



# Cochrane Knowledge Translation Framework

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Trusted evidence.  
Informed decisions.  
Better health.



## Declarations of interest

- Employee of the Centre for Reviews and Dissemination at the University of York
- Coordinating Editor of Cochrane Common Mental Disorders Group
- Co-chaired the development of the Cochrane KT Framework
- Current member of the Advisory Group supporting implementation
- No financial conflicts

# What is the role of Cochrane in KT?

## Cochrane vision

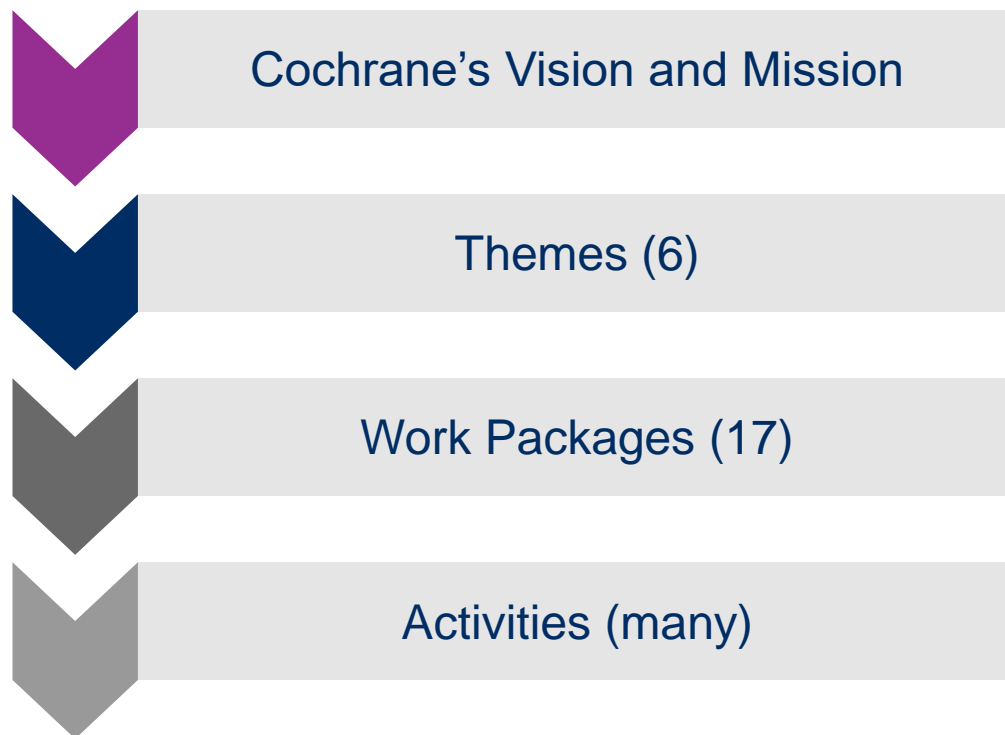
‘a world of improved health where decisions about health and health care are informed by high quality, relevant and up to date synthesized research evidence’

- Generating and disseminating synthesized evidence to inform policy and practice: what should be translated.
- Synthesizing evidence about what works in translation: how should research be translated.
- New knowledge translation framework to guide our activities over the coming years

## Development of the KT framework

- Developed by a working group of experienced KT leaders, internal and external to Cochrane
- Input from Cochrane community at a scoping meeting in London last year and follow up consultation at Symposium in Seoul
- Formal interview and analysis with diverse group of internal and external stakeholders
- Built on the many ongoing KT activities throughout Cochrane
- Wide consultation underpinned development of the framework
- Approved by Cochrane Board in April 2017
- Implementation plan approved by Cochrane Board September 2017

# Framework Structure



# Cochrane Themes



**Prioritization and co-production:** strengthening processes to identify and prioritize important reviews and involving stakeholders in review production

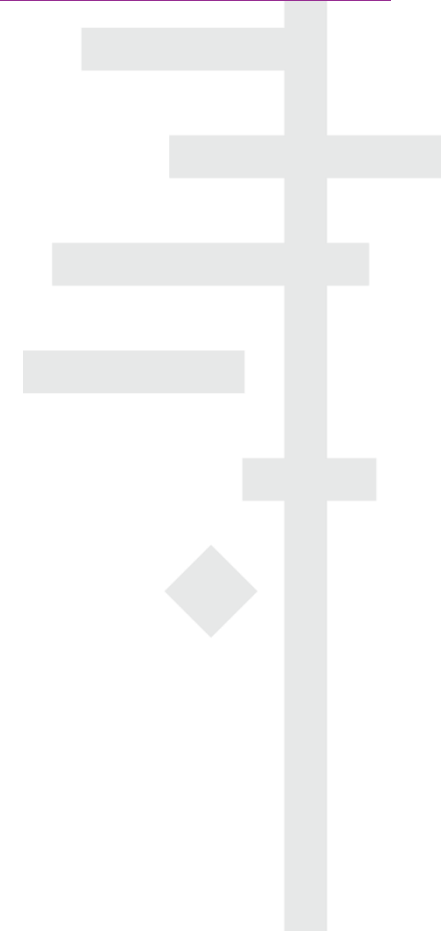
**Packaging/push:** presenting Cochrane evidence in multiple formats and modes, and disseminating these effectively

**Facilitating pull:** making it easier to use Cochrane evidence and growing our stakeholders' capacity for evidence use

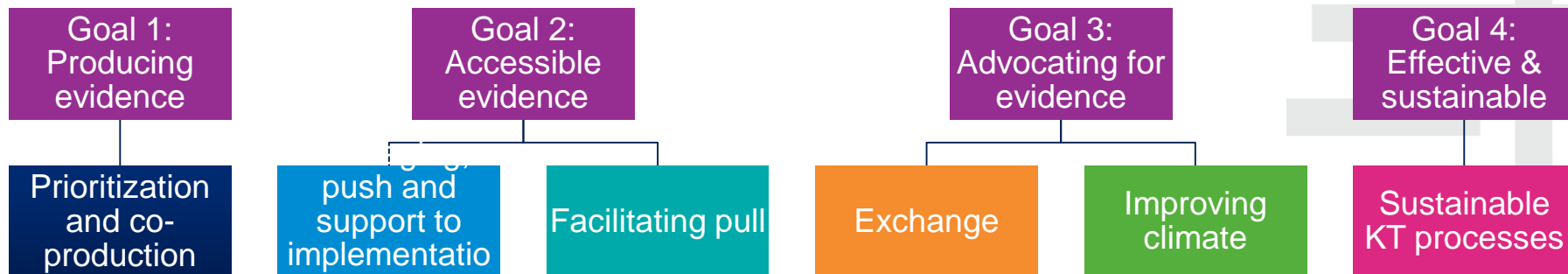
**Exchange:** forming and maintaining meaningful partnerships and forums for dialogue with our users

**Improve climate/building demand:** contributing to a culture of evidence informed health care

**Effective and sustainable KT:** building the skills and capacity within Cochrane to deliver on our KT goals



# Themes mapped to Strategy 2020





# Audiences



## Consumers and the public

Those seeking  
health care, their  
families and carers,  
and the public



## Practitioners

of health care  
including clinicians  
and public health  
practitioners



## Policy-makers & healthcare managers

making decisions  
about health policy  
within all levels of  
management



## Researchers & Research Funders

who need  
information  
regarding important  
gaps in the evidence



# Priority Work Packages

1. **Embed prioritization** processes as an essential part of Cochrane review production.
2. **Improve and scale up existing products**, or innovate new products, which package and present Cochrane Reviews to suit different stakeholder needs.
3. **Translate** our reviews and products to support the uptake of evidence in non-English speaking countries.
4. **Grow capacity in our users** through development and delivery of training in using Cochrane evidence and in understanding the concept and importance of evidence in decision making.
5. **Formalize strategic partnerships** at all levels of the organization and support partners in their evidence-informed decision making.
6. **Establish KT governance** mechanisms, including appropriate advisory structures.
7. **Build infrastructure** and resources to enable KT.
8. **Develop common KT language** and terminology.
9. **Build KT capacity in Cochrane** including a training and development programme to build KT skills in Cochrane Groups.
10. **Evaluation of our KT framework** will be embedded into all Work Packages

# 1. Embed prioritization

What is already happening:

- Priority review list for Cochrane globally
- Several CRGs engage in formal priority setting through a range of approaches



## Cochrane identifies priority topics for review

We are pleased to announce the publication of the first Cochrane-wide Priority Review List. The creation of this list represents the achievement of a key milestone for *Target 1.1 Prioritisation*, a part of Cochrane's *Strategy to 2020*. In this target we set out a plan to identify about 200 Cochrane reviews, either new titles or reviews requiring updates that best meet the needs of healthcare and health policy decision makers. The Cochrane Editorial Unit approached this task in two ways: firstly encouraging Cochrane Review Groups to engage with their stakeholders to identify priority reviews in their area, and secondly, identifying a list of research recommendations from national and international organisations in Australia, Canada, Spain, Switzerland, the United Kingdom, and the United States. We hope that publicising the list will act as a stimulus to encourage funders to support production of the reviews.



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## Top 10s

The final workshop of a Priority Setting Partnership (PSP) enables patients, carers and clinicians to agree on the order of priority of a shortlist of unanswered questions. The main focus of the workshop is to agree the list of the Top 10 priorities for future research and this list becomes the main headline published by the PSP.

The JLA refers to each list as a Top 10, but not all PSPs limit themselves to 10 priorities. Top 12s and Top 15s have also been published. Please choose a PSP in the table below to see its Top 10. The dates in brackets refer to the year in which the Top 10 was published.

All of the unanswered questions discovered by a PSP are important, regardless of their final position in the list of priorities. They are made publicly available through the [UK Database of Uncertainties about the Effects of Treatments](#) (UK DUETs). Some PSPs have supplied the JLA with longer lists of the uncertainties they discovered, as well as a Top 10. Where we have these, they can be also be found in the Top 10 listing for the PSP.

The agreement of a list of research priorities marks the beginning of the next stage of work for a PSP. In order to increase the likelihood that the work of the PSP will influence future research, the priorities need to be promoted to key groups such as research funders, researchers, patients and carers and the wider research and policy community. The [Guidebook](#) contains more advice on how PSPs can formulate research questions and work with researchers and research funders.

To find out more about the work done by each PSP in order to arrive at a Top 10, please visit the [The PSPs](#) section.

Acne (2014)	Anaesthesia and Perioperative Care (2015)
Asthma (2007)	Childhood Disability (2014)
Cleft Lip and Palate (2012)	Dementia (2013)
Diabetes (Type 1) (2011)	Ear, Nose and Throat (Aspects of Balance) (2011)

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### Need to realign patient-oriented and commercial and academic research

[Alessandro Liberati](#) 

Clinical research is motivated by several factors. Some are more defensible than others, but most clinical researchers would state that their research is intended to improve health-care effectiveness and safety. There are examples where patients have succeeded in influencing what gets studied,<sup>1, 2</sup> but these are exceptions.

I have had the opportunity to consider from more than one perspective the mismatch between what clinical researchers do and what patients need. I am a researcher; I have responsibility for allocating funding for research; and I have had multiple myeloma for the past decade. A few years ago I stated publicly that several uncertainties I faced at the beginning of my disease were avoidable.<sup>3</sup> Almost 10 years later—after a relapse of my disease—I looked at the “epidemiology” of myeloma studies on [ClinicalTrials.gov](#). On July 31, 2011, a search using the term “multiple myeloma” identified 1384 studies. Of these, 107 were phase 2/3 comparative studies. However, in only 58 of these studies was overall survival an endpoint, and in only ten of these was it the primary endpoint. No trial was a head-to-head comparison of different drugs or strategies. Meanwhile, experts feel that cytogenetic studies and gene-expression profiling will lead to personalised treatment in myeloma,<sup>4</sup> and pharmaceutical companies avoid research that might show that new and expensive drugs are no better than another comparator already on the market.

If we want more relevant information to become available, a new research governance strategy is needed. Left to themselves, researchers cannot be expected to address the current mismatch. Researchers are trapped by their own internal competing

*‘I have had the opportunity to consider from more than one perspective the mismatch between what clinical researchers do and what patients need.’*

# 1. Embed prioritization

What is already happening:

- Priority review list for Cochrane globally
- Several CRGs engage in formal priority setting through a range of approaches

Areas of focus for next 24 months: Facilitate prioritization of:

- Reviews appropriate for KT efforts (development of KT plans and implementation of a range of KT efforts)
- Reviews appropriate for co-production with users, harnessing and exploring various methods
- Reviews to be produced in line with CRG, field and geographic priorities
- Develop resources and provide support to implement prioritization

## 2. Improve and scale up existing dissemination products

### What is already happening:

- Many activities across Cochrane Groups: blogs; blogshots; infographics; podcasts; websites; newsletters; social media, corners—all in many languages and shared in comms network weekly digest
- Media work around priority reviews

### Suggested areas of focus for next 24 months:

- Map and document current activity across all groups
- Determine which formats are best for which review and audiences
- Prioritize products for further development and scale up



## 3. Translations

What is already happening:

- Cochrane.org translated into 14 languages & many Group websites available in more than one language
- Podcasts, blogshots and PLSs and some abstracts translated
- Blogs published in various languages by Groups

Suggested areas of focus for next 24 months:

- Translate KT products most appropriate for specific reviews, audiences and settings
- Consider how to improve on existing translations initiatives

Only **6%** of the world speaks English as a first language. **75%** do not speak English at all

WE TRANSLATE OUR EVIDENCE TO MAKE IT MORE ACCESSIBLE WORLDWIDE



**15,450** translations of abstracts and plain language summaries have been published on our websites

**4,361** have been translated/updated in 2015

COCHRANE.ORG HAS BEEN TRANSLATED INTO 13 LANGUAGES

- German
- French
- Croatian
- Spanish
- Portuguese
- Malay
- Russian
- Japanese
- Traditional Chinese
- Simplified Chinese
- Polish
- Korean
- Tamil

3 MOST TRANSLATED COCHRANE REVIEWS

**Interventions for preventing obesity in children**  
in 9 languages

**Continuous support for women during childbirth**  
in 9 languages

**Electronic cigarettes for smoking cessation and reduction**  
in 8 languages

TRANSLATIONS ARE MADE POSSIBLE BY OUR LOCAL COCHRANE GROUPS, LOCAL FUNDERS AND SEVERAL HUNDRED VOLUNTEERS - THANK YOU TO ALL OUR CONTRIBUTORS

Translations infographic created by Hayley Hassan, Jolane Reid and Holly Millward, Cochrane

with the funding contribution to Cochrane, so our biggest funders would have more discounted OA vouchers. We hope that as well as improving accessibility of key Cochrane Reviews, this will also give us the opportunity to reward our funders for their commitment to Cochrane.

It is a huge achievement that Cochrane.org now features translations in 13 languages, and has been fully translated into five languages - German, Polish, Portuguese, Russian and Spanish - by our teams of volunteer translators. We have seen increased efforts to translate press releases, podcasts, and blogshots, and to disseminate review findings via social media channels in other languages.

These teams are also translating our Cochrane Reviews: publishing an average of 366 new or updated Abstract or Plain Language Summary (PLS) translations per month, with a total of 15,450 published translations available on Cochrane.org by the end of 2015. We have collated a set of resources to support translation teams with their work, and have communicated about translation work via the Cochrane Community newsletter and social media on a regular basis. We aim to build on this work, expand further, and measure its success more systematically in 2016. The impact is already being seen, with access by non-English speakers substantially increasing: over 60% of Cochrane.org users' browsers are set to a non-English language and access to translated pages accounted for just under 45% of all Cochrane.org page views.

A multi-lingual Cochrane Library will be available in 2017. Cochrane and its publishing partner, John Wiley & Sons, in early 2016 engaged Semantico, a third-party technology provider, to build an enhanced Library platform for launch in 2017. As part of this build, translated content will be made available to users.

PLS help people to understand and interpret research findings, and are included in all Cochrane Reviews. However, they can vary in quality and are written in various formats, which can make them more difficult to understand and to translate. A workshop was held at the Vienna Colloquium, in October 2015, to allow input from all interested stakeholders about how to pilot different approaches to the production of PLSs. Following this, a project plan that aimed to pilot how to implement a sustainable model for improved PLSs for readability and translatability is ongoing for 2016.

## Disseminating Cochrane Reviews

Blogshots are a way of giving information in an image that can be shared on social media. They were developed and designed by Cochrane UK during 2015 and have now been produced by other Cochrane Groups.

### Evidently Cochrane

Sharing health evidence you can trust

- Hand washing reduces the incidence of diarrhoea by about 30% in child day-care centres in high-income countries and in communities in low- and middle-income countries
- Updated Cochrane review, 22 randomized controlled trials, >6,300 children
- High quality evidence (GRADE)
- Find out more: <http://bit.ly/1iwA64w> (open access)

[evidentlycochrane.org](http://evidentlycochrane.org) | [@ukcochraneentr](https://twitter.com/ukcochraneentr) | [#cochraneevidence](https://twitter.com/cochraneevidence) | [#blogshot](https://twitter.com/blogshot)

Supported by

Handwashing to prevent diarrhoea

Blogshot created by Cochrane UK

### Antibióticos para la faringitis

- Los antibióticos pueden acortar los síntomas de la faringitis en un día aproximadamente, pero se deberá tratar a muchas personas para beneficiar a una. Existen pocos ensayos recientes y los cambios en la resistencia bacteriana pueden haber reducido la efectividad de los antibióticos
- Revisión Cochrane, 27 ensayos controlados de asignación aleatoria con 12 835 personas con faringitis que compararon antibióticos con placebo
- Pruebas de alta calidad (GRADE)
- Más información en la Biblioteca Cochrane Plus

[es.cochrane.org](http://es.cochrane.org) | [@Cochranetberoam](https://twitter.com/Cochranetberoam) | [#blogshot](https://twitter.com/blogshot) traducido de Cochrane UK

Cochrane UK blogshot translated by Cochrane Iberoamérica

To see all Cochrane blogshots, click here: [cochraneblogshots.tumblr.com](http://cochraneblogshots.tumblr.com)

# What will Cochrane's KT strategy mean for our audiences?



# Consumers and the public

- Improved mechanisms and opportunities to collaborate in setting priorities for Cochrane reviews;
- Training in how to co-produce Cochrane reviews and in how to find, understand and use Cochrane reviews;
- Increased capacity and skills within Cochrane for working with consumers;
- A greater offering of dissemination products, including improved Plain Language Summaries and the potential for innovative graphical displays of results; and
- Better engagement with consumer agencies and organizations through formal partnerships and alliances in multiple jurisdictions.



# Practitioners

- Better engagement with Cochrane in highlighting priority questions, co-producing Cochrane reviews and products, and co-developing KT plans;
- More effective dissemination of Cochrane evidence to practitioners through a range of products based on their needs and relevant to their decisions;
- Access to training in finding and using Cochrane evidence;
- Better engagement with health professional organizations through formal partnerships and alliances in multiple jurisdictions.



## Policy makers

- Improved engagement with Cochrane in highlighting priority questions, co-producing Cochrane reviews and products, and co-developing KT plans;
- Better dissemination of actionable evidence on priority policy issues;
- Easier access to Cochrane knowledge in appropriate formats and languages;
- Training in how to find Cochrane reviews and products and to use them in decision-making;
- New opportunities to participate in deliberative dialogues



# Researchers and Research Funders

- Improved *Implications for Research* sections in Cochrane reviews to help support future research and research funding decisions;
- Partnerships and forums to understand priority issues and exchange information;
- Strengthened priority setting processes



WHO/EPKMS/2006.2

**Bridging the “Know-Do” Gap**  
**Meeting on Knowledge Translation in Global Health**  
10–12 October 2005  
World Health Organization  
Geneva, Switzerland



Organized by the Departments of:  
Knowledge Management and Sharing (KMS)  
Research Policy and Cooperation (RPC)  
World Health Organization

With support from:  
The Canadian Coalition for Global Health Research  
Canadian International Development Agency  
German Agency for Technical Cooperation (GTZ)  
WHO Special Programme on Research & Training in Tropical Diseases

“Bridging the know-do gap is one of the most important challenges for public health in this century”.



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