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Overview of the Cochrane Library and related content

Introduction

As shown in Figure 1, Cochrane produces a wide range of content to contribute to healthcare decision-making.

Cochrane defines core products as those products published in the Cochrane Library. The Cochrane Library also includes a number of features, which are ‘added-value’ products, such as podcasts and special collections of reviews. The Cochrane Database of Systematic Reviews also has occasional supplements, such as for the abstracts of the annual Cochrane Colloquium and for Cochrane Methods. Features and supplements are intended to drive usage to our core products rather than generate income.

Cochrane’s derivative products are stand-alone products that include and/or are derived from Cochrane-produced databases. They are intended to be income-generating. We also work with partners to develop products (partner products) to increase the reach of Cochrane Reviews and related content. See the respective sections outlining current derivative and partnership products.

Figure 1 Overview of the Cochrane Library and related content
Databases included in the Cochrane Library

Cochrane Database of Systematic Reviews (CDSR)

- Cochrane Reviews and Protocols
- Editorials
- Supplements
- Editorial responsibility
- Metrics: impact factor; article metrics
- Access to archived Cochrane Reviews

The *Cochrane Database of Systematic Reviews (CDSR)* is the leading resource for systematic reviews in health care. The *CDSR* includes Cochrane Reviews (the systematic reviews) and protocols for Cochrane Reviews as well as *editorials*. The *CDSR* also has occasional *supplements*.

In November 2004, The Cochrane Collaboration Steering Group agreed that the Cochrane Library should continue to be limited to the publication of Cochrane Reviews dealing with human health issues.

Cochrane Reviews and Protocols

Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognised as the highest standard in evidence-based health care. They may either investigate the effects of interventions for prevention, treatment, and rehabilitation, or alternatively may assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting. A unique feature of Cochrane Reviews is that they are living documents in that they are updated with new evidence that emerges. They were conceived as electronic publications from the outset, and designed to take advantage of features unique to electronic publishing.

Each systematic review addresses a clearly formulated question; for example: Can antibiotics help in alleviating the symptoms of a sore throat? All the existing primary research on a topic that meets certain pre-determined criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment.

Each Cochrane Review is a peer reviewed systematic review that has been prepared by a team of authors and supported by a Cochrane Review Group editorial team in the Collaboration. Cochrane Reviews are prepared using Review Manager (RevMan) software provided by the Collaboration, and adhere to a structured methodological approach and format that is described in the Cochrane Handbook for Systematic Reviews of Interventions or Cochrane Handbook for Diagnostic Test Accuracy Reviews.
Protocols for Cochrane Reviews are peer reviewed articles that describe the rationale for the review, the objectives, and the methods that will be used to locate, select, and critically appraise studies, and to collect and analyse data from the included studies.

There are four types of Cochrane Review published in the *CDSR*: intervention; methodology; diagnostic test accuracy; and overviews of reviews. Most reviews in the *CDSR* are intervention reviews, methodology reviews are prepared by one Cochrane Review Group, and the other two types are newer additions to the *CDSR*.

**Editorials**

Editorials aim to stimulate discussion and ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy.

One to four editorials are published each month. The timing of publication may coincide with the publication of a linked Cochrane Review or with particular events, such as health awareness days or The Cochrane Collaboration's 20th anniversary.

Editorials are usually about 800 words in length with about six to eight references, although longer or shorter editorials may be published at the discretion of the Editor in Chief, David Tovey (dtovey@cochrane.org).

**Provenance**

Editorials may be solicited or unsolicited, and authorship is not limited to contributors to The Cochrane Collaboration contributors or by those outside the organisation. The Editor in Chief or Cochrane Editorial Unit staff may commission editorials linked to Cochrane Reviews of interest or on topics likely to be of interest to a broad readership. Proposals for editorials are welcome and should be submitted to the Editor in Chief for consideration.

**Editorial process**

The Editor in Chief has editorial responsibility for editorials. They are managed, edited, and published by the Cochrane Editorial Unit. Editorials can be published at any time.

Authors of editorials must declare potential conflicts of interest using the standard [ICMJE Conflicts of interest form](#) and must complete a [licence for publication form](#).

Feedback on editorials is welcome and may be published as a comment alongside the editorial.

Editorials are indexed in PubMed and are free to access via the [Cochrane Library homepage](#).

**Supplements**

Since 2009, the Cochrane Colloquium abstracts (for oral presentations and posters) have been
published as a Supplement and, since 2010, Cochrane Methods (ISSN: 2044-4702), the official annual newsletter for methodological issues within The Cochrane Collaboration, has been published as an annual Supplement.

**Editorial responsibility**

Cochrane Reviews are prepared by Cochrane Review Groups, which are led by one or more Co-ordinating Editors. The Co-ordinating Editors are members of an Editorial Board. The Editor in Chief oversees the CDSR content.

The Editor in Chief is responsible for the Editorials and oversees the preparation of the Supplements.

**Metrics**

**Impact factor**

Each year in June, Clarivate Analytics publish the impact factors of all journals indexed in the Journal Citation Report. The Cochrane Database of Systematic Reviews (CDSR) impact factor describes the ratio of the number of Cochrane Reviews published, for example, during 2010 and 2011 to the number of citations these reviews received in 2012. The CDSR received its first impact factor in 2007.

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<tr>
<th>Year</th>
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<th>Downloads (where available)</th>
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<td>IF fact sheet</td>
</tr>
<tr>
<td>2015</td>
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<td>IF fact sheet</td>
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<tr>
<td>2014</td>
<td>6.035</td>
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</tr>
<tr>
<td>2011</td>
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<tr>
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<td>IF fact sheet</td>
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<tr>
<td>2007</td>
<td>4.654</td>
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Individual Cochrane Review Groups receive impact factor reports and citation analysis reports prepared by the publishing team at Wiley. The publishing team at Wiley runs impact factor webinars for Cochrane contributors. Contact Tony Aburrow, Associate Editor, Wiley, for more information; taburrow@wiley.com, +44 (0)1243 770 644.
The Cochrane Editorial Unit has compiled advice and information (January 2012) for Cochrane Review Groups about measures aimed at influencing the impact factor of the CDSR.

Article metrics

In 2011, Wiley introduced an article metric for each Cochrane Review. Users can now see which other articles have cited the Cochrane Review (via a live feed from CrossRef).

Wiley has also partnered with Altmetric, a service that tracks and measures the impact of scholarly articles and datasets on both traditional and social media. Altmetric scores and badges are displayed on Cochrane Reviews and Editorials published in the Cochrane Database of Systematic Reviews.

More information on Altmetric for CDSR

Access to archived Cochrane Reviews

All published versions of Cochrane Reviews (including Protocols for Cochrane Reviews) are stored on the Cochrane Collaboration’s central server, Archie. This also includes versions published before the launch of Archie in 2005–2006. The published versions stored in Archie cannot be deleted. Archie also contains versions of draft Cochrane Reviews that are not published.

Full access to the archive of all published Cochrane Reviews in Archie is available only to a few individuals in each Cochrane Group, such as Cochrane Review Groups (CRGs), as well as Archie ‘Super Users,’ and system and data administrators. This access to the archive can help CRG editorial teams answer queries about previously published versions that are not available in the public archive through the Cochrane Database of Systematic Reviews (CDSR) (see below). However, it is at the discretion of the CRG editorial teams as to whether they choose to provide copies of Cochrane Reviews to people who have asked for them.

Researchers who are proposing to use the archived data for methodological purposes can also apply for permission for access to all previously published reviews by contacting Cochrane’s ticketed technical support helpdesk – techsupport@cochrane.org. These requests are escalated to Cochrane’s Editor in Chief and Chief Information Officer for approval. If permission is granted, the Informatics and Knowledge Management Department can assist in providing these data, but there may be a cost for this service, depending on the complexity of the request.

Please note that any request must include the following basic information:

- Name
- Role within Cochrane
- Brief description of the project/reason for request
- Duration of requested access

The CDSR includes an archive of all citation versions of published Cochrane Reviews (including
Protocols) starting from Issue 4, 2003 (www.cochranelibrary.com). Where previous versions of a Cochrane Review exist in the CDSR, these can be accessed via the ‘Other Versions’ link on each Cochrane Review.

**Cochrane Central Register of Controlled Trials (CENTRAL)**

The Cochrane Central Register of Controlled Trials (CENTRAL) is a bibliographic database that provides a highly concentrated source of reports of randomized controlled trials. Records contain the list of authors, the title of the article, the source, volume, issue, page numbers, and, in many cases, a summary of the article (abstract). They do not contain the full text of the article.

Cochrane Groups maintain and update Specialized Registers, which are collections of controlled trials relevant to the groups. CENTRAL is comprised of these Specialized Registers, relevant records retrieved from MEDLINE and EMBASE, and records retrieved through handsearching (planned manual searching of a journal or conference proceedings to identify all reports of randomised controlled trials and controlled clinical trials). The Cochrane Collaboration contracts a technology company, Metaxis, to merge the records from the sources outlined above and provide a data feed to the publisher. New and changed data are delivered to the publisher on a monthly basis.

Each of the Cochrane Review Groups and other entities within the Collaboration that submit a Specialized Register is responsible for its content. The Editor in Chief oversees CENTRAL, and Metaxis manages the technical aspects of compiling the database.

CENTRAL is freely available to Cochrane members via the Cochrane Register of Studies Online (CRSO). The CRSO allows searching of CENTRAL records five to six weeks before they are available in CENTRAL and can be accessed with an Archie login.

**Cochrane Methodology Register (CMR)**

The Cochrane Methodology Register (CMR) is a database of studies relevant to the methods of systematic reviews of healthcare and social interventions. The register includes journal articles, book chapters, conference proceedings, conference abstracts and reports of ongoing methodological research. Relevant records are identified by the UK Cochrane Centre through handsearching and sources including MEDLINE.

The register aims to include all published reports of empirical methodological studies that could be relevant for inclusion in a Cochrane methodology review, along with comparative and descriptive studies relevant to the conduct of systematic reviews of healthcare interventions.

CMR records contain the title of the article, information on where it was published (bibliographic details), and, in some cases, a summary of the article. They do not contain the full text of the article.
Until recently the CMR was produced by the UK Cochrane Centre on behalf of the Cochrane Methodology Review Group. The CMR is currently under review; further information on the progress and developments of this review will be updated on the CMR help site. Any queries about the current status of the CMR should be sent to Jackie Chandler (jchandler@cochrane.org), Methods Co-ordinator, Cochrane Editorial Unit.

About The Cochrane Collaboration

Groups in The Cochrane Collaboration – Cochrane Review Groups, Methods Groups, Fields, Cochrane Centres, the Cochrane Editorial Unit, Network for Consumers, Satellites and Branches, Cochrane Informatics and Knowledge Management Department (IKMD), and the Central Executive Team – use this database to publish information about their purpose, scope, and activities, as well as contact details. The type of information provided varies by group. Cochrane Review Groups, for example, provide additional information, including a list of new reviews, updated reviews, and protocols to be published in the next issue of the Cochrane Database of Systematic Reviews (alongside the updated version of this article); registered and vacant titles; names of editors, authors, and peer reviewers; the methods that they use in their reviews; a glossary of terms which are commonly found in their reviews; and relevant publications.

Each group is responsible for the information in the article about their group.

Database of Abstracts of Reviews of Effects (DARE)

The Database of Abstracts of Reviews of Effects (DARE) contains details of systematic reviews that evaluate the effects of healthcare interventions and the delivery and organisation of health services. DARE also contains reviews of the wider determinants of health such as housing, transport, and social care where these impact directly on health, or have the potential to impact on health.

Reviews are quality assessed for inclusion making DARE a key resource for busy decision-makers in both healthcare policy and practice. DARE complements the CDSR by identifying and including systematic reviews that have not been carried out by The Cochrane Collaboration.

A critical commentary on the reliability of the evidence is provided for reviews of key relevance to the UK NHS. The records for these reviews contain a summary of the review and a critical commentary about the overall quality and reliability of the findings. For bibliographic records where a commentary has not yet been prepared, users can submit a request via the CRD website: priority is given to UK NHS, public health, and social care services. The commentaries are written and independently checked by researchers with in-depth knowledge and experience of systematic review methods.

DARE contains details of all Cochrane Reviews, Protocols for Cochrane Reviews, and other publications based on Cochrane Reviews. Details of Campbell Reviews (prepared by The
DARE was produced by the NIHR Centre for Reviews and Dissemination (CRD) at the University of York, UK. NIHR funding to produce DARE ceased at the end of March 2015. However, the database can still be accessed via the Cochrane Library. Searches of MEDLINE, Embase, CINAHL, PsycINFO and PubMed were continued until the end of the 2014. Bibliographic records were published on DARE and NHS EED until 31 March 2015 and included in Issue 4, 2015 on the Cochrane Library. This database is also available from the [CRD database website](http://www.crd.york.ac.uk).

### Health Technology Assessment Database (HTA)

The Health Technology Assessment (HTA) Database brings together details of completed and ongoing health technology assessments from around the world. Database content is supplied by members of the International Network of Agencies for Health Technology Assessment (INAHTA) and other HTA organisations internationally. The scope for inclusion is broad, encompassing any study designated as a health technology assessment by the contributing organisation. All new content is checked, proof read, and published on the database by the in-house team at CRD.

Records for published projects contain full bibliographic details and contact information for the organisation publishing the report. Contributing organisations can also provide brief details of the authors’ objectives and conclusions if they wish. Links to reports, project pages, and/or organisation websites are provided wherever possible so that database users can access full details directly. The HTA database also contains brief details of ongoing HTA projects which are updated when projects complete. This enables funders and researchers to identify work already in progress and may help reduce unintended duplication of effort.

Unlike the other CRD databases, DARE and NHS EED, the published records are not critically assessed. However, where a review or economic evaluation listed in the HTA database has met the inclusion criteria for DARE or NHS EED and a critical abstract has been written, links to that abstract are included in the HTA database record.

The HTA database is produced by the NIHR Centre for Reviews and Dissemination (CRD) at the University of York, UK. This database is also available from the [CRD database website](http://www.crd.york.ac.uk).

### NHS Economic Evaluation Database

The NHS Economic Evaluation Database (EED) contains economic evaluations of healthcare interventions. Economic evaluations are studies in which a comparison of two or more interventions or care alternatives is undertaken and in which both the costs and outcomes of the alternatives are examined. This includes cost-benefit analyses, cost-utility analyses, and cost-effectiveness analyses.
To assist decision-makers with this increasingly complex and technical literature, critical commentaries are produced for economic evaluations of key relevance to the UK National Health Services (NHS). These commentaries contain a brief description of the effectiveness information on which the economic evidence is based and details of the key components of the economic evaluation. A critical commentary summarises the overall reliability and generalisability of the study, and presents any practical implications for the UK NHS.

For bibliographic records, where a commentary has not yet been prepared, users can submit a request via the CRD website: priority is given to UK NHS, public health, and social care services. The commentaries are written and independently checked by health economists with in-depth knowledge and experience of economic evaluation methods.

NHS EED was produced by the NIHR Centre for Reviews and Dissemination (CRD) at the University of York, UK. NIHR funding to produce NHS EED ceased at the end of March 2015. However, the database can still be accessed via the Cochrane Library. Searches of MEDLINE, Embase, CINAHL, PsycINFO and PubMed were continued until the end of the 2014. Bibliographic records were published on DARE and NHS EED until 31st March 2015 and included in Issue 4, 2015 in the Cochrane Library.

This database is also available from the CRD database website.

**Features**

Features aim to increase usage and impact of Cochrane Reviews and to reach new and different audiences.

In this section:

- **Special Collections**
- **Cochrane Journal Club**
- **Podcasts for Cochrane Reviews**
- **Smartphone/iPad Applications**

**Special Collections**

The Cochrane Editorial Unit works with colleagues within Cochrane Review Groups to prepare Special Collections of Cochrane Reviews around a particular health topic, for example obesity prevention. The Special Collections generally start with an introduction and include descriptions of, and links to, relevant Cochrane Reviews. Special collections displayed on the homepage of the Cochrane Library website are freely accessible online.

**Cochrane Journal Club**

Introduced in 2009, the Cochrane Journal Club is a free, monthly publication. For trainees,
researchers, and clinicians alike, the Cochrane Journal Club aims to provide users with tools on which to base a journal club session in their institution but it is also used by individuals wishing to become more familiar with a Cochrane Review. Every Cochrane Journal Club article is specially selected from new and updated Cochrane Reviews that represent diverse clinical topics. Each one focuses on a review of special interest, such as practice-changing reviews, new methodology and evidence-based practice. The content highlights clinical or methodological issues raised by the Cochrane Review, and incorporates an extended summary of the review, a series of questions to stimulate discussion, links to related resources, a vignette to provide a contextual example for decision making, biographical information on the review team, a podcast, and a downloadable PowerPoint presentation containing key figures and tables. There is also an option for users of the Journal Club to submit questions to the authors of the review.

The Cochrane Journal Club is a collaborative venture between review authors, our publishers, Professor Mike Clarke (as Podcast and Journal Club editor), Cochrane Informatics and Knowledge Management Department (IKMD), and the Cochrane Editorial Unit.

**Podcasts for Cochrane Reviews**

Since 2008 and under the guidance of Professor Mike Clarke, authors of new and updated Cochrane Reviews have the opportunity to prepare audio podcasts (Evidence Pods) for their review (currently three to six per month). The podcasts are developed, scripted, and recorded as a collaboration between Professor Clarke, the Cochrane Review authors, the IKMD and Cochrane Editorial Unit. Podcasts are located on [Cochrane.org](http://Cochrane.org) and are also freely available on the Apple store within iTunes. See the section on [dissemination](http://dissemination) to suggest a Cochrane Review for podcasting.

**Smartphone/iPad applications**

The free Cochrane Library iPad application features monthly issues of Cochrane Reviews selected by the Editor in Chief and specifically abridged to provide the best possible display reading experience. The reviews are enriched with the addition of multimedia content, including podcasts, videos and slide decks. Further information is available on the [Cochrane Library website](http://Cochrane.org).


**Cochrane evidence summaries**

[Cochrane evidence summaries](http://Cochrane.org) provide the general public with a consumer-friendly environment to consult Cochrane evidence. Free online access is available to Cochrane plain language summaries, abstracts, and supplemental information, such as patient decision aids, related news
stories, and more detailed statistical tables. Cochrane evidence summaries can be searched in several different languages, so that the user can utilise Cochrane evidence in their primary language.

**Derivative products**

Derivative products are defined as new products developed jointly by Cochrane (via its "Innovations" Trading Company) and the Publisher (John Wiley & Sons Ltd) that are based upon or include material from the Cochrane Library or related content and have been developed or modified in such a way as to generate new intellectual property.

Cochrane and Wiley will evaluate proposals for derivative publications including journals and spin-off libraries that fulfil the following criteria:

- Excellent stand-alone product with a robust business plan that generates revenues for the Cochrane entity and overall profit
- Increases the use and application of the Cochrane Library or related content by one or more stakeholder groups.
- High-quality product that enhances the brand of the Cochrane Library.
- Product complements our sales strategy for the Cochrane Library.
- Sufficient ‘added value’ in terms of content compared with that in the Cochrane Library that it warrants separate publication.

A potential derivative product will only be considered for publication with a recommendation from, and a comprehensive business plan approved by, the Publishing Management Team. The decision whether to proceed with the publication of a derivative product will rest solely with Cochrane.

The contract between Cochrane and Wiley gives Wiley first option to publish derivative products from the Cochrane Library. If Wiley refuses this option Cochrane will be free to use or exploit such proposal with a third party during the term provided that the third party obtains from Wiley a non-exclusive licence. Wiley will, in consultation with the Management Team, apply a commercially reasonable fee for such a licence.

Proposals for derivative products are evaluated carefully by Cochrane Innovations and Wiley using a Stage-Gate approach, and in all instances a detailed business case will be required.

If anyone has an idea for a derivative product, they should contact Lorne Becker, Director of Cochrane Innovations (lornebecker@gmail.com), or Deborah Pentesco-Gilbert, Publisher, The Cochrane Library, John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK (Tel +44 (0)1243 770693; Fax +44 (0)1243 770460; E-mail dpentesc@wiley.co.uk).

**Cochrane Clinical Answers**
Cochrane Clinical Answers (cochraneclinicalanswers.com) is a point-of-care clinical support tool designed to mimic the way health professionals gather information. The product distils high-quality evidence from Cochrane systematic reviews into practical answers to common clinical questions. New Clinical Answers are continually added to ensure broad coverage across a range of medical topics. Cochrane Clinical Answers are written by a team of Associate Editors, who are all practising clinicians or medical educators.

Cochrane–Wiley Book Series

This is a series of printed and web-based books developed by Cochrane contributors on various aspects of health care and systematic review methodology, published as ‘Cochrane’ titles. The Cochrane–Wiley Book Series thus aims to improve the accessibility and usefulness of Cochrane output to specific audiences.

This series is currently under review. However if you would like to discuss a book proposal please contact either David Tovey, Editor in Chief of the Cochrane Library (dtovey@cochrane.org) or Deborah Pentesco-Gilbert, Publisher, Cochrane Library (d pentesc@wiley.com). Proposals should also have been discussed in advance with any relevant Cochrane Review Groups.

Journals: Evidence-Based Child Health (EBCH); and Journal of Evidence-Based Medicine (JEBM)

Evidence-Based Child Health: A Cochrane Review Journal is published bi-monthly, and is edited by the paediatric leadership within the Cochrane Child Health Field. The aim of the journal is to allow readers to inform their clinical decision-making and policy development with the highest quality research evidence available. The journal includes excerpts, overviews of reviews, and commentaries on Cochrane Reviews.

The Journal of Evidence Based Medicine publishes reports of systematic reviews and randomized trials as well as articles on methods for the evaluation of health care and the use of evidence in decision-making. The journal also publishes essays about topics and people. The journal aims to be of relevance and interest to people inside and outside of China, and to guide decisions and practices in healthcare.

Partnership products

Partnership products are developed with a partner of the Collaboration based upon or including material from The Cochrane Library and related content. They are developed with a view to disseminating information to the partner’s audiences and users, and not primarily with a view to being income-generating.

In this section:
La Biblioteca Cochrane Plus

La Biblioteca Cochrane Plus is a Spanish language version of The Cochrane Library. It is prepared by the Iboamerican Cochrane Centre and is published by Update Software under licence from Wiley. La Biblioteca Cochrane Plus includes Spanish translations of Cochrane Reviews from the Cochrane Database of Systematic Reviews. It also includes content not available in The Cochrane Library:

- Full reports of Agencias de Evaluación de Tecnologías Sanitarias iberoamericanas.
- The summaries of the thematic web of the back of the Fundación Kovacs.
- The articles published in the journal Gestión Clínica y Sanitaria by the Fundación Instituto de Investigación en Servicios de Salud.
- The articles published in the journal Evidencias en Pediatría.
- The articles published in the journal Evidencias en Atención Primaria.
- The database of Iberoamerican clinical trials.
- Information about The Cochrane Collaboration.
- A manual on the methodology of the reviews.
- A glossary of methodological terms.
- Other information of interest.

La Biblioteca Cochrane Plus also includes access to the original English-language versions of the other databases included in The Cochrane Library: CENTRAL; CMR; DARE; HTA; and the NHS Economic Evaluation Database.

WHO Reproductive Health Library (RHL)

The WHO Reproductive Health Library (RHL) is an electronic review journal published by the Department of Reproductive Health and Research at WHO. The RHL uses Cochrane Reviews to present practical actions for clinicians and policy-makers in order to improve health outcomes, especially in developing countries.

WHO e-Library of Evidence for Nutrition Actions (eLENA)

Produced in partnership between the WHO and The Cochrane Collaboration, the e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidelines for nutrition interventions.
Editorial team

Editor in Chief

Dr David Tovey is the first Editor in Chief of the Cochrane Library (since 2009). Dr Tovey heads Cochrane’s central editorial team, the Cochrane Editorial Unit, and is supported by a team of editors and specialist staff.

Information relating to the Editor in Chief’s remit and responsibilities is available. Further information about the Cochrane Editorial Unit, including contact details, is available on the Cochrane Editorial Unit page.

Co-ordinating Editors’ Board

The Co-ordinating Editors’ Board is the decision-making body for the Co-ordinating Editors. The Board meets twice each year usually around March/April and September/October. Some Cochrane Review Groups have more than one Co-ordinating Editor, or a Deputy Co-ordinating Editor. All Co-ordinating Editors may attend the Board meetings, but each Cochrane Review Group has one vote.

Cochrane Review Groups

Cochrane Review Groups are made up of people who prepare, maintain, and update Cochrane Reviews, and people who support them in this process. Each CRG has an editorial base where a small team of people supports the production of Cochrane Reviews, including a Co-ordinating Editor, Managing Editor, and Trials Search Co-ordinator. Each Cochrane Review Group also has a team of editors (similar to an editorial board) that supports the Co-ordinating Editor(s) and the development of the Cochrane Reviews. CRGs focus on particular areas of health, for example, Breast Cancer, Pregnancy and Childbirth, Infectious Diseases, Multiple Sclerosis, or Schizophrenia.

There are currently 52 Cochrane Review Groups located across the globe. Details about each Cochrane Review Group are available.

Specific information on how to set up a Cochrane Review Group and the responsibilities of people within CRGs is available. Editorial responsibilities of Cochrane Review Groups are also available in the Cochrane Handbook for Systematic Reviews of Interventions (section 2.3.7).

The Cochrane Library Oversight Committee

The Cochrane Library Oversight Committee helps avoid difficulties that may arise from the dual roles of the Editor in Chief (i.e. accurately inform and educate readers while protecting and strengthening the integrity of the journal). Roles of Oversight Committee typically include the following, to:
Serve as a forum for discussion and deliberation of contentious or potentially contentious issues
Provide an impartial mechanism for review of the performance of the Editor in Chief
Have a major role in the case of any proposed dismissal of the Editor in Chief

Membership of the committee typically includes individuals who are not members of the board or otherwise part of the governance structures of the owner. These individuals are typically high profile members of one of the journal’s stakeholder groups.

**Publisher**

The Cochrane Collaboration has partnered with John Wiley & Sons, Ltd since 2003. Contact Deborah Pentesco Gilbert, Publisher of the Cochrane Library, via email at dpentesc@wiley.com or via Wiley, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK.

**The Cochrane Library complaints procedure**

This procedure applies to complaints about the policies, processes or actions of staff, contributors or position-holders of Cochrane involved in the publication or content of the Cochrane Library. We welcome complaints as they provide an opportunity for improvement, and we aim to respond efficiently and constructively. We define complaints as an expression of unhappiness about a failure of process or an important misjudgement. If you disagree with an editorial decision made about a specific Cochrane Review, protocol for a Cochrane Review or update of a Cochrane Review, please refer to the appeals policy.

The Editor in Chief of the Cochrane Library is responsible for this complaints procedure and will respond to queries about it.

**Comment or complaint?**

If you wish to comment on the content of a Cochrane Review or Protocol, please follow our guidance on Submitting comments on Cochrane Reviews. You can send your comment by clicking on the ‘Submit Comments’ button in the Article Tools menu.

The complaint process exists in parallel with the ‘comments’ process and may be used either if you believe that the comment is of such a serious nature that urgent corrective action is warranted, or if you believe that the usual process has not been satisfactorily managed or resolved.

**How to complain**

Complaints relating to the Cochrane Library in general or the staff or actions of the Cochrane
Editorial Unit should be referred directly to the Editor in Chief. Complaints may be made by email, phone or letter.

Dr David Tovey  
Editor in Chief, Cochrane Library  
Cochrane Editorial Unit  
St Albans House  
57-59 Haymarket  
London SW1Y 4QX  
UK

+44 (0)20 7183 7503  
dtovey@cochrane.org

If the complainant is not content with the response, or if the complaint relates to the conduct of the Editor in Chief, the complainant can ask for the complaint to be referred to the Cochrane Library Oversight Committee via its Chair.

Complaints that refer to *The Cochrane Library* databases that are produced by the Centre for Reviews and Dissemination (CRD) will be redirected to the relevant individuals at the CRD. Alternatively, complaints can be made directly to the CRD:

Centre for Reviews and Dissemination  
University of York  
York YO10 5DD  
UK  
+44 (0)1904 321040  
crd-info@york.ac.uk

**How we deal with complaints**

All complaints will be acknowledged within three working days. If possible a definitive response will be made within two weeks. If this is not possible an interim response will be given within two weeks. Further interim responses will be provided until the complaint is resolved.

Complainants who remain unhappy after this procedure has run its course may consider referring the matter to the Committee on Publication Ethics (COPE). The Cochrane Library and all Cochrane Review Groups are members of COPE (See section on COPE), which publishes a code of conduct and best practice guidelines for journal editors. COPE will consider complaints against publications only after the publication's own complaints procedures have been exhausted.

**Cochrane Database of Systematic Reviews appeals policy**

**Policy**
In this document, “Cochrane Review” refers to protocols for Cochrane Reviews, Cochrane Reviews, and Cochrane Reviews that are being updated.

If authors disagree with an editorial decision made regarding a specific Cochrane Review, protocol for a Cochrane Review, or update of a Cochrane Review, they may appeal the decision.

Appeals are considered on the basis of:

1. errors in the editorial process (the correct editorial procedure or Cochrane policy has not been followed).
2. errors in the decision (the correct process has been followed but there has been an error in its interpretation or understanding).

Only one appeal per Cochrane Review will be considered, and, if escalated, the Editor in Chief’s decision is final.

Process

The appeals process is as follows:

1. Appeals or, where this is not possible, notification of the intention to submit an appeal, must be submitted as soon as possible, and no later than 7 days, after receipt of the editorial decision. A notification of the intention to submit an appeal must be followed by a full appeal submission within 28 days.

2. When an appeal, or notification of the intention to submit an appeal, is received, implementation of the editorial decision will be suspended, pending outcome of the appeal.

3. All appeals must be submitted in writing (by mail or email) by the contact author, with copies to all co-authors. Appeals must be submitted to the Managing Editor of the CRG in the first instance, and should be clearly labelled “Appeal of editorial decision”. The appeal must describe in detail why the authors disagree with the editorial decision, with reference to the points made in the editorial decision report.

4. As only one appeal per Cochrane Review will be considered, the authors need to ensure that all relevant points are included in the original appeal submission.

5. Receipt of an appeal submission will be acknowledged within 3 working days of receipt by the CRG’s Managing Editor. If possible, a definitive response will be made within two weeks. If this is not possible, an interim response will be given within two weeks. Further interim responses will be provided until the appeal is closed.

6. At the CRG the appeal will be considered by at least one independent Editor who was not involved in the original decision. If this is not possible within the CRG, an Editor from another CRG will be asked to consider the original decision. The Editor will consider the appeal and decide to
either uphold or overturn the original decision.

7. The CRG’s Managing Editor will communicate the decision to the Contact Author, with copies to all co-authors.

8. Following the CRG’s decision on an appeal, if the authors still disagree with the editorial decision, the authors or the CRG’s editorial team may escalate the appeal to the Editor in Chief (who may delegate, as appropriate). To consider the appeal, the Editor in Chief will require:

   - The title, authors, and CD number of the Cochrane Review, protocol for a Cochrane Review, or update of a Cochrane Review.
   - Documented details of the editorial process (including the peer review reports and timelines) – if the case is submitted by the CRG.
   - The original editorial decision.
   - The original appeal submission by the authors.
   - The response to the appeal from the CRG.
   - The exact reasons why further consideration by the Editor in Chief is required.

9. Receipt of an appeal submission will be acknowledged within 3 working days of receipt by the Editor in Chief. If possible, a definitive response will be made within two weeks. If this is not possible, an interim response will be given within two weeks. Further interim responses will be provided until the appeal is closed.

10. Details of all appeals escalated to the Editor in Chief are considered confidential and will be documented. The Editor in Chief’s decision is final and no further correspondence will be entered into.

**PROSPERO**

PROSPERO, launched in February 2011, is the international prospective register of systematic reviews in health and social care. Led by the Centre for Reviews and Dissemination, University of York, this online database is free to search, and open for free registration to anyone undertaking a systematic review with a health-related outcome.

All protocols for Cochrane Reviews of interventions and of diagnostic test accuracy published from 1 October 2013 onwards are being automatically added to PROSPERO. PROSPERO will send an email to the contact author each time a record is included in the register; and when the full review is published. Registration is usually completed within five working days. If there are any queries the contact author can contact the PROSPERO administration staff at the Centre for Reviews and Dissemination, York, UK. See the PROSPERO site for further information.