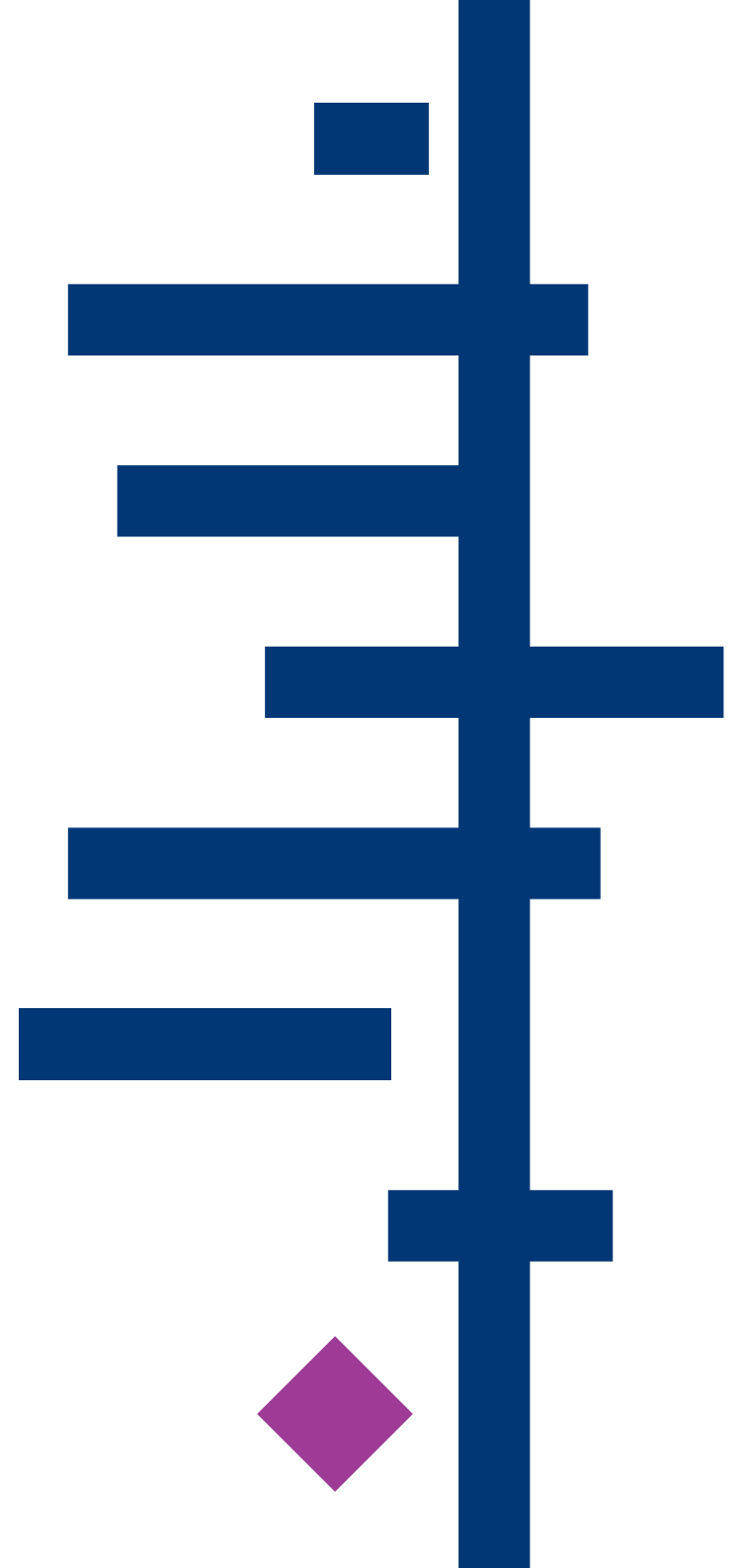




Cochrane

Brand Guidelines

Trusted evidence.
Informed decisions.
Better health.



Cochrane exists so that everyone can be sure of the best healthcare decisions.

During the last 20 years we've helped to transform the way healthcare decisions are made.

Now, as part of Cochrane's *Strategy to 2020* we are showing that change by updating our identity so that we can:

- work more effectively in a digital world;
- present a unified look and feel to a wider universe; and
- make it easier for those new to Cochrane to understand what we are trying to achieve.

This document tells the story of our new identity.

This document is a series of branding guidelines.

It is a toolkit to help all Cochrane Groups implement our new, coherent, visual and written identity. Its purpose is to give you the most up-to-date and relevant information in order to brand your Group, whether you are an existing Cochrane Group or a newly registered entity.

The contents provide an overview of Cochrane's story: who we are, what we do, and how we describe ourselves to a wider world - as well as make it easier for those new to Cochrane to understand what we are trying to achieve.

In addition, we are providing a section on language, organizational information, and standard policies and procedures as outlined in Cochrane's organizational policies (community-archive.cochrane.org/organisational-policy-manual). This will support your Group's external communications style.

It is not designed to be a style guide for Cochrane Reviews. We have our established **Cochrane Style Manual**, which is available at community.cochrane.org/style-manual.

These guidelines have been developed in English. We recognize that Cochrane Groups in different regions of the world will need flexibility in how to translate and apply these guidelines to their linguistic and cultural contexts; see more on page 35, Translation and Localization.

Along with these guidelines there are series of brand templates and usage documents which all Cochrane Groups are encouraged to use; these are available at community.cochrane.org/organizational-info/resources/resources-groups/brand-resources.

About Cochrane				
Introduction	5	Screen examples	64	Tier 4: Geographic Network
What we are	6	Templates and 'How to' guides	69	Tiers of accountability
The Cochrane story	7	Online presence	70	Setting up of a new Group: branding and online presence
Our strapline	8	Policy on the use of the Cochrane logo	72	Community templates
<i>Strategy to 2020</i>	9	How to position and brand Cochrane projects and tools	73	
What we stand for	11			
How we describe ourselves	12	Cochrane Community design toolkit		Cochrane Transformation Programme: Review Group Networks
Audience statements	13	Introduction	75	Introduction
Cochrane Reviews	15	Community framework	76	Cochrane Acute and Emergency Care
Cochrane Library	16	Overview	78	Cochrane Brain, Nerves and Mind
		Community colour palette	81	Cochrane Cancer
		Community colour palette: digital accessibility	82	Cochrane Children and Families
Language		Group logos	84	Cochrane Circulation and Breathing
Introduction	18	Imagery	87	Cochrane Long Term Conditions and Ageing
Our name	19	Print examples	91	Cochrane Public Health and Health Systems
Overview	20	Screen examples	94	Tiers of accountability
Tone of voice	21	Templates and 'How to' guides	99	Setting up the Review Group Networks: branding and online presence
Writing toolkit	23	Partnership and funder branding	100	Community templates
Translation and localization	36	Online presence	104	
		Policy for the use of the Cochrane logo	106	
Cochrane master brand design toolkit				
Overview	39	Cochrane Transformation Programme: Geographic Networks		
Our logo	40	Introduction	108	
Strapline	48	Tier 1: Affiliate	109	
Colours	49	Tier 2: Associate Centre	110	
Our font	50	Tier 3: Centre	111	
Systematic graphic	54			
Imagery	58			
Print examples	61			

About Cochrane

Introduction	5
What we are	6
The Cochrane story	7
Our strapline	8
<i>Strategy to 2020</i>	9
What we stand for	11
How we describe ourselves	12
Audience statements	13
Cochrane Reviews	15
Cochrane Library	16



Who are we? What's special about us? How do we show that we are different?

Everyone who's part of Cochrane will have similar answers for these questions. However, by agreeing on one shared version, we become a more recognizable, more united, and a more effective collaboration.

This is what our brand does for us. It's more than just a logo: it distills everything that's great about Cochrane into one clear, strong identity.

This set of detailed brand guidelines sets out our brand: who we are and how we express our identity in the way we look and sound. You'll find examples, templates, and practical advice to help you create communications that are compelling — and instantly recognizable.

Cochrane is a global independent network of researchers, professionals, patients, carers, and people interested in health.

We respond to the challenge of making the vast amounts of best available evidence generated through research useful for informing decisions about health.

Cochrane is a not-for-profit organization with collaborators from more than 130 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

Find out more at [cochrane.org](https://www.cochrane.org)

Follow us on Twitter [@cochranecollab](https://twitter.com/cochranecollab)



Our logo tells a story...

The circle formed by two 'C' shapes represents our global collaboration.

The lines within illustrate the summary results from an iconic systematic review. Each horizontal line represents the results of one study, while the diamond represents the combined result, our best estimate of whether the treatment is effective or harmful.

The diamond sits clearly to the left of the vertical line representing “no difference”, therefore the evidence indicates that the treatment is beneficial. We call this representation a “forest plot”.

This forest plot within our logo illustrates an example of the potential for systematic reviews to improve health care. It shows that corticosteroids given to women who are about to give birth prematurely can save the life of the newborn child.

Despite several trials showing the benefit of corticosteroids, adoption of the treatment among obstetricians was slow. The systematic review published by Crowley *et al.* was influential in increasing use of this treatment. This simple intervention has probably saved thousands of premature babies.

During the past 20 years Cochrane has progressed the way healthcare decisions are made. And now we're leading another change, as outlined by *Strategy to 2020*. A visible expression of this change is our brand identity.

Our strength is in our people — an independent and highly respected global network that links the world of research with the reality of making informed health decisions.

Together we can use the new wealth of information we generate to achieve trusted evidence, informed decisions, and better health for everyone.

**Trusted evidence.
Informed decisions.
Better health.**

Our strapline is the core idea that lies at the heart of everything we do. It expresses the essential reason why Cochrane exists.

Cochrane Groups are only permitted to use the logo and strapline in accordance with Cochrane's Logo and Endorsement Policy (community.cochrane.org/organizational-info/resources/policies/logo-and-endorsement-policy).

Vision

Our vision is a world of improved health

where decisions about health and health care are informed by high quality, relevant, and up-to-date synthesized research evidence.

Mission

Our mission is to promote evidence-informed health decision-making

by producing high quality, relevant, accessible systematic reviews and other synthesized research evidence.

Goals

Goal 1: Producing evidence

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

Goal 3: Advocating for evidence

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

Goal 2: Accessible evidence

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

Goal 4: Building an effective and sustainable organization

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

Principles

1 Collaboration

by fostering global co-operation, teamwork, and open and transparent communication and decision-making.

2 Building on the enthusiasm of individuals

by involving, supporting, and training people of different skills and backgrounds.

3 Avoiding duplication of effort

by good management, co-ordination, and effective internal communications to maximize economy of effort.

4 Minimizing bias

through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.

5 Keeping up to date

by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.

6 Striving for relevance

by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.

7 Promoting access

by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.

8 Ensuring quality

by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.

9 Continuity

by ensuring that responsibility for reviews, editorial processes, and key functions is maintained and renewed.

10 Enabling wide participation

in our work by reducing barriers to contributing and by encouraging diversity.

We have three defining statements that guide our behaviour, culture, and decisions.

Together we stand...

for knowledge

We accept only the best evidence that research can provide. This sets us apart and makes us strong.

We express ourselves clearly and precisely, giving evidence for what we say.

for change

We're working for a future where everyone can be sure of the best possible healthcare decisions.

We're positive, energetic, and forward-looking, giving encouragement and inspiration to those around us.

for you

We're open, collaborative, and inclusive: everyone can get involved and everyone benefits.

We show warmth and humanity, using everyday language.

If our organization was a person, you'd recognize these statements in their behaviour. Our language guidelines explain how we can express standing for knowledge, for change, for you through our communications.

Cochrane exists so that healthcare decisions get better.

During the past 20 years, Cochrane has helped to transform the way health decisions are made.

Cochrane produces reviews that summarize the best available evidence generated through research to inform decisions about health.

We are a global independent network of researchers, professionals, patients, carers, and people interested in health.

Our work is recognized as representing an international gold standard for high quality, trusted information.

We want to be the leading advocate for evidence-informed health across the world.

This is our standard way of describing Cochrane and starting conversations. We can vary it to suit different audiences as shown on page 13-14.

This is a series of brief statements which describe how Cochrane works with our six major stakeholders.

How we support policymakers

“We enable you to make better informed health policy decisions by bringing together all the best current evidence available.”

How we support health practitioners

“We make healthcare research useful and usable for you when advising your patients, to help you make decisions based on the best available and current evidence.”

How we support the general public

“We gather and summarize the best evidence from research to help you and your health practitioners make informed choices about the right treatments for you.”

How we support members of the Cochrane community

“We’re building a future of better health care for everyone, where treatment and policy decisions are based on the best current evidence. We can achieve this together, with your help.”

How we support our funders

“We work collaboratively with funders to produce authoritative, relevant, and reliable health evidence. Our work is produced by independent researchers who are unconstrained by commercial and financial conflicts. Cochrane’s funding model reflects the international and diverse nature of the organization.”

How we support our partners

“We work with our partners to increase the reliability and accessibility of evidence-informed health worldwide. Cochrane evidence has been used for the past 20 years to inform health decisions. Our new partnerships reflect our commitment to help improve the world’s health through high quality, up-to-date research evidence, and to make this information accessible and easy to understand.”

Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognized as the highest standard in evidence-based health care. They investigate the effects of interventions for prevention, treatment, and rehabilitation. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting. They are published online in the *Cochrane Database of Systematic Reviews* in the Cochrane Library.

Each systematic review addresses a clearly formulated question; for example: Can antibiotics help in alleviating the symptoms of a sore throat? All the existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment. Cochrane Reviews are updated as new evidence becomes available, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.

This is a standard way of simply describing what Cochrane does to an external audience.

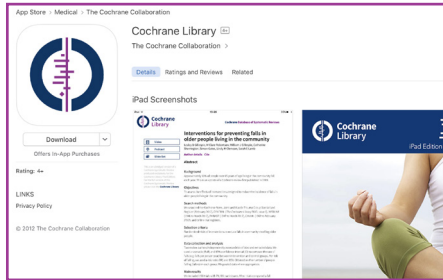


The Cochrane Library is a collection of six databases that contain different types of high-quality, independent evidence to inform healthcare decision-making, and a seventh database that provides information about Cochrane Groups.

Systematic reviews are our main publication. They are published electronically in full text in the Cochrane Library. The abstracts and plain language summaries of all Cochrane Reviews are also freely available on cochrane.org

All Cochrane Reviews are published in the *Cochrane Database of Systematic Reviews* in the Cochrane Library – cochranelibrary.com

The Cochrane Library is published by Wiley.



The Cochrane Library iPad edition presents the latest up-to-date evidence from the Cochrane Library in a convenient, easy-to-navigate format so you can read relevant, accessible research, whenever and wherever you need it, from the world's leading producers of health evidence.

Our monthly issues feature a hand-picked selection of Cochrane Systematic Reviews, specifically abridged to provide the best possible tablet reading experience. The themed sections in every issue are colour-coded throughout so that you can easily find content relevant to you.

You can use the Bookmark feature to create your own special collection of Cochrane Reviews across issues. Additionally, the title page for every Review includes a link to the full version of the Review available on the Cochrane Library at cochranelibrary.com.

The app is freely available from iTunes: itunes.com/apps/TheCochraneLibrary.

Language

Introduction	18
Our name	19
Overview	20
Tone of voice	21
Writing toolkit	23
Translation and localization	36



This section sets out how we want to present the language and tone of voice reflecting our identity to a wider world.

We have designed these guidelines to inform your group's external communications style.

They are a useful tool when writing communication reports, marketing and public relations materials.

They are not designed to be a style guide on how to write a Cochrane Review.

For this type of guidance, we have our established **Cochrane Style Manual**, which is available at community.cochrane.org/style-manual.

When writing all documents, Cochrane's 'house' style is UK with a 'z' spelling. We encourage you to use this style when producing official Cochrane documents. However, if you choose not to follow this recommendation, please ensure that your style choices are consistent throughout any document.

Our name is Cochrane

To make things clear, and consistent and to maximize impact, we now refer to ourselves simply as ‘Cochrane’, in the singular.

For example:

‘Cochrane is...’

We no longer say ‘The Cochrane Collaboration’.

We are a collaboration as well as an organization, however; you can continue to talk about us as a collaboration, using a small ‘c’.

For example:

‘Cochrane is a worldwide collaboration...’

When communicating externally, everything we write counts.

Every piece of external communication we produce is an opportunity to help us achieve our goals to attract support for our work and make Cochrane better known. It is a chance to achieve our mission of promoting evidence-informed health decision-making.

The tone of our language, what we say, and how we say it defines the way people respond to us.

By writing in a plain speaking tone that's true to our brand, we can bring to life all that is important about Cochrane.

Finding our voice

Our three statements shape our behaviour, our decisions, and the personality or tone we convey in our writing:

for knowledge

We write in a tone that's clear, confident and direct. Our language is precise, concise, and backed up with evidence.

for change

Our writing conveys energy, optimism, and confidence. We focus on outcomes, use active language, and talk about the future.

for you

We focus on our readers' interests, use their everyday language, and write as if we're talking face-to-face.

We are aiming for one clear, recognizable voice that is for knowledge, for change, for you.

How does our tone of voice sound?

What it is

- ✓ One clear, recognizable voice
- ✓ A conversation with your reader
- ✓ A valuable point of view
- ✓ An inspiring example

Here are some practical tips to help you write clear and effective external communications.

Ready to write?

First, ask yourself:

Who is my reader and what do they want to know?

What do I want to happen as a result of this communication?

What do I want my reader to do, think, and feel?

What do I need to say? What's the best order to say it in, and is there anything I can cut out?

How should I say it? Now you're ready to choose and apply the tone of voice techniques in our toolkit...

For knowledge


We accept only the best evidence that research can provide. This sets us apart and makes us strong.

Techniques:

-
1. Get to the point

 2. Show, don't tell

 3. Be concise



We express ourselves in a clear, confident, direct way. We're precise and give evidence for what we say.

1. Get to the point

Start with your conclusion, giving the benefit of your information up front.

What it is

- ✓ A is more effective than B.
This review explains why.

How to

- ✓ Cochrane Colloquia are our annual flagship events, bringing together Cochrane contributors from around the world to discuss, develop, and promote Cochrane and help shape its future.

What it's not

- ✗ This review explores the relative merits of options A and B.

How not to

- ✗ Cochrane Colloquia are held in different locations each year and comprise business, scientific, and training sessions for Cochrane contributors.

2. Show, don't tell

Don't just tell your reader what to think: show them with concrete facts, examples, and other evidence that gives the proof.

What it is

- ✓ Our work is recognized by A, B, and C as the benchmark...
- ✓ We collaborate with...
- ✓ The review led to... [specific outcomes]

What it's not

- ✗ Our work is widely recognized as the benchmark...
- ✗ We believe in collaboration
- ✗ The review had a significant impact

3. Be concise

Less is more. Break up text into short paragraphs and sentences and if in doubt, cut it out.

Delete

- ✘ The following orientation may be helpful in navigating this site
- ✘ At this moment in time
- ✘ As a respected collaboration
- ✘ Going forward / Ongoing
- ✘ We would like to take this opportunity to
- ✘ I am writing with regard to / First of all
- ✘ Please do not hesitate to / Please take time to

For change

We're working for a future where everyone can be sure of the best possible healthcare decisions.

Techniques:

-
4. Talk about the outcome

 5. Choose active language

 6. Focus on the future



We take ownership of what we say, speaking in a way that's positive, active, and engaging.

4. Talk about the outcome

You've already decided what you want your audience to do, think, and feel. Now write so that everything you say points towards these outcomes.

What it is

- ✓ We're depending on you to help us make this project a success. It's easy to enrol but we need your form by 6 May.

How to

- ✓ Tell us what you think works at Cochrane Colloquia, and how they could work better for you. Submit your opinions *here* by 28 Feb and help shape the future of our events.

What it's not

- ✗ Should you wish to participate, please note that submissions for enrolment will close on 6 May.

How not to

- ✗ We are interested in input from Cochrane contributors on their experiences of Cochrane Colloquia. Please note that the consultation period closes on 28 Feb.

5. Choose active language

Use the active voice to give a clear sense of people doing things and taking ownership of their tasks.

What it is

- ✓ You can find out about training...
- ✓ I've read your email
- ✓ We're looking into it
- ✓ I'll get back to you by Friday

What it's not

- ✗ Training resources can be found...
- ✗ Your enquiry was received
- ✗ Enquiries are being made
- ✗ You'll be informed in due course

6. Focus on the future

Use future-focused words and phrases to talk about what will be.

What it is

- ✓ we begin
- ✓ we want
- ✓ we will see
- ✓ we look ahead to
- ✓ we'll become
- ✓ our plans
- ✓ our ambitions

What it's not

- ✗ we began
- ✗ we wanted
- ✗ we have seen
- ✗ we look back on
- ✗ we have become
- ✗ our experience
- ✗ our heritage

For you

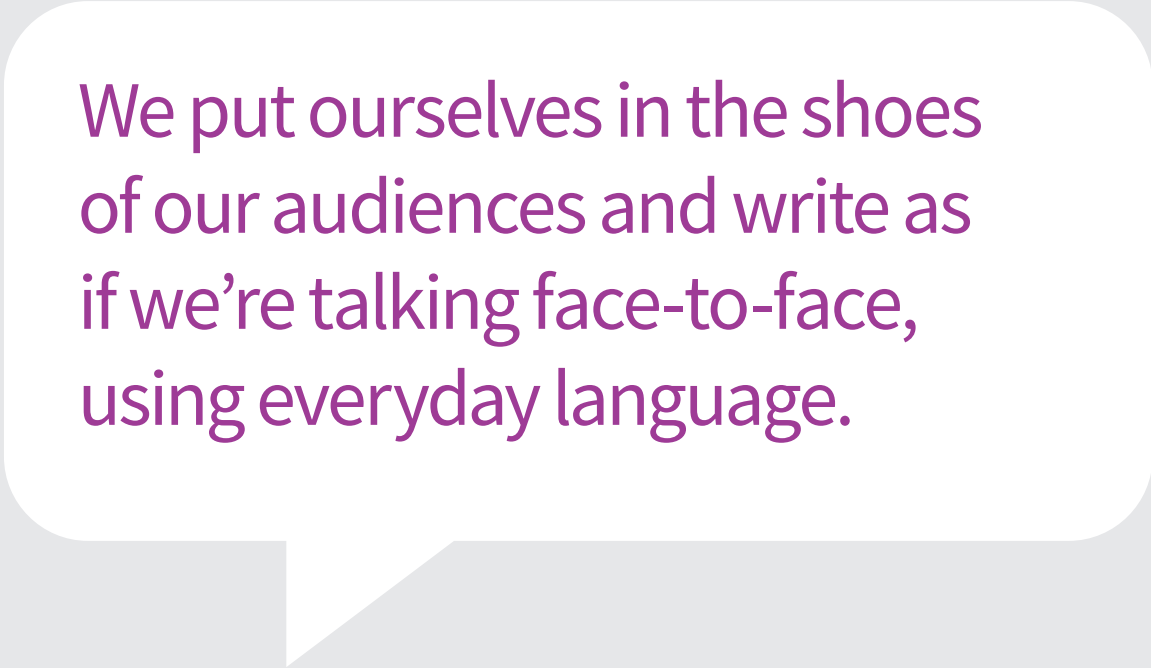
We're open, collaborative, and inclusive: everyone can get involved and everyone benefits.

Techniques:

-
7. Step into your readers' shoes

 8. Use everyday words

 9. Say: you, I, and we



We put ourselves in the shoes of our audiences and write as if we're talking face-to-face, using everyday language.

7. Step into your readers' shoes

What's their agenda?

What's their interest?

What do they need to know?

Would they like to know?

Will it help them to know?

What's the best way to tell them?

Let these insights guide what you say.

What it is

- ✓ You can use this website to find summaries of our latest reviews of health evidence on any topic.

What it's not

- ✗ The following orientation may be helpful in navigating this website...
- ✗ The website is designed with four different sorts of pages...

8. Use everyday words

Avoid unnecessary jargon, spell out abbreviations, and choose the shorter word.

What it is

What it's not

✓ Start

✗ Commence

✓ Use

✗ Utilize

✓ Help

✗ Assist

✓ Ask

✗ Request

✓ Need

✗ Require

What it is

What it's not

✓ Get

✗ Obtain

✓ Tell

✗ Advise

✓ Thanks

✗ Acknowledge

✓ Try

✗ Endeavour

✓ End

✗ Terminate

9. Say: you, I, and we

Create a sense of direct dialogue by talking in the first and second person: you, your, yours, we, our, ours, us, I, my, and mine.

What it is

✓ We

✓ You

What it's not

✗ The department, the organization, the team, etc.

✗ Colleagues, members, candidates, applicants, stakeholders, those individuals, etc.

Cochrane Groups and contributors work in many different parts of the world. As a result, we communicate in many different languages and interact in a variety of social and cultural environments.

We have developed these brand and communication guidelines in English, and our messages need to be consistent across the world.

We do encourage you to translate, and if necessary, adapt these, so they are applicable in your local context and allow you to reach your local audiences.

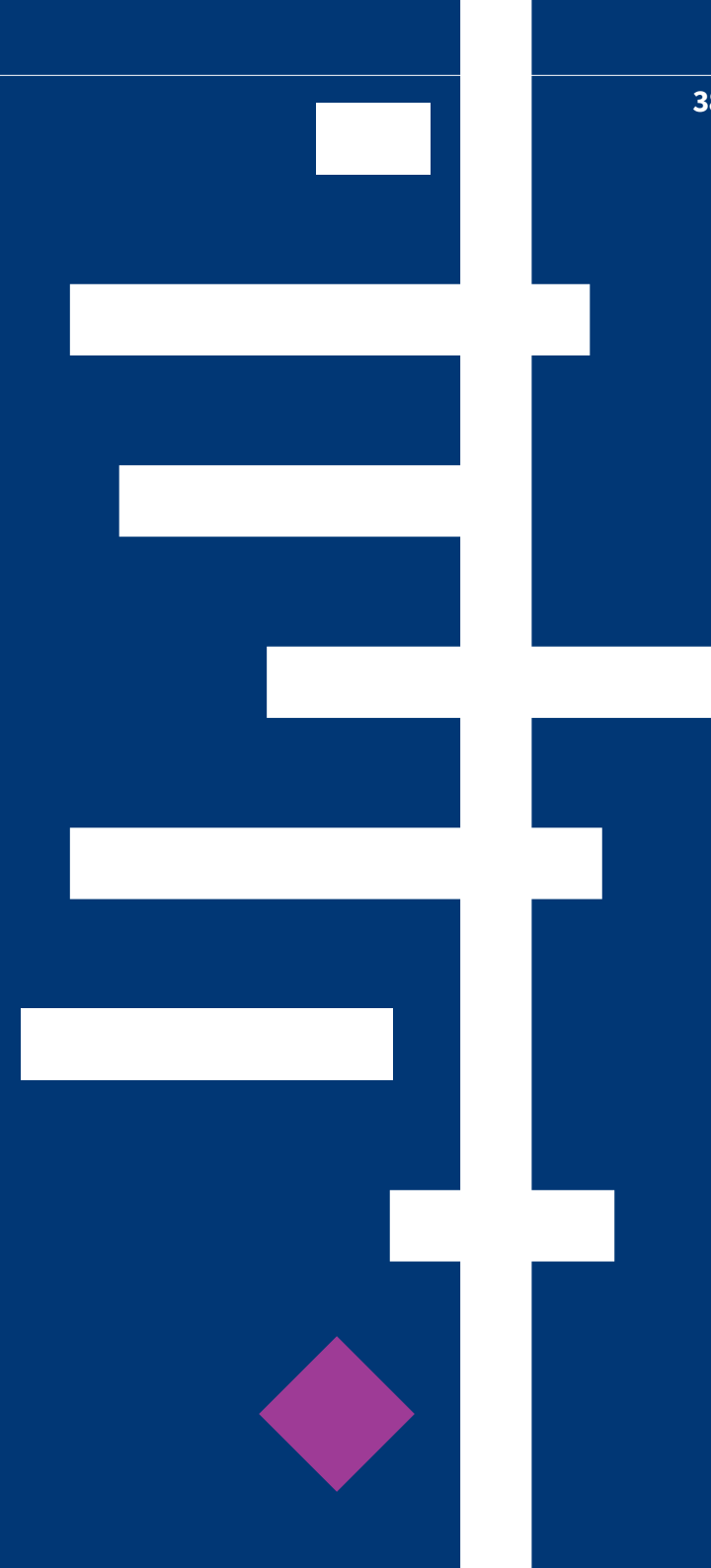
You are the experts in your regions, and you know best what your audiences do and don't understand.

If you do not mainly communicate in English, we encourage you to take the time and translate at least the “About Cochrane” and “Language” sections of the brand guidelines into your main language of communication. This will provide you with a basic framework and point of reference on how to talk about Cochrane in your own language. It may be beneficial to involve a native-speaking translator or editor in this task to help with the linguistic side of the translation.

If you need any support or advice in relation to translating or localizing the brand guidelines and your communication materials, please contact Cochrane's Translation Co-ordinator through Cochrane's Communications and External Affairs Department: cead@lists.cochrane.org.

Cochrane master brand design toolkit

Overview	39
Our logo	40
Strapline	48
Colours	49
Our font	50
Systematic graphic	54
Imagery	58
Print examples	61
Screen examples	64
Templates and 'How to' guides	69
Online presence	70
Policy on the use of the Cochrane logo	72
How to position and brand Cochrane projects and tools	73



Our visual identity is more than just a logo. It is a toolkit of parts designed to work in combination with each other. Together they provide Cochrane with a distinctive look and feel that can be applied across all media and communications materials.

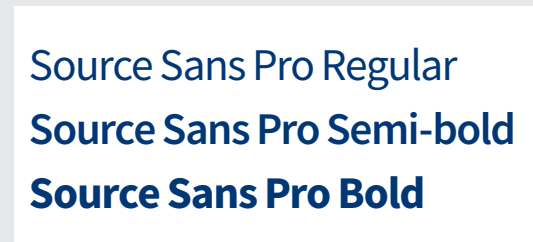
Our logo



Colour



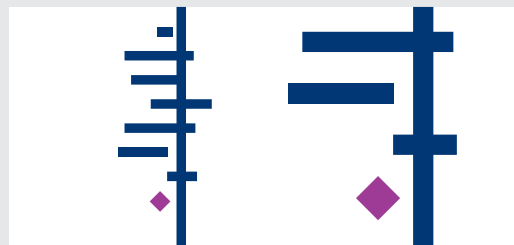
Typography



Strapline



Systematic graphic



Imagery



The Cochrane logo tells a very important story (see page 7). It is our brand's most important visual asset and as such all reproductions must use original artwork. Please do not redraw, alter, or recreate it.



When communicating externally to a wide audience which includes our six major audiences, please use the master brand logo.

When communicating information about specific Cochrane evidence to a smaller niche audience (examples include researchers and academic or healthcare organizations), you are permitted to use the Cochrane Library logo together with the full citation of the Cochrane Review.



The Cochrane logo must be instantly recognizable in all applications. Wherever possible, we encourage you to reproduce it in colour. Where this is not possible, reversal or use in mono is the next best option.

Our logo

Our preferred colour variation. Please use wherever possible, ideally on a white or very light coloured background.



Reversed logo

For use in circumstances where the standard logo would not be legible. For example, when placing the logo on a coloured background or image.



Mono logo

For usage in situations where colour reproduction is not available. For example, one-colour print.



The Cochrane logo should stand out as much as possible. We have created an exclusion zone to provide clear space between it and all other elements.

Clear space

The exclusion zone should be half the height of the circular symbol in our logo as shown. No other graphic elements (design or words) should appear in the clear space around the logo.



Cochrane projects

Projects within Cochrane **do not** have their own Cochrane logo. They use the master brand logo. However when producing Word documents you can write the title of your project next to the main logo, following this spacing guide.



All printed materials should apply the Cochrane logo consistently. Wherever possible, place the logo in the top left corner and follow the recommended sizes detailed below. In exceptional circumstances, when this position does not suit the format, position the logo centrally as shown.

Printed applications

In printed materials, position the Cochrane logo in the top left corner and scale to 40% of the document's shortest side.

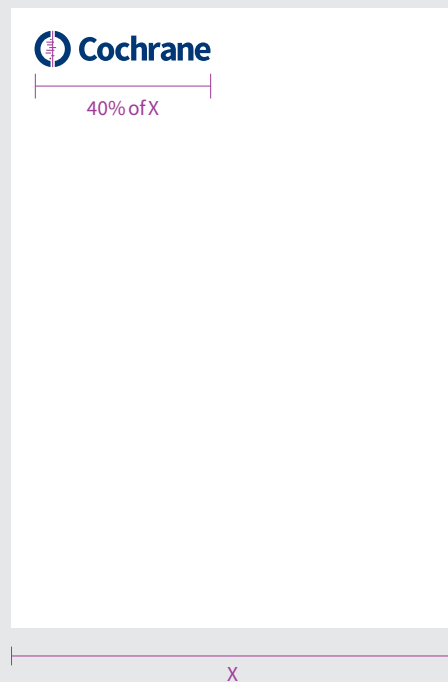
Minimum size

Avoid using the logo any smaller than 48mm unless the medium or format dictates otherwise.

Templates

Wherever possible, use document template files where our logo is already scaled to the correct size.

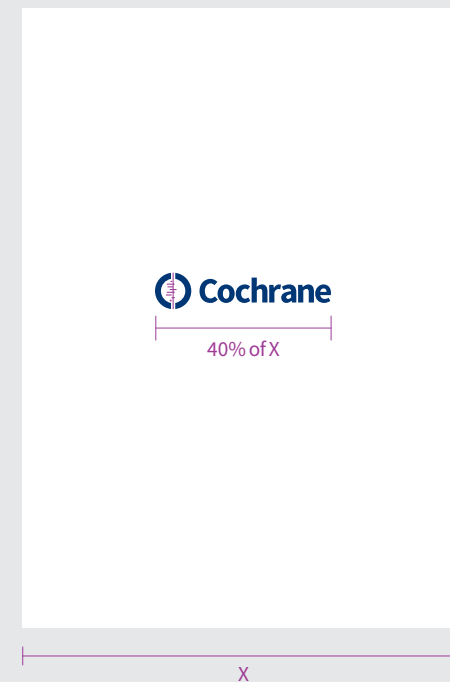
Portrait



Landscape



Centred alternative



Online and other screen-based applications should also apply the Cochrane logo consistently. Always place the logo in the top left corner and follow the recommended sizes detailed below.

Screen applications

In online applications, position the Cochrane logo in the top left corner and scale to 30% of the site width.

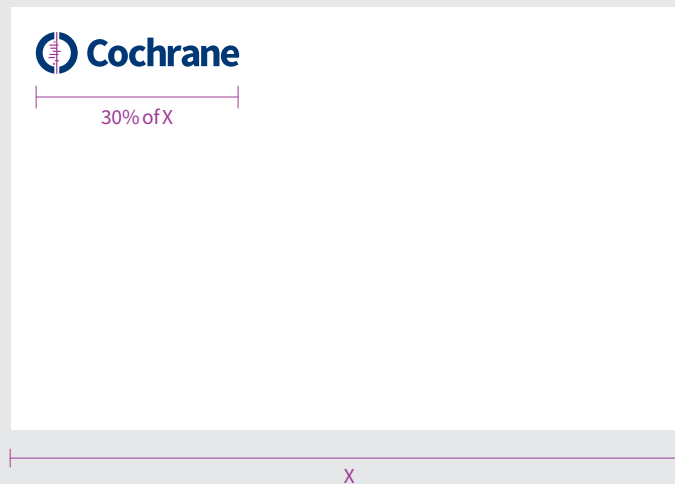
For mobile websites and applications, increase this measurement to 50%.

For PowerPoint presentations, follow the guidance for printed applications shown on the previous page.

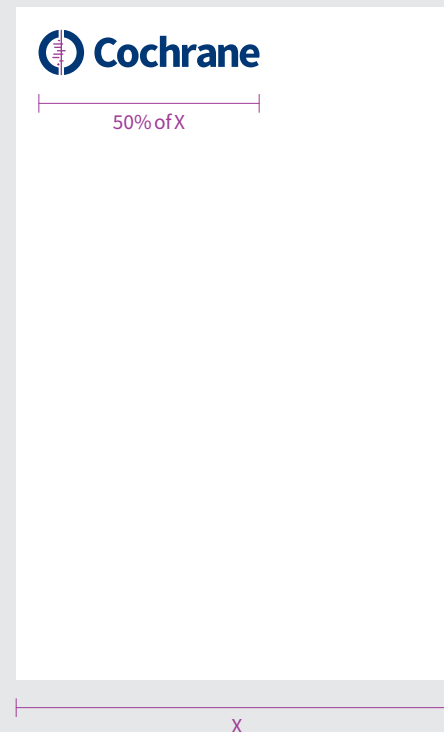
Minimum size

In pixel-based digital applications, aim never to use the logo any smaller than 200px wide.

Desktop



Mobile



Please treat the Cochrane logo with respect. It is the cornerstone of our brand and presentation should always be consistent, on- and offline.

Please do not modify or redraw the Cochrane logo in any way. Please do not use any background that impairs the visibility.

These examples show some common mistakes to avoid.



✘ Do not change the colour of the logo.



✘ Do not distort the shape of the logo.



✘ Do not add to any component parts or alter the graphic data lines within our logo.



✘ Do not outline the logo or add keylines.



✘ Do not add any effects to the logo.



✘ Do not use the logo on a background that affects legibility; always use the right logo for the application.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

A stacked format version of the Cochrane logo exists for usage where horizontal space is restricted. For example: social media profile images, online skyscraper ads, signage, merchandising, and when you are limited to a square space.

Usage guidelines

Please ensure, when using the stacked format logo, that all uses carefully follow our logo principles regarding colour, clear space, and misuse.



Social media guidelines

For social media profiles, use the circular graphic without the text. Carefully follow our logo principles regarding colour, clear space, and misuse.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Our strapline expresses our mission:

Trusted evidence. Informed decisions. Better health.

The strapline must appear on materials representing the collaboration as a whole.

Usage

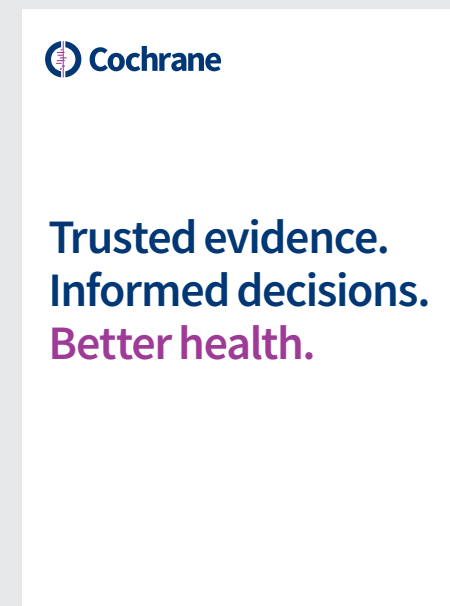
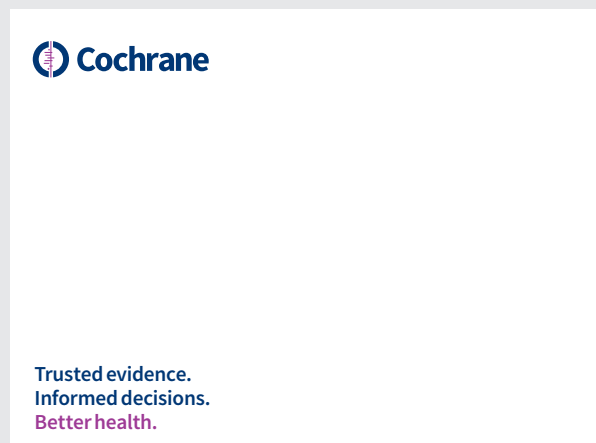
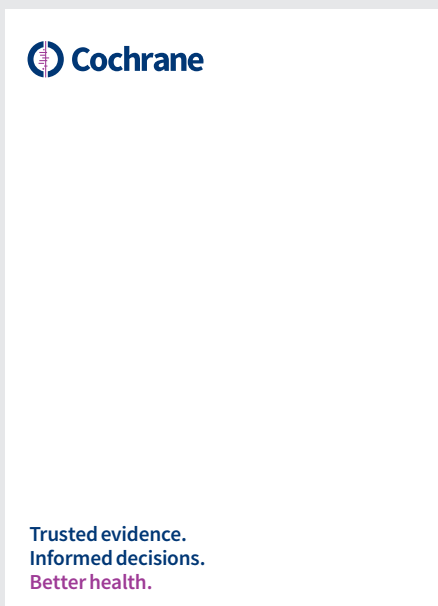
The strapline must always appear in Source Sans Pro Semibold and should be positioned in the bottom left corner.

Where this is not possible, please align the strapline with the logo in another adjacent corner.

Presentation may omit the strapline when 'Trusted evidence. Informed decisions. Better health.' is the document's main headline. (See example shown far right.)

The strapline can be used together with the Cochrane logo as any part of external communications representing Cochrane work.

[community.cochrane.org/
organizational-info/resources/policies/
logo-and-endorsement-policy](https://community.cochrane.org/organizational-info/resources/policies/logo-and-endorsement-policy)



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Colour is integral to our identity. Please use our colour palette for all general communications produced on behalf of the collaboration as a whole.

The Cochrane master brand colour palette consists of the following colours:

Cochrane Blue + Cochrane Purple + white + black + four greys

Cochrane Blue and Purple

Please follow carefully the colour specifications shown to ensure consistent reproduction across different media.

Cochrane Blue

Spot	Pantone 281
CMYK	100.72.0.38
RGB	0.45.100
HEX	002D64

Cochrane Purple

Spot	Pantone 253
CMYK	42.91.0.0
RGB	150.45.145
HEX	962D91

White

CMYK	0.0.0.0
RGB	255.255.255
HEX	FFFFFF

White space

Without white our master brand colours won't stand out enough.

Black and greys

A neutral base for our communications. Black is ideal for long sections of text. Use greys to define and highlight information subtly.

Black	Dark Grey	Mid Grey	Light Grey	Extra Light Grey
CMYK 0.0.0.100	CMYK 0.0.0.75	CMYK 0.0.0.50	CMYK 0.0.0.25	CMYK 0.0.0.10
RGB 0.0.0	RGB 105.105.105	RGB 153.153.153	RGB 204.204.204	RGB 230.230.230
HEX 000000	HEX 696969	HEX 999999	HEX CCCCCC	HEX E6E6E6



Download the Source Sans Pro font family from fontquirrel.com/fonts/download/source-sans-pro

Source Sans Pro is an open, legible, and professional font family. We have selected it purposefully, to represent Cochrane’s tone of voice in text. It is suitable for all applications, from print to online, and is free to download, allowing anyone to use it. Please do not use any other fonts.

Source Sans Pro Regular

This is our standard font weight and preferred version for body text and headlines across all applications.

Regular

abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMN**OP**QRSTUVWXYZ
1234567890£\$@%&!/?+**-**/**=**

Source Sans Pro Semibold

This version provides an additional font weight for when regular is too light and bold too heavy. For example, an introductory paragraph.

Semibold

abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMN**OP**QRSTUVWXYZ
1234567890£\$@%&!/?+**-**/**=**

Source Sans Pro Bold

This weight provides strong contrast to regular and is our preferred version for subheadings and highlighting text.

Bold

abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMN**OP**QRSTUVWXYZ
1234567890£\$@%&!/?+**-**/**=**

Important information:

- Use Source Sans Pro for all documents where possible.
- If sharing the documents with external groups, send the document as a PDF or image file.
- If sharing documents with other Cochrane colleagues and Groups, you will not need to save as PDF as they should have Source Sans Pro installed on their computer.
- If you are unable to share the document as a PDF or you are using websites to produce content, then use Arial.
- Arial is Cochrane’s secondary font if Source Sans Pro cannot be used.
- For standard text, make it 11pt in size.

Typography is a key part of our brand. To create a consistent recognizable tone of voice in text, follow the guidelines below. Think carefully about how you use Source Sans Pro in applications. It is important that every piece of communication is clear, confident, and direct.

Capitalization

Always use sentence case text rather than 'Title Case' or 'UPPER CASE'.

Use sentence case

Text alignment

Wherever possible, align text left. When this is not practical, align small amounts of text right or centred.

Align text left

Leading (line spacing)

As a rough guide to line spacing, aim for around 20% leading. For example: 11pt text should be on 12pt leading.

Aim for 20% leading (line spacing).
The space between lines of text

Tracking (character spacing)

It is possible to reduce the space between characters slightly to improve readability.

Tight spacing between letters

This example shows how to achieve a clear hierarchy of information using just three font sizes and three weights of Source Sans Pro.

Use this example as a starting point for your communications and help us to establish a clear, confident Cochrane tone of voice in text.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Neuraminidase inhibitors for preventing and treating influenza in children

This review found that treatment with neuraminidase inhibitors was only associated with modest clinical benefit in children with proven influenza. Treatment with oseltamivir or zanamivir shortened the duration of illness in healthy children by about one day.

Background:

During epidemics, influenza attack rates in children may exceed 40%. Options for prevention and treatment currently include the neuraminidase inhibitors zanamivir and oseltamivir. Laninamivir octanoate, the prodrug of laninamivir, is currently being developed.

Objectives:

To assess the efficacy, safety and tolerability of neuraminidase inhibitors in the treatment and prevention of influenza in children.

Search strategy:

For this update we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1) which includes the Acute Respiratory Infections Group's Specialised Register, MEDLINE (1966 to January week 2, 2011) and EMBASE (January 2010 to January 2011).

Selection criteria:

Double-blind, randomised controlled trials (RCTs) comparing neuraminidase inhibitors with placebo or other antiviral drugs in children aged up to and including 12 years. We also included safety and tolerability data from other types of studies.

Data collection and analysis:

Four review authors selected studies, assessed study quality and extracted data for the current and previous versions of this review. We analysed data separately for oseltamivir versus placebo, zanamivir versus placebo and laninamivir octanoate versus oseltamivir.

Main results:

Six treatment trials involving 1906 children with clinical influenza and 450 children with influenza diagnosed on rapid near-patient influenza testing were included. Of these 2356 children, 1255 had laboratory-confirmed influenza. Three prophylaxis trials involving 863 children exposed to influenza were also included. In children with laboratory-confirmed influenza oseltamivir reduced median duration of illness by 36 hours (26%, $P < 0.001$). One trial of oseltamivir in children with asthma who had laboratory-confirmed influenza showed only a small reduction in illness duration (10.4 hours, 8%), which was not statistically significant ($P = 0.542$). Laninamivir octanoate 20 mg reduced symptom duration by 2.8 days (60%, $P < 0.001$) in children with oseltamivir-resistant influenza A/H1N1.

Zanamivir reduced median duration of illness by 1.3 days (24%, $P < 0.001$). Oseltamivir significantly reduced acute otitis media in children aged one to five years with laboratory-confirmed influenza (risk difference (RD) -0.14, 95% confidence interval (CI) -0.24 to -0.04). Prophylaxis with either zanamivir or oseltamivir was associated with an 8% absolute reduction in developing influenza after the introduction of a case into a household (RD -0.08, 95% CI -0.12 to -0.05, $P < 0.001$). The adverse event profile of zanamivir was no worse than placebo but vomiting was more commonly associated with oseltamivir (number needed to harm = 17, 95% CI 10 to 34). The adverse event profiles of laninamivir octanoate and oseltamivir were similar.

Authors' conclusions:

Oseltamivir and zanamivir appear to have modest benefit in reducing duration of illness in children with influenza. However, our analysis was limited by small sample sizes and an inability to pool data from different studies. In addition, the inclusion of data from published trials only may have resulted in significant publication bias. Based on published trial data, oseltamivir reduces the incidence of acute otitis media in children aged one to five years but is associated with a significantly increased risk of vomiting. One study demonstrated that laninamivir octanoate was more effective than oseltamivir in shortening duration of illness in children with oseltamivir-resistant influenza A/H1N1. The benefit of oseltamivir and zanamivir in preventing the transmission of influenza in households is modest and based on weak evidence. However, the clinical efficacy of neuraminidase inhibitors in 'at risk' children is still uncertain. Larger high-quality trials are needed with sufficient power to determine the efficacy of neuraminidase inhibitors in preventing serious complications of influenza (such as pneumonia or hospital admission), particularly in 'at risk' groups.

This record should be cited as: Wang K, Shun-Shin M, Gill P, Perera R, Harnden A. Neuraminidase inhibitors for preventing and treating influenza in children (published trials only). Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD002744. DOI: 10.1002/14651858.CD002744.pub4

Assessed as up to date: 25 January 2011

Headline

30/32pt
Source Sans Pro Regular

Introduction text

15/18pt
Source Sans Pro Semibold

Subheadings

10/12pt
Source Sans Pro Bold

Main body copy

10/12pt
Source Sans Pro Regular

Source Sans Pro currently supports a wide range of languages using Latin script, including extended characters and support for Cyrillic, Greek, and Vietnamese. Source Han Sans offers a set of Chinese, Japanese, and Korean fonts designed to complement Source Sans Pro.

Source Sans Pro

Not there?

If your chosen language is not listed in Source Sans Pro, please Use Arial or Arial Unicode MS, Cochrane's secondary font.

Latin and Latin Extended

Afrikaans, Archaic Danish, Basque, Breton, Catalan, Croatian, Czech, Dutch, English, Esperanto, Estonian, Finnish, French, Gaelic, German, Hungarian, Icelandic, Indonesian, Irish, Italian, Latvian, Lithuanian, Norwegian, Polish, Portuguese, Romanian, Sami, Serbian (Latin), Slovak, Slovenian, Spanish, Swahili, Swedish, Turkish, and Welsh.

Cyrillic and Cyrillic Extended

Abaza, Adyghe, Agul, Avar, Balkar, Belarusian(Cyrillic), Bulgarian, Buryat, Chechen, Crimean Tatar(Cyrillic), Dargin, Dungan, Erzya, Ingush, Kabardian, Kalmyk, Karakalpak, Karachay, Kazakh, Lak, Lezgian, Khinalugh, Kyrgyz(Cyrillic), Kumyk, Macedonian, Moksha, Mongolian(Cyrillic), Nanai, Nivkh, Nogai, Russian, Rusyn, Rutul, Selkup, Serbian(Cyrillic) Tabasaran, Tajik, Tat, Tatar, Turkmen, Tuvan, Ukrainian, and Uzbek(Cyrillic).

Others

Archaic Greek, Modern Greek, and Vietnamese.



Download the Source Sans Pro font family from fontquirrel.com/fonts/download/source-sans-pro

Source Han Sans

Pan-CJK

Japanese, Korean, Simplified Chinese, and Traditional Chinese.



Download Source Han Sans from sourceforge.net/projects/source-han-sans.adobe/files/

The systematic graphic, better known as the forest plot, is a dynamic and distinctive layout device that brings a cohesive unity to Cochrane communications. We have created it by isolating and enlarging the review data from within our logo.

We have designed the systematic graphic to illustrate Cochrane's story. Please treat it with respect by following the guidelines and examples in this section to ensure that we tell our story correctly.



A few dos...

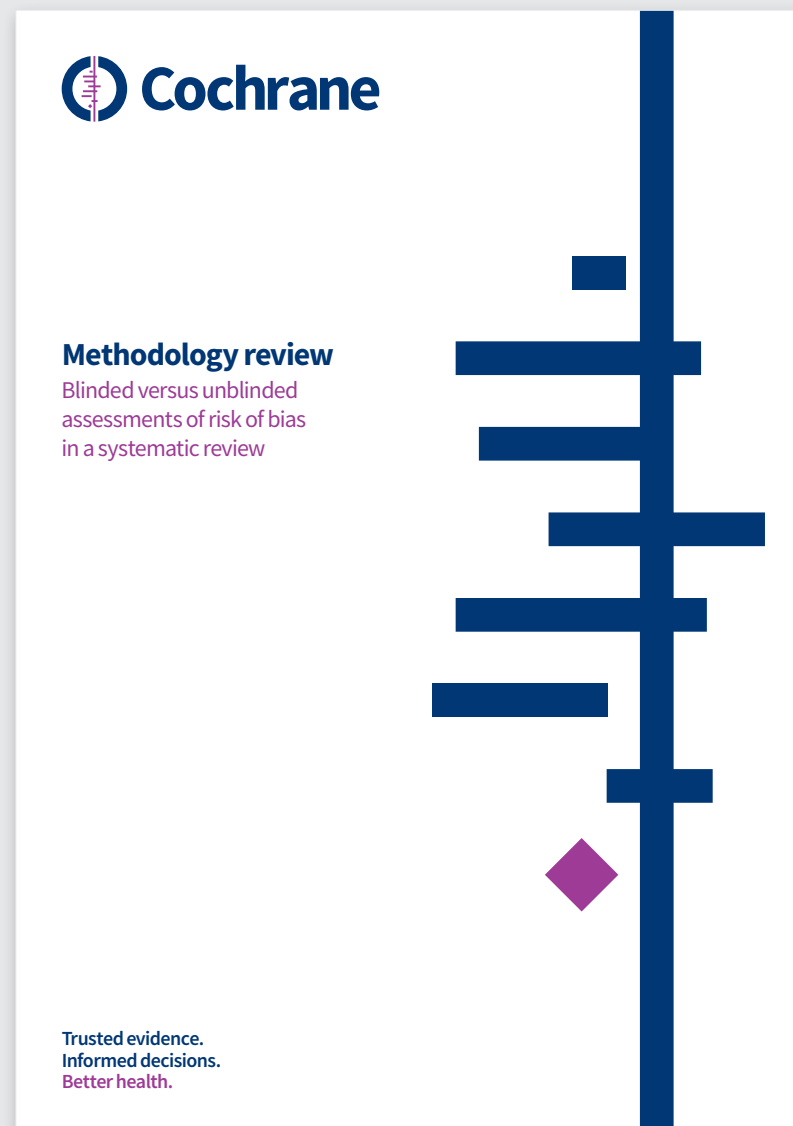
- ✓ Always place the graphic on the right hand side of layouts.
- ✓ Carefully position the graphic so it does not clash with the logo or enter its clear space.
- ✓ It's acceptable to scale up and crop the graphic, but the vertical line must always be visible.
- ✓ Position text, such as the document title, so that it aligns with the graphic shapes created.
- ✓ Aim to include the diamond shape, which symbolizes success, in layouts wherever possible.
- ✓ If in doubt, use the templates provided or follow the examples shown on the following pages.

A couple of don'ts...

- ✗ Never rotate, flip, skew, or distort the graphic in any way.
- ✗ Do not alter, change, edit or remove any parts from the graphic.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources



Flexibility

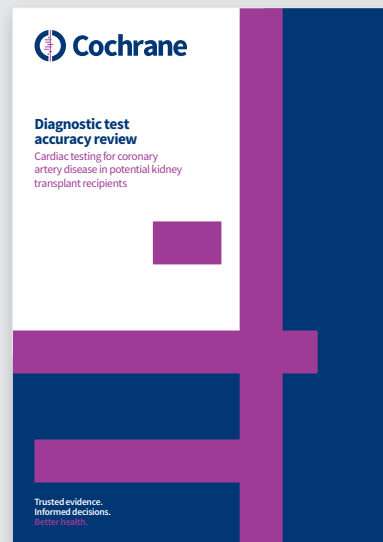
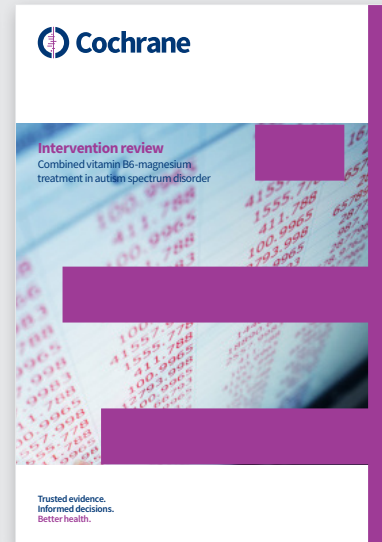
Designs may scale the systematic graphic up or down to suit the document contents and intended audience. This can range from simple, purely graphic layouts through to more complex layouts where the graphic works with imagery.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Templates

The examples on these pages illustrate how you can use the digital templates. Use these files as a starting point for your reports and communications.



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

When selecting images for communications materials, choose images that illustrate our strapline:

Trusted evidence. Informed decisions. Better health.

Choose light and bright imagery that works in harmony with our colour palette.

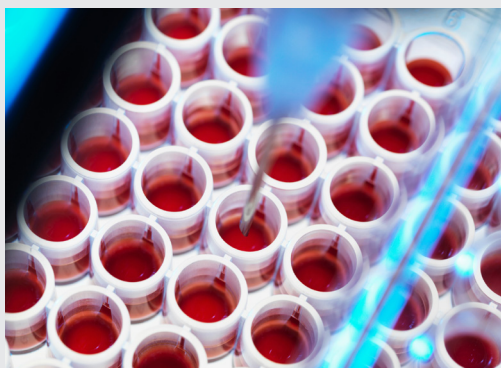
Trusted evidence

Clean, bright, close-up imagery of research trials, data analysis, and cutting edge healthcare evidence gathering.



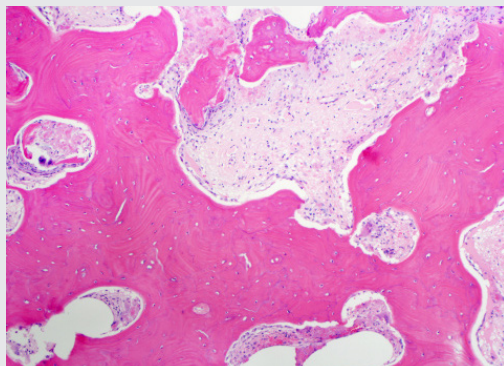
Informed decisions

Positive, human images of engaged and culturally diverse decision makers collaborating with others in bright research and healthcare environments.



Better health

Simple, direct, and easy to understand, close-up images of everyday health review topics.



Contact mumoquit@cochrane.org to get access to Cochrane's stock photo collection.

When selecting images for communications materials, choose images where the main subject isn't disturbed by the dataline or other graphics.

Consider cropping or resizing images to fit the area better, such as for the Community website feature image or on the cover of a report.

Free tools like picmonkey.com can be used to edit images, if you don't have access to photo editing software.

How to use images

✘



✔



✘



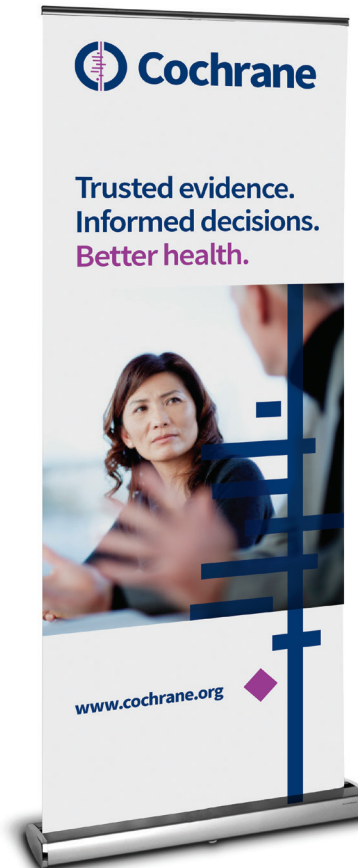
✔



Literature



Display



Left: Brochure cover
Right: Brochure text page

Left: Pop-up banner stand
Right: Poster

Personalized




Top: Business card
Bottom: Identity badge

Merchandise



Left: T-shirt
Right: Mug and pen

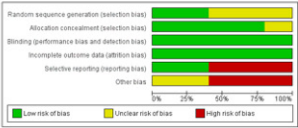
A0 poster templates



Poster title – source sans pro bold 72 pt

Heading 2 – Source sans pro semibold 36pt
 Basic text is source sans pro regular 32 pt in black.
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

Heading 3 – source sans pro regular in secondary colour 32 pt
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.



Use Heading 2 Source sans pro semibold In Cochrane blue


Heading 3 Source sans pro regular in black

Source sans pro regular Source sans pro regular in black

CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED

Heading 2 – Source sans pro semibold 36pt
 Basic text is source sans pro regular 32 pt in black.
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

Heading 3 – source sans pro regular in secondary colour 32 pt
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.



Author team contact Cochrane review group with systematic review topic idea

Title registration

Protocol submission

Review submission

Review publication in Cochrane Library

CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED


CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED

Heading 2 – Source sans pro semibold 36pt
 Basic text is source sans pro regular 32 pt in black.
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

Heading 3 – source sans pro regular in secondary colour 32 pt
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

Author and contact details

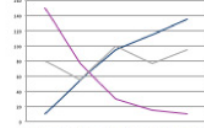
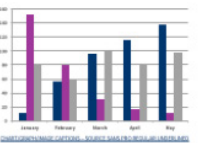

cochrane.org



Poster title – source sans pro bold 72 pt

Heading 2 – Source sans pro semibold 36pt
 Basic text is source sans pro regular 32 pt in black.
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

Heading 3 – source sans pro regular in secondary colour 32 pt
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

Use Heading 2 Source sans pro In Cochrane blue

Heading 3 Source sans pro regular in black

Source sans pro regular Source sans pro regular in black

CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED

Heading 2 – Source sans pro semibold 36pt
 Basic text is source sans pro regular 32 pt in black.
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

Heading 3 – source sans pro regular in secondary colour 32 pt
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

Author and contact details

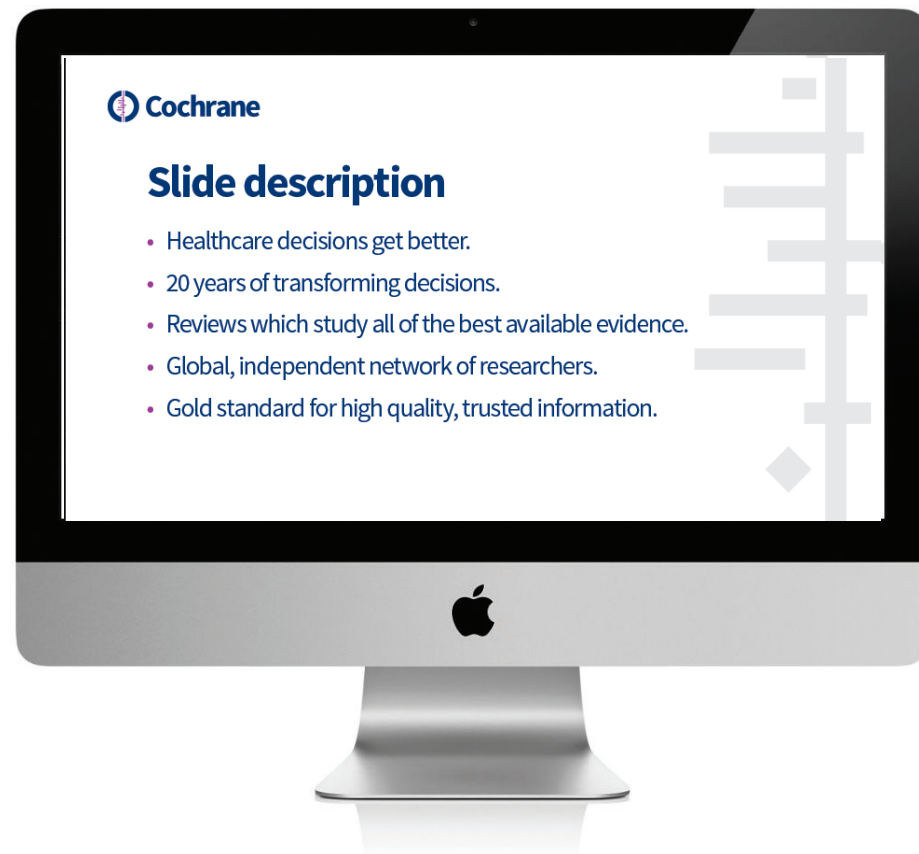
cochrane.org

Left: Cochrane portrait scientific poster template
 Right: Cochrane landscape basic poster template



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Presentation



Left: PowerPoint title slide
Right: PowerPoint master slide



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Website



Left: Desktop homepage
Right: Mobile homepage

Social media banners



Left: Twitter banner
Right: Facebook banner

If your group would like a set of social media banners, email hmillward@cochrane.org with a suggested banner image and a list of the banners needed.

Infographics

Information graphics or infographics are graphic visual representations of information, data, or knowledge intended to present information quickly and clearly. They are an interesting and exciting way to represent graphic content to tell a story. You can also use pictures to illustrate the story.

Cochrane is exploring ways of using infographics to translate evidence, data, and information into easy insights and understanding to internal and external audiences.

Cochrane infographics need to align with our brand integrity, and here are some examples and templates you may wish to use. For more examples and how to use, please download the Cochrane infographic 'How to' guide.

Before you create your infographic, be clear about:

- Who do I want to reach?
- What do I want to say?
- What's the best form for achieving this?

Cochrane
Trusted evidence. Informed decisions. Better health.

Only **6%** of the world speaks English as a first language. **75%** do not speak English at all

WE TRANSLATE OUR EVIDENCE TO MAKE IT MORE ACCESSIBLE WORLDWIDE

13,642 translations of abstracts and plain language summaries have been published on our websites

More than **2,000** have been translated or updated in 2015

COCHRANE.ORG HAS BEEN TRANSLATED INTO 12 LANGUAGES

- German
- Spanish
- French
- Croatian
- Portuguese
- Malay
- Russian
- Japanese
- Korean
- Traditional Chinese
- Simplified Chinese
- Tamil

3 MOST TRANSLATED COCHRANE REVIEWS

- Electronic cigarettes for smoking cessation and reduction (in 8 languages)
- Interventions for preventing obesity in children (in 7 languages)
- Early skin-to-skin contact for mothers and their healthy newborn infants (in 7 languages)

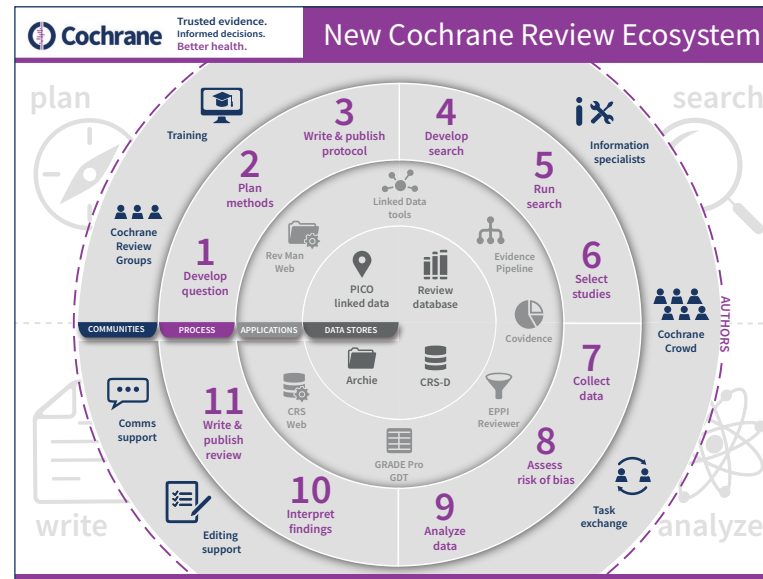
COCHRANE TRANSLATIONS ARE MADE POSSIBLE BY SEVERAL HUNDRED VOLUNTEERS

THANK YOU TO ALL OUR CONTRIBUTORS

WHAT'S NEXT

- Developing a multilingual Cochrane Library
- Creating a portal of translation resources for volunteers
- New languages explored: Arabic, Hindi, Indonesian, Persian, Polish, Thai, and Urdu

cochrane.org/translation @cochranelingual



Cochrane
Trusted evidence. Informed decisions. Better health.

COCHRANE EVIDENCE INFORMS A MAJOR NEW UK POLICY PROGRAMME IN CHILD HEALTH CARE

45 Cochrane reviews support the UK government's Healthy Child Programme

The Healthy Child Programme (HCP) is the main universal health service for improving the health and wellbeing of children from birth to 18 years old

Health and development reviews
Health promotion
Parenting support
Screening and immunisation programmes

From October 2015 local authorities take over responsibility from NHS England for public health services for babies and children up to 5 years old, including:

- health visits
- the Family Nurse Partnership programme

Public Health England commissioned a rapid review of new evidence to:

- support this transition
- ensure that the HCP is underpinned by resilient, up-to-date evidence of 'what works', as the programme was last updated in 2009

This rapid review was informed by health evidence from 7 Cochrane review groups:

- Cochrane Neonatal
- Cochrane Heart
- Cochrane Injuries
- Cochrane Public Health
- Cochrane Pregnancy and Childbirth
- Cochrane Tobacco Addiction
- Cochrane Developmental, Psychosocial and Learning Problems

Find out more: cochrane.org Follow us: @cochraneccolab

Left: Cochrane Translations infographic
Middle: New Cochrane Review Ecosystem infographic
Right: Cochrane evidence informs new UK child healthcare programme infographic




Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

MailChimp e-newsletter template

Trusted evidence. Informed decisions. Better health. Cochrane Connect brings you a monthly dose of news, events, and noteworthy Cochrane Reviews

View this email in your browser



Trusted evidence. Informed decisions. Better health.

Issue 08 | August 2015

Noteworthy Cochrane Reviews

Special Collection on Indigenous health

To commemorate the International Day of the World's Indigenous Peoples, a Special Collection is available focusing on health issues relevant to Indigenous people.

Featured Review: Interventions for bronchiectasis

Review gives starting point in reducing uncertainty in treating chronic wet coughs.

Important news

Updated list of Cochrane Priority Reviews now available.

Call for proposals for the Cochrane Review Support Programme.

Cochrane seeks Head of Finance and Core Services.

Cochrane Kidney and Transplant Group seeks Managing Editor - Sydney, NSW, Australia.

Cochrane seeks IT Manager - London, UK.

Cochrane in the News

The deworming debate: Key points and online resources highlighting the ongoing debate on the effectiveness of school deworming programmes.

The New York Times discusses applying the principles of evidence to alternative medicine.

Cochrane Colloquium Vienna: 9-7 Oct 2015


Top keynote speakers, 90 workshops, and 9 hours of oral sessions! Join us in Vienna for the 23rd Cochrane Colloquium!

Website Twitter Facebook

Copyright © 2015 Cochrane. All rights reserved.

Our mailing address is: news@cochrane.org

[unsubscribe from this list](#) [update subscription preferences](#)



Trusted evidence. Informed decisions. Better health.

Issue 8 | August 2015

Features this month

End of (northern) summer review from the Editor in Chief.

David Tovey, the Editor in Chief of the Cochrane Library, discusses recent and ongoing work in the Cochrane Editorial Unit.

Contribute to the development of Cochrane Membership Scheme

Cochrane is launching a new membership scheme and now is your chance to give feedback on the broad concepts as we seek to finalize our proposals.

Special Collection on Indigenous health

To commemorate the International Day of the World's Indigenous Peoples, a Special Collection is available focusing on health issues relevant to Indigenous people.

How to get technical support

The Informatics and Knowledge Management Department gives an update on their restructuring and who to contact if you have a technical question.

Cochrane website rebrand

Designing and maintaining a website is new territory for Cochrane Mexico but they ended up with a polished website. Read how they made the most of the rebrand project and put some of their tips into practice!

Cochrane consultations

Share your views on Cochrane annual and regional events

A review of Cochrane events, including Colloquia and regional meetings, is underway. Take part in a webinar and share your feedback through a survey.

How can we best produce Cochrane Systematic Reviews?

Project Transform is exploring how different groups and authors work to produce reviews. Take our survey and tell us what works and what doesn't.

Cochrane Colloquium

Just over a month to go until the 23rd Cochrane Colloquium in Vienna! You can still register until 9 September and discuss your preparations using the hashtag #cochranevienna on Twitter.

Left: Cochrane Connect newsletter
Right: Cochrane Community newsletter



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

We have a collection of online and print templates available for all Cochrane Groups. There is also a series of 'How to' guides on how to use the Cochrane brand appropriately and in accordance with our Logo Endorsement Policy (community.cochrane.org/organizational-info/resources/policies/logo-and-endorsement-policy).

Templates that are available:

- Basic Word documents (landscape and portrait)
- Detailed Word reporting documents (landscape and portrait)
- PowerPoint slides
- InDesign and PDF business cards
- Word certificate
- Email signature
- Word letterhead
- Word press release
- MailChimp e-newsletter template
- A0 PowerPoint poster templates (landscape and portrait)
- Blogshot and social media advert templates



Guidelines for applying the Cochrane brand in software tools are as follows:

Principles

- The Cochrane brand should be integrated elegantly into all core tools to be used across Cochrane.
- Should a conflict between brand prominence and user experience occur, the user experience must be favoured.
- New tools will be asked to follow these closely. For existing tools (ie. Archie, CDSR), these guideline should be implemented organically as part of the software's development cycle.

Logo

- Use the main logo - possible though using Cochrane with the name of the tool underneath (i.e. Cochrane Task Exchange).
- We will use the main Cochrane fav icon for tools in the browser and when we have smaller responsive spaces where we want to show a minimum level of branding due to space constraints.
- The logo ideally should be in the upper left hand corner.

Metanav and footer

- The standardized navigation element only applies to the homepage/log-in page of the tool and not when someone is working within the tool.
- The universal footer from Cochrane.org needs to be at the bottom of log-in pages.
- Quick links to other places should be in the upper right hand corner, as appropriate where a user would need to go elsewhere from the tool.

Font

- Use Source Sans Pro.
- Follow the weighting and guidance of sizing as on the style sheet.

Colour

- Core tools to be used across Cochrane will use the main colours of blue and purple.
- Other colours—use sparingly and only ones that are in the secondary brand palette. Use Green for “go”/”success”, yellow for “warning” and red for “stop”/“danger”.
- In graphics or where you need more colours, use them but be conscious that too much colour and relying on colour as a way to guide something through a page isn't always helpful and has its limits.
- The official Cochrane blue and purple colours meet online accessibility standards.

Use of Cochrane logo and endorsement policy

community.cochrane.org/organizational-info/resources/policies/logo-and-endorsement-policy

Cochrane logo and endorsement policy

Please inform the Communications and External Affairs Department as soon as possible of any apparently inappropriate use of the logo, symbol, or name. Cochrane reserves the right to refuse all requests for use of the logo or for endorsement. The final decision rests with the Chief Executive Officer.

Email: cead@lists.cochrane.org

This policy sets out the terms of use for Cochrane's name and logo, and in what circumstances it provides endorsements to contributors or external parties. The guiding principle is that requests will only be approved if they support Cochrane's mission, and where the aims of the activities or organizations to be endorsed are aligned with its own aims and principles.

In particular, it should be noted that Cochrane has a strict non-commercial use policy preventing the use of our name, logo, information, and evidence for any promotional or advertising purposes. This policy helps ensure that Cochrane avoids even the appearance of endorsing a particular product or service for financial gain. It also guarantees that users of Cochrane evidence and products have access to the full context of our information and are not receiving limited and potentially misleading information through commercial sources.

It is important to distinguish the difference between Cochrane the organization, as represented by the main logo, and Cochrane projects and tools which are part of Cochrane’s *Strategy to 2020* objectives.

Cochrane projects

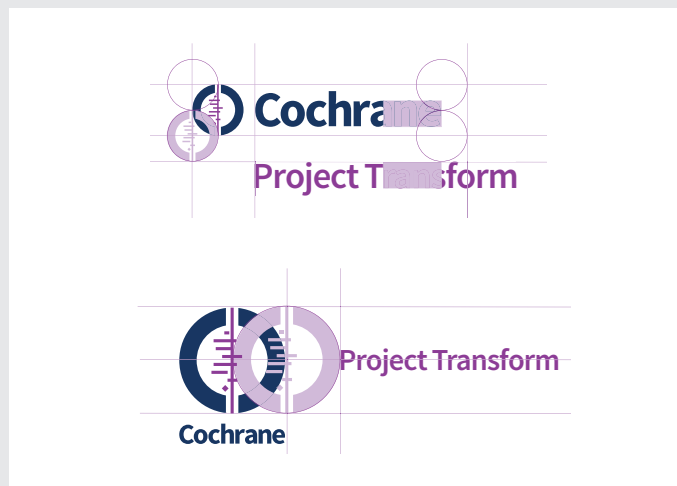
Projects within Cochrane **do not** have their own Cochrane logo. They use the master brand logo. However, when producing documents you can write the title of your project next to the main logo, following this spacing guide as shown below.

Cochrane tools

Tools are allowed their own logo using the master brand colours. This is because they have their own web presence and people may use the tool without going through the Cochrane website.

A Cochrane project:

Project Transform is a specific project that is part of Cochrane’s strategic objectives. It is visually represented by using the main Cochrane logo and its project name written as text separately.



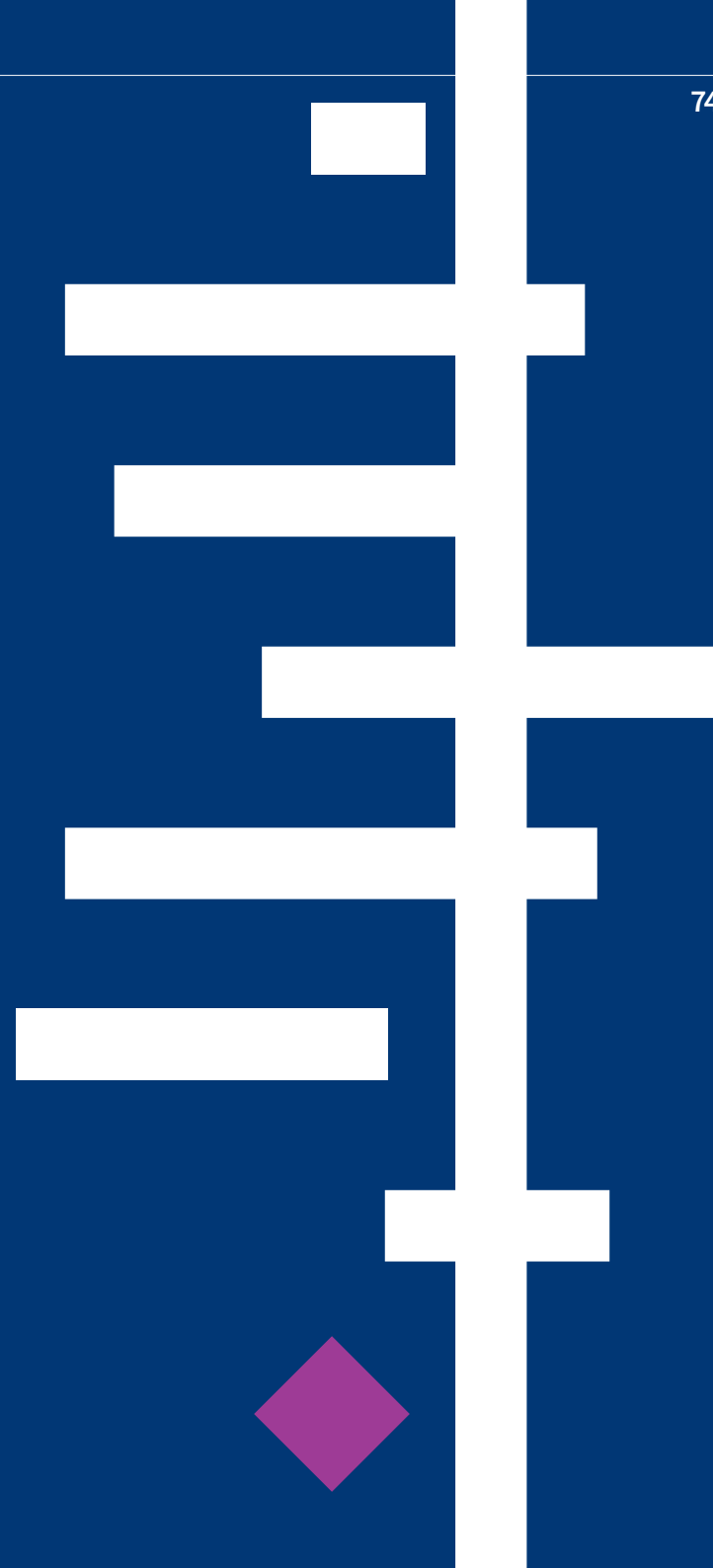
A Cochrane tool:

Cochrane TaskExchange is an external-facing user tool with its own functionality and online presence. It therefore has its own logo as part of the master brand.



Cochrane Community design toolkit

Introduction	75
Community framework	76
Overview	78
Community colour palette	81
Community colour palette: digital accessibility	82
Group logos	84
Imagery	87
Print examples	91
Screen examples	94
Templates and 'How to' guides	99
Partnership and funder branding	100
Online presence	104
Policy for the use of the Cochrane logo	106



The Cochrane Community includes a wide variety of contributors and Groups based around the world.

Our collaboration is united by our shared mission, vision, and goals, but our diverse Community members frequently work autonomously and with specific focus. As such there is a genuine need to identify and clearly differentiate some of our Groups.

The following pages outline how we do this. This framework allows individuality and expression within a clear structure, and leverages Cochrane's credibility without compromising trust in it.

Cochrane master brand

For communications about the collaboration as a whole and closely related services such as the Cochrane Library.

Use Cochrane Blue + Cochrane Purple (+ black + white + four greys)



General



Cochrane community

This means all officially registered and recognized Cochrane groups around the world.

Use Cochrane Blue + ONE colour from the community colour palette (+ black + white + four greys)



Groups



For more information

For more branding information regarding Structure and Function, please see page 107.

Cochrane is in a period of huge organizational change. In line with *Strategy to 2020's* Structure and Function reforms, there will be changes to Cochrane Groups including registration of new entities. To reflect these changes, we have developed new brand guidance that includes new Group logos, usage guidelines, and templates.

Example: the new Cochrane Brazil Network

Network and coordinating Centre



Affiliate



The primary aim of our Group identities is to create unity, not uniformity. Follow the guidelines set out in our design toolkit, but with a change of logo, highlight colour, and imagery. This will provide each identity with visual autonomy while remaining strongly connected to Cochrane.

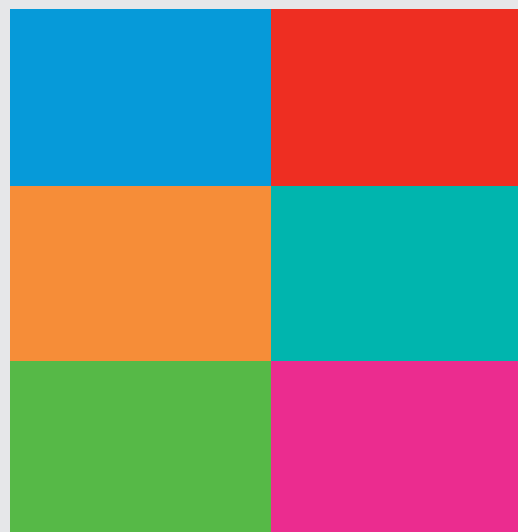
Logo

We will work with you to create a group logo for use on your communications.



Colour

Each group will choose its own colour from the Community palette to replace Cochrane purple.



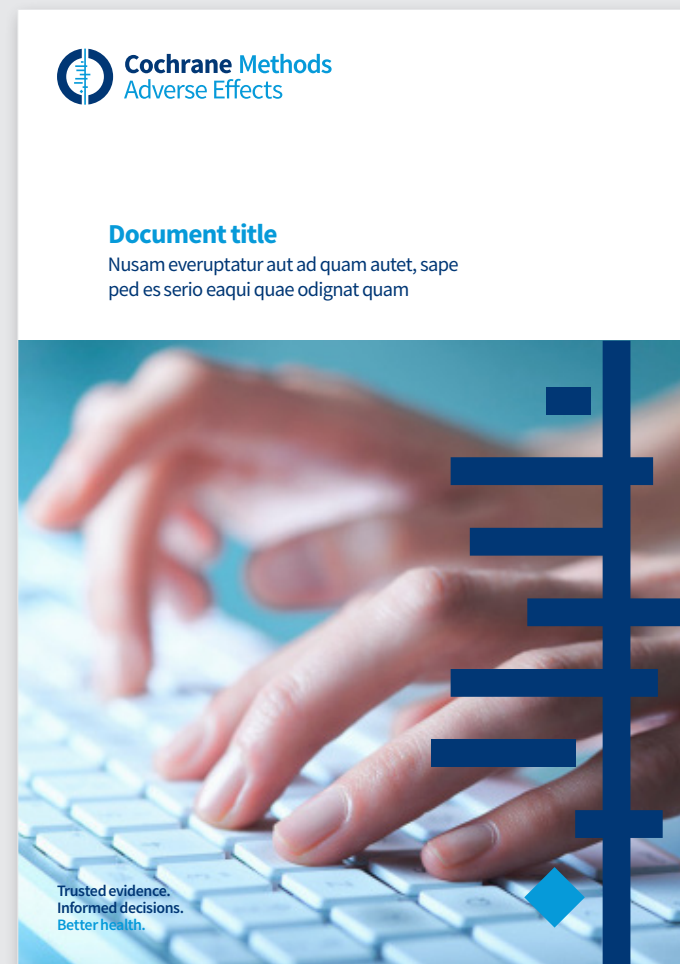
Imagery

Be more expressive with image selection and illustrate your group's specific focus.



Examples

Follow the guidance provided by the design toolkit, but use your own logo, colour, and imagery. You can tailor the document templates provided to suit your group's specific focus and target audience.





The primary means for creating sub-brand identity is through colour. Please base your Group's sub-brand around **ONE** of the six colour options shown below, in combination with Cochrane Blue.

Cochrane Community colour palettes consist of the following colours: Cochrane Blue + **ONE** Cochrane secondary colour + white + black + four greys (all other colour specifications are listed on [page 49](#))

Sub-brand secondary colour palette

Please follow carefully the colour specifications shown to ensure consistent reproduction across different media. The secondary colour for your Group is used as a brand identifier.

Please do not use other colours apart from Cochrane Blue, black, white, and grey in all communications, online and offline. Use of other colours will detract from your Group's brand identity.

Cochrane Cyan Spot Pantone 2925 CMYK 85.21.0.0 RGB 0.140.210 HEX 008CD2
Cochrane Red Spot Pantone 485 CMYK 0.95.100.0 RGB 225.35.40 HEX E12328
Cochrane Teal Spot Pantone 326 CMYK 81.0.39.0 RGB 0.170.170 HEX 00AAAA
Cochrane Orange Spot Pantone 715 CMYK 0.54.87.0 RGB 245.140.45 HEX F58C2D
Cochrane Green Spot Pantone 369 CMYK 68.0.100.0 RGB 85.175.60 HEX 55AF3C
Cochrane Magenta Spot Pantone 219 CMYK 1.92.4.0 RGB 220.40.130 HEX DC2882

It is a legal requirement that Cochrane meet Web Content Accessibility Guidelines (WCAG) 2.0.

“Web Content Accessibility Guidelines (WCAG) 2.0 covers a wide range of recommendations for making Web content more accessible. Following these guidelines will make content accessible to a wider range of people with disabilities, including blindness and low vision, deafness and hearing loss, learning disabilities, cognitive limitations, limited movement, speech disabilities, photosensitivity, and combinations of these. Following these guidelines will also often make your Web content more usable to users in general.

WCAG 2.0 success criteria are written as testable statements that are not technology-specific.”

When using the secondary colour palette in digital form, we are aiming to meet the standardized web accessibility requirements. This means that when colours are used digitally, content may not be accessible for people with certain disabilities, i.e. software to help disabled users may not be able to translate the content if it doesn't match the guidelines.

There are conformance levels: A, AA, and AAA. The standards cover all types of accessibility, not only colour use.

Cochrane colours vs. digital accessibility standards

All the official Cochrane Community colours tested meet the A conformance level. Some, however, do not meet the AA and AAA standards.

We advise all Groups to adhere to the following guidelines:

- Where possible in imagery and text use the Cochrane Blue, black, and dark grey, as they meet AA standards.
- If your secondary colour is orange, teal, or green, please write all text in Cochrane blue, black, or dark grey.
- Use semibold or bold font when using your secondary colour.
- Use the latest Community templates that have been updated to meet this guidance.



We will create Community logos for your Group using your choice of **ONE** colour from the Community palette. Wherever possible, your Group’s logo should follow the examples shown below.

Groups with short names

For names that are shorter than twice the width of ‘Cochrane’, Group logos will use equal sized text with the descriptor on the second line.



Groups with long names

For names that are longer than twice the width of ‘Cochrane’, Group logos will use a smaller text size, with the descriptor positioned on the second line and third line where required.

The Methods descriptor may appear alongside Cochrane on the top line. A lighter font weight creates differentiation between them and the Group’s area of research.



Wherever possible, sub-brand logos should adhere to the main logo principles outlined in the design toolkit. This includes following guidelines regarding colour variations, clear space, size, position, and misuse.

Colour variations

Wherever possible use your Group's logo in colour. When this is not practical, use mono or reversed versions.



Clear space

The exclusion zone should be half the height of the circular symbol in our logo as shown. For further information see page 41.



Position

Wherever possible, position the Cochrane logo in the top left corner.



A stacked format version of your Group's Cochrane logo exists for usage where horizontal space is restricted. For example: social media profile images, online skyscraper ads, signage, merchandising, and when you are limited to a square space.

Usage guidelines

Please ensure, when using the stacked format logo, that all uses carefully follow our logo principles regarding colour, clear space, and misuse.



Social media guidelines

For social media profiles, use the circular graphic without the text. Carefully following our logo principles regarding colour, clear space, and misuse.



When selecting photography for Group applications, choose imagery that illustrates your location or focus and works in harmony with your colour. Be more expressive. Almost anything goes, so long as it reflects our shared mission, vision, and strapline.

Australia



Switzerland



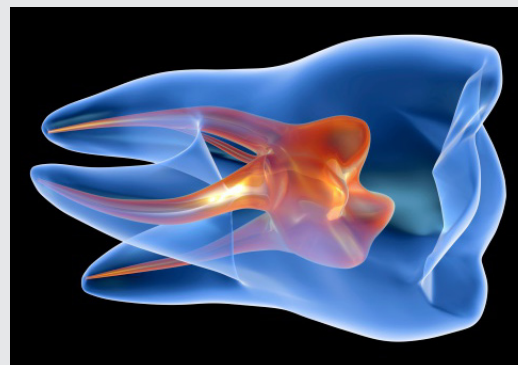
Brazil



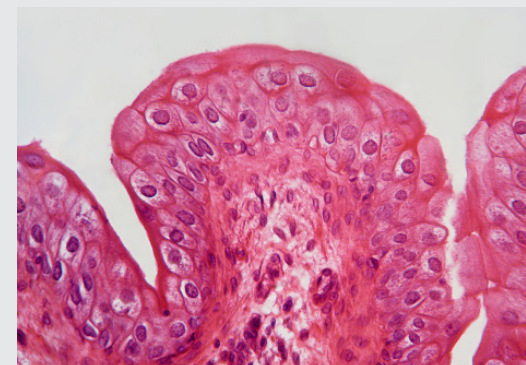
Eyes and Vision



Dental



Renal



Contact mumoquit@cochrane.org to get access to iStock.com photo library

When selecting images for communications materials, choose images where the main subject isn't disturbed by the dataline or other graphics.

Consider cropping or resizing images to the fit the area better, such as for the website feature image or on the cover of a report.

Free tools like [picmonkey.com](https://www.picmonkey.com) can be used to edit images, if you don't have access to photo editing software.

How to use images

✗



✓



✗



✓



✗



✓



✗





✓




How to use images and graphics






1.  Care models for people with dementia after hip fracture surgery


 Almost half of all people with hip fracture have dementia. There is no conclusive evidence on how best to care for them after surgery, in hospital or at home
EVIDENCE GAP


 Cochrane Review; 5 studies, 316 people with dementia, comparing models of enhanced rehabilitation and care after hip fracture with usual rehabilitation and care

uk.cochrane.org | #cochranevidence #blogshot







2.  Care models for people with dementia after hip fracture surgery


 Almost half of all people with hip fracture have dementia. There is no conclusive evidence on how best to care for them after surgery, in hospital or at home
EVIDENCE GAP


 Cochrane Review; 5 studies, 316 people with dementia, comparing models of enhanced rehabilitation and care after hip fracture with usual rehabilitation and care

uk.cochrane.org | #cochranevidence #blogshot







3.  Care models for people with dementia after hip fracture surgery


 Almost half of all people with hip fracture have dementia. There is no conclusive evidence on how best to care for them after surgery, in hospital or at home
EVIDENCE GAP


 Cochrane Review; 5 studies, 316 people with dementia, comparing models of enhanced rehabilitation and care after hip fracture with usual rehabilitation and care

uk.cochrane.org | #cochranevidence #blogshot






 Care models for people with dementia after hip fracture surgery

 Almost half of all people with hip fracture have dementia. There is no conclusive evidence on how best to care for them after surgery, in hospital or at home
EVIDENCE GAP

 Cochrane Review; 5 studies, 316 people with dementia, comparing models of enhanced rehabilitation and care after hip fracture with usual rehabilitation and care

uk.cochrane.org | #cochranevidence #blogshot

Recommendations:

Please follow the Community template user guides. This guidance needs to be followed on all media and communications:

1. Confirm that appropriate images fill the space available in the templates provided.
2. Make sure the dataline and logo are resized, with the correct aspect ratio and no distorting.
3. Use graphics only in your group's community colour palette; please do not mix colours.

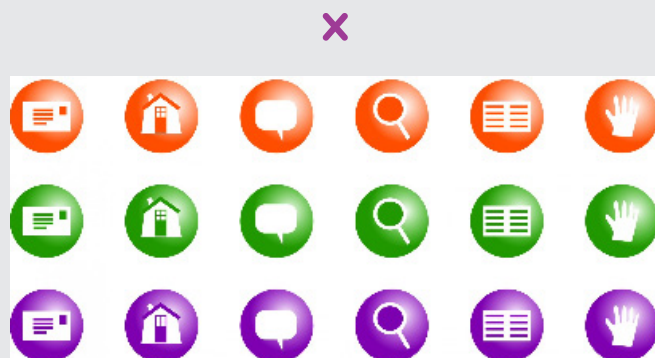


Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Where appropriate, it can be useful to use graphics or icons to communicate key information in online and print material.

These can either be sourced from stock libraries or created from scratch.

How to choose suitable graphics or icons



- ✘ Don't use lots of colours
- ✘ Don't use effects like shading or embossing
- ✘ Don't use icons or graphics that don't match each other
- ✘ Don't use icons or graphics that aren't clearly understood



- ✔ Use your group's colour palette
- ✔ Use flat, solid lines and shapes
- ✔ Use icons or graphics that are clearly understood or include a key or explanation

Literature

Cochrane Switzerland

Document title
Um rentiun totatati vel imus et et voluptatis as que quo tet recest, tenditis ditates

Trusted evidence. Informed decisions. Better health.

Neuraminidase inhibitors for preventing and treating influenza in children

This review found that treatment with neuraminidase inhibitors was only associated with modest clinical benefit in children with proven influenza. Treatment with oseltamivir or zanamivir shortened the duration of illness in healthy children by about one day.

Background: During epidemics, influenza attack rates in children may exceed 40%. Options for prevention and treatment currently include the neuraminidase inhibitors zanamivir and oseltamivir. Laninamivir octanoate, the prodrug of laninamivir, is currently being developed.

Objectives: To assess the efficacy, safety and tolerability of neuraminidase inhibitors in the treatment and prevention of influenza in children.

Search strategy: For this update we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1) which includes the Acute Respiratory Infections Group's Specialised Register, MEDLINE (1966 to January week 2, 2011) and EMBASE (January 2010 to January 2011).

Selection criteria: Double-blind, randomised controlled trials (RCTs) comparing neuraminidase inhibitors with placebo or other antiviral drugs in children aged up to and including 12 years. We also included safety and tolerability data from other types of studies.

Data collection and analysis: Four review authors selected studies, assessed study quality and extracted data for the current and previous versions of this review. We analysed data separately for oseltamivir versus placebo, zanamivir versus placebo and laninamivir octanoate versus oseltamivir.

Main results: Six treatment trials involving 1906 children with clinical influenza and 450 children with influenza diagnosed on rapid near-patient influenza testing were included. Of these 2356 children, 1255 had laboratory-confirmed influenza. Three prophylaxis trials involving 863 children exposed to influenza were also included. In children with laboratory-confirmed influenza oseltamivir reduced median duration of illness by 36 hours (20%, $P < 0.001$). One trial of oseltamivir in children with asthma who had laboratory-confirmed influenza showed only a small reduction in illness duration (10.4 hours, 8%, which was not statistically significant ($P = 0.542$)). Laninamivir octanoate 20 mg reduced symptom duration by 2.8 days (80%, $P < 0.001$) in children with oseltamivir-resistant influenza A(H1N1).

Zanamivir reduced median duration of illness by 1.3 days (24%, $P < 0.001$). Oseltamivir significantly reduced acute otitis media in children aged one to five years with laboratory-confirmed influenza (risk difference (RD) -0.14, 95% confidence interval (CI) -0.24 to -0.04). Prophylaxis with either zanamivir or oseltamivir was associated with an 8% absolute reduction in developing influenza after the introduction of a case into a household (RD -0.08, 95% CI -0.12 to -0.05, $P < 0.001$). The adverse event profile of zanamivir was no worse than placebo but vomiting was more commonly associated with oseltamivir (number needed to harm = 17, 95% CI 10 to 34). The adverse event profiles of laninamivir octanoate and oseltamivir were similar.

Authors' conclusions: Oseltamivir and zanamivir appear to have modest benefit in reducing duration of illness in children with influenza. However, our analysis was limited by small sample sizes and an inability to pool data from different studies. In addition, the inclusion of data from published trials only may have resulted in significant publication bias. Based on published trial data, oseltamivir reduces the incidence of acute otitis media in children aged one to five years but is associated with a significantly increased risk of vomiting. One study demonstrated that laninamivir octanoate was more effective than oseltamivir in shortening duration of illness in children with oseltamivir-resistant influenza A(H1N1). The benefit of oseltamivir and zanamivir in preventing the transmission of influenza in households is modest and based on weak evidence. However, the clinical efficacy of neuraminidase inhibitors in 'at risk' children is still uncertain. Larger high quality trials are needed with sufficient power to determine the efficacy of neuraminidase inhibitors in preventing serious complications of influenza (such as pneumonia or hospital admission), particularly in 'at risk' groups.

This record should be cited as: Wang K, Shan-Shin M, Gill P, Peters R, Hamden A. Neuraminidase inhibitors for preventing and treating influenza in children [published trials only]. Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD002744. DOI: 10.1002/14695884.CD002744.pub4

Assessed as up to date to: date: 25 January 2011

Left: Brochure cover
Right: Brochure text pages

Display

Cochrane Eyes and Vision

Interventions for eye diseases and visual impairment

Trusted evidence. Informed decisions. Better health.

Cochrane Training

Training you to make a difference

Cochrane exists so that health care decisions get better.
During the past 20 years, we have transformed the way treatment decisions are made. Cochrane produces reviews which study all of the best available evidence generated through research and make it easier to inform decisions about health.

We are a global, independent network of researchers, professionals, patients, carers, and people interested in health. Our work is recognised as international gold standard for high quality, trusted information. We want to be the leading advocate for evidence-informed health care across the world.

Trusted evidence. Informed decisions. Better health.

Left: Pop-up banner stand
Right: Poster

Personalized



Top: Business card
Bottom: Identity badge

Merchandise



Left: T-shirt
Right: Mug and pen

A0 poster examples

Left: Cochrane portrait scientific poster template
 Right: Cochrane landscape basic poster template



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

Presentation

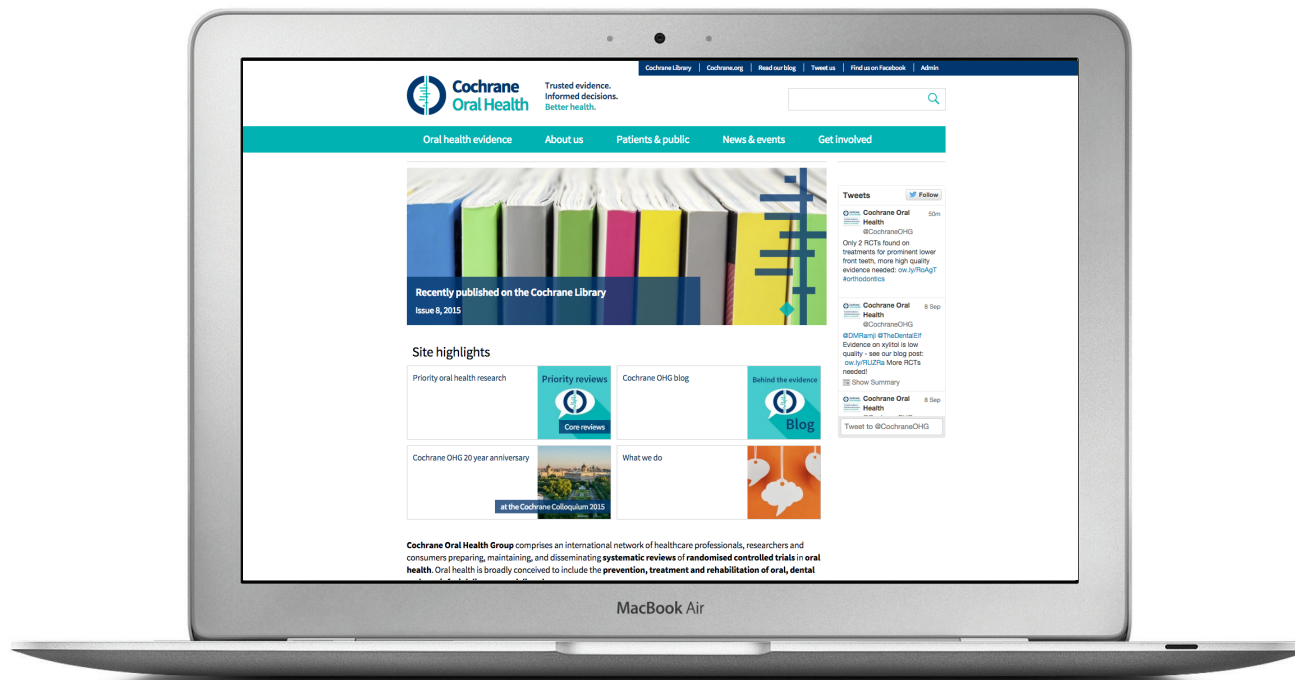


Left: PowerPoint title slide
Right: PowerPoint master slide



Download templates and 'How to' guides from
[community.cochrane.org/organizational-info/
resources/resources-groups/brand-resources](https://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources)

Website



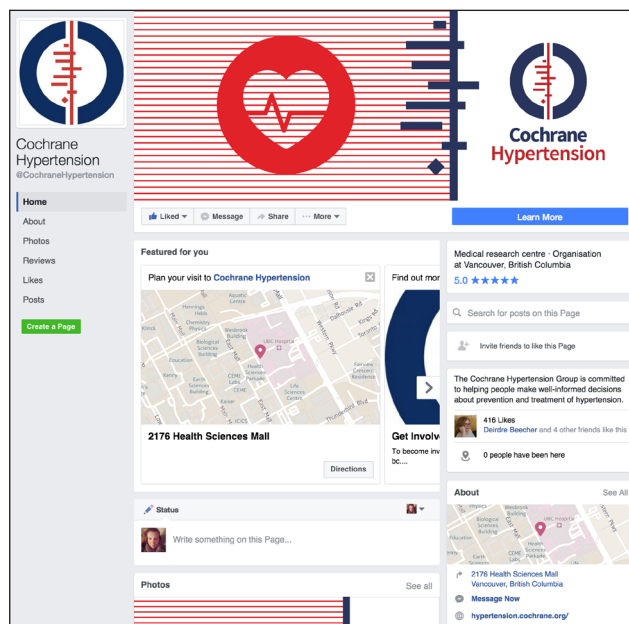
Above: Homepage

Social media



Above: Twitter

Social media banners



Trusted evidence. Informed decisions. Better health.

Cochrane is a global independent network of researchers, professionals, patients, carers and people interested in health. We are a not-for-profit organization with contributors from more than 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. We do this by producing reviews that summarize the best available evidence generated through research to inform decisions about health.

Cochrane UK is one of 41 regional centres and branches supporting the global work of Cochrane and maximizing the use and impact of Cochrane Reviews for the UK and Ireland (click here to visit the Cochrane Ireland website). Cochrane UK is funded by the National Institute for Health Research (NIHR) and hosted by the Oxford University Hospitals NHS Trust. The centre supports the production of Cochrane Systematic Reviews through a Learning and Development Programme for Cochrane authors and other contributors. We aim to maximize the impact of Cochrane Reviews by disseminating the findings widely to health professionals, researchers, commissioners, the public, charities and the media, through social media, events, presentations and partnerships through our Engagement Programme.

Cochrane Reviews are widely used to inform healthcare guidance, best practice guidance in primary care and patient decision aids in shared decision making initiatives. In the UK, for example, Cochrane Reviews are used to inform the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines, NICE Clinical Knowledge Summaries and NHS Shared Decision Making – patient decision aids. The reviews also form an important source of knowledge within the NHS Evidence portal, supported by NICE.

Specialties	Website	Industry	Type
Healthcare reviews, Cochrane reviews & resources, research, training, Student Network, Dissemination, Information Specialists, Learning	http://ukcc.cochrane.org	Research	Government Agency
Headquarters	Company Size	Founded	
Summertown Pavillion 18 - 24 Middle Way Oxford, OX2 7LG United Kingdom	1-10 employees	1992	

Left: Cochrane Mexico's Twitter page
 Middle: Cochrane Canada's Facebook page
 Right: Cochrane UK's Google+ page

If your group would like a set of social media banners, email hmilward@cochrane.org with a suggested banner image and a list of the banners needed.

Infographics and blogshots

Information graphics or infographics are graphic visual representations of information, data, or knowledge intended to present information quickly and clearly. They are an interesting and exciting way to represent graphic content to tell a story. You can also use pictures to illustrate the story.

Blogshots are a relatively new idea to Cochrane and another way of giving information in an image on social media platforms, especially Twitter. Like an infographic, blogshots are a summary of information created in graphic and pictorial form to make data easily understandable at a glance. It is another useful way to share Cochrane evidence.

Before you create your infographic or blogshot, be clear about:

- Who do I want to reach?
- What do I want to say?
- What's the best form for achieving this?

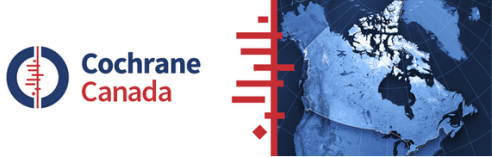
Left: Caffeine and health: evidence from Cochrane infographic
 Middle: Cochrane Oral Health blogshot
 Right: Portion size infographic



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

MailChimp e-newsletter examples


[View this email in your browser](#)



Trusted evidence. Informed decisions. Better health.


September 2015

Features



Our Directors speaks to CBC

In August, the Cochrane Canada Director and Québec Branch Scientific Director both had the opportunity to discuss our funding with CBC Radio.
[Read more](#)




Cochrane Resources


Every month we will highlight a Cochrane resource to help you get the most out of your Cochrane experience. From podcasts to special collections, we've got you covered.
[Read more](#)

News


Registration is now open for the next Standard Author Training workshop




Cochrane Profiles - A day in the life of a Trials Search Coordinator






Editorial: Central funding for Cochrane Canada must continue




Press Release: 'Podcasts for Parents' wins approval for global crowd-funding



 Website Twitter Facebook

[View this email in your browser](#)



Trusted evidence. Informed decisions. Better health.

Issue 07 | July 2015

Welcome to our July newsletter!

I have pulled together the latest news from around Cochrane for the UK and Ireland!

Evidently Cochrane survey

This month we have launched a survey to find out more about who reads our Evidently Cochrane blog. The survey takes less than 5 minutes to fill in. We want to see if the audience we target with the blogs, actually matches the readership. We also want to find out if there are any other areas we could improve on. If you have some spare time this afternoon, [you can fill in our survey here](#).


Cochrane UK & Ireland Symposium 2016: sponsorship opportunities

We may have only hosted the 2015 symposium a couple of months ago but the team's busy organizing the next symposium! The 2016 symposium will be held in Birmingham on the 15th & 16th March. For 2015 Altmire, BioMed Central and Falter Ireland joined NIHR and Wiley as event sponsors and we are keen to take the sponsorship opportunities forward to 2016. We have put together a [sponsorship opportunities brochure](#), to be shared with interested organizations and groups. Please feel free to share the brochure with your networks. If you would like further information about sponsorship opportunities, please contact me at holly.millward@cochrane.nhs.uk

Best wishes,


Holly Millward
Communications and Engagement Officer, Cochrane UK

Latest news




Blogshot archive

Download and reuse the Evidently Cochrane blogshots saved in our archive.
[Click here.](#)



UK & Ireland Annual Report


Catch up on what the team has been up to over the last year in our Annual and Digital Impact Reports for 2014/15.
[Click here.](#)



Bell's palsy: facing up to uncertainty

Read the latest blog from Evidently Cochrane.
[Click here.](#)

Other news



Cochrane Colloquium Vienna

Early bird registration for the next Colloquium closes on 22nd July!
[Click here](#) to find out more.

Blogs

[Catch up with the latest Cochrane Reviews with our Blog Evidently Cochrane: sharing health evidence you can trust.](#)

[Follow our partner Students 4 Best Evidence, for the latest blogs, tutorials and reviews around evidence-based practice.](#)

Left: Cochrane Canada newsletter
Right: Cochrane UK newsletter



Download templates and 'How to' guides from community.cochrane.org/organizational-info/resources/resources-groups/brand-resources

We have a growing collection of online and print templates available in each of the secondary colours. We have also provided a series of 'How to' guides to help.

Templates that are available:

- Basic Word documents (landscape and portrait)
- Detailed Word reporting documents (landscape and portrait)
- PowerPoint slides
- InDesign business cards
- Word certificate
- Email signature
- Word letterhead
- Word press release
- MailChimp e-newsletter template
- A0 PowerPoint poster templates (landscape and portrait)
- Blogshot and social media advert templates



The Cochrane Community extends beyond the boundaries of our own collaboration to include external partner organizations.

This frequently includes our work in collaboration with publishers, funders, and contributors, among many others.

The following pages provide a simple framework that acknowledges their contribution through the inclusion of partner logos.

Top of the page

When appropriate, include partner logos in the top right corner of applications as shown on this page.

Where more than one partner needs to be acknowledged, arrange their logos vertically or horizontally, depending on available space.



Trusted evidence.
Informed decisions.
Better health.

Trusted evidence.
Informed decisions.
Better health.

Bottom of the page

When appropriate, include partner logos in the bottom right corner of applications as shown on this page.

Where more than one partner needs to be acknowledged, arrange their logos vertically or horizontally, depending on available space.



Trusted evidence.
Informed decisions.
Better health.



WIKIPEDIA
The Free Encyclopedia



Trusted evidence.
Informed decisions.
Better health.



NHMRC

Australian Government
National Health and Medical Research Council

It is important to distinguish the difference between registered Cochrane Groups, as represented by their Group logo, and projects that are part of Cochrane Groups' core work programmes.

Cochrane Group projects

Projects within Cochrane Groups **do not** have their own Cochrane logo. They use the Group logo. However, when producing documents you can write the title of your project next to the main logo, following this spacing guide.

Cochrane Oral Health Global Alliance example:

Global Alliance is a specific project that is part of Cochrane Oral Health's strategic objectives. It is visually represented by using the main Cochrane Oral Health logo and its project name written as text separately.



Guidelines for applying the Cochrane brand in software tools are as follows:

Principles

- The Cochrane brand should be integrated elegantly into all core tools to be used across Cochrane.
- Should a conflict between brand prominence and user experience occur, the user experience must be favoured.
- New tools will be asked to follow these closely. For existing tools (ie. Archie, CDSR), these guideline should be implemented organically as part of the software's development cycle.

Logo

- Use the group logo.
- We will use the main Cochrane fav icon for tools in the browser and when we have smaller responsive spaces where we want to show a minimum level of branding due to space constraints.
- The logo ideally should be in the upper left hand corner.

Metanav and footer

- The standardized navigation element only applies to the homepage/log-in page of the tool and not when someone is working within the tool.
- The universal footer from Cochrane.org needs to be at the bottom of log-in pages.
- Quick links to other places should be in the upper right hand corner, as appropriate where a user would need to go elsewhere from the tool.

Font

- Use Source Sans Pro.
- Follow the weighting and guidance of sizing as on the style sheet.

Colour

- Core tools to be used across Cochrane will use the main Community colour palette.
- Other non-Cochrane colours—use sparingly. Use Green for “go”/”success”, yellow for “warning” and red for “stop”/“danger”.
- In graphics or where you need more colours, use the official colour palette but be conscious that too much colour and relying on colour as a way to guide something through a page isn’t always helpful and has its limits.
- See page 82 for information about online accessibility standards.

Use of Cochrane logo and endorsement policy

community.cochrane.org/organizational-info/resources/policies/logo-and-endorsement-policy

Cochrane logo and endorsement policy

Please inform the Communications and External Affairs Department as soon as possible of any apparently inappropriate use of the logo, symbol, or name. Cochrane reserves the right to refuse all requests for use of the logo or for endorsement. The final decision rests with the Chief Executive Officer.

This policy sets out the terms of use for Cochrane's name and logo, and in what circumstances it provides endorsements to contributors or external parties. The guiding principle is that requests will only be approved if they support Cochrane's mission, and where the aims of the activities or organizations to be endorsed are aligned with its own aims and principles.

In particular, it should be noted that Cochrane has a strict non-commercial use policy preventing the use of our name, logo, information, and evidence for any promotional or advertising purposes. This policy helps ensure that Cochrane avoids even the appearance of endorsing a particular product or service for financial gain. It also guarantees that users of Cochrane evidence and products have access to the full context of our information and are not receiving limited and potentially misleading information through commercial sources.

Cochrane Transformation Programme: Geographic Networks

Introduction	108
Tier 1: Affiliate	109
Tier 2: Associate Centre	110
Tier 3: Centre	111
Tier 4: Geographic Network	112
Tiers of accountability	113
Setting up of a new group: branding and online presence	114
Community templates	119



Cochrane has adopted and begun implementation of the Transformation Programme. The following pages relate to the new brand guidelines for newly registered Cochrane Affiliates, Associate Centres, Centres, and Geographic Networks. This meets the requirements of *Strategy to 2020* to expand Cochrane's geographic profile and activities, and increase our impact on health decision-making in more countries and regions over the next decade.

The new structures allow for multiple Groups to operate in a country or region. This creates the opportunity for networks within countries, e.g. the new Cochrane Brazilian Network. This also expands the scope of opportunities for new Centres to become officially established, with more than one site sharing the typical functions of a geographic Centre.

Tier 1: Affiliate

A new small Group, which is responsible for promoting Cochrane and our work in a specific country.

Example: Cochrane Ecuador



An Affiliate can also be part of a wider national or regional Cochrane Network.

Example: Ceará, Cochrane Brazil



Tier 2: Associate Centre

This is Cochrane's official 'representatives' in country, and has wider responsibilities including building formal partnerships, capacity for Cochrane Review production, and hosting Cochrane events.

Examples: Cochrane Belgium and Cochrane Singapore



Tier 3: Centre

To act as a coordinating Centre for all Cochrane activities within a country, including supporting Cochrane Review Groups, Fields, or Methods Groups that are based in that country.

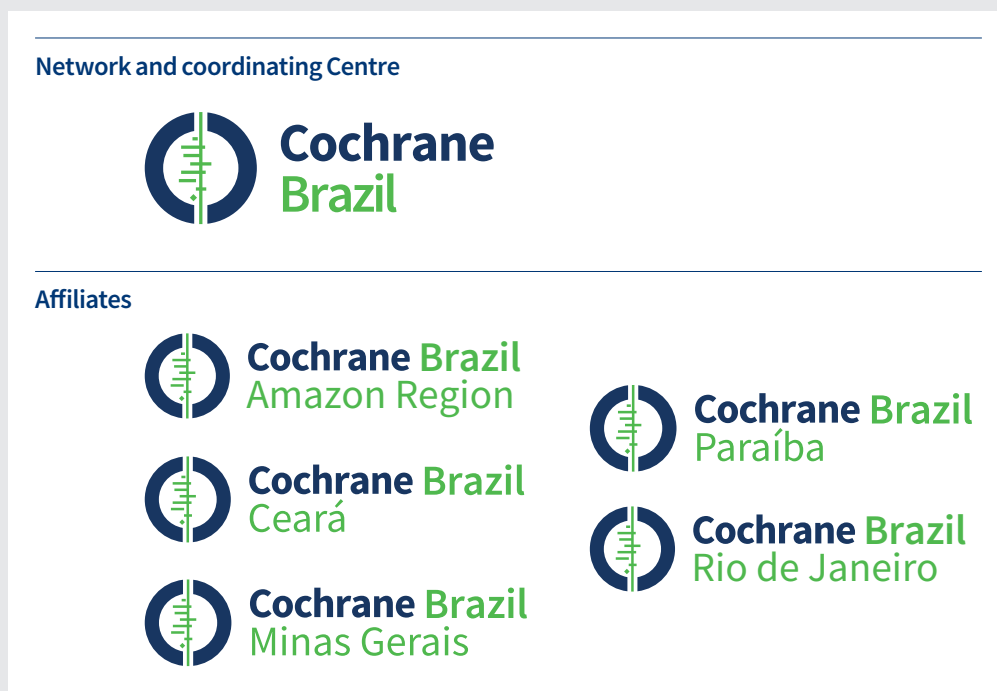
Examples: Cochrane Australia, Cochrane Canada, and Cochrane France



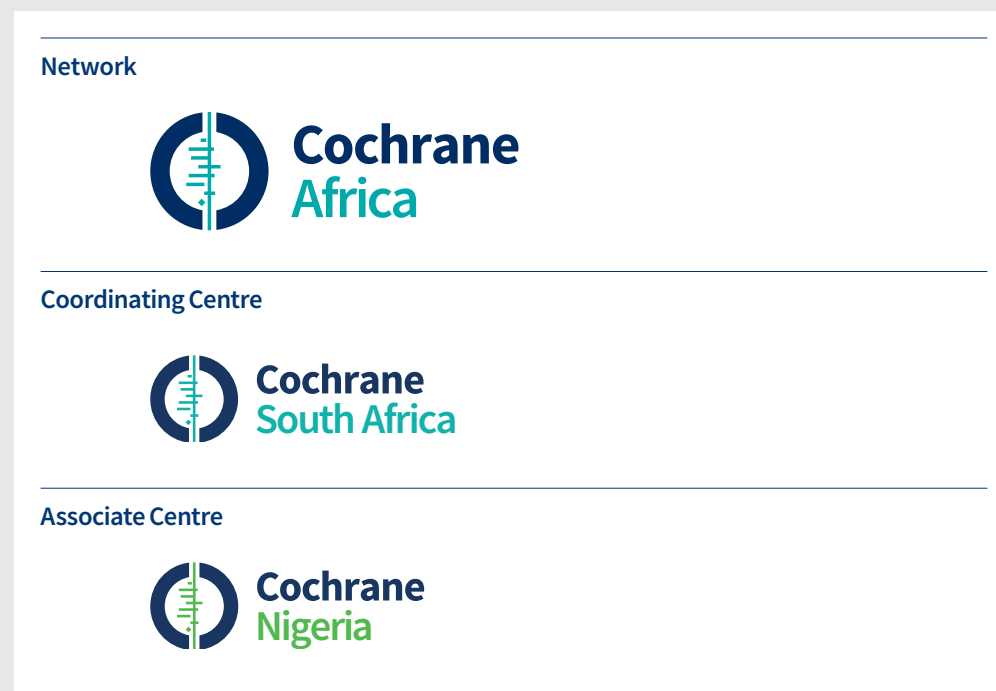
Tier 4: Geographic Network

A network of Affiliates with a coordinating Centre for all Cochrane activities across a country or an extended region. A Geographic Network promotes Cochrane's work throughout its country and region, including Knowledge Translation and multi-language activities. A Cochrane Geographic Network may represent a large and diverse country, a common language, regional links, or similarities in healthcare systems.

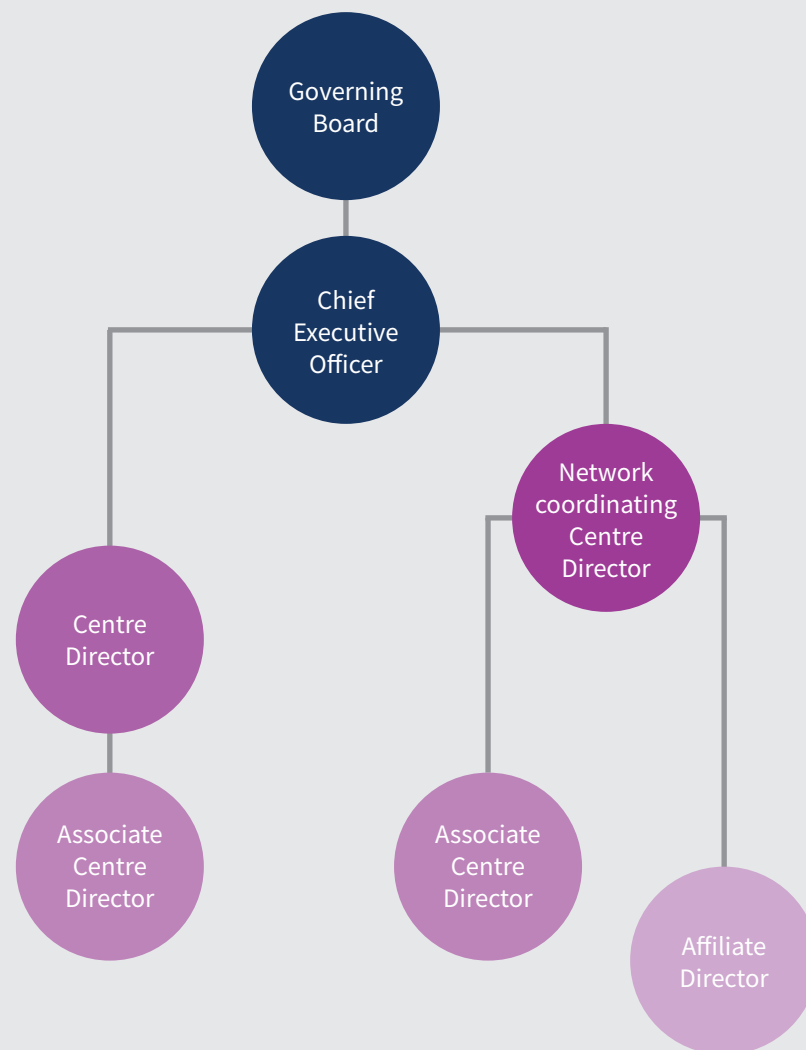
National example: Cochrane Brazil Network



Regional example: Cochrane Africa Network



Geographic Networks, Centres, Associate Centres, and Affiliates operate under a clear, manageable, and meaningful accountability structure.



First Group to be established in a country

	First Group to be established in a country		
	Affiliate	Associate Centre	Centre
Brand colour	Choice of colour	Choice of colour	Choice of colour
Logo	Country logo	Country logo	Country logo
Website	One per country	One per country	One per country
Social media channels	One channel type per country	One channel type per country	One channel type per country
How you can describe yourself	Cochrane [country], a Cochrane Affiliate	Cochrane [country], a Cochrane Associate	Cochrane [country] or the [country] Cochrane Centre
Archie	Added to Archie as a standalone Group	Added to Archie as a standalone Group	Added to Archie as a standalone Group
Benefits	One free Cochrane Library license	One free Cochrane Library license	One free Cochrane Library license and one free registration to the Colloquium

	New Group within a regional Network (spanning multiple countries)			
	Affiliate	Associate Centre	Centre	Network
Brand colour	Each country within the Network can choose a colour	Each country within the Network can choose a colour	Each country within the Network can choose a colour	The Network logo is the same colour as the coordinating Centre
Logo	Country logo	Country logo	Country and Network logo	Network logo held by the coordinating Centre
Website	One per country or page(s) on established country website	One per country or page(s) on established country website	One per country or shared use of established country website	Paragraph explaining Network on each country website
Social media channels	One channel type per country or shared use	One channel type per country or shared use	One channel type per country or shared use	Will be reviewed on a case by case basis
How you can describe yourself	Cochrane [country], an Affiliate of Cochrane [Network]	Cochrane [country], an Associate of Cochrane [Network]	Cochrane [country] or the [country] Cochrane Centre or Cochrane [country] coordinating Centre of Cochrane [Network]	Cochrane [Network] or Cochrane [Network] is coordinated by Cochrane [Centre]
Archie	Added to Archie as a subgroup of the Network	Added to Archie as a subgroup of the Network	Added to Archie as a subgroup of the Network	Added to Archie as a subgroup of the main presence
Benefits	One free Cochrane Library license	One free Cochrane Library license	One free Cochrane Library license and one free registration to the Colloquium	n/a

New Group within a national Network (within one country)				
	Affiliate	Associate Centre	Centre	Network (run by a coordinating task force)
Brand colour	Follow established national colour	Follow established national colour	Follow established national colour	Follow established national colour
Logo	National logo with regional specifier	National logo with regional specifier	Shared use of the national logo	Shared use of the national logo
Website	Page(s) on the national website	Page(s) on the national website	Shared use of the national website	Shared use of the national website
Social media channels	One channel type per country or shared use	One channel type per country or shared use	One channel type per country or shared use	One channel type per country or shared use
How you can describe yourself	Cochrane [country & region], an Affiliate of Cochrane [country]	Cochrane [country & region], an Associate Centre of Cochrane [country]	Cochrane [country] or the [country] Cochrane Centre or the coordinating Centre of the Cochrane [country] Network	Cochrane [country] or Cochrane [country] Network
Archie	Added to Archie as a subgroup of the Network	Added to Archie as a subgroup of the Network	Added to Archie as a subgroup of the main presence	Added to Archie as a subgroup of the main presence
Benefits	One free Cochrane Library license	One free Cochrane Library license	One free Cochrane Library license and one free registration to the Colloquium	One free Cochrane Library license and one free registration to the Colloquium

	New Affiliates or Associate Centres who are not the first Group in the country	
	Affiliate	Associate Centre
Brand colour	Follow established national colour	Follow established national colour
Logo	Share established national logo	Share established national logo
Website	Page(s) on the national website	Page(s) on the national website
Social media channels	One channel type per country or shared use	One channel type per country or shared use
How you can describe yourself	[name], an Affiliate of Cochrane [country]	[name], an Associate Centre of Cochrane [country]
Archie	Added to Archie as a subgroup of the coordinating Centre	Added to Archie as a subgroup of the coordinating Centre
Benefits	One free Cochrane Library license	One free Cochrane Library license

	Multiple Affiliates/Associate Centres that make up one Centre		
	Affiliate	Associate Centre	Centre
Brand colour	Must follow the agreed secondary colour	All Associate Centres must agree and use one secondary colour to represent the country	All Associate Centres must agree and use one secondary colour to represent the country
Logo	Share one national logo	Share one national logo	Share one national logo
Website	Page(s) on the national website	Share one national website	One national website
Social media channels	One channel type per country or shared use	One channel type per country or shared use	One channel type per country
How you can describe yourself	[name], an Affiliate of Cochrane [country] or Cochrane [country]	[name], an Associate Centre of Cochrane [country] or Cochrane [country]	Cochrane [country]
Archie	Added to Archie as a subgroup of the Centre	Added to Archie as a subgroup of the Centre	Lead Associate Centre (for set time period): added to Archie as the coordinating Centre
Benefits	One free Cochrane Library license	One free Cochrane Library license	One free Cochrane Library license and one free registration to the Colloquium


Geographic Network template
examples

Name
Director
Cochrane Brasil Amazon
An Associate Centre of Cochrane Brasil



E email@cochrane.org **T** +44(0) 000 000 0000 **M** +44(0) 000 000 0000 **S** skype name
Address address address
brazil.cochrane.org

Trusted evidence. Informed decisions. Better health.



Cochrane Brasil Amazon
Rua Borges Lagoa, 564 - CJ 63. Edifício
São Paulo
Brazil

T +55 (11) 55752970
E secretaria@cochrane.org.br

Address

14 September 2016

Dear XXX,

Cochrane Brasil Amazon is an Affiliate of Cochrane Brasil. There are four other Affiliates based in Rio de Janeiro, Paraíba, Ceará and Minas Gerais.

You can find out more information about our work on the Cochrane Brasil website: brazil.cochrane.org.

Kind regards,

Name
Director
Cochrane Brasil Amazon
An Affiliate of Cochrane Brasil

**Trusted evidence.
Informed decisions.
Better health.**

brazil.cochrane.org

Funding statement Funding statement Funding statement Funding statement Funding statement

Left: Cochrane Brasil Amazon's email signature
Right: Cochrane Brasil Amazon's letterhead



Download templates and 'How to' guides from
[community.cochrane.org/organizational-info/
resources/resources-groups/brand-resources](http://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources)

Cochrane Transformation Programme: Review Group Networks

Introduction	118
Cochrane Acute and Emergency Care	121
Cochrane Brain, Nerves and Mind	123
Cochrane Cancer	125
Cochrane Children and Families	127
Cochrane Circulation and Breathing	129
Cochrane Long Term Conditions and Ageing	131
Cochrane Public Health and Health Systems	133
Tiers of accountability	135
Setting up the Review Group Networks: branding and online presence	136
Community templates	137



In August 2017, Cochrane published the CRG Transformation Programme implementation plan which sets out the changes we will be making to ensure Cochrane addresses the challenges it faces in relation to the production of a comprehensive collection of timely, high-quality reviews, relevant to our stakeholders. In order to meet Cochrane's future evidence needs was a structural change to bring all Cochrane Review Groups (CRGs) together into 'Networks'.

Each of the new Review Group Networks will be led by a Senior Editor; and these Senior Editors, together with the EiC, the Deputy EiC, an end-user of the Library, and experts in methods and Knowledge Translation, will constitute Cochrane's Editorial Board.

How will the Review Group Networks operate?

We wish to create vibrant and robust Networks of sustainable, nimble, and connected CRGs. The CRGs within a Review Group Network must comprehensively cover all healthcare topics relevant to them (and together, all the Networks will then cover all healthcare topics).

The eight Review Group Networks will:

- be larger, more sustainable units; bringing CRGs together around recognizable themes. Themes that will be better understood by all our stakeholders;
- work together more effectively; sharing resources and projects, quality assurance, new methods, and prioritization;
- work on delivering *Strategy to 2020*.

How will the CRGs operate differently?

Review Group Networks provide an opportunity to optimize leadership and support at a new level within the organization.

The CRGs as part of their new Network will develop and begin implementation of a work plan that:

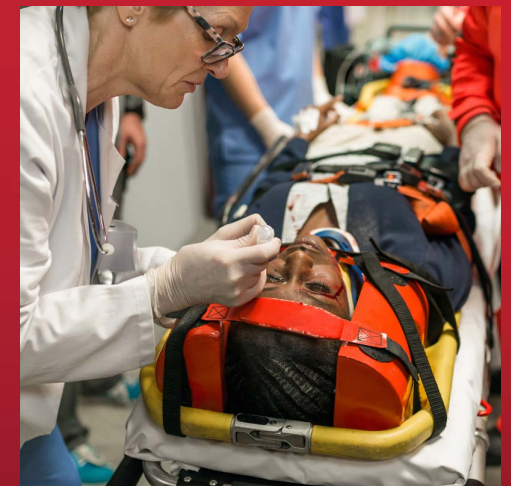
- ensures that review quality and editorial processes are consistent across the Network;
- evaluates topic coverage at the Network level and identifies important gaps;
- identifies review topic priorities at both the Network and CRG levels;
- identifies Network-specific developmental priorities (for example, for training or a methodological development);
- seeks to optimize communication between Networks and the Cochrane community;
- considers Knowledge Translation (KT) and outreach activities at the Network level.

Coordinating Review Group Network



Review Groups



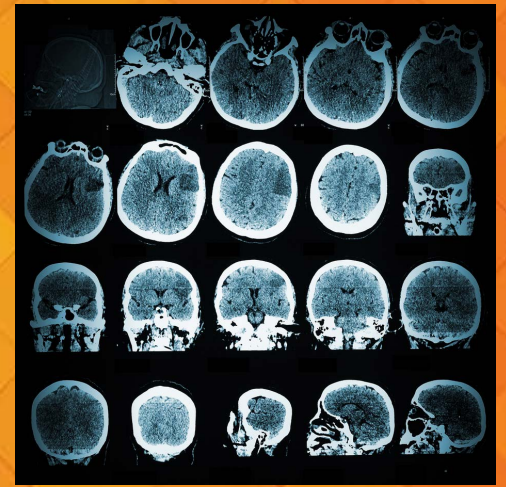


Coordinating Review Group Network



Review Groups






Cochrane
Brain, Nerves and Mind

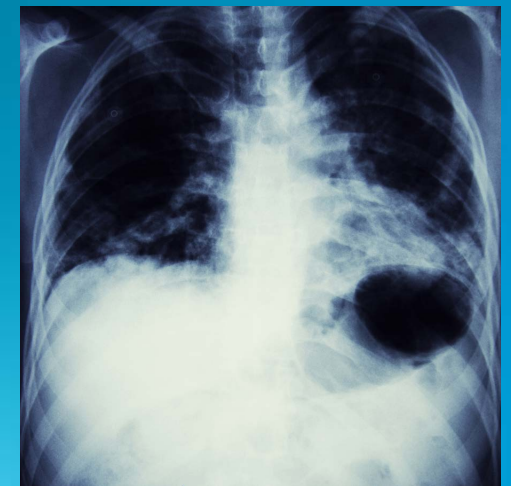
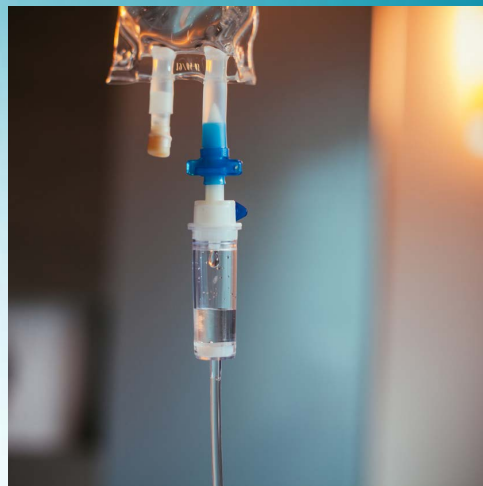
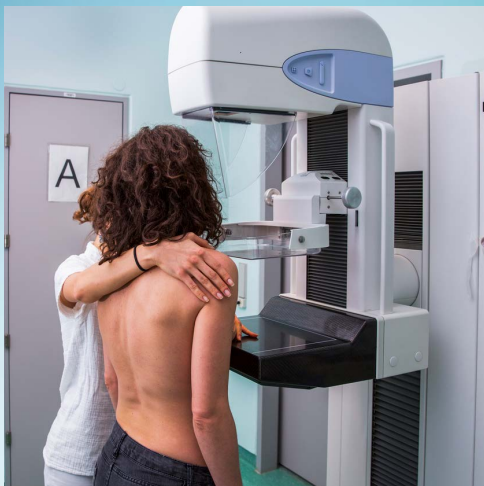
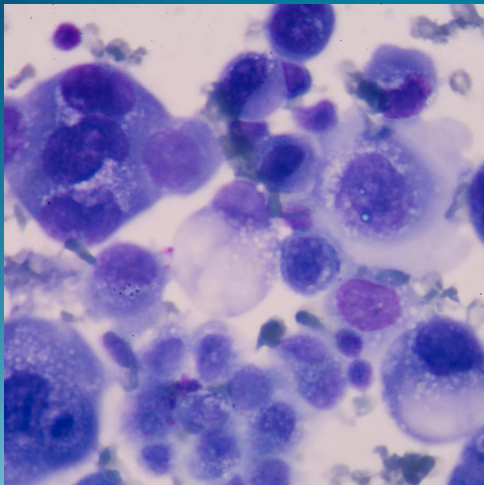
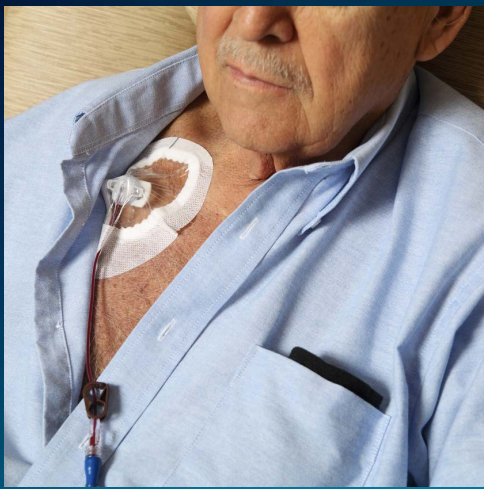


Coordinating Review Group Network



Review Groups



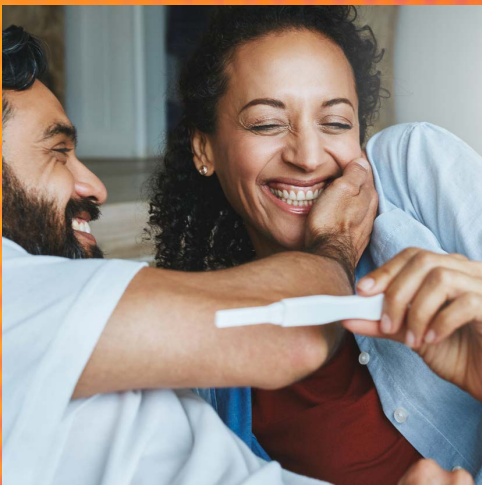
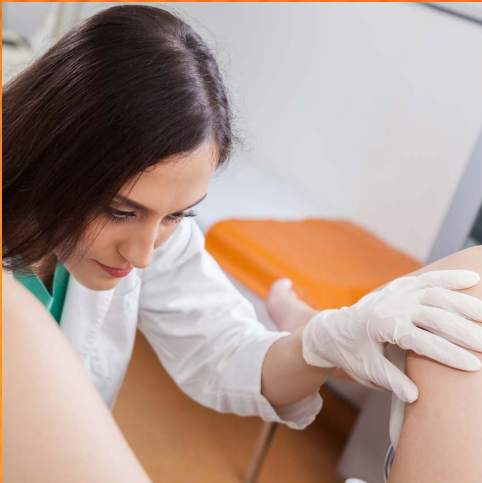


Coordinating Review Group Network



Review Groups



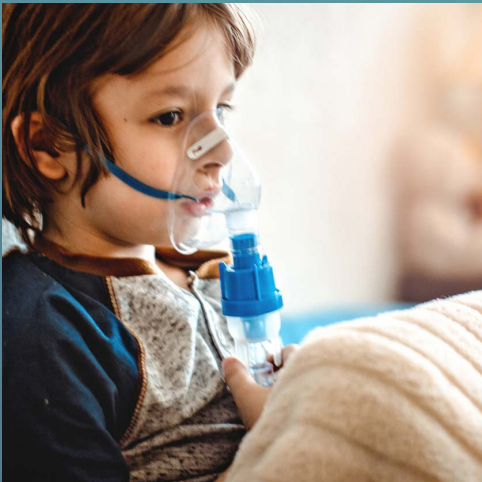
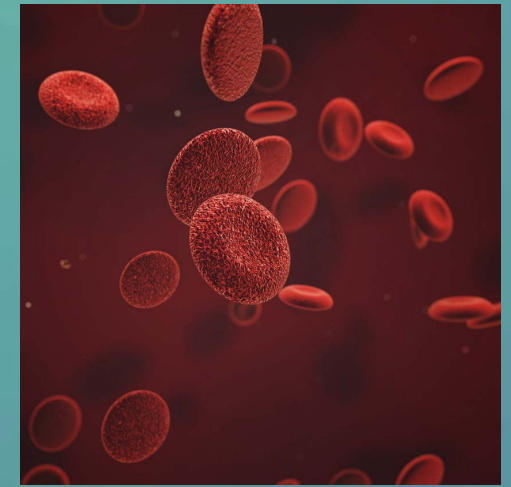
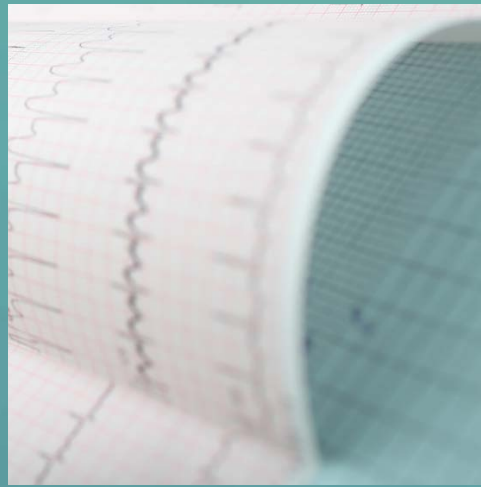


Coordinating Review Group Network

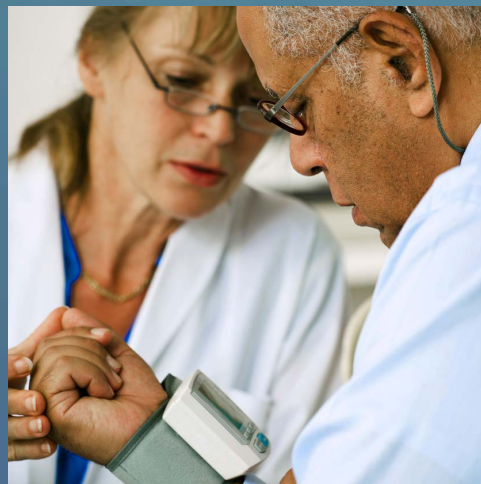
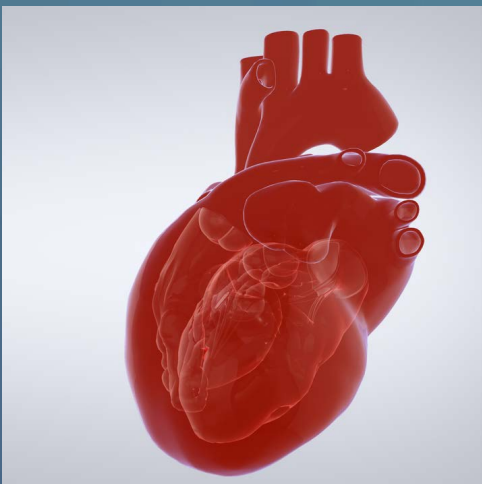
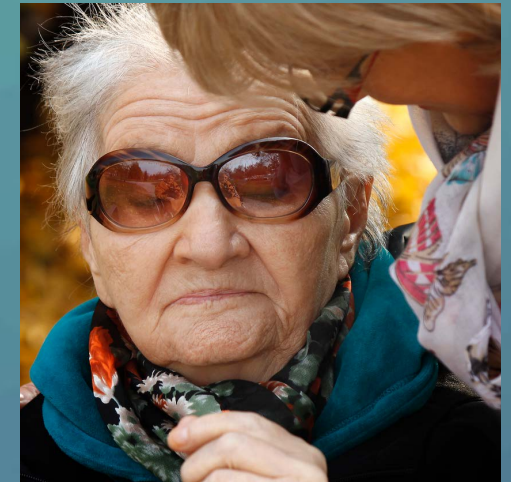


Review Groups





Cochrane
Circulation and Breathing



Coordinating Review Group Network 1



Coordinating Review Group Network 2

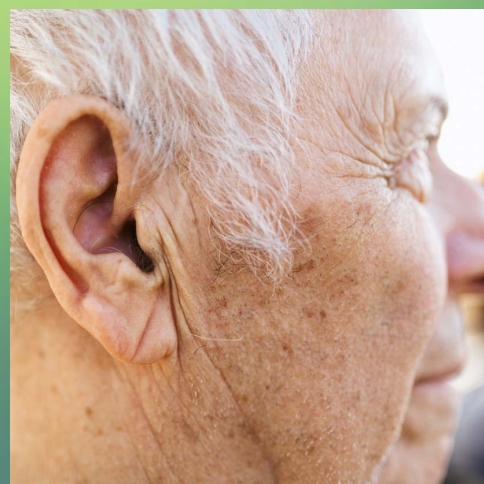
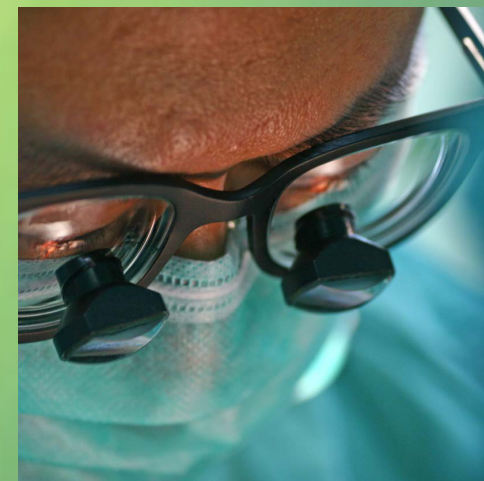


Review Groups



Review Groups



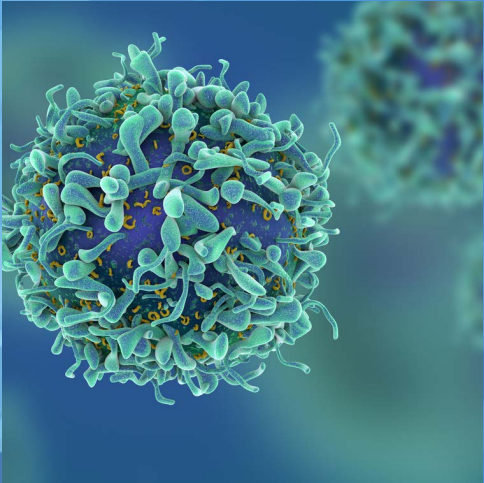
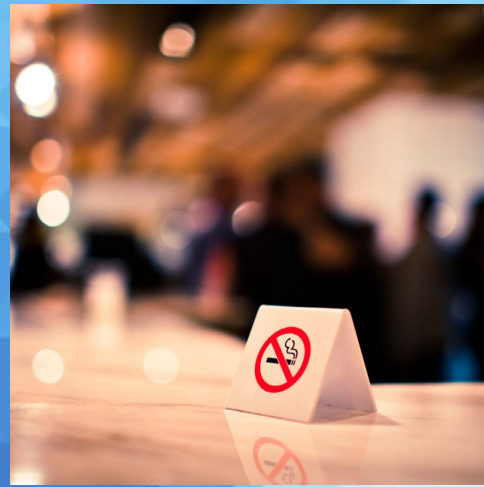
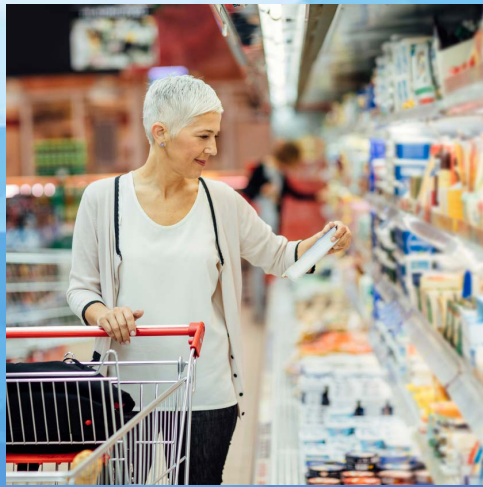


Coordinating Review Group Network



Review Groups

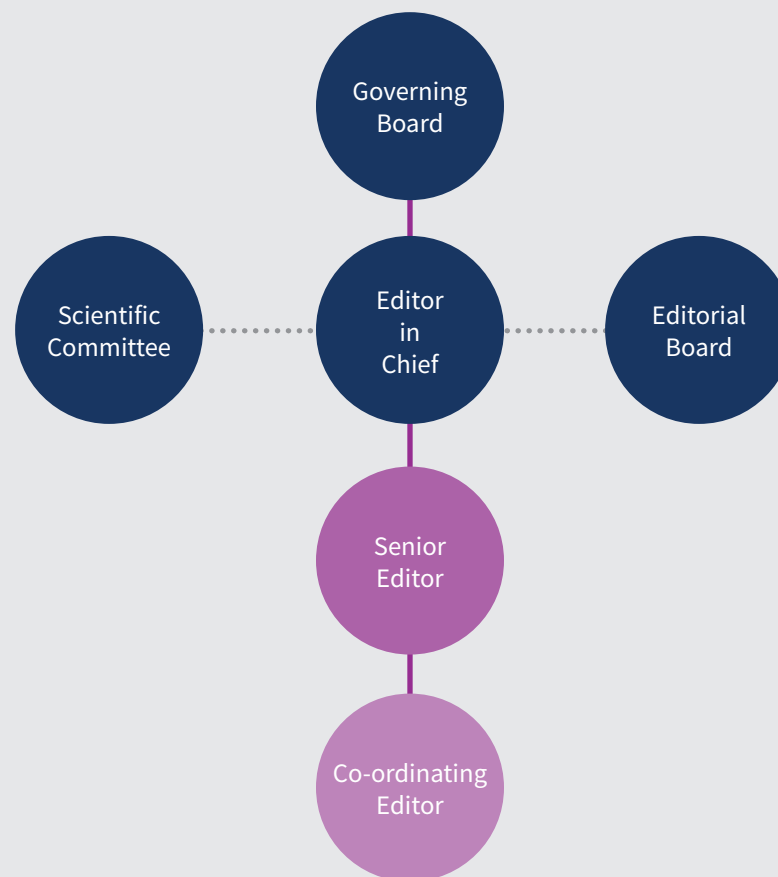





Cochrane
Public Health and
Health Systems



Review Group Networks and Review Groups operate under a clear, manageable, and meaningful accountability structure.



Key

- Formal governance/management relationship
- Advisory relationship

	Review Group	Review Group Network
Brand colour	Choice of colour	n/a
Logo	Review Group logo	Review Group Network logo and all Review Group logos within the Network
Website	One per Review Group	One per Review Group Network with a link out to each Review Group website
Social media channels	One channel type per Review Group	One channel type per Review Group Network
How you can describe yourself	Cochrane [Group topic] or Cochrane [Group topic] Review Group or Cochrane [Group topic], part of the Cochrane [Network topic] CRG Network	Cochrane [Network topic]
Archie	In Archie as a subgroup of the relevant CRG Network	In Archie as a parent group with all relevant Review Groups listed a subgroups
Benefits	Cochrane Library publishing rights and one free registration to the Colloquium	One free registration to the Colloquium


Review Group Network template
examples

Name
Senior Editor
Cochrane Children and Families

 **Cochrane**
Children and Families

E email@cochrane.org **T** +44(0) 000 000 0000 **M** +44(0) 000 000 0000 **S** skypeusername
Address
childrenfamilies.cochrane.org

Trusted evidence. Informed decisions. Better health.

 **Cochrane**
Children and Families

Cochrane Children and Families
Building house number
Address
City Postcode
Country

T +00(0) 000 000 0000
E xxxxx@xxxxxx.xxx

Address

Date

Dear

Kind regards,

Name
Senior Editor
Cochrane Children and Families

Trusted evidence.
Informed decisions.
Better health.
childrenfamilies.cochrane.org

Funding statement Funding statement Funding statement Funding statement Funding statement

Left: Cochrane Children and Families' email signature
Right: Cochrane Children and Families' letterhead



Download templates and 'How to' guides from
[community.cochrane.org/organizational-info/
resources/resources-groups/brand-resources](http://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources)

Thank you

Thank you for reading these guidelines. Your participation will help us present a unified look and feel that will work effectively in a digital world, and make it easier for external audiences to understand what Cochrane is all about.

If you require further information about Cochrane's brand or have any questions about these guidelines, please contact the Knowledge Translation Department.

October 2018

St Albans House
57-59 Haymarket
London SW1

