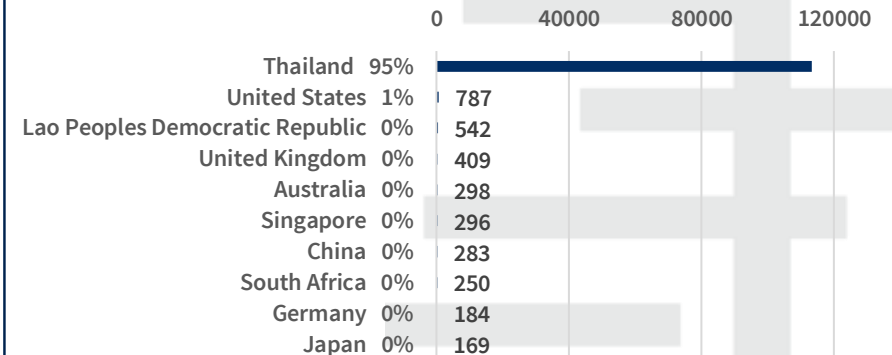
### French Translations Usage by Country - 2022



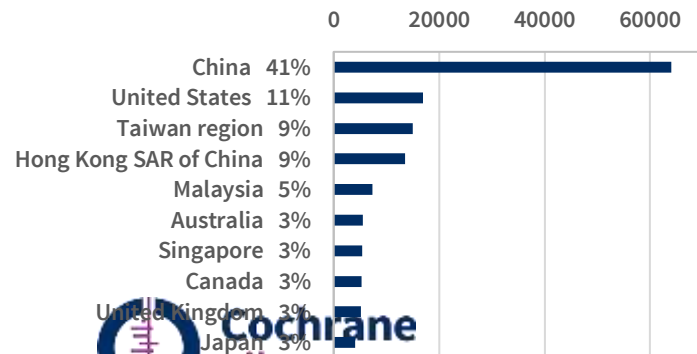
### Japanese Translations Usage by Country - 2022



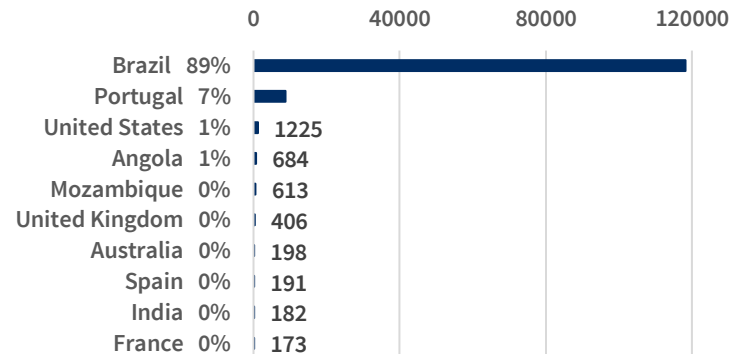
### Thai Translation Usage by Country - 2022



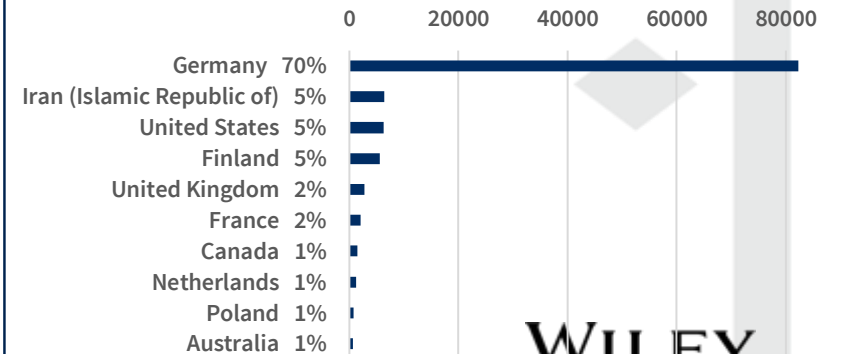
### Simplified Chinese Usage by Country - 2022



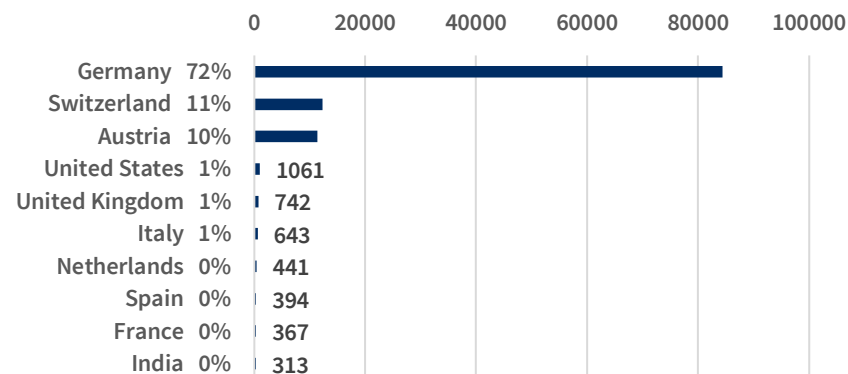
### Portuguese Translations Usage by Country - 2022



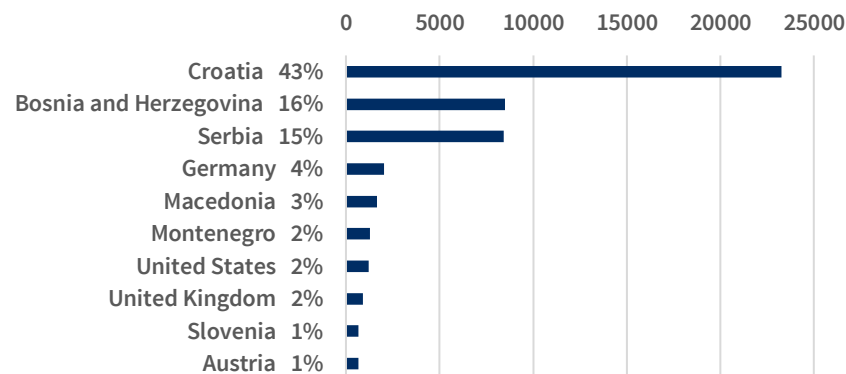
### Farsi Translation Usage by Country - 2022



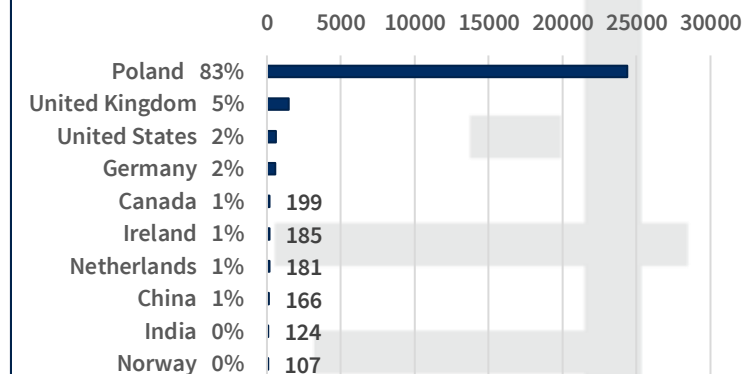
German Translations Usage by Country - 2022



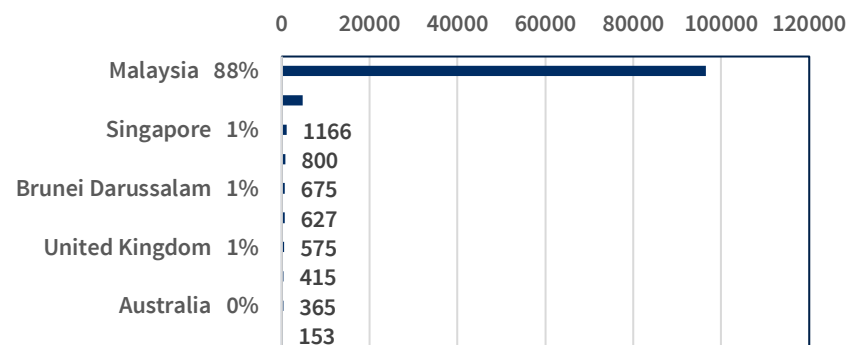
Croatian Translations Usage by Country - 2022



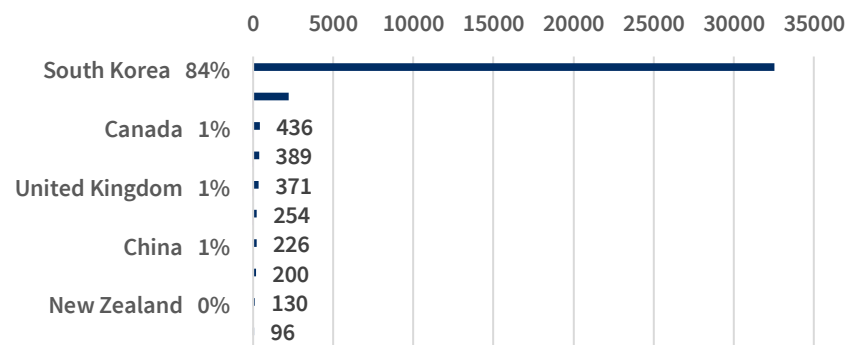
Polish Translations Usage by Country - 2022



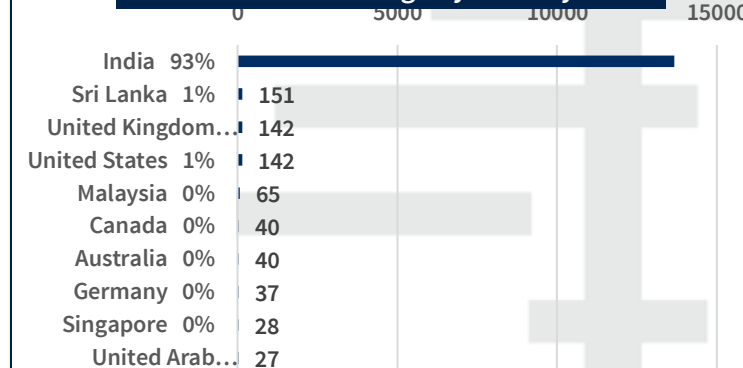
Malaysian Translations Usage by Country - 2022



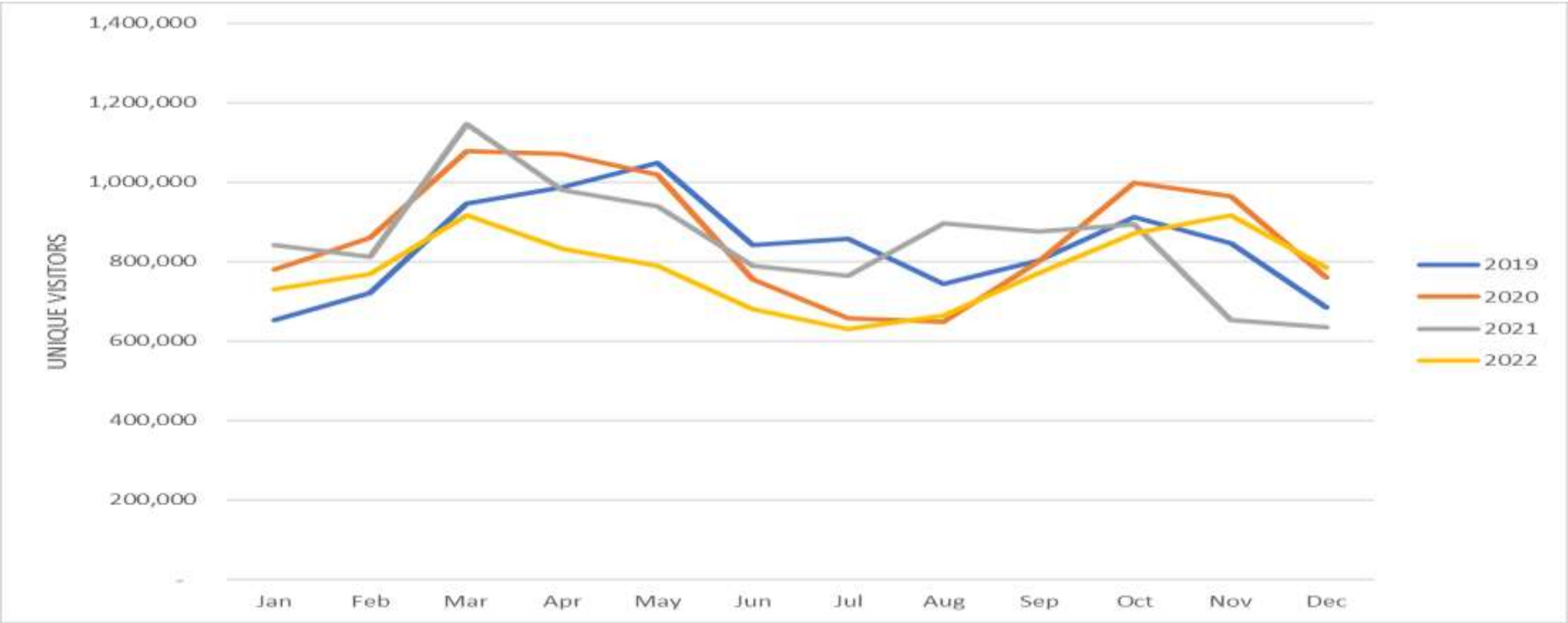
Korean Translations Usage by Country - 2022



Tamil Translation Usage by Country - 2022



# Cochrane Library – Unique Visitors



	2019	2020	2021	2022	YoY		YoY %	
Q1	2,321,071	2,718,653	2,799,010	2,415,661	▼-	383,349	▼	-14%
Q2	2,876,407	2,845,038	2,707,563	2,301,881	▼-	405,682	▼	-15%
Q3	2,404,920	2,108,549	2,537,120	2,067,245	▲	428,571	▲	20%
Q4	2,444,143	2,720,858	2,180,228	2,572,832	▼-	540,630	▼	-20%
YTD	10,046,541	10,393,098	10,223,921	9,357,619	▼-	169,177	▼	-2%

## Referrals – (YOY) 2022 vs 2021

Referrer Type	Visitors 2021	Visitors 2022		YoY	YoY %
Search Engines	3,967,656	4,371,544	▲	403,888	▲ 10%
Other Web Sites	2,182,311	2,558,361	▲	376,050	▲ 17%
nih.gov	429,077	519,015	▲	89,938	▲ 21%
cochrane.org	312,850	251,168	▼	61,682	▼ -20%
Typed/Bookmarked	2,199,542	2,162,659	▼	36,883	▼ -2%
Social Networks	202,210	120,945	▼	81,265	▼ -40%

Increase in Search Engine referrals are in part due to issues with Google indexing for 6 weeks in 2021.

Last 6 months in 2022 there was a decrease (~45%) in referrals from Cochrane.org due to an issue with the cookie settings which prevented the capture of the referral usage.

# Pubmed Central (PMC) full text usage of Cochrane reviews\*



# Open Access

## Cumulative Count

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Green OA	6,108	6,149	6,194	6,251	6,286	6,336	6,368	6,394	6,439	6486	6509	6544	6563
Gold OA	224	226	227	230	233	236	237	240	242	245	246	252	254
COVID Reviews (free)	43	17	16	15	15	16	21	24	21	19	16	16	15
TOTAL OA	6,375	6,392	6,437	6,496	6,534	6,588	6,626	6658	6702	6750	6771	6812	6832
Total published	8,303	8,323	8,334	8,348	8,371	8,410	8,441	8456	8476	8491	8508	8526	8536
% Green OA	73.6%	73.9%	74.3%	74.9%	75.1%	75.3%	75.4%	75.6%	76.0%	76.4%	76.5%	76.8%	76.9%
% Gold OA	2.7%	2.7%	2.7%	2.8%	2.8%	2.8%	2.8%	2.8%	2.9%	2.9%	2.89%	2.96%	2.98%
% COVID free	0.5%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3	0.2%	0.2%	0.19%	0.19%	0.19%
<b>% Cochrane Reviews free</b>	<b>76.8%</b>	<b>76.8%</b>	<b>77.2%</b>	<b>77.8%</b>	<b>78.1%</b>	<b>78.3%</b>	<b>78.5%</b>	<b>78.7%</b>	<b>79.1%</b>	<b>79.5%</b>	<b>79.6%</b>	<b>79.9%</b>	<b>80.0%</b>

## Top 10 Altmetric scores for reviews published in 2022:

Score	Title	News	Blog	Twitter	Facebook	Wikipedia	Mendeley
948	Ivermectin for preventing and treating COVID-19	63	4	1327	4	7	117
639	Efficacy and safety of COVID-19 vaccines	4	3	1005	6	0	30
610	Electronic cigarettes for smoking cessation	21	6	2284	3	6	0
564	Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk	40	8	441	7	3	139
404	Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries	27	3	411	2	16	180
338	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	33	9	143	1	2	163
327	Psychological treatments for depression and anxiety in dementia and mild cognitive impairment	35	4	111	1	2	51
291	Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation	0	2	513	2	2	72
279	Antidepressants for hip and knee osteoarthritis	33	3	32	1	0	11
276	Replacing salt with low-sodium salt substitutes (LSSS) for cardiovascular health in adults, children and pregnant women	24	10	160	1	0	60

\* Data for News, Blog, Twitter, Facebook and Wikipedia refers to 'mentions' while data for Mendeley refers to the number of 'Mendeley readers'

Source: [www.altmetric.com](https://www.altmetric.com), 18/01/2023

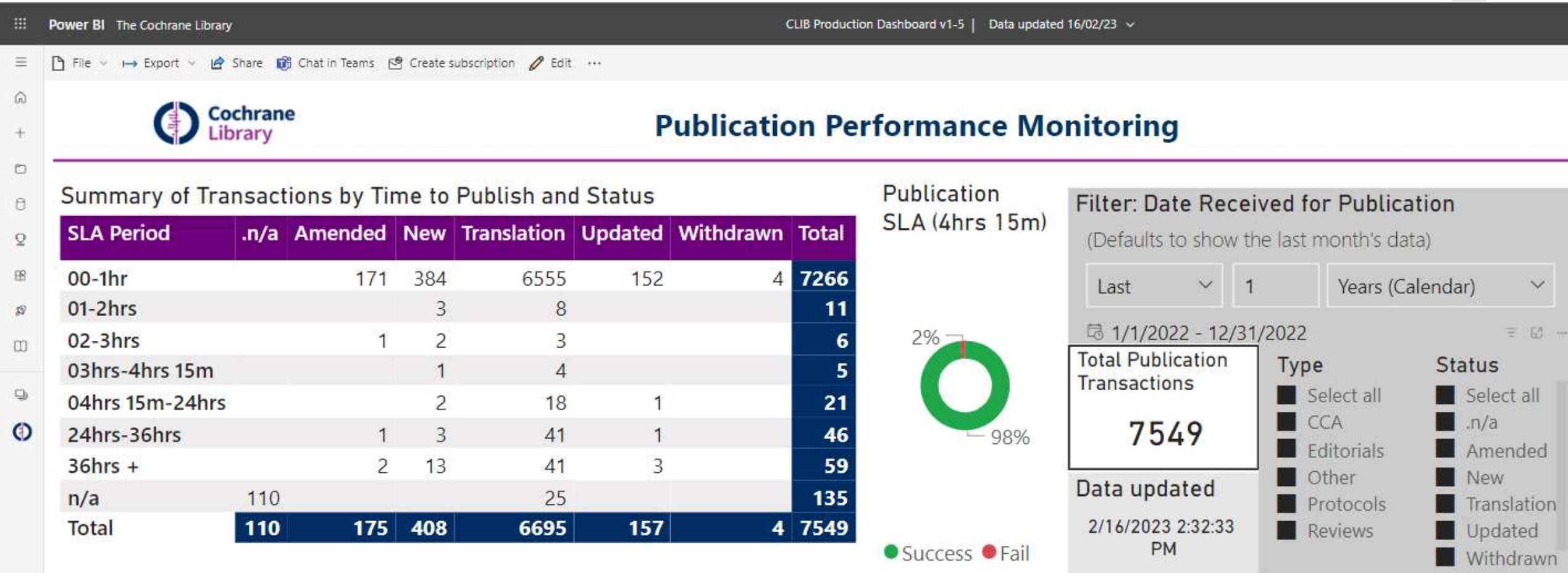
# Production Numbers

	2021	2022	YoY Growth	Growth Rate
CDSR	11,164	11,410	246	2%
Reviews	8,755	8,950	195	2%
Protocols	2,409	2,460	51	2%
CENTRAL	1,850,234	1,964,079	113,845	6%
Editorials	141	147	6	4%
CCA	3,135	3,315	180	6%
Total	1,875,838	1,990,361	114,523	6%

	2021					2022					Year-on-Year	
CDSR Output	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Change	% Change
New Reviews	76	67	72	67	282	40	54	48	45	187	-95	-33
Updated Reviews	64	50	43	68	225	39	39	46	32	156	-69	-30
Total Reviews	140	117	115	135	507	79	93	94	77	343	-164	-32
New Protocols	62	57	61	70	250	52	54	54	58	218	-32	-13
Updated Protocols	9	15	10	15	49	0	9	17	6	32	-17	-35
Withdrawn Reviews	1	1	1	4	7	0	0	0	0	0	-7	100
Withdrawn Protocols	30	32	22	75	159	3	0	1	0	4	-155	-97

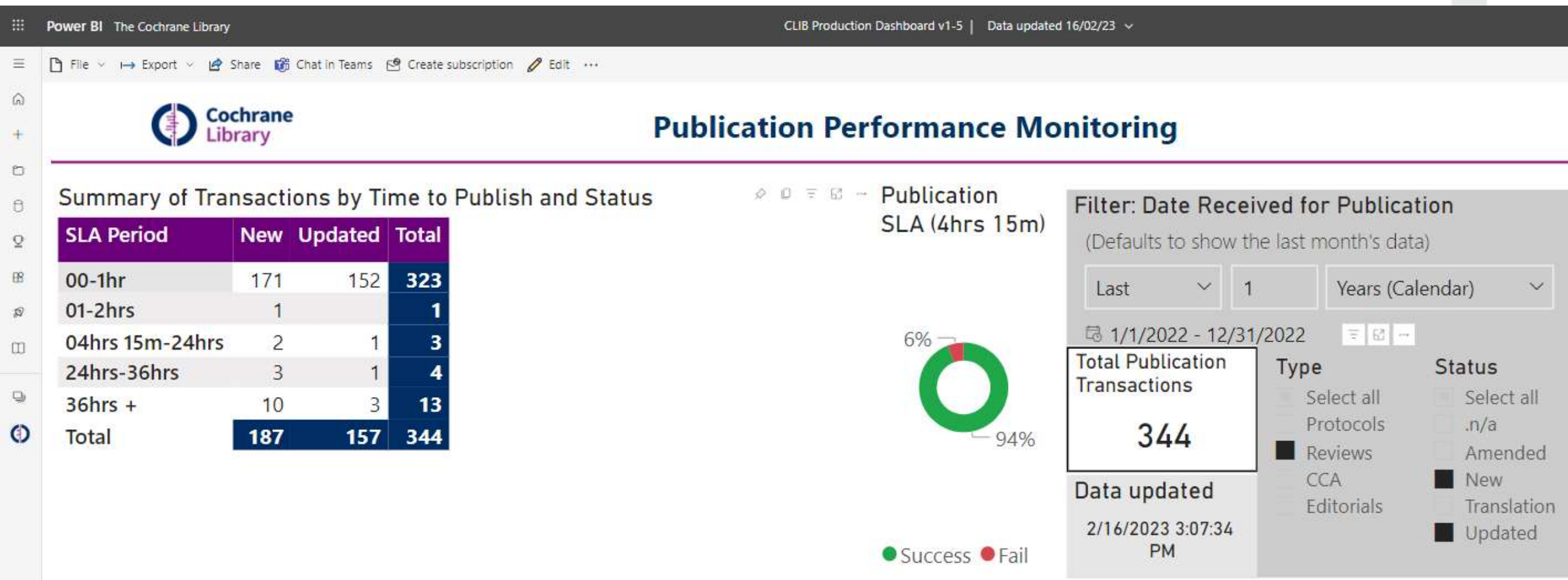


# Production Dashboard ( Total Transactions, All Content)



As part of Wiley's commitment to Production Workflow Improvements and tracking, in 2022 we introduced a Publication Performance Monitoring Dashboard, updated continuously with live tracking data for publication transactions on the Cochrane Library. Here are some screen grabs of performance data at top level.

# Production Dashboard (Reviews)



# Key marketing activities in 2022



## Thought Leadership Events

- AHCJ events educating media on importance of research integrity.
- Secured speaking opportunities at AAAS for 2023 positioning Cochrane as a credible leader in this area.



## Supporting Subscriptions

- Testing different tactics and content to drive new leads.
- Dedicated renewal campaigns and collateral for existing customers.



## National Provisions

- Campaigns to support National Provisions in Australia and Brazil.
- Renewal of Malaysian and Spanish National Provisions.



## Customer Training

- Expansion of training offering through collaborations with external speakers.
- Growth of 'The Case' webinar series.
- Continued high satisfaction from attendees.



## Virtual and in-person events

- Cochrane Library branded booth at Medical Librarians Association meeting.
- Celebration event for the Spanish National Provision at the Ministry of Health.



## Supporting Future of Evidence Synthesis

- Launch of *Cochrane Evidence Synthesis and Methods*
- Product development survey
- New review format survey
- Sales cycle mapping

# National Provisions\* active in 2022

Country or Region	Funder	Status in 2022
<b>Australia - Includes Cocos (Keeling) Islands</b>	National Health and Medical Research Council (NHMRC) Australia	Active
<b>Brazil</b>	Brazilian Federal Agency for Support and Evaluation of Graduate Education (CAPES)	Active
<b>Canada (Atlantic Territories)</b>	Council of Atlantic University Libraries	Active
<b>Denmark - Includes Faroe Islands &amp; Greenland</b>	Ministry of Health - DEFF - Danish Consortium Parent	Active
<b>Ecuador</b>	Universidad Tecnológica Equinoccial	Active
<b>England - Includes Isle of Man</b>	National Library for Health - England Cochrane National Provision (NICE)	Active
<b>Finland</b>	Duodecim Medical Publications Ltd	Active
<b>Ireland &amp; Northern Ireland</b>	The Health Research Board in Dublin & Research and Development Office in Belfast	Active
<b>Malaysia</b>	National Institutes of Health Ministry of Health Malaysia	Active
<b>New Zealand</b>	District Health Boards Ministry of Health (NZ)	Active
<b>Norway</b>	Norwegian Knowledge Centre for Health Services	Active
<b>Ohio State</b>	OhioLINK	Expired April 22
<b>Scotland</b>	NHS Education for Scotland	Active
<b>South Africa</b>	South African Medical Research Council	Active
<b>Spain</b>	Spanish Ministry of Health	Active
<b>Switzerland</b>	Swiss Academy of Medical Sciences (SAMS)	Active
<b>Wales</b>	NHS Wales (Informing Healthcare)	Active

**FOR THE RECORD:**

Record of Resolutions voted on between meetings via online poll, with associated papers





## Resolution

<b>Subject</b>	Co-optee to Finance, Audit and Risk Committee	
<b>Voting Deadline</b>	27 Feb 2023, 11:59 PM GMT	
<b>Notes to Voters</b>	The candidate will be appointed for one year as agreed by the Board ( in the process for appointing co-optees to Board Committees in September 2022	
<b>Organiser</b>	Roma Grant	
<b>Voters</b>	Tracey Howe	Yes
	Catherine Marshall	Yes
	Yuan Chi	Yes
	Sally Green	Yes
	Juan Franco	Yes
	Karen Kelly	Yes
	Tamara Kredo	No Vote
	Jordi Pardo Pardo	Yes
	Emma Persad	Yes
	Gillian Leng	Yes
	Wendy Levinson	Yes
	Vanessa Piechotta	Yes
<b>Total Votes</b>	11 Yes 0 No 0 Abstain 1 No Vote	
<b>Decision</b>	Approved on 28 Feb 2023	
	11 yes, 1 no vote	

## Documents

### 1. Committee membership A1 S Rallison CV 27.03.2022

	GB-2023-01 FARC Coptee March 2023 RESTRICTED.docx	1
	Committee membership A1 S Rallison CV 27.03.2022.pdf	2

## Vote Item

Co-optee to Finance, Audit and Risk Committee

**Total Votes**    11 Yes      0 No      0 Abstain      1 No Vote


**Decision**      Approved on 28 Feb 2023

**Decision Remarks**

11 yes, 1 no vote

**Vote Details**

---

Tracey Howe  Yes

Catherine Marshall  Yes

Yuan Chi  Yes

Sally Green  Yes


Juan Franco  Yes

Karen Kelly  Yes

Tamara Kredo    No Vote

Jordi Pardo Pardo  Yes

Emma Persad  Yes

Gillian Leng  Yes

Wendy Levinson  Yes

Vanessa Piechotta  Yes



# Annual Membership Report

# 2022 Cochrane Membership report

## Contents of this report:

1.1	Overview	1
1.2	Total number of supporters and members	3
1.3	Growth over time of Cochrane Account holders	4
1.4	Growth over time for Member and Supporter figures	5
1.5	Membership acceptance rate	6
1.6	Membership renewal	7
	Appendix 1 - inactivity	8

## 1.1 Overview

As of 1 Jan 2023, we had:

**13,883**

**Members**

*As of 1 Jan 2022 there were  
13,130 Members*

**97,918**

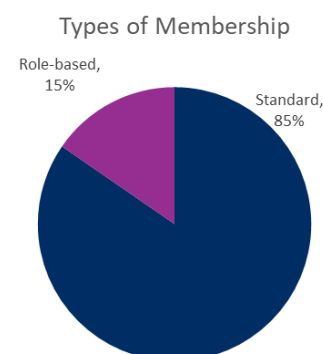
**Supporters**

*As of 1 Jan 2022 there were  
102,814 Supporters*

Our Members can be subdivided into two main categories.

Standard Members (85% of Members) gain membership through earning points for their contributions.

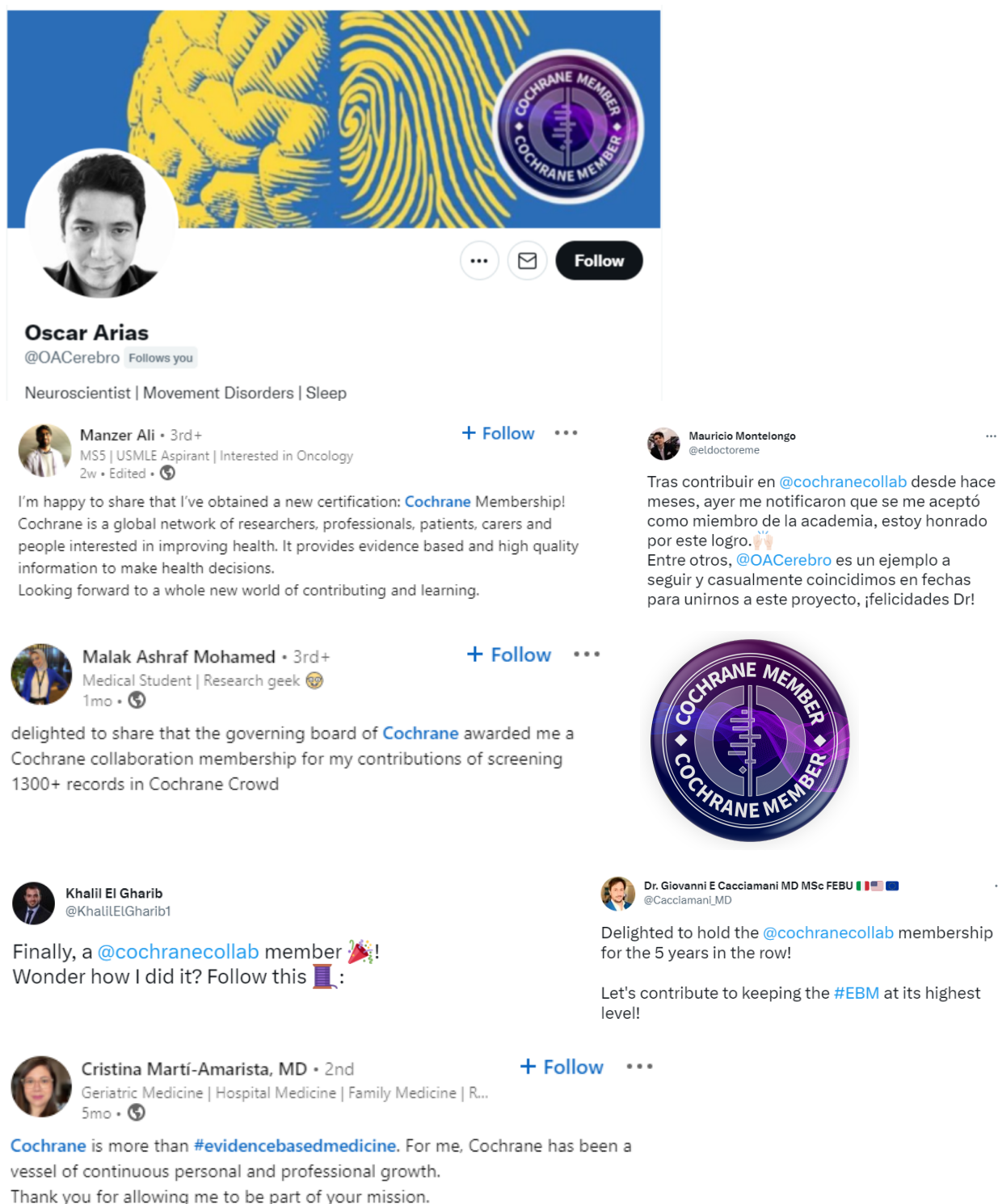
Role-based members (15% of Members) are eligible for Membership because of the role they hold within Cochrane, for example a Managing Editor of a Cochrane Review Group or a member of staff in the Central Executive Team.



**In 2022, we welcomed 45,182 new supporters to Cochrane.  
1,646 people became Members for the first time.**

Anyone can sign up to be a **Cochrane Supporter**, it just involves creating an account with Cochrane. From that point people earn points based on contributions, and once they have earned enough points, they become a **Cochrane Member** for a certain period of time based on what their contribution has been. More information on Membership is available at <https://www.cochrane.org/join-cochrane/membership>.

People really value Membership, as seen by some members and supporters posting on social media.



**Oscar Arias**  
@OACerebro Follows you  
Neuroscientist | Movement Disorders | Sleep

**Manzer Ali** • 3rd+  
MS5 | USMLE Aspirant | Interested in Oncology  
2w • Edited • 🌐

I'm happy to share that I've obtained a new certification: **Cochrane** Membership!  
Cochrane is a global network of researchers, professionals, patients, carers and people interested in improving health. It provides evidence based and high quality information to make health decisions.  
Looking forward to a whole new world of contributing and learning.

**Mauricio Montelongo**  
@eldoctoreme

Tras contribuir en **@cochranecollab** desde hace meses, ayer me notificaron que se me aceptó como miembro de la academia, estoy honrado por este logro. 🙌  
Entre otros, **@OACerebro** es un ejemplo a seguir y casualmente coincidimos en fechas para unirnos a este proyecto, ¡felicidades Dr!

**Malak Ashraf Mohamed** • 3rd+  
Medical Student | Research geek 🧐  
1mo • 🌐

delighted to share that the governing board of **Cochrane** awarded me a Cochrane collaboration membership for my contributions of screening 1300+ records in Cochrane Crowd

**Khalil El Gharib**  
@KhalilElGharib1

Finally, a **@cochranecollab** member 🎉!  
Wonder how I did it? Follow this 📖:


**Dr. Giovanni E Cacciamani MD MSc FEBU**  
@Cacciamani\_MD

Delighted to hold the **@cochranecollab** membership for the 5 years in the row!

Let's contribute to keeping the **#EBM** at its highest level!

**Cristina Martí-Amarista, MD** • 2nd  
Geriatric Medicine | Hospital Medicine | Family Medicine | R...  
5mo • 🌐

**Cochrane** is more than **#evidencebasedmedicine**. For me, Cochrane has been a vessel of continuous personal and professional growth.  
Thank you for allowing me to be part of your mission.

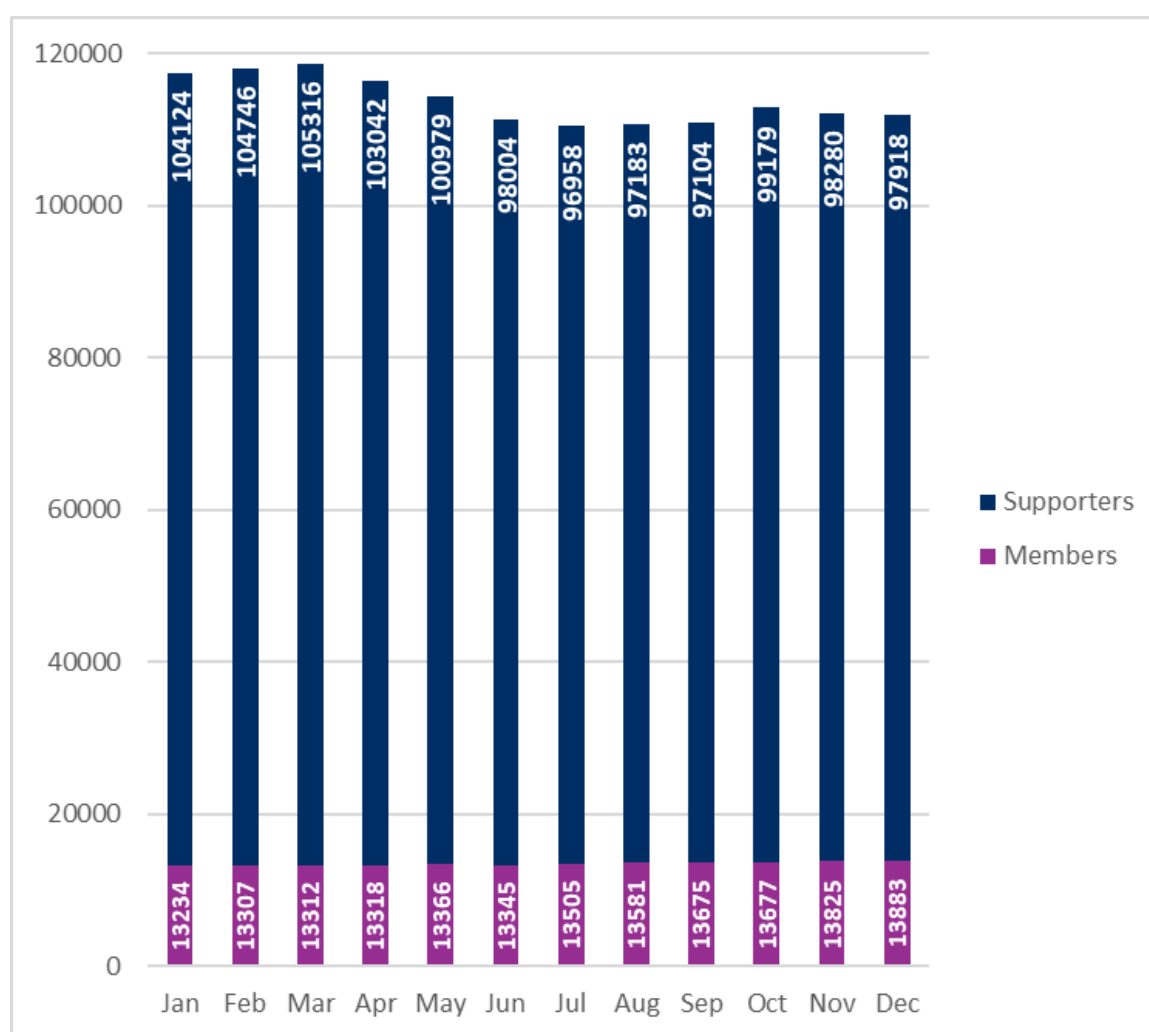


## 1.2 Total number of supporters and members

The total number of supporters and members has fallen during 2022 with the number of active supporters decreasing significantly. The number of members has remained steady.

45,182 new supporters joined Cochrane in 2022. This is a very small increase from 45,166 in 2021.

When we report the total number of supporters, we only include those who are active (we define active as having logged in, accessed learning, volunteered etc. in the last 24 months). A large number of people who joined Cochrane during the beginning of the Coronavirus pandemic (Q2-3 2020), who did not engage further with Cochrane, have become inactive in Q2-3 2022. This accounts for some of the decreases we are seeing in these supporter figures. See Appendix 1 for more details about inactive account holders.

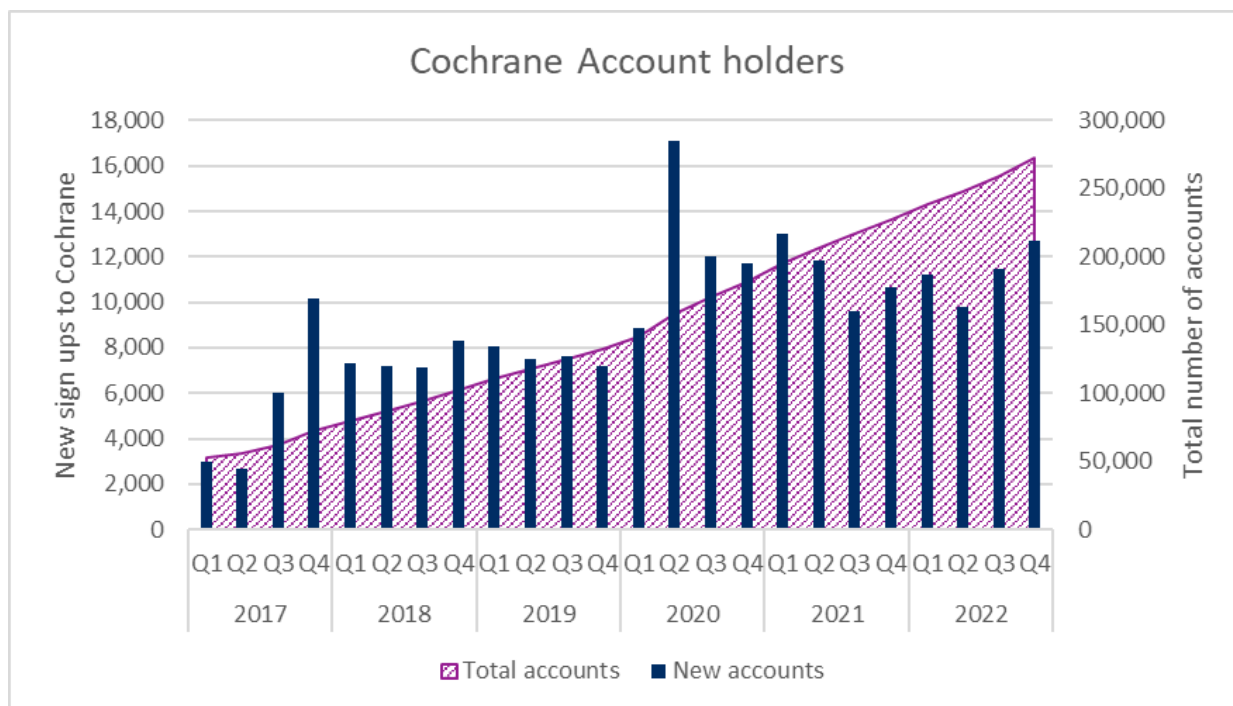


*Reminder: Supporters are those people who have created a Cochrane Account and been active in the last two years. Members are those people with an active Membership, regardless of engagement level.*

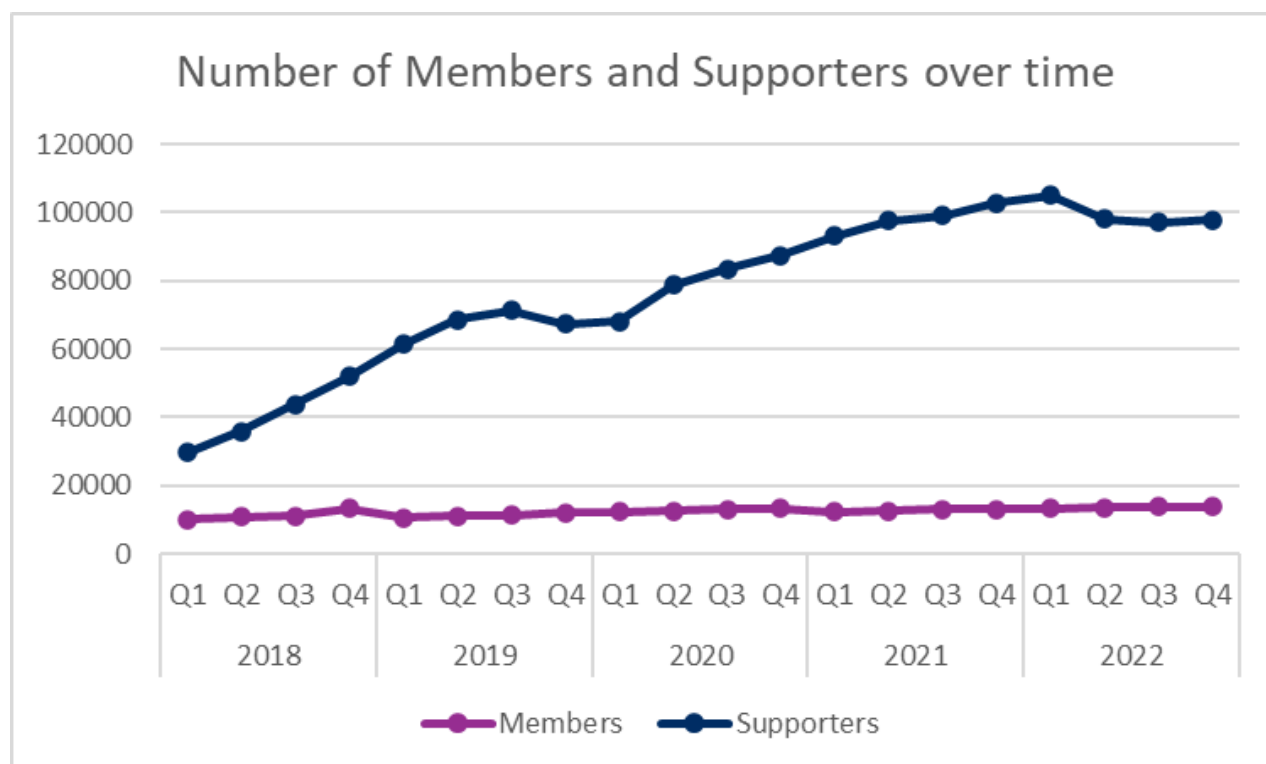
### 1.3 Growth over time of Cochrane Account holders

For context, the following graph shows the total number of Cochrane Account holders over time, plus the number of new people signing up for an account. The highest number of new sign ups was during the beginning of the pandemic, but total numbers are continuing to rise.

There is clear interest in joining Cochrane based on this data.



## 1.4 Growth over time for member and supporter figures



Year	Quarter	Members	Supporters	Total
2018	Q1	10,023	29,726	39,749
	Q2	10,876	35,868	46,744
	Q3	11,096	43,783	54,879
	Q4	13,158	52,033	65,191
2019	Q1	10,523	61,418	71,941
	Q2	10,917	68,501	79,418
	Q3	11,318	71,221	82,539
	Q4	12,061	67,250	79,311
2020	Q1	12,225	67,995	80,220
	Q2	12,618	78,778	91,396
	Q3	13,002	83,413	96,415
	Q4	13,193	87,517	100,710
2021	Q1	12,195	93,021	105,216
	Q2	12,594	97,550	110,144
	Q3	12,934	99,063	111,997
	Q4	13,130	102,814	115,944
2022	Q1	13,281	105,087	111,368
	Q2	13,445	98,004	111,449
	Q3	13,675	97,104	110,779
	Q4	13,883	97,918	111,801

## 1.5 Membership acceptance rate

Supporters who become eligible for Membership are required to accept the Terms and Conditions of Membership, which includes a declaration that they are not employed by a pharmaceutical company.

During 2022, there were a total of 3,652 new Memberships created. These were for people who had newly achieved Membership, and also for people who had their Membership renewed or extended. 62% of these Memberships were accepted. This is a very slight reduction in acceptance rate from last year, which was 66%. Two people declined Membership in 2022. No reasons were given.

The number of new Memberships created has decreased significantly from 5003 in 2021, however the overall number of members has increased.



		2020				2021				2022			
Type		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Standard	Created	742	878	946	918	1454	1017	988	1121	901	901	914	922
	Activated	310	534	657	581	1116	630	637	670	604	530	573	543
	Rate (%)	42	61	69	63	77	62	64	60	67	59	63	59
Role-based	Created		2283	92	90	129	133	93	67	101	55	76	55
	Activated		1882	75	72	90	89	66	44	65	41	48	40
	Rate (%)		82	82	80	70	67	71	66	64	75	63	73

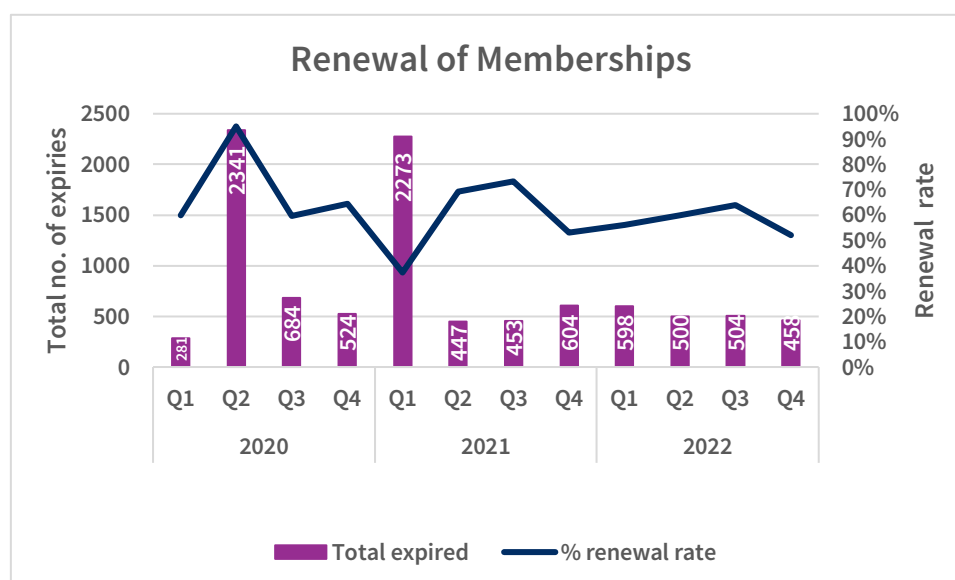
### Notes:

- Role-based Membership became reportable in May 2020.
- We started to send out automated reminders in May 2020 which improved the rate of acceptance dramatically.
- Once a person has accepted Membership, they do not need to do so again if their Membership is renewed or extended.

## 1.6 Membership renewal

When a Membership expires, a person's Membership will be renewed if they have earned sufficient Membership points. This is a good indication of the number of people who show a sustained interest in volunteering to support Cochrane's work.

The members whose continuing contributions meant their Membership was renewed are shown below:



Expiry date		Memberships expired	Memberships renewed	Renewal rate
2020	Q1	281	168	60%
	Q2	2341	2224	95%
	Q3	684	408	60%
	Q4	524	338	65%
2021	Q1	2273	848	37%
	Q2	447	310	69%
	Q3	453	332	73%
	Q4	604	321	53%
2022	Q1	333	265	56%
	Q2	298	202	60%
	Q3	323	181	64%
	Q4	236	222	52%

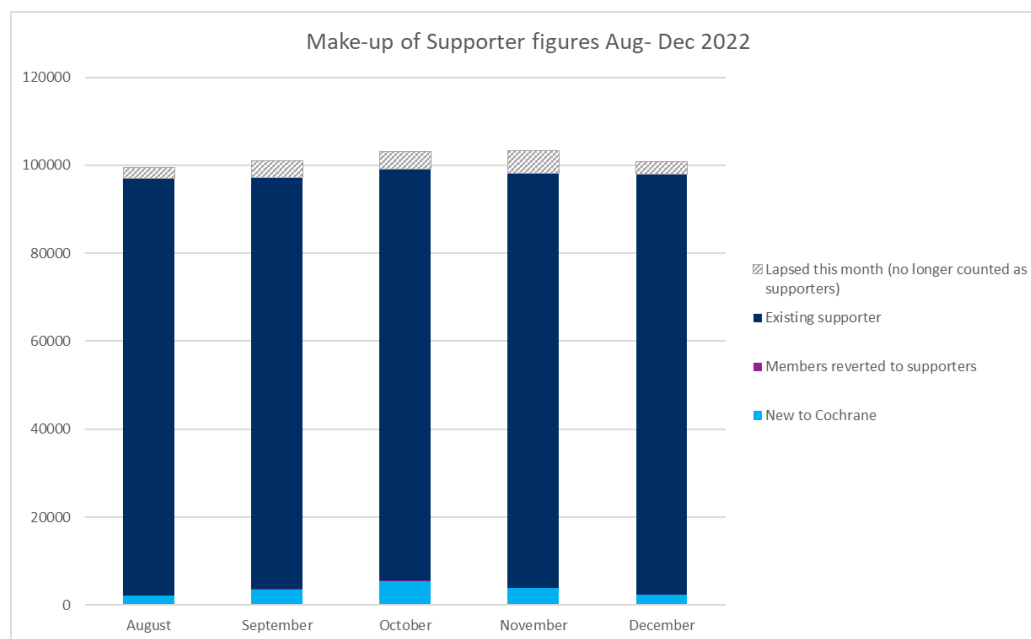
### Notes:

- In May 2020, everyone who was eligible for role-based Membership (1,500 people) were asked to accept their new role-based Membership, which meant their standard Membership was automatically expired, but the vast majority accepted their role-based Membership. This has distorted the figures for Q2 2020.
- When the Membership project was launched, a large number of 1, 3 and 5 year historic Memberships were created. Many of these 3 year Membership terms expired during February and March 2021, which explains the unusually high number of expiries without renewal in Q1 2021. We expect a similar number of expiries in Q1 2023.



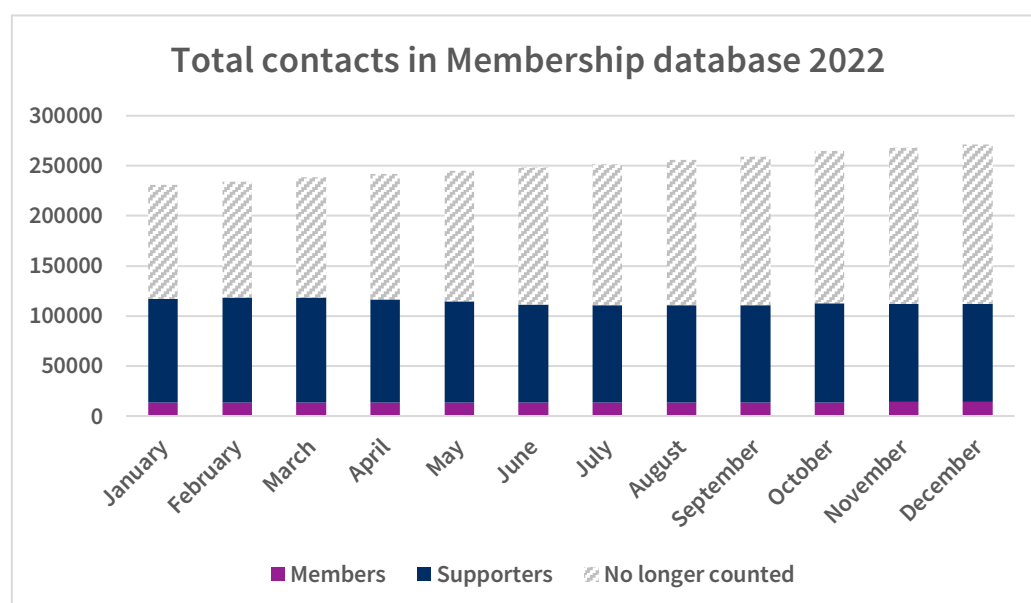
## Appendix 1 - inactivity

From August 2022, we have recorded the number of people who become inactive each week. This allows us to demonstrate that the number of new accounts (people who set up an account for the first time – shown in light blue) is roughly equivalent to the number of people who lapse each month (shown in grey).



We can also demonstrate that the total number of contacts in the membership database is constantly growing. However due to our reporting protocol of only counting people who are active, the figures we use to report can appear to be going down.

We aim to put in place a data retention policy that will remove people who have not been active after 7 years, to comply with the data protection principle of not keeping outdated personal data.



20. Open access working group update



## Governing Board: Reports

**Title: Open Access update**

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**From:** Laura Ingle, Director of Publishing & Technology

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**Date:** 21 March 2023

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**For your:** Information

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**Access:** Open

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There is a video from Laura Ingle in the link below which provides an update on Open Access

[Open access update from Laura Ingle](#)