

COCHRANE INFECTIOUS DISEASES GROUP

STRATEGIC PLAN 2011 TO 2016¹

- The Cochrane Infectious Diseases Group (CIDG) produce the highest quality, relevant systematic reviews to inform current debates in decision making in infectious diseases of poverty. We are a Collaborating Centre for the World Health Organization (WHO), and have an international profile for excellence and innovation.
- We work closely with our customers; in particular with global and national policy specialists to ensure we are tackling the right questions at the right time. We are at the forefront of developments to improve the quality of reviews and make them easier to use.
- We involve many junior and mid-level researchers with high potential, particularly women from developing countries. We support and train authors, as the process of carrying out a review provides important research skills, insights, and engagement with a global scientific community.
- Systematic review preparation and publication is increasingly competitive and rapidly changing. The Cochrane products are unique, high quality, and respected. With an Impact Factor of 6.2, The Cochrane Collaboration is a world leader in reviewing evidence about infectious disease management. Access to Cochrane products is free in all low-income countries.²

Our aims

- To impact on policy and research in tropical diseases through the production of high quality, relevant, systematic reviews.
- To lead developments in review quality improvement and effective dissemination of findings.

Reviews are high impact if they achieve any of the following:

- change global, regional, or national guidelines and policies;
- influence policies and spending in health programmes;
- are frequently cited in the scientific literature;
- attract newspaper and internet attention.

A review's impact can be measured by (a) use in global guidelines, (b) number of citations in Web of Science per year (target >10), and (c) number of web hits (target >20).

¹ This strategy also applies to any Cochrane Reviews directly funded through the DFID Research Programme Consortium (RPC), and to our Partners in this Consortium, except that are disease specific (TB and NTD).

² Free at the point of use for low-income countries and some high-income countries; see www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/AccessCochraneLibrary.html

Introduction

The CIDG Editorial Team made up of 15 senior specialist Editors, the Co-ordinating Editor, the Managing Editor, the Information Retrieval Specialist, and the Editorial Assistant, met in September 2011 to discuss priorities and aspects of the previous strategic plan from 2008. The consensus was that progress had been good, and most objectives had been accomplished, although issues around quality and authorship teams remain a concern. During the two day meeting, a set of priorities were developed, and are the basis of this strategic plan and objectives. This document was then drafted by the Liverpool team, circulated, with multiple inputs from the Editors, and finalised in May 2012.

The CIDG is funded as part of the Effective Health Care Research Programme Consortium, which in addition funds fellowships, dissemination and training activities, and capacity development in research synthesis and broader aspects of research integrity, management and capability.

Objective A. Double the number of high impact reviews

Each review requires considerable investment. We need to focus our efforts on reviews that are important to health, particularly (but not exclusively) for people in low- and middle-income countries.

1. Increase the number of high impact reviews

We identify review topics in two ways: proactively, through a list of topics constructed by Editors; and secondly, through suggestions from prospective authors.

We will develop further our list of priority reviews, and the CIDG team along with colleagues in the Consortium will review this on a three monthly basis. The list will be informed by consultation with the WHO, other experts, and by regular horizon scanning of the literature.

In addition, any author proposing a new topic will be carefully scrutinised in terms of the potential importance of the review, and its potential impact.

Target: 6–12 new topics per year.

2. Make explicit expectations, and assure timely production

Reviews need to hit policy windows, and delays may make them too late to be used. In addition, the nature of Cochrane processes in the past has allowed open-ended completion, dependent on when authors have time. In order to improve timeliness, we will:

- At title registration, ensure the skill set of the team is sufficient and that people have sufficient time to conduct the review.
- Ensure funding for research staff is earmarked – for travel, communication, or salary support – from the Consortium and other grants.

3. Formalise contractual processes

Currently, for all reviews supported through the Consortium, titles are specified within contracts with the partners, and are therefore time-bound, with penalties for non-delivery. We will make the timing of these more specific in the contracts issued from 2013 onwards.

We intend for reviews outside of Consortium funding, but where CIDG provide resources through the grant, to be bound through formal contracts with timelines.

All contracts to include a clause to allow CIDG to re-commission a fresh team if progress is not made.

Target: 50% of ongoing reviews bound by either a contract through the Consortium, or individual stand-alone contracts, by 2013.

4. Seek funding for specific reviews

Currently funding for individual reviews is limited. We will work with authorship teams to identify additional funds to complete reviews.

Target: Four grants per year.

Objective B. Become world leaders in tuberculosis and neglected tropical disease systematic reviews

We have an excellent profile in malaria, and good relationships with malaria specialists. We also have considerable expertise and a track record in tuberculosis and neglected tropical diseases reviews, but can raise this profile with investment and planning.

1. Tuberculosis

- We have recently appointed two new editors who are experts in tuberculosis (one from the United States and one from India). We intend to add high-profile authors and editors from Africa.

Target: Three new Editors over the period.

- We will map out areas for reviews and obtain funding for them. Examine a “niche” area in tuberculosis where we could make an impact. In addition, we will target 2–3 high profile areas in tuberculosis and assure these reviews are produced in a timely fashion.

Target: Two new TB reviews completed per year.

- We will explore developing a network of expertise in tuberculosis reviews that includes Consortium partners in China, South Africa and India. We aim longer term to establish a CIDG Tuberculosis Editorial Satellite.

Target: Tuberculosis Editorial Satellite established within this strategic plan.

2. Neglected tropical diseases

Donors are investing heavily in these diseases and there is a stronger role that CIDG can play. We plan to:

- We will prioritize reviews in schistosomiasis.

Target: all reviews updated by end of 2012

- We will obtain funding for a Fellow to complete reviews on the effect of treatment of *Wolbachia* in lymphatic filariasis.

Target: Fellow in place by June 2012

- We will explore other priority topics with WHO.

Target: topics included by October 2012

- We will identify methodological questions with statisticians and WHO for research and funding.

Target: by October 12 for inclusion in grant.

Objective C. Build the best quality authorship teams

We need strong, experienced authors from the Consortium's Partner countries who can lead complex reviews. However, part of the old culture of Cochrane – that anyone can do a review – persists, leading to poor reviews, done by people who are enthusiastic but do not have the skills to complete.

1. Academic Editor

We will establish a clearer role for the Academic Editor attached to a review, who will guide the authors through the process, and answer questions, referring to others in the editorial team when the answer is not obvious. We may be able to identify the Academic Editor in future editions of *The Cochrane Library* as a named person. We will draft these processes in 2012 for discussion and possibly agreement by the Editorial Team.

2. Training and screening tasks

In addition, the Consortium is developing a range of training to help people understand and interpret reviews. These will be prerequisites for authors (examples Box 1) and various pre-engagement tasks will also be used.

Box 1. Consortium training in accessing, understanding and using reviews: a prerequisite for prospective authors

Courses focused on how to use systematic reviews; how to develop a question; how to interrogate the global databases; how to read a Cochrane Review; how to appraise it; and tools to set the review in context.

Courses in how to write; how to referee; how to edit.

Other pre-engagement tasks include scoping reviews around the topic; narrative reviews outlining the issues and debates in the area, to help identify the question.

3. Targeted author identification

We need to raise the bar and ensure we recruit and maintain highly skilled review author teams. A minority of authors are women, and those benefiting from training through the Reviews for Africa Programme are an even smaller percentage: this inequity needs to be addressed.

The Consortium needs to consider ways of doing this. The older models of attracting authors by word of mouth needs to be amended. This will need to be developed in early 2012, for inclusion in Year 3 plans onward for the Consortium.

Objective D. Methodological research and development for quality

1. Scoping or mapping studies

Most reviews require a preliminary stage, which involves exploring the topic area, identifying what the questions are, and what literature is available. We will formalise these steps with prospective authors.

2. Data extraction policy

We have been running stringent checks on some reviews, and have identified errors in data extraction. To ensure this is not a problem that is being hidden or overlooked, we are introducing guidelines for double data extraction and editorial checking at the initial submission of the review.

Authors will be given an opportunity to correct errors. When they resubmit, we will require them to provide all data extraction forms to the editorial base; failure to do so may lead to the review being rejected. Timeframes for resubmissions will be agreed and failure to adhere to agreed submission dates may lead to the review being rejected.

If on the second submission, the checking process reveals further errors then the review will be rejected. The topics of rejected reviews will be opened up to other authors.

Target: All new reviews from May 2012 to go through this process.

3. Summary of Findings tables and abstract wording

Summary of findings table(s) will be mandatory for all reviews going to referee. We will consider a policy of standardising the wording in the abstract and plain language summary following further pilot testing of our draft guidelines.

Target: CIDG policies on abstract wording to be finalised late 2012.

4. Logic models

Logic models are conceptual frameworks used in the background of a review which help explain complex programmes and how they a programme is designed to achieve its intended outcomes. Our experience in three reviews has been positive, and we will continue to explore using them in new and updating of reviews.

Target: Four CIDG reviews with logic models published by May 2013

5. Integration of other data

Methods are available for integrating qualitative and economic data. We will pilot the available approaches with suitable reviews, provide feedback to the editors, and then develop policy in this area.

In addition, we will be examining, through the Consortium, ways to strengthen overall capacity in Consortium staff to support authors at a high level in their regions.

Targets: One review with qualitative data, and two with economic data, by May 2013

Objective E. Obtain funding for diagnostic reviews including diagnostic test accuracy reviews

Diagnostic test accuracy (DTA) reviews require considerable resources. We will now only consider DTA reviews if:

- external funding is associated with the review, including editorial base support;
- we have an editorial QA process in place for the review.

Targets: 75% completion of existing titles; grant of £250K by 2013

Objective F. Double our dissemination outputs and increase uptake

1. Increase impact factor

The editorial team will aim to increase the individual Impact Factor of the CIDG module by a) careful cross referencing; b) commissioning or eliciting editorials and commentaries flagging the review; c) informing authors in the field when a review is published.

Target: Increase our own informal Impact Factor from 5.7 (2010) to 9.0 by 2016.

2. Communication strategy

The outcome of the Consortium depends on uptake of review findings. The Communication and Dissemination Specialist is working with a team of staff employed across the world and with individual partners to ensure uptake. The key target audiences for our reviews are: technical policy advisers, senior health providers, postgraduate professionals, and researchers, all working in low- and middle-income countries. A smaller number of reviews are targeted at niche groups such as health professionals working in travel medicine.

For CIDG, the communication strategy includes the following key strands:

- Cochrane Reviews with potentially high impact have a specific dissemination strategy designed prior to publication to achieve maximum impact.
- Working with partners to provide a responsive evidence service, preparing policy briefs, evidence summaries, and commissioned reports. Customers include senior policy staff, technical policy advisers, health service providers, managers of clinical care and postgraduate health professionals.
- Working with consortium partners to build capacity of key audiences (ie through training) to use evidence from Cochrane Reviews in decision-making.
- Public information to help increase understanding of an evidence-informed approach to decision-making.

Targets: Five new commissioned reviews or products and five new summary products by 2016. The Consortium has as an outcome “10 new or amended policies or guidelines (global and national) influenced by Consortium products, and five new major funding decisions by bilateral or multilateral agencies influenced by Consortium outputs by 2016.” We expect CIDG reviews to be a major contributor to this outcome.

Customer	Needs
Policy makers (national governments)	Reviews that make a difference in relation to policy and impact on health in countries with limited resources
Bilateral development agencies (for example DFID, USAID, AusAID)	High-quality reviews relevant to decisions about current policy options relevant to health, and improving the performance of health systems in relation to the MDGs.
Granting bodies and multilateral agencies (Global Fund for ATM, Bill and Melinda Gates Foundation; World Bank, NGOs)	As above.
Researchers in tropical medicine	Timely reviews that clearly show the current state of knowledge on a given topic and indicate where the evidence base is inadequate; reviews that avert repetition of effort and have clear recommendations in the “Implications for Research” section.
Organizations developing guidelines (WHO, NICE)	Reviews relevant to decisions that are current. The WHO requires reviews accompanied by Grade Profiles (Grading of Recommendations Assessment, Development and Evaluation).
Authors	Timely and consistent support for review development, clear outline of expectations at outset, minimum time for editorial review and maximum speed between submission and publication, regular communication about review’s progress through editorial steps, accurate editing.
Clinicians	Reviews that are clear and answer current clinical questions.

Indicative completion rates

	2011	2012	2013	2014	2015
High impact Cochrane reviews (new & updated)	3	4	4	4	4
New Cochrane reviews	3	5	5	5	5
Updated Cochrane reviews	2	2	2	2	2
DTA reviews	1	1	1	1	1
Liverpool academic staffing (baseline 2010 1.4 , excluding Director)	1.4	3.4	4.4	4.4	4.4

29 May 2012