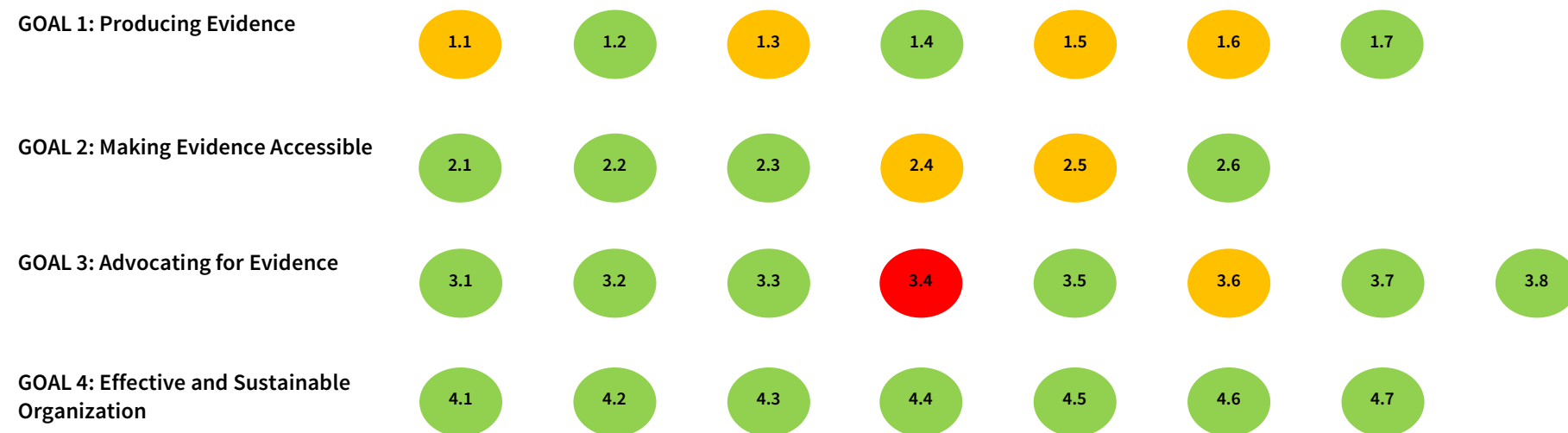# *Strategy to 2020* in 2018: Definitions of success by 2020
An assessment of progress, and a framework for work remaining

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

Summary of current projected achievement against Objectives by the end of 2020 (see tables below for details):

GOAL 1: Producing Evidence — 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7

GOAL 2: Making Evidence Accessible — 2.1, 2.2, 2.3, 2.4, 2.5, 2.6

GOAL 3: Advocating for Evidence — 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8

GOAL 4: Effective and Sustainable Organization — 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7

Document submitted by: Senior Management Team. **Open Access version.**

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 2018; and a framework for establishing the work remaining to be done to reach that definition of success. It also sets out Cochrane's Targets for 2018.

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

Resource implications: See *2018 Plan & Budget*.

Key:

- 🟢 Projected to meet most, or all, of the Objective's Definitions of Success by the end of 2020
- 🟡 Projected to meet some the Objective's Definitions of Success by the end of 2020
- 🔴 Projected not to meet Objective's Definitions of Success by the end of 2020

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

Organizational Targets for 2018*

Together, the Central Executive Team and Cochrane Groups will:

1. Form eight new Cochrane Review Group Networks, and begin implementation of Network plans and improved ways of working together.
2. Complete the new standardized technology workflow for Cochrane Review production.
3. Agree Cochrane's future priority review types, methods and data sources through the development of a 'content strategy', and begin associated implementation activities.
4. Deliver more features and enhancements of the Cochrane Library after its re-launch.
5. Build capacity and engagement in Knowledge Translation activities across the organization.

*These Targets reflect the prioritized list of activities for 2018 listed in the tables below.

Abbreviations used:

- **Board:** Governing Board
- **CET:** Central Executive Team
- **SMT:** Senior Management Team
- **EMD:** Editorial and Methods Department (previously CEU)
- **CRGs:** Cochrane Review Groups
- **MECIR:** Methodological Expectations of Cochrane Intervention Reviews
- **MIF:** Methods Innovation Fund
- **SMF:** Strategic Methods Fund
- **CDSR:** Cochrane Database of Systematic Reviews
- **KT:** Knowledge Translation

HIGH-QUALITY	RELEVANT	
Cochrane is the pre-eminent publisher of the highest quality, most efficiently produced and relevant Cochrane Reviews that are needed to guide decision makers. *This means:* • All new and updated Cochrane Reviews meet a subset of key MECIR standards. • Quality screening is performed by Cochrane Review Groups (CRGs) & Networks, with the EMD 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. • Key metrics 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. • CRG Networks 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 and the implementation of approaches recommended in the Knowledge Translation framework. • 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.	**DEFINITION OF SUCCESS BY 2020**
		2019
In 2018, work to achieve the *High-Quality* and *Relevant* Objectives will be delivered under *Strategy to 2020* Target 1 (CRG Networks) and Target 5 (KT – See Objective 3.3). The Strategic Session at the Governance Meeting in Lisbon, March 2018 will bring staff from all Group-types together to discuss and set key objectives for CRG Networks in 2018, focusing on priority-setting; improving consistency in review quality; innovations; and support and mentoring for authors, CRGs, and Networks.		**2018**
We have made major structural and functional changes to CRGs with the establishment of eight thematic Networks, incorporating all CRGs, with the aim of: 1) ensuring the consistency and quality of the review production process, including the quality, relevance and timeliness of reviews; 2) improving shared working, governance and accountability. The Networks will be better placed to support implementation of novel methods, knowledge translation activities, assessment of scope, and engagement with external user groups. In 2017, working with a Project Team that included three Co-ordinating Editors, we undertook a sustainability review of all CRGs, using data that had been compiled within the EMD. On the basis of this we identified those CRGs that continue to face specific challenges related to quality and impact of reviews, and those where resources are threatened. We fed back to almost all CRGs the results of the review. In addition, we have undertaken an audit of conflict of interest declarations in reviews to update a similar exercise in 2014, and to assess adherence to Cochrane's revised policy on commercial sponsorship and conflict of interest in reviews published between March 2014 and March 2017. This work is ongoing. We have also established a Scientific Committee to assess and evaluate new methods for incorporation into Cochrane Reviews. A new Editorial Board will oversee the development and implementation of strategy, including consistent and high-quality review production, and the incorporation of new methods, across the new CRG Networks. We have created tools to support CRGs in identifying "common errors" in reviews and used these tools to provided tailored training to CRG staff. A triage screening tool was developed for CRGs to screen their own reviews, supported by a review referral service. We have designed and published a key set of MECIR standards. Tools are in place to measure adherence the MECIR standards and statistics will be published. Audits have shown an increase in the quality of reviews. This includes an increase in the use of GRADE: from 39% adoption in 2011 to around 90% for both new and updated reviews by 2017. An audit of the last five Abstracts produced by each CRG, undertaken in early 2017, covered 12 items for each review. The results showed that 25 CRGs scored 50/60 points or more, and 4 CRGs scored 59/60 or more. Finally, an externally produced evaluation of the quality of reporting of Cochrane Reviews showed clear improvement compared with an identical report in 2008, and that Cochrane Reviews continue to outperform non-Cochrane Reviews.	We have delivered a Cochrane Priority Reviews List and the new Editorial Board is taking responsibility for prioritization across the CRG Networks, with an increased focus on externally derived priorities that explicitly address the needs of global decision makers. See also Objective 3.3. To support the sharing of best practice, we have published a series of blogs that demonstrate the innovative methods used by groups to identify stakeholder priorities. We have introduced a Review Support Programme that provides limited financial incentives for the completion of high-priority reviews in 15 months or less. We have contributed to the development of the Knowledge Translation framework and to the development of the prioritisation Work Package. Usage has increased dramatically, reflecting the work of CRGs in identifying key priority questions. Since 2015, 75% or more of the guidelines produced by WHO have included Cochrane Reviews. In addition, in the same time period, total demand for the Cochrane Library has increased 70%.	**Key achievements 2014-17**
1.1. HIGH-QUALITY We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.	**1.2. RELEVANT** We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.	**OBJECTIVE**

GOAL 1: PRODUCING EVIDENCE

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

GOAL

UP-TO-DATE	WIDE COVERAGE	PIONEERING METHODS
Cochrane can guarantee production to agreed timelines for the majority of Cochrane Reviews. *This means:* • CRG Networks and the Editorial Board explicitly address how CRGs can meet updating targets and all reviews are classified using the Updating Classification System. 80% of high priority standard intervention reviews are completed within one year of protocol publication. • Project Transform has delivered on its aims and has led us to define the future of our review production tools. • 'Living Systematic Reviews' are increasingly available and published in the Cochrane Library.	**Coverage is defined by the needs of end users, including guidelines organizations and other policy makers.** *This means:* • The new Network structure for CRGs supports Cochrane Reviews to be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition). • As part of their re-accreditation process CRGs will provide evidence of a process for prioritization of reviews and engagement with key stakeholders and decision makers • The new Networks will identify important gaps in our coverage that needs to be prioritised. • Wide coverage of health topics is implicit in the Cochrane Priority Reviews List. • Cochrane Fields collaborate more closely with CRG Networks to ensure wide topic coverage and Knowledge Translation by Cochrane Reviews.	**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 are being better supported through Structure & Function reforms for Methods Groups. • The SMF has delivered on its aims. • We have introduced greater numbers of Network Meta-Analysis (NMA) and reviews that incorporate individual participant data to the Cochrane Library. • Other review types and methods as approved by the Scientific Committee are in development where it can be shown that they help to meet user needs. • A Methods Supplement to the Cochrane Library has been launched.
In 2018, the Updating Classification System will be launched with the enhanced Cochrane Library.	See Objective 1.1. **Also, Cochrane Fields will be reformed around CRG Networks in 2018. All CRGs will need to be re-accredited. CRGs will sign an agreement with the Editor in Chief, set their priorities, and develop a strategic plan for the next 5 years.**	**In 2018, the development of a Methods Supplement will be a priority for** *Strategy to 2020* **Target 4 (further CLIB development).** **In 2018, the new Content Strategy will facilitate the implementation of new types of data in reviews, and new types of reviews**	2018
We have implemented a needs based updating system. To support this, we have developed the Updating Classification System and will launch it with the enhanced Cochrane Library to guide readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. It is also helping CRGs with prioritization decisions for individual Cochrane Reviews. One of the MECIR standards was that no reviews should be published with a search date that was more than 12 months old. This has been challenging to implement in very complex reviews but in general seems to have been adhered to in the reviews that have been screened by the EMD team. We have completed the Targeted Update project and other editorial pilots aimed at improving the speed to publication and recommendations are being implemented. The newly established Editorial Board will consider how the new CRG Networks can meet updating targets. Project Transform is delivering on its aims to pilot, refine, and scale up innovations in content production, and has been extended by a year to the end of 2018 following funding from the Australian NHMRC.	We have made major structural and functional changes to CRGs with the establishment of eight thematic Networks, incorporating all CRGs across the major areas of health and healthcare (see Objective 1.1.). The new Networks will be tasked with identifying priority topics and gaps within their scope, with the aim of increasing the diversity of content to address global needs. We performed a quantitative and qualitative assessment of each CRG, and developed a plan to support CRGs that were considered at risk. The Cochrane Priority Reviews List is in place (See 1.2) and updated regularly.	Sustainable methods development and funding are being considered as part of Structure & Function reforms to Methods Groups and the wider structure and function reforms to CRGs. 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. As a recent example, an MIF supported study has provided guidance on when data from Clinical Study Reports should be considered for inclusion in Cochrane Reviews. The SMF is being used to energize and focus the adoption of these innovative methods in partnership with the newly established Scientific Committee. The SMF will support the introduction of reviews of risk factors and prognosis, in addition to improving the quality of narrative synthesis. Since 2014, we have published one review based solely on Clinical Study Reports, qualitative reviews that are linked to effectiveness reviews, and reviews that include economic evidence and individual participant data. The groups in the Public Health Network have led the continuing advancement of reviews of complex interventions and using complex methods. This diversity will expand as the Content Strategy is implemented.	Key achievements 2014-17
1.3. UP-TO-DATE We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.	**1.4. WIDE COVERAGE** We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.	**1.5. PIONEERING METHODS** We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

GOAL 1: PRODUCING EVIDENCE

EFFICIENT PRODUCTION

Cochrane has improved the way people, 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, Covidence, EPPI-Reviewer, CRS-D, Task Exchange, Cochrane Crowd and GRADE.
- Project Transform has delivered on its aims and has led us to define the future of our review production tools.
- The CRG Networks support individual 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.

2019

In 2018 we will complete the new standardized technology workflow for Cochrane Review production (Target 2).

A proposal for a Fast-Track journal-style submission process is being considered by the Governing Board, Lisbon, March 2018.

In 2018 we will focus on rolling out a coordinated editor training offering based on the competencies established.

The launch of central User Support Team will improve our ability to provide rapid support to all members.

2018

All components of our new technology ecosystem are delivered, including: browser-based RevMan, CAST (Covidence, EPPI-Reviewer, and CRS-D), Task Exchange, Cochrane Crowd, and GRADE.

We have completed the Fast-Track Services pilot aimed at supporting CRGs in improving the speed to publication of high-priority reviews.

Project Transform is delivering on its aims to pilot, refine, and scale up innovations in content production (See Objective 1.3).

The RCT Classifier, produced at UCL, London, and supported by Project Transform, has been developed and may reduce the time taken to identify RCTs by 60% or more. A centralised search service has also been developed to increase the efficiency of study identification.

We have developed three major interactive learning programmes (Cochrane Interactive Learning, Common Errors training, Involving People resource) which use responsive, multi-platform design and track and assess learners' development using a new Learning Record Store (LRS).

Cochrane Learning Live webinar series has delivered more than 30 webinars in the last two years.

We have audited the abstracts of the five most recent published reviews in 2016 and communicated the results widely. Plans are in place to support CRGs to improve reporting findings in the abstracts.

We co-funded the development of a consensus statement on core competencies for scientific editors of biomedical journals, published in BioMed Central and are now working through how the new Membership, Learning and Support Services department of the CET can organise, develop and deliver training and accreditation to editors based on these competencies.

Key achievements 2014-17

1.6. EFFICIENT PRODUCTION
We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.

1.7. EFFICIENT PRODUCTION
We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

GOAL 1: PRODUCING EVIDENCE

USER-CENTRED DESIGN & DELIVERY		OPEN ACCESS	

			DEFINITION OF SUCCESS BY 2020
Cochrane has a long-term sustainable publishing solution and is working with partners to deliver products to users. *This means:* • 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 framework, to drive decisions around future content design and delivery. • Linked data (including PICO annotation) is supporting content delivery and product design. • We have greater clarity on what products we want to produce and what markets we want to be competing in after 2020 via an established content strategy, which is explicitly aligned with our plans for new product development. • We have agreed publishing arrangements from 2021 onwards, after the end of our current contract with Wiley. • 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 • Project Transform has delivered on its aims, and we have defined and are implementing our strategy for the future of review/evidence resources production.	**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:* • The Cochrane Consumer Delivery Plan (part of the Structure & Function reforms) has delivered on its aims and recommendations are implemented. • The Knowledge Translation framework has involved consumers in its design and delivery.	**Cochrane has achieved universal open access for new and updated Cochrane Reviews.** *This means:* • People in every country can access Cochrane Reviews. • Our open access policy supports the responsibilities Cochrane Groups have to their funders. • We are successfully sustaining income to ensure continued organizational financial viability. • We are taking a cautious approach to offering increased levels of OA, not committing to achieve this unless and until organizational financial sustainability is assured.	

			2019
See Objective 3.3.	**In 2018 we will continue development of a new** international patients network**, which being led by Cochrane and partners organisations.** **As part of our Membership scheme (see Objective 4.1) we will be producing more content and learning for the general public to learn about Cochrane and sign up to support us. Through this we will be extending our reach beyond the research and medical communities.**	**In 2018 we will continue to offer our open access policy and monitor its impact on sales of licences to the Cochrane Library.**	**2018**

			Key achievements 2014-17
We are working to deliver an enhanced Cochrane Library and have secured our publishing arrangements to the end of 2020 to give sufficient time to assess and add to the Library's value (see Objective 3.2). We have decided to integrate Cochrane Innovations into the charity to focus on core product development and have developed the first draft of a new content strategy (See Objective 3.2) that will inform future product development. We have established a 'reviews database' so that it can eventually replace XML as a primary means of storing review data and content. An API framework integrates this database with other tools and will allow for more flexible delivery of content, as well as delivery via generic publishing formats. We have developed a Linked Data Programme, with infrastructure, tools, and data models (PICO ontology) and PICO annotation is integrated into the Cochrane workflow. We plan to make Linked data (including PICO annotation) part of Cochrane Library functionality as soon as possible.	We have developed a Cochrane Consumer Delivery Plan and its recommendations are being implemented, including the publication of a statement of principles on consumer involvement in Cochrane that highlights the importance of involving consumers of healthcare in the production and knowledge translation of our work. Plain language summary standards been developed based on comments received from a consultation process that involved stakeholders who were internal and external to Cochrane. We have established a framework and implementation plan that defines the role of Knowledge Translation for Cochrane (See also Objective 3.3).	We have developed an open access policy, which means Cochrane Reviews are free to view 12 months after publication (green open access) in the CDSR. 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 PubMedCentral is automated.	

				OBJECTIVE
2.1. USER-CENTERED DESIGN AND DELIVERY We will put the needs of our users at the heart of our content design and delivery.	**2.2. USER-CENTERED DESIGN AND DELIVERY** We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.	**2.3.USER-CENTERED DESIGN AND DELIVERY** We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.	**2.4. OPEN ACCESS** We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews and the archive of existing published reviews.	

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

GOAL

ACCESSIBLE LANGUAGE	MULTI-LINGUAL

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 are implemented, including:
  o The use of simplified language has been explored, and where appropriate, integrated within Cochrane Reviews.
  o We have tested whether the use of infographics and other innovative presentation formats are used to deliver evidence in universal 'plain language'.
  o 'Dissemination' is integrated in our authoring processes and tools.
• Better user experience is measurable through usage statistics.
 	
🟡
	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:
	  o The Abstracts and Plain Language Summaries of Cochrane Reviews are translated by Cochrane translation teams and then published in at least the six WHO official languages (either on Cochrane.org or the Cochrane Library).
	  o Existing volunteer translation teams are better supported with a content management system and targeted funding.
	
	🟢

Accessible language will become an organisational target in 2019.		**2019**
	In 2018 we will complete the move to a better content management system for translations and continue to build capacity for translations in Cochrane Groups. We will continue to deliver content in five of the six WHO languages, as well as 10 other languages.	**2018**
We have completed the Plain Language Summaries pilot project, which recommends that the PLS template used in the project be made into an official Cochrane resource. This recommendation will be taken up from 2019 via the content strategy and product development for the Cochrane Library. We have also published plain language summary standards (see Objective 2.3.).	Cochrane.org and Cochrane Evidence (previously Cochrane Summaries) are being translated by our volunteer translation teams and published in 14 languages, including five of the six WHO languages: Spanish, French, Russian, Chinese and English. As of January 2018, more than 23,000 translations have been published. Just over 71% of all visits to cochrane.org in 2017 were made using an Internet browser set to a language other than English. The Cochrane Library will be published in Spanish with the integration of the Spanish language Biblioteca Plus, and further languages are in the process of being developed. Our volunteer translation teams are supported with a content management system and targeted funding, co-ordinated by the CET. Language translations are a key part of the KT framework (see Objective 3.3.).	Key achievements 2014-17
2.5. ACCESSIBLE LANGUAGE We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.	**2.6. MULTI-LINGUAL** We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.	

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

GLOBAL PROFILE	'THE HOME OF EVIDENCE'	
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 also used and cited by international policy and guideline developers to inform global health decision-making. • Cochrane Groups and members promote our brand and 'organizational voice' and messaging consistently. • Our brand is an integral part of our content and Knowledge Translation framework. • 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.	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:* • 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 framework, to drive decisions around future content design and delivery (see also 2.1). • We have greater clarity on what products we want to produce and what markets we want to be competing in by 2020 via an established content strategy, which is explicitly aligned with the plans for new product development. • We have agreed publishing arrangements from 2021 onwards, after the end of our current contract with Wiley. • 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.	DEFINITION OF SUCCESS BY 2020
		2019
In 2018, we will deliver an enhanced Cochrane Library in 2018 and then deliver more features and enhancements of the Library after its re-launch (*Strategy to 2020* Target 4). User-experience testing will inform development, as will the Knowledge Translation Framework (Target 5) and the new Cochrane Content Strategy (Target 3). We will begin work on designing and then securing publishing arrangements from 2021 onwards.		2018
We are working to deliver an enhanced Cochrane Library and have secured our publishing arrangements to the end of 2020 to give sufficient time to assess and add to the Library's value. We will incorporate translated content and Cochrane Clinical Answers into the Library, as well as working with partners including Epistemonikos (providing access to non-Cochrane systematic reviews) and the UK Cochrane Centre (providing access to guidelines) to expand the content we provide via a federated search. We will be presenting a new strategy for Cochrane content to the Board at its meeting in March 2018, which is aligned with plans for product development of the Cochrane Library and the key stakeholder groups identified in the new Knowledge Translation Framework (see Objective 3.3.). We have seen steadily increasing demand for Cochrane content since 2014. *Cochrane Evidence* on cochrane.org received more than 17.5 million views in 2017. From the Cochrane Library, 12,515,358 full text downloads of Cochrane Reviews, protocols, and CENTRAL records were recorded in 2017, 2,745,057 more than in 2016, an increase of 22%. Compared to five years ago, the total number of full text downloads has more than doubled. The 2016 Impact Factor for the CDSR increased from 6.103 to 6.264 and the 5-Year Impact Factor has increased from 6.665 to 7.084. The CDSR has the 14th highest Impact Factor of 154 journals in the Medicine, General & Internal category of Clarivate Analytics Journal Citation Reports, placing it in the top five percent of all titles listed in the Journal Citation Report. We established Cochrane's new brand and websites have been re-branded, and have developed a Spokesperson Policy and Policy Development Framework to support a consistent 'organizational voice'. The 2017 Global Evidence Summit in Cape Town was a major success for Cochrane, raising its profile and establishing a new platform and brand for expansion of its reach and recognition in the health and healthcare domain as well as other sectors (see Objective 3.7.).		Key achievements 2014-17
3.1. GLOBAL PROFILE We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.	**3.2. THE 'HOME OF EVIDENCE'** We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.	OBJECTIVE
# GOAL 3: ADVOCATING FOR EVIDENCE To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.		GOAL

'THE HOME OF EVIDENCE'			GLOBAL ADVOCATE	

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 framework, 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.
- We have brought together the various projects on 'empty reviews' into a more coherent scheme that is mapping and publicizing research gaps consistently.

Cochrane has worked with partners to achieve the registration and reporting of results from all clinical trials. *This means*:

- We have worked with All Trials and similar organizations to achieve this aim.
- We have developed metrics on how many trials are included in (or excluded from) Cochrane Reviews and used this in our advocacy.
- We are continuing to campaign for transparency and accuracy in the reporting of science and health research through our work with our partners, international bloggers, editors and journalists.

			2019

In 2018, work to deliver the *Home of Evidence* and *Global Advocate* Objectives will be delivered by *Strategy to 2020* Target 5 (KT), which will include: the establishment of a fully functioning governance structure for KT; priority setting guidance for Cochrane Groups; highlights of existing expertise & experience, examples of excellence, and best practice; identification of existing 'KT product's for scale-up; a learning programme for Groups, including expert/peer support; a multi-lingual approach to all KT products and processes.

A proposal for future Global Evidence Summits is also being considered by the Governing Board, Lisbon, March 2018.

We will be participating in, and promoting, the 2018 March for Science.

2018

We have established a framework and implementation plan that defines the role of Knowledge Translation for Cochrane, providing a structure to coordinate these activities across the organization, and supporting those who are well-placed to undertake this role. We have created a new Knowledge Translation department in the CET to support this work. By March 2018 we will have: a fully functioning governance structure for KT; revamped KT pages on the community website; an implementation plan agreed by the KT Working Groups, with work underway; co-ordination and collection of data regarding existing KT capacity and experience under way; at least two examples of KT great practice in the community identified and formal plans made to scale these up; a more detailed list of expected outputs and outcomes per Working Group; and a monitoring and evaluation plan for KT.

We have signed on to support the REWARD campaign and our contributors took part in the 2017 March for Science. We regularly align our communications with international public-interest events that are aligned with our mission, such as International Women's Day.

We are continuing our work with All Trials 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 (e.g., March for Science).

Key achievements 2014-17

3.3. THE 'HOME OF EVIDENCE'	**3.4. GLOBAL ADVOCATE**	**3.5. GLOBAL ADVOCATE**	**3.6. GLOBAL ADVOCATE**
We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.	We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.	We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.	We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GOAL 3: ADVOCATING FOR EVIDENCE

GLOBAL PARTNER	GLOBAL IMPACT	
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 organizations across the world whose own activities contribute to our mission. • Regional partnership building 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 framework). • 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 Translation framework 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 available online and 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.	
		2019
In 2018, we will maintain and promote our partnerships.	See Objective 3.3.	**2018**
We developed and launched a Partnerships Policy & Framework, which guides the organization's partnership development and management. We have extended and deepened Cochrane's relationships with key partners such as WHO & PAHO, Wikipedia, the Guidelines International Network (G-I-N) and the Campbell Collaboration. We have created new partnerships focusing on advancing technologies, such as those with Epistemonikos, GRADE, MAGIC, and Vivli. The new regional network structure is supporting Networks and Centres to build more regional partnerships. We worked with partners (G-I-N, the Campbell Collaboration, the Joanna Briggs Institute and the International Society for Evidence-Based Healthcare) to host the first ever Global Evidence Summit, attracting more than 1,300 delegates from 75 countries and increasing our profile in Africa. An International Network for Public Involvement and Engagement in Health and Social Care Research, conceived by Cochrane and developed with many of the leading patient and consumer organizations in the world, was launched in late 2017. The Global Evidence Synthesis Initiative (GESI) was developed and supported by Cochrane with seven other founding organizations to build the production and use of synthesized evidence in Low- and Middle-Income Countries. The GESI Network now incorporates 38 Centres from 24 LMICs.	We have established a framework and implementation plan that defines the role of Knowledge Translation for Cochrane, providing a structure to coordinate these activities across the organization, and supporting those who are well-placed to undertake this role. We have created a new Knowledge Translation department in the CET to support this work. (See also Objective 3.3). Cochrane Reviews are already used in at least 80% of WHO guidelines and Altmetrics scores are shown on Cochrane Reviews (e.g., here). Demand for Cochrane content in the Cochrane Library is increasing year-on-year, with an 18% rise in 2017. 'Impact stories' from Cochrane Groups are actively disseminated organization-wide through the internal communications channels, to be used by Groups in their advocacy work via the *'making a difference'* section of Cochrane.org and individual group websites. The outcomes from Cochrane Group financial monitoring are being made available to Groups through our *Annual Review* to use to enhance their funder relationships.	Key achievements 2014-17
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.	

GOAL 3: ADVOCATING FOR EVIDENCE

INCLUSIVE & OPEN	GLOBAL & DIVERSE	
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.	**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.	**DEFINITION OF SUCCESS BY 2020**
		2019
in 2018, we will improve the online presence for membership on Cochrane websites and in particular work on a stronger narrative for the general public who may want to sign up to support Cochrane's work. We will also integrate learning within membership journeys and create new journeys for consumers and other areas of Cochrane not currently served by the membership scheme.	**In 2018 we will work to establish new geographic-based Networks in China, South Asia and the United States.**	**2018**
Between 2015-17 we designed and launched the Cochrane membership scheme , opening the organization to a wider range of people with different perspectives, skills and experience. A new 'Join Cochrane' area of the cochrane.org website was created, setting out the different pathways for getting involved. Cochrane Crowd and Task Exchange were launched as part of the game-changer 'Transform' project, with Crowd attracting over 8,500 users from more than 180 countries. Individual membership now forms the basis of voting in Cochrane elections/Annual General Meetings using the membership technology. The CET's learning department was re-designed as Membership, Learning & Support Services to ensure that membership and learning are integrated and fully supported.	We have greatly expanded our geographic representation and profile, with Structure and Function reforms establishing new ways that smaller 'Affiliates' and 'Associate Centres' can be set up to increase the number of individuals and institutions which can support and contribute to Cochrane's work in different countries. Since 2014, 23 new Centres, Associate Centres and Affiliates have been launched. New regional Networks, such as the Cochrane Africa Network and new country Networks, such as the Cochrane Brazil Network, have also been established. Major investments in Cochrane's translations programme now mean that Cochrane teams translate content in 14 languages. Just over 71% of all visits to cochrane.org in 2017 were made using an Internet browser set to a language other than English. We have established an Equity and Diversity Taskforce to deliver recommendations to increase diversity and equity, and initiatives to promote greater diversity and inclusion have been included in many of the *Strategy to 2020* programmes (such as the KT Framework and CRG Transformation Programme). The Global Evidence Summit, which Cochrane conceived and led, attracted more than 1,300 delegates from 75 countries and reflected Cochrane's growing international partnerships and profile. The Cochrane Dashboard displays and monitors the organization's growing diversity in terms of the global spread of authors and users of Cochrane evidence.	**Key achievements 2014-17**
4.1. INCLUSIVE AND OPEN We will establish a membership structure to improve our organizational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organization for people who want to get involved.	**4.2. GLOBAL AND DIVERSE** We will become a truly global organization by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change	**OBJECTIVE**
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.**		**GOAL**

FINANCIALLY STRONG	EFFICIENTLY RUN

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

- We have developed a range of enhanced tools and features that add value to the Cochrane Library.
- We have developed and are growing additional diversified income from derivative products and services.
- We have stronger relationships with key Group funders and donors – and 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.

Cochrane has reviewed and rationalized the Structure & Functions of its Groups, enabling it to more efficiently and effectively meet Goals 1-3, 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 Cochrane 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.

2019

In 2018, we will integrate Cochrane Innovations within the charity's management structure so that we can use the Innovations team's product development and financial sustainability work (which in the coming years will be focused on the Cochrane Library) more fully and efficiently. We will also establish a Development Committee to support fundraising.

Methods Structure and Function reforms as approved by the Governing Board will be implemented. Cochrane Fields will be reformed to align with the CRG Transformation Programme and Knowledge Translation Framework.

2018

We have worked closely with our publisher, John Wiley & Sons, Ltd., to build sales income from the Cochrane Library, with royalties increasing by 54% between 2014 and 2017.

We have secured improved terms from Wiley for our publishing arrangements from 2018 to the end of 2020 to give sufficient time to assess and add to the value of the enhanced Cochrane Library. We have incorporated translated content and Cochrane Clinical Answers into the Library as part of adding value.

Cochrane Innovations established Cochrane Response in January 2016, which was profit making by the end of 2017.

We developed and launched Cochrane Interactive Learning and Covidence (Systematic Review author support tool) commercially.

Between 2015 and 2017 we raised over US$3 million in funds from Trusts & Foundations, and built important relationships with some of the largest Trusts and Foundations supporting global and regional health and healthcare projects and initiatives, including the Bill & Melinda Gates Foundation for work on next generation evidence systems (Linked Data, evidence pipeline, and Cochrane Crowd).

Between 2014-17 we designed and began the implementation of large-scale Structure & Function reforms to Centres (and other geographic-based Groups), CRGs, Fields and Methods Groups. Collaboration agreements, setting out mutual accountabilities, have been established between Centres and the CET, and CRGs and the CET.

We have established a Cochrane Dashboard to display and monitor key organisational performance indicators.

Financial and planning years were aligned to the calendar year and improved financial monitoring of Groups was established. The Organizational Policy Manual was decommissioned, and content updated or transferred to the new Cochrane Community or Cochrane.org websites.

We launched the Cochrane *Charter of Good Management Practice*, along with a number of organizational policies. In 2018 the CET was re-structured to improve efficiency and increase its focus on Cochrane's new priority functions in Knowledge Translation, and Membership, Learning & Support.

A review of Cochrane Colloquia and Events was conducted in 2015; with reforms to Governance Meetings, Colloquia & other events.

We established new systems and processes for all CET functions, including new HR and finance systems, project management, and other key business process and tech system improvements.

Key achievements 2014-17

4.3. FINANCIALLY STRONG
We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and Group level.

4.4. EFFICIENTLY RUN
We will review and adjust the structure and business processes of the organization to ensure that they are optimally configured to enable us to achieve our goals.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

INVESTING IN PEOPLE	TRANSPARENTLY GOVERNED	ENVIRONMENTALLY RESPONSIBLE	
Cochrane has established programmes of learning and development for all key organizational activities. *This means:* • Leadership development pathways and succession planning are in place for all senior and leadership positions. • CRG Networks and Cochrane Centres are 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.	**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.	**Cochrane has a defensible position on climate change as one of the biggest threats to global health and we are transparent about the environmental impact of our operations.** *This means:* • We have an environment 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.	
			2019
Through the establishment of the CRG Networks and the Editorial Board we will create new leadership opportunities from 2018 onwards, which provide a development opportunity for members of the community interested in more senior management roles in Cochrane. See also Objective 1.7.	**In 2018 we will complete a review of Cochrane Group Executives and their role vis-à-vis the new Cochrane Council.**	**We will publish the annual Environmental Report for the CET.**	**2018**
We designed and implemented the Training & Professional Development Strategy between 2014 and 2017, leading to: • The launch of Cochrane Interactive Learning; • Learning Live (a global programme of workshops, courses and webinars); • Involving People (a 'How to' guide for authors and editorial teams on involving consumers throughout the systematic review process), and; • A new Handbook for Information Specialists. We co-funded the development of a consensus statement on core competencies for scientific editors of biomedical journals, published in BioMed Central; and developed a Statement of Principles for Consumer Involvement in Cochrane. Our new Learning Record Store (LRS) can help develop a record of a learner's activities and so it enables us to offer new opportunities for managing people's development in Cochrane.	New Articles of Association were established with Cochrane moving to a new individual membership governance model; all members were given the right to vote at Annual General Meetings and other elections, and to stand for election to the Board. We completed the Governance Reform Project, which led to the Steering Group transitioning to a Governing Board and the appointment of external members for the first time as well as the election of 'internal' Board members. Board Development days twice a year allow the Board time to concentrate on strategic issues and issues related to good governance. The Cochrane Council was established, providing an additional forum for the views of Cochrane members to be heard and considered.	We publish each year an 'Environmental Report' of Cochrane's CET activities, including a carbon footprint calculation. The Environmental Report is included in Cochrane's *Annual Review*. We have a CET environmental approach which aims to limit and reduce our carbon footprint despite the increase in CET activities, including: limiting air travel where possible; increasing the use of virtual communications in day-to-day operations, for CET annual meetings, Colloquia and other Cochrane meetings, and in our new governance structures.	**Key achievements 2014-17**
4.5. INVESTING IN PEOPLE: We will make major new investments in the skills and leadership development of our contributors.	**4.6. TRANSPARENTLY GOVERNED:** We will increase the transparency of the organization's governance and improve the opportunities for any contributor to participate in governing the organization and/or to be appointed to a leadership position.	**4.7. ENVIRONMENTALLY RESPONSIBLE:** We will review and adjust our operations to reduce their environmental impact.	

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION