



Annual General Meeting 2021

Wednesday 27 October 2021

09:00-10:30 GMT +1

Online and in-person at St Albans
House, 57-59 Haymarket, London,
SW1Y 4QX, United Kingdom

Chair: Tracey Howe

Governing Board Co-Chair

Trusted evidence.
Informed decisions.
Better health.

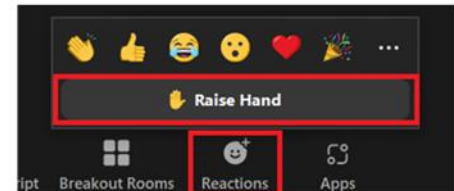
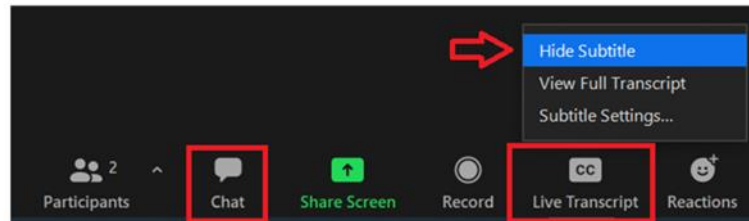


Welcome

The Annual General Meeting (AGM) is an opportunity for Cochrane's Trustees - its Governing Board - and senior officers to tell members about the management of the charity. It also provides you with an opportunity to ask questions and vote on matters affecting the organization, called '**Resolutions**'.

Zoom

- Your microphone will be muted when you're not speaking
- Please keep your camera turned off until the Question & Answer session, to reduce the bandwidth and therefore improve the experience for everyone.
Turn it on for the Questions & Answer session!
- To ask a written question, click on **“Chat”** to open the chat box
- To ask a verbal question, click on **“Reactions” > “Raise Hand”**
- To turn subtitles on or off, click on **“Live Transcript” > “Show/Hide Subtitle”**



Welcome

- I. Reminder of the AGM voting procedure
- II. Introduction of the Trustees

2. Minutes

3. Trustees' Reports

- I. Co-Chairs' Report
- II. Treasurer's Report

4. Appointment of the Auditors

5. Council Report

6. Senior Officers' Reports

- I. Interim Chief Executive Officer
- II. Editor in Chief of The Cochrane Library

7. Members' Questions and Any Other Business

8. Date of Next Annual General Meeting

Voting procedure for Resolutions

- Voting is electronic. You must have access to an internet-connected device to vote.
- You may vote at any time during this meeting. Voting will be closed at the end of the meeting and results announced after the meeting.
- Go to **agm.cochrane.org** and login via your Cochrane Account to cast your votes on the Resolutions.

The Governing Board

Cochrane's governing body is the Board, with some members elected by Cochrane's members and some appointed by the Board. Cochrane is a registered charity in the United Kingdom and the Board serves as our Board of Trustees. Our current set of Trustees come from 10 different countries, from Argentina to New Zealand.



Tracey Howe
(Co-Chair)



Catherine Marshall
(Co-Chair)



Xavier Bonfill



Nicky Cullum



Juan Franco



Sally Green



Karsten Juhl
Jørgensen



Karen Kelly



Marguerite Koster



Tamara Kredo



Rae Lamb



Jordi Pardo Pardo

Elections for FIVE members currently underway

For this election, the Board is especially seeking candidates who have **one or more** of the following areas of expertise, in order to complement those of existing Board members:

- **Publishing and Open Access**
- **Fundraising or business development**
- **Digital product development**
- **Financial management**
- **Advocacy**
- **Science communications or public relations**
- **Making organizations more diverse and equitable**

These skills can come from any area of candidates' professional or personal lives. We also want to increase diversity on the Board, so for this election, one of the five places available is restricted to a **Cochrane Member who is 30 years old or younger** on the date the election results are announced.

View candidates and vote at elections.cochrane.org by 25 November

Board members not seeking re-election



Xavier Bonfill



Nicky Cullum

Our grateful thanks to Xavier and Nicky for their contributions to Cochrane

The Board's work is supported by its Sub-Committees and Working Groups

- Governance Committee
- Finance, Audit & Investment Committee
- Remuneration Committee
- Nominating Committee
- Complaints Resolution Committee
- Colloquia, Meetings & Events Working Group
- Diversity & Inclusion program



The Board is guided by a Charter and a Code of Conduct for members

Governing Board Charter

[Home](#) > [Organizational info](#) > [People](#) > [Governing Board](#) > [Governing Board Charter](#)

Vision & Strategy

Compelling and durable charitable purpose

Cochrane has a compelling and durable charitable purpose for the benefit of the public. Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

Long-term strategy flowing from the charitable purpose

The **Board** has a well-developed long-term strategy which is focused on impact. It considers the possible future environments in which **Cochrane** will operate, including the changing needs of beneficiaries - those who use, deliver and/or pay for health care.

Board Leadership

Board commitment to focus on impact

The **Board** is committed to this focus and thereby to the long-term sustainable success of **Cochrane**.

The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach¹.

Suitable structures and expertise

The **Board** has the necessary skills, expertise and structures in place to fulfil the vision and mission of **Cochrane** and to implement and oversee the 'focus on impact' approach².

Code of Conduct for Trustees

[Home](#) > [Organizational info](#) > [People](#) > [Governing Board](#) > [Membership](#) > [Code of Conduct for Trustees](#)

1. Introduction

Those who serve on the Governing Board are trustees of a UK charity and have responsibilities both under UK company law as directors and under UK charity law. As part of this, each Governing Board Member ('Trustee') is asked to agree to abide by the Code of Conduct which is set out in this document and to sign the Trustee's Declaration accordingly. This is to be read in conjunction with the Articles of Association of the Charity.

A copy of the Code of Conduct will be made available at the front of all Governing Board agendas.

2. Purpose of the Code

The Code aims to define the standards expected of Cochrane's Trustees in order to ensure that:

- The organisation is effective, open and accountable;
- The highest standards of integrity and stewardship are achieved; and
- The working relationship with any staff and advisers is productive and supportive.

3. Code of Conduct

3.1 Selflessness

Trustees have a general duty to act with probity and prudence in the best interest of the charity as a whole. They should not act in order to gain financial or other benefits for themselves, their family, their friends, or the organisation they come from.

3.2 Integrity

Legal responsibilities of the Board:

Our legal duties	For example:
Act in the Charity's best interests	Dealing with conflicts of interest
Manage the Charity's resources responsibly	Implementing appropriate financial controls Managing risks, e.g., impact of Covid-19 pandemic
Act with reasonable care and skill	Taking appropriate advice when we need to
Ensure legal & financial responsibilities of employing staff are met	Supporting the wellbeing of Cochrane's staff, e.g., during Covid-19 pandemic
Oversee financial and statutory reporting	Annual review, Trustees Report and financial statements, Charity Commission Annual Return

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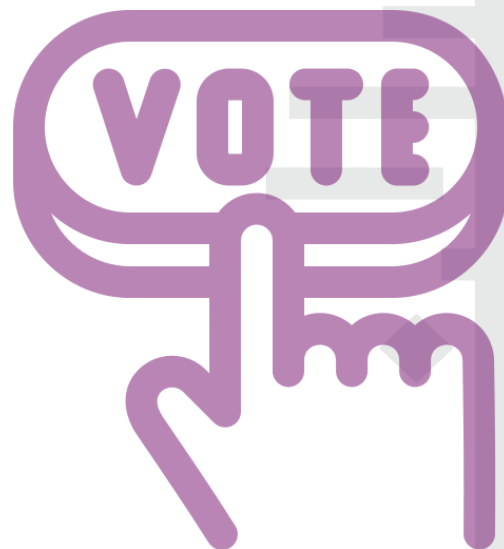
7. Members' Questions and Any Other Business

8. Date of Next Annual General Meeting

Proposed Resolution

To approve the Minutes from the last Annual General Meeting, held on 16th December 2020

Proposed by Tracey Howe
Seconded by Catherine Marshall



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Co-Chairs' Report

Transforming Cochrane
for the future

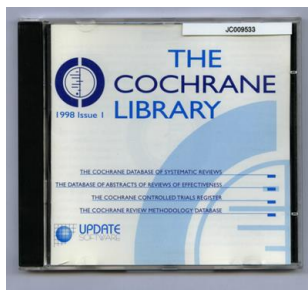
Catherine Marshall & Tracey Howe

27th October 2021

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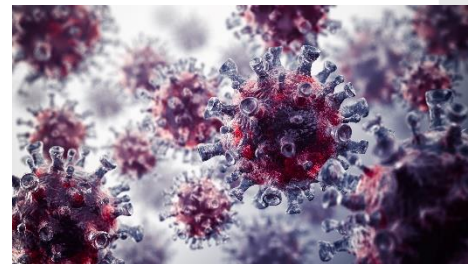


1993 ----- 2021 2023 ...

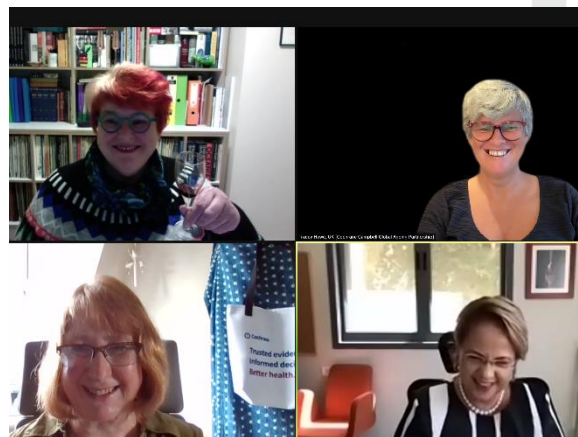


COVID-19 has changed the world

- The COVID pandemic has demonstrated that Cochrane's high-quality health evidence is more relevant now than ever before
- Our ways of working, communicating, and sharing of information have changed
- Organizations around the globe have had to look hard to ensure their ongoing viability and have modified their strategies and structures – we are doing the same
- Cochrane's two-year *Strategy for Change* will create the foundations for the next five to ten years



Before & after



Activities in 2021



Building resilience

Sales of licenses to the Cochrane Library are strong and so is Cochrane's financial position.

Cochrane's organizational transformation:

- Focuses on what is most important and has most impact and allows us to stop doing things that don't add value;
- Encourages innovation and new ways of delivering our evidence, which will open new links to funders, partner agencies and our beneficiaries.

The G7 and many Cochrane Group funders require Open Access to the research they fund. COVID-19 has highlighted the importance of access to high-quality health evidence.

In 2020, we re-committed to making all Cochrane Reviews Open Access by 2025. Currently, 74% of reviews are Open Access (OA).

This requires a new business model for the Cochrane Library but because income from the Cochrane Library is strong, we have a financial foundation for change.

Strong grounds for optimism

Our work is recognized by funders and partners worldwide:

“Cochrane is a unique, admired, respected, and trusted organization, whose work has never been more important and potential donors should recognise this....”

“[Cochrane has a] reputation for integrity, quality, and for effectively mobilising a global network of volunteers...”

“...enthusiasm to participate in the Cochrane network across the globe continues to be high and there appears to be a widely held perception that it is an incorruptible source of high-quality research synthesis...”

“...the organization looks to have responded with dynamism to the short-term evidence demands of an anxious world and showcased its capacity to act expeditiously while being mindful of quality and the dangers of misinformation.”





Huge access to our evidence globally and in different languages

9,594

new or updated translations of review abstracts and Plain Language Summaries published in 2020

33,962

review translations on the Cochrane Library and Cochrane.org at the end of 2020

39

Podcasts published on new and updated Cochrane Reviews

127

podcast translations in eight languages

604

Cochrane Reviews became free to access in 2020 under Cochrane's Open Access Policy

All our COVID-19 evidence is available with unrestricted access

Location of visitors to Cochrane.org in Sept 2021:

COUNTRY	VISITS
Iran	741,228
Mexico	563,440
Russia	492,392
United States	434,333
France	326,857
Spain	233,430
Brazil	231,054
Colombia	211,513
Ukraine	196,177
Argentina	183,153
Peru	156,675
Germany	151,367
Malaysia	149,754
Japan	148,302
Chile	137,879
United Kingdom	118,743

Cochrane.org hosts the Plain Language Summaries of Cochrane Reviews in **16 languages**

Web traffic to Cochrane.org continued to grow:



84 million in 2020

4 million in 2013

Translation and dissemination in different languages resulted in significant uptake:

- Over **82%** of all Cochrane.org page views were of translated information
- More than **79%** of Cochrane.org visitors use browsers in languages other than English

All our COVID-19 evidence was translated into multiple languages, and some COVID-19 translations were among the most popular evidence on our websites.

Cochrane Convenes

- 300 people from 66 countries joined global health leaders and experts from around the world for Cochrane Convenes open online plenary meeting on Thursday 14th October to discuss how to respond to the global healthcare challenges created by COVID-19
- Led by Cochrane, co-sponsored by the World Health Organization (WHO), and co-organized with partners of COVID-END (COVID-19 Evidence Network to support Decision-making)
- Participants included scientists, researchers, funders, public health decision makers and practitioners, patient and consumer advocates as well as health and science editors
- A huge thank you again to all of you who have worked tremendously hard over many months on the coordination of this inaugural online meeting.
- Listen to WHO Director-General Dr Tedros Adhanom Ghebreyesus' introduction at the end of this presentation.



Cochrane is welcoming and inclusive

- We are a vibrant organization of over 100,000 members and supporters, growing daily
- We celebrate diversity and welcome people with a wide range of life skills, cultural backgrounds, lived experience and abilities
- To attract new people to Cochrane we need to be simpler – reduce barriers – find ways to be easier to use and work with
- We are undertaking a *Listening* survey
- We are working with Early Career Professionals
- We have ring-fenced Board positions for members from Low- and Middle- Income Countries; and those 30 years old and under
- The Consumer Network and Council will lead an initiative to identify our community values



More about our achievements

You will hear more detail from:

- Karen Kelly, Treasurer
- Judith Brodie, Interim Chief Executive Officer
- Karla Soares-Weiser, Editor in Chief
- Stefano Negrini, Council Co-Chair





Cochrane Connects



Tuesday 16 November

Hear more about:

Strategy for Change

Cochrane's approach to Open Access

Cochrane's Climate-Health Working Group

Cochrane Convenes 2021

2021 Prizes and Awards

...and network with colleagues!

COMMUNITY ONLINE EVENT



governingboardsecretary@cochrane.org

governingboardsecretary@cochrane.org



Cochrane welcomes people from everywhere.

Provide feedback to shape our 2022

Diversity and Inclusion Strategy



WHO Director-General
Dr Tedros Adhanom Ghebreyesus



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Financial Report

Karen Kelly, Treasurer

27th October 2021

Trusted evidence.
Informed decisions.
Better health.



1. For the Charity:

- 2020 financial results
- 2021 update
- 2022 & beyond

2. Financial & Resource monitoring of Cochrane Groups

2020 financial results for the Charity

£ millions	Actuals		Variance	Budget 2020
	2020	2019		
Income	12.8	8.1	4.7	9.9
Expenditure	(9.0)	(9.2)	0.2	(11.9)
Net income/(spend)	3.8	(1.1)	4.9	(2.0)
Free reserves	5.5	6.1	(0.6)	

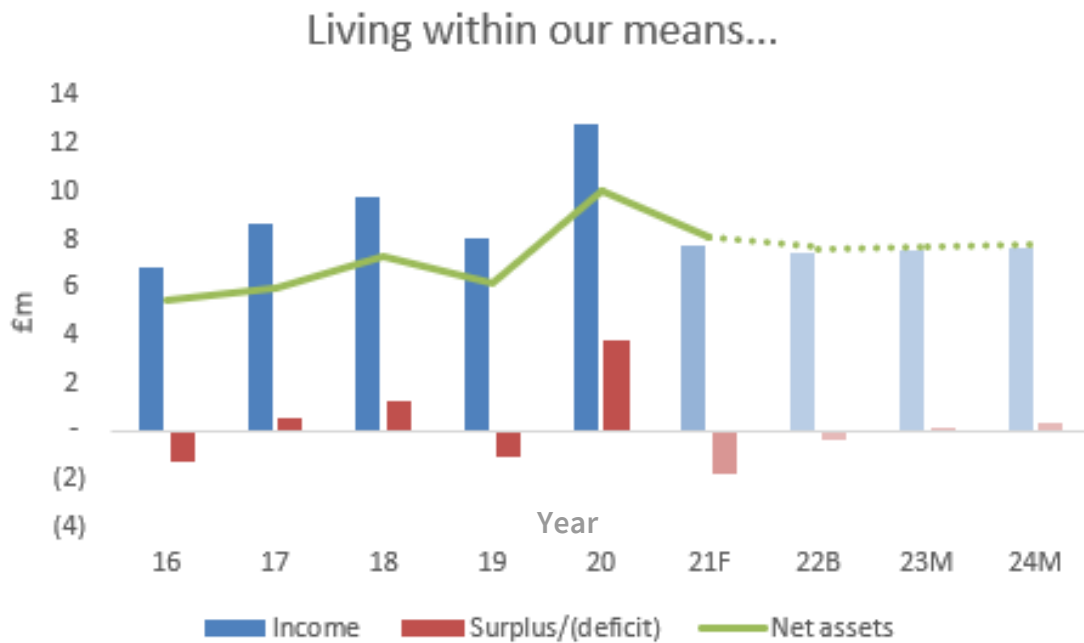
The full statutory accounts can be found at www.cochrane.org

2021 update for the Charity

£ millions	2021 F	2020 A	Variance	2021 B
Income	7.7	12.8	(5.1)	8.0
Expenditure	(9.5)	(9.0)	(0.5)	(10.1)
Innovations charge	(0.7)	-	(0.7)	-
Net income/(spend)	(2.5)	3.8	(6.3)	(2.1)
Free reserves	3.8	5.5	(1.7)	

F = what is forecast to be spent, A = actual spend, B = what is budgeted to be spent

2022 & beyond for the Charity



F = forecast, B = budget, M = model

Financial & Resource Monitoring of Cochrane Groups

- As well as looking at the Charity, we must also establish a picture of the whole organization's funding and sustainability
- The survey all Cochrane Groups are asked to undertake annually represents critical business intelligence that informs planning and risk management:
thank you to all Groups for taking the time to report
- Data for 2021 is currently being processed and will be published by the end of the year

Financial & Resource Monitoring of Cochrane Groups

£15.7m GBP income to Cochrane Groups in 2019, as reported and converted from local currencies in 2020

Risks to address:

- Our top Group funders contribute a disproportionately high share of our Group's income
- The top resourced Groups dispose of a disproportionately high share of all Group resources. On the other hand, a high number of Groups do not have any direct income
- Many Groups rely on a single funder for all or most of their income
- The Charity itself is one of the top 10 Group funders
- Overall Group funding has been on a similar level since 2008, while the number of Groups has much increased, mainly through the establishment of new Geographic Groups
- Our global resource distribution reflects global inequality patterns: most of our income and human resource is in Europe and in high-income countries

Geographic Groups

Review Groups

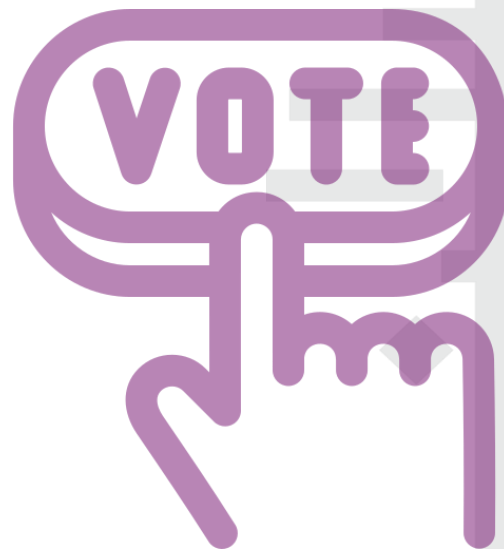
Methods Groups

Fields

Proposed Resolution

**To receive and note the Trustees'
Report and Financial Statements for
the year ended 31st December 2020**

Proposed by Karen Kelly
Seconded by Tracey Howe



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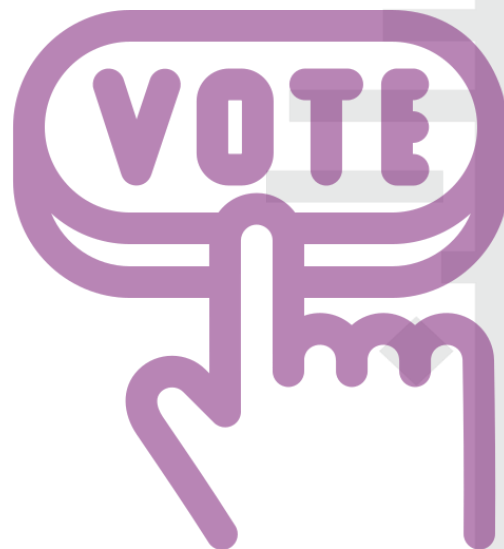
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Proposed Resolution

To note the re-appointment of Sayer Vincent as auditors until the conclusion of the next Annual General Meeting

Proposed by Karen Kelly
Seconded by Tracey Howe



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Editor in Chief's Report

Karla Soares-Weiser

27th October 2021

Trusted evidence.
Informed decisions.
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We have a lot to celebrate

- Cochrane Library performance in 2020-21
- Cochrane's commitment to become Open Access by 2025
- Building together the future of evidence synthesis production
- Key highlights from Cochrane Convenes recommendations

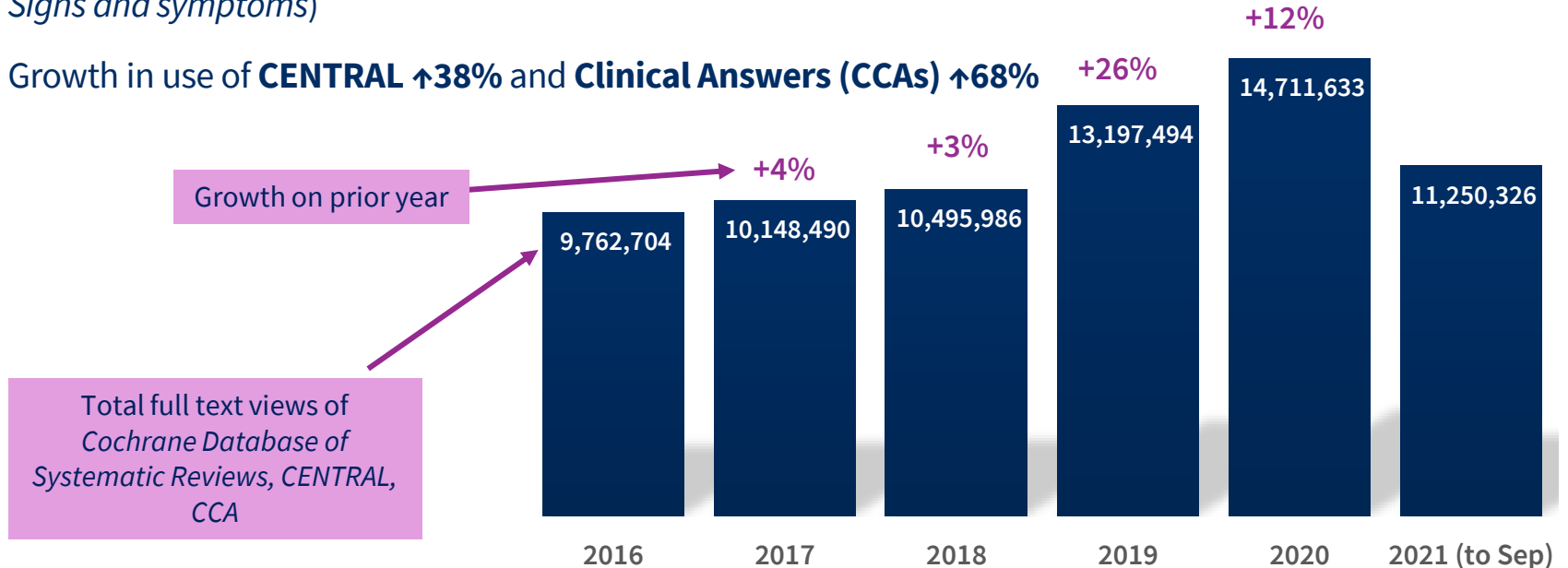
All of this we have achieved together!



Cochrane Library usage growth

Drivers in 2020:

1. Cochrane Library **globally free to access** from March – May
2. High access to **COVID-19 reviews and updates** (*Quarantine, PPE, Antibody tests, Signs and symptoms*)
3. Growth in use of **CENTRAL** $\uparrow 38\%$ and **Clinical Answers (CCAs)** $\uparrow 68\%$



Impact of Cochrane Reviews in 2020



Usage

- Around **15 million full text views** of Cochrane Reviews, CENTRAL records and CCAs, from over 230 countries
- 12% growth on prior year



Altmetric

- Mentions in social media, news outlets, blogs etc grew from around 50,000/year in 2017-19 to 55,000 in 2020 and **70,000 so far in 2021**



Citations

- CDSR 2020 **Impact Factor is 9.266** – a strong increase on 7.890 in 2019
- The CDSR received 81,212 cites – on average, **a Cochrane Review was cited once every six minutes in 2020**



Guidelines

- Cochrane Reviews have received **30,000 cites in all guidelines** tracked by Cochrane UK
- In 2020 **86% of WHO Guidelines** informed by Cochrane Reviews

Article highlights 2020-21

Top accessed Cochrane Review in 2020 with over 260,000 full text views

Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19

Thomas Struyf, Jonathan J Deeks, Jacqueline Dinnes, Yemisi Takwoingi, Clare Davenport, Mariska MG Leeflang, René Spijker, Lotty Hooft, Devy Emperador, Julie Domen, Sebastiaan R A Horn, ✉ Ann Van den Bruel, Authors' declarations of interest
Cochrane COVID-19 Diagnostic Test Accuracy Group



Ivermectin for preventing and treating COVID-19

Maria Popp, Miriam Stegemann, Maria-Inti Metzendorf, Susan Gould, Peter Kranke, Patrick Meybohm, Nicole Skoetz, ✉ Stephanie Weibel Authors' declarations of interest

Highest scoring (Altmetric) Cochrane Review of all time, ranked **#160 of all 19 million research outputs** tracked by Altmetric

Highest cited Cochrane Review in 2020
IF window with 133 cites

Exercise for preventing falls in older people living in the community

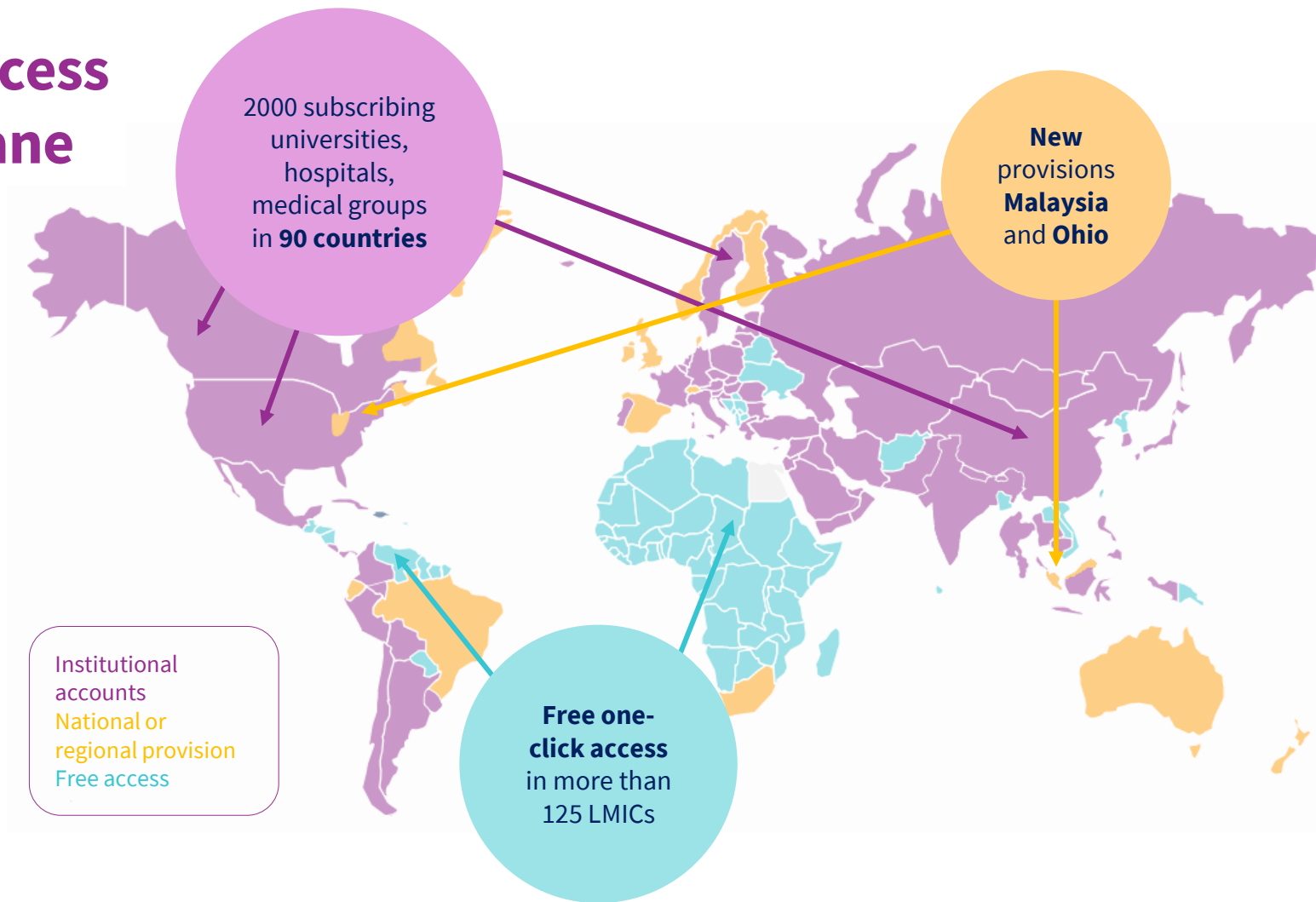
✉ Catherine Sherrington, Nicola J Fairhall, Geraldine K Wallbank, Anne Tiedemann, Zoe A Michaleff, Kirsten Howard, Lindy Clemson, Sally Hopewell, Sarah E Lamb Authors' declarations of interest
Version published: 31 January 2019 Version history

Decision aids for people facing health treatment or screening decisions

✉ Dawn Stacey, France Légaré, Krystina Lewis, Michael J Barry, Carol L Bennett, Karen B Eden, Margaret Holmes-Rovner, Hilary Llewellyn-Thomas, Anne Lyddiatt, Richard Thomson, Lyndal Trevena Authors' declarations of interest

Highest cited Cochrane Review in Guidelines with 75 cites

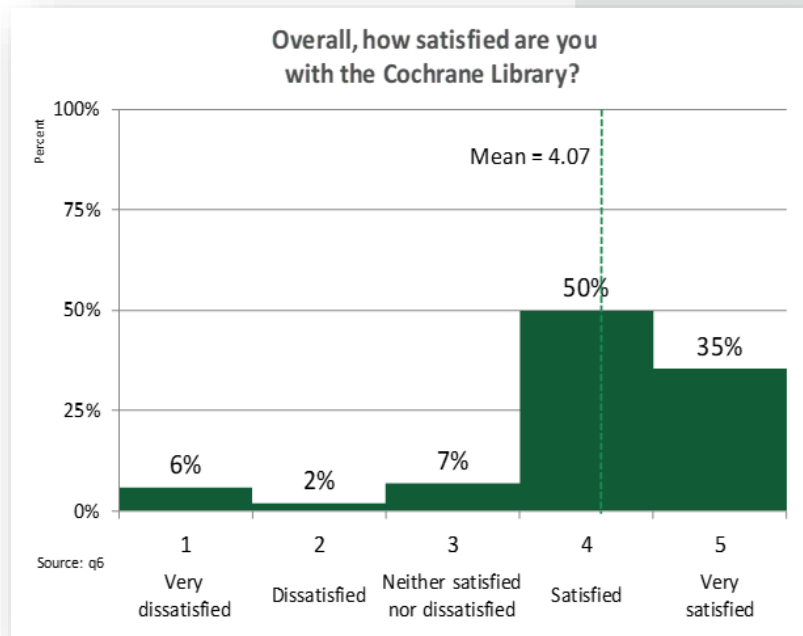
Global access to Cochrane



‘Voice of the customer’ survey: 2021

- The Cochrane Library continues to excel in satisfaction.
- Credibility remains the Library’s biggest strength.
- The Cochrane Library is admired for having up-to-date information.
- Cochrane strongly supports knowledge, education and decision-making in healthcare.

PROPORTION OF RESPONDENTS



This year, Cochrane's Governing Board reiterated the commitment to make all Cochrane Reviews Open Access by 2025



So, why are we doing this?



Open Access is at the heart of Cochrane's mission



COVID-19 has demonstrated the benefits of Open Access and will accelerate the move to open research



Align our strategy to global funders and government mandate to make knowledge accessible for all



Innovation in Open Access funding models

We need to start now to be ready in 2025...

- 80% of the charity's income is currently derived from publishing the Cochrane Library.
- Current Open Access models are not suitable – BUT opportunity to adapt and innovate to make them work for Cochrane.
- Need to complete 'due diligence' and ensure we take the time to understand and manage the organizational risks.
- Provide sufficient time to implement any changes required in our review production and publishing systems and processes.

2021

2025



How is Cochrane responding?

- Running **a research and consultation** project to identify a sustainable and funder-compliant route to full Open Access for all Cochrane Reviews.
- By October 2022 we will **deliver a transition plan** confirming:
 - How Cochrane could deliver full Open Access by 2025;
 - The impact and implications on Cochrane's future income, review production and publishing models;
 - How we can comply with Open Access funder mandates during this three-year transition period.

Ginny Barbour

Virginia (Ginny) Barbour is Co-Lead, Office for Scholarly Communications, Queensland University of Technology (QUT). She is Director of Open Access Australasia (previously Australasian Open Access Strategy Group) . She was one of the three founding editors of *PLOS Medicine*. She is Chair of the Cochrane Library Oversight Committee.



Why?

Times are different and we face important challenges.

We know that to continue to deliver on our goal of producing trusted and timely evidence we must:

1. Respond to important global health and social care issues and needs.
2. Streamline the way we produce high-quality evidence syntheses by simplifying editorial and systems and improving efficiency and consistency.
3. Achieve financial sustainability in an environment characterized by ever-diminishing infrastructure funding and increasing funder demands for open access research output.

What have we heard so far?

Over 1500 visits to **www.futurecochrane.space**

130 responses to the survey

Over 100 participants in each workshop

Council representatives are gathering feedback from their constituencies

We aim to summarize feedback and share them on the website by the end of November

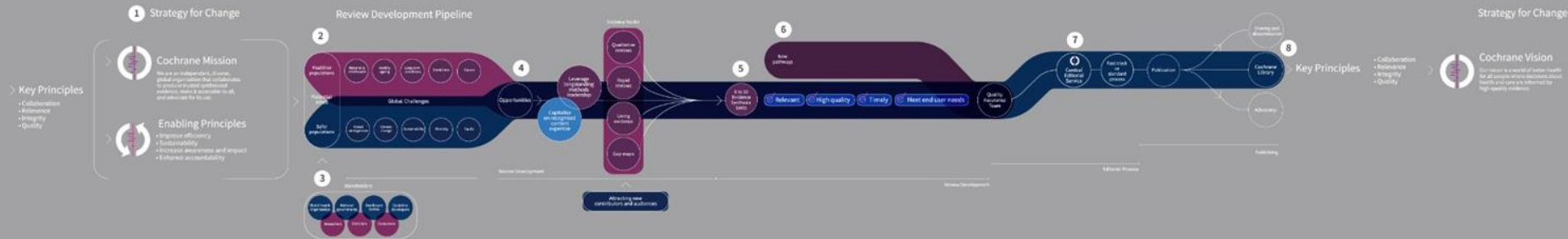
"The pandemic has demonstrated that Cochrane reviews can be done swiftly by experienced resourced teams. Cochrane has been slow to embrace innovations that can improve our ability to do more with less resources."

"my main concern is that quality standards be maintained, and Cochrane outputs are not biased by involvement of any powerful organisations or individuals"

"be careful that reviews are not written and evaluated by methodologists alone; clinicians should always be involved"

"I think there needs be a much greater focus on disseminating evidence using digital formats and different platforms, along with a much more proactive approach to media coverage and engagement."

"Consider a 'franchise' operational model where Review Groups whose funding is continuing can use the Cochrane 'brand' and tools to produce reviews without being directly 'managed' as long as they meet certain quality standards"



Step 1
September - October 2021
Model option & community survey

The community is invited and encouraged to review this proposed model and provide feedback and ideas.

You can review the proposed model and complete the [survey](#) below.

Step 2
September - November 2021
Community workshops & feedback

A series of workshops will be held over October and November to provide more information and gather community feedback.

You can register for the Community Engagement Workshop Series [here](#).

Step 3
December 2021
Community-informed business
case & Governing Board decision

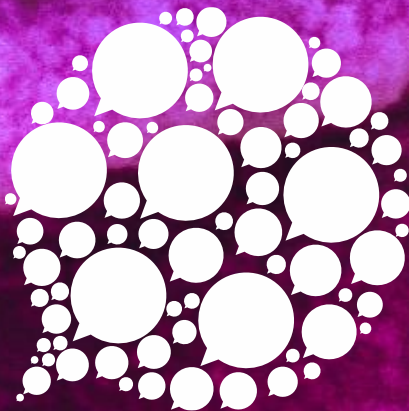
The feedback and ideas provided in both the survey and workshops will be made publicly available in November. It will inform the development of a business case with preferred and alternative options to be shared with the Governing Board

The Board will decide the way forward at its December meeting. This will represent the beginning of an expected transition period over 2022-2023.

www.futurecochrane.space



Cochrane
Convenes



Preparing for and responding
to global health emergencies:
what have we learnt from
COVID-19

- Led by Cochrane, co-sponsored by the World Health Organization (WHO), and co-organized with partners of COVID-END (COVID-19 Evidence Network to support Decision-making).
- 90 healthcare policy makers, researchers, funders, journalists, science communicators and consumer representatives from around the world participated in seven roundtable discussions.

Key high-level recommendations

Researchers: Identify tools, processes, methods, and research questions that can be developed in 'peace-time' to ensure better preparedness in future

Funders: Fund infrastructure and the entire process in LMIC as well as HIC, so that reliable and useful evidence can be generated quickly in response to the next global emergency

Policy-makers: Be transparent and develop understanding of scientific uncertainty and negative results and how to communicate about it

Politicians: Act on mis/disinformation by holding those intentionally creating and spreading mis/disinformation accountable – this threatens lives

Thank you!

Karla Soares-Weiser
ksoaresweiser@cochrane.org



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5. Council Report

6. Senior Officers' Reports

- I. Interim Chief Executive Officer
- II. Editor in Chief of The Cochrane Library

7. Members' Questions and Any Other Business

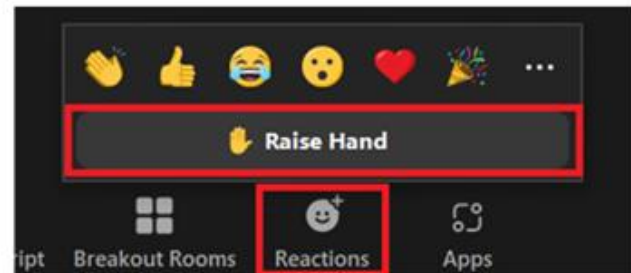
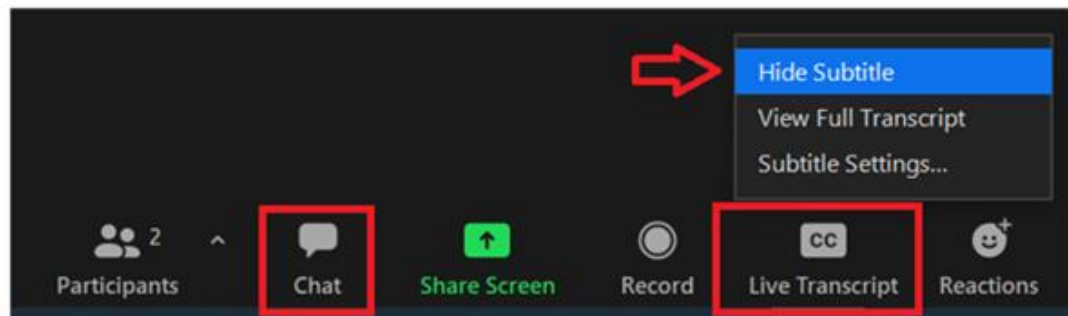
8. Date of Next Annual General Meeting

Questions

You are welcome to turn
on your cameras, and ask
questions via Chat
or in-person

Zoom

- To ask a written question, click on “**Chat**” to open the chat box
- To ask a verbal question, click on “**Reactions**” > “**Raise Hand**”
- To turn subtitles on or off, click on “**Live Transcript**” > “**Show/Hide Subtitle**”



Welcome

- I. Reminder of the AGM voting procedure
- II. Introduction of the Trustees

2. Minutes

3. Trustees' Reports

- I. Co-Chairs' Report
- II. Treasurer's Report

4. Appointment of the Auditors

5. Council Report

6. Senior Officers' Reports

- I. Interim Chief Executive Officer
- II. Editor in Chief of The Cochrane Library

7. Members' Questions and Any Other Business

8. Date of Next Annual General Meeting

Date of next meeting

The next Annual General Meeting will be held in 2022, date to be confirmed, as a hybrid online and in-person meeting.



**Vote on Resolutions at
agm.cochrane.org until 30
minutes after this meeting closes.
Voting will then be closed.**

Results will be announced by email and on the Cochrane
Community website following the meeting