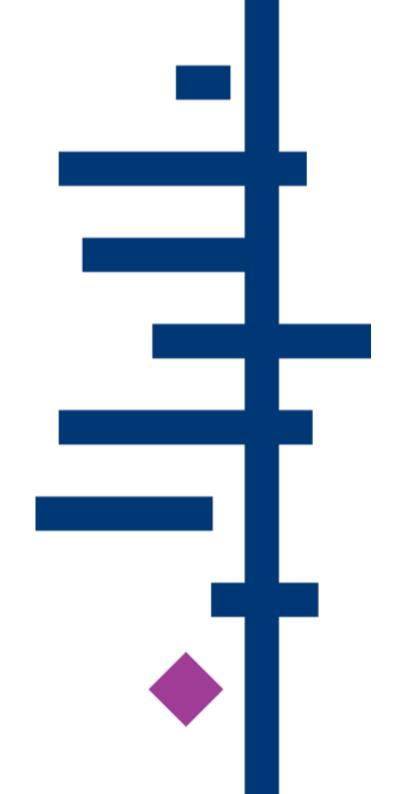


Strategy to 2020

2017 Targets Mid-Year Progress Review End of Quarter 2 (June).

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Progress status indicator PR = Progress SP = Spend against allocated budget		
Grey (Gr.)	Completed in full	
Green (G)	Good progress, with confidence that delivery date will be met	
Amber (A)	Some delays that may affect overall delivery, with corrective action required - including alterations to original delivery dates	
Red (R)	Serious concerns that current or new delivery dates will not be met; urgent corrective action required	
Purple (P)	Not yet started, as per project plan	

Key messages at the mid-year point:

- This document supports the Quarter 2, 2017 organizational dashboard.
- Overall progress is excellent. At the direction of the Governing Board, two
 targets have been prioritized: structure and function reforms to Cochrane
 Review Groups, and the delivery of an enhanced Cochrane Library. Delivery of
 the first of these remains on track. Delays to the delivery of the enhanced
 Cochrane Library remain a serious concern, but is nevertheless expected to be
 achieved by the end of the year.
- A knowledge translation framework has been approved by the Governing Board with a KT Strategy set for approval in September 2017.
- A membership scheme for Cochrane has been launched internally in Quarter 3 with a public launch at the Global Evidence Summit in September.
- Online Learning Modules will be launched for review authors in September.
- Cochrane's governance structures have been transformed.
- The Global Evidence Summit is on track to attract a high number of participants.

Abbreviations:	
Q1 – Q4	Quarter 1 (January – March) Quarter 2 (April – June) Quarter 3 (July-September) Q4 (October-December)
CET	Central Executive Team
SMT	Senior Management Team
CET departments	CEU: Cochrane Editorial Unit; CEAD: Communications & External Affairs Department; CEOO: Chief Executive
	Officer's Office; FCS: Finance & Core Services; IKMD: Informatics & Knowledge Management Department; LSD:
	Learning & Support Department



1. Complete the development of <u>RevMan Web</u> and begin phased implementation for Cochrane Reviews

RevMan Web is the next generation of Cochrane's Review Manager software for preparing and maintaining Cochrane Reviews. This browser-based version of RevMan will work across all platforms, be installation-free, and automatically updated.

Progress			
Target Outcomes	 Cochrane authors and editors have started using RevMan Web for updating and writing intervention Cochrane R Improved integration between review production tools, particularly Covidence, RevMan and GradePro. More frequent and seamless delivery of updates and new features. Concurrent working by more than one author on the same review. 	eviews, which allow	S:
Indicators of Success	 ReviewDB (the supporting technical infrastructure for RevMan Web) and RevMan Web for Intervention review issues. Covidence integrates with RevMan Web for new reviews and updated reviews. At least 50% of users actively working on intervention reviews have used RevMan Web in a given month. 	ws are released with	out known critical
Deliverables - by CET and third parties	 Release of ReviewDB for intervention reviews synchronizing with Archie. A roll-out plan for RevMan Web has been developed and communicated to groups and a package of user support resources is available. Release of RevMan Web Intervention Beta for testing and use by a limited audience. RevMan Web Intervention Beta released for all Cochrane users. RevMan Web Intervention Beta with Covidence integration supporting a review updating cycle. Release of RevMan Web for intervention reviews. RevMan Web supports other review types and more new methods. 	Estimated Delivery Dates: 1. Q1 2017 2. Q2 2017 3. Q2 2017 4. Q3 2017 5. Q4 2017 6. Q4 2017 7. In 2018	Mid-Year update: 1. Q3 2017 2. Q4 2017 3. Q4 2017 4. End 2017 5. Q2/Q3 2018 6. Q3 2018 7. TBC
Deliverables – by Cochrane Groups	 All Review Groups (CRGs) have designated at least one person as the Group's first point of contact for RevMan Web, who can support the rest of the Group and is the communication link to the Central Executive Team/ME Support. All CRGs respond to surveys on their experience with RevMan Web. The Statistical Methods Group has contributed and agreed to a plan for new statistical methods in RevMan Web. 	Estimated Delivery Dates: 1. Q2 2017 2. Q2-3 2017 3. Q3 2017	Mid-Year update: 1. 1. Q4 2017 2. 2. Q1 2018 3. 3. TBC
Start date for work	2015		
Mid-Year update	Due to the demands of the Enhanced Cochrane Library and Membership projects, the development team did no implementation of RevMan Web in 2017 as quickly as planned. Quality assurance and rollout planning has prog year, notably a package of work undertaken by Metaxis to test ReviewDB. Development work has resumed as of an 'alpha' release available to develop support materials in Q3, closely followed by a 'beta' release for a limited once quality criteria are met. The team will then gradually roll-out RevMan Web to a wider audience based on se issues identified, and user feedback.	ressed in the first six Q3 2017 with the ini audience of Cochrar	months of the tial aim of making ne contributors

2. Complete the <u>Transform</u> project

The Governing Board approved 'Project Transform' for funding from 2015-17 as part of the Cochrane 'Game Changer' initiative for allocating core funds to achieve ambitious strategic goals. The aim of the project is to work with the Cochrane community to improve the way people, processes and technologies come together to produce Cochrane content. 2017 is the final year of the project and it is expected to deliver on-time and within scope.

Progress			
Target Outcomes	Significantly improved long-term value and sustainability for Cochrane by piloting, refining, and scaling up innovation collaboration with other Cochrane projects. The starting point for Project Transform is the assertion that content procour global network of contributors is our greatest asset. By better mobilising these networks through the appropriate maximise the value of our content and our long-term sustainability in a changing external environment.	luction is our core b	ousiness and
Indicators of Success Deliverables - by CET and third parties Deliverables - by Cochrane Groups	 Overall completion of the project's proposed deliverables, with: Evidence Pipeline: More than 85% of RCTs in new Cochrane Reviews sourced from the Cochrane Register of Studies Database Cochrane Crowd: 5 tasks available on the platform Task Exchange: More than 3,000 active users Production Models: 20 author teams involved in new production models Guidelines: Completed integration of systems with author tools Machine learning: Launched repository of datasets for machine learning by Bond University 	Estimated Delivery Dates: Q4 2017	Mid-Year update: Q4 2018 (see below)
Start date for work	2015		
Mid-Year update	Cochrane's Project Transform team was awarded a Partnership Project grant from the Australian National Health and (NHMRC). The funding will help the project team find the best way to bring together automation, crowdsourcing and Contributors to transform the way evidence is produced. Current research and evaluation activities will be expanded, and crowdsourcing initiatives, and demonstration projects with the Australian guideline development community will help Cochrane move more rapidly towards effective and efficient evidence and guideline production.	Cochrane's global n particularly across	etwork of the automatioı
	A variation to change the end date of the Project Transform to the end of 2018, to bring it into alignment with the NHMRC Partnership Project life cycle and associated expanded project activities, was executed in May 2017.		
	The NHMRC funding stream allows for an expanded set of deliverables to be implemented across the project. The project the overall delivery schedule in response to both developments in technological solutions through the project life cycl synergies with other Cochrane projects (e.g. Gates and Linked Data).		
	This re-prioritisation will have no impact on the final delivery of items at the revised end of contract date. By the project team will have delivered on all items across the six project components as per the deliverables	ct end date of 31 De	ecember 2018,

3. Complete the delivery of a <u>programme of training and accreditation</u> for editors

First established in 2015, this Target is a programme covering a broad range of activities to improve the support provided for Cochrane editors. The major project to identify a set of core competencies for editors of biomedical journals, led by the Ottawa Hospital Research Institute (OHRI), is now complete, though OHRI has been unable to finish the implementation and evaluation of a training programme aligned with the competencies. Continuing this work is now the Cochrane Learning & Support Department's highest priority in 2017. Working closely with the Cochrane Editorial Unit and CRG leadership, a comprehensive editor training plan will be agreed, beginning with a project to apply the competencies developed by OHRI to Cochrane's specific context, and develop a comprehensive programme of training and support as intended under the 2016 Target.

Progress			
Target Outcomes	 A programme of ongoing learning and support for Editors, aligned with the Quality Strategy and identified core compete Assessment of editorial competencies and learning behaviours through accreditation enabled. All Cochrane editorial teams engaged in a conversation about ongoing learning. 	encies.	
Indicators of Success	 A programme of existing and newly developed training resources is established to support Cochrane editors in meeting the core competencies. A framework for Editor accreditation has been developed for implementation from 2018. CRGs are actively engaged in designing and implementing editor training and are satisfied with the CET's work in this area. 		
Deliverables - by CET and third parties	 An Editor Training Strategy has been drafted and presented to the Co-Eds at the Geneva Mid-Year Meetings. The core competencies identified by the Ottawa Health Research Institute project in 2016 have been adapted for Cochrane needs, a preliminary suite of training resources identified, and a plan for new resources to be developed has been agreed. A framework for Editor accreditation has been drafted and the data required to confirm accreditation has been mapped. Development of new editor training resources has begun, and systems to collect the required data for accreditation are in place. 	Estimated Delivery Dates: Q2 2017 Q3 2017 Q3 2017 Q4 2017	Mid-Year update: Complete Q4 2017 Q4 2017 On track
Deliverables – by Cochrane Groups	 Co-Eds have provided feedback on the Editor Training Strategy and approved the direction of travel at the Geneva Mid-Year Meetings. Groups have engaged in discussions around the implementation of Editor training and accreditation and provided constructive feedback. Co-Eds have approved the accreditation framework in principle. 	Estimated Delivery Dates: Q2 2017 Q3 2017 Q4 2017	Mid-Year update: Complete Q4 2017 On track
Start date for work	Q1 2017		
Mid-Year update	A joint Editor Training Strategy was developed by the L&SD and CEU, and the direction of travel was presented in Geneva in a Co-ordinating Editors. Intensive work on this project has been delayed, primarily by completion of the major redevelopment Modules for authors, which will be launched in September, but preliminary mapping of the core competencies against Cochr planning for the Editor training programme 2018 and development of data collection mechanisms are taking place.	of the Online I	_earning

Work on complete mapping of new and existing training resources, documentation of proposed accreditation criteria and implementation of data collection will continue in 2018.

4. Improve the process of <u>producing translations</u> to make it easier for Cochrane translators and editors

In 2016, Cochrane supported translations teams working in Croatian, French, German, Japanese, Korean, Malay, Portuguese, Russian, Simplified Chinese, Spanish, Tamil and Traditional Chinese, and these teams published 4,784 new or updated translations of Review abstracts and Plain Language Summaries over the year. To support their further development in 2017 we will review the present and future capabilities of the existing translation management system (TMS), used to manage the editorial process for translating content, against possible alternatives and proceed on the basis of the best strategic fit for Cochrane.

Progress				
Target Outcomes	Improved process of producing translations which makes it easier for Cochrane translators and editors; facilitates volunteer involvement and quality control; enables high level of data automation and membership integration with Cochrane systems.			
Indicators of Success	 Alternative translation management systems (TMS) have been user tested and assessed with translation teams and IKMD against existing system. A decision has been made on the future TMS, and a contract agreed. A new TMS has been integrated with our systems; or setup of existing system has been enhanced. All active translation teams have been trained to use the new or enhanced system to translate Reviews and web content. 			
Deliverables - by CET and third parties	 Run user testing of alternative TMS. Agree on future system. Negotiate future TMS contract. Integrate TMS with Cochrane systems. Set up system for all active translation projects. Run training on how to use new system. Monitor teams' use of the system, recommend adaptions as needed. 	Estimated Delivery Dates: 1. Q1 2017 2. Q2 2017 3. Q2 2017 4. Q2/3 2017 5. Q4 2017 6. Q4 2017 7. Q4 2017 and beyond	Mid-Year update: 1. Complete 2. Q4 2017 3. Q4 2017 4. Q1/2 2018 5. Q1/2 2018 6. Q2 2018 7. Q2 2018 and beyond	
Deliverables - by Cochrane Groups	 Translation teams participate in TMS testing. Translation teams participate in training on how to use future TMS. Translation teams use the future system to translate Reviews and web content. 	Estimated Delivery Dates: 1. Q1 2017 2. Q4 2017 3. Q4 2017 and beyond	Mid-Year update: 1. Complete 2. Q2 2018 3. Q2 2018	
Start date for work	Q1 2017			
Mid-Year update	Translation teams participated in in-depth user testing of different TMS in February 2017. The resudiscussed with the Translation advisory group at the mid-year meeting in Geneva. Due to limited ca			

contract for 12 months, and to make a final decision on the future system in November.

The team was then able to negotiate a substantial cut in costs with Smartling for this 12 months' extension, and there have been some improved functionalities released. We will make a decision later in the year as to whether we will stay with Smartling or move to another system. The delayed decision meant that the timelines for this target have been pushed back by about 6 months.

5. Define an organization-wide framework for knowledge translation activities

Progress			
Target Outcomes	A defined role for knowledge translation in Cochrane, providing a framework to coordinate KT activities are well-placed to undertake this role.	cross the organization, and	support those who
Indicators of Success	 A knowledge translation strategy has been delivered to and approved by the Governing Board. An implementation plan is available with sufficient detail to inform the 2018 budget planning. 		
Deliverables - by CET and third parties Deliverables - by Cochrane Groups	 A strategy outlining where Cochrane should focus its efforts and approach in KT is published. An implementation plan for the KT strategy is developed. 	Estimated Delivery Dates: 1. Q2 2017 2. Q4 2017	Mid-Year update: 1. Complete 2. On track
Start date for work	2016	'	'
Mid-Year update	Following the approval of the KT Framework in April, a KT Advisory Group has been established, co-chaire have been held to engage the wider community in discussing KT implementation priorities. These webina indicate KT areas they would like to contribute to. Following these webinars and interactions with the KT Advisory group, a KT implementation plan will be community in August, to be submitted to the Governing Board in September.	irs also asked members of the	ne community to

6. Complete the first-phase delivery of an <u>enhanced Cochrane Library</u> in English and Spanish

The Central Executive Team and Wiley are currently working with a third-party provider, HighWire, to develop an enhanced Cochrane Library with greater functionality that makes it easier for users to discover and use Cochrane content in their decision-making. This is a complex project that is divided into many different areas, including the display of Cochrane Reviews and CENTRAL, linking of the CDSR and CENTRAL, the search and discovery interface, and multi-language search and the display of non-English

language content. Researching user needs and stakeholder insights is a key component of development. We have been doing this research through one-to-one user testing with Cochrane Library users and focus groups with members of the Cochrane community. Due to the complexity of work and the requirement to create new and bespoke functionality, overall delivery is delayed – now expected to be at the end of 2017 rather than at the end of Quarter 1, as originally planned.

Progress				
Target Outcomes	A new Cochrane Library platform and Spanish language portal will improve user experience, and allow users searching in Spanish and finding both Spanish and English language content.			
Indicators of Success	 The new platform has been launched successfully without critical problems (e.g., crash, failure of essential functions). The Spanish language portal will have been launched and available to users. Users will be able to search in Spanish and retrieve Spanish and English language content. Longer term, usage will increase by people in Spanish speaking locations. 			
Deliverables - by CET and third parties Deliverables - by Cochrane Groups	 Central Executive Team: Requirements documentation delivered on request. User acceptance testing. Issues identified and raised in timely and appropriate manner, including escalation to SMT of critical risks and issues. HighWire (external development partner)/Wiley: Development of platforms with appropriate functionality as described in the tender document and subsequent feature descriptions. 	Estimated Delivery Dates: Q4 2017	Soft launch' (restricted access) in Q3 2017 with full launch now targeted by end of 2017	
Start date for work	Q2 2016			
Mid-Year update	This major but complex project – essential both to the achievement of Cochrane's mission and Cochrane's future a high priority for the CET, and continues to consume large commitments of time and effort from staff, with sign projects and Targets. As of the end of Q2, the pace of development and user acceptance testing had improved a restricted access 'soft launch' by Q3 2017, with a full launch thereafter. However, an estimated full launch date 2017 is targeted but still not yet definitively confirmed. For this reason, the Target is set to 'Red' rather than 'Am CET staff resources on the project.	nificant negative imp and the parties are w from Wiley and High	pacts on other vorking towards a Wire by the end of	

7. Host a successful Global Evidence Summit

In 2017 Cochrane is joining with four other leading organizations – the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute – to hold the first 'Global Evidence Summit' (GES) in Cape Town, South Africa from 12-16 September 2017. The GES replaces the normal Cochrane Colloquium in 2017. Its aim is to highlight and promote evidence-informed approaches to health policy and development, offering the most cost-effective interventions, particularly in the context of low- and middle-income countries.

Progress

Target Outcomes	The GES will have strengthened Cochrane's position as a leader in evidence-based health care, and in active association with international policy and guideline developers, consumer networks and organizations.			
Indicators of Success	 We will have a stronger integration and relationship with international guideline developers and policy-makers, measured by citations of Cochrane evidence and enhanced relationships/partnerships. The event will have received more than 1,000 registrations. 			
Deliverables – by CET and third parties	 Cochrane CET, and the four participating organizations will deliver on their objectives set out by the Global Organizing Committee, and the Local Organizing Committee. Cochrane CET will be represented on each of the Committees and Sub-Committees to ensure Cochrane and its strategic aims are represented throughout the event. 	Estimated Delivery Dates:	Mid-Year update:	
	 The CET, together with representatives from the four participating organizations will work together to achieve the desired number of successful registrations. The CET will work to deliver a successful global event with effective event administration, on-site and remote organization, and brand and promotional support, as and when required. The CET will provide technical support for the event. 	Q3 2017	On track	
Deliverables – by Cochrane Groups	 Cochrane Groups will support the event by ensuring prompt registration by their members and contributors. Cochrane Groups will submit relevant abstracts and workshops to ensure Cochrane and its strategic aims are represented throughout the event. Cochrane Groups will actively support the promotion of the GES through effective communications and dissemination 	Estimated Delivery Dates:	Mid-Year update:	
Start date for work	through social media and their websites. June 2016 since announcement and launch of the GES plans.	<u>U3 2017</u>	UITTIACK	
Mid-Year update	 CET and third parties: The Global and Local Organizing Committees (GOC and LOC) for GES meet monthly to share updates and make key decirepresented on every GOC meeting call. Cochrane's Event Support Officer sits on all committees apart from the Scientific Committee and represents the CET as very GOC and LOC worked hard to ensure that over 1000 registrations were confirmed by the extended early bird registrated deadline passed with 1049 registrations. Standard registration continues. The CET is providing support in all areas of the event organization. This includes web updates and technical support, ap support and all graphic design work, social media and communications, venue planning and scheduling. IKMD and CEAD are providing continuous support to the LOC and attendees regarding registration and website. The tear app that will be launched alongside sign-up on the 18 August. 	well as the LOC ation deadline.	The :, brand	
	 Cochrane Groups: The CET provided multiple communications with Groups to get sponsored group registration. 101 Groups signed up by t communications to promote further Group registrations continues to be shared via Cochrane communications channels. Cochrane is involved in over 80% of the workshops. CET has been involved in submitting 15 special sessions, 16 workshops. 12 business meetings. 	S		

- CEAD provide all GES communications packages to be shared with partners and externally. The packages include, social media messages and adverts, copy, and videos.
- 8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational <u>Structure & Function</u> reforms

Strategy to 2020 has taken Cochrane into a new phase of its evolution. It offers a new strategic framework in which to operate, so that Cochrane Groups prioritize work that is aligned with the Strategy and demands that the organization ensures it is 'fit for purpose' with a structure and ways of working best configured to deliver our strategic goals. Structure and function reforms have featured on the annual Targets lists since the establishment of the Strategy in 2014 and are likely to continue to do so until 2020.

Progress				
Target	Cochrane will have addressed the challenge of inconsistent review quality: all new and updated reviews produced will meet the needs of decision makers			
Outcomes	and meet agreed standards for quality, timeliness and priority.			
	Cochrane will have changed its structures and ways of working through a successful transformation programme at that its reviews and other services are positioned to be the evidence source of first choice for decision makers – incorproducers, health professionals and citizens.		•	
Indicators of Success	Indicators of • The Structure and Function project team* will have presented recommendations to the Governing Board of proposals aimed at a			
D !! 1.1	*David Tovey (temporarily replaced by Mark Wilson, June 2017), Karla Soares Weiser, Toby Lasserson, Nicky Cullum, Jonathan Craig, Martin Bu Central Executive Team:	Estimated		
Deliverables – by CET and third parties	Data on CRGs including performance, scope, timeliness, production history to be presented by project team.	Delivery Dates:	Mid-Year update:	
Deliverables -	2. Editor in Chief and CEU team to implement changes approved by the Governing Board.	1. Q3 2017 2. Q2 2018	 Complete On track 	
by Cochrane	Cochrane Groups:	3. Q2 2018	3. On track	
Groups	3. To provide data on request in a timely manner.	4. Q3 2017 5. Q3 2018	4. Complete 5. On track	
	Project team (CET and Group representatives):			
	To prepare, agree and present concrete recommendations for Governing Board aimed at:			
	4. Ensuring that all new and updated reviews achieve desired and agreed standards.			
	5. Changes to the structure and function of groups that will lead to fewer, larger editorial units and ensure			

	the ability of Cochrane's editorial teams to produce and publish high quality reviews that meet the needs of decision makers, including the implementation of agreed innovative methods.
Start date for work	Q4 2016
Mid-Year update	This major programme of work has remained on track despite Editor in Chief David Tovey's leave of absence for health reasons from June 2017. The sustainability reviews for all of Cochrane's 51 CRGs have been completed, based on standardized criteria and information from Archie, CEU screening and copy-editing reports, and an independent assessment from the Editor in Chief of each Group's performance over the last five years. Based on these assessments, the project team identified 13 CRGs which are at the highest risk of producing reviews that fail to meet the agreed standards, and an additional three CRGs currently most vulnerable in terms of resources and future sustainability.
	The project team has made specific recommendations for each of the 13 CRGs at highest risk of producing reviews that fail to meet the agreed standards. It is now in the process of implementing these recommendations, which in general terms include working closely with other CRGs who may provide oversight and mentorship, reducing CRG scope, prioritization of relevant reviews, and mandatory screening of reviews prior to final editorial approval. In addition, it is closely monitoring and providing support to the three CRGs considered vulnerable in terms of their resources.
	The results from this sustainability review will also inform a full Implementation Plan entitled 'The Structure and Function of Cochrane Review Groups: Implementation of Networks and Editorial Board', which will be completed by mid-August 2017, shared with the Cochrane community, and presented for approval to Cochrane's Governing Board in Cape Town in September 2017.
	The Plan includes the establishment of eight CRG Networks. It will set out structure and function changes that seek to promote stronger editorial processes, the improved use of resources, more effective ways of prioritizing review topics and identification of evidence gaps, as well as greater communication between Groups and sharing of resources. Each Network will be led by a newly-appointed Senior Editor who will report to Cochrane's new Editorial Board.

8b. Structure and function reforms for Fields:

Progress				
Target Outcomes	Fields will be a more stakeholder-driven, outward facing layer of Cochrane that can make sense of evidence for others by re-organising or re-packaging it to meet stakeholder needs. Fields will represent a bridge between Cochrane and their external stakeholder communities to help people easily access, engage and communicate with us.			
Indicators of Success	A strategy for reforms to the structure and functions of Fields, informed by the knowledge translation strategy, will have been delivered to and approved by the Governing Board.			
	The CEO's office will work with Fields and other relevant Groups to implement the recommendations from the Fields Structure and Function review.			
Deliverables - by	1. A strategy for structure and function reforms to Fields	Estimated	Mid-Year	
CET and third	2. An implementation plan	Delivery Dates:	update:	

parties		1.	Q2 2017	1.	Complete
Deliverables - by		2.	From Q2	2.	Ongoing
Cochrane Groups			2017		
Start date for	2015				
work					
Mid-Year update	A <u>strategy for the structure and function reforms to Fields</u> was developed and approved by the Governing Board, in Geneva in April 2017. Planning has now started for the implementation phase, and this will be ongoing throughout 2017.				
	The focus of Fields will be on Knowledge Translation activities to meet the defined evidence needs of their external stakeholders, in contrast to CRGs who will also be undertaking knowledge translation activities but doing so based on the reviews they are producing. These two approaches are complementary, but there is a different emphasis on what is the primary motivation and driver for the respective Groups' work. The KT work of Centres will be like that of Fields, but in their case the stakeholder audience will be geographically defined.				

9. Launch a Cochrane membership scheme

This Target will lead to a transformation in the ways new and existing collaborators 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 support Cochrane. Membership status will then be available for those who make a demonstrable contribution to Cochrane's work, whether as an author, translator, Crowd participant, Task Exchange contributor or a learner. Individuals will be able to see and show their credentials when seeking to undertake a task; and Groups will be able more reliably to assess the ability and experience of someone who wants to contribute to the Group.

Progress				
Target Outcomes	At the end of this first phase of the membership scheme: o A pool of supporters will have been created who are interested in contributing to Cochrane. o Existing members will have been transferred to the membership system o Data on members will comply with Cochrane's data protection policies and be held in one pla	ce		
Indicators of Success	 There will be greater visibility on contributors and their activity The membership system will be launched on time and allow Cochrane to measure the contribution of tasks by individuals. A series of metrics will monitor the success of phase 1 membership, including number of active members, number of active supporters and the conversion of supporters to members during phase 1. 			
Deliverables - by CET and third parties	Phase 1: 1. User Journeys for all types of contributors defined and agreed (General Interest, task, Micro Task, Training, Author, Peer Reviewer, Translator)	Estimated Delivery Dates:	Mid-Year update:	
·	2. Implementation of a technology solution to hold personal data and contribution of individuals	Phase 1: Q1 2017	Phase 1 complete	

Deliverables – by Cochrane Groups	 (SugarCRM system) 3. Implementation of a technology solution that allows automation of journeys and communications (SugarCRM system) 4. A communications strategy for contributors and Groups is delivered Phase 2: 5. We have a plan in place for the further development of the membership scheme. 1. Groups work with the CET to transfer over all possible individual data into the central membership system. 2. Groups work with the CET to change processes and procedures to attain reports on individuals and comply with data protection. 	Phase 2 planning: From Q2 2017	Phase 2 on track
Start date for work	Q1 2016		
Mid-Year update	Membership Phase 1 has been successfully delivered. Membership lifecycle, reports and milestone automated deployed live in the coming weeks. Membership Phase 2 is currently in the planning stages with one area being prioritised: subscriptions for Onlin Complete the delivery of a programme of training and accreditation for editors), which is currently at requirer	ne Learning Modules (I	

10. Complete implementation of the approved governance reforms

Following a detailed review and consultation process, Cochrane amended its organizational governance in 2016, including changes to the Governing Board and the way our elections are run. In 2017 we will seek to complete these reforms.

Progress					
Target Outcomes	Increased transparency of the organization's governance and improvement in the opportunities for any collaborator to participate in governing the organization and/or to be appointed to a leadership position.				
Indicators of Success	 Two elections for new internal Board members and the appointment of two new external members will have been completed. The first Cochrane Council meeting will have been held and the Council will have developed its working processes and future agenda. The Governing Board's Governance Reform working group, and the Council, will have considered the future role of the Group Executives. An Annual General Meeting open to all members of Cochrane (as defined by the new membership scheme) will have been held. 				
Deliverables - by CET and third parties	 Organization of Board elections. Support to Cochrane Council and the Governing Board's Governance Reform working group. Organization of Annual General Meeting. 	Estimated Delivery Dates: 1. Q2-Q3 2017 2. Q2-Q4 2017	Mid-Year update: 1. Complete 2. Ongoing 3. On track		
Deliverables - by	 Candidates standing for Board election(s). Council members work with their communities to develop the Council's agenda, and establish working 	3. Q3 2017	Mid-Year update: 1. Complete		

Cochrane Groups	processes and future agenda. 3. A plan for the future role of Group Executives is established. 4. Attendance and voting at Annual General Meeting.	2. Ongoing3. Ongoing4. On track	
Start date for work	Q1 2017		
Mid-Year update	Governance reforms are proceeding on track. Two elections for new internal Board members and the appointment of three new external members have been completed. Election and appointments to the new Cochrane Council were completed and its first meeting was held in Geneva, in April 2017. It's current priority is to develop its working processes and future agenda.		
	The Governing Board's Governance Reform working group, and the Council, are now in the process of considering the future role of the Group Executives, as well as other matters related to governance and organizational policy, such as the implementation of a policy around membership of Cochrane. Organization of the Annual General Meeting in September 2017, which will be the first to be held under the new Articles of Association, is proceeding on track.		

Target	Central Executive Team Sponsor		
1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews	Chris Mavergames		
2. Complete the <i>Transform</i> project	Head of Informatics & Knowledge Management cmavergames@cochrane.org		
3. Complete the delivery of a programme of training and accreditation for editors	Miranda Cumpston Head of Learning & Support mcumpston@cochrane.org		
4. Improve the process of producing translations to make it easier for Cochrane translators and editors	Julie Wood Head of Communications & External Affairs jwood@cochrane.org		
5. Define an organization-wide framework for knowledge translation activities	Mark Wilson Chief Executive Officer mwilson@cochrane.org		
6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish	David Tovey Editor in Chief dtovey@cochrane.org		
7. Host a successful Global Evidence Summit	Julie Wood Head of Communications & External Affairs		
8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms	CRGs and Methods Groups: David Tovey Editor in Chief Geographically orientated Groups, and Fields: Mark Wilson Chief Executive Officer		
9. Launch a Cochrane membership scheme	Julie Wood Head of Communications & External Affairs		
10. Complete implementation of the approved governance reforms	Mark Wilson Chief Executive Officer		