

COCHRANE INFECTIOUS DISEASES GROUP

STRATEGIC PLAN 2022 TO 2025¹

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 low- and middle-income countries (LMICs).

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

1. Inform global, regional, or national guidelines and policy.
2. Inform policies and spending in health programmes.
3. Generate global debate in international blogs and policy areas where views are strong and evidence less established.
4. Are cited in the scientific literature (>10).
5. Attract national newspaper and internet attention (> Altmetric score 100).

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)

Cochrane has helped develop the science of systematic reviews, and increasing numbers are being produced. We believe Cochrane still has unique advantages over other journal publications, including:

- Co-ordination of reviews to avoid duplicate publishing.
- Strong methodological lead that helps reduce interpretation bias by specialists.
- Standard methods and quality assurance.
- Ability to easily construct new editions, thus making “living” systematic reviews.

The Cochrane Infectious Diseases Group (CIDG) editorial team includes a global team of 21 senior specialist Editors, and editorial coordination for infectious diseases through Liverpool. This strategic plan builds on the previous plan (2017-21).

This plan is in response to (1) the retirement of CIDG Co-ordinating Editor Paul Garner (31 July 2022) and (2) substantive changes in Cochrane structure and how it manages reviews. There is an institutional commitment within the Foreign, Commonwealth and Development Office (FCDO) to continue this work to 2024, and possibly longer.

¹The principles behind this strategy apply to any Cochrane Reviews directly funded through the FCDO programme READ-It, and to our READ-It Partners in this programme.

Much of READ-It Liverpool is around assuring impact with CIDG. This plan thus considers this carefully, in particular the management and direction of CIDG and the staff in Liverpool from August 2022. The structure is shown in **Annex 3**.

Objective 1. Assure publication of relevant reviews to 2025

Following the CIDG Co-ordinating Editor's retirement (31 July 2022), we need to ensure there are reviews already in progress, systems for managing these reviews, and approaches to identify new topics and assemble teams. This is particularly relevant to staff on salary in Liverpool to help ensure they are productive and contributing to an interesting portfolio of reviews.

a) Synthesis Incubator Panel

Part of generation of new review topics depends on contact with specialists in the field who know the topics on the horizon. We have established a team that the Evidence Synthesis Delivery Specialist can contact and consult with to determine relevant new review topics. [See **Annex 1** – internal to CIDG only].

b) Assure review portfolio in place

The CIDG Liverpool team maintain management systems for potential new reviews, reviews that then move to production, and then the current “active portfolio” of reviews in progress. [See **Annex 2** for current portfolio that the CIDG Liverpool academic staff are part of – internal to CIDG only].

c) Review team management

CIDG Evidence Synthesis Delivery Specialist (Ms Tilly Fox) in place, who will work with CIDG Managing Editor (Dr Deirdre Walshe) and CIDG Statistical Editor (Dr Marty Chaplin).

Technical problem-busting sessions organized for Liverpool academic staff from 1 August 2022 for six months with CIDG Editor (Professor Paul Garner).

d) Collaboration with Cochrane Response

We have approached Cochrane Response with joint work planning on priority reviews that they are managing. We are unclear how this will develop, but we will continue liaison and seek joint opportunities for relevant review work and funding.

Objective 2. Assure smooth transition to new Cochrane procedures

Cochrane is disbanding current Cochrane Review Groups, and moving to a simple, more centralised structure. This will include Thematic Groups, and Evidence Synthesis Units. The CIDG's approach is that our current Managing Editor, Deirdre Walshe, is effectively seconded to the Cochrane Central Editorial Service (which will manage editorial processing of all Cochrane Reviews by end of 2023) and will be working on the infectious diseases portfolio. We will monitor this and be in touch with details as things develop.

Objective 3. Develop qualitative evidence synthesis (QES) outputs

The CIDG has done ground-breaking work with QES in Cochrane Reviews, and this nascent area is being developed by the CIDG Research Assistant (Ms Melissa Taylor), partnering with Professor Sandy Oliver. There are three main components:

a) Completion of portfolio of CIDG QES reviews

There are several reviews in progress, and their completion will be assured by Melissa Taylor working with the CIDG Managing Editor and the CIDG Evidence Synthesis Delivery Specialist.

b) Assure qualitative evidence synthesis methods used properly across READ-It

READ-It partners are interested in QES, not just as Cochrane Reviews, so we will assure appropriate quality assurance of the activities and reviews through the CIDG team.

c) Methodological research on using qualitative research in policy development

QES have a very limited role in current World Health Organization (WHO) guidance development. Partly this is the way the whole process of guideline development is set up. Melissa Taylor will investigate this further and explore options through case studies as a piece of primary empirical research.

These three outputs are the responsibility of Melissa Taylor. Outputs a) and b) will be coordinated by Tilly Fox and Deirdre Walshe within CIDG, and the methodological research will be managed through PhD supervision (Dr Nicola Desmond, Professor Sandy Oliver, Professor Paul Garner).

Objective 4. Diversify infectious diseases portfolio

With increasing health burden from high consequence infectious diseases and novel viruses, the CIDG intend to develop this area further. This makes sense, as hot areas in malaria have been covered, and there are gradual reductions in prevalence of traditional tropical diseases. Part of the emphasis of the incubator panel will be in this area, and there are, in mid-2022, several topics now being scoped out around these topics.

Objective 5. Building the future from the CIDG platform

It is agreed that the CIDG platform has an international reputation. The WHO frequently commissions reviews, and we are a WHO Collaborating Centre in Evidence Synthesis in Global Health.

How this will evolve in the medium and long term will depend on the incoming strategic LSTM appointment. In the meantime, the CIDG will work closely with Cochrane Central Editorial Service in integrating editorial procedures and ensuring the continued production of high-impact and timely reviews.

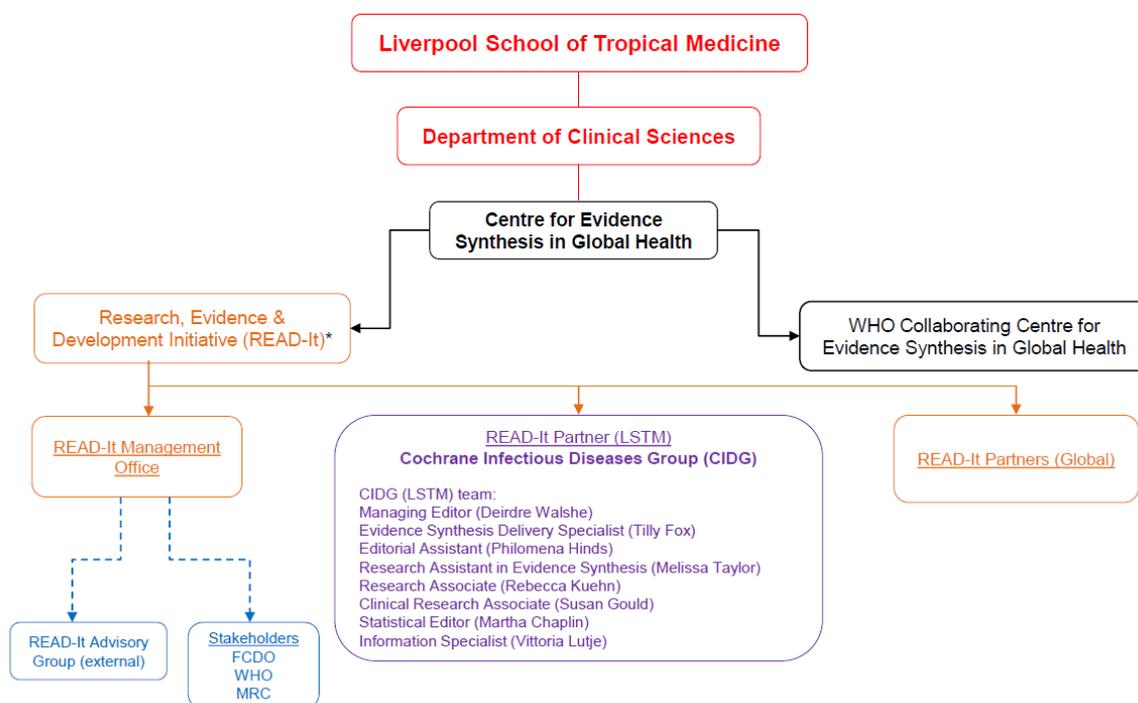
The Synthesis Incubator Panel may identify topics that require additional grant funding.

Annex 1. New reviews in progress started in Year 4 (1 April 2022) involving Liverpool staff (status July 2022) [internal to CIDG only]

Annex 2. Terms of reference for the Synthesis Incubator Panel [internal to CIDG only]

Annex 3. CIDG Organogram

Organogram (LSTM structure including detailed CIDG team)



*READ-It Management Team: Taryn Young (Stellenbosch University, South Africa); Ben Morton and Paula Waugh (LSTM, UK)

**Paul Garner was the READ-It Programme Director until 31 July 2022, and Taryn Young has taken over the role of READ-It Programme Director from 1 August 2022