

## 2014 Annual Review



Trusted evidence.  
Informed decisions.  
Better health.

Cochrane exists so healthcare decisions get better.

We're a global, independent network of researchers, professionals, patients, carers, and people interested in health. We have more than 36,000 contributors working in 136 countries, all producing credible, accessible health information that's free from commercial sponsorship and other conflicts of interest.

Many of our contributors are world leaders in their fields – medicine, health policy, research methodology, or consumer advocacy – and our groups are situated in some of the world's most respected academic and medical institutions.

We summarize the best evidence to help people make informed choices about treatment. Over the past 20 years, Cochrane has helped transform the way health decisions are made. And our work is now an international gold standard for high quality, trusted information.

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## Co-Chairs' introduction

Lisa Bero and Cindy Farquhar



Lisa Bero  
Co-Chair of the  
Steering Group



Cindy Farquhar  
Co-Chair of the  
Steering Group

It's been a notable year for Cochrane, marking the first 12 months of our change programme, *Strategy to 2020*. This ambitious piece of work promises to continue to improve the quality of our reviews, transform our profile, and influence healthcare decision-making worldwide. We consider that in the past year we made steady progress towards this goal.

At the heart of *Strategy to 2020* is our determination to make Cochrane evidence increasingly accessible and useful for clinicians, researchers, policy-makers, guidelines developers, and patients and carers around the world. An important component in meeting this goal is providing universal open access to Cochrane Reviews. Already, 3.66 billion people in 148 countries have free access at the point of use to the Cochrane Library; and our strategy commits us to make all Cochrane Reviews open access by 2020. In 2014 we made early steps with more than 900 reviews now being open access and available to everyone, everywhere.

Of course, the move to open access also presents Cochrane with significant challenges, as publishing royalties make up almost all of the revenues that support the central organization. In 2015 the members of the Steering Group (Cochrane's governing body) are considering a range of decisions on how to progress our open access strategy; and at the same time we need to ensure that Cochrane maintains a sustainable resource base. One approach to achieve this is to develop new features within the Cochrane Library and derivative products and services that can replace the reduced license income by making Cochrane Reviews freely available to the world. To lead this effort of diversification, in September 2014 we welcomed into the Cochrane team Charlotte Pestrige, our new CEO of Cochrane Innovations, Cochrane's commercial arm, whose goal is to raise revenues that can be ploughed back into the organization.

### Investing in people

We are making major investments in the people we work with in Cochrane. In 2014, we agreed to funding of £2.8 million for a comprehensive Training and Professional Development Strategy. Between 2014 and the end of 2017 this funding will invest in learning, support, and development initiatives that build the capacity of Cochrane writers, editors, and collaborators around the world. Training has always been a core activity for Cochrane, but with our new strategy in place this will expand to a scope, scale, and level of sophistication that we hope will position Cochrane as a leading provider of learning for all those interested in evidence-based health and health care.

### Independence and quality control a top priority

At Cochrane, we pride ourselves on producing independent, credible, accessible health information that's free from commercial sponsorship and other conflicts of interest. In 2014 we launched a major audit of Cochrane Reviews and Protocols to ensure that all users of Cochrane evidence could be confident of its continued independence and credibility. Where potential conflicts of interest were identified we are now acting to resolve the problems or uncertainties. Cochrane also expanded our new pre-publication screening program launched in September 2013 to help all of our 52 Review Groups maintain and increase the quality of their outputs.

Reviewing Cochrane Groups and governance

If we are to develop Cochrane’s outputs, reach and impact in the ways we want, the Steering Group has recognized that we need to change the way we do things. In 2014 we saw the launch of reviews of the structure and function of Cochrane’s Groups and of its governance, too, which will guide our organizational transformation in the coming years. As a Steering Group we will focus much more in future on strategic issues, understanding better the external environment within which Cochrane operates and ensuring we identify and mitigate the critical financial and other organizational risks that threaten our continued success.

New leadership

Each year new volunteers step forward to act as leaders of the organization by becoming members of the Cochrane Steering Group; and each year others step down after serving up to six years in these tremendously demanding roles. We want to thank Sally Bell-Syer, Mary Ellen Schaafsma, Marina Davoli, and Michelle Fiander for their invaluable contribution over recent years. But a special note of appreciation must go to Jeremy Grimshaw, who stepped down after four years as Cochrane Co-Chair. Jeremy has been instrumental in developing *Strategy to 2020* and positioning Cochrane to move forward and we are very grateful to him in this regard.

We would also like to recognize the contributions of all those who supported Cochrane in 2014:

- over 36,000 people across the world who are working to achieve the collaboration’s mission by preparing – or supporting the preparation of – Cochrane Reviews;
- more than 400 staff in Cochrane Groups worldwide who make it possible for our contributors to participate;
- the 100+ organizations who host and support Cochrane Groups;
- the 120 people who have volunteered to lead Cochrane by serving on our management committees;
- more than 60 Central Executive staff members who manage, support, and facilitate the work of our organization.

Without you all, Cochrane’s achievement as set out in this Annual Report would be impossible, so thank you for helping us improve healthcare decisions worldwide.



Lisa Bero  
Co-Chair of the  
Steering Group



Cindy Farquhar  
Co-Chair of the  
Steering Group



Mark Wilson  
Chief Executive

Message from Mark Wilson, CEO

Cochrane is changing. A new name, logo, and brand could mean nothing more than a change of signage; but in our case it signifies much more. It reflects the substantial change that Cochrane has embarked upon, and if 2014 – the first year of our *Strategy to 2020* – was dominated by establishing new initiatives and planning, 2015 will bring more obvious external and internal signifiers of change.

*Strategy to 2020*’s ambition is enormous: a new mission to promote evidence-informed health decision-making by producing high quality, relevant, accessible systematic reviews and other synthesized research evidence will be achieved through the implementation of four key goals and 28 objectives over the next six years.

Each year we will establish annual targets to help us focus our activities and measure progress towards implementing *Strategy to 2020*. This will not be ‘business as usual’ but a transformational programme of change that will expand Cochrane’s profile, reach, and impact in healthcare decision-making around the world.

2014: positioning Cochrane to deliver strategy

As with any long-term project, our first year was a foundational one, marked by widespread consultation and detailed planning ahead of the significant changes that will take place in the coming years across the four Cochrane goals of:

1. producing quality evidence
2. making it accessible
3. advocating for the use of evidence
4. building an effective and sustainable organization

We set ourselves 20 targets for 2014, with full completion of some of them planned to run over into 2015 and one of them (planning for the introduction of a Cochrane membership scheme) not scheduled to begin until 2015. Ten

targets were accomplished and signed off, and substantial progress was made against the rest of the targets, with all due to be completed in 2015. Overall, it was an outstanding year of achievement against our priority targets and we were pleased to achieve some significant accomplishments that you will be able to read about in full from page 15.

Rising demand for Cochrane evidence

However, these were not the only indicators of a highly successful year for Cochrane. A total of 407 Cochrane Reviews were published alongside 462 Updated Review and 514 new Protocols. Although this was a fall from the levels published in 2013, it reflected the direction of travel Cochrane’s Editor in Chief, David Tovey, has advocated for ‘fewer, better reviews’. Evidence of the ‘better’ emerged in the middle of the year with the *Cochrane Database of Systematic Reviews (CDSR)* increasing its 2013 impact factor to 5.939 (from 5.785 in 2012) and its five-year impact factor to 6.706 (6.553). Total citations of the *CDSR* increased by 16% to nearly 40,000.

These excellent production statistics were matched by others showing rising demand for Cochrane evidence. Nearly 10.5 million abstracts of reviews were accessed from the Cochrane Library in 2014, with demand for articles from the Library growing by 7% to 8.96 million. As a result of our open access policy 917 Cochrane Systematic Reviews were made open access in 2014; and now 3.66 billion people in 148 countries have free at the

point of use access to the Cochrane Library.

Sales revenues rose by 4.3% and annual royalties by 5.1% – just above the 5% target level agreed with Wiley, our publisher. Although expenditures increased as the organization invested in new projects and in an expansion of our Central Executive team to deliver the *Strategy to 2020*, they were still well short of budgeted amounts and we ran an operational surplus for the year of more than £850,000, resulting in a further increase in Cochrane’s financial reserves to nearly £7.6 million.

**Investing in the future**

Cochrane’s Steering Group have decided to draw down these reserves in the coming years by investing them strategically in projects that will help us deliver our strategy; and this included the launch of a new ‘Game Changers’ initiative in February 2014, inviting project submissions aiming to transform Cochrane’s products or organization in a substantial way. Thirty-nine projects were submitted, reflecting the enormous reservoir of innovation within Cochrane and the tremendous interest of other organizations in working with us. The winner was approved at the end of 2014, and it was aptly named: ‘Project Transform’. The three-year initiative will establish a new IT platform and build new Cochrane community networks to improve the way people, processes, and technologies produce Cochrane content. It will be fully integrated with our new Cochrane membership scheme that will be launched in 2016 to help us more efficiently and effectively use the skills and contributions of our present and future Cochrane collaborators.

As a growing international organization, registered as a UK charity and hence why we record our funds in pounds. We also decided to change our financial reporting period to a calendar year (January to December), so you’ll see that the finances in this 2014 Annual Report

cover just nine months (April to December), although the report of activities covers the year in full. The financial information also only covers the £4.4 million income derived from publishing revenues and other centrally co-ordinated activities that are received by Cochrane; the approximately £16 million in infrastructural support that flows directly to our 120 groups from multiple sources is not captured, although the many funders of these groups are acknowledged on page 32. The diagram on page 30 shows the unique funding model that supports Cochrane’s total activities, and through all of the transformational change that we are embarked on – particularly in meeting the challenge of making Cochrane Reviews open access – we will have to ensure that we can sustain and develop this cost-effective though highly complex way of producing, disseminating, and promoting the use of high-quality research evidence.

**A successful year**

In 2014 we took our first audacious steps on the journey to delivering our *Strategy to 2020*, and progress in that first year was deeply rewarding. Our targets for 2015 are even more ambitious as we embark on two intense years of activity that promise to take our dynamic organization ever closer to delivering ‘trusted evidence, informed decisions, and better health’ for more people around the world.



Mark Wilson  
Chief Executive

# Report from David Tovey, Editor In Chief



Dr David Tovey  
Editor in Chief of  
the Cochrane Library

It’s been a good year for Cochrane Reviews – two particularly successful ones have had a major impact, we’re clearly prioritizing the most important reviews, and quality is continually improving. But as always, there is more to do...

As we look back over the last year, Cochrane can celebrate the impact of two remarkable reviews, and two decades of reviews by two of the most long-standing Review Groups. For the first time we have collected a list of the highest priority titles for new and updated reviews across Cochrane, and we have demonstrated progress on review quality through an audit comparing reviews, published 12 months apart.

**Ground-breaking**

First, there was the ground-breaking review of neuraminidase inhibitors for preventing and treating influenza. This marked the culmination of several years’ great work by a team of researchers, working with the Cochrane Acute Respiratory Infections Group. It was the first Cochrane Review to use clinical study reports as the basis for investigation, rather than published reports. The review was published in April 2014 and immediately attracted considerable and much deserved attention, reflecting the extent and rigor of the work involved in bringing it to publication, and also the public health importance of the interventions in question.

**Fast and effective**

Secondly, I celebrated the publication of a review by the Cochrane Eyes and Vision Group, who assessed the harmful effects of two drugs (bevacizumab and ranibizumab) being used to treat age-related neo-vascular macular degeneration. This review was remarkable on two grounds. First, because the review was developed from scratch in less than six months. And second, because within a few weeks of publication, the review had already caused the Aravind Eye Hospital, a large India-based

eye hospital system, to change its treatment policies – potentially saving them substantial costs. To hear more about this inspiring story, watch the accompanying video on the Cochrane website.

**Lancet endorsement for two decades of work**

But the third success story was arguably just as important as either of the first two. When The *Lancet* published its series on midwifery, it included an important acknowledgment to the 461 Cochrane Reviews (produced by the Cochrane Pregnancy and Childbirth and Neonatal Groups), which it used as the basis for the series. Professor Mary Renfrew went further in an email to Professor Jim Neilson of the Cochrane Pregnancy and Childbirth Group, stating: “*The first paper, which sets the foundation and direction of travel of the series, was only possible because of the Cochrane Pregnancy and Childbirth reviews.*”

This inspiring example demonstrates how the importance of Cochrane Reviews goes beyond simply the big ‘blockbusters’. Each Cochrane Review Group, and each review author team, contributes to a body of work that can be viewed collectively, as well as in isolation. Anne Eisinga’s excellent work as the Information Specialist working at the Cochrane UK has enabled us to obtain an increasingly rich picture of the way Cochrane Reviews support guidelines programs internationally. And, from a reputation perspective, it’s an excellent example of our inter-dependence within the collaboration.

Focus on high-priority reviews

A key focus of our strategy is producing high-quality evidence and making it accessible, so I’m delighted we’ve published our first Cochrane-wide high-priority reviews list. It has been immensely gratifying to record the high level of interest this list has stimulated – both within Cochrane and externally too. We know it’s a first, imperfect attempt, but it’s proving an invaluable asset and I would like to pay tribute to all those individuals and Review Groups who contributed to it – in many cases following a sophisticated process of external engagement. The list will continue as a living document, and where possible we will support the titles described.

Audit of reviews boosts standards

Also in support of our *Strategy to 2020*, the team carried out an audit of reviews, investigating compliance with a selected list of ‘Methodological Expectations of Cochrane Intervention Reviews’ (MECIR) standards. The audit revealed we’ve made impressive progress in this area, while also highlighting where we can still improve. I encourage you to read the report.

Working with the media

In the past nine months, we’ve also experimented with media engagement. For the first time, we organized global press conferences to publicize three important reviews. We wanted to promote balance and avoid sensational reporting, and it has been successful. Not only did those who attend appreciate being invited, but their subsequent reports were better quality than we’d normally expect. The next step is to replicate this approach in other countries.

Thriving in competitive environments

So far, so good – but there is no cause for complacency. We exist in competitive environments – in academia, publishing, and research funding. In order for Cochrane to thrive, we need to do even better. We must support author teams, shorten the editorial pipeline, and reward our contributors more effectively – irrespective of their role.

In the coming year, you will see us focusing more on these three areas, because I know it’s crucial to our continuing success.



Dr David Tovey  
Editor in Chief of  
the Cochrane Library

Our vision, mission, and principles

Our vision

Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

Our mission

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

Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

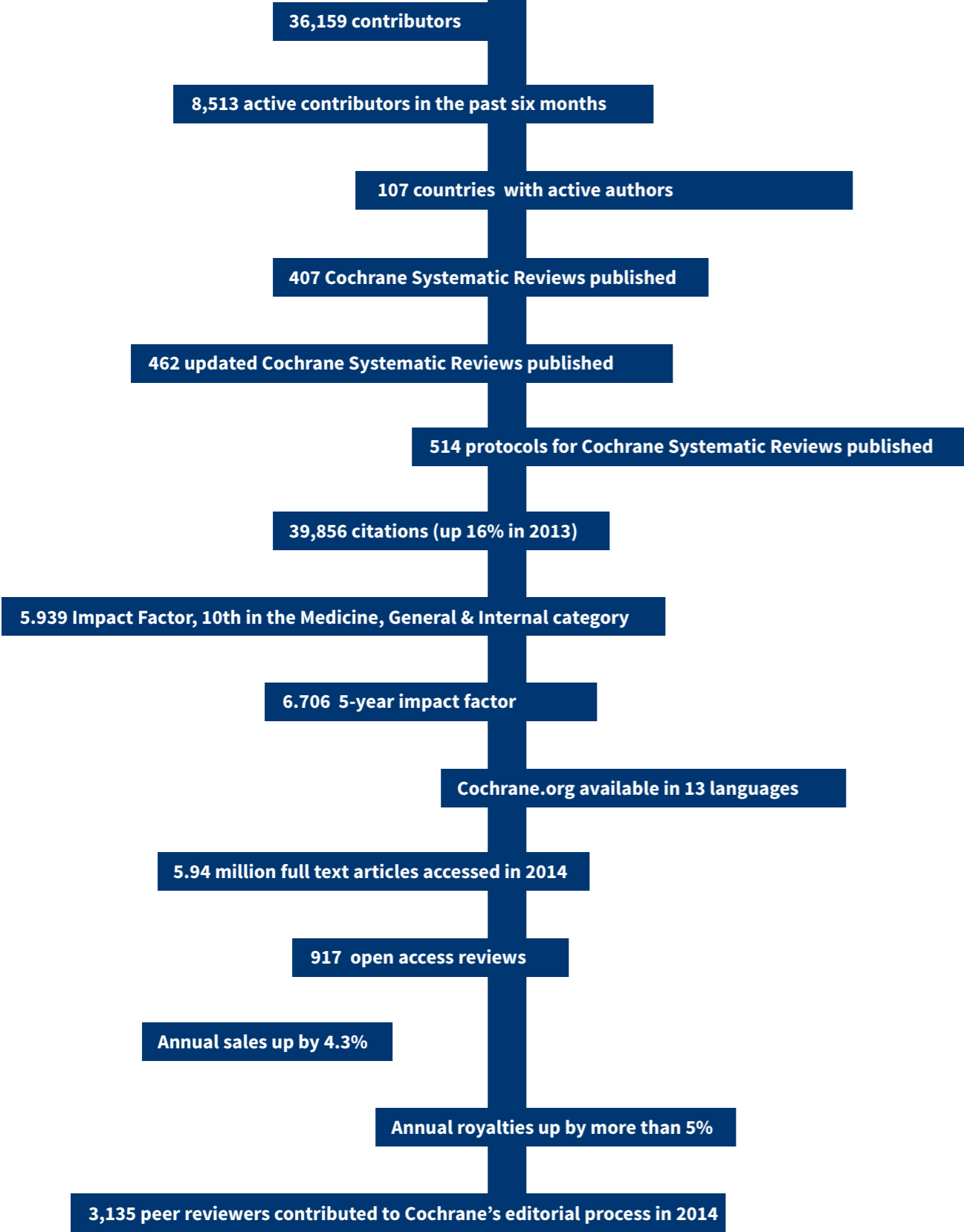
Our principles

Cochrane’s work is based on 10 key principles:

|    |   |  |
|----|---|--|
| 1  | Collaboration                             | by fostering global co-operation, teamwork, and open and transparent communication and decision-making.  |
| 2  | Building on the enthusiasm of individuals | by involving, supporting, and training people of different skills and backgrounds.   |
| 3  | Avoiding duplication of effort            | by good management, co-ordination, and effective internal communications to maximize economy of effort.  |
| 4  | Minimizing bias                           | through a variety of approaches such as scientific rigor, ensuring broad participation, and avoiding conflicts of interest.  |
| 5  | Keeping up-to-date                        | by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.  |
| 6  | Striving for relevance                    | by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.   |
| 7  | Promoting access                          | by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide. |
| 8  | Ensuring quality                          | by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.   |
| 9  | Continuity                                | by ensuring that responsibility for reviews, editorial processes, and key functions is maintained and renewed.   |
| 10 | Enabling wide participation               | in our work by reducing barriers to contributing and by encouraging diversity.   |

# Cochrane in numbers

Information includes all of 2014



## Our Strategy to 2020

The *Strategy to 2020* is Cochrane's response to a changing landscape in global health care. It defines the organization's direction for the next five years and provides the framework for strategic decision-making.

Building on our original 10 principles, the *Strategy to 2020* outlines four key goal areas to focus Cochrane's work. The first three goals, which are interdependent and of equal priority, concentrate on:

- 1. the production of high-quality evidence
- 2. making Cochrane evidence accessible and useful to everyone, everywhere in the world and
- 3. making Cochrane the 'home of evidence' to enable informed decision-making.

The fourth goal, which underpins and supports the other three, centres on:

- 4. building an organization that is effective and sustainable in a rapidly evolving and increasingly complex healthcare and publishing environment.

## Achievements and performance 2014

Cochrane has made great progress this year with its bold transformation, laying the foundations to deliver our ambitious six-year plan: *Strategy to 2020*. We've also published 'fewer, better reviews', watched our 'impact factor' grow and seen an impressive increase in demand for our publications. Here we outline some of the major achievements.

### Progress against *Strategy to 2020*

*Strategy to 2020*'s ambition is enormous. Launched in September 2013, it's designed to help us exploit our unique strengths, ensure long-term sustainability, and deliver our vision – a world of improved health.

We'll achieve it by implementing four key goals over the next six years:

1. producing quality evidence;
2. making it accessible;
3. advocating for the use of evidence;
4. building an effective and sustainable organization.

### A foundational year

We set ourselves 20 specific targets in 2014. Ten were achieved, and we started to implement nine others – all of which will be delivered in 2015. The final target (introducing a Cochrane membership scheme) was scheduled to begin in 2015 and we began initial preparations.

None of the targets were abandoned or substantially downgraded – rather, some were delayed because the scope and complexity of the project increased as a direct result of consultations with Cochrane collaborators and external stakeholders.

*Strategy to 2020*'s ambition is enormous. Launched in September 2013, it's designed to help us exploit our unique strengths, ensure long-term sustainability and deliver our vision – a world of improved health.

## Goal 1

### Producing quality evidence

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

We've made progress towards this goal in many areas, but two achievements stand out.

#### High-priority reviews list

We developed a 'living list' of 300 priority reviews to show exactly what Cochrane is concentrating on. This transparent display of our priority reviews is a big step forward, not only helping us focus production on priority areas, but also helping us ensure we are working on the most important reviews. We did this by soliciting help from health charities, clinicians, patients, consumers, researchers, funders and partners, to choose the most important health questions our reviews could answer.

#### Cochrane Author Support Tool

Due to be completed in 2015, the new Cochrane Author Support Tool (CAST) promises to provide tailored support for our vast range of contributors, helping them produce high-quality reviews more quickly. In 2015, we are working on more tools that will represent a major development in Cochrane's technology and author support infrastructure, speeding production and making us more competitive.

## Goal 2

### Making our evidence accessible

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

Achieving this goal will involve effective knowledge translation – making the language we use more accessible to lay readers, while also providing content in a range of languages. And last year we made great progress with three major initiatives.

#### Multilingual service

At the heart of making Cochrane evidence accessible and useful to everybody, everywhere in the world is ensuring content is provided in a range of languages. And last year we made great progress – agreeing an ambitious translations strategy, recruiting a translations co-ordinator, and launching a sophisticated translation management system to streamline the process.

We're now publishing in 13 different languages on [cochrane.org](http://cochrane.org). Not only are more than 10 language teams using the system, but this multilingual approach is also boosting the reach and impact of Cochrane's media and outreach work. Last December, for example, within days of publishing a review of e-cigarettes, the review summary and accompanying press release were available in six languages.

#### Linked data

In a move that could revolutionize the way users engage with our content, we're introducing a new linked data project. We've completed the foundation phase and are

now working on 'real use' cases to test the technology. When we fully embed this technology in our processes and workflows, it will transform the way we present our content to end-users and how they can interact with it.

#### Open access

A major priority for Cochrane is making our systematic reviews available to everybody through open access – it's fundamental to our goal of making our evidence accessible. It's also a significant challenge – publishing royalties make up a significant portion of our income. So we need to provide open access in a way that doesn't undermine Cochrane's ability to develop and grow in the future. The Cochrane Steering Group approved two potential business models in 2014 and we're now consulting with external stakeholders and are due to finalize an open access strategy by the end of 2015. Of course, we already make much Cochrane content freely available. For example, Cochrane Reviews, updates and Protocols become open access after a 12-month embargo period and our Gold Open Access policy allows authors to pay for immediate open access.

Some Goal 2 targets fell behind schedule due to capacity shortfalls, competing priorities, and expansions in the scope of planned work. This particularly affected the review of the experience of users (and non-users) of Cochrane's evidence – an exercise fundamental to the future development of our products and services. The Central Executive decided that doing it right was more important than doing it fast; but all of the targets established in 2014 and not yet delivered will be completed in 2015.

## 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.

This new goal positions Cochrane as a major advocate for the use of evidence. The targets in this area focus on growing our external presence and having more of an impact in the wider world.

### A new brand identity

A major achievement in this newly prioritized area of work was launching Cochrane’s new brand identity and the Cochrane.org and Cochrane Library websites. The new look helps us communicate the vital change we’re undergoing and our desire to engage more actively with the clinicians, researchers, policy-makers, and patients who use our evidence. It means Cochrane now has a consistent identity across all groups and products, demonstrating a well-organized collaboration that’s united by a common purpose.

### Building crucial partnerships

Cochrane’s work on partnerships also progressed well in 2014 as we created three exciting new partnerships with Guidelines International Network (GIN), Wikipedia and the Campbell Collaboration. On top of this, we’ve reinvigorated our crucial partnership with the World Health Organization (WHO). These partnerships will open up invaluable new channels for us to disseminate our content, ensure our reviews are used to inform guidelines, and collaborate with like-minded organizations. During 2015 we will continue to develop our programs of work with these partners, as well as seeking new strategic partnerships.

### Securing media coverage

We transformed the depth and quality of Cochrane’s media coverage of new reviews this year. Highlights included the extensive global coverage in March of our review on Tamiflu, the influenza drug, and in December we secured more than 400 media hits on a review that showed how e-cigarettes are affecting smoking cessation. We expanded Cochrane’s network of international media contacts and relationships significantly. And we passed a major milestone in social media activities by securing over 40,000 followers on Twitter and an increase of more than 15,000 during the year.

## Goal 4

### Building an effective & sustainable organization

To be a diverse, inclusive, and transparent international organization 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.

### Training and professional development strategy

A key achievement towards this goal was agreeing a comprehensive Training & Professional Development Strategy, setting a course for an ambitious new chapter in our training. Crucially it positions us to train a new generation of Cochrane authors – creating innovative pathways for engaging with them, and different approaches to development and mentoring. This ambitious program of learning and development initiatives will equip Cochrane to provide the highest quality systematic reviews in an increasingly competitive market.

### Structure and function review

As Cochrane evolves, we want to ensure our structure and function is fit for purpose. In 2014, Cochrane Review Groups and other groups began their reviews – work will be completed in 2015. We also radically improved our financial and human resource processes and systems in 2014, and took the first steps towards improving our monitoring and reporting processes.

### Cochrane clinical answers and Cochrane learning

In 2014, we launched *Cochrane Clinical Answers* and *Cochrane Learning* – two initiatives that will help ensure Cochrane remains sustainable by creating new revenue streams. Both these products have been delivered to market and are making promising progress.

Led by Cochrane Innovations, these projects represent the beginning of a program of work to explore derivative products. In 2015, we will launch a full strategy for Cochrane Innovations to build further on this promising work.

## Strong indicators of success

As well as making great progress with our strategic goals, Cochrane enjoyed many other strong indicators of success.

### Fewer and better reviews

It was a good year for production. In all of 2014, we published 407 Cochrane Systematic Reviews, 462 Updated Reviews and 514 new Protocols. This reflected the direction of travel determined by Cochrane's Editor in Chief, David Tovey, who is recommending 'fewer, better reviews'.

Evidence of the 'better' emerged last year when the *Cochrane Database of Systematic Reviews (CDSR)* increased its 2013 impact factor to 5.939 (from 5.785 in 2012) and its five-year impact factor to 6.706 (6.553). In fact, total citations of the CDSR increased by 16% to nearly 40,000. Over 36,000 Cochrane contributors are now registered with us, and more than 8,500 were active in the last six months of 2014. This reflects a huge volume of ongoing work by authors and editorial teams.

### Demand for evidence

This excellent supply was matched by high demand for Cochrane evidence. Nearly 10.5 million abstracts of reviews were accessed from the Cochrane Library in 2014, while demand for articles from

the Library grew by 7% to 8.96 million.

As a direct result of our open access policy, which makes reviews freely available 12 months after publication, 917 Cochrane Systematic Reviews were made open access in 2014.

### Boosting financial reserves

Sales revenues rose by 4.3% and annual royalties by 5.1% – just above our 5% target level. Expenditures increased as we invested in new projects and expanded the central team to deliver *Strategy to 2020*, still well short of budgeted amounts. As a result, Cochrane's financial reserves rose to more than £7.6 million.

So overall, 2014 proved an outstanding year of achievement against our priority targets for the year.

## The difference we make

## Cochrane Review challenges eye disease health policies

A Cochrane Review of two drugs used to treat eye disease showed how a cheaper alternative to a licensed drug has a similar safety record to the more costly option. The review, published in September 2014, was conducted to look the harms of using both, as this was the key difference cited between the two drugs. Their benefits have already been established as comparable.

This review, which was developed from scratch in just six months, had an immediate impact globally. Within a few weeks of publication, the review caused Aravind Eye Hospital, a large India-based hospital system, to change its treatment policies – potentially saving them substantial costs.

The drugs in question (ranibizumab and bevacizumab) are used to treat neovascular macular degeneration – a progressive and chronic disease of the eye, and a leading cause of blindness in older people globally. About one in 10 people with macular degeneration suffers legal blindness.

Bevacizumab has been developed to treat cancer, while ranibizumab is marketed specifically for age-related macular degeneration. The two drugs are better known by their brand names Avastin® (bevacizumab) and Lucentis® (ranibizumab).

Bevacizumab and ranibizumab are related biological drugs that work to prevent the abnormal growth and swelling of blood vessels that are characteristic signs of macular degeneration.

Although the beneficial effects of the two drugs are believed to be similar, only ranibizumab has been licensed as a treatment for macular degeneration; bevacizumab is currently


approved only as a cancer therapy. Despite this, an unlicensed preparation of bevacizumab is often used off-label as treatment for macular degeneration, because it's cheaper.

The review included nine randomized controlled trials (none of which were supported by manufacturers of either treatment), involving a total of 3665 participants. The drugs were given for up to two years.

Lorenzo Moja, from the University of Milan, said: "This review represents an important step forward in the knowledge about differences in systemic harms between bevacizumab and ranibizumab and mitigate past disputes around evidence. The review authors were able to collect evidence from nine trials, including three unpublished studies, while most other reviews focus primarily on published data."

"This result was possible through the collaborative effort of researchers across several countries (France, Germany, Italy, UK, and USA), many of who were involved in the original trials. It shows a remarkable level of commitment of trialists and healthcare systems to answer an important clinical question. I am unaware of other examples with such a large number of head-to-head non-industry sponsored RCTs".



A hand holding a silver pen points to a specific area on a brain MRI scan. The background is a collage of several brain MRI slices, some showing cross-sections and others showing sagittal views. The text 'HOTA HOUSE HOSPITAL' is visible on some of the slices. The overall image has a blue and white color scheme.

## Cochrane warns about epilepsy drugs in pregnancy

A review by the Cochrane Epilepsy Group has helped strengthen warnings about use of valproate in pregnancy.

The Cochrane Review supported findings from a review by the European Medicines Agency that children exposed to valproate in utero were at an increased risk of poorer neurodevelopmental scores, compared to the general study population – both in infancy and when school-aged.

The findings of the European review led the MHRA, the UK body that regulates medicines already approved, to highlight this information in a Drug Safety Update and send a letter to NHS staff outlining the potential harms in giving this drug during pregnancy and the procedures for monitoring the use and reporting adverse effects of this drug.

Specifically, evidence now suggests children exposed in utero to valproate are at high risk of serious developmental disorders and/or congenital malformations.

The Cochrane Review, published in October 2014, assessed 22 prospective cohort studies and six registry studies. A dose-related risk of developmental disorders was reported for valproate in six of the 28 studies. With the available data it wasn't possible to find a low threshold dose that presented no risk of developmental disorders.

Data from the Clinical Practice Research Datalink suggest that approximately 35,000 women aged 14 to 45 per year had a prescription for sodium valproate between 2010 and 2012 – the majority for epilepsy. Of these, at least 375 per year had a prescription for sodium valproate while pregnant.

Valproate is not recommended for female children, female adolescents, women of childbearing potential or pregnant women, unless other treatments are ineffective or not tolerated.

## Cochrane Reviews put to the test

In April 2015, Cochrane Review Groups (CRGs) were put to the test by a team of researchers who wanted to find out just how much impact our reviews actually have. The research was supported by the National Institute for Health Research (NIHR) – a funder – and looked at 20 CRGs in the UK.

A team of researchers\* carried out a thorough analysis of health-service providers, policy-makers, researchers, and service users, using a mixed-methods evaluation of outputs. This ranged from questionnaires and interviews to citation analysis and analysis of CRG's annual reporting.

And the team found evidence that policy-makers certainly do use Cochrane Reviews to inform clinical guidance in the UK and around the world.

There was also evidence that Cochrane Reviews identify areas for new research, as well as stimulating and providing an important source of knowledge about the value of different treatments.

In terms of impact, reviews achieved two main things:

- played a role in identifying gaps in the evidence and stimulating new research;
- contributed to the creation of new knowledge and the stimulation of discussion and debate.

In terms of informing policy development,

systematic reviews from all 20 CRGs were cited in some form of clinical or practice guidance. And more than 480 systematic reviews had been cited in 247 sets of guidance. In the UK, Cochrane Reviews were cited in 30 sets of National Institute for Health and Care Excellence (NICE) guidance and 23 sets of Scottish Intercollegiate Guidelines Network guidance.

When researchers looked at clinical practice and services, they found some Cochrane Reviews may have led (or contributed to) a number of benefits to the health service, including safer or more appropriate use of medication or other health technologies, and the identification of new effective drugs or treatments.

In terms of learning from the research, a message that came through loud and clear was the need for Cochrane to provide up-to-date evidence on areas that aren't too narrow in scope. And while Cochrane Reviews performed well overall, they were found have the clearest impact on research targeting and health care policy.

\*Citation: Bunn F, Trivedi D, Alderson P, Hamilton L, Martin A, Pinkney E, et al. The impact of Cochrane Reviews: a mixed-methods evaluation of outputs from Cochrane Review Groups supported by the National Institute for Health Research. *Health Technol Assess* 2015;19(28)

## Shaping WHO guidelines

Cochrane is an organization in official relations with the World Health Organization (WHO) which draws extensively on Cochrane reviews when formulating guidelines and recommendations.

Between 2008 and 2014, more than 360 Cochrane Reviews were used to inform more than 130 WHO Guidelines Review Committee approved guidelines, and other evidence-based recommendations. Published by 28 different Cochrane Groups, the reviews covered a diverse range of subjects, from nutrition and mental health to labor and child injury.

In the last year alone, our reviews influenced many guidelines:

- 51 reviews (from 11 Cochrane Review Groups) were used in 11 of 17 (65%) of WHO guidelines
- 25 reviews featured in WHO recommendations for augmentation of labor.

Cochrane's Pregnancy and Childbirth Group (PCG) is the largest contributor. During the past five years, the PCG has contributed new and updated systematic reviews to inform WHO recommendations for augmentation of labor (16 reviews produced) and pre-term birth (24 reviews produced). Working to a tight deadline, and with support from WHO, this group is now preparing new and updated reviews to inform two upcoming guidelines on maternal sepsis (blood poisoning) and antenatal care.

# Ambitious plans for 2015

Cochrane is now building on the progress we’ve made since launching our *Strategy to 2020*.

Cochrane has always been a pioneer – now, with the world of healthcare evidence changing at speed, we’re transforming the way we work too, making sure Cochrane remains the ‘home of evidence’ for informed decision-making. And achieving these deliverables will be key to our success.

With the Cochrane Steering Group approving a total budget of £6.6 million, this is certainly a peak year of investment as we use our strategic reserves to fund our future.

This year we’ll be focusing on some major deliverables – here are the highlights:

### Cochrane Author Support Tool (CAST)

By offering authors tailored support, we can help them work faster, making us more competitive.

### The new Training and Professional Development Strategy

Ultimately, this strategy promises to make Cochrane a more efficient organization, enabling all our contributors to produce the type of top-quality work we need to succeed.

### Transform

We begin work on this new content production platform, called Transform, helping us make better use of collaborators’ skills and experience.

### Open access

We’ll complete our strategy for providing cost-free access to Cochrane Reviews. This is a major step forward for us, finalizing how the Cochrane Library will thrive in the future.

### Governance and Cochrane Groups

We’ll complete our review of the structure and function of the global network of Cochrane Groups.

### Quality assurance strategy

This will help us develop the successful quality-screening project that’s supporting Cochrane Review Groups.

### Partnerships

We will continue to build deeper partnerships with key partners such as the WHO, Wikipedia, Guidelines International Network (GIN) and The Campbell Collaboration, as well as developing a new partnership strategy that will guide the choices of new strategic partnerships to support our work in future.

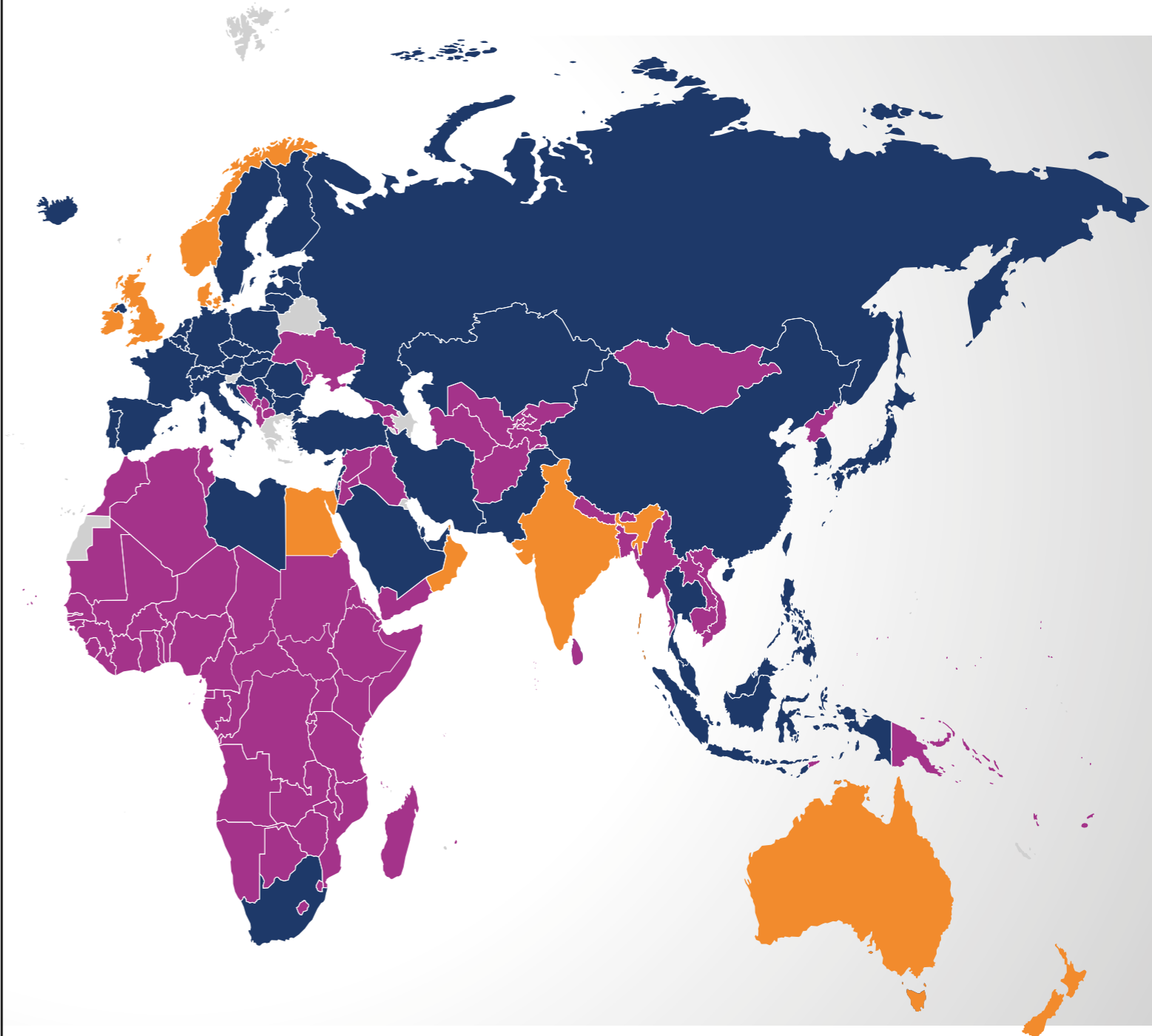
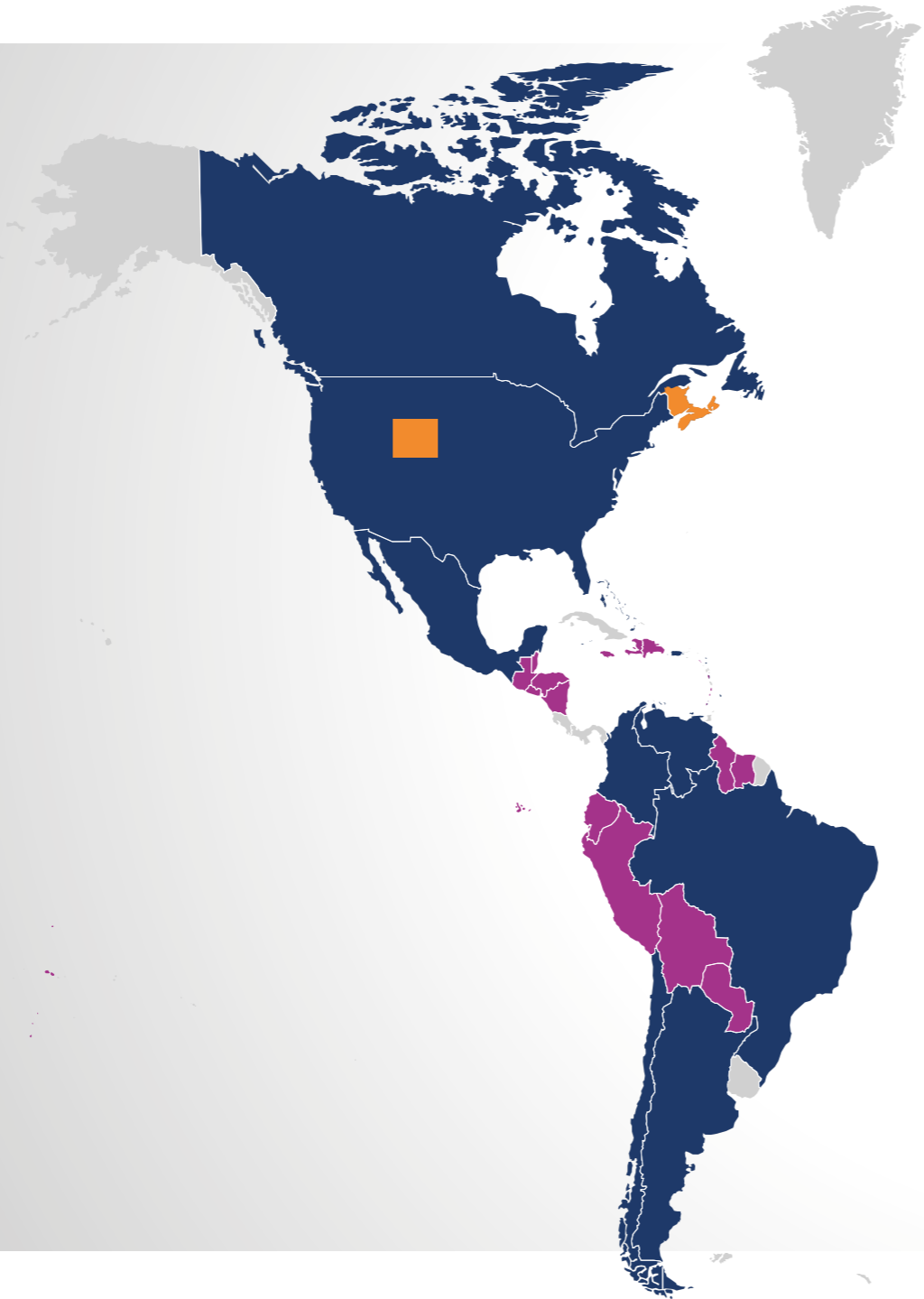
### Pioneer

Cochrane has always been a pioneer – now with the world of healthcare evidence changing at speed, we’re transforming the way we work too, making sure Cochrane remains the ‘home of evidence’ for informed decision making. And achieving these deliverables will be key to our success.

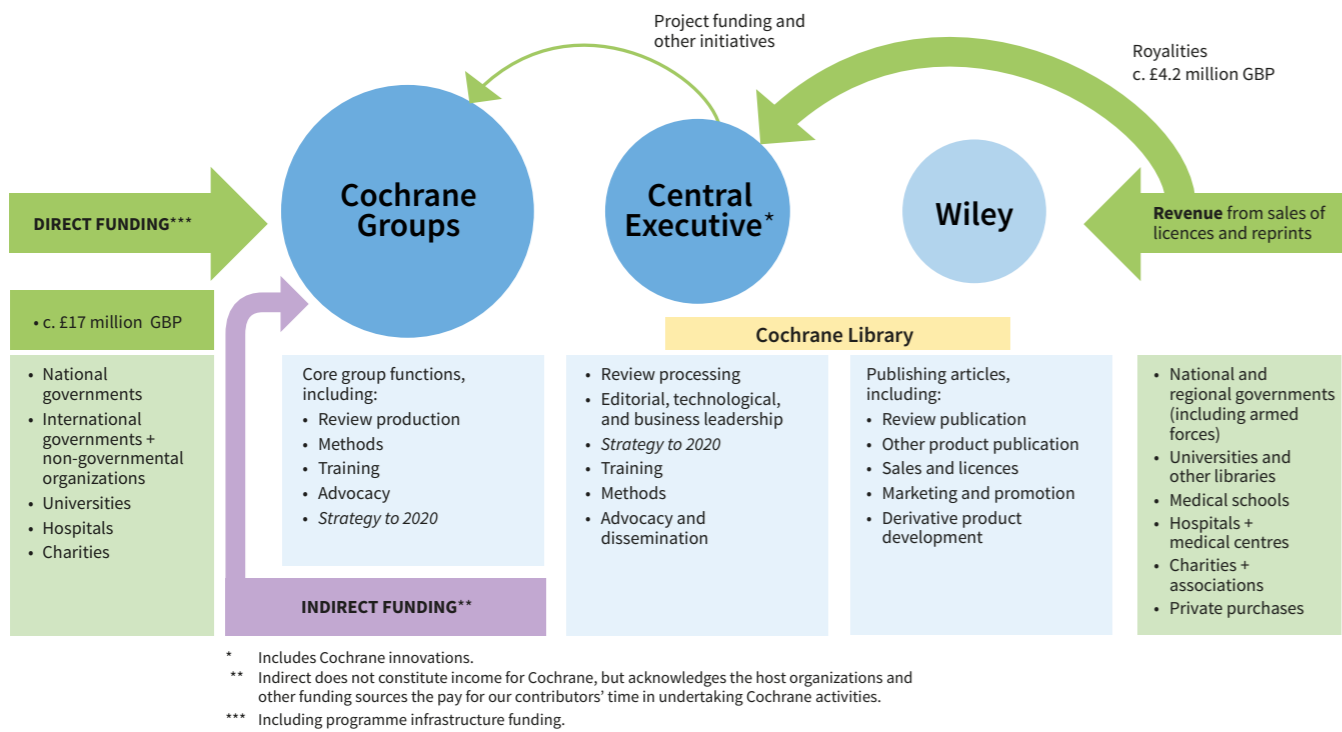
# Geographical reach and access to the Cochrane Library

KEY

- Free
- Regional provision/  
Funded free
- Subscription



# Cochrane’s funding 2014



# Financial report

Cochrane’s core income is derived mostly from publication royalties from its main output, the Cochrane Library, published on its behalf by John Wiley & Sons, Ltd. During 2013-14 the income from this source increased, compared to 2012-13, again exceeding expectations based on global economic conditions.

Funding to support Cochrane Systematic Review preparation and related activities comes principally from national and trans-national government sources (typically from health and related ministries); and national and international charitable bodies. Some Groups also raise funds through conference hosting and training activities.

The Groups who contribute towards Cochrane’s work are based within other organizations – 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 Systematic Review preparation and related activities.

On Page 32, is a consolidated summary of our central finances for the nine-month period for 2014 that we are reporting. We had an operating surplus of more than £850,000 last year and this was added to our reserves.

The aim of the 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 finalization of Cochrane’s *Strategy to 2020*

led the Steering Group to assess the future strategic reserve needs and the funding required. In September 2013 it decided to allocate at least £2.5 million to remain in strategic reserves; releasing up to £2.5 million for ‘Game Changer’ investments in the activities that supported *Strategy to 2020*; and potentially a further investment of £1 million in Cochrane Innovations subject to approving a new business plan and projected returns for the additional capital injection by the Cochrane Innovations Board.

This allocation of the strategic reserves means that there will be sufficient resources to allow us to achieve our strategic goals and objectives over the next six 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 Steering Group to have a contingency plan for maintaining Cochrane’s basic functions for 12 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.

## 2014 summary financials

Consolidated statement of financial activities.

(This does not include Group income)

|  | Restricted | Designated | Unrestricted | 9 months to<br>31 December 2014 |
|--|------------|------------|--------------|---------------------------------|
|  | £          | £          | £            | £                               |
| Incoming resources                     | 24,718     | -          | 3,683,132    | 3,707,850                       |
| Resources expended including transfers | 66,101     | 13,184     | 2,774,005    | 2,853,290                       |
| Net incoming/(outgoing) resources      | -41,383    | -13,184    | 909,127      | 854,560                         |
| Fund balances brought forward          | 128,197    | 2,542,992  | 4,037,947    | 6,709,136                       |
| Fund balances at end of the period     | 86,814     | 2,529,808  | 4,947,074    | 7,563,696                       |

**Cochrane is committed to ensuring that, in all that we do, we are accountable to those with whom we work.**

**Total income £3,707,850**

**Cost of generating funds £35,469**

**The 2014 audited Trustees’ Report and Financial Statements can be found online at [www.cochrane.org/annualreport](http://www.cochrane.org/annualreport)**

## Cochrane Funding Sources

(This reflects information provided up to September 2015).

Cochrane is able to generate authoritative and reliable information because we never accept commercial or conflicted funding. This policy means Cochrane contributors can work freely, unconstrained by commercial or financial interests. Much of our income is derived from the proceeds of the Cochrane Library and other Cochrane products, and our groups are supported by national governments, international governmental and non-governmental organizations, universities, hospitals, private foundations, and personal donations worldwide. Below is a list of organizations that make our work possible.

|   |  |  |
|---|--|--|
| Asociación Cardiovascular Centroccidental/Cardiovascular Association Central-Western Region (Venezuela) | European Society for Clinical Nutrition and Metabolism (Europe)                                  | Københavns Universitet/Copenhagen University, Weddel-Wedellsborg (Denmark)                               |
| Asociación Colombiana de Gastroenterología/Colombian Gastroenterology Society (Colombia)                | Faculdade de Medicina de Lisboa (Portugal)   | Korean University College of Medicine (Korea)  |
| Associazione Volontari Aiuti per la Sclerosi Multipla/Multiple Sclerosis Foundation (Italy)             | Federal Ministry of Education, University of Calabar (Nigeria)                                   | L'Assistance Publique-Hôpitaux de Paris (France)   |
| Australian and New Zealand Society Of Nephrology (Australia and New Zealand)                            | Federal Ministry of Health, University of Calabar Teaching Hospital (Nigeria)                    | Land Niederösterreich/State Government of Lower Austria (Austria)  |
| Besançon Ville/City of Besançon (France)  | Fondazione Italiana Sclerosi Multipla/ Italian Multiple Sclerosis Foundation (Italy)             | Laura and John Arnold Foundation (USA)   |
| Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (Germany)        | Food Standards Australia and New Zealand (Australia and New Zealand)                             | Liverpool School of Tropical Medicine (UK)   |
| Bundesministerium für Gesundheit/ Federal Ministry of Health (Austria)                                  | Fundació Academia Ciències Mèdiques Catalunya i Balears (Spain)                                  | MAPI Group (Global)  |
| Bundesministerium für Gesundheit/ Federal Ministry of Health (Germany)                                  | Fundacion de ciencias de la salud (Colombia)   | Mayu Foundation (USA)  |
| Canadian Institute of Health Research (Canada)  | Grad Split/City of Split (Croatia)   | Ministarstvo znanosti, obrazovanja i sporta/Ministry of Science, Education and Sports (Croatia)          |
| Chief Scientist Office (Scotland)   | GiveWell   | Ministère de la Santé et des Services sociaux, Quebec (Canada)   |
| Congreso Colombiano de Anestesiología/Colombian Anesthesia Society (Colombia)                           | Hospital de la Santa Creu i Sant Pau (Spain)   | Ministère des affaires sociales et de la santé / Ministry of Social Affairs and Health (France)          |
| Department for International Development (UK)   | Institut de Recherches Economiques et Sociales/Institute of Economic And Social Studies (France) | Ministerio de Salud y Protección Social/ Ministry of Health and Social Protection (Colombia)             |
| Early Years Research Group, Ingham Institute (Australia)  | Institut National du Cancer/National Cancer Institute (France)                                   | Ministero della Salute/Italian Health Ministry (Italy)   |
| European & Developing Countries Clinical Trials Partnership (Global)                                    | Instituto de Investigación Biomédica Sant Pau/Biomedical Research Institute Sant Pau (Spain)     | Ministry of Health, Labour and Welfare (Japan)   |
|   | Instituto de Salud Carlos III (Spain)  | Nasjonalt Kunnskapssenter for Helsetjenester/Norwegian Knowledge Centre for the Health Services (Norway) |
|   | Istituto Neurologico Carlo Besta (Italy)   |  |

National Breast Cancer Foundation  
(Australia)

National Center for Complementary and  
Alternative Medicine (National Institutes  
of Health) (USA)

National Centre for Child Health and  
Development (Japan)

National Evidence-based Healthcare  
Collaborating Agency (Republic of  
Korea)

National Health & Medical Research  
Council (Australia)

National Institute for Health Research  
(UK)

National Research Foundation of Korea  
(Republic of Korea)

New Zealand Ministry of Health (New  
Zealand)

Niederösterreich Gesundheits und  
Sozialfonds/Health and Social Funds,  
Lower Austria (Austria)

Northwestern University, Department of  
Preventive Medicine (USA)

Norwegian Agency for Development  
Cooperation (Norway)

Nova Scotia Health Research  
Foundation (Canada)

Otago University (New Zealand)

Oxford University (UK)

Pontificia Universidad Javeriana  
(Colombia)

Rigshospitalet/Copenhagen Hospital  
Corporation (Denmark)

SAMU Social de Paris (France)

Sanita Regione Umbria/Region of  
Umbria, Health Authority (Italy)

School of Translational Health Science  
(Australia)

Società Italiana di Neurologia/  
Association for Epidemiology Research  
for Neurological Diseases (Italy)

Société Française de Médecine  
d’Urgence (France)

South African Medical Research Council  
(South Africa)

Splitsko-dalmatinska županija/County  
of Split and Dalmatia (Croatia)

STEP Program (USA)

Suva (Switzerland)

Sveučilište u Splitu/University of Split,  
School of Medicine (Croatia)

Swiss Academy of Medical Sciences  
(Switzerland)

Swiss School of Public Health  
(Switzerland)

Terveysten ja hyvinvoinnin laitokset/  
National Institute for Health and  
Welfare (Finland)

Thailand Research Fund (Thailand)

Uddannelses- og Forskningsministeriet/  
Danish Agency of Science (Denmark)

Universidad de Antioquia (Colombia)

Universidad Nacional Abierta y a  
Distancia (Colombia)

Universidad Nacional de Colombia/  
National University of Colombia  
(Colombia)

Universidad Peruana Cayetano Heredia  
(Peru)

Universidad Tecnológica Equinoccial  
(Ecuador)

Universitätsklinikum Freiburg/  
University of Freiburg Medical Center  
(Germany)

Université d’Auvergne/Auvergne  
University (France)

Université Paris 13/Paris 13 University  
(France)

Universite Paris Descartes/Paris  
Descartes University (France)

University of Johannesburg  
(South Africa)

Uniwersytet Jagielloński/Jagiellonian  
University Medical College (Poland)

Victorian Health Promotion Foundation  
(Australia)

West China Hospital (China)

World Health Organization

## Corporate directory

### Steering Group

Lisa Bero  
Co-Chair of the CSG

Rachel Churchill  
Co-ordinating Editor Representative

Anne Lyddiatt  
Consumer Network Representative

Steve McDonald  
Centre Director Representative

Mona Nasser  
Author Representative

Holger Schünemann  
Methods Representative

Denise Thomson  
Fields Representative

Mingming Zhang  
Consumer Network Representative

### Elected in September 2014

Cindy Farquhar  
Co-Chair of the CSG

Alvaro Atallah  
Centre Director Representative

Martin Burton  
Co-ordinating Editor Representative

Karin Dearness  
Managing Editor Representative

Chris Eccleston  
Co-ordinating Editor Representative

Joerg Meerpohl  
Centre Staff Representative

Elizabeth Stovold  
Trials Search Co-ordinator Representative

### Stepped down in September 2014

Jeremy Grimshaw  
Co-Chair of the CSG

Sally Bell-Syer  
Managing Editor Representative

Marina Davoli  
Co-ordinating Editor Representative

Michelle Fiander  
Trials Search Co-ordinator Representative

Mary Ellen Schaafsma  
Centre Staff Representative

### Senior Management Team

Mark Wilson  
Chief Executive

David Tovey  
Deputy CEO and Editor in Chief

Lucie Binder  
Senior Advisor to the CEO  
(until June 2014)

Chris Champion  
Senior Advisor to the CEO  
(from June 2014)

Chris Mavergames  
Head of Informatics and  
Knowledge Management

Charlotte Petridge  
CEO of Cochrane Innovations  
(from September 2014)

Hugh Sutherland  
Head of Finance and Core Services

Julie Wood  
Head of Communications and  
External Affairs (from September 2014)

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