



The Cochrane Collaboration

**Marketing and Communications Plan
Request for Proposal**

Prepared August 17, 2010

Proprietary and confidential

R E Q U E S T F O R P R O P O S A L

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Introduction and Background

Please note: Firms interested in submitting a proposal must first contact Mary Ellen Schaafsma, Collaboration Steering Group member, at mschaafs@uottawa.ca or 613-562-5800 ext. 5224 to arrange a discussion.

Purpose of the Request for Proposal

The Cochrane Collaboration is an international, independent, not-for-profit organization of over 28,000 contributors from more than 100 countries. We are dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. We evaluate and synthesize research in all aspects of health care. We are world leaders in the provision of knowledge for evidence-based health care, mining the existing research to find the best possible evidence and identify research gaps. We present this information in the form of systematic reviews, which are updated periodically to account for new evidence.

The systematic reviews, known as Cochrane Reviews, are published online in *The Cochrane Library* (thecochranelibrary.com). Cochrane Reviews are intended to help health providers, practitioners and patients make well-informed decisions about health care, and are comprehensive, reliable and relevant sources of evidence on which to base these decisions. The reviews are used by healthcare professionals (physicians, nurses, dentists, midwives, etc.), health policy makers, and health consumers when making evidence-based healthcare decisions. Systematic reviews draw evidence-based conclusions about health care and health policy after considering both the content and quality of existing research on a topic.

There is currently over 4,200 Cochrane Reviews in *The Cochrane Library*, along with a collection of five other databases that contain different types of high-quality, independent evidence to inform healthcare decision-making. The Cochrane Reviews housed in the Library are produced by Cochrane contributors from around the world, but the Library is published and maintained by its publishing partner, Wiley-Blackwell.

The preparation and maintenance of each Cochrane Review is overseen by a Cochrane Review Group. There are 53 Cochrane Review Groups whose focus span across all areas of health, such as breast cancer and schizophrenia, hypertension and newborn care. Typically, three to four people in a Review Group (physicians, researchers, graduate students, statisticians, patients, etc.) will conduct a Cochrane Review. They gather all the available evidence on a particular health-related intervention, assess its quality, compile it into a systematic review and try to provide answers about its benefits and harms. This means that Cochrane Reviews will state if there is not enough evidence to be sure about the effects of a treatment, often suggesting ways in which this uncertainty could be addressed.

The Current Situation

While Cochrane Review users realize the reviews are housed in *The Cochrane Library*, they often do not realize the reviews are produced by The Cochrane Collaboration. Cochrane Review findings tend to generate significant media coverage with each monthly publication of *The Cochrane Library*; however, it is not clear that these reviews are the product of the hard work of dedicated Cochrane researchers with the support of other Cochrane groups. There is not a

distinct connection between *The Cochrane Library* and The Cochrane Collaboration and, at times, users have not even heard of The Cochrane Collaboration. As a result, the Collaboration struggles with a brand and identity as most people do not associate 'Cochrane' with systematic reviews, knowledge or evidence based decision-making in health-care. This needs to be strengthened with a marketing and communications plan.

It is also difficult to communicate, and justify, the importance of financial support of Cochrane groups to funders as the linkage between the Collaboration and its 'products' (systematic reviews, training, methods development, and advocacy for evidence informed decisions) and the value of its unique business model is not obvious.

Key Objectives for a Marketing and Communications Plan:

There are a range of discrete purposes and outcomes that may be fulfilled by this plan. These include:

- Demonstrating a clear link between us, the Collaboration, and the product (reliable Cochrane systematic reviews housed in *The Cochrane Library*) and the breadth/depth of the organization behind it all.
- Securing financial stability for the Collaboration which relies on ensuring, maintaining and developing new infrastructure funding. Therefore, part of the marketing efforts should identify policy makers, health research funders and philanthropic organizations to educate them about the benefits of investing in the Collaboration.
- Recruiting, training and retaining researchers. Marketing efforts in this area should focus on research and clinical communities, professional bodies, and health care consumers.
- Instituting a media management system which the Collaboration currently does not have (with the exception of the system controlled by our publishers, focusing on the reviews not the producers of the reviews). We must establish the capacity to ensure Collaboration messages are communicated effectively via media outlets and that we can respond to media coverage affecting the Collaboration in a timely manner.

The Cochrane Collaboration is interested in strengthening its communications vehicles and implementing a marketing and communications plan to enhance awareness of its global reputation. The Collaboration wishes to explore the following components of effective communication and marketing to assess potential impact on our objectives:

- Create concise, consistent key messages highlighting:
 - o The depth of the organisation and the vast amount of expertise behind it – over 28,000 researchers/contributors as of 2010.
 - o Our volunteer-based leverage model for producing the reviews – there are only 400 paid staff worldwide.
 - o Our not-for-profit status.
 - o Our independence – we do not accept funding from any commercial vested interest such as pharmaceutical companies, nor are any of our Review authors connected with a conflicting body.
- Develop a concise, yet unique, tagline that fully captures the scope of what the Collaboration does.

- Assist in the evolution of the Collaboration's new website (design, layout, flow, wording, graphics), cochrane.org, to better meet our key marketing and communications objectives. Assess the usability and effectiveness of the Collaboration's website and provide input on new approaches to content display and layout. For example, is the site modern, engaging and eye-catching and does it entice the user to delve into it more and serve as the example for other websites (Centres, Review Groups, etc.) within the Collaboration? Is there a common brand (background, look and feel, options and key information) that could be consistent, but not rigid, across all Cochrane web presences? ***Note: The successful applicant will work with the Collaboration's Web Team to incorporate visual design pieces. The Web Team oversees all technical aspects which are completed in-house using Drupal software.
 - o Please see appendix I.
- Media outreach Strategy - the Collaboration has not done this comprehensively and lacks in-house expertise, relying on the Wiley-Blackwell (*The Cochrane Library* publisher) media team for media coverage of Cochrane Reviews.
 - o Crucial to this is the development of key messages; to stay 'on point' in all communication. This controls what is said about us, adds clarity, and provides tools for Cochrane 'ambassadors' to speak on our behalf, accurately.
- Make appropriate use of Web 2.0, RSS feeds, and social media applications – develop a social media campaign strategy. Perform an assessment of our existing Web 2.0 presences in order to develop a plan we can implement in-house that optimizes our presence in social media and entices external audiences to become involved - as a mechanism to build awareness.
- Update and revamp the 'look and feel' of existing publications for a variety of audiences and purposes: newsletters, leaflets (brochures), annual report, etc. A comprehensive dissemination plan and a variety of materials for different audiences are needed. Electronic distribution is a desired outcome.
- Develop clear advertisements to place in key publications – that highlight the value of the Collaboration. Provide a list of key publications internationally in which the ads would have the highest impact.
- Identify and involve high profile individual(s) and/or philanthropist(s) to enhance the Collaboration's profile.
- Make recommendations about the overall coherence of the look and feel of *The Cochrane Library*, cochrane.org and other web and promotional presences so users see an obvious link.

These activities are part of The Cochrane Collaboration's effort to institute a full communications plan so the Collaboration is recognized by review users throughout the world. These may not be exhaustive and we are open to other strategies to achieve the main outcomes. We also require an evaluation plan of each component to periodically assess its effectiveness and determine if/when saturation has occurred.

The Cochrane Collaboration is seeking to identify and select an outside independent organization to develop a plan that can be implemented internally, with the possibility of additional support from the firm. The remainder of this document provides additional information describing the predicted scope and effort, and The Cochrane Collaboration's desired proposal format.

It is important that the international and multi-linguistic aspects of The Cochrane Collaboration be taken into account when responding to this RFP. Key messages, branding, etc. must be transferable or adaptable to various global markets. As mentioned above, Cochrane is present in more than 100 countries.

Administrative

Technical Contact

Any questions concerning technical specifications, Statement of Work (SOW) requirements, contractual terms and conditions, or proposal format must be directed to:

Name	Mary Ellen Schaafsma and Lori Tarbett
Address	Canadian Cochrane Centre Institute of Population Health University of Ottawa 1 Stewart Street, room 229 Ottawa, ON Canada K1N 6N5
Phone	613-562-5800 ext. 5224 or 2927
Email	mschaafs@uottawa.ca and ltarbett@uottawa.ca

Due Dates

A written confirmation of the Vendor's intent to respond to this RFP is required by 22 September 2010. All proposals are due by 5 p.m. EST on 12 January 2011. Any proposal received at the designated location after the required time and date specified for receipt shall be considered late and non-responsive. Any late proposals will not be evaluated for award.

Schedule of Events

Event	Date
1. RFP Distribution to Vendors	1 September 2010
2. Written Confirmation of Vendors with Bid Intention	22 September 2010
3. Questions from Vendors about scope or approach due	13 October 2010
4. Responses to Vendors about scope or approach due	10 November 2010
5. Proposal Due Date	12 January 2011
6. Target Date for Review of Proposals	9 February 2011
7. Final Vendor Selection Discussion(s)--Week of	16 February 2011
8. Anticipated decision and selection of Vendor(s)	23 February 2011
9. Anticipated commencement date of work	28 March 2011
10. Delivery of the final Plan	31 August 2011

Guidelines for Proposal Preparation

Proposal Submission

Award of the contract resulting from this RFP will be based upon the most responsive Vendor whose offer will be the most advantageous to The Cochrane Collaboration in terms of cost, effectiveness, functionality, and other factors as specified elsewhere in this RFP.

The Cochrane Collaboration reserves the right to:

- Reject any or all offers and discontinue this RFP process without obligation or liability to any potential Vendor,
- Accept other than the lowest priced offer,
- Award a contract on the basis of initial offers received, without discussions or requests for best and final offers, and
- Award more than one contract.

Vendor proposals shall be submitted in several sections as set forth below. The Vendor will confine its submission to those matters sufficient to define its proposal and to provide an adequate basis for The Cochrane Collaboration's evaluation of the proposal.

In order to address the needs of this procurement, The Cochrane Collaboration encourages Vendors to work cooperatively in presenting integrated solutions. Vendor team arrangements may be desirable to enable the companies involved to complement each other's unique capabilities, while offering the best combination of performance, cost, and delivery for the Marketing and Communications plan being provided under this RFP. The Cochrane Collaboration will recognize the integrity and validity of Vendor team arrangements provided that:

- The arrangements are identified and relationships are fully disclosed, **and**
- A prime Vendor is designated that will be fully responsible for all contract performance.

Vendors' proposals in response to this RFP will be incorporated into the final agreement between The Cochrane Collaboration and the selected Vendor(s). The submitted proposals are suggested to include each of the following sections:

1. Executive Summary
2. Approach and Methodology
3. Project Deliverables
4. Project Management Approach
5. Detailed and Itemized Pricing
6. Evaluation of the plan, post-implementation
7. Appendix: References
8. Appendix: Project Team Staffing
9. Appendix: Company Overview

The detailed requirements for each of the above-mentioned sections are outlined below.

Detailed Response Requirements

Executive Summary

This section will present a high-level synopsis of the Vendor's responses to the RFP. The Executive Summary should be a brief overview of the engagement, and should identify the main features and benefits of the proposed work.

Scope, Approach, and Methodology

Include detailed development procedures by phase and/or component of the plan. This section should include a description of each major type of work being requested of the vendor. All information that is provided will be held in strict confidence. The proposal should reflect each of the sections listed below:

- Audience analysis (see also Appendix III)
- Social media penetration testing
- Website critique
- Paid advertising assessment
- Unpaid advertising assessment
- Media analysis
- Publications assessment
- Evaluation plan for post-implementation

Deliverables

Include descriptions/examples of potential marketing and communications products (electronic, video, print, etc.), website layout mock-up, and examples of social media sites and descriptions of how engagement.

Project Management Approach

Include the method and approach used to manage the overall project and client correspondence. Briefly describe how the engagement proceeds from beginning to end.

Detailed and Itemized Pricing

Include a fee breakdown by project phase and component.

APPENDIX: References

Provide three current corporate references for which you have performed similar work.

APPENDIX: Project Team Staffing

Include biographies and relevant experience of key staff and management personnel. Describe the qualifications and relevant experience of the types of staff that would be assigned to this project by providing biographies for those staff members. Describe bonding process and coverage levels of employees.

APPENDIX: Company Overview

Provide the following for your company:

- Official registered name, address, main telephone number, toll-free numbers, and facsimile numbers.
- Key contact name, title, address (if different from above address), direct telephone and fax numbers.
- Person authorized to contractually bind the organisation for any proposal against this RFP.
- Brief history, including year established and number of years your company has been offering Marketing and Communications consulting.

Evaluation Factors for Award

Criteria

Any award to be made pursuant to this RFP will be based upon the proposal with appropriate consideration given to operational, technical, cost, and management requirements. Evaluation of offers will be based upon the Vendor's responsiveness to the RFP and the total price quoted for all items covered by the RFP.

The following elements will be the primary considerations in evaluating all submitted proposals and in the selection of a Vendor or Vendors:

1. Completion of all required responses in the correct format.
2. The extent to which Vendor's proposed solution fulfills The Cochrane Collaboration's stated requirements as set out in this RFP.
3. An assessment of the Vendor's ability to deliver the indicated service in accordance with the specifications set out in this RFP.
4. The Vendor's stability, experiences, and record of past performance in delivering such services.
5. Availability of sufficient high quality Vendor personnel with the required skills and experience for the specific approach proposed.
6. Overall cost of Vendor's proposal and itemized components of the proposal.

The Cochrane Collaboration may, at their discretion and without explanation to the prospective Vendors, at any time choose to discontinue this RFP without obligation to such prospective Vendors.

Any product offered in response to this proposal will become the intellectual property of the Cochrane Collaboration unless otherwise negotiated.

Scope of Work

Requirements

Budget

Please provide a complete breakdown of cost requirements: production hours, final products, etc. Please identify any long-term maintenance and support requirements.

Other areas: Identify and estimate whether there will be other expenses, consulting fees, future work, etc. to complete this project.

Deliverables

At the conclusion of the assessment, The Cochrane Collaboration requires written documentation of the approach, findings, and recommendations associated with this project. A formal presentation of the findings and recommendations to senior management may also be required. The documentation should consist of the following:

Executive Summary Report

A document developed to summarize the scope, approach, findings and recommendations, in a manner suitable for senior management.

The following matrix will be used when evaluating proposals:

(The Cochrane Collaboration has no obligation to share the results of the scoring and/or provide feedback to vendors)

Evaluation Criteria	Score 0= doesn't meet 1=limited 2=partially meets 3=completely meets	Criteria Weight	Total
Working knowledge and familiarity in creating communications strategies and products for similar organizations.		X5	
Completion of all required responses in the correct format.		X10	
The extent to which vendor proposed solution fulfills The Cochrane Collaboration's stated requirements as set out in this RFP.		X25	
Expertise, services and tools		X20	

necessary to develop, design, implement and launch communications Plan.			
An assessment of the vendor's ability to deliver the indicated services in accordance with the specifications set out in this RFP.		X40	
The vendor's stability, experiences, and record of past performance in delivering such services.		X10	
Availability of sufficient high quality personnel with the required skills and experience for the specific approach proposed.		X15	
Overall cost of Consultant's proposal.	# hours	\$ cost	
Uniqueness, creativity, overall approach that differentiated services provided that could be advantageous to The Cochrane Collaboration.	25 discretionary points		
Total Points			400

Payment arrangements will be decided with the Vendor(s) after the selection process is complete, but it should be noted that The Cochrane Collaboration intends to pay for each individual project or service upon completion.

APPENDIX I

The following websites contain features, layouts or design aspects which have been identified as potential models for cochrane.org.

<http://www.oxfam.org/>

<http://www.webmd.com/>

<http://www.healthforceontario.ca/>

<http://www.ccsa.ca/Eng/Pages/Home.aspx>

<http://www.albertainnovates.ca>

<http://www.diabetes.ca/>

APPENDIX II

Relevant quotes demonstrating the importance of the work of The Cochrane Collaboration.

"The world's leading independent assessor of medical interventions and medical research."

- *BBC News*

"I use Cochrane reports to aid in conversations with health care professionals about drugs being prescribed to elders in my family. Over-medication of the elderly is a serious problem in Canada. For patients, it has serious side-effects, both mentally and physically. It also has significant implications on our health care system. Hospital admissions due to adverse drug reactions or drug interactions are extremely costly, not to mention the costs of drugs themselves! Using hard evidence in discussions with doctors helps raise credibility when questioning prescribing decisions and asking certain drugs to be removed."

- *Health consumer*

"Changing policy and protocols is an up-hill battle. Having sound evidence has certainly made it more convincing and easier to create new policies regarding who (and when) should receive certain services. It has also enabled me to not only draft new protocols but to also have them accepted."

- *Associate professor and government dental consultant*

"Cochrane is an essential tool for the family physician. The fact that the reviews are much less influenced by the pharmaceutical industry really helps the credibility." ***Note: The Cochrane Collaboration does not accept any conflicting funding.

- *Family physician*

"This is a brilliant service, and is particularly vital in rural areas without access to health sciences libraries. A truly worthy undertaking of enormous value to the general public, to patients, and to health professionals and planners everywhere. Please continue your generous support of this essential service."

- *Medical specialist*

"Cochrane provides evidenced-based information that is sorely under-represented for mainstream access. It's a great source of information to be able to use when providing healthcare information."

- *Medical writer and researcher*

APPENDIX III

A Communications and Marketing Plan for The Cochrane Collaboration: Scoping Document

Executive summary

The Strategic Review highlighted a need to “represent the scope and diversity of The Cochrane Collaboration and our far-reaching impact” and recommended that The Cochrane Collaboration “develop a Marketing and Communications Plan to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration”.

A group was established to work on this and started with a scoping exercise. We considered questions like: What do we mean by a Marketing and Communications Plan? Who are our key audiences, what do we need to communicate and how? Once these questions were answered, the working group came up with recommendations for the next steps.

Some recommendations require no specific action from the steering group, other than endorsement and support. Some recommendations may require additional resources, if these are not already earmarked within the budget for implementing the Strategic Review and others will require additional resources.

Purpose

To present options for a Communications and Marketing Plan, so that the CCSG can decide which option(s) to pursue and make decisions about resources, where necessary. (Note: this is *not* about marketing *The Cochrane Library* and the reviews; Wiley does that well).

Urgency

Urgent. The development of elements of the Plan (such as the key messages) is vital to the implementation of other initiatives, such as the redevelopment of the Collaboration’s websites and the look and feel of *The Cochrane Library*.

Access: Open Access

BACKGROUND

Membership of the Working Group:

Lead: Mary Ellen Schaafsma; **CCSG team members:** Donna Gillies, Lorne Becker, Lisa Bero, Liz Whamond; **other team members:** Chris Mavergames, Lucie Jones, Mike Clarke, Nick Royle, Lori Tarbett

Purpose and Aims of the Working Group

Key purpose: Scoping the development of a Marketing and Communications Plan and options for taking it forward (i.e. ‘Phase One’ of a phased approach).

The Working Group considered external and internal marketing and communication of The Cochrane Collaboration. We defined the key target audiences and proposed various mechanisms for different audiences. We broadly defined what to communicate to each audience, i.e. 'what we say' as well as 'how we say it'. We focused on building awareness of the Collaboration as a brand (intimately related to, but distinct from, *The Cochrane Library*) and emphasized the need to ensure consistency in visual branding across the Collaboration and its products. The Strategic Review added new 'formal' purposes to the Collaboration and marketing these additional purposes needs to be addressed. Web and other electronic media are core mechanisms and provide the primary portal for external audiences to access knowledge about The Cochrane Collaboration. We considered the need for a more coherent internal communication plan. This would include sharing 'stories', to strengthen teams through a shared appreciation and understanding, and work to minimize unnecessary duplication of effort – building a true 'network' rather than 'silo' approach.

Process: The working group held three teleconferences: 1) to define the task and agree on how to work together (using a wiki to brainstorm); 2) to review the wiki brainstorming, crystallize ideas and finesse the process of work; and 3) to summarize what we achieved. Between the second and third teleconference, Mary Ellen sent a weekly task to the working group. She compiled the results from the average of six responses per task, for consideration by the whole group. The final task involved preliminary analysis of what the group said about the 'to whom, with what messages, through which mechanisms' and sought feedback. The scope of the plan was then drawn and options developed, as outlined here.

Phase One: Identifying the needs

General: What became clear?

- The cochrane.org and entity websites are top priority. They should suit the needs of all external audience (not internal) as our primary means for delivering the right messages about The Cochrane Collaboration.
- A media and press outreach strategy needs to be developed and implemented.
- Web 2.0 communications need to be developed further and targeted to several audiences, including internal volunteers, employees, and formal partners; and, externally to patients, special interest groups and the public.
- Other mechanisms are aimed at smaller or more specific audiences and, while important, should be prioritised on the basis of resource intensity, opportunity costs, and payback.
- The Collaboration's key messages need to be refined clearly stated.

Scoping the Audiences and Mechanisms

Key Audiences (in order of importance)	Top 3 mechanisms identified for the audience
Policy-makers	Website; Media/Press outreach; Building key relationships
Funders and potential funders	Website; Media/Press outreach; Building key relationships
Volunteer and potential volunteers (authors, consumers)	Targeted newsletters; Targeted workshops at Colloquia; RSS feeds

Employees	Intranet; Listservs; RSS feeds
Health care professional associations (and their membership)	Website; Push promotional materials; Presentations at key conferences
Patients and special interest groups	Media/Press outreach; Website; Web 2.0
Researchers	Presentations at key conferences; Website; other print outreach (4 tied – media/press, adverts in pubs, promo materials and newsletters)
General public	Media/Press outreach; Website; Web 2.0
Formal partners and our publisher	Targeted newsletters; Booth at colloquia; RSS feeds

Top 10 Key Messages: what needs to be communicated about The Cochrane Collaboration, in order of importance:

1. Far-reaching impact
2. Breadth and achievements
3. Purpose of producing high quality systematic reviews *and*
3. Independence from commercial funding sources
4. Advocacy for evidence-based decisions-making
5. Scope and diversity
6. Widespread credibility (the underlying expertise, etc)
7. Inclusion of ‘regular’ consumers, to improve its value to all
8. Altruism (focus on the common good), facilitating unique, worldwide collaboration
9. Diverse and large group of people involved (who, from where)
10. Enthusiasm, inclusiveness, egalitarian nature, and mutual respect

Recommended Activities for a Marketing and Communication Plan

We categorized opportunities by ease and resource needs:

A. Easy; No new resources needed and Steering Group is asked for its endorsement: Some of our marketing and communications ideas fit within existing resources and would be relatively easy to implement. (e.g. we have the people/skills and can be done in-house, we can find the time with minimal impact, we are doing it already – and perhaps needs only some resource adjustment or minimal costs). These include:

- **Newsletters (internal and external audiences):** we already have some. We need to map out current Newsletters, identify gaps for the audiences, develop newsletter concepts for each, and keep it manageable.
 - Implementation will need targeted distribution lists for effective dissemination.
- **Presentations at key conferences (external audiences):** we have the expertise and a scan would identify key conferences internationally. Centres should do the scan regionally. Focus would be on the accomplishments of the Collaboration.
 - Key considerations for implementation: should members be encouraged to do this, should stipend support be available, and should paid staff of the Collaboration do it?

- **Booth at Colloquia (internal audiences):** already underway and looking strong. It provides a showcase and consultation piece to create a common understanding of the Collaboration's activities.
 - Key considerations for implementation: What do members need to know? Who are the key people to make this happen? Booth should include multimedia options (e.g. to listen to podcasts) and features to gather feedback (e.g. by getting people to answer questions about the Collaboration).
- **Targeted workshops at Colloquia (internal audiences):** to cover key topics (e.g. a planned members' stream of workshops at Colloquia). It needs to be planned centrally i.e. we cannot rely on suggestions in response to the call for workshops.
 - Key considerations for implementation: what are the information and knowledge gaps, especially regarding new developments?
- **AGM (internal audiences):** for consulting, engaging, energising and unifying members – the new format should be evaluated.
- **Listservs (internal audiences):** we have them, and need to help optimise their use and find champions to get them rolling (the CHAIN concept).
- **Annual Report (internal and external audiences):** Larger organisations have one; typically to highlight the year's activities. Provides a good promotional/communications piece, including an opportunity to get our brand onto important desks. We will need a list of key stakeholders to send it to.
- **Journal articles (external audiences):** We could compile a list of key journals with wide readership and impact and ask Cochrane members to publish their experiences of the Collaboration or its impact in their field/region.
 - Key considerations for implementation: How do we motivate people to do this: Solicit? Encourage? Reward? What topics?

B. More difficult: Steering Group may need to approve financial resources to develop these mechanisms (if not already done). Some of our ideas are more difficult to accomplish: they have a tangible cost, there may be insufficient in-house expertise or time, there may be concerns about user familiarity and a need for support and training, and there may be an opportunity cost. However, these are important enough to be undertaken and include:

- **Website redesign (external audiences):** This is top priority, but will take time and resources. The Web Strategy Team is working on the redesign, along with the Library and Archie modifications. Investing in doing this really well is very important. Cochrane.org and the Entity Web Builder (EWB) are key. The needs of all entities, especially Centres, who are the regional faces of the Collaboration and facilitate much activity, should be addressed. A common branding (background look and feel options and perhaps key information) should be consistent (but not rigid) across all Cochrane web presences. **This may require additional resources (e.g. for web designers)**

- **Web 2.0 and RSS Feeds (internal and external audiences):** The learning curve for some users could be a barrier and needs to be addressed. We would need a strategy for getting external audiences engaged in our Web 2.0 activities. **This might require external consultation or expertise to help us maximise the impact and usage of these.**
- **Intranet ('Cochrane Community Platform') (internal audiences):** This doesn't currently exist, but plans are underway for its development after the new web design. The Collaboration would need to address how to get people to start using it optimally. **There will be development costs and may require more resources.** *Note: There is now an Intranet, but it is still undergoing development.
- **Advertisements in key publications (external audiences):** The extent would depend on available resources and size of the target audiences. Aim should be to highlight the value of the Collaboration. **Some consultation time may be useful to make it as cost effective as possible and to avoid wasteful spending.**
- **Push promotional materials (external audiences):** Materials need to be written, and designed, to attract attention. A comprehensive dissemination Plan and a variety of materials for different audiences are needed. **There will be development, design, printing and distribution costs.**

C. Challenging The following mechanism to reach our target audiences, well and effectively, will need to be outsourced and might take significant time and resources. It would be critical to understand and balance the costs and payback for each activity in the media outreach strategy:

- **Media/Press Outreach Strategy:** This is our second most highly ranked mechanism. The Cochrane Collaboration has not done this comprehensively and lacks in-house expertise, relying on the Wiley-Blackwell media team for media coverage of Cochrane reviews. We need to identify the best avenues. This might require advice and input from an experienced publicity firm. Wiley-Blackwell's media team might be able to help by providing advice.
 - We will need external help to develop the strategy, but could probably roll it out ourselves, given adequate resources (i.e. we would get external assistance to develop a Strategy, key messages, and acquire lists of contacts/publications, and then implement ourselves).
 - Crucial to this is the development of 'key messages', to keep everyone 'on point' in all communication. This controls what is said about us, adds clarity, and provides tools for Cochrane 'Ambassadors' to speak on our behalf, in an accurate way. Developments must be in tandem with the redesign and content development of cochrane.org and entity websites.

This may be costly, requiring the CCSG to allocate additional funding. The resource requirements would need to be identified and prioritised, and then considered in the context of other, perhaps competing, demands.

Phase Two: Plan Development (completion by May 2010)

1. **Developing Key messages should be a priority, and should inform content and look and feel of the web redesign.**

2. **The Secretariat should prioritise the 'Easy' and the 'More Difficult' items**, fleshing out resource requirements, who will take responsibility, how it will get done, and timelines.
3. If the steering group approves expenditure on consultation for a media outreach strategy and developing key messages (or parts thereof), **the Secretariat will need to identify the professionals to do this**. We recommend that an international firm be engaged, to take account of the cultural diversity of the Collaboration and to create a plan that can be adapted to different regional needs.
4. **This working group** will advise on these developments until implementation. It will disband when there is a fully operationalized plan.
5. **On-going evaluation of the impact of all activities in this plan** should be built into the plan and reported to the CCSG.

Phase Three: Plan Implementation

There should be a staged roll-out as items are developed and ready for launch. Complete implementation should be achieved by 2011.