








# Governing Board Meetings- 1 April, 4-5 April, and 6 April 2019, Krakow



<b>Schedule</b>	Tuesday 26 March 2019, 2:30 PM — 3:30 PM GMT
<b>Venue</b>	Galaxy Hotel, Krakow
<b>Description</b>	08:45 for 9:00-16:00/17:00 full days 12:00 for 12:30-17:00 half day
<b>Organiser</b>	Veronica Bonfigli

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DAY 1- Monday 1st April 2019 -  
TRAINING AND STRATEGIC  
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## Governing Board Meeting 1, 4-5 April and 6 April 2019, Krakow

### Agenda & Running Order

#### Proposed Meeting Time & Breaks:

- Meeting Times: 08:45– 16:00/17:00;  
or 12:30-17:00
- Coffee: 10:30-11:00
- Lunch 12:30-13:30
- Coffee: 15:00-15:30

#### DAY 1- Monday 1st April 2019 - TRAINING AND STRATEGIC DEVELOPMENT

Agenda Item	Title	Purpose	Supporting Document	Presenter	Estimated Time
1.	<b>Welcome, Apologies, Declarations of Interest</b>			Co-Chairs (Martin Burton & Marguerite Koster)	
<b>FORMAL MEETING ADJOURNED</b>					
	<p>Future of Cochrane's publishing arrangements: Training and strategic development session, to help ensure the Board have the background information and knowledge required to make strategic decisions related to the future contracts for publication and delivery of the Cochrane Library, with a specific focus on:</p> <ol style="list-style-type: none"> <li>1) Financial sustainability</li> <li>2) Open Access and accessibility ambitions</li> <li>3) Product strategy</li> </ol>			Charlotte Pestrige, Sarah Watson, Dan Shanahan (CET) and Harriet MacLehose (CET)	All day

## DAY 2 - Thursday 4th April 2019 - STRATEGIC AND BUSINESS ISSUES, AND REPORTS

### FORMAL MEETING RESUMED

2.	<b>Approval of the Agenda, including the papers and decisions included in the Consent Agenda</b>	For decision (vote)		Co-Chairs	Meeting start to coffee break
3.	<b>Approval of the Minutes of the Board's meeting in London, 19-20 January 2019</b> ( <i>Consent Agenda</i> )		OPEN ACCESS SUPPORTING DOCUMENT		
4.	<b>Actions Arising from previous meeting</b>				
5.	<b>Matters Arising not otherwise covered by the Agenda</b>				
6.	<b>Co-Chair's Report, to include:</b>				
6.1	<b>Correspondence</b>				
6.2	<b>Council Report</b>				
7.	<b>Krakov Governance Meetings: de-brief on the outcomes of the meetings and sessions, and implications for the Board to consider</b>	For discussion			
8.	<b>Publishing and Products:</b>	For information and discussion		Co-Chairs Mark Wilson	Coffee break to lunch
8.1	<b>General discussion</b>				
8.2	<b>Joint session with representatives from Wiley - with Publisher's Report</b> ( <i>Consent Agenda</i> )		RESTRICTED AND OPEN ACCESS SUPPORTING DOCUMENT	Deborah Pentesco Gilbert (Wiley)	
8.3	<b>Other Cochrane Products - update report</b> ( <i>Consent Agenda</i> )		RESTRICTED ACCESS SUPPORTING DOCUMENT	Charlotte Pestrige	
9.	<b>Chief Executive Officer's Report, to include:</b>	For information and discussion		Mark Wilson	
9.1	<b>Geographic Groups, Fields and Cochrane Members: Matters to Report</b>				

9.2	<b>Strategy to 2020 2018 Targets end of year report</b> (Consent Agenda)		OPEN ACCESS SUPPORTING DOCUMENT		
9.3	<b>Partnerships Update</b> (Consent Agenda)		OPEN ACCESS SUPPORTING DOCUMENT		Lunch to end of day (16:00)
9.4	<b>Forthcoming Colloquia and Governance Meetings - Update Report</b>			Jo Anthony	
10	<b>Editor in Chief's Report, to include:</b>	For information and discussion		David Tovey	
10.1	<b>CRG Networks and Methods Groups: Matters to Report</b>				
10.2	<b>Editorial Report</b> (Consent Agenda)		OPEN ACCESS SUPPORTING DOCUMENT		
10.3	<b>Conflict of Interest Audit</b> (Consent Agenda)		RESTRICTED ACCESS SUPPORTING DOCUMENT		
10.4	<b>Cochrane Library Oversight Committee</b> (Consent Agenda)		OPEN ACCESS SUPPORTING DOCUMENT		
10.5	<b>Discretionary Fund application from Cochrane Austria</b>	For decision (vote)	OPEN ACCESS SUPPORTING DOCUMENT		
	<b>Governing Board - Cochrane Council Joint Meeting</b>	Co-Chairs only		Martin Burton, Marguerite Koster, Miranda Langendam Fergus Macbeth	16:00-17:00

## DAY 3 – Friday 5th 2019 (MORNING ONLY) - STRATEGIC AND BUSINESS ISSUES, AND REPORTS

Agenda Item	Title	Purpose	Supporting Document	Presenter/Paper Author	Estimated Time
11.	<b>Finance and Risk Management:</b>	For information and discussion		Co-Chairs	Meeting start to coffee break
11.1	<b>Treasurer's Report</b>			Tracey Howe and Catherine Marshall	

<b>11.2</b>	<b>A proposal for changing the way organizational risk is managed and monitored</b>	For decision (vote)	RESTRICTED ACCESS SUPPORTING DOCUMENT	Sarah Watson	
<b>11.3</b>	<b>Trustees' Report and Financial Statements</b> <i>(Consent Agenda)</i>		OPEN ACCESS SUPPORTING DOCUMENT	Mark Wilson	
<b>11.4</b>	<b>Strategic Development Support - Update Report</b> <i>(Consent Agenda)</i>		OPEN ACCESS SUPPORTING DOCUMENT	Mark Wilson	
<b>12.</b>	<b>Governing Board Sub-Committees and Working Groups: Matters to Report:</b>	For information and discussion			
<b>12.1</b>	<b>Dispute Resolution Procedures Working Group</b>			Rae Lamb	
<b>12.2</b>	<b>Finance, Audit and Investment Committee</b>			Catherine Marshall	
<b>12.3</b>	<b>Governance Committee</b>			Martin Burton	
<b>12.4</b>	<b>Governing Board Appointed Member Nomination Committee</b>	For decision (vote)	OPEN ACCESS SUPPORTING DOCUMENT	Marguerite Koster	Coffee break to lunch
<b>12.5</b>	<b>Remuneration Committee</b>			Marguerite Koster	
<b>13.</b>	<b>Editor in Chief recruitment: preparation for candidate presentations and interviews</b>	For information and discussion		Marguerite Koster	
<b>14.</b>	<b>Any Other Business</b>			Co-Chairs	
<b>15.</b>	<b>Date of Next Meeting</b>				

## DAY 3 – Friday 5th 2019 (AFTERNOON ONLY) – EDITOR IN CHIEF PRESENTATIONS

FORMAL MEETING ADJOURNED

**16.** **Editor in Chief candidate presentations**

## DAY 4 PM - Saturday 6th April 2019 (AFTERNOON ONLY) - EDITOR IN CHIEF RECRUITMENT

FORMAL MEETING RESUMED

17.	Consideration of the Editor in Chief Recruitment Panel's recommendations
MEETING CLOSED	

## ‘Consent Agenda’ [proposed]

### The Board notes the following papers presented under the Consent Agenda:

3.	Approval of the Minutes of the Board's meeting in London, 19-20 January 2019	For approval	Open access	
8.2	Joint session with representatives from Wiley - with Publisher's Report		Restricted access (Open access version available)	
8.3	Other Cochrane Products - update report		Restricted access	
9.2	<i>Strategy to 2020</i> 2018 Targets end of year report		Open access	
9.3	Partnerships update		Open access	
10.2	Editorial Report		Open access	
10.3	Conflict of Interest Audit		Open access	
10.4	Cochrane Library Oversight Committee		Open access	
11.3	Trustees' Report and Financial Statements		Open access	
11.4	Strategic Development Support - Update Report		Open access	



# 1. Welcome, Apologies, Declarations of Interest



**FORMAL MEETING ADJOURNED**



Future of Cochrane's publishing arrangements: Training and strategic development session, to help ensure the Board have the background information and knowledge required to make strategic decisions related to the future contracts for publication and delivery of the Cochrane Library, with a specific focus on 1) financial sustainability, 2) open access and accessibility ambitions 3) product strategy



# Governing Board Development Day

## Future publishing contract

**Krakow, Poland - 1 April 2019**

**Venue:** Galaxy Hotel, Meeting Room C

**Time:** 9.00am to 5.00pm

**Attendees:**

Cochrane Governing Board

SMT/CET: Mark Wilson, Sarah Watson, Jo Anthony, Chris Mavergames, Chris Champion, Charlotte Pestrige, Lucie Binder, Dan Shanahan, Harriet MacLehose

**Apologies:** David Tovey, Karla Soares-Weiser

## Agenda

- 1. Aims and objectives for the day | Mark Wilson** 9.00 to 9.30am (30 mins)

  - Ensuring the Governing Board have the background information and knowledge required to make strategic decisions related to the Cochrane Library Future Publishing contract and 2019 tender process.
  - The day will focus on three main themes 1) financial sustainability, 2) open access and accessibility ambitions and 3) our product & operational strategy.
  - Capture key questions and concerns from the Governing Board to ensure these are covered during the day.
- 2. Future publishing contract aims & objectives | Mark Wilson** 9.30 to 10.00am (30 mins)

Plan to re-visit and review at the end of the day.
- 3. Request for Proposal (RFP) overview | Charlotte Pestrige** 10.00 to 10.45am (45 mins)

  - Process overview
  - Scope and key contract terms
  - Review of business & access models

MORNING BREAK 10.45 to 11.00am (15 mins)

**4. Financial sustainability | Sarah Watson** 11.00 to 12.30pm (90 mins)

- Financial resources to enable strategic delivery
- Cochrane Library performance metrics
- Opportunities and threats, short and long-term
- Other Funding and Innovations position

Time for breakout discussion groups or large group discussion  
Moving to a collective understanding of the financial sustainability objective for the Future Publishing Project

LUNCH BREAK 12.30 to 1.15pm (45 mins)

**5. Open Access & Accessibility | Harriet MacLehose & C Pestrige** 1.15 to 2.45pm (90 mins)

- Cochrane's current Open Access & Open Data policies
- Wiley's view of the market and their strategic response
- Emerging OA market and mandates - Plan S, Project DEAL
- Wiley's feedback on the Cochrane Library OA strategy

Time for breakout discussion groups or large group discussion  
Building Cochrane's OA strategy risk register  
Collective understanding of the OA and accessibility objective for the Future Publishing Project

AFTERNOON BREAK 2.45 to 3.00pm (15 mins)

**6. Product & operational considerations** 3.00 to 3.45 pm (45 mins)

Chris Mavergames & Dan Shanahan

- Cochrane Library Product strategy
- Production efficiencies
- Editorial Management System
- Emerging data sharing solutions

Time for group discussion

**7. Bringing it all together for the RfP | Mark Wilson & C Pestrige** 3.45 to 5.00pm (75 mins)

- Agree Governing Board oversight & Project Board representatives (Paper available in Convene)

- Revisiting the future publishing contract aims & objectives
- Review the RFP evaluation criteria and agree signoff process
- Identify any items for review and agreement during CGB Meeting 4 April 2019
- Questions for Wiley Governing Board meeting session on 4 April 2019

## Decision Paper

Future Publishing Project Oversight & Governance decision paper

## Background Reading

Cochrane's Open Access Roadmap, 2014

Cochrane's Open Access Strategy Paper, 2015

Cochrane's Open Research Data Landscape paper, 2016

Plan S overview paper, March 2019

Haug 2019 Plan S article, New England Journal of Medicine



DAY 2 - Thursday 4th April 2019 -  
STRATEGIC AND BUSINESS ISSUES,  
AND REPORTS



**FORMAL MEETING RESUMED**



2. Approval of the Agenda, including the papers and decisions included in the Consent Agenda



3. Approval of the Minutes of the Board's meeting in London, 19-20 January 2019  
[OPEN ACCESS SUPPORTING  
DOCUMENT [CONSENT AGENDA]





#### 4. Actions Arising from previous meeting



## 5. Matters Arising not otherwise covered by the Agenda



6. Co-Chair's Report, to include:



## 6.1. Correspondence





## 6.2. Council Report



7. Krakow Governance Meetings: de-brief on the outcomes of the meetings and sessions, and implications for the Board to consider



## 8. Publishing and Products:



## 8.1. General discussion





8.2. Joint session with representatives  
from Wiley - with Publisher's Report  
[RESTRICTED AND OPEN ACCESS  
SUPPORTING DOCUMENTS]  
[CONSENT AGENDA]



8.3. Other Cochrane Products - update  
report [RESTRICTED ACCESS  
SUPPORTING DOCUMENT] [CONSENT  
AGENDA]



9. Chief Executive Officer's Report, to include:



## 9.1. Geographic Groups, Fields and Cochrane Members: Matters to Report





9.2. Strategy to 2020 2018 Targets end of  
year report [OPEN ACCESS  
SUPPORTING DOCUMENT] [CONSENT  
AGENDA]

# Delivery of the *Strategy to 2020* in 2018:

## Targets Report

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

Trusted evidence.  
Informed decisions.  
Better health.



<b>Green (G)</b>	Good progress, with confidence that most delivery dates will be met
<b>Amber (A)</b>	Some delays that may affect overall delivery, with corrective action required - including alterations to original delivery dates
<b>Red (R)</b>	Serious concerns that current or revised delivery dates will not be met; urgent corrective action required

#### End-of-year status for Target deliverables

✓	Complete
→	Ongoing/extended
X	Abandoned

#### Abbreviations:

<b>Q1 – Q4</b>	Quarter 1 (January – March) Quarter 2 (April – June) Quarter 3 (July-September) Q4 (October-December)
<b>CET</b>	Central Executive Team
<b>SMT</b>	Senior Management Team

2018 was a very successful year for Cochrane in our progress towards achieving the organization's *Strategy to 2020*'s goals with record increases in the demand for and use of Cochrane evidence from our online platforms; the launching of a new [Cochrane Library](#) platform that allows new features to be offered to subscribers and users in future; the completion of a new [editorial Content Strategy](#) establishing Cochrane's future evidence production developments; and a massive increase of 20,000 new members and supporters joining our worldwide community. All five of the *Strategy to 2020* Targets for 2018 were partly or completely delivered, as set out below.

#### More resources on 2018 performance:

- [Strategy to 2020 on Cochrane Community](#)
- 2018 Trustees Report & Financial Statements (link to follow)
- 2018 End of Year Dashboard (link to follow)
- [Definitions of Success](#)

#### 2018 Targets End of Year Status Summary:

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

## 1. Form eight new Cochrane Review Group Networks, and begin implementation of Network plans and improved ways of working together

<b>Target Outcomes</b>	<p>2018 was the first year of implementation of the <a href="#">CRG Transformation Programme</a>. The Programme's Implementation Plan has a detailed list of targets covering the initial formation of the new Networks, establishment of Network and CRG plans, and improved and more integrated ways of working. The main goal of this plan during 2018 was to establish the structural changes within each Network of CRGs to:</p> <ul style="list-style-type: none"> <li>• Achieve better governance and accountability;</li> <li>• Improve the review production process, including quality, relevance and timeliness of Cochrane Reviews.</li> </ul>		
<b>Indicators of Success</b>	<ul style="list-style-type: none"> <li>• Eight new CRG Networks are formed, and targets from the Implementation Plan are delivered on time, including the signature of Collaboration Agreements with all CRGs and the delivery of strategic plans for the Networks.</li> <li>• The new Editorial Board is in place, functioning as a team, and providing strong leadership to the Networks.</li> </ul>		
<b>Deliverables by CET</b>	<p>A detailed list of deliverables is published in the Implementation Plan. The principal deliverables will be:</p> <ol style="list-style-type: none"> <li>1. Senior &amp; Associate Editors of the eight Networks are appointed.</li> <li>2. Editorial policies related to sustainable review production have been published and are being implemented.</li> <li>3. The Editorial Board has been established and begun meetings.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Jan 2018</li> <li>2. Oct 2018</li> <li>3. Year end 2018 and ongoing</li> </ol>	<b>End-of-Year:</b> <ol style="list-style-type: none"> <li>1. ✓</li> <li>2. →</li> <li>3. ✓</li> </ol>
<b>Deliverables by Cochrane Groups and Networks</b>	<ol style="list-style-type: none"> <li>1. All CRGs have completed the re-application process and signed Collaboration Agreements with the Central Executive.</li> <li>2. The Networks have published strategic plans.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Year end 2018</li> <li>2. Apr 2018</li> </ol>	<b>End-of-Year:</b> <ol style="list-style-type: none"> <li>1. →</li> <li>2. ✓</li> </ol>
<b>Estimated start date for work</b>	October 2017		
<b>End-of-Year update</b>	<b>Deliverables for CET:</b> <ol style="list-style-type: none"> <li>1. Two Senior Editors were appointed in January 2018 and six more (including three interim appointments) were appointed</li> </ol>		

	<p>at end of April 2018. All Associate Editors have been appointed and allocated to Networks. The setting up of the Networks was successful. The merging of review groups posed unanticipated challenges and therefore required more work to complete than had been expected. Webinars regarding new editorial policies related to sustainable review production have been run (e.g., 'peer review policy' webinar (April 2018)).</p> <p>2. Peer review and rejection policies: both currently being implemented. Conflict of interest and update policies: estimated delivery date Dec 2019.</p> <p>3. The Editorial Board has been established and meets every three months.</p> <p><b>Deliverables by Cochrane Groups and Networks:</b></p> <p>1. Re-application process and Consultancy Agreements: Revised estimated delivery date: Complete by 2020</p> <ol style="list-style-type: none"> <li>Forty-five of the fifty-two CRGs have signed Collaboration Agreements with the Central Executive. The priority setting of CRGs in collaboration with the KT Department, one of the three pillars of the re-application process will take longer than initially projected hence the revised delivery date. We will combine the re-accreditation process with performance metrics for CRGs.</li> <li>All have been published.</li> </ol>
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## 2. Complete the new standardized technology workflow for Cochrane Review production

<b>Target Outcomes</b>	As part of <i>Strategy to 2020</i> , Cochrane has invested significant resources in developing new technology to make <a href="#">data management</a> and <a href="#">Cochrane Review production</a> processes more efficient. In 2018, Cochrane will aim to complete technical developments to link these tools together so that they can become the default way of working for review author teams.
<b>Indicators of Success</b>	<ul style="list-style-type: none"> <li>A fully integrated technology workflow process for Cochrane intervention reviews is established.</li> <li>All new intervention reviews are using RevMan Web by the end 2018.</li> <li>90% of new intervention reviews started in December 2018 or later use RevMan Web, Covidence or EPPI-Reviewer, CRS Web, and GradePro in the production process.</li> </ul>

<b>Deliverables by CET</b>	<ol style="list-style-type: none"> <li>1. CRS Web and Covidence are integrated so that search results can be provided to authors directly in the Covidence tool as the default.</li> <li>2. Covidence and RevMan Web are integrated and support review updating via effective integration of the two tools.</li> <li>3. Guidance is published on how to use machine automation in the study identification process.</li> <li>4. GradePro/Magic and Revman Web integration is in place, replacing the import/export routine currently used and to support the creation of summary of findings tables in reviews.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Apr 2018</li> <li>2. Sep 2018</li> <li>3. Dec 2018</li> <li>4. Dec 2018</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>1. →</li> <li>2. →</li> <li>3. ✓</li> <li>4. →</li> </ol>	
<b>Deliverables by Cochrane Groups and Networks</b>	<ol style="list-style-type: none"> <li>1. All review author teams beginning intervention reviews use RevMan Web.</li> <li>2. MEs and CRG support staff can handle RevMan Web support for authors.</li> <li>3. Cochrane Information Specialists are trained and able to deliver search results via the new integration between CRS Web and Covidence and are following the new guidance on use of machine automation in study identification.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Dec 2018</li> <li>2. Dec 2018</li> <li>3. Dec 2018</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>1. →</li> <li>2. ✓</li> <li>3. ✓</li> </ol>	
<b>Estimated start date for work</b>	January 2018			
<b>End-of-Year update</b>	<p><b>Deliverables by CET:</b></p> <ol style="list-style-type: none"> <li>1. Now aiming for a March 2019 completion.</li> <li>2. Re-scheduled to be completed by October 2019 to accommodate delays from Covidence development team and to align with new data structures work in RevMan Web to support Risk of Bias 2 and other content strategy priorities.</li> <li>3. Guidance has been approved and has been published.</li> <li>4. MAGIC integration is on track to be delivered in May 2019. We are awaiting confirmation from GradePro on when they can complete their work. The RevMan side of integration work is done for all partners, we are delayed by partner capacity to deliver their side of the work.</li> </ol> <p><b>Deliverables by Groups and Networks:</b></p> <ol style="list-style-type: none"> <li>1. Most Groups have now started using RevMan Web. However, rollout has been delayed by a lack of key features to support Managing Editors and Copy-Editing workflows, which the CET Is working on now.</li> <li>2. This is proceeding.</li> <li>3. This has been completed.</li> </ol>			

### 3. Agree Cochrane's future priority review types, methods and data sources through the development of a 'content strategy', and begin associated implementation activities

<b>Target Outcomes</b>	Cochrane will aim to establish a new 'content strategy' that will define the review types, data sources and review methodologies that will be prioritized for implementation over the next decade – and provide clarity on what will be de-prioritized for further development. The overall aim is to keep Cochrane content high-quality and relevant and implement innovations more quickly.		
<b>Indicators of Success</b>	<ul style="list-style-type: none"> <li>A 'content strategy' is delivered to the Governing Board for approval that defines the priority review types, methods and data sources that Cochrane should invest its resources in developing and delivering over the next decade.</li> <li>Implementation of the approved recommendations begins in 2018, and new prioritized content-types start development.</li> </ul>		
<b>Deliverables by CET</b>	<ol style="list-style-type: none"> <li>A content strategy is delivered to, and approved by, the Governing Board. This strategy will be regularly updated.</li> <li>The CET, Editorial Board, methods community and CRG Networks establish a process for scheduling and enabling development of approved new priority review types, methods and use of data sources.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>Mar 2018</li> <li>Sep 2018 onwards</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>✓</li> <li>✓</li> </ol>
<b>Deliverables by Cochrane Groups and Networks</b>	<ol style="list-style-type: none"> <li>The CET, Editorial Board, methods community and CRG Networks establish a process for scheduling and enabling development of approved new priority review types, methods and use of data sources.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>Sep 2018 onwards</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>✓</li> </ol>
<b>Estimated start date for work</b>	October 2017		
<b>End-of-Year update</b>	<b>Deliverables by CET:</b> <ol style="list-style-type: none"> <li>Delivered <ul style="list-style-type: none"> <li>Content strategy was signed off by the Governing Board in March 2018.</li> </ul> </li> <li>On track and in-progress: <ul style="list-style-type: none"> <li>A Network Meta-analysis (NMA) learning module has been published. Expected completion: year-end 2019. New Cochrane Handbook chapter on meta-analysis is available in draft form for Cochrane users, to be published late summer 2019. Priorities for 2019 include agreeing methodological standards, development and finalization of Cochrane endorsed NMA tool, and expert network capacity building for peer reviewers, authors and advisors.</li> </ul> </li> </ol>		

- Work on 'prognosis methods' – an area of focus specified in the content strategy – is underway (funded by Strategic Methods Fund grant). Key considerations include learning options to be delivered in 2019/2020 (in-person and virtual). 20 exemplars have now been initiated across different CRGs.
- The Rapid Reviews Methods Group have a programme of work underway that's in two phases; firstly, to define terms, and determine the desirability and feasibility for Cochrane to move forwards in respect of Rapid Reviews, and secondly to move forwards with implementation of Rapid Reviews if appropriate. They had hoped these would be completed by March 2019 for an in-person consultation in Krakow but require an extension until June 2019 for the projects. If the decision is to go forward with rapid reviews, the Group hope to submit a proposal for the Governing Board to consider at the Cochrane Colloquium.
- The Equity Methods Group is developing equity training with the Membership, Learning and Support Services (MLSS) team.
- The Editorial and Methods Department (CET) will host a full-day consultation meeting in London on 16 May 2019 to discuss the feasibility of using Clinical Study Reports as the main data source in drug intervention reviews, with key stakeholders.
- Implementation of Risk of Bias 2 is underway but has a large amount of dependencies on different groups, systems and platforms. A detailed implementation plan has been developed. Training events confirmed for 2019 at Governance meeting (April), Methods Training event (July). Risk of Bias 2 incorporated in to RevMan Web. Cochrane Handbook, MECIR and relevant training (inc. Cochrane Interactive Learning) updated. A cross-CET Technology Advisory Group will be established to facilitate methods implementation. Work is underway to revise the standard data collection forms. Plan include establishing how new Risk of Bias templates can transfer over to existing web-based review production systems. The MLSS team will run virtual training and update SATMs and the Bias Methods Group is currently exploring opportunities to provide further training on Risk of Bias 2 at the 2019 Cochrane Colloquium. Our 2019 plans include to pilot and support Risk of Bias 2 in at least three reviews which could be used as exemplars. We also plan to send CRGs and Network Senior Editors a survey requesting feedback on Handbook implementation plans, which will include Risk of Bias 2 so we can prioritize what they think will be most useful.
- The Living Systematic Reviews pilot evaluation is being finalized and the team aim to support Living Systematic Reviews across all Networks within the next 12 months.

**Deliverables by Groups and Networks:**

See above.



## 4. Deliver more features and enhancements of the Cochrane Library after its re-launch

<b>Target Outcomes</b>	<p>Cochrane is currently working with Wiley, our publisher, and Highwire, a third-party technology provider, to build and deliver an <a href="#">enhanced Cochrane Library</a> with greater functionality that makes it easier for users to discover and use Cochrane content in their decision-making. A key rationale for this project is a more flexible technology platform that makes it easier and quicker to deliver new features and enhancements.</p> <p>Following launch of the Enhanced Cochrane Library, the Central Executive Team will implement a new product management and development process that evaluates new features in a variety of ways, including by their potential value to users, their ability to generate new or protect existing income from sales of the Cochrane Library; and their strategic fit with <i>Strategy to 2020</i>. In 2018 this is likely to include PICO-based search, a new Methods Journal, and display updates for Cochrane Reviews. Cochrane aims to continue to deliver features and enhancements on a regular basis throughout the year, and on an ongoing basis.</p>		
<b>Indicators of Success</b>	<ul style="list-style-type: none"> <li>Regular releases of new features and enhancements throughout 2018. Prioritization will consider both, importance to end-users and the priorities set out in <i>Strategy to 2020</i>.</li> </ul>		
<b>Deliverables by CET and third parties</b>	<ol style="list-style-type: none"> <li>A product management and development process is in place based around regular releases of new features and enhancements that are prioritized by their importance to end-users and are consistent with the priorities in <i>Strategy to 2020</i>.</li> <li>Regular releases of new features and enhancements, including in 2018 PICO- based search, development of a new Methods Journal, and display updatesfor Cochrane Reviews.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>Mar 2018</li> <li>Ongoing throughout 2018</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>✓</li> <li>→</li> </ol>
<b>Deliverables by Cochrane Groups and Networks</b>	<ol style="list-style-type: none"> <li>Cochrane Groups continue to deliver high quality CochraneReviews.</li> <li>Committees such as the new Editorial Board contribute to the identificationof new features and enhancements.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing throughout 2018</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>→</li> <li>→</li> </ol>
<b>Estimated start date for work</b>	Following launch of the Enhanced Cochrane Library.		

<b>End-of-Year update</b>	<ol style="list-style-type: none"> <li>1. The Enhanced Cochrane Library was successfully launched in August 2018 with the regular release of new features and enhancements now a key target for 2019.</li> <li>2. The new roadmap development process has been implemented and running since December 2018 following recruitment of the new Product Team</li> <li>3. We now have the platform capability and a roadmap development process to make it easier and quicker to deliver new features and enhancements on the Cochrane Library</li> </ol>
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## 5. Build capacity and engagement in Knowledge Translation (KT) activities across the organization

<b>Target Outcomes</b>	<p>The <a href="#">Knowledge Translation (KT) framework and implementation plan</a> (both approved by the Governing Board in 2017), outline the scope of KT in Cochrane, guide the work on investments needed, and indicate the role each type of Cochrane Group can play in KT. Cochrane undertakes KT activities in order to ensure its reviews are relevant to stakeholders, and are presented in a format that facilitates the use of evidence in decision-making.</p> <p>This first year of implementation will focus on:</p> <ul style="list-style-type: none"> <li>• Growing engagement of the Cochrane community in KT, by implementing a dispersed leadership strategy, engaging existing and emerging KT leaders and champions in driving KT implementation across the organization.</li> <li>• Aligning KT implementation with CRG Transformation Programme ensuring KT supports CRG transformation; for example, through guidance on prioritization approaches and processes.</li> <li>• Strengthening KT learning and capacity building across the organization.</li> </ul>
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<b>Indicators of Success</b>	<ul style="list-style-type: none"> <li>• Growing engagement of the Cochrane community in KT, demonstrated by: <ul style="list-style-type: none"> <li>○ Number of people actively engaged in the KT working groups and in the activities implemented by these groups.</li> <li>○ Use of the KT community webpages.</li> <li>○ Number of people participating in KT training offered.</li> </ul> </li> <li>• More effective review prioritization processes and an increase in the number of groups undertaking prioritization exercises.</li> <li>• More efficient use of resources and sharing of KT best practices and learning across all Cochrane Groups and across languages.</li> <li>• KT products, processes and outputs consider translation activities from start to help us become a truly multi-lingual organization.</li> </ul>		
<b>Deliverables by CET</b>	<ol style="list-style-type: none"> <li>1. A fully functioning governance structure – KT Advisory Group Board; all nine KT working groups delivered defined work plans.</li> <li>2. Priority setting, and strategic partnership guidance and approaches completed and being implemented by Cochrane Groups</li> <li>3. Documented existing expertise and experience, identified examples of excellence, facilitated shared learning among other through a freely available set on online learning resources and portal launched in September 2018.</li> <li>4. Completion of KT Dissemination Products survey and products selected for scale-up and implementation.</li> <li>5. A programme of training and support for Groups aligned with the KT Strategy planned and begun, including a mentoring programme.</li> <li>6. A systematic planning and scoping procedure has been implemented that ensures that language translation is considered at the start of KT product and process development.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Feb 2018</li> <li>2. Sep 2018</li> <li>3. Sep 2018</li> <li>4. Jul 2018</li> <li>5. Sep 2018</li> <li>6. Oct 2018</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>1. ✓</li> <li>2. ✓</li> <li>3. ✓</li> <li>4. ✓</li> <li>5. ✓</li> <li>6. ✓</li> </ol>
<b>Deliverables by Cochrane Groups and Networks</b>	<ol style="list-style-type: none"> <li>7. Contribute and share expertise, experience, and examples of excellence in KT, including in training for KT.</li> </ol>	<b>Est. delivery dates:</b> <ol style="list-style-type: none"> <li>1. Jun 2018 - onwards</li> </ol>	<b>End-of-Year update:</b> <ol style="list-style-type: none"> <li>1. ✓</li> </ol>
<b>Estimated start date for work</b>	January 2018		
<b>End-of-Year update</b>	<b>Deliverables by CET:</b> <ul style="list-style-type: none"> <li>• Priority Setting: Guidance note published; workshop and 3 webinars held.</li> <li>• Products: Product survey completed.</li> <li>• Products: Infographics pilot starting.</li> <li>• Products: Principles of Dissemination request for proposal advertised in community. Delivery due in Q3 2019.</li> </ul>		

	<ul style="list-style-type: none"><li>• Growing Capacity in users: 30 examples identified from across Cochrane, 10 written up as full case studies and launched to community in September 2018.</li><li>• Growing Capacity in users: Training for people within Cochrane working with policy-makers planned for April 2019.</li><li>• Partnerships: Guidance note published, and five community case studies written up.</li><li>• Internal Capacity: KT learning resources website launched.</li><li>• Internal Capacity: Introductory on-line learning module in progress.</li><li>• Common Language: Draft glossary produced.</li></ul> <p>Year 2 of Cochrane’s implementation plan continues in 2019 with increased engagement across the organization.</p> <p><b>Deliverables by Groups and Networks:</b></p> <ol style="list-style-type: none"><li>1. Completed</li></ol>
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9.3. Partnerships Update [OPEN  
ACCESS SUPPORTING DOCUMENT]  
[CONSENT AGENDA]



Update on partnerships

**Document prepared by:** Sylvia de Haan and Emma Thompson, CEOO

**Purpose of paper:** For information. To provide a status update on Cochrane’s external partnerships for Q 4, 2018 and Q1 2019

**Access:** Open access



Cochrane's work with external partners is guided by the [Cochrane Partnership Policy](#), and the [Guidance for Partnership Development](#). A [dedicated space on the community website](#) has been developed to keep the Cochrane community informed about the key external partnerships that Cochrane is engaged in. [Updates \(including those to Cochrane's Governing Board\)](#) on external partnerships are also available on the community site.

This report provides a status update on Cochrane's external partnerships for Q4, 2018 and Q1, 2019. A detailed overview per partner is set out below, also specifying the plans for the next two quarters. The main developments to note are:

- The Knowledge Translation Working Group on Strategic Partnerships developed a [guidance document](#) to support partnership development by Cochrane groups. The guidance document, case studies and related resources are available from the [KT partnership pages on the community website](#). This resource will be expanded further, and webinars around partnership development are expected to be developed in 2019 as well.
- The WHO has approved Cochrane's report of the activities from 2016 to 2018, as well as a plan of work for 2019-2021. Cochrane's status as NGO in official relation with WHO has therefore been renewed for three years until the end of 2021. In addition, a [WHO blog series](#) was started in 2019 to illustrate the wide range of interactions and collaboration the Cochrane community has with WHO.
- During the Edinburgh Colloquium, several (Special) Sessions were organised with key partners, including Choosing Wisely, WHO, Guidelines International Network, Patient-Centered Outcomes Research Institute (PCORI) and Wikipedia. Some of these partnerships have been captured in the following [video](#).
- A new [Cochrane-Wikipedia project page](#) has been set-up to facilitate sharing of evidence on Wikipedia.

**Annex – Update on Key Strategic Partnerships:**

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
3	Wikipedia <a href="https://en.wikipedia.org/wiki/Wikipedia:WikiProject_Medicine/Cochrane">https://en.wikipedia.org/wiki/Wikipedia:WikiProject_Medicine/Cochrane</a>	Work towards developing sustainable strategies for our collaboration with Wikipedia	There is no formal MoU currently in place	<p>Successfully launched an improved project page that includes the following:</p> <ul style="list-style-type: none"> <li>-An improved “how to” section that gives step by step instructions on how to edit Wikipedia and participate in the initiative</li> <li>-A section that organizes all the Cochrane Reviews that are not yet on Wikipedia organised by CRG Network. This also includes the present progress of the CRG Networks</li> <li>-A list of Cochrane Reviews that are already used in Wikipedia articles</li> </ul> <p>A Special Session and a Workshop were held at the Edinburgh Colloquium.</p> <p>Set up a Capstone project with the Data Science Institute of the University of Virginia. The project aims to develop an article recommendation tool for Cochrane articles in Wikipedia, and would seek to match medical Wikipedia articles with suggestions of publication from Cochrane which match the subject matter content. This work is currently done manually, and automation would facilitate adding Cochrane evidence to Wikipedia.</p> <p>Ongoing work with numerous Cochrane Groups who are establishing and</p>	<p>Continue support to Cochrane Groups asking for training and guidance on Wikipedia editing, using the new project page (with useful resources) to facilitate this work.</p> <p>Continue the Capstone project.</p> <p>Propose training sessions for the Chile Colloquium.</p> <p>Maintain regular communication and collaborative relationship with WikiProjet Medicine as we work together to improve Wikipedia articles</p> <p>Participate and contribute to Wikipedia events held by members of the Cochrane community.</p>



Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
				improving their strategies to share Cochrane evidence in Wikipedia articles	
1,2,3,4	WHO ( <a href="http://www.who.int">www.who.int</a> )	Implement plan of work 2019 – 2021.	Partnership was reported on in June 2018. Received approval from WHO for new plan of work in Feb 2019.	<p>Our plan of work for 2019 – 2021 was approved and our status as an “NGO in formal relations with WHO” was renewed for three years. Our plan of work for the next three years focuses on supporting the WHO’s normative guidance work through providing, in a timely manner, evidence syntheses on topics of relevance to WHO that will help inform guidelines, the essential medicines list, as well as other technical guidance.</p> <ul style="list-style-type: none"> <li>• Advancing methods for normative work; and</li> <li>• Providing training support in interpreting evidence syntheses.</li> <li>• In addition, emphasis is given to activities that facilitate use of evidence in policy making at country, regional and global levels.</li> </ul>	<p>Ongoing follow up on all items in the joint plan of work.</p> <p>Plan attendance to the World Health Assembly in May 2019, including meetings with various WHO staff to build relations and monitor implementation of plan of work.</p> <p>Working on a <a href="#">WHO blog series</a> to illustrate the wide range of interactions and collaboration the Cochrane community has with WHO, and to encourage people to share their experiences.</p>
2,3	Global Evidence Synthesis Initiative (GESI) <a href="http://www.gesiinitiative.com">www.gesiinitiative.com</a>	GESI seeks to develop the production capacity and use of synthesized evidence in low- and middle-income countries.	Implementation phase	Decided to extend the contract with GESI, on the basis of a no-cost extension, by one year until June 2020. This extension provides more time to find resources to sustain the GESI network beyond this pilot/start-up phase.	<p>One of the main activities of GESI is the training they provide for their network members. Cochrane Training is supporting the delivery of some of the online training (webinars) provided.</p> <p>Regular meetings with the GESI governance group will continue and will focus on strategies for sustaining the work of the network.</p>

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
2	Epistemonikos ( <a href="http://www.epistemonikos.org">http://www.epistemonikos.org</a> )	Continue to develop Cochrane's relationship with the Epistemonikos.	Implementation of current MoU	The incorporation of the Epistemonikos database within the new federated search feature on the new Cochrane Library platform was successfully accomplished with the launch of the new platform in August 2018.	<p>We are exploring with Epistemonikos further development of the feature as we expand the federated search of external databases, such as Epistemonikos, on the Cochrane Library. This will require standardisation across all our partners to ensure the best experience and service for our users.</p> <p>A meeting has been scheduled for September 2019 to discuss furthering our partnership and what this would look like.</p>
2	G-I-N <a href="http://www.g-i-n.net">www.g-i-n.net</a>	To build stronger connections between G-I-N members and Cochrane; and promote the use of Cochrane evidence in guidelines worldwide.	Renewed MoU signed in February 2019	Held a meeting in Edinburgh with key people from both organizations to strategize re how a continued partnership can support the organizations reach its respective aims. This discussion informed the renewal process of the MoU, and a new MoU was signed in February 2019.	Focus on communication and advocacy – highlighting examples of joint work between guideline developers and systematic reviewers.
3	Campbell G-I-N Joanna Briggs	Co-host the 2 <sup>nd</sup> Global Evidence Summit in 2021.	Planning phase	GES 2 organizing partners confirmed. <a href="#">Call for hosting GES 2 was issued – closing date 31 May.</a> Monthly meetings with Organising Committee set up.	The Global Organizing Committee is exploring additional 'programme' partners and supporters – a working matrix is being set-up based on key elements i.e. themes, sector and our key target audiences. Completing assessments of GES 2 potential hosts and announcing the successful bid.
3	The International Network for Public Involvement and Engagement in	Develop collaboration with existing consumer groups; and create an international network.	Developing and setting up the network	<ul style="list-style-type: none"> <li>Mission, Vision and Objectives, Communications Strategy agreed</li> <li>200 organisations globally have signed up for membership</li> <li>First symposium and Special Session held at Cochrane's Colloquium, September 2018</li> </ul>	<ul style="list-style-type: none"> <li>Business Plan currently being drafted.</li> <li>Website, social media offer and webinar programme under development.</li> </ul>

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
	Health and Social Care Research			<ul style="list-style-type: none"> <li>Workshop on International Network Workshop held at International Measurement Conference, November 2018</li> </ul>	
1,2,3	GRADE ( <a href="http://www.gradeworkinggroup.org">http://www.gradeworkinggroup.org</a> )	To deliver the MoU as well as a licensing agreement for software use.	Renewing the MoU	<ul style="list-style-type: none"> <li>GRADEpro GDT / Archie integration is implemented to enable better user experience for creating Summary of Findings Tables.</li> <li>Approach for GRADEpro GDT integration with RevMan Web has been agreed, and the same approach has been adopted for MAGICapp integration.</li> <li>Discussions with GRADE on the renewal of the MoU and the activities to focus on in the next three years.</li> </ul>	<p>Finalising and signing the MoU</p> <p>Agree timeline for GRADEpro GDT integration with RevMan Web.</p> <p>Ongoing discussion between Cochrane Innovations and Evidence Prime on integration of Cochrane's Linked Data work.</p>
2	MAGIC ( <a href="http://magicproject.org">http://magicproject.org</a> )	To explore strategic partnership opportunities for review production and guideline tools.	Implementation	<p>Special session at the Cochrane Colloquium in Edinburgh on the evidence eco-system.</p> <p>Several sessions at G-I-N and Colloquium, also including reflection on MAGIC-Cochrane partnership.</p> <p>Continued pilot projects are informing work towards integrating MAGICapp as a tool for Cochrane authors.</p> <p>Continued work on joint funding applications.</p>	<p>Ensure linkage between the HTA report prototype project with Norwegian Institute of Public Health, and Cochrane's work on new review formats.</p> <p>Completing work on MAGIC App for Cochrane SoF integration work.</p> <p>Ongoing discussion on the integration of Cochrane's PICO vocabulary and onotology work.</p> <p>Review opportunities associated with Interactive Summary of Findings tables.</p>

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
3	REWARD ( <a href="http://research.waste.net">http://research.waste.net</a> )	Continue to develop Cochrane's relationship with the REWARD alliance.	Implementation	The Cochrane REWARD prize call for 2018 received 15 nominations, and the winners were announced during the 2018 Cochrane Colloquium.  Call for 2019 prize has been issued.	Communication about 2017 and 2018 applications and winners – thus increasing Cochrane's visibility in the area of reducing research waste.  Initiate discussion with EQUATOR on joint work for reducing research waste.
3	Joanna Briggs Institute ( <a href="http://joannabriggs.org">http://joannabriggs.org</a> )	Exploring opportunities for scientific and methodological research, as well as sharing of data for the efficiency of evidence synthesis processes, and joint representation at major healthcare events.	MoU being re-developed	JBI is conducting an assessment of evidence eco-system and the various organisations contributing to this. This assessment will help inform the new MoU.	Waiting for JBI to finalise and share this mapping work. Rediscussing renewal of the MoU afterwards.
1,3	The Campbell Collaboration ( <a href="https://campbellcollaboration.org/">https://campbellcollaboration.org/</a> )	Continue to develop Cochrane's relationship with the Campbell Collaboration.	Implementation phase of the MoU	Held discussions within the Partnership Advisory Group (PAG) about challenges on co-registration of titles, an issue that was brought forward by the Cochrane Editorial Board.	Notes from PAG meeting to be shared with Editorial Board and take decision regarding co-registration.  Exploring the development of a shared advocacy platform and common advocacy initiatives as both organizations look to raise their profile and promote evidence-informed decision making.  Deliver other activities as agreed in the MoU.

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
2,3	<a href="#">VIVLI</a>	VIVLI and Cochrane aim to promote, coordinate, and facilitate clinical research data sharing through the creation and implementation of a sustainable global data-sharing enterprise	Commercial license in place. PICO metadata between VIVLI and Cochrane and Cochrane PICO ontology and vocabulary are being used to enhance the discoverability of clinical trials.	Continued to work with Vivli to enhance the Cochrane PICO services.	Continue to work with Vivli to enhance the Cochrane PICO services and support the promotion and use of the new clinical trials data sharing platform.  Working together on a PICO curation research project to develop and test AI and machine learning curation solution.
2,3	<a href="#">Choosing Wisely</a>	‘Choosing Wisely’ is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.	No formal MoU in place	Organized a joint Special Session at the Edinburgh Colloquium, which will facilitate further discussion between the Cochrane community and ‘Choosing Wisely’.  In addition, Cochrane participated in the the international ‘Choosing Wisely’ meeting held in October in Zurich, Switzerland, which allowed for further discussion with the international ‘Choosing Wisely’ community.	Exploring writing up stories of collaboration in-country between Cochrane geographich groups and local Choosing Wisely campaigns – as a way to highlight the potential of working in partnership with Choosing Wisely national campaigns.
3	<a href="#">Health Systems Evidence</a> (HSE) and <a href="#">Social</a>	Exploring partnering to offer users the opportunity to	Planning phase	Discussions are progressing regarding integrating HSE and SSE within CLIB Federated Search feature. An initial proposal has been sent for discussion.	Once the proposal has been agreed between both parties, an implementation plan will be put together combined with estimates for the necessary development work and a timeline for delivery.

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2018 and Q 1 2019	Q2 and 3, 2019 plans
	<a href="#">Systems Evidence</a> (SSE)	search HSE and SSE from within CLIB's Federated Search feature.		There are also discussions ongoing about linking to the HSE 1-sider for policy makers through the Related Content functionality on relevant Cochrane reviews.	This proposal will form part of a broader discussion regarding federated search for external databases to ensure good user experience and service for our users.

## 9.4. Forthcoming Colloquia and Governance Meetings - Update Report





10. Editor in Chief's Report, to include:



## 10.1. CRG Networks and Methods

### Groups: Matters to Report



10.2. Editorial Report [OPEN ACCESS  
SUPPORTING DOCUMENT] [CONSENT  
AGENDA]

## EMD Project Status Update – Current Projects

The following tables represent a snapshot of the main projects being delivered by the Editorial and Methods Department. We have divided the projects by those units that are responsible for managing them.

### Editor in Chief's Unit

Project name	Description	Progress	Plans	Problems
<b>Conflict of Interest (COI) Policy Revision</b>	Revise COI policy to improve clarity, include non-financial aspect and develop training & implementation plan.	Completed initial stage of information gathering – 16 interviews, 970 survey responses, and literature review of other organisations' COI policies, and published literature research.	Review and analysis of data to create 3 summary reports that will feed into recommendation paper and revised COI policy draft for GB approval.	We received an unexpectedly large amount of qualitative feedback in the survey (1,500 unique responses), that need to be reviewed. We are looking to bring in some additional resource to carry out thematic analysis.
<b>Content Strategy: Clinical Study Reports</b>	Hold a consultation meeting to discuss the feasibility of using Clinical Study Report as the main source of data in Cochrane drug intervention reviews. If it is confirmed as feasible, three exemplar reviews should be initiated before the end of 2019.	Core planning group identified; meeting delegates invited; venue for meeting confirmed.	Finalise agenda and speakers. If deemed feasible, an implementation plan will be developed to support the initiation of at least three exemplar reviews.	None at this point.
<b>Content Strategy: Living Reviews</b>	Create an infrastructure to support living systematic reviews across all Networks.	Evaluation of pilot LSRs finalised, manuscript for publication in preparation; webinar on LNMA on March 21; Living Evidence Network approaching 250 members.	Release revised guidance for Cochrane LSRs; support LSRs in all networks; webinars on tech enablers and publication processes; manuscripts on key elements of LSR methods.	Many Cochrane teams are considering LSRs and we aren't always aware of new LSRs, so can't support as effectively as we would like. Aiming to address this in the first instance by building connections with MEs to ensure they know how to get support.

<b>Content Strategy: Network Meta-Analysis</b>	Develop standards and scaling up of Network Meta-analysis (NMA).	Project proposal and funding request being prepared by external researchers. Handbook chapters and new CIL module launched.	Agree methodological expectation; develop a network of NMA experts to support CRGs in NMA; develop NMA tools and confirm which should get endorsement by Cochrane; update SATMs; special session or workshop at the 2019 Colloquium; involvement in study centric data project.	None at this point as waiting on project proposal.
<b>Content Strategy: Prognosis Reviews</b>	Publication of at least six Prognosis Review exemplars that are used to develop a streamlined process for CRGs to engage with the Prognosis Review Group during the conduct of a prognosis review, and ensure editors and authors have the necessary guidance and support to design, conduct, report and assess prognosis review.	Templates for registering a title, writing a protocol and the full review available; variety of tools and guidance are available (RoB, reporting, etc.); 21 reviews across different CRGs initiated or completed; network of prognosis review experts developed to support CRGs as authors, peer reviewers and advisors; GRADE guidance for the different prognosis review types is defined or underway.	Agree methodological standards for prognosis reviews; explore face to face training options, as well as virtual e-learning options; prognosis Handbook proposal is under development; prognosis Methods Group have submitted a special session proposal for the Colloquium; confirm how Prognosis Reviews will be supported in RevMan Web.	
<b>Content Strategy: Rapid Reviews</b>	Define a Cochrane Rapid Review, conduct methods research on vital points concerning the validity of rapid reviews, and determine the utility of rapid reviews in Cochrane.	Identified existing definitions & abbreviated methods for rapid reviews; catalogued rapid	Develop a consensus-based (interim) definition of RR specific for Cochrane; determine the impact of key	Project delays mean an in-person consultation meeting will not be possible in Krakow, group is considering feasibility for Jul 2019 instead.

		reviews methods research and prioritized two areas for research projects to fill knowledge gaps before a Cochrane decision is made.	abbreviations throughout the review process and summary of rapid review shortcuts to determine which can and can't be used; assess the strengths and weaknesses of adopting RRs across Cochrane; compile a broader list of individuals from key Cochrane entities as part of a consultation phase; identify barriers and facilitators to implementation of Cochrane rapid reviews; put together a proposal for the Governing Board to consider rapid reviews in Cochrane for 2019 Colloquium, if applicable.	
<b>Content Strategy: Risk of Bias 2</b>	To support implementation Risk of Bias 2 (RoB 2) in all new Cochrane intervention Reviews that include randomized controlled trials initiated from 1 January 2020.	Implementation plan nearly finalised and several elements are already progressing: training events confirmed for 2019 at Governance meeting (April), Methods Training event (July). RoB 2 incorporated in to RevMan Web. Cochrane Handbook, MECIR and relevant training (inc. CIL) updated.	Finalise implementation plan & rollout plans of new tool in Editorial Board Meeting at 2019 Governance Meeting; Cross-CET Technology Advisory Group to be established; revision of standard data collection forms; establish how new RoB templates can transfer over to existing web-based review production systems;	Uncertainty over presentation of RoB 2 tables in Cochrane Library; dependency on development and uptake of RevMan Web; uncertainty about data formats and migration between systems and what/when the platforms could be updated (Covidence, EPPI-Reviewer, GRADEPro); creating a streamlined process between systems and for authors is heavily reliant on the new study centric data structure project.



			MLSS to run virtual training and update SATMs; team is exploring opportunities to provide more training at the Cochrane Colloquium; we plan to support a pilot in three exemplars; plans to send to CRGs and Network Senior Editors a survey requesting feedback on Handbook implementation plans, which will include RoB 2.	
<b>Editorial &amp; Methods Dept (EMD) Communications Plan</b>	Develop and implement an CET cross-team and external stakeholder communication/engagement strategy.	EMD Team page updated; EMD projects page decommissioned temporarily until new content created.	Work with EMD team leads to compile project page content and plan first EMD project update session with support from KT Dept.	EMD projects page cannot be updated until all projects have been described briefly.
<b>Ibero-American Centre author mentoring project</b>	The EMD team is working with Cochrane Ibero-America to support 4 author teams by providing mentoring in their own language and linguistic and methods support.	Work is ongoing to provide author team support.	Completion and evaluation of pilot project.	None.
<b>Methodology Community Infrastructure</b>	Define the remit, roles and responsibilities of those in the methods community.	Currently defining the Methods Executive remit and how the work with the Scientific Committee and Methods Groups, incl. defining roles and responsibilities for each. Other projects include how the	Engagement, refresh and review of the Methods Groups; investigate a register of methodologists; investigate setting up Methods Networks.	

		methods community can work better with the CRGs, an individual Methods Group review, and methodologist's membership.		
<b>Methods Section of CDSR</b>	Confirm whether Cochrane will launch a platform for publishing primary methodology research.	In-depth assessment of current proposals and the development of proposals overtime; confirmed that interviews will be conducted with potential users to gain feedback on vision, position and need; interview questions and interviewee list developed.	Conduct interviews with key stakeholders and potential users – editors, authors, users, etc.; develop a robust business case, incl. detailed SWOT; decide on a methodology journal section, other platform, or no platform.	
<b>Methods Support Team</b>	Methods team established and providing support to CRG Networks	Proposal in draft form.	Finalise job descriptions for new posts & recruit.	
<b>New Handbook roll out</b>	To deliver implementation plan for version 6 of the Cochrane Handbook of interventions	Implementation plan in draft form	Text being copyedited; hard copy book in production; online only chapters being finalised; identification of way of publishing as web-based e-book; plans to send to CRGs and Network Senior Editors a survey requesting feedback on Handbook implementation plans; deliver implementation plan.	

## Editorial Publishing &amp; Policy Unit (leader: Harriet MacLehose)

Project name	Description	Progress	Plans	Problems
<b>CDSR misconduct policy</b>	<p>Cochrane is developing a new policy on what to do when authors and editors encounter misconduct in a study (whether during Cochrane Review development or after the publication of the Cochrane Review) and also what to do when there are allegations of misconduct concerning the preparation/publication of a Cochrane Review or other content published in the <i>Cochrane Database of Systematic Reviews (CDSR)</i>. The policy includes a definition of research misconduct, and the steps that Cochrane Review Groups (CRGs) and authors can take together to identify dubious studies, and how to cite these in the Cochrane Review.</p> <p>The project <b>goal</b> is to publish the new 'Investigating scientific misconduct' policy and implement across all Cochrane Review Groups and Networks.</p>	<p>The policy has been developed in consultation with a policy advisory group, including many different stakeholder roles within Cochrane, and the draft policy was discussed during two workshops at the Edinburgh Cochrane Colloquium (2018). The draft policy was circulated for consultation, with a closing date on 31 January 2018 for receipt of comments and feedback.</p>	<p>The policy will be revised in response to the feedback, before being approved by the Editor in Chief and then published in the EPPR and implemented across all Cochrane Review Groups and Networks.</p>	<p>The next steps have been delayed due to staff absence.</p>
<b>CLIB Comment Publishing</b>	<p>As part of work for the new Cochrane Library platform we developed plans to improve the submission, display, and publishing of Comments on articles in the Cochrane Database of Systematic Reviews (CDSR). The changes to submission and display were introduced for the launch of the new Cochrane Library platform in August 2018, but the publishing aspects had to be delayed until after launch. We are now implementing these changes.</p> <p>The project <b>goal</b> is to fully implement a new system for publishing Comments on CDSR articles,</p>	<p>The project had started, but, due to project dependencies and other considerations, the team is reviewing the 'how to deliver' and the project objectives are under review and will likely change, but the goal is unchanged.</p>	<p>Pending objectives review.</p>	<p>None.</p>

Project name	Description	Progress	Plans	Problems
	accompanied by a revised workflow clarifying roles and responsibilities of all stakeholders.			
<b>COPE Journal Audit</b>	<p>In November 2018, the Committee of Publication Ethics (COPE) updated the COPE Journal Audit. As COPE describes, "the COPE Journal Audit is designed to support and encourage editors to identify areas of their journal's policies and processes that may need to be revised so that they adhere to best practices in scholarly publishing" (<a href="https://publicationethics.org/news/new-cope-audit">https://publicationethics.org/news/new-cope-audit</a>; accessed 25 February 2019). COPE recommends using the audit to "to formulate your journal's own internal guidelines and codes of practice, as well as to ensure you have robust and well-described, publicly documented processes and procedures" (<a href="https://publicationethics.org/news/new-cope-audit">https://publicationethics.org/news/new-cope-audit</a>; accessed 25 February 2019).</p> <p>The project <b>goal</b> is to identify areas of <i>Cochrane Database of Systematic Reviews (CDSR)</i> policies and processes that may need to be revised to adhere to best practices in scholarly publishing, as set out in the COPE Journal Audit.</p>	The COPE Journal Audit is completed and the report, including prioritized next steps, has been drafted for the March 2019 Editorial Board meeting.	To discuss the report with the Editorial Board and agree next steps.	None.
<b>Editorial Management System Project (EMS)</b>	Cochrane uses several editorial management systems and processes to manage its content. The primary system used for Cochrane Reviews is a tool called Archie that was developed in-house in 2003. Although useful, investment in development has been very limited in recent years. Therefore, Archie has not kept up with the desires of the editorial user base and has also fallen behind technologically, raising concerns about maintainability, reliability, and security. As the marketplace for editorial management systems has evolved significantly since 2003, and as the need to plan for a sustainable solution to editorial management within Cochrane is becoming	The team has been working to identify a consultant for this project by agreeing a consultancy description, contacting and liaising with potential consultants, and reviewing proposals.	<p>Once the consultant is in post, we will move forward with the following objectives:</p> <p>To document the key stakeholder and publication (technical) requirements for a Cochrane editorial management</p>	The risk register includes issues around consultant availability, project complexity, and potential conflicts (timelines, team availability) with other strategic/priority projects. All issues are logged and prioritized, contingencies considered, and shared with the Project Sponsors and Project Board.

Project name	Description	Progress	Plans	Problems
	<p>increasingly urgent, now is a good time to re-evaluate our options in this area.</p> <p>The project <b>goal</b> is for Cochrane to select an editorial management system that meets user needs, accommodates different content types, and is sustainable.</p>		<p>system in consultation with key stakeholders.</p> <p>To evaluate existing Cochrane editorial management systems against the key stakeholder requirements.</p> <p>To identify viable alternative editorial management systems and evaluate against the key stakeholder requirements.</p> <p>To prepare an options appraisal document of up to 3 editorial management systems with full costings (including product and staff) and an assessment of the implementation challenges.</p> <p>To identify the preferred editorial management system and submit a report with the rationale and</p>	

Project name	Description	Progress	Plans	Problems
			background documentation to the Cochrane Senior Management Team for a decision.	
<b>Editorial Publishing &amp; Policy Resource (EPPR) restructure: separating policy and guidance</b>	<p>Cochrane's Editorial and Publishing Policy Resource (EPPR) includes policies, policy implementation guidance, and general information. Each of these are used by different audiences. To make the relevant content easier to locate, read, and use, the project team will review the EPPR content, separate out the content types, update content as needed, and identify and move the content to appropriate locations.</p> <p>The project <b>goal</b> is to separate policies (for internal and external use) from guidance (for internal use) and make these easily available.</p>	The project will review the content for content type (e.g. policy, guidance, general information), and restructure the EPPR to focus on policy.	Start delayed due to staff absence.	Start delayed due to staff absence.
<b>Editorials: best practice</b>	<p>The Editorials publishing programme has developed over recent years to incorporate Editorials into the <i>Cochrane Database of Systematic Reviews (CDSR)</i> and to introduce full editorial processes. To ensure the quality, transparency and sustainability of the programme we are formalizing workflows, roles, and responsibilities, and ensuring that we have sufficient people trained to undertake the relevant roles.</p> <p>The project <b>goal</b> is to ensure that <i>CDSR</i> Editorials are published efficiently and according to best practice.</p>	The initial objectives were to define roles, responsibilities, tasks, and workflow, and to identify people to perform those roles. That work is almost complete.	<p>The next steps will be communication with relevant stakeholders, and agreement on the roles, responsibilities and workflows.</p> <p>This will be followed by some changes to the ScholarOne system we use to manage Editorials, and training where needed.</p>	On track, but timelines subject to change with competing projects.

<b>Project name</b>	<b>Description</b>	<b>Progress</b>	<b>Plans</b>	<b>Problems</b>
<b>Editorials: Strategy 2019-2020</b>	<p>A Cochrane Special Collection brings together Cochrane content on a healthcare topic, at times alongside other supporting evidence, often curated by experts in their field. A Special Collection aims to be an evidence package useful to Cochrane Library users. Special Collections have been published on the Cochrane Library since 2011 using a standard approach. This project will review multiple aspects such format, use, scope, and coverage, also addressing equity.</p> <p>The project <b>goal</b> is to define a strategy for the content and format of Special Collections.</p>	Project to be started, and objectives include reviewing the current characteristics of Special Collections (e.g. purpose, scope, topic coverage, usage, and audiences); comparing Special Collections related products; and developing a strategy and implementation plan.	To be started.	Project ongoing but behind planned schedule.
<b>Peer review policy implementation</b>	<p>Cochrane's peer review policy was developed to standardize peer review across all Cochrane Review Groups (CRGs) and implement best practice by introducing a named (open identity) peer review process. This policy has been implemented slightly differently to other policies. It was published in June 2018 and followed by two specific webinars to discuss the policy and implementation, and CRGs have been given a period of adjustment with a deadline for compliance with the policy of January 2019.</p> <p>The project <b>goal</b> is to ensure that the new peer review policy is implemented with support across all CRGs and Networks.</p>	The team has been contacting all Managing Editors (MEs) to assess if any additional support is required to implement the new policy.	Working with MEs will be followed up with a survey and communications about the new policy and its implementation.	The next steps have been delayed due to staff absence.
<b>Special Collections strategy</b>	Special Collections bring together Cochrane content, have been published on the Cochrane Library since 2011. Since their inception they have not changed format or approach/vision. This project will review the current status and deliver a strategy for the future of the content and format. The strategy will include addressing issues such as equity and coverage.	To be started.	The project will start with mapping the current status and reach of existing Special Collections.	To be started.

Project name	Description	Progress	Plans	Problems
	The project <b>goal</b> is to define a strategy for the content and format of Special Collections.			
<b>Update Classification System publication</b>	<p>The Updating Classification System (UCS) guides readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. The system can also help Cochrane Review Groups (CRGs) with prioritization decisions for individual Cochrane Reviews. The UCS follows a decision framework that asks about the usage and currency of the review question, the availability of new studies or information, and how new information would impact on the review; and also whether new methods will make important changes to the review.</p> <p>The current version of the UCS was published as part of the paper that followed on from the 2014 two-day workshop on updating systematic reviews, organized by Cochrane and held at McMaster University; see <a href="https://www.bmj.com/content/354/bmj.i3507">https://www.bmj.com/content/354/bmj.i3507</a>. Following this, Cochrane set up the ability to apply this to Cochrane Reviews in Archie; see guidance in <a href="https://bit.ly/2NMIYH8">https://bit.ly/2NMIYH8</a>. We were not able to publish this information alongside the Cochrane Reviews on the old Cochrane Library platform, and therefore launching the new Cochrane Library platform was a dependency. The new Cochrane Library platform was released in August, and we are now in a position to start the publication.</p> <p>The Editor in Chief approved the start of publication of UCS information in a meeting held with members of the Editorial Board and Managing Editors' Executive in December 2018. To enable this, this project was set up to ensure that the criteria for publication were agreed</p>	<p>This project has objectives around agreeing publication criteria, starting publication, providing training and support (including setting up a strategy team), developing UCS enhancements (including updating the UCS guide), and communicating internally and externally.</p> <p>The publication criteria have been approved by the Project Board and three volunteer CRGs will start working through these.</p>	<p>Working with three volunteer CRGs, we are doing an 'end-to-end test' with the publication criteria through to publication in the Cochrane Library before rolling out to all CRGs.</p> <p>The UCS guide is being updated, and we are working on training and support strategies in collaboration with MLSS.</p> <p>Further work is planned on communications.</p>	<p>The risk register captures a number of known risks, and we are monitoring these and have contingencies in place. These range from the application of UCS to individual reviews (common issues) to workload concerns for editorial teams to the potential for the project complexity to impact on the planned project schedule.</p>



Project name	Description	Progress	Plans	Problems
	<p>and met, and support and training was available to all editorial teams.</p> <p>The project <b>goal</b> is for all Cochrane Review Groups to have started publishing the 'update status' for published Cochrane Reviews (intervention and DTA) – as a minimum all reviews published in 2018/19 – by the end of 2019.</p>			

### Review Methods & Quality Unit (leader: Karla Soares-Weiser)

Project name	Description	Progress	Plans	Problems
<b>Author Charter</b>	To develop an author charter that describes agreed expectations between authors and CRGs to assure the equity and consistently high quality of the review process.	Process to start after the editorial charter has been completed.	Not started.	Not started.
<b>Editorial Charter</b>	To develop an editorial charter that describes agreed expectations across Review Group Networks and CRGs to assure the equity and consistently high quality of editorial processes.	Project plan completed. Implementation plan in draft form.	To discuss with the Editorial Board and start plans for implementation.	Staff member on sick leave and some of the tasks on this project has been postponed due to lack of resources.
<b>Fast Track Services</b>	To publish up to three high priority reviews per network within a timeframe of 12-17 weeks.	Since the Fast-Track (FT) began in September 2018 we have received 14 enquires about review submissions. We have published 2 reviews (from the Acute and Emergency Care Network) within 12-17 weeks. We have 3 reviews currently in	We have 2 applications pending that we are expecting to receive shortly. Both are high-priority reviews which have publication deadlines from a guideline developer.	Controversial Fast-Track reviews such as <i>Comparison of different HPV vaccine types and dose schedules for prevention of HPV-related disease in males and females</i> are high-risk in terms of the reputation of the FT, resource-intensive and the editorial process is much longer. Reviews with complex methodology (e.g. prognosis reviews) are also resource-intensive and present a challenge with regards to timelines. We have also found that reviews authored by CRG Co-Eds and Network Senior Editors present

		progress. We have rejected 4 applications.	We are finalising checklists to ensure the editorial process is as efficient as possible and that all of the key players (FT team, CRGs, Network AEs and SEs, Methods groups, Peer referees and consumer referees) are involved at the appropriate stages.	problems with review sign-off (in order to avoid conflict of interest).
<b>High profile reviews</b>	To develop and implement an agreed quality assurance process for high-profile reviews	Project plan completed.  Process in final stage after comments from Senior Editors and EMD team leaders.	Finalise implementation plan & rollout plans.  Initiate communication and support to Networks and CRGs.	Staff member on sick leave and some of the tasks on this project has been postponed due to lack of resources.
<b>Innovation fund</b>	To support review production and/or editorial procedures that lead to harmonization of processes and improvements in content or quality across the CRG Networks and the Cochrane Library.	Proposal completed and shared with the community.	Deadline for submissions to be extended until the 10 <sup>th</sup> April.  Editorial Board members (except Senior Editors) to assess the proposals and final results reported by mid-May.	Staff member on sick leave but this should not affect this project.
<b>New review format</b>	To develop a prioritised and costed list of potential changes to the structure and format of Cochrane Reviews with a proposed development and	Responsibilities for this project is shared between EMD and IRD.	To set an advisory board.	Possible delay due to the RFP being prioritised.

	implementation plan to be undertaken over the course of three years.	Initial scope of potential features to be prioritised is underway.	Describe the project plan including resources needed.  Provide feedback to the community during the Colloquium in Chile.	
<b>Risk register</b>	To keep an updated risk register of published and unpublished high visibility, high risk and high priority reviews to facilitate management	Project plan completed.  Register created and in final assessment.	Regular update of the register and communication with Senior Editors about next steps.	Staff member on sick leave and some of the tasks on this project has been postponed due to lack of resources.

## Other Projects

The following is a list of projects being sponsored by other CET departments, to which EMD Team members will make a significant contribution:

- Cochrane Infographics
- Cochrane Library RfP
- Cochrane Library Roadmap
- Helpdesk migration
- Identifying and managing high-profile reviews that maybe controversial
- KT Priority-setting Working Group
- Making reviews more accessible
- Migrating Archie Help to Confluence
- New review format
- Peer review: consumer involvement
- RevMan Web (copy-editor requirements)

- Supporting learning and development modules

## Business as usual

The following are tasks which have transitioned from being projects to being part of the daily EMD workload.

### Editor in Chief's Unit

#### *Cochrane Clinical Answers (CCA)*

The EMD team is working with colleagues at Wiley to continue to expand and update the CCAs. We anticipate that all relevant new and updated Cochrane Reviews published in 2019 will be the subject of a CCA. We are in the process of appointing an Editor in Chief for CCA.

#### *Cochrane Priority Reviews List*

The EMD continues to manage the list which is now published [online](#) in a user-friendly format and is updated in real time. The creation of CRG Networks is changing the review production and prioritisation landscape, and the EMD will work with the Editorial Board in 2019 to ensure that the list is useful and relevant going forward.

#### *Cochrane Review Support Programme*

The Cochrane Review Support Programme (CRSP) was relaunched in February 2019. There will be only one funding round in 2019 (15 grants available), all titles submitted by CRGs must be signed-off by the Senior Editor of the relevant Network and submissions will be limited to five (5) titles per Network. Successful titles will be announced in late May, 2019.

#### *Cochrane Information Specialist (CIS) Support.*

The CIS Support team provides induction training, ongoing training, and support to CISs in all aspects of their role within a Cochrane Review Group (CRG). The team offers a helpdesk service and prepares a monthly digest to update CISs on policy, systems and methods issues. The CIS Support team supports the use of various Cochrane-funded review production tools – the Cochrane Register of Studies, the RCT Classifier, Screen4Me - and supports the PICO Annotation Project.

### Review Methods & Quality Unit

#### *Management of Cochrane Review Group networks*

The management of the Cochrane Review Groups Networks includes regular meetings with Senior Editors and Associate Editors Network Support Fellows aiming to support the implementation of Networks strategic plans. We also support the Network communication plans and help liaison between Networks and other members of the community.

### Editorial Publishing & Policy Unit

#### *Develop and support the use of editorial and publication policies.*

This includes developing, maintaining, and implementing editorial and publication policies, which are housed in the Editorial and Publishing Policy Resource (EPPR). The team responds to policy related queries, often via ME Support, and runs training sessions.

#### *Support the development and use of editorial and publication management systems.*

Our team is co-leading the project on the editorial management system strategy with ITS. This is looking at the future of EMS in Cochrane. At present, ME Support provides induction for new users and support for experienced users of Archie (including workflows). The team also uses other systems to prepare and publish Cochrane Library content (e.g. Editorials and Special Collections).

#### *Managing Editor (ME) Support.*

The ME Support team provides induction training, ongoing training, and support to MEs in all aspects of their role within a Cochrane Review Group (CRG). ME Support helps on a day-to-day basis with queries from MEs (via remote helpdesk or by phone) and prepares a monthly ME Support Digest for MEs. ME Support also contributes to the development of new editorial policies and associated guidance. Recent additional activities include participating in the testing of the new helpdesk software, specific support for the division of one CRG into two CRGs, and multi-day in-person training (Australia and UK). ME Support also contributes as project team members to a number of projects, both within the EPP team (e.g. peer review policy implementation, editorial management system strategy, and publishing the updating classification system data) and beyond (e.g. updating the Archie Help file and selecting a new helpdesk system).

#### *Lead development and innovation of Cochrane Library publications.*

The role of the team in the Cochrane Library product development has changed over the past few months with the new Cochrane Library team in place following the launch of the new Cochrane Library platform in August 2018. We work together regularly on defining and testing new features and functions for the Cochrane Library. We work closely with other teams on various aspects of production and publishing management. Our team manages the preparation and publication of specific Cochrane Library content in which our team in consultation with authors and key stakeholders: Editorials; Special Collections (including 4 new since October 2018); CDSR Comments; Cochrane Library static content; Podcasts; Journal Club; and the Cochrane Library App. Our team also maintains and updates the Cochrane Library browse list.

#### *Oversee copy-editing for Cochrane publications: Copy Edit Support.*

This area includes management of the Copy Edit Support team, management of copy-editing of Cochrane Reviews and protocols, updating the Cochrane Style Manual, and associated communications and training activities. The CES team – a team of freelance copy-editors managed by the Copy-editing Manager in the EPP team – provides a copy-editing service for protocols and reviews ahead of publication, working alongside Cochrane Review Groups to enhance clarity and readability. The Copy-editing Manager has been providing support to the RevMan Web team to ensure RevMan Web will fully support the copy-editing role.

*Oversee copy-editing for Cochrane publications: Cochrane Style Manual.*

The [Cochrane Style Manual](#) is now updated on an ongoing basis, led by EPP Unit in collaboration with the Cochrane Style Manual Working Group. The Cochrane Style Manual Working Group is made up of Cochrane contributors and meets quarterly to discuss items to include and to approve changes. The [Cochrane Style Manual forum](#) on the Cochrane Ideas platform enables Cochrane contributors and others to suggest changes or additions, and the forum provides an open record of open items and decisions made. We released and disseminated a major update to [Cochrane Style Basics](#) in November 2018. Cochrane Style Basics is designed to provide Cochrane Review authors and editors with a useful list of some of the key points from the Cochrane Style Manual. Cochrane Style Basics can work as a guide for new authors or as a refresher for more experienced authors and editors, and it can be used at the start of the writing process or to prepare reviews for copy-editing.

*Review Screening for Networks*

The EMD provides support through the Associate Editors to CRGs with reviews that are high profile or present other challenges and an independent view is needed. The Senior Editor for Methods and Quality is an escalation point for methods related questions where it may be necessary to decide between different approaches.

*Support for KT activity*

The EMD provides support to the KT Department relating to the dissemination of high profile reviews. This includes arranging for statistical peer review through the EMD statistical editor in addition to screening by the relevant Associate Editor. Drafts of press releases are edited within the EMD and signed off by Editor in Chief. EMD supports KT in answering questions from journalists (including whether to refer to Network editors or topic experts in CRGs).

### 10.3. Conflict of Interest Audit

[RESTRICTED ACCESS SUPPORTING  
DOCUMENT] [CONSENT AGENDA]





## 10.4. Cochrane Library Oversight Committee [OPEN ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]



## Governing Board Paper

<b>Agenda number:</b>	10.4-KRK-2019
<b>Agenda item:</b>	<b>Report from Cochrane Library Oversight Committee (CLOC)</b>
<b>Submitted for Governing Board meeting:</b>	Krakow, March 2019
<b>Submitted by:</b>	David Tovey, Editor in Chief
<b>Sponsored by:</b>	Ginny Barbour, Chair CLOC
<b>Access:</b>	Open
<b>Decision or information:</b>	Information
<b>Resolution for the minutes:</b>	The Board read and noted the report from the CLOC. There have been no issues of concern registered with the CLOC over the past 12 months.
<b>Executive summary:</b>	N/A
<b>Consultation with Cochrane Council:</b>	No
<b>Financial request:</b>	None

## 1 Report of activities:

In January 2019, the Board approved the CLOC's revised Terms of Reference (See Section 2 of the report). The Board requested that CLOC, supported by Lucie Binder, "consider the membership of the Committee, as some members' terms had expired." CLOC is therefore looking to recruit up to three new members, including an individual with expertise in publishing law and a consumer representative.

The Cochrane Library Oversight Committee has met three times in the past year:

- CLOC has received a report from Editor in Chief David Tovey at each meeting;
- CLOC has agreed that members' Conflicts of Interest will be declared and recorded at the beginning of each meeting;
- The Chair has been contacted for advice on one specific issue by both the Editor in Chief and the Chair of the Governing Board. She provided advice but in her view it was not appropriate for consultation by the full CLOC;
- There have been no issues brought for formal consideration by CLOC from the Editor in Chief or the Governing Board in the past year.

## 2 Terms of Reference

<b>Purpose</b>	The Cochrane Library Oversight Committee (CLOC) is an independent body that supports the editorial independence of Cochrane's Editor in Chief's within the organization by providing a mechanism for avoiding or resolving disputes that may arise about the content of the Cochrane Library or any editorial positions taken by the Editor in Chief in respect to the Cochrane Library.
<b>Membership</b>	<ul style="list-style-type: none"> <li>• <b><u>Chair: Virginia Barbour, Australia</u></b> Professor and Advisor, Office of Research Ethics and Integrity and Library, Queensland University of Technology and Director, Australasian Open Access Strategy Group</li> </ul> <p><i>Appointed February 2018</i></p>
	<ul style="list-style-type: none"> <li>• <b><u>Deputy Chair: Tracey Pérez Koehlmoos, USA</u></b></li> <li>• Associate Professor &amp; Director HSA Division, Uniformed Services University of the Health Science</li> </ul> <p><i>Appointed November 2010: term of office was extended at the Chair's discretion in November 2018.</i></p>
	<ul style="list-style-type: none"> <li>• <b>Saeed Farooq, UK</b> Visiting Professor and Consultant Psychiatrist, Centre for Ageing and Mental Health, Staffordshire University &amp; Black Country Social Partnership NHS Foundation Trust</li> </ul> <p><i>Appointed July 2014</i></p>
	<ul style="list-style-type: none"> <li>• <b>David Moher</b> Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Associate Professor, School of Epidemiology, Public Health and Preventive Medicine, University of Ottawa, University Research Chair, University of Ottawa</li> </ul> <p><i>Appointed November 2010: term of office was extended at the Chair's discretion in November 2018</i></p>
	<ul style="list-style-type: none"> <li>• <b>Lijing L Yan, China</b> Head of NCD Research, Global Health Research Centre, Duke Kunshan University, Jiangsu</li> </ul> <p><i>Appointed July 2014</i></p>
	<ul style="list-style-type: none"> <li>• <b>Manu Easow Mathew, India</b> Medical Consultant, WHO-RNTCP Technical Support Network, Health Services, Dehradun, Uttarakhand</li> </ul> <p><i>Appointed July 2014</i></p>

	<ul style="list-style-type: none"> <li>• <b>Charles Young, UK</b> Senior Medical Officer Capita, plc., London</li> </ul> <p><i>Appointed July 2014</i></p>
<b>Remit</b>	<p>The remit of the Committee is to:</p> <ul style="list-style-type: none"> <li>• Consider, and where appropriate seek to mediate on, matters of tension between the Governing Board and the Editor in Chief, at the request of either party, that relate to the editorial process or published content of or in <i>The Cochrane Library</i>.</li> <li>• To provide independent, impartial advice to the Governing Board and/or Chief Executive Officer (CEO) or the Editor in Chief on issues regarding performance management for the Editor in Chief, including: <ul style="list-style-type: none"> <li>○ Providing feedback to the CEO and Governing Board on the performance measures for the Editor in Chief;</li> <li>○ Discussing with the Editor in Chief, if requested, any issues in her/his performance;</li> <li>○ Providing feedback to the Editor in Chief or the Governing Board on possible measures to enhance the effectiveness of the role of the Editor in Chief if requested;</li> </ul> </li> <li>• To advise the Editor in Chief on any matters of editorial independence that (s)he may wish to seek their opinion on.</li> </ul>
<b>Quorum</b>	Quorum will be a minimum of three members.
<b>Meetings</b>	<ul style="list-style-type: none"> <li>• The Committee will typically meet twice per year by teleconference and be available to correspond regularly by email between meetings and/or attend ad-hoc meetings should an urgent matter arise.</li> <li>• Members will be expected to make a contribution to meetings in order to ensure the best decisions can be made, and to allow the Committee to fulfil its role and responsibilities.</li> <li>• Members will be expected to provide pertinent and professional challenge where appropriate, albeit demonstrating clear respect for colleagues and their views.</li> <li>• Members must declare relevant conflicts of interest at the time of application to join the board and must update them if any change occurs either between meetings or at a meeting. A written record of CoIs will be kept and published if requested.</li> <li>• Members will be expected to maintain confidentiality in respect of all discussed issues where this is so required.</li> <li>• All decisions will be voted on by a simple majority of those present. In the case of equality, the Chair will have a casting vote.</li> </ul>
<b>Terms of appointment and membership</b>	<ul style="list-style-type: none"> <li>• The Committee shall be comprised of a Chair, Deputy Chair, up to six additional members. The Editor in Chief may attend Committee meetings at the invitation of the Chair but is not a voting member of the Committee.</li> <li>• These are unpaid, voluntary positions.</li> <li>• New members will be proposed and approved by current members of the Committee<sup>1</sup>. The Chair and Deputy Chair must be proposed and approved by</li> </ul>

<sup>1</sup> Expression of interests (addressing the Terms of Reference) for membership will be sought by the Committee via personal contacts and with support from the Senior Advisor to the CEO (Governance & Management) from Cochrane's Central Executive Team, who will publicise advertisements on the Cochrane and Cochrane Community Websites and news channels. The Committee will inform Cochrane via the Senior Advisor to the CEO of the name(s) of the proposed

	<p>the members from within its existing membership (the <a href="#">initial Chair was appointed by the Cochrane Steering Group</a>). The Governing Board and the Editor in Chief have, in exceptional circumstances and with an explanation given to the Committee in writing, the power of veto for any individual proposed.</p> <ul style="list-style-type: none"> <li>Members of the Committee should have experience in scientific publication or editorial policy, be capable of independence of thought, and be prepared to act in the best interests of <i>The Cochrane Library</i>. In addition, and as far as its practicable: <ul style="list-style-type: none"> <li>Not more than half of its members should be Cochrane Members as defined by the <a href="#">Membership Terms &amp; Conditions</a>;</li> <li>Not more than half of its members should be based in the UK and/or North America;</li> <li>At least a third of its members should be from Low- or Middle-Income Countries;</li> <li>Not more than half of its members should be medically qualified;</li> <li>There should be at least one health consumer advocate;</li> <li>There should be at least one former journal editor;</li> <li>There should be some members with legal, ethical, statistical experience;</li> <li>There should be roughly equal numbers of men and women.</li> </ul> </li> <li>The Committee may co-opt ex-officio members who in the opinion of the Committee will bring additional relevant skills to the Committee, but appointed members shall always form the majority.</li> <li>Members may serve a single term of three years, ordinarily with extension for a further three years at the discretion of the Chair.</li> </ul>
<b>Reporting and Assurance Arrangements</b>	<ul style="list-style-type: none"> <li>The Chair will decide whether any given issue is relevant for the Committee and in doing so may consult with the Deputy Chair, the Editor in Chief and/or the Chief Executive Officer (CEO).</li> <li>In the event of a dispute between the Editor in Chief and Governing Board, the Committee will convene by email and/or teleconference at the next available opportunity and take a view and offer advice to the Editor in Chief and the Board in writing. If the Board disagrees with the advice of the Committee, it will explain why in writing as soon as possible and always within two months of receipt of the original advice. Should the Committee be unconvinced by the counterargument of the Board, it may choose to express its opinion publicly. The Committee's primary responsibility is the editorial independence of the Editor in Chief.</li> <li>All complaints about the Editor in Chief's performance will be handled in the first instance by the CEO as his/her line manager. At request of the Editor in Chief, the CEO or the Board the Committee may consider such complaints by convening as above.</li> <li>In addition to reports arising from the situations outlined above, the Committee, through its Chair, will provide annual written reports on its activities to the Governing Board for the March/April Cochrane Governance Meetings.</li> </ul>

new member(s), together with a short biography or CV, and any conflicts of interest, and the proposal will be put forward to the Editor in Chief, followed by the Governing Board via its Governance Sub-Committee for ratification. The Editor in Chief and Governing Board will both have the power of veto with an explanation given to the Committee in writing, no reason need be given to the unsuccessful candidate.

	<ul style="list-style-type: none"> <li>The Chair will conduct an informal review of the effectiveness of the Committee on an annual basis with the support of the Board's Governance Committee and the Committee's Secretary. This will include a review of the membership and any proposed changes will be recommended to the Editor in Chief and Governing Board.</li> </ul>
<b>Secretary</b>	<ul style="list-style-type: none"> <li>The Senior Advisor to the CEO (Governance &amp; Management) will ensure that secretariat services are provided to the Committee, including the taking of minutes, record of attendance and distribution of papers.</li> <li>Approved minutes will be issued by the Secretary, normally within 10 working days of the meeting and will list the topics discussed, actions agreed, and all individuals responsible for undertaking these actions. These minutes will be taken to the Committee for approval, and if requested, made available to the full Governing Board, provided that the Chair agrees. The Chair reserves the right in exceptional circumstances to redact part of the minutes</li> </ul>
<b>Review</b>	These Terms of Reference will be reviewed annually. Any changes that are considered necessary will be recommended to the Governing Board for approval.
<b>First prepared</b>	26 July 2018
<b>Last updated</b>	1 December 2018
<b>Governing Board approved</b>	20 January 2019

## 10.5. Discretionary Fund application from Cochrane Austria [OPEN ACCESS SUPPORTING DOCUMENT]



## Governing Board Paper

<b>Agenda number:</b>	10.5-KRK-2019
<b>Agenda item:</b>	Discretionary Fund: Proposal for an evidence map based on empty Cochrane Reviews
<b>Submitted for Governing Board meeting:</b>	20 <sup>th</sup> March 2019
<b>Submitted by:</b>	Barbara Nußbaumer-Streit
<b>Sponsored by:</b>	David Tovey
<b>Access:</b>	Open
<b>Decision or information:</b>	Decision
<b>Resolution for the minutes:</b>	The Governing Board noted the application for Board Discretionary Funding from Cochrane Austria and agrees to support this as requested.
<b>Executive summary:</b>	The proposal is to identify all 'empty' Cochrane Reviews and to create a 'gap map' to demonstrate these graphically as examples of uncertainty. This could be used to stimulate primary research. I recommend that the Governing Board supports the project as requested.
<b>Consultation with Cochrane Council:</b>	No
<b>Financial request:</b>	£5000

## 1 Background:

The attached proposal was submitted by Barbara Nußbaumer-Streit on behalf of Cochrane Austria. It aims to identify all empty Cochrane Reviews (no included studies) in order to construct an evidence 'gap map' in order to guide future research.

## 2 Proposal:

### a. Measures of success:

A gap map to be published either in the Cochrane Library or in an alternative publication and the results of the project to be disseminated. An example to demonstrate how the proposed output might appear is here: (<https://eccnetwork.net/resources/evidence-gap-maps/internal-threats-sle-gap-map/>)



A further success outcome could be the initiation of trials in areas identified.

**b. Issues and strategic implications:**

i. Strategy Implications:

It has long been established that one of the useful outputs of Cochrane Reviews is to highlight uncertainties that would be applicable for studying in a clinical trial. This project aims to identify and classify 'empty' reviews as one source of such uncertainty, and to present these in a 'gap map' format.

ii. Resource implications:

£5000

iii. Risks and dependencies:

There are few risks or dependencies, except the failure to deliver the project as proposed. The search to identify empty reviews is a very relatively simple search of Archie. The main element of the work of the project will therefore be to categorise the reviews and present them in an intuitive and useful manner.

iv. Impact and change management:

The impact will be limited, although some internal and external stakeholders might find the data useful. In addition, this project could provide a stimulus to the identification of uncertainties elsewhere such as the 'implications for research' sections of reviews. Gap maps are frequently said to be prized by policy makers and other external groups, so a stimulus to create these more widely within Cochrane could also be of benefit.

v. Timelines:

This is a 6 month project

vi. Management Responsibility:

Cochrane Austria, overseen by the Editorial and Methods Department.

vii. Consultation:

None

## 3 Recommendation(s):

This is a small, relatively simple project but the outputs may have some value for internal and external stakeholders. In my judgement this represents sound value for money and on that basis I recommend that the Governing Board provides the funding requested.

DAY 3 AM - Friday 5th April 2019 -  
STRATEGIC AND BUSINESS ISSUES,  
AND REPORTS



## 11. Finance and Risk Management:



## 11.1. Treasurer's Report





11.2. A proposal for changing the way  
organizational risk is managed and  
monitored [RESTRICTED ACCESS  
SUPPORTING DOCUMENT]



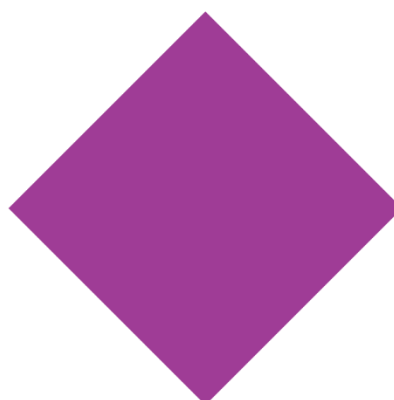
11.3. Trustees' Report and Financial  
Statements [OPEN ACCESS  
SUPPORTING DOCUMENT] [CONSENT  
AGENDA]

# **Trustees' Report and Financial Statements**

**The Cochrane Collaboration**  
**(A company limited by guarantee)**  
**For the year ended**  
**31 December 2018**

Company Number 3044323

Charity Number 1045921



**31 December 2018****CONTENTS**

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Statement of Financial Activities	(To follow)
Consolidated Statement of Financial Activities	(To follow)
Charity and Consolidated Balance Sheet	(To follow)
Consolidated Statement of Cash Flows	(To follow)
Notes to the Financial Statements	(To follow)

The Trustees of The Cochrane Collaboration (Cochrane), who are also directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2018.

## Reference and Administration

Charity name: The Cochrane Collaboration

Registered and  
Correspondence Address: St Albans House,  
57-59 Haymarket,  
London SW1Y 4QX  
UK

## Advisors

Auditors: Sayer Vincent LLP  
Chartered Accountants and Statutory Auditors  
Invicta House  
108-114 Golden Lane  
London, EC1Y 0TL  
UK

Bankers: National Westminster Bank PLC  
Charities & Education Team  
Corporate & Commercial Banking  
1<sup>st</sup> Floor, 440 Strand  
London  
WC2R 0QJ  
UK

Legal advisers: Maier Blackburn  
Prima House,  
267 Banbury Road  
Oxford, OX2 7HT  
UK

Harbottle & Lewis LLP  
Hanover House  
14 Hanover Square  
London, W1S 1HP  
UK

## Trustees

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

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

## Senior Staff

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

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

## Narrative Report

This Trustees' Report covers the twelve-month period 1 January – 31 December 2018.

### 1. Structure, Governance and Management

#### Nature of Governing Document

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

#### Trustee Appointments

Trustees of The Cochrane Collaboration serve as Governing Board members for a three-year period and may be re-elected for a second consecutive term. After a three-year break, they may be elected

again when an appropriate vacancy occurs. A majority of the Governing Board must be trustees elected to the Board by individual members of the charity from the existing membership. Additional trustees are appointed by Governing Board members, who are then subject to approval by the charity's members at the next Annual General Meeting after their appointment. Two Co-Chairs (who may serve up to two terms of two years) are similarly appointed by the Board.

All trustees go through a comprehensive induction with Governing Board and Central Executive Team members and are provided with introductory documentation to assist them. Trustees spend two days a year in Governing Board Development days to support their work.

### Organisational Structure

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

- The Collaboration Trading Company exists solely to receive royalties from sales of The Cochrane Library and to gift aid its profits to the charity. During 2018 this company was non-trading in the year, and it is our intention to make this subsidiary dormant in 2019;
- Cochrane Innovations is a commercial trading company that exists to develop and sell derivative products and services from Cochrane's content and tools, to return a profit to the charity and support the charity's mission and objects;
- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of Cochrane's Informatics Technology Department based in Denmark.

The Governing Board determines the strategic direction of the organization, including its policies, objectives and goals. The Cochrane Collaboration's Chief Executive Officer (CEO), Mark Wilson, has overarching responsibility for the management of the organization and the executive delivery of its plans and activities to implement these strategic goals. He leads the Central Executive Team (CET - the staff employed by the charity or through charity funding) and the Cochrane Groups (of separately-funded staff and volunteers, see below) which collectively work to deliver the charity's mission.

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

The Central Executive Team is comprised of seven Departments:

- Chief Executive's Office
- Editorial & Methods Department
- Innovations, Research & Development Department
- Knowledge Management Department
- Finance & Core Services
- Informatics & Technology (IT) Services
- Membership, Learning & Support Services

For full details on their activities see <http://community.cochrane.org/organizational-info/people/cet-teams>. At the heart of Cochrane's work, however, are the activities of 150 Cochrane Groups around the world:

- Eight Cochrane Systematic Review Group Networks (comprising 52 subject-based Review Groups) facilitate the preparation, by a variety of contributors (some of whom are volunteers) of Cochrane Systematic Reviews;



- 17 Methods Groups provide support in methods for research evidence synthesis;
- 20 Cochrane Centres (with responsibility for 50 Associate Centres and Affiliates) in 44 countries in Europe, the Americas, Africa, Asia and Australasia provide a geographic focus for the Collaboration's activities; and
- 11 thematic Fields represent crosscutting health issues and carry out knowledge translation and advocacy activity.

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

The Cochrane Council was established in November 2016 and aims to ensure that Cochrane Groups retain an effective voice in Cochrane's leadership and strategic decision-making. The purpose of the Council is to provide:

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

### **Principal Risks and Uncertainties**

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

The principal risk for the charity in 2018 continued to be the impact in the short, medium and long term on Cochrane's revenues of its decision to make increasing numbers of its Cochrane Systematic Reviews 'open access'. The proportion of Cochrane Reviews already freely available to all users everywhere through its existing 'Green' Open Access policy (where all Cochrane Reviews and Updates are made available everywhere to everyone 12 months after publication) is steadily growing – reaching 60% by the end of 2018. The Governing Board decided in 2017 to postpone *Strategy to 2020's* ambition to extend this policy still further by making all Cochrane Reviews and Updates immediately open access on publication, though the Board decided to review our approach in 2019-2020 to Open Access to Cochrane Reviews and datasets (see Section 5: Future Plans).

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

## **2. Objectives and Activities**

### **Legal Objects**

The legal objects of the Charity, as defined in its Articles of Association are: 'the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care or any other charitable activities, for the public benefit'.

### **Vision and Mission of the Charity**

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

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

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organisation with 13,000 members and 52,000 supporters from over 130 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. The Charity relies heavily on the contributions of individuals around the world to produce its core outputs. Some of these individuals work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2018 they were involved in the following activities:

- Preparation of the Collaboration's outputs as members of 'Cochrane Review author teams';
- Developing the knowledge base and tools for facilitating preparation of Cochrane's outputs;
- Dissemination of Cochrane's principles and outputs through conference presentations, symposia, scientific papers, and related knowledge translation activities.

### **Fundraising**

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

### **Strategy to 2020**

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

### **GOAL 1: PRODUCING EVIDENCE**

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

#### *Objectives to 2020*

##### **HIGH-QUALITY:**

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

##### **RELEVANT:**

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

##### **UP-TO-DATE:**

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

##### **WIDE COVERAGE:**

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

**PIONEERING METHODS:**

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

**EFFICIENT PRODUCTION:**

- 1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
- 1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

**GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE**

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

*Objectives to 2020***USER-CENTRED DESIGN AND DELIVERY:**

- 2.1 We will put the needs of our users at the heart of our content design and delivery.
- 2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
- 2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

**OPEN ACCESS:**

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

**ACCESSIBLE LANGUAGE:**

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

**MULTI-LINGUAL:**

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

**GOAL 3: ADVOCATING FOR EVIDENCE**

**To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.**

*Objectives to 2020***GLOBAL PROFILE:**

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

**THE 'HOME OF EVIDENCE':**

- 3.2 We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.
- 3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

**GLOBAL ADVOCATE:**

- 3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
- 3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.

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

GLOBAL PARTNER:

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

GLOBAL IMPACT:

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

**GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION**

**To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.**

*Objectives to 2020*

INCLUSIVE AND OPEN:

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

GLOBAL AND DIVERSE:

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

FINANCIALLY STRONG:

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

EFFICIENTLY RUN:

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

INVESTING IN PEOPLE:

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

TRANSPARENTLY GOVERNED:

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

ENVIRONMENTALLY RESPONSIBLE:

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

Each year Cochrane's Central Executive, working with the rest of the organisation, develops annual targets linked to these Goals and Objectives. The five targets for 2018 approved by the Governing Board in December 2017 prioritised Cochrane's work throughout the year. The monitoring and achievement of these targets is the principal means through which the Charity measures and reports its progress towards *Strategy to 2020* Goals and Objectives.

### 3. Achievements and Performance

2018 was a very successful year for Cochrane in our progress towards achieving the organization's *Strategy to 2020*'s goals with record increases in the demand for and use of Cochrane evidence from our online platforms; the launching of a new [Cochrane Library](#) platform that allows new features to

be offered to subscribers and users in future; the completion of a new [Editorial Content Strategy](#) establishing Cochrane's future evidence production developments; and a massive increase of 20,000 new members and supporters joining our worldwide community. All five of the *Strategy to 2020* targets for 2018 were partly or completely delivered; and the highlights of Cochrane's achievements in 2018, grouped under the strategic goals include:

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

- Publishing 341 new Cochrane Systematic Reviews, 285 updated Reviews (new citation versions) and 306 new protocols for forthcoming Reviews in the *Cochrane Library*. At the end of December 2018, the *Cochrane Library*, published by John Wiley & Sons, Ltd, contained over 8,000 Cochrane Reviews and over 1,286,000 records in its Central Register of Controlled Trials (CENTRAL).
- New Cochrane Reviews published in the *Cochrane Database of Systematic Reviews* (CDSR) in 2018 continued to make major contributions to our health evidence base. The most frequently downloaded new reviews were:
  - Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors
  - Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis
  - Ivermectin and permethrin for treating scabies
  - Cannabis-based medicines for chronic neuropathic pain in adults
  - Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed-methods review
- The most frequently downloaded updated Cochrane Reviews published in 2018 were:
  - Nurses as substitutes for doctors in primary care
  - Vaccines for preventing influenza in healthy adults
  - Progestogen for preventing miscarriage in women with recurrent miscarriage of unclear etiology
  - First-line drugs for hypertension
  - Immersion in water during labour and birth
- According to data from [Altmetric](#), the 2018 Cochrane Reviews most often mentioned across newspaper stories, tweets, blog posts, and other sources were:
  - Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease
  - Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors
  - Nurses as substitutes for doctors in primary care
  - Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children
  - Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption
- Some Cochrane Reviews are accompanied by podcasts, often read by the review authors. The most accessed podcasts of 2018 were:
  - Fazer exercícios para os músculos do assoalho pélvico durante a gravidez e após o parto pode prevenir ou tratar a incontinência? (Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women)
  - Vitamin C for preventing and treating the common cold
  - پادکست: بتاهستین برای از بین بردن علائم سرگیجه (Betahistine for symptoms of vertigo)
  - Egzama için Kullanılan Nemlendiriciler (Emollients and moisturisers for eczema)
  - Interventions for improving upper limb function after stroke
- Cochrane Journal Club articles provide relevant background information and related resources on a single Cochrane Review. The most viewed Journal Club articles in 2018 were:
  - Non-invasive diagnostic tests for *Helicobacter pylori* infection
  - Vaccines for preventing influenza in healthy adults
  - Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease



- Interventions to improve the appropriate use of polypharmacy for older people
  - Blood pressure targets for hypertension in older adults
- Cochrane Clinical Answers (CCAs) provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane Reviews. The most viewed CCAs in 2018 were:
  - How does verapamil compare with adenosine for people with supraventricular tachycardia?
  - Can tranexamic acid help prevent postpartum hemorrhage?
  - What are the benefits and harms of nutritional support for hospitalized adults at nutritional risk?
  - Does the use of risk assessment tools help prevent the development of pressure ulcers?
  - Can omega 3 fatty acids help maintain remission in people with Crohn's disease?
- The top three accessed Special Collections (curated content collections on a specific healthcare topic) on the Cochrane Library in 2018 were:
  - Preventing falls and fall-related injuries in older people
  - Prevention of acute malnutrition
  - Diagnosing skin cancer
- Cochrane Editorials published in the CDSR evaluate ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy. The most accessed Editorials in 2018 were:
  - HPV vaccination: balancing facts
  - Ensuring quality as the basis of evidence synthesis: leveraging information specialists' knowledge, skills, and expertise
  - Doug Altman's legacy to Cochrane and evidence synthesis
- The CDSR increased its impact factor again in 2018 (as calculated by the Journal Citation Report) to 6.754, ranking it as one of the top 12 medical journals in the world, with its five-year impact factor reaching 7.669. The CDSR also saw an increase in the number of citations in 2017 (the latest year for figures) to 62,332, making it one of the top three most cited journals in its category.
- Cochrane's Central Executive Team continued a screening programme that evaluates protocols and reviews at all stages of their development process at the request of the Cochrane Review Groups, those reviews that are identified as being appropriate for media release, and other reviews referred through alternative processes against a core set of *Methodological standards for the conduct of new Cochrane Intervention Reviews* (the MECIR programme) to ensure they all met the highest quality standards. Over 94% of all Cochrane Reviews and Review Updates now contain Summary of Findings Tables, a key quality measure (70% and 64% respectively in 2015).
- [Cochrane Crowd](#), our citizen science platform, continued its tremendous success, and is now a global community of almost 12,200 volunteers from 189 countries helping to classify the research needed to support informed decision-making about healthcare treatments. These volunteers have achieved over 2.94 million classifications of randomised controlled trials.
- As part of *Strategy to 2020* Cochrane has invested significant resources in developing new technology to make [data management](#) and [Cochrane Review production](#) processes more efficient. In 2018 Cochrane worked to link these tools together so that a fully-integrated technology workflow process (using RevMan Web, Covidence or EPPI-Reviewer, CRS Web and GradePro) for Cochrane intervention Reviews is completed in 2019.

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

- Finally, after three-years of intense work, the enhanced *Cochrane Library* was launched in August 2018. The new platform included a full Spanish-language component and discoverability of translated content in multiple languages via the Library's search feature. Other new features and improvements of the new *Library* were:
  - Improved article design for Cochrane Reviews, CENTRAL records, and all content.
  - Cochrane Clinical Answers is now fully integrated into the *Library*.

- Search expanded across all content types, including Cochrane Reviews and Protocols, CENTRAL, Editorials, Special Collections, Cochrane Clinical Answers, and other systematic reviews from Epistemonikos, via a new federated search feature.
- Improved search results display, including new filters for all content, and multiple record export options. Advanced search tabs are better integrated, and the MeSH search feature is improved.
- CENTRAL records are now linked to their relevant Cochrane Reviews.
- Easy navigation from Cochrane Reviews to related podcasts, Editorials, and Cochrane Clinical Answers.
- Over 14.2 million full-text downloads of Cochrane Systematic Reviews were made from the *Cochrane Library* in 2018 (a rise of 14% from 2017). Total demand for Reviews from the Library increased by 9%.
- In 2018 Cochrane supported 15 translations teams working in Croatian, French, German, Japanese, Korean, Malay, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, Thai and Persian to publish 4,276 new or updated translations of Review abstracts and Plain Language Summaries over the year; with now nearly 26,000 translations of Cochrane Reviews offered on the Cochrane.org website. Over 180 Cochrane podcasts were also translated into 11 languages.
- Cochrane's KT and ITS teams successfully introduced Memsources, a new translation management system to support Cochrane translation teams better; and piloted the use of machine learning (DeepL) in Polish and French.
- The effect of Cochrane's translation efforts on subsequent use of our evidence is significant. Over 20 million visits in 2018 to Cochrane.org are from people using non-English browsers (compared to 10.6 million in 2017).
- The project to annotate Cochrane Reviews for PICO (Population, Intervention, Comparison & Outcome) tagging continued. These annotations allow Cochrane to make Reviews and their content and data much more discoverable in our end-user products and services, and a new 'PICO widget' will now be made available on the *Cochrane Library* in late 2019.
- Cochrane is committed to making its Systematic Reviews accessible to all, but in a way that the organisation can sustain and does not undermine its ability to develop and grow in the future. Another 786 Cochrane Reviews became open access in 2018 for everyone, everywhere under the organization's Open Access Policy. Global figures for the number of people able to enjoy free at the point of use access to the Library – including those in all low- and middle-income countries designated by the WHO - remained at over 3.66 billion (from 2 billion people in 2016).

**GOAL 3: To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.**

- Web traffic to Cochrane.org in 2018 continued its astonishing rise. Web visits leapt to 27.6 million compared to 15 million in 2017, 10 million in 2016 and 5.7 million in 2015; with 37 million pageviews being made of Cochrane evidence (up from 22.3 million in 2017).
- There were over 7,000 global media mentions of Cochrane evidence and organizational news in 2018, although this was a reduction on the previous year (due to a reduction in press releases issued during the year). 31 Cochrane videos were produced and disseminated; and Cochrane's social media following saw significant growth in 2018 (with 'followers' up by 35% on Twitter, 86% on YouTube, 80% on Facebook, and 39% for Cochrane Library's Twitter feed).
- 'Cochrane for all – better evidence for better health decisions' was the theme of Cochrane's successful 25<sup>th</sup> Colloquium held in Edinburgh, UK, in September 2018 with a focus on patient and consumer engagement in the production and use of health evidence. Over 1,300 delegates attended from 58 countries, with an average of 20 different concurrent sessions running over the meeting's three days.
- Cochrane's partnership with Wikipedia (the most popular source of information on health subjects

in the world with 10 million visits a day) continued to flourish with 3,181 Cochrane Review citations in Wikipedia and over 40,000 referrals from Wikipedia to the *Cochrane Library* in 2018. New research shows that the Cochrane Database of Systematic Reviews is the most referenced journal in Wikipedia.

- The second Cochrane-REWARD (Reduce research Waste And Reward Diligence - REWARD) prize to initiatives aiming to reduce research waste were awarded in September 2018 at the Cochrane Colloquium.

**GOAL 4: *To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.***

- In September 2018 Cochrane's Governing Board voted unanimously to terminate the membership of Professor Peter Gøtzsche, a Board member and Director of the Nordic Cochrane Centre, 'based on an ongoing, consistent pattern of disruptive and inappropriate behaviours by Professor Gøtzsche, taking place over a number of years, which ... were detrimental to the charity's work, reputation and members' (see the Board Statement [here](#)). The Board stated he had: 'also repeatedly represented his personal views as those of Cochrane, including in correspondence with members of the academic community; in the media; and when acting as an expert witness for a criminal trial. Cochrane's strength and independence rests on our ability to engage in frank, open and transparent debate about health evidence and Professor Gøtzsche, like every other Cochrane member, has the right to express his views. However, as a leader of Cochrane – a Director of a Cochrane Centre and a trustee of the charity – he had a special duty of care to the organization about the way his views were expressed; particularly those made in a personal capacity. Despite numerous attempts to engage with him on this topic and warnings about his behaviour, he consistently failed to exercise this care. This has resulted in multiple complaints to the charity and damaged its credibility within the research community.' The Board concluded that Professor Gøtzsche had breached the Trustees' Code of Conduct as a result of these behaviours, 'acted counter to the best interests of the charity as a whole', and therefore voted to terminate his membership of the charity in accordance with Cochrane's Articles of Association.
- The Governing Board's initial decision on 13<sup>th</sup> September to serve notice to Professor Gøtzsche of the termination of his membership was vigorously and publicly opposed by him; and led to the resignations of four other members of the Board: Prof. Gerald Gartlehner, Mr. David Hammerstein Mintz, Dr. Joerg Meerhpohl and Dr. Nancy Santesso. Their resignations necessitated the resignations of an additional two members of the Governing Board in order to abide by Cochrane's Articles of Association, which require that elected Board members are always in a majority over appointed Board members. Ms. Raewyn Lamb and Ms. Catherine Marshall therefore stepped down immediately. The incident and the resignations were immediately reported to the Charity Commission as a 'serious incident'.
- New elections for the four vacant 'internal' Board positions were held in November-December 2018 and Dr. Xavier Bonfill Cosp, Prof. Sally Green, Dr. Karsten Juhl Jorgensen and Mr. Jordi Pardo Pardo were elected. The new Board met in January 2019 and agreed to re-appoint Ms. Raewyn Lamb and Ms. Catherine Marshall, who rejoined the Board in February but will need to be confirmed by members at the Annual General Meeting scheduled in October 2019.
- The Governing Board and the Cochrane Council also agreed on additional measures to encourage wider participation within the Cochrane community; develop a 'Code of Conduct' clearly defining the types of behaviour which are and are not acceptable within the organization (including bullying, harassment, intimidation, retaliation and discrimination); and to finalize procedures for dealing with alleged breaches of the Code of Conduct.
- The 'Transformation Programme' integrating Cochrane's 52 Review Groups into eight new CRG Networks successfully achieved its first year of implementation. The Networks each developed



new strategic plans, Review prioritization plans, established new staffing support structures, and began implementing ways that they could work more efficiently together.

- The Cochrane Membership scheme launched in 2017 triggered spectacular growth in the number of people collaborating together on Cochrane activities and supporting its work. At the end of 2018 there were over 13,000 members who had activated their membership or joined the organization; with more than 52,000 additional supporters signed up. This represented a 44% rise with over 20,000 joining the organization as a member or supporter in 2018.
- New Cochrane Centres were established during the year in Colombia and Mexico (incorporating five Associate Centres in the city); and new Associate Centres or Affiliate Cochrane Groups in Bosnia & Herzegovina, the Czech Republic, Indonesia, Spain (in Madrid, the Basque region, and Navarra) and Taiwan.
- Cochrane's [Interactive Learning Course](#) for systematic review authors built on its successful launch in 2017 and by the end of 2018 strong sales meant the initiative had broken even earlier than expected for Cochrane's commercial company, Cochrane Innovations. Cochrane's international network of trainers continued to provide hundreds of face-to-face training workshops to systematic review authors and users around the world and the [Cochrane Learning Live](#) series of open webinars for Cochrane's editors, authors and other communities grew increasingly popular. Other learning and development resources were added to the '[Cochrane Training](#)' website, including:
  - '[Testing Treatments](#)' to promote better and more critical public evaluation of the effects of medical treatments;
  - Expanded and new resources for [patient and consumer involvement](#) in healthcare evidence production and use;
  - [Common Errors](#): a suite of five learning modules for Cochrane Editors to enhance their editorial skills; and
  - A new suite of [Knowledge Translation](#) resources to help those both inside and outside Cochrane to use Cochrane evidence to influence and impact health decision making.
- 'Cochrane Response', Cochrane's consultancy service, continued to grow its business significantly – taking on new contracts and staffing to meet the increasing demand. The consultancy returned a surplus of £109,147 for 2018.
- In 2018 Cochrane provided £40,000 of Strategic Development Support (SDS) funding to Cochrane's MS and Rare Diseases of the Central Nervous System Group to support its ongoing activities and staffing to bridge a break in financial support from the Group's long-term funder.

## 4. Financial Review

### Income

The Cochrane Collaboration's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd; although additional sources of revenue were received in 2018 from fundraising (from Trusts and Foundations), Cochrane Response (the charity's consultancy service) and Cochrane events. Total income received in 2018 was £9,952,749, a 14% increase from 2017 (£8,669,412).

### Publishing Income

In 2018 sales of the Cochrane Library rose by 4.25% to £10,684,000, compared to £10,248,000 in 2017; with royalties paid to Cochrane up by 5% to £6,850,000, from £6,524,000 the year before, effectively meeting the target set for Wiley, the publisher of the *Cochrane Library*. Total publishing income in 2018 reached £8,116,118.

### Donations and Legacy Income

Donation income totalled £5,214.

### **Technology Income**

Fundraising from Trusts and Foundations fell substantially in 2018, as planned follow-on funding to support Cochrane's 'Linked Data' and 'New Evidence Systems' information technology projects took longer to emerge than expected. Total income was £135,078.

### **Products & Services Income**

Cochrane's new consultancy service, 'Cochrane Response' launched in June 2016, generated an annual operating surplus of £109,147 in 2018, with sales of £485,997 and operating costs of £376,850.

### **Other Charitable Activity Income**

Cochrane's successful Colloquium organized by Cochrane UK in Edinburgh in September 2018 returned a surplus of £165,000 (all of which was retained by the Charity with 50% designated for use to support future Colloquium).

### **Investment Income:**

Interest for funds on account generated income of £13,797. No reserves were invested in funds during 2018.

### **Principal Funding Sources**

#### *Funding model*

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

The Groups who contribute towards the work of Cochrane are based within other organisations - such as universities and hospitals - which provide direct or indirect funding to support them. Groups are responsible for their own funding and for sourcing funding to support Cochrane Review preparation and related activities. This funding comes principally from national and trans-national government sources (typically from health, research and related ministries); and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. In addition, many Cochrane review authors fund their own costs and time related to writing their reviews, though some authors are funded to undertake reviews. It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates their contributions would cost tens of millions of pounds per year.

#### *Policy on commercial sponsorship*

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

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

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors

of reviews in the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review. Cochrane's policy surrounding commercial sponsorship of its annual Colloquia prohibits any sponsorship from commercial sources (as defined above).

## Expenditure

Cochrane's Governing Board endorsed continuing major investments in *Strategy to 2020* projects and initiatives in 2018, approving projected expenditure (2018 Plan & Budget plus in year decisions) of £7.68 million against projected income of £8.17 million. Expenditure in 2018 was higher than budgeted at £8.66 million as this includes Colloquium event expenditure of £0.7m, with this removed for comparison the expenditure was lower than budgeted at £7.96m and the effect of the better than projected income and lower than expected expenditure in 2018 is an operating surplus of £1.28 million

### Cost of Raising Funds

Direct expenditure of £185,726 was incurred in 2018 in generating the funding Cochrane received.

### Publishing Costs

Cochrane's direct central publishing costs relating to editorial support (provided by Cochrane's Editorial & Methods Department) and continuing provision of the basic IT infrastructure to support Review production (including its software tools RevMan and Archie) were £1,945,754 in 2018.

### Products Costs

Direct expenditure of £376,986 was incurred in 2018 in the development of new derivative products and services to support Cochrane's long-term sustainability, including costs for *Cochrane Innovations*.

### Future Technology Project Costs

Direct expenditure of £244,455 was incurred in 2018. This expenditure includes the project-related costs for the grant from the Bill and Melinda Gates Foundation, Linked Data costs, and investment in Project Transform and 'New Evidence System' costs.

### Other Charitable Activities' Costs

Direct expenditure of £1,609,127 was incurred in 2018. This expenditure includes £319,200 for Cochrane's Methods development; £151,464 for Translations of Cochrane evidence; £101,920 for Cochrane Colloquium support; and £88,586 for strategic support funding to Cochrane Groups.

### Governance Costs

Expenditure of £491,045 was incurred in 2018. This expenditure includes the costs of the Governing Board, Cochrane Group Executives, the new Cochrane Council, as well as audit, accountancy and legal costs in the year.

### Support Costs

Expenditure of £3,879,549 was incurred in 2018. This expenditure includes IT costs of £179,293, premises costs (in the UK, Denmark and Germany) of £325,050; £465,192 for membership, training and learning for Cochrane collaborators, and Central Executive Team people-related costs of £5,719,023 covering the leadership, facilitation and support activities of staff in the Central Executive Team.

### Remuneration and Pay Policy for Staff

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

The Governing Board reviews the salaries of staff as part of its consideration of the annual Plan & Budget. Central Executive staff salaries were increased by 2% in 2018 to cover the necessary cost of living adjustments for salaries in the following year. A Board Remuneration Sub-Committee oversees and advises on Cochrane's remuneration policy and practice.

### **Reserves Policy**

The aim of the charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims; and then to allocate these funds to projects of organization-wide impact over single- or multi-year projects as required. The Governing Board has established a Reserves Policy setting a minimum of between £2 million and £2.5 million to be retained for the charity's strategic reserves, with reserves above this level being used for activities that support its *Strategy to 2020* needs. The Policy recommends that total reserves should not exceed £5 million.

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

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

Reserves at the end of 2018 were £7,246,011. Free reserves (unrestricted funds minus those related to fixed assets) were £7,220,722. The Trustees intend to continue investing in the implementation of Cochrane's *Strategy to 2020* and this will draw down on the charity's Reserves in the coming years.

### **Discretionary Fund & Funds in Deficit**

The Cochrane Governing Board's Discretionary Fund provides £20,000 per year to facilitate small projects of general benefit to the organization (with no project receiving more than £5,000). However, no applications were made to the Fund in 2018. There were no Funds in deficit in the year.

### **Investment Policy**

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

## **5. Future Plans**

For 2019 the charity's main targets and areas of work are as follows (for more details see the 2019 [Targets](#) and [Plan & Budget](#)):

### **Goal 1: Producing evidence**

- Continuing development of Cochrane's Systematic Review-producing Groups and Processes, through the development of the Review Group Networks and implementation of the CRG Transformation Programme.
- Implementation and ongoing development of Cochrane's new Content Strategy, including:
  - Implementing the Risk of Bias 2 tool (ROB2);

- Scaling up Cochrane's 'Living Systematic Reviews';
- Developing standards and scaling up our Network Meta-analysis (NMA);
- Deciding whether to progress work on developing Rapid Reviews
- Exploring the use of Clinical Study Reports as source data for drug intervention reviews.
- Assuring the quality and consistency of Cochrane's editorial process, by:
  - Developing an editorial charter that describes agreed expectations across Review Group Networks and CRGs to assure the equity and consistently high quality of editorial processes; and
  - Developing and implementing an agreed quality assurance process for high-profile reviews.
- Revising and completing Cochrane's Conflict of Interest policy (including financial and non-financial conflicts) and Scientific Misconduct policy.

### **Goal 2: Making our evidence accessible**

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

### **Goal 3: Advocating for evidence**

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

### **Goal 4: Building an effective and sustainable organization**

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

### **Public Benefit Statement**

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

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to



be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

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

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of 13,000 Cochrane members, principally health professionals, patients and their representatives, and academics. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Cochrane's activities.

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

### **Statement of Responsibilities of the Trustees**

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

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

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

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

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

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom

governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 December 2018 was 12 (2017: 13). The Trustees are members of the charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

### **Auditors**

Cochrane held a competitive tender in 2016 to appoint auditors for its 2017 financial year and beyond. Sayer Vincent were appointed – and approved by the members at the Annual General Meeting in September 2017.

The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and signed on behalf of the Trustees by

.....  
**Ms. Marguerite Koster**, Trustee and Co-Chair

**Date:** .....

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

### **Opinion**

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2018 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2018 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

### **Basis for opinion**

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

### **Other information**

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

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

We have nothing to report in this regard.



### **Opinions on other matters prescribed by the Companies Act 2006**

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

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

### **Matters on which we are required to report by exception**

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

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

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

### **Responsibilities of Trustees**

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

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

### **Auditor's responsibilities for the audit of the financial statements**

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

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

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

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

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

Noelia Serrano (Senior statutory auditor)

Date

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

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

11.4. Strategic Development Support -  
Update Report [RESTRICTED ACCESS  
SUPPORTING DOCUMENT] [CONSENT  
AGENDA]



## 12. Governing Board Sub-Committees and Working Groups: Matters to Report:



## 12.1. Dispute Resolution Procedures Working Group





## 12.2. Finance, Audit and Investment Committee



## 12.3. Governance Committee



## 12.4. Governing Board Appointed Member Nomination Committee [OPEN ACCESS SUPPORTING DOCUMENT]



## Governing Board Paper

<b>Agenda number:</b>	12.4-KRK-2019
<b>Agenda item:</b>	<b>Governing Board Appointed Member Nomination Committee – Report on recent recruitment process for new appointed Board Member</b>
<b>Submitted for Governing Board meeting:</b>	Krakow, March 2019
<b>Submitted by:</b>	Governing Board Appointed Member Nomination Committee: Marguerite Koster (Chair) Martin Burton Sally Green Xavier Bonfill
<b>Sponsored by:</b>	Marguerite Koster, Co-Chair
<b>Access:</b>	Open
<b>Decision or information:</b>	Decision
<b>Resolution for the minutes:</b>	The Board approves the Nomination Committee's recommendation to conduct a new search for a new Board Member from a low- or middle-income country (LMIC) following the process set out in this report.
<b>Executive summary:</b>	In February 2019, the Board ran a recruitment process seeking a new member from a low- or middle-income country (LMIC), and/ or from a geographical region that is different from that of the current Trustees. Following consideration of the applications by the Appointed Member Nomination Committee, no appointment was recommended or made. This report provides an explanation and proposal for next steps.
<b>Consultation with Cochrane Council:</b>	No
<b>Financial request:</b>	None

## 1 Report:

The Governing Board Appointed Member Nomination Committee carefully reviewed and discussed the six applications received. These came from individuals with connections to five different Low- and Middle-Income Countries (LMICs). The Committee acknowledged that all candidates demonstrated skills and attributes relevant to their professional fields, regardless of their suitability for appointment to the Governing Board.

Two candidates were not based in LMICs but worked in, or were citizens of, high income countries. The majority of candidates were members of Cochrane, some with roles in Cochrane Groups and structures. None of the candidates had the specific types and level of expertise that the Board was seeking.

As a consequence, the Committee is unable to recommend any candidate to the Board from this round of applications.

## 2 Recommendation:

The Committee is fully committed to appointing an individual from a LMIC and to this end recommends that the Governing Board conduct a further search for such an individual. It plans to use the intelligence provided by the Directors of Centres, Associate Centres and Affiliates in LMICs to identify suitable individuals, external to Cochrane, with the skills the Board needs. In particular, it is interested in identifying senior people who serve, or have served, on the Boards of large organisations, charities, companies, or NGOs, or possibly with experience at the Chief Executive, Chief Operating Officer, or Chief Finance Officer level within such organisations. The individual should be “external” to Cochrane, and live and work in a LMIC. In addition, the committee discussed possible future strategies for increasing global participation from suitably qualified people on the Board.





## 12.5. Remuneration Committee



13. Editor in Chief recruitment:  
preparation for candidate presentations  
and interviews



## 14. Any Other Business



**15. Date of Next Meeting**





16. DAY 3 PM - Friday 5th April 2019 -  
Editor in Chief candidate presentations



**FORMAL MEETING ADJOURNED**



DAY 4 PM - Saturday 6th April 2019 -  
Editor in Chief recruitment



**FORMAL MEETING RESUMED**





## 17. Consideration of the Editor in Chief Recruitment Panel's recommendations



**MEETING CLOSED**



**Matters arising from previous meeting**