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Minutes of The Cochrane Collaboration's Steering Group (CCSG)
Teleconference on 16 January 2014 (*Approved 03 March 2014*)

Agenda Item	<p>Present: Lisa Bero (Co-Chair and meeting Chair), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Marina Davoli, Michelle Fiander, Holger Schünemann (Items 3 - 13), Mona Nasser, Anne Lyddiatt, Steve McDonald, Mary Ellen Schaafsma and Denise Thomson.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor to the CEO), Lorna McAlley (Executive PA , Minutes), Juliane Ried (Item 6 only).</p>
1.	<p>Welcomes, apologies, declarations of interest, and approval of the agenda</p> <p>Lisa welcomed everyone to the call. Apologies had been received from Rachel and Mingming. Steve identified a declaration of interest regarding Item 11 (Recommendation for South Korea to host the 2016 Colloquium) and would leave the teleconference for this item. The agenda was approved.</p>
2.	<p>Approval of minutes of CCSG teleconference on 12 December 2013</p> <p>No clarifications were made and the minutes were approved.</p>
	<p>ACTION: Lorna to upload the minutes to Cochrane.org and Archie and circulate to all Cochrane Groups.</p>
3.	<p>Strategy to 2020 – 2014 targets for final approval</p> <p><i>Holger joined the teleconference.</i></p> <p>Lucie reported that a great deal of feedback had been received across the organisation on the draft 2014 Targets for Cochrane's <i>Strategy to 2020</i> and the vast majority had been overwhelmingly positive, with only one or two requests for changes. Most of the feedback focused on ideas for the implementation of the targets. All feedback is now available on Cochrane.org, under the Community tab. The three main areas of interest had been: (1) the prioritisation of Cochrane Systematic Reviews and how this might be achieved; (2) the author support tool; and (3) the Structure and Function Review of CRGs. No major changes to the targets themselves were required from the feedback.</p> <p>Mark explained that the Senior Management Team (SMT) understood that individually the targets would be achievable but that it was not yet known how the Central Executive team (CE) and the Cochrane organisation as a whole would 'handle doing them all together' given the scale and ambition of the targets. He recognized the size of the challenge and the SMT would periodically assess how the organisation is coping to ensure that the pace of change does not overwhelm individuals. The SMT would manage and look at performance collectively for the organisation and adjust the work pace and/or deadlines accordingly, if required. Not all of the targets may therefore be reached on time; and some may need additional months to be achieved, but the SMT would rather take a little longer and get them right. He pledged to report regularly and ensure the CCSG was aware of where progress was slower than originally planned.</p> <p>He also stressed that the Central Executive may need additional resources to accomplish all of the planned targets but that, due to timing, it had not been possible to finalize these figures for 2014-15 alongside the</p>

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	<p>presentation of the targets at this meeting. This would, however, be completed by the time of the CCSG meeting in Panama when a detailed budget for 2014-15 would be put before the Steering Group for approval based on overall activities including those related to achievement of the targets. As an example, Mark highlighted the Translation Strategy paper (Item 6) which set out a clear budget for achieving two of the targets contained in the 2014 plans.</p> <p>Lisa was impressed by the quality of the draft and the work behind it, and noted she was glad to hear that the SMT acknowledged the ambitiousness of the targets, as several CCSG members and others had noted this in their feedback. She suggested that acknowledgement of the ambitiousness of the targets is reiterated to the wider organisation when the final targets are communicated. Sally agreed, welcoming a realistic approach to implementation of the targets and cautioning that good communication would be very important, as would sufficient levels of consultation. Mark thanked the CCSG for its pragmatic support, and explained that the SMT is now in the process of producing detailed work plans for each of the targets, which it would share and discuss with Cochrane groups.</p> <p>Marina raised the question of target leads and also queried the 'restricted' access level for the paper. Mark explained that lead people from the Central Executive would be identified to work on specific targets and this information would then communicated to the Cochrane community so everyone would know whom to contact with questions or if they wanted to get involved in implementation. Lucie added that this iteration of the targets had been assigned restricted access in case any further changes were identified in this meeting, and that the approved targets would be communicated to the wider Collaboration with further information at the end of the month, with further information communicated within six to eight weeks.</p>
	<p>DECISION: The CCSG approved the <i>Strategy to 2020</i>: 2014 targets.</p>
	<p>ACTIONS: Lucie/Mark to announce the approved targets, along with the target leads, in one set of communications in the week beginning 27th January. The internal communication version of the <i>Strategy to 2020</i> 2014 targets should stress the ambitiousness of the targets being set.</p> <p>The full financial implications of achieving the 2014 targets to be included in the draft 2014-15 budget to be tabled at the CCSG meeting in Panama.</p>
4.	<p>Commercial Sponsorship Policy</p> <p>Lisa summarised the previous discussion of this item from the CCSG teleconference on 12th December 2013. Sally had sent useful comments regarding implementation issues raised by the MEs. David stated that the revised policy would be the best compromise that could be reached and that he was very satisfied with it.</p> <p>Steve identified some issues for clarification regarding clause 1 and 2, questioning the clarity of the wording around commercial remuneration. Lisa felt that the issues raised were more around implementation and related to specific cases in terms of the relationship between the topic of the review and the author's</p>

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	<p>employment, and that these were examples of cases that would go to the Funding Arbiter panel for their consideration. She acknowledged this feedback was important but that the CCSG were being asked for their approval of a policy paper and not an implementation plan.</p> <p>Holger raised the issue of non-commercial conflicts of interest. David clarified that although non-commercial conflicts of interest had been omitted from this policy paper, in the implementation phase the commercial and non-commercial conflicts of interest would be combined into one document within the CEU's editorial publishing handbook.</p> <p>The applicability of clause 10 (which states that 'No Cochrane groups are permitted to accept funds from commercial sponsors or commercial sources') was discussed, following recent questions around Cochrane Centres' delivery of training to pharmaceutical companies, and Centre Directors being invited to conferences and having their travel expenses met by a commercial source. Lisa explained that selling services transparently to commercial organisations is considered differently to receiving sponsorship, and that these types of questions are currently answered by the Funding Arbiter Panel on a case-by-case basis. Lisa suggested that the CCSG could request that the Funding Arbiter panel provide some examples of cases to date and their outcomes as a guide to Cochrane groups. It was agreed this would be helpful. In addition, Lisa suggested that our policy regarding Centres and Centre Directors be clarified.</p>
	<p>DECISION: The CCSG approved the revised Commercial Sponsorship Policy.</p>
	<p>ACTION: The Central Executive to communicate widely to the Cochrane community about the adoption of this policy; to include the updated version in the organisation's Policy Manuals and to ensure all other Cochrane policies are consistent with it.</p> <p>The Central Executive to begin work on an implementation plan and to ask the Funding Arbiter to provide case studies of the most common kinds of question addressed to the Funding Panel, to serve as a useful guide to Cochrane groups.</p> <p><i>[Additional Note: After further consultation with members of the Funding Panel additional wording was proposed to the policy to clarify and make explicit Cochrane's position on the involvement of industry-employed authors. This will be considered by the Steering Group in March 2014 and the new policy published immediately after.]</i></p>
5.	<p>Access to Trials Data - draft statement</p> <p>David provided some background information on the draft statement, which is a revision of the existing Collaboration statement on 'Access to Data for Clinical Trials' which had been challenged at the Auckland Colloquium AGM in 2012. David, Julian, Toby and Jeremy have been working on this proposed statement which they recommend to the CCSG. David also noted that this statement is in line with Cochrane's support for and involvement in the 'All Trials+' initiative.</p>

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	<p>Lisa noted that this item had been carried forward from the previous CCSG teleconference on 12 December 2013 and that no comments had been received in writing on this item. No further comments were made. The new statement would be disseminated widely internally but we would not highlight this in a major way externally (as the policy changes were relatively minor).</p>
	<p>DECISION: The CCSG approved the Access to Trials Data statement.</p>
	<p>ACTION: The Central Executive to communicate widely to the Cochrane community about the adoption of this revised statement and to include the statement in the Organisational Policy Manual.</p>
6.	<p>Translation Strategy <i>Juliane Ried joined the teleconference for this item.</i> Mark spoke to the paper, which had been drawn up by the Translation Strategy Working Group with input from the Translation Strategy Advisory Group and the Central Executive. Mark explained it had been produced following the CCSG's request, at its 2013 mid-year meeting in Oxford, for a detailed work plan to support the broad Translation framework approved at that time. The paper had also been developed in light of <i>Strategy to 2020</i> and elements of the strategy relating to translation of Cochrane content had been integrated within it. Mark explained that although the Translation Strategy required considerable funding it would put a sophisticated and essential framework for multi-lingual translations of Cochrane content in place. He stressed that it would <i>not</i> fund the actual translation of content but would establish and sustain a framework that facilitates that process to the scale of ambition already set out in <i>Strategy to 2020</i>, principally through the use of machine translation and 'crowd-sourcing' translations to bring the translated content up to the required quality. Mark explained that the examples of translations undertaken by the French and Iberoamerican Cochrane Centres using professional translators demonstrated that the level of investment required would be too large to adopt broadly for other languages.</p> <p>The Translation Strategy, if approved, would be integrated into future annual budgets. Mark noted that the CCSG had already approved funding of £100,000 for translation work within previous budgets and, as this funding had not been used, the first three years would require an additional £200,000 per year (£300,000 in total). Mark recognised that this was a significant commitment but he thought the paper set out in a detailed and compelling way why it was necessary and he commended the project to the CCSG.</p> <p>Marina noted that videos/images had been identified in the Strategy as difficult to translate but these were a very important part of social media and the likely impact of disseminated content. She stressed that an awareness of differing cultural contexts would need to be considered in the translation implementation plans. She also thought that producing a search engine for Cochrane content in different languages would be very ambitious. Finally, she gave strong support for the 'crowdsourcing' method of translation and for the suggestion in the Strategy of possibly rewarding volunteer translators with reduced Colloquia fees. Juliane responded that we are at the early stages of multi-language implementation in terms of technology and</p>

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	<p>search – but welcomed the comments and she hoped that people from different cultural and linguistic backgrounds would continue to provide guidance to Cochrane's translation work. She stressed that video/image content <i>would</i> be translated in future; the Strategy simply recognized this was a more difficult and expensive process to do. Mark added that extensive consultation had already occurred between Wiley and Smartling and that the multi-lingual search facility was recognised as vitally important and would be integrated into Wiley's work plan, although this would not be ready until later in 2014.</p> <p>Holger noted that the standardisation approach taken by the Translation Strategy would prioritise abstracts and PLS and not the full text reviews at this stage. He accepted this but asked that the Summary of Findings (SOF) tables also be included in this first priority translation content. The SOF tables had not been mentioned in the paper. Mark agreed that the SOF tables are central to usability, access and outreach and that we would try to include them in the first body of work and to include them in the Translation Strategy paper.</p> <p>The issue of how to successfully recruit and manage volunteers who would provide crowdsourcing translations was discussed. Mona suggested that the Author list could be contacted to assess the appetite and availability for voluntary crowdsourcing. Mark agreed but expected the pool of volunteers to be even wider reaching.</p> <p>It was noted that there were comparisons made between other potential translation service providers but that no competitive tender/RFP process had been run. Mark explained this was due to the wideranging and unique combination of services offered by Smartling that could not be provided elsewhere, therefore there had been no other comparators available. He was convinced that the contract he had agreed with Smartling therefore represented good value for money; however the Translation Working Group had proposed only a short term (three-year) contract so that Cochrane could reassess the situation at that time given the likely pace of technological advances in this area. This would enable us to assess the benefits of either extending the contract or making other arrangements. Julianne added that if we did not employ Smartling and make use of their Global Delivery Network service (whereby they publish the translated interfaces for us), Wiley would need to build a multi lingual web interface themselves that would require further investment of resources from Cochrane.</p> <p>The CCSG discussed the need for Mark to ensure that 'value for money' was secured from any translation management system contract(s) and he confirmed his willingness to do so.</p> <p>The CCSG agreed that the Translations Strategy should not be considered as a 'Game Changer' project, as there would be considerable year-on-year costs associated with delivering the translated content and the initiative must be part of Cochrane's core business.</p>
	<p>DECISION: The CCSG approved the proposed Translation Strategy and budget.</p>

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	<p>ACTION: Mark to thank the Translation Working Group, on behalf of the CCSG, for all their work on the Translation Strategy; to ensure any external Translation Management System (TMS) contract provides 'value for money'; and to begin implementation of the Strategy.</p>
7.	<p>'Game Changers'</p> <p>Lisa introduced the item, explaining that although the CCSG had hoped a 'Game Changers' proposal could be ready to be put forward in Panama it turned out that more time would be needed to develop the criteria for proposals and have a viable proposal ready for the Steering Group. Mark introduced his new paper on the subject, which aimed to respond to the discussion held at the CCSG meeting in Québec and address the need for more detailed, specific criteria and revised timelines for the application process. The CCSG were invited to comment on the paper.</p> <p>Clarification was sought on how potential conflicts of interest within the CCSG and other groups (such as the Central Executive) who had been involved in proposals for Game Changers would be handled. Mark expanded on the approach he had proposed (see Item 7, page 3) to ensure that any individual or group substantively involved in developing a 'Game Changers' proposal must recuse themselves from any consideration of the proposal. The Steering Group's decision-making was also limited to either supporting or rejecting funding for a recommended proposal from the 'Game Changers' Project Board, with any decision asking for a proposal to be reworked requiring a clear statement from the CCSG to the Board to explain its decision. Lisa noted the only other option would be for a strict rule that CCSG members or Project board members could not be involved in any of the proposals in any way, which Mark highlighted was practically difficult and counter-productive to enforce. It was agreed that Central Executive team members may serve as advisors to 'Game Changer' bid proposals and may be involved in developing proposals, but that all those involved must declare their involvement. The CCSG also stressed that the 'Game Changers' fund is kept separate from CE general business expenditure.</p> <p>The CCSG agreed that it would have input into the composition of the 'Game Changers' Project Board. There would be an open invitation and Mark welcomed any suggestions from CCSG for individuals suitable for appointment to the Board. The CCSG would give final approval of the project board members.</p>
	<p>DECISION: The CCSG approved the following recommendation with the understanding that Mark would take on board the suggestions discussed at this meeting: That the CCSG provide in principle support for the formation of a Strategic Investment Fund, with an initial budget of £2.5 million, to be structured and managed as set out in the supporting paper.</p>
	<p>ACTIONS: Mark to make revisions on the Game Changers document to clarify how any 'conflicts of interest' would be handled.</p> <p>CCSG to send Mark any suggestions of individuals to make up the Game Changers Project Board.</p>

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8.	<p>RFP Systematic Review Author Support software</p> <p>David provided some background information on the benefits of an Author Support tool, explaining that most producers of systematic reviews have author support software to facilitate the process. The function of this software would be to speed up production and to store retrievable data. The proposal suggests a tender process for providers to put forward proposals. David noted it is possible Cochrane could choose to contract more than one provider, due to the nature of different types of reviews. David asked the CCSG for their questions and comments.</p> <p>Steve provided two suggestions for additional criteria: (1) How nimble the product is in terms of being able to map to future changes in review types; and (2) the functionality of the systems proposed. David agreed to adopt both suggestions. He clarified that the paper is a precursor to the tender document, which would be more detailed and would be available in approximately three weeks.</p> <p>It was clarified that the Central Executive would produce the RFP document and assess the bids as and when they are received.</p> <p>Concern was raised over defining the time taken to complete a review, as the target of reducing review production time by 30% would affect CRGs differently, due to groups differing in the amounts of time taken to produce reviews. David explained that work was currently in progress on developing workflows, that a specific time would need to be established and that the timeline for completion of the RFP process would be the end of June.</p>
	<p>DECISION: The CCSG approved the recommendation ‘to run a procurement process on the basis that some financial and other investment will likely be required from Cochrane. However no appointment will be made without a further approval from CCSG’.</p>
	<p>ACTION: David to produce and issue the RFP tender document; and the Central Executive to assess the bids and recommend one or more providers to the CCSG for final approval.</p>
9.	<p>2014 Mid-Year Meetings, Panama City, Panama: Subject of Strategy Session</p> <p>Due to time constraints, the CCSG members agreed to discuss this by email outside of this meeting. Mark would email the CCSG with details of the two potential topics for the Strategy Session and requested that the CCSG responds swiftly with specific responses and suggestions for any further topics. Mark explained that the session would be split up into concurrent streams of topical subjects for individuals to attend depending on their area of interest.</p>

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	Steve noted that some people make decisions on whether to attend Mid-Year meetings based on the subject of the Strategic Session, and he therefore asked Mark to complete this CCSG consultation and make the final result known as soon as possible.
	ACTION: Mark to email CCSG with two potential topics for the Strategic Session. CCSG to respond with any further suggestions.
10.	<p>Invitation for Bahrain to host the 2015 Mid-Year meeting</p> <p>Lisa introduced this item by recognizing that a number of CCSG members thought there was a need to hold a broad discussion of the value of face-to-face Cochrane Mid-Year meetings, in terms of the time and financial implications involved. It was recognized that since the mid-year meetings had been developed in their current format a lot had changed, with considerable growth in the number of people who now attended them. Lisa noted that this had been the only invitation received to host the 2015 Mid-Year meeting. Mark agreed that it was time to look at the issue more generally, and suggested that the Central Executive prepare a paper on the subject for future consideration by the CCSG. After some discussion, it was agreed that, although the pros and cons of holding Mid-Year meetings would be discussed this year, the criteria should not change whilst 'an offer is on the table' and that the gracious invitation by Cochrane's Bahrain branch for 2015 should be accepted, with thanks to the host. Jeremy added that the location could also serve to strategically advance the Middle East initiative and suggested that a conversation be held with Zbys Fedorowicz on this subject.</p>
	DECISION: The CCSG approved acceptance of the invitation for Bahrain to host the 2015 Mid-Year meeting.
	<p>ACTIONS: Mark to write to Zbys Fedorowicz with thanks and accept the invitation. The Central Executive team to prepare a paper on the future purpose and value of Cochrane's Mid-year meetings for the CCSG meeting in Hyderabad. Jeremy & Mark to discuss opportunities to advance the Middle East initiative with Zbys Fedorowicz.</p>
11.	<p>Recommendation for South Korea to host the 2016 Colloquium</p> <p><i>Steve left the teleconference for this item.</i></p> <p>The CCSG agreed that the proposal from the South Korea Cochrane branch had been very well thought out and organised. There was unanimous support for the proposal.</p>
	DECISION: The CCSG gave approval for South Korea to host the 2016 Colloquium.

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	ACTION: Mark to write to Hyeong Sik Ahn with thanks and accept the invitation, copying in Steve McDonald and Sally Green from the Australasian Cochrane Centre and the Colloquium Policy Advisory Group.
12.	Matters arising from the minutes of CCSG meeting on 18 & 24 September not appearing elsewhere on this agenda None.
13.	AOB None.

**Teleconference of the
Cochrane Collaboration Steering Group
Thursday 16th January 2014
Agenda**

1. Welcomes, apologies, declarations of interest, and approval of the agenda
2. Approval of minutes of CCSG teleconference on 12 December 2013 (RESTRICTED ACCESS)
3. *Strategy to 2020* – 2014 targets for final approval (RESTRICTED ACCESS)
4. Commercial Sponsorship Policy (OPEN ACCESS)
5. Access to Trials Data – draft statement (OPEN ACCESS)
6. Translation Strategy (RESTRICTED ACCESS)
7. Game Changers (RESTRICTED ACCESS)
8. RFP Systematic Review Author Support software (RESTRICTED ACCESS)
9. 2014 Mid-Year Meetings, Panama City, Panama: Subject of Strategy Session
10. Invitation for Bahrain to host the 2015 Mid-Year meeting (OPEN ACCESS)
11. Recommendation for South Korea to host the 2016 Colloquium (OPEN ACCESS)
12. Matters arising from minutes of CCSG meeting on 18 & 24 September 2013 not appearing elsewhere on this agenda (OPEN ACCESS)
13. Any other business
 - 10.1 CCSG teleconferences
 - 10.2 Update on Co-Chair reimbursement mechanism

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**Minutes of teleconference of the
Cochrane Collaboration Steering Group (CCSG)
on 12 December 2013**
(Approved on 16 January 2014)

Agenda item	<p>Present: Lisa Bero (Co-Chair), Jeremy Grimshaw (Co-Chair and meeting Chair), Sally Bell-Syer, Michelle Fiander, Holger Schünemann (Items 1, 2, 3, 3.1 and 3.3), Mona Nasser, Anne Lyddiatt and Mingming Zhang.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor to the CEO), Lorna McAlley (Executive PA , Minutes).</p>
1.	<p>Welcomes, apologies, declarations of interest, and approval of the agenda</p> <p>Jeremy welcomed everyone to the teleconference. Apologies had been received from Denise, Marina, Mary Ellen, Rachel and Steve. Jeremy expressed concern at the number of apologies received, noting that there would be no representation from Fields, Co-ordinating Editors and Centres at the meeting. Mark confirmed that enough members were present to constitute a quorum for decision making purposes, in accordance with the Collaboration's Articles of Association. Lisa identified a declaration of interest regarding Item 8.2 (Update on Co-Chair reimbursement) and would leave the teleconference for this item. Jeremy proposed that Item 6 (Consumer definition) and Item 3.3 (Updating Cochrane Reviews proposal) be moved up the agenda to allow Anne and Holger, respectively, to discuss the items as both would leave the teleconference early. The agenda was approved.</p>
2.	<p>CEO report</p> <p>Mark gave a brief overview of his report, highlighting the significant recent work carried out on the Job Evaluation Scheme, <i>Strategy to 2020</i> and the Translations strategy, and invited questions from CCSG members.</p> <p>Clarification was sought on the initiatives for the 'Game Changers' project, as referred to in the final paragraph of Mark's report. Mark explained that work on the Translations initiative and Author Support tools had identified them as potential Game Changer projects but that neither had been confirmed to be proposed as Game Changers at this stage.</p> <p>Mark clarified that the Central Executive (CE) meeting to be held in Oxford in February 2014 had been scheduled to reduce the need for CE staff to attend the Mid-year meeting in Panama.</p> <p>Mark was requested to thank Suki Kenth for the comprehensive work on the Job Evaluation Scheme. The full report had been included in the papers for this meeting at the Co-Chairs' request to ensure that the CCSG were aware of the extensive, transparent and fair process employed.</p>

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	ACTION: Mark to thank Suki Kenth for her work on the Job Evaluation Scheme.
2.1	<p>Update on <i>Strategy to 2020</i> targets</p> <p>Mark requested that discussion of this item focus on any areas of concern or further clarification needed. Jeremy asked members to submit any further specific recommendations on the targets by email.</p> <p>Lucie provided an overview of feedback received and explained that all feedback received on the first stage of the strategy process would be available on cochrane.org by Friday 20 December.</p> <p>The 2014 Targets Consultation Document had been sent to all Cochrane Groups, including the 'All Authors' mailing list. The feedback had been overwhelmingly supportive and no significant criticisms of the targets had been received. Specific feedback received included much interest in the prioritisation of systematic reviews and review topics, with suggestions that Cochrane should be looking at WHO priorities and at the global burden of disease. Interest in the author support tool was also noteworthy; Mark, David, Chris Mavergames, Steve McDonald and other CCSG members have been giving this much thought and would update the CCSG in due course.</p> <p>Overall, the feedback highlighted the importance of ensuring that Cochrane Groups and contributors feel enfranchised in the strategy, and of communicating that proposed workloads versus funding to achieve the targets would not be conflicting, and that the targets had been designed to make work efficiencies, ultimately reductions in workloads and an increase in impact for them. Another important message to be communicated would be that the current Structure and Function review of all Cochrane Groups was unlikely to lead to reduced staff numbers but may result in changes to the ways in which people contribute or work for the organisation.</p> <p>There had been much interest expressed in Goal 2 (Making Our Evidence Accessible), with comments suggesting that this key element of the strategy had been missing from Cochrane's focus previously.</p> <p>In-depth feedback had been received in relation to Goal 3 (Advocating for Evidence) which emphasised the importance of Cochrane Fields and suggested clarification of the role of Cochrane Fields and Networks, and their roles in building Cochrane's profile, and in building the link between evidence and decision making.</p> <p>Emphasis on the importance of ensuring that Cochrane's evidence is used to inform the Primary Research Agenda was also expressed, as it had been at the beginning of the strategy development process.</p> <p>Feedback on Goal 4 (Building an Effective & Sustainable Organisation) focussed on</p>

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	<p>interest in the establishment and implementation of the Cochrane membership scheme.</p> <p>The Training and Professional Development strategy had been very well supported</p> <p>Lucie informed the CCSG members of the next steps after the deadline for feedback on Friday 13 December, which would be to revise the targets on the basis of feedback (if this was deemed necessary), and then present the targets to the CCSG for approval in early January. Helen Morton and the External Affairs department would produce an external document for publication in January 2014 onwards.</p> <p>Jeremy thanked Mark and Lucie and commended the wide reaching and engaged nature of the consultation process. He asked the CCSG for any high level comments on the portfolio of SMART targets to date and any urgent comments on specific targets.</p> <p>Some CCSG members stressed that the prioritization process in Goal 1 would need careful handling and clear communication on why the final priorities had been selected.</p> <p>Sally reported that she had received a great deal of individual feedback from MEs regarding the mechanisms for achieving the targets, workload balance, funding and timing. Sally would collate the feedback and send to Mark and Lucie.</p> <p>Lucie explained that the targets were those for the whole Collaboration and all contributors were expected to help deliver them, but the Central Executive would lead the organisation in their delivery. 2014 would be a year of preparation, putting many sub strategies in place and that the achievement of many of the 2014 targets would put Cochrane Groups in a better position to work on the strategy in the future. Jeremy agreed that a level of practical detail needs to be provided through 2014 so that Cochrane Groups have an increased understanding of what needs to be done to achieve the objectives in future. Lucie explained that there would be several stages before a detailed workplan could be produced and that the Senior Management Team (SMT) is currently allocating the targets to departments within the Central Executive, who would then be responsible for them. Development of work plans would follow on from this and these details would inform how the targets would be achieved. Only then would details be established in terms of individuals being assigned to work on particular targets, and what work would be carried out by Cochrane Groups, contributors and the Central Executive.</p> <p>David stated that the Central Executive would provide support and help to deliver on these targets but emphasised the need for acceptance within the Cochrane Groups of their involvement in this process, which would be critical in achieving the targets.</p> <p>Mark concluded that the Senior Management Team (SMT) would look carefully through the feedback received to identify the additional communication that would be made in the document but reiterated that a detailed workplan would not be available by January. Further emphasis would be given to provide clarity on how the targets would be met by</p>
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	<p>the organisation as a whole. It was acknowledged that these were collective challenges involving every part of the Collaboration, not just the Central Executive; and that the Central Executive would not have its detailed plans in place by the middle of January, but that some indication of 'how' the targets were to be accomplished would be useful.</p> <p>Jeremy thought that all of the individual targets were excellent but was concerned that the target portfolio as a whole may be overly ambitious and wondered whether they are achievable.</p> <p>Mark appreciated – and in part shared this concern - but explained that the SMT had wanted to identify the critical areas that needed change immediately; and that the SMT would provide the CCSG with progress updates on a quarterly basis. He recognized the likelihood that not all the targets for 2014 would be reached but he thought that the organisation should not be afraid to stretch itself, be bold and 'see how things go'. He thought that this approach was preferable to being too conservative. Nevertheless, the CCSG meeting in January would be an opportunity to look at the targets holistically and confirm a reasonable level of confidence that the targets would be achievable.</p>
	<p>ACTION: CCSG members to send any additional specific recommendation on the targets to Mark and Lucie by 17 December.</p>
3.	<p>EiC report</p> <p>David invited any comments or questions arising from his report. Jeremy requested feedback on the impact on the CEU workload of the pre publication review screening process, which had been undertaken with no additional resources. David reported that the process had been demanding, but very worthwhile and instructive, with the team finding more problems than anticipated. He explained that each problem review takes approximately one further day of work to resolve. Screening takes 1-2 days to turnaround and this had been putting the team under considerable pressure. Approximately 100 reviews had been screened to date. David noted that the CEU would benefit from the input of a statistician to aid with the screening processes. Feedback received from CRGs had been extremely positive. David and Toby Lasserson would work on producing a document to provide examples of good practice and a summary of findings, in early 2014.</p>
	<p>ACTION: David and Toby Lasserson to work on good practice/summary of findings document resulting from the screening process.</p>
3.1	<p>Copy Edit Support</p> <p>David provided some background to the paper, explaining that Copy Edit Support (CES) usage had increased and this increased demands on CES staff. The CCSG were asked to</p>

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Cochrane Collaboration Steering Group (CCSG)
on 12 December 2013**
(Approved on 16 January 2014)

	<p>consider the following recommendations:</p> <ol style="list-style-type: none"> <i>The CES team moves from being part of the Wiley team to part of the CEU team.</i> <i>We increase the pay of the CES copy-editors as indicated (the "proposed rate") to move towards the rate recommended by the SfEP (Society for Editors and Proofreaders).</i> <i>The CES Manager position becomes a full-time and salaried position (by current CES Manager, or a job-share) within the CEU.</i> <i>The scope of the CES Manager's remit expands to enable the CEU enhance and extend its quality-improvement work.</i> <i>The quality-improvement budget that Wiley allocates to the CEU is transferred to the CES budget to support this initiative.</i> <i>Cochrane approves the three-year budget for the CES work; this will be no more than an additional £36,000 per year, assuming that the "quality improvement grant" made annually to Cochrane under the terms of the revised publishing contract is re-allocated to support the CES team.</i> <p>The CCSG discussed the recommendations and expressed unanimous support for the CES function to move to the CEU. The CES Manager's job specification was discussed and some concern raised over the possibility of the role becoming a jobshare. David commented that the increase in hours for the position would be justified with increased CES work in areas such as the Translations initiative (including the simplified English agenda), as well as current essential development work which is not currently being addressed.</p>
	<p>DECISION: The CCSG approved the recommendations 1-5.</p> <p>DECISION: The CCSG recognised that additional resources may be required and gave in principle approval for funding of up to £36k if this was found to be necessary and that David and Mark would work out the implications for integration in the 2014-15 budget.</p>
3.2	<p>Commercial Sponsorship</p> <p>Lisa spoke to this item, explaining that the Commercial Sponsorship Policy had been under revision for over two years. She provided some background on the issue, explaining that the review of the existing policy had been requested due to a number of issues the Funding Arbiter Panel had faced implementing it. The policy had been revised to make it more clear and consistent, and had been reviewed several times, following discussions held with the Co-ordinating Editors at both the Oxford Mid-year Meeting and the Québec Colloquium in 2013. These discussions had resulted in the final draft of the policy document prepared by the Funding Arbiter Panel.</p>

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	<p>Lisa guided the CCSG members through the document, drawing attention in particular to clause 2, which had proven to be contentious and would be the area requiring the most discussion and consideration from the CCSG. The clause explains the circumstances under which a minority of authors with conflicts of interest would be permitted to author Cochrane Reviews. Lisa acknowledged that this had been a carefully constructed compromise between polarized opinions within the Collaboration. Lisa welcomed comments from the CCSG.</p> <p>David reported he had received a question from a Co-ordinating Editor on what would happen to existing reviews which breached the policy, as well as seeking clarification on the relationship of the magnitude of the conflict of interest. David had not yet received a response to these comments from the Co-ordinating Editors representatives on the CCSG.</p> <p>The draft Commercial Sponsorship Policy was unanimously supported for approval by the attending CCSG members. However, Jeremy expressed concern over making a decision on the policy at this meeting due to the lack of Centres' and Co-ordinating Editors' representation, as these groups would be affected by the decision, and therefore it was agreed that the item would be deferred to the CCSG meeting on 16 January 2014, to enable the formal inclusion of the whole CCSG for the final vote and approval. Mark noted that Steve McDonald had provided feedback in advance and supported the revised policy. Sally noted that she would pass along feedback from the MEs regarding implementation issues. It was agreed that a request would be made to those who were not attending this meeting to inform CCSG members as soon as possible if they had any comments or concerns about the policy, along with specific suggested amendments. Discussion of the policy during the January meeting would be limited to any specific points raised ahead of time by CCSG members who did not attend the meeting of 12th December, and would then proceed to a formal vote.</p>
	<p>ACTION: Co-Chairs to write to the CCSG requesting any comments or concerns regarding the Commercial Sponsorship draft policy ahead of the teleconference on 16 January, when a formal vote would be held.</p>
3.3	<p>Updating Cochrane Reviews proposal</p> <p>Holger spoke to the paper, which had been produced by Jackie Chandler and Sally Hopewell with input from the Methods Exec, explaining that the proposal would be to hold a workshop in North America to address how to develop a strategy for appropriately updating Cochrane Reviews. The output would be a strategy for the Collaboration in terms of how to set priorities and the appropriate methods for updating Cochrane Reviews.</p>

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	<p>It was noted that representation from review groups was lacking from the proposal and the CCSG requested that the TSCs and MEs should be involved in the workshop. David agreed that a balanced representation of methods groups and CRGs would be required. It was suggested that the balanced representation could be ‘made through the executives’. It was also suggested that there should be representation from individuals involved in the Linked Data project.</p> <p>Jeremy noted that the paper mentioned the Complex Interventions and Non-Randomised Studies workshops as exemplars of the benefits of this approach but that those workshops had been largely supported through external funding and had received little to no Cochrane funding. He gave support for the proposal but suggested that a ‘funding envelope’ for methods support and development should be established, to avoid future one off funding requests of this nature being brought to the CCSG.</p> <p>The possibility of holding the workshop during a face-to-face meeting (Mid-year or Colloquium) had been considered by the Methods Executive with the conclusion that as a full day would be required for the workshop this would not be possible given the already full timetables of these meetings and that a separate event would be more appropriate to ensure the required level of focus on the task.</p>
	DECISION: The CCSG approved the proposal.
	ACTION: Holger and David to thank Jackie and Sally for the paper and inform them of the CCSG's decision.
3.4	<p>Access to Trials Data - draft statements</p> <p>This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
4.	<p>Mid-year Meetings</p> <p>This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
4.1	<p>Subject of Strategic Session</p> <p>This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
5.	Recommendation for South Korea to host the 2016 Colloquium

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	<p>This item was deferred for discussion at the CCSG teleconference in January 2014, due to time constraints.</p>
6.	<p>Consumer definition</p> <p>Anne spoke to Silvana Simi's paper, explaining that the Cochrane Consumers' Network Executive had concerns that the current definition does not accurately reflect 'true' consumers (those whose primary role is that of a consumer). Furthermore, the current system allows any person who has joined the CCNET mailing list to vote on elections for positions on CCNet Executive and the Consumer representatives on the CCSG. However, many individuals on the CCNet mailing list are healthcare practitioners and not 'true' consumers. The paper proposes a new definition of Consumers which the CCNet Executive believes more accurately defines the group and also proposes that only 'true' Consumers should have voting rights. Anne suggested a self nomination process could be implemented within the application form for joining the CCNet mailing list, in which individuals could state whether they would consider themselves to be (primarily) consumers or, alternatively, if they would be joining the mailing list for information only. Mingming added that the recommendations aimed to clarify the difference between healthcare professionals and Consumers and to change the ways in which Consumers vote, but that this should not discourage health care professionals from joining CCNet for the purpose of receiving information.</p> <p>Lisa acknowledged the importance of the issues raised and recent e-mail discussions across the Collaboration highlighted the range of views on even the name of 'Consumers' within the organisation. She highlighted the wider issues around Consumer voting and governance processes, adding that Cochrane needs to identify the barriers that Consumers face in putting themselves forward for elected positions, such as financial barriers or lack of experience within the organisation, to encourage wider representation of Consumers within nominees for elected roles.</p> <p>Jeremy noted the need to consider procedural issues associated with the recommendations, as the full ramifications and practicalities were unclear. He suggested additional engagement and discussion between CCNet and the Central Executive would be required, and that voting to adopt the proposed new definition and its implications in terms of membership to CCNet and voting rights, would be premature at this point. Mark agreed, saying that the issues raised by CCNet would better be integrated within the Governance Review and the new membership scheme, both of which would be developed and implemented before the end of 2015. This conclusion was approved by other CCSG members. The CCSG therefore thanked Silvana Simi and CCNet for raising these issues recognising their complexity and that they would need to be integrated into the</p>

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	Governance review and establishment of a membership scheme, both of which will take place over the coming two years.
	ACTION: Anne to thank Silvana Simi and inform of the CCSG's discussion.
7.	Matters arising from the minutes of CCSG meeting on 18 & 24 September not appearing elsewhere on this agenda Due to time restraints this item was deferred.

STRATEGY TO 2020



*2014 Targets: Final version for Steering
Group approval*

16th January 2014

Document prepared by: The Senior Management Team, Cochrane Central Executive.

Document submitted to: The Steering Group, for its teleconference on 16th January 2014.

Purpose: To present the final draft of the *Strategy to 2020* 2014 targets for the Steering Group's approval.

Urgency: High.

Access: Embargoed until release to Cochrane community.

Background:

1. This document sets out the final version of the 2014 targets following consultation with Cochrane contributors in late 2013.
2. The feedback provided by contributors is currently being collated and will be made available on the Cochrane Community site, [here](#), by the time of the Steering Group teleconference.
3. The feedback showed that there is widespread support for the targets and there was no mandate for major changes.
4. The feedback demonstrated that people are interested in the detail of implementing the targets and many people provided ideas and comments that will inform the development of the follow-on workplans.
5. This document will be modified before it is released to the Cochrane community following Steering Group approval. The revised, internally-focussed, document will provide more detail on the next steps for implementing the targets, and is currently being developed by the Central Executive. It will include:
 - The allocation of Central Executive project leads to each of the targets: who will have overall responsibility for developing the target workplans and accomplishing the stated objectives, in collaboration with colleagues across the organisation.
 - An indicative timeline for the overall programme of work and each of the targets, with start and deliverable dates.
 - Information on where and how information on the targets will be communicated over the course of the year.
6. Although the Central Executive team will be implementing standard project management processes for each of the targets, the scope and scale of targets is variable and likewise the process of implementing the targets will vary. Some targets are relatively discrete, short-term projects whose implementation can be managed by the Central Executive team. Others represent broad programmes of work and/or organisational changes that will need to be developed and implemented by and across the organisation at large.

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7. Externally-focussed communications (including multi-lingual translations) are currently in development and are due to be released in late February/early March.
8. We recognise that a regular flow of information and consultation with Cochrane groups and other contributors will be vital to maintaining ongoing support for the *Strategy to 2020*.

Mark Wilson, Chief Executive Officer

David Tovey, Editor in Chief

Lucie Binder, Senior Advisor

Chris Mavergames, Head of Informatics & Knowledge Management

Helen Morton, Head of Communications & External Advocacy

Hugh Sutherland, Head of Finance & Core Services

Cochrane Central Executive Senior Management Team

9th January 2014

A reminder of the 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.

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 objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets – of which those for 2014 are set out in this document - 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.

The 2014 targets

The purpose of the 2014 targets is to enable the organisation as a whole to work effectively, efficiently and coherently towards meeting its mission, goals and objectives. Although responsibility for leading the implementation of these targets will sit with the Central Executive team, they represent organisation-wide priorities that will require the commitment and work of all groups and contributors to ensure their success.

They have been developed to be individually and collectively ambitious, and also to prepare Cochrane to achieve its goals by 2020. They are specifically designed to lay the groundwork and establish the processes that are currently missing in the organisation: 2014 will, in many ways, be

the ‘year of preparation’ in the delivery of our longer-term ambitions. There are 20 targets spread across the four Goals of the new *Strategy*; and collectively they represent a substantial body of work.

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

Any target setting process obviously involves prioritisation to create an achievable balance between ambition and realistic workloads. The targets set out here represent what the Central Executive and Steering Group consider to be organisational priorities in the first year of the *Strategy* period, to lay the foundations for all objectives to be achieved by 2020. They do not denote a de-prioritisation of any other objectives, which will be addressed in future targets.

Moreover, because they represent top level organisational aims they do not drill down to the level of individual workplans for the Central Executive or Cochrane groups. For example, in the Central Executive workplan for achieving target 3.1.(to create a coherent Cochrane brand across all content), the revision of the group website builder will be included as an activity. So although this activity represents a ‘target’ for the coming year it does not feature in these organisation-wide 2014 targets.

The development of workplans for 2014 by the Central Executive departments is currently underway for completion by the end of February 2014. As part of driving the implementation of the targets, the departments will be working with Cochrane groups to establish the targets within their workplans as well. This is going to be a learning process for everyone as we seek to adhere to one unified strategy and set of prioritised activities, in many respects for the first time in Cochrane’s history. However, it is vital to enabling the success of the *Strategy to 2020*. The aim is not to increase workloads overall – in fact, we anticipate that the successful implementation of many of these targets may reduce unrealistic workloads for groups and contributors – but to ensure the work that we do undertake as an organisation is optimally aligned to our vision, mission and goals. Of course, the targets do not represent all of the things that will be achieved next year by Cochrane; only those that the organisation has chosen to prioritise and measure as indicators of its progress in implementing the *Strategy to 2020*.

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 1 recognises and reflects Cochrane's primary endeavour: to produce evidence. Specifically this goal seeks to enable Cochrane to continue and enhance its production of high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Whilst continuing to support the production of evidence across a broad range of health questions, 2014 will see us begin to prioritise the questions we answer more systematically. We will enhance our commitment to meeting quality standards across all Cochrane Systematic Reviews and will make this easier for production teams to achieve by implementing an online author support tool. By the end of the year we will have a plan in place to significantly reduce review production time and will have established a framework for expanding our offering beyond standard intervention reviews to support health decision-making.

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.

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 teams¹ to retain and develop our contributor-base.

¹ Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.

Our Targets in 2014

To achieve our objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
1.1	RELEVANT AND UP-TO-DATE Develop a list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct production priorities; and establish a decision-making framework to update it at regular intervals.	<ul style="list-style-type: none"> • Cochrane groups and the Central Executive team have together engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them. • A list has been developed of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct organisation-wide production priorities for 2015 onwards. • 100 new reviews from the list have been registered (review teams identified and titles registered). • A priority-setting decision-making framework for Cochrane Systematic Reviews is in place. 	<ul style="list-style-type: none"> • A priority list and decision-making framework are completed by the end of December 2014. • Registration of 100 new reviews from the list completed by July 2015.
1.2	HIGH-QUALITY Create a prioritised sub-set of the existing MECIR (<i>Methodological Expectations of Cochrane Intervention Reviews</i>) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.	<ul style="list-style-type: none"> • A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created. • A regular audit process for measuring compliance has been established. • An audit has been completed for the last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is achieved. 	<ul style="list-style-type: none"> • Prioritised sub-set of MECIR standards completed by the beginning of May 2014 • Audit and target baseline for 2014 completed by December 2014.
1.3	EFFICIENT PRODUCTION Improve production processes by: i) implementing	<ul style="list-style-type: none"> • A web-based author support tool has been designed, 	<ul style="list-style-type: none"> • Author support tool

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a web-based author support tool; ii) establishing a strategy for reducing review production time by 30%.

PIONEERING METHODS

- 1.4 Establish a framework to inform decision-making and target setting for new and existing types of non-standard intervention Cochrane Systematic Reviews and other products and services.

implemented and integrated into production workflows.

- A strategy for production time reduction is in place and ready to be implemented.

implemented by the end of December 2014.

- Strategy for reducing review production time in place and ready to be implemented from the end of April 2015.

- A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.
- Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.

- By the end of April 2014.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Goal 2 may possibly prove our most challenging but has enormous potential for achieving our mission. To deliver this will require that we put the needs of our users at the heart of our content design and delivery, provide open access to Cochrane Systematic Reviews, and develop a more accessible and multi-lingual offering.

Given the scale of the changes we need to make, 2014 will primarily be a year of preparation. By the end of the year we will have established a framework for ongoing assessment of user experience of Cochrane evidence, a comprehensive translation strategy, an open access roadmap, and piloted an approach to improve production teams' ability to disseminate their reviews to target users. We will have begun work on an accessible language initiative and delivered the first phase of planned technology improvements that will fundamentally change the way Cochrane's data and content are structured, stored and used. In addition, we will have taken concrete action to introduce multi-lingual portals in different languages.

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.

Our Targets in 2014

To achieve our objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
	USER-CENTRED DESIGN AND DELIVERY		
2.1	Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing reassessment.	<ul style="list-style-type: none"> • A mapping, data gathering and analytical project has been undertaken and completed, providing a better understanding of how to make our content more discoverable, accessible, useful and usable in diverse contexts and settings worldwide. • A framework for ongoing reassessment and evaluation is in place. 	<ul style="list-style-type: none"> • By the end of December 2014.
2.2	Build a dissemination checklist into the editorial	<ul style="list-style-type: none"> • A dissemination checklist has been created and is being 	<ul style="list-style-type: none"> • By the end of December

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process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users.

- 2.3 Complete the first phase of the Cochrane 'linked data' project to create structures and linkages between our content to make it more accessible and useful.

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- 2.4 Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.

ACCESSIBLE LANGUAGE

- 2.5 Simplify and standardise the language used across our content to improve readability and reduce ambiguity.

piloted with volunteer Cochrane groups.

2014.

- Linkages and structures have been built into Cochrane's technology systems, connecting the *Cochrane Register of Studies*, Archie, and the new Linked Data Triple Store.
- An 'ontology' for linking data and annotating Cochrane content has been completed.
- A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first instance to enable the faster and more efficient creation of Cochrane Clinical Answers.
- A roadmap has been established in collaboration with John Wiley & Sons, Ltd, and is ready to be implemented, setting out our plan – including an income replacement strategy – for achieving universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and later the archive of existing published reviews.
- Guidelines for simplified and standardised language across content have been developed.
- An audit for plain language summaries against the new guidelines has been undertaken.
- All reviews are produced according to the new guidelines.
- By the end of September 2014.
- By the end of December 2014.
- Guidelines and an audit completed by the end of May 2015.
- All reviews are using the simplified and standardised language by the end of December 2016.

2.6 MULTI-LINGUAL

Finalise Cochrane's translation strategy, establish a translation management system to integrate all existing workflows, and introduce key digital content and multi-lingual portals in French, Spanish and three other languages.

- Cochrane's translation strategy and business plan has been completed and ready to be implemented.
- A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).
- Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages.
- Translation strategy and business plan completed by the end of April 2014.
- Translation management system and key content available by the end of December 2014.

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 Three introduces an ambitious new area of focus for Cochrane: advocating for evidence. Harnessing our radical heritage, this goal seeks to establish Cochrane as the ‘home of evidence’ to inform health decision-making, build greater recognition of our work and develop our profile as a leading advocate for evidence-informed healthcare. Goal Three, with its focus on influence and impact, though an expanded area of work for Cochrane, is just as central as the production and dissemination of our evidence in delivering our mission.

Prioritising objectives that will add value from the very start of the *Strategy to 2020*, 2014 activity will focus on: executing a full organisational rebrand – presenting Cochrane as credible, current and coherent; securing strategic partnerships with institutions and individuals at the heart of health decision-making; and establishing a clear and compelling advocacy agenda for Cochrane. To underpin these objectives, we will also improve the ways in which we capture and communicate our impact and tell our story.

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.

Our Targets in 2014

To achieve our objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
3.1	GLOBAL PROFILE Create a coherent Cochrane brand across all content.	<ul style="list-style-type: none"> A new end-user focused 'cochrane.org' website is launched that is consistently branded with <i>The Cochrane Library</i> and all other digital and offline products. 	<ul style="list-style-type: none"> Re-brand preview at the Hyderabad Colloquium, September 2014. Full launch completed by the end of January 2015.
3.2	GLOBAL PARTNER Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making.	<ul style="list-style-type: none"> Three to five partnership agreements have been secured. A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas. 	<ul style="list-style-type: none"> By the end of December 2014.
3.3	GLOBAL ADVOCATE Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector.	<ul style="list-style-type: none"> A formal policy development and sign-off process has been developed and adopted. Cochrane's initial advocacy agenda has been developed. Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online. Higher quality and quantity media coverage is being generated. 	<ul style="list-style-type: none"> Formal policy development and sign-off process adopted by the end of September 2014. Initial advocacy agenda completed by March 2015. Platforms secured by the end of December 2014. Higher quality and quantity media coverage generated by the end of December 2014.

3.4 GLOBAL IMPACT

Capture and communicate Cochrane's impact on policy and practice, introducing online metrics and stories of impact.

- A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and used.
- A prominently displayed, regularly updated record of where Cochrane evidence is being utilised has been established.
- By the end of December 2014.

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.

Goal 4 provides the foundation for achieving our mission and will see us becoming a more diverse, inclusive and transparent organisation. To enable us to harness more effectively the enthusiasm and skills of our contributors we will introduce a Cochrane membership scheme by the 2015 Colloquium. Allied to this, we will have developed and be implementing a training and professional development strategy for our group staff and contributors by the end of 2014. With a more ambitious strategy than ever before we will begin to re-assess and change how our organisation is governed, structured and operates in order to fulfil our key functions and achieve our mission. We will have overhauled our financial and business processes to enable us to monitor and manage our activities more effectively.

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.

Our Targets in 2014

To achieve our objectives, in 2014 Cochrane will:

	Target	Indicators of success	Timing
4.1	INCLUSIVE AND OPEN Introduce a Cochrane membership scheme.	<ul style="list-style-type: none"> Models of organisational membership have been explored and a preferred membership scheme established that more effectively enfranchises existing Cochrane contributors and attracts new contributors with useful skills and experience. 	<ul style="list-style-type: none"> By the Vienna Colloquium, October 2015.
4.2	INVESTING IN PEOPLE Develop, and begin implementation of, an inter-professional and inclusive training and professional development strategy.	<ul style="list-style-type: none"> A training and professional development strategy has been completed and is in roll-out phase. 	<ul style="list-style-type: none"> By the end of December 2014.
4.3	TRANSPARENTLY GOVERNED Conduct a review of Cochrane's governance structure and processes.	<ul style="list-style-type: none"> A review of Cochrane's Board of Trustees and other governance committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively. 	<ul style="list-style-type: none"> Review completed by the end of December 2014. Implementation of recommendations in 2015.
4.4	EFFICIENTLY RUN Review and adjust the structure and functions of the global network of Cochrane groups.	<ul style="list-style-type: none"> Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our <i>Strategy to 2020</i> goals. 	<ul style="list-style-type: none"> Review of Cochrane Review Groups completed by the end of December 2014. Review of other groups completed by the end of July 2015.

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| 4.5 | Deliver Cochrane Clinical Answers and Cochrane Learning to market. | <ul style="list-style-type: none"> • The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with <i>Cochrane Innovations</i> and John Wiley & Sons, Ltd. | <ul style="list-style-type: none"> • Implementation of recommendations for all groups completed by the end of December 2016. |
| 4.6 | Establish improved financial and business monitoring and reporting processes. | <ul style="list-style-type: none"> • A 'Dashboard' and wider set of editorial and business metrics to monitor and report on the implementation progress of <i>Strategy 2020</i> have been established. • An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring & Registration Committee framework) ready for the 2015 annual reporting cycle. • Cochrane's chart of accounts has been amended to reflect more accurately the organisation's activities and management accountabilities; and its Central Executive financial systems have been updated and improved. | <ul style="list-style-type: none"> • By the end of December 2014. • Dashboard and wider set of editorial and business metrics completed by the end of June 2014. • Expanded, integrated monitoring and reporting systems completed by December 2014. • Chart of accounts and Central Executive financial systems improvements completed by December 2014. |

Commercial sponsorship of Cochrane Reviews

Prepared by: Cindy Farquhar, Sophie Hill, Lisa Bero, David Tovey with input from the members of Funding Panel (Joaquin Barnoya, Lisa Bero, Andreas Lundh), and Peter Gøtzsche and Steve McDonald

Date: 15th November

Purpose:

To finalise clarifications and revisions to The Cochrane Collaboration's policy on commercial funding of reviews produced and published by the Collaboration and also Cochrane groups

Urgency: High

Access: Open

Background:

The aim of The Cochrane Collaboration is to ensure that up-to-date, accurate information about the effects of healthcare interventions is readily available worldwide.

One of its 10 principles is to minimise bias 'through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest'.

In 2004 the Collaboration introduced a policy of limiting or prohibiting commercial sponsorship of reviews, entities or activities. Since then the policy has been revised in response to experience with implementing it.

The policy is being reviewed in 2012-13 because of the need to ensure that the principles and practice around restricting or prohibiting commercial sponsorship are upheld and can be applied. A recent Cochrane Review demonstrated that drug studies or reviews that are sponsored by drug companies are more likely to have results and conclusions favouring the sponsors' products, even when controlling for other risks of bias. (Lundh et al 2013) It is therefore important that Cochrane Reviews reflect best practice in order to ensure validity and transparency.

The Funding Panel has prepared this final version after a draft was discussed in both Co-ordinating Editors meeting in Oxford March 2013 and Quebec City September 2013.

If the policy document is approved, the CEU team will work with others to ensure that these are reflected consistently and accurately in the Editorial and Publishing Policy Resource, Cochrane Handbook and the Organisational Policy Manual.

Summary of recommendations:

Please see [document](#) below.

Resource implications: None

Impact statement:

There is substantial reputational risk if Cochrane is seen to have a policy that is no longer fit for purpose. We believe that this revised document will represent a transparent and clear policy that reflects Cochrane's value

and mission. It will be a guide for users and funders of Cochrane and will also be useful for editorial teams and contributors.

Decision required of the Steering Committee:

To approve the revised policy

Cochrane Collaboration policy on the limits of commercial sponsorship of Cochrane reviews and Cochrane groups

2013 revision, v.6, 15th November 2013

Prepared by: Cindy Farquhar, Sophie Hill, Lisa Bero, David Tovey with input from the members of Funding Panel (Joaquin Barnoya, Lisa Bero, Andreas Lundh), and Peter Gøtzsche and Steve McDonald

Date: 15th November

Principles informing this policy

Whilst the Cochrane Collaboration has adopted the uniform requirements for declaration of conflicts of interests framework produced by the International Committee of Medical Journal Editors, the Collaboration and the CDSR differ from many journals in 2 ways: 1) certain types of sponsorship are forbidden and 2) we ask for disclosure of COI at the beginning of a review process (title registration) and either manage within the group processes or refer to the funding arbiter for discussion and decision making.

Independence: Cochrane reviews must be independent of conflicts of interest associated with commercial—should be conducted by people or organisations that are free of such bias

Free from interference: The process for conducting Cochrane Reviews and the Cochrane groups and contributors responsible from producing Cochrane Reviews should operate free from interference.

Assurance: Users of Cochrane Reviews should be assured that Cochrane reviews are produced in an independent manner.

Definitions

‘Commercial sponsor or source’: any for-profit manufacturer or any other for-profit source with a real or potential vested interest in the findings of a specific review.

This definition is not intended to include government departments, not-for-profit medical insurance companies and health management organisations, although clauses 6-8 are relevant for all funders. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).

Appropriate ‘Funder’ of a Cochrane review: a body which provides a grant, contract, gift or other form of financial support for one, several or all authors of a review (or the funding may go to their institution(s)) where the funder has no commercial or vested interest in the finding of the review.

Conflict of Interest of a Cochrane author or editor: Conflict of interest is defined as "a set of conditions in which professional judgement concerning a primary interest (such as patients' welfare or the validity of research) may be unduly influenced by a secondary interest (such as financial gain) or may be perceived to be influenced by a secondary interest."

Policy affecting Cochrane Reviews and Groups

Scope of policy:

This policy affects the people who conduct Cochrane reviews (‘authors’), referees and editors, and all Cochrane groups (Steering Group, centres, review groups, fields, methods groups, consumer network, and central functional entities including the Operational Unit, Editorial Unit, IMS and web teams).

Commercial funding of reviews or authors

The intent of clauses 1-2 is to ensure the independence of Cochrane reviews by ensuring there is no bias associated with commercial conflicts of interest in the conduct of Cochrane reviews.

1. Cochrane reviews cannot be funded or conducted by commercial sponsors or commercial sources with a real or potential vested interest in the findings of a specific review.
2. Cochrane reviews cannot be conducted by authors who in the last 3 years have received financial support from commercial sponsors or sources who have a real or potential vested interest in the findings of the review (for example through receiving remuneration from employment by a commercial sponsor (as defined above), consultancy, grants, fees, fellowships, support for sabbaticals, patents, royalties, stocks from pharmaceutical companies, advisory board membership or otherwise).
 - a. This guidance should apply to the majority of authors, and the contact author of a Cochrane review e.g. if there are five authors, at least three of them should have no COI relevant to the review and this should include the contact author. If there is an even number of authors, the same rule applies, e.g. of eight authors, at least five must not have conflicts, including the contact author. Teams of two cannot have any member with a conflict.
 - b. Editors with conflicts of interest with a given product/drug/intervention should not undertake peer review or be a contact editor, or provide sign-off on a review that involves that product, drug or similar drugs. Co-ordinating Editors with conflicts of interest should assign the relevant review to another editor within their group.
 - c. Peer reviewers should be asked to declare COI using the ICMJE framework.

Disclosure of commercial conflicts of interest

The intent of clauses 3-4 is to ensure that all links between Cochrane authors and commercial sponsorship or sources are disclosed, so that Cochrane users have confidence in the process for the disclosure and management of potential commercial conflicts of interest.

3. At title registration stage, Cochrane authors should declare their conflicts of interest according to the relevant ICMJE criteria.

Commercial interests that should be declared include, but are not limited to: income from private clinical practice (if relevant to the topic), ownership of stocks related to industry, legal advice related to the topic, consultancies, honoraria, fellowships, speaker's fees, involvement in primary research in the subject area of their review, funding for primary research in the subject area of the review, and any other interests that others may judge relevant. Employment in a speciality relevant to the review should be declared, in the interests of transparency, but this does not prevent an individual from being a review author, editor or peer reviewer.

4. On receipt, the relevant Cochrane Review Group (CRG) will assess whether an author has a conflict of interest that would prohibit them from participating in the review team. In making this assessment, it is important to consider how the reader would perceive the potential for conflict of interest.

If the COIs are unclear, or there is no agreement between the parties, the matter will be referred to the Funding Panel who will assess the potential conflict of interest and make a recommendation.

The Funding Panel is nominated by the Steering Group and contains 3-4 Cochrane collaborators and one person external to the Collaboration. In making an assessment, the Funding Panel will consider the principles outlined above.

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At each stage of the review – title registration, protocol publication, review publication, and updating the COI should be updated and considered by the Managing Editor and Co-ordinating Editor.

Cochrane authors who are also the authors of included studies

The intent of clause 5 is to ensure transparency of Cochrane authors who are authors of primary studies.

5. Cochrane authors who include primary studies (which they had conducted) in their review should declare this in the review in the Declarations of Interest section. The Review Group should ensure that an editor checks the included data and interpretation against the study report and any available study registration details or protocol.

Funders of Cochrane reviews

Cochrane reviews are commonly funded by granting bodies. The intent of clauses 6-8 is to ensure that granting bodies do not interfere in the design and release of reviews and that funding is transparently declared.

6. Funders of Cochrane reviews cannot interfere with the design or conduct of reviews.
7. Funders cannot delay or prevent the publication of a review or its update.
8. Funding for the review should be declared in the 'Sources of support' section of the review, which should include reference to the role of any sponsors .

Removal of reviews not meeting policy

The intent of clauses 9 is to enforce the policy.

9. Cochrane reviews (whether new or updates) or protocols that do not meet the above requirements (1-8) from the inception of this policy will be withdrawn after consultation with the Funding Arbiter Panel and Editor in Chief.

Commercial sponsorship of Cochrane review groups and Cochrane entities

The intent of clauses 10 is to ensure the independence of Cochrane entities and their activities.

10. No Cochrane groups are permitted to accept funds from commercial sponsors or commercial sources.

Cochrane entities which violate this policy by accepting commercial funding may be de-registered, following an investigation by the appropriate body e.g. Executive Group, COU or CEU.

Derivative products

The development of derivative products from Cochrane reviews is the responsibility of Cochrane Trading Company , supported by the Editor in Chief, the and the Steering Group.

11. In developing derivative products, these bodies will adhere to the items above.

Royalties

12. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that

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royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue.

Audit

13. There will be an audit of compliance with the policy within six months and the policy will be revisited in two years.

Reference

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Existing policy

2.3 Commercial sponsorship policy

Introduction

The [Steering Group](#) of The Cochrane Collaboration has undertaken a process of consultation on commercial sponsorship. The debate was stimulated by a letter from several members of The Cochrane Collaboration who felt that existing policy ought to be more restrictive - to provide still greater reassurance that the conclusions of Cochrane reviews were not biased through the influence of funding by commercial [entities](#) that stood to benefit financially from the results of reviews.

Commercial sponsorship of health-related research is, of course, not an issue of concern uniquely to The Cochrane Collaboration. Many members of The Cochrane Collaboration have pointed out that external perception is also important. Any perception that for-profit commercial organisations, notably but not exclusively, the pharmaceutical industry and medical device manufacturers, were influencing the conclusions of Cochrane reviews would damage a carefully nourished reputation for impartiality and scientific rigour.

This issue was discussed at length at the 11th annual Cochrane Colloquium in Barcelona in October 2003. A consultation document was disseminated during December 2003 with a request for views by 31 January 2004; 156 individuals or groups responded. Most were active members of The Cochrane Collaboration. The Steering Group met in Bergamo, Italy, from 29 February to 2 March 2004 and considered at length the very extensive and detailed documentation. An agreed policy document was disseminated on 6 April 2004. At that time, there was, for some questions, very clear consensus; for others, there was not. The Steering Group discussed unresolved issues at their meetings in Ottawa, Canada, on 1 and 4 October 2004, and in Providence, US, on 2 to 4 April 2005. They were also discussed at the annual general meeting during the 12th Cochrane Colloquium in Ottawa on 3 October 2004. Following these discussions, the policy document was amended in April 2005.

Background

Since the decisions taken by The Cochrane Collaboration are also of interest to others it may be helpful to describe, briefly, the structure of The Cochrane Collaboration. It is a highly devolved organisation that involves more than 10,000 people, in different capacities, worldwide. Most do not receive any payment for the work they do within The Collaboration. They are drawn to The Collaboration through a wish to commit, either as a professional or as a consumer, to a movement to provide more sound evidence on which healthcare decisions can be made. The formal structure of The Collaboration comprises Cochrane Review Groups (which produce systematic reviews), Centres (with responsibilities that include support for Cochrane Review Groups within their area of geographical responsibility), Methods Groups, Fields, a Consumer Network, an elected Steering Group, and a small [Secretariat](#). The Secretariat, Steering Group and Advisory Group meetings, and key generic developments (e.g. software for information management, production of the *Cochrane Handbook for Systematic Reviews of Interventions*, and development of The Collaboration's website) are all funded, in part or in whole, through royalties on sales of [The Cochrane Library](#). Everything else (including support of Cochrane Review Groups and Centres) is funded through applications to other sources (often government agencies), and these sources are almost all in the country in which the entity is located.

There is substantial variation internationally in the amount of funding for support of Cochrane activity and, in some parts of the world, it is extremely difficult to access government or charitable funds. In some areas, there has recently been an important decrease in financial support for Review Groups and Centres. Therefore, an alternative option, of seeking funding from commercial sources, could be attractive to, say, Co-ordinating Editors of Review Groups, or Centre Directors, who otherwise face the prospect of curtailing productivity and/or making skilled and experienced staff redundant. Setting policy on issues as sensitive and important as sources of funding in as complex an organisation as The Cochrane Collaboration is never an easy matter, and may be even more difficult at this time.

Definitions

- By 'commercial source' we [mean](#) 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. Whilst government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).
- By 'sponsorship' of a review, we mean a sum of money given to an author or group of authors to prepare, or update, a Cochrane review. Such sponsorship could include not only commissioning of specific systematic reviews, but also, for example, funding of a sabbatical period to work on a Cochrane review.
- We used the term 'firewall' in the consultation document. By this, we mean, figuratively, a fireproof wall put in place to ensure that, if a fire occurs, it is confined to one area. We used the term to indicate a clear barrier or separation between a source of funding and the use to which that funding is put, so as to prevent any influence by the funding source on the [outcome](#) of, say, a Cochrane review.

Conclusions

1. There was overwhelming consensus that there should be a clear barrier between the production of Cochrane reviews and any funding from commercial sources with financial interests in the conclusions of Cochrane reviews.
2. Thus, sponsorship of a Cochrane review by any commercial source or sources (as defined above) is prohibited.
3. Other sponsorship is allowed, but:
A sponsor should not be allowed to delay or prevent publication of a Cochrane review.
A sponsor should not be able to interfere with the independence of the authors of reviews in regard to the conduct of their reviews.
The [protocol](#) for a Cochrane review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.
4. These rules also apply to 'derivative products' (containing Cochrane reviews) so that commercial sponsors could not prevent or influence what would be included in such products.
5. To ensure the integrity (real and perceived) of the 'firewall', it is also prohibited for a commercial source or sources (as defined above) to sponsor Cochrane entities that produce Cochrane reviews, that is, Cochrane Review Groups.
6. It was agreed that these same restrictions should apply to Fields and to the Consumer Network because of the close proximity of these entities to review production.
7. The position on commercial funding of Methods Groups' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Khon Kaen in April 2006. It was agreed that funding from a commercial source (as defined above) for the activities of Methods

Groups, or of their members, in producing Cochrane reviews of healthcare interventions or tests, or supporting individual review groups, including [peer review](#), is not permitted. Methodologists who have personally received remuneration or research funds from a commercial source in the previous five years should ensure that they have no involvement in reviews of interventions or tests in which the commercial source has a vested interest. The receipt and use of commercial funds by Methods Groups for other purposes must be declared in Methods Groups' modules

8. The situation with regard to Cochrane Centres is more complex than for other Cochrane entities. For example, Centres can be both close to review production (like Fields and the Consumer Network) but can also engage in methodological work (like Methods Groups). The position on commercial funding of Cochrane Centres' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Providence in April 2005. As a principle, there should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Direct funding currently in place can continue, but should be phased out over the next five years. Therefore, from April 2010, any direct funding of Cochrane Centres from commercial sources is prohibited. Non-direct funding of non-core activities (such as translation) would, however, be permitted after 2010 from a central fund – see 17 below.
9. Some entities may find themselves in financial difficulty because of the need to shed current commercial funding. Therefore, although this policy is mandatory now in relation to any new funding, it will become mandatory in relation to existing sources of funding two years after the date of adoption, to allow time for entities to seek alternative sources of funding. If any entity has contractual obligations that mean that they cannot shed current commercial funding within the next two years, they should discuss this urgently with the [Funding Arbiter](#).
10. The position of Funding Arbiter has been established, analogous to the [Publication Arbiter](#). The Funding Arbiter is a Steering Group member and convenes a standing panel of four to give guidance on difficult cases.
11. The responsible Cochrane Review Group should refer any existing Cochrane reviews that have been produced by a process that would no longer be permissible to the Funding Arbiter. A decision will be taken within the first twelve months of the implementation of this policy to consider what should happen to these Cochrane reviews (e.g. whether they should be withdrawn from *The Cochrane Library*).
12. Authors of reviews should declare financial support for the review, private clinical practice (if relevant), stocks, legal advice, consultancies, involvement in primary research in the subject area of their review, and any other 'competing interests' that they judge relevant.
13. Such declarations will be described in the review. The declarations will not be published outside of the review itself, for example with the [abstract](#) or plain language summary.
14. If an author has been actively involved in a study/studies that was/were eligible for their review, they should have, as a co-author, someone who was not involved in the study/studies. The co-author would not necessarily be the contact author for the review, but could act as a 'guarantor'.
15. If a review has been done, or is proposed, by people who are employed by a pharmaceutical or medical devices company that relates to the products of that company, it will be referred to the Funding Arbiter. In such circumstances, The Cochrane Collaboration will insist on a multi-disciplinary review team with a majority of the team of authors not being employed by the relevant company.
16. People with a direct financial interest in a particular intervention should not be involved in a review of that intervention, either as authors, editors or peer reviewers.
17. It was agreed to establish a central fund into which unrestricted donations could be made. It was further agreed that there should not be a prohibition on donations from any single

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company or type of industry but that all funding of activity in The Cochrane Collaboration should be in keeping with the principles of The Cochrane Collaboration.

18. There is an existing Collaboration policy on sponsorship of Colloquia. The Colloquium Policy Advisory Committee have been asked to reconsider this in light of changes to the policy on commercial sponsorship, and to bring any recommendations for changes to this policy to the Steering Group.
19. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue. When a central fund is established, the possibility that such income should go into it will be discussed.
20. John Wiley and Sons Limited should continue to be encouraged to make bulk sales of *The Cochrane Library* and derivative products to commercial sources.
21. All Cochrane Collaboration policies are kept under continual review, but these decisions will be formally reviewed after three years.

6 April 2004

Amendments made in April 2005

1. The position on commercial funding of Methods Groups' activities is being reviewed and will be reconsidered at the Steering Group mid-year meeting in April 2006.
2. As a principle, there should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Direct funding currently in place can continue, but should be phased out over the next five years. Therefore, from April 2010, any direct funding of Cochrane Centres from commercial sources is prohibited. Non-direct funding of non-core activities (such as translation) would, however, be permitted after 2010 from a central fund – see 17 above.

Amendments made in April 2006

The position on commercial funding of Methods Groups' activities was reviewed and reconsidered at the Steering Group mid-year meeting in Khon Kaen in April 2006. It was agreed that funding from a commercial source (as defined in this policy) for activities of Methods Groups, or of their members, in producing Cochrane reviews of healthcare interventions or tests, or supporting individual review groups, including peer review, is not permitted. Methodologists who have personally received remuneration or research funds from a commercial source in the previous five years should ensure that they have no involvement in reviews of interventions or tests in which the commercial source has a vested interest. The receipt and use of commercial funds by Methods Groups for other purposes must be declared in Methods Groups' modules.

This information is available to the public at <http://www.cochrane.org/about-us/commercial-sponsorship>.

The Cochrane Collaboration Supports Access to Data from All Trials

The Cochrane Collaboration is committed globally to providing policy-makers, clinicians, patients and their caregivers with up-to-date and accurate information about the effectiveness and safety of healthcare interventions. It publishes systematic reviews in *The Cochrane Library* and updates these regularly.

Cochrane systematic reviews draw heavily on the results from randomised and non-randomised controlled trials. Because trial results are often selectively reported, the benefits of interventions can be exaggerated and the harms underestimated. To be able to summarize the effectiveness and safety of healthcare interventions, we need to know what trials were done, how they were conducted and what their findings were.¹ The public sharing of information about trial results will allow them to be assessed both individually and in the context of systematic reviews.

To ensure that data from all trials evaluating the effects of healthcare interventions become publicly available, without undue delay, The Cochrane Collaboration calls for:

- All trials to be registered before recruitment of the first participant on a publicly accessible database (see the Cochrane statement on this [here](#));
- Full trial protocols to become publicly available free of charge and in easily accessible electronic formats, preferably at inception, but certainly before study recruitment has completed. Any changes to the protocol should be clearly documented and dated;
- Summary results for all protocol-specified outcomes, with analyses based on all participants, to become publicly available free of charge and in easily accessible electronic formats within 12 months after completion of planned collection of trial data;
- Raw, anonymised, individual participant data to be made available free of charge; with appropriate safeguards to ensure ethical and scientific integrity and standards, and to protect participant privacy (for example through a central repository, and accompanied by suitably detailed explanation);
- Government agencies to recognise collective responsibility for trial data, including sponsors, investigators, research ethics committees, trial participants and the wider public, and therefore to ensure that adequate mechanisms, resources and infrastructure are provided to facilitate access to the data, protocols and results;

- Government agencies to consider introducing legislation that makes it a requirement to provide the results from all trials to the public;

Calls for data sharing have also come from a variety of international organisations, research funders, and others, including the Organisation for Economic Co-operation and Development (OECD),^{2,3} the World Health Organization (WHO), the US National Institutes of Health (NIH), the Bill and Melinda Gates Foundation and the Hewlett Foundation,⁴ the US Congress,⁵ the European Commission,^{6,7} the European Ombudsman,^{8,9} journal editors,^{10,11,12,13,14} the UK Medical Research Council (MRC),¹⁵ and the Wellcome Trust.¹⁶ Such calls have mostly been restricted to publicly-funded research, but the distinction between publicly-funded research and industry-funded research is an artificial one, as the interests of the patients and the wider public should override commercial interests.^{8,9}

The Cochrane Collaboration is a partner of the [AllTrials campaign](#) which has brought together individuals and organisations from across the world in support of promoting full disclosure of summary results from trials. The Cochrane Collaboration supports the use of individual participant data in systematic reviews and contributes to the ongoing debate around how such data should be shared and re-used.¹⁷

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COCHRANE TRANSLATION STRATEGY AND BUSINESS PROPOSAL



The Translation Strategy Working Group ¹

(with input from the Translation Strategy Advisory Group², the Senior Management team and Central Executive staff).

January 2014.

¹ The Translation Strategy Working Group consists of Xavier Bonfill, Harriet MacLehose, Jordi Pardo, Gabriel Rada, Philippe Ravaud, Juliane Ried (project support) and Mark Wilson.

² The Translation Strategy Advisory Group consists of Hyeong Sik Ahn, Marina Davoli, Gordon Dooley, Claire Glenton, Jian Ping Liu, Rintaro Mori, Ashraf Nabhan, Deborah Pentesco-Gilbert, Silvana Simi, Regina Torloni, Vasiliy Vlassov, Mingming Zhang.

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SUMMARY OF RECOMMENDATIONS, TARGETS, RESOURCE IMPLICATIONS, AND SUCCESS INDICATORS

In March 2013 in Oxford the Collaboration's Steering Group considered a strategic paper calling on the organisation to make a major commitment to translating Cochrane content from English into other languages.³ The Steering Group committed the Collaboration to meet this challenge and asked a special Translation Working Group to draw up a strategy and plan of action based on the paper tabled in Oxford.

This document delivers on that request. It sets out the key approaches and decisions for the implementation of a long-term Cochrane translation strategy; and includes an indication of the funding required for implementation of the strategy for the next three years (2014-2016) which, if approved by the Steering Group, will be integrated in the Collaboration's budgets for that period.

Whilst this detailed strategy and plan were being developed, the Collaboration reinforced its commitment to translation by putting it at the forefront of its new *Strategy to 2020*, approved in Quebec in September 2013. Objective 2.6 of the Strategy pledges: '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'. In addition, Objective 2.5 of the Strategy commits us to 'simplify and standardise the language used across our content to improve readability and reduce ambiguity'. The translation strategy lays out specific targets for the period 2014-2016, but has been developed with a view to gradually delivering these long-term strategic goals by 2020. In January 2014 the Steering Group is expected to approve the first set of targets for the *Strategy to 2020* objectives. These targets – in turn – have been guided by the work and expected outcomes of the Translation Strategy Working Group; and they are included in the plan and budget presented here. These targets are:

Target	Indicators of success	Timing
Objective 2.6: Multi-lingual Finalise Cochrane's translation strategy, establish a translation management system to integrate all existing workflows, and introduce key digital content and multi-lingual portals in French, Spanish and three other languages.	<ul style="list-style-type: none"> • Cochrane's translation strategy and business plan has been completed and ready to be implemented. • A translation management system has been established integrating all existing workflows (including those in the Translation Exchange). • Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages. 	<ul style="list-style-type: none"> • Translation strategy and business plan completed by end of April 2014. • Translation management system and key content available by end of December 2014.

³ The Oxford meeting background papers are available at <http://www.cochrane.org/community/organisation-administration/minutes-reports/full-meetings-ccsg>.

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Objective 2.5: Accessible language Simplify and standardise the language used across our content to improve readability and reduce ambiguity. [Target 2.5 of <i>Strategy to 2020</i>]	<ul style="list-style-type: none"> Guidelines for simplified and standardised language across content have been developed. An audit for plain language summaries against the new guidelines has been undertaken. All reviews are produced according to the new guidelines. 	<ul style="list-style-type: none"> Guidelines and an audit completed by the end of May 2015. All reviews are using the simplified and standardised language by the end of December 2016.
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This Translation Strategy and Plan recommends the following:

(Analysis, explanation and further details on the recommendations are in the respective chapters below. Where noted, targets are included in the proposed *Strategy to 2020* targets for 2014.)

	Recommendations and provisional targets	Resource implications	Indicators of success	Timing
1.	TRANSLATION FRIENDLY That Cochrane implements strategies to promote translation-friendly content and technology, including simple and standardised language.	<ul style="list-style-type: none"> Central Executive staff Wiley staff Possible partnerships and research collaborations and/or consultancies 	<ul style="list-style-type: none"> Standards and guidelines for simplified and standardised language across content have been implemented. An audit for plain language summaries against the new guidelines has been undertaken. <p>(Strategy 2020 – 2014-15 targets)</p> <ul style="list-style-type: none"> Translation processes are facilitated by technological choices and developments. 	<ul style="list-style-type: none"> By end of May 2015.
2.	MULTI-LANGUAGE ORGANISATION That Cochrane introduces multi-language communication and content strategies.	<ul style="list-style-type: none"> Central Executive staff Wiley staff 	<ul style="list-style-type: none"> Multi-language communication and content strategies have been developed for key content. Key content is translated and disseminated in agreed languages. 	<ul style="list-style-type: none"> Initial phase by end of December 2014. Additional content and languages by the end of December 2015.

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	Recommendations and provisional targets	Resource implications	Indicators of success	Timing
3.	SUSTAINABLE METHODS That Cochrane applies (and invests in) sustainable translation methods: in particular, machine translation and crowdsourcing.	<ul style="list-style-type: none"> • Central Executive staff • Research collaborations and/or consultancies 	<ul style="list-style-type: none"> • Translation of Cochrane content is performed using primarily machine translation and crowdsourcing. • Translation project coordinators and/or editors for priority languages have been assigned or employed. • Translation methods are evaluated and informed by research collaborations or consultancy. • Parallel corpora are developed or purchased for priority languages as agreed. 	<ul style="list-style-type: none"> • Methods applied by end of December 2014. • Evaluation and research by end of December 2016.
4.	TRANSPARENT That Cochrane is transparent about the methods and quality of its translations.	• N/A	<ul style="list-style-type: none"> • Translation methods and quality levels are described for different languages and clearly shown alongside the translated material. 	<ul style="list-style-type: none"> • By end of December 2014.
5.	RELEVANT LANGUAGES That Cochrane initially prioritises the WHO languages and the languages for which translation projects are on-going or planned. <i>(Strategy 2020 – Part of 2014 target 2.6)</i>	• N/A	<ul style="list-style-type: none"> • Translations of prioritised languages as agreed are available and integrated in our management and publication processes. 	<ul style="list-style-type: none"> • Phase 1 languages by end of December 2014. • Phase 2 languages by end of December 2015.
6.	RELEVANT CONTENT That Cochrane initially prioritises key Review content, key content of the platforms on which Reviews are published, and content that facilitates rapid dissemination. <i>(Strategy 2020 – Part of 2014 target 2.6)</i>	• N/A	<ul style="list-style-type: none"> • Key Review content, key content of the platforms on which Reviews are published, and content that facilitates rapid dissemination is primarily translated in agreed languages. • Key content on cochrane.org is translated in agreed languages. 	<ul style="list-style-type: none"> • Review content, Review platform and dissemination content by end of December 2014. • cochrane.org content by end of April 2015 (depending on re-brand).

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	Recommendations and provisional targets	Resource implications	Indicators of success	Timing
			<ul style="list-style-type: none"> Priorities are evaluated and reconsidered annually. 	<ul style="list-style-type: none"> Priority evaluation by end of April 2015 and 2016.
7.	CENTRAL COORDINATION That Cochrane employs a full time translation coordinator. <i>Note: This only covers central coordination, not language specific project coordination.</i>	<ul style="list-style-type: none"> 1 FTE 	<ul style="list-style-type: none"> Translation coordinator has been employed. 	<ul style="list-style-type: none"> By end March 2014.
8.	SUSTAINABLE MANAGEMENT That Cochrane establishes and maintains an efficient Translation Management Infrastructure, integrating all existing workflows. <i>(Strategy 2020 – Part of 2014 target 2.6)</i> <i>Note: This only covers central management and infrastructure, not language specific project management resources.</i>	<ul style="list-style-type: none"> 3 year contract with Smartling, with option for renewal pending evaluation Central Executive staff Wiley staff 	<ul style="list-style-type: none"> 3 year contract signed with Smartling. Integration of Cochrane, Wiley and translation project workflows. 	<ul style="list-style-type: none"> Smartling contract agreed and signed by end of March 2014. Smartling integration with our content and workflows by end of April 2014. Integration of workflows of prioritised language in Smartling by end of December 2014.
9.	MULTI-LANGUAGE PLATFORM That Cochrane and Wiley develop coherent multi-language publication pipelines, web presences and search functionality for Cochrane content. <i>(Strategy 2020 – Part of 2014 target 2.6)</i>	<ul style="list-style-type: none"> Central Executive staff Smartling Global Delivery Network (covered in overall Smartling contract) Wiley staff 	<ul style="list-style-type: none"> Publication of translations of different types of content established. Multi-language web presence established. Multi-language search functional. 	<ul style="list-style-type: none"> Prioritised content and languages by end of December 2014. Additional content and languages by end of December 2015.
10.	POLICIES AND PROCESSES	<ul style="list-style-type: none"> Central Executive staff Wiley staff 	<ul style="list-style-type: none"> Translation policies agreed and published. 	By end of December 2014.

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	Recommendations and provisional targets	Resource implications	Indicators of success	Timing
	That Cochrane establishes translation policies, standard procedures and guidelines.		<ul style="list-style-type: none"> • Translation standard procedures, quality assurance and decision-making developed. 	
11.	PARTNERSHIPS That Cochrane identifies and establishes funding, collaboration and research partnerships for translations. <i>(Strategy 2020 – Part of 2014 target 2.6)</i>	<ul style="list-style-type: none"> • Central Executive staff • Wiley staff 	<ul style="list-style-type: none"> • Two to three partnerships have been secured. 	By end of December 2014.
12.	WORK PLAN That Cochrane develops a 3-year translation work plan including deliverables and timelines based on the recommendations of this paper.	<ul style="list-style-type: none"> • Central Executive staff • Wiley staff 	<ul style="list-style-type: none"> • Work plan completed. 	By end of April 2014, for annual evaluation and adaption.

INDICATIVE BUDGET PROPOSAL (FY 2014-15 – 2016-17)

NOTE: *This budget predominantly covers central Cochrane resources required to deliver the translation strategy; it does not take into account the substantial resources currently provided by (and in future required from) regional language project teams to produce translations. A minimal contribution towards this language specific cost has been budgeted for under item 6. However, as a reference, the Spanish and French translation projects cost up to €500,000 annually in the past.*

	Item	Amount (GBP) 2014-15	Amount (GBP) 2015-16	Amount (GBP) 2016-17
1.	Translation management system: Smartling contract - 2014 includes one-time setup fee; - annual amount includes full service and support; - annual amount covers up to 1 million page views of translated pages, and storage of 30 million words, e.g. this would be sufficient if we translate all existing titles, abstracts and PLS into 8 to 9 languages. Page views and words are accounted for on a monthly basis, if we fall below certain tiers, we pay less.			
2.	Translation Coordinator 1.0 FTE incl. employment costs, overhead and travel (3% annual increment)			
3.	Provision for additional Central Executive resources support cost To support development of: - management and publication infrastructure; - multi-language platform and search; - policies and processes; - content and communication strategies. (Actual Amounts To Be Confirmed) (3% annual increment)			
4.	Provision for contribution to the development of simplified and standardised language (Actual Amounts To Be Confirmed) (3% annual increment)			
5.	Provision for partnerships, research collaborations and consultancies (Actual Amounts To Be Confirmed) (3% annual increment)			
6.	Provision for language specific project support			

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	Native language coordinators and editors for priority languages where we want to guarantee minimum delivery <i>(Actual Amounts To Be Confirmed; see also Sections 7, 11 and 12 below)</i> <i>(3% annual increment)</i>			
	TOTAL:			
	Less Amounts already authorised by CCSG:			
	Additional Funding Planned:			

IMPACT STATEMENT

Investing in sustainable translation infrastructure and management, enabling multi-language work processes, and providing Cochrane content in different languages will:

- Increase the usage and accessibility of our content in non-English speaking countries, enlarge the impact of Cochrane's work.
- Constitute an investment in new potential markets that is likely to generate new funding from governments, institutions and individuals in those markets.
- Foster Cochrane's role in informing evidence-based decision-making globally.
- Facilitate participation of non-English speakers within Cochrane, and thereby contribute to making us more of a truly global organisation.
- Increase Cochrane's inclusiveness and accessibility generally.
- Provide an opportunity for Cochrane to take a leadership role in this area.

BACKGROUND

Cochrane is an international organisation, but with a mainly English-speaking contributor base and an English product; thus its impact and inclusiveness are limited by its main language. A number of projects translating Cochrane content have been conducted in the past, and several small or bigger projects are currently on-going or planned⁴. All of them have been initiated, co-ordinated, and funded by Cochrane groups or external organisations based in non-English speaking countries, without any resources provided by Cochrane centrally. The results are spread over different platforms, some of them partially outdated and difficult to track.

Cochrane became more interested in translations centrally in 2011, and from there started to put marginal central infrastructure in place in order to support the publication of translations of abstracts and plain language summaries (PLS). Translation has since been identified as a major priority in the 2013 Publishing Agreement with Wiley, and most significantly in Cochrane's new *Strategy to 2020*⁵. A Translation Strategy Working Group and an Advisory Group have been formed following the Oxford Mid-year Meeting to develop a translation strategy for consideration by the Steering Group.

⁴An overview of past and on-going translation activities is available in Cochrane's Editorial and Publishing Policy Resource, see <http://www.cochrane.org/editorial-and-publishing-policy-resource/translation-projects>.

⁵ Cochrane's Strategy to 2020 is available at <http://www.cochrane.org/organisational-policy-manual/appendix-5-cochrane-strategy-2020>.

More detailed background information is available in the Oxford Steering Group paper, and in a PLOS Medicine paper published in September 2013⁶.

A. SCOPE OF THE TRANSLATION STRATEGY

The main focus of the proposed strategy is the translation of Cochrane content into different languages with the aim to enable better global access to Cochrane evidence, and consequently to increase our global impact in line with our vision and principles⁷. The organisation has already adopted this challenge. Objective 2.6 of *Strategy 2020* commits Cochrane to: ‘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’.

The translation strategy should be implemented with a view to addressing non-English speaking audience needs generally, and it must strive to create incentives enabling and encouraging participation of non-English speakers in the process. It will, however, not directly address the issues around engaging and supporting non-English speakers in other capacities, e.g., as Review authors or consumers. We recommend that this should be dealt with by Cochrane centrally as part of its membership and communications strategies.

Nevertheless, Cochrane’s commitment to translate its English-language content and become more of a truly global organisation is a major undertaking that will require considerable resources and sustained commitment. The proposed translation approaches set out in this plan affect the priorities of Cochrane’s Central Executive and the different Cochrane groups, requiring joint and streamlined action across the organisation. The translation strategy calls for a mind shift in terms of how we approach our aims of global impact and participation. It is an opportunity for Cochrane to take a leadership role in the area of translation and communication in health care, similar to the role it has as a leader in systematic review methods.

B. PROPOSED STRATEGIC APPROACHES

1. PRODUCING TRANSLATION-FRIENDLY COCHRANE CONTENT

The basis of the translation strategy is that we start to think differently about our content, editorial processes, technology and communications: in the future, we develop and optimise them with the aim of facilitating and accommodating multi-language publication, as well as improving and expanding the translation process itself.

SIMPLE AND STANDARDISED LANGUAGE

The use of highly complex and technical English in Cochrane Reviews and most other Cochrane content has negative implications on the production, readability and translation of our content. In order to address these issues, Cochrane must develop approaches to producing its content using

⁶ von Elm E, Ravaud P, MacLehose H, Mbuagbaw L, Garner P, et al. (2013) Translating Cochrane Reviews to Ensure that Healthcare Decision-Making is Informed by High-Quality Research Evidence. PLoS Med 10(9): e1001516. doi:10.1371/journal.pmed.1001516. Available at <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001516>.

⁷ The vision and principles are available in Cochrane’s Strategy to 2020, see <http://www.cochrane.org/organisational-policy-manual/appendix-5-cochrane-strategy-2020>.

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simplified and standardised language. This has already been recognised by the organisation with Objective 2.5 of *Strategy to 2020* committing Cochrane to ‘simplify and standardise the language used across our content to improve readability and reduce ambiguity’. In its proposed new targets for 2014 the ambition is to ensure that ‘all reviews are produced according to new guidelines’ by the end of 2016, with the ‘guidelines for simplified and standardised language across content developed by May 2015’ and ‘an audit for plain language summaries against the new guidelines’ conducted by the same deadline.

To achieve this, we propose that the Cochrane Editorial Unit (CEU) drives the development and application of standardised and simplified English for Cochrane Review content as follows:

- Define and describe what we mean by simplified and standardised English for Cochrane Reviews and other content where appropriate (Cochrane simplified English).
- Develop a Cochrane simplified English framework, including standardised terminology; writing guides and tools; standard templates and phrases; tools to measure readability; and relevant policies and guidelines.
- Develop an approach to implement Cochrane simplified English, in the first instance (by the end of 2016) for abstracts, PLS, and authors’ conclusions in the main Review. To include:
 - Training and support for editorial teams and Review authors;
 - Integration of the framework within authoring and editorial processes;
 - Exploration of tools to aid the implementation of Cochrane simplified English in RevMan; for example, for immediate feedback on the ‘simplicity’ of a sentence during the writing process, and suggesting better, i.e., clearer, easier and more translatable sentences.
- Evaluate the development and implementation of the above steps.

Similarly, we propose that Cochrane’s Communications and External Affairs Department (CEAD) and Wiley drive the development and application of standardised and simplified English in non-Review content.

CEU, CEAD and Wiley should also collaborate and consult with linguist experts, who have experience in the area of standardised language to inform the development and implementation as needed. This may be done on a consultancy basis or as part of research projects. For example, the French research consortium QUARTET M, which has been assembled through the French Cochrane Centre’s initiative to develop strategies to financially sustainable translation, includes linguists with various specialisations relevant to standardised language (see also section 3 below).

The expected benefits of the proposed approach would be to:

- Increase Cochrane’s productivity, reducing the editing burden of editorial teams, and facilitating and speeding up authoring (for both native English and non-native English speakers);
- Enable greater global participation and increase our inclusiveness;
- Increase the accessibility, discoverability and readability of our content for both English and non-English speakers, and thus the effectiveness of our communications and global impact;
- Increase the feasibility, accuracy and speed of human and machine translation, and thus reduce the resources needed for translation;
- Enhance the development of derivative products, as simplification and standardisation may facilitate automatic extraction of data;
- Increase the possibility that Cochrane standards and writing aids become the standard in our field, and may constitute a basis for new products.

EDITORIAL PROCESSES

English will remain the primary production language of Cochrane content for the foreseeable future and translations will be made from English into different languages. However, both our technology and editorial processes should be flexible to allow for multiple source languages to be adopted, if we make the decision to approach production in a multi-language process in the future.

If we want to publish content⁸ in multiple languages simultaneously or almost instantly and keep it up to date with the English source, both Cochrane and Wiley need to build translation into their editorial, communications and technology processes. There are editorial decisions to be made within Cochrane and Wiley, when content is prepared and designed for publication: how much of it should be available in which other languages, how soon, and how do we treat content that is non-machine readable and thus more complex to translate and publish in different languages (all taking into account available translation resources)?

Processes need to be set up so that small and moderate modifications can be taken up and translations completed and published within 24 or 48 hours (or what is considered an acceptable delay). Major updates or new additions to our content that we wish to publish in different languages simultaneously or almost instantly need to be scheduled, and translation project coordinators pre-advised so they are able to assign the required resources.

‘SIMPLE’ AND INNOVATIVE TECHNOLOGY

When we develop our web presence and technology, we should prefer technologies that support and facilitate translation. For example, non-machine readable formats (for example: image types, audio and video) are more complicated to translate and publish from a technical perspective than machine-readable formats. We need to balance the attractiveness of rich-content formats against the desire to provide machine-readable formats, and ensure we can provide translated versions of, or workarounds for, more complicated formats. Linked data technology, including multi-language text mining and ontologies, can facilitate automatic translation, multi-language search and browse.

2. MULTI-LANGUAGE COMMUNICATIONS

Cochrane’s Communications and External Affairs Department and Wiley need to start approaching communications and marketing from a multi-language angle, which includes the development and application of standardised and simplified English in non-Review content (see section 1 above), coherent multi-language branding, and internal and external communications.

COCHRANE RE-BRAND

Cochrane will complete an organisational rebrand in 2014, ensuring that all content (on- and off-line) is coherent. As part of the re-brand, all Cochrane content will be audited and re-branded to develop a consistent Cochrane web presence and a coherent user experience. The general approach will include a much more distinct orientation of our content aimed at the public (end user) on the one hand, and the “knowledge base” (the Cochrane community) on the other hand. As part of the re-brand, the goal is for the function currently fulfilled by *Cochrane Summaries* (patient oriented) to be absorbed by a single Cochrane knowledge platform offering Review content prepared for different end users including clinicians, patients and any other public stakeholders.

⁸ Section 6 below provides an overview of Cochrane content that we may translate, and specifies priorities.

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The re-brand has implications for translations and vice versa as follows:

- We need to ensure that the re-brand is thought through and developed not only in English but as a multi-language platform with translated content in mind: i.e., facilitating publication of translations and the translation process itself (see section 1. above), and including multi-language search engine optimisation considerations.
- There needs to be careful consideration of how non-English Cochrane group websites fit into a new multi-language Cochrane web presence.
- Until the re-brand is completed, we need to consider carefully which content to translate in the interim, and not invest a lot of resources into translating content that will not be part of the new platform. Review content will not be affected.

MARKETING AND DISSEMINATION

Existing Cochrane translations are currently not promoted or used for marketing in any strategic way, yet access statistics are already demonstrating their potential. The translation strategy should be accompanied by a marketing and dissemination strategy for translations in different languages both by Cochrane and Wiley in order to maximise usage, impact, sales and funding opportunities.

Strategy to 2020's target 3.4 for 2014 is to: 'Capture and communicate Cochrane's impact on policy and practice, introducing online metrics and stories of impact'. This should include multi-language metrics, and impact stories could be prioritised for translation.

SOCIAL MEDIA

Social media has a particular role in multi-language communication, as it both facilitates rapid dissemination and engages users in the process. Cochrane could generate very brief one-sentence, plain language key messages about the findings of Reviews, have these translated into different languages and disseminate them via its social media channels for uptake by non-English speaking users.

MULTI-LANGUAGE NETWORK

Cochrane translators and non-native English speakers should have an informal forum for them to connect, share experiences, learn from and support each other. Like other Cochrane networks, this group could make use of email lists, discussion forums, social media, etc., to communicate. It could be the go-to place for non-English speakers who need support in their Cochrane activities, but also for English speakers who are looking for translators or people with intercultural communication skills. Different languages could establish their own networks for the purpose of language-specific communication and exchange.

3. TRANSLATION METHODS⁹

We propose to approach translation through a combination of:

- (a) machine translation or computer aided translation (CAT) featuring translation memory; followed by
- (b) volunteer crowdsourcing. Crowdsourcing can also be used both to obtain an initial translation and for final validation by content or methods experts.

⁹ An overview of different translation methods has been provided in the Oxford paper and is also available in [Appendix 1](#).

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We recognise the value of professional translation, and would gladly make use of it for the translation of our content, if sufficient external resources were offered to us for this purpose. However, with the resources currently available and expected in the medium term, we cannot build Cochrane's translation strategy on continuous paid-for professional translation, as it is not financially sustainable. In addition, research conducted by the French Cochrane Centre suggests that professional translation is not superior to a combined approach of machine translation and validation by content or methods experts, but generally requires additional validation by content or methods experts, too.¹⁰ A comparison of Spanish Cochrane translations of the Iberoamerican Cochrane Centre (CAT + paid translators and editors) with translations of [Epistemonikos](#)¹¹ (machine translation + volunteer crowdsourcing) similarly revealed that there was no significant difference in quality between the two methods.

However, as we gather experience with variations of the proposed approach we need to conduct cost-effectiveness evaluations taking into account the costs of development, work flow integration and human resources needed for management and validation, against the quality of results. Firstly, to confirm (or not) that our assumptions on the required resources and obtained results are valid, and to adapt our methods, if necessary; and secondly, to justify future investment.

The recommended approach is dependent, though, on Cochrane providing a sophisticated and capable technological infrastructure to manage the translation process using machine and crowdsourcing methods (for details see section 8 below).

COMPUTER AIDED TRANSLATION

Computer aided translation (CAT) software is based on translation memory, and recognises content that has been translated before (match), or is similar to content that has been translated before (fuzzy match). A crucial component to fast and cost-effective translation using CAT is simple and standardised source content, existing translations and repetition (see section 1. above). CAT software is still widely used to support professional translation, and has facilitated the large volume translation project of the Iberoamerican Cochrane Centre to produce the [Biblioteca Cochrane Plus](#). But it is likely to be more and more replaced by combined methods and machine translation in the future.

MACHINE TRANSLATION

Commonly used machine translation software such as Google Translate is aimed at broad usage for any topic, which in turn means it is not very well fit for returning reliable translations of specialised content such as Cochrane content. Results of machine translation software can however be improved by adapting the statistical and linguistic make-up of the software to fit the specialised content and particular languages, and by 'training' software with existing translations of specialised content and generally increasing the translation memory as content is translated. So called parallel text or parallel corpora¹² can be obtained from existing translations of Cochrane content and Cochrane glossaries, which will likely achieve the best results, or (if Cochrane translations are not available and in addition) other translated health-related content such as the CONSORT statement, 'Testing Treatments', bilingual journal publications, EU or WHO publications, etc.¹³ As for computer aided translation,

¹⁰ Tested languages were French, German, Simplified Chinese and Arabic. The report is available upon request.

¹¹ Epistemonikos is a joint initiative of the Epistemonikos foundation, Santiago, Chile; and the Evidence-based Healthcare Program, Faculty of Medicine, Pontificia Universidad Católica de Chile (Chilean Collaborating Centre of the Iberoamerican Network). Epistemonikos' experience in the area of translations, in particular in relation to crowdsourcing and multi-language search, has informed the strategy development.

¹² See http://en.wikipedia.org/wiki/Parallel_text.

¹³ An overview of freely available parallel corpora is available at <http://opus.lingfil.uu.se/>.

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machine translation also achieves better results when the source content is simple, standardised and repetitive.

The French Cochrane Centre is using English-French machine translation software specifically developed for Cochrane translations since September 2013 for its translation project, combined with validation by content and methods experts. The software has been developed by QUARTET M, a multidisciplinary research consortium assembled on the French Centre's initiative, and dedicated to developing financially sustainable translation strategies including machine translation for more than two years.¹⁴ The next steps of the project include:

- Development of Cochrane-trained machine translation software for Spanish using the existing Spanish Cochrane translations;
- Further improvement of the French software;
- Identification of minimum size and best fit type of corpora to achieve a certain quality level.

If value for money can be expected, Cochrane should consider investing into developing Cochrane specialised machine translation software for priority languages. This would need to be done in research collaborations or on a contractual basis with field and language experts, as we don't have this expertise available in-house.

CROWDSOURCING

Cochrane is traditionally relying on many committed people to collaborate and contribute to our work because they believe in our mission, but often without Cochrane paying them for their engagement. Approaching translation via volunteer crowdsourcing is an obvious and natural step to take, and we think will turn out to be a successful way of engaging non-English speakers into Cochrane's work in a more accessible way than their involvement principally as a Review author. Translating Cochrane content initially may also provide a route into Cochrane that can lead to other roles and contributions.

Some translation projects already use a small-scale volunteer approach (French, Indonesian, Portuguese), and could expand their projects to build larger volunteer networks.

Cochrane should consider the following strategies (some of which proved successful from Epistemonikos' experience) in order to facilitate and encourage crowdsourcing:

- Assign or pay content and/or methods experts who can ensure accuracy and consistency in terminology. This role would ideally be assumed by regional Cochrane groups or contributors.
- Assign or pay translation experts who can provide continuous training and feedback to the crowd. For some language projects, the editor and trainer roles may be assumed by the same person(s).
- As part of a general membership scheme, reward volunteer translators, e.g., by providing certified Cochrane translator reference letters, or granting reduced Cochrane conference fees.
- Collaborate with universities to award students with credits for contributing Cochrane translations.

We should collaborate and consult with experts and organisations with experience in translation crowdsourcing in order to identify additional strategies and processes to engaging and managing volunteers.

¹⁴ QUARTET M includes, among others, linguists, specialists of natural language processing, terminology, corpus linguistics, systemic functional grammar, phraseology, machine learning methods, machine translation and quality assessment of translations. Documentation is available upon request.

4. QUALITY OF TRANSLATIONS

With the methods approach set out above, Cochrane could define different quality levels of translation as follows:

1. Machine translation/CAT + human validation by paid content and methods experts.
2. Machine translation/CAT + human validation by volunteers.
3. Machine translation only without any validation.

Level 1 should provide the same quality as the English original and would allow for immediate or scheduled publication of translations. Level 2 should only be slightly inferior or equivalent to level 1, but is likely to progress more slowly as it is dependant on the volunteer crowd.

In relation to level 3, Cochrane should evaluate the acceptability of publishing (or providing a facility that a reader can use easily themselves) machine translated content without validation for different types of content in different languages. Machine translation may not be acceptable or useful for Review content generally, but maybe for Review titles; it may not be acceptable or useful for Chinese or Russian, but maybe for Spanish. Research and user surveys should help assess the usability of machine translated Cochrane content.

The quality of translations needs to be transparent, and Cochrane should therefore:

- Describe and publish the translation process for each language.
- Clearly flag different levels of quality (similar to Epistemonikos) of published translations; in particular if machine translated content is published.
- Accompany translations with translated disclaimers on the quality of translations and referring to the English source in case of doubt.
- Provide an easy option for users to report translation errors.

5. SELECTION AND PRIORITISATION OF LANGUAGES

Cochrane has already committed itself in *Strategy 2020* to ‘translate key content into *at least* the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic)’ (emphasis added). The decision on what other languages should be prioritised is largely dependent on the following factors:

- Existence of on-going projects with Cochrane coordination.
- Availability and interest of Cochrane groups to coordinate a language.
- Availability of resources.
- Importance of a certain language (number of speakers).
- Need for translations in a certain language (native speakers are not usually proficient English-speakers).
- Prospect of crowdsourcing approach (number of speakers, cultural background, existing Cochrane capacities).
- Availability of existing Cochrane (and related health) translations in a certain language to feed translation memory and facilitate automatic translation.
- Potential market and investment return.

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Taking these into account, we propose the following phased approach to language prioritisation, which includes the WHO official languages as per the *Strategy to 2020* commitment.

PHASE 1

Phase 1 would begin with the testing and integration with the new Translation Management System in an introductory stage (March-April 2014, see section 8. below). In the interest of continuous support of on-going projects, this includes all projects that are currently using the Translation Exchange management system in Archie.

Language	Project coordination	Project status	Funding	Native or non-native speakers ¹⁵	Comments
Spanish	Iberoamerican Cochrane Centre	On-going, continuous and large project	Supported by public funding	Among top 3	WHO language
French	French Cochrane Centre	On-going, continuous and large project	Supported by public funding pending grant approval	Among top 20	WHO language; Already using machine translation + volunteer validation approach
Portuguese	Brazilian Cochrane Centre	On-going, continuous, small project	No funding	Among top 10	Already using a volunteer approach
Traditional Chinese	East Asian Cochrane Alliance	On-going, continuous, small project	Center for EBM, Taipei Medical University; Ministry of Health and Welfare, Taiwan	Mandarin is No. 1, Traditional Chinese characters used in Taiwan	
Croatian	Croatian Branch of the Italian Cochrane Centre	On-going, continuous, small project	Supported by public funding	Minority	

PHASE 2

Integration with new Translation Management System once Phase 1 languages and work flows are fully setup (late 2014 or earlier); some of these are subject to more in-depth discussions with potential project coordinators; others may move up to Phase 1 if they progress more quickly than currently anticipated.

¹⁵ Estimates as per http://en.wikipedia.org/wiki/List_of_languages_by_number_of_native_speakers and http://en.wikipedia.org/wiki/List_of_languages_by_total_number_of_speakers.

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Language	Project coordination	Project status	Funding	Native or non-native speakers	Comments
Simplified Chinese	Chinese Cochrane Centre	Not started	No funding	Mandarin is No. 1, Simplified Chinese characters used in China, Singapore	WHO language; Pilots have been conducted by different groups
Arabic	Egypt Cochrane contributors	Not started	No funding	Among top 5	WHO language; Potentially large network of volunteers available
Russian	N/A	Not started	No funding	Among top 10	WHO language
Japanese	MINDS (Medical Information Network Distribution Service)	In preparation	MINDS	Among top 10	Should involve Japanese Branch of the Australasian Cochrane Centre
Korean	Korea Institute of Oriental Medicine, Pusan National University, Gachon University	In preparation	No funding	Among top 20	Korean Branch of the Australasian Cochrane Centre is aware and may be involved more in the future
Indonesian	Indonesian Cochrane contributors	On-going	No funding	Among top 15	Already using a volunteer approach
German	Individual contributors	In preparation	No funding	Among top 15	Should involve German Cochrane Centre
Turkish	N/A	Not started	No funding	Among top 25	Wiley market priority

Translations in languages that are not currently listed above should generally be encouraged. Additional priorities could be identified post Phase 1 and Phase 2, or new opportunities may emerge as we are approached by people interested in contributing and coordinating additional languages.

6. SELECTION AND PRIORITISATION OF CONTENT TO TRANSLATE

We are highly unlikely ever to have sufficient resources to translate all of our content in the near future. Therefore, we need to prioritise content for translation that provides users with a coherent experience. Cochrane may decide to define minimum thresholds of content that need to be translated before a language is added to our platforms. Translation priorities should be revisited as the Cochrane re-brand is undertaken and completed (see section 2. above); and as derivative products are developed.

1ST PRIORITY: REVIEW CONTENT AND ITS PUBLICATION PLATFORM

Cochrane Reviews are our main product, so they should also constitute the initial priority of our translation efforts. Generally, the focus must be:

- translation of the title, abstract, and PLS before other Review content; and
- translation of certain parts of the platform on which Reviews are published.

We would not promote the translation of entire Cochrane Reviews, but would not want to prevent people from doing it if they want to or can attract resourcing to do so. We would therefore need to be able to facilitate this much more comprehensive scale of translation technically.

Different languages will have different levels of resources available, and in some cases different topic priorities (including topics relevant to their region, or those of their funders). We therefore need to agree an order of priority or different priorities that translation projects can choose from. The following matrix provides an initial, simplified, idea of how priority levels may be defined that translation projects could then choose from. Keeping existing translations up to date should always be a high priority.

Review content prioritisation

Which sections Which Reviews	Title	Abstract and/or PLS	Other Review sections
Top 100 priority Reviews, e.g., high impact Reviews, most accessed Reviews, regional relevance, funder or decision maker priorities, Special Collections, Evidence Aid	1st	2nd	4th
New and Updated	2nd	3rd	5th
By topic/Review Group	2nd	3rd	5th

For example, a group may be interested in starting a translation project, and doesn't have any funder commitments. We would recommend starting with the title, abstract and PLS of the top 100 accessed Reviews, and new and updated titles as they are published.

Access statistics, user surveys and consultation with the CEU should help identify priorities, including topic priorities or additional Review section priorities, if sufficient resources are available for a specific language to translate sections beyond the title, abstract and PLS.

Platform and related content prioritisation

To enable website navigation and to provide non-English speaking users with a coherent experience, at least the homepage, disclaimer and content relevant to search functionality should be prioritised for translation in languages where Review content is available. Browse options and the feedback form

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should be the second order of priority. A strategy for inviting, and replying to, feedback in languages other than English, and potentially translating feedback into different languages, needs to be developed.

2ND PRIORITY: DISSEMINATION AND IMPACT

Translation of content that facilitates rapid dissemination and potentially increases impact should be prioritised. This may include social media updates, impact stories, press releases, editorials, etc. The dissemination of multi-language content should not be the sole responsibility of Cochrane's CEAD, but also supported or driven by regional Cochrane groups and contributors.

3RD PRIORITY: COCHRANE.ORG

In view of the timeline for the Cochrane re-brand, translation of content currently available on cochrane.org would not be a priority for 2014. An interim solution (pre-2015) whereby key information about Cochrane would be made available as part of the multi-language Review platform should, however, be implemented, if it can fit into the overall re-brand development process. Critically, we would need to plan to launch the re-branded web presence in a multi-lingual version, thus plan for certain content to be translated into agreed languages in time for the launch date.

4TH PRIORITY: OTHER POTENTIAL CONTENT

Assuming, we have good infrastructure and processes in place, and enough resources available, Cochrane could consider translating some or all of the following types of Cochrane content in addition to the above (in the following order):

- **Derivative products.** Where the business and sales plans warrant it, Cochrane Innovations could support the translation of its key derivative products (Cochrane Learning, Cochrane Clinical Answers, Cochrane Journal Club, Evidence Aid, Special Collections, etc.).
- **Cochrane apps.**
- **Guides and manuals** (Cochrane Handbook, MECIR Standards, editorial resources, etc.).
- **Training materials.** Some Cochrane groups based in non-English speaking countries already translate training material, or produce their own material in different languages.
- **Podcasts.** Some podcasts are available in other languages, but there is no co-ordinated approach to translation, they are often initiated by the authors of the related Reviews themselves.
- **Promotional videos.** The 20th Anniversary video series has been made available with Google Translate subtitles, the quality of which is, however, rather limited.
- **Official documents** (policies, minutes). Would constitute a statement of transparency, but rather low priority, as it is unlikely to have a high impact.

BEYOND OUR SCOPE

TRIAL ASSESSMENT AND DATA EXTRACTION FOR COCHRANE REVIEWS

Cochrane Reviews aim to assess all available research, including non-English trials. Regional Cochrane groups are often the first point of contact for Review authors and CRGs searching for native speakers who can help assess eligibility of non-English trials and extract trial data, and Archie can help find people who have self-identified as translators for a certain language, and sometimes for specific CRGs. There is however no definite route to finding native speakers for this purpose, and Review authors and CRGs sometimes struggle with it.

While this is not part of the main focus of the translation strategy, we should bear in mind, and aim to address, the need for an accessible network of translators that can be contacted for trial assessment and data extraction, and for a clear contact path for a given language. Ideally, we would

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have a first point of contact for each language, which would be, wherever possible, the regional Cochrane groups who can then also forward on to topic experts if available. Alternatively, we could have an easy way to source for and contact potential translators based on language and topic skills. Cochrane's network of translators should include both those who actively translate Cochrane content on a regular basis and those who are willing to help with trial assessment and data extraction – some people will assume both roles.

We should explore if it makes sense to include this area of work into the same translation management system that will be used for Cochrane content translations; if Cochrane's members' database can provide better ways of highlighting members' different skills and of establishing contact pathways to access these; and liaise with the IKMD to check how this may fit with ideas and plans on collaborative Review production tools.

7. TRANSLATION COORDINATION

We propose that Cochrane employs a full time central translation coordinator. This person would be in charge of ensuring the implementation of the translation strategy in coordination with the various teams involved including among others:

- Translation project coordinators, translators and editors.
- Cochrane Groups (Centres, Review Groups, Fields and Methods Groups).
- Cochrane Informatics and Knowledge Management Department.
- Cochrane Communications and External Affairs Department.
- Cochrane Editorial Unit.
- Roadmap Committee.
- Wiley.
- External providers.

The ideal person would be a non-native English speaker who can fully grasp the issues around translation. If the person is a native English speaker, non-English speakers need to be involved in the strategy implementation as consultants on a regular basis.

Overall coordination of the translation projects will be the responsibility of the central Translation Coordinator. However, each language also needs a native project coordinator, ideally from a regional Cochrane group or Cochrane Centre. Where local resources are not available, Cochrane may decide to fund native project coordinators for certain priority languages to work closely with the Translation Coordinator to meet certain strategic goals.

8. TRANSLATION MANAGEMENT SYSTEM

Cochrane is currently providing the 'Translation Exchange' in Archie as a means to manage translations of Cochrane abstracts and PLS and to publish them on *The Cochrane Library*. The Translation Exchange does not, however, support the translation of content beyond Review content, and does not support the translation process itself beyond a very limited extent. Translation projects are currently relying on various additional processes, both manual and software supported.

In order to support effectively translation projects with the language and content scope as substantial as is proposed, Cochrane needs to set up a Translation Management System that provides a user-

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friendly infrastructure to manage all steps of the translation process (including publication within the same web interface) with the aim of replacing the various existing workarounds. This system must:

- include user management of translators and editors;
- be flexible to accommodate different and combined translation methods (machine translation, crowd-sourcing, professional translation) and work flows;
- facilitate translation of regularly occurring updates to the source content;
- facilitate long-term translation of similar content by building up a translation memory; and
- be able to handle all required types of content.

Preferably, the system also needs to be able to offer automated solutions to integrating external software if needed (e.g., Archie, and the French machine translation software).

We have searched widely for Translation Management Systems that meet our requirements and have come to the conclusion that the system that best fits our needs is available from a company called Smartling (<http://www.smartling.com/>). Contracting with Smartling would allow us to set up a translation management infrastructure that meets all of the requirements set out.

Critically, in addition the Smartling system allows us to publish multi-language websites within weeks with very low additional development costs needed from Cochrane and Wiley. Smartling offer a unique multi-language website publication system called the 'Global Delivery Network' (GDN), which will publish the translated versions of our websites for us and will thus make it unnecessary for us to set up our websites as multi-language sites for the content that is published using the GDN. Using any other tool would require Wiley to develop *The Cochrane Library* as a multi-language website first; and this is not going to be possible in the short to medium term.

The Smartling GDN also enables us to easily control and integrate various source and translated material on the translated pages of our websites in a way that ensures viewers are not presented with translations of material that do not meet our quality criteria. For instance, the full text Cochrane Systematic Reviews could be presented in English (because there is no translation of sufficient quality available) at the same time that other parts of the presented web page (such as titles, abstracts and PLS) are drawn from Cochrane-approved translations, whilst other parts of the web page (for example, parts of the general shell text from the website) are translated via machine translation (such as Google Translate or Cochrane-trained software). This gives Cochrane tremendous flexibility and control over the presented content on our website(s).

We have therefore had prolonged and in-depth discussions to explore our needs with Smartling, and been very impressed with the technical expertise and levels of engagement and responsiveness they have shown. As a result of these interactions, Smartling have provided an impressive draft implementation plan (appended as a separate document). We have demonstrated the Smartling system to the Spanish, French and Portuguese translation coordinators to date and their feedback has been very positive, indicating that it would constitute a substantial improvement to their current processes. From our experience to date, Smartling provides a product that is superior to those of others on the market; and also – critically – is able to provide levels of professional support, speed of response and engagement with us that Cochrane needs for such a complicated and multi-faceted translation project, especially in these early stages. This assumption is backed by the quality of Smartling's customers' list compared to those of other companies.¹⁶

¹⁶ Smartling clients include TED, The Economist, SlideShare, SurveyMonkey, Sony Music, Spotify, Vimeo, Nokia, Kodak, and many more. A selected list is available here: <http://www.smartling.com/clients>.

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In our search of different translation management systems, some of Smartling's competitors offer additional translator tools (e.g., spellchecking) and interactive community tools (e.g., chats); but we concluded that these did not outweigh the much greater advantages Smartling's systems offered. In addition, these extra tools are not technologically demanding and could be implemented by Smartling relatively easily, so we can explore their plans in this area, or if they would be willing to add certain functionality in the future if we need it.

The Translation Strategy Working Group did consider the option of conducting an open call for tender for a translation management system, and normal practice would lead to the development of an RFP against a set of technical requirements. However, Cochrane's translation management system and publication needs are so unique that we do not think that any other company can meet them in such a comprehensive, integrated and reliable way. As a result, the Translation Working Group decided that there would be no benefit in investing resources and time into a tender process at this stage. Smartling's sophisticated product and excellent support service does come at a substantial cost, but they are very keen to contract with us and we have negotiated an excellent discounted not-for-profit rate.

The Translation Working Group also considers the investment is essential in order to be able to deliver the rest of the translation strategy with the speed, scope and likely level of efficiency and effectiveness. However, the Group also recommends contracting with Smartling with the following reservations:

- That we sign a shorter term contract for three years (even though deeper discounts were on offer for a five-year period) given that technology advances may create a very different market in 2017; and new opportunities and competitors to Smartling may emerge so we can reconsider and explore different options in the relatively short term future.
- Together with translators, we will evaluate Smartling functionality and usability over the next three years and assess alternatives as they emerge.
- We will explore over the same period if it would be possible and cost-effective to develop an in-house translation management system that could offer the same scope and sophistication. At the moment, we do not have the resources and (translation related) expertise to develop such a system in the short term.

9. PUBLICATION, PRESENTATION AND SEARCH OF TRANSLATIONS

PUBLICATION

Under the assumption that we will be contracting with Smartling, we would have three routes to publication of translations:

1. Review content: Via Archie, in line with the publication process of the English Reviews. Translation versions are stored in Archie and linked to the English Review versions in order to track updates.
2. Web interface content: Via Smartling's Global Delivery Network (GDN). Smartling detect and retrieve new content and updates for translation automatically as agreed.
3. Documents and special formats (e.g., PowerPoint, audio, video): On a case by case basis either via Smartling's GDN, automated import/export or manual upload/download.

MULTI-LANGUAGE COCHRANE PLATFORM

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Cochrane should aim at publishing all available translations in any language on a multi-language platform together with the English source content, featuring a user-friendly interface, search and browse in all available languages. The make-up and design of this multi-language platform will need to be developed as part of the Cochrane re-brand (see section 2. above).

The key principles and specifications are:

- Translated content is made available to users in the same way as the English source content.
- Easy navigation between the different languages is ensured by a one-click language switch that is available in a prominent position from any page of the platform.
- For content where there are no translations available, we may decide either to provide the source content only, or machine translated content, if the quality is considered acceptable, and the content flagged as machine translated accordingly.
- We will explore the usability of publishing Review translations side by side to the English source.¹⁷ This could serve as a control mechanism and allow users to feedback in case of translation errors; however, it may not be practical, possible or cost-effective to provide this.

MULTI-LANGUAGE SEARCH

Multi-language search should allow a user to search the Cochrane platform in any of the available languages and retrieve all relevant content.

The key principles are:

- The search experience and functionality aims to be equivalent or at least comparable in every language.
- A search should return all relevant content in whichever language it is published, i.e., content in the search language first, and additional content in the source language where no translation in the search language is available.

Detailed multi-language search requirements for *The Cochrane Library* are currently being developed by the Roadmap Committee in consultation with the Translation Strategy Working Group. An initial set of specifications is available in [Appendix 2](#). For content that is not part of *The Cochrane Library*, Cochrane's CEAD and IKMD will be in charge of developing and implementing the search functionality based on the key principles outlined above.

10. TRANSLATION POLICIES, STANDARD OPERATING PROCEDURES AND GUIDELINES

We need to establish official policies, standard procedures and guidelines, covering licensing arrangements, co-publication permissions, decision-making, quality standards and procedures in relation to translations of our content. People interested or involved in translations need to be provided with guidance, and be able to draw from the experience of past or on-going projects. Language project specific needs will be considered in the establishment of policies, processes and guidelines; and we will aim to accommodate different requirements, where they fit with the overall objectives and developments of the strategy.

¹⁷ See example on French Cochrane Centre website:

http://cochrane.fr/index.php?option=com_k2&view=item&id=5039&recherche=&Itemid=537.

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The development of translation policies for inclusion in Cochrane's Editorial and Publishing Policy Resource is in progress under the lead of the CEU in consultation with the Translation Strategy Working Group and Wiley, and a first set of policies should be published within the next few months.

The following points are being considered initially:

- Translation permission: Awarded and agreed by signature of a translation agreement (to be developed) that outlines rights and obligations as per the policies. No charge is made for the permission to translate, unless the requesting party is a commercial company.
- Copyright in the translated text: Translations of Cochrane content are to be owned by Cochrane.
- Publication of translations: All translations of Cochrane content are published on our platform. In addition, translations may be published on external sites via automatic feeds, so it can be guaranteed that they are kept up to date, and provided that the copyright is stated, and that Cochrane's open access or license agreements are adhered to.
- Translation licencing: Translated abstracts and PLS are freely available along with the English originals. Translations of other Review sections will be subject to the same access arrangements as the English full text.
- Standard citation for translations: Translations should be cited using the English citation.
- Minimum quality standards for Cochrane translations.
- Translation policies for derivative products.

11. FUNDING

Cochrane should fund the following components of the proposed translation strategy (a detailed budget is available above):

- The establishment and maintenance of central translation management and publication infrastructure, including a partnership with Smartling and the resources that will be required within the Central Executive to set it up and support it.
- Resources required within the Central Executive for the development of simplified and standardised language, and multi-language content and communication strategies.
- Employment of a full time translation coordinator.
- Partnerships (which may involve cash or in-kind resources from Cochrane) or even explicit consultancies may be required to support our work in the areas of standardised language, machine translation, crowdsourcing, multi-language search, etc.
- Optionally, employment of translation project coordinators or editors for priority languages.

As our Publisher, we would expect that Wiley would also invest into publication, presentation and search developments, and be involved in editorial and communication strategy development.

The listed measures constitute a long-term investment towards any language, not only specific languages. This investment will allow us to build sustainable translation infrastructure to provide our content in different languages, which in turn will:

- Open up new markets for our products in non-English speaking countries, thus potentially increase sales (for instance, in Japan, Turkey, Croatia, China and Taiwan).
- Put us in a better position to attract funders from non-English speaking countries and globally acting funders to return and continue the investment, including the investments made by local Cochrane groups.

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It is important to note, that the requested budget and the items outlined above *only* cover central Cochrane resources required to deliver the translation strategy; they do not take into account the substantial resources currently provided by - and in future required from - regional language projects to coordinate and perform translations. If we want to guarantee a certain translation production capacity for specific languages, Cochrane will need to allocate additional resources for language project support, e.g., part time native language translation coordinators.

In order to compensate the resources spent on translation centrally, and in particular those spent regionally by language projects, Cochrane should actively approach potential funders with a particular interest in translations, and funding agreements could be combined with licence agreements. Potential funders include:

- National governments.
- Regional public health organisations.
- Regional patient associations.
- WHO, PAHO and other not-for-profit and humanitarian health organisations.
- EU and other multi-national governing bodies.

Commercial funders without conflicts of interest could be approached as well.

In this context, Cochrane should work with Wiley to offer license or funding models in non-English speaking countries that take into account that the service and product currently offered cannot be considered the same as that in an English-speaking country. If a funder or subscriber, theoretically or practically, has to provide the resources to translate our content into a different language to make them accessible in its region, then it shouldn't be charged the same price as a funder or subscriber in an English-speaking country. Nonetheless, subscriptions in non-English speaking regions should always include access to both the English and translated content to ensure access to the source content.

12. PARTNERSHIPS

The translation strategy provides opportunities for and would largely benefit from various partnerships that Cochrane should actively pursue. In many ways strong partnerships will be crucial to the success of the translation strategy generally, and will impact on the speed and extent of the translation project that we can achieve. This is, in particular, true in relation to the following points:

- Language specific conduct and coordination of translations: All larger translation projects (French, Spanish, Traditional Chinese, Japanese) have to date spent their own resources to translate Cochrane content.
- Areas that are beyond our in-house expertise: for example, research in standardised language and machine translation, crowdsourcing processes, multi-language search, etc.

Partnership building for translations would be in line with Cochrane's 2014 strategic target 3.2: 'Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making.' Potential partners include:

- Regional Cochrane groups as the first choice partners to coordinate translation projects, to provide content and methods validation of translations, to help engage volunteer translators, inform multi-language communication strategies and attract regional funders. We are dependent on

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- Institutions, organisations and companies involved in and interested in research around standardised content and machine translation in health. The preferred partners would be academics, as they generally have no commercial interests and access to large scientific networks.
- Organisations and companies that can provide parallel corpora that could help improve our machine translations and vice versa. Cochrane should also be open to sharing our parallel corpora and glossaries, free of charge, for research and not-for-profit purposes, or for a fee for commercial purposes.
- Not-for-profit translation crowdsourcing initiatives, e.g. [Translators Without Borders](#), [Taghreedat](#).¹⁸
- Institutions, organisations and companies that can provide multi-language ontologies, text mining tools, and search advice, or are interested in joint research in these areas including, for example, Epistemonikos. Cochrane should also be open to sharing these kinds of content and tools if we develop them ourselves.
- Philanthropic organisations and foundations. For example, Google.org (Google's philanthropic arm) conducted a crowdsourcing health translation project in 2010 ([Health Speaks](#)).
- Existing partnerships with the WHO, PAHO and BIREME, who publish their own Cochrane Review translations, should be reviewed to avoid duplication of effort, prevent publication of different translations of the same Review, and explore funding opportunities for our translations.

¹⁸ Such organisations have access to large volunteer translator networks that can contribute translations, but they do not supersede quality assurance by content and methods experts, and a sustainable translation management and publication infrastructure.

APPENDIX 1: TRANSLATION METHODS

Translation method	Details	Quality	Resource implications
1. Professional translation (+ human validation)	Pay a company specialised in medical translations, and editors specialised in the content area or methods.	High in particular in terms of language and grammar, but due to our specialised content, human validation by content or methods experts is required.	Highest cost compared to the other models, thus least sustainable. In addition to the cost for the company and editors, the multi-step process requires a high level of coordination.
2. Computer aided translation (CAT, e.g. <i>Déjà Vu</i>)	Pay translators and editors specialised in medicine/methods and capable of using CAT software. The most recent versions of CAT combine its output sequentially with machine translation (see below).	High, especially when the software's translation memory has grown after a while to include many identical or similar sentences. Nonetheless, human validation by content or methods experts is required.	High cost, but the price is graded depending on the number of repetitions and fuzzy matches with content in the memory. The multi-step process requires a high level of coordination, but new technologies and software can facilitate some of that effort.
3. Machine translation (without human validation)	Use automated software. Many free or paid for online or desktop solutions exist.	Lowest compared to the other models, but depending crucially on the software's translation memory and the complexity of the original content. Software can be trained with existing Cochrane or health content translations, which will increase the quality greatly, especially as a lot of Cochrane's content is repeating the same sentence structures and has a relatively limited and specialised vocabulary.	Low cost and long term solution. Cost implications mainly for developing the software and the translation corpora, if there isn't sufficient translated content available.
4. Machine translation + human validation	Use automated software, and paid for or volunteer editors specialised in the content area or methods.	Very good, likely better than option 1.	Moderate, but much lower than option 1 and less than option 2. Compared to option 3, there is an increased need and cost for co-ordination, infrastructure, and the editors if paid.

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<p>5. Collaborative network of volunteers</p>	<p>The Wikipedia principle: provide the infrastructure for a network of volunteers, a social community, where everyone can contribute as much or little as they like.</p>	<p>Likely to vary, but probably good, as it can be presumed that mostly committed people would contribute and correct each other. Style guides, glossaries and training may facilitate more standardised results. There may be a risk that conflicted people try and modify evidence, so there is need for some kind of central control mechanism and/or initial qualification examination of each volunteer.</p>	<p>Low cost, but also unreliable. Costs mainly for setting up and maintaining the infrastructure.</p>
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APPENDIX 2: MAIN PRINCIPLES AND REQUIREMENTS FOR THE COCHRANE LIBRARY SEARCH

1. For each language for which we decide to publish translations, we will also offer search functionality.
2. The interface language defines the default search language.
3. Ideally, search in different languages should be able to retrieve information from all databases and cochranelibrary.com content in *The Cochrane Library* (as it does for English), even if databases beyond CDSR are not translated. At the very minimum, multi-language search needs to work for CDSR.
4. A search in a non-English language has to return all relevant content. This means: all translated results for the respective language, plus the relevant original titles (English or whatever the original publication language may be), when a translation does not exist.
5. We are working to the principle that the display of non-English language content should always be prioritised above the English-language content if available. Consequently, when a search is conducted, the order of priority of returned results is:
 - i. Results in the language in which the user is searching should be displayed first.
 - ii. Results in the original language (i.e. English for now) should be displayed for relevant results where there is no translation available.

The results that are returned in the translated language should not be duplicated in the English-language results. Possible stock phrases (which would be in the language of the search) could be:

"There are 20 results from your search on "headache" available in French. There are 205 additional results from your search on "headache" available in English."

Cochrane and Wiley need to make decisions on further criteria for prioritisation (order) of results, e.g. amount of translated content for a given result (title only vs. abstract + PLS vs. entire Review), relevance etc.

6. A user should be able to switch between all available search languages easily, and re-run the same search in a different language or display the same results in a different language (without having to know the translation for the previously applied search term(s)). Possible stock phrases (which would be in the language of the search) could be:

"There are 0 results from your search on "headache" available in French. There are 205 results from your search on "headache" available in English. Click here to view results in other languages."
7. If feasible, users should be able to combine search terms of different languages (e.g. 1 English word, 1 Spanish word). The order of returned results would remain as described above.

SEARCH PARAMETERS IN DETAIL

Simple Search

Feature	Notes
Phrase searching using quotation marks	Should function the same way as in English i.e. Finds content in non-English language and also same content in English translation
Truncation	
Boolean operators "AND" and "OR"	? Boolean logic in non-English languages
Nesting (i.e. explicitly grouping search terms); order of precedence rules mirror English language interface	

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Proximity operators (NEAR, NEXT)	These don't work in the English language version of the Search tab, only in the Search Manager tab.
Automatic stemming	Same rule to turn it off as in the English interface - quotation marks
Auto-complete	
Auto- correct: "did you mean?"	
Field limiting available as a dropdown: Title, Author, Title/abstract/keywords, Search all text	The other dropdowns on the English language interface are less relevant if the results remain limited to title, abstracts and PLS in non-English. This set of field limits also still covers the needs of most novice/casual users, in view of the requirement to have both translated and English content returned.
Transfer a search to the Search Manager tab where it can be named, saved and rerun	Currently this is the only mechanism for saving a search so some work on Search Manager tab is inevitable, even if we focus on the Search Tab initially.
Export records	How would non-English character sets be displayed on export?
Reference Guide	
Search tips embedded in the search interface	Preferable but may be limited depending on language

Advanced Search

Feature	Notes
Advanced search functionality equivalent to the English-language interface: ability to build complex multi-line strings, ability to incorporate MeSH, full syntax options (incl. proximity), add/delete lines, save & re-run searches, etc.	For discussion. May be implemented as a phased project?
Implementation of MeSH	'Phase 2'? The scale of this would be determined by however many non-English language versions of MeSH there are.

‘Game Changers’: Strategic use of Cochrane’s reserves to implement *Strategy 2020*

PREPARED BY: Mark Wilson

DATE: 9th January 2014

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: High

ACCESS: Restricted

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 unrestricted reserves which at the end of October 2013 stood at £5,874,000.

In September 2013 the Collaboration approved 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 September 2013 in Quebec the Steering Group decided:

- To retain between £2 million and £2.5 million as a level of reserves that the Collaboration could use in future in case of a sudden collapse in central income. These funds would be used to support a process of gradual retrenchment, move to ‘basic functions’ or to facilitate the organization’s closure if the Steering Group considered that it could no longer function as a ‘going concern’.
- To set aside £1 million as potential further investment in Cochrane Innovations. Use of the strategic reserve as an additional investment in Cochrane Innovations was not confirmed and would be subject to a compelling ‘Business Case’ to be made by Cochrane Innovations in future.
- To invest between £2 million and £2.5 million in strategic investments which fulfill the criteria of being potential ‘Game Changers’ for the Collaboration.

Successful strategic investments help the organization achieve its objectives better by increasing its revenues or reducing its costs (relative to the cost of the investment) or increasing its impact (relative to its mission and goals).

The following criteria are proposed as those the Collaboration should apply to evaluate and choose these strategic investments; and they are broken down into criteria that any proposal must attain; should attain; and may attain.

CRITERIA FOR ‘GAME CHANGER’ INVESTMENTS

Any ‘game changer’ investment of strategic reserve funding **must**:

1. **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.
2. **Demonstrate potential to provide the Collaboration with infrastructure and/or activity enhancement; or significant reduction in costs/expenditures** to fulfil our vision and mission.
3. **Produce more value to the Collaboration than it costs.** There are many ways that organisations try to measure financial investments to calculate whether the potential benefit (discounted over time) is greater than the cost of the investment. This may be difficult to assess for some potential investments but we should use Discounted Cash Flow (DCF) techniques, most probably calculating the Internal Rate of Return (IRR – see http://en.wikipedia.org/wiki/Internal_rate_of_return for more details) implicit in the cash flows associated with the project, to clarify the financial assumptions and enable some sort of ranking.

Any ‘game changer’ investment of strategic reserve funding **should** (but this is not compulsory):

4. **Be a ‘one-off’ investment** that would make a major change in the Collaboration’s future capacities or costs. The primary focus of the strategic investments is not to support projects that have an ongoing requirement for significant funding unless the project can demonstrate the opportunity for generating sustained alternative funding in future. The Steering Group preference is to maximise impact and minimize future administrative support costs.
5. **Require a large-scale investment of more than £250,000.** The intention of the ‘Game Changers’ investments is that they require a level of funding that is beyond the ‘normal’ level of Steering Group authorisation.

Any ‘game changer’ investment of strategic reserve funding **may**:

6. *Have the potential to attract additional or leveraged funding from other sources.*
7. Demonstrate the potential to *improve the author or user experience of our work.*
8. Support a *significantly increased level of investment to generate considerable change in an area in which we are already spending some resources.* There may be strategic investments that would make a step change for the Collaboration where we are already spending some money.

PROPOSED PROCESS AND STRUCTURE OF DECISION-MAKING

The Steering Group agreed in Quebec that there was no rush to spend all of the reserves assigned for ‘Game Changer’ investments and that there should be two bidding processes per year with up to £1 million available for each of the next two or three years. Each process would therefore have a ‘tranche’ of funding available of at least £500,000 although the precise amount available would differ depending upon whether there were enough high-quality proposals received and confirmed in earlier rounds, in which case funds would be rolled over to the next tranche.

By the end of January 2014 an open, general invitation will be launched inviting bids from within the Collaboration and from external groups or partners for suggestions on Cochrane ‘Game Changer’ strategic investments, with a short template (two or three pages) to be filled in by all applicants for initial consideration. All first round suggestions must be received by the middle of March (16th?).

In the first quarter of 2014 a Project Board will be established, chaired by the CEO. Four members will be drawn primarily from the Steering Group, Entity Executives and the *Strategy 2020* Consultation group, but the nomination of others would also be possible. One other member of the Board will be from the Senior Management Team (probably the Head of Finance & Core Services). The final two members of the Project Board will be drawn from outside the Collaboration to provide an external, challenging perspective. These external members could be from a funding body, partner or other organisation, or a consultant who knows Cochrane's work well. Other external advisors may also be invited on an *ad hoc* basis to support the deliberations of the Project Board. The Board's work will be supported by the Central Executive.

The Project Board will evaluate the initial suggestions from after the deadline in mid-March then announce in **the middle of April (17th)** which suggestions it has selected to be developed into full proposals. It will share the full list of approved - and rejected – suggestions with the Steering Group.

From mid-April until the end of June the relevant groups will prepare detailed narrative and financial proposals (project plans) based on a template provided by the Project Board. Small sums of money (up to £1,000?) 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 Central Executive may also be asked by the Project Board to assist a group.

In July and August the Project Board would assess the proposals received.

In early September the Board would make its recommendations to the Collaboration's Steering Group. 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. The Project Board could also recommend bids in excess of the annual amount (or the amount available in the tranche).

At the **Steering Group meeting in Hyderabad in late September** the Steering Group will decide which – if any – of the proposals should be funded by the strategic reserves, based on the recommendations of the Project Board. It could also ask the Project Board to reconsider a proposal or a recommendation; but stating clearly and transparently the reasons for such a request.

Any Project Board or Steering Group member integrally involved in the formation of any 'Game Changer' bid would have to recuse themselves from any discussions and evaluations of that bid through the process.

Funding would be immediately made available in **early October** for any successful 'Game Changer' investments.

The deadline for new or re-submitted suggestions for the next round of funding would be the **end of October** 2014 (see below for a detailed timetable).

ROUND 1:

<i>January 31st:</i>	Invitation for strategic investment suggestions
<i>Middle of March:</i>	Formation of the Project Board
<i>Middle of March:</i>	First deadline for suggestions
<i>Middle 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'
<i>Early September 2014:</i>	Decision on proposals by the Project Board, including recommendations to the Steering Group
<i>Hyderabad Colloquium:</i>	Decision on the recommendations from the Steering Group (21 st -29 th September)

ROUND 2:

<i>Early September 2014:</i>	Invitation for strategic investment suggestions or re-submissions
<i>End of October 2014:</i>	Deadline for suggestions
<i>End of November:</i>	Selection by the Project Board of suggestions to be developed for submission of proposals
<i>End of January 2015:</i>	Submission of proposals by project 'champions'
<i>Middle of March 2015:</i>	Decision on proposals by the Project Board, including recommendations to the Steering Group
<i>2015 Mid-Year meeting:</i>	Decision on the recommendations from the Steering Group.

The annual rounds would continue in this fashion after that.

RECOMMENDATION: That the CCSG provide in principle support for the formation of a Strategic Investment Fund, with an initial budget of £2 million, that is structured and managed as set out in this paper.

RESOURCE IMPLICATIONS: A £2m total budget, drawn from The Cochrane Collaboration's existing strategic reserves. The fund may be replenished in future, or unspent funds formally reabsorbed into the Collaboration's reserves, at the discretion of the Steering Group.

DECISION REQUIRED OF THE STEERING GROUP: To approve the recommendation made in this paper.

Author support tool RFP

Prepared by: David Tovey, Chris Mavergames

Date: 8th Jan 2014

Purpose: To inform a decision by the CCSG to proceed with a procurement process for author support software

Urgency: High

Access: Open

Background:

The Cochrane Strategy to 2020 highlights the importance of improving the timeliness and efficiency of the Cochrane review production process. The CCSG is currently being asked to support a target to reduce the time taken to complete a standard intervention review by 30%. Cochrane has at its service a rich assortment of technological support in the form of the Cochrane Register of Studies, RevMan, GRADEpro and Archie. However, we are probably unique amongst systematic review producers in not providing access to an application that supports the abstract screening, critical appraisal and data extraction elements of the author process. These applications have been developed by a number of providers over the past decade and are viewed as an essential tool in improving the efficiency of the review production process.

There are a number of benefits to such an application. These include:

- Increased speed and efficiency of critical appraisal, study selection and data extraction
- Ensuring that data extracted from studies is easily stored for future retrieval
- Providing a transparent audit trail of the decisions made at each stage and a rationale where appropriate

There are already a number of proprietary tools for this purpose but currently none are configured to interact via an appropriate API with Cochrane's existing software. Furthermore, some of the applications are not free of charge at the point of use.

The proposal is to run a procurement process aimed at identifying one or more providers of an author support system that can integrate fully with Cochrane software, and can be made available to review authors and editorial teams, preferably at no cost to them.

An RFP process will provide intelligence on the range and capabilities of providers that are willing and able to create an appropriate API and to match our stated requirements. It will also provide us with information on the likely financial and other costs needed to launch and run such a service within Cochrane. We will evaluate proposals on the following basis:

- Ease of use (given that many Cochrane review authors are first time users)

- Potential for increased efficiency
- Seamless integration with Cochrane systems
- Value for money

The intended outcome of the RFP process is that we will return to the CCSG with fully costed proposals for the way forward, prior to any appointment. At this point we are not committing Cochrane to any specific solution: it is possible that we will recommend no further development, a sole provider or a small number of preferred providers, reflecting the diverse needs of Cochrane authors.

Summary of recommendations:

We recommend that the CCSG gives the go ahead to run a procurement process on the basis that some financial and other investment will likely be required from Cochrane. However no appointment will be made without a further approval from CCSG.

Resource implications:

The RFP will be organised at no additional cost with shared responsibility between the CEU and IKMD teams. The cost of any proposed solution is unknown at present.

Impact statement:

Providing author support software represents the final piece of the technology jigsaw. It has the potential to increase substantially the speed and efficiency of the author process in Cochrane: an explicit goal of the Strategy to 2020.

Decision required of the Steering Committee:

To approve the recommendation above.

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Invitation to hold the mid-year meetings of the Cochrane Collaboration Steering Group, Centre Directors and Group Executives in Bahrain, mid-/late April 2015

The Bahrain Branch of The Cochrane Collaboration would be delighted to host the mid-year meetings of the Cochrane Collaboration Steering Group, Centre Directors and Entity Group Executives in 2015 in Bahrain.

Benefit to the proposed host

This meeting would coincide with the 10th anniversary of the establishment of the Bahrain Branch as a focal point for Cochrane activity in the Middle East and, as such, would be an opportunity to celebrate this event and build on Cochrane's current initiatives to promote wider and more sustained involvement throughout this region. The relatively short interval between the separation of the Branch from the UK Cochrane Centre and an acceptance of this invitation might also be pivotal for progressing future Cochrane activities in the Arab world. Hosting the mid-year meeting would provide enhanced opportunities for the Branch to engage further, in particular at Gulf Cooperation Council (GCC) Ministers of Health level, where broader decisions are made about regional healthcare policy. The presence of senior representatives of The Cochrane Collaboration is likely to attract a substantial number of these GCC members. For example, Dr Tawfik Al Khoja, Director General, Council for Health Ministers at the Gulf Cooperation Council, has shown considerable interest in Cochrane activities and would receive a personal invitation to attend and participate.

Along with the mid-year meetings, the Bahrain Branch would hold a two day symposium entitled "***Evidence In Action***", which would draw on the expertise of Cochrane contributors attending the mid-year meetings as speakers and facilitators. We envisage the focus of the symposium would highlight the development of point of care decision-making resources based on Cochrane Reviews and show their usage in a variety of settings. Furthermore, because parts of the region have recently been (and continue to be) subjected to major health and humanitarian crises, we would broaden the remit of the symposium to showcase how evidence is as important and useful for these settings as it is for health care more generally. This might, therefore, be an opportunity to provide a joint platform for Cochrane and Evidence Aid, and their various international and regional partners.

The symposium would promote Cochrane-wide and regional entity activities, invite wider perspectives, and engage new contributors and users. Presentations could focus on the impact and importance of Cochrane output, as well as providing room for methodological discussions, training, and policy debates. It would fit with the Cochrane strategy to encourage wider participation and to extend the Cochrane "family".

Travel and visa requirements

Bahrain International Airport is served by all major international airlines and has good connections with other regional hubs (e.g. Dubai, Qatar). For most people, visitor visas are readily obtainable on arrival or can be obtained electronically in advance; with current costs for 2 weeks of approximately US\$ 13, £8, or €10. The Bahrain Branch will be able to provide a level of individual assistance if required.

Accommodation

Hotel accommodation and short-stay apartments matching a range of budgets are available. We will make every effort to secure favourable and block booking rates for attendees.

Meeting facilities

The venue allocated for the Steering Group, Centre Directors' and Executives' meetings, is the King Hamad University Hospital which has a number of appropriately sized meeting, conference rooms and a lecture

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theatre. Catering facilities will be arranged through the cafeteria or associated vendors and of a level that matches international standards in terms of quality and range of food.

Cost

All costs associated with the Steering Group, Centre Directors and Entity Executives meeting including the venue, AV, catering during the meeting, and one dinner/evening function will be met and covered by the Branch. These exclude the costs for travel and hotel which are routinely covered by the Cochrane Collaboration for the half yearly meeting.

Attendees at the symposium (but not the Cochrane meeting contributors) will be charged a nominal registration fee calculated to cover some of the expenses related to the symposium, and those associated with the CCSG, Centre Directors' and Executives' meetings and social functions.

Internet access

Reliable, free at the point of use internet access will be ensured for all meeting locations.

Suggested dates

The Formula 1 Grand Prix is due to be held from the 4th to 6th April 2015. [NB Easter falls on April 5th 2015]. In view of a possible increase in Hotel prices and shortage of accommodation during this time we would suggest the meeting and symposium be held after the GP in the second week of April. The official weekend in Bahrain and the majority of the region is Friday and Saturday with Friday considered as the family/holy day in the Islamic world. The most appropriate days for the Cochrane meetings would be Thursday 9th/Friday 10th and the symposium to be held Saturday 11th and Sunday 12th. We would be happy to discuss these dates if they're likely to conflict with school holidays.

Social events

Ample opportunities will be made available for attendees to do some sight-seeing (escorted or unescorted) as well as to sample local cultural activities to include soukh shopping, visits to the camel farm, museum, historic forts, Islamic places of worship and desert or dhow trips. The weather in April is a very pleasant 21-25C (70-77F) with no humidity and no likelihood of rain.

We are confident that this will be a successful and enjoyable meeting, building on the track record of the Branch in hosting the meeting of the Cochrane Collaboration's Monitoring & Registration Group in June 2009, which was accompanied by a two day joint symposium of The Cochrane Collaboration and the UK's National Institute for Health and Care Excellence (NICE): "***Evidence-based Medicine and Health Promotion: Research into Practice***". The hospitality of Bahrain and its people is legendary and adverse comments about the security situation by the media are largely unfounded. Sponsorship of the meetings and symposium will be at the highest level, to ensure the safety and comfort of all attendees and participants.

Kind regards

Dr Zbys Fedorowicz (Director)
The Bahrain Branch of The Cochrane Collaboration
January 2014

Report of the Colloquium Policy Advisory Committee (CPAC)

Paper prepared by Jordi Pardo Pardo and Juliane Ried, CPAC Co-convenors, 26 November 2013

Purpose

1. To present the CPAC's response to the proposal from the Korean Branch of the Australasian Cochrane Centre to host the Colloquium in 2016 (Decision required).
2. To provide an update on CPAC activities.

Urgency

High (in relation to the Korean proposal).

Access

Open.

1. Proposal to host the Cochrane Colloquium in Seoul, South Korea, in 2016

The call for proposals for the 2016 Colloquium was distributed in August 2013, with a deadline for proposals in mid-October. We had already informed the Steering Group in Québec about a firm offer from the Korean Branch of the Australasian Cochrane to host the 2016 Colloquium, and Steve McDonald, former Co-convenor of CPAC, met with the Korean team in Québec to discuss related details. The Korean team also participated in the debriefing meeting following the Colloquium. In response to our call for proposals the Korean Branch submitted an official offer. We didn't receive any other formal submissions.

The CPAC members were delighted about the possibility to hold the Colloquium in Seoul and very supportive of the proposed location. This would be the third Colloquium in Asia after Singapore in 2009 and Hyderabad in 2014, and the first one in East Asia. If Seoul is chosen, it would affirm Cochrane's ambition and willingness to enhance capacity in this part of the world and address local and regional issues. With the Colloquium in Madrid in 2011, Auckland in 2012, Québec in 2013 and Vienna in 2015, it would be appropriate to return to a non-Western location in 2016.

Seoul as a location has several advantages:

- Seoul is a modern, safe and environment-engaged city.
- As a metropolis where modernity and Korean tradition coexist and melt, and surrounded by nature, Seoul is an attractive place for visitors.
- Seoul is very well connected with two international airports and an extensive airport-to-city transportation network.
- Its public transport is well served and easy to navigate; sign-posts and announcements are in English and Korean.
- Close to Seoul are several countries with little to moderate Cochrane activity and presence, where there is room to grow: China, Japan, Taiwan, Vietnam, Philippines, Thailand, Malaysia or Indonesia could all benefit from a Colloquium which would only be 2-6 hours on the plane away.

The CPAC members shared some concern and requested further details after receipt of the initial proposal, mainly in relation to the choice of venue and the proposed dates. We therefore asked for clarification and additional information. The appended revised proposal addressed all of our comments.

Venue

The Korean Branch has identified two potential venues, both of which are modern conference centres regularly hosting international events:

Sejong Convention Centre	COEX
Appropriately sized and laid out for a Colloquium	Larger than needed
Very low number of hotel rooms in reasonable walking distance (88); the majority of participants will have to use public transport (2-3 metro stops, direct) or shuttles between hotels and venue	Insufficient number of hotel rooms in reasonable walking distance; many participants will have to walk long distances, or use public transport or shuttles between hotels and venue
Projected total cost taking into account venue, catering and professional conference organiser: 693,000 USD Projected registration fee to cover cost: min. 1000 USD	Projected total cost taking into account venue, catering and professional conference organiser: 1,015,000 USD Projected registration fee to cover cost: min. 1300 USD

The CPAC members considered sufficient accommodation in walking distance a very high priority criterion for the choice of the Colloquium venue. However, in view of the two available options and the difference in cost, the CPAC agreed that Sejong Convention Centre would be the preferred choice, provided the Korean team can make a number of provisions (see below) to facilitate travel between hotels and Sejong.

Number of participants

The anticipated number of participants (900) appears too high in comparison to previous Colloquia in this part of the world. While attraction of participants in this region may change in the next few years, we would still recommend that for budgeting purposes, the break-even target should be aligned with numbers of Melbourne, Singapore, Auckland and Hyderabad, so closer to 500-700 participants.

Proposed dates

The proposed dates are 14-18 October 2016, or later in October. These dates avoid clashes with major public and religious holidays, and take into account holidays relevant to countries in the region (see section 3 of the proposal). With Yom Kippur taking place on 11-12 October, a Colloquium start on 14 October is the earliest option thereafter leaving space for two pre-Colloquium days.

Local organisers and sponsors

The proposed members of the local organising team are from different organisations and institutions, with experience in organising meetings and conferences and in sourcing for local

sponsorship. As a Branch of the Australasian Cochrane Centre (ACC), they will also be able to draw from the ACC's experience in organising Colloquia.

For consideration by the Steering Group

If the Korean proposal is accepted, the organising team should be informed of the planned strategic review of the Colloquium, the results of which may have little to substantial impact on the scope, format and logistics of Colloquia.

Recommendation

The CPAC recommends that the Steering Group approves the proposal from the Korean Branch of the Australasian Cochrane Centre to host the Cochrane Colloquium in Seoul in 2016, conditional on the Korean team taking into account the following comments:

- Opt for the cheaper venue (Sejong Convention Centre), as the cost difference to COEX is indeed substantial, and while the hotel situation around COEX is slightly better, it is not ideal either.
- Block the rooms that are available onsite at Sejong Convention Centre or nearby for people with limited mobility, stipend recipients, and people involved in the organisation (to be defined with CPAC and Colloquium Liaison).
- Assess available public transport options carefully, in particular for those with mobility issues, and complement with sufficient shuttle services as needed (frequency to be defined with CPAC and Colloquium Liaison). Provide participants with complimentary subway tickets as proposed. Ensure adequate information on transportation options is available when people book accommodation and register for the Colloquium, so they are aware of what they are signing up to.
- Consider a later start in the morning to allow for travel time between hotels and the venue.
- Check past Colloquium participant numbers when building the budget, as the indicated 900 participants may be too high. Melbourne, Singapore, Auckland and Hyderabad Colloquium data will likely provide the most realistic estimates.
- Key staff members of the local organisers and professional conference organisers should attend at least one Colloquium prior to 2016.

Resource implications

No additional resources required.

Impact statement

The Seoul Colloquium proposal is the only proposals for 2016. Acceptance of the proposal will ensure the continuity of the annual Colloquium and demonstrate Cochrane's commitment to global health and promoting wide participation across different regions and languages.

Decision required

Yes, to accept the proposal to hold the Cochrane Colloquium in Seoul in 2016.

2. Update on CPAC activities

a. Colloquium Standard Operating Procedures (SOPs)

Claire Allen, Tom Cracknell and Juliane Ried have completed a substantial update of the Colloquium SOPs in consultation with CPAC members and Central Executive staff as required. The new version has been shared with the Hyderabad and Vienna organisers. The SOPs provide detailed guidance on all aspects of organising Colloquia (in addition to CPAC's stipends and sponsorship policies). We plan to establish processes that will ensure regular update by the Central Executive and CPAC (including past organisers) to incorporate additional recommendations and innovations as they occur. The SOPs are available at <http://cpac.cochrane.org/policies>.

b. Updates on 2014 and 2015 Colloquia

Claire Allen, Cochrane's Colloquium Liaison, is receiving monthly progress updates from the Hyderabad organisers. The organisation progresses timely and the website is scheduled to launch in December. Claire and other members of the Central Executive are also in sporadic or regular contact with the Hyderabad team to advise on different aspects of the planning.

The date for the Vienna Colloquium has been moved from Mid-September to 3-7 October 2015 in order to avoid a conflict with important Jewish holidays. Claire is currently liaising with the Vienna organisers to sign the Memorandum of Understanding. Juliane, who has been assigned as CPAC's mentor to the Vienna organisers, is in sporadic contact with the Vienna team to answer questions. The team appears to be very well prepared and is more than well on schedule with the planning.

c. Colloquium strategic review

Jordi and Juliane have had initial discussions and are currently working on scoping out the issues that will need to be addressed as part of a strategic review of the Colloquium, and potential approaches to conduct the review.

Proposal to host the Cochrane Colloquium in 2016

Host Cochrane Centre or Branch	Korean Branch of the Australasian Cochrane Centre
Location (city, country)	Seoul, Republic of Korea
Date (month, year)	October 2016
Contact person for this proposal	Hyeong Sik Ahn (ahnhann@gmail.com) Sang Hyuk Lee (cochranekorea@gmail.com)

1. Style and format of Colloquium

Briefly describe the style or format of Colloquium you propose to organise. (Please refer to 'Models for Cochrane Colloquia' at <http://cpac.cochrane.org/policies> for guidance.)

We propose to use the traditional colloquium model, duration of 5 days, targeting Cochrane contributors, newcomers (from Korea and East Asia region) to promote the Collaboration's work and the use of evidence in clinical practice.

The advantage of this model is scientific program designed to attract those more broadly involved in evidence based health care who would not normally attend Colloquia outside Korea/East Asia Region.

2. Benefits of hosting the Colloquium

Briefly describe why you wish to host the Colloquium. How will hosting the Colloquium benefit Cochrane activities locally and/or regionally? What are the benefits to The Cochrane Collaboration of holding the Colloquium in this location? Do you have a particular theme in mind?

Although there has been a recent increase of systematic reviews, many topics relevant to the local situation remain under-produced. Also, the results of the systematic reviews is not widely recognized or used by many practicing professionals in East Asia region as well as Korea.

Cochrane Colloquium has not been held in the East-Asia before. With establishing Branches of the Australasian Cochrane Centre in Korea, Singapore, Thailand and Malaysia, some advances have been made on local involvement in The Cochrane Collaboration and encouraging people to become contributors.

By hosting Cochrane Colloquium in Korea, we expect several benefit or opportunities:

- 1) Providing training opportunities for authors of Cochrane reviews and other contributors to the Cochrane Collaboration based in East Asia region.
- 2) Engaging with partners at national and regional level, such as policy makers and guideline developers.
- 3) Promoting information about the Cochrane Collaboration in the country.
- 4) Enhancing role of Cochrane Branches in the East Asia region.
- 5) Producing more Cochrane reviews in East Asia region.

In scientific program, we will organize several sessions including plenary sessions on East Asia specific health care issues.

3. Timing of Colloquium

Are there particular reasons for wanting to host the Colloquium in the year chosen? (If you propose to hold the Colloquium at a different time of year, i.e. not October, please explain why.)

We are proposing 14-18 October. This avoids many religious and national holidays at the beginning of October. Known holidays in September/October 2016:

15 Sep	Chinese Mid-Autumn Festival
14-18 Sep	Holiday in Korea
19 Sep	Holiday in Japan
22 Sep	Holiday in Japan
1 Oct	Chinese National Day (followed by week-long holiday)
2-4 Oct	Rosh Hashanah
3 Oct	Public Holiday in Korea
9 Oct	Public Holiday in Korea
10 Oct	Public Holiday in Japan
10 Oct	Canadian Thanksgiving
11-12 Oct	Yom Kippur

4. Travel and transport

How good are transport links, particularly access to international airports for overseas delegates?

(1) Airport

Incheon International Airport was established in 2001 and is located approximately one hour from Seoul. The airport houses over 64 airline offices and manages over 450 inbound and outbound international and domestic flights every day. Seoul is one of the world's best-connected cities. With two international airports and an extensive airport-to-city transportation network, Seoul has the resources to welcome large numbers of visitors from all over the world.

(2) Airport to Seoul

There are buses that take you directly from Incheon International Airport to major hotels. Taxis are another way to get to Seoul from the airports. Also, there is train called AREX (Incheon Airport Railroad Express) that is transportation connecting Incheon International Airport to Seoul Station in the heart of the city. There are two types of service: express trains and all-stop trains. The express trains go nonstop between Incheon International Airport and Seoul Station in 43 minutes, while the all-stop trains follow the same route but stop at all 10 stations in-between. Six out of the 10 stations are connected to Seoul Metro lines, helping you to travel conveniently to Incheon International Airport, Seoul and other surrounding area.

Limousine Bus (Incheon International Airport - Seoul Station)	13 USD	75 min (1h 15min)
Taxi (Incheon International Airport - Seoul Station)	60 USD	70 min (1h 10min)
AREX (Commuter) (Incheon International Airport - Seoul Station)	4 USD	53 min
AREX (Express) (Incheon International Airport - Seoul Station)	8 USD	43 min

(3) Transport to Venue

1. Subway

Sejong Convention Center, the proposed venue for the 2016 Cochrane Colloquium, is connected by major subway lines and located next to the Children's Grand Park Subway Station on line 7. There is an elevator for people with mobility issues in Children Grand Park Station. The subway with eleven lines currently connecting various parts of Seoul is efficient way to get to Sejong Convention Center. Seoul metropolitan subway also provides announcements on the trains to indicate upcoming stations and possible line transfers in English. All stations display signs both in Korean and English. Trains run non-stop approximately from 5:30 am until midnight every day. The estimated travel time between subway stations is 2-3 minutes. Also, trains run every 2-5min and every 1-3min during peak hours. Subway fare is 1 USD – 2 USD depend on distance traveled. The subway operation hours are from 5:30 to approximately 24:00.

2. Taxi

There are several taxies in front of Sejong Convention Center and Hotels, and one can easily catch taxies in 24 hours. Taxi call center services are available in English and they are available 24hours a day. Taxi fare is approximately 10USD from major hotels to Sejong Convention Center.

3. Shuttle

We will operate shuttle bus from major hotels to the Venue

5. Meeting and venue facilities

Depending on the size and format of the Colloquium, venues need to accommodate between 600 and 1200 delegates, and have facilities that allow for up to 20 concurrent meetings. Are there suitable venues available?

We have chosen the Sejong Convention Center in Seoul for the Colloquium venue. A modern facility set in front of the forest of the Children's Grand Park, Sejong Convention Center is an international level facility designed to provide service for professional meetings. The Center was established in 2012, is conveniently located near Gangnam, heart of Seoul and Seoul's business district, and hosts a yearly average of 30 exhibitions and over 100 separate meetings and events.

Sejong Convention Center has a main banquet hall with a seating capacity of 1,500, 10 small- and medium-sized conference rooms, 20 class rooms, an exhibition hall, a concert hall and guest rooms in one place. Lunch and coffee break during the Colloquium will be prepared and provided by affiliated hotel staff. All participants will be able to use Wi-Fi in Sejong Convention Center.

We have considered another venue which is Coex Convention and Exhibition Center ("Coex") was established in 1979, and is located in Seoul. Coex hosts a yearly average of 200 exhibitions and over 2,000 separate meetings and events. Coex's meetings facilities consist of 4 main exhibition halls and 54 dividable meeting rooms. In Coex, the Grand Ballroom is a 1,817 m² pillar-free space that can be divided into five sections. Also, it is capacity of over 2,000 seats and dividing into 3-5 rooms as occasion demands. Lunch and coffee break during the Colloquium will be also prepared and provided by affiliated hotel staff. All participants will be able to use Wi-Fi in Coex.

Comparison between Sejong and COEX

Although COEX has advantage in accessibility to hotels, the price of COEX is expensive. In the results, the registration fee increased by 300 USD per person

1. COEX's venue price is total 290,000 USD (160,000 USD and it's setup fees are 130,000 USD). However, Sejong's venue price is total 180,000 USD (only 100,000 USD and it's setup fees are only 80,000 USD) so this shows that COEX's prices are more expensive
2. For lunch and beverages, we must use the catering service company which is designated by COEX. The price of the designated food company is more expensive than Sejong and other company.
3. Also, most hosting organizations in COEX contract with PCO (Professional Convention Organizers) which belong to COEX. COEX-PCO is usually more expensive than other companies in the industry.
4. COES is only available 24th – 28th Oct while Sejong is more flexible.

Table.1 The budget comparison between Sejong and COEX

	Sejong	COEX	Difference
TOTAL	693,000 USD	1,015,000 USD	322,000 USD
VENUE	100,000 USD	160,000 USD	60,000 USD
Setup Fee (Rental Equipment + Poster board, Microphone)	80,000 USD	130,000 USD	50,000 USD
Lunch + Beverage (5 lunch * 900 participants)	405,000 USD (90 USD / person)	585,000 USD (130 USD / person)	180,000 USD
PCO Fee (Professional Convention Organizers)	100,000 USD	140,000 USD	30,000 USD
Shuttle Bus	8,000 USD		8,000 USD
Estimate Registration Fee per person	(1,000 – 1,100 USD)	(1,300 – 1,400 USD)	350 USD

Table.2 Registration fee for past five years Colloquium

	2010	2011	2012	2013
	Colorado (USA)	Madrid (Spain)	Auckland (New Zealand)	Quebec (Canada)
Early Registration		910 USD	1030 USD	1015 USD
Regular Registration	999 USD	1100 USD	1150 USD	1265 USD

6. Location (city hosting the Colloquium)

In addition to the transport links and venue facilities described above, are there particular advantages or disadvantages of this location? These might relate to environmental, social or economic concerns (e.g. seasonal climate conditions, major festivals/events happening around the time of the Colloquium, cost of living, personal health and safety issues).

Seoul is the capital city of Korea and located roughly at the center of Korean peninsula. Seoul is a city that embraces the beauty of both tradition and modernity. With five ancient palaces and five World Heritage Sites designated by UNESCO, Seoul is living history of 600 years as the capital of the Choseon Dynasty. Seoul has a population of 10+ million individuals and 4+ million households. This represents a quarter of the population of Korea, despite the city accounting for less than 1 per cent of the country's area. Also, there are some 250,000 foreigners residing in Seoul, with the largest concentration of foreigners found in the city's Yongsan area.

Seoul is a city with a high level of safety and security and a low crime rate. The city operates the Seoul Global Center that provides various services, including a hotline, for visitors. Korean cuisine uses lots of fresh ingredients to create diverse flavours and nutritious, healthy meals and is well-received by foreigners. The food in Korea is relatively cheap but high in quality, and one can find restaurants running late into the night and even ones open 24-hours. Seoul's food does wonders in attracting people to the city.

Seoul is a modern metropolis surrounded by mountains and divided by the large river called Hangang. The city has several parks and trails, and pursues various policies to preserve the environment such as using eco-friendly fuel and vehicles, hosting green international conferences, and operating environment-friendly convention centers.

7. Accommodation options

Is there a wide choice of accommodation (5-star hotels through to budget hostels) available within a reasonable distance of the Colloquium venue? Briefly describe the available options.

There are 5 five-star hotels and 4 four-star hotels near the Sejong Convention Center as venue of Cochrane Colloquium. The majority of these rooms is located near conference venue within 20 minutes by car and offers a variety of options. We will make arrangements with suitable hotels near from the Colloquium venue. Also, shuttle bus operation can be considered to major hotels.

Map showing venues and hotels: <http://bit.ly/17ysB4x>

1. Hotels near from Sejong Convention Center
(We will give subway tickets to participants)

- a. within walking distance

Hotel	Grade	Number of Room	Distance	Time by walk	Taxi	Subway
	Price					
Sejong University Guest House (http://convention.sejong.ac.kr)	Guest House	18	In the Convention Center			
	80 USD					
Phil-House (http://www.philhouse.co.kr/index.php?lengs=en)	Guest House	35	1.5 km	15 min	5mins / 5 USD	7 min / 1 Stop / 1 USD
	80 USD					
The Classic 500 Pentaz Executive Residence (http://www.theclassic500.com)	Residence	35	1.5 km	15 min	5mins / 5 USD	7 min / 1 Stop / 1 USD
	250 USD					
Dong Seoul Hotel (http://www.idshotel.co.kr/)	Four-Star	105	3 km	30 min	10 min / 7 USD	10 min / 2 stops / 1 USD (Shuttle bus will be operated)
	100 USD					

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b. Accessible by Subway (Non Transfer, Number 7 line)

(We will provide subway tickets and shuttle bus for major hotels.)

Hotel	Grade	Number of Room	Distance	Subway	Taxi	Shuttle (Venue – Hotel)
	Price					
Prima Seoul (http://www.prima.co.kr)	Four-Star 110 USD	200	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
Hotel Riviera (http://www.hotelriviera.co.kr/)	Four-Star 130 USD	319	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
Ellui Hotel (http://www.ellui.com/english/ain/main.asp)	Four-Star 130 USD	139	4 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 7 USD	Yes
Intercontinental Seoul Coex (https://www.iccoex.com/kor/index.do)	Five-Star 220 USD	400	5.6 Km	3 Stops / 15 min / 1 USD (Chungdam Station)	15 min / 8 USD	Yes
Ramada Seoul Hotel (http://www.ramada-seoul.co.kr/eng/default.asp)	Four-Star 150 USD	243	6.4 Km	4 Stops / 20 min / 1 USD	20 min / 10 USD	Yes
JW Marriott Hotel (http://www.jw-marriott.co.kr/)	Five-Star 200 USD	497	6 Km	8 Stops / 17 min / 1.2 USD	20 min / 10 USD	
Seoul Palace Hotel (http://www.seoulpalace.co.kr/eng/)	Five-Star 230 USD	270	6 Km	8 Stops / 17 min / 1.2 USD	20 min / 10 USD	

2. Hotels near from COEX

a. Five-Star Hotel

Grand InterContinental Seoul Parnas (5mins by walk) (<http://www.seoul.intercontinental.com>)

InterContinental Seoul COEX (3min by walk) (<http://www.seoul.intercontinental.com>)

b. Four-Star Hotel

Ramada Seoul Hotel (25min by walk) (<http://www.ramadaseoul.co.kr/eng/default.asp>)

Hotel Riviera (25mins by walk) (<http://www.hotelriviera.co.kr>)

c. Three-Star Hotel

Ibis Seoul (25mins by walk) (<http://www.ambatel.com/ibis/english/indexmsie.php>)

Hotel La Mir (25mins by walk) (www.hotellamir.co.kr)

d. Residence

Artnouveau City (Yeoksam) (20mins by car/bus) (www.artnouveau-city.co.kr)

Seoul Residence (10mins by car/bus) (www.seoulresidence.kr)

CasaVille Samsung (15mins by walk) (www.casaville.co.kr)

8. Meeting costs

While registration fees cover a large amount of Colloquium costs, organisers will also need to raise additional funds (subject to sponsorship policies, see *Sponsorship of Colloquia* at <http://cpac.cochrane.org/policies>). Briefly describe how you plan to meet Colloquium costs, e.g. do you have a financial commitment from your institution, funders, etc.?

Several organizations are regarded as potential sponsoring body for the Colloquium in Seoul. The potential sponsor are:

- (1) Korea University (<http://www.korea.edu/>)
- (2) National Evidence Collaborating Agency (<http://neca.re.kr/eng/>)
- (3) Seoul Metropolitan City (<http://www.seoul.go.kr/>)
- (4) Health Insurance Cooperation of Korea (<http://www.nhis.or.kr/>)
- (5) Korea Institute of Oriental Medicine (<http://www.kiom.re.kr/eng/>)

We will try to raise support from sponsorship. We will actively engage with supporting organizations in fundraising efforts. We expect over 40,000 USD\$ support for the sponsorship. In the past GIN conference in 2011 we were granted 30,000 USD\$ from above organization.

9. Conference organisers

Have you identified a reputable professional conference organiser(s) to assist you?

1) We have approached several PCOs that are a professional conference organizer focusing on convention planning, such as conference consultation, speaker liaison, convention management, accommodation and social/tour programs, and exhibition planning and management. We will make contract with a reputable PCO after hosting decision has been made.

2) The Korean Branch has hosted many conferences, workshops and symposiums for past several years. The major events are;

- (1) GIN Conferences (2011, 350 Participants)
- (2) International Cochrane Systematic Review Workshop & Conference (2009 ~ 2013, 200 Participants per each event)
- (3) Korean Academy of Health Policy and Management (2009~2010, 700~800 Participants per each event) (<http://www.kshpa.org>)
- (4) NHIC(National Health Insurance Service) Cooperation Symposium (2013, 200 Participants) (<http://www.nhis.or.kr>)

10. Local organising committee

Proposals are welcome from all countries. However, for colloquia in countries in which English is not the first language, members of the organising committee should be competent speakers and writers of English.

Hyeong Sik Ahn (Korean Branch of the Australasian Cochrane Centre)
 Hyun Jung Kim (Korean Branch of the Australasian Cochrane Centre)
 Byung Ju Park (Dean of Korea Institute of Drug Safety & Risk Management)
 Tae Hwan Lim (Director of Academic Affairs, Korea Academy of Medicine College)
 Kyoo Duck Lee (Health Insurance Review & Assessment Service)
 Sooyung Kim (Hallym University Medical School)
 Hee Chul Han (Dean of Korea University)

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Each members of Local Organising Committee has good ability of commanding English. Most of them have stay in English Speaking country. Most of them have published several papers in English journals

Staff

Sang Hyuk Lee (Korean Branch of the Australasian Cochrane Centre)

He is fluent in English, and has a Bachelor's Degree in Health Sciences from United States. Also, he has lived in America for four years.

11. Any other information

Is there anything else you would like to mention in support of your proposal?

1) We are cooperating with experts from the Australasian Cochrane Centre (Including Steve McDonald, Co-director) for the preparing Colloquium in Seoul. We think this cooperation will be continued though the main Colloquium.

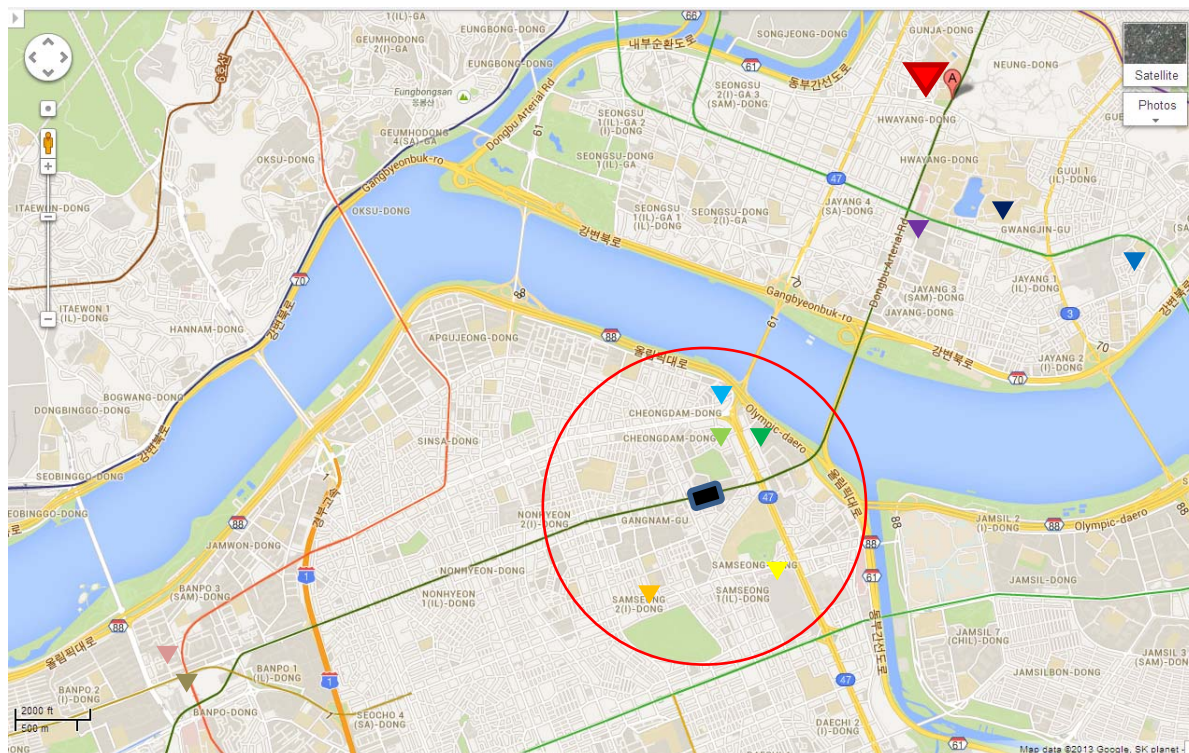
2) We will consider including a free afternoon in the program to allow overseas delegates to sample the attractions of Seoul (e.g. city tour, royal palaces). For those interested in visiting the DMZ (demilitarised zone) this is a full-day tour, and could either be offered before or after the Colloquium.

Tentative Program

Time/Date		OCT 14 th (Fri)	OCT 15 th (Sat)	OCT 16 th (Sun)	OCT 17 th (Mon)	OCT 18 st (Tue)
Morning	07:15-08:30	Meetings	Meeting Registration/ Check-in Poster set-up	Meeting Poster set-up	Meeting Poster set-up	Meeting
	08:45-10:00		Opening ceremony and Plenary I	Plenary II	Plenary III	Concurrent Session F
	10:00-10:30		Break	Break	Break	Break
	10:30-12:00		Concurrent Session A	Concurrent Session C	Concurrent Session E	Concurrent Session G
Afternoon	12:00-13:30		Lunch	Lunch	Lunch	Lunch
	13:30-15:00		Poster Viewing	Concurrent Session D	Free Afternoon / Tour Day	Cochrane Lecture and Poster Viewing (13:30-16:00)
	15:00-15:30		Break	Break		Break (16:00-16:30)
	15:30-17:00		Concurrent Session B	Annual General Meeting		Closing Plenary (16:30-18:00)
	17:15-18:30		Meeting	Meeting		Farewell Dinner
Evening		Welcome Reception	Cocktails Dinner	Free evening		

- COEX is only available on 24th – 28th Oct

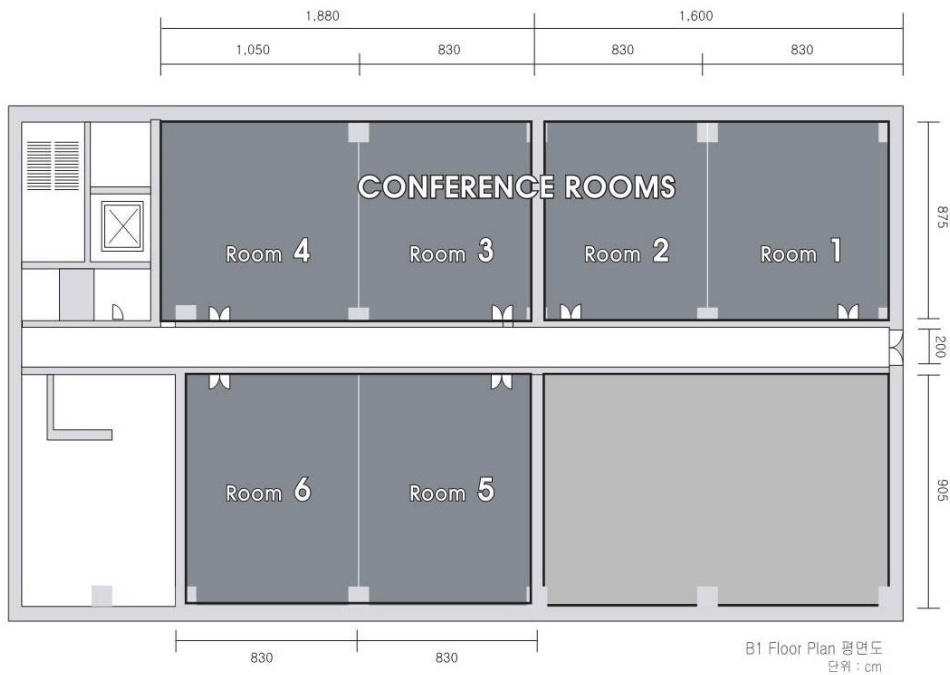
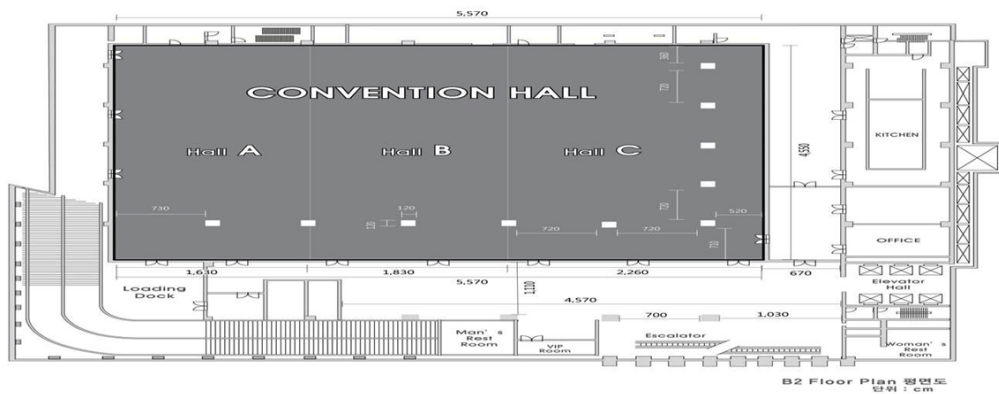
Map showing venues and hotels



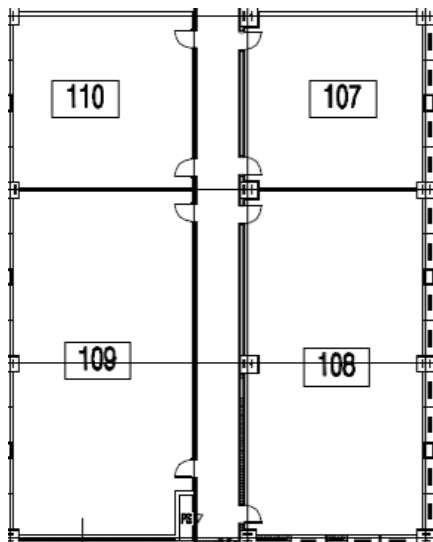
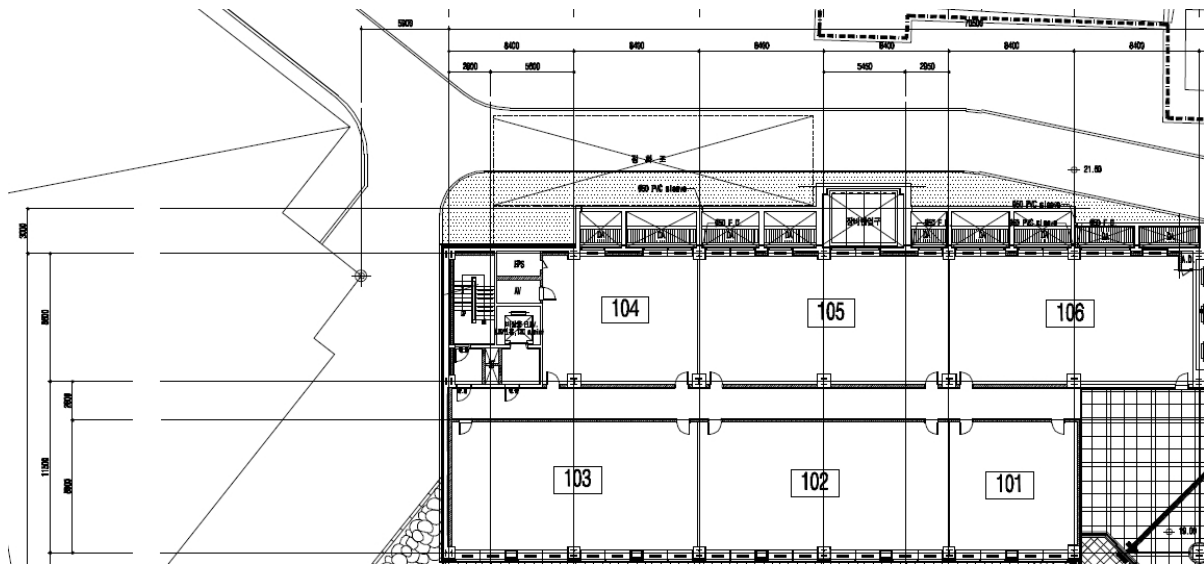
	Sejong Convention Center Sejong University Guest House	
	The Classic 500 Pentaz Executive Residence	
	Phil-House	
	Dong Seoul Hotel	Shuttle
	Ellui Hotel	Shuttle
	Hotel Riviera	
	Prima Seoul	
	Intercontinental Seoul COEX	
	Ramada Seoul Hotel	
	Seoul Palace Hotel	
	JW Marriott Hotel	
	Chung Dam Subway Station	
A	Children's Garden Subway Station	

Sejong Convention Center (<http://convention.sejong.ac.kr/>)

○ 세종대학교 CONVENTION HALL _ B2

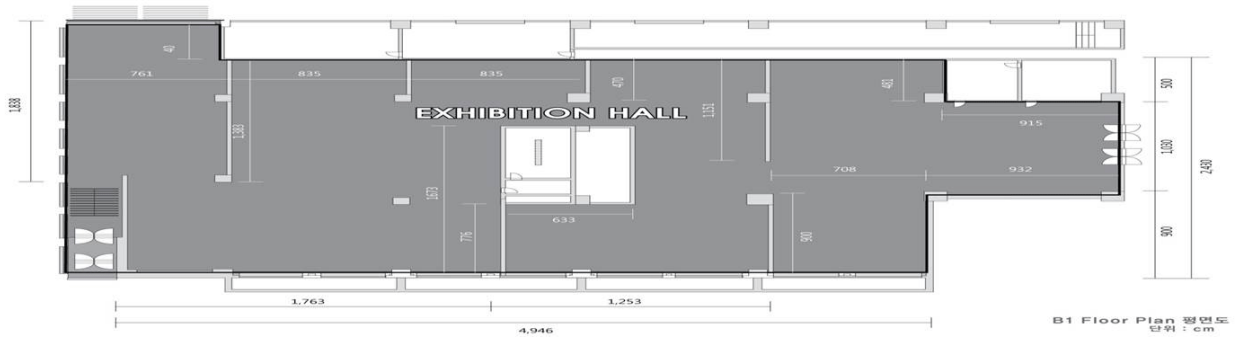


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1st and 2nd Floor plan

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**Minutes of the
Cochrane Collaboration Steering Group meeting
in Québec, Canada, on
18 and 24 September 2013**

[These minutes were approved on 22 11 2013.]

Present: Lisa Bero (Co-Chair, 24 September only), Jonathan Craig (Co-Chair, 18 September only), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Julian Higgins (18 September only), Steve McDonald, Anne Lyddiatt, Mona Nasser, Mary Ellen Schaafsma, Holger Schünemann (24 September only), Denise Thomson, Liz Whamond (on 18 September only) and Mingming Zhang.

Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Jini Hetherington (Company Secretary 18 September only), Claire Allen (Manager, Governance and Membership Support), Lorna McAlley (Executive PA, minutes), Harriet MacLehose (item 4 only), Chris Mavergames (Head of Informatics and Knowledge Management, items 3, 6 and 8 only) Helen Morton (Head of Communications and External Affairs, items 3, 5-9 only) and Deborah Pentescio-Gilbert (item 6 only).

1. Welcomes, apologies, declarations of interest, and approval of the agenda.

Jonathan Craig welcomed everyone to the meeting, especially Anne Lyddiatt (incoming Consumer representative). Apologies for absence had been received from Holger Schünemann for 18 September only. No declarations of interest were made. The agenda was approved with no additional items under 'Any Other Business'. It was noted that this would be the last CCSG meeting for Julian Higgins and Liz Whamond, as both were due to step down from their positions as Methods representative and Consumer representative, respectively. It was also noted that this would be Jini Hetherington's last CCSG meeting, due to her upcoming retirement. Jonathan thanked Julian, Liz and Jini for their valuable contributions.

2. Co-Chairs' report.

Jeremy Grimshaw provided a brief summary of the work carried out in the previous 12 months, noting that it had been an extremely busy year and a period of huge transition. Highlights of the year included signing the new publishing contract with Wiley and the development of the new Cochrane-Wiley Management Team, the restructuring of staff to establish the new Central Executive, the development of *Strategy to 2020* and the exploration of reimbursement options for future Co-Chairs. Jeremy acknowledged the huge amount of work this has entailed and thanked all those involved for their efforts, with particular thanks given to Lucie Binder and Mark Wilson for their work on *Strategy to 2020*, and to Mark for the restructuring work and for the creation of the Central Executive Team.

Jonathan, who was due to step down from his position of Co-Chair, reflected on his time as a member of the CCSG over the previous seven years. He noted how much the organisation had changed over this period and spoke encouragingly of the new *Strategy to 2020*. He added that although The Collaboration is becoming more innovative the organisation has 'merely scratched the surface of future challenges' and emphasised the need to increase its global impact. Jonathan also acknowledged the large investments recently made in the development of the Central Executive Team, adding his expectation that all entities would see the benefit of this investment in the next few years, in support of their work.

2.1 Replacement of Co-Chair.

Jeremy provided the background on this item, in terms of the Collaboration's desire to potentially remunerate future Co-Chairs. He explained that the Charity Commission had very recently reversed its earlier decision and had now approved the proposed amendments to

clauses 3.1. and 48-49 of The Collaboration's Memorandum and Articles of Association (M&As) to allow partial reimbursement to Co-Chairs appointed in the future. Jeremy explained that the CCSG was being asked for its approval for these changes (both related to the reimbursement of the Co-Chairs and the updating of the Articles of Association) and the new Articles would be put forward to the Annual General Meeting on 21 September 2013 for "in principle" support. Formal approval would be sought after the AGM electronically, in accordance with the legal requirement for 21 days notice of details for such a change. Mark provided further background on the Charity Commission's revised decision and outlined the key elements which had led to the reversed decision, the approval for which had been received on 17 September 2013.

Mark answered questions on the revised M&As, explaining that although the level of remuneration to be received by the Co-Chair's institution had not been specified within the document that it would aim to be equivalent to one day per week and would be capped at a maximum of two days per week, pro rata. This cap would be set by the Collaboration and reviewed annually. Queries over CCSG oversight of and accountability for the Co-Chair reimbursement were raised and discussed, and these would be finalised at a future date. Jeremy encouraged CCSG representatives to raise this issue at their entity meetings so that any questions arising could be answered at the Annual General Meeting. The CCSG approved the proposed amendments to the M&A, and to have them submitted to the AGM on 21 September.

DECISION: The changes to the M&As were approved; and the new Articles of Association are to be submitted to the Collaboration AGM for "in principle" support.

ACTION: The changes to the M&As to be submitted to the AGM to request in principle support.

2.1.1 Co-Chair nomination

Jeremy explained that an application from Lisa Bero had been received for the position of Co-Chair, following a call for nominations. This application and its three nomination statements (from Holger Schünemann, Rachel Churchill and Kay Dickersin) had been circulated to the CCSG on 13 September 2013. Jeremy provided some background information, summarising Lisa's application and noting her extensive experience within the Collaboration. Rachel spoke in support of Lisa's application and the range of perspectives she would bring (e.g. CRG, Editorial, Author and Branch Director). The CCSG expressed unanimous approval in support of the appointment of Lisa Bero as Co-Chair. Mark explained that negotiations would need to take place between Lisa's current employer and The Collaboration related to her remuneration, and this would be discussed by the CCSG at a future date.

DECISION: The CCSG appoints Lisa Bero as its new Co-Chair.

ACTION: Lisa's proposed appointment as Co-Chair to be put to the AGM on 21 September.

ACTION: Mark: To establish a sub-group of the CCSG on Co-Chair remuneration and to begin negotiations with the University of California, San Francisco on the level of reimbursement required.

3. Chief Executive Officer's report.

In addition to his written report, Mark gave a presentation entitled 'The Big Picture' (attached). This began with background on the accomplishments of the previous year: the development of *Strategy to 2020*; management changes; clarifications of accountabilities; the strong relationships built between the CCSG and management as well as between the Editor in Chief and Chief Executive Officer; the expanded Central Executive and the financially robust position of the Collaboration aided by the new Wiley contract, which has delivered significantly improved funding. The remainder of the presentation focussed on the *Strategy to 2020* and the targets which would be met in 2014 in line with the strategic goals.

Jonathan warmly welcomed this strategic 'big picture' analysis to the CCSG and in the following discussion the CCSG expressed its appreciation for the extensive progress made over the last year and the plans for the future.

Discussion arose from the report, and turned to the Global Evidence Synthesis Initiative (GESI - previously known as Building Global Capacity in Systematic Reviews). This discussion led to clarification of the distinction between the upcoming GESI meeting and the Funders meeting.

Jonathan summarised the CCSG's strong support for Mark to begin developing a sustainable funding strategy.

Mark was asked to inform the CCSG members about discussions held with potential funders, to ensure that these funders are not unknowingly approached repeatedly.

ACTION: Mark to inform CCSG members of the outcomes of upcoming meetings with funders.

In Mark's written report the CCSG were asked to consider the following recommendation: *That the Steering Group approves the appointment of Juliane Ried as CPAC co-convenor.*

The CCSG approved this recommendation, with the caveat that a future review of Colloquia – by CPAC and the Central Executive may require more far reaching changes in the near future.

ACTION: Steve to inform Juliane of the CCSG's decision to appoint her as CPAC co-convenor.

3.1 Discretionary Fund.

In his paper, which was produced following the CCSG's request to revisit the criteria and process for applications to the Discretionary fund, Mark proposed the following six 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).*

DECISION: All six recommendations were approved by the CCSG.

ACTION: Claire to add this information to the Organisational Policy Manual and announce the new Discretionary Fund criteria to the Collaboration.

4. Editor in Chief's report.

David Tovey provided a summary of recent major activities at the CEU (see separate report). David then reported that he had also been working closely with lawyers who had been

engaged in response to an editorial complaint. The CCSG would be informed of any developments within the case. David provided an update on the amicable cancellation of the contract to publish a social history of The Collaboration.

David updated the CCSG on the publishing developments since the contract with Wiley had been signed, reporting that progress had been slower than expected in a range of areas but discussions were taking place on a number of different levels including, but not restricted to, the more developed management of the contract, the move to open access, the “Cochrane Roadmap”, the Cochrane Content Publication and Delivery Programme and the Clinical Answers and Cochrane Learning projects. Mark added that with the establishment of the “Roadmap” that includes 25 projects due to be completed by 2014, the pace of progress will increase rapidly in terms of implementation. Both David and Mark stressed that they expected to be able to report extensive progress by the mid-year meetings in Panama in April 2014. David then drew the CCSG's attention to the papers within his report for discussion and decisions:

(1) CLOC recommendations:

David explained that the Cochrane Library Oversight Committee (CLOC) comprises people both internal and external to The Collaboration and that it is geographically and gender diverse. David has found their contribution to be very useful and was supportive of the committee continuing. It was clarified that the work of the CLOC would be in addition to the establishment of an external advisory board for the Collaboration. In his report Richard Smith requested the CCSG consider four 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 listservs and invitations to apply.*

DECISION: The CCSG noted recommendation 1; encouraged David to discuss recommendation 2 with Wiley; and accepted and endorsed recommendations 3 & 4.

ACTION: David to write to Richard Smith thanking the CLOC for their work and asking Richard to recruit new members. David to follow up with Wiley on introducing article-level metrics.

(2) Methods Innovation Fund (MIF):

David responded to questions regarding the MIF. It was noted that there were some concerns regarding the clarity of processes employed to award this fund in the past and members of the MARS who were present were asked to consider and suggest ways to facilitate this process better in the future. Jonathan explained that a paper would be provided to make these processes explicit. In her paper, Jackie Chandler requested that the CCSG consider two 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.*

DECISION: The CCSG approved this recommendation.

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.*

DECISION: The CCSG approved this recommendation, noting that the figure for investment had increased by £25k from the previous funding request and that the figure was indicative and would be capped. Two further papers would be prepared on this subject: one to describe the process and one related to the final funding proposal.

ACTION: Rachel to consult on better ways to facilitate the MIF process and provide a paper to a future CCSG meeting. David to inform Jackie of the CCSG's approval of the above recommendations.

(3) Methods Applications and Review Standards Advisory Committee (MARS).

In their paper Julian Higgins, Rachel Churchill, Jackie Chandler and David Tovey requested that the CCSG consider the following 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.

The CCSG agreed that the Methods Applications and Review Standards (MARS) Advisory Committee should replace the existing MARS Working Group. However, after some discussion it was decided that this committee would not report back to the CCSG but would continue to report directly to David.

ACTION: David to inform the Chair of MARS.

(4) Roadmap for development of a Cochrane Training and Professional Development Strategy.

The CCSG discussed this paper and it was broadly agreed that a small project board, with a larger working group, would best serve this project and that some level of remuneration should be considered for the convenors of the working group. Steve clarified that the scope of the development of training resources would lie in three areas: (1) internal training to support review production; (2) development of internal staff and (3) the external audience: training around using and producing reviews in general, and putting evidence into practice. In their paper, Miranda Cumpston, Steve McDonald and David Tovey requested that the CCSG consider three recommendations:

1. *Approve the proposed roadmap for development of a Cochrane Training & Professional Development Strategy.*

DECISION: The proposed roadmap was approved.

2. *Approve or provide feedback on the most appropriate scope of this project.*
This was discussed and the CCSG provided suggestions on scope, including looking at the external market of people wishing to learn how to conduct systematic reviews.

3. *Approve the required resources.*

DECISION: The requested additional GBP 40k expenditure for the development of this strategy was approved.

Jeremy noted that Steve would be stepping down from his position on the Training Working Group and thanked Steve for his huge contribution in this area during his time in post.

ACTION: Steve to inform the Training Working Group of the Steering Group's decisions to approve the development of the strategy.

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

David explained that this paper should be viewed for information and suggests a different way of using Archie to identify users within low-and middle-income countries. In their paper Harriet MacLehose, David Tovey, Mike Clarke, Claire Allen, Maria Burgess and Jessica Thomas asked the CCSG to consider six 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”.¹*
5. *Update the lists annually from 2014.*
6. *Include this as policy in the Cochrane Organisational Policy Resource.*

DECISION: The CCSG approved all the recommendations.

ACTION: David to inform Harriet, Mike, Claire, Maria and Jessica of the decisions and to implement the changes.

5. Financial report.

Jeremy chaired this item on the afternoon of 18 September.

Mark spoke to this item, summarising the highlights of the last financial year, which delivered a significant operating surplus. Projections given in January and February 2012 were very close to the actual figures. A large amount of deferred funds would also enter our accounts in the next few years because of the way in which the Wiley contract funds had been apportioned by the auditors. There were no issues to report from this financial year (April - July 2013). Mark presented, as promised, a newly revised budget, though it could not be exact at present due to the new Heads of Department having not yet started in post and therefore he had estimated their budgets for 2013-14. Future budget and chart of accounts presented to the CCSG would be more accurate. Mark also noted that the delay on the recruitment of the new Heads of Department had resulted in a substantial saving on the funds allocated for these positions. Mark reported that he is confident the Collaboration will generate a considerable operating surplus for this financial year. He also presented to the CCSG a projected budget for 2014-15 which showed a sizeable surplus.

Mary Ellen welcomed all the detailed work and clearer financial information. She also said that she would like to see forecasts for several years ahead. Mark agreed that this would be feasible once the new Head of Finance was appointed. Mark agreed to ask Rachel Sayers to investigate the £130k expenditure on the CRS and check what CCSG decisions had been made regarding this.

DECISION: The CCSG approved the revised 2013-14 budget (see item 5.1).

ACTION: Mark to ask Rachel Sayers to investigate the £130k CRS expenditure.

6. Cochrane-Wiley Management Team Publishing Report.

Jonathan chaired this item on the morning of 18 September. Chris Mavergames, Helen Morton and Deborah Pentesco-Gilbert joined the meeting. Helen introduced herself and gave a description of her background and previous experience.

Mark explained that an important aspect of the final contract signed with Wiley was to establish a joint Cochrane-Wiley Management Team and that he was reporting back to the CCSG in his capacity as Chair of this team.

He explained that the Management Team will oversee the development of derivative products and all publishing-based output. There is an issue of overlap with Wiley's work for Cochrane Innovations, and the interaction between the two companies would be addressed by the end of 2013. Mark reported positively on the 5% increase in published reviews, and a 14% increase in updated reviews, the progress of the CCPDP process and the development of the "Roadmap", which is included within the paper for this item. Mark explained that the new "Roadmap" is organised along thematic lines which are primarily technological improvements around systematic reviews, searching and open access provisions. The scope and scale of the projects are mapped out, with 25 projects due for completion by 2014. Mark thanked David, Chris and Harriet and Lucie as well as Deborah Pentesco-Gilbert, the Wiley team and Charles Hammer, for their hard work.

Mark described the developments on technology and customer service standards, noting that revised tools and metrics to measure performance standards were now in place. Mark expanded on several items within this report, walking the CCSG through usage, signing of the Cochrane Learning contract and the impact factor. He explained that a new metrics project would be introduced in November 2013, allowing us to measure total usage and reach in a more sophisticated way. Deborah PG and Mark would be increasing the amount of time spent on developing joint strategies on sales and development; and two important upcoming meetings had been scheduled. In November 2013 the European Centre and Branch directors and the European Wiley sales team will meet to discuss strategies for development in Europe and the issues relating to publishing and access. A further meeting is anticipated to be held in the Middle East in early 2014.

Deborah PG commented that the biggest change had been the move to shared decision making via the Management Team and that this approach would be helpful in accelerating progress in implementing the contract, especially in terms of developing a shared strategy to develop the business model, products and the future of *The Cochrane Library*; and that the results would be evident in terms of growth, policy arrangements and the shaping up of the derivative products programme. Lucie added that the Management Team were working on a reporting schedule and the format of the written report provided annually for the CCSG.

The CCSG discussed derivative products and raised questions over the potential capacity for these products to generate reasonable revenue. Deborah PG explained that there are business plans for Cochrane Learning and Cochrane Clinical Answers and noted that products such as the Cochrane iPad app drive usage of *The Cochrane Library*. She also noted the demand for derivatives beyond creating new products, explaining that work needed to be carried out in terms of thinking of Cochrane content differently and how best to deliver this to the market, as approaches have been made to Wiley for commercial use of Cochrane content. The nature of technical support provided by Wiley was also discussed. Jonathan thanked Mark and Deborah for their reports and noted that an excellent start had been made but that there was still much to be done. There was further discussion of the potential to share data with funders to make it easier for CRGs and Centres to show their impact.

7. 'Game Changers'.

This item was discussed on both 18 and 24 September

Jeremy briefly summarised the background to the item, explaining that Mark had produced a paper on the process of moving the Game Changers project forward which comprised: (1) a general discussion of usage of the Collaboration's reserves; (2) suggestion of a cash injection into Cochrane Innovations; and (3) that the remaining reserve funds are used for Game Changers. Jeremy suggested that a further paper be produced on the subject of the proposed cash injection for Cochrane Innovations and requested that the CCSG discuss this element at a later date. This was agreed.

Mark asked the CCSG to offer an opinion on whether the proportion of funds suggested for Game Changer projects was appropriate, given it would leave the reserves at £2.3m GBP. Mark explained that he had clarified that Game Changer projects must support key activities within *Strategy to 2020*. The paper includes suggestions in relation to the framework of the goals in the Strategy. Mark added that the CCSG would be responsible for making decisions on funding recommendations which would be made by a small group who would ensure due diligence and rigorously assess the bids. Mark suggested that this group would be chaired by a CCSG member (who was not conflicted).

Jeremy noted that the Game Changers project had already been approved in principle and asked the CCSG to comment on both the size of the proposed fund and on the process proposed in the paper.

The CCSG were in agreement to encourage the submission and subsequent funding of at least one Game Changer by the March 2014 CCSG meeting. They also agreed the projects should be managed closely due to the huge financial investments.

In his paper Mark requested the CCSG consider the following four recommendations:

- *The size of the Collaboration's remaining financial reserves; and therefore the amount of funding available for strategic 'game changing' investment [see document 7.0 for more details];*

DECISION: The CCSG approved the recommendation to set the Collaboration's minimum level of financial reserves at £2-2.5m.

- *Significant additional capital investment of £1m in Cochrane Innovations;*

DECISION: This recommendation will be considered when a further supporting paper is submitted to the CCSG for discussion.

- *A reiteration of the criteria for 'game changer' investments based on the priorities of Strategy to 2020;*

DECISION: These were approved in principle but Mark was asked to develop more detailed criteria.

- *A process and structure of decision-making with timelines for the first year of operation.*

DECISION: The proposed timetable was considered too rushed and instead the timelines that were suggested should be revisited, but the CCSG would welcome at least one project being ready for consideration by the mid-year meeting in Panama.

ACTION: Mark to revisit the paper and provide follow up for the March 2014 CCSG meeting. A paper outlining the revised timelines and criteria should therefore be circulated before the end of 2013.

8. **Linked Data Project.**

Chris Mavergames joined the meeting for this item.

Chris Mavergames gave a presentation on the Linked Data project proposal. He reiterated the aim would be to make our IT work harder for us to improve our production processes, the potential use of our products and data, and our position in the Knowledge market place. This would draw on our existing technology (Archie and CRS) and make connections between them in a more effective, less labour intensive way. Further discussion was held to clarify the parameters of the project and the Collaboration's role within it, Chris emphasised that this would not be an academic exercise but one which is driven by user needs, in response to real problems users have faced with accessing our content in its current form. David added that

the project would, importantly, deliver content to users and that we need to be involved in these technological advances. Michelle spoke to the TSCs' positive response to Linked Data.

Steering Group members raised questions around the long-term deliverables of the project, and the potential financial implications in the long term. Some members were concerned about the opportunity cost of running this project; the right use of internal expertise and external consultants; and they discussed the respective dangers of early and late adopters of wide-ranging linked data approaches. There was an in depth discussion and the CCSG's decision was:

DECISION: To approve the first year's investment of £123k with the understanding that Chris would develop the project's processes and report back to the CCSG regularly and that the project would be evaluated after one year.

9. Annual General Meeting:

Jeremy confirmed that he would chair the Annual General Meeting on the 21 September 2013.

9.1 2012-13 Report and Financial Statements.

This item had already been discussed; see item 5 above.

9.2 Proposers and Seconders of the various motions

The AGM agenda was discussed and prepared.

9.3 Changes to Memorandum and Articles of Association.

The CCSG discussed the proposed changes to the Memorandum and Articles of Association (M&As) of The Cochrane Collaboration (see also item 2.1.1). It was noted that the proposed changes included the omission of the previous clause 60, which stated the requirement for the Collaboration to appoint a Treasurer. Mark explained that, although it was intended that the Collaboration would continue to appoint a Treasurer, the removal of this clause followed advice given by the Collaboration's lawyer to allow the organisation maximum flexibility.

DECISION: The CCSG agreed that the draft Articles of Association for The Cochrane Collaboration Limited (the Company) in the form attached (see item 9.3) would be recommended for adoption at the AGM as the new Articles of Association of the Company. If approved in principle by members at the AGM the Articles would be formally adopted through an electronic vote after the Annual General Meeting on 21 September 2013.

DECISION: The role of Treasurer would be reviewed and clarified as part of the future governance review; but the CCSG strongly recommended that in future the Collaboration continued to have a Treasurer.

9.4 Cochrane's Strategy to 2020.

The CCSG had already approved the Strategy to the members and it would be discussed at the Annual General Meeting.

10. Declaration of Istanbul.

This item was chaired by Jeremy on the morning of 24 September.

Jeremy provided background on this item (see item 10), which was briefly discussed during the previous teleconference on 30 July 2013. Jeremy explained the key issues raised during the teleconference: concerns that endorsing the declaration would set a precedent for future requests made to the Collaboration for endorsing statements; the Collaboration not knowing the evidential basis for some of the statements made within the declaration; policy issues surrounding how the Collaboration considers requests for endorsement of policy statements; and issues of implementation.

The paper asked the CCSG to consider the following two 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.

DECISION: For clarity, it was agreed that the issue of endorsement and implementation should be considered separately. The CCSG endorsed the Declaration of Istanbul.

DECISION: It was agreed that a policy would be developed on endorsement requests of policy statements put to the Collaboration and that a separate implementation policy would also be developed.

ACTION: Mark to lead with the new Head of Communications and External Affairs, Helen Morton, the development of a policy and process for the consideration of policy statements.

11. Trading Companies:

11.1 Collaboration Trading Company 2012-13 Report and Financial Statements.

Financial statements had been provided for the Collaboration Trading Company which were noted by the CCSG. The Treasurer, Mary Ellen, confirmed she had signed off the accounts for both the Trading Company and the Charity.

11.2 Collaboration Trading Company.

Donna Gillies had provided a report on behalf of herself and her co-directors (Rob Scholten and Lorne Becker). Rob Scholten would relinquish his role as Director at the Annual General meeting on 21 September 2013 and the CCSG was grateful for his input during his time in post. Mark Davies (a previous Co-Chair of the CCSG) had been selected after a nomination process as the best qualified candidate. This decision had been made just before the CCSG meeting and therefore Mark's CV had not yet been shared with CCSG members. Jeremy gave some information on Mark's background and experience and spoke in favour of his appointment to the role. Claire would circulate Mark Davies' CV to the CCSG for their consideration after this meeting.

DECISION: The CCSG approved the appointment of Mark Davies as Trading Company Director.

ACTIONS: Claire to circulate Mark Davies' CV to the CCSG and advise Companies House and the Charity Commission of Rob's resignation and Mark's appointment as Trading Company Director.

11.3 Cochrane Innovations.

Jeremy gave background information on Cochrane Innovations. It was clarified that the Board of Directors had not asked for £1m GBP but that Mark had advocated that the CCSG in principle ring-fences this figure for potential allocation to Cochrane Innovations in future. It was agreed that a paper, detailing the development plan for Cochrane Innovations for the next five years, would be put forward at a future CCSG meeting by the new Cochrane Innovations CEO (yet to be appointed). Mark elaborated on the nature of Cochrane Innovations, its commercial orientation and the necessity to appoint a CEO with a commercial mindset and appropriate background. The CCSG had already approved the move for Cochrane Innovations to employ a CEO, but the recruitment process had not yet begun. The Board of Directors would drive the recruitment process in the next few months. Mark mentioned some of the achievements to date; including negotiation of the Cochrane Learning contract with Wiley and greatly expanded work on Cochrane Clinical Answers and Dr Cochrane content, but acknowledged that the pace of this progress had been slow.

Discussion continued regarding establishing business models for Cochrane Innovations and its projects. It was agreed that increasing awareness of Cochrane Innovations within the Collaboration would be important for individuals to be able to put ideas forward. Denise thanked everyone for their comments and would take back the comments to the Board of Directors.

ACTION: Cochrane Innovations Board members to begin the recruitment process for the appointment of a Cochrane Innovations CEO.

11.4 Adoption of new Articles of Association for Cochrane Innovations.

Mark described how the new Articles of Association for Cochrane Innovations, put forward for the CCSG's consideration and approval, provide a very clear framework for governance and decision making, with adequate control for the Collaboration now being in place through a two-tier decision making framework involving the requirement of the two CCSG representatives to approve certain decisions; and the requirement of the CCSG to consider the most important Innovations' decisions. He recommended CCSG approval of the new Articles.

DECISION: The CCSG approved the new Articles.

ACTION: Claire to file the new Articles with Companies House.

12. Entity Executives' reports (not requiring a CCSG decision, i.e. for information only):

Lisa Bero chaired the remaining items of the meeting.

12.1 Fields' Executive: In addition to her written report (see item 12.1), Denise reported that Fields meetings during the Colloquium had gone well and that the role of Fields within the last 20 years had been highlighted in both the Meadow Analysis publication and in a workshop. Denise fed back on proposals received for two new fields (a Nanotechnology Field, and an Insurance Medicine Field) as well as a request for new scope to be considered for the Health Care of Older People Field. The proposal for a Nanotechnology Field will not move forward at the moment, as it was deemed that the timing was premature given the newness of this area of medicine. The proposal for an Insurance Medicine Field had been received favourably. Both David and Denise remarked that the application for this field was extremely compelling and well thought out. The CCSG discussed whether this area of care would be appropriate for a Field. Lisa noted that discussions were currently in the early explorative stages.

The Fields' Executive had also agreed with Mark to propose that a review of the function, form and structure of Fields would be undertaken in parallel to the review of CRGs (see above). There was a general welcome to this suggestion from CCSG members and a formal proposal would be submitted to the CCSG by Denise and Mark at a future meeting.

ACTION: Denise to liaise with Claire about the process for registering a Field and to consult with the proposed leader of the Insurance Medicine Field.

ACTION: Denise and Mark to work on a proposal to the CCSG for a review of the function, form and structure of Fields to support implementation of the *Strategy to 2020*.

12.2 Managing Editors' Executive: In addition to her written report, Sally summarised some of the key points raised during the Managing Editors' Executive meetings. Sally highlighted the success of the ME Support programme, which was progressing very well and noted Harriet MacLehose's excellent work in this area. The upcoming CRG review had been discussed, as had the Game Changers project which identified a possible lack of understanding of the project that Sally suggested should be addressed in a communication strategy. The *Strategy to 2020* had also been discussed; and it was requested that all of the feedback received in the consultation process be made available via an anonymous archive. Sally also fed back a request raised in both the ME and ME Executive meetings for timely distribution of the open access CCSG papers to provide sufficient time for them to be read and discussed. Rachel

added that she had also received this feedback from the Co-ordinating Editors Board. Mark responded that the Central Executive would work on adjusting the deadlines to ensure timely delivery of the papers for future meetings. Sally reported that the joint meetings over the Colloquium had run excellently and been very well received.

ACTION: Lucie to consider how feedback on Strategy to 2020 can be made available on the website.

- 12.3 Consumers' Executive:** In addition to Catherine McIlwain's report, Mingming highlighted issues and activities discussed by the Consumers' Executive: (1) Much time had been spent encouraging candidates to apply for the Consumers' Executive. (2) The Consumers' Executive are considering a new definition of the word 'consumer', making it more easy to translate. (3) A rough draft of a Consumer strategic plan had been written to meet the consumer elements of *Strategy to 2020*. (4) Discussions had taken place regarding promoting wide consumer participation. (5) Mingming asked if a specific 'consumer' prize could be considered, but she was reminded that consumers could be nominated for the Chris Silagy Prize (and two consumers had won this prize in the past – Gill Gyte and Janet Wale). (6) A request to look into increasing funding to support consumer participation at Colloquia.

ACTION: Mark to consider increased funding for consumers to attend Colloquia.

- 12.4 Co-ordinating Editors' Executive:** Rachel gave feedback that the Co-ordinating Editors Board would like further engagement with the CCSG and requested that, in future CCSG meetings, it be clarified whether certain items with restricted access could be shared with entities after the meeting for discussion. Rachel reported on the ongoing conflict of interest discussion and Lisa noted that the Funding Arbiter panel would be developing a paper on this subject to include feedback received during meetings held at the Colloquium. Rachel reported there had been much interest in the Game Changers and questions had been raised over the timetable and further specific criteria for the project. Discussions on the upcoming CRG review identified that clarification was needed to ensure people are aware that the review would be considered in relation to potential changes to the rest of the Collaboration, too. Rachel also noted that discussions had been held on the subject of non-randomised studies and the proposed new risk of bias tool, and that the Co-ordinating Editors' Board found Jonathan Sterne's input particularly helpful in giving these discussions a methods perspective. The Publishing Management Team had been discussed with concerns raised of over-emphasising the six big issues to the extent that others would be neglected. Finally, Rachel requested a review of the structure of executive reports written for CCSG meetings and guidance on which aspects the CCSG would find most useful.

ACTION: Mark to review the structure and nature of written executive reports to the CCSG.

- 12.5 Trials Search Co-ordinators' Executive:** Michelle reported positively on meetings held during the Colloquium, noting that discussions on the role of registers and of TSCs would feed into the CRG review. There had been much discussion of the goals for *Strategy to 2020*. The number of support people working on CRS had increased but further support would be needed to engage the full functionality which CRS offers. The joint Co-Eds, MEs and TSCs meeting had been very useful.
- 12.6 Centre Directors' Executive:** In addition to his written report, Steve explained that the Centre Directors' meeting had been successful, with helpful discussion held over how to move forward with the assessment, evaluation and remuneration of Co-Chairs. Feedback on the GESI meeting indicated a broad concern for ensuring the impact of the project goes beyond the institutions which received funding from the Collaboration. *Strategy to 2020* was discussed in terms of the implications for Centres and the activities Centres would be involved in. Open Access discussions looked at both the threats and opportunities involved and that this should be discussed further at the 2014 mid-year meeting in Panama.

13. Matters arising from minutes of CCSG meeting on 30 July 2013 not appearing elsewhere on this agenda.

There were no matters arising from the CCSG teleconference on 30 July 2013 that had not already been dealt with.

14. Matters arising from draft minutes of CCSG meeting on 27 August 2013 not appearing elsewhere on this agenda, and approval of the minutes.

There were no matters arising from the CCSG teleconference on 27 August 2013 that had not already been dealt with and the minutes were approved.

ACTION: Lorna to upload these minutes to Archie.

15. Any other business:

15.1 CCSG way of working

The CCSG discussed the use of teleconferences in their work and proposed ways to improve the nature of these meetings. Suggestions included limiting the number of items for the teleconference agendas, ensuring all reading matter is available seven days prior to the meeting, the potential for using GoToMeeting as the medium for conducting the meetings, and suggestions for different ways to format the minutes. Lorna explained that the teleconference scheduled for 13 November 2013 would be cancelled and a replacement teleconference would be scheduled for late November/early December.

ACTION: Lorna to send a doodle poll to the CCSG to establish a convenient date for the next CCSG teleconference and to send a further doodle poll to the CCSG to establish dates for teleconferences to be held in 2014.

15.2 Mid-year meeting in Panama, 2014: Special session

Due to time constraints discussion of this item was deferred until the next CCSG teleconference.

ACTION: Lorna to add this item to the agenda for the next CCSG teleconference.

15.3 Game Changers (further clarification)

Clarification was sought over the likely timeline for this project and how to identify which suggestions would be approved or rejected. A defined application process should be developed. Mark asked that members of the CCSG contact him with details of any individuals they believe should be considered for the Game Changers project board.

ACTION: CCSG members to consider who might be considered for the Game Changers' Project Board.