Cochrane Strategy to 2020 - in 2017: Definitions of success by 2020, an assessment of progress, and a framework for work remaining

Document submitted by: Senior Management Team.

Purpose:
To provide the Governing Board, and the wider Cochrane community, with a definition of success for each of the Strategy to 2020 Objectives; an assessment of predicted progress by the end of 2017; and a framework for establishing the work remaining to be done to reach that definition of success. It also provides proposed Targets for 2017.

This document is intended to be relevant until 2020, but developed and updated as work is completed and the organization adapts to new circumstances.

Please note that some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.

Structure of the Strategy to 2020
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 operationalised 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.

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

Key:

- **P:** Estimated progress at the end of 2017 in Banning, design and preparation for reaching the Objective against its Definition of Success by 2020, when that definition equals 100%.
- **D:** Estimated progress at the end of 2017 in Delivering and the Objective against its Definition of Success by 2020, when that definition equals 100%.

**All Strategy to 2020 resources, including detailed summaries of annual Targets to date, are available on the Cochrane Community site.**

Organizational Targets for 2017*

Together, the Central Executive Team and Cochrane Groups will:

**GOAL 1: PRODUCING EVIDENCE**
1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews.
2. Complete the Transform project.
3. Complete the delivery of a programme of training and accreditation for editors.

**GOAL 2: MAKING EVIDENCE ACCESSIBLE**
4. Improve the process of producing translations to make it easier for Cochrane translators and editors.
5. Define an organization-wide framework for knowledge translation activities.

**GOAL 3: ADVOCATING FOR EVIDENCE**
6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish.
7. Host a successful Global Evidence Summit.

**GOAL 4: EFFECTIVE AND SUSTAINABLE ORGANIZATION**
8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms.
9. Launch a Cochrane membership scheme.
10. Complete implementation of the approved governance reforms.

*These Targets reflect the prioritized list of activities for 2017 listed in the tables below.

Abbreviations used:

- Board: Governing Board
- CET: Central Executive Team
- SMT: Senior Management Team
- CEG: Cochrane Editorial Unit
- CRGs: Cochrane Review Groups
- MECIR: Methodological Expectations of Cochrane Intervention Reviews
- MIF: Methods Innovation Fund
- SMF: Strategic Methods Fund
**HIGH-QUALITY**

Cochrane is the pre-eminant publisher of the highest quality, most efficiently produced and relevant Cochrane Reviews that are needed to guide decision makers. This means:

- 100% of new and updated Cochrane Reviews meet a subset of key MECIR standards.
- Quality screening is performed by CRGs, with the CEU taking an oversight role.
- The Editorial Board and Scientific Committee are directing decisions on methodological appropriateness, and there is 100% adherence for new and updated reviews.
- There is a rolling programme of audits aimed at providing snapshots of performance against agreed quality criteria.
- Keymetrics for determining performance in critical areas (e.g., prioritization, quality, speed to publication, author experience, updating, innovation, impact) are all steadily improving.

All Cochrane Reviews are selected and published to ensure that they meet the needs of end users and Cochrane is the preferred provider of evidence for international guidelines organizations and other policy makers. This means:

- A Cochrane Priority Reviews List is developed, using transparent methods for identifying reviews that address uncertainties important to users and policy makers.
- Individual CRGs also maintain their own priority lists from which a subset feed into the Cochrane wide list.
- CRGs have a part of their performance measured on their success in engaging externally with priority users.
- We actively search for skilled author teams to take on pre-identified high priority reviews and have tighter established controls on author and title acceptance.

**RELEVANT**

Cochrane can guarantee production to agreed timelines for the majority of Cochrane Reviews. This means:

- The Structure & Function CRG transformation programme has explicitly addressed how CRGs can meet updating targets, and as a result, 80% of high priority Cochrane Reviews are up-to-date at any given point, and 80% of high priority standard intervention reviews are completed within one year of protocol publication.
- Project Transform has delivered on its aims and we have defined our future evidence systems strategy.
- "Living Systematic Reviews" are increasingly available and published in the Cochrane Library.

**UP-TO-DATE**

DEFINITION OF SUCCESS BY 2020

- **2019**

- **2018**
  - Structure & Function: Begin implementation of CRG transformation programme.
  - Complete Project Transform and define the ‘future evidence systems’ strategy.

- **2017**
  - Between 2014-16 the Cochrane Priority Reviews List was developed and launched, and is regularly updated.
  - The Quality Assurance and Editorial Process Integrated Plan was launched. The Structure & Function reforms include plans to establish a Scientific Committee. Audits confirmed that GRADE and Summary of Findings tables are used in the majority of Cochrane Reviews.
  - The CEU editorial screening programme was expanded. A subset of key MECIR standards was established.

- **2016**
  - The Updating Classification System was developed and launched; and 16 Targeted Updates have been completed to date.
  - Project Transform was launched.

- **2015**
  - We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

- **2014**
  - 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 prioritise the production and updating of Cochrane Systematic Reviews accordingly.

**GOAL 1: PRODUCING EVIDENCE**

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

Coverage is defined by the needs of end users, including guidelines organizations and other policy makers. This means:

- New structures for CRGs enable Cochrane Reviews to be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition).
- Wide coverage of health topics is implicit in the Cochrane Priority Reviews List.

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**PIONEERING METHODS**

Cochrane is a leader in identifying, appraising and implementing new methods and review types that meet the needs of our users. This means:

- Sustainable methods development and funding in Cochrane are being better supported through Structure & Function reforms for Methods Groups.
- The SmF has delivered on its aims.
- Our ‘future evidence systems’ strategy is addressed from the perspective of innovative methods and as innovative technology.
- We have introduced prognostic reviews and other review types and methods as identified by the MIF are in the pipeline for consideration by the Scientific Committee, or in development.
- A Methods Supplement to the Cochrane Library has been launched.

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**EFFICIENT PRODUCTION**

Cochrane has improved the way processes, and technologies come together to produce content. This means:

- Our new technology ecosystem is in place and tools are integrated with each other, including: browser-based RevMan, CAST (Covidence, EPPi-Reviewer, and CRSD), Task Exchange, Cochrane Crowd and GRADE.
- Project Transform has delivered on its aims and we have implemented and are implementing our ‘future evidence systems’ strategy.
- New organizational structures enable CRGs to make more efficient use of the tools available to them.
- A journal-style submission process exists alongside standard publication for Cochrane Reviews.
- RevMan is able to accommodate new methods and different review types; and different content types are publishable on the Cochrane Library.
- Cochrane data is fully auditable and re usable in production processes.

Cochrane provides effective learning opportunities to support its contributors in the production and publication of high-quality reviews. This means:

- The Training & Professional Development Strategy has delivered on its aims including:
  - A programme of training and accreditation for Cochrane editors and the programme of training for authors, have been implemented and are effective in improving quality standards.
  - A strong change management system is in place to provide ongoing support to authors and editorial teams in implementing new methods, process and technologies.

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**GOAL 1: PRODUCING EVIDENCE**

- **Structure & Function**: Begin implementation of the CRG transformation programme, and Methods Groups reforms.
- **Pioneer Methods**
  - Deliver RevMan Web.
  - Complete Project Transform.
  - Establish a systems integration plan for all components of the new technology ecosystem.
  - Pilot a journal-style submission process.
- **Efficient Production**
  - Establish a programme of training and support for Cochrane editors aligned with the Quality Improvement Strategy, and design a programme for future accreditation.

**WIDE COVERAGE BY END OF 2017:**

- Structure & Function reforms are considering ways that Cochrane Reviews can be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition); and a system by system needs assessment has been completed.
- The Cochrane Priority Reviews List is in place.
- P: 70% D: 70%

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**PIONEERING METHODS BY END OF 2017:**

- Sustainable methods development and funding is being considered as part of Structure & Function reforms.
- Two rounds of the MIF have contributed to the wider body of knowledge on research synthesis methods and an evaluation of how the MIF 2015 projects can be implemented organization-wide is complete.
- The SmF is being used to energize and focus the adoption of these innovative methods.
- Our ‘future evidence systems’ strategy is addressed from the perspective of innovative methods as well as innovative technology.
- P: 60% D: 30%

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**EFFICIENT PRODUCTION - TECH BY END OF 2017:**

- All components of our new technology ecosystem are delivered and being implemented across the Cochrane community, and tools are being integrated with each other, including: browser-based RevMan, CAST (Covidence, EPPi-Reviewer, and CRSD), Task Exchange, Cochrane Crowd, and GRADE.
- Project Transform has delivered on its aims and we have defined our ‘future evidence systems strategy’, which we are moving towards implementation.
- P: 80% D: 70%

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**EFFICIENT PRODUCTION - LEARNING & SUPPORT BY END OF 2017:**

- A programme of training and accreditation for Cochrane editors has been developed and implementation has begun in collaboration with CRGs.
- A strong change management system is being implemented to provide ongoing support to authors and editorial teams in implementing new methods, process and technologies.
- P: 90% D: 80%
### USER-CENTRED DESIGN & DELIVERY

<table>
<thead>
<tr>
<th>Cochrane has a long-term sustainable publishing solution and is working with partners to deliver products to users. This means: Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.</th>
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<tbody>
<tr>
<td>• An enhanced Cochrane Library is established and subject to continuous user-led improvement; and we are harnessing user data and stories, and the outcomes of our new Knowledge Translation strategy, to drive decisions around future content design and delivery.</td>
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<td>• Linked data (including PICO annotation) is supporting content delivery and product design.</td>
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<td>• Our technology and data structures are flexible to deliver a range of products, formats, and services (APIs, data feeds) - and we ‘push’ content to users, as well as ‘pulling’ them to the Cochrane Library</td>
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<tr>
<td>• Project Transform has delivered on its aims, and we have defined and are implementing our ‘future evidence systems’ strategy.</td>
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<tr>
<th>Cochrane has maintained its commitment to consumer involvement in the design of its content and is more actively partnering with external patient and consumer organizations to bring the concepts and methodologies of evidence synthesis into mainstream use. This means:</th>
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<tr>
<td>• The Cochrane Consumer Delivery Plan (part of the Structure and Function reforms) has delivered on its aims and recommendations are implemented.</td>
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<tr>
<td>• The Knowledge Translation strategy has involved consumers in its design and delivery.</td>
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<tr>
<th>Cochrane has achieved universal open access for new and updated Cochrane Reviews. This means:</th>
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<tr>
<td>• Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.</td>
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<tr>
<td>• People in every country can access Cochrane Reviews.</td>
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<td>• Our open access policy supports the responsibilities Cochrane Groups have to their funders.</td>
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<tr>
<td>• We are successfully sustaining income to ensure continued organizational financial viability.</td>
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### OPEN ACCESS

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<tr>
<th>DEFINITION OF SUCCESS BY 2020</th>
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<td>2019</td>
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<th>ANNUAL TARGET</th>
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<td>2016</td>
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<th>OBJECTIVE GOAL</th>
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<tr>
<td>USER-CENTRED DESIGN &amp; DELIVERY – CONTENT &amp; DELIVERY SOLUTIONS BY END OF 2017:</td>
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<tr>
<td>Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.</td>
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<tr>
<td>• An enhanced Cochrane Library is established; and we are already harnessing user data and stories to drive decisions around future content design and next delivery phases.</td>
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<tr>
<td>• Linked data (including PICO annotation) is part of Cochrane Library functionality.</td>
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<tr>
<td>• Project Transform has delivered on its aims and we have defined our ‘future evidence systems strategy’.</td>
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| P: 90%; D: 60%  |

| USER-CENTRED DESIGN & DELIVERY – EVIDENCE INTO MAINSTREAM USE BY END OF 2017: |
| The Cochrane Consumer Delivery Plan is being successfully delivered and its recommendations are being implemented.  |
| • The Knowledge Translation strategy has been launched and its recommendations are being implemented.  |

| P: 90%; D: 50%  |

| OPEN ACCESS BY END OF 2017: |
| Cochrane Reviews are free to view 12 months after publication (green open access) via the Cochrane Database of Systematic Reviews (CDSR) in the Cochrane Library. Alternatively, authors have a choice to select a Creative Commons licence for immediate open access upon payment of an article publication charge (gold open access).  |
| • Protocols for Cochrane Reviews are free to view immediately upon publication in the CDSR, and the process of depositing Cochrane Reviews in PubMed Central is automated.  |
| • Further developments to the enhanced Cochrane Library, are supporting the replacement of income from licence fees paid to access Cochrane Reviews.  |

| P:90%; D: 50%  |
### ACCESSIBLE LANGUAGE

Cochrane has established a set of standards and guidance for plain language in Cochrane content, along with a culture of feedback and audit. This means:

- The Plain Language Summaries pilot project has delivered on its aims and recommendations, implemented, including:
  - The use of simplified language has been explored, and where appropriate, integrated within Cochrane Reviews.
  - We have tested whether the use of infographics and other innovative presentation formats are used to deliver evidence in universal ‘plain language’.
  - ‘Dissemination’ is integrated in our authoring processes and tools.
- Better user experience is measurable through usage statistics.

### MULTI-LINGUAL

Cochrane has established a reputation both as a multi-lingual organization and as a leading provider of health and healthcare evidence in many languages, with sustainable methods for translating content and a multi-lingual publishing platform. This means:

- The Translations Strategy and Business Plan has delivered on its aims, including:
  - The Abstracts and Plain Language Summaries of Cochrane Reviews are translated by Cochrane translation teams and then published in at least theses WHO official languages (either on Cochrane.org or the Cochrane Library).
  - Existing volunteer translation teams are better supported with a content management system and targeted funding.

<table>
<thead>
<tr>
<th>Year</th>
<th>Action</th>
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<tr>
<td>2019</td>
<td>Implement the recommendations from the Plain Language Summaries pilot project.</td>
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<td>2018</td>
<td>Deliver an enhanced Cochrane Library in Spanish.</td>
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<tr>
<td>2017</td>
<td>Assess the existing translations content management system.</td>
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<tr>
<td>2016</td>
<td>Support translation teams with targeted funding.</td>
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<tr>
<td>2015</td>
<td>Pilot projects were established to explore sustainable models for translation teams. Plans for an enhanced Cochrane Library include integration of the Spanish language Biblioteca Plus. Cochrane.org was launched in multiple languages. A rapid expansion of the number of Cochrane Translation teams and of translated content on Cochrane.org. The Translations Strategy and Business Plan was developed and launched, including establishment of a Translation Management System.</td>
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<tr>
<td>2014</td>
<td>We will simplify and standardize the language used across our content to improve readability and reduce ambiguity.</td>
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<tr>
<td>2019</td>
<td>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.</td>
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### GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

#### ACCESSIBLE LANGUAGE BY END OF 2017:
- The Plain Language Summaries pilot project has delivered on its aims and recommendations are being implemented.
  - P: 90%; D: 50%

#### MULTI-LINGUAL BY END OF 2017:
- The Translations Strategy and Business Plan is delivering on its aims, including:
  - The Cochrane Library is published in Spanish with the integration of the Spanish language Biblioteca Plus, and further languages are in the process of being developed.
  - Cochrane.org and Cochrane Evidence (previously Cochrane Summaries) are available in 13 languages.
- Existing volunteer translation teams are better supported with a content management system and targeted funding.
- Translations teams are working in Spanish, French, Russian, and Chinese.
  - P: 80%; D: 50%
# GLOBAL PROFILE
Cochrane has successfully established and enjoys rapidly expanding brand recognition and global profile, particularly in the health and healthcare sectors and amongst its main target audiences. This means:
- The Cochrane Library is one of the main sources of reference cited by authors, researchers and ‘thought leaders’ in international science and health publications.
- Our evidence is used and cited by international policy and guideline developers to inform global health decision-making.
- Cochrane Groups and members promote our brand and ‘organisational voice’ and messaging consistently.
- Our brand is an integral part of our content and Knowledge Translation strategy.

# ‘THE HOME OF EVIDENCE’
Cochrane is perceived as the ‘go-to’ place for evidence on health research by offering a consistent range of evidence-informed products and resources that meet the needs of our key stakeholders. This means:
- Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.
- An enhanced Cochrane Library is established and subject to continuous user-led improvement; and we are harnessing user data and stories, and the outcomes of our new Knowledge Translation strategy, to drive decisions around future content design and delivery.
- We are working with partners worldwide to include their content in our products, or distribute and integrate our content through them.
- We are able to demonstrate through metrics and ‘stories’, the difference that it makes in changing policy and practice, and our Google ranking for health searches has improved.

## 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.

## OBJECTIVE
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<tr>
<td>An enhanced Cochrane Library project was initiated. <strong>The Cochrane Community website</strong> was relaunched.</td>
<td>The enhanced Cochrane Library project was initiated and undertaken. Partnerships with prospective new content providers/partners were developed.</td>
<td>Deliver an enhanced Cochrane Library.</td>
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<td>Between 2014-15 the new Cochrane brand was developed, launched and implemented. A new Spokesperson Policy and Policy Development Framework were established.</td>
<td>We will clarify, simplify and improve the way we communicate to the world by creating an overarching ‘Cochrane’ brand.</td>
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<tr>
<td>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.</td>
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## DEFINITION OF SUCCESS BY END OF 2017:
- Cochrane has successfully established and is promoting its new brand and Cochrane websites, including the Cochrane Library, have been re-branded.
- The CET, Cochrane Groups and Wiley have delivered an unprecedented level of quality media coverage of Cochrane Review findings (22% increase in 2015 alone).
- A new Spokesperson Policy and Policy Development Framework are in place and are supporting a consistent ‘organisational voice’, alongside our new Knowledge Translation strategy and other dissemination work.
- Global science and health publications and organizations are citing Cochrane Reviews as a matter of practice in reporting health decision-making.

P:90%; D: 90%
Cochrane has established an international profile as an essential link between primary research and health decision-making in the ‘health evidence lifecycle’ of primary research, evidence synthesis, decision-making and outcomes. This means:

- We are actively ‘moving’ our evidence into the hands of people who can put it into practical use according to the outcomes of our new Knowledge Translation strategy, other dissemination efforts, and our international collaborations.
- We are capitalizing on our international network of advocates within Cochrane Groups and the CET to promote Cochrane’s role on the research waste and research quality agendas; and to create sustainable engagement with policy makers, journalists, and consumer organizations at regional and subject level.
- The 2017 Global Evidence Summit and other similar initiatives have positioned Cochrane as a leader in evidence-based policy-making.
- We are working with guidelines developers to promote the inclusion of a ‘Based on Evidence’ section to their guidelines and more than 90% of World Health Organization guidelines include evidence from Cochrane Reviews.
- We have developed an ‘Implications for Research’ section in Cochrane Reviews and have brought together the various projects on ‘empty reviews’ into a more coherent scheme that is mapping and publicizing research gaps consistently.

Global Advocate – Cochrane as an essential link by end of 2017:

- We are seeking to actively ‘move’ our evidence into the hands of people who can put it into practical use as part of our new Knowledge Translation strategy, other dissemination efforts, and our international collaborations.
- We are starting to capitalize on our international network of advocates within Cochrane Groups and the CET to promote Cochrane’s role on the research waste and research quality agendas; and to create sustainable engagement with policy makers, journalists, and consumer organizations at regional and subject level.
- The 2017 Global Evidence Summit has helped to position Cochrane as a leader in evidence-based policy-making.
- 90% of World Health Organization guidelines include evidence from Cochrane Reviews as of 2016.
- We have signed on to support the REWARD campaign.

Global Advocate – Transparency by end of 2017:

- We are continuing our work with AllTrials to achieve the registration and reporting of results from all clinical trials.
- We are campaigning for transparency and accuracy in the reporting of science and health research through our work with our partners, international bloggers, editors and journalists.

Goal 3: Advocating for Evidence
GOAL 3: ADVOCATING FOR EVIDENCE

**GLOBAL PARTNER**

Cochrane is seen as the 'go-to' partner for evidence in association with global healthcare practitioners, policy makers, guideline developers and consumer networks and organisations. This means:

- The **Partnerships Policy & Framework** has delivered on its aims and we have developed partnerships with external organisations across the world whose own activities contribute to our mission.
- Regional partnership buildings is a critical activity for regional Networks and Centres; and Cochrane Groups in general are developing new relationships that extend their influence in their areas of focus (in line with the Knowledge Translation strategy).
- We have established an international patients and consumer network.

Cochrane has defined measures of its impact and is using these to further its mission and contribute to organization-wide financial sustainability. **This means:**

- The **Knowledge Translations strategy** has delivered on its aims, including the definition and delivery of impact metrics.
- Cochrane Reviews are used in at least 90% of WHO guidelines.
- Altmetrics scores are shown on Cochrane Reviews.
- ‘Impact stories’ from Cochrane Groups are actively disseminated organization-wide through the internal communications channels, to be used by Groups in their advocacy work.
- The outcomes from Cochrane Group financial monitoring are being made available to Groups to use to enhance their funder relationships.

**GLOBAL IMPACT**

A plan to establish 3-5 partnerships in 2014 was expanded into the current **Partnerships Policy & Framework** by 2016 and numerous partnerships have been agreed.

An initiative to establish an organizational **Knowledge Translation** strategy was launched.

Between 201415 work to collect online metrics and impact stories began and the **Cochrane Dashboard** was launched.

**3.7. 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.

**3.8. GLOBAL IMPACT**

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

**GLOBAL PARTNER BY END OF 2017:**

- The **Partnerships Policy & Framework** is delivering on its aims and we have developed partnerships with WHO & PAHO, Wikipedia, GIN, the Campbell Collaboration, and AllTrials.
- We are also deepening our relationships with our three key partners: WHO, GIN and Wikipedia.
- We are creating new partnerships focusing on advancing technologies.
- The new regional network structure is supporting Networks and Centres to build more regional partnerships.
- An international patients and consumer network is in development.

**GLOBAL IMPACT BY END OF 2017:**

- The **Knowledge Translations strategy** includes the definition and delivery of impact metrics.
- Cochrane Reviews are used in at least 90% of WHO guidelines.
- Altmetrics scores are shown on Cochrane Reviews (e.g. **here**).
- Cochrane Library usage shows steady month-on-month increase.
- ‘Impact stories’ from Cochrane Groups are actively disseminated organization-wide through the internal communications channels, to be used by Groups in their advocacy work.
- The outcomes from Cochrane Group financial monitoring are being made available to Groups to use to enhance their funder relationships.

P: 90%; D: 80%
### INCLUSIVE & OPEN

**Cochrane has successfully established a new membership scheme.** This means:

- Targets for the number of members have been established and thousands of new people have been attracted into Cochrane and are contributing in many different ways to the work of the organization, expanding the capacity of Cochrane Groups in evidence production, dissemination & use, Knowledge Translation, advocacy and translation.
- Membership is facilitating culture and generational change, opening the organization to a wider range of people with different perspectives, skills and experience.
- Project Transform’s Cochrane Crowd and Task Exchange are integrated with the membership scheme; and routes into the organization are clear and members are acknowledged for their contribution.
- The membership link to voting has proved successful in generating a diverse, capable series of candidates elected to the Governing Board.
- We have a rapidly growing body of ‘supporters’ who are not active enough to become members but who follow and support Cochrane in other ways – including through financial donations.
- An institutional membership scheme is in place that is attractive to our Group funders.
- The [Cochrane Community](#) website has been re-developed and aligned with the new membership scheme.

**Definitions of Success by 2020**

- Launch the membership scheme.

**Between 2015-16 the membership scheme was developed.**

### GLOBAL & DIVERSE

**Cochrane has expanded globally and is a more diverse organization.** This means:

- We have a much bigger cadre of members and supporters from Central and South America and the Caribbean, Africa, Middle East, Eastern Europe, Russia and East Asia.
- New Network and Affiliate Groups provide more flexible structures and an expanded Cochrane geographic organizational presence.
- Whilst English remains Cochrane’s ‘lingua franca’, we are speaking and working in more languages and have a wider diversity of nationalities and languages involved in our governance and management structures.
- Generational change has been supported by different organizational structures and succession planning is in place. We are confident that we have capable new leaders in place in new and existing markets.
- We are doing more to measure and communicate our diversity and where we need to improve – and these statistics are published in the [Cochrane Dashboard](#).

**Definitions of Success by 2020**

- Ten new Cochrane Branches (now Associate Centres) were launched in 2014-16, and new [structure and function plans](#) for Cochrane geographic-oriented Groups will expand the opportunities for individuals and institutions to support Cochrane’s work in many more countries and regions within large countries.
- Regional capacity building initiatives were launched, leading to a strategic plan for Cochrane in Africa, and design and development of networks in Brazil and China.
- A new Equity & Diversity Task Force was launched to lead and support greater inclusiveness, diversity and equity in Cochrane.

**Goal 4: Building an Effective & Sustainable Organization**

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

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**Global Evidence Synthesis Initiative:**

The [Global Evidence Synthesis Initiative](#) is established with Cochrane playing a major leading role in its development.
- The Cochrane Africa Network has been created.
- The 2017 Global Evidence Summit has helped to position Cochrane as a leader in evidence-based policy making and established amuch greater profile to Cochrane and its work in Africa.
- The [Structure & Function reforms](#) are creating a regional network structure that is building capacity regionally, with new Affiliates, Associates and Centres being formed across the world.
- New contractual mutual accountability agreements between Cochrane’s Central Executive & Cochrane Groups have been established.
- We are working much more intensively with PAHO in the Americas on Cochrane health evidence dissemination.
- The [Equity and Diversity Taskforce](#) has delivered recommendations which we are acting upon to increase diversity and equity within the organization.

**P: 80%; D: 70%**
**FINANCIALLY STRONG**

Cochrane’s central and Group funding is stable and continues to grow. This means:

- Some content has been removed in this open access version as the Governing Board considers it to be commercially sensitive.
- We have developed a range of enhanced and ‘premium’ tools and products including those derived from linked data.
- We have developed and are growing additional diversified income from derivative products and services produced by Cochrane Innovations—especially Cochrane Response.
- We have stronger relationships with key Group funders and donors—Cochrane Group funding is stable or growing as a result of the growth in support from regional and thematic Satellites and Affiliates.
- Income from trusts and foundations, and project funding has grown significantly and is benefitting central and Group funds.
- A culture of fundraising has been developed within Cochrane, including direct individual fundraising from supporters and members, the development of legacy funding, etc.

**EFFICIENTLY RUN**

Cochrane has reviewed and rationalized the Structure & Functions of its Groups, enabling it to more efficiently and effectively meet Goals 1, 2, and achieve financial sustainability. It also has a CET that is cost effective, efficiently managed and run, and provides outstanding support and value to members and Groups. This means:

- The recommendations and organizational changes resulting from the Structure & Function reviews have been successfully implemented by Groups worldwide.
- Cochrane’s distinct collaborative culture is maintained but clear accountability structures are in place and working.
- The CET is effectively supporting Groups to meet the organization’s Goals and is providing cost-effective and high-value business and editorial leadership to the organization.

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**GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION**

**FINANCIALLY STRONG END OF 2017:**
- The enhanced Cochrane Library is established, incorporating translated content and Cochrane Clinical Answers.
- Cochrane Training online learning modules have been launched to external users.
- Trusts & Foundations fundraising targets are met, including a grant of $1.15 million USD from the Bill & Melinda Gates Foundation for work on linked data.
- Project fundraising targets are met.
- The CET is supporting Groups to secure host institution long-term support agreements as part of Structure & Function reforms.

P: 70%; D: 60%

**EFFICIENTLY RUN END OF 2017:**

- The Structure & Function reviews of: 1) CRGs and Methods Groups (themetic); and 2) Centres and Fields (regional) are in process, or have been completed, and recommendations are being implemented.
- A review of Cochrane Colloquia and Events has been conducted (in 2015), with reforms of Mid-Year Business Meetings, Colloquia, etc. underway.
- A Cochrane Dashboard to monitor and report on the implementation progress of Strategy 2020 has been established; with a new Cochrane Group monitoring and reporting system set up to replace old processes.
- The Organizational Policy Manual has been decommissioned, and content updated or transferred to the new Cochrane Community or Cochrane.org websites.
- Cochrane’s financial and planning years are aligned to the calendar year and improved financial monitoring of Groups is established.
- Central Executive financial and HR systems and processes updated and improved; and standard project management processes are implemented in support of Strategy 2020 implementation across the community.

P: 80%; D: 50%
GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

INVESTING IN PEOPLE

Cochrane has established programmes of learning and development for all key organizational activities. This means:
- The Training & Professional Development Strategy has been delivered on its aims including:
  - The new regional network structure and increased support for Cochrane Trainers is improving how Cochrane works with contributors in their own regions and in their own languages to provide a high standard of training.
  - We are an international leader in providing learning services to other audiences beyond Cochrane—particularly in online formats.
  - Leadership development pathways and succession planning are in place for all senior and leadership positions.
- Complete redevelopment of online learning for authors, and of our overall online learning environment for all contributors.

TRANSPARENTLY GOVERNED

The Governance Reform Project has been completed and new governance structures are in place and working effectively and harmoniously. This means:
- A Governing Board has replaced the Steering Group, providing more effective strategic leadership to the organization.
- Individual membership and voting rights have dramatically expanded our electorate through new Articles of Association.
- A new Council has been established to ensure the voice of Cochrane Groups continues to be heard.
- The new governance structures have been explicitly aligned with the new structures and functions of Cochrane Groups to avoid duplication of effort; and decision-making responsibilities and meeting formats clarified.

ENVIRONMENTALLY RESPONSIBLE

Cochrane has a defensible position on climate change as the biggest threat to global health and we are transparent about the environmental impact of our operations. This means:
- We have an environmental strategy that has been implemented for operations led by the CET and is providing a benchmark for Cochrane Group activities.
- We have expanded our total organizational activities and impact whilst reducing the carbon footprint of our activities.

INVESTING IN PEOPLE BY END OF 2017:
- The Training & Professional Development Strategy has been launched in 2014 and is delivering on its aims, including:
  - A programme of community-building, learning and development for Cochrane trainers has been implemented.
  - Cochrane’s new online learning environment is fully functional and delivering more effective learning for contributors.
  - The Structure & Function review has incorporated consideration of leadership development and succession planning.
  - The new regional network structure and increased support for Cochrane Trainers is improving how Cochrane works with author teams in their own regions and in their own languages to provide training.

TRANSPARENTLY GOVERNED BY END OF 2017:
The Governance Reform Project has been completed and:
- A Governing Board has replaced the Steering Group, providing more effective strategic leadership to the organization.
- Individual membership and voting rights have dramatically expanded our electorate through new Articles of Association.
- A new Council has been established to ensure the ‘Group voice’ continues to be heard.
- The new governance structures are being explicitly aligned with the new structures and functions of Cochrane Groups to avoid duplication of effort; and decision-making responsibilities and meeting formats have been clarified.

ENVIRONMENTALLY RESPONSIBLE BY END OF 2017:
- We have commissioned a new environment strategy that has been implemented for operations led by the CET and is providing a benchmark for Cochrane Group activities.
- We are publishing an annual environmental impact review of our central operations.
- We have increased the use of virtual communications in day-to-day operations, for Colloquia and other Cochrane meetings, and in our new governance structures.