

Governing Board Paper

Agenda number:	10.1 [2018-EDIN-10.1]
Agenda item:	Cochrane Advocacy Plan
Submitted for Governing Board meeting:	Edinburgh, September 2018
Submitted by:	Sylvia de Haan
Sponsored by:	Mark Wilson
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Governing Board endorses developing Cochrane's advocacy function in two phases as outlined in this Advocacy Plan; and approves the allocation of an additional £55,000 in 2019 to support its delivery.
Executive summary:	We propose to develop Cochrane's advocacy function in two phases: In 2019, we will focus on identifying opportunities, implementing some pilots with Cochrane community members, learning from these pilots and further developing our approaches and principles for advocacy resulting in a well-informed 'Advocacy Strategy'. From 2020 onwards, the focus will be on implementing this Advocacy Strategy. This document outlines the current thinking and the proposed activities for 2019.
Consultation with Cochrane Council:	No
Financial request:	£55,000 in total for 2019. Advocacy and Partnership Officer (to be recruited): £45,000; Marketing/campaigning budget: £10,000.

1 Background:

Goal 3 of Cochrane's *Strategy to 2020* – Advocating for evidence – aims 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'.

Several of the objectives described in the Strategy have been addressed during its first years of implementation:

- **Developing the 'home of evidence':** Cochrane's international reputation rests heavily on its Library of high quality evidence products, including the Cochrane Database of Systematic Reviews and CENTRAL Register of Controlled Trials. As part of *Strategy to 2020* we have improved the consistency of review quality, and introduced processes to ensure relevance and efficient production. As part of

our Content Strategy we have set out our plans – and begun implementation - to expand the range and complexity of our systematic reviews to meet evidence user needs. In addition, we will make available high-quality non-Cochrane reviews via our federated search with the Epistemonikos platform, and will replicate this with other knowledge providers in the future. We have also developed customized content for specific end users (e.g., Cochrane Clinical Answers) and will further develop the presentation and delivery of our content to meet differing user needs. Our Knowledge Translation (KT) strategy work seeks to complement our Content Strategy to ensure the widest possible access to and use of our content.

- **Global profile:** In the first two years of *Strategy to 2020* we developed and launched an overarching Cochrane brand and a new website for Cochrane – with supporting branded websites for all Cochrane Groups - which have been highly successful, attracting millions more regular visitors to Cochrane’s evidence. The transformation of Cochrane Review Groups in 2018 led to the establishment of eight CRG Networks with their individual but consistently applied branding to build Cochrane’s global profile and facilitate engagement with external stakeholders. Through these Networks, and with the support of the KT department, we are investing in priority-setting processes to ensure the Networks and CRGs produce priority reviews. In addition, we have invested in external communications and have strengthened the ways in which we package and disseminate our priority reviews, and greatly expanded our reach and profile in the media and with external audiences.
- **Global partner:** We have invested, and continue to do so, in building and strengthening strategic partnerships at the central level. The importance of building strategic partnerships at every level of the collaboration is emphasized in Cochrane’s new Knowledge Translation Strategy, and Cochrane Review Groups, Geographically-oriented Groups (collectively: Groups), Networks and Fields are encouraged to invest in this and many already do.
- **Global impact:** While this is an ongoing area of work, we have invested in documenting the use of Cochrane Reviews in national and international guidelines and other impact stories, so that our global impact becomes more visible.

However, the objectives under Goal 3 of *Strategy to 2020* that focus on becoming a ‘Global Advocate’ have not yet been addressed in a coherent manner. This Advocacy Plan outlines how we will develop our advocacy initiatives in 2019, and work towards achieving these objectives in 2019 and beyond.

2 2019: Piloting, learning and refining approaches and strategies

Cochrane is not an advocacy or lobbying organization. Our acknowledged strength and expertise is the production of high-quality synthesized evidence. Our advocacy work should build on this fundamental strength and use our strapline – ‘Trusted evidence. Informed decisions. Better health.’ – as its focus. Throughout any advocacy work or policy outcome we intend to pursue, we must therefore ask ourselves what evidence we have to support a statement or a particular piece of work; what expertise or interest we have in the outcome; and what is the likelihood that our interventions will produce the desired outcome.

While the advocacy work will be led from Cochrane’s CEO office, with very close links to the Knowledge Translation and Editorial and Methods Departments, it will need to be supported and implemented by

and across the Cochrane community. In 2019 we will focus on identifying advocacy opportunities, implementing some pilots with Cochrane community members, learning from these pilots, and further developing our approaches and principles for successful advocacy. At the end of 2019, we aim to have developed a more thorough and well-informed 'Advocacy Strategy'. This 'Advocacy Plan' provides insight into our current thinking, which will evolve based on the pilots and learning in 2019.

To be successful Cochrane's advocacy work will need the engagement and involvement of many people and Groups in the Cochrane Network. We will have to combine local, national, regional or very specific thematic messaging and advocacy with larger organizational, multi-country or global messaging and advocacy. This will require careful coordination so that the messages conveyed and the advocacy positions pursued are aligned and consistent. Cochrane advocacy initiatives can be diverse and adjusted to specific contexts – success will come in part from the community identifying opportunities and participating in a wide range of fora - but the overarching messaging must be coherent.

Some of the activities outlined in Section 4 below will be the responsibility of the Central Executive. These are activities best conducted at a central organizational level (i.e., following and responding to international policy debates; ensuring interaction with global funding fora; issuing global statements on behalf of Cochrane). But there are many activities that will rely and build on the work of Cochrane Groups, Networks and Fields, where the Central Executive will mainly play a facilitating and supporting role.

To guide this work, we have identified three levels at which Cochrane's advocacy work should take place. In 2019 we will explore whether this three-level approach works, and how we can further clarify responsibilities and build on the added value an international, wide-ranging Cochrane Network provides in developing advocacy positions and activities. The three levels identified are:

Global advocacy work:

- The Central Executive will provide leadership where appropriate and provide support to other Cochrane leaders where this is likely to be more effective.
- Will be informed by an Advisory Group, with members from the Governing Board, Council, Senior Management Team and others from the Cochrane community with an interest in advocacy. The 'Advocacy Advisory Group' will provide strategic direction and help advise on the global advocacy positions Cochrane should pursue.
- Statements prepared by the Central Executive, having engaged the 'Advocacy Advisory Group' where needed, will go for approval to the Senior Management Team and the Governing Board, or, if time is more restricted, to the CEO and Editor in Chief as well as the Co-Chairs of the Governing Board.
- Will be shared with Geographic Groups for them to consider whether a local adaptation is applicable/ feasible.
- Will be shared with the relevant CRGs, Networks, Fields (depending on the topic) to consider using and multiplying the advocacy messages/statement/campaign within their own constituency.
- Will follow the Cochrane Spokesperson Policy where it concerns public written or oral statements.

National advocacy work:

- Will be led by the Cochrane Geographic Groups, supported by the Central Executive where appropriate.
- Local opportunities identified and planned will be shared with the Central Executive (through the CEO office) to ensure:

- The Central Executive can provide timely support for local advocacy work (messaging, position statements) if needed;
- The work is aligned across countries and, where relevant, with the global advocacy work;
- CRGs and Networks are informed about the advocacy work related to reviews that are within their portfolio.
- Will follow the Cochrane Spokesperson Policy where it concerns public written or oral statements.

Thematic advocacy work:

- Will be led by Networks, Fields and CRGs, supported by the Central Executive where appropriate.
- Will often overlap with global or national advocacy work – where these focus on a specific thematic areas.
- Opportunities identified and planned will be shared with the Central Executive (through the Knowledge Translation Department for Fields; and the Editorial & Methods Department for Networks and CRGs) to ensure:
 - The Central Executive can provide timely support for local advocacy work (messaging, position statements) if needed;
 - The work is aligned with the global and national advocacy work where relevant.
- Will follow the Cochrane Spokesperson Policy where it concerns public written or oral statements.

At Central Executive level, members of the KT, EMD and CEO departments will meet regularly to coordinate and align the work; and to provide accurate and timely input into the advocacy work happening across the organisation.

3 Objectives

Cochrane aims to become a global advocate for evidence-informed healthcare and health decision making, by working towards the following objectives:

- To advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.
- To promote reliable, high quality primary research and evidence synthesis that is prioritized to address key international health uncertainties and improve the quality, relevance and comprehensiveness of the evidence base on which our work is built.
- To campaign for transparency and integrity in scientific conduct, promote activities that aim to improve the quality and relevance of evidence synthesis reducing research waste in all its forms, and to ensure that the totality of evidence is available to those conducting research or making health decisions.

We will work with decision makers and influencers in evidence-informed healthcare and health decision making to achieve these objectives.

4 Strategies and activities

This section outlines the suggested activities per objective and what success will look like at the end of 2019. In 2019 we will focus on identifying opportunities, implementing pilot initiatives with Cochrane community members, learning from these pilots and further developing our approaches and principles for advocacy. At the end of 2019, we aim to have developed a more wide-ranging, informed and outcome-specific ‘Advocacy Strategy’.

4.1 Advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.

What we want to achieve:

- We want to see Cochrane evidence and other high quality evidence used more widely, consistently and comprehensively to inform national and global health policy and practice.

With whom we will work:

- Global and national health policy and decision makers;
- Health practitioners;
- Advocates for rational and evidence-informed decision making in health;
- Researchers and advocates who are interested in improving the quality of health research conduct and reporting;
- Advocates for evidence-informed decision making in non-health areas.

What we will do:

- We will select a few Cochrane Reviews and work with selected Cochrane Geographic Groups in telling the story of their use in-country. What is/was needed to ensure use in-country (advocacy and campaigning work for the use of evidence; relationship building and use; dissemination and translation work). We will look for volunteer Cochrane Geographic Groups willing to help document these stories, which will help us devise strategies for facilitating campaigns and advocacy work around future reviews with the potential to change health policy and practice (illustrated by stories of success).
- We are in official relations with WHO and have developed strong partnerships with many of its departments. We will build, through the CRG Networks, additional connections with WHO departments, especially in those thematic areas where we have less strong connections (i.e., in Non-Communicable Diseases).
- We will, as part of the knowledge translation work, strengthen the capacity of users of Cochrane evidence in understanding and interpreting evidence synthesis and its use in policy and practice. Specific activities include: training of policy makers; deliberative dialogues; expanding our work with the WHO Evidence-Informed Policy Network (EVIPNet); and working with groups (such as ‘Choosing Wisely’) engaged in publicizing and researching overdiagnosis and overtreatment. In addition, a pilot for developing a new format for Cochrane Reviews is ongoing, which aims to facilitate further the ease of use of Reviews.
- We will actively look for partners, with a track record in evidence-informed decision making, to develop advocacy statements and positions with. We will target a few countries where Cochrane Groups, Networks or Fields already have established relations with professional associations, thus increasing the chances of success.

What success will look like at the end of 2019:

- Documented stories of systematic review use in selected countries;
- New connections built with WHO departments, leading to continued and increased use of Cochrane Reviews in WHO normative guidance;
- Documented stories of building user capacity;
- New partnerships developed that have resulted in joint advocacy statements or work.

4.2 Promote reliable, high quality primary research and evidence synthesis that is prioritized to address key international health uncertainties and improve the quality, relevance and comprehensiveness of the evidence base on which our work is built.

What we want to achieve:

- We want to make sure the primary research gaps and priorities highlighted by Cochrane Reviews, and from priority-setting processes carried out by Cochrane Groups, Networks or Fields, are informing funding decisions.

With whom we will work:

- Funders of primary research, for example: through the Ensuring Value in Research (EViR) Funders Forum and [ESSENCE](#).
- Organisations interested in promoting the quality of primary research and in reducing research waste.

What we will do:

- We will advocate for funders not to support clinical trials or research studies except where there is evidence of uncertainty demonstrated by a systematic review. When no systematic review exists yet, we will advocate for the conduct of a systematic review prior to a decision being taken about further investment in primary research.
- We will explore how research recommendations resulting from Cochrane reviews can be fed into decision making processes of funders. The NIHR is already using research recommendation from Cochrane Reviews to inform their priority setting process. We will explore how to make this process more efficient and encourage other funders to do the same.
- We will communicate and share the results of ‘empty reviews’ with funding agencies to draw their attention to the lack of high quality evidence in certain areas so that they can consider this information in their priority-setting processes.

What success will look like in 2019:

- Data is available from the top 10 funders of Cochrane about their adherence to the EViR principle that: ‘*New primary research should only be funded if set in the context of a review, done systematically, of what is already known*’. Funders not adhering to this principle have been contacted by Cochrane and a discussion has been initiated.
- We have explored and agreed a process for communicating research gaps identified through Cochrane Systematic Reviews (including ‘empty’ reviews).

4.3 Campaign for transparency and integrity in scientific conduct, promote activities that aim to improve the quality and relevance of evidence synthesis reducing research waste in all its forms, and to ensure that the totality of evidence is available to those conducting research or making health decisions.

What we want to achieve:

- We want to reduce research waste.
- We want to make sure that our reviews include results from all high quality clinical trials, thus improving the strength of our evidence, and we will therefore continue to advocate for full reporting of clinical trials.
- We want to be responsive to any major developments that may impact on Cochrane's ability to produce trusted evidence, leading to more informed health decision making and better health outcomes.

With whom we will work:

- Strategic partners interested in reducing research waste (REWARD partners; EQUATOR; EVIR funders forum; others).
- Strategic partners interested in the registration and reporting of clinical trials (WHO/ICTRP; ALLTrials; PACTR; others) and, more generally, partners interested in building and expanding high quality research in all settings.

What we will do:

- Continue the Cochrane-REWARD prize, thus encouraging innovation and investment in reducing research waste. Use the prize for advocacy around research waste reduction. Encourage funders to support innovative reduction of research waste ideas identified through the Cochrane-REWARD prize process.
- Work with key partners in clinical trial registration (e.g., ICTRP) and advocate for trial registration and results reporting.
- Monitor international health developments, actions plans and campaigns for 2019-2020, and identify opportunities for Cochrane to support these developments or critique them. If appropriate and feasible, consider developing a Cochrane campaign in response to such international developments.
- Prepare to use the 2nd Global Evidence Summit in 2021 as a major platform for advocacy, for example by demonstrating stories of evidence use in policy and practice in a range of countries and settings.

What success will look like in 2019:

- A 2019 Cochrane REWARD prize is announced and widely communicated.
- With selected partners, we advocated for clinical trial registration.
- We have set up a system and process to monitor international health developments. This includes an 'Advocacy Advisory Group'; clear channels for Cochrane Groups to alert the organization to advocacy opportunities or ongoing advocacy work; and capacity at Central Executive level to respond to these developments.

5 Resourcing the advocacy work

To implement this advocacy plan, we will recruit an Advocacy and Partnership Officer (line managed by the Senior Advisor (Centres, Partnerships and Fundraising)). This new Officer will support the Editor in Chief, the Head of Knowledge Translation, and the Senior Advisor (Centres, Partnerships and Fundraising) in developing the advocacy work.

A big part of this new role is coordinating the advocacy activities taking place at the three levels identified in Section 2 (Global, National and Thematic advocacy work). The Officer will play a key role in

overseeing these activities, building connections where needed, and alerting Cochrane's Groups and the Central Executive to advocacy opportunities as well as challenges. Another key activity will be the development and maintenance of new external partnerships that can further support Cochrane's advocacy work.

In addition to this new Officer position, a key resource will be the Advocacy Advisory Group, with members from the Governing Board, Council, Senior Management Team and others from the Cochrane community with an interest in advocacy. This Group will provide strategic guidance, can review opportunities that Cochrane community members may have alerted us to, and help decide where advocacy work may add most value. It will also be essential for informing the Advocacy Strategy that will be developed in 2019.

For 2019, a small budget of 10,000 GBP is proposed to be allocated to the advocacy work. This seed money would cover travel costs (i.e., to attend a meeting that provides an advocacy opportunity; or to meet a new partner organization), or marketing costs (i.e., webpage development; print costs).

6 Risks

Reputational risk: Cochrane is known for its thoroughness and evidence-based work. It is also known for its independence. Advocacy work means, at times, choosing positions and sides. This means we may be perceived as being less independent. This risk can be averted by making sure our statements are evidence-informed. Even though we will have to choose positions and sides, we will do this based on the best available evidence. In addition, Cochrane's Spokesperson Policy will help guide when statements can be made on behalf of the organisation or when these need to be made as personal statements instead, thus aiming to reduce further reputational risks.

Incoherent messaging: Successful advocacy requires consistent messaging. We need to have effective processes in place to ensure there is a coherent Cochrane response to important developments around evidence-informed decision making – and already have some experience of this with the Central Executive and Cochrane Groups responding together to new developments. Statements will be shared ahead of submission to ensure they are aligned, with the Central Executive coordinating advocacy efforts and the Advocacy Advisory Group supporting as well.

Competing messaging: Advocacy relies on Cochrane having one voice on a subject, but sometimes opposing views will exist on that issue within the organization. This poses a potential reputational risk if those oppositional views are communicated using Cochrane branding or Group identities. Aligning our advocacy work, as outlined in Section 2 of this document, will help illustrate where opposing views exist. The Central Executive and the Advocacy Advisory Group, using the Spokesperson Policy as guidance, will aim to avert this risk. Final authority on Cochrane's official advocacy and campaigning positions will lie with the Governing Board.

Sustainability Risk: The implementation of this plan is very reliant on the work of all Cochrane Groups, Networks and Fields, supported by various Central Executive departments. In 2019, we will assess how much time and other resources are required to implement an increased level of advocacy work in a coherent and professional manner.

7 Recommendations

We recommend the Governing Board endorses developing Cochrane's advocacy function in two phases as outlined in this paper. In 2019, the focus will be on identifying opportunities, implementing some pilots with Cochrane community members, learning from these pilots and further develop our approaches and principles for advocacy resulting in a well-informed advocacy strategy. From 2020 onwards, the focus will be on implementing the advocacy strategy developed in 2019.

We also recommend the Governing Board approves the allocation of the following resources to the advocacy work in 2019:

- Resources to recruit an Advocacy and Partnership Officer: £45,000
- Seed funding for advocacy work of £10,000.