

COCHRANE INFECTIOUS DISEASES GROUP STRATEGIC PLAN 2017 TO 2021¹

Best people, best reviews, best decisions

- We aim to produce high quality and high impact systematic reviews that inform decision making in infectious diseases of poverty
- We want to develop methods and editorial policies that improve review quality and effectively disseminate the findings.
- We want junior and mid-level researchers as part of author and editor teams, particularly women from developing countries.

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).

The CIDG Editorial Team includes a global team of 15 senior specialist Editors, and editorial coordination for Tropical Diseases through Liverpool, and for HIV/AIDS jointly between Cape Town and Liverpool. This strategic plan builds on the previous plan, and a consultation meeting in Cape Town in 2016.

Cochrane has helped developed the science of systematic reviews, but increasing numbers are being produces. We believe Cochrane still has unique advantages over journal publications

- Co-ordination of reviews to avoid duplication;
- Strong methodological lead, reducing specialist bias;
- Standard methods and quality assurance processes assure high quality;
- Ability to update, thus making “living” systematic reviews.

Mostly CIDG reviews are published on the Cochrane Library, as we believe there are specific advantages with this approach. We will be exploring a more plural approach with HIV/AIDS, and use Cochrane where the approach clearly adds value.

¹ The principles behind this strategy apply to any Cochrane Reviews directly funded through the DFID Research Programme Consortium (RPC), and to our Partners in this Consortium

Objective 1. Invest in high impact reviews

Each review requires considerable investment-by the authors, but also by the CIDG editorial team. 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.

Better topic selection

We will develop further our relationship with guideline and policy groups at global, regional and national level to identify reviews.

We will supplement this with horizon scanning and consultation with the CIDG editors and colleagues in the Consortium three monthly reviews.

Each identified topic will be carefully scrutinised in terms of the potential importance of the review, and its potential impact. Author-proposed topics will be subject to the same criteria, and only accepted if they are likely to be high impact.

At least 2 high impact reviews in HIV are anticipated each year.

Target: 6–12 new topics per year.

Impact factor: to increase by 5% year on year.

Better review management

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. To improve timeliness, we will:

- Appraise, at title stage, that the team have the skills and the time to conduct the review;
- Replace entire author teams for updates rapidly with a structured exit process;
- Contract and pay for researchers to carry out and complete reviews;
- Use contractors and full time staff to assure production;
- Stop wasting time on low impact and low quality reviews in progress by rejecting them.

Target: 50% of reviews completed within a year of protocol sign off.

Objective 2. Develop and use new methods

CIDG led the way in observational study summaries for adverse effects of drugs, and in summarising entomological evidence of effects related to malaria. We also were early adopters of GRADE, and linking this to logic frameworks and the entire review structure. In this next period, we have three key methodological areas for development:

Qualitative synthesis

We anticipate that an analysis of barriers in relation to delivery of care and consumer perceptions and values of care options are important gaps in our understanding, and better synthesis of reliable research will help in the delivery of effective care. We therefore intend to develop our expertise in qualitative synthesis. We anticipate 1 project: adherence and delivery of ART

Objective: 1 completed qualitative synthesis by mid-2018.

Vector control

In 2015 CIDG completed a 3-year cycle of work leading to the malaria treatment guidelines. We are now embarking on a cycle of work related to malaria vector interventions, to contribute to WHO guidelines. This will require adoption of new approaches in relation to synthesis and guideline development around insecticides.

Objective: 4 new high impact vector reviews by mid-2018.

Drug-drug interactions

There is a clear need to assess and summarise drug-drug interactions in HIV and seek approaches to judge the certainty of this evidence. We are embarking on a project with the Liverpool Drug Interactions Group and the Grade Guidance Group to take this forward.

Objective: Project Group established and draft Grade Guidance for DDI by mid-2018.

Scoping project for new topics

There are now many systematic reviews published, and yet Cochrane is not taking these into account when authors register titles for systematic reviews. We will develop a set of methods that we require authors to follow prior to registering a title, and a set of training materials for this.

Objective: approach to be piloted with 4 titles; one training session using this to be run.

Objective 3. Build the best quality contributors in LMICs

We need strong, experienced authors from the Consortium's Partner countries who can lead complex reviews. We will build on our existing support and training in high level reviews, both in their production, which includes authorship and editorial skills.

Increasingly our customers require rapid turn arounds with high quality reviews produced. What is more, the number of review topics open to naïve authors within Cochrane is limited. We therefore need to pursue a multipronged strategy which assures our commitment to capacity development and high quality review production.

Community of practice training (LIXA)

We will develop further the community of practice training in advanced skills for systematic reviews, moving management of these sessions to our partners.

Target: 12 sessions with 15+ participants at each by mid-2018.

New authors

We will work with Consortium partners in formal engagement of young authors through grants and employment, with full training and engagement using the broad training resources now available.

This will have a focus on Africa, and assuring the majority are women, who have been less well represented in the past.

New author engagement approaches

There are current debates about how best to do this within Cochrane, and within the Consortium. What we intend to do is form a small working group with the current Consortium Partners to develop a document outlining our approach to pull in new authors, and to disseminate this widely.

Objective 4. Re-establish Cochrane's presence in HIV

Editorial co-ordination from Cape Town

The HIV/AIDS review portfolio is being upgraded, with poor quality reviews being discontinued. As the portfolio expands, the editorial management will be based from Cape Town.

Target: all HIV/AIDS review management led from Cape Town by mid-2018.

Identifying priority reviews and engaging HIV specialists

We will work with HIV specialists-particularly located sub-Saharan Africa-in identifying priority topics and joining these author teams.

Objective: 4-6 completed new/updated reviews completed by mid-2018. Ensure at least 2 related to prevention.

Complete classification of existing portfolio

We will complete the assessment of reviews and protocols in the existing portfolio by mid-2018.

In addition, we would ensure with HIV that we were adhering to our overarching CIDG objectives, in relation to a) invest in high impact reviews; b) develop and implement new methods; and c) building the best contributors in LMICs.

Objective 5. Assure financial sustainability

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.

The Consortium is measured against key performance indicators that relate to influencing policies at global and national level; influencing donor funding allocations; and influencing national and global decision making bodies' requirements for funding decisions. The framing of the CIDG strategic plan is to maximise our impact and our performance against our key performance indicators.

Funding contract is to May 2018. We are currently in dialogue with DfID on options after this stage. This will clearly be critical for our work and this plan. In the period to December 2017, our primary focus is to complete reviews important to global public health and taking cognisance of other topics and reviews relevant and useful to national decision making in the UK.

Customers

Customer	Needs
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
Granting bodies and multilateral agencies	As above.
Researchers in tropical medicine	Timely reviews that clearly show the current state of knowledge on a given topic and indicate gaps; and areas where no further research is required.
Organizations developing guidelines (WHO, NICE)	Reviews relevant to decisions that are current.
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

	2017	2018
High impact Cochrane reviews (new & updated)	6	6
HIV qualitative synthesis review (completed)		1

Target: 50% women; 50% first author from LMIC; 50% first author for the first time

20 June 2017