

Conversation between Dr. David Tovey (Cochrane Collaboration, Editor-in-Chief) and Elie Hassenfeld and Stephanie Wykstra (GiveWell), September 10, 2012

Note: this is not a verbatim transcript. It is a set of summary notes compiled by GiveWell in order to give an overview of the major points made by Dr. David Tovey in conversation.

Summary:

We spoke for the second time with Dr. David Tovey, Editor-in-Chief of the Cochrane Library, whose office has broad oversight over Cochrane content (e.g., the quality of reviews, prioritizing certain reviews to produce, etc). We spoke again with Dr. Tovey because he/his office may be someone in Cochrane that could either (a) accept funds and then distribute them to the Cochrane entities that most need them or (b) help us determine which Cochrane entities to prioritize in our research. (In addition to Dr. Tovey, a new Chief Executive will start at Cochrane in November 2012, and he may also be in a position to help with this.) Based on our conversation it appears that both A and B may be possibilities and Dr. Tovey said he would follow up with us, with additional information about both.

During our conversation, Dr. Tovey estimated that there are roughly 500 prioritized research questions that Cochrane's systematic reviews could answer, and additional funding would help Cochrane produce these reviews. He listed several areas as high priorities: diagnostics, non-communicable diseases in the developing world, and health systems.

Funding the Cochrane Collaboration:

- If GiveWell would like to fund the Cochrane Collaboration centrally, this would be possible. In addition to the Editor-in-Chief's office, there is a newly appointed Chief Executive who will be starting in November 2012. The role of the Editor-in-Chief's office is to ensure that the quality of the content of reviews is consistently high; the role of the Chief Executive's office is to oversee operations, including advocacy, training and so on. Ideally, both offices would work together to propose where the funding should be directed within the Collaboration.
- If GiveWell were to direct funding solely through the Editor-in-Chief's office, there might be a risk of a perception within Cochrane that there would be a preference given to funding review groups to conduct reviews, rather than to Cochrane centers or other entities for other sorts of infrastructure-related activities. One reason that funding jointly through both the Chief Executive's and the Editor-in-Chief's offices may be the best idea is because there is a less risk of such a perception. However, it isn't necessary to wait for the Chief Executive to be in place in order to move forward with discussions about funding.
- The Cochrane Editor-in-Chief's office has not directed funding to Cochrane entities in the past. It has recently distributed funding that the World Health Organization directed to Cochrane specifically for a set of 20 reviews.

- Part of the role of the Editor-in-Chief's office is to work with review groups. The Editor-in-Chief's office is relatively new (established in 2009); the main brief to date has to be working to improve the consistency, relevance and quality of Cochrane Reviews and ensure that they are presented and delivered more effectively to readers. CRG funding is not an explicit objective, but where opportunities have arisen, as with the WHO Vitamin A project and others we have pursued them successfully.
- It would be possible for Cochrane central to fund review groups in order to complete further reviews, and the amount of funding that could be directed in this way would probably be quite significant. Review groups tend to have a number of reviews that are a high priority for them to complete at any given time, for which they're either actively looking for people to do the reviews or waiting for potential authors with an interest in these topics to come forward. Generally funding would help quite a bit, because they could pay high-quality review authors and peer reviewers to complete the reviews more rapidly. This type of funding could start with a relatively small amount for a variety of groups (say, 50,000-100,000 pounds each) to address important research questions..
- There may be about 500 research questions that are high priority, which we'd like to complete reviews on within Cochrane as a whole. One area that could use further reviews is a relatively new and very important area: diagnostic test accuracy. There is a working group at Birmingham that has addressed these questions. There are a number of other areas as well, in which there are important reviews that need to be completed (we spoke about some of these areas in our previous conversation).
- Next steps for learning more about where to fund: we'd be willing to put together a proposal for central funding to be distributed in a systematic and equitable way within Cochrane. We're also willing to discuss sending you a list of specific Cochrane entities which we'd recommend that you speak to, if you're interested in exploring the route of funding specific groups directly.

Current Cochrane funding/structure:

- In general, Cochrane centers receive most of their funding from national governments to use for unrestricted infrastructure purposes. Review groups also receive funding from governments; for example, the UK government funds a variety of review groups in the UK. There is some non-government funding for Cochrane entities as well, though this varies from group to group.
- In general, review groups support authors globally. Though there may sometimes be a cluster of authors in a particular topic area within a country where there is a review group or satellite, for the most part authors within a review group are fairly well-distributed in many countries. The reason for this is that authors first become interested in completing reviews on particular topics, and will generally work with a review group regardless of where it is located. For instance, even though there aren't a large number of review groups or satellites in the US, there are quite a few active authors and editors based there and the US consistently comes out top in relation to access of *The Cochrane Library*. Our Oxford office and the ex-Director of

the UKCC have collected data on the number of review authors in each country since 2000.