



Cochrane

2018 Annual Review



Cochrane Library: launch of an improved online platform to guide health decision-making across the world



Cochrane Colloquium
Edinburgh 2018
'Cochrane for all – better
evidence for better
health decisions'.



20,000 new members
and supporters join
Cochrane



Cochrane exists so 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 11,000 members and over 67,000 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.

We do not accept commercial or conflicted funding. This is vital for us to generate authoritative and reliable information, working freely, unconstrained by commercial and financial interests.

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

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

Message from Cochrane's Governing Board Co-Chairs

2018 was an important year for the Governing Board and for Cochrane

2018 was the first full year in which the Governing Board existed in its new form. In 2017 we completed the transition from a representational steering group to a leadership board with elected and appointed members from both within Cochrane and externally. In June, Marguerite Koster was appointed as the new Co-Chair alongside Martin Burton, taking over from Cindy Farquhar. Marguerite is a Senior Manager for Evidence-Based Medicine Services at Kaiser Permanente, one of the largest not-for-profit health plans in the U.S., serving 12.2 million members and one of the first Board members appointed from outside Cochrane.

We had a full agenda for our meeting at the Cochrane Colloquium in Edinburgh in September, aiming to address priorities such as building greater community engagement with *Strategy to 2020* initiatives, and the development of a new organizational advocacy strategy.

Our plans changed in response to a series of important events

As part of our normal work as a Governing Board, we had been required to conduct a lengthy investigation, supported by external legal counsel, into the long-standing behaviour of a Cochrane Member who was also a Board member. It is exceptionally unusual for a Board to have to do such an investigation. On 13 September 2018 we – the Board - voted (11 for; one abstention) that this Board member (also the Director of a Cochrane Centre) had breached the Trustees' Code of Conduct and “acted

counter to the best interests of the charity as a whole” as a result of behaviours “taking place over a number of years, which . . . were detrimental to the charity’s work, reputation and members” ([see the official statement here](#)). We also voted by a majority that this person should resign as a Trustee with immediate effect.

A further decision by a majority to serve a notice of termination of membership upon this Cochrane member in accordance with Cochrane’s Articles of Association led to the resignations of four Board members. Unfortunately, our governing document – the Articles of Association – requires that at all times there is a majority of elected over appointed Board members. As a result, an additional two appointed members voluntarily resigned to restore the required balance.

Following the Board’s unanimous decision on 25 September 2018 to finalize the termination of membership we notified the UK Charity Commission, and they confirmed in November 2018 that they did not intend to take any action as they were satisfied that: “the trustees are dealing with this matter appropriately and responsibly”. New elections for four vacant Board positions were held in November to December and Xavier Bonfill Cosp, Sally Green, Karsten Juhl Jørgensen and Jordi Pardo Pardo were elected. The new Board met in January 2019 and agreed to re-appoint Rae Lamb and Catherine Marshall, who re-joined the Board in February 2019, contingent upon confirmation by Cochrane Members at the Annual General Meeting scheduled in October 2019.

This episode was unprecedented for the Board and for Cochrane. Never before had someone had his or her membership of either the Board or Cochrane terminated.

News moved quickly, especially as the decision coincided with our annual Colloquium, with many Cochrane members and supporters meeting together in Edinburgh. As people speculated and misinformation spread, the Board remained – and still remains – bound by a legal and moral duty of confidentiality to all those involved in this matter. We were often personally frustrated at being unable to defend false accusations that Cochrane governance was in “crisis”; nothing could be further from the truth.

It was equally frustrating to read false statements, that Cochrane was trying to stifle legitimate academic debate, or that commercial interests had in some way influenced or corrupted the heart of our organization. Again these statements are false; indeed, no evidence has been presented to support any of them. But what we have said is this: anyone involved in Cochrane has the right to do their work without harassment and personal attacks.

(Continued)

Governing Board



Martin Burton
(Co-chair)



Marguerite Koster
(Co-chair)

Contact the Governing Board at: governingboardsecretary@cochrane.org

International movements supporting harassment-free environments tell us that we are now living in a world where unacceptable behaviour by people in positions of power is being challenged. It is the responsibility of all organizations to look after their staff and members; for Cochrane, it is a reflection of an organization that is 'growing up'. We remain true to our roots as a collaboration built on the enthusiasm of individuals, but this stands alongside a duty of care to everyone contributing their time and effort under the Cochrane name.

The events of late 2018 challenged the Board but ultimately we have emerged stronger as a team.

We want to thank all Board members who resigned in 2018 for their service to Cochrane. In 2019, we have committed to working more closely with the **Cochrane Council** to ensure the views of all Cochrane members

remain adequately represented in Cochrane's governance, and in December 2018 we released a statement with the Council Co-Chairs setting out our joint priorities for the coming months.

Critically, these priorities include the development of a 'code of conduct' for the organization, which will more specifically define types of behaviour that are and are not acceptable within the organization. We also want to improve our internal communications with Cochrane members, supporters and funders, including the addition of enhanced communications forums and Slack channels, and are more regularly releasing updates on the Cochrane Community News pages. Our goal is to work collaboratively to advance Cochrane's principles, in particular those of openness, transparency, respect and support for one another. We encourage you to start an open discussion thread on the Cochrane Forums and discuss issues of interest to you with other Cochrane Members.

The Board wants to foster lively, challenging debate within a climate of mutual trust and respect between members.

In the remainder of this Annual Review you will read about the tremendous successes our Groups, Members, and staff of the Central Executive Team achieved in 2018. Thank you to every Cochrane Member and Supporter for their contributions, and to our funders for their ongoing commitment to and support of Cochrane's efforts.

In 2019 the Board will remain committed to the highest standards of governance and to ensuring that Cochrane remains a welcoming, open, dynamic organization, that lives up to its values, and has a working culture which attracts the best researchers, clinicians and others interested in healthcare evidence. We continue to lead and support the organization to deliver its *Strategy to 2020*, which aims to put Cochrane evidence at the heart of health decision-making all over the world.





The Cochrane Council was established in November 2016 at the recommendation of the Governing Board, following a review of governance. The Council aims to ensure that Cochrane Groups retain an effective voice in Cochrane's leadership and strategic decision-making.

- A forum for Cochrane Groups to consider high-level matters affecting Cochrane as a whole;
- A mechanism to raise matters and provide input to the Governing Board on behalf of Cochrane's communities Groups; and
- A forum to consider matters at the request of the Board and inform Board deliberations.

Contact the Governing Board at: councilsecretary@cochrane.org

Message from Chief Executive Officer, Mark Wilson

Meeting our mission in 2018

‘Cochrane exists so that healthcare decisions get better.’

That is the first sentence of our *Strategy to 2020*. We want individuals around the world to enjoy the ‘Better Health’ we are striving for in our organizational strapline because high-quality, relevant, accessible Cochrane evidence is changing decision making and improving health outcomes. Every Cochrane collaborator volunteering their time and expertise, every Cochrane Group and Central Executive Team staff member devoting part or all of their working lives, are energized and devoted to this mission: it is the fuel that drives us, the motivation that sustains and binds us together.

It’s worth reminding ourselves of the power of this shared mission, given the sudden wave of criticism Cochrane received in the last few months of 2018, to ask: ‘If that’s what we’re for, how are we doing?’ The answer is that together Cochrane is meeting this mission in an extraordinary way.

We’re a knowledge organization built on the capabilities and passion of our collaborators; **and the good news is that people from around the world are flocking to contribute and support our work.** Last year 20,000 new members and supporters signed up to [‘Join Cochrane’](#)! Our new membership scheme is an important driver of this growth, but Cochrane Crowd, Task Exchange and the other ways we have established to encourage new collaborators to contribute to our work are all helping to generate it. **By the end of Quarter 1 2019 Cochrane had 10,600 members and an additional 61,100 supporters who have actively signed up to help or support us.** The new series launched in 2018 celebrating [‘30 under 30’](#)

Cochrane researchers and contributors shows just a few of the dynamic, brilliant young people newly involved in our work. And they come from all over the world, with our geographic network now spanning 43 countries, with 17 more Centres, Associate Centres and Affiliates established since 2013 (and many more to come with the development this year of new Cochrane Networks in the US and China).



The launch of Cochrane Indonesia, Universitas Gadjah Mada in Yogyakarta.

"We're a knowledge organization built on the capabilities and passion of our collaborators; and the good news is that people from around the world are flocking to contribute and support our work."

Mark Wilson
Cochrane Chief Executive Officer



Even more importantly, the number of people accessing and using Cochrane evidence through the *Cochrane Library* and our Cochrane.org website is rising spectacularly. In 2018 there were 37 million visits to the website, a 66% increase from the year before (22.3 million). Twenty million of the page views during those visits were by people using non-English language browsers. This is a reflection of the outstanding work of Cochrane's translation teams, and **we now offer nearly 26,000 abstracts and Plain-Language Summaries of Cochrane Reviews in 15 languages**. The increase in visits to Cochrane.org has accelerated dramatically in recent years and is set to continue as we become easier to find through Google and other searches, and easier to use through improvements to the website.

In 2017 there were **12.5 million full text downloads of Cochrane Reviews from the Cochrane Library** (compared with 7.4 million downloads in 2013). The launch in August 2018 of an enhanced *Cochrane Library* that now integrates *Biblioteca Cochrane Plus* (BCP) and therefore includes a full Spanish-language capability (with the chance to add other languages in future) means we expect Review access and download figures to rise significantly in the coming year – beyond the old total of the *Library* plus BCP users.

This growth in usage is also because many more people are finding and trusting the Cochrane evidence that we produce. Every new Cochrane Review Group Network now has its own strategic and prioritization plans to ensure that Cochrane increasingly answers the questions key audiences (clinicians, policymakers, patients and researchers) want us to address. Every year, **between 70-80% of all guidelines published by the WHO cite Cochrane evidence**; and in 2018 it was announced that

the [Cochrane Database of Systematic Reviews is the most cited health-related journal in Wikipedia](#), where more people get their health information from than anywhere else. Our Knowledge Translation efforts are now being organized so that collectively we take Cochrane evidence into health decision making 'moments' on a scope and scale that we have never achieved before.

More people around the world also have free access to Cochrane Reviews (including 3.66 billion people who can access the whole *Cochrane Library* in low- and middle-income countries), and 60% of all Cochrane Reviews in the *Library* are now available to everyone, everywhere as a result of our *Strategy to 2020* Open Access policy. More people and institutions are also buying the *Cochrane Library* because of its value to them. Subscription sales increased to £10.68 million in 2018, contributing to a record level of total annual income for Cochrane of £9.95 million (a 14% increase on 2017). That means Cochrane can continue to afford the large investments required to achieve *Strategy to 2020's* ambitious objectives; whilst at the same time having built up our financial reserves (£7.24 million at the end of 2018) to protect us against the uncertainties of the coming years.

In responding to the recent criticism of Cochrane, its strategy and leadership, David Tovey, Cochrane's Editor in Chief, pointed out: **'by all objective measures, Cochrane is thriving'**. As the evidence above shows: it is! Cochrane is delivering quite remarkable increases in the quality and reach of our evidence, and in our organizational growth and impact – precisely the aims of our *Strategy to 2020*. I'm immensely proud of these achievements, delivered through the inspirational hard work and creativity of an extraordinary community of Cochrane collaborators

around the world. I hope you are, too.

Strategy to 2020 is only a piece of paper. What it represents, much more fundamentally and importantly, is a statement and an ambition by Cochrane and all of its members and supporters to be better at what we do; helping us to get closer to our collective mission of improving the health and lives of millions more people around the world. There will also be critics, but the remarkable evidence of Cochrane's performance in meeting that mission in 2018 should energize all of us to continue to do more and better in the years ahead.

Contact the CEO at: lmcalley@cochrane.org

"*Strategy to 2020* is only a piece of paper. What it represents, much more importantly, is a statement and an ambition by Cochrane and all of its members and supporters to be better at what we do."

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

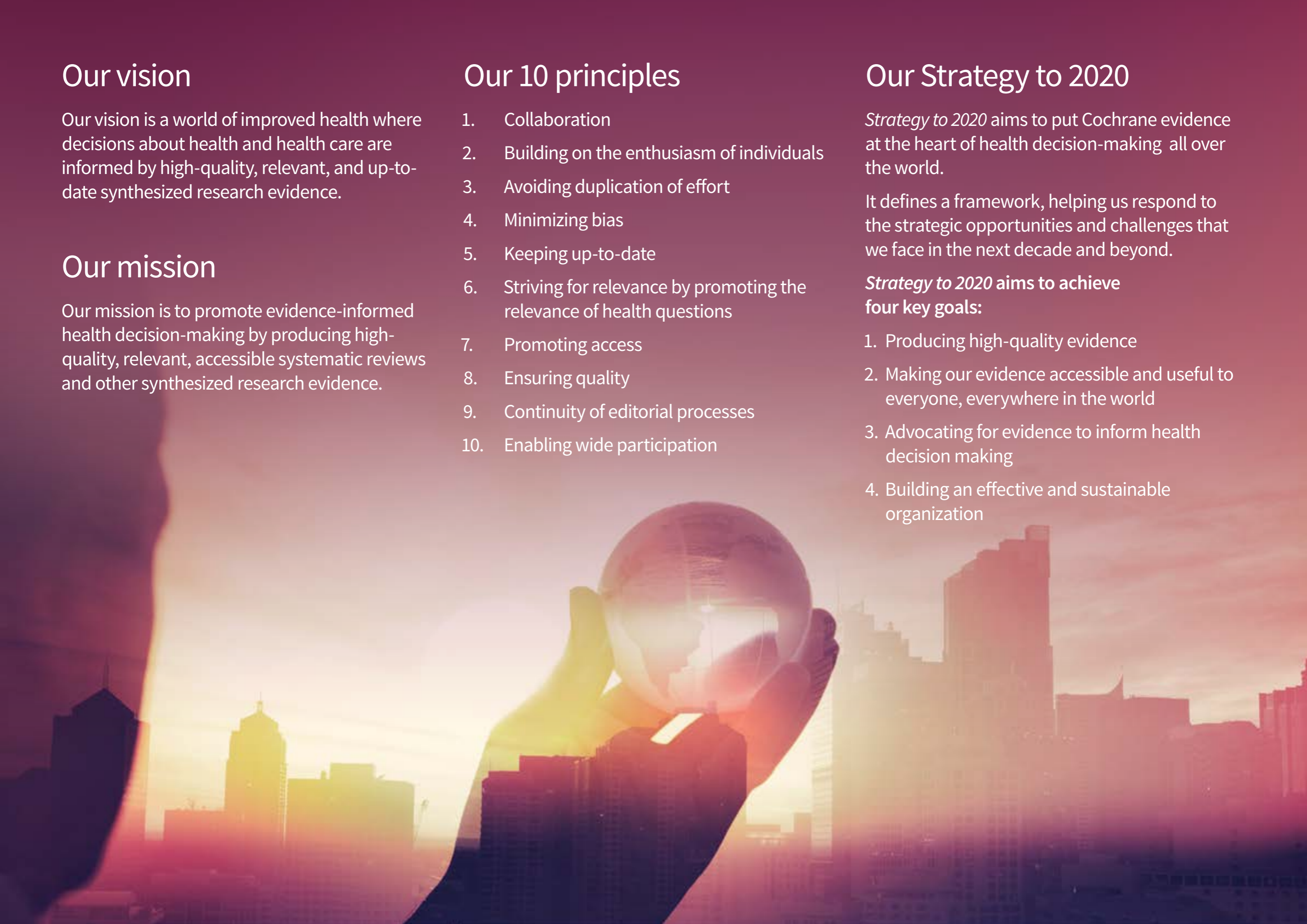
Our Strategy to 2020

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



Message from David Tovey, Editor in Chief

Challenges and content in 2018

No-one can honestly claim that Cochrane's last 12 months have been easy. However, amidst the widely publicised controversies, it is important to note that the job of creating, publishing and disseminating new and updated Cochrane Reviews in the Cochrane Library has continued apace. The broad Cochrane community, and in particular the author teams and CRGs in their Networks deserve tremendous credit for retaining their focus on delivering high quality, relevant reviews to inform evidence users and decision makers worldwide.

There are also a number of changes and improvements



that have been delivered in the past 12 months. Most notably, **the move of the Cochrane Library to the HighWire platform, completed in August, has delivered some significant enhancements to the functionality and user experience of the site.** These include:

- the introduction of a new Spanish portal, a multilingual search, and far better visibility of the non English language content.
- a new and much improved 'comments' feature
- added over 1,900 Cochrane Clinical Answers, and
- implemented a new federated search that enable users to access 260,000 non-Cochrane Reviews hosted on the Epistemonikos platform.
- improved the search and retrieval processes, introducing faceting that permits the retrieval of studies published over specific time frames (last 3,6,9 12 and 24 months).
- expanded the connectedness of content: with improved links between the enhanced Cochrane Central Register of Controlled Trials (CENTRAL) and the reviews in the Cochrane Database of Systematic Reviews (CDSR), and also between reviews and supplementary content (podcasts, editorials etc), and also external content (e.g. relevant guidelines).

Whilst these improvements are extremely welcome, it is the ability of the new platform to continue to develop and deliver innovative new enhancements that is the real step forward. In May, these will include a piloted publication of the Update Classification System incorporating reviews from four CRGs. Once fully rolled out this will improve the signposting to readers of decisions made in respect of the updating process for reviews.

The implementation of a new platform, with its inherent complex functionality inevitably led to a few glitches, but I would like to record my appreciation and thanks for the commitment of all of those who have contributed during the prolonged gestation of the project.

Access to the Cochrane Library continues to grow year on year. The data for the first quarter of 2019 show a rise of 14.5% on the same quarter in 2018. Since the launch of the new platform, we have seen dramatic growth in use of the Spanish language content, mirroring that on the cochrane.org site where access has also increased several times over in the past 5 years. The metrics on citation and impact factor have also seen steady increase in the last 12 months, with impact factor and 5 year impact factor rising to 6.754 and 7.669 respectively. Total citations in the latest impact factor window increased by 8% in the past year to 62,332.

Cochrane Reviews are becoming more complex, reflecting the positive response by author teams and CRGs to the challenges demanded by funders and users.

In 2016, the mean number of studies per review was 13.1. In 2017 this figure had increased to 15.5, but in 2018 the figure was 16.9. Cochrane has also published its first reviews of prognostic studies, new reviews that feature qualitative data, reviews where individual participant data or aggregate data from Clinical Study Reports are included, and several reviews that incorporate network meta-analyses. In addition to this, in the first quarter of 2019 we have seen important updates to critical reviews such as those exploring the role of exercise in preventing falls in the elderly, and the effects of a Mediterranean type diet in preventing heart disease.

Ensuring that reviews address questions that are a

high priority to evidence users and decision makers is increasingly important. **In 2018, the Knowledge Translation Priority Setting Working Group delivered its pragmatic and sensible guidance for Cochrane Groups in relation to expectations.** These include the requirement for prioritisation processes to have a clear ownership within groups, a transparent process, and engagement with evidence users. Groups have responded positively to the guidance and this has been reflected in the reports from the Networks on how their CRGs are identifying high priority reviews.

The project to develop a revision of the current financial conflict of interest (COI) policy is proceeding well. Final recommendations, including plans to incorporate guidance on declarations of non-financial (or academic) COIs will be presented to the Governing Board by the end of 2019. This project is important in order to ensure that readers and decision makers can have full confidence that Cochrane Systematic Reviews are not influenced by commercial organisations. It is also important that authors and other contributors are presented with transparent and clear guidance about Cochrane's expectations, so that as far as possible, concerns are addressed early in the production process.

Creating the right evidence, and ensuring that it reaches the right hands, at the right time and in an accessible and actionable format is critical to Cochrane's strategy. During 2018 we have seen good progress in the two key areas of content and knowledge translation development. The RCT classifier has been launched successfully, and along with the work of the Centralised Search Service Team and Cochrane Crowd, should provide substantial efficiencies in the identification of randomised studies. Work is also proceeding as part of the Content Strategy implementation

programme in relation to expanding reviews of prognosis studies, qualitative effectiveness synthesis, network meta-analysis, equity, rapid reviews, living evidence, and exploring the use of Clinical Study Reports as a data source. Alongside this, the Knowledge Translation projects are proceeding successfully, and we have also initiated work aimed at developing an editorial charter to describe shared expectations of the editorial process.

Therefore the picture is one of continuing success and extraordinary delivery by Cochrane groups and authors, and a strong basis on which to address the challenges ahead. As I will be leaving Cochrane at the end of May 2019, it is appropriate for me to give thanks to all Cochrane contributors and groups who have undertaken

the substantial work that has led to a highly successful 10 years for our organisation. The role of Editor in Chief of the Cochrane Library has been challenging at times but has provided me with the most stimulating and exciting experience of my career. I wish my successor, Karla Soares-Weiser all success. She has been the best deputy EIC and colleague a person could wish for, working alongside the excellent Editorial and Methods Department team. Karla has led the development and support of the new Networks, which I believe can form the essential basis for the future development that is necessary. I am pleased to note that they are already demonstrating their unique identities. I will be watching Cochrane's progress closely, with the confident expectation of continuing success.



Goal 1

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

2018 Highlights

- Our author teams publish **341** new Cochrane Systematic Reviews, **285** updated Reviews (new citation versions) and 306 new protocols.
- At the end of 2018, the Cochrane Library contains over 8,000 Cochrane Reviews and over 1,286,000 records in its Central Register of Controlled Trials (CENTRAL).
- The Cochrane Database of Systematic Reviews (CDSR) increases its impact factor again (as calculated by the Journal Citation Report) to 6.754, ranking it as one of the top 12 medical journals in the world, with its five-year impact factor reaching an all-time high of 7.669.
- Over 94% of all Cochrane Reviews and Review Updates now contain Summary of Findings Tables, a key quality measure (70% and 64% respectively in 2015).
- Cochrane Crowd, our citizen science platform, continues its tremendous success, and is now a global community of almost 12,200 volunteers from 189 countries helping to classify the research needed to support informed decision-making about healthcare treatments. These volunteers have achieved over 2.94 million classifications of randomized controlled trials.
- We invest significant resources in developing new technology to make data management and Cochrane Review production processes more efficient.
- We continue a centralized screening programme for Cochrane Reviews to check their methodological quality.

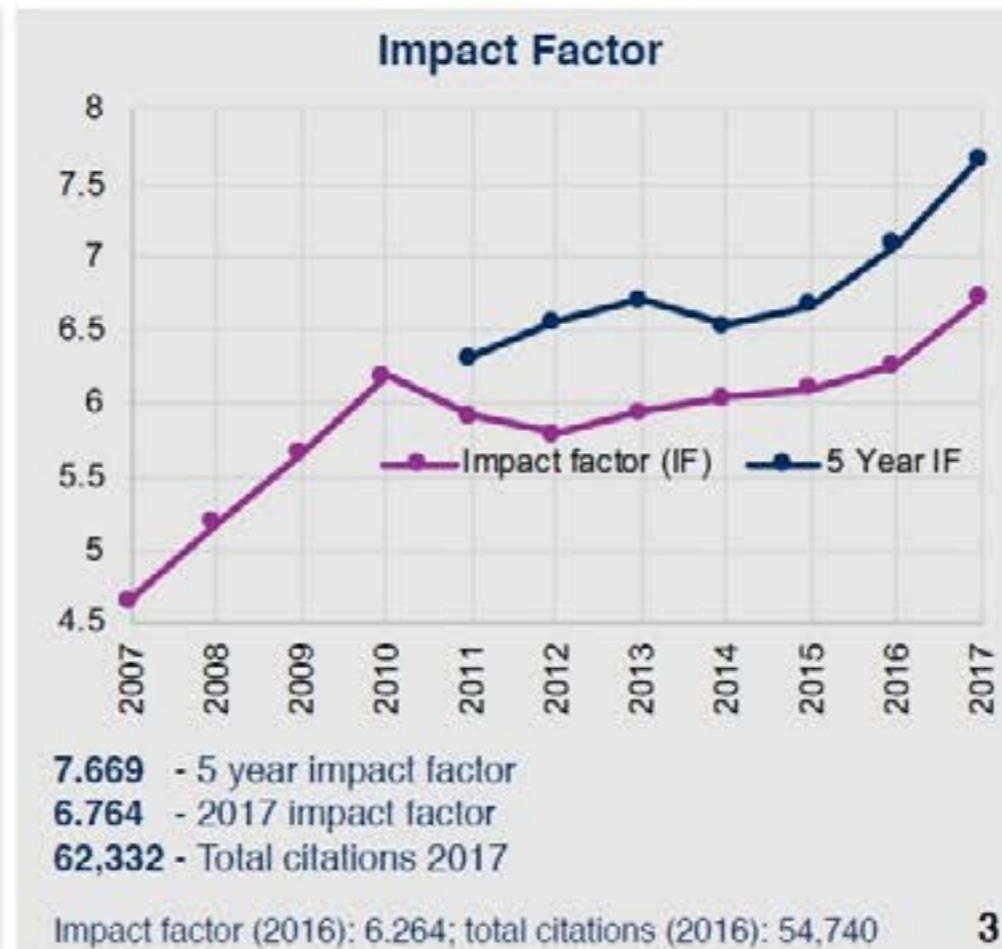
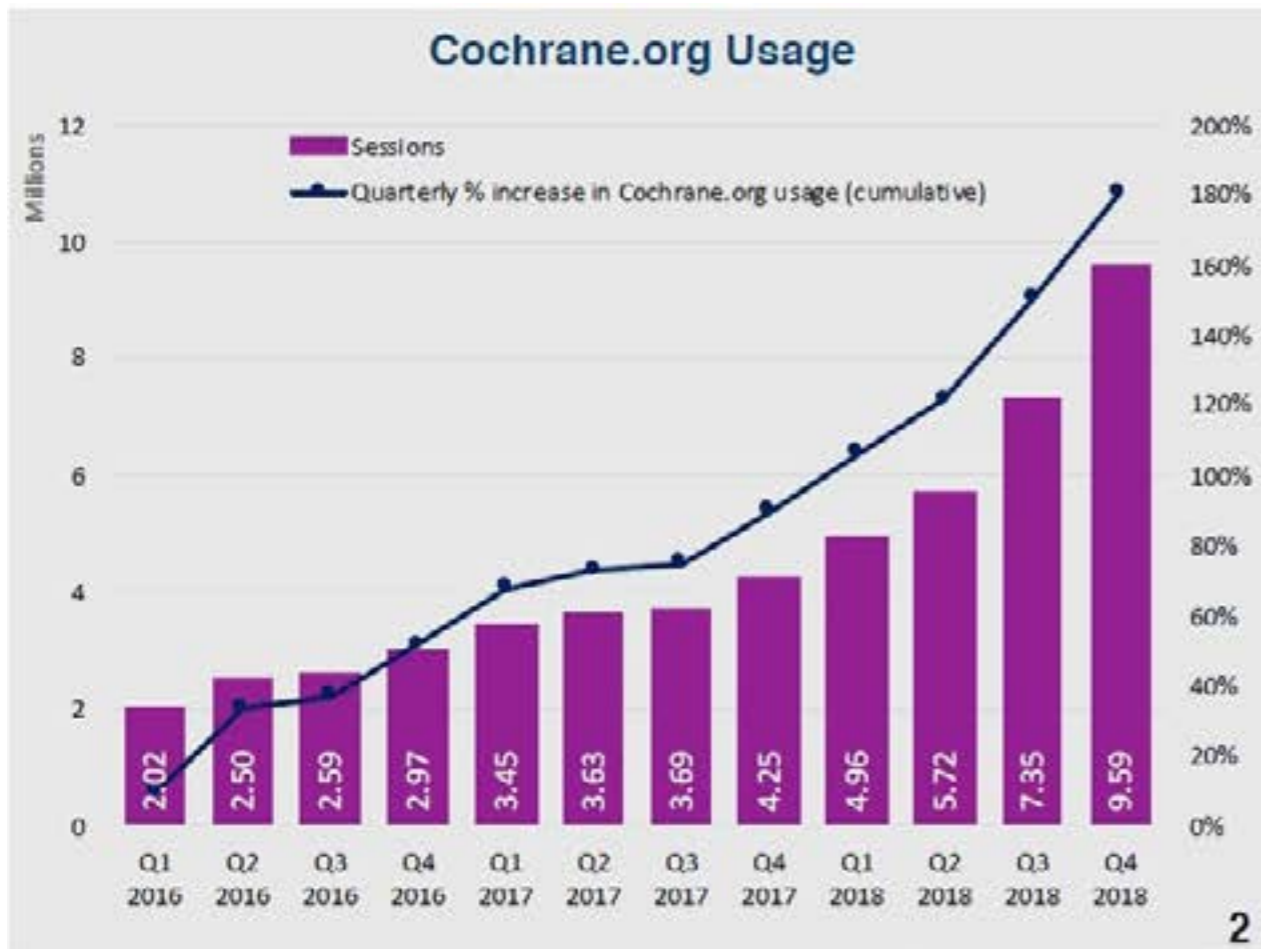
Top five most frequently downloaded new Cochrane reviews in 2018

- Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors
- Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis
- Ivermectin and permethrin for treating scabies
- Cannabis-based medicines for chronic neuropathic pain in adults
- Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review

The five most frequently downloaded updated Cochrane Reviews in 2018

- Nurses as substitutes for doctors in primary care
- Vaccines for preventing influenza in healthy adults
- Progestogen for preventing miscarriage in women with recurrent miscarriage of unclear etiology
- First-line drugs for hypertension
- Immersion in water during labour and birth

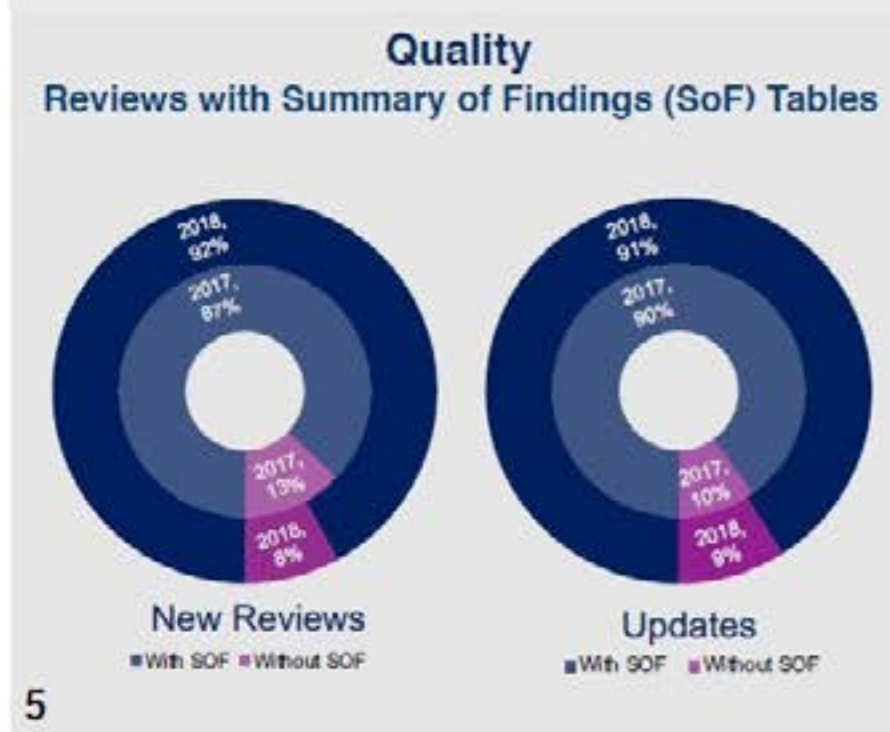
2018 in numbers



Key Finance Indicators

- 4% sales**
increase compared with 2017
- 5% royalties**
increase compared with 2017
- £7.24m reserves**
at end of 2018
- 13%**
increase in total income
- 5%**
under budget on expenditure

4



Access

- 60%** of all Cochrane Reviews are now open access
Compared to 51% at the end of 2017
- 3.66 Billion** people have free at point of use access to Cochrane Reviews

7

Cochrane's technology advancements in 2018

Key highlights

- RevMan Web rollout and enhancements
- Integration of Cochrane's "ecosystem" for Review Production (work continuing in 2019)
- Translations - Memsources integrated and rolled out as new translation management system
- Work supporting launch of the new Cochrane Library platform
- Compliance with GDPR (the EU Data Protection law)
- Linked Data - PICO annotation work and planning for PICO search on The Cochrane Library
- Edinburgh Colloquium website and services
- Cochrane Interactive Learning subscriptions service.

Looking forward to 2019

- Complete the integration work of the Ecosystem of core tools for Review Production
- Continue the rollout of RevMan Web, including incorporation of new, study-centric data structures and new methods (Risk of Bias 2)
- Support new feature development on The Cochrane Library, including a beta PICO search and browse
- Support the implementation of Cochrane's Content Strategy.

In addition, we are undertaking an evaluation of Editorial Management Systems which will determine the future of the Archie system as well as other improvements to our technology infrastructure which supports Cochrane's members and supporters.

The lifecycle of a Cochrane Review, from production to publication



Goal 2

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

2018 Highlights

- More people have access to more Cochrane evidence than ever before. 3.66 billion people in Low- and Middle-Income Countries now have free one-click access to Cochrane Reviews on the Cochrane Library, and 60% of all Cochrane Reviews are now open access worldwide.
- Full text downloads of Cochrane Reviews grows 14% from 12.5 million in 2017 to 14.2 million in 2018.
- Global usage of evidence from Cochrane.org continues its spectacular growth (up 66%), with 37.15 million visits in 2018 from 22.3 million the year before. There are over 20 million visits to Cochrane.org from people using non- English browsers (compared to 10.6 million in 2017).
- We continue to provide more evidence in an increasing number of languages. A total of 4,276 translations of Cochrane Review Plain-Language Summaries and Abstracts are translated in 2018. There are now over 26,000 translations of these in 15 languages; and over 180 podcasts in 11 languages.
- Over 20 million visits to Cochrane.org are from people using non- English browsers (compared to 10.6 million in 2017).
- The implementation of a new translation content management system is broadly welcomed by our translations teams worldwide.

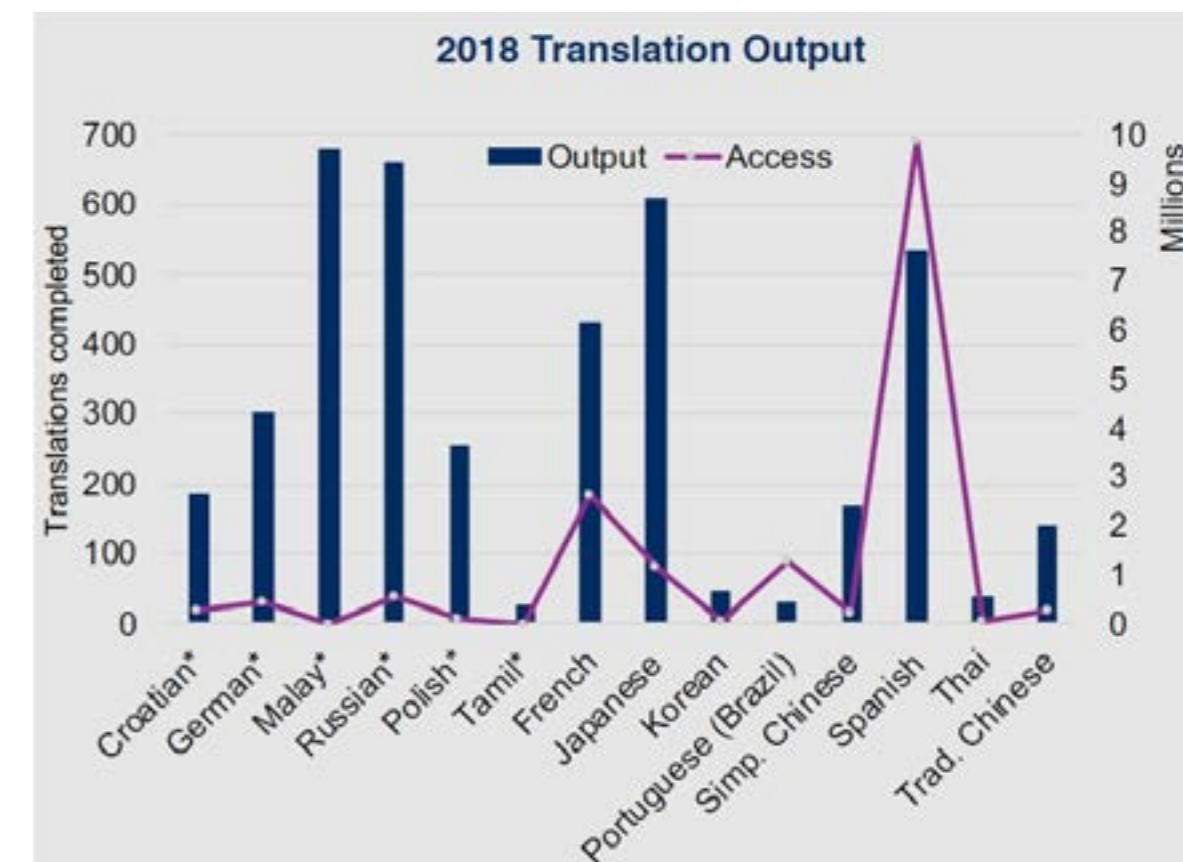
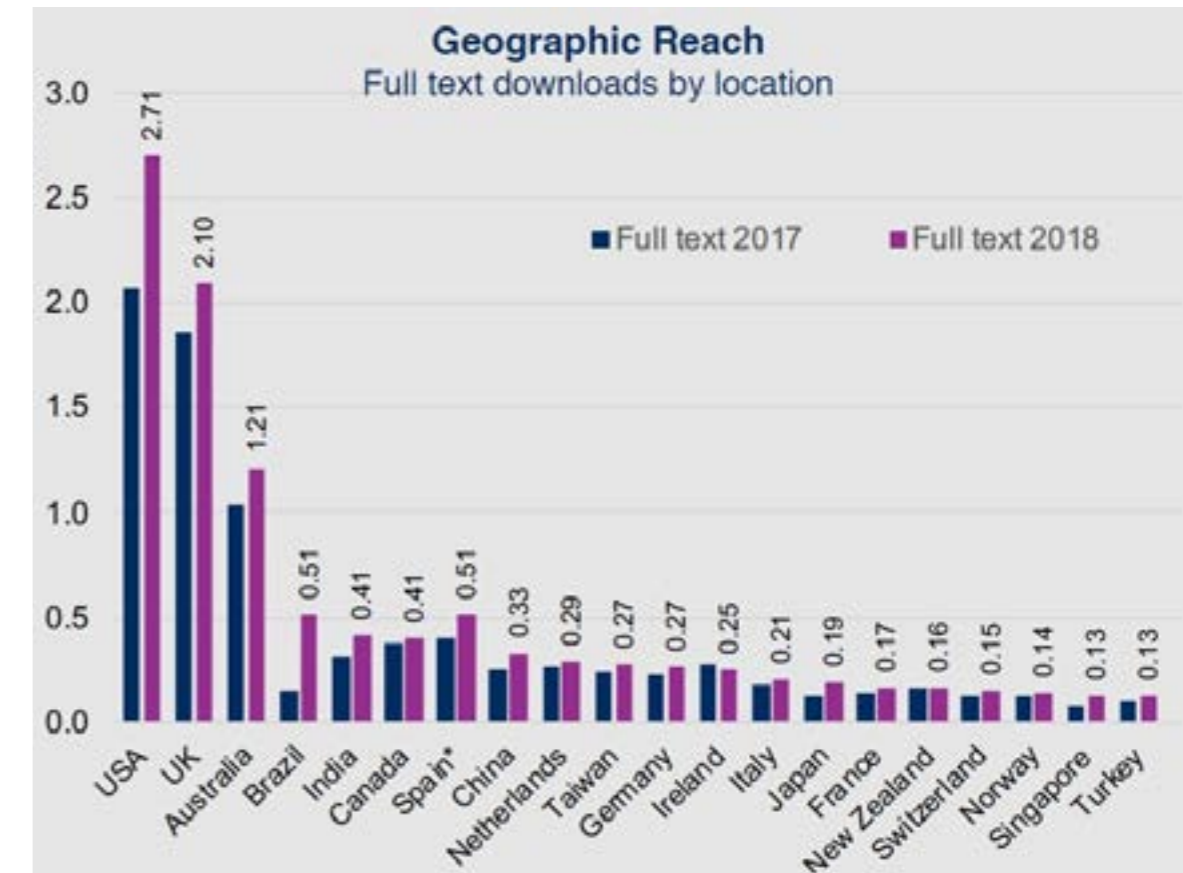


The Recommended Dose podcast:
Dr Norman Swan on medicine and the media



FSS response to Cochrane Review of
nutrition labelling on menus

More access worldwide to Cochrane Reviews

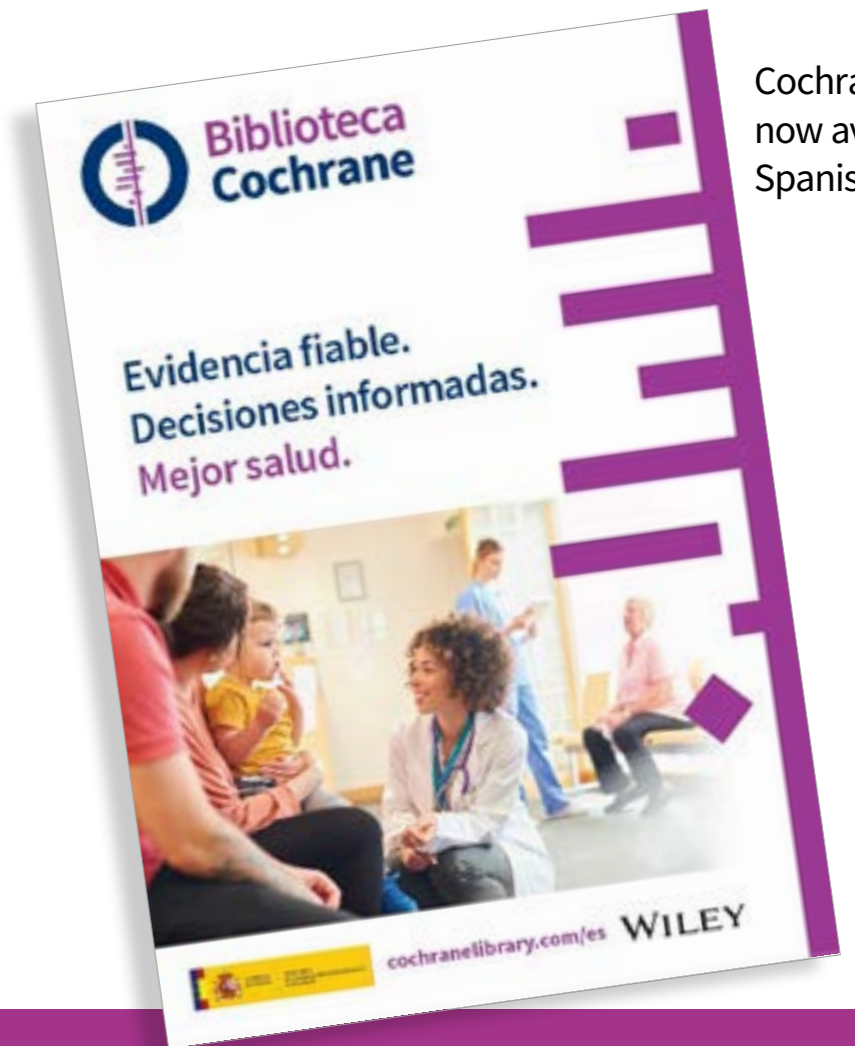


Smarter search, quicker answers, better health.

Cochrane Library Launch: A redesigned and enhanced Cochrane Library to improve user experience, with greater functionality.

Enhancements include:

- **Improved article design** for Cochrane Reviews, CENTRAL records, and all other content
- **Cochrane Clinical Answers** now fully integrated in the Cochrane Library
- **Search across all content types**, including Cochrane Reviews and Protocols, CENTRAL, Editorials, Special Collections, Cochrane Clinical Answers, and other systematic reviews from Epistemonikos
- **A new Spanish language portal** and discoverability of translated content in multiple languages via basic search
- **Improved search results display**, including new filters for all content, and expanded sort and multiple record export options
- **Advanced search tabs** better integrated, and MeSH search feature improved Linking CENTRAL records to Cochrane Reviews
- **Easy to submit** and view comments for Cochrane Reviews, Protocols, and Editorials
- **Easy navigation** between Cochrane Reviews, related podcasts, Editorials and Cochrane Clinical Answers



Cochrane Library now available in Spanish



Fluid resuscitation in critically ill people: colloids versus crystalloids



Can Omega-3 fatty acids prevent preterm birth?



Can progesterone prevent miscarriage?

Most viewed Journal Club articles 2018

A Cochrane Journal Club article focuses on a particular Cochrane Review, providing relevant background information and related resources:

- [Non-invasive diagnostic tests for Helicobacter pylori infection](#)
- [Vaccines for preventing influenza in healthy adults](#)
- [Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease](#)
- [Interventions to improve the appropriate use of polypharmacy for older people](#)
- [Blood pressure targets for hypertension in older adults](#)



New evidence published by Cochrane shows there is little or no effect of Omega 3 supplements on our risk of experiencing heart disease, stroke or death.

For media coverage on this story, [click here](#).

Photo: Getty images

Most shared Cochrane Reviews in 2018

According to data from Altmetric, the following 2018 Cochrane Reviews were the most often mentioned across newspaper stories, tweets, blog posts, and other sources.

- [Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors](#)
- [Nurses as substitutes for doctors in primary care](#)
- [Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children](#)
- [Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption](#)

New Special Collections in 2018 were:

[Prevention of acute malnutrition](#)



[Diagnosing skin cancer](#)



Most viewed Cochrane Clinical Answers

Cochrane Clinical Answers provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane Reviews.

- [How does verapamil compare with adenosine for people with supraventricular tachycardia?](#)
- [Can tranexamic acid help prevent postpartum hemorrhage?](#)

Most read Cochrane Reviews

The monthly Cochrane Library App edition features selected Cochrane Reviews, abridged and enhanced for tablets and smartphones.

- [Probiotics for treating eczema](#)
- [Colloids versus crystalloids for fluid resuscitation in critically ill people](#)
- [Protease activity as a prognostic factor for wound healing in venous leg ulcers](#)

Most popular Cochrane podcasts 2018

- [Fazer exercícios para os músculos do assoalho pélvico durante a gravidez e após o parto pode prevenir ou tratar a incontinência?](#)
- [Vitamin C for preventing and treating the common cold](#)
- [Electromechanical-assisted training for improving arm function and disability after stroke](#)



Knowledge Translation

The process of supporting the use of health evidence from our high quality, trusted Cochrane systematic reviews is used by those who need it to make health decisions.

The screenshot shows the Cochrane Training website interface. At the top, there is a navigation bar with links for 'Contact', 'Cochrane.org', and 'Cochrane Community'. The Cochrane Training logo is on the left, with the tagline 'Trusted evidence. Informed decisions. Better health.' A search bar is located in the top right. Below the navigation bar, there is a purple menu with options: 'Online learning', 'Learning events', 'Guides and handbooks', 'Trainers' Network', and 'Log in'. The breadcrumb trail reads 'Home > Online learning > Knowledge Translation'. The main content area features a large banner with the title 'Knowledge translation' and a description: 'These learning resources address how Knowledge Translation is being adopted across Cochrane'. Below the banner is a grid of six 'Collection' cards, each with a title and a representative image: 'Introducing Knowledge Translation in Cochrane', 'Disseminating Cochrane evidence', 'Priority setting', 'Meaningful partnerships', 'Improving the uptake of Cochrane evidence', and 'Knowledge Translation in multi-languages'.

(Click to play)



Knowledge Translation in Cochrane



Knowledge Translation: The multi-language project



Knowledge Translation: Partnerships

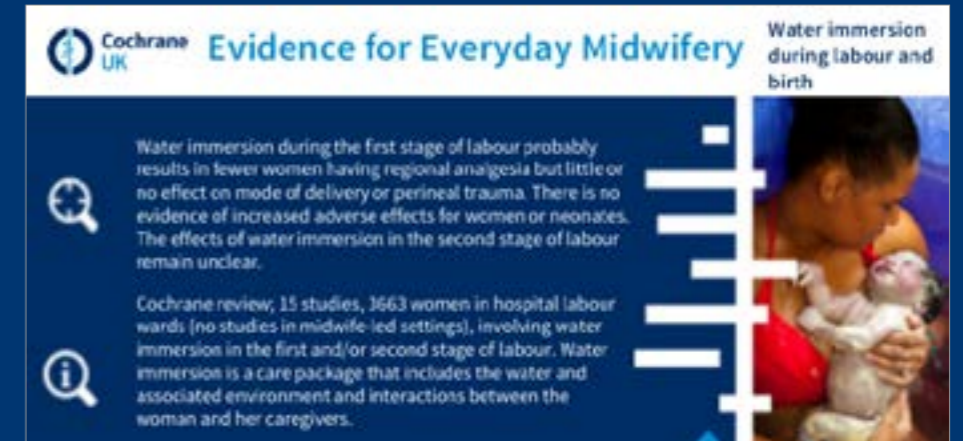
Discover more case studies in improving uptake [here](#)



[Cochrane South Africa Infectious Diseases develop a workshop and on-line learning for healthcare practitioners, researchers and policy-makers](#)



[Cochrane Nutrition – Working with strategic partners to support training of systematic reviewers in the nutrition field](#)



[Example of the Evidence for Everyday Midwifery blogshot](#)



[Cochrane Nigeria works with national guideline developers to help develop and adapt evidence based practices](#)



[Guidance note for partnership development, developed by KT Working Group on Strategic Partnerships](#)



[Guidance note for Cochrane Groups to define systematic review priorities, developed by the Knowledge Translation Working Group on Embedding Prioritization](#)



[Cochrane Oral Health and their Global Alliance of Partners Partner\(s\): Fifteen national organisations and colleges working in the areas of oral health and dentistry](#)



Media coverage of new Cochrane Review on HPV vaccine for cervical cancer prevention in girls and women. For media links, please [click here](#)

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

2018 Highlights

- Over 7,000 global media mentions of Cochrane evidence.
- 31 Cochrane videos about the findings of our evidence are produced and disseminated
- Cochrane’s social media following sees significant growth - ‘followers’ up by 35% on Twitter, 86% on YouTube, 80% on Facebook, and 39% for Cochrane Library’s Twitter feed
- ‘Cochrane for all – better evidence for better health decisions’ is the theme of Cochrane’s 25th Colloquium held in Edinburgh, UK, in September 2018 with a focus on patient and consumer engagement in the production and use of health evidence. Over 1,300 delegates from 58 countries attend
- Cochrane’s partnership with Wikipedia (the most popular source of information on health subjects in the world with 10 million visits a day) flourishes with 3,181 Cochrane Review citations in Wikipedia and over 40,000 referrals from Wikipedia to the Cochrane Library in 2018
- 55 reviews (from 10 Cochrane Review Groups) are cited in 11 of the 17 (65%) World Health Organization guidelines published in 2018
- The second Cochrane-REWARD (Reduce research Waste And Reward Diligence - REWARD) prize to initiatives aiming to reduce research waste is awarded
- Our new Knowledge Translation online learning resources are launched. Cochrane groups develop training and resources to help their target audiences understand Cochrane evidence and how to use it in practice.

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

Cochrane is proud to be on the leading front of contributing to the reliability, completeness, and accuracy of Wikipedia medical information

Our official partners

Building our partnerships with global organisations



WIKIPEDIA
The Free Encyclopedia



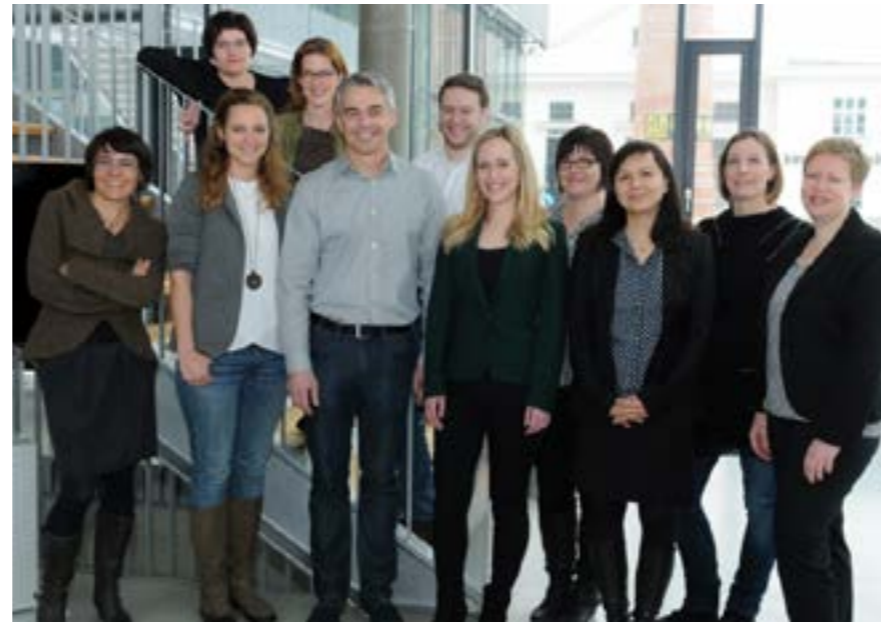
Campbell
Collaboration



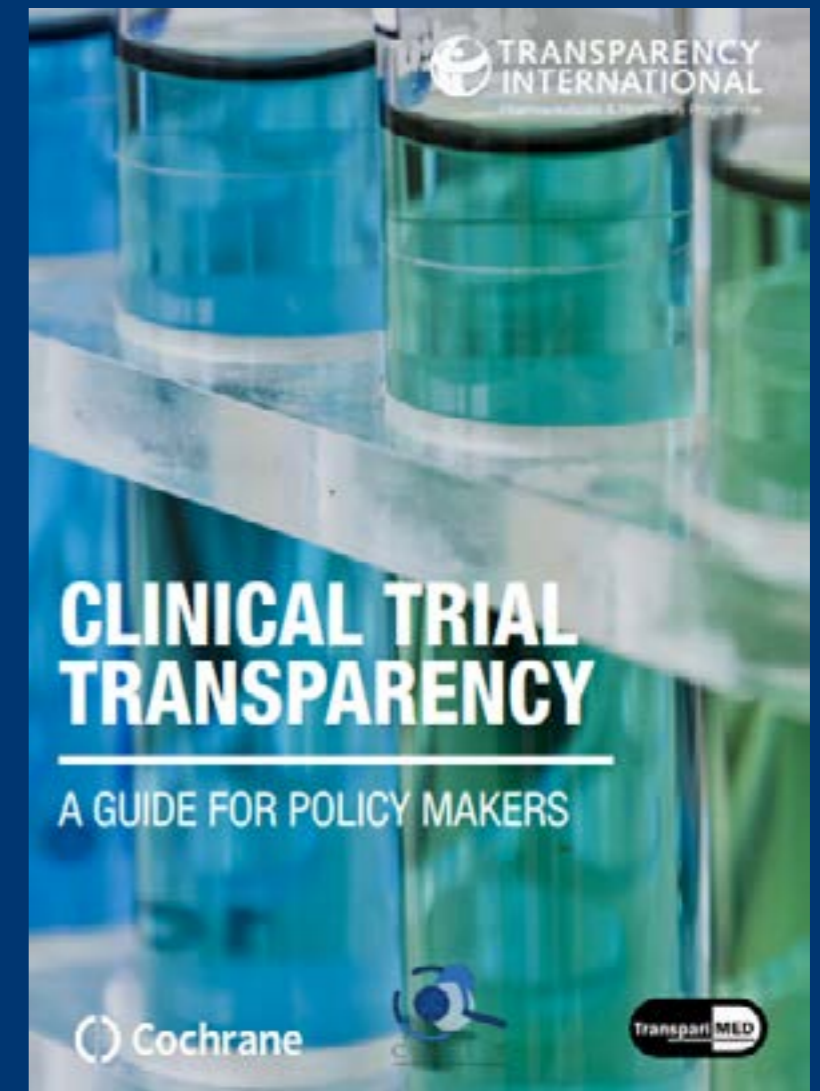
World Health
Organization



[Cochrane Evidence](#) used in new WHO guideline on intrapartum care for a positive birth experience



[Cochrane Austria](#) helping health practitioners in Austria to integrate evidence in their decision making



[Cochrane Nigeria](#) works with national guideline developers to help them develop and adapt evidence-based guidelines



[Cochrane PAPAS Group](#) addressing the gap in knowledge on chronic pain in childhood



Ian Chalmers presents the Cochrane-REWARD prizes for reducing research waste: 2018 winners

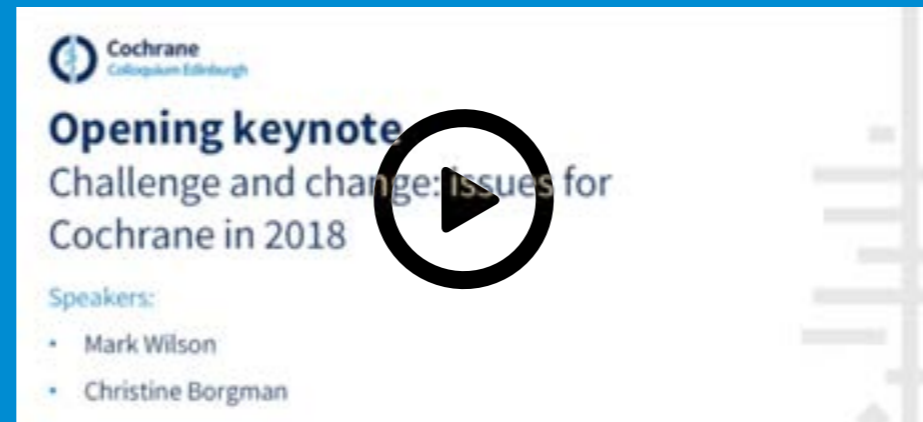
Cochrane's 25th Annual Colloquium

September 2018, Edinburgh

Cochrane for all.
Better evidence for
better health decisions.



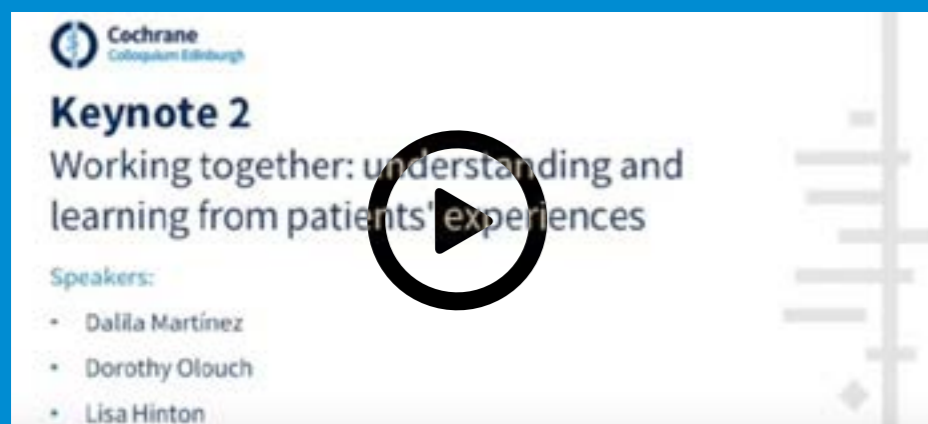
Patients Included Colloquium



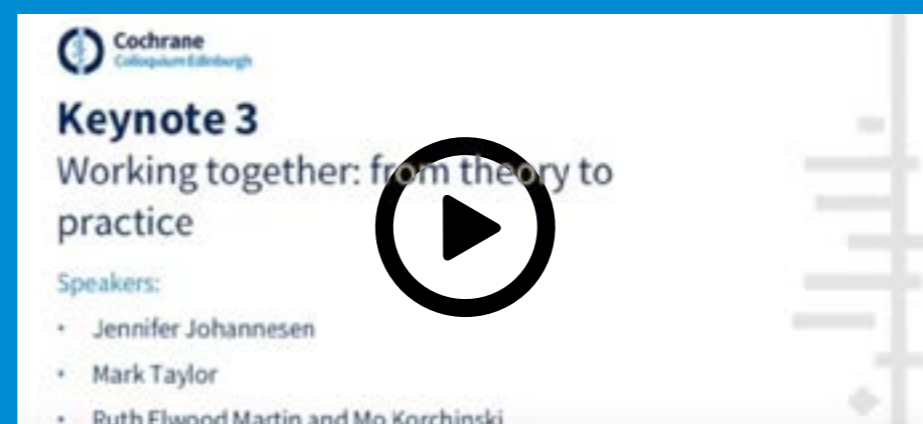
Opening keynote: Challenge and change: issues for Cochrane in 2018



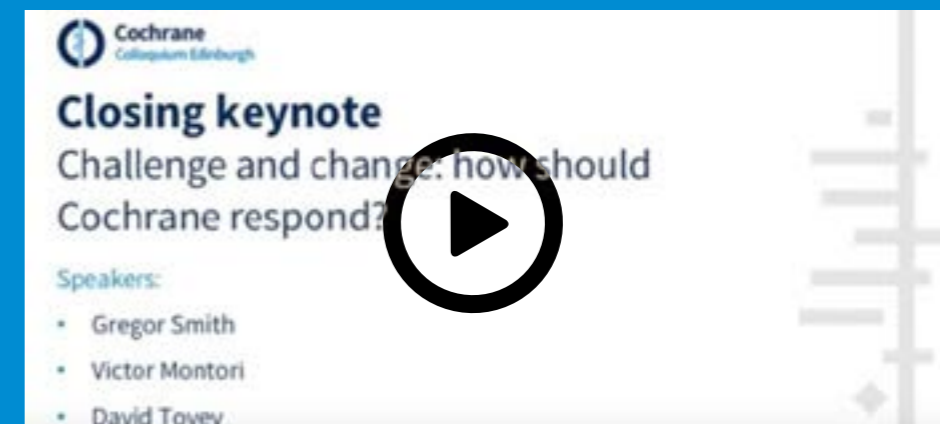
#BeyondTheRoom: digitally aiming to increase reach and impact to involve people virtually.



Keynote 2: Working together: understanding and learning from patients' experience



Keynote 3: Working together: from theory to practice



Closing keynote: Challenge and change: how should Cochrane Respond?



77 meetings across the main 3 days of the programme



1300 Delegates attended from 58 different countries.



14 pre-colloquium events took place on the 15th of September

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

2018 Highlights

The formation of the eight new Cochrane Review Group Networks integrating 52 Review Groups achieve its first year of implementation with the publication of two year strategic plans.

Cochrane Membership triggers spectacular growth in the number of people collaborating together on Cochrane's work. Over 13,000 members activate their membership or join the organization, with more than 52,000 additional supporters signing up. This represents a 44% rise with over 20,000 joining the organization as a member or supporter in 2018.

New Cochrane Centres launch in Colombia and Mexico; and new Associate Centres or Affiliate Cochrane Groups in Bosnia & Herzegovina, the Czech Republic, Indonesia, Spain (in Madrid, the Basque region and Navarra) and Taiwan.

Cochrane Library sales and royalties increase compared with 2017, contributing to a 13% increase in overall central income and an operational surplus of £1.28m.

Cochrane reserves rise to a high of £7.24 million.

Cochrane Response, Cochrane's consultancy service, continues to grow its business significantly, returning a surplus of £109,147.

There are strong sales in Cochrane's Interactive Learning Course. Cochrane's international network of trainers continue 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:

- ['Testing Treatments' to promote better and more critical public evaluation of the effects of medical treatments;](#)
- [Expanded and new resources for patient and consumer involvement in healthcare evidence production and use;](#)
- [Common Errors: a suite of five learning modules for Cochrane Editors to enhance their editorial skills; and](#)
- A new suite of Knowledge Translation resources to help those both inside and outside Cochrane to use Cochrane evidence to influence and impact health decision making. The Governing Board and Council agree new measures to encourage wider participation within Cochrane's community; develop a 'Code of Conduct' and finalize procedures for dealing with alleged breaches of the Code of Conduct.

Community Support

- In February we launched a new Community Support Team. This team provides a streamlined support service to our community of members, supporters and, in some cases, customers.
- The team answers a broad range of enquiries including tech support, membership enquiries, learning enquiries and contact form submissions.
- The team responds to over 2,500 enquiries in 2018.
- help.cochrane.org is launched as a new support portal. This includes knowledge-base articles to help people find answers fast, and also offers a direct route to ask questions of the team.
- We aim to have a first response to an enquiry within 24hrs (Mon-Fri) and full resolution of cases within 5 working days. In 2018, 73% of all cases were resolved within 24 hours.



COCHRANE.ORG STAFF LOGIN SUBMIT TICKET LOGIN

Welcome to Cochrane Help and Support Centre

Type in your question here

SEARCH

If you do not find the answer to your question by searching above then [submit a new ticket](#). You are welcome to submit a support ticket in any language. However we are only able to respond to you in English, French and Portuguese. If you need a response in another language please contact one of our [Geographical Groups](#).

TOP ARTICLES

- What can I do with my Cochrane Account?
- Cochrane Account Sign up, Username and Password
- RevMan 5 is crashing when I try to open or work on a review
- Proposing a title for a Cochrane Review
- Cochrane Account login upgrade - May 2019
- Joining Cochrane as a Supporter or Member
- Does Cochrane provide Online Interactive Learning?
- Cochrane Membership for consumers (patients, carers and family m...
- How do I become a Cochrane Member?
- Article Help and User Guide

Cochrane's 30 Under 30

[Cochrane's 30 under 30](#) shows just a few of the dynamic, brilliant young people newly involved in our work. They come from all over the world, with our geographic network now spanning 43 countries, with 17 more Centres, Associate Centres and Affiliates established since 2013



Cochrane

Shalini Suresh

Age: 24
Director of Compliance and Data Analytics

30 Under 30



Cochrane

Emma Persad

Age: 26
Occupation: Part-time student researcher, Cochrane Austria

30 Under 30



Cochrane

Joel Pollet

Age: 26
Occupation: Physiotherapist, Cochrane Rehabilitation field, Italy

30 Under 30



Cochrane

Santiago Castiello De Obeso

Age: 27
DPhil (PhD) Student Researcher

30 Under 30



Cochrane

Meisser Madera

Age: 30
Professor at Faculty of Dentistry

30 Under 30




Cochrane

Lara Kahale

Age: 28
Occupation: AUB GRADE center coordinator at the American University of Beirut Medical Center, Beirut, Lebanon

30 Under 30



Cochrane

Ndi Euphrasia Ebai-Atuh

Age: 31*
Assistant Lecturer

*30 at time of interview

30 Under 30



Cochrane

Petter Brattström

Age: 26
Occupation: Last year Medical Student Programme: Medical Programme at the Faculty of Medicine, Lund University Sweden

30 Under 30



Learning highlights

- Full audit and re-design of the [Cochrane Training website](#) making content easier to find
- [New collection of learning materials for knowledge translation](#)
- [Editorial Essentials](#) module launched for editorial staff
- Module one of Cochrane Interactive Learning translated into Spanish
- Cochrane Learning Live webinar data in 2018:
 - Number of webinars - 15
 - Number of attendees - 1,227
 - Number of registrants - 2,372
 - Total number of video views after the
 - Webinars (as measured at end of year) - 5,146

Cochrane Formación Interactiva

Bienvenido al módulo 1: Introducción a la realización de revisiones sistemáticas

Los cientos de horas invertidas en realizar un estudio científico contribuyen en última instancia a tan solo una pieza de un enorme puzle. El valor de cualquier estudio individual se deriva de cómo encaja con la investigación previa y cómo la amplía, así como de las propiedades intrínsecas del estudio. Las revisiones sistemáticas pueden ayudar a desentrañar los entresijos de ese puzle.

Cynthia D Mulrow, Editora Adjunta Principal de *Annals of Internal Medicine* y Profesora Clínica de Medicina en el Health Science Center de la Universidad de Texas en San Antonio.



Online learning | Learning events | Guides and handbooks | Trainers' Network | Log in

Welcome to Cochrane Training

We provide learning on how to conduct, edit and read systematic reviews, for individuals, groups and trainers. [Read more](#)

Featured resources

- Cochrane Interactive Learning: Conducting an intervention
- Knowledge Translation Collection
- Cochrane Learning Live webinar summary
- Common errors in reviews Learning module
- Editorial Essentials Book
- Portal

Training news and updates

- Cochrane Interactive Learning: Evolution survey *now open*
- *New* resource: *Editorial Essentials*
- Cochrane Interactive Learning: *New* module now available on *Network Meta-Analysis*
- *New* webinar: *Designing Knowledge Translation Strategies: Using online surveys to identify target audience characteristics and evidence needs*
- Webinar recording: *How RevMan Web can improve your experience of writing a systematic review*
- Upcoming webinar: *Tech enablers for living evidence*
- Upcoming course: *Systematic reviews and meta-analysis of diagnostic test accuracy 2019: Birmingham, United Kingdom*

Learning events | Learning Live webinars

Learning Live

Series of monthly webinars open to you. Here you can sign up for an upcoming webinar or access our live recordings.

Upcoming webinars:

May 20, 2019
Tech enablers for living evidence
 Anna Noel-Stzer, Cochrane Crowd Co-Lead & Information Specialist
 James Thomas, Director of the Department of Health Review Facility of the EPPV Centre, UCL
 Alexandra Bannach-Brown, Research Fellow, Centre for Research in Evidence-Based Practice (CREBP), Bond University
 Justin Clark, Senior Research Information Specialist, CREBP, Bond University; Information Specialist.
[\[More info and sign up\]](#)

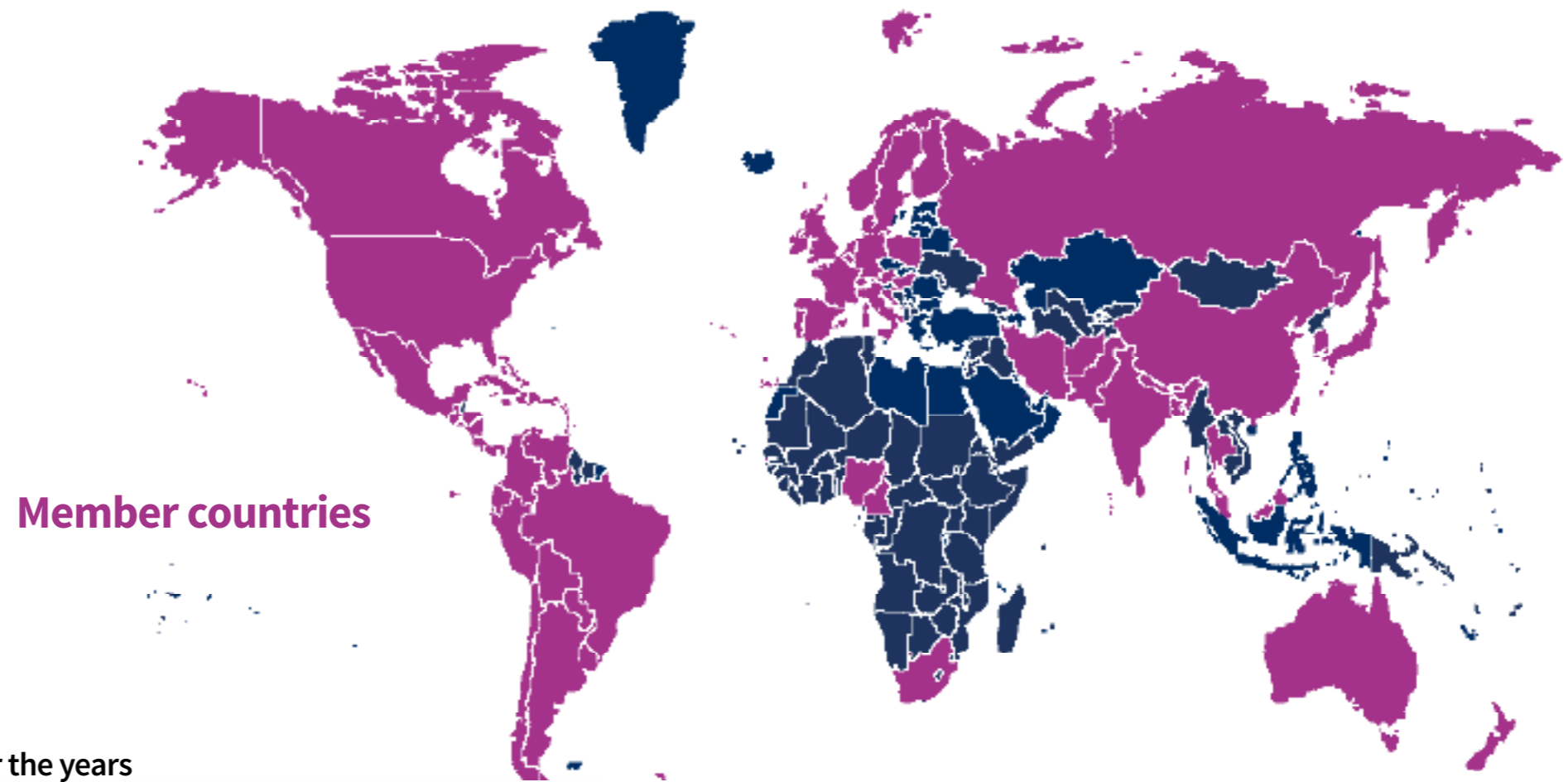
June 19, 2019
Designing Knowledge Translation Strategies: Using online surveys to identify target audience characteristics and evidence needs
 Dr Adrian Verbel Facuseh, Coordinator of Cochrane Insurance Medicine
[\[more info and sign up\]](#)

Suggestions or interested in presenting?

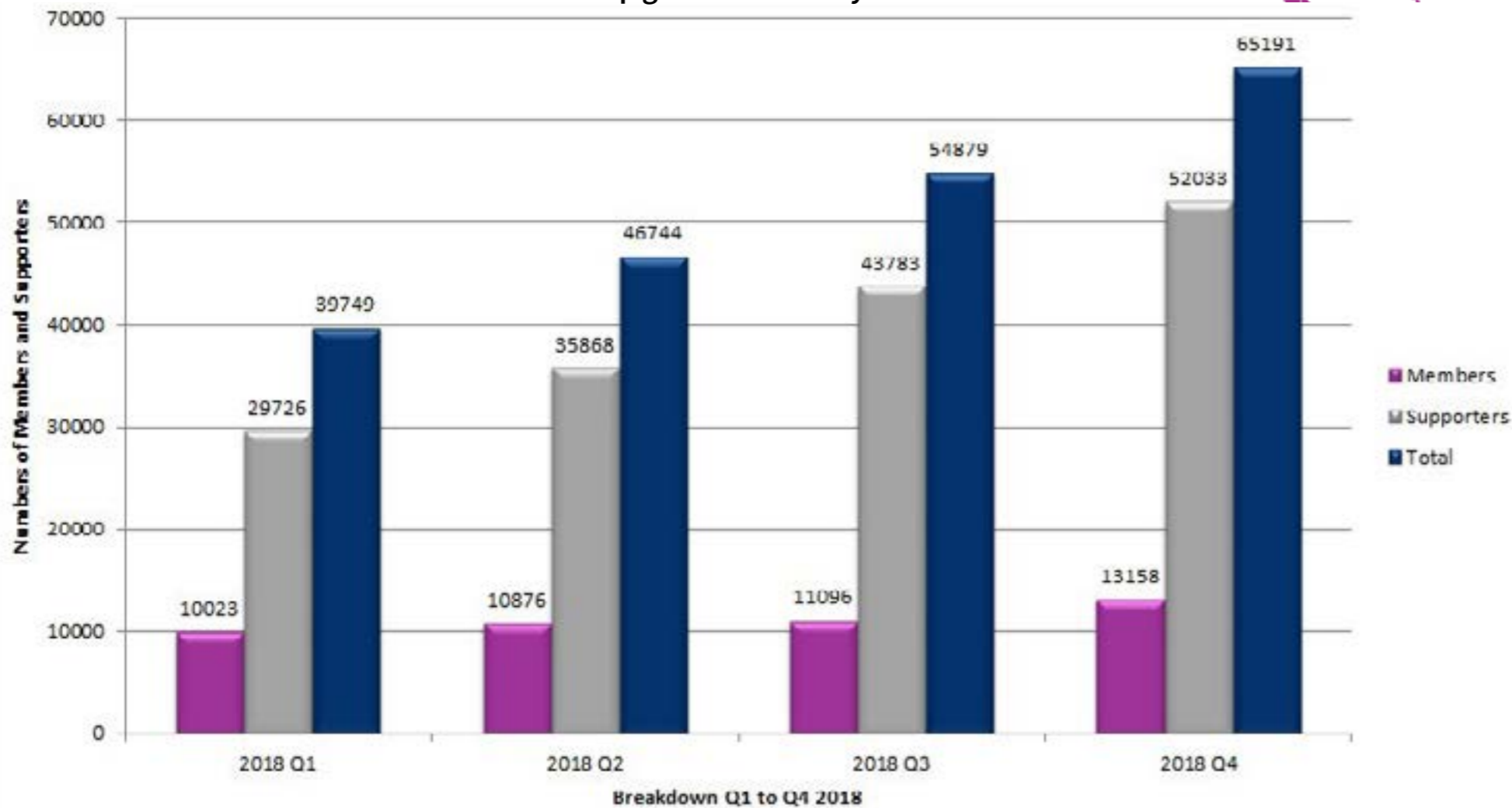
Learning Live is run by Cochrane's Membership, Learning and Support Services and we are there to provide full support for presenters throughout. We work with presenters to describe their webinar and schedule it in the Learning Live programme. If you are interested in presenting a webinar as part of the series or have topic suggestions, please contact us at training@cochrane.org.

Cochrane Membership

In 2018 people who were eligible took up their Cochrane membership. Our members are the core of our community who help shape the future of the organisation through their contributions to Cochrane's work and their participation in governance.



Membership growth over the years



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



Cochrane Crowd

Our crowd is made up of valued contributors who curate high-quality health evidence.

Volunteers from around the world help us identify the research we need to determine if a treatment or diagnostic test works.



Why join us?

Everyone has a reason.



I'm keen to be part of a thriving community that's passionate about improving health.



I want to develop a track record of contributing to a global leader in health evidence.



I want to develop my research skills and keep up-to-date in my clinical area.

I want to make a difference for people with health issues like me.



How does it work?

With volunteer power and a crowdsourcing algorithm.

Volunteers screen health research citations and decide whether they should be included in our clinical trials database.

A crowdsourcing algorithm determines how many volunteers need to agree that a citation should be included in the database.

Our team of experts review any citations the crowd can't agree on.



How will it help?

You can make a difference.

More and more health research is published every day. You can help us meet the growing challenge of identifying the research we need to produce high-quality and up-to-date health evidence. And that will lead to better health outcomes for everyone.



By end of 2018:

11,082

Cochrane Crowd citizen scientists

2,739,325

Number of classifications

47,913

Number of RCTs

Visit the [Crowd website](#)

Cochrane's citizen science platform, breaks records in Mexico



You can make a difference!

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

Give it a try

8980

Contributors

189

Countries

1933975

Classifications



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

By end of 2018:

3007

Number of members

368

Number of tasks posted

80%

Steady response rate for the past 1.5 years

Visit the [TaskExchange](#) website

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



Some of the tasks that people are getting help with right now!

- Language translation
- Guideline development
- Data Extraction
- Record screening
- Consumer review
- Clinical input



Financial Report

4%

sales increase compared with 2017

5%

royalties increase compared with 2017

13%

increase in total income

5%

under budget on expenditure

£7.24m

reserves at end of 2018

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 sources of revenue were received in 2018 from fundraising (from Trusts and Foundations), Cochrane Response (the charity's consultancy service) and Cochrane events.

- **Total income received in 2018 was £9,795,496, a 13% increase from 2017 (£8,669,412).**
- Sales of the *Cochrane Library* rose by 4% to £10,684,000, compared to £10,248,000 in 2017; with royalties paid to Cochrane up by 5% to £6,869,065, from £6,527,609 the year before. Total publishing income in 2018 reached £8,116,118.
- Fundraising from Trusts and Foundations fell substantially in 2018 to £135,078, as planned follow-on funding to support Cochrane's 'Linked Data' and 'New Evidence Systems' information technology projects took longer to emerge than expected. Additional donation income totalled £5,214; and bank interest of £13,797
- **Cochrane's new consultancy service, 'Cochrane Response' launched in June 2016, generated an annual operating deficit of £51,503 in 2018, with sales of £485,997 and operating costs of £537,500.**

Expenditure

Expenditure in 2018 was £8.48 million, leading to an operating surplus of £1.28 million for the year.

- Cochrane's direct central publishing costs relating to editorial support (provided by Cochrane's Editorial & Methods Department) and continuing provision of the basic IT infrastructure to support Review production (including its software tools RevMan and Archie) were £1,937,148 in 2018.
- Direct expenditure of £537,500 was spent in the development of new derivative products and services to support Cochrane's long-term sustainability, including costs for Cochrane Innovations; and a further £91,761 on generating other sources of funding in 2018.
- Future Technology projects costs in 2018 were £295,455, including expenditure on a grant from the Bill and Melinda Gates Foundation, Linked Data, Project Transform and Cochrane's 'New Evidence System'.
- Direct expenditure on other charitable activities totalled £1,339,497 in 2018: including £319,200 for Cochrane's Methods development; £151,464 for translations of Cochrane evidence; £101,920 for Cochrane Colloquium support; and £88,586 for strategic support funding to Cochrane Groups.
- Governance costs were £379,928, including expenditure on the Governing Board, Cochrane Group Executives, the new Cochrane Council, as well as audit, accountancy and legal costs.

- Total additional support costs covering membership, training and learning for Cochrane collaborators, and the leadership, facilitation and support activities of staff in the Central Executive Team were £3,900,135 in 2018.

Reserves at the end of 2018 were £7,246,012. Free reserves (unrestricted funds minus those related to fixed assets) were £7,220,723. The Trustees intend to continue investing in the implementation of Cochrane's *Strategy to 2020* and this will draw down on the charity's Reserves in the coming years.

Environmental report

The total Central Executive Team and general organizational carbon footprint in 2018 is estimated at 228 tonnes of CO₂. Air travel made up 69% of the total with just under 21% coming from building emissions and the remainder from staff commuting. Flight emissions decreased by 52% from 2014 due to fewer flights and a shorter average flight distance in 2018 compared to previous years. Waste and water usage account for just 0.1% of total emissions in 2018.



Cochrane
Colloquium Santiago

Embracing diversity

22 - 25 October 2019



Cochrane Colloquium 2019

- 22-25 October 2019, Santiago, Chile
- Visit: colloquium2019.cochrane.org
- #CochraneSantiago



Challenges in 2019: Cochrane's CEO, Mark Wilson looks ahead

Meeting our mission

The Cochrane community can be immensely proud of the substantial achievements already accomplished by the organization in delivering the Goals and Objectives set out in the organization's *Strategy to 2020*. As this Annual Review has shown, these are reflected in a substantial increase in the reach and impact of Cochrane evidence on health decision-making around the world. But there is much still to do, with some of the biggest and most far-reaching changes in the way that we produce and package our evidence, and promote its use by patients and the public, health practitioners, researchers and policy makers, still being developed and implemented by Cochrane Groups, the Central Executive Team and the wider Cochrane community.

2019 is the penultimate year of Cochrane's *Strategy to 2020*, and from now until the end of the Strategy we'll be focusing on delivering more of the changes related to those critical priorities within the Strategy's four Goals. The 2019 [Targets](#) and [Plan & Budget](#) approved by Governing Board reflect this focus, and this year Cochrane's Members, Supporters and staff will be:

Goal 1: Producing evidence

- **Continuing development of Cochrane's Systematic Review-producing Groups and Processes**, through the development of the Review Group Networks and implementation of the Review Group Transformation Programme.
- **Implementing and continuing to develop Cochrane's new Content Strategy**, including:
 - Implementing the Risk of Bias 2 tool (ROB2);
 - Scaling up Cochrane's 'Living Systematic Reviews';
 - Developing standards and scaling up our Network Meta-analysis (NMA);
 - Deciding whether to progress work on developing Rapid Reviews
 - Exploring the use of Clinical Study Reports as source data for drug intervention reviews.
- **Assuring the quality and consistency of Cochrane's editorial process**, by:
 - Developing an editorial charter that describes agreed expectations across Review Group Networks and CRGs to assure the equity and consistently high quality of editorial processes; and
 - Developing and implementing an agreed quality assurance process for high-profile reviews.
- **Revising and completing Cochrane's Conflict of Interest policy (including financial and non-financial conflicts) and Scientific Misconduct policy.**

Goal 2: Making our evidence accessible

- **Making Cochrane Reviews more accessible to decision makers**, by:
 - Developing a prioritized and costed list of potential changes to the structure and format of Cochrane Reviews with a proposed development and implementation plan to be undertaken over the course of three years.
- **Reviewing Cochrane's approach to open access of Cochrane Reviews and datasets.**

Goal 3: Advocating for evidence

- **Continuing to deliver more features and enhancements in the Cochrane Library, with a focus on continuing to improve the discoverability, accessibility, usability and impact of our content.**
 - Projects to be delivered in 2019 include PICO based search, RoB2, Living Systematic Reviews and the integration of Health Systems Evidence.
- **Influencing health policy makers to use Cochrane evidence and new advocacy initiatives**, by:
 - Strengthening Cochrane's capacity to support policy-makers and health policy managers in their uptake and use of Cochrane evidence applicable to their language and context;
 - Advocating for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.

Goal 4: Building an effective and sustainable organization

- **Building capacity** in the Cochrane Community to produce more complex reviews and undertake knowledge translation activities to increase the impact of our evidence.
- **Evaluating, planning and beginning implementation** of an improved Editorial Management System for Cochrane Review production, carried out in consultation with key Cochrane community stakeholder groups.
- **Strengthening Cochrane** as a global organization, through a series of initiatives including:
 - Establishing new Cochrane Networks in the US and China to extend Cochrane's global reach and facilitate the accessibility, use and uptake of Cochrane evidence in practice
 - Promoting diverse participation within our organization
 - Expanding equity in the content and accessibility of our work
 - Supporting the next generation of Cochrane Contributors.
- **Running an open, competitive tender process for Cochrane's future publishing arrangements from 2021.**

"The Cochrane community can be immensely proud of the substantial achievements already accomplished by the organization in delivering the Goals and Objectives set out in the organization's Strategy to 2020. "

Mark Wilson
Cochrane Chief Executive Officer



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

National Institute for Health Research (UK)

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)

*Funds contributed by funders per annum

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)



Charity Name: The Cochrane Collaboration
Registered and Correspondence Address: St Albans House,
57-59 Haymarket,
London, SW1Y 4QX
United Kingdom

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 to 31 December 2018:

Prof. Martin Burton (Co-Chair)
Prof. Cindy Farquhar (Co-Chair - resigned 14 September 2018)
Ms. Marguerite Koster (Treasurer; appointed Co-Chair 1 September 2018)
Dr. Xavier Bonfill Cosp (elected 10 December 2018)
Prof. Janet Clarkson
Prof. Nicola Cullum (elected 7 August 2018)
Ms. Maria Gladys Faba Beaumont
Prof. Gerald Gartlehner (resigned 14 September 2018)
Prof. Peter Gotzsche (membership terminated 25 September 2018)
Prof. Sally Green (elected 10 December 2018)
Prof. Tracey Howe
Dr. Karsten Juhl Jørgensen (elected 10 December 2018)
Ms. Raewyn Lamb (resigned 14 September 2018; re-appointed 8 February 2019)
Mr. David Hammerstein Mintz (resigned 14 September 2018)
Ms. Catherine Marshall (resigned 14 September 2018; re-appointed 8 February 2019)
Dr. Joerg Meerpohl (resigned 14 September 2018)
Dr. Nancy Santesso (resigned 14 September 2018)
Mr. Jordi Pardo Pardo (elected 10 December 2018)

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
Ms. Joanne Anthony, Head of Knowledge Translation
Ms. Lucie Binder, Senior Advisor (Governance & Management)
Mr. Christopher Champion, Head of Membership, Learning & Support
Mr. Christopher Mavergames, Head of Informatics & Technology Services (& Chief Information Officer)
Ms. Charlotte Pestrige, Head of Innovations, Research & Development (& Chief Executive Officer, Cochrane Innovations)
Ms. Karla Soares-Weiser, Deputy Editor in Chief, The Cochrane Library
Ms. Sarah Watson, Head of Finance & Core Services (& Company Secretary)