

# Cochrane Steering Group Minutes

Vancouver: 16<sup>th</sup> & 17<sup>th</sup> January 2015

*Approved 08 04 2016*

## **Present:**

Lisa Bero (Co-Chair), Cindy Farquhar (Co-Chair), Martin Burton, Karin Dearness, Anne Lyddiatt, Joerg Meerpohl, Mona Nasser, Holger Schünemann, Denise Thomson and Mingming Zhang.

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor to the CEO – participating remotely for items 3,6 & 7), Miranda Cumpston (Head of Learning & Support), Chris Champion (Senior Programme Manager Adviser), Chris Mavergames (Head of Informatics & Knowledge Management – participating remotely for item 7), Charlotte Pestridge (CEO, Cochrane Innovations – items 8 & 11), Sarah Watson (Head of Finance & Core Services – participating remotely for items 4 & 7), Julie Wood (Head of Communications & External Affairs – participating remotely for items 5 & 7).

## **1. Welcome, Apologies, Declarations of interest, any other business**

Apologies were received from Elizabeth Stovold and Alvaro Atallah. No additional declarations of interest were declared. The agenda was approved. CSG members asked that in future, where appropriate, CSG papers include an Executive Summary.

**Action: CSG papers in future to include, where appropriate, an Executive Summary.**

## **2. Central Executive Team 2015 Operational & Financial Update**

Mark gave an update on Cochrane's performance in 2015, including the excellent latest sales and royalties' figures for the Library, and progress against the 2015 Targets - nearly all of which would be met. Joerg congratulated the CET and all Cochrane Groups who have contributed to achievements in 2015. An open access version of the organisational dashboard will be circulated widely following this meeting.

**Action: The CET to include the number of priority reviews published in next Dashboard, and provide illustrative examples.**

**The CET to circulate an open access version of the 2015 Dashboard.**

## **3. Central Executive Reports Cochrane Group funding – CIHR, NIHR, etc.**

The CSG noted the paper outlining what is currently known about funding for Cochrane Groups internationally, and discussed the trends in funding that the paper highlighted. The CSG recognised that more recent and complete financial information will be required in future to inform strategic decision-making; and committed itself to ensuring that Cochrane Groups provide that information to the CET.

Mark and Holger updated the CSG on the latest news on efforts to find replacement funding for the Canadian Cochrane Groups. The transfer of the Canadian Cochrane Centre to McMaster University and long-term support for the Upper GI and Pancreatic Diseases Review Group and GRADEing Methods Group had been agreed during meetings earlier that week in Hamilton; and meetings were held in Vancouver on Friday and Saturday with partners, supporters and politicians to organize additional lobbying efforts for the Cochrane Hypertension Review Group (based in the city) and other Cochrane Canada Groups.

**Action: CET to provide an annual report of Cochrane Group funding to the CSG (ready for each Colloquia with data for the previous year).**

## **4. Investment Policy**

Mark welcomed Sarah Watson as the new CET Head of Finance and Core Services; and introduced the final version of the Investment Policy, which had been completed following the appointment of CCLA as Cochrane's investment management firm at the last meeting in Vienna. A cash reserve of GBP £2 million will be held, with a conservative target for an investment return of 4.5%. The CSG discussed and agreed the Investment Policy; including the formation of a Steering Group Investment Sub-Committee to oversee and monitor the investment performance. Treasurer Martin Burton would chair the Committee, with Mona and Cindy as CSG members (and Mark and Sarah as ex officio non-voting members).

**Decision: The Steering Group approved the adoption of the Investment Policy.**

**Action: Sarah to meet with CCLA and explore whether there is any possibility of excluding investments by its ethical funds in medical devices and some food and drink manufacturers.**

## 5. Partnership Policy

Julie introduced the new Partnership Framework, Policy and Plan for the next 18 months' strategic engagements. The CSG will receive a report each year outlining planned activities for the next 12 months, including new proposed partnerships. Following CSG approval or amendment the CET would then be responsible for implementation of the plan, including approval and signing of MOUs. Partnerships will also be made with organisations beyond evidence-based health care, and Cochrane Groups will be engaged in central partnerships as appropriate and will continue to develop their own partnerships within the framework set by the policy. It was noted that relationships with funders or potential partners might be more appropriately addressed outside the framework of partnerships. A new Partnerships Co-ordinator role will be introduced, integrating the present part-time WHO Coordinator position, and this person would support Cochrane Groups in developing their own partnerships. Additional documentation and tools to support Groups in this work will be developed later in the year. In response to evolution in the partnership with Wikipedia, the role of Wikipedian in Residence will not be renewed this year. Overall, these changes represent a net FTE increase of 0.2 persons.

Lisa requested some amendment to the wording of the policy on conflict of interest to ensure that existing and future partners such as WHO could still be included. Members welcomed the proposal to develop new partnerships with consumer groups but asked that future reports be specific about which organisations would be approached and that the CSG be informed of any important new initiatives or potentially sensitive partnership issues.

**Decision: The CSG approved the Partnership Framework, updated Policy (pending the agreed changes to wording) and 2016-17 Partnership Plan (with the requirement that more specific proposals are needed on future consumer/patient organizational partners).**

**Action: Lisa and Holger to work with Julie to finalise Partnership Policy.**

**Action: The CET to include in future partnership plans the specific organisation names, background details, URLs and proposed partnership activities.**

**Action: The CET to update the partnership framework to include information on all potential partners who could meet the needs of advancing the activity from a Cochrane perspective and why that potential partnership or multiple partners best fill the need identified by Cochrane.**

## 6. Publishing Arrangements

### 6.1 Future Contractual Arrangements

### 6.2 Cochrane-Wiley Publishing Management Team Workplan 2016

Mark updated CSG members on the contractual negotiations with Wiley following the Steering Group decisions made in Vienna in October. CSG noted the 2016 joint Cochrane-Wiley work plan and agreed that it was vital that the rebuilding of The Cochrane Library on the new Semantico platform was achieved as Cochrane needed it and on time and schedule (ready for launch at the latest in January 2017). The CET will monitor progress closely.

## 7. 2016 Plan & Budget documents:

### 7.1 Strategy to 2020 Proposed Organisational Targets for 2016

The CSG emphasised that achieving the Targets is a joint responsibility of all the Cochrane Groups across the collaboration. The proposed Targets for 2016 are specific, measurable areas of work that will bring Cochrane closer to achieving the objectives of Cochrane's *Strategy to 2020*. Nine of the 17 Targets are considered to be 'mission critical', including:

- Major technological enhancements to the Cochrane Library.
- Completing the development of Cochrane's authoring infrastructure, including RevMan online, Covidence and EPPI-Reviewer.
- Completing the implementation of Project Transform, including the Task Exchange, expanded crowdsourcing and centralized search activities (including the exploration of text mining).
- Completing the annotation of all published Cochrane Reviews with structured PICO information, enabling full-scale linked data projects to begin accessing data across the Library.
- Launching Cochrane's membership scheme, including new ways to welcome people into Cochrane and an enhanced membership environment for existing contributors.
- Designing and implementing a programme of training and support for Cochrane Editors.
- Developing and implementing the integrated quality strategy.

**Decision: The CSG approved the proposed 2016 *Strategy to 2020* targets with the exception of the target relating to Plain Language Summaries, which will be reconsidered at a later date (see discussion under item 7.8).**

**Action: The CET to include in future papers a detailed report on progress to date for targets carrying over from activities in the previous year, and the roles for Cochrane Groups in each Target.**

**Action: The CET to engage closely with Cochrane Groups early in the planning of the 2017 targets.**

## 7.2 2016 Plan & Budget

Mark introduced the 2016 Plan & Budget and took CSG members through the draft Plan, which had been structured as requested in the same format developed for the 2015 Plan & Budget with proposed activities, projects and costs divided into five 'pots' so that the CSG was clear about governance and management 'core' costs; those projects that had already been approved by the CSG (both those covered in the new 2016 targets and those which were not) and the additional costs linked to the new 2016 Targets and other strategic initiatives. Members discussed and requested clarification on some specific items in the Plan & Budget:

- **PICO annotation:** Chris Mavergames explained that the approach of appointing a small group of dedicated annotators to complete data tagging would ensure high consistency of data, faster progress to enable linked data applications, and would alleviate pressure on the TSCs to complete this work within existing workloads.
- **Next Generation Cochrane:** Mark clarified that Cochrane is investing across the board in large infrastructure projects including linked data, and that this fixed-term project will consider how we bring this infrastructure together and the future directions and projects that will be enabled by this work.
- The proposed **Knowledge Translation strategy** to be finalized by the Seoul Colloquium in October 2016 will establish Cochrane's KT goals and approaches, led by a working group chaired by Denise Thomson, Sally Green and Rachel Churchill, and engaging members of Cochrane actively involved in KT.
- **GESI:** Mark confirmed that the third year of Cochrane funding for the four GESI groups will not go ahead. Instead a new Cochrane African Network proposal had been developed for CSG consideration; and a new multi-organizational Global Evidence Synthesis Initiative established for which Cochrane had pledged £15,000 a year in seed money for the next three years. Cochrane would continue to play a central role in the development and governance of this new GESI project.

The CSG then extensively discussed the 2016 Plan & Budget and agreed the following:

**Decision: To approve the proposed 2016 Plan & Budget (with the exception of the PLS project, see below).**

**Action: The CSG to review Cochrane's *Strategy to 2020* objective priorities in its Board Development day at the London Mid-Year Meetings.**

## 7.3 Annex 1 - Cochrane African Network

Mark introduced the Cochrane African Network (CAN) proposal developed by Cochrane South Africa (CSA) and other collaborators across the continent to build capacity and engagement in Cochrane and evidence-informed health decision-making in Africa. The project will be implemented by CSA in collaboration with hubs in Nigeria and Cameroon and broader networks throughout the region. The CSG welcomed the proposal, but emphasised the importance of working from the beginning of the project to secure ongoing funding for this work from other funding sources, and the importance of establishing a clear decision point after the first year to assess progress. The CSG agreed:

**Decisions:**

- **To support the CAN for complete Year 1 funding (£120,000 including overheads – all monies to be spent in Africa, no CET support costs).**
- **The CET to support the CAN to raise funding for years 2-5 of the project from external sources.**
- **Clearer targets to be established by the CAN for Year 1 of the project.**
- **The CSG to reconsider further funding for years 2 & 3 of the CAN in the *Cochrane Plan & Budget 2017* and after considering delivery of CAN Year 1 targets and the actual and likely level of external funding raised by the CAN.**
- **The CET to include potential contingency support for years 2 and 3 in the 2017 and 2018 budgets.**

## 7.4 Annex 2 - Proposal for an extension to the Methods Innovation Fund

David clarified that the new component of the Methods Innovation Fund will be an open call, and not limited to pre-specified categories for submissions. Applications will be assessed against Cochrane's strategic objectives around implementation of innovative methods and capacity development.

**Decision: The CSG approved funding of £200,000 per year over three years for an extension to the Methods Innovation Fund; to enable Cochrane to offer grants for projects that support the implementation, diffusion and adoption of methods enhancements, or initiatives that will help to recruit, nurture and retain methodologists.**

### 7.5 Annex 3 - Membership Scheme

**Decision:** The CSG approved the proposed resourcing for the Membership Scheme as proposed in the Plan and Budget.

### 7.6 Annex 4 – Translation

Julie briefed the CSG on the changes to the Translations Strategy arising out of the mid-term review held in 2015. The major changes were around the transfer of the Spanish-language version of the Library (Cochrane Library Plus) to Cochrane's central translation system so that it could be published on the Cochrane Library platform, and an increase of resources to support different Cochrane translation groups to coordinate, edit and ensure the quality of translation in each language. Julie reminded the CSG that selection of reviews to translate sits with each translation team, informed by central advice on prioritisation strategies and usage statistics from the Cochrane Library and Cochrane.org.

**Decision:** The CSG approved the proposed allocation of the translation budget and plan for 2016.

### 7.7 Annex 5 - Quality Assurance and Editorial Process Integrated Plan

David summarised the CEU's proposed integrated quality assurance and editorial process plan, which aims to ensure the highest standard of reviews being published, a framework to provide a high level of support for CRGs in doing this work, and a framework for accountability for this process. David noted that a large proportion of the funds requested is going out to the Groups for piloting and editorial work. The proposal includes:

- An advisory committee to support the CEU team in implementing the integrated plan.
- A management plan for each of the high-risk groups that successfully addresses the problems identified.
- Working with CRGs to identify a range of metrics that reflect performance appropriately and fairly, and to ask them to provide transparent and regular feedback on these metrics.
- Identifying key uncertainties in the conduct and reporting of reviews and to investigate the impact of different approaches.
- The CEU continuing to screen reviews that are high priority and those that have been identified by CRGs as problematic.
- Initiating screening of review updates by assessing potential issues with the published review (before update) and to provide feedback to authors.
- Exploring mechanisms for screening of protocols in conjunction with the Methods community.
- A screening guide for CRG teams, and to deliver targeted training to CRGs in conjunction with Learning and Support Department (L&SD).
- Consultation to the training programme being designed by the Learning & Support Department.
- Piloting initial changes to the editorial process, including title registration, empty reviews, and centralised peer review process for reviews involving CRG team members as authors.
- Memoranda of understanding with CRG leaders and host institutions.
- Agreed policies for peer review and fraud management.
- Periodically updating the Cochrane Editorial and Publishing Policy Resource.
- Consultation on a revised structure, based on a 'Scientific Committee' model, that facilitates decisions to be made regarding the implementation of proposed changes to the review methods. Note that this would be separate the body managing decisions about adoption of new methods.

**Decision:** The CSG approved the CEU's proposed integrated quality assurance and editorial process plan.

### 7.8 Annex 6 – Plain Language Summary Project

Julie noted that this project is driven by a need to ensure consistency of structure and language to support translation efforts, as well as to improve the quality, readability and ease of understanding of the summaries of Cochrane Reviews. Holger queried the process to date of engaging the GRADEing Methods Group in the project, given its work in the field.

**Decision:** The CSG decided not to approve the PLS project but to ask the CET to review and revise it before re-submitting it to the CSG for further consideration.

**Action:** Julie to review the proposal in collaboration with the GRADEing Methods Group and resubmit to a future CSG meeting.

## 8. Cochrane Innovations

### 8.1 'Cochrane Response' Business Plan

Charlotte outlined the proposal to launch 'Cochrane Response' as a commissioned review and evidence consultancy service, working in collaboration with Cochrane Groups to expand our capacity to take on commissioned work, and enhance our relationship with funders and other commissioning organisations.

The CSG noted the potential for competition between Cochrane Groups and contributors and Cochrane Response, and noted the critical importance of coordinating these relationships and ensuring Cochrane Groups had the first right of refusal on any relevant commissioned work provided by Cochrane Response. The CSG further noted that any reviews arising from this work, including rapid reviews, should be publishable in The Cochrane Library following an appropriate editorial process, and that this mechanism

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should also be available to other Cochrane collaborators. David agreed with this approach, but highlighted to the CSG that this would not be possible before the launch of the new Cochrane Library platform in 2017 given the limitations of the existing Wiley platform. Charlotte agreed with the CSG suggestions and small changes would therefore be made to the Cochrane Response plan to reflect them.

**Decision: The CSG approved the Cochrane Response business case with the agreed modifications.**

**Action: Charlotte to modify the Cochrane Response business plan specifically to include a first right of refusal for Cochrane Groups to undertake any commissioned reviews considered by Cochrane Response.**

**Action: The CET to work with Wiley to establish a mechanism to publish commissioned reviews in the Cochrane Library.**

### 8.2 Cochrane Innovations Update Report

The CSG noted the report for information. Denise advised that the Cochrane Innovations Board will expand from the current three members to around five and will seek to appoint additional external members.

### 9. 2018/19 Colloquium Hosts (& 2017/18 Mid-Year Meetings)

*(Martin left the room as one of the Colloquium bids came from the UK Cochrane Centre.)*

The CSG discussed the recommendations of the Colloquium Policy Advisory Committee (CPAC) and the Central Executive and the bids received for hosting future Colloquia and Mid-Year Business Meetings.

**Decision: To accept Cochrane UK's proposal to host the Colloquium in Edinburgh in 2018; and Cochrane Chile's proposal to host the Colloquium in Santiago de Chile in 2019.**

**Decision: To accept Cochrane Switzerland's proposal to host the Mid-Year Business Meetings in Geneva in 2017; and Cochrane Portugal's proposal to host the meetings in Lisbon in 2018.**

**Action: To ask CPAC to thank the organisers of the Los Angeles Colloquium proposal, and encourage future proposals from the USA.**

### 10. Governance Review

Members discussed the proposals to reform Cochrane's Steering Group into a new Governing Board. Key features outlined in the paper include:

- The new Board will include six internal members elected at large from among Cochrane's contributors.
- Individual members will be able to vote directly for Board members standing for election, with votes no longer aggregated at the level of Cochrane Groups; there will be no direct representational members on the Board.
- There will be up to five new positions on the Board for externally appointed members.
- A Cochrane Council will be established initially based on the existing Group Executives. The purpose of the Council is to advise the Board and ensure that Cochrane's major constituencies have a voice. The Group Executives will lead the structural development of the Council.
- There is no change to the Co-Chairs' election and terms of office. An external Board member can become a Co-Chair after completing a three-year term on the board, but both Co-Chairs cannot be external members.

Members emphasised the importance of retaining the voice of Cochrane Groups in the organisation, and the value of establishing the proposed Council as an effective structure alongside the Board. Members requested the following changes to the recommendations in the proposal:

- Candidates for External Board positions may not have a current staff, leadership or editorial role in Cochrane, but may have other roles such as author, peer reviewer, etc.
- The precise number of External Board positions should not exceed five, but may be fewer if the Board considers the range of skills and experience of the current membership to be sufficient.
- CET employees will be able to vote in elections for internal Cochrane members of the Board, like employees of other Groups, but will not be able to stand for election.
- One, but not both, of the Co-Chair positions may be held by an External Board member following the completion of his/her first term.
- The current voting system, in which individual votes for CSG positions are aggregated at the Group level, should be changed to count direct, individual votes. Clear information on who will be eligible to vote should be included.
- To facilitate a gradual transition to the new structure and evenly distributed commencement dates for new terms, sitting CSG members may be invited to step down early, but will not be required to do so. Members who step down early may stand again under the new electoral system if they would otherwise be eligible to stand for another term under the existing system, or will otherwise sit on the new Council.
- Terms of Reference for the new Council should be drafted and available to member Groups ahead of the final vote on this system at the AGM at the Seoul Colloquium.

**Decision: The CSG approved the recommendations outlined in the Governance Reform Paper, with the amendments set out above.**

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- Action:** The CET to draft a process for nomination for external Board positions, outlining the documentation required and including a declaration of conflict of interest, and proceed with advertising for the first two external Board members immediately.
- Action:** Cindy, Lisa, Denise and Joerg to form a CSG Sub-Committee to review nominations for the first two external Board positions.
- Action:** The CET to prepare an 'open access' version of the paper outlining the proposed changes, incorporating the CSG's recommendations from this meeting, and begin consultation with the wider collaboration ahead of the Mid-Year Meetings.
- Action:** The CET to review whether any improvements can be made to the definition of voting eligibility based on 'Active' states in Archie.

## 11. Structure & Function Reviews

Following the Structure and Function reviews of Cochrane Groups that had been conducted in 2014-15, the CSG reviewed a number of options for organisation-wide restructuring to align our structure with the needs of the *Strategy to 2020* that it had asked the CET to prepare for its Vancouver meeting. After detailed discussion of the options, the CSG gave strong support for:

- Changes to the editorial workflows and processes, to include pilot projects to explore partial centralization of some editorial functions including title registration.
- More detailed proposals being developed by the CET for a new structure based on the further development of alliances or mergers between Groups.
- More detailed proposals being developed by the CET for a new structure based on Groups being able to choose from a modular range of functions, rather than only being allowed to do specific functions linked to their Cochrane Groups type.
- New approaches to methodological support for authors; including the development of a Scientific Committee to make decisions about the adoption of methods within Cochrane.

- Action:** The CET to develop more detailed proposals in a paper for consideration by the CSG at the London Mid-Year Meetings in April 2016.
- Action:** The CEU to develop an initial plan to pilot changes to Cochrane's editorial process in 2016, and to advise the CSG of progress in a paper for the London Mid-Year Meetings. All changes will be conducted within the existing CEU budget, and the budget reprioritised accordingly.
- Action:** The CEU to explore the establishment of a Scientific Committee with responsibility for making decisions about the adoption of methods within Cochrane.

## 12. AOB

- Decision:** Strategic Sessions at the London Mid-Year Meetings in April will focus on the Governance Reform proposals and the Knowledge Translation Strategy.
- Decision:** The Board Development Day at the London Mid-Year Meetings will focus on progress against the *Strategy to 2020* objectives and prioritization of targets.
- Decision:** The CSG meeting in July will be conducted via tele/videoconference.
- Decision:** The CSG will meet in Seoul on 20-22 October, the days immediately before the Colloquium.
- Action:** Karin and Anne to assist Denise, Lisa and Cindy in planning for the Governance Reform Strategic Session in April.
- Action:** Lorna to set up Doodle poll for the tele/videoconference in July and the CET to explore videoconferencing options to enable in-depth online meetings.



## **CSG Agenda & Open Access Background Papers**

Saturday 16<sup>th</sup> & Sunday 17<sup>th</sup>  
January 2016

Venue: The Telus Boardroom  
UBC Robson Square  
800 Robson Street  
Vancouver, BC  
V6Z 3B7



# Agenda

**Saturday 16<sup>th</sup> January (08:30 – 18:00)**

**08:30 – 09:00 Steering Group only**

1. Welcomes, Apologies, Declarations of Interest and Approval of the Agenda
2. Central Executive Team 2015 Operational & Financial Update (I) [RESTRICTED ACCESS]
3. Cochrane Group funding - CIHR, NIHR, etc (I) [RESTRICTED ACCESS]
4. Investment Policy (D) [RESTRICTED ACCESS]
5. Partnership Strategy (D) [RESTRICTED ACCESS]
6. Publishing Arrangements:
  - 6.1 Future contractual arrangements
  - 6.2 Cochrane-Wiley Publishing Management Team Workplan 2016 (I) [RESTRICTED ACCESS]
7. 2016 Plan & Budget documents:
  - 7.1 Strategy to 2020 Proposed Organisational Targets for 2016 (D) [OPEN ACCESS]
  - 7.2 2016 Plan & Budget (D) [RESTRICTED ACCESS]
  - 7.3 Annex 1 - Cochrane African Network (D) [RESTRICTED ACCESS]
  - 7.4 Annex 2 - Proposal for an extension to the Methods Innovation Fund – (including Prognosis Review support) (D) [RESTRICTED ACCESS]
  - 7.5 Annex 3 - Membership Scheme (D) [RESTRICTED ACCESS]
  - 7.6 Annex 4 - Translation Plan (D) [OPEN ACCESS]
  - 7.7 Annex 5 - Quality Assurance and Editorial Process Integrated Plan (D) [RESTRICTED ACCESS]
  - 7.8 Annex 6 - Plain Language Summary Project (D) [OPEN ACCESS]



**Sunday 17<sup>th</sup> January (08:00 – 17:00)**

8. **Cochrane Innovations:**
  - 8.1 **Cochrane Response Business Plan (D) [RESTRICTED ACCESS]**
  - 8.2 **Cochrane Innovations Update Report (I) [RESTRICTED ACCESS]**
9. **2018/19 Colloquium Hosts (& 2017/18 Mid-Year Meetings) (D) [OPEN ACCESS]**
10. **Governance Review (D) [RESTRICTED ACCESS]**
11. **Cochrane's Structure & Function Review - An Organisational Perspective (D) [RESTRICTED ACCESS]**

**NOTE: The following group Structure & Function reviews are available here:**  
<http://bit.ly/1mcpHfK>

  - **Centre & Branches**
  - **Consumers**
  - **CRGs**
  - **Methods**
  - **Fields**
12. **AOB / Steering Group only**
  - **CSG dates Seoul 2016**

**(I) - Agenda Items for Information/report**

**(D) - Agenda Items for Decision or Strategic Discussion**

# *Strategy to 2020*

## Proposed organizational targets for 2016

**Document prepared by:** Senior Management Team, Central Executive.

**Submitted to Steering Group:** December 2015.

**Purpose of paper:** To present for the Steering Group's approval the finalized set of targets for 2016 that the Central Executive Team and Cochrane Groups will attempt to deliver, to achieve *Strategy to 2020*.

**Access:** Open.

**Summary of Recommendations:** The Steering Group is asked to approve the targets. The Central Executive Team will then work with Cochrane Groups to deliver them in 2016.

**Resource implications:** Implementation of the targets will require expenditure of Cochrane's core funds, as detailed in the 2016 Plan & Budget. Cochrane Groups will also need to use their resources in support of the targets.

### Contents:

1. Summary of the proposed organizational targets for 2016
2. Delivering the targets in 2016
3. Outcomes and deliverables of the 2016 targets



# 1. Summary of the proposed organizational targets for 2016:

## GOAL 1: PRODUCING EVIDENCE

### HIGH-QUALITY

1. **Quality strategy:** We will finalise and implement a strategy for quality assurance and quality improvement to ensure that Cochrane Reviews consistently reflect current best practice.

### RELEVANT AND WIDE-COVERAGE:

2. **Prioritization list:** We will improve the Cochrane Review prioritization list by increasing the transparency of each new entry, incorporating more priorities identified by external parties to ensure that it reflects global needs, and providing more opportunities for competent potential author teams and individuals.

Cochrane's vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

### UP-TO-DATE:

3. **Updating strategy:** We will develop and begin to implement a comprehensive updating strategy for Cochrane content to ensure that high priority reviews are kept up-to-date.

### EFFICIENT PRODUCTION:

4. **Timeliness pilot projects:** We will address the challenge of improving timeliness of review production by re-evaluating the Cochrane editorial process and supporting pilot projects that improve production efficiency, author and editor experience, and review quality.
5. **New authoring infrastructure:** We will revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online with the release of beta versions into general use; and ensuring that 85% of reviews moving beyond the protocol publication stage use Covidence or EPPI-Reviewer from October 2016.
6. **Transform project:** We will improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our *Transform* project, including live versions of the crowdsourcing platforms *Task Exchange* and *Getting Involved*, and the machine learning *Evidence Pipeline* for study identification; and piloting new production models.

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

### USER-CENTRED DESIGN AND DELIVERY:

7. **Cochrane Review PICO annotation:** We will make the content and data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and protocols at question, included study, and analysis levels.
8. **Knowledge Translation strategy:** We will support the real-world application of Cochrane content by developing a Cochrane 'Knowledge Translation' strategy.

### ACCESSIBLE LANGUAGE AND MULTI-LINGUAL:

9. **Plain Language Summaries:** We will pilot a new approach to Plain Language Summaries of Cochrane Reviews to make them easier for our users to understand them and to be translated into different languages.
10. **Translations pilot projects:** We will pilot new models to prioritize and support translation teams to improve the sustainability of their activities and ensure the quality of their translations.

## GOAL 3: ADVOCATING FOR EVIDENCE

### THE ‘HOME OF EVIDENCE’:

11. **Enhanced Cochrane Library:** We will work together with Wiley, our publisher, and a selected third party technology provider to build and deliver an enhanced Cochrane Library with greater functionality that makes it easier to discover and use Cochrane content.

Cochrane’s mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

### GLOBAL ADVOCATE:

12. **REWARD campaign:** We will develop a plan for how Cochrane can contribute to the REWARD (REduce research Waste And Reward Diligence) campaign and play its part in improving efficiencies in the research lifecycle.

### GLOBAL PARTNER:

13. **Partnerships and alliances:** We will implement our new partnerships strategy, and develop new partnerships with consumer networks, technology providers, and other organizations hosting the Global Evidence Summit in 2017.

## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

### INCLUSIVE AND OPEN:

14. **Membership Scheme:** We will create a more inclusive organization by launching the Cochrane Membership Scheme and re-developing the Cochrane Community website around it.

### EFFICIENTLY RUN:

15. **Organizational structure and function review:** We will implement changes to Cochrane Groups’ structure and functions to ensure our organizational structure is optimally aligned to Cochrane’s mission and goals.

### INVESTING IN PEOPLE:

16. **Online learning:** We will improve our training resources by establishing a new online learning environment.
17. **Editor training and accreditation:** We will expand the support we provide to Cochrane editors by delivering a programme of training and accreditation for them.

### TRANSPARENTLY GOVERNED:

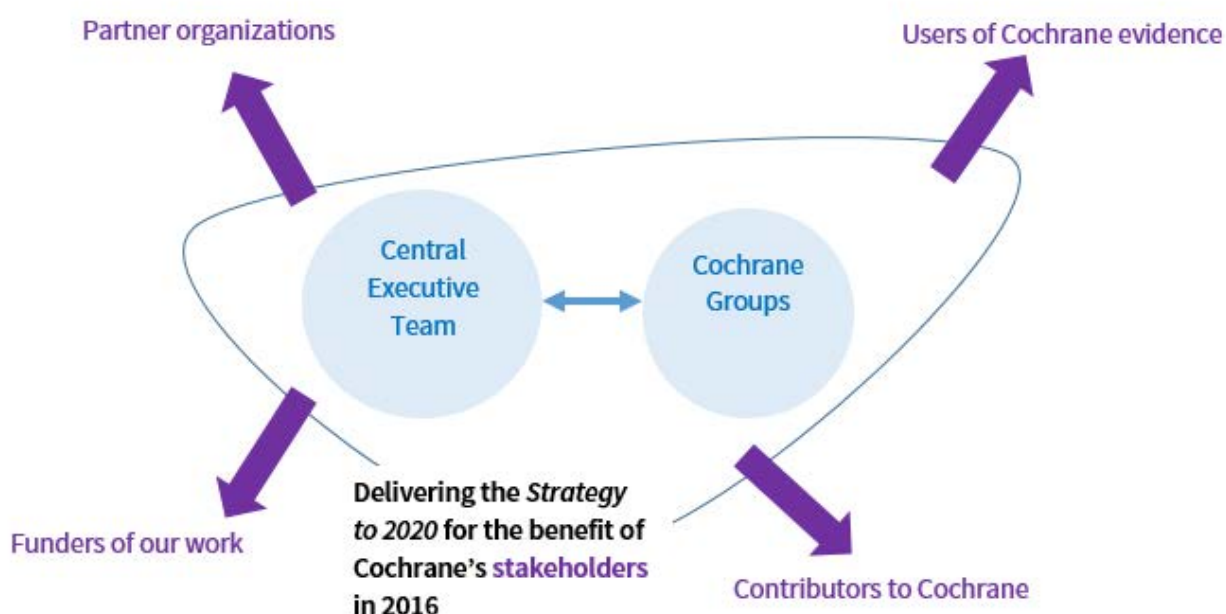
18. **New governance structure:** We will improve the effectiveness of Cochrane’s governance by finalizing and implementing a new governance structure, including a newly re-formed Governing Board (formerly Steering Group).

## 2. Delivering the targets in 2016:

***Strategy to 2020* aims to put Cochrane evidence at the heart of health decision-making all over the world.**

2016 will take us into the third year of Cochrane's *Strategy to 2020*. In 2014 our targets were foundational, marked by widespread consultation and detailed planning ahead of significant changes across the four Cochrane goals of producing evidence, making our evidence accessible, advocating for evidence, and building an effective and sustainable organization. Our 2015 targets built on the progress made in 2014, with improvements starting to be made to our production processes, global profile, and organizational structure in particular.

2016 will be a year of delivery and impact, but also of continuity, focusing particularly on the implementation and output phases of targets established in 2014 and 2015. Our focus will be on demonstrating to our stakeholders – the users of our evidence, our contributors, our partners and funders - the outcomes and tangible benefits that the implementation of *Strategy to 2020* is bringing to their experience with Cochrane year on year.



Cochrane's Central Executive Team (CET), with the collaboration and support of Cochrane Groups, is in charge of delivering the *Strategy to 2020*. This document sets out what they will jointly be doing in 2016 to achieve this. It has been developed following initial consultation with the Steering Group and Group Executives between October and December 2015. It is for internal use only, but will be used as the basis of materials and resources that will widely communicate and promote the *Strategy to 2020* in 2016.

### **A reminder of the structure of the *Strategy to 2020*:**

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organizations. Cochrane's *Strategy to 2020* has been developed with the following structure:

Vision > Mission > Goals > Objectives > **Targets** > Workplans:

- Vision: Outlines what the organization wants the world in which it operates to be.
- Mission: Defines the fundamental purpose of the organization, describing why it exists and what it does to achieve its vision.
- Goals: Establish the desired endpoints for achieving the mission.
- Objectives: Describe the ways in which goals will be operationalized and achieved.
- **Targets: Represent the tangible stepping-stones on the path towards the achievement of an objective. An objective may have one or many targets that must be fulfilled to achieve it.**
- Workplans: Set out how the targets will be achieved.

The objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets – of which those for 2016 are set out in this document – and accompanying workplans are developed and reviewed on an annual basis to achieve these objectives.

Most of the targets are to be achieved in 2016, although some stretch into 2017. These targets establish the priority tasks the organization sets itself for the next year. Progress against the targets and the wider objectives and goals will be reported on regularly, including in the Cochrane Dashboard.

At the end of 2015 Cochrane's Senior Management Team (SMT) assessed our progress in achieving *Strategy to 2020's* 28 objectives to-date, set out what success would look like for each of them by 2020, and identified areas where further work is required. The results of the assessment have informed the development of the 2016 targets and will be presented to the Steering Group at its mid-year meeting in London, April 2016, following further consultation with the CET.

#### Central Executive 'target leads':

The SMT considers each target to be a project – and sometimes a programme of projects – that are managed according to standard project management methodologies. The development of workplans is the process by which a target is turned into a project, with the aim of delivering the desired outcomes to time and budget. Each target is given a CET lead, as listed below. They will ensure their project teams work with, and communicate to, Cochrane Groups about their involvement in delivering the targets.

2016 Target	Central Executive target lead	Email address
<b>1 Quality strategy</b>	<b>David Tovey</b> Editor in Chief Cochrane Editorial Unit <b>Toby Lasserson</b> Senior Editor Cochrane Editorial Unit	dtovey@cochrane.org  tlasserson@cochrane.org
<b>2 Prioritization list</b>	<b>Ruth Foxlee</b> Information Specialist Cochrane Editorial Unit	rfoxlee@cochrane.org
<b>3 Updating strategy</b>	<b>Harriet MacLehose</b> Senior Editor Cochrane Editorial Unit	hmaclehose@cochrane.org
<b>4 Timeliness pilot projects</b>	<b>Karla Soares-Weiser</b> Deputy Editor in Chief Cochrane Editorial Unit	ksoares-weiser@cochrane.org
<b>5 New authoring infrastructure</b>	<b>Chris Mavergames</b> Head of Informatics & Knowledge Management <b>Ida Wedel-Heinen</b> Review Production Manager Informatics & Knowledge	cmavergames@cochrane.org  iwedel-heinen@cochrane.org

		Management Department	
6	Transform project	<b>Chris Mavergames</b> Head of Informatics & Knowledge Management	cmavergames@cochrane.org
7	Cochrane Review PICO annotation	<b>Chris Mavergames</b> Head of Informatics & Knowledge Management	cmavergames@cochrane.org
8	Knowledge Translation strategy	<b>Chris Champion</b> Senior Programme Manager CEO's Office	cchampion@cochrane.org
9	Plain Language Summaries	<b>Julie Wood</b> Head of Communications & External Affairs	jwood@cochrane.org
10	Translations pilot projects	<b>Juliane Ried</b> Translations Co-ordinator Communications & External Affairs Department	jried@cochrane.org
11	Enhanced Cochrane Library	<b>Harriet MacLehose</b> Senior Editor Cochrane Editorial Unit	hmaclehose@cochrane.org
12	REWARD campaign	<b>Julie Wood</b> Head of Communications & External Affairs	jwood@cochrane.org
13	Partnerships and alliances	<b>Julie Wood</b> Head of Communications & External Affairs	jwood@cochrane.org
14	Membership Scheme	<b>Chris Champion</b> Senior Programme Manager CEO's Office	cchampion@cochrane.org
15	Organizational structure and function review	<b>Mark Wilson</b> CEO <b>Chris Champion</b> Senior Programme Manager CEO's Office	mwilson@cochrane.org cchampion@cochrane.org
16	Online learning	<b>Miranda Cumpston</b> Head of Learning & Support	mcumpston@cochrane.org
17	Editor training and accreditation	<b>Miranda Cumpston</b> Head of Learning & Support	mcumpston@cochrane.org
18	New governance structure	<b>Mark Wilson</b> CEO <b>Miranda Cumpston</b> Head of Learning & Support	mwilson@cochrane.org mcumpston@cochrane.org



### 3. Outcomes and deliverables of the 2016 targets:

#### GOAL 1: PRODUCING EVIDENCE

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

#### Goal 1 Objectives to 2020:

##### HIGH-QUALITY:

- We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

##### RELEVANT:

- We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and priorities the production and updating of Cochrane Systematic Reviews accordingly.

##### UP-TO-DATE:

- We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.

##### WIDE COVERAGE:

- We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.

##### PIONEERING METHODS:

- We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

##### EFFICIENT PRODUCTION:

- We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
- We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

#### Goal 1 Targets in 2016:

##### 1. HIGH-QUALITY: **Quality strategy**

We will finalise and implement a strategy for quality assurance and quality improvement to ensure that Cochrane Reviews consistently reflect current best practice.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
This target will lead to changes in the existing review screening process to create a more flexible and responsive service. Cochrane Review Groups (CRGs) will become equipped with the capability to carry out the pre-publication screening process.  <b>For Groups and contributors</b>	A referral screening service has been created for: <ul style="list-style-type: none"> <li>On demand referrals from CRGs (any stage)</li> <li>High impact reviews, e.g., for media release.</li> </ul>	Groups have contributed to a report on the number and range of reviews referred and common issues identified.	Oct 2016
	A screening guide is delivered for CRGs in conjunction with webinars describing the process of screening, common errors and best practice.	A volunteer group of editors has developed guidance.	Dec 2016

**2. RELEVANT: Prioritization list**

We will improve the Cochrane Review prioritization list by increasing the transparency of each new entry, incorporating more priorities identified by external parties to ensure that it reflects global needs, and providing more opportunities for competent potential author teams and individuals.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
<p>This target will amend the existing processes for identifying new priority reviews and updates, seeking to make the rationale for inclusion more transparent, and increase the focus on externally derived priorities that explicitly address the needs of global decision makers.</p> <p><b>For users, Groups and contributors, funders, and partners</b></p>	<p>A paper explaining the rationale for revisions to list and proposed changes is published by March 2016.</p> <p>The list is evaluated to measure its effectiveness in leading to the commissioning and completion of targeted reviews by March 2017.</p>	Groups have contributed to the revised list and use it to prioritize review topics.	Mar 2017

**3. UP-TO-DATE: Updating strategy**

We will focus on developing and beginning to implement a comprehensive updating strategy for Cochrane content to ensure that high priority reviews are kept up-to-date.

<p>This target will result in a comprehensive updating strategy that incorporates transparent decision-making about future plans to update each review, and explores and evaluates different models of how to update. It will be a two-year project.</p> <p><b>For Groups and contributors</b></p>	<p>An updating strategy that builds on the report of the 2014 Cochrane-sponsored updating meeting in Hamilton, Canada, is prepared.</p>	Groups have contributed to an implementation plan for the updating strategy, with two areas in development.	Dec 2016
	<p>An early evaluation of a targeted updating project is undertaken.</p>	<p>The report on the targeted updating project is presented to the CRG community. An audit of compliance is undertaken by the Editorial Unit in 2017 and will require Groups' participation.</p>	Apr 2017

**4. EFFICIENT PRODUCTION: Timeliness pilot projects**

We will address the challenge of improving timeliness of review production by re-evaluating the Cochrane editorial process and supporting pilot projects that improve production efficiency, author and editor experience, and review quality.

<p>This target will involve the exploration and piloting of changes to existing editorial process, and different models. It will ensure that our editorial policies continue to reflect best current practice.</p>	<p>At least two substantial changes to the editorial process (e.g., merged title and protocol phase) are identified in consultation with Groups; and pilot projects, with evaluation, are undertaken.</p>	Volunteer groups from the Cochrane Group community are engaged in the work.	Dec 2016
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<b>For Groups and contributors</b>	At least three new policy areas have been developed and implemented, including management of proven or suspected fraud, and peer review processes.	CRGs and other stakeholders are aware of, and have agreed to, the new policies.	Dec 2016
<b>5. EFFICIENT PRODUCTION: <a href="#">New authoring infrastructure</a></b> We will revolutionize our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online with the release of beta versions into general use; and ensuring that 85% of reviews moving beyond the protocol publication stage use Covidence or EPPI-Reviewer from October 2016.			
<b>Outcomes:</b>	<b>Indicators of success delivered by the Central Executive Team:</b>	<b>Indicators of success delivered by Cochrane Groups:</b>	<b>Delivery deadlines:</b>
This target will move RevMan and the CRS online, which will enable further integration with Covidence, Transform tools, EPPI-Reviewer and other browser-based tools, forming a new ecosystem for more user-friendly and efficient review production in Cochrane.  Cochrane has invested substantially in Covidence to be the primary, default tool to support study screening and data extraction. The use of Covidence or EPPI-Reviewer in the workflow will give us great efficiency and transparency in our pipeline. Covidence will function as the primary data extraction tool for Cochrane authors, streamlining the production of standard intervention reviews.	A beta test plan for RevMan Web has been approved and RevMan Web is being beta-tested in general use.	Cochrane Groups and review production teams are beta testing RevMan Web.	Dec 2016
	A plan has been agreed for the full transition to RevMan Web (in 2017) and phase out of the RevMan 5 desktop version.	Groups have committed to the RevMan Web transition plan.	Dec 2016
	CRS Web is live and a plan to phase out the desktop version has been agreed.	Groups beta-test and become familiar with RevMan Web and CRS Web functionality; Managing Editors and Information Specialists attend training sessions; CRGs assist with transition.	CRS Web live and in use by June 2016
	Covidence (default) or EPPI-Reviewer (if complex review methods) are in use on more than 85% of new reviews by from October 2016.	CRGs are being trained in using Covidence and/or EPPI-Reviewer for their authors and contributors.  CRGs have begun to use CAST tools – at least 85% of new reviews from October 2016.	Dec 2016
<b>For Groups and contributors</b>			
<b>6. EFFICIENT PRODUCTION: <a href="#">Transform project</a></b> We will improve the way people, processes, and technologies come together to produce Cochrane content by releasing the first phase of improvements from our <i>Transform</i> project, including live versions of the crowdsourcing platforms <i>Task Exchange</i> and <i>Getting Involved</i> , and the machine learning <i>Evidence Pipeline</i> for study identification; and piloting new production models.			
<i>Transform</i> will address four key challenges in content production through four project components:	Evidence Pipeline: <ul style="list-style-type: none"> <li>Citations triaged to CRGs.</li> <li>Soft launch of 'beta' platform and in use by 5 or more CRGs.</li> <li>Initial use by computer science community.</li> </ul> Getting Involved (Cochrane Crowd): <ul style="list-style-type: none"> <li>Launch of 'beta' platform for citation screening and in use by early adopters.</li> <li>Two tasks are available on platform.</li> </ul>		Dec 2016
I. Evidence Pipeline - finding relevant research in a timely and reliable way. II. Getting Involved - developing pathways for			

potential new contributors.	
III. Task Exchange - increasing the efficiency of working collaboratively.	Task Exchange: <ul style="list-style-type: none"> <li>• Launch of 'beta' platform and in use by early adopters.</li> <li>• Use by new Cochrane contributors.</li> </ul>
IV. Production Models - ensuring our content is relevant and up to date.	Production models: <ul style="list-style-type: none"> <li>• Content production model assessment report published.</li> <li>• Selection of model(s) for pilot completed.</li> <li>• Pilot phase commenced.</li> </ul>
<b>For Groups and contributors</b>	

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

### Goal 2 Objectives to 2020:

#### USER-CENTRED DESIGN AND DELIVERY:

- We will put the needs of our users at the heart of our content design and delivery.
- We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
- We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

#### OPEN ACCESS:

- We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

#### ACCESSIBLE LANGUAGE:

- We will simplify and standardize the language used across our content to improve readability and reduce ambiguity.

#### MULTI-LINGUAL:

- We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

### Goal 2 Targets in 2016:

#### 7. USER-CENTRED DESIGN AND DELIVERY: **Cochrane Review PICO annotation**

We will make the content and data behind our reviews more useful and discoverable by completing the linked data annotation of reviews and protocols at question, included study, and analysis levels.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
Cochrane PICOs are short summaries of a clinical question addressed by one or more Cochrane Reviews. Target audiences for Cochrane PICOs are healthcare practitioners and professionals, and other informed users of health care (e.g. decision-	For all reviews and protocols, a complete set of PICO annotations have been developed at question, included study, and analysis levels.	CRGs are familiar with linked data tools and annotation work.	Sep 2016
	An annotation tool has been added to the workflow in	TSCs are trained in annotation and there is	Sep 2016

makers). This target will complete the background work required to enable PICO views of Cochrane evidence in the Cochrane Library and elsewhere.  <b>For users</b>	Archie, RevMan, and the CRS.	engagement with the CET on governance of metadata.	
	Scoping of core APIs is in place for external business cases and data feeds.	TSCs begin annotating all new reviews in their Group and, in combination with HarmoniSR, PICO annotating studies in the CRS.	Sep 2016
<b>8. USER-CENTRED DESIGN AND DELIVERY: <a href="#">Knowledge Translation strategy</a></b> We will support the real-world application of Cochrane content by developing a Cochrane 'Knowledge Translation' strategy.			
<b>Outcomes:</b>	<b>Indicators of success delivered by the Central Executive Team:</b>	<b>Indicators of success delivered by Cochrane Groups:</b>	<b>Delivery deadlines:</b>
This target will provide a clear understanding of what it means to undertake knowledge translation (KT) work in Cochrane. This will inform further developments of organizational the structure and function review as well as our future partnerships with other organizations.  <b>For users, partners, and funders</b>	A strategy outlining where Cochrane should focus its efforts and approach in KT is published.		Oct 2016
	An implementation plan for the KT strategy is developed.		Dec 2016
		Cochrane Groups have a clear understanding of what it means to fulfil a KT function in Cochrane.	Dec 2016
<b>9. ACCESSIBLE LANGUAGE AND MULTI-LINGUAL: <a href="#">Plain Language Summaries</a></b> We will pilot a new approach to Plain Language Summaries of Cochrane Reviews to make them easier for our users to understand them and make them easier to translate into different languages.			
Plain Language Summaries provide users with a summary of a Cochrane Review. This target will lead to improvements in their style and consistency, making them more understandable and easier to translate into different languages. It will be based on user-testing and feedback.  <b>For users</b>	Updated guidance and templates on PLS in place. User testing is undertaken to ensure that these changes make it easier for our key audiences to understand this information.		Sep 2016
		At least four CRGs have piloted the new approach to PLS development.	Dec 2016
	A plan for how to roll the new approach out across the Cochrane community in 2017 is in place.		Dec 2016
	Incorporation of new formats and infographics into the PLS are tested.	Cochrane Groups adopt new approach to PLS.	Dec 2017
<b>10. ACCESSIBLE LANGUAGE AND MULTI-LINGUAL: <a href="#">Translations pilot projects</a></b> We will pilot new models to prioritize and support translation teams to improve the sustainability of their activities and ensure the quality of their translations.			
Cochrane established a <a href="#">translation strategy</a> in 2014 which focuses on central support and co-ordination to support local	Language priority criteria, benefits, support and responsibilities have been agreed, agreements signed with the different language teams and activity reported on a quarterly basis, including individual success indicators.		Mar 2016

<p>translation teams, as well as sustainable translation approaches. The overall aim is to strengthen our impact in non-English speaking countries. This target will focus on the sustainability component of the work undertaken by those local teams, as well as ensuring the quality of their output.</p> <p><b>For Cochrane Groups and contributors, and users</b></p>	The existing translation management system has been reviewed, and a plan for adaption or new development agreed.	Sep 2016
	Cochrane.org pilot is launched in one language featuring locally adapted content, and editorial processes are in place.	Dec 2016
	Multi-language Cochrane Library is launched in Spanish.	Mar 2017
	A new translation management system is released.	Jun 2016

## GOAL 3: ADVOCATING FOR EVIDENCE

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

### Goal 3 Objectives to 2020:

#### GLOBAL PROFILE:

- We will clarify, simplify and improve the way we communicate to the world by creating an overarching ‘Cochrane’ brand.

#### THE ‘HOME OF EVIDENCE’:

- We will make Cochrane the ‘go-to’ place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.
- We will build greater recognition of Cochrane’s role as an essential link between primary research and health decision-making.

#### GLOBAL ADVOCATE:

- We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
- We will promote reliable, high-quality primary research that is prioritized to answer real world health questions and

improves the evidence-base on which our work is built.

- We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

#### GLOBAL PARTNER:

- We will build international and local partnerships and alliances with organizations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organizations.

#### GLOBAL IMPACT:

- We will demonstrate Cochrane’s value and impact to funders, users and other beneficiaries of our work.

### Goal 3 Targets in 2016:

#### 11. THE ‘HOME OF EVIDENCE’: **Enhanced Cochrane Library**

We will work together with Wiley, our publisher, and a selected third party technology provider, to build and deliver an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use Cochrane



content.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
This target will lead to a radically improved Cochrane Library for our users.  <b>For users</b>	CET, Wiley, and the external technology supplier are working together to build and deliver an enhanced Cochrane Library.	Groups and/or individuals are consulted and are involved in user testing.	Jan-Dec 2016
	New Cochrane Library platform is launched.		Jan-March 2017
<b>12. GLOBAL ADVOCATE: <a href="#">REWARD campaign</a></b> We will develop a plan for how Cochrane can contribute to the REWARD (REduce research Waste And Reward Diligence) campaign and play its part in improving efficiencies in the research lifecycle.			
The <a href="#">REWARD (REduce research Waste And Reward Diligence) Campaign</a> invites everyone involved in biomedical research to critically examine the way they work to reduce waste and maximize efficiency. This target will provide a plan for how Cochrane can effectively contribute to it.  <b>For users, funders, partners, and Groups and contributors</b>	An action plan on how Cochrane can further contribute to reducing waste in research in its review production processes is published.	Groups and individuals from the Cochrane community have contributed to the action plan.	Sep 2016
	A joint advocacy campaign is launched with a partner around issues raised by the REWARD campaign.		Dec 2016
<b>13. GLOBAL PARTNER: <a href="#">Partnerships and alliances</a></b> We will implement our new partnerships strategy, and develop new partnerships with consumer networks, technology providers, and other organizations hosting the Global Evidence Summit in 2017.			
To achieve the <i>Strategy to 2020</i> we need to look beyond our organization and work with others. While Cochrane can do much on its own, by working in partnership we can achieve more with our resources. This target will improve our network of partnerships, helping us to deliver our other targets for the year.  <b>For partners</b>	An agreement with all partners for the 2017 Global Evidence Summit has been developed. The GES will incorporate the Colloquium in 2017.	Cochrane South Africa will host the 2017 Global Evidence Summit in Cape Town.	Mar 2016
	A programme for Wikipedia interns to improve Cochrane evidence on Wikipedia has been developed for five health topic areas.		Jun 2016
	A new strategic relationship with a technology partner has been developed.		Sep 2016
	Partnerships with consumer organizations are being explored to increase the reach and impact of consumers on health agendas and campaigns.		Sep 2016



## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

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

### Goal 4 Objectives to 2020

#### INCLUSIVE AND OPEN:

- We will establish a membership structure to improve our organizational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organizations for people who want to get involved.

#### GLOBAL AND DIVERSE:

- We will become a truly global organizations by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

#### FINANCIALLY STRONG:

- We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

#### EFFICIENTLY RUN:

- We will review and adjust the structure and business processes of the organizations to ensure that they are optimally configured to enable us to achieve our goals.

#### INVESTING IN PEOPLE:

- We will make major new investments in the skills and leadership development of our contributors.

#### TRANSPARENTLY GOVERNED:

- We will increase the transparency of the organization's governance and improve the opportunities for any contributor to participate in governing the organizations and/or to be appointed to a leadership position.

#### ENVIRONMENTALLY RESPONSIBLE:

- We will review and adjust our operations to reduce their environmental impact.

### Goal 4 Targets in 2016:

#### 14. INCLUSIVE AND OPEN: **Membership Scheme**

We will create a more inclusive organization by launching the Cochrane Membership Scheme and re-developing the Cochrane Community website around it.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
This target will lead to a transformation in the ways new and existing contributors can become involved in Cochrane's work. We will provide routes for getting involved through clear user journeys online and for the first time will have a range of tasks to suit the diverse interests of those wanting to contribute to Cochrane. Membership status will then be available for those who have demonstrated contribution to Cochrane's work.	The Cochrane Community website is launched.		Mar 2016
	The membership scheme has undergone a 'soft launch' at the 2016 Colloquium in Seoul where delegates can sign up for membership.		Oct 2016
	10,000 members have signed up.		Dec 2016
<b>For Groups and contributors</b>			

**15. EFFICIENTLY RUN: [Organizational structure and function review](#)**

We will implement changes to Cochrane Groups' structure and functions to ensure our organizational structure is optimally aligned to Cochrane's mission and goals.

Outcomes:	Indicators of success delivered by the Central Executive Team:	Indicators of success delivered by Cochrane Groups:	Delivery deadlines:
Cochrane's Group structure is changing, expanding into new institutions, countries and regions around the world, and becoming more integrated and impactful in its work, particularly in relation to external audiences and stakeholders.  <i>For Groups and contributors, and funders</i>	An implementation plan for overall S&F reform is completed.	Cochrane Groups have established new plans in line with their new functions, aims and ambitions and S&F implementation plan targets.	May-Dec 2016
	New accountability, reporting and support structures & processes are in place between the Central Executive Team & Groups.	Cochrane Groups are adapting/have adapted their structures in line with S&F implementation plan targets.	May-Dec 2016
	New managerial, reporting and support structures & processes are working well to support Cochrane Group transformation and normal work targets.	New Cochrane Groups previously waiting for recognition have been formally integrated within Cochrane's structures or received clear development targets.	Dec 2016

**16. INVESTING IN PEOPLE: [Online learning](#)**

We will improve our training resources by establishing a new online learning environment.

Upgrading Cochrane's online learning environment will have a direct impact on the quality and accessibility of learning, while also enabling better evaluation to inform our work, interconnection with Cochrane membership and review production platforms, and the commercialization of online learning for users.  <i>For Groups and contributors</i>	Selection of environment platform complete and implementation has begun.	Groups and other contributors have contributed to user testing & feedback on the Cochrane Training website.	Mar 2016
	User testing of the redeveloped Cochrane Training website is complete and ongoing development plan is in place.	Methods Groups have updated content and contributed to online learning modules.	July 2016
	Upgrade of content and instructional design of online learning modules is complete.		Dec 2016
	Implementation of environment and integration with available systems is complete.		Dec 2016

**17. INVESTING IN PEOPLE: [Editor training and accreditation](#)**

We will expand the support we provide to Cochrane editors by delivering a programme of training and accreditation for them.

In close collaboration with the Editorial Unit quality assurance agenda, this target will establish best practice standards for the competencies of editorial teams and establish a programme of support for our editors to achieve these standards, ultimately	A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies.	The Ottawa Health Research Institute & Cochrane Editors have established a core set of competencies for Cochrane editors.	Dec 2016
	A system of accreditation for Cochrane editors is designed.	The Ottawa Health Research Institute & CRGs have	Jul 2017

leading to a formal system of accreditation to acknowledge their expertise.		conducted a trial to evaluate the effectiveness of the training programme.	
<b>For Groups and contributors</b>		The system of accreditation for Cochrane editors is implemented by CRGs.	Dec 2017
<b>18. TRANSPARENTLY GOVERNED: <a href="#">New governance structure</a></b> We will improve the effectiveness of Cochrane's governance by finalizing and implementing a new governance structure, including a newly re-formed Governing Board (formerly Steering Group).			
<b>Outcomes:</b>	<b>Indicators of success delivered by the Central Executive Team:</b>	<b>Indicators of success delivered by Cochrane Groups:</b>	<b>Delivery deadlines:</b>
This target will deliver an updated, more open and externally focused Governing Board that retains close links to the community of Cochrane collaborators and Groups.	The Steering Group-led Governance reform plan is completed, considered and approved.	Cochrane Groups have been consulted about the changes.	Apr 2016
<b>For Groups and contributors</b>	Preparatory activities (such as amendments to the Articles of Association; Charity Commission approval for the changes; preparations for the AGM) have been implemented.	Changes considered and approved by Cochrane's members at the Annual General Meeting.	Oct 2016
		Election of Governing Board members; and their confirmation by Extraordinary AGM (electronic) is completed.	Dec 2016

# New Project Proposal Form for 2016 Budget

Proposals should be c. 2 pages.

## Translation plan

- **Purpose:** To ensure the successful delivery of the translation strategy, and objective 2.6.
- **Decision required of the Steering Group:**  
To approve a change in how the allocated translation budget is being spent; and the overall plan for 2016.
- **Document prepared by:**  
Juliane Ried, Translations Co-ordinator, and Julie Wood, Head of CEAD
- **Submitted to Steering Group:**  
16 December 2014
- **Urgency:**  
Normal
- **Access:**  
Open

## Project Brief:

### 1. Background/Problem Statement

The Cochrane Steering Group (CSG) approved a translation strategy in January 2014. Since then, we have learned and identified critical issues where we need to improve or adapt in order to be able to make the translation strategy a success. Translation teams provided detailed input in Athens, through a questionnaire and teleconferences, and a meeting was held in Vienna with the translation advisory group. The result is the proposed plan for next steps and adaptations to address identified issues.

It is clear that we have not delivered sufficiently on a number of aspects, most notably, our translation projects are not sustainable and struggle to maintain activity; our translation technology system is not adequately meeting our team's needs; and as an organisation we have not achieved the cultural shift within all of our areas of work that is required to facilitate translation and multi-language activities. On the other hand, and despite these struggles, the achievements of our translation teams to date have been impressive, and it is clear that there is strong desire to change and to embed translations across all of our work, as we acknowledge the critical need and enormous potential.

### 2. Project objectives and stakeholders

We aim to make our translation activities more sustainable and effective, while ensuring up-to-date, high-quality output.

The main stakeholders are Cochrane's translation teams and Cochrane groups based in non-English speaking countries more generally. The intended users are non-English speakers.

### 3. Project scope and exclusions

- We will prioritise certain languages who will become eligible for limited central funding. An initial prioritisation model based on a range of criteria has been proposed and will be up for discussion with the translation advisory group at the Mid-Year Meetings in London.

- We plan to focus on languages with ongoing translation activities first, and not actively pursue new languages.
- We plan to prioritise and support translation of PLS, abstracts and cochrane.org, and accompanying dissemination activities, and not specifically support or fund translation of other content, unless otherwise agreed and funded.
- We plan to sign a Memorandum of Understanding between each translation team and Cochrane respectively, to set out the support and responsibilities of Cochrane and the translation teams.
- We plan to review our translation technology system, explore alternative solutions and agree a future solution.
- We plan to pilot language specific adaption of cochrane.org with 1 or 2 languages, e.g. to include local language news or priority Review translations.
- Once details are confirmed for the new technology platform for the Cochrane Library, we will plan the development of a multi-language platform and search, piloting with Spanish (TBC).

#### **4. Desired outcomes and/or deliverables of project**

##### **2016 translation target:**

2.4 We will pilot new models to prioritise and support translation teams to improve the sustainability of translation activities and to ensure quality.

##### **Indicators of success:**

Q1 2016: Language priority criteria, benefits, support and responsibilities agreed, MoUs signed with the different language teams and activity reported on a quarterly basis, including individual success indicators.

Q3 2016: Translation management system reviewed, and plan for adaption or new development agreed.

Q4 2016: cochrane.org pilot launched in one language featuring locally adapted content, and editorial process in place.

Q1 2017: Multi-language Cochrane Library pilot launched with Spanish.

Q2 2017: New translation management system released.

##### **Desired outcomes:**

- More sustainable and effective translation activities through stable resources, clear priorities, clear responsibilities, better support, better source content, and better technology.
- Continuous production and dissemination of high quality translations of up-to-date, relevant, priority content, in prioritised languages.
- Reliable access to evidence for speakers of those languages.
- Increased access to our translated content and by non-English speakers.

#### **5. Description of fit with Strategy to 2020**

The plan aims to ensure the successful delivery of objective 2.6 (Multi-lingual). It is also in line with Goal 1, Goal 3 and Goal 4 objectives for production, advocacy and sustainability, objective 2.1 (User centred design and delivery), and supports objective 2.5 (Accessible language).

#### **6. Projected timelines for project**

2016 initially, but if the change and plan prove successful, we aim to build on it in delivering the translation strategy beyond 2016.

#### **7. Resource implications**

Implications on / links to other areas of work:

CEAD: dissemination, fundraising, community, PLS project, cochrane.org

IKMD: translation management system, Cochrane Library, cochrane.org, content management in general

CEU: Cochrane Library, PLS project, content production in general

LS: training in other languages, training for translators

Translation budget	2015 (GBP)	2016 (GBP)
<b>Translation support</b>		
Staff	73,000	146,000
Support to translations teams	130,000 <sup>2</sup>	140,000 <sup>3</sup>
<b>Translation technology</b>		
Smartling	110,000	95,278
New translation system	N/A	10,000 <sup>4</sup>
<b>Total Translations budget</b>	<b>313,000</b>	<b>391,278</b>
<b>Actual spent in 2015</b>	<b>190,000</b>	
<b>Translations underspend</b>	<b>123,000</b>	

Notes:

<sup>1</sup>Staff costs increase in 2016 due to inability to find a suitable candidate to support the technical development of translations (Java Developer role). This position has been filled as of January 2016.

<sup>2</sup>2015 project support included funding for research / partnership development, for CET projects/ development, and funding for translation teams. As the usage of these funds was not further specified, and the approach not useful to effectively support translation teams, we ended up not spending most of it.

<sup>2</sup>Mainly staff support for priority languages:

- 4 x 0.5 FTE language support (French, German, Russian, Spanish)
- 6 x 0.2 FTE language support (Hindi, Malay, Japanese, Polish, Portuguese, Traditional Chinese)
- 20,000 GBP funding to support meeting attendance, one-off translation requests etc.

<sup>3</sup>Provisional budget for consultancy for new translation management system.

# Plain Language Summary Project for 2016 Budget

- **Purpose: We will pilot a new approach to Plain Language Summaries (PLS) of Cochrane Reviews to make them easier for our users to understand them and make them easier to translate into different languages.**
- **Decision required of the Steering Group:**  
To approve the overall costs of the PLS project, this project will last 18 months.
- **Document prepared by:**  
Julie Wood, Head of CEAD
- **Submitted to Steering Group:**  
18 Dec. 2015
- **Access: Open**

## Project Brief:

### 1. Background/Problem Statement

Plain language summaries (PLSs) help people to understand and interpret research findings and are included in all Cochrane Reviews. However, Cochrane PLSs vary in quality and are written in various formats, which can make them more difficult to understand and to translate. Building upon the Plain Language Expectations for Authors of Cochrane Summaries (PLEACS), we will review our PLS guidelines in light of the increasing need to translate content across many languages and ensure that the way our summaries are written, and associated guidance, are informed by what our audience understands.

PLS are generally assumed to be targeted at a 'lay audience', but there is a lack of consensus about what this terms means. We will seek to define Cochrane's PLS target audiences more precisely and identify ways in which we can maximize the usability and usefulness of PLSs. As part of this research, we will explore how the content structure and design of the PLSs can be tailored to the needs of different user types. We will also evaluate the appropriate use of language, explanatory terms, and supplementary materials. Through this project we are also aiming to improve the standard of Cochrane PLSs by recognizing that PLSs are valuable both as a *quality improvement tool for systematic reviews* and as a *dissemination tool*.

### 2. Project objectives and stakeholders

1. To define the purpose, aims and objectives of the PLS
2. To develop guidance for development of key messages in the PLS and the iSoF
3. To ease translation to non-English languages through standardization of the PLS
4. To user test PLSs that are produced using the template
5. To develop a consumer checklist for PLS feedback
6. To explore how Review Groups can best implement the PLS template and the iSoF

The project proposal requires buy-in from review authors, editorial teams, Review Groups and other stakeholders, such as the Cochrane Editorial Unit (CEU), the Consumer Network and translations teams



and CEAD. If we are to maximize the benefits of this work, it is important that the initiatives are seen as a way of:

- Reducing the workload of review groups and editors. The PLS is designed to improve the quality and consistency of reporting. As such, it functions as a way of improving the efficiency of both the review production process and the editorial process
- Improving the language and content quality of PLSs
- Fostering PLS writing skills and an understanding of PLS content and communication principles

As the PLS is the key section to disseminate a review, our aim is to identify ways in which other dissemination products can be linked more closely to PLSs and built on PLS content. The advantages of doing so include:

- Reducing the duplication of effort by improving awareness of existing content and improving ways in which people can access and understand this material
- Ensuring the consistency and accuracy of reporting across different dissemination products
- Build awareness among research groups about the range of dissemination products available
- Increase awareness of the value of the PLS as a tool that can:
  - Facilitate better use and awareness of other dissemination products
  - Improve public and funder awareness of research findings
  - Improve the accessibility of review content
  - Impact on access and potentially citation rates of reviews

## 7. Project scope and exclusions

The PLS project will be split into a series of sub-projects. Most will be conducted as workshops to help forge common ground between stakeholders. We will then follow an iterative process of user testing as well as gather feedback from Cochrane Groups to ensure that any potential changes increase our ability to translate the PLS more easily and increase comprehension by those seeking to use Cochrane evidence.

The sub-projects and timings are:

- (1) Improving the content the PLS template and PLS guidelines (in 2016) and the format of the print and online versions of the PLS template (in 2017);
- (2) Easing Translation to non-English languages through standardization of PLS.
- (3) User testing revisions to the PLS content (in 2016) and format and design (in 2017);
- (4) Piloting the implementation of the new PLS as part of the review production process
- (5) Supporting consumer feedback about the PLS.

## 8. Desired outcomes and/or deliverables of project and timelines

- Updated guidance and templates on PLS in place, based on user testing –Sep 2016
- Consumer checklist and training materials created—Sep 2016
- At least 4 CRGs have piloted the new approach to PLS development—Dec 2016
- A plan for how to roll the new approach out across the Cochrane community in 2017 is in place—Dec 2016
- Format of the PLS, including incorporation of graphics, is tested and agreed—June 2017
- Cochrane Groups adopt new approach to PLS—Dec 2017

## 9. Description of fit with *Strategy to 2020*

This is a target for 2016 and will carry over into 2017 under Goal 2. This project is crucial to delivering Goal 2 as PLSs are arguably the most read part of a Cochrane Review and by making them easier to translate, disseminate and understand, we will therefore, go a long way to achieving this target.

## 10. Resource implications

Cochrane Norway and the Norwegian Knowledge Centre will be leading this project in conjunction with CEU and CEAD and other contributors, as needed. We will use the services of a linguist to aid in the guidance and structure of the PLS, as well as work with the Cochrane Translations Teams for input and support. To conduct user testing, we will work with members within the Cochrane network to ensure a wide spread of input via language and geography. Most of the costs associated with this work are consultancy costs and travel.

In the 2015 budget, £40,000 was approved for this project, but not spent. The additional ask for 2016 is £35,730.

Direct costs to Cochrane for delivering this project:

<b>2016</b>	<b>GBP 75,730</b>
<b>2017</b>	<b>GBP 25,000</b>
	<b>GBP 88,600</b>

Breakdown of costs by sub-project

### 2016 Costs

£15,710	Improving the PLS template
£9,940	Translation guidance for key PLS messages
£8,630-	Update template, instructions
£22,100	User testing the PLS format
£15,450	Piloting with CRGs how the PLS template and iSoF can be implemented with
£3,900-	Developing a consumer checklist, consumer training materials for PLS feedback
£15,460	Piloting how the PLS template and iSoF can be implemented with CRGs

### 2017 costs

£25,000 --Visual design, user testing and development

(Please note the need to defer the visual design component is contingent on the new Cochrane Library platform being in place to then begin discussing this requirement with Wiley and the library platform provider.)

EU funding is also being sought to support 2017 costs outlined above as well as potential support to Group to incorporate this change into the review production workflow.



# 2018/19 Colloquium proposals 2017/18 Mid-year meeting proposals

Document prepared by: **Error! Bookmark not defined. (CPAC)**

Submitted to Steering Group: **Error! Bookmark not defined.**

Purpose of paper: **Error! Bookmark not defined.**

Access: **Error! Bookmark not defined.**

Summary of Recommendations:

**1.** **Error! Bookmark not defined.**

Resource implications: **Error! Bookmark not defined.**

# Summary of key aspects of proposals

## 1. Colloquia

### Cochrane UK: Edinburgh 2018

**Pros:**

- Strong and experienced Cochrane group
- Location in Europe following Seoul and Cape Town, and potentially prior to Chile in 2019
- Venue, hotels and budget are appropriate
- Perceived as attractive location

**Cons:**

- Most non-UK participants will have to take connecting flights

### University of Southern California School of Social Work: Los Angeles 2018

**Pros:**

- Important opportunity to raise Cochrane's profile in the US
- Major international airport

**Cons:**

- Proposing host is not a Cochrane group
- Venue, hotel and budget details are unclear
- Downtown L.A. not perceived as attractive location

### Cochrane Chile: Santiago de Chile 2019

**Pros:**

- Strong support via Iberoamerican Network
- Second Colloquium in Latin America after Sao Paulo in 2007
- Potential collaboration with PAHO
- Comparably cheap, and accessible registration fees for LMIC in the region

**Cons:**

- Long, expensive travel for many of the usual Colloquium attendees
- Dates, venue and budget details need some further discussion
- No hotels next to the venue
- Earthquake risk

## 2. Mid-year meetings

### Cochrane Switzerland: Geneva 2017

**Pros:**

- Important opportunity for collaboration with WHO who:
  - host a GRADE working group meeting in the same week in April 2017;
  - expressed interest in hosting (some of) the sessions of the mid-year meeting on the premises of WHO headquarters in Geneva, and organize lunch time seminars and a networking reception;
  - may be able to make UN hotel rates available.
- Venue and date appropriate, airport well connected in Europe and to the city

**Cons:**

- High cost of venue, catering and hotels anticipated – budget to be confirmed
- Affordable hotels may require attendees to take public transport to the venue
- Overseas delegates will need to take connecting flights

## Cochrane Portugal: Lisbon 2018

**Pros:**

- Aiming to involve various stakeholders to raise profile, and the wider Lusophone community
- Planning to offer a variety of workshops and stakeholder meetings
- Venue appropriate, airport well connected in Europe and close to city
- Previous experience in hosting a Cochrane event in Lisbon

**Cons:**

- Overseas delegates will need to take connecting flights
- Budget, hotel costs and dates to be confirmed

## Recommendations

1. Taking into account the points listed above, CPAC members unanimously recommended to hold the Colloquium in Edinburgh in 2018, and in Santiago de Chile in 2019.
2. Taking into account the points listed above, the Central Executive recommends to hold the Mid-year meeting in Geneva in 2017, and in Lisbon in 2018.

## Proposal to host the Cochrane Colloquium

Host Cochrane group	Cochrane UK
Location (city, country)	Edinburgh, United Kingdom
Date (month, year)	15 <sup>th</sup> to 18 <sup>th</sup> September 2018
Contact person for this proposal	Therese Docherty ( <a href="mailto:therese.docherty@cochrane.nhs.uk">therese.docherty@cochrane.nhs.uk</a> )

Expand boxes as required. It is recommended that you review the Colloquium SOPs (<http://cpac.cochrane.org/policies>) in order to get an idea of the requirements of Colloquia before you submit your proposal.

Please note that your proposal will be put forward to the Cochrane Steering Group for decision as an Open Access paper, and as such can be accessed online by a public audience.

### 1. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to Cochrane more generally of holding the Colloquium in this location, and how does it support our organisational goals? Do you have a particular theme in mind?

By 2018, 12 years will have passed since the Cochrane UK last hosted the Colloquium in Dublin, Ireland; we should very much like to have the opportunity to host it again. Cochrane UK supports just over half of the Collaboration's Review Groups, whose editorial bases are in the UK. Hosting the Colloquium here is a fantastic opportunity for many UK- and Ireland-based Cochrane contributors and supporters to experience a Colloquium. Many are not able to travel to international meetings and a meeting in Scotland will provide an opportunity for them to engage and share ideas with colleagues from around the world and receive further training.

At the same time, we believe there are great benefits for those from outside the UK in coming and meeting their friends, colleagues and collaborators from the UK and Ireland.

Finally, the Collaboration will be nearing the end of its "Strategy to 2020". The Colloquium will provide an opportunity to take stock on the progress that has been made and to plan for the period to 2020 and beyond.

The proposed theme is "Cochrane evidence: helping patients make the right decisions".

### 2. Timing of Colloquium (year and dates)

Colloquia are usually held in the second half of September or in October. Please explain why you propose specific dates, verify that these do not clash with any major religious or public holidays and provide the list of holidays here for reference. Are there particular reasons for wanting to host the Colloquium in the year chosen? Would you be prepared to host it in a different year?

We propose holding the Colloquium from the 15<sup>th</sup> to 18<sup>th</sup> September 2018

The following holidays that take place around this time of year:

Holiday	Date(s) in 2018
Eid-al-adha (Muslim Holiday)	22 <sup>nd</sup> August
Labor Day (USA & Canada)	3 <sup>rd</sup> September
Yom Kippur (Jewish Holiday)	19 <sup>th</sup> September
Family & Community Day (Australia)	24 <sup>th</sup> September
Mid Autumn Festival (Chinese Holiday)	24 <sup>th</sup> September
First day Sukkut (Jewish holiday)	24 <sup>th</sup> September
Thanksgiving (Canada)	8 <sup>th</sup> October
Columbus Day	8 <sup>th</sup> October

### 3. Travel, transport & visas

How good are transport links, particularly access to international airports for overseas delegates? What about connection from airport to the city, venues and hotels. List the different options and related costs. What are the visa requirements for international delegates to attend the conference?

Edinburgh Airport is Scotland's busiest airport, with more than 40 airlines serving 130 worldwide destinations. It is only 20 minutes from the centre of Edinburgh. For those delegates who may not be able to fly directly to Edinburgh Airport there are internal flights from London Heathrow to Edinburgh via British Airways or Virgin Atlantic and the flight takes around 55 minutes.

Trains are also available from London's Kings Cross Train Station, which is a tube ride away from London Heathrow airport; the journey takes approximately five to six hours. There is also an express service which takes approximately four hours or alternatively, if delegates choose to fly into Manchester Airport, trains are available from there and take approximately four hours.

Edinburgh Airport is 20 minutes from the Edinburgh International Conference Centre by taxi. The cost for a single journey is around £15.

#### Buses to and from Edinburgh City Centre:

##### Airlink 100 (Stance 19)

This 24-hour express bus service runs from the airport to Waverley Bridge (near Princes Street and the main rail and bus stations).

Buy tickets at the Airlink Kiosk outside Domestic Arrivals in advance at the Lothian Buses website [http://lothianbuses.com/services/airlink?utm\\_source=Short-URLs&utm\\_medium=Short-URLs&utm\\_campaign=airlink](http://lothianbuses.com/services/airlink?utm_source=Short-URLs&utm_medium=Short-URLs&utm_campaign=airlink)

- Frequency: Every 10 minutes.
- Journey time: 30 minutes approximately (Waverley Bridge).
- Fare: Single £4; return £7 (reductions for children).

#### Trams to and from Edinburgh City Centre:

Trams offer a frequent and reliable service linking the airport and the city centre. Interchange with rail services is available at Edinburgh Park and Haymarket stations. Other stops include Murrayfield Stadium and Princes Street.

- Frequency: approximately every 8-12 minutes
- Journey time: average journey time 35 minutes



- Fare: Adult single £5, adult return £8 (reductions for children)
- Tickets can be purchased from the ticket machines at the tram halt.

#### 4. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent sessions. Are there suitable venues available during the proposed dates? How are they connected to the city and major airports? Are they accessible for people with special mobility needs? Can they meet the technology needs of a Colloquium including WiFi for all participants? Are there facilities for pre- and post-Colloquium events that can be acquired either in the main venue, nearby hotels or University facilities?

We are proposing the Edinburgh International Conference Centre (EICC) to host the 2018 Colloquium. The EICC is a modern purpose-built conference centre located in the heart of Edinburgh.

There is WIFI throughout the venue free of charge for delegates to use. The EICC has full disabled access with lifts to access all areas of the conference centre, adapted toilets on each floor, induction loops and spaces for wheelchair users in the auditoria.



*The EICC*

The Pentland Suite, reserved for the plenary sessions can seat up to 1200 delegates in a tiered theatre style, this space can also be adapted to seat fewer people if required (600 or 900 people).



There is a dedicated area at the main entrance for registration and a separate area for exhibition/posters and catering.

Additional rooms for workshops, meetings and other sessions can cater for the following numbers:

Number of rooms	Max Capacity
1	1200
1	600
2	300
3	200
1	136
1	115
1	110
1	100
1	45
2	50
6	30
3	Small boardrooms

## 5. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue with sufficient capacity for all participants? Briefly describe the available options and give indicative costs including WiFi access, breakfast and taxes. Would hotels be prepared to negotiate discounts for Colloquium delegates?

There is an extensive choice of accommodation near to the venue, many are within walking distance, an example of some of what is available is outlined below:

### Hotel options:

Hotel Name	Star rating & price from	Distance to venue	Walking time	Taxi time
Premier Inn Edinburgh Central	Trip advisor rating 4.5 From £70pn	0.2 miles	5 minutes	3 minutes
Sheraton	5 star From £165pn	0.2 miles	5 minutes	3 minutes

Double Tree by Hilton	4 star From £109pn	0.3 miles	7 minutes	4 minutes
Hilton Edinburgh Grosvenor	4 star From £79pn	0.3 miles	7 minutes	4 minutes
Hotel Novotel Edinburgh Centre	4 star From £68pn	0.4 miles	9 minutes	5 minutes
Edinburgh City Hotel	From £71.20pn	0.4 miles	9 minutes	5 minutes
Waldorf Astoria	Trip advisor rating 4.5 From £175	0.4 miles	10 minutes	5 minutes

**Bed & Breakfast/Apartment & Hostel options:**

Name	Star rating & price from	Distance to venue	Walking time	Taxi time
Fountain Court Apartments (various locations across the city centre)	Rates vary depending on location prices from £76.50pn	0.1 - 0.3 miles	4 - 6 minutes	2 - 4 minutes
Kew House & Apartments	From £81.00pn	0.8 miles	15 minutes	4 minutes
Number29	From £110pn	0.4 miles	9 minutes	5 minutes
The Victorian Town House	4 star from £70 - £100pn	0.6 miles	13 minutes	6 minutes
City Centre Guest House Hostel (various options across the city centre)	From £15pn	0.3 miles	6 minutes	4 minutes

## 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social, political or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues, requirements for vaccination).

Scotland's inspiring capital city is a fusion of fabled streets and historic buildings, contained within a vibrant, modern city.

Named as one of the world's top ten cities to visit by readers of travel magazine Wanderlust, it is stunningly beautiful and also compact, with a wonderful atmosphere.



There are a wide variety of things to do and see in and around the city, some of which are outlined below:

**Edinburgh Castle** is the top visitor attraction in Scotland. Situated on an extinct volcano it is part of **Edinburgh's World Heritage site**, it was built on the Castle rock. Houses in Edinburgh were historically built on the area in front of the Castle. This area was called the **Lawnmarket** which can still be visited today. The old town continued down the **High Street** and **Cannongate** towards the **Palace of Holyrood House**. These streets are collectively called the **Royal Mile**. This route will also now take you from the Castle to the new **Scottish Parliament**.

**The Royal Mile** leading down from the castle is a day out in its own right with **St. Giles Cathedral**, **Museum of Childhood**, **John Knox's House**, **King Mary's Close** and shops selling whisky, tartan and other various Scottish gifts.

When we began the process of researching suitable venues for the Colloquium we considered a venue in London (Excel) and a venue in Manchester (Manchester Central). Both venues were excellent dedicated conference venues, however after some discussion and further investigation we discounted the London venue due to its very high prices. The Manchester venue, although more affordable and in a great location in central Manchester, could only offer 15 rooms and the space was not as flexible as at the EICC. We have conducted a site visit to the EICC to inspect the facilities and are confident that this venue would deliver a successful Colloquium.

Should additional meeting space be required, the Sheraton Edinburgh Hotel, which is close to the EICC, has fourteen flexible meeting rooms that could be used.

## 7. Meeting costs

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.? Please provide a basic budget with estimates for the main expenses of the Colloquium (venue, catering, logistics, conference organiser, etc.) and the resulting registration fee based on the expected number of participants. A sample budget table is appended. You may provide different scenarios, e.g. depending on different venue options, or different numbers of participants. We appreciate that these costs will be subject to change at a later date so this should be

indicative only. Please confirm that you understand that the organisation of the Colloquium will require substantial staff resources within your team that are not typically covered within the Colloquium budget, and that will delay other work of your team in the time ahead of the Colloquium.

The EICC have offered two options, these are outlined below:

<b>Option 1</b>	
<b>Item</b>	<b>Cost (Inc. VAT)</b>
X1 Registration area X1 Plenary room X1 Exhibition & Catering area <b>X16 Breakout rooms</b>	£192,720
Technical services/AV hire	£62,820
Security	£5,328
Stewarding	£8,400
Packed lunches for 5 days	£81,000
Tea, coffee and pastries on arrival each day	£21,000
Tea, coffee and biscuits mid-AM and PM	£28,800
Professional Conference Organizer fees	£60,000
Approximate Welcome Reception costs	£40,000
Approximate Gala Dinner costs	£84,600
<b>Total</b>	<b>£584,668</b>
<b>Total per delegate based on 1000 delegates</b>	<b>£584.68</b>

<b>Option 2</b>	
<b>Item</b>	<b>Cost (Inc. VAT)</b>
X1 Registration area X1 Plenary room X1 Exhibition & Catering area <b>X22 Breakout rooms</b>	£283,200
Technical services/AV hire	£77,892
Security	£9,792
Stewarding	£13,200
Packed lunches for 5 days	£81,000
Tea, coffee and pastries on arrival each day	£21,000
Tea, coffee and biscuits mid-AM and PM	£28,800
Professional Conference Organizer fees	£60,000
Approximate Welcome Reception costs	£40,000
Approximate Gala Dinner costs	£84,600
<b>Total</b>	<b>£699,484</b>
<b>Total per delegate based on 1000 delegates</b>	<b>£699.48</b>

Having mapped the events from the Colloquium in Vienna, we believe that **Option 2** with 22 breakout rooms for workshops/meetings and other sessions would be the preferred option.

We would propose charging the following registration fees:

Early Registration £710 (\$1,068)  
Regular Registration £950 (\$1428)

Charging these fees gives some flexibility in the budget should we reach the 1000 delegates we hope to attract to the event but it will also assist us should we have fewer delegates. For example, option 2



comes in at £777.20 per person should only 900 people register. This flexibility will also provide us with the opportunity to offer lower registration rates to delegates from low and middle income countries.

**Registration fees for past Colloquia:**

	2011	2012	2013	2014	2015
	Madrid	Auckland	Quebec	Hyderabad	Vienna
Early Registration	910 USD	1030 USD	1015 USD	1000 USD	1050 USD
Regular Registration	1100 USD	1150 USD	1265 USD	1250 USD	1430 USD

We will also look to obtain sponsorship from sources in accordance with the Colloquium Sponsorship Policy; this is one of the tasks for which we may request assistance from a Professional Conference Organiser who has previous experience in obtaining sponsorship.

## 8. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you? Please describe briefly what options are available and how they qualify for helping with the organisation of the Colloquium.

We have identified the following Professional Conference Organizer who is able to assist where required:

**Meeting Makers**

Cochrane UK is experienced at organizing and hosting events, we have previous experience using the event manager system for our Annual Symposium so would be comfortable with designing the website and using the additional functions required for organizing a Colloquium. This is the reason that at this stage we have only asked the PCO for assistance with obtaining sponsorship from permitted sources, the social programme and tours. A decision on exact services required would be made after the hosting decision is made and further planning for the event has taken place.

We have allowed a total of £60,000 in the budget for PCO services.

## 9. Local organising committee

Please provide information on the proposed composition of the local organising committee. Do you have experience organising events, and if yes, please provide examples. Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

*Local Organizing Committee*

**Cochrane UK staff**

Martin Burton – Director  
 Therese Docherty – Business and Programme Manager  
 Anna Knurowska – Programme Support Officer  
 Holly Millward – Communications and Engagement Officer  
 Anne Eisinga – Information Specialist  
 Sarah Chapman – Knowledge Broker

**UK-based Cochrane contributors**

We will include representatives from Cochrane entities based in the UK and also look specifically to

engage with our Review Groups based in Edinburgh, Cochrane Stroke and Cochrane Vascular.

We will also convene groups for specific areas of the organization including a scientific committee consisting of content experts to appraise the submissions, abstracts and workshop proposals. Membership of these committees will be sought once the hosting decision has been made.

**10. Any other information**

Is there anything else you would like to mention in support of your proposal?



## Proposal to host the Cochrane Colloquium in 2018

Host Cochrane Centre or Branch	University of Southern California School of Social Work in collaboration with the US Cochrane Center and its West Coast Branch
Location (city, country)	Los Angeles, California, USA
Date (month, year)	October 2018
Contact person for this proposal	Dr. Haluk Soydan

[Expand boxes as required]

### 1. Style and format of Colloquium

Briefly describe the style or format of Colloquium you propose to organise. (Please refer to 'Models for Cochrane Colloquia' at <http://cpac.cochrane.org/policies> for guidance.)

5-day "traditional" model

### 2. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to The Cochrane Collaboration of holding the Colloquium in this location? Do you have a particular theme in mind?

The USA last hosted the Cochrane Collaboration Colloquium and annual meeting in 2010 in Keystone, Colorado. This was also the first joint colloquium between Cochrane and Campbell Collaborations. Now that the collaborations have a partnership agreement (February 2015) we envisage that the Los Angeles Colloquium would be a joint effort. If approved the 2018 colloquium will be a major event after 8 years since the last Cochrane Colloquium in the USA.

USC School of Social Work is the largest (3,500 students) and trendsetting social work school globally, and is home to evidence-based practice (and EBM with the launch of the family nursing program in September 2016 with anticipated 500 students in 2018). The school is genuinely interested in penetration and development of EBP and EBM in service delivery organizations, and therefore values the advancement of the Cochrane Collaboration as well as the Campbell Collaboration.

We know that there are many Cochrane review contributors in the region including US Cochrane West, located in Oregon, and the Consumers United for Evidence-Based Healthcare; the Colloquium will be an opportunity to boost those and other resources. Furthermore, as a spin off effect of the President Obama's health care reform legislation, Los Angeles County departments of mental health and health (both largest in the nation), and the department of children and family services are in the process of integrating their organizations: this integration should be in full effect by 2018. One of the pillars of the integration is to enhance delivery of evidence-based medicine and evidence-based practice from a holistic and patient-centered perspective. Therefore, holding the conference in Los Angeles in 2018 would be very timely from a user perspective in this region as well the nation.

The Cochrane Collaboration will have a great opportunity to make itself further known among strong scholarly institutions, service delivery organizations, and other end users in this densely populated region and a gateway to the Pacific Rim.

The colloquium will be in the hands of a prime research institution with a robust financial foundation, and well connected with other leading institutions and scholars nationally and internationally.

A tentative conference theme is **High-Quality Evidence in the Service of Communities**. However, this theme is tentative, and a close discussion with Cochrane strategists will be very useful and may affect the final colloquium theme.

### 3. Timing of Colloquium

Are there particular reasons for wanting to host the Colloquium in the year chosen? (If you propose to hold the Colloquium at a different time of year, i.e. not October, please explain why.)

Currently the school invests much effort in developing the Grand Challenges initiative –identifying major human issues to be solved by the discipline of social work- in collaboration with the American Academy of Social Work and Social Welfare, and the development and launch of a virtual family nursing program. These efforts will be continuing a few years to come. As those resources will be freed in couple of years 2018 is a strategically good time for the school to host the Colloquium.

### 4. Travel and transport

How good are transport links, particularly access to international airports for overseas delegates?

Los Angeles has excellent transport links served by not only by the Los Angeles International Airport, a major commercial aviation hub, but also by two additional international airports in the greater Los Angeles area, in Burbank and Orange County. Furthermore, the Long Beach Airport has service to all major U.S. destinations.

### 5. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent meetings. Are there suitable venues available?

There are several options in the downtown area, including but not limited to the Los Angeles Convention Center (147,000 square feet of meeting room space), the JW Marriott (its largest room has a 2,800-person capacity and it boasts 35 breakout meeting rooms), and the Westin Bonaventure Hotel (with a 45,000 square foot meeting space).

Furthermore, the new downtown Wilshire Grand, now under construction, will be completed by 2018. This spectacular hotel and conference center is being developed by one of the USC trustees and may represent a great option for hosting the Colloquium.

Outside downtown LA, a feasible option is the Long Beach Convention Center with 40 hotels in the surrounding area (e.g. Best Western Plus at the Convention Center: \$179/night; Courtyard Marriott Long Beach Downtown: \$149/night; Queen Mary Hotel: \$119/night).

### 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues).

Los Angeles is a major metropolitan city, perhaps the most ethnically diverse in the United States, and enjoys a mild climate throughout the year. It is the entertainment capital of the world. It is home to many universities, including prime research institutions such as the University of Southern California, University of California Los Angeles, California Institute of Technology, and the Claremont Colleges. Its attractions for tourism-related purposes are unlimited.

Vehicle traffic in Los Angeles area is often congested and needs to be avoided during rush hours. The public transportation is not the best in the country; however, the metro system is efficiently connecting downtown LA to major tourist destinations in and around the city, and downtown Long Beach to downtown LA. Nevertheless, it won't be necessary to use transportation between hotels and the conference center at any of the sites indicated as potential venues above.

In all American cities, public safety is an issue. However, violent crime rates in Los Angeles have been constantly decreasing since the early 2000s and are more or less close to the national average. There is great variation of crime rates across various neighborhoods and higher crime rates occur in specific neighborhoods outside the downtown area (e. g. South Central, some of the East Los Angeles neighborhoods).

## 7. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue? Briefly describe the available options.

Many hotels in all price classes are available in the downtown area and nearby neighborhoods. For example, currently Ritz Milner Boutique Hotel room rates start at \$91, the Radisson Midtown (owned by the University of Southern California) offers room rates around \$120 for USC conference participants, the 4-star JW Marriott offers accommodations from \$330, and the 5-star Ritz-Carlton has rooms priced as low as \$460.

Several hotels at various price levels will be listed in Colloquium materials.

## 8. Meeting costs

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.?

Colloquium costs will be covered by conference fees and sponsorships, as described in the Cochrane sponsorship document. The school is the largest school of social work in the nation with a healthy financial foundation. The school has a conference infrastructure in place and organizes major conferences annually or biannually; most recently, the school organized the 7th International Conference on Social Work in Health and Mental Health (approximately 800 participants) in June 2013.

## 9. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you?

Yes. For example, for the 2013 conference mentioned above, we reviewed six companies and the company we ultimately hired performed excellent work.

## 10. Local organising committee

Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

All local organizing committee members will be English speaking.

The school has also faculty members with fluency in other languages, including Chinese, Hebrew, Hindu, Korean, Spanish, Swedish, and Turkish.

### 11. Any other information

Is there anything else you would like to mention in support of your proposal?

For more than a decade, the USC School of Social Work has been home to a cofounder and a former co-chair of the Campbell Collaboration. Faculty members and doctoral students contribute to Cochrane reviews. The school is a leader in research on implementation and translation of evidence-based interventions in health, mental health, and social welfare, and has a special program to train all its students in evidence-based practice process to mediate a professional culture. In September 2016 the school will launch a new virtual nursing program, currently being developed on the request of the university. Furthermore, the USC Program of Nurse Anesthesia will be integrated in the school of social work. The school's hosting of the Colloquium will fit intrinsically with the school's scholarly and community mission.

Several of the research projects in our over \$40 million research portfolio are being conducted in collaboration with the USC Keck School of Medicine or UCLA Medical School. We will seek to strongly involve these schools of medicine at both universities in the Colloquium.

This proposal initiative has been developed with the understanding and support of Dr. Kay Dickersin at the US Cochrane Center in Baltimore.

*Thank you for completing this proposal. Please email this to Juliane Ried ([juliane.ried@cochrane.org](mailto:juliane.ried@cochrane.org)) by **31 July 2014***

## Proposal to host the Cochrane Colloquium

Host Cochrane group	Cochrane Chile (currently registered as part of the Southern Branch of the Iberoamerican Cochrane Centre)
Location (city, country)	Santiago, Chile
Date (month, year)	September-October, 2019
Contact person for this proposal	<b>Gabriel Rada</b> , Co-coordinator of the Southern Branch of the Iberoamerican Cochrane Centre

Expand boxes as required. It is recommended that you review the Colloquium SOPs (<http://cpac.cochrane.org/policies>) in order to get an idea of the requirements of Colloquia before you submit your proposal.

Please note that your proposal will be put forward to the Cochrane Steering Group for decision as an Open Access paper, and as such can be accessed online by a public audience.

### 1. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to Cochrane more generally of holding the Colloquium in this location, and how does it support our organisational goals? Do you have a particular theme in mind?

We see a great opportunity to meet with contributors, partners and newcomers with the goal to create new collaboration networks and support to disseminate the evidence-informed healthcare in Chile. Also, we want to encourage health institutions involved and integrated into their work making decisions based on evidence to improve healthcare in our country.

To the Cochrane as a whole, we see a great value in collaboration and learning with the purpose to face the challenges of producing, maintaining, and disseminating high-quality systematic reviews that address questions of importance to health globally, and in promoting evidence-informed health care.

We do not have a particular theme at the moment; we expect to define a theme relevant to our context with the Iberoamerican network.

### 2. Timing of Colloquium (year and dates)

Colloquia are usually held in the second half of September or in October. Please explain why you propose specific dates, verify that these do not clash with any major religious or public holidays and provide the list of holidays here for reference. Are there particular reasons for wanting to host the Colloquium in the year chosen? Would you be prepared to host it in a different year?

Our priority is to hold the colloquium during September or October in 2019, since it does not match any national holiday.

Dates proposed are:

- September 21 to September 29,
- October 01 to October 07, or
- October 21 to October 26.

National holidays in Chile are on September 18 and 19, October 12 and 31. During spring the weather is pleasant at Santiago, and temperatures range from a minimum of 6 degrees C (43 degrees F) to 23 degrees C (73 degrees F). We could also host the Colloquium in 2018 or after 2019.

### 3. Travel, transport& visas

How good are transport links, particularly access to international airports for overseas delegates? What about connection from airport to the city, venues and hotels. List the different options and related costs. What are the visa requirements for international delegates to attend the conference?

Comodoro Arturo Merino Benítez International Airport has domestic and international services to destinations in Europe, Oceania and the Americas. It is the seventh busiest airport in Latin America by aircraft movements, serving 124,799 operations. It is located in Pudahuel, 15 km (9.3 mi) northwest of downtown Santiago.



### Transport

There are diverse options to commute from airport to Santiago (Timetable: 05: 55 hrs. 23:30 hrs. Everyday of the year):

**Taxis** from the airport are well structured. This service costs between \$12,000 CLP and \$30,000 CLP for a taxi ride from Santiago to the airport.

#### **Buses and Shuttle:**

**Turistic** shuttles run 24 hours between the airport and over 100 local hotels, for \$7.000 CLP per passenger (approximately 10 US dollars).

**Turbus** offers 45-minute long transfers from the airport to Central station. Transfers cost \$1.600 CLP each way and \$2.400 CLP for a round trip.

**TransVip** is a shuttle service, offering private cars, taxis (carrying 3 passengers) and shuttle buses (up to 7 passengers). Cost from 7400 (shared) to 28.500 CLP (private)

**Delfos** offers shared or private transport services. Rental a car agencies have counters alongside the taxi and shuttle bus companies.

**Centropuerto** offers a budget rate service from the airport into the city. Transfers cost \$1.500 CLP one way and \$2.900 CLP for round trip and can be paid in cash to the driver.

#### **Moving in Santiago**

##### **Metro**

Santiago's subway is fast, but during rush hours it can be crowded. Today there are has five lines. Tickets cost between 610 and 720 pesos (about USD 0.95 - 1.10), depending on time of day, and include transfers.

##### **Colectivos**

These are shared taxis that run at reasonable prices. Their routes are fixed and indicated on the signs on their roofs.

##### **City Buses**

Transantiago. The urban buses are called micros. There are mainline buses and feeder buses that connect with the city's outskirts. In [transantiago.cl](http://transantiago.cl) or the app TransantiagoMaster you can look for the bus lines that you need for a specific route. Tickets cost between 640 and 720 pesos (about USD 0.95 - 1.15) and allow the transfer to other buses or the subway. The only way to pay is with the prepaid card Bip!. It can be recharged in the metro station or specific selling points

##### **Taxis**

Taking a taxi in Chile is safe and relatively cheap.. In Santiago, there is a base price of 300 pesos (USD 0.50) plus around 130 pesos for each 200 m driven (or per minute when waiting).

#### **In-country flights**

Flying is a fast and safe alternative for travel within Chile. Two private airlines, LanExpress and Sky Airline , serve all major cities of the country with modern fleets.

##### **Rental Cars**

For renting a car, you have to be at least 21 years old, present a valid driver's license, and leave a blank credit card voucher as a guarantee.

#### **COUNTRIES THAT REQUIRE A VISA:**

AFGANISTAN	GEORGIA	NEPAL
ANGOLA	GHANA	NIGER
ARABIA SAUDITA	GUINEA	NIGERIA
ARGELIA	GUINEA BISSAU	OMAN
ARMENIA	GUINEA ECUATORIAL	PAKISTÁN
AZERBAIYAN	GUYANA	PALAU
BAHREIN	INDIA	PAPUA NUEVA GUINEA



BANGLADESH	IRAN	QATAR
BELARUS	IRAQ	REPÚBLICA CENTRO SAMOA
BENIN	ISLAS COMORAS	RWANDA
BHUTAN	ISLAS MARSHALL	SANTO TOME Y PRINCIPE
BOTSWANA	ISLAS SALOMON	SEYCHELLES
BRUNEI	JORDANIA	SIERRA LEONA
BURKINA FASO	KAZAJSTAN	SIRIA, REP. ARABE
BURUNDI	KENIA	SOMALIA
CABO VERDE	KIRGUISTAN	SRI LANKA
CAMBOYA	KIRIBATI	SUDAN
CAMERUN	KUWAIT	SURINAME
CHAD	LAOS, REP. DEMOC. POP.	SWAZILANDIA
CHINA, REP. POPULAR	LESOTHO	TAYIKISTAN
CONGO (BRAZZAVILLE)	LIBANO	TANZANIA
COREA DEL NORTE REP. POP.	LIBERIA	TOGO
CUBA	MADAGASCAR	TUNEZ
DEMOC DE COTE D'IVOIRE	MALAWI	TURKMENISTAN
DJIBOUTI	MALDIVAS	TUVALU
DOMINICA	MALI	UCRANIA
EGIPTO	MARRUECOS	UGANDA
EMIRATOS ARABES UNIDOS	MAURITANIA	UZBEKISTAN
ERITREA	MICRONESIA	VANUATU
ETIOPIA	MONGOLIA	VIET NAM
FILIPINAS	MOZAMBIQUE	YEMEN
GABON	MYANMAR	ZAMBIA
GAMBIA	NAMIBIA	ZIMBAB
	NAURU	

For the others countries passport valid for at least 6 months and your ticket in and out is required.

#### 4. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent sessions. Are there suitable venues available during the proposed dates? How are they connected to the city and major airports? Are they accessible for people with special mobility needs? Can they meet the technology needs of a Colloquium including WiFi for all participants? Are there facilities for pre- and post-Colloquium events that can be acquired either in the main venue, nearby hotels or University facilities?

There are at least 4 venues where we can host the Colloquium:

1.- The CasaPiedra is a modern, well equipped and sizable convention Centre. It meets technological needs for the Colloquium, including wi-fi for all participants. Its location is at Vitacura, one of the districts of Santiago. It has access from downtown, as well as the international airport by taxi and private cars.

CasaPiedra features with State-of-art technical equipment, car parking for 1200 vehicles, harmonious environment with green areas and gardens, multi-purpose facility, and a high quality standard of catering. The exclusive sound-proof mobile partitioning system allows for the setting up of rooms with areas ranging from 30 to 1,458 square meters. The total area is 4,800 square meters.

This feature allows for our in-house designing of almost endless space allocation possibilities that can start with small private environments and ranging into large and massive areas. These areas can entail also special circulation gangways suitable for any kind of exhibitions, trade fairs and such like plus the possibility of linking up with adjacent halls or sub partitions within the same space. In total, encompasses 10 to 12 halls of varying sizes and features. All such halls are suitably air-conditioned and fitted with a foyer area, independent access and sizable verandas.

The proposed venue is connecting with hotels by public transport (underground plus bus) and taxis.

<http://www.casapiedra.cl/>

## 2.- CentroParque Convention Centre:

Located in the heart of Parque Araucano, located at Las Condes, a district of Santiago, the new CentroParque Convention Centre includes 8.600 gross square meters of first class exhibit space divisible into different-size rooms.

CentroParque features large, high ceilings, direct access, reception areas, where convention attendees can register, attend breakout sessions in meeting room spaces, and access the exhibition hall floor.

CentroParque is the only facility in Santiago which combines an adequate size with easy commuting for the participants to the Colloquium. CentroParque also contains two large multipurpose areas; a 2.700 square-meter, column-free multipurpose area that can hold 3000 people at reception or 1800 sitting people for the gala dinner. There is a second 1.880 square-meters multipurpose area, which can hold up to 2000 people and is also suitable for meetings, poster presentations or lunch.

The plenary conference room, which is divisible into smaller rooms, can hold 1450 people at plenary session. Additionally there are 5 rooms for 70 people 5 rooms for 30 people and two roofed courtyards for 200 people each.

This event center has all the audiovisual technology, wireless and banquet service.

The main advantage is the size and the connectivity to hotels in walking distances (5 to 20 minutes), restaurants and commercial centers, and easy access using public commuting services as well.

<http://www.centroparque.cl/>

3.-The Centro de Extensión of the Pontificia Universidad Católica de Chile, is located in downtown Santiago. It offers an auditorium for 850 people and 10 smaller conference rooms. There are multiple hotels within walking distance and excellent connectivity with nearby metro, buses and taxis.

4.- Sheraton Santiago Hotel And Convention Center, is located in the Santiago district of Providencia, one of the busiest commercial areas with many nearby hotels and excellent connectivity with public transport. This convention centre has a conference room for 800 people and 7 additional rooms suitable for workshops and seminars.

## 5. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue with sufficient capacity for all participants? Briefly describe the available options and give indicative costs including WiFi access, breakfast and taxes. Would hotels be prepared to negotiate discounts for Colloquium delegates?

### Hotels in Santiago

Santiago is equipped with a great variety of hotels. This includes a broad representation of international hotel brands such as Ritz-Carlton, Sheraton, Radisson, Hyatt, Intercontinental, Crowne Plaza, Marriott, W, Hilton, Accord, and NH. In Santiago, participants will find a range in accommodations; from boutique hotels, such as Lastarria, the Aubrey, or La Reve; to family-operated hostels. Regardless of the choice in lodging, during a stay in Santiago one can reliably expect quality service, deluxe accommodations and reasonable rates.

### AVERAGE ROOM PRICES

Five star hotels: from us\$200 to us\$360 per night

Four star hotels: from US\$140 to US\$260 per night

Three star hotels: from US\$70 to US\$200 per night  
 Two star hotels: from US\$30 to US\$80 per night  
 One star hotels: from US\$20 to US\$80 per night

There are more than 13,000 rooms available in two or more star hotels in Santiago. Most hotels can have discount prices for Colloquium delegates. There is the possibility to have buses that collect delegates from their hotels to the Colloquium venue and back.

Hotel	Location	Distance from venue 1	Distance from venue 2	Number of rooms
NOI Vitacura (5 stars)	Nueva Costanera 3736	2.1 km	2,6 km	87
Hotel Kennedy (5 stars)	Avenida Kennedy 4570	2.2 km	2,7 km	133
Boulevard Suites Hotel (5 stars)	Avenida Kennedy 5749	2.2 km	1,4 km	62
Santiago Marriot Hotel (5 stars)	Avenida Kennedy 5749	2.2 km	1,4 km	280
Grand Hyatt Santiago (5 stars)	Avenida Kennedy 4601	2.3 km	1,4 km	310
Hyatt Place Santiago (4 stars)	Americo Vespucio 1597	1.6 km	1,7 km	
Hotel Novotel (4 stars)	Americo Vespucio 1630	1.7 km	1,8 km	144
Atton Vitacura (4 stars)	Vitacura 3201	1.9 km	2,8 km	295
Renaissance Santiago Hotel (4 stars)	Avenida Kennedy 4700	2.1 km	1,5 km	
Hotel Director Vitacura (4 stars)	Vitacura 3600	2.2 km	2,2 km	49
Hotel Bidasoa (3 stars)	Vitacura 4873	1.6 km	2,6 km	35
Hotel Atton Las Condes	Alonso de Córdova 5199	3,8 km	500 mts	211
Hotel Kennedy	Av. Pdte. Kennedy Lateral 4570	3,0 km	1,6 km	133

These hotels are at a 5 to 45 minutes walk through very nice and safe streets.

## 6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social, political or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues, requirements for vaccination).

Chile, a Great Destination for Meetings and Conventions

Chile's first-class infrastructure and its economic and political stability have generated a reputable environment, turning Chile into an ideal destination for meetings and business. Santiago offers

facilities including five star convention centres and over 14,500 hotel rooms, all excellently interconnected to major urban areas of interest and business.

#### **ECONOMIC AND POLITICAL STABILITY**

Chile has an open economy, with clear and consistent regulations, which have allowed, over time, for balanced and sustainable growth.

In a report by The Economist Intelligence Unit, Chile was named as the best country across the region within which to do business, and was ranked 17th globally.

#### **MODERN INFRASTRUCTURE**

Chile is internationally recognized for its outstanding developments in the areas of architecture, design, and industry infrastructure relating to roads and housing.

Moving through Chile is convenient, easy and secure, as the country has developed a series of reliable land transport networks and air transport connections. It has a modern infrastructure, it provides services that are certified to international standards, and it offers a range of hotels that continues to grow in quantity and quality throughout its main destinations. It also provides first-class facilities for the purpose of hosting tourism events and other business related conventions.

#### **SAFETY AND QUALITY OF LIFE**

According to a global study prepared by Newsweek, Chile is the top country to live in across the whole of Latin America. Research undertaken by the consultants of FTI (a prominent market leader) concludes that Chile is the region's safest country.

#### **ADVANCED CONNECTIVITY**

According to the Connectivity Scorecard Ranking, Chile leads Latin America in the development of telecommunication technologies. Satellite data and internet access are available across the entire territory. The number of public places with access to wireless networks has grown and it's possible to communicate with most countries in the world through cell phones a situation facilitated by the country's use of fiber-optic networks that are now available throughout all major urban centers.

#### **SUSTAINABILITY**

The public and private sectors are working towards the development of sustainable tourism via the promotion of sustainable practices within Chile's tourism industry. The goal is to position Chile as a leader of sustainable tourism one which protects natural and cultural heritage. Chile plans to invest in the socio-economic development of popular tourist locations and on the communities that inhabit them.

#### **QUALITY**

STAMP Q, is awarded to all tourist service providers who comply with tourism quality regulations. At present, more than 350 service providers in Chile have been awarded with the STAMP Q certification.

#### **CULTURE & HERITAGE**

The Mapuche people represent the country's largest group of indigenous people. Many of their ancient traditions have been preserved in the southern territories. Further to the north, the indigenous culture is dominated by the Aymaras, who inhabit Chile's Andean Plateau.

Far out in the Pacific Ocean, Easter Island preserves the mythical Rapa Nui culture.

The country can lay claim to 6 unique sites of patrimonial worth, recognized by UNESCO as World Heritage Sites.

#### **PERSONAL HEALTH AND SAFETY ISSUES, COST AND HEALTH CARE**

Medical care in Santiago and other cities is generally good, but it may be difficult to find assistance in remote areas.

Most pharmacies are well stocked and have trained pharmacists. Medication quality is comparable to other industrialized countries. Drugs that require a prescription elsewhere may be available over the counter here.

### **7. Meeting costs**

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.? Please provide a basic budget with estimates for the main expenses of the Colloquium (venue, catering, logistics, conference organiser, etc.) and the resulting registration fee based on the expected number of participants. A sample budget table is appended. You may provide different scenarios, e.g. depending on different venue options, or different numbers of participants. We appreciate that these costs will be subject to change at a later date so this should be indicative only. Please confirm that you understand that the organisation of the Colloquium will require substantial staff resources within your team that are not typically covered within the Colloquium budget, and that will delay other work of your team in the time ahead of the Colloquium.

We estimated the main expenses required to host the Colloquium 2019 based on the sample budget table provided. In general, costs on venue, catering, logistics and conference organisers are lower in Chile compared to costs in Europe. Maintaining fees similar to Colloquia previous to 2015, we are able to cover the costs needed. We expect to have sponsorship from entities such as BMJ and Wiley that are usually present at Cochrane Colloquia. Our institutions (Pontificia Universidad Catolica de Chile, Universidad de La Frontera, Universidad Catolica de la Santisima Concepción, Universidad de Chile) will support us with our institutional time needed to organise the Colloquium, but additional administrative staff will be needed. We incorporated this item in our budget. We expect sponsoring from our institutions, other Chilean universities, the Chilean Ministry of Health by funding registration fees.

	Number of items/registrants	Amount in CLP	Amount in GBP	Amount in EURO
<b>ESTIMATED COSTS</b>				
Venue including technical and other equipment, Wifi, setup	1	150,000,000	138,982	192,474
Catering	800	70,000,000	64,820	89,821
Social events	800	70,000,000	64,820	89,821
	1	50,000,000	46,300	64,158

Professional conference organiser				
Staff		70,000,000	64,820	89,821
Overhead				
Miscellaneous		80,000,000	74,080	102,653
<b>TOTAL COST</b>		<b>490,000,000</b>	<b>453,822</b>	<b>628,748</b>
<b>ESTIMATED INCOME</b>				
Sponsorship		50,000,000	46,306	64,140
50% early and regular registration fees	400	305,496,514	282,891	392,000
50% reduced registration fees	400	137,161,641	127,012	176,000
<b>TOTAL INCOME</b>		<b>492,658,155</b>	<b>456,209</b>	<b>632,140</b>
<b>BALANCE</b>		<b>2,658,155</b>	<b>2,387</b>	<b>3,392</b>

Fees	CLP	GBP	EUR
Regular registration	857,260	794	1,100
Early Bird	670,222	621	860
LMIC	342,904	318	440

## 8. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you? Please describe briefly what options are available and how they qualify for helping with the organisation of the Colloquium.

There are several option for supporting big events:

1.- <http://www.eventosydesarrollos.cl/actividades.html>

Events and Development S.A. organizes and develops the entire process of congresses, conferences and seminars, ranging from search facility that best meets customer requirements until the completion and evaluation of the outcome of the event.

2.- <http://ecco Chile.cl/>

OPC / Professional Congress Organizer and works with scientific associations, government organizations and pharmaceutical and food industries in Chile, Argentina and Brazil.

3.- <http://kenes-group.com/offices/kenes-latin-america/>

Kenes are accredited members of [IAPCO](#) (International Association of Professional Congress Organisers) and [ICCA](#) (International Congress and Convention Association).

*4.Eventual Chile:* 10 years of experience in the organisation of national and international congresses, and one of the leading companies in this area in Chile. They are Professional Congress Organizers and active partners of the most important public-private institutions in the Bussiness Tourism market in Chile, Turismo Chile, Santiago Convention Bureau and Viña del Mar Convention Bureau.

<http://eventualchile.com>

## 9. Local organising committee

Please provide information on the proposed composition of the local organising committee. Do you have experience organising events, and if yes, please provide examples. Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

The central organising committee is composed by the coordinators of the four collaborator centres that will be part of Cochrane Chile:

- Gladys Moreno, Pontificia Universidad Catolica de Chile
- Pamela Seron, Universidad de La Frontera
- Marcela Cortés, Universidad Católica de La Santísima Concepción
- Julio Villanueva, Facultad de Odontología de la Universidad de Chile

Other contributors:

- Gabriel Rada, Pontificia Universidad Católica de Chile
- Eva Madrid, Universidad de Valparaíso
- Gabriel Martínez Fuentes, Universidad de Antofagasta
- Xavier Bonfill Centro Cochrane Iberoamericano

Most members of the Organising Committee are competent speakers and writers in English. We will work with teams in our universities that have experience in organising world level events such as the Cochrane Colloquium.

## 10. Any other information

Is there anything else you would like to mention in support of your proposal?

We plan to look for support from a great variety of Chilean public institutions: the Ministry of Health, the regional health services, the scientific societies, the universities, the non-profit organisations related to health. We will also explore the potential support from some international entities, such as the Pan American Health Organisation.





## **Proposal for hosting Cochrane's 2017 mid-year meeting (3-7 April) in Geneva / Switzerland**

### **Submitted by:**

Bernard Burnand, Director Cochrane Switzerland

Erik von Elm, Co-Director Cochrane Switzerland

**Date:** 1 December 2015

### **Why host the mid-year meeting in Geneva?**

- There is a good opportunity to link Cochrane's mid-year meeting to the GRADE working group meeting, hosted by WHO in Geneva during the same week in April 2017. WHO expressed interest to host (some of) the sessions of the mid-year meeting on the premises of WHO headquarters in Geneva, and possibly organize lunch time seminars and a networking reception to which GRADE working group members, Cochrane contributors and WHO staff would be invited.
- Hosting the mid-year meeting will also be an excellent opportunity for Cochrane Switzerland to invite key Swiss stakeholders to some of the side meetings. This would allow us to bring Cochrane and its work to the attention of national players, which in turn will help strengthen Cochrane in Switzerland.
- A third reason is that we also feel that it is somehow our turn! We have attended many Cochrane Colloquia and mid-year meetings hosted by our colleagues and would now like to do something in return, inviting the Cochrane community to our home region.

### **How do we meet the requirements?**

- We are currently exploring two meeting venues – both have the required room facilities and technology. Food and refreshments can be catered as requested.
- Geneva has an international airport with frequent flights to all major European cities. Geneva airport offers free public transport into the city, and all major hotels offer guests free public transport throughout their stay in Geneva. The two possible venues are in walking distance from WHO, and have good bus connections to the city centre and lake shore (where most hotels are located).
- We will provide a list of hotels in Geneva as well as neighboring France. Regular bus services connect France to the meeting venue. Hotel rooms in Geneva can be found from CHF 150,- per day, in France from CHF 100,- per day. We will discuss with WHO whether we can apply for UN hotel rates when booking through WHO. We will also provide participants with the necessary local travel advice.

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### **Other meetings we intend to organize**

- As mentioned above, the mid-year meeting will coincide with the GRADE working group meeting hosted by WHO. Some people will attend both meetings, organizing them back to back will save travel time and financial resources and reduce carbon footprint.
- We plan, jointly with WHO, to organize lunch time seminars at WHO, and to host a reception for informal networking with WHO staff.
- We also consider organizing a half or full day symposium open to the interested public to further advocate the work of Cochrane in Switzerland, in conjunction with the mid-years meeting.



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**Cochrane**  
**Portugal**

Mid-Year Business  
Meeting 2018  
Proposal

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## Mid-Year Business Meeting 2018

### Proposal

Cochrane Portugal is a Branch of Cochrane Iberoamericana and is composed by three units: the Portuguese Collaborating Center (Directed by António Vaz Carneiro) and the Cochrane Movement Disorders Group (Co-Ed João Costa), both hosted by the [Faculty of Medicine of the University of Lisbon](#); and the Porto Unit (Directed by Altamiro da Costa Pereira), based at the [CINTESIS](#) research group, [Faculty of Medicine of the University of Porto](#).

Our mission is to promote the conduct and dissemination of Cochrane Reviews by engaging national stakeholders (health professionals, health researchers, consumer associations, government bodies), and by establishing partnerships with Portuguese speaking countries.

Our focus on dissemination of Cochrane evidence includes different strategies and it is our conviction that hosting an event like a business meeting would help to promote and spread the Cochrane brand within our country. This is the main drive for us, Cochrane Portugal, to present our candidature proposal to co-organize and host the Mid-Year Meeting 2018, in Lisbon, Portugal.

We trust that we have the capacity to involve the Portuguese government and health care authorities in supporting the organization of this meeting, as well as to identify and involve strategic stakeholders and, consequently, to involve potential alternative funding sources for Cochrane Portugal.

This event would increase Cochrane visibility in Portugal and in Lusophone space, providing the opportunity for Brasil and Portugal to create synergies and exchange experiences. Portuguese is the 5<sup>th</sup> most widely spoken language in the World, with about 250 million native speakers and Portugal has privileged relationships with all seven official Portuguese-speaking countries.

On the other hand, our long relationship with Cochrane (Movement Disorders Group was established in 1996) and our past experience in successfully hosting a regional

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event for Cochrane entities located in continental Europe (Lisbon, 2001) makes us more confident and comfortable with this proposal.

## Travel

Lisbon's airport, *Aeroporto da Portela*, is closer to the city than most airports in other European capitals (about 7Km from the city center) and the major European airlines (British Airways, KLM, Air France, Lufthansa, Iberia, TAP, Alitalia, etc) have regular and direct flights to Lisbon, providing connections to all continents. Many low cost carriers are also based in Lisbon, including Easyjet, Ryanair, Vueling, etc. Additionally, TAP and US-based carriers connect the city to the United States (Newark and Miami), TAP provides easy connections with many southern American and African cities, and Emirates and Turkish Airlines link to Asia and Australia/NZ. Lisbon is about 2-3 hours flight distance from major European capitals and about 6-8 hours from North America and Brazil.

European Union citizens need no visa for any length of stay in Portugal. Visitors from the United States, Canada, Australia and New Zealand also don't need a visa if their stay is shorter than 90 days.

Lisbon's metro reaches the airport, which facilitates the access to the centre of the city and the venue. The airport is also served by bus, *Aerobus* (departs every half hour) and taxis line up immediately outside the arrivals terminal, 24h a day. Rides to downtown costs 12-15 euros.

## Safety

According to the [Global Peace Index](#), by the Institute for Economics and Peace, Portugal is considered the 11<sup>th</sup> peaceful country in the world and Lisbon one of the safest [cities](#).

## Venue

The meeting venue will be shared between the building of Lisbon's Faculty of Medicine and [one of two hotels](#) located about 5 minutes walking distance from the Faculty.

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Room facilities and IT infrastructures will be adequate to established requirements by Cochrane. The meetings can be distributed the following way:

- Parallel courses at the hotel
- Meetings and plenary session at the Faculty's building.

Free *wi-fi* and audiovisual equipment will be provided in every room, in common areas and whenever necessary.

### Possible events:

- One and a half-day meeting organized in collaboration with the Cochrane Child Health Field, due the close relationship of some members of Cochrane Portugal and that entity (Ricardo Fernandes is a Co-Director of the Cochrane Child Health Field).

Suggested title: "Child Health Evidence: a vision for the next decade". This event would provide the opportunity to engage different stakeholders.

- Half-day meeting between Portuguese-speaking countries to discuss current needs and possible synergies in developing Cochrane activities in these countries.

Suggested title: "Cochrane activities in Portuguese-speaking countries".

### Possible courses:

- Basic systematic reviews - 2 days
- Network meta-analysis - 2 days
- GRADE (for systematic reviews and clinical guidelines ) - 1 day
- Overviews of systematic reviews - 1 day
- Core outcomes sets and measurements instruments - 1 day
- How to develop guidelines - 1 day

In case this proposal is well received, a detailed budget will be provided.



Lisbon, December 3, 2015

João Costa, MD, PhD

A handwritten signature in black ink, appearing to read "João Costa de Costa".

António Vaz Carneiro, MD, PhD, FACP, FESC

A handwritten signature in black ink, appearing to read "António Vaz Carneiro".