

Governing Board Meetings (19-21 October 2019 Santiago de Chile) OPEN ACCESS

Schedule	Thursday 10 October 2019, 2:00 PM — 3:00 PM CLST
Venue	Salon 1 -Hyatt Vitacura - Santiago de Chile
Organiser	Veronica Bonfigli

Agenda

DAYS 1 (FULL DAY) AND 2 (HALF DAY): 19-20 OCTOBER 2019: STRATEGIC DISCUSSIONS

1. Welcome, Apologies, Declarations of Interest, reminder of Board Code of Conduct and Board Charter

For Information

 Code of Conduct for Trustees_Aproved 22Mar18.pdf	1
 Governing Board Charter only_Aproved 22Mar18.pdf	4

FORMAL MEETING ADJOURNED

DAYS 2 (HALF DAY) AND 3 (FULL DAY): 20-21 OCTOBER 2019: STRATEGIC AND BUSINESS ISSUES, AND REPORT

DAY 2 PM:

FORMAL MEETING RESUMED

2. Approval of the Agenda, including the papers and decisions included in the Consent Agenda

For Decision

3. Approval of the Minutes of 25th September Board teleconference [CONSENT AGENDA] [RESTRICTED ACCESS SUPPORTING DOCUMENT]
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4. Matters Arising not otherwise covered by the Agenda

5. Record of Resolutions voted on by the Board between meetings

6. Co-Chairs' Report, to include:

6.1. Correspondence

6.2. Re-appointment of Marguerite Koster as a Trustee from September 2019-2022 [CONSENT AGENDA]

6.3. Council Report

7. Sub-Committee Matters to Report:

7.1. Appointment of members to Sub-Committees and Working Groups [OPEN ACCESS SUPPORTING DOCUMENT]

 7.1 Cochrane Board Sub Committees and Working Groups as at 1st October 2019 [OPEN ACCESS SUPPORTING DOCUMENT].pdf

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7.2. Nominating Committee (formerly Appointed Member Nomination Committee) [VERBAL REPORT]

7.3. Governance Committee [VERBAL REPORT]

7.4. Finance, Audit and Investment Committee, to include Treasurer's Report [VERBAL REPORT]

7.5. Remuneration Committee [VERBAL REPORT]

7.6. Complaints Procedure Working Group [VERBAL REPORT]

7.7. Colloquia, Meetings and Events Working Group [VERBAL REPORT]

8. CEO's Report, to include:

8.1. Cochrane Group Resource Monitoring: initial status report [OPEN ACCESS SUPPORTING DOCUMENT]

 8.1 2019 Cochrane Group Financial and Resource Monitoring- Initial status update [OPEN ACCESS SUPPORTING DOCUMENT].pdf 12

8.2. Strategy to 2020: 2019 Targets Progress Report [CONSENT AGENDA] [OPEN ACCESS SUPPORTING DOCUMENT]

 8.2 Strategy to 2020 2019 Targets_Mid-Year and end of Q3 Report [OPEN ACCESS SUPPORTING DOCUMENT].pdf 15

8.3. Risk Management Report – Quarter 2 2019 [RESTRICTED ACCESS SUPPORTING DOCUMENT]

9. Editor in Chief's Report, to include:

9.1. Editorial & Methods Department Report [RESTRICTED ACCESS SUPPORTING DOCUMENT]

9.1.1. Editorial Management System interim report [RESTRICTED ACCESS SUPPORTING DOCUMENT]

9.2. CRG Networks Update Report [RESTRICTED ACCESS SUPPORTING DOCUMENT]

DAY 3:

10. Publishing and Products Report:

10.1. Publishing Management Update [VERBAL REPORT]

10.2. Publisher's Report (Wiley) [VERBAL REPORT]

10.3. Cochrane Library Performance Dashboard Quarter 2 2019 [CONSENT AGENDA] [RESTRICTED ACCESS SUPPORTING DOCUMENT]

10.4. Other Cochrane products [CONSENT AGENDA] [RESTRICTED ACCESS SUPPORTING DOCUMENT]

11. Strategic planning:

11.1. Multi-lingual strategy [OPEN ACCESS SUPPORTING DOCUMENT]

 11.1 2020-2022 Multi-lingual Strategy {JR EDITS}.pdf 31

11.2. Advocacy strategy [OPEN ACCESS SUPPORTING DOCUMENT]

 11.2 Cochrane Advocacy Strategy [OPEN ACCESS SUPPORTING DOCUMENT].pdf 47

11.2.1. Update on Partnerships [OPEN ACCESS SUPPORTING DOCUMENT]

 11.2.1 Partnership Update - Q2 2019 Q3 2019 [OPEN ACCESS SUPPORTING DOCUMENT].pdf 62

12. Organizational Policies [OPEN ACCESS SUPPORTING DOCUMENTS]:

 12. Cochrane Organizational Policies 2019 [OPEN ACCESS SUPPORTING DOCUMENT].pdf 74

12.1. Principles of Collaboration: Working Together for Cochrane [OPEN ACCESS SUPPORTING DOCUMENT]

 12.1 Principles of Collaboration [OPEN ACCESS SUPPORTING DOCUMENT].pdf 75

12.2. Complaints Resolution Procedure [OPEN ACCESS SUPPORTING DOCUMENT]

 12.2 Cochrane Complaints Resolution Procedure [OPEN ACCESS SUPPORTING DOCUMENT].pdf 79

12.3. Organizational Accountabilities [OPEN ACCESS SUPPORTING DOCUMENT]

 12.3 Organizational Accountabilities [OPEN ACCESS SUPPORTING DOCUMENT].pdf 89

12.4. Conflict of Interest policies [RESTRICTED ACCESS SUPPORTING DOCUMENT]

12.5. Editorial Charter [RESTRICTED ACCESS SUPPORTING DOCUMENT]

12.6. Spokesperson Policy [VERBAL REPORT]

13. Annual General Meeting preparation

 13. AGM Agenda.pdf

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14. Any Other Business

15. Closed session (Trustees only)

16. Meeting Closed:

Date of Next Meeting: Manchester, UK, 2020 (30 March-3 April 2020)



Governing Board

Code of Conduct for Trustees

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	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

First prepared:	20 February 2018 Governance Sub-Committee and Honorary Treasurer
Last updated:	20 February 2018 Governance Sub-Committee and Honorary Treasurer
Governing Board approved:	22 March 2018 Lisbon Governance Meetings

Governing Board Charter

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 improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

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 approach¹.

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.²

¹ Refer to the Code of Conduct for Trustees

² Refer to the Board Skills Matrix

Value Drivers & Stakeholder Engagement

Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**³. 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 fairly⁴. 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

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

⁴ 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.

Sub Committees

Remuneration Committee

Role	Name	Appointment
Cochrane Co-Chair	Martin Burton (Chair)	September 2019
Cochrane Co-Chair	Catherine Marshall	September 2019
Cochrane Treasurer	Jan Clarkson	September 2017
Board Member	Marguerite Koster	September 2017
<i>Head of Finance</i>	<i>Simon Leicester (acting)</i>	

Finance, Audit and Investment Committee

Role	Name	Appointment
Cochrane Treasurer	Jan Clarkson (Chair)	September 2019
Cochrane Co-Chair	Catherine Marshall	February 2019
Board Member	Nicky Cullum	September 2018
Board Member	Tracey Howe	September 2017
Board Member	Sally Green	February 2019
Board Member	Gladys Faba	September 2018
<i>Head of Finance</i>	<i>Simon Leicester (acting)</i>	
<i>CEO</i>	<i>Mark Wilson</i>	

Governance Committee

Role	Name	Appointment
Cochrane Co-Chair	Martin Burton (Chair)	September 2017
Board Member	Tracey Howe	September 2017
Board Member	Karsten Juhl Jørgensen	February 2019
Board Member	Jordi Pardo Pardo	February 2019
Board Member	Jan Clarkson	February 2019
<i>Senior Adviser to CEO</i>	<i>Lucie Binder</i>	

Nominating Committee

Role	Name	Appointment
Cochrane Co-Chair	Martin Burton (Chair)	September 2017
Cochrane Co-Chair	Catherine Marshall	September 2019
Board Member	Xavier Bonfill	February 2019
Board Member	Sally Green	February 2019
<i>Senior Adviser to CEO</i>	<i>Lucie Binder</i>	

Complaints Resolution Committee

Role	Name	Appointment
Cochrane Co-Chair	Martin Burton (Chair)	September 2018
Board Member	Xavier Bonfill	February 2019
Board Member	Rae Lamb	February 2019
Board Member	Karsten Juhl Jørgensen	February 2019
Board Member	Marguerite Koster	
<i>Senior Adviser to CEO</i>	<i>Lucie Binder</i>	

Governing Board Working Groups

Complaints Resolution Working Group (To be disbanded October 2019)

Role	Name	Appointment
Board Member	Marguerite Koster	September 2018
Board Member	Rae Lamb (Chair)	February 2019
Board Member	Jordi Pardo Pardo	February 2019
Council Member	Sara Yaron	March 2019
<i>Senior Adviser to CEO</i>	<i>Lucie Binder</i>	

Colloquia, Meetings and Events Working Group

Role	Name	Appointment
Treasurer	Jan Clarkson (Chair)	September 2019
Board Member	Jordi Pardo Pardo	September 2019
Board Member	Sally Green	September 2019
Board Member	Gladys Faba	September 2019
Board Member	Catherine Marshall	September 2019
Council Member	Robert Dellavalle	September 2019
Co-opted Member	Tamara Kredo	September 2019
<i>Senior Adviser to CEO</i>	Lucie Binder	
<i>Head of Knowledge Translation</i>	Jo Anthony	
<i>Head of Finance</i>	<i>Simon Leicester (acting)</i>	
<i>Events & Brand Support Officer</i>	<i>Sabrina Khamissa</i>	

Working Group on Financial and Other Delegations (Joint FAI & Governance Committee)

Role	Name	Appointment
Treasurer	Jan Clarkson (Chair)	September 2019
Co-Chair	Catherine Marshall	September 2019
Board Member	Rae Lamb	September 2019
Board Member	Tracey Howe	September 2019

Board Representatives on Partnership Advisory Groups

G-I-N	Catherine Marshall	TBA
	Marguerite Koster	TBA
WHO	TBA	



Governing Board Paper

Agenda number:	2019-SNT-8.1
Agenda item:	2019 Cochrane Group Financial and Resource Monitoring: Initial status update
Submitted for Governing Board meeting:	Santiago de Chile, October 2019
Submitted by:	Lucie Binder, Senior Advisor to the CEO (Governance and Management) Veronica Bonfigli, Governance Officer
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	OPEN
Decision or information:	Information
Resolution for the minutes:	N/A
Executive summary:	This paper lists the non-responding Groups from the 2019 Cochrane Group Financial and Resource Monitoring process. It is for the Governing Board's information only at this time.
Consultation with Cochrane Council:	N/A
Financial request:	N/A

Update

Financial and resource monitoring of Cochrane Groups takes place annually. The information provided by Groups supports an organization-wide data gathering exercise that gives a picture of Cochrane's overall financial health. In particular:

- It enables the Governing Board and Central Executive Team to provide information to the public about who funds Cochrane, the collective monetary cost of the organisation's work and the number of people involved in Group activities.
- It supports the preparation of statistics about Groups in order to benchmark operations and identify best practice.
- It identifies whether Groups are operating sustainably, highlighting any actual or potential resource issues.

Given its important purpose, monitoring is mandatory for all Groups, including Affiliates and Satellites. At its meeting in Geneva in 2017 Cochrane's Governing Board decided that non-responding Groups may be deregistered at the discretion of the Board within six months of the stated deadline each year. The survey deadline for the 2019 Financial and Resource Monitoring year was 20th September. Two general reminders were sent out before the deadline and individual reminders have been sent to Groups from various members of the Central Executive Team.

Survey data is outstanding from 25 Cochrane Groups (including Geographic Centres, Associate Centres and Affiliates) and nine Satellites of Cochrane Review Groups. Returns have been best for Cochrane Review Groups (only two missing reports), Fields (one missing report) and Methods Groups (one missing report); and worst for Geographic Groups (21 reports missing).

[OPEN ACCESS]

The survey is still open for Groups to complete and additional rounds of reminders are scheduled between the first week of October and the Colloquium in Chile. Given the substantial amount of data missing and therefore the extra time we have had to provide to Groups, no initial analysis can be made at this point. We plan to provide the Board with a final report analyzing the data received in Quarter 4, 2019.

Non-Responding Groups (as of 7th October 2019)**Cochrane Review Groups**

Urology Group
HIV/AIDS Group

CRG Satellites

Australian Satellite of the Cochrane Airways Group
Australian Satellite of the Cochrane Neonatal Group
Chinese Satellite of the Schizophrenia Group
Indian Satellite of the Cochrane Schizophrenia Group
Japanese Satellite of the Cochrane Pregnancy and Childbirth Group
Netherlands Satellite of the Cochrane Gynaecology and Fertility Group
Neuro-Oncology Satellite of the Cochrane Gynaecological Cancer Group
Nordic satellite of the Cochrane Musculoskeletal
South Asia Satellite of the Cochrane Public Health Group

Cochrane Geographic Groups:

Cochrane Argentina

- Cochrane Argentina/CREP
- Cochrane Argentina/IECS

Cochrane Australia

Cochrane Brazil

- Amazon Region
- Ceara
- Paraiba

Cochrane Caribbean

Cochrane Chile

- Universidad de Chile
- Universidad de la Frontera
- Universidad de Valparaíso
- Pontificia Universidad Católica de Chile
- Catholic University of Concepcion

Cochrane China

Cochrane Indonesia

Cochrane Iran

Cochrane Ireland

Cochrane Italy

Cochrane Korea

Cochrane Norway

Cochrane Portugal

Cochrane Switzerland

Methods Groups

Priority Setting Methods Group

[OPEN ACCESS]

Fields

Cochrane Primary Care

[\[OPEN ACCESS\]](#)

Governing Board Paper

Agenda number:	2019-SNT-8.2
Agenda item:	Strategy to 2020: 2019 Targets September 2019 Update
Submitted for Governing Board meeting:	Santiago October 2019
Submitted by:	Senior Management Team
Sponsored by:	Mark Wilson
Access:	Open
Decision or information:	Information
Resolution for the minutes:	N/A
Executive summary:	An updated on the progress of delivering the <i>Strategy to 2020</i> Targets for 2019.
Consultation with Cochrane Council:	No
Financial request:	N/A

[OPEN ACCESS]

1. CONTENT STRATEGY IMPLEMENTATION

Achieve the annual objectives and targets of Cochrane's Content Strategy

Target Outcomes	We will 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: • 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 exemplars identified, and work initiated for at least three reviews	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
Estimated start date	January 2019	

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September 2019 Progress Update	Various elements of this Target have been achieved: Four reviews using Clinical Study Reports have been initiated. Discussions on Living Systematic Reviews and language translation/KT products have been initiated. Two Prognosis Reviews have been published; 21 are under development. A survey on Rapid Reviews methods has been developed for Cochrane members. Four reviews are involved in the Risk of Bias 2 pilot. Online learning modules in Network Meta-analysis were launched in February 2019.		
	Overall, though, the plan is to re-name the ‘content strategy’ the ‘methods strategy’, as this is a better representation of what it is. Work to deliver the sub-deliverables will continue within this new framework.		
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	1) April 2019 2) July 2019 3) April 2019 4) June 2019 5) June 2019 6) July 2019 7) December 2019	
Estimated start date	January 2019		

[OPEN ACCESS]

September 2019 Progress Update

The Editorial Charter has been developed and finalized. It is being presented for the Board’s approval in Chile, in October 2019. Full details are available in the separate report.

[OPEN ACCESS]

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	1) March 2019 2) September 2019 3) September 2019

[OPEN ACCESS]

	b) Governance and accountability c) Consultation plan with community and external stakeholders d) Guidance, support and learning needs of the Cochrane community e) Resource requirements: human and financial f) Description of technology challenges for review production and publication	4) September 2019
	3) Full options paper with resource requirements paper to Governing Board 4) Active involvement in consultation process from Review Groups Networks: feedback and support	
Estimated start date	January 2019	
September 2019 Progress Update	A the appraisal report is being presented for the Board's consideration in Chile, October 2019. Full details are available in the separate report.	

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 control¹. 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?

¹ https://en.wikipedia.org/wiki/Open_data

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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.	1) April 2019 2) August 2019 3) October 2019 4) Q4 2019 / Q1 2020 5) April 2020 (Governance meetings)
Estimated start date	March 2019	
September 2019 Progress Update	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. Bidders in the publishing tender process were asked to submit their ideas for moving Cochrane further towards its longer-term goal of immediate Open Access to all Cochrane Reviews. Information acquired during this process is being assessed. A project team will be put together in November 2019 to develop further proposals.	

5. NEW COCHRANE LIBRARY FEATURES**Continue to deliver more features and enhancements in the Cochrane Library**

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.
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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) 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.	1) At least quarterly from January 2019 2) Quarterly from March 2019 3) Quarter 3 2019 4) Quarter 3 2019 5) Quarter 3 2019 6) Quarter 4 2019 7) Ongoing 8) Ongoing
Estimated start date	January 2019	
September 2019 Progress Update	The Cochrane Library roadmap process is in place with the regular release of new features and enhancements since early 2019. Key features to highlight include initial release of update classification system, publication of the number of guidelines the review has informed with links to the guidelines, addition of a related content section for CENTRAL records, improved sign posting of linked content types (Cochrane Clinical Answers, Editorials, Special Collections and Podcasts), introduced collapsible sections within reviews, published Farsi translated content, and Spanish PDFs for relevant reviews. The PICO search beta is on schedule with an October 2019 launch date and promotion during the Santiago Colloquium.	

6. SUPPORTING POLICY-MAKERS**Support health policy makers to use Cochrane evidence and new advocacy initiatives**

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Target Outcomes	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: • 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; • 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.
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: ○ 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. ○ 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.

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	- 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 devise 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	- The successful preparation and holding of a session on: “<i>Supporting the use of evidence in policy-making</i>” 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. - 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. - A Cochrane Advocacy strategy is developed and approved for implementation in 2020 and beyond.	- April 2019 - April - October 2019 (delivered by Chile Colloquium) - December 2019
Estimated start date	January 2019	
September 2019 Progress Update	Following a first successful workshop in Krakow, April 2019, a second workshop, “Supporting policy-makers in the use of synthesized evidence in policy-making” will be held with more than 30 participants on Monday 21st October, Santiago, Chile. The aim of the session will be to strengthen capacity within Cochrane to support policy-makers in their use of synthesized evidence in decision-making. The workshop will focus on three main elements: - building and maintaining relationships with policymakers; - developing dissemination products for policymakers; and, - discussions on how to support work with policy-makers across Cochrane. The session will include both practical exercises and facilitated discussions based on the experiences of those already working with different policy-making communities within Cochrane. In addition, participants will be given tools and technique to develop dissemination products for policy makers with a focus on ‘rapid syntheses.’	

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	An Advocacy Strategy has been developed in wide consultation with members and Cochrane contributors and will be submitted to Cochrane's Governing Board for approval in Santiago, Chile.
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7. SUPPORTING AND TRAINING OUR CONTRIBUTORS**Build capacity in the Cochrane community to produce more complex reviews and undertake knowledge translation activities**

Target Outcomes	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.
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

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Deliverables	Content Strategy and quality improvement 1) 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. 2) 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. 3) Develop communities of practice amongst Cochrane Editors to share learning and develop skills, based on a problem-based learning approach using real case studies. 4) Support the community of Managing Editors (ME) to establish minimum competencies for the ME role, and develop training opportunities to support these competencies Knowledge Translation 5) Develop an online learning experience for Cochrane contributors to learn about knowledge translation in Cochrane 6) Develop materials for Cochrane Groups to provide more training on the use of Cochrane evidence in practice for policy makers, practitioners and patients. 7) Develop a suite of online learning for patients to understand evidence and the role of systematic reviews in health decision-making.	1) Estimated Quarter 2 2020 2) First milestone Quarter 3 2019 3) Quarter 1 2019 4) Quarter 4 2019 5) Completion by Quarter 3 2019 6) Completion by Quarter 4 2019 7) Completion by Quarter 2 2019
Estimated start date	January 2019	
September 2019 Progress Update	A suite of online learning resources has been launched to support Cochrane Groups in the development of their KT strategies. This includes new training materials to support the outputs of Target 6, 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 launches in October 2019 in Santiago, Chile. 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 for Cochrane Review production

Target Outcomes	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. 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. 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.	
Why are we doing this?	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.	
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	1) 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. 2) Implementation plan for new system, developed in collaboration with the community, with clear timelines and budget (if new system). 3) Development plan for Archie is developed, in collaboration with the community, with clear timelines and budget (if continuing with Archie). 4) A plan of Archie's other functionality is developed for whichever option is pursued. 5) Implementation started on the agreed solution. 6) Provide expert stakeholder input to the evaluation process. 7) Assist in the implementation planning of the agreed solution.	1) Krakow - April 2019 2) July 2019 3) July 2019 4) September 2019 5) November 2019 6) February 2019 7) November 2019
Estimated start date	January 2019	

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September 2019 Progress Update	Cochrane engaged Origin Editorial as the consultants and the teams are working together. To date, Origin Editorial have completed the background discovery and stakeholder engagement phases. From these, Origin Editorial prepared a Request for Proposals (RFP) outlining Cochrane's requirements for an EMS, and this has been shared with selected external EMS providers. This gives an opportunity for vendors to propose their solution to Cochrane's requirements and provide indicative costings. Over the coming weeks, Origin Editorial will share reports that summarize the stakeholder requirements, an analysis of Archie and editorial workflows, the result of the RFP process, and their final recommendations. Origin Editorial has expressed interest in continuing working with Cochrane throughout implementation, and will submit a separate proposal about this.
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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. <i>Strategy 2020</i> sets an objective to: <i>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.</i> 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

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Deliverables	Developing our global organization 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. Embracing diverse participation within our organization 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. 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. 4. Collectively assess the Cochrane title proposal process and identify opportunities for improvements to support diversity in our author base. 5. Establish new metrics for the organization to report meaningfully on diversity within the organization Equity in the content and accessibility of our work 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 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. 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 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 <i>Cochrane 30 under 30</i> initiative. 11. Propose KPIs that Cochrane Groups can adopt to increase the number of young people progressing in their Cochrane career.	1. Quarter 2 2019 2. Quarter 4 2019 3. Quarter 3 2019 4. Quarter 3 2019 5. Quarter 2 2019 6. Quarter 3 2019 7. To be confirmed 8. To be confirmed 9. Quarter 4 2019 10. Quarter 1 2019 11. Quarter 4 2019
Estimated start date	January 2019	
September 2019 Progress Update	A Cochrane US Network has been launched in June. The Network involves 11 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. The official launch of the Cochrane China Network is planned for February 2020. Further: • Deliverable 3: Pilot project has been ongoing, with a workshop at the 2019 Colloquium to present findings and discuss approaches.	

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	• Deliverable 6: we have made good progress with the Equity learning module, but this will be delivered in Q1 2020, so slightly later than hoped. • Deliverable 10: An Early Career network is developing well under community leadership. It will have a presence at the Colloquium in 2019, and various interest groups are forming within the network.
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Governing Board Paper

Agenda number:	2019-SNT-11.1
Agenda item:	Multi-lingual Strategy
Submitted for Governing Board meeting:	October 2019, Santiago, Chile
Submitted by:	Jo Anthony, Head of Knowledge Translation Juliane Ried, Translations Co-ordinator
Sponsored by:	Mark Wilson, Chief Executive Officer
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	Cochrane's Governing Board approves the Multi-language Strategy 2020-2022, including the additional investment for upscaled multi-language and Knowledge Translation (KT) implementation, and mandates the Central Executive Team (CET) to develop a wider implementation plan to integrate multilingualism and multiculturalism as part of a new organizational strategy post 2020.
Executive summary:	Cochrane's 2014 translation strategy has led to enormous success in making our evidence more accessible with more than 28,000 published Review summary translations, multi-language cochrane.org and <i>Cochrane Library</i> platforms, an increase from about 1.5 million translation views in total in 2013 to about 27 million in the first half of 2019 alone, and an increase from 25% to 80% in access to translated content compared to English content on cochrane.org. Building on this success and aligned with continued implementation of Cochrane's Knowledge Translation (KT) Framework, we wish to improve and embed multi-language activities across all Groups, increasing the number of Review translations, their accessibility and usage, supported by increased investment for activities as described in Section 4; and to commit to our strategic objective of being global and diverse, becoming a truly international organization as set out in Section 5 and 6, which will provide the mandate for future development and associated resource planning across all our work that takes into account multi-language needs and perspectives. The proposed strategy will make a significant contribution to achieving our vision by enabling people across many languages and cultures to use our evidence to make better health decisions; and, it will support our principles of relevance, inclusivity, diversity and sustainability.
Consultation with Cochrane Council:	The Geographic Group representatives received a draft version for input.
Financial request:	Current annual investment: £370,000 £100,000 to Cochrane Groups for Review summary translations across 10 languages. Funding varies across languages, and minimum deliverables are between 60-120 Review summary translations per year. Five additional languages translating Review summaries don't receive funding.

	• £180,000 for Cochrane Iberoamerica, previously agreed share of the Spanish Ministry of Health (MoH) Cochrane Library licence for delivery of the Biblioteca Cochrane, the Spanish <i>Cochrane Library</i> version, and Spanish KT, to be re-negotiated for 2021. The Spanish MoH licence was agreed on the condition that we deliver the Biblioteca Cochrane, so is directly linked to funding the associated activities. • £55,000 Translations Co-ordinator • £35,000 Memsources translation management system Proposed new annual budget 2020-2022: £560,000 • £350,000 (in total) to Cochrane Groups in three countries for the translation of all Review summaries in three priority languages and implementation of a comprehensive KT plan for three linguistic regions: ○ Chinese: 3 staff members (Full-Time Equivalents, FTE) for the Cochrane China Network. ○ French: 3 FTE staff members for Cochrane France. ○ Spanish: Arrangements for Cochrane Iberoamerica to be re-negotiated for 2021, depending on activity changes and the levels of MoH licence funding. • £90,000 to Cochrane Groups for languages translating at least 200 Review summaries per language year (most translating many more than that), and implementing key KT activities to facilitate uptake of Cochrane evidence and engagement of users in additional languages (£7,500 x 12 languages – see Section 3.2 below and Appendix 1); ○ A flat fee of £7,500 per language will resolve current inconsistencies, and particularly aid groups in lower- and middle-income countries. £7,500 will not be enough to pay for activities as per criteria in higher income countries and concerned groups that are not funded as a priority language will need to complement this flat fee with their own resources. • £30,000 for training requirements, machine translation subscriptions and pilot projects. • £55,000 Translations Co-ordinator • £35,000 Memsources translation management system This constitutes an annual increase of £190,000 in multi-language KT investment.
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1. Background

Cochrane is committed to our evidence informing healthcare globally. This includes making our evidence accessible in different languages as per *Strategy to 2020* Goal 2, but also being globally relevant for anyone using, Cochrane evidence from diverse backgrounds.

Responding to the language challenge, we adopted a [Translation Strategy in 2014](#) to support translation activities and integrate them into the organization. Since then:

- we have published more than **28,000 translations of Review Abstracts and Plain Language Summaries (PLS) across 15 languages** on the *Cochrane Library* and Cochrane.org;
- we have fully integrated Biblioteca Cochrane, the Spanish language Cochrane Library, into the newly launched *Cochrane Library* platform, that now has the capacity to become a multi-language platform;
- as a result of the translations published on the now multi-language Cochrane.org, in 2019, **about 80% of our Cochrane.org users are non-native English speakers** and access translations in

different languages, compared to about 25% in 2013; and we have already had almost 27 million translation views in the first half of 2019, compared to 1.5 million in total in 2013;

- more than **1,400 volunteer translators** have joined Cochrane;
- Cochrane Groups have conducted research on best practice and approaches to translation, and we have participated in international research consortia working on machine translation and volunteer engagement.

Cochrane's translation work has made the greatest single contribution in Cochrane evidence being accessed and used by millions more people than any other dissemination or Knowledge Translation (KT) initiative during the implementation of *Strategy 2020*. These achievements have also been accomplished on relatively small financial investments by Cochrane. These current investments include:

- £100,000 for Review summary translations across 10 languages. Funding varies across languages, and minimum deliverables are between 60-120 Review summary translations per year. Five additional languages translating Review summaries don't receive funding.
- £180,000 for Cochrane Iberoamerica, taken from the Spanish Ministry of Health Cochrane Library licence for delivery of the Biblioteca Cochrane. The Spanish MoH licence was agreed on the condition that we deliver the Biblioteca Cochrane, so is directly linked to funding the associated activities.
- £35,000 for Memsources translation management system.
- £55,000 for a Translations Co-ordinator position within the Knowledge Translation Department.
- Resources across Central Executive Team (CET) departments for technology infrastructure, cochrane.org and *Cochrane Library* development, membership support, contracts, etc.

These financial investments represent some of the most outstanding value for money initiatives made by Cochrane over the last six years. Here are a few specific examples of return on investment between 2017-2019:

Language	Investment*	Total completed translations	Cochrane.org visits Jan-Jun 2016	Cochrane.org visits Jan-Jun 2019
Malay	10,000 GBP	2,100 PLS	20,545	1,051,690 (5,000% increase)
Portuguese	22,000 GBP	890 Abstracts and PLS	71,066	4,599,499 (6,400% increase)

*Central financial investment for the local team, excluding central support and infrastructure and local volunteer resources.

In this new multi-language strategy, we are building on these experiences and achievements as well as organizational and technological developments to address unresolved challenges. We propose to expand our multi-language activities and embed them into wider KT implementation to enable targeted uptake of Cochrane evidence in different languages; and to agree a strategic direction for Cochrane as an international and multi-language organization.

2. Challenges

This document has been developed in consultation with more than 30 Cochrane Geographic Groups as well as other stakeholders through an online survey, a face-to-face workshop and extensive feedback on a draft version.

The consultation identified several priorities that fall outside Review translation and knowledge translation, such as training and capacity building, engagement of diverse people, editorial processes,

project and product development, technology, and organizational and business development. This outcome reflects the importance and cross-cutting nature of multi-language activities; everything we do impacts on multi-language activities and vice versa. Hence, to be most effective, Review translation and multi-language KT implementation needs to be supported by considering and embedding these activities across other work areas in Cochrane.

Our experience and data show that there is clear need and strong engagement for multi-language activities to enable the use of our evidence to inform global health decision-making. Only about 6% of the world's population are native English speakers, while 75% of people don't speak English at all. With the vast majority of visitors to cochrane.org (80%) accessing our evidence in languages other than English, we have proven that we can produce a high volume of Review summary translations and that this greatly expands the user base and the impact of our work. We have invested in central support and technology infrastructure to support review translation in different languages, but less in strategic financial support of specific languages or in enabling targeted uptake of evidence in different languages. We have an opportunity to build on our achievements to fully align our Review translation work with our KT implementation, to identify how we can make the most of multi-language activities and perspectives across the organization to increase our impact, relevance and sustainability, and to allow us to scale up future implementation following successful proof of concept to become a truly international and multi-language organization.

3. Goals and Aims

Cochrane's multi-language strategy proposes a set of over-arching goals aligned with and responding to the four organizational Goals of *Strategy 2020*:

- **Goal 1:** We meet our vision of a world of improved health where relevant, trustworthy evidence is produced in an efficient and timely manner that supports the translation and dissemination in multiple languages.
- **Goal 2:** Cochrane reviews are accessible, understandable and used to inform healthcare decisions in different contexts by translating our evidence into the right formats and languages for different audiences and enabling our community and users to increase the uptake in practice.
- **Goal 3:** We advocate for evidence in different contexts and languages around the world and for the added value that different linguistic and cultural backgrounds bring to scientific thinking, understanding and application. We lead by example and become a champion advocating for linguistic and cultural representation in health science.
- **Goal 4:** We embrace multilingualism and multiculturalism in our organizational development as an opportunity and enabler for accessibility, inclusion, global relevance, diversification of our income sources and sustainability of our organization.

Aims of the new strategy

- We expand and optimize multi-language activities, build capacity and improve sustainability to increase the availability of Cochrane evidence in different languages;
- We integrate multi-language activities with KT implementation to enable the uptake of Cochrane evidence in different languages;
- We review and expand our commitment to become a truly international, multi-language organization and identify opportunities to implement multilingualism and multiculturalism across the organization more broadly (while acknowledging the need to balance these initiatives with other priorities and to consider capacity, resource and support needs and the return on investment).

4. Proposals for 2020-2022 implementation of multi-language Review translation and knowledge translation activities

Responding to *Strategy 2020* Goal 2, we propose to build on the 2014 Translation Strategy achievements and expand and optimize our multi-language translation activities as part of embedding Knowledge Translation implementation within Cochrane.

Expand and optimize multi-language translation of our evidence and increase its uptake through knowledge translation (KT) implementation

Why is this important?

Cochrane Geographic Groups play a key role in achieving our vision, particularly in regions where Cochrane is not well established, and our evidence is not well known. They are usually embedded in academic and research settings and tend to have easier access to funding for research than for KT and Review translation activities. In that context, investment of central funds into KT and Review translation, capacity building and engagement led by our Geographic Groups is critical.

Geographic Groups usually work with volunteer translators; but most of our translation work, including the management of volunteers, is done by about 30 people across the organization – mostly people employed where Cochrane work is part of their duties, or committed volunteers designated as translation project managers. Therefore, funding people to work on and manage translations, training and supporting them is effective and essential for high quality, high volume and continuous translation activities.

Externally facing activities such as KT, communications, advocacy, partnerships, fundraising, capacity building, training and engagement of users and contributors are usually most effectively done in their local language. The proposed priority language approach is laying the basis to develop linguistic networks where such activities can be coordinated, and resources shared in a common native language including lower-middle-income countries. The Iberoamerican Network is already such a linguistic network for Spanish, and others would benefit from its experience.

1. Invest in three priority languages

Selection of priority languages:

- Determine three priority languages: **Chinese, French and Spanish**, based on agreed criteria and rationale, see Appendix 1. We would consider additional languages post 2022.

Investment in priority languages:

- Fund three Full Time Equivalent (FTE) posts at Geographic Groups of each priority language from central funds to focus on Review summary translation and the delivery of a KT plan for their linguistic region supporting the dissemination and uptake of Cochrane evidence.

Outcomes for all priority languages:

- Translate all new and updated Abstracts and Plain Language Summaries (PLS) and aim to have all Review summaries translated and updated by the end of 2022.
- Optimize existing translation workflows, increase quality and efficiency and reduce costs by integrating appropriate machine translation services into the workflow, testing and implementing approaches to improve quality and training translators and editors.
- Develop and implement a KT plan for each linguistic region, assess the needs and capacity across the region, and determine priority audiences and related activities for the strategic dissemination and uptake of Cochrane evidence.
- Engage in key organizational projects and programmes to advise on multi-language needs.
- Translate key organizational materials of political and strategic value such as the new organizational strategy post 2020.

Additional outcomes for Chinese (led by the Cochrane China Network):

- Support user testing and development of improved functionality and translation processes for the Cochrane Library to improve access for Chinese speakers and investigate and facilitate the potential addition of a Chinese portal;
- Identify an appropriate machine translation service to speed up the Review summary translation process;
- Harness the expertise and channels of Cochrane China Network Affiliates and Centre to increase the capacity to produce and disseminate Review summary translations and related products;
- Build on existing expertise within the China Network to identify key audiences and develop and coordinate appropriate KT activities to reach and train those audiences for the uptake of Cochrane evidence. Existing activities include:
 - Production and dissemination of Review translations and related products, including through social media;
 - Training about EBM for health professionals and students in different specialties;
 - Development of video formats to apply evidence in clinical nursing;
 - Guideline development in Traditional Chinese Medicine;
 - Training on producing systematic reviews, scientific manuscript writing, Cochrane methods, GRADE and implementation science for health researchers and professionals.

Additional outcomes for French (led by Cochrane France)

- Support user testing and development of improved functionality and translation processes for the Cochrane Library to improve access for French speakers and investigate and facilitate the potential addition of a French portal;
- Re-establish the Cochrane Francophone network with existing groups in Switzerland and Francophone Canada, identify and build relationships with key stakeholders and institutions as potential future Cochrane Groups in lower-middle- and upper-income countries across Francophone Africa;
- Develop KT activities by mobilizing collective intelligence and developing citizen science projects within the Francophone Network;
- Scale up and expand ongoing KT activities to the Network where applicable, including:
 - Topic-based personalized email alerts for new Review translations and newsletters about new Review translations for specific audiences;
 - Translation of special collections for specific partners/audiences;
 - French Wikipedia project;
 - EbM training for health professionals, journalists and policy-makers, and integration of training into university curricula;
 - Collaboration with translation university courses;
 - Social media.

Additional outcomes for Spanish (led by Cochrane Iberoamerica):

- Maintain the Biblioteca Cochrane, the Spanish Cochrane Library version;
- Support user testing and development of improved functionality and translation processes for the Biblioteca Cochrane to evaluate usability and success of proof of concept, and to inform and facilitate the potential addition of Chinese and French portals;
- Update the outdated Spanish Review summary translations accumulated over the past years;
- Test and implement the use of machine translation as part of the Review translation workflow to increase efficiency and reduce the cost for professional translators;
- Build on existing expertise and activities within the Iberoamerican Network to identify key audiences and develop and coordinate appropriate KT activities across its lower-middle- and upper-income countries to reach and train those audiences for the uptake of Cochrane evidence across;
- Build and support the Cochrane's Spanish *Students 4 Best Evidence* initiative across Latin America.

2. Invest in additional languages that regularly translate Abstracts or PLS and implement KT activities

- Invest initially in Cochrane Groups across 12 additional languages: Croatian, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Tamil, Thai and Traditional Chinese, based on agreed criteria and rationale (see Appendix 1).
- Languages need to show evidence of commitment either via ongoing activities already exceeding the requirements; or, by providing an implementation plan for increased engagement responding to the agreed criteria.
- Languages not able to meet the agreed criteria will be supported to develop other KT activities facilitating the uptake of Cochrane evidence adequate for their capacity and context.
- Work with Cochrane Groups to identify prospective new translation teams and cover additional high priority languages, including Arabic, from 2021.

Outcomes for all 12 languages:

- Translate at least 200 Abstracts or PLS per year prioritized to local needs, and cochrane.org on a regular basis; Abstracts or PLS are selected for translation based on local priorities, including prevalence and burden of diseases, other topics relevant to priority audiences, partner and funder priorities, and timeliness of the evidence.
- Develop a KT plan and implement at least one KT activity to facilitate dissemination of translations and engagement of users and contributors in different languages. Based on an assessment of local needs, capacity and priority audiences, this may include one or more of the following:
 - Translation of [Evidence Essentials](#) or MECIR;
 - A local language Wikipedia project;
 - A social media strategy;
 - Production of KT dissemination products in accordance with Cochrane's new Dissemination Checklist and Guidance;
 - Training and capacity building for specific audiences;
 - Other projects proposed by the group.

3. Support multi-language KT activities in diverse linguistic and cultural contexts

- Provide hands-on support to Geographic Groups to develop and implement a KT plan and activities adapted to their context and resources, with clear target audiences, appropriate approaches, and evaluation.

- Ensure different linguistic and cultural perspectives and needs are considered in all KT training resources and initiatives, including online resources and training module, webinars, face-to-face training, and a mentorship programme.
- Determine the target audience of centrally created KT products and apply Cochrane's Dissemination Checklist and Guidance to adapt and develop them where appropriate, taking into account diverse backgrounds and translatability.
- Train the Cochrane Groups across different linguistic and cultural backgrounds to apply Cochrane's new Dissemination Checklist and Guidance to create adequate high-quality KT products in their language and adapted to their context.
- Foster collaboration and exchange between Cochrane Groups within regions sharing the same language (including English) via joint KT planning and exchange.

4. Improve training, support and experience for Review translation teams

- Improve training and support for Review translation project managers as the critical drivers of Review translation activities and facilitate exchange between them.
- Improve and adapt criteria, training and support for volunteer Review translators to enable a positive volunteer experience, keep them motivated and ensure their contribution is effective, and build the community of volunteer translators.

5. Improve systems and processes for Review translation

- Develop functionality for translation teams to easily identify and prioritise Reviews for translations based on different criteria, so they can be more strategic, systematic and efficient about what they work on.
- Test Cochrane adapted machine translation engines, and support translation teams to identify the best performing machine translation engines available for their language to speed up their workflows, reduce human resource needs and maintain quality.
- Work with Memsources translation management software to ensure functionality to manage work and translators is helping our teams to be more efficient.

5. Future strategic direction: Cochrane as an international, multi-language organization

The desire to embed multi-language activities, serve global audiences, and include diverse perspectives and people appropriately across all aspects of Cochrane's outputs and organizational work both supports and competes with other priorities across the organization. In investigating the best approaches for Cochrane to become a truly international and multi-language organization, we need to acknowledge that we have to strike a balance between the desired outcome, the capacity and resources of our community, desired timelines and cost.

The following section describes the proposed key result areas mapped across each of *Strategy 2020's* four Goals; and aims to capture dependencies and highlight challenges in the design and implementation of a multi-language and multi-cultural approach. The approval of the strategic direction outlined in this section will provide the mandate for the Cochrane Community and Central Executive to plan work and associated resources such that they take into account multi-language and multi-cultural needs and perspectives, but **these activities are not funded by the budget request in this document**. The financial and capacity building investment in Geographic Groups outlined in Section 3, will help ensure we have local knowledge, skills and resources to support the wider organizational endeavour.

Goal 1: Producing Evidence

We need to ensure that Cochrane evidence is produced in a way that facilitates the translation, uptake and usability in different languages and for different audiences. The systems and infrastructure to produce our evidence need to support our multi-language and KT activities through standardization and automation to ensure we are efficient, sustainable and avoid duplication.

Key result areas:

- Ensure our Reviews are relevant for people from diverse backgrounds and take into account translation and KT dependencies, while being mindful of the limited capacity and competing priorities of Review Groups, and the need to plan accordingly for additional resources, capacity building, training and support.
- Implement consistent high-quality plain language summaries and improved readability to facilitate translation and KT without creating additional burden for Review Groups.
- Support Review Groups to enable them to involve people from diverse linguistic and cultural backgrounds into Review production without increasing the pressure on them.
- Accommodate translations and KT products appropriately in our core systems and technology infrastructure to produce, store and publish evidence to facilitate automated publication, updating, and re-use for dissemination and translation, while avoiding duplication of effort. Take into account the increased effort this requires, the risk that it will slow things down, and the need to manage expectations across the organization.

Dependencies and considerations:

- Implementation of Cochrane's Content Strategy
- The development of a new Cochrane Review format
- Plain language summary and KT implementation projects in 2020
- Identification and establishment of a new editorial management system
- New Methods & Author support structures provided in different languages by Geographic Groups (e.g., the Spanish-language pilot and potential Cochrane China Network Methods support group)
- New Consumer Strategy

Goal 2: Making our evidence accessible

In addition to ensuring increased availability and uptake of our evidence across different languages as detailed in Section 3, our platforms will need to be intuitive for users and facilitate access to the formats and KT products in different languages that users of our evidence are looking for.

Key result areas:

- Expand and optimize our translation and multi-language activities; and increase their uptake by embedding them into KT implementation, as detailed in Section 3.
- Comprehensively assess and evaluate the usability of the Biblioteca Cochrane for its intended audiences, its impact and resource needs, to identify improvements and investigate feasibility to add additional language portals, or other solutions to improve accessibility for multi-language audiences.
- Accommodate translations, KT products and needs and user journeys from people with diverse backgrounds appropriately in the Cochrane Library and Cochrane.org, so that they become intuitive multi-language platforms featuring KT products along with Reviews and facilitating access in different languages taking into account the variety of available translations and KT products. Assess the required resources against expected benefit and be mindful that the desire to have a product that is relevant for everyone mustn't result in a product that doesn't really work for anyone.

Dependencies and considerations:

- Cochrane Library roadmap
- The development of a new Cochrane Review format
- Plain language summary and KT implementation projects in 2020
- Implementation of Cochrane's new Dissemination Checklist and Guidance
- New Consumer Strategy

Goal 3: Advocating for evidence

Our multi-language strategy aims to align with Cochrane's new Advocacy Strategy and future activities and enhances the impact of our KT work.

Key result areas:

- Support local Cochrane Groups to help advocate for evidence in different contexts and languages.
- Ensure our brand and communications are relevant across our diverse community and engage the community to maximize reach and impact, while being sensitive to local contexts, limited capacity, and competing priorities, and the need for training, resources and support.

Dependencies and considerations:

- Cochrane's new Advocacy Strategy and implementation activities 2020 and beyond.

Goal 4: Building an effective and sustainable organization

As Cochrane develops a new organizational strategy in 2020, we will consider multi-language needs and cultural perspectives across the organization, supporting our community and organizational processes. We will embrace the potential of multi-language activities and diverse perspectives as an opportunity for global relevance, learning and added value.

An essential way to become a more international, multi-language organization is to increase the involvement of non-native English speakers and their perspectives in the production and dissemination of Cochrane evidence, and the organization in general. The role of non-native English-speaking people and Geographic Groups in Cochrane should not only be translation – they have the same range of interests and skills as everyone else and we should harness that potential and facilitate this involvement to develop and sustain our organization.

As we move towards open access, there may be opportunities to obtain funding and identify new income streams in different countries and languages to support future sustainability.

Key result areas:

- Consider multi-language needs and different cultural perspectives and experiences systematically in our organizational projects and programmes.
- Ensure core learning resources and user journeys are applicable to diverse cultural and linguistic contexts and translate them depending on local priorities, while considering required additional resources, the risk that projects may be slowed down, and the need to manage expectations across the organization.
- Identify new ways for diverse people to be involved in Cochrane, better support them and facilitate their involvement, including in Review production and KT activities, to increase the engagement of

people with diverse linguistic and cultural backgrounds in the organization, while ensuring the community is supported and adequately resourced.

- Develop internal and external communication plans and offer intercultural training to raise awareness about linguistic and cultural diversity and opportunities in Cochrane.
- Identify and assess opportunities for business development to support new income streams, such as sales of Cochrane Interactive Learning or sales of Cochrane trained machine translation engines in different languages.
- Support the development of strategic and research partnerships and fundraising for multi-language and KT activities in different contexts, assessing the required effort against expected benefit and return on investment.

Dependencies and considerations:

- Cochrane's new publishing partner
- Open Access
- Organizational strategy post 2020
- New Consumer Strategy

6. Role of Cochrane Groups

Group type	Activities and responsibilities
Geographic Groups	• Optimize translation workflows including through technology, approaches to improve quality, training and improved volunteer engagement, and translate Abstracts, PLS, Cochrane.org, and the Cochrane Library where applicable. • Develop and implement KT plans and activities for their region to facilitate dissemination and uptake of Cochrane evidence by diverse audiences and engage contributors from diverse linguistic and cultural backgrounds. • Translate or develop training applicable to local context and priorities and share materials. • Engage in key organizational projects and programmes to advise on needs of people with diverse linguistic and cultural backgrounds. • Help raise awareness about linguistic and cultural diversity and opportunities in Cochrane. • Foster collaboration and exchange between Cochrane Groups within regions sharing the same language (including English) via joint KT planning and activities.
Review Groups	• Advise on support needed and effective strategies to help ensure Cochrane Reviews take into account KT and translation and facilitate the inclusion of diverse perspectives and contexts where appropriate. • Advise on and engage in programmes providing methods and linguistic support to non-native English-speaking Review authors, provided by units based in Geographic Groups and designed to support authors and Review Groups working with them to produce consistent high-quality Reviews. • Foster collaboration and exchange between Cochrane Groups within regions sharing the same language (including English) via joint KT planning and activities.

Fields and Cochrane Consumer Network	• Develop and implement KT plans and activities for their speciality to facilitate dissemination and uptake of Cochrane evidence by diverse audiences in different languages. • Translate or develop training applicable to local context and priorities and share materials. • Engage in key organizational projects and programmes to advise on needs of people with diverse linguistic and cultural backgrounds, including the development and improvement of KT products and Plain Language Summaries, and capacity building for different audiences. • Help raise awareness about linguistic and cultural diversity and opportunities in Cochrane. • Foster collaboration and exchange between Cochrane Groups within regions sharing the same language (including English) via joint KT planning and activities.
Methods groups	• Advise on support needed and effective strategies to help ensure Cochrane Reviews take into account KT and translation and facilitate the inclusion of diverse perspectives and contexts where appropriate.

7. Risks

Risk	Preventive measure
Geographic Group KT activities depend on central funding.	Fundraising is expanded to KT and multi-language activities and business development identifies income sources in different languages and countries.
Integration of diverse needs and perspectives slows down implementation, and the community and Central Executive don't have enough time and resources to implement the multi-language strategy.	Clear needs assessments, agreed deliverables, project and resource planning and monitoring and evaluation take into account multi-language needs systematically, and desired outcomes are balanced with desired timelines, benefits and cost.
Community or Central Executive staff remain unaware or don't engage with the principles of the multi-language strategy.	An internal communications plan creates awareness about and accompanies the multi-language strategy implementation.
Community and Central Executive don't have the skills or knowledge to deliver against the multi-language strategy.	Assess training needs and ensure people receive the necessary training.

8. What does success look like?

Multi-language Review translation and knowledge translation activities by 2022

- All Cochrane Abstracts and PLS are available in at least Chinese, French and Spanish. At least 200 Abstracts or PLS are translated per year in 12 additional languages responding to local priorities;
- Translation workflows are more effective through improved technology, applied quality assurance approaches, and translation project managers and volunteers are better trained and supported;
- KT and multi-language activities are implemented and supported in Geographic Groups via a dispersed leadership approach. Every Geographic Group has a KT plan for its country or region

integrated with their strategic plan to enable the dissemination and uptake of Cochrane evidence by key audiences, and the French and Spanish KT plans extent to the lower-middle-and upper-income countries of their linguistic regions. In addition, more, higher quality KT integrated work is completed in different languages adapted to local contexts and measured against KT monitoring and evaluation frameworks to assess proof of concept.

Future strategic direction: Cochrane as an international, multi-language organization

- Cochrane Reviews increasingly take into account KT and language translation and facilitate the inclusion of diverse perspectives and contexts where appropriate;
- Cochrane Plain Language Summaries have consistent quality and facilitate readability and translatability of Cochrane evidence;
- Our production processes include KT products, facilitate automatic publication, updating, dissemination and translation;
- The Cochrane Library and Cochrane.org are developed to accommodate multi-language user journeys of different KT audiences most effectively; and, they are intuitive for users in different languages, and facilitate access to the formats, translations and KT products that different audiences are looking for;
- KT products are produced in different languages, target specific audiences, follow Cochrane's new Dissemination Checklist and Guidance to ensure adequacy and quality, and facilitate translation into different languages;
- Core learning resources and user journeys are applicable for people from diverse backgrounds, easily accessible and translated depending on local and organizational priorities;
- The Cochrane community and Review author teams become more diverse, and people with diverse backgrounds are better integrated and supported;
- Cochrane staff are trained to understand why and how to evaluate multi-language and cultural dependencies as part of developing wider KT strategies.

9. Conclusions

Our multi-language activities to date have achieved outstanding results, particularly in making Cochrane evidence available in different languages on our platforms. The proposed activities and investment for 2020-22 build on the achievements and lessons learned to date and engages the entire community to pave the way for Cochrane to become a multi-language organization leading the way in linguistic and cultural representation in health science.

If this Strategy is approved, the next steps will be to agree a fully-developed implementation plan including monitoring and evaluation with the community stakeholders; to develop contextualized KT plans with Geographic Groups; and to identify and prioritize opportunities for integrating multilingualism and multiculturalism as part of a new organizational strategy post 2020.

10. Recommendation

We recommend that Cochrane's Governing Board approves the Multi-language Strategy to expand Cochrane's multi-language capacities and outputs, and thereby significantly increasing the accessibility, use and impact of Cochrane evidence in the future.

Appendix 1 – Criteria and rationale for selection of priority languages and languages regularly translating Review summaries

Criteria for priority languages

1. Substantial coverage (most widely spoken languages in the world)
2. Clear need for and feasibility of translations
3. Existing Cochrane geographic group willing to lead activities; or alternatively, new geographic group to be set up with mandate to translate in important region to “open the door” (example: Arabic)
4. Supportive local climate (example: existing local partners, political support)
5. Aligns with wider Cochrane strategic directions (example: effort to build other activities/presence in a specific region)
6. Optional: Under-served language for independent health content and prospect for regional impact
7. Optional: Revenue prospect*
8. Commit to translating all new and updated Review abstracts and PLS and to implementing a KT plan for their linguistic region

*Revenue prospect should be a consideration for priority languages, as it could help fund the investment into priority languages, but would disadvantage LMIC countries, so shouldn't be a required criterion.

Rational for selection of Chinese, French and Spanish

- Chinese, French and Spanish are among the top 6 most widely spoken languages in the world aside from English, Arabic, and Hindi-Urdu (Hindi and Urdu are almost the same but use a different script).¹
- We have seen the huge demand for French and Spanish content drive access to cochrane.org over the past 5 years; and Chinese speakers are the biggest group of people in the world, which we are not serving and reaching well currently.
- We have very well-established Cochrane Groups leading the French and Spanish activities and local and regional partnerships and funders supporting these. We have an established Chinese translation team and a clear pathway to a new Chinese Cochrane Network. All three teams are committed to deliver the expected translation volume and quality and a KT plan for their language. The same is not the case for Arabic or Hindi-Urdu.
- Among the three languages, especially Chinese is under-served for independent health content and has big prospect for new regional impact.
- The local investment for Spanish is entirely funded through the Spanish Ministry of Health Cochrane Library license. We expect additional income from sales of the Spanish Cochrane Interactive Learning modules. We can explore similar income streams for Chinese and French, and additional business opportunities, for example sales of Cochrane trained machine translation engines.

¹ See <https://blog.esl-languages.com/blog/learn-languages/most-spoken-languages-world/>

Criteria for languages regularly translating Reviews and core materials

1. Existing Cochrane geographic group willing to lead activities
2. Clear need for and feasibility of translations
3. Cochrane geographic group commit 0.5 FTE of their resources to work on translations and KT
4. Minimum number of speakers (at least around 20 million speakers)
5. Commit to translating 200 Review abstracts or PLS (including updating existing translations) per year and cochrane.org on a regular basis
6. Commit to develop and implement KT plan or project to facilitate dissemination of translations or engagement of contributors and users in their language

Rationale for languages regularly translating Reviews and core materials

- We have active translation projects in Croatian, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Tamil, Thai and Traditional Chinese. These are all led by existing Cochrane groups, except for Tamil which is run by the former Cochrane South Asia team. We already have the technical infrastructure in place to support these languages, and all of them have already produced translations for more than 2 years at the minimum.
- We have seen significant increase in access to translations in all these languages on cochrane.org in the past years.
- Japanese, Malay, Portuguese and Russian are among the top 10 most widely spoken languages in the world. Croatian, German, Korean, Persian, Polish, Tamil, Thai and Traditional Chinese feature in the top 40 languages and have at least around 40 million speakers (reliable, up-to-date figures on number of speakers are scarce and vary depending on how languages are distinguished and whether or how second language speakers are counted).
- Croatian, German, Japanese, Korean, Malay, Persian, Polish and Russian already exceed the minimum criteria set out for annual translation deliverables; some already conduct extensive KT activities and are ready to develop and implement a KT plan for their country or region. We will work with the Tamil, Portuguese, Thai and Traditional Chinese teams to confirm their capacity, ability and support needs to continue their Review translation programmes; and with all teams to support the development, implementation and evaluation of a contextualized KT plan.

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Governing Board Paper

Agenda number:	2019-SNT-11.2
Agenda item:	Cochrane Advocacy Strategy
Submitted for Governing Board meeting:	Santiago Colloquium, 2019
Submitted by:	Emma Thompson and Sylvia de Haan
Sponsored by:	Mark Wilson
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Governing Board endorses the proposed Cochrane Advocacy Strategy; agrees to the preparation of a workplan for 2020; and approves an annual budget of £40,000 for 2020 and 2021 to support implementation.
Executive summary:	Advocacy is a key part of Cochrane's <i>Strategy to 2020</i>. An Advocacy Plan was shared with the Governing Board in 2018, in which a key objective was the development of a full Advocacy Strategy in 2019. This Advocacy Strategy adopts the advocacy objectives set out in <i>Strategy to 2020</i>, aims to align with and enhance Knowledge Translation Framework activities, supports Cochrane's Content Strategy and builds on previous advocacy work that has taken place, both centrally and by the Community. It proposes two initial strategic priorities in 2020-2021: • Advocacy for the use of high-quality evidence synthesis in health decision making; and • Advocacy for transparency and integrity in research. This Strategy outlines activities and expected outcomes for each strategic priority.
Consultation with Cochrane Council:	N/A
Financial request:	N/A

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1 Background

Goal 3 of Cochrane's [Strategy to 2020](#) – Advocating for evidence – aims 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’.

Several of the objectives described in *Strategy 2020* under Goal 3 were addressed during its first years of implementation. ([See Annex 1 for more details of this work](#)). However, as of 2018, the planned outcomes within the ‘Global advocate’ objective had not yet been fully addressed.

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An Advocacy Plan was therefore produced, aiming to develop Cochrane's advocacy function in 2019: by focusing on identifying opportunities and implementing work with Cochrane Community members; then learning from this work and refining our approaches and principles for advocacy as part of a new Cochrane Advocacy Strategy.

The Advocacy Strategy will be operationalized from 2020 onwards. While this is the last year of *Strategy to 2020*, it is expected that Cochrane's next organizational strategy will also include a strong advocacy component. This Strategy aims to enact the vision for advocacy presented in *Strategy to 2020*, while being flexible enough to accommodate and support the Cochrane strategy that will follow it.

Advocacy Advisory Group

A Cochrane Advocacy Advisory Group was established in 2019 via an open recruitment call to the Cochrane Community. The purpose of the Advocacy Advisory Group is to advise on the strategic direction of Cochrane's advocacy activities, including the development of this Strategy. ([See Annex 2 for Terms of Reference](#)).

Knowledge Translation in Cochrane

Cochrane defines Knowledge Translation (KT) as: 'The process of supporting the use of health evidence from our high quality, trusted Cochrane Reviews by those who need it to make health decisions'. In 2017, Cochrane approved a [KT Framework](#) which elaborates on *Strategy to 2020*'s fundamental commitment to the dissemination, use and impact of Cochrane evidence and aims to put KT at the heart of the organization.

The KT Framework also identifies the major audiences Cochrane should be serving with evidence (consumers and the public; practitioners; policy-makers and healthcare managers; researchers and research funders), which intersect with potential advocacy audiences. This strategy aims to align Cochrane's advocacy activities with its KT Framework and enhance the impact of our KT work.

Advocacy at Cochrane to date

Cochrane has engaged in a range of advocacy activities in the past. This has happened organically with the organization's growth. This strategy aims to build on this work and learn from the experiences the Community has developed as a result, while organizing future activities with a more strategic view. ([See Annex 3 for an overview of some of this previous work](#)).

Cochrane Consumer Executive

The Advocacy Advisory Group includes the Co-Chair of the Cochrane Consumer Executive and the Strategy aligns with the [Statement of Principles for Consumer Involvement in Cochrane](#).

Cochrane's legal obligations, as a UK-registered charity

Cochrane is a UK-registered charity and, as such, will [adhere to Charity Commission guidance on campaigning and political activity](#) in its advocacy work. Cochrane's [Spokesperson Policy](#) contains more information on this.

2 Objectives

Definition

We propose the following definition of advocacy for Cochrane:

“Cochrane will work with stakeholders¹ to promote evidence synthesis and its use, with the aim of shifting attitudes towards evidence use; influencing policy, practice and behaviours; and ultimately achieving better health outcomes for society.”

What is (and isn't) advocacy?

Advocacy is essentially a set of organized and targeted actions carried out with the aim of influencing key decision-makers in relation to a specific issue. It may be about influencing policy, practice or attitudes.

Advocacy can be proactive (e.g., developing campaigns based on a topic of importance) or reactive (monitoring and responding to external events or requests related to a topic of interest).

Advocacy is not the same as general communications or profile or brand awareness raising (e.g., running a website, newsletters, social media), although communications can be used as an effective tool as part of advocacy campaigns to spread key messages to the right people.

There are different advocacy styles and a range of potential tactics and activities. There is no one ‘right’ way to approach advocacy – activities should be context- and audience-specific, and a campaign may involve a mixture of tactics. ([See Annex 4 for an overview of some of the main advocacy tactics](#)).

Advocacy objectives

We propose adopting the three objectives under the ‘Global advocate’ header in *Strategy to 2020* as the guiding objectives for this Strategy:

- We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.
- We will promote reliable, high-quality independent primary research and evidence synthesis that are prioritized to address key international health uncertainties and improve the quality, relevance and comprehensiveness of the evidence base on which our work is built.
- We will campaign for transparency and integrity in scientific conduct, promote activities that aim to improve the quality and relevance of evidence synthesis, reducing research waste in all its forms, and to ensure that the totality of evidence is available to those conducting research or making health decisions.

¹ Consumers and the public; practitioners; policy-makers and healthcare managers; researchers and research funders; guideline developers.

3 Strategies

Selecting advocacy topics

There are many different topics and causes for which Cochrane could advocate. However, decisions will need to be made as to which issues Cochrane will dedicate resources to.

We propose the following criteria as a basis for discussions on whether to pursue advocacy topics:

Does it align with Cochrane's vision?

Cochrane's vision is of a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Will working on this topic realistically help advance this mission?

Does it relate to Cochrane's expertise?

Cochrane is not, primarily, an advocacy or lobbying organization. Our acknowledged strength and expertise are in the production of high-quality synthesized evidence. Our advocacy work should build on this and use our strapline – 'Trusted evidence. Informed decisions. Better health.' – as its focus. If evidence synthesis is not already at the heart of the issue in question, could it be applied: e.g., calling for decisions on a topic to be based on high-quality evidence synthesis?

Does it have potential to advance the quality of evidence synthesis?

The production of high-quality evidence synthesis is Cochrane's core function. Advocacy work on issues that could lead to improvements in the quality of evidence synthesis, or make the review production process more effective, could therefore bring about benefits internally as well as externally.

Is it a topic where Cochrane can make a difference/add value?

It should be considered whether Cochrane's perspective and expertise, as an organization that specializes in high-quality evidence synthesis, will make a difference to a cause or add value. Is Cochrane the right organization to work on this issue? Is this already an overcrowded area? At the same time, not being vocal about an issue could lead to criticism or cost future opportunities, so this risk should also be considered.

How likely are advocacy efforts to be successful?

Some advocacy work may provide 'quick wins', where it is relatively easy to achieve impact with minimal effort; whereas other initiatives will involve long-term commitment and engagement with a variety of stakeholders and short- or medium-term success may not be as realistic. Before deciding to engage in each piece of advocacy work, the likelihood of success should be considered against the importance of the issue.

Does it link to existing work at Cochrane?

Advocacy should complement and support other work taking place within Cochrane. Does this issue intersect with other organizational policies or priorities: e.g., the Knowledge Translation Framework, the Content Strategy or the Multilingual Strategy? Is there opportunity to collaborate with other parts of the organization to work towards a shared goal?

[OPEN ACCESS]**Does Cochrane have capacity to work on this issue?**

Capacity should be a key deciding factor for advocacy activities. We need to consider when activity on an issue will take place and any associated deadlines; what is likely to be the project length; the level of involvement needed from Cochrane; and who will need to contribute (e.g., Central Executive Team (CET) staff, organizational leadership, Cochrane Groups) and their capacities.

Is it evidence-based, or can we highlight evidence gaps?

Throughout any advocacy work or policy outcome we intend to pursue, we must ask ourselves about the evidence supporting a statement or piece of work. At the same time, we should consider whether there are significant gaps in evidence that Cochrane could help call attention to. In addition, is there evidence from the Cochrane Community that this is an area of need for advocacy?

Strategic priorities for 2020-2021

Following the proposed criteria, and having consulted with the Advocacy Advisory Group, as well as a range of Cochrane Community members ([see Annex 6 for further detail](#)), we suggest two advocacy areas for 2020–2021.

Advocacy for high-quality evidence synthesis in health decision-making

This may seem like an obvious choice – but, in an age of misinformation, general advocacy for evidence synthesis is essential and will help advance Cochrane’s overall mission. We envisage Cochrane playing a leading role on work under this theme. We will develop global campaigns that can encompass tailored national campaigns, focusing on thematic areas of global health importance, for which Cochrane can provide evidence or illustrate a lack of evidence. The global campaigns will highlight Cochrane’s messages, build on the available evidence, and call for stakeholder action. Stakeholders include WHO and its Member States; research funding agencies; and other international or regional organizations and partners.

However, real change in health policy and practice can only be reached at national or subnational levels – where most decisions about health care are taken. We will therefore work with interested Cochrane Groups that have identified a need and opportunity to effect change at a (sub)national level. National campaigns will be developed jointly with these Cochrane Groups, working with key partners, and with clearly defined calls for action.

While acknowledging that change will take time, close monitoring of these campaigns will be set up, so that we can track uptake of messages in traditional and on social media; in meetings and discussions with stakeholders; or possibly through targeted surveys.

Advocacy for transparency and integrity in research

This thematic area aims to call for improvements in the way research is prioritized, funded, planned, conducted and published. It touches upon key topics such as the need for unconflicted and independent research; clinical trial transparency; access to clinical study reports (CSRs); reducing research waste; addressing the replicability crisis in health sciences; addressing research misconduct; and highlighting gaps in evidence. This area of work goes to the core of Cochrane: without access to relevant, unconflicted and accurate data, our reviews will not be of the quality we want. Our vision for this area of work is a world in which all information needed for high quality reviews is accurate, unconflicted and accessible; that gaps in evidence are defined and used for

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guiding decisions on investment in primary research; and that the research community also contributes to reducing waste. We envisage that Cochrane would play more of a supportive role in activities related to this theme and that partnerships with other organizations working on these topics will be particularly important.

([See Annex 5 for an overview of the priorities against the criteria](#)).

Ad hoc advocacy themes

Opportunities for advocacy not related to these two themes may arise: for example, through requests from members of the Cochrane Community, or partner organizations. Such opportunities will be brought to the Advocacy Advisory Group for consideration against the proposed criteria in this document. Decisions as to whether to pursue such activities will be made in consultation with the Cochrane Senior Management Team (SMT) and, where it concerns a major organizational decision, the Governing Board.

4 Activities

We propose that the workplans for 2020-2021 include the following activities:

Advocacy for high-quality evidence synthesis in health decision-making

Objective

We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.

Activities**Proactive – public campaigns on the importance of evidence synthesis**

- Two campaigns a year that build around key health issues on the global health agenda (e.g., nutrition; obesity; vaccines; medical excess and the sustainability of healthcare), for which Cochrane has evidence. The campaign topics will align with Cochrane's publishing strategy, so that investment in high profile reviews or gap maps directly feeds into advocacy outputs. Taking the example of obesity: Cochrane currently has 126 reviews on obesity; and, through the innovation fund, obesity gap maps are being developed. The results of the current evidence and gap maps can inform a global campaign on obesity. Messages can be shared at the World Health Assemblies and WHO Regional Committee meetings. Funding agencies should be approached with the information from gap maps, initiating a debate on the need to fund primary research to fill some of these gaps. The global campaigns will be accompanied by localized versions (adjusted to cultural and linguistic needs) with Cochrane Geographic Groups who have expressed interest and have identified the need and opportunity to influence local health decision-making within the thematic area.

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- We will collaborate with external organizations working on the topic. Stakeholder mapping will be conducted per thematic area to identify the key like-minded organizations² and people to team up with for a campaign. It will also identify the key organizations and stakeholders that should be the target of a campaign – these could be healthcare practitioners, policy-makers, guideline developers, patients and patient organizations, research organizations and research funders. Such mapping should happen at the global level for global campaigns, as well as within the countries that are engaging in adapting it for their local settings. This allows a flexible and diverse approach, tailored towards local needs, opportunities and challenges.
- **Outputs:**
 - An overview of evidence synthesis (and gaps) for the issue;
 - Information and key messages communicated at the World Health Assembly via a side event or statement, through other international channels (for example the Food and Agriculture Organization for a campaign on nutrition), and through identified national channels and stakeholders;
 - Dialogue with funders about research gaps;
 - Adaptable communication materials for an online campaign;
 - Media op-eds.
- **Outcomes:**
 - Use of messages and calls for action in local health care and health decision processes, illustrated by uptake of messages in local media, stakeholder meetings, and other channels;
 - Higher profile for Cochrane and evidence synthesis at global, regional and national levels;
 - Increased use of high-quality evidence synthesis informing policy, illustrated by citations in guidelines, government policy, WHO papers, etc.;
 - Strong relationships developed with a diverse range of partners at global and local levels;
 - New champions of Cochrane and our work developed.

Proactive – use the Global Evidence Summit 2 as an advocacy opportunity

- Seek involvement from key decision-makers and use GES 2 as an opportunity to build relationships.
- Work with partners on messaging that promotes evidence, and particularly evidence synthesis, in decision-making across sectors. We should consider aligning this with the global campaign theme at the time. GES 2 would provide an excellent opportunity to advocate for a key public health theme that has cross-sectoral components, so that all GES 2 partners could contribute to discussing the thematic area from their own sectoral perspective.
- **Outputs:**
 - Key decision-makers participate in GES 2 and new connections developed;
 - Consider having a call for action resulting from GES 2. Such a call can be used for global, as well as local, campaigns and GES 2 partners could continue collaborating on the key action items after GES 2 through joint advocacy work.

² Some of these like-minded organizations may be advocating or focusing on evidence in general instead of evidence synthesis. Building relations with these organizations also provides an opportunity for Cochrane to highlight to them the value of evidence synthesis over single studies.

[OPEN ACCESS]**Reactive – responding to opportunities to highlight the need for evidence synthesis**

- In addition to the global and local campaigns and the work towards GES 2, we will monitor developments at various levels that provide an opportunity for Cochrane to respond with ad hoc statements. This is a low resource activity to bring extra visibility to Cochrane and its work. A recent example of this type of advocacy is the [open letter in response to the FDA's public comment request on the Clinical Data Summary Report pilot](#). At a global or regional level, this could be statements at the World Health Assembly; or open letters and media op-eds in response to international events/organizations. At a national level, Cochrane Groups can respond to national/local issues related to evidence (supported by the CET where requested).
- **Outputs:** Statements, letters, media op-eds.
- **Outcomes:**
 - Greater visibility of Cochrane and its work;
 - Partnerships developed around ad hoc issues that can also be beneficial for Cochrane's larger advocacy agenda.

Advocacy for transparency and integrity in research**Objectives**

- We will campaign for transparency and integrity in scientific conduct, promote activities that aim to improve the quality, accuracy, replicability and relevance of evidence synthesis, reducing research waste in all its forms, and to ensure that the totality of evidence is available to those conducting research or making health decisions.
- We will promote reliable, high-quality independent primary research and evidence synthesis that is prioritized to address key international health uncertainties and improve the quality, relevance and comprehensiveness of the evidence base on which our work is built.

Activities**Promoting independent and unconflicted research**

- Cochrane's independence from commercial influence is its key strength. We will monitor and sign up to initiatives that promote independent research (for example, initiatives led by major health journals) and use our upcoming updated conflict of interest policy as a basis to make statements on this.
- **Outputs:**
 - Statements; letters; media op-eds; joining alliances.
- **Outcomes:**
 - Greater visibility for Cochrane and its updated conflict of interest policy and signs that this policy or its principles are adopted by organizations supporting or conducting research;
 - Partnerships developed with other organizations that promote independent research.

Clinical trial transparency

- The AllTrials campaign has been successful in the UK, where rates of clinical trials reporting have increased. We will work with AllTrials in understanding and learning from their experience in the UK and collaborate on approaches to increase clinical trial transparency across the EU in

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the first instance. This work will also involve other partners (TranspariMED; Health Action International) in lobbying at the EU level and campaigning for trial reporting in universities across the EU. Cochrane Groups based in Europe will be invited to join this work and help develop the most appropriate messaging for their contexts.

- We will continue to work with the WHO International Clinical Trials Registry Platform to campaign for global trial reporting. Statements made by WHO, endorsed by Cochrane, will be used in our advocacy work at other levels.
- Work with partners ([TranspariMED](#)) and interested Cochrane Groups in supporting training on trial registration and reporting in academic institutions. Training has already been developed by TranspariMED; we will explore how we can combine efforts to help scale this up.
- **Outputs:**
 - Statements about the importance of clinical trial transparency;
 - Publications with data on progress with clinical trial registration;
 - Advocacy meetings at the EU level organized with partners.
- **Outcomes:** The ultimate outcome is that all clinical trials are registered and reported appropriately. We will work with partner organizations to track progress.

Reducing research waste

- Cochrane can play a more active role in reducing research waste. Cochrane reviews often indicate the need for additional research – with empty reviews the most visible example. This information needs to be used more proactively. We will support discussions with funders and those influencing funding decisions about the gaps in primary research. We will also advocate for more funders to promote the conduct of systematic reviews in areas where research is available prior to supporting new primary research. This area of work links to Cochrane’s publishing strategy.
- We will work with funders (through the Ensuring Value in Research Forum, among others) and the Cochrane Editorial Board, as well as other partners, to identify the best mechanisms and processes for using data from Cochrane reviews to inform decisions on investment in research.
- In collaboration with EVBRES ([Evidence-Based RESearch](#)) and other partners, we will promote the use of systematic reviews among primary researchers as a tool to help them ‘plan and do better research’ – highlighting the value of well-designed and executed studies for systematic reviews, which are then used to underpin policy and guidelines.
- We will also continue to support innovation in the area of reducing research waste by awarding the annual Cochrane-REWARD prize. This prize gives Cochrane visibility and the opportunity to develop statements about reducing research waste. We will nurture the community of prize winners and engage them in advocacy activities, where possible.
- **Outputs:**
 - Compiled and shared data on evidence gap maps, identified research needs and have established a way in which funding agencies can use and access this information to guide their decision making.
 - Developed messages and approaches to advocate for independent high-quality primary research among the research community.

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- Annual Cochrane-REWARD prize and advocacy about the most innovative approaches developed towards reducing research waste.
- **Outcomes:**
 - Funding priorities influenced by Cochrane's evidence.
 - Funders demand systematic reviews prior to investing in new primary research.
 - A community of advocates campaigns for independent high-quality research and the reduction of research waste.

Advocacy for the release of clinical study reports, in collaboration with the [CSR Working Group](#)

- Clinical study reports (CSRs) can enhance the value of systematic reviews. While the CSR Working Group is looking at the technical implications of including CSRs in Cochrane reviews, it is acknowledged that advocacy for the release of CSRs is also needed. We will therefore monitor and respond to updates from key regulators on proactive release of clinical study reports.
- **Outputs:** Statements and letters to key regulators around the release of CSRs.
- **Outcomes:** Clinical study reports available (from a range of sources globally) and useable for systematic reviews.

How this will be implemented

Who is responsible?

While the advocacy work will be informed by the needs and requests of the Cochrane community, and many individuals and Cochrane entities and Groups will be involved in advocacy work (including the Governing Board, SMT, Editorial Board, Cochrane Review Groups, Fields and Geographic Groups), most of the organization's advocacy work will be coordinated by the CET, primarily the Advocacy and Partnership Officer and the Head of External Affairs & Geographic Groups' Support, who will be accountable for implementation of the Advocacy Strategy. Support and advice will be requested from the Advocacy Advisory Group and other Groups, where appropriate.

The CET will:

- Create mechanisms via which Cochrane Groups can indicate their interest to engage in advocacy work. We aim to work with four to five Groups in 2020. These should be Groups with an interest in advocacy; capacity to engage (or an interest in developing this capacity); and there should be a clear opportunity within their geographic or thematic area to make an impact – for example, an ongoing debate around obesity policies in various settings, or ongoing discussions about medical excess and the sustainability of healthcare (to name two of the forthcoming topics we aim to plan global campaigns around).
- Monitor the news, political situation and work of relevant external organizations in relation to health evidence, the health thematic areas of our global campaigns, and research integrity.
- Coordinate advocacy work (statements, letters, communication materials, petitions, events, coalitions).
- Manage and carry out a central advocacy workplan according to agreed timelines.
- Support Community advocacy initiatives of any Cochrane Group – especially where aligned to central campaigns.

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The Community will:

- Alert the CET to advocacy opportunities and topics of importance.
- Selected Groups will actively engage in the proposed campaigns, working with the CET to adapt messaging and materials to work for their own context (linguistically or tailoring to the political or health system situation) and run local campaigns where relevant and feasible.
- Support Cochrane's advocacy initiatives through own Groups.
- Lead own local advocacy efforts, with the support of the CET.

Sign-off

Responsibility and accountability for advocacy work will depend on both the activity and context. We propose that central activities are signed off by the Cochrane CEO and/or Editor in Chief and – if major – the Governing Board. At Group-level, the Director of the Group will be responsible for sign-off. Statements made to WHO will be signed off by the Cochrane-WHO Working Group. Similar principles to the organizational Spokesperson Policy will apply. CET staff can advise on the best course of action if needed.

Developing and carrying out advocacy workplans

For each strategic priority, a campaign timeline will be produced, mapping potential opportunities, partners and advocacy targets, with defined goals and objectives (including interim objectives to help monitor success). The CET will carry out the bulk of practical work, under the guidance and stewardship of the Advocacy Advisory Group, and involving Cochrane Groups where possible. Progress will be regularly reflected upon and plans adjusted accordingly, depending on circumstances and lessons learned.

Monitoring and evaluation

For each advocacy workplan, we will develop a clear plan for monitoring and evaluation. We aim for this to also connect to other monitoring and evaluation work taking place within Cochrane, such as within the Knowledge Translation Department.

Working with partners and relevant stakeholders

Most of our advocacy activities will involve working in collaboration with external partners and other relevant stakeholders. Advocacy is also an opportunity to develop new partnerships. At the outset of each campaign that we lead, we will perform a stakeholder mapping exercise for potential partners and invite them to participate.

Training and support

We aim to develop a support programme and offer training opportunities to help build and enhance advocacy skills throughout the Community so that different Groups feel confident to engage in advocacy work. For example, support could be offered in the form of 'how to' guides, templates for developing a campaign, peer-to-peer training, or sharing best practice. The form and content of support and training will be determined by the needs of the Community; and a consultation with the Community will be made to inform this.

5 What will success look like?

While it is difficult to monitor specific advocacy impact, especially when it relates to creating change – where many external factors are driving the change, and we are working with different partners – it is possible to measure outputs, and to learn and improve on advocacy activity. We also acknowledge that even an excellently planned and executed advocacy campaign does not always achieve its goals – and that progress can be incremental. We can slightly mitigate this by setting interim objectives/measures and adapting plans if these aren't met, or in response to relevant external factors.

We have started defining what success would look like in the medium-term (2 to 3 years):

- Cochrane's messages and calls for actions are used in local health care and health decision processes, illustrated by uptake of messages in local media, stakeholder meetings, and other channels.
- Cochrane has a system to effectively monitor and respond to relevant health developments at international, regional and national levels.
- A significant portion of the Cochrane community is engaged in advocacy activities – with several Groups running and participating in their own campaigns.
- Through advocacy, Cochrane has developed new – and enhanced existing – partnerships by collaborating on campaigns.
- Cochrane is increasingly seen as a reliable go-to source by decision-makers and is asked to participate in high-level fora.
- Cochrane will have contributed to the debates on conflicts of interest in research, and an increasing number of organizations will have adapted stringent policies to guarantee independence of research.
- Cochrane will have contributed to a significant increase in clinical trials being registered and reported; and will join other organizations in continuing to call for this.
- Cochrane reviews and evidence gap maps will be regularly used to inform the design and funding decisions of new research.
- Cochrane will be able to access and use clinical study reports for systematic reviews much more easily, and sponsors and regulators will make steps towards proactive release.

The advocacy implementation plan will outline, in further detail, the monitoring and evaluation processes that will be put in place to measure success.

6 Resourcing advocacy

The Head of External Affairs & Geographic Groups' Support and the Advocacy and Partnership Officer will lead the further development, implementation, monitoring and reporting of Cochrane's organizational Advocacy Strategy; and will support the Governing Board, CEO, Editor in Chief, Head of Knowledge Translation, Central Executive Team and Cochrane Groups in implementing advocacy work.

Budget for 2020-21

In addition to existing staff resources, an operational budget of £40,000 per year is requested. This budget will be used for:

- Travel to participate in various fora and meetings (for Cochrane Community and CET) and meet with partner organizations to develop joint messaging;
- Development of materials for advocacy campaigns (design and print costs);
- Development of training to strengthen advocacy capacity of Cochrane Groups.

7 Risks

Reputational risk

Cochrane is known for its thoroughness and evidence-based work. It is also known for its independence. Advocacy means, at times, choosing positions and sides. This means we may be perceived as being less independent. This risk can be averted by making sure our statements are evidence-informed. There could also be reputational risks associated with not speaking about certain issues, which could be perceived as inaction, as well as potential opportunity costs. This should be carefully considered as potential advocacy moments arise. In addition, Cochrane's Spokesperson Policy will help guide when statements can be made on behalf of the organization or when these need to be made as personal statements instead, thus aiming to reduce further reputational risks.

Incoherent messaging

Successful advocacy requires consistent messaging. Effective processes will need to be in place to ensure there is a coherent Cochrane response to important developments around evidence-informed decision making and research integrity. Cochrane already has some experience of this with the CET and Cochrane Groups responding together to new developments. Statements will be shared ahead of submission to ensure they are aligned, with the CET coordinating advocacy efforts and the Advocacy Advisory Group supporting.

Competing messaging

Advocacy relies on Cochrane having one voice on a subject, but sometimes opposing views will exist on that issue within the organization. This poses a potential reputational risk if those oppositional views are communicated using Cochrane branding or Group identities. Aligning our advocacy work will help illustrate where opposing views exist. The CET and the Advocacy Advisory Group, using the Spokesperson Policy as guidance, will aim to avert this risk. Final authority on Cochrane's official advocacy and campaigning positions will lie with the Senior Management Team and the Governing Board.

Sustainability risk

The implementation of this plan is very reliant on the work of all Cochrane Groups, Networks and Fields, supported by various CET departments. Prioritisation of potential advocacy opportunities using the proposed selection criteria – which includes capacity as a factor – will therefore be important in ensuring activities are sustainable and an appropriate use of resources.

8 Annexes

1. [Progress on *Strategy to 2020* Goal 3 to date](#)
2. [Advocacy Advisory Group Terms of Reference](#)
3. [Past advocacy activities](#)
4. [Overview of advocacy tactics](#)
5. [Proposed strategies against criteria](#)
6. [How this document was developed](#)



Update on partnerships

Document prepared by:	Sylvia de Haan and Emma Thompson, CEOO
Purpose of paper:	For information. To provide a status update on Cochrane's external partnerships for Q2, 2019 and Q3 2019
Access:	Open access



Partnership Update – Q2 and Q3 2019**[Open Access]****2**

Cochrane's work with external partners is guided by the [Cochrane Partnership Policy](#), and the [Guidance for Partnership Development](#). A [dedicated space on the community website](#) has been developed to keep the Cochrane community informed about the key external partnerships that Cochrane is engaged in. [Updates \(including those to Cochrane's Governing Board\)](#) on external partnerships are also available on the community site.

This report provides a status update on Cochrane's external partnerships for Q2 and Q3 2019. A detailed overview per partner is set out below, also specifying the plans for the next two quarters. The main developments to note are:

- The [Partnerships page on the community website](#) has been updated in order to make it easier to access information about our external partnerships (including details of Partnership Advisory Groups, Terms of Reference and news updates).
- At the Santiago Colloquium, workshops are planned on stakeholder mapping and Wikipedia editing skills, as well as an open meeting on the WHO–Cochrane partnership.
- In light of the new Cochrane Advocacy Strategy, which will involve collaboration with both new and existing partners, we will do a wider review of organizational partnerships and a mapping exercise at the end of 2019 to identify those with whom we should be working.

Annex – Update on Key Strategic Partnerships:

Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
3	Wikipedia https://en.wikipedia.org/wiki/Wikipedia:WikiProject_Medicine/Cochrane	Develop sustainable strategies for our collaboration with Wikipedia	There is no formal MoU currently in place. Cochrane has been collaborating with WikiProject Medicine, the non-profit organization that helps to maintain, monitor, and develop medical articles on Wikipedia, since 2014.	1. Development of a “Wikipedian-in-Training” Resource and a Cochrane-Wikipedia project page. Goal: Provide community members with a place to learn more about the partnership, access Cochrane-Wikipedia training resources, and view examples of present projects (and access Project Lead contact info). The Wikipedian-in-Residence (Wikipedia Consultant) is still available for troubleshooting; however, the goal is for Cochrane Review Groups, Centres, Volunteers, and Networks to design their own project and independently learn how to edit Wikipedia and use Cochrane evidence to improve health-related information shared on Wikipedia. The project page includes: - An improved “how to” section that gives step by step instructions on how to edit Wikipedia and participate in the initiative (including the Wikipedian-in-Training Resource). - A section that organizes all the Cochrane Reviews not yet on Wikipedia by CRG Network. This also	Continue support to Cochrane Groups asking for training and guidance on Wikipedia editing, using the new project page (with useful resources) to facilitate this work. Maintain regular communication and collaborative relationship with WikiProject Medicine (now Wikimedia Medicine) as we work together to improve Wikipedia articles. Participate and contribute to Wikipedia events held by members of the Cochrane community. Data Analytics: We have a new collaboration with The Insight Centre for Data Analytics. The aim of this project is to expand on the work done by the University of Virginia students and develop an automated indexing system that links available reviews from the Cochrane Library with disease-related Wikipedia articles, to subsequently evaluate the relationship between the quality and importance of these articles with the number of relevant and cited Cochrane reviews, and to identify evidence gaps to inform future research. The project team has already developed a free, open-source indexing system prototype which can be installed as an extension in Google Chrome web browsers that identifies relevant Cochrane Reviews for disease related Wikipedia articles (available here: https://chrome.google.com/webstore/detail/wikipedia-

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
				includes the present progress of the CRG Networks. • A list of Cochrane Reviews that are already used in Wikipedia articles. • A summary of specific Cochrane-Wikipedia projects, contact information, and information on how to sign up on project dashboards and how to get involved. 2. A workshop will be held at the 2019 Santiago Colloquium. This workshop will include a general overview of the project (and approaches to contributing), and a hands-on component that will cover creating a Wikipedia account and working through the Wikipedian-in-Training resource to begin to share evidence on Wikipedia. There will also be an opportunity to meet with the Wikipedia Consultant (J. Dawson) to troubleshoot and obtain support for individual Wikipedia projects. 3. Improving the efficiency of Cochrane-Wikipedia. There is a need for IT support to ensure this process is efficient and kept up to date. Cochrane presently has two different IT/data science tools to organize Wikipedia content:	https://cochrane-libr/cehpfefpnicpmejgidpkgeenapnfcakm?hl=en-US). Support the launch of the Cochrane Spanish Wikipedia Project.

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
				- A “Reviews to Consider for English Wikipedia” project page that contains a list of Cochrane Reviews that are not yet included in Wikipedia is updated quarterly. Over 4,000 Cochrane Reviews are on the list. - Computer programming volunteers at WikiProject Medicine run the “Cochrane update bot”. This bot flags Wikipedia articles that cite Cochrane Reviews for which an updated version has been published in the Cochrane Library (see the Cochrane Update Project Page) and generates a list for volunteers to work from, monitoring and performing these updates. To complement these two advancements, an additional tool that matches Cochrane Reviews with potential Wikipedia articles and vice versa was identified as being useful for Wikipedia volunteers and students looking to improve Wikipedia with Cochrane content. Starting in October 2018, this challenge was tackled through a Cochrane-University of Virginia collaborative initiative, the “Cochrane Wikipedia Article and Citation Matching Project”. A prototype was developed, however further work is required to improve the accuracy and efficiency of this tool.	

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
				4. Ongoing work with numerous Cochrane Groups who are establishing and improving their strategies to share Cochrane evidence in Wikipedia articles	
1,2,3,4	WHO (www.who.int)	Implement plan of work 2019 – 2021.	Implementation phase	Attended the World Health Assembly in May 2019, and held meetings with various WHO staff to build relations and monitor implementation of plan of work. Facilitated participation of local Cochrane groups at regional meetings: Cochrane Nordic attended EURO Regional Committee; Cochrane Iran attended EMRO Regional Committee. Linked several Cochrane Groups to departments in WHO at the request of WHO (mainly in support of guideline development processes). Continuation of the ‘Cochrane at the WHO’ blog series: • Cochrane at the WHO: Interview with Joerg Meerpohl, Cochrane-WHO Working Group • Cochrane at the WHO: supporting health research in the African Region and advising on immunization at the global level • Cochrane at the WHO: Cochrane Rehabilitation support Rehabilitation 2030	Ongoing follow-up on all items in the joint plan of work. Continue to facilitate participation from local Cochrane Groups in regional/local meetings. Plan meetings for Cochrane Editor in Chief with key contacts at WHO HQ in December to share vision and look for future collaboration opportunities. Plan to attend the WHO Executive Board meeting in 2020. Through the Cochrane Advocacy Strategy, monitor opportunities to make statements and to work with WHO on advocacy efforts (e.g., with ICTRP on clinical trial transparency). Continue the blog series to illustrate the wide range of interactions and collaboration the Cochrane community has with WHO, and to encourage people to share their experiences:

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
				• WHO cognitive decline and dementia guideline cites three Cochrane Reviews • Cochrane's status as NGO in official relations with WHO renewed • Eleven Cochrane Reviews inform a WHO guideline on digital healthcare guideline • Cochrane at the WHO: EVIPNet and the European Advisory Committee on Health Research • Cochrane at the WHO: Department of Reproductive Health and Research's Scientific and Technical Advisory Group • Cochrane at the WHO: Identifying and charting the impact of Cochrane evidence	
2,3	Global Evidence Synthesis Initiative (GESI) www.gesiinitiative.com	GESI seeks to develop the production capacity and use of synthesized evidence in low- and middle-income countries.	Implementation phase (contract extended until June 2020)	One of the main activities of GESI is the training they provide for their network members. Cochrane Training is supporting the delivery of some of the online training (webinars). A meeting is scheduled in Santiago.	Regular meetings with the GESI governance group will continue and will focus on strategies for sustaining the work of the network.
2	Epistemonikos (http://www.epistemonikos.org)	Continue to develop Cochrane's relationship with the Epistemonikos.	Implementation of current MoU	Following discussions in Q1/Q2 2019, it has been agreed to expand the Epistemonikos API with new endpoints, to enrich the search experience for Cochrane Library users. The Cochrane Library product team has also changed	Epistemonikos is expanding their API to support additional search fields within the Cochrane Library. Once this work is complete, users will be able to search Epistemonikos reviews across abstract, title, author, source, DOI and accession number. Going forward, this will offer the opportunity for Epistemonikos to be

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
				the way search results are rendered to provide Epistemonikos with more granular usage and referral data, and provided them with an API of all Cochrane Reviews for their database.	included in the advanced search functionality on the Cochrane Library. The work for this improved integration has been completed from the Cochrane Library perspective, with the outstanding actions sitting with Epistemonikos and likely to begin after the Colloquium.
2	G-I-N www.g-i-n.net	To build stronger connections between G-I-N members and Cochrane; and promote the use of Cochrane evidence in guidelines worldwide.	Implementation phase	Exploring opportunities to bring Cochrane and G-I-N communities together between both organizations' Toronto meetings in 2020. Cochrane involvement in session on collaboration in guidelines at G-I-N Conference in Adelaide. Cochrane promoted G-I-N Adelaide Conference to local contacts; G-I-N promoted Santiago Colloquium to local contacts. Cochrane will have an exhibition stand at G-I-N meeting in Adelaide.	Explore sessions on collaboration between guideline developers and Cochrane Review Groups for Toronto meetings. Focus on communication and advocacy – highlighting examples of joint work between guideline developers and systematic reviewers.
3	Campbell G-I-N Joanna Briggs	Co-host the 2 nd Global Evidence Summit in 2021.	Planning phase	Cochrane Czech Republic (and its affiliations) confirmed as hosts for GES 2 . Partner and programme matrix being developed by Global Organizing Committee.	Develop plan for partners and programme. Start making approaches to high-profile individuals/organizations.
3	The International Network for Public Involvement	Develop collaboration with existing consumer groups; and create	Developing and setting up the network	- Business plan drafted and out for consultation. - Social media offer completed (LinkedIn and Twitter). - Webinar series under development –	- Website about to be launched. - Further 9 webinars planned on a range of topics including: stakeholder involvement in evidence synthesis; Danish, Australian and Canadian

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
	and Engagement in Health and Social Care Research	an international network.		first webinar delivered September 2019.	experiences of involvement and engagement; engagement in Australian aboriginal communities; development of core outcome sets; reporting involvement in research.
1,2,3	GRADE (http://www.gradeworkinggroup.org)	To deliver the MoU as well as a licensing agreement for software use.	Renewing the MoU	- Renewed MoU finalized (to be signed-off imminently). - GRADE Methods group to serve as PAG.	
1,2,3	Evidence Prime (https://evidenceprime.com/)		No formal MoU in place	- GRADEpro GDT integrated with RevMan Web for easy creation of summary of findings tables. Release is pending UAT and sign-off by EMD. - Ongoing discussion between Cochrane Innovations and Evidence Prime on integration of Cochrane's Linked Data work.	Sign off and release GRADEpro GDT / RevMan Web integration.
2	MAGIC (http://magicproject.org)	To explore strategic partnership opportunities for review production and guideline tools.	Implementation	Limited activity as we decided to complete the GradePro integration before completing the MAGIC Summary of Findings integration.	Completing work on MAGIC App for Cochrane SoF integration work. Ongoing discussion on the integration of Cochrane's PICO vocabulary and onotology work. Review opportunities associated with Interactive Summary of Findings tables.
3	REWARD (http://researchwaste.net)	Continue to develop Cochrane's relationship with	Implementation	The Cochrane REWARD prize call for 2019 received 9 nominations from a diverse range of initiatives. The winners will be announced and have the opportunity to	Further communications about past applications and winners – thus increasing Cochrane's visibility in the area of reducing research waste.

Partnership Update – Q2 and Q3 2019

[Open Access]

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
		the REWARD alliance.		present at the 2019 International Clinical Trials Methodology Conference. Cochrane REWARD prize panel consulted during the development of Cochrane Advocacy Strategy. Started to publish communications about past winners and research waste initiatives: • SYRCLE • NIHR Adding Value in Research • EVBRES	Potential session at REWARD-EQUATOR Conference highlighting the prize winners and to launch 2020 prize call. Engage with REWARD panel and prize winners on advocacy work under ‘research waste’ theme.
3	Joanna Briggs Institute (http://joannabriggs.org)	Exploring opportunities for scientific and methodological research, as well as sharing of data for the efficiency of evidence synthesis processes, and joint representation at major healthcare events.	MoU being re-developed	JBI is conducting an assessment of evidence eco-system and the various organisations contributing to this. This assessment will help inform the new MoU.	Still waiting for JBI to finalise and share this mapping work. Rediscussing renewal of the MoU afterwards.
1,3	The Campbell Collaboration (https://campbellcollaboration.org/)	Continue to develop Cochrane’s relationship with	Implementation phase	Discussions about challenges on co-registration of titles ongoing. Healthy Ageing is now a combined Cochrane and Campbell Field.	Exploring the development of a shared advocacy platform and common advocacy initiatives as both organizations look to raise their profile and promote evidence-informed decision making.

Partnership Update – Q2 and Q3 2019

[Open Access]

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Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
		the Campbell Collaboration.		Cochrane Croatia's annual symposium organized in collaboration with Campbell .	Plan Cochrane presence at next year's Campbell annual event. Deliver other activities as agreed in the MoU.
2,3	VIVLI	VIVLI and Cochrane aim to promote, coordinate, and facilitate clinical research data sharing through the creation and implementation of a sustainable global data-sharing enterprise	Commercial license in place. PICO metadata between VIVLI and Cochrane and Cochrane PICO ontology and vocabulary are being used to enhance the discoverability of clinical trials.	Continued to deliver Cochrane PICO services to Vivli.	Continue to work with Vivli to enhance the Cochrane PICO services and support the promotion and use of the new clinical trials data sharing platform.
2,3	Choosing Wisely	'Choosing Wisely' is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.	No formal MoU in place	New Cochrane Field on Sustainable Healthcare re-engaging with Choosing Wisely – connecting with new Choosing Wisely Denmark group and Cochrane Geographic Groups that have a partnership with local Choosing Wisely groups. Sustainable Healthcare Field to attend international Choosing Wisely meeting in Berlin.	Further explore collaboration with Choosing Wisely through new Sustainable Healthcare Field.

Partnership Update – Q2 and Q3 2019**[Open Access]****12**

Goal	Partner	Activity	Status of partnership	Key achievements Q2 and Q3 2019	Q 4 2019 and Q1 2020 plans
3	Health Systems Evidence (HSE) and Social Systems Evidence (SSE)	Exploring partnering to offer users the opportunity to search HSE and SSE from within CLIB's Federated Search feature.	Implementation phase	Following discussions, it has been agreed to add HSE and SSE to the Cochrane Library federated search. The design and specifications for this integration have been agreed and signed off by both parties and work is underway. A new Topic – health systems arrangements – will be added to the Cochrane Library.	There have been some delays on behalf of HSE and SSE with setting up the API endpoints and their database rebuild, but the work is progressing. An MoU is being discussed to formalize the arrangement and will be in place before any live deployment. There are further discussions about a phase II integration, linking relevant Cochrane Reviews to the policy brief 1-siders within HSE.



Cochrane

Governing Board Paper

Agenda number:	2019-SNT-12
Agenda item:	• Principles of Collaboration • Complaints Resolution Procedure • Organizational Accountabilities
Submitted for Governing Board meeting:	Santiago October 2019
Submitted by:	Lucie Binder, on behalf of: • Cochrane Council • Complaints Resolution Procedure Working Group • Senior Management Team
Sponsored by:	Governance Committee
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	As per the individual resolutions.
Executive summary:	The following policies are presented for the Board's approval. They have been developed over 2019 as part of a consolidated work to improve the governance support mechanisms for Cochrane members and Groups. They are as follows: • Principles of Collaboration (previously known as the Code of Conduct), developed by the Council following community consultation • Complaints Resolution Procedure, developed by the Board's Working Group • Organizational Accountabilities, developed by the Senior Management Team to support the two documents above If approved, the policies will become new official Cochrane Policy and will be published on the Cochrane websites.
Consultation with Cochrane Council:	Yes, see above. Implementation of this policies by Cochrane Groups and members will also require the Council's support.
Financial request:	N/A



Principles of Collaboration: Working Together for Cochrane

[An official Cochrane Policy, dated [date of approval]]

1. Introduction

Cochrane's mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence. Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

It is essential that all those working for, or on behalf of Cochrane, and all our members working around the world, understand the shared values of the organization, and the key principles that promote a collegial environment, effective collaboration and minimize the risk of damaging conflict. This document lays out these principles and describes the kinds of behaviour expected of everyone interacting with the organization, and those that will not be tolerated. These will apply most directly to those who are actual members of Cochrane, but should be understood by anyone else, such as authors or paid contractors, who, though not members, undertake work for Cochrane.

This should not be seen as a way of suppressing dissent and debate, both of which are essential for a thriving organization to learn and develop. On the contrary, it should provide a framework to encourage cooperative and effective working practices, to allow safe and constructive discussion of controversial issues, and to protect the wellbeing of individuals and the reputation of Cochrane.

2. The Context

This document needs to be seen in relation to other current Cochrane policies. It does not aim to replace them but to complement them in describing specific expectations of conduct. The culture across Cochrane as a global leader in evidence-based health care is one of the strengths that attracts people who want to contribute. To preserve and further develop our culture, the following 10 principles are core guidance for how we aim to be known internationally. This document helps all contributors to Cochrane to understand the importance of preserving collegiality while recognising socio-cultural, gendered, spiritual and ecological contexts that add richness to the work of the collaboration.

Cochrane's overall [principles](#) are clearly articulated and are:

1. **Collaboration** by fostering global co-operation, teamwork, and open and transparent communication and decision-making.

2. **Building on the enthusiasm of individuals** by involving, supporting and training people of different skills and backgrounds.
3. **Avoiding duplication of effort** by good management, co-ordination and effective internal communications to maximize economy of effort.
4. **Minimizing bias** through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.
5. **Keeping up-to-date** by a commitment to ensure that Cochrane Reviews are maintained through identification and incorporation of new evidence.
6. **Striving for relevance** by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.
7. **Promoting access** by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.
8. **Ensuring quality** by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.
9. **Continuity** by ensuring that responsibility for reviews, editorial processes, and key functions is maintained and renewed.
10. **Enabling wide participation** in our work by reducing barriers to contributing and by encouraging diversity.

The [Cochrane Charter of Good Management Practice](#) outlines the expectations of all those in managerial roles throughout the organisation and is based on the following principles:

- Adherence at all times to behaviour and decision-making in accord with Cochrane's [mission and principles](#).
- Working to the highest standards of excellence in order to deliver quality products and services to our users, partners, and other stakeholders.
- A commitment to providing these products and services with the highest degree of efficiency, innovation, and effectiveness to provide maximum impact on health decision-making.
- A commitment to transparency, openness, and accountability in our relationships, communication, and actions.
- Promoting regular participation in a spirit of mutual respect, inclusivity and co-operation.
- Embracing the diversity of thought and perspective represented by all Cochrane members; and encouraging employees and collaborators to offer and use all their knowledge, skills, and experience

Expectations of behaviour

The following should not be seen as comprehensive, but as examples of the standards of personal and professional behaviour that would clearly be expected of someone who as an employee, member or volunteer is contributing to Cochrane in any formal or informal capacity. They should also be understood to be part of the organisation's ethos by anyone who works as a volunteer for, or paid employee of, any part of Cochrane.

The terms Integrity, Respect and Accountability have specific definitions in different legal jurisdictions, the following are broad, inclusive descriptions that promote collegiality and collaboration.

Integrity:

- When involved in any Cochrane activity protect and preserve collegiality and Cochrane's reputation.
- Always act in the best interests of Cochrane.
- Maintain high professional and research standards in respect of:
 - Cochrane's research methods and operational procedures;
 - any other personal professional standards and obligations;
 - regulations of one's employing organisation (e.g. university, hospital or other employer); and
 - understanding the limits of one's knowledge and expertise and seeking training as required.
- Maintain financial probity in respect of the use of any grants from Cochrane or for Cochrane activity from external sources of funding.
- Make declarations of any relevant interests, both financial and non-financial, in accordance with Cochrane's [policy](#), if the role specifically requires it (e.g. authors, editors, Board members). These declarations should be updated when necessary.

Respect:

- Treat all colleagues both inside and outside of Cochrane, with appropriate respect and consideration.
- Maintain an appropriate relationship with those whom you manage or mentor, ensuring that they can work safely and effectively, and develop their skills and knowledge.
- Ensure that colleagues work in an environment free from harassment and bullying.
- All managers should adhere to the [Charter of Good Management Practice](#).
- Criticism within academic debate should target ideas not people or corporate identity, critique of ideas is not a negative behavior.
 - Academic debate, open discussion and reasoned dissent about science or policy is encouraged through internal Cochrane channels or through established public media.
 - Open criticism of Cochrane or of colleagues should only be made after careful consideration and ideally with the prior knowledge of those involved.
- Maintain confidentiality as required both in research and in dealings with colleagues.

Accountability:

- Allow research, professional and managerial actions, personal behaviour at work, and any financial responsibilities to be open to appropriate external scrutiny.
- Accept responsibility for the quality of personal research outputs, managerial work, and other work on behalf of Cochrane.

3. Unacceptable behaviours

Academic debate, differences of opinion and critique of organisational policy or practice do not constitute unacceptable behaviours where the focus is on ideas rather than individuals or Cochranes corporate identity. Unacceptable behaviours are generally characterised below. The terms harassment, bullying and victimization have specific definitions in different legal jurisdictions, and the following are broad definitions of which notice should be taken.

Harassment is an overarching term that includes bullying and victimisation. A person subjects another to harassment when one behaves towards the other in a way that:

- appears hostile or (passive) aggressive;
- intimidates, degrades, humiliates or offends them;
- discriminates on the basis of specific personal characteristics (such as sex, race, religion); and
- includes unwelcome sexual comments or advances.

Bullying is when an individual or a group of people in a position of power or authority repeatedly and intentionally behave to another person or group of people so that they feel that they are being harassed, and that they are unable to respond or believe that responding would be personally or professionally detrimental.

Victimization is when one person acts in a way towards another that unfairly and directly causes them physical, mental or professional harm or detriment.

All of these behaviours are unacceptable in Cochrane and anyone observing or experiencing them should, whenever possible, deal with the issue through their local resources. If this is not possible or ineffective, they can take the matter further through Cochrane's Complaints Resolution Procedure.



Cochrane

Governing Board Paper

Agenda number:	2019-SNT-12.2
Agenda item:	Cochrane Complaints Resolution Procedure
Submitted for Governing Board meeting:	Santiago October 2019
Submitted by:	Complaints Resolution Procedure Working Group (the Working Group)
Sponsored by:	Rae Lamb
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the new Complaints Resolution Procedure
Executive summary:	The Working Group was formed by the Board to develop a procedure to resolve complaints arising from alleged breaches of Cochrane's Principles of Collaboration. This procedure has been developed as requested. It has been reviewed and is supported by relevant members of the Central Executive Team. The Cochrane Council was consulted during earlier drafting and has a representative on this working group. Further, there has been discussion with the Council Co-Chairs who are working on the draft Principles of Collaboration taking into account feedback from the Council-Board-Central Executive Team workshop at the Governance Meetings in Krakow in April 2019. Consideration has also been given to the complaints section in the Charity Commission's document <i>Good Governance for Safeguarding</i> – a guide for UK NGO boards. The proposed procedure is presented here for the Board's approval. Should approval be given, the Complaints Resolution Procedure will become an 'official Cochrane policy' and added to the policies section of the Cochrane Community website and communicated to the Cochrane Community. It will be part of a trio of related documents along with the Principles of Collaboration and an <i>Organizational Accountabilities</i> framework. Should the procedure be approved, the Central Executive Team will: 1) Put in place systems and process for monitoring complaints data, to allow summarised, de-identified information about complaints numbers, outcomes and risks to be managed by the Central Executive Team and reported to the Board. 2) Develop further guidance for Cochrane managers on how to implement the Complaints Resolution Procedure, including visual guidance (e.g. decision-trees). 3) Develop a Whistleblowing Policy for the Board's approval, with legal input.
Consultation with Cochrane Council:	Yes, see above. Implementation of this policy by Cochrane Groups and members will require the Council's communications support.
Financial request:	N/A



Complaints Resolution Procedure

[An official Cochrane Policy, dated [date of approval]]

Cochrane's members and supporters are researchers, health professionals, patients, carers, and people who care about improving health outcomes for everyone, everywhere. Our global independent network gathers and summarizes the best evidence from research to help people make informed choices about health care.

We aim to treat all our stakeholders fairly and equitably. We aim to support all Cochrane members and supporters as they contribute to the organization's mission and activities.

Being a Cochrane member or supporter and undertaking Cochrane work is something of which to be proud. But the benefits of Cochrane membership and association come with responsibilities. We have a set of Principles of Collaboration (the Principles) which set/s out the responsibilities /conduct/behaviour expected of Cochrane members and supporters.

All Cochrane activity occurs within an organizational accountability structure regardless of whether people are volunteers or employed by Cochrane. Some of the accountability and line management relationships are clear, others are less so. A companion document to this one – *Cochrane's Organizational Accountabilities* – sets out the structure of accountability. Cochrane members and supporters have a responsibility to work within this structure in their dealings with each other, including complaints.

Fundamental to this Complaints Resolution Procedure is the principle that in the first instance complaints should be dealt with directly between the parties involved, and at the most local level possible thereafter. This recognises that the earlier and more directly a complaint is raised, the greater the chance of successfully resolving it.

When direct resolution is not appropriate or possible, the complaint should be directed to the next level – a manager or person acting in a supervisory or oversight role in relation to the person or Cochrane Group complained about. Where resolution is not achieved or possible, the complaint can be sent to Cochrane where it will be handled in accordance with this Procedure. It must relate to a Cochrane activity.

This Procedure guides and supports those involved with such complaints by providing transparent and consistent principles and processes for resolving alleged breaches of Cochrane's Principles of Collaboration in a timely and proportionate way with a focus on resolution.

It is also important to note that nothing in this Procedure limits the rights and obligations of the Cochrane's Trustees (the Governing Board) to take whatever action is required in the best interests of the Cochrane Charity, and to take any necessary professional advice to allow them to do so.

Further, notwithstanding the Procedure's focus on local resolution, where there are complaints raising matters of such seriousness that a formal investigation is required, Cochrane may engage external experts with the appropriate training and skills to investigate and report back with recommendations for action.

This Procedure is intended for use by:

- **Anyone making a complaint about the conduct or behaviour of a Cochrane member or supporter, or a group of members or supporters, who has been unable to resolve the matter directly with the member(s) or supporter(s) and/or locally.**
- **Cochrane members or supporters who have received a complaint about someone they manage, supervise or oversee in relation to Cochrane activities.**

This Procedure covers complaints about:

- The standard of service provided by, or conduct/behaviour of, Cochrane members or supporters in their Cochrane activities;
- Any action, or lack of action, by Cochrane members or supporters in their Cochrane activities.

It does not cover:

- Complaints that are more appropriately addressed by another process (e.g. employer processes, legal processes, and editorial matters) or an external agency such as the Police. This includes:
 - Comments - including disagreements - on the content of a Cochrane Review or Protocol, which are dealt with via the [Comments Section](#) of Cochrane Reviews in *The Cochrane Library*.
 - Referrals to the [Cochrane Funding Arbiter](#) on potential contraventions of Cochrane's Conflict of Interest policies related to the funding of Cochrane Reviews.
 - Complaints made about, or by, staff of Cochrane's Central Executive Team (who are also Cochrane Members as a benefit of their employment), which are dealt with according to the Central Executive Team's employment procedures¹.
- Complaints about Cochrane members or supporters which do not relate to their Cochrane activities (e.g. non-Cochrane work undertaken as part of their normal employment).
- Matters that have already been through the Complaints Resolution Procedure set out in this document.
- Anonymous complaints.
- Complaints about access to information where procedures and remedies are set out in legislation, e.g. EU General Data Protection Regulation.
- Complaints alleging behaviour of a criminal or unlawful nature.

Cochrane cannot overrule the complaints processes of the employing institutions or professional associations of any of our members or supporters. However, as a condition of membership or supporter status, everyone has a responsibility to comply with this procedure and to treat everyone with whom they interact in Cochrane with dignity and respect.

¹ These complaints should be sent to the person's line manager or the Chief Executive Officer. The one exception is complaints about the Chief Executive Officer, which should be sent to the Governing Board Co Chairs.

The remainder of this Procedure is set out as follows:

1. Definitions
2. Principles
3. Process

1. Definitions

Complaint	An expression of dissatisfaction or concern.
Cochrane member	A member of Cochrane as defined by the Membership Terms & Conditions .
Cochrane supporter	Anyone who has signed up for a Cochrane Account .

The parties involved in a complaint:

Complainant	The person or group of people making a complaint.
Respondent	The person or group of people who is the subject of the complaint.
Complaint manager	The person who will have responsibility for handling the complaint and ensuring it is addressed – this will be a manager, supervisor or the next most senior person in the organizational hierarchy. In other words, the person the respondent is accountable to for Cochrane matters. See the <i>Organizational Accountabilities</i> framework for more information.

2. Principles

This Complaints Resolution Procedure is based on the following principles:

The right to make a complaint	Everyone has the right to make a complaint.
Local resolution	Complaints should be resolved as directly and locally as possible in the first instance. Even where this has not been possible or is not appropriate, and the complaint comes to Cochrane, it will be handled at the next appropriate management or supervisory level, guided by Cochrane's accountability structure (see <i>Organizational Accountabilities</i>) and the principles and processes set out here. In many cases, it should be possible to sort out the problem straight away, sometimes through a well-facilitated meeting between the people involved. In practice, when a complaint is sent to Cochrane and escalated to a manager or supervisor it is because it cannot be resolved directly.
Co-operation and respect	Everyone involved in the complaint must comply with this complaints procedure, provide relevant information and respect confidentiality as appropriate. Cultural differences may play a factor in expectations around a

	complaint. While these will be acknowledged and respected where it is appropriate to do so, they cannot be relied upon to excuse unacceptable behaviour. The focus must be on the issue of complaint and seeking to resolve it in a proportionate and reasonable way. If a complainant or respondent do not co-operate, and the person handling the complaint has made reasonable attempts² to engage them, the complaint will proceed in accordance with the process set out in this document. Decisions, including whether to proceed and findings on the complaint, will be made on the information provided and any other relevant information that can be obtained.
‘Natural Justice’ – the duty to act fairly	• Complaints must be fully and clearly described by the Complainant and submitted in writing as a ‘formal’ complaint, not an unclear or general statement of dissatisfaction; • The Respondent will be informed of all the allegations against him/her and told who the Complainant is, unless the Complainant has requested confidentiality. • If a Complainant requests confidentiality their identity must be protected. They should be informed that this may impact on the ability to resolve the complaint. • The Respondent must have a full opportunity to respond to the allegations against him/her; • All parties to the complaint have the right to be heard and to receive regular updates on the progress of the process; • All relevant submissions and evidence must be considered; • The decision-making by the relevant person handling the complaint must be impartial, fair, timely and supported by reasons which are explained to the parties. • All parties to a complaint will have the opportunity to respond to any adverse findings or critical comment prior to the decision being made. Their response will be considered. • All parties to the complaint can seek a review of the decision. However, they must give reasons for seeking a review of the decision other than just being unhappy with the outcome.
The right to support	At any point in the complaints process, all parties have the right to involve an advocate/support person, who must adhere to the principles and procedure set out in this document. Where there is to be a meeting, attendees should be mutually agreed as such meetings are voluntary.
Timeliness	It is important that complaints are made as soon as possible after the event. Usually this means within six months of the event, or within six months of the person realising they have a reason for complaint, as long as that is not more than 12 months after the event itself.

² Including giving written notice that unless there is a response/information provided by a deadline the complaint will proceed on the basis of available information.

	There should be no undue delays once a complaint has been made, as set out in <i>Section 3, Processes</i>. Where a decision is subsequently challenged, requests for its review must be received in writing no later than one month after the decision was received by the parties to the complaint.
Confidentiality	The complaint will remain confidential to the parties involved within the constraints of the need to fully investigate the matter. Information about the complaint will be shared with other parties on a 'need to know basis' only.
'Whistleblower' Protection	As noted earlier, the Complainant has the right to request their identity is not disclosed to the Respondent. It should be acknowledged that the right to such protection may limit the ability to investigate the complaint, as it will require not identifying the Complainant. For example, it may limit the amount of information the Respondent can provide. A separate Whistleblowing Policy is in development.

3. Processes

Where possible, a complaint should be resolved informally and directly between the Complainant and Respondent. Where parties have not already tried to resolve the matter directly between themselves or at the local level involving the relevant supervisor or manager, they will be encouraged to try this approach first.

If this is not possible, or the outcome is unsatisfactory for either party, a complaint can be made to Cochrane. Occasionally the issue and/or the circumstances of a complaint may be such that direct resolution between the parties is not appropriate and the matter should come straight to Cochrane.

A complaint will be deemed to have commenced once it is submitted in writing to Cochrane, including the information requested in part 1 of the process outlined below.

3.1. Where to submit a complaint:

Complaints should be submitted in writing to:

Cochrane Complaints

St Albans House
57-59 Haymarket
London SW1Y 4QX
UK
+44 (0)20 7183 7503

Or they can be emailed to:

complaints@cochrane.org

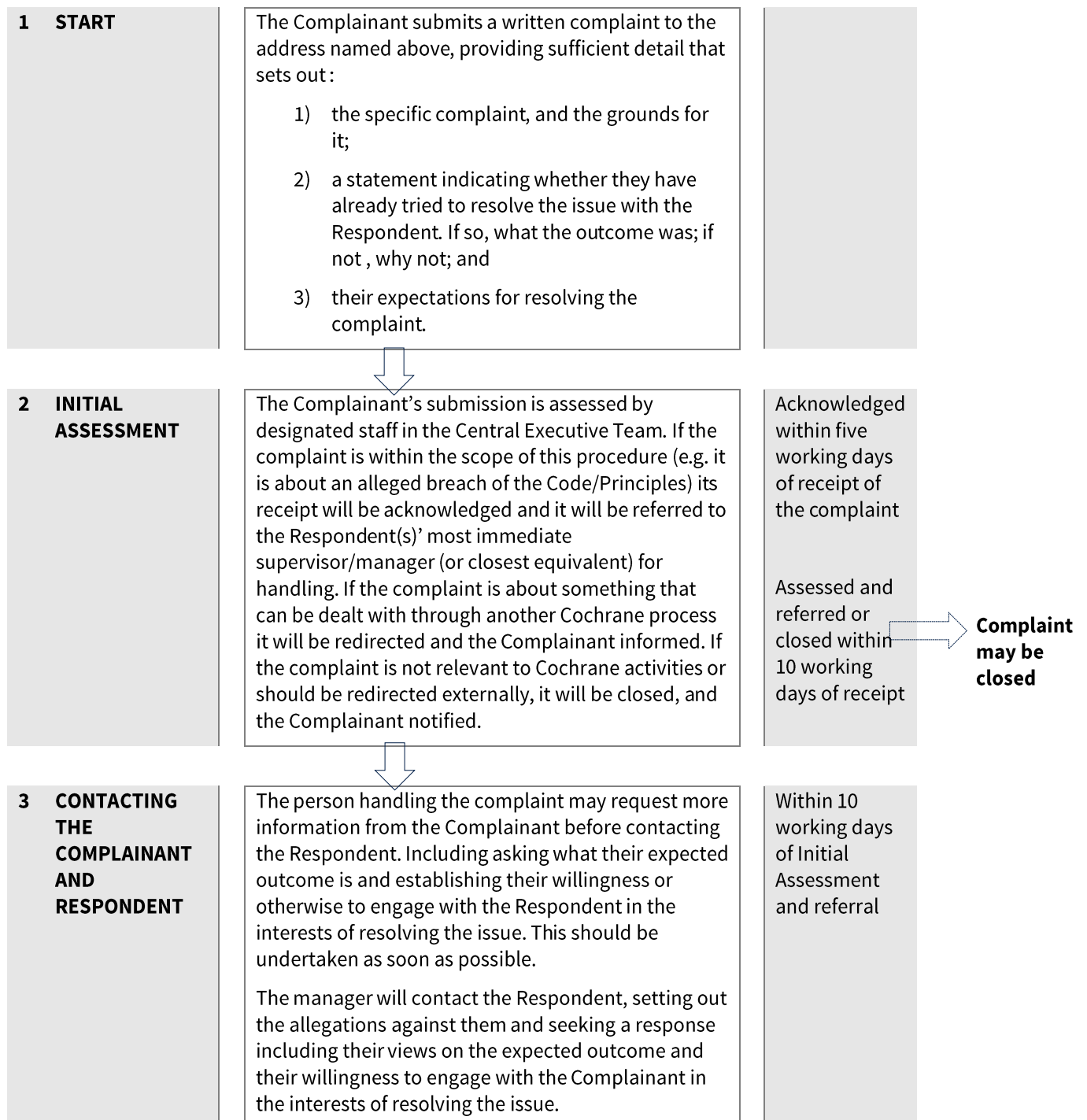
Complaints that can be dealt with under this procedure will be acknowledged within five working days, assessed and then sent to the supervisor or manager (or closest equivalent) of the **Respondent**,³ for resolution. If that person has already been involved in the complaint, consideration will be given as to whether it should be directed to the next most senior person.

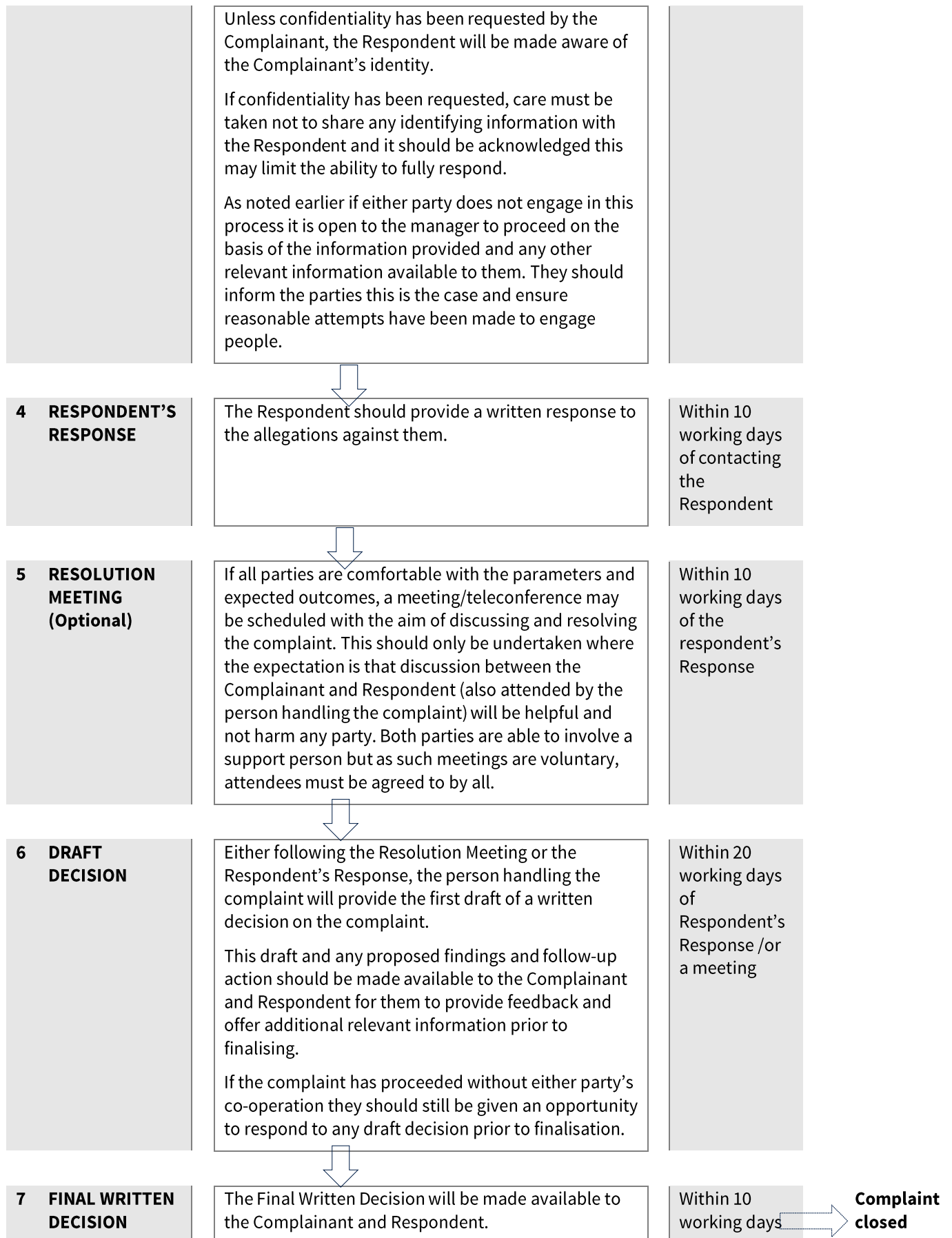
³ Although there are some direct line management relationships in Cochrane (e.g. Managing Editor to Co-ordinating Editor), in most cases this will be less clear because Cochrane does not directly employ its members or supporters. Each case will be considered individually to identify the most appropriate person to handle the complaint. This is often likely to be a senior leader in a Cochrane Group (e.g. Co-ordinating Editor, Centre Director, Methods Co-ordinator, or Fields Co-ordinator). See Cochrane's *Organizational Accountabilities* framework for more information.

Where a complaint needs to be dealt with under another process it will be redirected, and the Complainant will be informed of this. If it is not a matter Cochrane can deal with (including when it should have been raised directly with the Respondent or is more appropriately dealt with elsewhere), the Complainant will be informed.

For all complaints received and addressed according to this procedure, a confidential central repository of the documentation pertaining to each complaint, its handling and its outcome, will be maintained. This will allow for consistency in managing complaints and their handling over time.

3.2. The process:





		of Draft Decision
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**Timelines may be extended with the agreement of all parties for reasons including annual leave or other significant reasons.*

3.3 The right to seek review of the decision

If either the Complainant or the Respondent is not satisfied with the Final Written Decision, they have one opportunity to seek an internal review. In line with the accountability framework and the principle of local resolution and appropriate escalation, this review should be undertaken by the next most senior person to the person who managed the complaint (see Cochrane Management Accountabilities).

To seek a review the complainant or respondent should provide a written description of why they are dissatisfied with the decision, within one month of receiving the final decision. They must give reasons why they are challenging the decision. This written document (review request) should be sent to the postal or email address for complaints clearly marked as a request for review. It will be treated as private and confidential, but will be shared with the other parties to the original complaint (subject to any confidentiality requests made earlier).

As noted above, the decision on the complaint will be reviewed by the next most senior person to the one who managed the complaint – for example their manager or supervisor for the Cochrane activity. In dealing with the review, assistance and advice may be sought from the Chief Executive Officer and/or Editor in Chief depending on the issue (and they may involve an independent mediator or legal advisor, as appropriate).

The person reviewing the decision will study the documentation relating to the initial complaint and make any additional enquiries they require. A draft of their findings (a 'Review Decision') will be made available to the Complainant and Respondent to provide feedback and offer additional relevant information prior to finalizing.

The reviewer's decision will be communicated to the Complainant and Respondent as soon as possible, and not more than three months after receipt of the request for the review.

The reviewer's decision is final.

3.4 Possible outcomes

The focus of this process must be on reaching an outcome that is achievable and proportionate to the issue involved. Possible outcomes may include an explanation of the reasons for an action or conduct complained about; or an acknowledgement or finding that an action or conduct did or did not meet the expectations outlined in the Code/Principles.

Where appropriate, an apology and/or corrective actions may be offered or requested. Where an appropriate outcome cannot be achieved, or the information does not support the complaint, it is open to the person handling the complaint to finalize it on that basis.

Where it is found that there has been a serious departure from the behaviour or conduct expected under the Code/Principles and a suitable resolution cannot be achieved (for instance there is a refusal to acknowledge and apologize for the behaviour and take steps to ensure it does not recur) the person handling the complaint should escalate the matter to their manager/ supervisor or the next most senior person in relation to the Cochrane activity subject to the complaint, for discussion with Cochrane's CEO or a delegated senior member of the CET regarding what action to take.

The most serious consequence of a complaint is potentially the recommendation that a Respondent's Cochrane membership or supporter status be terminated. However, such recommendations are expected to be rare and must be discussed with Cochrane's CEO or a delegated senior staff member

Any final decisions involving membership will be made by the full Governing Board, following recommendations being made to, and considered by, its Complaints Sub-Committee.

Respondents who have multiple complaints against them may be the subject of recommendations to and action by the Governing Board.

3.5. Incident Reporting to the Charities Commission

The UK Charity Commission, to which Cochrane reports, requires charities to report serious incidents. They define a serious incident as an adverse event, whether actual or alleged, which results in or risks significant:

- harm to the charity's beneficiaries, staff, volunteers or others who come into contact with the charity through its work
- loss of the charity's money or assets
- damage to the charity's property
- harm to the charity's work or reputation

If a Complaint Manager is concerned that the complaint they are managing qualifies as a 'serious incident', they should inform Cochrane's Central Executive Team at complaints@cochrane.org. The Governing Board shall decide, and be responsible for, reporting serious incidents to the Charity Commission.



Organizational Accountabilities

[An official Cochrane Policy, dated [date of approval]]

1. Introduction

Cochrane is a global network of approximately 80,000 people¹ from more than 130 countries who contribute to, or support, the organization's work. Except for staff of the Central Executive Team², Cochrane does not directly employ its contributors. These contributors are split into three categories:

- **Supporters (around 68,000 people)**
 - **Members (around 13,000 people)**
 - **Staff: i) Cochrane Group staff; ii) Central Executive Team (together around 1,000 people)**
- All staff are automatically Cochrane Members.*

Membership is open to anyone³ who contributes in a sustained and substantive way to Cochrane's work, and members come from a variety of different backgrounds. An individual's membership journey usually begins as a supporter upon activating a Cochrane Account. Supporters graduate to member status based on the tasks they complete.

Cochrane Groups are independently funded and supported by non-commercial entities, like universities, hospitals, government funding agencies and charities, which provide funding directly to the host organization of that Group to support Cochrane's work in a thematic or geographic area. Cochrane Group Staff are usually employed by the organization hosting their Cochrane Group.

Most members and supporters make their contributions to Cochrane through at least one Cochrane Group (e.g., as a member of a Cochrane Review author team working in a Review Group or a translator in a Geographic Group), but increasingly there are others who contribute outside of the Group structure, e.g. through Cochrane Crowd. Many members and supporters have their own source of funding to undertake Cochrane work (e.g. research grant funding to undertake a Cochrane Review) and others contribute on a purely voluntary basis.

Despite this diverse, networked structure, Cochrane has clear policies, processes and management structures in place to ensure the accountability of all those doing work in its name, which are set out below.

2. Defining Accountability

Being accountable means making a commitment to be responsible and answerable for your actions, and wherever possible, doing the things you make a commitment to do. In Cochrane, accountability applies at a personal and organizational level. Members and supporters make a commitment to treat each other with respect and fairness in

¹ Numbers are correct as of June 2019 but are growing daily

² Central Executive Team staff are employed by Cochrane's UK Charity

³ Members cannot work for a pharmaceutical or medical device company, for conflict of interest reasons.

carrying out work for Cochrane. Management and governance decision-making are transparent and explainable. Constructive criticism and debate are welcomed.

Cochrane sets out its definition of accountability in its Principles and official Policies:

- All members and supporters agree to adhere to [Cochrane's Principles](#), and abide by the organizational Principles of Collaboration.
- All members agree to the [Terms & Conditions of Membership](#), which includes an agreement to adhere to official [Cochrane Policies](#).
- Anyone managing or overseeing the work of another person in a Cochrane setting are responsible for doing so according to Cochrane's [Charter of Good Management Practice](#).

These principles and policies set out clear expectations of behaviour and practice. They support members and supporters in working together individually and collectively to achieve the organization's goals and objectives.

Nevertheless, sometimes problems and disputes between people doing their Cochrane work will occur. To resolve these issues Cochrane expects that in the first instance they should be dealt with directly between the parties involved, and at the most local level possible thereafter (i.e., by those who supervise or manage the Cochrane work of those involved). This recognizes that the earlier and more directly an issue or problem is raised, the greater the chance of successfully resolving it. If an issue cannot be resolved by the individuals involved, or those supervising or managing their Cochrane work, then a complaint can be made by any Cochrane member or supporter, which will be handled according to the organization's Complaints Resolution Procedure.

3. Achieving Accountability

i. Through Cochrane's organizational and governance structures

Cochrane's highest body of organizational and governance authority is its Governing Board, made up of elected and appointed Trustees and Directors of The Cochrane Collaboration (a UK charity and limited-liability company). In turn, the Trustees are responsible to the UK's Charity Commission and Companies House for all of Cochrane's activities and to ensure that those activities are conducted properly and lawfully; and contribute towards its mission and public benefit obligations.

The Governing Board delegates its authority for organizational management and executive delivery of Cochrane's strategic goals and objectives to the Chief Executive Officer, and authority for Cochrane's editorial content to the Editor in Chief. These executive officers are responsible to the Governing Board for the performance of their duties; and they are supported by a Senior Management Team and a Central Executive Team.

Cochrane's Review Group Networks, individual Review Groups, Geographic Groups and Networks, Methods Groups and Fields are accountable to the Editor in Chief and CEO through their integration within an organizational structure (see section iii. below). These Groups have⁴ established the details of their mutual responsibilities and accountabilities through individual Collaboration Agreements with the Central Executive Team, or in the case of some Geographic Groups, with a Cochrane Centre.

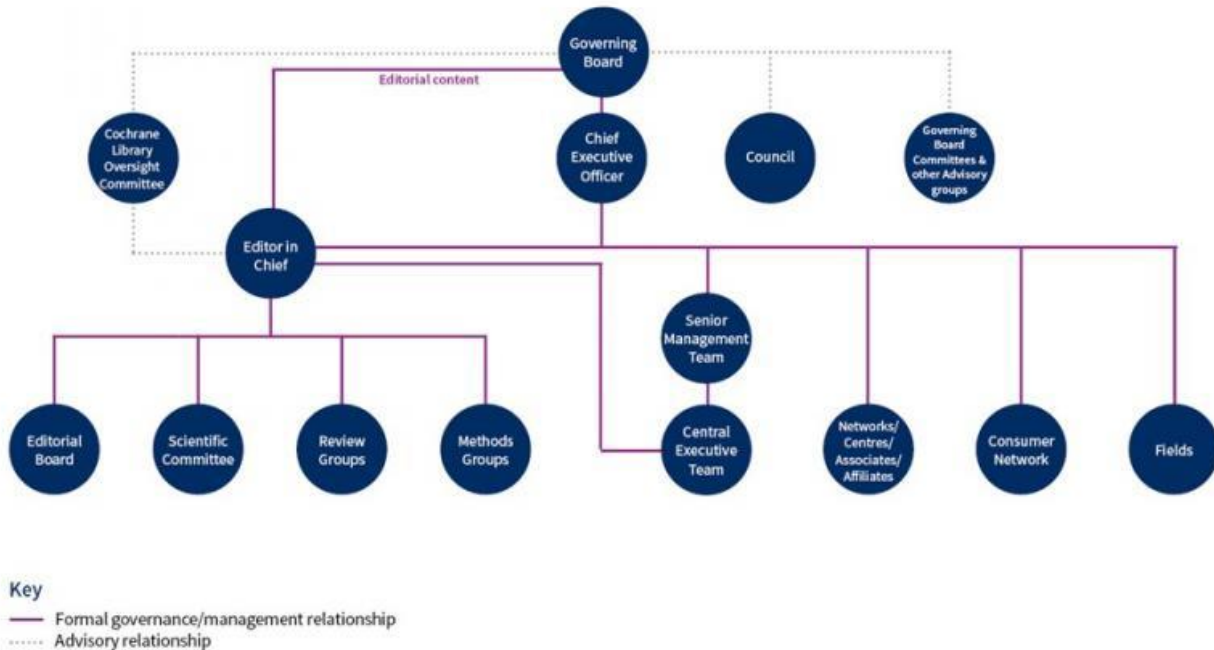
More details on this structure of organizational accountability can be found at:

<https://community.cochrane.org/organizational-info/people/cochrane-organizational-structure> [Needs updating with CRG Network- this will be done by end of 2019]

⁴ Or will soon (in the case of Fields and Methods Groups).



Governance Structure and Executive Accountability Relationship



ii. Through Cochrane's strategic plans

Cochrane uses strategic planning to set clear organizational priorities, focus core resources, and ensure that staff and members are working toward common goals in support of its mission. Cochrane's current strategic plan is the [Strategy to 2020](#), a seven-year transformational programme developed through a consultative process with Cochrane members, staff and external stakeholders, that has introduced four key goals for the organization under which all activities are now based:

GOAL 1: Producing evidence

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

GOAL 2: Making our evidence accessible

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

GOAL 3: Advocating for evidence

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

GOAL 4: Building an effective sustainable organization

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

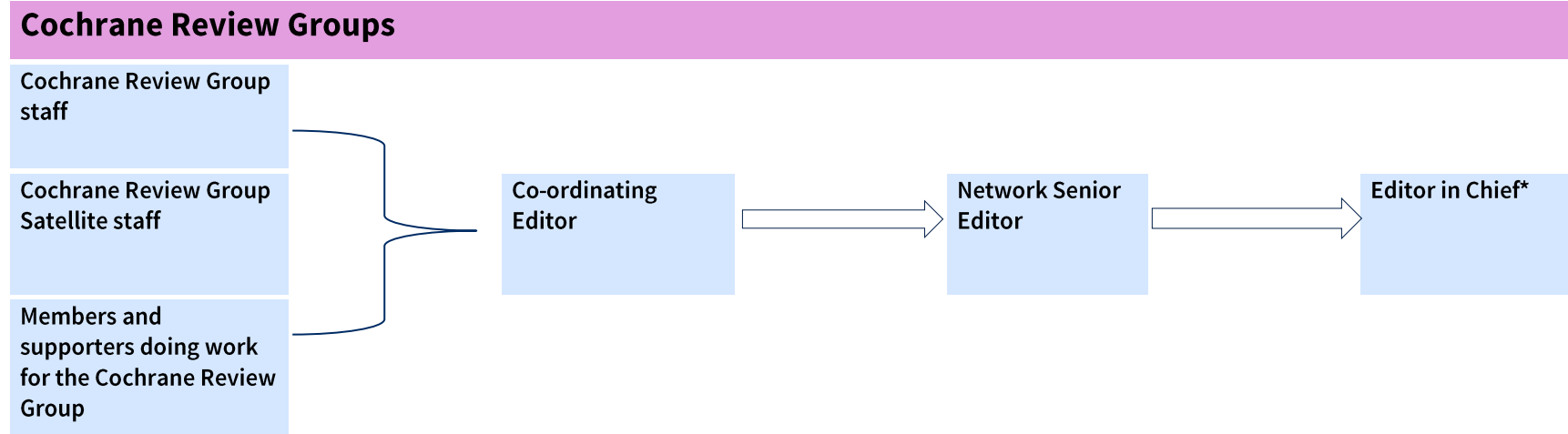
Cochrane's Senior Management Team proposes annual targets for delivery by staff and members in support of *Strategy to 2020* that are considered, amended and approved by the Governing Board. The annual budget for core

funds is designed to deliver the targets and other key organizational priorities in any given year. The Central Executive Team works with Cochrane Group staff and members to communicate, plan and deliver the targets through workplans and projects. All documentation related to strategic plans is published and regularly updated on the [Cochrane Community website](#), and discussed and communicated across Cochrane's global network in multiple ways: for example, at meetings such as the Governance Meetings and Colloquia, online, and through training events.

iii. Through people management

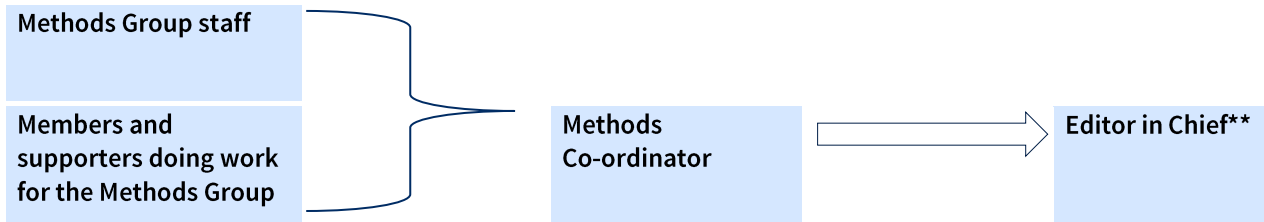
In Cochrane, 'managers' are those individuals within a Cochrane Group or Central Executive Team department responsible for supervising the people doing Cochrane work for their Group or department. Except for staff of the Central Executive Team, Cochrane does not directly employ its contributors. Therefore, although in the context of their employment or other activities a person may have a different line manager, for their Cochrane activities the management accountabilities listed below apply.

All members and supporters report to the Cochrane manager for the area of work or task they are doing for Cochrane. **Equally, that person is accountable to them for leadership, guidance and support – in accordance with [Cochrane's Charter of Good Management Practice](#).** A member or supporter may have multiple, different accountabilities depending on the tasks they are doing for different Groups. In other words, 'line management' is task specific, just like overall membership structure.

People management accountabilities:

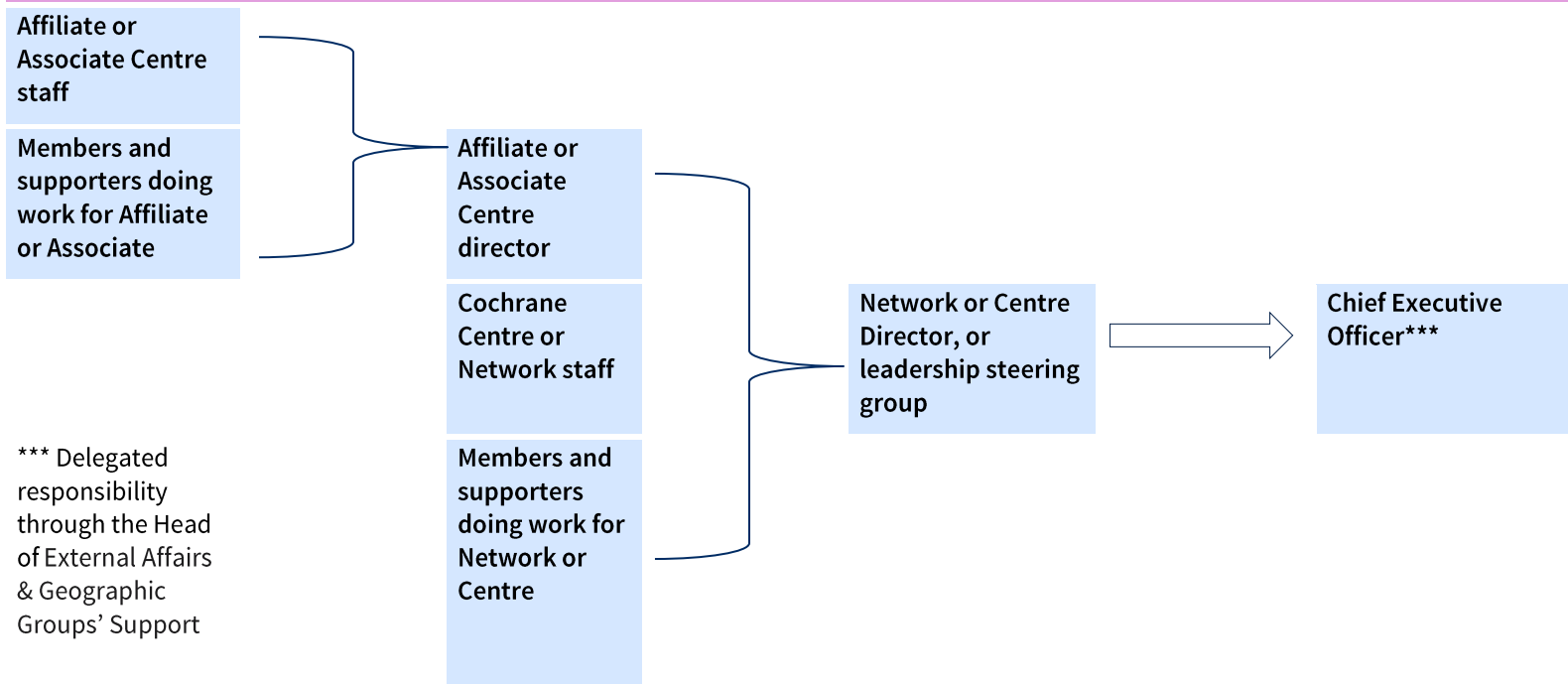
*Delegated responsibility to the Deputy Editor in Chief

Cochrane Methods Groups



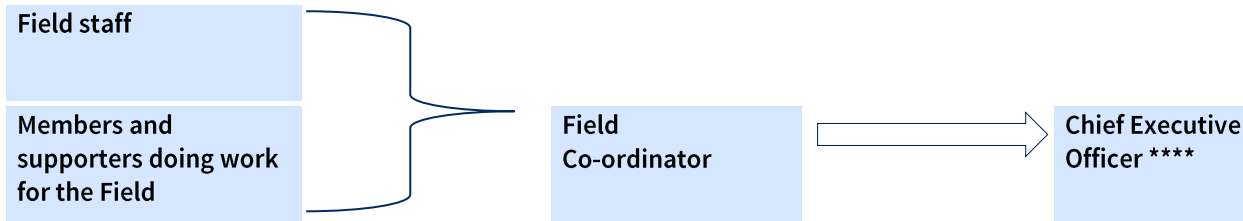
** Delegated responsibility through to the Deputy Editor in Chief

Cochrane Geographic Groups



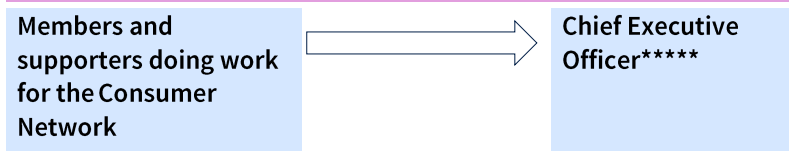
*** Delegated responsibility through the Head of External Affairs & Geographic Groups' Support

Cochrane Fields

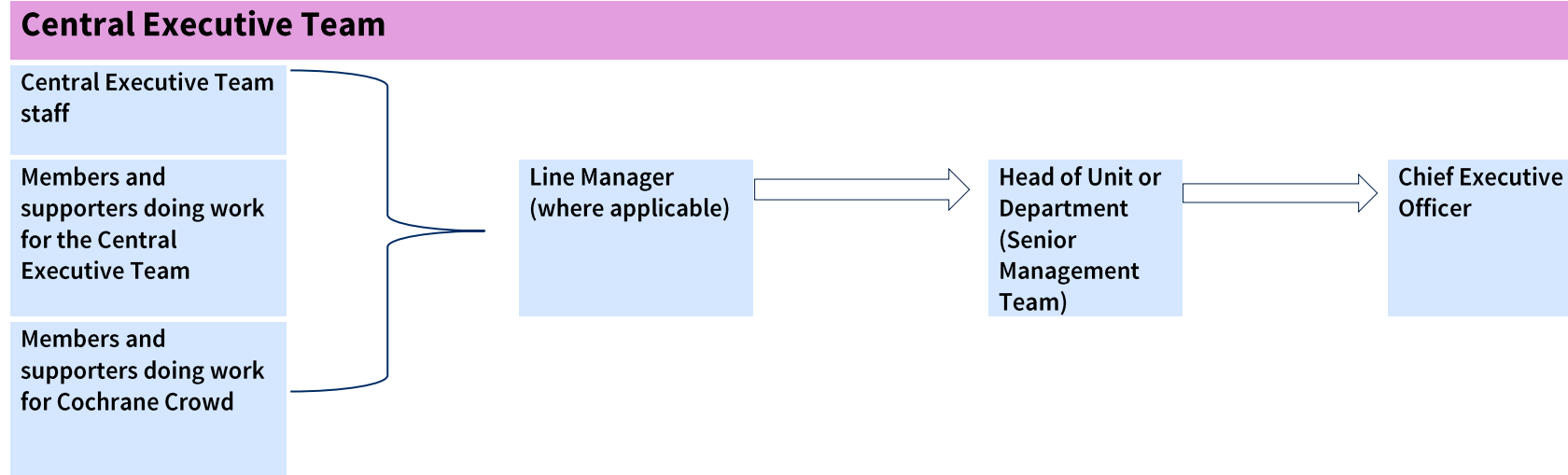


**** Delegated responsibility through the Head of Knowledge Translation

Consumer Network



***** Delegated responsibility through the Head of People Services (via the Consumer Engagement Officer)





Agenda for the 2019 Annual General Meeting

NOTICE IS HEREBY GIVEN that the 2019 Annual General Meeting (AGM) of The Cochrane Collaboration ('Cochrane') will be held on: Wednesday 23 October, 17:45-19:00 CLST, Casa Piedra, Santiago de Chile, to transact the business set out in this Agenda.

Chair: Martin Burton
Co-Chair, Governing Board

All Cochrane Members and Supporters are welcome to attend. All Members are entitled to vote on AGM Resolutions.



1. Welcome

i. Introduction of the Trustees

Proposed Resolution: To approve the appointments of Marguerite Koster, Raewyn Lamb, and Catherine Marshall as Trustees

ii. Reminder of the AGM voting procedure

2. Minutes

Proposed Resolution: To approve the Minutes from the 2018 Annual General Meeting, Edinburgh, Scotland

3. Trustees' Reports and Financial Statements

i. Co-Chairs' Report

Martin Burton and Catherine Marshall

ii. Treasurer's Report

Jan Clarkson

Proposed Resolution: To receive and note the Trustees' Report and Financial Statements for 2018

4. Appointment of the Auditors

Proposed Resolution: To approve Sayer Vincent as auditors until the conclusion of the next Annual General Meeting

5. Members' Questions on Resolutions

Voting and results of Resolutions

6. Council Report

A report and presentation from the Council Co-Chairs, Miranda Langendam and Craig Lockwood

7. Senior Officers' Reports

i. Editor-in-Chief of *The Cochrane Library*

Karla Soares-Weiser

ii. Chief Executive Officer

Mark Wilson

8. Members' Discussion and Any Other Business

9. Date of next meeting

- i. To be held at the Toronto Colloquium, between 5-6 October 2020**

The formal Agenda will be followed by the presentation of the Anne Anderson and Chris Silagy Prizes