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’. 
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

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II. Introduction of the Trustees

2. Minutes

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II. Treasurer’s Report

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II. Editor in Chief of The Cochrane Library

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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.
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](https://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**

**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 synthesized 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 approach.

*Suitable structures and expertise*

The Board has the necessary skills, expertise and structures in place to fulfill the vision and mission of Cochrane and to implement and oversee the ‘focus on impact’ approach.

**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 advisors 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:

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

Vote at agm.cochrane.org
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Co-Chairs’ Report

Transforming Cochrane for the future

Catherine Marshall & Tracey Howe
27th October 2021

Trusted evidence.
Informed decisions.
Better health.
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

Cochrane has curated, developed and published COVID-19 evidence to support health policymakers, clinicians, practitioners and researchers in their work.

I'm attending #Convenes21
Join me on October 14th. Register for free at Convenes.Cochrane.org
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.
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

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.

Location of visitors to Cochrane.org in Sept 2021:

<table>
<thead>
<tr>
<th>Country</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iran</td>
<td>741,228</td>
</tr>
<tr>
<td>Mexico</td>
<td>563,440</td>
</tr>
<tr>
<td>Russia</td>
<td>492,392</td>
</tr>
<tr>
<td>United States</td>
<td>434,333</td>
</tr>
<tr>
<td>France</td>
<td>326,657</td>
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<tr>
<td>Spain</td>
<td>233,430</td>
</tr>
<tr>
<td>Brazil</td>
<td>231,054</td>
</tr>
<tr>
<td>Colombia</td>
<td>211,513</td>
</tr>
<tr>
<td>Ukraine</td>
<td>196,177</td>
</tr>
<tr>
<td>Argentina</td>
<td>183,153</td>
</tr>
<tr>
<td>Peru</td>
<td>156,675</td>
</tr>
<tr>
<td>Germany</td>
<td>151,387</td>
</tr>
<tr>
<td>Malaysia</td>
<td>146,754</td>
</tr>
<tr>
<td>Japan</td>
<td>148,302</td>
</tr>
<tr>
<td>Chile</td>
<td>137,679</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>118,743</td>
</tr>
</tbody>
</table>
Cochrane Convenes

- 300 people from 66 countries joined global health leaders and experts from around the work 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
Thank you to all our members and supporters, and the staff of Cochrane Groups and Central Executive Team, the Council and other committees.

governingboardsecretary@cochrane.org
Cochrane welcomes people from everywhere.

Provide feedback to shape our 2022 Diversity and Inclusion Strategy
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Financial Report

Karen Kelly, Treasurer
27th October 2021

1. For the Charity:
   - 2020 financial results
   - 2021 update
   - 2022 & beyond

2. Financial & Resource monitoring of Cochrane Groups
## 2020 financial results for the Charity

<table>
<thead>
<tr>
<th></th>
<th>Actuals</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2019</td>
</tr>
<tr>
<td>Income</td>
<td>12.8</td>
<td>8.1</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(9.0)</td>
<td>(9.2)</td>
</tr>
<tr>
<td>Net income/(spend)</td>
<td>3.8</td>
<td>(1.1)</td>
</tr>
<tr>
<td>Free reserves</td>
<td>5.5</td>
<td>6.1</td>
</tr>
</tbody>
</table>

The full statutory accounts can be found at [www.cochrane.org](http://www.cochrane.org)
## 2021 update for the Charity

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

F = what is forecast to be spent, A = actual spend, B = what is budgeted to be spent
2022 & beyond for the Charity

Living within our means...

- Income
- Surplus/(deficit)
- Net assets

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 disproportionally high share of our Group’s income

• The top resourced Groups dispose of a disproportionally 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
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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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

Vote at agm.cochrane.org
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Editor in Chief’s Report

Karla Soares-Weiser
27th October 2021

Trusted evidence.
Informed decisions.
Better health.
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 ↑38%** and **Clinical Answers (CCAs) ↑68%**

Growth on prior year:

- 2016: 9,762,704
- 2017: 10,148,490
- 2018: 10,495,986
- 2019: 13,197,494
- 2020: 14,711,633
- 2021 (to Sep): 11,250,326

Total full text views of *Cochrane Database of Systematic Reviews, CENTRAL, CCA*
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

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

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

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 Hoof, Devy Emperador, Julie Domen, Sebastian R A Horn, Ann Van den Bruel, Authors’ declarations of interest
Cochrane COVID-19 Diagnostic Test Accuracy Group

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

*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 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

**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

*Exercise for preventing falls in older people living in the community*
Global access to Cochrane

- 2000 subscribing universities, hospitals, medical groups in 90 countries
- New provisions in Malaysia and Ohio
- Free one-click access in more than 125 LMICs
- Institutional accounts
- National or regional provision
- Free access
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.
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.
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.
Community engagement on the future of evidence synthesis production in Cochrane
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
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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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.