Governing Board Meeting 6 December 2023

Schedule	Wednesday 6 December 2023, 7:00 PM — 9:00 PM GMT
Venue	Via Teams
Description	A meeting of the Cochrane Governing Board
Notes for Participants	Documents for information including the Governing Board Charter and Code of Conduct for Trustees can be found in the document library here: https://cochrane.azeusconvene.com/jsp/dm/dm0201.jsp?OBJ_GUID=1DB93D12-B0BE-41FB-AB28-473E82C28A96
Organiser	Lucy Johnson-Brown

Agenda

1. Welcome
   Presented by Jordi Pardo Pardo

2. Approval of the agenda
   For Decision

3. Declaration of any conflicts of interest relating to items included on the agenda

4. Minutes of the meetings held on 31 August 1 September and 2 September 2023
   For Decision - Presented by Jordi Pardo Pardo

   📄 Item_04_Governing Board meeting_ Draft_minutes_2023_09_01_restricted access_final draft.doc

| 8:00 PM | 12. | **Report from the Governance and Nominations Committee** |
| | | Report to Note - Presented by Tamara Kredo |

   📄 Item_12_Governance and Nominations Committee report   138
2023_12_06.docx

| 8:10 PM | 13. | **Governing Board elections** |
| | | For Information - Presented by Lucy Johnson-Brown |

| 8:12 PM | 14. | **Report from the Future of Evidence Synthesis Oversight Committee** |
| | | Report to Note - Presented by Sally Green and Karla Soares- Weiser |

   📄 Item_14_Report from the FES Oversight Committee
2023_12_06.docx

| 8:17 PM | 15. | **Report from the Fundraising Committee** |
| | | For Information - Presented by Wendy Levinson |

| 8:22 PM | 16. | **Scientific strategy** |
| | | For Information - Presented by Karla Soares-Weiser |

   📄 Item_16_Scientific strategy update 2023-12-06.docx   155

| 8:32 PM | 17. | **Event format options 2025** |
| | | For Decision - Presented by Gavin Adams |

   📄 Item_17_Event Format Options 2023_12_06.docx   156

| 8:42 PM | 18. | **Future Engagement Mechanisms Working Group** |
| | | Report to Note - Presented by Jordi Pardo Pardo |

   📄 Item_18_Future Engagement Mechanisms Working Group   165
update 2023_12_03.docx

| 8:47 PM | 19. | **Membership update** |
| | | Report to Note - Presented by Gavin Adams |

   📄 Item_19_Membership update   176
2023_12_06.docx_updated.docx

| 8:52 PM | 20. | **Face to face meeting in Berlin in March 2024** |
| | | For Discussion - Presented by Jordi Pardo Pardo |

Item_20_GB meeting Berlin March 2024 outline information
.docx

21. Any other business
Presented by Jordi Pardo Pardo

22. Date of next meeting - Tuesday 9 January 2024
at 7pm - 9pm (UK time)

8:55 PM   23. Board only time

Governing Board: Reports

Title:	**Report from the Chief Executive Officer**
Previous or schedule reports on this topic:	The Chief Executive Officer presents a report at each Governing Board meeting
Paper Number:	**GB-2023-38**
From:	Chief Executive on behalf of the Executive Leadership Team
People Involved in the developing the paper:	Executive Leadership Team
Date:	28 November 2023
	For Consideration at December 2023 Board meeting or by Convene between meetings.
For your:	**ASSURANCE**
Access:	Restricted

1. Purpose

This provides an overview from the Chief Executive for the period September 2023 – December 2023.

2. Overview

Cochrane is handling an intense workload as we implement our extensive transformation. It has been a particularly challenging year for the Central Editorial Service. The Central Executive Team, which includes the Central Editorial Service and Executive Leadership Team, deserve much praise for their commitment and diligence.

The Executive Leadership Team (ELT) has been focusing on delivering sustainability. Our focus for 2024 will be to secure and support all parts of the evidence production pipeline. This extends well beyond the editorial production of reviews, and includes training, technology and everything that supports Cochrane.

The transition to the new Chair of the Governing Board has gone smoothly. The initial implementation of the recommendations set out in the Governance Review has led to significant improvements.

3. Strategy

The global strategy has involved extensive consultation. (See December 2023 Governing Board Strategy paper for more details). Observations have been included when appropriate, and comments will be further used to develop a narrative to accompany the final published version.

The Strategy Working Group reviewed the final version in early November.

The Governing Board is requested to sign off the proposed strategy to enable final work on the Key Performance Indicators, implementation plan and the development of communications materials. This discussion and approval will be included in the December 2023 Strategy item in the Governing Board agenda.

Vision
- Long term change aspiration

Mission
- Defines current overall aim

Goals
- Broad area of focus/impact in stategic period

Strategic Objectives
- Defines aims within the goal

Annual Objectives and Key Results
- Creates annual implementation specifying priorities and results
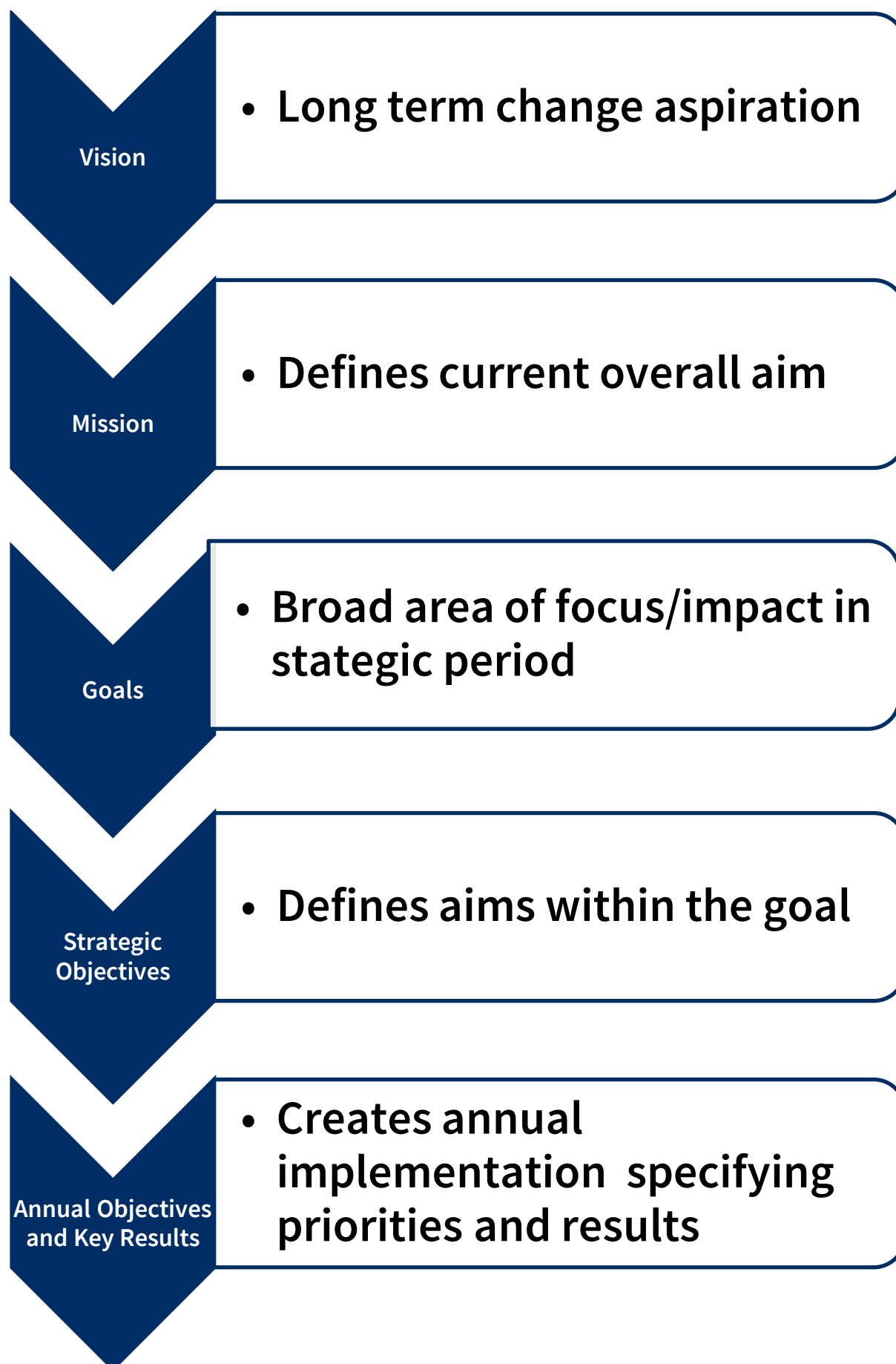
Figure 1 Strategy Levels at Cochrane (C.Spencer)

The 5 Elements of *Good* KPIs

A Measure: Every KPI must have a measure. The best ones have more specific or expressive measures.

A Target: Every KPI needs to have a target that matches your measure and the time period of your goal.

A Data Source: Every KPI needs to have a clear data source for measurement.

Reporting Frequency: All measures have different needs, but we recommend reporting monthly.

An Owner: While this isn't a mandatory aspect of your KPI statement, be clear about who is responsible for reporting progress.

OnStrategy | www.OnStrategyHQ.com

Figure 2. OnStrategy's 5 Elements of Good KPI[1]

The Executive Leadership Team has begun to **develop Key Performance Indicators (KPI)**. KPI are 'owned', monitored and determined by the Governing Board.

The Strategy Working Group will be asked to work with the Executive Leadership Team to develop around ten KPI that can be used to provide critical evidence of performance against the strategy. These will be presented to the Governing Board for approval.

Monitoring below this as demonstrated in Figure 3 –

Committees may, where necessary, refer to Specific Performance Indicators that provide more detail. They will also be informed of any significant issues in delivering against the annual objectives and key results.

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[1] *https://onstrategyhq.com/resources/27-examples-of-key-performance-indicators/*

The Executive Leadership Team will have an operational level view of performance against the annual plan, monitoring progress against annual objectives and key results. This is granular detail and why it is important to develop Key Performance Indicators that allow the Governing Board to perform their governance responsibilities without getting into operational detail. The Executive Leadership Team will inform the Governing Board of operational detail when appropriate.
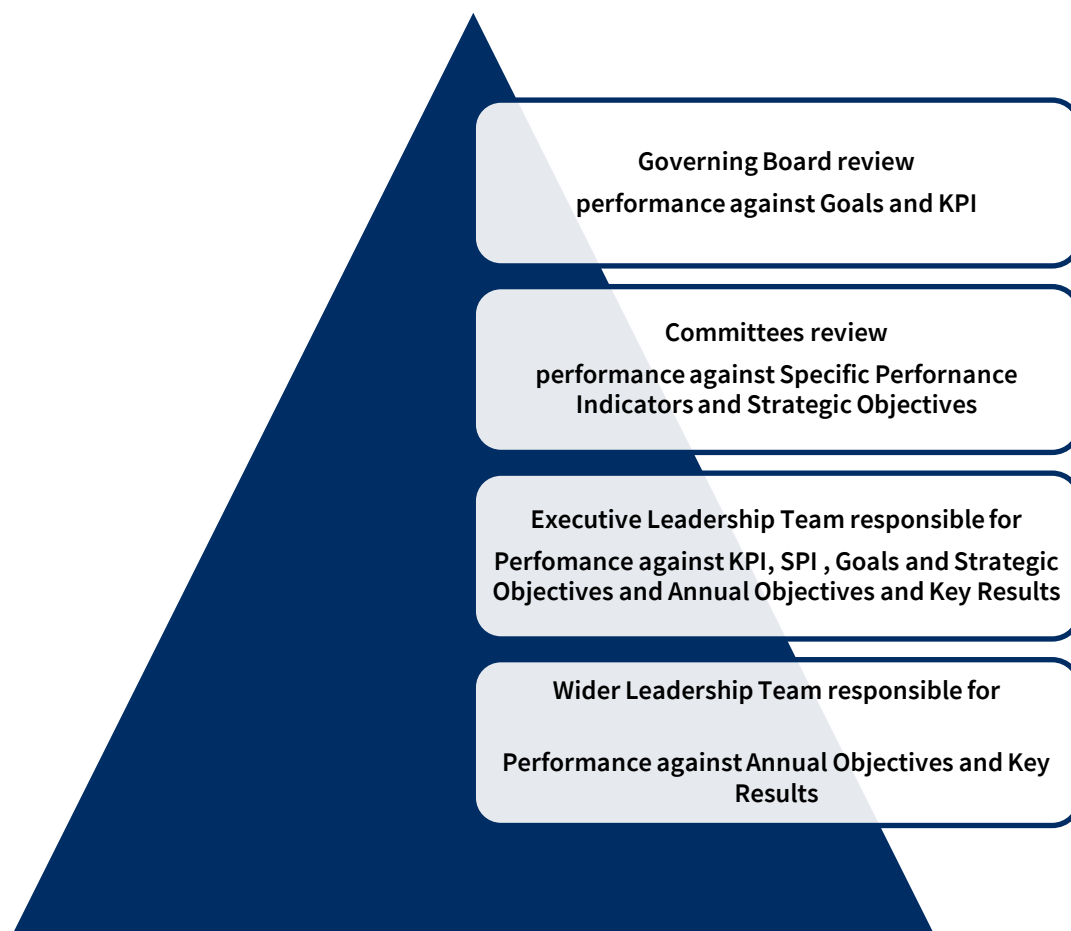
Figure 3: Monitoring and Evaluation of progress against the Cochrane Strategy (C.Spencer)

4. Open Access

Jordi Pardo Pardo, Interim Chair of the Governing Board, Catherine Spencer, CEO, Dr Karla Soares-Weiser, Editor in Chief and Laura Ingle, Director Publishing and Technology had a very productive meeting with Cochrane's publishers, John Wiley & Sons (Wiley), in mid-November in Hoboken, New Jersey.

This work has been coupled with extensive conversations with Open Access advocates such as Plan/cOAlition S.

We have worked throughout the last year on the most likely OA model that could work for Cochrane. This remains challenging as the Cochrane Database for Systematic reviews does not fit the OA models that are based on journals. Cochrane's research output is 'Reviews' as opposed to primary research. Reviews were not considered in the original mandate of PlanS, and it is this which makes our situation more complex. cOAlitionS have confirmed that Reviews and secondary research are not their focus and therefore some funders do not require open access.

We are working extensively to uncover exact funder requirements and continue to liaise with funders and Cochrane Groups to understand what is deemed acceptable.

We are continuing to validate our Open Plus model. This model is reliant on investment in enhanced functionality and tools as we migrate from a content model to a functionality model. This investment is required regardless of models.

We will include in our Open Access proposals to the Governing Board for consideration at the 9 January 2024. Options will carry different levels of risk.

5. Publishing and Technology

Enhancements to existing technology and products, as well as developing new products will support the move to Open for CDSR.

RevMan Web was launched for non-Cochrane use early in 2023. We set a Year One target of £50,000 sales. In October, sales surpassed £103,000 with more in the pipeline to the end of December.

6. Membership, Learning & Support

We will further develop the Membership Strategy in 2024 which will focus on both individual and institutional membership.

To date, we have worked with a membership network, MemberWise, to develop a value statement for Cochrane's membership, this contributes towards our next work.

Rachel Klabunde and Stephanie Owens confirmed in post as, respectively, Head of Membership, Learning and Support and Support Team Manager.

7. Fundraising
- Fundraising Strategy was approved by the Governing Board at its August meeting.
- Cochrane's new Head of Fundraising, Karen Johnson, joined Cochrane on 16th August. Recruitment for a Fundraising Manager is underway for a start date in Q1 24.
- Cases for Support have been developed for Cochrane and for each of the Thematic Groups (except Sexual & Reproductive Health).
- An exercise to qualify potential funders of Cochrane is underway and a funding pipeline has been created.
- Critical enablers (policies/processes) for fundraising are being developed with key colleagues.
- A meeting with a key prospect, Bloomberg Philanthropies, has been set up for end November.
- A 'Friends of Cochrane' group will be established to support Cochrane's fundraising ambitions. These individuals will support networking, providing insight into, and connections to, key donor prospects, and guidance on framing and approaches to donors.

8. Communications and Advocacy

For further information see the Progress on Strategy for Change Objectives below.

9. Global Reward and Contracts Review

The Remuneration Committee have been discussing this strategic project.

This complex piece of work is ongoing.

Over the last 30 years, the organisation has grown its global workforce - from a simple UK payroll - in an unplanned, unstructured way resulting in an increase to compliance risks. Even outsourcing the payroll had been challenging (German payroll is being changed to a third provider in three years). The Governance Review had suggested that a more global structure & culture (e.g., to unlock fundraising) could be imposed through increased global staffing - but this includes risk and cost. There are also broader questions around what global structure Cochrane wants to be in the future.

Work will consider these issues, and report on options for the Executive Leadership Team and Governing Board to consider.

It is expected that this will report to the Board, via Renumeration Committee, in March 2024. A summary timeframe is given below.

Figure 5 Workflow for Global Rewards Contract

Next report: March 2023

Progress on Strategy for Change Objectives

This is the last quarterly report on the Strategy for Change. **This report will be replaced by Key Performance Indicators in subsequent Chief Executive Reports as described in the report above.**

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

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

Achievements and challenges
- **See the Editor-in-Chief update**.

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

Key priorities:
- Develop and introduce a new, streamlined review format
- Simplification of processes and tech

Achievements and challenges
- **See the Editor-in-Chief update.**

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

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

Achievements and challenges
- Cochrane has continued to support implementation of the WHA resolution 75.8 on clinical trials policy. This included:
  - o Responding to a consultation on a draft policy document highlighting the important link between systematic reviews and better clinical trials and encouraging members of the community to also respond.
  - o Inviting the lead of this work in the WHO Secretariat to present about it at the Colloquium.
  - o As part of her role on the WHO Technical Advisory Group established for this work, Cochrane's Editor in Chief also participated with other leaders in the Global Clinical Trials Forum in Geneva on 21 and 22 November.
- Cochrane's Editor in Chief also hosted a focus group at the WHO HQ on the Scientific Strategy with 20+ content experts (many at leadership/director level) on 23 November. This leveraged Cochrane's existing relationships within WHO and holds promise for building new ones. One-on-one meetings were also held with the Chief Scientist and Director of TDR, as well as other key individuals.
- Cochrane developed a memorandum of understanding with PAHO as a basis to explore opportunities for collaboration.
- Cochrane attended high-level meetings on health of the UN General Assembly for the first time, which was possible due to the Advocacy & Partnerships Lead's relocation to New York. Key takeaways included: health matters are increasingly being discussed at UN level; this is a major forum in which Cochrane should try to participate in the future; significant attendance from other key actors (e.g. policy, NGO and donor representatives).
- An exploratory meeting with the UN SDG Synthesis Coalition is being planned before the end of the year.
- World Evidence-Based Healthcare Day on health equity took place on 20 October, with the Chair of our Governing Board participating in the flagship webinar. The campaign was successful, with a total of 1106 organisations from 122 countries engaged in 42 languages.

Key risks
- Though a new Advocacy and Partnerships Officer joined the team in September (and is already making a big difference) resource for this area of work remains low relative to expectations.

- With forthcoming strategy changes, there is a need to refresh our advocacy priorities to ensure relevance and best use of limited resource. Likewise, the need to prioritise key partnerships.

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

Key priority: We will have a Board approved decision and transition plan (roadmap) for OA in 2023

Achievements and challenges

- We have identified a unique, hybrid Open Access model that could work for Cochrane Systematic Review and have been undertaking research and working with our publisher Wiley to validate if this can provide a route to open for Cochrane. The meeting with Wiley in Hoboken helped us to understand more about how this model could be adapted to achieve a sustainable transition.
- We have also been understanding more about the changing Open Access landscape and engaging with key stakeholders in order to understand the mandates for Cochrane reviews and how best to meet the needs of funders.

Key risks

- The model is dependent upon an enhanced experience on the Cochrane Library, including enriched data, search, and functionality that will need to be developed to meet the need of partners, users and stakeholders.

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

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

Achievements and challenges

- New Service Level Agreements have been agreed with Wiley, including improvements to speed of online publication.
- User Research has been undertaken to better understand the search needs of users in order to inform the roadmap.
- We have also undertaken research into the potential for improvements related to enriched data, and PICO.

Key risks

- Business cases for Cochrane Library Product Development not approved by Governing Board.

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

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

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

Key priorities:

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

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

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

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

Achievements and challenges
- Cochrane's new approach to promoting Cochrane reviews internationally, working with Geographic Groups, has delivered several successes. Spanish and German translations of centrally-produced media materials have delivered additional global coverage, while recruitment of a Communications Officer based in Kenya has expanded reach into Africa. Recent highlights include:
    o A review on the efficacy of blue light filtering spectacle lenses was covered by hundreds of news outlets globally, including the New York Times, Washington Post and CNN. The review has an Altmetric score of 2,954, placing it in the top 5 Cochrane reviews of all time by Altmetric score.
    o A review on the thermal stability of human insulin was covered by specialist health, science and policy media in English, German and Spanish. This includes coverage in CGTN, a pan-African media outlet.
- Redevelopment of Cochrane.org is underway with web agency Headscape. The project will consolidate the three centrally-managed websites, Cochrane.org, Cochrane Training and Cochrane Community into one consistent site. The project is currently in the user testing phase, and will be implemented by the in-house web team in 2024 with the support of the wider team. We anticipate completion in Q4 2024. This will be a challenging project, as there are currently over 6,000 unique web pages across the three sites. Many of these are out of date and/or contradict information on other pages. User surveys of the current sites show that the Community site in particular offers a poor user experience, with many users unaware they're not on the 'main' site and unclear who or what the site is for. All of the content across the sites will need to be reviewed, rewritten (or removed) and assigned to a logical section in the new structure. This is likely to significantly reduce the capacity of the Communications team in 2024 during implementation; the web team will be focusing on the technical aspects, while the content-producing parts of the team will need to review and update the content on every page.
- Development of a communications strategy has been on hold while the organisational strategy is finalised. Once this is signed off, work will resume to ensure the communications strategy aligns with the organisational one.

Risks
- Constrained capacity and many priorities

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

Key priority: Culture and ways of working – values

Achievements and challenges
- Significant work has gone into communicating the Future of Evidence Synthesis change programme. The 'Future Cochrane' website has been redeveloped to reflect the needs of the community and is regularly updated with new content. As well as factual updates, this includes community-building content interviews such as interviews with members of the community and staff. We have received positive feedback on these developments, and traffic to the website suggests that it is reaching the target audience effectively.
- A series of communications has begun to be sent to the Cochrane Community, this work will develop over the next few months now that we have resources in place.

Key risks
- Members of former review groups remain disenfranchised due to loss of funding and perceived lack of support from Cochrane; there is little we can do to address the fundamental issues behind this.

Governing Board: Decision Paper

Editor in Chief Report to Governing Board

Title:	Editor in Chief Report November 2023
Previous papers submitted on this topic:	Editor in Chief report August 2023
Paper Number:	**GB-2023-39**
From:	Karla Soares-Weiser, Editor in Chief
People Involved in developing the paper:	Toby Lasserson, Ruth Foxlee, Colleen Overman, Ella Flemyng, Ursula Gonthier, Susan Evans
Date:	28th November 2023 For Consideration at the December 2023 Board meeting
For:	**FOR INFORMATION**

1 Background:

I am pleased to present to the Board an update covering a range of editorial activities. This update includes detailed reports on the progress and achievements of the Future of Evidence Synthesis programme of work, as well as important developments within the Cochrane Library and the Cochrane Evidence Synthesis and Methods Journal. It also highlights the ongoing work related to our editorial policies and the management of high-profile reviews, and progress in our scientific strategy plans. Additionally, I provide a concise summary of the discussions and outcomes of the inaugural face-to-face meeting of the Editorial Board held in London, which served as a pivotal moment for our collaborative efforts and strategic direction.

Furthermore, I share insights from various meetings that I attended on behalf of Cochrane. These include the launch of the new "People, Public Health, and Health Services Thematic Group" in Norway, engagements with Wiley, the World Health Organization (WHO), and virtual meetings with Cochrane coordinating editors (Co-Eds), held in collaboration with Jordi Pardo.

2 Report

2.1 Future of Evidence Synthesis programme of work

Here is a brief overview of key projects and related links for more details, where applicable. We are focusing on activities since our last report in August 2023, and when relevant, we have provided data for 2023 to highlight our progress to date. It's important to note the Central Editorial Service (RAG status currently red) and the launch of calls for applications for Evidence Synthesis Units (ESUs).

In addition, on November 16th, we met with the Board Oversight Committee to provide updates on all our activities and seek specific advice on issues related to the Central Editorial Service.

Project	RAG	Progress (October 2023)	Key Risk and mitigations
Prospective Author Journey	🟩	Starting in August 2023, a new pre-approved proposal form was introduced, with communications sent to CRGs and Thematic groups and promotion at the Colloquium. A new micro-learning module was also launched to support prospective authors in proposing new reviews. To increase the visibility of protocols and updates in development within the Cochrane community, a monthly report featuring accepted proposals has been included in the Core Staff Digest, and efforts to share this information more widely are underway. In summary, from January to October 2023, we received 454 proposals, with 135 author teams invited to submit a protocol and a conversion rate of 75%. More detailed information can be found here.	J&J has been a valuable support resource; however, costs have exceeded initial expectations. We will continue to closely monitor these costs on a monthly basis and engage in discussions with J&J to explore opportunities for efficiency improvements. Additionally, there has been some confusion surrounding the management of changes in authorship, especially when new teams are taking over updates. We will address this issue by updating our policy to provide clearer guidelines and procedures for managing such transitions.
Review Development Pipeline	🟩	Throughout this year, 50 reviews have received development support, indicating our commitment to their success. Here are some key highlights: 1. We have been closely monitoring the progress of NIHR-funded reviews, with development support being extended to 5 of them. 2. In Quarter 3, we achieved significant milestones with the commissioning of eight high-profile reviews and the submission of seven reviews to the editorial service. Methods Support Unit responding to approximately 20 queries per month and screening reviews on request from CRGs and Central Editorial Service.	The Commissioning Editor's involvement in developing the Scientific Strategy temporarily limits her oversight of commissioning. We're closely monitoring and will act if there's a consistent slowdown. Securing funding for consumer engagement in reviews, despite the absence of dedicated funds, is under consideration to address update challenges.
Central Editorial Service	🟥	The RAG status has turned red due to a significant surge in submissions to the Central Editorial Service (CES). We conducted a retrospective analysis of 2023	We've experienced a higher volume of content submissions than anticipated. To address this, we're

Project	RAG	Progress (October 2023)	Key Risk and mitigations
	■	in early October to evaluate challenges, possible mitigations, and process efficiencies. This year, CES received a total of 532 submissions and is currently managing 381 of them. Efforts have been made to expand CES capacity to handle this influx, but staff turnover and unforeseen absences, including extended leave due to health issues, have impacted our capacity. As a result, there is a growing backlog of submissions, with October experiencing a 25% increase compared to the monthly average. We discussed with the Oversight Committee the possibility of extending the February 28 deadline to give CRGs more time to complete work on submissions already in the editorial process. This aims to reduce the number of submissions transferred midway through the process, a scenario that previously caused challenges for CES. The Oversight Committee advised taking a case-by-case approach to this.	leveraging agency staff and freelancers to enhance our flexibility. Additionally, we're implementing a desk rejection process to swiftly handle the lowest-quality submissions. Regarding CRG transfer of editorial content to the Central Editorial Service mid-process, we're following the advice of the Oversight Committee and evaluating the necessity for such transfers on a case-by-case basis.
Optimise production workflows (mainly copy-editing)	■	The 'pre-edit' task under J&J Editorial is presently on hold due to its cost-effectiveness concerns. The production queue has slowed down and can now be managed by our existing copy-editing team, resulting in improved production turnaround times (see here). We're actively exploring external copy-editing solutions and are in the testing phase. In July 2023, the project scope was expanded to focus on enhancing the author experience and developing author guidance: • We launched a new author submission survey. • The author publication survey (Cochrane Library) has been updated. • The first quarterly report for the Author Experience Dashboard is here.	We have assessed the cost of the external copy-editing system and found it to be prohibitively high. Therefore, we are in the process of conducting a comprehensive cost-benefit analysis to compare the expense of using an external system against the potential impact of keeping copy editing within RevMan. We are also on track to move all reviews to the new format earlier next year which will help with efficiency.

Project	RAG	Progress (October 2023)	Key Risk and mitigations
		Additionally, author guidelines have been introduced and are receiving approximately 250-300 views per week. These initiatives are aimed at improving the overall experience for our authors.	
New Review Format		We successfully launched the Focused Review Format as planned, with an opt-in option available since August 22 and it becoming the default format from September 21. We're actively monitoring and encouraging its adoption, particularly among reviews due to submit after January 1, 2024, and are pleased to report that 67% have already made the switch as of November 2, 2023. Currently, there are 97 reviews in RevMan utilizing the new format, and the first submission to CES occurred on October 26. An evaluation of the changes made in 2023 is currently in progress, and we are beginning to outline the scope for 2024. The specifics will be confirmed following consultation in Q1.	Delays in fully adopting the focused review format could extend the need to maintain the old format, potentially affecting the implementation of other crucial developments. However, it's reassuring to report that, as of now, all timelines are on track and being met as planned. We remain vigilant in our monitoring efforts to ensure a smooth transition while staying on schedule with our initiatives.
Evidence Synthesis Units		We have initiated the call for applications to establish Evidence Syntheses Units (ESUs) pilots on October 16, with the application period set to close on December 15, 2023. Progress in forming an independent assessment panel is well underway, and we plan to announce this development by the end of the year. In anticipation of a thorough evaluation process, we are targeting the announcement of successful applications by the end of March 2024. To support potential applicants, we conducted two Q&A webinars. Additionally, we are mindful of the need to encourage applications from high, middle, and low-income countries. In this regard, we shared information about a grant opportunity from 3iE with geographic groups based in LMICs that could potentially support ESU applications. Our aim is to facilitate a diverse range of applications and promote global involvement in the ESU initiative.	The responsibility for raising funds for ESUs lies with the applicants themselves. However, we are working in close collaboration with our Fundraising Team to integrate ESUs into a comprehensive fundraising strategy. This collaborative approach is aimed at ensuring the successful establishment and operation of ESUs by securing the necessary support and resources.

Project	RAG	Progress (October 2023)	Key Risk and mitigations
Thematic Groups		The Thematic Group's Terms of Reference document has been updated, incorporating feedback received from the FES Oversight Committee. You can find the revised document here. Furthermore, several thematic groups have initiated collaborations with the CET Fundraising and Communications teams, resulting in the launch of new websites and cases for support.	To address the issue of insufficient accountability due to the absence of binding agreements, we are actively working with the Fundraising team. Once funds are secured, we will establish a structured framework for accountability, ensuring that all parties involved have well-defined responsibilities and obligations in managing funds and resources effectively.

Financial Monitoring

Financial Monitoring of strategic designated funds (£'000) – spend and funds committed

Description	Total fund allocation	Spend 2022	Spend + Committed 2023	Committed 2024	Total Committed	Underspend
Central Editorial Service	344	41	329	108	479	
Review Pipeline	350	5	84	85	175	
Prospective Author Journey and Optimise production workflows	56	-	56	-	56	
Total	750	47	470	193	710	40

2.2 Cochrane Library

In 2023, from January 1st to October 31st, Cochrane has achieved significant progress in its publication output. Specifically:
- We have published 203 new reviews, marking an increase compared to the same period in 2022 when there were 164 reviews published.
- There have been 159 updates, which is also an improvement from the previous year's count of 127 updates.
- Additionally, we have published 111 protocols. Although this is a slight decrease in the number of protocols compared to 2022, we are closely monitoring this trend.

Our Prospective Author Journey project (see above) plays a vital role in promoting a new proposal pathway. This pathway is crucial for securing new protocols and encouraging engagement from CRGs and Thematic Groups to initiate new and updated reviews.

Furthermore, we acknowledge the importance of the impact factor as an academic measure. However, we recognize that it may not fully capture the true impact of Cochrane Reviews. In line with our planned Scientific Strategy, we are committed to exploring various metrics, methods, and approaches to accurately assess the genuine impact and significance of our reviews in the broader context of healthcare research and practice.

2.3 Cochrane Evidence Synthesis and Methods Journal

As of the end of October 2023, Cochrane Evidence Synthesis and Methods has received a total of 39 submissions and has successfully published 20 articles. The median duration from submission to the first online appearance is approximately 89 days.

Recent notable publications include a transfer from the *Cochrane Database of Systematic Reviews* titled [Surgical excision methods for skin cancer involving the nail unit: A systematic review.](#) However, please note that we have tested this transfer process and are not encouraging transfers until the new review format becomes standard. Additionally, a Research article on [Responsibilities for receiving and using individual participant data](#) has been published, and we continue with the ["Methods and statistics tutorial" collection](#).

Currently, our primary focus is to establish a robust publication pipeline with regular releases. We had a successful month of submissions, with seven submissions in total, following opportunities presented at the Cochrane Colloquium. Our commissioning plan has been informed by valuable input from members of the Editorial Board during their in-person meeting. Wiley is actively executing marketing campaigns to encourage submissions, further supporting the growth and development of the journal.

2.4 Cochrane editorial policies

We have recently implemented changes in our process for managing [comments](#) on published reviews and have introduced a revised [rejection](#) policy. These changes are now live and operational. Additionally, we are in the process of developing communication strategies to launch a new policy regarding the use of artificial intelligence (AI) tools for writing scientific papers.

To support the effective implementation of these policy changes and other ongoing initiatives, we are in the process of creating a new internal editorial guidance resource.

2.5 Setting out a process for high-profile reviews

The [recommendations](#) from the Governing Board panel on high-profile reviews were discussed during the in-person Editorial Board meeting at the Colloquium in London. A paper is currently being prepared to provide a more concrete outline of how Cochrane will manage such reviews in the future. This includes enhanced monitoring of reviews in progress and increased engagement with the Editorial Board.

Furthermore, efforts are being made to improve the handling of complaints, addressing the challenges posed by a rising volume of complaints and resolving long-standing issues with the complaints processes. The revised approach aims to depersonalize the process, allocate resources efficiently, improve monitoring capabilities, enable robust auditing, and reduce duplication of effort. These changes are designed to make the complaints handling process more effective and responsive to stakeholders' needs.

2.6 Editorial Board

Cochrane's Editorial Board convened for a face-to-face meeting on Sunday, September 3rd, just before the Cochrane Colloquium in London, with full attendance from board members and senior editorial staff. The agenda encompassed various critical topics, notably an impact report presented by Wiley, prompting decisions to explore additional impact metrics beyond the Impact Factor and undertake actions aimed at enhancing review methods diversity and citation analysis. The board also deliberated on high-profile reviews and determined that board approval is necessary for press releases. Further actions were initiated, including the development of criteria for revisiting controversial reviews and discussions related to the implementation of the spokesperson policy. We agreed to maintain the current Editorial Board composition for the next two years. The meeting included updates on the Cochrane Editorial Service, a presentation on the Scientific Strategy, and talks on future plans for Cochrane Review Groups. Detailed minutes of the meeting can be accessed [here](#) for further reference.

2.7 Cochrane's Scientific Strategy

The Scientific Strategy plans are continually evolving, with a clear focus on addressing critical global health needs and delivering trusted evidence to those who need it most. This strategy is built upon two primary goals: firstly, *to develop evidence and methods to meet the most critical global health needs*, and secondly, *to support people in low-resource settings to produce and use health evidence that meets their needs*.

In response to feedback received after the Cochrane Colloquium, the team has incorporated various data sources, including Disability Adjusted Life Years, Global Burden of Disease, and Social/Commercial Determinants of Health, into the analysis of the Sustainable Development Goals. This comprehensive approach has provided invaluable insights into the wide array of challenges within the realm of global health. The findings were presented to members of the Cochrane Central Team (CET) during face-to-face meetings in October, facilitating detailed planning for the strategy's continued development. These discussions have led to plans for the creation of focused groups for external partners, culminating in a meeting of community leaders in

March 2024. Furthermore, the team has actively engaged with an Advisory Group to seek input on prioritizing global health challenges and determining the next steps in our strategic journey. The inaugural meeting with partners, involving 20 prominent leaders from the World Health Organization (WHO), took place on November 23rd, resulting in highly productive discussions and a wealth of valuable suggestions. Attendees expressed a strong desire to sustain and deepen the collaboration with Cochrane, and the team is presently in the process of analyzing the feedback received during this meeting, as they prepare for the upcoming series of Advisory Group meetings scheduled for December.

Roses Parker and I have prepared a video with more information, and this video will be shared with you.

2.8 Engagement with the community and external partners

In October, I visited Norway and met with the new team for Cochrane Norway, now located at the Western Norway University of Applied Sciences (HVL) in Bergen. Additionally, I attended the launch event for the "People, Public Health, and Health Services Thematic Group" at the Norwegian University of Science and Technology in Trondheim. During my visit to both institutions, I engaged in meetings with their leadership, who demonstrated a strong enthusiasm for Cochrane's work. I also had a productive discussion with Andy Oxman, a Cochrane Collaboration founder, who, while expressing some skepticism about certain changes, offered valuable insights into the challenges we face.

In November, Catherine, Laura, Jordi, and I had a highly productive meeting with senior members of the Wiley team at their headquarters in Hoboken, as detailed in Catherine's report. Demonstrating our commitment to identifying a sustainable model for making the Cochrane Database of Systematic Reviews open access while supporting organizational changes was deemed crucial.

From Hoboken, I traveled to Geneva for a series of meetings at the WHO, including the Global Clinical Trials Forum, which convened 150 participants from various sectors to discuss the design and training for clinical trials. During these sessions, we emphasized the importance of evidence synthesis in the design of new clinical trials to minimize research waste. I also established essential contacts and discussed our scientific strategic goals with representatives from the Brazilian government, Global Research Collaboration for Infectious Diseases Preparedness (GLOPID-R), and WHO departments. Additionally, I met with the WHO Chief Scientist, and with Emma Persad and Roses Parker, we conducted a workshop involving 20 WHO members from different departments to discuss the scientific strategy.

A pivotal meeting in Geneva was with Sir Jeremy Farrar, the current WHO Chief Scientist and former director of the Wellcome Trust. We discussed Cochrane's challenges since losing funding from the NIHR and outlined steps to ensure sustainability, including our commitment to open access, fundraising efforts, and scientific strategy. Jeremy expressed strong support, including WHO co-sponsoring of the Global Evidence Summit and revising strategic plans for the partnership between Cochrane and WHO. He also expressed a willingness to attend our upcoming Board meeting in March to discuss the strategic direction with the Governing Board.

Lastly, Jordi and I engaged in meetings with coordinating editors (Co-Eds), leaders of CRGs. Recognizing the need to involve Co-Eds in the change process, we committed to holding quarterly meetings with them to enhance community engagement, a personal goal for 2024.

Introduction:

Our global strategy and what we are looking to achieve

The external context and why we need to change

Our guiding principles

Cochrane

Introduction

- Our global strategy sets out Cochrane's **ambitions, direction and those priority areas** where we will focus our efforts over the next five years

- Defines what we want to achieve and what we need to do to be successful – will provide the framework for making important decisions around **prioritising what we do and what we stop doing**

- Developed through **engagement and consultation** with staff, community, consumers and Governing Board and informed by the views of critical friends from the evidence-informed health ecosystem

- Its delivery will be **underpinned by other strategies and programmes of work** many of which are already underway, such as The Future of Evidence Synthesis and Scientific Strategy

- It will set out how we will **monitor and measure of success,** ensuring we are able to track our progress

- Implementation will be embedded into our **business planning and performance management** frameworks – each year annual goals with be set linked to the delivery of our longer-term goals

What we are looking to achieve through our strategy

- Expand and inspire our **community to collaborate, contribute and engage** and stimulate a welcoming, vibrant and productive environment to **enhance evidenced-informed health care**
- Provide an efficient, fair and effective editorial process delivering excellent evidence and a **great experience for contributors**
- Provide the highest quality evidence to more people and have greater impact by **focusing on global and national priorities to expedite improvements in global and national health and wellbeing**
- Increase diversity, equity and inclusivity through review production and access and **encouraging more contributors and evidence from across the globe**
- Unlock the power of Cochrane evidence to support the evolving evidence-informed health ecosystem - **providing training and knowledge translation** to enhance expertise to produce and implement high quality evidence
- Cochrane is a **financially stable not-for-profit organisation** that adds value to donors, contributors and consumers through innovative and responsive product and business development
- Grow our global collaborations and partnerships to **advocate for a**nd increase implementation of evidence -informed health care

Cochrane

The external environment we operate in is rapidly evolving ...

Digital, data and technology

Open Access (OA)
Rapid acceleration in the move to and acceptance of OA, wider global reach, inclusivity, change in funding models

Data, digitization and automation
Data explosion, step change in digital, fast-paced digital development, automation and streamlining of processes

Convergence of new technologies
Automation, Artificial Intelligence (AI), Virtual Reality, robotics; potential to disrupt traditional models

Social needs, values and expectations

Population demographics and health needs
Growing, ageing population, increasing burden of non-communicable diseases (NCDs), focus on mental health and wellbeing, growing health inequality 'gap'(national, global)

Skill shortages, competition for scarce skills
Competition for scarce skills, changing expectations, push for greater flexibility and investment in career paths

Shift to more values-based economy
Changing and increasingly diverse values, behaviours and sentiment; with trust increasingly at the centre

Political and economic

Global and national economic uncertainty
COVID global crisis - recovery to strong and stable economy is a priority for all, ongoing impact of EU Exit, Ukraine, widely divergent country policies & response.

Funding pressures and constraints
Shrinking resources, tighter controls, increased focus on efficiency and effectiveness; tensions between economic recovery, health priorities and funding

Increasing cost pressures
Future cost inflation driven by uncertainty, supply chain shortages, workforce costs and cost of living.

Legal, regulatory and environmental

Changing regulatory environment
International medicine and healthcare regulatory landscape, global health legal and ethical framework

Evolving regulatory landscape – digital, data, technology
Three major developing areas - real-world evidence (RWE), health data, and AI/machine learning (ML) - across the key jurisdictions of the USA, Europe, and China

Increased focus on sustainability, ESG and 'One Health'
Growing awareness of , focus on climate change, air quality, biodiversity loss and adverse impact on health – multi-lateral government approach, commitments to Net Zero

1 2 3 4

Source: Desk Based Analysis, April 2023

… and we know Cochrane needs to change in response to this

We know that:

- our review production process was too slow

- we need to respond to global and national priorities to be relevant

- we have an opportunity to increase diversity, equality an inclusion of content and contribution by growing our community

- funders require Open Access

- we need to ensure financial sustainability

- our products and technology can enhance research

- that we can continue to play a vital role in the world through our evidence, methods, training and advocacy

Cochrane
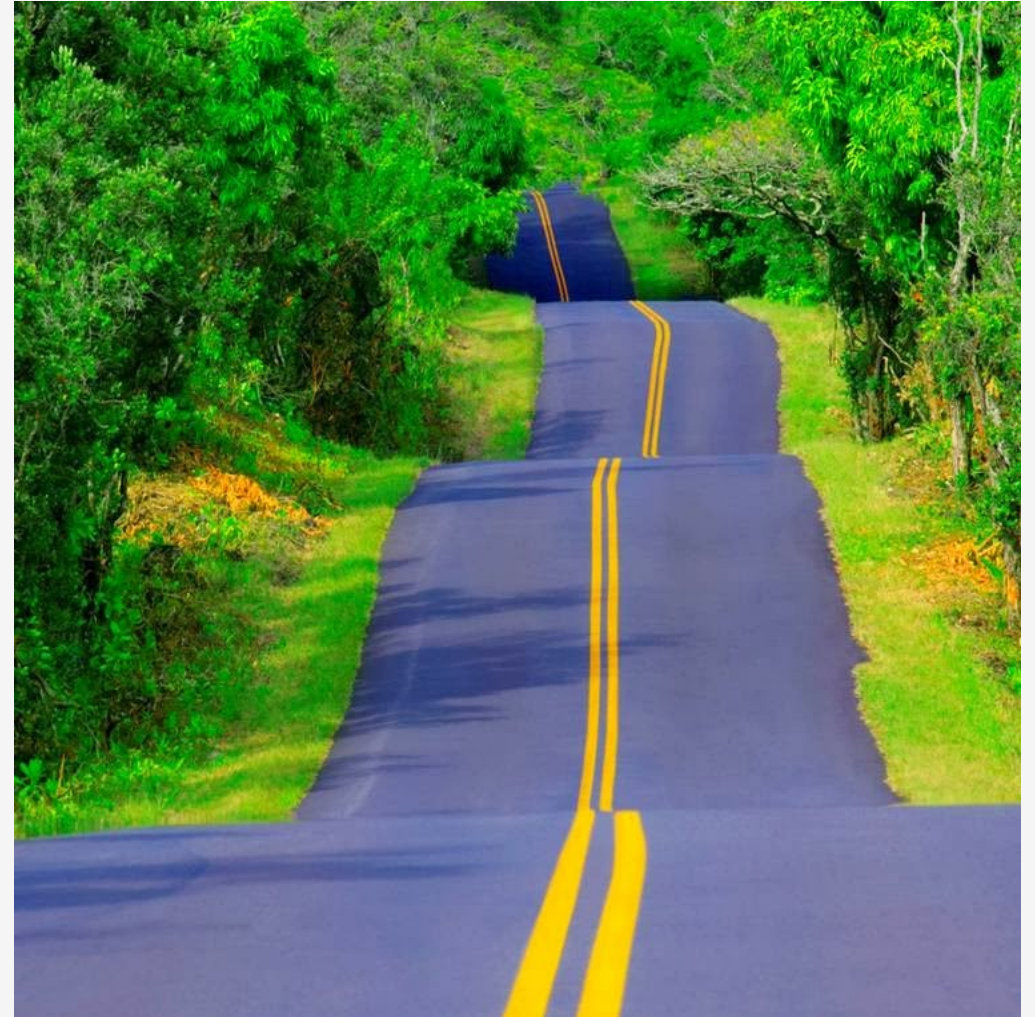
But our Guiding Principles will continue to underpin everything we do

1. **Collaboration:** by internally and externally fostering good communications, open decision making and teamwork.
2. **Building on the enthusiasm of individuals:** by involving and supporting people of different skills and backgrounds.
3. **Avoiding duplication:** by good management and co-ordination to maximise economy of effort.
4. **Minimise 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 healthcare interventions using outcomes that matter to people making choices in health care.
7. **Promoting access:** by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate prices, content and media to meet the needs of users worldwide.
8. **Ensuring quality:** by being open and responsive to criticism, applying advances in methodology, and developing systems for quality improvement.
9. **Continuity:** by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.
10. **Enabling wide participation:** by reducing barriers to contributing and by encouraging diversity.

Cochrane

Our Strategy:

Introduction
Vision
Mission

Cochrane

We shared and tested our draft strategy extensively with internal and external stakeholders and have refined it in response to feedback

VISION
A world where health and
well-being decisions are based upon
timely, trusted and relevant evidence

MISSION
We are an independent organisation that collaborates with global partners to produce accessible, trusted evidence and advocates for its use to deliver better, more equitable health for all

Goal 1: Increase Cochrane's Impact and Relevance

Prioritising resources towards efficient, relevant and trusted evidence on the most urgent and impactful health issues worldwide

Goal 2: Increase the Diversity, Inclusivity and Equity of our organisation

Promote global health equity by ensuring everyone, everywhere can contribute to, access and benefit from relevant, trusted evidence

Goal 3: Strengthen Advocacy, Community and Collaboration

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation

Enabling Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

Cochrane

Cochrane's Vision and Mission: What we heard

- Must be **clear, simple, succinct and easy to understand** especially for non-native English speakers

- Need to be **more aspirational and exciting** – an opportunity to renew, rebuild, reenergise

- Articulates what **makes Cochrane unique, distinctive and different** from other organisations – clarity as to our role ('space') in the wider **evidence-informed** (not based) health eco-system

- Be **more inclusive of what 'health' is in 21st century** – 'health and wellbeing', 'one health' approach embracing mental health and wider social, economic and political determinants that impact health

- **Global coverage,** working at local, national, regional and global levels **to improve health outcomes**

- **Collaboration,** (academic/scientific) **community and connection** are at the heart of Cochrane – it's why people engage - we need a stronger emphasis on this

- **Strong ethos, commitment to science –** principles, shared aims, focused on the public good

- We want to be **the 'go-to' source for trusted evidence** – the first place of reference for health policy makers and decision makers (health systems, guideline developers, clinicians, patients, public)

- **Promote, provide and support** the use of the best trusted evidence and evidence synthesis

- Bring **timely, relevant evidence** closer to those making decisions through **technology and innovation**

- What is **'trusted evidence'** => reliable, underpinned by rigorous process, methodologically-led, and up-to-date

Cochrane

Vision:

Vision	
Option 1	**A world where health and wellbeing decisions are based upon timely, trusted and relevant evidence**
or	
Option 2	A world where healthcare decisions are improved through trusted, relevant synthesized evidence and data
Proposed	**A world where health and well-being decisions are informed by timely, trusted and relevant evidence** **Or** **A world where health and well-being decisions are improved by timely, trusted evidence** **Or** **A world where health and well-being decisions are informed by timely, trusted evidence**

Cochrane

Mission:

Mission	
Option 1	Cochrane is a diverse, global collaboration that produces and advocates for trusted evidence to deliver accessible and equitable health for all
or	
Option 2	We are an independent organisation that collaborates with global partners to produce accessible, trusted evidence and advocates for its use to deliver better, more equitable health for all
Proposed	**An independent global organisation that collaborates with partners worldwide to produce timely, accessible, trusted evidence** [synthesis] **and advocate for its use to deliver better and more equitable health for all** OR **Deliver better, more equitable health for all by facilitating collaboration** [at local, national, regional and global levels] **to produce and promote the use of timely, trusted, relevant evidence** [synthesis] OR **The 'go-to' source for timely, trusted, relevant evidence that is used to deliver better, more equitable health for all**

Cochrane

Goal 1:

What we tested in consultation – Slide 14

What we heard during consultation – Slides 15 to 18

Updated Goal and Objectives – Slide 19

Delivery plan, what success will look like, how we will measure it – Slides 20 to 22

Cochrane

Goal 1. Theme: Impact and Relevance – What we tested

Option 1	**Prioritise our resources and efforts towards the most urgent, impactful health issues worldwide to drive tangible improvements in global health and wellbeing**
or	
Option 2	**Drive improvements in global health and wellbeing through a focused approach to working in collaboration with our global partners on the biggest, most pressing health challenges**

Q. What option do you prefer?

- Option 1 — 57.7%
- Option 2 — 42.3%
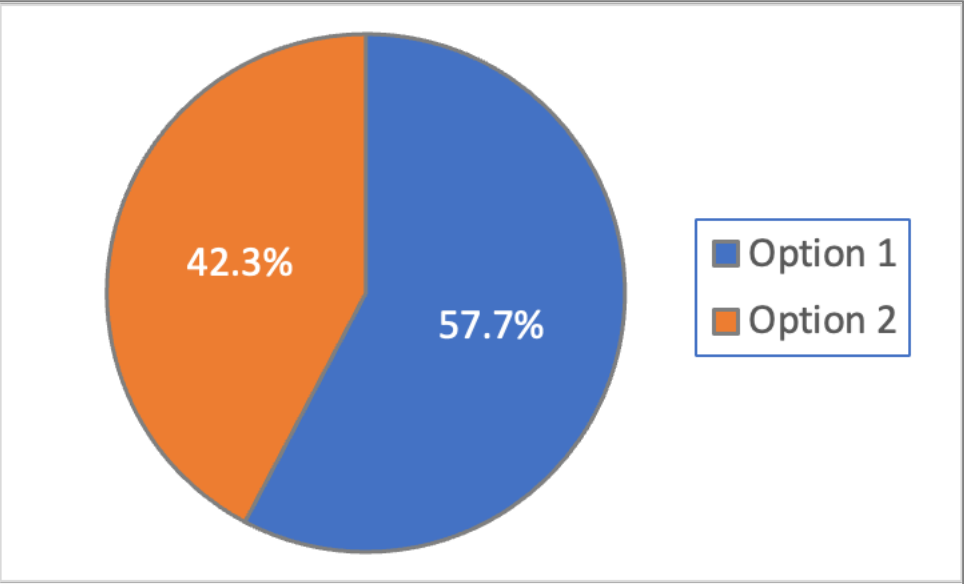
Source: Cochrane Strategy Survey Responses, as at 23.08.23

To deliver this we will:

- ❖ Produce, update and access excellent, trusted evidence in the most important areas – simplify, improve and harmonise our processes and deliver an excellent author experience
- ❖ Maximise and demonstrate our impact – identify where evidence is needed most and prioritise and align our work and resources to stakeholders' needs and funding.
- ❖ Work closely with global, regional and national partners to align and co-ordinate our efforts to deliver the UN SDGs
- ❖ Encourage and nurture innovation and collaboration to maintain our reputation as the highest standard provider of trusted evidence and leadership in methodologies

Cochrane

Goal 1: What we heard

- **Evidence synthesis and production of systematic reviews** – its our core business so we need to be more explicit and clearer about this (recognising that the Future of Evidence Synthesis programme is how we will deliver this):

  - Cochrane are the 'highest standard' for SRs - high quality and trusted but important they are up-to-date, relevant and easier to understand, access and use by decision makers, including non-native English speakers

  - Make it simpler and quicker to produce and keep high quality reviews in the most important areas up-to-date by simplifying and harmonising processes and methods – encourage more people to do a Cochrane SR

  - Strong support for reviews to be shorter, quicker to produce, for editorial process to be simpler but quality of review needs to remain 'high' e.g. clear policies and guidelines on what's expected of a Cochrane author

  - We need to make sure people can find and use the reviews we produce – people need to be able to access and use relevant systematic reviews, otherwise there's no value in producing them. (link to Goal 2)

- **Deliver an excellent author experience** to encourage more people to (re)engage with and contribute to Cochrane:

  - Producing a Cochrane review has put lots of authors off – simplify and help people better understand the review process

  - Provide more support for authors (e.g. guidance, tools, access to databases) esp. now the UK CRGs have gone e.g. pool of experienced authors to support, mentor new authors and/or co-authors;

  - Greater autonomy but underpinned by a clear code of conduct – clarity about what is expected, clear set of principles, behaviours and values and brand guidelines

Cochrane

- **Focus on SRs that are high priority, globally relevant and impactful** – but what about other important issues? (recognising the scientific strategy will address this) :

    – Support for focus on UN SDGs which will attract funding and better align work to global burden of diseases but what about areas that are outside of these? Tension between producing reviews that are globally relevant, important and potentially more 'impactful' vs. simpler reviews that meet the needs of local funders - between the breadth of and depth of topics

    – Work with global partners (WHO, Global Health Alliance) to set the right priorities and deliver a suite of evidence synthesis across diseases/themes avoiding unnecessary duplication but recognise necessary replication – huge amount of duplication, but may be appropriate to have multiple reviews from different perspectives recognising subjective nature of evidence

    – 'Impactful' means different things to different people. How do we identify the most urgent, pressing issues where we can deliver tangible health benefits e.g. global burden of disease, potentially where already a lot of research but where more is needed vs. topics that don't get a lot of attention but are important e.g. areas of low evidence that need attention, topics that no-one else is looking at. We need clear prioritisation criteria.

    – Concern we may lose/discourage authors, experts and established brands (disease) and miss areas that are important but rare/uncommon or unpopular but which are key for ensuring equity.

    – Potential risk of losing early career professionals, learning/training opportunities – typically learn on smaller, locally important reviews not the big global topics;

    – Optimise resources for health globally, an opportunity for Cochrane to demonstrate its value to funders - should also consider interventions that healthcare systems should stop doing/not fund. (e.g. Cochrane Sustainable Healthcare)

    – Be more proactive in guiding where evidence is needed and shaping research agendas as well as where reviews are needed

Cochrane

Goal 1: What we heard

- **Methods and innovation are core to Cochrane's reputation and integrity** – need to make this explicit:
  - Cochrane been at the forefront of developing SR methodologies, is the recognised leader, the 'highest standard' – its methods are trusted and underpin most SRs produced by many other organisations;
  - 99% of systematic reviews indexed by PubMed in 2022 were published elsewhere - these non-Cochrane SRs published in non-Cochrane journals have an important role to play in achieving our vision
  - Rapidly evolving landscape with world of evidence and data changing very quickly - many different types of reviews, increasing complexity and sophistication of data and new forms of evidence beyond traditional RCT so new methodologies are needed
  - Cochrane is well placed to lead the way in methods research and innovation, setting standards in using evidence beyond RCT – promoting best practice, enhance the quality and consistency of evidence synthesis/SRs
  - Need to attract, recognise and support methodological leaders to Cochrane and encourage and nurture innovation and foster continued development of methods
- **Rebuild, re-energise and expand the Cochrane community** should be at heart of strategy – **is this in Goal 3?**
  - An academic, scientific community and network of largely self-funded volunteers - global reach, wide representation of whole healthcare community, strong ethos, commitment to science, shared aim, focus on public good ('by the people for the people')
  - Cochrane encourages and facilitates organic collaborations underpinned by a core set of guiding principles - make it attractive and easy to engage and work with Cochrane, ensuring mutual learnings and benefits and reciprocated value-add
  - Be more explicit about engaging with the community – using different ways of reaching, engaging and communicating with them, raising our visibility
  - Building connections and relationships globally and locally – delivering a strong, modern colloquium that is accessible, affordable and which leverages technology to deliver global plenaries together with programme of local and regional events

Cochrane

Goal 1: What we heard (4 of 4)

- **What will success look like?**

  - Clarity: We need to be clearer as to what we are looking to achieve - is to produce 'highest standard' reviews, promote best practice in reviews, encouraging wider communities to engage and contribute to Cochrane

  - Leadership: THE 'go-to' place for trusted evidence - for end users to find reliable, relevant and up-to-date information to inform their choices and decisions. The 'highest standard' for SRs and world leader in methodologies that asks as many questions – of government and individuals - that it answers.

  - Efficiency: Shorter time and lower cost to produce SR, Published in to publication, lower cost

  - Impact: High quality reviews on the most important issues globally and locally underpinned by Cochrane methods are widely used to support policy, practice and decision making. More guidelines are created using/cite Cochrane systematic reviews.

  - Tangible health benefits: Targeted Cochrane evidence focused on most important areas. Timely review production has ensured evidence is implemented sooner. Reviews are used by more people (policy makers, clinicians, patients) across the world to inform their choices and decisions.

  - Cochrane community: More people (volunteers) from across the world actively engage with and contribute to producing Cochrane (SRs, methodologies) – from those in their early careers through to leading academics and thought leaders.

Cochrane

Goal 1: Increase Cochrane's impact and relevance

Prioritizing resources towards efficient, relevant and trusted evidence on the most urgent and impactful health issues worldwide.

Foster exceptional author experience by simplifying processes while ensuring Cochrane evidence meets Cochrane's standards

Focus our efforts on, and better align our work to, the needs and priorities of users of Cochrane evidence

Strengthen Cochrane's foundation of trustworthy evidence through innovation in methods and research integrity

A vibrant, diverse and inclusive community inspired to engage, collaborate and contribute (Goal 3.1)

Maintain a strong, sustainable organisation (Goal 4)

Cochrane

Goal 1: Increase Cochrane's impact and relevance

Prioritizing resources towards efficient, relevant and trusted evidence on the most urgent and impactful health issues worldwide.

1.1 Foster exceptional author experience by simplifying processes while ensuring Cochrane evidence meets Cochrane's standards

- ❖ Produce and update high quality Systematic Reviews ... by simplifying, improving and harmonising our processes and methods, piloting technological solutions, while maintaining rigour

- ❖ Encourage more authors to contribute to Cochrane evidence synthesis ... by providing more support and through delivering an excellent author experience

- ❖ Provide earlier access to evidence to deliver impact quicker ... by publishing reviews in stages aligned to what is most important

What will success look like?
- ❖ Timely, more efficient review production –earlier implementation and impact of evidence
- ❖ More reviews are published
- ❖ More authors contribute to Cochrane reviews
- ❖ Cochrane reviews are widely used and are cited in policy, practice (guidelines), decision making
- ❖ Cochrane is the go-to place, the highest standard for reliable and trusted evidence synthesis

How will we monitor and measure success?
- ❖ Time and cost to produce a reviews
- ❖ No. of authors working on Cochrane review
- ❖ No. of reviews produced, updated and accessed
- ❖ No. of citations of Cochrane reviews

Programmes of work already underway:
- ❖ Future of Evidence Synthesis
- ❖ *[REVMAN development and tools - check]*

Cochrane

Goal 1: Increase Cochrane's impact and relevance

Prioritizing resources towards efficient, relevant and trusted evidence on the most urgent and impactful health issues worldwide.

1.2 Focus our efforts on, and better align our work to, the needs and priorities of users of Cochrane evidence

❖ Better align our work to the global burden of disease … by creating Thematic Groups that are focus and produce reviews on globally relevant and important issues

❖ Drive delivery of UN Sustainable Development Goals working … by working more closely with global and regional partners to co-ordinate efforts and demonstrate our impact

❖ Be more proactive in shaping the global research agenda … by identifying and guiding where evidence, as well as systematic reviews, is needed most

What will success look like?

❖ Cochrane has more active global collaborations and partnerships

❖ More high quality reviews produced on the most important global issues

❖ Cochrane reviews are widely used and are cited in policy, practice (guidelines), decision making

❖ Cochrane evidence contributes to delivery of the UN Sustainable Development Goals

❖ Fewer evidence gaps in important areas

How will we monitor and measure success?

❖ No. of reviews produced, updated and accessed

❖ No. of citations of Cochrane reviews

❖ Funding for reviews

Programmes of work already underway:

❖ Scientific Strategy

❖ Thematic Groups strategy

Cochrane

Goal 1: Increase Cochrane's impact and relevance

Prioritizing resources towards efficient, relevant and trusted evidence, on the most urgent and impactful health issues worldwide.

1.3 Strengthen Cochrane's foundation of trustworthy evidence through innovation in methods and research integrity

- ❖ Respond to the rapidly evolving world of evidence and increasing complexity of data … by attracting methodological leaders to Cochrane, encouraging new ideas and better supporting the development of methodologies that align with the needs and priorities of users of Cochrane evidence

- ❖ Strengthen Cochrane's reputation for trust by ensuring methods and research integrity standards evolve with the wider field, piloting technological solutions, while maintaining rigour

- ❖ Promote best practice and enhance the quality and consistency of systematic reviews … by promoting and encouraging the use of Cochrane methodologies by all

What will success look like?
- ❖ Cochrane methods continue to lead, innovate and inspire improvement in all reviews.
- ❖ Cochrane methodologies are widely used by others producing systematic reviews
- ❖ Methodological thought leaders and up-and-coming stars are actively engaged in Cochrane
- ❖ Improved quality and consistency of systematic reviews (Cochrane and non-Cochrane)
- ❖ More use of evidence beyond RCTs

How will we monitor and measure success?
- ❖ No. of reviews using and/or citing Cochrane methodologies

Programmes of work already underway:
- ❖ New Cochrane Handbooks
- ❖ Developments to review and data formats

Cochrane

Goal 2:

What we tested in consultation – Slide 24

What we heard during consultation – Slides 25 to 27

Updated Goal and Objectives – Slide 28

Delivery plan, what success will look like, how we will measure it – Slides 29 to 31

Cochrane

Goal 2 Theme: Diversity, Inclusivity and Equity – What we tested

Option 1	Promote global health equity by ensuring everyone, everywhere can contribute to, access, and benefit from high-quality, up-to-date evidence
or	
Option 2	Reduce inequality and increase inclusivity and diversity in health globally by ensuring everyone, everywhere can contribute to, access and benefit from the best evidence

Q. What option do you prefer?

27.1%

72.9%

■ Option 1
■ Option 2
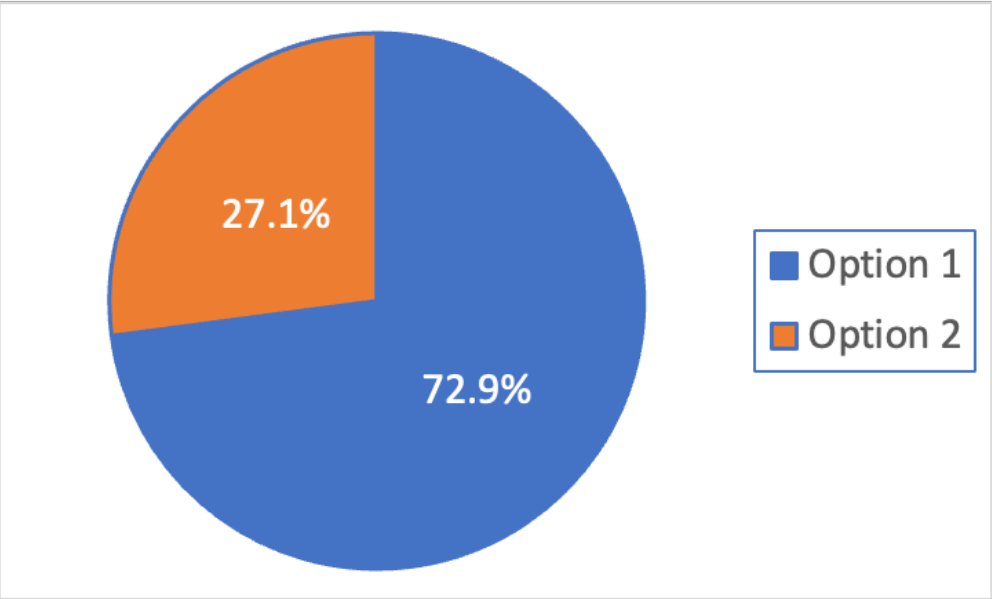
Source: Cochrane Strategy Survey Responses, as at 23.08.23

To deliver this we will:

❖ Enable more people to access evidence by making it more available, easier to find – phased approach to Open Science

❖ Tailor and convey our evidence to meet the needs of different audiences and in a format and language that make it easy to access and use where and when it is needed

❖ Inspire more people to collaborate, contribute and engage with Cochrane esp. non-native English speakers, younger people – ensure fair and equitable processes , stimulate a welcoming and productive environment for all

❖ Build our global reach and representation, strengthen our relationships in and enhance our support to geographically diverse areas - focus on low and middle income countries

Goal 2: What we heard (1 of 3)

- **Making evidence easier to find, access and use** – Open Access is an important component but it is not the only one – closely linked to Goal 1:

  - We need to make sure people can find and use the reviews we produce – people need to be able to access and use relevant systematic reviews, otherwise there's no value in producing them.

  - Make evidence more available and easier to find and use by those making health decisions bringing it closer to them through using emerging technologies and innovation

  - Reviews are often technical and not easy to understand - need to tailor to them to the different audiences/end users and the level of information they are looking for e.g. plain language summaries potentially working with a technology partner

  - Many reviews are only not available in languages other than English - make reviews easier to translate e.g. by making it standard to publish in multiple languages

  - Need clarity re: Open Access and Open Data esp. when talking about tools that we are planning to develop and charge a fee for

- **Making evidence relevant to the local context** – geographic groups have a key role to play:

  - Raise awareness of Cochrane, provide more widespread support to countries where evidence informed healthcare isn't embedded and produce evidence that is useful for their specific health issues.

  - Work closer with regional and national policy and decision makers , via Geographic Groups, to better align what we do to local priorities (link to goal 1)

  - Help people to interpret information and adapt systematic reviews to own local healthcare system to make them relevant to local context – Geographic Groups (link to local capacity and capability building, training and knowledge translation)

  - Geographic groups are key vehicle for localisation, contextualisation – Cochrane is a global organisation not a local one so this is important. Geographic groups are at different stages of maturity across the globe
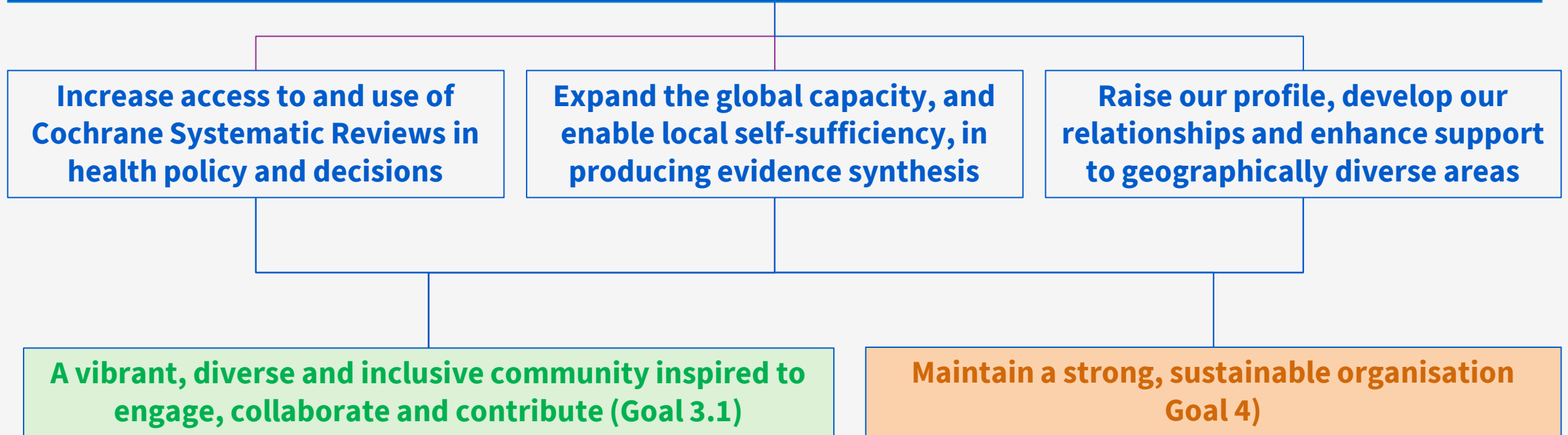
Cochrane

- **Build local capacity and capability to produce systematic reviews –** diversity and inclusivity of authors, topics, inclusivity, build and enable local self-sufficiency :
  - Lack of diversity in Cochrane reviews - topics of reviews, who produced reviews (high income countries) – we need to address this by enabling and encouraging more people, greater diversity and inclusivity from under-represented areas
  - Develop/enhance Cochrane's role in training and local capacity building – to enable high quality local reviews on local priority topics to be produced by those at early stage of their careers as a stepping stone to becoming a Cochrane Review author
  - Cochrane international training, mentoring and exchange and in-country training programmes which will help researchers in early career and those in low resource settings where the infrastructure for evidence-informed health is not yet well developed
  - Local training - teach people how best to use, interpret information in their own local context and implement and adapt it to their own cultural/healthcare system and include in local guidelines, making Cochrane Reviews relevant to local context
- **Stronger role for Geographic groups and Cochrane Centres –** know their local network and needs, have relationships with local policy and decision makers, provide local leadership and vision for country or region :
  - Enhance Cochranes presence and constituency in LMICs – build stronger relationship via Geographical Groups, leverage networks and relationships of local Cochrane Centres
  - Geographic groups - need more groups to develop relationships, push and support regional and local collaborations; support local training and capacity building ; and foster local implementation of strategy. But need to deliver in more consistent way.
  - University and local Institutions – need a systematic way of engaging with local institutions, a missed opportunity to reach and educate and engage students and those at early stages of their careers on systematic reviews/evidence informed health
  - Work closely Ministries of Health and Science and Technology – to better understand their needs and priorities, to advocate for and help embed evidence-informed healthcare and demonstrate value and impact of Cochrane

Cochrane

Goal 2: What we heard

- **Focus on Low and Middle Income Countries –** support for this but needs to be wider to reflect health disparities both between and within other countries (diversity) and under-represented population groups (inclusivity):

  - Cochrane is the only organisation that is well placed to address global equity – but to do this we need to move to address wider public health issues (vs medical interventions) that need and draw on different forms of evidence (other than RCT) in reviews

  - Support for focus on LMICs – lots of untapped potential, diversity in terms of health areas (topics) impacting these regions as well as from engaging more authors from those regions, and more people from those areas accessing and using evidence

  - Need to encourage and enable greater consumer participation via an international PPI event held in LMIC country. Global heath equity, diversity, inclusivity – unsure about LMIC focus, should It be wider?

  - But wide health disparities in other countries, e.g. Australia - should it be 'everyone, everywhere regardless of language'

  - Concern that losing CRGs plus focusing on biggest most pressing issues/SDGs we risk losing clinicians/ brands we already have and miss producing SRs on smaller rare diseases – often Cochrane is only organisation doing a SR in those areas (inclusivity)

  - Impact of geopolitical pressures on global and national economies – especially on public and research funding. Increasingly important to demonstrate the value we add, ensure health investment is in those areas where it delivers most impact

- **Definitions – Diversity, Inclusivity and Equity** – we need to be clearer about what we mean and what we are looking to achieve

Cochrane

Goal 2: Enhance diversity, equity and inclusivity in health evidence globally

Promote global health equity by ensuring everyone, everywhere can contribute to, access, and benefit from relevant, trusted evidence

Increase access to and use of Cochrane Systematic Reviews in health policy and decisions

Expand the global capacity, and enable local self-sufficiency, in producing evidence synthesis

Raise our profile, develop our relationships and enhance support to geographically diverse areas

A vibrant, diverse and inclusive community inspired to engage, collaborate and contribute (Goal 3.1)

Maintain a strong, sustainable organisation Goal 4)

Cochrane

Goal 2: Enhance diversity, equity and inclusivity in health evidence globally

Promote global health equity by ensuring everyone, everywhere can contribute to, access, and benefit from relevant, trusted evidence

2.1 Increase access to and use of Cochrane Systematic Reviews in health policy and decisions

- ❖ Enable more people to find and access our evidence synthesis … by using technology to bring it closer to those making health decisions and through a phased approach to Open Access
- ❖ Make reviews easier to understand and use … by using emerging technologies to tailor and convey evidence in a format and language to suit needs of different audiences in different parts of the world
- ❖ Ensure our evidence used by more policy and decision makers worldwide … by producing evidence that is useful for their specific local health issues, priorities and systems

What will success look like?
- ❖ Cochrane has migrated to an Open model
- ❖ More people access and use our reviews
- ❖ Reviews are published in multiple languages
- ❖ Cochrane reviews are widely used and are cited in policy, practice (guidelines), decision making

How will we monitor and measure success?
- ❖ No. of reviews accessed / participation levels
- ❖ No. of reviews published in multiple languages
- ❖ No. of citations of Cochrane reviews

Programmes of work already underway:
- ❖ Development of Open Access model
- ❖ Geographic Group Strategy

Cochrane

Goal 2: Enhance diversity, equity and inclusivity in health evidence globally

Promote global health equity by ensuring everyone, everywhere can contribute to, access, and benefit from relevant, trusted evidence

2.2 Expand the global capacity, and enable local self-sufficiency, in producing evidence synthesis

- ❖ Build local capacity and capability to produce and adapt systematic reviews to be relevant to the local context … by developing mentoring, exchange and in-country training programmes
- ❖ Reach, educate and engage students and those at an early stage of their careers … by developing a systematic way of engaging with local universities and institutions
- ❖ Inspire more authors to engage, collaborate and contribute especially non-native speakers in under-represented geographies … by ensuring fair, equitable and inclusive processes, and providing more support for local authors

What will success look like?
- ❖ More diversity of systematic review authors
- ❖ More reviews are produced and published in Cochrane library on a wider range of topics
- ❖ Cochrane training has increased use of evidence relevant to different resource settings
- ❖ Cochrane evidence contributes to improved health and well-being globally and locally

How will we monitor and measure success?
- ❖ No. and profile of Cochrane authors
- ❖ No. of reviews by topic

Programmes of work already underway:
- ❖ Geographic Group strategy
- ❖ Future of Evidence synthesis

Cochrane

Goal 2: Enhance diversity, equity and inclusivity in of health evidence globally

Promote global health equity by ensuring everyone, everywhere can contribute to, access, and benefit from relevant, trusted evidence

2.3 Raise our profile, develop our relationships and enhance support to geographically diverse areas

- ❖ Build our global reach and representation … by engaging more people from across the globe in geographical, thematic and methods groups
- ❖ Strengthen relationships with health policy and decision makers in low and middle income countries …by leveraging the networks of our geographic groups and local Cochrane Centres
- ❖ Better understand address the priorities of regional and national policy makers and local funders … by supporting geographical groups to implement our strategy locally and regionally
- ❖ Educate and improve the understanding of evidence and how to use and interpret it locally … by building stronger local relationships and supporting in-country training programmes

What will success look like?
- ❖ More people from under-represented geographies are engaged with Cochrane
- ❖ More diverse membership of Cochrane Groups
- ❖ Better understanding of evidence and how to use it in low and middle income countries
- ❖ Cochrane evidence contributes to improved health and well-being globally and locally

How will we monitor and measure success?
- ❖ No. of people engaged by country/region
- ❖ No. of people contributing by country/region
- ❖ No. of people attending Cochrane training by country/ region

Programmes of work already underway:
- ❖ Geographic Group strategy
- ❖ Thematic Group strategy
- ❖ Methods Group strategy

Cochrane

Goal 3:

What we tested in consultation – Slide 33

What we heard during consultation – Slides 34 to 35

Updated Goal and Objectives – Slide 36

Delivery plan, what success will look like, how we will measure it – Slides 37 to 39

Cochrane

Goal 3 – Theme: Advocacy and Collaboration – What we tested

Option 1	Advocate for evidence-informed health and care by enhancing our partnerships and collaborations to augment collective impact
or	
Option 2	Promote and increase the inclusion and use of evidence-informed health and care through advocacy, capacity strengthening and knowledge translation

Q. What option do you prefer?

30.2% Option 1
69.8% Option 2
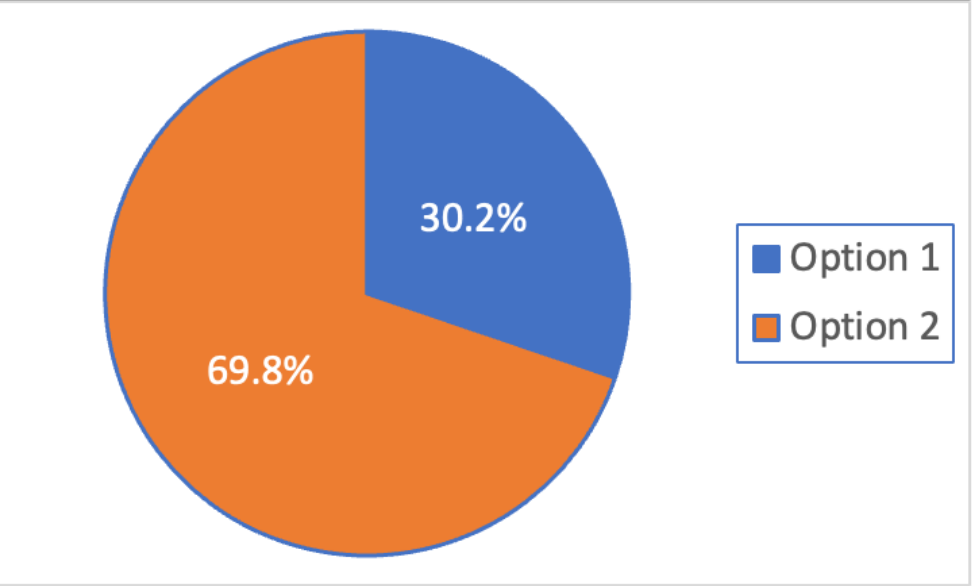
To deliver this we will:

❖ Harness the power of our network to educate and improve understanding of evidence and to support local capability and capacity building in evidence informed health care

❖ Grow, strengthen and leverage our relationships with global, regional and national partners to advocate for, and increase implementation, of evidence informed health care

❖ Advocate and offer leadership for consumer involvement and engagement in evidence informed health care

❖ Use our convening power to bring people together to connect, build relationships and collaborate to develop the best evidence – a modern, accessible, affordable colloquium

Source: Cochrane Strategy Survey Responses, as at 23.08.23

Cochrane

- **Collaboration, Community and Connection needs to be at the heart of the strategy** bring this out much stronger and be more explicit about our ambitions (also underpins goals 1 and 2)

  - Be more explicit about expanding, communicating and engaging with the community – using different ways of reaching, engaging and communicating with them, raising our visibility

  - Cochrane created an environment where people come together to generate and share ideas, discuss and collaborate – but not enough has been invested in keeping the collaboration together. Need to rebuild collaboration and the community

  - Building connections and relationships globally and locally – delivering a strong, modern colloquium that is accessible, affordable and which leverages technology to deliver global plenaries together with programme of local and regional events

  - Community bring the 'sparkle' and the 'why' people come to, engage and contribute (voluntarily) to Cochrane and what makes them proud to be a part of Cochrane; e.g. a collective voice across the systematic review community.

  - Key to proposition is as a global networking forum – extend to online and expand reach, support on-the-ground representation via geographical groups and Cochrane centres as they facilitate the collective, provide local leadership and vision

  - We are an academic, scientific community who volunteer our time and are largely self-funded, use knowledge and scientific methodologies to produce SRs - should promote this as it's a key point of difference

  - The people, whole healthcare community, connections and organic, bottom-up collaborations are the heart of Cochrane - a 'movement' but this doesn't come across - why people engage and getting this right is how we will attract new and get people who have disengaged to come back to Cochrane

Cochrane

- **Advocacy role in evidence-informed health** – links to goal 2 especially training, capacity building and knowledge translation in countries where evidence-informed health is not yet embedded:
  - Need to increase Cochrane's brand awareness – we are a global organisation but many clinicians/guideline developers haven't heard of Cochrane and don't use Cochrane reviews to inform guidelines or decisions (e.g. China, Nigeria);
  - Knowledge (and Language) Translation - a priority which we need to highlight; important we explore how to use AI and ML technologies to help with this e.g. Plain Language Summaries , produce different products / summaries for different audiences.
  - Relationship with WHO - need to reshape, extend and strengthen our relationships, at higher level not just individuals, and make links at national WHO level ; local geographic groups will be key but resource intensive and takes time
  - Preference for 'advocacy and support' rather than 'advocacy and leadership' and 'advocate for 'evidence informed practices' than than 'health'– but recognise 'advocacy' is a difficult word to interpret and translate into other languages
  - Clarity re: who the target audience is for advocacy - e.g. advocate for and educate about evidence and the need for transparency and synthesised approaches especially to policy makers and health care system decision makers
  - Cochrane plays an important role as an intermediary to provide better understanding of how to use the evidence and minimise misuse of evidence
- **Consumers and public and patient involvement and engagement** – a key usp, needs to have a higher profile:
  - Consumers involved in review production links to methods i.e. involving consumers could be a method we need to promote
  - Involve, engage and support 'consumers' is good but need to add in 'actively listen to' in every stage of the research cycle – i.e.. Actively listen, consult, involve and engage
  - Be clearer about who 'consumers' includes - not just patients, but also clinicians, hospitals, guideline developers, policy makers – and consider moving away from using this term as public, patients, carers and their families don't identify with the word, some feel excluded and doesn't translate well – ask consumer group to come up with a term to best represent them

Cochrane

Goal 3: Strengthen advocacy, community and collaboration

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation

Grow and inspire a vibrant, diverse and inclusive community to connect, collaborate and contribute

Enhance our partnerships and collaboration to advocate for and support evidence-informed health

Engage and support consumers to help develop and use Cochrane evidence

Note: underpins Goal 1, 2 and 4

Maintain a strong, sustainable organisation (Goal 4)

Cochrane

Goal 3: Strengthen advocacy, community and collaboration

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation

3.1 Grow and inspire a vibrant, diverse and inclusive community to connect, collaborate and contribute

- ❖ Rebuild and re-energise our community … by setting out a clear strategy for Cochrane that has collaboration at its heart and with a strong commitment to science and the public good
- ❖ Grow Cochrane's community and enhance engagement from under-represented geographies … by stimulating a welcoming, productive environment and building stronger local relationships via the Geographic Groups
- ❖ Encourage and facilitate organic collaborations … by creating opportunities for people to come together and making it clearer, simpler and more attractive to engage and work with Cochrane

What will success look like?

- ❖ A vibrant, diverse, inclusive community inspired to engage, collaborate and contribute
- ❖ More volunteers from across the world actively engage with, collaborate and contribute to producing evidence synthesis
- ❖ Wide global presence and representation in Cochrane's activities
- ❖ The next generation of Cochrane is secured

How will we monitor and measure success?

- ❖ No. and profile of people engaging with and contributing to Cochrane evidence

Programmes of work already underway:

- ❖ Geographic Groups strategy
- ❖ Governance review
- ❖ Marketing & communications strategy (website)

Cochrane

Goal 3: Strengthen advocacy, community and collaboration

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation

3.2 Enhance our partnerships and collaboration to advocate for and support evidence-informed health

- ❖ Raise Cochrane's profile and voice globally as an advocate for evidence-informed health … by expanding and leveraging our global partnerships
- ❖ Improve the understanding of evidence and how to best to use it … by educating policy makers and health system decision makers about evidence and the need for synthesised approaches
- ❖ Increase the use of evidence-informed health and well-being worldwide … by collaborating with global, regional and national partners to produce, disseminate and promote use of trusted evidence
- ❖ Support the translation of knowledge and language) - by exploring partnerships with technology providers to produce different, tailored products for different end users (link to goal 2)

What will success look like?
- ❖ Increased awareness of Cochrane across the globe and amongst end-users
- ❖ More active partnerships leading to greater collective impact
- ❖ Trusted evidence is used by more people in more countries to inform health decisions

How will we monitor and measure success?
- ❖ No. and profile of people engaging with and contributing to Cochrane evidence

Programmes of work already underway:
- ❖ Geographic Groups strategy
- ❖ Future of evidence synthesis

Cochrane

Goal 3: Strengthen advocacy, community and collaboration

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation

3.3 Engage and support consumers to help develop and use Cochrane evidence

- ❖ Strengthen the consumer voice and foster stronger engagement of consumers in evidence synthesis worldwide … by promoting, supporting and offering leadership in consumer involvement and engagement methodologies (link to Goal 1)
- ❖ Ensure Cochrane's portfolio of reviews address the questions that are most important to consumers … by increasing opportunities for consumers to engage with Cochrane and to influence priorities (link to Goal 1)
- ❖ Make evidence more available to patients and the public … by making it easier for patients to find and use Cochrane's information (link to Goal 2)

What will success look like?
- ❖ Cochrane consumer engagement methodologies are widely used by others
- ❖ More consumers are engaged with Cochrane and involved in review production
- ❖ Evidence synthesis is more relevant because it has included the views of consumers
- ❖ More patients and the public access and use information to inform their health decisions

How will we monitor and measure success?
- ❖ No. of consumers engaged with Cochrane
- ❖ No. of reviews using and/or citing Cochrane consumer engagement methodologies

Programmes of work already underway:
- ❖ Consumer Group strategy
- ❖ Methods Group

Cochrane

Goal 4:

What we tested in consultation – Slide 41

What we heard during consultation – Slides 42

Updated Goal and Objectives – Slide 43

Delivery plan, what success will look like, how we will measure it – Slides 44 to 47

Cochrane

Goal 4 – Theme: Sustainability

Option 1	Build a strong, financially sustainable organization that enables us to deliver our goals and ambitions successfully
or	
Option 2	Secure our ability to realize our goals and ambitions through the establishment of a robust, financially sustainable business model

Q. Should this be a separate or an enabling goal?

- Separate goal alongside Goals 1, 2 and 3 — 41.2%
- Enabling goal supporting Goals 1,2 and 3 — 58.8%
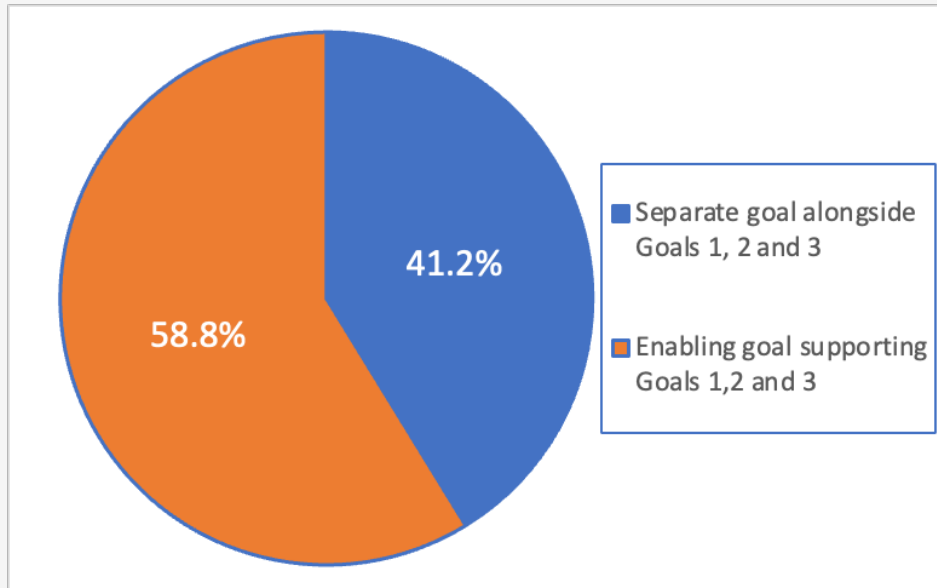
To deliver this we will:

❖ Develop and deliver an economically viable Open Access model – with a phased implementation to ensure we remain a financially sustainable organization

❖ Develop a fundraising strategy to diversify and grow our income and provide the resources we need

❖ Develop new income generating activities, building on the opportunities offered by AI, ML and data to reduce dependency on income from the Cochrane library

❖ Provide agile and excellent core services to support delivery of our strategic goals

Cochrane

Goal 4: What we heard (1 of 1)

- **Financial sustainability is essential** – underpins delivery of goals 1 to 3 :

  – Should be maintain not build – build suggests that we aren't there yet and suggest we shorten to be 'maintain a strong, financially sustainable organisation'

  – We are a charity, not-for-profit organisation not a commercial one – need to focus on being financially viable, stable and economically independent rather than on income generation

  – Fundraising strategy will be important here – diversify and grow our funding base to provide the resources we need to deliver goals 1, 2 and 3 whilst maintaining independence, avoiding and/or resolving potential conflicts of interest

  – Innovative product and business development – many opportunities to develop new income streams to diversifying our income and reducing our reliance on the Cochrane library as we move to Open Access - change to 'developing new income generating activities to increase the usefulness and viability of resources'

  – Delivering an economically viable Open Access model is a big challenge critical to this – phased approach to implementation

  – Critical to Cochrane's continued existence in next 3 to 5 years – split views over whether it is an enabling goal or a goal in its own right (address via presentation?)

- **Need to be broader – more than just about funding and financial sustainability** – too financial focused, needs to be more about being 'fit for the future':

  – Organisation and infrastructure – governance review, role of and relationships between CET and Groups, support to Groups

  – People – development of leaderships skills at all levels, invest in developing new skills we need to be 'fit for the future', diversity, equity and inclusion

  – Community and communication – improve our communication with Cochrane's community

  – Maintaining our underlying principles – trust, transparency, codes of behaviour and expectations

Cochrane

Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

| Develop and deliver an economically viable Open Access model | Diversify and grow our income to provide the resources we need | Develop an organisation fit for the future | Creating a great place to work and succeed |

Underpin Goals 1, 2 and 3

A vibrant, diverse and inclusive community inspired to engage, collaborate and contribute (Goal 3.1)

Cochrane

Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

4.1 Develop and deliver an economically viable Open Access model

- ❖ Ensure Cochrane remains a financially stable and viable organization … by developing an economically viable Open access model and implementing it via a phased approach
- ❖ Reduce dependency on income from Cochrane Library … by building on the opportunities offered by emerging technologies to develop innovative new products and services that improve and increase the usefulness and value of our resources

What will success look like?

- ❖ Cochrane has successfully migrated to an Open Access model increasing its use
- ❖ Reduce reliance on income from the Cochrane Library
- ❖ Increased income from new Cochrane products and services

How will we monitor and measure success?

- ❖ Increased use of Cochrane library
- ❖ Income from new products and services

Programmes of work already underway:

- ❖ Development of Open Access model
- ❖ *[REVMAN development and tools - check]*

Cochrane

Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

4.2 Diversify and grow our income to provide the resources we need

- ❖ Ensure we have the funding and resources we need to deliver our strategic goals … by developing a fundraising strategy to grow and diversify our income
- ❖ Promote the value Cochrane adds to global partners, philanthropists and policy makers … by better aligning our aims, focusing on the issues that matter most and better demonstrating the impact of the work we do

What will success look like?

- ❖ Increased funding to resource delivery of our strategic goals
- ❖ Greater awareness of the value Cochrane adds and the impact of our work
- ❖ Central funding available to support the activities of Cochrane Groups

How will we monitor and measure success?

- ❖ Amount of funding we receive
- ❖ Number of new donor relationships established and maintained
- ❖ Number of consortia joined

Programmes of work already underway:

- ❖ Fundraising strategy

Cochrane

Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

4.3 Develop an organisation fit for the future

- Make the process of collaboration clearer and simpler for everyone … by clarifying, simplifying and improving our processes and governance structures
- Ensure we have the skills and capabilities we need to deliver our strategy and be fit for the future … by ensuring we attract and retain the best people and delivering an efficient and effective IT services
- Be better at engaging and communicating with the Cochrane community … by raising our visibility and using different ways of reaching them and involving and engaging them in our activities

What will success look like?
- More people are engaged with Cochrane and involved in Cochrane activities / events
- Increased global awareness of Cochrane

How will we monitor and measure success?
- No. of people engaged with Cochrane
- Brand awareness of Cochrane
- Number of visitors to Cochrane's website

Programmes of work already underway:
- Governance Review
- Marketing and communications (website)

Cochrane

Goal 4: Ensure Sustainability

Maintain a strong, sustainable organisation

4.4. Creating a great place to work and succeed

- ❖ Enable the learning and development of Cochrane's workforce by ensuring our staff have the knowledge, skills and experience to drive innovation, and fulfil both individual and organizational needs nurtured by Cochrane's feedback culture.
- ❖ Strengthen Cochrane's growth by having an agile global workforce that is proactive, resilient, competent and adaptable. This is centred on the strategic planning, attraction and retention of a diverse workforce.
- ❖ Support performance management by maximising individual potential throughout the whole employee life cycle driven by our values, relations, utilizing intelligence, efficient processes and systematic reporting.

What will success look like?

- ❖ An engaged and skilled workforce ensuring organisational performance and business continuity
- ❖ Increased leadership and line manager confidence
- ❖ Established systems to support performance management

How will we monitor and measure success?

- ❖ Number of engaged staff
- ❖ Feedback on learning and participation rates
- ❖ Documented development & succession plans
- ❖ Evidence of a high performing culture

Programmes of work already underway:

- ❖ Culture
- ❖ Values Tool Kit
- ❖ Global reward

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Cochrane Values

- **Inclusive**- **we work together collaboratively and support each other**

- We look to build strong, inclusive and supportive working relationships and teams globally. We enjoy solving problems together and share our expertise and learning with each other.

- We do this by knowledge sharing and being flexible, inclusive and respectful of each other. We have a willingness to learn and change; and are mindful of our wellbeing, workloads and work/life balance and that of colleagues. We actively listen to each other and are empowered and enabled to challenge and question decisions

- **Relevant** - **our work contributes to improving people's lives**

- We are clear about why our work is important and how it contributes to Cochrane's goal of improving people's lives through evidence. We are supported by clear direction and decisions in line with our values and strategic priorities, are mission driven and impact focused in all that we do.

- We do this by ensuring our decision making and actions are aligned with need, being clear in accountability and decision making. We plan and prioritize within our capacity, define and measure our impact, are data driven, think strategically, and communicate clearly with different audiences using plain language.

- **Conscientious** - **we care about what we do**

- We care about our work and are open to learning and improving. To achieve this culture of learning, our conversations are open, honest, and sometimes difficult. We use mistakes as opportunities to learn without judgement, in support of innovation and performance.

- We do this by committing to our continuous professional development, giving and receiving feedback with each other well, building trust, giving credit and celebrating success. We proactively find solutions to problems and listen to and actively encourage diversity of thought. Cochrane

Governing Board: Reports

Title:	Scientific strategy update
Previous or schedule reports on this topic:	The Editor in Chief gave presentations to the Governing Board on the development of a Scientific Strategy in May 2023 and September 2023
Paper Number:	**GB-2023-45** Video link copied below
From:	• Karla Soares-Weiser, Editor on Chief •
People Involved in the developing the paper:	• Karla Soares-Weiser, Editor on Chief • Roses Parker, Commissioning Editor
Date:	For consideration at the Board meeting on 6 December 2023
For your:	**ASSURANCE**
Access:	Open

1. Purpose:

The video in this link provides an update on the development of the Scientific Strategy.

https://www.dropbox.com/scl/fi/mlhc26kp8ws7n8dyhumrr/video2022097985.mp4?rlkey=aitxen9ps4nunn1gfnlizzcfm&dl=0

Governing Board: Reports

Title:	Future Engagement Mechanisms Working Group Update
Previous or scheduled reports on this topic:	Governance review interim findings May 2023 Governance review September 2023
Paper Number:	tbc
From:	Lucy Johnson-Brown, Head of Governance
People Involved in the developing the paper:	Lucy Johnson-Brown – Head of Governance Veronica Bonfigli – Administrative Officer Barney Tallack – Governance Review Consultant Rachel Klabunde, Head of Engagement, Learning, and Support Jordi Pardo Pardo, Interim Chair ***The paper summarises discussion at the Governing Board meeting on 1 September 2023 and the Council meeting on 2 September***
Date:	For Consideration at the Governing Board meeting on 6 December 2023
For your:	**ASSURANCE**
Access:	Open

1. Purpose

Members of the Governing Board should **note** the following:

- The Future Engagement Mechanisms Working Group is meeting on 12 December 2023
- The information in this background paper has been shared with members of the Working Group
- The Working Group will be asked to focus discussion on answering two questions:
  - Which engagement mechanisms currently work well?
  - Where are there gaps?

2. Background

The Governing Board agreed that the Council as it currently exists will not continue beyond the end of this year and a new approach to engagement will be explored. One element of a multi stranded engagement plan might include an advisory panel which would gather perspectives from the whole Cochrane community and give advice to the Governing Board.

At a joint meeting of the Governing Board and the Council on Sunday 3 September 2023, it was agreed that a Working Group would be established to explore existing and new mechanisms for two way communication, engagement and participation between the central organization (the Board and the ELT) and the Community.

The following members of the Council and the Governing Board nominated themselves to join the Working Group:
Vanessa Jordan, Stefano Negrini , Liz Dooley , Bob Dellavalle, Cinzia Del Giovane, Ahmad Sofi-Mahmudi Ahmad Sofi-Mahmudi, Jordi Pardo Pardo, Yuan Chi, Vanessa Piechotta and Juan Franco.

The Working Group will meet on 12 December 2023.

3. History of the Council

The Cochrane Council was established in November 2016 on the recommendation of the Governing Board, following a review of governance. The Council aimed to ensure that Cochrane Groups retained an effective voice in Cochrane's leadership and strategic decision-making. The purpose of the Council was to provide:

- A forum for Cochrane Groups to consider high-level matters affecting Cochrane as a whole;
- A mechanism to raise matters and provide input to the Governing Board on behalf of Cochrane Groups and members; and
- A forum to consider matters at the request of the Board and inform Board deliberations.

Since 2016 the Council has met frequently both in person at Governance meetings and Colloquia and on-line. From 2020 onwards the Council has been meeting on line on a monthly basis alternating informal meetings (with no agenda) and formal meetings (with agenda).

Over the years the Council has made sure the voice of the represented constituencies was heard by providing regular reports on topics and issues raised and discussed at Executives' level or brought to the attention of the Council via a call for items on the website.

The Council has provided important input on key topics such as the governance review, the separation of editorial functions, the future of evidence synthesis, the knowledge translation databases and the Cochrane values and has provided input to the new organisational Strategy for 2024-2027.

2. Governance review 2023

In February 2023, the Governing Board commissioned a review of governance to explore the role and purpose of the Board, Council and Committees and assess how well the organization's governance structures support compliance, risk management and strategy implementation. The results of the Council's own exercise in considering its future role (done in January 2023) fed into the review and the consultant, Barney Tallack interviewed individual members and joined Council meetings several times.

The governance review concluded that Cochrane's governance and non-governance groups, bodies and entities have become increasingly complicated over time. The aim of enabling participation has led to the proliferation of governance and non-governance bodies. For many of these bodies, the primary role and purpose is unclear or contested.

3. Decision at the London meeting September 2023

After considering the Governance Review at their meeting in September 2023, Board members agreed that there was widespread understanding and acceptance that the organization's governance arrangements and ways of engaging with Cochrane's large and diverse community need simplifying, clarifying and strengthening.

The review found a wide range of expectations of what the role of the Council is or should be. The table below which sets out some examples of mechanisms used by comparable organisations for engagement, representation and advice was noted.

Engagement Mechanisms used in other not for profit organizations: for engagement, advisory support, representation, core standards / programmatic integrity, promotion or protection of the organisation etc include:								
	Shadow Boards	Advisory Panels	"Friends of	Philanthropy Boards	Member & Alumni network	Associates	Ambassadors	Staff Councils / associations / Unions	Theological and other "Integrity" Panels
People									
Types of individuals	Mission & thematics linked e.g., LMIC NGO leaders, activists etc .	Mission, thematic & Functional experts	Mix of externals (e.g., major donors, ex staff, advisors, politicians, corporates	Seats for reps of major donors above a threshold e.g., > $100k	"Internal" people who have left e.g., former Trustees, staff & volunteers	Academically or professional recognised leaders in the organisation's thematic field	High profile influencers who are aligned with the organisation's values & mission	Internal staff / vols not in Governance or Senior Leadership. Elected by eligible staff	Theologians with academic / thought leadership roles (e.g., scholars).
Expertise covered	Whatever is needed to demonstrate "legitimacy" rather than for all org functions	Broad range from external to internal e.g., fundraising, OD	Some or all aspects of the external work & internal organisation	Fundraising with other HNWIs	Institutional and functional knowledge	Thematic areas e.g., eyesight,	Not necessarily any that has to relate to the thematic works or organisation	Rights of staff, Processes for org change, grievances / complaints, remuneration	Theological doctrine / teachings & foundations of the organisation & its work
Roles									
Strategy development	Support to development, challenge (stretch),	Support to development *and* stretching the ambition	Externals can be used as part of "critical friends"	Shared with at early stages but not involved	Shared with at launches but not involved in development	"Critical friends"	None	None	Vision, Mission, Values and other principles

Engagement Mechanisms used in other not for profit organizations: for engagement, advisory support, representation, core standards / programmatic integrity, promotion or protection of the organisation etc include:									
	Shadow Boards	Advisory Panels	"Friends of	Philanthropy Boards	Member & Alumni network	Associates	Ambassadors	Staff Councils / associations / Unions	Theological and other "Integrity" Panels
	accountability for delivery		exercises in the context analysis & initial thinking	in direction setting					rather than strategy per se
Delivery of programme / strategy	None – more focussed on a general "Holding to account" by the wider sector	Receive results to inform advice given	None expected but where comfortable promotion of organisation	Funding	None	Promotion of organisation's work & approaches in thought leadership / global spaces & networks	Primarily promotion of the organisation	Consulted on some staff related aspects of delivery e.g., structures, roles	Informs and, strengthens organisation's reputation and inspires other actors / individuals to work with org

Mentoring	In their areas and initiated / driven by them	Formal responsibility of the panel members – supplied on a "demand" basis from executive leadership	Only if requested by Executive and no obligation for Exec to ask or use	No formal expectation	Only if requested by Executive and no obligation for Exec to ask or use	Expectation that Executive leadership will request it – but only in programmatic areas	None		As requested by Board / Executive and on one-off / special occasions basis
Access to networks	None	Networks of professionals in same technical area as them	Loose, only if requested by Executive. Usually on a reactive basis e.g., in reputational crises	Of other HNWI and corporates primarily for fundraising	Loose, connections to rest of sector or orgs they have joined since leaving	Networks of technical experts in same thematic field	Media outlets, social media followers, other influencers, HNWI, communities		Loose - Theological networks
Formal representation of members	None	None	None	None	Informal	None	None	Main role	None
Fundraising	None	None	Some HNWI and foundations	Lots	Limited but where there are opportunities and if they are comfortable	None	Lots	None	None

It appeared that Council was trying to fulfil multiple functions, a Shadow Board + Advisory Panel + Union + Member network + Integrity Panel and that instead of one body attempting to fulfil a number of functions, a multi stranded engagement plan was needed.

The Board agreed that the Council as it currently existed would not continue beyond the end of the year and a new approach to engagement would be explored. One element of a multi stranded engagement plan might include an advisory panel which would gather perspectives from the whole community and give advice to the Governing Board. To avoid the ambiguity that had arisen around the Council, the Board confirmed that any new advisory panel would not be part of the organization's formal governance structure but could provide valuable advice and insight.

The Board's decision was communicated to the Council by Jordi Pardo Pardo (Board member and interim Chair) and Tamara Kredo (Board member and Governance and Nominations Committee member) at a joint meeting of the Governing Board and the Council held on Sunday 3rd September 2023.

The Council agreed to finish the work in progress around providing input to the Strategy for 2024-2027 and to work together with the Board to explore existing and new mechanisms for two way communication, engagement and participation between the central organization (the Board and the ELT) and the Community.

4. Community and member engagement
In order to develop a new engagement plan and consider how best to work with Cochrane's wide and diverse community, the Working Group will need more information about stakeholders and members. The following membership information has been collated by the support team:

As of November 2023, Cochrane has 11,149 members.
- 9510 have an engagement level of "active" or "interested". This is calculated in the same way we use to calculate how many supporters we have - we only count people as a supporter in our reporting if their engagement level is "active" or "interested".
- Today we have 114,627 active/interested supporters (= people who have a Cochrane account and are engaged with us, but are not yet members). We stop counting people as supporters if they've not engaged with us for 2 years.

Of the active members:
- 990 have a staff role in one or more Cochrane Group.
- 990 (a different subset but very co-incidentally the same number as above) have an editorial role in one or more Cochrane Groups – these are likely to include roles in closed CRGs so this figure is not very useful.
- 1160 get the core staff digest (sent to all staff and editorial people in continuing CRGs, plus people with a governance role).
- 7940 are authors. 2502 are signed up for the Author digest.
- 837 are in the Methods network. 687 get the Methods newsletter.
- 238 are Consumers. 505 get the Consumer network newsletter.
- 371 are Early Career Professionals. 570 get the ECPN newsletter.
- 5799 are not getting any digest but only 4109 of these are opted in to receive communication from Cochrane.
- We don't have information in the Customer Relationship Management system (CRM) yet about who attended the Colloquium unfortunately. However 405 of these members volunteered at the Colloquium either authoring a poster, delivering workshops, volunteering or speaking.

The biggest missing communication channel is Authors who have not opted in to receive the Author digest. All of them was given the opportunity to sign up but not everyone did.

In terms of engagement mechanisms, the following communication touchpoints with members are currently in place:

One off communications

- Sent to all members:
    - announcement of the AGM;
    - announcement of upcoming elections or opportunities to stand for election.
- Sent to any member opted into receiving communications:
    - reminders about upcoming voting opportunities;
    - results of votes.

We also send automated messages to:

- supporters when they become eligible for membership, plus reminders to accept the terms and conditions after 30 & 60 days.
- a member when their membership renews or is extended.
- a role based member (roughly 2000 of our members are role-based) who has stopped doing the role that qualifies them for this membership. They get an email to say "please stay in touch" and explains they have transferred to a standard membership.

5. Stakeholder mapping

At its meeting in Barcelona in 2022, the Board started a piece of work which aimed to map the stakeholders to whom Cochrane has varying degrees of accountability.

The result of this piece of work is set out below though it is important to clarify that at the time, it was difficult to differentiate the many stakeholders by nature of the relationship and accountability to them. It is probably true to say that this is still unclear.

List of stakeholders identified by the Board in October 2022:

Internal	External
Authors	Auditors
Reviewers	Regulator (charity commission, Companie house, HMRC, other)
Experts (professional/lived experience/methodological/technical)	Media
Citizen scientists	Suppliers
Translators	Students
Geographic groups	Heath regulators
Fields	Advocacy organisations
Review groups	Judges

6. Next steps

Recommendation	Who is responsible	When	Outcome
1. Determine whether there is a need for an Advisory Panel for the Governing Board to engage with on particular matters where it seeks advice i.e., what level of input the Governing Board requires, on what, when etc	Governing Board	December 2023 meeting	
2. Remap the membership body to identify how many "active" members there are (define what active means for Cochrane)	Support team	October 2023	Completed. The data are set out in this document.
3. Develop a stakeholder map which sets out who is engaged and how will be developed. The exercise will help to identify the role and membership of any new Advisory Panel.	Membership, Learning and Support team led by Rachel Klabunde	October 2023 - 2024	In progress
4. A working group meets to discuss: a. the results of mapping number of members b. How we define an active member of the Cochrane community c. What engagement mechanisms (outside of Council) are working well. d. Which external stakeholders need to be engaged – in priority groupings. e. (if not covered above) equality, diversity, inclusion.	Future Engagement Mechanisms Working Group made up of members of the Board, of the Council, of the ELT and CET.	12 December 2023	In progress – meeting on 12 December 2023
5. The Governing Board determines: a. what support / advice they might need from internal & external stakeholders and other experts	Governance Team and membership team	Q1 2024	

b. The stakeholder perspectives they need to hear – especially those where there are gaps c. On what topics / areas e.g., strategy development d. Frequency of advice being sought Nature and "depth" of advice needed.			
e. Identify new or adapted mechanisms for advice, member and other stakeholder engagement f. Based on the output of the previous two steps – propose mechanisms g. Sense check the operational viability of mechanisms (support needed, level of participation expected of stakeholders, cost) h. Prioritise those based on a judgement of those likely to make the most impact versus the effort required			
If an Advisory panel is needed, the remit, frequency of meetings, accountability and composition is clearly set out in a document.	Governance Team		
Develop a new communication and engagement strategy and some very light touch engagement mechanisms. For precision and clarity – these must not be more groups or additional work for any Advisory Panel that might be set up.	Communication team		
Implement and test mechanisms.			

Roll out mechanisms in a staged approach Use a Real Time Evaluation approach to quickly determine effectiveness and any adjustments			

Roadmap

→   →   →   →   →

Collection of data on "active" membership	Develop a stakeholder map	Governing Board meeting to assess what support / advice they might need	Meeting of the working group to discuss engagement mechanisms	Set up an Advisory panel if needed	Develop a new communication and engagement strategy	Implement and test the mechanisms

Governing Board: Reports

Governing Board: Reports

Title:	Membership information for Governing Board
Previous or schedule reports on this topic:	The Governance review included some reformations around membership. Governance review interim findings May 2023 Governance review September 2023
Paper Number:	GB-2023-49
From:	Rachel Klabunde, Head of Engagement, Learning and Support
People Involved in the developing the paper:	Ann Shackleton, Membership and Volunteering Manager Gavin Adams, Director of Development
Date:	17 November 2023. For Consideration at December 2023 Board meeting or by Convene between meetings.
For your:	**ASSURANCE**
Access:	Open

1. Purpose:

The purpose of this report is to provide the Governing Board with information about Cochrane's current membership scheme, respond to recommendations regarding Membership provided in the Governance Report shared with the Governing Board in August 2023, and discuss plans the Membership Team has for developing a paid subscription scheme and a Membership and Volunteer Strategy in 2024. As this may represent a significant step for Cochrane, we plan to consult with the Cochrane community and will bring forward any proposals to the Governing Board.

2. Report:

2.1 Cochrane's Membership Scheme

Cochrane's Membership comprises volunteers from all over the world who have contributed to Cochrane's work. Volunteers earn points for contributions they make to the organisation, and when reaching 1,000 points earned in a given calendar year, they are offered Cochrane membership for 1 year. They can then renew their membership by continuing to contribute to the organisation in the subsequent year. Contributions can range from publishing a protocol, review, or update with Cochrane; completing volunteer tasks on Cochrane Engage; translating Cochrane evidence; contributing to citizen science on Cochrane Crowd; and many others. Authors who publish on the Cochrane Library receive a 3-year (for protocols) or 5-year (for reviews and updates) membership. Membership is free; no fees for Membership are charged. Cochrane Membership is generally based on these contributions; approximately 85% of the membership has earned their place as a Cochrane Member in this way. In addition, people who hold staff roles with the Central Executive Team or Cochrane Groups are offered role-based membership, and those who have made a long-time contribution to the organization and have left can be nominated and awarded Lifetime or Emeritus membership. More information about Cochrane's membership program is available here.

When a person creates a Cochrane Account they become a Cochrane Supporter. As long as they continue to show interest in Cochrane (log in to our systems / use our learning resources) they remain active. If they don't engage with Cochrane for two years we consider them lapsed and no longer include them in our count of supporters. As they contribute to the organisation, they can earn Cochrane Membership points and eventually become Members.

As of the end of September 2023, there were 11,121 Cochrane Members, and 114,032 Cochrane Supporters. Supporters are represented in 206 countries and territories, with members coming from 126 countries and territories. People really value Cochrane Membership; there are regularly posts on social media with people sharing their membership badges and announcing when they've gained membership. After being offered membership, people must agree to the Terms and Conditions. They then receive a virtual membership badge in their Cochrane account, can vote in Cochrane elections, and are eligible for discounts on subscriptions to Cochrane Interactive Learning and RevMan.

2.2 Membership in the Governance Review

The Governance Review shared with the Governing Board in August 2023 contains a section "Membership and the wider Cochrane community", in which some recommendations were shared. By way of an update, Cochrane is already doing many of the things recommended, as detailed below.

Recommendation 1: Engagement with the Membership and wider Cochrane Community should primarily be the responsibility of the Executive rather than the Governing Board.
Currently, the Membership Team within the Development Directorate of the Central Executive Team is responsible for engaging with the Membership through various channels. We communicate key events and information to Cochrane Members as needed throughout the year and can survey the Membership as needed.
Regarding engagement with the wider "Cochrane Community", this typically refers to staff and contributors to Cochrane Groups, rather than Cochrane volunteer members. That element is outside of the scope of this current report, though the Central Executive Team frequently engages with the Community on many different topics and in various ways.

Recommendation 2: Remap the membership body to identify how many "active" members there are (define what active means for Cochrane).
The current membership scheme is clear on what "active" membership means – if a Member has not continued to contribute to Cochrane in the 12-month period following the awarding of a typical 1-year membership, their membership will lapse and they will revert to being a Cochrane Supporter. Similarly, in the 3 years following publication of a Cochrane protocol, an author who has not subsequently published their review or contributed to Cochrane in other ways, their membership will lapse. Finally, when a former staff member has left Cochrane, their role-based membership is converted to a standard 3-year membership. This is designed as a grace period to allow them to build up points should they wish to continue to be Cochrane Members. So, if they do not continue to contribute to Cochrane, their membership will lapse as well.
Similarly, a Cochrane Supporter who has not been active in our systems for 2 years will no longer be counted as a Cochrane Supporter.

Recommendation 3: Clarify and communicate to Members what their obligations are.
All active Cochrane Members are required to sign the Terms & Conditions of Cochrane Membership, outlining member obligations and defining what members can expect from Cochrane. Importantly, these Terms & Conditions also state that people who work for pharmaceutical companies or medical device companies cannot be Cochrane Members, as they have potential conflicts of interest. The Terms & Conditions of Cochrane Membership are easily accessible from the Membership tab of each person's Cochrane Account.

Recommendation 4: Based on the outputs of 1 and 2 develop a new communication and engagement strategy and some very light touch engagement mechanisms. For precision and clarity – these must not be more groups or additional work for Council / Advisory Panel.
Recommendations 1 and 2 are already being fulfilled within Cochrane's Membership scheme and enacted by the Membership Team (and others) in the Central Executive Team, as noted above. The Membership Strategy to be devised will also address this recommendation (discussed in next section).

Recommendation 5: Consider a "Friends of Approach" as used elsewhere -with email updates and a virtual annual "Friends of" event that provides light touch highlight of the past year's successes, current context and future initiatives. As broadly happens now, this would be part of Colloquiums.

Currently, regular communications with Members and Cochrane's Annual General Meeting fulfils the recommended functions. Additional communications or events and other engagement mechanisms will be considered in the context of the Membership strategy.

2.3 Future plans

The Membership Team have two main priorities for work in 2024: establishing a paid subscriber scheme and developing a Membership Strategy.

To expand usage of Cochrane tools and services and generate revenue, the Membership Team has been working on the beginnings of a paid subscription scheme that would comprise a variety of benefits, including discounts to our courses and review production platforms, increased access to Cochrane resources for evidence synthesis, and discounts on attendance at our events. This would run alongside and be separate to the existing Membership scheme. Subscribers would not become Members of Cochrane, to ensure that our governance is not affected by paying subscribers, who may work for pharmaceutical companies.

In May 2023, a workshop was held with MemberWise, a membership organisation from the UK, to guide initial thinking on how we might devise this subscription scheme. Subsequent work with the Publishing and Technology Directorate led to the proposal to tie the Cochrane Subscription offer in with the proposed Cochrane OpenPlus subscription to the Cochrane Library. In parallel, work has been done on defining key subscriber personas and the subscription value proposition. In 2024, we plan to refine the subscription value proposition, conduct market research to better define pricing models for this scheme and scope the customer base (both individual and institutional), consult with Cochrane Groups regarding the subscription scheme, and further refine the subscription offer of services via work with partner organisations. When a detailed plan for the subscription scheme is ready, it will be brought to the Governing Board for approval, with the hope to launch this subscription scheme in 2024.

In 2024, the Membership Team also will devise a Membership Strategy to set out how Cochrane can retain and grow our volunteer base, in concordance with the Organisational Strategy and working within the new structure of the organisation. An initial project plan for this was developed in 2022; however, this work was then deprioritised due to Chris Champion (Head of Engagement, Learning and Support) leaving Cochrane and taking up a new post. In 2024, we will identify key resources to inform this Strategy, such as best practice examples and relevant internal stakeholders. We will hold discussions and focus groups with key stakeholders interacting with volunteers from across the Cochrane Community. Based on findings from these discussions, we will define a Membership Strategy addressing key elements for working with, engaging, and utilizing the power of our global volunteer base to fulfil Cochrane's mission.

3. Summary:

I. Cochrane's Membership scheme, established in 2018, supports Cochrane's mission to collaborate with a global network of contributors to further Cochrane's mission. Current members come from 126 countries and contribute to Cochrane's work by volunteering or working for Cochrane Groups.

II. The Membership Team within Cochrane's Central Executive Team monitors Member activities, reports them quarterly on the Membership Dashboard, communicates with Cochrane Members, and facilitates Member participation in elections and Cochrane's Annual General Meeting.

III. Key priorities for 2024 within the Membership Team include establishing a paid subscriber scheme to generate revenue and increased use of our services, and devising a Membership Strategy to set out how Cochrane can harness the power of volunteers, while moving into our new structure.

4. Next report:

The Membership Team produces an annual membership report, which will be shared with the Membership & Awards Sub-Committee in early 2024. Work on 2024 priorities will be brought to the Governing Board when ready.