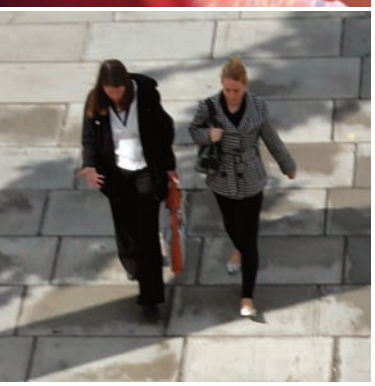

The Cochrane Collaboration

Annual Report & Financial Statements 2009/10

Working together to provide the best evidence for health care

Financial Statements for the year ended 31 March 2010
Company Number 3044323
Charity Number 1045921

THE COCHRANE COLLABORATION®

The Cochrane Collaboration

Annual Report & Financial Statements 2009/10

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Introductions

From the Co-Chairs of the Steering Group

Lorne Becker

Jonathan Craig

THE Cochrane Collaboration is a wonderful and diverse organisation – rising from the germ of an idea back in 1993, taken along in a growing wave of enthusiasm by a few early pioneers, developing over the years into the Collaboration we know today of more than 27,000 people in over 100 countries. As Co-Chairs of the Collaboration's Steering Group we are very aware of how privileged we are to hold for a little while the trust of our colleagues, and of the millions who depend on the Collaboration's work.

At its heart, the Collaboration is about health, and about how the health care of individuals and populations can be improved through providing high-quality information about the effectiveness of healthcare interventions. Reaching a place where we can with confidence say that we are providing that information, in a format that can be easily assimilated, to a standard of which we can all be proud, is our vision, and our continuing task.

Following a Strategic Review of the Collaboration reporting in early 2009, we are now at the stage of developing strategies to implement the Review's many recommendations. At its heart the Review reassured us that, by and large, we are doing the right thing in the right way, but as in any organisation there are things that we can do better or differently, and we are addressing those points. They include:

Improving our governance arrangements

To achieve this we are improving the Steering Group's focus on key strategic affairs by reducing the number of members, whilst increasing their focus on our priorities. We are simplifying our structures and creating 'executives' to give a focal point for each of our groups of contributors, linking these formally with the Steering Group, and thereby improving communication. And we're developing core Key Performance Indicators, so that we can measure our progress better.

Improving our communication

We found that we don't always necessarily communicate as well as we could, and that some of the terminology and structures we have created tend to increase rather than reduce confusion. So we're re-examining our terminology to make sure it's understandable to everyone. We're also reassessing our marketing and communication strategies, to ensure that we're producing a simple and consistent message that can be readily understood by our stakeholders.

Ensuring that we maintain healthcare consumers at the heart of our work, and that we are truly representative of global issues

We have always had a commitment to these crucial areas, but have struggled at times to make them a reality. So we are recruiting a new member of staff with a clear role in helping our consumer constituency to contribute effectively to our work, and to reflect to the wider healthcare consumer world the value of what we do. Over the next year we will be providing a strategic focus to new efforts to improve our impact and relevance in resource-poor settings.

Working better with external organisations

We are looking again at our external partnerships, seeking ways of working effectively with organisations with common missions and purposes, where the sum of our contributions can be greater than the parts. As an example, we are in the late stages of establishing 'official relations' with the World Health Organization, a key partner in much of the work we do for resource-poor settings.

Improving our main product: Cochrane Reviews in *The Cochrane Library*

As it is important to ensure that our reviews are based on up-to-date methodology, so we need to ensure also that our methodological developments don't run ahead of what our authors and editorial teams can support. Our groups who support our methodological rigour have been looking hard at how they can best work together in co-ordinating their activities and supporting us in our mission. We have been looking at how we can best co-ordinate our training strategy across the Collaboration, building a strategic response to training at all levels. We've been working too to improve the look, usability and content of our websites.

An organisation such as The Cochrane Collaboration cannot afford to stand still; it must evolve to remain relevant in a constantly changing healthcare environment. As it evolves, we must be mindful that we need to take our thousands of contributors along with us on the journey. But the people also change. We take this opportunity to thank for their huge contributions those colleagues who have moved on to new responsibilities during the last year. In particular, we thank Adrian Grant for his enormous contribution as Jonathan Craig's predecessor Co-Chair. Through all the changes, our mission remains the same: to help people to make the right choices about healthcare interventions, whoever they are and whatever decision they're making.

Lorne Becker

Jonathan Craig

Lorne and delegates before the opening plenary of the Singapore Colloquium, 2009, including Edwin Chan (far left), host of the Colloquium

Jonathan delivering his vision speech for the Collaboration at the closing plenary of the Singapore Colloquium, 2009

From the Chief Executive Officer of the Collaboration

Nick Royle

WELCOME to this, The Cochrane Collaboration's 2010 Annual Report. Recently I was at a party and involved in one of those "What do you do?" conversations. In a moment of flippancy and bravado, I said that I was privileged to be the CEO of "the world's most influential healthcare charity that you've never heard of". The moment passed, the conversation moved on.

And then I got to thinking. What do I mean by 'influential'? How do we measure our impact, and how well are we doing? Well, at a very basic level, we see the 'impact factor' awarded to our main publication, the *Cochrane Database of Systematic Reviews (CDSR)*. Blunt, simplistic, perhaps misleading: all valid criticisms. But the fact remains that we now have an Impact Factor of 5.653, which places us 11th in the category 'General Medicine' out of the 132 journals included in the ISI Medicine, General and Internal journal list, up from our first entry for 2007 of 4.654 (14th). This is a fantastic reflection on the achievement of those visionaries who founded the Collaboration, and of our authors, staff and other contributors who make this possible. Those above us in the list are all medical journals in the traditional sense, and pretty well known, so maybe my off-the-cuff boast held a grain of truth.

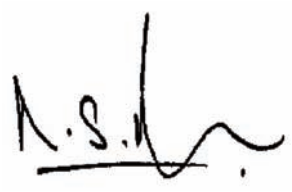
CDSR is published as part of *The Cochrane Library*, and David Tovey, our Editor in Chief, has already made his mark here. With a brand-new website, and the move from January 2010 to monthly publication, our external presence – what the public sees – is now looking more and more like one of the traditional journals I mentioned above. Monthly publication also has a knock-on effect on another way of measuring our impact: the amount of press coverage we receive. This has increased significantly as our press releases become more frequent and key journalists become more familiar with our output, allowing more people to hear about us and what we do.

But maybe our more important impact story is the degree to which Cochrane Reviews now form the bedrock for high-quality clinical and practice guidelines globally. The first question for any panel undertaking the task of creating or updating a guideline, health technology appraisal, or indeed clinical trial or systematic review, is increasingly, "Is there a Cochrane Review relevant to this question?"

In this Annual Report we've tried to give you a flavour of how Cochrane Reviews are being used, changing practice, and influencing decision-making. Around the

world, in countries rich and poor, Cochrane Reviews matter.

My personal vision? That we achieve a top-five Impact Factor rating. It's just a number, but it tells the world about the fantastic things that this amazing organisation does.



Nick Royle

Read more about our Impact Factor on page 31

Nick and a delegate at the Annual General Meeting in 2009, considering questions arising from the 2008–9 Strategic Review of the Collaboration

From the Editor in Chief of *The Cochrane Library*

David Tovey

IN late 2008 I was offered the opportunity to join The Cochrane Collaboration as Editor in Chief of *The Cochrane Library*. At the time I considered that I was familiar enough with the Collaboration and its activities to be confident about the task ahead. Almost two years on it is interesting to reflect on the extent to which I am still learning!

One factor that I had not entirely grasped relates to size. Firstly, the size of the membership of the Collaboration. Worldwide, over 27,000 individuals are actively involved in Cochrane activities. The diversity of background and the extent of available expertise provide an unequalled and rich resource on which we can build. As an example, thinking myself on sure ground, I found myself in a conversation in Oslo on the subject of user testing. Despite my confidence, I soon realised that this was more of a tutorial than a conversation, as Claire Glenton and Sarah Rosenbaum shared their expertise on this subject. This was an experience that was repeated time and time again, as I set out to introduce myself to 'global Cochrane'.

And then there is the breadth of Cochrane Reviews within *The Cochrane Library*. 4200 systematic reviews may sound a lot, but it is only when one really immerses oneself in the list of titles of proposed new reviews, as Harriet MacLehose and I did when creating a 'Browse by subject' menu for the website homepage, that one realises the enormity of vision of this extraordinary project.

Apart from the richness of content, and the expertise of membership, what else have I learned? Perhaps the most important additional virtue the Collaboration possesses is its ambition. What other organisation would invite a speaker to the closing plenary of its annual conference (in 2009) in full knowledge that it would be challenged, in customary Australian, no-nonsense fashion, to improve itself? And yet this is typical and somehow "normal for Cochrane".

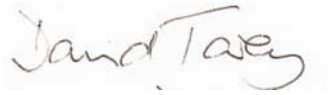
My role, and that of the Cochrane Editorial Unit, is therefore to work with groups and individuals within the Collaboration to harness this talent and ambition, and to ensure that we are prepared for challenging times ahead in the crowded and competitive marketplace that exists to provide and disseminate health knowledge. I have suggested that we set specific targets by which to measure our success over the next five years, relating to impact of Cochrane Reviews (and Impact Factor), usage and influence in practice and policy, engagement of our stakeholders, and recruitment and

retention of members, particularly in areas that are currently under-represented, including resource-poor settings.

The first step is to ensure that Cochrane Reviews continue to set the standard for quality, in terms of validity, relevance, timeliness and accessibility. We need to create what Jonathan Craig, at the closing plenary in Singapore, described as a "short, downhill pipeline" for researchers engaged in conducting systematic reviews, and also to incorporate emerging methodologies, including diagnostic test accuracy reviews, and added-value elements such as economic analysis, complex study design, and qualitative synthesis.

Creating great content is a necessity, but exploiting technology to present and deliver the content is also crucial. Our continuing programme aimed at developing our software and our websites is therefore vital to our future success.

We are rightly seen as leaders internationally in the provision of independent and credible knowledge to inform health care and policy. This Annual Report provides a building block to maintain and develop this position.



David Tovey

David delivering his vision speech for *The Cochrane Library* at the closing plenary of the Singapore Colloquium, 2009

COCHRANE REVIEWS IN THE NEWS

Cochrane Review on alternative to laser eye surgery receives extensive media coverage

A Cochrane Review comparing laser eye surgery with lenses inserted permanently into the eye to correct short-sightedness has been reported in over 250 news articles in 25 countries worldwide.[1] The review, prepared by the Cochrane Eyes and Vision Group and published in *The Cochrane Library* in May 2010, is the first systematic review to compare the accuracy and safety of the two procedures.

Myopia, more commonly known as short- or near-sightedness, is a condition in which the eye focuses on the images in front of the retina instead of directly on it. The incidence of myopia within sampled populations shows variation in factors such as age, country, gender, ethnicity, occupation and environment, but it is estimated that up to 2.3 billion people worldwide are affected by some kind of refractive eye defects.[2]

In recent years, the preferred corrective procedure for people wanting to avoid wearing glasses or contact lenses has been excimer laser refractive surgery, but a new alternative is the insertion of phakic intraocular lenses. Both procedures work by changing the path of the light entering the eye and bringing images into focus in the right place. Laser surgery does this by removing parts of the cornea, whereas the new procedure uses a synthetic lens inserted in front of the natural lens.

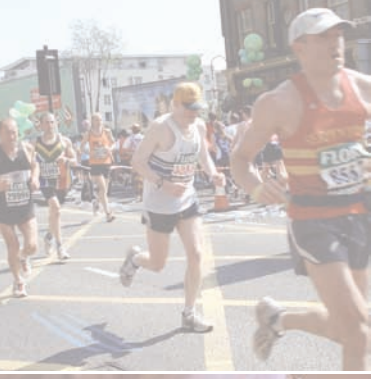
Until now, there has been no systematic review comparing the accuracy and safety of the two procedures and insertion of phakic intraocular lenses has only been practised in more severely short-sighted people. However, the Cochrane Review suggests the procedure could be more widely used. The review included data from three randomised controlled trials of 132 patients (228 eyes), and found that although there was little difference in vision between phakic intraocular lenses and excimer laser surgical correction, phakic intraocular lenses seemed to be safer and were preferred by recipients of the intervention.

Allon Barsam, lead author of the review, believes that, "It could be worth considering phakic intraocular lens treatment over the more common laser surgery for patients with moderate short-sightedness". The author team suggests that the reason why phakic intraocular lenses are not more widely used could be related to the level of complexity and skill required to perform the surgery safely. The authors also highlight that there may be more long-term risks of phakic intraocular lens surgery that were not apparent in the one-year follow-up.

Did you know that cochrane.org has a segment called *Cochrane in the News* [http://www.cochrane.org/in-the-news], where you can read recent articles from the international press citing relevant Cochrane evidence?

1. Barsam A, Allan BDS. Excimer laser refractive surgery versus phakic intraocular lenses for the correction of moderate to high myopia. *Cochrane Database of Systematic Reviews* 2010, Issue 5. Art. No.: CD007679. DOI: 10.1002/14651858.CD007679.pub2.

2. Dunaway D, Berger I. "Worldwide Distribution of Visual Refractive Errors and What to Expect at a Particular Location." Published in Wikipedia, 31 August, 2006.



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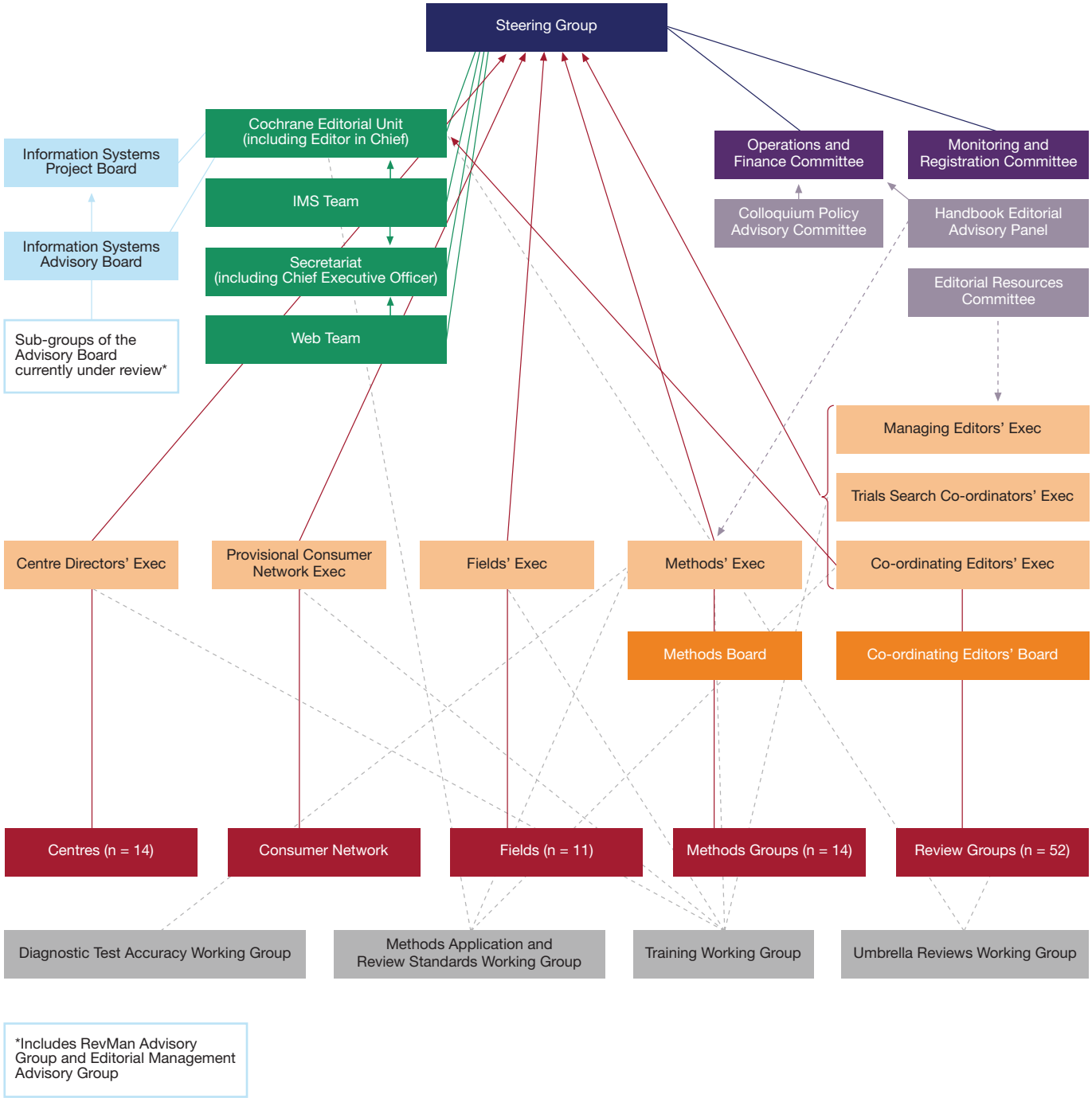
Activity Reports

From the core teams

From other selected core groups

From the entity executives



Accountability and reporting structure of The Cochrane Collaboration's groups and committees, September 2010

From the Cochrane Editorial Unit

THE Editor in Chief role and the Cochrane Editorial Unit (CEU) were established to work with Cochrane Review Groups (CRGs) and other entities to ensure that *The Cochrane Library* maintains its reputation as the international source of trustworthy, independent, and relevant information to guide healthcare decisions; that it meets the varied needs of users; and that it appropriately reflects the commitment of CRG teams and authors. Over the past 12 months the CEU team has grown and has settled into an office near Tower Bridge in London, UK.

Meeting colleagues

A high priority for the CEU is to make the most of opportunities to meet with internal and external stakeholders of *The Cochrane Library*. These include CRGs and other Cochrane entities, *The Cochrane Library* publishers (John Wiley & Sons, Ltd), and people and groups outside The Cochrane Collaboration. Over the past year, members of CEU staff have attended major Cochrane meetings, including the Singapore Colloquium and regional meetings in the UK, Europe, India and Canada. We have also led the organization of meetings for the Co-ordinating Editors' Board (including the Rome meeting, which unfortunately coincided with the European volcanic ash travel ban ...) and hosted meetings of the technology and information groups, including the RevMan Advisory Group. These meetings have provided invaluable opportunities to inform the CEU's current and future work programme, which focuses on two main themes: improving the quality of content and presentation of Cochrane Reviews, and leading initiatives aimed at downstream product development and the use of reviews in clinical care and health policy. We have also been pleased to contribute to other Collaboration initiatives such as the Cochrane strategic session on consumer involvement held in Auckland in March 2010.

Enhancing user experience

Improving the user experience of *The Cochrane Library* remains a high priority. One of the most visible changes driven by the CEU has been to increase the publication frequency of the *Cochrane Database of Systematic Reviews (CDSR)* from four to twelve issues per year. In March 2010, a redesigned *Cochrane Library* homepage was launched,

together with the introduction of monthly editorials, special collections of reviews, and a new 'by system' browse list for Cochrane Reviews. These initiatives are part of an ongoing web development programme, and 2011 will see the introduction of other additional features. Feedback and usage figures have been consistently positive for these changes to the way in which *The Cochrane Library* is delivered to customers.

Improving quality

Also on the quality theme, we have been working on a number of editorial projects, including developing, distributing and evaluating a baseline audit around the editorial processes of all the CRGs, and initiating work on developing minimum standards for Cochrane Reviews. We work on these and other quality projects (such as updating, copy-editing, and publication ethics) in close collaboration with the Co-ordinating Editors' Board and others.

Developing downstream products

The downstream product development theme aims to develop, evaluate, and, if deemed successful, set up programmes or products that bring added value to *The Cochrane Library*. Over the past year, the CEU has led 'Cochrane Response' and worked with the publishers on a new derivative product called 'Cochrane PICO', as well as the new Cochrane Journal Club.

'Cochrane Response' follows a recommendation from The Cochrane Collaboration Strategic Review to develop "a responsive review programme". The past year has seen a number of commissions for specific reviews by external agencies, including the UK National Institute for Health Research and the World Health Organization, and we will be evaluating the response programme and planning ahead for future commissions.

Creating Cochrane PICOs

Cochrane PICOs (Patient, Intervention, Comparison, Outcome) are short interactive summaries of a clinical question addressed by one or more Cochrane Reviews that may be used as an 'entry point' between e-textbooks or decision-support applications and full-text Cochrane Reviews. Several CRGs piloted the preparation of some sample Cochrane PICOs, and further enhancements to the template are under way after the first round of user-testing.

Introducing the Cochrane Journal Club

The Cochrane Journal Club highlights a different Cochrane Review each month in a format ready for use in a journal club, including background information, a podcast, discussion questions, and downloadable PowerPoint slides containing key figures and tables.

Read more about The Journal Club on page 40

Working together

The CEU looks forward to the opportunities and challenges that lie ahead over the coming year and, most of all, to meeting and working with colleagues across and beyond The Cochrane Collaboration. Over the next 12 months we intend to continue to broaden our vision for the development of *The Cochrane Library* based on the priorities of improving and assuring quality of content and delivery (including maintenance of reviews), maximising usage and impact of Cochrane Reviews, and encouraging participation in the work of the Collaboration. We welcome feedback and questions, and look forward to hearing from you.

Access the Cochrane Editorial Unit's website on: http://www.editorial-unit.cochrane.org/

The Cochrane Editorial Unit. From left to right, back row: Hilary Simmonds, Personal Assistant to the Editor in Chief; David Tovey, Editor in Chief of *The Cochrane Library*; Harriet MacLehose, Senior Editor. Front row: Giovanna Ceroni, Programme Development Manager; Toby Lasserson, Senior Editor; Rachel Marshall, Editor

From the IMS Team

THE primary remit of the Information Management System (IMS) Team is to develop and support tools and systems for producing Cochrane Reviews and delivering these for publication in *The Cochrane Library*. We work closely with many people across the Collaboration to assess on an ongoing basis where and how we can improve the IMS to the benefit of its users, as well as of users of Cochrane Reviews.

Not the new IMS...

Sometimes a small adjustment makes a big difference; at other times larger projects are needed. In 2004 we embarked on the development of what was termed *the new IMS*. The foundation for the new IMS was shaped by a Collaboration-wide user needs assessment, by numerous inventive ideas from across the Collaboration, and by the IMS Team's own vision. Now, the accomplishment of that vision is in sight. The IMS is:

- RevMan, a tool for preparing reviews and performing meta-analyses, with validation checks that help to ensure that the criteria for Cochrane Reviews are met. We are currently working on RevMan 5.1, which is scheduled for release in the fourth quarter of 2010.
- Archie, the internet-based repository for The Cochrane Collaboration's documents and contact details.
- The latest and final part of the 'new' IMS, the workflow system, piloted between September 2009 and September 2010, which allows Cochrane Review Groups to track each review throughout the editorial process; informs people involved in the preparation and editorial processing of reviews when they need to take action; and provides detailed checklists of tasks to be covered in the editorial process.

Offering opportunities

The IMS contains a wealth of information and gives us many opportunities. It serves as the historic archive of the Collaboration's development and deliverables. We can offer methodologists across the world easier access to more comprehensive review data than any other organisation: with the new review version search, released in September 2010, we can give researchers access to searches for specific criteria across all published review versions, and extract precisely those elements of data needed for their purposes. The Collaboration, along with our publishers, can enter into partnerships with other health information providers to explore new ways of disseminating timely and concise information about new evidence.

Planning for the year ahead

The IMS Team has contributed to many different projects during the past year, and looks forward to embarking on new projects in the coming year, together with colleagues across the Collaboration. Our current and immediate projects are described on our website, ims.cochrane.org/projects. Our public bi-annual reports to the Steering Group describe our progress on current projects. We value and welcome comments and ideas from our users, and we continue to explore ways of enabling the Collaboration to benefit fully from the IMS. We are committed to supporting our Cochrane colleagues in using our software; to partnering with others in developing tools for the efficient production of Cochrane Reviews; and to improving access to evidence about health care globally.

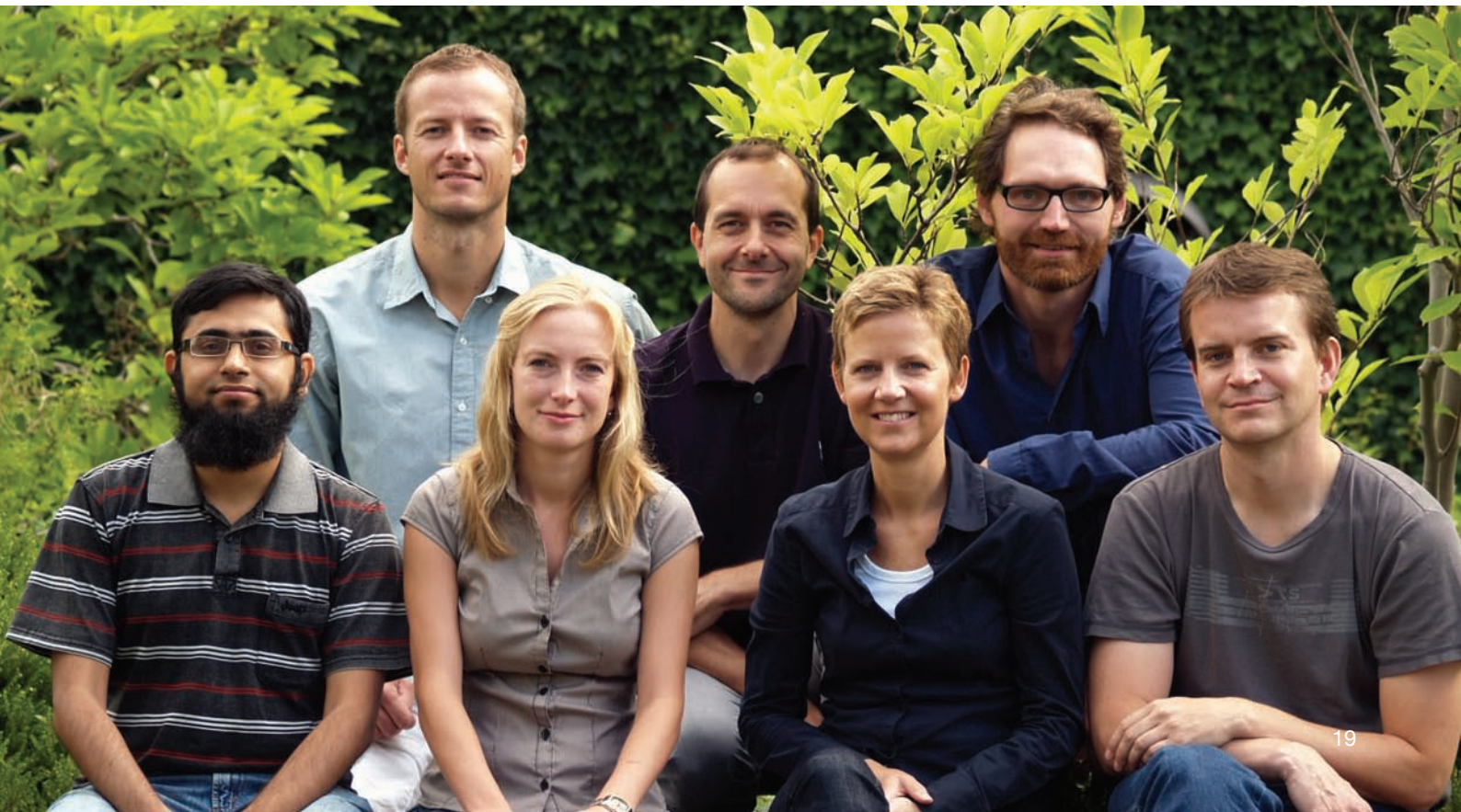
The IMS Support team: supporting Archie Super Users in their geographical regions. From left to right: Liz Dooley, Australia; Becky Gray, North America; Sonja Henderson, UK; Karen Hovhannisyan, Denmark

Access the IMS website on:
http://www.ims.cochrane.org/

Facts from the IMS!

As of the end of July 2010, the Collaboration has:
28,805 registered contributors, as recorded in Archie
7,146 Archie account holders
7,250 active RevMan users
16,604 active authors
9,842 published and unpublished registered titles, protocols and reviews
2,716 workflows
203,980 review versions

The IMS Development Team, at the Nordic Cochrane Centre, Copenhagen, Denmark. From left to right, back row: Henrik Helmø Larsen, Developer; Paolo Rosati, System Administrator; Jacob Riis, Communication and Support Officer. Front row: Irfan Dawood, Developer; Olga Ahtirschi, Test and Documentation Officer; Monica Kjeldstrøm, IMS Director; Rasmus Moustgaard, Senior Developer



From the Secretariat

THE Secretariat is the core administrative, business and financial arm of the Collaboration, and we work closely with the Steering Group, particularly the Co-Chairs, to develop and implement policy decisions taken by the Group. Our priorities over the past year, and for the year ahead, are a combination of ongoing and annual tasks, and project work.

Supporting the Collaboration's working groups and committees

The whole team, but in particular Jini, Claire and Kiley, organise the meetings of the Steering Group and support the various working groups and committees of the Collaboration as a whole. Following changes to the Collaboration's committee structures and the creation of the entity executives at the Steering Group's meeting in Auckland in March 2010, we now also provide administrative and business support to these executives. One of our plans for the coming year is to offer web-based collaboration tools to the entity executives, which have already been shown to improve the quality of interactions with teleconference participants in other groups, and may also reduce the financial costs. In addition to managing the annual elections to the Steering Group, Claire continues to support the Monitoring and Registration Committee as it makes changes to its remit and structure. As well as her committee support role, Kiley, who joined the Secretariat in July 2010, provides front-line support to the Secretariat itself.

Assisting the Colloquium organisers

As Company Secretary, Jini manages the Collaboration's day-to-day core finances, and also increasingly provides support to the hosts of the annual Cochrane Colloquia by managing the payment of sponsored entity registration fees and stipends to consumer and developing country participants, and the arrangements for presentations during the Colloquium to the recipients of the several annual awards and prizes.

Implementing the recommendations from the 2008–9 Strategic Review

Much of the Secretariat's core business is now focused through the lens of the recommendations from the 2008–9 Strategic Review of the Collaboration. To address the need to clarify the roles, responsibilities and accountability mechanisms of the Collaboration's leaders and leadership groups, Nick has led changes to the composition of the Steering Group, the election criteria for Steering Group Co-Chairs, and the

formalisation of the entity executives as advisory committees to the Steering Group. He also maintains a sound working relationship with the Collaboration's publishers, John Wiley & Sons, Ltd.

Nick and Lucie are working to improve the information we make available on the Collaboration's finances and funders, and on its organisational structure and performance. New funding and partnership strategies are in the initial stages and will be developed over the coming year. A strategy to improve both internal and external marketing and communications is being pursued in collaboration with the Canadian Cochrane Centre, and the whole team is providing administrative and policy support to the Consumer Network as they reassess their structure and activities.

Managing core projects

In January 2010, Nick and Lucie negotiated the contract with Metaxis Limited, our development partner for the *Cochrane Register of Studies*, and both will continue to play an active role on the CRS Project Board, until completion in the middle of 2011. Contracts for work funded by the third and fourth rounds of the Opportunities Fund have also been, or are in the process of being, agreed, and Lucie is working closely with the Web Team to ensure that information about those projects is effectively communicated via the Collaboration's website.

Working together

We also all continue to work closely with the members of the Cochrane Editorial Unit in striving to achieve the vision for the Collaboration, as set out in Jonathan Craig's presentation at the Singapore Colloquium in 2009: that the organisation will interact effectively with *The Cochrane Library* to result in improved health care for our end-users.

The Secretariat. From left to right, back row: Claire Allen, Deputy Administrator; Kiley Richmond, Team PA; Lucie Jones, Project Support and Business Communications Officer. Front row: Jini Hetherington, Administrator and Company Secretary; Nick Royle, Chief Executive Officer

From the Web Team

OVER the past year, the Collaboration's Web Team, responsible for our flagship site, www.cochrane.org, as well as more than 70 entity websites and other web technologies used by the Collaboration, has undertaken a series of major changes to the Collaboration's web presence.

Redesigning cochrane.org

The culmination of more than 18 months' work has been the complete redesign of cochrane.org, including navigational improvements, new features such as a funders' ticker tape, and a federated search across all collections of content. The new design is complementary to that of *The Cochrane Library* site, and features a simplified interface for visitors both external and internal to the Collaboration.

Creating an intranet

The redesign of cochrane.org also includes the creation of the first-ever Cochrane intranet for Collaboration contributors, which will be developed in both design and content over the coming year. This Archie-authenticated version of cochrane.org offers the resources and information most frequently used by contributors to the Collaboration in one area of the site, and includes new features such as discussion forums and the ability to create blogs, wikis

The new cochrane.org website

and other collaborative communication tools.

Cochrane contributors can access the intranet, here:
http://www.cochrane.org/login

Changing our technology

In addition to the changes in the 'look and feel' of the website, we have undertaken a major overhaul of the technology that powers both cochrane.org and the Collaboration's entity websites. We have implemented a new Content Management System called Drupal, to manage content on all the Collaboration's websites. This new system allows for increased control over content and its display, enabling features such as RSS feeds, dynamic content blocks and feed aggregation from partner sites, as well as discussion forums and other collaborative communication tools.

During the past year, all Cochrane entity websites formerly using the Archie-based Entity Website Builder were migrated to Drupal. This massive migration provides entity webmasters with a much more user-friendly way to manage their website. New features such as a newsroom with RSS, great flexibility in page layout, menu structure and colour scheme, and additional optional features, such as blog and podcasting functionality, are now available for all entity websites.

Planning for the year ahead

We in the Web Team are delighted with the results of our recent programme of work, carried out in co-ordination with the Cochrane Web Strategy group, including members of IMS, Wiley and the Cochrane Editorial Unit. Other development projects currently under way include developing a separate website for training materials, a management system for creating websites for our annual Colloquia, and upgrading and improving the existing web infrastructure.

The Cochrane Collaboration Web Team is based at the German Cochrane Centre in Freiburg, Germany, with one member in Kansas, USA. We welcome feedback and suggestions on our work. Email us! web@cochrane.org or contribute to our discussion forums on the intranet.

Read more about the Web Team on:
http://www.cochrane.org/about-site

The Web Team. From left to right: Caroline Mavergames, Web Content and Systems Editor; Georg Koch, IT Systems Administrator; Chris Mavergames, Web Operations Manager and Information Architect; Evgenia Slavianova and Martin Janczyk, Scientific Assistants and Programmers (not pictured: Nancy Owens, Content Editor)

From the Monitoring and Registration Committee

THE Monitoring and Registration Committee (MaRC) – previously called the Monitoring and Registration Group – is a sub-group of the Steering Group, with responsibility for registering Cochrane entities, monitoring their work and financial status, and facilitating quality improvement through the recognition and encouragement of 'best practices'.

Engaging with the entity executives

The MaRC held its most recent meeting in Helsinki in June 2010. The main items of discussion in the past year related to the recommendations from the 2008–9 Strategic Review of the Collaboration and, in particular, to working out how the MaRC can engage better with the entity executives. We are hoping that better co-ordinated working practices will lead to more informative monitoring reports and a greater understanding of the role and activities of the MaRC. Over the previous monitoring period the MaRC worked closely with the Methods' Executive and this proved very helpful. We will formally evaluate the process towards the end of 2010.

Developing performance indicators

We continue to work closely with Lucie Jones from the Secretariat to provide data for the Key Performance Indicators (KPIs) for the Steering Group, to enable them to assess the 'health' of the Collaboration as a whole. We have also been asked by the Steering Group to monitor a number of activities more regularly and are working with the IMS Team to minimise any additional workload to entities in this respect. Methods Groups have proposed and agreed new core functions (and were monitored on them in 2010). Centres are about to pilot a system of measuring KPIs, and Fields are finalising changes to their core functions, which we anticipate will be agreed to very soon. It is envisaged that this will reflect their work more accurately and enable more effective and efficient monitoring.

Planning for the future

As well as conducting our core business of reviewing the sustainability and progress of each of the entities to be monitored this year (Fields, Methods Groups and Centres), the MaRC discussed in detail its future direction and membership; processes involving entity executives in the monitoring process, including who should define the data to be monitored; and moving towards an electronic system of monitoring. The Steering Group will review papers relating to these topics at its meeting in Keystone in October 2010.

Extending our thanks, bidding farewell, welcoming new members

Since September 2009, we have said goodbye to Mingming Zhang, who represented consumers on the Committee for the last six years and now represents the Consumer Network on the Steering Group. We extend our heartfelt thanks to Rob Scholten, who stepped down as Co-Convenor, and to Zbys Fedorowicz. Rob and Zbys will step down in October 2010 from both the MaRC and the Steering Group as representatives of Centres and CRGs respectively. We welcome Karen New, representing authors, as Co-Convenor alongside Hans van der Wouden; Liz Whamond, representing consumers; and David Tovey in his role as Editor in Chief of *The Cochrane Library*.

From Karen New and Hans van der Wouden, Convenors of the MaRC

The members of the MaRC: Zbys Fedorowicz, CRGs at large; Karen New, Authors; Joy Oliver, Centres; Ian Shemilt, Methods Groups; Rob Scholten, Centres; Marian Showell, TSCs; Nicole Skoetz, MEs; Jos Verbeek, Fields; Jason Wasiak, Fields; Liz Whamond, Consumers; Hans van der Wouden, CRGs at large. Sophie Hill has acted as liaison between the MaRC and the Co-ordinating Editors. Any of these people would be pleased to answer your questions about the MaRC (please e-mail Claire Allen callen@cochrane.org)

EVIDENCE AID

The Cochrane Collaboration's Evidence Aid initiative provides information to healthcare workers responding to the Haiti earthquake

In January 2010, a 7.0 Mw earthquake hit 25 km west of Haiti's capital Port-au-Prince. The Haitian Government estimated the death toll had reached 230,000 in February, and by July, the number of people still living in relief camps was 1.6 million. The Cochrane Collaboration responded quickly to the information needs of healthcare workers and decision-makers, and created a webpage in *The Cochrane Library* with a collection of Cochrane Reviews on topics relevant in the aftermath of an earthquake.

The collection consisted of 35 reviews, which were divided into seven topics, ranging from diarrhoea prevention and treatment, to wound and fracture management. The collection included full reviews, a short piece of text summarising the findings of each review, and 'evidence update summaries' (two-page documents highlighting the key messages and graphical displays of the results of each review). The webpage was translated into both French and Spanish, and Spanish versions of the abstracts and evidence update summaries were available. The webpage also provided links to pages with details of the Interagency Emergency Medical Kit, and instructions on how to donate drugs via the World Health Organization.

The collection of articles was supplied as part of The Cochrane Collaboration's Evidence Aid project. Evidence Aid uses Cochrane Reviews and other systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered following natural disasters and other major healthcare threats. The project aims to assist agencies and people responding to or planning for major disasters by identifying the interventions that work, those that don't, and those that might even be harmful.

evidence aid

Access current Evidence Aid resources via cochrane.org [http://www.cochrane.org/cochrane-reviews/evidence-aid-project]. A new promotional video for Evidence Aid, produced by John Wiley & Sons, Ltd, will soon be made available here and in *The Cochrane Library*.

From the Training Working Group

TRAINING and support underpin The Cochrane Collaboration's purpose of preparing high-quality reviews and are essential for the Collaboration's long-term sustainability. Nowadays preparing a Cochrane Review involves many people (authors, editorial staff, methods experts, consumers, etc.) and requires multiple competencies and skills. Until recently, most training within the Collaboration has focused on authors and been delivered through face-to-face workshops. But as the number and geographic distribution of authors increase, and as reviews become more complex to prepare and support, there's an urgent need to provide a greater range of training and support opportunities to the various groups of people involved. These trends, coupled with better access to new technologies for delivering training and support, have highlighted the need for a Collaboration-wide approach to determining training priorities and developing appropriate strategies.

Expanding our remit

The Training Working Group (TWG) has expanded its remit to support all those actively involved in preparing and maintaining Cochrane Reviews – not only authors. In October 2009 the TWG was given the responsibility by the Steering Group for developing and implementing a Collaboration-wide training strategy. In April 2010, we met in Oxford to discuss the contents of the training strategy and to identify priority projects. Leading up to the meeting, we identified the competencies and skills required to carry out the various tasks involved in preparing reviews (from title registration to publication), and mapped these to existing training and support.

Planning for the future

A full report and funding proposal are being prepared for the Steering Group for consideration at its meeting during the 2010 Colloquium. Some of the key projects to emerge from the meeting that are likely to feature in the training strategy include:

- Better explanatory information about what's involved in preparing Cochrane Reviews (linking with the work on minimum competencies for review author teams)
- Expansion of the Online Learning Resources to include additional core topics and new specialised topics
- Continued development of the Standard Author Training Materials to include specialised topics, multimedia resources and translations

- Use of webinars to supplement online and face-to-face training
- Collaboration with the Methods Application and Review Standards (MARS) Working Group to develop training materials based around minimum review standards and common errors (for authors and editorial teams)
- Expansion of the successful Managing Editors' induction and mentoring scheme to other entity staff (Trials Search Co-ordinators, Field Administrators, etc.)
- Development of training packages for technical editing, publication ethics, peer reviewing and consumer refereeing

As part of its co-ordination function, the TWG will be responsible for setting up a dedicated training website and a trainers' network, and for advising on tools and technologies to facilitate training and support initiatives.

From Steve McDonald and Phil Wiffen,
Convenors of the TWG

The TWG has an executive group, whose members are as follows: Rachel Churchill, representing Co-Eds; Miranda Cumpston, TWG Executive Support; Donna Gillies, Steering Group author representative; Becky Gray, representing the IMS Team; Julian Higgins, representing Methods Groups and the Handbook Editorial Advisory Panel (HEAP); Malinee Laopaiboon, representing Centres and Branches in low- and middle-income countries; Chris Mavergames, representing the Web Team; Steve McDonald, Co-Convenor of the TWG; Marta Roqué i Figuls, representing Centre and Branch training in languages other than English; Sally Bell-Syer, representing MEs; Phil Wiffen, Co-Convenor of the TWG

Access the TWG's website on: http://twg.cochrane.org/welcome

The Cochrane Collaboration is composed of almost one hundred geographically dispersed groups, known formally as 'entities', or simply as 'Cochrane groups'. The Collaboration's entity executives are composed of representatives from the entities' respective constituencies and are their policy, administrative and communication hubs. At the Steering Group's mid-year meeting in Auckland, in March 2010, it was agreed to formalise the relationship between the executives and the Steering Group, by making them advisory committees to the Steering Group. Each executive has at least one member who is also a member of the Steering Group.

In the following section, the executives report on their activities, and those of their constituencies, over the past year. They also detail their plans for the coming year.

From the Centre Directors

CENTRES and Branches play a key role in furthering the aims of the Collaboration globally, notably through training authors and other contributors, advocacy at national and regional levels, knowledge transfer initiatives and methods research. Centres, and their respective Branches, are located in nearly all regions of the world and serve diverse populations with respect to health needs, health systems, access to resources and acceptance of evidence-informed health care. Following the registration of the French Cochrane Centre in June 2010, there are now 14 Centres and 14 Branches*.

Establishing an executive

In response to several of the recommendations in the Strategic Review, the Centre Directors (CDs) approved the formation of a CDs' Executive in March 2010. The purpose of the CDs' Executive includes supporting Centres to be more responsive to the needs of the Collaboration as a whole, and improving internal accountability and co-ordination. Since forming, we have focused on several governance and accountability issues, and supported some wider initiatives led by Centres.

Measuring performance and impact

Like other entities, Centres have been looking at how they monitor their performance and measure impact. We are currently piloting a new way of monitoring Centres using an agreed set of Key Performance Indicators. This approach allows Centres to set and report against their own targets for each core function. This recognises the unique attributes and needs of each country or region, the level of resources of Centres, and the priorities for Cochrane activities within a country or region. Allied to this, we are drafting proposals to set up a regular peer-based performance review of Centre Directors, and adopting guidance to make transparent and explicit the processes for managing changes when Directors relocate or retire.

Developing strategy

At a broader level, Centres are involved in developing initiatives around training, strategies for promoting regional participation, and marketing and communication, which will be progressed over the coming year.

* Correct July 2010.

Cochrane Centre and Branch locations worldwide, July 2010

The members of the CDs' Executive: *Lisa Bero, San Francisco Branch of the US Cochrane Center; Alessandro Liberati, Italian Cochrane Centre; Steve McDonald, Australasian Cochrane Centre; Mary Ellen Schaafsma, Canadian Cochrane Centre; Rob Scholten, Dutch Cochrane Centre*

From the Co-ordinating Editors

THE Co-ordinating Editors (Co-Eds) of Cochrane Review Groups are responsible for the quality and delivery of the Cochrane Reviews produced through their editorial bases, and for the editorial processes used to develop and deliver these. There are 70 people across the Collaboration with a Co-ordinating Editor role, and they each sit on the Co-Eds' Board, and are represented to the Steering Group and Editor in Chief through the Co-Eds' Executive.

Overcoming the 'main event'

The main event for the Executive in the last 12 months was the Rome meeting in April 2010. Well, it was going to be the main event but a volcano in Iceland got in the way. Only one Co-Ed managed to fly in before the skies were emptied of planes. It was such bad luck for Marina Davoli, the Co-Ed of the Cochrane Drugs and Alcohol Group, who was the host of the meeting.

Undaunted, we connected by 'phone with the help of the staff of the Cochrane Editorial Unit and a good meeting ensued. This was followed by many emails, discussing critical issues such as developing minimum methodological standards for Cochrane Reviews, reviews with no included studies and reviews of non-randomised studies. Work will continue on these issues into 2011. We also fed back our views on the best ways to train Co-Eds and Editors about new methods.

Experimenting

The year has also been one of experimentation. Cochrane Review Groups are involved in the development of PICO (Patient, Intervention, Comparison, Outcome) review formats, 'rapid reviews'

IMPACT FACTOR

The *Cochrane Database of Systematic Reviews* increases its Impact Factor for the second consecutive year

The *Cochrane Database of Systematic Reviews* (*CDSR*) has achieved an Impact Factor of 5.653 in the 2009 *Journal Citation Reports*, its second consecutive increase since the first *CDSR* Impact Factor in 2007. The latest improvement has raised the position of the *CDSR* within the Medicine, General & Internal journal list from 12th position in 2008, to 11th out of 132 journals in 2009.

This 9% rise in the *CDSR*'s 2009 Impact Factor comes despite a 14% decrease in the median Impact Factor for the Medicine, General & Internal category (from 1.492 in 2008 to 1.285 in 2009). The *CDSR*'s improvement in light of this downward trend has not gone unnoticed by other leading medical journals. In a comment in July this year, Richard Horton, Editor of *The Lancet*, wrote, "The *CDSR* is improving its quality year-on-year. Systematic reviews are becoming a stronger currency in medical science." He also advises that, "Users of the medical literature should start paying more attention to the *CDSR*, and less attention to some better known competitors."

Calculated by Thomson Reuters, the Impact Factor measures the number of citations to articles published, thereby indicating the impact of a journal's content on its research audience. The 2009 Impact Factors assessed citations of articles published in the period 2007–2008.

Read the Editor in Chief's recent editorial on the impact of Cochrane Reviews on: http://www.thecochranelibrary.com/details/editorial/756937/The-Impact-of-Cochrane-Reviews-by-Dr-David-Tovey.html

Table 1

	2007	2008	2009	% increase between 2007 and 2008	% increase between 2008 and 2009	% increase between 2007 and 2009
Impact Factor	4.654	5.182	5.653	+11%	+9%	+21%

under the 'Cochrane Response' programme, and there has been much interest in the new editorial function in *The Cochrane Library*.

Measuring performance and impact

The challenge for 2011 is to develop meaningful performance measures and targets for both Co-ordinating Editors and Cochrane Review Groups – the latter working with Managing Editors and Trials Search Co-ordinators. This will aid our collective responsibility for review production.

In mid-2010 we received the wonderful news that the Impact Factor for the *Cochrane Database of Systematic Reviews* had climbed to 5.653: we look forward to building on that progress over the coming year.

The members of the Co-Eds' Executive: Rachel Churchill, Depression, Anxiety and Neurosis Group; Jonathan Craig, Renal Group; Marina Davoli, Drugs and Alcohol Group; Chris Eccleston, Pain, Palliative and Supportive Care Group; Paul Garner, Infectious Diseases Group; Jeremy Grimshaw, Effective Practice and Organisation of Care Group; Sophie Hill, Consumers and Communication Group; Roger Soll, Neonatal Group; David Tovey, Editor in Chief; Peter Tugwell, Musculoskeletal Group; Helen Worthington, Oral Health Group

From the Consumer Network

THE Consumer Network (CCNet) supports patients and other healthcare consumers in the Collaboration. It facilitates consumer contributions to Cochrane Reviews, provides training and guidance from a global perspective to both consumer contributors and users of Cochrane evidence, and acts as a consumer advocate on behalf of the Collaboration.

Clarifying the role of CCNet

In Auckland, on 25 March 2010, a strategic session on consumer activities in the Collaboration was held to coincide with meetings of the Steering Group, Co-ordinating Editors and Centre Directors. The session enabled members of CCNet and other key members of the Collaboration to have a focused discussion on the strategic direction for consumer involvement in the Collaboration, in the context of the 2008–9 Strategic Review and the 2009 external review of CCNet.

The intention was twofold: first, to achieve clarity on consumer participation with particular regard to enhancing the quality and relevance of Cochrane Reviews, developing more consumer-oriented reviews, disseminating the work of the Collaboration more widely, and developing strong partnerships with appropriate national and international consumer organisations. Second, to discuss Collaboration support for sustainable consumer involvement.

Different models for consumer participation were discussed during the session, and by the end it was agreed that CCNet should have two principal roles: to support consumers and their entities within and across the Collaboration; and to explain the role of the Collaboration and of evidence in health care to consumers and their representative organisations globally. It was also agreed that achieving this focus would require additional resources, as well as some changes in the structure and functions of CCNet.

Establishing a transitional executive

As a first step, a transitional CCNet Executive (TE) was established in May 2010. Our agenda includes formally establishing core functions for CCNet and assessing its current structure in light of the outcomes of the strategic session (we consider the membership of the Executive to be transitional given these potential structural changes). We are also looking at how consumers can contribute to the Plain Language Summaries of Cochrane Reviews in a more consistent way.

Our work will be informed by the consumer base at large via our Geographic Advisory Committee and members of the CCNet email discussion list.

Appointing a Consumer Co-ordinator

One of the recommendations from the strategic session was to appoint a Consumer Co-ordinator to support the activities of CCNet and other consumer activity within the Collaboration. Members of the TE have worked closely with Nick Royle, the CEO, to develop a role description for this post, and the deadline for applications was set for August 2010. We intend to invite the successful candidate to the Keystone Colloquium, where she/he will have the opportunity to attend the TEs' first face-to-face meeting, made possible through funds allocated by the Steering Group, as well as to learn about the Collaboration more generally.

Planning for the future

The TE is excited by the possibility of building on past work and moving forward to meet the goals of the Collaboration in terms of consumer involvement. We welcome this challenge and will work closely with all those interested in helping to promote consumer involvement in the work of the Collaboration.

The members of the transitional CCNet Executive: Godwin Aja, Nigeria; Gill Gyte, UK; Silvana Simi, Italy; Liz Whamond, Canada; Mingming Zhang, China

From the Fields

COCHRANE Fields are a very diverse group of entities. They cover particular settings in health care (e.g. primary care), type of healthcare consumer (e.g. children), interventions (e.g. vaccines), or a major division of health care (e.g. rehabilitation). There are currently 11 Cochrane Fields – not including CCNet – based around the world.

Establishing an executive

The Fields' Executive was formed at the Singapore Colloquium in 2009, with the responsibility for fostering increased communication and co-ordination between Fields. It has embraced its mandate with enthusiasm. Our first order of work was to revise the core functions – essentially, the job description – set out for Fields. This involved considerable debate and discussion within our group and with our Fields colleagues. The result is a document that sets out, with much more clarity than the previous version, the scope and breadth of the contribution that Fields make to The Cochrane Collaboration.

Measuring performance

We are currently working on how our core functions can be measured and evaluated. We are also working on other means of building Fields' capacity, such as developing training and mentoring resources for Field staff. It is our aim in everything we do to support the diversity of Fields and to help weave the work of Fields more tightly into the fabric of The Cochrane Collaboration.

The members of the Fields' Executive: *Denise Thomson, Child Health Field; Jos Verbeek, Occupational Health Field (This Field became re-registered as the Occupational Safety and Health Review Group in July 2010, with Jos Verbeek as its Co-ordinating Editor.); Janet Wale, Cochrane Consumer Network; Jason Wasiak, Pre-hospital and Emergency Care Field; Susan Wieland, Complementary and Alternative Medicine Field; Katrina Williams, Child Health Field*

From the Managing Editors

THE Managing Editor (ME) is a key member of a Review Group's editorial team, and takes day-to-day responsibility for managing the Group's activities.

Changing our working landscape

This has been an exciting and eventful year for MEs. The move to monthly publication of the *Cochrane Database of Systematic Reviews* (*CDSR*) in January 2010 dramatically changed our working landscape. There is no longer any need for a last-minute scramble to meet the four annual publication deadlines to ensure that our hard working authors' output is published in a timely fashion. Monthly publication now allows us to spread our work more evenly over the year or, to quote an editorial assistant, "to feel euphoric every month now rather than just quarterly!"

The MEs' Executive, established in October 2008, has worked closely with the Steering Group, through the ME representative and the Editor in Chief and his unit, to ensure that MEs' views and experiences contribute to strategic decisions. We have contributed to the development of several policy documents over the last year, including the documents relating to monthly publication of the *CDSR*.

Indentifying training needs, contributing to core functions

In 2010, MEs completed a 'needs assessment' to help identify their training needs, which will feed into the Collaboration's strategy to address the training needs of all contributors. We have also actively contributed to a number of the Collaboration's core functions: we developed and submitted for wider discussion a document on 'Minimum competencies for review author teams' in response to a recommendation of the Strategic Review; completed the Risk of Bias evaluation survey and were represented at the Risk of Bias evaluation meeting held in Cardiff in March 2010; are represented on the Methods Application and Review Standards (MARS) Working Group; and will contribute to other working groups which are being formed to ensure that all Cochrane Reviews achieve measurable core quality standards.

Standardising editorial resources

MEs have been the principal contributors to the development of standardised editorial resources through their representation on the Editorial Resources Committee, which is currently developing information for authors and peer referees. We have also been very active on the Editorial Management Advisory

Committee, which has been instrumental in helping to develop the Collaboration's workflow system. The workflows are being developed to help CRGs keep track of where each review is in the editorial process, and to inform people involved in the preparation and editorial process when they need to take action. The workflows are now in the final stage of their development. Thirty-four MEs and their CRGs are involved in piloting and providing feedback for the end product.

Extending our thanks, bidding farewell, welcoming new MEs

The MEs' Executive would like to take this opportunity to thank Narelle Willis. Narelle was instrumental in the establishment of the MEs' Executive and stepped down as its Co-Convenor in January 2010. Also, best of luck to the following former MEs who have moved on in the last year: Helen Collins, Jane Dennis, José Exposito, Toby Lasserson, Rod MacDonald, Heather Maxwell, Sharon Parker, Reive Robb and Susi Wisniewski; and welcome to the following new MEs: Laura MacDonald, Sue Marcus, Marlene Stewart, James Tacklind, Emma Welsh and Melina Willson.

The members of the MEs' Executive: *Sally Bell-Syer, Wounds Group; Kate Cahill, Tobacco Addiction Group; Jane Clarke, Menstrual Disorders and Subfertility Group; Liz Dooley, Acute Respiratory Infections Group; Sonja Henderson, Pregnancy and Childbirth Group; Vicki Pennick, Back Group; Anupa Shah, Eyes and Vision Group; Nicole Skoetz, Haematological Malignancies Group; Jessica Thomas, Pain, Palliative and Supportive Care Group*

From the Methods Groups

METHODS Groups work on the methodology of systematic reviews and advise other groups on how the validity and precision of Cochrane Reviews can be improved. Methods Groups work at the cutting edge of methodology in evidence-based health care.

Revising our infrastructure

In order that Methods Groups can contribute more effectively to the production of Cochrane Reviews, their infrastructure has been revised over the past year. This new infrastructure also aims to enhance collaboration between methodologists within the organisation.

Changing our core functions

Among the first things to change were the core functions of the Methods Groups. A set of new core functions gives more flexibility to the Methods Groups and reflects the idea that different areas of methodology require different support and outputs. However, three core functions apply to all Methods Groups. They are: (1) to provide policy advice; (2) to serve as a forum for discussion; and (3) to ensure that the Groups function as part of The Cochrane Collaboration. Additional, optional core functions include, among others, development of methodology and provision of training.

Establishing a Methods Board

Central to the new infrastructure is the Cochrane Methods Board. This includes key methodologists in the Collaboration, such as the Co-Convenors of all Methods Groups, the Co-ordinating Editors of the Methodology Review Group, Co-Editors of the Cochrane Handbooks and people who represent methods on various other committees. It provides a broad forum for discussion on methods for Cochrane Reviews and other methodological issues faced by The Cochrane Collaboration. The Methods Board also formulates recommendations regarding these methods and thus has taken over this responsibility from the Handbook Advisory Group. Eight Methods Board members have been elected to represent the Board on a day-to-day basis on the Methods' Executive.

Establishing the Handbook Editorial Advisory Panel

As the responsibility of the former Handbook Advisory Group for developing methodological guidance has moved to the Methods Board, the Handbook Co-Editors are now supported by a smaller group that focuses on implementation rather than development. This is the new Handbook Editorial Advisory Panel (HEAP). HEAP also brings together the Editors of the Interventions Handbook

with those of the Diagnostic Test Accuracy Handbook in order to maximise sharing and consistency of guidance across different types of Cochrane Review.

Establishing the Methods Application and Review Standards Working Group

To enhance communication between Methods Groups, Review Groups and the Cochrane Editorial Unit, the Methods Application and Review Standards (MARS) Working Group has been established. This working group ensures that methodological guidance is suitable for implementation in Cochrane Reviews. MARS will agree on minimum methodological quality standards for Cochrane Reviews and will develop processes for monitoring and improving methodological quality and the quality of reporting of Cochrane Reviews.

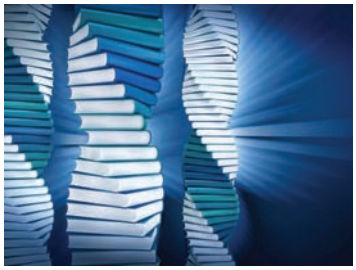
Planning for the coming year

Plans for the coming year involve the recruitment of a Methods Co-ordinator, who will provide support to Methods Groups and to the four committees mentioned above. In addition, he or she will work with MARS and the Editor in Chief (and others) on facilitating a range of projects to assess and improve the methodological quality of Cochrane Reviews.

The various changes summarised above illustrate that this is an exciting time, methodologically, for the Collaboration. We very much look forward to working with the new Methods Co-ordinator and with everyone else to ensure that this new infrastructure is appropriately focused on the continual improvement of the methodological quality of our systematic reviews.

The members of the Methods' Executive: Mike Clarke, UK Cochrane Centre and Methodology Review Group; Julian Higgins, Handbook Editorial Advisory Panel and various Methods Groups; Mariska Leeflang, Dutch Cochrane Centre and Screening and Diagnostic Tests Methods Group; Carol Lefebvre, UK Cochrane Centre and Information Retrieval Methods Group; Jane Noyes, Qualitative Research Methods Group; Holger Schünemann, Applicability and Recommendations Methods Group and Patient Reported Outcomes Methods Group; Ian Shemilt, Campbell and Cochrane Economics Methods Group; Jonathan Sterne, Bias Methods Group

From the Trials Search Co-ordinators



TRIALS Search Co-ordinators (TSCs) and associated Information Specialists develop and maintain the Specialised Registers of their respective groups. These Registers contain healthcare studies and their reports, together with records identified by handsearching of journals and conference proceedings, and records sourced from online bibliographic databases. The TSCs work with other members of their group, and sometimes directly with author teams, to provide the studies for inclusion in Cochrane Reviews.

Developing the *Cochrane Register of Studies*

The *Cochrane Register of Studies* (CRS), currently under development (see also page 71), has been the main focus of the activities of the TSCs' Executive for 2009–10. The CRS is an exciting project for the Collaboration as it aims to build a global register of healthcare studies and their reports: a link between individual Specialised Registers and the *Cochrane Central Register of Controlled Trials* (CENTRAL). This is of particular interest to TSCs as it will help to streamline and enhance their work practices in the area of review preparation. The TSCs' Executive played a key role in drafting the Request for Proposals for the CRS and we continue our involvement in this project with a number of our members on the CRS Project Board and the CRS Advisory Group. A CRS online discussion forum on cochrane.org and focus group discussions at various Cochrane meetings have seen the continued involvement of the wider TSC community in the CRS software development process.

Reviewing our working practices

In September 2009 a survey was conducted of TSCs' working practices. The survey covered the demographics, background and qualifications of TSCs, Specialized Register practices and the type and level of support provided to Cochrane author teams. The results of the survey were shared with the Cochrane Editorial Unit, the Training Working Group and the Monitoring and Registration Committee. This was to ensure that the TSCs' role is clearly represented in the Cochrane Editorial Unit's Standards document, the planned Collaboration–wide training programme, and the development of measurable Key Performance Indicators.

Assessing our training needs

This year, we also worked with the Training Working Group to assess the training needs of TSCs. This exercise allowed us to match the key competencies, skills and knowledge required of TSCs against the training and support programmes currently available.

This will now inform the Collaboration-wide training programme being developed by the Training Working Group.

Working with the *Library's* publishers

We have continued to work with John Wiley & Sons, Ltd to try and maintain the quality of records published in 'CENTRAL'. Our work has focused on trying to improve the way similar records are matched against each other so that CENTRAL continues to be a high-quality source of studies.

The members of the TSCs' Executive: Karen Blackhall, Injuries Group; Michelle Fiander, Effective Practice and Organisation of Care Group; Ruth Foxlee, Wounds Group; Lynn Hampson, Pregnancy and Childbirth Group; Gail Higgins, Renal Group; Carol Lefebvre, UK Cochrane Centre; Samantha Roberts, Schizophrenia Group; Marian Showell, Menstrual Disorders and Subfertility Group

COCHRANE JOURNAL CLUB

The Cochrane Library launches the Cochrane Journal Club

In September 2009, *The Cochrane Library* launched the Cochrane Journal Club, a free monthly publication that presents a new or updated Cochrane Review for peer discussion. In addition to the full review text, the Cochrane Journal Club provides background information about the review, a podcast explaining the key points, possible discussion questions, and downloadable PowerPoint slides containing key figures and tables. Readers of the Cochrane Journal Club also have the opportunity to contact the review authors with questions about the review.

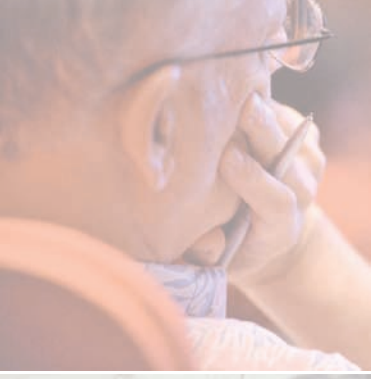
The first issue was published in September 2009 and, ten issues later, as many as 2000 people have requested regular Cochrane Journal Club updates. The Club also has a strong following on Facebook, with more than 700 fans on its dedicated Facebook page (see Table 1).

The monthly articles are selected from new and updated reviews published in each issue of *The Cochrane Library*. The Club endeavours to represent diverse clinical topics, with reviews of special interest, such as practice-changing reviews or reviews with new methodology.

Access the Cochrane Journal Club on:
http://www.cochranejournalclub.com/

Table 1
Statistics on the performance of the Cochrane Journal Club since its launch in September 2009

Number of people who signed up to receive alerts	2094
Fans on Facebook	728
Total pages viewed	52,385
Total visits	30,473
Total unique users	24,688
Number of countries/territories	168
Top 10 countries visiting (in alphabetical order)	Australia, Canada, China, Germany, India, Italy, Japan, Spain, UK, USA
Most visits in one day	950 visits (Friday 9 July 2010 – the day after the 'Oral lactoferrin for the prevention of sepsis and necrotising enterocolitis in preterm infants' email alert)



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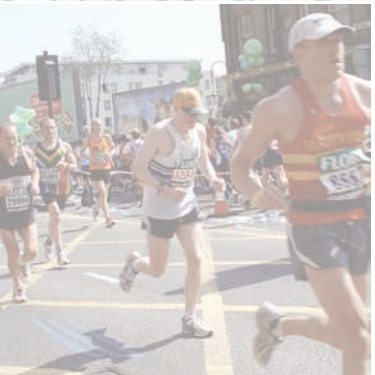
The Collaboration's Year



News Highlights

Read the news highlights from the 2009–10 financial year and beyond. Brought to you in partnership with *Cochrane News: news, information, resources and issues affecting The Cochrane Collaboration*

COCHRANE NEWS

From April to June 2009:

- On behalf of the Collaboration, the Steering Group formally accepts all 26 Recommendations from the 2008–9 Strategic Review, at its mid-year meeting in Copenhagen, Denmark

  In particular, the Steering Group reaffirmed the Collaboration's primary purpose to be the production of high-quality systematic reviews: Cochrane Reviews.

  This recommendation is being used as a 'lens' through which all other strategy development and decision-making is being focused.

Participants brainstorming the prioritisation of the recommendations from the Strategic Review at the strategic session in Copenhagen

- An online version of *The Cochrane Policy Manual* is made available on cochrane.org

  Access *The Cochrane Policy Manual* on cochrane.org: http://www.cochrane.org/policy-manual/welcome

- The successful projects from the 2008 round of the Opportunities Fund are announced
- The first meeting of Egyptian Cochrane contributors is held in Cairo

  This meeting, chaired by Professor Ashraf Nabhan from the Cochrane Pregnancy and Childbirth Group, was extensively covered by the Egyptian media, including an interview on Egypt's national television station, Channel One, with Professor Nabhan.

From July to September 2009:

- The 2008 Impact Factor for the *Cochrane Database of Systematic Reviews* is released, which places it 12th out of 107 journals in the ISI Medicine, General and Internal category

- Over 70 Cochrane contributors attend courses in Birmingham, UK, and Montreal, Canada, to learn the methods and statistical analysis techniques of Cochrane Diagnostic Test Accuracy (DTA) Reviews

- The Request for Proposals to develop the new *Cochrane Register of Studies* is released

The *Cochrane Register of Studies* (CRS) will contain the Collaboration's Specialised Registers (SRs) of healthcare studies and their reports, together with records identified by handsearching of journals and conference proceedings, and records sourced from online databases. These are made available publicly in the *Cochrane Central Register of Controlled Trials* (CENTRAL) in *The Cochrane Library.*

Read more about the CRS on page 39

Participants at the DTA course in Birmingham, UK

- The first web strategy meeting is held in London, England, with the purpose of creating cohesive development plans for cochrane.org and *The Cochrane Library*

- The first Cochrane symposium in the Arabian Gulf is held to coincide with the annual meeting of the Monitoring and Registration Committee

The auditorium at the symposium in Bahrain

From October to December 2009:

- The inaugural Cochrane Nursing Care Symposium is held in Singapore, to coincide with the 2009 Colloquium

  The purpose of the Symposium was to begin the process of establishing an international collaboration of nurses, nursing care staff, carers and other professionals. It followed the registration of the Cochrane Nursing Care Network with the Collaboration, in February 2009.

- A World Health Organization (WHO)-Cochrane linked session is held in Singapore, to coincide with the 2009 Colloquium

  The session was held as part of preparations for the Collaboration's bid to enter Official Relations with WHO, chaired by Norman Swan, a prominent health broadcaster and journalist, and co-ordinated by Tikki Pang and Davina Ghersi from WHO, and Lisa Bero from the Collaboration. A common goal of maximising the synergies between the two organisations was identified at the session, achievable by focusing on high-priority tasks – especially in low- and middle-income countries – and on making better use of what each organisation does well.

- A special session assessing the outcomes of the Collaboration's Prioritisation Fund is held at the 2009 Colloquium

  Read more about the session on page 59

Maria Belizán from CCNet presenting at the Prioritisation special session

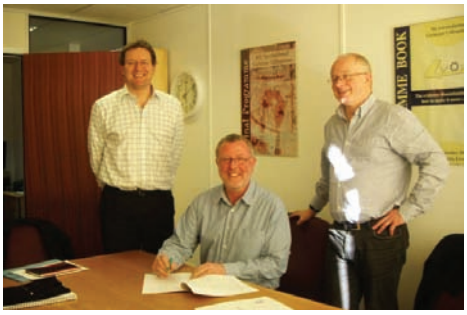
- The recommendations from the 2008 survey of Cochrane authors are ratified by the Steering Group

  In 2008, a Collaboration-wide survey of Cochrane authors was conducted by Donna Gillies, Author representative on the Steering Group, to which nearly 2,000 authors responded. The purpose of the survey was to obtain a better understanding of the review process from the authors' perspective so that strategies could be developed to improve this process.

  The survey's 10 recommendations, all of which were accepted by the Steering Group, included making the review preparation process more efficient for authors, and improving training opportunities. It was agreed that implementation of the recommendations should be focused via Review Groups and the Cochrane Editorial Unit. You can read about progress in the Activity Reports of different Cochrane groups.

- The Cochrane Journal Club is started

- The Chinese Cochrane Centre is announced as the host for the 2012 Cochrane Colloquium, to be held in Nanning, China
- Metaxis Limited is announced as the successful developer for the CRS. Development work begins in January 2010



Nick Royle (CEO), Gordon Dooley (Director of Metaxis Limited), and David Tovey (EiC), signing the contract for the CRS' development in January 2010

From January to April 2010:

- The Cochrane Health Equity Field becomes a Cochrane Methods Group
- The redesigned cochrane.org and *Cochrane Library* websites are launched

- The successful projects from the 2009 round of the Opportunities Fund are announced
- A strategic session on consumer involvement in the Collaboration is held in Auckland, New Zealand, to coincide with the mid-year meetings of the Steering Group, Co-ordinating Editors and Centre Directors

The Auckland skyline

Some more recent updates:

Canadian Cochrane Centre

- **May 2010:** Cochrane Canada receives 9.6 million Canadian dollars in funding from the Canadian Institutes of Health Research to continue its work over the next five years
- **June 2010:** The 2009 Impact Factor for the *Cochrane Database of Systematic Reviews* is released, which places it 11th out of 132 journals in the ISI Medicine, General and Internal category

- **June 2010:** The Liverpool School of Tropical Medicine, which hosts the Cochrane Infectious Diseases Group, is designated a World Health Organization Collaborating Centre for Evidence Synthesis for Infectious and Tropical Diseases
- **July 2010:** The Collaboration welcomes a French Cochrane Centre, located in Paris

The team of the French Cochrane Centre, led by Professor Philippe Ravaud (top left) and Dr Pierre Durieux (third from top)

Cochrane News is published by the Canadian Cochrane Centre. To subscribe, contact your nearest Cochrane Centre at http://www.cochrane.org/contact/country

Or, you can download *Cochrane News* from cochrane.org: http://www.cochrane.org/news/newsletters/cochrane-news

To contribute a news item, email it to the Canadian Cochrane Centre at cochrane@uottawa.ca

COCHRANE REVIEWS WITH AN IMPACT ON POLICY

Ineffective electronic mosquito repellents withdrawn from sale thanks to a Cochrane Review

Electronic mosquito repellents have been withdrawn from sale by three major airlines, KLM, British Airways and Finnair, following a successful partnership between the advocacy website MalariaWorld and the UK Department for International Development-funded Effective Health Care Research Consortium (EHCRC). A Cochrane Review, produced by the Cochrane Infectious Diseases Group, was used as evidence to demonstrate clearly that electronic mosquito repellents do not work and therefore do not provide protection from mosquito bites and, in turn, malaria.

Dr Bart Knols, editor of the MalariaWorld website, discovered on a recent flight that electronic repellents were being sold by KLM. The publicity claimed that the "device emits a low frequency sound that is unbearable to mosquitoes", and Knols, knowing there is evidence that these sound-emitting devices do not work and could give travellers the false impression that they are protected against mosquitoes and in turn malaria, took action.

Armed with the Cochrane Review, "Electronic mosquito repellents for preventing mosquito bites and malaria infection", first published in 2007, which clearly demonstrates that electronic repellents do not work, Knols approached KLM.[1] This resulted in the airline withdrawing these electronic repellents from sale in March 2010. Knols then approached British Airways, who also sell the electronic repellents, and they too made a commitment to withdraw the products from sale from May 2010.

"These electronic repellents should not be manufactured, advertised or used to prevent mosquito bites and malaria," said co-author of the review, Professor Paul Garner, Co-ordinating Editor of the Cochrane Infectious Diseases Group. Together with 6lead author Dr Ali Enayati from the Mazandaran University of Medical Sciences, Iran, and Professor Hemingway, Director of the Liverpool School of Tropical Medicine, the authors carefully analysed ten studies and found there were absolutely no data to support their use. Professor Garner went on to say, "These devices appeal to customers, but they simply don't work. They don't repel mosquitoes and they don't prevent people getting bitten."

In response to an article in the April 2010 edition of *Cochrane News* on this story, Jani Ruotsalainen from the Cochrane Occupational Health Field was inspired to write to Finnair requesting that they also remove the product from sale on their flights; they did so very shortly afterwards.

Coming soon to cochrane.org [www.cochrane.org], a new homepage feature on the impact of Cochrane Reviews, produced in association with the Cochrane Editorial Unit, Secretariat, Web Team and Cochrane entities.

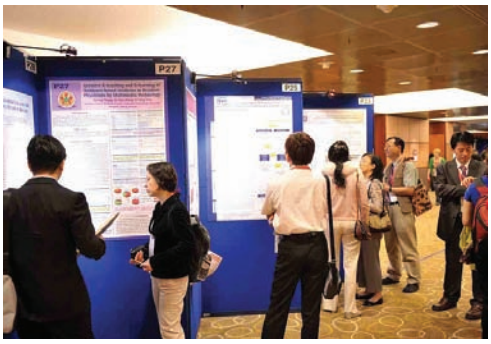
1. Enayati A, Hemingway J, Garner P. Electronic mosquito repellents for preventing mosquito bites and malaria. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: CD005434. DOI:10.1002/14651858.CD005434.pub2.

Our Colloquium

THE 'Cochrane Colloquium' is our annual conference, open to everyone, designed to bring people together in one place to discuss, develop and promote our work, and to shape the organisation's future direction.

For our 2009 Colloquium, the first held in Asia, the 'Lion City state' of Singapore welcomed 682 delegates from 46 countries, who enjoyed 59 presentations, 65 workshops, 119 posters and 86 official meetings. Four plenary sessions provided a forum for discussing issues such as developing capacity within the Collaboration, dealing with complexity in Cochrane Reviews, and forming the future direction of *The Cochrane Library*. All this activity was set against the background buzz of non-stop networking, as the Collaboration's contributors and friends came together for our 17th annual conference.

Jonathan Craig, Co-Chair of the Collaboration's Steering Group, in the closing plenary, outlining plans to develop and implement the recommendations from the 2008–9 Strategic Review of the Collaboration



Images of the Colloquium

Acknowledgements

THE Collaboration's Colloquia are somewhat unusual, as they are annual conferences both organised by, and designed for the Collaboration's contributors, as well as for people new to the Collaboration. At the Singapore Colloquium, around 70% of delegates considered themselves 'Cochrane contributors', with the remaining 30% describing themselves as 'newcomers' to the Collaboration.

On behalf of the Collaboration, the Steering Group would like to thank the following Collaboration contributors for making the Singapore Colloquium such a success:

- The team of the Singapore Branch of the Australasian Cochrane Centre, for hosting the Colloquium and, in particular, the Local Organising Committee:
  - Edwin Chan
  - Joey Choo
  - Steve McDonald (Australasian Cochrane Centre)
  - Juliane Ried

Joey Choo receiving a bouquet from Edwin Chan at the Closing Session

Steve McDonald, Juliane Ried and Edwin Chan at the Closing Session

- Also the Local Advisory Committee:
  - Norrita Abdul Ghani
  - Mario Aw
  - Tan Say Beng
  - Chong Yap Seng
  - Eugene Fidelis Soh
  - Colin Song
  - Jayabaskar Thiyagarajan
- The team of the Australasian Cochrane Centre, for supporting the Singapore Branch, and in particular:
  - Miranda Cumpston
  - Sally Green
  - Cindy Manukonga
- The Scientific Committee, co-chaired by Edwin Chan and Sally Green
- The Abstracts Committee, co-chaired by Steve McDonald and Miny Samuel
- The Workshops Committee, co-chaired by Marion Aw and Miranda Cumpston

- The Consumer Stipends Committee, co-chaired by Caroline Rouse and Janet Wale
- The Developing Country Stipends Committee, co-chaired by Jordi Pardo and Caroline Rouse
- The Collaboration's Web Team, for providing and maintaining online forms for the Colloquium website, setting up the Virtual Posters, and making the video slides and plenaries available on cochrane.org [http://www.cochrane.org/multimedia/multimedia-cochrane-colloquia-and-meetings/colloquium-singapore-2009], and in particular:
  - Chris Mavergames
  - Martin Janczyk
- The Collaboration's Secretariat, and in particular:
  - Jini Hetherington, for administering the payments to Consumer and Developing Country Stipend recipients
- The Cochrane Editorial Unit, IMS Team, Secretariat, and Web Team, for co-ordinating the 'Cochrane Booth'.
- **Thanks are also extended to the following people and organisations in Singapore:**
  - The Team of the conference organiser, Singapore General Postgraduate Medical Institute, headed by Joey Choo, assisted by Tan Ea Sia and Jessica Leong, and in particular, Ivy Kwek for managing registrations and hotel bookings, and Teo Kai Quan for producing video slides of the plenary sessions.
  - Uncle Thien, for photographing the Colloquium [http://picasaweb.google.com/cochranecolloquium]
  - The Singapore Clinical Research Institute (SCRI) for hosting and supporting the Singapore Branch of the Australasian Cochrane Centre

Images of the Cochrane Booth

Sponsorship

COLLOQUIA are predominantly funded by delegate registration fees, and are also sponsored by generous donations from a number of external organisations and individuals.

For their support of the Singapore Colloquium, the Steering Group, on behalf of the Collaboration, would like to thank the following:

- Lee Foundation
- Econ Industries (for building construction)
- Mr Lee Kah Seng
- Singapore General Hospital
- Singapore Tourist Board (Singapore Exhibition and Convention Bureau)
- *Trials Journal*

All sponsorship and support was in accordance with the Cochrane Colloquium Sponsorship Policy. The sponsors were not involved in the planning and organisation of the Colloquium.

Developing Country and Consumer Stipends support the attendance at Colloquia of contributors to the Collaboration from lower- and middle-income countries, and from consumers and consumer advocates. At the Singapore Colloquium, 9 consumer and 24 developing country stipends were allocated.

For their support of the Developing Country and Consumer Stipends, the Steering Group, on behalf of the Collaboration, would like to thank the following:

- Aubrey Sheiham
- BMJ Group
- Canadian Cochrane Centre
- Cochrane entities who gave up their sponsored entity place
- German Cochrane Centre (proceeds from the Freiburg Colloquium, 2008)
- UK Cochrane Centre

Prizes and Awards 2009

Four prizes are awarded annually to contributors of The Cochrane Collaboration. The Colloquium provides the occasion for the award presentations

The Thomas C Chalmers Award

TOM Chalmers MD (1917–1995) was an outspoken advocate of randomised controlled trials (RCTs), whether at the bedside, at professional meetings, in class, or in situations pertaining to his own life. After his diagnosis of prostate cancer in 1993, he insisted that he only receive treatment in the context of a clinical trial. He is perhaps best known for the notion 'randomise the first patient', his belief that it is more ethical to randomise patients than to treat them in the absence of good evidence. In his later years, in arguably his most important work, Tom and his colleagues showed that, had information from RCTs been systematically and cumulatively synthesised, important treatments such as thrombolytic therapy for myocardial infarction would have been recognised as useful earlier.

The Thomas C Chalmers Award was established with individual donations to celebrate and recognise Tom's interests, and was awarded for the first time at the 2nd Cochrane Colloquium in Hamilton, Ontario, Canada, in October 1994. The Award is given at each Colloquium to the principal authors of the best oral and the best poster presentation addressing methodological issues related to systematic reviews. The presentations must demonstrate originality of thought, high-quality science, relevance to the advancement of the science of systematic reviews, and clarity of presentation.

At the 2009 Cochrane Colloquium in Singapore, The Thomas C Chalmers Award was shared between two teams:

Yemisi Takwoingi, Jac Dinnes, Mariska Leeflang and Jon Deeks, for their oral presentation: *An empirical assessment of the validity of uncontrolled comparisons of the accuracy of diagnostic tests*

Lukas Staub, Sarah Lord and Nehmat Houssami, for their poster: *Including evidence about the impact of tests on patient management in systematic reviews of diagnostic test accuracy*

Yemisi Takwoingi (l), receiving the award at the Colloquium, presented by Jenny Doust (r), Chair of the Thomas C Chalmers Award committee

Lukas Staub and Jenny Doust

The Kenneth Warren Prize

KENNETH Warren MD (1929–1996) was a larger-than-life man who was a source of encouragement and support for many young people, particularly those living in lower- and middle-income countries (LMICs). He was one of the first people to draw attention to the need for valid summaries of key research studies and to the way that electronic media could be used to disseminate the results of health research relevant to people in LMICs. Ken was an enthusiastic supporter of the pilot work in pregnancy and childbirth that led to the creation of The Cochrane Collaboration, and, with Fred Mosteller, he co-organised the meeting at the New York Academy of Sciences at which the vision for The Cochrane Collaboration was first made public.

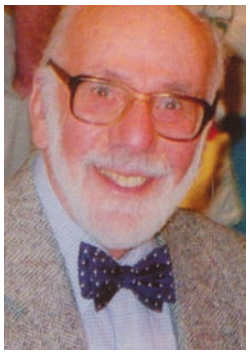
The Kenneth Warren Prize has been established with individual and institutional donations to celebrate and recognise Ken's interests. It was awarded for the first time at the 8th Cochrane Colloquium in Cape Town, South Africa, in October 2000. The prize is awarded annually to the principal author of whichever systematic review, published electronically on the *Cochrane Database of Systematic Reviews* in *The Cochrane Library* within the year, and authored by a national living in an LMIC, is judged to be both of high methodological quality and relevant to health problems in developing countries.

The Kenneth Warren Prize for 2009 was awarded to Nandi Siegfried of the HIV/AIDS Group for the review: *Male circumcision for prevention of heterosexual acquisition of HIV in men*.[1] Nandi was unable to attend the Singapore Colloquium and will instead be presented with the Prize at the Keystone Colloquium in October 2010.

Nandi Siegfried

1. Siegfried N, Muller M, Deeks JJ, Volmink J. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003362. DOI: 10.1002/14651858.CD003362.pub2.

The Bill Silverman Prize



WILLIAM (Bill) Silverman (1924–2004) was one of the founders of American neonatal medicine. He was honoured repeatedly as one of the pioneers in his specialty; however, he often evoked somewhat mixed responses amongst his colleagues because he was in the habit of raising troubling questions about the scientific basis and ethics of his and their practices. Like many of the people who have helped to establish The Cochrane Collaboration, Bill Silverman could be regarded as a 'troublemaker'. As he reiterated frequently, however, criticism is a form of troublemaking that can help to drive progress. Furthermore, criticism should not be limited to examining the work of others, but should also include self-criticism.

The Bill Silverman Prize acknowledges explicitly the value of criticism of The Cochrane Collaboration, with a view to helping to improve its work, and thus achieve its aim of helping people make well-informed decisions about health care by providing the best possible evidence on the effects of healthcare interventions. The Prize is offered annually to the authors of a piece of research published or presented in the preceding 12 months. It is not for the preparation of a Cochrane systematic review; rather, it is for a piece of published or presented research which demonstrates critical thinking, either about systematic reviews or about the work of The Cochrane Collaboration more generally.

At the 2009 Cochrane Colloquium in Singapore, The Bill Silverman Prize was presented to:

David Moher, Jennifer Tetzlaff, Andrea Tricco, Margaret Sampson and Doug Altman for their article, *Epidemiology and reporting characteristics of systematic reviews* (PLoS Medicine 4(3): e78. DOI:10.1371/journal.pmed.0040078).

The Chris Silagy Prize

CHRIS Silagy MD (1960–2001) was the founding Director of the Australasian Cochrane Centre (1994 to 2001), a former Chair of the Cochrane Collaboration Steering Group, and instrumental in the development and success of The Cochrane Collaboration. Chris was energetic, positive and inspiring. Before his death on 13 December 2001, Chris expressed a wish for a Fund to be established, to be held by the Monash Foundation. Chris initiated this fund with his own contribution, and requested donations be made to it instead of flowers or other tributes after his death.

Chris requested that this Fund be used to recognise contributions to The Cochrane Collaboration in ways that are often insufficiently recognised. For example, providing administration, management, Colloquium organisation, communication and motivation – in short, the 'glue' that helps to keep The Cochrane Collaboration together.

At the Cochrane Collaboration Steering Group meeting in April 2002, the establishment and perpetuation of this Prize was approved, with The Cochrane Collaboration agreeing to contribute in kind to the Prize, by supporting the recipient's attendance at the Colloquium

to receive the Prize. The Chris Silagy Prize is awarded at every Cochrane Colloquium to an individual who has made an extraordinary contribution to the work of The Cochrane Collaboration.

At the 2009 Cochrane Colloquium in Singapore, The Chris Silagy Prize was presented to:

Kate Cahill, from the Cochrane Tobacco Addiction Group

Kate explains a little about her role in the Collaboration and her reaction to being awarded the Chris Silagy Prize:

"I joined the Collaboration in 2001, as joint Review Group Co-ordinator (now called 'Managing Editor') of the Tobacco Addiction Group, based in Oxford, UK. I quickly realised that I was working for a unique organisation, which thrived on enthusiasm and commitment, and that much of the most interesting work took place among volunteers at Collaboration rather than at Group level. I became involved in the Module Manager Advisory Group, which subsequently became the Editorial Management Advisory Group (EMAG). We were privileged to work with the Information Management System team on the development of RevMan 5, Archie and workflows. I have also been involved in the Managing Editors' mentoring scheme, and the Managing Editors' Executive, and have been a regular facilitator for the training team at the UK Cochrane Centre.

I was deeply honoured to receive the 2009 Chris Silagy Prize; it had a particular resonance for me and for my Group, since Chris had been a founder member of the Tobacco Addiction Group in 1995, and is remembered by us with huge affection and admiration. The presentation of the award in Singapore was one of the proudest moments of my life."

COCHRANE REVIEWS WITH AN IMPACT ON POLICY

NICE teams up with the UK Cochrane Centre to highlight ways to improve quality and productivity within the NHS

In August 2010, the UK National Institute for Health and Clinical Excellence (NICE) and the UK Cochrane Centre launched *Cochrane QP* online, as part of *NHS Evidence*, an online portal that provides clinical and non-clinical information on evidence, guidance and UK government policy. The *Cochrane QP*, or Quality and Productivity, topics highlight healthcare interventions which Cochrane Reviews have shown to be ineffective, harmful or sufficiently unproven to recommend that their use should be limited to inclusion in clinical trials. The first batch focused on the findings of nine separate Cochrane Reviews that were published or updated in early 2010, and it is expected that an additional five to ten topics will be made available each month. These will include interventions that were investigated in earlier Cochrane Reviews, and identified in a complete check of the more than 4000 Cochrane Reviews that had been published by the start of 2010. When the UK Cochrane Centre checked through all these reviews, they found more than 300 reviews which concluded that an intervention was ineffective or harmful, and over 100 in which the authors recommended that an intervention should only be used in research.

The first nine *Cochrane QP* topics include reviews from six different Cochrane Review Groups, based in five different countries. They are part of the new QIPP programme in the United Kingdom's National Health Service, designed to lead to improvements in Quality, Innovation, Productivity and Prevention (hence, QIPP).

Two of the first examples of *Cochrane QP* topics are the use of chemotherapy before surgery for women with cervical cancer,[1] and physical conditioning programmes for workers with acute back pain.[2] The Cochrane Review comparing neo-adjuvant chemotherapy (chemotherapy before the main treatment) and surgery, versus surgery alone for cervical cancer, showed that the existing global research base of six randomised trials provides inconsistent evidence. It concludes that adding neo-adjuvant chemotherapy to surgery cannot be recommended outside the context of clinical trials, and the adoption of this recommendation would result in potentially unnecessary toxicity for hundreds of women.

That Cochrane Review was published in full for the first time in January 2010.

One that began its life more than a decade earlier but was updated for the same issue provides the evidence for the recommendation on acute back pain. This review found that the evidence that physical conditioning programmes reduce sick leave for workers with back pain, when compared to usual care or other exercises, remains uncertain but that these programmes probably have no effect on sick leave for those with acute back pain.

Access *NHS Evidence – QIPP* on: http://www.library.nhs.uk/qipp/

1. Rydzewska L, Tierney J, Vale CL, Symonds PR. Neoadjuvant chemotherapy plus surgery versus surgery for cervical cancer. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art. No.: CD007406. DOI: 10.1002/14651858.CD007406.pub2.

2. Schaafsma F, Schonstein E, Whelan KM, Ulvestad E, Kenny DT, Verbeek JH. Physical conditioning programs for improving work outcomes in workers with back pain. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art. No.: CD001822. DOI: 10.1002/14651858.CD001822.pub2.

Cochrane Projects

The Collaboration uses core funds to support funding initiatives and other projects conducted by groups within the organisation. These projects are intended to address topics and themes of interest and benefit across the Collaboration. Between 2009 and 2010 a number of projects came to an end, and their conclusions and outcomes were reported to the Steering Group, presented at our Colloquium, and submitted for external publication. Others have just begun

The Prioritisation Fund

AT a joint meeting of Centre Directors, Co-ordinating Editors and Steering Group members held in Khon Kaen, Thailand, in April 2006, a strategic view was taken of the need for The Cochrane Collaboration to improve prioritisation mechanisms for key review topics, to better meet the needs of national and international stakeholders, and to meet the Collaboration's own goals. In response, the Steering Group established the Prioritisation Fund in 2007 as a one-off initiative to fund projects mounted by Cochrane entities to address these aims. A total of 100,000 GBP was made available and, from that, five projects were funded:

- **Delivering on priorities: developing and implementing effective collaboration between a Cochrane Review Group and a Cochrane Field**, led by Rajan Madhok and Helen Handoll of the Cochrane Bone, Joint and Muscle Trauma Group
- **Piloting and evaluation of a patient-professional partnership approach to prioritising Cochrane Reviews and other research**, led by Adrian Grant of the Cochrane Incontinence Group
- **Prioritisation of Cochrane Reviews for consumers and the public in low- and high-income countries as a way of promoting evidence-based health care**, led by Janet Wale of the Cochrane Consumer Network
- **Prioritising Cochrane Review topics to reduce the know-do gap in low- and middle-income countries**, led by Peter

Tugwell of the Cochrane Health Equity Field

- **Using practice guidelines to determine review priorities: a pilot project**, led by Kay Dickersin of the United States Cochrane Center

At the 2009 Colloquium in Singapore, a special session was conducted to examine the success of these projects in the context of the strategic objectives of the Fund, and to explore the lessons to be learned for guiding future prioritisation efforts across the Collaboration. Chaired by Lisa Bero, a Centre representative on the Steering Group, and David Tovey, Editor in Chief of *The Cochrane Library* the session included presentations by representatives from each of the projects and was themed around the issues identified in Khon Kaen: whose priorities should Cochrane Reviews address? What are the risks and benefits of prioritisation? Should we be using a 'top-down' or 'bottom-up' approach to prioritising reviews?

Following the session, David commented: "What came across most strongly for me was the need for prioritisation to be a process that involves different groups of people working together, whether they are outside the Collaboration – as with patient groups or guidelines groups – or inside, as with fields and review groups. Otherwise the perspective is too narrow."

Lisa also summarised her views: "I think we have learned that it would be difficult for The Cochrane Collaboration to have a single, top-down prioritisation scheme. The projects showed us that different approaches can be used to identify priorities for different groups of people. Although some of the approaches worked more smoothly than others, they were all relatively successful in identifying topics for high-priority reviews. However, the question of "whose priorities?" remains. So, I think we have to encourage different prioritisation approaches and for the Collaboration as a whole to become more responsive in producing priority reviews for specific groups. The development of the special relationship between the Collaboration and the World Health Organization is a good example of how this can be achieved."

Lisa went on to say that: "One of the interesting new questions to come from the prioritisation session was whether reviews that have been produced as a result of a prioritisation process have more impact than non-prioritised reviews. We assume that priority reviews will be read, cited and will influence practice and policy, but we haven't actually measured that yet."

To take forward the results of the projects and the discussions of the special session it is planned to publish a paper drawing together the issues, with input from the project teams, Cochrane Editorial Unit and Steering Group.

David and Lisa watching the Prioritisation special session in Singapore

The Opportunities Fund

The Opportunities Fund has provided entities with an opportunity to obtain core Collaboration funds to undertake project work of their own initiative. It has been organised as an annual competition for the last four years, for applicants to apply for resources from a fixed budget of up to 100,000 GBP per annum.

The 2009–10 projects

The fourth, and final, round of the Fund was announced in December 2009. Applications were invited for projects relevant to any part of the Collaboration's Strategic Plan. However, those which addressed priority areas identified in the recent Strategic Review of the Collaboration were especially welcomed and in particular, those which planned to address:

- Improving the quality, relevance or timeliness of Cochrane Reviews
- Improving the usability of Cochrane Reviews for the Collaboration's diverse audiences
- Developing new Cochrane products for diverse stakeholders
- Enhancing The Cochrane Collaboration's profile and capacity, particularly with respect to training, methodology and advocacy for evidence-based decision-making

Five projects were chosen from the applications received, with work starting on them from July 2010. Updates and outcomes from the projects will be posted on cochrane.org in due course: http://www.cochrane.org/intranet/awards-scholarships-funding-initiatives/funding-initiatives/opportunities-fund

Cochrane Africa Editing Skills Workshop

From the South African Cochrane Centre

Project Team: Taryn Young (Principal Investigator), Paul Garner, Harriet MacLehose, Charles Okwundu, Nandi Siegfried, Jimmy Volmink

The contribution of Cochrane Review authors from middle- and low-income countries has improved over the past few years, as the Collaboration has made dedicated efforts to improve the involvement from these countries. However, the number of Editors from Africa remains low. To continue to be in line with the Collaboration's principles of collaboration, enabling wide participation, and striving for relevance, efforts also need to be made to increase the number of Editors from the African region.

To tackle this issue, the South African Cochrane Centre, in partnership with the Cochrane Editorial Unit and the Effective Health Care Research Programme

Consortium, will conduct a three-day training workshop in Cape Town in September 2010 to build capacity in editorial skills within the African region. The initiative is supported by the Co-ordinating Editors, who will assist in identifying potential candidates for the workshop. It is intended that the evaluation of the results of the workshop will inform similar initiatives in other regions.

Evidence-based Clinical Answers in respiratory child health

From the Cochrane Child Health Field
(Project previously known as PICOs in Respiratory Child Health)

Project team: Terry Klassen (Principal Investigator), Iva Seto, David Tovey, Katrina Williams

Evidence-based Clinical Answers are short answers to individual clinical questions. Each Clinical Answer includes a summary of relevant evidence from systematic reviews: in this way, they are like a small overview of reviews. Like overviews, they are intended to be a 'friendly front end' to the evidence relevant to a particular clinical decision. Terry Klassen and his project team are intending to develop the Clinical Answer format for questions on treatment, diagnosis, and prognosis.

The project aims to:

- Gather clinical questions about treatment, diagnosis and prognosis in respiratory child health
- Search for Cochrane and non-Cochrane evidence relevant to these questions
- Draft templates, based on evidence about usability and information design, for clinical answers in the areas of treatment, diagnosis, and prognosis

The benefit of this work for the Collaboration will be a body of knowledge about preparing Clinical Answers for specific populations, as well as on clinical questions in diagnosis and prognosis. This expertise will permit the development of usable, reader-friendly summaries of important evidence beyond the child health realm.

This project is linked to the Cochrane Editorial Unit's work on PICO ('Patient, Intervention, Comparison, Outcome') evidence summaries; team member David Tovey will be using the results of this project to contribute to the development of a 'Cochrane PICO' format.

Extrapolation: Applying the results from Cochrane Reviews to whom, when, and how?

From the Campbell and Cochrane Equity Methods Group

Project Team: Mark Petticrew (Principal Investigator), Mike Clarke, Russell Gruen, Gordon Guyatt, Elizabeth Kristjansson, Shawna L. Mercer, Gemma Phillips, Peter Tugwell, Erin Ueffing, Vivian Welch

Mark Petticrew and his project team have identified a need for guidance on how policy-makers, clinicians, public health practitioners, and the public can apply the results from Campbell and Cochrane Reviews to disadvantaged groups. The question that these stakeholders have is, "In my setting/population, will this intervention produce the same results as those from the systematic review and/or trials?" Through the project, Mark Petticrew and his team will develop a method by which stakeholders such as policy-makers and practitioners can determine whether review results apply to their populations, settings of interest, or both. The project will build on a pilot exercise conducted at the mid-year meetings of the Co-ordinating Editors and Centre Directors in Denmark, 2009, and aims to improve both the relevance and the usability of Cochrane Reviews for the Collaboration's diverse audiences.

How empty are empty reviews? Developing guidelines for the discussion of excluded studies

From the Cochrane Developmental, Psychosocial and Learning Problems Review Group

Project Team: Paul Montgomery (Principal Investigator), Sally Hopewell, Lindsay Shepard, Joanne Yaffe

Policy-makers, clinicians, patients and other stakeholders rely on Cochrane Reviews to make decisions about health and social care, but to January 2010, 365 (9.2%) of all active reviews in the *Cochrane Database of Systematic Reviews* (CDSR) were counted as 'empty reviews', that is, systematic reviews that report no studies as eligible for inclusion. Whatever evidence there is in these reviews with implications for decision-making must be drawn from excluded studies which are, by definition, of lower quality.

At present there is little guidance for review author teams for reporting excluded studies in the *Cochrane Handbook for Systematic Reviews of Interventions*. Paul Montgomery and his team will consider, in greater detail, the ways in which excluded studies are reported in empty reviews and will develop more explicit criteria for selecting and discussing these studies in Cochrane Reviews. It is anticipated that these criteria will be developed into guidelines for reporting practice implications in empty reviews, and that these additional guidelines may be incorporated into the *Cochrane Handbook.*

Hybrid machine/human translation vs. machine translation vs. human translation of Cochrane abstracts and Plain Language Summaries

From the French Cochrane Centre

Project Team: Philippe Ravaud (Principal Investigator), Gerd Antes, Juliane Ried, Ludovic Trinquart

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Non-English speaking countries face difficulties in promoting the use of *The Cochrane Library* by both clinicians and non-clinicians because of language barriers. Translating the huge quantity of Cochrane abstracts and Plain Language Summaries (PLS) to overcome this problem constitutes a very cost- and time-intensive effort.

To address this issue, Philippe Ravaud and his team propose to test three different translation methods and to perform a comparative benefit-cost analysis in terms of time investment, comprehension, readability and user confidence. Cochrane abstracts and the corresponding PLS will be translated into four different languages (French, German, Simplified Mandarin and Arabic) by the use of:

- Human translation: a professional translator
- Machine translation: 'Google Translate', free online software performing full text translations from and to 52 different languages
- Hybrid machine/human translation: Google Translation reviewed by clinicians for abstracts and non-clinicians for PLS respectively, but not professional translators

All obtained translations will be evaluated by potential users by means of standardised evaluation forms.

Recently completed projects:

The project teams for the following projects, funded by the 2007–09 rounds of the Opportunities Fund, submitted their final reports to the Steering Group within the last year.

A portal to breast cancer clinical trials

From the Cochrane Breast Cancer Group

Project Team: Davina Ghersi (Principal Investigator), Lisa Askie, Mike Clarke, Ghassan Karram, Sharon Parker, Fergus Tai, Thuyen Vu, Melina Willson

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The principal aim of this project was to demonstrate the feasibility of linking together records for ongoing trials, registered and published trials, published (but unregistered) trials and any relevant systematic reviews, so that these can be searched through a single portal with an entry point at any level.

As a pilot study, the project team created a study-based register for breast cancer, combining a number of different sources:

- The Cochrane Breast Cancer Group's Specialised Register
- The Early Breast Cancer Trialists' Collaborative Group's (EBCTG) register

- The *Cochrane Database of Systematic Reviews (CDSR)*, through the Cochrane IMS
- The World Health Organization's International Clinical Trials Registry Platform's (ICTRP) clinical trials search portal

The project team was pleased to report to the Steering Group that all deliverables on this project were met. They were able to show that developing a search portal which retrieves breast cancer information from a variety of sources was feasible, and were able to source relevant data from the four differently formatted databases, incorporate them into an operational search portal and provide users (tested internally and externally) with a simple website to browse for information.

Among other benefits, the project team hopes that the findings of this feasibility project are of use in the development of the *Cochrane Register of Studies* (CRS) and are in discussions with the CRS Project Board about this. They will also be demonstrating their search portal at the 2010 Colloquium in Keystone, USA.

Continuing development and enhancement of the *Cochrane Methodology Register*

From the UK Cochrane Centre

Project Team: Mike Clarke (Principal Investigator), Teresa Clarke, Sarah Chapman, Anne Eisinga, Sally Hopewell

The *Cochrane Methodology Register* (CMR) is a database of studies relevant to the methods of systematic reviews of healthcare and social interventions. The register includes journal articles, book chapters, conference proceedings, conference abstracts and reports of ongoing methodological research. Relevant records are identified primarily through a programme of handsearching undertaken by the UK Cochrane Centre. The register aims to include all published reports of empirical methodological studies that could be relevant for inclusion in a Cochrane methodology review, along with comparative and descriptive studies relevant to the conduct of systematic reviews of healthcare interventions.

The principal aims of this project were to conduct a systematic search of the bibliographic databases MEDLINE and EMBASE and to continue the prospective handsearching of 20 journals to identify reports relevant to the methodology of healthcare evaluations. Eligible records

would then be indexed and added to the CMR.

By the end of the project, more than 1500 new records were indexed, generated and included in the CMR for users of *The Cochrane Library,* and linking was added to more than 1200 records in the CMR. The project team hopes to work with John Wiley & Sons, Ltd (publishers of the *Library*) in the future to improve the way that linking is shown in the records in the CMR in the *Library*, which will thereby improve the search functionality for the CMR.

[http://cmr.cochrane.org/]

Developing and Evaluating a Plain Language Summary Template for Cochrane Reviews

From the Norwegian Branch of the Nordic Cochrane Centre

Project Team: Claire Glenton (Principal Investigator), Agustín Ciapponi, Helen Dilkes, Sophie Hill, Jordi Pardo, Tamara Rader, Sarah Rosenbaum, Rebecca Ryan, Nancy Santesso

The aim of this project was to produce a broadly accepted, precise format for Plain Language Summaries (PLS) of Cochrane Reviews, and to develop specific and clear guidelines for how to write them. In assessing the project in its final report, the team said that, "We have had excellent collaboration with the Cochrane groups who had co-investigators on this proposal. Each group contributed far more time and effort than was initially agreed. We also had unexpected collaboration with the Italian Cochrane Centre and the German Cochrane Centre, who were interested in participating in the randomised controlled trial of the PLS format."

The team reported to the Steering Group at the end of the project that a new format for the PLS had been developed and its usefulness evaluated for four Cochrane Reviews, in English, Norwegian and Spanish. They stated that in a randomised controlled trial of this new format, significantly more people indicated that compared to the current format, it was reliable, presented the important effects, was easy to find information about effects, and presented the information in a way that would help with decision-making.

However, the team also found that people were still answering questions about the associated Cochrane Review incorrectly after reading the PLS in its new format, but couldn't conclude whether this was due to the questions being asked or because the new format still needs to be improved. They also identified difficulties in integrating the new PLS format with our current review production systems.

The results of this project have been presented to the Steering Group and will be used to inform the work of the Cochrane Editorial Unit when addressing the presentation of Cochrane Reviews, which is on their task list for the coming year.

Disseminating thousands of previously undiscovered trials

From the Cochrane Schizophrenia Group and the South Asian Cochrane Network & Centre

Project Team: Clive Adams (Principal Investigator), Akhil Abhijnhan, Matthew Horricks, Samantha Roberts, Prathap Tharyan

As part of the EU-funded PRACTIHC (Pragmatic Randomized Controlled Trials in Healthcare), the Cochrane Schizophrenia Group and the South Asian Cochrane Network had been commissioned to search across health care for any randomised control trial from low- and middle-income countries from sample years 1991, 1995 and 2000. During that project, about 5000 randomised control trials previously not known to those submitting to the *Cochrane Central Register of Controlled Trials* (CENTRAL) came to light.

The purpose of this project was to label and disseminate the reports of these newly identified trials around the Collaboration. Its aim was to assist the inclusion of data originating from low- and middle-income countries in Cochrane Reviews.

By the end of the project, over 14,000 references were disseminated to groups across the Collaboration, with over 5000 studies distributed as PDFs. The project team found that particular beneficiaries of the references were the Cochrane mental health groups, where searching for trials on schizophrenia identified other mental health studies. In its final report to the Steering Group, the team suggested that there may be many records held by Cochrane groups that, because of time constraints, could be disseminated more widely. It is intended that the development of the CRS will facilitate the sharing of records between groups.

Managing Editor (ME) induction and mentoring programme

From the Cochrane Pain, Palliative and Supportive Care Review Group

Project Team: Jessica Thomas (Principal Investigator), Jane Cracknell, Vicki Pennick, Megan Prictor. **The Mentors:** Kate Cahill, June Cody, Vicki Pennick, Narelle Willis

Cochrane groups are geographically dispersed and based in many different institutions and organisations. Before starting this project, a group of MEs (then called Review Group Co-ordinators) concluded that in addition to a feeling of geographic isolation, MEs can commence in the role with no handover from the previous ME and little coherent advice about relevant resources, procedures and key tasks of the job.

To address these issues, this project had three main aims:

1: To create a generic ME job description to replace the example in *The Cochrane Policy Manual*;

2: To update information relating to the ME role such as the *Signposts* document and the letter sent to all new MEs by the Secretariat;

3: To establish a mentoring pilot programme comprising formal guidance for appointed mentors and a 'roster' of available mentoring MEs willing to spend between one and five days with a new

ME/mentee. Induction material would be sent to new MEs to help connect them with their mentor.

The first two aims were achieved early on in the project. The pilot mentoring programme began in January 2008 and involved the first five new MEs to commence in the role from then on. It concluded after they had been mentored in their new post, in June 2009. According to the project team's final report, most mentees felt that the training came at the right time, but one felt that it was too soon for them to know what they needed to know, and another said they would have liked to shadow an ME as well, however, they were all grateful to have received the training, with one commenting, "For me the level of support I have received has been just right. I feel that I can contact my mentor on an ongoing basis".

Given the success of this induction and mentoring scheme, the Training Working Group will be expanding it to other entity staff (Trials Search Co-ordinators, Field Administrators etc) as part of their programme of work, which you can read about on page 26.

Project Spotlight

Making Cochrane information accessible for people in Nigeria

From the Nigerian Branch of the South African Cochrane Centre

The Project Team: Martin Meremikwu (Principal Investigator), Godwin Aja, Omolade Allen-Alebiosu, Moriam Chibuzor, Felix Eke, Gill Gyte, Akosa Okafor, Chioma Oringanje, Ofem Osang

Low- and middle-income countries like Nigeria carry some of the highest burdens of disease in the world. This project aimed to develop innovative ways of disseminating healthcare information from Cochrane Reviews to poorly literate and illiterate people in Nigeria using communication strategies traditional to them: storytelling, drama sessions (skits), artwork, etc.

In particular, the project aimed to:

1. Increase consumer knowledge of Cochrane Reviews through six workshops in each of the geo-political zones in Nigeria: north (Abuja and Kaduna), south west (Ogun and Ibadan), south east (Abakaliki) and south (Calabar);
2. Look at how the information presented at the workshops might be made understandable to people who are illiterate or with low literacy;
3. Establish ongoing communication links with consumers who could contribute to the editorial process of preparing Cochrane Reviews.

In preparation for the workshops, the project team contacted relevant government agencies for lists of civil society and community-based organisations in the different regions of Nigeria. Participants for the workshops were then selected from these lists and included care givers, direct consumers, and those actively involved in advocacy in areas of HIV/AIDS, tuberculosis and malaria.

During the workshops, held between September 2009 and March 2010, participants were introduced to all things 'Cochrane': The Cochrane Collaboration as an organisation, *The Cochrane Library,* Cochrane Reviews*,* the role of consumers in the Collaboration, and how to obtain and disseminate relevant information from Cochrane Reviews! They developed tools for effective dissemination of evidence from Cochrane Reviews to consumers, including developing dramatic plays and skits on malaria and HIV/AIDS prevention, which were video-recorded. Seed monies were granted to the groups of some of the participants for the development and distribution of these evidence videos in the south west, south east and north of the country. The seed money in the south was used to establish the Consumer Health Information Network (CHIN), which is composed of participants from the workshops who are actively engaged in advocacy in the areas of malaria, tuberculosis and HIV/AIDS, as well as caregivers and other consumers. The goal of the network is to promote accelerated access to, and sustained use of, reliable information about common health problems and care in Nigeria. In addition to the consumer workshops, the project team ran one media workshop in Calabar, designed to introduce the local media to evidence-based health care and searching evidence-based resources, including signing up to *Cochrane Library* media releases.

In his assessment of the workshops, Godwin Aja, a member of the project team and author for the Cochrane Effective Practice and Organisation of Care Group said, "Culturally-based strategies for disseminating Cochrane evidence can be expressive and entertaining, and in the case of Nigeria, seem to be having a lasting impact. Three months after the workshops, participants from each of the workshop locations have organised the distribution of the materials developed at the workshops within their local communities."

Participants at a workshop in south west Nigeria looking at communication strategies for healthcare evidence

Martin Meremikwu being interviewed by participants at the media workshop in Calabar

Gill Gyte, member of the project team and the Collaboration's Consumer Network, said, "There is much that people who work with consumers, either with low- and middle-income countries or in countries where the first language is not English, can take from this project. Funding for such work is clearly absolutely critical, but we could do so much to make Cochrane Reviews more accessible by studying this impressive project. I intend to ask the Consumers Executive to draft some guidelines from this work in order to help others who wish to disseminate more widely."

Participants at a workshop in south east Nigeria

In its Final Report, the project team suggested that in order to utilise the Nigerian model effectively to disseminate evidence from Cochrane Reviews to consumers, particularly in resource-poor settings, five essential processes are needed:

1. A recruitment process for workshops and other activities that involves leaders of local consumer/community groups;
2. Activity-oriented workshops that benefit from local knowledge and use relevant Cochrane Reviews as the key resource material;
3. An engagement process that allows workshop participants to act as facilitators in subsequent workshops;
4. A feedback mechanism at every stage of the workshop process for quality improvement (this tends to help create a democratic-empowerment-ownership mindset among participants);
5. An action plan that defines the next steps, developed by and for the participants and their communities or organisations.

In a workshop at the 2010 Colloquium in Keystone, USA, Godwin Aja and Martin Meremikwu will be presenting the results of their project. The videos they produced will also be played at the Collaboration's booth, known as the *Cochrane Exchange*.

Other core-funded projects

Chinese Randomised Controlled Trials Database

From the Chinese Cochrane Centre, with support from the UK Cochrane Centre

Project Team: Youping Li (Principal Investigator), J. Li, J.G. Liu, L. Wang, Phil Wiffen, Mingming Zhang

The primary purpose of this project, completed early in 2010, was to search for and to make citations of Chinese language randomised controlled trials (RCTs) available online to the whole Collaboration.

The project team, with staff from the West China Hospital, searched selected Chinese databases and transferred RCT records as tagged text files into a reference database especially adapted for Chinese language files, with the aim of eventually transferring them into CENTRAL, in *The Cochrane Library,* when it can support non-Latin scripts. To date, almost 30,000 records have been identified, transferred and quality-checked, and are available for searching by any Cochrane group. In addition, the titles of the RCTs have been translated into English and the authors' names and journal name have been converted to pinyin, which is a Latin version of the Chinese script. An English language PICO (Participants, Interventions, Comparisons, Outcomes) summary for over 15,000 of the trials has also been created. The UK Cochrane Centre is currently looking for funds to continue this project: estimates suggest there are potentially 239,000 Chinese RCTs in the Chinese Biomedical Disk, which collates the core Chinese healthcare journals.

The development of the *Cochrane Register of Studies*

As reported elsewhere in this Annual Report, (see page 39) the Collaboration is currently developing a new system known as the *Cochrane Register of Studies* (CRS). The CRS will contain the Collaboration's Specialised Registers (SRs) of healthcare studies and their reports, together with records identified by handsearching of journals and conference proceedings and records sourced from MEDLINE and EMBASE, to be published in CENTRAL in *The Cochrane Library.*

The CRS will represent a change to the existing arrangements for the compilation, aggregation and publication of CENTRAL, which is currently an amalgamation of Cochrane groups' individual SRs and other records, developed and maintained by individual entities using a variety of different proprietary software packages. The CRS is envisaged as a 'meta-register' or central repository for SRs from all Cochrane entities, and will be a way of managing the SRs and other submissions that feed into CENTRAL, which will continue to be published by *The Cochrane Library's* publisher, John Wiley & Sons, Ltd.

Instead of being compiled by John Wiley & Sons, Ltd from individual files received from groups, CENTRAL will be derived from this meta-register. Within the meta-register, each entity will have access to its own specific record set, i.e. what each entity currently thinks of as its own SR. All entities will be required to transfer their existing SRs to the CRS, which will in turn be used to create CENTRAL.

Core to the rationale for developing the CRS is the need to improve the 'build' process for the aggregation of the SRs, remove duplication and inconsistency, and implement a standard workflow and tracking system that all Cochrane entities can use.

This should have three principal outcomes:

1. Improvement of the quality and accessibility of the information in CENTRAL, which represents the essential infrastructure of the Collaboration, both for supporting the authors of SRs, and as a unique, marketable product;
2. Creation of the leading global register of clinical studies (particularly randomised controlled trials) and their reports, which may itself become a marketable product and/or be based on Collaboration-owned software that may be marketable;
3. Improvement of the experience of those who maintain SRs

Following an open competition, the Collaboration chose Metaxis Limited as its development partner for the CRS, and a contract with them was signed in January 2010. The development project is managed by a Project Board, including Nick Royle; David Tovey; the TSC representative on the Steering Group, Gail Higgins; and Metaxis' director, Gordon Dooley. It is also being informed by an advisory group, as well as the Collaboration's contributors at large via the discussion forum on the new internal area of cochrane.org: [http://www.cochrane.org/forum].

The CRS Forum was one of the first, and is certainly the most used, of all the discussion forums currently available, and is also the place to access all CRS resources, including the Project Board Bulletin, which is released after every Project Board meeting and summarises the main points of interest from each meeting. The Project Board is aiming to develop the CRS according to the principles of the Collaboration: with openness, an emphasis on inclusivity, and relevance.

The Project Board and Metaxis' development team will be present at the 2010 Colloquium in Keystone, USA, in October, to update Colloquium participants on the progress of the project, and to run testing sessions for the software developed so far, taking advantage of the expertise available among the participants.

The members of the CRS Project Board: Gordon Dooley, Director of Metaxis; Ruth Foxlee, Trials Search Co-ordinator, Cochrane Wounds Group; Steve Greenaway, external advisor; Gail Higgins, Trials Search Co-ordinator, Cochrane Renal Group and TSC representative on the Steering Group; Lucie Jones, Project Support and Business Communications Officer, the Secretariat; Nick Royle, Chief Executive Officer of the Collaboration, David Tovey, Editor in Chief of The Cochrane Library

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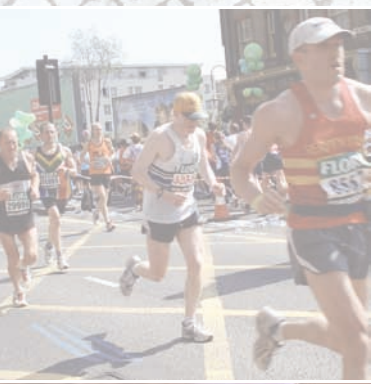
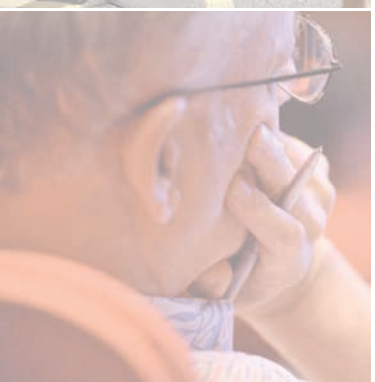
Business and Financial Review

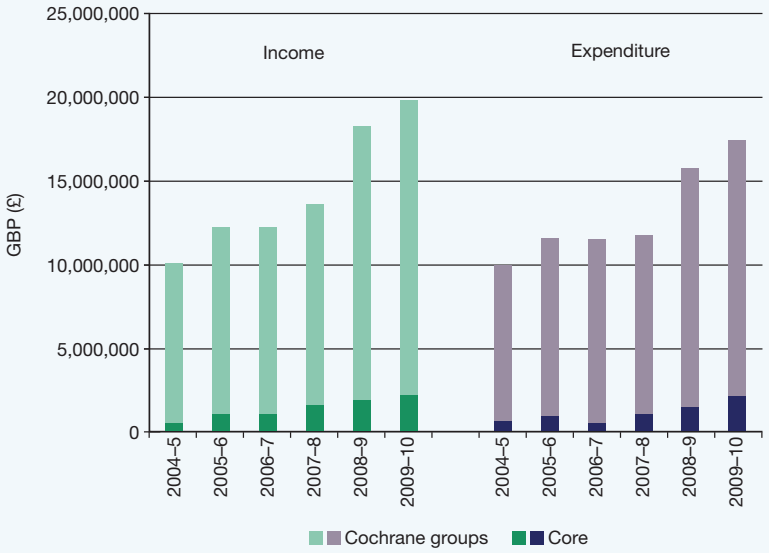




The year at a glance

The Collaboration

Total income and expenditure for the Collaboration



*Cochrane group income and expenditure is reported in local currencies by Cochrane groups (MaRC Part B Form, 2009–10) and converted to GBP by the Secretariat.

The top 10 Cochrane group funders

1. National Institute for Health Research, UK
2. Canadian Institutes of Health Research
3. Australian Government Department of Health and Ageing
4. South African Medical Research Council
5. Federal Public Service of Health, Food Chain Safety and Environment, Belgium
6. Department for International Development, including funding directed through the Liverpool School of Tropical Medicine, Effective Health Care Research Programme Consortium, UK
7. National Center for Complementary and Alternative Medicine, USA
8. University of Freiburg, Medical Center, Germany
9. Hospital de la Santa Creu i Sant Pau, Spain
10. Victoria Department of Health, Australia

These are the top ten funders of Cochrane groups, by financial contribution, for the five-year period from the financial year 2009–10 to the financial year 2013–14, as reported by groups on their MaRC Part B Form, 2009–10. Funding for the whole five-year period has been counted, so as to overcome the differences in the way groups enter their year by year funding on the Part B Form.

The Collaboration's contributors

How many people contribute to the Collaboration compared to a decade ago?

	2000		2010
Editors	352		693
Consumers	229		660
Referees	1,230		4,482
MEs	53		94
TSCs	38		74
Authors	2,840	+644% →	21,123
Other	693		667

Figures correct February 2010

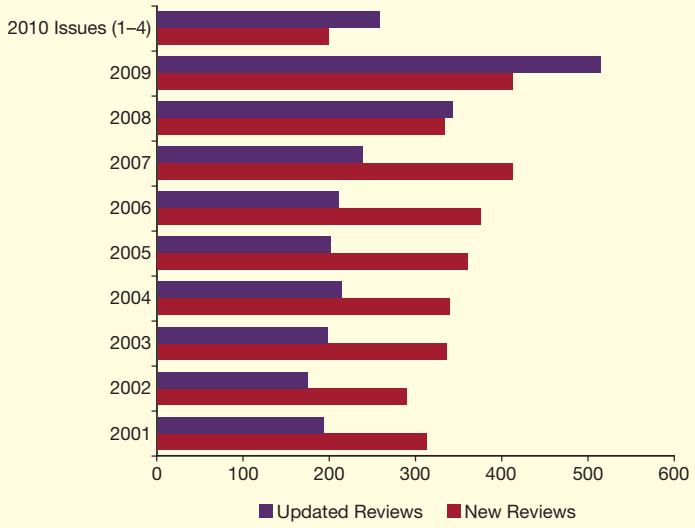
Data show contributors to Cochrane Review Groups, which is the standard way of measuring contribution to the Collaboration. Year 2010 figures sourced from Archie. Year 2000 figures sourced from the CRG modules in *The Cochrane Library*, Issue 3, 2000.

Staffing in Cochrane groups

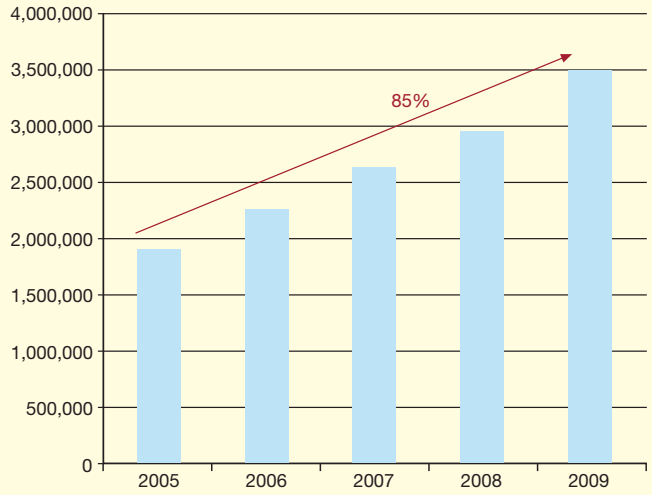
Group type	Average number of full-time staff (MEAN), 2009–10	Average number of part-time staff (MEAN), 2009–10	Average total number of staff (MEAN), 2009–10
Centres and Branches	2.46	4.69	7.15
Cochrane Review Groups	1.52	2.83	4.26
Fields	0.58	1.67	2.25
Methods Groups	0.21	0.86	1.07

Cochrane Reviews

Cochrane Review production



Full text downloads of Cochrane Reviews from *The Cochrane Library*



Impact Factor of the *Cochrane Database of Systematic Reviews*

	2007	2008	2009	% increase between 2007 and 2008	% increase between 2008 and 2009	% increase between 2007 and 2009
Impact Factor	4.654	5.182	5.653	+11%	+9%	+21%

How did we perform against some other well-known general medical journals?

Journal	2009 Impact Factor	No. of reviews published
New England Journal of Medicine	47.050	73
The Lancet	30.758	154
Journal of the American Medical Association	28.899	82
BMJ	13.660	143
PLoS Medicine (from the Public Library of Science)	13.050	24
Canadian Medical Association Journal	7.271	40
Cochrane Database of Systematic Reviews	5.653	1165

The top ten cited Cochrane Reviews

Title	Times cited, 2009
Nicotine replacement therapy for smoking cessation	64
Antidepressants for smoking cessation	60
Nicotine receptor partial agonists for smoking cessation	52
Interventions for enhancing medication adherence	45
Organised inpatient (stroke unit) care for stroke	45
Cooling for newborns with hypoxic ischaemic encephalopathy	42
Effectiveness of brief alcohol interventions in primary care populations	42
Antidepressants for neuropathic pain	37
Allergen injection immunotherapy for seasonal allergic rhinitis	34
Corticosteroids for acute bacterial meningitis	32

Our Funders 2009–10

THE Cochrane Collaboration's funding model reflects the international and dispersed nature of the organisation. While our core income (income paid directly to the Collaboration and used to sustain its information management system, research programmes, website, etc) comes principally from the proceeds of *The Cochrane Library* and other Cochrane products, our groups are supported by national governments, international governmental and non-governmental organisations, universities, hospitals, private foundations, and personal donations. They are not permitted to accept funding from commercial organisations such as pharmaceutical companies. This is to ensure that the conclusions of Cochrane Reviews are not influenced by commercial interests.

We list here the Collaboration's groups' direct funders recorded in the financial year 2009–10 for the period 2009–2014, as declared by groups to the Collaboration's Monitoring and Registration Committee (MaRC). Some fund the entity itself, while others sponsor a Cochrane group or team of authors to complete specific items of work (e.g. the production of Cochrane Reviews in a particular subject).

Groups are also indirectly supported by a number of universities, hospitals and research organisations not listed here, who grant access to their office space and other resources. Some also generate a proportion of their income by conducting courses, workshops and lectures.

You'll notice that some of our funders are recorded in anglicised form, while others are not: they are listed according to how the groups recorded them on their MaRC monitoring forms.

The Collaboration wishes to thank the following for their support:

Regional, national and international government departments and organisations

- Australia, VicHealth
- Australia, Victoria Department of Health
- Australian Government Department of Health and Ageing
- Australian Safety and Compensation Council
- Bahrain, Ministry of Health
- Belgium, Federal Public Service of Health, Food Chain Safety and Environment
- Brazil, Ministry of Health
- Canada, Health Canada
- Canada, Michael Smith Foundation of Health Research, British Columbia (Michael Smith Award)
- Canada, Ontario Ministry of Health
- Canadian Agency for Drugs and Technologies in Health
- Canadian Institutes of Health Research
- Denmark, Sygekassernes Helsefond
- European and Developing Countries Clinical Trials Partnership
- European Centre for Disease Prevention and Control
- European Union
- Finland, Ministry of Social Affairs and Health
- France, La Haute Autorité de Santé
- France, Ministère de la Santé et des Sports
- Germany, Federal Ministry of Education and Research
- Germany, Federal Ministry of Health
- Hong Kong Hospital Authority
- Indian Council of Medical Research
- Ireland, Health Research Board
- Italian Drug Agency (AIFA)
- Italy, Emilia Romagna Health Care Agency
- Italy, Ministry of Health, including Department of Epidemiology, Local Health Unit Rome E, Lazio Region, Region of Umbria, Rete Regionale di Allergologia (Regione Piemonte)
- Italy, National Institutes of Health
- Netherlands, Dutch Health Insurance Council
- Netherlands, Eight Collaborating Dutch Academic Departments of General Practice
- Netherlands, Ministry of Health
- Netherlands, Organisation for Health Research and Development
- New Zealand, Ministry of Health
- Nigeria, Federal Ministry of Health
- Nordic Council of Ministers
- Norway, Research Council of Norway
- Norwegian Agency for Development Cooperation (NORAD)
- Norwegian Directorate of Health

- Norwegian Knowledge Center for the Health Services
- Scotland, Chief Scientist Office, Health Directorates
- South Africa, Federal Ministry of Health
- South African Medical Research Council
- Spain, CIBER de Epidemiologia y Salud Publica (CIBERESP)
- Spain, Ministry of Health, including Catalan Health Department
- Thailand Research Fund
- UK, Department for International Development
- UK, Department of Health (Incentive Scheme)
- UK, Department of Health (Research and Development) through the National Institute for Health Research (NIHR)
- UK, National Institute for Clinical Excellence (NICE)
- USA, Agency for Healthcare Research and Quality (Department of Health and Human Services)
- USA, Centers for Disease Control and Prevention (Department of Health and Human Services)
- USA, National Center for Complementary and Alternative Medicine
- USA, National Eye Institute, National Institutes of Health
- USA, National Institute of Child Health and Human Development, National Institutes of Health
- USA, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health
- USA, United States Department of Veteran Affairs (VA Medical Center)
- World Health Organization (WHO)

Independent, not-for-profit organisations

- Age Related Diseases and Health Trust
- Agnes og Poul Friis' Fond
- American College of Gastroenterology
- Association for Epidemiology Research for Neurological Diseases
- Blue Shield of California Foundation
- Cabrini Health
- Canadian Institute for Work and Health
- Child Cancer Foundation
- Deutsche Krebshilfe e.V.
- Dutch College of General Practitioners
- Fondazione IRCCS – Istituto Neurologico Carlo Besta
- Fundación Sanitas
- International Health Central American Institute
- Joanna Briggs Institute, The
- Kinderen Kankervrij (KiKa)
- Knowledge Translation (KT) Canada
- Koninklijk Nederlands Genootschap Fysiotherapie (KNGF)
- Loyalis Pension Fund

- Multiple Sclerosis Research, Australia
- New Zealand Guidelines Group
- Nova Scotia Health Research Foundation
- Nuffield Foundation Commonwealth Programme
- Research Association of Effective Health Assistance (AREAS)
- US Alzheimer's Association
- Voluntary Association for Multiple Sclerosis

Universities, research institutions and hospitals

- Cabrini Institute
- Centre of Evidence Based Dermatology
- Chinese University of Hong Kong, School of Public Health and Primary Care
- Christian Medical College, Vellore
- CIBER de Epidemiologia y Salud Publica (CIBERESP)
- Copenhagen Hospital Corporation, including RHsJubilaeumsfond, AL
- Effective Health Care Research Consortium, at Liverpool School of Tropical Medicine
- Finnish Institute of Occupational Health
- Heinrich-Heine University Dusseldorf, University Hospital
- Hospital de la Santa Creu I Sant Pau
- Hospital Galeazzi, Milan
- HRB Centre for Primary Care Research, Ireland
- ICICI Center for Child Health and Nutrition
- Institute for Quality and Efficiency in Health
- Instituto de Salud Carlos III (ISCIII)
- Lausanne University Hospital, Department of Social and Preventive Medicine
- Leiden University Medical Center
- L'Assistance Publique, Hôpitaux de Paris
- L'Ecole des Hautes Etudes en Santé Publique
- L'Institut National de la Santé et de la Recherche Médicale
- MAPI Research Institute
- Mario Negri Institute
- McMaster University
- Minnesota Veterans Research Institute (MVRI)
- Monash University
- Netherlands Institute for Health Services Research
- Newcastle University
- Queen's University, Belfast
- Sichuan University, West China Hospital
- Universidade Federal de São Paulo, Teaching Hospital
- Université Paris Descartes
- Universitetet I Oslo
- University of Birmingham
- University of Cologne, including 'Köln Fortune'
- University of East Anglia, School of Medicine, Health Policy and Practice

- University of Freiburg, Medical Center
- University of Milan
- University of New South Wales
- University of Oxford, Nuffield Department of Medicine
- University of Split, School of Medicine
- University of Sydney

Personal donations and other

- Bruce and Sue Shepherd
- Update Software (for publication of *La Bibliotheca Cochrane Plus*)
- Various anonymous donations
- Various stipends and scholarships to fund doctoral students in the Collaboration's groups

Our Steering Group

THE Steering Group, whose members are elected by and from among the Collaboration's contributors, is the charity's board of trustees. The Group oversees the functions of the organisation, and develops its policies, to ensure that its core values and purposes are reflected in its operational processes.

The members of the Steering Group from October 2009 to October 2010

Lorne Becker
Co-Chair
USA

Lisa Bero
Centre representative
USA

Jonathan Craig
Co-Chair
Australia

Zbys Fedorowicz
Review Group representative
Bahrain

Donna Gillies
Author representative and Treasurer
Australia

Sonja Henderson
Managing Editor representative
UK

Gail Higgins
Trials Search Co-ordinator representative
Australia

Julian Higgins
Methods Group representative
UK

Sophie Hill
Co-ordinating Editor representative
Australia

Steve McDonald
Centre representative
Australia

Mary Ellen Schaafsma
Centre representative
Canada

Rob Scholten
Centre representative
Netherlands

Roger Soll
Co-ordinating Editor representative
USA

Liz Whamond
Consumer Network representative
Canada

Katrina Williams
Field representative
Australia

Hans van der Wouden
Review Group representative
Netherlands

Mingming Zhang
Consumer Network representative
China

Members who stepped down in October 2009

Ruth Foxlee
Previously Trials Search Co-ordinator representative
UK

Adrian Grant
Previously Co-Chair
UK

Janet Wale
Previously Consumer Network representative
Australia

Trustees' Report and Financial Statements

Trustees' Report for the year ended 31 March 2010

The Trustees of The Cochrane Collaboration, who are also directors for the purpose of company law, present their report and financial statements for the year ended 31 March 2010.

Reference and Administration

Charity name:	The Cochrane Collaboration
Registered and Correspondence Address:	Summertown Pavilion 18–24 Middle Way Oxford OX2 7LG, UK
Correspondence Address:	Summertown Pavilion 18–24 Middle Way Oxford OX2 7LG, UK

Advisors

Auditors:	Mazars LLP Chartered Accountants and Registered Auditors The Pinnacle 160 Midsummer Boulevard Milton Keynes MK9 1FF, UK
Bankers:	National Westminster Bank PLC Oxford North Branch 249 Banbury Road Summertown Oxford OX2 7HR, UK
Legal advisers:	Manches LLP Solicitors 9400 Garsington Road Oxford Business Park Oxford OX4 2HN, UK

Trustees

The governing body of The Cochrane Collaboration is known as the Cochrane Collaboration Steering Group (CCSG). The following trustees, who are also the directors for the purposes of company law, have held office on the CCSG during the year:

Prof L Becker (Co-Chair)
Prof L Bero
Prof J Craig (Co-Chair)
Dr Z Fedorowicz
Ms RE Foxlee (Resigned 12 October 2009)
Dr D Gillies (Treasurer)
Prof A Grant (Co-Chair) (Resigned 12 October 2009)
Mrs SL Henderson
Ms GY Higgins (Appointed 12 October 2009)
Dr JPT Higgins
Dr S Hill (Appointed 12 October 2009)
Dr S McDonald
Ms ME Schaafsma (Appointed 12 October 2009)
Dr R Scholten
Dr R Soll
Dr J Wale (Resigned 12 October 2009)
Mrs E Whamond
Dr K Williams
Dr H van der Wouden
Mrs M Zhang (Appointed 12 October 2009)

Senior Staff

The senior staff of the charity during the year comprised Mr N Royle, Chief Executive Officer, Ms VM Hetherington, Company Secretary and Administrator, and Dr D Tovey, Editor in Chief, *The Cochrane Library.*

Narrative Report

1. Structure, Governance and Management

Nature of Governing Document

The governing documents of The Cochrane Collaboration are the Memorandum and Articles of Association, as amended on 3 October 2004.

Trustee Appointment

Trustees serve as CCSG 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. Trustees are elected by The Cochrane Collaboration's members to specific posts, representative of their membership group. At its meeting in Auckland in March 2010, the Steering Group agreed to reduce the number of trustees from 17 to 14, as the current members retire from office.

Organisational Structure

The Charity is organised as follows:

An elected *Steering Group* (CCSG) governs The Cochrane Collaboration on behalf of its members.

The Cochrane Collaboration Secretariat (based in Oxford, UK)
A small staff co-ordinates the central functions of The Cochrane Collaboration, consisting of the Chief Executive Officer, Company Secretary and Administrator, Deputy Administrator, Project Support and Business Communications Officer, and Team P.A.

The Cochrane Editorial Unit (based in London, UK)
Working closely with the editorial teams of Cochrane Review Groups, the Editor in Chief is responsible for:

- developing, implementing, and directing the editorial policies and vision of *The Cochrane Library* in relation to the vision and objectives of the Collaboration;
- improving the quality in the editing process and product with respect to scientific content;
- providing a strong and visionary lead for conceptualising and developing new products derived from Cochrane Reviews; and
- acting as the main focus for this work, and for applying ethical and scientific standards consistent with the goals of the Collaboration.

The Editor in Chief is supported by two Senior Editors, Editor, Programme Development Manager and P.A.

Cochrane Entities
Thirteen geographical Centres (a fourteenth Centre, the French Cochrane Centre, was registered in June 2010) have oversight for the devolved activities of the Cochrane Entities (individual operating units of The Cochrane Collaboration) geographically or linguistically linked to their remit, such as:

- Cochrane Review Groups (CRGs, who facilitate the preparation, by volunteers, of Cochrane Reviews, the Charity's main output – see section 2, 'Objectives and Activities').
- Fields (which represent issues relevant to more than one CRG, including healthcare consumers).
- Methods Groups (whose members develop appropriate methodologies for systematic review preparation).

Each Cochrane Entity has a devolved management team appropriate to its function. For CRGs 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, a Trials Search Co-ordinator, and administrative support. These people are in turn supported by a team of editors, review authors, journal handsearchers (who collate reports of relevant controlled trials), and specialist support is provided by statisticians, other methodologists, healthcare consumers and healthcare experts.

Risk Management

The board of trustees has considered 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. This matrix was updated on 20 July 2010.

The key risks are considered to be:

- The catastrophic loss of core publishing income, which funds the Collaboration's core activities.
- The risk of publishing a systematic review containing significant errors that might affect public safety.

Contingency plans have been developed to manage both of these events.

Induction and Training of Trustees

The Secretariat inducts new trustees into their responsibilities as members of the Board by sending them an extensive collection of materials in advance of their joining the Board. These materials include such documents as the Memorandum and Articles of Association, the most recent approved Report and Financial Statements, descriptions of the sub- and advisory groups to the Steering Group (some of which they will join), an organisational chart, minutes of several previous trustees' meetings, the charity's strategic plan and key policies, the table of risk assessment, information on and a claim form for expense reimbursement, etc.

2. Objectives and Activities

Legal Objects

The legal objects of the charity, as defined in the Memorandum and Articles of Association, are:

"The protection and preservation of public health through the preparation, maintenance and dissemination of systematic reviews of the effects of health care, for the public benefit."

Significant Activities

The charity has undertaken the following major activities in the year:

- Preparation of systematic reviews.
  - Dr David Tovey, Editor in Chief, has primary responsibility for the publication of Cochrane Reviews and related products, and for their continuing high quality.
  - The following were published during the past year:
    - New protocols for forthcoming reviews: 645
    - New systematic reviews: 449
    - Updated systematic reviews (new citation versions): 583
- Dissemination of output: Negotiations have continued, aimed at providing one-click access to more of the world's population. Successes during the reporting year include free one-click access for people working in research institutions in Germany, funded by the German Research Foundation. Around half the world's population now has free at the point of use one-click access to our output through various provisions.
- International conferences: The Cochrane Collaboration's annual conference – the 'Colloquium' – was held in Singapore in October 2009 and was attended by 682 people from forty-six countries; more than twenty-five per cent of the participants were from Asia.
- New methodological development: development has continued to improve the presentation of Cochrane systematic reviews.

Contribution of volunteers

The charity makes extensive use of volunteers, with more than 27,000 people from over 110 countries currently volunteering their time. Amongst their many contributions, volunteers were involved in the following activities:

- Developing the knowledge base and tools for facilitating preparation of The Cochrane Collaboration's outputs.
- Preparation of The Cochrane Collaboration's outputs through handsearching of scientific journals, authorship of systematic reviews and editorials, editorial activities such as peer review and refereeing, and other related activities.
- Dissemination of The Cochrane Collaboration's ethos and outputs through conference presentations, symposia, scientific papers, and related activities.
- Engagement of healthcare consumers in The Cochrane Collaboration's activities.

It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform was done at commercial rates their contribution would cost tens of millions of pounds per year.

Aims of the Charity

The aims of the charity are as follows:

- The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.
- The Cochrane Collaboration's vision is that healthcare decision-making throughout the world will be informed by high quality, timely research evidence. The Cochrane Collaboration will play a pivotal role in the production and dissemination of this evidence across all areas of health care.

Main objectives for the year

The main objectives for the year were:

- To ensure high quality Cochrane Reviews are available across a broad range of healthcare topics.
- To promote access to Cochrane Reviews and the other products of The Cochrane Collaboration.
- To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration.
- To achieve sustainability of The Cochrane Collaboration.

This was achieved through a strategy of:

Goal 1: To ensure high quality Cochrane Reviews are available across a broad range of healthcare topics, by:

- Broadening consumer participation.
- Identifying procedures to update reviews.
- Continuous improvement of software.
- Updating the Cochrane Handbook of Systematic Reviews for Interventions.
- Liaising with methodologists about priority areas for research.
- Avoiding duplication of effort (i.e. in reviews, contact information).
- Expanding low- and middle-income country participation in reviews.

Goal 2: To promote access to Cochrane Reviews and the other products of The Cochrane Collaboration, by:

- Identifying and responding to the needs of users of reviews.
- Developing plain language summaries for the remaining 20 per cent of reviews without them.
- Ensuring that cost is not a barrier to use, by seeking opportunities to provide global access.
- With John Wiley & Sons Ltd, developing a marketing strategy for reviews that includes promotion and public relations.
- Raising awareness and demand within potential user groups, including those communities for whom English is not the first language.
- Reviewing the success of the publication arrangements for The Cochrane Collaboration's output, taking action as appropriate.

Goal 3: To ensure an efficient, transparent organisational structure and management system for The Cochrane Collaboration, by:

- Taking stock annually to ensure that the organisational focus supports the core function of preparing, maintaining and promoting the accessibility of reviews.
- Identifying and defining the relationships among the various entities and advisory groups within The Cochrane Collaboration.
- Establishing clear lines of reporting between the entities, the Steering Group and its advisory groups.
- Ensuring that entities adhere to the practices and policies of The Cochrane Collaboration.
- Developing appropriate information management systems.
- Establishing and maintaining an up-to-date, evidence-based, user-friendly website.
- Ensuring accurate dissemination of information about The Cochrane Collaboration via CCInfo and Cochrane News.
- Developing and implementing a strategy for establishing alliances with major international organisations.

Goal 4: To achieve sustainability of The Cochrane Collaboration, by:

- Ensuring an adequate income stream for The Cochrane Collaboration.
- Developing mechanisms to enhance training and career development.
- Evaluating and reviewing the Strategic Plan every three years.

3. Achievements and Performance

Review of Activities in the year

Significant progress has continued to be made against the Collaboration's objectives, as defined above. The major focus has

been on the development of our response to the Strategic Review conducted by Jeremy Grimshaw and his team in 2008, and reported on in 2009. Initiatives under way and to which considerable resources have been allocated, include:

- Embedding our Editor in Chief into our procedures and structures, and expanding his team appropriately, to ensure that our published product, principally Cochrane systematic reviews, remains of the highest quality, and of relevance to key audiences including policy makers, patients, and healthcare practitioners.
- Revising our governance arrangements to ensure that our trustees are in the best position to undertake their governance role on behalf of the Collaboration. Of particular note was the decision taken in March 2010 to revise our committee structure to ensure that it is fit for purpose for the next decade and to reduce the size of the trustees' board whilst at the same time realigning its focus on core responsibilities, ensuring a clear fit between purpose and structure.
- Examining our arrangements for succession planning in our collaborating groups, with decisions on these expected in late 2010.
- Developing sets of core competencies for those involved in our processes and governance structures, due to be finalised in late 2011.
- Formalising our additional purpose of education and training by developing a new strategic training policy and plan, due to be finalised in late 2010.
- Examining the scope for additional new products in line with our charitable objectives, increasing the accessibility of Cochrane systematic reviews to different audiences.
- Revising our approach to marketing and communication, developing a new strategy, and releasing new versions of our two principle websites; our organisational website, www.cochrane.org, and the website for *The Cochrane Library*, www.thecochranelibrary.com.
- Working to develop our partnership strategy, in particular making good progress in entering official relations with the World Health Organization.

Fundraising performance

The Cochrane Collaboration's core income is derived principally from publication royalties from its main output, *The Cochrane Library*, published on its behalf by John Wiley & Sons, Ltd. During 2009–10 the income from this source increased by around 34% compared to 2008–09.

4. Financial Review

Reserves Policy

The aim of the reserves policy is to accumulate sufficient funds to enable us to achieve our long-term strategic aims, and then to allocate these funds to projects of Collaboration-wide impact over single- or multi-year projects as required. We have a strategic plan of work going forward that is managed through our Cash Flow Forecast, that details known and expected annual expenditure over the next decade. In addition to the known and expected items of expenditure there are a number of expected projects that have not yet been costed, such as new product development, increased support to resource poor settings, and expanding our training provision, and which are expected to entail considerable outlay. Taking these into account, it is judged that there are sufficient resources to allow us to achieve our strategic aims over the next few years, whilst still being able to react flexibly to and take advantage of opportunities as they arise.

It is also the policy of the trustees to have a contingency plan for maintaining basic functions of the Secretariat 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. For the year 2009–10, the level of the contingency fund was set at £432,259.

Agreed payments for the projects funded by the first round of the Collaboration's Opportunities Fund and Prioritisation Fund continued in the year 2009-10. Payments were started for the projects awarded funding in the third round of the Opportunities Fund, made available from April 2009. The Steering Group agreed at its meeting in Auckland, New Zealand, in March 2010 to discontinue the Opportunities Fund on completion of the fourth round, considering that it is not contributing sufficiently as hoped to the Collaboration's strategic goals.

Opportunities Fund
The Steering Group approved funding for the following five projects at its meeting in Auckland, New Zealand, in March 2010:

- Terry Klassen, PICOs in Respiratory Child Health, Child Health Field.
- Philippe Ravaud, Hybrid machine/human translation vs. machine translation vs. human translation of Cochrane abstracts and plain language summaries, French Cochrane Centre.
- Mark Petticrew, Extrapolation: Applying the results from Cochrane Reviews to whom, when, and how? Campbell and Cochrane Equity Methods Group.
- Paul Montgomery, How empty are empty reviews? Developing guidelines for the discussion of excluded studies, Developmental, Psychosocial and Learning Problems Review Group.
- Taryn Young, Cochrane Africa Editing Skills Workshop, South African Cochrane Centre.

Prioritisation Fund
In the financial year 2009–10, final payments were made for projects funded by the one-off Prioritisation Fund, which was announced in 2007. On completion of the projects, a discussion session was held at the 2009 Colloquium in Singapore, which assessed the success of the projects in the context of the aims of the Fund. More information about the outcomes of the Fund is available on the Collaboration's website (cochrane.org).

Discretionary Fund
A Fund to the value of £15,000 per year, designed to facilitate small projects of general benefit to a majority of the Collaboration's entities. Three projects received funding this year:

- Course on diagnostic test accuracy reviews at the University of Birmingham, U.K.
- Summaries on the management of burns by the Australasian Cochrane Centre.
- External review of the Cochrane Consumer Network.

Other designated funds are set out in note 16 of these financial statements.

Funds in deficit
There were no funds in deficit in the year.

Investment policy
The Cochrane Collaboration has no investments other than deposit accounts.

The charity's current policy regarding investment is to put all surplus income into interest-bearing savings accounts. The funds for items of expenditure need to be readily available, in keeping with the ten-day notice periods on these accounts. Commitments have been continued to sponsor registration fees (one per entity) for the Colloquium, to develop and maintain The Cochrane Collaboration website, and for the substantial development of The Cochrane Collaboration's Information Management System, including maintaining a small team of people to support the editorial bases of Cochrane Review Groups in implementing the system (the IMS Support team).

Principal funding sources
Funding model
Core income referred to in this report comes from publishing income, as described above ('Fundraising performance'). The groups ('entities') who contribute towards the work of The Cochrane Collaboration are principally based within other organisations such as universities and hospitals, and as such are responsible for their own funding. Their funding model is described below.

Most of The Cochrane Collaboration's funding for systematic review preparation and related activities comes from government and institutional sources, and from the 'in-kind' contributions of health professionals, researchers and their employers. Funding derived from subscriptions to and sales of *The Cochrane Library* are used to invest in core activities such as software development (in partnership with other funders such as the Nordic Cochrane Centre, for which the Collaboration

is deeply grateful) and in projects of Collaboration-wide application. This allows national funders to fund activities in their own country, and international activities benefiting many countries to be funded through international income.

The main sources of income for individual entities, as reported to the Monitoring and Registration Committee, are as follows:

- National and trans-national government funding (including EU), typically from health and related ministries (79%);
- National and international charitable body funding (8%);
- Sale of products (including *The Cochrane Library*, derivatives, books, etc.) (6%);
- International organisation funding, e.g. WHO (2%);
- Non-pharmaceutical sponsorship funding (<1%);
- Conferences (including colloquia and symposia) (1%); and
- Host institution in-kind funding (3%).

During 2009–10, funding was renewed for Cochrane activities in Australia, Canada and the UK. Funds are currently available for the day-to-day operations of most of The Cochrane Collaboration's Review Groups and Centres. However, significant number of these are facing severe financial pressures such as meeting the cost of salary increases arising from linked third-party pay awards (e.g. NHS pay awards in the UK), and others are struggling to maintain all or part of their funding.

Policy on commercial sponsorship
After a period of extensive consultation during 2004, there was overwhelming consensus that The Cochrane Collaboration should maintain a clear barrier between the production of Cochrane Reviews and any funding from commercial sources with financial interests in the conclusions of the reviews. Thus, sponsorship of a Cochrane review by any commercial source or sources is prohibited. A Foundation Fund was established in 2005 to accept donations from conflicted sources. (By 'commercial source' is meant 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.) Whilst 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 this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane Reviews (e.g. banks).

Other sponsorship 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 regard to 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.

5. Plans for the future

Over the next few years the Collaboration will continue to consider and implement the recommendations of the Strategic Review, which summarises that The Cochrane Collaboration needs:

Clarity of purpose, and should:

- Reaffirm our primary purpose to be the production of systematic reviews.
- Formalise additional purposes including training, methods development and advocacy for evidence-based decision-making and identify responsibilities of entities for these.
- Identify principles for developing new products or lines of activity.

Engagement of partners for mutual benefits, and should:

- Develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration.
- Improve the usability of *The Cochrane Library* and other products for diverse stakeholders.
- Develop a partnership strategy to engage other systematic review producers and knowledge packagers.
- Establish formal membership for its contributors.

- Establish an External Advisory Board.

New resource options for supporting strategic objectives, and should:

- Invest in a development function for new products or lines of activities.
- Investigate the development of a broad-based educational program (*'Cochrane Education'*).
- Investigate the development of a responsive review program (*'Cochrane Response'*).
- Acknowledge the reality of our current infrastructure funding model and work to maintain it.
- Explore and pursue new funding opportunities.

Management, accountability and effective leadership, and should:

- Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership.
- Develop and implement a formal succession planning mechanism for entity leadership.
- Develop and implement performance appraisal mechanisms for entity leaders.
- Enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented.
- Develop and implement policy for minimal competencies for review author teams.
- Develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans.
- Review the membership of the Cochrane Collaboration Steering Group (CCSG) and its alignment with the purposes of the Collaboration.
- Define required competencies for CCSG membership and induction and ongoing training for CCSG members.
- Review terms of reference and membership of CCSG Sub-Groups and Advisory Groups.

'Strategic thinking' embedded at all levels, and at all times, in the Collaboration, and should:

- Undertake a formal environmental scan every two to three years.
- Use uncommitted income strategically to develop new products/lines of activity.
- Review terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration.
- Develop an ongoing and participatory approach to strategy formation.

Public benefit statement

To deliver high quality healthcare services, medical and allied health professionals depend on high quality information about the effects and effectiveness of the healthcare interventions available to meet population or individual healthcare needs. Healthcare consumers and patients need to be able to make valid choices between the various options open to them, in order to facilitate dialogue between patient and provider. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Any one individual has no possibility of assimilating this mass of information.

The primary public benefit provided by The Cochrane Collaboration therefore relates to the advancement of health and the saving of lives, by assimilating, on behalf of the world's population, the results of multiple clinical trials relating to individual treatments, and then presenting these results in a single scientific paper (a 'Cochrane Systematic Review'), formulated to be accessible to both patient and practitioner.

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of thousands of volunteers. In fact, nearly 27,000 people now contribute their time to this task, principally health professionals, patients and their representatives, and academics. But these volunteers need to be trained in the advanced techniques necessary for the work, and so international educational initiatives train upwards of 3,500 people each year in Cochrane techniques.

Statement of Trustees' responsibilities

Company law requires the Trustees to prepare the financial statements for each financial year, which give a true and fair view of the state of affairs of the company and of the surplus or deficit of the company for that period. In preparing those financial statements, the Trustees have:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- followed applicable accounting standards, subject to any material departures disclosed and explained in the financial statements; and
- prepared the financial statements on the 'going concern' basis.

The Trustees have maintained proper accounting records, which disclose with reasonable accuracy at any time the financial position of the company, enabling them to ensure that the financial statements comply with the Companies Act 2006. They have safeguarded the assets of the company and taken reasonable steps for the prevention and detection of fraud and other irregularities.

Statement of disclosure to auditors

(a) As far as the Trustees are aware, there is no relevant audit information of which the company's auditors are unaware, and
(b) The Trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Auditors

The auditors, Mazars LLP, have signified their willingness to continue in office. A resolution to re-appoint them as auditors will be proposed at the forthcoming annual general meeting.

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

Approved and signed on behalf of the trustees by

Dr D Gillies
Trustee and Treasurer
Date: [to be approved at the 2010 Annual General Meeting]

Independent Auditor's Report to the Members of The Cochrane Collaboration

We have audited the financial statements of The Cochrane Collaboration for the year ended 31 March 2010 which comprise the Statement of Financial Activities, the Consolidated Statement of Financial Activities, the Charity and Group Balance Sheet and the related notes. The financial statements have been prepared under the accounting policies set out therein.

Respective responsibilities of trustees and auditors

The trustees' (who are also the directors of the company for the purposes of company law) responsibilities for preparing the Report and Financial Statements and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and for being satisfied that the financial statements give a true and fair view are set out in the Statement of Trustees' Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). This report, including our opinion, has been prepared for and only for the company's members as a body in accordance with Sections 495 and 496 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the 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 company and the company's members as a body for our audit work, for this report, or for the opinions we have formed.

We report to you our opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and have been prepared in accordance with the Companies Act 2006. We also report to you whether in our opinion the information given in the Trustees' Annual Report is consistent with those financial statements.

In addition we report to you if, in our opinion, the charity has not kept adequate accounting records, if the charity's financial statements are not in agreement with the accounting records and returns, if we have not received all the information and explanations we require for our audit, or if certain disclosures of trustees' remuneration specified by law are not made.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- the financial statements give a true and fair view of the state of the charity's affairs as at 31 March 2010 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- the financial statements have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- the financial statements have been prepared in accordance with the Companies Act 2006; and
- the information given in the Trustees' Annual Report is consistent with the financial statements.

Stephen Brown (Senior statutory auditor)
for and on behalf of Mazars LLP, Chartered Accountants (Statutory auditor)

The Pinnacle
160 Midsummer Boulevard
Milton Keynes
MK9 1FF

Date:

Statement of Financial Activities

For the year ended 31 March 2010

Charity only (see over for group accounts)

	Note	Restricted £	Designated £	Unrestricted £	2010 £	2009 £
INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary Income	3	315	-	72,154	72,469	89,427
Investment Income	4	870	-	2,260,855	2,261,725	1,656,547
Incoming resources from charitable activities	6	-	-	6,381	6,381	27,161
Total Incoming Resources		1,185	-	2,339,390	2,340,575	1,773,135
RESOURCES EXPENDED						
Costs of Generating Funds	7	-	-	152,042	152,042	138,928
Charitable Activities	8	11,914	117,028	1,071,491	1,200,433	875,058
Governance Costs	9	-	-	248,852	248,852	329,454
Total Resources Expended		11,914	117,028	1,472,385	1,601,327	1,343,440
Net (Outgoing)/Incoming Resources Before Transfers		(10,729)	(117,028)	867,005	739,248	429,695
Fund Transfers	16	-	10,342	(10,342)	-	-
Net (Outgoing)/Incoming Resources		(10,729)	(106,686)	856,663	739,248	429,695
Reconciliation of funds						
Total funds brought forward at 1 April		111,166	247,677	1,728,004	2,086,847	1,657,152
TOTAL FUNDS CARRIED FORWARD AT 31 MARCH	15,16	100,437	140,991	2,584,667	2,826,095	2,086,847

The statement of financial activities includes all gains and losses recognised in the year.

The group's incoming resources and expended resources all relate to continuing operations.

The funds carried forward at 31 March 2010 of £2,826,095 differ from the consolidated funds of £2,826,058 due to the net reserves retained in the trading subsidiary, Collaboration Trading Company Limited.

The notes on pages 98 to 106 form part of these accounts.

Consolidated Statement of Financial Activities

For the year ended 31 March 2010

	Note	Restricted £	Designated £	Unrestricted £	Group 31 March 2010 £	Group 31 March 2009 £
INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary Income	3	315	-	72,154	72,469	89,427
Investment Income	4	870	-	31,684	32,554	51,457
Incoming resources from charitable activities	6	-	-	2,427,578	2,427,578	1,829,552
Total Incoming Resources		1,185	-	2,531,416	2,532,601	1,970,436
RESOURCES EXPENDED						
Costs of Generating Funds	7	-	-	192,223	192,223	179,276
Charitable Activities	8	11,914	117,028	1,156,627	1,285,569	958,743
Governance Costs	9	-	-	315,561	315,561	402,722
Total Resources Expended		11,914	117,028	1,664,411	1,793,353	1,540,741
Net Incoming/(Outgoing) Resources Before Transfers		(10,729)	(117,028)	867,005	739,248	429,695
Funds Transfers	16	-	10,342	(10,342)	-	-
Net Incoming/(Outgoing) Resources		(10,729)	(106,686)	856,663	739,248	429,695
Fund balances brought forward at 1 April		111,166	247,677	1,727,967	2,086,810	1,657,115
FUND BALANCES CARRIED FORWARD AT 31 MARCH	15,16	100,437	140,991	2,584,630	2,826,058	2,086,810

The statement of financial activities includes all gains and losses recognised in the year.

The group's incoming resources and expended resources all relate to continuing operations.

The notes on pages 98 to 106 form part of these accounts.

Balance Sheets

Company No. 3044323

As at 31 March 2010

	Note	Cochrane Collaboration 31 March 2010 £	Group 31 March 2010 £	Cochrane Collaboration 31 March 2009 £	Group 31 March 2009 £
FIXED ASSETS					
Fixtures, Fittings & Equipment	11	10,699	15,090	2,887	7,896
Investments	12	1,100	1,000	1,100	1,000
		11,799	16,090	3,987	8,896
CURRENT ASSETS					
Debtors	13	1,293,713	680,937	1,031,305	648,544
Cash at bank and in hand		1,779,092	2,512,768	1,329,279	1,825,908
		3,072,805	3,193,705	2,360,584	2,474,452
CREDITORS – AMOUNTS FALLING DUE WITHIN ONE YEAR	14	(258,509)	(383,737)	(277,724)	(396,538)
		2,814,296	2,809,968	2,082,860	2,077,914
TOTAL ASSETS LESS CURRENT LIABILITIES		2,826,095	2,826,058	2,086,847	2,086,810
INCOME FUNDS					
Restricted funds	15	100,437	100,437	111,166	111,166
Unrestricted funds:					
Designated	16	140,991	140,991	247,677	247,677
Other unrestricted		2,584,667	2,584,630	1,728,004	1,727,967
	17	2,826,095	2,826,058	2,086,847	2,086,810

The notes on pages 98 to 106 form part of these accounts.

These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and authorised for issue by the trustees on

and signed on their behalf by

Dr D Gillies
Trustee and Treasurer
Date: [to be approved at the 2010 Annual General Meeting]

Notes to the Financial Activities

For the year ended 31 March 2010

1. ACCOUNTING POLICIES

The financial statements have been prepared in accordance with applicable accounting standards and the Statement of Recommended Practice "Accounting for Charities" issued by the Charities Commission in 2005 with the approval of the Accounting Standards Board.

The charity's main accounting policies are as follows:

a) Accounting Convention

The financial statements are prepared under the historical cost convention (i.e. balances are recorded at the original cost and are not subsequently revalued).

b) Incoming Resources

Donations, legacies and gifts income is recognised on a receipts basis (i.e. when it is virtually certain that the income will be received under Gift Aid from the subsidiary undertaking, Collaboration Trading Company Limited, which is recognised on a receivable basis (i.e. when the income is earned).

Group incoming resources include royalties from the subscriptions to and sales of The Cochrane Library to Collaboration Trading Company Limited, which are recognised on a receivable basis (i.e. when the income is earned) in the consolidated SOFA this income has been included in incoming resources from charitable activities.

Investment income, representing amounts received from subsidiary and bank interest earned, is recognised on a receivable basis (i.e. when the income is earned).

c) Resources Expended

Expenditure shown in the accounts includes accruals for goods and services rendered up to the financial period end.

Expended resources are classified between the relevant activity categories of resources expended as relevant to the nature of the expenditure incurred. All expenditure is considered to be directly chargeable to the relevant activity category apart from salary costs which are apportioned evenly across activity categories.

d) Fixed Assets

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the costs less estimated residual value of each asset over its expected useful life as follows:

Plant and machinery	33% Straight Line Method
Fixtures, fittings and equipment	25% Straight Line Method

Fixed assets with an initial cost of under £100 are not capitalised.

e) Investments

Investment in subsidiary undertakings are included at cost.

Other investments are included at cost or deemed cost due to the non availability of reliable market values.

f) Basis of Consolidation

The income and expenditure and assets and liabilities of Collaboration Trading Company Limited are consolidated within the results of The Cochrane Collaboration. All amounts in respect of group balances and transactions have been eliminated in arriving at the group figures.

Amounts disclosed in the accounts under the Trading Company column in the Notes to the Accounts are for information purposes only.

g) Funds Structure

The charity holds a number of funds which have been restricted for specific purposes by the donors. These are classified under "restricted funds". The charity holds funds which have been internally designed for specific purposes. These are classified under "designed funds".

h) Unrestricted Funds

Unrestricted funds represent revenue grants and donations and interest receivable etc, which can be applied to the objectives of the charity. Transfers out of unrestricted funds represent new designations made in the period and are detailed in note 16.

Notes to the Financial Activities

For the year ended 31 March 2010

i) Grant Expenditure

Grants payable are recognised in the year in which the offer is accepted by the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued expenditure.

j) Foreign Exchange

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

k) Operating leases

Rentals payable under operating leases are charged on a straight line basis over the term of the lease.

l) Financial Commitments

Approved grants are recognised as liabilities once approved by the trustees and communicated to the beneficiary.

m) Liabilities

When an obligation exists that will probably lead to expended resources after the year end, a liability is recognised.

n) Governance Costs

Expended resources are recognised as governance costs where they relate to the oversight of the charity.

2. SURPLUS FOR THE FINANCIAL YEAR

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
The surplus is after charging:				
Auditors' remuneration – audit services	3,500	1,500	5,000	7,500

3. VOLUNTARY INCOME

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
Donations	315	-	72,154	72,469	-	72,469	89,427
	315	-	72,154	72,469	-	72,469	89,427

4. INVESTMENT INCOME

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
Bank interest	22,588	9,966	32,554	51,457
	22,588	9,966	32,554	51,457

Investment income in the Charity SOFA of £2,261,725 (2008–2009: £1,656,547) also includes monies receivable from Collaboration Trading Company Limited for donations made under Gift Aid.

Notes to the Financial Activities

For the year ended 31 March 2010

5. TAXATION

The Cochrane Collaboration is a registered charity, and is therefore not liable to pay corporation tax on its charitable activities. The Collaboration Trading Company is not a charity and is therefore subject to corporation tax on its activities. However, the net profit chargeable to corporation tax on its trading activities is considered for donation on an annual basis. On this basis, no provision has been made for corporation tax.

6. INCOMING RESOURCES FROM CHARITABLE ACTIVITIES

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
Unrestricted funds				
Freiburg Colloquium administration	-	-	-	22,006
Royalties from the sale of The Cochrane Library and other income	-	2,421,197	2,421,197	1,802,390
Other income	6,381	-	6,381	5,156
	6,381	2,421,197	2,427,578	1,829,552

Donations made from Collaboration Trading Company Limited to The Cochrane Collaboration under Gift Aid are included in the charity's income as Investment Income and are shown in note 4.

7. COSTS OF GENERATING FUNDS

	Restricted £	Designated £	Unrestricted £	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
Meeting expenses	-	-	179	179	-	179	760
Staff salaries	-	-	45,942	45,942	40,181	86,123	104,502
Editorial costs	-	-	105,921	105,921	-	105,921	74,014
	-	-	152,042	152,042	40,181	192,223	179,276

Notes to the Financial Activities

For the year ended 31 March 2010

8. COSTS OF ACTIVITIES IN FURTHERANCE OF CHARITABLE OBJECTIVES

	Restricted £	Designated 2010 £	Unrestricted 2010 £	Cochrane Collaboration 2010 TOTAL £	Collaboration Trading Co. 2009 Unrestricted £	Group 2010 £	Group 2009 £
Awards, Fellowships & Prizes							
Chris Silagy Prize	-	-	2,242	2,242	-	-	1,751
Bill Silverman Prize	2,386	-	-	2,386	-	2,386	568
Visiting Fellowship	-	-	-	-	-	-	2,258
Kenneth Warren Prize *	-	-	-	-	-	-	4,084
Aubrey Sheiham Scholarship	6,089	-	-	6,089	-	6,089	9,176
Thomas C Chalmers Award	614	-	-	614	-	614	651
Total Awards, Fellowships & Prizes	9,089	-	-	11,331	-	9,089	18,488
Consumables	-	-	11,498	11,498	-	11,498	3,329
EUNetHTA Grant	2,825	-	1,149	3,974	-	3,974	6,569
Wellcome Trust	-	-	-	-	-	-	16,297
Direct/Running costs	-	-	-	-	44,795	44,795	49,718
Designated grants (note 16)	-	117,028	-	117,028	-	117,028	63,877
Grants	-	-	496,579	496,579	-	496,579	506,678
IMS Support team	-	-	97,847	97,847	-	97,847	74,839
Legal fees	-	-	778	778	-	778	1,932
Meeting expenses	-	-	25,112	25,112	160	25,272	15,279
Staff salaries	-	-	305,302	305,302	40,181	345,483	89,156
Website and Communications	-	-	133,226	133,226	-	133,226	112,581
	11,914	117,028	1,071,491	1,200,433	85,136	1,285,569	958,743

Items of negative expenditure, shown in parentheses, represent projects committed and provided in prior years where the actual costs were lower than originally provided. Overprovided amounts have been released to the Statement of Financial Activities in the year.

Grants were made to the following projects:

	£
IMS Project Grant	234,317
The Cochrane Library – Complimentary subscriptions	4,978
La Bibilioteca Cochrane Plus translation	20,480
Diagnostic Test Reviews Support Unit	36,864
Diagnostic Test Accuracy Register	38,089
Cochrane Register of Studies	68,740
Sponsored Entity Registrations 2009	38,587
CENTRAL Interim Measures	20,322
Other amounts individually les than £25,000	34,202
	496,579

* No expenditure was incurred in 2009–10 as the prize recipient was unable to attend the Colloquium. The costs have been deferred until 2010–11.

Notes to the Financial Activities

For the year ended 31 March 2010

9. GOVERNANCE COSTS

	Cochrane Collaboration TOTAL £	Collaboration Trading Co. TOTAL £	Group 2010 £	Group 2009 £
Advisory group costs	14,626	-	14,626	12,437
Audit and accountancy	4,656	7,612	12,268	9,883
Bank interest and charges	1,617	856	2,473	5,230
Insurance	2,479	-	2,479	3,001
Legal and professional	-	50	50	390
Meeting expenses	163,717	-	163,717	132,897
Printing, postage and stationery	-	4,173	4,173	3,198
Running costs	-	12,107	12,107	21,096
Colloquium – support costs	5,275	-	5,275	17,899
Staff salaries	45,942	40,181	86,123	70,005
Telephone	10,540	1,730	12,270	3,120
Collaboration wide strategic review	-	-	-	123,566
	248,852	66,709	315,561	402,722

All governance expenditure is from unrestricted funds.

10. TOTAL STAFF COSTS

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
Wages and salaries	384,895	117,181	502,076	248,009
Social security costs	12,291	3,362	15,653	15,653
	397,186	120,543	517,729	263,662

Staff costs have been apportioned between the headings in the Statement of Financial Activities in accordance with the accounting policy, as follows:

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £
Costs of generating funds	45,942	40,181	86,123
Costs in Furtherance of the Charity's objectives	305,302	40,181	345,483
Governance costs	45,942	40,181	86,123
	397,186	120,543	517,729

Notes to the Financial Activities

For the year ended 31 March 2010

10. TOTAL STAFF COSTS (continued)

	Cochrane Collaboration 2010 £	Collaboration Trading Co. 2010 £	Group 2010 £	Group 2009 £
The average number of employees analysed by function was:				
Management	4	-	4	2
Finance	-	2	2	2
Administration	1	1	2	1
	5	3	8	5

Trustees' remuneration and expenses

The trustees received no remuneration during the year, apart from reimbursement for attendance at trustees' meetings in furtherance of their duties of £147,332 (2008–2009: £102,853). One trustee's employer was also reimbursed for their work as a member of the IMS Support team (see Note 8), and one trustee received remuneration for editing the Cochrane Handbook for Systematic Reviews of Interventions.

Professional indemnity insurance was purchased in the year for £1,860 (2008–2009: £2,520).

In the year a total of £94,945 (2008–2009: £244,223) was granted to associated Cochrane entities. Of this total £56,899 (2008–2009: £71,068) was approved to individual Cochrane entities who have a representative on the Steering Group. These members did not take part in the approval of these awards.

11. FIXED ASSETS

	Collaboration			Group		
	Equipment £	Computer Fittings £	Fixtures & Total £	Computer Equipment £	Fixtures & Fittings £	Total £
Cost						
As at 1 April 2009	2,996	-	2,996	18,272	11,571	29,843
Additions	3,827	6,416	10,243	4,991	6,567	11,558
Disposals	-	-	-	-	-	-
As at 31 March 2010	6,823	6,416	13,239	23,263	18,138	41,401
Depreciation						
As at 1 April 2009	109	-	109	13,135	8,812	21,947
Charge for the year	1,496	935	2,431	2,505	1,859	4,364
Eliminated for disposals	-	-	-	-	-	-
As at 31 March 2010	1,605	935	2,540	15,640	10,671	26,311
Net book value						
As at 31 March 2010	5,218	5,481	10,699	7,623	7,467	15,090
As at 31 March 2009	2,887	-	2,887	5,137	2,759	7,896

Notes to the Financial Activities

For the year ended 31 March 2010

12. FIXED ASSETS INVESTMENTS

	Cochrane Collaboration 2010 £	Group 2010 £	Cochrane Collaboration 2009 £	Group 2009 £
Investment in Collaboration Trading Company Limited	100	-	100	-
Other investments	1,000	1,000	1,000	1,000
	1,100	1,000	1,100	1,000

The investment represents a 100% shareholding in Collaboration Trading Company Limited (incorporated in England and Wales). All figures have been included in the consolidation. At the year end, after donations to The Cochrane Collaboration under Gift Aid, the net assets of Collaboration Trading Company Limited (the total of Share Capital and accumulated Profit and Loss Account) were £62, following results for the year of £nil.

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

13. DEBTORS

	Cochrane Collaboration 2010 £	Group 2010 £	Cochrane Collaboration 2009 £	Group 2009 £
Accrued income	19,176	616,340	16,939	522,630
Amount due from subsidiary	1,210,950	-	896,838	-
Other debtors	63,587	64,597	117,528	125,914
	1,293,713	680,937	1,031,305	648,544

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Cochrane Collaboration 2010 £	Group 2010 £	Cochrane Collaboration 2009 £	Group 2009 £
Social security and other taxation	-	14,159	-	1,418
VAT creditors	13,222	2,446	-	78,170
Accruals and deferred income	245,287	367,132	277,724	316,950
	258,509	383,737	277,724	396,538

Notes to the Financial Activities

For the year ended 31 March 2010

15. RESTRICTED FUNDS

	Balance as at 1 April 2009 £	Incoming Resources £	Utilised/ Expenditure £	Transfer between funds £	Balance as at 31 March 2010 £
Kenneth Warren Prize	25,853	9	-	-	25,862
Bill Silverman Prize	4,432	-	(2,386)	-	2,046
Wellcome Trust	6,247	-	-	-	6,247
Thomas C Chalmers Award	5,028	-	(614)	-	4,414
EUNetHTA Grant	2,825	-	(2,825)	-	-
Aubrey Sheiham Scholarship	66,781	1,176	(6,089)	-	61,868
Charity and Group	111,166	1,185	(11,914)	-	100,437

The Kenneth Warren Prize was formed to fund the annual prize of the same name.

The Bill Silverman Prize was formed to fund the annual prize of the same name.

The Wellcome Trust funded a short-term project to assess the Collaboration's need to archive its written and electronic materials.

The Thomas C Chalmers Award was formed to fund the annual prize of the same name.

EUNetHTA – The European Union (EU) Network for Health Technology Assessment (HTA) is an EU part-funded project to develop common tolls for conducting HTA across Europe.

The Aubrey Sheiham Scholarship Fund is to provide one three-month scholarship each year, in order that individuals from developing countries can learn to prepare systematic reviews.

The bracketed figures represent expenditure which is deducted from the fund balances.

16. DESIGNATED FUNDS

	Balance as at 1 April 2009 £	Transfers and new designations £	Utilised/ Expenditure £	Balance as at 31 March 2010 £
Discretionary Fund	15,000	10,342	(10,342)	15,000
Prioritisation Fund	17,527	-	(4,343)	13,184
Opportunities Fund	185,257	-	(90,076)	95,181
Colloquium Fund	29,893	-	(12,267)	17,626
	247,677	10,342	(117,028)	140,991

The charity designates to the Discretionary Fund a maximum of £15,000 of its unrestricted funds annually in support of those Cochrane entities which require funding for their activities which are in line with the charity's mission. Each successful application is restricted to £3,000 (exclusive of any administration charges).

A transfer has been made from the unrestricted reserve to show the balance as £15,000 at the year end.

Agreed payments for the projects funded by the first two rounds of the Collaboration's Opportunities Fund and the only round of the Prioritisation Fund continued in the year 2009–10. Payments were started for the projects awarded funding in the third round of the Opportunities Fund, made available from May 2009. A fourth round of this Fund was agreed at the Steering Group's mid-year meeting in April 2009, to which up to another £100,000 was designated, and a Request for Proposals (RFP) was issued in December 2009. Project proposals which were deemed by the selection panel to have the most Collaboration-wide benefit stood a greater chance of being funded. The first three years of implementation of the Opportunities Fund were deemed to have been a success; however, the Steering Group decided in Auckland in March 2010 that this fourth round will be the final one.

Notes to the Financial Activities

For the year ended 31 March 2010

The Colloquium Fund has been established for activities associated with the preparation, administration, oversight, management and reporting related to the organisation of Cochrane Colloquia.

17. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS

Charity

	Restricted £	Unrestricted £	Total £
Fixed assets	-	11,799	11,799
Current assets	100,437	2,972,368	3,072,805
Current liabilities	-	(258,509)	(258,509)
	100,437	2,725,658	2,826,095

Group

	Restricted £	Unrestricted £	Total £
Fixed assets	-	16,090	16,090
Current assets	100,437	3,093,268	3,193,705
Current liabilities	-	(383,737)	(383,737)
	100,437	2,725,621	2,826,058

18. FINANCIAL COMMITMENTS

At 31 March 2010 the charitable company had annual commitments in respect of premises rental as follows:

	Cochrane Collaboration and Group Total 31 March 2010 £	Cochrane Collaboration and Group Total 31 March 2009 £
Expiry date of premises lease:		
Between two and five years	21,650	24,572

The premises are subject to a rent review in 2016.

In addition, the following initiatives and one-off grants expenditure were approved at 31 March 2010. These have been provided for in these financial statements:

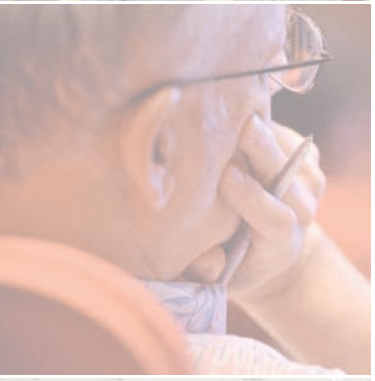
	£
Colloquium sponsored registration fees: Keystone Colloquium, October 2010 (64,524 USD)	41,943
Complimentary subscriptions to The Cochrane Library for entities, contact authors and consumers (2010–11)	13,325
	55,268

19. RELATED PARTY TRANSACTIONS

The charitable company has taken advantage of the exemption in Financial Reporting Standard Number 8 from the requirements to disclose transactions with group companies in consolidated financial statements.

5

Acknowledgements



Editorial and Production Team

- Principal content editor and contributing author: Lucie Jones, Cochrane Collaboration Secretariat
- Principal design editor: Giovanna Ceroni, Cochrane Editorial Unit
- Principal copy-editor: Jini Hetherington, Cochrane Collaboration Secretariat
- Graphic designer: Peter Powell, Peter Powell Origination & Print Limited and illustration artwork by James Powell
- Production manager: Rachel Robinson, John Wiley & Sons, Ltd

This Annual Report has been made possible through the collaborative effort of a number of people, whom the editors would like to thank:

Introductions

- Lorne Becker, Co-Chair of the Steering Group
- Jonathan Craig, Co-Chair of the Steering Group
- Harriet MacLehose, Senior Editor of *The Cochrane Library*
- Nick Royle, Chief Executive Officer
- David Tovey, Editor in Chief of *The Cochrane Library*

Activity Reports

- The team at the Cochrane Editorial Unit, in particular Harriet MacLehose and Rachel Marshall
- The IMS Team, in particular Monica Kjeldstrøm, Rasmus Moustgaard and Jacob Riis
- The team at the Secretariat
- The Web Team, in particular Martin Janczyk and Chris Mavergames
- The Monitoring and Registration Committee, in particular Claire Allen
- The Training Working Group, in particular Steve McDonald

- The entity executives, in particular Sonja Henderson, Gail Higgins, Sophie Hill, Steve McDonald, Mariska Leeflang, Mary Ellen Schaafsma, Denise Thomson and Liz Whamond

The Collaboration's Year

- News Highlights: Lori Tarbett, Editor of *Cochrane News*, Canadian Cochrane Centre. Highlights taken from 2009–10 editions of *Cochrane News*: http://www.cochrane.org/news/newsletters#CN
- Our Colloquium: the organisers of the 2009 Cochrane Colloquium in Singapore. Acknowledgements and Colloquium statistics taken from the Singapore Colloquium Programme and Final Report
- Prizes and Awards:
  - Kate Cahill, Cochrane Tobacco Addiction Group
  - Summaries of the prizes and awards taken from cochrane.org: http://www.cochrane.org/about-us/awards-scholarships-funding-initiatives/annual-prizes-and-awards
- Cochrane Projects:
  - The Prioritisation Fund: article taken from Issue 47 of *Cochrane News*. Thanks in particular to Lisa Bero and David Tovey
  - The Opportunities Fund 2009–10: project summaries taken from the project applications. Thanks in particular to Terry Klassen, Paul Montgomery, Mark Petticrew, Philippe Ravaud, Juliane Ried, Denise Thomson, Erin Ueffing, Joanne Yaffe and Taryn Young
  - The Opportunities Fund 2007–9 rounds: project summaries taken from the project final reports. Thanks in particular to Clive Adams, Mike Clarke, Davina Ghersi, Claire Glenton, Nancy Santesso and Jessica Thomas
  - Project Spotlight: summary developed from the project final report and annexes. Thanks in particular to Godwin Aja, Gill Gyte and Martin Meremikwu
  - Other core-funded projects – Chinese Randomised Controlled Trials Database: summary taken from the project final report. Thanks in particular to Phil Wiffen and Mingming Zhang. *Cochrane Register of Studies*: taken from the *CRS* Terms of Reference document: http://www.cochrane.org/forums/cochrane-register-studies-crs

Business and Financial Review

- The Collaboration's Year: data courtesy of the Claire Allen, the Monitoring and Registration Committee, and John Wiley & Sons, Ltd
- Our Funders 2009–10: data courtesy of the Monitoring and Registration Committee
- Trustees' Report and Financial Statements: produced by Mike Clarke, Collaboration Trading Company Director; Donna Gillies, Treasurer; Jini Hetherington, Company Secretary; Peter Langhorne, Trading Company Director; Nick Royle, Chief Executive Officer. Thanks also to the staff of Mazars LLP, in particular Stephen Brown, Alex Childs and Emma Grose

'Impact Vignettes'

- **Cochrane Reviews in the news** (page 12): article courtesy of Jennifer Beal, John Wiley & Sons, Ltd and Rachel Marshall, Cochrane Editorial Unit
- **Evidence Aid** (page 25): article courtesy of Rachel Marshall, Cochrane Editorial Unit, with input from Mike Clarke, Director of the UK Cochrane Centre
- **Impact Factor** (page 31), **and Cochrane Journal Club** (page 40): articles courtesy of Rachel Marshall, Cochrane Editorial Unit, with input from John Wiley & Sons, Ltd
- **Cochrane Reviews with an impact on policy** (page 47): article courtesy of Bridget Jones, Effective Health Care Research Consortium, and Rachel Marshall, Cochrane Editorial Unit
- **Cochrane Reviews with an impact on policy** (page 57): article courtesy of Mike Clarke, Director of the UK Cochrane Centre

Images and diagrams

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