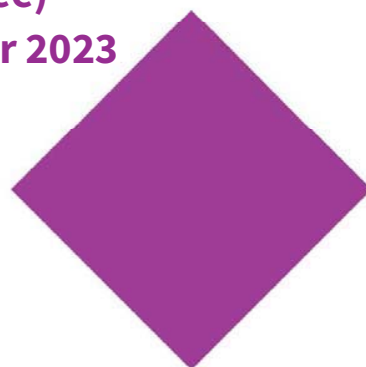




Trustees' Report and Financial Statements

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

Company Number 03044323
Charity Number 1045921



Contents

	Page
Message from the Chair	3
Trustees’ Report	4-25
Independent Auditor’s Report	26-29
Consolidated Statement of Financial Activities	30
Charity and Consolidated Balance Sheet	31
Consolidated Statement of Cash Flows	32
Notes to the Financial Statements	33-46

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?	<p>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.</p> <p>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.</p> <p>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.</p>

<p>Governance</p> <p>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?</p>	<p>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.</p> <p>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.</p> <p>In 2024, we will take forward the recommendations included in the Governance Review including:</p> <ol style="list-style-type: none"> 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.
<p>Financial sustainability</p> <p>Are we managing our finances to ensure we continue to make an impact in the medium to long term?</p>	<p>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.</p> <p>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.</p>

<p>Compliance Are we meeting our regulatory, legal and donor compliance requirements and expectations?</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>People and culture Do we have the right skills and experience to deliver our goals?</p>	<p>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.</p> <p>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.</p> <p>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.</p>

<p>Community Are the Charity and the wider Cochrane community working together towards a common vision?</p>	<p>We consulted extensively on the new strategy during 2023. In 2024, we will</p> <ol style="list-style-type: none"> 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.
<p>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)?</p>	<p>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.</p> <p>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.</p>
<p>Producing and publishing trusted synthesized evidence Can we maintain the delivery of our mission including any contractual obligations as intended?</p>	<p>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.</p> <p>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.</p>

	<p>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.</p> <p>The Scientific Strategy will align our fundraising and advocacy activities to support sustainability and growth.</p>
--	---

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

Auditors: Price Bailey LLP
Chartered Accountants and Statutory Auditors
24 Old Bond St
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: Brodies LLP
Capital Square
58 Morrison Street
Edinburgh, EH3 8BP
UK

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

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

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

		The group		The charity	
	Note	2023 £'000	2022 £'000	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
	1	1	6	7

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
	<u>1,361</u>	<u>1,364</u>	<u>1,359</u>	<u>1,363</u>

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
	<u>1,288</u>	<u>1,338</u>	<u>1,310</u>	<u>1,407</u>

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	<u>25</u>	<u>16</u>	<u>25</u>	<u>16</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 £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.