

MESSAGE FROM THE COCHRANE GOVERNING BOARD CO-CHAIRS



Cindy Farquhar



Lisa Bero

2017 was a great year.

We were pleased to see some of the changes that the Steering Group had been working on for the past three or four years finally come to fruition.

Firstly, we changed our leadership structure from a representational steering group to a Governing Board with both external and internal members. An election was held in which all Cochrane Members could vote

and we now have two co-chairs (elected by the board), and six internal (elected) members and five external (appointed) members. We would like to say thank you to the Governance Reform Working Group for three years of consultation and effort that allowed us to reach this point.

Secondly, the widely discussed review of the Structure and Function of Cochrane Review Groups got underway and by the end of the year some of the changes were in place with new Networks. We expect to see the remaining changes completed in 2018. This work aimed to create themed Networks (see [page 10](#)) that allow greater support of the individual groups and wider cooperation between them. It has been a lot of work and again we'd like to thank all the people involved across the whole organization.

Thirdly, it was wonderful to see Project Transform make its mark with [Task Exchange](#), the [Membership Scheme](#)

and [Covidence](#) all getting underway and becoming embedded in our daily activities.

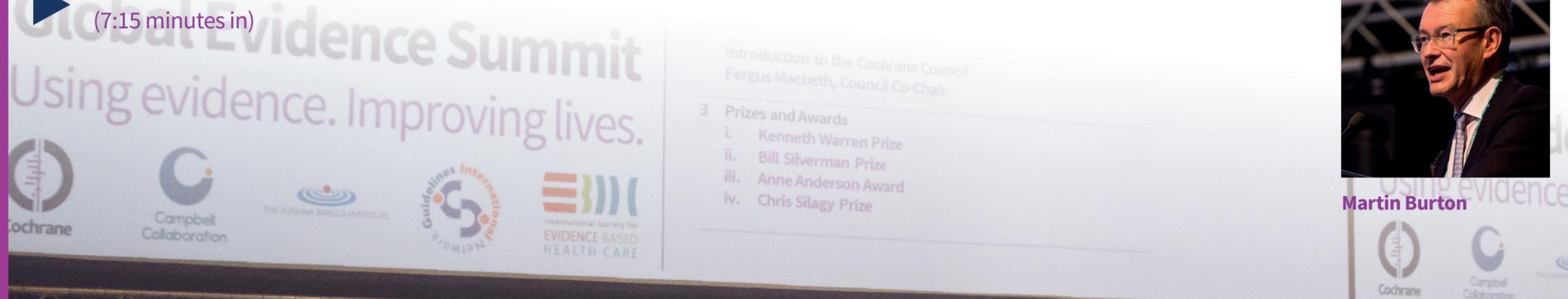
Finally, we have seen growth in all aspects of the organization – the number of people who are involved and who have [access to the Cochrane Library](#) because of the growth in subscriptions and growth in the number of Cochrane Reviews available through our Green Open Access provision.

We said farewell to Professor Lisa Bero at the Annual General Meeting in September after an outstanding 16 years on the Steering Group – ten as a member and the last four years as the Co-chair. Her leadership has been impressive and her commitment to the aims of the Collaboration exemplary.

Looking forward to an equally impressive 2018.

Cindy Farquhar and Martin Burton

▶ [Click to watch Lisa Bero's farewell video](#)
(7:15 minutes in)



Martin Burton

Cochrane exists so that healthcare decisions get better.

Cochrane is for anyone interested in using high-quality information to make health decisions. Whether you are a doctor or nurse, patient or carer, researcher or funder, Cochrane evidence provides a powerful tool to enhance your healthcare knowledge and decision making.

Cochrane's 10,000 members and over 28,000 supporters come from more than 130 countries worldwide. Our volunteers and contributors are researchers, health professionals, patients, carers, and people passionate about improving health outcomes for everyone, everywhere. Our global independent network gathers and summarizes the best evidence from research to help you make informed choices about treatment and we have been doing this for 25 years.

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

MESSAGE FROM COCHRANE'S CHIEF EXECUTIVE OFFICER, MARK WILSON

As a global community committed to producing the highest quality healthcare evidence that impacts health decision making around the world, Cochrane contributors can be immensely proud of what we achieved in 2017. In this Annual Review we report on substantial increases in the demand for and use of Cochrane evidence from our online platforms; and the successful completion or launching of major initiatives and transformational projects, including Cochrane's new Membership scheme, our first Knowledge Translation Strategy, and wide-ranging governance reform. These are only some of the most noteworthy achievements: overall, nine of the ten organizational targets we set ourselves at the start of the year were delivered; almost every metric we use to measure our progress showed improvement; and we are on course to achieve nearly all of the objectives in Cochrane's hugely ambitious [Strategy to 2020](#).

Cochrane's Editor in Chief, David Tovey, describes in more detail on [page 4](#) how the demand for Cochrane evidence continued its tremendous growth in 2017 with over 12.5 million PDF downloads of the 7,500 Cochrane Systematic Reviews in the Cochrane Library - a rise of 28% from 2016 - and more than 15 million web visits to Cochrane.org (compared to 5 million in 2015). Our editorial teams are working harder than ever to ensure that Cochrane Reviews are increasingly meeting the needs of patients, clinicians, policymakers, and researchers.

...we are on course to achieve nearly all of the objectives in Cochrane's hugely ambitious Strategy to 2020

The phenomenal growth in the demand for Cochrane's evidence from our website has been driven in part by the work of our 14 translations teams. In 2017 they published more than 5,500 new or updated translations of Cochrane Review abstracts and Plain Language Summaries, taking the total to more than 23,000 (see [page 11](#)). The availability of Cochrane evidence around the world continued to expand in 2017 with 3.66 billion people now enjoying free one-click access to the whole Cochrane Library (2.1 billion of them through the free provision made for those living in low- and middle-income countries).

In September, the extent of Cochrane's global reach was evident in the hugely successful Global Evidence Summit (GES), hosted in Cape Town by Cochrane South Africa and attended by more than 1,300 people from 75 countries (see [page 16](#)). The GES was conceived and run by Cochrane, but marked the first time that we joined forces with multiple partner organizations to create a premiere event in evidence-based policy; and plans are already under way for the next Global Evidence Summit (GES2) in 2021! The new Cochrane African Network was launched in Cape Town during the GES, reflecting our steadily-growing organizational footprint in new countries and regions, with new Cochrane Centres established in 2017 in Argentina, Austria, Chile, Croatia, and Japan; and new Associate Centres or Affiliate Groups in Iran and Sweden.

All of these things were achieved through the astonishing creativity, innovation and hard work of those involved in the Cochrane community

Cochrane's influence and reach is also growing through the strengthening of existing and new organizational partnerships. A joint Cochrane/World Health Organization (WHO) meeting was held in Geneva in April to coincide with Cochrane's annual Governance Meetings. A new partnership with Epistemonikos was implemented, incorporating the foundation's database of systematic reviews within the new search function on the enhanced Cochrane Library, which will finally be launched later this year. Cochrane's partnership with Wikipedia continued to flourish with Cochrane evidence being integrated within hundreds of Wiki pages on health and healthcare issues that have now been viewed over 197 million times (figures up to May 2018).

Cochrane's new membership scheme (see [page 17](#)) was also launched at the Global Evidence Summit, a critically important step that opens Cochrane up to the world, helping us to attract new supporters and members with a wider range of experience and skills into our work, recognize their contributions, and sustain and expand our global activities. Our investment in new development and training support for Cochrane contributors and members bore fruit in the delivery of expanded and improved editor training and our ['Learning Live'](#) flagship webinar programme on methods, tools, and current issues, with over

20,000 video views made by participants in 2017. We also launched Cochrane's new ['Interactive Learning'](#) online training course, providing over 10 hours of self-directed learning on the complete systematic review process for both new and experienced review authors; and introduced ['Involving People'](#), an online resource for systematic review editors and authors to help them involve patients and other members of the public in the production of Cochrane Reviews.

All Cochrane members can now vote at Cochrane's [Annual General Meeting \(AGM\)](#) and select the members of our Governing Board. A new advisory body, the [Cochrane Council](#), also began its work. At the AGM in Cape Town, members of the global community provided their own perspectives on what will define a successful *Strategy to 2020*. I encourage you to watch the [wonderful video series](#) from that event, including the [flagship presentation on success in 2017](#).

All of these things were achieved through the astonishing creativity, innovation and hard work of those involved in the Cochrane community; and supported by the robust financial health of the organization. Cochrane's total income in 2017 was £8,669,000, a 27% increase from 2016 with a 22% increase in royalties from sales of the Cochrane Library accounting for most of this income (£6,527,000). Our new consultancy service, 'Cochrane Response', launched in June 2016, was already generating an annual operating profit of £48,000 in 2017; and though funds received from trusts and foundations were lower, we remain confident that fundraising for Cochrane's 'Linked Data' and 'Living Evidence' information technology projects will come through strongly in the coming years. Overall, expenditure was lower than budgeted in 2017 at £8.1 million, resulting in an operating surplus of £563,000 and an expansion of Cochrane's financial reserves to nearly £6 million.

We are committed to re-investing a significant part of these reserves back into the organization in the coming years to meet our *Strategy to 2020* goals and objectives; and continuing the demonstrable success we achieved in 2017 that I hope this Annual Review reflects.

▶ [Click to watch the 2017 AGM Chief Executive Officer Report](#)



MESSAGE FROM DAVID TOVEY, EDITOR IN CHIEF

This has been another highly successful year for the [Cochrane Library](#), thanks to the immense and continuing contribution of our diverse global community. We have seen a continuing rise in access to the Library, with total demand increasing by 70% since 2015. We have also seen access to our reviews on Cochrane's own site continue its steep increase, almost tripling in the past three years to 15m visits in 2017, fuelled by impressive growth in use within Francophone and Spanish-speaking countries. Indicators of impact are also increasing steadily with Impact Factor and 5-year Impact Factor rising to 6.264 and 7.084 respectively. These data hide the extent of the total Cochrane footprint, demonstrated by the total number of citations in 2016 (the latest year for figures) rising to 54,740, making it one of the top five most cited journals in its category. Finally, we are seeing impressive use of evidence from Cochrane Reviews in guidelines, and none more so than the continuing reference to our reviews in over 80% of WHO guidelines in 2017.

These are impressive figures, and our success is also highlighted by an impressive, and industry-confounding rise in licensing income. Recent independent research commissioned by our publishers, Wiley, demonstrates extraordinary levels of trust and willingness to recommend Cochrane amongst users of the Library, far exceeding that of some of our competitors.

Recent independent research commissioned by our publishers, demonstrates extraordinary levels of trust and willingness to recommend Cochrane amongst users of the Library, far exceeding that of some of our competitors

Amongst all this good news, there are indications that some of the paradigms in evidence are shifting. Evidence gathered over more than two decades, to which many Cochrane researchers have contributed, has demonstrated the limitations of traditional forms of evidence synthesis, dominated as they are by industry sponsored studies and brief reports of clinical trials in scientific journals. On the other side of the coin, we have demands from evidence users for more complex reviews,

addressing different types of questions, delivered more rapidly, and able to support individualised care. Increasing numbers of high quality systematic reviews are also being published in other journals, which mean that there is also intense competition to attract the most impactful reviews.

Be in no doubt: our ability to adapt to the changing needs of evidence users will determine our future success.

By bringing CRGs together within each network we will seek to improve the consistency and quality of processes and outputs through sharing expertise, provide a driver for prioritisation activities and gap analysis, and focus support for initiatives aimed at developing our reviews

The Cochrane editorial process has remained largely unchanged for over two decades. It was once vitally important to ensure that all author teams were guided carefully through the production of a review, but a 'one size fits all' approach is not the modern way and it no longer best serves Cochrane's interests. Too many important reviews, including those produced within the Cochrane community, are published elsewhere, by experienced and skilled teams. Our new 'Fast Track' process, seeks to address this by offering a new and different process, aiming for rapid and efficient publication of the best submissions, without undermining Cochrane's key reputation for the quality of its reviews. We will work with our new Review Group Networks (see [page 10](#)) to provide a process closer to that of a traditional high quality journal, with the aim of attracting more important titles, and moving the best of these efficiently through to publication.

The new Networks are a key part of our Transformation Programme. By bringing CRGs together within each Network we will seek to improve the consistency and quality of processes and outputs through sharing expertise, provide a driver for prioritisation activities and gap analysis, and focus support for initiatives aimed at developing our reviews. The Networks will also provide highly-visible foci for both internal and external communications and partnerships.

Our Knowledge Translation Strategy is also crucially important in terms of delivering Goals 1 and 2 of our *Strategy to 2020*. It prioritizes engagement with evidence users to understand and identify the questions that are the most important to them. The work packages that form our current Knowledge Translation focus will ensure that we place the right evidence in the right hands at the right time.

Technology is at the centre of Cochrane. In mid-2018 we will formally launch our new Cochrane Library, with enhanced features and functionality. We hope that the new technology platform, hosted by Highwire, will provide an environment that will be flexible enough to grow to meet our aspirations to deliver the highest possible service to our varied end-user communities. We will also be seeking to update and refresh the eco-system that supports the production of reviews, including the introduction of RevMan Web, and the exciting RCT classifier, built by James Thomas' team at UCL as part of Project Transform.

We want to be able to ensure that the achievements of the past two decades, and indeed the last 12 months, can be translated to future success, in a changing, demanding and competitive world. I firmly believe that the essential building blocks are in place

Cochrane's strength, and its future, depends on the skills and commitment of its extraordinary workforce. We are working hard to provide author teams, editors and other contributors with a superb environment that supports the efficient production of high quality, high impact reviews. We want to be able to ensure that the achievements of the past two decades, and indeed the last 12 months, can be translated to future success, in a changing, demanding and competitive world. I firmly believe that the essential building blocks are in place.

▶ [Click to watch the 2017 Editor in Chief Report](#)

OUR 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 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 STRATEGY TO 2020

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

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

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



▶ [Click to read more about our 10 key principles](#)

▶ [Click to read more about our *Strategy to 2020*](#)

2017 IN NUMBERS

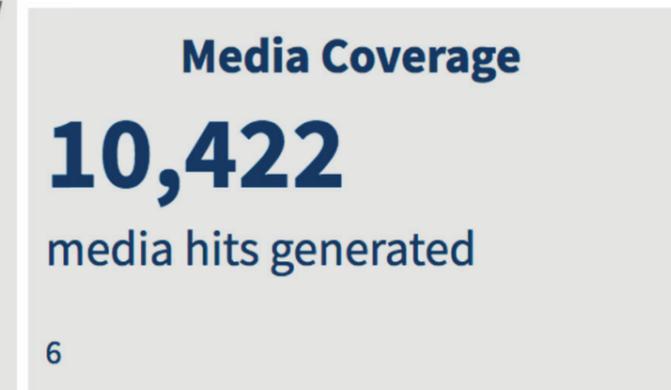
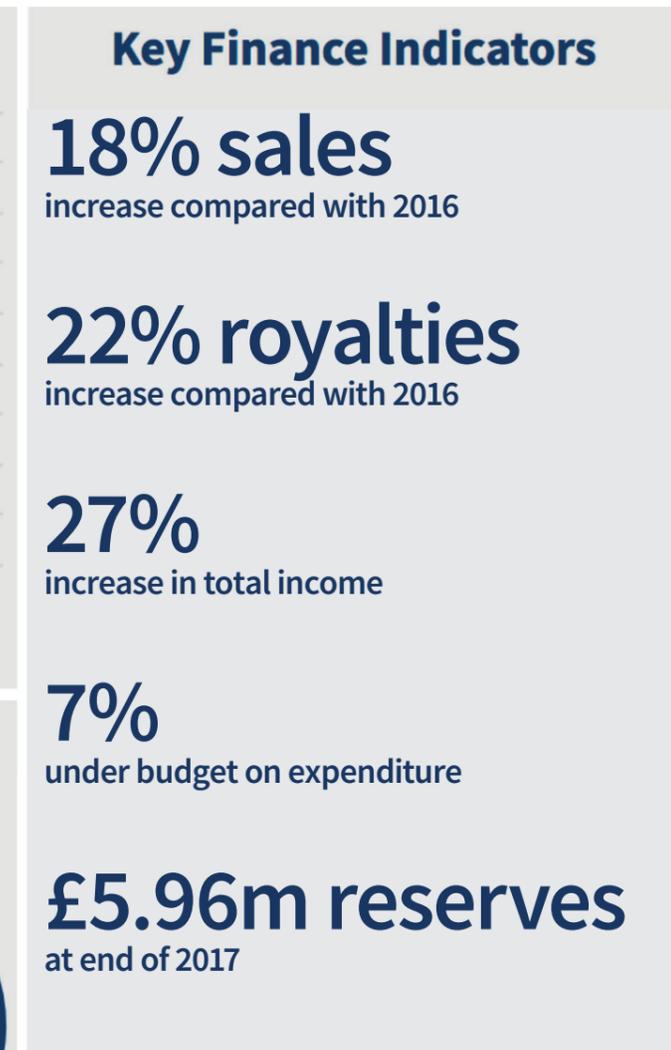
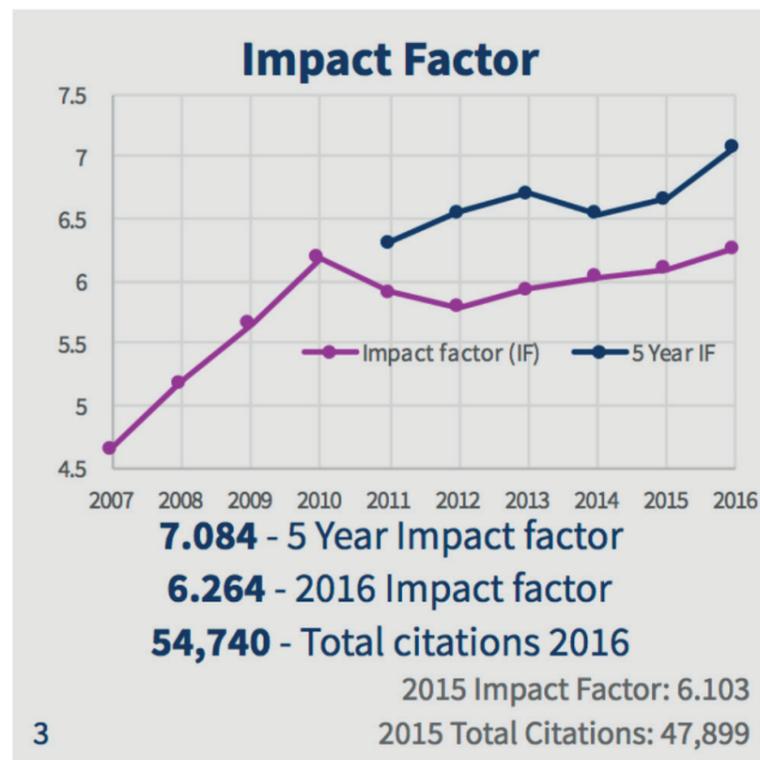
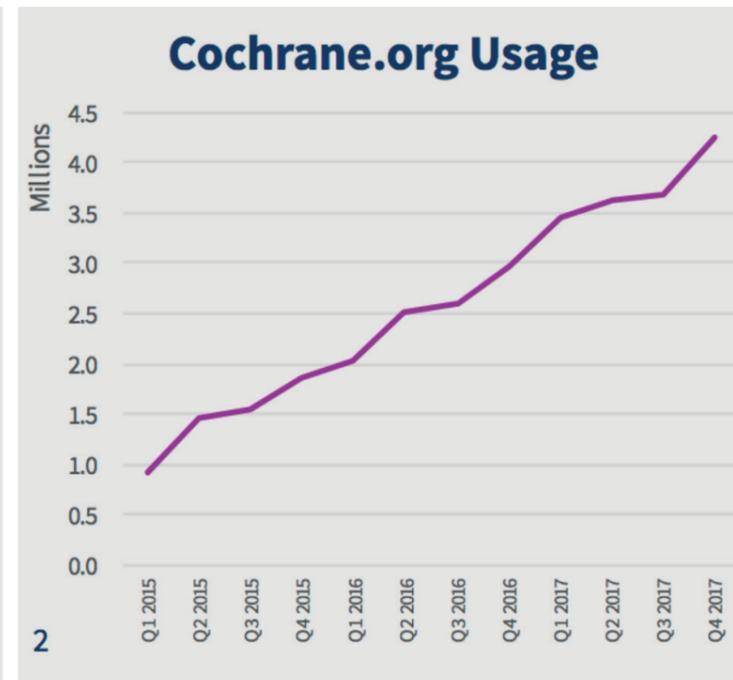
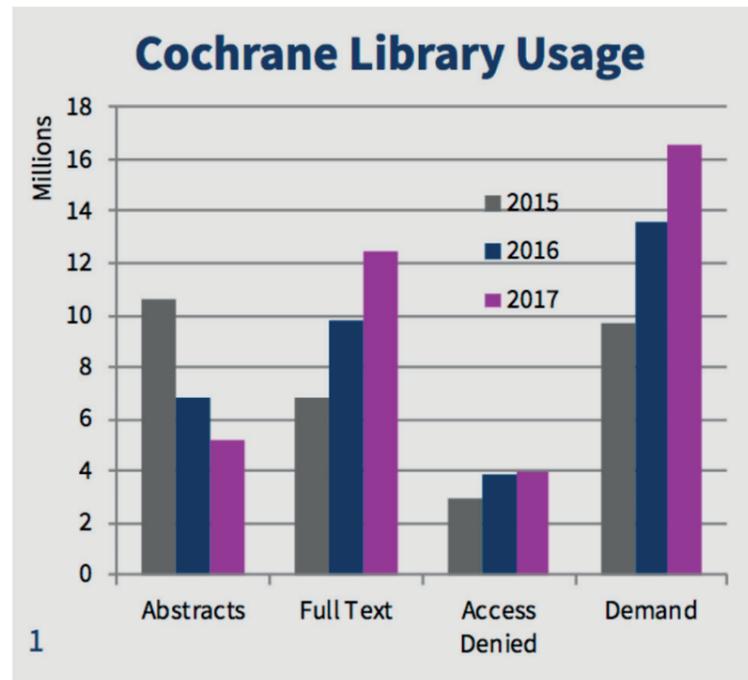
- Millions more people accessed and used Cochrane evidence to inform their health decisions: 12.5 million Review downloads were made from the Cochrane Library in 2017 (28% up from 2016); total Library demand up 70% from 2015; and Cochrane.org web visits increased from 5.7 million in 2015 to over 15 million in 2017 (4.2 million sessions in Q4 alone).
- New national licences in India and South Africa contributed to 3.66 billion people worldwide having free at the point of use access to the Library.
- All of Cochrane's 2017 targets were met with the exception of the launch of the new Cochrane Library (which is now scheduled for June 2018).
- Cochrane Library sales and royalties increased dramatically compared with 2016, contributing to a 27% increase in overall income and a £563,000 operational surplus. Cochrane reserves rose to £5.96 million.
- The Cochrane Database of Systematic Reviews' (CDSR) 5-Year Impact Factor rose to an all-time high of 7.084; and Cochrane Reviews were cited in 80% of all WHO guidelines.
- Cochrane South Africa hosted the first ever, highly-successful Global Evidence Summit (GES), with a record 1,300 delegates attending.
- Cochrane's new Membership scheme and a comprehensive programme of 'Interactive Learning' for authors of systematic reviews were launched at the GES.

COCHRANE'S 2017 DASHBOARD REFLECTS A YEAR OF GREAT ACHIEVEMENTS

Cochrane's Annual Dashboard presents some key metrics on our organizational performance over the previous calendar year. It includes data on *Strategy to 2020* target achievements, and key metrics around the four *Strategy to 2020* Goals. It's an excellent tool to use to reflect on what we accomplished in 2017 and how this compares with our performance in earlier years.

In addition, every quarter we publish a Dashboard which shows our performance on the same set of metrics, so that our contributors and stakeholders can clearly see our progress.

▶ [Click to see our quarterly and annual Dashboards](#)



GOAL 1: PRODUCING EVIDENCE FOR A GLOBAL COMMUNITY

2017's stories of success:

- Publishing 406 new Cochrane Systematic Reviews, 321 updated Reviews (new citation versions) and 426 new protocols for forthcoming Reviews in the Cochrane Library. At the end of December 2017, the Cochrane Library, published by John Wiley & Sons, Ltd, contained 7,510 Cochrane Reviews and over 1 million records in its Central Register of Controlled Trials (CENTRAL).
- The Cochrane Database of Systematic Reviews (CDSR) increased its impact factor again in 2017 (as calculated by the Journal Citation Report) to 6.264, ranking it as one of the top medical journals in the world, with its five-year impact factor reaching 7.084. The CDSR also saw an increase in the number of citations in 2016 (the latest year for figures) to 54,740, making it one of the top five most cited journals in its category.
- Cochrane's Central Executive Team continued a screening programme that evaluates protocols and reviews at all stages of their development process at the request of the Cochrane Review

Groups, those reviews that are identified as being appropriate for media release, and other reviews referred through alternative processes against a core set of Methodological standards for the conduct of new Cochrane Intervention Reviews (the MECIR programme) to ensure they all met the highest quality standards. Over 87% of all Cochrane Reviews and 91% of all Review Updates now contain Summary of Findings Tables, a key quality measure (up from 70% and 64% respectively in 2015).

- At the beginning of 2017 Cochrane published an updated list of new priority Reviews its stakeholders and Review Groups had identified, and 37 new Reviews and 25 Review updates from the list were published in 2017 (27 and 49 respectively in 2016).
- Cochrane's Reviews also made gradual improvements in timeliness, with 32% of new Reviews being completed in 18 months or less, and the median production time from protocol to

review publication for all new priority reviews 23 months – though the figure for all reviews fell only slightly to 29 months.

- [Cochrane Crowd](#), our citizen science platform, continued its tremendous success, with a global community of almost 8,500 volunteers helping to classify the research needed to support informed decision-making about healthcare treatments. By the end of 2017, these volunteers had achieved over 1.75 million classifications of randomized controlled trials.
- Significant progress was made on the new Cochrane Review production 'Ecosystem'. The 'beta' version of the new browser-based RevMan Web was launched in December 2017, the CRS Web transfer was completed (incorporating the new 'Evidence Pipeline' machine learning services from Project Transform); and Cochrane's author support tool, Covidence, showed substantial growth in usage by both Cochrane and external authors.

► **Find out how we did against our Targets in 2017**



TOP 3 MOST DOWNLOADED NEW REVIEWS

Cochrane Reviews published in 2017 continue to make major contributions to our health evidence base:

- [Yoga treatment for chronic non-specific low back pain](#)
- [Implementation strategies for health systems in low-income countries: an overview of systematic reviews](#)
- [Tobacco packaging design for reducing tobacco use](#)

TOP 3 MOST DOWNLOADED UPDATED REVIEWS

- [Support for healthy breastfeeding mothers with healthy term babies](#)
- [Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews](#)
- [Interventions to improve antibiotic prescribing practices for hospital inpatients](#)

IMPACT FACTOR FOR THE COCHRANE DATABASE OF SYSTEMATIC REVIEWS (CDSR) RISES

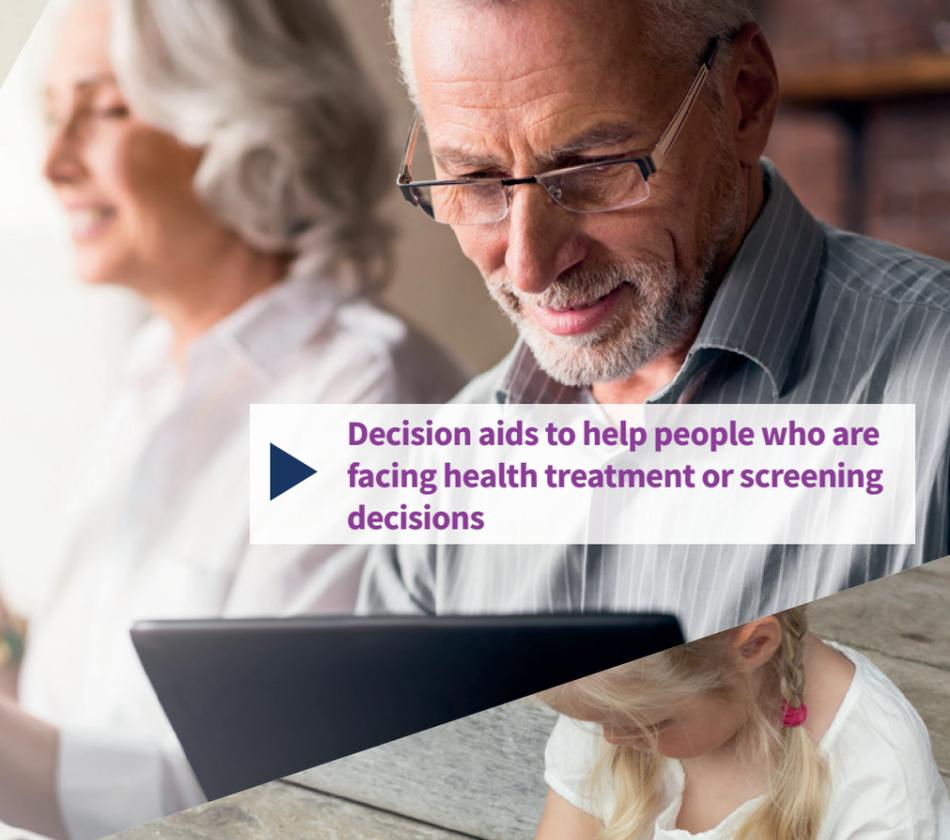
↑ **6.264** in 2017
6.103 in 2016



▶ **Yoga treatment for chronic non-specific low back pain**



▶ **Can the use of standardised packaging for tobacco products reduce the use of tobacco?**



▶ **Decision aids to help people who are facing health treatment or screening decisions**



▶ **Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination**

COCHRANE REVIEWS MAKING A DIFFERENCE IN 2017

These Cochrane Reviews were some of the most impactful in 2017.

Find out how Cochrane's evidence is having global impact. Cochrane's 'The Difference We Make' Collection is a set of examples where Cochrane evidence has made an impact on global healthcare and policy. It highlights how Cochrane works with organizations such as the World Health Organization and Wikipedia; as well as how our evidence makes a difference to everyday lives.

▶ **View 'The Difference We Make' Collection**



▶ **Emollients and moisturisers for eczema**



▶ **Diet, physical activity and behavioural interventions for the treatment of overweight or obese children**



▶ **Factors that influence the delivery of care by skilled birth attendants in LMICs**



▶ **Virtual reality for stroke rehabilitation**

WHAT IS ALTMETRIC?

Alternative metrics ('Altmetric') provide a new way of looking at the impact of published research which complement traditional metrics such as usage and citations.

It tracks and reports conversations from thousands of online sources, including mainstream news outlets, policy documents, and social media.

WHY IS ALTMETRIC IMPORTANT?

It shows how published Cochrane evidence is being disseminated beyond the academic world. You can see who's talking about our reviews and protocols and demonstrates how Cochrane evidence is reaching global health decision-makers.

Yoga treatment for chronic non-specific low back pain:

SOME HIGHLIGHTS FROM THE COCHRANE LIBRARY IN 2017



TOP COCHRANE REVIEW IN ALTMETRIC

According to Altmetric data, this 2017 Cochrane Review has been mentioned most often across print and broadcast media, social and digital platforms:

[Yoga treatment for chronic non-specific low back pain](#)



MOST POPULAR JOURNAL CLUB ARTICLE

Cochrane's Journal Club articles provide relevant background information and related resources on a single Cochrane Review. The most popular Journal Club article in 2017 was:

[Comprehensive geriatric assessment for older adults admitted to hospital](#)



MOST ACCESSED EDITORIAL

Cochrane Editorials published in the CDSR evaluate ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy. The most accessed Editorial in 2017 was:

[Antimicrobial stewardship: we know it works; time to make sure it is in place everywhere](#)



MOST ACCESSED PODCAST

Some Cochrane Reviews are accompanied by podcasts, often read by the review authors. The most accessed podcast of 2017 was:

[Early additional food and fluids for healthy breastfed full-term infants](#)



MOST VIEWED COCHRANE CLINICAL ANSWER

Cochrane Clinical Answers (CCAs) provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane Reviews. The most viewed CCA in 2017 was:

[Does the use of risk assessment tools help prevent the development of pressure ulcers?](#)



SPECIAL COLLECTIONS

Special Collections are curated content collections on a specific healthcare topic, published on the Cochrane Library. In 2017 they include:

[Enabling breastfeeding for mothers and babies](#)
[Yoga for improving health and well-being](#)

COCHRANE'S NEW NETWORKS OF REVIEW GROUPS

In 2017, Cochrane launched its Cochrane Review Group (CRG) Transformation Programme which sets out the changes we will be making to ensure Cochrane continues to produce a comprehensive collection of timely, high-quality reviews, relevant to our stakeholders in the future. All Cochrane Review Groups have now been consolidated into the following Review Group Networks:



Cochrane
Public Health and Health Systems



Cochrane
Brain, Nerves and Mind



Cochrane
Acute and Emergency Care



Cochrane
Children and Families



Cochrane
Circulation and Breathing



Cochrane
Cancer



Cochrane
Long Term Conditions and Ageing

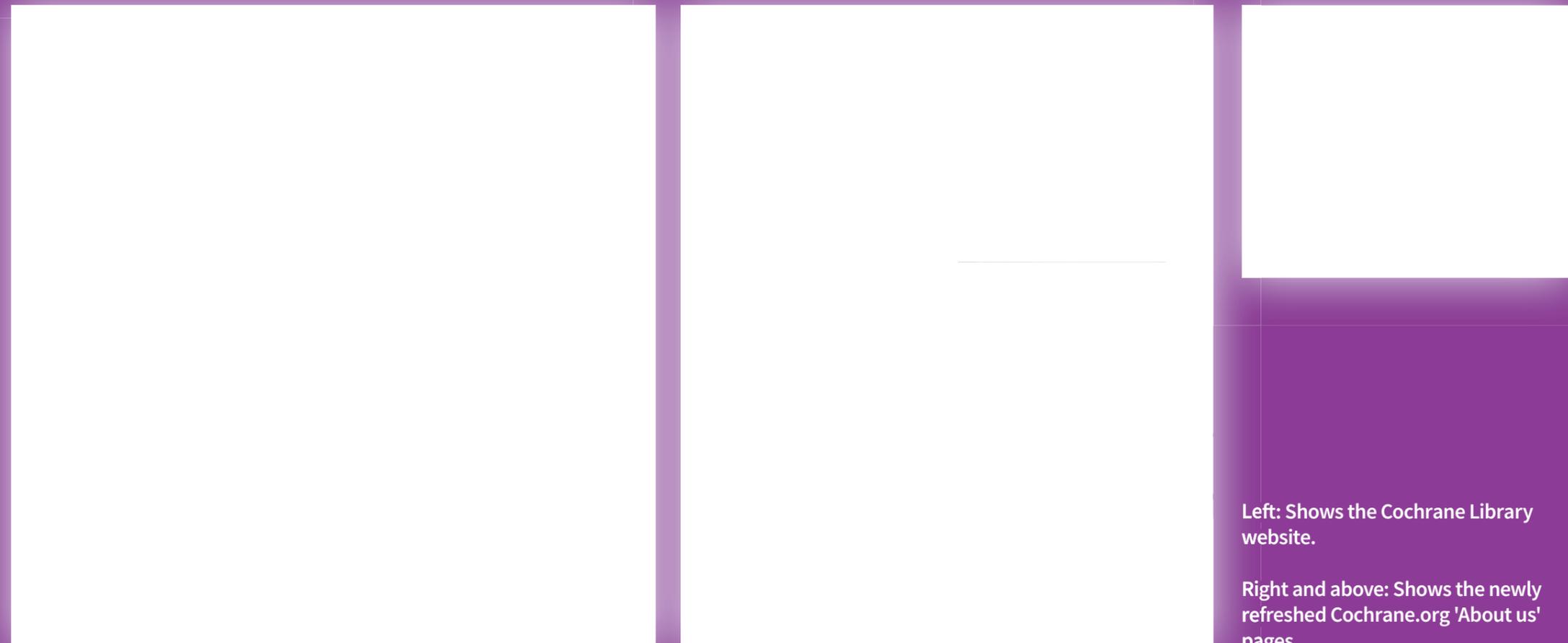
Click on the Networks to find out more about their composition, leadership, and work.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE TO EVERYBODY, EVERYWHERE IN THE WORLD

2017's stories of success:

- Web traffic to Cochrane.org continued its astonishing rise. Web visits increased to over 15 million in 2017, compared to 5.7 million in 2015 (a rise of 328%).
- A total of 10,442 pieces of media coverage were recorded (up from 4,268 in 2016) with the UK, US, Australia and China showing the largest shares. Cochrane's social media following continued its steady but unspectacular growth, but there was better news with subscribers to our 'Cochrane Connect' monthly newsletter increasing significantly to over 8,200.
- Intensive work continued throughout the year on developing an enhanced Cochrane Library platform to improve user experience. The launch of the new Cochrane Library, led by Cochrane's publisher, Wiley, and specialist technology company HighWire, was continually delayed in 2017 and provided the greatest setback and source of frustration for the charity. Launch is now scheduled for June 2018. Improvements will include the display of Cochrane Reviews and CENTRAL, linking of the CDSR and CENTRAL, the search and discovery interface, and multi-language search and the display of non-English language content.
- Over 12.5 million PDF downloads of Cochrane Systematic Reviews were made from the Cochrane Library in 2017 (a rise of 28% from 2016). Total demand for Reviews from the Library is up by 70% since 2015.
- In 2017 Cochrane supported 14 translations teams working in Croatian, French, German, Japanese, Korean, Malay, Polish, Portuguese, Russian, Simplified Chinese, Spanish, Tamil, Thai and Traditional Chinese to publish 5,516 new or updated translations of Review abstracts and Plain Language Summaries over the year; with now more than 23,000 translations of Cochrane Reviews offered on the Cochrane.org website.
- The project to annotate Cochrane Reviews for PICO (Population, Intervention, Comparison & Outcome) tagging continued. These annotations allow Cochrane to make Reviews and their content and data much more discoverable in our end-user products and services, and a new 'PICO widget' will be made available on the Enhanced Cochrane Library in late 2018.
- Another 832 Cochrane Reviews became open access in 2017 for everyone, everywhere under the organization's Open Access Policy. Thanks to new national licence agreements in India and South Africa allowing all of their citizens to access the Cochrane Library, global figures for the number of people able to enjoy free at the point of use access to the Library rose to over 3.66 billion (from 2 billion people in 2016).

► **Find out how we did against our Targets in 2017**



Left: Shows the Cochrane Library website.

Right and above: Shows the newly refreshed Cochrane.org 'About us' pages.

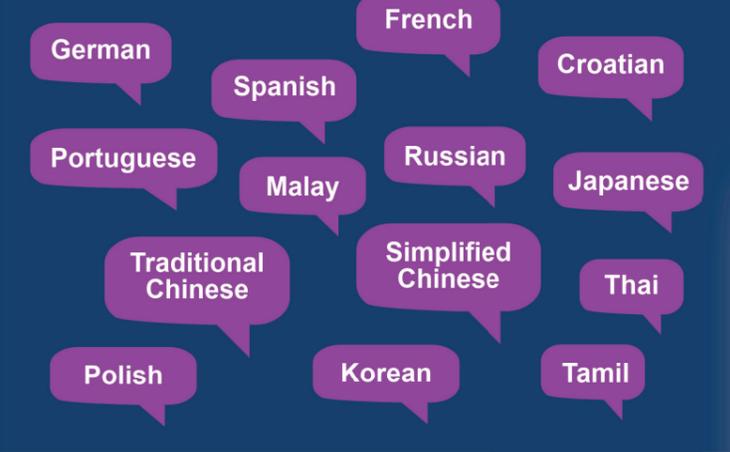
Only **6%** of the world speaks English as a first language **75%** do not speak English at all



23,006 translations of abstracts and Plain Language Summaries have been published on our websites as of December 2017

5,516 were translated/updated in 2017

COCHRANE.ORG HAS BEEN TRANSLATED INTO 14 LANGUAGES



4 MOST TRANSLATED COCHRANE REVIEWS

<p>Yoga treatment for chronic non-specific low back pain</p> <p><i>in 12 languages</i></p>	<p>Acupuncture and related interventions for smoking cessation</p> <p><i>in 11 languages</i></p>
<p>Vitamin C for preventing and treating the common cold</p> <p><i>in 11 languages</i></p>	<p>Electronic cigarettes for smoking cessation</p> <p><i>in 11 languages</i></p>

144 podcasts translated in 15 languages

COCHRANE'S TECHNOLOGY ENHANCEMENTS

In 2017, Cochrane and its partners developed new software and improved existing systems to enhance the ways in which Cochrane produces evidence, manages data, disseminates our reviews, and runs our organization.

Key developments:

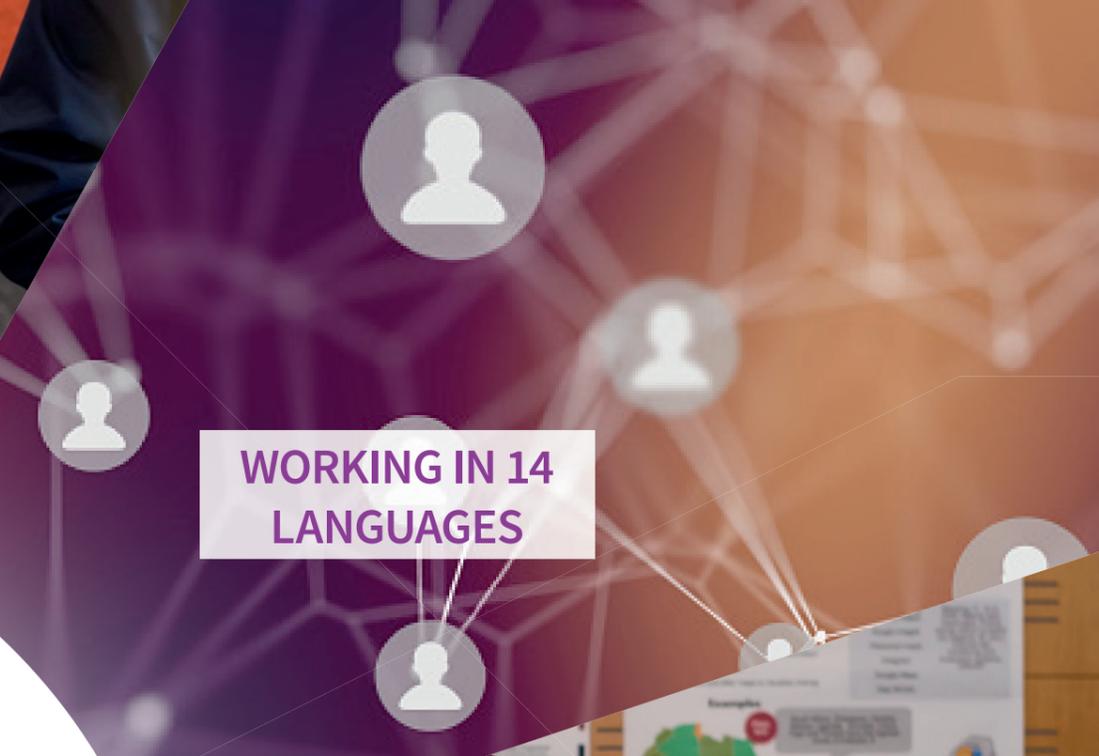
- Beta launch of [RevMan Web](#) for intervention reviews
- Launch of the [Cochrane Interactive Learning](#) platform
- Launch of the [Cochrane Membership scheme](#), including implementation of a CRM system and the “Join Cochrane” webpages
- Project Transform's components: [Cochrane Crowd](#), [TaskExchange](#), and [Evidence Pipeline](#) move into wider use
- [PICO annotation of Cochrane Reviews](#), including completion of a project funded by the Bill & Melinda Gates Foundation
- The [Cochrane Register of Studies Web](#) is live and in use by Information Specialists
- Major work to support the launch of the new Cochrane Library platform in 2018, including integration of Spanish full-text translations



IMPROVED PRIORITY SETTING



DEVELOPING & UP-SCALING PRODUCTS



WORKING IN 14 LANGUAGES



MEASURING OUR IMPACT

COCHRANE BECOMES A KNOWLEDGE TRANSLATION-CENTRED ORGANIZATION

Cochrane's Knowledge Translation (KT) Strategy was launched in 2017, providing a new [framework](#) that will guide the future dissemination, use, and impact of Cochrane evidence. The new KT Strategy reflects Cochrane's fundamental commitment to translating our evidence into policy and practice.

More than a 100 Cochrane contributors working in 14 languages begin the implementation of Cochrane's Knowledge Translation activities.



IMPROVING THE UPTAKE OF OUR EVIDENCE



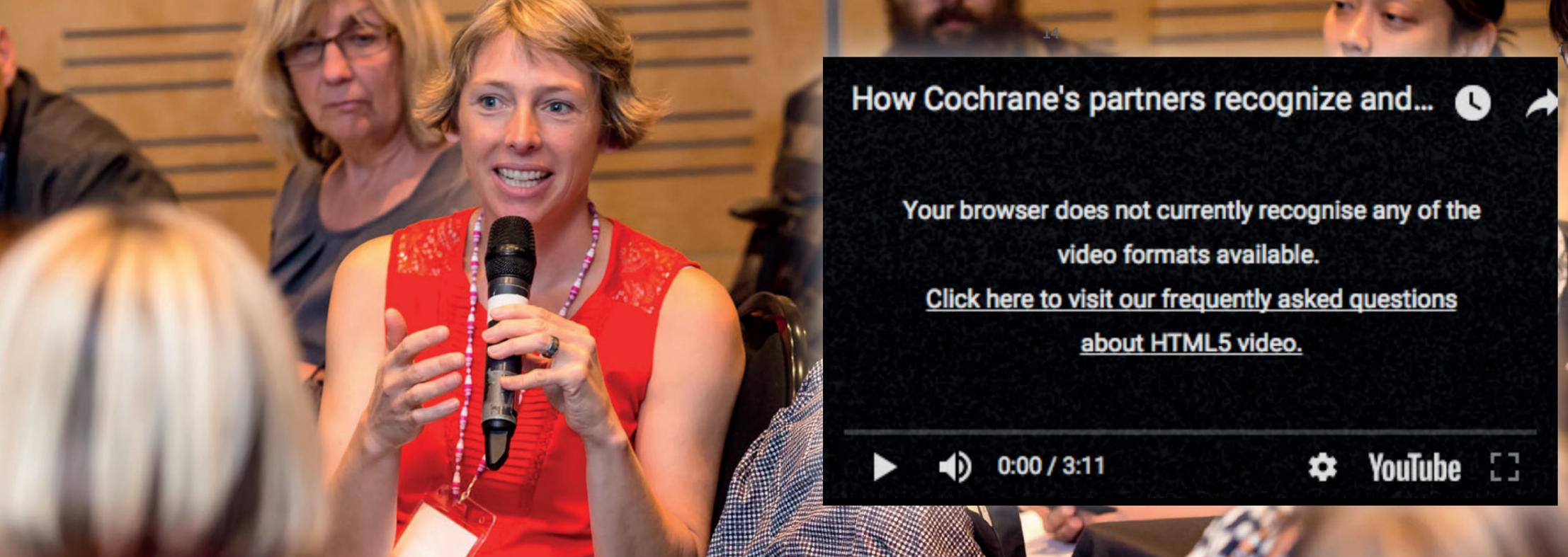
COMMON LANGUAGE



A CULTURE OF EVIDENCE-INFORMED HEALTHCARE



MEANINGFUL PARTNERSHIPS



COCHRANE IMPROVING THE HEALTH EVIDENCE BASE OF WIKIPEDIA

The [Cochrane-Wikipedia Project](#) is made up of 39 volunteer Wiki editors, using Cochrane evidence to improve Wikipedia content. Below is the latest data (May 2018) on the work they have been doing:

197M article views

51.6K words added

660 articles edited

GOAL 3: ADVOCATING FOR EVIDENCE TO INFORM GLOBAL HEALTH DECISION-MAKING

2017's stories of success:

- A major highlight of 2017 was Cochrane South Africa's hosting of the first [Global Evidence Summit \(GES\)](#) in Cape Town. It was a triumph, supported by four other partners (Guidelines International Network, the Campbell Collaboration, Joanna Briggs Institute and the International Society for Evidence-Based Healthcare). Over 1.300 delegates from 75 countries attended the GES whose theme was 'Using Evidence. Improving Lives'. The next Global Evidence Summit (GES 2) is already being planned for 2021.
- Cochrane also worked to establish new and strengthen existing partnerships. A joint Cochrane/World Health Organisation (WHO) meeting was held at the WHO in Geneva in April 2017 at the time of Cochrane's annual Governance meetings.
- A new partnership with Epistemonikos was forged, allowing its database of systematic reviews to be incorporated within the new search function on the enhanced Cochrane Library (to be launched in 2018).
- Cochrane's [partnership with Wikipedia](#) continued to flourish, with Cochrane evidence being integrated within hundreds of Wiki pages on health and healthcare issues.
- The first [Cochrane-REWARD \(Reduce research Waste And Reward Diligence - REWARD\) prize](#) to initiatives aiming to reduce research waste were awarded in May 2017 to three joint winners: the 'Adding Value in Research' programme of the UK National Institute for Health Research (NIHR); the Systematic Review Center for Animal Experimentation (SYRCLE) in Nijmegen, Netherlands; and the Core Outcome Measures in Effectiveness Trials (COMET) Initiative coordinated in Liverpool, England. The ceremony took place at the 5th World Conference on Research Integrity in Amsterdam.

▶ [Find out how we did against our Targets in 2017](#)

OUR OFFICIAL PARTNERS

Building our partnerships with global organizations.



World Health Organization



▶ [Click to see our Cochrane-Wikipedia dashboard](#)



MARCH FOR SCIENCE 2017

In 2017 Cochrane and its contributors joined more than one million people around the world gathered together in the largest event for science advocacy in history. The 'March for Science' took place on Saturday, 22 April 2017

“We are marching because evidenced-based decision-making saves money and lives.”

Mark Wilson, Cochrane CEO quoted in The Guardian UK: 'Evidence not arrogance: UK supporters join global March for Science'

Watch below as Professor Lisa Bero, Cochrane Governing Board Co-Chair, explains the shared values of Cochrane and the March for Science in using evidence and science to improve decision-making and lives around the world.

▶ [Watch 'Cochrane at the March for Science' video](#)



Global Evidence Summit

Using evidence. Improving lives.

The first ever [Global Evidence Summit \(GES\)](#) was held in September 2017. Hosted by Cochrane South Africa in Cape Town. The main event was held from the 13-16 September with further satellite events happening either side of the GES. It brought Cochrane together with four partner organizations: the Campbell Collaboration, Joanna Briggs Institute, Guidelines International Network, and the International Society of Evidence-based Health Care...

Key stats:

- 1314 registered delegates from 75 countries
- 84 workshops
- Five plenaries
- 28 sponsors, stipend contributors, and exhibitors
- 38 special sessions
- 27 local craft sellers
- 974 accepted abstracts

...to create a premiere event in evidence-based policy.



THE JOANNA BRIGGS INSTITUTE



WATCH THE GES PLENARIES

▶ [Plenary 1: Evidence for Africa](#)

▶ [Plenary 2: Breaking down the silos](#)

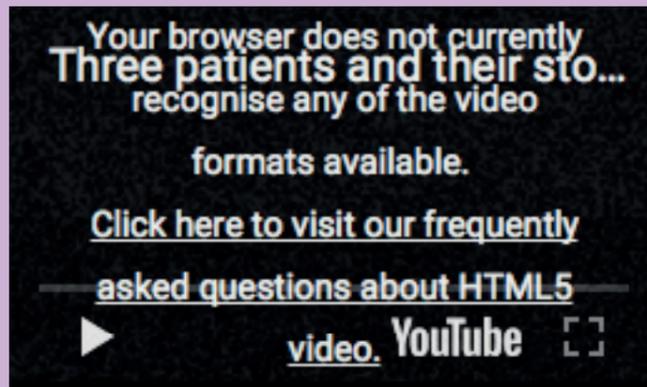
▶ [Plenary 3: Evidence for emerging crises](#)

▶ [Plenary 4: Evidence in a post-truth world](#)

▶ [Plenary 5: Evidence for equity](#)

COME TO COCHRANE - OUR WORLD IS NOW WIDER

Cochrane launches new opportunities for everyone to make a contribution to our work.



Cochrane's world is now wider. It is easier than ever to be a part of our global community of supporters, passionate about improving healthcare decisions.

What's in it for you:

- We'll track and recognize your contributions through citations and annual awards.
- You'll develop new skills and interests, put us on your CV.
- You'll grow in confidence with like-minded colleagues and collaborators.
- Grow your professional and social networks - make new friends!
- Get world class training from world leading experts in the fields of medicine, health policy, research methodology, and consumer advocacy.

Build your own database of contributions, and:

- Qualify to have your say as a full voting member in Cochrane's elections.
- Contribute to policies and plans to improve global health decision-making.

For more information, please see the [full terms and conditions](#) related to membership. If you have any questions or queries about your membership or contributions, please [contact us](#).

 [Join Cochrane today](#)

GOAL 4: BUILDING AN EFFECTIVE AND SUSTAINABLE ORGANIZATION - DIVERSE, INCLUSIVE, AND TRANSPARENT

2017's stories of success:

- Following the extensive changes to Cochrane's Articles of Association in October 2016 five new 'internal' Board Members were elected by Cochrane's individual membership in separate rounds of voting in 2017, and another four 'external' Board members appointed. This marked the largest single transformation of Cochrane's governance ever in a single year.
- A new advisory body, the Cochrane Council, set up as a forum for Cochrane's Groups to meet and consider key issues affecting the organization, began its work in April.
- At the first Annual General Meeting held under the new individual membership model for the charity, members of the community provided their own perspectives on what will define a successful *Strategy to 2020* in a video series, including a [presentation on 'Success in 2017'](#).
- The 'Transformation Programme' for Cochrane's Review Groups completed its design and development stages and – following Board approval in September 2017 – implementation of the consolidation of Cochrane's 52 Review Groups into eight new CRG Networks began.
- New Cochrane Centres were established during the year in [Argentina](#), [Austria](#), Chile, [Croatia](#) and [Japan](#); and new Associate Centres or Affiliate Cochrane Groups in [Iran](#) and [Sweden](#), as well as the launch of the new [Cochrane African Network](#) in September 2017.
- Cochrane's new [Interactive Learning](#) course for systematic review authors was launched to great acclaim, and better than expected early sales for Cochrane's commercial company, Cochrane Innovations.
- Cochrane's international network of trainers continued to provide hundreds of face-to-face training workshops to systematic review authors and users around the world and the [Cochrane Learning Live](#) series of open webinars for

Cochrane's editors, authors and other communities grew increasingly popular.

- Other learning and development resources were added to the 'Cochrane Training' website, including [Involving People](#), a resource for systematic review editors and authors to support them in getting patients, consumers and other people involved in the production of Cochrane Reviews.
- The grant of US\$1.15 million (of which £353,000 was spent in 2017) from the Bill and Melinda Gates Foundation to support Cochrane's Linked Data programme of work was successfully completed, and negotiations are ongoing in 2018 on additional projects.
- '[Cochrane Response](#)', Cochrane's new consultancy service, had an excellent year's operations and only 18 months after establishment, returned a profit for the year in 2017.

 [Find out how we did against our Targets in 2017](#)



 **Cochrane**
Interactive Learning

Learn how to conduct intervention reviews with
Cochrane Interactive Learning

interactivelearning.cochrane.org

Left: Shows a Cochrane Interactive Learning advert

Right: Shows Involving People training module

Below: Shows a Learning live advert



 **Cochrane**
Training

Learning Live

FINANCIAL REPORT

Income

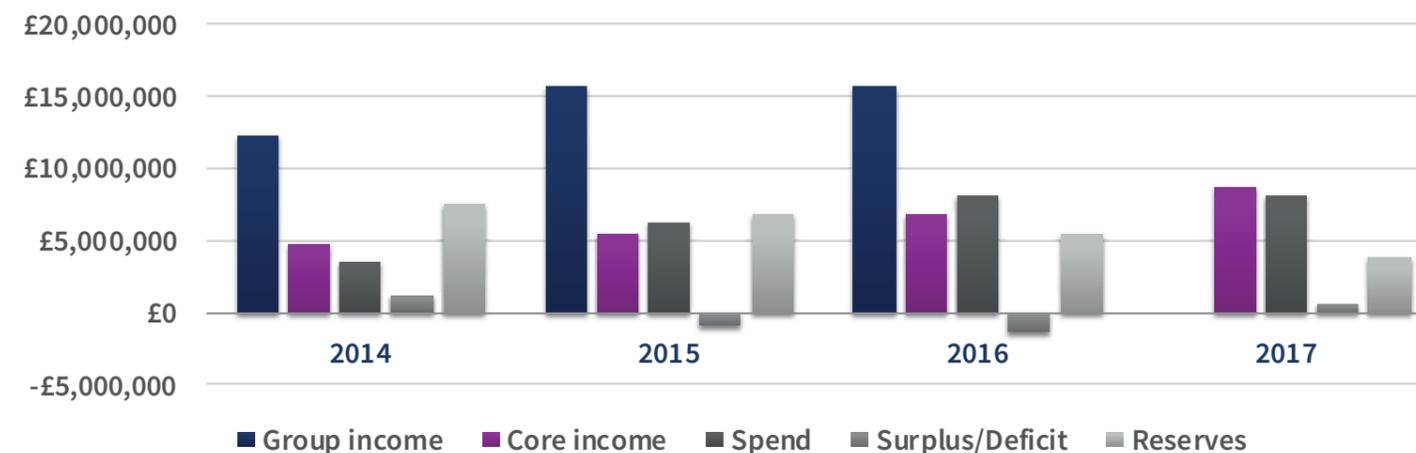
- Cochrane’s core income is overwhelmingly derived from publication royalties from its main output, the Cochrane Library, published by John Wiley & Sons, Ltd; although additional significant sources of revenue were received in 2017 from fundraising (from Trusts and Foundations), Cochrane Response (the charity’s consultancy service) and Cochrane events. Total income received in 2017 was £8,669,000, a 27% increase from 2016 (£6,805,000).
- In 2017 royalties from sales of the Cochrane Library rose by 22% to £6,527,000, compared to £5,332,000 in 2016. This greatly exceeded the 5% target set for Wiley, and reflected strong growth in many markets including North and South America, as well as the sale of additional national licenses. Total publishing income in 2017 reached £6,995,000.
- A major project funded by the Bill and Melinda Gates Foundation was successfully completed with £353,128 being spent in 2017.
- Cochrane Response generated an annual operating profit of £48,000 in 2017, with sales of £392,000 and operating costs of £333,000.
- The first Global Evidence Summit (GES) generated income attributable to Cochrane of £730,000, representing 82% of the total income for the event.

Expenditure

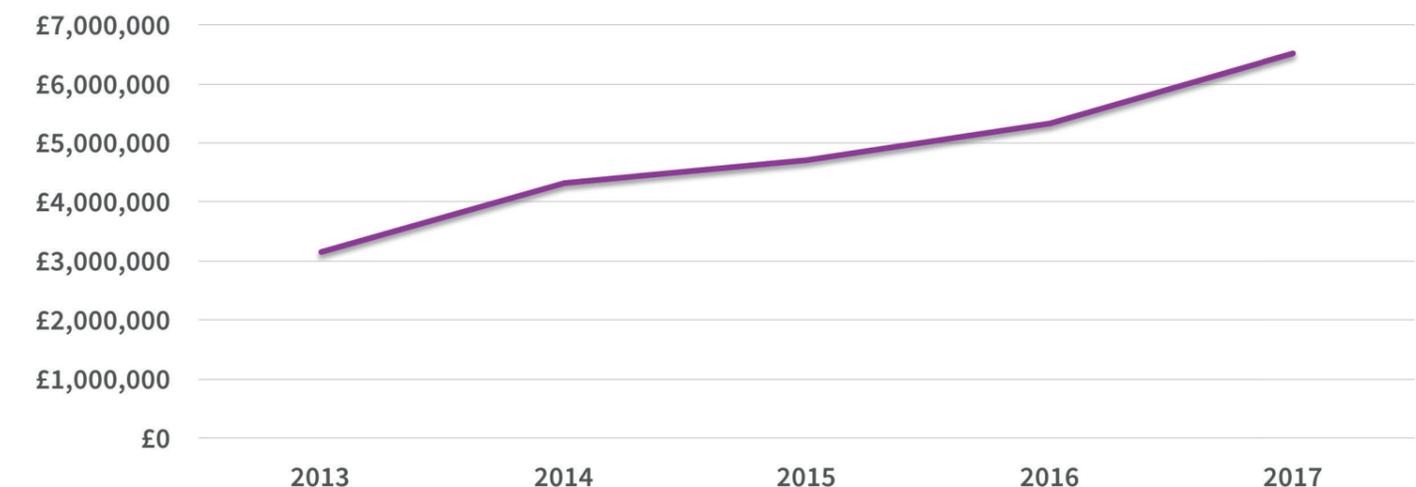
- Expenditure in 2017 was lower than budgeted at £8.1 million due to delays in project spending (note this figure includes GES expenditure of £564,000). The effect of the better than projected income and lower than expected expenditure in 2017 is an operating surplus of £563,000.

- Direct expenditure of £170,000 was incurred in 2017 in generating the funding Cochrane received.
- Cochrane’s direct publishing costs relating to central editorial support and continuing provision of the basic IT infrastructure to support Review production were £1,872,000 in 2017.
- A total of £332,000 was spent in 2017 in the development of new derivative products and services to support Cochrane’s long-term sustainability, including costs for Cochrane Innovations and Cochrane Response.
- Project-related expenditure of £530,000 was made for the grants from the Bill and Melinda Gates Foundation, Robert Wood Johnson Foundation, and the Linked Data, Project Transform and Living Evidence projects.
- Direct expenditure of £1,376,000 was made to support Cochrane’s other charitable activities, including £259,000 for methods development; £162,000 for translations of Cochrane evidence; £65,000 for development of the Cochrane Membership scheme; £564,000 for GES support; and £76,000 for strategic support funding to Cochrane Groups.
- Expenditure on the Governing Board, Cochrane Group Executives, the new Cochrane Council, as well as audit and accountancy costs totalled £237,000.
- Other support costs totalled £3,590,000, including Central Executive Team people-related costs of £2,416,000 and £399,266 for training and learning for Cochrane collaborators.

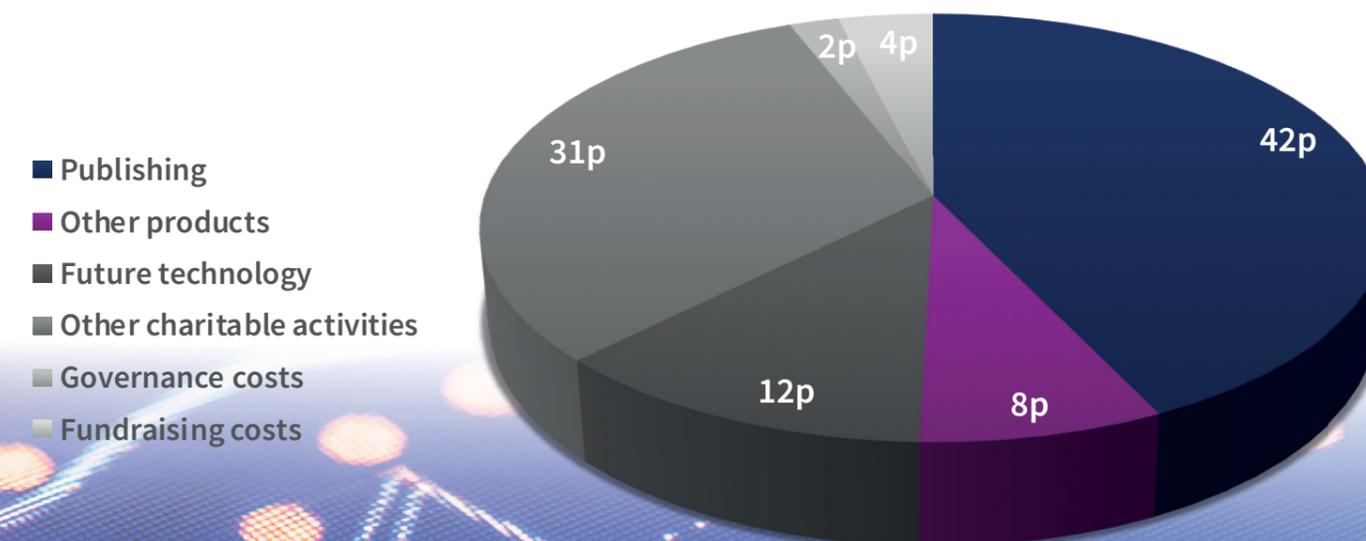
Financial performance



Cochrane Library royalties



How Cochrane spends each £1



ENVIRONMENTAL REPORT

Cochrane's central organizational footprint in 2017 is estimated at 367 tonnes of CO₂e. Air transport makes up 77% of the total with just over 17% coming from building emissions and the remainder from staff commuting.

Flight emissions decreased by 15% from 2014, and overall emissions of all kinds decreased 5% from 2014. Waste and water usage account for just 0.1% of total emissions in 2017.

CHALLENGES IN 2018: COCHRANE'S CEO, MARK WILSON LOOKS AHEAD...

In 2018 we are going to concentrate on five key organizational changes that will take us longer than the next 12 months to accomplish fully, but lie at the heart of making *Strategy to 2020* transformative in its impact on Cochrane's future activities and impact.

- **Form eight new Cochrane Review Group Networks, and begin implementation of Network plans and improved ways of working together.** The incorporation of Cochrane Review Groups into eight new Networks (see [page10](#)) marks the single most important transformation since Cochrane was founded in the way that we produce our evidence and engage with those who use it. We believe that these new Networks (covering Acute and Emergency Care, Brain Nerves and Mind, Cancer, Children and Families, Circulation and Breathing, Long Term Conditions and Ageing, and Public Health and Health Systems) will drive greater focus and efficiency in our evidence production, and better equip Cochrane to understand and meet the changing evidence needs of our stakeholders in the future. But to do so most effectively, it will require every member of the editorial and production support staff in Cochrane Review Groups to embrace new ways of collaborative working as a Network, making consistent and sometimes difficult choices about where to focus their precious time and energies to maximise the impact of the Reviews they produce.
- **Agree Cochrane's future priority review types, methods and data sources through the development of a 'content strategy', and begin associated implementation activities.** In April 2018 Cochrane's Governing Board approved a new 'Cochrane Content Strategy' which was developed by Editor in Chief David Tovey around three key principles. Firstly, that the reviews Cochrane produces address questions that are the highest priority to decision makers, whether

they are citizens or consumers of health care, policy makers or health professionals. Secondly, that Cochrane determines, review by review, the appropriate methods and data sources that will provide the most credible answer to the questions we identify. Thirdly, that Cochrane packages and delivers our content in the ways that most facilitate the use of our evidence by decision makers (a key objective of our new Knowledge Translation Strategy). Our strategy also needs to be sufficiently flexible to respond nimbly to changes in the world around us, and we need clear processes for decision making, making use of the expertise of our Scientific Committee and Editorial Board, so that we can implement actions effectively.

- **Complete the new standardized technology workflow for Cochrane Review production.** To support the transformation in Network and Review Group production and the most efficient future production of new kinds of Cochrane Reviews and other evidence products we will need to continue the development of a seamless, supportive, high-quality and integrated suite of technology tools that support authors and editors to produce their best work quickly and easily. In 2018, we will do this by focusing on making data management and review production processes more efficient through the improved integration of the CRS Web, Covidence, Rev Man Web, MAGIC and GradePro tools.
- **Deliver more features and enhancements of the Cochrane Library after its re-launch.** The establishment of a 'future proof' technological platform for the Cochrane Library that allows us to offer new features, tools, evidence sources and multi-lingual capacities which will deliver even greater value to Library users and subscribers has been a key objective for us for many years. After many delays due to the complexity of the process, the new, enhanced Cochrane Library will finally

be launched in June 2018. This will include the full integration of 'La Biblioteca Cochrane Plus', the Spanish-language version of the Library, and allow full Spanish search and use of Library content. We will then begin work on developing and delivering the new features and offerings that will position the Cochrane Library increasingly as 'the home of evidence' in the coming years.

- **Build capacity and engagement in Knowledge Translation activities across the organization.** The recognition that simply producing the highest quality healthcare evidence is not enough for us lies at the heart of *Strategy to 2020's* transformation programme. Cochrane will only achieve its mission of promoting evidence-informed health decision making around the world by ensuring that our evidence is adapted and used in policy and practice. That places Cochrane's new Knowledge Translation Strategy at the centre of what we do; and in the coming years the development of increased, more integrated KT perspectives and activities in the work of every Cochrane contributor is our ambition, as all of us strive to maximize the impact of our evidence on real-life health outcomes 'for everyone, everywhere'.

We are now less than three years from the end of Cochrane's *Strategy to 2020* and whilst we have travelled a long way already, accomplished a great deal (as this Annual Review shows in part) and have a clear vision of what success looks like for all of our strategic objectives by 2020 (see the latest version of our [Strategy to 2020 Definitions of Success](#)), these 2018 objectives show that we still have much to do as a collaborating community, but that our ambitions remain just as exciting and world-changing.

Mark Wilson
Chief Executive Officer

COCHRANE'S 2018 TARGETS

Together the Central Executive Team and Cochrane community will:

1. Form eight new Review Group Networks, and begin implementation of Network plans and improved ways of working together.
2. Complete the new standardized technology workflow for Cochrane Review production.
3. Agree Cochrane's future priority review types, methods, and data sources through the development of a 'content strategy', and begin associated implementation activities.
4. Deliver more features and enhancements of the Cochrane Library after its re-launch.
5. Build capacity and engagement in Knowledge Translation activities across the organization.

HOW WILL WE DEFINE SUCCESS?

Cochrane has developed a [document](#) that provides the wider Cochrane community, and all of Cochrane's external stakeholders, with a definition of success for each of the *Strategy to 2020* Objectives; an assessment of predicted progress by the end of 2018; and a framework for establishing the work remaining to be done to reach that definition of success. The document is intended to be relevant until 2020, but developed and updated as work is completed and the organization adapts to new circumstances. It's an update of the version published in 2017.

► Find out more about Cochrane's *Strategy to 2020* and 2018 Targets



Cochrane

Colloquium Edinburgh

Cochrane for all - better evidence for better health decisions

Cochrane UK is delighted to be hosting the 25th Cochrane Colloquium, at the Edinburgh International Conference Centre in Scotland, from 16 to 18 September 2018.

The theme of the Colloquium is 'Cochrane for all – better evidence for better health decisions'. This is to emphasize that Cochrane welcomes everyone and recognizes that everything Cochrane does is about and for patients and other health consumers. The Colloquium in 2018 is a Patients Included event; co-designed, co-produced and co-presented with patients and other healthcare consumers.

[Register today](#) - patients and health consumers, students, and delegates from low-, low-middle- and upper-middle income countries are eligible for the reduced registration fees.

Confirmed speakers include: Margaret McCartney, Michael Seres, Jennifer Johannesen, Sue Ziebland, Victor Montori and Christine Borgman.

We look forward to welcoming you to Edinburgh.

colloquium.cochrane.org | [#Cochraneforall](https://twitter.com/Cochraneforall)

Patients
Included

COCHRANE GROUP 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, and 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

National Institute for Health Research (NIHR)
National Institutes of Health (USA)
National Health and Medical Research Council (Australia)

500k to 1 million GBP

Den danske regering/Danish Government (Rigshospitalet Research Committee) (Denmark)
Cochrane Charity - central funds awarded back to Cochrane Groups through various funding mechanisms
South African Medical Research Council (South Africa)

100k to 500k GBP

Department for International Development (UK)
Universität Freiburg/University of Freiburg (Germany)
Ministère des affaires sociales et de la santé/Ministry of Social Affairs and Health (France)
Chief Scientist Office (Scotland)
Kika Kinderen kanker vrij (Netherlands)
Bundesministerium für Gesundheit/Federal Ministry of Health (Germany)
Norwegian Agency for Development Cooperation (Norway)
Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (Germany)
Centre Hospitalier Universitaire Vaudois (Switzerland)
New Zealand Ministry of Health (New Zealand)
McMaster University (Canada)
Hospital de la Santa Creu i Sant Pau (Spain)
Lower Austrian Health and Social Fund (Austria)
World Health Organization
BC Ministry of Health (Canada)
Department for Health and Human Services Victoria (Australia)
National Research Foundation of Korea (Republic of Korea)

50k to 100k GBP

Deutsche Krebshilfe e.V./German Cancer Aid (Germany)
Crohn's and Colitis Canada
Singapore Clinical Research Institute
National Centre for Child Health and Development (Japan)
HSC Research and Development (Northern Ireland)
UK Cystic Fibrosis Trust
Ministry of Health and Welfare (Taiwan)
Ministry of Health (Austria)
Suva (Switzerland)
Federale OverheidsDienst (FOD) Volksgezondheid/Federal Public Service Public Health
Julius Center, University Medical Center Utrecht (Netherlands)
Assistance Publique, Hopitaux de Paris (France)

Cochrane Oral Health Global Alliance partners combined:
American Association of Public Health Dentistry, USA; British Association for the Study of Community Dentistry, UK; British Society of Paediatric Dentistry, UK; the Canadian Dental Hygienists Association, Canada; the Centre for Dental Education and Research at All India Institute of Medical Sciences, India; National Center for Dental Hygiene Research & Practice, USA; New York University College of Dentistry, USA; and NHS Education for Scotland, UK
Health Research Board (Ireland)

20k to 50k GBP

Ministerio de Sanidad, Servicios Sociales e Igualdad/Ministry of Health, Social Services and Equality (Spain)
IQ Healthcare (Netherlands)
Ministero della Salute/Italian Health Ministry (Italy)
Fondazione Italiana Sclerosi Multipla/Italian Multiple Sclerosis Foundation (Italy)
Dutch National Health Care Institute (Netherlands)
Oxford University (UK)
Federal Ministry of Education (Nigeria)
Ontario Ministry of Health and Long-Term Care (Canada)
Japan Agency for Medical Research and Development
Liverpool School of Tropical Medicine (South Africa)
Canadian Institutes of Health Research (Canada)
Biomedical Research Institute Sant Pau (Spain)
Khon Kaen University (Thailand)
Thailand Research Fund (Thailand)
Korea Health Industry Development Institute (Republic of Korea)
European Union
University of Pécs (Hungary)
Danish Rheumatism Association
Population Health Research Institute (Canada)
Foundation IRCCS - Istituto Neurologico Carlo Besta, Milan (Italy)
Odense University Hospital, University of Southern Denmark
Leading National Research Centre, Ministry of Science and Higher Education (Poland)
Taipei Medical University (Taiwan)
University of Western Ontario Department of Medicine, POEM fund (Canada)
Federal Knowledge Centre (Belgium)
Health Promotion Administration, Ministry of Health and Welfare (Taiwan)
State of Lower Austria
Niederösterreich Gesundheits und Sozialfonds (NOGUS)/Health and Social Funds, Lower Austria (Austria)
Sanita Regione Umbria/Region of Umbria, Health Authority (Italy)

10k to 20k GBP

Federal Ministry of Health (Nigeria)
Department of Translational Surgery and Medicine, University of Florence (Italy)
Parkinson Consumer Society
Unité de SOUTIEN SRAP du Québec (Canada)
Faculdade de Medicina de Lisboa (Portugal)
Commission de promotion de la santé et de lutte contre les addictions (CPSLA) - Canton de Vaud (Switzerland)
Lazio Region (Italy)
Coeliac Australia
Swiss School of Public Health (Switzerland)
American College of Gastroenterology (USA)
Canadian Association of Gastroenterology (Canada)
Instituto de Medicina Molecular, Faculdade de Medicina da Universidade de Lisboa (Portugal)
Istituto Superiore di Sanità/National Institute of Health (Italy)
Fondation SANA (Switzerland)

Under 10k GBP

Kazan Federal University Program, Federal Ministry of Education and Science (Russia)
Jagiellonian University Medical College (Poland)
Cabrini Institute (Australia)
IHCAI FOUNDATION- International Health Central American Institute Foundation (Chile and Costa Rica)
MDS Foundation (Portugal)
Uniklinik Köln (Germany)
Australian Commission for Safety and Quality in Healthcare
Penang Medical College (Malaysia)
Ministarstvo obrazovanja, znanosti i sporta/Ministry of Education, Science and Sports (Croatia)
Bruyere Research Institute (Canada)
Danish Health Authorities (Denmark)
City of Zagreb (Croatia)
Universidad Nacional de Colombia (Colombia)
New Zealand Doctor (Individual donation)
University of Johannesburg (South Africa)
Sveučilište u Splitu/University of Split, School of Medicine (Croatia)
University of Zurich, Epidemiology, Prevention and Biostatistics Institute (Switzerland)
Fudan University, Shanghai (China)
Grad Split/City of Split (Croatia)
National Hemophilia Foundation (USA)
County of Split and Dalmatia (Croatia)
Otago University (New Zealand)
Institute for Medical Informatics, Biometry and Epidemiology, Ludwig-Maximilians-Universität München (Germany)

COCHRANE

The Cochrane Collaboration
St Albans House
57-59 Haymarket
London SW1Y 4QX
UK

TRUSTEES

The following Trustees, who are also the directors for the purposes of company law, held office on the Governing Board during the year:

Prof L Bero (Co-Chair – resigned 27 July 2017)
Prof M Burton (Treasurer until 14 September 2017; appointed Co-Chair from 14 September 2017)
Prof C Farquhar (Co-Chair)
Prof J Clarkson (elected 31 January 2017)
Ms MG Faba Beaumont (appointed 27 July 2017)
Prof G Gartlehner (elected 31 January 2017)
Prof PC Gøtzsche (elected 31 January 2017)
Mr D Hammerstein Mintz (appointed 27 July 2017)
Prof T Howe (elected 27 July 2017)
Ms M Koster (appointed Treasurer 14 September 2017)
Ms R Lamb (appointed 27 July 2017)
Ms C Marshall
Dr M Makanga (resigned 1 March 2017)
Dr J Meerpohl (elected 27 July 2017)
Dr M Nasser (resigned 27 July 2017)
Dr N Santesso (elected 31 January 2017)
Ms D Thomson (resigned 27 July 2017)

SENIOR STAFF

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

Mr M Wilson, Chief Executive Officer
Dr D Tovey, Editor in Chief, The Cochrane Library
Ms M Cumpston, Head of Learning & Support
Mr C Mavergames, Chief Information Officer, Head of Informatics and Knowledge Management
Ms C Pestrige, Cochrane Innovations Chief Executive Officer
Ms S Watson, Company Secretary, Head of Finance & Core Services
Ms J Wood, Head of Communications and External Affairs (to 7 September 2017)