

THE COCHRANE COLLABORATION

England & Wales · Charity number 1045921

Details

Status Registered

Legal form Charitable company

Company number [03044323](#)

Registered 1995-04-26

Register [View on the Charity Commission register](#)

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Activities

Objects: THE PROTECTION AND PRESERVATION OF PUBLIC HEALTH THROUGH THE PREPARATION, MAINTENANCE AND PROMOTION OF THE ACCESSIBILITY OF SYSTEMATIC REVIEWS OF THE EFFECTS OF HEALTH CARE OR ANY OTHER CHARITABLE ACTIVITIES, FOR THE PUBLIC BENEFIT

Activities: Cochrane is a global, independent, non-profit network of health researchers and professionals, patients and carers who work together to produce and promote trusted, high-quality health information that improves health and healthcare worldwide. Our mission is to produce accessible, trusted evidence and advocate for its use to deliver better, more equitable health for all.

Classification

- **How:** Makes Grants To Organisations, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- Argentina
- Australia
- Austria
- Belgium
- Bosnia And Herzegovina
- Brazil
- Canada
- Chile
- China
- Colombia
- Costa Rica
- Croatia
- Czech Republic
- Denmark
- Dominican Republic
- Finland
- France
- Germany
- Greece
- Hong Kong
- Hungary
- India
- Indonesia
- Iran
- Ireland
- Italy
- Jamaica
- Japan
- Malaysia
- Mexico
- Netherlands
- New Zealand
- Nigeria
- Northern Ireland

- Norway
- Panama
- Poland
- Portugal
- Russia
- Scotland
- Singapore
- South Africa
- South Korea
- Spain
- Sweden
- Switzerland
- Taiwan
- Thailand
- United States
- Uruguay

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£10,520,000	£10,601,000	£9,796,000	89
2023-12-31	£9,743,000	£9,406,000	£9,924,000	0
2022-12-31	£8,897,000	£7,885,000	£9,594,000	63
2021-12-31	£7,692,000	£9,107,000	£8,581,000	75
2020-12-31	£12,829,000	£9,048,000	£10,012,000	73

Trustees

Name	Role	Appointed
Dr Susan Phillips	Chair	2024-07-15
Dr Giordano Perez Gaxiola		2024-11-25
Dr Juan Victor Ariel Franco		2020-08-24
Emma Eleanor Beatrice Sinervo		2021-11-29
Nigel Jones		2024-08-12
Professor Gillian Leng		2022-10-01
Professor Joerg Meerpohl		2024-11-25
Professor Tamara Kredo		2020-08-24
Professor Vanessa Jordan-Cole		2024-11-25

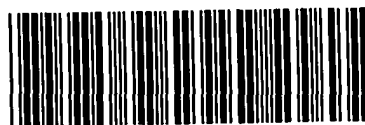
Accounts



**Trustees' Report and
Financial Statements**
The Cochrane Collaboration
(A company limited by guarantee)
For the year ended 31 December 2024

Company Number 03044323
Charity Number 1045921

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Message from the Chair

2024 was an exciting year for Cochrane as we made significant progress in streamlining our centralised editorial processes, embedding our new model for producing evidence syntheses and broadening global access to Cochrane content.

Our systematic reviews continued to set standards and improve lives at a time when reliable, high quality health evidence is needed more than ever to respond to global health challenges.

At the start of the year, we launched our ambitious *Strategy for a more Evidence-Informed World* which aims to embed evidence-informed approaches globally by:

- Producing timely, relevant evidence for and with those who need it most
- Saving and improving lives by ensuring everyone can contribute to and benefit from trusted evidence
- Collaborating locally and globally to strengthen our community and enhance our impact
- Securing our long-term sustainability

Our *Scientific Strategy*, which we released at the Global Evidence Summit in September, identifies and prioritises the most pressing health issues where Cochrane can make a genuine difference. It provides clarity on our future scientific direction and contributes to our wider strategy for a more evidence-informed world. We are grateful to the members of the Cochrane community and staff team for the great insights that informed and enriched these strategies.

In 2024, income from the *Cochrane Library* was 1% higher than in 2023. Our publishing partner Wiley is continuing to focus on expanding public access worldwide under our *open access strategy*.

We held our Governing Board elections in October, and it is a sign of Cochrane's strength that we had more candidates standing for election than there were places available. This resulted in Joerg Meerpohl from Cochrane Germany, Vanessa Jordan from Cochrane New Zealand and Giordano Perez - Gaxiola from Cochrane Mexico being elected to the Governing Board and Emma Persad from Cochrane Sweden being re-elected for a second term.

Our Interim Chair, Jordi Pardo Pardo, stepped down in July following my appointment as Chair and completed his time on the Board later in the year. Our incoming Treasurer, Nigel Jones, was appointed to the Governing Board in August and became Treasurer when Karen Kelly stood down in December.

We are grateful to Jordi Pardo Pardo, Karen Kelly, Sally Green, Vanessa Piechotta and Yuan Chi for serving on the Board and steering Cochrane through a period of significant change.

Catherine Spencer stood down from her role as Chief Executive Officer in March 2025. We wish to thank Catherine for the important contribution she has made to the Cochrane Collaboration during her time as CEO. While the process of CEO recruitment is underway, Karla Soares-Weiser has been appointed Acting CEO and Toby Lasserson Acting Editor in Chief.

Looking ahead, our focus remains on strengthening our engagement across the wider Cochrane community, modernising our editorial infrastructure and AI-enabled processes, and enhancing our leadership role within the global evidence ecosystem.

Dr Susan Phillips
Chair of the Governing Board

Trustees' Report

The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2024.

Structure, Governance and Management

Governing Document

The Cochrane Collaboration (Cochrane) is a charitable company limited by guarantee (company number 03044323). Cochrane's governing document is its [Articles of Association](#).

Objects

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

The Trustees have considered the Charity Commission's guidance in Section 17 of the Charities Act 2011 in setting the organization's aims and activities for public benefit.

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 health interventions to meet individual healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Policymakers require high-quality evidence in order to develop effective policies that can impact the health of populations on a national and international scale.

The **primary public benefit** provided by Cochrane, therefore, is the advancement of human health by assimilating, on behalf of the world's population, the results of primary research relating to health and care, and then presenting these results in a single scientific paper called a 'Cochrane Review' or 'systematic review'.

The **second public benefit** relates to Cochrane's work to improve research integrity by developing and advocating for improved health research methodologies and identifying uncertainties, missing or poor evidence in primary research.

The **third public benefit** relates to supporting the use of our health evidence by those who need it to make health decisions, through what we call 'knowledge translation'. Knowledge translation activities include:

- Producing Cochrane evidence in different and accessible formats such as graphics, podcasts or videos, to enable the target audience to use it more easily;
- Translating Cochrane evidence from English into different languages;
- Building partnerships with stakeholders to support the uptake of Cochrane evidence in their particular setting;
- Capacity building through workshops in local settings.

The **fourth public benefit** relates to the advancement of education. Cochrane's global and diverse community includes leaders in their own regions—academic researchers, health professionals, and consumers—who not only contribute to producing high-quality reviews but also provide training and capacity-building on behalf of Cochrane. Ensuring they have the necessary skills in advanced evidence synthesis methods is essential, making international networking and training initiatives a core part of Cochrane's work.

Governing Body

Cochrane's governing body is the Governing Board (the Board) and members of the Board are the Charity's Trustees. The Board determines the overall strategic direction in line with the charitable objectives and governs the Charity on behalf of the organization's members.

The Board scrutinises the management functions that have been delegated to the Executive Leadership Team (ELT). A framework, which is regularly reviewed, sets out the authority delegated to the Chief Executive Officer (CEO) and the Editor in Chief (EIC) by the Board.

The Board delegates oversight of some of its work to sub-Committees, including: Finance, Audit & Risk Committee; Governance & Nominations Committee; Remuneration Committee; Membership & Awards Committee; Future of Evidence Synthesis Oversight Committee, and Product Development Oversight Committee.

Recruitment and Appointment of Trustees

The majority of Trustees (and at least six) are elected by Cochrane members to ensure that the needs of the membership are reflected at Board level. The rest are appointed by the Board. One Chair or two Co-Chairs are appointed by the Board. Trustees serve for a three-year period (or two years for the Chair or Co-Chairs) and may be re-elected for a second consecutive term. No Trustee may serve more than eight years (whether as an Elected Member, Appointed Member, Chair or Co-Chair) unless a period of at least three years has elapsed since the end of their previous term.

Five elected members of the Governing Board reached the end of their terms of appointment during 2024 and so elections were held. Sally Green and Jordi Pardo Pardo both came to the end of their second and final term and so were not eligible for re-election. Yuan Chi, Emma Persad and Vanessa Piechotta all came to the end of their first three-year term and all three stood for re-election. Emma Persad was re-elected and three new members of the Governing Board were elected; Giordano Perez-Gaxiola, Vanessa Jordan and Joerg Meerpohl.

In order to reach a wide pool of candidates and to ensure openness and transparency, a recruitment consultant was appointed to oversee a robust external recruitment process for a new Chair and a new Treasurer during 2024. The Governing Board approved the role descriptions, the process and the appointment of the recruitment consultant after a tender exercise overseen by the Governance and Nominations Committee. All appointees were vetted for possible conflicts of interest and approved by the Board.

New Trustees go through a comprehensive induction programme to help them understand Cochrane's activities and their responsibilities as a Trustee. Meetings with key staff are arranged and relevant documents and policies provided. We held two Governing Board meetings in December 2024, the first one on 5 December was used to welcome new members before the plan and budget for 2025 were approved at a second Governing Board meeting on 10 December 2024.

Board Review/Evaluation

The Board uses the principles of organizational purpose, leadership, integrity, decision-making, board effectiveness, diversity, openness and accountability as set out in the Charity Governance Code to ensure high standards of governance and to support continuous improvement.

All Trustees adhere to a Governing Board Charter and Code of Conduct for Trustees and take part in regular training and development.

The Board usually reviews its performance annually at a face-to-face meeting when Trustees reflect on how well they are fulfilling their duties and consider the Board's balance of skills, experience and knowledge, its diversity in the widest sense, how the Board works together and other factors relevant to its effectiveness.

The Interim Chair held one-to-one review meetings with each Trustee in December 2023 and, at a face-to-face meeting in Berlin in March 2024, the Governing Board spent time reflecting on performance in the past year and outcomes for the year ahead. The new Chair had one-on-one meetings with each Trustee in July/August 2024, and with newly elected Trustees in December 2024. The new Chair also met with outgoing Trustees to reflect on their performance and insights from their time on the Board.

The skills audit carried out in 2023 was reviewed ahead of the 2024 Governing Board elections. As the composition of the Board remained essentially the same in 2024, the Governance & Nominations Committee agreed that it would be more valuable to run another skills audit after the Governing Board elections in 2024. The skills gaps identified during the 2023 skills audit were used to inform the list of essential and desirable criteria for candidates standing for election in 2024 and the Board agreed that the election process would ensure that a least one candidate from a low- or middle-income country was appointed.

An ongoing process for reviewing Board effectiveness will be developed during 2025 and an updated skills and diversity matrix will be produced.

The Board is committed to improving the organization's approach to equity, diversity and inclusion. It recognises that having Trustees with a broad mix of skills and knowledge, as well as a range of perspectives and experience, will help the Board to be innovative, flexible, and better able to adapt to a changing environment and address future challenges.

During 2024, the Board met virtually in January, face-to-face in Berlin in March, virtually in June, face-to-face in Prague in September, and virtually in December.

Organizational Structure

The Charity owned two subsidiaries in the year, each with its own board of directors:

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of the Charity's Informatics and Technology Services Department based in Denmark;
- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the Charity. This company was dormant from 2020.

The Trustees appoint a Chief Executive Officer (CEO) who is responsible for delivering the strategic direction and day-to-day management of Cochrane. The CEO and Editor in Chief (EIC), together with the ELT, develop strategies, operational plans, programmes of work and policies which the Board approves.

During 2024, Karla Soares-Weiser, EIC, led the development of a Scientific Strategy to define key areas for research to maximise our impact. The CEO, Catherine Spencer, worked with the ELT to develop Cochrane's organizational strategy implementation plan using an Objective and Key Results framework.

The EIC takes overall responsibility for the continuing success and sustainability of the *Cochrane Library*. The EIC leads on the development of high quality and relevant content for evidence users and decision makers, and its presentation and delivery to end users. In 2024, the EIC has been responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to

the vision and objectives of the organization; improving the quality of the editing process and product with respect to scientific content; and providing a lead for conceptualising and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'). This work has been carried out as part of a transformational change programme, the Future of Evidence Synthesis.

The CEO, the EIC and other members of the ELT, lead the Central Executive Team (CET) which is made up of the staff employed or contracted by the Charity to deliver the Charity's mission in collaboration with separately funded Cochrane Groups.

The CET directorates are as follows:

- Evidence Production & Methods, including: methods and evidence synthesis development, editorial, policies.
- Publishing & Technology, including: production, products, services, evidence pipeline, data curation, IT development, infrastructure, membership, learning and support.
- Development & External Relations, including: advocacy, communications and partnerships, business development and external engagement.
- Finance & Corporate Services, including: finance, people and culture, legal and risk management.
- Chief Executive's Office, including: strategy, governance, project management and organizational administration.

At the heart of Cochrane's work were the activities of a global network of autonomously funded and governed Cochrane Groups.

In 2024:

- Seven Thematic Groups continued to work as Cochrane's first topic-based collectives identifying priority areas, developing and disseminating high-quality evidence syntheses, ensuring relevance, and maximising impact. Five additional Thematic Groups and five Evidence Synthesis Units were launched in September 2024, the latter to serve as multi-topic research groups that will focus on developing high-quality, timely evidence syntheses in response to diverse stakeholder needs.
- 18 Methods Groups continued to provide support in methods for research evidence synthesis.
- 12 Fields continued to represent cross-cutting health issues and carry out knowledge translation and advocacy activity.
- 28 Review Groups remain active, helping authors to produce high-quality systematic reviews in their topic areas.
- 133 Geographic Groups continued to maintain a presence in 55 countries, facilitating engagement with regional stakeholders; representing and promoting Cochrane locally; building capacity for review production and use; engaging in knowledge translation activities and supporting advocacy.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of a winding up. The total number of such guarantees at 31 December 2024 was 10,503 (2023: 10,825).

The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Objectives and Activities

Cochrane's vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence. Cochrane is a global independent network of health practitioners, researchers, patient advocates, and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health.

The Charity relies heavily on the contributions of these people around the world to produce its core outputs. Some of them work entirely voluntarily. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged.

In 2024, they were involved in the following activities:

- Preparing Cochrane reviews in collaboration with Cochrane Groups, which are responsible for supporting authors and providing expertise to the Central Editorial Service;
- Disseminating and advocating for Cochrane's outputs and evidence synthesis methodologies through conference presentations, symposia, scientific papers, and other knowledge translation activities;
- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs.

Cochrane's work is internationally recognised as the benchmark for high-quality information about the effectiveness of health care.

Achievements and Performance

2024 marked the beginning of Cochrane's new four-year *Strategy for an Evidence-Informed World*. Here we report progress against our four strategic goals.

Goal 1: Produce timely, relevant evidence for and with those who need it most

In 2024, we launched a new scientific strategy to prioritise evidence that will help those in greatest need. The new scientific strategy contributes to the United Nations Sustainable Development Goals (SDGs), which aim to bring about a more sustainable, equitable, and prosperous future by 2030. Under the strategy, we commit to collaborating with partners within and beyond the Cochrane community to tackle inequity across the world, building a healthier future for everyone and helping to achieve the SDGs.

One of the most pivotal changes to our editorial process was the creation of the Central Editorial Service (CES) in 2023. Since May 2024, the CES has been processing all new submissions, which includes protocols, new reviews and updates of existing reviews. In 2024, the CES team continued to manage many of the 645 submissions received in 2023, as well as 468 new submissions. The CES made 451 final accept or reject decisions leading to 385 publications (protocols, reviews and updates) in the Cochrane Database of Systematic Reviews (CDSR).

In 2024, we published 280 reviews and updates (2023: 410). This reduction in publication numbers can be primarily attributed to the significant workload in the newly created CES as it took over responsibilities which had previously been carried out by Cochrane review groups. We are monitoring this with a view to ensuring we reach a sustainable level of reviews within the next two years.

Research integrity was a key theme across the year and a notable focus of the 2024 Global Evidence Summit. We continue to lead the field in trustworthiness and transparency by evolving our practices to address the most pressing challenges in research integrity and responding to rapid advances in

technology, including, but not limited to, pre-printing Cochrane reviews, using frameworks to identify and manage problematic studies or studies with retractions within systematic reviews, data sharing, and responsible AI use.

Goal 2: Save and improve lives by ensuring everyone can contribute to, and benefit from, trusted evidence

In January 2024, Cochrane's Board agreed on a roadmap to open access that will support our ambitions for broadening access while maintaining financial sustainability. Over 3 billion people worldwide have immediate access to all content through national access agreements and our provision of free access to over 100 low- and middle-income countries. We are looking to expand public access to the *Cochrane Library* worldwide through increased national provisions, rather than an inequitable open access model that places costs on authors.

All Cochrane reviews are free to access after 12 months, and all protocols and editorials will be open access in 2025. All plain language summaries remain free to view in multiple languages on the *Cochrane Library* and *Cochrane.org*.

In 2024, we had 15.3 million full-text views of the CDSR from readers across the world. We published 6,056 translations of new and updated abstracts and plain language summaries across 21 languages. There were 4.2 million views of translated content on the *Cochrane Library*.

Plain language summaries of reviews hosted on *Cochrane.org* received 40.8 million unique views in 2024, highlighting what a valuable resource they are for people across the world. 92% of views were in languages other than English (3.2 million views in English).

Cochrane Evidence Essentials is a free online resource offering an introduction to health evidence, and how to use it to make informed health choices. It is available in four languages, and in 2024 was taken by people in 137 different countries (2023: 132).

Goal 3: Collaborate locally and globally to strengthen our community and enhance impact

The Global Evidence Summit (GES2) was held in Prague in September 2024, in partnership with Cochrane Czech Republic, Campbell Collaboration, Guidelines International Network (GIN), and JBI. This vibrant event attracted 1,742 attendees from around the world, attending over 200 sessions. High-profile speakers included Sir Jeremy Farrar, Chief Scientist of the World Health Organization. This included providing a platform for the initial discussions which resulted in the global Evidence Synthesis Infrastructure Collaborative, supported by the Wellcome Trust.

Geographic Group applications were reopened at the beginning of 2024 with an improved process. We will now have an annual application window to allow time to support existing groups, whilst managing new applications efficiently. We have opened new affiliate groups in Pakistan, Argentina, Denmark and the Balearic Islands. Applications can be received from all locations, processed by the Geographic Group Executive, and approved by the CEO.

Goal 4: Secure our long-term sustainability

The Development and External Relations Directorate has been working to understand how we can work more collaboratively to increase and diversify income streams. The fundraising function title has been changed to Business Development to reflect a broader, strategic effort to income generation outside of smaller scale local fundraising efforts. Building a shared understanding, mandate, accountability and responsibility between Cochrane groups and the CET is critical for the business development strategy and ecosystem work to be successful. Plans are already underway to ensure that we consult with the Cochrane Groups and the organization will have a strong focus on this during 2025.

Cochrane Response, which provides rapid, targeted response to urgently needed reviews that are funded separately from our core work, continued to demonstrate tangible benefits to Cochrane including a small surplus from commissions and activities in 2024.

Cochrane Interactive Learning launched a new module *Introduction to Qualitative Evidence Synthesis* and migrated to a new platform provider. Subscriptions income reduced by 10% in 2024 and plans have been made to mitigate this and increase subscriptions for 2025. RevMan, our flagship software for producing high-quality systematic reviews, was made available for non-Cochrane use in 2023 under a subscription model. In 2024, RevMan subscriptions increased by 69%.

Cochrane authors receive free access to Cochrane Interactive Learning and RevMan in order to support them in their systematic review. Members and students receive discounted access and we provide free access to users in low- and middle-income countries.

As a remote working organization, we continue to prioritise the mental and physical welfare of our global team through comprehensive wellbeing programs and access to employee support packages. We have signed up as a member of the Disability Confident Employer Scheme which forms the basis of our continued development towards being a fully inclusive, accessible and diversity aware employer. We are pleased to report that employee engagement has increased to 65% (+3%) in July 2024, reflecting improved sentiment and workplace satisfaction, while the employee Net Promoter Score (eNPS) remains strong at +65, indicating a high level of advocacy and confidence in leadership.

Financial Review

Principal Funding Sources

Core income referred to in this report comes from publishing income, as described below. These funds support the Charity's staff – the CET – in the publication of systematic reviews through the *Cochrane Library* as well as the delivery of other key charitable objectives.

The global network of Groups that contribute towards the work of Cochrane are based in other organizations - such as universities and hospitals - which provide direct or indirect funding to support them. Cochrane Groups are responsible for sourcing their own funding to support Cochrane Review preparation and related activities. This funding comes principally from national and transnational government sources (typically from departments and agencies involved in health or research), and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. Globally, and based on historic reporting, this Group funding equates to £10-£15 million GBP per annum when converted from local currencies into GBP but is not shown in the Charity's accounts as it is not accessible by the Charity.

In addition, although some authors are funded to undertake reviews (e.g. through a university master's programme), many Cochrane Review authors fund their own costs and time related to writing their reviews. It is impossible to accurately calculate the monetary value of volunteers' contributions, but if the work was remunerated at commercial rates, their contributions would cost tens of millions of GBP per year.

Overview of the Year

Charitable expenditure of £10,601,000 (2023: £9,406,000) was incurred during the year and has supported our charitable objects, including continuing investments in strategic projects, as set out in the statement of financial activities on page 23 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2024, income from sales of licences to the *Cochrane Library* increased by 1% to £11,730,000 (2023: £11,617,000); with royalties paid to Cochrane up by 1% to £7,045,000 (2023: £6,973,000). Other Publications Income was £653,000 (2023: £655,000). Additional sources of revenue received in 2024 included: £1,199,000 from the Global Evidence Summit (GES) in Prague (2023: £675,000 from the London Colloquium); £559,000 from other Cochrane Products, including RevMan and Cochrane Interactive Learning (2023: £505,000); £514,000 from Cochrane Response (2023: £460,000); and £151,000 from Trusts & Grant Income (2023: £73,000). Bank interest was £391,000 (2023: £329,000).

Overall expenditure increased by £1,196,000, with around £950,000 attributable to staffing and other people costs. A major component of this increase was around £254,000 in respect of the scaling-up of the CES. This is to enable adequate central capacity to clear the backlog of submissions following the loss of NIHR funding and to plan and budget a transition to resourcing an expanded CES as 'business as usual' from 2025. Other staffing increases included additional investments for *Cochrane Library* product management (£99,000) and business development (£78,000). GES/Colloquia costs increased by £409,000, although this was more than offset by the increased GES events income (£524,000).

This expansion of resource and activity resulted in an overall deficit of £128,000 compared with a surplus, in 2023, of £330,000.

Remuneration and Pay Policy for Staff

Cochrane is committed to ensuring it pays Charity staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual plan & budget. Central Executive staff remuneration is determined using an established job evaluation scheme and relevant market comparisons. The Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice. Average staff pay was increased by 2.5% in December 2024 to cover the necessary cost of living adjustments in the following year (2024 award: 4.0%). During 2024, we took steps to establish Employer of Record (EOR) arrangements for our global staff. This was completed in early 2025 and gives us greater flexibility to hire staff globally, maintaining full payroll, tax and legal compliance.

Reserves Policy

In order to support Cochrane's strategic plans, a risk-based Reserves Policy was developed by the Finance, Audit & Risk Committee following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The Policy balances the need to hold back Reserves to mitigate the publishing income risks, but also signals intentions to fulfil charitable objects for current and future beneficiaries through strategic investment projects.

Cochrane's major income risk lies in its commitment to achieving open access to Cochrane Reviews upon publication. Currently, approximately 70% of our annual turnover is derived from publishing income, primarily through royalties from *Cochrane Library* licensing agreements.

The two key risks to this income – which we are managing in close collaboration with Wiley – are:

- (1) the potential early termination of our publishing contract with Wiley if we are unable to sustain a strong and steady pipeline of published reviews, and
- (2) the longer-term impact of transitioning to open access on future revenue.

In January 2024, the Governing Board approved a roadmap to open access that aims to deliver on our strategic ambition while safeguarding financial sustainability. Ensuring a reliable flow of high-quality reviews is essential to meeting both our publishing obligations and revenue targets. A significant portion of Cochrane's Reserves (£3,000,000) has been specifically designated as a 'Continuity Fund' to help mitigate this risk.

A Strategic Investment Fund is held for specific allocations to single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its strategic plans and meet its organizational mission. The word 'investment' is key, and proposals from the ELT to access and use Reserves from this Fund for strategic projects must be supported by a business case and considered for approval by the Board. In 2024, following the successful completion of the *Future of Evidence Synthesis* programme of work – which included the establishment of a CES – all resulting changes have moved to 'business as usual' from 2025 onwards. Consequently, all remaining balances associated with this programme have been returned to unallocated strategic funds. At the end of the year, this fund totalled £1,817,000 with £100,000 specifically earmarked for future projects.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should be not less than three months' sustainable operating

costs to provide operational cash flow. In 2023, the target Free Reserves floor was increased to £2,600,000 (2.9 months operating expenditure).

Free Reserves (unrestricted income funds less designated funds less fixed assets) at the end of 2024 were £4,833,000 (5.5 months operating expenditure), an excess over the target Free Reserves floor of £2,233,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, including for future sustainability and resilience as detailed above, and this will draw down on the Charity's reserves in the coming years.

Going Concern Assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2026. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment Policy

In the short-term, the Charity will seek to maximise bank interest as the current strategic challenges being addressed by the three-year *Strategy for Change* are managed. The long-term commitment, for Cochrane, is to use its invested Reserves to generate additional income for the Charity from a low-risk investment portfolio in accordance with the Charity's ethical values and independence.

Fundraising Policy

Cochrane observes and complies with the relevant fundraising regulations and codes where appropriate. There was full compliance with these regulations and codes in 2024, and we received no complaints relating to our fundraising practice (2023: no complaints). In 2025, we plan to strengthen and increase fundraising and business development activity in support of our sustainability objective and will ensure professionalism and compliance is maintained.

Future Plans

2025 is the second year of our four-year strategy. We have used an Objective and Key Results framework to develop an implementation plan that will ensure delivery of the strategy by focusing on specific areas, as well as working on 'business as usual'. The 'operational streams' under which we have determined objectives and key results to deliver work beyond our business as usual, are:

- Ensure a Healthy Sustainable Pipeline
- Unlock the Power of Data
- Foster an Effective Ecosystem
- Diversify and Increase Income
- Demonstrate Impact

Our work aims to ensure that health decisions globally are based on credible, relevant evidence, ultimately contributing to better and more equitable health outcomes. We recognise that Artificial Intelligence will have far-reaching impact on the production of evidence synthesis across the sector and thus our work includes reviewing how we can maximise opportunities utilising AI.

In addition, we are seeking new income generation opportunities through strengthening our product offerings and identifying where we can add value in partnership opportunities. Recognising the importance of active participation in shaping the future of evidence synthesis and responding to an evolving landscape, the Governing Board has tasked the Editor in Chief with representing Cochrane in the Evidence Synthesis Infrastructure Collaborative (ESIC), supported by the Wellcome Trust

Principal Risks and Uncertainties

The landscape for evidence synthesis has evolved significantly in the past year, with funders increasingly supporting more holistic infrastructures focused on quality, timeliness, and data sharing.

In this context, Cochrane is actively managing four key strategic risks:

- (1) financial sustainability, given evolving funding models and open access pressures;
- (2) organizational relevance, if evidence production timelines are not improved;
- (3) technological infrastructure, due to the need to modernise editorial workflows and support diverse evidence formats; and
- (4) community engagement, during a period of leadership transition.

These risks are overseen through strengthened governance structures, with regular review by the Finance, Audit, and Risk Committee (FARC) and the Governing Board. Financial resilience is supported by maintaining dedicated reserves, including revenue reserves. In parallel, strategic initiatives are underway to diversify income sources, strengthen external partnerships (such as with the Wellcome Trust), modernize technology, and review the organizational cost base to free up resources for future investment — ensuring Cochrane remains responsive and competitive in a changing global environment.

Policies on Conflict of Interest and Commercial Sponsorship

The Governing Board recognises the importance of identifying and dealing appropriately with conflicts of interest. Cochrane strives to attain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content and Governing Board decisions.

Members of Cochrane cannot be employed by pharmaceutical or medical device companies, and this is set out in the Terms and Conditions of Membership.

A Conflicts of Interest Policy for Groups applies to all volunteer or staff roles in Cochrane entities, including Cochrane Review Groups, Evidence Synthesis Units, Thematic Groups, Methods Groups, Fields, Geographic Groups, Executives, translation teams, the CET, the Editorial Board and the Governing Board.

Cochrane entities are not permitted to accept funds from commercial sponsors or commercial sources that have a financial interest in the topic areas covered by the *Cochrane Library*.

Anyone involved in the creation of *Cochrane Library* content must disclose all interests - both financial and non-financial - at the earliest opportunity in the editorial process: for Cochrane Reviews this is at protocol submission, or at review submission if the protocol was published elsewhere. The first and last authors must have no relevant financial conflicts, and at least two-thirds of the author team as a whole must be free of relevant financial conflicts.

Declarations of interests by core volunteers or staff in Cochrane Groups or entities are reviewed by the Research Integrity Editor and published on the [Cochrane Community website](#).

Members of the Governing Board declare their interests before they are appointed or elected and at the end of each financial year. At the start of every meeting of the Governing Board, members are required to declare any interests relating to items included on the agenda for the meeting. Where there is a conflict (or a perceived conflict), the Governing Board member must withdraw from the meeting whilst that matter is discussed. They are not counted in the quorum for that part of the meeting, may not vote on or be present during any vote on that matter. All decisions under a conflict of interest will be recorded by the secretary of the meeting and reported in the minutes.

Reference and Administrative details

Registered details

Cochrane's registered name is The Cochrane Collaboration. Its registered address is 11-13 Cavendish Square, London, London, W1G 0AN, UK. Cochrane is a charity (no. 1045921) and a company limited by guarantee (no. 03044323) registered in England and Wales. It is therefore regulated by both the Charity Commission for England and Wales and Companies House.

Advisors

Auditors: Price Bailey LLP
Chartered Accountants and Statutory Auditors
24 Old Bond Street
London, W1S 4AP
UK

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

Legal advisers: BDP Pitmans LLP
One Bartholomew Close
London, EC1A 7BL
UK

Howes Percival LLP
Nene House
4 Rushmills
Northampton, NN4 7YB
UK

Dehns
10 Old Bailey
London, EC4M 7NG
UK

The following Trustees held office on the Cochrane Governing Board during the year and to the date of this report:

Dr Yuan Chi (to November 2024)

Dr Juan Franco

Dr Giordano Perez Gaxiola (from November 2024)

Professor Sally Green (to November 2024)

Mr Nigel Jones (from August 2024, Treasurer from December 2024)

Professor Vanessa Jordan-Cole (from November 2024)

Ms Karen Kelly (Treasurer to December 2024)

Professor Tamara Kredo

Professor Gillian Leng

Dr Wendy Levinson
Professor Joerg Meerpohl (from November 2024)
Mr Jordi Pardo Pardo (to November 2024, Interim Chair to July 2024)
Dr Emma Persad
Dr Susan Phillips (Chair from July 2024)
Dr Vanessa Piechotta (to November 2024)

Key Management Personnel

During 2024, and to the date of this report, the key management personnel of the Charity (ELT) comprised:

Dr Karla Soares-Weiser, Editor in Chief (to March 2025), Acting Chief Executive Officer from March 2025)
Ms Catherine Spencer, Chief Executive Officer (to March 2025)
Dr Gavin Adams, Director of Development (to April 2024)
Ms Nicky Benn, Director of Director Development & External Relations (from August 2024)
Mr Casey Early, Director of Finance & Corporate Services and Company Secretary
Ms Anne Flegel, Acting Director of Operations (from March 2025)
Ms Laura Ingle, Director of Publishing & Technology
Mr Toby Lasserson, Acting Editor in Chief (from March 2025)

Statement of Responsibilities of the Trustees

Each year, the Trustees are responsible for preparing the *Trustees' Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in The Charities Statement of Recommended Practice (SORP 2019);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

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

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

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

Auditor

Price Bailey LLP was reappointed as Cochrane's auditor at the Annual General Meeting in November 2024.

Approved by the Board of Trustees of The Cochrane Collaboration on 16 July 2025 and signed on their behalf by:

Signature:



Email: nigel.jones21@gmail.com

Nigel Jones

Treasurer

Independent Auditor's Report to Members and Trustees of The Cochrane Collaboration

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2024 which comprise consolidated statement of financial activities; the group and parent charitable company balance sheets, the consolidated statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 December 2024 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Trustees' annual report, including the strategic report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' report (incorporating the strategic report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 17, the Trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under Companies Act 2006 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the Charitable Group and the sector in which it operates and considered the risk of the Charitable Group not complying with the applicable laws and regulations including fraud, in particular those that could have a material impact on the financial statements. This included those regulations directly related to the financial statements, including financial reporting, and tax legislation. In relation to the operations of the Charitable Group this included compliance with the Charities Act 2011 and Companies Act 2006.

The risks were discussed with the audit team and we remained alert to any indications of non-compliance throughout the audit. We carried out specific procedures to address the risks identified. These included the following:

Reviewing minutes of Board meetings, reviewing any correspondence with the Charity Commission, agreeing the financial statement disclosures to underlying supporting documentation, and enquiries of management and officers of the Charitable Group. We have also reviewed the procedures in place for the reporting of any incidents to the Trustee Board including serious incident reporting of these matters as necessary with the Charity Commission.

Management override: To address the risk of management override of controls, we carried out testing of journal entries and other adjustments for appropriateness. We reviewed systems and procedures to identify potential areas of management override risk. We also assessed management bias in relation to the accounting policies adopted and in determining significant accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the FRC's website at:

www.frc.org.uk/auditors/audit-assurance/auditor-s-responsibilities-for-the-audit-of-the-fi/description-of-the-auditor%E2%80%99s-responsibilities-for. This description forms part of our auditor's report.

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

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 to the parent charitable company's Trustees, as a body, in accordance with the act. Our audit work has been undertaken so that we might state to the parent charitable company's members and its Trustees 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 parent charitable company and the parent charitable company's members as a body and the parent charitable company's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Cooper-Davis FCCA ACA (Senior statutory auditor)

Date:

for and on behalf of Price Bailey LLP, Statutory Auditor

24 Old Bond St

London, W1S 4AP

UK

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

22 July 2025

The Cochrane Collaboration

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

For the year ended 31 December 2024

	Note	Unrestricted £'000	Restricted £'000	2024 Total £'000	Unrestricted £'000	Restricted £'000	2023 Total £'000
Income from:							
Charitable activities	2	9,988	141	10,129	9,366	48	9,414
Investments	3	391	-	391	329	-	329
Total income		10,379	141	10,520	9,695	48	9,743
Expenditure on:	4						
Raising funds		204	-	204	89	-	89
Charitable activities							
Evidence production & methods		3,064	-	3,064	2,545	-	2,545
Publishing & technology		3,350	18	3,368	3,468	7	3,475
Development		3,962	3	3,965	3,253	44	3,297
Total expenditure		10,580	21	10,601	9,355	51	9,406
Net Income for the year	5	(201)	120	(81)	340	(3)	337
Transfers between funds		70	(70)	-	-	-	-
Net (expenditure)/income before other recognised gains and losses		(131)	50	(81)	340	(3)	337
Other losses		(47)	-	(47)	(7)	-	(7)
Net movement in funds		(178)	50	(128)	333	(3)	330
Reconciliation of funds:							
Total funds brought forward		9,828	96	9,924	9,495	99	9,594
Total funds carried forward		9,650	146	9,796	9,828	96	9,924

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 18 to the financial statements.

The Cochrane Collaboration

Charity and consolidated balance sheet

Company no. 3044323

As at 31 December 2024

		The group		The charity	
	Note	2024	2023	2024	2023
		£'000	£'000	£'000	£'000
Fixed assets:					
Investments	10	1	1	6	6
		<u>1</u>	<u>1</u>	<u>6</u>	<u>6</u>
Current assets:					
Debtors	13	1,390	1,361	1,389	1,359
Cash at bank and in hand	20	9,563	9,850	9,560	9,836
		<u>10,953</u>	<u>11,211</u>	<u>10,949</u>	<u>11,195</u>
Liabilities:					
Creditors: amounts falling due within one year	14	(1,158)	(1,288)	(1,206)	(1,310)
		<u>9,795</u>	<u>9,923</u>	<u>9,743</u>	<u>9,885</u>
Net current assets					
		<u>9,795</u>	<u>9,923</u>	<u>9,743</u>	<u>9,885</u>
Total net assets	17	<u>9,796</u>	<u>9,924</u>	<u>9,749</u>	<u>9,891</u>
Funds:	18				
Restricted income funds		146	96	146	96
Unrestricted income funds:					
Designated funds		4,817	5,498	4,817	5,498
General funds		4,833	4,330	4,786	4,297
		<u>9,650</u>	<u>9,828</u>	<u>9,603</u>	<u>9,795</u>
Total unrestricted funds					
		<u>9,650</u>	<u>9,828</u>	<u>9,603</u>	<u>9,795</u>
Total funds		<u>9,796</u>	<u>9,924</u>	<u>9,749</u>	<u>9,891</u>

Approved by the Board of Trustees of Cochrane on 16 July 2025 and signed on their behalf by:

Signature: 

Email: nigel.jones21@gmail.com

Mr Nigel Jones, Treasurer

The Cochrane Collaboration

Consolidated statement of cash flows

For the year ended 31 December 2024

Reconciliation of net income to net cash flow from operating activities

	2024 £'000	2023 £'000
Net income for the reporting period (as per the statement of financial activities)	(81)	337
Dividends, interest and rent from investments	(391)	(329)
(Increase)/decrease in debtors	(29)	3
Decrease in creditors	(130)	(50)
Net cash provided by operating activities	<u>(631)</u>	<u>(39)</u>

	Note	2024 £'000	£'000	2023 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			(631)		(39)
Cash flows from investing activities:					
Dividends, interest and rents from investments		391		329	
Net cash provided by investing activities			<u>391</u>		<u>329</u>
Change in cash and cash equivalents in the year			(240)		290
Cash and cash equivalents at the beginning of the year			9,850		9,567
Change in cash and cash equivalents due to exchange rate movements			<u>(47)</u>		<u>(7)</u>
Cash and cash equivalents at the end of the year	20		<u>9,563</u>		<u>9,850</u>

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

1 Accounting policies

a) Statutory information

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

The registered office address is 11–13 Cavendish Square, London, W1G 0AN, UK

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006/Charities Act 2011. The functional currency of these statements is British pound sterling (GBP).

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

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries at the balance sheet date, Cochrane Innovations Limited and Cochrane IKMD Denmark ApS, on a line by line basis. Cochrane Innovations Limited ceased to trade on 30th June 2022 and was dissolved on 17th January 2023. Collaboration Trading Company Limited, which did not trade during the current or preceding period, is now dormant and is therefore not consolidated. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

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

d) Going concern

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

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

e) Income

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

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

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

f) Interest receivable

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

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

i) Foreign exchange

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

j) Allocation of support costs

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

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

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

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

k) Operating leases

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

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

1 Accounting policies (continued)

l) Investments

Investments in subsidiary undertakings are included at cost.

m) Debtors

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

n) Cash at bank and in hand

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

o) Creditors and provisions

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

p) Financial instruments

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

q) Pensions

The charity makes payments to defined contribution pension schemes on behalf of employees. The assets of the schemes are held separately from those of the charitable company in independently administered funds. The pension cost charge represents contributions payable to the funds during the year. The charity has no liability under the schemes other than the payment of those contributions.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2024 Total £'000	Unrestricted £'000	Restricted £'000	2023 Total £'000
Royalties from The Cochrane Library	7,045	-	7,045	6,973	-	6,973
Events Income	1,199	-	1,199	675	-	675
Other Publications Income	653	-	653	655	-	655
Other Cochrane Products	559	-	559	505	-	505
Cochrane Response	514	-	514	460	-	460
Trusts and Grant Income	10	141	151	25	48	73
Other Income	8	-	8	73	-	73
Total income from charitable activities	9,988	141	10,129	9,366	48	9,414

3 Income from investments

	Unrestricted £'000	Restricted £'000	2024 Total £'000	Unrestricted £'000	Restricted £'000	2023 Total £'000
Bank interest	391	-	391	329	-	329
	391	-	391	329	-	329

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

4a Analysis of expenditure (current year)

	Charitable activities						2024 Total £'000	2023 Total £'000
	Cost of raising funds £'000	Evidence production & methods £'000	Publishing & technology £'000	Development £'000	Governance costs £'000	Support costs £'000		
Staff costs (note 6)	79	1,676	1,250	1,055	100	940	5,100	4,418
Other people costs	28	647	154	656	-	175	1,660	1,392
Colloquium costs	-	-	-	1,271	-	-	1,271	862
Consultancy/outourced support	42	158	544	277	7	38	1,066	1,209
Technology	-	-	529	27	-	4	560	554
Commissioned Work	-	29	308	1	-	-	338	318
Travel & Subsistence	6	43	9	10	78	59	205	299
Legal & professional	1	-	-	1	24	101	127	133
Employee-related costs	-	-	-	-	-	115	115	97
Sundry	14	3	15	8	-	63	103	72
Premises costs	-	-	-	-	-	57	57	52
	170	2,556	2,809	3,306	209	1,552	10,602	9,406
Support costs	30	449	493	580	-	(1,552)	-	-
Governance costs	4	60	66	78	(209)	-	-	-
Total expenditure 2024	204	3,065	3,368	3,964	-	-	10,602	9,406

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.
Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.
Consultancy/outourced support costs relate to external contractors.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

4b Analysis of expenditure (prior year)

		Charitable activities						
	Cost of raising funds	Evidence production & methods	Publishing & technology	Development	Governance costs	Support costs		2023 Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Staff costs (note 6)	30	1,384	1,140	952	74	838		4,418
Other people costs	-	457	133	600	20	182		1,392
Consultancy/outourced support	35	162	753	198	61	-		1,209
Colloquium costs	-	-	-	862	-	-		862
Technology	5	-	513	33	-	3		554
Commissioned Work	-	44	269	5	-	-		318
Travel & Subsistence	-	3	4	3	138	151		299
Legal & professional	-	13	-	1	2	117		133
Employee-related costs	-	-	-	-	-	97		97
Sundry	2	3	8	22	1	36		72
Premises costs	-	-	-	-	-	52		52
	72	2,066	2,820	2,676	296	1,476		9,406
Support costs	14	399	546	517	-	(1,476)		-
Governance costs	3	80	109	104	(296)	-		-
Total expenditure 2023	89	2,545	3,475	3,297	-	-		9,406

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.
Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.
Consultancy/outourced support costs relate to external contractors.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

5 Net income for the year

This is stated after charging:

	2024 £'000	2023 £'000
Operating lease rentals:		
Property	47	44
Auditor's remuneration (excluding VAT):		
Audit	22	20
Other services	2	1
Foreign exchange (gains)/losses	47	7

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

Staff costs were as follows:

	2024 £'000	2023 £'000
Salaries and wages	4,219	3,720
Redundancy and termination costs	60	–
Social security costs	453	392
Pension benefits	368	306
	<u>5,100</u>	<u>4,418</u>

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

	2024 No.	2023 No.
£60,000 – £69,999	12	7
£70,000 – £79,999	4	4
£80,000 – £89,999	1	1
£90,000 – £99,999	4	6
£100,000 – £109,999	1	–
£130,000 – £139,999	1	1
£170,000 – £179,999	–	–
£180,000 – £189,999	1	1

The total employee benefits including pension benefits of the key management personnel were £667,000 (2023: £647,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £69,000 (2023: £66,000) incurred by 12 Trustees (2023: 12 Trustees).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2024 No. Head count	2023 No. Head count
Evidence production & methods	29.3	24.7
Publishing & technology	23.1	20.3
Development	19.5	18.0
Finance & corporate Services	8.0	7.8
CEO's office	9.1	7.7
	<u>89.0</u>	<u>78.5</u>

8 Related party transactions

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

At the year end, Collaboration Trading Limited was owed £100 (2023: £100) by the Cochrane Collaboration.

During the year, the Cochrane Collaboration provided £349,000 (2023: £389,000) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £88,000 (2023: £60,000).

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

Tracey Howe, a trustee of the Cochrane Collaboration to September 2023, is a self-employed consultant. During the year, the Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £nil (2023: £23,000). No funds were outstanding at the year end.

Catherine Marshall, a trustee of the Cochrane Collaboration to September 2023, is a self-employed consultant. During the year, the Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £nil (2023: £23,000). No funds were outstanding at the year end.

Jordi Pardo Pardo, a trustee of the Cochrane Collaboration, is an employee of the University of Ottawa. During the year, the Cochrane Collaboration paid the University for Chair consultancy fees, totalling £7,000 (2023: £3,000). No funds were outstanding at the year end. In addition, a connected party of Jordi Pardo Pardo was Interim CEO of the Campbell Collaboration until March 2023. During this period, the Cochrane Collaboration was paid £nil by the Campbell Collaboration (2023: £20,000) in respect of advance funds for the 2024 Global Evidence Summit (all included within other creditors at the balance sheet date).

Gillian Leng, a trustee of the Cochrane Collaboration, was also a trustee of the Guidelines International Network (GIN) until 20 December 2023. During this period, the Cochrane Collaboration was paid £nil by GIN (2023: £20,000) in respect of advance funds for the 2024 Global Evidence Summit (all included within other creditors at the balance sheet date). Gillian Leng was also, from July 2024, a trustee of the Royal Society of Medicine (RSM). During this period, the Cochrane Collaboration paid £140 to RSM (2023: £nil) in respect of catering charges.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK41,000 (£4,000) in its profit and loss account in the year to 31 December 2024 (2023: DKK38,000 (£4,000)).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

10 Fixed asset investments

	The group 2024 £'000	2023 £'000	The charity 2024 £'000	2023 £'000
Investment in Cochrane IKMD	–	–	5	5
Other investments	1	1	1	1
	<u>1</u>	<u>1</u>	<u>6</u>	<u>6</u>

The investments represent a 100% (£100) shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark) and a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales). All figures have been included in the consolidation but rounded to £nil in the table presented above for Collaboration Trading Company Limited and Cochrane Innovations Limited.

Following a review of the remit and purpose of Cochrane Innovations Limited, its Directors recommended – in December 2020 – that the company be closed as it is no longer needed to deliver the Cochrane group's financial sustainability and product development goals which can be delivered within the parent company. The company ceased to trade in June 2022 and was dissolved in January 2023.

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

11 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited, a company registered in England and Wales, and Cochrane IKMD Denmark ApS, a company registered in Denmark. Cochrane Innovations Limited, formerly a company registered in England & Wales, was dissolved in January 2023. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. A summary of the results of Cochrane IKMD Denmark ApS is shown below:

	Cochrane IKMD Denmark ApS	
	2024 £'000	2023 £'000
Turnover	<u>429</u>	<u>389</u>
Gross profit	<u>429</u>	<u>389</u>
Administrative expenses	(365)	(390)
Other operating expenditure	<u>(48)</u>	<u>(48)</u>
Profit/(loss) on ordinary activities	16	(49)
Exchange rate adjustment to opening balance	<u>(2)</u>	<u>(1)</u>
Profit/(loss) for the financial year	<u>14</u>	<u>(50)</u>

The aggregate of the assets, liabilities and funds was:

Assets	93	77
Liabilities	(40)	(38)
Share capital	<u>(6)</u>	<u>(6)</u>
Funds	<u>47</u>	<u>33</u>

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

12 Parent charity

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

	2024 £'000	2023 £'000
Gross income	10,490	9,790
Result for the year	(142)	379

13 Debtors: falling due within one year

	The group		The charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
Trade debtors	749	48	749	48
Other debtors	135	25	134	24
Prepayments	219	274	219	273
Accrued income	287	1,014	287	1,014
	<u>1,390</u>	<u>1,361</u>	<u>1,389</u>	<u>1,359</u>

14 Creditors: amounts falling due within one year

	The group		The charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
Trade creditors	306	204	306	204
Accruals	261	312	257	308
Deferred income (note 15)	49	25	49	25
Taxation and social security	131	121	108	109
Other creditors	161	287	148	265
VAT creditor	250	339	250	339
Amounts due to subsidiaries	-	-	88	60
	<u>1,158</u>	<u>1,288</u>	<u>1,206</u>	<u>1,310</u>

15 Deferred income

	The group		The charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
Balance at the beginning of the year	25	16	25	16
Amount released to income in the year	(25)	(16)	(25)	(16)
Amount deferred in the year	49	25	49	25
Balance at the end of the year	<u>49</u>	<u>25</u>	<u>49</u>	<u>25</u>

16 Pension scheme

The group operates three defined contribution schemes. The assets of the schemes are held separately from those of the charitable company in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £368,000 (2023: £306,000).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

17a Analysis of group net assets between funds – current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	4,832	4,817	146	9,795
Net assets at the end of the year	4,833	4,817	146	9,796

17b Analysis of group net assets between funds – prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	4,329	5,498	96	9,923
Net assets at the end of the year	4,330	5,498	96	9,924

18a Movements in funds – current year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Restricted funds (other):	96	141	(21)	(70)	146
Total restricted funds	96	141	(21)	(70)	146
Unrestricted funds:					
Designated funds:					
Continuity Fund	3,000	–	–	–	3,000
Strategic Investment Fund (FES)	344	(2)	(579)	237	–
Strategic Investment Fund (PL)	266	2	(102)	(166)	–
Strategic Investment Fund (PD)	42	–	–	(42)	–
Strategic Investment Fund (SS)	–	–	–	100	100
Strategic Investment Fund (other)	1,846	–	–	(129)	1,717
Total designated funds	5,498	–	(681)	–	4,817
General funds	4,330	10,333	(9,900)	70	4,833
Total unrestricted funds	9,828	10,333	(10,581)	70	9,650
TOTAL FUNDS	9,924	10,474	(10,602)	–	9,796

During the year, transfers of £70,000 were made between the restricted and unrestricted funds. This was to correct project costs previously incurred in the unrestricted funds. These projects have now completed.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

18b Movements in funds – prior year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Restricted funds (other):	99	48	(51)	–	96
Total restricted funds	99	48	(51)	–	96
Unrestricted funds:					
Designated funds:					
Continuity Fund	3,000	–	–	–	3,000
Strategic Investment Fund (FES)	279	–	(335)	400	344
Strategic Investment Fund (PL)	350	–	(84)	–	266
Strategic Investment Fund (PD)	–	–	(23)	65	42
Strategic Investment Fund (other)	2,311	–	–	(465)	1,846
Total designated funds	5,940	–	(442)	–	5,498
General funds	3,555	9,688	(8,913)	–	4,330
Total unrestricted funds	9,495	9,688	(9,355)	–	9,828
TOTAL FUNDS	9,594	9,736	(9,406)	–	9,924

19 Purposes of designated funds

The **Continuity Fund** is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced.

The **Strategic Investment Fund** will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. During the year, the Board approved a £100,000 allocation to fund two pilots – including 'Living Evidence' – to support implementation of the Scientific Strategy. This allocation is expected to be fully expended by 2026. Previous allocations in respect of Cochrane Library product development, Central Editorial Service resourcing and outsourced copy-editing/proposal management was mostly expended with the balance returned to the Fund.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2024

20 Analysis of cash and cash equivalents

	At 1 January 2024 £'000	Cash flows £'000	Other changes £'000	At 31 December 2024 £'000
Cash at bank and in hand	9,850	(240)	(47)	9,563
Total cash and cash equivalents	9,850	(240)	(47)	9,563

21 Operating lease commitments

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

	Land and buildings	
	2024 £'000	2023 £'000
Less than one year	9	9
	9	9

22 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each company member as defined by Cochrane's Articles of Association, in the event of winding up is limited to £10.

23 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £nil (2023: £100,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund – which was converted into restricted income during the year – and £39,000 (2023: £49,000) in respect of Cochrane Rehabilitation (a Cochrane thematic field).

24 Contingent liabilities

The Kings Fund office leasehold agreement, which commenced in September 2022, is subject to reinstatement and dilapidations obligations at the end of the lease. A liability is not considered likely to exist and consequently no provision has been made in the financial statements.

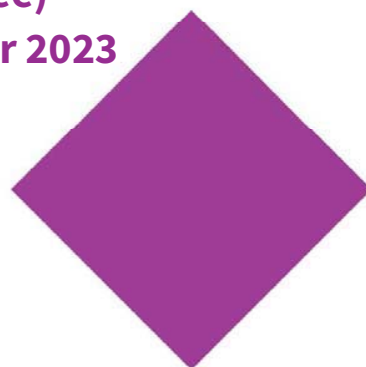
Accounts



Trustees' Report and Financial Statements

**The Cochrane Collaboration
(A company limited by guarantee)
For the year ended 31 December 2023**

Company Number 03044323
Charity Number 1045921



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Message from the Chair

2023 was a transformational year for Cochrane as we pushed ahead with the new model for producing Cochrane systematic reviews agreed in early 2022.

New structures, tools and processes for producing Cochrane systematic reviews are being embedded to ensure that Cochrane remains viable, sustainable, and focused on global health challenges now and into the future.

We created seven topic based Thematic Groups that identify priority areas, and develop and disseminate high-quality evidence syntheses. These groups will ensure that we continue to harness the skills and knowledge held within our wide, diverse and vibrant community of volunteers.

The Central Editorial Service became fully operational during 2023. We had a large volume of submissions, indicating continuous engagement with our community of scientists willing to contribute to our mission. Nonetheless, this has caused some delays in processing these reviews and protocols. Additional resources and streamlined processes will allow us to tackle the backlog of submissions in 2024.

Applications to set up Evidence Synthesis Units, which will work closely with Thematic Groups, opened in October 2023. A flexible, supportive relationship between Thematic Groups and Evidence Synthesis Units will allow us to prioritize, produce and share evidence that responds to societal needs.

In 2023, income from the *Cochrane Library* was 2% higher than in 2022. Our publishing partner Wiley has continued to deliver a strong result in terms of new subscriptions. We are looking forward to establishing a sustainable path to Open Access over the coming years.

Both Co-Chairs of our Governing Board stepped down in September 2023. Catherine Marshall came to the end of her second and final term of two years and Tracey Howe came to the end of her third year as Co-Chair. We are grateful to them for serving on the Board and steering Cochrane through a period of significant change.

Governing Board elections were held in September 2023 resulting in Tamara Kredo and Juan Franco being elected for second three-year terms. We are grateful to all candidates who stood for election, which showed the enthusiasm that our members have for being part of the Governing Board. We are also indebted to the many members of our community who provide advice and guidance by sitting on our committees, panels and oversight groups.

At a joint meeting of the Governing Board and the Council in September 2023, it was agreed that the Council would not continue to operate after the end of 2023. A working group made up of members of the Council and the Governing Board agreed to work together during the first half of 2024 to develop new and improved ways of engaging with the Cochrane community.

During the year we developed a new strategy for 2024-2027 which will guide our work and allow us to focus and prioritize during 2024 and beyond. We are very thankful for the great insights from members of the Cochrane community to enrich the strategy, and we are certain that it will help to increase our reach and provide the best information to increase the health of all.

Jordi Pardo Pardo
Interim Chair

The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2023.

Trustees' Report

Structure, Governance and Management

Governing Document

The Cochrane Collaboration (Cochrane) is a charitable company limited by guarantee (company number 03044323). Cochrane's governing document is its [Articles of Association](#).

Objects

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

The Trustees have considered the Charity Commission's guidance in Section 17 of the Charities Act 2011 in setting the organization's aims and activities for public benefit.

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 health interventions to meet individual healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Policymakers require high-quality evidence in order to develop effective policies that can impact the health of populations on a national and international scale. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by Cochrane, therefore, is the advancement of human health by assimilating, on behalf of the world's population, the results of primary research relating to health and care, and then presenting these results in a single scientific paper called a 'Cochrane Review' or 'systematic review'.

The second public benefit relates to Cochrane's work to improve research integrity by developing and advocating for improved health research methodologies and identifying uncertainties, missing or poor evidence in primary research.

The third public benefit relates to supporting the use of our health evidence by those who need it to make health decisions, through what we call 'knowledge translation'. Knowledge translation activities include:

- Producing Cochrane evidence in different and accessible formats such as graphics, podcasts, or videos, to enable the target audience to use it more easily;
- Translating Cochrane evidence from English into different languages;
- Building partnerships with stakeholders to support the uptake of Cochrane evidence in their particular setting;
- Capacity building through workshops in local settings.

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

Governing Body

Cochrane's governing body is the Governing Board (the Board) and members of the Board are the Charity's Trustees. The Board determines the overall strategic direction in line with the charitable objectives and governs the Charity on behalf of the organization's members.

The Board scrutinises the management functions that have been delegated to the Executive Leadership Team. A framework sets out the authority delegated to the Chief Executive Officer (CEO) and the Editor in Chief (EIC) by the Board.

The Board delegates oversight of some of its work to sub-Committees, including: Finance, Audit & Risk Committee; Governance & Nominations Committee; Remuneration Committee; Membership & Awards Committee; Fundraising Committee; Future of Evidence Synthesis Oversight Committee, and Product Development Oversight Committee.

Recruitment and Appointment of Trustees

The majority of Trustees (and at least six) are elected by Cochrane members to ensure that the needs of the membership are reflected at Board level. The rest are appointed by the Board. One Chair or two Co-Chairs are appointed by the Board. Trustees serve for a three-year period (or two years for the Chair or Co-Chairs) and may be re-elected for a second consecutive term. No Trustee may serve more than eight years (whether as an Elected Member, Appointed Member, Chair or Co-Chair) unless a period of at least three years has elapsed since the end of their previous term.

Two elected members of the Governing Board reached the end of their first term of appointment during 2023 and so elections were held. 7 candidates stood for election (or re-election) in December 2023 and, after voting closed on Friday 15 December, Tamara Kredo and Juan Franco were both re-elected for second three-year terms.

New Trustees go through a comprehensive induction programme to help them understand Cochrane's activities and their responsibilities as a Trustee. Meetings with key staff are arranged and relevant documents and policies provided.

Board Review/Evaluation

The Board uses the principles of organisational purpose, leadership, integrity, decision-making, board effectiveness, diversity, openness and accountability as set out in the Charity Governance Code to ensure high standards of governance and to support continuous improvement.

All Trustees adhere to a [Governing Board Charter](#) and [Code of Conduct for Trustees](#) and take part in regular training and development.

The Board usually reviews its performance annually at a face-to-face meeting when Trustees reflect on how well they are fulfilling their duties and consider the Board's balance of skills, experience and knowledge, its diversity in the widest sense, how the Board works together and other factors relevant to its effectiveness. A skills audit was carried out ahead of the Governing Board elections in 2023 and the Interim Chair held one-to-one review meetings with each Trustee in December to review performance in the past year and to discuss the year ahead.

The Board is committed to improving the organization's approach to equity, diversity and inclusion. It recognises that having Trustees with a broad mix of skills and knowledge, as well as a range of perspectives and experience, will help the Board to be innovative, flexible, and better able to adapt to a changing environment and address future challenges.

During 2023 the Board met virtually in March, face-to-face in Paris in May, face-to-face in London in September, and virtually in December.

At two virtual meetings held in March 2023, the draft Organizational Strategy, the *Cochrane Library*, product development and Emeritus and Lifetime Membership awards were discussed. In May, the next iteration of the Organizational Strategy was reviewed and other items on the agenda included the development of a Scientific Strategy, the pathway towards Open Access, a draft governance review report, a strategic risk deep dive, the appointment of a Chair or Co-Chairs from September 2023 and succession planning. At the meeting held in September, the Strategy was approved and the governance review recommendations noted. Other items on the agenda included fundraising, a publisher's report from Wiley and preparation for the Annual General Meeting (held on 11 September 2024 at the Queen Elizabeth II Conference Centre in London).

The Council

A Council was established in 2016 to provide advice to the Governing Board and to ensure that Cochrane Groups retained an effective voice in Cochrane's strategic decision-making and operational implementation. Members of the Council included representatives drawn from, or with the recommendation of, the Group Executives, as well as representatives of Cochrane's authors and Early Career Professionals Network.

In September 2023, the Governing Board agreed that the Cochrane Council would not continue to operate after the end of 2023. A working group made up of members of the Council and the Governing Board agreed to work together during the first half of 2024 to develop new and improved ways of engaging with the Cochrane community.

The Future Engagement Mechanisms Working Group met on 12 December 2023 and again on 21 February 2024, it will develop a proposal to present to the Board during the first half of 2024.

Organizational Structure

The Charity owned three subsidiaries in the year, each with its own board of directors:

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of the Charity's Informatics and Technology Services Department based in Denmark;
- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the Charity. This company was dormant from 2020;
- Cochrane Innovations Limited (Innovations) was a commercial trading company that existed to develop and sell derivative products and services from Cochrane's content and tools, to return income to the Charity and to support the Charity's mission and objects. In December 2020, following a review of the remit and purpose of Innovations, its directors recommended that the subsidiary be closed as it was no longer needed to deliver Cochrane's financial sustainability and product development goals, which can be delivered within the Charity. To facilitate the strike off, a share capital reduction exercise – to return the original investment to the Charity – was carried out. Innovations ceased to trade in June 2022 and was struck off in January 2023.

The Trustees appoint a Chief Executive Officer (CEO) who, together with the Editor in Chief (EIC), is responsible for delivering the strategic direction and day-to-day management of Cochrane. The CEO

and EIC, together with the Executive Leadership Team, develop strategies, operational plans, programmes of work and policies which the Board approves. A framework sets out the authority delegated to the CEO and the EIC. It is reviewed by the Board of Trustees regularly and when a new CEO is appointed.

The CEO and the EIC are expected to lead the organization to ensure it produces, disseminates and promotes credible, trusted health information, and that the information and the organization are inclusive, collaborative, relevant and easy to engage with.

During 2023, CEO Catherine Spencer convened a Strategy Working Group to develop an Organizational Strategy for 2024-2027 and a strategy engagement plan. In July and August, sessions with the Central Executive Team, the Methods Group, the Cochrane Council, the Cochrane Consumer Executive, Geographic Groups and a group of 'critical friends' made up of senior global health figures, all fed into the development of a revised mission, vision and four high level strategic goals. Each session was recorded and valuable feedback collected.

The EIC, Karla Soares-Weiser, takes overall responsibility for the continuing success and sustainability of the *Cochrane Library*. The EIC leads on the development of high quality and relevant content for evidence users and decision makers, and its presentation and delivery to end users. In 2023, the EIC has been responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to the vision and objectives of the organization; improving the quality of the editing process and product with respect to scientific content; and providing a lead for conceptualizing and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'). This work has been carried out as part of a transformational change programme, the Future of Evidence Synthesis.

The CEO, the EIC and other members of the Executive Leadership Team lead the Central Executive Team (CET) which is made up of the staff employed by the Charity - or through Charity funding - to deliver the Charity's mission in collaboration with separately funded Cochrane Groups.

The Central Executive Team directorates are as follows:

- Evidence Production & Methods (including methods and evidence synthesis development, editorial, content publication and policies, and the Future of Evidence Synthesis change management)
- Publishing & Technology (including products, commercial services, evidence pipeline, and IT Development and Infrastructure)
- Development (including advocacy, communications and partnerships; fundraising and engagement, learning and support)
- Finance & Corporate Services (including finance, human resources, risk management and legal)
- Chief Executive's Office (including strategy, governance, project management and organizational administration).

At the heart of Cochrane's work were the activities of a global network of autonomously funded and governed Cochrane Groups.

In 2023:

- 7 Thematic Groups continued to serve as topic-based collectives that work to identify priority areas, develop and disseminate high-quality evidence syntheses, ensure relevance, and maximize impact.
- 17 Methods Groups continued to provide support in methods for research evidence synthesis.
- 13 Fields continued to represent cross-cutting health issues and carry out knowledge translation and advocacy activity.

- 30 Review Groups remain active, helping authors to produce high-quality systematic reviews in their topic areas.
- 131 Geographic Groups continued to maintain a presence in 54 countries, facilitating engagement with regional stakeholders; representing and promoting Cochrane locally; building capacity for review production and use; engaging in knowledge translation activities and supporting advocacy.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of a winding up. The total number of such guarantees at 31 December 2023 was 10,825 (2022: 13,883).

The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Objectives and Activities

Cochrane's vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence. We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, makes that evidence accessible to all, and advocates for its use.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. In December 2023, Cochrane had nearly 11,000 members and over 120,000 supporters from across the world working together to produce, disseminate and promote credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity relies heavily on the contributions of these people around the world to produce its core outputs. Some of them work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2023 they were involved in the following activities:

- Preparing Cochrane's outputs, either as members of Cochrane Review author teams or of Cochrane Review Groups, assisting authors and performing editorial functions;
- Disseminating and advocating for Cochrane's outputs and evidence synthesis methodologies through conference presentations, symposia, scientific papers, and other knowledge translation activities;
- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs.

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

Our Strategic Plan

The Strategy for Change was approved by the Governing Board in June 2021 and runs to December 2023. This document reports against the final objectives of the Strategy for Change, detailed in the following section. Details of our new strategy are set out in the 'Future Plans' section of this report.

Achievements and Performance

The Strategy for Change is based on the principles of collaboration, relevance, integrity, and quality. It guides the organization to deliver on three goals by the end of 2023:

1. Producing trusted evidence: to produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making;
2. Advocating for evidence: to be a leading global advocate for evidence-informed health and care;
3. Informing health and care decisions: to inform health and care decisions by making our evidence accessible, usable, and available to all.

Achievements Against Strategic Plan Goals

Goal 1 - Producing trusted evidence

In 2023, authors prepared 410 new and updated reviews (2022: 343). This increase represents the successful transfer of editorial responsibilities from review groups to the central editorial service. All new reviews are now being processed centrally, and we have seen an increase in submissions since centralising the process.

This year Cochrane Crowd, our citizen science platform, exceeded 32,000 contributors and 8.8 million classifications of primary research (2022: 28,000 contributors and 7.5 million classifications).

Most-accessed Cochrane reviews of 2023

1. Physical interventions to interrupt or reduce the spread of respiratory viruses (816,988 full text views)
2. Medical methods for first trimester abortion (114,155 full text views)
3. Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit (53,311 full text views)
4. Ganoderma lucidum (Reishi mushroom) for cancer treatment (39,879 full text views)
5. Efficacy and safety of COVID-19 vaccines (35,449 full text views)
6. Midwife-led continuity models versus other models of care for childbearing women (25,016 full text views)
7. Alcoholics Anonymous and other 12-step programs for alcohol use disorder (22,143 full text views)
8. Ivermectin for preventing and treating COVID-19 (20,396 full text views)
9. Interprofessional collaboration to improve professional practice and healthcare outcomes (19,491 full text views)
10. Cognitive behavioural therapy for anxiety disorders in children and adolescents (19,453 full text views)

Goal 2 - Advocating for evidence

- Following our response to the World Health Organization (WHO) consultation on global clinical trials policy and our ongoing advocacy and partnership work with WHO, Cochrane's Editor in Chief was appointed to a new WHO Technical Advisory Group on Development of Guidance on Best Practices for Clinical Trials (in a personal capacity). This will be a key opportunity to input into this policy priority, which was initiated and supported by several governments at the World Health Assembly in May 2022.
- We witnessed a major win for trial transparency in terms of a new UK policy which responds to many of our advocacy points on this issue. Geographic Groups also continued to lead national efforts to improve clinical trial transparency within their countries of operation.
- We are in the process of formalising a partnership with the Pan American Health Organization (PAHO), which is expected to be agreed and signed in 2024.
- Cochrane sent a delegation, comprising Cochrane leadership and representatives of Cochrane Rehabilitation and Cochrane Switzerland, to the 76th World Health Assembly (WHA76) in May 2023. This gave us the opportunity to meet with key partners and build our network. WHA76 also marked the historic passing of the first ever resolution on strengthening rehabilitation in health systems. To commemorate the occasion, Cochrane supported a side event organised

- with NGOs and professional associations working in the field of rehabilitation and sponsored by five member states. Prof Stefano Negrini, Director of Cochrane Rehabilitation, represented Cochrane and spoke on the importance of using the best possible evidence for rehabilitation.
- In November 2023, we hosted a workshop on initiating the Cochrane Scientific Strategy at WHO headquarters in Geneva. The workshop was attended by 18 WHO officials including the Director of Special Programmes on Primary Healthcare, the Director of the Health and Migration team, the Director of the Department for Social Determinants of Health and the Director of Quality Assurance of Norms and Standards. Through this, we were able to build new relationships and strengthen existing relationships throughout WHO. We continue to have follow-up meetings on the ongoing development of the Scientific Strategy.

Goal 3 - Informing health and care decisions

- All COVID-19 related reviews continued to be made free to access, and over 75% of all Cochrane Reviews remain free to access globally.
- Teams in different countries continued to translate and disseminate Cochrane evidence into 15 languages – Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, and Thai. Additionally, five new languages were introduced to Cochrane's multi-language offering, namely Dutch, Hindi, Hungarian, Indonesian, and Romanian. By the end of 2023, more than 49,000 Cochrane review summary translations were published on the *Cochrane Library* and Cochrane.org websites. The *Cochrane Library* received more than 4.7 million page visits to translated content pages and 85% of all Cochrane.org page views were to translated pages (38.8 million).
- We published 52 Cochrane podcasts based on new and updated Cochrane Reviews, and 107 podcast translations in different languages (2022: 34 podcasts and 57 translations). Cochrane teams around the world also continued sharing Cochrane evidence for different audiences and in various languages via hundreds of social media posts, newsletters, blogs, journal articles, visuals, and animations.
- 59% of new WHO guidelines published in 2023 cited at least one Cochrane review.
- There were over 17.5 million full text views of Cochrane Reviews, CENTRAL records, and Cochrane Clinical Answers (CCAs), from over 190 countries (2022: around 14 million full text views).
- The Cochrane.org website received 39 million unique visits (2022: 30 million), with over 45 million total page views across the site. The majority of Cochrane.org page views were to translated Plain Language Summaries, with Spanish being the most popular language and Mexico being the country with the most visitors.
- News and social media coverage of Cochrane reviews reached unprecedented levels in 2023. Altmetric measures online mentions of publications, including media, social media, and blogs, weighting these to produce a final figure. While imperfect, this gives a proxy measure for how high-profile or 'talked-about' a given publication is. Three of the ten most talked-about Cochrane reviews of all time were published in 2023. The ten highest-scoring reviews of 2023 are listed below alongside their Altmetric scores.

Altmetric: most talked-about reviews of 2023

1. Physical interventions to interrupt or reduce the spread of respiratory viruses (26,212)
2. Blue-light filtering spectacle lenses for visual performance, sleep, and macular health in adults (2,997)
3. Cranberries for preventing urinary tract infections (2,012)
4. Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses (1,847)
5. Physical exercise for people with Parkinson's disease: a systematic review and network meta-analysis (660)
6. Environmental interventions for preventing falls in older people living in the community (503)
7. Antidepressants for pain management in adults with chronic pain: a network meta-analysis (476)
8. Spinal cord stimulation for low back pain (471)
9. Vitamin D for the management of asthma (440)
10. Fecal microbiota transplantation for the treatment of recurrent *Clostridioides difficile* (409)

Financial Review

Principal Funding Sources

Core income referred to in this report comes from publishing income, as described below. These funds support the Charity's staff – the Central Executive Team – in the publication of systematic reviews through the *Cochrane Library* as well as the delivery of other key charitable objectives.

The global network of Groups that contribute towards the work of Cochrane are based in other organizations - such as universities and hospitals - which provide direct or indirect funding to support them. Cochrane Groups are responsible for sourcing their own funding to support Cochrane Review preparation and related activities. This funding comes principally from national and trans-national government sources (typically from departments and agencies involved in health or research), and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. Globally, and based on previous reporting, this Group funding equates to £10-£15 million GBP per annum when converted from local currencies into GBP but is not shown in the Charity's accounts as it is not accessible by the Charity.

In addition, although some authors are funded to undertake reviews (e.g. through a university Master's programme), many Cochrane Review authors fund their own costs and time related to writing their reviews. It is impossible to accurately calculate the monetary value of volunteers' contributions, but if the work was remunerated at commercial rates, their contributions would cost tens of millions of GBP per year.

Overview of the Year

Charitable expenditure of £9,406,000 (2022: £7,885,000) was incurred during the year and has supported our charitable objects, including continuing investments in strategic projects, as set out in the statement of financial activities on page 30 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2023, income from sales of licences to the *Cochrane Library* increased by 2% to £11,617,000 (2022: £11,362,000); with royalties paid to Cochrane up by 2% to £6,973,000 (2022: £6,817,000). Other Publications Income increased by 18% to £655,000 (2022: £553,000). Additional sources of revenue received in 2023 included £675,000 from our relaunched Colloquium event in London, £505,000 from other Cochrane Products, £460,000 from Cochrane Response (the Charity's consultancy service), and £73,000 from Trusts & Grant Income. Increased interest rates have driven up bank interest income to £329,000 (2022: £73,000).

An expansion of resource and activity, particularly in respect of the relaunched Colloquium and scaling-up of the Central Editorial Service, were the main reasons for a reduced net operating surplus of £337,000 compared with the net operating surplus, in 2022, of £1,012,000. The surplus in the year also represents a favourable budget variance of £785,000 (2023 budget: £448,000 deficit).

Remuneration and Pay Policy for Staff

Cochrane is committed to ensuring it pays Charity staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual Plan & Budget. Central Executive staff remuneration is determined using an established job evaluation scheme and relevant market comparisons. The Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice.

Provision was increased by 4.0% in December 2023 to cover the necessary cost of living adjustments in the following year (2023 award: 3.0%). Towards the end of 2023, we started reviewing our approach to Global Staffing. This is a complex area with an expected outcome during 2024.

Reserves Policy

In December 2020, the Trustees approved a new Reserves Policy that will support Cochrane's strategic plans for 2021 onwards. This risk-based Reserves Policy was developed by the Finance, Audit & Investment Committee (now the Finance, Audit & Risk Committee) following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The new Policy balances the need to hold back Reserves to mitigate the publishing income risks, but also signals intentions to fulfil charitable objects for current and future beneficiaries (e.g. strategic projects).

The major risk exposure in Cochrane's income portfolio is its dependence on publishing income from royalties received from sales of licences to the *Cochrane Library*, which represents nearly 80% of annual turnover. Cochrane's expressed commitment is that Cochrane will achieve universal Open Access to Cochrane systematic reviews immediately on publication for both new and updated reviews. A considerable amount of work is underway to assess Open Access models and - in January 2024 - Cochrane's Board agreed on a roadmap to Open Access that will support our ambition and sustainability.

A significant portion of Cochrane's Reserves (£3,000,000) has been specifically designated as a 'Continuity Fund' to mitigate this risk and help provide financial stability through a post Cochrane Review Open Access transition period. The Continuity Fund is designed to support Cochrane to complete any adjustments required in this period, should future publishing incomes be significantly reduced.

A Strategic Investment Fund is held for specific allocations to single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its strategic plans and meet its organizational mission. The word 'investment' is key, and proposals from the Executive Leadership Team to access and use Reserves from this Fund for strategic projects and initiatives will be supported by a business case and considered by the Board. At the end of the year, the fund totalled £2,498,000 with £652,000 specifically earmarked for future projects. During the year, the Board approved three new allocations from this Fund: an additional £300,000 for the *Future of Evidence Synthesis* initiative, £65,000 to deliver an approved product development strategy and £100,000 to outsource copy-editing and management of new proposals for systematic reviews. These allocations are expected to be fully expended by the end of 2024.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should be not less than three months' sustainable operating costs to provide operational cash flow. In 2023, the target Free Reserves floor was increased to £2,600,000.

Free Reserves (unrestricted income funds less designated funds less fixed assets) at the end of 2023 were £4,330,000, an excess over the target Free Reserves floor of £1,730,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, including for future sustainability and resilience as detailed above, and this will draw down on the Charity's reserves in the coming years.

Going Concern Assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2025. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment Policy

In the short-term, the Charity will seek to maximise bank interest as the current strategic challenges being addressed by the three-year *Strategy for Change* are managed. The long-term commitment, for Cochrane, is to use its invested Reserves to generate additional income for the Charity from a low-risk investment portfolio in accordance with the Charity's ethical values and independence.

Fundraising

Cochrane observes and complies with the relevant fundraising regulations and codes where appropriate. There was full compliance with these regulations and codes in 2023, and we received no complaints relating to our fundraising practice (2022: no complaints). We plan to strengthen and increase fundraising activity in support of our sustainability objective and will ensure professionalism and compliance is maintained.

Future Plans

During 2023 Cochrane Governing Board and Central Executive Team led a process to create our organizational strategy 2024-2028. This included extensive consultation with our community of groups, members and supporters. We have defined our vision as '**A world where health and well-being decisions are based upon timely, trusted and relevant evidence**' and our mission as '**We are an independent organization that collaborates with global partners to produce accessible, trusted evidence and advocates for its use to deliver better, more equitable health for all.**'

Goal 1: Produce timely, relevant evidence for and with those who need it most: Prioritizing resources towards efficient, relevant, and trusted evidence on the most urgent and impactful health issues worldwide.

The approach Cochrane takes towards producing credible and trustworthy evidence through our reviews, training and knowledge translation will contribute towards our overall mission and vision. We have already taken steps to centralize our editorial services to ensure reviews are processed efficiently. We have begun extensive consultation on developing a scientific strategy to ensure that we work in collaboration with partners to deliver progress on the world's most pressing health issues.

Goal 2: Save and improve lives by ensuring everyone can contribute to and benefit from trusted evidence: Promote global health equity by ensuring everyone, everywhere can contribute to, access and benefit from relevant, trusted evidence.

We aim to enable more people to find and access our evidence synthesis by using technology to bring it closer to those making health decisions and through a phased approach to Open Access. We will make reviews easier to understand and use. Crucially, we will ensure our evidence is used by more policy and decision makers worldwide by producing evidence that is useful for their specific local health issues, priorities and systems.

Goal 3: Collaborate locally and globally to strengthen our community and enhance impact:

Promote and increase the inclusion and use of evidence-informed health and well-being through advocacy, capacity strengthening and knowledge translation. We will increase Cochrane's community and enhance engagement from under-represented geographies by stimulating a welcoming, productive environment and building stronger local relationships via the Geographic Groups. We will raise Cochrane's profile and voice globally as an advocate for evidence-informed health by expanding and leveraging our global partnerships, and we will improve the understanding of evidence and how best to use it by educating policy makers and health system decision makers about evidence and the need for synthesised approaches. This goal also includes our commitment to engage and work with consumers on how to use Cochrane evidence.

Our fourth goal focuses on ensuring that Cochrane is supported by a strong Central Executive Team to develop and implement the strategy, working collaboratively with our global community.

Goal 4: Secure our long-term sustainability

To ensure that Cochrane has strong governance and systems we are developing an economically viable Open Access model. To support this, we will diversify and grow our income to provide the resources we need. We will ensure that the ecosystem and governance structures support an organisation fit for the future. Lastly, but not least, our colleagues are important to us: we will develop an organization that's a great place to work and succeed.

Overall, we will work towards ensuring that more people benefit from health and well-being decisions that are based on credible evidence, relevant to their environment.

We have created an annual implementation plan for 2024 that will enable us to prioritise, monitor and evaluate our work.

Principal Risks and Uncertainties

We continue to take steps to ensure that risk management is embedded throughout the organization. We identify and address our key strategic risks to mitigate their likelihood and impact. There are two levels to the risk and assurance process: firstly, to identify the key risks which could prevent Cochrane from achieving its strategic objectives; secondly, to identify the assurance processes in place to mitigate these risks and any outstanding actions required. We must also consider operational risks which underpin the strategic risk framework, dealing with a greater number of potential risks at a more detailed level.

The Trustees consider all aspects of risk and assurance and are supported in this by the work of the Finance, Audit & Risk Committee. Our risk management framework has been developed using the principles and strategies set out in the Charity Commission's risk management guidance. The major strategic risks to Cochrane, together with plans and strategies in managing these risks, are shown in the following table:

Risk	Mitigation
Strategy Are we delivering the strategy in order to meet our vision?	During 2023 we developed a new strategy. This will be delivered through our implementation plan, which uses an objectives and key results framework. Overall, Key Performance Indicators at a Governing Board and Executive Leadership Team level will be used to monitor progress. At an operational level, monitoring and evaluation will be checked against a key result framework. The Central Executive Team have been involved in identifying work streams for 2024. A specific science strategy (which sits under Goal One of our main strategy) will be published by the end of 2024. This will explain our approach to delivering more impact to the world's greatest challenges.
Impact Are we making the desired impact in support of our beneficiaries and can we evidence this?	In 2023, we established a process to identify and collect examples of our impact. This will continue in 2024. Work to deliver a successful Global Evidence Summit in Prague in September 2024 got underway in October 2023 and this work continues. In 2024, the Scientific Strategy aims to enhance our impact by ensuring our reviews address the world's most pressing health needs. By targeting research areas where evidence synthesis will make the biggest difference to people's lives, we will increase our impact on world health. The Communications team will work alongside the Strategy team to ensure we are able to articulate our impact through the Scientific Strategy and beyond. The Evidence Pipeline team within the Central Executive has taken over monitoring of the uptake of Cochrane evidence in national and international guidelines. They are meeting the level of work that was previously done by Cochrane UK and are currently working on automation and monitoring additional global guideline production.

Governance Does our governance framework enable and support compliance with the law and relevant regulations? Does our structure contribute to a culture in which everyone works toward fulfilling our vision and achieving our goals?	During 2023, we scoped and commissioned an external Governance Review to better understand the structure and purpose of the many formal and informal bodies that have become increasingly complicated over time. The Board, the Council and some of the Committees were reviewed and a number of recommendations made around clarifying, simplifying and enhancing the effectiveness of the different entities. In 2024, we will take forward the recommendations included in the Governance Review including: 1. Replacing the Council with new mechanisms for two-way communication, engagement and participation between the central organization and the Cochrane Community; 2. Recruiting and inducting a Chair, Vice Chair, Treasurer and Trustees with skills and experience that complement and strengthen the Board; 3. Developing a clear understanding of our organizational structure and the advantages, disadvantages, risks and opportunities that current arrangements give rise to.
Financial sustainability Are we managing our finances to ensure we continue to make an impact in the medium to long term?	In 2023, the Board approved a new income generation strategy, and a Head of Fundraising was appointed. A new Fundraising team will be recruited in 2024. We started an Open Access project and transition plan to identify a sustainable Open Access business model. We also delivered a <i>Cochrane Library</i> product development plan. The Finance, Audit & Risk Committee continue to monitor the quarterly management accounts, our reserves and – as part of the annual planning - our rolling five-year financial projections. We established Fundraising and Product Development Oversight Committees. Both Committees met regularly in 2023 and will continue to do so in 2024. In 2024, we will confirm our sustainable Open Access transition plan. We will establish and resource a product development roadmap aligned across all income streams. We will develop our pricing policies and cost recovery framework across all activities. We will recruit a new Treasurer, to maintain strong financial stewardship of the organisation. We will establish an operational Income Generation Delivery Group.

Compliance Are we meeting our regulatory, legal and donor compliance requirements and expectations?	In 2023, we established a new Legal team, to better meet the legal and compliance needs of organisation. We updated our data protection policies and will continue to ensure all staff undertake data protection training. In 2024, we will work on updating our data retention and due diligence policies. During the year we joined the Institute of Fundraising and registered with the UK Fundraising Regulator, demonstrating our commitment to good fundraising practice. We have committed to follow the Code of Fundraising Practice and the Fundraising Promise. As part of our Global Staffing review, we have obtained external employment and tax advice to ensure that our workforce management is fully compliant. This review is ongoing with an expected outcome in 2024. Additionally in 2024, we will develop and update a register of organisational policies with a focus on human resources and fundraising-related policies. We will continue to embed an understanding of good governance and compliance across the organization, including donor compliance and updating our template agreements.
People and culture Do we have the right skills and experience to deliver our goals?	In 2023, we launched the Values tool kit which created a cultural framework on how we work and relate to each other to enable a positive working environment. We also launched our first ever annual staff survey using Culture Amp (an online engagement and performance support system) which produced a 62% engagement score. The all-staff meeting (Oct 2023) was a positive experience. As well as departmental break-out sessions, the staff engaged in the new strategic planning and committed to learning and development as a focus area, following the staff survey. In October 2023, the Interim Head of Human Resources started work on a Global Staffing project. This broad project looks at the recruitment and contracting of Central Executive Team (CET) staff as well as the way we can attract and retain staff through a reward strategy. This will complete in 2024. In 2024, we will also aim to develop and embed the new Culture Tool as part of the performance management review. We will rerun the CET annual staff survey (KPI: achieve > 68% engagement score). We will implement the Learning & Development programme and develop a strategic workforce planning process.

Community Are the Charity and the wider Cochrane community working together towards a common vision?	We consulted extensively on the new strategy during 2023. In 2024, we will 1. Communicate the new strategy to internal and external audiences. 2. Work in partnership with our partners in the Campbell Collaboration, JBI and the Guidelines International Network to deliver the second Global Evidence Summit. This flagship event will take place in Prague, Czech Republic, between 10th and 13th September 2024. 3. Develop new ways of working with Geographic Groups and other groups to engage the community. This includes enhancing and clarifying the role of Geographic Groups in delivering the new strategy.
Reputational Are we delivering the strategy in a way which safeguards our reputation (e.g. are we able to respond effectively to any incident that could result in reputational damage)?	In 2023, we updated additional policies and procedures designed to manage reputational risk, including those covering organizational (non-content) conflicts of interest, data protection and controversial reviews. Our newly appointed Head of Communications is leading work on building and safeguarding our reputation. We instigated a new policy to handle controversial reviews with support from the Editorial Board. We secured the services of mediation specialists Envoy to help develop our complaints policy and handle reputational issues relating to complaints. In 2024, we will continue to monitor and address any reputational risk. The Communications team will procure new media monitoring software and develop pro-active campaigns to bolster our reputation. We continue to work with Envoy on complaint resolution.
Producing and publishing trusted synthesized evidence Can we maintain the delivery of our mission including any contractual obligations as intended?	In 2023, Cochrane experienced positive changes but faced challenges managing increased submissions. The Central Editorial Service received 645 submissions, maintaining consistent flow. The <i>Cochrane Library</i> exceeded expectations with 410 new reviews and 129 protocols published. In 2024, Cochrane aims to launch a scientific strategy to strengthen its global leadership in evidence synthesis, addressing pressing health challenges while enhancing innovation, efficiency, and inclusivity. Key priorities include: ensuring a sustainable pipeline of high-priority reviews; centralizing all submissions by June 2024; implementing focused review formats that emphasize equity, diversity, and inclusion (EDI), and expanding Evidence Synthesis Units and Thematic Groups.

	Consultations with internal and external partners will inform this scientific strategy, which will be presented to the Governing Board in Q2 2024 and officially launched in Q4 2024. The strategy will address global challenges such as Maternal, Newborn, and Child Health; Multiple Chronic Conditions; Infectious Diseases and Pandemics; and Climate Change and Sustainability, while promoting health equity, evidence synthesis methodologies, and AI integration. The Scientific Strategy will align our fundraising and advocacy activities to support sustainability and growth.
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Policies on Conflict of Interest and Commercial Sponsorship

Conflict of interest policies for Trustees, staff, Cochrane Groups and *Cochrane Library* content set out our approach to ensuring that conflicts of interest are dealt with appropriately and that the independence of the organization and the *Cochrane Library* is maintained and protected.

Trustees and Committee members are required to complete conflict of interest declarations and these are published on the Cochrane Community website. The declarations are updated annually or when circumstances change. Trustees, Committee members and other participants in Governing Board meetings are also required to declare any interests that could give rise to a conflict (or a perceived conflict) in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes of the meeting. Conflicted participants may be required to absent themselves from all or part of the Board’s discussion of the matter, either voluntarily or at the discretion of the Chair.

We strive to maintain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content. The [Conflict of Interest \(Col\) policy for Cochrane Library Content](#) not only requires interests to be declared, but also mandates that some conflicts will prevent individuals from contributing to a Cochrane Review.

The policy ensures that the people or organizations that fund the creation of *Cochrane Library* content are free from the conflicts of interest that association with commercial organizations raise. The policy defines a commercial organization as ‘any for-profit organization with a financial interest in the topic of *Cochrane Library* content’.

Reference and Administrative details

Registered details

Cochrane's registered name is The Cochrane Collaboration. Its registered address is 11-13 Cavendish Square, London, London, W1G 0AN, UK. Cochrane is a charity (no. 1045921) and a company limited by guarantee (no. 03044323) registered in England and Wales. It is therefore regulated by both the Charity Commission for England and Wales and Companies House.

Advisors

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Banker: National Westminster Bank PLC
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The following Trustees held office on the Cochrane Governing Board during the year and to the date of this report:

Dr Yuan Chi
Dr Juan Franco MD
Professor Sally Green
Professor Tracey Howe (Co-Chair to September 2023)
Ms Karen Kelly (Treasurer)
Professor Tamara Kredo
Dr Gillian Leng CBE MD
Dr Wendy Levinson MD OC
Ms Catherine Marshall (Co-Chair to September 2023)
Mr Jordi Pardo Pardo (Interim Chair from September 2023)
Dr Emma Persad
Dr Vanessa Piechotta

Key Management Personnel

During 2023, and to the date of this report, the key management personnel of the Charity ('Executive Leadership Team') comprised:

Ms Catherine Spencer OBE, Chief Executive Officer
Dr Karla Soares-Weiser, Editor in Chief, *Cochrane Library*
Dr Gavin Adams, Director of Development (to April 2024)
Mr Casey Early, Director of Finance & Corporate Services and Company Secretary
Ms Laura Ingle, Director of Publishing & Technology (from January 2023)

Statement of Responsibilities of the Trustees

Each year, the Trustees are responsible for preparing the *Trustees' Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in The Charities Statement of Recommended Practice (SORP 2019);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

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

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

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

Auditor

Price Bailey LLP was reappointed as Cochrane's auditor at the Annual General Meeting in October 2023.

Approved by the Board of Trustees of Cochrane on 25 June 2024 and signed on their behalf by:


Karen Kelly 25 June 2024 8:07 GMT+2)

Karen Kelly
Treasurer

Independent Auditor's Report to Trustees of The Cochrane Collaboration

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2023 which comprise consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 December 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Trustees annual report, including the strategic report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' report (incorporating the strategic report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 24, the Trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under Companies Act 2006 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the Charitable Group and the sector in which it operates and considered the risk of the Charitable Group not complying with the applicable laws and regulations including fraud, in particular those that could have a material impact on the financial statements. This included those regulations directly related to the financial statements, including financial reporting, and tax legislation. In relation to the operations of the Charitable Group this included compliance with the Charities Act 2011 and Companies Act 2006.

The risks were discussed with the audit team and we remained alert to any indications of non-compliance throughout the audit. We carried out specific procedures to address the risks identified. These included the following:

Reviewing minutes of Board meetings, reviewing any correspondence with the Charity Commission, agreeing the financial statement disclosures to underlying supporting documentation, and enquiries of management and officers of the Charitable Group. We have also reviewed the procedures in place for the reporting of any incidents to the Trustee Board including serious incident reporting of these matters as necessary with the Charity Commission.

Management override: To address the risk of management override of controls, we carried out testing of journal entries and other adjustments for appropriateness. We reviewed systems and procedures to identify potential areas of management override risk. We also assessed management bias in relation to the accounting policies adopted and in determining significant accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the FRC's website at: <https://www.frc.org.uk/auditors/audit-assurance/auditor-s-responsibilities-for-the-audit-of-the-fi/description-of-the-auditor%E2%80%99s-responsibilities-for>. This description forms part of our auditor's report.

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

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 to the parent charitable company's Trustees, as a body, in accordance with the act. Our audit work has been undertaken so that we might state to the parent charitable company's members and its Trustees 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 parent charitable company and the parent charitable company's members as a body and the parent charitable company's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Cooper-Davis FCCA ACA (Senior statutory auditor)

Date: 1 July 2024

for and on behalf of Price Bailey LLP, Statutory Auditor

24 Old Bond St, London, W1S 4AP

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

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'M. Cooper-Davis' written in a cursive, flowing style.

The Cochrane Collaboration

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

For the year ended 31 December 2023

	Note	Unrestricted £'000	Restricted £'000	2023 Total £'000	Unrestricted £'000	Restricted £'000	2022 Total £'000
Income from:							
Charitable activities	2	9,366	48	9,414	8,716	108	8,824
Investments	3	329	–	329	73	–	73
Total income		9,695	48	9,743	8,789	108	8,897
Expenditure on:	4						
Raising funds		89	–	89	87	–	87
Charitable activities							
Evidence production & methods		2,545	–	2,545	2,330	5	2,335
Publishing & technology		3,135	7	3,142	2,887	–	2,887
Development		3,587	43	3,630	2,572	4	2,576
Total expenditure		9,356	50	9,406	7,876	9	7,885
Net income for the year	5	339	(2)	337	913	99	1,012
Transfers between funds		–	–	–	–	–	–
Net income / (expenditure) before other recognised gains and losses		339	(2)	337	913	99	1,012
Other gains/(losses)		(7)	–	(7)	1	–	1
Net movement in funds		332	(2)	330	914	99	1,013
Reconciliation of funds:							
Total funds brought forward		9,495	99	9,594	8,581	–	8,581
Total funds carried forward		9,827	97	9,924	9,495	99	9,594

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 18 to the financial statements.

The Cochrane Collaboration

Charity and consolidated balance sheet

Company no. 3044323

As at 31 December 2023

	Note	The group 2023 £'000	2022 £'000	The charity 2023 £'000	2022 £'000
Fixed assets:					
Investments	10	1	1	6	7
		1	1	6	7
Current assets:					
Debtors	13	1,361	1,364	1,359	1,363
Cash at bank and in hand	20	9,850	9,567	9,836	9,549
		11,211	10,931	11,195	10,912
Liabilities:					
Creditors: amounts falling due within one year	14	(1,288)	(1,338)	(1,310)	(1,407)
Net current assets		9,923	9,593	9,885	9,505
Total net assets	17	9,924	9,594	9,891	9,512
Funds:	18				
Restricted income funds		96	99	96	99
Unrestricted income funds:					
Designated funds		5,498	5,940	5,498	5,940
General funds		4,330	3,555	4,297	3,473
Total unrestricted funds		9,828	9,495	9,795	9,413
Total funds		9,924	9,594	9,891	9,512

Approved by the Board of Trustees of Cochrane on 25 June 2024 and signed on their behalf by:


[Karen Kelly 25 June 2024 18:07 GMT+2\)](#)

Ms. Karen Kelly, Treasurer

The Cochrane Collaboration

Consolidated statement of cash flows

For the year ended 31 December 2023

Reconciliation of net income to net cash flow from operating activities

	2023 £'000	2022 £'000
Net income for the reporting period (as per the statement of financial activities)	337	1,009
Dividends, interest and rent from investments	(329)	(70)
Decrease/(increase) in debtors	3	(409)
Decrease in creditors	(50)	(133)
Net cash provided by operating activities	(39)	397

	Note	2023 £'000	£'000	2022 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			(39)		397
Cash flows from investing activities:					
Dividends, interest and rents from investments		329		73	
Net cash provided by investing activities			329		73
Change in cash and cash equivalents in the year			290		470
Cash and cash equivalents at the beginning of the year			9,567		9,096
Change in cash and cash equivalents due to exchange rate movements			(7)		1
Cash and cash equivalents at the end of the year	20		9,850		9,567

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

1 Accounting policies

a) Statutory information

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

The registered office address is 11–13 Cavendish Square, London, W1G 0AN, UK

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006/Charities Act 2011. The functional currency of these statements is British pound sterling (GBP).

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

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries at the balance sheet date, Cochrane Innovations Limited and Cochrane IKMD Denmark ApS, on a line by line basis. Cochrane Innovations Limited ceased to trade on 30th June 2022 and was dissolved on 17th January 2023. Collaboration Trading Company Limited, which did not trade during the current or preceding period, is now dormant and is therefore not consolidated. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

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

d) Going concern

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

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

e) Income

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

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

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

f) Interest receivable

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

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

i) Foreign exchange

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

j) Allocation of support costs

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

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

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

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

k) Operating leases

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

1 Accounting policies (continued)

l) Investments

Investments in subsidiary undertakings are included at cost.

m) Debtors

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

n) Cash at bank and in hand

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

o) Creditors and provisions

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

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

p) Financial instruments

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

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

q) Pensions

The charity makes payments to defined contribution pension schemes on behalf of employees. The assets of the schemes are held separately from those of the charitable company in independently administered funds. The pension cost charge represents contributions payable to the funds during the year. The charity has no liability under the schemes other than the payment of those contributions.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2023 Total £'000	Unrestricted £'000	Restricted £'000	2022 Total £'000
Royalties from The Cochrane Library	6,973	–	6,973	6,817	–	6,817
Events Income	675	–	675	–	–	–
Other Publications Income	655	–	655	553	–	553
Other Cochrane Products	505	–	505	344	–	344
Cochrane Response	460	–	460	1,003	–	1,003
Trusts and Grant Income	25	48	73	(21)	108	87
Other Income	73	–	73	20	–	20
Total income from charitable activities	9,366	48	9,414	8,716	108	8,824

3 Income from investments

	Unrestricted £'000	Restricted £'000	2023 Total £'000	Unrestricted £'000	Restricted £'000	2022 Total £'000
Bank interest	329	–	329	73	–	73
	329	–	329	73	–	73

4a Analysis of expenditure (current year)

	Cost of raising funds £'000	Charitable activities					2023 Total £'000	2022 Total £'000
		Evidence production & methods £'000	Publishing & technology £'000	Development £'000	Governance costs £'000	Support costs £'000		
Staff costs (note 6)	30	1,384	1,140	952	74	838	4,418	3,716
Other people costs	–	457	133	600	20	182	1,392	1,342
Consultancy/outsourced support	35	162	753	198	61	–	1,209	1,234
Colloquium costs	–	–	–	862	–	–	862	–
Technology	5	–	513	33	–	3	554	441
Commissioned Work	–	44	–	274	–	–	318	398
Travel & Subsistence	–	3	3	4	138	151	299	176
Legal & professional	–	13	–	1	2	117	133	74
Employee-related costs	–	–	–	–	–	97	97	162
Sundry	2	3	8	22	1	36	72	127
Premises costs	–	–	–	–	–	52	52	215
	72	2,066	2,550	2,946	296	1,476	9,406	7,885
Support costs	14	399	493	570	–	(1,476)	–	–
Governance costs	3	80	99	114	(296)	–	–	–
Total expenditure 2023	89	2,545	3,142	3,630	–	–	9,406	7,885

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.

Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.

Consultancy/outsourced support costs relate to external contractors.

Notes to the financial statements

For the year ended 31 December 2023

4b Analysis of expenditure (prior year)

	Charitable activities						2022 Total £'000
	Cost of raising funds £'000	Evidence production & methods £'000	Publishing & technology £'000	Development £'000	Governance costs £'000	Support costs £'000	
Staff costs (note 6)	9	1,145	1,180	603	62	717	3,716
Other people costs	23	369	133	689	55	73	1,342
Consultancy/outsourced support	36	290	539	309	60	-	1,234
Technology	-	-	405	36	-	-	441
Commissioned Work	-	27	-	371	-	-	398
Premises costs	-	-	1	-	-	214	215
Travel & Subsistence	-	-	-	1	80	95	176
Employee-related costs	-	-	-	-	-	162	162
Sundry	-	3	7	13	1	103	127
Legal & professional	-	-	1	1	-	72	74
	68	1,834	2,266	2,023	258	1,436	7,885
Support costs	16	425	526	469	-	(1,436)	-
Governance costs	3	76	95	84	(258)	-	-
Total expenditure 2022	87	2,335	2,887	2,576	-	-	7,885

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.

Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.

Consultancy/outsourced support costs relate to external contractors.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

5 Net income for the year

This is stated after charging:

	2023 £'000	2022 £'000
Operating lease rentals:		
Property	44	175
Auditor's remuneration (excluding VAT):		
Audit	20	16
Other services	1	5
Foreign exchange (gains)/losses	7	(1)
	<u>44</u>	<u>195</u>

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

Staff costs were as follows:

	2023 £'000	2022 £'000
Salaries and wages	3,720	3,097
Social security costs	392	346
Employer's contribution to defined contribution pension schemes	306	272
	<u>4,418</u>	<u>3,715</u>

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

	2023 No.	2022 No.
£60,000 – £69,999	7	8
£70,000 – £79,999	4	2
£80,000 – £89,999	1	1
£90,000 – £99,999	6	6
£100,000 – £109,999	–	1
£130,000 – £139,999	1	–
£170,000 – £179,999	–	1
£180,000 – £189,999	1	–
	<u>1</u>	<u>–</u>

The total employee benefits including pension contributions of the key management personnel, including those on consultancy contracts, were £647,000 (2022: £687,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £66,000 (2022: £45,000) incurred by 12 Trustees (2022: 14 Trustees).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2023 No. Head count	2022 No. Head count
Evidence production & methods	24.7	19.8
Publishing & technology	20.3	15.1
Development	18.0	13.8
Finance & Corporate Services	7.8	10.2
CEO's Office	7.7	3.8
	78.5	62.7

8 Related party transactions

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

Cochrane Innovations Limited, was dissolved in January 2023. At the end of the year, Cochrane Innovations Limited was owed £nil by the Cochrane Collaboration (2022: owed £1 by the Cochrane Collaboration).

At the year end, Collaboration Trading Limited was owed £100 (2022: £100) by the Cochrane Collaboration.

During the year, the Cochrane Collaboration provided £389,000 (2022: £403,000) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £60,000 (2022: £109,000).

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

Tracey Howe, a trustee of the Cochrane Collaboration to September 2023, is a self-employed consultant. During the year, the Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £23,000 (2022: £29,000). No funds were outstanding at the year end.

Catherine Marshall, a trustee of the Cochrane Collaboration to September 2023, is a self-employed consultant. During the year, the Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £23,000 (2022: £31,000). No funds were outstanding at the year end.

Jordi Pardo Pardo, a trustee of the Cochrane Collaboration, is an employee of the University of Ottawa. During the year, the Cochrane Collaboration paid the University for Board Chair consultancy fees, totalling £3,000 (2022: £nil). These charges were included in accruals at the balance sheet date. In addition, a connected party of Jordi Pardo Pardo was Interim CEO of the Campbell Collaboration until March 2023. During this period, the Cochrane Collaboration was paid £20,000 by the Campbell Collaboration (2022: £nil) in respect of advance funds for the 2024 Global Evidence Summit (all included within other creditors at the balance sheet date).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

8 Related party transactions (continued)

Yuan Chee, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the period, the Cochrane Collaboration paid for data curation services totalling £nil (2022: £22,000). No funds were outstanding at the year end.

Gillian Leng, a trustee of the Cochrane Collaboration, was also a trustee of the Guidelines International Network (GIN) until 20 December 2023. During this period, the Cochrane Collaboration was paid £20,000 by GIN (2022: £nil) in respect of advance funds for the 2024 Global Evidence Summit (all included within other creditors at the balance sheet date). In addition, the Cochrane Collaboration paid £2,300 to GIN in respect of exhibition and others charges for the 2023 GIN Hybrid Conference. No other funds were outstanding at the year end.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK38,000 (£4,000) in its profit and loss account in the year to 31 December 2023. In 2022, before it was dissolved, Cochrane Innovations Limited gift aided available profits to the parent charity.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

10 Fixed asset investments

	The group		The charity	
	2023	2022	2023	2022
	£'000	£'000	£'000	£'000
Investment in Cochrane IKMD	-	-	5	6
Other investments	1	1	1	1
	<u>1</u>	<u>1</u>	<u>6</u>	<u>7</u>

The investments represent a 100% (£100) shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark) and a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales). All figures have been included in the consolidation but rounded to £nil in the table presented above for Collaboration Trading Company Limited and Cochrane Innovations Limited.

Following a review of the remit and purpose of Cochrane Innovations Limited, its Directors recommended – in December 2020 – that the company be closed as it is no longer needed to deliver the Cochrane group's financial sustainability and product development goals which can be delivered within the parent company. The company ceased to trade in June 2022 and was dissolved in January 2023.

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

11 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited, a company registered in England and Wales, and Cochrane IKMD Denmark ApS, a company registered in Denmark. Cochrane Innovations Limited, formerly a company registered in England & Wales, was dissolved during the year. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. In 2022, Cochrane Innovations Limited includes, within Other operating income/(expenditure), £348,000 in respect of a Gift Aid donation to the Cochrane Collaboration. A summary of the results of the subsidiaries is shown below:

	Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2023	2022	2023	2022
	£'000	£'000	£'000	£'000
Turnover	-	38	389	404
Gross profit	-	38	389	404
Administrative expenses	-	(3)	(390)	(411)
Other operating (expenditure)/income	-	8	(48)	88
Profit on ordinary activities	-	43	(49)	81
Gift aid donation/dividend to Parent Company	-	(348)	-	(90)
Exchange rate adjustment to opening balance	-	-	(1)	-
Loss for the financial year	-	(305)	(50)	(9)

The aggregate of the assets, liabilities and funds was:

Assets	-	-	77	129
Liabilities	-	-	(38)	(40)
Share capital	-	-	(6)	(6)
Funds	-	-	33	83

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

12 Parent charity

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

	2023 £'000	2022 £'000
Gross income	9,790	9,210
Result for the year	379	1,330

13 Debtors: falling due within one year

	The group		The charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Trade debtors	48	167	48	167
Other debtors	25	30	24	29
Prepayments	274	151	273	151
Accrued income	1,014	1,016	1,014	1,016
	1,361	1,364	1,359	1,363

14 Creditors: amounts falling due within one year

	The group		The charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Trade creditors	204	379	204	379
Accruals	312	308	308	304
Deferred income (note 16)	25	16	25	16
Taxation and social security	121	131	109	110
Other creditors	287	185	265	170
VAT creditor	339	319	339	319
Amounts due to subsidiaries	–	–	60	109
	1,288	1,338	1,310	1,407

15 Deferred income

	The group		The charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Balance at the beginning of the year	16	81	16	70
Amount released to income in the year	(16)	(81)	(16)	(70)
Amount deferred in the year	25	16	25	16
Balance at the end of the year	25	16	25	16

16 Pension scheme

The group operates three defined contribution schemes. The assets of the schemes are held separately from those of the charitable company in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £306,000 (2022: £272,000).

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

17a Analysis of group net assets between funds – current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	4,329	5,498	96	9,923
Net assets at the end of the year	4,330	5,498	96	9,924

17b Analysis of group net assets between funds – prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	3,554	5,940	99	9,593
Net assets at the end of the year	3,555	5,940	99	9,594

18a Movements in funds – current year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Restricted funds (other):	99	48	(51)	–	96
Total restricted funds	99	48	(51)	–	96
Unrestricted funds:					
Designated funds:					
Continuity Fund	3,000	–	–	–	3,000
Strategic Investment Fund (FES)	279	–	(335)	400	344
Strategic Investment Fund (PL)	350	–	(84)	–	266
Strategic Investment Fund (PD)	–	–	(23)	65	42
Strategic Investment Fund (other)	2,311	–	–	(465)	1,846
Total designated funds	5,940	–	(442)	–	5,498
General funds	3,555	9,688	(8,913)	–	4,330
Total unrestricted funds	9,495	9,688	(9,355)	–	9,828
TOTAL FUNDS	9,594	9,736	(9,406)	–	9,924

18b Movements in funds – prior year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Restricted funds (other):	–	108	(9)	–	99
Total restricted funds	–	108	(9)	–	99
Unrestricted funds:					
Designated funds:					
Continuity Fund	2,000	–	–	1,000	3,000
Strategic Investment Fund (FES)	–	–	(21)	300	279
Strategic Investment Fund (PL)	–	–	–	350	350
Strategic Investment Fund (other)	2,361	–	–	(50)	2,311
Total designated funds	4,361	–	(21)	1,600	5,940
General funds	4,220	8,790	(7,855)	(1,600)	3,555
Total unrestricted funds	8,581	8,790	(7,876)	–	9,495
TOTAL FUNDS	8,581	8,898	(7,885)	–	9,594

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2023

19 Purposes of designated funds

The **Continuity Fund** is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced.

The **Strategic Investment Fund** will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. During the year, the Board approved three new specific allocations from the Strategic Investment Fund:

1. £65,000 to progress the Cochrane Library product development strategy aligned to Open Access and future revenue expectations.
 2. £300,000 to enable adequate central capacity to clear the current backlog of submissions, and to plan and budget a transition to resourcing an expanded central editorial service as business as usual going forward.
 3. £100k to outsource copy-editing and management of new proposals for systematic reviews.
- These specific allocations are expected to be fully expended by the end of 2024.

20 Analysis of cash and cash equivalents

	At 1 January 2023 £'000	Cash flows £'000	Other changes £'000	At 31 December 2023 £'000
Cash at bank and in hand	9,567	290	(7)	9,850
Total cash and cash equivalents	9,567	290	(7)	9,850

21 Operating lease commitments

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

	Land and buildings	
	2023 £'000	2022 £'000
Less than one year	9	23
	9	23

22 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each company member as defined by Cochrane's Articles of Association, in the event of winding up is limited to £10.

23 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £100,000 (2022: £100,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund and £49,000 (2022: £59,000) in respect of Cochrane Rehabilitation (a Cochrane thematic field).

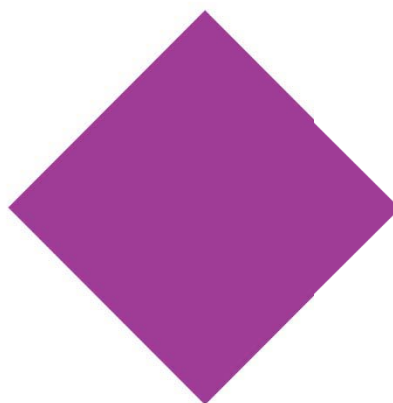
24 Contingent liabilities

The Kings Fund office leasehold agreement, which commenced in September 2022, is subject to reinstatement and dilapidations obligations at the end of the lease. A liability is not considered likely to exist and consequently no provision has been made in the financial statements.

Accounts

**Trustees' Report and
Financial Statements**
The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2022

Company Number 03044323
Charity Number 1045921



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The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2022.

Reference and Administration

Charity name: The Cochrane Collaboration (Cochrane)

Registered address: 11-13 Cavendish Square
London, W1G 0AN
UK

Advisors

Auditors: Price Bailey LLP (from February 2023)
Chartered Accountants and Statutory Auditors
24 Old Bond St
London, W1S 4AP
UK

Sayer Vincent LLP (until January 2023)
Chartered Accountants and Statutory Auditors
Invicta House
108-114 Golden Lane
London, EC1Y 0TL
UK

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

Legal advisers: Brodies LLP
15 Atholl Crescent
Edinburgh, EH3 8HA
UK

Maier Blackburn LLP
Prima House
267 Banbury Road
Oxford, OX2 7HT
UK

Russell-Cooke LLP
2 Putney Hill
London, SW15 6AB
UK

Trustees

The following Trustees held office on the Cochrane Governing Board during the year and to the date of this report:

Yuan Chi
Juan Franco
Sally Green
Tracey Howe (Co-Chair)
Karen Kelly (Treasurer)
Marguerite Koster (term ended September 2022)
Tamara Kredo
Raewyn Lamb (term ended September 2022)
Gillian Leng (appointed October 2022)
Wendy Levinson (appointed October 2022)
Catherine Marshall (Co-Chair)
Jordi Pardo Pardo
Emma Persad
Vanessa Piechotta

Key Management Personnel

During 2022, and to the date of this report, the key management personnel of the Charity ('Executive Leadership Team') comprised:

Judith Brodie, Interim Chief Executive Officer (until June 2022)
Catherine Spencer, Chief Executive Officer (from July 2022)
Karla Soares-Weiser, Editor in Chief, *Cochrane Library*
Gavin Adams, Director of Development (from October 2022)
Christopher Champion, Head of Engagement, Learning & Support (until October 2022)
Casey Early, Director of Finance & Corporate Services
Sylvia De Haan, Head of Advocacy, Communications & Partnerships (until July 2022)
Laura Ingle, Director of Publishing & Technology (from January 2023)
Charlotte Pestrige, Director of Publishing & Technology (until December 2022)

Structure, Governance and Management

Nature of Governing Document

Cochrane's governing document is its [Articles of Association](#).

Legal Objects

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

Governing Body

Cochrane's governing body is the Governing Board (the Board). The Board determines the strategic direction of the organization, including its policies, objectives and goals. It governs the Charity on behalf of the organization's members. Board members are the Charity's Trustees.

The majority of the Board – at least six members – are elected by the membership and the rest are independent and appointed by the Board. Two Co-Chairs are similarly appointed by the Board. Members serve for a three-year period (or two years for Co-Chairs) and may be re-elected for a second consecutive term.

The Governing Board is committed to the highest standards of governance. All Board members adhere to a [Governing Board Charter](#) and [Code of Conduct for Trustees](#), and undertake regular training and development. New members go through a comprehensive induction with the Board Co-Chairs, Treasurer, and Charity staff. They are provided with introductory documentation to assist them. The Board induction was reviewed and updated in 2022.

This year, the Board met for six virtual meetings (2021: seven virtual meetings) and the Board held its first in-person meeting since October 2019, pre-pandemic. The face-to-face meeting was an opportunity to discuss the future of Cochrane in the light of significant changes to both funding and structure, with a facilitator who helped envision transformational change. Practical outputs from the meeting included a re-commitment to moving to Open Access in 2025, agreement on the headline objectives for a new strategy, including the need to develop a comprehensive fundraising strategy, the review of the structure of the Cochrane community in ways that support the future direction of evidence synthesis, a commitment to ensuring that the work pace for staff is sustainable, and a commitment to review funding reform activity. In addition, there was agreement on the need for an organization-wide Governance Review in 2023 including a review of the frequency and content of Board and Committee meetings. In 2023, the Board will move to a quarterly meeting cycle with a minimum of two virtual meetings and two face-to-face meetings.

Organizational Structure

The Charity owned three subsidiaries in the year, each with its own board of directors:

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of the Charity's Informatics & Technology Services Department based in Denmark;
- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the Charity. This company was dormant from 2020;
- Cochrane Innovations Limited (Innovations) was a commercial trading company that existed to develop and sell derivative products and services from Cochrane's content and tools, to return income to the Charity and to support the Charity's mission and objects. In December 2020, following a review of the remit and purpose of Innovations, its directors recommended that the subsidiary be

closed as it was no longer needed to deliver Cochrane's financial sustainability and product development goals, which can be delivered within the Charity. To facilitate the strike off, a share capital reduction exercise – to return the original investment to the Charity – was carried out. Innovations ceased to trade in June 2022 and was struck off in January 2023.

Delegated authority, from the Board, for overarching responsibility for the management of the organization and the executive delivery of its plans and activities to implement its strategic goals, is shared between the Chief Executive Officer (CEO) and the Editor in Chief (EIC). Both the CEO and EIC work under the direction of the Board and report directly to the Co-Chairs.

The CEO provides strategic leadership as well as day-to-day management and oversight of Cochrane's activities. Key expectations are that the CEO will lead the organization to ensure it produces, disseminates and promotes credible, trusted health information, and that the information and the organization are inclusive, collaborative, have high integrity, are relevant and easy to engage with. In June 2022, Judith Brodie finished her term as Interim CEO having completed her mandate to review and restructure the Central Executive Team with the support of an external consultant, and to reduce costs and increase efficiency. A new permanent CEO, Catherine Spencer, started in July 2022.

The Editor in Chief (EIC) takes overall responsibility for the continuing success and sustainability of the *Cochrane Library*. The EIC leads on the development of high quality and relevant content for evidence users and decision makers, and its presentation and delivery to end users. In 2022, EIC Dr Karla Soares-Weiser has been responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to the vision and objectives of the organization; improving the quality of the editing process and product with respect to scientific content; and providing a lead for conceptualizing and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'). This work has been carried out as part of a transformational change programme, the Future of Evidence Synthesis.

In partnership, and with support from the Executive Leadership Team, the CEO and EIC lead the Central Executive Team - the staff employed by the Charity or through Charity funding - to deliver the Charity's mission in collaboration with separately funded Cochrane Groups.

Following the 2021 cost and efficiency review, and subsequent organizational restructure, the new Central Executive Team departments (effective January 2022) were as follows:

- Evidence Production & Methods (including methods and evidence synthesis development, editorial, content publication and policies and the Future of Evidence Synthesis change management)
- Publishing & Technology (including products, commercial services, evidence pipeline and IT Development and Infrastructure)
- Development (including advocacy, communications and partnerships; fundraising and engagement, learning and support)
- Finance & Corporate Services (including finance, human resources, contracts and project management)
- Chief Executive's Office (including strategy, governance and organizational administration).

At the heart of Cochrane's work were the activities of a global network of autonomously funded and governed Cochrane Groups. In February 2022 the Cochrane Governing Board approved a new model for producing Cochrane evidence syntheses, designed to ensure Cochrane remains viable, sustainable, and focused on the greatest global health and care challenges now and into the future.

Under the new model, Cochrane's organizational structure will be transformed over a three-to-five-year period. This year we began the move away from the longstanding structure of 52 review groups

(plus satellites) as the engine house of review development. It was considered critical not to disrupt Cochrane Groups with stable funding during the transition period. Loss of NIHR funding in the UK is anticipated to lead to significant changes to Cochrane Review Groups in that country, with many likely to close in 2023.

In 2022:

- 7 [Thematic Group pilots](#) were announced.
- 17 Methods Groups continued to provide support in methods for research evidence synthesis.
- 13 Fields continued to represent cross-cutting health issues and carry out knowledge translation and advocacy activity.
- 131 Geographic Groups continued to maintain a presence in 54 countries, facilitating engagement with regional stakeholders; representing and promoting Cochrane locally; building capacity for review production and use; and engaging in knowledge translation activities and supporting advocacy.

Cochrane Groups have a voice in Cochrane's leadership and strategic decision-making through the Cochrane Council. The purpose of the Council is to provide:

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

In 2022, the Council Co-Chairs attended all seven Governing Board meetings and the Board Co-Chairs attended four formal Council meetings. Both sets of Co-Chairs also meet regularly (2022: six meetings).

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of a winding up. The total number of such guarantees at 31 December 2022 was 13,883 (2021: 13,133). The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Statement of Responsibilities of the Trustees

Each year, the Trustees are responsible for preparing the *Trustees' Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in The Charities Statement of Recommended Practice (SORP 2019);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that

the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

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

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

Auditor

Sayer Vincent LLP was reappointed as Cochrane's auditor at the Annual General Meeting (AGM) in October 2022. A resolution was approved to enable the Trustees to appoint new auditors and inform the membership outside of the AGM. Following a formal tender process, Price Bailey LLP were appointed as Cochrane's new auditors in February 2023.

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 health interventions to meet individual healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Policymakers require high-quality evidence in order to develop effective policies that can impact the health of populations on a national and international scale. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by Cochrane, therefore, is the advancement of human health by assimilating, on behalf of the world's population, the results of primary research relating to health and care, and then presenting these results in a single scientific paper called a 'Cochrane Review' or 'systematic review'.

The second public benefit relates to Cochrane's work to improve research integrity by developing and advocating for improved health research methodologies; and identifying uncertainties, missing or poor evidence in primary research.

The third public benefit relates to supporting the use of our health evidence by those who need it to make health decisions, through what we call 'knowledge translation'. Knowledge translation activities include:

- Producing Cochrane evidence in different and accessible formats such as graphics, podcasts, or videos, to enable the target audience to use it more easily;
- Translating Cochrane evidence from English into different languages;
- Building partnerships with stakeholders to support the uptake of Cochrane evidence in their setting;
- Capacity building through workshops in local settings.

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

The Trustees have considered the Charity Commission's guidance in Section 17 of the Charities Act 2011 in setting the organization's aims and activities for public benefit.

Objectives and Activities

Vision and Mission of the Charity

In June 2021, the organization adopted a new strategic plan, the '[Strategy for Change](#)', which set out updated vision and mission statements:

Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence.

We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. By December 2022, Cochrane had nearly 14,000 members and 100,000 supporters from more than 200 countries working together to produce, disseminate and promote credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity relies heavily on the contributions of these people around the world to produce its core outputs. Some of them work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2022 they were involved in the following activities:

- Preparing Cochrane's outputs, either as members of Cochrane Review author teams or of Cochrane Review Groups, assisting authors and performing editorial functions;
- Disseminating and advocating for Cochrane's outputs and evidence synthesis methodologies through conference presentations, symposia, scientific papers, and other knowledge translation activities;
- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs.

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

Organizational Strategic Plan

The *Strategy for Change* was approved by the Governing Board in June 2021. It replaced the *Strategy to 2020* and was based on a draft strategic framework developed from 2019-2020, which had extensive input from members and supporters. Alongside the three goals, the *Strategy for Change*'s focus on improved efficiency, sustainability, increased awareness and impact, and enhanced accountability, will guide work to the end of 2023. The *Strategy*'s Objectives for Change are: to produce timely, high-quality Cochrane Reviews; to streamline review production; to advocate for evidence-informed decision-making; to achieve Open Access to Cochrane Reviews; and to improve the user experience of our evidence. These are the building blocks for planning and priorities. In 2023, a new strategy will be developed as set out in the 'Future Plans' section of this report.

Achievements and Performance: Strategic Report

The *Strategy for Change* is based on the principles of collaboration, relevance, integrity, and quality. It guides the organization to deliver on three goals by the end of 2023:

1: Producing trusted evidence:

To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making;

2: Advocating for evidence:

To be a leading global advocate for evidence informed health and care;

3: Informing health and care decisions

To inform health and care decisions by making our evidence accessible, usable, and available to all.

Achievements against strategic plan goals:

Goal 1 - Producing trusted evidence

In 2022, authors prepared 195 new and updated reviews (2021: 507). This is lower than previous years due to the ongoing editorial changes, including an increased focus on prioritizing relevance and high-quality. The 2021 Impact Factor (released in 2022) for the *Cochrane Database of Systematic Reviews* was 12.008 (2020 9.289). Impact Factor is a metric used for evaluating and comparing journals based on frequency with which the journal content is cited. The *Cochrane Database of Systematic Reviews* is ranked 20th (2019: 11th) out of general medical journals. This fall in relative terms is due to the proliferation of COVID primary studies in other medical journals.

This year [Cochrane Crowd](#), our citizen science platform, exceeded 28,000 contributors and 7.5 million classifications of primary research (2021: 23,000 contributors and 6.0 million classifications).

Cochrane Library - Top accessed reviews in 2022:

1. Ivermectin for preventing and treating COVID-19 (*Full text views: 95,316*)
2. Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit (*Full text views: 62,309*)
3. Antibiotics for the treatment of COVID-19 (*Full text views: 37,783*)
4. Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 (*Full text views: 36,975*)
5. Colchicine for the treatment of COVID (*Full text views: 33,276*)
6. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection (*Full text views: 32,314*)
7. Antibody tests for identification of current and past infection with SARS-CoV-2 (*Full text views: 27,807*)
8. Systemic corticosteroids for the treatment of COVID-19: Equity-related analyses and update on evidence (*Full text views: 23,729*)
9. Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19 (*Full text views: 23,297*)
10. Physical interventions to interrupt or reduce the spread of respiratory viruses (*Full text views: 23,070*)

Goal 2 - Advocating for evidence

- We launched the [Cochrane Convenes report and call to action](#) on supporting the evidence response to global health emergencies and advocated for the recommendations through a variety of means, including:
 - Holding a webinar during the World Health Assembly, with a panel of national policy makers. This was organised jointly with the [WHO \(World Health Organization\) EvipNet team](#) and the team leading the [Global Commission on Evidence](#).
 - Issuing a statement highlighting the Cochrane Convenes recommendations as part of the second round of public hearings for the new international convention on pandemic prevention, preparedness and response being developed by WHO Member States.
 - Presenting about the role of evidence synthesis and living evidence in supporting pandemic preparedness to the GloPID-R group of funders, at their invitation.
- With the support of Cochrane methods groups and geographic groups active in campaigning for clinical trial transparency, Cochrane submitted a response to the WHO consultation on global clinical trials policy. The consultation was carried out following the passing of a resolution on '[strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination](#)' at the World Health Assembly in May 2022. Our response emphasised the value of systematic reviews in enhancing research at the prioritisation, commissioning and design stages of clinical trials. It also called for mechanisms that support robust and timely reporting of trial results and data.
- Our 'non-state actor in official relations' status was formally renewed in 2022 for 3 years, which enables us to attend and make statements at key WHO meetings as a non-voting participant. The renewal is also underpinned by a joint plan of work, which includes:
 - Providing relevant evidence synthesis and methodological support for consideration in the development of new WHO guidelines, the Essential Medicines List and other guidance;
 - Supporting WHO with training in the interpretation of evidence synthesis;
 - Contributing to activities which facilitate the use of evidence in policymaking at national, regional and global levels;
 - Collaboration on areas of mutual interest, including: essential medicines and diagnostics, research integrity, healthy ageing, reproductive health, and nutrition.

Goal 3 - Informing health and care decisions

- All COVID-19 related reviews continued to be made free to access and over 75% of all Cochrane Reviews remain free to access globally.
- Teams in different countries continued to translate and disseminate Cochrane evidence into 15 languages – Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, and Thai. There were over 40,000 translations of Cochrane Reviews offered on the Cochrane Library and Cochrane.org websites at the end of 2022. All our COVID-19 evidence was translated into multiple languages, and translated evidence was among the most popular on our websites, particularly Spanish translations.

- We published 34 Cochrane podcasts based on new and updated Cochrane Reviews, and 57 podcast translations in different languages (2021: 48 podcasts and 139 podcast translations). Cochrane teams around the world also continued sharing Cochrane evidence for different audiences and in various languages via hundreds of social media posts, newsletters, blogs, journal articles, visuals and animations.

Achieving impact - the use of our evidence:

- 77% of new WHO guidelines published in 2022 cited at least one Cochrane review.
- There were over 14 million full text views of Cochrane Reviews, CENTRAL records and Cochrane Clinical Answers (CCAs), from over 190 countries (2021: around 14 million full text views, from over 190 countries).
- The majority of Cochrane.org page views were to translated Plain Language Summaries, with Spanish the most popular language and Mexico the country with most visitors.
- Web traffic to Cochrane.org in 2022 was around 30 million, although due to changes in data collection legislation and methodology this is likely to be an underestimate and is not comparable to previous years.
- Cochrane received 10,125 global media mentions in 2022 (2021: 11,538). The Ivermectin review remained Cochrane's most talked about review of all time, with an Altmetric score of over 10,000. Altmetric measures all online mentions of publications including media, social media and blogs, weighting these to produce a final figure. For context, the second highest-scoring review as of 2022 had a score of 5,000 and only 25 Cochrane reviews had scores over 1,000.
- User research showed that the *Cochrane Library* continues to excel in ratings for satisfaction, likelihood of future use and recommendations.

Financial Review

Principal Funding Sources

Core income referred to in this report comes from publishing income, as described below. Core funds support the Charity's staff - the Central Executive Team - to deliver programmes considered of key strategic importance to the Cochrane community, including review quality oversight, Cochrane Review Group transformation, knowledge translation activities, Information Technology infrastructure development, Cochrane Training and Cochrane Methods.

The global network of Groups that contribute towards the work of Cochrane are based in other organizations - such as universities and hospitals - which provide direct or indirect funding to support them. Cochrane Groups are responsible for sourcing their own funding to support Cochrane Review preparation and related activities. This funding comes principally from national and trans-national government sources (typically from health, research and related ministries), and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. Globally, this Group funding equates to roughly £18 million GBP per annum when converted from local currencies into GBP but is not shown in the Charity's accounts as it is not accessible by the Charity.

In addition, although some authors are funded to undertake reviews (e.g. through a university Master's programme), many Cochrane Review authors fund their own costs and time related to writing their reviews. It is impossible to accurately calculate the monetary value of volunteers' contributions, but if the work was remunerated at commercial rates, their contributions would cost tens of millions of GBP per year.

Overview of the Year

Charitable expenditure of £7,885,000 (2021: £9,107,000) was incurred during the year and has supported our charitable objects, including continuing investments in strategic projects, as set out in the statement of financial activities on page 27 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2022, income from sales of licences to the *Cochrane Library* increased by 14% to £11,362,000 (2021: £10,004,000); with royalties paid to Cochrane up by 14% to £6,817,000 (2021: £6,002,000). This uplift included a significant exchange rate element, of around £800,000, due to the relative strength of the British Pound against the United States Dollar across 2022. Other Publications Income increased by 5% to £553,000 (2021: £527,000). Additional sources of revenue received in 2022 included £1,003,000 from Cochrane Response (the Charity's consultancy service), £344,000 from other Cochrane Products, and £87,000 from Trusts & Grant Income.

The increased, exchange-rate driven, publishing income, along with cost savings following the restructure, were the main reasons for the net operating surplus of £1,012,000 compared with the net operating deficit, in 2021, of £1,415,000. The 2022 surplus also represents a favourable budget variance of £1,388,000 (budget: £376,000 deficit).

Remuneration and Pay Policy for Staff

Cochrane is committed to ensuring it pays Charity staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual Plan & Budget. Central Executive staff remuneration is determined using an established job evaluation scheme and relevant market comparisons. The

Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice. Provision was increased by 3.0% in December 2022 to cover the necessary cost of living adjustments in the following year (2022 award: 2.0%).

Reserves Policy

In December 2020, the Trustees approved a new Reserves Policy that will support Cochrane's strategic plans for 2021 onwards. This risk-based Reserves Policy was developed by the Finance, Audit & Investment Committee (now the Finance, Audit & Risk Committee) following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The new Policy balances the need to hold back Reserves to mitigate the publishing income risks, but also signals intentions to fulfil charitable objects for current and future beneficiaries (e.g. strategic projects).

The major risk exposure in Cochrane's income portfolio is its dependence on publishing income from royalties received from sales of licences to the *Cochrane Library*, which represents nearly 80% of normal annual turnover. Cochrane's expressed commitment is that by 2025 at the latest, Cochrane will achieve universal Open Access to Cochrane systematic reviews immediately on publication for both new and updated reviews. A considerable amount of work is underway to assess Open Access models that will support our ambition and sustainability.

A significant portion of Cochrane's Reserves (£3,000,000) has been specifically designated as a 'Continuity Fund' to mitigate this risk and help provide financial stability through a post Cochrane Review Open Access transition period. The Continuity Fund is designed to support Cochrane to complete any adjustments required in this period, should future publishing incomes be significantly reduced.

A Strategic Investment Fund (£2,311,000) is held for specific allocations to single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its strategic plans and meet its organizational Mission. The word 'investment' is key, and proposals from the Executive Leadership Team to access and use Reserves from this Fund for strategic projects and initiatives will be supported by a business case and considered by the Board via the Finance, Audit & Risk Committee. During the year, the Board approved two new specific allocations from the Strategic Investment Fund; the use of up to £300,000 to roll out the programme of work for the *Future of Evidence Synthesis* initiative, and the use of up to £350,000 to help mitigate the risk of reduced content pipeline. These allocations are expected to be fully expended by the end of 2023.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should be not less than three months' sustainable operating costs to provide operational cash flow. The target Free Reserves floor was increased to £2,600,000 as part of the 2023 Plan & Budget approval. Additional transfers from the General Fund to the Continuity Fund (£1,000,000) and Strategic Investment Fund (£600,000) were also approved.

Free Reserves (unrestricted income funds less designated funds less fixed assets) at the end of 2022 were £3,555,000, an excess over the target Free Reserves floor of £955,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, including for future sustainability and resilience as detailed above, and this will draw down on the Charity's reserves in the coming years.

Going Concern Assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2024. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment Policy

In the short-term, the Charity will seek to maximise bank interest as the challenges being addressed by the two-year *Strategy for Change* are managed. The long-term commitment, for Cochrane, is to use its invested reserves to generate additional income for the Charity from a low-risk investment portfolio in accordance with the Charity's ethical values and independence.

Fundraising

Cochrane does not engage in public fundraising but observes and complies with the relevant fundraising regulations and codes where appropriate. There was full compliance with these regulations and codes in 2022, and we received no complaints relating to our fundraising practice. We plan to strengthen and increase fundraising activity in support of our sustainability objective and will ensure professionalism and compliance is maintained.

Policies on Conflict of Interest and Commercial Sponsorship

Cochrane strives to maintain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content. In October 2020 a new and even more stringent [Conflict of Interest \(Col\) policy](#) for *Cochrane Library* content came into force. The revised policy, as with previous versions, not only requires interests to be declared, but also mandates that some conflicts will prevent individuals from contributing to a Cochrane Review.

The intent of the policy is to avoid conflicts of interest associated with commercial sponsorship and ensure that the people or organizations that fund the creation of *Cochrane Library* content are free from such conflicts. The policy definition of a commercial organization is 'any for-profit organization with a financial interest in the topic of *Cochrane Library* content'.

In addition, no Cochrane Review Group (CRG) is permitted to accept funding from any commercial organization with a financial interest in the CRG topic area. While government departments, not-for-profit medical insurance companies and health management organizations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in the policy definition of a commercial organization.

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of review authors in the conduct of their reviews. The protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.

Future Plans

2023 Priorities

In 2023, we will be continuing the step-by-step transformation of Cochrane we launched in 2021 in line with the [Strategy for Change](#) which runs to the end of 2023.

Our core work remains the production of reviews to contribute to global knowledge on the most effective health and care solutions. There are a number of important projects that will ensure we meet our transformation goals. These include:

- **Future of Evidence Synthesis**, ten separate projects, completely revolutionising our evidence production to simplify the production process;
- Achieving **Open Access** to enable more people to read our reviews immediately, while simultaneously preserving some income through our digital products;
- Establishing a **robust income generation** operation.

A draft strategy is in development. The strategy will be agile, reflecting that we have a large transformation to deliver. The projects within this transformation are already revolutionary and challenging and we will need to monitor their success before planning more activities. The strategy will build on the discussions of the October 2022 Governing Board meeting. It assumes that:

- Our core business of producing high-quality reviews will remain;
- We will deliver Open Access to increase access and meet Plan S funder requirements;
- We are increasing the speed of the editorial process to deliver reviews faster;
- We are developing a new ecosystem to support our global community and evidence production, training and knowledge transfer;
- We will create a focused scientific strategy to ensure that our reviews are more relevant and more attractive to funders;
- Enhanced training and methods work will continue to be developed centrally but be delivered by Geographic Groups;
- Income generation activities will include fundraising and business development projects that align with our mission. These may include training, services to help authors write a review, and product sales. The expansion of Cochrane Response will also be part of this;
- Knowledge translation/transfer will continue to be an important part of our mission to ensure more people have access to evidence based health care;
- Increasing equality and diversity within the organization, and through the locations we work with, is vital.

Other strategic priorities for 2023, as agreed by the Governing Board in December 2022, are:

- Open Access models to be agreed by the Governing Board in the September 2023 Governing Board meeting in order to deliver full Open Access by the end of 2025;
- Advocacy activities focus on productive partnerships including active participation at the 2023 World Health Assembly;
- Investment in income generation and diversification, including a fundraising strategy;
- A focus on Central Executive Team culture and ways of working to ensure the Team's new structure – which took effect in January 2022 – works effectively with, and for, the community to deliver our collective goals.

In addition, a review of organizational governance is planned to standardize and simplify the governance structures in place between the Charity and Cochrane Groups and members to help ensure clarity regarding responsibility and accountability in decision-making processes.

Principal Risks and Uncertainties

We continue to take steps to ensure that risk management becomes an integral part of our governance and is embedded throughout the organization. We identify and address our key strategic risks to mitigate their likelihood and impact. There are two levels to the risk and assurance process. Our strategic risk approach is designed to identify the key risks which could prevent Cochrane from achieving its strategic objectives. It also identifies the assurance processes which we have in place to mitigate these risks and any outstanding actions around these assurance processes. We must also consider operational risks which underpin the strategic risk framework, dealing with a greater number of potential risks at a more detailed level.

The Trustees consider all aspects of risk and assurance and are supported in this by the work of the Finance, Audit & Risk Committee. The major strategic risks of Cochrane, together with plans and strategies in managing these risks, are shown in the following table:

Risk	Mitigation
Strategy and governance Are we delivering the strategy and impact in order to meet our vision?	In 2021, we launched a new strategic framework - <i>Strategy for Change: 2021-2023</i> - which provides a short-term plan for a more efficient, effective and sustainable organization. In 2022, we appointed a new CEO and, with the Executive Leadership Team, worked with the Board at a strategic planning and engagement event – the first physical Board meeting in nearly three years. We also appointed two new Governing Board members to help ensure the Board continues to have the necessary range of skills, knowledge, and backgrounds to be effective. In 2023, we will develop a new strategic vision for Cochrane, which will help to drive our transition to a new business model and editorial approach. Articulating the vision with a credible business plan will assist delivery and attract funding. We will also develop a new scientific strategy to ensure that our reviews are relevant and address areas of global need. In 2023, we plan to undertake an external governance review to support the organization transformation, including a refresh of the role and purpose of Council.
Financial sustainability Are we managing the finances to ensure we continue to make an impact in the medium to long term?	In 2021, we restructured the Central Executive Team to generate cost savings, to streamline the way we operate and to establish a new fundraising team (to be fully recruited by the end of 2023). Our management accounts are reviewed on a quarterly basis by senior management, the Finance, Audit & Risk Committee and the Board. We will continue to monitor our reserves and our cost-base and will maintain rolling five-year financial projections.

	In 2022, we appointed a new Director of Development who, in 2023, will develop income generation and membership strategies. We will recruit for a Head of Fundraising in early 2023 who will, in turn, build a new Fundraising team. We will also recruit for a Head of Product Development who will market and generate income from Cochrane's existing products and explore the potential of developing new products. In 2023, we will deliver the Open Access project and transition plan to identify a sustainable Open Access business model. We will also deliver a <i>Cochrane Library</i> product development plan such that some paywalled content will be maintained in order to continue to provide a level of subscription income.
Compliance Do we comply with all legal and regulatory requirements?	In 2021, we completed an external data protection assessment. We regularly scan our systems for weaknesses, especially in respect of cyber security. These activities are designed to manage the risk of data and information held by Cochrane being accessed, used, disrupted, modified or destroyed by unauthorised parties. In 2023, we will update our data protection policies and continue to ensure all staff undertake data protection training. In 2022, we completed an external Value Added Tax (VAT) assessment and carried out an external audit tender, appointing Price Bailey from a shortlist of Charity-specialist audit firms. Following the London office relocation, we will update our detailed health and safety risk assessments and policies to reflect the new hybrid working arrangements. We will also review our legal provision arrangements and sign up to the Code of Fundraising Practice and register with the Fundraising Regulator.
People and culture Do we have the right skills and experience to deliver our goals?	A key focus of the current <i>Strategy for Change</i> is to achieve a positive, supportive, achieving culture after the 2021 restructure. In 2022, a Culture Working Group delivered a launch event to initiate organizational discussion, feedback and engagement in the development of our organizational culture. In November 2022, we held our first all-staff meeting for nearly three years: meeting in London to connect, team-build, receive priority updates and engage in culture and planning workshops. In 2022, we appointed a Chief Executive Officer and a new Director of Development. We ran a leadership development programme for the Executive Leadership Team and Wider Leadership Group which included five events: Leadership Models and Paradoxes; Personality

	and Leadership; Leader as Coach; Trust, Teams and Psychological Safety; Self-Leadership. In 2023, we will continue to invest in the training and development of staff, promote wellbeing initiatives, and finalise and start to embed the new culture framework. We will also carry out a global reward and contracts review.
Community Are the Charity and the wider Cochrane community working together towards a common vision?	We are pivoting to a new model which reflects our new strategic vision. This includes the development of Thematic Groups and Evidence Synthesis units. We are engaging extensively with community members about future plans for evidence synthesis in Cochrane to ensure that we retain the involvement of our many talented content experts across the Cochrane community. In 2022, we conducted a listening and learning exercise to increase our understanding of diversity and inclusion in Cochrane. A report was published in the first quarter of 2022 and an action plan for 2023 is in development. We also started work with the Cochrane Council to develop an organizational statement of values to inform organizational decision-making. The role of Council will be considered as part of our 2023 Governance Review. Following extensive engagement with consumers (patients, carers, and the public), Cochrane agreed a consumer engagement and involvement framework to 2027. This aims to engage with healthcare consumers and those who support them, so that they can make sense of health evidence, be integral to its production and dissemination, and use Cochrane evidence when making healthcare decisions. In 2023 we will host a Colloquium in London which will be the first time the community has met in this form since 2018. This will have significant benefits for community moral and relationship building across the community.
Reputational Are we delivering the strategy in a way which safeguards our reputation?	In 2022, we approved new Safeguarding and Whistleblowing policies and updated the Conflict of Interest Policy for Cochrane Groups to bring it into line with the Conflict of Interest Policy for <i>Cochrane Library</i> content. We also launched a report summarising what we have heard from our diversity and inclusion listening and learning exercise. We will use the report findings to maintain a supportive, inclusive and respectful workplace. In 2023, we will be updating additional policies and procedures designed to manage reputational risk, including those covering organizational (non-content) conflicts of interest, data protection

	and controversial reviews. We appointed a new Head of Communications and will develop and implement a Communications Strategy including increased communications resources. The articulation of our future is vital to assure the community and funders of our value. We will develop a donor policy and also an escalation policy to explain how we will manage crisis communications.
Producing and publishing trusted synthesized evidence Can we maintain the delivery of our mission, including any contractual obligations, as intended?	In 2022, following an extensive consultation, the Board approved a comprehensive change to Cochrane's evidence synthesis production model to allow us to better respond to global health and social care priorities. We moved to implementation activities via the establishment of a comprehensive programme of work. This includes, from the second half of 2022, an expansion of the Central Editorial Service to support high-priority reviews and mitigate the likely reduction in article submissions with the closure of some Cochrane Review Groups in 2023. We have also developed a project plan to deliver new formats for Cochrane Reviews, with the aim of making the production process more efficient and reviews more user-friendly. In 2023, we will continue to seek the simplification of production processes and technology. This will include a range of product and technological improvements to support the streamlining of review production and editorial processes.

Our risk management framework complies with recommended practice as outlined by the Charity Commission for England and Wales. During 2021, we conducted a review of our risk management framework. In February 2022, the Trustees approved a new Risk Policy, following professional advice.

Approved by the Board of Trustees of Cochrane on 19 May 2023 and signed on their behalf by:

Karen Kelly
Treasurer

Independent Auditor's Report to the Cochrane Collaboration

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2022 which comprise consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 December 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees annual report, including the strategic report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or

otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report (incorporating the strategic report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 7, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under Companies Act 2006 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that

an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the Charitable Group and the sector in which it operates and considered the risk of the Charitable Group not complying with the applicable laws and regulations including fraud in particular those that could have a material impact on the financial statements. This included those regulations directly related to the financial statements, including financial reporting, and tax legislation. In relation to the operations of the Charitable Group this included compliance with the Charities Act 2011 and Companies Act 2006.

The risks were discussed with the audit team and we remained alert to any indications of non-compliance throughout the audit. We carried out specific procedures to address the risks identified. These included the following:

Reviewing minutes of Board meetings, reviewing any correspondence with the Charity Commission, agreeing the financial statement disclosures to underlying supporting documentation, and enquiries of management and officers of the Charitable Group. We have also reviewed the procedures in place for the reporting of any incidents to the Trustee Board including serious incident reporting of these matters as necessary with the Charity Commission.

Management override: To address the risk of management override of controls, we carried out testing of journal entries and other adjustments for appropriateness. We reviewed systems and procedures to identify potential areas of management override risk. We also assessed management bias in relation to the accounting policies adopted and in determining significant accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the FRC's website at:

<https://www.frc.org.uk/auditors/audit-assurance/auditor-s-responsibilities-for-the-audit-of-the-fi/description-of-the-auditor%E2%80%99s-responsibilities-for>. This description forms part of our auditor's report.

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

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 to the parent

charitable company's trustees, as a body, in accordance with the act. Our audit work has been undertaken so that we might state to the parent charitable company's members and its trustees 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 parent charitable company and the parent charitable company's members as a body and the parent charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Cooper-Davis FCCA ACA (Senior statutory auditor)

Date: 30 May 2023

for and on behalf of Price Bailey LLP, Statutory Auditor

24 Old Bond St, London, W1S 4AP

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



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

For the year ended 31 December 2022

	Note	Unrestricted £'000	Restricted £'000	2022 Total £'000	Unrestricted £'000	Restricted £'000	2021 Total £'000
Income from:							
Charitable activities	2	8,716	108	8,824	7,603	80	7,683
Investments	3	73	–	73	9	–	9
Total income		8,789	108	8,897	7,612	80	7,692
Expenditure on:	4						
Raising funds		87	–	87	109	–	109
Charitable activities							
Evidence production & methods		2,330	5	2,335	2,583	–	2,583
Publishing & technology		3,686	–	3,686	3,656	80	3,736
Development		1,773	4	1,777	2,679	–	2,679
Total expenditure		7,876	9	7,885	9,027	80	9,107
Net income / (expenditure) for the year	5	913	99	1,012	(1,415)	–	(1,415)
Transfers between funds		–	–	–	–	–	–
Net income / (expenditure) before other recognised gains and losses		913	99	1,012	(1,415)	–	(1,415)
Other gains/(losses)		1	–	1	(16)	–	(16)
Net movement in funds		914	99	1,013	(1,431)	–	(1,431)
Reconciliation of funds:							
Total funds brought forward		8,581	–	8,581	10,012	–	10,012
Total funds carried forward		9,495	99	9,594	8,581	–	8,581

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 19 to the financial statements.

As at 31 December 2022

	Note	The group 2022 £'000	2021 £'000	The charity 2022 £'000	2021 £'000
Fixed assets:					
Tangible assets	10	–	–	–	–
Investments	11	1	1	7	7
		<u>1</u>	<u>1</u>	<u>7</u>	<u>7</u>
Current assets:					
Debtors	14	1,364	955	1,363	1,031
Cash at bank and in hand	22	9,567	9,096	9,549	8,654
		<u>10,931</u>	<u>10,051</u>	<u>10,912</u>	<u>9,685</u>
Liabilities:					
Creditors: amounts falling due within one year	15	(1,338)	(1,471)	(1,407)	(1,511)
Net current assets		<u>9,593</u>	<u>8,580</u>	<u>9,505</u>	<u>8,174</u>
Total net assets	18	<u>9,594</u>	<u>8,581</u>	<u>9,512</u>	<u>8,181</u>
Funds:	19				
Restricted income funds		99	–	99	–
Unrestricted income funds:					
Designated funds		5,940	4,361	5,940	4,361
General funds		3,555	3,915	3,473	3,820
Non-charitable trading funds		–	305	–	–
		<u>9,495</u>	<u>8,581</u>	<u>9,413</u>	<u>8,181</u>
Total funds		<u>9,594</u>	<u>8,581</u>	<u>9,512</u>	<u>8,181</u>

Approved by the Board of Trustees of Cochrane on 19 May 2023 and signed on their behalf by:

 Ms. Karen Kelly, Treasurer

Consolidated statement of cash flows

For the year ended 31 December 2022

Reconciliation of net income to net cash flow from operating activities

	2022 £'000	2021 £'000
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	1,012	(1,415)
Depreciation charges	–	1
Dividends, interest and rent from investments	(73)	(9)
(Increase)/decrease in debtors	(409)	272
(Decrease)/increase in creditors	(133)	309
Net cash provided by operating activities	397	(842)

	Note	2022 £'000	£'000	2021 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			397		(842)
Cash flows from investing activities:					
Dividends, interest and rents from investments		73		9	
Proceeds from sale of short-term deposits		–		8,000	
Net cash provided by investing activities			73		8,009
Change in cash and cash equivalents in the year			470		7,167
Cash and cash equivalents at the beginning of the year			9,096		1,945
Change in cash and cash equivalents due to exchange rate movements			1		(16)
Cash and cash equivalents at the end of the year	22		9,567		9,096

1 Accounting policies

a) Statutory information

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

The registered office address is 11–13 Cavendish Square, London, W1G 0AN, UK

b) Basis of preparation

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

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

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries at the balance sheet date, Cochrane Innovations Limited and Cochrane IKMD Denmark ApS, on a line by line basis. Cochrane Innovations Limited ceased to trade on 30th June 2022 and was dissolved on 17th January 2023. Collaboration Trading Company Limited, which did not trade during the current or preceding period, is now dormant and is therefore not consolidated. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

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

d) Going concern

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

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

e) Income

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

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

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

f) Interest receivable

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

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

i) Foreign exchange

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

j) Allocation of support costs

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

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

1 Accounting policies (continued)

l) Tangible fixed assets (continued)

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

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

m) Investments

Investments in subsidiary undertakings are included at cost.

n) Debtors

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

o) Cash at bank and in hand

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

p) Creditors and provisions

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

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

q) Financial instruments

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

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

q) Pensions

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

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2022 Total £'000	Unrestricted £'000	Restricted £'000	2021 Total £'000
Royalties from The Cochrane Library	6,817	–	6,817	6,002	–	6,002
Cochrane Response	1,003	–	1,003	496	–	496
Other Publications Income	553	–	553	527	–	527
Other Cochrane Products	344	–	344	340	–	340
Trusts and Grant Income	(21)	108	87	202	80	282
Other Income	20	–	20	36	–	36
Total income from charitable activities	8,716	108	8,824	7,603	80	7,683

3 Income from investments

	Unrestricted £'000	Restricted £'000	2022 Total £'000	Unrestricted £'000	Restricted £'000	2021 Total £'000
Bank interest	73	–	73	9	–	9
	73	–	73	9	–	9

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2022

4a Analysis of expenditure (current year)

	Cost of raising funds £'000	Charitable activities					2022 Total £'000	2021 Total £'000
		Evidence production & methods £'000	Publishing & technology £'000	Development £'000	Governance costs £'000	Support costs £'000		
Staff costs (note 6)	9	1,145	1,275	508	62	717	3,716	4,743
Other people costs	23	369	398	424	55	73	1,342	1,232
Consultancy/outsourced support	36	290	797	51	60	-	1,234	1,566
Technology	-	-	414	27	-	-	441	492
Commissioned Work	-	27	-	371	-	-	398	461
Premises costs	-	-	1	-	-	214	215	284
Travel & Subsistence	-	-	-	1	80	95	176	11
Employee-related costs	-	-	-	-	-	162	162	64
Sundry	-	3	8	12	1	103	127	88
Legal & professional	-	-	1	1	-	72	74	78
Colloquium costs	-	-	-	-	-	-	-	88
	68	1,834	2,894	1,395	258	1,436	7,885	9,107
Support costs	16	425	671	324	-	(1,436)	-	-
Governance costs	3	76	121	58	(258)	-	-	-
Total expenditure 2022	87	2,335	3,686	1,777	-	-	7,885	9,107

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.
Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.
Consultancy/outsourced support costs relate to external contractors.

The Cochrane Collaboration

Notes to the financial statements

For the year ended 31 December 2022

4b Analysis of expenditure (prior year)

	Charitable activities					Governance costs £'000	Support costs £'000	2021 Total £'000
	Cost of raising funds £'000	Publishing & technology £'000	Evidence production & methods £'000	Development £'000				
Staff costs (note 6)	-	1,510	1,403	712	270	848	4,743	
Other people costs	89	232	318	543	-	50	1,232	
Consultancy/outsourced support	-	800	414	234	114	4	1,566	
Technology	-	418	-	74	-	-	492	
Commissioned Work	-	-	41	420	-	-	461	
Premises costs	-	-	-	-	-	284	284	
Colloquium costs	-	-	-	88	-	-	88	
Sundry	-	14	3	22	-	49	88	
Legal & professional	-	16	-	34	1	27	78	
Employee-related costs	-	-	-	64	-	-	64	
Travel & subsistence	-	1	-	-	1	9	11	
	89	2,991	2,179	2,191	386	1,271	9,107	
Support costs	15	511	371	374	-	(1,271)	-	
Governance costs	5	154	113	114	(386)	-	-	
Total expenditure 2021	109	3,656	2,663	2,679	-	-	9,107	

5 Net income for the year

This is stated after charging:

	2022 £'000	2021 £'000
Depreciation	–	1
Operating lease rentals:		
Property	175	225
Auditor's remuneration (excluding VAT):		
Audit	16	19
Other services	5	6
Foreign exchange (gains)/losses	(1)	16

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

Staff costs were as follows:

	2022 £'000	2021 £'000
Salaries and wages	3,097	3,834
Redundancy and termination costs	–	184
Social security costs	346	413
Employer's contribution to defined contribution pension schemes	272	312
	3,715	4,743

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

	2022 No.	2021 No.
£60,000 – £69,999	8	5
£70,000 – £79,999	2	4
£80,000 – £89,999	1	6
£90,000 – £99,999	6	2
£100,000 – £109,999	1	2
£120,000 – £129,999	–	1
£150,000 – £159,999	–	1
£170,000 – £179,999	1	1

The total employee benefits including pension contributions of the key management personnel, including those on consultancy contracts, were £687,000 (2021: £1,229,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £45,000 (2021: £1,000) incurred by 14 Trustees (2021: 7 Trustees).

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2022 No. Head count	2021 No. Head count
Evidence production & methods	19.8	22.6
Publishing & technology	17.2	21.6
Development	11.7	15.4
Finance & Corporate Services	10.2	10.4
CEO's Office	3.8	5.4
	62.7	75.4

8 Related party transactions

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

During the year, the Cochrane Collaboration recharged £nil (2021: £47,000) in respect of salaries, management fees and sundry costs to Cochrane Innovations Limited. Following its cessation of trading, in June 2022, Cochrane Innovations Limited made a Gift Aid donation totalling £349,000 ahead of a strike-off application. At the end of the year, Cochrane Innovations Limited was owed £1 by the Cochrane Collaboration (2021: owed £84,000 to the Cochrane Collaboration).

At the year end, Collaboration Trading Limited was owed £100 (2021: £100) by the Cochrane Collaboration.

During the year, the Cochrane Collaboration provided £403,000 (2021: £522,000) to Cochrane IKMD Denmark ApS. In order to reduce the balance owed by the Cochrane Collaboration to Cochrane IKMD Denmark ApS, a dividend of DKK 800,000 (around £90,000) was paid during the year. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £109,000 (2021: £152,000).

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

Catherine Marshall, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £31,000 (2021: £31,000). At the year-end, £3,000 was included in creditors.

Tracey Howe, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £29,000 (2021: £29,000). At the year-end, £5,000 was included in creditors.

8 Related party transactions (continued)

Yuan Chee, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the period, the Cochrane Collaboration paid for data curation services totalling £22,000 (2021: £3,000). No funds were outstanding at the year end.

Lorne Becker, a director of Cochrane Innovations Limited to 17 January 2023, is a self-employed consultant. During the year, Cochrane Collaboration paid for consultancy fees, totalling £nil (2021: £22,000). No funds were outstanding at the year-end.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary, Cochrane Innovations Limited, gift aids available profits to the parent charity. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK192,000 (£23,000) in its profit and loss account in the year to 31 December 2022.

10 Tangible fixed assets

Group and charity

	Fixtures and fittings £'000	Computer equipment £'000	Leasehold improvements £'000	Total £'000
Cost				
At the start of the year	26	26	20	72
Disposals	(26)	(26)	(20)	(72)
At the end of the year	–	–	–	–
Depreciation				
At the start of the year	25	26	20	71
Disposals	(25)	(26)	(20)	(71)
At the end of the year	–	–	–	–
Net book value				
At the end of the year	–	–	–	–
At the start of the year	1	–	–	1

All of the above assets were used for charitable purposes. Disposals in the year represent fully depreciated historical assets, no longer in use, and removed from fixed assets following expiry of the St Albans House lease.

Notes to the financial statements

For the year ended 31 December 2022

11 Fixed asset investments

	The group		The charity	
	2022	2021	2022	2021
	£'000	£'000	£'000	£'000
Investment in Cochrane IKMD	-	-	6	6
Other investments	1	1	1	1
	1	1	7	7

The investments represent a 100% (£100) shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales) and a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark). All figures have been included in the consolidation but rounded to £nil in the table presented above for Collaboration Trading Company Limited and Cochrane Innovations Limited.

Following a review of the remit and purpose of Cochrane Innovations Limited, its Directors recommended – in December 2020 – that the company be closed as it is no longer needed to deliver the Cochrane group's financial sustainability and product development goals which can be delivered within the parent company. The company ceased to trade in June 2022 and was dissolved in January 2023.

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

12 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited and Cochrane Innovations Limited, both are companies registered in England, and Cochrane IKMD Denmark ApS, a company registered in Denmark. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. In 2022, Cochrane Innovations Limited includes, within Other operating income/(expenditure), £348,000 in respect of a Gift Aid donation to the Cochrane Collaboration (2021: £669,075 realised profit from the reduction in share capital). A summary of the results of the subsidiaries is shown below:

	Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2022	2021	2022	2021
	£'000	£'000	£'000	£'000
Turnover	38	248	404	522
Gross profit	38	248	404	522
Administrative expenses	(3)	(89)	(411)	(565)
Other operating income/(expenditure)	8	668	88	57
Profit on ordinary activities	43	827	81	14
Gift aid donation/dividend to Parent Company	(348)	-	(90)	-
Exchange rate adjustment to opening balance	-	-	-	(6)
(Loss)/profit for the financial year	(305)	827	(9)	8

The aggregate of the assets, liabilities and funds was:

Assets	-	405	129	197
Liabilities	-	(100)	(40)	(99)
Share capital	-	-	(6)	(6)
Funds	-	305	83	92

13 Parent charity

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

	2022 £'000	2021 £'000
Gross income	9,210	7,489
Result for the year	1,330	(2,271)

14 Debtors: falling due within one year

	The group		The charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Trade debtors	167	203	167	194
Other debtors	30	70	29	73
Prepayments	151	120	151	120
Accrued income	1,016	562	1,016	560
Amounts due from subsidiaries	–	–	–	84
	1,364	955	1,363	1,031

15 Creditors: amounts falling due within one year

	The group		The charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Trade creditors	379	362	379	361
Accruals	308	396	304	387
Deferred income (note 16)	16	81	16	70
Taxation and social security	131	97	110	111
Other creditors	185	288	170	185
VAT creditor	319	247	319	245
Amounts due to subsidiaries	–	–	109	152
	1,338	1,471	1,407	1,511

16 Deferred income

	The group		The charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Balance at the beginning of the year	81	71	70	23
Amount released to income in the year	(81)	(48)	(70)	–
Amount deferred in the year	16	58	16	47
Balance at the end of the year	16	81	16	70

17 Pension scheme

The group operates three defined contribution schemes. The assets of these schemes are held separately from those of the group in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £267,000 (2021: £312,000).

18a Analysis of group net assets between funds – current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	3,554	5,940	99	9,593
Net assets at the end of the year	3,555	5,940	99	9,594

18b Analysis of group net assets between funds – prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1	–	–	1
Investments	1	–	–	1
Net current assets	4,218	4,361	–	8,579
Net assets at the end of the year	4,220	4,361	–	8,581

19a Movements in funds – current year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Restricted funds (other):	–	108	(9)	–	99
Total restricted funds	–	108	(9)	–	99
Unrestricted funds:					
Designated funds:					
Continuity Fund	2,000	–	–	1,000	3,000
Strategic Investment Fund (FES)	–	–	(21)	300	279
Strategic Investment Fund (PL)	–	–	–	350	350
Strategic Investment Fund (other)	2,361	–	–	(50)	2,311
Total designated funds	4,361	–	(21)	1,600	5,940
General funds	4,220	8,790	(7,855)	(1,600)	3,555
Total unrestricted funds	8,581	8,790	(7,876)	–	9,495
TOTAL FUNDS	8,581	8,898	(7,885)	–	9,594

19b Movements in funds – prior year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
COVID-19 Open Study Register fund	–	80	(80)	–	–
Total restricted funds	–	80	(80)	–	–
Unrestricted funds:					
Designated funds:					
Discretionary Fund					–
Continuity Fund	2,000	–	–	–	2,000
Strategic Investment Fund	2,500	–	(139)	–	2,361
Total designated funds	4,500	–	(139)	–	4,361
General funds	5,512	7,612	(8,904)	–	4,220
Total unrestricted funds	10,012	7,612	(9,043)	–	8,581
Total funds	10,012	7,692	(9,123)	–	8,581

21 Purposes of designated funds

The Continuity Fund is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced. In December 2022, the Trustees approved a £1,000,000 transfer from the General Fund to the Continuity Fund.

The Strategic Investment Fund will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. During the year, the Board approved two new specific allocations from the Strategic Investment Fund; the use of up to £300,000 to roll out the programme of work for the Future of Evidence Synthesis programme of work, and the use of up to £350,000 to help mitigate the risk of reduced content pipeline. These funds are expected to be fully expended by the end of 2023. In December 2022, the Trustees approved a £600,000 transfer from the General Fund to the Strategic Investment Fund.

22 Analysis of cash and cash equivalents

	At 1 January 2022 £'000	Cash flows £'000	Other changes £'000	At 31 December 2022 £'000
Cash at bank and in hand	9,096	470	1	9,567
Total cash and cash equivalents	9,096	470	1	9,567

23 Operating lease commitments

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

	Land and buildings	
	2022 £'000	2021 £'000
Less than one year	31	115
	31	115

24 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each company member as defined by Cochrane's Articles of Association, in the event of winding up is limited to £10.

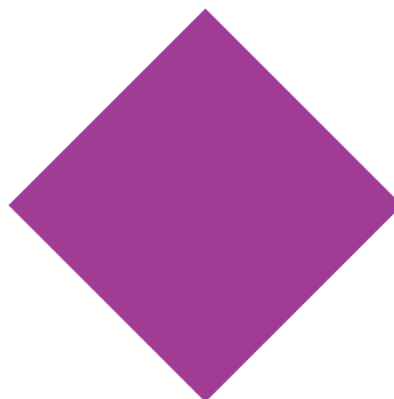
25 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £100,000 (2021: £100,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund and £59,000 (2021: £71,000) in respect of Cochrane Rehabilitation (a Cochrane thematic field).

Accounts

**Trustees' Report and
Financial Statements**
The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2021

Company Number 03044323
Charity Number 1045921



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The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2021.

Reference and Administration

Charity name: The Cochrane Collaboration ("Cochrane")

Registered address: St Albans House
57-59 Haymarket
London, SW1Y 4QX
UK

Advisors

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

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

Legal advisers: Brodies LLP
15 Atholl Crescent
Edinburgh, EH3 8HA
UK

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

Trustees

The following Trustees held office on the Cochrane Governing Board during the year and to the date of signing these financial statements:

Xavier Bonfill Cosp (term ended November 2021)
 Yuan Chi (elected November 2021)
 Nicola Cullum (term ended November 2021)
 Juan Franco
 Sally Green
 Tracey Howe (Co-Chair)
 Karsten Juhl Jørgensen (term ended November 2021)
 Karen Kelly (Treasurer)
 Marguerite Koster
 Tamara Kredo
 Raewyn Lamb
 Catherine Marshall (Co-Chair)
 Jordi Pardo Pardo
 Emma Persad (elected November 2021)
 Vanessa Piechotta (elected November 2021)

Key management personnel

During 2021, the key management personnel of the Charity – defined as the Senior Management Team – comprised:

Mark Wilson, Chief Executive Officer (until April 2021)
 Judith Brodie, Interim Chief Executive Officer (appointed June 2021)
 Karla Soares-Weiser, Editor in Chief, *Cochrane Library*, and Interim Chief Executive Officer (April-May 2021)
 Joanne Anthony, Head of Knowledge Translation (until December 2021)
 Lucie Binder, Head of Governance & Strategy
 Christopher Champion, Head of People Services
 Casey Early, Head of Finance
 Sylvia De Haan, Head of External Affairs & Geographic Groups' Support
 Toby Lasserson, Deputy Editor in Chief, *Cochrane Library*, and Interim Editor in Chief (April-May 2021)
 Christopher Mavergames, Head of IT Services/Chief Information Officer
 Charlotte Pestrige, Head of Publishing, Research & Development

From 01 January 2022, following the review and restructure of the Central Executive Team, a new Executive Leadership Team was formed as follows:

Judith Brodie, Interim Chief Executive Officer (until June 2022)
 Catherine Spencer, Chief Executive Officer (from July 2022)
 Karla Soares-Weiser, Editor in Chief, *Cochrane Library*
 Christopher Champion, Head of Engagement, Learning & Support
 Casey Early, Director of Finance & Corporate Services
 Sylvia De Haan, Head of Advocacy, Communications and Partnerships (until July 2022)
 Charlotte Pestrige, Director of Publishing & Technology

Narrative Report

This Trustees' Report covers the twelve-month period 1 January - 31 December 2021.

1. Structure, Governance and Management

Nature of Governing Document

Cochrane's governing document is its Articles of Association.

Governing body

Cochrane's governing body is the Governing Board (the Board). The Board determines the strategic direction of the organization, including its policies, objectives and goals. It governs the Charity on behalf of the organization's members. Board members are the Charity's Trustees.

The majority of Board members – at least six – are elected by the organization's members and the rest are appointed by the Board. Two Co-Chairs are similarly appointed by the Board. Members serve for a three-year period and may be re-elected for a second consecutive term. New members go through a comprehensive induction with the Board Co-Chairs, Treasurer, and Charity staff, and are provided with introductory documentation to assist them.

The Governing Board is committed to the highest standards of governance. All Board members adhere to a [Governing Board Charter](#) and [Code of Conduct for Trustees](#), and undertake regular training and development.

In 2021, the Board's Governance Sub-Committee undertook an audit of organizational processes and policies against the [Charity Governance Code](#) with the aim of identifying areas for improvement, including self-appraisal by Trustees. Skills where members identified lower confidence will be the focus of Board training, and the required skillsets of new members appointed in 2022. In 2022, risk management and charity finance training will be provided.

Organizational structure

The Charity owns three subsidiaries, each with its own board of directors:

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of the Charity's Informatics & Technology Services Department based in Denmark.
- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the Charity. This company was dormant from 2020.
- Cochrane Innovations Limited (the company) is a commercial trading company that exists to develop and sell derivative products and services from Cochrane's content and tools, to return income to the Charity and support the Charity's mission and objects. In December 2020, following a review of the remit and purpose of the company, its directors recommended that the company be closed as it is no longer needed to deliver Cochrane's financial sustainability and product development goals, which can be delivered within the Charity. To facilitate the strike off, a share capital reduction exercise - to return the original investment to the Charity – was carried out. The company is currently following a stepwise approach of transferring all ongoing activities to the Charity, after which the company will be struck off with a target completion date of December 2022.

The Chief Executive Officer (CEO) has overarching responsibility for the management of the organization and the executive delivery of its plans and activities to implement its strategic goals. In April 2021, Mark Wilson resigned as CEO after eight years of excellent service. Between April and May 2021, Karla Soares-Weiser acted as CEO and Toby Lasserson as Editor in Chief of the *Cochrane Library*.

In June 2021, Judith Brodie was appointed as Interim CEO and, until July 2022, led the Central Executive Team - the staff employed by the Charity or through Charity funding - to deliver the Charity's mission in collaboration with separately funded Cochrane Groups. In July 2022, Catherine Spencer was appointed as Cochrane's new permanent CEO following a robust recruitment process.

In 2021, the Editor in Chief of the *Cochrane Library* was Karla Soares-Weiser, who was responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to the vision and objectives of the organization; improving the quality in the editing process and product with respect to scientific content; providing a lead for conceptualizing and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'); and for applying ethical and scientific standards consistent with the goals of the organization.

In the second half of 2021, the Interim CEO led a review and restructure of the Central Executive Team with the support of an external consultant, to reduce costs and increase efficiency. The proposed changes took effect in January 2022, but in 2021, the departments of the Central Executive Team remained as they had been in 2020:

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

At the heart of Cochrane's work in 2021 were the activities of a global network of autonomously funded and governed Cochrane Groups:

- Eight Cochrane Systematic Review Group Networks (comprising 52 subject-based Review Groups) facilitate the preparation, by a variety of contributors (some of whom are volunteers) of Cochrane Systematic Reviews.
- 17 Methods Groups provide support in methods for research evidence synthesis.
- 13 thematic Fields represent cross-cutting health issues and carry out knowledge translation and advocacy activity.
- Plus, a Geographic Group presence in 54 countries, facilitating engagement with regional stakeholders; representing and promoting Cochrane locally; building capacity for review production and use; and engaging in knowledge translation activities and supporting advocacy.

For full details on their activities see [cochrane.org](https://www.cochrane.org). Each Cochrane Group has its own funding and a devolved management team appropriate to its function. For Cochrane Review Groups, for instance, this normally consists of a Co-ordinating Editor (commonly a senior healthcare professional such as a professor or senior doctor with extensive knowledge of the healthcare area concerned), a Managing Editor, an Information Specialist and administrative support. These teams support 'Cochrane Review author teams', consisting of authors and editors; with input provided by statisticians, methodologists, healthcare consumers and others.

Cochrane Groups have a voice in Cochrane's leadership and strategic decision-making through the Cochrane Council. The purpose of the Council is to provide:

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

The Council Co-Chairs attend the Governing Board meetings and vice versa. Both sets of Co-Chairs also have regular meetings together.

Statement of Responsibilities of the Trustees

The Trustees are responsible for preparing the *Trustees' Annual Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

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

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

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 December 2021 was 13,133 (2020: 13,203). The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor

Sayer Vincent LLP was reappointed as Cochrane's auditor by the Trustees in October 2021.

2. Objectives and Activities

Legal Objects

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

Vision and Mission of the Charity

In June 2021, the organization adopted a new strategic plan, the '[Strategy for Change](#)', which set out updated vision and mission statements:

Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence.

We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. By December 2021, Cochrane had over 13,000 members and 102,000 supporters from more than 130 countries working together to produce, disseminate and promote credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity relies heavily on the contributions of these people around the world to produce its core outputs. Some of them work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2021 they were involved in the following activities:

- Preparing Cochrane's outputs, predominantly as members of 'Cochrane Review author teams'.
- Disseminating and advocating for Cochrane's outputs and evidence synthesis methodologies through conference presentations, symposia, scientific papers, and other knowledge translation activities.
- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs.

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

Public Benefit Statement

This public benefit statement has been drawn up in accordance with the Charity Commission's 2013 guidance on public benefit:

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions to meet individual healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Policy-makers require high-quality evidence in order to develop effective policies that can impact the health of populations on a national and international scale. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by Cochrane, therefore, is the advancement of human health by assimilating, on behalf of the world's population, the results of primary research relating to individual treatments or interventions, and then presenting these results in a single scientific paper called a 'Cochrane Review' or 'systematic review'.

The secondary public benefit relates to Cochrane's work to improve research integrity by developing and advocating for improved health research methodologies; and identifying uncertainties, missing or poor evidence in primary research.

The third public benefit relates to supporting the use of our health evidence by those who need it to make health decisions, through what we call 'knowledge translation'. Knowledge translation activities include:

- Producing Cochrane evidence in different and accessible formats such as graphics, podcasts, or videos, to help the target audience be able to use it more easily.
- Translating Cochrane evidence from English into different languages.
- Building partnerships with stakeholders to support the uptake of Cochrane evidence in their setting.
- Capacity building through workshops in local settings.

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

Organizational strategic plan

The *Strategy for Change* was approved by the Governing Board in June 2021. It replaced the *Strategy to 2020* and was based on a draft new strategic framework developed from 2019-2020, which had extensive input from members and supporters. However, the Board decided a shorter-term focus on the changes Cochrane needs to make in the next two years to remain financially sustainable was required.

Alongside the three goals, the *Strategy for Change*'s focus on improved efficiency, sustainability, increased awareness and impact, and enhanced accountability, will guide work to 2023. The Objectives for Change are to produce timely, high-quality Cochrane Reviews; streamline review production; advocate for evidence-informed decision-making; achieve Open Access to Cochrane Reviews; and improve the user experience of our evidence. These are the building blocks for planning and priorities.

3. Achievements and Performance: Strategic Report

The *Strategy for Change* is based on the principles of collaboration, relevance, integrity, and quality. It will guide the organization to deliver on three goals in the next three years:

1: Producing trusted evidence:

To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making

2: Advocating for evidence:

To be a leading global advocate for evidence informed health and care

3: Informing health and care decisions

To inform health and care decisions by making our evidence accessible, usable, and available to all

Achievements against strategic plan:

GOAL 1 Producing trusted evidence

In 2021, 3,100 authors prepared 507 new and updated reviews by summarising evidence from over 10,000 included studies. Among 18 Special Collections published, Cochrane showcased content covering stillbirth prevention, brain tumours, physical activity in healthy ageing, and low value healthcare interventions. The 2020 Impact Factor (released in 2021) for the *Cochrane Database of Systematic Reviews* was 9.289 (2019: 7.890). The Impact Factor is a metric that is used for evaluating and comparing journals based on frequency with which the journal content is cited. The *Cochrane Database of Systematic Reviews* is ranked 11th (2019: 10th) out of general medical journals and is ranked 5th (2019: 4th) in terms of total citations.

In addition:

- We released a [new policy](#) to improve research integrity by helping authors identify and manage problematic studies.
- We rolled out a new web-based version of our bespoke writing tool for Cochrane Reviews, [RevMan Web](#), with many new features, including study-centric data, and support for methodology; and implemented the new editorial management system.
- [Cochrane Crowd](#), our citizen science platform, passed 23,000 contributors and 6 million classifications of primary research.

Cochrane Library - Top accessed reviews in 2021:

1. Ivermectin for preventing and treating COVID-19 (*Full text views: 408,973*)
2. Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 (*Full text views: 198,355*)
3. Antibody tests for identification of current and past infection with SARS-CoV-2 (*Full text views: 111,944*)
4. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection (*Full text views: 93,322*)
5. Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19 (*Full text views: 55,658*)

6. Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit (*Full text views: 43,798*)
7. Physical interventions to interrupt or reduce the spread of respiratory viruses (*Full text views: 40,012*)
8. Music therapy for depression (*Full text views: 22,642*)
9. Interprofessional collaboration to improve professional practice and healthcare outcomes (*Full text views: 21,591*)
10. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review (*Full text views: 21,175*)

GOAL 2 Advocating for evidence

- We made statements at two World Health Assemblies - advocating for the need of evidence synthesis in the response to COVID-19.
- We hosted a major advocacy event: [Cochrane Convenes: Preparing for and responding to global health emergencies: what have we learnt from COVID-19:](#)
 - 90 healthcare policy makers, researchers, funders, journalists, science communicators and consumer representatives from around the world participated in seven roundtable discussions.
 - The event was led by Cochrane, co-sponsored by the World Health Organization (WHO), and co-organized with partners of COVID-END (COVID-19 Evidence Network to support Decision-making).
- Cochrane Groups - including Cochrane Austria, Cochrane Mexico, and Cochrane Belgium - continued their advocacy work for clinical trial transparency.

GOAL 3 Informing health and care decisions

- All COVID-19 related reviews continued to be made free to access and 75% of all Cochrane Reviews were – and still are – cost free to access globally.
- Teams in different countries continued to translate and disseminate Cochrane evidence into 15 languages, including: Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, and Thai. We published 8,774 new or updated translations of review abstracts and Plain Language Summaries over the year; with 39,546 translations of Cochrane Reviews offered on the Cochrane Library and Cochrane.org websites at the end of 2021. All our COVID-19 evidence was translated into multiple languages, and some translated evidence was among the most popular on our websites.
- We published 48 Cochrane podcasts based on new and updated Cochrane Reviews, and 139 podcast translations in 12 different languages. Cochrane teams around the world also continued sharing Cochrane evidence for different audiences and in various languages via hundreds of social media posts, newsletters, blogs, journal articles, visuals and animations; with a focus on COVID-19 evidence in 2021.
- We created and shared [109 YouTube videos](#), featuring new evidence as well as organizational updates and discussions. Cochrane YouTube videos were viewed 184,300 times in 2021.
- We launched [Cochrane Evidence Essentials](#) in German and Russian and released the fifth and final module in the course. *Cochrane Editorial Essentials* is our free online resource offering an introduction to health evidence, and how to use it to make informed health choices.

- We have a collaboration with the UK National Institute for Health & Care Excellence (NICE) to support the production of guidelines for UK health professionals, so that the evidence we produced translates into practice changes and improved health.

Achieving impact - the use of our evidence:

- There were around 14 million full text views of Cochrane Reviews, CENTRAL records and Cochrane Clinical Answers (CCAs), from over 190 countries.
- Over 82% of all Cochrane.org page views were to translated information; and more than 80% of all visitors to Cochrane.org used browsers in languages other than English.
- Web traffic to Cochrane.org in 2021 confirmed the numbers from 2020, when a spectacular growth occurred and page views increased to 84 million - compared to 77 million in 2019, 37 million in 2018, and 22 million in 2017.
- Cochrane received 11,538 global media mentions in 2021, up a thousand on the previous year. The Ivermectin review is Cochrane's most talked about review in social media of all time.
- 2,246 Twitter posts across the Cochrane and Cochrane Library Twitter accounts generated more than 25.8 million impressions and attracted about 18,000 new followers.
- At the end of 2021, more than 306,400 people followed Cochrane and Cochrane Library updates across different social media channels, compared to 262,000 at the end of 2020, including a Facebook group, Facebook page, LinkedIn group, LinkedIn page, Cochrane Twitter, Cochrane Library Twitter, YouTube, Instagram, and TikTok. In addition, tens of thousands more people follow the many social media accounts of Cochrane's Fields and Geographic, Review and Methods Groups.
- User research showed that the Cochrane Library continues to excel in satisfaction, likelihood of future use and recommendations.

Responding to organizational challenges:

In 2021, the UK National Institute for Health Research announced that by 2023 it will end its infrastructure funding of UK-based Cochrane Review Groups, which make up more than half of all Cochrane Review Groups worldwide. This will have an impact on how Cochrane Reviews are produced and reflects a number of challenges that Cochrane has plans to address over the next two years:

- Cochrane Group funding is less secure, and we are committed to making all Cochrane Reviews Open Access immediately upon publication, which will reduce the Charity's income from sales of licences to the Cochrane Library.
- There is more competition in the evidence synthesis market, so we need to demonstrate our value and make our range of evidence synthesis products affordable.
- We have grown rapidly and organically, becoming inefficient and hard to understand as a global organization, so we need to streamline and simplify the way we work.
- We need to be more agile and adapt more quickly to new ways of accessing, using, and sharing information.

We are responding to these challenges through the *Strategy for Change* and in 2021 we launched a stakeholder consultation on the future of evidence synthesis production. In an engagement process that ran from September to November, Cochrane members expressed their hopes, concerns and ideas about the proposed new production models through a [workshop series](#) and an online survey available on the [Future Cochrane website](#). This feedback helped to revise the model that was then presented to the Governing Board and approved in February 2022.

Also in 2021:

- We launched the Cochrane China and Cochrane India Networks.
- We maintained a programme of virtual meetings and engagement to ensure our community continued to be able to connect.
- We restructured the Central Executive Team to save money, to streamline the way we operate and integrate a focus on fundraising. This has contributed to projected expenditure savings of over £2million GBP by 2023, which will enable us to achieve break-even operational budgets over this period.
- We recruited three new Governing Board members, all under 30 years-old, and two members were re-elected.
- We ran an [author experience survey](#) to update on the findings from 2019. Overall, the Cochrane Review authors who participated were pleased with their experience of working with Cochrane, the majority of them stating that they are satisfied with the overall experience as a Cochrane author, although there are opportunities for improvement.
- In 2021, we welcomed 2,067 new members to the organization and approximately 45,000 new supporters.

Financial Review

Principal funding sources

Core income referred to in this report comes from publishing income, as described below. Core funds support the Charity's staff - the Central Executive Team - to deliver programmes considered of key strategic importance to the Cochrane community, including review quality oversight, Cochrane Review Group transformation, knowledge translation activities, Information Technology infrastructure development, Cochrane Training and Cochrane Methods.

The global network of Groups who contribute towards the work of Cochrane are based in other organizations - such as universities and hospitals - which provide direct or indirect funding to support them. Cochrane Groups are responsible for sourcing their own funding to support Cochrane Review preparation and related activities. This funding comes principally from national and trans-national government sources (typically from health, research and related ministries), and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. Group funding globally equates to roughly £15 million GBP per annum when converted from local currencies into GBP, but is not shown in the Charity's accounts as it is not accessible by the Charity.

In addition, many Cochrane Review authors fund their own costs and time related to writing their reviews, though some authors are funded to undertake reviews (e.g. through a university Master's programme). It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates, their contributions would cost tens of millions of GBP per year.

Overview of the year

Charitable expenditure of £9,107,000 (2020: £9,048,000) was incurred during the year and has supported our charitable objects, including continuing investments in strategic projects, as set out in the statement of financial activities on page 26 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2021, income from sales of licences to the *Cochrane Library* fell by 1% to £10,004,000 (2020: £10,126,000); with royalties paid to Cochrane down by 7% to £6,002,000 (2020: £6,432,000). Other Publications Income, decreased substantially to £527,000 (2020: £5,515,000), due to a signing bonus in the previous year related to the new publishing contract with Wiley. Additional sources of revenue were received in 2021 from 'Cochrane Response' (£496,000, the Charity's consultancy service), Other Cochrane Products (£340,000) and Trusts & Grant Income (£282,000).

The reduced publishing income, particularly in respect of a one-off signing bonus, was the main reason for the operating deficit of £1,415,000 compared with the substantial net operating surplus, in 2020, of £3,781,000. The 2021 deficit was considerably reduced from the budgeted deficit of £2,085,000 and comparable to the underlying 2020 deficit (without the signing bonus) of £1,219,000.

Remuneration and pay policy for staff

Cochrane is committed to ensuring it pays Charity staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual Plan & Budget. Central Executive staff remuneration is determined using an established job evaluation scheme and relevant market comparisons. Provision

was increased, in 2021, by 1.2% to cover the necessary cost of living adjustments in the following year. The Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice.

Reserves policy

In December 2020, the Trustees approved a new Reserves Policy that will support Cochranes' strategic plans for 2021 onwards. This risk-based Reserves Policy was developed by the Finance, Audit & Investment Committee (now the Finance, Audit & Risk Committee) following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The new Policy balances the need to hold back Reserves to mitigate the publishing income risks but also signals intentions to fulfil charitable objects for current and future beneficiaries (e.g. strategic projects).

The major risk exposure in Cochrane's income portfolio is its dependence on publishing income from royalties received from sales of licences to the *Cochrane Library*, which represents nearly 80% of normal annual turnover. Cochrane's expressed commitment is that by 2025 at the latest Cochrane will achieve universal open access to Cochrane systematic reviews immediately on publication for both new and updated reviews. A considerable amount of work has started to assess Open Access models that will support our ambition and sustainability.

A portion of Cochrane's Reserves (£2,000,000) has been specifically designated as a 'Continuity Fund' to mitigate this risk and help provide financial stability through a post Cochrane Review Open Access transition period. The Continuity Fund is designed to support Cochrane to complete any adjustments required in this period, should future publishing incomes be significantly reduced.

A Strategic Investment Fund (£2,361,000) is being allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. The word "investment" is key, and proposals from the Central Executive Team to access and use Reserves from this Fund for strategic or change projects and initiatives will be supported by a business case and approved by the Board via the Finance, Audit and Risk Committee. During the year, £139,000 was allocated against a project to scale up the Central Editorial Service (including increasing the Fast-Track Service for high-priority and high-profile reviews) and pilot the independent editorial process with up to 20 CRGs to test feasibility and gather key learnings.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should be not less than three months' sustainable operating costs to provide operational cash flow. The target Free Reserves floor is around £2,000,000.

Free reserves (unrestricted income funds less designated funds less fixed assets) at the end of 2021 were £4,219,000, an excess over the target Free Reserves floor of £2,219,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, including for future sustainability and resilience, and this will draw down on the Charity's reserves in the coming years.

Going concern assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2023. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment policy

In the short-term, the Charity will seek to maximise bank interest as the challenges being addressed by the two-year *Strategy for Change* are managed. Consequently, the Finance, Audit & Investment Committee was renamed the Finance, Audit & Risk Committee. The long-term commitment, for Cochrane, is to use its invested Reserves to generate additional income for the Charity from a low-risk investment portfolio in accordance with the Charity's ethical values and independence.

Fundraising

Cochrane does not engage in public fundraising and does not use professional fundraisers. The Charity, nevertheless, observes and complies with the relevant fundraising regulations and codes where appropriate. During the year there was no non-compliance of these regulations and codes, and we received no complaints relating to our fundraising practice. We plan to strengthen and increase fundraising activity in support of our sustainability objective, and will ensure professionalism and compliance in doing that.

Policies on conflict of interest and commercial sponsorship

Cochrane strives to attain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content. In October 2020 a new and even more stringent [Conflict of Interest \(Col\) policy for Cochrane Library content](#) came into force. The revised policy, as with previous versions, not only requires interests to be declared, but also mandates that some conflicts will prevent individuals from contributing to a Cochrane Review.

The intent of the policy is to avoid conflicts of interest associated with commercial sponsorship and ensure that the people or organizations that fund the creation of *Cochrane Library* content are free from such conflicts. The policy definition of a commercial organization is 'any for-profit organization with a financial interest in the topic of *Cochrane Library* content'.

In addition, no Cochrane Review Group (CRG) is permitted to accept funding from any commercial organization with a financial interest in the CRG topic area. While government departments, not-for-profit medical insurance companies and health management organizations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in the policy definition of a commercial organization.

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors of reviews in the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.

Future Plans

2022 Priorities

2022 will take Cochrane a step nearer to fulfilling our commitment to making all Cochrane Reviews Open Access immediately upon publication. We know how important it is to make the best evidence freely available to all those who need it - the experience of the COVID-19 pandemic reinforces that, and the funders of our global network of Groups expect it. With that commitment there is a financial challenge that we are determined to meet, so in 2022 we will be continuing the step-by-step transformation of Cochrane we launched in 2021 in line with the [Strategy for Change](#).

The future of evidence synthesis

- Following the consultation on the [future of evidence synthesis proposals](#), the Governing Board approved a radical change to Cochrane's evidence synthesis production model and the immediate move to implementation activities.

They have asked the Central Executive Team to work with Cochrane Groups to:

- Rearrange the current Cochrane Review Groups into around 20 thematic groups responsible for defining global priorities and providing expertise.
- Create around ten interdisciplinary Evidence Synthesis Units with responsibility for the conduct of evidence syntheses, located in both High- and Low- or Middle-Income Countries.
- Expand the Central Editorial Service to handle the editorial process for all evidence syntheses published in the Cochrane Library, including a direct pathway and a fast-track service, to strengthen consistency and delivery.
- Undertake targeted projects to simplify Cochrane's systems, processes, and develop our tools to enhance efficiency in the production of evidence synthesis.

Other strategic priorities for 2022 as agreed by the Governing Board in December 2021 are:

- Ensuring a detailed roadmap to deliver full Open Access by 2025 is in place by the end of the year.
- Advocacy activities that build on the success of [Cochrane Convenes](#); an online, multi-partner event that explored and then recommended the changes needed in evidence synthesis to prepare for and respond to future global health emergencies: Publishing the report and basing advocacy and influencing on the findings and recommendations.
- Investment in income generation and diversification, including a fundraising strategy.
- A focus on Central Executive Team culture and ways of working, to ensure the Team's new structure – which took effect in January 2022 - works effectively with and for the community to deliver our collective goals.

In addition, a review of organizational governance is planned to standardize and simplify the governance structures in place between the Charity, and Cochrane Groups and members, so that people are clearer about what decisions they're responsible for taking and to whom they're accountable.

Principal Risks and Uncertainties

We are taking steps to ensure that risk management becomes an integral part of our governance and embedded throughout the organization. We identify and address our key strategic risks to mitigate their likelihood and impact. There are two levels to the risk and assurance process. Our strategic risk approach is designed to identify the key risks which could prevent Cochrane from achieving its

strategic objectives. It also identifies the assurance processes which we have in place to mitigate these risks and any outstanding actions around these assurance processes. We must also consider operational risks which underpin the strategic risk framework, dealing with a greater number of potential risks at a more detailed level.

The Trustees consider all aspects of risk and assurance and are supported in this by the work of the Finance, Audit and Risk Committee. The major strategic risks of Cochrane, together with plans and strategies in managing these risks, are shown in the following table:

Strategy and governance - Are we delivering the strategy and impact in order to meet our vision?	• In 2021, we launched a new strategic framework - <i>Strategy for Change: 2021-2023</i> – which provides a short-term plan for a more efficient, effective and sustainable organization. • We will be developing the next long-term consultative strategic framework in 2023 to incorporate a sustainable business model, ready for implementation from 2024. • In 2022, we will appoint three new Governing Board members to help ensure the Board continues to have a wide range of skills, knowledge, and backgrounds to be effective. • In 2022, we will undertake an organizational governance review to standardize and simplify the governance structures in place between the Charity, and Cochrane Groups and members.
Financial sustainability - Are we managing the finances to ensure we continue to make an impact in the medium to long term?	• In 2021, we completed a restructure of the Charity that will achieve over £2m annual savings and help achieve a break-even operating target by 2023. • The new Charity structure includes provision for a Director of Development and fundraising team to establish an income generation strategy (including fundraising) to deliver a balanced income portfolio across fundraising and enterprise income (sales). • Working with the publisher of the Cochrane Library, John Wiley & Sons Ltd, we are continuing to explore new Open Access business models that are affordable for customers whilst also providing financial sustainability for the Charity. • The Charity's management accounts are reviewed quarterly by senior management and the Finance, Audit & Risk Committee. • In 2022, we will maintain rolling five-year financial forecasts and incorporate the latest strategic plans.

Compliance - Do we comply with all legal and regulatory requirements?	• In 2021, we completed an external data protection assessment against the European Union's General Data Protection Regulation. In 2022, we will update our data protection policy and ensure all staff undertake data protection training. We will also scan our systems for weaknesses, especially in respect of cyber security. These activities are designed to manage this risk of data and information held by Cochrane being accessed, used, disrupted, modified or destroyed by unauthorised parties. • In 2021, two new financial policies on anti-money laundering and counter fraud were approved by the Governing Board. • We will update the health and safety risk assessments and policies for the Charity's staff – including any relevant COVID-19 regulations - to reflect the virtual office environment that will be in place from the end of 2022. • In 2022, we will carry out an external Value Added Tax (VAT) review to ensure that our VAT treatment is fully compliant. • In 2022, as we scale up our fundraising activities, we will sign up to the Code of Fundraising Practice and register with the Fundraising Regulator.
People and culture - Do we have the right skills and experience to deliver our goals?	Charity leadership: • In 2022, we will recruit a permanent Chief Executive Officer and Director of Development. Charity staff: • Following the Central Executive Team's restructure, we will focus on organizational culture and ways of working in 2022, including investment in training and development of staff and continued promotion of wellbeing initiatives. Cochrane Groups: • Funding of Cochrane Groups is uncertain in the UK and elsewhere. We are taking steps to ensure that essential work undertaken by these groups can continue and we are developing support mechanisms for authors and other community members who may be receiving less support from Cochrane Groups now. • We are engaging extensively with community members with regard to future plans for evidence synthesis in Cochrane to ensure that we retain the involvement of our many talented content experts across the Cochrane community. Overall organization: • We are conducting a listening and learning exercise to understand diversity and inclusion in Cochrane better. A report and associated action plan will be developed in the first quarter of 2022.

	In 2022, we will start work with the Cochrane Council to develop an organizational statement of values to inform organizational decision-making and culture.
Reputational - are we delivering the strategy in a way which safeguards our reputation?	- In 2022, we will be updating the suite of policies and procedures designed to manage reputational risk including, those covering organizational (non-content) conflicts of interest, data protection, and controversial reviews. - In 2022, we will develop a new organizational communications plan, including key messages for proactive communications, and a crisis communications and management framework. - We are working on diversity and inclusion to maintain a supportive, inclusive and respectful organization and will launch new Safeguarding and Whistleblowing policies.
Producing and publishing trusted synthesized evidence - Can we maintain the delivery of our mission including any contractual obligations as intended?	- Following an extensive consultation, the Governing Board approved a radical change to Cochrane's evidence synthesis production model that will allow us better to respond to global health and social care priorities. In 2022, we will move to implementation activities via the establishment of a comprehensive programme of work. - This includes, in the second half of 2022, an expansion of the Central Editorial Service to support high-priority reviews and mitigate the likely reduction in article submissions with the closure of some Cochrane Review Groups in 2023. - We will also develop a project plan to deliver new formats for Cochrane Reviews, with the aim of making the production process more efficient and Cochrane Reviews more user-friendly. - We will continue to seek the simplification of production processes and technology - this includes a range of product and technological improvements to support the streamlining of review production and editorial processes.

Our risk management framework complies with recommended practice as outlined by the Charity Commission for England and Wales. During 2021, we conducted a review of our risk management framework. In February 2022 the Trustees approved a new Risk Policy, following professional advice from the risk and assurance team at Sayer Vincent.

The Trustees 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:

.....
Karen Kelly, Trustee and Treasurer

Date: 13 July 2022.....

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

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on The Cochrane Collaboration's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, and the Finance, Audit and Risk Committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud

rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

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

Judith Miller (Senior statutory auditor)

2 August 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

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

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

For the year ended 31 December 2021

	Note	Unrestricted £'000	Restricted £'000	2021 Total £'000	Unrestricted £'000	Restricted £'000	2020 Total £'000
Income from:							
Charitable activities	2	7,603	80	7,683	12,777	42	12,819
Investments	3	9	–	9	10	–	10
Total income		7,612	80	7,692	12,787	42	12,829
Expenditure on:	4						
Raising funds		104	–	104	115	–	115
Charitable activities			–				
Editorial & methods		2,546	–	2,546	2,493	–	2,493
Knowledge translation		1,253	–	1,253	1,331	–	1,331
Publishing, research & development		1,119	12	1,131	1,260	–	1,260
People services		1,059	–	1,059	1,024	–	1,024
Informatics & technology services		2,311	68	2,379	2,167	75	2,242
Other charitable activities		635	–	635	571	12	583
Total expenditure		9,027	80	9,107	8,961	87	9,048
Net income / (expenditure) for the year	5	(1,415)	–	(1,415)	3,826	(45)	3,781
Transfers between funds		–	–	–	26	(26)	–
Net income / (expenditure) before other recognised gains and losses		(1,415)	–	(1,415)	3,852	(71)	3,781
Other (losses)/gains		(16)	–	(16)	12	–	12
Net movement in funds		(1,431)	–	(1,431)	3,864	(71)	3,793
Reconciliation of funds:							
Total funds brought forward		10,012	–	10,012	6,148	71	6,219
Total funds carried forward		8,581	–	8,581	10,012	–	10,012

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 19 to the financial statements.

As at 31 December 2021

	Note	The group 2021 £'000	2020 £'000	The charity 2021 £'000	2020 £'000
Fixed assets:					
Tangible assets	10	–	1	–	1
Investments	11	1	1	7	676
		1	2	7	677
Current assets:					
Debtors	14	955	1,227	1,031	1,207
Short term deposits	22	–	8,000	–	8,000
Cash at bank and in hand	22	9,096	1,945	8,654	1,660
		10,051	11,172	9,685	10,867
Liabilities:					
Creditors: amounts falling due within one year	15	(1,471)	(1,162)	(1,511)	(1,091)
Net current assets		8,580	10,010	8,174	9,776
Total net assets	18	8,581	10,012	8,181	10,453
Funds:	19				
Restricted income funds		–	–	–	–
Unrestricted income funds:					
Designated funds		4,361	4,500	4,361	4,500
General funds		3,915	5,953	3,820	5,953
Non-charitable trading funds		305	(441)	–	–
Total unrestricted funds		8,581	10,012	8,181	10,453
Total funds		8,581	10,012	8,181	10,453

Approved by the trustees and signed on their behalf by

Ms. Karen Kelly, Trustee and Treasurer

Date: 13 July 2022

Consolidated statement of cash flows

For the year ended 31 December 2021

Reconciliation of net income to net cash flow from operating activities

	2021 £'000	2020 £'000
Net (expenditure)/income for the reporting period (as per the statement of financial activities)	(1,415)	3,781
Depreciation charges	1	1
Dividends, interest and rent from investments	(9)	(10)
Decrease in debtors	272	488
Increase/(decrease) in creditors	309	(134)
Net cash provided by operating activities	(842)	4,126

	Note	2021 £'000	£'000	2020 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			(842)		4,126
Cash flows from investing activities:					
Dividends, interest and rents from investments		9		10	
Purchase of short term deposits		–		(8,000)	
Proceeds from sale of short-term deposits		8,000		–	
Net cash provided by investing activities			8,009		(7,990)
Change in cash and cash equivalents in the year			7,167		(3,864)
Cash and cash equivalents at the beginning of the year			1,945		5,797
Change in cash and cash equivalents due to exchange rate movements			(16)		12
Cash and cash equivalents at the end of the year	22		9,096		1,945

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

c) Public benefit entity

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

d) Going concern

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

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

e) Income

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

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

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

f) Interest receivable

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

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

i) Foreign exchange

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

j) Allocation of support costs

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

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

1 Accounting policies (continued)

l) Tangible fixed assets (continued)

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

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

m) Investments

Investments in subsidiary undertakings are included at cost.

n) Debtors

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

o) Cash at bank and in hand

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

p) Creditors and provisions

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

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

q) Financial instruments

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

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

q) Pensions

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

Notes to the financial statements

For the year ended 31 December 2021

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2021 Total £'000	Unrestricted £'000	Restricted £'000	2020 Total £'000
Royalties from The Cochrane Library	6,002	–	6,002	6,432	–	6,432
Cochrane Response	496	–	496	499	–	499
Other Publications Income	527	–	527	5,515	–	5,515
Other Cochrane Products	340	–	340	324	–	324
Trusts and Grant Income	202	80	282	–	42	42
Other Income	36	–	36	7	–	7
Total income from charitable activities	7,603	80	7,683	12,777	42	12,819

In 2020, Other Publications Income included commercial enhancements related to a new publishing contract with Wiley.

3 Income from investments

	Unrestricted £'000	Restricted £'000	2021 Total £'000	Unrestricted £'000	Restricted £'000	2020 Total £'000
Bank interest	9	–	9	10	–	10
	9	–	9	10	–	10

4a Analysis of expenditure (current year)

	Charitable activities										
	Cost of raising funds £'000	Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Informatics & technology Services £'000	Other charitable activities £'000	Governance costs £'000	Support costs £'000	2021 Total £'000	2020 Total £'000
Staff costs (note 6)	–	1,403	339	553	373	958	327	270	520	4,743	4,341
Other people costs	89	318	157	216	222	16	164	–	50	1,232	1,234
Consultancy/outsourced support	–	414	19	177	181	623	34	114	4	1,566	1,620
Commissioned Work	–	41	396	–	13	–	11	–	–	461	669
Technology	–	–	55	7	19	411	–	–	–	492	395
Premises costs	–	–	–	–	–	12	–	–	272	284	328
Legal & professional	–	–	–	6	33	10	1	1	27	78	118
Colloquium costs	–	–	88	–	–	–	–	–	–	88	56
Travel & subsistence	–	–	–	–	–	1	3	1	6	11	85
Sundry	–	3	19	9	1	5	3	1	47	88	78
Employee-related costs	–	–	–	–	64	–	–	–	–	64	57
Room hire & catering	–	–	–	–	–	–	–	–	–	–	52
Finance costs	–	–	–	–	–	–	–	–	–	–	15
	89	2,179	1,073	968	906	2,036	543	387	926	9,107	9,048
Support costs	11	258	127	115	108	242	65	–	(926)	–	–
Governance costs	4	109	53	48	45	101	27	(387)	–	–	–
Total expenditure 2021	104	2,546	1,253	1,131	1,059	2,379	635	–	–	9,107	9,048

Notes

Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.

Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.

Consultancy/outsourced support costs relate to external contractors.

4a Analysis of expenditure (prior year)

	Charitable activities									
	Cost of raising funds £'000	Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Informatics & technology services £'000	Other charitable activities £'000	Governance costs £'000	Support costs £'000	2020 Total £'000
Staff costs (note 6)	–	1,351	299	543	383	790	248	195	532	4,341
Other people costs	97	250	180	210	256	26	157	–	58	1,234
Consultancy/outsourced support	–	444	49	193	104	714	–	116	–	1,620
Commissioned Work	–	45	470	90	32	–	24	8	–	669
Technology	–	–	42	5	10	338	–	–	–	395
Premises costs	–	1	–	–	–	13	–	–	314	328
Legal & professional	–	–	–	19	14	9	3	30	43	118
Colloquium costs	–	–	56	–	–	–	–	–	–	56
Travel & subsistence	–	7	16	1	–	1	47	13	–	85
Sundry	–	14	12	4	8	7	1	–	32	78
Employee-related costs	–	–	–	–	56	–	1	–	–	57
Room hire & catering	–	–	3	–	4	–	13	32	–	52
Finance costs	–	–	–	2	–	1	–	1	11	15
	97	2,112	1,127	1,067	867	1,899	494	395	990	9,048
Support costs	13	272	146	138	112	245	64	–	(990)	–
Governance costs	5	109	58	55	45	98	25	(395)	–	–
Total expenditure 2020	115	2,493	1,331	1,260	1,024	2,242	583	–	–	9,048

5 Net income for the year

This is stated after charging:

	2021 £'000	2020 £'000
Depreciation	1	1
Operating lease rentals:		
Property	225	286
Auditor's remuneration (excluding VAT):		
Audit	19	16
Other services	6	3
Foreign exchange losses/(gains)	16	(12)
	473	342

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

Staff costs were as follows:

	2021 £'000	2020 £'000
Salaries and wages	3,834	3,591
Redundancy and termination costs	184	48
Social security costs	413	363
Employer's contribution to defined contribution pension schemes	312	340
	4,743	4,342

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

	2021 No.	2020 No.
£60,000 – £69,999	7	8
£70,000 – £79,999	3	4
£80,000 – £89,999	4	–
£90,000 – £99,999	2	3
£110,000 – £119,999	1	1
£130,000 – £139,999	1	–
£150,000 – £159,999	1	2

The total employee benefits including pension contributions of the key management personnel, including those on consultancy contracts, were £1,229,000 (2020: £1,128,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £1,000 (2020: £9,000) incurred by 7 (2020: 9) members.

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2021 No. Head count	2020 No. Head count
Editorial & Methods	22.6	22.9
Informatics & Technology Services	15.9	13.1
People Services	10.8	10.7
Publishing, Research & Development	8.6	8.8
CEO's Office	6.4	6.2
Finance Services	5.6	5.8
Knowledge Translation	5.5	5.6
	75.4	73.1

8 Related party transactions

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

During the year, the Cochrane Collaboration recharged £47,000 (2020: £32,000) in respect of salaries, management fees and sundry costs to Cochrane Innovations Limited. At the end of the year, Cochrane Innovations Limited owed £84,000 (2020: £7,000) to the Cochrane Collaboration.

At the year end, Collaboration Trading Limited was owed £100 (2020: £100) by the Cochrane Collaboration.

During the year, the Cochrane Collaboration provided £522,000 (2020: £550,000) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £152,000 (2020: £104,000).

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

Catherine Marshall, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £31,000 (2020: £31,000). No funds were outstanding at the year-end.

Xavier Bonfill Cosp, a trustee of the Cochrane Collaboration to 29 November 2021, is the Director of the Iberoamerican Cochrane Centre. During this period, Cochrane Collaboration paid Cochrane Iberoamericana for a translation project totalling £160,000 (2020: £179,000). No funds were outstanding at the year-end.

Tracey Howe, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £29,000 (2020: £8,000). No funds were outstanding at the year-end.

8 Related party transactions (continued)

Sally Green, a trustee of the Cochrane Collaboration, is a Co-Director at Cochrane Australia, Monash University. During the year, Cochrane Collaboration paid Monash University for staffing costs totalling £1,000 (2020: £3,000) and consultancy costs totalling £10,000 (2020: £5,000) for commissioned work. In addition, Monash University paid the Cochrane Collaboration £8,000 (2020: £nil) for a Cochrane Interactive Learning subscription. No funds were outstanding at the year end.

Jordi Pardo, a trustee of the Cochrane Collaboration, is a Co-Managing Editor of Cochrane Musculoskeletal Group which forms part of The Centre for Global Health (CGH) at the University of Ottawa, Canada. During the year, Cochrane Collaboration paid CGH £nil (2020: £43,000) for commissioned work. No funds were outstanding at the year end. □

Tamara Kredo, a trustee of the Cochrane Collaboration, is a Senior Specialist Scientist at Cochrane South Africa, South African Medical Research Council (SAMRC). During the year, SAMRC refunded the Cochrane Collaboration for consultancy work in respect of Cochrane's Knowledge Translations Strategy, totalling £7,000 (2020: payments of £23,000). No funds were outstanding at the year end.

Yuan Chee, a trustee of the Cochrane Collaboration from 20 November 2021, is a self-employed consultant. During the period, the Cochrane Collaboration paid for tagging and data curation services totalling £3,000 (2020: £nil). At the year-end, £1,000 was included in creditors.

Lorne Becker, a director of Cochrane Innovations Limited, is a self-employed consultant. During the year, Cochrane Collaboration paid for consultancy fees, totalling £nil (2020: £1,000). No funds were outstanding at the year-end.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary, Cochrane Innovations Limited, gift aids available profits to the parent charity. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK37,000 (£4,000) in its profit and loss account in the year to 31 December 2021.

10 Tangible fixed assets

Group and charity

	Fixtures and fittings £'000	Computer equipment £'000	Leasehold improvements £'000	Total £'000
Cost				
At the start of the year	26	26	20	72
Additions in year	–	–	–	–
At the end of the year	26	26	20	72
Depreciation				
At the start of the year	25	26	20	71
Charge for the year	1	–	–	1
At the end of the year	26	26	20	72
Net book value				
At the end of the year	–	–	–	–
At the start of the year	1	–	–	1

All of the above assets are used for charitable purposes.

11 Fixed asset investments

	The group		The charity	
	2021	2020	2021	2020
	£'000	£'000	£'000	£'000
Investment in Cochrane Innovations	–	–	–	669
Investment in Cochrane IKMD	–	–	6	6
Other investments	1	1	1	1
	1	1	7	676

The investments represent a 100% (£100) shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales) and a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark). All figures have been included in the consolidation but rounded to £nil in the table presented above for Collaboration Trading Company Limited and Cochrane Innovations Limited.

Following a review of the remit and purpose of Cochrane Innovations Limited, its Directors recommended – in December 2020 – that the company be closed as it is no longer needed to deliver the Cochrane group's financial sustainability and product development goals which can be delivered within the parent company. To facilitate the strike off, a share capital reduction exercise – to return the original investment to the parent company – was carried out. Consequently, the share capital of the company was reduced from £669,075 to £1.00 by cancelling and extinguishing 669,074 Ordinary Shares of £1.00 each fully paid (the Shares) and by crediting the total nominal amount paid up on the Shares to the company's profit and loss account.

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

12 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited and Cochrane Innovations Limited, both are companies registered in England, and Cochrane IKMD Denmark ApS, a company registered in Denmark. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. Cochrane Innovations Limited includes, within Other operating income/(expenditure), £669,075 realised profit from the reduction in share capital. A summary of the results of the subsidiaries is shown below:

	Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2021	2020	2021	2020
	£'000	£'000	£'000	£'000
Turnover	248	324	522	563
Gross profit	248	324	522	563
Administrative expenses	(89)	(111)	(565)	(508)
Other operating	668	(2)	57	(35)
Profit on ordinary activities	827	211	14	20
Exchange rate adjustment to opening balance	–	–	(6)	4
Profit for the financial year	827	211	8	24

The aggregate of the assets, liabilities and funds was:

Assets	405	212	197	203
Liabilities	(100)	(65)	(99)	(113)
Share capital	–	(669)	(6)	(6)
Funds	305	(522)	92	84

For the year ended 31 December 2021

13 Parent charity

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

	2021 £'000	2020 £'000
Gross income	7,489	12,532
Result for the year	(2,271)	3,562

14 Debtors: falling due within one year

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade debtors	203	93	194	77
Other debtors	70	70	73	65
Prepayments	120	196	120	196
Accrued income	562	868	560	862
Amounts due from subsidiaries	–	–	84	7
	955	1,227	1,031	1,207

15 Creditors: amounts falling due within one year

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade creditors	362	171	361	171
Accruals	396	311	387	293
Deferred income (note 16)	81	71	70	23
Taxation and social security	97	40	85	–
Other creditors	288	255	211	186
VAT creditor	247	314	245	314
Amounts due to subsidiaries	–	–	152	104
	1,471	1,162	1,511	1,091

16 Deferred income

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Balance at the beginning of the year	71	124	23	23
Amount released to income in the year	(48)	(101)	–	–
Amount deferred in the year	58	48	47	–
Balance at the end of the year	81	71	70	23

17 Pension scheme

The group operates three defined contribution schemes. The assets of these schemes are held separately from those of the group in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £312,000 (2020: £340,000). Contributions totalling £nil (2020: £26,000) were payable to funds, related to Germany-based staff, at the balance sheet date and are included in creditors.

18a Analysis of group net assets between funds – current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	4,219	4,361	–	8,580
Net assets at the end of the year	4,220	4,361	–	8,581

18b Analysis of group net assets between funds – prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1	–	–	1
Investments	1	–	–	1
Net current assets	5,510	4,500	–	10,010
Net assets at the end of the year	5,512	4,500	–	10,012

19a Movements in funds – current year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
COVID-19 Open Study Register fund	–	80	(80)	–	–
Total restricted funds	–	80	(80)	–	–
Unrestricted funds:	£'000	£'000	£'000	£'000	
Designated funds:					
Continuity Fund	2,000	–	–	–	2,000
Strategic Investment Fund	2,500	–	(139)	–	2,361
Total designated funds	4,500	–	(139)	–	4,361
General funds	5,512	7,612	(8,904)	–	4,220
Total unrestricted funds	10,012	7,612	(9,043)	–	8,581
Total funds	10,012	7,692	(9,123)	–	8,581

19b Movements in funds – prior year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Gates Foundation	33	42	(75)	–	–
The Global Evidence Synthesis Initiative (GESI)	12	–	(12)	–	–
The Cochrane Colloquium	26	–	–	(26)	–
Total restricted funds	71	42	(87)	(26)	–
Unrestricted funds:					
Designated funds:					
Discretionary Fund	20	–	–	(20)	–
Continuity Fund	–	–	–	2,000	2,000
Strategic Investment Fund	–	–	–	2,500	2,500
Total designated funds	20	–	–	4,480	4,500
General funds	6,128	12,799	(8,961)	(4,454)	5,512
Total unrestricted funds	6,148	12,799	(8,961)	26	10,012
Total funds	6,219	12,841	(9,048)	–	10,012

20 Purposes of restricted funds

Gates Foundation – these were grants from the Bill and Melinda Gates Foundation which supported work to identify and scope specific opportunities in the application of evidence-based medicine and data liquidity at a systems level especially with regard to ontology development and alignment. During 2020, with the agreement of the Foundation, these funds were repurposed to support Cochrane's COVID related work including the development of the COVID-19 Study Register. This grant was fully utilised during 2020.

The Global Evidence Synthesis Initiative (GESI) – this is funding from the International Initiative for Impact Evolution to support the GESI-Cochrane partnership. This grant was fully utilised during 2020.

The Cochrane Colloquium – these funds related to unclaimed sponsorship income from the cancelled 2019 colloquium that were initially donated towards the 2020 colloquium. Following the cancellation of the 2020 colloquium, the sponsors agreed that this income could be retained by Cochrane for general purposes.

COVID-19 Open Study Register fund – this was a grant from UK Research and Innovation (UKRI) to support enhancements to the existing register by developing crowdsourcing and machine learning (AI) capability that will help to identify, link, describe and appraise studies in near real-time to significantly aid discoverability. This grant was received and fully utilised in 2021.

21 Purposes of designated funds

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

The Continuity Fund is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced.

The Strategic Investment Fund will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. During the year, £139,000 was allocated against a project to scale up the Central Editorial Service (including increasing the Fast-Track Service for high-priority and high-profile reviews) and pilot the independent editorial process with up to 20 CRGs to test feasibility and gather key learnings.

22 Analysis of cash and cash equivalents

	At 1 January 2021 £'000	Cash flows £'000	Other changes £'000	At 31 December 2021 £'000
Cash at bank and in hand	1,945	7,167	(16)	9,096
Total cash and cash equivalents	1,945	7,167	(16)	9,096

23 Operating lease commitments

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

	Land and buildings	
	2021 £'000	2020 £'000
Less than one year	115	223
One to five years	-	149
	115	372

24 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each company member as defined by Cochrane's Articles of Association, in the event of winding up is limited to £10.

25 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £100,000 (2020: £109,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund. Additional funds were held in respect of two Cochrane thematic fields; Cochrane Rehabilitation (£71,000) and Cochrane Neurosciences (£8,000).

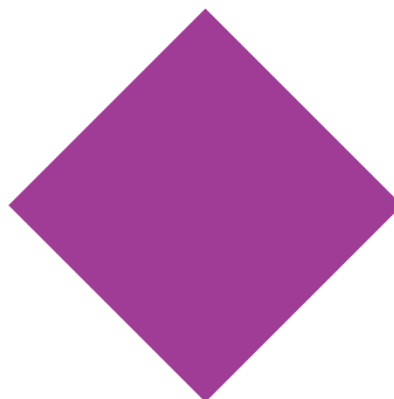
26 Contingent liabilities

The London office leasehold agreement, which expires in September 2022, is subject to reinstatement and dilapidations obligations at the end of the lease. During 2021, without prejudice discussions with the landlord have indicated that a liability is unlikely to exist and consequently no provision has been made in the financial statements.

Accounts

**Trustees' Report and
Financial Statements**
The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2020

Company Number 3044323
Charity Number 1045921



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The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2020.

Reference and Administration

Charity name: The Cochrane Collaboration

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

Advisors

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

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

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

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

Trustees

The following Trustees held office on the Cochrane Governing Board during the year and to the date of signing these financial statements:

Ms. Maria Gladys Faba Beaumont (resigned December 2020)
Prof. Martin Burton (resigned August 2020)
Prof. Janet Clarkson (resigned August 2020)
Dr. Xavier Bonfill Cosp
Prof. Nicola Cullum
Mr. Juan Franco (elected August 2020)
Prof. Sally Green
Prof. Tracey Howe (appointed August 2020, Co-Chair)
Dr. Karsten Juhl Jørgensen
Ms. Karen Kelly (appointed May 2020, Treasurer)
Ms. Marguerite Koster
Ms. Tamara Kredo (elected August 2020)
Ms. Raewyn Lamb
Ms. Catherine Marshall (Co-Chair)
Mr. Jordi Pardo Pardo

Senior Staff

The senior staff of the Charity during the year comprised:

Mr. Mark Wilson, Chief Executive Officer
Dr. Karla Soares-Weiser, Editor in Chief, *Cochrane Library*
Ms. Joanne Anthony, Head of Knowledge Translation
Ms. Lucie Binder, Head of Governance & Strategy
Mr. Christopher Champion, Head of People Services
Mr Casey Early, Head of Finance
Ms. Sylvia De Haan, Head of External Affairs & Geographic Groups' Support
Mr. Toby Lasserson, Deputy Editor in Chief, *Cochrane Library*
Mr. Christopher Mavergames, Head of IT Services/Chief Information Officer
Ms. Charlotte Pestrige, Head of Publishing, Research & Development

Narrative Report

This Trustees' Report covers the twelve-month period 1 January – 31 December 2020.

1. Structure, Governance and Management

Nature of Governing Document

Cochrane's governing documents are the Articles of Association, which were amended on 16 December 2020.

The Governing Board is committed to the highest standards of governance. All Board members (Trustees) adhere to a [Governing Board Charter](#) and [Code of Conduct for Trustees](#). In March 2020, the Board approved the adoption of the [Charity Governance Code](#) to guide Cochrane's governance. In 2021, the Governing Board's Governance Sub-Committee will undertake an audit of Cochrane's processes and policies against the Code, with the aim of identifying areas for improvement, including self-appraisal by Trustees.

Trustee Appointments

Cochrane's Trustees serve as Governing Board members for a three-year period and may be re-elected for a second consecutive term. After a three-year break, they may be elected again when an appropriate vacancy occurs. A majority of the Governing Board must be Trustees elected to the Board by individual members of the charity from the existing membership. Additional Trustees are appointed by Governing Board members. Two Co-Chairs are similarly appointed by the Board. On 16 December 2020 the members of the Charity approved new organizational Articles of Association, which included:

- Clarification that elections of elected members of the Governing Board need only be held in years in which the terms of elected members (which are three-year terms unless otherwise specified) have come to an end, instead of each calendar year.
- An extension of the total length of time a Trustee can sit on the Board from six to eight years, which provides a Trustee with the opportunity to complete a term as normal member before taking on the responsibility of Co-Chair for a maximum of two terms of two years, should they be appointed to do so.
- Making consistent the start dates of elected and appointed members as the date of election or appointment.
- The removal of the requirement for Cochrane members to approve Board appointments, although they still decide elections.

All Trustees go through a comprehensive induction with Governing Board and the Charity's staff, and are provided with introductory documentation to assist them. Trustees spend an average of two days a year in Governing Board development days to support their work.

Organizational Structure

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

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of Cochrane's Informatics & Technology Services Department based in Denmark;

- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the charity. This company was dormant from 2020;
- Cochrane Innovations Limited is a commercial trading company that exists to develop and sell derivative products and services from Cochrane's content and tools, to return income to the charity and support the charity's mission and objects. During the year, the directors reviewed the remit and purpose of the company. The directors proposed that the company be closed as it is no longer needed to deliver the Cochrane's financial sustainability and product development goals which can be delivered within Cochrane. The proposal to close the company was approved by the Governing Board in December 2020. The intention is to transfer all ongoing activities to Cochrane and strike off the company by the end of 2021.

The Governing Board determines the strategic direction of the organization, including its policies, objectives and goals. In 2020 the Chief Executive Officer (CEO) was Mark Wilson, who had overarching responsibility for the management of the organization and the executive delivery of its plans and activities to implement these strategic goals. He led the Central Executive Team (CET - the staff employed by the charity or through charity funding) and the Cochrane Groups (of separately funded staff and volunteers, see below) which collectively work to deliver the charity's mission.

In 2020 the Editor in Chief of the *Cochrane Library* was Karla Soares-Weiser, who was responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to the vision and objectives of the collaboration; improving the quality in the editing process and product with respect to scientific content; providing a lead for conceptualising and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'); and for applying ethical and scientific standards consistent with the goals of the organization.

In 2020 the Central Executive Team was comprised of seven departments:

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

For full details on their activities see <http://community.cochrane.org/organizational-info/people/cet-teams>.

At the heart of Cochrane's work in 2020 were the activities of 231 Cochrane Groups around the world:

- Eight Cochrane Systematic Review Group Networks (comprising 52 subject-based Review Groups) facilitate the preparation, by a variety of contributors (some of whom are volunteers) of Cochrane Systematic Reviews;
- 17 Methods Groups provide support in methods for research evidence synthesis;
- 149 Cochrane Geographic Groups (made up of Cochrane Centres, Associate Centres and Affiliates) in 45 countries in Europe, the Americas, Africa, Asia and Australasia provide a geographic focus for Cochrane's activities; and
- 13 thematic Fields represent cross-cutting health issues and carry out knowledge translation and advocacy activity.

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

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

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

Statement of Responsibilities of the Trustees

The Trustees are responsible for preparing the *Trustees' Annual Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

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

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom

governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 December 2020 was 15 (2019: 12). The Trustees are members of the charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was reappointed as Cochrane's auditor at the Annual General Meeting, December 2020.

2. Objectives and Activities

Legal Objects

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

Vision and Mission of the Charity

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

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

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. In December 2020, Cochrane had over 13,000 members and 87,000 supporters from more than 130 countries working together to produce, disseminate and promote credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. The Charity relies heavily on the contributions of these individuals around the world to produce its core outputs. Some of them work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2020 they were involved in the following activities:

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

Public Benefit Statement

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

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions available to meet population or individual health and healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

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

The secondary public benefit relates to the advancement of education. Producing hundreds of Cochrane Systematic Reviews each year requires the assistance of over 13,000 Cochrane members and 87,000 supporters, who include health professionals, patients, researchers and academics. These

contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of the Cochrane's activities.

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

Strategy to 2020

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

GOAL 1: PRODUCING EVIDENCE

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

Objectives to 2020

HIGH-QUALITY:

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

RELEVANT:

- 1.2 We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.

UP-TO-DATE:

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

WIDE COVERAGE:

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

PIONEERING METHODS:

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

EFFICIENT PRODUCTION:

- 1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
- 1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE**To make Cochrane evidence accessible and useful to everybody, everywhere in the world.***Objectives to 2020***USER-CENTRED DESIGN AND DELIVERY:**

- 2.1 We will put the needs of our users at the heart of our content design and delivery.
- 2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.
- 2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.

OPEN ACCESS:

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

ACCESSIBLE LANGUAGE:

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

MULTI-LINGUAL:

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

GOAL 3: ADVOCATING FOR EVIDENCE**To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.***Objectives to 2020***GLOBAL PROFILE:**

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

THE 'HOME OF EVIDENCE':

- 3.2 We will make Cochrane the 'go-to' place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.
- 3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

GLOBAL ADVOCATE:

- 3.4 We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.
- 3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.
- 3.6 We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

GLOBAL PARTNER:

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

GLOBAL IMPACT:

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

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

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

*Objectives to 2020***INCLUSIVE AND OPEN:**

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

GLOBAL AND DIVERSE:

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

FINANCIALLY STRONG:

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

EFFICIENTLY RUN:

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

INVESTING IN PEOPLE:

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

TRANSPARENTLY GOVERNED:

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

ENVIRONMENTALLY RESPONSIBLE:

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

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

3. Strategic Report

The impact of COVID-19 in 2020

With the emergence of COVID-19 in early 2020, Cochrane's priorities for the year were changed to respond quickly and effectively to the global pandemic. Cochrane prioritized its evidence production and dissemination to meet the needs of clinicians, and national and international health policy makers, in responding to the virus. Cochrane consulted widely and worked with partners to identify priority questions and areas where synthesized evidence was needed; then adopted new rapid review methods and accelerated editorial processes to deliver high-quality reviews rapidly and efficiently. This involved the mobilization and rapid response of thousands of Cochrane collaborators around the world, drawing on their multidisciplinary expertise and displaying the added value of a complex international network acting together towards a common goal. This response was led and co-ordinated by Cochrane's Editor in Chief, Editorial & Method Department, and other parts of its Central Executive Team. Examples of the innovation, responsiveness and diverse experiences and outputs of Cochrane's response to the pandemic were collected together into a special supplement to the *Cochrane Database of Systematic Reviews*. [Collaborating in response to COVID-19: editorial and methods initiatives across Cochrane](#).

Achievements and Performance

Cochrane continued to produce and publish high-quality evidence across health topics beyond COVID-19 and delivering against all our strategic goals.

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

- The [Cochrane Database of Systematic Reviews \(CDSR\)](#) is the leading resource for systematic reviews in health care. It includes all Cochrane Reviews, peer-reviewed systematic reviews that are prepared and supervised by thematic Cochrane Review Groups according to the [Cochrane Handbook for Systematic Reviews of Interventions](#) or the [Cochrane Handbook for Diagnostic Test Accuracy Reviews](#). Cochrane Reviews are regularly updated to reflect the findings of new evidence when it becomes available. The CDSR also includes [Editorials](#) and [Supplements](#).
- In 2020, 285 new Cochrane Systematic Reviews, 262 updated reviews and 271 new protocols were published. As a result, at the end of December 2020, the *Cochrane Library* contained 8,485 Cochrane Reviews.
- Cochrane published 25 reviews on questions related to the diagnosis, prevention and treatment of COVID-19 – all of them Open Access to make them available for everyone, everywhere. These reviews are also being regularly updated as new evidence becomes available. Other new and updated reviews were published on subjects and questions indirectly linked to evidence required in response to the pandemic. Eight specially-curated [COVID-19 Special Collections](#) were published assembling all Cochrane Reviews on topics relevant to the pandemic response, adding to the other [Special Collections](#) on health topics already available.
- The CDSR increased its Impact Factor (as calculated by the Journal Citation Reports for 2019) to 7.890 (up from 7.755 the year before), ranking it as one of the top 10 medical journals in the world, with its five-year impact factor reaching 7.974. The CDSR also saw an increase in the number of citations to 67,763, making it one of the top three most cited journals in its category.
- [Cochrane Clinical Answers](#) (CCAs) is another product published in the *Cochrane Library*. CCAs provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane reviews. They are designed to be actionable and to inform point-of-care decision-making. Each CCA contains a clinical question, a short answer, and data for the outcomes from the Cochrane review deemed most relevant to practicing healthcare professionals. In 2020, 605 CCAs were published (529

new and 76 updated, up from 365 in 2019), taking the total number available in the Cochrane Library to 2,808. All COVID-19 reviews were accompanied by a CCA.

- The [Cochrane Central Register of Controlled Trials \(CENTRAL\)](#) is a highly concentrated source of reports of randomized and quasi-randomized controlled trials. In addition to bibliographic details (author, title, source, year, etc.) CENTRAL records often include an abstract (a summary of the article). They do not contain the full text of the article. CENTRAL is published monthly and 175,503 records were added in 2020, taking the total number of records to 1,715,957 by year end.
- We also developed a new [Cochrane COVID-19 Study Register](#), a register of primary research studies on COVID-19 to support rapid evidence synthesis in the context of the ongoing pandemic.
- Cochrane also developed a wider programme of activities to respond effectively to the COVID-19 pandemic:
 - We developed a [bank of priority research questions](#) that stakeholders wanted answers to.
 - We undertook a prioritisation process whereby audience members, partner organizations, Cochrane Groups and Central Executive Team members prioritized key questions and topics for Reviews.
 - We developed a [consumer response group](#) with 108 members to help prioritise topics for Reviews, and create and peer review content.
 - We prioritized and adapted methods, systems, and processes to create [rapid reviews](#), [living reviews](#) and [living evidence maps](#) that included the best available evidence as it emerged, not only that in randomised controlled trials. As of February 2021, Cochrane published nine COVID-19 Rapid Reviews, with several more in development.
 - We streamlined our processes and expanded our Central Editorial Service, so that priority reviews could be produced, quality-assured, peer reviewed and published faster (some appearing in weeks).
 - We developed new processes and systems to find and include preprints of research in our special COVID-19 Study Register and Reviews.
- The learning gathered from the COVID-19 response will help provide high-quality editorial support and relevant reviews in 2021 and beyond. Cochrane is also investigating a new open access journal that could publish more rapid reviews as well as scoping reviews, to address needs for rapid evidence synthesis.
- After extensive consultation with the Cochrane community and a rigorous tender process, 'Editorial Manager' from Aries Systems was chosen to provide Cochrane editors and authors with a new Editorial Management System that will improve the efficiency, consistency, and transparency of the organization's editorial workflows. Work has begun to integrate Editorial Manager into Cochrane's technical infrastructure and customize functionality to Cochrane needs. A substantive, phased roll-out, training and communications plan for Cochrane's 52 Review Groups to start using the system is being implemented through 2021.
- 2020 saw an important programme of work to understand the experience of Cochrane authors and editors using the new Risk of Bias 2 (RoB 2) tool, and to put the necessary training, guidance and technology in place to support a wider uptake in Cochrane Reviews. At the end of 2020, RoB 2 was being used, or planned to be used, in more than 100 Cochrane Reviews in over 35 Cochrane Review Groups. The [Cochrane Editorial Board posted a position statement on RoB 2 in Cochrane and the expectations for Cochrane Review Groups in future](#).
- Translations of Cochrane's Methodological standards for the conduct of new Cochrane Intervention Reviews (MECIR) have been published in [Japanese](#) and [Spanish](#) in 2020 to support Cochrane authors and their application of rigorous Cochrane methods in different countries.
- The most frequently downloaded new Cochrane Reviews in 2020 were all on COVID-19 topics:
 - [Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease](#)
 - [Antibody tests for identification of current and past infection with SARS-CoV-2](#)

- [Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review](#)
- [Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection](#)
- [Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review](#)
- The most frequently downloaded updated Cochrane Reviews published in 2020 were also mostly on COVID-19 topics, and in some cases the same reviews as the most frequently downloaded new Cochrane Reviews, attesting to the rapid updating with emerging evidence that priority reviews related to the pandemic underwent:
 - [Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff](#)
 - [Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review](#)
 - [Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review](#)
 - [Physical interventions to interrupt or reduce the spread of respiratory viruses](#)
 - [Vaccines for measles, mumps, rubella, and varicella in children](#)
- According to data from [Altmetric](#), the 2020 Cochrane reviews most often mentioned across newspaper stories, tweets, blog posts, and other sources were:
 - [Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review](#)
 - [Antibody tests for identification of current and past infection with SARS-CoV-2](#)
 - [Physical interventions to interrupt or reduce the spread of respiratory viruses](#)
 - [Electronic cigarettes for smoking cessation](#)
 - [Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review \(UPDATE\)](#)
- The most viewed Cochrane Clinical Answers (CCAs) in 2020 were:
 - [Can physical interventions help reduce the spread of respiratory viruses?](#)
 - [For pregnant women, what are the benefits and harms of an enema during the first stage of labor?](#)
 - [Which type of personal protective equipment \(PPE\), and which interventions to increase PPE use by healthcare workers, help reduce the spread of highly infectious diseases?](#)
 - [What are the effects of 1000 mg paracetamol \(acetaminophen\) for adults with episodic tension-type headache?](#)
 - [How does a high-flow nasal cannula compare with low-flow oxygen for adults in intensive care requiring respiratory support?](#)
- The top five accessed Special Collections (curated content collections on a specific healthcare topic) on the Cochrane Library in 2020 were all on COVID-19:
 - [Coronavirus \(COVID-19\): infection control and prevention measures](#)
 - [Coronavirus \(COVID-19\): evidence relevant to critical care](#)
 - [Coronavirus \(COVID-19\): effective options for quitting smoking during the pandemic](#)
 - [Coronavirus \(COVID-19\): remote care through telehealth](#)
 - [Coronavirus \(COVID-19\): evidence relevant to clinical rehabilitation](#)
- Cochrane Editorials published in the CDSR evaluate ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy. The most accessed Editorials in 2020 were:
 - [Policy makers must act on incomplete evidence in responding to COVID-19](#)
 - [Transcutaneous electrical nerve stimulation \(TENS\) for chronic pain: the opportunity to begin again](#)
 - [COVID-19: working together and making a difference for decision-makers](#)

- [Risk of Bias 2 in Cochrane Reviews: a phased approach for the introduction of new methodology](#)
- [Prospective meta-analyses and Cochrane's role in embracing next-generation methodologies](#)

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

- There were over 14.31 million visits to the *Cochrane Library* in 2020, a 6% increase on the year before. There were 14.71 million full-text accesses of Cochrane articles, an increase of 12% on 2019.
- There were increases in usage in all countries, with spectacular increases being shown (between 100-200%) in Spanish-language countries as a result of the Spanish-language *Cochrane Library* being available.
- Cochrane is committed to making its systematic reviews accessible to all, but in a way that the organization can sustain and does not undermine its ability to develop and grow in the future. We gave temporary unrestricted access to all content in the *Cochrane Library* between 26 March and 26 May 2020. All our COVID-19 evidence remains unrestricted. Another 604 Cochrane Reviews became free to access in 2020 for everyone, everywhere under the organization's Open Access Policy. Global figures for the number of people able to enjoy free at the point of use access to the Library – including those in all Low-and Middle-Income Countries designated by the WHO - remained at over 3.66 billion.
- Much like the rest of the organization, the *Cochrane Library's* product development plans were quickly adjusted to address the new needs that arose from the COVID-19 pandemic, while we continued delivering new features and developments offering greater value to subscribers and users:
 - With huge attention on our [COVID-19 Special Collections](#) and the global nature of the pandemic, we enabled publication of Special Collections in all 15 languages into which we currently translate Cochrane Review summaries.
 - We improved the display of Special Collections to make it easier to read them and access individual reviews contained in a Collection. They now have a panel allowing people to navigate to different sections, or to print, share or email the Collection.
 - We integrated into the *Cochrane Library's* federated search feature systematic reviews from McMaster Health Forum's repositories: Health Systems Evidence (HSE) and Social Systems Evidence (SSE). This feature is available via the Search box on the home page.
 - To promote and enhance the multi-language offer of the *Cochrane Library* further, readers can now directly set both their preferred Cochrane Review language (to one of 16 available languages) and Website language (to [English](#) or [Spanish](#)) at any time from the website header. Once a user has set their language preference, any reviews will be displayed in that language where available as people search or browse the website.
 - The *Cochrane Library* now also automatically detects people's preferred language using their browser language setting to help people find available evidence in their language. Users are in control of this feature, though, and can choose to dismiss it, if they would rather continue browsing in English.
 - We implemented a redirect to the best available copy of any Cochrane content. This means that people with access to the full text for a Cochrane Review, Cochrane Clinical Answer, or Editorial will automatically be redirected to the full text for that content on accessing it.
- Cochrane's organizational website, [Cochrane.org](#), hosts the Plain Language Summaries of Cochrane Reviews in 16 languages, as well as news, organizational information, and opportunities to join Cochrane as a member or supporter. Web traffic to Cochrane.org in 2020 continued its spectacular growth. Page views increased to 84 million - compared to 77 million in 2019, 37 million in 2018, 22 million in 2017 and 4 million in 2013.

- The effect of Cochrane's translation efforts on the use of our evidence is significant. Over 82% of all Cochrane.org page views were to translated information; and more than 79% of all visitors to Cochrane.org use browsers in languages other than English.
- Cochrane teams in different countries continued to translate and disseminate Cochrane evidence into 15 languages, including: Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, and Thai. We published 9,594 new or updated translations of Review abstracts and Plain Language Summaries over the year; with 33,962 translations of Cochrane Reviews offered on the *Cochrane Library* and Cochrane.org websites at the end of 2020. All our COVID-19 evidence was translated into multiple languages, and some translated evidence was among the most popular on our websites.
- We published 39 Cochrane podcasts based on new and updated Cochrane Reviews, and 127 podcast translations in eight different languages. Cochrane teams around the world also continued sharing Cochrane evidence for different audiences and in various languages via hundreds of social media posts, newsletters, blogs, journal articles, visuals and animations; with a focus on COVID-19 evidence in 2020.
- Cochrane received 10,842 global media mentions in 2020 (up from 7,500 in 2019.) The press office supported the dissemination of high-profile Cochrane Reviews, mainly related to COVID-19. We maintained excellent relationships with the Science Media Centres across the world and presented at the World Federation of Science Journalists. We ran a Science Talks event with our publisher, John Wiley & Sons Ltd (Wiley), which 100 journalists attended.
- 2,457 Twitter posts across the Cochrane and *Cochrane Library* Twitter accounts generated more than 13.1 million impressions and attracted about 28,000 new followers in 2020. 92 videos were created and shared on YouTube, featuring new evidence as well as organizational updates and discussions. Cochrane YouTube videos were viewed almost 250,000 times in 2020, more than double the views of 2019. At the end of 2020, more than 262,000 people followed Cochrane and *Cochrane Library* updates across different social media channels, compared to 206,000 at the end of 2019, including a [Facebook group](#), [Facebook page](#), [LinkedIn group](#), [LinkedIn page](#), [Cochrane Twitter](#), [Cochrane Library Twitter](#), [YouTube](#), [Instagram](#), and - a new addition in 2020 - [TikTok](#). In addition, tens of thousands more people follow the many social media accounts of Cochrane's Fields and Geographic, Review and Methods Groups.
- Cochrane's monthly newsletters continued to be posted and accessed by 11,192 subscribers (deduplicated): including the 'Cochrane Connect' newsletter for external audiences (6,159), and internal newsletters including Cochrane Community (4,225), Consumer Network (1,581), Early Career Professionals Network (1,121), Cochrane Crowd (4,678), and Cochrane TaskExchange (3,157). In addition, thousands more people subscribe to newsletters produced by Cochrane Groups.
- In 2020, Cochrane's [Knowledge Translation](#) (KT) programme continued to deliver and implement tools, resources and initiatives designed to support Cochrane evidence uptake in health decision-making policy and practice, including:
 - A pilot project to support the improvement of Cochrane's Plain-Language Summaries (attached to each Cochrane Review). A mid-point evaluation was completed in 2020 with learnings used to improve the process. A final project evaluation is underway, working with end users to explore the understandability and translatability of the Summaries.
 - A new, free [online learning module](#) was delivered for people working in Cochrane, exploring what knowledge translation means and how it can be applied across Cochrane activities.
 - Training on the [KT Dissemination Checklist](#) was attended by key disseminators of Cochrane Reviews. These participants and all users of the Checklist will use it to support the development of high-quality dissemination products for Cochrane's target audiences.
 - The pilot [KT mentoring scheme](#) was evaluated and a second cohort of the scheme was initiated with 17 mentoring pairs across the world working on Cochrane KT projects.
 - An increased number of priority-setting projects took place across the Cochrane community, aiming to ensure Cochrane reviews answer the most important questions for stakeholders.

- A draft Monitoring and Evaluation (M&E) framework for Cochrane's KT work was developed, which will be incorporated into Cochrane's new organizational M&E plan in 2021. Specific templates and tools were developed to support the [evaluation of KT activities](#) across Cochrane.

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

- In 2020, Cochrane continued to advocate for evidence synthesis in health decision-making and for transparency and integrity in research:
 - We made several interventions at global health fora, including [a statement on the role of evidence synthesis in the COVID-19 response at the World Health Assembly](#); [a statement to the PAHO Directing Council highlighting how Cochrane Canada, Cochrane Iberoamérica and the Cochrane US Network have responded to the pandemic](#); and [a statement in support of the UN Decade of Healthy Ageing, which the Cochrane-Campbell Global Ageing Partnership have contributed to, at the reconvened World Health Assembly](#).
 - We also participated in [the first World Evidence-Based Healthcare Day alongside key organizational partners](#). Cochrane's contributions included a webinar with WHO on evidence in COVID-19 policymaking, a Cochrane Crowd screening event, and extensive communications throughout our community. Cochrane also joined forces with social media influencers who are healthcare professionals via the Association for Healthcare Social Media (AHSM). We hosted our first Instagram Live with a paediatric nurse speaking directly to almost 4,000 parents on Instagram; and worked with AHSM social media influencers for posts across TikTok, Instagram, SnapChat, YouTube, and Twitter, which contributed to an estimated reach of 3.74 million people and 18.45 million impressions on social media during this awareness day.
 - Members of the [Cochrane US Network participated in the virtual March for Science](#), giving a presentation about Cochrane and the role of evidence synthesis.
 - We issued a [statement in support of the EMA clinical study report policy](#), which was the subject of a legal challenge (which ultimately ruled in favour of transparency).
 - Amid the pandemic, [representatives of several Cochrane Groups in Europe wrote to EMA about public access to data for COVID-19 trials](#) and [got a positive response](#).
 - [Cochrane Austria](#) and [Cochrane Sweden](#) issued reports on trial transparency in their national contexts, which [garnered the attention of the media and key stakeholders](#).
- Cochrane's partnership with the World Health Organization (WHO) intensified in 2020, and Cochrane evidence continued to inform WHO guidelines and guidance:
 - We worked closely with WHO to ensure Cochrane's Rapid Reviews on COVID-19 provided relevant, timely and reliable answers to priority questions and to advocate for evidence.
 - 86% of new WHO guidelines were informed by Cochrane Reviews in 2020. Overall, 701 reviews from 45 Cochrane Review Groups have been used to inform 229 WHO accredited guidelines and other evidence-based recommendations published between 2008 and 2020.
 - 12 pieces of WHO COVID-19 guidance cited 10 Cochrane COVID-19 Reviews. A further three pieces of WHO guidance cited four other reviews, and two evidence resources developed by Cochrane Review Groups.
- Cochrane was an early member of, and has been an active participant in, [COVID-END](#), a network of over 50 of the world's leading evidence synthesis, technology assessment and guideline development groups.
- [Cochrane's partnership with Wikipedia](#) goes from strength to strength. We work directly with our community of volunteers to organise and share Cochrane evidence in Wikipedia articles. Activities include updating Wikipedia articles when an updated version of a Cochrane Review is published (performed monthly); keeping up with evidence from new Cochrane Reviews (quarterly); and verifying existing evidence within Wikipedia articles (ongoing). In 2020, a focus was put on articles

related to COVID-19. The *Cochrane Library* donates 100 'Wikipedia Library Cards' to Wikipedia volunteers so that they can access the full texts of recent reviews in order to share new evidence as accurately as possible. The *Cochrane Database of Systematic Reviews* remains the most referenced medical journal in Wikipedia. As of January 2021, evidence from 53% of Cochrane Reviews published in the past 10 years were being shared on English Wikipedia. These citations in Wikipedia receive over 43,000 referrals from Wikipedia to the *Cochrane Library* per year. Efforts to incorporate evidence from Cochrane Reviews in health-related Wikipedia articles in languages other than English have also continued in Spanish, French, Russian, Malay and Dutch.

- The ongoing COVID-19 pandemic severely impacted on Cochrane's planned events. Cochrane's annual international conference, the [27th Colloquium in Toronto, Canada](#), scheduled for October 2020, had to be postponed to 2022. Cochrane leads a group of organizations in evidence-based practice in planning the [2nd Global Evidence Summit](#), a quadrennial, multi-disciplinary and cross-cultural event to discuss how we best produce, summarise and disseminate evidence to inform policy and practice, and using that evidence to improve people's lives across different sectors, including health, education, social justice, the environment and climate change. The Global Evidence Summit was planned for 2021 in Prague, Czech Republic, but is now postponed to 2023.
- Cochrane had established an internal working group to review its events before the COVID-19 pandemic started, to ensure they are fit for purpose, accessible for their global target audiences, and financially and environmentally sustainable. The pandemic highlighted the pertinence of this review but resulted in the working group focusing its attention on exploring what Cochrane can offer 'virtually', including how people engage online, so that we can organise impactful and engaging virtual events in future.

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

- 2020 was the final year of Cochrane's transformational, seven-year strategic plan, *Strategy to 2020*. Throughout the year work progressed on a new strategic framework for 2021 onwards, which was intended to shape our priorities and activities for the next ten years. However, due to a rapidly changing external environment and more assessment required of the organization's principal risks and uncertainties, the framework will be re-assessed and refined, with an interim strategic plan to be published instead in 2021.
- In 2020, the Cochrane Governing Board led this strategic planning exercise, but also focused its work on the implications for the Charity of the COVID-19 pandemic. This included working with Cochrane's Senior Management Team to ensure high-quality support was provided to staff; conducting a rapid risk assessment on the impact of the pandemic on Cochrane's revenue and reputation; that business continuity plans were actionable; beginning a review of the feasibility of Cochrane's planned events; and supporting increased virtual collaboration across the community.
- At Cochrane's virtual [Annual General Meeting](#) (AGM) in December 2020, Cochrane members approved the adoption of a revised set of Articles of Association, which now provide more flexibility on holding virtual AGMs, and improved rules for electing and appointing Governing Board members and declaring conflicts of interest.
- The Cochrane Council provided input into various initiatives representing Cochrane's key constituencies, including the organization's new strategic framework, the new [Editorial Management System](#), the new [Conflict of Interest Policy for Cochrane Library Content](#), the Consumer Strategy, the [Knowledge Translation Dissemination Checklist](#), and the revised [Spokesperson Policy](#). The Council developed a paper and recommendations for the Governing Board on "[Responding to Climate Change as an Organization](#)", and approved a [Council Communications Strategy](#) to establish standards for communication with the constituencies it

represents. It also established an [Author Panel](#), which gives authors of Cochrane Reviews the opportunity to have a voice in the organization's strategic decision-making.

- In the third quarter of 2020, we heard from nearly 1,000 people and completed a snapshot review aimed at understanding what our target audiences think of our COVID-19 resources so far and how the pandemic is affecting Cochrane's Groups and central team. This work continues to shape future plans and included:
 - Documenting the vast and varied response from Cochrane Groups, and showcasing some of this work through [COVID-19 case stories](#) and an [Editorial Supplement](#).
 - Reviewing the reach of our Cochrane evidence by looking at the statistics on how often the resources were being used on different platforms, and by whom.
 - Understanding how Cochrane's audiences find out about Cochrane evidence, what they think of them, and what type of evidence formats they would prefer.
- Cochrane announced the signing of a new contract with John Wiley & Sons, Ltd. to publish the *Cochrane Library* for the next 10 years from January 2021. Following a competitive tender process, Wiley was selected due to its commitment to product development and innovation; a strategic vision meeting the needs of users of Cochrane's evidence; and support for the organization's multi-lingual strategy. The agreement guarantees major investment into future development of the Library to sustain Cochrane as the world's pre-eminent collection of high-quality evidence to inform global healthcare decision-making, and also secures a strong financial framework to support Cochrane's organizational ambitions in the next decade, including its Open Access aspirations.
- Cochrane's global expansion continued in 2020, and its geographic network now consists of 149 groups, including 22 Centres, 42 Associate Centres and 36 affiliates. In 2020, the Cochrane China Network was established – adding seven Affiliates to the existing Cochrane China Centre and Cochrane Hong Kong. We also established new Affiliates in Cameroon, Romania, Greece, and Paraguay, where we previously did not have any formal Cochrane presence; and additional Affiliates in Argentina (4), Colombia (2), Italy (1) and Mexico (4). Groups in Nigeria, Peru, Portugal, and Sweden upgraded to expand their activities.
- Cochrane's People Services Department continued to provide a coordinated range of services to support the people of our organization:
 - [Cochrane's Membership and Supporter scheme](#), launched in 2017, attracted 20,000 new supporters to contribute to Cochrane's work in 2020, which meant that we exceeded 100,000 supporters and members for the first time. Of those, 13,190 were fully accredited Members, an increase of more than a thousand new members in the year. Our [Join Cochrane](#) web pages were redesigned to better describe our membership scheme and make the pathways clearer for people wishing to join the organization.
 - [Cochrane Crowd](#), our citizen science platform which acts as an initial entry point for many people getting involved in Cochrane, continued its tremendous success. The Crowd is now a global community of almost 20,000 volunteers from 164 countries helping to classify the research needed to support informed decision-making about healthcare treatments. These volunteers have amassed over 5 million individual decisions on records, helping to identify 193,106 randomised controlled trials for CENTRAL. Over 1.3 million individual decisions identifying 43,061 randomised controlled trials were made in 2020. The Crowd has also helped to identify studies for inclusion in 34 Cochrane Reviews via the 'Screen4Me' crowdsourcing workflow, and identified thousands of studies for Cochrane's Covid-19 Study Register.
 - The Cochrane Community Support Team handled 11,250 support queries in 2020, a 100% increase from 2019 (5,837 queries) and was at least in part a result of increased support needs; with many Cochrane staff and contributors working from home because of the pandemic. Despite the huge increase in queries, 95% of high priority queries (from Cochrane Group staff) received a response within two hours; and 99.9% normal priority tickets received a reply within one working day.

- Many new learning initiatives were completed in 2020, including a [new module focusing on equity considerations in systematic reviews](#) as part of the Cochrane [Interactive Learning Course](#) for systematic review authors. Cochrane Geographic Groups in Russia, Germany, and Croatia worked on the translation and localisation of the [Evidence Essentials training modules](#), an introduction to evidence-based medicine for members of the general public.
- We experimented with new learning formats in response to the lack of face-to-face events resulting from the pandemic. In particular, we launched a concept called “*A Day with...*” which combines online training, workshops and lectures around a topic of interest to create a single day programme for interested people. We have been trialling this with our Methods Groups to ensure that we continue to promote and educate our community on our methods and the latest developments to them.
- The [Cochrane Learning Live](#) webinar programme continues to thrive and was particularly important in 2020 as a result of event cancellations. We delivered 37 Cochrane webinars to a total of 3,988 attendees. All these webinars, and our back catalogue of webinars, are available on YouTube and in 2020 that complete collection of Learning videos received 132,653 views, demonstrating that our learning is reaching a broad audience beyond those who attend the live events.
- Many other learning and development resources, including new learning modules on [Knowledge Translation](#) and [Reporting Synthesis Without Meta-analysis](#), were added to the [Cochrane Training](#) website; and Cochrane’s international network of trainers continued to provide training workshops to systematic review authors and users around the world. Many of these workshops were forced to move to online in 2020, and the Central Executive Team provided guidance and training to support trainers in this format.
- Support for the next generation of Cochrane leaders and contributors continued to be a priority in 2020, and support was provided to the [Early Career Professionals Group](#). We are actively seeking ways to develop the role of this group and to provide more opportunities for younger members of the Cochrane Community to gain experience in leadership roles across Cochrane. We also supported the launch of the Spanish student blog and network [Estudiantes por la Mejor Evidencia](#) in November 2020, which now complements the English language equivalent, [Students for Best Evidence](#).

Financial Review

Principal funding sources

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

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

Overview of the year

Charitable expenditure of £9,048,000 (2019: £9,137,000) was incurred during the year and has supported our charitable objects, including continuing major investments in *Strategy to 2020* projects, as set out in the statement of financial activities on page 33 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2020, sales of the *Cochrane Library* increased by 7% to £10,126,000 (2019: £9,424,000); with royalties paid to Cochrane up by 9% to £6,432,000 (2019: £5,905,000). Other Publications Income, which has increased substantially to £5,515,000 (2019: £1,067,000), includes commercial enhancements related to the new publishing contract with Wiley. Additional sources of revenue were received in 2020 from 'Cochrane Response' (£499,000, the charity's consultancy service) and Cochrane Innovations (£324,000). In 2019, Other Income included £430,000 in insurance reclaims relating to the cancelled Cochrane Colloquium in Santiago, Chile, in October 2019.

The additional publishing income, particularly in respect of the commercial enhancements, and flat expenditure, partly because of COVID-19, were the main reasons for a substantial operating surplus of £3,781,000 compared with the net operating deficit, in 2019, of £1,058,000.

Remuneration and Pay Policy for Staff

Cochrane is committed to ensuring it pays staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual Plan & Budget. Central Executive staff remuneration was increased by 2.2% in 2020 to cover the necessary cost of living adjustments in the following year. The Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice.

Reserves policy

In December 2020, the Trustees approved a new Reserves Policy that will support Cochrane's strategic plans for 2021 onwards. This risk-based Reserves Policy was developed by the Finance, Audit & Investment Committee following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The new Policy balances the need to hold back Reserves to mitigate the publishing income risks but also signals intentions to fulfil charitable objects for current beneficiaries (e.g. strategic projects).

The major risk exposure in Cochrane's income portfolio is its dependence on publishing income from royalties received from sales of the *Cochrane Library*, which represents approximately 90% of normal annual turnover (excluding events income, which is priced on a break-even basis). Cochrane's long-term ambition is to make all Cochrane Reviews Open Access 'immediately upon publication' but it will be implemented only when the Board are confident that doing so will not undermine Cochrane's future financial sustainability and, therefore, its ability to meet other strategic goals. Nevertheless, a portion of Cochrane's Reserves (£2,000,000) has been specifically designated as a 'Continuity Fund' to mitigate this risk and help provide financial stability through a post Cochrane Review Open Access transition period. The Continuity Fund is designed to support Cochrane to complete any adjustments required in this period, should future publishing incomes be significantly reduced. A Strategic Investment Fund (£2,500,000) will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. Proposals from the Senior Management Team to access and use Reserves from this Fund for strategic or change projects and initiatives must be approved by the Board via the Finance, Audit and Investment Committee.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should not be less than three months' sustainable operating costs, excluding any costs associated with our annual Colloquium, to provide operational cash flow. The target Free Reserves floor is around £2,000,000.

Free reserves (unrestricted funds less fixed assets) at the end of 2020 were £5,510,000, an excess over the target Free Reserves floor of £3,510,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, and this will draw down on the charity's reserves in the coming years.

Going concern assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2022. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment policy

In 2021, Cochrane will use its Reserves to generate additional income for the charity from a low-risk investment portfolio in accordance with the charity's ethical values and independence, to meet a long-term investment target to be established by Cochrane's Governing Board.

Fundraising

Cochrane does not engage in public fundraising and does not use professional fundraisers. The Charity, nevertheless, observes and complies with the relevant fundraising regulations and codes where

appropriate. During the year there was no non-compliance of these regulations and codes, and we received no complaints relating to our fundraising practice.

Policies on conflict of interest and commercial sponsorship

Cochrane strives to attain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content. In October 2020 a new and even more stringent [Conflict of Interest \(Col\) policy for Cochrane Library content](#) came into force (having been approved by Cochrane's Governing Board). The revised policy, as with previous versions, not only requires interests to be declared, but also mandates that some conflicts will prevent individuals from contributing to a Cochrane Review. The revised policy includes the following changes:

1. The proportion of authors in a Cochrane Systematic Review team who are free of all relevant financial conflicts will increase from a simple majority to a proportion of 67% or more.
2. Last authors will be treated in the same way as first authors and, therefore, must be entirely free of relevant financial conflicts.
3. Authors of industry-controlled clinical studies eligible for inclusion in a Cochrane Review will be prohibited from being the first or last author on that review.
4. Reviews funded by not-for-profit organizations with a specific interest in the outcome will be assessed by Cochrane's Conflict of Interest Arbiter Panel and the Editor in Chief, who will judge whether the review is conflicted.
5. Cochrane authors will need to declare non-financial interests and think critically about how these might influence their contribution to the development of the review.

The intent of the policy is to avoid conflicts of interest associated with commercial sponsorship and ensure that the people or organizations that fund the creation of *Cochrane Library* content are free from such conflicts. The policy definition of a commercial organization is 'any for-profit organization with a financial interest in the topic of *Cochrane Library* content'.

In addition, no Cochrane Review Group (CRG) or CRG Network is permitted to accept funding from any commercial organization with a financial interest in the CRG topic area. While government departments, not-for-profit medical insurance companies and health management organizations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in the policy definition of a commercial organization.

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

Future Plans

Cochrane's seven-year strategic plan, *Strategy to 2020*, came to an end at the end of 2020. Throughout the year a new organizational strategic framework was in development, led by the Governing Board and Senior Management Team, and consulted on widely with Cochrane members and supporters.

The plan was to launch the new strategic framework early in 2021. However, due to a rapidly changing external environment and more assessment required of the organization's principal risks and uncertainties (see below), the framework will be re-assessed and refined, with an interim strategic plan to be published instead in 2021.

Nevertheless, the following plans have been approved for 2021:

1. To transform how Cochrane's Reviews are produced

Cochrane is transforming its current Review Production model to maintain editorial integrity, maximise the efficiency and best use of its editorial and production resources and expertise, increase the attraction and retention of high-quality authors and contributors, and meet the changing and more sophisticated needs of health evidence users in the next decade. This will involve:

- Completing the implementation of the new Editorial Management System (EMS), begun in 2020, with roll-out planned for Cochrane Review Groups (CRGs) and CRG Networks in 2021.
- Separating the editorial and production functions in CRGs, beginning with a pilot 'demonstration project' in 2021 (approved by the Governing Board in October 2020).
- Establishing a Centralised Editorial Service (CES) with the resources and expertise to process rapidly and efficiently a wide range of Reviews and other synthesized evidence outputs. This will build on and scale up the production experience gained during Cochrane's COVID-19 response.
- Developing and delivering a much more integrated editorial, technology and product process for Cochrane; to unleash the underlying potential of the tools, data and syntheses conducted by Cochrane Review authors and Groups for both internal and external users.

2. To scale up the reach and impact of Cochrane's Knowledge Translation activities

Strategy to 2020 put Cochrane's commitment to ensuring its evidence was translated into healthcare policy and practice – Knowledge Translation (KT) – at the heart of its mission and its change programme. Cochrane plans to scale up the adoption and use of these KT resources to expand the reach and impact of our evidence in healthcare decision making around the world. This will involve:

- Embedding Knowledge Translation in Cochrane Groups and more widely amongst Cochrane's members and supporters through the widespread uptake of the new KT tools, training and processes.
- Completing the Plain Language Summaries (PLS) pilot project in 2021; then establishing and implementing a sustainable long-term model of producing improved PLS in Cochrane Reviews.
- Continuing to work with end-users/decision-makers and those who work with and influence them (mainly through intermediary audiences such as guideline developers, patient groups and the media).

3. To invest in initiatives that will promote and deliver long-term financial sustainability for Cochrane

One of the most important lessons from the implementation of *Strategy to 2020* is the recognition that Cochrane's future sustainability will be grounded in the continued value the *Cochrane Library* offers to subscribers or others willing to pay for its content. The diversification of Cochrane revenues from sources other than royalty payments received on sales of the *Cochrane Library* proved to be extremely difficult; and no new product or service Cochrane develops in future is likely to attract anything like the

size of revenues generated by the Library. Cochrane's continued commitment to making all reviews Open Access (OA) immediately upon publication in future is a threat to the charity's financial viability, unless we develop and integrate within the *Cochrane Library* new products and features that subscribers, users or other funders are willing to pay for alongside the OA Cochrane Reviews. This means that we must target the development of the *Cochrane Library* in the short-term on new features and content that will be most valued by current and future subscribers: researchers, academics (and their institutions), policymakers and funders. This is a critical priority and will involve successfully delivering our Cochrane Library Product Development Plan.

The COVID-19 pandemic may threaten funding streams for both subscription income for the *Cochrane Library* (supporting central and organizational expenditure) and institutional support and grant income for Cochrane Groups. The CET will work with the leadership of Cochrane Groups to try to protect funding sources, host organization support and grant applications where that is useful for Groups.

Despite the significant challenges in diversifying Cochrane's income streams, it is vital that the organization strengthens its efforts in this area. In the coming years Cochrane will also redesign and expand its fundraising and revenue generation capacities and approach to significantly increase revenues from Trust and Foundations and other partners, from Cochrane's membership and supporter base, and from consultancy services (principally Cochrane Response).

To support Cochrane's long-term financial sustainability, an external consultant has been commissioned to deliver a sustainability and efficiency review of the activities and functions of the Central Executive Team. The process will link to new strategic priorities and identify what needs to be done to deliver a cost-efficient organization that can meet its objectives.

Principal Risks and Uncertainties

The Governing Board regularly considers the principal risks to which The Cochrane Collaboration is exposed. Organizational risk in 2020 was dominated by the COVID-19 pandemic but also included long-standing challenges to the organization that its Senior Management Team is managing:

1) Challenges to the working lives of Cochrane's staff, members and supporters from the effects of the COVID-19 pandemic, including:

- *Unsustainable workloads and burnout of Central Executive Team and Cochrane Group staff*
Cochrane's response to the COVID-19 pandemic increased workloads for many Central Executive Team (CET) and Cochrane Group staff, as we increased the speed of production and scope of evidence resources available. At the same time, staff capacity was reduced by national lockdown measures (for instance: schools shutting for extended periods of time; challenging working conditions faced by many people).
- *Lack of opportunities to meet face-to-face*

Following the cancelled Cochrane Santiago Colloquium, Cochrane's leadership (except for the Governing Board) has been unable to meet together face-to-face since early 2019; and the wider international community of members and supporters not since September 2018. This has and will likely have a growing impact on individual and Cochrane community motivation, cohesion, networking and effective collaboration.

2) Concerns about Charity and Group income

- *Cochrane Library sales and royalties*

The impact of COVID-19 on sales of the *Cochrane Library* and royalty payments to the Charity are extremely uncertain. Building the 'value' that present and future subscribers see and receive from the Library will be the best long-term mitigation of the risk of falling subscription royalty revenues. This is the rationale for the accelerated push for new features and capacities to be introduced into the Library in the next three years.

- *Income to Cochrane Groups*

Anecdotal reports from Cochrane Groups suggest that many are worried about the impact of COVID-19 on their funding from 2021 onwards, which would negatively impact their work.

- *Impact of Open Access*

Cochrane is committed to making its reviews Open Access. Its challenge is to meet this commitment whilst ensuring it secures the long-term financial sustainability of the Charity. The proportion of Cochrane Reviews already freely available to all users everywhere through its existing 'Green' Open Access policy (where all Cochrane Reviews and Updates are made available everywhere to everyone 12 months after publication) is steadily growing – reaching 71% by the end of 2020.

3) Controversial Cochrane Reviews and/or organizational positions

Cochrane's Reviews are always subject to intense scrutiny. Cochrane's response to the COVID-19 pandemic has been well received so far but future Reviews may deliver evidence that is controversial.

4) Improving Cochrane's editorial and production process

A longer-term but important risk relates to Cochrane's editorial and production processes, which need to be modernised and made more efficient in order to make them better able to meet the more urgent demands and complex future evidence needs of clinicians, policy makers, researchers and patients.

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

The Trustees 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:

.....
Ms Karen Kelly, Trustee and Treasurer

Date: Aug 6, 2021.....

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

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2020 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2020 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on The Cochrane Collaboration's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, and the Finance, Audit and Investment Committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

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

Noelia Serrano (Senior statutory auditor)

Date: 19 August 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

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

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

For the year ended 31 December 2020

				2020			Restated
	Note	Unrestricted £'000	Restricted £'000	Total £'000	Unrestricted £'000	Restricted £'000	2019 Total £'000
Income from:							
Charitable activities	2	12,777	42	12,819	7,959	97	8,056
Investments	3	10	–	10	23	–	23
Total income		12,787	42	12,829	7,982	97	8,079
Expenditure on:	4						
Raising funds		111	–	111	114	–	114
Charitable activities							
Editorial & methods		2,406	–	2,406	2,765	–	2,765
Knowledge translation		1,284	–	1,284	1,368	–	1,368
Publishing, research & development		1,216	–	1,216	1,078	–	1,078
People services		1,146	–	1,146	940	–	940
Other charitable activities		2,798	87	2,885	2,824	48	2,872
Total expenditure		8,961	87	9,048	9,089	48	9,137
Net income / (expenditure) for the year	5	3,826	(45)	3,781	(1,107)	49	(1,058)
Transfers between funds		26	(26)	–	–	–	–
Net income / (expenditure) before other recognised gains and losses		3,852	(71)	3,781	(1,107)	49	(1,058)
Other gains		12	–	12	31	–	31
Net movement in funds		3,864	(71)	3,793	(1,076)	49	(1,027)
Reconciliation of funds:							
Total funds brought forward		6,148	71	6,219	7,224	22	7,246
Total funds carried forward		10,012	–	10,012	6,148	71	6,219

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 19 to the financial statements.

As at 31 December 2020

		The group		The charity	
	Note	2020	2019	2020	2019
		£'000	£'000	£'000	£'000
Fixed assets:					
Tangible assets	10	1	2	1	2
Investments	11	1	1	676	676
		2	3	677	678
Current assets:					
Debtors	14	1,227	1,715	1,207	1,712
Short term deposits	22	8,000	–	8,000	–
Cash at bank and in hand	22	1,945	5,797	1,660	5,742
		11,172	7,512	10,867	7,454
Liabilities:					
Creditors: amounts falling due within one year	15	(1,162)	(1,296)	(1,091)	(1,241)
Net current assets		10,010	6,216	9,776	6,213
Total net assets	18	10,012	6,219	10,453	6,891
Funds:	19				
Restricted income funds		–	71	–	71
Unrestricted income funds:					
Designated funds		4,500	20	4,500	20
General funds		5,953	6,800	5,953	6,800
Non-charitable trading funds		(441)	(672)	–	–
Total unrestricted funds		10,012	6,148	10,453	6,820
Total funds		10,012	6,219	10,453	6,891

Approved by the trustees and signed on their behalf by

Ms. Karen Kelly, Trustee and Treasurer

Date:
Aug 6, 2021

Consolidated statement of cash flows

For the year ended 31 December 2020

Reconciliation of net income to net cash flow from operating activities

	2020 £'000	2019 £'000
Net income for the reporting period (as per the statement of financial activities)	3,781	(1,058)
Depreciation charges	1	1
Dividends, interest and rent from investments	(10)	(23)
Decrease in debtors	488	864
(Decrease)/increase in creditors	(134)	436
Net cash provided by operating activities	4,126	220

	Note	2020 £'000	£'000	2019 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			4,126		220
Cash flows from investing activities:					
Dividends, interest and rents from investments		10		23	
Purchase of short term deposits		(8,000)		-	
Net cash provided by investing activities			(7,990)		23
Change in cash and cash equivalents in the year			(3,864)		243
Cash and cash equivalents at the beginning of the year			5,797		5,523
Change in cash and cash equivalents due to exchange rate movements			12		31
Cash and cash equivalents at the end of the year	22		1,945		5,797

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

c) Public benefit entity

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

d) Going concern

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

The trustees do not consider that, including the impact of Covid-19, there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

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

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

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

f) Interest receivable

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

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

In 2020, the analysis of expenditure on charitable activities (notes 4a and 4b, restated) was updated to provide a clearer understanding of the departmental services provided by the Charity to meet its aims and objectives. The 2019 comparatives, on the statement of financial activities, have been restated to reflect the updated activities.

i) Foreign exchange

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

j) Allocation of support costs

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

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

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

1 Accounting policies (continued)

l) Tangible fixed assets (continued)

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

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

m) Investments

Investments in subsidiary undertakings are included at cost.

n) Debtors

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

o) Cash at bank and in hand

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

p) Creditors and provisions

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

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

q) Financial instruments

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

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

q) Pensions

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

Notes to the financial statements

For the year ended 31 December 2020

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2020 Total £'000	Unrestricted £'000	Restricted £'000	2019 Total £'000
Royalties from The Cochrane Library	6,432	–	6,432	5,905	–	5,905
Other Publications Income	5,515	–	5,515	1,067	–	1,067
Cochrane Response	499	–	499	237	–	237
Cochrane Innovations	324	–	324	204	–	204
Gates Foundation	–	42	42	–	53	53
Other Income	6	–	6	483	18	501
Events Income	1	–	1	63	26	89
Total income from charitable activities	12,777	42	12,819	7,959	97	8,056

In 2019, Other Income included amounts totalling £430,000 in insurance reclaims relating to the cancelled Cochrane Colloquium in Santiago, Chile, in October 2019.

3 Income from investments

	Unrestricted £'000	Restricted £'000	2020 Total £'000	Unrestricted £'000	Restricted £'000	2019 Total £'000
Bank interest	10	–	10	23	–	23
	10	–	10	23	–	23

4a Analysis of expenditure (current year)

	Cost of raising funds £'000	Charitable activities					Governance costs £'000	Support costs £'000	2020 Total £'000
		Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Other charitable activities £'000			
Staff costs (note 6)	–	1,351	299	543	522	1,177	195	254	4,341
Other people costs	97	250	180	210	256	183	–	58	1,234
Consultancy/outsourced support	–	444	49	193	104	714	116	–	1,620
Commissioned Work	–	45	470	90	32	24	8	–	669
Technology	–	–	42	5	10	338	–	–	395
Premises costs	–	1	–	–	–	13	–	314	328
Legal & professional	–	–	–	19	14	12	30	43	118
Colloquium costs	–	–	56	–	–	–	–	–	56
Travel & subsistence	–	7	16	1	–	48	13	–	85
Sundry	–	14	12	4	8	8	–	32	78
Employee-related costs	–	–	–	–	56	1	–	–	57
Room hire & catering	–	–	3	–	4	13	32	–	52
Finance costs	–	–	–	2	–	1	1	11	15
	97	2,112	1,127	1,067	1,006	2,532	395	712	9,048
Support costs	9	189	101	96	90	227	–	(712)	–
Governance costs	5	105	56	53	50	126	(395)	–	–
Total expenditure 2020	111	2,406	1,284	1,216	1,146	2,885	–	–	9,048

4b Analysis of expenditure (prior year – restated)

	Charitable activities								Restated
	Cost of raising funds £'000	Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Other charitable activities £'000	Governance costs £'000	Support costs £'000	2019 Total £'000
Staff costs (note 6)	–	1,133	223	542	341	1,254	106	383	3,982
Other people costs	97	137	168	218	73	169	–	113	975
Consultancy/outsourced support	–	581	–	111	200	437	27	–	1,356
Commissioned Work	–	371	245	–	15	99	–	–	730
Technology	–	–	10	6	8	336	–	2	362
Premises costs	–	1	–	–	–	13	–	327	341
Legal & professional	–	3	–	5	1	31	55	30	125
Colloquium costs	–	–	473	–	–	–	–	–	473
Travel & subsistence	–	108	24	19	23	80	178	4	436
Sundry	–	2	16	9	1	4	4	67	103
Employee-related costs	–	–	–	–	134	–	4	–	138
Room hire & catering	–	6	–	1	–	8	59	5	79
Finance costs	–	–	–	2	–	2	–	33	37
	97	2,342	1,159	913	796	2,433	433	964	9,137
Support costs	12	292	144	114	99	303	–	(964)	–
Governance costs	5	131	65	51	45	136	(433)	–	–
Total expenditure 2019	114	2,765	1,368	1,078	940	2,872	–	–	9,137

5 Net income for the year

This is stated after charging:

	2020 £'000	2019 £'000
Depreciation	1	1
Operating lease rentals:		
Property	286	279
Auditor's remuneration (excluding VAT):		
Audit	16	18
Other services	3	3
Foreign exchange (gains)	(12)	(31)

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

Staff costs were as follows:

	2020 £'000	2019 £'000
Salaries and wages	3,591	3,331
Redundancy and termination costs	48	46
Social security costs	363	315
Employer's contribution to defined contribution pension schemes	340	289
	4,342	3,981

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

	2020 No.	2019 No.
£60,000 – £69,999	8	8
£70,000 – £79,999	4	4
£80,000 – £89,999	–	1
£90,000 – £99,999	3	2
£100,000 – £109,999	–	1
£110,000 – £119,999	1	–
£120,000 – £129,999	–	1
£140,000 – £149,999	–	1
£150,000 – £159,999	2	–

The total employee benefits including pension contributions of the key management personnel, including those on consultancy contracts, were £1,029,000 (2019: £1,017,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £9,000 (2019: £57,000) incurred by 9 (2019: 14) members relating to attendance at Trustees meetings.

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2020 No. Head count	2019 No. Head count
Editorial & Methods	22.9	21.6
Informatics & Technology Services	13.1	14.8
People Services	10.7	7.8
Publishing, Research & Development	8.8	7.2
CEO's Office	6.2	3.5
Finance Services	5.8	7.4
Knowledge Translation	5.6	3.0
	73.1	65.3

8 Related party transactions

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

During the year, the Cochrane Collaboration recharged £32,000 (2019: £45,000) in respect of salaries, management fees and sundry costs to Cochrane Innovations Limited. At the end of the year, Cochrane Innovations Limited owed £7,000 (2019: £15,000) to the Cochrane Collaboration.

At the year end, Collaboration Trading Limited was owed £100 (2019: £100) by the Cochrane Collaboration.

During the year, the Cochrane Collaboration provided £550,000 (2019: £706,000) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £104,000 (2019: £136,000).

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

Martin Burton, a trustee of the Cochrane Collaboration until August 2020, is Director of Cochrane UK, Oxford University Hospitals NHS Foundation Trust and Co-ordinating Editor of Cochrane ENT, University of Oxford. For the period until August 2020, Cochrane Collaboration paid £5,000 (2019: £nil) to Oxford University Hospitals NHS Foundation Trust for a CRG Networks Innovation Fund award. During the year, £10,000 of funding from Health Education England received and held by the Cochrane Collaboration on behalf of Cochrane UK was paid to support a Public Health Fellowship. The year-end balance is £109,000 (note 25). For the period until August 2020, Cochrane Collaboration paid £31,000 (2019: £45,000) to the University of Oxford for various staffing costs and £1,000 for an IT equipment purchase for a transferred employee.

Catherine Marshall, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £30,000 (2019: £10,000). At the year-end, £3,000 was included in creditors.

Xavier Bonfill Cosp, a trustee of the Cochrane Collaboration, is the Director of the Iberoamerican Cochrane Centre. During the year, Cochrane Collaboration paid Cochrane Iberoamericana for a translation project totalling £179,000 (2019: £111,000). No funds were outstanding at the year-end.

Tracey Howe, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £8,000 (2019: £nil). No funds were outstanding at the year end.

8 Related party transactions (continued)

Nicola Cullum, a trustee of the Cochrane Collaboration, is a Professor at Manchester University. No payments were made to the university during the year (2019: £9,000).

Sally Green, a trustee of Cochrane Collaboration, is a Co-Director at Cochrane Australia, Monash University. During the year, Cochrane Collaboration paid for staffing costs totalling £3,000 (2019: £nil) and consultancy costs totalling £5,000 (2019: £86,000). No funds were outstanding at the year end.

Jordi Pardo, a trustee of Cochrane Collaboration, is a Co-Managing Editor of Cochrane Musculoskeletal Group which forms part of The Centre for Global Health (CGH) at the University of Ottawa, Canada. During the year, Cochrane Collaboration paid CGH £43,000 (2019: £39,000) for commissioned work. No funds were outstanding at the year end. □

Tamara Kreda, a trustee of Cochrane Collaboration, is a Senior Specialist Scientist at Cochrane South Africa, South African Medical Research Council (SAMRC) . During the year, Cochrane Collaboration paid the SAMRC for consultancy work developing and supporting the monitoring and evaluation work of Cochrane's Knowledge Translations Strategy, totalling £23,000 (2019: £nil). No funds were outstanding at the year end.

Lorne Becker, a director of Cochrane Innovations Limited, is a self-employed consultant. During the year, Cochrane Collaboration paid for consultancy fees, totalling £1,000 (2019: £2,000). There were no unpaid amounts at the year end.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary, Cochrane Innovations Limited, gift aids available profits to the parent charity. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK52,000 (£6,000) in its profit and loss account in the year to 31 December 2020.

10 Tangible fixed assets

Group and charity

	Fixtures and fittings £'000	Computer equipment £'000	Leasehold improvements £'000	Total £'000
Cost				
At the start of the year	26	26	20	72
Additions in year	–	–	–	–
At the end of the year	26	26	20	72
Depreciation				
At the start of the year	24	26	20	70
Charge for the year	1	–	–	1
At the end of the year	25	26	20	71
Net book value				
At the end of the year	1	–	–	1
At the start of the year	2	–	–	2

All of the above assets are used for charitable purposes.

11 Fixed asset investments

	The group		The charity	
	2020	2019	2020	2019
	£'000	£'000	£'000	£'000
Investment in Cochrane Innovations	-	-	669	669
Investment in Cochrane IKMD	-	-	6	6
Other investments	1	1	1	1
	1	1	676	676

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

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

12 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited and Cochrane Innovations Limited, both are companies registered in England, and Cochrane IKMD Denmark ApS, a company registered in Denmark. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. A summary of the results of the subsidiaries is shown below:

	Collaboration Trading Company Limited		Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2020	2019	2020	2019	2020	2019
	£'000	£'000	£'000	£'000	£'000	£'000
Turnover	-	-	324	249	563	708
Gross profit	-	-	324	249	563	708
Administrative expenses	-	-	(111)	(133)	(508)	(706)
Other operating income/(expenditure)	-	-	(2)	(2)	(35)	27
Profit on ordinary activities	-	-	211	114	20	29
Profit for the financial year	-	-	211	114	20	29

The aggregate of the assets, liabilities and funds was:

Assets	-	-	212	64	203	145
Liabilities	-	-	(65)	(128)	(113)	(79)
Funds	-	-	147	(64)	90	66

13 Parent charity

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

	2020 £'000	2019 £'000
Gross income	12,532	7,889
Result for the year	3,562	(1,110)

14 Debtors: falling due within one year

	The group		The charity	
	2020 £'000	2019 £'000	2020 £'000	2019 £'000
Trade debtors	93	23	77	10
Other debtors	70	141	65	136
Prepayments	196	159	196	159
Accrued income	868	1,392	862	1,392
Amounts due from subsidiaries	–	–	7	15
	1,227	1,715	1,207	1,712

15 Creditors: amounts falling due within one year

	The group		The charity	
	2020 £'000	2019 £'000	2020 £'000	2019 £'000
Trade creditors	171	132	171	132
Accruals	311	356	293	345
Deferred income (note 16)	71	124	23	23
Taxation and social security	40	78	–	69
Other creditors	255	202	186	134
VAT creditor	314	404	314	402
Amounts due to subsidiaries	–	–	104	136
	1,162	1,296	1,091	1,241

16 Deferred income

	The group		The charity	
	2020 £'000	2019 £'000	2020 £'000	2019 £'000
Balance at the beginning of the year	124	71	23	17
Amount released to income in the year	(101)	(48)	–	–
Amount deferred in the year	48	101	–	6
Balance at the end of the year	71	124	23	23

17 Pension scheme

The group operates defined contribution schemes. The assets of these schemes are held separately from those of the group in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £340,000 (2019: £289,000). Contributions totalling £26,000 (2019: £nil) were payable to funds, related to Germany-based staff, at the balance sheet date and are included in creditors.

18a Analysis of group net assets between funds – current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1	–	–	1
Investments	1	–	–	1
Net current assets	5,510	4,500	–	10,010
Net assets at the end of the year	5,512	4,500	–	10,012

18b Analysis of group net assets between funds – prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1	–	–	1
Investments	1	–	–	1
Net current assets	6,126	20	71	6,217
Net assets at the end of the year	6,128	20	71	6,219

19a Movements in funds – current year

	At the start of the year £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At the end of the year £'000
Restricted funds:					
Gates Foundation	33	42	(75)	–	–
The Global Evidence Synthesis Initiative (GESI)	12	–	(12)	–	–
The Cochrane Colloquium	26	–	–	(26)	–
Total restricted funds	71	42	(87)	(26)	–
Unrestricted funds:					
Designated funds:					
Discretionary Fund	20	–	–	(20)	–
Continuity Fund	–	–	–	2,000	2,000
Strategic Investment Fund	–	–	–	2,500	2,500
Total designated funds	20	–	–	4,480	4,500
General funds	6,128	12,799	(8,961)	(4,454)	5,512
Total unrestricted funds	6,148	12,799	(8,961)	26	10,012
Total funds	6,219	12,841	(9,048)	–	10,012

19b Movements in funds – prior year

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£'000	£'000	£'000	£'000	£'000
Restricted funds:					
R W Johnson	22	–	(22)	–	–
Gates Foundation	–	53	(20)	–	33
The Global Evidence Synthesis Initiative (GESI)	–	18	(6)	–	12
The Cochrane Colloquium	–	26	–	–	26
Total restricted funds	22	97	(48)	–	71
Unrestricted funds:					
Designated funds:					
Global Evidence Summit	82	–	(82)	–	–
Discretionary Fund	20	–	–	–	20
Total designated funds	102	–	(82)	–	20
General funds	7,122	7,984	(8,978)	–	6,128
Total unrestricted funds	7,224	7,984	(9,060)	–	6,148
Total funds	7,246	8,081	(9,108)	–	6,219

20 Purposes of restricted funds

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

Gates Foundation – these are grants from the Bill and Melinda Gates Foundation which supports work to identify and scope specific opportunities in the application of evidence-based medicine and data liquidity at a systems level especially with regard to ontology development and alignment. Efforts will be directed at identifying a future plan of collaboration that may include Living Evidence Exemplars or development and strengthening of the Evidence Ecosystem to deliver FAIR Human Study for Faster Health Insights Revolutionising human study data discovery and use. During 2020, with the agreement of the Foundation, these funds were repurposed to support Cochrane's COVID related work including the development of the COVID-19 Study Register. This grant was fully utilised during 2020.

The Global Evidence Synthesis Initiative (GESI) – this is funding from the International Initiative for Impact Evolution to support the GESI-Cochrane partnership. This grant was fully utilised during 2020.

The Cochrane Colloquium – these funds related to unclaimed sponsorship income from the cancelled 2019 colloquium that were initially donated towards the 2020 colloquium. Following the cancellation of the 2020 colloquium, the sponsors agreed that this income could be retained by Cochrane for general purposes.

21 Purposes of designated funds

Global Evidence Summit – Income and expenditure related to the Global Evidence Summit, a conference held in South Africa from which Cochrane is entitled to an 82% profit share. These funds were fully utilised during 2019.

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

The Continuity Fund is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced.

The Strategic Investment Fund will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission.

22 Analysis of cash and cash equivalents

	At 1 January 2020 £'000	Cash flows £'000	Other changes £'000	At 31 December 2020 £'000
Cash at bank and in hand	5,797	(3,864)	12	1,945
Total cash and cash equivalents	5,797	(3,864)	12	1,945

23 Operating lease commitments

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

	Land and buildings	
	2020 £'000	2019 £'000
Less than one year	223	223
One to five years	149	371
	372	594

24 Legal status of the charity

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

25 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £109,000 (2019: £131,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund. Additional funds were held in respect of two Cochrane thematic fields; Cochrane Rehabilitation (£33,000) and Cochrane Neurosciences (£14,000).

26 Contingent liabilities

The London office leasehold agreement, which expires in September 2022, is subject to reinstatement and dilapidations obligations at the end of the lease. During 2021, steps will be taken to establish whether a liability exists and, if so, to make a provision in the financial statements.