



Cochrane

2016 Annual Review

Cochrane in 14 languages
Our evidence is improving the health of people all over the world



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



Organizational reform
Cochrane welcomes new Affiliates, Associate Centres, and the Cochrane Brazil Network

Cochrane Crowd
1,000,000 classifications of health evidence



Message from the Cochrane Governing Board Co-Chairs



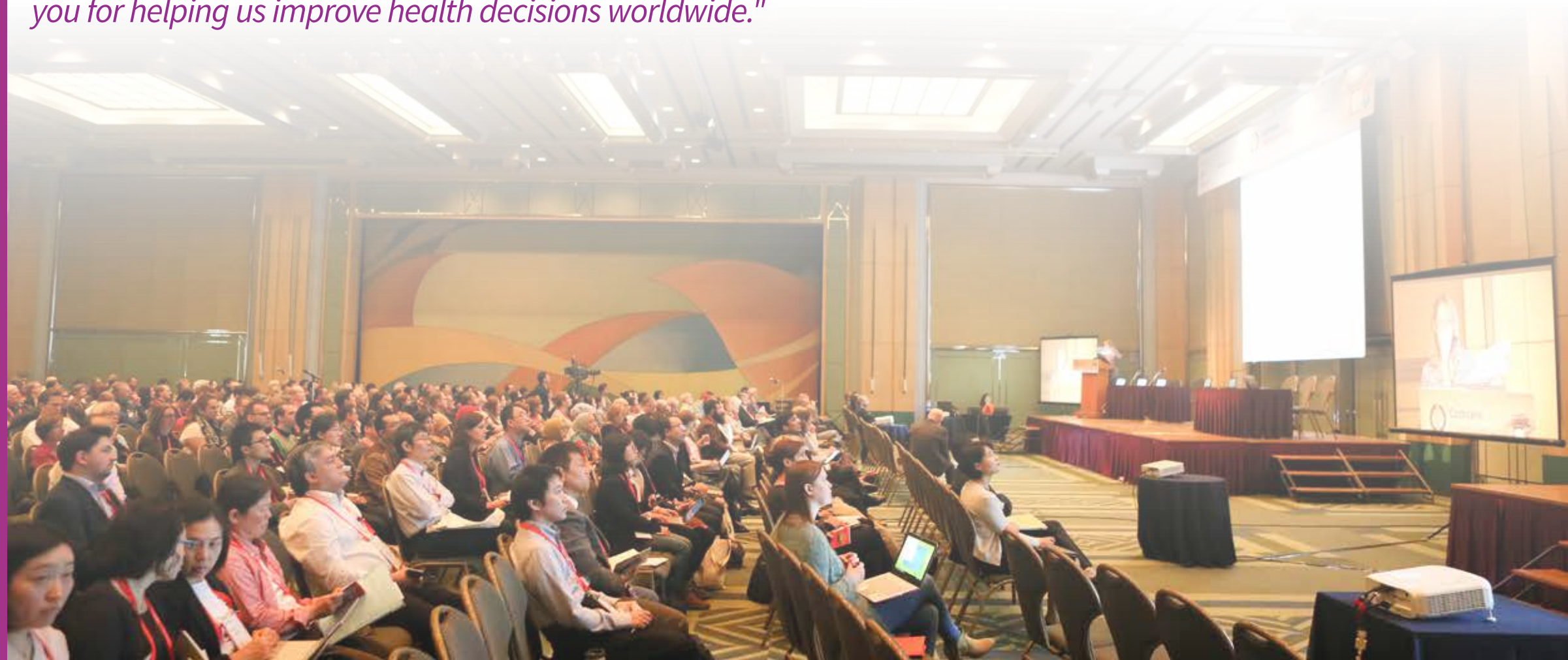
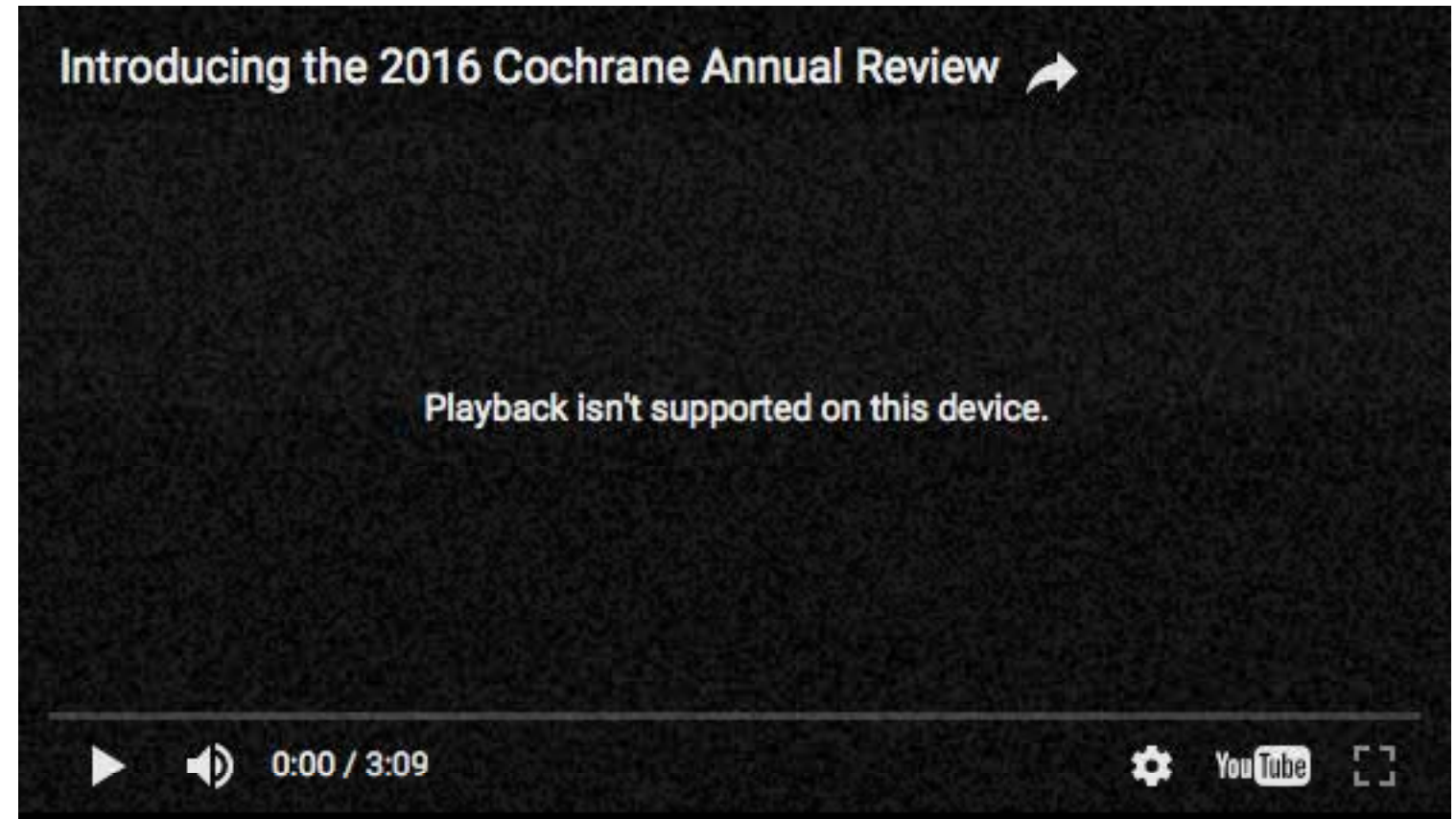
Cindy Farquhar



Lisa Bero

"2016 - a pivotal moment in recognizing Cochrane's need to renew and invigorate, encouraging new contributors and collaborators to lead and secure our future."

"We would like to recognize the contributions of all those who supported Cochrane's growth and development during 2016. Without you, Cochrane's achievement as set out in this Annual Review would be impossible, so thank you for helping us improve health decisions worldwide."



Cochrane exists so healthcare decisions get better.

We're a global, independent network of researchers, professionals, patients, carers, and people interested in health.

We summarize the best evidence to help people make informed choices about health.

More than 38,000 contributors are working in 136 countries, producing credible, accessible health information that's free from commercial sponsorship and other conflicts of interest.

Many contributors are world leaders in the fields of medicine, health policy, research methodology, or consumer advocacy.

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

Headlines from the Chief Executive Officer, Mark Wilson

2016 was a tremendously successful year for Cochrane, with significant achievements in almost every area of our activities and reach:

Use of Cochrane evidence showed astonishing growth, web traffic to Cochrane.org increasing by 75% from 2015, with over 10 million visits in 2016. Visits to Cochrane.org have risen from 900,000 in Quarter 1 2015, when the new branding and website were launched, to 2,900,000 in Quarter 4 2016. Over two-thirds of the visits are made by people using an Internet browser set to a language other than English, compared to only 2% in 2012, and we are seeing substantial growth in usage in almost every country. Our website is now translated into 14 languages, and Cochrane translation teams published nearly 4,500 new translations of review abstracts and Plain Language Summaries in 2016, taking the total now available to non-English readers to over 19,000. Demand for Cochrane evidence from the Cochrane Library also rose by 34% in 2016; with the number of PDF downloads up 43% from 2015. Use of that evidence by the World Health Organization (WHO) continued to increase, with 78% of all WHO Guidelines published in 2016 using Cochrane Reviews.

On pages [11](#), [13](#), and [16](#) of this *Annual Review* you'll see just a few examples of the outstanding work of Cochrane Groups around the world in 2016 to disseminate Cochrane evidence and transform it in ways that make it easier for patients, clinicians, medical practitioners, policymakers, and others to use in their healthcare decision-making. This lies at the heart of Cochrane's

Strategy to 2020, and our mission to not just *produce* the highest-quality evidence, but also ensure it is known much more widely, and is increasingly *influential* and *impactful*. There is no doubt that Cochrane's profile is rapidly expanding: [page 14](#) reflects the rising quality and quantity of coverage of Cochrane evidence across print and broadcast media, social, and digital platforms.

Thousands of new Cochrane collaborators joined our work in 2016.

We welcomed 2,773 new authors and 67 new editors who will help to expand the 7,133 Cochrane Reviews already available in the Cochrane Library; but perhaps even more importantly we launched '[Cochrane Crowd](#)', our new citizen science platform, and by the end of the year over 1 million Randomized Controlled Trials (RCTs) had been classified by more than 4,200 people – 90% of whom were new contributors to Cochrane. Reforms completed in 2016 introduced a new individual membership governance model for Cochrane, enfranchising all Cochrane collaborators to vote for Governing Board candidates and on our future organizational policies and governance. This prepares us for the new membership scheme that will be launched in May 2017 which will open Cochrane to the world, allowing thousands more people to join us as supporters and members.

Cochrane's financial situation continued to be healthy, with income increasing by 25% in 2016 to £6,805,000. This was a record level of revenues to the central organization,

generated principally through royalties from the Cochrane Library rising over 13%; but also supported by a major grant from the Bill & Melinda Gates Foundation to fund our linked data work. In addition, Cochrane's 120 Groups reported in 2016 that 112 different organizations around the world funded their work with direct financial and in-kind support worth £15.6 million (see [page 21](#) for a full list of our Group supporters). The investments in Cochrane's future products and services, and editorial and technological capacities, meant Cochrane's reserves fell, as planned, by £1.33 million to £5.42 million (see [page 18](#) for more details) as the organization seeks to protect and diversify its future income sources.

2016 was a transition year, with Cochrane making substantial investments in Strategy to 2020 strategic initiatives affecting every area of our organization and activities. Many of these initiatives will be delivered or begin widespread implementation in 2017 (see [page 19](#) for more details), but one exciting arrival in 2016 was the launch of '[Cochrane Response](#)', our new evidence consultancy service drawing on the expertise across our network to deliver high-quality, bespoke products.

In short, we are proud of all that Cochrane achieved in 2016, and hope this Annual Review gives you a sense of those accomplishments and an exciting insight into the new world of Cochrane that is emerging.



Message from David Tovey, Editor in Chief

Goals 1 and 2 of our *Strategy to 2020* highlight the crucial role of Cochrane contributors and teams in producing high-quality, high-impact systematic reviews that address research questions that are the most important to decisions makers in health care internationally.

Cochrane is also investing heavily in projects aimed at improving the technology environment for our contributors, and improving the efficiency of the review production process

A commitment to quality is at the heart of our work. Therefore it was particularly encouraging that research evaluating the reporting quality of Cochrane and non-Cochrane systematic reviews, published in May 2016, came out so positively in support of our work¹. This report, updating previous work from 2008, found that despite non-Cochrane reviews having improved in the intervening period, across a whole swathe of indicators, Cochrane Reviews were still out performing non-Cochrane reviews. In many cases, including searching for published and unpublished studies, assessing harms as well as benefits, evaluating risk of bias of included studies, and reporting conflicts of interest of review authors, our reviews achieved almost universal delivery of approved outcomes.

[New Cochrane Reviews published in 2016](#) continue to make major contributions to our health evidence base.

2016 also saw the launch of the [Cochrane Library's](#)

[new-look iPad app](#). This newly re-modelled application presents the latest up-to-date evidence from the Cochrane Library in a convenient, easy to navigate format for readers to access relevant, accessible research, whenever and wherever they need it, free of charge. Monthly issues feature a hand-picked selection of Cochrane Reviews, specifically abridged to provide the best possible tablet reading experience.

Cochrane is also investing heavily in projects aimed at improving the technology environment for our contributors, and improving the efficiency of the review production process. The Covidence author tool has been successfully launched, and work on Project Transform has been ongoing, increasing the efficiency of study identification by utilizing advances in data mining, and also delivering the continuing expansion of Cochrane Task Exchange and Cochrane Crowd. We have also initiated projects aimed at developing 'Living Systematic Reviews' that can be updated rapidly in response to new and emerging data.

2016 paves the way for improved consistency of quality

Our integrated quality strategy that was introduced in April 2016 paves the way for improved consistency of quality, increased flexibility of the editorial process, and more efficient introduction of new and changing methods. In the past 12 months we have also continued our work on policy development, exploring the use of anti-plagiarism software, and working with our community to develop policies and guidance on peer review and scientific misconduct.

The new Scientific Committee will set the methodological

expectations for our reviews, informed by the methods community and its groups, as well as other stakeholders. In addition, we have completed the first round of grants awarded from the Strategic Methods Fund, and have approved projects aimed at supporting the development of prognosis reviews and improving qualitative summaries. Finally, we have completed further rounds of the Cochrane Review Support Programme, made improvements to the Cochrane Prioritization list, and continued to develop the Cochrane Clinical Answers project, leading to a licensing deal with the BMJ Group.

2017 will see the culmination of the work that we have undertaken over several years to ensure that the structure and function of our review production units is fit for the future. A project team that includes Professor Dame Nicky Cullum, and Professors Jonathan Craig and Martin Burton will present recommendations to our new Governing Board in April and September, building on a sustainability assessment of current groups.

Also in 2017, we expect to unveil a new platform for the Cochrane Library, which will incorporate many long-anticipated enhancements and deliver greater flexibility of presentation and function for the future. These will include improved provision for non-English speakers, an improved feedback system, incorporation of Cochrane Clinical Answers, a federated search with the Epistemonikos platform, and the roll out of the Updating Classification system that will present users with greater clarity on the status of reviews.

This has been a challenging and exciting year for the Cochrane Library. As ever we are extremely grateful to our editorial teams and members of the wider community, who together are responsible for the high-quality systematic reviews that are the focus of our work.

¹ Page MJ et al. [Epidemiology and Reporting Characteristics of Systematic Reviews of Biomedical Research: A Cross-Sectional Study](#). PLOS, May 2016.



Cochrane Editorial Unit staff with some of the Co-ordinating Editors of Cochrane Review Groups at the Cochrane Mid-Year Meeting, London 2016

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 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

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

Our mission

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

Our Strategy to 2020

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

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:

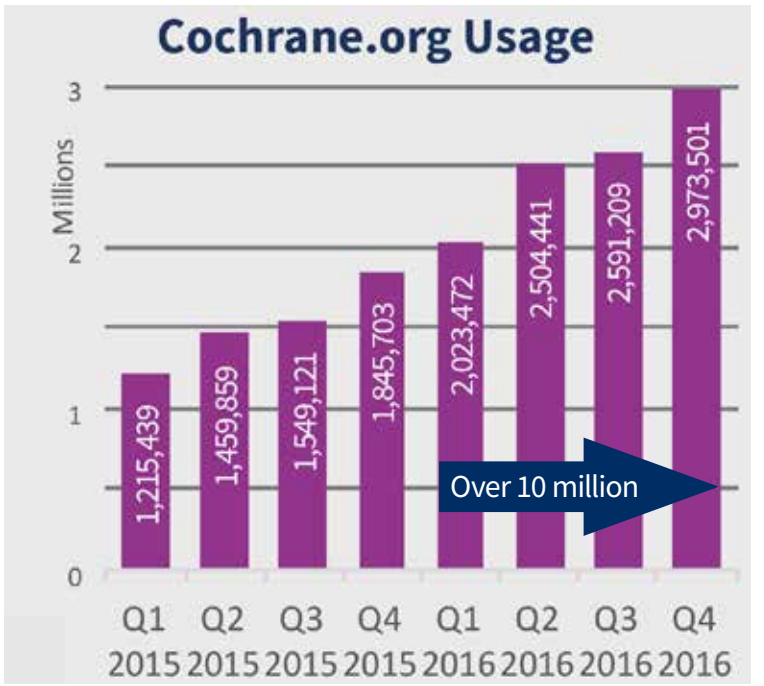
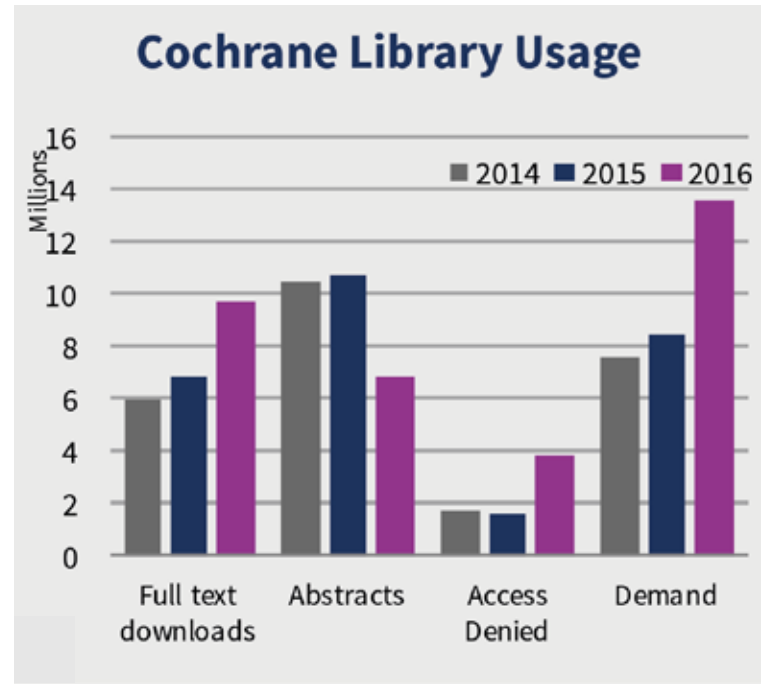
1. Producing high-quality evidence
2. Making our evidence accessible and useful to everyone, everywhere in the world
3. Advocating for evidence to inform health decision making
4. Building an effective and sustainable organization



2016 in numbers

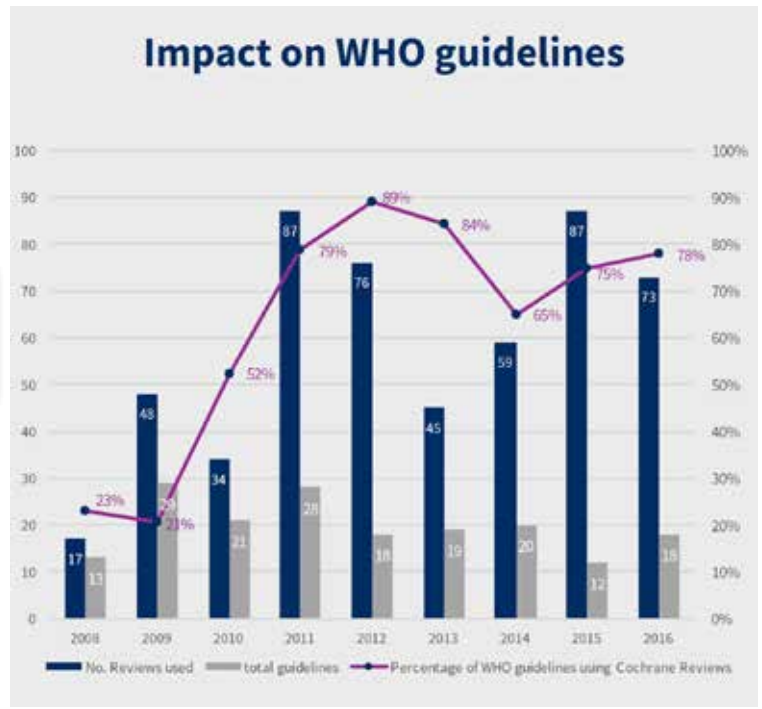
Cochrane's annual Organizational Dashboard presents our achievements in key metrics. It's an excellent tool to reflect on what we accomplished in 2016.

- Phenomenal growth in the usage of **Cochrane.org**. Over 10 million visits in 2016, up 75% on 2015. Visits to the Cochrane Library up 1% on 2015.
- Over two-thirds of visits to **Cochrane.org** were made using an Internet browser set to a language other than English, an increase of 6% in 2015.
- Demand for Cochrane evidence up by 34%; PDF downloads up by 43%.
- Review production fell slightly but metrics and analysis showed **improvements in quality and timeliness** of priority titles.
- Total Cochrane income rose by 25%. Cochrane Library royalties up more than 13% plus a major grant from the Bill & Melinda Gates Foundation supporting our linked data work.
- Investments in *Strategy to 2020* initiatives continued - reserves falling by £1.33 million to **£5.42 million**.
- Excellent progress in 2016 Targets - **15 of the 17 completed** or due to be by mid-2017.
- Governance reform implemented - revised Articles of Association and appointment of **first external members to the Governing Board**.
- Launch of Cochrane Crowd - **4,000 members by year end classifying 1 million RCTs**.



- ### Key finance indicators
- 11% sales increase compared with 2015
 - 13% annual royalties increase compared with 2015
 - £5.42 million reserves at end of 2016
 - 25% increase in total income
 - 6% under budget on expenditure

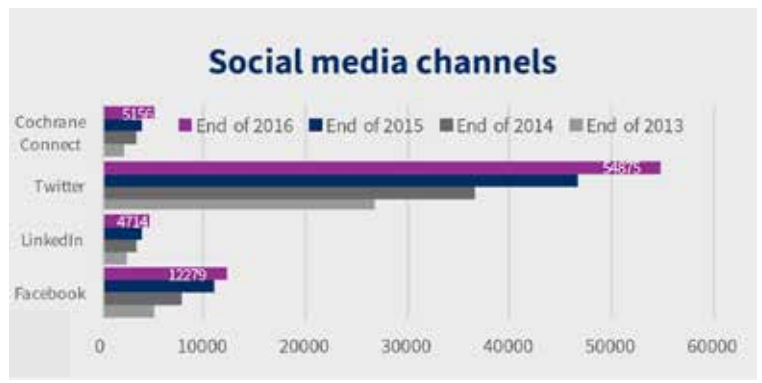
[Click to read the full 2016 Cochrane Organizational Dashboard](#)



Media and Social Media

Traditional media channels

4,268 media hits, from 7 global Cochrane press releases, were generated in 2016 compared with 4,571 hits from 10 press releases in 2015. This suggests a strong media interest generated from a more targeted and measured approach to Cochrane's press and media engagement.



Goal 1: Producing evidence for a global community



Cochrane Library

Special Collection: Health of refugees and asylum seekers in Europe
Free access to Cochrane Reviews

Worldwide, the total number of forcibly displaced people is currently 59.5 million, according to UNHCR, the UN Refugee Agency. Europe is facing one of the biggest displacement crises, since the increase in displaced people travelling to the European Union from Western and South Asia, Africa, and the Western Balkans in 2015. While some migrants manage to overcome geographic limitations, they often face significant difficulties to get appropriate social and health services, and their needs tend to differ from those of local populations.

The aim of this Special Collection is to provide guidance to people attending refugees and asylum seekers, and to help the development of community programmes and policies. The collection focuses on the conditions most relevant to the context of transit or the patient population involved: common mental health disorders (including post-traumatic stress disorder and depression), skin infections (including scabies, cellulitis, and impetigo), sexual and physical violence, vaccines-preventable diseases, and tuberculosis.

This Special Collection was developed in collaboration with Evidence Aid, Leo Ho (Médecins Sans Frontières), and Kevin Pottie (University of Ottawa, Canada).

Go to tinyurl.com/zdcqz5 for the accompanying digital resources.

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



Our Migrant Health Special Collection informs programmes and policies for decision-makers supporting the welfare of 59.5 million refugees and asylum seekers in Europe

2016's stories of success:

- **417** new Cochrane Reviews published
- **380** updated reviews
- **443** new protocols
- By December the Cochrane Library contains **7,133** Cochrane Reviews and nearly one million records in its Central Register of Controlled Trials.
- Another rise in Cochrane's Impact Factor, to **6.103**: now ranked one of the **top 13** medical journals in the world.
- An increase in number of Cochrane Reviews citations, to **47,899**, making it one of the **top five** most cited journals in its category.

- **Quality** improvements - Over three-quarters (76%) of Cochrane Reviews and updates now contain Summary of Findings tables - up from 70% and 64% respectively in 2015.
- **Prioritization** focus - **27** new reviews and **49** review updates published from Cochrane's prioritization list.
- **Timeliness** improvements - **30%** of new reviews are now being completed in 18 months or less, and median production time from protocol to publication for new priority reviews falls to 22 months.

- The **revolution** of the Cochrane Review production 'Ecosystem' continues - a new browser-based RevMan Web; release of CRS Web; further development of Cochrane's author support tool, [Covidence](#).
- Launch of [Cochrane Crowd](#) - our new citizen science platform becomes a global community of almost **4,000** volunteers helping to classify the research needed to support informed decision-making about healthcare treatments. By the end of 2016, volunteers reach **1,000,000** classifications of randomized controlled trials.

Click to find out how we did against our Targets in 2016

Impact of new Cochrane Reviews

Cochrane Reviews published in 2016 continue to make major contributions to our health evidence base.

These new reviews showcase the excellent work by Cochrane community review authors and editorial teams.

- [Motor control exercise for chronic non-specific low-back pain](#)
- [Vitamin D for the management of asthma](#)
- [Mini-Mental State Examination \(MMSE\) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations](#)
- [Psychosocial interventions for self-harm in adults](#)
- [Surgical versus conservative interventions for treating anterior cruciate ligament injuries](#)

Most downloaded updated Cochrane Reviews

1. [Midwife-led continuity models versus other models of care for childbearing women](#)
2. [Electronic cigarettes for smoking cessation](#)
3. [Discharge planning from hospital](#)
4. [Vitamin D supplementation for women during pregnancy](#)
5. [Workplace interventions for reducing sitting at work](#)

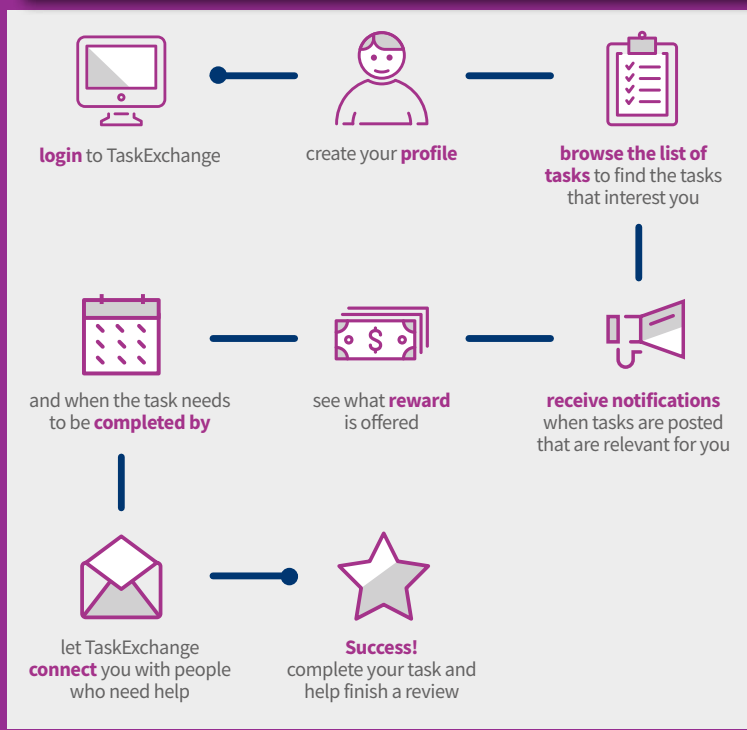


The lifecycle of a Cochrane Review - from production to publication



Cochrane's technology advancements in 2016

TaskExchange - help out on a Cochrane Review



Classmate - trainers' tool-kit for the classroom



Cochrane ClassMate is a trainers' toolkit that lets you create exciting, interactive tasks to help your EBM students to learn about evidence production.



Crowd - Cochrane's new citizen science platform



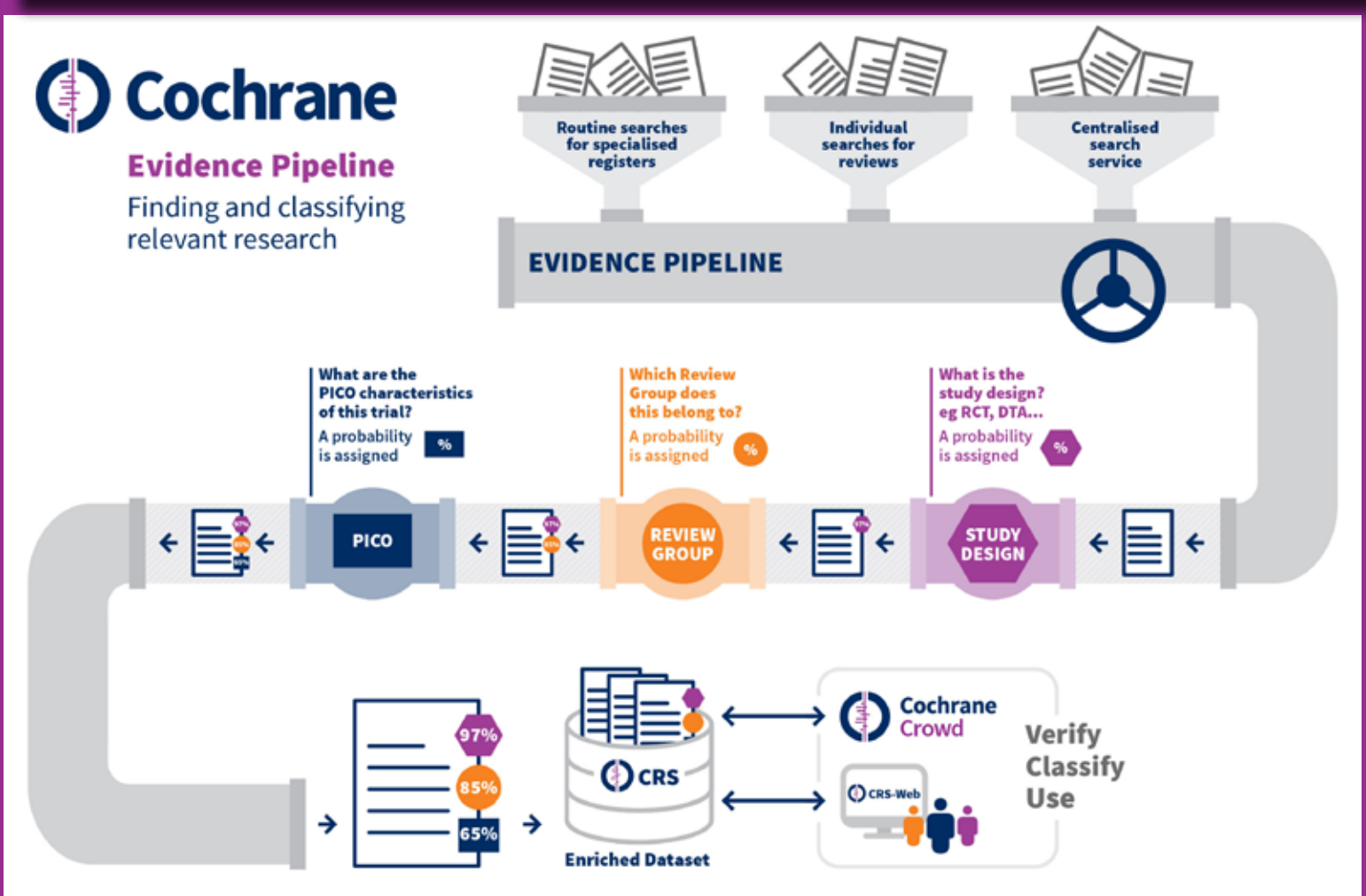
Bill & Melinda Gates Foundation grant

Cochrane receives USD \$1.15 million from Bill & Melinda Gates Foundation to support technological development of our next generation evidence system

The enhanced Cochrane Library



Evidence Pipeline - finding relevant research in a timely and reliable way



PICO annotation project



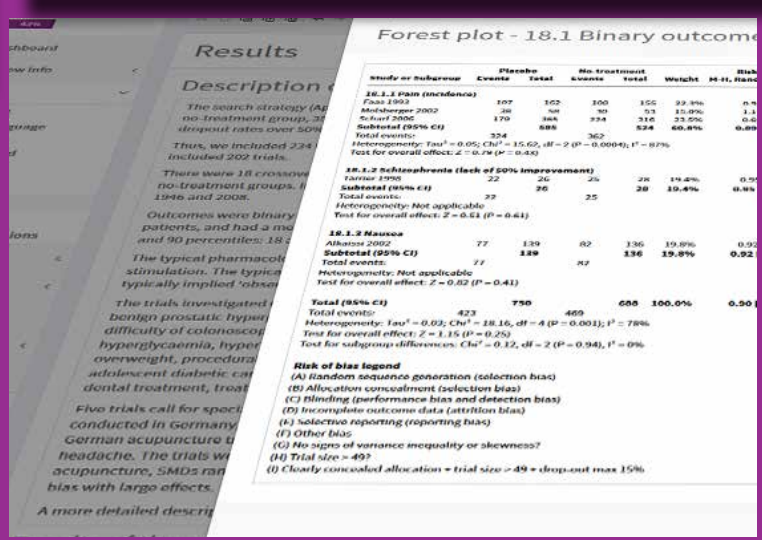
Cochrane Training's Learning Live series



#CochraneTech Symposium at Cochrane Colloquium Seoul



RevMan Web - user testing throughout 2016



Cochrane Translations in numbers

14

Cochrane.org is translated into

languages

121

podcasts translated and disseminated

219

blogshots translated and disseminated

4,784

new or updated translations of Cochrane abstracts or Plain Language Summaries

19,043

The total number of translated abstracts and Plain Language Summaries

Goal 2: Making our evidence accessible to everybody, everywhere in the world

2016's stories of success:

- Cochrane translations teams publish **4,784** new or updated translations of review abstracts and Plain Language Summaries
- Cochrane is working in 14 languages - Korean, Malay, Portuguese, Russian, Simplified Chinese, Spanish, Tamil, Traditional Chinese.
- There are now more than **19,000** translations of Cochrane Reviews offered on Cochrane.org.
- Just over **66%** of all visits to Cochrane.org in 2016 were made using an Internet browser set to a language other than English (an increase of 6% compared to 2015).
- We are making Cochrane Reviews, their content, and data, much more discoverable in our end-user products and services.
- Nearly **1,400** Cochrane Reviews have now been annotated for PICO (Population, Intervention, Comparison & Outcome) tagging.
- Cochrane is committed to making its content accessible to all: **947 more** Cochrane Reviews made accessible to everyone, everywhere under the organization's Open Access Policy.

The top 3 most translated Cochrane Reviews:

1. Interventions for preventing obesity in children in **11 languages**
2. Optimal duration of exclusive breastfeeding in **10 languages**
3. Electronic cigarettes for smoking cessation in **10 languages**

[Click to find out how we did against our Targets in 2016](#)

Croatian, French, German, Japanese, Korean, Malay, Polish, Portuguese, Russian, Spanish, Tamil, Traditional & Simplified Chinese

947 more Cochrane Reviews become accessible to all

Making our evidence accessible to everybody, everywhere in the world

Cochrane Russia's quarterly newsletters



Международная конференция «Доказательная медицина: достижения и барьеры (IQiUM 2015)»
7-8 декабря 2015 года
Казанский федеральный университет

7-8 декабря 2015 года в Казанском (Приволжском) федеральном университете состоялась Международная конференция «Доказательная медицина: достижения и барьеры (IQiUM 2015)», которая стала официальным стартом Кохрейн Россия (Российского филиала Северного Центра Кохрейн) и исторически первым в России Кохрейновским мероприятием.

Конференцию открыл и выступил с приветственным словом ректор Казанского федерального университета, профессор Ильшат Рафкатович Гафуров.

Со-председателями пленарного заседания конференции были ректор КФУ И.Р. Гафуров, Директор Института фундаментальной медицины и биологии КФУ А.П. Кисков, Генеральный исполнительный директор Кохрейн Марк Вилсон, председатель Комитета Госсовета Республики Татарстан по социальной политике С.М. Захарова.

На конференции обсуждены наиболее важные проблемы качества медицинской помощи, роли Кохрейновских доказательств в принятии информированных решений и в политике здравоохранения в целом.

В конференции приняли участие 259 человек из 11 стран мира и 13 городов Российской Федерации.

Cochrane Translations' Twitter account



Cochrane Iberoamerica's blogshots



Cochrane Switzerland's translated Cochrane Library poster



Digitare un termine di ricerca direttamente nel box oppure selezionare una delle opzioni avanzate per effettuare una ricerca, accedere alle ricerche registrate o cercare per termini MeSH.

Ottenere maggiori informazioni su come usare la Cochrane Library, incluse le guide per la ricerca.

Collegamenti rapidi per leggere gli «Editorials», le «Highlighted Reviews» o le «Special Collections» della Cochrane Library.

Scorrere in basso sulla homepage per navigare per argomento o Gruppo di Revisione.

La Cochrane Library offre ulteriori risorse, tra cui CENTRAL, DARE, CMR e HTA.

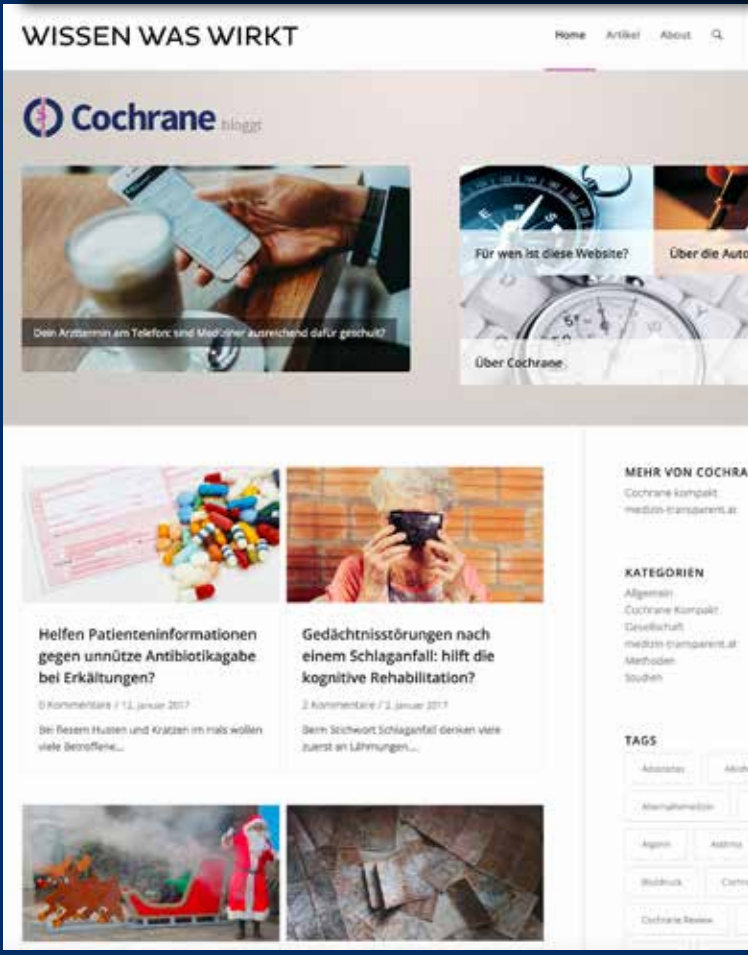
Cochrane Finland tweeting



Cochrane Malaysia's Facebook page



Wissen Was Wirkt, Cochrane's German language blog



Cochrane Brazil using WhatsApp with volunteer translators



Cochrane Croatia in the news



Cochrane.org translated into 14 languages

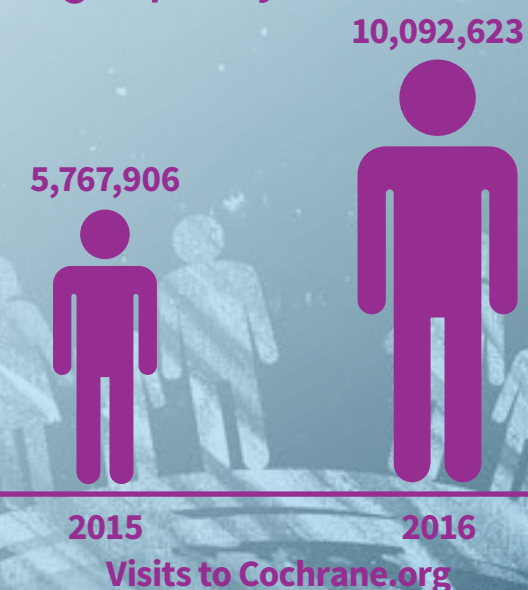


Goal 3: Advocating for evidence to inform global health decision-making

2016's stories of success:

- **75%** increase in web traffic to Cochrane.org.
- **4,268** global media hits from seven Cochrane press releases. Cochrane evidence appearing in international outlets:
 - A. The New York Times
 - B. The Washington Post
 - C. The Australian
 - D. The Guardian
 - E. The New Scientist
 - F. The Financial Times
 - G. BBC TV
 - H. ABC Networks (US)
 - I. NPR New York
 - J. BBC World Service
- Vitamin D for the management of asthma review - topped the reviews with the most media coverage - **376** global mentions in print, broadcast, online, and digital media.
- Continued growth in social media - Twitter followers up by **17%**, Facebook group members by **12%** and subscribers to Cochrane Connect newsletter by **31%**.
- Launch of two new Fields - [Global Ageing](#) and [Rehabilitation](#) - improving engagement and promoting use of Cochrane evidence globally.
- First strategic partnership meeting announced between Cochrane and the World Health Organization (WHO) in Geneva, April 2017.
- WHO's use of Cochrane evidence increases: Now **78%** of all WHO Guidelines published in 2016 use Cochrane Reviews, a 3% increase from 2015.
- Launch of first ever [Global Evidence Summit](#).
- Cochrane campaigns to reduce research and improve efficiencies in research life cycle - [REWARD](#).

Google search engine is increasingly recognizing Cochrane.org as having current and high-quality information



Click to find out how we did against our Targets in 2016

78%

of all World Health Organization Guidelines published in 2016 use Cochrane evidence

Cochrane improving the health evidence base of Wikipedia

In October 2016, we initiated a pilot with [Wikipedia](#) and [Cochrane Global Ageing](#). Volunteers were specifically recruited to help improve Wikipedia health evidence content.

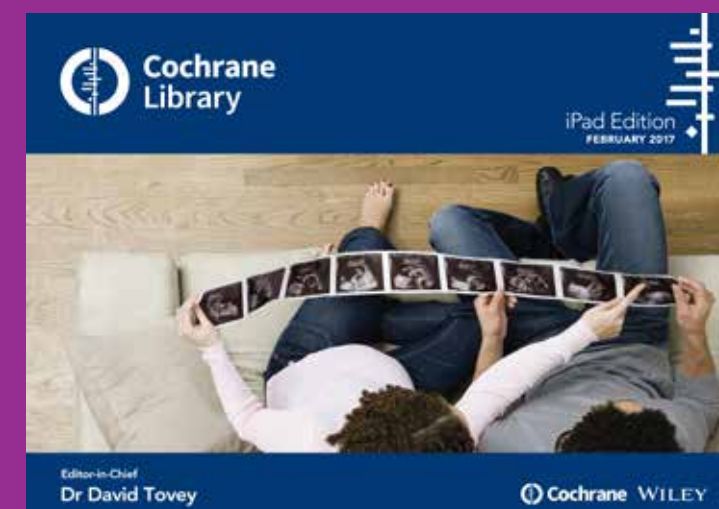
120 articles edited

1.06K total edits

18.3K words added

14.2M article views

Launch of Cochrane Library's new look iPad app



Our official partners

Building our partnerships with global organizations.



World Health Organization

The impact we make

Cochrane Review on 'sit-stand desks' makes the Huffington Post



"Cochrane, a prestigious global network of independent scientists who evaluate the quality of research... into digestible recommendations."

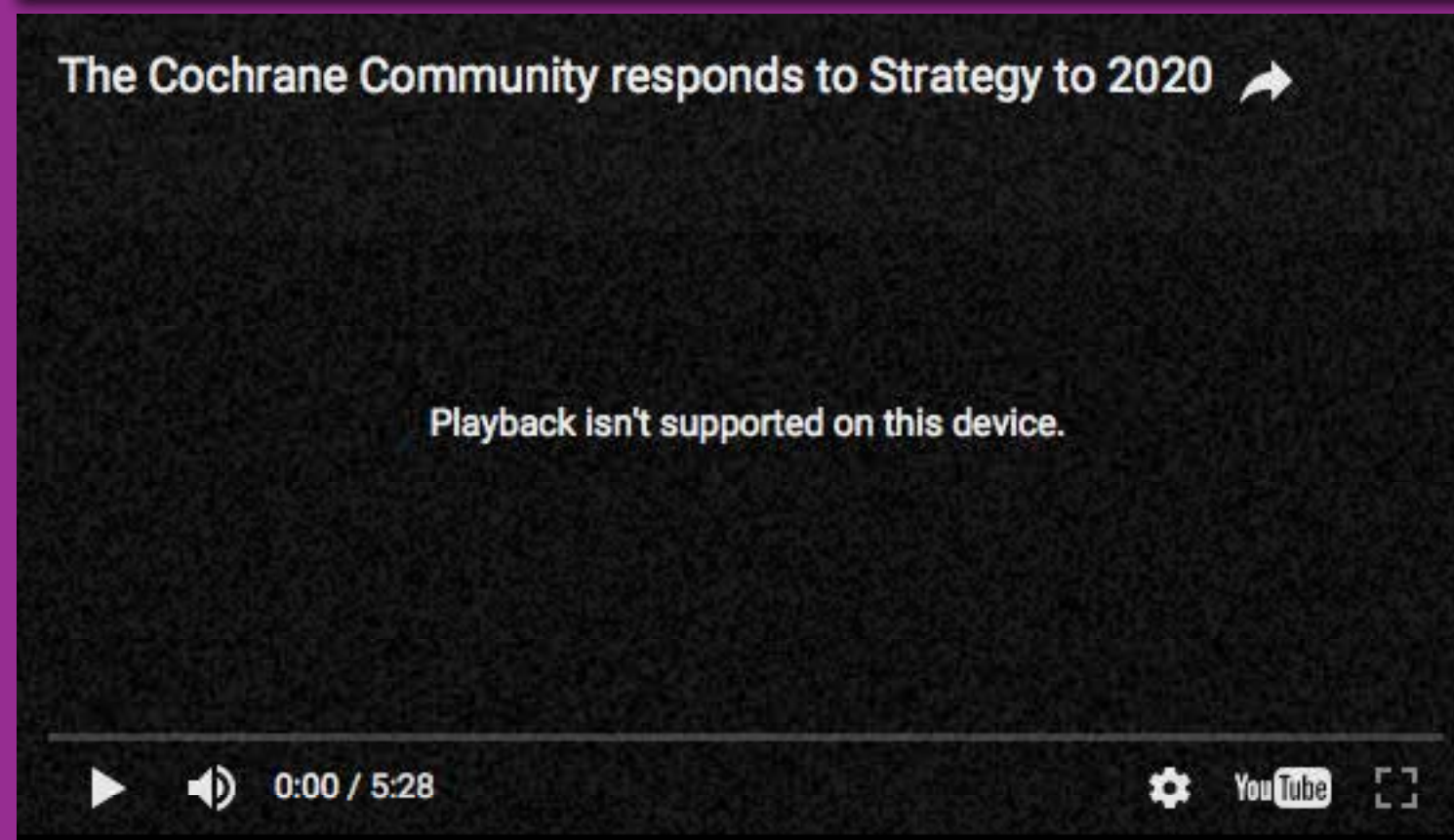
Cochrane evidence informs the Australian government on the Elder Abuse Inquiry



Cochrane informing health policy and practice

474 Reviews from 37 Cochrane Groups informed 160 WHO accredited guidelines and other evidence-based recommendations

The Cochrane Community responds to *Strategy to 2020* in Seoul



Cochrane Global Ageing invited to the WHO to help set health priorities



The 'portion and tableware size' review helping to inform UK government policy



Vitamin D 'significantly reduces severe asthma attacks'



Cochrane Taiwan runs a writing competition through Facebook



Evidently Cochrane blog on paracetamol receives over 27,800 unique page views



Buzzfeed references a Cochrane Review



What is Altmetric?

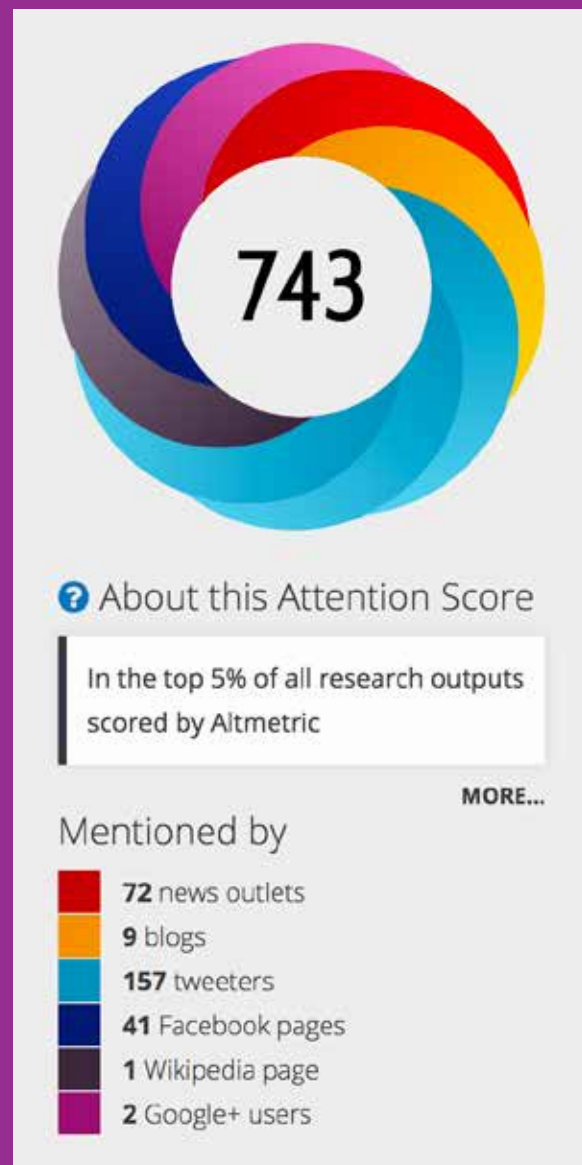
Alternative metrics provide a new way of looking at the impact of published research which complement traditional metrics such as usage and citations.

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

Why is Altmetric important?

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

Vitamin D for the management of asthma Altmetric score:



Top 5 Cochrane Reviews in Altmetric

According to Altmetric data, the following 2016 Cochrane Reviews have been mentioned most often across print and broadcast media, social and digital platforms.

Vitamin D for the management of asthma:

- **376** global media mentions, with 8 of these appearing within international titles.
- Supported by a press conference at the Science Media Centre in London, UK, attracting **12** prominent national science and health editors.

Workplace interventions for reducing sitting at work:

- **311** global media mentions, 7 of these appearing within international titles as well.
- Ongoing debate and analysis within the UK-based 'Keep Britain Standing' campaign.

Electronic cigarettes for smoking cessation:

- **181** global media mentions.
- Lead author invited as a guest blogger in the Guardian UK: 'Sifting the Science'.
- This updated review coincides with the BMJ publishing research simultaneously complementing the Cochrane study.

Motor control exercise for chronic non-specific low-back pain:

- **67** global media mentions.
- The review findings appear across numerous science news wires and occupational health publications.

Breastfeeding for procedural pain in infants beyond the neonatal period:

- **42** global media mentions.
- Received international media interest in Africa, Asia, Australia, Europe, and North America.

Why can't scientists agree on e-cigarettes?

As a Cochrane review of e-cigarettes is published, its author asks why vaping devices have divided the academic community



A vaper using an e-cigarette (Photo by Dan Kitwood/Getty Images) Photograph: Dan Kitwood/Getty Images

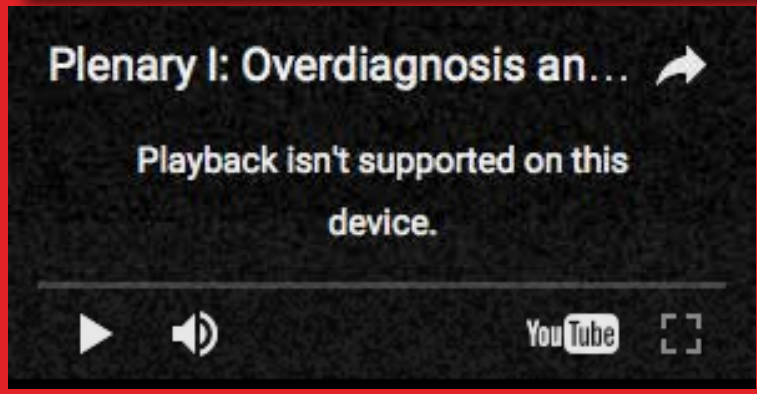
Earlier this year, Michael Gove claimed [Britain's had enough of experts](#). Now I don't agree with Gove on much, but when it comes to e-cigarettes, he may have a point. We're bombarded with stories about these products, but most just add to the confusion, with [perceptions of vaping risks](#) rising year on year. Just recently the Sun informed us that experts are saying "[e-cigs are just as bad for your heart as smoking fags](#)", but read a couple lines down and you'll find other experts reasserting the claim that [e-cigarettes are 95% safer than tobacco](#). So which is it? Why can't the scientists agree? And will they ever?

"Cochrane summarizes the findings so people making important decisions – you, your doctor, the people who write medical guidelines – can use unbiased information to make difficult choices without having to first read every study out there..."

[Sifting the evidence](#), The Guardian, 14 September 2016

Cochrane's 24th Annual Colloquium, October 2016, Seoul

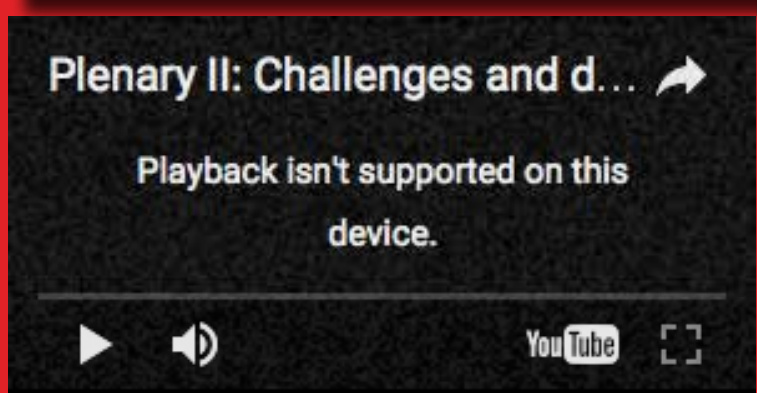
Plenary 1: Overdiagnosis and overtreatment in health care



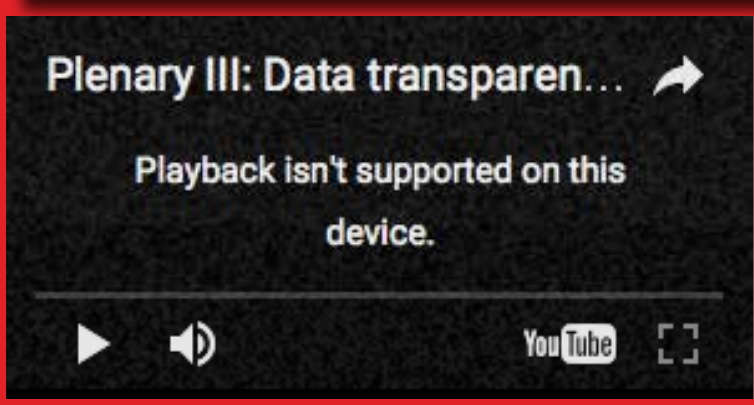
Launch of Cochrane Global Ageing



Plenary 2: Challenges and different approaches to improve quality, timeliness, and usability



Plenary 3: Data transparency: where are we and what can we get?



Colloquium hosts Cochrane Korea



Cochrane Groups celebrating success



KT, methods, and tech symposia



813 registered attendees from 49 countries



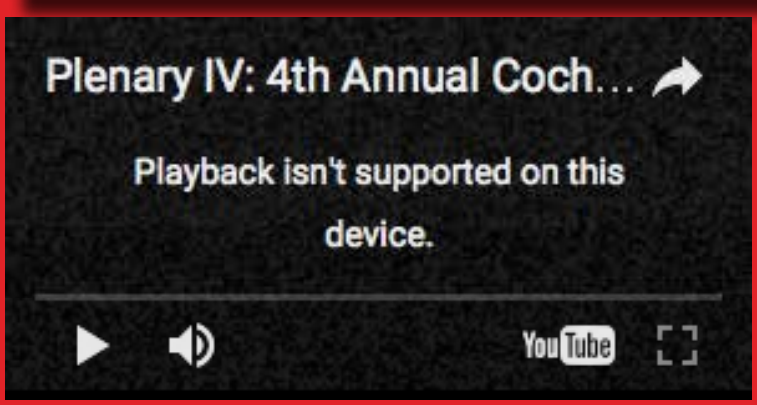
Presentations and workshops on the latest Cochrane projects



Systematic review workshops for Mandarin- and Korean-speaking attendees



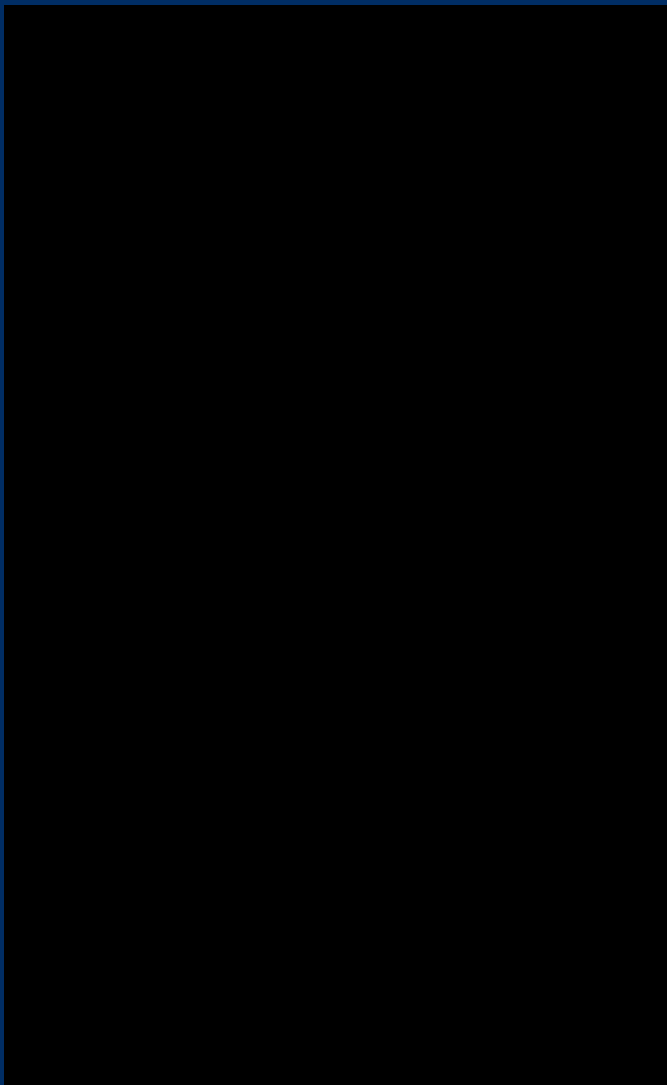
Plenary 4: Annual Cochrane Lecture



Cochrane Community response to Strategy to 2020



Cochrane's Consumer Network adds value through the 'Help Using Evidence' tool



Find out more at consumers.cochrane.org.

Beyond the evidence: tales of personal triumph

- Cochrane US Associate Director Tianjing Li wins the Society for Research Synthesis Methodology for the inaugural Early Career Award.
- Professor Dame Nicky Cullum winner of the 2016 Cochrane Anne Anderson Award.



Tianjing Li



Nicky Cullum

For a full list of winners and their stories, [click here](#).

Goal 4: Building an effective and sustainable organization - diverse, inclusive, and transparent

2016's stories of success:

- Cochrane Governance Reforms completed. Cochrane now has an individual membership governance model, enfranchising thousands more people to vote both for candidates for the Board and on our organizational policies and governance.
- A new Cochrane Governing Board is established and new Articles of Association adopted at the Annual General Meeting in October 2016, with [membership](#) moving to an individual model.
- Three new external Members to [Cochrane's Governing Board](#) appointed – and the first election of internal Board Members begins.
- Approval of [Cochrane's structure and function reforms](#). Implementation activities begin which provide Cochrane with a new way of bringing Groups together. New geographical Affiliates and Associate Centres are established (see map on [page 17](#)); work's underway on the Cochrane African Network, and we welcome the establishment of the Cochrane Brazilian Network.
- New ways of working for [Cochrane's Consumer Network](#). Our global community of more than 1,400 healthcare consumers from 79 countries, united by their passion for evidence-based medicine.
- [Our international network of trainers](#) continues to provide hundreds of workshops for systematic review authors and users.
- Launch of the new '[Cochrane Learning Live](#)' – an international training programme of monthly webinars aimed at anyone interested in learning skills or gaining knowledge and experience relating to Cochrane activities. The series is managed by Cochrane's Learning and Support Department. Webinars attended by 401 participants and recordings have generated 14,097 YouTube views.
- Cochrane's Annual General Meeting agrees to establish a new advisory body, the [Cochrane Council](#), representing eight of Cochrane's different communities.
- Cochrane Innovations launches Cochrane's new evidence consultancy service, '[Cochrane Response](#)', drawing on the expertise across our network to deliver high-quality, bespoke products for end-users.



Marguerite Koster,
external Governing
Board Member



Catherine Marshall,
external Governing
Board Member



Consultancy services from Cochrane, tailored to meet your evidence needs.

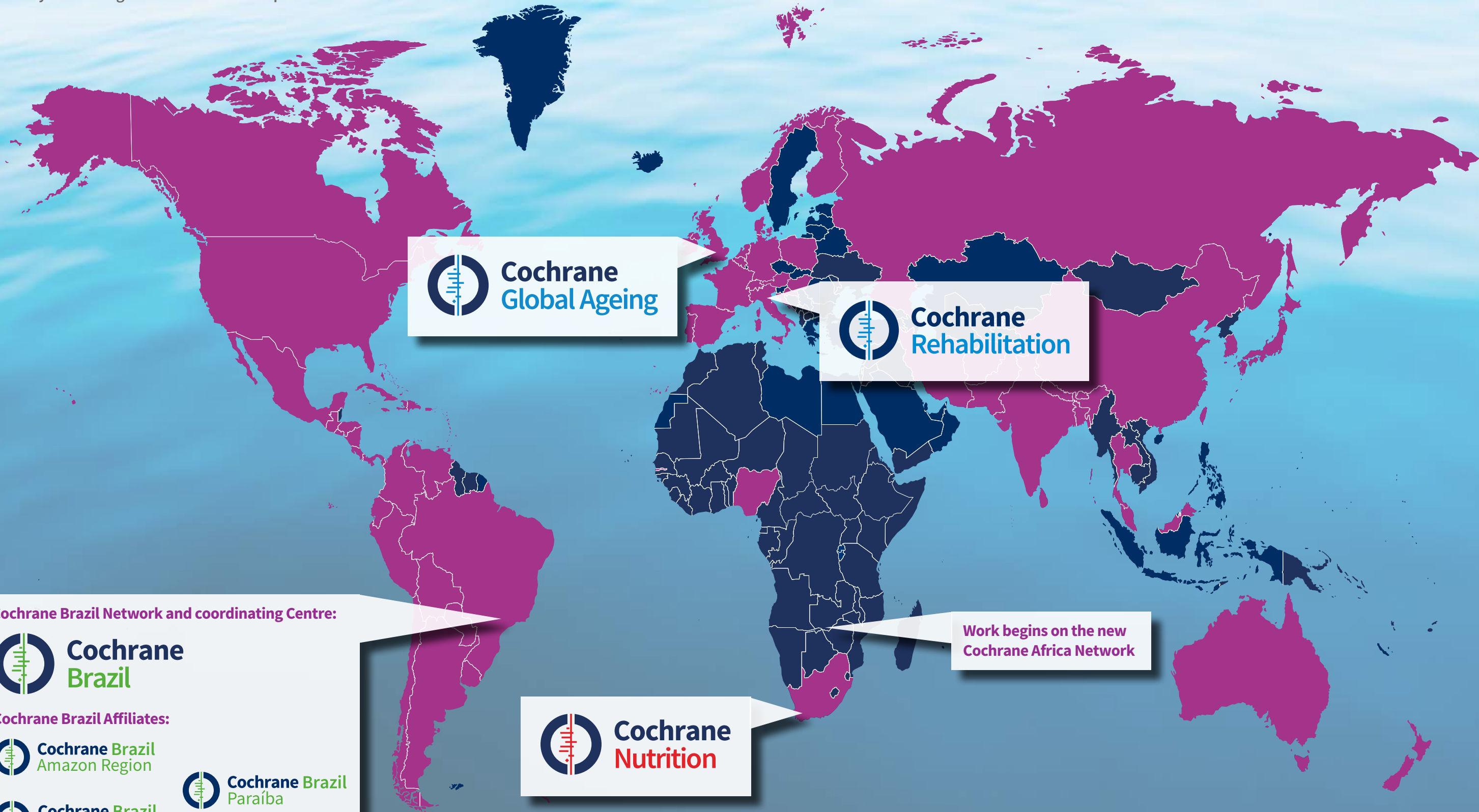


[Click to find out how we did against our Targets in 2016](#)

New Cochrane Groups in 2016

Key

- Country with a registered Cochrane Group
- Country with no registered Cochrane Groups



 **Cochrane**
Global Ageing

 **Cochrane**
Rehabilitation

Work begins on the new
Cochrane Africa Network

 **Cochrane**
Nutrition

Cochrane Brazil Network and coordinating Centre:

 **Cochrane**
Brazil

Cochrane Brazil Affiliates:

 **Cochrane Brazil**
Amazon Region

 **Cochrane Brazil**
Paraíba

 **Cochrane Brazil**
Ceará

 **Cochrane Brazil**
Rio de Janeiro

 **Cochrane Brazil**
Minas Gerais

Financial report

Income

Cochrane's central organizational income in 2016 grew strongly to £6,805,000, a 25% increase from 2015.

- This is due to a 13.2% rise in royalties from sales of the Cochrane Library (to £5,332,000, helped by foreign exchange gains made by the US dollar against the British pound in the second half of the year), but also due to receipt of the first significant grants from trusts and foundations.
- Cochrane focused fundraising efforts in 2016 on attracting support for its 'Linked Data' and 'New Evidence Systems' information technology projects.
- In September Cochrane won a major grant of US\$1.15 million from the Bill & Melinda Gates Foundation, of which £524,000 was received and spent before year's end.
- Our work was also supported by a donation of US\$100,000 from Good Ventures.
- In June Cochrane Innovations' new consultancy service, 'Cochrane Response', was launched, generating income of £99,649 in its first six months of operation.
- Latest figures provided by Cochrane's 120 Groups, which are funded separately by their own donors and host institutions, showed direct funding support for 2015 of £15,636,000 (see page 21 for the complete list of supporting organizations).
- These Groups estimated additional in-kind support of £3,837,000.
- Our translations work through the HimL project continues to be supported by the European Commission with a grant of €121,994.

[Click to the full Trustees' Report and Financial Statements](#)

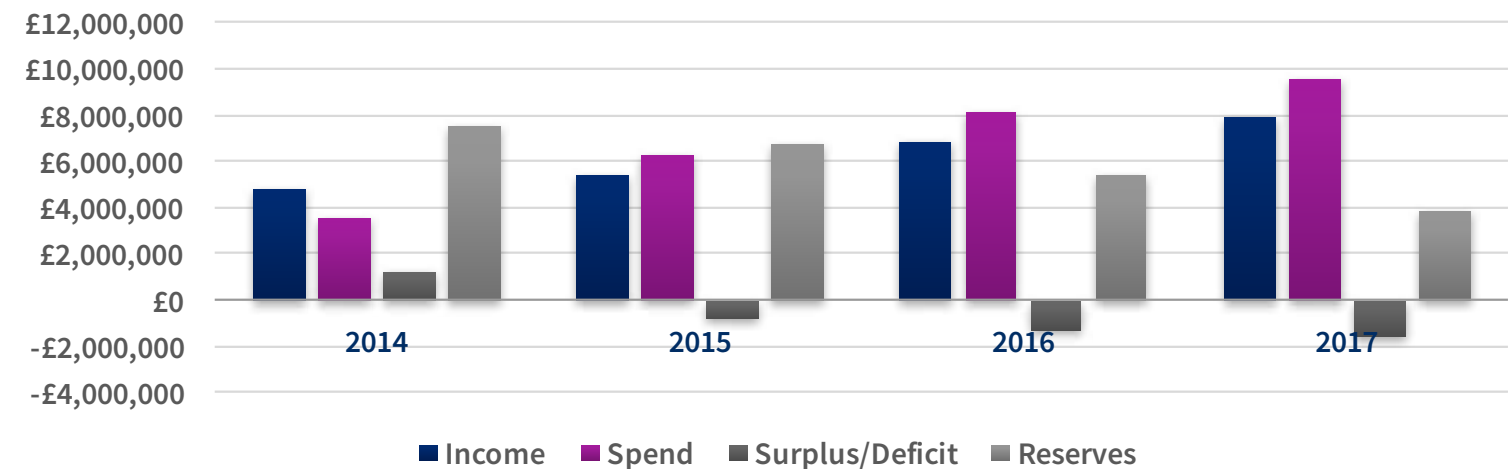
Expenditure

Cochrane's central expenditure was £8,085,662 in 2016.

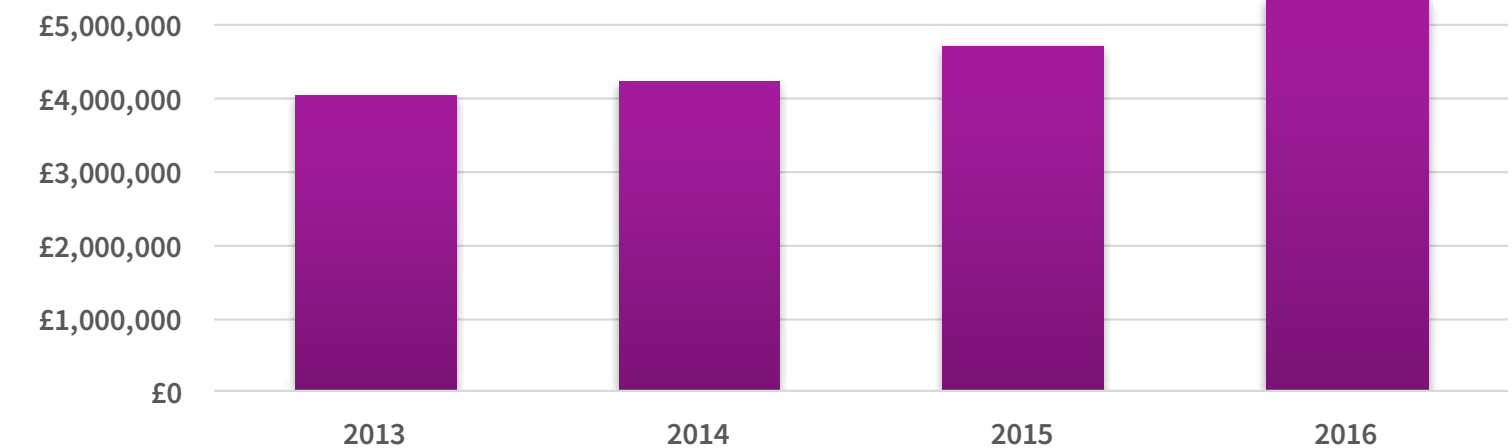
- Direct expenditures and appropriate support costs means that £3,068,000 spent on Cochrane's central publishing activities:
- £738,000 on the development of new derivative products and services to support Cochrane's long-term sustainability (including Cochrane Innovations).
- £1,439,000 on investments in future technology initiatives such as the Transform, Linked Data and New Evidence Systems projects.
- £2,246,000 on other charitable activities including strategic support funding to Cochrane's Canadian Groups, methods development, translations of our evidence, development of Cochrane's new membership scheme, and support for the annual Colloquium.
- An additional £306,000 was spent on governance and £287,000 on fundraising costs.

These expenditures, including substantial investments in the implementation of Cochrane's *Strategy to 2020* objectives, leads to a drawing down of £1,336,000 from Cochrane's reserves, which at the end of 2016 remained at a healthy £5,422,000.

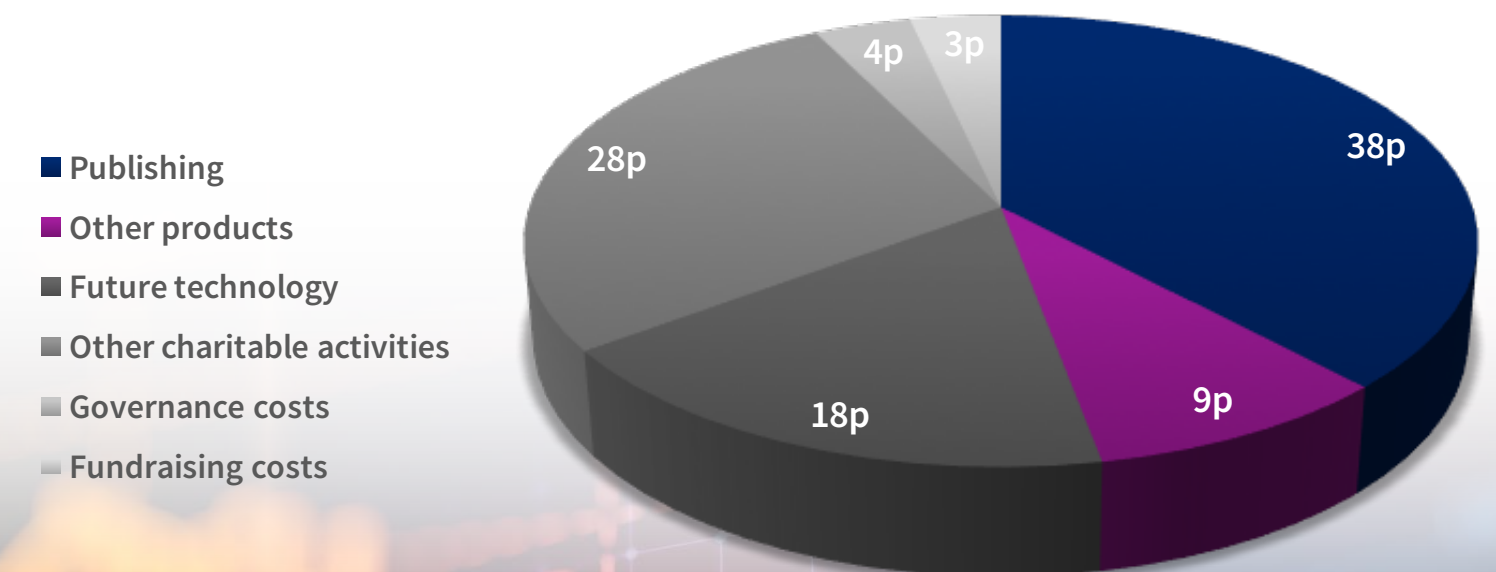
Financial performance



Cochrane Library royalties



How Cochrane spends each £1



Environmental report

Cochrane's organizational footprint in 2016 is estimated at 386 tonnes of CO2e. Air travel makes up over 3/4 of the total, with just over 16% coming from building emissions and the remainder from staff commuting.

Flight emissions reduced by 8% from 2014, but overall emissions of all kinds remain unchanged from 2014. Waste and water usage account for just 0.1% of total emissions in 2016.

Challenges in 2017: Cochrane's CEO, Mark Wilson looks ahead...



2017 will take us to the mid-point of the *Strategy to 2020*. It will be a major year of delivery, particularly the implementation and output phases of some of the significant projects that we have been working on over the last two years:

- The launch of the [Enhanced Cochrane Library](#)
- The launch of the [Cochrane Membership scheme](#)
- The [transformation of Cochrane Groups](#)
- The completion of the organization's new [Knowledge Translation Framework and Strategy](#)

Reflecting our increasingly global dimensions and ambitions, we are also looking forward to holding the first '[Global Evidence Summit](#)' (GES) in September 2017 in Cape Town, South Africa, with four other organizations to promote evidence-informed approaches to health policy and development, particularly in the context of low- and middle-income countries.

Here are Cochrane's operational [Targets for 2017](#), which

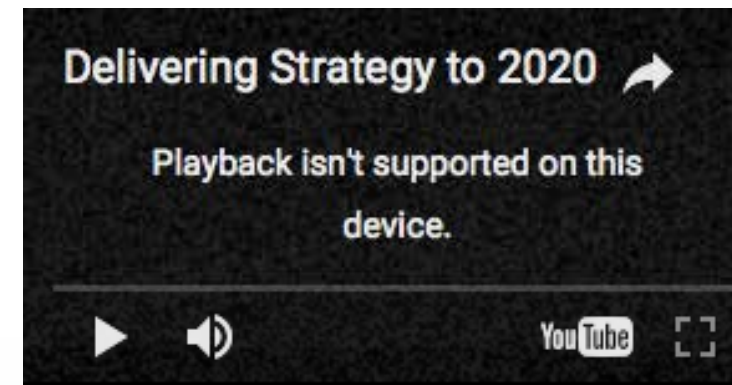
have been established for each of the four strategic Goals.

With so much change happening across so many areas of Cochrane's life and work, it is easy to get lost amongst all the projects and initiatives and lose track of where we are, and where we are heading. To show you where *Strategy to 2020* will take us, what it will mean, and what we've accomplished so far, we've published a '[Definition of Success](#)' framework setting out what success looks like for each of the Cochrane Strategy's 28 objectives at the end of 2020, and where we expect to be on that journey by the end of 2017.

The next 12 months will be some of the most important in Cochrane's history as we transform the organization in new and exciting ways; and we increasingly demonstrate to our stakeholders – the users of our evidence, our contributors, our partners and funders - the growing outcomes and tangible benefits that implementation of *Strategy to 2020* is bringing to their experience with Cochrane.



To find out more about Cochrane's year ahead, I invite you to watch my address to Cochrane's Annual General Meeting in Seoul, October 2016:



Cochrane's 2017 Targets

GOAL 1: Producing evidence

1. Complete the development of RevMan Web and begin phased implementation for Cochrane Reviews
2. Complete the Transform project
3. Complete the delivery of a programme of training and accreditation for editors

GOAL 2: Making evidence accessible

4. Improve the process of producing translations to make it easier for Cochrane translators and editors
5. Define an organization-wide framework for knowledge translation activities

GOAL 3: Advocating for evidence

6. Complete the first-phase delivery of an enhanced Cochrane Library in English and Spanish
7. Host a successful Global Evidence Summit

GOAL 4: Effective and sustainable organization

8. Begin implementation of the approved Cochrane Review Group transformation programme, and finalize remaining proposals for organizational Structure & Function reforms
9. Launch a Cochrane membership scheme
10. Complete implementation of the approved governance reforms

[Click to the full 2017 Targets document](#)



Global Evidence Summit

Using evidence. Improving lives.



13-16 September 2017

Cape Town, South Africa

globalevidencesummit.org

#GESummit17



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. Much of our income is derived from the proceeds of the Cochrane Library and other Cochrane products, and our groups are supported by national governments, international governmental and non-governmental organizations, universities, hospitals, private foundations, and personal donations worldwide. Below is a list of organizations that make our work possible.

More than 1 Million GBP

National Institute for Health Research (UK)
National Institutes of Health (USA)
Den danske regering/The Danish Government (Rigshospitalet Research Committee) (Denmark)

500K to 1 Million GBP

Bill & Melinda Gates Foundation (USA)
National Health and Medical Research Council (Australia)

100K to 500K GBP

Bundesministerium für Gesundheit/Federal Ministry of Health (Germany)
Canadian Institutes of Health Research (Canada)
Centre Hospitalier Universitaire Vaudois (Switzerland)
Chief Scientist Office (Scotland)
Department for Health and Human Services Victoria (Australia)
Department for International Development (UK)
European Commission
Finnish Institute of Occupational Health (Finland)
Hospital de la Santa Creu i Sant Pau (Spain)
HSC Research and Development (Northern Ireland)
Kika Kinderen kanker vrij (Netherlands)
Medical Research Council (South Africa)
Ministère des affaires sociales et de la santé/Ministry of Social Affairs and Health (France)
National Centre for Child Health and Development (Japan)
National Evidence-based Healthcare Collaborating Agency (Republic of Korea)
National Institute for Health and Welfare (Finland)
New Zealand Ministry of Health (New Zealand)
Norwegian Agency for Development Cooperation (Norway)
Patient Centered Outcomes Research Institute (PCORI) (USA)
Universität Freiburg (Germany)
World Health Organization

50K – 100K GBP

Agency for Healthcare Research and Quality (USA)
British Association (UK)
British Association of Oral and Maxillofacial Surgeons (UK)
Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (Germany)
Cardiovascular Association Centroccidental/Asociacion Cardiovascular Centroccidental –Ascardio (Venezuela)
Deutsche Krebshilfe e.V./German Cancer Aid (Germany)
Fundación Saldarriaga-Concha (Columbia)
Good Ventures (USA)
Health Research Board (Ireland)
Hospital São Paulo (Brazil)
Japan Agency for Medical Research and Development (Japan)

Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong (Hong Kong)
Julius Center, University Medical Center, Utrecht (Netherlands)
Liverpool School of Tropical Medicine (UK)
Lower Austrian Health and Social Fund (Austria)
Mayo Clinic (USA)
Ministerio de Salud y Proteccion Social (Colombia)
Ministry of Health (Austria)
Ministry of Health and Welfare (Taiwan)
National Center for Dental Hygiene Research & Practice (USA)
National Research Foundation of Korea (Republic of Korea)
New York University College of Dentistry (USA)
Singapore Clinical Research Institute (Singapore)
Suva (Switzerland)

20K – 50K GBP

Asociación Cardiovascular Centroccidental (Venezuela)
Assistance Publique, Hopitaux de Paris (France)
Departamento Administrativo de Ciencia tecnología e Innovación-Colciencias (Columbia)
Evidence-based Discipline from Universidade Federal de São Paulo (Brazil)
Faculdade de Medicina de Lisboa (Portugal)
Fondazione Italiana Sclerosi Multipla/Italian Multiple Sclerosis Foundation (Italy)
Institut National du cancer (France)
Instituto Nacional de Salud (Peru)
Ministerio de Sanidad, Servicios Sociales e Igualdad (Spain)
Ministero della Salute/Italian Health Ministry (Italy)
Pontificia Universidad Javeriana (Colombia)
Taipei Medical University (Taiwan)
The Joanna Briggs Institute (Australia)
Universidade Federal de São Paulo (Brazil)
University of Pécs (Hungary)

10K – 20K GBP

A.R.E.M.A.N - Association for Epidemiological Research for Neurological Diseases (Italy)
CAPES - Coordenação de Aperfeiçoamento de Pessoal de Nível/Superior Funding Agency for Research (Brazil)
Colombian Association of Gastroenterology (Colombia)
Department of Translational Surgery and Medicine, University of Florence (Italy)
Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen/Institute for Quality and Efficiency in Health Care (Germany)
Instituto Ramón y Cajal de Investigación Sanitaria (Spain)
KFPE - Swiss Commission for Research Partnerships with Developing Countries (Switzerland)
MDS Foundation (Portugal)
Ministry of Science and Higher Education (Poland)

National Breast Cancer Foundation (Australia)
Pontificia Universidad Católica de Chile (Chile)
Sanita Regione Umbria/Region of Umbria, Health Authority (Italy)
State of Lower Austria (Austria)
Swiss Academy of Medical Sciences (Switzerland)
Swiss School of Public Health (Switzerland)
Universidad Nacional de Colombia (Colombia)
University of Johannesburg (South Africa)
WHO - Policy Buddies through Stellenbosch University (South Africa)

Under 10K GBP

Agenzia Sanitaria e Sociale Regionale - Emilia-Romagna (Italy)
AREAS - CCI/Associazione per la Ricerca sulla Efficacia della Assistenza Sanitaria - Centro Cochrane Italiano (Italy)
Cabrini Institute (Australia)
Coeliac Australia (Australia)
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
Federale Overheids Dienst (FOD) Volksgezondheid - Federal Public Service Public Health (Belgium)
Food and Safety Australia and New Zealand (New Zealand)
French Society of Dermatologie (SFD)
Fundación de ciencias de la salud (Colombia)
Grad Split / City of Split / City of Zagreb (Croatia)
Health Media Ltd (New Zealand)
Hospital Infantil de México Federico Gómez (Mexico)
Hospital Pediátrico de Sinaloa (Mexico)
IHCAI FOUNDATION-International Health Central American Institute Foundation (Costa Rica)
Institute for Medical Research (Malaysia)
Jagiellonian University Medical College (Poland)
Manipal University, Manipal, Karnataka (India)
Melaka-Manipal Medical College (Malaysia)
Ministry of Health Republic & Science and Technology Secretariat of Cuba (Cuba)
Ministry of Science, Education and Sports (Croatia)
Minneapolis Veteran's Administration Medical Center (USA)
Motor Neurone Disease Association (UK)
NHS Blood and Transplant, McMaster University (Canada)
Odense Universitetshospital (Odense University Hospital) (Denmark)
OSyddansk Universitet (University of Southern Denmark) (Denmark)
Otago University (New Zealand)
Peruvian Ministry of Health (Peru)
Société Française de Médecine d'Urgence/French Society of Emergency Physicians (France)
Sveučilište u Splitu/University of Split, School of Medicine (Croatia)
Universiti Sains Malaysia (Malaysia)
University of Auckland (New Zealand)
University of Minnesota (USA)
West China Hospital (China)

Cochrane

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

Trustees

The governing body of The Cochrane Collaboration changed its name in 2016 through an alteration of the Charity's Articles of Association from the Cochrane Steering Group (CSG) to the Cochrane Governing Board. The following Trustees, who are also the directors for the purposes of company law, held office on the Governing Board during the year:

Prof L Bero (Co-Chair)
Prof C Farquhar (Co-Chair)
Prof A Atallah (resigned 20 October 2016)
Mr M Burton (Treasurer)
Ms K Dearness (resigned 25 October 2016)
Ms M Koster (appointed 15 March 2016)
Ms A Lyddiatt (resigned 25 October 2016)
Ms C Marshall (appointed 15 March 2016)
Dr M Makanga (appointed 15 June 2016)
Dr J Meerpohl
Dr M Nasser
Prof H Schünemann (resigned 19 August 2016)
Ms E Stovold (resigned 25 October 2016)
Ms D Thomson
Ms M Zhang (resigned 25 October 2016)

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

