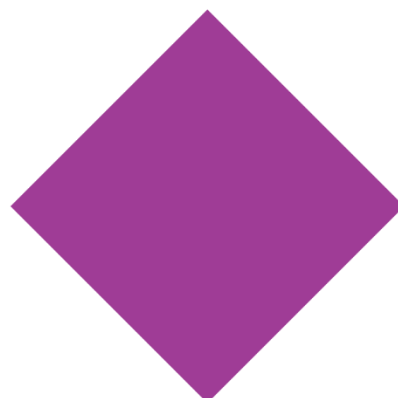


Trustees' Report and Financial Statements

The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2017

Company Number 3044323

Charity Number 1045921



31 December 2017

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The Trustees of The Cochrane Collaboration (Cochrane), who are also directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2017.

Reference and Administration

Charity name: The Cochrane Collaboration

Registered and
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Advisors

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Trustees

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

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

Narrative Report

This Trustees' Report covers the twelve-month period 1 January – 31 December 2017.

1. Structure, Governance and Management

Nature of Governing Document

The governing documents of The Cochrane Collaboration are the Articles of Association, which were amended on 25 October 2016.

Trustee Appointment

Trustees of The Cochrane Collaboration serve as Governing Board members for a three-year period, and may be re-elected for a second consecutive term. After a three-year break, they may be elected again when an appropriate vacancy occurs. At least six 'internal' trustees are elected to the Governing Board by individual members of the charity from the existing membership. Up to five additional 'external' trustees are appointed by Governing Board members, who are then subject to approval by the charity's members at the next Annual General Meeting after their appointment. Two Co-Chairs

(who may serve up to two terms of two years) are similarly appointed by the Board and must be confirmed by members at the AGM.

All trustees go through an induction with a Co-Chair, another Board member and the Company Secretary; and are provided with introductory documentation to assist them. Trustees spend two days a year in Board development days to support their work.

Organisational Structure

The Cochrane Collaboration's Governing Board governs the charity on behalf of its Members. The charity owns three subsidiaries, each with its own Board of Directors:

- The Collaboration Trading Company exists solely to receive royalties from sales of The Cochrane Library and to gift aid its profits to the charity. During 2017 Collaboration Trading was non-trading in the year and it is our intention to make this subsidiary dormant in 2019;
- Cochrane Innovations is a commercial trading company that exists to develop and sell derivative products and services from Cochrane's content and tools, to return a profit to the charity and support the charity's mission and objects; During 2017 Innovations performance was better than planned.
- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of Cochrane's Informatics & Knowledge Management Department based in Denmark.

The charity's Governing Board determines the strategic direction of the organization, including its policies objectives and goals. The Cochrane Collaboration's Chief Executive Officer, Mark Wilson, has overarching responsibility for the management of the organization, including its Central Executive Team (CET - the staff employed by the charity or through charity funding), and the executive delivery of its activities and plans to deliver these strategic goals.

The Editor in Chief of *The Cochrane Library*, Dr David Tovey, is responsible for developing, implementing, and directing the editorial policies and vision of *The Cochrane Library* in relation to the vision and objectives of the collaboration; improving the quality in the editing process and product with respect to scientific content; providing a lead for conceptualising and developing new products derived from Cochrane Systematic Reviews in partnership with the Chief Executive Officer; and for applying ethical and scientific standards consistent with the goals of the Collaboration.

The Central Executive's Information & Knowledge Management Department (IKMD) is based in Freiburg, Germany, and Copenhagen, Denmark, and is responsible for developing and maintaining Cochrane's online presence; RevMan, the Collaboration's systematic review management software; Archie, the online repository for the Collaboration's documents and contact details; and other technological tools, products and services linked to the production of synthesized evidence. Other Central Executive team members provide leadership and support in media and communications, fundraising, training and capacity building, editorial services, finance and core services.

Cochrane Groups across the world contribute to the activities of the collaboration:

- 52 subject-based Cochrane Systematic Review Groups incorporated into 8 Networks facilitate the preparation, by research teams, of Cochrane Systematic Reviews;
- 16 Methods Groups provide support in methods for research evidence synthesis;
- 20 Cochrane Centres (with responsibility for 34 Associate Centres and Affiliates) in Europe, the Americas, Africa, Asia and Australasia provide a regional focus for the Collaboration's activities; and
- 11 thematic Fields represent crosscutting health issues and carry out knowledge translation and advocacy activity.

Each Cochrane Group has a management team appropriate to its function. For Cochrane Review Groups, for instance, this normally consists of a Co-ordinating Editor (commonly a senior healthcare professional such as a Professor or Senior Consultant with extensive knowledge of the healthcare area concerned), a Managing Editor, an Information Specialist and administrative support. These teams support 'Cochrane Review author teams', consisting of authors and editors; with input provided by statisticians, methodologists, healthcare consumers and others.

Principal Risks and Uncertainties

The Governing Board of Trustees regularly considers the principal risks to which The Cochrane Collaboration is exposed. It uses a risk management matrix to set out and evaluate the major risks, their likely impact, the steps taken to mitigate risk, and further action that could be taken. There were two main risks for the charity in 2017.

The first was ensuring the continued outputs and sustainability of some Cochrane Groups around the world threatened by loss of funding from long-term funders. In 2016-17 Cochrane provided C\$500,000 of Strategic Development Support (SDS) funding to Cochrane Canada Groups to support their ongoing activities and staffing following the Canadian Institute of Health Research's (CIHR) decision to end support to Cochrane activities. These Groups were maintained through 2017 and Cochrane Canada continues to seek long-term sustainable funding. Cochrane's Governing Board also approved SDS funding in 2017 to the Cochrane Review Group satellite teams in Australia, whose support from the National Health & Medical Research Council ended that year, and to the Neonatal and Lung Cancer Review Groups. SDS support is designed to form a 'bridge' for Cochrane Groups to sustain their structures and staffing at a basic level when a likely longer-term funding solution is likely to be found.

The second, and continuing, risk and uncertainty affecting the charity is the impact in the short, medium and long term on Cochrane's revenues of its decision to make increasing numbers of its Cochrane Systematic Reviews 'open access'. The proportion of Cochrane Reviews already freely available to all users everywhere through its existing 'Green' Open Access policy (where the full text of Cochrane Reviews and Updates are made available everywhere to everyone 12 months after publication) is steadily growing – reaching 52% by the end of 2017. The Governing Board decided in 2017 to postpone *Strategy to 2020's* ambition to extend this policy still further by making the full text of all Cochrane Reviews and Updates immediately open access on publication (see Objective 2.4, below). This objective will now be reassessed sometime after 2020, once the potential impacts on future sales of an 'enhanced' Cochrane Library are better understood.

Contingency plans have also been developed by the Central Executive's Senior Management Team (SMT) to manage and reduce other, less serious, risks with a detailed Risk Management Report updated quarterly which is considered and approved by the Trustees twice a year.

2. Objectives and Activities

Legal Objects

The legal objects of the Charity, as defined in its Articles of Association and revised by its members with the approval of the Charity Commission on 25 October 2016 are: 'the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care or any other charitable activities, for the public benefit.'

Vision and Mission of the Charity

The Cochrane Collaboration's Vision is: 'a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesised research evidence'.

Cochrane's Mission is: 'to promote evidence-informed health decision making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence'.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with more than 40,000 collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity makes extensive use of volunteers. Amongst their many contributions, volunteers in 2017 were involved in the following activities:

- Preparation of the Collaboration's outputs as members of 'Cochrane Review author teams';
- Developing the knowledge base and tools for facilitating preparation of Cochrane's outputs;
- Dissemination of Cochrane's principles and outputs through conference presentations, symposia, scientific papers, and related knowledge translation activities;
- Supporting the 'Cochrane Crowd' initiative: using citizen science to identify randomised controlled trials in bibliographic databases.

Fundraising

Cochrane does not engage in public fundraising and does not use professional fundraisers or commercial participators. The Charity, nevertheless, observes and complies with the relevant fundraising regulations and codes where appropriate. During the year there was no non-compliance of these regulations and codes, and we received no complaints relating to our fundraising practice.

Strategy to 2020

In September 2013, the Charity's membership unanimously agreed to adopt a new *Strategy to 2020* for Cochrane. The *Strategy to 2020* identifies four principal goals and 28 objectives underpinning them and together they will guide the development of the organisation for the period 1 January 2014 – 31st December 2020.

GOAL 1: PRODUCING EVIDENCE

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

Objectives to 2020

HIGH-QUALITY:

- 1.1 We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

RELEVANT:

- 1.2 We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.

UP-TO-DATE:

- 1.3 We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.

WIDE COVERAGE:

- 1.4 We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.

PIONEERING METHODS:

1.5 We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.

EFFICIENT PRODUCTION:

1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.

1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Objectives to 2020

USER-CENTRED DESIGN AND DELIVERY:

2.1 We will put the needs of our users at the heart of our content design and delivery.

2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.

2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

2.4 We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and the archive of existing published reviews.

ACCESSIBLE LANGUAGE:

2.5 We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.

MULTI-LINGUAL:

2.6 We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

GOAL 3: ADVOCATING FOR EVIDENCE

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.

Objectives to 2020

GLOBAL PROFILE:

3.1 We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.

THE 'HOME OF EVIDENCE':

3.2 We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.

3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.

3.6 We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GLOBAL PARTNER:

3.7 We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations.

GLOBAL IMPACT:

3.8 We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation 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.

Objectives to 2020

INCLUSIVE AND OPEN:

4.1 We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved.

GLOBAL AND DIVERSE:

4.2 We will become a truly global organisation by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

FINANCIALLY STRONG:

4.3 We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

EFFICIENTLY RUN:

4.4 We will review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals.

INVESTING IN PEOPLE:

4.5 We will make major new investments in the skills and leadership development of our contributors.

TRANSPARENTLY GOVERNED:

4.6 We will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position.

ENVIRONMENTALLY RESPONSIBLE:

4.7 We will review and adjust our operations to reduce their environmental impact.

Each year Cochrane's Central Executive, working with the rest of the organisation, develops annual targets linked to these Goals and Objectives. The 10 targets for 2017 approved by the Governing Board in December 2016 prioritised Cochrane's work throughout the year. The monitoring and achievement of these targets is the principal means through which the Charity measures and reports its progress towards *Strategy to 2020* Goals and Objectives.

3. Achievements and Performance

2017 was another highly successful year for Cochrane in our progress towards achieving *Strategy to 2020*, with continuing substantial increases in the demand for and use of Cochrane evidence from our online platforms, wide-ranging and transformational governance and organizational reform,

and the successful completion or launching of a series of major initiatives and organizational projects, including Cochrane's new Membership scheme and its first Knowledge Translation Framework and Strategy. Nine of the 10 *Strategy to 2020* targets for 2017 were delivered; with the only major setback being the delayed launch of the Enhanced Cochrane Library – which is now expected to take place in July 2018. For a full report on the achievement against these ten organizational targets see [here](#). The highlights of Cochrane's achievements in 2017, grouped under the strategic goals include:

GOAL 1: To produce high quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making.

- 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).
- New Cochrane Reviews published in the *Cochrane Database of Systematic Reviews* (CDSR) in 2017 continued to make major contributions to our health evidence base. The most frequently downloaded new reviews were:
 - 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
 - Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination: a synthesis of qualitative evidence
 - Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years
- The most frequently downloaded updated Cochrane Reviews published in 2017 were:
 - 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
 - Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth
 - Beta-blockers for hypertension
- According to data from [Altmetric](#), the 2017 Cochrane Reviews most often mentioned across newspaper stories, tweets, blog posts, and other sources were:
 - Yoga treatment for chronic non-specific low back pain
 - Whole grain cereals for the primary or secondary prevention of cardiovascular disease
 - Direct-acting antivirals for chronic hepatitis C
 - Interventions to improve antibiotic prescribing practices for hospital inpatients
 - Industry sponsorship and research outcome
- Some Cochrane Reviews are accompanied by podcasts, often read by the review authors. The most accessed podcasts of 2017 were:
 - Early additional food and fluids for healthy breastfed full-term infants
 - Support for breastfeeding mothers
 - Yoga treatment for chronic non-specific low back pain
 - Apoyo para la lactancia materna en madres e hijos sanos
 - Vitamin C for preventing and treating the common cold
- Cochrane Journal Club articles provide relevant background information and related resources on a single Cochrane Review. The most popular Journal Club articles in 2017 were:
 - Comprehensive geriatric assessment for older adults admitted to hospital
 - Antiepileptic drug monotherapy for epilepsy: a network meta-analysis of individual participant data
 - Cytology versus HPV testing for cervical cancer screening in the general population

- Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth
- Anti-vascular endothelial growth factor for diabetic macular oedema: a network meta-analysis
- Cochrane Clinical Answers (CCAs) provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane Reviews. The most viewed CCAs in 2017 were:
 - Does the use of risk assessment tools help prevent the development of pressure ulcers?
 - What are the benefits and harms of calcium antagonists in people with acute ischemic stroke?
 - Is tap water sufficient for wound cleansing?
 - How does natural cycle in vitro fertilization compare with controlled ovarian hyperstimulation in subfertile couples?
 - Can honey applied topically promote wound healing?
- Special Collections (curated content collections on a specific healthcare topic) were published on the Cochrane Library in 2017, including:
 - Enabling breastfeeding for mothers and babies
 - Yoga for improving health and well-being
- 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 Editorials in 2017 were:
 - Antimicrobial stewardship: we know it works; time to make sure it is in place everywhere
 - Corticosteroids for preterm deliveries: missing evidence
 - Taking health systems research syntheses to the next level: overviews of systematic reviews
- The 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 13 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 over the course of the year became a global community of almost 8,500 volunteers helping to classify the research needed to support informed decision-making about healthcare treatments. These volunteers had achieved over 1.75 million classifications of randomised 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 further development of Cochrane's author support tool, [Covidence](#), which showed substantial growth in usage by both Cochrane and external authors.

GOAL 2: To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

- 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.
- Cochrane is committed to making its Systematic Reviews accessible to all, but in a way that the organisation can sustain and does not undermine its ability to develop and grow in the future. 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 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).

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.

- Web traffic to Cochrane.org in 2017 continued its astonishing rise. Web visits increased to over 15 million in 2017, compared to 5.7 million 2015 (a rise of 328%).
- Cochrane's total media coverage rose substantially in 2017 but this was partly due to improved and more effective media monitoring. 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 *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 July 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.
- A major highlight of 2017 was Cochrane joining forces with partner organizations to create a premiere event in evidence-based policy. Cochrane South Africa's hosting of the first Global Evidence Summit (GES) in Cape Town, South Africa in September 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'. Cochrane will decide in 2018 whether to lead a GES 2 in four years' time.
- 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. WHO's use of Cochrane evidence continued to increase: with 80% of all WHO Guidelines published in 2017 using Cochrane Reviews (citing 32 individual Cochrane Reviews). 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 (to be launched in 2018); and 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.

GOAL 4: *To be a diverse, inclusive and transparent international organisation 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.*

- 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 organisation also 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 [flagship 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. The new Networks will cover:
 - Acute and Emergency Care;
 - Brain, Nerves and Mind;
 - Cancer;
 - Children and Families;
 - Circulation and Breathing;
 - Long-term Conditions and Ageing (two Networks); and
 - Public Health and Health Services
- 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 £353,128 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.

4. Financial Review

Income

The Cochrane Collaboration'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).

Publishing Income

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, the publisher of the *Cochrane Library*, 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.

Donations and Legacy Income

Donations income totalled £21,000.

Technology Income

Fundraising from Trusts and Foundations focused on support for Cochrane's information technology 'Linked Data' and 'New Evidence Systems' projects. A major grant from the Bill and Melinda Gates Foundation of US\$1.15 million was secured in September 2016 - of which £353,128 was spent in 2017.

Products & Services Income

Cochrane's new consultancy service, 'Cochrane Response' launched in June 2016, generated an annual operating profit of £48,000 in 2017, with sales of £392,000 and operating costs of £333,000.

Other Charitable Activity Income

The first Global Evidence Summit (GES) generated income attributable to Cochrane of £730,000, representing 82% of the total income for the event.

Investment Income:

Interest for funds on account generated income of £3,270. No reserves were invested in funds during 2017.

Principal Funding Sources

Funding model

Core income referred to in this report comes from publishing income, as described above. Core funds used to support the Central Executive are also directed at programmes considered of key strategic importance, including Review quality oversight, Cochrane Review Group transformation, Knowledge Transfer activities, IT infrastructure development, Cochrane Training and Cochrane Methods.

Funding to support Cochrane Systematic Review preparation and related activities comes principally from national and trans-national government sources (typically from health, research and related ministries); and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities.

The Groups who contribute towards the work of Cochrane are based within other organisations - such as universities and hospitals - which provide direct or indirect funding to support them. Groups are responsible for their own funding and for sourcing funding to support Cochrane Review preparation and related activities. In addition, many Cochrane review authors fund their own costs and time

related to writing their reviews, though some authors are funded to undertake reviews. It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates their contributions would cost tens of millions of pounds per year.

Policy on commercial sponsorship

Cochrane maintains a clear barrier between the production of Cochrane Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews.

Sponsorship of a Cochrane Systematic Review by any commercial source or sources is prohibited (a 'commercial source' is any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review). While government departments, not-for-profit medical insurance companies and health management organisations may find the conclusions of Cochrane Reviews carry financial consequences for them, these are not included in the definition of commercial sources. For-profit companies that do not have real or potential vested interests in Cochrane Reviews are also not included.

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors of reviews in the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review. Cochrane's policy surrounding commercial sponsorship of its annual Colloquia prohibits any sponsorship from commercial sources (as defined above).

Expenditure

Cochrane's Governing Board endorsed continuing major investments in *Strategy to 2020* projects and initiatives in 2017, approving projected expenditure of £8.72 million against projected income of £7.46 million. Expenditure in 2017 was lower than budgeted at £8,107,000 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.

Cost of Raising Funds

Direct expenditure of £170,000 was incurred in 2017 in generating the funding Cochrane received.

Publishing Costs

Cochrane's direct central publishing costs relating to editorial support (provided by the Cochrane Editorial Unit) and continuing provision of the basic IT infrastructure to support Review production (including its software tools RevMan and Archie) were £1,872,000 in 2017.

Products Costs

Direct expenditure of £332,000 was incurred in 2017 in the development of new derivative products and services to support Cochrane's long-term sustainability, including costs for *Cochrane Innovations* and costs associated with Cochrane Response.

Future Technology Project Costs

Direct expenditure of £530,000 was incurred in 2017. This expenditure includes the project-related costs for the grant from the Bill and Melinda Gates Foundation, Linked Data costs, and investment in Project Transform and 'New Evidence System' costs.

Other Charitable Activities' Costs

Direct expenditure of £1,376,000 was incurred in 2017. This expenditure includes £259,000 for Cochrane's Methods development; £162,000 for Translations of Cochrane evidence; £65,000 for

development of the Cochrane Membership scheme; £564,000 for Global Evidence Summit Support; and £76,000 for strategic support funding to Cochrane Groups.

Governance Costs

Expenditure of £237,000 was incurred in 2017. This expenditure includes the costs of the Governing Board, Cochrane Group Executives, the new Cochrane Council, as well as audit and accountancy costs in the year.

Support Costs

Expenditure of £3,590,000 was incurred in 2017. This expenditure includes IT costs of £150,000, premises costs (in the UK, Denmark and Germany) of £332,000; £399,266 for training and learning for Cochrane collaborators, and Central Executive Team people-related costs of £2,416,000 covering the leadership, facilitation and support activities of staff in the Chief Executive's Office; Communications & External Affairs Department; Information & Knowledge Management Department; Learning, Support & Development Department; and Finance and Core Services Department. Descriptions of the work of all Central Executive Team members are available on Cochrane's website at: <http://community.cochrane.org/organizational-info/people/cet-teams>.

Remuneration and Pay Policy for Staff

Cochrane is committed to ensuring it pays staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair salary that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives.

The Governing Board reviews the salaries of staff as part of its consideration of the annual Plan & Budget. Central Executive staff salaries were increased by 2% in 2017 to cover the necessary cost of living adjustments for salaries in the following year. The Board has established a Remuneration Sub-Committee to oversee and provide advice on Cochrane's remuneration policy and practice.

Reserves Policy

The aim of the Charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims; and then to allocate these funds to projects of organization-wide impact over single- or multi-year projects as required. In December 2017 the Governing Board reviewed its Reserves Policy and decided to retain a minimum of between £2 million and £2.5 million for its strategic reserves and recommended that those reserves also not exceed £5 million, with reserves being used for the Charity's activities that support its *Strategy to 2020* needs.

In the Trustees' judgement, this allocation of the Charity's strategic reserves means that there will be sufficient resources to allow us to achieve our strategic goals and objectives over the next five years while still being able to react flexibly to sudden financial needs or take advantage of other opportunities and challenges as they arise.

It is also the policy of the Trustees to have a contingency plan for maintaining Cochrane's basic functions for twelve months in the event of the loss of core income from publishing. The resources necessary to enact the contingency plan are reviewed on an annual basis.

Reserves at the end of 2017 were £5,959,000. Free reserves (unrestricted funds minus those related to fixed assets) were £5,854,000. 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.

Discretionary Fund & Funds in Deficit

The Cochrane Governing Board's Discretionary Fund provides £20,000 per year to facilitate small projects of general benefit to the organization (with no project receiving more than £5,000). However, no applications were made to the Fund in 2017. There were no Funds in deficit in the year.

Investment Policy

The Charity developed a new Investment Policy in 2015 that was approved by its Governing Board in January 2016; and established a Finance, Audit & Investment Sub-Committee of the Governing Board to oversee the financial and investment activities of the Charity.

5. Future Plans

The Charity's Goals and Objectives for 2018 are set out above (see *Strategy to 2020*, page 5). For 2018 five priority targets have been approved by the Governing Board. These are:

1. Form eight new Cochrane 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.

SMART measures of success have been established for each of these Targets, and further details can be found at: <http://community.cochrane.org/organizational-info/resources/strategy-to-2020>.

Public Benefit Statement

This public benefit statement has been drawn up in accordance with the Charity Commission's January 2008 guidance on public benefit:

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by Cochrane, therefore, relates to the advancement of health by assimilating, on behalf of the world's population, the results of primary research relating to individual health care interventions, and then presenting these results in a single scientific paper (a 'Cochrane Systematic Review'), formulated to be accessible to both healthcare consumers and practitioners.

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of 36,000 contributors, principally health professionals, patients and their representatives, and academics. These contributors need to acquire the necessary research skills, and so international educational initiatives are a key part of Cochrane's activities.

The third public benefit relates to Cochrane's role in informing and improving the agenda for primary research by shaping it around the decisions that people are taking in health; identifying uncertainties, missing or poor evidence; and improving health research methodologies.

Statement of Responsibilities of the Trustees

The Trustees (who are also directors of The Cochrane Collaboration for the purposes of company law) are responsible for preparing the Trustees' *Annual Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware;
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 December 2017 was 17 (2016: 15). The Trustees are members of the charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditors

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity. The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and signed on behalf of the Trustees by:

.....
Ms. Marguerite Koster, Trustee and Treasurer

Date:

Independent auditor's report to the members of The Cochrane Collaboration

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2017 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2017 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the Financial Statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' Annual Report, for the financial year for which the financial statements are prepared is consistent with the financial statements;
- The Trustees' Annual Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the statement of Trustees' responsibilities set out in the Trustees' Annual Report, the Trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor’s report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

..... **Date:**

Ms Noelia Serrano, Senior statutory auditor)

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006