Plan & Budget for the Charity in 2021

Presented by the Senior Management Team and approved by the
Governing Board on 15 December 2020

Introduction

Cochrane's *2021 Plan & Budget* has been developed during the transition between *Strategy to 2020* and the finalization of the new organizational 'Strategic Framework' which will be completed and launched in the first quarter of 2021. It has been developed by the Senior Management Team (SMT) to support Cochrane's Mission, Goals and Objectives set out in that new 'Framework'; and is presented under the four new draft organizational Goals, which remain broadly the same as the existing Goals (see Figure 1, below). However, it is not presented under new draft Objectives within each Goal, which have still to be finalized, although the Objectives drafted for the initial consultation with the Cochrane community were used as a guide for the development of activities and associated budgets.

The Plan sets out what Cochrane's 'core organizational' (charity) funds have been budgeted to deliver in 2021, including all centralized business and editorial functions as well as extensive support to the global community of Cochrane's Groups, members and supporters through the Central Executive Team (CET). The Plan includes funds for projects, initiatives and priority activities designed to accelerate Cochrane's progress in achieving its Goals and ultimate Mission; and for 'business as usual' activities which also support the delivery of those Goals and Mission (Figure 2). The resources required to deliver Cochrane's Mission, Goals and Objectives, however, are much greater than those set out in this central Cochrane organizational Budget. Cochrane's funding model is that Groups are predominantly funded locally by non-commercial funding sources; and the largest share of the resources Cochrane needs and uses for its activities each year are attracted and raised by Cochrane's Groups (with the last review showing that total Group annual income was £13.2 million).
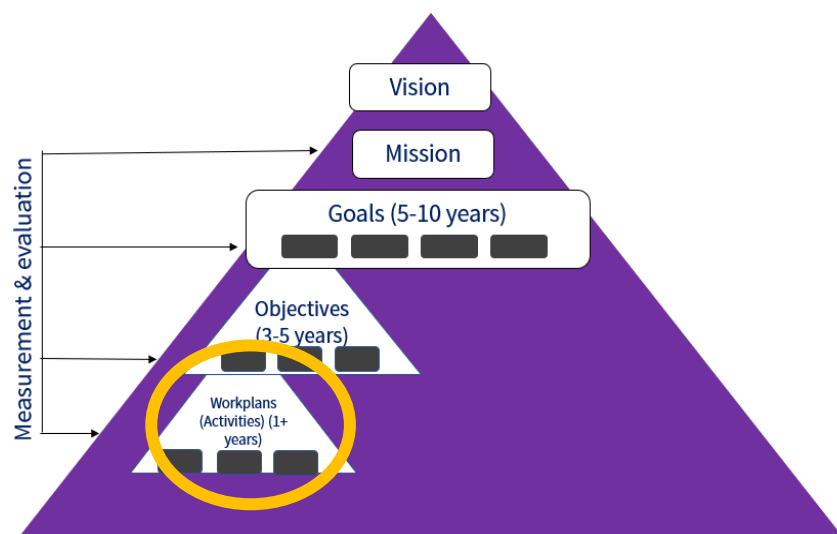
Figure 1: Structure of the new strategic framework from 2021 onwards. The activities funded by this budget will form Cochrane's central organizational contribution to achieving the Objectives. Cochrane Groups will contribute via their own workplans.

In a change to the structure from *Strategy to 2020* there are no longer annual strategy targets. This responds to feedback from Cochrane Groups and Central Executive Team staff that the targets gave undue prominence to only a small section of the work prioritized in a given timeframe; and put annual timelines on projects that were often multi-year. Measurement and evaluation of success in delivering strategic priorities will be undertaken at Objective level.

Major Priorities

Within Cochrane's new 'Strategic Framework' three critical priorities have been identified that will equip Cochrane to meet its mission in a significantly enhanced way in future. These priorities embed and consolidate the transformative changes Cochrane made in its *Strategy to 2020* and continue the organization's 'direction of travel' as confirmed by the new Strategic Framework from 2021; but they also involve significant new initiatives in critical areas. They are priorities that the CET will lead on and facilitate for the next three-to-five years but will involve the whole Cochrane community. They are:

1. **To transform how Cochrane's Reviews are produced**

Cochrane needs to transform its current Review Production model to maintain editorial integrity, maximise the efficiency and best use of its editorial and production resources and expertise, increase the attraction and retention of high-quality authors and contributors, and meet the changing and more sophisticated needs of health evidence users in the next decade. This will involve:

o Completing the implementation of the new Editorial Management System (EMS), begun in 2020, with roll-out planned for Cochrane Review Groups (CRGs) and CRG Networks in 2021.
o Separating the editorial and production functions in CRGs, beginning with a pilot 'demonstration project' in 2021 (approved by the Board in October 2020).
o Establishing a Centralised Editorial Service (CES) with the resources and expertise to process rapidly and efficiently a wide range of Reviews and other synthesized evidence outputs. This will build on and scale up the production experience gained during Cochrane's COVID19 response.
o Developing and delivering a much more integrated editorial, technology and product process for Cochrane; to unleash the underlying potential of the tools, data and syntheses conducted by Cochrane Review authors and Groups for both internal and external users.

2.   To scale up the reach and impact of Cochrane's Knowledge Translation activities

Strategy to 2020 put Cochrane's commitment to ensuring its evidence was translated into healthcare policy and practice – Knowledge Translation (KT) – at the heart of its mission and its change programme. In recent years Cochrane has established a framework for knowledge translation; expanded its engagement with key audiences and users to understand their evidence needs; committed significant additional resources to support the multilingual translations of its evidence; developed and tested new KT tools, approaches and training materials to support Cochrane collaborators; and created appropriate methods of evaluation to measure our future success. Now it is time to scale up Cochrane's adoption and use of these KT resources to expand rapidly the reach and impact of our evidence in healthcare decision making around the world. This will involve:

o   Embedding Knowledge Translation in Cochrane Groups and more widely amongst Cochrane's members and supporters through the widespread uptake of the new KT tools, training and processes.
o   Completing the Plain Language Summaries (PLS) pilot project in 2021; then establishing and implementing a sustainable long-term model of producing improved PLS in Cochrane Reviews.
o   Continuing to work with end-users/decision-makers and those who work with and influence them (mainly through intermediary audiences such as guideline developers, patient groups and the media).
o   Continuing to support language translation.

3.   To invest in initiatives that will promote and deliver long-term financial sustainability for Cochrane

One of the most important lessons from the implementation of *Strategy to 2020* is the recognition that Cochrane's future sustainability will be grounded in the continued value the Cochrane Library offers to subscribers or others willing to pay for its content. The diversification of Cochrane revenues from sources other than royalty payments received on sales of the Cochrane Library proved to be extremely difficult; and no new product or service Cochrane develops in future is likely to attract anything like the size of revenues generated by the Library. Cochrane's continued commitment to making all reviews Open Access (OA) immediately upon publication in future is a threat to the charity's financial viability, unless we develop and integrate within the Cochrane Library new products and features that subscribers, users or other funders are willing to pay for alongside the OA Cochrane Reviews.

This means that we must target the development of the Cochrane Library in the coming five years on new features and content that will be most valued by current and future subscribers: researchers, academics (and their institutions), policymakers and funders. This is a critical priority and will involve delivering successfully our Cochrane Library Product Development Plan, which in 2021 will include:

o   Product development of a new 'Cochrane Systematic Review Journal'. The business case for the Journal will be completed in April 2021, for launch – if given the 'go ahead' - in 2022;
o   Expanding the Library's PICO search and evidence surveillance capabilities; and developing new PICO 'packages' of evidence;
o   Developing and launching new features in the Library, including new interactive formats, tables (to be confirmed), and data visualisations.

The COVID-19 pandemic may threaten funding streams for both subscription income for the Cochrane Library (supporting central and organizational expenditure) and institutional support and grant income for Cochrane Groups. The CET will work with the leadership of Cochrane Groups to try to protect funding sources, host organization support and grant applications where that is useful for Groups.

Despite the significant challenges in diversifying Cochrane's income streams, it is vital that the organization strengthens its efforts in this area. In the coming years Cochrane will also redesign and expand its fundraising and revenue generation capacities and approach to increase significantly revenues from Trust and Foundations and other partners, from Cochrane's membership and supporter base, and from consultancy services (principally Cochrane Response).

Additional priorities for the organization in 2021 are:

4. **To maintain Cochrane's high-impact COVID-19 evidence production and translation into health policy and practice** (including methodological development of Cochrane's public health systematic reviews, and maintenance and further development of the Cochrane COVID-19 Study Register).

5. **To launch Cochrane's new 'Strategic Framework'** and use it to build cohesion within the Cochrane community around a common set of priorities, promote Cochrane to key external audiences, and build greater knowledge and use of our evidence by health decision makers**.**

6. **To establish a new organizational Monitoring & Evaluation framework**, based on Cochrane's new strategic framework that will help to find out if we achieve our strategy; to what extent we meet our target audiences' and funders' needs; and what difference we make to healthcare research, policy and practice. This framework will support improved focus on outcomes, accountabilities, project planning, management, monitoring, reporting and evaluation processes and tools.

In 2021 the Central Executive Team will also:

- **Lead and support implementation of these priorities by the Cochrane community through effective communication and change management processes**; and
- **Conduct and begin implementation of a 'Sustainability Review'** to ensure the CET is designed and can transition to a financially sustainable level to support the Cochrane community in future.

Budget

A detailed introduction and explanation of the Budget for 2021 is provided in the separate *Introduction to Cochrane's 2021 Plan & Budget* [restricted access document]. The Budget forecasts income in 2021 of £8.0 million (m) and expenditure of £10.1m, therefore proposing an operational deficit of £2.1m as the organization continues to invest in major strategic change. Cochrane can afford this investment, partly because in 2020 expenditure was well below planned levels and total organizational Reserves at the end of 2020 are expected to be £10.3m. A new 'Reserves Policy' will set out how significant designations of the Reserves are planned both to support key strategic investments and provide continuity funds to support the organization in the future. However, there remains significant 'free reserves' to continue to invest over the coming years (2021-2023) in Cochrane's operational delivery of its strategic Goals and Objectives.

At the same time, the SMT will undertake a 'Sustainability Review' of the Central Executive Team to design a model that reduces its cost in the long-term but maintains its core functions in support of the organization's mission. The rationale is that investments in the priorities set out in *Strategy to 2020* have been high, time-limited and organizationally transformative; future budgets will need to be designed differently.

The division of expenditure in the 2021 Plan & Budget allocated to support the delivery of Cochrane's four Strategic Framework Goals is as follows:

Strategic Framework	Total Expenditure (£)	Staffing - Full Time Equivalent (FTE)
Goal 1: Producing Trusted Evidence	£3,612,000	37.7
Goal 2: Informing Health Decisions	£2,379,000	31.2
Goal 3: Advocating for evidence	£135,000	1.7
Goal 4: Collaborating effectively	£3,934,000	50.4
Total:	£10,059,000	121.0

CURRENT DRAFT OF GOAL 1:
Producing trusted evidence

To produce trusted and timely synthesized evidence addressing the most important questions for health decision making.

Success against this Goal means that Cochrane evidence is:

RELEVANT to users through prioritization, appropriate methods and timely production	**TRUSTED** by users because editorial policies and methodological standards are high and applied consistently	**UPDATED** so that it keeps pace with primary research	**EFFICIENTLY PRODUCED** through people, processes and technology working well together

Examples of 'business as usual' activities to be delivered in support of this Goal in 2021:	Projects and programmes (outside of 'business as usual') to accelerate success against this Goal, managed by the CET and delivered by Groups and the CET from 2021 onwards:
- Oversight of the **editorial process and workflows** for Cochrane Reviews. - Management and publication of the **Cochrane Priority Reviews List.** - A **fast-track editorial service** to support Review Group Networks to deliver high-priority reviews. - Development, maintenance and support of **editorial and production tools** including Archie and RevMan Web. - Development, maintenance and support to Cochrane Groups on **standards and tools for the application of core and complex methods** in Cochrane Reviews. - Development, implementation, audit and updating of **policies relating** to **editorial and publishing issues (research integrity).** - Management and maintenance of the **Wiley content platform (WCP)** for the publication of content in the Cochrane Library. - Management of the **copy-editing** of Cochrane Reviews and other Cochrane Library content, and development of style guidance, including standards for plain language summaries.	- Completing the implementation of the new **Editorial Management System** (EMS), begun in 2020, with roll-out planned for Cochrane Review Groups (CRGs) and CRG Networks in 2021. - Separating the editorial and production functions in **Cochrane Review Groups**, beginning with a pilot 'demonstration project' in 2021 (approved by the Board in October 2020). - Establishing a **Centralised Editorial Service** (CES) with the resources and expertise to process rapidly and efficiently a wide range of reviews and other synthesized evidence outputs. This will build on and scale up the production experience gained during Cochrane's COVID19 response. - Developing and delivering more integrated **production, editorial and technology processes** for evidence. Key aims for this programme under Goal 1 will be to automate review proposal processes, standardize data extraction, and improve data structures to fix the 'data journey' for Cochrane Reviews.

Goal 1 Support Activity	Functional Area	Total £'000	Staffing (Full Time Equivalent)
		£3,612,000	**37.7**
Content design and production		**2,125**	**13.9**
	RevMan Web	465	6.1
	Editorial process and workflows	464	1.9
	Editorial & Technology projects (projected spending on grant funded projects)	457	0.3
	Editorial Management and Production Systems	241	0.7
	Data curation and Centralized Search Service	156	2.0
	CRS	123	0.2
	Priority reviews	89	1.4
	Evidence Pipeline (including Crowd)	37	0.2
	Cochrane Library (CLIB) Editorial Management System	36	0.6
	CLIB Production Systems	26	0.4
	Covidence	19	0.3
	Methods and technology integration	8	-
	Editorial Manager	4	0.1
Editorial and methods support		**786**	**15.9**
	Centralised Editorial Service	321	6.7
	Copy edit and formatting	245	1.7
	Methods support	116	3.2
	Methods guidance and tools	68	1.1
	Support: Editorial Management System Team	38	3.2
Organizational governance, management & support		**469**	**4.3**
	CRG Networks	469	4.3
Organizational and editorial policy		**166**	**3.6**
	Editorial and publishing policies	86	1.7
	Research Integrity	80	1.9
Strategic planning, monitoring, evaluation and reporting		**66**	**0.1**
	Editorial and methods strategy (Strategy post-2020)	66	0.1

CURRENT DRAFT OF GOAL 2:
Informing health decisions

To inform health decisions by making Cochrane evidence accessible and usable for those who need it.

Success against this Goal means that Cochrane evidence is:

DISCOVERABLE & USABLE through effective formats and products that are co-produced with users and respond to their needs	**ACCESSIBLE, UNDERSTANDABLE & MULTI-LANGUAGE**, through the use of plain, standardized language, high-quality translations, and tools and training that grow users' capacity for evidence-based decision-making

Examples of 'business as usual' activities to be delivered in support of this Goal in 2021:	Projects and programmes (outside of 'business as usual') to accelerate success against this Goal, managed by the CET and delivered by Groups and the CET from 2021 onwards:
Most work undertaken by the Central Executive Team in 2021 for Goal 2 will be under 'business as usual' rather than change projects. The two key areas of focus will be: • **Product development in Cochrane Library** that increases its value proposition for the audiences that we have identified as the most financially valuable subscribers: practitioners, researchers (and their host institutions) and policymakers. This will include: o Developing a business case for a new 'Cochrane Systematic Review Journal'. o Research and development of **new products and features for the Cochrane Library** in line with the organization's Goals. o **Management and maintenance of the Cochrane Library platform** in partnership with Wiley and Highwire (Wiley's technology partner for Cochrane). o Production and editing of **supplementary content for the Cochrane Library** (e.g. editorials).	➢ A new programme of work will aim to **enhance the usability of data at study and review level to support transparency, data re-use and development of new products**. ➢ This will include **the completion of PICO search in the Cochrane Library** (currently released in beta). ➢ **Completing the Plain Language Summaries (PLS) pilot project in 2021;** then establishing and implementing a sustainable long-term model of producing improved PLS in Cochrane Reviews. ➢ Undertaking an **evaluation of the organization's progress in delivering the priorities set out in Knowledge Translation (KT) Framework** with the aim of informing future activities: o Evaluating the overall difference that Cochrane's KT work makes o Evaluating individual KT projects, resources or strategies developed centrally o Supporting Cochrane Groups to evaluate the impact of their own KT activities

- **Embedding capacity for Knowledge Translation in Cochrane Groups** and more widely amongst Cochrane's members and supporters through the widespread uptake of the new KT tools, training and processes.
  - o **Managing, and supporting Cochrane Groups in the 'knowledge translation'** of evidence through themes two to four of Cochrane's Knowledge Translation Framework
    - ▪ **Theme Two: Packaging, push and support to implementation:** Ensuring our users receive and can act on our reviews and products
    - ▪ **Theme Three: Facilitating pull:** Growing our users' capacity to find and use our reviews
    - ▪ **Theme Four: Exchange:** Engaging with our users to support their evidence informed decision making
  - o Development, maintenance and support of tools, standards and training for Cochrane Groups **translating content from English into different languages**
  - o Management and maintenance of the **Cochrane evidence published on Cochrane.org**.

Goal 2		Total £'000	Staffing (Full Time Equivalent)
Support Activity	Functional Area		
		£2,379,000	**31.2**
Knowledge Translation		**836**	**7.3**
	Multilingual Implementation	462	0.8
	Plain Language Summaries Pilot	178	4.0
	KT Implementation/ KT Support	153	1.9
	Dissemination support	43	0.6
Content design and production		**747**	**10.9**
	Cochrane Library content	268	4.8
	CLIB Strategy & Product Management	219	2.5
	PICO annotation and data curation	210	2.7
	CLIB Publishing Platform	33	0.7
	Review types and formats	17	0.2
	Review translations infrastructure	-	-
Publishing & Financial Sustainability		**581**	**9.7**
	Cochrane Response	439	8.1
	New Product Development	142	1.7
Cochrane websites (exc. Library)		**127**	**1.6**
	Cochrane web presence	115	1.5
	Cochrane core sites (.org, community)	8	0.1
	Cochrane Group and other sites	4	0.1
Communications		**77**	**1.6**
	External communications	29	0.5
	SLACK and social media platforms	26	0.6
	External media and dissemination	22	0.5
Strategic planning, monitoring, evaluation and reporting		**9**	**0.1**
	Future website/digital strategy (ITS)	8	0.1
	Future website/digital strategy (KT)	1	0.0

CURRENT DRAFT OF GOAL 3:
Advocating for evidence

To be a leading global advocate for evidence-informed health care.

Success against this Goal means that Cochrane, its members and supporters:

ADVANCE EVIDENCE-INFORMED DECISION-MAKING by using our voices, reputation and global network of relationships to influence the use of evidence in policy and decision-making	**IMPROVE EVIDENCE QUALITY** by campaigning for transparency and integrity in research

Examples of 'business as usual' activities to be delivered in support of this Goal in 2021:	**Projects and programmes (outside of 'business as usual') to accelerate success against this Goal, managed by the CET and delivered by Groups and the CET from 2021 onwards:**
Most advocacy work in Cochrane is undertaken by Cochrane Groups and members rather than the Central Executive Team. Centrally co-ordinated work will focus on the following areas in 2021: • Re-invigorating Cochrane's involvement in the international **AllTrials advocacy campaign.** • Monitoring, responding and supporting with general advocacy opportunities (e.g. through **World Health Assembly and regional WHO meetings;** and the **UN Decade of Healthy Ageing**). • **Coordinating advocacy activities** at the international level – monitoring external affairs to identify opportunities and, where appropriate, responding with statements, open letters, organizing meetings, or speaking at events. • **Working with Cochrane Groups** so that they can support centrally-led advocacy campaigns or develop their own local campaigns.	➢ Given the cancellation of the Global Evidence Summit in 2021, the CET will organize a fully **virtual Cochrane event for members focusing on lessons learned from the COVID-19 pandemic for the health and health evidence communities**, and to discuss improved readiness for responding to future pandemics. ➢ This would be in addition to a collaborative virtual event organized with the other Global Evidence Summit partners on **Evidence-Based Healthcare Day**, 22 October 2021.

Goal 3 Support Activity	Functional Area	Total £'000	Staffing (Full Time Equivalent)
		£135,000	**1.7**
Partnerships		**73**	**0.9**
	Partnerships management (CEOO)	56	0.6
	Partnerships management (ITS)	17	0.3
Advocacy		**47**	**0.6**
	Advocacy management	47	0.6
Cochrane websites (exc. Library)		**8**	**0.1**
	Event manager	8	0.1
Events		**7**	**0.0**
	Events management	7	0.0

CURRENT DRAFT OF GOAL 4:
Collaborating effectively

To be an independent, global, diverse, sustainable and well-run collaboration of members and supporters.

Success against this Goal means that Cochrane is:

GLOBAL & INCLUSIVE by taking active steps to continuously improve collaboration, diversity and equity	AN INVESTOR IN PEOPLE by providing learning and development for members, and opportunities for newcomers to get involved	SUSTAINABLE in the long-term through funding models that align with organizational Goals; and making the best use of resources and people's time

Examples of 'business as usual' activities to be delivered in support of this Goal in 2021:	Projects and programmes (outside of 'business as usual') to accelerate success against this Goal, managed by the CET and delivered by Groups and the CET from 2021 onwards:
Organizational governance and management, including support to the Governing Board, Council, Group Executives, Editorial Board, Scientific Committee, and Cochrane Library Oversight Committee. - Organizational **business, finance, project, and risk management; legal compliance; policy development and complaints oversight**. - Strategic **planning, monitoring, evaluation and reporting.** **Management of the contractual relationship** with Wiley, publisher of the Cochrane Library. - Co-ordination and delivery of **organizational learning and membership support**. - Organizational **IT support**. - Organizational **internal and external communications**.	**Launching a new 'Strategic Framework';** and using it to build cohesion around a common set of priorities, promote Cochrane to key external audiences, and build greater knowledge and use of our evidence by health decision makers. - Establishing **a new organizational Monitoring & Evaluation framework**, based on the new strategic framework, that will help to find out if we achieve our strategy; to what extent we meet our target audiences' and funders' needs; and what difference we make to healthcare research, policy and practice. This framework will support improved focus on outcomes, accountabilities, project planning, management, monitoring, reporting and evaluation processes and tools. - Undertaking a '**Sustainability Review'** of the Central Executive Team cost-base and functions in the post *Strategy to 2020* context. - Developing a more comprehensive approach to **organizational fundraising**. - Undertaking a 'listening and learning' exercise to **understand diversity and inclusion** in Cochrane better and - particularly - how people experience engaging with Cochrane from the perspective of diversity and inclusivity. This will require a consultation exercise followed by an analysis of the results and development of recommendations for action.

Goal 4 Support Activity	Functional Area	Total £'000	Staffing (Full Time Equivalent)
		£3,934,000	**50.4**
Organizational governance & management		**1,513**	**14.7**
	Premises (office) management	342	0.2
	HR	329	3.3
	Finance support	246	3.6
	CET and SMT management; organizational management	224	2.9
	Governing Board and Sub-Committees	157	0.8
	Contracts support	91	2.1
	Editorial boards and Group Executives management (Methods community engagement & Board and Executives management)	48	0.7
	Charitable management (e.g. AGM, Annual Review)	31	0.2
	Council	17	0.4
	Group Executives	13	0.3
	Organizational risk management	10	0.1
	Organizational policy	5	0.1
	Organizational complaints management	2	0.0
Cochrane Community & Membership Direct Support		**1,058**	**22.7**
	Learning	299	4.7
	Membership	125	1.1
	Membership: TaskExchange	98	0.5
	Patient/Consumer support	87	1.7
	Support: Community Support Team	77	3.3
	Branding, Marketing and events support (to all Cochrane Groups)	59	1.1
	Methods Groups (Methods and editorial support)	58	0.7
	Regional initiatives	58	1.3
	Learning: Managing Editor Support	56	3.2
	Membership: Crowd	52	1.1
	Geographic Groups	45	0.5

	Learning: CISS	42	3.5
Organizational IT Support		**658**	**3.8**
	CET IT operations	507	1.6
	IT infrastructure	103	1.6
	Cochrane Account and Membership systems	36	0.5
	Cochrane Training and Learning website	12	0.2
	Organizational structure and roles management	-	-
Publishing & Financial Sustainability		**308**	**3.3**
	Other Cochrane products (business development & sales)	**124**	**1.3**
	Fundraising	89	1.2
	Wiley contract and relationship management	77	0.7
	Wiley contract and relationship management (Publisher relations)	19	0.2
Strategic planning, monitoring, evaluation and reporting		**259**	**3.1**
	Organizational strategy planning, monitoring & evaluation	188	1.9
	CET Project Portfolio: activity, planning, monitoring and reporting	37	0.7
	Yearly planning and strategy work	34	0.5
Organizational Communications		**137**	**2.8**
	Internal communications	82	1.9
	Communications, Multilingual teams and activities, Fields, KT Working Groups, Advisory Group	36	0.7
	Brand Projects - Annual Review, support to Org Framework, new Guidance	19	0.2
Grand Total		**£10,059,000**	**121.0**

Areas of reduced support at central level

In order to deliver such a large programme of work – both 'business as usual' and new projects and initiatives – to meet Cochrane's Goals and Mission but constrain the central operational budget within Cochrane's affordable limits in 2021, some functional areas and activities had to be reduced or de-prioritized.

- **COVID-19 response will continue to be prioritized but slightly reduced in scope:** The centrally co-ordinated response to COVID-19 will focus on maintaining Living Systematic Reviews and public health reviews in 2021. We will be commissioning fewer reviews and restricting the number of updated reviews to address questions of greatest importance to stakeholders (specifically, rapid tests, pooled testing, antibody tests, PCR testing, NMAs on vaccines and on therapeutics, and some individual treatment reviews). We will not pursue updates of routine lab tests, and signs/symptoms of COVID19, and will only consider commissioning updates of other reviews through the central editorial service if requested by high profile partners such as WHO, national government or funders.
- **Methods development and support** will be reduced to focus on guidance in methods for public health reviews (working with the Methods Groups).
- **'Archie' maintenance and development** will be reduced as developer time on the Editorial Management System increases.
- Focussing on these areas means that we have de-prioritized a **planned review of the Cochrane websites (excluding the Cochrane Library)** in 2021 and plan instead to undertake this in 2022. We will also delay the planned implementation of a centralized database of all KT products currently produced across the organization.
- **All Travel and Meeting costs** for the organization are listed under Goal 4. These have been substantially reduced in 2021 due to the impact of COVID-19 on international travel. No face-to-face meetings have been planned. This also increases the staff time available for other activities, which is reflected in the number of important projects and programmes planned under Goal 4.
- The **Governance Meetings** due to take place in late March in Manchester, UK, will now be replaced by a fully online event, which will mark the launch of the new strategic framework.
- Staff capacity in the **Community Support Team** has been increased (no additional cost overall), recognizing that internal communication and change management required further investment.
- We have reduced the scope of a planned consultation with **funders and partners on Open Access**. It will now be conducted through a survey with Cochrane Review authors, and one-to-one interviews with the top 12 funders of Cochrane Groups.