

Trustees' Report and Financial Statements

**The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2019**

Company Number 3044323

Charity Number 1045921

31 December 2019

CONTENTS

	Page
Trustees' Report including Strategic Report	1-20
Independent Auditor's Report	21-23
Consolidated Statement of Financial Activities	24
Charity and Consolidated Balance Sheet	25
Consolidated Statement of Cash Flows	26
Notes to the Financial Statements	27-41

The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2019.

Reference and Administration

Charity name: The Cochrane Collaboration

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

Advisors

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

Banker: National Westminster Bank PLC
Charities & Education Team
Corporate & Commercial Banking
1st Floor, 440 Strand
London
WC2R 0QJ
UK

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

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

Trustees

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

Prof. Martin Burton (Co-Chair)
 Ms. Marguerite Koster (Co-Chair – until September 2019)
 Ms. Catherine Marshall (Board member from February 2019; Co-Chair from September 2019)
 Prof. Janet Clarkson (Treasurer from September 2019)
 Dr. Xavier Bonfill Cosp
 Prof. Nicola Cullum
 Ms. Maria Gladys Faba Beaumont
 Prof. Sally Green
 Prof. Tracey Howe (Treasurer until September 2019)
 Dr. Karsten Juhl Jørgensen
 Ms. Raewyn Lamb (Board member from February 2019)
 Mr. Jordi Pardo Pardo
 Ms. Karen Kelly (Board member from May 2019)

Senior Staff

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

Mr. Mark Wilson, Chief Executive Officer
 Dr. David Tovey, Editor in Chief, *The Cochrane Library* (resigned 31 May 2019)
 Dr. Karla Soares-Weiser, Editor in Chief, *The Cochrane Library* (appointed 1 June 2019)
 Ms. Joanne Anthony, Head of Knowledge Translation
 Ms. Lucie Binder, Head of Governance & Strategy
 Mr. Christopher Champion, Head of People Services
 Ms. Sylvia De Haan, Head of External Affairs & Geographic Groups' Support
 Mr. Toby Lasserson, Deputy Editor in Chief, *The Cochrane Library*
 Mr. Christopher Mavergames, Head of Informatics & Technology Services (& Chief Information Officer)
 Ms. Charlotte Pestrige, Head of Publishing, Research & Development (& Chief Executive Officer, Cochrane Innovations)
 Ms. Sarah Watson, Head of Finance & Core Services (until September 2019)
 Mr. Simon Leicester, Interim Head of Finance (from September 2019)

Narrative Report

This Trustees' Report covers the twelve-month period 1 January – 31 December 2019.

1. Structure, Governance and Management

Nature of Governing Document

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

The Governing Board is committed to the highest standards of governance. All Board members adhere to a [Governing Board Charter](#) and [Code of Conduct](#). In March 2020, the Board approved the adoption of the [Charity Governance Code](#) to guide Cochrane's governance, and will be taking steps during 2020 to implement its recommended practices.

Trustee Appointments

Trustees of The Cochrane Collaboration serve as Governing Board members for a three-year period and may be re-elected for a second consecutive term. After a three-year break, they may be elected again when an appropriate vacancy occurs. A majority of the Governing Board must be trustees elected to the Board by individual members of the charity from the existing membership. Additional trustees are appointed by Governing Board members, who are then subject to approval by the charity's members at the next Annual General Meeting after their appointment. Two Co-Chairs (who may serve up to two terms of two years) are similarly appointed by the Board.

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

Organisational Structure

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

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

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

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

The Central Executive Team is comprised of seven departments:

- Chief Executive's Office (incorporating units covering Governance & Strategy, and External Affairs & Geographic Groups' Support);
- Editorial & Methods Department;
- Publishing, Research & Development Department;
- Knowledge Translation Department (incorporating communications and events management);
- Finance;
- Informatics & Technology (IT) Services;
- People Services (incorporating Human Resources, Cochrane membership, Managing Editor and Information Specialist support).

For full details on their activities see <http://community.cochrane.org/organizational-info/people/cet-teams>. At the heart of Cochrane's work, are the activities of 167 Cochrane Groups around the world:

- Eight Cochrane Systematic Review Group Networks (comprising 52 subject-based Review Groups) facilitate the preparation, by a variety of contributors (some of whom are volunteers) of Cochrane Systematic Reviews;
- 17 Methods Groups provide support in methods for research evidence synthesis;
- 85 Cochrane Geographic Groups (made up of Cochrane Centres, Associate Centres and Affiliates) in 47 countries in Europe, the Americas, Africa, Asia and Australasia provide a geographic focus for the Collaboration's activities; and
- 13 thematic Fields represent cross-cutting health issues and carry out knowledge translation and advocacy activity.

For full details on their activities see: <https://www.cochrane.org/about-us/our-global-community>. Each Cochrane Group has a devolved management team appropriate to its function. For Cochrane Review Groups, for instance, this normally consists of a Co-ordinating Editor (commonly a senior healthcare professional such as a Professor or Senior Consultant with extensive knowledge of the healthcare area concerned), a Managing Editor, an Information Specialist and administrative support. These teams support 'Cochrane Review author teams', consisting of authors and editors; with input provided by statisticians, methodologists, healthcare consumers and others. Cochrane's '[Organizational Accountabilities](#)' were set out in a new document approved by its Governing Board and published in December 2019.

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

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

Statement of Responsibilities of the Trustees

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

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

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

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

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

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 December 2019 was 12 (2018: 12). The Trustees are members of the charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent was appointed and approved by the members at the Annual General Meeting in December 2019 as its auditor.

2. Objectives and Activities

Legal Objects

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

Vision and Mission of the Charity

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

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

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. Over 12,000 members and 67,000 supporters from over 130 countries work together to produce credible, disseminate and promote accessible health information that is free from commercial sponsorship and other conflicts of interest. The Charity relies heavily on the contributions of individuals around the world to produce its core outputs. Some of these individuals work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2019 they were involved in the following activities:

- Preparing Cochrane's outputs as members of 'Cochrane Review author teams';

- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs;
- Disseminating and promoting Cochrane's principles and outputs through conference presentations, symposia, scientific papers and related knowledge translation activities.

Public Benefit Statement

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

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year.

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

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of over 12,000 Cochrane members and 67,000 supporters, who include health professionals, patients, researchers and academics. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Cochrane's activities.

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

Fundraising

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

Strategy to 2020

In September 2013 the Charity's membership adopted a new *Strategy to 2020* for Cochrane. The *Strategy to 2020* identifies four principal goals and 28 objectives underpinning them, and together they will guide the development of the organisation until 31st December 2020.

GOAL 1: PRODUCING EVIDENCE

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

Objectives to 2020

HIGH-QUALITY:

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

RELEVANT:

1.2 We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most

relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.

UP-TO-DATE:

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

WIDE COVERAGE:

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

PIONEERING METHODS:

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

EFFICIENT PRODUCTION:

1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.

1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Objectives to 2020

USER-CENTRED DESIGN AND DELIVERY:

2.1 We will put the needs of our users at the heart of our content design and delivery.

2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.

2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

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

ACCESSIBLE LANGUAGE:

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

MULTI-LINGUAL:

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

GOAL 3: ADVOCATING FOR EVIDENCE

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

Objectives to 2020

GLOBAL PROFILE:

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

THE 'HOME OF EVIDENCE':

3.2 We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.

3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.

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

GLOBAL PARTNER:

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

GLOBAL IMPACT:

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

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

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

Objectives to 2020

INCLUSIVE AND OPEN:

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

GLOBAL AND DIVERSE:

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

FINANCIALLY STRONG:

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

EFFICIENTLY RUN:

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

INVESTING IN PEOPLE:

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

TRANSPARENTLY GOVERNED:

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

ENVIRONMENTALLY RESPONSIBLE:

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

Each year Cochrane's Central Executive, working with the rest of the organisation, develops annual targets linked to these Goals and Objectives. The targets for 2019 approved by the Governing Board prioritised Cochrane's work throughout the year. The monitoring and achievement of these targets is the principal means through which the Charity measures and reports its progress towards *Strategy to 2020* Goals and Objectives.

Policies on conflict of interest and commercial sponsorship

Cochrane maintains a clear barrier between the production of Cochrane Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews. In October 2019 Cochrane's Governing Board approved the recommendations of an 18-month project to strengthen Cochrane's [Conflict of Interest Policy](#) for content published in the Cochrane Library. The new, more rigorous approach to conflict of interest includes the following changes:

1. The proportion of conflict-free authors in a Cochrane Systematic Review team will increase from a simple majority to a proportion of 66% or more.
2. Last authors will be treated in the same way as first authors and, therefore, must be entirely free of conflicts.
3. Authors of industry-funded clinical studies eligible for inclusion in a Cochrane Review will be prohibited from being the first or last author on that review.
4. Reviews funded by not-for-profit organizations with a specific interest in the outcome will be assessed by Cochrane's Conflict of Interest Arbitrator Panel and the Editor in Chief, who will judge whether the review is conflicted.
5. Cochrane authors will need to declare non-financial interests and think critically about how these might influence the results of the review.

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

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors of reviews in the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review. Cochrane's policy surrounding commercial sponsorship of its annual Colloquia prohibits any sponsorship from commercial sources (as defined above).

3. Strategic Report

Achievements and Performance

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

- The [Cochrane Database of Systematic Reviews \(CDSR\)](#) is the leading resource for systematic reviews in health care. It includes all Cochrane Reviews, a peer-reviewed systematic review that has been prepared and supervised by a Cochrane Review Group according to the [Cochrane](#)

[Handbook for Systematic Reviews of Interventions](#) or [Cochrane Handbook for Diagnostic Test Accuracy Reviews](#). The CDSR also includes [Editorials](#) and [Supplements](#), and is built throughout the month with new and updated reviews and protocols being continuously published when ready. In 2019, 287 new Cochrane Systematic Reviews, 228 updated Reviews (new citation versions) and 243 new protocols for forthcoming Reviews were published. As a result, at the end of December 2019 the *Cochrane Library* contained 10,593 Cochrane Reviews.

- The CDSR significantly increased its impact factor (as calculated by the Journal Citation Report for 2018) to 7.755 (up from 6.754 the year before), ranking it as one of the top 11 medical journals in the world, with its five-year impact factor reaching 7.949. The CDSR also saw an increase in the number of citations to 67,607, making it one of the top three most cited journals in its category.
- [Cochrane Clinical Answers](#) (CCAs) is another product published in the *Cochrane Library*. CCAs provide a readable, digestible, clinically-focused entry point to rigorous research from Cochrane Reviews. They are designed to be actionable and to inform point-of-care decision-making. Each CCA contains a clinical question, a short answer, and data for the outcomes from the Cochrane Review deemed most relevant to practising healthcare professionals. The evidence is displayed in a user-friendly tabulated format that includes narratives, data, and links to graphics. In 2019 365 CCAs were published, taking the total number available in the Cochrane Library to 2,265.
- The [Cochrane Central Register of Controlled Trials \(CENTRAL\)](#) is a highly concentrated source of reports of randomized and quasi-randomized controlled trials. In addition to bibliographic details (author, title, source, year, etc.) CENTRAL records often include an abstract (a summary of the article). They do not contain the full text of the article. CENTRAL is published monthly and 327,278 records were added in 2019, taking the total number of records to 1,613,963 by year end.
- New Cochrane Reviews published in the *Cochrane Database of Systematic Reviews* (CDSR) in 2019 continued to make major contributions to our health evidence base. The most frequently downloaded new reviews were:
 - [Exercise for preventing falls in older people living in the community](#);
 - [Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health](#);
 - [Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation](#);
 - [Rehabilitation for people with multiple sclerosis: an overview of Cochrane Reviews](#);
 - [Comparison of different human papillomavirus \(HPV\) vaccine types and dose schedules for prevention of HPV-related disease in females and males](#).
- The most frequently downloaded updated Cochrane Reviews published in 2019 were:
 - [Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease](#);
 - [Risk assessment tools for the prevention of pressure ulcers](#);
 - [General health checks in adults for reducing morbidity and mortality from disease](#);
 - [Clinically-indicated replacement versus routine replacement of peripheral venous catheters](#);
 - [Pregabalin for neuropathic pain in adults](#).
- According to data from [Altmetric](#), the 2019 Cochrane Reviews most often mentioned across newspaper stories, tweets, blog posts, and other sources were:
 - [General health checks in adults for reducing morbidity and mortality from disease](#);
 - [Exercise for preventing falls in older people living in the community](#);
 - [Constraint-induced movement therapy in children with unilateral cerebral palsy](#);
 - [Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health](#);
 - [Incentives for smoking cessation](#).
- Some Cochrane Reviews are accompanied by podcasts, often read by the review authors. The most accessed podcasts of 2019 were predominantly in non-English-language versions, reflecting the high impact of Cochrane's translation activities:

- [پادکست: مداخلات برای درمان تهوع و استفراغ شدید در دوران بارداری](#) (Interventions for treating hyperemesis gravidarum);
- [播客: 儿童常见病毒性皮肤感染病——传染性软疣的治疗方法](#) (Interventions for cutaneous molluscum contagiosum);
- [C-reactive protein for diagnosing infection in newborn infants](#);
- [پادکست: آنتی‌بیوتیک‌ها در درمان اوتیت مدیا همراه با افیوژن در کودکان](#) (Antibiotics for otitis media with effusion in children);
- [Egzama için Kullanılan Nemlendiriciler](#) (Emollients and moisturisers for eczema).
- Cochrane Journal Club articles provide relevant background information and related resources on a single Cochrane Review. The most viewed Journal Club articles in 2019 were:
 - [Antihypertensive drug therapy for mild to moderate hypertension during pregnancy](#);
 - [Dual combination therapy versus long-acting bronchodilators alone for chronic obstructive pulmonary disease \(COPD\): a systematic review and network meta-analysis](#);
 - [Mirror therapy for improving motor function after stroke](#);
 - [Relapse prevention interventions for smoking cessation](#);
 - [Fluoride toothpastes of different concentrations for preventing dental caries](#).
- The most viewed Cochrane Clinical Answers (CCAs) in 2019 were:
 - [How does verapamil compare with adenosine for people with supraventricular tachycardia?](#);
 - [In menopausal women, what are the benefits and harms of tibolone?](#);
 - [What are the effects of 1000 mg paracetamol \(acetaminophen\) for adults with episodic tension-type headache?](#);
 - [What are the benefits and harms of nutritional support for hospitalized adults at nutritional risk?](#);
 - [What are the effects of intravenous \(IV\) magnesium sulfate \(MgSO₄\) for people with acute exacerbation of asthma attending the emergency department?](#)
- The top three accessed Special Collections (curated content collections on a specific healthcare topic) on the Cochrane Library in 2019 were:
 - [Reducing pain in infants, children, and adolescents](#);
 - [Preventing falls and fall-related injuries in older people](#);
 - [Diagnosing tuberculosis](#);
 - [Diagnosing skin cancer](#).
- Cochrane Editorials published in the CDSR evaluate ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy. The most accessed Editorials in 2019 were:
 - [Updated guidance for trusted systematic reviews: a new edition of the Cochrane Handbook for Systematic Reviews of Interventions](#);
 - [Qualitative evidence synthesis informing our understanding of people's perceptions and experiences of targeted digital communication](#);
 - [Cochrane Sustainable Healthcare: evidence for action on too much medicine](#);
 - [Reflection on 10 years as Cochrane's Editor in Chief](#);
 - [Clinical management in an evidence vacuum: pharmacological management of children with persistent pain](#).
- Cochrane's team of Associate Editors continued a screening programme that evaluates protocols and reviews at all stages of their development process at the request of the Cochrane Review Groups, those reviews that are identified as being appropriate for media release, and other reviews referred through alternative processes against a core set of *Methodological standards for the conduct of new Cochrane Intervention Reviews* (the MECIR programme) to ensure they all met the highest quality standards.
- Implementation of Cochrane's new Methods Strategy (approved by the Governing Board in 2018) progressed. A pilot on the Risk of Bias 2 tool for systematic reviewers was started; capacity building continued to scale up Cochrane's delivery of 'Living' Systematic Reviews with new titles

registered; after extensive analysis, recommendations on the appropriate methods for 'Rapid Reviews' was submitted to the Governing Board in early 2020; and significant progress was made on Cochrane's policy and approach to the use of [Clinical Study Reports](#) as source data for drug intervention reviews.

- [Cochrane Crowd](#), our citizen science platform, continued its tremendous success, and is now a global community of almost 15,500 volunteers from 146 countries helping to classify the research needed to support informed decision-making about healthcare treatments. These volunteers have achieved over 3.84 million classifications of randomised controlled trials and identified 153,256 Randomised Control Trials.
- After ten years as Cochrane's first Editor in Chief, Dr. David Tovey stepped down from the post at the end of May 2019. After an extensive international search and recruitment process, Cochrane appointed Dr. Karla Soares-Weiser as its new Editor in Chief from 1 June. She has been a Cochrane collaborator for over 20 years, authored over 50 systematic reviews and previously served as Cochrane's Deputy Editor in Chief.

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

- There were over 12.26 million visits to the [Cochrane Library](#) in 2019, a 17% increase on the year before. There were 10.12 million full text accesses of Cochrane articles, an increase of 26% on 2018.
- There were increases in usage in all countries, with spectacular increases being shown (between 100-200%) in Spanish-language countries as a result of the Spanish-language Cochrane Library being available.
- Following the August 2018 launching of a new Cochrane Library platform, Cochrane delivered extensive new features and developments in the Library, offering greater value to subscribers and users. These included:
 - A [new way of searching](#) the Cochrane Library, allowing users to construct queries using 'PICO' (population, intervention, comparator and outcome) terms. The search is based on an extensive set of metadata, created by the annotation of Cochrane Reviews by information specialists and other experts from Cochrane Review Groups.
 - The ability to 'follow' a Cochrane Review or protocol, so that users are alerted when a new or updated review is published and stay up to date with the latest Cochrane evidence on any given question.
 - New [topic alerts](#) were introduced, allowing users to sign up for weekly email alerts for all Cochrane Reviews, protocols, or Cochrane Clinical Answers published within their chosen topic or subtopic.
 - 2019 also saw continued development of the Cochrane Library's multilingual capability, with the addition of new content languages, including Farsi, and improvements to the Spanish language version of the website ([Biblioteca Cochrane](#)). This reflects Cochrane's commitment to presenting content in local languages, and the list of most accessed podcasts in this Collection reinforces the importance of continuing to generate and improve access to multilingual content.
- Cochrane is committed to making its Systematic Reviews accessible to all, but in a way that the organisation can sustain and does not undermine its ability to develop and grow in the future. Another 292 Cochrane Reviews became open access in 2019 for everyone, everywhere under the organization's Open Access Policy. Global figures for the number of people able to enjoy free at the point of use access to the Library – including those in all low- and middle-income countries designated by the WHO - remained at over 3.66 billion.
- In 2019 Cochrane developed a new [Multi-Lingual Strategy](#) that was approved by the Governing Board in Santiago in October. Cochrane continued to support 15 translations teams working in Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian,

Simplified Chinese, Traditional Chinese, Spanish, Tamil, Thai to publish 6,375 new or updated translations of Review abstracts and Plain Language Summaries over the year; with 29,482 translations of Cochrane Reviews offered on the Cochrane.org website at the end of 2019. Over 226 Cochrane podcasts were also published, 186 of them in nine non-English languages.

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

- Web traffic to Cochrane.org in 2019 continued its astonishing rise. Web visits leapt to 77 million compared to 37 million in 2018, 22 million in 2017 and 4 million in 2013.
- The effect of Cochrane's translation efforts on subsequent use of our evidence is significant. Over 81% of all Cochrane.org page views were to translated pages; with 77% of all visits from people using non-English browsers, with 41% accessing Spanish-language Plain-Language Summaries alone.
- There were over 7,500 global media mentions of Cochrane evidence and organizational news in 2019, a 7% increase on the previous year. Fifty-five Cochrane videos were produced and disseminated; and Cochrane's social media following saw significant growth in 2019 (with 'followers' up by 18% on Twitter (90,000), 28% on YouTube, 7% on Facebook (15,000), and 16% for Cochrane Library's Twitter feed (62,000). Cochrane also launched its new Instagram account, attracting over 3,100 followers by the end of the year.
- Cochrane's [Knowledge Translation](#) (KT) programme lies at the heart of delivering the organization's *Strategy to 2020*. It aims to support the use of health evidence from our high quality, trusted Cochrane systematic reviews by those who need it to make health decisions. In 2019 Cochrane delivered an extensive range of new tools, resources and initiatives designed to speed Cochrane evidence's integration into health decision-making policy and practice. They included:
 - A [KT Dissemination Checklist](#) was developed and published for use by the Cochrane community and others interested in disseminating and promoting evidence from Cochrane Reviews;
 - Development of a [programme to support health policy makers to use Cochrane evidence](#);
 - A new pilot [KT mentoring scheme](#);
 - Further support to Cochrane Groups in [priority setting](#) to ensure they meet user needs;
 - A plan to support the improvement of Cochrane's Plain-Language Summaries (attached to each Cochrane Review) was developed and the pilot programme will become an organizational priority in 2020 (see Section 5: Future Plans);
 - A Monitoring & Evaluation framework for Cochrane's KT work was agreed and an open tender launched for developing Cochrane's future M&E tools and support documentation (which will be completed in 2020);
- Cochrane's 26th Colloquium in Santiago, Chile, had to be cancelled just two days before its scheduled opening on 22 October 2019 due to extensive civil unrest across the capital city. Hundreds of the 850 registered delegates arrived as the unrest broke out, but all safely returned home in the following week. Impromptu meetings took place in Santiago, including the beginning of planning for Cochrane's first '[Virtual Colloquium](#)' to replace the cancelled event. The Virtual Colloquium ran between 2-6 December, with daily themes to accompany 10 featured plenary presentations, and 120 virtual oral presentations and 180 digital posters were uploaded and made available without charge to the global community.
- Cochrane's partnership with Wikipedia (the most popular source of information on health subjects in the world with over 10 million visits a day) continued to flourish with 3,269 Cochrane Review citations in Wikipedia and over 51,000 referrals from Wikipedia to the *Cochrane Library* in 2019. The Cochrane Database of Systematic Reviews remains the most referenced medical journal in Wikipedia. Efforts to improve health-related Wikipedia in languages other than English

are accelerating (Spanish, French, Russian and Dutch). Cochrane has also developed a new ['Wikipedian in Training Resource'](#) to support this growing partnership programme.

- During 2019, Cochrane developed and started work on a series of advocacy initiatives for 2020 and beyond. We issued statements in response to developments in trial transparency policy at national and international levels – reminding clinical trial sponsors of their obligation to make their results public; pushing the Chair of the UK House of Commons Science and Technology Select Committee to call for sanctions on a new Health Research Authority transparency policy; and responding to an FDA consultation on the proactive release of clinical study reports. Cochrane joined representatives from the European Commission and European Medicines Agency and transparency advocates at the European Parliament to speak about the importance of trial transparency for systematic reviewers. We also supported an AllTrials report which was used in an evidence session at the UK Parliament.
- The annual Cochrane-REWARD (Reduce research Waste And Reward Diligence - REWARD) prize to initiatives aiming to reduce research was awarded in October 2019 at the International Clinical Trials Methodology Conference in Brighton, UK, to Trial Forge, an initiative established in 2015 to address evidence gaps in how randomized trials are designed – and, in doing so, improve trial efficiency.

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

- Cochrane's Central Executive Team designed and ran an open, competitive tender process for Cochrane's future publishing arrangements from January 2021. The result – at the end of 2019 - was an agreement in principle with a publisher that would provide substantial financial security for Cochrane for the next ten years, with the flexibility it requires to adapt to the uncertainties around the changing publishing environment (particularly Open Access). The formal announcement of Cochrane's future publishing partner will be made in Quarter 1 2020.
- Cochrane's Membership and Supporter scheme, launched in 2017, continued to attract thousands of people to support Cochrane's work. At the end of 2019 there were over 12,000 members who had maintained their membership through their contributions to the organization; with more than 67,000 additional supporters signed up. This represented a 21% rise with over 14,000 joining the organization as a member or supporter in 2019.
- The Cochrane Council developed, and the Governing Board approved and published, Cochrane's new ['Principles of Collaboration'](#), defining the types of behaviour which are acceptable within the organization, and those which are not (including bullying, harassment, intimidation, retaliation and discrimination). The Board also approved a new ['Complaints Resolution Procedure'](#) available to all Cochrane's members and supporters.
- The 'Transformation Programme' integrating Cochrane's 52 Review Groups into eight new CRG Networks continued, implementing the strategic plans that each Network had developed in 2018. The progress of integration, joint working and combined initiatives varied across the different networks, with the Acute Emergency and Public Health Networks the most advanced.
- Following extensive consultation with the Cochrane community and an evaluation of Cochrane's editorial management requirements, a competitive tender process was designed and run for a new Editorial Management System (EMS) for Cochrane Review Production. This substantial programme of work, which will replace Cochrane's current 'Archie' EMS in the coming years, will continue in 2020.
- Cochrane established a new 'People Services' department within the Central Executive Team responsible for leading Cochrane's membership, development, training, support and Human Resources in an integrated, coherent and holistic way across the whole organization. Some of its initiatives in 2019 included:

- A new, four-module course '[Cochrane Evidence Essentials](#)' was launched that introduces Evidence Based Medicine, clinical trials and Cochrane evidence for consumers, policy makers and members of the health care team.
- A new Cochrane Interactive Learning module on Network Meta-analysis was developed and launched as part of Cochrane's [Interactive Learning Course](#) for systematic review authors. All ten modules of the course were translated into Spanish. By the end of 2019 strong sales meant the initiative returned a surplus for Cochrane's commercial company, Cochrane Innovations.
- 'Screen4Me', an innovative service that allows individual Cochrane Review teams to use the Crowd and machine-learning tools to help identify studies for reviews was launched. Since its launch in April 2019 it has been used by 49 review teams across 11 Cochrane Review Groups, reducing the time taken for screening on these reviews significantly.
- The [Cochrane Learning Live](#) series of open webinars for Cochrane's editors, authors and other communities grew increasingly popular, delivering 22 webinars to over 1,000 learners.
- Other learning and development resources were added to the '[Cochrane Training](#)' website, and Cochrane's international network of trainers continued to provide hundreds of face-to-face training workshops to systematic review authors and users around the world.
- Cochrane's global organization was extended in 2019 through the launch of a new [Cochrane US Network](#) in Washington, D.C., and by the end of the year 15 Affiliates had joined the Network from across the country. In addition, a new Cochrane China Network was established with 10 Working Groups and it will be formally launched in 2020.
- Two new Fields – aimed at supporting the take up of Cochrane evidence into clinical policy and practice – were launched in 2019: the first, on [First Aid](#), partnering with the Belgian Red Cross; and the second, the [Cochrane Sustainable Healthcare Field](#) was launched at the 'Preventing Overdiagnosis Conference' in December in Sydney, Australia in December.
- Support for the next generation of Cochrane leaders and contributors flourished in 2019:
 - Following the highlighting on the Cochrane.org website of the work within the organization of many young academics, clinicians and researchers ('[Cochrane's 30 Under 30](#)'), a new [Early Career Professionals Group](#) was launched.
 - '[Students 4 Best Evidence](#)', an initiative of Cochrane UK, was integrated into Cochrane's learning, development and support structures, and a Spanish-language version, 'Estudiantes x la Mejor Evidencia', was also launched.

Financial Review

Income

The Cochrane Collaboration's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'); although additional sources of revenue were received in 2019 from 'Cochrane Response' (the charity's consultancy service) and Cochrane Innovations. Total income received in 2019 decreased by 18% to £8,079,905 (2018: £9,795,496).

Publishing

In 2019, sales of the *Cochrane Library* fell by 9% to £9,723,877 (2018: £10,684,000); with royalties paid to Cochrane down by 14% to £5,905,408 (2018: £6,869,065). One of the main reasons for this shortfall relates to an income reporting error, in 2018, of around US\$600,000 which was corrected in 2019. Total publishing income in 2019 reached £6,971,582 (2018: £8,116,188).

Products

'Cochrane Response' is a service that provides tailored and responsive evidence services, and accessible review formats for healthcare commissioners on a fee-for-service basis. It generated sales

of £237,394 (2018: £485,997) resulting in an operating deficit of £64,204 (2018: £51,503). Cochrane Innovations is a commercial company solely owned by The Cochrane Collaboration to support the business development and commercialisation of Cochrane's non-Library products (including Cochrane Interactive Learning, RevMan and Covidence) with the longer-term aim of supporting Cochrane's long-term financial sustainability. Income from Cochrane Innovations increased by £18,738 (10%) to £204,473 (2018: £185,735).

Other charitable activities

Included within total income from other charitable activities of £586,628 is approximately £430,000 in insurance reclaims relating to the cancelled Cochrane Colloquium in Santiago, Chile, in October 2019.

Future Technology

Fundraising from Trusts and Foundations fell in 2019, as planned follow-on funding to support Cochrane's 'Linked Data' and 'New Evidence Systems' information technology projects took longer to emerge than expected. Total income was £52,659.

Donations and legacies

Donation income totalled £4,319.

Investments

Interest earned on funds on account generated income of £22,850.

Principal funding sources

Funding model

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

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

Expenditure

Charitable expenditure of £9,137,412 was incurred during 2019 and has supported Cochrane's charitable objects, including continuing major investments in *Strategy to 2020* projects, as set out in the Statement of Financial Activities on page 23 of this report.

Raising funds

Direct expenditure of £96,876 (2018: £91,761) was incurred in generating the funding Cochrane received.

Publishing

Cochrane's direct central publishing costs relating to editorial support (provided by Cochrane's Editorial & Methods Department) and continuing provision of the basic IT infrastructure to support Review production (including its software tools RevMan and Archie) were £2,360,067 in 2019.

Products

Direct expenditure of £542,973 was incurred in the development of new derivative products and services, namely 'Cochrane Response' and Cochrane Innovations, to support Cochrane's long-term financial sustainability.

Future Technology

Direct expenditure of £483,380 was incurred in 2019. This expenditure includes the project-related costs for the grant from the Bill and Melinda Gates Foundation, Linked Data costs, and investment in Project Transform and 'New Evidence System' costs. In addition, there has been an increased expenditure associated with the ongoing review of the editorial management and production systems.

Other Charitable Activities' Costs

Direct expenditure of £1,404,340 was incurred in 2019. This expenditure includes £466,770 direct costs, excluding staff costs, in respect of the cancelled Cochrane Santiago Colloquium. Nearly all these costs have been recovered from the insurers. This also includes £248,068 for translations of Cochrane evidence and £137,858 in respect of Cochrane's Methods development.

Governance Costs

Expenditure of £188,808 was incurred in 2019. This expenditure includes the costs of the Governing Board, Cochrane Group Executives, the Cochrane Council, as well as audit, accountancy and legal costs incurred in the year.

Support Costs

Expenditure of £4,060,968 was incurred in 2019. The main expense was in respect of Central Executive Team people-related costs of £2,726,052 covering the leadership, facilitation and support activities of staff in the Central Executive Team as well as the membership, training and learning for Cochrane collaborators. Other expenditure includes £360,062 IT costs and £359,526 premises costs (in the UK, Denmark and Germany).

Remuneration and Pay Policy for Staff

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

The Governing Board reviews the salaries of staff as part of its consideration of the annual Plan & Budget. Central Executive staff salaries were increased by 2.8% in 2019 to cover the necessary cost of living adjustments for salaries in the following year. A Board Remuneration Sub-Committee oversees and advises on Cochrane's remuneration policy and practice.

Reserves Policy

The aim of the charity's Reserves Policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims; and then to allocate these funds to projects of organization-wide impact over single- or multi-year projects as required. The Governing Board has established a Reserves Policy setting a minimum of between £2 million and £2.5 million to be retained for the charity's strategic reserves, with reserves above this level being used for activities that support its *Strategy to*

2020 needs. The Policy, which will be reviewed in 2020, recommends that total reserves should not exceed £5 million.

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

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

Reserves at the end of 2019 were £6,219,191. Free reserves (unrestricted funds minus fixed assets) were £6,147,022. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, and this will draw down on the charity's reserves in the coming years.

Discretionary Fund & Funds in Deficit

In April 2019 Cochrane's Governing Board decided to disband its own Discretionary Fund, a legacy Fund set up to provide up to four grants per year of up to £5,000 each (£20,000 a year maximum) to facilitate small projects of general benefit to the organization. Instead, it asked the CEO and Editor in Chief to consider and recommend to the Governing Board any small initiatives from the Cochrane community that should be supported as part of Cochrane's ordinary Plan & Budget. There were no discretionary awards before this decision was made and there were no Cochrane Funds in deficit.

Future Plans

Cochrane's fundamental priorities are to meet *Strategy to 2020's* ongoing transformational objectives and to deliver successfully all of the defined and Governing Board-approved measures of success for each of the Strategy's objectives (see [here](#) for details). These priority areas are:

- Transformation of Cochrane's Systematic Review-producing Groups and Processes (through the development of the Review Group Networks and implementation of the CRG Transformation Programme);
- Ongoing development and implementation of Cochrane's Methods Strategy and the new Editor in Chief's Content and Publishing Strategies;
- Development of the Cochrane Library to offer new features and greater value to subscribers;
- Development of Cochrane's Knowledge Translation (KT) capacities and outputs across all areas of the organisation to increase the impact of our evidence;
- Development of the IT and People Services tools and processes to support more effectively Cochrane's evidence production and Knowledge Translation objectives.

The plans also include important additional investments being made in translations and multilingual KT; expansion of Cochrane's Advocacy and External Relations work; enhanced Governance and Cochrane Group 'People Services' support; and the development of improved performance management and monitoring and evaluation of Cochrane's activities and impact. The plans are explicitly orientated around the Cochrane community, identifying tangible benefits and changes, particularly for Cochrane Groups.

2020 is also a transition year in which the organization reviews its *Strategy to 2020* performance and identifies strategic priorities for the future. The annual organisational targets for the final year of *Strategy to 2020* are therefore a combination of those already identified and developed in 2019, and those which have emerged as important challenges for Cochrane in its post-2020 future. Cochrane's

Governing Board has approved five organizational targets this year, which the Central Executive Team and Cochrane community will focus on. They are:

1. Improving our technology and revising our processes to create more timely, consistent and efficient editorial and production systems. This will include selection of a new Editorial Management System, which will be implemented in 2020 and into 2021.
2. New, more rigorous policies on Conflict of Interest will be implemented and Cochrane will strengthen and clarify its position on financial interests.
3. Consultation with external and internal stakeholders to achieve a common understanding of the challenges and opportunities for Cochrane in delivering universal, immediate Open Access to Cochrane Reviews whilst continuing to ensure organizational financial sustainability. The outputs of the consultation will directly inform any future revisions to existing policy.
4. Plain Language Summaries (PLS) are a key dissemination product created and published with every Cochrane Review. A pilot project will determine a new approach and format that simplifies and standardizes Cochrane's PLS to improve the readability and understandability of Cochrane evidence.
5. A new strategic framework and plan will be developed and launched, setting out Cochrane's priorities and decision-making framework from 2021 onwards.

For more details see the 2020 [Targets](#) and [Plan & Budget](#).

Principal Risks and Uncertainties

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

The principal risk for the charity in 2019 continued to be the impact in the short, medium and long term on Cochrane's revenues of its decision to make increasing numbers of its Cochrane Systematic Reviews 'open access'. The proportion of Cochrane Reviews already freely available to all users everywhere through its existing 'Green' Open Access policy (where all Cochrane Reviews and Updates are made available everywhere to everyone 12 months after publication) is steadily growing – reaching 66% by the end of 2019. The Governing Board decided to review Cochrane's approach to Open Access to Cochrane Reviews and datasets in 2019-2020 (see 'Future Plans').

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

Cochrane has taken steps to ensure it responds effectively to the COVID-19 (coronavirus) pandemic that emerged in Quarter 1, 2020. As an international healthcare organisation, Cochrane's response is twofold: (1) the role the organisation can play in improving the body of evidence on COVID-19 for the public benefit; (2) the responsibility the organisation has to its staff (both in the Central Executive Team and – though with different responsibilities – in Cochrane Groups), members and other stakeholders. Further details on Cochrane's evidence production and dissemination response to COVID-19 can be found [here](#).

The Governing Board and Senior Management Team are working to mitigate the impact of the risks and uncertainties of the COVID-19 pandemic on Cochrane. In March 2020 Cochrane provided global temporary unrestricted access to the Cochrane Library. Whilst this may affect royalty income in 2020 and subsequent years, the Board and SMT consider this unlikely, the move supports the Charity's

fundamental Vision and Mission, and Cochrane’s current business model and large cash reserves will limit the financial impact.

Approved and signed on behalf of the Trustees by

..... **Date: 17 June 2020**
Professor Martin Burton, Trustee and Co-Chair

..... **Date: 17 June 2020**
Ms. Catherine Marshall, Trustee and Co-Chair

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

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2019 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2019 and of the group's and parent charitable company's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Use of our report

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

Noelia Serrano (Senior statutory auditor)

7 July 2020

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

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

The Cochrane Collaboration

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 December 2019

	Note	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Income from:							
Donations and legacies	2	4,319	–	4,319	2,918	2,296	5,214
Charitable activities	3						
Publishing		6,971,582	–	6,971,582	8,116,118	–	8,116,118
Products		441,867	–	441,867	671,732	–	671,732
Future Technology		–	52,659	52,659	–	135,078	135,078
Other charitable activities		543,166	43,462	586,628	708,220	145,337	853,557
Investments	4	22,850	–	22,850	13,797	–	13,797
Total income		7,983,784	96,121	8,079,905	9,512,785	282,711	9,795,496
Expenditure on:							
Raising funds	5	181,109	–	181,109	185,240	–	185,240
Charitable activities							
Publishing		4,412,134	–	4,412,134	3,910,584	–	3,910,584
Products		1,015,086	–	1,015,086	1,085,069	–	1,085,069
Future Technology		862,071	41,606	903,677	483,136	113,309	596,445
Other charitable activities		2,619,806	5,600	2,625,406	2,697,678	6,408	2,704,086
Total expenditure		9,090,206	47,206	9,137,412	8,361,707	119,717	8,481,424
Net income / (expenditure) for the year	7	(1,106,422)	48,915	(1,057,507)	1,151,078	162,994	1,314,072
Transfers between funds		–	–	–	236,035	(236,035)	–
Net income / (expenditure) before other recognised gains and losses		(1,106,422)	48,915	(1,057,507)	1,387,113	(73,041)	1,314,072
Other (losses) / gains		30,686	–	30,686	(27,396)	–	(27,396)
Net movement in funds		(1,075,736)	48,915	(1,026,821)	1,359,717	(73,041)	1,286,676
Reconciliation of funds:							
Total funds brought forward		7,224,243	21,769	7,246,012	5,864,526	94,810	5,959,336
Total funds carried forward		6,148,507	70,684	6,219,191	7,224,243	21,769	7,246,012

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21 to the financial statements.

Balance sheets

Company no. 3044323

As at 31 December 2019

	Note	The group		The charity	
		2019	2018	2019	2018
		£	£	£	£
Fixed assets:					
Tangible assets	12	1,485	2,520	1,485	2,520
Investments	13	1,000	1,000	675,895	676,094
		2,485	3,520	677,380	678,614
Current assets:					
Debtors	16	1,715,346	2,579,283	1,712,950	2,722,894
Cash at bank and in hand	24	5,796,964	5,523,262	5,742,092	5,444,274
		7,512,310	8,102,545	7,455,042	8,167,168
Liabilities:					
Creditors: amounts falling due within one year	17	(1,295,604)	(860,053)	(1,241,456)	(844,606)
Net current assets		6,216,706	7,242,492	6,213,586	7,322,562
Total net assets	20	6,219,191	7,246,012	6,890,966	8,001,176
Funds:	21				
Restricted income funds		70,684	21,769	70,684	21,769
Unrestricted income funds:					
Designated funds		20,000	102,000	20,000	102,000
General funds		6,800,282	7,877,407	6,800,282	7,877,407
Non-charitable trading funds		(671,775)	(755,164)	-	-
Total unrestricted funds		6,148,507	7,224,243	6,820,282	7,979,407
Total funds		6,219,191	7,246,012	6,890,966	8,001,176

Approved by the trustees and signed on their behalf by

Professor Jan Clarkson, Trustee and Treasurer

Date: 17 June 2020

The Cochrane Collaboration

Consolidated statement of cash flows

For the year ended 31 December 2019

Reconciliation of net income to net cash flow from operating activities

	2019 £	2018 £
Net income for the reporting period (as per the statement of financial activities)	(1,057,507)	1,314,072
Depreciation charges	1,035	9,312
Dividends, interest and rent from investments	(22,850)	(13,797)
(Increase)/decrease in debtors	863,937	(976,828)
Increase/(decrease) in creditors	435,551	(237,382)
Net cash provided by operating activities	220,166	95,377

	Note	2019 £	£	2018 £	£
Cash flows from operating activities	24				
Net cash provided by operating activities		220,166		95,377	
Cash flows from investing activities:					
Dividends, interest and rents from investments		22,850		13,797	
Purchase of fixed assets		-		(2,393)	
Net cash provided by investing activities		22,850		11,404	
Change in cash and cash equivalents in the year		243,016		106,781	
Cash and cash equivalents at the beginning of the year		5,523,262		5,443,877	
Change in cash and cash equivalents due to exchange rate movements		30,686		(27,396)	
Cash and cash equivalents at the end of the year	25	5,796,964		5,523,262	

1 Accounting policies

a) Statutory information

The Cochrane Collaboration is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is St Alban's House, 57–59 Haymarket, London, SW1Y 4QX, UK.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (September 2015/March 2018) and the Companies Act 2006/Charities Act 2011.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries, Collaboration Trading Company Limited, Cochrane Innovations Limited and Cochrane IKMD Denmark ApS on a line by line basis. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group and the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

1 Accounting policies (continued)

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of supporting Cochrane Groups to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

i) Foreign exchange

Transactions denominated in foreign currencies are translated into sterling on the exchange rate ruling on the date of transaction.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function including governance costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support costs including governance costs are apportioned based on the percentage of direct costs attributable to each activity.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

1 Accounting policies (continued)

l) Tangible fixed assets (continued)

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|--------------------------|----------------------------|
| ● Fixtures and fittings | Straight-line over 4 years |
| ● Computer equipment | Straight-line over 3 years |
| ● Leasehold improvements | Straight-line over 4 years |

m) Investments

Investments in subsidiary undertakings are included at cost.

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

The charity only has both basic and non-basic financial assets and financial liabilities. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method. Non-basic financial instruments are measured at fair value with any gain or loss going to the statement of financial activities. Full details are given in the financial instruments note.

q) Pensions

The group operates a defined contribution scheme. The assets of the scheme are held separately from those of the group in an independently administered fund.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2019

2 Income from donations and legacies

	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Gifts	4,319	-	4,319	2,918	2,296	5,214
	4,319	-	4,319	2,918	2,296	5,214

3 Income from charitable activities

	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Royalties from The Cochrane Library	5,905,408	-	5,905,408	6,869,065	-	6,869,065
John Wiley & Sons Development Grant	209,634	-	209,634	200,134	-	200,134
John Wiley & Sons contributions	650,000	-	650,000	975,000	-	975,000
John Wiley & Sons compensation	112,591	-	112,591	-	-	-
Methods Handbook Royalties	1,106	-	1,106	-	-	-
Other	92,843	-	92,843	71,919	-	71,919
Sub-total for Publications	6,971,582	-	6,971,582	8,116,118	-	8,116,118
Cochrane Response	237,394	-	237,394	485,997	-	485,997
Cochrane Innovations	204,473	-	204,473	185,735	-	185,735
Sub-total for Products	441,867	-	441,867	671,732	-	671,732
Gates Foundation	-	52,659	52,659	-	-	-
R W Johnson	-	-	-	-	135,078	135,078
Sub-total for Future Technology	-	52,659	52,659	-	135,078	135,078
Global Evidence Summit	-	-	-	-	-	-
The Cochrane Colloquium	492,823	25,861	518,684	696,232	-	696,232
EU – Health in my language	-	17,601	17,601	-	145,337	145,337
Other income	50,343	-	50,343	11,988	-	11,988
Sub-total for Other charitable activities	543,166	43,462	586,628	708,220	145,337	853,557
Total income from charitable activities	7,956,615	96,121	8,052,736	9,496,070	280,415	9,776,485

Included within The Cochrane Colloquium income are amounts totalling

4 Income from investments

	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Bank interest	22,850	-	22,850	13,797	-	13,797
	22,850	-	22,850	13,797	-	13,797

5a Analysis of expenditure (current year)

	Charitable activities							2019 Total £	2018 Total £
	Cost of raising funds £	Publishing £	Products £	Future Technology £	Other charitable activities £	Governance costs £	Support costs £		
Staff costs	-	1,160,160	214,079	32,400	223,273	-	2,350,749	3,980,661	3,693,268
Other people costs	96,876	655,836	160,713	104,665	206,215	2,524	375,303	1,602,132	1,150,047
Board and committee expenses	-	-	-	-	-	82,544	36,008	118,552	107,566
Audit and accountancy	-	-	-	-	-	56,456	-	56,456	61,736
Advertising and marketing	-	1,313	6,151	-	-	-	15,962	23,426	26,621
Meetings and events costs	-	394	1,916	-	468,068	47,008	26,419	543,805	704,138
IT costs	-	-	1,009	-	751	-	360,062	361,822	409,517
Legal and professional	-	-	1,908	-	31,523	35	31,808	65,274	162,545
Other direct costs	-	198,309	157,185	346,315	-	-	154,104	855,913	870,852
Premises and office costs	-	682	12	-	33	241	359,526	360,494	335,207
Travel costs	-	65,276	-	-	17,187	-	243,250	325,713	210,882
Cochrane Community	-	278,097	-	-	457,290	-	16,594	751,981	652,459
Other overheads	-	-	-	-	-	-	91,183	91,183	96,586
	96,876	2,360,067	542,973	483,380	1,404,340	188,808	4,060,968	9,137,412	8,481,424
Support costs	80,491	1,960,898	451,138	401,624	1,166,817	-	(4,060,968)	-	-
Governance costs	3,742	91,169	20,975	18,673	54,249	(188,808)	-	-	-
Total expenditure 2019	181,109	4,412,134	1,015,086	903,677	2,625,406	-	-	9,137,412	

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2019

5b Analysis of expenditure (prior year)

	Charitable activities						Support costs £	2018 Total £
	Cost of raising funds £	Publishing £	Products £	Future Technology £	Other charitable activities £	Governance costs £		
Staff costs	-	1,029,767	146,870	-	59,830	-	2,456,801	3,693,268
Other people costs	91,761	434,671	202,390	67,368	43,954	26,751	283,152	1,150,047
Board and committee expenses	-	-	-	-	-	107,566	-	107,566
Audit and accountancy	-	-	3,345	-	-	1,500	56,891	61,736
Advertising and marketing	-	339	8,209	-	8,301	(43)	9,815	26,621
Meetings and events costs	-	583	-	-	682,718	9,184	11,653	704,138
IT costs	-	107,600	2,539	64,439	51,787	3,860	179,292	409,517
Legal and professional	-	2,846	55	-	379	137,901	21,364	162,545
Other direct costs	-	206,943	158,754	127,381	65,909	-	311,865	870,852
Premises and office costs	-	833	365	-	8,997	108	324,904	335,207
Travel costs	-	73,308	13,345	165	31,075	-	92,989	210,882
Cochrane Community	-	80,175	-	36,102	386,529	92,986	56,667	652,459
Other overheads	-	83	1,628	-	18	115	94,742	96,586
	91,761	1,937,148	537,500	295,455	1,339,497	379,928	3,900,135	8,481,424
Support costs	85,181	1,798,260	498,963	274,272	1,243,459		(3,900,135)	-
Governance costs	8,298	175,176	48,606	26,718	121,130	(379,928)	-	-
Total expenditure 2018	185,240	3,910,584	1,085,069	596,445	2,704,086	-	-	8,481,424

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2019

6a Grant making (current year)

Total costs of £324,104 (2018: £652,459) within 'Cochrane Community' in Note 5 are grants made by The Cochrane Collaboration during the year.

	Grants to individuals £	Grants to institutions £	2019 £	2018 £
Cost				
Publishing	-	278,097	278,097	-
Other charitable activities	2,250	455,040	457,290	375,249
Governance costs	-	-	-	45,175
Future Technology	-	-	-	20,007
Support costs	-	16,594	16,594	212,027
At the end of the year	2,250	749,731	751,981	652,458

6b Grant making (prior year)

	Grants to individuals £	Grants to institutions £	2018 £	2017 £
Cost				
Publishing	-	-	-	125,129
Other charitable activities	2,764	372,485	375,249	216,554
Governance costs	5,175	40,000	45,175	13,319
Future Technology	-	20,007	20,007	-
Support costs	15,329	196,698	212,027	31,865
At the end of the year	23,268	629,190	652,458	386,867

7 Net income for the year

This is stated after charging:

	2019 £	2018 £
Depreciation	1,035	9,312
Operating lease rentals:		
Property	279,465	162,213
Auditor's remuneration (excluding VAT):		
Audit	17,500	11,800
Other services	2,550	4,100
Foreign exchange (gains)/losses	(30,686)	27,397

8 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2019 £	2018 £
Salaries and wages	3,331,327	3,149,197
Redundancy and termination costs	45,737	15,163
Social security costs	314,598	295,611
Employer's contribution to defined contribution pension schemes	288,999	233,293
	<u>3,980,661</u>	<u>3,693,264</u>

8 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2019 No.	2018 No.
£60,000 – £69,999	8	6
£70,000 – £79,999	4	5
£80,000 – £89,999	1	2
£90,000 – £99,999	2	3
£100,000 – £109,999	1	–
£120,000 – £129,999	1	–
£140,000 – £149,999	1	1
£160,000 – £169,000	–	1

The total employee benefits including pension contributions of the key management personnel were £1,016,627 (2018: £936,973).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £56,511 (2018: £39,863) incurred by 14 (2018: 13) members relating to attendance at meetings of the trustees.

9 Staff numbers

The average number of employees (head count based on number of staff employed) as well as full-time equivalent during the year was as follows:

	2019 No. Head count	2018 No. Head count	2019 No. FTE	2018 No. FTE
Publishing	19.2	18.1	16.1	18.1
Products	4.0	4.5	3.4	3.9
Other charitable activities	2.1	1.8	1.7	1.4
Support & Governance	40.0	40.2	38.3	36.8
	<u>65.3</u>	<u>64.6</u>	<u>59.6</u>	<u>60.2</u>

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2019

10 Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

During the year, the Cochrane Collaboration recharged £32,400 (2018: £nil) salaries and management fees to Cochrane Innovations Limited. £13,116 of costs relating to IT were recharged (2018: £nil). At the end of the year, Cochrane Innovations Limited owed £15,266 (2018: £136,090) to the Cochrane Collaboration.

At the year end, Collaboration Trading Limited was owed £100 (2018: was due £89,821) by the Cochrane Collaboration.

10 Related party transactions (continued)

During the year, the Cochrane Collaboration provided £734,732 (2018: £631,420) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £136,235 (2018: £124,862).

During the year the following related parties received funding from Cochrane Collaboration. The individuals involved in each transaction were not included in the decision making process. All transactions were completed at arms' length.

Martin Burton, a trustee of the Cochrane Collaboration, is a Director at UK Cochrane Centre, University of Oxford. During the year, Cochrane Collaboration paid for various staffing costs, totalling £45,369 (2018: £44,405). At the year-end, £7,056 was included in creditors. During the year, the Centre received £150,000 funding from Health Education England to support a Public Health Fellowship. The funds are being held by the Cochrane Collaboration on the Centre's behalf. £18,619 of funds were disbursed in the year and the year-end balance is £131,381.

Catherine Marshall, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for consultancy fees, totalling £9,976 (2018: £-). At the year-end, £2,494 was included in creditors.

Xavier Bonfill Cosp, a trustee of the Cochrane Collaboration, is the Director of the Iberoamerican Cochrane Center. During the year, Cochrane Collaboration paid Cochrane Iberoamericana for a translation project totalling £110,805 (2018: £-). No funds were outstanding at the year end.

Tracey Howe and Nicola Cullum, both trustees of the Cochrane Collaboration, are Professors at Manchester University. During the year the university received grant funding of £5,000 (2018: £5,000) and was commissioned by the Cochrane Collaboration for £4,329 (2018: £8,673) for a consultancy assignment. No funds were outstanding at the year end.

Sally Green, a trustee of Cochrane Collaboration, is a Co-Director at Cochrane Australia, Monash University. During the year, Cochrane Collaboration paid expenses and consultancy costs totalling £85,820 (2018: £38,709). No funds were outstanding at the year end.

Jordi Pardo, a trustee of Cochrane Collaboration, is a Co-Managing Editor of Cochrane Musculoskeletal Group. The Group forms part of The Centre for Global Health / OCPHR at Ottawa Hospital, Canada. During the year, Cochrane Collaboration paid The Centre for Global Health / OCPHR £39,097 (2018: £13,025) in consultancy and personnel costs. No funds were outstanding at the year end.

11 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiaries Collaboration Trading Limited Company and Cochrane Innovations Limited gift aid available profits to the parent charity. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK67,474 (£7,969) in its profit and loss account in the year to 31 December 2019.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2019

12 Tangible fixed assets

Group and charity

	Fixtures and fittings £	Computer equipment £	Leasehold improvements £	Total £
Cost				
At the start of the year	25,750	26,112	20,397	72,259
Additions in year	-	-	-	-
At the end of the year	25,750	26,112	20,397	72,259
Depreciation				
At the start of the year	23,329	26,112	20,298	69,739
Charge for the year	936	-	99	1,035
At the end of the year	24,265	26,112	20,397	70,774
Net book value				
At the end of the year	1,485	-	-	1,485
At the start of the year	2,421	-	99	2,520

All of the above assets are used for charitable purposes.

13 Fixed asset investments

	The group		The charity	
	2019 £	2018 £	2019 £	2018 £
Investment in Collaboration Trading Company Limited	-	-	100	100
Investment in Cochrane Innovations Limited	-	-	669,075	669,075
Investment in Cochrane IKMD Denmark ApS	-	-	5,720	5,919
Other investments	1,000	1,000	1,000	1,000
	1,000	1,000	675,895	676,094

The investments represent a 100% shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales) and a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark). All figures have been included in the consolidation.

Other investments represents the value of the oil painting of the Cochrane logo gifted by Sir Iain Chalmers.

14 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited and Cochrane Innovations Limited, both are companies registered in England, and Cochrane IKMD Denmark ApS, a company registered in Denmark. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiaries is shown below:

	Collaboration Trading Company Limited		Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2019 £	2018 £	2019 £	2018 £	2019 £	2018 £
Turnover	-	-	248,564	186,683	707,734	706,442
Gross profit	-	-	248,564	186,683	707,734	706,442
Administrative expenses	-	-	(133,281)	(171,068)	(706,130)	(667,835)
Other operating income/(expenditure)	-	-	(2,461)	(469)	26,638	(6,244)
Profit / (loss) on ordinary activities	-	-	112,822	15,146	28,242	32,363
Donation to parent undertaking	-	-	-	-	-	-
Profit / (loss) for the financial year	-	-	112,822	15,146	28,242	32,363
The aggregate of the assets, liabilities and funds was:						
Assets	100	91,721	64,119	151,742	144,650	130,198
Liabilities	-	(91,621)	(127,681)	(284,048)	(78,953)	(80,308)
Funds	100	100	(63,562)	(132,306)	65,697	49,890

15 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2019 £	2018 £
Gross income	7,888,550	9,567,376
Result for the year	<u>(1,110,210)</u>	<u>1,252,049</u>

16 Debtors: falling due within one year

	The group		The charity	
	2019 £	2018 £	2019 £	2018 £
Trade debtors	23,071	164,090	10,333	95,391
Other debtors	141,139	260,663	136,215	247,062
Prepayments	158,793	94,872	158,793	94,872
Accrued income	1,392,343	2,059,658	1,392,343	2,059,658
Amounts due from subsidiaries	-	-	15,266	225,911
	<u>1,715,346</u>	<u>2,579,283</u>	<u>1,712,950</u>	<u>2,722,894</u>

17 Creditors: amounts falling due within one year

	The group		The charity	
	2019 £	2018 £	2019 £	2018 £
Trade creditors	132,246	102,732	132,246	102,732
Accruals	355,734	343,587	344,895	332,995
Deferred income (note 18)	123,621	70,824	23,035	16,500
Taxation and social security	77,810	75,887	68,639	73,194
Other creditors	202,288	151,153	133,820	71,969
VAT creditor	403,905	115,870	402,486	120,110
Amounts due to subsidiaries	-	-	136,335	127,106
	<u>1,295,604</u>	<u>860,053</u>	<u>1,241,456</u>	<u>844,606</u>

18 Deferred income

	The group		The charity	
	2019 £	2018 £	2019 £	2018 £
Balance at the beginning of the year	70,824	231,077	16,500	32,477
Amount released to income in the year	46,262	(160,253)	-	(15,977)
Amount deferred in the year	6,535	-	6,535	-
Balance at the end of the year	<u>123,621</u>	<u>70,824</u>	<u>23,035</u>	<u>16,500</u>

19 Pension scheme

The group operates a defined contribution scheme. The assets of the scheme are held separately from those of the group in an independently administered fund. The pension cost charge represents contributions payable by the group to the fund and amounted to £288,999 (2018: £233,293). Contributions totalling £nil (2018: £8,866) were payable to the fund at the balance sheet date and are included in creditors.

20a Analysis of group net assets between funds – current year

	General unrestricted funds £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	1,485	–	–	1,485
Investments	1,000	–	–	1,000
Net current assets	6,126,022	20,000	70,684	6,216,706
Net assets at the end of the year	6,128,507	20,000	70,684	6,219,191

20b Analysis of group net assets between funds – prior year

	General unrestricted funds £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	2,520	–	–	2,520
Investments	1,000	–	–	1,000
Net current assets	7,118,723	102,000	21,769	7,242,492
Net assets at the end of the year	7,122,243	102,000	21,769	7,246,012

21a Movements in funds – current year

	At the start of the year £	Income & gains £	Expenditure & losses £	Transfers £	At the end of the year £
Future Techology					
R W Johnson	21,769	–	(21,769)	–	–
Gates Foundation	–	52,659	(19,837)	–	32,822
Other Charitable activities					
The Global Evidence Synthesis Initiative (GESI)	–	17,601	(5,600)	–	12,001
The Cochrane Colloquium	–	25,861	–	–	25,861
Total restricted funds	21,769	96,121	(47,206)	–	70,684
Unrestricted funds:					
Designated funds:					
Global Evidence Summit	82,000	–	(82,000)	–	–
Discretionary Fund	20,000	–	–	–	20,000
Total designated funds	102,000	–	(82,000)	–	20,000
General funds	7,122,243	7,983,784	(8,977,520)	–	6,128,507
Total unrestricted funds	7,224,243	7,983,784	(9,059,520)	–	6,148,507
Total funds	7,246,012	8,079,905	(9,106,726)	–	6,219,191

21b Movements in funds – prior year

	At the start of the year £	Income & gains £	Expenditure & losses £	Transfers £	At the end of the year £
Future Techology					
R W Johnson	–	135,078	(113,309)	–	21,769
Gates Foundation	95,810	–	–	(95,810)	–
Other Charitable activities					
Awards, prizes and scholarships	(1,000)	–	–	1,000	–
Other–EU grant, Health in my Language	–	147,633	(6,408)	(141,225)	–
Total restricted funds	94,810	282,711	(119,717)	(236,035)	21,769
Unrestricted funds:					
Designated funds:					
Global Evidence Summit	–	–	–	82,000	82,000
Discretionary Fund	20,000	–	–	–	20,000
Total designated funds	20,000	–	–	82,000	102,000
General funds	5,844,526	9,512,785	(8,389,103)	154,035	7,122,243
Total unrestricted funds	5,864,526	9,512,785	(8,389,103)	236,035	7,224,243
Total funds	5,959,336	9,795,496	(8,508,820)	–	7,246,012

The transfers from restricted to unrestricted funds in 2018 above represented expenditure incurred in 2017 relating to these funds which were absorbed by unrestricted funds in the previous year.

22 Purposes of restricted funds

R W Johnson – this is a grant which supports the development of Cochrane's next generation evidence system. This grant was fully utilised during 2019.

Gates Foundation – these are grants from the Bill and Melinda Gates Foundation which supports work to identify and scope specific opportunities in the application of evidence-based medicine and data liquidity at a systems level especially with regard to ontology development and alignment. Efforts will be directed at identifying a future plan of collaboration that may include Living Evidence Exemplars or development and strengthening of the Evidence Ecosystem to deliver FAIR Human Study for Faster Health Insights Revolutionising human study data discovery and use.

Awards, prizes and scholarships – each year at our annual Colloquium, Cochrane presents a number of awards and prizes to contributors to recognise contributions to our work and organisation made in various ways. These awards and prizes include; The Thomas C Chalmers Award, The Kenneth Warren Prize, The Chris Silagy Prize, The Bill Silverman Prize, The Aubrey Sheiham Scholarship and The Anne Anderson Award. More information can be found on our website: <http://www.cochrane.org/news/2016-cochrane-contributor-prize-and-award-winners>. This fund was fully utilised in 2018.

Health in my Language – this was funded by the European Commission to use recent advances in machine translation to create and deploy a system for the automatic translation of public health information, with the special focus on meaning preservation. This fund was fully utilised in 2018.

The Global Evidence Synthesis Initiative (GESI) – this is funding from the International Initiative for Impact Evolution to support the GESI-Cochrane partnership.

The Cochrane Colloquium – these funds relate to unclaimed refunds from the cancelled 2019 colloquium to be donated towards the 2020 colloquium.

23 Purposes of designated funds

Global Evidence Summit – Income and expenditure related to the Global Evidence Summit, a conference held in South Africa from which Cochrane is entitled to an 82% profit share.

The Cochrane Governing Board's Discretionary Fund provides £20,000 per year to facilitate small projects of general benefit to the organisation (with no project receiving more than £5,000). No applications were made to the fund in 2019 which will discontinue in 2020.

24 Analysis of cash and cash equivalents

	At 1 January 2019 £	Cash flows £	Other changes £	At 31 December 2019 £
Cash at bank and in hand	5,523,262	243,016	30,686	5,796,964
Total cash and cash equivalents	5,523,262	243,016	30,686	5,796,964

25 Operating lease commitments

The group's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Land and buildings	
	2019 £	2018 £
Less than one year	222,500	135,177
One to five years	370,833	–
	593,333	135,177

26 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

27 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £131,380 on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund.