<table>
<thead>
<tr>
<th>Title:</th>
<th>Strategy to 2020: 2019 Targets End of Year Report</th>
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<tbody>
<tr>
<td>Period covered by this report:</td>
<td>January to December 2019</td>
</tr>
<tr>
<td>Date and period of last report:</td>
<td>Mid-Year and Quarter 3 progress report submitted September 2019 (Santiago)</td>
</tr>
<tr>
<td>Purpose of the report:</td>
<td>To provide the Board and wider community with an end of year report on the delivery of the proposed organizational targets for 2019</td>
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<tr>
<td>Paper Number:</td>
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<tr>
<td>From:</td>
<td>Mark Wilson</td>
</tr>
<tr>
<td>People Involved in the developing this report:</td>
<td>Senior Management Team</td>
</tr>
<tr>
<td>Date:</td>
<td>March 2020 for Manchester 2020 Board meeting</td>
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<tr>
<td>For your:</td>
<td>Information</td>
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</table>
**1. CONTENT STRATEGY IMPLEMENTATION**

**Achieve the annual objectives and targets of Cochrane’s Content Strategy**

<table>
<thead>
<tr>
<th>Target Outcomes</th>
<th>Achieve the key objectives and targets relating to the Content Strategy, as approved by the Governing Board in April 2018. These will address the following:</th>
</tr>
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</table>
|                 | • Implementation of Risk of Bias 2 tool (ROB2)  
 |                 | • Scaling up of Living Systematic Reviews  
 |                 | • Standards developed and scaling up of Network Meta-analysis (NMA)  
 |                 | • A Decision on whether to progress work on developing Rapid Reviews  
 |                 | • Further exploration of the use of Clinical Study Reports as source data for drug intervention reviews  |

| Why are we doing this? | It is vital for Cochrane’s sustainability that we develop and implement strategies aimed at providing reviews that address decision makers’ needs more effectively: focusing on high priority and increasingly complex questions, the use of new methods, new review types and expanding data sources. |

| Indicators of Success |  
 |----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | • Successful introduction of Content Strategy Implementation plan.  
 |                      | • Implementation plans for: ROB 2 tool, Network Meta-Analysis, Using Clinical Study Reports as the source of data for drug intervention reviews, Living Evidence, Rapid Reviews and Reviews of Prognosis Studies  
 |                      | • Successful implementation of ROB2 for all new reviews and updates initiated after the end of 2019  
 |                      | • Development of ‘MECIR’ standards for NMA  
 |                      | • Decision on whether to proceed Rapid Reviews in Cochrane  
 |                      | • Meetings to explore feasibility and exemplar reviews based on Clinical Study Reports and organizing broad access to CSRs  
 |                      | • Progress in identifying and commencing work on exemplar reviews based on Living Systematic Reviews identified and initiated by at least five Networks  |

| Deliverables |  
 |--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1)           | Content Strategy Implementation plan agreed and signed off  
 | 2)           | Development of online learning modules in Network Meta-analysis  
 | 3)           | Meetings organized to further explore use of Clinical Study Reports  
 | 4)           | Tech development to support ROB2 in RevMan Web and Cochrane Library  
 | 5)           | Rapid Review Methods Group to complete first part of project leading to a go/no go decision  
 | 6)           | NMA quality standards and proposed implementation plan agreed and delivered  
 | 7)           | ROB2 become the default form of risk of bias assessment for new reviews  
 | 8)           | Identification of initiation of work for LSR’s across at least five Networks  
 | 9)           | Meeting to plan Clinical Study Report exemplars and access to CSR’s. Clinical Study Report  | 1) | March 2019  
 |             | 2) | December 2019  
 |             | 3) | May 2019  
 |             | 4) | December 2019  
 |             | 5) | April 2019  
 |             | 6) | June 2019  
 |             | 7) | December 2019  
 |             | 8) | April 2019  
 |             | 9) | June 2019  |
exemplars identified, and work initiated for at least three reviews

**Estimated start date**  
January 2019

**2019 End of year report**

During 2019 the decision was taken to re-name the ‘content strategy’ the ‘methods strategy’, as this is a better representation of what it encompasses. Work to achieve the deliverables continued within this new framework. Of the nine proposed deliverables, most elements have been achieved or additional plans initiated to address dependencies to achieve them:

- A methods implementation plan template was created and in use across methods projects
- Online learning modules in Network Meta-Analysis (NMA) were launched, as well as a six-part Learning Live NMA webinar series
- A meeting was held to further explore uses of Clinical Study Reports
- Plans for to integrate Risk of Bias 2 (ROB2) into RevMan Web and the Cochrane Library have been built into the respective product development roadmap
- The Rapid Review Methods Group completed the first part of a project, which included a survey of Cochrane members that informed a set of recommended methods and a proposed definition for rapid reviews, and this is to be presented to the Editorial Board.
- Work on a MECIR extension to NMA is underway and a protocol template is ready for dissemination. Full implementation plan needs to be developed.
- A pilot (13 reviews across all CRG Networks included in the pilot so far and actively calling for more) to make ROB2 the standard risk assessment for new Cochrane Reviews was completed and ‘scale-up’ activities are underway.
- Living Systematic Reviews across at least four Networks are underway. Discussions on Living Systematic Reviews and language translation/KT products have been initiated.
- A Starter Pack for using Clinical Study Reports (CSRs) has been developed. Five reviews using CSRs are underway as well as advocacy work to facilitate CSR access and use
- In addition to the proposed deliverables for this Target: Four Prognosis Reviews have been published; 20 are underway.

### 2. IMPROVED EDITORIAL PROCESS

**Assure the quality and consistency of Cochrane’s editorial process**

**Target Outcomes**

- We will develop an editorial charter that describes agreed expectations across networks and Review Groups to assure the equity and consistent high quality of editorial processes
- Development and implementation of an agreed quality assurance process for high-profile reviews
### Why are we doing this?

Cochrane needs to attract high quality researchers from across the world to contribute to its reviews. The marketplace for such reviews is highly competitive, with many high impact journals now wishing to publish systematic reviews. Therefore, the editorial process needs to be consistently supportive (within agreed limits), efficient and rigorous. There is ample evidence that the process is currently inconsistent and sometimes unacceptable. Addressing these is therefore a key priority.

### Indicators of Success

- Approval process and implementation plans for Editorial Charter completed
- Implementation of agreed Editorial Charter
- Implementation of clear quality assurance process for high-profile reviews

### Deliverables

1. Development of an Editorial Charter to be agreed across Cochrane Groups addressing: fidelity and equity of title registration, timeliness of response, high quality communication, transparency of decision making, implementation of due process, separation of editor and author functions.
2. Consultation, amendment and implementation of Editorial Charter with support from Review Groups Network Senior and Associate Editors
3. Development and implementation of quality assurance process for high-profile reviews
4. Central Methods Support Unit to provide hands-on support to Groups
5. Agreed performance parameters and monitoring process for Networks.
6. Review Groups and Network priorities communicated
7. Adherence to Editorial Charter and process for high profile reviews

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<tr>
<th>Estimated start date</th>
<th>January 2019</th>
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### 2019 End of year report

An Editorial Charter was developed by a working group of the Editorial Board according to the process set out above, but due to the cancellation of the Editorial Board’s meeting in Santiago, in October 2019, it has not yet been signed-off. The Editorial Board’s next meeting planned for Manchester, in April 2020, has also been cancelled, so a new process for approval will be agreed. Roll-out of the charter is therefore delayed but is planned to begin in April 2020.
## 3. REVIEW STRUCTURE AND FORMAT CHANGES

**Make Cochrane Reviews more accessible to decision makers**

### Target Outcomes

We will develop a prioritised and costed list of the proposed prospective changes to the structure and format of Cochrane Reviews with a proposed development and implementation plan.

- This will follow a full evaluation and options appraisal of the ongoing prototype being developed by Cochrane Norway which will be presented to the Governing Board in April 2019.
- The implementation plan will include:
  - An advisory Board with representatives from the community and central team;
  - Description of technology challenges for both review production (RevMan etc) and publication (Cochrane Library roadmap);
  - Guidance, support and learning needs of the Cochrane community in delivering the changes consistently and with high quality;
  - CET responsibilities and accountabilities across different departments;
  - Consultation plan and engagement with the Cochrane community.

### Why are we doing this?

- The structure of reporting and publishing Cochrane Reviews remain unchanged since Cochrane’s inception.
- In response to methodological advances, new features have been added to Cochrane Reviews over the years (e.g., Summary of Findings Table), and this probably contributed to reviews becoming longer and more complex (less accessible).
- Review production (write, editorial process, and copy-editing) is more time-consuming and quality assurance is a challenge.
- This proposal aims to support improvements in the quality, understandability, and usefulness of Cochrane Reviews, which in turn might allow for tailored derivative products that build on and go beyond what Cochrane Reviews can offer.
- User testing of Cochrane Reviews have found that they are difficult for decision-makers to understand and use; e.g., they are long, there are frequently large numbers of comparisons and outcomes, there is frequently missing information about outcomes, particularly adverse effects.

### Indicators of Success

- A strategic plan for the proposed changes in the structure and format of Cochrane Reviews.
- A clear and comprehensive implementation plan detailing the proposed changes in the structure and format of Cochrane Reviews according to a prioritization process and with plans for regular deliverables (using an agile strategy).

### Deliverables

1) A full evaluation and options appraisal of the ongoing prototype
2) Development and implementation plan established, including:
   a) Advisory board

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<tr>
<td>b) Governance and accountability</td>
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<td>c) Consultation plan with community and external stakeholders</td>
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<tr>
<td>d) Guidance, support and learning needs of the Cochrane community</td>
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<tr>
<td>e) Resource requirements: human and financial</td>
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<tr>
<td>f) Description of technology challenges for review production and publication</td>
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3) Full options paper with resource requirements paper to Governing Board
4) Active involvement in consultation process from Review Groups Networks: feedback and support

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<tr>
<th>Estimated start date</th>
<th>January 2019</th>
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</table>

**2019 End of year report**

Work to finalise the product development plan for the New Review Format project was slower than expected in 2019. The plan was to prioritise and assess the proposed review format changes alongside the broader editorial publishing strategic priorities, especially where these related to improving the accessibility of Cochrane evidence.

The project was put on hold following the cancellation of planning and editorial strategy meetings during the Santiago Colloquium. Future worked will be aligned with the new Editorial Management System and Cochrane Library development work.

### 4. UPDATED OPEN ACCESS AND OPEN DATA POLICIES

**Review our policies on Open Access to Cochrane Reviews and datasets**

**Target Outcomes**

In 2019, we plan to review our policies on open access to Cochrane Reviews and datasets, with the aim of ensuring these policies are up-to-date, continue to support our organizational mission to improve health decision-making, and secure core and Group funding, and the long-term sustainability of the organization.

**Why are we doing this?**

Cochrane already has progressive Open Access options for Cochrane Reviews and always respects the mandates of funders of Cochrane Reviews. It also has a long-term ambition to move to full and immediate Open Access for Cochrane Reviews once a reliably sustainable funding model for its activities is established.

In 2018 a group of national research funding organisations, with the support of the European Commission and the European Research Council (ERC), announced the launch of ‘cOAlition S’, an initiative that aims to accelerate the transition to full and immediate Open Access for research publications. The Coalition has produced ‘Plan S’, which may have important implications for the funding of Cochrane Reviews – and Cochrane Groups - and it is therefore appropriate to re-assess our current policies and funding model in light of this.
'Open data' is the manifestation of the principle that clinical trial should be freely available to everyone to use and republish as they wish, without restrictions from copyright, patents or other mechanisms of control\(^1\). Cochrane has many types of data that are useful to share, and it already makes the statistical datasets from Cochrane Reviews available for non-commercial use. As we are reviewing our Open Access policies, it also makes sense to review our policies to data access: what data, to whom, and for what purposes should we share our data in support of our mission to improve health decision-making?

### Indicators of Success

- Cochrane Governing Board, Cochrane Group, public and funder support for our Open Access and Open Data policies
- Continued compliance with funder mandates for Cochrane Reviews

### Deliverables

1. Formation of a project team. Scoping and preparatory work undertaken by the team.
2. Formation of a Consultation Group composed of people internal and external to Cochrane with expertise in Open Access, Open Data, and research funding; and representing key stakeholder groups such as Cochrane Groups, Review funders, and Library customers.
3. Consultative meetings at the Chile with the Cochrane community on Open Access and Open Data approaches.
4. Meeting of the Consultation Group and other stakeholders to discuss Cochrane Open Access and Open Data policies and approaches.
5. Submission of any revised policy(ies) to the Governing Board for approval.

### Estimated start date

March 2019

### 2019 End of year report

The Board and Senior Management Team undertook an in-depth review of the organization’s Open Access policies in Krakow, in April 2019. They concluded that the current policy is the only responsible option at this time for ensuring the organization’s financial sustainability. Progress in 2019 has been slower than expected but Cochrane will run a formal consultation with internal and external stakeholders in 2020 to achieve a common understanding of the challenges and opportunities for Cochrane in delivering universal, immediate Open Access to Cochrane Reviews whilst continuing to ensure organizational financial sustainability. The outputs of the consultation will directly inform any future revisions to existing policy.

### 5. NEW COCHRANE LIBRARY FEATURES

Continue to deliver more features and enhancements in the Cochrane Library

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\(^1\) [https://en.wikipedia.org/wiki/Open_data](https://en.wikipedia.org/wiki/Open_data)
**Target Outcomes**

We will deliver new features and enhancements of the Cochrane Library on a regular basis, with a focus on continuing to improve the discoverability, accessibility, usability and impact of our content.

Projects to be delivered in 2019 include:

- PICO based search
- Risk of Bias 2 (ROB2)
- Living Systematic Reviews; and
- The integration of Health Systems Evidence.

**Why are we doing this?**

Following delivery on an enhanced Cochrane Library in 2018, work will continue to deliver features and enhancements on an ongoing basis, as planned, to maintain its relevance and usability.

**Indicators of Success**

- Release of features and enhancements aligned to strategic priorities and delivering against the following product themes - discoverable, accessible, credible, actionable, sustainable.
- PICO based search, RoB2, Living Systematic reviews and Health Systems Evidence are delivered on the Cochrane Library by the end of 2019.

**Deliverables**

1) Regular release of new features and enhancements, including public release notes.
2) Quarterly roadmap report confirming our now, next, and future development plans.
3) PICO search beta available on the Cochrane Library
4) Regular release of new features and enhancements, including public release notes Features required to support the publication and use of Living Systematic reviews available on CDSR
5) Health Systems Research searchable from the Cochrane Library
6) Publish RoB2
7) Ideas and suggestions for new functionality/features to support Cochrane’s aims and vision to input into the roadmap from Cochrane Groups.
8) Support for understanding the requirements and applications of the stated priority features for 2019 and future features from Cochrane Groups.

**Estimated start date**

January 2019

**2019 End of year report**

Regular release of new features and enhancements, including public release notes, are now standard practice for Cochrane Library development, as are the quarterly roadmap planning process and reports. Key features delivered in 2019 include guideline reporting and links, related content section for CENTRAL records, improved ‘sign posting’ of linked content types (Cochrane Clinical Answers, Editorials, Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Spanish PDFs, PICO search, email topic alerts and updated review email alerts.

The pilot release of the update classification system identified a critical problem which means a new solution will need to be developed and implemented in 2020. The federated search for Health Systems Evidence has been delayed until 2020 with integration work put on hold while they upgrade their website. Work to support the publication of Risk of Bias 2 is ongoing.
6. SUPPORTING POLICY-MAKERS  
**Support health policy makers to use Cochrane evidence and new advocacy initiatives**

<table>
<thead>
<tr>
<th><strong>Target Outcomes</strong></th>
<th>Health policy makers are a key user group for Cochrane evidence, and a principal target of Cochrane’s advocacy messaging. In 2019, as part of the implementation of Cochrane’s Knowledge Translation (Knowledge Translation) Strategy, we will:</th>
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<tbody>
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<td>• Strengthen Cochrane’s capacity to support policy-makers and health policy managers in their uptake and use of Cochrane evidence applicable to their language and context;</td>
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<tr>
<td></td>
<td>• Advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and service planning. This includes a specific aim of making Cochrane leaders more effective advocates for evidence-informed healthcare.</td>
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</table>

| **Why are we doing this?** | • This Target directly addresses the challenge set by Goal 3 of Cochrane’s *Strategy to 2020* to ‘make Cochrane the “home of evidence” to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence-informed health care’. |
|                         | • It does this by expanding Cochrane’s capacity to engage more effectively with one of the most important target users of our evidence: health policy-makers. This focus will increase the take up and impact of Cochrane evidence with these users; and give valuable lessons on how we embed effective Knowledge Translation (Knowledge Translation) approaches and tools across Cochrane to reach other target audiences better in future. |
|                         | • The continuing implementation of the Knowledge Translation (Knowledge Translation) Strategy will complement Cochrane’s Editorial Content Strategy and advocacy messages to ensure the widest possible access to and use of our evidence, in multiple languages and across geographic contexts. |
|                         | • Cochrane has not yet developed an organizational Advocacy Strategy that will guide its work in this important area. The Target supports the development of new advocacy initiatives, expanded partnerships and wide internal and external consultations that will help Cochrane develop an Advocacy Strategy ready for implementation in January 2020. |

| **Indicators of Success** | • Indicators of success for strengthening Cochrane’s capacity: |
|                         |   o The community of Cochrane collaborators working with policy-makers is expanding. This community helps identify training needs and tools (such as evidence briefs, support summaries and other Knowledge Translation dissemination products as part of a Knowledge Translation ‘tool-kit’) to facilitate interaction with policy-makers. |
|                         |   o Training and guidance provided to specific Cochrane Groups who are, or who will imminently be, actively engaged in working with policy-makers and request additional support. |
Tools and Knowledge Translation products developed are prioritized for translation into non-English languages fit for multiple dissemination platforms.

An improved understanding of policy-making environments with strengthened systems, processes and evaluation frameworks that support Cochrane’s engagement with policy-makers.

Health Systems Evidence – a database to support the use of health evidence in policy making – is integrated within the Cochrane Library’s search function.

Best of practice experiences gained from working with policy-makers will be shared across Cochrane’s community Groups.

- Indicators of success to advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning:
  - Documented stories of systematic review use in selected countries. What is/was needed to ensure use in-country (advocacy and campaigning work for the use of evidence; relationship building and use; dissemination and translation work). The stories will help device strategies for facilitating campaigns and advocacy work around future reviews with the potential to change health policy and practice (illustrated by stories of success).
  - Documented stories of strengthening the capacity of policy makers in understanding and interpreting evidence synthesis and its use in policy and practice. Specific activities include: training of policy makers; deliberative dialogues; expanding our work with the WHO Evidence-Informed Policy Network (EVIPNet).
  - New connections built with WHO departments, leading to continued and increased use of Cochrane Reviews in WHO normative guidance;
  - New partnerships and priorities for co-production developed that have resulted in joint advocacy statements and work.

**Deliverables**

1) The successful preparation and holding of a session on: “Supporting the use of evidence in policy-making” at Cochrane’s Governance meetings in Krakow. Cochrane’s Knowledge Translation Advisory Group, Editorial Board and Review Groups Networks and geographic Centres to approve the session’s aims and expected outcomes.

2) The delivery of an ongoing programme of ‘train the trainer’ activities; exemplar projects; and the production of a Cochrane community tool-kit consisting of ‘evidence briefs’ and practical tools to improve the quality of Cochrane’s Knowledge Translation dissemination products aimed at policymakers.

3) A Cochrane Advocacy strategy is developed and approved for implementation in 2020 and beyond.

**Estimated start date**

January 2019

**2019 End of year report**

The session planned for the Governance Meetings in Krakow, in March 2019, was developed and held. Deliverables related to Knowledge Translation activities for Cochrane Groups are reported on in Target 7, below.

1) April 2019
2) April - October 2019 (delivered by Chile Colloquium)
3) December 2019
An advocacy strategy was developed and presented to the Governing Board in October 2019. The Board decided not to put the paper to vote as a strategy, but instead to note their support for the decision-making framework and the activities proposed. In the meantime, in 2019, Cochrane developed and started work on a series of advocacy priorities for 2020 and beyond. We issued statements in response to developments in trial transparency policy at national and international levels – reminding clinical trial sponsors of their obligation to make their results public; pushing the Chair of the UK House of Commons Science and Technology Select Committee to call for sanctions on a new Health Research Authority transparency policy; and responding to an FDA consultation on the proactive release of clinical study reports.

Cochrane joined representatives from the European Commission and European Medicines Agency and transparency advocates at the European Parliament to speak about the importance of trial transparency for systematic reviewers. We also supported an AllTrials report which was used in an evidence session at the UK Parliament. In 2019, the Cochrane-REWARD prize was given out for the third year, recognising three initiatives with the potential to reduce research waste.

7. SUPPORTING AND TRAINING OUR CONTRIBUTORS
Build capacity in the Cochrane community to produce more complex reviews and undertake knowledge translation activities

<table>
<thead>
<tr>
<th>Target Outcomes</th>
<th>During 2019 and 2020 we will be developing tools, materials, guidance and learning for the whole Cochrane Community to build the skills required to respond to our Editorial Content and Knowledge Translation strategies. Both are critical for the organisation to continue to produce relevant evidence that is used in decision-making, so it is vital that the right support and training are in place to enable our contributors to do their Cochrane work.</th>
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</table>
| Why are we doing this? | • This is addressing Review Groups concerns about the level of author training being too basic  
• This is addressing the concerns of Review Groups about mass training exercises (pushing those Centres to work on training users in this context instead)  
• This is addressing issues around quality of training (training trainers to be better trainers and providing improved materials)  
• This is making the most of Cochrane Interactive Learning and embedding that as our new standard author training with face-to-face opportunities seen as advancing that rather than replicating that basic training.  
• This is supporting the quality improvement agenda by establishing more support and learning for editorial staff  
• This is addressing some of the skills gap in the organization around Knowledge Translation  
• This is addressing issues around generational change and supporting younger members of the community to find their place and opportunities. |
### Indicators of Success

- For improvements in author training, success will be Cochrane Review Groups experiencing improved submissions and greater levels of author skills
- For Knowledge Translation training development, success will be a greater number of training sessions being delivered that focus on use of Cochrane evidence
- For equipping the next generation of Cochrane collaborators and leaders, success will be an increase in the number of young researchers publishing with Cochrane and taking positions of responsibility within the organization

### Deliverables

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Content (now Methods) Strategy and quality improvement</th>
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<tbody>
<tr>
<td>1)</td>
<td>Develop a new author training curriculum that blends online learning with face-to-face learning, with an emphasis on more advanced and in-depth learning face-to-face, so that our author teams have the skills needed to produce high quality reviews and adopt more complex methods as required.</td>
</tr>
<tr>
<td>2)</td>
<td>Provide Cochrane Trainers with pedagogical training, linked to a defined curriculum, to support high quality teaching delivery and delivery of new types of learning. Face to face training to be delivering at the 2019 Colloquium with online follow up training to continue the learning.</td>
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<tr>
<td>3)</td>
<td>Develop communities of practice amongst Cochrane Editors to share learning and develop skills, based on a problem-based learning approach using real case studies.</td>
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<td>4)</td>
<td>Support the community of Managing Editors (ME) to establish minimum competencies for the ME role, and develop training opportunities to support these competencies</td>
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### Knowledge Translation

- Develop an online learning experience for Cochrane contributors to learn about knowledge translation in Cochrane
- Develop materials for Cochrane Groups to provide more training on the use of Cochrane evidence in practice for policy makers, practitioners and patients.
- Develop a suite of online learning for patients to understand evidence and the role of systematic reviews in health decision-making.

### Estimated start date

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### 2019 of year report

The two-year target to develop an author training curriculum that blends online learning with face-to-face learning is progressing well, trials are underway with blended learning and we are updating training materials, including enhanced pedagogical materials, to support a standardised training approach. Work to provide Cochrane Trainers with pedagogical training was completed and a workshop was delivered in Santiago, although not to the intended audience. The work is now being used as the underpinning of further trainer skills development of communities of practice amongst Cochrane Editors to share learning and develop skills has been piloted in some Review Group Networks with positive results. We will consider how well this can be adapted and rolled out in other Groups during 2020.
We have successfully developed a job description for the Managing Editor role that outlines all the elements of the role. This is the first step in defining training needs, so that MEs can be better supported in the future.

**Knowledge Translation**
A suite of online learning resources has been launched to support Cochrane Groups in the development of their Knowledge Translation strategies. This includes new training materials to support the outputs of Target 6 (above): *Supporting policy-makers in the use of synthesized evidence in policy-making*. Cochrane Evidence Essentials launched in July providing an engaging online learning experience for patients and the public to find out about evidence and systematic reviews in particular.

Cochrane’s Dissemination Checklist and Guidance launched in November 2019, slightly later than planned due to the cancellation of the Chile Colloquium. The aim of the guidance is to improve the quality of dissemination products that present the findings of Cochrane intervention reviews; a full implementation and training plan will be launched across the organization from October 2019 onwards.

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### 8. IMPROVED EDITORIAL MANAGEMENT SYSTEM

**Evaluate, plan and begin implementation of an improved Editorial Management System (EMS) for Cochrane Review production**

<table>
<thead>
<tr>
<th><strong>Target Outcomes</strong></th>
<th>In 2019, we plan to evaluate our editorial management system to understand the needs of the system users and to compare these needs with the products available on the market.</th>
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<tr>
<td></td>
<td>We will then decide either to purchase a new Editorial Management System or, if no external system is suitable, we will make a significant investment in Archie to make it fit for purpose.</td>
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<td></td>
<td>As this is a tool used every day by the community, it will be critical that this work is carried out in close collaboration with system users such as Managing Editors and other key stakeholders.</td>
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<tr>
<td><strong>Why are we doing this?</strong></td>
<td>Cochrane’s Editorial Management Systems are 15 years old, and whilst they were fit for purpose when created they have not kept up with external competition over this period due to lack of investment and other priorities.</td>
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### Indicators of Success

- A decision is taken on what our future system for editorial manage should be, and all major stakeholder groups agree with the selection.
- Key stakeholders, such as Group staff, are engaged with the evaluation and support whichever option is chosen.
- Implementation is underway before the end of 2019.

### Deliverables

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<tr>
<td>1)</td>
<td>Commissioning with external consultants an evaluation of Cochrane’s editorial management requirements and then involving all relevant stakeholder groups leading to an update paper for the Board and the community, including any known resource implications.</td>
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<td>2)</td>
<td>Implementation plan for new system, developed in collaboration with the community, with clear timelines and budget (if new system).</td>
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<tr>
<td>3)</td>
<td>Development plan for Archie is developed, in collaboration with the community, with clear timelines and budget (if continuing with Archie).</td>
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<tr>
<td>4)</td>
<td>A plan of Archie’s other functionality is developed for whichever option is pursued.</td>
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<tr>
<td>5)</td>
<td>Implementation started on the agreed solution.</td>
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<td>6)</td>
<td>Provide expert stakeholder input to the evaluation process.</td>
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<tr>
<td>7)</td>
<td>Assist in the implementation planning of the agreed solution.</td>
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### Estimated start date

- January 2019

### 2019 End of year report

Cochrane engaged Origin Editorial, who helped us to document stakeholder requirements, assess the potential for Archie to meet these requirements, and identify potential external systems that could meet these requirements. This phase of work is now complete with the key decisions:

- Cochrane will not continue to develop its own EMS, and the editorial management parts of Archie will be decommissioned. The other Archie functions will be reviewed separately.
- Cochrane will explore a small number of commercial EMS providers in more detail, with the aim of selecting one for implementation.

The programme of work to review, evaluate, select, and implement a new EMS will continue throughout 2020. This programme will also look at the linked production systems used to deliver content from the EMS to the publisher platform for the Cochrane Library. A combined review will ensure these systems are complementary and work efficiently together.

### 9. INCREASED ORGANIZATIONAL DIVERSITY

**Strengthen Cochrane as a global organization**
**Target Outcomes**

Cochrane is a global organization that welcomes participation from a diverse range of contributors. We aspire to have a global impact through our work. *Strategy 2020* sets an objective to: **strengthen Cochrane as a global and diverse organization by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.** In 2019 we have a range of related initiatives that collectively address this objective, both in our organization and in the work we produce.

**Why are we doing this?**

- This is a direct response to the objective to strengthen Cochrane as a global and diverse organization by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.
- As stressed in the 2019 Santiago Colloquium theme, we aspire to embrace diversity in Cochrane and we need to support this actively.
- The development of the Editorial Content Strategy highlighted the importance of equity in our work.
- We need a new generation of people coming through into leadership positions in Cochrane – we need to celebrate and support them.

**Indicators of Success**

- Cochrane is communicating clearly about diversity with transparent metrics and targets for development
- Meaningful recommendations on diversity are developed from the 2019 Colloquium
- Young authors have mechanisms to put themselves forward to join author teams under defined terms of involvement

**Deliverables**

<table>
<thead>
<tr>
<th>Developing our global organization</th>
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<tbody>
<tr>
<td>1. Establish networks in the US and China to extend Cochrane’s global reach and facilitate the accessibility, use and uptake of Cochrane evidence in practice.</td>
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<table>
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<tr>
<th>Embracing diverse participation within our organization</th>
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<tbody>
<tr>
<td>2. Using the 2019 Santiago Colloquium as a platform, discuss, debate and identify ideas for embracing diversity in a way that leads to meaningful recommendations that can be put into action.</td>
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<tr>
<td>3. Perform a pilot study to assess improved approaches to supporting authors in Spanish speaking countries to understand how we might improve non-English author support internationally.</td>
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<tr>
<td>4. Collectively assess the Cochrane title proposal process and identify opportunities for improvements to support diversity in our author base.</td>
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<tr>
<td>5. Establish new metrics for the organization to report meaningfully on diversity within the organization</td>
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<tr>
<th>Equity in the content and accessibility of our work</th>
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<tr>
<td>6. Develop training to support authors to address equity considerations in reviews including a learning module and guidance documentation, all supported by the Equity Methods Group</td>
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<td>7. Provide the right infrastructure to support efficient language translation processes including the integration of high performing machine translation (MT) engines into workflows for selected Cochrane languages.</td>
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<tr>
<td>8. Strengthen Cochrane's language translation community by providing a suite of online training and learning modules for volunteer translators, to improve the quality of our multi-lingual content and</td>
</tr>
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| 1. Quarter 2 2019 |
| 2. Quarter 4 2019 |
| 3. Quarter 3 2019 |
| 4. Quarter 3 2019 |
| 5. Quarter 22019 |
| 6. Quarter 3 2019 |
| 7. To be confirmed |
| 8. To be confirmed |
| 9. Quarter 4 2019 |
| 10. Quarter 1 2019 |
| 11. Quarter 4 2019 |
reducing workloads for Cochrane geographic groups/editors/managers.

**Supporting the next generation of Cochrane Contributors**

9. Define clear roles for early career researchers, including clear guidance for how to involve someone in their first review as an author and their first review as a lead author and creating other opportunities in the organization to support their development, e.g. Junior Editor roles.

10. Facilitate a community of practice amongst early career researchers to learn from each other’s experiences of working within Cochrane, building on the Cochrane 30 under 30 initiative.

11. Propose KPIs that Cochrane Groups can adopt to increase the number of young people progressing in their Cochrane career.

<table>
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<tr>
<th>Estimated start date</th>
<th>January 2019</th>
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<tr>
<td><strong>2019 End of year report</strong></td>
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**Developing our global organization:**

A Cochrane US Network has been launched in June. The Network involves 14 new Affiliates, and also closely connects to the existing CRGs, Satellites and Field. The China Network has continued in a more informal manner for the last year. In September a Call for Expressions of Interest was launched to invite the institutions currently part of the informal China Network to formalize their status and become an Affiliate. Seven new Affiliates have now been approved as member of the Cochrane China Network. The official launch of the Cochrane China Network was planned for February 2020, but has been postponed due to COVID-19, and is now planned for later in 2020.

**Embracing diverse participation within our organization**

Due to the cancellation of the Colloquium, the proposed workshop could not go ahead. However, a pilot study to assess improved approaches to supporting authors in Spanish speaking countries to understand how we might improve non-English author support internationally is ongoing. Work to develop metrics (key performance indicators) has not developed as hoped. However, with the establishment of the Governance & Strategy Unit, this work is planned at an organizational level from 2020 onwards.

**Equity in the content and accessibility of our work**

We have developed and launched a training to support authors to address equity considerations in reviews in early 2020, via a Cochrane Interactive Learning module on Equity in Cochrane Reviews. This is an extensive learning module, which will be complemented by face to face training materials in future.

**Supporting the next generation of Cochrane Contributors**

Support for the next generation of Cochrane leaders and contributors progressed in 2019:

- Following the highlighting on the Cochrane.org website of the work within the organization of many young academics, clinicians and researchers (‘Cochrane’s 30 Under 30’), a new Early Career Professionals Group was launched.
- ‘Students 4 Best Evidence’, an initiative of Cochrane UK, was integrated into Cochrane’s learning, development and support structures, and a Spanish-language version, ‘Estudiantes x la Mejor Evidencia’, was also launched.