

## Fields Report

### **‘The future of Cochrane: Perspectives from Fields’**

***Recipients:***

Cochrane Library Editor-in-chief

Cochrane co-chairs of the Board

Cochrane interim CEO

Cochrane Council

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### ***The future of Cochrane: Perspectives from Fields***

Cochrane recently launched its [Strategy for Change 2021-2023](#). To constructively contribute to the on-going community engagement around changes in Cochrane, Fields would hereby like to take this opportunity to share some of their perspectives. This includes perspectives on (1) Cochrane’s strengths, (2) Cochrane’s weaknesses and (3) proposals and suggestions from Fields in relation to these. We also include some comments on ‘What Fields can do; where best and how Fields can impact the organization’ in relation to each of the Objectives for Change outlined in the Strategy.

Fields are literally bridges serving in two ways: toward the stakeholders, to disseminate health information produced by Cochrane; toward Cochrane, to identify priorities and allow production of the evidence most relevant to stakeholders. Understanding and optimizing the topic- and context-specific reciprocal connections between producing evidence synthesis and it’s impact on decision-making is a critical part of ensuring Cochrane retains and augments its relevance as a global evidence synthesis leader and innovator. We believe that changes aimed at optimizing the organization’s relevance and impact are key to its sustainability. Fields are committed to engaging with and supporting the leadership and community through and beyond this season of change.

Some of **Cochrane’s Strengths:**

- Collaboration among a diverse range of multinational members and contributors, including patient partners.

- No financial conflicts of interest.
- Cochrane reviews and evidence of high quality, methodological rigour and transparency.
- Development of methods and methodological approaches to evidence synthesis that continuously lead the advancement of this field of secondary research on a global scale.
- Cochrane reviews are regularly updated, and continued adoption of the recently developed 'living review' model will ensure that Cochrane review evidence will be increasingly current.
- Review formats that are fit-for-purpose, in plain language that can be translated into multiple languages, available and understood by everyone (Goal 3).
- An established and growing knowledge Translation community, complemented by research to improve spread and uptake of our evidence by end-users
- Development of innovative knowledge translation and mobilization approaches, which have greatly influenced these activities worldwide.
- A strong global brand that represents quality and trustworthiness, coupled with a 20-year track record of shaping global policy, guideline, and clinical decisions about health.
- A wealth of diverse evidence synthesis and knowledge translation 'intellectual capital'.

Some of **Cochrane weaknesses**:

- A high volume of 'empty' reviews or reviews with so few studies that meaningful conclusions on effectiveness or harms cannot be produced. Concomitant with this, there is no consideration of the best way to disseminate and interpret reviews with uncertain conclusions, or to impact the funding and production of additional good-quality primary research for such reviews.
- Cochrane reviews are available in abstract with a plain language summary or in full text, formats that are too long to read.
- Cochrane reviews take too much time from inception to publication, which is a burden for authors and a real threat to the timeliness and therefore relevance of the review to stakeholder needs.
- Many Cochrane reviews do not reach their target decision-makers (policy makers, healthcare workers, consumers, worldwide).
- Lack of awareness of Cochrane's work with decision-makers – who often do not know who we are nor understand the importance of our work. We need to advocate more for the uptake and use of evidence in policy and practice.
- Attention mostly focused on questions that are answerable by RCTs, despite Cochrane being a leader in alternative review methods. As such there is still a lack of synthesised evidence in the Cochrane Library that is sought by guideline developers, clinicians, consumers, service providers and policy makers.
- Prioritisation within groups, but not across groups, with an incomplete view of the most important needs of people making decisions about health.
- Stakeholders involvement complete in some areas and not in others, with prevalence of engagement of some stakeholders above others according to the individual group

involved (e.g. only clinicians, only global health managers etc) even when multiple stakeholders have needs, some of which may compete.

#### Some **proposal and suggestions from Fields:**

- Produce Cochrane reviews that ask ‘good’, high priority health questions: respond to global emergencies.
- Continue to improve the presentation of review content in line with other journals. Reviews need to be improved for academic readership as well as offerings for other audiences. Details of methodological procedures should not be considered as the primary publication but as supporting information. Develop guidance, templates, or automated procedures to transform full reviews into formats that are more accessible to general clinical and research audiences.
- Verify before title acceptance that Cochrane review conclusions will not be empty.
- Identify causes of delays in review production and learn from instances in which production is not delayed. Use this information to simplify the review production process to let the review production be faster. The pressing opportunity is to reduce processes for reviews of RCTs. This would allow more time to be spent on emerging, important review types, leading to streamlining of their processes in the future .
- Facilitate stakeholders and public involvement across the review process by optimizing the advisory panels and networks established by Fields.
- Maintain the high quality of Cochrane reviews.
- Ensure effective and timely dissemination of Cochrane reviews to the right audiences in the right formats so that decision-makers can use the findings.

### ***What Fields can do; where and how Fields can impact the organization?***

Important changes in Cochrane now are essential. Fields are not able to be involved at all levels. Fields’ funding is limited, and funders’ aims differ between Fields. However, because Fields are a bridge between stakeholders and Cochrane, members have access to multiple stakeholder priorities as well as expertise in knowledge translation (KT). They have developed specific KT products that could be applied more systematically and widely to increase Cochrane’s visibility and impact, and have the potential to be income-generating. In addition, Fields have an important network of content expertise worldwide. Fields can help achieve the organization’s Strategy for Change objectives by:

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

Priority global health and care questions are easy to formulate when experts in these specific topics are solicited. Fields are sensitive to the needs and priorities of external stakeholders (patients/consumers, policy makers and practitioners). As Fields are often in contact with these stakeholders, they could facilitate connecting with them. It could help for

faster collaboration between policy makers and researchers, or field practitioners and researchers, with the ultimate result: a co-construction of evidence synthesis that can be used to inform better decisions for better outcomes.

It should also be noted that Fields are already successfully working in a dedicated manner in many of the priority global health and care challenges that have been identified by Cochrane (Eg, Healthy Ageing, Disability, Climate Change). In fact, they were first movers in these topic areas within the Organisation. Not only do they gather high quality expertise, but they have also been recognised as important contributors by key stakeholders (e.g. WHO). Many of these topics will dominate global discussions over the next decade. Therefore, Fields are ideally positioned to help Cochrane develop and implement its strategic mid and long term plans. This will be of the utmost importance when planning future external funding applications, for instance.

***Objective 2: Streamlining production of reviews and simplifying editorial systems and processes:***

Fields can help in review production by being a force for proposing important themes in their area of interest. Fields need to be involved at the first stage of review production, at the initial setting of priority health topics with stakeholders and funders. In addition, Fields members often contribute as being authors themselves and/or as being often in contact with Field practitioners which facilitate finding authors or reviewers. Moreover, their current activities also include developing adequate approaches and methods related to the Global health and care priorities, which can easily inform the production of targeted and relevant reviews (e.g. development of evidence-to impact frameworks within WHO documents). Fields have also developed experiences and implemented new methods related to evidence gathering and summarising for their end-users, like evidence maps, overviews of reviews or rapid living systematic reviews, as during the COVID-19 emergency, that have shown a great impact in the community. These innovations could serve new user-friendly approaches to evidence synthesis.

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

Many Fields are in close partnerships with important healthcare organizations such as WHO and other United Nations agencies, and regional and national bodies. Fields have an important role in Cochrane to advocate for integrity in health research through their network of global communities and partnerships to push for change, for wider, more effective collaboration across health topics and disciplines.

***Objective 4: Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors:***

This objective is ambitious, and it will decrease Cochrane funding. However, making all Cochrane reviews open access will facilitate the accessibility of Cochrane reviews to all, worldwide. Fields are located in different parts of the world and assure global dissemination that help consumers, practitioners, researchers, and policymakers to be aware of Cochrane evidence. Fields have also been able to maintain their financial autonomy, and can play an important role in helping other units across Cochrane to adjust to this new financial scenario through their learned experiences.

***Objective 5: Improving user experience by increasing the accessibility and usability of our products:***

Fields have good experience in implementing KT activities, including producing relevant KT products for target audiences, including policy briefs for policymakers and guideline developers, publishing in journals used and accessed by health practitioners, and creating lay-friendly products for consumers. They publish Cochrane Corners in different languages and in different areas of interest, newsletters, articles, editorials, electronic books, podcasts, blogshots, etc...

They deliver presentations during national and international scientific meetings, run workshops and educational events...

They also actively work towards including Cochrane evidence in international and national policy documents.

They maintain a website in different languages and a social media network.

Fields also contribute to methodological research to advance methods in synthesis and primary research in their area of focus. Further, fields contribute to evaluating and advancing methods for KT.

Finally, most Fields have training activities worldwide, strengthening their partnerships and collaborations across the world of evidence synthesis. Actively working towards recruiting volunteers to engage in Cochrane activities contributing to a diverse and equitable organization.

Being aware of the reviews under production at their first step will allow Fields to prepare their dissemination and advocacy activities better and earlier.

In areas where patients and the public are making decisions about health care, it is important to educate laypeople about evidence and support the interpretability and utility of Cochrane reviews for these stakeholders. Fields that work with patients and the public can use current models of education about evidence (e.g., Informed Health Choices) to partner with layperson stakeholders to develop and test Field-delivered education and engagement

interventions for the public. This may be particularly important for audiences that lack access to or trust in clinical authorities (e.g., communities with low socioeconomic status or other systemic disadvantages) and is relevant to diversity and equity in the uptake of Cochrane evidence.

## ***Conclusions***

We hope that with continued and strengthened purposeful partnerships, inclusive networks and constructive collaboration across the Cochrane community, Fields will be empowered to support a reimagined Cochrane that is strong and sustainable, enabling us all to go further in realizing our vision of a world of better health for all people. In particular, we hope that within the reimagined organization we would be able to continue to support Cochrane's strengths and produce:

- Cochrane reviews that influence practice and policy by asking and answering the right questions at the right time.
- Cochrane reviews that tell what is known if there is insufficient evidence for clear conclusions.
- Shorter, fit-for-purpose Cochrane reviews (written in plain language).
- Rapidly produced, high-quality reviews that meet the needs of end-users.
- Cochrane reviews that reach their target audience(s) (policy makers, healthcare workers, consumers) worldwide in formats that are accessible and easy to understand and act upon.
- A wide range of new products that 1) fit to our mission, that is improving health through evidence, 2) diversify our income sources, giving more stability for the future, 3) better communicate the retrieved evidence to our end-users, thereby increasing the uptake, 4) increase our presence in the community, 5) strengthen the importance of evidence.

The COVID-19 pandemic has given Cochrane the opportunity to transform the production of its reviews, in terms of the speed of production, acceleration of title registrations, updates and the prioritization. This has resulted in many beneficial developments and lessons across the organization. In many ways, the experience gained during the COVID-19 pandemic has actively demonstrated some of the ways in which relationships with our target audiences can be strengthened and leveraged to maximize the impact of our evidence synthesis products. Additional efforts and understanding is still needed in some areas. We believe that many of these developments and lessons will serve Cochrane well through this period of change, as we transform the organization in line with new strategic environments, while maintaining the impetus to achieve Cochrane's mission: 'an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.'



***Next steps for discussion:***

1. What do you think Fields need to do next to support Cochrane's future plans?
2. How can Fields be more involved in these plans and processes?

Cochrane Fields Executive

18th October 2021

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