

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

### **Participants**

- Mark Wilson – CEO, Cochrane
- David Tovey – Editor in Chief, the *Cochrane Library*
- Kathelene Weiss – Trusts and Foundations Fundraiser, Cochrane
- 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 Cochrane's *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 120 groups around the world, including Cochrane Review Groups, Cochrane Centres and Branches, 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 UK's 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, individuals and organizations can pay for subscriptions to the library. These licenses bring in about £4.5 million per year to Cochrane (2014), which is used to fund all of Cochrane's central support functions, including: editorial and publishing support, the IT and technology tools used to produce Cochrane Reviews, governance & management, advocacy & communications, learning & support for Cochrane's 36,000

contributors, finance and other core services. Last year license income received from the Cochrane Library's publisher, John Wiley & Sons, increased by over 5%.

### **Financial reserves**

Increasing revenues from licensing has allowed Cochrane to expand its financial reserves from £3 million in 2012 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 strategic projects and expanded central executive teams to deliver new products and services and help in the delivery of the organization's *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 license revenue. 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. Each year new targets are developed to help the organization chart its progress towards achievement of the objectives and overall strategic Goals. 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 of selected Cochrane contributors.

Over the last few years, Cochrane's central team has been expanding to include people with a broader variety of skills. Cochrane has expanded its Cochrane Editorial Unit that supports Review production and ensures the continuing high quality of the outputs; and also invested in an expanded Informatics and Knowledge Management department, and new department's specializing on Advocacy & Communications, and Learning & Support to Cochrane's worldwide network of contributors.

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 its review production process so it will be able to address stakeholders' questions more quickly. Thanks to the latest investments made in the last few years 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, 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 sufficient, and enforces a very strict Conflict of Interest policy in order to ensure the independence of its Review findings. For example, anybody with any links to a drug company is not allowed to be on a team reviewing drugs made by that company (and frequently those Reviews made by its competitors). An independent Cochrane Funding Arbiter and Funding Panel decide on any disputed author involvement issues.

### *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, work began on a new Cochrane author support tool (called 'Covidence') following 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 all of the Cochrane Systematic Reviews in 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 2017.

Providing open access to the *Cochrane Library* substantially threatens Cochrane's £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 by diversifying its funding and developing new products and services to replace any income lost from license revenues as a result of its open access policy.

### *Game Changers Initiative*

Cochrane awarded the first substantial investment in 2014 as part of its 'Game Changers' Initiative, a project to generate and invest in "game-changing" ideas to improve Cochrane's work, help it achieve *Strategy to 2020* goals and prepare for an open access future. This first grant will cost about £600,000 over the next 3-4 years, and will be funded by financial reserves.

### *IT investments*

While the systematic reviews in the *Cochrane Library* are becoming open access, Cochrane also intends to offer subscriptions to premium services. In the hopes of developing this additional revenue streams Cochrane has already 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 a 'Linked Data' Project to structure data within and related to systematic reviews and make it more easily searchable and machine-readable.

### *Translation*

Cochrane is spending at least £300,000 per year on translation in order to make Cochrane evidence accessible for billions of people who do not speak or read English. It has recently added and integrated a new translation management system into its IT systems and increased its number of translation teams around the world to cover 12 languages. There are plans to add 7 more languages.

### *Media outreach*

In the past the main way for Cochrane reviews to gain visibility was through press releases, but in the last year Cochrane has considerably expanded its media work, including much greater use of social media and press conferences.

### **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 worked throughout 2014 on a complete rebranding, which was launched on January 31, 2015. This involved adding a new logo, name and colors, and new agreements with its 120 Groups about subsidiary branding identities, which will be rolled out in the next 3-4 months.

Cochrane also formed new partnerships with Wikipedia, 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. This 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 in Low and Middle Income Countries 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 also professionalized its finance and human resources functions.

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

### **Surprises and challenges**

Working towards the *Strategy to 2020*’s goals demanded a large volume of work for Cochrane’s central staff, despite the highly decentralized nature of the organization. Progress in 2014, the first year of the Strategy, was excellent however. The timeline was

slowed on some targets from 12 months to 18 months, but this is not a problem. In 2015 the Central Executive team recognized that it needed to engage and involve the wider organization more in the delivery of strategic targets; and it expects such a diverse and global network to respond to such rapid change in different ways.

In the past, Cochrane has sometimes struggled to implement even relatively minor changes, such as a small change to the Cochrane logo. Staff anticipated similar challenges with plans to completely rebrand Cochrane in 2014-15 but have been pleasantly surprised at how smoothly the process has gone. This success is likely attributable to the skill of the team implementing these changes; and the underlying recognition by the vast majority of Cochrane's contributors that change is necessary for the organization to develop and thrive. Successful management of change across so many areas of the organization will remain one of the Senior Management Team's major challenges.

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 scheduled to be completed in the last 12 months, but progress was slower than expected because of the volume of work demanded elsewhere and the difficulty in recruiting new editors to lead on this project. This project is expected to be developed in 2015-16.

With such a relatively small Central Executive team responsible for such a large volume of work makes personnel changes particularly difficult and the impact of losing one or two key staff members can be significant. In March 2014 Cochrane unexpectedly lost its recently hired Head of Advocacy & Communications, who was head-hunted by an international development organization; and until her replacement arrived in September 2014 had to rely on a small team to achieve the key objectives, which they did.

Finally, 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.

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