



Managing and Sustaining a Global, Knowledge-creating Organization

Mark Wilson, Cochrane CEO

August 2017, Kazan Federal University

Trusted evidence.
Informed decisions.
Better health.



Cochrane's Mission

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

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



Strategy to 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world.

We are a truly global organization

- **A global independent network of volunteers from over 130 countries**
- **17 Cochrane Centres & 32 Associate Centres & Affiliates**
- **51 subject-based Review Groups**
- **16 Methods Groups**
- **10 thematic Fields & Networks**
- **Central Executive Team working in 13 countries**
- **Credible, accessible health information in 14 languages**



We are a volunteer-based knowledge-creating organization

- **Central Executive Team of 70 people**
- **126 Cochrane Groups employ 500+ staff (most only part-time)**
- **Over 40,000 volunteer researchers, professionals, patients, carers and others producing the highest quality health information free from commercial sponsorship and other conflicts of interest.**
- **We don't pay our authors: our authors don't pay us!**



We are a volunteer-based organization

- Cochrane Crowd now over 6,000 citizen scientists (90% additional volunteers)



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Login

Sign up

You can make a difference

Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorise and summarise healthcare evidence so that we can make better healthcare decisions.

Give it a try

5698
Contributors

118
Countries

1235792
Classifications

We are a volunteer-based organization

- Launch of Cochrane Membership Scheme - September 2017
- Volunteerism is at the heart of Cochrane's culture, approach and business model



Log In / Create account

Help us improve the health of people everywhere

Cochrane's world is now wider. It is easier than ever to be a part of our global community of supporters, passionate about improving healthcare decisions.

What you can do

Who we are

We summarize the best available evidence to help people make informed decisions about health. Now you can join our independent network of Cochrane collaborators from over 130 countries producing credible, accessible health information in 14 languages. Whether you're a researcher, healthcare professional, patient, carer, or just passionate about health, welcome to the Cochrane community!



Tweets by @cochranecollab

Cochrane @cochrane
twitter.com/CochraneWorks...
12h

Cochrane @cochrane
Cochrane Governing Board agenda and open access papers now available for #GESummit17:

Embed
View on Twitter

What's in it for you:

- We'll track and recognize your contributions through citations and annual awards.
- You'll develop new skills and interests, put us on your CV.
- You'll grow in confidence with like-minded colleagues and collaborators.
- Grow your professional and social networks - make new friends!
- Get world class training from world leading experts in the fields of medicine, health policy, research methodology, and consumer advocacy.

Build your own database of contributions and:

- Qualify to have your say as a full voting member in Cochrane's elections.
- Contribute to policies and plans to improve global health decision-making.

You earn the voting rights of a full member in Cochrane through your contributions. **For more information, please see the full terms and conditions** related to membership. If you have any questions or queries about your membership or contributions, please [contact us](#).

Start today

What you can do



Who we are



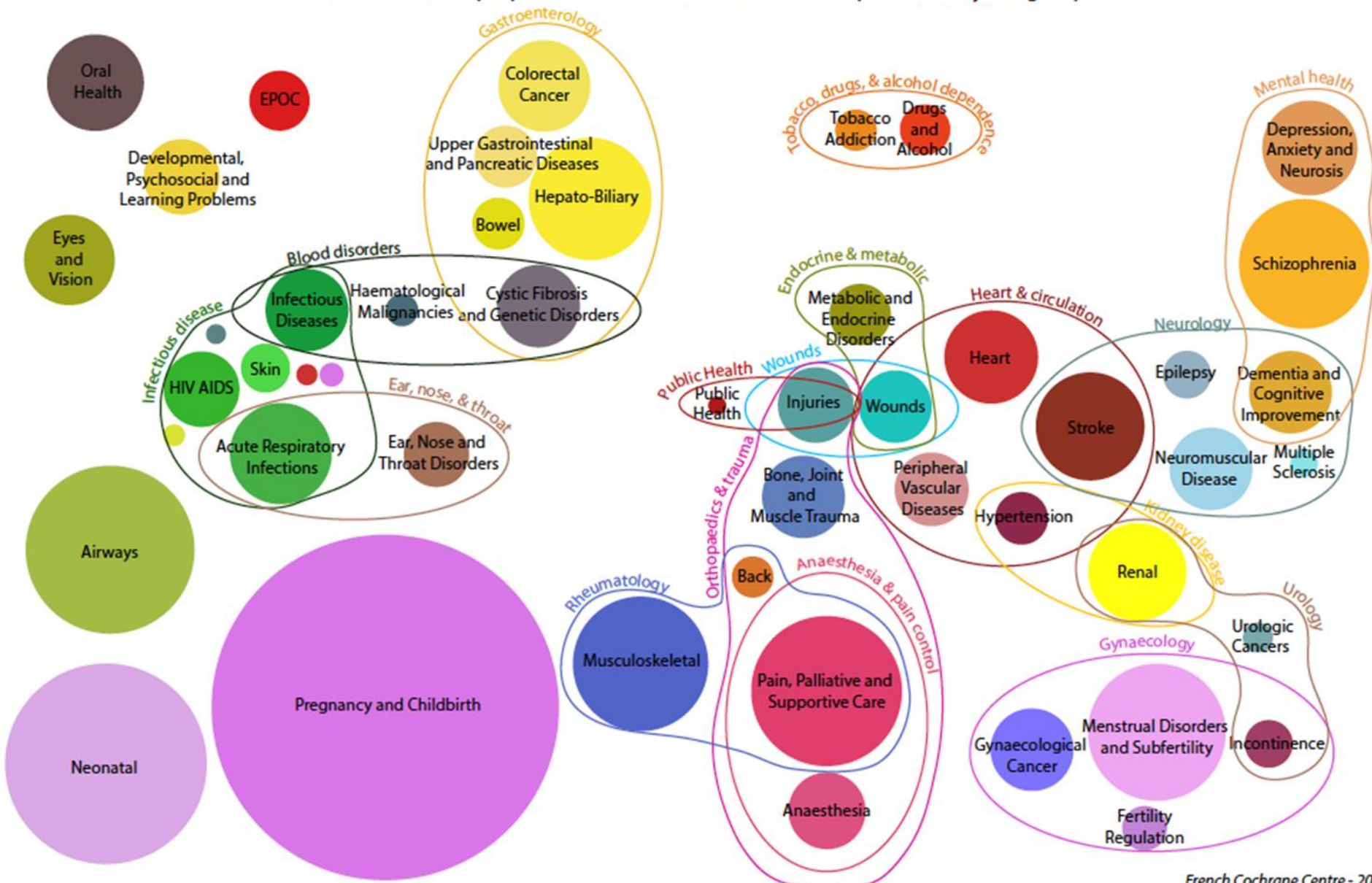
Who we are

- The most respected producer and publisher of systematic reviews of health and healthcare interventions.
- We have published over 7,300 Cochrane Systematic Reviews & over 2,500 Protocols.
- Over 1 million trials are registered in CENTRAL.
- Cochrane's Database of Systematic Reviews (CDSR): 5th highest cited medical journal in the world (58,000) with a 2016 Impact Factor of 6.264.



Cochrane Reviews Groups Presentation by Health Topics

The circle size is proportional to the number of reviews published by the group



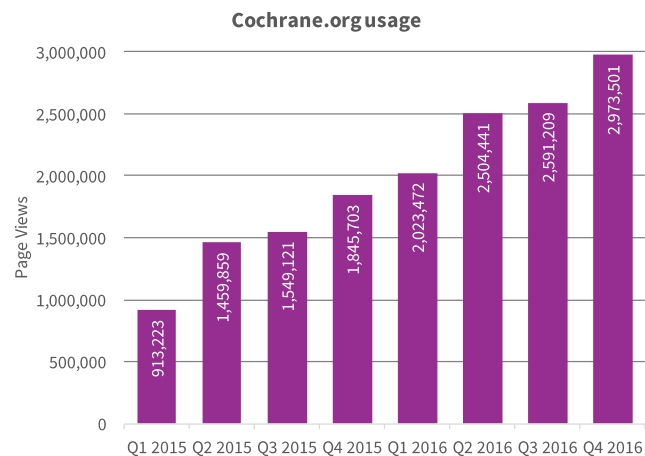
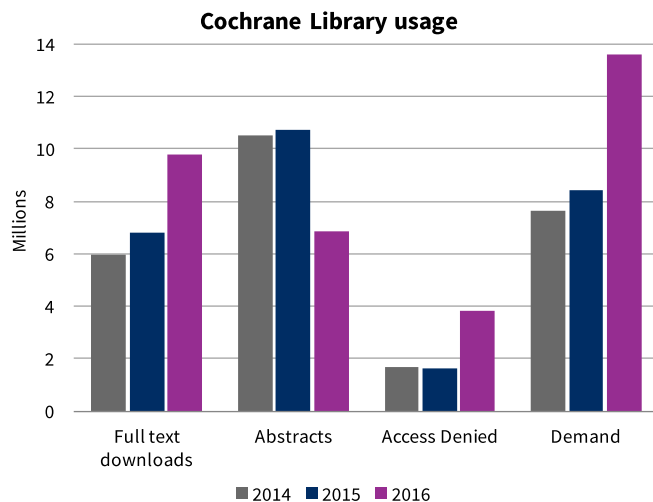
Our principles

1. Collaboration
2. Building on the enthusiasm of individuals
3. Avoiding duplication of effort
4. Minimizing bias
5. Keeping up-to-date
6. Striving for relevance by promoting the relevance of health questions
7. Promoting access
8. Ensuring quality
9. Continuity of editorial processes
10. Enabling wide participation



A global impact on health

- Every year, millions of people use our website and the Cochrane Library to inform their health decisions – 3.2 million Cochrane Review downloads in Q1 2017; Total 2016 demand for full Reviews from the Library, nearly 14 million
- Over the last two years, web visits to Cochrane.org is up by 325% - 14 million visits are expected in 2017 (from 5.7 million in 2015)
- This impact on health decision-making is what matters.



- Stroke units – now a common element of stroke care but largely ignored before Peter Langhorne’s Cochrane review.
- Cochrane Airways Review Group’s work contributed hugely to improvements in asthma treatment
- Steroids for croup – reduced hospitalisations in children.
- General health checks – Cochrane review demonstrating no benefit from well person checks.
- Neuraminidase inhibitors (Tamiflu and Relenza) – Value for money of Systematic Reviews; need for access to all clinical trial data
- Cochrane Vascular’s review found that routinely changing or replacing peripheral venous catheters is no better than replacing when clinically indicated. Cost saving to the UK’s NHS of £40 million over five years.



The impact we make

Cochrane Review on 'sit-stand desks' makes the Huffington Post



"Cochrane, a prestigious global network of independent scientists who evaluate the quality of research... into digestible recommendations."

Cochrane evidence informs the Australian government on the Elder Abuse Inquiry

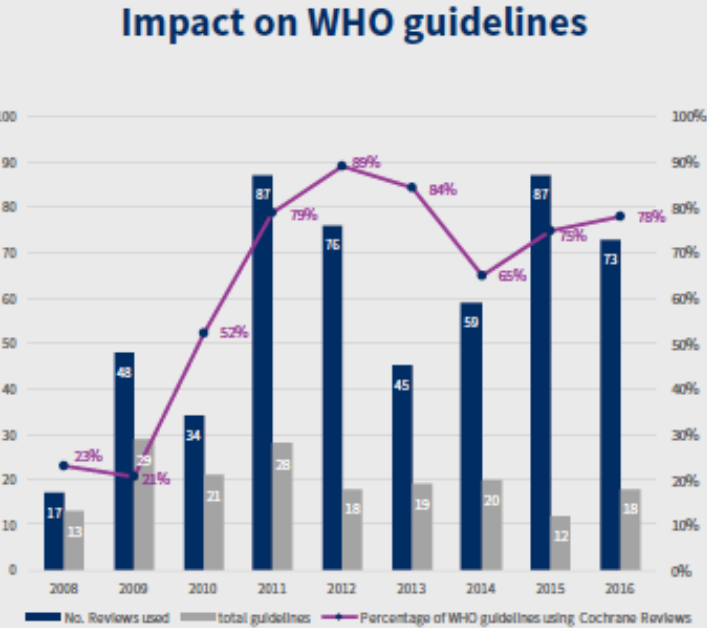
Elder Abuse

ISSUES PAPER

You are invited to provide a submission or comment on this Issues Paper.

Cochrane informing health policy and practice

474 Reviews from 37 Cochrane Groups informed 160 WHO accredited guidelines and



Cochrane Global Ageing invited to the WHO to help set health priorities



The 'portion and tableware size' review helping to inform UK government policy



BBC News covers the 'Vitamin D for the management of asthma' review



Cochrane Taiwan runs a writing competition through Facebook

專科醫臺灣 - Cochrane Taiwan
28 March 2016 · 0

2016第一波首屆健康照護論文比賽開始囉~
歡迎大家踴躍投稿參加, 詳情請見: <http://goo.gl/9p0bE4>

2016 first wave of positive health care writing competition.
There is also an opportunity to promote the positive and easy-to-know-positive knowledge of the public.
Members of the public are welcome to submit their contributions for the details: <http://goo.gl/9p0bE4>

Evidently Cochrane blog on paracetamol receives over 27,800 unique page views



Paracetamol: widely used and largely ineffective

Andrew Moore, author of over 200 systematic reviews, reveals the inconvenient truth about paracetamol

AUGUST 12, 2016

Buzzfeed references a Cochrane Review

2017 · 46 photos

Nope, probably not. A *Cochrane Review*, a comprehensive roundup of the scientific evidence, looked at 12 studies, and found that warm-ups had only the tiniest effect on delayed onset muscle soreness after exercise.

Challenges of Cochrane's Organizational model



Building clear accountabilities in a highly decentralized model

- A Cochrane governance model that confused governance (strategic) and executive (operational) responsibilities & accountabilities.
- Cochrane's organizational model relied on a devolved structure of independent *ad hoc* Groups (126 'fiefdoms' – innovation but lack of scale)
- Knowledge creation (academic model) meant what interested producers/researchers was produced, not what evidence interested users or maximized impact
- 'Big Chiefs' held the power; collaborators / staff limited role
- Almost complete independence of action by Groups with limited choices to enforce any organizational choices
- All Cochrane Groups have dual accountability, as they must answer to Cochrane and their funder.

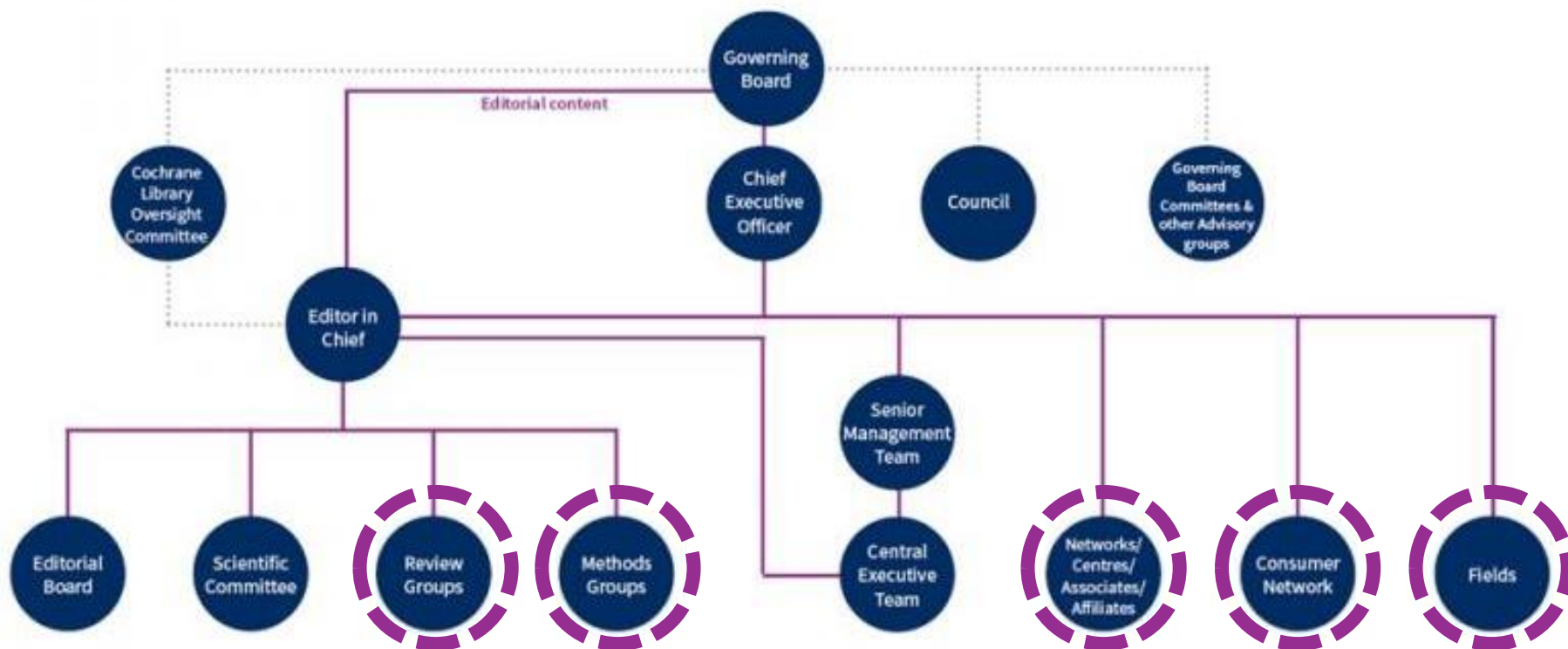


Building clear accountabilities in a highly decentralized model

- *Strategy to 2020* brings strategic coherence & focus
- Governance reform clarifies strategic/operational roles
- Expanded Central Executive Team to lead, facilitate and bring coherence to every area of operational activity
- Reviewed structures and functions of Groups and established new, clear and meaningful accountability relationships (with consequence) whilst honouring those to Group funders
- Editorial reforms (8 CRG Networks, Editorial Board, Scientific Committee)
- Empower all Cochrane collaborators (membership scheme; governance power; multiple roles)



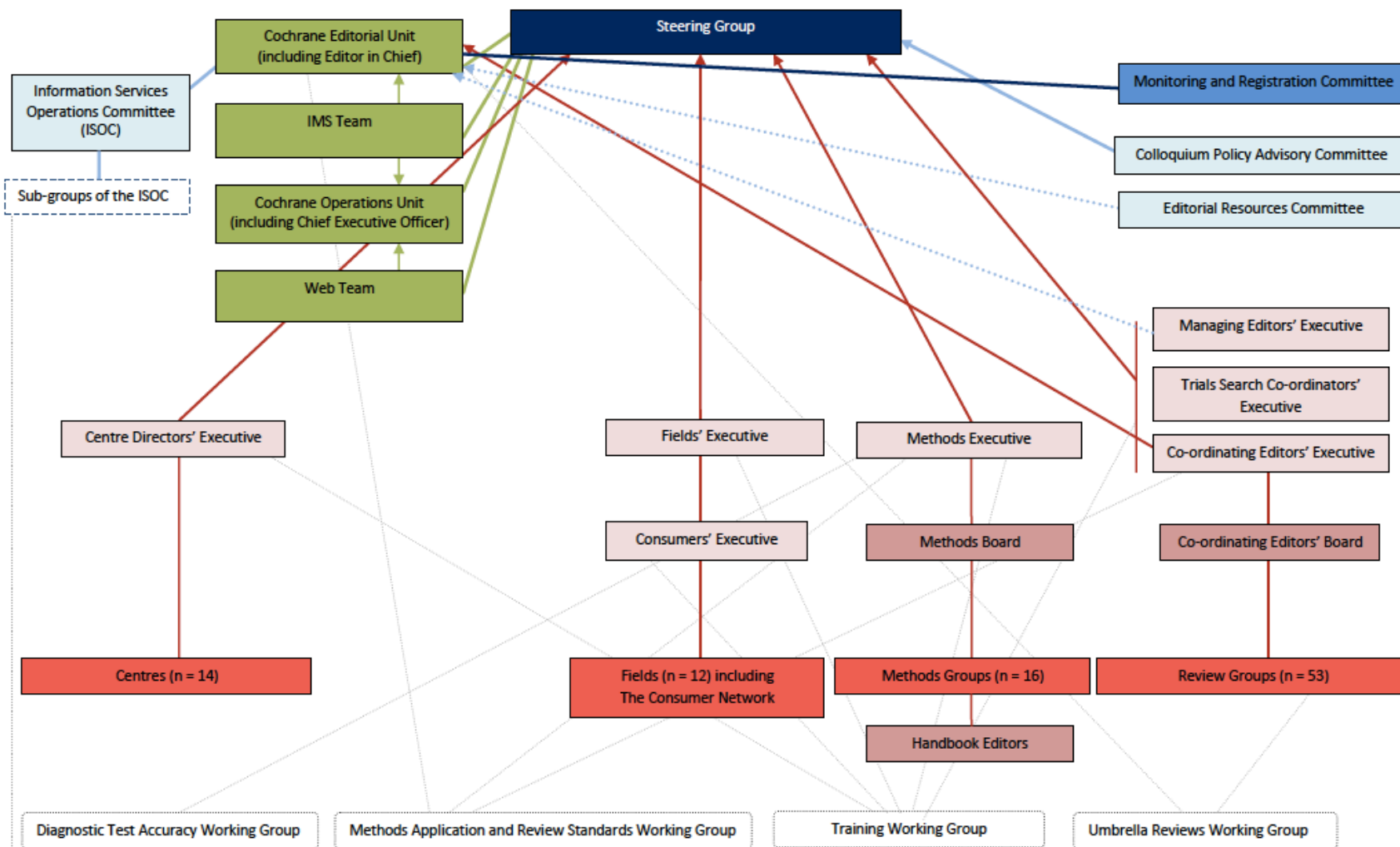
Organizational structure



Key

- Formal governance/management relationship
- Advisory relationship

Cochrane Old organizational structure



*Includes Archie Development Advisory Committee, Cochrane Register of Studies Project Board, Review Manager Advisory Committee, and Websites Committee.

ACCOUNTABILITY AND REPORTING STRUCTURE OF THE COCHRANE COLLABORATION'S GROUPS AND COMMITTEES
LAST UPDATED 17 MAY 2012



Breaking down silos, maximizing efficiencies & managing the matrix

- Cochrane is strongest when the organization works together as one system but the old model highly fragmented
- Strong Group loyalties but lack of coherent approaches; limited sharing of best practice; collaborating processes & procedures ad hoc
- Great redundancy & inefficiencies in the structure: 51 Review Groups each having a Managing Editor, Information Specialist and trying to build additional technical expertise (e.g., statistics, DTR & methods, KT); Centres building their own training materials, etc
- Breaking down the silos between Review Groups, Methods Groups, Fields (knowledge translation) & geographic-oriented Groups critical to improve collaboration & impact.



Breaking down silos, maximizing efficiencies & managing the matrix

- Cochrane produces its reviews through topic based Groups, we maintain a network of geographic based Groups to work on translating that knowledge into practice. Building a matrix that works both ways essential
- New structural changes (51 CRGs into 8 Networks) reduce internal/external stakeholder points of intersection to concentrate resources, simplify & build relationships
- Fields overlap/integration into CRG Networks will build external feedback & impact focus into Review production
- Editorial Board & Scientific Committee establish key content & methods priorities and new accountabilities drive implementation through CRG Networks & Methods Community

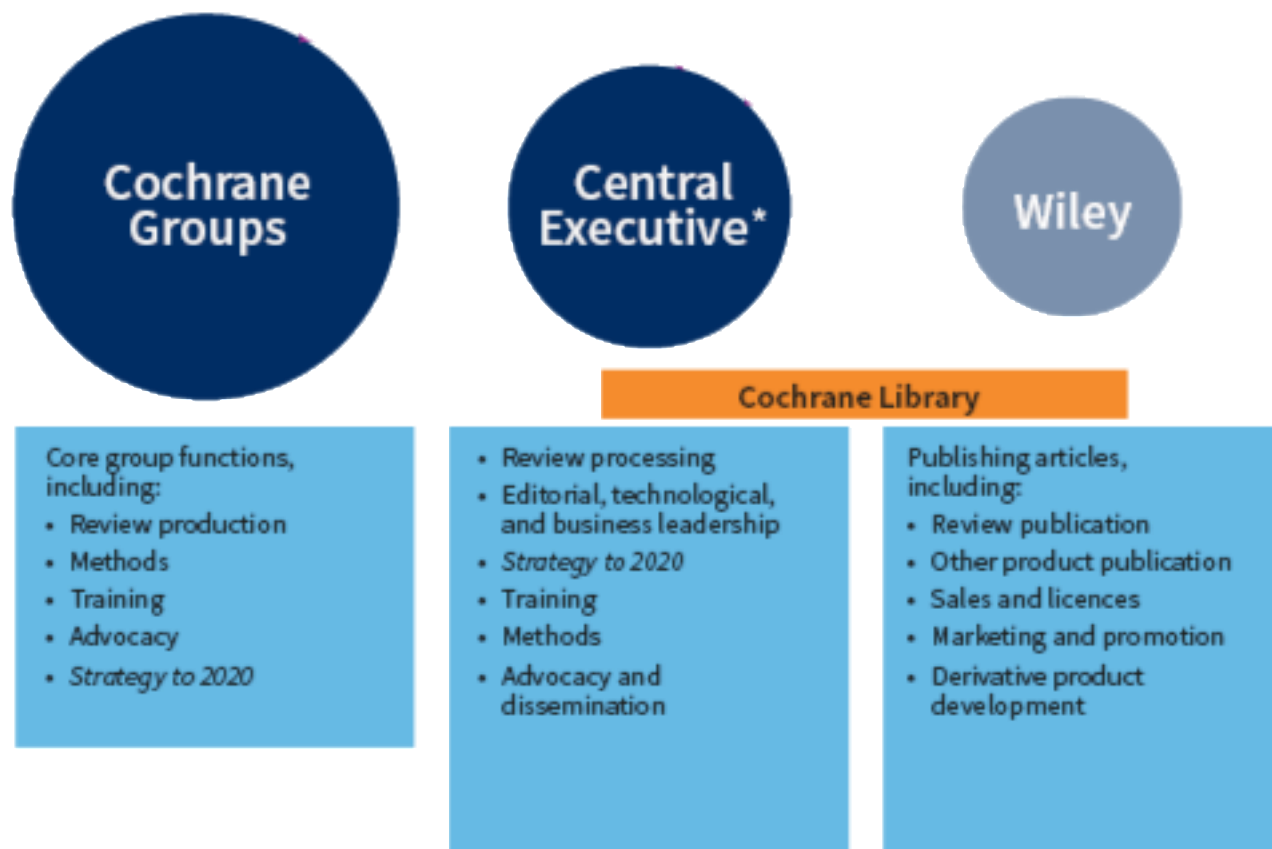


Managing Volunteers

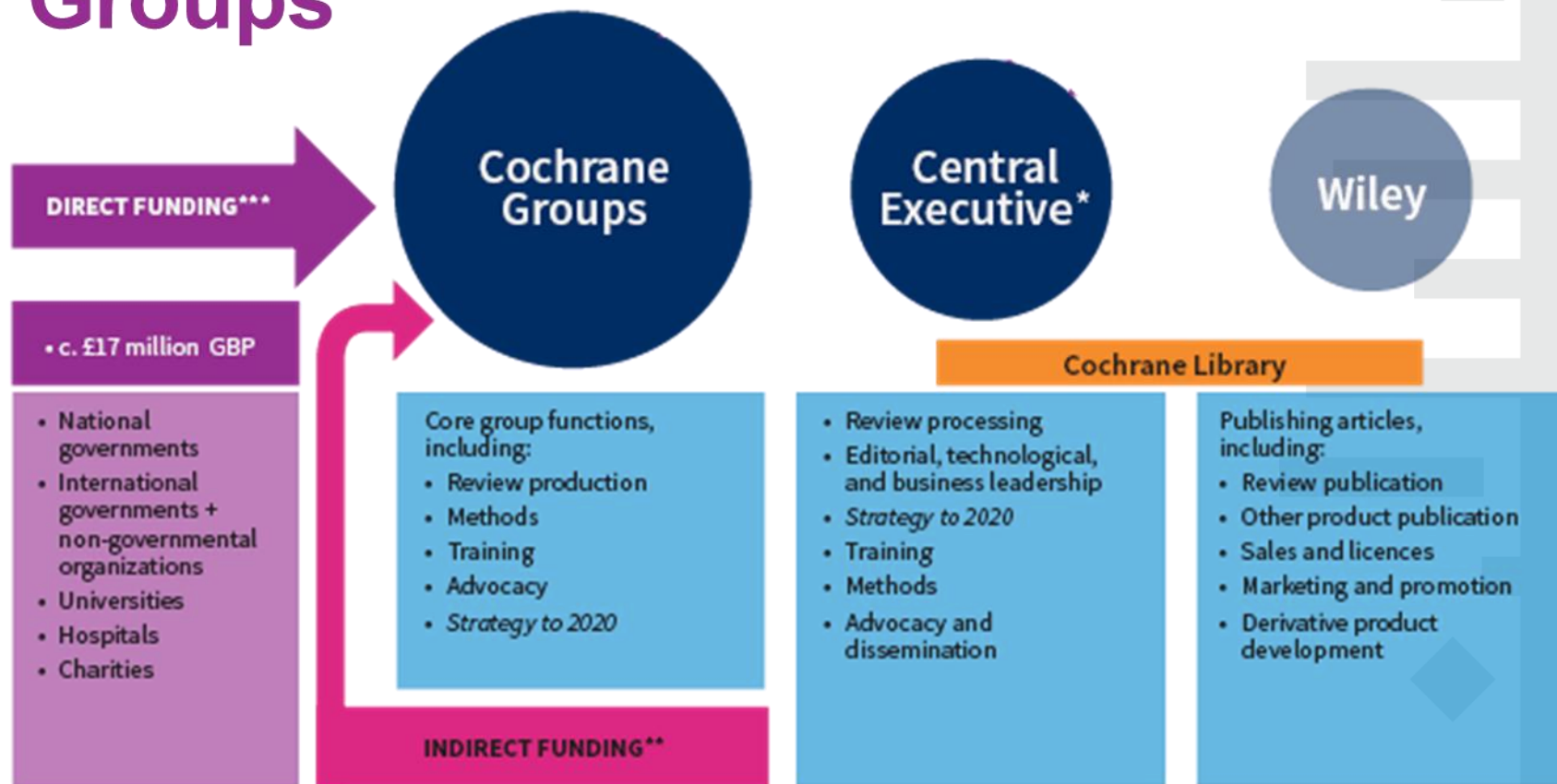
- A Volunteer organization so whilst building transparent, accountabilities ‘command and control’ won’t work
- Knowledge creation is overwhelmingly a collaborative endeavour
- ‘Excite and empower’ volunteers through sharing the vision; membership builds greater ownership; building systems & processes that support collaboration, development of key talent & acknowledgement of contributions
- Changing the culture: Cochrane as an ‘in club’, ‘them and us’ mentality changed: inclusive, open, welcoming, self critical
- Need to maintain innovation, excitement, sense of ownership and belonging but within a clearer more coherent, focused & efficient system (retention only 30%) - careful to avoid burdensome and demotivating systems of accountability
- People / Process / Technology / Culture – all must be in place



How Cochrane is funded



How Cochrane is funded: Groups



* Includes Cochrane innovations.

** Indirect does not constitute income for Cochrane, but acknowledges the host organizations and other funding sources the pay for our contributors' time in undertaking Cochrane activities.

*** Including programme infrastructure funding.

Cochrane Groups' funding

Cochrane Groups are funded by the leading research institutions, national agencies and universities in the world:

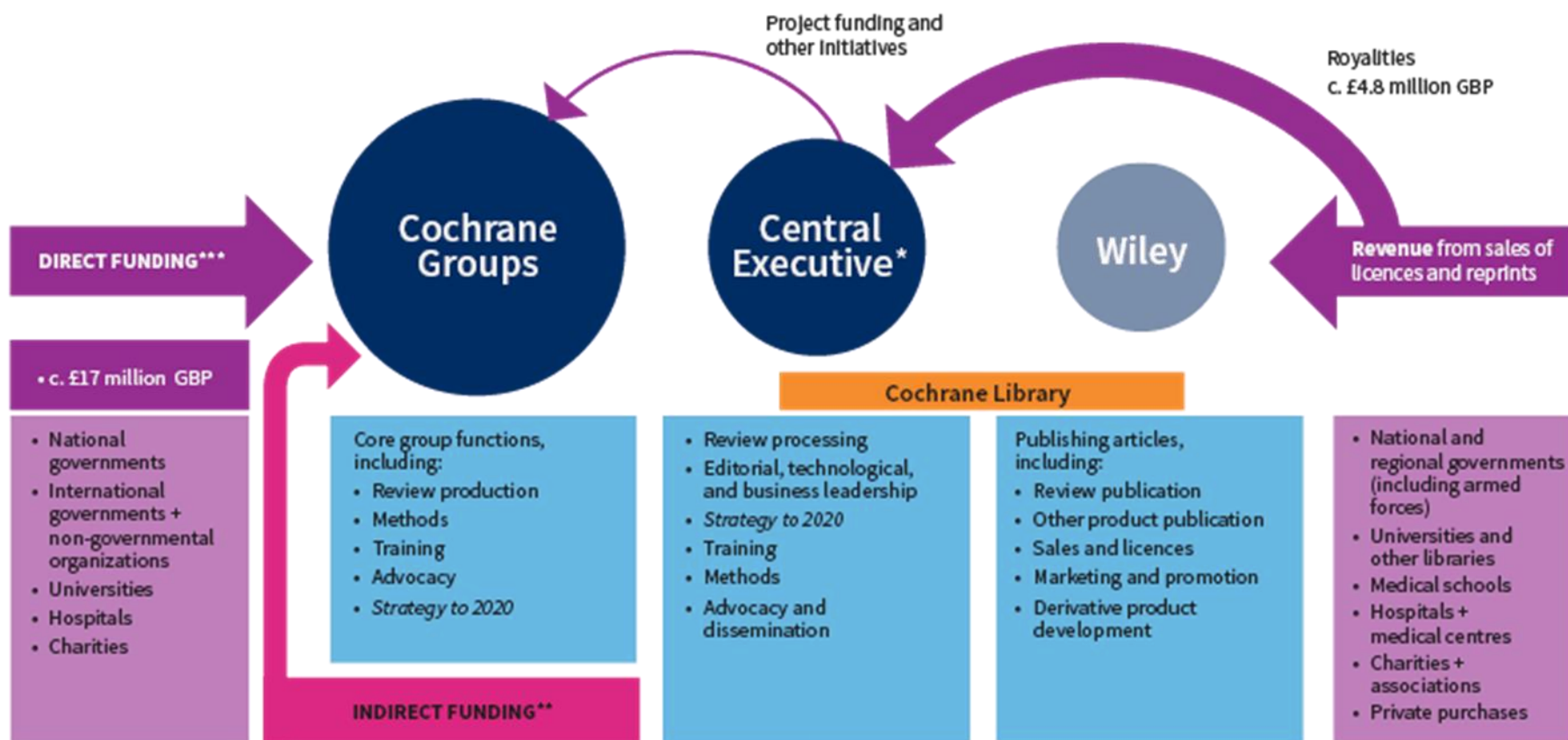
- Government Research Agencies: e.g., NIHR in UK, NIH in US, AMED in Japan, NHMRC in Australia, CIHR in Canada
- Ministries of Health: Austria, Finland, Germany, New Zealand, Norway
- 17 Cochrane Groups hosted by top 50 ranked Universities: e.g., Oxford, UCL, Edinburgh, Manchester, Bristol (UK); Johns Hopkins, (US); Melbourne, Sydney (Australia); McMaster, British Columbia (Canada); EPF de Lausanne (Switzerland)

Direct support, staff costs & in-kind benefits from host institutions (free office space, staff salaries & travel; protected time for researchers)

- In addition to infrastructure funding providing an essential foundation, many Centres generate income from project funding & income generating activities (e.g., training courses; systematic review consultancy)



How Cochrane is funded



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*** Including programme infrastructure funding.

The Challenge of Open Access

- Cochrane's central organization is overwhelmingly reliant on income from Cochrane Library publishing revenues
- But also committed to Open Access. 3.6 billion people in L&MICs & National Licences can access CL for free; 44% of all Cochrane Reviews accessible to everyone, everywhere – 75% by 2020.
- Health systems and medical research worldwide are corrupted and warped by explicit and hidden commercial ties ('Bad Pharma' Ben Goldacre)
- Cochrane's independence from commercial sources and associations is absolute so no possibility of advertising/sponsorship/support.
- Therefore must build additional value within the Cochrane Library to maintain subscriptions. New features & products (Linked Data, new evidence sources, new review types) essential



The Challenge of Open Access

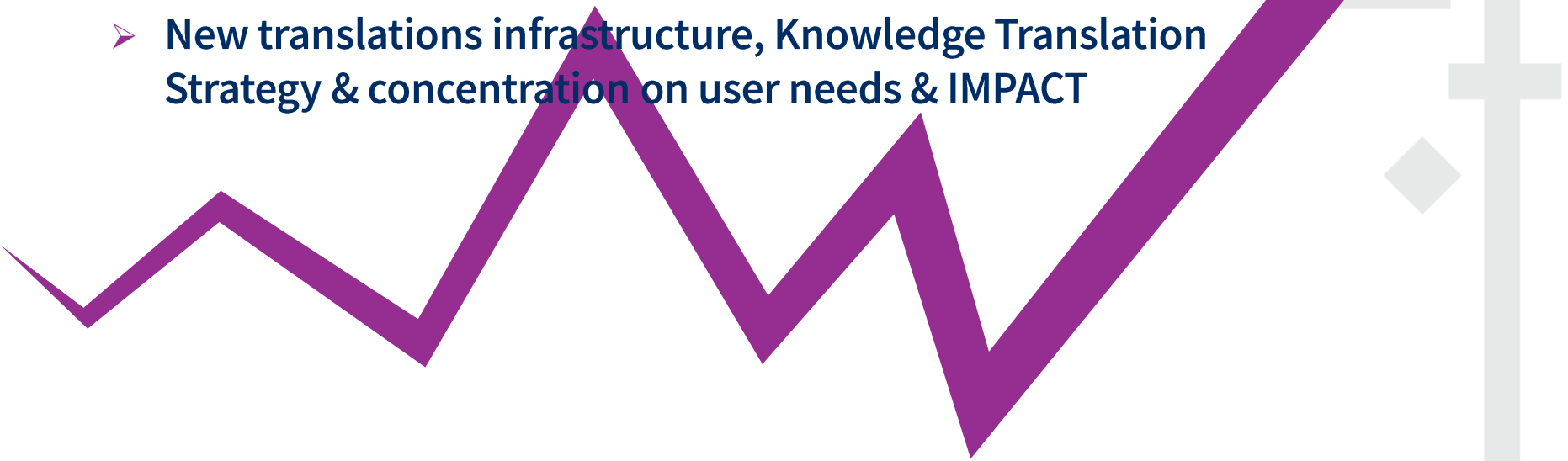
- Cochrane Response, new consultancy service
- Cochrane Innovations, developing new products and services
- Additional revenue diversification including fundraising from Trusts & Foundations; membership supporting individual giving – but likely to be slow and only ever a partial funding solution
- Cochrane is spending its reserves on initiative to deliver the *Strategy to 2020* transformation
- Must build a Central Executive Team that can be contracted and expanded as revenues dictate
- Future sustainability also reliant on funders of Cochrane Groups continuing to support their work and see their value

Funders see the value of supporting Cochrane Groups

- Funders recognize they are involved in, associated with and supporting one of health and healthcare's most powerful and respected brands;
- ...and in a global public good delivering high impact & value in the host country and around the world;
- ... with an amazingly efficient business model for knowledge & evidence creation (buy local, network with and get global ..)
- Systematic Reviews are the top of the healthcare evidence pyramid; very cheap to produce compared to lab research; with quality SRs & Cochrane association providing huge impact
- Long term, stable funding is very important to Cochrane Groups to allow them to focus on their work; and we are working to help them diversify their income sources.

How are we doing?

- Half way point of S2020 and change is clear:
 - Becoming more focused, efficient & effective (new organizational structures)
 - More open to the world & an inclusive welcoming culture (geographic expansion; governance reform; Cochrane Crowd; new membership scheme)
 - Massive investments in new technology & future tools, products & services to become ‘the Home of Evidence’
 - New translations infrastructure, Knowledge Translation Strategy & concentration on user needs & IMPACT



In summary

- Cochrane is a highly complex global organisation.
- Maintaining a large network of semi-autonomous Groups in many different countries with extensive freedom of action *whilst also* ensuring clear & comprehensive strategic direction; coherent, collaborative and innovative knowledge creation; and efficient operations is critical for our work to have impact on health decisions globally.
- Our *Strategy to 2020* is building a strong organisation that can produce and disseminate our content more efficiently and effectively
- It has allowed us to reform our structures and accountability arrangements; and our ways of working together ...
- People / Process / Technology / Culture – all must be in place



Thank you listening

We now have the opportunity for a round table discussion

Mark Wilson, CEO

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