

OPEN ACCESS

Cochrane Collaboration Steering Group meetings

on

Wednesday 18 September 2013, from 9.00 a.m. to 6.00 p.m.

and

Tuesday 24 September 2013, from 9.00 a.m. to 1.00 p.m.

at

The Delta Québec Hotel: 'Wolfe/Montcalm' meeting room.

(The Steering Group dinner on Wednesday 18 September will be at Le Hobbit Bistro,
700 Rue Saint-Jean, Québec City, QC G1R 1R1, at 7.00 p.m.)

Agenda

Cochrane Collaboration Steering Group meetings, Québec, Canada

Wednesday 18 September 2013 (Wolfe/Montcalm room, Delta Québec Hotel, 9.00 am to 6.00 pm)
and Tuesday 24 September 2013 (Wolfe/Montcalm room, Delta Québec Hotel, 9.00 am to 1.00 pm)

1. Welcomes, apologies, declarations of interest, and approval of the agenda.
2. Co-Chairs' report.
 - 2.1 Replacement of Co-Chair.
3. Chief Executive Officer's report [OPEN ACCESS].
 - 3.1 Discretionary Fund [OPEN ACCESS].
4. Editor in Chief's report [OPEN ACCESS].
5. Financial report [RESTRICTED ACCESS]:
 - 5.1 Revised budget 2013-14 [RESTRICTED ACCESS].
 - 5.2 Balance sheet & Management accounts – July 2013 [RESTRICTED ACCESS].
 - 5.3 Projected budget 2014-15 [RESTRICTED ACCESS].
6. Cochrane-Wiley Management Team Publishing Report [OPEN ACCESS].
7. 'Game Changers' [OPEN ACCESS].
8. Linked Data Project [RESTRICTED ACCESS]:
 - 8.1 Funding request: #CochraneTech to 2020 start up package.
 - 8.2 #Cochrane Tech to 2020.
 - 8.3 Background paper: Cochrane Linked Data Project: From "Star Trek" to the present.
 - 8.4 Linked Data at the Cochrane Collaboration: A Technical Strategy.
 - 8.5 TSCs' Executive response to Linked Data
9. Annual General Meeting:
 - 9.1 2012-13 Report and Financial Statements [OPEN ACCESS].
 - 9.2 Proposers and Seconders of the various motions [OPEN ACCESS].
 - 9.3 Changes to Memorandum and Articles of Association [OPEN ACCESS].
 - 9.4 Cochrane's *Strategy to 2020* [OPEN ACCESS].
10. Declaration of Istanbul [OPEN ACCESS].
11. Trading Companies:
 - 11.1 Collaboration Trading Company 2012-13 Report and Financial Statements [OPEN ACCESS].
 - 11.2 Collaboration Trading Company [RESTRICTED ACCESS].
 - 11.3 Cochrane Innovations [RESTRICTED ACCESS].
 - 11.4 Adoption of new Articles of Association for Cochrane Innovations [OPEN ACCESS].
12. Entity Executives' reports (not requiring a CCSG decision, i.e. for information only):
 - 12.1 Fields' Executive [OPEN ACCESS].
 - 12.2 Managing Editors' Executive [OPEN ACCESS].
 - 12.3 Consumers' Executive [OPEN ACCESS].
 - 12.4 Co-ordinating Editors' Executive.

OPEN ACCESS

12.5 Trials Search Co-ordinators' Executive.

12.6 Centre Directors' Executive [OPEN ACCESS].

13. Matters arising from minutes of CCSG meeting on 30 July 2013 not appearing elsewhere on this agenda [OPEN ACCESS].
14. Matters arising from draft minutes of CCSG meeting on 27 August 2013 not appearing elsewhere on this agenda, and approval of the minutes [RESTRICTED ACCESS].
15. Any other business.
16. Thanks to the hosts and organisers of the meeting, and the Central Executive Team.



Chief Executive Officer's report to the CCSG

Prepared by: Mark Wilson

Annexes prepared by Rachel Sayers, Juliane Ried, Sandy Oliver, Chris Mavergames, Jessica Thomas, Steve McDonald & Jini Hetherington

Date: 6th September 2013

Purpose: To provide the Steering Group (CCSG) with an update on other work by the CEO and the Central Executive staff.

Urgency: Low

Access: Open

Introduction

The last six months has continued to be an intense period of activity, following the major decisions taken by the Collaboration's Steering Group and the other group Executives in Oxford in March 2013. This report has been written to be reasonably comprehensive yet also manageable. So the main narrative attempts to cover the main issues and areas of work in an accessible way with further details on selected issues provided in the series of Annexes at the back of the report (many written by the responsible member of the Central Executive or governance). Most of the report is for information only with the one recommendation put at the end of the report for convenience. The subjects covered and related annexes are:

• <i>Strategy to 2020</i> planning process	<i>page 1</i>	
• Restructuring of the Central Executive	<i>page 2</i>	
• Publishing	<i>page 3</i>	
• Financial Update	<i>page 4</i>	<i>Annex 1</i>
• Centre/Regional Issues	<i>page 6</i>	
• Translations Initiative	<i>page 6</i>	<i>Annex 2</i>
• Global Evidence Synthesis Initiative (GESI)	<i>page 7</i>	<i>Annex 3</i>
• Advocacy, Communications & Partnerships	<i>page 7</i>	
• Informatics, Technology & Knowledge Management	<i>page 9</i>	<i>Annexes 4 & 5</i>
• Other Issues	<i>page 10</i>	<i>Annexes 6 & 7</i>

Strategy to 2020 planning process

The main focus of my work since the Collaboration's mid-year meetings in Oxford in March has been the development of Cochrane's new strategic plan: *Strategy to 2020*. The first draft of the Strategy that was published in June was developed from the recommendations of over 100 leaders from our groups and management committees participating in the strategic session held in Oxford. This group welcomed the new strategic framework proposed in the special paper prepared for the meeting; and the conclusions from the five groups in the strategic session provided a rich source of ideas and

guidance. Following the extremely warm reception to the text given by the Steering Group in a special session at the end of June, minor amendments were made and the draft *Strategy* released for wide consultation within the Collaboration in early July. A wide variety of ways of giving feedback on the draft was provided: including in writing through a special strategy email account and in person via a series of eight meetings I held with different entity (group) executive teams who fed back on the results of consultations they had conducted with their colleagues; and two special webinars open to all collaborators. In addition to regular consultation with the CCSG, we also established an ad hoc, informal consultation group of people from across the Collaboration who provided additional guidance and support.

The written and verbal feedback we received through these mechanisms was extensive; and we were particularly pleased that it came from many different people across the whole range of Cochrane activities and also geographically diverse. We were also extremely pleased for the overwhelming support for the strategic framework proposed and for the wording of the Vision, Mission, Tagline, Goals and Objectives we had worked so hard to produce. There were, however, many excellent suggestions for improvement and following the end of the consultation process in mid-August we spent the following two weeks redrafting the text and testing the amended draft *Strategy* with the CCSG and the consultation group before receiving final sign-off from the Steering Group at the end of August ready for sending to the members of the Collaboration in early September. I hope that this final draft *Strategy to 2020* will be adopted at the Annual General Meeting in Québec City, on 21st September.

I am delighted with the final version of the *Strategy to 2020*, which I think provides a strong and powerful strategic direction for the Collaboration for the next six years. It is clear and ambitious, builds on the central and longstanding strengths of the Collaboration, whilst demanding change and the development of a new mind-set that is just as committed to high-quality systematic reviews but newly focused on making the ways we produce Cochrane evidence more efficient and effective; and on how that Cochrane evidence is used. The *Strategy* also marks a much stronger commitment to building and using the Collaboration's profile and voice in the world. Fundamentally, it asks us to think about, evaluate our priorities and activities, and do all that we can to maximise Cochrane's impact on health and healthcare decision-making across the world.

Strategy to 2020 is therefore the most important single document the organisation will produce in the next six years. It will serve as the guide, and the touchstone, for all of the significant decisions affecting the Collaboration and its work: what we do and don't do, how we speak, act and spend our resources. I am delighted that the level of interest and engagement in the consultation process shows that many Cochrane contributors recognise this importance.

The *Strategy to 2020* will be presented, discussed and hopefully adopted in Québec. After this, in the final quarter of 2013, the Central Executive will work with the Steering Group and other groups across the Collaboration in developing specific Targets linked to each of the Goals for 2014 and 2014-15 (where more than a year is needed) which will focus us on the critical things we intend to measure and achieve for the first year or two of the *Strategy*. These will be finalized and approved by the Steering Group either in December or January 2014 and our progress against them will be regularly reported on and will serve as the measure of our success in implementing the *Strategy* over time. These targets will be revised annually as we progress; and we will be working with all of the different groups within the Collaboration to ensure that their own long-term strategies are aligned with it; and that we have a shared understanding of how we will all contribute to fulfilling the Goals and Objectives which have been agreed.

Restructuring of the Central Executive

Since the Steering Group's approval of the restructuring plans for the Collaboration's central support team in March, I have also been working hard to ensure the beginnings of its implementation. My intention is to create a unified, coherent executive with clear lines of accountability and responsibility that more efficiently supports the organization as a whole. We have now agreed a name for this new

team - the Central Executive –and have made good progress in establishing it. The new Central Executive structure (see Annex 1) came into force on 1st September, although not all of the pieces of the structure are fully in place. The restructuring required three concurrent activities to be completed:

- *The establishment of new Job Descriptions and Contracts for Central Executive staff based in Oxford and London.*

None of the staff posts in the CEU have been fundamentally altered but many of the posts in the COU have changed and these new positions were finalized, agreed and new contracts issued by the end of August. All of the new and unchanged positions in the new structure will be evaluated in a single job evaluation system that will be developed and implemented in the last quarter of 2013. A new single salary structure will also be introduced, with geographical adjustments put in place for the different places where Central Executive staff are based. The restructuring is therefore also driving a long overdue professionalization of our HR systems, procedures and processes which will make them much more coherent, transparent and suitable for the kind of organization the Collaboration is and will be.

- *The integration of the IMS and Web Development teams into the Central Executive*

The integration of the two technology teams into the new Informatics and Knowledge Management department was agreed with the Nordic and German Cochrane Centres respectively. The support of these two centres, and the Directors Peter Gotzsche and Gerd Antes, in the successful growth and development of the Collaboration's IT and web capacities must be recognized as an outstanding contribution to the organization; and it was a priority to try to ensure that the two teams could remain physically co-located with their respective Centres. This now appears to be possible, with agreements for the transfer of authority and accountability agreed with both the host institutions. The transfer of the Web Development team in Freiburg will take place by the end of October to a new Cochrane Collaboration legal entity in Germany; and the logistics and technical details for the transfer of the IMS team in Copenhagen, Denmark, are being worked out now along the same lines.

- *Third, the recruitment of new staff to new positions established in the Central Executive.*

This only began in the third quarter of 2013 with open recruitment processes run for the three Head of Department positions established in the new structure. These new Heads will make the appointments of those additional posts within their departments. Recruitment adverts were placed in the international press in order to try to attract high-quality candidates; and in July with the support of CCSG members (Michelle Fiander, Sally Bell-Syer, Rachel Churchill, Mary Ellen Schaafsma) as well as David Tovey, Lorne Becker and other external advisors, a series of recruitment panels interviewed short listed candidates and unanimously appointed Helen Morton as the new Head of Communications & External Affairs (to be based initially at the Central Executive's Oxford office in the UK); and Chris Mavergames, Cochrane's current Director of Web Development, as the new Head of Informatics & Knowledge Management (who will remain based at the Central Executive's Freiburg office).

I am very pleased with the appointment of these high-quality, dynamic candidates. Helen is currently Head of Global Advocacy at Practical Action, an international charity that works alongside communities to find practical solutions to poverty. Her appointment marks the start of a much more active approach to increasing Cochrane's profile and impact on health decision-making. Chris knows the Collaboration intimately after many years of leadership of our web activities and his appointment also reflects the quality of staff we already have within our ranks. The third new head of department, the Head of Finance & Core Services, will be appointed by the end of this year.

Publishing

Following the signing of the new publishing contract with Wiley the last six months have been spent in catching up on the implementation of projects affected by the negotiation of the new contract (with 'Publish When Ready' finally being launched in June); establishing the new Cochrane-Wiley Management Team that oversees the publishing relationship (which I Chair); and agreeing the new Cochrane Content Publication & Delivery Programme 'RoadMap' which incorporates all of the new and previously identified technology and content improvement projects for implementation over the coming years. Progress has been slower than anticipated, and the 'RoadMap' itself was only signed

off by the Management Committee at the beginning of September, but I expect that the speed of implementation and delivery of projects will increase rapidly over the course of the next year as Wiley's overarching technology improvements are finalised.

The strategy meeting held in Hoboken, New Jersey, in June at which Wiley committed itself to an open access future for *The Cochrane Library*, is an extremely important development and since then we have begun to explore what this will mean. This is a major ongoing challenge for us, and it means that the development of additional and derivative products and services – both within the *Library* and standalone new initiatives – will be very important over the next three years. Another vital challenge for Cochrane (including both the charity and the trading company Cochrane Innovations) and Wiley together will be to speed up the development and delivery of new products and services. We no longer have the time to spend years developing new initiatives but this will require greater focus and – importantly – resources.

However, in September, after many months of negotiation, the new contract for one of these new products, Cochrane Learning, was signed with Cochrane Innovations (see the separate paper from the Innovations Board for more details). We have high hopes for this new product and are looking forward to the response to the launching of Cochrane Learning in Canada.

It's very encouraging that revenues from the Library have grown strongly in the first half of 2013 with sales up by 11% on the same period in 2012. We have also agreed with Wiley that there will be a freeze on prices for access to the Library in 2014 for the national provision price multiplier and for individual subscribers. The price for institutional subscribers will rise by 6%, less than for other Wiley publications and the price of *The Cochrane Library* in comparison with its competitors is still extremely competitive. More details on all of these issues are contained in the separate Cochrane-Wiley Management Team report to the Steering Group.

Financial Update

2012-13 Performance

A detailed analysis of the Collaboration's financial position is set out in the separate Financial Report for the Steering Group, but because that is a 'Restricted Access' paper it is worthwhile highlighting the fundamental financial performance and position of the Collaboration here. The excellent news is that the Collaboration is in a strong financial position after another year in which a significant operational surplus was generated.

The highlights of the Collaboration's 2012-13 financial results are set out in **Annex 1** and in the Trustees Report and Financial Statements sent to the Collaboration for approval at the AGM in Québec. In January 2013 I had made a partial adjustment of the 2012-13 original budget as so much had changed since it was originally conceived; and I set out a projection of our performance for the rest of the financial year. Income was forecast at £3.91 million following agreement with Wiley of improved terms in the new publishing contract; and this was eventually exceeded with total income coming in at £3,953,941. Total expenditure had been revised down for the year in the February forecast to £2.6 million (plus a second investment of £150,000 into Cochrane Innovations that had been previously agreed) but actual expenditure turned out to be even lower, at £2,497,847. The net effect was to generate a substantial operating surplus in unrestricted funds of £1,546,000, £380,000 larger than projected in January; boosting total Collaboration 'free reserves' (unrestricted funds we can use to strengthen and protect the Charity) to nearly £5.4 million.

This level of reserves built up by the Collaboration over recent years is greater than it needs to protect itself in future against 'rainy days' or a sudden decline in income. A significant part of the reserves should therefore be invested in order to support the implementation and delivery of the Collaboration's new *Strategy to 2020* and to fulfil its fundamental mission. We must remain prudent given the present uncertainties around the impact of open access on Cochrane Library revenues over the next five years and our ability to make alternate arrangements with funders and supporters in the light of this, as well as our ability to produce new revenue-raising products and services, greater

project funding and other diversified sources of income. However, strategic investments which will help us to meet these challenges are what our financial reserves are for, and in a separate paper to the Steering Group I am recommending that up to £2.5 million be made available over the coming years for this purpose.

These funds will not be used for ‘normal’ recurrent expenditure but the strategic expenditures may increase (or decrease) future regular expenditure depending on what they are and their impacts. These impacts will need to be assessed in the choices we make over the coming years on the strategic investments we want to make. However, the aim of the Central Executive will be to ensure that – other than for exceptional purposes – we present and maintain budgets which are at least balanced.

2013-14 Revised Budget

The 2013-14 annual budget approved by the Steering Group in Oxford in March projected another operational surplus of £322,000, with a limit of expenditure of £3,357,407 on projected income of £3,679,540. Since the start of the financial year, a further £151,334 of new expenditure (including an increase in the Discretionary Fund; an additional full-time Editor post in the CEU; an increase in the Managing Editors’ support team; an increase in the Training budget; and costs of a review of the structure and functions of CRGs) has been approved by the CCSG. In addition, £40,919 of extra money for stipends for the Québec Colloquium in this financial year (far above the usual approved ‘top-up’ level of £16,000) has been included in the budget because £60,000 of surplus funds authorised for stipends by the Steering Group after the Keystone Colloquium in 2010 were not recorded or set aside in the accounts. This only came to light in a review of the stipends funds in the middle of this year.

The total impact of all of these prior approvals is an expenditure budget for 2013-14 of £3,549,660. The Revised Budget forecasts total expenditure under this level, of £3,498,585, but this also includes £128,000 of funding for the ‘Linked Data’ project which is presently awaiting a Steering Group decision in Québec. Remaining within the overall total approved by the CCSG whilst incorporating all of these additional costs has only been possible mainly because of the major under-spend on COU staff costs due to the delay in recruiting the new Central Executive team members approved in Oxford.

As available income is now projected to rise by £313,986 on the original budget to £3,993,526 (though I expect this is a maximum and may settle back a little), despite the increases in expenditure above, the originally approved budget we are projecting an *increase* in the net operating surplus for 2013-14 from £322,000 to £494,000.

The financial position of the central Collaboration will therefore remain robust at the end of 2013-14; and I expect this to continue with expenditures remaining below overall income for 2014-15 even allowing for the increase in COU staffing costs that will kick in next year.

In relation to the wider funding picture it is clear that the financial pressure on many Cochrane groups remains intense, with some facing extremely difficult challenges. It is not feasible or sustainable to begin using the strategic reserves to support the general expenses of some groups, but equally it is important that the Central Executive explore with the Steering Group what we can do to generate more infrastructural funding for the organisation. At the moment we do not have sufficiently reliable infrastructural funding data that we can consolidate and analyse; and although improvements have been made through the monitoring process this year, much more needs to be done.

A meeting of the Collaboration’s major infrastructural funders will be held in Québec to discuss these issues. A second meeting of smaller funders was organised but many of the invitees were not able or willing to travel to the Colloquium, so the meeting was cancelled. Instead, we intend to follow up the invitation to the donor with the respective Cochrane group (where this is desired by the group or centre) for individual meetings to discuss future funding possibilities. Relationship building and new funding opportunities take time and considerable efforts, but the Central Executive is eager to find out

from Cochrane groups what realistic help and support it can provide in their efforts to secure infrastructural support. It is intended that this will be a major focus at the mid-year meetings in Panama in 2014.

Centre/Regional Issues

The geographical spread of Cochrane's work and organisational reach is and will continue to develop. In recent months a new branch of Cochrane in the Caribbean was opened; new branches in Malaysia and Québec were approved; an application for a new branch in Portugal is under consideration; and other applications for a branch in Japan and a Centre in Nigeria are pending. These are exciting developments and the Central Executive is also beginning to explore and support new regional initiatives for Cochrane. At the African Indaba held at the South African Cochrane Centre in May it was agreed with the South African Cochrane Centre that Cochrane will commit resources to building capacity and our institutional profile in Africa.

Following the mid-year meetings in Oxford it was agreed with Martin Burton, the Director of the UK's Cochrane Centre, that responsibility as a reference centre for the Middle East region should be transferred to the Central Executive. Since then I have been working on holding a special meeting in Québec with key Cochrane collaborators from the Middle East and North Africa to discuss how we strengthen Cochrane's work, presence and profile in that region. I'm delighted to say that despite the unforeseen difficulties in securing visas as a result of an employment dispute between Canadian visa officials and the Canadian government, we still expect to have a significant group of people from the region at that meeting where we will explore ways of networking which can build Cochrane capacity and outputs.

In the last five months I have also taken the opportunity to meet many Cochrane collaborators at regional gatherings in order to learn more about the work of contributors in different parts of the world. As well as meeting African colleagues at the Indaba in May, I attended the annual meeting of the Iberoamerican Cochrane network in Monterrey, Mexico, and spoke at the opening of the new Caribbean branch of the US Cochrane Centre in Jamaica. I also visited the Nordic, German, Canadian, South African, French and US Cochrane Centres, and everywhere I went I was struck as a newcomer to the organisation by the vitality and dynamism of our contributors; and the professional and intellectual quality of the new generation of Cochrane leaders who are emerging.

I have also begun to work with Wiley in bringing Cochrane's strategic priorities in line with their sales and development strategies. I have invited Cochrane Centre Directors to a meeting with our publisher Deborah Pentesco-Gilbert and Ben Townsend, Wiley's Sales Director for Europe and his European sales team in Berlin in early November, where I hope we can agree shared goals and specific plans to help build Cochrane profile and Library sales across Europe. A similar initiative is pencilled in for the Middle East and North Africa region in early 2014.

Translations Initiative

At the mid-year meetings in March the Steering Group committed the organisation to a major initiative to translate more Cochrane content into other languages. Since then we have established a process to turn this strategic paper into an operational plan. A small Working Group led by Xavier Bonfill, Director of the Iberoamerican Cochrane Centre, and myself, was set up with a wider group from across the Collaboration established as a Translation Advisory Group. After preparatory work and discussions with experts on different kinds of translation methodologies the Working Group met in Paris in July hosted by Philippe Ravaut, Director of the French Cochrane Centre. Over two days the Group worked systematically through the strategic paper prepared for the CCSG in March and proposed a set of answers to the key questions in the paper. These will now be shared for consultation with the wider Advisory Group.

The main conclusion of the Working Group was that Cochrane's principal focus should be on exploring machine translation & crowd-sourcing, as professional translation processes are not

sustainable. Our preferred methodology is to use machine translation – either that developed by Cochrane and other partners which can be made smart enough to make a reasonably successful first translation of our material into another language from English, or by using Google Translate where this is not possible or cost effective – then use crowd-sourcing of volunteer translators through powerful translation management software in order to complete the process. Further validation may need to be done after on selected high-priority Cochrane content, but we need to develop clear signals and identifiers which show readers what reliability of translated content they are reading and using.

Special machine-translation expert teams based in Paris will continue their efforts to build automatic translation software for French and will also test it with Cochrane's Spanish language corpus to see if it can work sufficiently well with another language. We will limit our ambitions for some improved machine translation facility to WHO languages in the first instance, though we recognise that even here Russian and particularly Arabic and Chinese will be extremely challenging. For other languages we will explore using Google Translate or similar tools; and will approach Google to see if they will be willing to help us.

We have also entered into advanced negotiations with Smartling (<http://www.smartling.com>), a leading translation management and consultancy company offering comprehensive translation management solutions. We are currently testing their products and services, and they will be joining us in Québec for a meeting with the Translation Working Group and representatives of our IT teams and publisher. I am excited by the potential that this partnership would offer Cochrane, but it is dependent on ensuring that the flexibility and integration into our own IT systems could be handled; and that we can agree a price which is affordable.

For more details on our Translation work, see **Annex 2**.

Global Evidence Synthesis Initiative (GESI)

Another initiative that has demanded a lot of attention over the last six months is the 'Global Evidence Synthesis Initiative' (previously known as the Cochrane Global Initiative or Cochrane Academy) to build systematic review capacity in low- and middle- income countries (L&MICs). Funding agreements have been finalised with the four centres we are supporting following a competitive tender last year - in Chile, India, Pakistan and South Africa – and work to train authors and increase systematic review activity in these countries is beginning.

Cochrane's funding for these regional centres is now one part of a broader collaborative initiative also involving 3ie, the Alliance for Health Policy and Systems Research, the EPPI-Centre, the Campbell Collaboration, Results for Development and the American Institutes for Research. Under our leadership these organisations came together earlier this year to pool our collective experience, ideas and resources in order to develop an ambitious programme for expanding systematic review capacity-building in L&MICs which could attract funding from major funding sources.

Supported by a grant won by the Canadian Cochrane Centre from the Global Health Research Initiative (part of IDRC), we commissioned the first major mapping and analysis of systematic reviews conducted in L&MICs by Sandy Oliver and a team from the EPPI-Centre. We held a consultative meeting on the report and development plans for GESI in Chicago in May during the Campbell Colloquium as well as a series of teleconferences and Sandy's final report was completed in early September. I attach *Systematic reviewing in low and middle income countries: a rapid appraisal of capacity* as **Annex 3** to this report because I think it should be of great interest and usefulness to Cochrane contributors across the world with many important lessons and recommendations for us to contemplate as we look to build Cochrane's systematic review production capacity in L&MICs.

The analysis and conclusions of the report will be discussed at a meeting in Québec at which the implications for the future scope, scale and approach of the GESI programme will also be debated. From those discussions we intend to finalise a 'Case for Support' which we will then present to potential donors.

Advocacy, Communications & Partnerships

The development in our Strategy to 2020 of a specific Goal aiming: ‘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’ is a watershed for the Collaboration. Our new Head of Communication & External Affairs, Helen Morton, faces a significant but exciting challenge in helping us to transform this into practical action and demonstrable impact. The development of this strategic Goal and eight clear Objectives, as well as Helen’s appointment, therefore represent major change and significant achievement in this area over the last six months.

AllTrials campaign

However, following the March mid-year meetings in Oxford, the Collaboration also began a major new advocacy initiative with its formal engagement and support for the *AllTrials* initiative, which was originally launched in January 2013 to draw attention to the issue of unreported trial data. A number of Cochrane contributors, including Editor in Chief David Tovey, were already involved in the *AllTrials* campaign but the Collaboration joined as a leading member and this campaign will be an important part of our future advocacy, external affairs and campaigning work for the coming years. It is of vital interest to our work and entirely in line with our mission and goals. We have made a small financial contribution to the *AllTrials* campaign, launched our own social media support initiative, and contributed to the campaign’s detailed plan on how all clinical trials can be registered and all trials reported (see: <http://www.alltrials.net/2013/all-trials-registered-and-results-reported/> for more details). Once again, I urge all 31,000 Cochrane contributors to sign the *AllTrials* petition calling on governments, regulators and research bodies to implement trial registration and reporting measures.

Cochrane Websites and Social Media

Over the last six months the Web team made a number of improvements to Cochrane’s web profile and site features. The homepage of Cochrane.org was refreshed; many new homepage features launched; new content added (including the re-launch of the policy manuals into two separate web resources, one for organisational policy, one for editorial and publishing policy); further development of the impact story database took place; and curation of the Cochrane blog continues.

Summaries.cochrane.org now has content in six languages (English, French, Spanish, Portuguese, Croatian and Simplified Chinese). In addition, we now link individual summaries to the ‘Evidently Cochrane’ blog produced by the UKCC. Cochrane’s social media presences continue to grow and there are now over 30,000 followers across all channels.

There are now more than 2,400 contributors using the Community area of Cochrane.org with the busiest discussion forums being those for the MEs, TSCs, and CRS. The ME Portal went live at the end of May 2013 and is the third most-accessed resource after the TSC Portal and the CRS Portal. The Web Team has continued its outreach and work by publishing a quarterly newsletter and making more resources available via the new, public webteam.cochrane.org site.

Wikipedia

We are in the early stages of a new partnership with Wikipedia to promote the use of Cochrane evidence in Wikipedia articles. Wikipedia’s impact and global reach easily surpass all other knowledge resources in the world today, providing an unparalleled opportunity for Cochrane to reach new audiences. To kick-off the partnership Wiley is providing 100 full Cochrane Library licences free to Wikipedia medical editors, to enable them to use Cochrane evidence to edit Wikipedia articles in health and medicine topics. We will also be appointing a Wikipedian-in-Residence to work with Cochrane contributors and groups who want to get involved to teach authors how to edit Wikipedia articles with the evidence they have produced; and to advocate Wikipedia within the Cochrane community as a key tool for disseminating Cochrane evidence. More information on the Wikipedia events being held at the Québec Colloquium will be announced by Lucie Binder.

In August, I attended with Jeremy Grimshaw the Guidelines International Network (G-I-N) annual conference in San Francisco. At the conference we agreed with Amir Qaseem, the Chair of the G-I-N Board, that we would establish a formal partnership between the two organisations within the next six months. This desire has already been approved by G-I-N's full Governing Board. We want to strengthen the relationships further between Cochrane and guideline developers around the world and we will be establishing a partnership agreement that builds on our shared interests and tries to provide real additional value to both organisations. The election to the Cochrane Steering Group in September 2013 of Holger Schunemann – who already sits on the G-I-N Board – will be extremely useful to support the partnership in the coming years.

Informatics, Technology & Knowledge Management

Just as in the area of advocacy, communications and external affairs, the area of Informatics, Knowledge Management and IT has been established at the very heart of Cochrane's future activities with its high profile in the Objectives within Cochrane's Strategy to 2020 and with the appointment of a new Head of Informatics & Knowledge Management, Chris Mavergames. Chris began his new position on 1st September and his already deep knowledge of Cochrane's information landscape and content means that he will be able to deliver a new strategy in the area of Informatics and Knowledge management much quicker than someone new to the organisation.

Both the Web and the IMS teams are already working on plans to integrate themselves into a single technical team working within the Informatics & Knowledge Management department, which will pool resources and work to a consistent and unified technical plan.

Web Team

Before taking on his new role, Chris led the Cochrane Web team in a number of new or continuing initiatives in the last six months. Some of these are highlighted above in the communications section. Work continues on the near-complete 'Event Manager Version 1.0' with finalisation of the programme slowed due to demand for programming time and work on the Québec Colloquium site but this will be completed within weeks. In addition, there has been backend programming work on summaries.cochrane.org, anniversary.cochrane.org, and the Entity Website Builder and the Colloquium Abstracts database is ready for approval by CPAC.

The Cochrane Linked Data Project Board wrapped up its work in early May and produced the *#CochraneTech to 2020* strategy paper, now being considered by the Steering Group. Chris gave a presentation about Cochrane's linked data work so far at the European Semantic Web Conference in May which was very well received. The translations project has moved forward, and there are now 100 translations in Simplified Chinese, 3,759 in French, 39 in Portuguese, 80 in Croatian, and 5,124 in Spanish. As well, the E4E (Evidence for Equity) project is moving forward and the Web Team have created a rough, beta site at e4e.cochrane.org for evaluation in Québec.

For more details on Web Team activities and the latest web access and usage statistics, see **Annex 4**.

IMS Team

Versions 3.12, 4.0, & 4.1 of *Archie* were released in April, June and August respectively (for more information on these releases see [What's New](#)). Archie 4.0 supported Cochrane's move to 'Publish When Ready' in June which is now fully functional and had been a significant project for the team and the CEU this year. Archie 4.2 is due for release on the 29th October and Archie 4.3 planned for mid-January. We are working on trying to develop shorter and more regular (agile) release cycles for Archie in the hope to get wish-list items through to users more frequently.

At the beginning of September 2013, there were more than 17,500 users of Archie (an increase of approximately 3,000 users over a one-year period). The database stores nearly 42,000 person records, of which almost 22,000 are active authors. There are 13,034 individual review records covering more than 530,000 versions. There are more than 16,600 running workflows. For more facts about Archie, updated quarterly, visit: <http://ims.cochrane.org/archie/facts-on-archie>.

It has been agreed that responsibility for managing sales of the *RevMan* software is passed from the Nordic Cochrane Centre to the Central Executive of the Collaboration. *RevMan* sales continue to increase as reflected by the growth of The Cochrane Library. Minor updates of *RevMan* were released in April and July this year (see [What's New](#) for more information). The current *RevMan 6* wishlist totals more than 240 items and final decisions have now been made on which will be prioritized in the new version and the IMS team are starting to gather more detailed specifications. The primary areas of focus will be around a 'Meta Notes' system that supports peer review, changes to the 'Risk of Bias' tables, improved linking within the review, as well as an introduction of structured data using the PICO components. *RevMan 6* is planned for release in 2014, but Wiley development time will also need to be considered within the context of the 'Cochrane-Wiley Roadmap' (see the Publishing section above). Some mock-ups for *RevMan 6* will be shared at the Cochrane Exchange during the Colloquium this year.

The IMS team has introduced several new initiatives to improve communication and interaction with users on its work. An @CochraneArchie Twitter account was launched alongside the release of Archie 4.1, and a Webinar was held for Cochrane contributors to introduce the new features. A new space on the IMS website has been established to gather information about author's software use that relates to *RevMan*. Discussion forums are also available so that there is now a space for people to get information about the various types of software available to support authors (see: <http://ims.cochrane.org/revman/other-resources>) ahead of plans to develop a competitive tender process for author support software for the Collaboration.

For more details on the IMS team's work see **Annex 5**.

Cochrane Register of Studies (CRS)

We have recently completed the implementation of the CRS by all Cochrane groups that submit a Specialised Register to CENTRAL. I would like to take this opportunity to thank Ruth Foxlee; Gordon Dooley and David Anstee from Metaxis Ltd; and the CRS User Support Team: Anne Littlewood, Anna Noel Storr, Doug Salzwedel and Fergus Tai, for their outstanding efforts in achieving this.

The CRS is both a data management tool and a data repository. As a data management tool it helps Cochrane groups develop their Specialised Registers and support literature searching activities for individual Cochrane Reviews. It also supports the creation of study-based registers. As a repository, or 'meta-register' for Specialised Registers from all Cochrane groups, it provides a central storage area where records from different groups can be searched and shared.

The CRS is part of the full suite of Cochrane software and has been designed from the outset to integrate with Cochrane's information technology. In line with this, from September onwards management of the CRS has become the responsibility of Chris Mavergames, the new Head of Informatics & Knowledge Management. Chris and the CRS team have already identified how the CRS will be used as a key component of the 'Linked Data' project, which aims to make use of the links among reviews, studies and their reports to help review authors find trials more efficiently and help other users of *The Cochrane Library* find related records more easily.

While I am very confident that the CRS will play a critical role in improving our technology infrastructure and making Cochrane evidence more accessible, its implementation has also identified challenges for operationalising new business processes and technology across the different operating environments of Cochrane groups. The transfer of the last CRG into the CRS only took place in September, five months after the deadline and after intense and expensive additional efforts by the CRS User Support Team, who at one point were even vilified for their efforts. There are lessons to be learned that will factor in the forthcoming assessment of the organisation's structure and business processes.

Other Issues

Trading Company & Innovations

Issues concerning the Collaboration's Trading Company and Cochrane Innovations are well covered in reports provided by their respective Boards (I am an official member of both). The arrangement agreed at the CCSG in the mid-year meetings in Oxford for me to act as the CEO of Cochrane Innovations for half-a-day a week needs to be extended because I have not been able to begin the process of recruitment for (preferably) a part-time CEO of the company. This must be a major priority after the Colloquium because it is clear that the half day is hopelessly inadequate to lead and support Cochrane Innovations' work. The success of the company and the derivative products and services the Collaboration needs it to deliver successfully to market require much greater time and energy than I have been able to give them; and a skill set and experience that I do not possess. This recommendation is supported by the Innovations Board and it will be important that I begin the process of recruiting a new Director and CEO in the last quarter of 2013.

The funds for this position will be provided by Cochrane Innovations, but over the last quarter I have been working to finalize a complete overhaul of the Articles of Association of Cochrane Innovations as the existing governance document is completely unsuitable and does not establish adequate control over the company by the Collaboration. These new Articles of Association have now been completed by the Collaboration's lawyers and are submitted to the Steering Group for approval so that a formal resolution can be signed by the Co-Chairs as the Collaboration's shareholder representative – subject to the Innovations Board's agreement to adopt them at its meeting in Quebec. These new articles mean that major decisions by the Cochrane Innovations Board must be agreed either by the Collaborations' representatives on that Board; or by the Steering Group of the Collaboration.

Evidence Aid

Evidence Aid provides rapid access to knowledge needed by people in the disaster sector, helping them make the best choices about health interventions, actions and strategies. Its evidence and outputs are rooted in Cochrane Systematic Reviews and its work is completely in line with the Collaboration's mission to promote evidence-informed health decision-making. Evidence Aid started life as the brainchild of Mike Clarke and was funded initially with seed money provided by the Collaboration and Wiley-Blackwell. Claire Allen, Cochrane's Central Executive Manager of Governance & Membership Support, works half-time in this role and half-time on Evidence Aid (paid for out of independent Evidence Aid project funding). Evidence Aid's financial administration is provided by the Collaboration, and the organisation has fiduciary responsibility for funds raised by Evidence Aid through administration of its bank accounts and audits.

Evidence Aid is therefore part of the 'Cochrane family', but it has now grown to have a distinct identity forged by the team working on it (Mike, Claire and Bonnix Kayabu) and in early September it received the distinction of winning The Unorthodox Prize (worth USD 10,000 and the possibility of follow-on funding) beating 250 other submissions from around the world. During the summer Evidence Aid conducted a strategic session resulting in the identification of 30 priority questions it is now seeking funding to answer through commissioned systematic reviews. It is actively fundraising for both project and core infrastructural support. In a meeting in late August between the Evidence Aid team, David Tovey and me it was agreed that during the last quarter of 2013 we would explore the modalities for a much closer, more structured and long-term relationship which would be presented to the Cochrane Steering Group at the end of the year or early 2014. I am in favour of Evidence Aid becoming through its brand identity and activities much more evidently a member of the Cochrane family and see such a new partnership as a potential precursor to other relationships in future.

ECRAN project

The Cochrane Collaboration has been granted oversight of the Oxford University Hospital's Trust (OUHT) portion of the EU-funded 'ECRAN' project with additional funding of €90,950, for a total project value of €116,630. The majority of the funding will be used to hire contractors to complete the

work, with the rest covering management and support costs. Catherine McIlwain is managing grant reporting, budgeting and oversight of the two project officers: Amanda Burls, the OUHT project officer in charge of the database work, and Gill Gyte, the CCNet project officer in charge of consumer involvement. During the first half of work, the ECRAN project has developed several resources, which will be a vital resource for the Collaboration's advocacy work in the future. The first is a cartoon video for the general public, which explains the history and process of clinical trials, including randomization. The second is a database of educational tools specifically for consumers to learn about clinical trials and the scientific processes behind them. These resources will be available in the six WHO languages and distributed to members of the EU, including Cochrane Centres. The ECRAN project will culminate in an international event for the public during which the Collaboration can feature as a key partner.

However, a meeting of the ECRAN project participants in Milan, Italy in the week before the Colloquium will discuss the response to a just-published negative evaluation by the EU of the project. The criticisms do not involve the work of the Collaboration, but they do threaten a longer-term extension of the project.

PLEACS

The standards for plain language summaries (PLS) have been distributed to the Collaboration since the mid-year meetings in March. According to CRG reports, implementation varies between Review Groups, so best practice examples will be provided for the Review Groups to help them apply the standards better, and Central Executive team members will attend the Managing Editors' meeting in Québec and run a training course for authors and editors to provide additional guidance and support to CRGs. Of the CRGs who are already utilizing the standards, several authors have indicated that they find the standards easy to use, while feedback received so far from Managing Editors has been very positive. An audit of PLS quality after the Colloquium will be conducted to assess PLS improvement from a baseline score already recorded (pre-*PLEACS*). A report on these findings will be provided for the next mid-year meeting in Panama.

Colloquium Issues

After nine years as the Co-Convenor of the Colloquium Policy Advisory Committee (CPAC), Steve McDonald is stepping down following the Québec Colloquium. We are delighted that Juliane Ried has agreed to take on this role, a move that has been universally endorsed by the rest of the CPAC. Jordi Pardo will continue as Co-Convenor.

Juliane brings a lot of experience of Colloquium organisation. She was part of the organising team for Freiburg 2008 and Singapore 2009, has been heavily involved in developing 'Event Manager', and has overseen the stipends process for several years. Juliane is currently working with Claire and Tom Cracknell to update the Standard Operating Procedures for the Colloquium.

Given the increasing central involvement in supporting Colloquia, and the move by other Advisory Committees to have a central staff member as co-convenor, we believe Juliane's appointment is right for the CPAC. The obligations of this role will not encroach on Juliane's other areas of responsibility within the Central Executive. In fact, she will be supported by Claire Allen, who has taken on the role of Colloquium Liaison within the Central Executive and become a member of CPAC.

Recommendation: **That the Steering Group approves the appointment of Juliane Ried as CPAC co-convenor.**

For more details on this request see the CPAC Paper (**Annex 6**).

Meanwhile, preparations for the 2014 Colloquium in Hyderabad are proceeding well. In August the Hyderabad Colloquium Organisers signed a contract with the Hyderabad International Conference Centre (HICC). Hotel rooms of varying prices and of varying distances from the Colloquium venue have been guaranteed at reduced rates. For the hotels that are further away, transport to and from the Colloquium venue has been secured; and the General Manager of the Hyderabad International Airport

who has agreed to provide a service counter at the airport to direct guests on arrival and assist them in getting to their hotel. Ruban Das has been appointed as the event manager of HICC and will attend the Québec Colloquium to provide delegates with information about Hyderabad and the HICC.

CPAC has also issued the invitation for interested parties to apply to host the 2016 Colloquium. Applications need to be submitted by the end of 2013.

Cochrane Funds & Awards - Cochrane Collaboration Discretionary Fund

In June the Steering Group agreed to increase the Discretionary Fund annual allocation from £15,000 to £20,000, but asked me for a paper recommending other changes that may be made to the nature and running of the Fund. This has been done and is covered in a separate paper for consideration by the Steering Group.

Aubrey Sheiham Fund

At the request of Aubrey Sheiham and with the agreement of Martin Burton (Director of the UK Cochrane Centre) and Jimmy Volmink (Director of the South African Cochrane Centre) we are making arrangements to shift the focus and the home of the Aubrey Sheiham Scholarship Fund. Whilst the financial management of the Fund will remain with the Central Executive, the annual organisation, selection and hosting of the scholars will move to the South African Cochrane Centre. The award will also be focused on supporting African systematic reviewers and the details are now being worked out by the SACC, supported by the Central Executive, ahead of the first nomination and award process being run in 2014.

This means that the two Aubrey Sheiham scholars supported by the Collaboration, the UKCC and Review Groups in the UK in 2013, Anju Pradhan and Jamlick Karumbi, will be the last to be based in Oxford.

Governance

Key dates in The Cochrane Collaboration's formal governance processes are attached for information in **Annex 7**.

In conclusion ...

Jini Hetherington, Administrator & Company Secretary for the Collaboration for the last 20 years is leaving at the end of September to begin her retirement. I would like to offer my own personal thanks to her for the gracious, patient and loyal support and help she has been to me for the nine months that I have been with the organisation. She has made an extraordinary contribution to the Collaboration over the last two decades and will be greatly missed by everyone at the Central Executive and I know by many Cochrane contributors around the world. Those of us who will be in Québec will be able to celebrate that contribution, thank her personally and wish her all the best for the future.

Resource implications of any recommendations contained in this report: None

Decision required of the Steering Group: That the Steering Group approves the appointment of Juliane Ried as CPAC co-convenor.

Annex 1:**The Cochrane Collaboration - 2012-13 Budget and Actuals to January 2013 & EOY Forecast**

		Forecast (as at)	
	Annual Budget	Jan 2013	April 12-Mar 13
INCOME			
Royalty payments & Other Income from Wiley	£ 2,856,545	£ 3,804,535	£ 3,830,033
Quality Improvement	£ 77,599	£ 78,359	£ 76,647
Bank Interest	£ 41,415	£ 35,000	£ 33,696
Other Income		£ -	£ 13,565
Total Income	£ 2,975,559	£ 3,917,894	£ 3,953,941
EXPENDITURE			
Governance	£ 164,160		£ 219,368
COU Salaries	£ 501,970		£ 261,841
COU Non-Salaries	£ 258,346		£ 206,298
COU Total	£ 760,316		£ 468,139
CEU Salaries	£ 551,294		£ 448,035
CEU Non-Salaries	£ 122,580		£ 137,360
CEU Total	£ 673,874		£ 585,394
IMS	£ 405,440		£ 351,627

OPEN ACCESS

CRS / Central / EMBASE	£ 158,716	£ 73,530	
FPAP	£ 55,000	£ 48,491	
Other Projects	£ 23,500	£ 73,057	
Website, Marketing & Communications	£ 361,500	£ 294,286	
Advocacy / Translation	£ 38,000	£ 2,274	
Organisational Development (inc Training/Capacity Building & Methods)	£ 493,422	£ 371,673	
Auditors adjustments for year end accounts		£ 10,008	
TOTAL EXPENDITURE	£ 3,133,928	£ 2,602,670	£ 2,497,847
OPERATING SURPLUS/DEFICIT	-£ 158,369	£ 1,315,224	£ 1,456,094

Annex 2: Translation Update – September 2013

1. TRANSLATION STRATEGY AND BUSINESS PLAN

Following the long-term strategic proposal for Cochrane translations submitted to the Steering Group in March under Xavier Bonfill's direction, we have set up a working group including Xavier Bonfill, Harriet MacLehose, Jordi Pardo, Gabriel Rada, Philippe Ravaud, Mark Wilson, and Juliane Ried (project support) to co-ordinate the process of developing a strategy and business plan for submission to the Steering Group. This group has met by teleconference in May, and for a 2-day meeting in Paris in July, including presentations of experts of different translation methods. Discussions around the strategic proposal submitted to the CCSG in Oxford in March produced the following answers to the key questions in the document:

What is the focus of our strategy: translations of our content only, or broader matters concerning non-English speaking audience and users?

- Ø The issue of engaging non-English speaking authors/contributors should be addressed by the Collaboration centrally, not specifically as part of the translation strategy.

What role will simplified English play in our strategy?

- Ø There should be specific sections of Cochrane Reviews that should be prioritised for standardisation, notably the abstract, PLS, and Conclusions. This needs to be driven by CEU and should include:
 - Ø Introduction of standardised terminology and writing guides;
 - Ø Development of standard templates and standard phrases, for abstracts, PLS and conclusions;
 - Ø To explore ways to evaluate the use of software to check on the readability score for PLS (because if we say we want our reviews to be readable, then we need a way to measure it); and of writing aid software that can directly feedback on the 'simplicity' of a sentence during the writing process, and suggest 'better' (i.e., clearer, easier and more translatable) sentences;
- Ø Invest in training in this area, making sure guidelines are integrated in the workflow and authoring process, and included in the general author and editor trainings.

What content should be available in which languages, what is our minimum goal?

- Ø Focus needs to be on titles, abstracts, PLS and interface. Maybe editorials & press releases. Try and be flexible to support translation of all other contents, if enough resources/volunteers available.
- Ø At least the six WHO official languages should be available. Try and be flexible to support any other language, if enough resources/volunteers available.

What approaches in terms of methods and quality assurance do we want to consider, and how can they be integrated with our existing systems?

Generally

- Ø A translation management system such as Smartling is highly desirable, if not necessary to manage the effort. To be explored further, also other options, and what it would cost the Web Team to build such a system.

Machine translation

- Ø Spanish should be included in the QUARTET M research project, as Spanish is the language for which we have the most Cochrane content available, thus, can possibly achieve the best results for machine translation. We should also evaluate how the results for Spanish machine translation tool to be developed by QUARTET M compared to Google Translate.
- Ø Limit investment into automatic translation software optimisation to WHO languages in a first instance, and explore using Google Translate or similar tools for other languages.

What central support and infrastructure do we want to commit to?

- Ø We need a central co-ordinator for translations, possibly a non-native English speaker.
- Ø Policies, guidelines, SOPs etc. need to be established. (in progress with Cochrane-Wiley Management Team)

How do we want the translations to be presented (i.e., published)?

- Ø Need to explore and evaluate different search functionality for enabling several languages (multilingual engine vs. several languages without cross-searching, search term suggestion etc.)
- Ø There needs to be a possibility to report on translation errors.

Funding and sustainability – what resources are required, how much do we have available?

- Ø We should explore opportunities with commercial funders without conflicts of interest, in addition to non-commercial funders such as the EU, WHO. Funding should also be discussed with Wiley, since they are likely to benefit from translations.
- Ø Centres and other regional entities should be first choice partners for their respective languages, if they are interested. We need to explore ways to help raise their profile and fund them back.

In addition to the working group, an advisory group has been established to contribute to the strategy involving Cochrane representatives of different languages of the world, groups currently involved in Cochrane translations, representatives of our IT teams, the CEU, CRGs, and our publisher, as well as external experts of different translation methods.

We have started discussions with Smartling (<http://www.smartling.com>), a leading translation management and consultancy company offering comprehensive translation management solutions. We are currently testing their products and services, and they will be joining us in Québec for a meeting with the working group and representatives of our IT teams and publisher.

2. RELATED**PLOS PAPER:****Translating Cochrane Reviews to Ensure that Healthcare Decision-Making is Informed by High-Quality Research Evidence**

Erik von Elm, Philippe Ravaud, Harriet MacLehose, Lawrence Mbuagbaw, Paul Garner, Juliane Ried, Xavier Bonfill

(to be published coinciding with the Colloquium)

QUÉBEC SESSIONS:

- [Translation of Cochrane summaries: a realistic and timely goal for the Collaboration?](#)
- [Why should we translate Cochrane reviews into French?](#)
- [Impact of translations on access to Cochrane reviews](#)
- [Translating Cochrane Abstracts and Plain Language Summaries from Traditional to Simplified Chinese: Feasibility assessment and user survey](#)

3. TRANSLATION POLICIES

The Cochrane-Wiley Management Team is working to agree on outstanding translation policy issues, which will then also be incorporated into the new Editorial and Publishing Policy Resource.

4. **ON-GOING TRANSLATION EFFORTS**

3.2 STATUS OF TRANSLATION INITIATIVES IN VARIOUS LANGUAGES

An overview of past, present and potential translation projects has been included in the new Editorial and Publishing Policy Resource:

<http://www.cochrane.org/editorial-and-publishing-policy-resource/translation-projects>

3.1 TRANSLATION WORK FLOWS AND PUBLICATION

TRANSLATION MANAGEMENT SYSTEM

We continue to work on improving the functionality of our translation management and publication system in Archie, the Translation Exchange, which most recently has been expanded to include an online editor for translations.

PUBLICATION PROCESSES

French, Portuguese and Croatian translations of abstracts and plain language summaries are published on *Cochrane Summaries* and *CDSR* via Archie on a regular basis. Teams translating into Japanese, Traditional Chinese and Indonesian are currently preparing to use Archie, and are planning to add translations soon.

With the move to Publish When Ready of Cochrane Reviews in June 2013, translations are likewise published on *CDSR* and *Cochrane Summaries* via Archie straightaway as they are completed, and do not have to await the publication of a monthly issue.

Spanish, Traditional Chinese and Simplified Chinese translations have been published through other, one-off processes due to file format compatibility issues.

PUBLICATION STATUS

COCHRANE SUMMARIES

French, Spanish, Portuguese, Croatian and Simplified Chinese translations are published including (to different extents) translated web interface, search function, and browse options.

French: <http://summaries.cochrane.org/fr>

Spanish: <http://summaries.cochrane.org/es>

Portuguese: <http://summaries.cochrane.org/pt>

Croatian: <http://summaries.cochrane.org/hr>

Simplified Chinese: <http://summaries.cochrane.org/zh-hans>

CDSR

French, Spanish, Portuguese, Croatian, Traditional Chinese and Simplified Chinese translations are published underneath the corresponding English abstracts and plain language summaries within CDSR. Wiley will be working on adding non-English search capability by Q1 2014.

Annex 3:

Systematic reviewing in low and middle income countries: a rapid appraisal of capacity

Mukdarut Bangpan, Claire Stansfield, Carol Vigurs, Sandy Oliver

Author affiliation: EPPI-Centre, SSRU, Institute of Education, University of London

Authors' related interests: All the authors of this report are either authors of systematic reviews about low and middle income countries (L&MICs) or have supported review teams in L&MICs, or both. This report includes information and reflections from their home institution, the EPPI-Centre, and other institutions in which they have or still do hold formal roles. They are all contracted by DFID and 3ie to support teams conducting systematic reviews of international development. Claire Stansfield is a member of the Cochrane Information Retrieval Methods Group and was previously a Trials Search Coordinator for a Cochrane Field. Sandy Oliver is a Cochrane Editor and Co-convenor for the Cochrane Agenda and Priority Setting Methods Group; both are authors of Cochrane systematic reviews. Sandy Oliver is a member of the advisory group for the Campbell International Development Coordinating Group.

30 July 2013

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Summary

Background

Systematic reviews are increasingly recognised as important for decisions across policy sectors and for setting priorities for research. However, as this is a movement that started in high income countries (HICs) global capacity is uneven.

Aim

To assess current capacity in low and middle income countries (L&MICs) for producing systematic reviews, reveal challenges to producing systematic reviews in L&MICs and identify promising approaches to strengthening capacity there.

Methods

Information and reflections on capacity and capacity strengthening for producing systematic reviews in L&MICs were sought from the web sites and staff of review funders and support organisations. Current capacity and capacity strengthening efforts were considered at four different levels: individual reviewers; review teams; institutions that fund, support or conduct systematic reviews; and networks and systems to support systematic reviewing internationally. The findings were structured in terms of numbers of systematic reviewers, their skills and confidence, specialist support, information systems for producing and disseminating reviews, developing capacity 'close to policy' and sustainability.

Results

Current capacity largely reflects the history of investment in systematic reviewing across policy sectors and types of questions. The largest network of a skilled workforce and established centres is The Cochrane Collaboration, both in L&MICs and in HICs. Other networks, although smaller, provide specialist skills in the production of reviews beyond health care and beyond questions about the effects of intervention.

Most of this workforce relies on reviews being funded individually, or even one stage at a time, if funded at all. The result is slow progress by volunteers and high staff turnover everywhere. Although training programmes exist, participants can only make good use of them if they are closely aligned with reviews in progress.

Researchers seeking studies about L&MICs or accessing them from L&MICs face challenges in terms of: awareness of and access to appropriate sources; functionality of bibliographic databases; and developing technical skills when frequently interrupted by poor internet connectivity.

Institutional capacity for systematic reviews is absent where systematic reviews are not seen as valuable. Developing individuals with key skills in such an environment is challenging and can have negative consequences if those skills are used only to boost careers by moving out of L&MICs rather than conducting systematic reviews in and for L&MICs.

Institutional capacity is only meaningful if connected to broader systems that create demand for and support the production of systematic reviews and dissemination and use of their findings.

Conclusions

Strengthening capacity needs to take into account varying degrees of confidence to engage with systematic reviews. For policy relevant reviews, the reviewing workforce needs to be complemented by workforces with skills to commission, monitor, peer review and edit systematic reviews. All of these are in short supply in L&MICs.

Decisions about where to invest effort need to consider institutions' current capacity and readiness to change. Such decisions need judgement from inside institutions; similarly it is locals who recognise expert opinion leaders who exert influence through their authority and status, and peer opinion leaders who exert influence through their representativeness and credibility.

Helping change happen makes use of both social and technical influences. For instance, in the short term, some technical shortfalls, for instance in searching capacity, might be met by a distance service. In the long term, improvements in internet connectivity, and access and functionality of databases will allow more people in L&MICs to develop advanced searching skills. In contrast, statistical expertise may be better developed locally because this is not a service easily delivered as a package, but expertise that is needed through several stages of a review.

Recommendations

People in L&MICs should play the major part in considering the feasibility of technical and social solutions for strengthening research capacity in the short and long term, with people in HICs taking a supportive role to meet the diverse needs of L&MICs. Together they should develop a strategy that raises awareness of systematic reviews and enhances basic and advanced skills, and encourages the development of a more conducive environment to produce systematic reviews to meet the needs of L&MICs by:

- Encouraging multinational review teams which span HICs and L&MICs in order to combine their complementary knowledge, skills and institutional resources
- Advocating the role of systematic reviews in academia and for decision-makers elsewhere
- Advocating open access to primary research, systematic reviews and knowledge management resources
- Developing working partnerships to develop information resources
- Involving users and producers of systematic reviews in L&MICs in international methodological debates

Monitoring and evaluation should be an integral part of any capacity strengthening strategy.

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Dr Mona	Nasser	Co-convenor, Cochrane Agenda and Priority Setting Methods Group, The Cochrane Collaboration
Dr Tomas	Pantoja	Faculty Member, Pontificia Universidad Catolica de Chile. Director, Alliance funded Systematic Review Methodology Centre; Editor Cochrane Effective Practice and Organisation of Care Review Group.
Jordi	Pardo Pardo	Managing editor, Cochrane Musculoskeletal Group, University of

		Ottawa
Prof Andrew	Pullin	Director, Centre for Evidence-Based Conservation, University of Bangor
Rebecca	Rees	Associate Director of the EPPI-Centre
Dr Ruth	Stewart	Co-Director, Collaboration for Environmental Evidence's Johannesburg Centre; Senior Research Officer, EPPI-Centre
Dr James	Thomas	Associate Director of the EPPI-Centre
Dr Taryn	Young	Director, Centre for Evidence-based Health Care, University of Stellenbosch, South Africa

Abbreviations

3ie	International Initiative for Impact Evaluation
CEE	Collaboration for Environmental Evidence
EPPI-Centre	Evidence for Policy and Practice Information and Coordinating Centre
HIC(s)	High Income Country(ies)
IDRG	International Development Review Group
JB	Joanna Briggs Institute
L&MIC(s)	Low and Middle Income Country(ies)

Background

Systematic reviewing in low and middle income countries

Since the 1980s there has been a move towards an explicit use of evidence when making decisions about professional practice, service delivery and public policy. This began in high income countries (HICs) in health care and has been spreading across policy sectors and national boundaries.

Systematic reviews are now commonly produced in HICs and increasingly sought and commissioned by policy makers. The applicability of these reviews to Low and Middle-Income Countries (L&MICs) is questionable if the research questions they address are not important to L&MICs or if none of the studies they review were conducted in L&MICs.

The aim of this project is to assess current capacity for producing systematic reviews in L&MICs, reveal challenges to producing systematic reviews in L&MICs and identify promising approaches to strengthening global capacity. It was commissioned by the Canadian Cochrane Centre to inform discussions with other organisations with an interest in systematic reviews in order to increase global capacity for producing systematic reviews, particularly in L&MICs. Although the Cochrane Collaboration provides systematic reviews for the health sector, interest in building capacity for systematic reviews is broader. An initial meeting was convened in Chicago, in May 2013, when participating organisations (Cochrane Collaboration, Campbell Collaboration, 3ie and the EPPI-Centre) shared information about their current capacity to produce systematic reviews in L&MICs. Between them these organisations prepare systematic reviews for health care, health promotion and public health, health systems, education, social justice, social welfare, and international development.

Efforts to increase capacity in systematic reviewing, rather than wait for interest to spread, began with reviews of the effects of health care, with the founding of the Cochrane Collaboration in 1993. The Campbell Collaboration focused efforts on education, social justice and social welfare following an initial meeting in 1999. The Alliance for Health Policy and Systems Research (now hosted by the World Health Organisation (WHO)) established systematic review centres in four L&MICs in 2007. The same year saw the Collaboration for Environmental Evidence being registered for charitable purposes. More recently the International Initiative for Impact Evaluation (3ie) (founded 2008) and the UK Department for International Development (DFID) invested in systematic reviews for international development. DFID's first call for reviews was 2010.

These conscious efforts to build capacity are largely for systematic reviews addressing questions of impact. They are set within a growing community of interest spanning a broad range of public policy sectors and academic disciplines where systematic review methods have evolved to address a broader range of questions.

Policy making raises questions about the nature and scale of problems, assessing the policy options in terms of their feasibility, acceptability and impact, and addressing implementation issues, including scaling up (see figure 1). Reviews addressing all these questions we call 'policy-relevant reviews', although the same or similar reviews may also be relevant to practice and personal decisions. The aim of this report is to assess the capacity for systematic reviewing in L&MICs across public policy sectors,

and across this range of questions spanning problem definition, assessing options and implementing decisions.

Steps in policy making	Policy question	Systematic reviews of...
Defining and framing the problem	What is the need for intervention... the nature, magnitude and framing of the problem?	Observational and qualitative studies
Assessing potential policy options	What is the appropriate set of policy options to address the problem and what are the effects of these options?	Effectiveness studies, economics studies, and studies of views and experiences
Identifying implementation considerations	What are the potential barriers to the successful implementation of the policy options?	Effectiveness studies of implementation Acceptability studies Process evaluations

Figure 1: Examples of the types of systematic reviews needed in different steps in the policymaking process (adapted from Lavis 2009)

Research capacity and capacity strengthening

An analysis of policy documents, position statements and a small literature of empirical studies on evaluating research capacity strengthening, combined with the experience of a UK research support unit resulted in a framework for planning change and measuring progress in research capacity strengthening (Cooke 2005). This framework identified six principles of strengthening capacity by: developing skills and confidence; supporting linkages and partnerships; ensuring the research is 'close to practice'; developing appropriate dissemination; investing in infrastructure, and strengthening elements of sustainability and continuity.

Cooke's principle that research capacity needs to be developed 'close to practice' can be translated for systematic reviews as 'close to decision makers' whether they are practitioners, policy makers or people making decisions about their own or their families' health. Efforts to bring research, policy and practice closer together have been characterised (Best and Holmes 2010) as:

- 'Push-pull' models for clear communication of knowledge products,
- Relationship models for generating and using knowledge where sharing ideas and mutual learning are central,
- Systems models where complex, adaptive systems are nested within other interdependent systems and change is effected through interrelated stakeholders with various roles.

Push models are currently working for L&MICs where: summaries of systematic reviews are packaged for decision-makers (Lavis et al 2009a; Chambers and Wilson 2012). Pull models are designed to help policy makers commission or find systematic reviews (Lavis et al 2009) and decide how much confidence to place in their findings (Lewin et al 2009). Relationship models support not only

research-informed policy but also policy informed research, leading to research evidence that is relevant to policy makers (Jansen et al 2010). Strengthening the capacity for systematic reviewing to support policy decision making therefore necessarily involves the complementary strengthening of demand for systematic reviews by these decision makers.

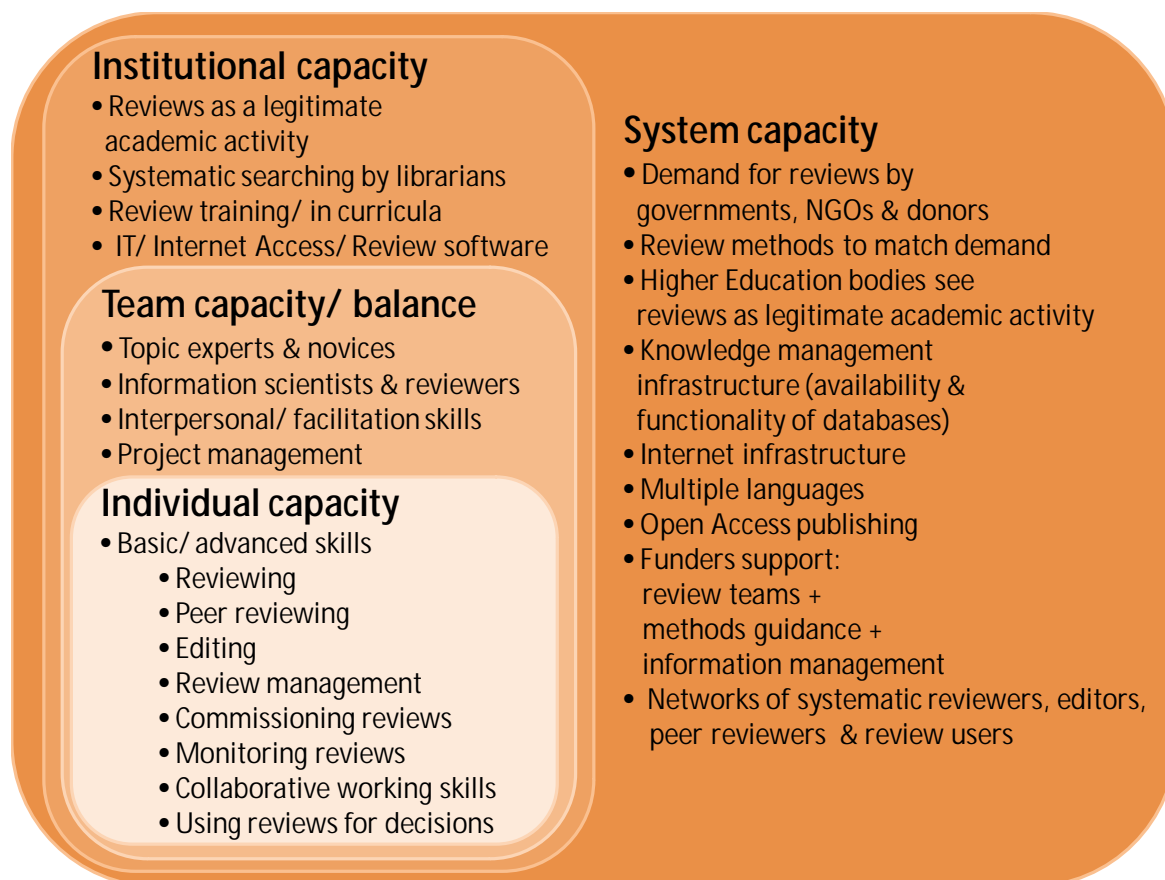


Figure 1: What capacity means for systematic reviewing

Cooke also offered criteria for assessing research capacity and figure 1 applies this framework to the four different levels of capacity for systematic reviewing: individual reviewers; review teams; institutions that fund, support, conduct or use systematic reviews; and networks and systems to support systematic reviewing and their use internationally.

Aims and objectives

The aim of this report is to provide a rapid appraisal of the current capacity and capacity strengthening efforts in L&MICs at four different levels (individual reviewers; review teams; institutions that fund, support or conduct systematic reviews; and networks and systems to support systematic reviewing and their use internationally) taking into account how this capacity differs across policy sectors and for systematic reviews addressing different types of questions.

1 Methods

This is an organisational development initiative conducted with and for national and international organisations wishing to strengthen capacity for producing systematic reviews in L&MICs. Each participating organisation was invited to contribute information and reflections on their current capacity and capacity strengthening efforts for funding, supporting, conducting or using systematic reviews. We sought numbers and locations of organisations producing systematic reviews in L&MICs. We invited these organisations and others working with them to offer reflections on the challenges of producing systematic reviews in L&MICs, and on opportunities for capacity strengthening:

- **Review facilities:** 3ie, Campbell Collaboration, Cochrane Collaboration, Collaboration for Environmental Evidence, Joanna Briggs, and the EPPI-Centre.
- **Review funders:** 3ie, AusAID, Alliance for Health Policy and Systems Research (World Health Organisation), and DFID.

Information was sought through:

1. Inspecting websites hosted by review facilities and review funders (sites searched are listed in Appendix 1.
2. Approaching organisations by email to ask for relevant documents and names of people who may have direct experience of efforts to produce systematic reviews in L&MICs, as defined by the World Bank.¹
3. Broadcasting requests for information about capacity and capacity strengthening in L&MICs via Twitter
4. Inviting reviewers, managers, trainers and funders with direct experience of producing reviews or strengthening capacity in L&MICs to offer their reflections through email conversations or discussions, face-to-face or by Skype or telephone.
5. An on-line survey in May 2012 emailed to participants of a mini-Campbell Colloquium for international development held in Dhaka in December 2012.²
6. Publicly available documents about other organisations found to be relevant during the course of the study.

Ethics: This study was approved by the Research Ethics Committee of the Faculty for Childhood, Families and Health at the Institute of Education, University of London. The sources of information used in this report are listed in Appendices 1 and 2, and individuals are named in the

¹ <http://data.worldbank.org/about/country-classifications>).

² In total, 99 participants were contacted. Twenty two (n=22%) responded to the survey, including review users (n=14), review authors (n=11), peer reviewers (n=7), systematic review trainers (n=2). One respondent held no role in relation to systematic reviewing.

acknowledgements (page 6). The project team had access to electronically stored management information belonging to national and international organisations that fund, support, conduct or use systematic reviews, some of which is not in the public domain. This information was held behind password protected electronic walls. Care was taken to treat all information and reflections constructively to enhance collaborative working and maximise mutual learning.

Analysis: Capacity and capacity strengthening was considered at four levels: individuals and review teams; organisations; and systems. Capacity strengthening themes covered: the workforce and networks, support for systematic reviewing, access to studies and dissemination, systematic reviews in academia and the research-policy interface. The findings were structured in terms of numbers of systematic reviewers, their skills and confidence, specialist support, information systems for producing and disseminating reviews, developing capacity 'close to policy' and sustainability.

2 Findings

Systematic review workforce and networks

Geographical reach

The largest networked workforce of people in L&MICs contributing to systematic reviews is The Cochrane Collaboration (See Appendix 3).³ Countries currently with over 100 Cochrane review authors are in:

- **East Asia:** China (2264), Thailand (227), Malaysia (161)
- **Latin America:** Brazil (750), Columbia (123), Argentina (104), Chile (104)
- **South Asia:** India (441)
- **Africa:** South Africa (269)
- **Middle East:** Iran (132)

Twenty three other L&MICs have between 11 and 100 Cochrane review authors, and a further 32 have 10 or fewer authors. However, no LMIC has more than 10 Cochrane editors, and other specialist roles are scarce, with a total of: eight Trial Search Coordinators (plus one assistant); four statisticians; three Cochrane Library developers; three convenors; two Field coordinators; two Managing Translators ; two Feedback Editors ; and one Editorial Assistant.

The twenty largest L&MIC institutional bases⁴ for Cochrane contributors are in:

- **Asia:** China (Sichuan University, First Affiliated Hospital of Guangxi Medical University, Lanzou University, West China Second University, Second Hospital of Lanzou University, Beijing University), Philippines (Univesity of the Philippines), Malaysia (Universiti Sains Malaysia)
- **Latin America:** Brazil (Universidade Federal de São Paulo), Columbia (National University of Columbia), Chile (Pontificia Universidad Católica de Chile)
- **South Asia:** India (Christian Medical College and Hospital, All India Institute of Medical Sciences), Thailand (Khon Kaen University), Pakistan (Aga Khan University Hospital)
- **Africa:** South Africa (University of Capetown, University of Stellenbosch)
- **Middle East:** Iran (Tehran University of Medical Sciences), Egypt⁵ (Ain Shams University), Syrian Arab Republic (Damascus University)

The Cochrane Collaboration has established its own review groups and centres, often hosted by higher education institutions, to support the production of systematic reviews. Cochrane Centres or

³ Data from Archie, the Cochrane Collaboration's central server for managing documents and contacts details

⁴ Figures are tentative because contributors may not have used the same name to describe the same institution.

⁵ Egypt is in Africa and considered part of the Middle East

their Branches have been established in a number of L&MICs: Southern American Branch (Chile/Argentina), Andean Branch (Colombia), Central American and Spanish Caribbean Branch (Costa Rica), Caribbean Branch of US Cochrane Centre (Jamaica) and Thailand . The production of Cochrane systematic reviews in a country (not necessarily L&MIC) is positively correlated with both the presence of a Cochrane Centre and the presence of a Cochrane Review Group (Gøtzsche et al 2011).

A smaller network of systematic review centres is funded by the Alliance for Health Policy and Systems Research (WHO) in:

- **Asia:** China, Shandong University, China (Three years' funding between 2007 and 2011) then Beijing Normal University (two years' funding from 2013)
- **Latin America:** Chile, Pontificia Universidad Católica de Chile (Three years' funding between 2007 and 2011, and two years from 2013)
- **South Asia:** ICDDR,B, Dhaka, Bangladesh (Three years' funding between 2007 and 2011, approximately 6 staff)
- **Africa:** South Africa, Medical Research Council of South Africa (two years' funding from 2013)
Uganda, Makerere University, (three years' funding between 2007 and 2011)
- **Middle East:** Lebanon (American University of Beirut, two years' funding from 2013: approximately 4 staff and 3 students)

The Joanna Briggs Institute also has Collaborating or Affiliated Centres trained to prepare systematic reviews with a focus on healthcare policy and practice. The numbers given in parenthesis are those for staff at each centre, and the number of authors is usually higher:

- **Asia:** Thailand (19), Philippines (7), Myanmar (4) , China (28+16)⁶, India (3)
- **Latin America:** Brazil (20)
- **Africa:** Ethiopia (32), Uganda (8), Ghana (14), South Africa (12 + 4), Cameroon (3), Kenya (10), Nigeria (2 + 3), Rwanda (3), Tanzania (3), Botswana (3)
- **Europe:** Romania (22 +5)

The staff at some of these centres include trainers accredited to deliver a one week comprehensive systematic review training programme.

The Campbell Collaboration has review groups for crime and justice, education, social welfare, review methods and review users, all coordinated from HICs. The International Development Review Group is based in London, and is part of an Indian-based institution, and supports teams conducting international development reviews, with some of the authors being based in L&MICs.

The EPPI-Centre, in England, supports teams funded to conduct systematic reviews for international development. The central body of the Collaboration for Environmental Evidence is in Wales, and there are other organisational centres in Sweden, Australia and South Africa. Both these networks

⁶ Two figures indicate the number of staff in two centres within the same country

have a close working relationship with the University of Johannesburg in South Africa which hosts the Collaboration for Environmental Evidence's Johannesburg Centre.

A new informal network is emerging from the RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) project (www.ramesesproject.org). Although some realist reviews have addressed international development literature, authors based in L&MICs are few.

Systematic reviewing skills and confidence

Despite these networks reaching into L&MICs, potential reviewers would appreciate more support. Participants at the Dhaka Colloquium (2012) who responded to a survey expressed a strong demand for systematic review capacity strengthening and suggested that local institutions would be well placed to help.

'I already expressed at the Dhaka Colloquium that there is a great need for capacity strengthening in [systematic reviewing] in my country' (Review user, Colombia)

'we have not got exposure on any of training related to systematic review including data analysis.' (Review user, Nepal)

'A number of training programmes are ongoing under an evaluation capacity development project with support from GIZ. These are not [systematic reviews] per se but are supportive. There are huge training needs in the area of policy research, evaluation and policy analysis – with SR perspectives too.' (Review user, Uganda)

'Currently we are offering typical research methodology training course and there is enough demand from the government and NGO sector particularly development practitioners are interested in training program systematic review. My academy can bridge the gap.' (Respondent from National Academy for Planning and Development, Bangladesh)

'We currently conduct training for Systematic Reviews using [Joanna Briggs Institute] methodology. We have a very big University and University Higher Officials are asking to have SR training for General Development... with Campbell and Cochrane methods. We need those trainings in Campbell and Cochrane methods.' (Respondent from Ethiopia JBI Malaria Alert Center, Health Education and Behavioural Sciences Department, Jimma University, Ethiopia)

Respondents indicated organisations within L&MICs which are able to provide advice about producing systematic reviews (n=11) and supporting systematic reviews with searching expertise (n=12), access to bibliographic databases (n=12), access to published literature (n=16), and access to the internet (n=19).

Browsing the internet and contacting review support organisations revealed a range of approaches to developing the capacity of individuals for producing systematic reviews (see Appendix 3 for examples). Conferences offer time and space for training sessions, and stipends help cover travel costs and other expenses associated with travel from L&MICs. Training workshops are offered at review support organisations and by distance learning. These are most often skills-based workshops focusing on introduction to systematic reviews, protocol development, critical appraisal skills and project management, although accredited face-to-face and distance learning courses are also

available (Appendix 3). On-going support is available through mentoring programmes and workshops to instigate peer support and networking. Scholarships and stipends support authors taking time away from their usual work responsibilities to progress their review.

Survey respondents were aware of all these approaches to strengthening individual capacity (mentoring, methods training, practical support for reviewers, belonging to an experienced review team and networking) and strengthening capacity by creating a conducive environment by raising awareness for the use of systematic review among researchers, academics, practitioners and policy makers.

Review support and quality assurance

Even review teams with senior academics and subject expertise could lack experience in systematic reviewing and therefore value technical guidance: developing a conceptual framework, developing search strings from the conceptual framework, the results from initial searches, discussing peer review comments and how to address them, developing a coding tool to extract data and how to present findings, and what kind of synthesis may be appropriate to the review. Support for project management in the form of key milestones for discussing progress, obstacles and next steps is also helpful. A number of organisations support teams producing systematic reviews (see Appendix 4). There are particular challenges to supporting review teams from a distance, whether this be through occasional outreach programmes or information communication technology, relating to channels for communication, technical challenges and language and review specific terminology.

Guidance and training materials

Advice about how to conduct systematic reviews is available on-line from a number of sources (for examples see Appendix 5).

Outreach training

Offering training to institutions that have hitherto lacked opportunities raises particular problems. Hosts often seek to maximize the impact of any training by sending as many people as possible. However, many of the participants engage poorly because their interests are tangential to the production of systematic reviews. Experience in Latin America suggests a promising format of a one hour session raising awareness of systematic reviews, a 2-3 hour workshop on critical appraisal of reviews/primary studies, and 1.5 days tailored to the needs of teams who anticipate preparing systematic reviews. However, formal training about systematic reviewing for people not already committed to a specific review rarely results in a finished product, unless it starts with a session to establish the focus and question for review and includes a follow-up plan with clear milestones.

Extended visits to systematic review centres

While workshops can raise awareness and introduce reviewers to new skills, the opportunity to consolidate those skills and progress reviews takes longer. Novice reviewers have gained from visiting review centres for a week, month or longer to protect time for advancing their review. This practice is particularly well developed at the Cochrane Centre in Cape Town and the EPOC Satellite in Oslo, both of which offer support particularly to reviewers from L&MICs.

Communication technology

Formal written guidance for conducting reviews is complemented by support and guidance for individual reviews. Working relationships with review teams have developed through the use of internet communication. Email correspondence has been supplemented by internet supported discussions such as Skype and Google-Talk although limited access to broadband precludes visual communication through web-cam systems. 'Go to meeting' (www.gotomeeting.co.uk/) and *Elluminate Live!* (www.illuminate.com) allow audio contact and sharing of documents but need an organisation to subscribe in order to convene meetings.

The use of technology for training has proved useful, using pre-recorded YouTube tutorial videos and the use of Blackboard, a Virtual Learning Environment (VLE). This real time teaching environment has the advantage of allowing participation by accepting an email invitation from the trainer without downloading special software. Documents can be shared and discussed, with the trainer's computer screen being shared with the whole group.

Nevertheless, use of the internet is not a universal solution, as we heard from participants at the Dhaka Colloquium.

'We have low speed connectivity and need high speed internet connectivity.' (Review author and review user, Bangladesh)

'Sometimes speed is very slow or limited.' (Review author, peer reviewer, and review user, Ethiopia)

The use of social media, such as LinkedIn has proved promising in locating academics and practitioners to provide topic expert comments on protocols and reviews and build relationships with interested parties in L&MICs.

Language

The dominant language amongst systematic reviewing networks is English. This poses a problem for including people whose first language is not English. The magnitude of the problem varies between countries and between professional groups. For instance, in Latin America, some medics but fewer people in other health professions are sufficiently fluent to navigate the systematic reviewing process. Preparing the final report is less problematic for reviewers based in institutions that offer support for writing in English; there is high demand for this support from Cochrane reviewers based in other Latin American institutions. Where trainers are bilingual, training novices is easier in their local language in order to produce systematic reviews that fulfil local needs. However, finding peer referees who are able to comment on the review is more difficult and the work may be restricted to being used locally.

A small pilot by the Cochrane Developing Countries Network (now de-registered) and Wiley, publishers of The Cochrane Library, had mixed success (Mellor et al undated). The objectives were to improve the standard of English and the clarity of reviews from developing countries written by authors who speak English as a foreign language, and to reduce the time review groups spend on English editing and allow them to focus on helping authors with other editorial matters, such as methodology. Starting in 2007, six reviews were copyedited before peer reviewing and the standard

of English in the reviews was improved. Feedback from participating Cochrane Review Groups (CRGs) was very positive. However, this extended the timeline for reviews, it is not required by all authors using English as a foreign language and copyediting of the final versions was still required. Nevertheless, the pilot has highlighted the need for authors from developing countries to receive more language-focused support during the authoring phase of their reviews.

The Cochrane group in Costa Rica has matched native English-speaking American students who are available during the summer with review authors with the aim of them strengthening a relationship via Email to discuss how to express the meaning of a review clearly. Some relationships have worked well, but timing has not always suited authors' needs and there have been challenges with sustainability.

An alternative strategy is for novice review authors to spend some time with a review support organisation where they can improve their use of English while developing reviewing skills.

Systematic searching

Systematic searching encounters three challenges for L&MIC reviews. The first is that relevant research may be sought from databases that are not well indexed, and this is a challenge wherever the reviewers are based. The second is that reviewers in some locations have poor internet connectivity that precludes efficient use of these databases and the development of skills to use them. The third is that support from more experienced information scientists in other institutions or other countries may be hampered by lack of access to the same information resources. A variety of platforms are available for accessing a range of bibliographic databases. As institutions subscribe to different platforms, review teams and support organisations elsewhere may use different platforms. Local librarians are essential for providing advice about how to search specific resources yet, according to respondents attending the Dhaka Colloquium, support is lacking:

'Although [a] few professionals are able to extract searches but... training [in searching] is needed for full understanding' (Review author, peer reviewer, and review user, Ethiopia)

'There is no support available therefore it is needed.' (Researcher, Nepal)

Three different approaches have been taken to support teams in L&MICs. Colleagues in HICs can help by translating and running searches on databases to which they have access:

'To a certain extent, if we are provided with a complete and final search strategy for the required database we are able to run the search across databases that individuals can show they do not have access to. Most often we find this is necessary with EMBASE as it is (apparently) the most expensive database. (Review author, peer reviewer, review user, Australia)

Alternatively, review support organisations can offer guidance throughout the process of developing a search strategy before it is run by the review team. However, review teams often have their own access to resources or use different database platforms, making the provision of specific guidance difficult. Discussions can be frustrating when novice teams lack skills and understanding, and information specialists lack time and access to the knowledge resources available to the review team.

Lastly, review support organisations can design and implement search strategies for review teams. This ensures the quality of the reviews, but is very time consuming (typically two weeks per review), currently incurs costs appropriate for HICs and does not raise the skills of people in L&MICs.

This problem is partially overcome by some new information sources such as the 3ie databases of systematic reviews and impact evaluations.

Knowledge management

Researchers seeking studies about L&MICs or accessing them from L&MICs face challenges in terms of: awareness of and access to appropriate sources; functionality of bibliographic databases; and developing technical skills when frequently interrupted by poor internet connectivity. Having found studies reviewers, face the challenge of managing information about those studies throughout the course of each review.

Identifying studies

Although some bibliographic databases are open access, some rely on institutional subscriptions. Access to bibliographic databases is particularly limited in L&MICs, as was raised by participants at the Campbell mini-Colloquium in Dhaka:

‘There is no any provision of electronic data base except Hinari.’ (Review author, Nepal)

‘Whilst we have access to numerous biographic databases, it’s not comprehensive, and patchy in some fields. In sum, our access is much better than many developing countries, but we do not have the access of first world countries [HICs] - mainly due to financial resources.’ (Review author and peer reviewer, South Africa)

Cochrane Groups working with the WHO Library and other volunteers have compiled a list of databases, web sites and journals relevant to L&MICs.⁷ EPOC also makes available search filters for MEDLINE (Ovid), EMBASE (Ovid), PubMed and CENTRAL (Web) to help identify studies relevant to L&MICs, although these filters have not yet been tested for their sensitivity and specificity.⁸

The Alliance funded Methodology Centre in Chile has been critical in contributing to adapting search strategies for language focused databases such as LILACS (in Portuguese and Spanish), as well as screening the articles which were not in English. Their website (<http://unipss.cl/>) now provides access to materials in English and in Spanish. This Centre has also introduced issues related to systematic reviews in health policy and systems research in different teaching activities in their institution mainly at post-graduate level. Bireme similarly hosts a virtual health library in three languages.⁹ The Bangladeshi Systematic Review Centre has delivered an introductory course about finding studies, particularly through HINARI, and managing bibliographic information.

A further challenge to identifying the research literature is that relevant research may not be captured through these databases and needs to be sourced through organizational websites,

⁷ <http://epocoslo.cochrane.org/lmic-databases>

⁸ <http://epocoslo.cochrane.org/lmic-filters>

⁹ <http://regional.bvsalud.org/php/index.php?lang=en>

contacting authors, internet search engines and other means, and this can be a skilled task. Furthermore, drawing on these other sources can be particularly challenging if the geographical scope is wide and documents exist in many different languages.

Functionality of databases

Whether or not they are conducted in L&MICs, systematic reviews about international development often encompass multiple academic disciplines and policy sectors. They also encompass concepts that have a range of meanings and could be expressed differently in different literatures. Many databases are not well designed for such searches for several reasons.

- 1) Focusing on L&MICs within a database of global coverage often requires using a long string of search terms describing individual countries or regions. As a consequence, systematic searches tend to be long and complex, and are sometimes difficult to execute even within some large subscription-based databases.
- 2) Many citations are poorly indexed (a problem not restricted to international development reviews) and relevant literature is difficult to capture.
- 3) In some databases the use of long search strings is not feasible, and multiple simple searches are used instead which may not capture all the relevant literature; and this may require additional work of removing multiple duplicates.
- 4) Some databases do not allow the search results to be imported in a format for transfer into reference management or review management software. Instead the items must be screened at source, and any relevant items individually entered into the reference management or review management software.
- 5) For databases that can only be searched by broad topics, the search output can sometimes be overwhelming if the amount of literature coded within a specific subject heading is too vast and in cases where empirical research is hidden within a wealth of other material.
- 6) Some repositories do not include abstracts alongside titles, and this is more challenging to search for the studies within the database and creates difficulties for judging the relevance of a document to a review.

Collaborative partnerships between review teams wishing to enhance access to research and commercial providers wishing to attract customers can be mutually beneficial (Nasser et al 2008). Methodological studies to test functionality followed by joint efforts for improvement suits the agenda of both groups.

Accessing studies

Once searches are run, there are issues about accessing full text copies of the published literature:

'No funding for this.' (Review author, Nepal)

'Currently yes as we have limited source available from JBI. Only those professionals who are core members of JBI Ethiopia center have access to data bases.' (Review author, peer reviewer, and review user, Ethiopia)

There are a number of initiatives to improve access to research, particularly for L&MICs. INASP (www.inasp.info/en/) is an international development charity working with a global network of partners to improve access, production and use of research information and knowledge, so that countries are equipped to solve their development challenges.

The British Library for Development Studies has compiled a collection of resources for researchers. Most are available free, or at low cost, to researchers in developing countries.¹⁰ 3ie is building a database of policy briefs, systematic reviews and impact evaluations specific to L&MICs.¹¹

Conversely, regional journals and national journals in L&MICs are not readily accessed by HICs. Thus, international collaboration is important for strengthening research teams' capacity to access full text papers and retrieve all relevant studies. Moreover, publications in multiple languages require searching and reviewing in different languages. For example, SE Asia Index and REDUC¹² (Latin American Information and Documentation in Education) may be useful tools.

International agreements with publishers support access to bibliographic databases from L&MICs. The HINARI Programme (www.who.int/hinari/en/) set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. Up to 11,400 journals (in 30 different languages), up to 18,500 e-books, up to 70 other information resources are now available to health institutions in more than 100 countries, areas and territories benefiting many thousands of health workers and researchers, and in turn, contributing to improve world health.

UNESCO's Global Open Access Portal (GOAP),¹³ funded by the Governments of Colombia, Denmark, Norway, and the United States Department of State, presents a current snapshot of the status of Open Access (OA) to scientific information around the world. For countries that have been more successful implementing Open Access, the portal highlights critical success factors and aspects of the enabling environment. For countries and regions that are still in the early stages of Open Access development, the portal identifies key players, potential barriers and opportunities.

Review management software

Nearly three quarters of the respondents who attended the Dhaka colloquium indicated that their organisations were not able to provide review management software. There are a number of specialist review software applications which support different types of reviews (see table 1). Those with an on-line interface are particularly valuable for supporting international teams by allowing each member of the team, and their support organisations, to access the data, although they do require high speed internet connectivity.

¹⁰ <http://blds.ids.ac.uk/about-us/resources-for-research/resources-for-developing-country-researchers>

¹¹ <http://www.3ieimpact.org/evidence/>

¹² <http://biblioteca.uahurtado.cl/ujah/reduc/catalogo.htm>

¹³ <http://www.unesco.org/new/en/communication-and-information/portals-and-platforms/goap/>

Table 1: Specialised systematic review applications* (amended from Brunton and Thomas 2012)

Name	Organisation	Web	Notes
Archie	Cochrane Collaboration	http://archie.cochrane.org/	The Cochrane Collaboration's central server for managing documents and contacts details
ASSERT	NaCTeM	http://www.nactem.ac.uk/assert	Text mining demonstrator project
Comprehensive meta-analysis	Comprehensive meta-analysis	http://www.meta-analysis.com/	Standalone Provides statistical meta-analysis functionality
Distiller SR	Evidence Partners	http://systematic-review.net/	Online
EPPI-Reviewer	EPPI-Centre	http://eppi.ioe.ac.uk/	Online Supports reference management, coding, qualitative, quantitative & mixed methods synthesis, & review management
Mix 2.0	Leon Bax	http://www.meta-analysis-made-easy.com/	Provides statistical meta-analysis functionality within excel
RevMan	The Cochrane Collaboration	http://ims.cochrane.org/revman	Standalone (with online interface to create / update Cochrane reviews)
SUMARI	Joanna Briggs Institute	http://www.joannabriggs.org/services/sumari.php	Online modules with installed component

*For full details of each application please consult the relevant website

Disseminating systematic reviews

The greatest collection of systematic reviews is in *The Cochrane Library* (www.thecochranelibrary.com) which includes six databases that contain different types of high-quality, independent evidence to inform healthcare decision-making. On-line access is available to:

- Countries, institutions or individuals who pay an access subscription

- Over 100 L&MICs, costs incurred by the Cochrane Collaboration and John Wiley & Sons, publishers of The library.
- L&MICs accessing through the Health InterNetwork Access to Research Initiative (HINARI) at no or low cost, depending on the country.
- Named research organizations in selected partner countries within the International Network for the INASP/PERii (www.inasp.info) at low cost.
- All readers where authors have paid an article publication charge for immediate open access (Gold open access); or from 12 months following publication (Green open access).

Some reviews are packaged in special collections relevant to L&MICs, such as the:

- Reproductive Health Library: To ensure that healthcare professionals in developing countries have access to information that is relevant to local needs, in 1997 the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) launched an electronic publication entitled The WHO Reproductive Health Library.
- WHO electronic Library of Evidence for Nutrition Actions (eLENA): This resource was launched in August 2011 in English, and the NGO continues to provide technical support for systematic reviews.
- Evidence Aid: Evidence Aid is a project which was conceptualized by members of The Cochrane Collaboration, established following the Indian Ocean tsunami in December 2004. It is designed to bring together reliable and relevant information on the effects of healthcare interventions relevant to natural disasters, humanitarian crises and/or major health emergencies. Evidence Aid currently provides four Special Collections, freely available from the homepage of The Cochrane Library (www.thecochranelibrary.com) and via the Evidence Aid web page (www.evidenceaid.org).
- 3ie Systematic review database: covers systematic reviews of the effectiveness of social and economic interventions in low-and middle-income countries. It contains over 200 summaries of systematic reviews, but without access to the full texts, unless the original publishers have made them freely available. 3ie uses a checklist for the quality appraisal of systematic reviews in the database.
- JBI reviews, including those conducted by authors in developing countries, are available in the online journal JBI Database of Systematic Reviews and Implementation Reports¹⁴ These reviews are also accessible via HINARI at no or low cost.

¹⁴ <http://www.joannabriggslibrary.org/jbilibrary/index.php/jbisrir/index>

- Health Systems Evidence¹⁵ 'is a continuously updated repository of syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems'.
- Epistemonikos¹⁶ is a collaborative, multilingual database of research evidence and knowledge translation products, including systematic reviews, overviews of reviews, primary studies included in systematic reviews and structured summaries of that evidence.

Developing systematic review capacity 'close to policy'

Originally this principle was termed developing research capacity 'close to practice', to ensure that research is highly relevant to practice or policy concerns (Cooke 2005). Here we use the term 'close to policy' to align with Lavis's (2009) framework about different sorts of questions, and we nest within it closeness to practice and personal or family concerns.

Capacity to produce systematic reviews is related to the capacity to use them. We found three different approaches to tackling this problem: strengthening capacity to use systematic reviews as well as capacity to produce them; creating partnerships that span policy-research interfaces; and commissioning systematic reviews within a programme that also strengthens capacity amongst the immediate review 'customers' as well as the review producers.

Strengthening capacity to use and produce systematic reviews

Systematic review facilities typically include within their programme of work strengthening capacity to use as well as produce systematic reviews. Working with both research and policy networks helps the exchange of ideas between them. One of the largest programmes for strengthening capacity in L&MICs is the Effective Health Care Research Consortium funded by DFID,¹⁷ which is closely linked with over 450 authors and 16 editors of the Cochrane Infectious Diseases Group. Key achievements¹⁸ of this programme include:

- 56 new Cochrane review authors from L&MICs trained and supported to complete reviews since 2005.
- Over 70 issues of Evidence Update produced (2 page summaries of the Cochrane Reviews) that are most relevant to people in L&MICs.
- The South Asia Cochrane Centre and Network, established in April 2005, greatly enhancing the capacity for and influence of evidence-based health care research in Asia.
- Helping the Global Alliance for Vaccines and Immunisation (GAVI) to identify, interpret and disseminate reliable research reviews to improve the delivery of vaccines globally.

¹⁵ <http://www.mcmasterhealthforum.org/healthsystemsevidence-en>

¹⁶ <http://www.epistemonikos.org/>

¹⁷ <http://www.evidence4health.org/>

¹⁸ <http://www.evidence4health.org/achievements.htm>

- Consortium research with postgraduate doctors in Africa showing that the internet is used widely but access to reliable medical information is generally poor. This has helped push forward the agenda to increase access to reliable internet-based resources in L&MICs.

Another major investment for L&MICS is made through the Norwegian Satellite of the Cochrane Effective Practice and Organisation of Care Review Group which provides stipends, practical resources, support and training for:¹⁹

- L&MICs to *undertake and update* relevant EPOC reviews and to access and *use the results* of EPOC reviews
- WHO and other international organisations to *undertake and update* relevant EPOC reviews and to *access and use the results* of EPOC reviews that are relevant to L&MICs [emphasis added]

This group is also expanding and focusing on the sustainability of its editorial capacity with a particular focus on L&MICs.

Similarly, 3ie 'works both sides of the equation: helping researchers better communicate their findings and stoking the demand for good evidence by policymakers.'²⁰

Networks spanning policy and research

Internationally, there are ten or so networks, which promote partnerships across the policy-research interface. EVIPNet, for instance, works 'at the national, regional and global levels among health system policy-makers and other stakeholders (including civil society, health professionals, health managers, researchers, and funders) to strengthen health systems and improve health outcomes through regular access to, assessment, adaptation and use of context specific research evidence.' (WHO 2012) (see Appendix 7). Similarly, the Regional East African Community Health-Policy Initiative (REACH) links health researchers with policy-makers and other research-users to support, stimulate and harmonize evidence-informed policymaking processes in East Africa. REACH serves researchers by 'harvesting, synthesizing, re-packaging, and communicating the policy-relevant evidence of their studies for easier use, [and simultaneously serves] policymakers and other government officials by providing evidence, identifying gaps, setting priorities, and expressing their policy needs in the form of questions that can be investigated scientifically.'²¹ On an organisational scale, strengthening capacity in systematic reviewing and evidence-informed practice took a systems approach in South East Asian hospitals (McDonald et al 2010).

Building review capacity 'close to policy'

Cooke's (2005) analysis of assessing research capacity, focusing on measuring the usefulness or the 'social impact' of research, concluded that conducting 'useful' research involves an appropriate mix of skills and experience within research teams with the most relevant and useful research questions

¹⁹ <http://epocoslo.cochrane.org/scope-our-work>

²⁰ <http://www.3ieimpact.org/en/about/what-3ie-does/policy-influenc/>

²¹ http://www.eac.int/health/index.php?option=com_content&id=96&Itemid=125

being those generated by, or in consultation with, practitioners and services, policy makers and service users. She cites empirical evidence suggesting that practitioners and policy makers are more likely to engage in research if they see its relevance to their own decision making. Paraphrasing Cooke strengthening research capacity 'close to policy' is also useful because of the skills of critical thinking it engenders which can also be applied to policy decision making.

Two international investment programmes have strengthened capacity for systematic reviewing close to policy. The first was funded by the Alliance for Health Policy and Systems Research. In 2007, the Alliance awarded four grants to institutions from four different L&MICs in order to establish centres for evidence synthesis in health policy and systems research. Three Centres, in Uganda, China and Bangladesh, focused on specific high priority themes for the Alliance (human resources for health, health financing and the role of the non-state sector in health), and the fourth, a Methodology Centre located in Chile, focused on the development and dissemination of evidence synthesis methodology for HPSR in LMICs. Support was provided by three HIC systematic review centres: the Oslo Satellite of the Cochrane Effective Practice and Organization of Care (EPoC) Group, the EPPI-Centre at the Institute of Education in London, and the Effective Health Care Research Programme Consortium at the Liverpool School of Tropical Medicine in Liverpool). A qualitative case study captured the methodological challenges of this work (Florenzano et al 2010) in five themes: synthesizing health systems research; information and communication technology, research and knowledge resources and conventions, language barriers, and development of novice reviewers learning review skills and simultaneously facing all the challenges above. The relatively few qualitative studies in research data bases was compounded by poor indexing and lack of common terminologies, especially for more interpretive research. The complexity of interventions and importance of contextualising findings presented challenges to synthesis. At the time there was a paucity of appraisal tools and model examples for incorporating different methodologies required for health systems research or for questions other than 'what works?', although this situation has since improved (Gough et al 2012). Searching in English as a foreign language was slow and difficult. Low speed internet connections presented the same barriers still faced by some L&MIC reviewers. Formulating a question into the population, intervention, comparator, outcome (PICO) format was problematic for questions addressing systems rather than patients. Transforming questions into search terms required good conceptual understanding of complex system level interventions. Despite embarking on a new methodology, the priorities of the review teams were closer to a researcher's world view than that of the potential review users. They were not steeped in the politics. Despite these challenges there was important learning for both the L&MIC teams, focused in the challenges of identifying and retrieving studies or how to contextualize findings from high income settings, and the HIC supporting colleagues, with their conceptual emphasis on methodological challenges in formulating questions and establishing an appropriate search strategy. The authors considered this a reflection of

the different stances that are assumed by local teams in LMICs with their daily constraints in contrast to collaborators in HIC where a number of issues are taken-for-granted. However, this also could be useful to identify a way to build a collaborative effort in this area between teams with different on-the-ground realities.

Complementary learning emerged from an evaluation of the pilot programme of systematic reviews conducted by the UK Department for International Development (Rose and Battcock 2012) (see Appendix 7). Recommendations included giving more time and guidance to the task of identifying

important questions that can be appropriately addressed by systematic review methods, and for continuing engagement by policy leads with reviews in progress. An overarching problem, broader than this programme alone, mentioned by many people, is the research-policy disconnect:

It is hard to pin down exactly what the problem is, but barriers of understanding and communication between the two communities are clearly perceived to impact negatively on the effectiveness and use of the [systematic reviews] and other similar research and evidence products.

Sustainability

Systematic reviewing has relied largely upon an unsettled workforce, some enthusiasts, and piecemeal funding to produce reviews and develop resources and methodology. High staff turnover results from: career progression routes which do not take into account the production of systematic reviews; between project movement of staff whose salaries depend wholly on research contracts; staff who have been working abroad in L&MICs returning to their home country; or, conversely, staff who see active involvement in a systematic review network as a route to working abroad in HICs. These challenges, alongside a lack of resources such as high speed internet and access to electronic data sources (see below), reduce commitment, motivation and vision. For these reasons, not all systematic review centres are actively producing reviews.

Sustainability requires systematic reviews to be at the heart of academia, part of the core business of universities which is comprised of research, teaching and knowledge transfer. Systematic reviews have a role to play in each of these activities. This is a fairly recent development, especially in L&MICs, as systematic reviews have commonly been seen as technical rather than academic exercises, and have only recently been recognised alongside primary research when judging the research capacity of institutions, even in HICs. In some countries, systematic reviews are still not seen as credible research activities amongst academics and are therefore unlikely to attract institutional support.

Growing interest in systematic reviews has met resistance in successive academic disciplines over the past thirty years. In making judgements open, and encouraging critical thinking, systematic reviews are essentially democratic tools and thus they have challenged professional authority, academic convention, policy directions and public services. Tensions and controversies are likely to re-emerge as capacity strengthening efforts bring systematic reviews to new areas (including those outside of healthcare). Tensions and controversies may be heightened in countries where academic freedom is limited and critical thinking discouraged.

There are few accredited postgraduate courses for systematic reviewing, relative to accredited courses for primary research and relative to short courses for developing practical skills. A short list of Masters level courses available entirely on-line, and therefore open to paying students with good internet access, appears in Appendix 6. Accreditation not only provides students with qualifications and ensures the courses meet recognised academic standards of teaching, but it also brings courses to the attention of academic colleagues participating in the accreditation process.

A high profile for systematic reviews depends in part on the publication of reviews and related papers in academic journals, both topic-focused or methodology-focused, such as *Research Synthesis Methods* and *Systematic Reviews*. The growth in open access publishing is important for review

accessibility in L&MICs. However, review relevance to L&MICs may remain limited while L&MICs are poorly represented by authors of reviews and on editorial boards of international journals.

Libraries are central services for university research and well placed to support review authors in their search for studies, yet the skills, resources and infrastructure required to support systematic literature searches are a particular weakness in L&MICs.

Systematic reviews are an important step in gathering research knowledge from academia and passing it to services for the public. As knowledge transfer is growing as a core activity for universities, at least in HICs, so there are growing opportunities for systematic reviews to be seen as core activities too.

3 Discussion and conclusions

Summary of findings

Effort was first invested in strengthening systematic review capacity in health, specifically for clinical care in the 1980s, initially in the area of pregnancy and childbirth and later, in the 1990s for health care and health promotion and public health more broadly. Since then effort has also been invested in other social sciences: schooling, health systems and international development. Current capacity largely reflects this history.

The largest network of a skilled workforce and established centres is The Cochrane Collaboration, both in L&MICs and in HICs; their primary focus is on health and questions about the effects of interventions. Other networks, although smaller, provide specialist skills in the production of reviews beyond health care and beyond questions about the effects of intervention. Editors, statisticians and information science specialists are in short supply.

Most of this workforce relies on reviews being funded individually, or even one stage at a time, if funded at all. The result is slow progress by volunteers and high staff turnover everywhere. Although training programmes exist, participants can only make good use of them if they are closely aligned with reviews in progress. For policy relevant reviews, the reviewing workforce needs to be complemented by workforces with skills to commission, monitor, peer review and edit systematic reviews. All of these are in short supply in L&MICs.

Institutional capacity is particularly weak where systematic reviews are not yet seen as valuable as primary research and where training opportunities are limited and access to knowledge management resources is poor so providing few opportunities for librarians or reviewers to develop systematic searching skills. Developing individuals with key skills in such an environment is difficult and even counterproductive if those skills are used only to boost careers by moving out of L&MICs rather than conducting systematic reviews in and for L&MICs.

Institutional capacity is only meaningful if connected to broader systems that create demand for and support the production of systematic reviews and dissemination and use of their findings. Review facilities typically seek to encourage policy makers to draw on systematic reviews by providing guidance and training to help them do so. However, methods for reviewing literatures systematically

are not well developed to address all types of policy relevant questions; more methods development and capacity strengthening is required to answer questions other than impact and to take into account the complexity of interventions and context. Only some HICs provide a conducive environment where systematic reviewing is considered a legitimate academic activity comparable in status with primary research. Although some experienced systematic reviewers are senior academics the limited number of academic accredited courses suggests that systematic reviewing is peripheral to traditional academic career paths. The resources required to support the production of systematic reviews in L&MICs are often limited: slow internet connections and costly subscriptions limit access to bibliographic databases and journal articles; limited functionality of databases and multiple languages challenge the identification of studies to include in reviews.

Strengths and limitations of the study

This was a rapid appraisal, relying on key informants and an informal survey. It was informed by theoretical and empirical research but is necessarily incomplete and reflects the perspectives of the authors and the people they knew or found during the work. It spans several systematic review networks with different histories which offer confirmatory evidence about the challenges to strengthening systematic reviewing capacity in L&MICs. Reliable data was hard to come by and information systems designed to manage review programmes are not currently well designed to produce reports about L&MIC capacity. These systems need attention before a much more thorough situational analysis can be provided.

Research capacity strengthening

There is a broader literature about strengthening research capacity for L&MICs. Some of this literature has been brought together systematically. Cole et al (2012) systematically sought published literature to synthesize information about the design, setting, type, measurement indicators and impact of health research capacity strengthening projects in LMICs. They found the literature dominated by descriptive accounts with little published evaluation. A narrower study systematically reviewed the evidence about the impact of capacity strengthening of agricultural research systems for development and the conditions of success (Posthumus et al 2012). Although the literature included in that review did not overlap with the literature informing this rapid appraisal, the messages were similar and they concluded that the key requirements for successful capacity development include:

- *A sound and detailed capacity needs assessment in which the beneficiary and its key stakeholder organisations play an active part.*
- *Strong commitment of senior managers and staff to support the capacity strengthening interventions, often as part of a change process which requires new ways of thinking and behaving and the adoption of new systems or structures.*
- *Adequate management structures and systems in place to capture the benefits and share good practice.*

- *Monitoring and evaluation systems which document the capacity strengthening process, measure indicators and targets and have a strong focus on learning. The interventions and monitoring and evaluation systems have to be based on clear and justified impact pathways.*
- *Sustained appropriate support over a long enough period to institutionalise new approaches.*
- *Fostering collaborations and strengthening relationships with other national... research systems actors.*

A broader, but unsystematic, review drew conclusions about the factors likely to lead to sustainable research capacity in developing countries (Lansang and Dennis 2004):

- **An enabling environment:** leadership, career structure, critical mass, infrastructure, information access and interfaces between research producers and users) and
- **Success factors:** political will and credibility, adequate financing, and a responsive capacity-strengthening plan that is based on a thorough situational analysis of the resources needed for health research and the inequities and gaps in health care.

Bates et al (2006) developed a tool for evaluating health research capacity strengthening that was informed by a systematic search for published models and effective capacity-building principles, together with structured reflection and action by stakeholders at a teaching hospital in Ghana.

More may be learnt from the Capacity Strengthening Implementation Research Unit at the Liverpool School of Tropical Medicine.²²

Spreading ideas about systematic reviews

Developing a strategy for strengthening systematic review capacity can draw on the wider literature about theories of innovation. A systematic review of the diffusion of ideas in service organisations (Greenhalgh et al 2004) has synthesised evidence that can inform debates about how to spread systematic reviewing. It describes how the organisation and management literature considers three fundamentally different ways in which new ideas spread:

- 'making change happen' with 'scientific, orderly, planned, regulated, programmed, systems' applied through managerial mechanisms to cascade ideas or re-engineer systems;
- 'letting change happen' through 'unpredictable, unprogrammed, uncertain, emergent, adaptive [and] self organizing' to construct new knowledge;

or, between these two extremes,

- 'helping change happen' by negotiation, influence and enabling with a combination of social and technical mechanisms.

²² <http://www.lstmliverpool.ac.uk/research/departments/international-public-health/capacity-strengthening/>

‘Making change happen’ for systematic reviewing on an international scale across policy sectors and academic disciplines seems unrealistic. ‘Letting change happen’ as ideas emerge in new contexts may miss opportunities for faster shared learning. ‘Helping change happens’ seems promising, especially in light of what is learnt from this rapid appraisal.

Greenhalgh et al (2004) identified the features of ideas that spread fast, many of which are shared by the concept of systematic review. For instance, systematic reviews have advantages over their alternatives (individual studies and non-systematic reviews) and are compatible with decision-making for policy, practice, personal care and research. They are conceptually simple and novices can learn the basics before grappling with advanced elements. Reviewers can adapt or refine methods to suit different needs, by retaining core characteristics and adding specialist elements. Embarking on systematic reviewing is less risky than embarking on new primary research without being informed by a systematic review. Systematic reviews relate directly to the role of academics wishing to keep abreast of developments in their own field. Guidance documents and support are widely available.

Given these characteristics, the central idea of systematic reviewing should, in theory, spread fast. However,

People are not passive recipients of innovations. Rather (and to a greater or lesser extent in different persons), they seek innovations, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, “work around” them, gain experience with them, modify them to fit particular tasks, and try to improve or redesign them—often through dialogue with other users. (Greenhalgh et al 2004)

This systematic review also found that uptake of new ideas by individuals was dependent on:

- Awareness of the purpose, use and potential impact on them personally *before adoption*
- Continuing access to information and training *during early adoption*
- Adequate feedback *to established innovation users* about the consequences of adoption and sufficient opportunity, autonomy, and support to adapt and refine the innovation to improve its fitness for purpose

Uptake by organisations was found to be:

an organic and often rather messy model of assimilation in which the organization moved back and forth between initiation, development, and implementation, variously punctuated by shocks, setbacks, and surprises (Greenhalgh et al 2004)

The strongest evidence revealed by this systematic review about sustaining innovation places centre stage not the people with an idea to share, but the individuals and organisations encountering a new idea who will choose whether or not to engage with it. The people with the idea to share can help raise awareness and offer information and training for individual new users, but for an idea to stick success depends on formal collective decisions to pilot, evaluate and roll out new ways of working. Help can come from boundary spanners or knowledge brokers, preferably working in teams not individually, or with support, to avoid blocking the sharing of ideas (Long et al 2013). The implications

for strengthening systematic reviewing in L&MICs are clear: the lead needs to come from L&MICs, with support from experienced reviewers, review organisations based there and elsewhere and people with the background and skills to work across the boundaries between professional cultures.

The likelihood of a formal programme influencing L&MICs taking up systematic reviews will depend in part on the nature and quality of the relationship between those in L&MICs and those seeking to influence them.

Conclusions

While this study provides a useful picture of current systematic review capacity, and experience of efforts to strengthen systematic review capacity, recommendations about how to strengthen this capacity are drawn largely from the complementary findings of systematic reviews of the wider literature about: strengthening research capacity (Bates 2006), particularly for health and agriculture in L&MICs (Cole et al 2012; Posthumus et al 2012); and about how ideas spread through organisations (Greenhalgh et al 2004) and collaborative networks (Long et al 2013). The implications of this literature involve putting centre stage the people who are not yet fully engaged with systematic reviews and explore the meaning and utility of systematic reviews from their perspective. These include potential users of reviews who are well placed to influence the production of reviews. For instance, research councils and other funders in L&MICs, once appreciating how systematic reviews relate to their core responsibilities, could require systematic reviews before funding primary research.

Knowing that the history of systematic reviews has seen shifts in their shape and methods as they have crossed boundaries into new policy sectors and academic disciplines, more changes can be expected if they are to meet the knowledge needs of new groups of people. In this scenario current enthusiasts for systematic reviews have a supportive role to play, providing technical support when it is readily available or, when it is not, helping potential users fashion systematic reviews to achieve relevance to their needs and satisfy research methodology simultaneously. Strengthening capacity for systematic reviewing in L&MICs is unlikely to be a homogeneous activity or lead to homogenous products.

Strengthening capacity needs to take into account varying degrees of confidence in engaging with systematic reviews. Decisions about where to invest effort need to consider institutions' current capacity and readiness to change. Such decisions need judgement from inside institutions; similarly it is locals who recognise expert opinion leaders who exert influence through their authority and status, and peer opinion leaders who exert influence through their representativeness and credibility.

Helping change happen makes use of social and technical influences. In the short term, some technical shortfalls, for instance in searching capacity, might be met by a distance service. In the long term, improvements in internet connectivity, and access and functionality of databases will allow more people in L&MICs to develop advanced searching skills. In contrast, statistical expertise may be better developed locally because this is not a service easily delivered as a package, but expertise that is needed through several stages of a review. Figure 3 illustrates how 'helping change happen' might be applied specifically to strengthening capacity for systematic reviews.

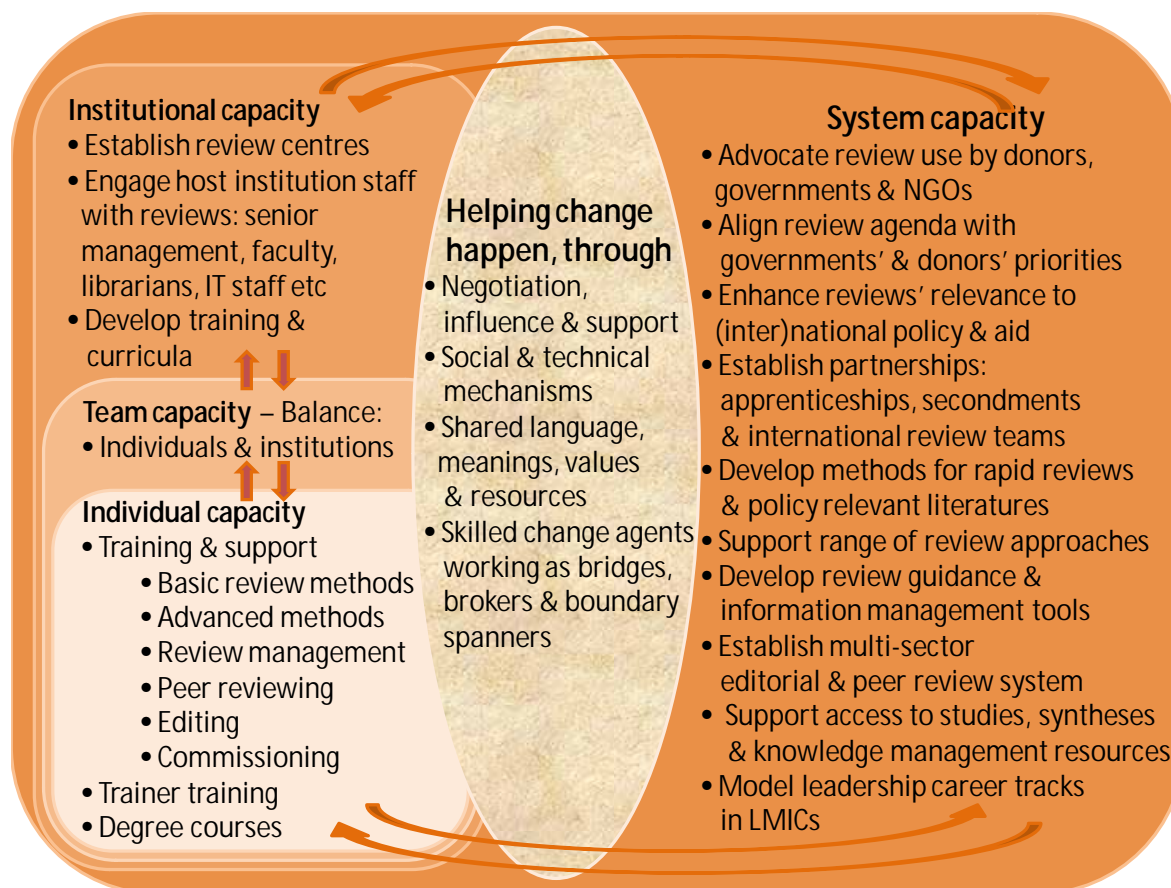


Figure 3: What capacity strengthening involves for systematic reviewing

4 Recommendations

The first step towards strengthening capacity is to invite enthusiasts from L&MICs to take the lead in negotiating, influencing and supporting strategies to strengthen systematic review capacity in their own countries. While their counterparts in HICs can make suggestions and offer technical and social support, people in L&MICs will be the main change agents who are most familiar with potential users and producers of systematic reviews and best placed to adopt, adapt or develop new technical and social solutions for overcoming challenges in the short and long term. A balanced partnership can provide a fruitful synergy of ideas arising from immediate practical challenges in L&MICs and worldwide methodological debates.

The strategy is required not only to raise awareness of systematic reviews and enhance basic skills, as is already happening, but also to enhance specialist skills worldwide and develop a more conducive environment for systematic reviews by:

- Encouraging multinational review teams which span HICs and L&MICs in order to combine their complementary knowledge, skills and institutional resources
- Advocating the role of systematic reviews in academia and for decision-makers elsewhere

OPEN ACCESS

- Advocating open access to primary research, systematic reviews and knowledge management resources
- Developing working partnerships to enhance information resources
- Involving users and producers of systematic reviews in L&MICS in international methodological debates

Monitoring and evaluation should be an integral part of any capacity strengthening strategy.

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Appendix 1: Internet search

The search for information about capacity and capacity strengthening in L&MICs began with searching the following websites:

- The Cochrane Collaboration
 - Sections browsing in a) news and events; archives of Cochrane in the media and homepage features; b) Training
 - Search using search function on the website: key terms used include 'capacity strengthening' (n= 92)
- Australasian Cochrane Centre
- Bahrain Branch of the UKCC
- Italian Cochrane Centre
- South Africa Cochrane Centre
- South Asian Cochrane Centre
- The Nordic Cochrane Centre (NCC)
- UK Cochrane Centre
- SEA-ORCHID project
- SEA- URCHIN project
- The Campbell collaboration
- 3ie International Initiative for impact evaluation
- Collaboration for Environmental Evidence (CEE), CEE's Johannesburg Centre
- EPPI-Centre
- Joanna Briggs Institute
- Alliance for Health Policy and Systems research
- ICDDR, B
- Health evidence, McMaster University
- Department for International Development, UK
- Effective health care research consortium
- Liverpool School of Tropical Medicine

Appendix 2: Systematic review workforce and networks

Cochrane Collaboration

The Cochrane Collaboration has the most extensive network of systematic reviewers that we have been able to find. Figures 4 to 6 show the LMIC with more than 100 reviewers, with 10-100 reviewers and with fewer than 10 reviewers; and institutions within L&MICs with more than 100 systematic reviewers.

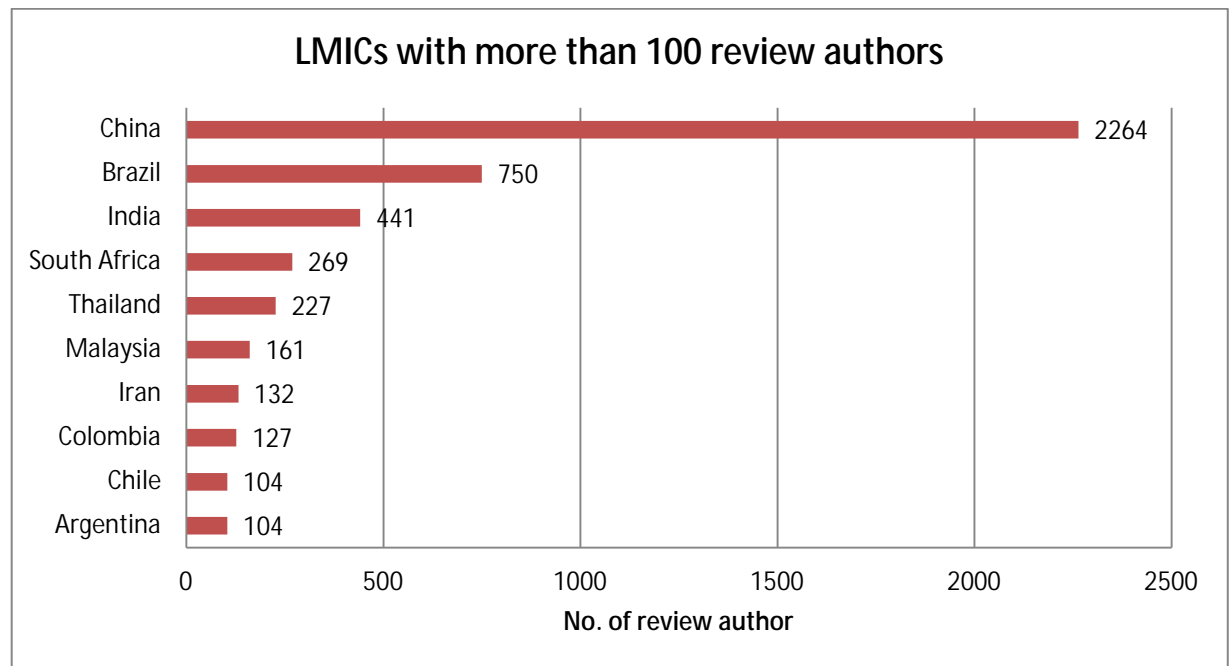


Figure 4: L&MICs with more than 100 Cochrane review authors.

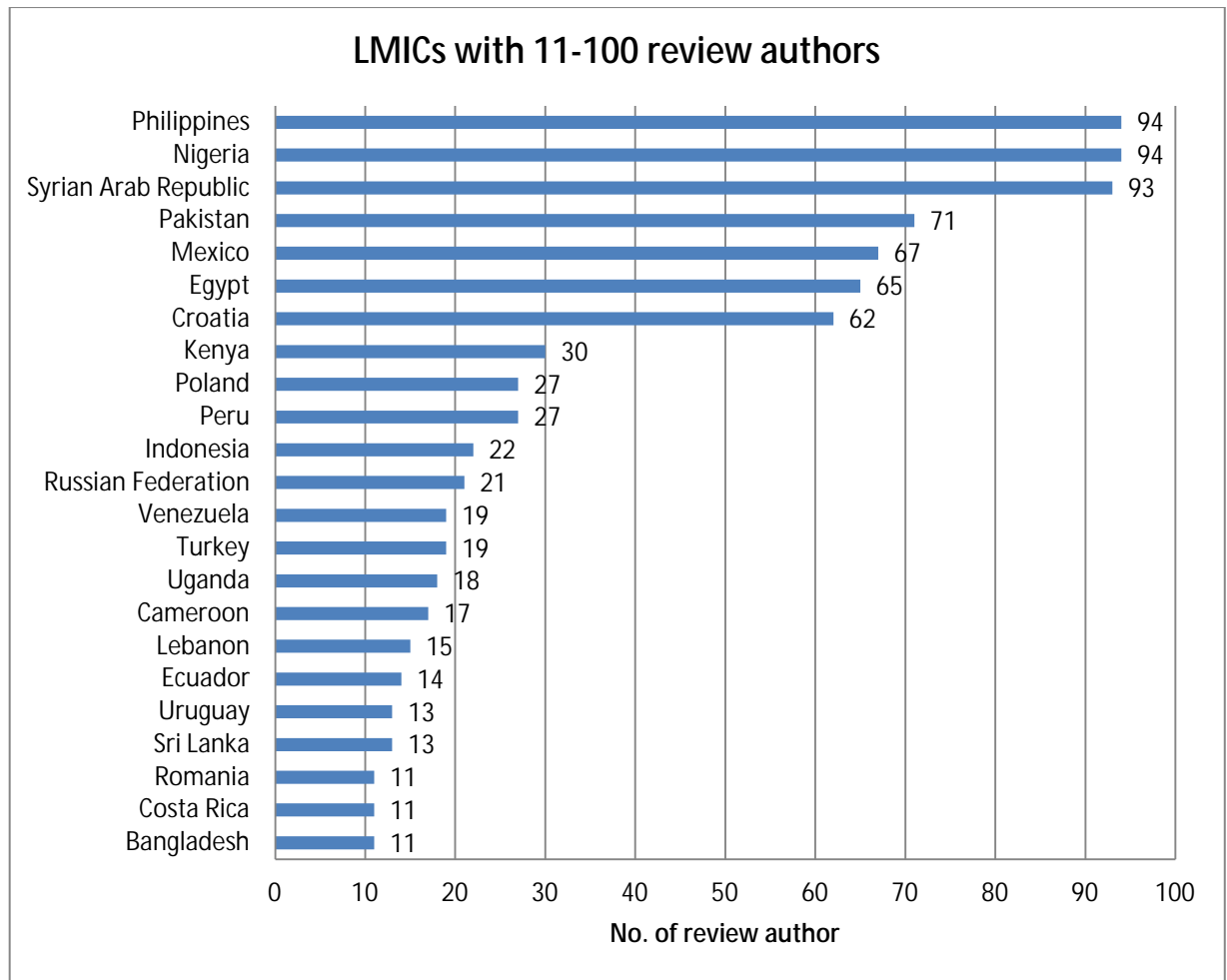


Figure 5: L&MICs with 11 – 100 Cochrane reviewers.

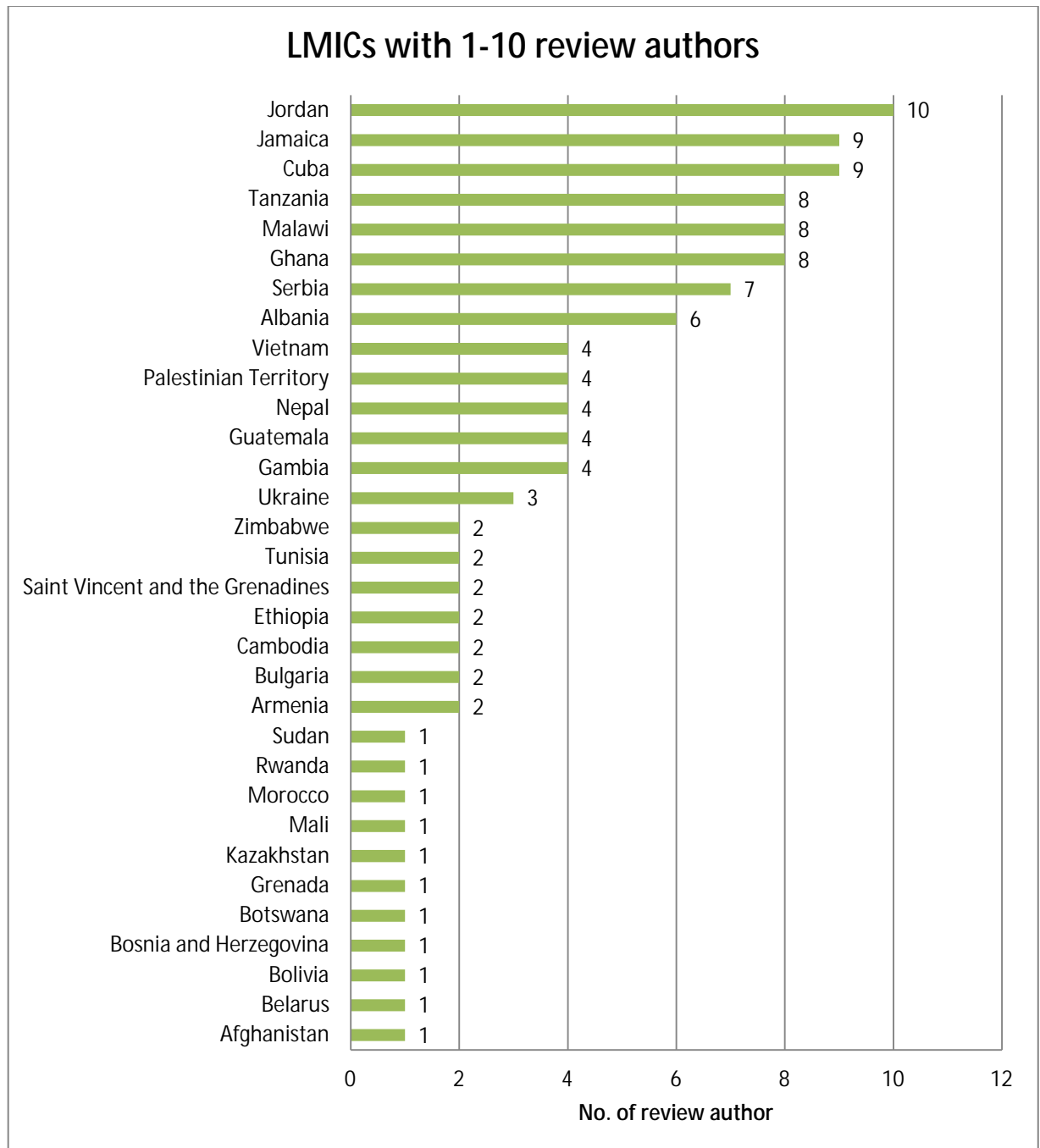


Figure 6: L&MICs with fewer than 10 Cochrane reviewers.

Figure 7 shows the institutions with the highest numbers of contributors to the Cochrane Collaboration.

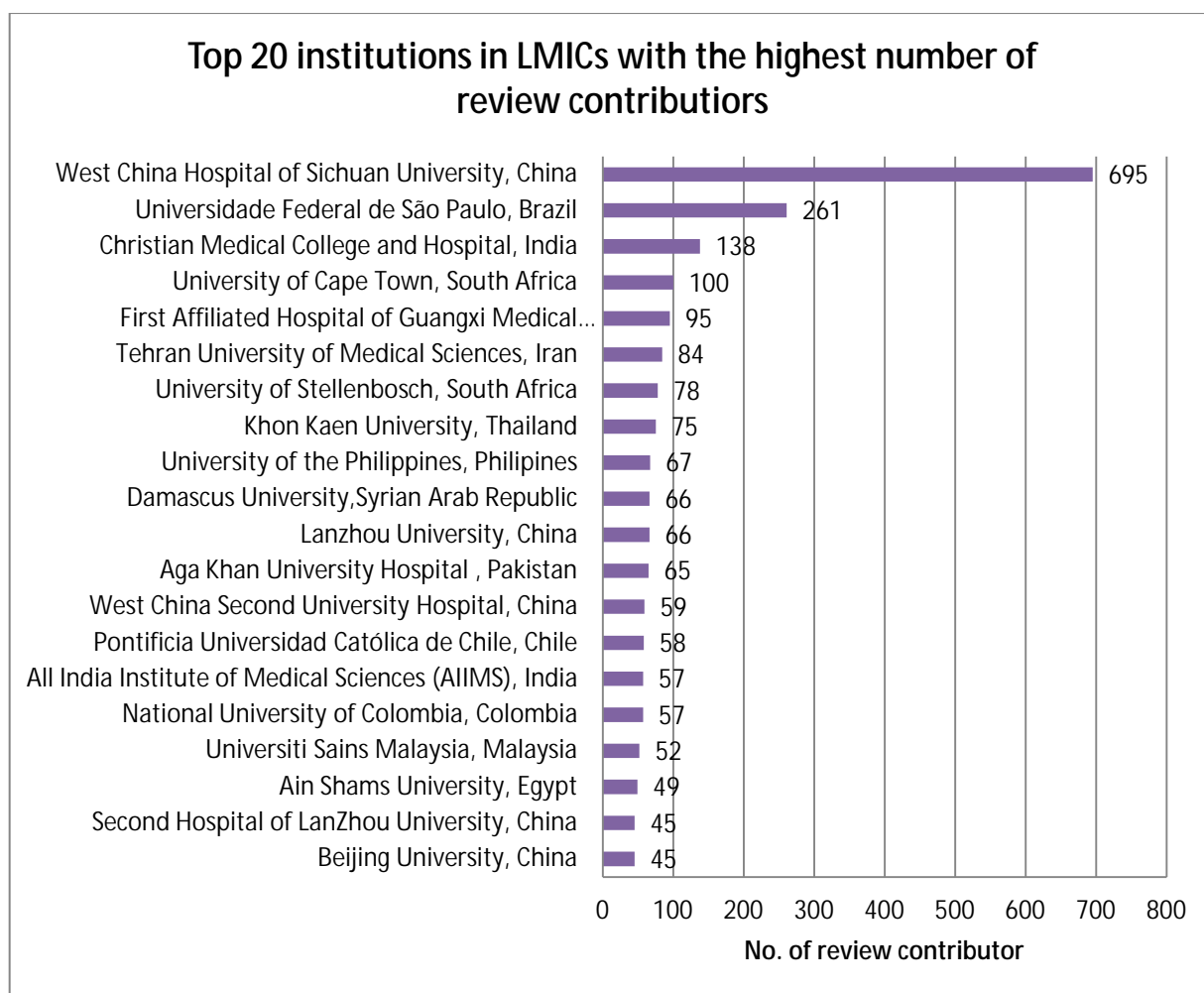


Figure 7: Top twenty L&MIC institutions hosting Cochrane review contributors

Figure 8 shows the distribution of Cochrane Collaboration editors in L&MICs.

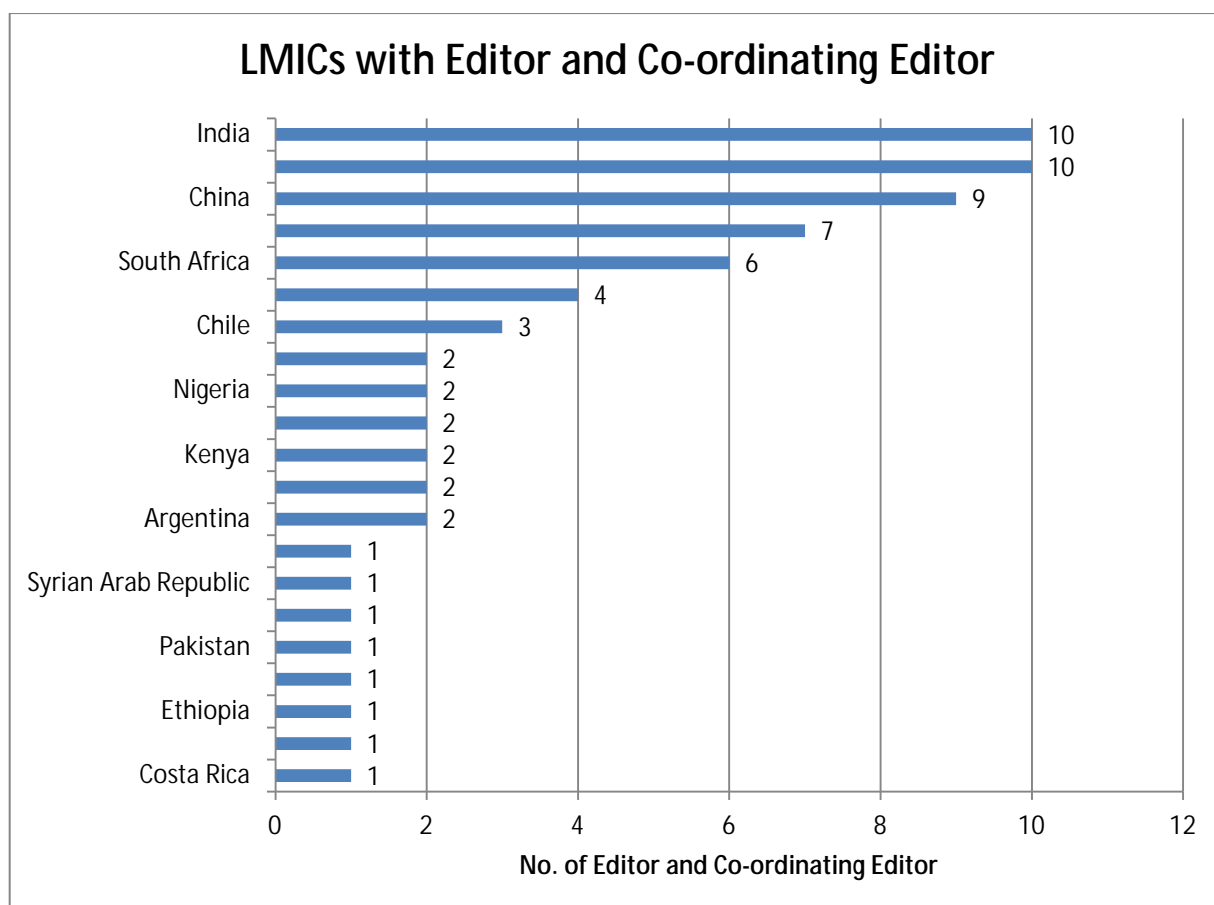


Figure 8: Cochrane editors in L&MICs

Campbell Collaboration

The Campbell Collaboration has six coordinating groups: Crime and Justice, Education, International Development, Methods, Social Welfare, and Users group. Each group provides support to authors of Campbell reviews and builds networks with potential users of reviews. The International Development Coordinating Group (IDCG) provides updates, prepares and disseminates systematic reviews focusing on social economic development interventions in L&MICs. IDCG now has 23 on-going reviews across topics relating to poverty alleviation, governance, small and medium enterprises, agricultural development, equitable access to justice, education, health and nutrition. An additional 15 review titles have been registered in 2012.

Alliance for Health Policy and Systems Research

The Alliance for Health policy and Systems Research (AHPSR), hosted by the World Health Organisation (WHO) has supported four systematic review centres in L&MICs since 2007. Originally these were in Bangladesh, Chile, China and Uganda. Current centres are in Chile, China, Lebanon and South Africa. These centres were provided with technical support over a period of three years by three collaborating partners: EPPI centre, Cochrane Effective Practice and Organisation of Care centre and Liverpool University. Staff skills were developed through: week long workshops for review teams delivered by experienced reviewers and trainers from The Cochrane Collaboration and the EPPI-Centre and subsequent distance mentoring; discussions within review centres about review methods;

secondments to HIC systematic review centres; and theoretical and practical training for systematic searching at HIC and MIC centres of excellence for systematic reviewing.

Joanna Briggs Institute

The second most extensive network is the Joanna Briggs Institute. Table 2 lists the JBI collaborating and affiliate centres in L&MICs that are conducting evidence syntheses, and the number of their staff (list provided by Edoardo Aromataris, Director for Synthesis Science, JBI).

Country	Staff	Country	Staff
Ethiopia	32	Philippines (ESG)*	7
China	28 + 16	Myanmar	4
Romania	22 + 5	Botswana (ESG)*	3
Brazil	20	Cameroon	3
Thailand	19	Rwanda (ESG)*	3
Ghana	14	Tanzania	3
South Africa	12 + 4	Kenya	2
Uganda	8		

Table 2: JBI Collaborating and Affiliate Centres (*ESG is a JBI Evidence Synthesis Group)

Joanna Briggs Collaborating Centres are commonly located within Universities, Health Care Services and Professional Organisations; the majority of which focus on conducting systematic reviews, however others do focus on developing and maintaining specialty nodes of JBI COOnNECT+ or assisting in translating JBI resources into languages other than English. The difference between the two types of Collaborating and Affiliate Centres relates to output and funding requirements. Evidence Synthesis Groups, or ESGs, are made up of health researchers and practitioners who undertake systematic reviews following the JBI approach (or, in the case of reviews of effectiveness, the approach adopted by The Cochrane Collaboration), and may be a group of individuals in one locale, or working on similar topics in different places.

EPPI-Centre

The EPPI-Centre is based in the Social Science Research Unit at the Institute of Education, University of London and supports systematic review teams around the world. EPPI-Centre staff have conducted reviews about L&MICs, some of them in partnership with reviewers from L&MICs, and have

supported over 40 review teams funded by DFID, AusAID or 3ie. This has included nine reviews led from L&MICs: India (4), Bangladesh (2), Peru (1), Uganda (1) and Uruguay (1). Inspection of EPPI-Reviewer's records reveal a few reviewers working in L&MICs. However, many EPPI-Reviewer users provide very little information about themselves when registering so these figures are probably an underestimate.

Collaboration for Environmental Evidence

The Collaboration for Environmental Evidence is an open community of scientists and managers working towards a sustainable global environment and the conservation of biodiversity. The collaboration seeks to synthesise evidence on issues of greatest concern to environmental policy and practice. There are four CEE Centres, in Australia, South Africa, Sweden and the UK. The Johannesburg Centre is at the University of Johannesburg's Centre for Anthropological Research. The team is led by Dr Ruth Stewart and Dr Carina van Rooyen and includes researchers from across southern Africa. Ruth Stewart is an experienced reviewer at the EPPI-Centre and a Cochrane Editor.

The UK CEE Centre also has links with Venezuela where an NGO, ProVita (<http://www.provita.org.ve/>), funded a programme of systematic review activity.

Health Systems Evidence

Health Systems Evidence is described as 'The world's most comprehensive, free access point for evidence to support policymakers, stakeholders and researchers interested in how to strengthen or reform health systems or in how to get cost-effective programs, services and drugs to those who need them'²³ In December 2012, only 15% (783) of the documents in Health Systems Evidence had an L&MIC focus, half of which were systematic reviews of effects (n=368, 47%) and fewer addressed other types of questions (n=65, 8%). These 433 systematic reviews either included at least one study conducted in an LMIC setting (n=414, 96%) or, less often, had an LMIC setting as the target of the document (n=94, 22%) or, more rarely still, or had at least one author from an LMIC (n=61, 14%) (Wilson et al 2013).

²³ <http://www.mcmasterhealthforum.org/healthsystemsevidence-en>

Appendix 3: Developing skills and confidence

There is a range of approaches to developing the capacity of individuals for producing systematic reviews. The following examples are selected to illustrate this range.

Cochrane Collaboration

The Cochrane Collaboration convenes an annual colloquium with a programme of training sessions. The Collaboration offers small stipends to help cover travel costs and other expenses associated with attending the Cochrane Colloquium are available for residents of L&MICs that are actively contributing to The Cochrane Collaboration.

The Collaboration also offers regular training workshops in L&MICs through Cochrane Centres including South African Cochrane Centre, Bahrain Branch of the UK Cochrane Centre, South Asian Cochrane Centre, and Thai Cochrane Network. These workshops generally focus on introduction to systematic reviews, protocol development, critical appraisal skills, and resource management, offering to review authors and review users in the region.

Other initiatives include:

- The Reviews for Africa Programme (RAP - <http://www.mrc.ac.za/cochrane/rap.htm>): trains African health researchers and providers in the science of research synthesis and assists them in initiating and preparing a Cochrane Review, ultimately for publication on *The Cochrane Library*. RAP is a collaboration between the South African Cochrane Centre (SACC) and the Liverpool School of Tropical Medicine (LSTM), with support from the Cochrane HIV/AIDS Review Group. RAP is supported by a grant from the Nuffield Commonwealth Programme, through The Nuffield Foundation. The strategic focus of Programme reviews is on HIV/AIDS, tuberculosis, malaria, and other diseases and issues relevant to Africa.

Since 2005, 26 participants (from Cameroon, Kenya, Malawi, Nigeria, Uganda, and Zimbabwe) have joined the programme. All participants have attended a 4-week intensive protocol development course and 24 have attended the 3-week review completion course. Nine reviews and 25 protocols have been published in the *Cochrane Database of Systematic Reviews*. Furthermore, since completing the two intensive courses, participants are active in conducting presentations and facilitating workshops on evidence-based health care in their home countries, training under- and postgraduate students on the principles of research synthesis and contributing to knowledge translation projects.

- Mentoring programmes: one programme organised by Cochrane HIV/AIDS group to support African author working on HIV-related reviews. ViTaMIN project (<http://bahrain.cochrane.org/vitamin-project>) run by Bahrain Branch of the UKCC aims to

support review authors with limited resources to get training and mentoring through international collaboration and co-authorship.

- Peer support and networking workshops are organised at the South African Cochrane Centre to provide the opportunity for participants to support others to carry out Cochrane reviews.
- The Aubrey Sheiham Public Health and Primary Care Scholarship, a three-month scholarship to develop skills in preparing systematic reviews of healthcare interventions within The Cochrane Collaboration is offered to health workers, consumers and researchers living in developing countries.
- Training and accredited course: Primer in Systematic reviews and Research synthesis course is developed and delivered by the Centre for Evidence-based Health care at Stellenbosch University, South African Cochrane Centre and Liverpool School of Tropical Medicine. The course is for health policy-makers, practitioners, and researchers to access and use systematic reviews.
- Stipends from the Cochrane Effective Practice and Organisation of Care group to LMIC review authors who receive personal support and instruction from the EPOC editors, and work on and developed capacity for undertaking systematic reviews, and structured (SUPPORT) summaries of reviews or overviews of reviews.

Campbell Collaboration and 3ie

The Campbell Collaboration convenes annual colloquia with a programme of training workshops.

3ie, in collaboration with ICDDR,B, BRAC and the Campbell Collaboration, co-organised a Colloquium on Systematic Reviews in Dhaka, Bangladesh. The 3-day event provided a mixture of systematic review training and presentations of reviews for 150 participants from 30 countries.

3ie has provided LMIC stipends for attendance at the Colloquium in Dhaka (2013), the Campbell Colloquium in Chicago (2013) and the Cochrane Colloquium in Québec (2013).

The 3ie systematic review team contributed to a special issue of the Journal of Development Effectiveness on Systematic Reviews, comprising a selection of methodological contributions, opinion pieces and examples of state of the art reviews. 3ie funding allowed the whole issue to be open access from the date of publication.

Joanna Briggs Institute

The JBI Comprehensive Systematic Review training program of five days, delivered 4-5 times a year in Adelaide, is designed to prepare researchers and clinicians to develop, conduct and report comprehensive systematic reviews of evidence (qualitative and quantitative data) using the Joanna Briggs Institute SUAMRI software. JBI also has a Train the Trainer programme that is run regionally (Australia, Asia, Europe, Africa, Americas) once per year in each region if there is sufficient demand for JBI reviewers to become trainers. There are currently 96 accredited trainers across the globe who run the programme in their own centres/universities. LMIC centres with accredited trainers are Brazil

(5), Cameroon (1), China (2), Ethiopia (1), Ghana (1), Kenya (2), Myanmar (1), Romania (2), South Africa (1) and Thailand (1).

EPPI-Centre

The EPPI-Centre offers short courses (1-4 days) to give participants the knowledge and practical skills for synthesising and using all types of research evidence, and how to involve policy makers, practitioners and service users in doing and using research. Short courses can be tailored to institution's needs. It also offers courses on-line: short courses spread over 15 weeks and a Masters in Research for Policy and Practice.

AusAID funded the EPPI-Centre to develop and deliver a distance learning package about: how to choose and apply appropriate synthesis methods and stakeholder involvement in the conduct of systematic reviews. Tutors and participant engage directly in real time using *Elluminate Live!* (www.Elluminate.com) for four sessions, each 2 hours long including two or three breaks.

DFID in South Asia

ICDDR,B in collaboration with the Campbell Collaboration, the Social and Public Health Sciences Unit of the Medical Research Council UK (MRC SPHSU), the Campbell & Cochrane Equity Methods Group and the International Initiative for Impact Evaluation (3ie) received funding from the Department for International Development (UK). Over the past year, this funding was used to develop, deliver, and implement: i) a programme of systematic review training in South Asia; ii) guidance for development partners on formulating review questions; and iii) systems of remote partnership, networking and support to regional review teams. The course was offered in Bangladesh, India and Nepal and included 81 students from across the globe. It provided an introduction and practical exercises in reviewing complex interventions including the development of logic models, narrative synthesis, including an equity lens within systematic reviewing, making use of an advisory team and the use of evidence for policy.

Skill strengthening programmes

Name	Type	Target	Region
The Aubrey Sheiham Public Health and Primary Care Scholarship	Scholarship	Authors	Developing countries
WHO and guideline groups, staff development and training: The overall objective of this activity is for the Cochrane Collaboration to provide methodological training for WHO staff and guideline groups.	Training and workshop; guideline	Authors, users, funders	Developing countries
Reviews for Africa Program (RAP): The Reviews for Africa Programme (RAP) trains African health researchers and providers in the science of research synthesis and assist them to initiate and prepare a Cochrane Review, ultimately for	Training and workshop	Authors	Africa region

publication on The Cochrane Library.

South East Asia- Optimising Reproductive and Child Health in developing countries	Training and workshop; fellowship; Guideline; Partnership and network; Curriculum	Authors, users	South East Asia region: Thailand, Philippines, Indonesia, Malaysia
Evidence-based Practice Training Workshops and Sessions by South African Cochrane Centre	Training and workshop	Authors, users	Africa region
Systematic Review Problem-busting Sessions by South African Cochrane Centre	Peer support	Authors, users	Africa region
HIV/AIDS mentoring program: The Cochrane HIV/AIDS Group, based at the University of California in San Francisco, and the South African Cochrane Centre (SACC) have developed a formal mentoring programme for African authors working on HIV-related reviews.	Mentorship programme	Authors	Africa region
ViTaMIN Project: Virtual Training and Mentoring International Network by the Bahrain Branch of UK Cochrane Centre	Mentorship programme; online training; partnership and network	Authors	Middle East region
Workshops on Evidence-informed healthcare, developing a protocol for a Cochrane review by South Asian Cochrane Centre	Training and workshop	Authors, users	South Asia region
Workshop on 'Critical Appraisal Skills' by Sri Lankan Cochrane network	Training and workshop	Authors, users	Sri Lanka
Evidence policy workshops by South Asian Cochrane Centre	Training and workshop	Users, policy makers	South Asia region
South Asian Regional Symposia on Evidence-Informed Healthcare	Conference	All	South Asia region
Workshop for students and undergraduate in healthcare by South Asian Cochrane Centre	Training and workshop	Students	South Asia region,

			Srilanka
Workshop of how to use the resources of <i>The Cochrane library</i> by South Asian Cochrane Centre	Training and workshop	Authors	South Asia region
Workshop on introduction to systematic reviews, design and interpretation of systematic review, developing a protocol by South Asian Cochrane Centre	Training and workshop	Authors, users	Sri Lanka, Bangladesh
Innovative strategies to enhance capacity to apply health policy and systems research evidence in policy-making: Attempting to close the gap between knowledge production and knowledge use in Colombia funded by WHO	Internships; training	Authors, users	Colombia
ICDDR, B Workshops for South Asian region	Training and workshop, online training and support, quality assurance	Authors, users	South Asia region, Quality assurance for Afghanistan, Pakistan, India, Bangladesh
Thai Cochrane Network workshops for protocol development, systematic review and meta analysis, critical appraisal workshops	Training and workshop	Authors and users	Thailand
Primer in Systematic Reviews & Research Synthesis: training health policy-makers, practitioners and researchers to access and use systematic review delivered by the Centre for Evidence-based Health Care at Stellenbosch University, the South African Cochrane Centre and the Liverpool School of Tropical Medicine	Training and workshop, accredited course	Users	Tanzania, Namibia, South Africa

Appendix 4: Review support and quality assurance

Cochrane Effective Practice and Organisation of Care (EPOC) Review Group

A Norwegian satellite of the EPOC Review Group was established in November 2006 to support the production of Cochrane reviews by authors in L&MICs that address health systems questions relevant to L&MICs. This is a productive group with an output in 2012 alone of seven reviews, one updated review and 13 protocols published or submitted to *The Cochrane Library*. Support was given to LMIC authors in Argentina, Bangladesh, Brazil, Cameroon, Chile, China, Egypt, India, Iran, Jamaica, Kenya, Malaysia, Nepal, Nigeria, Pakistan, Russia, South Africa, Tanzania and Uganda.

Campbell Collaboration's International Development Coordinating Group (IDCG)

The Campbell International Development Review Group is supported by a secretariat comprising members from 3ie and the University of Ottawa. IDCG has 23 on-going reviews across topics relating to poverty alleviation, governance, small and medium enterprises, agricultural development, equitable access to justice, education, health and nutrition; an additional 15 review titles have been registered in 2012 (3ie Annual Report 2013).

Collaborating Centre for Evidence Synthesis for Infectious and Tropical Diseases

The Collaborating Centre for Evidence Synthesis for Infectious and Tropical Diseases brings together the best available research evidence on infectious tropical diseases. The Centre which supported by the Cochrane Infectious Diseases Group supports WHO in developing recommendations for health care policy, developing guidelines for the management of infectious diseases, organising training in research methods and assisting in the communication of research results to policy makers, clinicians, teachers and the public in developing countries. The centre aims to provide rigorous, up to date systematic reviews to help inform decision making, help strengthen capacity in developing countries in research synthesis, support WHO guideline development, and help WHO in communicating reliable summaries of research evidence to policy makers, clinicians, teachers and the public in developing countries.

The EPPI-Centre

The EPPI-Centre provides distance support to review groups preparing systematic reviews for international development including review groups funded by UK Department for International Development, AusAID and 3ie. The EPPI-Centre provides support spanning a wide range of review questions and methods (qualitative, quantitative and mixed methods), including rapid reviews.

Collaboration for Environmental Evidence

The Collaboration for Environmental Evidence is coordinated by the Centre for Evidence-based Conservation at the University of Bangor. Systematic reviews are published in the open access journal Environmental Evidence. Authors are referred to their guidelines for systematic reviews about environmental management and to make contact to benefit from guidance and advice concerning the logistics, the scope of the question addressed by their review. The Centre for Evidence-based Conservation has supported systematic review teams funded by the Department for International Development, UK.

The Joanna Briggs Institute

The Joanna Briggs Institute and its Centres and groups worldwide focus on the conduct of systematic reviews to inform healthcare policy and practice. The JBI provides on-going review support for review authors conducting JBI reviews, including those in L&MICs, via its Synthesis Science Unit within the Institute in Adelaide, South Australia.

Appendix 5: Guidance for conducting systematic reviews

Examples of on-line guidance for conducting systematic reviews

- The Cochrane Handbook for Systematic Reviews of Interventions <http://handbook.cochrane.org/>
- On line learning modules for Cochrane authors <http://training.cochrane.org/authors/intervention-reviews/olms>
- The Campbell Collaboration Resource Center
http://www.campbellcollaboration.org/resources/resource_center.php
- The EPPI-Centre Methods and Tools pages
<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=88>
- Guidelines for systematic reviews in environmental management
<http://www.environmentalevidence.org/Documents/Guidelines.pdf>
- The RAMESES project
http://www.ramesesproject.org/index.php?pr=Project_outputs

Appendix 6: Accredited on-line academic courses

Institute of Education, University of London, UK

MSc Research for Public Policy and Practice

Focus: conducting and appraising systematic reviews for making policy and practice decisions; involving policy-makers, practitioners, service users and the wider public

http://www.ioe.ac.uk/study/RMS9_EVI999.html

McMasters University, Canada

Masters level module: Systematic Review Methods

Focus: Systematic reviews that compare therapies. Requires students to actually progress a systematic review during the course.

<http://hrm.mcmaster.ca/brochures/Distance%20Ed%20Brochure%20-%20links.pdf>

Queens University Belfast, Northern Ireland

Masters level module: Systematic Reviewing

Focus: addresses both quantitative and qualitative systematic reviews

<http://www.qub.ac.uk/schools/SchoolofNursingandMidwifery/ProspectiveStudents/DoctorofNursingPractice/>

Sheffield University, UK

Masters level modules:

a) Systematic Reviews and Evidence Synthesis: Principles;

b) Systematic Reviews and Evidence Synthesis: Applications

Focus: systematic reviews within health technology assessment.

http://www.shef.ac.uk/scharr/sections/heds/sys_rev/courses

University College London, UK

MSc Evidence Based Health Care

Focus: systematic reviews of trials, observational, diagnostic and prognostic studies in health, especially peri-operative care

http://www.ucl.ac.uk/surgicalscience/prospective_students/programmes/msc_evidence_healthcare

Appendix 7: Research – policy interface

Department for International Development, UK

DFID began funding reviews in 2007 and arranged support for novice review teams from 3ie, the Campbell International Development Review Group, the EPPI-Centre, the Centre for Evidence Based Conservation (which facilitates the Collaboration for Environmental Evidence) and the Meta-analysis for Economic Research Network (MAER-Net). An inspection of DFID's website found that most reviews were not conducted by teams in L&MICs: 23 systematic reviews had at least one LMIC contributor; five reviews have a lead author from an L&MICs. There were a total of 38 authors and 1 review team member from L&MICs. Table 3 lists countries where review authors are based.

Country	Reviews	Country	Reviews
India	11	Pakistan	2
South Africa	6	Senegal	2
Bangladesh	4	Ghana	1
Peru	4	The Philippines	1
Uruguay	3	Vietnam	1
Kenya	2	Zimbabwe	1

EVIPNet

From their website at www.evipnet.org/

EVIPNet promotes the systematic use of health research evidence in policy-making. Focusing on low and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. EVIPNet comprises networks that bring together country-level teams, which are coordinated at both regional and global levels.

COHRED

From their website at www.cohred.org/

COHRED is an international non-governmental organization whose primary objective is to strengthen research for health and innovation systems, with a focus on low- and middle-income countries. COHRED supports countries to use research for health and innovation to:

- *Improve health and reduce health inequities*
- *Improve health sector performance and accountability*
- *Encourage donor alignment and harmonisation*
- *Link research for health with science, technology and innovation*
- *Generate economic and social prosperity*

Annex 4:

Web Developments Report to the CCSG Québec Colloquium, September 2013

Chris Mavergames

Director of Web Development (with contributions from the entire Web Team)

Executive Summary: This report documents developments across the Collaboration's web presences since the Oxford mid-year meeting.

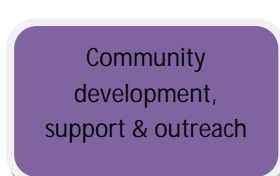
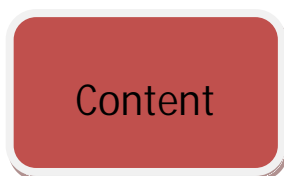
Purpose: To report on activities since the last Web Team report for Oxford.

Urgency: Low - for information only.

Access: Open.

In this report:

- Web Team activities over the last 6 months – What have we accomplished since Oxford?
- Reports from the 4 work streams:



- Stats and figures.

Web Team activities since Oxford | Highlights

The six months since the Oxford Mid-year Meeting have been a busy and productive time for the Web Team. In addition to maintenance and future planning activities, there have been new developments in a number of areas. Highlights include:

- launch of a refreshed homepage for Cochrane.org
- development of Event/Colloquium Manager nearly complete
- new features, functionality and content on the 20th Anniversary website (anniversary.cochrane.org)
- taxonomy and tagging development for resources on training.cochrane.org
- new features and websites in the Entity Website Builder system

- significant progress in strategy and planning in the Cochrane Linked Data Project, among other activities.

More details about these and other developments are available below within the four work streams.

Update on content strategy

The Web Team is continuing work on all fronts to develop draft content strategies for our main websites. This includes Cochrane.org (Nancy), Summaries.cochrane.org (Catherine McIlwain), Community site on Cochrane.org (Caroline) and liaising with Harriet MacLehose in the CEU as she works with the Publishing and Tech Management teams and others on content strategy for *The Cochrane Library*. The aim, eventually, is to coordinate these content strategies, in conjunction with the forthcoming branding and messaging development work that Helen Morton, as incoming Head of Communications and External Affairs will lead, into a coherent, over-arching content strategy for Cochrane. We still feel strongly that content strategy is important and high-priority, as a well-developed content strategy can not only improve end-user experience, but also make us more efficient in producing, maintaining and using our content.

For more info on content strategy, see: http://en.wikipedia.org/wiki/Content_strategy and this excellent book on the subject: <http://contentstrategy.com/>.

High-level streams of work



Content

Lead: Nancy Owens

Content developments

Cochrane.org

In addition to ongoing, regular maintenance of the site, the major areas of active content development include:

- **Homepage refresh for Cochrane.org** We have updated and streamlined the homepage of Cochrane's flagship site, providing a cleaner visual presentation and improved navigation.
- **Coordinating curation and development of content for Cochrane.org** including: writing and producing **homepage features**; scanning entity newsletters to develop news items & features, reviewing Wiley press releases and new release lists for featured review possibilities. Coordinating with CRGs and other Cochrane Groups on content development. There have been 15 new homepage features in the last six months, for a total of 24 in the last 12 months.
- **Developing Impact Stories resource/database** The first version of the Impact Stories database is in beta testing (<http://www.cochrane.org/impact-stories>). This project is a Web Team/CEU-led effort to create a resource available to all Cochrane contributors that catalogs the impact of Cochrane evidence. Nancy Owens is taking the lead on inputting the backlog of stories. The

submission link is now available in the Community area of Cochrane.org, and stories submitted are available for review at <http://www.cochrane.org/impact-stories>. The next phase is to consult more widely on ways of using and disseminating impact stories, as part of restarted development of an organisational marketing and communications strategy following Helen Morton's appointment.

- **Curating the Cochrane Blog** (<http://www.cochrane.org/blog>) Soliciting original posts from Cochrane contributors, as well as seeking out and vetting suggestions for cross-posting. Current rate of posting about two per month.

Summaries.cochrane.org

The site moved from beta to live earlier this year, but we are continuing to develop this site with both new content and in programming and functionality (see Programming section below as well).

New features of summaries:

- Languages now include: Spanish, French, Croatian, Chinese and Portuguese – not complete sets.
- Links to Evidently Cochrane blog posts that relate to Cochrane Summaries (See: <http://evidentlycochrane.wordpress.com/> and <http://summaries.cochrane.org/CD004667/midwife-led-continuity-models-versus-other-models-of-care-for-childbearing-women> for an example of how we're linking).

Social media

- Increasing **social media** presence on platforms including Facebook, Google+, LinkedIn, SlideShare and Twitter; expanding amount and type of content disseminated via social media networks. Publication of Cochrane20 Video Series throughout 2013 has significantly increased traffic on Cochrane's YouTube channel; the number of followers has more than doubled since the start of 2013 and videos have received more than 15,000 views as of 30 August 2013.
- Combined numbers of subscribers across **social media networks** as of 30 August 2013 exceed 30,000; averaging 200 new Twitter followers/week. The combined number has nearly **doubled** in the past 12 months from ca. 16,000 this time last year.
- Offering **social media training** at Québec Colloquium and Australasian Contributors' Meeting to increase Cochrane participation in social media.

Marketing and communications

- **Working with CEU, COU and Wiley** on coordinating messages and improving branding/messaging. Working with 20th Anniversary Task Force to coordinate plans and initiatives with existing and planned Cochrane web presence frameworks.
- **Homepage refresh** We have updated and streamlined the homepage of Cochrane's flagship site, providing a cleaner visual presentation and improved navigation.

Homepage update

We recently updated the layout of the **Cochrane.org homepage**, including a new footer menu that has been implemented across the whole site. The aim of this update is to make the layout of the homepage more compact, requiring only minimal scrolling, to arrange the various content elements more cohesively, and to make the display of new and noteworthy Cochrane Reviews and thereby the access to Cochrane Summaries more attractive. The new footer does not replicate the main navigation, but rather summarises important legal and editorial information, provides shortcuts to the other main Cochrane sites, and gives our funders' information a permanent home.

Cochrane Editorial and Publishing Policy Resource and Cochrane Organisational Policy Manual

The Web Team has supported the CEU and COU in the separation of the Cochrane Policy Manual into two new resources, which have replaced the Cochrane Policy Manual from 21 August 2013. Both resources are publicly accessible via <http://www.cochrane.org/about-us/our-policies/cochrane-policies>. Each resource can be searched individually, and each can be downloaded as a PDF. The individual chapters of each resource can also be saved as PDFs. The old Policy Manual has been archived in Cochrane Community, where it is accessible for Policy Editors only.

User-centred design and usability of Cochrane websites

- **Consulting session** In preparation for advice from the marketing and communications project, the Web Team met for a half-day session with a consultant, Nicole Armbruster, who specialises in user-centred design and usability/user-experience design in March 2013. We got a high-level idea of how we are doing, usability-wise, on our flagship site, Cochrane.org, as well as learned about the state-of-the-art in UX design and usability. This session is helping to inform the preliminary usability testing we're conducting at the Cochrane Exchange this year in Québec .

Programming
& web
development

Lead: Martin Janczyk

Programming and web developments

Cochrane.org

- The homepage refresh involved significant programming, as did the development, migration, redesign, and final presentation of the new Editorial and Organisational Policy Manuals (<http://www.cochrane.org/about-us/our-policies>). We are preparing for a migration of all Cochrane web presences to Drupal 8 next year.

Event Manager

- Development is progressing slower than expected, primarily due to additional and unforeseen work on the Québec Colloquium site, but also to the need to migrate the system to Drupal 7 to ensure that Event Manager remains in a stable release of Drupal. We are near completion of the development of a stable, version 1.0 of Event Manager. The system is being designed such that a user manual might not be needed; rather, instructions and guidance will be integrated into the application itself. Test sites will be ready for Hyderabad, Panama and the UK Symposium soon.

Entity Website Builder

- The e-Newsletter system has moved from pilot to deployed. Several entity sites are now using this new feature.

- Google Analytics access has now been shared with all entity webmasters for tracking visitors to their individual websites.

Programming and web development in “core” websites

- **[Summaries.cochrane.org](http://summaries.cochrane.org)** The site moved from beta to live early this year, but we are continuing to develop. Major developments now complete include: improvement of the search engine to better support Asian characters; full integration of the translation exchange; processes to keep interface translation up to date; other technical, backend updates (server configuration).
 - **[Methods.cochrane.org beta](http://methods.cochrane.org)** New site for Methods information, being developed in coordination with Jackie Chandler and Maria Burgess.
 - **[Training.cochrane.org](http://training.cochrane.org)** The Moodle course system has now been moved into Drupal, which provides full control over design and presentation of courses and the potential for better integration with Archie roles and workflows.
 - **[Anniversary.cochrane.org](http://anniversary.cochrane.org)** The photo archive now has more than 7,000 photos (<http://anniversary.cochrane.org/photo-archive>) and videos (<http://anniversary.cochrane.org/media-archive-videos-audio-files-slide-presentations-etc>) with subtitles in several languages. The 20th Anniversary publications and meetings database is now live and accepting submissions: <http://anniversary.cochrane.org/share-details-about-your-20th-anniversary-article-and-or-conference-event>. There is now a memory book submission form at <http://anniversary.cochrane.org/node/add/memory>, as well as submissions enabled for the Colloquium dance-off and Archie’s jukebox events (<http://anniversary.cochrane.org/content/entity-dance-submission> and <http://colloquium.cochrane.org/songs>).
 - **Impact database/resource on Cochrane.org** This database is still in its beta version; the submission form can be found at <http://cochrane.org/node/add/impact-story>. Developed in conjunction with the CEU as a resource for storing, tagging and providing access to stories about the impact of Cochrane evidence. Browse interface beta is at: <http://www.cochrane.org/impact-stories>. The next phase is to consult more widely on ways of using and disseminating impact stories, as part of restarted development of an organisational marketing and communications strategy following Helen Morton’s appointment.
 - **Colloquia abstracts to Drupal** Migration of Colloquia abstracts from all years currently stored in the OJS system to the Drupal content management system is now complete. We are putting the final touches on this new system for evaluation and discussion by CPAC in Québec .
-

Community
development,
support & outreach

Lead: Caroline Mavergames

Cochrane Community on Cochrane.org

There are now more than ca. 2,400 (+400 since March 2013) contributors using the Community area of Cochrane.org.

- The busiest **discussion forums** are those for MEs (with 162 topics) and TSCs (38), copy-editors (13), Archie (13) and other software tools (6), CRS (126), and RevMan (21) plus the annual forum collecting questions for the AGM at the Colloquium.
- The **ME Portal**, the second role-based portal on Cochrane Community, put together by the ME Executive with the help of ME Support and programmed by the Web Team, went live at the end of May 2013. It is the third most accessed resource, after the TSC Portal and the CRS Portal.
- In July, the individual downloadable **PDF versions of all *Handbook* chapters** (Version 5.1.0) for Cochrane contributors were moved from Archie to Cochrane Community.

Web Team newsletter

We have now published three issues of the **Web Team newsletter** (January, April and July 2013) which were mailed to the following lists: CCSG, CentralStaff, Centres, Coeds, Fields, MEs, Methods Groups, TSCs. The newsletter informs users about major developments on Cochrane.org, Cochrane Summaries and Cochrane entity sites, new resources in the Cochrane Community area, our social media activities, news from the Web Team, and developments of special projects such as Linked Data, plus a featured resource.

- In April this year, we published our **Web Team website** (<http://webteam.cochrane.org>), which offers information on our core work streams and projects, the sites we support and the support we offer, special projects, information about the team, site and social media statistics [to come] and current web development news of interest to the Cochrane community. Another section of the site (accessible only via Web Team login) is used for the documentation of our technical and editorial processes.
- We are investigating whether the major content and resource collections (such as the multimedia collection, the Webliography of EbHC, impact stories, homepage features, etc.) on Cochrane.org should be migrated into a '**contentbase**' in Drupal. The idea is that the individual resources as well as the collections would be easier to maintain and could be more dynamically deployed, which would result in users finding them more easily and being able to create customised collections via tags.

Special
projects

Lead: Chris Mavergames

Highlights

- Cochrane Linked Data project** Following on from a successful 3-day meeting in London in early December 2012, a Linked Data Project Board was formed to scope, plan and provide a business case and expected resource implications for moving this project forward. Chris Mavergames and Jessica Thomas co-chaired the Project Board which wrapped up its work in early May. We produced the “#CochraneTech to 2020: The role of linked data in meeting our strategic goals” paper, which outlines a specific set of proposals and recommendations for the CCSG to consider in Québec. There is a 3-page “Start-up package” funding request on the table now to launch the Foundation Phase of the project. More information here: <http://www.cochrane.org/community/development-projects/cochrane-linked-data-project>
 - Cochrane Linked Data project presentation at the European Semantic Web Conference** Chris attended this conference in Montpellier in May and presented the following paper <http://www.cs.bham.ac.uk/~langedc/exchange/sepublica2013/paper-02.pdf> in the Semantic Publishing all-day workshop. It was very well received and many said it was the best paper/presentation of the day. There was great enthusiasm for Cochrane’s proposed approach to using these technologies and for the Cochrane use case being an example, par excellence, for the use of linked data to connect up knowledge in a particular domain.
 - Translations project** The Web Team has been working with the Translation Working Group and IMS to gather and publish translations of abstracts and PLSs of Cochrane Reviews on summaries.cochrane.org, including translation of the interface and navigation in French, Spanish, Portuguese, Croatian and Simplified Chinese. There are now 100 translations in Simplified Chinese, 3,759 in French, 39 in Portuguese, 80 in Croatian, and 5,124 in Spanish. The Ibero-American Cochrane Centre has resumed their translation project and publication via Update Software, and we have now started retrieving the new translations on a monthly basis.
 - Equity Evidence Aid (now called E4E – Evidence for Equity)** Chris attended a 2-day meeting in London in mid-February with the E4E team, Peter Tugwell, Jordi Pardo, Vivian Welch and others, to explore development and publication of this new special collection and tool for policy-makers assisting disadvantaged populations. After subsequent conference calls and requirements gathering, the very early, rough beta site is now up at <http://e4e.cochrane.org>. Please don’t share this URL just yet!
-

Web stats and figures

Overview of combined Cochrane.org and Summaries.cochrane.org statistics: 25 February 2013 – 30 August 2013:

- **6,069,520** pageviews (**5,419,663** in previous reporting period - 12th September 2012 – 25^h of February 2013)
- **1,768,431** unique visitors from **230** countries and territories, approx. **69%** of visitors are new to the sites (**1,469,079** unique visitors from **218** countries, 68% new to sites)
- Average time on site approx. **2:42** min. (**2:58** min.)

*This does **not** include entity websites and other core websites (approx. 130 other websites). Detailed statistics on cochrane.org and other sites available upon request.*

Social Media/Web 2.0 highlights (as of 30 August 2013): more than 30,000 followers across all Cochrane social media channels, including:

- **23,130** followers on Twitter, **more than 1,100** lists following @cochranecollab. (17,314 on 25th February 2013; 9,000 in March 2012).
- **4,193** members of The Cochrane Collaboration Facebook Group (3,269 on 25th February)
- **2,236** members of The Cochrane Collaboration LinkedIn Group (1,675 on 25th February)
- **1,000s** of views to videos on our YouTube, SlideShare and Google Video channels; subscribers to our Podcasts feed continue to grow as well as subscribers to news, events and “Cochrane in the news” feeds – detailed stats available upon request.

Annex 5: Information Management System (IMS): status report

Prepared by Jessica Thomas, Rasmus Moustgaard, and Jacob Riis on behalf of the IMS Team,
2nd September 2013

Purpose

To provide a status report on the work of the IMS Team (including IMS Development and Support teams) since March 2013. This report is for information only.

Projects completed within the last six months

Archie 4.1

On the 20th August we released Archie 4.1. Primary changes included a new workflow statistics report for CRGs, making the 'What's new' section editable in the online editor, the introduction of review templates for setting up new reviews, online editing of translations and an automatic reminder for reviews checked out for more than a week. Complimentary access to The Cochrane Library and the Wiley journals was made available through a link from within Archie to reduce administration and improve the speed at which authors gain access to The Cochrane Library once their review is published.

Archie 4.0 – Publish When Ready

The move to 'Publish When Ready' was a major project for the team and was our primary focus during May and June 2013. Archie 4.0, which introduced the Publish When Ready functionality, was released on the 4th of June. After the launch we worked through a two-week transition process to change from monthly to 'when ready' publication. In late May we conducted testing involving Managing Editor (ME) Support members and the ME representatives on the Archie Development Advisory Committee (ADAC). Jessica was in regular communication with Harriet MacLehose at the Cochrane Editorial Unit (CEU) to ensure that effective communication was in place to inform the Collaboration of the change, as well as draw up documentation and guidance on using the new system. Alongside the Publish When Ready functionality, several other features, many rated as important by the Archie Development Advisory Committee (ADAC), were introduced in Archie 4.0. The full list is available on the [What's New](#) page.

Archie 3.12

On the 4th of April Archie 3.12 went live. This version made it possible to link to external documents such as Dropbox and Google.docs. Further changes were also made to support the translation exchange, the introduction of CRS IDs in reviews (ongoing), and the use of Archie on mobile devices. For a full list of new functions please see [What's New](#).

RevMan 5.2.5 & 5.2.6

RevMan 5.2.5 (23 April) and 5.2.6 (30 July) were two service releases fixing minor issues in the software. RevMan 5.2.5 also introduced a new journals list for references in an attempt to unify the lists used by the CRS and IMS. Unfortunately we had to roll back the list again in 5.2.6 because of issues to do with the case and spelling of some journal names. The journals list will be reintroduced at a later date once all concerned are confident that the list is correct. For a full list of new functions please see [What's New](#).

We have been piloting a new release method for RevMan this year whereby the release is initially posted only on the website for manual downloading. This means we can fix any issues before releasing to the full list. The full release, which is then presented as an update through the RevMan download system, is made available two weeks after the initial release.

Current Activity

Supporting Users at IMS

Karen Hovhannisyan continues as our IMS Support Assistant and is attending to queries as they come in via RevMan or Archie Support. We have been working in-house to draw up Standard Operating Procedures including response times, and Olga, Jacob, Javier and Karen are working on ensuring we are meeting all users needs as best we can. Karen is also available to train non-editorial staff where required.

RevMan 6 wishlist

The IMS team has been working with Toby at the CEU to develop a system to enable the RevMan Advisory Committee (RAC) to make decisions on the wishlist items proposed for RevMan 6. After several meetings since September 2012; a convenors and IMS team meeting in Copenhagen February, a full RAC meeting in London in March, some assessments from the IMS team and some telephone meetings with Toby and Jessica, and Marialena, we now have a final wishlist from which to work. The primary areas of focus will be around a 'Meta Notes' system that will provide context sensitive guidelines (e.g. MECIR) in reviews as well as support refereeing comments, there will be changes to the Risk of Bias tables, improved linking within the review as well as an introduction of structured data using the PICO components. Jacob Riis, Henrik Larsen and Jessica Thomas will be attending the RAC meetings held alongside the Québec Colloquium in September 2013. The date for completion of RevMan 6 is currently estimated for 2014, but the Wiley development time will also need to be considered in the context of the Cochrane Technical Roadmap. We are planning on show-casing some mock-ups for RevMan 6 (approx 5-7 items) and inviting comment from people who come to visit us at the Cochrane Exchange at the Cochrane Colloquium this year.

Technical Push at the Colloquium

A team of people met at the UK meetings in March, of which Jessica was a part, and it was agreed to push hard with a technical voice at the Colloquium. As a result the IMS team are involved in the following during the Colloquium:

- An Archie Advanced search function workshop available to all Cochrane staff (Sat 21st 13.30-15.00),
- an oral presentation on the Future of Technology along with Linked data, Web team and CRS (Sun 22nd, 15.50-17.00),
- the #CochraneTech Symposium on the 17th - the IMS team will be live streaming the main sessions during that day for those not attending the Colloquium,
- We are taking a poster entitled 'How to design a Social Media Strategy for a Cochrane entity': (Sun 22nd 10.30-12.00). We have also made a checklist to assist Cochrane entities designing a social media strategy, as well as a template for drawing up a 'Communication strategy' which will be made available by the poster, at the Cochrane Exchange and on the IMS website. To support this we have recently set up a @CochraneArchie Twitter account which is informing when there is downtime, announcing new updates to Archie, and also showing 'HowTos',
- We are taking a 'The Evolution of Technology in Cochrane' Poster which has been written with Chris Mavergames, Lorne Becker and Julian Elliott as authors: this will primarily be a historical poster

outlining the significant tech changes in the 20 years of Cochrane as well as giving a direction for our planned Tech future (Sat 21st 10.30-12.00),

- We will be showing some examples of RevMan 6 and inviting comment at the Cochrane Exchange,
- We will be showing a demo of a mobile version of Archie both at the ADAC meeting and the Cochrane Exchange.

Improving Communications at IMS

We are working to improve our communication with releases of software and with the recent release of Archie 4.1, alongside tweeting the release on our new @CochraneArchie Twitter account, we have composed a tailored email directing people to specific features, and also invited people to a webinar on 2nd September 2013 post-release show-casing the new features and giving people an opportunity to ask general questions. We have been developing a Standard Operating Procedure this year for releases of RevMan and Archie to ensure our releases follow an agreed pattern and schedule. We invite feedback on other ways we can inform people on features about Archie to help their workload.

External Software to Support Author's in Writing Their Reviews

We created a space on the IMS website gathering various forms of other software to support authors work in writing reviews that relate to RevMan and shared this via CCInfo. We have set up a discussion forum for each so that there is now a space for people to get information about the various types of software available to support authors:

<http://ims.cochrane.org/revman/other-resources>.

Social Media Development in the IMS Team

Javier Mayoral, Jacob Riis and Jessica Thomas have been working on developing a Social Media Strategy for the team, alongside the development of the poster for the Québec Colloquium. We now have developed a Communication Strategy, and in the context of this have set up a Twitter account for Archie, @CochraneArchie. We plan also on setting up a @CochraneRevMan Twitter account in the future, and prior to the Colloquium setting up a @CochraneTech account, to start a move to being one Cochrane Technical team.

Mobile technology

In May 2013, the IMS team attended HTML5 and JQuery training in-house. Part of the incentive for this training was to support development training for moving RevMan online in the future, as well as to consider developing a mobile-friendly version of Archie. Several changes have been made to Archie in the last year which means that users can now use most Archie functions on a mobile tablet, but the current version is not as user-friendly as it could be, and as the future heads to many using touch-screens it's important to ensure Cochrane keep up with the growing technological trends. HTML5 is a developing technology, and at the moment, it is more effective for developing mobile applications than it is for developing browser-based functionality; we therefore believe it is best to focus on exploring a mobile-friendly version of Archie first. At the Colloquium in Québec we will be making available a preview of Mobile-Archie at the ADAC meeting held on the 18th September, as well as at the Cochrane Exchange for those interested.

Roadmap Meeting in Ealing, London – July 2013

Some members of the IMS team attended the Technical Roadmap meeting held in Ealing in July. As well as being able to contribute to our future Technical development Roadmap, it was a great opportunity for various team members to meet Wiley members, including Olga, our tester, meeting people in Wiley's testing

department, and giving Jessica and Chris Mavergames an opportunity to talk about a change to moving to one Technical team for the Collaboration.

RevMan Sales

RevMan sales continue to increase as reflected by the growth of *The Cochrane Library*. To date RevMan sales have been managed by the Nordic Cochrane Centre, and we are currently in negotiation with the Cochrane Operations Unit (COU) to transfer the management of the sales of RevMan to them.

Future projects and other issues

One Cochrane Technical Team

Jessica Thomas and Chris Mavergames have had several meetings to discuss the changes required to create one technical team for Cochrane. We want to create one technical team in order to pool resources, and have a consistent and inter-relational technical plan across all technical teams going forward. We will be advertising and inviting comment on this change at the Cochrane Exchange at the Québec Colloquium.

Feedback

Development of a new feedback system was held off towards the end of 2012, but is back on the Technical Roadmap to be produced, with Wiley development necessary also, during 2014.

Status Indicators/Change to the Classification of Reviews

New changes to the ways reviews are classified have been agreed by the Cochrane Collaboration Steering Group (CCSG) in March 2013, and these changes will require development work within Archie, and on The Cochrane Library. This is a Card on the Technical Roadmap for release during 2014.

Split and Merge of Reviews

Functionality to record that reviews have been split or merged has existed within Archie for a while, but these links/relationships will become visible on The Cochrane Library during 2014 as part of the Technical Roadmap. Once this is implemented, it should lead the way to creating ‘Generic Protocols’ and new protocols for rewritten reviews.

Test & Documentation Officer

Olga Ahtirschi returned from maternity leave, in mid April, just in time to get busy working on a testing strategy for the release of Publish When Ready! The team are very glad to have her back in post.

Archie 4.2 and a More Agile Release Cycle

Archie 4.2 is due for release on the 29th October 2013 and Archie 4.3 planned for mid-January. We are working on trying to develop shorter and more regular (agile) release cycles for Archie in the hope to get wishlist items through to users more frequently. This change will need to be reviewed constantly alongside other Collaboration requirements including developments which will impact on the development cycle workload from the Technical Roadmap.

Facts about Archie

At the beginning of September 2013, there were more than 17,500 users of Archie (an increase of approximately 3000 users over a one-year period). The database stores nearly 42,000 person records, of which almost 22,000 are active authors. There are 13,034 individual review records covering more than 530,000 versions. There are more than 16,600 running workflows. For more facts about Archie, updated quarterly, visit <http://ims.cochrane.org/archie/facts-on-archie>.

Annex 6: Report of the Colloquium Policy Advisory Committee (CPAC)

Paper prepared by Steve McDonald and Jordi Pardo, CPAC Convenors, 26 August 2013

Purpose

1. To provide an update on CPAC activities
2. To request approval of the recommendation to appoint a new co-convenor (Decision required)

Urgency

Medium

Access

Open

1. Colloquium Liaison

As part of the restructure of the Central Executive, Claire Allen became the Colloquium Liaison person, starting with the 2014 Hyderabad Colloquium. Claire is in regular contact with Prathap Tharyan of the South Asian Cochrane Centre and Network, and will share policy-relevant issues with the CPAC as they arise, initially through the convenors. To support Claire in her new role, we are proposing to continue the system of nominating a previous organiser as a mentor for each Colloquium.

2. Updates on 2014 and 2015 Colloquia

The MoU with the Hyderabad organisers has been signed, and Claire Allen is receiving monthly progress updates from Prathap and Ajay Tripathy. Sally Green is co-chairing the Scientific Committee and calls recently taken place to discuss potential plenary topics.

It has been agreed with the 2015 Vienna organisers that the MoU won't be signed until the Colloquium Standard Operating Procedures have been revised, which Julianne Ried, Claire and Tom Cracknell are leading on.

3. Proposals to host the Cochrane Colloquium in 2016

The call for proposals to host the 2016 Colloquium was circulated to Cochrane Centres and Branches at the end of August. This was slightly later than in previous years, partly to allow for discussion of CPAC issues between Jordi Pardo and Mark Wilson in Paris in July, and partly because we wanted to have the opportunity to meet with prospective organisers during the Colloquium in Québec before making a recommendation.

We have a firm offer from the Korean Branch to host the Colloquium in Seoul, and will inform the Steering Group in Québec of any other approaches. We have set a deadline of mid-October for prospective organisers to return their formal applications, after which time the CPAC will assess the proposals and make a recommendation to the Steering Group.

4. Colloquium abstracts on cochrane.org

Over the last year we have been working with the Web Team to migrate the abstracts of previous Colloquia from the OJS system to Drupal. A prototype site is now ready for comment and further refinement, and will be finalised by the Committee in the coming months.

5. Appointment of new CPAC co-convenor

After nine years as co-convenor, Steve McDonald is stepping down following the Québec Colloquium. We are delighted that Juliane Ried has agreed to take on this role, a move that has been universally endorsed by the rest of the CPAC. Jordi will continue as co-convenor.

Juliane brings a lot of experience of Colloquium organisation. Juliane was part of the organising team for Freiburg 2008 and Singapore 2009, has been heavily involved in developing Event Manager, and has overseen the stipends process for several years. Juliane is currently working with Claire and Tom Cracknell to update the Standard Operating Procedures.

Given the increasing central involvement in supporting Colloquia, and the move by other Advisory Committees to have a central staff member as co-convenor, we believe Juliane's appointment is right for the CPAC. We have discussed this with Mark Wilson, and believe that the obligations of this role will not encroach of Juliane's other areas of responsibility within the Central Executive.

Recommendation

That the Steering Group approves the appointment of Juliane Ried as CPAC co-convenor.

Resource implications

No additional resources required.

Impact statement

The appointment of Juliane Ried will enable a smooth transition between convenors, allowing continuity of expertise in matters relating to policy and guidance.

Decision required

Yes, to appoint Juliane Ried as the new co-convenor of CPAC.

Annex 7 : KEY DATES IN 2013 OF THE COCHRANE COLLABORATION, COLLABORATION TRADING COMPANY LTD, AND COCHRANE INNOVATIONS LTD

Due date	Charity	Collaboration Trading Co Ltd	Cochrane Innovations Ltd	Date actioned
	Date of incorporation: 10 April 1995	Date of incorporation: 27 October 1998	Date of incorporation: 20 June 2011	
31 January	File the Charity Commission Annual Return within ten months of financial year end.			19.12.12
31 January	Inca UK to file VAT return (October-December).			22.01.13
6 February		Trading Company Directors' meeting/teleconference.	[Directors meet monthly by teleconference.]	06.02.13
28 February	Renewal of Directors' and employees' liability insurance.			28.03.13
28 February		Trading Company Directors to check that the royalty payments for the previous calendar year accord with the terms of the publishing contract.		06.02.13
17 & 20 March	STEERING GROUP MEETINGS, OXFORD, UK			17/20.03.13
23 March	Data Protection renewal (by direct debit).			23.03.13
31 March		Minutes of TC Directors' February teleconference to be circulated to Steering Group.		22.02.13
31 March		[INCA UK TO FILE COLLABORATION TRADING COMPANY AND COCHRANE INNOVATIONS TAX RETURNS BY 31 MARCH.]		31.03.13
31 March	End of financial year for all three companies.			
30 April	Inca UK to file VAT return (January-March).			29.04.13
8 May	File the Annual Return to Companies House (online).			10.04.13
19 May	Employer's Annual Returns (P35) for Charity and Trading Company (Buntings submit these).			23.04.13
31 May	Inca UK to have accrued all relevant payments to the previous financial year, so that Mazars can commence the annual audit. Remind Mazars to arrange to audit our publishers' royalty figures for the previous financial year.			04.06.13
26 June		Data Protection renewal (by direct debit).		21.06.13
18 July			File the Annual Return to Companies House (online).	21.06.13
31 July	Inca UK to file VAT return (April-June).			25.07.13
9 August		Trading Company Directors' teleconference		09.08.13

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28 August		Minutes of TC Directors' teleconference to be circulated to Steering Group.		28.08.13
30 August	Give 21 days' notice to all entities of the date and time of the Annual General Meeting during the Colloquium. Call for agenda items and advance questions. Attach the Report and Financial Statements in PDF format.	Mazars to provide separate financial statement for this Trading Company, for review and sign-off.	Mazars to provide separate financial statement for this Trading Company, for review and sign-off.	30.08.13
2 September	Obtain the appropriate text from Mazars so as to prepare the Letters of Representation on Collaboration stationery for the Charity and two Trading Companies. Obtain signatures on Report and Financial Statements from the Treasurer (for the Charity) and the Director of both Trading Companies.			
18 & 24 Sept	STEERING GROUP MEETINGS, QUÉBEC , CANADA (9.00 a.m. to 6.00 p.m. – times to be confirmed)			
21 September	AGMs being held during Colloquium [time to be confirmed]. One TC Director to retire and be reappointed or replaced; ditto Cochrane Innovations. Auditors to be reappointed, if recommended by the CEO.			
31 October	Put approved minutes of previous year's AGMs onto website.			
31 October	Put financial statements for previous year (approved at the AGM) onto the Collaboration website in PDF format.			
31 October	Inca UK to file VAT return (July-September).			
24 November		File the Annual Return to Companies House (online).		
30 November		If the Directors hold a meeting during the Colloquium, circulate their minutes to the Steering Group.		
30 November	Notify Companies House of resignations from, and appointments to, the Boards of Directors of the Charity and both Trading Companies.			
31 December	Deadline for Mazars to file the Accounts at Companies House for the previous financial year.			
31 December		Pay profits to Charity by Gift Aid within 9 months of financial year end (i.e. by 31 December): Mazars supplies the figure.		

The Cochrane Collaboration Discretionary Fund

Prepared by: Mark Wilson

Date: 7th September 2013

Purpose: To provide the Steering Group (CCSG) with recommendations on changes to the criteria for application to The Cochrane Collaboration Discretionary Fund and the process of assessment of applications and awarding of grants to the Fund. In addition, to report on the expenditure of the Discretionary Fund for this financial year.

Urgency: Low

Access: Open

Background:

In its 11th June 2013 meeting the CCSG approved several changes to the size and management of The Cochrane Collaboration's Discretionary Fund. These changes were:

- To increase the Discretionary Fund in 2013-14 (and subsequent financial years) by £5,000 to a maximum total of £20,000;
- To centralize the process of assessing applications and recommending Fund awards to the Chief Executive Officer and Editor in Chief;
- That Fund awards should be made in line with the Fund criteria and the business and strategic needs of the Collaboration.

The CCSG also decided that the Discretionary Fund criteria should be reassessed, particularly to differentiate the Fund from the small discretionary component of the overall budget of CEO and Editor-in-Chief; and to ensure the Fund was available primarily for groups that were not part of the Central Executive Team.

I was asked to produce a paper 'revisiting the criteria and process for applications to the Discretionary Fund and clarifying which activities should be applicable to the Discretionary Fund, and the appropriate size of these funds, for discussion at the Quebec Colloquium.'

Report:

This report will briefly assess and make recommendations on:

- Who should be eligible to apply to the Discretionary Fund;
- The criteria for assessing these applications;
- The process for assessing and awarding grants from the Fund;
- The size of the Fund.

Eligibility

The existing rules on eligibility for applications to the Discretionary Fund in the Organisational Policy Manual states that: 'Members of The Cochrane Collaboration are eligible to apply for small amounts of funds to facilitate important activities within the organisation. Applications will only be accepted from the person or people responsible for a particular registered entity, and Convenors of the Steering Group's advisory committees.'

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This allows any ‘registered entity’ or Steering Group ‘advisory committee’ to apply. Consideration in 2013 of an application to the Fund by the Cochrane Technology teams (the Web Development and IMS teams) raised the question of whether an award to units that are now part of Cochrane’s Central Executive structure was appropriate. The application was a strong one, and met the Fund’s criteria. It could not be ruled out by the current eligibility criteria, but both the CEO and the Editor in Chief have discretionary budgets of their own which they can use (in the 2013-14 financial year of £21,458 and £15,000 respectively) to support Central Executive activities and concern was raised by CCSG members that awarding grants from the Fund, which is capped, would potentially handicap other entities across the Collaboration in future.

I think this is a perfectly legitimate concern, even though only in one year in the last decade before 2012-13 did the Discretionary Fund come close to using all of its annual maximum allocation. The formation of the new Central Executive with the CEO holding responsibility for delivering the organisation’s objectives within the overall approved budget means that units within the Central Executive have access to and responsibility for income to meet those objectives. The CEO and Editor in Chief have the latitude to re-allocate funds in the light of changing needs – something other parts of the Collaboration do not.

I would therefore recommend that members, units and departments within the Central Executive would not be eligible to apply to the Discretionary Fund in future. No other change need be made to the eligibility criteria in my view.

Discretionary Fund Criteria

The existing criteria in place to guide decisions to grant awards from the Fund are:

1. Focus on ‘core’ functions – The proposal should focus on core functions of Collaboration activity, particularly the production, maintenance and dissemination of high quality reviews.
2. Gain to the Collaboration – The proposal should promise significant gain to all or part of the Collaboration.
3. Collective benefit – The potential benefit of the proposal should not focus on a single entity but apply across a number of entities (for example, by co-ordinating activities).
4. Likelihood of success – The proposal should have a high likelihood of success of meeting its aims within the agreed budget.
5. Alternative sources of funding – The proposal should not have an obvious and readily accessible alternative source of funding available.
6. Cost of not funding – There should be judged to be a significant loss of advantage to the Collaboration if the proposal is not funded.
7. Long-term continuity – Because discretionary funds will not be available on a recurrent basis, there should be some plan for continuity of funding and support if this will be necessary.

The policy goes on to state: ‘It is accepted that applications will rarely meet all these criteria; however, applicants are asked to consider all seven criteria when applying, and to use the criteria as the paragraph headings in their application.’

These are demanding criteria, but they are helpful in ensuring that frivolous or ill-thought-through applications are not received. I would recommend only changing the first criterion to read:

1. Focus on Cochrane’s strategic goals – The proposal should focus specifically on one or more of Cochrane’s strategic goals and objectives, to ensure it is addressing organisational priorities and needs.

Process

The CCSG agreed in June that the assessment of applications to the Fund should be centralised and made by the CEO and Editor in Chief. However, who ultimately decides on an application? The existing policy says that the criteria are in place ‘to guide the Steering Group’s decision’, making it clear that the CCSG is ultimately responsible for the awards from the Discretionary Fund. I would recommend that this remains the case.

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The CEO and Editor in Chief would assess and analyse the application and make a recommendation to the CCSG by e-mail, with a brief conclusion of the application's suitability against the Fund's criteria. It would still be the responsibility of the CCSG to sign off on the recommendation; and this would give the chance for CCSG members to challenge the recommendation and, if a majority of the CCSG agrees, have the application considered by the whole of the Steering Group.

I would also recommend that the Fund establish two opportunities a year for applications to be considered: April 1st and October 1st with half of the Fund available at each point. This would help to dampen the surge of applications received at the beginning of the financial year as only half of the Fund would be available; and would mean that if the current trend of receiving increasing applications continues, those being submitted later in the financial year would not be facing a situation where most or all of the annual funds had already been allocated.

Size of the Fund

The Collaboration has embarked on a period of significant change. The new *Strategy to 2020* will challenge and drive reform and the CCSG is separately considering the process by which significant strategic investments of hundreds of thousands of pounds are made in new initiatives, opportunities and business processes with very similar criteria to those already in place for the Discretionary Fund. Increasing the size of the Discretionary Fund in future may help to attract and reward innovation across the organisation to a greater extent than the existing fund does because of the relatively small grant maximum level.

The pattern of awards has been eclectic over the years of the Fund's existence (see http://www.cochrane.org/sites/default/files/uploads/Organisational_Policy_Manual_latest.pdf for the full list) and I have not had the time to assess in detail how successful the different awards have been and whether they delivered what they offered in their respective applications. Time will tell how the developing implementation of *Strategy 2020* affects the number and focus of Discretionary Fund applications. In addition, the growth and development of the Central Executive - which aims to bring greater design and coherence to the allocation of resources and priorities of the organisation as a whole – may also affect the future path of the Fund. In my view it is too early to say whether the Fund needs to grow much larger, and whether the maximum size of applications should also expand. I would recommend that a review of the Fund be made in a couple of years time, possibly as part of an overall assessment of the Funds, Prizes and Awards the Collaboration has in place.

Report on 2013-14 Discretionary Fund Awards

The table below shows the awards made from the Discretionary Fund so far in this financial year. A total of £6,210 remains available in the Fund for this period. Also included in the table is the historic pattern of Discretionary Fund total awards made.

Date	Amount	Entity	Application funded for:
April 2013	£4,940	Prognosis Methods Group	Employment of a project manager to support the publication of three exemplar Cochrane Reviews.
May 2013	£4,380	Archie Development Advisory Committee	ADAC Co-Convenors' attendance at technology symposium, and ADAC members' meeting, Quebec Colloquium, September 2013
June 2013	£4,470	Australasian Cochrane Centre	Review Exchange, an online social network for sharing review tasks.
Total to date	£13,790		
Amount remaining in	£6,210		

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2013/14 budget		
Total 2012/13	£14,311	
Total 2011/12	£6703	
Total 2010/11	£9042	
Total 2009/10	£7804	
Total 2007/08	£3664	
Total 2006/07	£11,796	
Total 2005/06	£15,363	
Total 2003/04	£5595	

Recommendations:

1. That members, units and departments within the Central Executive would not be eligible to apply to the Discretionary Fund.
2. That the first criterion for the Fund be amended to:
 1. Focus on Cochrane's strategic goals – The proposal should focus specifically on one or more of Cochrane's strategic goals and objectives, to ensure it is addressing organisational priorities and needs.'
3. That the CEO and Editor in Chief assess and analyse Discretionary Fund applications and make a recommendation to the CCSG in an e-mail, with a brief conclusion of the application's suitability against the Fund's criteria. The CCSG then approves the recommendation; or decides (by a majority vote) that it be considered by the whole of the Steering Group in order to make a final decision.
4. That the Fund establish two opportunities a year for applications to be considered: April 1st and October 1st with half of the Fund available at each point.
5. That the Discretionary Fund remains at the moment at £20,000 per year.
6. That the size and nature of the Discretionary Fund be re-assessed in two to three years' time (2015-16).

Resource implications:

None

Decision required of the Steering Group:

To consider the recommendations made in this paper.

Editor in Chief Reports to CCSG: Sep 2013

Prepared by David Tovey, Cochrane Editorial Unit (CEU) team, Miranda Cumpston, Steve McDonald

Date: 27th August 2013

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Editor in Chief's summary

Progress over the past 12 months

This report attempts to bring together the areas of work for which I am responsible, namely the Cochrane Editorial Unit (CEU), Training and Methods. It is my good fortune – and that of the Collaboration too – that I have such a conscientious, committed and skilled group of people reporting to me. However, the good fortune does not end there, as these teams in turn rely on engagement with and support from other Cochrane contributors and groups - as well as our publishers and other stakeholders - which, this year as ever, have been abundantly available.

This has been my first year working with our new CEO, Mark Wilson. Mark has brought extraordinary energy and insights into Cochrane, exemplified in the development of our *Cochrane Strategy to 2020*. The work of the CEU, Methods and Training teams spans all four of the goals identified in this strategy, from ensuring that we continue to produce and publish high quality systematic reviews that address questions of greatest relevance to users, to the identification and implementation of pioneering methods, to providing learning and professional development opportunities for our members.

In these papers, I include a report from each of the three teams on activities completed over the past 12 months. Below, I list some of the highlights:

Training:

- New resources have been made available via the Cochrane Training website, including the complete suite of online learning modules, expanded resources for consumers and upgraded presentations for authors (goals 1 and 4).
- New projects are under way arising from the MECIR standards, supporting Editors to meet the standards and addressing authors' common errors (goals 1 and 4)
- Translation of training materials into Korean, Spanish and Russian (goals 1 and 4)
- The ME Support team developed a training needs assessment survey for MEs in collaboration with the Training Working Group Co-ordinators and Steve McDonald, Sally Bell-Syer (MEs' Executive co-convenor and ME representative on the Training Working Group) and Jessica Thomas (IMS Team Manager).

Methods

- Development of a new 'Risk of bias' tool for non-randomised studies, now ready for piloting (goal 1)
- Development of a methods website (goals 1 and 4)
- Early conversations about future for the Cochrane Methodology Register (goal 1)
- A readers survey for *Cochrane Methods* (goal 1)
- Development of a tool to assist description and evaluation of intervention complexity (goal 1)
- Progression of the prognosis exemplar reviews (goal 1)

CEU

- Work leading to agreement of The Cochrane Library publishing contract with Wiley (goal 2)
- Introduction of open access (green and gold route) options for Cochrane Reviews
- Move to continuous publication model for Cochrane Reviews (Publish When Ready) (goals 1 and 2)
- Introduction of search enhancements to *The Cochrane Library* (goal 2)
- Universal roll-out of Cochrane Register of Studies (goal 1)
- Development of the Editorial and Publishing Policy Resource (EPPR) (goals 1 and 4)
- Development of a Cochrane Review quality screening process (goal 1)

Objectives for the next 12 months

Our teams will be actively delivering important projects for the Collaboration, as the *Cochrane Strategy to 2020* moves into its delivery phase. These will include:

Training

- Construction of a comprehensive training and professional development strategy (goal 4)
- Evaluation of online learning modules and other training tools (goal 4)

Methods

- Delivery of Methods Innovation Projects (goal 1)
- Piloting new 'Risk of bias' tool for non-randomised studies (goal 1)
- Delivery of Handbook V 5.2 (goal 1)
- Review of the Cochrane Methodology Register (goal 1)
- Development of a Methods Strategy (goal 1)

CEU

- Roll-out of review screening project and development of revised quality assurance programme (goal 1)
- Delivery of CRG structure and function project and recommendations for Steering Group (see detailed project plan [below](#)) (goals 1 and 4)
- Progress towards open access (goal 2)
- Development of work exploring impact factor (goal 2)
- Further development of derivative products: Cochrane Clinical Answers and Cochrane Learning, through to launch (goal 2)
- Oversight of publishing contract and the related technology developments; 'the Cochrane Roadmap' (goals 2 and 4)

Budget for EiC programmes

The table below provides the most recent information from the Collaboration's book-keepers in relation to the performance against budget for the year to date. It demonstrates that we are performing satisfactorily in terms of spend against expectations.

Item	Spend April-June/£	Budget/£	Running total
CEU	164,107.81	799,749	21%
Methods	29,193.95	146,848	20%
Training	13,632	176,680	8%
TOTAL	206,934.57	1,123,277	18%

This budget statement does not include: £79,151 of annual support from Wiley to the CEU for quality initiatives; £64,800 from Wiley/Cochrane Innovations in support of the Cochrane Clinical Answers project.

Personnel

Miranda Cumpston has recently been welcomed back from maternity leave, and will lead the training co-ordinator team; Rachel Marshall will also return from maternity leave to her CEU Editor post once the Colloquium is over. The CEU has recently appointed Dr Sera Tort as a Clinical Editor, working mainly on the development of derivative products.

Steve McDonald has indicated his desire to step down as Convenor of the Training Working Group. Steve has made an extraordinary contribution in this role, which is all the more noteworthy given his many other responsibilities. I would like to add my personal thanks to him for his support to me, and I am sure that the Collaboration will also wish to signal its gratitude to Steve.

Noémie Aubert Bonn joined the CEU as an intern (February to September) and has made a tremendous contribution to the development of the Editorial and Publishing Policy Resource. She leaves to start a postgraduate university course in bioethics, and we wish her well.

The following individuals have contributed to the work outlined in this report:

CEU: Harriet MacLehose Hilary Simmonds, John Hilton, Maria Burgess, Orla N 'Ógáin, Rachel Marshall (on maternity leave), Noémie Aubert Bonn, Ruth Foxlee, Toby Lasserson

CRG monitoring: Claire Allen, Heather Maxwell

Methods Co-ordinator: Jackie Chandler

Managing Editor (ME) Support: Anupa Shah, Becky Gray, Liz Dooley

CRS-User Support: Anne Littlewood, Anna Noel Storr, Fergus Tai

Training Co-ordinators: Caroline Struthers, Marialena Trivella, Miranda Cumpston

David Tovey
30th August 2013

Papers for discussion and decisions

1. Report from *The Cochrane Library* Oversight Committee (CLOC)

Prepared by: Richard Smith

Date: 22nd Aug 2013

Purpose: To report on the activities of *The Cochrane Library* Oversight Committee (CLOC).

Urgency: Moderate

Access: Open

Background:

The Oversight Committee has met three times since the last report to Steering Group during the Auckland colloquium in September 2012.

There have been no major threats to editorial independence.

The CLOC was interested in the Collaboration's decision to enter into a revised publishing agreement with Wiley. The group reiterates its view that the most important strategic priority is to make *The Cochrane Library* open access. CLOC notes initial progress on this front at the onset of this publishing contract, but strongly encourages the Collaboration and Wiley to proceed with a more advanced form of open access at the earliest opportunity.

Discussions have included the following

- Priorities for *The Cochrane Library*
- Proposals to screen all newly published Cochrane Reviews to assure review quality
- Provision of input from CLOC to the Editor in Chief's appraisal, and discussions with the CEO aimed at ensuring editorial independence
- Impact factor
- Review of the terms of reference for CLOC, in particular its membership and role of the Chair
- Review of the metrics for *The Cochrane Library* and production of an editorial on this subject by CLOC members published on 14 November 2012
(<http://www.thecochranelibrary.com/details/editorial/3620281/Measuring-the-performance-of-The-Cochrane-Library.html>)

Quality of the Cochrane Library

The size of the Cochrane Library is increasing and its quality is improving. Many of the reviews reach the highest standard expected of Cochrane reviews, but many do not. The overall quality will be raised most effectively by improving those reviews that represent the lowest 30% in terms of quality, and excluding some that do not meet minimum standards.

The Co-ordinating editors have agreed that the CEU editorial team should make a final review of all new reviews prior to publication and return those judged not to be of an acceptable quality to the relevant CRGs. It is impossible, however, for the CEU team to review all aspects of each review, and important that the new system does not result in CRGs becoming less vigilant when assessing the quality of their reviews. Indeed, overall quality will be raised more effectively by improvements in production of reviews than by increasing inspection at the end of the process.

Metrics

The metrics show a welcome increase in total and new reviews. It is concerning that only one third of active reviews are up-to-date, i.e. have been produced or updated in the past two years. This is a major issue for Cochrane and one that needs to be addressed.

It is disappointing that the time from publication of protocol to publication of review has increased. However, recognise that the review group editorial teams may have little control over this time, as it also includes the time that the review is with the authors. In future, using the workflows mechanisms, we hope to be able to review meaningful data on the timeliness of editorial activities.

Usage of *The Cochrane Library* has increased dramatically in the past year, which is very encouraging.

Feedback to *The Cochrane Library* has increased, but is still disappointingly low given the degree by which usage has increased.

The drop in media coverage is not particularly relevant.

A note on the impact factor

The impact factor of the Cochrane Database of Systematic Reviews (CDSR) has fallen slightly, which is a cause of disappointment to some. There are many issues around the impact factor, however, that mean that the small fall should not be a matter of concern. Some of these include:

- Those bodies responsible for assessing the quality of research consider that a measure of the quality of researchers' work is provided by the impact factor of the journals in which they publish, which is why impact factors are thought to matter. This means that impact factors influence the journals to which authors submit their studies. Use of the impact factor of a journal as a surrogate measure for the quality of its research is unscientific, as there is little correlation between the number of citations to individual articles and the impact factor of the journal - as the impact factor of the journal is driven by a few articles that are highly cited. In recognition of this, those assessing research are moving increasingly to use of citations and other metrics of individual studies as tools. The Public Library of Science has led the way with 'article level metrics', and it would be good if *The Cochrane Library* and Wiley could develop equally comprehensive metrics at the article level.
- The easiest way to increase the impact factor would be to reduce the number of studies published – an option that would conflict with the mission of the Collaboration. Overall, citations to the CDSR have increased.

- Some topics (for example, genetics and cardiovascular research) are much more highly cited than others, for example mental health, and nursing. Therefore some editors refrain from publishing on topics that have low citations – again a strategy that conflicts with the mission of the Collaboration.
- Some of the highest profile Cochrane reviews are published in high impact journals as well as in the Library, and many – probably most – of the citations to those reviews go to the high impact journal. Presumably the Collaboration would not want to stop authors publishing in these journals.

Review of CLOC and membership

CLOC has now been going for three years, and the Steering Committee should take a decision on whether it has been useful and should continue.

CLOC primarily exists to serve as a buffer between the Collaboration leadership and the editor in chief should a serious dispute arise, and this has not happened.

CLOC also reports to the Steering Group on the performance of *The Cochrane Library* and contributes to the appraisal of the editor. It also serves as a sounding board for the editor, and the chair of CLOC meets regularly with him. CLOC thinks that these are useful activities, but the Steering Committee should decide.

Prem Pais left CLOC early on, and Cindy Farquar has now stepped down. Others members are willing to continue, but, if CLOC is to continue, it needs new members, particularly from low and middle income countries. We suggest that we advertise through listserves (no cost) and invite suitable candidates to apply. We will aim to propose new members at the next Steering Group meeting.

Summary of recommendations:

1. The strategy to move *The Cochrane Library* towards open access be continued, and that the Steering Group consider setting a deadline for when it should be fully open access.
2. Wiley should be encouraged to introduce article-level metrics.
3. The Steering Group should decide whether CLOC should continue.
4. If CLOC is to continue, new members should be sought through advertising via listserves and invitations to apply.

Resource implications: None

Impact statement: No financial impact

Decision required of the Steering Group: Whether CLOC should continue, and whether to accept the recommendations of this paper

Appendix A

Metrics

Metric	2012	Increase 2012*-2011	2011	Increase 2011- 2010	2010	Increase 2010- 2009	2009
Total new reviews	459	10.3%	416	-7.3%	449	11.7%	402
Total updates	515	10.0%	468	-10.7%	524	9.4%	479
Total active reviews	5352	13.6%	4713	8.9%	4329	9.4%	3958
% active reviews that are up-to-date (within 2 years)	31.6						
% active reviews that have been newly published or updated in the past 2 years	34.7	-1.8%	36.5	0.6%	36.3	-3.5%	39.8
Impact factor	5.785	-2.1%	5.912	-4.4%	6.186	9.4%	5.653
Total number of citations	34,230	15.7%	29,593	0.08	27,366	18.5%	23,102
Usage: full text	5,434,662	25.3%	4,337,045	9.6%	3,957,567	13.9%	3,473,141
Number of registered authors	26,590	25.9%			21,123	17.0%	18,057
% authors from LMICS ¹	22.35	-0.4%			22.45	1.1%	21.32
Approved feedback	86	11.7%	77	-8.3%	84	-22.2%	108
Media coverage	4270	-19.1%	5277	33.3%	3958	15.3%	3434
Average time from prot to rev publication/months	34.7	10.5%	31.4	4.3%	30.1	3.4%	29.1
Median time from prot to rev publication. months	29	4.0%	25	2.0%	23	0.0%	23

¹ This figure will be revised when a new calculation based on more stringent classification of LMIC is available.

2. Methods Innovation Fund: Funding 2015-2018

Prepared by:	Jackie Chandler on behalf of Methods Application and Review Standards Advisory Committee (MARS AC) (Current MARS Working Group)
Date:	August 2013
Submitted:	To Steering Group; Quebec Colloquium, 2013
Purpose:	To request agreement, in principle, for a further tranche of funds to continue resourcing of strategic, methods-related research through Methods Innovation Fund
Urgency:	Medium
Access:	Open

Summary

The current programme of the Methods Innovation Fund (MIF) of six projects covering priority methodological topics will complete at the end of 2014. As part of the *Cochrane Strategy to 2020*, the Collaboration is committed to continuing to pioneering development of methods. The MIF investment has facilitated development of timely guidance for the Collaboration, as methods progress in the rapidly evolving arena of evidence synthesis. The research agenda within Cochrane continues to develop in response to these internal and external developments. The Methods Application and Review Standards (MARS) Working Group is satisfied that the current projects are progressing satisfactorily, noting the value for money they have provided. We are now seeking support to build on the current investment and to continue to fund methods-related research within Cochrane, which is consistent with goal 1 of *Cochrane Strategy to 2020*.

Background

CCSG meetings held in April and October 2010 led to an invitation to the Methods Board to submit a proposal for a programme of methods-related innovation work to be centrally funded by The Cochrane Collaboration, in line with the recommendations of its 2009 Strategic Review. The Methods Board delegated responsibility for development of a methodological research programme to the MARS Working Group, a collaborative group that jointly represents the interests of both Methods Groups and Review Groups². In brief, an initial Collaboration-wide appeal for methodological research suggestions resulted in 193 ideas. Consultation with the Co-ordinating Editors' Executive, the Methods Executive and the Managing Editors' Executive led to the identification of the six priority topics that were most likely to have an impact on the quality of reviews, engage methodologists, and that were feasible within allocated resources. Methods Groups were invited to submit proposals. A key criterion for a successful submission was the production of guidance to facilitate implementation. The other MIF criteria for methods-related innovations research were:

- development of novel methods specifically (or primarily) for Cochrane reviews;

² Please see other documentation submitted for approval to the CCSG regarding changes to the remit of the MARS WG/AC noting the broader representative membership.

- evaluation of existing methods in relation to application in Cochrane reviews;
- development of support software for new methods in Cochrane reviews;
- implementation of agreed methods into Cochrane reviews;
- assessing aspects of methodological quality of Cochrane reviews; and
- quality improvement projects.

Six individual projects were funded for two to three years. Details of the expected project outputs and contribution (impact) of the current programme is included in Annex 1 below. The overarching objective of the MIF project was the development of tools and guidance for CRGs and authors to enhance review methods and development. Examples of outputs expected are the 'Risk of bias' tool extensions for non-randomized studies and non standard designs and the ICAT_SR tool to facilitate descriptions of intervention complexity across a number of specified dimensions. Other outputs include guidance and training materials to facilitate search strategies and access to unpublished data; further development of, and guidance for, 'Summary of findings' tables informed by user testing and upgrades to GRADEPro and RevMan; guidance on how to judge and report risk of bias associated with missing participants; and guidance, and standards, on making appropriate decisions on the comparison of multiple interventions and indirect comparisons in overviews and intervention reviews.

The current programme has been successful in meeting the key objective of developing new methodology necessary for direct application in Cochrane reviews and implementation of methods. A number of publications have already been published on the back of the work funded by Cochrane as part of this initiative. The impact of this work can only be determined when the project outputs have been successfully implemented.

The projects funded in the first round of MIF have involved project-based staff salaries and meeting costs. Infra-structure costs and lead investigator costs have not been met by the fund. Cochrane continues to receive 'goodwill' to support and take these projects forward. This represents excellent value for money.

Proposal

The consultation document *Cochrane Strategy to 2020* has pledged under goal 1 : "*To produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making*". A key objective (Pioneering methods) is to "*ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to invest in innovative methods for designing and conducting research evidence synthesis that help us to deliver our mission and improve research conduct.*"³ This will require continued investment for funds to ensure that Cochrane is able to determine the priorities for development and deliver them in a timely manner. Cochrane is possibly the largest EBM information organisation; we have a

³ The wording of these statements may change in the development process of the strategy but key messages remain; this is the pre-final draft version for the CCSG approval.

wealth of data largely generated from systematic reviews, but also from other products such as the CENTRAL Register of Controlled Trials. We also have a wealth of expertise, and an evolving technology strategy that will provide many exciting new possibilities with regard to using the data, information and knowledge we have in robust and responsible ways. We have stated in our *Strategy to 2020* that we want to be the 'go-to' organisation for decisions about health care, and this in turn should include continuing the important methods development work we have started.

An ad hoc sample of potential topics for future methodological research is listed in Table 1. These ideas, elicited from current members of the MARS Working Group are far from comprehensive, but provide an indication that there are important areas of Cochrane Review methodology that warrant continuation of the MIF programme in order to make our position as the producer of the highest quality systematic reviews secure. We will need to consider the methodological implications of our support for other key initiatives such as the AllTrials campaign and the amount of unpublished data that might be identified, extracted, appraised and synthesized from a variety of different sources: the methodological work on this has begun in the first tranche of methods-related projects (see Annex 1). The Linked data project may also require methodological work, relating to the possibility of sharing extracted data across reviews. Furthermore, systematic review methods have developed extensively over the last 20 years and, in order to ensure our continued credibility and leadership in research evidence synthesis, Cochrane needs to maintain its own evidence base for methods research in the future.

The MARS Advisory Committee (MARS AC), if approved, will review previous procedures and management of the programme to ensure fair and equitable allocation of funds to meet key priorities. The processes of topic identification, topic prioritisation and request for submissions for a new MIF scheme would follow the usual open Cochrane process. The research priorities will similarly be consulted and deliberated on to ensure that funds are utilized wisely. Additionally, consideration will be given to how best to evaluate and demonstrate the impact of the current research projects once they have been implemented. For example, using the Methods training budget to provide training for the dissemination of the 'Risk of bias' tool extension (see Annex 1) for non-randomized studies in 2014 is a key part of the implementation strategy for this project. The impact of new methods on CRGs can be considerable, hence the importance of the MARS AC taking the lead on governance of this research programme. We also recognize that not all methods developed are necessarily relevant for every review group or review, so a repertoire of methods is needed to cover different review approaches.

This proposal seeks support for additional funding from 2015 for up to three years in line with previous committed funds. The preparation of a detailed and costed MIF proposal is a significant investment in time, so an in-principle agreement from the CCSG is being sought to justify this investment.

Table 1.

Sample of methods related research topics

- Implications of increased access to individual participant data
- Methodological implications of a move towards Linked data
- Further development of tools and methods for updating
- Building a Library of exemplar reviews and sections of reviews

- Investigation of more efficient methods for screening citations: crowd vs text mining vs other methods vs combinations of methods; effects of gaming element (such as speed screening); evaluation of enriching and/or prioritising samples to screen through text mining – effects on screener motivation and interest
- Investigation and development of text mining methods for other parts of the review process
- Examination of the need for double data extraction (vs single vs triple vs checked data etc.)
- Search filters, particularly for Diagnostic Test Accuracy (DTA) studies, qualitative research, economic studies etc.
- Improving rigour of question formulation (particularly choice of patient-important outcomes) by using qualitative research
- Research on roles of power, clinically important effect sizes and sequential methods
- Search strategies for identifying prognostic factor studies: the impact of including terms related to a specific prognostic factor of interest in the search strategy
- Further testing of risk of bias assessment for prognostic factor reviews: further testing of the QUIPs tool; meta-epidemiological study of design factors associated with bias in prognostic factor studies
- Meta-analyses in prognostic factor reviews (e.g. impact of pooling univariate vs multivariate measures of association)
- Development of generic protocol sections
- Feasibility of running Centralised searches of CTgov for publication in CENTRAL
- Potential of automatic generation of PRISMA diagrams based on audit trails from within the CRS
- A Global dataset: evaluating the information CRS can provide. Evaluating the benefits of a study-based register vs a reference-based register to work towards a global study-based register
- Identifying drivers behind publication bias in DTA reviews
- Methods development for DTA comparative meta-analyses
- Providing guidance on translating test accuracy data into a recommendation involving important patient outcomes
- Development and application of better methods for addressing explanatory factors (in subgroup analyses, exploring heterogeneity or considering applicability of results)
- Address methodological challenges to justify and inform decision-model development; identification of the most relevant information for a particular setting for a given review question, and understanding the key economic trade-offs and casual relationships for a given decision problem

Summary of recommendations

1. Cochrane agrees in principle to continue its commitment to fund an ongoing research programme (Methods Innovation Fund) of evidence synthesis methods beyond 2014.
2. Cochrane agrees in principle and subject to identification of an agenda of high quality, high priority research, to fund this programme in line with its previous commitment to maintain the investment for a further three years from January 2015 to December 2018 in the suggested region of £325-375,000.

Resource implications

Some additional financial resources are included in line with expected increasing costs. The projects have required some limited additional support and investment in research governance and contract negotiations and management from Central Executive Support staff including the Methods Co-ordinator. Support from Central Executive staff (COU staff) will continue to be required. However, this tends to be weighted toward set up and regards contracts. Receipt of invoices for scheduling of payments and interim reports, as well dealing with some contract changes are the key ongoing inputs required. This may entail up to five to six weeks work over the lifetime of the programme. The Methods Co-ordinator also endeavours to disseminate project information and provides varying levels of support to individual projects for approximately four to five weeks over the lifetime of the programme. We may also need to consider the cost implications to those lead investigators funded by Universities.

Impact statement

Cochrane's commitment to investing in methods research needs to be more widely disseminated and acknowledged within the international community.

Decision required of the Steering Group

To agree ongoing funding for methods-related research and to fund at level requested.

Annex 1: Methods Innovation Fund projects 2012-2014

Project title	Project summary	Project progress	Deliverables
1. Searching for unpublished trials using trials registers and trials web sites and obtaining unpublished trial data and corresponding trial protocols from regulatory agencies <i>Principle investigator:</i> Lisa Bero (Director, San Francisco Branch of the US Cochrane Center)	<p>Selective reporting of trials is very common. Thus, despite the existence of hundreds of thousands of published randomized trials and thousands of updated Cochrane reviews, the true benefits and harms of many of interventions are unknown. This project aims to provide a state-of-knowledge overview of the experiences of Cochrane collaborators and others with searching for and obtaining access to regulatory information (including clinical study reports, reviewers' comments, correspondence and individual patient data); to prepare an annotated bibliography of studies that address searching for and obtaining access to unpublished data; and to give guidance to review authors and editorial base staff about how to identify and obtain unpublished data from regulatory agencies, trials registers and web sites</p>	<p>The electronic survey has been conducted, the data analyzed and a manuscript published in a peer-reviewed journal (Schroll JB, Bero L, Gotzsche P. Searching for unpublished data for Cochrane reviews: Cross sectional study. <i>BMJ</i>. 2013; 346:f2231. DOI 10.1136/bmj.f2231).</p> <p>For the qualitative interview study, the interviews have been conducted, transcribed and analyzed. A manuscript for publication is progress. The task of preparing draft guidance for <i>The Cochrane Handbook for Systematic Reviews of Interventions</i> remains outstanding. A draft copy of the report (296 pages) for the annotated bibliography of published studies addressing searching for unpublished studies and obtaining access to unpublished data has been received. The report requires a summary of its key messages</p>	<ol style="list-style-type: none"> 1. Review of the experiences of Cochrane researchers and others with searching for and obtaining access to unpublished data. 2. Annotated bibliography of studies addressing searching for and getting access to unpublished data. 3. Written guidance and training materials for review authors and editorial staff

Project title	Project summary	Project progress	Deliverables
<p>2. Extending the Cochrane 'Risk of bias' tool to assess risk of bias in randomised trials with non-parallel-group designs, and non-randomised studies.</p> <p><i>Principle investigator:</i> Jonathan Sterne (Co-Convenor of Bias Methods Group; School of Social and Community Medicine, University of Bristol, UK)</p>	<p>Systematic reviews of randomised trials provide the best evidence on the benefits and harms of medical interventions, but the validity of their results depends on the methodological rigour with which included studies were conducted. Review authors should therefore assess risk of bias in the results of studies included in their review. Some review questions, in particular concerning rare or long-term harms, cannot be fully addressed by available randomised trials. The Cochrane Collaboration's tool for assessing risk of bias in results of randomised trials, which was launched in 2008, is mainly aimed at parallel-group, individually-randomised trials. This collaborative project aims to develop, pilot and implement extensions to the existing 'Risk of bias' tool to deal with other types of trials and assess the risk of bias in non-randomised studies of various designs. Following preliminary work, we will hold a two-day meeting of methodologists, editors and review authors. Working groups will then produce extensions to the tool, which will be piloted and revised. We will develop guidance for review authors, to be published in <i>The Cochrane Handbook for Systematic Reviews of Interventions</i>, and will consider implications for training, implementation and software. These developments will contribute to improved interpretation of evidence about effects of medical interventions</p>	<p>Work Groups provided the first draft of domain-based signalling questions and guidance to the Core Group for collation in January 2013. The Core Group then collated and harmonised the contributed materials and invited comments from the cross-domain working group. The Core Group then produced and circulated a pre-meeting discussion document for a two-day meeting held in Oxford, UK on 21-22 March 2013. Consensus on the methodological principles of the tool was successfully achieved through plenary discussions and small group work, and the next steps were agreed. The Core Group has revised the main document, and further involvement of Co-ordinating Editors is agreed with the EIC.</p> <p>The draft description of the full 'Risk of bias' tool for non-randomized studies will shortly be sent to all Working Groups and to Co-ordinating Editors who have expressed an interest (expected before mid-July). Planning for piloting is already underway, and contact has been made with the CRGs to arrange piloting. Plans for the development of guidelines will also be included in the circulated documents</p>	<ol style="list-style-type: none"> 1. A developed, piloted and published extension of the Cochrane Collaboration's 'Risk of bias' tool for RCTs with non-parallel group designs, with defined bias domains, and strategies for their assessment. 2. A developed, piloted and published extension of the Cochrane Collaboration's 'Risk of bias' tool for non-randomised studies with defined bias domains, and strategies for their assessment. 3. Clear guidance on the role and limitations of non-randomized studies (NRS) in assessing questions about effects of medical interventions. 4. Clear guidance on integrating risk of bias assessments for RCTs and different types of NRS at the review level, including 'Summary of findings' tables. 5. Guidance on how to use the new tools, with changes incorporated into relevant chapters of <i>The Cochrane Handbook for Systematic Reviews of Interventions</i>

Project title	Project summary	Project progress	Deliverables
3. Enhancing the acceptance and implementation of 'Summary of findings' tables in Cochrane reviews <i>Principal investigator:</i> Holger Schünemann (Co-convenor of Applicability and Recommendations Methods Group; Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada)	<p>'Summary of findings' (SoF) tables are becoming an integral part of Cochrane reviews by providing a concise and transparent summary of the key findings of a review. At present, SoF tables distinguish Cochrane reviews from other systematic reviews and have shown that they improve accessibility and understanding of the reviews. However, the degree of acceptable flexibility beyond standard presentation has not been evaluated formally within the Cochrane Collaboration. Furthermore, there is little guidance for standardization of the key judgements that are required for the evaluation of the quality of a body of evidence according to the GRADE approach used by The Cochrane Collaboration. Finally, development work on SoF tables for diagnostic test accuracy reviews is required. Therefore, in accordance with the request for applications, this project will primarily evaluate these three key issues. The project is supported by a broad collaboration of Cochrane Collaboration contributors and others knowledgeable in the field. The results of this work will be integrated in updated training material to provide optimal guidance to reviewer authors and users of reviews</p>	<p>Aim 1: The user-testing phase extended by two months is completed.</p> <p>Aim 2: First analyses of SoF Footnotes were presented at the Cochrane Colloquium. In addition to analyzing the database of SoF tables, a survey of readers of Cochrane Reviews regarding what they want to read in the footnotes, in collaboration with CEU was presented. Questions about footnotes will also be part of the user testing of end-users including readers of Cochrane SR, clinicians and policy makers.</p> <p>Aim 3: Good progress with user testing and consensus building with the Screening and diagnosis entities in the Cochrane Collaboration. Detailed user interviews completed. Further results have been obtained on how to improve the SoF tables for DTA reviews</p>	<ol style="list-style-type: none"> 1. Provide written summaries of the work including manuscripts for publication in peer-reviewed journals. Furthermore, include the findings of this review in the proposal for updates of the relevant chapters (11 and 12) in <i>The Cochrane Handbook for Systematic Reviews of Interventions</i>. 2. Continue to disseminate the findings of the work completed on SoF tables through workshops on SoF tables. 3. Update the training material developed over the past two years and increase active dissemination of this work. 4. Update GRADEpro and ensure that during the integration phase with RevMan and Wiley over the next year, new functions will be provided that include the findings from this work, and enhance author guidance by including specific examples and support functions.

Project title	Project summary	Project progress	Deliverables
4. Methodological Investigation of Cochrane reviews of Complex Interventions (MICCI) <i>Principle investigators:</i> Jane Noyes (Lead Convenor of Qualitative Research Methods Group; Centre for Health-Related Research, School of Healthcare Sciences, Bangor University, Wales), Jeremy Grimshaw (Coordinating Editor of Effective Practice and Organisation of Care Review Group; Ottawa Health Research Institute, Canada), Peter Tugwell (Co-Convenor of Campbell and Cochrane Equity Methods Group and Coordinating Editor of Cochrane Musculoskeletal Review Group; Centre for Global Health, Institute of Population Health, Department of Medicine, University of Ottawa, Canada),	<p>Aim: To develop and consolidate collaborative effort, and undertake methodological work into the synthesis of complex interventions in Cochrane intervention reviews. The <i>primary purpose</i> of the proposed work is to inform development of a new chapter on complex interventions for the Cochrane Handbook and ultimately improve the quality of complex intervention reviews. The <i>secondary purpose</i> is to facilitate, foster and nurture existing and new collaborations between individuals, methods groups, review groups and other relevant stakeholders who have a specific interest in complex interventions. Bringing these groups and people together could provide innovative perspectives and solutions to complex issues. Issues to be addressed in this proposal include: (i) Understanding heterogeneity, and considering the extent to which conclusions can be drawn about specific components of complex interventions in the context of a systematic review, and (ii) Use of qualitative data to understand the complexity of the intervention. The main output is guidance and minimum standards.</p>	<p><u>Completion and preparation for publication of work from Workstream 1</u></p> <ol style="list-style-type: none"> Complexity tool: Final editing of the complexity tool was undertaken and it has now been named the ICAT_SR version 1. A paper describing the tool and its development, to which the tool will be appended, is progressing towards submission for publication in Research Synthesis methods later this summer. Tool kit: A meeting was held in conjunction with the mid-year meeting in Oxford to discuss progress on the toolkit of frameworks, models, theories etc. and, following on from that, the scope of the toolkit was refined to focus on tools that were most likely to help with complexity. Authors were contacted for further information as many of these tools are new, and a short paper on the development of the toolkit is being drafted, to which the toolkit will be appended. The toolkit will be developed as a paper for Research Synthesis methods. Ongoing discussion with Cochrane (via JC) required re making toolkit available on Cochrane website (eg CIMG or new complex intervention methods group website), and updating toolkit as part of the Cochrane methodology Register. <p><u>Workstream 2</u></p> <ol style="list-style-type: none"> A 2-day meeting was held in Oslo in May to plan work on the source material from the WHO reviews and decide how best to use two of the WHO reviews now registered as Cochrane reviews to demonstrate how best to structure and integrate the two quan/qual review findings. A protocol for comparing the use of data from qualitative studies related to trials with unrelated qualitative data (i.e. proximal vs distal data) is in development for application to the source material. Two approaches are being developed – first using logic model(s) to inform the integration of evidence by mapping all evidence against the model, and second constructing matrices following the Candy approach. The lay health worker qualitative review with the logic model was submitted to EPOC for peer review at the end of July. Guidance on when qualitative research should be included alongside a review of the effects of a complex intervention is also being drafted. This links to a series of papers, originating from the Montebello meeting, soon to be published in JCE. 	<ol style="list-style-type: none"> Further develop and test a tool to assess the complexity of interventions. Develop guidance on when to use a conceptual model, framework or theory to inform understanding and interpretation of complex evidence and effects. Development of further guidance on question and protocol development for integrated quantitative and qualitative Cochrane review. Contribute to the development of a new chapter on complex interventions.

Project title	Project summary	Project progress	Deliverables
5. Addressing missing trial participant data in Cochrane systematic reviews <i>Principle investigator:</i> Elie Akl (American University, Beirut, Lebanon)	<p>Clinical trials often suffer from missing information about the outcomes of a proportion of participants. There is uncertainty about how review authors should deal with this missing information when including these trials in their analyses. The aim of this proposal is to provide Cochrane review authors with specific guidance on how to address missing information about the outcomes of participants in trials included in their reviews. In order to achieve this aim we propose four studies. The first study will review what methodologists currently recommend. The second study will review of what reviewers are currently doing. The third study will explore different methods of addressing this challenge. The fourth study will use the results of the first three to produce the guidance</p>	<p>Study 1 (To describe proposed methods for how systematic reviews should report, deal with, and judge risk of bias associated with missing participants):</p> <ul style="list-style-type: none"> Ø We have designed and run the search and identified more than 9000 hits. We are about to complete title and abstract screening and start acquiring the full text in order to start full text screening. <p>Study 2 (To describe methods being used in systematic reviews for reporting, dealing with, and judging risk of bias associated with missing participants):</p> <ul style="list-style-type: none"> Ø We have completed study 2. Ø A related abstract has been accepted as an oral presentation at the Cochrane Colloquium in Quebec: 'Reporting, dealing with, and judging risk of bias associated with missing participant data in systematic reviews: a methodological survey' Ø We should complete a manuscript and submit it for publication by the end of 2013 <p>Please note, our team will be running two workshops closely related to this project at the upcoming Cochrane Colloquium:</p> <ul style="list-style-type: none"> Ø Elie Akl, Shanil Ebrahim, Bradley Johnston, Pablo Alonso, Matthias Briel, Gordon Guyatt. Addressing missing participant data in systematic reviews: Part I - Dichotomous outcomes. Cochrane Colloquium, 19-23 September 2013, Quebec, Canada Ø Shanil Ebrahim, Elie Akl, Gordon Guyatt, Bradley Johnston. Addressing missing participant data in systematic reviews: Part II – Continuous outcomes. Cochrane Colloquium, 19-23 September 2013, Quebec, Canada 	<p>1. Provide recommendations on how the findings of this study is relevant for updating the following relevant handbook chapters:</p> <ul style="list-style-type: none"> -Sections on how to assess risk of bias in included studies, and specifically section 8.13 'Incomplete outcome data', which would include an expanded discussion of the acceptable reasons for missing data and potential impact of missing data on effect estimates; -16.1.2 General principles for dealing with missing data. <p>If relevant, provide recommendations on how to adapt the 'Risk of bias' tool to any changes adopted in section 8.13 based on the results of the newly developed guidance on reporting, dealing with and judging the risk of bias associated with missing participants (study 4)</p>

Project title	Project summary	Project progress	Deliverables
6. Methods for comparing multiple interventions in Intervention reviews and Overviews of reviews <i>Principle investigator:</i> Georgia Salanti (Co-Convenor of Comparing Multiple Interventions Methods Group and of Statistical Methods Group; Department of Hygiene and Epidemiology, University of Ioannina School of Medicine, Ioannina, Greece)	<p>Many Cochrane reviews compare more than two interventions, either implicitly or explicitly. Principled methods have been developed for analysing such networks so that both direct evidence from head-to-head comparisons and indirect evidence from studies with common comparators can be utilized. The Comparing Multiple Interventions Methods Group (CMIMG) was established to facilitate incorporating these techniques into Cochrane reviews and to provide support to CRGs. CMIMG has established three working groups to address: 1) fundamental issues associated with the initiation and logistics of undertaking, publishing and maintaining reviews of multiple interventions; 2) statistical methods associated with such reviews; and 3) interpreting evidence from reviews including assessment of risk of bias and presenting a 'Summary of findings' table. The project involves three meetings to bring together investigators, methodologists, authors, consumers, managing editors and other interested parties to help CMIMG develop consensus guidance for carrying out reviews of multiple interventions. The primary outputs will include a report with recommendations and considerations for Cochrane Review Groups, material for the Cochrane Handbook and a detailed guidance for deciding between different review formats</p>	<p>The goals set in the description of the project for this period have been achieved. Stream 1 finalised the recommendation to the Collaboration regarding reviews that compare multiple interventions and detailed guidance is provided in the online document available on CMIMG webpage.</p> <p>Streams 2 and 3 organised a four-day meeting held in Bristol in July 2013. Both streams prepared background documents to the meeting. A junior researcher finished compiling and organising the literature relevant to Network Meta-analysis A and she is drafting the background document.</p>	<ol style="list-style-type: none"> 1. Guidance for review authors, in the form of written material for the <i>Cochrane Handbook for Systematic Review of Interventions</i>. 2. Detailed guidance to aid authors and Review Groups to decide between review formats (Intervention vs Overview) and between different 'flavours' of these formats. 3. Interim guidance reports to the Collaboration with particular focus on supporting the review process and methods assistance currently offered by the CMIMG. 4. Recommendations regarding relevant items for possible addition to the Methodological expectations of Cochrane Intervention Reviews (MECIR) list of standards, specific to the statistical analysis of multiple intervention reviews

3. Methods Applications and Review Standards Advisory Committee

Prepared by:	Julian Higgins, Rachel Churchill, Jackie Chandler and David Tovey
Date:	30 July 2013
Purpose:	To ask the Steering Group to approve changes to the name, remit and membership of the MARS Working Group
Urgency:	Moderate
Access:	Open
Background:	The Methods Application and Review Standards Working Group (MARS WG) are requesting, due to the inevitable changes in responsibilities and expectations of producing high quality reviews supported by rigorous methods, a substantive committee to support the Editor in Chief. A refocus of the MARS WG remit is requested, as well as an increase in membership to ensure a representative group to address issues of methodological quality and implementation
Proposal:	We propose that the Methods Applications and Review Standards (MARS) Advisory Committee should replace the existing MARS Working Group and be a committee reporting to Steering Group
Summary of recommendations:	See above
Resource implications:	Nil
Impact statement:	We believe that having a high level committee that brings together the methods community, CRG leaders, and the Editor in Chief, and is accountable to the Steering Group will lead to more efficient and effective implementation of methods into practice
Decision required of the Steering Group:	We hope that the Steering Group will approve the proposal above

Methods Applications and Review Standards Advisory Committee

Remit and membership

Purpose

The aim of the Methods Applications and Review Standards (MARS) Advisory Committee is to support the Editor in Chief and the Cochrane Editorial Unit (CEU) on behalf of the Collaboration in the production of high quality and relevant Cochrane reviews. It is a forum where representatives of Methods Groups, Review Groups, the CEU, Handbook editors, the Information Management System team and Cochrane Training can intersect and consider issues around the methodological quality of Cochrane reviews, including methodological research needs, methodological standards, processes for monitoring and improving quality of conduct and reporting, and the implementation of new methods.

Terms of reference

1. To inform and advise the Editor in Chief on methodological issues that pertain to the quality of reviews and their improvement through standards, required methods research, development of new methods and their implementation.
2. To make recommendations to the CCSG via the Editor in Chief on proposals to adopt new methods for Cochrane reviews.
3. To make recommendations to the CCSG via the Editor in Chief on the need for methodological research within the Collaboration, and to oversee the process of requesting funding for them.
4. To identify strategies to assist Review Groups to implement the guidance in *The Cochrane Handbook for Systematic Reviews of Interventions* (the Handbook) and the DTA Handbook.
5. To work with Methods Groups to explore and agree on minimum methodological quality standards for Cochrane reviews.
6. To work with the Editor in Chief and the CEU to help develop processes for monitoring and improving methodological quality of Cochrane reviews, including the consideration of relevant surveys and empirical studies.

Membership

The Advisory Committee comprises

- Co-ordinating Editor representative on Steering Group (at least one)
- Three further Co-ordinating Editors
- A Managing Editor from the Managing Editors' Executive
- A Trials Search Co-ordinator from the Trials Search Co-ordinator Executive
- Methods Groups representative on Steering Group
- Three further Methods Group Convenors
- Methods Co-ordinator
- Editor in Chief and other members of the CEU, as appropriate
- Representatives from Handbook editors
- A representative from Cochrane Training
- A representative from the Information Management System team

- A representative from the RevMan Advisory Committee

The Advisory Committee will typically be co-convened by a Convenor of a Methods Group and a Co-ordinating Editor of a Review Group, and chaired by the Editor in Chief.

Where additional expertise is required for a particular item, appropriate individuals will be invited to join specific calls and meetings as required.

Identifying members

The relevant entity executive or managing committee will be asked to nominate members. The co-convenors in consultation with the Editor in Chief are responsible for approving new members.

Meetings

The Advisory Committee will meet at each Colloquium and hold telephone conferences approximately every three months. The Advisory Committee will also meet at the Mid-Year Meeting if required (or more likely, if practical).

Responsibilities of Advisory Committee members

- To participate actively in face-to-face meetings at Cochrane Colloquia and teleconference meetings, and in email discussions.
- To disseminate or promulgate decisions to members of their group or constituency.
- To consult and canvass opinion, as appropriate on significant issues, of members of their group or constituency.

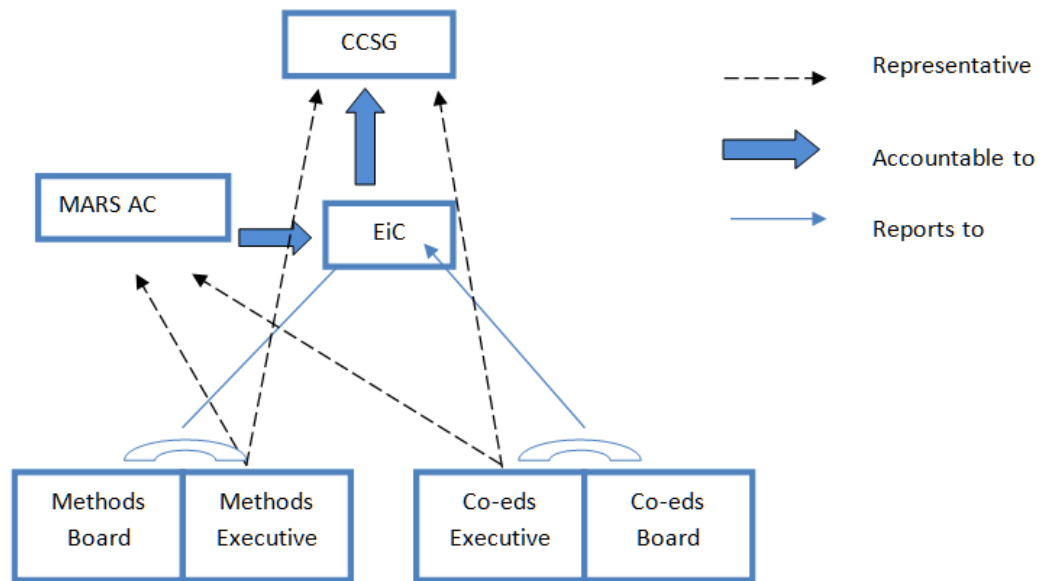
Responsibilities of the Advisory Committee Co-convenors in consultation with the Editor in Chief

- To contribute and provide advice to the Editor in Chief and the Methods Co-ordinator on the content and management of the MARS advisory committee agenda.
- To ensure communication between the MARS advisory committee and the Co-ordinating Editors' Board and the Methods Board, and the dissemination of any decisions/actions.
- To submit reports via the Editor in Chief to the CCSG as appropriate.

Responsibilities of the Methods Co-ordinator

- To facilitate the activities of this committee in co-operation with the co-convenors and the Editor in Chief. This includes: organization of meetings, action and decision follow-up, preparation of agendas and other documentation, and ensuring minutes are taken and distributed.

The proposed responsibility and accountability structure is set out in the model below.



Lines of responsibilities for the management of methodological quality of reviews

4. Roadmap for the development of a Cochrane Training & Professional Development Strategy

Prepared by:	Miranda Cumpston (Senior Training Co-ordinator), Steve McDonald (Convenor, Training Working Group) and David Tovey (Editor-in-Chief)
Date:	26 August 2013
Purpose of paper:	To outline the proposed scope, process and timeline for the development of a Cochrane Training & Professional Development Strategy
Urgency:	Medium. The guidance and support of the Steering Group are required before this project can commence.
Access:	Open

Background:

1. Training has always been a core activity of the Cochrane Collaboration. It was recognised as one of the secondary purposes of the Collaboration in the 2009 Strategic Review and is highlighted again in the draft *Strategy to 2020* in relation to producing reviews (Goal 1) and supporting an effective and sustainable organisation (Goal 4).
2. Co-ordinating activities under the central banner of 'Cochrane Training' is relatively recent. Following a major needs assessment project in 2010, an initial suite of training projects and the position of Training Co-ordinator were funded by the Steering Group. This work has gone some way to investing in training across the organisation and addressing priority needs. However, activities and funding remain somewhat fragmented without an overarching training strategy.
3. To date, the focus of Cochrane Training has been to establish a platform of training to support essential activities: online learning modules for authors; standard author training materials and a Trainers' Network for trainers; support programs for Managing Editors (MEs), Trials Search Co-ordinators (TSCs) and Fields; training events for methodologists; and training events and an online course for Diagnostic Test Accuracy (DTA) reviews. More recently we have begun to collate resources to support editors and editorial tasks. We have also launched the Cochrane Training website and the Training newsletter.
4. Funding for Cochrane Training activities has been approved by the Steering Group over the past few years on a project basis. The current Cochrane Training budget for 2013-14 stands at £107,675, comprising salaries and costs relating to the (currently three part-time) Training Co-ordinators and funds to support the annual Methods Group training event, the annual DTA workshop and maintenance of the online learning modules. Note that this does not incorporate funding for additional training and support projects within the Collaboration, such as the Managing Editor Support program or the CRS roll-out.
5. While the positions of the Training Co-ordinators are centrally funded, to date they have been managed as a semi-independent activity and have not been established as one, or more,

ongoing positions within the central executive staff. Following the recent extension to funding approved by the Steering Group, the current employment arrangements will expire in September 2014.

Proposal for a Cochrane Training & Professional Development Strategy

Over the next year, we propose to develop a Cochrane Training & Professional Development Strategy, outlining our strategic goals and activities for the next three years.

1. Scope

1.1. There are three distinct components that could be considered as part of this project:

- **Training and support of contributors ('training'):** primarily aimed at authors and editors, enabling the production of high-quality reviews.
Corresponds to Goal 1 of the Strategy to 2020
- **Professional and leadership development ('development'):** primarily aimed at a more 'internal' group comprising staff of Cochrane groups, trainers, leaders such as Coordinating Editors (and their potential successors), and centrally-funded staff. These groups are essential to the long-term sustainability of the organisation.
Corresponds to Goal 4 of the Strategy to 2020
- **Learning opportunities ('learning'):** primarily aimed at external audiences and encompassing learning in all aspects of producing and using systematic reviews, possibly extending to a broader scope of research and evidence-based decision making.
Corresponds to Goal 3 of the Strategy to 2020

1.2. The first two of these components fall within the current scope of Cochrane Training, and will be addressed in the new Strategy. The third component, while building on the existing activities of many Cochrane contributors including Cochrane Training, will be a new area of centrally-organised activity. A considerable body of work is required to engage new groups of stakeholders and contributors; to identify existing activities in this area; to prioritise the diverse activities that could be encompassed (from simple guides to *The Cochrane Library* to writing systematic reviews, knowledge translation and implementation of Cochrane evidence); and to work up practical project proposals. This would contribute significantly to the complexity of the Strategy, and impact on its feasibility and resource requirements within the proposed timeframe.

1.3. We propose that 'Learning' not be incorporated into the Strategy at this point, and that a separate working group be established to scope these activities and identify initial lines of responsibility and resources. Following this initial work, these activities could either be integrated into the Strategy or established as a separate program. Cochrane Training is very happy to be involved in these discussions alongside other interested groups (e.g. Communications and External Affairs, Cochrane Innovations, Wiley Blackwell, groups currently engaged in 'Learning' activities, etc.). While this work proceeds, Cochrane Training will continue to work on projects already commenced, such as external (possibly commercial) access to the online learning modules.

2. Objectives

The Strategy development process will:

- Align Cochrane Training priorities and activities to support the goals and objectives of the *Cochrane Strategy to 2020* (see detailed table in **Appendix 1**).
- Conduct a major consultation exercise to consider the current needs of our contributors, evaluate current resources and services, and prioritise improvements and new areas of activity to be undertaken as part of the Cochrane Training work plan.
- Consider the optimal organisational structure, leadership, expertise, and resources for Cochrane Training staff, and integrate these within the Cochrane central executive structure.
- Establish a framework for ongoing links between Cochrane Training and other areas of the Collaboration's activity, including quality assurance, staff support, Cochrane Innovation, technology development, methods development, consumer support, etc.
- Refresh the framework for ongoing guidance and consultation within the organisation, e.g. Training Advisory Committee, links to other Committees/entities/staff groups.
- Professionalise Cochrane Training by bringing in evidence-based teaching and learning expertise.
- Establish a rigorous evaluation program to ensure that Cochrane Training delivers effective and high-quality training that is fit-for-purpose.
- Outline a comprehensive budget for Cochrane Training activities going forward.

3. Process

The development of the Strategy will be managed by the Senior Training Co-ordinator, assisted by a small Project Team of individuals with experience and interest in training activities and representing key contributor groups (see structure chart in **Appendix 2**).

- 3.1. The project will be overseen by a Project Board, to be chaired by the Editor-in-Chief and comprising senior representatives of key contributor groups with a strategic perspective on the Cochrane Collaboration and the Cochrane Training program.
- 3.2. Two Working Groups (a Training group and a Development group) will be established to conduct consultation, discuss options in detail and provide advice to the Project Team. Each group will comprise representatives of key contributor groups, including those receiving training, training providers and other key internal stakeholders.
- 3.3. The working groups will conduct broad consultation across The Cochrane Collaboration to ensure that all issues are addressed. Consultation will be conducted by teleconference, webinar, email and discussion boards.

- 3.4. Where additional advice is required on key issues, individuals with expertise will be consulted, including external consultants as appropriate. Possible topics include evidence-based teaching and learning, Elearning, evaluation and staff development.
- 3.5. The Project Team and the Working Groups will meet primarily by teleconference, although some face-to-face working time may be required. Opportunities to take advantage of face-to-face meetings already scheduled will be sought.

4. Timeline

Roadmap paper submitted to Steering Group	Quebec Colloquium, 2013
Preliminary discussions around consultation framework	Quebec Colloquium, 2013
Project Board, Project Team and Working Groups established	1 December 2014
Detailed project plan and consultation framework developed	1 January 2014
Consultation commences	1 February 2014
Interim paper submitted to Steering Group	Panama Mid-Year meetings
Face-to-face meetings	Panama Mid-Year meetings
Consultations complete	1 May 2014
Draft strategy complete for final consultation	1 August 2014
Final submitted to Steering Group	Hyderabad Colloquium, 2014

Summary of recommendations

We recommend that the Steering Group:

1. Approve the proposed roadmap for development of a Cochrane Training & Professional Development Strategy.
2. Approve or provide feedback on the most appropriate scope of this project.
3. Approve the required resources.

Resource implications

Item	Description	2013-14	2014-15
Executive and project management support	Senior Training Co-ordinator's time (approx. £30,000) - met within existing budget	£0	£0
External consultancy: up to 20 days @ £700/day	External consultants may provide expertise on evidence-based teaching & learning, E-learning, evaluation and staff development	£7000	£7000
Support for internal stakeholders	Individuals contributing significant time (e.g. Working Group Convenors) may require financial support for their institution	£5000	£10,000
Meetings & communications	Teleconferences, some additional face-to-face time for the Project Team and Working Groups	£9000	£2000
Financial year totals (April-March):		£21,000	£19,000
TOTAL:		£40,000	

Impact statement

The development of the Cochrane Training & Professional Development Strategy will underpin and strengthen our activities going forward, allowing us to support the Collaboration and achieve the goals and objectives of the *Cochrane Strategy to 2020* in the most efficient and effective way.

Decision required of the Steering Group

The Steering Group is asked to approve the recommendations of this paper and provide feedback on the proposed scope of the Strategy.

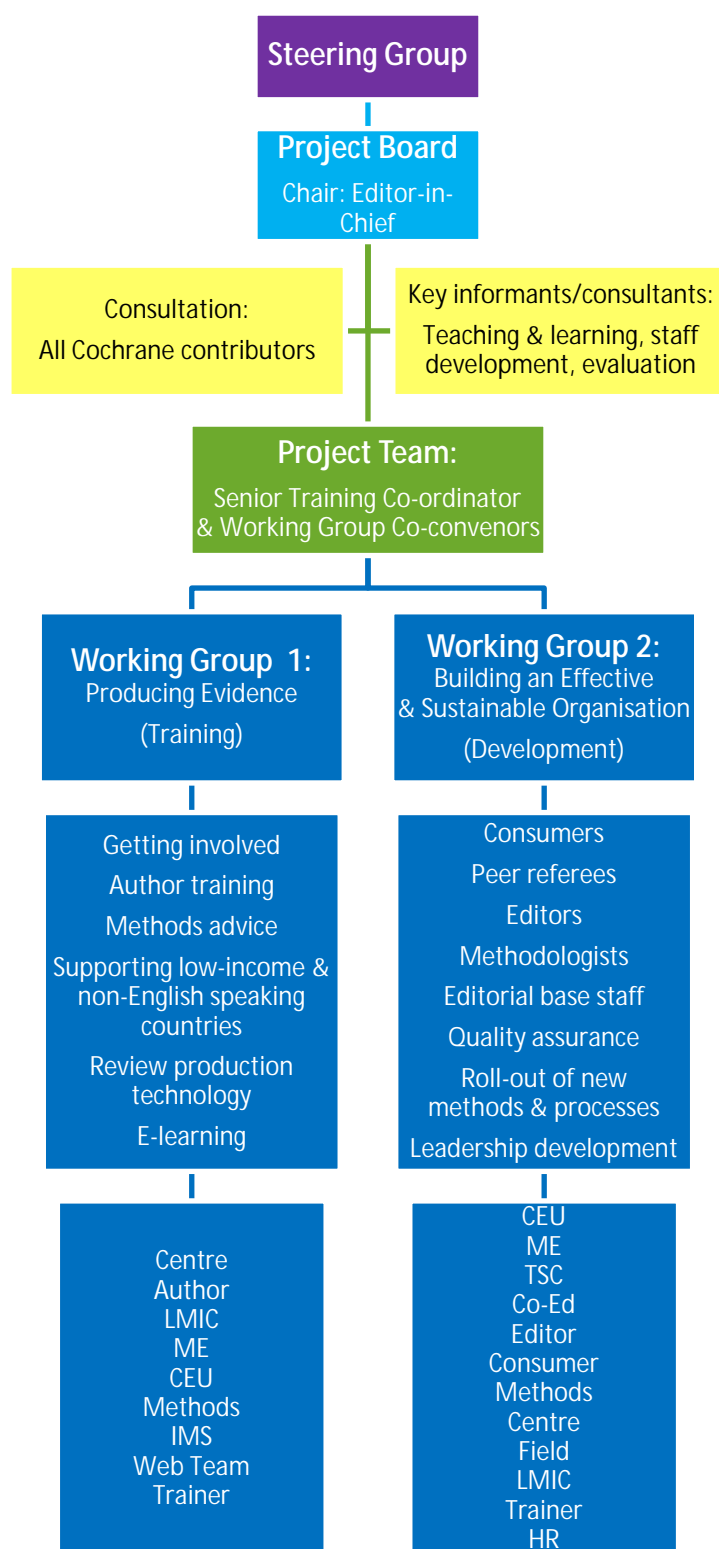
Appendix 1: How does Cochrane Training support the *Cochrane Strategy to 2020*?

Cochrane Training will contribute to and support the activities of the Cochrane Collaboration across the *Cochrane Strategy to 2020*. A more detailed response has been contributed as part of the draft *Strategy to 2020* consultation, and the Cochrane Training & Professional Development Strategy will provide a comprehensive and practical response. The following is a summary of the key relationships.

GOA1 1: PRODUCING EVIDENCE	
Key objectives: high quality, pioneering methods, efficient production, effective training and support	Training Cochrane Training is a key mechanism through which quality editorial and methodological standards are implemented across the organisation, and is a quality Cochrane product in its own right. All contributors to reviews are supported in their work, including authors, editorial teams and those developing innovative methods. Training and support are critical in an organisation with evolving methods and an ongoing intake of new contributors
GOAL 3: ADVOCATING FOR EVIDENCE	
Key objectives: home of evidence, global influence, global advocate, global partner	Learning The Cochrane Collaboration and Cochrane contributors are already actively engaged at the cutting edge of research methodology and knowledge translation activities. Cochrane groups already field requests for relevant training for funders, partners and other stakeholders, which additionally contributes to our reputation and recognition of our activities. These activities are not co-ordinated centrally under Cochrane Training at this time
GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION	
Key objectives: inclusive and open, global and diverse, expanding our capacity, efficient, knowledge creator, financially strong	Development Cochrane Training is a key mechanism through which our core contributors are supported, from first contact and induction through to implementing new processes and technologies and taking on more advanced leadership roles. Staff development is a core organisational responsibility, and is critical to our long-term sustainability. Cochrane Training has a particularly important role in ensuring that contributors from all geographic and economic settings are supported to contribute to the organisation. Training has the potential to form a new revenue stream through commercialisation of training to external audiences. All activities should be rigorously evaluated to ensure efficiency and effectiveness

Appendix 2: Project structure

The following structure is indicative only, and will be amended and finalised in response to consultation with key contributors.



5. Identifying Cochrane contributors from low- and middle-income countries

Document prepared by: Harriet MacLehose, David Tovey, Mike Clarke, Claire Allen, Maria Burgess, Jessica Thomas

Submitted for approval to: The Cochrane Collaboration Steering Group (CCSG) on 5 September 2013

Purpose

To seek approval from the CCSG for changes to the filters used in Archie to identify contributors from “developing countries”.

Urgency

Medium.

Access

Open.

Background

The Cochrane Collaboration uses a “developing countries” filter in Archie to identify contributors from developing countries. The list of countries used in Archie was selected some years ago and has not been revised in line with subsequent changes in the economic circumstances of countries. (It is likely that an older version of the World Bank “low- and middle-income countries” list was used as the basis for the current Archie list.) However, data on the number and percentage of Cochrane contributors, based on this filter, have been presented at Colloquia, and are used for *The Cochrane Library* metrics (see *The Cochrane Library* Oversight Committee report).

We propose introducing four new filters to replace the current and out-of-date “developing countries” filter: (1) low-income countries (World Bank source); middle-income countries (World Bank source); high-income countries (World Bank source); and (4) countries eligible for free-one click access to *The Cochrane Library* (a subset of the HINARI countries). The World Bank and one-click access filters collect different types of data, as described below, and they would be useful in different ways.

World Bank filters

The World Bank classifies countries by economies based on the gross national income (GNI) per capita.⁴ The different classifications are shown in Table 1, and countries are reallocated on an annual basis. Table 1 notes the potential impact for three countries in particular (Brazil, China, and South Africa), which are currently listed as “developing countries” in Archie.

We propose including three World Bank filters in Archie to enable us to gather more precise data about contributors to The Cochrane Collaboration. Data could be presented using a granular

⁴ Description of World Bank Atlas Method used to calculate this:
econ.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/0,,contentMDK:20452009-pagePK:64133150-piPK:64133175-theSitePK:239419,00.html (accessed 27 August 2013).

approach, that is high-, middle-, and low-income separately, or using “low-income and middle-income” to replace the current use of “developing countries”.

Table 1. World Bank country classifications by economy

No.	Country classifications based on gross national income (GNI) per capita	Classifications by GNI per capita* (USD)				Include as filter in Archie?	Note
		≤1025	1026 to 4035	4036 to 12,475	≥ 12,476		
1	High income				X	Yes	—
2	Upper middle income			X		No	Includes Brazil, China, South Africa
3	Middle income		X	X		Yes	Includes Brazil, China, South Africa
4	Lower middle income		X			No	Excludes Brazil, China, South Africa
5	Low and middle income	X	X	X		No	Includes Brazil, China, South Africa
6	Low income	X				Yes	—

*wdronline.worldbank.org/worldbank/a/incomelevel (accessed 27 August 2013).

HINARI filter

The Cochrane Collaboration provides free one-click access to people in a subset of HINARI A and B countries. The HINARI Access to Research in Health Programme (www.who.int/hinari/en/) was set up by the World Health Organization and major publishers to provide free or low-cost access to a large collection of biomedical literature to institutions in eligible countries. The method used each year to assess eligibility for HINARI is different to that used for the World Bank classifications (see Appendix 1).

The Cochrane Library, through Wiley, is part of the HINARI initiative, but The Cochrane Collaboration also arranged in 2010 to provide free, one-click access to a subset of eligible countries (currently over 100 countries) without having to login via HINARI.⁵ Including a filter for the one-click access countries would aid the collection of data relating to the number of contributors eligible for one-click free access.

Cochrane Colloquia stipends

The Cochrane Colloquia Developing Country Stipends are allocated to successful applicants who are “permanent residents in low-, lower-middle- and upper-middle-income countries as defined by the World Bank” amongst other criteria.⁶ We are not proposing a change to this. Indeed including the new filters in Archie will help identify the number of eligible contributors.

Proposals and discussion

As outlined above, we propose to replace the current and out-of-date “developing countries” filter in Archie with the three new filters to identify contributors to The Cochrane Collaboration who are

⁵ www.cochrane.org/editorial-and-publishing-policy-resource/overview-access-options-cochrane-library (accessed 27 August 2013).

⁶ See example from the 2013 Quebec Cochrane Colloquium: colloquium.cochrane.org/developing-country-stipends.

from different categories of country – low-, middle-, and high-income countries (from World Bank data) – and create one new filter to identify contributors who are in the free one-click access countries.

Summary of recommendations

1. Replace the current and out-of-date Archie filter for “developing countries” with four new filters.
2. The first three filters will match the World Bank classifications for (1) low-income countries, (2) middle-income countries, and (3) high-income countries, and will be updated annually.
3. The fourth filter will match the free one-click access countries, and will be updated annually.
4. Use the combined World Bank “low-income and middle income” classifications to identify contributors from “developing countries” in Archie, and refer to these contributors as from “low- and middle-income countries”.⁷
5. Update the lists annually from 2014.
6. Include this as policy in the Cochrane Organisational Policy Resource.

Resource implications

In the first instance, this will involve a small amount of Archie development work by the IMS team and time from Central Executive Team to source the lists. On an annual basis, the IMS team and the Central Executive Team will need to update the lists and communicate changes as needed.

Impact statement

There will be a change in the number of authors in each classification the year that this change is introduced (and each year the list is revised), but there will be a clear reason for such a change.

⁷ Recommended terminology in the Cochrane Style Guide: “The World Bank classifies economies as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income based on gross national income (GNI) per capita. Low- and middle-income economies are sometimes referred to as developing economies. The term does not imply that all economies in this group are experiencing similar development or that other economies have reached a preferred or final stage of development.” (wdronline.worldbank.org/worldbank/a/incomelevel; accessed 27 August 2013)

Appendix 1. HINARI criteria by which countries, areas, or territories are categorized

Source: copied in full from

www.who.int/hinari/eligibility/Details_criteria_countries_areas_or_territo/en/index.html

1. Countries, areas, or territories with a total GNI above US\$ 1 trillion are not eligible for HINARI regardless of other factors

2. Core Offer Group A - Free Access

All countries, areas, or territories fulfilling any of the below criteria

- UN Least Developed Country List and/or
- Human Development Index (HDI) is at or less than 0.50 and/or
- Total Gross National Income (GNI) is at or less than US\$ 150 billion where:
 - HDI is at or less than 0.63 and/or
 - Gross National Income per capita (GNlpc) is at or less than US\$ 1600

Interpretation:

- a country, area, or territory must fulfil at least one of the three factors designated by solid bullet points.
- the last factor is a complex one. In order to fulfil it, the country, area, or territory must meet the main criterion of the solid bullet point and at least one of the sub-factors designated by the open bullet points under it.

3. Core Offer Group B - Fee access

- Total GNI is at or less than US\$ 1 billion and/or
- Total GNI is at or less than US\$ 20 billion where GNlpc is at or less than US\$10,000 and/or
- Total GNI is at or less than US\$ 180 billion where:
 - HDI is at or less than 0.67 and/or
 - GNlpc is at or less than US\$ 5000

Interpretation:

- a country, area, or territory must fulfil at least one of the three factors designated by solid bullet points.
- the second factor is a complex one. In order to fulfil it the country, area, or territory must meet both criteria listed in the solid bullet.
- the third factor is a complex one. In order to fulfil it, the country, area, or territory must meet the main criterion of the solid bullet point and at least one of the sub-factors designated by the open bullet points under it.

Activity reports: for information only

6 . Cochrane Editorial Unit (CEU) Report

Review of current projects (for information only)

In the following sections the individual elements are placed in the context of the strategic goals and objectives identified in the *Cochrane Strategy to 2020*.

Strategic goal 1: PRODUCING EVIDENCE

Review screening project

PURPLE (NOT STARTED AT TIME OF WRITING)

The pre-publication screening of new intervention reviews commences at the beginning of September 2013, although a piloted approach has started. The criteria being used as the basis for the screening process are derived from the findings of two audits of abstracts and an evaluation of a sample of reviews published in April 2013. These have been mapped to eight MECIR standards, and focus primarily on the appropriateness and consistency of conclusions drawn across the review. We anticipate that screening new reviews will help to identify common errors and good practice in reviews, which will feed into other projects such as the training programmes and *The Cochrane Handbook for Systematic Reviews of Interventions*.

The CEU has outlined a process for screening reviews, which coincides with approval from sign-off editors, and has consulted with members of the Managing Editors' (ME) Executive to identify the most efficient processes within the workflows system. We look forward to working with colleagues from Copy Edit Support, Archie Development Advisory Committee and the Information Management System (IMS) team to integrate the screening process in editorial workflows across CRGs.

Central sign off of reviews from CRGs experiencing challenges

GREEN

The CEU has been taking responsibility for the signing-off process for reviews from two Cochrane Review Groups. Protocols and reviews from both groups have been submitted to the CEU for approval to publication. Since October 2012 three protocols and three reviews from the Groups have been approved for publication. We anticipate that these measures will be in place in lieu of screening for these CRGs, and will look to reinstate routine sign-off procedures for both CRGs as early as possible.

The CEU has also provided sign-off in exceptional cases, for reviews from CRGs where Co-ordinating editors are authors. We will look to ensure that screening criteria are embedded in the sign-off process where we are asked to approve these reviews for publication.

MECIR project**AMBER***The Cochrane Handbook for Systematic Reviews of Interventions*

The reporting chapter has now been revised to reflect the reporting standards and incorporates further guidance based on the audits of abstracts carried out by the CEU in 2011 and 2012. Discussions are ongoing within the Handbook editorial team regarding whether this chapter can be published separately from future versions of the Handbook.

Additional sets of standards

Reporting standards for protocols and considerations for updating reviews have been delayed, but remain a high priority.

*Additional languages and formats of the standards - see under Goal 4***Copy editing****AMBER**

Harriet MacLehose and John Hilton from the CEU and Elizabeth Royle, Copy Edit Support Manager employed by Wiley, meet regularly to discuss copy-editing strategy and matters arising. We have been working together on a revised copy-editing test for new Copy Edit Support copy-editors or accredited CRG copy-editors. We are also developing the process for updating the Cochrane Style Guide and have been reviewing the feedback received to date.

Move to continuous publication model (Publish When Ready)**COMPLETED**

The project aimed at introducing a 'publish when ready' process was introduced on 3 June 2013. This represented an excellent example of joint working between the Collaboration and its publisher. As an example of the changes that this has permitted, an error in a Cochrane Review was identified by Karen Pettersen, Editor on the Cochrane Clinical Answers project on 15 August. The error was corrected by the review group and the review re-published on 23 August.

EMBASE search project**GREEN**

Following an open tender process, the contract for this project was awarded to a consortium comprised of the Cochrane Dementia & Cognitive Improvement Group, Metaxis Ltd and the York Health Economics Consortium (YHEC); work began in mid-March 2013. After a delay in the transfer of the Ovid EMBASE subscription to the Cochrane Dementia Group/Metaxis the project is progressing satisfactorily. The EMBASE search strategy has been adapted and is being validated by Julie Glanville (YHEC). The results of this search should be more precise, which will help to deal with the significant backlog. Searches will be rerun using the modified filter over the backlog years, with screening commencing by the end of August 2013. The Metaxis team has completed development of the screening tool, and 100 screeners have registered their interest in participating (via the Dementia Group).

Cochrane Register of Studies (CRS)**GREEN**

All CRGs have now migrated to the live version of the CRS. We therefore anticipate that work on the global search feature and CRS web interface can be completed in the near future. The CRS web interface will be available to all Collaboration members. A survey of CRS users was conducted from 28 July to 9 Aug 2013. Responses were received from 38/53 (72%) of CRGs - 88% of respondents are maintaining their registers exclusively within the CRS, and 71% are using it to submit records to CENTRAL.

Training and development related to CRS – see under Goal 4.

RevMan 6

GREEN

Toby Lasserson is co-convenor of the RevMan Advisory Committee (RAC) and has been working closely with the IMS team and Marialena Trivella to prioritize the critical updates for the next version of the software. Toby has taken a particular interest in how to present bias assessments in forest plots, integrating MECIR, and has produced some mock-ups to help explore these issues. The IMS team will use the Colloquium as an opportunity to present mock-ups of these and other changes to gauge user response to the proposed changes.

The Editorial and Publishing Policy Resource (EPPR)

GREEN

The Cochrane Policy Manual was a resource that documented both organizational and publication-related policy, and has been managed by the Cochrane Operations Unit (COU). This was retired on 20 August 2013 and replaced by the two policy websites detailed below.

The Cochrane Editorial and Publishing Policy Resource (www.cochrane.org/editorial-and-publishing-policy-resource) brings together the Collaboration's editorial and publishing policies, as well as general information about the editorial and publishing processes, and the published products, including *The Cochrane Library*. This resource includes content from the Cochrane Policy Manual (most sections have been updated and revised), policies and related content held in other locations (such as on the Cochrane Editorial Unit website), and also new content (such as the overview of *The Cochrane Library*). A number of sections are in development, and we will continue to add content as it becomes available. The aim of the new layout and structure of this site is to make the content easy to locate and use; the site also has a search box that searches only within the resource. Each section has a named person responsible for answering queries and updating the section. This resource was developed and will be managed by the CEU. Harriet MacLehose is the contact person, and Noemie Aubert Bonn (CEU intern, February to September 2013) made a valuable contribution both to the content and web development.

The Cochrane Organisational Policy Manual (www.cochrane.org/organisational-policy-manual) includes the Collaboration's organisational policies. Most of the content in the Cochrane Organisational Manual originates from the current Cochrane Policy Manual. This manual is managed by the COU, specifically by Claire Allen.

Strategic goal 2: MAKING OUR EVIDENCE ACCESSIBLE

Search

GREEN

All outstanding search functionality items have been prioritized and will now be delivered within the framework of part of *The Cochrane Library Product 'Roadmap'*. Phase 3 of the changes to *The Cochrane Library* search interface is scheduled for late 2013. New features include

- Ability to search by the date (issue number) that a record was added to *The Cochrane Library*
- Ability to search by, or limit to, PubMed or Embase accession number
- Reinstatement and improvement to the option to search for reviews by CRG
- 'When Ready' alerting
- Improvements to export/email options

Cochrane iPad App

GREEN

We have now published nine monthly issues of the Cochrane Library app for iPads. Each issue is available free via iTunes and includes a substantial proportion of 12 of the reviews published in the calendar month. During the highly successful Cochrane Indaba in Cape Town, we were very interested to hear from a group of academic physicians from Cameroon that the iPad version was very popular within their community – which valued the potential to download the vital elements of the reviews for reading offline. As a consequence, for the September issue we have commissioned a guest editor, Dr Patrick Mbah to oversee a version whose reviews will be selected on the basis of their relevance to Africa.

Cochrane Book

The Collaboration commissioned Alan Cassels, an award winning writer based in Canada, to write a social history of the Collaboration, building on a series of interviews that are also the subject of the excellent 20th Anniversary video series. However, we have since decided that it would not be appropriate for this book to form part of the Cochrane Book series. It is possible that Alan may seek to publish an independent account of the publication making use of the material he has accumulated.

Dissemination

GREEN

The move to publish when ready has necessitated changes in the way that dissemination activity is co-ordinated by the CEU. Working with CRGs and colleagues at Wiley, we have implemented changes to processes for

1. Identifying reviews for press release and editorials
2. Suggesting reviews for podcasting, Journal Club and the 'Featured Review' section on cochrane.org
3. Selecting reviews for inclusion in the iPad edition of *The Cochrane Library*, and

4. Communicating review findings via regular marketing and social media updates

We contact CRGs on a monthly basis to ask for information about any potentially important reviews in the pipeline, and back this up with alerts generated by the sign-off milestone from editorial workflows. Early indications suggest that using a proactive, prospective approach to the identification of reviews before publication has led to fewer, better-targeted press releases and more reviews being used as the basis of editorials. Some early process issues, most notably around the timing of publication of reviews and drafting of press releases, have been resolved through consultation with the IMS team.

Cochrane ‘roadmap’: website development programme

GREEN

Following a series of meetings in Hoboken and Ealing, we have agreed the basis of the Cochrane ‘roadmap’ programme.

Co-publication of reviews

GREEN

The CEU continues to receive around one request a week for the co-publication of reviews. The majority of requests relate to the co-publication of reviews in specialty journals after the review has appeared in the CDSR. We have no major problems to report about the approval process.

Publishing management team

N/A

Harriet MacLehose and David Tovey are members of the Publishing Management Team – a joint Cochrane/Wiley team that oversees the publishing arrangements for *The Cochrane Library*. As part of this team David and Harriet are also involved in work on open access and the development of the Cochrane technology ‘roadmap’. See the separate Publishing Management Team report to the CCSG.

Derivative products

AMBER

Sera Tort has joined the CEU as Clinical Editor to work on derivative products as of 1 July 2013.

The CEU has been working with Karen Pettersen (Editor, Cochrane Clinical Answers), on data extraction, editing and signing off Cochrane Clinical Answers (CCAs) prior to publication. The sign-off process has comprised consideration of clinical content in the CCAs and verification of data from associated Cochrane reviews. The sign-off process has highlighted some issues with some of the associated Cochrane reviews, and at the moment a centralised process to feedback to groups is being created. The CEU has also been working with Karen Pettersen and associate editors to create CCAs and to provide input to increase the speed of production. As of 20 August 2013, 179 CCAs have been signed off and published.

The CEU team has also been working with the Dr Cochrane team, editing and signing off Dr Cochrane vignettes. Similar to the CCA sign-offs, the process has involved consideration of clinical content and verification of data from associated Cochrane reviews. However, the Dr Cochrane sign-off process has also involved consideration of the narrative portion of the vignette. A total of 47 Dr Cochrane

vignettes have been completely signed off by the CEU; of these 15 vignettes have been accredited and built onto the Cochrane Learning platform, 15 are still in the accreditation process and undergoing copy editing. A further 14 vignettes are going through final revisions.

The CEU team has been undertaking an evaluation in conjunction with our colleagues at Wiley to determine the resources required to bring the Cochrane Clinical Answers and Cochrane Learning projects to market in a timely manner. We will present a paper to the Cochrane Innovations Board meeting in Quebec that will report the findings of this research and recommendations for the way forward.

Editorials

GREEN

The CEU commissioned and published 12 editorials from March to August 2013. This included a series of editorials to celebrate The Cochrane Collaboration's 20th anniversary. These are published in the *Cochrane Database of Systematic Reviews*, within *The Cochrane Library*.

- [Cochrane Reviews on neglected diseases: the case of cutaneous leishmaniasis](#) (20th anniversary editorial, March 2013)
- [Is The Cochrane Collaboration prepared for the era of patient-centred outcomes research?](#) (20th anniversary editorial, March 2013)
- [Prevention of occupational diseases: implementing the evidence](#) (April 2013)
- [It's time for AllTrials registered and reported](#) (April 2013)
- [Assessing risk of bias in randomised clinical trials included in Cochrane Reviews: the why is easy, the how is a challenge](#) (20th anniversary editorial, April 2013)
- [Growing pain: Striving for quality, relevance and applicability in Cochrane Reviews](#) (20th anniversary editorial, May 2013)
- [What should the Cochrane Collaboration do about research that is, or might be, fraudulent?](#) (May 2013)
- [Waiting for the evidence from ongoing trials: the role of surgery for treating clavicle fractures](#) (June 2013)
- [Calling time on intravenous immunoglobulin for preterm infants?](#) (July 2013)
- [Folic acid supplements for rheumatoid arthritis patients taking methotrexate: the good gets better](#) (July 2013)
- [Factor Xa inhibitors: a step forward in the treatment of atrial fibrillation?](#) (August 2013)
- [Oxygen therapy in acute myocardial infarction – good or bad?](#) (August 2013)

Special collections: The CEU worked with CRGs and Fields to create two new Special Collections between March and August 2013

- [World day for Safety and Health at Work 2013](#) (April 2013)
- [Hospital acquired infections](#) (August 2013)

Evidence Aid Special Collections: The CEU works with the Evidence Aid team to maintain and keep four *Cochrane Library* Special Collections updated:

- [Cochrane Evidence Aid: resources for earthquakes](#)
- [Cochrane Evidence Aid: resources for burns](#)
- [Cochrane Evidence Aid: resources for flooding and poor water sanitation](#)
- [Cochrane Evidence Aid: resources for post-traumatic stress disorder following natural disasters](#)

The CEU continues to work with Claire Allen and the Evidence Aid team to add extra reviews that have been prioritised by the International Rescue Committee (IRC) to the collections. The CEU has also liaised with Wiley to ensure free access is granted for those reviews added to Evidence Aid Special Collections.

Strategic goal 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

Managing Editor (ME) Support

GREEN

Managing Editor (ME) Support started on 1 October 2012 and provides induction training, ongoing training, and support to MEs in all aspects of their role within a Cochrane Review Group. The ME Support team is made up of Liz Dooley, Rebecca Gray, and Anupa Shah each working one day per week, and Harriet MacLehose (ME Support Manager).

A comprehensive overview of activities to date was presented to the July CCSG meeting. This was part of the proposal to seek an additional three years of funding (from 1 October 2013). The funding was approved, and Harriet MacLehose has been working with Suki Kenth on recruiting two new members of the team.

MECIR

AMBER

Additional formats of the standards

An audit tool has been developed and piloted across 10 CRGs. This tool has been designed in a spreadsheet format to enable the selection of specific items, items by status or by section of review. It contains links to sections of *The Cochrane Handbook for Systematic Reviews of Interventions*. Preliminary findings of the pilot indicate that the tool can be used in a number of different ways to support editorial evaluation and decision-making. The pilot is intended to identify what sort of functionality changes in RevMan would best draw on this tool in bringing the standards into the software.

A Spanish language version of the standards is now available.

Cochrane Register of Studies (CRS)

GREEN

Fifty-five webinars have been conducted and many of these recorded. A CRS training day took place after the Anniversary Symposium in Oxford in March 2013 and a similar pre-colloquium workshop will take place in Quebec, along with a workshop and an oral session as part of the colloquium programme proper. Metaxis Ltd continue with minor bug-fixing and small changes to the program, where possible, in response to suggestions from TSCs who are now using the software to deliver search results to authors and to maintain their specialized registers. Further programming has been carried out to support Meerkat users.

A survey of CRS users was conducted between 28 July and 9 Aug 2013.

CRG monitoring

AMBER

We are now in receipt of the monitoring forms from all 53 CRGs. Maria Burgess and Heather Maxwell have been working on quantitative and narrative analyses of the data, and a report is almost ready for circulation to the entity representatives from the Monitoring and Advisory Committee for their comments. We anticipate sending the completed reports to CRGs between October and December this year.

20th Anniversary Celebrations

N/A

The CEU has been working with the Anniversary Task Force on the anniversary website, specifically the database of publications to celebrate the Collaboration's anniversary. We are updating this database so that it reflects actual publications to date.

7. Methods Executive and Co-ordinator Report

Julian Higgins will be replaced by Holger Schünemann as CCSG methods representative at the Quebec City Colloquium. Holger is already a current member of the Methods Executive and, therefore, Julian will be replaced on the Executive by a new member. Elections will complete at the Methods Board on 19 September 2013. Overarching responsibility for Methods within the Central Executive will fall under the Editor in Chief (EIC), David Tovey.

A full report on methods activity submitted on behalf of the Methods Executive and the Methods Co-ordinator is available on the methods website (methods.cochrane.org). The following summary highlights key aspects of the report. The Cochrane Methods community continues to be actively involved in methods development and innovation, development of guidance, and facilitation of training and peer support on behalf of the Collaboration. The Methods Executive are currently negotiating how best to move forward with developing methods for updating and translations. The Methods Board in Quebec City will discuss: *Future methods: The changing shape of the Cochrane systematic review*. This will be an opportunity to reflect on the current state of research evidence synthesis and the development of the Methods Strategy for Cochrane.

- § The Cochrane Editorial Unit is developing processes and using some of the standards to quality screen reviews. Draft standards for reporting protocols will be available for consultation during the Colloquium. An integrated database of standards with common errors and good practice examples (plus exemplars of reviews or sections of reviews) with links to training and other resources is in very early development.
- § The six Methods Innovation Fund projects have produced their third interim reports and are progressing well (no concerns are noted). In a linked paper, the MARS WG (AC) will be submitting a request for an in-principle decision to allocate funds for 2015 to 2018.
- § Unfortunately, the 'Minor Update' for Version 5.2 of the *The Cochrane Handbook for Systematic Reviews of Interventions* continues to be delayed.
- § The fourth annual issue of *Cochrane Methods* will be published in time for the Quebec Colloquium, and will present the outputs of the individual Methods Groups. This year the Colloquium is paperless and therefore participants *will* not receive a paper copy. There is some concern that this may impact on dissemination of the Methods Groups' work.
- § Methods Training events:
 - The 2013 Methods training event, entitled 'Comparing multiple interventions: indirect comparisons and network meta-analysis' was held on 18, 19 and 22 March. It was well received and involved remote participation.
 - The 2014 Methods Training event, entitled 'Including non-randomized studies in reviews and the risk of bias tool for NRS' is planned for the autumn of 2014.

- § Quebec Colloquium: There will be 74 workshops this year. There will be a 'course' of seven Diagnostic Test Accuracy workshops. Colloquium organisers have organised workshops concurrently with oral presentations. There will be a pre Colloquium GRADE workshop for editors.
- Nine methods-related articles will be published in BMC Systematic Reviews to celebrate methods achievements for The Cochrane Collaboration 20th Anniversary Celebrations.
 - A Methods Symposium will be held in Quebec City on 24 September 2013, entitled: 'Data, Outcomes, Uncertainty and Graphs: *Advances and Limitations in Trials, Meta-Analysis, and Novelty*.' This will celebrate Professor Doug Altman's 20 years as convenor of the Statistical Methods Group, and will feature talks on topics about statistics, bias and transparency of research.
 - The Cochrane Methodology Register database has not been updated since July 2012 due to lack of funding. It is currently under review with a view to considering linkages with other similar external databases. A 'proof of concept' in using the CRS as the data management system is in process.
 - The Methods beta website will be shortly available and soft launched by the Colloquium.

For the full version of this report please go to methods.cochrane.org/

8. Training Report

Prepared by:	Miranda Cumpston, Caroline Struthers, Marialena Trivella and Steve McDonald
Date:	26 August 2013
Purpose:	To update the Steering Group on current activities and progress towards project deliverables of the Cochrane Training team, and matters relating to the organisation of Cochrane Training.
Urgency:	Low
Access:	Open

1. Background

The Collaboration has invested in Cochrane Training since approving the funding proposal from the Training Working Group in October 2010. The training budget for 2013-14 comprises salary and costs relating to three part-time Training Co-ordinators, plus funds to support the annual Methods Group training event, the annual Diagnostic Test Accuracy (DTA) workshop and maintenance of the online learning modules.

To date, the focus of Cochrane Training has been to establish a platform of training to support essential activities, including online learning modules for authors, standard author training materials for trainers, the Managing Editor Support program, induction and mentoring programmes for Trials Search Co-ordinators and Fields, annual Methods Training events for methodologists, and the online course for DTA reviews. More recently we have begun to collate resources to support editors and editorial tasks. Alongside these activities, we have launched the Cochrane Training website, the Cochrane Trainers' Network and the Training newsletter.

In June 2013, the Steering Group approved an extension to Cochrane Training funds to September 2014, pending the development of a comprehensive Cochrane Training Strategy (see separate paper outlining plans for development of this strategy).

2. Activity update

Authors

Twelve Online Learning Modules (OLMs), developed in conjunction with the University of Portsmouth, were launched in May 2013 and are available for Cochrane contributors via the Cochrane Training website. Feedback to date has been positive, with steady traffic of around 30 visitors per day to the OLMs homepage, around 10 of whom per day log in to explore the modules in more detail. The Training team are working with the Web team to generate more informative statistics on usage. Marialena Trivella is continuing to work with key informant users to obtain detailed feedback. Discussions have begun on the feasibility and cost of translating the modules into languages other than English. In addition, we will soon explore the possibility of commercialisation of these modules in association with Portsmouth University.

Work has begun on a compendium of common errors, a component of the MECIR project in collaboration with the Methods Coordinator and the Cochrane Editorial Unit (CEU). This project will link common errors

identified through a range of sources with MECIR standards, written guidance and multimedia training materials. It is intended that this will form the basis of a flexible, searchable, continuously updated online resource that will be useful for authors as well as editorial teams. Marialena Trivella will present a workshop for authors relating to this work at the Quebec Colloquium.

The standard author training materials have now been translated into Korean and Spanish, with Russian translations in progress.

Slidecasts of the standard materials, which, to date, have been available on the website in slide-only format, have now been converted to 'Storyline' format, enabling the presentation of comprehensive notes alongside the slides, and greatly increasing their usefulness to authors.

Further new resources have been made available for authors on the Cochrane Training website, including additional links to guidance documents on cochrane.org (such as guidance on podcasting and working in teams) and a new suite of training presentations on GRADE and 'Summary of findings' tables provided by the Applicability and Recommendations Methods Group.

Editors

Background work in collaboration with the CEU has begun on a major project concerning training and support for editors and editorial base staff, arising primarily from the CEU audit of compliance with the MECIR standards. Existing training resources and support structures will be used, along with new material yet to be developed in order to address the key issues identified. These will be designed in collaboration with the CRGs. The project is expected to begin in earnest in September 2013.

Marialena Trivella will co-present a workshop arising from related work at the Quebec Colloquium, in collaboration with the CEU.

The ME Support team developed a training needs assessment survey for MEs in collaboration with the Training Working Group Co-ordinators and Steve McDonald, Sally Bell-Syer (MEs' Executive co-convenor and ME representative on the Training Working Group) and Jessica Thomas (IMS Team Manager). The response rate was over 80% and the team is using the results to develop a training programme for MEs and to identify the responsibilities of the different teams in delivering this.

Consumers

Caroline Struthers attended the first ever Egyptian Consumer Network meeting and presented on the ALOIS eLearning materials designed for newcomers to Cochrane. These materials are now available on the Consumer page of the Cochrane Training website alongside a range of other links and resources.

In collaboration with the Consumer Co-ordinator, Caroline has also contributed to the early stages of the development of eLearning materials for Consumer referees and on writing and/or commenting on plain language summaries. Caroline will co-present a workshop on plain language summaries at the Quebec Colloquium.

Marialena Trivella will present a workshop for consumers on interpreting statistics at the Quebec Colloquium.

Diagnostic Test Accuracy (DTA) reviews

In December 2012, the annual DTA training workshop was recorded, and videos are now available on the Cochrane Training website.

The DTA Working Group is currently working on producing nine distance learning modules (encompassing 30 individual 'lessons') to support DTA authors. The Training Co-ordinators are assisting with the production and content of the module on searching, and will facilitate dissemination of these resources once completed via the Cochrane Training website.

Methods

The Cochrane Methods Training event on overviews of reviews and network meta-analysis was held in Oxford in March 2013. All sessions were recorded and will be made available on the Cochrane Training website once post-production editing is completed.

Entity staff support

The Training Co-ordinators continue to work with entity staff groups to consider their mentoring and support needs, and support programs specifically for MEs, TSCs and Fields are ongoing. Meetings were held with the various Executive Groups at the Oxford Mid-Year meetings, and more are planned for the Quebec Colloquium, including the Methods Board and the Centre trainers.

Trainers

The Training Co-ordinators continue to provide support to the Cochrane Trainers' Network, providing access to updated Standard Author Training Materials, including a new presentation on heterogeneity, and responding to queries. Forty-two new members have been added to the Network since the Auckland Colloquium in 2012. A meeting of the Cochrane Trainers' Network will be held at the Quebec Colloquium.

Cochrane Training website and newsletter

The Training Co-ordinators are working with the Web Team to enhance the functionality of the site, including a new tagging taxonomy to improve searchability and an interactive calendar of events. The Cochrane Training Newsletter is produced and disseminated by email to communicate ongoing training activities to the Trainers' Network and other interested parties across the Collaboration.

3. Organisational matters

Training Co-ordinators

As outlined in our paper to the Steering Group in June, there are currently three part-time Training Coordinators in post:

- Miranda Cumpston, Senior Training Co-ordinator (0.4 FTE)
- Caroline Struthers, Training Co-ordinator (E-Learning Development) (0.4 FTE)
- Marialena Trivella, Training Co-ordinator (Methods) (contracted days)

These arrangements will remain in place until September 2014, pending the development of the Cochrane Training Strategy. Miranda Cumpston will be responsible for managing the development of the Cochrane Training Strategy during this period, while Caroline Struthers and Marialena Trivella will maintain support for ongoing Cochrane Training activities.

Representation on Collaboration committees

Mariarena Trivella has been appointed as the new Co-Convenor of the RevMan Advisory Committee, reinforcing the links between the author experience, the role of RevMan in guiding authors, training and quality review outcomes.

Mariarena also contributed extensive time in 2013 as Co-Chair of both the Workshops Committee and the Abstracts Committee for the Quebec Colloquium.

Budget

The following budget for 2013-14 was approved by the Steering Group in June.

Item	Amount
Training Coordinators (salaries and costs)	£81,025
Online learning modules maintenance	£10,250
ME Support	£79,255
Annual DTA Workshop	£6,150
TOTAL	£176,680

The provisional 2014-15 budget, excluding ME Support, is £103,525. This assumes that the Cochrane Team remains in place in its current configuration until September 2014. The new Cochrane Training strategy to be presented to the Steering Group in a year's time will propose a significant increase in the long-term resources for training and development.

Training Working Group (TWG)

The TWG was established in 2008 and comprises representatives from all Cochrane groups and most central teams, such as IMS, Web Team and Cochrane Methods. Steve McDonald has been the Co-Convenor since 2008, and the sole convenor for the past 12 months. Steve has expressed his desire to step down from this role and leadership of Cochrane Training following the Quebec Colloquium.

With the Cochrane Training team now in place, we are proposing that Miranda Cumpston, as the Senior Training Co-ordinator, will take over the day-to-day responsibility for managing the activities and achieving the project deliverables of Cochrane Training from Steve, including supervision of the other Training Co-ordinators. Miranda will report directly to David Tovey, and regular meetings have been established.

As part of the development of the Cochrane Training Strategy over the next year, a new advisory committee structure will be considered. In the interim, the TWG will continue as a consultative forum. Miranda will manage communications with the TWG until the new structure is in place.

Resource implications

There are no new resource implications arising from this paper.

Impact statement

Cochrane Training continues to provide essential support to the Collaboration and its contributors.

Decision required by Steering Group

The Steering Group is asked to approve the organisational arrangements proposed for managing Cochrane Training over the next 12 months (3.4 above).

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Additional feedback is welcome on any of the issues highlighted above.

Appendix:

CRG Structure and function project

Project details

Workstream	CRG structure and function project
Project lead (name and team)	David Tovey, Editor in Chief (CEU)
Project members (name and team)	<p>CEU Core Team: Harriet MacLehose (Senior Editor) and John Hilton (Editor)</p> <p>We are also proposing to explore the options for adding individuals from within the Collaboration to the core team, to inform and support the process. Any such arrangements will be funded, and this may include secondments where appropriate, with the agreement of the employing organisation.</p>
Project sponsor (name and team)	Mark Wilson, CEO
Sign-off responsibility	David Tovey, Editor in Chief

1. Project description

This project will evaluate how the current structure and function of Cochrane Review Groups support the strategic goals of the Collaboration as described in the *Cochrane Strategy to 2020*. We will explore the benefits and challenges created by the current and plausible alternative models, and will provide a costed-options appraisal for a range of different models and recommendations to be considered by the Collaboration leadership.

The project will consider all the functions of CRGs, not simply review production, but also training and author team support, advocacy and methods development. It will also consider how different communities within the Collaboration interact with CRGs and how this might be optimised. The project will aim to ensure that the needs of users and funders are uppermost in all its considerations and recommendations. We will also prioritise the need to invigorate contributors and our editorial teams, to extend the concept of a global collaboration and to address the coming health challenges of the 2020s

The project will be overseen by a project board, but will be inclusive and diverse in its approach, with communication with internal and external stakeholders being a high priority. The project will be informed by individuals and groups representing all entity types within the Collaboration and in particular will consider the variation between CRGs in terms of scope, geography, language, funding and resources. Funders' and users' perspectives, along with concordance with the *Cochrane Strategy to 2020* will also be crucial in determining the outcomes and any recommendations.

The operation of the project will be the responsibility of a core team based at the CEU, supplemented by internal stakeholders and external consultancy as needed.

2. Project objectives

No.	Objective
1	To understand the benefits and challenges of the current structure and functions of CRGs and the extent to which these influence the Collaboration's ability to meet the goals described in <i>Cochrane Strategy to 2020</i>
2	To understand the support needs of CRGs; how well they are delivered currently and how CRGs might be supported more effectively in the future in order to meet strategic objectives
3	To complement the parallel project that is revising the quality assurance mechanisms for Cochrane reviews
4	To identify a range of possible alternative models and structure for CRGs, and to evaluate the benefits and challenges associated with each of these in terms of delivering strategic goals
5	To explore and identify the management issues associated with changing the current structure, and solutions to address these issues
6	To energise and motivate Cochrane contributors and editorial teams and to extend the concept of a global Collaboration
7	To ensure that the needs of funders and users of Cochrane Content are understood and that any proposed solutions are formulated with this as the highest priority
8	To ensure that the Collaboration is ideally placed to inform the knowledge needs of health systems and individuals in the 2020s
9	To prepare a fully costed options appraisal document and recommendations for consideration by the CCSG

3. Core principles

The project will be conducted in a way that is consistent with Cochrane core principles. The approach will be inclusive, respectful and consultative. Our approach will be mindful of the need to ensure and respect geographical, language and gender diversity, and all potential solutions will be evaluated against this requirement. The project will both be inwards and outwards facing, and we will ensure that external perspectives are also given due priority, and, in particular, that funders' requirements are identified and addressed.

The project will make optimal use of evidence and data in considering options for change.

The project will prioritise creating structures and changes that energise and motivate our membership and core staff; support our professional development strategy; and build the sustainability of the Collaboration. We will employ a 'whole system' approach that includes wide consultation with internal Cochrane stakeholders including CRG staff, review authors, methodologists and representatives from other entity types within the Collaboration.

The project will focus on ways to improve our product, and in particular the relevance, validity and utility of Cochrane Reviews consistent with our *Cochrane Strategy to 2020*.

4. Terms of Reference

1. To make recommendations concerning the organisation and functioning of Clinical Review Groups (CRGs) to best achieve the strategic goals of the Cochrane Collaboration in the period 2015 to 2020.
2. To provide these recommendations for consideration to the Collaboration's Steering Group by September 2014 for decisions and the development of an action plan by March 2015.
3. To develop and work throughout the period with the Project Board, who are adequately briefed upon and approve the considerations, methods and approaches taken to undertake this task, so that there is shared ownership of the work.
4. To base these recommendations upon widespread consultation with Collaboration members, Collaboration funders and the principle users of its products.
5. To secure any support required to assist with this work.

5. Governance

A **project board** will be appointed to oversee the project. The project board will meet at least every six weeks over the life of the project. The board will be responsible for monitoring the progress of the project against the objectives and terms of reference, and management of the budget. The board will be chaired by someone from outside the core team, and will include Chief Executive Office, Editor in Chief, CEU team member, 3 Co-ordinating Editors, 2 Managing Editors, 1 Trials Search Co-ordinator, 1 review author, 1 Centres representative, and 1 methodologist. The Project Board will also consider additional members, including external involvement as appropriate.

All minutes of the Project Board and advisory groups will be made available publically.

6. Consultation plans

We will identify representatives from within the Collaboration in conjunction with the relevant Executives to form an **internal advisory group**. The group will meet about every two months, but at least twice before the Mid-Year meeting in 2014. The purpose of the group will change during the project but we hope that it will be a forum to generate and explore ideas, and to consider alternative solutions consistent with the objectives and terms of reference of the project.

We will also identify individuals from outside the Collaboration, including funders and users, to form a representative **external advisory group**. This group will meet about every four months with at least one meeting being before the Mid-Year meeting in 2014. The purpose of this group will be to ensure that the project benefits from an external viewpoint and that any ideas or solutions are consistent with the needs and perspectives of our external stakeholders.

7. What are the risks that could put the project in jeopardy?

We have constructed a list of the major internal and external risks that could put the project in jeopardy, describing each risk, explaining the impact if the risk is realized, and indicating the potential mitigative action.

No.	Risk	Potential mitigation action
1	Under-estimate size of task in terms of time and resources needed to deliver the project	We will prepare interim reports to the project board and CCSG that will address the issues of capacity and performance against milestones
2	Under- or over-estimate benefits of current structure and functions of CRGs	We will consult widely and will ensure that the benefits and challenges associated with current working arrangements are fully captured
3	Under- or over-estimate benefits of alternative structures	We will consult widely and will ensure that the benefits and challenges associated with alternative working arrangements are fully captured
4	Demotivate staff if increase concerns about job security or professional development opportunities	We will be open and transparent in our approaches. We will not have any pre-determined view on eventual outcomes. We will value everyone's contribution and expertise
5	Implementation effort to introduce changes derails other strategic developments	We will take external and internal help in ensuring that any changes are implemented in ways consistent with best evidence on change management
6	Funders concerned that the Collaboration is disregarding their perspectives	We will develop and maintain an external advisory board for the project and ensure that communication with funders is frequent and regular
7	Recommendations are proposed that meet the needs of some stakeholders at the expense of others	We will monitor all proposed recommendations and solutions to ensure their relevance and impact on a diverse range of stakeholders

8. Who are the key stakeholders?

Stakeholders are defined as those groups who will need to be consulted as part of the development and implementation of the project but who will not be part of the day-to-day project group.

Internal	External	Other (list)
<ul style="list-style-type: none"> • CRG and all editorial base staff (including Co-ordinating Editors, Managing Editors, Trials Search Co-ordinators, editors, methodologists, etc) • Review authors • Methodologists and methods community (includes methods groups) 	<ul style="list-style-type: none"> • Current and potential funders of Cochrane infrastructure • Current and potential funders of Cochrane licenses • User groups (including, health professionals, consumers and guideline developers) 	

<ul style="list-style-type: none"> • Other entity staff: Fields, Consumers and Centres • Central support units 		
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9. Who needs to be informed about the project?

We will use the CEU Bulletin to communicate about the project.

All stakeholders above

10. Project activities and timeline

10.1. Details

No.	Activity	Person/team responsible	Deadline
1.	Identify project board	Core team	15th Sep 2013
2.	Develop detailed project plan and timelines	HM, JH	15th Sep 2013
3.	Develop internal and external advisory groups	Core team,	30th Sep 2013
4.	Identify methodological approach: identify data requirements	Core team	30th Sep 2013
5.	Develop consultation and communication plans	Core team	14th Oct 2013
6.	Plan input into Mid-Year meetings	Core team, Project Board	End Jan 2014
7.	Identify strengths and challenges of current structure and function	Core team, advisory groups	End Feb 2014
8.	Plan input to Colloquium 2014	Core team, Project Board	End March 2014
9.	Identify potential pilots exploring innovative modes of working or new structures	Core team in conjunction with internal stakeholders	End March 2014
10.	Presentation of interim report and consultation at Mid-Year meetings 2014	Core team	30th March 2014
11.	Identify plausible alternative models for structure and function	Core team, advisory groups, internal and external stakeholders	End April 2014
12.	Identify benefits and challenges of alternative models and implementation effort for each	Core team, advisory groups, internal and external stakeholders	End May 2014
13.	Record and incorporate feedback from stakeholders and pilot sites	Core team	End July 2014

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14.	Write first draft paper	Core team	End July 2014
15.	Distribute first draft paper and invite feedback	Core team	End July 2014
16.	Complete final report and submit to CCSG	Core team	10th Sep 2014



PUBLISHING MANAGEMENT TEAM

STEERING GROUP REPORT

QUEBEC CITY, CANADA, SEPTEMBER 2013

DOCUMENT PREPARED BY:	The Cochrane-Wiley Publishing Management Team
SUBMITTED:	For the Steering Group Quebec Colloquium meeting, Quebec City, Canada, 18 th September 2013
PURPOSE:	To provide the Steering Group with an update on the implementation of the publication and delivery of Cochrane content, which is managed by the Cochrane-Wiley Publishing Management Team
URGENCY:	Low
ACCESS:	This is an open access paper
DECISIONS REQUIRED:	None. This document is for information only

Cochrane and Wiley recognised the need to strengthen the management of their partnership. The establishment of the Cochrane-Wiley Publishing Management Team was formalised in the new publishing agreement signed in February. The principal role of the Team is to manage the parties' business relationship; direct current strategies and develop future strategies for the publication and delivery of Cochrane content; and monitor performance against targets. We have responsibility for delivering the commitments set out in the new publishing agreement for the publication and delivery of Cochrane content. This is the second Management Team report to the Steering Group.

Since the last updated provided to the Steering Group in March 2013, the principal activities and decisions of the Team have been:

1. To develop and sign-off an overarching 'Roadmap' that provides the framework to plan and co-ordinate the technology improvements being made as part of the *Cochrane Content Publication and Delivery Programme* (CCPDP).
2. To make a commitment to open access for all Cochrane Systematic Reviews immediately upon publication and to begin work on developing a strategy to achieve this.

3. To develop a series of technology and customer service performance indicators that are being used by the Team to monitor the service provided to users of *The Cochrane Library* and improve performance standards.
4. To sign a contract for the delivery of *Cochrane Learning*, a suite of Continuing Medical Education (CME) and Continuing Professional Development (CPD) products derived from Cochrane Systematic Reviews.
5. To agree the pricing for licences to *The Cochrane Library* in 2014.

CONTENTS OF THIS REPORT:

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2. PUBLICATION AND DELIVERY	PAGE 4
3. ACCESS	PAGE 10
4. IMPACT	PAGE 18
5. PRICING AND SALES; REVENUES	PAGE 19
6. ANNEX A, B, C	FROM PAGE 20

1. MANAGEMENT TEAM OVERVIEW

MEMBERSHIP:

There have been some changes in membership and the roles of those participating since the last update provided in March 2013:

Chairperson:

- Mark Wilson, Chief Executive Officer (Cochrane)

Cochrane:

- Lucie Binder, Senior Advisor to the CEO
- Harriet MacLehose, Senior Editor
- Chris Mavergames, Head of Informatics & Knowledge Management
- David Tovey, Editor in Chief
- (Mark Wilson, CEO)

Wiley:

- David Aldea, VP Technology & Chief Technology Officer
- Deborah Dixon, VP Publishing Director
- Deborah Pentesco-Gilbert, Editorial Director
- Todd Toler, Director and Publisher Wiley Online Library
- Ben Townsend (replacing Jonathan Wynne, Sales Director)

MEETINGS:

We have met five times by teleconference or face-to-face, in March, May, June, August and September. We also held a strategy meeting at Wiley's head office in Hoboken, New Jersey, USA, in June 2013. This meeting was attended by representatives of Cochrane and Wiley's leadership teams (Steve Miron, Senior Vice President of Global Research, Wiley; and Jeremy Grimshaw, Cochrane Steering Group Co-Chair) and marked the start of in-depth planning to achieve open access to all Cochrane Systematic Reviews immediately upon publication.

At the August and September meetings, Freddie Quek, Director of Engineering (Wiley); and Charles Hammer, Senior Product Manager (Wiley) proxied for David Aldea. At the August meeting, Jessica Thomas, IMS Team Manager (Cochrane) proxied for Chris Mavergames. At future meetings, Helen Morton, the newly appointed Head of Communication & External Affairs (Cochrane) will attend for relevant items.

GOVERNANCE AND REPORTING:

We do not have one reporting line: each party reports to its own senior management and/or governors. In Cochrane's case this is the Steering Group and in Wiley's case, the Wiley leadership team. Cochrane's entity executives receive updates through their representatives on the Steering Group. Their primary points of contact on the Management Team are: Lucie

Binder (business), David Tovey (editorial) and Chris Mavergames (informatics and knowledge management).

AREAS IDENTIFIED FOR IMPROVEMENT:

We plan to increase our connections to the *Cochrane Trading Company* and *Cochrane Innovations* to improve the communication flow of financial information, and development plans for derivative products, to and from the Team.

2. PUBLICATION AND DELIVERY

2.1. PUBLICATION AND DELIVERY SUMMARY

See also the publication statistics on cochrane.org.

- Publication of Cochrane Systematic Reviews in 2013 compared to 2012 increased by 5% to August 2013, with a 2% increase in the publication of Protocols.
- A monthly breakdown of 2013 shows the average number of published articles was maintained at 38 new reviews, with a 14% increase to 48 updated reviews, and a maintained average of 54 new protocols per month.
- The number of records published in CENTRAL increased by 4.3% in 2013 (year to date), to 709,963 records.
- *The Cochrane Library* currently displays over 14,000 review versions, of which there are 6556 translations into different languages; 33% of review versions include a translation.

AREAS IDENTIFIED FOR IMPROVEMENT:

The implementation of Cochrane's new strategic plan, the *Strategy to 2020*, will impact on multiple aspects of the publication and delivery of Cochrane content. One key area is in the delivery and presentation of translated content. We recognise that the current provision for viewing and navigating content in different languages on *The Cochrane Library* is sub-optimal. The technology developments required to make improvements are already being planned as part of the CCPDP Technology Roadmap (see below).

2.2. COCHRANE CONTENT PUBLICATION AND DELIVERY PROGRAMME

We continue to oversee the delivery of the *Cochrane Content and Publication Programme* (CCPDP), an initiative of over 40 projects across three work-streams designed to improve the user experience, quality and impact of Cochrane content. These projects have been developed largely as a result of the 2012 [strategic session on Cochrane content](#), and through extensive consultation with Cochrane staff, contributors, external stakeholders and users. They are being supported by a substantially increased investment from Wiley in the technology behind Cochrane content.

In April we appointed a working group to manage delivery of the CCPDP Technology Roadmap, led by David Tovey, Chris Mavergames and Harriet MacLehose for Cochrane; and

Charles Hammer for Wiley. Since then the working group has clarified the scope and dependencies of each project (shown as a green ‘card’ in Figure 1, below), prioritized the projects, and agreed on the order and delivery dates for projects in 2013 and 2014. The delivery dates and relative priority of projects not captured in the 2013/2014 delivery period will be discussed and agreed by the working group. The version of this Roadmap shown in Figures 2 and 3 was approved by the Management Team in September. The Roadmap is a working document that will change based on input and approval of the Management Team and as we move ahead in an AGILE work environment.

AREAS IDENTIFIED FOR IMPROVEMENT:

Completing the CCPDP Technology Roadmap has taken longer than expected and the start dates of some projects have been delayed. This has partly been due to the changes required in Wiley’s technology capacity before projects can be undertaken. Cochrane and Wiley have now identified this as an issue and are working to ensure that projects are not unduly delayed by ‘back-end’ technology improvements.

Cochrane also recognises that communication about the progress of all the CCPDP projects, including those that are part of the Cochrane-Wiley Technology Roadmap, to the staff of the Central Executive and Cochrane’s management committees needs to improve and will be working to achieve that over the coming months.

Figure 1: CCPDP Technology Roadmap:

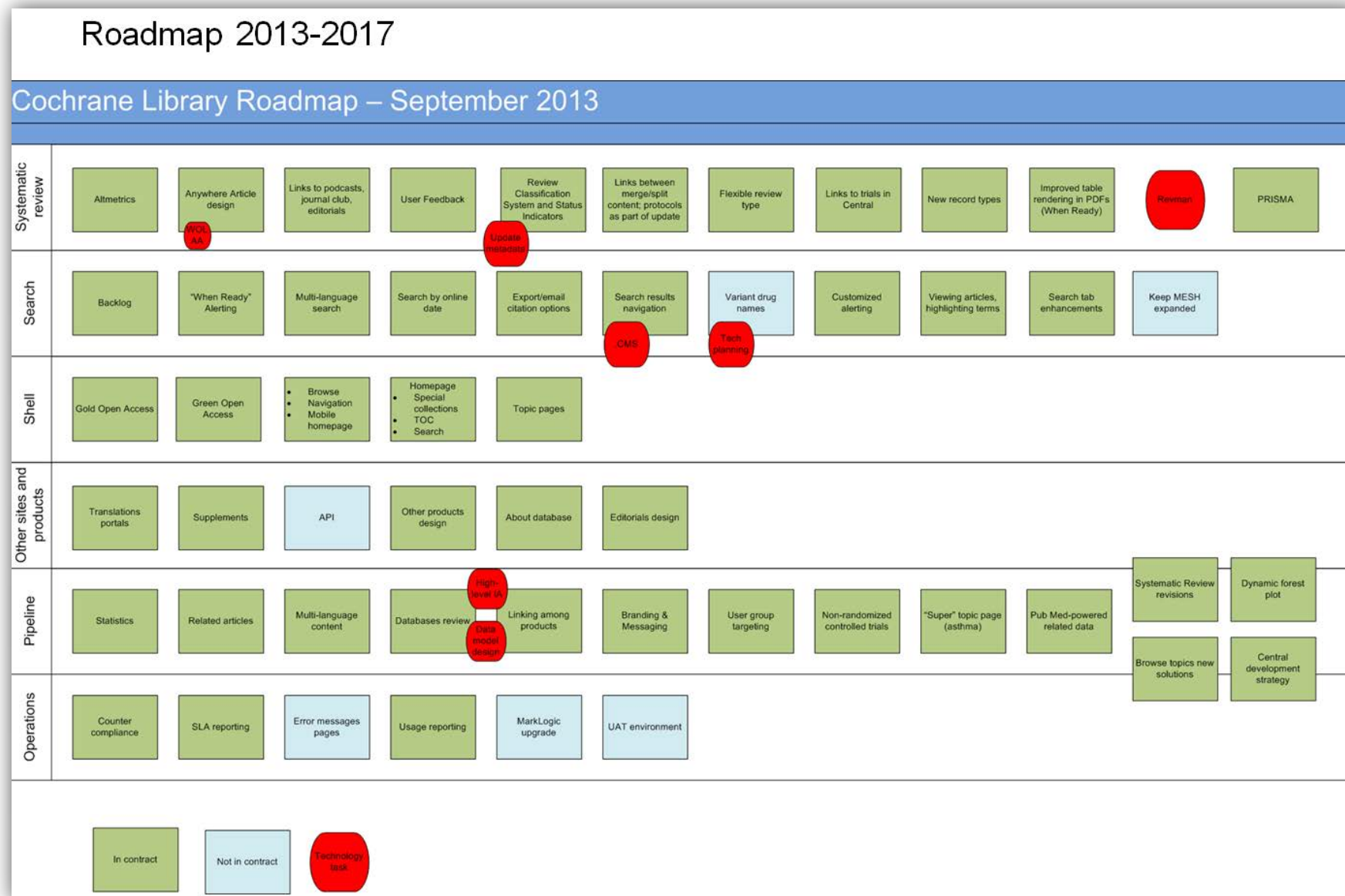


Figure 2. CCPDP Technology Roadmap: projects that will be delivered in 2013/2014:

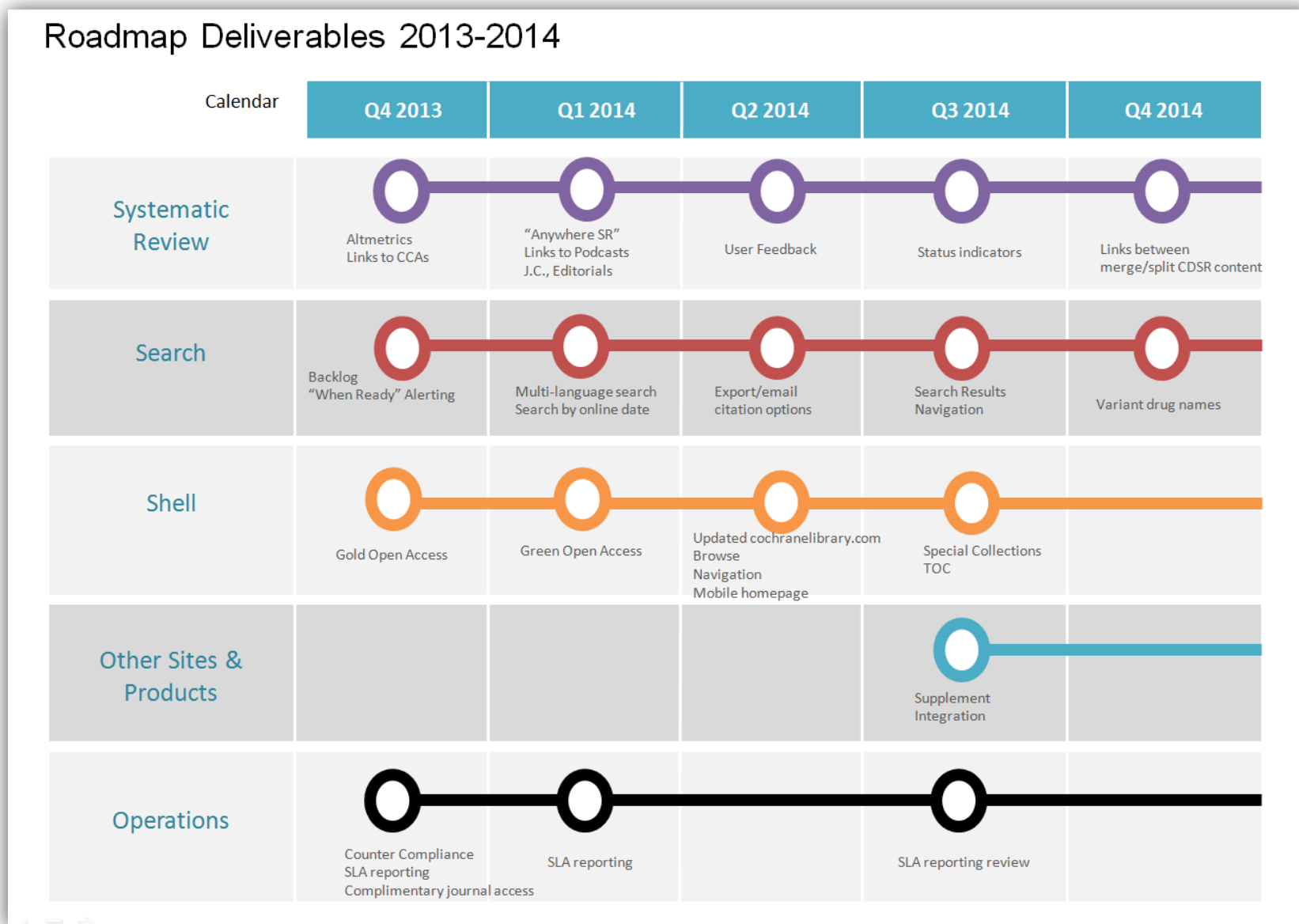
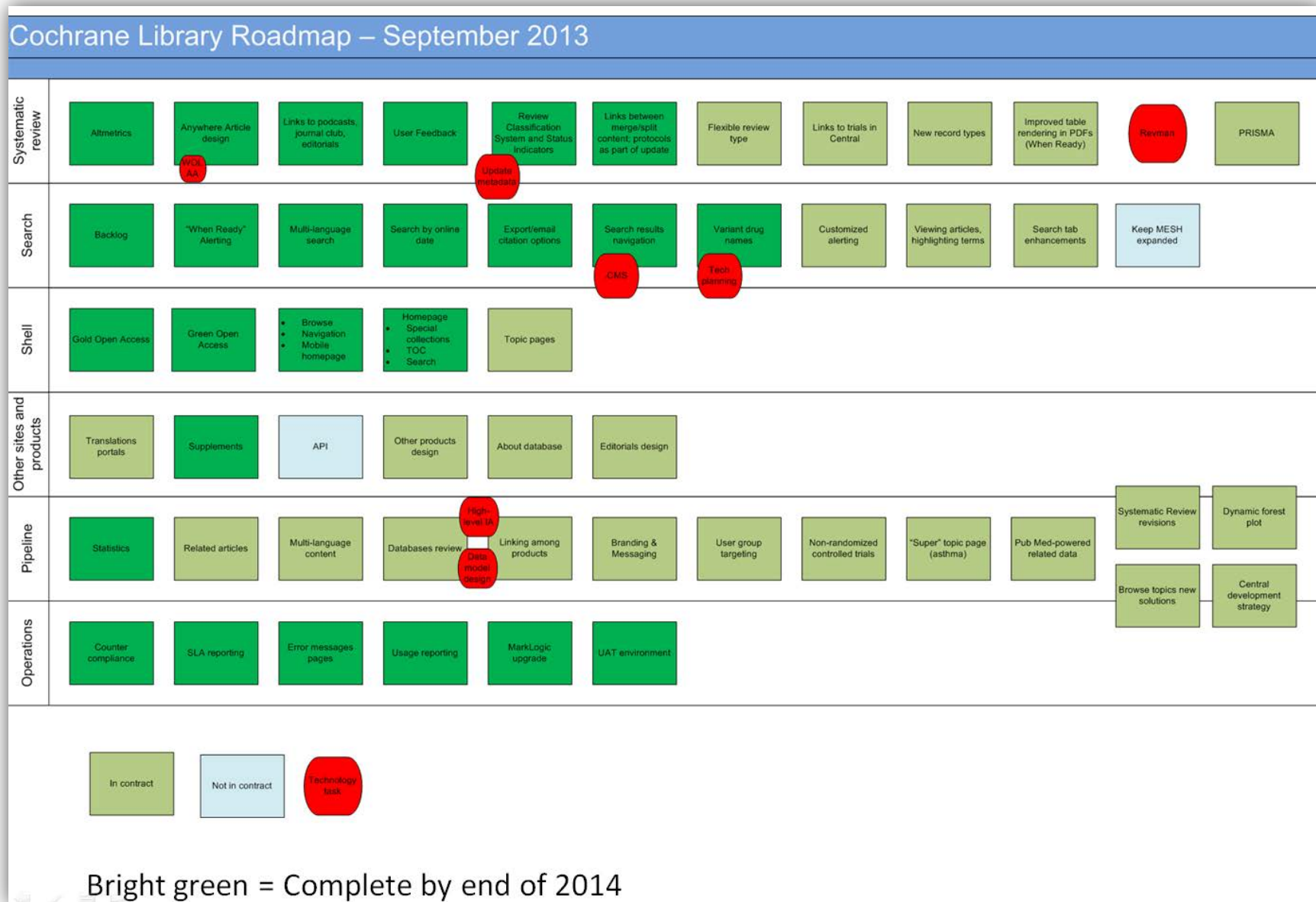


Figure 3. Cochrane-Wiley Technology Roadmap: bright green boxes show those projects that will be delivered in 2013/2014:



CONTINUOUS PUBLISHING MODEL LAUNCHED

The first new development to ‘go live’ from the CCPDP is the new Publish When Ready (PWR) continuous publishing model. Launched in June 2013 for all Cochrane Systematic Reviews and Protocols published on the *Cochrane Database of Systematic Reviews*, articles are published immediately or at a time and date selected by the Cochrane Review Group’s editorial team. The changeover has involved minimal changes to established authoring and editorial processes. The other six databases included in *The Cochrane Library* will continue to follow established monthly or quarterly publishing schedules.

2.3. TECHNOLOGY AND CUSTOMER SERVICE STANDARDS

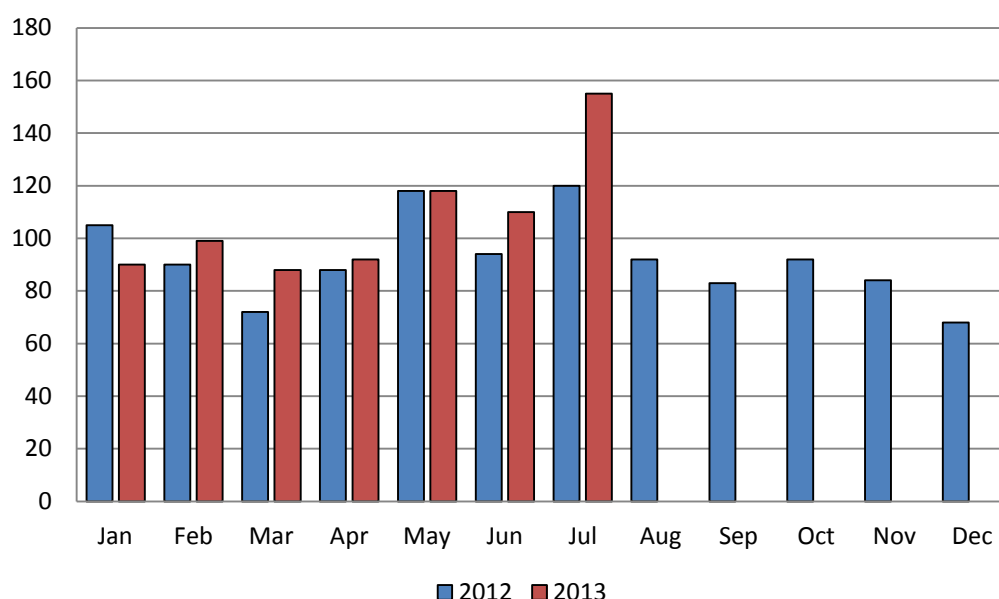
Since March, a sub-group of the Management Team has developed a series of technology and customer service performance indicators that are being used to monitor the service provided to users of *The Cochrane Library* and improve performance standards. These indicators are providing a snapshot of the user experience globally in a way that has not be possible before and we are hopeful that they will enable us to identify far more quickly where short-term ‘fixes’ and longer-term improvements to the user experience are needed.

2.4. COPY EDIT SUPPORT

Elizabeth Royle is currently employed by Wiley as Copy Edit Support Manager for Cochrane Systematic Reviews. Together with Harriet MacLehose and John Hilton from the Cochrane Editorial Unit, a Copy Edit Support workplan has been developed. A summary of activities included in the workplan are:

1. Implement the policy that all Cochrane Review Groups will submit all Cochrane Protocols and Reviews to CES or an in-house copy-editor before publication
2. Set up management and administrative processes for the CES team
3. Develop and implement an accreditation process for prospective in-house copy-editors and new CES copy-editors
4. Update the Cochrane Style Guide and related website periodically
5. Develop and update copy-editing checklists; and develop a policy for their use
6. Audit the work of copy-editors, and provide training and information-sharing opportunities for copy-editors
7. Provide training and support for copy-editors
8. Evaluate the copy-editing activities and report back to the Collaboration

The number of submissions to Copy Edit Support to September 2013 is 9% up on the same period in 2012. On average, 107 requests for copy-editing have been received per month in 2013. 752 requests for copy-editing have been received in 2013 Year To Date, 1003 articles have been published in the CDSR in the same time period.

Figure 4. Submissions to Copy Edit Support in 2012 and 2013 (Year to Date):

3. ACCESS

3.1. AN OVERVIEW: USAGE METRICS

2013 YEAR TO DATE (JAN — JULY 2013)

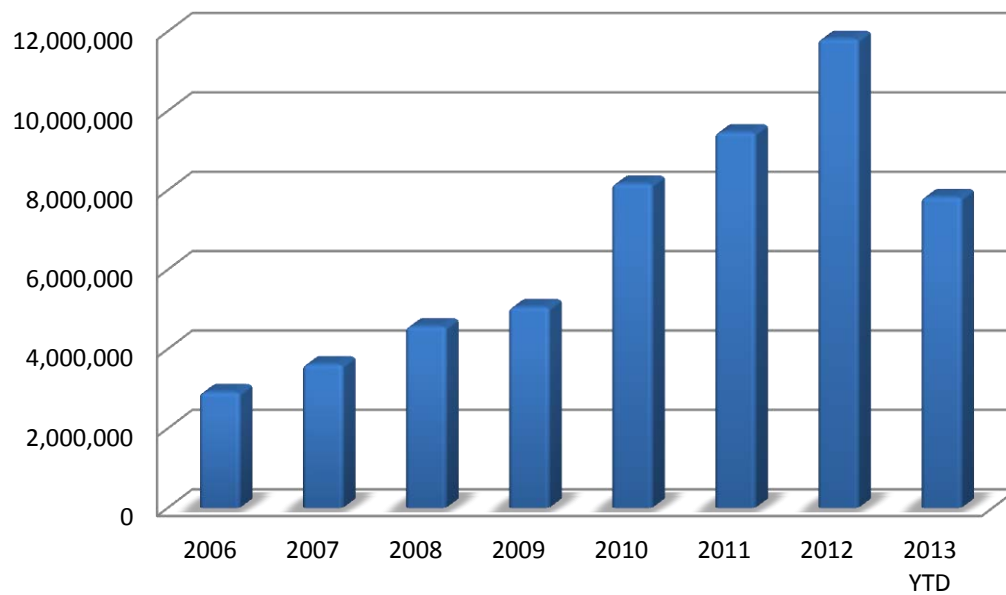
Usage of *The Cochrane Library* in 2013 Year To Date is 12.7% up on the same period in 2012. Usage of *The Cochrane Library* on Wiley Online Library grew globally by 25% in 2012. In 2013 Year To Date *The Cochrane Library* website has received 7% more visitors than the same time period in 2012 1,179,679 versus 1,101,806.

AREAS IDENTIFIED FOR IMPROVEMENT:

The figures above and all the following usage figures relate to only the usage on www.thecochranelibrary.com (Wiley Online Library version) and are therefore an underestimate of usage and impact of Cochrane content overall. They do not include the activities on our partner sites including PubMed, PubMed Health, OVID platform, EBSCO platform, cochrane.org, handheld/mobile devices, etc. Discussions with these partner sites are now underway to combine usage data to provide a more accurate reflection of global usage and impact of Cochrane content.

Abstract Usage:

In 2013 Year To Date 7,827,760 abstracts were viewed from *The Cochrane Library* on Wiley Online Library. In the same period in 2012, 6,801,631 abstracts were viewed.

Figure 5: Abstract usage since 2006:**Figure 6. The top 10 most accessed abstracts worldwide in 2013 Year To Date (the second column shows the ranking in 2012):**

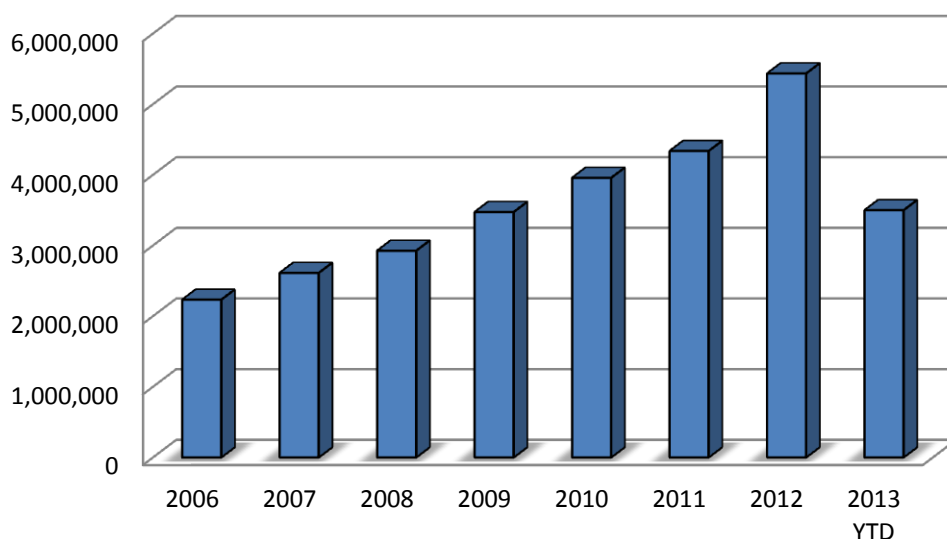
2013 Rank	2012 Rank	Article Title	Authors	Abstract
1	2	Interventions for preventing falls in older people living in the community	Lesley D Gillespie, M Clare Robertson, William J Gillespie, Catherine Sherrington, Simon Gates, Lindy M Clemson, Sarah E Lamb	26,743
2	24	Colloids versus crystalloids for fluid resuscitation in critically ill patients	Pablo Perel, Ian Roberts, Katharine Ker	24,230
3	5	Vitamin C for preventing and treating the common cold	Harri Hemilä, Elizabeth Chalker	22,261
4	1	Interventions for preventing obesity in children	Elizabeth Waters, Andrea de Silva-Sanigorski, Belinda J Burford, Tamara Brown, Karen J Campbell, Yang Gao, Rebecca Armstrong, Lauren Prosser, Carolyn D Summerbell	21,358
5	3	Cranberries for preventing urinary tract infections	Ruth G Jepson, Gabrielle Williams, Jonathan C Craig	20,771
6	7	Statins for the primary prevention of cardiovascular disease	Fiona Taylor, Mark D Huffman, Ana Filipa Macedo, Theresa HM Moore, Margaret Burke, George Davey Smith,	19,506

			Kirsten Ward, Shah Ebrahim	
7	18	Interventions for preventing falls in older people in care facilities and hospitals	Ian D Cameron, Lesley D Gillespie, M Clare Robertson, Geoff R Murray, Keith D Hill, Robert G Cumming, Ngaire Kerse	17,842
8	142	Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes	Susan J McDonald, Philippa Middleton, Therese Dowswell, Peter S Morris	14,999
9	3796	Probiotics for the prevention of <i>Clostridium difficile</i> -associated diarrhea in adults and children	Joshua Z Goldenberg, Stephanie SY Ma, Jane D Saxton, Mark R Martzen, Per O Vandvik, Kristian Thorlund, Gordon H Guyatt, Bradley C Johnston	13,653
10	11	Discharge planning from hospital to home	Sasha Shepperd, Natasha A Lannin, Lindy M Clemson, Annie McCluskey, Ian D Cameron, Sarah L Barras	13,622

Full text downloads:

In 2013 Year To Date 3,499,402 full text downloads were made to *The Cochrane Library* on Wiley Online Library, a 12% increase in full text downloads for the same period in 2012.

Figure 7. Full text downloads from 2006 to 2013 Year To Date:



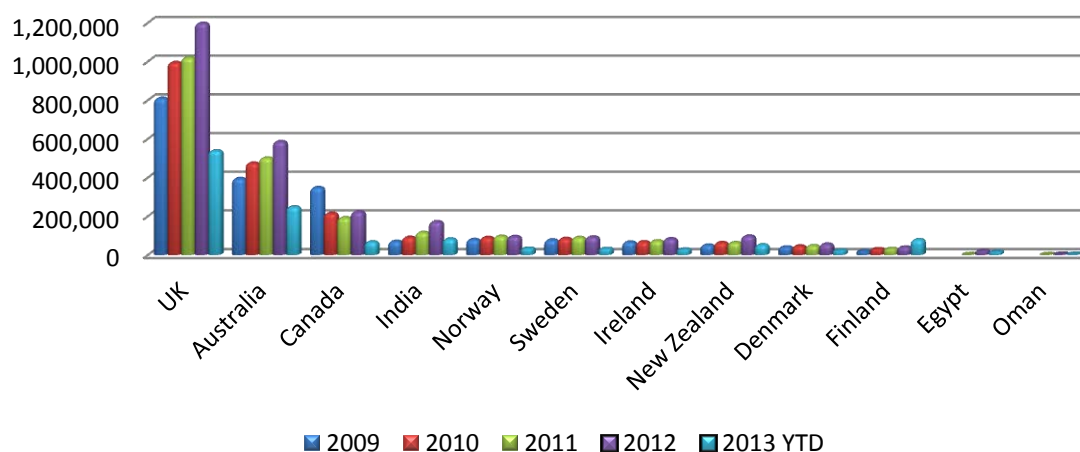
Most accessed reviews:

Figure 8. The top 10 most accessed reviews worldwide in 2013 Year To Date (the second column shows the article's ranking in 2012):

2013 Rank	2012 Rank	Article Title	Authors	Full Text Access
1	6	Colloids versus crystalloids for fluid resuscitation in critically ill patients	Pablo Perel, Ian Roberts	13,863
2	2	Interventions for preventing falls in older people living in the community	Lesley D Gillespie, M Clare Robertson, William J Gillespie, Catherine Sherrington, Simon Gates, Lindy M Clemson, Sarah E Lamb	10,335
3	3	Early skin-to-skin contact for mothers and their healthy newborn infants	Elizabeth R Moore, Gene C Anderson, Nils Bergman, Therese Dowswell	9,456
4	1	Interventions for preventing obesity in children	Elizabeth Waters, Andrea de Silva-Sanigorski, Belinda J Burford, Tamara Brown, Karen J Campbell, Yang Gao, Rebecca Armstrong, Lauren Prosser, Carolyn D Summerbell	8,620
5	11	Interventions for preventing falls in older people in care facilities and hospitals	Ian D Cameron, Lesley D Gillespie, M Clare Robertson, Geoff R Murray, Keith D Hill, Robert G Cumming, Ngaire Kerse	7,134
6	4	Exercise for depression	Jane Rimer, Kerry Dwan, Debbie A Lawlor, Carolyn A Greig, Marion McMurdo, Wendy Morley, Gillian E Mead	6,655
7	9	Discharge planning from hospital to home	Sasha Shepperd, Natasha A Lannin, Lindy M Clemson, Annie McCluskey, Ian D Cameron, Sarah L Barras	6,653
8	22	Statins for the primary prevention of cardiovascular disease	Fiona Taylor, Mark D Huffman, Ana Filipa Macedo, Theresa HM Moore, Margaret Burke, George Davey Smith, Kirsten Ward, Shah Ebrahim	6,033
9	17	Cranberries for preventing urinary tract infections	Ruth G Jepson, Gabrielle Williams, Jonathan C Craig	5,799
10	14	Optimal duration of exclusive breastfeeding	Michael S Kramer, Ritsuko Kakuma	5,785

National provision usage data:

Figure 9. The number of full text downloads made by countries with a National Provision:



Press Releases:

Wiley's Public Relations department works with the Cochrane Editorial Unit to select and deploy press releases on new or updated reviews. The PR department also coordinates with Health Behaviour News Service (HBNS) to deliver news stories. Media training for authors, interview materials for authors, press user guides, free access details and workshop support to regional meetings, including the Association of Healthcare Journalists continue to form the Wiley PR service offerings.

With the move to the continuous publishing model in June, press releases are now selected and released on a weekly basis and are not beholden to the issue release date.

From January to May 2013, there have been 1,110 clips and 15 press releases (74 each on average), which reached at least 46 countries and were covered in at least 9 languages.

The first press release following the move to the continuous Publishing model was 'Later Cord Clamping After Birth Increases Iron Levels in Babies'. This clip received 280 clips, reached at least 19 countries and was covered in at least 5 different languages. The high level of coverage of this review suggests that continuous publication could be particularly beneficial to the PR process for Cochrane Systematic Reviews.

Figure 10. The most popular stories (prior to the implementation of the continuous publishing model):

Rank	Article Title	Clips
1	Diabetes: Computer based interventions provide limited support	141
2	Probiotics Prevent Diarrhoea Related To Antibiotic Use	127

3	Smoking Prevention in Schools: Does it Work?	120
4	Quitting Smoking: Licensed Medications Are Effective	110
5	Cochrane Review Finds No Benefit of Evening Primrose Oil for Treating Eczema	102

See poster “The Cochrane Library publicity programme – promoting Cochrane evidence worldwide” P2.005 during the Cochrane Colloquium in Quebec to find out more.

Cochrane Journal Club:

We continue to publish one Journal Club a month and as of July 2013 we have published 44 Journal Clubs.

Figure 11. The Top 5 most accessed Cochrane Journal Club articles published during 2013 Year To Date:

Title	Release date	Unique Visits*	CRG
Selenium supplementation for the primary prevention of cardiovascular disease	February	2,115	Heart Group
Colloids versus crystalloids for fluid resuscitation in critically ill patients	March	2,004	Injuries Group
Selective serotonin reuptake inhibitors (SSRIs) for stroke recovery	January	1,419	Stroke Group
Training to recognise the early signs of recurrence in schizophrenia	April	991	Schizophrenia Group
Nutritional interventions for reducing morbidity and mortality in people with HIV	June	209	HIV/AIDS Group

* Data are taken from the first month of release

The Cochrane Journal Club website was viewed by users from a total of 165 countries including visits from 71 (67%) of the countries on the Cochrane Evidence Aid programme.

Podcasts:

Podcasts continue to be popular with authors and listeners and are now also included (where available) as part of Cochrane Systematic Reviews selected for *The Cochrane Library* iPad edition.

Figure 12. The most visited Podcasts (not including any RSS feeds or other postings) during 2013 Year To Date:

Title	Release date	Unique Visits	CRG
Colloids versus crystalloids for fluid resuscitation in critically ill patients	Mar-13	1,061	Injuries Group
Selective serotonin reuptake inhibitors (SSRIs) for stroke recovery	Jan-13	476	Stroke Group
Selenium supplementation for the primary prevention of cardiovascular disease	Jan-13	436	Heart Group
Xpert MTB/RIF test for detection of pulmonary tuberculosis and rifampicin resistance	Jan-13	419	Infectious Diseases Group
Red flags to screen for malignancy in patients with low-back pain	Feb-13	274	Back Group

The Cochrane Library — iPad edition:

Since January 2013, the app has been downloaded 15,923 times, received 13,333 visitors and 2,517 users have subscribed to receive automatic issue updates.

Visitors have come from countries where usage of Cochrane Systematic Reviews is traditionally strong such as the UK, USA and Australia but the app is so far proving popular with visitors worldwide with visits from 139 countries including 1,696 visits from Colombia.

Figure 13. Comparison of the Cochrane app's performance against Wiley's six strongest Health Sciences apps in their first six weeks after launch:

App	Unique Visitors	Visits/Sessions
The Cochrane Library iPad Edition	2,899	5,821
Academic Emergency Medicine	1,071	1,817
American Cancer Society	603	1,136
American Journal of Transplantation	801	1,591
Hepatology	1,540	3,286
Society of Hospital Medicine	538	1,046
Journal of Sexual Medicine	372	767

The Cochrane app achieved greater usage compared with the Wiley apps in the first six weeks after launch. This is especially impressive considering that the other Wiley apps are available on multiple platforms (iPad, iPhone, Android).

3.2. OPEN ACCESS MANAGEMENT AND STRATEGY

Since our last report we have set up an open-access working sub-group to focus on open access. The members – Mark Wilson, David Tovey, Harriet MacLehose, Lucie Binder, Deborah Pentesco-Gilbert, and Deborah Dixon – meet regularly to discuss and agree open-access policy, plans and strategies for large-scale open access, and to keep abreast of global open access developments.

In April 2013, the group agreed the open access policy for Cochrane Systematic Reviews and posted it on *The Cochrane Library*¹ and in the *Cochrane Policy Manual* (now located in the Cochrane Editorial and Publishing Policy Resource²). The policy document includes our policy for gold and green open access. Gold open access refers to immediate open access upon payment of an article publication charge, and green open access refers to publication via the ‘standard’ model, but with free access to the full article 12 months after publication. We also describe the policy for waivers and discounts for gold open access, and include an assessment of where the *Cochrane Database of Systematic Reviews* fits on the ‘How open is it’ framework.

Since the release of the open access policy, which was backdated to take effect for all Cochrane Systematic Reviews published from 1 February 2013 (date publishing contract signed), there has been limited uptake of gold open access. We have also worked with Cochrane Review Groups and funders to discuss and agree specific open access arrangements around this policy. 33 reviews were submitted, under 12 month embargo, as per author funding requests including NIH grantees to PubMed Central and PubMed Central Canada.

Derivative products:

The open-access working group will continue to meet regularly to explore and consolidate strategies for large-scale open access. One key area of focus in generating replacement income to support open access for Cochrane Systematic Reviews that we have already committed to is the development of products derived from reviews (derivative products). We have recently signed a contract for the delivery of *Cochrane Learning*, a suite of Continuing Medical Education (CME) and Continuing Professional Development (CPD) products derived from Cochrane Systematic Reviews. A list of existing Cochrane-Wiley derivative products is shown in Annex A. However, we are aware that we need to speed up the development and delivery of new products and services in order to make them a viable source of alternate income within a realistic timeframe.

¹ www.thecochranelibrary.com/view/0/FreeAccess.html

² www.cochrane.org/editorial-and-publishing-policy-resource/open-access

4. IMPACT

4.1. AN OVERVIEW: IMPACT MEASUREMENTS

2012 Impact Factor:

The amended 2012 impact factor for the CDSR is 5.785. An error in the calculation of the CDSR Impact Factor was again made by Thomson ISI this year. Thomson ISI were informed and agreed to publish the amended CDSR impact factor in the September JCR release in mid-late September.

The 2012 Impact Factor of 5.785 describes the ratio of the number of reviews published during 2010 (704) and 2011(694) (sum 1398) to the number of citations these reviews received in 2012 (8087). A review published in the CDSR in 2010 or 2011 was cited, on average, 5.785 times in 2012. CDSR is ranked 11th of 151 journals in the “Medicine, General & Internal” category, placing it in the top five percent of all titles listed in the ISI Journal Citation Report.

The 5-Year Impact Factor increased to 6.512. This is calculated by taking the number of cites in 2012 to items published between 2007 and 2011 (20,727) and dividing this by the number of items published between 2007 and 2011 (3,183). Although the Impact Factor of the CDSR fell in 2012, for the second consecutive year, the total number of citations received is the 6th highest in the Medicine, General & Internal category.

In 2010-2011 the CDSR accounted for 3.7% (1398) of all citable items published by the 159 journals in the ‘Medicine, General & Internal’ category. The total of 1398 citable items published is far higher than the median for the category which is 238.

Impact Factor Year	Number of Articles published	% Difference	Number of citations received	% Difference	Impact Factor
2007	1,126		5,240		4.654
2008	1,212	7%	6,281	17%	5.182
2009	1,163	-4%	6,574	4%	5.653
2010	1,128	-3%	6,978	6%	6.186
2011	1,306	14%	7,721	10%	5.912
2012	1,398	7%	8,087	5%	5.785

Thomson Web of Science currently lists 1671 published reviews for the CDSR in 2011(694) and 2012(977). This is subject to change prior to publication of the 2013 JCR but can be seen as a good indicator as to the CDSR denominator for the 2013 impact factor.

See poster “Analysing the Impact Factor of the Cochrane Database of Systematic Reviews (CDSR)” P3.022 during the Cochrane Colloquium in Quebec to find out more about the Impact Factor.

AREAS IDENTIFIED FOR IMPROVEMENT:

We recognise that it is essential to improve how we measure and demonstrate the impact of Cochrane Systematic Reviews and other content. As a first step we will be overseeing the CCPDP ‘Altmetrics’ project that will introduce a series of metrics for Cochrane Systematic

Reviews by the end of 2014, including: (1) the number of citations for the review (for example, the number of times cited in PubMed Central or Google Scholar); (2) article access statistics (for example, the number of times review viewed); and (3) social bookmarking metrics (if agreed following consultation/focus group research)

5. PRICING AND SALES; REVENUES

The Management Team approved the 2014 pricing for licences to *The Cochrane Library*, which will come into effect from 1 October 2013. There will be a freeze on prices in 2014 for the national provision price multiplier and for individual subscribers. The price for institutional subscribers will rise by 6%, which is less than for other Wiley publications and keeps the price competitive as we move towards large-scale open access.

A report from the Wiley marketing team is included as Annex B. The team has identified six clinical specialties to focus its marketing efforts on over the coming year:

- Oncology
- Neurology
- Nursing & Midwifery
- Dermatology
- Cardiology
- Dentistry

New financial terms agreed as part of the publishing agreement signed in February provide significantly increased revenue from sales to Cochrane. A full financial report is provided to the Trading Company and presented to the Steering Group in its report. 2013 Year to Date performance has been strong with sales running at over 11% growth for the period when compared to the prior year. The funds provided to Cochrane will be used to deliver the objectives set out in the *Strategy to 2020*.

AREAS IDENTIFIED FOR IMPROVEMENT:

Cochrane recognises the need to improve the management and display of its financial data, which will become the responsibility of the new Head of Finance & Core Services.

ANNEX A: CURRENT DERIVATIVE PRODUCTS

Cochrane Learning

- Editor-in-Chief: David Tovey
- Wiley Editors: Bryony Urquhart and Sally Cowlard
- Cochrane Learning contract now signed
- First modules are in development: accredited educational content based upon Cochrane Content (including Cochrane Reviews).
- All content to be based upon an assessment of educational need
- Programme Editors develop subject-specific content
- **Scheduled for launch 2014**
- Global distribution via Wiley Health Learning platform

Cochrane Learning: Dr Cochrane

- Editor: Lorenzo Moja under direction of David Tovey (Editor-in-Chief)
- Wiley Editors: Bryony Urquhart and Sally Cowlard
- Pilot Dr Cochrane programme (64 clinical vignettes) developed with CIHR grant to the Canadian Cochrane Centre
- Involving the Review Groups: Musculoskeletal, Back, Inflammatory bowel disease and functional bowel disorders, and Upper-GI and pancreatic diseases
- Written by medical writers, with peer review involving CRGs and original review authors.
- Global distribution via Wiley Health Learning platform
- **Available online September 2013**
- Accredited by: ACCME (USA), RCPSC (Canada) and CFPC (Canada)

Cochrane Learning: Cochrane Journal Club

- Editor: Mike Clarke
- Wiley Editor: Gavin Stewart
- Launched in October 2009; 44 journal clubs published to date
- 8,440 members (receive monthly email alerts)
- Active Facebook page
- Activities underway to include Cochrane Journal Club in Cochrane Learning
- See poster 105 during the Cochrane Colloquium in Quebec to find out more about the recent Cochrane Journal Club user survey

Cochrane Clinical Answers (<http://cochraneclinicalanswers.com/>)

Cochrane Clinical Answers (CCAs) are derived from Cochrane systematic reviews and are aimed at clinicians at the point of care. The concept behind the product is to data mine the high quality evidence from Cochrane systematic reviews to create short answers to a clinical question. CCAs can be seen as a dissemination strategy to increase use of CCAs by the clinical audience

- Editor in Chief: David Tovey
- Editor: Karen Pettersen (Wiley)
- Clinical Editors: Orla Ni Ogain (to July 2013), Sera Tort (August 2013-) (Cochrane Editorial Unit)
- 200 CCAs published to date

- Market testing validated pricing model but more content breadth requested
- Launch as upsell to Cochrane Library as part of 2014 renewal cycle of Cochrane Library subscriptions
- Links from Cochrane Reviews for every review that has a CCA available from November 2013
- Attend our Oral Presentation “Making Cochrane Reviews more clinically accessible: the new Cochrane Clinical Answers derivative product “on September 20, Friday; 15:30-17:00 at the Cochrane Colloquium in Quebec to find out more about CCAs.

Cochrane Ipad Edition

- Editor: David Tovey
- Wiley Editor: Gavin Stewart
- Launched with special issues November 2012; regular monthly issues from Jan 2013
- Includes up to 12 Cochrane Reviews chosen by the Editor-in-Chief and specially abridged to suit iPad users
- Reviews are enriched with the addition of multimedia content, including podcasts, videos and slide decks.
- Since January 2013, the app has been downloaded 15,923 times
- Attend our Oral Presentation “The Cochrane Library for iPad – a new platform for dissemination “on September 20, Friday; 10:30-12:00at the Cochrane Colloquium in Quebec to find out more about the Ipad Edition.

Evidence Based Child Health: A Cochrane Review Journal

- Editors: Joan Robinson, Mike Smith; Managing Editor: Denise Thomson
- Wiley Editor: Bryony Urquhart
- Editorial board meeting May 2013 (Washington, DC)
- Jan–Jul 2013 usage increased 122% over the same period in 2012 — from 18,101 to 40,121 full-text downloads. The Jan–Jul 2013 period also exceeds the total number of full-text downloads during 2012 (39,055 downloads)
- 5 podcasts now available to download

Journal of Evidence-Based Medicine

- Editors: You-Ping Li(Director of China Cochrane Center), Mike Clarke(former director of UK Cochrane Center)
- Wiley Editor: Jason Hu
- Started in end of 2008, quarterly
- Jan–Jul 2013 usage is 22,339 full-text downloads; an increase of 30% on the same period in 2012 (17,251 full-text downloads)
- Accepted by MEDLINE in Oct 2010
- Each issue is on a focused topic

Cochrane Methods: supplement to *Cochrane Database of Systematic Reviews*

- Editors: Jackie Chandler, Mike Clarke, Isabelle Boutron, Joanne McKenzie, Vivian Welch
- Wiley Editor: Bryony Urquhart
- Fourth annual supplement to CDSR published September 2013
- Supplied to the Cochrane Colloquium in electronic format (paperless colloquium)
- 600 copies to the Cochrane UK Centre for distribution

- Fifth edition to publish September 2014

ANNEX B: WILEY MARKETING TEAM REPORT

This report focuses on providing a brief overview of the marketing activities of 2012/2013 and work plans for the future.

Global Marketing Activities

Email campaigns and web advertising

New issue 'launch emails' campaigns

We promote every new issue 'launch' with an email campaign to related Wiley email lists. This work has continued on a monthly schedule even with the shift to the continuous publishing model with a focus on highlights from the month.

Web advertising

Web links to *The Cochrane Library* and details of new Cochrane podcasts, reviews, and Journal Clubs are placed on the health care and journal web pages on Wiley Online Library. These ads typically receive anywhere from 3,000 to 10,000 impressions depending how long they are scheduled to run.

Print promotions

We continue to produce and distribute the following promotional materials for *The Cochrane Library*:

- *The Cochrane Library* Reference Guide
- Cochrane Library banner stands
- Cochrane Library pens, bookmarks and notepads

This year, we have also printed special bookmarks, flyers, posters, and additional collateral designed to promote Cochrane's 20th Anniversary as supplied by the Anniversary committees.

International conference promotion

By the end of 2013, *The Cochrane Library* will have been promoted at 225 global conferences representing over 35 clinical specialties and including all Global medical library meetings.

In 2013, we've continued a co-promotion program which ensures that *The Cochrane Library* promotional materials are sent to each medical conference attended by Wiley. Every medical conference receives copies of the Quick-Reference Guide for display, and *The Cochrane Library* banner stands are sent to key shows. For large conferences such as the Medical Library Association, custom materials are printed and sent to ensure *The Cochrane Library* is heavily promoted. As part of our 20th anniversary support program, marketing items for *The Cochrane Library* have been sent to even more conferences via Cochrane entities and review groups whose members attend those shows.

For Cochrane events we have been unable to attend, such as Cochrane Centres' Symposiums, we have worked with the organizers to send promotional materials, delegate bag inserts, and custom giveaways.

OPEN ACCESS

For the 21st Cochrane Colloquium in Quebec, we have committed to platinum sponsorship, including design, sourcing, and funding of many conference items and initiatives for attendees. Items being created and supplied by Wiley include the following:

- Badges and lanyards for 1250 attendees
- Full design and typesetting services for the 120-page conference program
- Design and sourcing 1250 flash drives for attendees preloaded with the full program, two e-books, several inserts, and links to the abstracts, Cochrane Methods, anniversary videos, and more
- Design and production of the 20th anniversary “Trivial Pursuit” game pieces, including a set of perforated foldout cards, an attached game piece, stickers for correct answers, and answer keys for participating booths
- #CochraneTweetGeek buttons to be distributed by Cochrane Exchange and Wiley in order to promote the dissemination of Cochrane evidence on Twitter
- Design and printing costs of the name badges for the #CochraneTech Symposium
- Full sponsorship of a first-of-its-kind Colloquium Conference App, including bespoke design and customization, advance promotion to attendees, onsite promotion and support at the conference, and full programming costs

In addition, we are also planning the following activities:

- Offer on-going demonstrations of new Cochrane Library features on the Wiley booth, including new Altmetric functionality for tracking the impact of Cochrane Reviews
- Print and display booth graphics which promote Cochrane Journal Club, podcasts, Evidence Aid, Cochrane Clinical Answers, and the Cochrane Library
- Contribute and provide funding for a Wikipedia “editathon” to increase exposure of Cochrane Reviews in Wiki health pages including provision of complimentary subscriptions to up to 100 established Wiki editors.

Other key conference initiatives achieved in 2013 include the following:

- A major Cochrane presence at the 2013 Medical Library Association meeting including Cochrane-themed sunrise sessions led by Carol Lefebvre and booth demonstrations on new search functionality led by Colleen Finley
- Active participation and assistance within the Cochrane 20th Anniversary Conferences Committee
- Ensuring *The Cochrane Library* is well represented at key conferences by personally attending major conferences such as the American Society of Clinical Oncology, American Heart Association Scientific Meetings, Guidelines International Network, and more
- Continuing to actively train the Wiley marketing team in Cochrane so that all booth staff achieve proficiency in discussing and promoting *The Cochrane Library* wherever Wiley is exhibiting

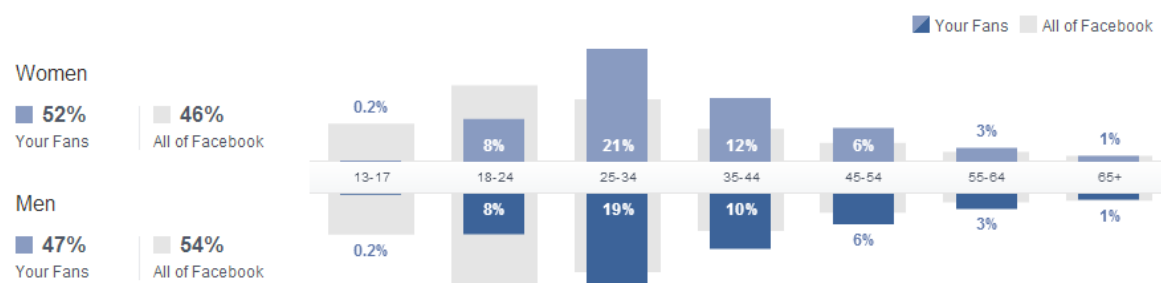
Social media

The Cochrane Library has been active on social media throughout 2013 and our social reach has grown exponentially.

Facebook

From September 2012 to September 2013, *The Cochrane Library* Facebook page increased from 3,825 to 6,103 total likes, an increase of 60%.

The demographics of our fans reflect the overall popularity of social media with the 25-34 age group. Fans of the Facebook page are mostly female in all age groups except those users aged 45-54 and 65+. These demographic details have remained largely unchanged over the past year:

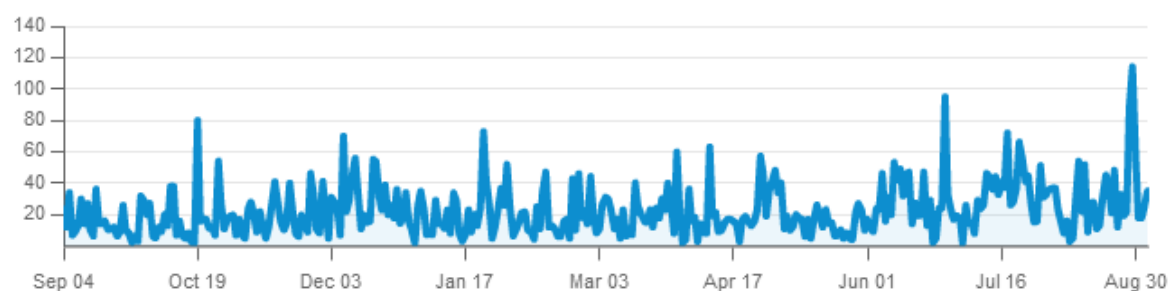


Examining the geographic locations of our Facebook fans reveals that the top countries represented are the Egypt (562) followed by the US (491), the UK (346), Italy (302), and India (294). The top city for our fans is now Cairo. By far, the majority of our fans list English as their default language (2426 fans) with Spanish gaining in second position (900 fans).

Twitter

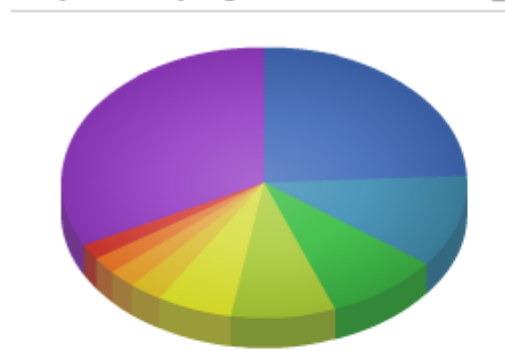
Through September 2013, *The Cochrane Library*'s Twitter account (@cochranelibrary) has increased its total follower count to 7,756 total followers, an increase of **168%** from six months ago and **311%** one year ago.

Total @cochranelibrary clicks over time – September 2012 to September 2013



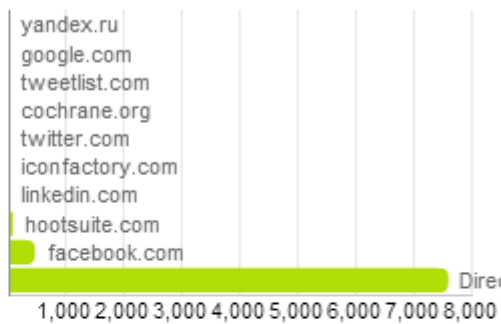
Examining the geographic locations of clicks on our Twitter posts reveals a slightly different set of countries than were found in our Facebook analytics, likely due to differing popularity of various social networks in specific countries. For our Twitter posts, the top countries represented are the UK, US, Canada, Spain, and Australia.

Ow.ly : Clicks by Region



Region	Clicks
United Kingdom	24.2% (1,992)
United States	11.1% (913)
Canada	9.1% (746)
Spain	8.4% (689)
Australia	6% (495)
Netherlands	2.7% (219)
European Union	2.2% (178)
Austria	2% (168)
Italy	1.8% (152)
Others	32.6% (2,690)

Ow.ly : Top Referrers



Referrer	Referrals
Direct Click	7,612
facebook.com	464
hootsuite.com	80
linkedin.com	22
iconfactory.com	15
twitter.com	14
cochrane.org	11
tweetlist.com	10
google.com	7
yandex.ru	7

With accounts on both Facebook and Twitter, *The Cochrane Library* has reached a global community of healthcare professionals, librarians, researchers and students.

Country focused marketing

In addition to the global marketing activities detailed above we have also carried out marketing campaigns for specific countries. These countries we selected through analysis of subscriptions and revenue, usage and from discussions with the Editor-in-Chief and CEO. A sales summit including several Centre Directors is planned in early November to review and update the tiers further. The table below shows the countries selected for targeted marketing campaigns and their tier:

TIER	DEFINITION	COUNTRIES
1	High revenue markets to protect	National Provision countries and other important licenses
2	High revenue markets with potential to grow	USA, Canada, Germany
3	Low revenue markets with potential to grow	France, Turkey, China, Middle East
4	East Asia	Taiwan, Japan, South Korea, Singapore, Hong Kong
5	Low Revenue markets to develop/protect	Rest of world

ANNEX C: COCHRANE-WILEY ACTIVITIES AT THE QUEBEC COLLOQUIUM

Title	Subject	Type	Person Responsible	Contributors	Category	Time Slot
Navigating The Cochrane Library	Searching	Workshop	Gavin	Colleen Finlay	1c. Searching and information retrieval	September 20, Friday; 15:30-17:00
Helping Cochrane Reviews soar: a workshop to create a communication and dissemination strategy for every Cochrane Review	Dissemination	Workshop	Deborah	Harriet MacLehose + Bridget Jones	3f. New tools of dissemination	September 22, Sunday; 13:30-15:00
Comments on Cochrane Reviews: approaches to managing feedback	Feedback	Workshop	Gavin	John Hilton, Toby Lasserson	d. Editorial processes and supporting review authors	September 22, Sunday; 15:30-17:00
Using social media for effective communication with Cochrane stakeholders	Social Media	Workshop	Megan	Nancy Owens	3e. Internet and social media	September 21, Saturday; 13:30-15:00
Making Cochrane Reviews more clinically accessible: the new Cochrane Clinical Answers derivative product	CCA's	Oral	Karen		3d. Knowledge translation and communicating the evidence	September 20, Friday; 15:30-17:00
The Cochrane Library for iPad – a new platform for dissemination	iPad	Oral	Gavin		3f. New tools of dissemination	September 20, Friday; 10:30-12:00
Impact of translations on access to Cochrane Reviews	Translations	Oral	David + Gavin	Lorne Becker, Juliane Ried	3h. Translation and dissemination in languages other than English	September 20, Friday; 10:30-12:00
Cochrane goes green and gold: overview and impact of open access options for Cochrane Reviews	Open Access	Oral	Deborah + Bryony	Harriet MacLehose	3f. New tools of dissemination	September 20, Friday; 10:30-12:00
Cochrane vignettes: use of Cochrane Reviews in a Cochrane Learning Continuing Medical	Vignettes	Oral	Lorenzo Moja	Bryony	3c. Partner & knowledge user	September 20, Friday; 13:30-

OPEN ACCESS

Education Program					engagement;	15:00
Conducting a needs assessment for Cochrane Learning	Learning	Oral	Bryony	Karen + Sally	3d. Knowledge translation and communicating the evidence	September 21, Saturday; 13:30-15:00
Making Cochrane Reviews more clinically accessible: Cochrane Clinical Answers	CCA's	Poster	Karen		3d. Knowledge translation and communicating the evidence	P3.023
Analysing the Impact Factor of the Cochrane Database of Systematic Reviews (CDSR)	IF	Poster	Gavin		4. Other topics	P3.022
Cochrane Journal Club: meeting the expectations of our growing membership	Journal Club	Poster	Bryony	Mike Clarke and Bill Cayley	3e. Internet and social media	P3.105
What's in 'Dr Cochrane' for family physicians? Evaluation of an online Cochrane Learning programme with the Information Assessment Method (IAM)	Dr Cochrane	Poster	Bryony		3c. Partner & knowledge user engagement	P4.082
The Cochrane Library publicity programme – promoting Cochrane evidence worldwide	Press	Poster	Bryony	Jen Beal	3a. Consumers and the public & media	P2.005

Acknowledgements:

Thanks to Megan Helmers, David Hives, Gavin Stewart, Karen Pettersen and Sally Cowland (all Wiley) for providing much of the data used in this report.

‘Game Changers’: Strategic use of Cochrane’s reserves to implement *Strategy 2020*

Prepared by: Mark Wilson

Date: 7th September 2013

Purpose: To provide the Steering Group (CCSG) with recommendations on the process for investing part of The Cochrane Collaboration’s existing financial reserves to help implement *Strategy 2020*.

Urgency: Medium

Access: Open

Background:

Over the last ten years the Collaboration has had a stable income stream through royalty payments from Wiley-Blackwell. Because income has regularly exceeded expenditure, and given its risk-averse approach to spending, the Collaboration has built up substantial reserves which at the beginning of April stood at £5,300,000.

In September the Collaboration is expected to approve a new *Strategy to 2020* in support of a mission ‘to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence’, and the Steering Group has recognised that in order to achieve its strategic goals the organisation needs to use part of these financial reserves to invest in major innovations or ‘game-changers’: large-scale projects that will materially improve how the Collaboration functions, addressing one or more key challenges contained within *Strategy 2020*.

In June 2013 the Steering Group considered an introductory paper produced by the Co-Chairs, Jonathan Craig and Jeremy Grimshaw, that provided ‘a rationale for this proposal, a list of proposed topics, a proposed timeline and process for consultation, and an indicative budget for the process and projects approved’. The Steering Group unanimously endorsed the principle of investing part of the Collaboration’s financial reserves in order to meet major challenges, but concluded that ‘it was over-ambitious to expect to receive proposals for these large-scale projects by September 2013, and it would be preferable for suggestions to be gathered after the final *Strategy to 2020* had been agreed in Quebec. It was therefore agreed that the timeframe for consultation and suggestions be extended to the 2014 mid-year meetings in Panama’. The CCSG asked the CEO to redraft the paper ‘for consideration by Entity Executives’ and by extension the Steering Group in Quebec; and thereafter ‘to develop a project board with timelines based upon the 2014 mid-year meeting’.

Report:

The CCSG has already decided that a substantial portion of the Collaboration’s financial reserves should be invested in initiatives that will help improve the organisation’s performance, sustainability and overall ability to meet its mission and strategic goals. The first issue to be decided is: how much of its financial reserves should be set-aside for this purpose?

Size of the Collaboration’s remaining reserves

The size of a UK Charity’s financial reserves is a matter to be decided by its trustees. The UK Charity Commission advises: ‘There is no single level or even a range of reserves that is right for all charities. Any target set by trustees for the level of reserves to be held should reflect the particular circumstances of

the individual charity. To do this, trustees need to know why the charity should hold reserves and, having identified those needs, the trustees should consider how much should be held to meet them.' The Commission goes on to say that a charity's target level of reserves can be expressed as a target figure or a target range and should be informed by:

- its forecasts for levels of income for the current and future years, taking into account the reliability of each source of income and the prospects for developing new income sources;
- its forecasts for expenditure for the current and future years on the basis of planned activity;
- its analysis of any future needs, opportunities, commitments or risks, where future income alone is unlikely to be able to meet anticipated costs; and
- its assessment, on the best evidence reasonably available, of the likelihood of each of those needs that justify having reserves arising and the potential consequences for the charity of not being able to meet them.

The financial projections made by the Central Executive for 2013-14 and 2014-15 are that the Collaboration will continue to earn an operational surplus or will break even on income and expenditure. For the next couple of years the Collaboration is therefore unlikely to need to use reserves to supplement deficits generated by recurrent expenditure. However, in late 2015 and the following years the Collaboration's central income from licenses earned by subscribers to *The Cochrane Library* may well fall, due to the organisation's commitment to making part or all of the *Library* open access. The precise impact on Collaboration income of its open access ambitions are unknown, as are the success of the returns to be generated by new derivative products and services it has already developed and will establish in the coming years.

There is no automatic formula, therefore, to guide trustees on how much to leave in its reserves. It depends on their assessments of its future performance and the level of acceptable risk they are willing to carry. The current policy of the Collaboration is 'to have a contingency plan for maintaining the Collaboration's basic functions for twelve months in the event of the loss of core income from publishing'. As the Collaboration has grown, the cost of moving to these 'basic functions' has risen. The trustees need to take a view, given the uncertain climate beyond 2015, but I would recommend that the Collaboration would not need more than £2 million (£2.5 million as a maximum) either to move to 'basic functions' or to support a process of gradual retrenchment in the event of even a sudden collapse in central income. The current and future annual budgets are in the region of £3.8 million and leaving £2 million – £2.5 million in reserves would be more than adequate for a transformation into a lower-cost structure and the investment of resources in new income-generating initiatives.

If a figure of £2 million to £2.5 million was left in reserves (though invested more imaginatively and professionally) then that would leave roughly £3 million to £3.5 million available for strategic investment; and possibly more if operational surpluses over the next two financial years materialized. How should it be spent?

Cochrane Innovations

In order to achieve long-term sustainability given the medium-term requirements of Open Access highlighted above, Cochrane will need to forge an effective mix of long-term infrastructural investment from existing and new institutional donors and supporters; much higher levels of specific project funding; increased support from trusts and foundations, individual donations and bequests; and the successful commercialization of new products and services linked to our core activities.

The Collaboration has already established a vehicle for the last of these: Cochrane Innovations. So far it has invested £300,000 in the new company; but progress has been slow and capacity within Innovations needs to be boosted in order that new derivative products and services - drawing on the wider Collaboration's strengths, knowledge and skills - can be developed, tested, brought to market and then sold much faster. I would recommend that a significant portion of the strategic investments be set aside over the next three years to transform Cochrane Innovations both in its capital base and internal professional capacity in order to be able to deliver the kind of returns to the Collaboration that we will

need in future. We have relied on the good graces and willing involvement of Cochrane Innovations Directors since the Company's establishment and whilst we will continue to need their expertise, guidance and advice, a restructuring and redevelopment of Innovations' management and business processes under a new Chief Executive Officer is required.

With such a structure and capacity in place, I hope the Collaboration could be confident to invest up to £1 million of the strategic reserve specifically for the Collaboration's commercial trading arm. This could be made available in tranches, and Innovations would have to deliver against income targets.

If approved, this would leave between £2 million and £2.5 million for strategic investments in Cochrane's core work. These funds could be released and invested in separate tranches with decisions on the appropriate investments made by the Steering Group over the next two to three years.

What criteria should we apply to evaluate and choose these investments?

Selection of 'game changer' investments

Fundamentally, any 'game changer' investment of strategic reserve funding must clearly support one or more of the four goals and supporting objectives contained in the Collaboration's new *Strategy to 2020*. The *Strategy* provides a framework within which we can identify many potential areas of investment.

In addition, the CCSG agreed in June that: 'Proposals for game changers should demonstrate potential to improve the overall functioning and/or sustainability of the Collaboration and/or author or user experience of our work' and that ideally they should be:

1. *One-off* – preferably not to fund projects that have an ongoing requirement for funding unless the project could demonstrate significant opportunity for generating sustained alternative funding.
2. *Large-scale* – In which a potentially moderate-large resource could be allocated to projects in order to maximise impact and minimize administrative support costs.
3. *Have the potential to attract additional or leveraged funding from other sources.*
4. *Provide the Collaboration with infrastructure and/or activity enhancement* – to ensure the reserves are used strategically to give the Collaboration an expanded capacity and/or ability to fulfil our vision and mission.

The CCSG was unsure about how innovative the strategic investments should be. Whilst recognising that the reserves were not to be used simply to support increased recurrent expenditures but should be transformative, it also accepted that strategic reserves funding could support a major level of investment (to generate considerable change) in an area in which we are already spending some resources.

Initial 'Game Changer' Suggestions

Those listed below are only suggestions that have been made to illustrate the kinds of investments that could be made:

GOAL 1: PRODUCING EVIDENCE

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

Ø Automated approaches to conducting or updating Cochrane reviews

The current approach to conducting new or updated reviews is very time and resource intensive. Recently there have been many methods developed to automate this approach, which are in development phase.

Ø Possible structural change

We are now considering whether the current structure of our review groups is fit for purpose. This review is due to conclude in 2014 and any changes may require funding.

Ø *Training*

The Collaboration is a knowledge organization with a complex product and developed by a diverse range of people, and this challenge will only increase in magnitude. Some progress has been made but our capacity to impact globally will be determined by our capacity to engage participants globally.

Ø *Acquiring organizations that have tools, expertise or other resources that would help to make our products stronger or production more efficient*

Cochrane intends to increase its commitment to mutually beneficial partnerships. But in the area of producing evidence (as in the other Goals) there may be other enterprises that we should acquire in order to capture and integrate their tools, expertise or other resources in order to make the Collaboration stronger.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Ø *Translations*

To be an organization with a global impact we require a mechanism to support large-scale translations of our reviews and product. The new Translation Strategy and forthcoming Business Plan will require a significant investment by the Collaboration to make a step change in the quantity of its content accessible in languages other than English.

Ø *Global Evidence Synthesis Initiative*

Cochrane has already pledged £300,000 to help to increase the capacity to produce systematic reviews in low and middle-income countries and promote the development and use of evidence on issues of critical importance to health and healthcare decision-makers in the developing world. We are now leading a new coalition of organisations committed to building evidence synthesis in L&MICs that plans to lever much greater funding from other sources in order to maximise our collective impact.

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 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation 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.

Ø *New groups to enhance global impact*

The vision of the Collaboration is for us to achieve global impact in health and healthcare decision making; but to achieve that we need to develop much more of a global presence, with substantial ‘gaps’ in Africa, the Middle East and Eastern Europe.

Ø *Leadership development*

The Collaboration is now 20 years old and leadership renewal is required. There is currently no effective method whereby potential leaders in the Collaboration are identified, mentored and trained.

There may be many other large-scale projects worthy of funding, and during the process of consultation want to make explicit that there is room for additional projects to be considered.

Proposed process and structure of decision-making

The Steering Group’s consideration of this issue has already been communicated to the Collaboration through the open access of the Co-Chairs’ paper and the Minutes of the CCSG meeting on 11th June which discussed it. However, an active process of engagement and interaction with contributors needs to begin now that the *Strategy to 2020* is set to be approved.

The Entity Executives will be asked to consider this paper, share it with their contributors and encourage other suggestions than those already proposed. We would also communicate separately and directly to contributors after the Quebec Colloquium asking for suggestions. There could be no ‘deadline’ as such for future suggestions as funding would still be available for future decisions by the Steering Group. However, either the end of October or November could be the first closure date after which those suggestions received would be initially assessed.

I would propose that a Project Board be established, led by a member of the Steering Group, supported by me, with no more than six or seven others. They should be drawn preferably from the Entity Executives and the *Strategy 2020* Consultation group, but the nomination of others would also be possible. I would also like to propose that one member comes from outside the Collaboration to provide an external, challenging perspective. This individual could be from a funding body, partner or other organisation, or a consultant who knows Cochrane’s work well.

This group would evaluate the initial suggestions, then ask relevant groups supported by Central Executive staff to prepare detailed proposals (project plans) over a couple of months that would then be fully assessed by the Project Board. Small sums of money may be available to help develop the proposals if the Project Board thinks this is likely to make the difference in producing a sufficiently rigorous and viable proposal. The Board would be free to recommend all, some or none of the proposals it receives to the Steering Group on the basis of the analysis and due diligence it conducted. It could also ask the proposing group to re-work or re-submit an altered bid in the future. However, final decisions on the strategic investments to be made would rest with the Steering Group.

The tranche approach could mean that between £800,000 and £1 million is available for each of the next two or three years. The amount available would differ depending upon whether there were enough high-quality proposals and funds were rolled over. The Project Board could also recommend bids in excess of the annual amount with the Steering Group to decide whether this would be approved. Greater flexibility may be introduced by allowing two selection gates through the year (as proposed for the Discretionary Fund).

The idea is to forge ‘champions’ at the project level willing and able to put together a compelling case for their proposal; a tough-minded Project Board looking very hard at the proposal’s rigour of design and proposed implementation, its chances of success, and likely impact on the organisation and its work; with final decision-making resting with the Steering Group, bringing the wider organisational and strategic perspective to the recommended proposals.

A possible time line would be:

<i>End of October 2013:</i>	First deadline for suggestions for use of the strategic financial reserve.
<i>End of October:</i>	Formation of the Project Board
<i>Middle of November:</i>	Selection by the Project Board of suggestions to be developed for submission of proposals
<i>End of January 2014:</i>	Submission of proposals by project ‘champions’
<i>Middle of March:</i>	Decision on proposals by the Project Board, including recommendations to the Steering Group
<i>Panama Mid-Year meeting:</i>	Decision on the recommendations from the Steering Group (30 th March – 5 th April)

If two decision gates are desired per calendar year, to give the process greater fluidity, then the next round would be as follows:

<i>Middle of April 2014:</i>	First deadline for suggestions for use of the strategic financial reserve.
<i>End of April:</i>	Selection by the Project Board of suggestions to be developed for submission of proposals
<i>End of June:</i>	Submission of proposals by project ‘champions’

Early September 2014: Decision on proposals by the Project Board, including recommendations to the Steering Group
Hyderabad Colloquium: Decision on the recommendations from the Steering Group (21st-29th September)

Recommendations: This paper proposes:

- The size of the Collaboration's remaining financial reserves; and therefore the amount of funding available for strategic 'game changing' investments;
- Significant additional capital investment in Cochrane Innovations;
- A reiteration of the criteria for 'game changer' investments based on the priorities of *Strategy 2020*;
- A process and structure of decision-making with timelines for the first year of operation.

These recommendations have not been discussed with anyone else – including the Co-Chairs – in great detail. They are therefore offered as what I hope are useful suggestions to lead and guide CCSG decision-making in Quebec.

Resource implications:

- £1 million made available for Cochrane Innovations.
- An additional £2m-£2.5m budget for other strategic investments, with the expectation that individual projects would require substantial resources expended over one to three years depending upon the project.

Decision required of the Steering Group: To consider the recommendations made and decide on the major issues outlined in this paper.

The Cochrane Collaboration

(A company limited by guarantee)

Report and Financial Statements

For the year ended 31 March 2013

Company Number 3044323

Charity Number 1045921

THE COCHRANE COLLABORATION

31 MARCH 2013

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OPEN ACCESS
THE COCHRANE COLLABORATION
TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013

The Trustees of The Cochrane Collaboration, who are also directors for the purpose of company law, present their report and financial statements for the year ended 31 March 2013.

Reference and Administration

Charity name: The Cochrane Collaboration

Registered and
Correspondence Address: Summertown Pavilion
18-24 Middle Way
Oxford
OX2 7LG
UK

Advisors

Auditors: Mazars LLP
Chartered Accountants and Statutory Auditors
The Pinnacle
160 Midsummer Boulevard
Milton Keynes
MK9 1FF
UK

Bankers: National Westminster Bank PLC
Oxford North Branch
249 Banbury Road
Summertown
Oxford
OX2 7HR
UK

Legal advisers: Manches LLP
Solicitors
9400 Garsington Road
Oxford Business Park
Oxford
OX4 2HN
UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)**Trustees**

The governing body of The Cochrane Collaboration is known as the Cochrane Collaboration Steering Group (CCSG). The following trustees, who are also the directors for the purposes of company law, have held office on the CCSG during the year and to the date of signing these financial statements:

Mrs S Bell-Syer
 Dr R Churchill
 Prof J Craig (Co-Chair; reappointed for second term)
 Prof J Grimshaw (Co-Chair)
 Ms GY Higgins (resigned in October 2012)
 Prof JPT Higgins
 Dr S Hill (resigned in October 2012)
 Dr S McDonald
 Ms M Nasser
 Ms ME Schaafsma
 Ms D Thomson
 Mrs E Whamond
 Ms M Zhang
 Dr M Davoli (appointed in October 2012)
 Ms M Fiander (appointed in October 2012)

Senior Staff

The senior staff of the charity during the year comprised Mr M Wilson, Chief Executive Officer, Dr D Tovey, Editor in Chief, *The Cochrane Library*, and Ms VM Hetherington, Company Secretary and Administrator.

Narrative Report**1. Structure, Governance and Management****Nature of Governing Document**

The governing documents of The Cochrane Collaboration are the Memorandum and Articles of Association, as amended on 3 October 2004.

Trustee Appointment

Trustees serve as Steering Group members for a three-year period, and may be re-elected for a second consecutive term. After a three-year break, they may be elected again when an appropriate vacancy occurs. Trustees are elected by the official members of the Collaboration (which are the individual operating units, or Cochrane 'Entities') to specific posts representative of their membership group.

Organisational Structure

In 2012-13 the Charity was organised as follows:

An elected Steering Group comprising 13 elected Trustees governed The Cochrane Collaboration on behalf of its Members.

Cochrane Entities across the world contributed to the activities of the Collaboration:

- 53 subject-based Cochrane Systematic Review Groups facilitated the preparation, by volunteer contributors, of Cochrane Systematic Reviews;
- 14 Cochrane Centres and 18 regional Branches in Europe, the Americas, Africa, Asia and Australasia provided a regional focus for the Collaboration's activities;
- 13 thematic Fields and Networks represented cross-cutting health issues and carried out knowledge translation and advocacy activity;
- 16 Methods Groups provided support in methods for research evidence synthesis.

Each Cochrane Entity had a devolved management team appropriate to its function. For Cochrane Systematic Review Groups, for instance, this normally consisted of a Co-ordinating Editor (commonly a senior healthcare professional such as a Professor or Senior Consultant with extensive knowledge of the healthcare area concerned), a Managing Editor, a Trials Search Co-ordinator, and administrative support. These teams supported 'Cochrane Systematic Review production teams', consisting of authors and editors; with input provided by statisticians, other methodologists, healthcare consumers and others.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)

The Cochrane Collaboration's Interim Chief Executive Officer, Paul Farenden (from April 2012 to 11 November 2012), then the newly appointed CEO Mark Wilson (from 12 November 2012), had overarching responsibility for the management of the Collaboration, including its Central Executive (the staff employed by the Charity or through Charity funding). This included direct management of the Operations Unit, based in Oxford, UK, which co-ordinated the business, financial and organisational functions of the organisation.

The Editor in Chief of *The Cochrane Library*, Dr David Tovey, led the Editorial Unit, based in London, UK, and was responsible for developing, implementing, and directing the editorial policies and vision of *The Cochrane Library* in relation to the vision and objectives of the Collaboration; improving the quality in the editing process and product with respect to scientific content; providing a strong and visionary lead for conceptualising and developing new products derived from Cochrane Systematic Reviews in partnership with the Chief Executive Officer; and for applying ethical and scientific standards consistent with the goals of the Collaboration.

The Cochrane Web Development Team, based in Freiburg, Germany, managed the Collaboration's online presence; and the Cochrane Information Management Systems (IMS) Team, based in Copenhagen, Denmark, was responsible for developing and maintaining RevMan, the Collaboration's systematic review management software; and Archie, the online repository for the Collaboration's documents and contact details.

Risk Management

The board of Trustees has considered the principal risks to which The Cochrane Collaboration is exposed. It uses a risk management matrix to set out and evaluate the major risks, their likely impact, and the steps taken to mitigate risk, and further action that could be taken. The key risks in 2012-13 were considered to be:

- The catastrophic loss of core publishing income, which funds the Collaboration's core activities;
- The risk of publishing a Cochrane Systematic Review containing significant errors that might affect public safety.

Contingency plans have been developed to manage these events.

Induction and Training of Trustees

The Operations Unit inducts new Trustees into their responsibilities as members of the Board by sending them an extensive collection of materials in advance of their joining the Board. These materials include such documents as the Memorandum and Articles of Association, the most recently-approved Trustees Report and Financial Statements, descriptions of the Steering Group's sub- and advisory committees (some of which they will join), an organisational chart, minutes of several previous Trustees' meetings, the Charity's interim strategic plan and key policies, and the latest risk assessment tables.

2. Objectives and Activities

Legal Objects

The legal objects of the Charity, as defined in the Memorandum and Articles of Association, are:

"The protection and preservation of public health through the preparation, maintenance and dissemination of systematic reviews of the effects of health care, for the public benefit."

Aims of the Charity

The aims of the Charity are as follows:

The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

The Cochrane Collaboration's vision is that healthcare decision-making throughout the world will be informed by high quality, timely research evidence. The Cochrane Collaboration will play a pivotal role in the production and dissemination of this evidence across all areas of health care.

Contribution of Volunteers

The Charity makes extensive use of volunteers, with more than 31,000 people from 120 countries currently contributing their time in some way. Amongst their many contributions, volunteers were involved in the following activities:

- Preparation of the Collaboration's outputs as members of 'Cochrane Systematic Review production teams';
- Developing the knowledge base and tools for facilitating preparation of the Collaboration's outputs;
- Dissemination of the Collaboration's principles and outputs through conference presentations, symposia, scientific papers, and related activities;
- Engagement of healthcare consumers in the Collaboration's activities.

It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates their contributions would cost tens of millions of pounds per year.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)

Objectives for the year

The objectives for the year 2012-13 were:

1. To ensure high quality Cochrane Systematic Reviews are available across a broad range of healthcare topics;
2. To promote access to Cochrane Systematic Reviews and the other products of The Cochrane Collaboration;
3. To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration;
4. To achieve sustainability of The Cochrane Collaboration.

Significant Activities

The Charity undertook the following major activities in the year:

- It published 678 new protocols for forthcoming Cochrane Systematic Reviews, 438 new Cochrane Systematic Reviews and 541 updated Cochrane Systematic Reviews (new citation versions) in *The Cochrane Library*;
- It renewed and re-defined its publishing partnership with John Wiley & Sons, Ltd., to publish *The Cochrane Library* from February 2013 for a further six years, to the end of 2018. Under the new publishing agreement, all Cochrane Systematic Reviews and updates published from February 2013 will become available on an open access basis 12 months after publication in the Cochrane Database of Systematic Reviews, and in PubMed Central or various country-specific PubMed databases. Additionally, authors and funders will have the option to fund individual articles, or groups of articles, to be open access immediately upon publication. Authors from many low- and middle-income countries will be eligible to have their publication fees waived. More than half the world's population already has 'one-click' access to Cochrane content through licenses or free access through the low- and middle- income countries programme;
- It appointed a new Chief Executive Officer, Mark Wilson, in November 2012. He analysed the future executive needs of the organisation and in the first quarter of 2013 the Steering Group approved plans to consolidate the individual teams of the Central Executive (Operations Unit, Editorial Unit, Web Team and IMS Team) into one integrated structure, which would also be expanded in order to support the Collaboration's governance, entities and contributors better; and help to deliver the Charity's future objectives;
- A review and analysis of the Collaboration's strategic framework was conducted in preparation for the revision of the organisation's strategic plan, to be ratified by the Collaboration's membership at the Annual General Meeting in September 2013;
- Dr David Tovey, the Editor in Chief, continued to oversee the preparation and maintenance of Cochrane Systematic Reviews and related products, and ensure their continuing high quality;
- The Collaboration held its annual conference - the 'Colloquium' - in Auckland, New Zealand, in September 2012. The Colloquium was attended by 573 delegates from 43 countries.

3. Achievements and Performance**Review of Activities in the year**

Highlights of The Cochrane Collaboration's achievements in 2012-13 include (see also *Significant Activities*, above):

To ensure high quality Cochrane Systematic Reviews are available across a broad range of healthcare topics

- Delivery of improvements as part of the *Cochrane Content Publication and Delivery Programme*, a multi-year programme led by the Editorial Unit to enhance *The Cochrane Library* user experience; content creation and quality; dissemination and impact;
- Prioritisation of updating Cochrane Systematic Reviews to ensure that they remain relevant and accurate, as highlighted by the new versus updated review figures;
- Development of implementation mechanisms for the *Methodological standards for the conduct of new Cochrane Intervention Reviews* (the MECIR programme);
- Standardisation of minimum competencies for review author teams;
- Continued funding of six projects addressing methods priorities through the Methods Innovation Fund, part of the *Cochrane Methods* initiative;
- Continued development of the information management systems that support the preparation of Cochrane Systematic Reviews.

To promote access to Cochrane Systematic Reviews and the other products of the Cochrane Collaboration

- Delivery of product and accessibility improvements as part of the *Cochrane Content Publication and Delivery Programme* (see above);
- Cochrane's *summaries.cochrane.org*, a portal aimed at consumers and patients providing plain language summaries and abstracts of Cochrane Systematic Reviews, was expanded with important new features including a built-in glossary that automatically highlights and defines technical terms; search terms which are mapped to a drug name database providing users with the generic and brand names for the drug term for which they are searching; and searching made possible in Spanish, French and German;
- Continued progress on the development and implementation of a strategy to translate and signpost non-English language content, co-ordinated by the Translations Working Group and Editorial Unit;

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)

- Continued work with the World Health Organization, with whom we are in official relations, including sending delegates to the annual World Health Assembly in Geneva and contributing to the WHO Guidelines Review Committee.

To ensure an efficient, transparent organisational structure and management system for the Cochrane Collaboration

- Continued activities aimed at supporting new contributors and sustaining the skills and commitment of current contributors through the implementation of the *Cochrane Training* initiative;
- Continued progress in improving the organisation's monitoring and management functions via the Central Executive and Entity Executives;
- Consolidation of the Steering Group and entity executives' reporting structure;
- Continuation of the work to revise the Collaboration's Colloquium Sponsorship Policy;
- Continuation of regular Steering Group teleconferences in addition to bi-annual face-to-face meetings to improve the efficiency of the Group, which sets policy for the organisation as a whole;
- Acceptance of the invitation of the Central American and Spanish Caribbean (CASP) branch of the Iberoamerican Cochrane Centre and the Panamá Cochrane Collaborative Unit to host the annual mid-year meetings in Panamá in March/April 2014;
- Acceptance of the invitation of the South Asian Cochrane Centre to host the annual Cochrane Colloquium in Hyderabad, India, in September 2014 and the 2015 Colloquium in Vienna, Austria.

To achieve the sustainability of the Cochrane Collaboration

- Continued progress towards the establishment of the *Cochrane initiative to build global capacity in systematic reviews*, a formal training and mentoring programme to support first-time authors of Cochrane Systematic Reviews, wherever they are in the world;
- Provision of additional funding for and oversight of the Charity's second trading company, *Cochrane Innovations*, which aims to provide an avenue for the marketing of new Cochrane products – and thereby diversifying the funding base - without compromising our principal obligations as a Charity;
- Continuation of preparations to celebrate the 20th anniversary of the Collaboration's existence throughout 2013.

Fundraising Performance

The Cochrane Collaboration's core income is derived principally from publication royalties from its main output, *The Cochrane Library*, published on its behalf by John Wiley & Sons, Ltd. During 2012-13 the income from this source increased, compared to 2011-12, again exceeding expectations based on global economic conditions.

4. Financial Review

Reserves Policy

The aim of the Charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims, and then to allocate these funds to projects of Collaboration-wide impact over single- or multi-year projects as required. A review of potential future project needs which will require substantial 'one-off' funding from the Charity's reserves will be conducted in 2013-14 following completion of the Collaboration's *Strategy to 2020*. Allowing for these future new investments, it is the Trustees' judgement that there are sufficient resources to allow us to achieve our strategic aims over the next few years, whilst still being able to react flexibly to and take advantage of opportunities and challenges as they arise.

It is also the policy of the Trustees to have a contingency plan for maintaining the Collaboration's basic functions for twelve months in the event of the loss of core income from publishing. The resources necessary to enact the contingency plan are reviewed on an annual basis.

Discretionary Fund

A Fund to the value of £15,000 per year was designed to facilitate small projects of general benefit to a majority of the Collaboration's Entities. Three projects received funding this year:

- A contribution towards the costs of the Cochrane Indaba in Cape Town, South Africa, in May 2013;
- Funding for face-to-face meetings of the RevMan Advisory Committee in Auckland, New Zealand, in September 2012, and London, UK, in March 2013;
- The development of a consumer-friendly management interface to complement a mobile 'app' to simplify screening as part of a systematic review.

Other designated funds are set out in the notes to these financial statements.

Funds in Deficit

There were no funds in deficit in the year.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)

Investment Policy

The Cochrane Collaboration has no investments other than deposit accounts. The Charity's current policy regarding investment is to put all surplus income into interest-bearing savings accounts. The funds for items of expenditure need to be readily available, in keeping with the ten-day notice periods on these accounts.

Principal Funding Sources*Funding model*

Core income referred to in this report comes from publishing income, as described above ('Fundraising Performance'). Core funds used to fund the Central Executive are also directed at programmes considered of key strategic importance, including *Cochrane Training* and *Cochrane Methods*.

Funding to support Cochrane Systematic Review preparation and related activities comes principally from national and trans-national government sources (typically from health and related ministries); and national and international charitable bodies. Some Entities also raise funds through conference hosting and training activities.

The Entities who contribute towards the work of the Collaboration are based within other organisations - such as universities and hospitals - which provide direct or indirect funding to support them. Entities are responsible for their own funding and for sourcing funding to support Cochrane Systematic Review preparation and related activities.

Policy on commercial sponsorship

The Collaboration maintains a clear barrier between the production of Cochrane Systematic Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews. Thus, sponsorship of a Cochrane Systematic Review by any commercial source or sources is prohibited (A 'commercial source' is any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review.). A Foundation Fund was established in 2005 to accept donations from conflicted sources. Whilst government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane Systematic Reviews carry financial consequences for them, these are not included in the definition of commercial source. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane Systematic Reviews.

Other sponsorship of The Cochrane Collaboration's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Systematic Review, or to interfere with the independence of the authors of reviews in regard to the conduct of their reviews, and the protocol for a Cochrane Systematic Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.

The Collaboration's policy surrounding commercial sponsorship of Cochrane Colloquia was revised in 2012, following a review by the Colloquium Policy Advisory Committee and approval by the Steering Group. Previously, commercial sponsorship had been allowed under limited circumstances. The revised policy prohibits any sponsorship from commercial sources (as defined above) thus bringing the policy for Colloquia in line with the Collaboration's overall policy on commercial sponsorship.

5. Future Plans

The Charity's major objectives for 2013-14 are:

- To finalise and begin implementation of the Collaboration's new strategic plan, *Cochrane Strategy to 2020*, which will provide a vision, framework and guide for all areas of its work in the next six years;
- To establish a set of one or two-year targets linked to the Goals and Objectives in this strategic plan, which will be regularly reviewed and annually revised in order to ensure adequate progress is being made in delivering them;
- To complete the development of the Central Executive (made up of the Operations Unit, Editorial Unit, Web Development Team and IMS Team) in order to support Collaboration Entities and contributors better and help deliver our strategic goals;
- To continue to produce high-quality systematic reviews; and work more closely with the Collaboration's publishing partner, John Wiley & Sons, Ltd., to ensure these reach the widest possible audience;
- To increase the speed of development of new products and services based on *The Cochrane Library* in order to diversify the organisation's funding base; and to work more closely with the Collaboration's long-time infrastructural funders and supporters.

Public Benefit Statement

This public benefit statement has been drawn up in accordance with the Charity Commission's January 2008 guidance on public benefit:

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2013 (continued)

The primary public benefit provided by The Cochrane Collaboration, therefore, relates to the advancement of health by assimilating, on behalf of the world's population, the results of primary research relating to individual treatments, and then presenting these results in a single scientific paper (a 'Cochrane Systematic Review'), formulated to be accessible to both healthcare consumer and practitioner.

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of 31,000 contributors, principally health professionals, patients and their representatives, and academics. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Collaboration's activities.

The third public benefit relates to the Collaboration's role in informing and improving the agenda for primary research by shaping it around the decisions that people are taking in health; identifying uncertainties, missing or poor evidence; and improving health research methodologies.

Statement of Trustees' responsibilities

Company law requires the trustees to prepare the financial statements for each financial year, which give a true and fair view of the state of affairs of the company and of the surplus or deficit of the company for that period. In preparing those financial statements, the trustees have:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- followed applicable accounting standards, subject to any material departures disclosed and explained in the financial statements; and
- prepared the financial statements on the 'going concern' basis.

The trustees have maintained adequate accounting records, which disclose with reasonable accuracy at any time the financial position of the company, enabling them to ensure that the financial statements comply with the Companies Act 2006. They have safeguarded the assets of the company and taken reasonable steps for the prevention and detection of fraud and other irregularities.

Statement of disclosure to auditors

(a) As far as the trustees are aware, there is no relevant audit information of which the company's auditors are unaware, and

(b) The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Auditors

The auditors, Mazars LLP, have signified their willingness to continue in office. A resolution to re-appoint them as auditors will be proposed at the forthcoming annual general meeting.

The trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and signed on behalf of the trustees by



Ms ME Schaafsma, Trustee and Treasurer

Date: August 30, 2013

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE COCHRANE COLLABORATION

We have audited the financial statements of The Cochrane Collaboration for the year ended 31 March 2013 which comprise the Statement of Financial Activities, the Consolidated Statement of Financial Activities, the Group (and Parent Charitable Company) Balance Sheets and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement set out on page 7, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2013 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Opinion on the other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report.

Stephen Brown (Senior Statutory Auditor)
for and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
The Pinnacle
160 Midsummer Boulevard
Milton Keynes
MK9 1FF
Date

THE COCHRANE COLLABORATION

STATEMENT OF FINANCIAL ACTIVITIES

For the year ended 31 March 2013

Charity only (see over for group accounts)

	Note	Restricted	Designated	Unrestricted	2013	Restated 2012
		£	£	£	£	£
INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary Income	3	8,337	10	-	8,347	37,273
Investment Income	4	468	-	3,945,126	3,945,594	2,887,689
Total Incoming Resources		8,805	10	3,945,126	3,953,941	2,924,962
RESOURCES EXPENDED						
Costs of Generating Funds	7	-	-	599,839	599,839	372,978
Charitable Activities	8	81,521	9,914	1,582,701	1,674,136	1,759,938
Governance Costs	9	-	-	223,872	223,872	192,086
Total Resources Expended		81,521	9,914	2,406,412	2,497,847	2,325,002
Net (Outgoing)/Incoming Resources Before Transfers		(72,716)	(9,904)	1,538,714	1,456,094	599,960
Fund Transfers	16,17	(2,174)	(5,202)	7,376	-	-
Net (Outgoing)/Incoming Resources		(74,890)	(15,106)	1,546,090	1,456,094	599,960
Reconciliation of funds						
Total funds brought forward at 1 April		213,273	55,098	3,849,178	4,117,549	3,517,589
TOTAL FUNDS CARRIED FORWARD AT 31 MARCH	16,17	138,383	39,992	5,395,268	5,573,643	4,117,549

The statement of financial activities includes all gains and losses recognised in the year.

The charity's incoming resources and expended resources all relate to continuing operations.

The 2012 income has been restated to better reflect the split of income in the charity in line with the current year.

The funds carried forward at 31 March 2013 of £5,573,643 differ from the consolidated funds of £5,523,038 on page 10 due to the net reserves retained in the trading subsidiaries, Collaboration Trading Company Limited and Cochrane Innovations Limited.

The notes on pages 12 to 22 form part of these accounts.

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
For the year ended 31 March 2013

	Note	Restricted	Designated	Unrestricted	Group 31 March 2013	Restated Group 31 March 2012
		£	£	£	£	£
INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary Income	3	8,337	10	-	8,347	37,273
Investment Income	4	468	-	41,789	42,257	36,071
Incoming resources from charitable activities	6	-	-	3,972,142	3,972,142	2,954,148
Total Incoming Resources		<u>8,805</u>	<u>10</u>	<u>4,013,931</u>	<u>4,022,746</u>	<u>3,027,492</u>
RESOURCES EXPENDED						
Costs of Generating Funds	7	-	-	599,839	599,839	372,978
Charitable Activities	8	81,521	9,914	1,582,701	1,674,136	1,759,938
Governance Costs	9	-	-	340,247	340,247	297,128
Total Resources Expended		<u>81,521</u>	<u>9,914</u>	<u>2,522,787</u>	<u>2,614,222</u>	<u>2,430,044</u>
Net Incoming/(Outgoing) Resources before transfers		(72,716)	(9,904)	1,491,144	1,408,524	597,448
Fund Transfers	16, 17	<u>(2,174)</u>	<u>(5,202)</u>	<u>7,376</u>	<u>-</u>	<u>-</u>
Net Incoming/(Outgoing) Resources		(74,890)	(15,106)	1,498,520	1,408,524	597,448
Fund balances brought forward at 1 April		<u>213,273</u>	<u>55,098</u>	<u>3,846,143</u>	<u>4,114,514</u>	<u>3,517,066</u>
FUND BALANCES CARRIED FORWARD AT 31 MARCH	16, 17	<u>138,383</u>	<u>39,992</u>	<u>5,344,663</u>	<u>5,523,038</u>	<u>4,114,514</u>

The statement of financial activities includes all gains and losses recognised in the year.

The group's incoming resources and expended resources all relate to continuing operations.

The 2012 income has been restated to better reflect the split of income in the charity in line with the current year.

The notes on pages 12 to 22 form part of these accounts.

BALANCE SHEETS
As at 31 March 2013

COMPANY NO. 3044323


		Cochrane Collaboration	Group	Cochrane Collaboration	Group
		31 March 2013	31 March 2013	31 March 2012	31 March 2012
	Note	£	£	£	£
FIXED ASSETS					
Fixtures, Fittings & Equipment	11	8,173	14,425	11,922	13,923
Investments	12	301,200	1,000	151,200	1,000
		309,373	15,425	163,122	14,923
CURRENT ASSETS					
Debtors	13	2,853,062	1,808,677	1,180,247	1,324,488
Cash at bank and in hand		2,758,309	5,466,392	3,029,462	3,564,035
		5,611,371	7,275,069	4,209,709	4,888,523
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR	14	(347,101)	(817,456)	(255,282)	(788,932)
NET CURRENT ASSETS		5,264,270	6,457,613	3,954,427	4,099,591
TOTAL ASSETS LESS CURRENT LIABILITIES		5,573,643	6,473,038	4,117,549	4,114,514
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	15	-	(950,000)	-	-
NET ASSETS		5,573,643	5,523,038	4,117,549	4,114,514
INCOME FUNDS					
Restricted funds	16	138,383	138,383	213,273	213,273
Unrestricted funds:					
Designated	17	39,992	39,992	55,098	55,098
Other unrestricted		5,395,268	5,344,663	3,849,178	3,846,143
	18	5,573,643	5,523,038	4,117,549	4,114,514

The notes on pages 12 to 22 form part of these accounts.

These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and authorised for issue by the trustees on

2013 and signed on their behalf by


Ms M E Schaafsma
 Trustee and Treasurer

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

1. ACCOUNTING POLICIES

The financial statements have been prepared in accordance with applicable accounting standards and the Statement of Recommended Practice "Accounting for Charities" issued by the Charity Commission in 2005 with the approval of the Accounting Standards Board.

The charity's main accounting policies are as follows:

a) Accounting Convention

The financial statements are prepared under the historical cost convention (i.e. balances are recorded at the original cost and are not subsequently revalued).

b) Incoming Resources

Donations, legacies and gifts income is recognised on a receipts basis (i.e. when it is virtually certain that the income will be received) under Gift Aid from the subsidiary undertakings, Collaboration Trading Company Limited and Cochrane Innovations Limited, and is recognised on a receivable basis (i.e. when the income is earned).

Group incoming resources include royalties from the subscriptions to and sales of The Cochrane Library to Collaboration Trading Company Limited, which are recognised on a receivable basis (i.e. when the income is earned). In the consolidated Statement of Financial Activities (SOFA) this income has been included in incoming resources from charitable activities.

A sign on fee in relation to a new agreement signed in the year has been included in deferred income. The income will be recognised on a straight line basis over the life of the agreement.

Investment income, representing amounts received from subsidiary and bank interest earned, is recognised on a receivable basis (i.e. when the income is earned).

c) Resources Expended

Expenditure shown in the accounts includes accruals for goods and services rendered up to the financial period end.

Expended resources are classified between the relevant activity categories of resources expended as relevant to the nature of the expenditure incurred. All expenditure is considered to be directly chargeable to the relevant activity category apart from salary costs for COU staff which are apportioned evenly across activity categories.

d) Fixed Assets

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the costs less estimated residual value of each asset over its expected useful life as follows:

Plant and machinery	33% Straight Line Method
Fixtures, fittings and equipment	25% Straight Line Method

Fixed assets with an initial cost of under £100 are not capitalised.

e) Investments

Investments in subsidiary undertakings are included at cost.

Other investments are included at cost or deemed cost due to the non availability of reliable market values.

f) Basis of Consolidation

The income and expenditure and assets and liabilities of Collaboration Trading Company Limited and Cochrane Innovations Limited are consolidated within the results of The Cochrane Collaboration. All amounts in respect of group balances and transactions have been eliminated in arriving at the group figures.

Amounts disclosed in the accounts under the Trading Companies columns in the Notes to the Accounts are for information purposes only.

g) Funds Structure

The charity holds a number of funds which have been restricted for specific purposes by the donors. These are classified under "restricted funds". The charity holds funds which have been internally designed for specific purposes. These are classified under "designated funds".

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

h) Unrestricted Funds

Unrestricted funds represent revenue grants and donations and interest receivable etc, which can be applied to the objectives of the charity. Transfers out of unrestricted funds represent new designations made in the period and are detailed in note 16.

i) Grant Expenditure

Grants payable are recognised in the year in which the offer is accepted by the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued expenditure.

j) Foreign Exchange

Transactions denominated in foreign currencies are translated into sterling on the exchange rate ruling on the date of transaction.

k) Operating Leases

Rentals payable under operating leases are charged on a straight line basis over the term of the lease.

l) Financial Commitments

Approved grants are recognised as liabilities once approved by the trustees and communicated to the beneficiary.

m) Liabilities

When an obligation exists that will probably lead to expended resources after the year end, a liability is recognised.

n) Governance Costs

Expended resources are recognised as governance costs where they relate to the oversight of the charity.

2. SURPLUS FOR THE FINANCIAL YEAR

	Cochrane Collaboration 2013 £	Collaboration Trading Co. 2013 £	Cochrane Innovations 2013 £	Group 2013 £	Group 2012 £
The surplus is after charging:					
Auditors' remuneration - audit services	2,500	1,500	1,500	5,500	5,000
- non - audit	500	1,500	750	2,750	-

3. VOLUNTARY INCOME

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2013 £	Collaboration Trading Co. 2013 £	Cochrane Innovations 2013 £	Group 2013 £	Restated Group 2012 £
Donations	8,337	10	-	8,347	-	-	8,347	37,273
	8,337	10	-	8,347	-	-	8,347	37,273

The 2012 income has been restated to better reflect the split of income in the charity in line with the current year.

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

4. INVESTMENT INCOME

	Restricted	Designated	Unrestricted	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013	Group 2012
	2013 £	2013 £	2013 £	2013 £	2013 £	2013 £	2013 £	2012 £
Bank interest	468	-	28,953	29,421	12,762	74	42,257	36,071
	468	-	28,953	29,421	12,762	74	42,257	36,071

Investment income in the Charity SOFA of £3,945,594 (2011-12: £2,887,689) also includes monies receivable from Collaboration Trading Company Limited for donations made under Gift Aid.

5. TAXATION

The Cochrane Collaboration is a registered charity, and is therefore not liable to pay corporation tax on its charitable activities. The Collaboration Trading Company and Cochrane Innovations are not charities and are therefore subject to corporation tax on their activities. However, the net profit chargeable to corporation tax on their trading activities are considered as donations on an annual basis. On this basis, no provision has been made for corporation tax.

6. INCOMING RESOURCES FROM CHARITABLE ACTIVITIES

	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013	Group 2012
	£	£	£	£	£
Unrestricted Funds					
Royalties from subscriptions to and sales of The Cochrane Library and other income	-	3,908,306	-	3,908,306	2,878,398
Other income	-	-	63,836	63,836	75,750
	-	3,908,306	63,836	3,972,142	2,954,148

Donations made from Collaboration Trading Company Limited and Cochrane Innovations Limited to The Cochrane Collaboration under Gift Aid are included in the charity's income as Investment Income and are shown in note 4.

7. COSTS OF GENERATING FUNDS

	Restricted	Designated	Un- restricted	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013	Group 2012
	£	£	£	£	£	£	£	£
Meeting expenses	-	-	195,035	195,035	-	-	195,035	34,688
Staff salaries (see note 10)	-	-	110,531	110,531	-	-	110,531	101,602
Editorial costs	-	-	294,273	294,273	-	-	294,273	236,708
	-	-	599,839	599,839	-	-	599,839	372,978

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 March 2013

8. COSTS OF ACTIVITIES IN FURTHERANCE OF CHARITABLE OBJECTIVES

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2013 TOTAL £	Collaboration Trading Co. 2013 Unrestricted £	Cochrane Innovations 2013 Unrestricted £	Group 2013 £	Group 2012 £
Awards, Scholarships & Prizes								
Anne Anderson Award	1,875	-	-	1,875	-	-	1,875	-
Thomas C Chalmers Award	631	-	-	631	-	-	631	637
Aubrey Sheiham Scholarship	5,686	-	-	5,686	-	-	5,686	6,269
Chris Silagy Prize	-	-	3,180	3,180	-	-	3,180	1,087
Bill Silverman Prize	622	-	-	622	-	-	622	643
Kenneth Warren Prize	3,825	-	-	3,825	-	-	3,825	2,369
Total Awards, Scholarship & Prizes	12,639	-	3,180	15,819	-	-	15,819	11,005
Vitamin A Project								
HTA Influenza Project	-	-	-	-	-	-	-	9,974
NHS Updating Project	3,274	-	-	3,274	-	-	3,274	-
Evidence Aid	-	-	-	-	-	-	-	36,167
Direct/Running costs	65,608	-	-	65,608	-	-	65,608	24,506
Designated grants	-	9,914	70,647	70,647	-	-	70,647	52,526
Grants	-	-	61,200	71,114	-	-	71,114	107,657
IMS Support team	-	-	187,176	187,176	-	-	187,176	323,525
IMS development	-	-	31,525	31,525	-	-	31,525	96,147
Legal Fees	-	-	320,085	320,085	-	-	320,085	330,548
Meeting expenses	-	-	26,289	26,289	-	-	26,289	26,649
Staff salaries (see note 10)	-	-	41,123	41,123	-	-	41,123	9,551
Website development	-	-	563,799	563,799	-	-	563,799	584,918
	-	-	277,677	277,677	-	-	277,677	146,765
	81,521	9,914	1,582,701	1,674,136	-	-	1,674,136	1,759,938

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

8. COSTS OF ACTIVITIES IN FURTHERANCE OF CHARITABLE OBJECTIVES (continued)

Items of negative expenditure, shown in parentheses, represent projects committed and provided in prior years where the actual costs were lower than originally provided. Overprovided amounts have been released to the Statement of Financial Activities in the year

Grants were made to the following projects:

	£
EUnetHTA	5,472
Cochrane Register of Studies	73,530
Cochrane Advocacy Initiative	263
Cochrane Global Initiative	(14,943)
Cochrane Marketing Initiative	28,695
Colloquium Manager development	7,554
Consumer Co-ordinator	7,221
Translation Working Group	144
Translation Strategy	354
Anniversary Celebrations	36,982
WHO Official Relations (Partner)	1,513
FPAP Budget	48,491
ECRAN	(8,100)
	<u>187,176</u>

9. GOVERNANCE COSTS

	Cochrane Collaboration 2013 £	Cochrane Collaboration Trading Co. 2013 £	Cochrane Innovations 2013 £	Group 2013 £	Group 2012 £
Advisory group costs	-	-	-	-	2,264
Audit and accountancy	3,000	3,000	2,250	8,250	25,505
Bank interest and charges	2,191	-	179	2,370	2,169
Insurance	240	197	390	827	6,533
Legal and professional	-	14,791	5,371	20,162	1,076
Meeting expenses	105,289	-	-	105,289	77,156
Printing, postage and stationery	-	9,081	206	9,287	5,975
Running costs	2,621	59,102	7,726	69,449	53,149
Staff salaries (see note 10)	110,531	-	14,082	124,613	121,914
Telephone	-	-	-	-	1,387
	<u>223,872</u>	<u>86,171</u>	<u>30,204</u>	<u>340,247</u>	<u>297,128</u>

All governance expenditure is from unrestricted funds.

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

10. TOTAL STAFF COSTS

	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013	Group 2012
	£	£	£	£	£
Wages and salaries	690,204	-	14,082	704,286	714,915
Social security costs	57,153	-	-	57,153	63,845
Pension costs	37,503	-	-	37,503	29,674
	<u>784,860</u>	<u>-</u>	<u>14,082</u>	<u>798,942</u>	<u>808,434</u>

Staff Costs have been apportioned between the headings in the Statement of Financial Activities in accordance with the accounting policy, as follows:

	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013
	£	£	£	£
Costs of Generating Funds	110,531	-	-	110,531
Costs in Furtherance of the Charity's Objects	563,799	-	-	563,799
Governance Costs	110,531	-	14,082	124,613
	<u>784,861</u>	<u>-</u>	<u>14,082</u>	<u>798,943</u>

	Cochrane Collaboration 2013	Collaboration Trading Co. 2013	Cochrane Innovations 2013	Group 2013	Group 2012
The average number of employees analysed by function was:					
Management	3	-	-	3	6
Finance	2	-	-	2	4
Administration	8	-	1	9	5
	<u>13</u>	<u>-</u>	<u>1</u>	<u>14</u>	<u>15</u>

3 employees received emoluments in excess of £60,000 during the year (2011 - 2012: 3).

Trustees' remuneration and expenses

The Trustees received no remuneration during the year, apart from reimbursement of direct expenses for attendance at Trustees' meetings in furtherance of their duties of £94,416 (2011 -2012: £57,415).

Professional indemnity insurance was purchased in the year for £5,413 (2011 - 2012: £5,915).

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2013

11. FIXED ASSETS

	Collaboration			Group		
	Fixtures & Fittings	Computer Equipment	Total	Fixtures & Fittings	Computer Equipment	Total
	£	£	£	£	£	£
Cost						
As at 1 April 2012	9,855	13,541	23,396	22,170	31,899	54,069
Additions	89	2,048	2,137	246	8,963	9,209
Disposals	-	-	-	(7,020)	(5,823)	(12,843)
As at 31 March 2013	9,944	15,589	25,533	15,396	35,039	50,435
Depreciation						
As at 1 April 2012	5,056	6,418	11,474	16,771	23,375	40,146
Charge for the year	2,348	3,538	5,886	2,622	6,085	8,707
Disposals	-	-	-	(7,020)	(5,823)	(12,843)
As at 31 March 2013	7,404	9,956	17,360	12,373	23,637	36,010
Net Book Value						
As at 31 March 2013	2,540	5,633	8,173	3,023	11,402	14,425
As at 31 March 2012	4,799	7,123	11,922	5,399	8,524	13,923

12. FIXED ASSETS INVESTMENTS

	Cochrane Collaboration 2013	Group 2013	Cochrane Collaboration 2012	Group 2012
	£	£	£	£
Investment in Collaboration Trading Company Limited	100	-	100	-
Investment in Cochrane Innovations Limited	300,100	-	150,100	-
Other investments	1,000	1,000	1,000	1,000
	301,200	1,000	151,200	1,000

The investments represent a 100% shareholding in Collaboration Trading Company Limited and a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales). All figures have been included in the consolidation.

Other investments represent the value of the oil painting of the Cochrane logo gifted by Sir Iain Chalmers.

THE COCHRANE COLLABORATION

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 March 2013

13. DEBTORS

	Cochrane Collaboration 2013	Group 2013	Cochrane Collaboration 2012	Group 2012
	£	£	£	£
DEBTORS DUE WITHIN ONE YEAR				
Prepayments and accrued income	19,956	1,403,908	483,833	1,287,546
Amount due from subsidiary	2,828,716	-	672,464	-
Other debtors	4,390	4,390	1,506	1,506
Trade debtors	-	379	22,444	35,436
DEBTORS DUE AFTER MORE THAN ONE YEAR				
Trade debtors	-	400,000	-	-
	2,853,062	1,808,677	1,180,247	1,324,488

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Cochrane Collaboration 2013	Group 2013	Cochrane Collaboration 2012	Group 2012
	£	£	£	£
Trade creditors	137,082	150,507	95,743	99,777
Social security and other taxation	24,710	24,710	17,732	17,733
VAT creditors	-	349,113	-	134,387
Other creditors	23,557	23,557	-	-
Accruals and deferred income	161,752	269,569	141,807	537,035
	347,101	817,456	255,282	788,932

15. CREDITORS: AMOUNTS FALLING DUE AFTER ONE YEAR

	Cochrane Collaboration 2013	Group 2013	Cochrane Collaboration 2012	Group 2012
	£	£	£	£
Accruals and deferred income	-	950,000	-	-
	-	950,000	-	-

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 March 2013

16. RESTRICTED FUNDS

	Balance as at 1 April 2012	Incoming resources	Expenditure	Transfer between funds	Balance as at 31 March 2013
	£	£	£	£	£
Kenneth Warren Prize	15,189	-	(3,825)	-	11,364
Bill Silverman Prize	2,501	-	(622)	-	1,879
Thomas C Chalmers Award	3,147	-	(631)	-	2,516
Aubrey Sheiham Scholarship	51,341	468	(5,686)	-	46,123
Vitamin A Project	5,448	-	-	(5,448)	-
HTA Influenza Project	-	-	(3,274)	3,274	-
Evidence Aid	128,867	6,964	(65,608)	-	70,223
Anne Anderson Award	6,780	1,373	(1,875)	-	6,278
Charity and Group	213,273	8,805	(81,521)	(2,174)	138,383

The Kenneth Warren Prize was formed to fund the annual prize of the same name.

The Bill Silverman Prize was formed to fund the annual prize of the same name.

The Thomas C Chalmers Award was formed to fund the annual prize of the same name.

The Aubrey Sheiham Scholarship Fund is to provide one three-month scholarship each year, in order that individuals from developing countries can learn to prepare systematic reviews.

WHO Vitamin A project – A commission from the World Health Organization to update a number of Cochrane Reviews on Vitamin A Supplementation in specific population groups. This project has since finished and all remaining funds have been donated to the CEU as support for their on-going work. Therefore, a transfer has been made to unrestricted funds.

HTA Influenza project – A grant awarded by the NIHR as part of the HTA programme to support a review team evaluating the effects of neuraminidase inhibitors in influenza.

Evidence Aid – An initiative to improve access to information for people and organisations facing health and healthcare challenges arising in natural disasters and other large-scale health emergencies and crises.

The Anne Anderson Prize was formed to fund the annual prize of the same name.

The bracketed figures represent expenditure which is deducted from the fund balances.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 March 2013

17. DESIGNATED FUNDS

	Balance as at 1 April 2012 £	Transfers and new designations £	Incoming Resources £	Expenditure £	Balance as at 31 March 2013 £
Discretionary Fund	15,000	9,914	-	(9,914)	15,000
Prioritisation Fund	13,184	-	-	-	13,184
Opportunities Fund	15,106	(15,116)	10	-	-
Colloquium Fund	11,808	-	-	-	11,808
	55,098	(5,202)	10	(9,914)	39,992

The charity designates to the Discretionary Fund a maximum of £15,000 of its unrestricted funds annually in support of those Cochrane entities which require funding for their activities which are in line with the charity's mission. Each successful application is restricted to £5,000 (exclusive of any administration charges).

A transfer has been made from the unrestricted reserves to increase the balance back up to £15,000 at the year end following expenditure of £9,914 from the fund in the year.

Agreed payments for the projects funded by the fourth and final round of the Collaboration's Opportunities Fund began in the year 2010-11, with all invoices for older projects settled as final reports were received. The Steering Group had agreed at its meeting in Auckland, New Zealand, in March 2010, to discontinue the Opportunities Fund on completion of the fourth round, considering that it was not contributing sufficiently to achieving the Collaboration's strategic goals. Instead, core funds will be directed at programmes considered of key strategic importance, including *Cochrane Training* and *Cochrane Methods*. These initiatives will include budgets allocated by application to groups conducting research, development, training and advocacy projects in relevant subject areas.

The Colloquium Fund has been established for activities associated with the preparation, administration, oversight, management and reporting related to the organisation of Cochrane Colloquia.

18. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS

Charity	Restricted £	Unrestricted £	Total £
Fixed assets	-	309,373	309,373
Current assets	138,383	5,472,988	5,611,371
Current liabilities	-	(347,101)	(347,101)
	138,383	5,435,260	5,573,643

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 March 2013

Group	Restricted £	Unrestricted £	Total £
Fixed assets	-	15,425	15,425
Current assets	138,383	7,136,686	7,275,069
Current liabilities	-	(817,456)	(817,456)
Non current liabilities	-	(950,000)	(950,000)
	<u>138,383</u>	<u>5,384,655</u>	<u>5,523,038</u>

19. FINANCIAL COMMITMENTS

Operating lease commitments

At 31 March 2013 the charitable company had annual commitments in respect of premises rental as follows:

	Charity and Group		Charity and Group	
	2013 Land and buildings £	2013 Other £	2012 Land and buildings £	2012 Other £
In one year or less	34,040	-	-	-
Over one and less than two	-	-	-	1,485
Over two and less than five	-	1,485	31,203	-
Over five years	21,650	-	21,650	-
	<u>55,690</u>	<u>1,485</u>	<u>52,853</u>	<u>1,485</u>

Pension Commitments

The charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £37,503 (2011 - 2012: £29,674). Contributions totalling £8,660 (2011 - 2012: £498) were payable to the fund at the balance sheet date and are included in creditors.

20. RELATED PARTY TRANSACTIONS

The charitable company has taken advantage of the exemption in Financial Reporting Standard Number 8 from the requirements to disclose transactions with group companies in consolidated financial statements.

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**Proposers and seconders of motions at the
Annual General Meetings (AGMs) in Québec, Canada,
on Saturday 21 September 2013
(3.30-5.00 p.m.)**

Steering Group members who will propose or second each of the following motions during the Annual General Meetings (AGMs):

AGM agenda item	Proposed by	Seconded by
2. Approval of minutes of previous AGM (Auckland).		
3. Amendments to The Cochrane Collaboration's Memorandum and Articles of Association.		
4. Charity Trustees' Report and Financial Statements to 31 March 2013.	Mary Ellen, Treasurer	
5. Steering Group membership changes.		
6. Adoption of the Cochrane Strategy to 2020.		
7. Collaboration Trading Company Report and Financial Statements to 31 March 2013.		
7.1 Directors' resignations and re/appointments.		
8. Re-appointment of auditors, Mazars LLP		

Changes to the Memorandum & Articles of Association of The Cochrane Collaboration

Prepared by: Mark Wilson

Date: 11th September 2013

Purpose: To provide the Steering Group (CCSG) with the information required to allow it to consider and, if appropriate, approve changes in the Articles of Association of Cochrane Innovations

Urgency: High

Access: Open

Background & Report:

The background to these proposed changes to The Cochrane Collaboration's Memorandum & Articles of Association (M&As) are well known to the Steering Group and the wider Collaboration after extensive consultation and papers widely communicated from February 2013, when the Steering Group first discussed its desire to reimburse future Co-Chairs of the Collaboration.

In early September the UK's Charity Commission gave its permission in principle for the Collaboration to amend its M&As to permit this, recognising the very particular scientific expertise and leadership required from and provided by the Collaboration's Co-Chairs. It did request that any payments to Co-Chairs be subject to close scrutiny on an ongoing basis by the Steering Group and Collaboration members; and not disproportionate to the salaries paid by Co-Chairs' employers.

These proposed amendments to the M&A to allow the Collaboration to make such payments in future are attached to this paper. In addition, a revision document shows the changes to be made to the M&As held by the UK Charity Commission. In relation to payments of Co-Chairs, the relevant changes are in clauses 3.1 (particularly 3.1.1), 48 and 49.

The draft includes the key principles in relation to payments to Co-Chairs but leaves some of the detail about how this would be implemented to the Steering Group. In particular:

- It provides for Co-Chairs (or prospective ones) to withdraw from the relevant discussions (Article 3.1.1(b)).
- It provides for the Steering Group or members of the Charity to set a specific annual limit on remuneration (Article 3.1.1(c));
- It provides for a limit of the amount which is reasonable for the payment for the services or, if the Co-Chair is employed, the amount of salary he or she loses from their employer as a result, if that is lower (3.1.1(d)).

It is important to note that whilst verbal permission in principle has been given to amend the Collaboration's M&As, formal written permission has not yet been granted. This is awaited and there may still be complications in agreeing the final wording with the Charity Commission.

As we are submitting these changes to the Charity Commission for formal permission, we have taken the opportunity to update and modernise the Collaboration's M&As in the light of charity and company law changes in the UK over the last 20 years (most particularly in the 2006 Companies Act and the 2011 Charities Act). This accounts for all of the other changes proposed, including reverting

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to needing only 'Articles of Association'. None of these changes require Charity Commission approval or permission as they are in line with UK law.

The most noteworthy changes or potential changes are:

General meetings

- In Article 7 we have retained the existing notice periods for general meetings. However, it would now be open under the 2006 Companies Act for the Collaboration to reduce the notice periods for all general meetings to 14 days (rather than 21 days for AGMs and special resolutions) if we wished to do so.
- Similarly, in Article 7.1 and 7.2, the thresholds for members consenting to short notice of a meeting could be reduced to 90% (rather than unanimity for AGMs and 95% for other meetings).
- In relation to Article 32, we have extended the registration of entity representatives to meetings of the charity no earlier than 14 days prior to the meeting (from eight days previously).
- Members have the right to appoint proxies to vote at a meeting and the deadline for doing so cannot be earlier than 48 hours before the time of the meeting.

Written Resolutions/Postal Ballots

- We have deleted the provisions relating to unanimous written resolutions and postal ballots because under the Companies Act 2006 resolutions can be passed as written resolutions without needing unanimity. We just need the majority necessary for the relevant resolution (a bare majority for ordinary resolutions and 75% for special resolutions).

Other

- The old Articles required a Treasurer to be appointed. This is no longer required so becomes something the Collaboration can choose to do.

Because, under the terms of the Collaboration's existing M&As and charity law, the notice sent to members informing them of the holding of an AGM must set out the explicit changes and special resolution to be discussed and agreed 21 days ahead of any meeting of the Charity/Company, then the AGM on 21st September will not be able to vote on the formal adoption of the changes to the M&As. We still await formal Charity Commission approval for the specific changes; and these would then need to be communicated to members in another specific notice.

On 21st September, therefore, we propose to put to the members that the changes in these new Articles of Association for the Collaboration *be adopted in principle*; with the understanding that a formal binding vote by e-mail will be received from members after the appropriate notice and 21 days have elapsed.

No such requirement exists preventing the Steering Group from considering and approving the new draft Articles of Association for adoption, however.

Recommendation:

That the Steering Group accepts and endorses these changes to the Articles of Association of The Cochrane Collaboration.

Resource implications: None.

Decision required of the Steering Group:

The Steering Group of The Cochrane Collaboration agree that the draft Articles of Association for The Cochrane Collaboration Limited (the Company) in the form attached be adopted as the new Articles of Association of the Company in substitution for the existing Articles of Association.

Company No: 3044323

THE COMPANIES ACTS 1985 TO 2006

**COMPANY LIMITED BY GUARANTEE
AND NOT HAVING A SHARE CAPITAL**

ARTICLES OF ASSOCIATION

-of-

THE COCHRANE COLLABORATION

(Adopted by special resolution dated

2013)

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Draft: 1

Ref: JMW/OX-272991

THE COMPANIES ACTS 1985 TO 2006

**COMPANY LIMITED BY GUARANTEE
AND NOT HAVING A SHARE CAPITAL**

ARTICLES OF ASSOCIATION

of

THE COCHRANE COLLABORATION

(adopted by special resolution dated 2013)

1. INTERPRETATION

1.1 In these articles:

"the Charity"	means the company intended to be regulated by these articles;
"the Act"	means the Companies Act 2006 including any statutory modification or re-enactment thereof for the time being in force;
"the articles"	means these Articles of Association of the Charity;
"clear days"	in relation to the period of a notice means the period excluding the day when the notice is given or deemed to be given and the day for which it is given or on which it is to take effect;
"executed"	includes any mode of execution;
"office"	means the registered office of the Charity; "the seal" means the common seal of the Charity if it has one;
"secretary"	means the secretary of the Charity (if it has one) or any other person appointed to perform the duties of the secretary of the Charity, including a joint, assistant or deputy secretary;
"entity"	means a part of the Charity with a role and remit covering specific aspects of the Objects of the Charity which is also a member of the Charity;
"the Steering Group"	means the Board of directors and the Board of trustees of the Charity (and "Member of the Steering Group" has a corresponding meaning);
"the United Kingdom"	means Great Britain and Northern Ireland; and
"writing"	means the representation or reproduction of words, symbols or other information in a visible

form by any method or combination of methods, whether or not sent or supplied in electronic form.

- 1.2 Subject as aforesaid, words or expressions contained in these Articles shall, unless the context requires otherwise, bear the same meaning as in the Act.

2. **OBJECTS AND POWERS**

- 2.1 The Charity's objects ("**the Objects**") are the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care, for the public benefit.

- 2.2 In furtherance of the Objects but not otherwise the Charity may exercise the following powers:

- 2.2.1 to draw, make, accept, endorse, discount, execute and issue promissory notices, bills, cheques and other instruments, and to operate bank, building society or other accounts in the name of the Charity;
- 2.2.2 to raise funds and to invite and receive contributions by way of donation, sponsorship, grant, loan, subscription or otherwise: provided that in raising funds the Charity shall not undertake any permanent trading activities and shall conform to any relevant statutory regulations;
- 2.2.3 (subject to such consents as may be required by law), to borrow any moneys required for the purposes of the Charity upon such terms and such securities as may be determined;
- 2.2.4 to acquire, alter, improve, construct and repair buildings on, and (subject to such consents as may be required by law) to charge, lease, exchange, license or otherwise dispose of property;
- 2.2.5 to apply for, purchase or otherwise acquire any intellectual property rights, licences or know-how which may seem capable of being used for any of the purposes of the Charity or the acquisition of which may seem calculated directly or indirectly to benefit the Charity; and to use, exercise, develop, license or otherwise turn to account the property, rights or information so acquired;
- 2.2.6 to invest the moneys of the Charity not immediately required for its purposes in such manner as may be thought fit, and to permit any investments to be held in the name of a nominee for the Charity, and to pay any such nominee reasonable and proper remuneration for acting as such;
- 2.2.7 to employ such staff, who (subject to Article 3 below) shall not be Members of the Steering Group, as are necessary for the proper pursuit of the Objects and to make all reasonable and necessary provision for the payment of pensions and superannuation to staff and their dependents;
- 2.2.8 to pay out of the funds of the Charity the cost of any premium in respect of insurance or indemnities to cover the liability of the Steering

Group (or any individual Member of the Steering Group) which by virtue of any rule of law would otherwise attach to them in respect of any negligence, default, breach of duty or breach of trust of which they may be guilty in relation to the Charity: provided that any such insurance or indemnity shall not extend to any claim arising from criminal or wilful or deliberate neglect or default on the part of the Steering Group (or any individual Member of the Steering Group);

- 2.2.9 to establish or support directly or indirectly any charitable trusts, associations, corporations, universities or other institutions formed or operated in whole or in part for all or any of the Objects;
- 2.2.10 to co-operate with other charities, voluntary bodies, National Health Service Trusts, universities and health and other statutory authorities operating in furtherance of the Objects or similar charitable purposes and to exchange information and advice with them;
- 2.2.11 to pay out of the funds of the Charity the costs, charges and expenses of and incidental to the formation of the Charity;
- 2.2.12 to do all such other lawful things as are necessary for the achievement of the Objects or conducive or incidental to doing so.

3. RESTRICTIONS ON PAYMENTS

- 3.1 The income and property of the Charity shall be applied solely towards the promotion of the Objects and no part shall be paid or transferred, directly or indirectly, by way of dividend, bonus or otherwise by way of profit, to members of the Charity, and no Member of the Steering Group shall be appointed to any office of the Charity paid by salary or fees or receive any remuneration or other benefit in money or money's worth from the Charity: provided that nothing in this document shall prevent any payments in good faith by the Charity:

- 3.1.1 of reasonable and proper remuneration to the Chair or Co-Chair of the Charity for their services to the Charity provided that:
 - (a) no more than two Co-Chairs can be so remunerated at any time;
 - (b) a Member of the Steering Group appointed or proposed to be appointed as a Chair or Co-Chair shall withdraw from any meeting at which his or her appointment or remuneration or the remuneration arrangements for the Chair or Co-Chairs generally are under discussion;
 - (c) the maximum amount of remuneration which a Chair or Co-Chair may receive in any financial year of the Charity shall not exceed any limit for the time being in force pursuant to any resolution of the Steering Group or the Charity;
 - (d) the maximum amount of remuneration which a Chair or Co-Chair may receive, when taken together with any payment of out-of-pocket expenses under Articles 3.1.8 or 47 shall not exceed:

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- (i) the amount which could be regarded as reasonable payment for the work undertaken by him or her for the Charity; or
 - (ii) if lower, where the Chair or Co-Chair is employed by a third party, the amount of earnings lost by him or her as a result of the work undertaken by him or her for the Charity;
- 3.1.2 of the usual professional charges for business done by any Member of the Steering Group who is a solicitor, accountant, medical practitioner, research scientist or other person engaged in a profession, or by any partner of hers or his, when instructed by the Charity to act in a professional capacity on its behalf: provided that at no time shall a majority of the Members of the Steering Group benefit under this provision and that a Member of the Steering Group shall withdraw from any meeting at which his or her appointment or remuneration, or that of her or his partner, is under discussion;
- 3.1.3 of reasonable and proper remuneration for any services rendered to the Charity by any member, officer or servant of the Charity who is not a Member of the Steering Group;
- 3.1.4 of reasonable and proper premiums in respect of indemnity insurance effected in accordance with Article 2.2.8;
- 3.1.5 of interest on money lent by any member of the Charity or Member of the Steering Group at a reasonable and proper rate per annum not exceeding 2 per cent less than the published base lending rate of a clearing bank to be selected by the Steering Group;
- 3.1.6 of fees, remuneration or other benefit in money or money's worth to any company of which a Member of the Steering Group may also be a member holding not more than 1/100th part of the issued capital of that company;
- 3.1.7 of reasonable and proper rent for premises demised or let by any member of the Company or Member of the Steering Group;
- 3.1.8 to any Member of the Steering Group of reasonable out-of-pocket expenses. In the context of attendance at meetings of the Steering Group, committees of the Steering Group and general meetings of the Charity the expression "out-of-pocket expenses" may at the discretion of the Steering Group include not only travel and hotel expenses, but also payments up to a reasonable level in support of child care provision, and in the replacement of any salary which Members of the Steering Group forfeit through attendance at such meetings.

4. MEMBERS

- 4.1 The subscribers to the memorandum and such other organisations as are admitted to membership in accordance with the rules made under Article 70 shall be members of the Charity. No organisation shall be admitted a member of the Charity as a formal entity without the approval of the Steering Group.
- 4.2 Unless the Steering Group or the Charity in general meeting shall make other provision under Article 70, the Steering Group may in their absolute discretion

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permit any member of the Charity to retire, provided that after such retirement the number of members is not less than two.

GENERAL MEETINGS

5. The Charity shall hold an annual general meeting each year in addition to any other meetings in that year, and shall specify the meeting as such in the notices calling it. The annual general meeting shall be held at such times and places as the Steering Group shall appoint.
6. The Steering Group may call general meetings and, on the requisition of members of the Charity pursuant to the provisions of the Act, shall forthwith proceed to convene a general meeting for a date not later than eight weeks after receipt of the requisition. If there are not within the United Kingdom sufficient Members of the Steering Group to call a general meeting, any Member of the Steering Group or any entity of the Charity may call a general meeting.

NOTICE OF GENERAL MEETINGS

7. An annual general meeting and a general meeting called for the passing of a special resolution shall be called by at least twenty-one clear days' notice. All other general meetings shall be called by at least fourteen clear days' notice but a general meeting may be called by shorter notice if it is so agreed:
 - 7.1 in the case of an annual general meeting, by all the entities of the Charity entitled to attend and vote; and
 - 7.2 in the case of any other meeting by a majority in number of entities of the Charity having a right to attend and vote, being a majority together holding not less than 95 per cent of the total voting rights at the meeting of all the entities.

The notice shall specify the time and place of the meeting and the general nature of the business to be transacted and, in the case of an annual general meeting, shall specify the meeting as such. The notice shall be given to all entities of the Charity, to all Members of the Steering Group, and to the auditors.

8. The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any entity entitled to receive notice shall not invalidate the proceedings at that meeting.

PROCEEDINGS AT GENERAL MEETINGS

9. No business shall be transacted at any meeting unless a quorum is present. Four persons entitled to vote upon the business to be transacted, each being a duly authorised representative of, or proxy for, an entity of the Charity, or duly authorised representatives of, or proxies for, one-tenth of the total number of entities of the Charity for the time being, whichever is the greater, shall constitute a quorum.
10. If a quorum is not present within half an hour from the time appointed for the meeting, or if during a meeting a quorum ceases to be present, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Steering Group may determine.
11. The Chair, if any, of the Steering Group or in her or his absence some other Member of the Steering Group nominated by the Steering Group shall preside as Chair of the meeting, but if neither the Chair nor such other Member of the

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Steering Group (if any) be present within fifteen minutes after the time appointed for holding the meeting and willing to act, the Members of the Steering Group present shall elect one of their number to be Chair and, if there is only one Member of the Steering Group present and willing to act, he or she shall be Chair.

12. If no Member of the Steering Group is willing to act as Chair, or if no Member of the Steering Group is present within fifteen minutes after the time appointed for holding the meeting, the members of the Charity present and entitled to vote shall choose one of their number to be Chair.
13. A Member of the Steering Group shall, notwithstanding that she or he is not a representative of an entity, be entitled to attend and speak at any general meeting.
14. The Chair may, with the consent of a meeting at which a quorum is present (and shall if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business shall be transacted at an adjourned meeting other than business which might properly have been transacted at the meeting had adjournment not taken place. When a meeting is adjourned for fourteen days or more, at least seven clear days' notice shall be given specifying the time and place of the adjourned meeting and the general nature of the business to be transacted. Otherwise it shall not be necessary to give any such notice.
15. A resolution put to the vote of a meeting shall be decided on a show of hands unless before, or on the declaration of the result of, the show of hands a poll is duly demanded. Subject to the provisions of the Act, a poll may be demanded.
 - 15.1 by the Chair; or
 - 15.2 by at least two entities of the Charity having the right to vote at the meeting and present by a duly authorised representative or by proxy; or
 - 15.3 by an entity or more than one entity of the Charity present by a duly authorised representative or by proxy and representing not less than one-tenth of the total voting rights of all the entities of the Charity having the right to vote at the meeting.
16. Unless a poll is duly demanded a declaration by the Chair that a resolution has been carried or carried unanimously, or by a particular majority, or lost, or not carried by a particular majority and an entry to that effect in the minutes of the meeting shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.
17. The demand for a poll may be withdrawn, before the poll is taken, but only with the consent of the Chair. The withdrawal of a demand for a poll shall not invalidate the result of a show of hands declared before the demand for the poll was made.
18. A poll shall be taken as the Chair directs and he or she may appoint scrutineers (who need not be members of the Charity) and fix a time and place for declaring the results of the poll. The result of the poll shall be deemed to be the resolution of the meeting at which the poll is demanded.
19. In the case of an equality of votes, whether on a show of hands or on a poll, the Chair shall be entitled to a casting vote in addition to any other vote she or he may have.

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20. A poll demanded on the election of a Chair or on a question of adjournment shall be taken immediately. A poll demanded on any other question shall be taken either immediately or at such time and place as the Chair directs, not being more than thirty days after the poll is demanded. The demand for a poll shall not prevent continuance of a meeting for the transaction of any business other than the question on which the poll is demanded. If a poll is demanded before the declaration of the result of a show of hands and the demand is duly withdrawn, the meeting shall continue as if the demand had not been made.
21. No notice need be given of a poll not taken immediately if the time and place at which it is to be taken are announced at the meeting at which it is demanded. In other cases at least seven clear days' notice shall be given specifying the time and place at which the poll is to be taken.

VOTES OF MEMBERS OF THE CHARITY

22. Subject to Article 19, every entity of the Charity shall have one vote.
23. No entity of the Charity shall be entitled to vote at any general meeting unless all moneys then payable by it to the Charity have been paid.
24. No objection shall be raised to the qualification of any voter except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting shall be valid. Any objection made in due time shall be referred to the Chair, whose decision shall be final and conclusive.
25. Votes may be given on a poll or a show of hands either personally or by proxy or by a duly authorised representative of an entity.
26. The instrument appointing a proxy shall be in writing under the hands of the appointor or of his attorney duly authorised in writing or, if the appointor is an organisation, either under seal or under the hand of an officer or attorney duly authorised or shall be authenticated in such manner as the Steering Group shall determine. A proxy need not be a member of the Charity.
27. The instrument appointing a proxy and the power of attorney or other authority, if any, under which it is signed, or a notarially-certified copy of that power or authority, shall be deposited at the office (or at such other place within the United Kingdom as is specified for that purpose in the notice convening the meeting) or sent in electronic form to an address specified for that purpose in the notice convening the meeting, not less than forty-eight hours before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote, or, in the case of a poll, not less than twenty-four hours before the time appointed for the taking of the poll, and in default the instrument of proxy shall not be treated as valid.
28. The Charity may require instruments appointing a proxy to be delivered in a particular form and may specify different forms for different purposes.
29. The instrument appointing a proxy shall be deemed to confer authority to demand or join in demanding a poll.
30. A vote given in accordance with the terms of an instrument of proxy shall be valid notwithstanding the previous revocation of the proxy or of the authority under which the proxy was executed, provided that no intimation in writing of such revocation shall have been received by the Charity at the office (or other address

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specified for that purpose in the notice convening the meeting) before the commencement of the meeting or adjourned meeting at which the proxy is used.

31. A vote given or poll demanded by the duly authorised representative of an entity shall be valid notwithstanding the previous determination of the authority of the person voting or demanding a poll, unless notice of the determination was received by the Charity at the office (or other address specified for that purpose in the notice convening the meeting) before the commencement of the meeting or adjourned meeting at which the vote is given or the poll demanded (or, in the case of a poll taken otherwise than on the same day as the meeting or adjourned meeting, the time appointed for taking the poll).
32. Any entity which is a member of the Charity may by resolution of its Council or other governing body authorise such person as it thinks fit to act as its representative at any meeting of the Charity. Subject to the Act, the Charity may require such evidence, and/or notice (not exceeding 14 days notice prior to the date of the meeting), of the appointment as it sees fit.

THE STEERING GROUP

33. The number of Members of the Steering Group shall be not less than three but (unless otherwise determined by ordinary resolution) shall not be subject to any maximum. The Steering Group includes: the Chair or Co-Chairs, who shall not represent any specific entity; two members to represent Co-ordinating Editors of Cochrane Review Groups, one member to represent authors who have a complete Cochrane review published in The Cochrane Library; one member to represent Managing Editors, one member to represent Trials Search Co-Ordinators; one member to represent Methods Groups; one member to represent Fields; two members to represent members of the Cochrane Consumer Network; and two members to represent Cochrane Centres, one of whom shall be a staff member other than a Centre Director and one of whom shall be a Centre Director.

POWERS OF THE STEERING GROUP

34. Subject to the provisions of the Act and the articles, and to any directions given by special resolution, the business of the Charity shall be managed by the Steering Group which may exercise all the powers of the Charity. No alteration of the articles and no such direction shall invalidate any prior act of the Steering Group which would have been valid if that alteration had not been made or that direction had not been given. The powers given by this article shall not be limited by any special power given to the Steering Group by the articles, and a meeting of the Steering Group at which a quorum is present may exercise all the powers exercisable by the Steering Group.
35. In addition to all powers hereby expressly conferred upon them and without detracting from the generality of their powers under the articles the Steering Group shall have the following powers, namely:
 - 35.1 to expend the funds of the Charity in such manner as they shall consider most beneficial for the achievement of the Objects and to invest in the name of the Charity such part of the funds as they may see fit and to direct the sale or transposition of any such investment and to expend the proceeds of any such sale in furtherance of the objects of the charity;
 - 35.2 to enter into contracts on behalf of the Charity;

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- 35.3 to exercise all the powers of the Charity to borrow money, and to mortgage or charge all or any part or parts of its undertaking and property, and to issue debentures, debenture stock and other securities, whether outright or as security for any debt, liability or obligation of the Charity or of any third party; and
- 35.4 to resolve pursuant to Article 2.2.8 to effect indemnity insurance, notwithstanding their interest in such a policy.

APPOINTMENT AND RETIREMENT OF MEMBERS OF THE STEERING GROUP

- 36. At the first annual general meeting all the Members of the Steering Group shall retire from office, and at every subsequent annual general meeting those Members of the Steering Group who are subject to retirement by rotation shall retire from office.
- 37. Subject to the provisions of the Act, the Members of the Steering Group to retire by rotation shall be those who have been in office for three years since their last appointment.
- 38. If the Charity at the meeting at which a Member of the Steering Group retires by rotation, does not fill the vacancy the retiring Member of the Steering Group shall, if willing and eligible to act, be deemed to have been reappointed unless at the meeting it is resolved not to fill the vacancy or unless a resolution for the reappointment of the Member of the Steering Group is put to the meeting and lost. A Member of the Steering Group shall not be eligible to be reappointed if she or he completed two consecutive terms of office within the three years before the date of the meeting.
- 39. No person other than a Member of the Steering Group retiring by rotation shall be appointed or reappointed a Member of the Steering Group at any general meeting unless:
 - 39.1 he or she is recommended by the Steering Group; or
 - 39.2 he or she is successful in an election held among the people they will represent, in which each relevant entity has one vote, and for which ties are settled by a vote within the Steering Group.
- 40. No person may be appointed as a Member of the Steering Group:
 - 40.1 unless she or he has attained the age of 18 years; or
 - 40.2 in circumstances such that, had he or she already been a Member of the Steering Group, she or he would have been disqualified from acting under the provisions of Article 46; or
 - 40.3 if she or he completed two consecutive terms of office within the three years before the date of the meeting at which they would otherwise be appointed.
- 41. Not less than seven nor more than twenty-eight clear days before the date appointed for holding a general meeting, notice shall be given to all persons who are entitled to receive notice of the meeting of any person (other than a Member of the Steering Group retiring by rotation at the meeting or the people elected to replace the Members who are retiring by rotation) who is recommended by the Steering Group for appointment or reappointment as a Member of the Steering Group at the meeting, or in respect of whom notice has been duly given to the Charity of the intention to propose him or her at the meeting for appointment or

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reappointment as a Member of the Steering Group. The notice shall give the particulars of that person which would, if she or he were so appointed or reappointed, be required to be included in the Charity's register of Members of the Steering Group.

42. Subject as aforesaid, the Charity may by ordinary resolution appoint a person who is willing to act to be a Member of the Steering Group either to fill a vacancy or as an additional Member of the Steering Group and may also determine the rotation in which any additional Members of the Steering Group are to retire.
43. The Steering Group may appoint a person who is willing to act to be a Member of the Steering Group either to fill a vacancy or as an additional Member of the Steering Group provided that the appointment does not cause the number of Members of the Steering Group to exceed any number fixed by or in accordance with the articles as the maximum number of Members of the Steering Group. A Member of the Steering Group so appointed shall hold office only until the next following annual general meeting. If not reappointed at such annual general meeting, he or she shall vacate office at the conclusion thereof.
44. Subject as aforesaid, a Member of the Steering Group who retires at an annual general meeting may, if willing and eligible to act, be reappointed.
45. The Charity may, in accordance with and subject to the provisions of the Act, by ordinary resolution of which special notice has been given, remove any Member of the Steering Group before the expiration of her or his period of office (notwithstanding anything in the articles or in any agreement between the Charity and such Member of the Steering Group).

DISQUALIFICATION AND REMOVAL OF MEMBERS OF THE STEERING GROUP

46. A Member of the Steering Group shall cease to hold office if he or she:
 - 46.1 ceases to be a Member of the Steering Group by virtue of any provision in the Act or is disqualified from acting as a Member of the Steering Group by virtue of Section 178 of the Charities Act 2011 (or any statutory re-enactment or modification of that provision);
 - 46.2 becomes incapable by reason of mental disorder, illness or injury of managing and administering her or his own affairs;
 - 46.3 resigns his or her office by notice to the Charity (but only if at least two Members of the Steering Group will remain in office when the notice of resignation is to take effect); or
 - 46.4 is absent without the permission of the Steering Group from all their meetings held within a period of six months and the Steering Group resolves that her or his office be vacated.

EXPENSES OF THE MEMBERS OF THE STEERING GROUP

47. The Members of the Steering Group may be paid all reasonable travelling, hotel and other expenses properly incurred by them in connection with their attendance at meetings of the Steering Group or committees of the Steering Group or general meetings or otherwise in connection with the discharge of their duties, but shall otherwise be paid no remuneration as Members of the Steering Group. In the context of attendance at meetings, the expenses to be paid to Members of the Steering Group may at the discretion of the Steering Group include payments

up to a reasonable level in support of child care provision, and in the replacement of any salary which Members of the Steering Group forfeit through attendance at such meetings.

EXECUTIVE APPOINTMENTS OF THE MEMBERS OF THE STEERING GROUP

48. Subject to the provisions of the Act and to Article 3, the Steering Group may appoint one or more of their number to be Chair or Co-Chair of the Charity (who may be remunerated in accordance with Article 3.1.1) or to any unremunerated executive office under the Charity and may at any time remove her or him from that office. Any such appointment may, subject to the Act and Article 3, be made upon such terms as the Steering Group determines. Any appointment of a Member of the Steering Group to an executive office shall terminate if he or she ceases to be a Member of the Steering Group.
49. Except to the extent permitted by Article 3, no Member of the Steering Group shall take or hold any interest in property belonging to the Charity or receive remuneration or be interested otherwise than as a Member of the Steering Group in any other contract to which the Charity is a party.

PROCEEDINGS OF THE STEERING GROUP

50. Subject to the provisions of the articles, the Steering Group may regulate its proceedings as it thinks fit. A Member of the Steering Group may, and the secretary at the request of a Member of the Steering Group shall, call a meeting of the Steering Group. Questions arising at a meeting shall be decided by a majority of votes. In the case of an equality of votes, the Chair shall have a second or casting vote.
51. The quorum for the transaction of the business of the Steering Group may be fixed by the Steering Group but shall not be less than one third of their number or two Members of the Steering Group, whichever is the greater.
52. The Steering Group may act notwithstanding any vacancies in the number of Members of the Steering Group, but, if the number is less than the number fixed as the quorum, the continuing Member or Members of the Steering Group may act only for the purpose of filling vacancies or of calling a general meeting.
53. Unless he or she is unwilling to do so, the Chair or Co-Chair appointed in accordance with Article 48 shall preside at every meeting of the Steering Group at which she or he is present for a period of two years from her or his appointment. But if there is no Member of the Steering Group holding that office, or if the Member of the Steering Group holding it is unwilling to preside or is not present within five minutes after the time appointed for the meeting, the Members of the Steering Group present may appoint one of their number to be Chair of the meeting.
54. The Steering Group may appoint one or more sub-committees consisting of three or more Members of the Steering Group for the purpose of making any inquiry or supervising or performing any function or duty which in the opinion of the Steering Group would be more conveniently undertaken or carried out by a sub-committee: provided that all acts and proceedings of any such sub-committees shall be fully and promptly reported to the Steering Group. Persons who are not Members of the Steering Group may be invited to participate in sub-committees in accordance with the role and remit of the relevant sub-committee as determined by the Steering Group.

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55. All acts done by a meeting of the Steering Group, or of a committee of the Steering Group, shall, notwithstanding that it be afterwards discovered that there was a defect in the appointment of any Member of the Steering Group or that any Member of the Steering Group was disqualified from holding office, or had vacated office, or was not entitled to vote, be as valid as if every such person had been duly appointed and was qualified and had continued to be a Member of the Steering Group and had been entitled to vote.
56. A resolution in writing, signed by all the Members of the Steering Group entitled to receive notice of a meeting of the Steering Group or of a committee of the Steering Group, shall be as valid and effective as if it had been passed at a meeting of the Steering Group or (as the case may be) a committee of the Steering Group duly convened and held. Such a resolution may consist of several documents in the same form, each signed by one or more of the Members of the Steering Group.
57. Any bank account in which any part of the assets of the Charity is deposited shall be operated by the Steering Group and shall indicate the name of the Charity. All cheques and orders for the payment of money from such account shall be signed by at least two Members of the Steering Group or their duly appointed representatives.

SECRETARY

58. Subject to the provisions of the Act, the Steering Group may appoint a secretary who shall be appointed by the Steering Group for such term, at such remuneration (if not a Member of the Steering Group) and upon such conditions as the Steering Group may think fit; and any secretary so appointed may be removed by the Steering Group.

MINUTES

59. The Steering Group shall keep minutes in books kept for the purpose:
 - 59.1 of all appointments of officers made by the Steering Group; and
 - 59.2 of all proceedings at meetings of the Charity and of the Steering Group and of committees of the Steering Group including the names of the Members of the Steering Group present at each such meeting.

THE SEAL

60. The seal shall only be used by the authority of the Steering Group or of a committee of the Steering Group. The Steering Group may determine who shall sign any instrument to which the seal is affixed and unless otherwise so determined it shall be signed by a Member of the Steering Group and by the secretary or by a second Member of the Steering Group.

ACCOUNTS

61. Accounts shall be prepared in accordance with the provisions of Part 15 of the Act.

ANNUAL REPORT

62. The Steering Group shall comply with its obligations under the Charities Act 2011 (or any statutory re-enactment or modification of that Act) with regard to the preparation of an annual report and its transmission to the Commissioners.

ANNUAL RETURN

63. The Steering Group shall comply with its obligations under the Charities Act 2011 (or any statutory re-enactment or modification of that Act) with regard to the preparation of an annual return and its transmission to the Commissioners.

NOTICES

64. Any notice to be given to or by any person pursuant to the articles shall be in writing except that a notice calling a meeting of the Steering Group need not be in writing.
65. The Charity may give any notice to a member of the Charity either personally or by sending it by post (airmail in the case of overseas members who have given no address for service within the United Kingdom) in a prepaid envelope addressed to the member of the Charity at his or her registered address or by leaving it at that address or by sending it by electronic mail to the address provided by the member. A member of the Charity whose registered address is not within the United Kingdom and who gives to the Charity an address within the United Kingdom at which notices may be given to her or him shall be entitled to have notices given to him or her at that address: any such member who does not provide an address for service within the United Kingdom shall give to the charity a facsimile number or e-mail address to which notices shall be sent electronically but shall not otherwise be entitled to receive notices from the Charity.
66. A member of the Charity present in person or by a duly authorised representative or proxy at any meeting of the Charity shall be deemed to have received notice of the meeting and, where necessary, of the purposes for which it was called.
67. Proof that an envelope containing a notice was properly addressed, prepaid and posted shall be conclusive evidence that the notice was given to an address within the United Kingdom. Electronic confirmation of receipt shall be conclusive evidence that a notice was given to an address overseas. A notice shall be deemed to be given at the expiration of 48 hours after it was posted or (as the case may be) transmitted electronically.

INDEMNITY

68. Subject to the provisions of and so far as may be consistent with the Act, but without prejudice to any indemnity to which a Member of the Steering Group may be otherwise entitled, every Member of the Steering Group, auditor, secretary or other officer of the Charity shall be entitled to be indemnified by the Charity against all costs, charges, losses, expenses and liabilities arising from or by reason of any improper investment made in good faith (as long as the Steering Group shall have sought professional advice before making such investment), or arising from or by reason of the negligence or fraud of any other Member of the Steering Group or of any agent employed by the Charity in good faith (provided reasonable supervision shall have been exercised) although the employment of such agent was strictly not necessary, or arising from or by reason of any mistake or omission made in good faith by any Member of the Steering Group, or arising from or by reason of any other matter or thing other than wilful and individual

fraud, wrong-doing or wrongful omission on the part of the Member of the Steering Group, auditor, secretary or other officer of the Charity.

69. Subject to the Act, the Charity may purchase and maintain for any Member of the Steering Group, auditor, secretary or other officer of the Charity insurance cover in accordance with Article 2.2.8 against any liability which by virtue of any rule of law may attach to her or him in respect of any negligence, default, breach of duty or breach of trust of which he or she may be guilty in relation to the Charity, and against all costs, charges, losses, expenses and liabilities incurred by her or him and for which he or she is entitled to be indemnified by the Charity by virtue of Article 68.

70. **RULES**

- 70.1 the Steering Group may from time to time make such rules or by-laws as it may deem necessary or expedient or convenient for the proper conduct and management of the Charity and for the purposes of prescribing classes of and conditions of membership of the Charity; and in particular but without prejudice to the generality of the foregoing, the Steering Group may by such rules or by-laws regulate:

70.1.1 the admission and classification of members of the Charity (including the admission of organisations to membership) and the rights and privileges of such members, and the conditions of membership and the terms on which members may resign or have their membership terminated, and the entrance fees, subscriptions, licence fees and other fees or payments to be made by members;

70.1.2 the conduct of members of the Charity in relation to one another, and to the Charity's employees;

70.1.3 the setting aside of the whole or any part or parts of the Charity's premises at any particular time or times or for any particular purpose or purposes;

70.1.4 the procedure at general meetings and meetings of the Steering Group and committees of the Steering Group insofar as such procedure is not regulated by the articles;

70.1.5 generally, all such matters as are commonly the subject-matter of company rules.

- 70.2 The Charity in general meeting shall have power to alter, add or to repeal the rules or by-laws and the Steering Group shall adopt such means as they think sufficient to bring to the notice of members of the Charity all such rules or by-laws, which shall be binding on all members of the Charity: provided that no rule or by-law shall be inconsistent with, or shall affect or repeal anything contained in, the articles.

71. **LIMIT OF LIABILITY**

The liability of the members of the Charity is limited. Every member of the Charity undertakes to contribute such amount as may be required (not exceeding £10) to the Charity's assets if it should be wound up while he or she is a member or within one year after she or he ceases to be a member, for payment of the Charity's debts and liabilities contracted before he or she ceases to be a member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves.

72. **DISTRIBUTION OF ASSETS ON WINDING-UP**

If the Charity is wound up or dissolved and after all its debts and liabilities have been satisfied there remains any property it shall not be paid to or distributed among the members of the Charity, but shall be given or transferred to some other charity or charities having objects similar to the Objects which prohibits the distribution of its or their income and property to an extent at least as great as is imposed on the Charity by Article 3 above, chosen by the members of the Charity at or before the time of dissolution; and if that cannot be done then to some other charitable object.

STRATEGY TO 2020



*Final version for adoption
by the members at the 2013
Annual General Meeting*

[21st September 2013]

Executive Summary

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We do this by identifying, appraising and synthesizing individual research findings to produce the best available evidence on what can work, what might harm and where more research is needed.

After 20 years we are widely acknowledged as one of the world's leading organisations in the health sector, with a reputation for producing high-quality, credible information to inform health decision-making. In this *Strategy to 2020* we set out our new strategic plan, which defines the organisation's direction for the next six years and provides the framework for strategic decision-making.

The *Strategy to 2020* is the culmination of a collaborative process undertaken by our global network of contributors throughout 2013. This process assessed Cochrane's existing strategic framework and the changes needed to it to enable us to respond to our strategic challenges and opportunities over the coming years. It represents the collaborative vision of the organisation to 2020 and will rely on all contributors to ensure its success.

Within the framework of revised vision and mission statements – which were amended during the consultation process to reflect our aims and purpose better – the *Strategy to 2020* is based around achieving four key goals:

- **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 2: MAKING OUR EVIDENCE ACCESSIBLE**
To make Cochrane evidence accessible and useful to everybody, everywhere in the world.
- **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 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION**
To be a diverse, inclusive and transparent international organisation 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.

These goals are structured as three interlocking areas of equal focus and priority (Goals 1-3), underpinned by a fourth foundational area (Goal 4) designed to strengthen the

organisation and support our mission. To achieve our goals we will prioritise rigorous and efficient editorial and production processes, take a proactive approach to making our evidence more accessible, build our profile internationally, and invest in growing the capacity of our global network of contributors.

This document is for *internal* use only. It presents the final version of *Strategy to 2020* to all Cochrane contributors and selected external stakeholders. It will be submitted for adoption by the organisation's members at the 2013 Annual General Meeting, on 21st September, in Québec City, Canada, having been approved by Cochrane's [Steering Group](#) (the Board of Trustees).

A specially formulated document designed for external communication will be released following adoption of the *Strategy to 2020* and completion of the follow-on target setting process. This document will be translated into a variety of languages, including at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic) and will be used to promote Cochrane's work to new and existing partners, funders, contributors and other stakeholders.

Despite a more crowded arena of health evidence providers than 20 years ago, the need for Cochrane's work is greater than ever. As we move towards a world of increased accessibility to research evidence, the risks of misinterpreting this highly technical content increases, and the feasibility of any individual getting a balanced overview decreases. In this context, Cochrane's mission to identify and appraise research findings to the highest standards in order to provide accessible, credible information on which decisions can be taken has never been more important or useful for improving global health.

Mark Wilson, Chief Executive Officer
Lucie Binder, Senior Advisor

September 2013

Trusted evidence. Informed decisions. Better health.

Developing the *Strategy to 2020*: A collaborative process

The first draft of the *Strategy to 2020* was developed from the recommendations of the participants at the 2013 strategic session in Oxford, UK, in March, which was attended by more than 100 leaders from our global network of groups and members of our management committees. These participants were responding to an [analysis of the organisation's current strategic framework](#) by Cochrane's CEO,

Mark Wilson; a series of policy and strategy documents developed by Cochrane contributors from the 2008-9 Strategic Review onwards; and wide consultation over the past year with contributors.



This draft was released for consultation with all Cochrane

contributors and selected external stakeholders in July. In addition to the extensive written feedback received by email on the draft, Mark consulted with contributors and the management committees during a series of meetings and webinars.

Drawing from the feedback received, a final version has been prepared for adoption by the organisation's members at the 2013 Annual General Meeting (AGM), on 21st September, in Québec City, Canada. The senior leadership team has been consulting with members of the Steering Group throughout the preparation process and has also been using a group of contributors nominated by the Steering Group as a 'sounding board' for ideas and mechanism for rapid feedback.

Structure of the *Strategy to 2020*

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organisations.

The *Strategy to 2020* has been developed with the following structure:

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

- **Vision:** Outlines what the organisation wants the world in which it operates to be.
- **Mission:** Defines the fundamental purpose of the organisation, 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.

In the *Strategy to 2020*, the objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets and accompanying workplans will be developed and reviewed on an annual basis to achieve these objectives. Some of the targets will be annual, some will be for a two-year period and a few may be for longer. All targets will be approved by the Steering Group and will establish the priority tasks the organisation is setting itself for a given time period. Progress against the targets and the wider objectives and goals will be reported on regularly.

Making it happen: how we will meet our strategic goals

Once the *Strategy to 2020* has been adopted – either at the AGM or following it if revisions are required – a process to develop targets for achieving the new strategic objectives will be established. It was originally intended that targets for 2014-15 would be developed by the AGM, but feedback showed that more time is needed to consult on these targets given their budgetary implications and impact on the priorities of all groups and contributors. The indicative targets for 2014-15 have been retained in this final version to serve as a guide for the target setting process.

This process will be led by the staff of the Central Executive¹ in consultation with contributors. Measurements for success will be established against the targets, reviewed annually and reported on regularly to the Steering Group and the membership at the AGM. A mid-point, externally conducted progress review will also be undertaken.

As we finalise the targets we will also begin to plan how we will raise, allocate and spend the resources required to deliver them. Cochrane's regular income accrued from *The Cochrane Library* licence income and other sources will be the primary source of funding; and we will also invest a portion of our strategic financial reserves in critical areas of our work to help us reach our goals. However, successful implementation of the *Strategy to 2020* will also require Cochrane to diversify its funding base – an organisational objective now explicitly specified in Goal 4.



Pictured here and on the previous page: Participants at the 2013 strategic session, Oxford, UK

The first draft and this final version: a note on some of the changes

The feedback received from contributors on the first draft of the *Strategy to 2020* (the Consultation Document) was comprehensive, insightful and extremely valuable. The overall response was overwhelmingly supportive of the *Strategy's* direction and readers will therefore not find dramatic differences between the first draft and this version. Changes have been made, however, where a number of respondents highlighted similar concerns,

¹ Central Executive is the name for the newly amalgamated central support units (the Operations Unit, Editorial Unit, IMS and Web Teams).

made suggested improvements, or gave their approval to the proposals highlighted in the ‘our thinking’ boxes. These include:

- Further wording changes to the Vision and Mission to reflect our aims, purpose and remit better.
- The introduction of a ‘Who we are’ section that is separate from the Mission statement to reflect the importance of our organisational model in achieving our mission.
- Some minor changes to our Principles to bring them up-to-date.
- The introduction of the concept and terminology of ‘Cochrane’, which encompasses all aspects of the organisation and its content, including *The Cochrane Library*. Respondents were very supportive of this idea, which simplifies the Cochrane brand and removes the internally-focussed divisions between ‘the *Library*’ and ‘the Collaboration’.
- The introduction of the proposed new Cochrane tagline.
- The re-naming of ‘Cochrane entities’ to ‘Cochrane groups’, which includes all Cochrane Review Groups, Methods Groups, Fields, Centres, satellites and branches. Again, the feedback showed that contributors want to simplify and improve how we communicate our organisational structure to the world.

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Our tagline:

Trusted evidence. Informed decisions. Better health.

Who we are:

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

Our vision:

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

The principles that guide our work:

Our current principles have been left almost unchanged, with the exception of some updates and clarifications. They have guided the development of the *Strategy to 2020* and will continue to guide the organisation in the future.

1	Collaboration	by fostering global co-operation, teamwork, and open and transparent communication and decision-making.
2	Building on the enthusiasm of individuals	by involving, supporting and training people of different skills and backgrounds.
3	Avoiding duplication of effort	by good management, co-ordination and effective internal communications to maximise economy of effort.
4	Minimising bias	through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.
5	Keeping up-to-date	by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.
6	Striving for relevance	by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.
7	Promoting access	by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.
8	Ensuring quality	by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.
9	Continuity	by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.
10	Enabling wide participation	in our work by reducing barriers to contributing and by encouraging diversity.

Our mission:

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

When Cochrane was established 20 years ago, the concept of evidence-based health care was confined to the academic discussion of a handful of pioneers. Today it is regarded as a scientific milestone of the last century² and one in which Cochrane and its contributors can rightly claim to have played a pivotal role in developing. As the concept becomes more mainstream there are now many other providers of information and advocates for evidence-informed decision-making – so while we are still recognised as a leader in this sector we are no longer unique. In order to maintain our leading position, make the most of our unique strengths, ensure long-term sustainability and deliver our mission, we must respond to this more competitive, complex and demanding environment.

The *Strategy to 2020* is our response to those challenges and opportunities. It establishes our aspirations and priorities for the next six years and sets out how we plan to achieve our vision. Within the context of our mission it is based around achieving four key goals:

- **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 2: MAKING OUR EVIDENCE ACCESSIBLE**
To make Cochrane evidence accessible and useful to everybody, everywhere in the world.
- **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 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION**
To be a diverse, inclusive and transparent international organisation 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.

These goals are structured as three interlocking areas of equal focus and priority (Goals 1-3), underpinned by a fourth foundational area (Goal 4) designed to strengthen the organisation and support our mission.

² Medical Milestones: Celebrating Key Advances since 1840. ISSN 0959-8138, BMJ January 2007; 334 (suppl):s1-22. Available from: http://www.bmj.com/highwire/filestream/438857/field_highwire_adjunct_files/0

GOAL 1: PRODUCING EVIDENCE

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

Producing high-quality, relevant evidence

Cochrane's origins lie with a small group of clinical researchers seeking to improve the quality of care provided to women and infants during pregnancy and childbirth³. The target users for the evidence they produced were well-defined, the relevance of the questions to those users was clear, and the uptake of the evidence into practice was potentially immediate. Since those early days the number of contributors has grown dramatically, as has the number, remit and use of Cochrane Systematic Reviews. In 2001 there were 1,700 registered Cochrane contributors; today there are more than 31,000⁴. In May 2012 the number of published Cochrane Reviews passed 5,000⁵, addressing a broad range of health topics and questions; and full-text review downloads by users of *The Cochrane Library* exceeded 5,400,000⁶ in that year alone.

We must continue to ensure that the priorities of our contributors in expanding the breadth and depth of our evidence match those of our growing number of end users. In other words, the relevance and applicability of Cochrane evidence for informing people's decision-making must remain at the heart of its design. We already know, for example, the Cochrane Systematic Reviews that users are accessing most frequently correspond closely to trends in global health⁷. We have both the opportunity and responsibility to expand the evidence we produce in these key areas.

Reviews should address outcomes that are meaningful to people making decisions about health care

From the Cochrane Handbook for Systematic Reviews of Interventions

Maximising production efficiencies

Our credibility is based on our commitment to high-quality, independently produced information. We have a tradition of using information technology to support our production and distribution processes - the *Cochrane Database of Systematic Reviews* was

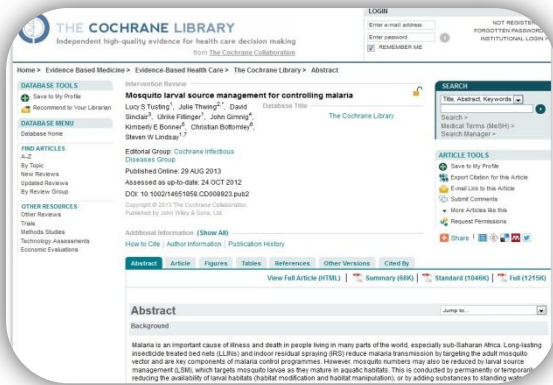
³ M.J. Friedrich. The Cochrane Collaboration Turns 20. Available from: JAMA, May 8, 2013—Vol 309, No. 18 1881

⁴ Data sourced from Archie. Available from: <http://archie.cochrane.org/>

⁵ Data sourced from *The Cochrane Library*. Available from: <http://www.thecochranelibrary.com/view/0/AboutTheCochraneLibrary.html>

⁶ Data sourced from John Wiley & Sons, Ltd. Available from Oxford 2013 Steering Group agenda: <http://www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg>

⁷ The top 10 most accessed Cochrane Systematic Reviews in 2012 address topics in smoking cessation, care of older people, obesity and mental health. Data sourced from John Wiley & Sons, Ltd. Available from Oxford 2013 Steering Group agenda: <http://www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg> and compared to The Top 10 Causes of Death. World Health Organization. Available from: <http://who.int/mediacentre/factsheets/fs310/en/>



A Cochrane Systematic Review on
The Cochrane Library

available on the web by 1996⁸ and we believe that the publication record of the Cochrane Pregnancy & Childbirth Group represents the longest serving electronic publication in medicine. We have also relied on a steady and increasing stream of contributors to produce Cochrane Systematic Reviews.

However, we recognise that there can be tensions between quality, speed of production, and the capacity of contributors to produce and maintain complex systematic reviews. We now need to re-focus on taking maximum advantage of new technologies, and increase the capacity-building of

our contributor base, to bring efficiencies and improvements to our processes and methods, allowing us to deliver our evidence to users more quickly and effectively without compromising on quality.

PRODUCING EVIDENCE: Our Objectives to 2020

HIGH-QUALITY:

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

RELEVANT:

2. 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.

UP-TO-DATE:

3. 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.

⁸ The Cochrane Collaboration Chronology. Available from: <http://www.cochrane.org/about-us/history>

WIDE COVERAGE:

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

PIONEERING METHODS:

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

EFFICIENT PRODUCTION:

6. We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
7. We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams⁹ to retain and develop our contributor-base.

Goal 1: 2014-15 Possible Targets

Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

- I. Engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to develop **a list of high-priority Cochrane Systematic Reviews** that address questions of most importance and relevance to them; then produce them in an efficient and timely manner thereafter.
- II. Establish new mechanisms for the **updating of high-priority Cochrane Systematic Reviews**.
- III. **Develop and deliver the first phase of planned technology improvements** that will fundamentally change the way Cochrane's data and content are structured, stored and used in order to realise our ambitions for improving production processes.

⁹ Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Designing useful, usable information

Cochrane Systematic Reviews are widely regarded as the highest standard of evidence to inform health decision-making, credibility that is both based in, and reflected by, their format and structure; they are the process record and written culmination of a comprehensive scientific investigation. However, user feedback shows that they are not the most accessible or usable way of presenting evidence to people to inform their health decision-making.

In April 2012 we published the [recommendations of a comprehensive review of Cochrane content](#) that established plans to improve the accessibility and usability of all content; these recommendations are reflected here in the *Strategy's* objectives. We now need to implement the plans for which we have well-defined requirements and consult with our users to plan further developments.



Evidence into action:

Cochrane contributor Professor Ashraf Nabhan in the delivery room, demonstrating new techniques for Caesarean delivery based on evidence from Cochrane Reviews. Cairo, Egypt.

Actively responding to open access

We are living in a world of increasing open access to scholarly research via the internet. Cochrane is feeling the impact of this: the funders of our global network of groups are increasingly specifying that the results of their funding be made available open access. Already more than half the world's population has one-click access to Cochrane content on *The Cochrane Library* through licenses or free access made possible by our low- and middle-income countries programme. In collaboration with our publishing partner, John Wiley & Sons, Ltd, we have made all Cochrane Systematic Reviews and updates published from February 2013 available [open access](#) twelve months after publication in the *Cochrane Database of Systematic Reviews*, and in PubMed Central or various country-specific PubMed databases. Additionally, authors and funders have the option to fund individual articles, or groups of articles, to be open access immediately upon publication.

Open access is not enough; we must learn how to communicate our research to make it truly accessible

From a blog post by Brant Moscovitch discussing access to primary research findings

However, we are aware that users all over the world are increasingly looking for information right now, free of charge or other access barriers, and in the languages they speak; and if they can't access it through Cochrane they will seek it elsewhere – even if that means compromising

on quality. They want to have to have usable interfaces to knowledge on a wide variety of technology platforms in their own language. Our challenge, therefore, is to continue to move proactively towards global open access for all Cochrane Systematic Reviews in a multiplicity of languages whilst securing replacements for our licensing income. We also know that the funding security of our network of groups is dependent on an open access future.

MAKING OUR EVIDENCE ACCESSIBLE: Our Objectives to 2020

USER-CENTRED DESIGN AND DELIVERY:

1. We will put the needs of our users at the heart of our content design and delivery.
2. 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.
3. We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

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

ACCESSIBLE LANGUAGE:

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

MULTI-LINGUAL:

6. 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: 2014-15 Possible Targets

Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

- I. **Diversify our product range and delivery solutions**, prioritising online distribution and optimising our mobile, social and syndicated content.
- II. Introduce a **series of improvements to the presentation and delivery** of *The Cochrane Library* and component content.
- III. Build **dissemination strategies** into the editorial process of Cochrane Systematic Reviews to ensure that every review has its own dissemination plan tailored to target users. We will specifically seek to target practitioners and ‘content re-packagers’, especially guidelines developers, online information platforms, patient and consumer groups, medical librarians and journalists.
- IV. Finalise and begin delivery of a comprehensive strategy to **translate key content** into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic).

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.

Building our profile; demonstrating our impact

In its first 20 years, Cochrane has established an international reputation for producing high-quality, credible information to inform health decision-making. We have focussed on getting the product ‘right’ and have invested our resources in achieving this aim convinced that the quality of our evidence will speak for itself.

While this approach has been sustainable as we built our reputation in the academic community, we now need to develop far greater recognition of the value of our work amongst users, especially health practitioners, patients and other healthcare consumers, policy-makers and guidelines developers.

Cochrane evidence plays a key role in health decision-making from the level of the individual to the planning of health services on an international scale. But our influence and impact could be even greater. Our challenge – and our opportunity – is not just to make our evidence even more accessible and widely used, but to use our profile, reputation and voice to advocate for evidence-informed health decision-making. We have recognised that this is essential to fulfilling our mission; and at an operational level, to demonstrating our relevance and usefulness to funders and supporters. A critically important example of this over the next six years will be our commitment to the campaign seeking to ensure that all clinical trials, everywhere in the world, are registered and their results are reported and easily accessible.

We are responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We do this by identifying, appraising and synthesizing individual research findings to produce the best available evidence on what can work, what might harm, and where more research is needed.

Making our voice clearer

There are noticeable inconsistencies in the ways that Cochrane is promoted across the world, exacerbated by the complexity of our organisational structure and a lack of focus on advocacy and external communication. Clarifying, simplifying and improving the way we present ourselves will be essential to building our profile and demonstrating impact. At the same time, in recognition of the complexity of the issues we are dealing with, we

need to take advantage of opportunities to partner with other organisations that help us to reach people making decisions in health.

An essential part of the ‘health evidence lifecycle’

We can also do more to increase our profile as the link between primary research and health decision-making in the ‘health evidence lifecycle’ of primary research, evidence synthesis, decision-making and outcomes. Our role in this lifecycle puts us in a key position both to inform decision-making at the implementation stage; and to influence the primary research agenda by promoting research that is centred on the health decisions that people are making, identifying uncertainties, missing or poor evidence, improving health research methodologies, and campaigning for transparency in scientific conduct. Promoting this dual role will have two key benefits: i) it will reinforce the value argument for Cochrane’s position as an essential ‘knowledge provider’ in the health sector and global public good; and ii) it will improve the evidence-base on which our work is conducted and our reputation built.

ADVOCATING FOR EVIDENCE: Our Objectives to 2020

GLOBAL PROFILE:

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

THE ‘HOME OF EVIDENCE’:

2. 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.
3. We will build greater recognition of Cochrane’s role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

4. We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
5. 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.

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

GLOBAL PARTNER:

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

GLOBAL IMPACT:

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

Goal 3: 2014-15 Possible Targets

Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

- I. Introduce an **overarching 'Cochrane' brand**. We will take advantage of the brand power that already exists in the Cochrane name to increase awareness of Cochrane's mission. We will ensure consistency of branding, language and terminology across all Cochrane content. We will introduce a single Cochrane web presence that provides a consistent, accessible user experience.
- II. Introduce a **series of online metrics** that demonstrate how and where Cochrane evidence has been cited and used, particularly in health guidelines; and publish **users' stories and examples of how practice has been changed** by Cochrane evidence.
- III. **Maintain our support for the *AllTrials* initiative** until regulations are in place internationally to mandate that all clinical trials are registered, and the full methods and the results of trials are reported.
- IV. **Establish ten new partnership relationships** with major health and health care international organisations including regional health bodies, guidelines developers, patient and consumer groups, and professional associations.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation 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.

Investing in our contributors

Underpinning Cochrane's work is a collaborative network of more than 31,000 contributors from over 120 countries, whose ongoing commitment will be the deciding factor in the organisation's long-term success. Our contributors are responsible for the vast majority of our work by producing, maintaining and developing new directions for Cochrane evidence; advocating for it within different geographical regions and health specialties; and raising the funding to conduct it through a global network of groups. They are supported by a small staff – the Central Executive – which ensures editorial standards; manages production and distribution; co-ordinates training and methods development; and leads the business.



Contributing to Cochrane:

Participants at South African Cochrane Centre's 20th anniversary meeting, 2013. Cape Town, South Africa.

Feedback from our contributors shows that there are some key challenges that need to be addressed as we seek to build a more effective and sustainable organisation.

Despite an international pool of people who contribute to Cochrane Systematic Review production teams, the majority of our groups – which are the 'engine rooms' of the organisation and the routes through which people contribute to our work – are located in high-income countries and are tied to the funding raised by a relatively small number of world-leading academics. If we truly aspire to be a global organisation with global impact, we need to establish an organisational presence in all regions, promote diversity, and invest in developing the next generation of Cochrane leaders across the world.

Increasing efficiency and achieving sustainability

At the same time we need to address the sustainability of our network of groups. These groups are under increasing pressure to maintain their funding from governments, research institutions and other non-commercial sources in a volatile global economy and a climate of decreasing investment in research. This financial pressure is coupled with increasing workloads as Cochrane Systematic Reviews increase in scope and complexity, and the number of new contributors wanting to produce reviews also increases. We need to re-assess our organisational structure and business processes to ensure that they are optimally configured to enable us to achieve our goals.

Within the timeframe of this *Strategy to 2020* we will need to have replaced income from sales of licences to *The Cochrane Library* as it is currently made available to users to meet our objective of providing universal open access to Cochrane Systematic Reviews. To achieve this we will need to take a proactive approach to expanding and diversifying our sources of income. This income will be used to secure the organisation's long-term sustainability by resourcing the objectives and targets set out in this *Strategy to 2020*.

BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION: Our Objectives to 2020

INCLUSIVE AND OPEN:

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

GLOBAL AND DIVERSE:

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

FINANCIALLY STRONG:

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

EFFICIENTLY RUN:

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

INVESTING IN PEOPLE:

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

TRANSPARENTLY GOVERNED:

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

ENVIRONMENTALLY RESPONSIBLE:

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

Goal 4: 2014-15 Possible Targets

Please note that these examples are for illustrative purposes only at this time and not all are SMART.

Through to the end of 2015 we will:

- I. **Introduce a Cochrane membership scheme** that attracts people with useful skills and experience; and provides benefits like training and career-development to retain and develop our contributor-base.
- II. **Conduct a Governance Review** to ensure that the organisation's governance processes and bodies fully enfranchise all of the organisation's constituencies, encompass diverse perspectives, are adequately skilled and work effectively.
- III. **Review and adjust the structure, number and functions of the global network of Cochrane groups** that support our contributors.
- IV. **Begin the translation of organisational resources** into different languages and increase the number of contributors from non English-speaking countries by 30%.
- V. **Establish a programme to identify, mentor and train future leaders** of the organisation, prioritizing socio-cultural, linguistic, and gender diversity. By 2020, we aim to ensure that at least 50% of the organisation's leaders will be women and more than 50% will be from non English-speaking countries.

Endorsement of the Declaration of Istanbul on Organ Trafficking and Transplantation Tourism

Document prepared by: Angela Webster (Deputy Co-ordinating Editor, Cochrane Renal Group), Christian Gluud (Co-ordinating Editor, Cochrane Hepato-Biliary Group), Dimitrinka Nikolova (Managing Editor, Cochrane Hepato-Biliary Group), Harriet MacLehose (Senior Editor, Cochrane Editorial Unit), David Tovey (Editor in Chief, Cochrane Editorial Unit)

Submitted for approval to: The Cochrane Collaboration Steering Group (CCSG) on 22 July 2013

Purpose

To seek the CCSG's endorsement of the Declaration of Istanbul on Organ Trafficking and Transplantation Tourism.

Urgency

Medium.

Access

Open.

Background

The Declaration of Istanbul on Organ Trafficking and Transplantation Tourism (<http://www.declarationofistanbul.org>; reproduced in Appendix 1) was developed in response to unethical practices that do occur with organ trafficking, transplant commercialism, travel for transplantation, and transplant tourism. Published in 2008, it has since been endorsed by over 100 organizations. See Appendix 2 for further information about events that led to its development.

Angela Webster, Deputy Co-ordinating Editor of the Cochrane Renal Group, asked for the Declaration of Istanbul to be included in the agenda of the Co-ordinating Editors' Board meeting in September 2012 (Auckland Cochrane Colloquium). A Webster raised the issue of including research conducted illegally in Cochrane Reviews and provided an example from the Cochrane Renal Group in which the author considered that two of the trials were unethical. The Cochrane Renal Group in response decided to endorse the Declaration of Istanbul and develop a plan of action to make the Group's actions consistent with that endorsement. As this had implications for the Collaboration as a whole, A Webster brought this to the attention of David Tovey, Editor in Chief, and the Co-ordinating Editor's Board. The Co-ordinating Editors discussed Dr Webster's paper. A range of views expressed, but all were generally supportive of the Declaration.

The two Cochrane Review Groups principally affected by the endorsement of this policy are the Cochrane Renal Group and the Cochrane Hepato-Biliary Group. Over the past few months, A Webster, Christian Gluud and Dimitrinka Nikolova (Co-ordinating Editor and Managing Editor of the Hepato-Biliary Group, respectively), and David Tovey and Harriet MacLehose have progressed with plans around seeking the Collaboration's endorsement of the Declaration (this paper), this includes

early discussions around the issues raised in implementing the Declaration in individual Cochrane Reviews and a possible framework for tagging the unethical studies in Specialized Registers and the Cochrane Central Register of Controlled Trials (CENTRAL). This framework, and related information about the Declaration of Istanbul, could form the starting point for proposed discussions in relation to implementation. Once endorsed by the Collaboration, the approved policy and implementation documents will be located in the Cochrane Editorial and Publishing Policy Resource.

Dr Webster has been in contact with members of the Declaration of Istanbul Custodian Group, and, should the CCSG approve this endorsement, will work with the members to publicize this position.

As a consequence of the initial discussion in Steering Group, we have amended the paper to clarify that endorsement of the Declaration and its implementation within Cochrane are distinct. We recognise that Cochrane Review Groups and other parties, including people outside Cochrane, for example ethicists, should be involved in discussions leading to an implementation framework.

Proposals and discussion

To endorse the Declaration of Istanbul on Organ Trafficking and Transplant Tourism ('Declaration of Istanbul'), which ensures that the organs obtained in transplant research were acquired ethically in all respect of patients' autonomy and integrity (www.declarationofistanbul.org/).

As stated on the Declaration of Istanbul website (www.declarationofistanbul.org/):

"The Declaration is not a legal document, nor did those involved in its creation sign it. Rather than compelling compliance with the principles of the declaration, it is hoped that the principles and the proposals it outlines will guide and inspire better practices in transplantation. With this in mind, *endorsement* of the Declaration has been sought amongst the many professional societies associated with transplantation medicine.

Societies that officially endorse the Declaration are urged to uphold the principles of the Declaration in their activities and in the practice of their members. They are further encouraged to strive towards achievement of the proposals suggested in the Declaration.

Endorsement not only promotes ethical practice within particular professional societies, it helps to convey the weight of public and professional support for the Declaration, thus encouraging health authorities and policy makers to adopt legislation and support activities that facilitate the goals of the Declaration.

Endorsement of the Declaration does not entail compliance with all the proposals it suggests, however it does require those who endorse it to rigorously apply the ethical principles of the Declaration in their policies, practice and activities. To facilitate this, the following suggestions have been made for organizations which endorse the Declaration:

- require that speakers at scientific and educational meetings on clinical organ transplantation disclose whether the clinical and research activities being reported are consistent with the Principles of the Declaration of Istanbul.
- have an established mechanism for determining the appropriateness of accepting presentations on clinical organ transplantation based on the disclosure of a consistency with the Principles of the Declaration of Istanbul.

- establish mechanisms to promote, implement and uphold the Declaration (for example, through ethics committee activity, awards and membership criteria)."

We propose that the Collaboration will respond to the three suggestions as follows:

- members of relevant Cochrane Review Groups will make disclosures as stated above;
- assess Cochrane Colloquia proposals for presentations on clinical organ transplantation against the Declaration; and
- develop frameworks for implementing the Declaration in Cochrane Reviews and studies identified as contravening the Declaration in Cochrane Review Group Specialized Register and CENTRAL.

Summary of recommendations

To endorse the Declaration of Istanbul on Organ Trafficking and Transplant Tourism ('Declaration of Istanbul').

To agree a process, in conjunction with the Head of Communication and External Affairs, for addressing the challenges associated with implementation of the Declaration within Cochrane, with the objective of developing a decision framework for Cochrane Review Groups and authors.

Resource implications

None.

Impact statement

The two Cochrane Review Groups most likely to be impacted by this endorsement are the Cochrane Renal Group and the Cochrane Hepato-Biliary Group. Co-ordinating Editors from both groups are contributors to this proposal.

Appendix 1. Declaration of Istanbul

Reproduced in its entirety from:

www.declarationofistanbul.org/index.php?option=com_content&view=article&id=78&Itemid=54

Preamble

Organ transplantation, one of the medical miracles of the twentieth century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. The many great scientific and clinical advances of dedicated health professionals, as well as countless acts of generosity by organ donors and their families, have made transplantation not only a life-saving therapy but a shining symbol of human solidarity. Yet these accomplishments have been tarnished by numerous reports of trafficking in human beings who are used as sources of organs and of patient-tourists from rich countries who travel abroad to purchase organs from poor people. In 2004, the World Health Organization, called on member states "to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs" (1).

To address the urgent and growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting of more than 150 representatives of scientific and medical bodies from around the world, government officials, social scientists, and ethicists, was held in Istanbul from April 30 to May 2, 2008. Preparatory work for the meeting was undertaken by a Steering Committee convened by The Transplantation Society (TTS) and the International Society of Nephrology (ISN) in Dubai in December 2007. That committee's draft declaration was widely circulated and then revised in light of the comments received. At the Summit, the revised draft was reviewed by working groups and finalized in plenary deliberations.

This Declaration represents the consensus of the Summit participants. All countries need a legal and professional framework to govern organ donation and transplantation activities, as well as a transparent regulatory oversight system that ensures donor and recipient safety and the enforcement of standards and prohibitions on unethical practices.

Unethical practices are, in part, an undesirable consequence of the global shortage of organs for transplantation. Thus, each country should strive both to ensure that programs to prevent organ failure are implemented and to provide organs to meet the transplant needs of its residents from donors within its own population or through regional cooperation. The therapeutic potential of deceased organ donation should be maximized not only for kidneys but also for other organs, appropriate to the transplantation needs of each country. Efforts to initiate or enhance deceased donor transplantation are essential to minimize the burden on living donors. Educational programs are useful in addressing the barriers, misconceptions and mistrust that currently impede the development of sufficient deceased donor transplantation; successful transplant infrastructure.

Access to healthcare is a human right but often not a reality. The provision of care for living donors before, during and after surgery—as described in the reports of the international forums organized by TTS in Amsterdam and Vancouver (2-4)—is no less essential than taking care of the transplant recipient. A positive outcome for a recipient can never justify harm to a live donor; on the contrary, for a transplant with a live donor to be regarded as a success means that both the recipient and the donor have done well.

This Declaration builds on the principles of the Universal Declaration of Human Rights (5). The broad representation at the Istanbul Summit reflects the importance of international collaboration and global consensus to improve donation and transplantation practices. The Declaration will be submitted to relevant professional organizations and to the health authorities of all countries for consideration. The legacy of transplantation must not be the impoverished victims of organ trafficking and transplant tourism but rather a celebration of the gift of health by one individual to another.

Definitions

Organ trafficking is the recruitment, transport, transfer, harboring or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation (6).

Transplant commercialism is a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Travel for transplantation is the movement of organs, donors, recipients or transplant professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes **transplant tourism** if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals and transplant centers) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own population.

Principles

1. National governments, working in collaboration with international and non-governmental organizations, should develop and implement comprehensive programs for the screening, prevention and treatment of organ failure, which include:
 - a. The advancement of clinical and basic science research;
 - b. Effective programs, based on international guidelines, to treat and maintain patients with end-stage diseases, such as dialysis programs for renal patients, to minimize morbidity and mortality, alongside transplant programs for such diseases;
 - c. Organ transplantation as the preferred treatment for organ failure for medically suitable recipients.
2. Legislation should be developed and implemented by each country or jurisdiction to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.
 - a. Policies and procedures should be developed and implemented to maximize the number of organs available for transplantation, consistent with these principles;
 - b. The practice of donation and transplantation requires oversight and accountability by health authorities in each country to ensure transparency and safety;

- c. Oversight requires a national or regional registry to record deceased and living donor transplants;
 - d. Key components of effective programs include public education and awareness, health professional education and training, and defined responsibilities and accountabilities for all stakeholders in the national organ donation and transplant system.
3. Organs for transplantation should be equitably allocated within countries or jurisdictions to suitable recipients without regard to gender, ethnicity, religion, or social or financial status.
- a. Financial considerations or material gain of any party must not influence the application of relevant allocation rules.
4. The primary objective of transplant policies and programs should be optimal short- and long-term medical care to promote the health of both donors and recipients.
- a. Financial considerations or material gain of any party must not override primary consideration for the health and well-being of donors and recipients.
5. Jurisdictions, countries and regions should strive to achieve self-sufficiency in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation.
- a. Collaboration between countries is not inconsistent with national self-sufficiency as long as the collaboration protects the vulnerable, promotes equality between donor and recipient populations, and does not violate these principles;
 - b. Treatment of patients from outside the country or jurisdiction is only acceptable if it does not undermine a country's ability to provide transplant services for its own population.
6. Organ trafficking and transplant tourism violate the principles of equity, justice and respect for human dignity and should be prohibited. Because transplant commercialism targets impoverished and otherwise vulnerable donors, it leads inexorably to inequity and injustice and should be prohibited. In Resolution 44.25, the World Health Assembly called on countries to prevent the purchase and sale of human organs for transplantation.
- a. Prohibitions on these practices should include a ban on all types of advertising (including electronic and print media), soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism.
 - b. Such prohibitions should also include penalties for acts—such as medically screening donors or organs, or transplanting organs—that aid, encourage, or use the products of, organ trafficking or transplant tourism.
 - c. Practices that induce vulnerable individuals or groups (such as illiterate and

impoverished persons, undocumented immigrants, prisoners, and political or economic refugees) to become living donors are incompatible with the aim of combating organ trafficking, transplant tourism and transplant commercialism.

Proposals

Consistent with these principles, participants in the Istanbul Summit suggest the following strategies to increase the donor pool and to prevent organ trafficking, transplant commercialism and transplant tourism and to encourage legitimate, life-saving transplantation programs:

To respond to the need to increase deceased donation:

Governments, in collaboration with health care institutions, professionals, and non- governmental organizations should take appropriate actions to increase deceased organ donation. Measures should be taken to remove obstacles and disincentives to deceased organ donation.

In countries without established deceased organ donation or transplantation, national legislation should be enacted that would initiate deceased organ donation and create transplantation infrastructure, so as to fulfill each country's deceased donor potential.

In all countries in which deceased organ donation has been initiated, the therapeutic potential of deceased organ donation and transplantation should be maximized.

Countries with well established deceased donor transplant programs are encouraged to share information, expertise and technology with countries seeking to improve their organ donation efforts.

To ensure the protection and safety of living donors and appropriate recognition for their heroic act while combating transplant tourism, organ trafficking and transplant commercialism:

1. The act of donation should be regarded as heroic and honored as such by representatives of the government and civil society organizations.
2. The determination of the medical and psychosocial suitability of the living donor should be guided by the recommendations of the Amsterdam and Vancouver Forums (2-4).
 - a. Mechanisms for informed consent should incorporate provisions for evaluating the donor's understanding, including assessment of the psychological impact of the process;
 - b. All donors should undergo psychosocial evaluation by mental health professionals during screening.
3. The care of organ donors, including those who have been victims of organ trafficking, transplant commercialism, and transplant tourism, is a critical responsibility of all jurisdictions that sanctioned organ transplants utilizing such practices.
4. Systems and structures should ensure standardization, transparency and accountability of support for donation.
 - a. Mechanisms for transparency of process and follow-up should be established;

- b. Informed consent should be obtained both for donation and for follow-up processes.
- 5. Provision of care includes medical and psychosocial care at the time of donation and for any short- and long-term consequences related to organ donation.
 - a. In jurisdictions and countries that lack universal health insurance, the provision of disability, life, and health insurance related to the donation event is a necessary requirement in providing care for the donor;
 - b. In those jurisdictions that have universal health insurance, governmental services should ensure donors have access to appropriate medical care related to the donation event;
 - c. Health and/or life insurance coverage and employment opportunities of persons who donate organs should not be compromised;
 - d. All donors should be offered psychosocial services as a standard component of follow-up;
 - e. In the event of organ failure in the donor, the donor should receive:
 - i. Supportive medical care, including dialysis for those with renal failure, and
 - ii. Priority for access to transplantation, integrated into existing allocation rules as they apply to either living or deceased organ transplantation.
- 6. Comprehensive reimbursement of the actual, documented costs of donating an organ does not constitute a payment for an organ, but is rather part of the legitimate costs of treating the recipient.
 - a. Such cost-reimbursement would usually be made by the party responsible for the costs of treating the transplant recipient (such as a government health department or a health insurer);
 - b. Relevant costs and expenses should be calculated and administered using transparent methodology, consistent with national norms;
 - c. Reimbursement of approved costs should be made directly to the party supplying the service (such as to the hospital that provided the donor's medical care);
 - d. Reimbursement of the donor's lost income and out-of-pocket expenses should be administered by the agency handling the transplant rather than paid directly from the recipient to the donor.
- 7. Legitimate expenses that may be reimbursed when documented include:
 - a. the cost of any medical and psychological evaluations of potential living donors who are excluded from donation (e.g., because of medical or immunologic issues discovered during the evaluation process);
 - b. costs incurred in arranging and effecting the pre-, peri- and post-operative phases of

the donation process (e.g., long-distance telephone calls, travel, accommodation and subsistence expenses);

- c. medical expenses incurred for post-discharge care of the donor;
- d. lost income in relation to donation (consistent with national norms).

References

1. World Health Assembly Resolution 57.18, Human organ and tissue transplantation, 22 May 2004, http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R18-en.pdf.
2. The Ethics Committee of the Transplantation Society (2004). The Consensus Statement of the Amsterdam Forum on the Care of the Live Kidney Donor. *Transplantation* 78(4):491-92.
3. Barr ML, Belghiti J, Villamil FG, Pomfret EA, Sutherland DS, Gruessner RW, Langnas AN & Delmonico FL (2006). A Report of the Vancouver Forum on the Care of the Live Organ Donor: Lung, Liver, Pancreas, and Intestine Data and Medical Guidelines. *Transplantation* 81(10):1373-85.
4. Pruett TL, Tibell A, Alabdulkareem A, Bhandari M, Cronon DC, Dew MA, Dib-Kuri A, Gutmann T, Matas A, McMurdo L, Rahmel A, Rizvi SAH, Wright L & Delmonico FL (2006). The Ethics Statement of the Vancouver Forum on the Live Lung, Liver, Pancreas, and Intestine Donor. *Transplantation* 81(10):1386-87.
5. Universal Declaration of Human Rights, adopted by the UN General Assembly on December 10, 1948, <http://www.un.org/Overview/rights.html>.
6. Based on Article 3a of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf.

Appendix 2. The development of the Declaration of Istanbul

The following text is based on information available on the Declaration of Istanbul website:

<http://www.declarationofistanbul.org/>.

In 2004, the World Health Assembly urged member states to take measures to protect the poor and vulnerable from transplant tourism and to address the wider problem of international trafficking of human organs and tissues.

In December 2006, representatives from The Transplantation Society met with representatives of the International Society of Nephrology and conceived the idea of developing a formal Declaration that would serve to inspire and unite all those engaged in combating unethical practices in organ transplantation. On April 30 2008, more than 150 representatives of scientific and medical bodies from 78 countries around the world, including government officials, social scientists and ethicists were convened in Istanbul, Turkey to work on the drafting of the Declaration of Istanbul. Working groups were assigned to develop the various components of the Declaration and the results of their meetings were presented at plenary sessions for approval.

The Declaration of Istanbul was derived from the consensus reached by the participants at the Summit in those plenary sessions. The Declaration of Istanbul was first published on 5 July 2008 in *The Lancet*. It has been subsequently published in several medical journals and translated into more than a dozen languages.

The Declaration is not a legal document, nor did those involved in its creation sign it. Rather than compelling compliance with the principles of the declaration, it is hoped that the principles and the proposals it outlines will guide and inspire better practices in transplantation. With this in mind, *endorsement* of the Declaration has been sought amongst the many professional societies associated with transplantation medicine. See http://www.declarationofistanbul.org/index.php?option=com_content&view=article&id=74&Itemid=56 for a list of endorsing societies, organisations, and funding bodies.

Collaboration Trading Company Limited

Registered number: 03657122

Directors' report and financial statements

For the year ended 31 March 2013

COLLABORATION TRADING COMPANY LIMITED

COMPANY INFORMATION

Directors	Prof R Scholten Prof LA Becker Dr DH Gillies (appointed 1 October 2012)
Company secretary	VM Hetherington
Registered number	03657122
Registered office	Summertown Pavilion 18-24 Middle Way Oxford Oxfordshire OX2 7LG
Independent auditors	Mazars LLP Chartered Accountants & Statutory Auditor The Pinnacle 160 Midsummer Boulevard Milton Keynes MK9 1FF
Bankers	National Westminster Bank plc 249 Banbury Road Summertown Oxford OX2 7HR
Solicitors	Manches LLP 9400 Garsington Road Oxford Business Park Oxford OX4 2HN

COLLABORATION TRADING COMPANY LIMITED**CONTENTS**

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Balance sheet	7
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COLLABORATION TRADING COMPANY LIMITED

DIRECTORS' REPORT ***FOR THE YEAR ENDED 31 MARCH 2013***

The directors present their report and the financial statements for the year ended 31 March 2013.

Directors' responsibilities statement

The directors are responsible for preparing the directors' report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Principal activities

The principal activity of the company continued to be the collection of royalties from the sale of subscriptions to The Cochrane Library.

Directors

The directors who served during the year were:

Prof R Scholten
Prof LA Becker
Prof J Deeks (resigned 1 October 2012)
Dr DH Gillies (appointed 1 October 2012)

Political and charitable contributions

The company has made charitable donations in the year to the parent company, The Cochrane Collaboration, under Gift Aid. The total charge to the profit and loss account in the year was £2,869,797 (2011: £2,423,729).

COLLABORATION TRADING COMPANY LIMITED

DIRECTORS' REPORT FOR THE YEAR ENDED 31 MARCH 2013

Provision of information to auditors

Each of the persons who are directors at the time when this directors' report is approved has confirmed that:

- so far as that director is aware, there is no relevant audit information of which the company's auditors are unaware, and
- that director has taken all the steps that ought to have been taken as a director in order to be aware of any information needed by the company's auditors in connection with preparing their report and to establish that the company's auditors are aware of that information.

COLLABORATION TRADING COMPANY LIMITED

DIRECTORS' REPORT ***FOR THE YEAR ENDED 31 MARCH 2013***

Auditors

Under section 487 of the Companies Act 2006, Mazars LLP will be deemed to have been reappointed as auditor(s) 28 days after these financial statements were sent to members or 28 days after the latest date prescribed for filing the accounts with the registrar, whichever is earlier.

In preparing this report, the directors have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the board on

and signed on its behalf.

Prof LA Becker
Director

COLLABORATION TRADING COMPANY LIMITED

INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COLLABORATION TRADING COMPANY LIMITED

We have audited the financial statements of Collaboration Trading Company Limited for the year ended 31 March 2013 which comprise the Profit and Loss Account, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibility Statement set out on page 1, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors. This report is made solely to the company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2013 and of its profit for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on the other matter prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

COLLABORATION TRADING COMPANY LIMITED

INDEPENDENT AUDITORS' REPORT TO THE SHAREHOLDERS OF COLLABORATION TRADING COMPANY LIMITED

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements and the directors' report in accordance with the small companies' regime.

Stephen Brown (Senior Statutory Auditor)

for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor

The Pinnacle
160 Midsummer Boulevard
Milton Keynes
MK9 1FF

Date:

COLLABORATION TRADING COMPANY LIMITED

PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013 £	2012 £
Turnover	1	3,908,306	2,937,436
Administrative expenses		(3,916,201)	(2,942,166)
Operating loss	2	(7,895)	(4,730)
Interest receivable and similar income		12,762	3,828
Profit/(loss) on ordinary activities before taxation		4,867	(902)
Tax on profit/(loss) on ordinary activities	3	-	-
Profit/(loss) for the financial year	9	4,867	(902)

The notes on pages 8 to 10 form part of these financial statements.

COLLABORATION TRADING COMPANY LIMITED

Registered number: 03657122

**BALANCE SHEET
AS AT 31 MARCH 2013**

	Note	£	2013 £	£	2012 £
Fixed assets					
Tangible assets	4		5,799		1,359
Current assets					
Debtors	5	1,821,343		737,048	
Cash at bank		2,368,670		420,743	
		<u>4,190,013</u>		<u>1,157,791</u>	
Creditors: amounts falling due within one year	6	<u>(3,242,270)</u>		<u>(1,160,475)</u>	
Net current assets/(liabilities)			947,743		(2,684)
Total assets less current liabilities			<u>953,542</u>		<u>(1,325)</u>
Creditors: amounts falling due after more than one year	7		<u>(950,000)</u>		<u>-</u>
Net assets/(liabilities)			<u>3,542</u>		<u>(1,325)</u>
Capital and reserves					
Called up share capital	8		100		100
Profit and loss account	9		<u>3,442</u>		<u>(1,425)</u>
Shareholders' funds/(deficit)			<u>3,542</u>		<u>(1,325)</u>

The financial statements have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved and authorised for issue by the board and were signed on its behalf on

Prof LA Becker
Director

The notes on pages 8 to 10 form part of these financial statements.

COLLABORATION TRADING COMPANY LIMITED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

1. Accounting policies

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

1.2 Turnover

Turnover comprises revenue recognised by the company in respect of goods and services supplied during the year, exclusive of Value Added Tax and trade discounts.

A sign on fee in relation to a new agreement signed in the year has been included in deferred income. The income will be recognised on a straight line basis over the life of the agreement.

1.3 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Fixtures & fittings	-	25% straight line
Computer equipment	-	25% straight line

2. Operating loss

The operating loss is stated after charging:

	2013 £	2012 £
Depreciation of tangible fixed assets:		
- owned by the company	2,633	2,508
Auditors' remuneration	1,500	1,500
Auditors' remuneration - non-audit	1,500	750
	<u> </u>	<u> </u>

During the year, no director received any emoluments (2012 - £NIL).

3. Taxation

Domestic current year tax

	2013 £	2012 £
UK corporation tax	-	-
Deferred tax	-	-
	<u> </u>	<u> </u>
Current tax charge	<u> </u>	<u> </u>

COLLABORATION TRADING COMPANY LIMITED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

4. Tangible fixed assets

	Fixtures & fittings £	Computer equipment £	Total £
Cost			
At 1 April 2012	12,314	17,607	29,921
Additions	157	6,916	7,073
Disposals	(7,020)	(5,823)	(12,843)
At 31 March 2013	5,451	18,700	24,151
Depreciation			
At 1 April 2012	11,716	16,846	28,562
Charge for the year	274	2,359	2,633
On disposals	(7,020)	(5,823)	(12,843)
At 31 March 2013	4,970	13,382	18,352
Net book value			
At 31 March 2013	481	5,318	5,799
At 31 March 2012	598	761	1,359

5. Debtors

	2013 £	2012 £
Due after more than one year		
Trade debtors	400,000	-
Due within one year		
Amounts owed by group undertakings	37,025	-
Prepayments and accrued income	1,062,197	721,832
Other debtors	322,121	15,216
	1,821,343	737,048

6. Creditors: Amounts falling due within one year

	2013 £	2012 £
Trade creditors	13,056	3,900
Amounts owed to group undertakings	2,826,490	627,295
Social security and other taxes	349,112	133,887
Accruals and deferred income	53,612	395,393
	3,242,270	1,160,475

COLLABORATION TRADING COMPANY LIMITED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

7. Creditors: Amounts falling due after more than one year

	2013 £	2012 £
Accruals and deferred income	950,000	-

8. Share capital

	2013 £	2012 £
Allotted, called up and fully paid		
100 Ordinary shares of £1 each	100	100

9. Reserves

	Profit and loss account £
At 1 April 2012	(1,425)
Profit for the year	4,867
At 31 March 2013	3,442

10. Operating lease commitments

At 31 March 2013 the company had annual commitments under non-cancellable operating leases as follows:

	Land and buildings 2013 £	2012 £
Expiry date:		
After more than 5 years	21,650	21,650

11. Related party transactions

The company has taken advantage of the exemption in Financial Reporting Standard Number 8 from the requirement to disclose transactions with group companies on the grounds that consolidated financial statements are prepared by the ultimate parent company.

12. Ultimate parent undertaking and controlling party

The ultimate controlling party is The Cochrane Collaboration, a charitable company registered in England.

Collaboration Trading Company Limited

Management information

For the year ended 31 March 2013

COLLABORATION TRADING COMPANY LIMITED

DETAILED TRADING AND PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 MARCH 2013

	2013 £	2012 £
Turnover	3,908,306	2,937,436
Less: Overheads		
Administration expenses	(3,916,201)	(2,942,166)
	<hr/>	<hr/>
Operating loss	(7,895)	(4,730)
Interest receivable	12,762	3,828
	<hr/>	<hr/>
Profit/(loss) for the year	<u>4,867</u>	<u>(902)</u>

COLLABORATION TRADING COMPANY LIMITED

SCHEDULE TO THE DETAILED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

	2013 £	2012 £
Turnover		
Royalty Income	3,908,306	2,937,436

	2013 £	2012 £
Administration expenses		
Staff training	530	300
Printing and stationery	3,998	1,831
Telephone and fax	1,297	1,387
Computer costs	16,191	6,061
Advertising and promotion	-	149
Charity donations	3,830,032	2,869,797
Legal and professional	1,024	67
Auditors' remuneration	1,500	4,387
Auditors' remuneration - non-audit	2,235	-
Accountancy fees	11,028	11,235
Bank charges	204	288
Sundry expenses	9,925	6,545
Rent and Rates	29,509	32,722
Cleaning	3,235	3,824
Insurances	567	330
Repairs and maintenance	2,293	735
Depreciation - computer equipment	2,359	1,486
Depreciation - fixtures & fittings	274	1,022
	3,916,201	2,942,166

	2013 £	2012 £
Interest receivable		
Bank interest receivable	12,762	3,828

Change to the Articles of Association of Cochrane Innovations

Prepared by: Mark Wilson

Date: 8th September 2013

Purpose: To provide the Steering Group (CCSG) with the information required to allow it to consider and, if appropriate, approve a change in the Articles of Association of Cochrane Innovations

Urgency: High

Access: Restricted

Background & Report:

On arriving at The Cochrane Collaboration I reviewed the Articles of Association of Cochrane Innovations Limited. My conclusion was that they were unfit for purpose, giving the Collaboration insufficient authority and control over the affairs of Cochrane Innovations and the room and scope for action of the Directors of that Company.

I had our solicitor, Cathleen Blackburn, look at the Articles and her conclusion was exactly the same: that they needed to be redrafted. The Directors of Cochrane Innovations also agreed, and in Oxford in March and over the following months the Directors worked on a set of limitations to be incorporated into new Articles of Association based on guidance and draft text provided by Manches solicitors to the Collaboration when Cochrane Innovation's Articles of Association were first being drawn up. Unfortunately these had been ignored for the final text. You can see these in important restraints on the decisions of the Cochrane Innovations Directors in Clause 4 of the new Articles.

Following agreement and sign off from the Directors of Cochrane Innovations I worked on new draft Articles of Association with James Went at Manches solicitors; and these are attached to this paper. Also attached is a draft written resolution in which The Cochrane Collaboration, as the shareholder in the Cochrane Innovations Company, agrees to the changes in the Articles of Association.

It is important to stress that this is a formal, but important step. It has not been taken on because of any impropriety or inappropriate independent action or decision-making by the Directors of Cochrane Innovations. The Board of Cochrane Innovations will meet in Quebec and is expected to endorse and adopt these new Articles of Association.

Recommendations:

That the Steering Group accepts these changes to the Articles of Association of Cochrane Innovations, which give the Collaboration greater control and formal oversight over the activities and decisions of the Company.

Resource implications: None.

Decision required of the Steering Group:

The Steering Group of The Cochrane Collaboration agree that the draft Articles of Association for Cochrane Innovations Limited (the Company) in the form attached be adopted as the new Articles of Association of the Company in substitution for the existing Articles of Association.

Company number 7674064

PRIVATE COMPANY LIMITED BY SHARES

WRITTEN RESOLUTIONS

COCHRANE INNOVATIONS LIMITED ("Company")

Circulated on

2013

Pursuant to Chapter 2 of Part 13 of the Companies Act 2006, the directors of the Company propose that the Resolution below be passed as a Special Resolution.

SPECIAL RESOLUTION

THAT the draft Articles of Association in the form attached be adopted as the new Articles of Association of the Company in substitution for the existing Articles of Association.

AGREEMENT

Please read the notes at the end of this document before signifying your agreement to the Resolutions.

The undersigned, a person entitled to vote on the above Resolution on the circulation date stated above, agrees to the Resolutions:

Signature

.....

Name of Shareholder

Duly authorised for and on behalf of The
Cochrane Collaboration

Date

.....

NOTES

1. If you agree to the Resolution, please indicate your agreement by signing and dating this document where indicated above and returning it to the Company
3. Unless the Company has received sufficient agreement for the Resolution to pass within 28 days beginning with the date the Resolution was first circulated to shareholders, they will lapse. If you agree to the Resolution, please ensure that your agreement reaches the Company within this period.

Company No: 7674064

THE COMPANIES ACT 2006

PRIVATE COMPANY LIMITED BY SHARES

ARTICLES OF ASSOCIATION

-of-

COCHRANE INNOVATIONS LIMITED

Adopted by Special Resolution on

2013

MANCHES

Manches LLP
9400 Garsington Road
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www.manches.com

Date: 16/8/13

Draft: 1

Ref: JMW/OX-272991

Company No: 7674064

THE COMPANIES ACT 2006

PRIVATE COMPANY LIMITED BY SHARES

ARTICLES OF ASSOCIATION

-of-

COCHRANE INNOVATIONS LIMITED ("Company")

Adopted by Special Resolution on

2013

1. PRELIMINARY

- 1.1 The Model Articles for private companies limited by shares contained in Schedule 1 of the Companies (Model Articles) Regulations 2008 (SI 2008/3229) as amended prior to the adoption of these Articles ("**Model Articles**") shall apply to the Company, except insofar as they are varied or excluded by, or are inconsistent with, these Articles.
- 1.2 Save as otherwise specifically provided in these Articles, or unless the context otherwise provides, words and expressions which have particular meanings in the Model Articles shall have the same meaning in these Articles.
- 1.3 Articles 12(1), 12(2), 12(3), 14, 17(1), 19(2), 26(5), 52 and 53 of the Model Articles shall not apply to the Company.

2. DEFINITIONS AND INTERPRETATION

- 2.1 In these Articles, unless the context otherwise requires, the following words and expressions have the meanings set opposite them:

"address" includes a number or address used for the purposes of sending or receiving documents or information by electronic means;

"authenticated" (subject to section 1146 of the Companies Act) authenticated as set out in these Articles or in such other manner as the Board may in its discretion determine;

"Board" the Board of Directors of the Company or a duly authorised committee thereof or the Directors present at a meeting of the Board of Directors of the Company or a duly authorised committee thereof, in each case at which a quorum is present;

"Companies Act" the Companies Act 2006 (as amended, consolidated and restated from time to

	time);
"Director"	a director of the Company from time to time;
"electronic form" "electronic means"	and have the meanings given to them in section 1168 of the Companies Act;
"Group"	the Company and any Parent Company and any holding company of the Parent Company and any other subsidiary of the Parent Company or such holding company ("holding company" and "subsidiary" having the meanings set out in section 1159 and Schedule 6 of the Companies Act) and a subsidiary shall be treated, for the purposes only of the membership requirement contained in subsections 1159(b) or (c), as a member of another company even if its shares in that other company are registered in the name of (a) another person (or its nominee), whether by way of security or in connection with the taking of security, or (b) its nominee;
"Parent Chief Executive"	the chief executive for the time being of the Parent Company for so long as he or she is also a director of the Company;
"Parent Company"	The Cochrane Collaboration (company number 3044323) for so long as it is the registered holder of not less than fifty per cent of the issued shares of the Company having the right to vote;
"Shareholder"	a shareholder of the Company;
"Special Board Approval"	means a resolution of the Board which has been approved (in writing or at a meeting of the Board) by (i) at least one Director who is also a director of the Parent Company and (ii) the Parent Chief Executive;
"these Articles"	the Articles of Association of the Company in their present form or as amended from time to time;
"writing" or "written"	printing, typewriting, lithography, photography and any other mode or modes of representing or reproducing words in a legible and non-transitory form, including (subject to the provisions of the Companies Act) in electronic form.

3. SHARES

- 3.1 Subject always to the provisions of Article 4, in accordance with section 550 of the Companies Act, for so long as the Company has only one class of shares, the Board may exercise any powers of the Company to allot shares in the Company or to grant rights to subscribe for or to convert any security into such shares.
- 3.2 In accordance with section 567 of the Companies Act, sections 561 and 562 (inclusive) of the Companies Act shall not apply to the allotment by the Company of equity securities.

4. CONSENT OF PARENT COMPANY AND SPECIAL BOARD APPROVAL

- 4.1 If and for so long as there is a Parent Company, the Company or, as applicable, the Board shall not, without the prior consent of the Parent Company:
- 4.1.1 make any substantial change to the nature of the business of the Company or the activities which it carries on;
 - 4.1.2 allot or issue any shares or other securities;
 - 4.1.3 grant any option, warrant or other right to subscribe or convert any securities into shares, or require the allotment or issue of any such shares or securities whether conditional or otherwise;
 - 4.1.4 issue any loan capital or enter into any commitment with any person with respect to the issue of any loan capital;
 - 4.1.5 subscribe or otherwise acquire, or dispose of, any shares in the capital of any other company;
 - 4.1.6 enter into any negotiations, or reach any agreement, concerning the sale or other disposal of shares in the Company;
 - 4.1.7 cease, or propose to cease, to carry on the Company's business or take any step to wind up the Company, save where it is insolvent (within the meaning of section 123 of the Insolvency Act 1986);
 - 4.1.8 take any step to place the Company into administration (whether by the filing of an administration application, a notice of intention to appoint an administrator or a notice of appointment), propose or enter into any arrangement, scheme, moratorium, compromise or composition with its creditors (whether under Part I of the Insolvency Act 1986 or otherwise) or apply for an interim order under Part 1 of the Insolvency Act 1986, or invite the appointment of a receiver or administrative receiver over all or any part of the Company's assets or undertaking;
 - 4.1.9 enter into or give or permit or suffer to subsist any guarantee of or indemnity or contract of suretyship for or otherwise commit itself in respect of the due payment of money or the performance of any contract, engagement or obligation of any other person or body;
 - 4.1.10 dispose of the whole (or any significant part) of the Company's assets or undertaking;

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- 4.1.11 acquire the whole (or any significant part) of the undertaking of any other person or merge the Company (or any part of its business) with any other person or agree to do so;
 - 4.1.12 enter into any arrangement, contract or transaction or make any payment outside the normal course of the Company's business or otherwise than on arm's length terms for the benefit of the Company;
 - 4.1.13 create or permit to be created any mortgage, charge, encumbrance or other security interest whatsoever on any asset or the Company's business in whole or in part or any of its shares other than:
 - (a) liens arising in the ordinary course of business; or
 - (b) any charge arising by the operation or purported operation of title retention clauses and in the ordinary course of business;
 - 4.1.14 change either the Company's auditors or its financial year end;
 - 4.1.15 make or permit to be made any change in the accounting policies and principles adopted by the Company in the preparation of its audited accounts except as may be required to ensure compliance with relevant accounting standards under the Companies Act 2006 or any other generally accepted accounting principles in the United Kingdom;
 - 4.1.16 borrow money other than ordinary trade credit in the normal course of the Company's business;
 - 4.1.17 make any loan (otherwise than by way of deposit with a bank or other institution the normal business of which includes the acceptance of deposits) or grant any credit (other than in the normal course of trading) or acquire any loan capital of any corporate body; or
 - 4.1.18 acquire or dispose of any asset having a book or market value greater than £10,000.
- 4.2 If and for so long as there is a Parent Company, the Company or, as applicable, the Board shall not, without prior Special Board Approval or the consent of the Parent Company:
- 4.2.1 adopt or amend the Company's business plan or annual budget, or enter into any material contract or commitment not provided for in the business plan or annual budget or otherwise materially deviate from the business plan or annual budget;
 - 4.2.2 acquire or dispose (otherwise, in the case of a capital asset, than in accordance with any relevant capital disposals forecast in the Company's annual budget) of any asset having a book or market value greater than £1,000;
 - 4.2.3 incur any capital expenditure (including obligations under hire-purchase and leasing arrangements) which exceeds the amount for capital expenditure in the Company's annual budget;
 - 4.2.4 dispose (otherwise than in accordance with any relevant capital disposals forecast in the Company's annual budget) of any asset of a capital nature having a book or market value greater than £5,000;

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- 4.2.5 establish any new branch, agency, trading establishment or business or close any such branch, agency, trading establishment or business;
- 4.2.6 factor or assign any of the book debts of the Company, accept any credit (other than ordinary trade credit in the normal course of the Company's business) or enter into any sale or leaseback, hire purchase agreement or arrangement;
- 4.2.7 make any change to the Company's bankers or the terms of the mandate given to such bankers in relation to its account(s);
- 4.2.8 engage any employee or consultant or appoint any agent or other intermediary to conduct any of the Company's business;
- 4.2.9 vary or make any binding decisions on the terms of employment and service of any director or company secretary of the Company, increase or vary the salary or other benefits of any such officer, or appoint or dismiss any such officer;
- 4.2.10 establish or amend any profit-sharing, share option, bonus or other incentive scheme of any nature for directors, officers or employees;
- 4.2.11 establish or amend any pension scheme or grant any pension rights to any director, officer, employee, former director, officer or employee, or any member of any such person's family;
- 4.2.12 appoint any person as a director of the Company or remove any Director;
- 4.2.13 institute, settle or compromise any legal proceedings instituted or threatened against the Company or submit to arbitration or alternative dispute resolution any dispute involving the Company.
- 4.2.14 take or agree to take any leasehold interest in or licence over any real property;
- 4.2.15 enter into any transaction or arrangement of any nature whatsoever with any of the Company's directors or any person who is connected (within the meanings of sections 1122 and 1123 of the Corporation Tax Act 2010) to any of its directors whether or not any other person shall be party to such transaction or arrangement;
- 4.2.16 form, enter into, terminate or withdraw from any partnership, consortium, joint venture or any other incorporated association or any outsourcing agreement or arrangement;
- 4.2.17 deal in any way (including the acquisition or disposal, whether outright or by way of licence or otherwise howsoever) with intellectual property;
- 4.2.18 surrender or agree to any material change in the terms of any substantial supply or distribution agreement to which the Company is from time to time a party;
- 4.2.19 enter into or vary either any unusual or onerous contract or any other material or major or long term contract;

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- 4.2.20 approve or amend the Company's ethics and supplier policy;
 - 4.2.21 approve or amend the Company's policies on risk management, strategy, health and safety and the environment; or
 - 4.2.22 enter into, or make any material alteration to the terms of, any insurance policy, save for annual renewal of existing insurance policies on substantially the same terms.
- 4.3 Where the consent of the Parent Company or Special Board Approval is required under these Articles, no person dealing with the Company shall be concerned to see or enquire as to whether any requisite consent of the Parent Company or Special Board Approval has been obtained and no obligation incurred or security given or transaction effected by the Company to or with any third party shall be invalid or ineffectual unless the third party had at the time express notice that the incurring of such obligation or the giving of such security or the effecting of such transaction was in excess of the powers of the Directors.
- 4.4 Any notice, consent, approval or other document of the Parent Company given pursuant to these Articles shall be in writing served on the Company and shall be authenticated. A notice signed on behalf of the Parent Company by any of its directors or some other person duly authorised for the purpose shall be deemed to be authenticated for the purposes of these Articles and the Companies Act.

5. TRANSFER OF SHARES

- 5.1 If and for so long as there is a Parent Company, the Directors shall register a transfer of shares:
- 5.1.1 which is presented by the Parent Company for registration duly stamped or certified as exempt from stamp duty; or
 - 5.1.2 which is approved in writing by the Parent Company and presented for registration duly stamped or certified as exempt from stamp duty.
- 5.2 If and for so long as there is a Parent Company, no transfer of shares shall be registered without the prior written approval of the Parent Company.

6. MEETINGS AND RESOLUTIONS OF SHAREHOLDERS

- 6.1 If and for so long as there is a Parent Company, a duly authorised representative of the Parent Company shall be the only person required to constitute a quorum at general meetings.
- 6.2 At any general meeting, in the case of a body corporate which is a Shareholder a director or the secretary thereof shall be deemed to be a duly authorised representative unless the Company has received notice to the contrary.
- 6.3 In the case of:
- 6.3.1 a body corporate which is a Shareholder, the signature of a director or the secretary of that body corporate; or
 - 6.3.2 joint holders of a share, the signature of any one of such joint holders,
- shall be sufficient for the purposes of passing written resolutions pursuant to the Companies Act.

7. RESTRICTIONS ON POWERS OF DIRECTORS

- 7.1 For so long as there is a Parent Company any or all powers of the Directors shall be restricted in such respects and to such extent as the Parent Company may by notice to the Company from time to time lawfully prescribe. Article 3 of the Model Articles shall be read accordingly.
- 7.2 No person dealing with the Company shall be concerned to see or enquire as to whether the powers of the Directors have been in any way restricted hereunder and no obligation incurred or security given or transaction effected by the Company to or with any third party shall be invalid or ineffectual unless the third party had at the time express notice that the incurring of such obligation or the giving of such security or the effecting of such transaction was in excess of the powers of the Directors.

8. APPOINTMENT AND REMOVAL OF DIRECTORS

- 8.1 The minimum number of Directors shall be one and, in the event of there being a sole Director, he shall have all the powers and be subject to all the provisions herein conferred on the Directors and he or any alternate Director appointed by him shall alone constitute a quorum at any meeting of the Directors. Article 11 of the Model Articles shall be modified (and all other provisions in these Articles relating to Directors shall be construed) accordingly.
- 8.2 The maximum number of Directors shall be 10.
- 8.3 Any person who is willing to act as a Director, and is permitted by law to do so, may be appointed as a Director:
- 8.3.1 by the Parent Company (if there is one) giving notice to the Company of the appointment; or
 - 8.3.2 by a decision of the Directors.
- 8.4 For so long as there is a Parent Company, the Parent Company may at any time and from time to time remove from office any Director howsoever appointed but so that his removal from office shall be deemed an act of the Company and shall have effect without prejudice to any claim for damages for breach of any contract of service between him and the Company. Any such removal shall be effected by a notice served on the Company by the Parent Company.

9. ALTERNATE DIRECTORS

- 9.1 Any Director (the “**appointor**”) may appoint as an alternate Director (“**alternate**”) any other Director, or any other person approved by the Parent Company, to:
- 9.1.1 exercise that Director’s powers; and
 - 9.1.2 carry out that Director’s responsibilities,
- in relation to the taking of decisions by the Directors in the absence of the alternate’s appointor.
- 9.2 Any appointment or removal of an alternate must be effected by notice in writing to the Company signed by the appointor, or in any other manner approved by the Board.

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- 9.3 The notice must:
- 9.3.1 identify the proposed alternate; and
 - 9.3.2 in the case of a notice of appointment, contain a statement signed by the proposed alternate that the proposed alternate is willing to act as the alternate of the Director giving the notice.
- 9.4 An alternate Director may act as alternate Director to more than one Director and has the same rights, in relation to any decision of the Directors, as the alternate's appointor.
- 9.5 Alternate Directors:
- 9.5.1 are deemed for all purposes to be Directors;
 - 9.5.2 are liable for their own acts and omissions;
 - 9.5.3 are subject to the same restrictions as their appointors; and
 - 9.5.4 are not deemed to be agents of or for their appointors,
- and in particular (without limitation), each alternate Director shall be entitled to receive notice of all meetings of Directors and of all meetings of committees of Directors of which his appointor is a member.
- 9.6 A person who is an alternate Director but not a Director:
- 9.6.1 may be counted as participating for the purposes of determining whether a quorum is participating (but only if that person's appointor is not participating), and
 - 9.6.2 may participate in a decision of the Directors (but only if that person's appointor is eligible to vote in relation to that decision but does not participate); and
 - 9.6.3 shall not be counted as more than one Director for the purposes of Articles 9.6.1 and 9.6.2.
- 9.7 A Director who is also an alternate Director is entitled, in the absence of his appointor, to a separate vote on behalf of his appointor, in addition to his own vote on any decision of the Directors (provided that his appointor is eligible to vote in relation to that decision but does not participate) but shall not count as more than one Director for the purposes of determining whether a quorum is present.
- 9.8 An alternate Director may be paid expenses and may be indemnified by the Company to the same extent as his appointor but shall not be entitled to receive any remuneration from the Company for serving as an alternate Director except such part of the alternate's appointor's remuneration as the appointor may direct by notice in writing made to the Company.
- 9.9 An alternate Director's appointment as an alternate terminates:
- 9.9.1 when the alternate's appointor revokes the appointment by notice to the Company in writing specifying when it is to terminate;

- 9.9.2 on the occurrence in relation to the alternate of any event which, if it occurred in relation to the alternate's appointor, would result in the termination of the appointor's appointment as a Director;
- 9.9.3 on the death of the alternate's appointor; or
- 9.9.4 when the alternate's appointor's appointment as a Director terminates.

10. DIRECTORS' INTERESTS

- 10.1 Subject to the provisions of the Companies Act and provided that he has previously disclosed the nature and extent of such duty or interest to the Directors in accordance with the provisions of the Companies Act, and provided further (save as set out in Article 10.2) that he has obtained the approval of the Parent Company (if there is one) a Director who is in any way, whether directly or indirectly, interested in an existing or proposed transaction or arrangement with the Company:
 - 10.1.1 may vote at a Board meeting (or any committee of the Directors), and form part of a quorum present at that meeting, or participate in any decision making of the Directors in relation to such transaction or arrangement with the Company;
 - 10.1.2 may be a party to, or otherwise interested in, any such transaction or arrangement; and
 - 10.1.3 shall not, save as he may otherwise agree, be accountable to the Company for any benefit which he (or a person connected with him) derives from any such transaction or arrangement and no such transaction or arrangement shall be liable to be avoided on the grounds of any such interest nor shall the receipt of any remuneration or other benefit constitute a breach of his duty under section 176 of the Companies Act.
- 10.2 The approval of the Parent Company referred to in Article 10.1 shall not be required in respect of an interest that arises by virtue of a Director holding office in, being employed by, holding shares (whether directly or indirectly) in, or otherwise being interested in any member of the Group ("**Group Interest**").
- 10.3 A Director shall not be in breach of his duty under section 175 of the Companies Act by reason of him having a Group Interest.
- 10.4 For the purposes of Articles 10.1 to 10.3 an interest of a person who is, for any purpose of the Companies Act, connected with a Director shall be treated as an interest of the Director and, in relation to an alternate Director, an interest of his appointor shall be treated as an interest of the alternate Director without prejudice to any interest which the alternate Director has otherwise.

11. DIRECTORS' REMUNERATION

- 11.1 Article 19(3) of the Model Articles shall be amended by adding the words "and subject to obtaining the approval of the Parent Company (if there is one)", after the words "Subject to the articles" but before the words ", a director's remuneration may:"
- 11.2 The Directors shall be entitled to such remuneration (if any) by way of fee as shall from time to time be determined by the Parent Company.

12. CHAIRMAN

- 12.1 The Directors shall appoint one of their number (not being the Parent Chief Executive or a director of the Parent Company) to chair meetings of the Directors and may terminate such chairman's appointment at any time.

13. ACCOUNTS AND OTHER RECORDS

If and for so long as there is a Parent Company, it shall be entitled to inspect the Company's accounts and other records and documents. Article 50 of the Model Articles shall be modified accordingly.

14. INDEMNITY AND INSURANCE

- 14.1 Subject to the Companies Act, but without prejudice to any indemnity to which a Director may otherwise be entitled, each relevant director shall, subject to obtaining the approval of the Parent Company (if there is one), be indemnified out of the Company's assets against:

14.1.1 any liability incurred by that director in connection with any negligence, default, breach of duty or breach of trust in relation to the Company or an associated company;

14.1.2 any other liability incurred by that director as an officer of the Company or on associated Company.

- 14.2 This Article does not authorise any indemnity which would be prohibited or rendered void by any provision of the Companies Act or by any other provision of law.

- 14.3 Subject to the provisions of, and so far as may be permitted by, the Companies Act and for so long as there is one, subject to obtaining the approval of the Parent Company, the Company shall be entitled to fund by way of loan (or make arrangements for him to avoid incurring) the expenditure of every relevant director incurred or to be incurred in defending any criminal or civil proceedings or any investigation or other action proposed to be taken by a regulatory authority or in connection with any application for relief.

- 14.4 Subject to the Companies Act (and for so long as there is one, subject to obtaining the approval of the Parent Company) the Company may buy and maintain insurance for the benefit of any relevant director in respect of any relevant loss.

- 14.5 In this Article:

14.5.1 companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate;

14.5.2 a "**relevant director**" means any director or former director of the Company or an associated company; and

14.5.3 a "**relevant loss**" means any loss or liability which has been or may be incurred by a relevant director in connection with that director's duties or powers in relation to the Company, any associated company or any pension fund or employees' share scheme of the Company or associated company.

15. COMMUNICATIONS

- 15.1 Any document or information required or permitted to be given by or to the Company, any Shareholders and Directors under these Articles or the Companies Act, other than a notice convening a meeting of the Directors, shall, unless otherwise specified in these Articles, be in writing and, subject to the Companies Act and any specific requirements of these Articles, may be given:
- 15.1.1 personally or by sending it by post or other delivery service in a prepaid envelope addressed to the recipient at its registered address, or any other address notified to the sender for the time being for the service of documents or information, or by leaving it at any such address or by any other means authorised in writing by the recipient concerned;
 - 15.1.2 by sending it in electronic form to an address for the time being notified to the sender by the recipient for that purpose;
 - 15.1.3 in the case of any document or information to be given by the Company, by making it available on a website.
- 15.2 If properly addressed, a document or information sent or supplied by the Company in accordance with Article 15.1 shall be deemed to be received:
- 15.2.1 in the case of a document or information delivered personally or left at the recipient's address, when delivered or left;
 - 15.2.2 in the case of a document or information sent by post or other delivery service, 48 hours after sending;
 - 15.2.3 in the case of a document or information sent by electronic means, 24 hours after sending;
 - 15.2.4 in the case of a document or information made available on a website:
 - (a) when the document or information was first made available on the website; or
 - (b) if later, when the recipient received (or is deemed to have received) notice of the fact that the document or information was made available on the website.
- 15.3 In the case of documents or information sent or supplied by the Company, proof that an envelope containing a document or information was properly addressed, prepaid and posted (or consigned to the relevant delivery service or, in the case of a document or information delivered personally or left at the recipient's address, was properly addressed and delivered personally or left at the recipient's address) shall be conclusive evidence that the document or information was given. In the case of documents or information sent or supplied by the Company, proof that a document or information contained in an electronic communication was sent in accordance with guidance issued by the Institute of Chartered Secretaries and Administrators shall be conclusive evidence that the document or information was given.
- 15.4 A document or information sent in electronic form shall not be treated as received by the Company if it is rejected by computer virus protection arrangements.

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- 15.5 Where a document or information is sent or supplied to the Company it must be authenticated. Where a document or information is sent or supplied to the Company by a person on behalf of another, the Company may require reasonable evidence of the authority of the former to act on behalf of the latter.
- 15.6 In the case of joint holders of a Share, all documents or information required to be given by the Company may be given either to each of the joint holders or to the joint holder whose name stands first in the register of Shareholders in respect of the joint holding and documents or information so given shall be sufficiently given to all the joint holders.
- 15.7 Subject to Article 15.8, a Shareholder whose registered address is not within the United Kingdom and who gives to the Company an address within the United Kingdom at which documents or information may be given to him or an address to which documents or information may be given to him in electronic form shall be entitled to have documents or information given to him at such address but otherwise, subject to the Companies Act, no such Shareholder shall be entitled to receive any document or information from the Company.
- 15.8 A Parent Company whose registered address is not within the United Kingdom shall be entitled to have documents and other information required to be given to it by the Company, given to it at that address.
- 15.9 A Shareholder present, either in person or by proxy or (being a corporation) by a duly authorised representative, at any meeting of the Company or of the holders of any class of Shares shall be deemed to have received notice of the meeting and, where requisite, of the purposes for which it was called.

Every person who becomes entitled to a Share shall be bound by any notice in respect of that Share which, before his name is entered in the register of Shareholders, has been duly given to a person from whom he derives his title.

Entity Executive Steering Group Report

1. PRELIMINARY INFORMATION

- **Entity Executive:** Fields' Executive
- **Meeting:** Mid-year meeting, Oxford, March 2013
- **Report period:** September 2012-March 2013
- **Members of the Executive for this period:**
 - Denise Thomson (Chair and CCSG representative), Child Health Field
 - Catherine Gallagher, Justice Health Field
 - Kathy Mahan, Neurological Field
 - Alan Pearson, Nursing Care Field
 - Susan Wieland (Monitoring and Registration Committee representative), Complementary Medicine Field
- **Report prepared by:** Denise Thomson
- **Access:** Open
- **Purpose of report:**
 - Scheduled update
 - Low urgency

2. WORKPLAN UPDATE

i) For this reporting period:

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
Meetings			
Fields Executive meeting at the Oxford mid-year meeting	Planning and goal-setting for the upcoming period	March 2013	None
Regular teleconferences	Ongoing communication and planning	Ongoing	None
Training and mentoring procedures for Field entity staff			
Ongoing mentorship for the Prehospital and Emergency Care Field re: Collaboration standards and processes.	Email and phone communication. In-person meeting scheduled for Quebec City.	Ongoing	None
General Fields work			
Meetings with the Health Care of Older People Field (March 2013) and Justice Health Field (May 2013).	Support and communication.	Completed.	About 500 GBP

Cochrane Collaboration projects, working groups and committees			
Participation in the planning for the 2013 celebrations of the 20 th anniversary of the Cochrane Collaboration.	Field perspective represented in planning; news about, and plans for, related activities are disseminated to Fields' stakeholder groups.	Ongoing	None
Participation in the working group developing a policy on access to trial data	Field perspective represented in developing the Collaboration's policy in this important area	Ongoing	None
Membership on the following: WHO Partnership Committee (Denise Thomson); Archie Development Advisory Committee (Susan Wieland); Colloquium Policy Advisory Committee (Kathy Mahan); Training Working Group (Susan Wieland)	Contributing Field perspective.	Ongoing	None

ii) Full breakdown of expenditure:

Activity	Amount allocated
Travel to mid-year meetings	

iii) Meetings, teleconferences and other communication:

Face to face meetings – March 2013, Oxford

Teleconferences – June 2013

iv) Descriptive summary:

What were the priorities for your executive and respective constituency during this reporting period? What were your main activities? What were your challenges and achievements? Are there any important updates that the Steering Group should be aware of?

In Oxford the Executive decided to publish a twentieth-anniversary brochure about Fields, to be distributed at the Cochrane Colloquium in Quebec City. The Nursing Care Field has taken the leadership in coordinating the production of this brochure, to be titled "Meadow-Analysis." Participating Fields include: Child Health, Complementary Medicine, Health Care of Older People, Neurological, Nursing Care, Prehospital and Emergency Care, and Vaccines.

At the mid-year meeting in Paris in 2012, the Fields Executive decided that our priority is providing support and mentorship to potential or existing Fields. During this period we did the following:

1. We had in-person meetings with the staff of two Fields – the Health Care of Older People Field (David Stott, Tracey Howe and Camilla Young) in Oxford in March 2013, and the Justice Health Field (Catherine Gallagher and Adam Dobrin) in Washington in May 2013. In both cases we discussed the Field's functioning and how the Fields Executive can best support its activities. These follow on similar meetings we held in the past with the Prehospital and Emergency Care Field (Paris, April 2012) and the Primary Health Care Field (Auckland, October 2012). In all cases, the opportunity to talk in person in an informal setting has been seen as very valuable on both sides.
2. Following on the success of the above meetings, we have scheduled similar conversations with the Directors and staff of the Nursing Care and Neurology Fields in Quebec City, along with a follow-up with Dr. Patricia Jabre, of the Prehospital and Emergency Care Field, with whom we first met in 2012.
3. Denise Thomson has been involved in discussions with the Health Care of Older People Field about a possible revisiting of their scope; these discussions will continue into the future.

3. OBJECTIVE PLANNING

i) For the next reporting period and beyond:

Objective/activity	Planned output	Timeline and comments
Training and mentoring procedures for Field entity staff		
Continued work on training and mentoring materials for Fields staff.	Mentoring program in place; training materials finalised.	We have developed materials and have plans in place for support and mentoring for all Fields.
We are leveraging opportunities provided by travel of Fields Executive members to meet in person with the Neurology, Nursing Care and Prehospital and Emergency Care Fields.	Training, mentoring, support.	Ongoing – we hope to continue doing this as opportunities arise.
Meetings		
Fields meeting and Fields Executive meetings, Quebec City Colloquium	Ongoing planning and communication.	September 2013
To hold frequent teleconferences to carry out	Ongoing planning and communication.	Ongoing

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the work of the Executive.		
Fields Executive meeting, March 2014	Ongoing planning and communication.	March 2014
Cochrane Collaboration projects, working groups and committees		
Ongoing participation as detailed above.	Contribution of Field perspective	Ongoing

4. FUNDING AND/OR POLICY DECISION REQUESTS

Are members of your entities submitting any proposals to the Steering Group for decision at its next meeting? If so, how do these fit with the wider goals of your entities?

None of which we are aware.

5. ANNEXES TO THIS REPORT

None.



Managing Editors Executive Steering Group Report

PRELIMINARY INFORMATION

- **Meeting:** Quebec Colloquium September 2013
- **Report period:** April 2013-September 2013
- **Members of the Executive for this period:** Sally Bell-Syer (Co-convenor and ME CCSG representative), Chris Champion, Jane Cracknell, Karin Dearnass, Liz Dooley, Sue Marcus, Anupa Shah (Co-convenor), Emma Welsh.
- **Report prepared by:** Sally Bell-Syer and Anupa Shah (Co-convenors)
- **Access:** Open
- **Purpose of report:** Scheduled update, low urgency

The purpose of the MEs' Executive is to be a conduit for communication and information flow to and from MEs to the Cochrane Collaboration Steering Group (CCSG) and the Editor in Chief (EiC).

WORKPLAN UPDATE

Expenditure:

We have been allocated an annual budget of £10,000 and funds not spent in the previous financial period are rolled over. We are within our budgeted spend for this period since the major expense is funding members of the Executive to attend the mid-year meeting. However we are supporting 3 members of the Executive with partial funding to enable them to attend the Colloquium in Quebec.

In addition we purchased a licence for GoToMeeting organiser for Executive meetings and we make this available to the TSCs Executive when required.

Meetings, teleconferences and other communication:

- Face-to-face meetings on 18th and 19th March 2012 in Oxford.
- Teleconferences on 15th May, 24th June and 8th August 2013.
- Teleconference with Mark Wilson CEO to discuss Strategy to 2020 document and feedback from MEs.

The minutes of the meetings have been shared with the TSCs' and Co-Eds' Executives and have been shared with MEs.

Members of the Executive routinely participate in discussions on the Discussion Forum and respond to queries and requests for information as appropriate. Chris and Karin have established the ME Portal and this has links to a section relating to the MEs' Executive.

We are planning two face-to-face meetings of the MEs' Executive in Quebec.

Activities of the MEs' Executive during the reporting period:

We continue to ensure that MEs are represented on Collaboration committees relevant to the role of the ME, providing support if needed. MEs were recruited for the Impact Factor Working Group and for the Plagiarism Policy Working Group .

Karin represented the MEs' Executive on the Workshop Committee for the Quebec Colloquium.

All members attended the mid-year meeting in Oxford, March 2013.

Sally continues to act as the day to day line manager for the role of Executives Support Officer (ESO) on behalf of the CRG Executives.

Sally was a member of the interview panel for the position of Head of Communication and External Affairs.

We launched the ME Portal for Cochrane.org. and update this as necessary. We have included an informative section of the MEs' Executive.

The Executive continue to work with the ME Support team and Harriet Maclehorse as ME Support Manager. We maintain regular contact and share meeting agendas. Sally joined the members of the ME Support team at their face to face meeting which was held at the CEU in April 2013.

We have been actively involved in the organisation of the ME meeting at the Quebec Colloquium in September 2013. Chris represented the Exec and along with Emma has been part of the cross CRG organising group for the joint meeting of all CRGs in Quebec.

We commented on the following documents on behalf of MEs:

- ME Support paper for continued funding for presentation to CCSG
- Through the MEs' Executive representative on MaRC we have commented on the appointments of new MEs.
- Sent feedback to the ERC on updated documents.
- Agenda for the joint CRG meeting in Quebec.
- Cochrane Editorial and Publishing Resource
- Cochrane Organisational Manual
- Joint publication of reviews
- MECIR audit tool
- Screening of reviews as part of the Review quality project
- Structure and function of CRGs
- MaRC document on informing changes to entities
- Strategy to 2020 – comments from the Executive and collated comments from all MEs
- Revised Access to Data statement

FUNDING AND/OR POLICY DECISION REQUESTS

None

ANNEXES TO THIS REPORT

None

Entity Executive Steering Group Report

1. PRELIMINARY INFORMATION

- **Entity Executive:** Consumers' Executive
- **Meeting:** Mid-Year Meeting, Oxford UK
- **Report period:** April 2013 – September 2013
- **Members of the Executive for this period:**
 - Gill Gyte, Co-Chair
 - Liz Whamond, Co-Chair
 - § CCSG consumer representative
 - Mingming Zhang
 - § CCSG consumer representative
 - § Representative of consumers in developing countries
 - Silvana Simi
 - § Representative of non-English speaking consumers
 - Anne Lyddiatt
 - Catherine McIlwain, non-voting member
- **Report prepared by:** Catherine McIlwain
- **Report prepared on:** 30 Aug 2013
- **Access:** Open
- **Purpose of report:**
 - Scheduled update
 - Low urgency

2. WORKPLAN UPDATE

i) For this reporting period

Workstream 1: Accessible Cochrane Products

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
1.1 PLEACS minimum standards and PLS guidelines	1.1.1 PLS minimum Standards 1.1.3 Format recommendations	Standards have been finalized and distributed for implementation. Some CRGs are reporting positive results.	£0
1.2 Cochrane Summaries	1.2.1 Live website for consumers 1.2.2 Promotion of site 1.2.3 Refining content	Partnerships with four patient organizations (in Australia, South Africa, UK and USA) are now promoting Cochrane Summaries.	£0

1.3 Training Plan – Writing PLS	1.3.1 Compare existing PLS tool 1.3.2 Revise tool based PLEACS	Guidance on writing PLS using the PLEACS standards has been added to the Cochrane Handbook.	£0
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* Additional information on this project is provided in the Descriptive Summary.

Workstream 2: Integrating Existing Consumers

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
2.1 Process for Consumer Involvement	2.1.1 Training program for all consumer referees. 2.1.2 Monitoring system for consumer training progression in Archie.	Training program for consumers now available at Cochrane Training.	£0
2.2 Consumer Referee Training Plan	2.2.1 ALOIS module development 2.2.2 Detailed training components for 5-tier consumer training plan. 2.2.3 Consumer Referee training modules 2.2.4 Cochrane Training Website for Consumers	All ALOIS modules have been updated for use by consumers from any review group. Training components for consumer referee training module has been developed. Cochrane Training website for consumers is live.	<i>Training Working Group has allocated 2 days a week (Feb –Aug) to develop this training program.</i>

* Additional information on this project is provided in the Descriptive Summary.

Workstream 3: Supporting consumer involvement

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
3.1 Information Dissemination	3.1.1 CCNet website 3.1.2 CCNet Facebook 3.1.3 CCNet Twitter 3.1.4 Quarterly Newsletters 3.1.5 CCNet Mailing list And monthly CCNet Info Bulletin	Ongoing activity. Newsletters posted at consumers.cochrane.org	£0
3.2 Community Building	3.2.1 Consumer Blog 3.2.3 Discussion Forums	Ongoing activity. Blogs available on consumers.cochrane.org. Discussion Forums	£0

		available on the Community site.	
3.3 Consumers' Executive	3.3.1 Executive Work plan 3.3.2 Monthly meetings 3.3.3 Annual Elections 3.3.4 Administration	Ongoing activity. Meetings occur monthly. Elections occur 1-2 times per year. The Consumers Executive recruited several new candidates for the election.	£0
3.4 CRG Support	3.4.2 Special Projects	Assistance provided as required by CRGs	£0

Workstream 4: Attracting new consumers

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
4.3 Internal Partnership	4.3.2 Anniversary Working Group	Several events (Trivial Pursuit game, Dance-off, Recorded interviews, and poster displays) have been completed for use at the Colloquium.	£4500 for the Anniversary Events Working Group
4.4 External Partnership	4.4.3 Targeted organizations	A list of high profile patient organizations have been presented to the Consumers Executive for consideration as key partners.	£0

Workstream 5: Measuring Impact

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
5.1 MaRC	5.1.1 Financial Reports	Financial reporting now completed annually.	£0
5.3 Reporting Schedule	5.3.1 Mid-year meeting 5.3.2 Annual Colloquia	Annual reports completed and submitted to the CCSG for review.	£0

Workstream 6: External Funding

Objective/planned activity	Planned and/or achieved output	Timeline and comments	Allocated budget
6.1 ECRAN	6.1.1 Inventory of resources about clinical trials 6.1.2 Tool to assess resources 6.1.3 Multilingual	Implementation is ongoing and is led by Catherine McIlwain and Gill Gyte.	€116,630

	website for consumers		
	6.1.4 Film for consumers		
	6.1.5 Month 6 reports		
6.2 Funding proposals	6.2.1 Consumer involvement in externally funded grants.	Additional proposals to the CIHR have been submitted.	£0

** Additional information on this project is provided in the Descriptive Summary.*

ii) Full breakdown of expenditure:

Activity	Amount allocated	Actual Expenditure
Fiscal year 2010-2011 (Keystone/Split)	£10,000	£ 7,029.80
Fiscal year 2011-2012 (Madrid)	£10,000	£ 2,392.07
Fiscal year 2012-2013 (Paris, Auckland, Oxford*)	£10,000	£10,536.64
*Costs for Oxford are not yet included		
Total since onset of Executive funding:	£30,000	£19,958.51

iii) Meetings, teleconferences and other communication:

The Consumers' Executive has monthly teleconferences to discuss activities pertaining to the Consumer Co-ordinator, CCNet and consumer needs.

iv) Descriptive summary:

ECRAN - The Cochrane Collaboration has been granted oversight of the Oxford University Hospitals Trust (OUHT) portion of the ECRAN project with additional funding of 90,950 euros, for a total project value of 116,630 euros. The majority of the funding will be used to hire contractors to complete the work, but The Collaboration is estimated to receive 14,000 euros in profit during the 2013/2014 fiscal year. Catherine McIlwain is managing grant reporting, budgeting and oversight of the two project officers: Amanda Burls, the OUHT project officer in charge of the database work, and Gill Gyte, the CCNet project officer in charge of consumer involvement. During the first half of work, the ECRAN project has developed several resources, which will be a vital resource for The Collaboration's advocacy work in the future. The first is a cartoon video for the general public, which explains the history and process of clinical trials including randomization. The second is a database of educational tools specifically for consumers to learn about clinical trials and the scientific processes behind them. These resources will be available in the six WHO languages and distributed to members of the EU, including Cochrane Centres. The ECRAN project will culminate in an international event for the public during which The Collaboration can feature as a key partner.

PLEACS - The standards for plain language summaries (PLS) have been distributed to The Collaboration during this period. According to CRG reports, implementation varies between review groups, so best practice examples will be provided for the review groups to better apply the standards. Catherine McIlwain will be attending the Managing Editors' meeting in Quebec with a member of the CEU to highlight the need for all CRGs to employ the

standards in new and updated PLS. Of the CRG who are already utilizing the standards, several authors have indicated that they find the standards easy to use, while the ME's have informed us that the new PLS are some of the best they've seen. In addition, a training class in Quebec will be held for authors and ME's to receive assistance in implementing the standards. Catherine McIlwain will conduct an audit of PLS quality following Quebec to assess PLS improvement that is attributable to the creation of the standards and the training class. A baseline score (pre-PLEACS) will be compared to PLS post implementation to ascertain the content that has been. A report on these findings will be provided at the next Mid-Year meeting.

3. OBJECTIVE PLANNING

i) For the next reporting period and beyond:

NOTE: priority levels are indicative of activity planning for the next reporting period only.

High Priority = activity are scheduled during the next reporting period.

Moderate Priority = activity will progress if resources are available.

Low Priority = activities are not expected to progress before the next reporting period.

Workstream 1: Accessible Cochrane Products

Objective/planned activity	Planned output	Timeline and comments
1.1 PLEACS minimum standards and PLS guidelines	1.1.2 Tools and Guidance 1.1.3 Format recommendations 1.1.4 PLS best practice examples	High Priority. This work will be led by Catherine McIlwain and will continue during the next reporting period.
1.2 Cochrane Summaries	1.2.2 Promotion of site 1.2.3 Refining content	Moderate Priority. Partnership and outreach will be the key objectives during the next period.

Workstream 2: Integrating Existing Consumers

Objective/planned activity	Planned output	Timeline and comments
2.1 Process for Consumer Involvement	2.1.1 Training program for all consumer referees. 2.1.2 Monitoring system for consumer training progression in Archie.	Low Priority. The level of priority will be reassessed when training materials are in place.
2.2 Consumer Training Plan	2.2.2 Detailed training components for 5-tier consumer training plan. 2.2.3 Consumer Referee training modules	2.2.2 and 2.2.3 High Priority. The completion of the Consumer Referee Training module is dependent on the receipt of additional resources from the Training Working Group.
2.3 Implement Consumer Referee Process	2.3.1 Buddy system for consumer referees	2.3.1 Moderate Priority. This process will be led by

2.3.2 Consumer Referee panels for CRGs	Anne Lyddiatt.
2.3.3 Archie tagging of reviews with consumer involvement.	2.3.2 Low Priority 2.3.3 Low Priority

Workstream 3: Supporting consumer involvement

Objective/planned activity	Planned output	Timeline and comments
3.1 Information Dissemination	3.1.1 CCNet website 3.1.2 CCNet Facebook 3.1.3 CCNet Twitter 3.1.4 Quarterly Newsletters 3.1.5 CCNet Mailing list	Moderate Priority. Ongoing activity led by Catherine McIlwain. Newsletters posted at consumers.cochrane.org
3.2 Community Building	3.2.1 Consumer Blog 3.2.2 Call-in Forums 3.2.3 Discussion Forums	Moderate Priority. Ongoing activity led by Catherine McIlwain.
3.3 Consumers' Executive	3.3.1 Executive Work plan 3.3.2 Monthly meetings 3.3.3 Annual Elections 3.3.4 Administration 3.3.5 Special Projects - Consumer Membership lists	High Priority. Ongoing activity co-ordinated by Catherine McIlwain with input from the Consumers Executive. 3.3.5 A proposal to separate the CCNet mailing list will be made to the CCSG.
3.4 CRG Support	3.4.1 Guidelines paper 3.4.2 Special Projects	Moderate Priority. Ongoing activity led by Catherine McIlwain.

Workstream 4: Attracting new consumers

Objective/planned activity	Planned output	Timeline and comments
4.1 Induction process for consumers	4.1.1 Involving new consumers 4.1.2 Point of entrance for new consumers	Development is complete and implementation is ongoing.
4.2 Getting Involved Project		Moderate Priority. Time commitments will be reassessed in the next reporting period.
4.4 External Partnership	4.4.1 Partnership Plan 4.4.2 Model of Partnership 4.4.3 Targeted organizations	4.4.1 and 4.4.2 Low Priority. 4.4.3 Moderate Priority.

Workstream 5: Measuring Impact

Objective/planned activity	Planned output	Timeline and comments
5.1 MaRC	5.1.2 Monitoring Forms 5.2.3 CRG involvement with consumers	5.1.2 High Priority 5.1.3 Moderate Priority. This task is led by Catherine

		McIlwain with input from the Consumers Executive.
5.2 Monitoring Plan	5.2.1 Key Indicators 5.2.2 Tracking Tools	5.2.1 Moderate Priority 5.2.2 Moderate Priority This task will be led by Catherine McIlwain with input from the Consumers Executive.
5.3 Reporting Schedule	5.3.1 Mid-year meeting	5.3.1. High Priority. This task will be led by Catherine McIlwain with input from the Consumers Executive.

Workstream 6: External Funding

Objective/planned activity	Planned output	Timeline and comments
6.1 ECRAN	6.1.2 Tool to assess resources 6.1.3 Multilingual website for consumers 6.1.5 Month 12 reports	High Priority. Implementation is ongoing and is led by Catherine McIlwain and Gill Gyte.
6.2 Funding proposals	6.2.1 Consumer involvement in externally funded grants.	Low Priority.

4. FUNDING AND/OR POLICY DECISION REQUESTS

None.

5. ANNEXES TO THIS REPORT

None.

OPEN ACCESS

Centre Directors' Executive - Steering Group Report

1. PRELIMINARY INFORMATION

- **Entity Executive:** CDs Executive
- **Meeting:** Quebec Colloquium
- **Report period:** April 2013 – September 2013
- **Members of the Executive for this period:**

Tamara Kredo	Maria Regina Torloni
Steve McDonald	Gerard Urrutia
Mary Ellen Schaafsma	Mark Wilson
- **Report prepared by:** Steve McDonald on behalf of CDs Executive
- **Report prepared on:** 6 September 2013
- **Purpose of report:** Scheduled update; for information only; no funding or policy decisions required

2. UPDATE

i) Descriptive summary of other activities and actions to note:

- Drafted, approved and circulated the minutes of the Centre and Branch Directors (CBDs) meeting in Oxford.
- Reviewed and submitted comments to the Monitoring and Registration Committee on applications to establish the following Branches: Caribbean, Quebec, Portuguese and Malaysian.
- Revised the remit and membership of the CDs Exec, and circulated to CBDs; this document formalises what was discussed and agreed in Oxford, namely that the CEO would be an *ex officio*, non-voting member of the CDs Exec, accountable to the Steering Group for the overall performance of Centres and Branches.

“The CEO will liaise with other members of the Central Executive to ensure information flows to those who are responsible for supporting the work of the CDs Exec and Centres/Branches more broadly. The emphasis is on partnership, with the relationships between the Central Executive and Centres/Branches existing as matrix arrangement, rather than a one-way reporting or accountability line.”

- Offered stipends to attend the Quebec Colloquium (see below) and managed the selection of applicants.
- Discussed communication with Centres and Branches, resulting in CEO's update to CBDs in July, focusing on Centre-relevant activities (e.g. translations, funders meetings, regional initiatives)
- Planned the agenda for the meeting of CBDs in Quebec; propose to spend a significant time focusing on the *Strategy to 2020*, particularly around goals three and four (advocacy and organisational sustainability), drafting appropriate targets and identifying ways that Centres

can work together and with the Central Executive to implement the objectives; also to have time for feedback on translation strategy, and proposed training and professional development strategy.

- Represented Centres on the Monitoring and Registration Committee.
- We intend to call for a new member of the CDs Exec (as replacement for Rob Scholten) at the Quebec Colloquium.
- We are planning one face-to-face meeting of the CDs Exec in Quebec; this will be an opportunity to meet Helen Morton (External Affairs and Communications) and to identify the key items the CDs Exec will focus on over the next 6-12 months.

ii) Expenditure:

We are well within our budgeted spending for this period. Unspent funds of £20,848 from 2012-13 were rolled over to the 2013-14 financial year. In the past we have only offered financial assistance to attend the mid-year meetings, but given the funds available, we put a call out to Centres and Branches in low- and middle-income countries to support attendance at the Quebec Colloquium. We offered funding to five individuals (c. £5,000 in total). We are also part-funding members of the CDs Exec to attend the Colloquium.

Funds left over after Quebec will be earmarked to support attendance at the mid-year meetings in Panama in 2014.

iii) Meetings, teleconferences and other communication:

The Centre Directors' Executive met face-to-face in Oxford at the mid-year meetings in March, and held teleconferences in May, June, August and September. A separate teleconference to discuss the *Strategy to 2020* was held in August.

**Minutes of teleconference of the
Cochrane Collaboration Steering Group (CCSG)
on 30 July 2013**

(Minutes approved on 06 September 2013)

Present: Jonathan Craig (Co-Chair), Jeremy Grimshaw (Co-Chair and meeting Chair), Sally Bell-Syer, Rachel Churchill, Michelle Fiander, Julian Higgins, Steve McDonald, Mona Nasser, Mary Ellen Schaafsma, Liz Whamond (items 1-4) and Mingming Zhang.

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Jini Hetherington (Company Secretary), Claire Allen (Deputy Administrator), Lorna McAlley (PA to the CEO, minutes) and Chris Mavergames (Item 5 only).

1. Welcomes, apologies, declarations of interest, and approval of the agenda

Jeremy welcomed everyone to the teleconference. Apologies were received from Marina and Denise. Jeremy proposed that Item 4 (*Cochrane Strategy to 2020*) would be covered in brief as there would be many opportunities to provide feedback on the document before a final Special CCSG teleconference, on 27 August 2013, to provide sign off. Jeremy explained that Item 5 (Linked Data Project) would be a preliminary discussion and that this item would be covered in more depth during the CCSG meeting, at the Quebec Colloquium. No declarations of interest were identified and the agenda was approved.

2. Approval of minutes of CCSG teleconference on 11 June 2013

Sally asked for clarification on the process to ensure that action items, arising in the minutes of CCSG meetings, were undertaken and completed. Mark explained that, depending on the specific items, in general all action items should be completed by the following CCSG meeting and any remaining should be completed by the CCSG meeting after that. Mark clarified that it is the Central Executive team's responsibility to ensure that all action items are completed, by taking on items where possible or following up with individuals and offering assistance, if required. Mark reported that all action items arising from the CCSG teleconference of 11 June had been completed, with the exception of the Discretionary Fund and Game Changers papers, as these are due to be redrafted and circulated to the CCSG in time for the Colloquium in Quebec. David reported that advertising for the new 12-month full time Editor contract had been intentionally delayed until September 2013, to co-ordinate the position's start date with the end of a current 12-month contract, to ensure no overlap occurs.

A minor correction to the minutes was requested, from Steve, in relation to Item 6 (Cochrane Training). Lorna will amend the minutes accordingly. The minutes were then approved, subject to this correction being made.

Actions: Lorna to circulate the amended and approved minutes to all entities, archive them in Archie and make them available on Cochrane.org.
Lorna to include the item: 'Matters arising from (previous date) CCSG meeting' on future CCSG agendas, to ensure action items have been addressed.

3. Approval of minutes of Special CCSG teleconference on 25 June 2013, to discuss *Cochrane Strategy to 2020*

A minor correction was requested, from Julian, in relation to his feedback. Lorna will amend the minutes accordingly. The minutes were then approved, subject to this correction being made.

4. *Cochrane Strategy to 2020*

Mark gave a brief overview of the current status of the strategy development, explaining that he and Lucie had integrated the feedback received from the CCSG and the Consultation Group on the first *Cochrane Strategy to 2020* (short draft) into the fuller document, which had been distributed to all entities for their consideration on 12 July. Feedback continues to be received, which has been overwhelmingly supportive in content. The proposal for a shortened 'Cochrane' re-brand has been particularly well received. Mark also noted the wide range of individuals offering their feedback, which has been encouraging. The latest draft of the *Cochrane Strategy to 2020* has integrated some questions put forward either by the CCSG or arising from Mark and Lucie's reworking, or from comments provided by the Consultation Group. The main area requiring further feedback is in providing examples or proposals for SMART Targets for the first 1-2 years of the strategy.

Mark encouraged further input from the CCSG in this area. He outlined the intense process of continuing consultation: resulting in the production of a final document which the CCSG will receive ahead of the Special CCSG teleconference on 27 August. Any necessary amendments arising from this final teleconference will be made in time to be included in the final draft which will be sent out to the Collaboration as part of the AGM document pack at the end of August, for the Annual General Meeting, on 21 September in Quebec.

Mark explained he intends to send the strategy document to a small group of external stakeholders and major donors for their feedback and welcomed any suggestions from the CCSG of individuals or organisations they think should be included in this group.

Mark answered a several queries, clarifying the best ways of conveying feedback on the strategy. Jeremy congratulated Mark and Lucie on the huge amount of work carried out to date in developing the *Cochrane Strategy to 2020*.

Actions: CCSG members to send any additional feedback to Mark and Lucie before 12 August. CCSG members to inform Mark and Lucie of any individuals they recommend to join the small external consultation group.

5. Linked Data Project

Liz left the teleconference from this item onwards (due to connection problems).

Chris Mavergames joined the teleconference, for this item only. Jeremy welcomed Chris and invited him to provide an introduction to the concept of Linked Data, describe in broad terms where the strategy is going and outline the key issues for the next steps of the project. Jeremy clarified that no decision from the CCSG would be required on this item during the teleconference.

Chris outlined the background for the project, which began with discussions on Linked Data between Wiley and The Collaboration in May 2011. These discussions were motivated by needs identified through user

research, namely that users of Cochrane Reviews wish to view content and data in ways that were not being offered. Over the following two years it became apparent that there was potential to improve both the review production and the dissemination systems. A project board was formed which held meetings from January to May 2013 and produced the *Cochrane Tech to 2020* paper (Item 5.2).

In describing Linked Data, Chris reminded the CCSG of a statement made by Ben Goldacre, at the mid-year meetings, in Oxford 2013: “Cochrane needs to get better at talking to machines” so that both its output, and its data could be much more useful to researchers and other users – explaining that this is the core of the project. Chris summarised the project and the approach he envisaged, making the following key points:

- 1) The Linked Data Project involves creating new technical architecture to connect up our databases and systems, to make them more inter-operable with other systems, and have the potential to drive production and dissemination in better ways, including enabling creation of derivative products.
- 2) We would move towards an agile and innovative development paradigm for all of our informatics and knowledge management projects, including Archie and Revman, which will be user-centered in its approach to design.
- 3) The project is as much about content as it is about technology, which is why the Project Board has been working so closely with the Editorial Unit. The Project Board is made up largely of individuals who have a non-technological background, and the paper (*#Cochrane Tech to 2020*) was written in a way that attempts to be understandable to all.
- 4) Essentially, the current way of creating and disseminating the Collaboration’s content is simply not sustainable for many reasons: such as issues of Open Access, being too labour intensive, not leveraging technology enough, and that the one-size-fits-all dissemination method currently in operation does not meet user needs. Therefore, the aim is to investigate using these new linked data technologies to make ourselves more sustainable and to use them as enabling technologies which build on what we have – rather than replacing it.
- 5) The project should be considered as a fundamental game-changing concept on the road to 2020. Chris hopes for a robust, honest and ongoing dialogue, with mapped business goals and priorities, in which the CCSG will be supportive not just in terms of financial backing but in facilitating change management and communication to respective entities.

Chris invited questions from the CCSG. Clarification was sought on Wiley’s role within the Linked Data Project. Chris explained that Wiley were initially heavily involved, until December 2012, and that Wiley had funded the initial consultation work. However, Wiley’s own systems are adopting the Linked Data approach and the Collaboration needs to avoid any form of vendor lock-in, particularly in consideration of Open Access, to enable control over how our content is structured and tagged. Therefore, Wiley must be decoupled from any downstream consumers, which will ensure a ‘future-proof’ structure for the Collaboration. However, the Project Board still regularly communicates with Wiley to make sure our Linked Data will be compatible with theirs.

Jeremy suggested that the CCSG needed to have a clearer understanding of exactly what Linked Data is, how it will affect the way members of the Collaboration work together, and why it is so important for the Collaboration in terms of the strategic value of moving forward with the project. This would require a further, more accessible explanation for those who have a less technological background.

David added that he sees Linked Data as a motif for utilizing technology to its greatest impact; to improve review production and downstream product development, how to get the product out, improve the search and provide content. David encouraged the CCSG to think of these aspects when considering the project.

The importance of having strategies in place to receive continuous feedback from users was acknowledged. It was asked whether the Collaboration would be leading developers or late adopters of linked data approaches. Chris explained that we would be leading in the sense of introducing systematic reviews into the synthesized evidence space – but very much following in terms of the amount of medical linked data which is already in the field. There is no systematic review ontology (or schema) at present, therefore we would be leaders in this area.

In terms of review production, it was asked how Linked Data would benefit CRGs. Chris responded that although it is not entirely clear yet, there is huge potential which will be driven by what urgent user needs arise. Jeremy requested that Chris should prepare a broad presentation for Quebec to encompass:

- a broad vision of what Linked Data will enable us to do in the future which cannot presently be done;
- some examples and case studies demonstrating this;
- the road map ahead over years 2 and 3 (recognising that this will be speculative);
- benefits and risks;
- the potential for working with partners and how people might engage in the process.

Jeremy thanked Chris for his introduction to the project and for attending the teleconference for this item. Chris welcomed contact from anyone wishing to discuss the project in more detail. It was agreed that CCSG members could email Mark with any questions in the first instance, copying in all members to the discussion.

Actions: **Lorna to add Linked Data as an item on the CCSG meeting agenda in Quebec.**
 Chris to produce a further presentation on Linked Data, as detailed in the above minute, for the CCSG meeting, in Quebec.

6. Proposal to re-evaluate the structure and functions of Cochrane Review Groups

David explained that this paper had been redrafted taking into consideration the feedback received since the previous iteration was discussed during the CCSG teleconference on 11 June. David emphasized that the paper had been made 'Open Access' to ensure transparency from the outset of the project, which will look at the structure and function of CRGs currently and assess how well adapted they are to meet the challenges of the future. This will require a fairly broad view of the challenges and opportunities the Collaboration faces – such as the interaction with stakeholders, building capacity and expertise, building professional career development and addressing the challenges of the author experience. David stressed that there are no pre-ordained end points. The current structure and function will be evaluated, as will other plausible structures and functions, to see the extent to which they make us more or less able to achieve our strategic goals, as set out in *Cochrane Strategy to 2020*. It's crucial there is no prior assumption that CRGs will change in any specific way.

This project will have both an internal focus - recognizing the diversity of the CRGs, and an external focus - as funders of Cochrane infrastructure need to be involved in these conversations. David proposes to start the review project at the CEU and build outwards. A Project Board, for governance, would be chaired by Mark.

Internal and external advisory groups would be formed. Funds would be made available to co opt internal stakeholders to support the project. Funds would be used for external consultancies to support the project.

This would be a 12-14 month project, with a project plan offering further scope and detail to be provided for the CCSG meeting in Quebec, followed by an interim report at the 2014 mid-year meeting in Panama and aiming to provide conclusions and recommendations for the CCSG to consider at the 2014 Colloquium in Hyderabad.

David invited comments from the CCSG. Rachel explained that this project arose from the Co-ordinating Editors' Board meeting (in Oxford) and commented that although CRG Co-Eds are very much in support of this initiative some CRG staff will find this review threatening and destabilizing, emphasizing the importance of keeping people involved in the process. As this review is in response to the new *Cochrane Strategy to 2020* we need a model across the Collaboration which is fit for purpose to meet the strategic goals. We need to maintain peoples' involvement in creating this model, so that it is helpful in allowing us to make these changes in time.

Sally echoed the importance of ensuring the review does not appear to be threatening and suggested that engaging a cross section of CRGs for involvement in the consultation process would help. It was confirmed that, as an Open Access document, the paper could be circulated to members of all entities.

Michelle requested that David consider involving two TSCs on the consultation board for this project, given that TSC work is fundamental to review groups and the production of systematic reviews. David clarified that the Project Board is to make sure the project on track – and *not* to steer recommendations in any direction. The big content input will come from the advisory group and the external consultants. The involvement of external consultants was recognized as extremely important. Advice was given by CCSG members on the process of recruiting an external consultant to assist with the review.

Thanks were expressed for David's work in fleshing out the proposal for this review. There was a general consensus that it is essential for the review to be undertaken. It was also noted that this initiative overlaps with both the formation of the *Cochrane Strategy to 2020* and the Linked Data project. The CCSG approved the recommendation for funding the review of the structure and function of Cochrane Review Groups (CRGs), with a budget of GBP 49,000.

Action: David to begin implementation of the project, including the formation of the Cochrane Review Group Project Board and the recruitment of an external consultant.

7. Managing Editor Support funding proposal

Sally provided the background for this paper, prepared by Harriet MacLehose (ME Support Manager), which requested funding for the next three years for the ME Support Team. Sally explained that the ME Support model, established a year ago, is working very well but that there are currently three support roles in place and that these individuals are operating to full capacity and often overstretched. The original funding was for the five support posts but only three candidates were recruited at the start of the programme. As the first years' funding will run out in September, further funding is required to advertise to fill these 2 additional posts to achieve the planned compliment of staff. David stated that, given the success of the programme to date, he believes the workload clearly merits the employment of these additional two posts. Sally added that

this funding request had been submitted once the team were sure that the newly established ME Support model was established and working effectively.

Clarification was sought by CCSG members over the nature of the assistance the ME Support Team provides and how the success of the model would be measured. Sally described ME support as providing support to Managing Editors who have training needs, and helping with queries on their editorial process. It replaces support previously provided by the IMS Support Team. It also provides assistance and mentoring for less experienced Managing Editors. In terms of evaluation, Sally expressed that it had been premature to hold a formal review at this stage but agreed that the service should be evaluated. David agreed with this approach. It was suggested that the ME Support broadens out to think about how to support managerial as well as editorial and technical skills.

General support was given and the recommendation for funding the ME Support Team, at its originally conceived capacity, for a further three years was approved with the caveat that a review would be conducted after two years and the findings presented to the CCSG, to inform decisions on any future funding requests if required.

Actions: **Sally to communicate the decision to the Managing Editors Executive.**
 A review of the Managing Editor Support Project to be held in 2015.
 Mark to include the additional income in the 2013-14 and future budgets.

8. Endorsement of the Declaration of Istanbul on Organ Trafficking and Transplantation Tourism

Jonathan explained that the CCSG has been asked to endorse this declaration (paper attached) which was brought to the CCSG's attention by Angela Webster, Deputy Co-ordinating Editor of the Renal Group, at the Coeds Board meeting in Auckland, 2012. The CCSG members agreed that a decision would be deferred to the CCSG meeting in Quebec where it could be considered with more time.

Action: **Lorna to add Endorsement of the Declaration of Istanbul on Organ Trafficking and Transplantation Tourism as an item on the agenda for the CCSG meeting in Quebec.**

Rachel left the teleconference.

9. Any other business

Mark reported on the progress of several matters: staffing at the COU; recruitment; contacting the Charity Commission; and the Funding Arbiter position.

Staffing at the COU

Mark explained that the restructuring of roles within the COU was progressing, with all existing staff in the process of finalising their revised job descriptions. The new structure will formally come into effect on 1 September 2013. The integration of the IMS and Web Development Teams was progressing very well. Agreement had been reached in principle, with a date agreed with Gerd Antes for the handover of the Web Team in Freiburg; and practical details still being worked out with Peter Gøtzsche and the Rigshospitalet in Copenhagen.

Recruitment

Mark thanked Mary Ellen, Sally, Michelle and Lorne Becker for giving their time to assist as members of the panel in the recent Heads of Department interviews, in Oxford and London. Mark reported that individuals had been successfully appointed to two of the roles (Helen Morton – Head of Communications and External Affairs, and Chris Mavergames – Head of Informatics and Knowledge Management). Both Helen and Chris will be at the Colloquium in Quebec. Chris will start in his new post on 1 September. Helen will begin in early October. Mark explained that the final position, the Head of Finance and Core Operations, had yet to be filled and further interviews would be held in early September.

Charity Commission

Mark explained that, although – despite numerous attempts - he had not managed to speak with our interlocutor at the UK Charity Commission by telephone, he had drafted a paper setting out the reasons for the Collaboration's need to amend its M&A which he would send to the CCSG after this meeting. Mark requested that any comments or questions from the CCSG be sent to him as soon as possible, and that the paper would be sent to the Charity Commission and the wider Collaboration in the following days.

Funding Arbiter

Mark reported that Cindy Farquhar has agreed to take on the Funding Arbiter position with effect from October 2013. The CCSG expressed their thanks to Cindy for taking on this role.