

# **A conversation with The Cochrane Collaboration, April 30, 2015**

## **Participants**

- Mark Wilson – CEO, The Cochrane Collaboration
- David Tovey – Editor in Chief, The Cochrane Collaboration
- Kathelene Weiss – Trusts and Foundations Fundraiser, The Cochrane Collaboration
- Jake Marcus – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Mark Wilson, David Tovey, and Kathelene Weiss.

## **Summary**

GiveWell spoke with Mark Wilson, David Tovey, and Kathelene Weiss of the Cochrane Collaboration (Cochrane) for a general update on how the organization has changed in the past several years. Conversation topics included Cochrane's current funding situation, the goals outlined in the Strategy to 2020, progress that Cochrane has made in realizing these goals, and challenges it has faced.

## **Sources of funding**

### **Funding for groups**

The Cochrane Collaboration is made up of around 120 groups around the world, including review groups, Cochrane Centres, Cochrane Fields, and Cochrane Methods Groups. The Cochrane Collaboration does not provide funding for these groups. They are funded directly by external organizations in the amount of roughly £15-16 million per year. This consists of both small contributions from individual institutions and large-scale funding in the form of investment grants from national research agencies, such as the British National Institute for Health Research and the US National Institutes of Health. Funding for Cochrane groups has remained relatively stable over the past few years though it varies by group. The budgets for some Cochrane groups have shrunk, while the budgets for other groups have increased.

### **Funding for the central team**

The central team is funded by licenses to access the Cochrane Library. In about 15 countries, governments and/or other funders have purchased national licenses to make the content publicly available. Additionally, over 3.6 billion people in 148 countries have free access to the Cochrane Library through arrangements that Cochrane has made. In countries that do not have public access, individual organizations can pay for subscriptions to the library. These licenses bring in about £4 million per year, which is used to fund central support functions, editorial supports, governance, communication, finance, and court services. Last year license income increased by about 5%.

### **Financial reserves**

Increasing revenue from licensing has allowed Cochrane to expand its financial reserves from £3 million in 2011 to £7.6 million in 2015. Cochrane plans to draw these reserves back down to £3 million by 2018 or 2019. These funds will be spent on new projects and new and expanded central executive teams, which will help in the delivery of the Strategy to 2020.

In 2014, Cochrane had an operating surplus, despite expanding the central team. It spent about £4 million on Strategy to 2020 goals and had almost £5 million in revenue from licensing. 2015 and 2016 will be substantial investment years. For 2015, Cochrane is planning a deficit, spending £6.6 million and expecting an approximate income of £5-5.2 million. Cochrane expects operational deficits of £1-1.6 million per year over the next 3 years.

Drawing down the financial reserves is a calculated risk, but Cochrane staff trusts that it will be able to find sustainable sources of funding once the transformation is complete in 2020.

## **Strategy to 2020**

Cochrane's Strategy to 2020 was approved in late 2013, and 2014 was the first year of implementation. The 6-year strategy encompasses 4 main goals broken down into 28 objectives. These targets focus on areas indicative of important progress toward the 4 goals, but do not encompass all of Cochrane's work.

### **Goal 1: Producing evidence**

The largest expenditure associated with the Strategy to 2020 is funding efforts to meet Goal 1. This includes hiring staff and editors to oversee the work of the groups and the outputs of the Cochrane Library.

#### *Expanding the central team*

Until recently, Cochrane has been fairly decentralized, with a small central governing body consisting primarily of a few editors. Their focus was on working with review groups to ensure that reviews were completed consistently and went through a rigorous process of quality assurance. They also did some work on access to the Cochrane Library.

Over the last few years, the central team has been expanding to include people with a broader variety of skills. Cochrane has added a methodology quality team and a production and editorial liaison team, and hired a new head editor for each team, as well as a statistical editor. The communications team has grown from a staff of 2 in 2014 to 5 in 2015. This increased specialization takes some of the burden off of the editors, who can now focus more fully on quality assurance.

The increase in staffing has given Cochrane an increased capacity to take on new projects. For example, 2-3 years ago, Cochrane looked at global reporting conduct standards for systematic reviews and used them to come up with its own set of standards by which it now evaluates its reviews. This would not have been possible previously due to staff capacity constraints.

Cochrane aims to engage more actively with stakeholders and improve the efficiency of the review production process so it will be able to address stakeholders' questions more quickly. Thanks to the expanded staff, Cochrane was able to pursue this by:

- Creating a priority list of the questions that have the most value to external users. This involved a fair amount of work, going through all the major medical disciplines and working with people outside of Cochrane, such as external stakeholders and health professionals, to make sure the priorities were well-informed by the community that Cochrane serves.
- Beginning to develop new types of reviews that take into account the increasingly complex questions that policymakers are asking. This involves looking at factors like comparative effectiveness of different treatments, qualitative evidence, diagnosis and prognosis. This will require development of Cochrane's capacity to perform the reviews and training of editors and report teams.
- Employing technology to help produce reviews more efficiently. This helps to compensate for the extra time required to produce increasingly complex reviews, because despite the increase in complexity, Cochrane would like reviews to be produced more quickly.
- Experimenting with crowdsourcing in association with technology.

Cochrane plans to continue expanding the central team in 2015. Investments in central staff are expected to peak in 2015 and 2016, and decrease in 2017 and 2018. Some of the major projects related to the 2020 goals should be completed in this time.

#### *Quality assurance*

Some of the new hires are focusing on updating the methodology of Cochrane's quality assurance approach. This involves screening reviews, looking for inconsistencies, and giving feedback to the reviewers. The editors outside of the Central Editorial Unit, who are mostly volunteers, need to be kept up to date on the methodology developments that have taken place in the last 4-5 years.

In the future Cochrane hopes to transition this quality assurance work back to the individual groups.

#### *Conflict of interest policy*

Cochrane's conflict of interest policy was revised in 2014, and an audit of all Cochrane reviews was conducted. Cochrane's policy is that simply declaring interest and letting the reader decide whether there is a conflict is not always sufficient, and it is sometimes preferable to keep interested parties off of audit teams. For example, drug company representatives should not be on a team reviewing drugs made by that company or its competitors.

#### *Feedback system*

Cochrane gets high-quality feedback on its reviews, and would like to make that feedback and the authors' responses to it more visible because they are helpful in informing the reviews.

### *Author support tool*

In the last year, an author support tool was developed through a request for proposal (RFP) process. This involved a significant effort to set requirements, work with consultants, and evaluate bids.

### **Goal 2: Making evidence accessible**

Cochrane has made significant investments in IT projects and put a lot of effort into preparing for the Cochrane Library to become open access.

#### *Open access*

One of the targets within Goal 2 is for the Cochrane Library to be entirely open access by 2020. 917 reviews and updates were made open access in 2014. All new and updated reviews will be open access on publication starting from the beginning of 2016.

Open access to the Cochrane Library will mean a potential loss of about £4-5 million in revenue from license fees, and the organization will have to either find alternative sources of funding or operate on a lower level of income. While there is a plan to increase expenditures temporarily over the next 3 years, Cochrane staff hopes that it will be possible for expenditures to remain at these increased levels. So far alternative sources of funding have been successful and license income has not yet decreased. It is possible that current levels of license income may be sustained or even grow. Nevertheless, Cochrane has ensured that its budget plans account for the possible loss of up to 1/3 of license income by 2018-19 as a result of open access.

#### *Game Changers Initiative*

The Game Changers Initiative, a project that is requesting proposals for “game-changing” ideas to improve Cochrane’s work, aims to help Cochrane achieve the Strategy to 2020 goals and prepare for an open access future. So far, Cochrane has awarded £600,000 over the next three years to the first project under the Initiative.

#### *IT investments*

While the systematic reviews in the Cochrane Library are becoming open access, Cochrane also offers subscriptions to premium services, which so far have been successful in making up for the loss of license income. In the hopes of continuing this revenue stream, Cochrane has made some significant investments in paid tools such as Cochrane Clinical Answers, a database of short answers to clinical questions.

It has also made big investments in the Linked Data Project to structure data within and related to systematic reviews and make it more easily searchable and machine-readable.

#### *Translation*

Cochrane spends £300,000 per year on translation. It has recently added a new translation management system and increased its number of translation teams to 12. There are plans to add 7 more languages and expand the Spanish translation team.

#### *Media outreach*

As of 2-3 years ago, the main way for Cochrane reviews to gain visibility was through press releases, but in the last year Cochrane has begun using social media and press conferences as well.

### **Goal 3: Advocating for evidence**

Goal 3 involves advocating for evidence-informed health care decisions, making Cochrane the “home of evidence” to inform these decisions, and increasing public recognition of the value of Cochrane’s work. Advocating for evidence accounts for a relatively small amount of overall spending, but because it received little funding prior to the implementation of the Strategy to 2020, it has seen the biggest relative increase in funding.

Cochrane prepared for a complete rebranding, which was launched on January 31. This involved adding a new logo, name and colors, and new agreements with the groups about subsidiary branding identities, which will be rolled out in the next 3-4 months.

Cochrane has formed new partnerships with Guidelines International Network and the Campbell Collaboration.

### **Goal 4: Building an effective and sustainable organization**

Each part of Cochrane is undergoing thorough structure and function reviews to evaluate what could be improved to better work toward achieving its goals, which has required a lot of preparation. For example, Cochrane is working on improving knowledge translation, and making plans to begin restructuring the organization next year in order to accomplish this.

Cochrane is also investing in and leading the launch of the Global Evidence Synthesis Initiative, which it hopes will increase both the capacity to produce evidence in the long term and the demand for and use of evidence by policymakers, clinicians, and researchers. This will be applicable to health and other development-oriented areas.

Cochrane has expanded its central executive team to professionalize finance and human resources functions.

Cochrane has also committed to spending £2.7 million over the next 3 years in training and professional development across the Cochrane network of 36,000 people.

### **Surprises and challenges**

The 2020 goals presented a large volume of work for Cochrane central staff, despite the highly decentralized nature of the organization. Overall the transition has gone more smoothly than expected. The timeline was slowed on some targets from 12 months to 18 months, but this is not a problem. Cochrane anticipates that it may still experience some “growing pains” during the restructuring process next year.

One of Cochrane’s targets for last year was to simplify the language used in the reviews to make them easier and more reliable to translate, avoiding words that may be ambiguous in other languages. This change would have the added benefit of making reviews accessible to a broader audience of English speakers. This was projected to be completed in the last 12 months, but progress was slower than expected because Cochrane was slow to recruit the new editors who are leading this project. This is expected to be completed this year.

Cochrane unexpectedly lost its recently hired head of communications in 2014, and had difficulty recruiting a replacement and rebuilding the communications team at the beginning of the second quarter. Given the small size of the central team, the impact of losing one or two key staff members is significant.

Cochrane aims to establish a user experience review in order to learn more about how people use Cochrane reviews and better cater to users' needs. Progress on this has been slower than expected due to lack of skills and resources and Cochrane's high workload, but there are plans to complete this project this year.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*