



Cochrane

2019 Annual Review

Embracing diversity



Cochrane's global community grew to over 82,000 members and supporters in 2019



Attendees from around the world join Cochrane's first ever Virtual Colloquium



More than 40 million visitors to [Cochrane.org](https://www.cochrane.org) using non-English language browsers

Trusted Evidence.
Informed decisions.
Better health.



Cochrane exists so healthcare decisions get better

Cochrane is a global independent network of researchers, professionals, patients, carers, and people interested in health. Cochrane’s 82,000 members and supporters from more than 130 countries work together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. Many of its members are world leaders in their fields - medicine, health policy, research methodology, or consumer advocacy - and Cochrane Groups are situated in some of the world's most respected academic and medical institutions.

Cochrane believes that a world of improved health is possible when decisions about health and health care are routinely based on high-quality, relevant and up-to-date synthesized research evidence, which it publishes in the [Cochrane Library](#). The Cochrane Library is an internationally recognized and unique source of reliable, independent information on the effects of interventions in health care. Its principal component is the Cochrane Database of Systematic Reviews (CDSR), containing over 8,500 Cochrane Reviews. Cochrane does not accept

commercial or conflicted funding and requires Cochrane Reviews and other ‘Cochrane Content’ to be free from commercial bias and interference. This is vital for the organization to generate authoritative and reliable information, working freely, unconstrained by commercial and financial interests.

Under the leadership and guidance of Cochrane’s Central Executive Team, over 170 Cochrane Groups around the world work to implement the goals and objectives of Cochrane’s *Strategy to 2020*, in order to achieve its mission to ‘promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized evidence’.

**Trusted evidence.
Informed decisions.
Better health.**

Message from Cochrane's Governing Board Co-Chairs

We are writing this introduction in April 2020 in the midst of the COVID-19 pandemic, in a world that seems substantially changed from only six months ago, and at a time when it feels impossible to predict the repercussions for health care and societies more generally. It's difficult to remember, therefore, that 2019 also presented a number of challenges for Cochrane – challenges that were met with innovation and fortitude.

Key leadership changes

In September 2019 Marguerite Koster stepped down as a Co-Chair due to increased work commitments and Catherine Marshall was elected by the Governing Board to replace her, working alongside Martin Burton. Marguerite remains on the Board as a member; we extend our heartfelt thanks for her continuing contribution.

In May 2019 Dr David Tovey retired as the inaugural Editor in Chief of the Cochrane Library after 10 years in the role. An extensive international recruitment process for a new Editor-in-Chief was undertaken, and we are delighted that Dr Karla Soares-Weiser was appointed to the role in November. Karla previously served as Deputy Editor in Chief. In special recognition of David's distinguished service, the Board awarded him the title of 'Emeritus Editor in Chief'.

Cancellation of the Colloquium

Our Colloquium - our annual flagship event - was to be held in Santiago, Chile, in September. Due to civil unrest in Santiago, we were forced to cancel at short notice. The Governing Board members had already travelled to Santiago to begin a series of pre-Colloquium meetings when we took that decision. The local hosts (Dr Gabriel Rada

and his colleagues from Cochrane Chile) and Cochrane's Senior Management team responded to the turmoil and uncertainty with thoughtfulness and care and they were able to ensure everyone from Cochrane caught up in the local strife was taken care of. We would like to record our appreciation for their tremendous endeavours to keep everyone safe. Despite the disappointment of the cancellation, the sense of community, commitment and care demonstrated by everyone in Chile, and those who had stayed at home, reflected the very best of Cochrane.

All of the planning and preparation that had gone into preparing for the Colloquium was not lost. Just over one month after people returned from Santiago, a ground-breaking, virtual online Colloquium was held. Our thanks go to the staff and members from Cochrane Chile, the Central Executive Team, and Cochrane Groups worldwide whose fantastic efforts made this possible. The success of this experimental event puts Cochrane in a particularly good position to expand our virtual meetings and operations, which we know will become more necessary as travel restrictions resulting from COVID-19 continue in the short and medium term, and as organizations and individuals take steps to reduce their carbon footprints. Considering the options for if, how, and where Cochrane events are held in the future, is an important focus for the Governing Board in the coming year.

(Continued)



Santiago Colloquium Pre Meetings

Governing Board Co-chairs



Martin Burton



Catherine Marshall

Contact the Governing Board at:
governingboardsecretary@cochrane.org

Building a stronger organization

At the beginning of the year, we undertook an intensive, world-wide process to secure a new contract for publishing the Cochrane Library. This involved inviting leading medical publishers to submit plans and ideas for innovative ways for producing the Cochrane Library in the future. We look forward to announcing the arrangements for the new contract in 2020.

As part of our approach for setting the highest standards for our work, a new Conflict of Interest policy for Cochrane Library content has been developed. This policy marks a key milestone in the process of consultation and revision of Cochrane's existing policies, which cover conflict of interest in all areas of the organization. Cochrane's reputation is built on its independence, its trustworthiness and transparency. The importance of this is only likely to increase in the future. This new policy will come into effect in 2020.

In addition to the Conflict of Interest policy, the Governing Board also took some important decisions to ensure that Cochrane is a collaborative, welcoming and responsive organisation, launching three new organizational policies:

- [Principles of collaboration: working together for Cochrane](#) (more details on page 5)
- [Complaints resolution procedure](#)
- [Organizational accountabilities](#)

These policies are designed to describe the roles and responsibilities of the organization and those who work with and for Cochrane. The new Principles of Collaboration will

act as a Code of Conduct for all members and supporters, and were developed by the Council on behalf of the Governing Board, with input from a cross-section of the community.

2020 and beyond

This *Annual Review* records the tremendous successes of our Groups, members, and staff of the Central Executive Team in 2019.

560 New or updated Cochrane Reviews published

251 new Cochrane Review protocols published

448 Cochrane Clinical Answers

We would like to record our thanks to every one of our 82,000 members and supporters for their contribution, and thanks also to our funders for their ongoing commitment to, and support of, Cochrane's efforts.

In 2020 the Governing Board will be focusing on the development of the organization's next strategic plan, which will prepare the organization for what is likely to be a more turbulent period ahead, but for which Cochrane is in an excellent position to respond.



Martin Burton

Catherine Marshall

Cochrane's Council

Cochrane's Council is an elected body that ensures Cochrane Groups have an effective voice in Cochrane's leadership and strategic decision-making. In 2019, the Council delivered its first major piece of work at the request of the Governing Board, following extensive consultation with the community:

Principles of Collaboration: Working Together for Cochrane

Cochrane's new Principles of Collaboration will act as a Code of Conduct for all members and supporters. This new policy lays out the principles that promote a collegial environment and effective collaboration. It describes the kinds of behaviour expected of everyone interacting with the organization, including:

Integrity:

- When involved in any Cochrane activity protect and preserve collegiality and Cochrane's reputation.
- Always act in the best interests of Cochrane.
- Maintain high professional and research standards in respect of:
 - Cochrane's research methods and operational procedures;
 - any other personal professional standards and obligations;
 - regulations of one's employing organization (e.g. university, hospital or another employer); and
 - understanding the limits of one's knowledge and expertise and seeking training as required.
- Maintain financial probity in respect of the use of any grants from Cochrane or for Cochrane activity from external sources of funding.
- Make declarations of any relevant interests, both financial and non-financial, in accordance with [Cochrane's policies](#), if the role specifically requires it (e.g. authors, editors, Board members). These declarations should be updated when necessary.

Accountability:

- Allow research, professional and managerial actions, personal behaviour at work, and any financial responsibilities to be open to appropriate external scrutiny.
- Accept responsibility for quality of personal research outputs, managerial work, and other work on behalf of Cochrane.

Respect:

- Treat all colleagues (inside and outside) of Cochrane, with appropriate respect and consideration.
- Maintain appropriate relationships with those you manage or mentor. Ensure they can work safely and effectively, and develop their skills and knowledge.
- Ensure that colleagues work in an environment free from harassment and bullying.
- All managers should adhere to the [Charter of Good Management Practice](#).
- Criticism within academic debate should target ideas not people or organizational identity (critique of ideas is not a negative behaviour).
 - Academic debate, open discussion and reasoned dissent about science or policy is encouraged through internal Cochrane channels or established public media.
 - Open criticism of Cochrane/colleagues should only be made after careful consideration and ideally with prior knowledge of those involved.
- Maintain confidentiality as required both in research and in dealings with colleagues.



Cochrane's Council

In 2020 the Council is focussing on informing policy to reduce the ecological footprint of Cochrane's operations.

The Council is chaired by Miranda Langendam from the Netherlands, representing Cochrane Methods Groups; and Craig Lockwood from Australia, representing Cochrane Fields.



Krakov Governance Meetings



Hong Kong Symposium



Santiago Pre Meetings

Message from Chief Executive Officer, Mark Wilson

2019 personal highlights

Cochrane can be proud of another extraordinary year of achievements in 2019, with many of them featuring in this *Annual Review*. But I would like to highlight four organizational achievements that reflect Cochrane's growing impact, strength and delivery of our *Strategy to 2020* mission and goals.

1. We exist so that people around the world can use Cochrane evidence to inform their health decision-making; and 2019 saw another substantial increase in the number of people who are doing that. In 2017, 22 million visits were made to Cochrane.org to access our evidence; in 2018 visits rose to 37 million; and in 2019 that figure more than doubled to over 77 million – that's a 350% increase in only two years! Three-quarters of those users are accessing our evidence in non-English language browsers, so we are truly offering a service to healthcare practitioners, policymakers, researchers and patients and the general public around the world.

2. Our global community of members and supporters grew by 26% from 65,000 in 2018 to 82,000 in 2019. Our Collaboration has never been larger, or more dynamic, and we also made huge strides last year in offering learning and development tools and support

to that global community and to anybody interested in producing or using synthesized evidence, such as the launch of '[Evidence Essentials](#)', the complete translation into Spanish of '[Cochrane's Interactive Learning](#)' course, and the launch of Cochrane's new global '[Students 4 Best Evidence](#)' and '[Early Career Professionals Group](#)'.

3. One of *Strategy to 2020*'s main challenges for Cochrane is to ensure not only that we continue to produce the most relevant, highest-quality synthesized evidence, but that this evidence is accessed and used in healthcare policy and practice to a greater extent than ever before. This demands that the 'knowledge translation' (KT) of our evidence lies at the heart of everything we do. In 2019 we saw the continuing delivery of important tools and processes to help Cochrane Groups (such as the [new KT dissemination checklist](#), and new training and resources to support [policymakers and health managers](#) in their use of Cochrane evidence); as well as signs that those Groups are increasingly integrating KT within their work to maximise the impact of what we do (such as the launch of a new [KT mentoring scheme](#) and further development of a more rigorous [prioritization processes](#) for evidence production linked to end-users' needs).

" All of these are collective achievements involving many people in Cochrane. I want to thank all of our members and supporters for their contributions to the remarkable advances we made in 2019 featured in this *Annual Review*."

Mark Wilson

Cochrane Chief Executive Officer

A new year's message from
Mark G. Wilson
Chief Executive Officer, Cochrane



4. Out of the terrible disappointment in October 2019 of having to cancel at the last moment Cochrane's Colloquium in Santiago, Chile, came a wonderful example of the resilience, innovation, flair, solidarity and generosity of the Cochrane community. Many impromptu meetings and new initiatives were spontaneously organised by those in Santiago; then in the following month a 'Virtual Colloquium' was planned and prepared, which took place between 2 to 6 December featuring 120 oral presentations – including plenary speeches – and 170 posters. All of this rich content was made available free on Cochrane's website, attracting global interest far beyond the interaction that would have happened within the 850 registered participants at the Colloquium.

It remains my great privilege to lead this astonishing organization. I'm particularly proud of two personal contributions.

1. Leading the Central Executive Team which organized and ran a competitive tender for the right to publish the *Cochrane Library* from January 2021 for the next decade. The new publishing agreement is a very good one for Cochrane, and will provide us with a secure and sustainable financial basis to help us achieve many of the ambitious goals we have. News on this will follow in 2020.

2. In late 2018 and early 2019 Cochrane generally, and me personally, were subject to

a barrage of malicious criticism and attacks. Cochrane's senior leadership decided that the best response was not to enter into a public war of words, but to show by the organization's actions and our achievements that the criticism was ill-informed and wrong. We've done that successfully, thereby honouring Cochrane's principles and values, attracting many more people to support and join us, and achieving our mission to a greater extent than ever before.

All of these are, nevertheless, collective achievements, involving many people in Cochrane. I want to thank all of our members and supporters for their contributions to the remarkable advances we made in 2019 featured in this *Annual Review*.



Mark G. Wilson
Chief Executive Officer



The first Cochrane Hong Kong Symposium



Launch of the Cochrane US network

Our vision

Our vision is 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.

Our mission

Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

Our 10 principles

1. Collaboration
2. Building on the enthusiasm of individuals
3. Avoiding duplication of effort
4. Minimizing bias
5. Keeping up to date
6. Striving for relevance by promoting the relevance of health questions
7. Promoting access
8. Ensuring quality
9. Continuity of editorial processes
10. Enabling wide participation

Our *Strategy to 2020*

Strategy to 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world.

It defines a framework, helping us respond to the strategic opportunities and challenges that we face in the next decade and beyond.

***Strategy to 2020* aims to achieve four key goals:**

1. Producing high-quality evidence
2. Making our evidence accessible and useful to everyone, everywhere in the world
3. Advocating for evidence to inform health decision-making
4. Building an effective and sustainable organization



Introducing Cochrane's New Editor in Chief, Karla Soares-Weiser

In June 2019, Cochrane welcomed Dr. Karla Soares-Weiser as its new Editor in Chief. Karla is a trained psychiatrist, holds a Master's degree in epidemiology, and a Ph.D. in evidence-based healthcare from the University of São Paulo. She has been working in evidence-based health care since 1997 and is an author of over 60 Systematic Reviews, including 33 Cochrane Reviews. She has held numerous positions in Cochrane Groups, including as a Visiting Fellow at the IberoAmerican and UK Cochrane Centres, where she provided training in systematic review production. Outside Cochrane, she has held Assistant Professor posts in Brazil and Israel, and established her own consultancy business providing evidence synthesis services to government agencies and not-for-profit organizations. She was instrumental in the development of Cochrane Response, the organization's evidence consultancy service; and in 2015 was appointed Cochrane's first Deputy Editor in Chief.



Following her appointment, Karla reiterated her vision for the Cochrane Library: “to improve health care decision-making by consistently publishing timely, high priority, high-quality reviews responding to the needs of our end-users. I am committed to working with the Cochrane community to achieve this vision, strengthening diversity, and striving for an excellent author experience.”

Tell us about Cochrane's achievements in 2019...

2019 has seen a transition from my colleague David Tovey to me as your Editor in Chief. I spent the first months supporting the Editorial team and setting a renewed direction for the Editorial and Methods Department. It was very important to me to initiate a dialogue with the Cochrane community and to discuss my plans in collaboration with many editorial teams across the Cochrane world.

The Cochrane Library had a very successful year with a significant increase in the usage of Cochrane Reviews highlighting the accessibility and relevance of our content and making it valuable to decision makers using our evidence in policy and practice. This increase has been facilitated in no small part by the implementation of our knowledge and language translation strategies.

The quality of Cochrane Reviews also continues to improve, with broad indicators of success highlighted by an increase in the mean number of studies per Cochrane Review, the rise in Cochrane's impact factor, and the increasing number of 'complex' reviews.

Tell us about a personal highlight for you in 2019...

I have been involved in Cochrane since 1995 and have worked with remarkable people throughout the years. Many of us were attracted to Cochrane because we shared the organization's principles of collaboration, inclusiveness, and innovation. My job is to support Cochrane and its strategic direction, and I will do so to the best of my ability. I want to work together with the community in setting priorities and identifying solutions for our challenges.

Tell us about the priorities (challenges and opportunities) for Cochrane in 2020

We face many challenges, in particular in terms of producing reviews that respond to the increasingly complex health environment and ensuring that the Cochrane Library remains the source for reliable evidence. Our priorities for 2020 are based on our mission of producing high-quality reviews that respond to the needs of our stakeholders.

I am very committed to *work with the community* to continuously *strive for methodological rigour*, to create a content that is *accessible and diverse*, and to support *knowledge and language translation* of Cochrane content.

What is the most important thing for you this year (what do you feel personally accountable for)?

2019 for me was about initiating a dialogue, 2020 is about initiating implementation and delivering in our targets.

I want to be transparent and accountable to our community. From the beginning of February, I will be presenting monthly webinars in different time zones and open to all Cochrane members and supporters to discuss our plans to support the production and dissemination of Cochrane's evidence.

To me, what always made a difference in Cochrane is the community, and I am really looking forward to sharing experiences and collectively identifying possible solutions to our key challenges. I hope to see many of you on these webinars!

What does sustainability mean to you for 2020?

We are very fortunate to work with so many outstanding people in Cochrane. As we look to Cochrane's future we know that the road ahead is NOT going to always be straight

and easy. We face challenges, in particular in terms of creating a sustainable review production process and ensuring research and editorial integrity. We have to continue working to integrate technology and knowledge translation in our content, supporting our community and allowing for innovation and diversification. Above all we MUST ensure that our content responds to the needs of our end-users.

As I said, my job is to support Cochrane and its strategic direction, however, my success and indeed the success of the organization lies with its people – and I intend to continue working closely with all of you and relating to you the way I always have done – with conviction, honesty and humility.



Dr. Karla Soares-Weiser
Editor in Chief

A new year's message from
Dr. Karla Soares-Weiser
Editor in Chief, Cochrane Library



"I am very committed to work with the community to continuously strive for methodological rigour, to create a content that is accessible and diverse, and to support knowledge and language translation of Cochrane content."

*Dr. Karla Soares-Weiser
Editor in Chief, Cochrane Library*

Key highlights from Cochrane Library 2019

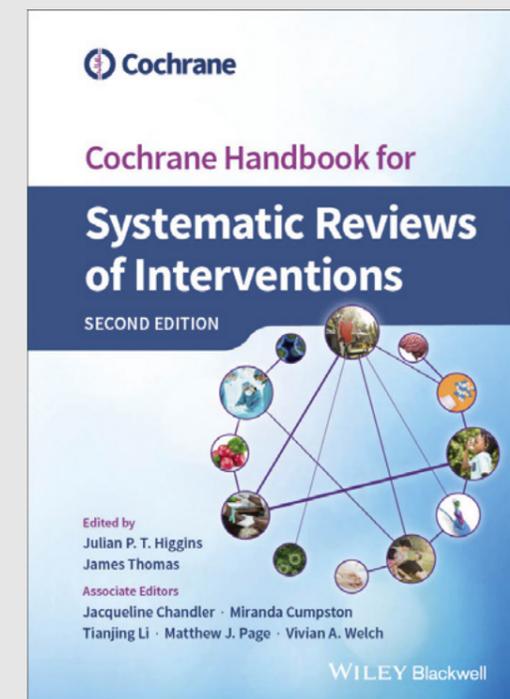


Cochrane
Library

New Cochrane Handbook for Systematic Reviews of Interventions

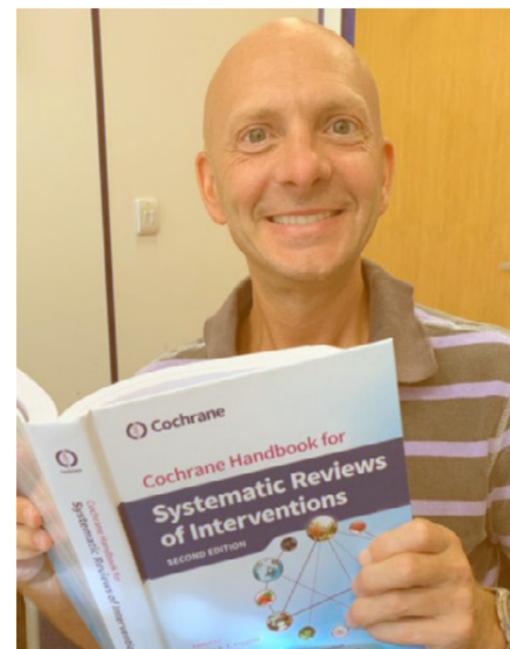
In September 2019, Cochrane was delighted to announce publication of the new edition of the *Cochrane Handbook for Systematic Reviews of Interventions*. Designed for authors and editors of Cochrane Reviews, but equally useful for anyone conducting systematic reviews, it describes the methods and best practices in planning, conducting and interpretation of systematic reviews to inform decision-making around the use of health and healthcare interventions. Revised from cover to cover since the last major update in 2008, the Handbook reflects current best practice based on the latest methods research, and provides the only such comprehensive guide to conducting systematic reviews of interventions for both new and experienced authors.

The new edition of the *Cochrane Handbook for Systematic Reviews of Interventions* is divided into four parts. [The first section \(available only online\)](#) addresses issues specific to working with Cochrane. The [second](#) describes the core methods applicable to systematic reviews of interventions, from framing the question through to interpreting the results. The [third](#) and [fourth](#) parts address specific perspectives and methodological issues that are relevant to some, though not all, reviews, such as non-randomized studies, qualitative evidence and economics evidence.



The new edition includes:

- **A new chapter addressing issues around intervention complexity**, covering interventions with multiple components, interventions in which there are interactions between the intervention and its context, and interventions that are introduced into complex systems, as well as a new chapter addressing how equity can be considered in systematic reviews.
- **A major new chapter on network meta-analysis**, because decision makers often need to decide among multiple intervention options.
- **Substantial developments in the area of 'risk of bias' assessment**, including extensively revised guidance on risk of bias assessment in randomized trials and assessing reporting biases, and a new chapter on risk of bias assessment in non-randomized trials.
- **New chapters addressing how authors can plan the review's questions, comparisons and outcomes** to ensure effective and meaningful synthesis, as well as how to plan for and execute synthesis using methods other than meta-analysis.



“We encourage those conducting systematic reviews to update their knowledge and skills with the help of this Handbook.”

**Professor Julian Higgins,
Senior Editor of the Handbook**

Try the new Cochrane PICO search ^{BETA} on the Cochrane Library

Cochrane's PICO search ^{BETA} is a powerful, easy-to-use discovery tool for finding Cochrane Reviews.

You can search by:

Population **Intervention** **Comparison** **Outcome**

...to find reviews that precisely match your research or clinical questions.



Use PICO search ^{BETA} to:

- Find reviews that answer your questions FAST
- Discover the full range of:
 - Interventions assessed for a population
 - Populations associated with an intervention
 - Outcomes evaluated for an intervention
- Develop search skills by building PICO questions
- Release the full potential of Cochrane Reviews

PICO search ^{BETA} in Cochrane Library advanced search

To use PICO search ^{BETA}, follow these steps:

1. Select the new PICO search ^{BETA} tab

2. Enter a search term and select from the dropdown

3. Choose your PICO context

Enter a search term and select a PICO vocabulary term from the dropdown

Asthma|
 Asthma
 Mild Asthma
 Acute Asthma
 Asthma Management
 Exercise-induced Asthma
 Seasonal Asthma

Population
 Outcome

Clear All Run search

Cochrane PICO search ^{BETA} is a pre-release made available for large-scale testing. It currently searches Cochrane systematic reviews from most of our review groups published since 2015 (over 4500 reviews). [Tell us what you think about PICO search ^{BETA}](#)

View PICO terms in your results and use PICO filters to refine your search.

See PICO terms in Cochrane Library search results

Show PICOs on your search results page.
Faster to read than an abstract!

Order By Relevancy Results per page 25

1 Pulmonary rehabilitation for adults with asthma
 Hide PICOs ^{BETA} 18 November 2019

Population (4) Adult Aged (65+) Asthma Chronic Obstructive Pul...	Intervention (1) Pulmonary Rehabilitation	Comparison (1) Usual Care	Outcome (5) Asthma Control Exercise Test Finding Health-Related Quality of... Asthma Control Question... Asthma Control Test
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2 Cardioselective beta-blockers for reversible airway disease
 Show PICOs ^{BETA} 30 September 2011

Filter your results

Cochrane Reviews 212

212 Cochrane Reviews matching "Asthma"
 13, May 2020

Select all (212) Export selected citation(s) Show all PICOs ^{BETA}

Order By Relevancy Results per page 25

1 Interventions for educating children who are at risk of asthma-related emergency department attendance
 Hide PICOs ^{BETA} 21 August 2009

Population (3) Infant Child Asthma	Intervention (1) Education	Comparison (2) Usual Care Education	Outcome (1) Emergency Care
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2 Anti-leukotriene agents compared to inhaled corticosteroids in the management of recurrent and/or chronic asthma in adults and children
 Show PICOs ^{BETA} 08 December 2014

Goal 1

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making

2019 Highlights

- The [Cochrane Database of Systematic Reviews](#) is the leading resource for systematic reviews in health care. It includes all Cochrane Reviews, a peer-reviewed systematic review that has been prepared and supervised by a Cochrane Review Group according to the [Cochrane Handbook for Systematic Reviews of Interventions](#) or [Cochrane Handbook for Diagnostic Test Accuracy Reviews](#). The CDSR also includes [Editorials](#) and [Supplements](#), and is built throughout the month with new and updated reviews and protocols being continuously published when ready. In 2019, **287** new Cochrane Systematic Reviews, **228** updated Reviews (new citation versions) and 251 new protocols for forthcoming Reviews were published. As a result, at the end of December 2019 the Cochrane Library contained 10,593 Cochrane Reviews.
- The CDSR significantly increased its impact factor (as calculated by the Journal Citation Report for 2018) to 7.755 (up from 6.754 the year before), ranking it as one of the top 11 medical journals in the world, with its five-year impact factor reaching 7.949. The CDSR also saw an increase in the number of citations to 67,607, making it one of the top three most cited journals in its category.
- [Cochrane Clinical Answers \(CCAs\)](#) is another product published in the Cochrane Library. CCAs provide a readable, digestible, clinically-focused entry point to rigorous research from Cochrane Reviews. They are designed to be actionable and to inform point-of-care decision-making. Each CCA contains a clinical question, a short answer, and data for the outcomes from the Cochrane Review deemed most relevant to practising healthcare professionals. The evidence is displayed in a user-friendly tabulated format that includes narratives, data, and links to graphics. In 2019 365 CCAs were published, taking the total number available in the Cochrane Library to 2,265.
- The [Cochrane Central Register of Controlled Trials \(CENTRAL\)](#) is a highly concentrated source of reports of randomized and quasi-randomized controlled trials. In addition to bibliographic details (author, title, source, year, etc.) CENTRAL records often include an abstract (a summary of the article). They do not contain the full text of the article. CENTRAL is published monthly and 327,278 records were added in 2019, taking the total number of records to 1,613,963 by year end.

The five most frequently downloaded new Cochrane Reviews in 2019

- [Exercise for preventing falls in older people living in the community](#)
- [Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health;](#)
- [Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation;](#)
- [Rehabilitation for people with multiple sclerosis: an overview of Cochrane Reviews;](#)
- [Comparison of different human papillomavirus \(HPV\) vaccine types and dose schedules for prevention of HPV-related disease in females and males.](#)

The five most frequently downloaded updated Cochrane Reviews in 2019

- [Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease;](#)
- [Risk assessment tools for the prevention of pressure ulcers;](#)
- [General health checks in adults for reducing morbidity and mortality from disease;](#)
- [Clinically-indicated replacement versus routine replacement of peripheral venous catheters;](#)
- [Pregabalin for neuropathic pain in adults.](#)

Goal 2

To make Cochrane evidence accessible and useful to everybody, everywhere in the world

2019 Highlights

- **Visits to the Cochrane Library grew by 17% to 12.26 million in 2019.** Full-text accesses to Cochrane Reviews went up by 26% to 10.12 million.
- Global usage of Cochrane evidence continued to rise. There was spectacular growth among Spanish-speaking countries as a result of Biblioteca Cochrane, the Spanish-language version of the Cochrane Library, being available. In particular we saw a 178% increase in accesses from Spain, 102% from Mexico, 91% from Chile and 77% from Brazil.
- Cochrane developed – and approved – a bold [new Multi-Lingual Strategy](#), committing greater investment in our multi-language activities in the coming years, as well as to achieving our strategic objective of being a global and diverse organization.
- 3.66 billion people still have free access to the Library – including those in all low- and middle-income countries. A further 292 Cochrane Reviews also became open access in 2019 for everyone, everywhere under the organization’s Open Access Policy.
- Extensive new features and developments were also added to the Cochrane Library, including:
 - o the ability to 'follow' a Cochrane Review or protocol and get alerts when a new or updated review is published on a given question
 - o topic alerts, allowing users to sign up for weekly email alerts for all Cochrane Reviews, protocols, or Cochrane Clinical Answers published within their chosen topic or subtopic
 - o new content languages, including Farsi, added, and improvements to Biblioteca Cochrane

71% of visits to Cochrane.org from non-English language browsers

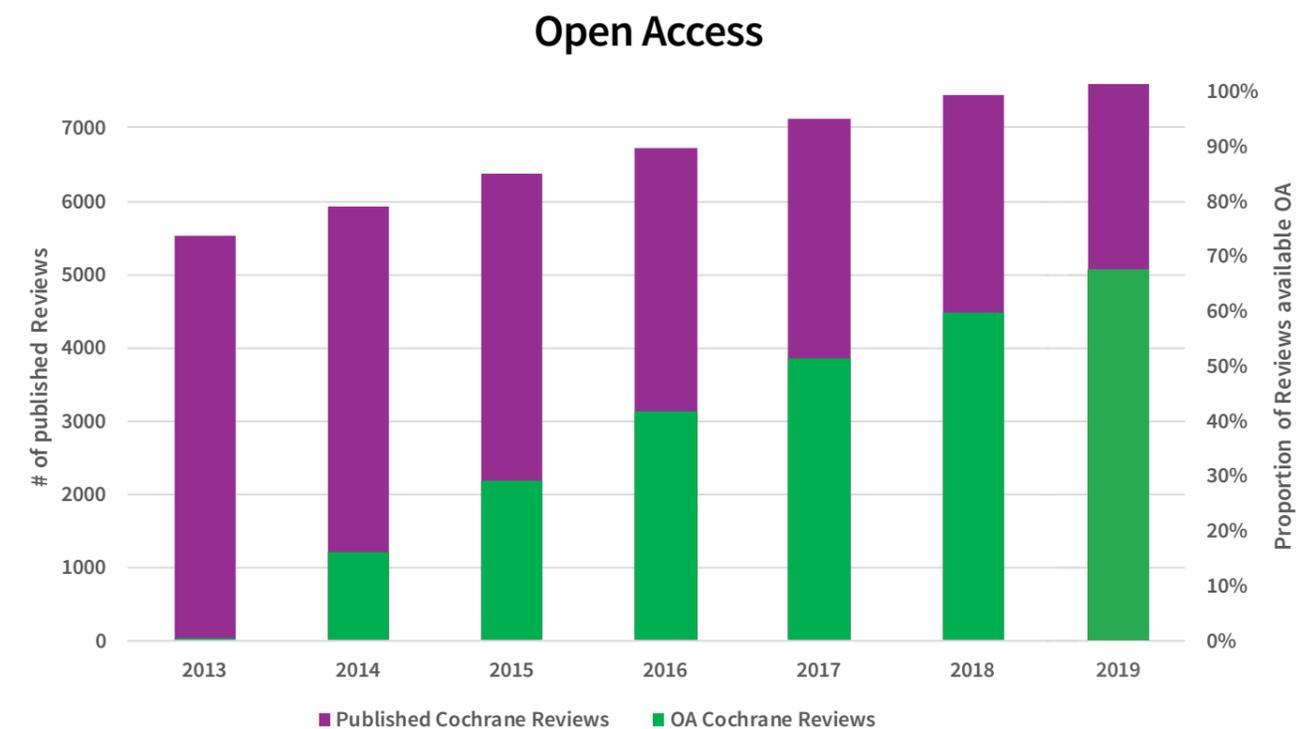
**107% increase in usage of our evidence since 2018...
Cochrane Library**

2013: 4 million visits

2017: 22.3 million visits

2018: 37.15 million visits

2019: 77 million visits



New Dissemination Checklist and Guidance

Do you want to get word out about your Cochrane Reviews?

Cochrane's new Dissemination Checklist can help create a higher quality dissemination product.

It's an 18-item checklist with in-depth guidance and examples, for anyone creating dissemination products that present findings of Cochrane intervention reviews.

So, if you're creating content such as **review summaries, podcasts, press releases and social media posts** for patients, health practitioners, policy-makers, guideline developers, journalists or other researchers, **this checklist can help you!**

Turn over to see a **short version** of the checklist and find out more at: cochrane.org

Knowledge Translation

New Dissemination Checklist and Guidance

A new tool to improve the quality, consistency and translatability of dissemination products and share Cochrane evidence more effectively.

[Watch our webinar on how to improve your dissemination products and share Cochrane evidence more effectively](#)

More access worldwide to Cochrane Reviews

More access worldwide to Cochrane Reviews

Over **62 million** translation page views on cochrane.org in 2019 (81% of all page views)

More than **40 million** cochrane.org visitors used a browser in a language other than English in 2019

Published more than **6,375** new or updated review abstracts and plain language summary translations in 2019

Published a total of **29,482** review summary translations in 15 languages.

[Read the 2019 annual translation report](#)



We began publishing Persian translations in the Cochrane Library and cochrane.org in October 2019, **our first right-to-left written language**.

We are working with Cochrane Iran to publish up to 2000 abstract and PLS translations on our websites.



Watch videos of people telling us how they contribute to Cochrane in their countries and languages



Knowledge Translation: The multi-language project

Projects and developments in Cochrane's multi-lingual teams



Working groups from Wuhan, Chongqing and Guangzhou of the new Cochrane China Network joined the Beijing University of Chinese Medicine team to translate abstracts and plain language summaries into simplified Chinese.



Cochrane Russia conducted a study to compare the quality of DeepL, Google Translate and Microsoft Translator machine translation.



Cochrane Germany conducted a study to compare the quality of DeepL machine translation against SYSTRAN machine translation.



Cochrane France collaborated with a Université Paris Diderot translation course, Hanna Martikainen published a study on post-editing of neural machine translation in medical texts, and how it impacts on lexicogrammatical patterns in the translations. Cochrane France also set up a topic-based subscription service allowing people to sign up to receive alerts on new translations in specific topic areas. They have developed a process to extract the most common terms used in Abstracts and plain language summaries to include them in their translation glossary.



Cochrane Poland conducted a study to test the presentation of Cochrane evidence in different formats to different audiences.



Cochrane Brazil developed training videos for volunteer translators based on the most common mistakes translators were making, and evaluated whether the training videos improved the quality of the volunteers' translations. The videos are available on [YouTube](#).



Cochrane Croatia conducted two studies, on the motivation of their volunteer translators, and on whether reminders increase the volunteers' engagement.

Results from INTERACT and Cochrane Croatia volunteer studies were presented in a webinar



Cochrane Malaysia collaborated with Universiti Sains Malaysia's translation department to improve the quality and readability of their translations and to develop a quality framework for Malay.



Cochrane Iberoamerica translated the Cochrane Interactive Learning modules on how to produce reviews into Spanish.

Knowledge Translation



Cochrane defines Knowledge Translation (KT) as the process of supporting the use of health evidence from our high-quality, trusted Cochrane systematic reviews by those who need it to make health decisions.

In 2019 we continued to build and expand the collection of resources for Knowledge Translation on the [Cochrane Training website](#), and we have a new innovative and interactive introductory module in development for early 2020. [Click here for more information](#)

New Cochrane KT initiatives in 2019 include:

- development of a [programme to support health policy makers to use Cochrane evidence](#);
- further support to Cochrane Groups in [priority setting](#) to ensure they meet user needs.

Knowledge Translation mentoring scheme

[Click here to find out more](#)

(Click to play)

Knowledge Translation in Cochrane

Knowledge Translation: Partnerships

The 'Recommended Dose' podcast advocates for evidence-based medicine (EBM)

Cochrane Australia

Aim: To promote a more questioning approach to health care through a podcast interviewing influential leaders in the world of EBM

Target audience for work: all interested audiences

Method used: Freely available podcast – co-published with BMJ

Summary: Cochrane Australia worked with a leading journalist and health-researcher, Ray Moynihan, to produce a series of podcasts. Each of the podcasts aims to tackle the big questions in health and explores the insights, evidence and ideas of researchers, thinkers, writers and health professionals from around the globe. Each podcast is about 30 minutes each, and co-published with the BMJ.

[Listen here](#)



Involving a stakeholder panel for co-production of a Cochrane Review

Cochrane Consumer and Communication Review Group

Aim: Cochrane Consumer and Communication Review Group (CCCRG) present their experience of working a stakeholder panel to help co-produce a review on “Interventions for providers to promote a patient-centred approach in clinical consultations”

Category: Involving stakeholders

Stakeholders: 18-member stakeholder panel involving consumers, health practitioners and health decision makers

Summary: The CCCRG editorial team talk about their work developing reviews with a stakeholder panel to guide them every step of the way, including developing the review question, writing the protocol and including stakeholders in the screening process. This work included preparation, engagement in topic and review questions, and a face-to-face training workshop. They present their experiences and give tips for others who may be interested in completing similar work in a number of different resources.

Read more on:

- a [blog](#) and [presentation](#) on including stakeholders in screening full-text search results
- a [colloquium presentation](#) outlining the process proposed for co-production
- an [overview of the review](#)



Goal 3

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care

2019 Highlights

Advocacy

- Cochrane released statements reminding clinical trial sponsors of their obligation to make their results public; pushing the Chair of the UK House of Commons Science and Technology Select Committee to call for sanctions on a new Health Research Authority transparency policy; and responding to an FDA consultation on the proactive release of clinical study reports.
- Cochrane representatives spoke at the EU Parliament on the importance of trial transparency for systematic reviewers and supported an AllTrials report, which was used in an evidence session at the UK Parliament.
- Cochrane-REWARD prize given out a third year, recognising three initiatives with potential to reduce research waste.
- Cochrane's Governing Board supported a new decision-making framework proposed for 2020-2021 on advocacy for use of high-quality evidence synthesis in health decision making; and advocacy for transparency and integrity in research.

Collaboration with WHO

- 45 reviews (from 14 Cochrane Review Groups) in 9 of 12 (75%) WHO-accredited guidelines published in 2019.
- 47 reviews from 19 Cochrane Review Groups were used to inform the 2019 WHO Essential Medicines List.

Media coverage

- Cochrane had almost 7,500 media mentions globally, up from 7,000 in 2018.

Social media

- Cochrane launched an Instagram account, with 3,102 followers.
- Social media following on platforms continue to grow – 'followers' up by 17% on Twitter, 27% on YouTube, 7% on Facebook; and the Cochrane Library's feeds grew by 15% on Twitter and 11% on Facebook.

Wikipedia

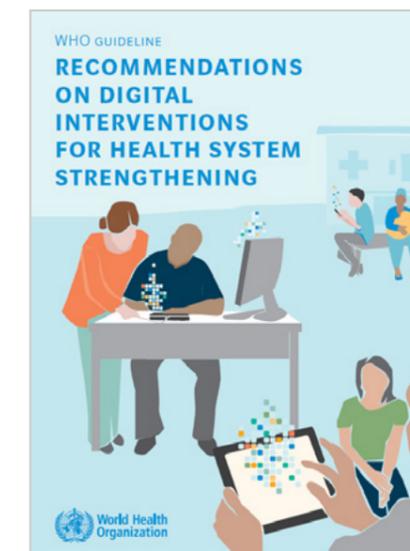
- Efforts to improve health-related Wikipedia in a range of languages are ongoing, including Spanish Wikipedia, French Wikipedia, Russian Wikipedia, and Dutch Wikipedia.
- Over 3,269 Cochrane Reviews shared in English Wikipedia.
- There were 51,000 referrals to the Cochrane Library from Wikipedia in 2019.

Cochrane Database of Systematic Reviews is the most referenced health-related journal on Wikipedia

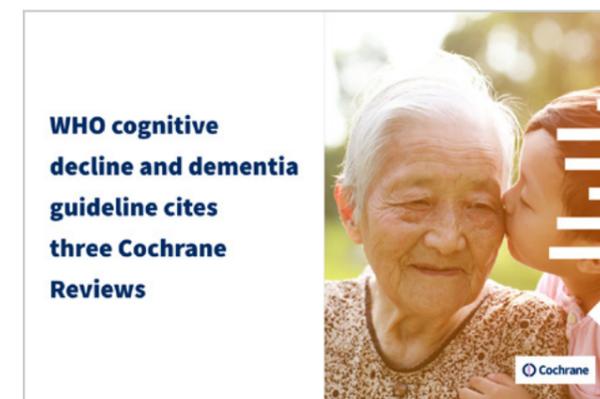
Health-related Wikipedia articles receive over two billion visits each year in English alone. Cochrane is proud to be contributing to the reliability, completeness, and accuracy of Wikipedia medical information – both in English and in several other languages, including Dutch, Spanish, French and Russian.



WIKIPEDIA



[Eleven Cochrane Reviews inform a World Health Organisation Guideline on digital healthcare](#)



WHO cognitive decline and dementia guideline cites three Cochrane Reviews

[Risk reduction of cognitive decline and dementia - WHO Guidelines](#)

Goal 4

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources

2019 Highlights

Cochrane's Central Executive Team designed and ran a competitive tender process for the right to publish the Cochrane Library from January 2021 for the next decade. The new publishing agreement will provide substantial financial security for Cochrane for the next 10 years, with the flexibility it requires to adapt to uncertainties around the changing publishing environment (particularly Open Access).

Following extensive consultation with the Cochrane community and an evaluation of Cochrane's editorial management requirements, a competitive tender process was designed and run for a new Editorial Management System (EMS) for Cochrane Review Production. This substantial programme of work, which will replace Cochrane's current 'Archie' EMS in the coming years, will continue in 2020.

Cochrane established a new 'People Services' department within the Central Executive Team responsible for leading Cochrane's membership, development, training, support and Human Resources in an integrated, coherent and holistic way across the whole organization.

Cochrane's Community Support Team has continued to satisfy people across the community with quick response times and effective resolution of issues. During 2019, the team responded to more than 5,800 requests maintaining an impressive record of resolving 99.7% of issues within one working day.

The expansion of Cochrane's global organization continued in 2019 with the establishment of:

- Cochrane US Network - launched in June
- Cochrane China Network - seven new Affiliates
- Cochrane Romania Affiliate launched
- Cochrane Portugal: full Centre status in September
- Cochrane Belgium: full Centre status in September
- Cochrane Mexico: four new Affiliates joined
- Cochrane Italy: one new Affiliate joined
- Cochrane Dominican Republic: launched November
- Cochrane Colombia: three new Affiliates joined
- Cochrane Madrid Affiliate: launched October

Two new Fields – aimed at supporting the take-up of Cochrane evidence into clinical policy and practice – were launched in 2019. The first, on First Aid, partnered with the Belgian Red Cross; and the second, the Cochrane Sustainable Healthcare Field launched at the 'Preventing Overdiagnosis Conference' in December in Sydney, Australia

Support for the next generation of Cochrane leaders and contributors flourished in 2019

Cochrane's Early Career Professionals



Following the highlighting on Cochrane.org of the work within the organization of many young academics, clinicians and researchers ('Cochrane's 30 Under 30'), a new Early Career Professionals Group was launched. This group provides a platform for international networking with early career professionals or other members in the Cochrane community. It aims to focus on the development of leadership skills for members and encourages active involvement in shaping the mission and vision of the Cochrane community.

Find out more [here](#).



'Students 4 Best Evidence', an initiative of Cochrane UK, was integrated into Cochrane's learning, development and support structures. A Spanish language version, 'Estudiantes x la Mejor Evidencia', was also launched. Find out more [here](#).

Evidence Essentials and Learning Live

It was a busy year for [Cochrane Training](#) in 2019 with new learning modules, webinars, website materials, and a comprehensive translation project for Cochrane Interactive Learning. Here are some of the highlights.

We launched a new four-module course, Cochrane Evidence Essentials, that introduces evidence-based medicine, clinical trials and Cochrane evidence for consumers, policy makers and members of the healthcare team. [Click here for more information](#)

 <p>Module 1: Evidence-based medicine</p> <p>Eleni tells us how a healthcare puzzle of her aunt's inspires her to begin to find out about evidence-based medicine. She learns what evidence-based medicine is, why it matters and how evidence and practice are being championed and improved.</p> <p>30 min Started</p>	 <p>Module 2: Randomized controlled trials</p> <p>Hearing that her aunt needs medical help increases Eleni's interest in where healthcare evidence comes from. She learns how clinical trials can be controlled and randomized, and what's needed to make sure randomized controlled trials are well run.</p> <p>45 min Not started</p>
 <p>Module 3: Introduction to systematic reviews</p> <p>Eleni wants to know where the most reliable healthcare evidence can be found and decides to explore systematic reviews. She learns about different kinds of systematic reviews, their advantages and limitations, how they're done and what's in each section of a finished review.</p> <p>45 min Not started</p>	 <p>Module 4: Understanding and using systematic reviews</p> <p>Eleni visits her aunt, who has a blood clot in her leg as a result of a 13-hour flight. Eleni wants to find out what she can do to avoid developing the same condition herself. She learns how to find a relevant Cochrane Review, understand its results and use it to make a shared decision with a healthcare professional.</p> <p>45 min Started</p>

We translated all 10 modules of Cochrane Interactive Learning into Spanish. [Click here for more information](#)



5. Introducción a la calidad y el riesgo de sesgo de los estudios



Introducción a la calidad y el riesgo de sesgo de los estudios

 <p>¿Qué es el sesgo y qué es el riesgo de sesgo?</p>	 <p>Fuentes de sesgo en los ensayos aleatorizados</p>	 <p>Fuentes de sesgo en los estudios no aleatorizados</p>
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We launched a new Cochrane Interactive Learning module on Network Meta-analysis. [Click here for more information](#)



Welcome to module 10: Network meta-analysis

Many researchers and clinicians who are producing evidence for decision-making are at an exciting point of moving a level up in the evidence pyramid - 'upgrading' from pairwise to network meta-analysis.

Georgia Salanti, Associate Professor in Biostatistics and Epidemiology, Institute of Social and Preventive Medicine, University of Bern.



Learning Live

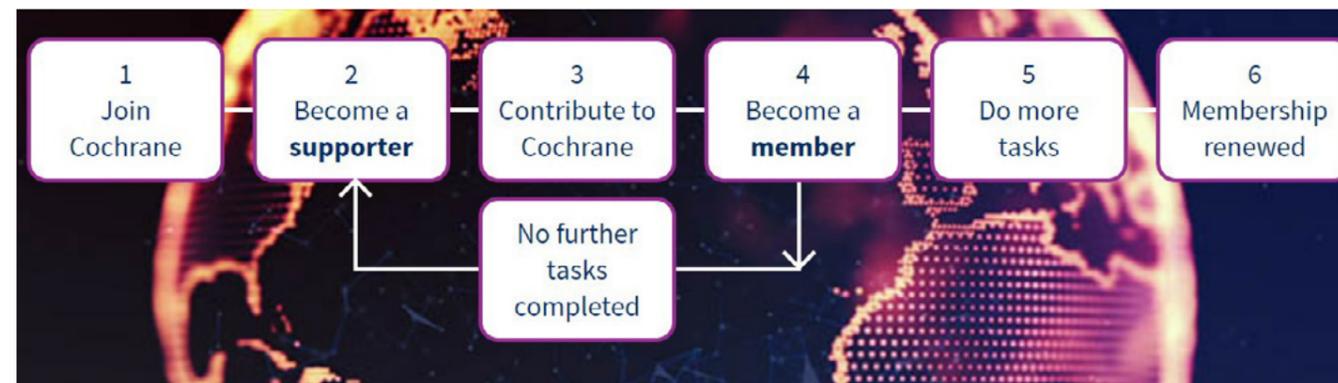


As part of our Cochrane Learning Live programme, we delivered 22 webinars to over 1,000 learners. Missed any? You can watch all of our webinar programme from 2015 onwards in our archive at the bottom of this [page](#).

Join Cochrane and be part of a global network of more than 82,000 supporters and members

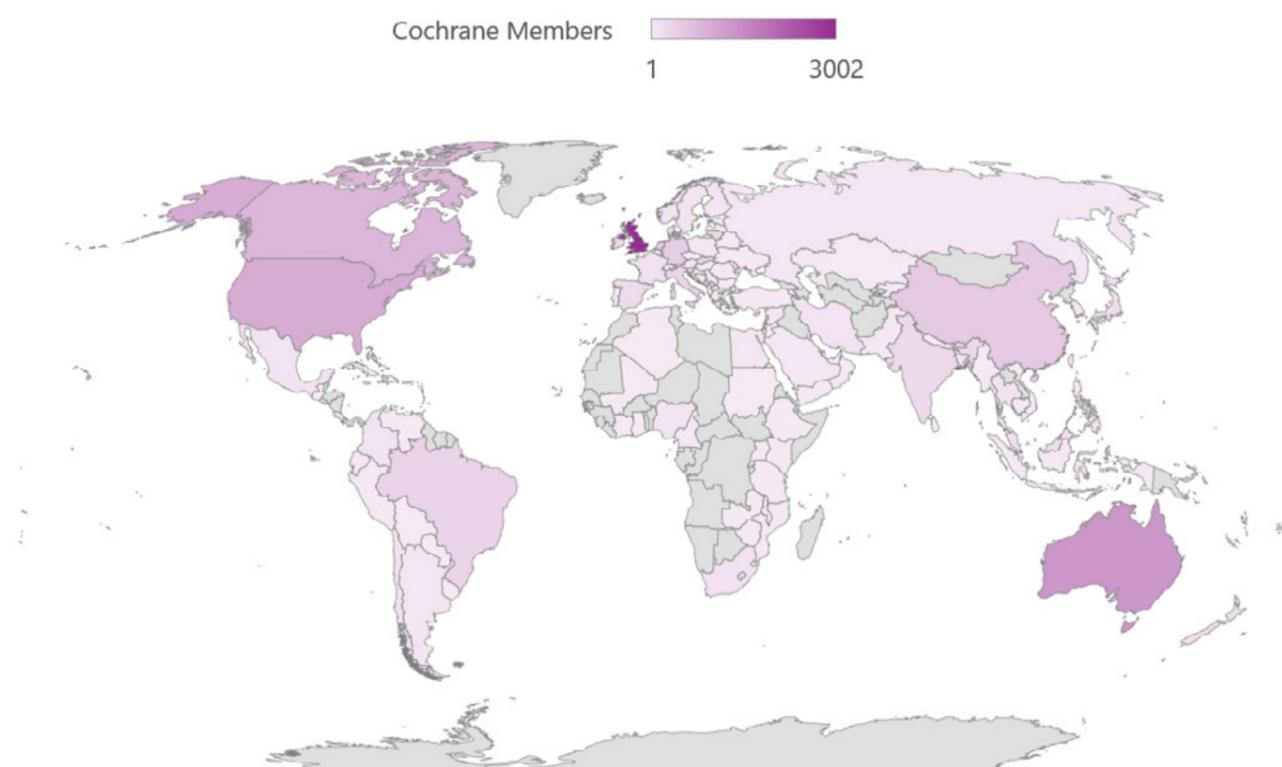
Cochrane membership is available to anyone who contributes substantively to Cochrane's work, whether that is someone screening records in Cochrane Crowd, authoring a review or working in a Cochrane Group (and many more roles besides). Membership shows our appreciation for these individuals who work hard to help achieve Cochrane's mission, and it gives each member governance rights in our organisation.

In 2019 our membership and supporter figures reached the 82,000 mark by the end of the year, a 26% growth from the year before. We are delighted that so many people continue to accept their Cochrane membership invitations and look forward to welcoming even more new members and supporters to Cochrane in 2020.



Join today as a Cochrane supporter

Heat Map of Cochrane Members



Find out more about Cochrane membership:

Membership thresholds

Membership contributions

Membership terms and conditions

If you are already contributing to Cochrane, you can [check your membership status here](#).

To learn more about our global community, visit [Cochrane Global Community](#).



[Cochrane Crowd](#) is an online citizen science platform that enables anyone with an interest in health to contribute to health evidence. Our volunteers make it easier for health researchers to find the latest, high-quality evidence on what treatments work and don't work. This means health practitioners can more easily access current evidence to inform the treatments they provide. Just a few minutes each day makes a huge difference.



You can make a difference!

Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorize and summarize healthcare evidence so that we can make better healthcare decisions.

Visit crowd.cochrane.org to find out more

2019 data on Crowd:

4,482

number of
new Crowd
contributors

1.3m

number of
classifications

32,619

number of
RCTs identified

146

number of
countries
contributors
came from

Cumulative totals at the end of 2019:

15,134

number
of Crowd
contributors

3.8m

number of
classifications

153,296

number of
RCTs identified

146

number of
countries
contributors
came from

Screen4Me

In 2019 we launched **Screen4Me**, an innovative service that allows individual review teams to use the Crowd and our machine learning tools to help identify studies for reviews. Since its launch in April, it has been used by 49 review teams across 11 Cochrane Review Groups, reducing the time taken for screening on these reviews significantly. We have calculated that the average workload reduction in screening for teams using Screen4Me is 51% (range 29% to 74%), so this is a highly significant development to streamline our systematic review processes.

"I love the diversity of topics, flexibility of tasks, challenges on special topics, up-skilling education modules and my connection with the Cochrane Crowd team! And I love the publications that come out of the Crowd work - both the Cochrane Reviews and the machine learning research, because they demonstrate the practical use of Cochrane Crowd in quite a short time frame."

- Cochrane Crowd participant



Cochrane TaskExchange

TaskExchange is an online platform that connects people working on health evidence projects with people who have the time and skills to help.

A bigger team than you think

Connect with the global health evidence community to get your work done more quickly

[Post a task](#) [Contribute skills](#)



2019 figures:

1,771 TaskExchange signups

476 Tasks posted in 2019

Cumulative totals at end of 2019:

4,778 TaskExchange users

1,325 Number of tasks posted

80% Steady response rate for the past 2.5 years

- Some of the tasks that people are getting help with right now!**
- Language translation
 - Record screening
 - Data Extraction
 - Guideline development
 - Consumer review
 - Clinical input

TaskExchange offers the perfect forum to bring people with a common belief in access to best evidence together. Translations wise, I have been very successful in finding help for our reviews! I have also 'met' many helpful people who have acted as consumer referees. At times I have had responses (and tasks completed) within 24 hours!

- Cathryn Broderick, Assistant Managing Editor, Cochrane Vascular

An unprecedented situation of civil unrest across Santiago, beginning late on 18 October 2019 and spreading throughout Chile, led to the cancellation of the 2019 Cochrane Colloquium

Cochrane's 26th Annual Colloquium in Chile

22 to 25 October 2019

Cochrane's Governing Board extended its grateful thanks to Gabriel Rada, and the Local Organizing Team at Cochrane Chile, Cochrane Iberoamerica, and Cochrane's Central Executive Team for their outstanding work in preparing for the 2019 Santiago Colloquium.

The Board and Senior Management Team share Cochrane Chile's huge disappointment that it was necessary to cancel the Colloquium, however all were in agreement that this was the most appropriate decision in the wake of the ongoing civil unrest in Santiago.

They have also been inspired to see the best of Cochrane's collaborative spirit demonstrated by the organizing teams and every Cochrane member and supporter who came to Chile under these most difficult circumstances.



Cochrane Chile, Colloquium Local Organizing Committee



Colloquium food donated to a local NGO in Chile; facilitated by the local organizing committee.

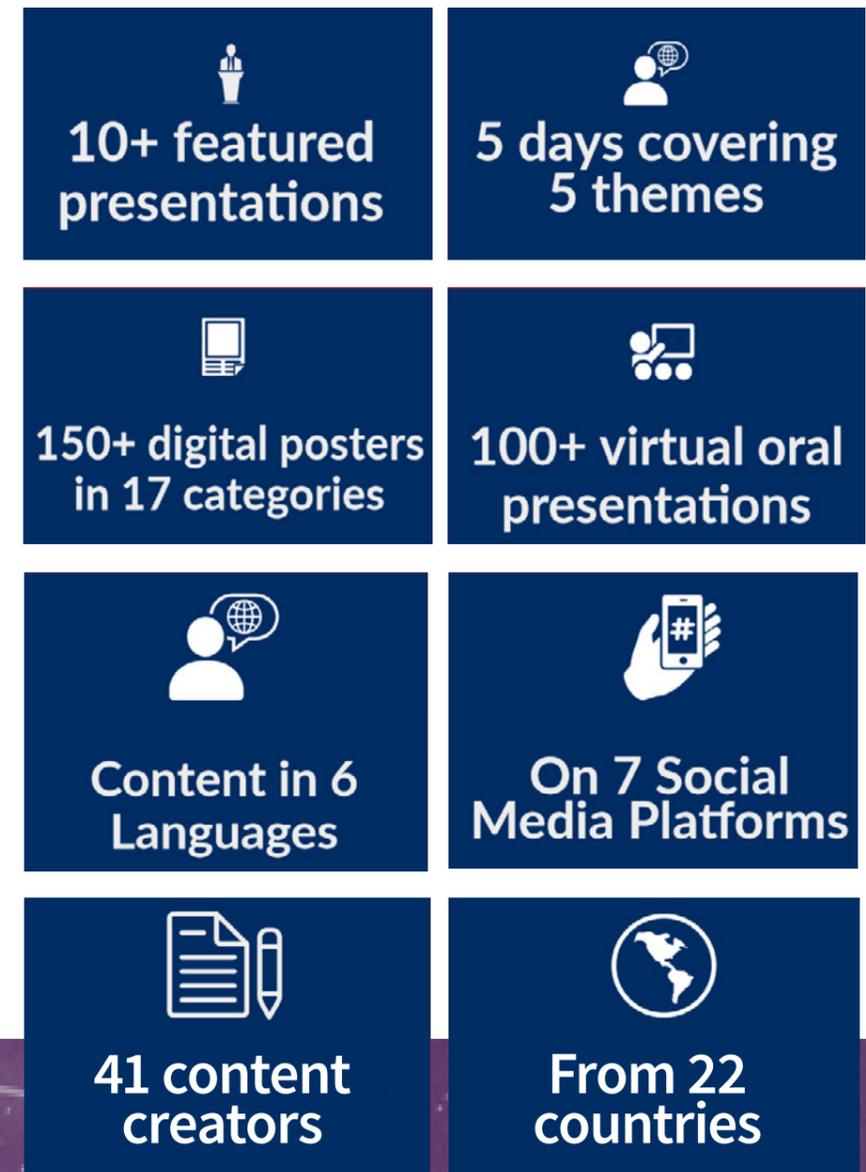
Cochrane's first ever Virtual Colloquium!

2 to 6 December 2019

The goal of this first Virtual Colloquium was to provide a platform and opportunity for sharing posters and oral presentations that were planned for presentation in Santiago, as well as to share this content with audiences including not only those who registered for the in-person Colloquium, but also the entire Cochrane Community, **as the Virtual Colloquium was open and free for all.**

This unique week of content was a fitting tribute to recognizing the extraordinary efforts of hundreds of contributors and the Cochrane community's spirit of resilience and collaboration. Virtual #CochraneSantiago highlighted the theme of 'Embracing Diversity' with each day's content including posters, plenary content, bespoke curated materials from long and short oral presentations as well as pre-produced videos posted 'as live' on YouTube each day. In addition, facilities for interaction with the daily content including discussion questions and social media conversations; with wide-ranging discussions happening on Twitter, Facebook, and Instagram using #CochraneSantiago, with Cochrane's Content Creators helping to lead these conversations across our web platforms.

All content remains freely available on the [Colloquium website](#) and open to everyone!



JACK NUNN Jack Nunn @jacknunn
Replying to @cochranecollab
Thank you to everyone at Cochrane for making so much wonderful content available online. Every conference should have so much online content - plus it's more inclusive and lower carbon emissions!
[@cochranecollab](#) [#openscience](#) [@scifall](#)

Roberto Altamirano @DrRAltamiranoA
Excelentes conferencias en [#CochraneSantiago](#). Se deben regalar un tiempo y verlas.
colloquium2019.cochrane.org/tue-3-dec
8:21 pm - 3 Dec 2019

Jennifer Tetzlaff @JMTetzlaff · 2m
Thank you [@cochranecollab](#) and [@CochraneChile](#) for Virtual [#CochraneSantiago](#). Although I wish we could have shared in person, I am grateful this is open to all; this speaks to the spirit of Cochrane. It is going to be a great week!

Maria B. Ospina, PhD @MariaBOspina
I am truly enjoying [#CochraneSantiago](#) virtual colloquium. Fantastic, diverse, equitable. Kudos to [@radagabriel](#) and his team [@cochranecollab](#) [@CochraneChile](#) All content free, open to all; keynote presentations and abstracts. Please stop by an enjoy cochrane.org/news/wednesday ...
2:44 pm - 3 Dec 2019

Financial report

Income

Cochrane's core income comes overwhelmingly from publication royalties from the Cochrane Library, published by John Wiley & Sons, Ltd ('Wiley'). Total income in 2019 was £8,079,905 (down 18% from the year before). Sales of the Cochrane Library fell 9% to £9,723,877 (2018: £10,684,000); with royalties paid to Cochrane down by 14% to £5,905,408 (2018: £6,869,065). The principal reason for the decline relates to an income reporting error in 2018 of over US\$600,000, which was corrected in 2019. Total publishing income in 2019 reached £6,971,582 (2018: £8,116,188).

'Cochrane Response' is a service that provides tailored and responsive evidence services for healthcare commissioners on a fee-for-service basis. It generated sales of £237,394 (2018: £485,997) resulting in an operating deficit of £64,204 (2018: £51,503). Cochrane Innovations is a commercial company solely owned by the charity to support the business development and commercialisation of Cochrane's non-Library products (including [Cochrane Interactive Learning](#), [RevMan](#) and [Covidence](#)) with the aim of supporting Cochrane's long-term financial sustainability. Income from Cochrane Innovations increased by £18,738 (10%) to £204,473 (2018: £185,735).

Included within total income from other charitable activities of £586,628 is approximately £430,000 in insurance claims relating to the cancelled Cochrane Colloquium in Santiago, Chile, in October 2019.

Fundraising from Trusts and Foundations fell in 2019, as planned follow-on funding to support Cochrane's 'Linked Data' and 'New Evidence Systems' information technology projects took longer to emerge than expected. Total income was £52,659.

Expenditure

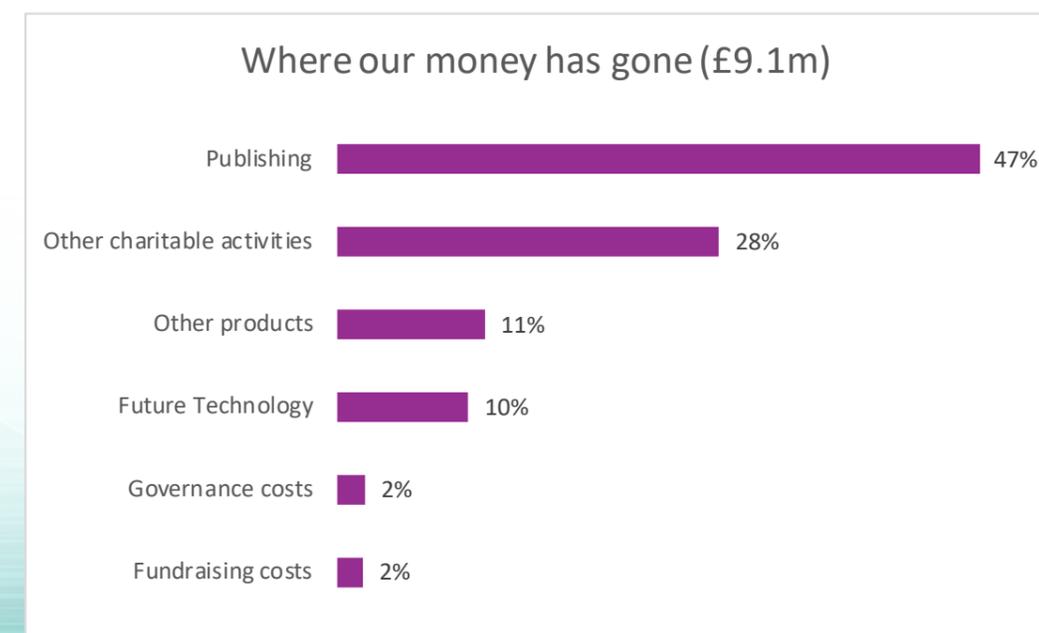
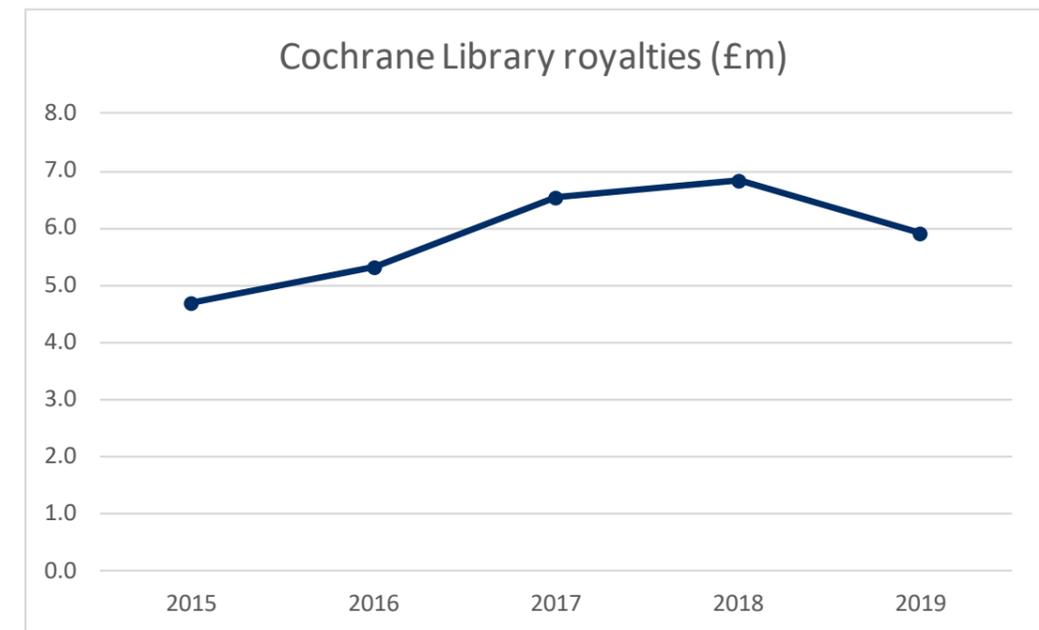
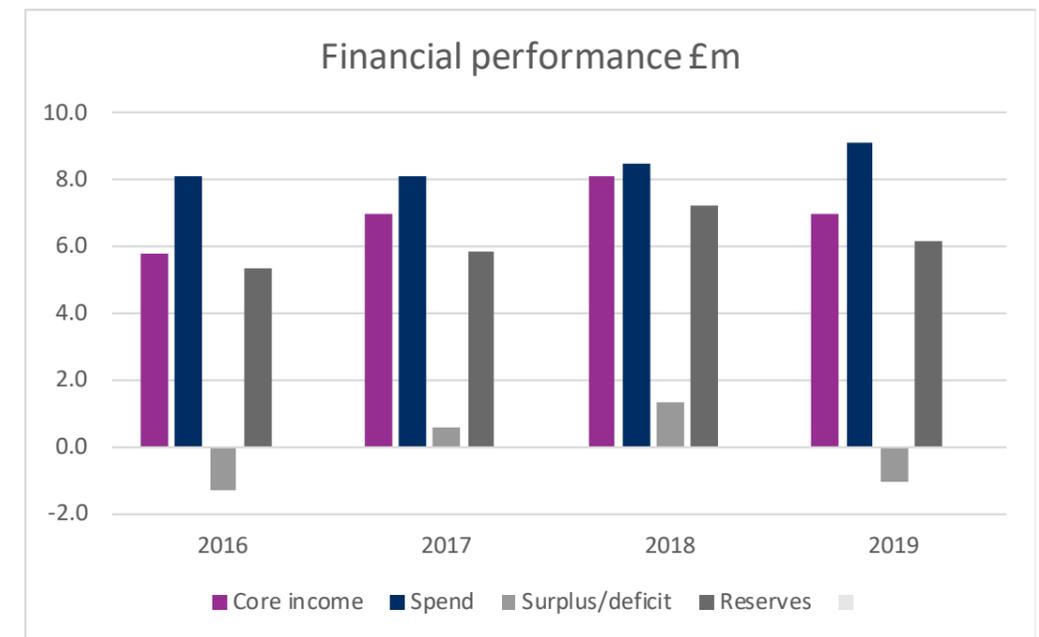
Cochrane spent £9,137,412 from central funds in 2019 on its activities, including continuing major investments in Strategy to 2020 projects.

Expenditure linked directly to Cochrane's central editorial, information technology and publishing support to Cochrane's Review production were £2,360,067 in 2019. An additional £483,380 was spent on new technology projects linked to future evidence production, including a grant from the Bill and Melinda Gates Foundation, Linked Data costs, and investments in Project Transform and the new review of Cochrane's editorial management system.

Other direct expenditure on Cochrane's charitable activities included £466,770 on the cancelled Cochrane Santiago Colloquium, nearly all of which were recovered from insurance. Another £248,068 was spent on direct costs related to translations of Cochrane evidence and £137,858 on Cochrane's methods development.

Cochrane's Central Executive Team (CET) leads, facilitates and supports the executive delivery of all Cochrane activities, including direct support for the recruitment, training and learning of Cochrane members. CET people-related costs were £2,726,052 in 2019. Other expenditure included £360,062 IT costs and £359,526 premises costs (for offices in the UK, Denmark and Germany).

A further £542,973 was spent in the commercialisation and sales of other products and services, including 'Cochrane Response' and Cochrane Innovations, to support Cochrane's long-term financial sustainability. Governing Board, Cochrane Group Executives, the Cochrane Council, as well as audit, accountancy and legal costs totalled £188,808.



Cochrane's CEO, Mark Wilson looks ahead

Over the last six years Cochrane's *Strategy to 2020* has transformed the organization and we are now a global, growing, high-performing and more efficient organization as this *Annual Review* shows. Even more importantly, to a greater extent than ever before we are delivering on our fundamental mission and purpose – to promote evidence-informed health decision-making around the world. But there is much more still to do; and significant change will still be required in the coming years to ensure Cochrane's impact on health decision-making grows even further to improve the health outcomes of people everywhere. But this change will, I believe, be within the existing strategic framework and choices that Cochrane made in its *Strategy to 2020*, even as this year we work together on establishing the new organizational strategy to guide our work in 2021 and beyond.

This is a tremendously exciting prospect, as we assess how far we've come since January 2014, look at the world's rapidly changing health evidence needs in the next decade, and decide what our new dreams and ambitions should be. To give us the best chance of achieving those ambitions, we will need:

- *the right people in Cochrane*: ensuring that we continue to attract, retain and develop the best researchers and clinicians, patients and policy makers to produce and disseminate Cochrane evidence;
- *the right technology and processes*: allowing us to produce and disseminate this evidence as efficiently and effectively as possible;
- *the right products and services* that people and organizations will pay for because they value and use them;
- *sufficient financial resources* to support and grow these activities and ensure Cochrane remains a global public good.

The COVID-19 pandemic sweeping across the world in 2020 shows how vital it is to have the highest-quality healthcare evidence informing decision-making by the bedside and within the local, national and global health systems that all of us rely on. Cochrane's importance to the world has never been more pronounced; and I'm confident that our customers, donors and supporters will recognize what astonishing value Cochrane offers now and in the future.



Cochrane funding sources

Cochrane is able to generate authoritative and reliable information because we never accept commercial or conflicted funding. This policy means Cochrane contributors can work freely, unconstrained by commercial or financial interests. Most of our central organizational income is derived from the proceeds of the Cochrane Library and other Cochrane products. Our Groups are supported by national governments, international governmental and non-governmental organizations, universities, hospitals, private foundations and personal donations worldwide. Below is a list of organizations that make our work possible.

More than 1 million GBP*

Danish Health Authorities
National Institute for Health Research (NIHR) (UK)
National Institutes of Health (USA)

500k to 1 million GBP

Federal Ministry of Health (Germany)

100k to 500k GBP

Chief Scientist Office (Scotland)
Cochrane Charity - central funds awarded
Department for International Development (UK)
Institut National du Cancer (France)
Laura & John Arnold Foundation
Lower Austrian Health and Social Fund (Austria)
McMaster University (Canada)
Ministry of Health (New Zealand)
Ministry of Health, British Columbia (Canada)
National Health and Medical Research Council (Australia)
Norwegian Agency for Development Cooperation (Norway)
South African Department of Health
South African Medical Research Council
World Health Organization (WHO)

50k to 100k GBP

Centre for Future Health, University of York / Wellcome (UK)
Ciber de Epidemiología y Salud Pública (Spain)
HSC Research and Development (Northern Ireland)
Joint Research Centre (Italy)
Laurence Le Cleach (France)
Ministerio de Sanidad, Servicios Sociales e Igualdad/Ministry of Health, Social Services and Equality (Spain)
Ministry of Health (Austria)
Ministry of Health and Welfare (Taiwan)
Skåne University Hospital (Sweden)
Swiss Medical Board
The Gerber Foundation
The National Health Research Institutes (Taiwan)
Vermont Oxford Network

20k to 50k GBP

Canadian Association of Gastroenterology (Canada)
Canadian Rheumatology Association
Cochrane Oral Health Global Alliance
Dr. Peter Tugwell University Account (Canada)
European Respiratory Society
Farncombe Family gift
Federal Ministry of Education (Nigeria)

Federal Ministry of Education and Research (Germany)
Hamilton Health Sciences
Institut de Recerca de Sant Pau (Spain)
Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS) (Spain)
Kazan Federal University Program, Federal Ministry of Education and Science (Russia)
Lazio Region (Italy)
Liverpool School of Tropical Medicine (South Africa)
Lund University (Sweden)
Ministry of Science and Technology (Taiwan)
Monash University (Australia)
National Institute for Medical Research Development (Iran)
National Research Foundation (South Africa)
Niederösterreich Gesundheits und Sozialfonds (NOGUS)/ Health and Social Funds, Lower Austria (Austria)
Northumberland, Tyne and Wear NHS Foundation Trust (UK)
Odense University Hospital, University of Southern Denmark
Public Health Wales
State of Lower Austria
The Global Fund
Universidad Francisco de Vitoria (Spain)
Universidad Tecnológica Equinoccial (Ecuador)
University of Vermont, Larner College of Medicine (USA)
University of York (UK)

*Funds contributed by funders per annum

10k to 20k GBP

American College of Gastroenterology (USA)
Navarre Health Service (Spain)
Foundation IRCCS - Istituto Neurologico Carlo Besta, Milan (Italy)
Federal Ministry of Health (Nigeria)
University of Pécs (Hungary)
Campbell Collaboration
Economic and Social Research Council (UK)
Medical Center – University of Freiburg (Germany)
Erasmus University (Netherlands)
Faculty of Medicine and Health Sciences, Stellenbosch University (South Africa)
Ministry of Health and Regione Lombardia (Italy)
Instituto Salvadoreño del Seguro Social ISSS and Instituto de Investigaciones Clínicas de La Universidad Nacional de Colombia (Colombia)
Propuesta Para La Estructuración Técnica Y Operativa de Un Modelo de Excelencia Para La Ruta Integral de Atención En Salud Materno Infantil Y de la Mujer En La Red Integrada de Servicios de Salud - RISS de Bogota (Colombia)

Under 10k GBP

Canada Research Chair Critical Care Neurology and Trauma (Canada)
Center for Primary Care and Public Health (Unisanté), Lausanne, Switzerland (formerly Institute of Social and Preventive Medicine, Lausanne University Hospital, Switzerland)
Center for Reproductive Medicine (Netherlands)
CHU de Québec - Université Laval Research Center: Population Health and Optimal Health Practices (Canada)
City of Split (Canada)
City of Zagreb (Croatia)
Cochrane Canada
Cochrane Japan (commissioned work)
Cochrane Response
Croatian Academy of Sciences and Arts
Faculdade de Medicina de Lisboa (Portugal)
German Academic Exchange Service (DAAD)
Health Authority, Umbria Region (Italy)
Instituto Salvadoreño De Seguro Social Isss And Instituto De Investigaciones Clínicas De La Universidad Nac

Instituto Universitario Hospital Italiano (Italy)
Jagiellonian University Medical College (Poland)
John Wiley & Sons, Ltd
Mapi Research Trust
MDS Foundation (Portugal)
Ministry of Science and Education (Croatia)
Motor Neurone Disease Association (UK)
National Institute for Clinical Excellence (NICE) (UK)
Pan American Health Organization (PAHO)
RCSI & UCD Malaysia Campus (formerly Penang Medical College) (Malaysia)
Region Skåne (Sweden)
Split-Dalmatia County (Croatia)
University Hospital Gaetano Martino Messina (Italy)
University of Copenhagen (Denmark)
University of Split, School of Medicine (Croatia)
University of the Basque Country (Spain)

Trustees

The following Trustees, who are also the Directors for the purposes of company law, held office on the Cochrane Governing Board during the year and to the date of signing these financial statements:

- Prof. Martin Burton (Co-Chair)
- Ms Marguerite Koster (Co-Chair – until September 2019)
- Ms Catherine Marshall (Board member from February 2019; Co-Chair from September 2019)
- Prof. Janet Clarkson (Treasurer from September 2019)
- Dr Xavier Bonfill Cosp
- Prof. Nicola Cullum
- Ms Maria Gladys Faba Beaumont
- Prof. Sally Green
- Prof. Tracey Howe (Treasurer until September 2019)
- Dr Karsten Juhl Jørgensen
- Ms Raewyn Lamb (Board member from February 2019)
- Mr Jordi Pardo Pardo

Senior Staff

The senior staff of the Charity, and of its commercial subsidiary, Cochrane Innovations, during the year comprised:

- Mr Mark Wilson, Chief Executive Officer
- Dr David Tovey, Editor in Chief, The Cochrane Library (until 31 May 2019)
- Dr Karla Soares-Weiser, Editor in Chief, The Cochrane Library (from 1 June 2019)
- Ms Joanne Anthony, Head of Knowledge Translation
- Ms Lucie Binder, Head of Governance & Strategy (appointed 1st October 2019)
- Mr Christopher Champion, Head of People Services
- Ms Sylvia De Haan, Head of External Affairs & Geographic Groups' Support (from 30 March 2019)
- Mr Toby Lasserson, Deputy Editor in Chief, The Cochrane Library
- Mr Christopher Mavergames, Head of Informatics & Technology Services (& Chief Information Officer)
- Ms Charlotte Pestrige, Head of Publishing, Research & Development (& Chief Executive Officer, Cochrane Innovations)
- Ms Sarah Watson, Head of Finance & Core Services (until September 2019)
- Mr Simon Leicester, Interim Head of Finance (from September 2019)