



Cochrane Groups:

Financial & Resources Reporting 2020

Reporting on the year 2019

Contents

1	Executive summary	3
2	Background, context, issues, and learnings	3
2.1	Rationale, 2020 data collection and communications	3
2.2	2020 respondents	4
2.3	Issues	4
2.4	Learnings for future reporting	5
3	Next steps	6
	Full Report	7
4	Key messages drawn from the available data	7
5	Cochrane Group income and funders	8
5.1	Total direct income and funders of Cochrane Groups	8
5.2	Historic comparison of income and funders	10
5.3	Expected development of income	11
5.4	Types of income by Group type	12
5.5	Types of services provided	13
6	Income and human resources by Group and Group type	14
7	Income and human resources by country, continent, and country income level	16
8	Cochrane Group expenditure	19
8.1	Types of expenditure by Group type	19
	Appendix 1: 2019 List of Cochrane Group funders	20

1 Executive summary

This report provides a summary of the most recent available data submitted by Cochrane Groups on their finances and resources. It does not include detailed information from specific Groups or funders, but those data have been shared with Cochrane's Governing Board and Senior Management Team.

It points to risk factors derived from the data that are relevant for Cochrane leadership in the context of current strategic decision-making on the transition to an Open Access business model, the development of plans for fundraising, and an organizational Review & Reorganization. It also points to shortcomings in the present data and recent reporting process and makes recommendations on how to address those.

With grateful thanks to all Cochrane Groups for their time and collaboration in sharing the information from their Groups at the beginning of 2020, especially during such an extraordinary period of global disruption.

2 Background, context, issues, and learnings

2.1 Rationale, 2020 data collection and communications

Rationale

Registered Cochrane Groups have been asked to report on their finances and resources on an annual basis, usually between April and June of the following year. Before 2013, this resource reporting was combined with reporting on their activities.

The information is supposed to:

- enable the Governing Board, Central Executive Team and Cochrane Groups to provide information to external stakeholders and the public about who funds Cochrane, and about the collective cost of our work;
- inform strategic planning, decision-making and fundraising; and
- identify any actual or potential resource and sustainability issues.

2020 data collection and communications

The 2020 reporting (on 2019 financial year) was delayed due to the COVID-19 pandemic. We set up the reporting form on SurveyMonkey and sent an email to all Cochrane Group staff via the Group mailing lists on 9 December 2020 with a deadline of 31 January 2021. We sent reminders on 15 and 29 January 2021. We emailed individual contacts of Groups who hadn't completed the reporting after the deadline, and closed submission on 31 March 2021.

2.2 2020 respondents

Out of 194 registered Cochrane Groups (as of 2019), 154 Groups completed the 2020 financial reporting, which corresponds to 79%. Response rates were lowest for Review Group Satellites, Geographic Affiliates and Associates. In some cases, this may be due to them not being aware that they are required to report separately from their main Group, or due to them thinking they do not need to report if they do not have dedicated Cochrane funding.

Table 1: Number and percentage of Groups who completed the 2020 financial reporting.

Group type	# of registered Groups May 2021	# of registered Groups 2019	# of 2020 respondents	% of 2020 respondents by Group type
Review Group	51	51	49	96%
Review Group Satellite	27	26	9	35%
Field	12	12	11	92%
Geographic Centre	23	23	21	91%
Geographic Associate	46	39	30	77%
Geographic Affiliate	61	26	15	58%
Methods Group	17	17	16	94%
All Groups	237	194	151	78%

2.3 Issues

- The main rationale for the annual Group resource reporting is to obtain information for strategic planning, but we currently lack critical data for that purpose:
 - We do not know enough about how Groups spend their resources, for example, how much of their resources contribute to review production versus other activities.
 - We do not know to what extent Groups rely on in-kind and volunteer resources for critical business, so do not know what risk factor those resources pose.
 - The most recent data we have is from 2019; and it is missing data from 86 Groups who did not complete the most recent reporting or were only registered after 2019.
 - We do not have accurate and consistent historic records and analyses of data that would allow us to compare data year on year and assess historic developments, including for example significant loss or gain of funding by Group or funder.
- Anecdotal evidence indicates that many Groups perceive the annual reporting as a significant burden, and since they are usually not funded by the Cochrane Charity, they feel more accountable to their funders than Cochrane in that regard. Groups have also questioned the value of the reporting to some extent, because we haven't always collected the most critical data in the past, been clear enough about how the data is used, or shared it back to Groups.
- Most Groups completed the reporting before the deadline (about 110). But other Groups had to be reminded individually (about 40) or did not complete it at all (about 40).
- Our mailing lists and Group contact data are not entirely reliable – some Groups do not have up-to-date contact data stored in Archie, or Group staff don't subscribe to the relevant mailing lists,

so it is difficult to reach them. Others are probably overwhelmed with emails or work and don't see or prioritise related communications, particularly if clear or personally addressed to them.

- SurveyMonkey did not allow saving draft submissions or validating the format of entered figures automatically, most response options were free text, and questions were set up and answered in a way that required a lot of manual validation and clean-up.
- Concepts and terms related to finances and resources are not necessarily universally understood across our diverse community, and different Groups work with different financial reporting periods in their contexts, which can lead to misunderstandings with data entry.
- We have been asking for some information that we were not able to use due to data quality issues indicated above. This includes information on Group's in-kind support. We perhaps also asked for some information that were not critical, for example detailed expenditure.

2.4 Learnings for future reporting

- In the interest of being able to demonstrate our impact and value to funders and other stakeholders, and being able to link resource data to activity and impact data, we will need to add an activity or impact reporting component to the annual Group reporting. The requested information should be based on what is determined as critical and of relevance to funders and external stakeholders as part of the fundraising strategy and what data would be critical to support other strategic priorities, rather than asking Groups to report on all their activities.
- Group collaboration agreements, induction and guidance need to include clear reporting requirements – our agreements and guidance are currently vague, and not all Groups sign an agreement directly with Cochrane. New Groups in particular do not know what to expect and when. When we have progressed with current strategic priorities, we should establish clear reporting requirements and a calendar in the medium to longer term.
- We should also consider putting in place a database to store records of annual Group reporting consistently that would allow us to query and compare past and present data easily, and that would avoid loss of knowledge and data due to people leaving the organization.
- We will email staff with certain roles in Groups directly to complete the next reporting and involve the Council and Executives to help with communications to their constituencies, in addition to announcements via other channels such as newsletters, digests and Slack. We will make it clear that the information of all Groups is important to obtain an accurate picture of the organization, regardless of whether they have direct income or not, what Group type they are or how many resources they have.
- We will simplify and shorten the next reporting questions and text as much as possible, use pre-defined answer options where possible, test it with a number of Groups who experienced problems previously, provide a sample submission to illustrate what type of answers are expected in different sections, and record a video with on-screen instructions.
- We will remove requests for data that are not critical or that we aren't certain we'll use.
- We will use a different data collection web form that allows us to validate the format of entered figures automatically. We will also link the form to Cochrane Account login, so people don't need to enter their contact details, and so they can save drafts, revise, and submit final data later.
- We are committing to share summarized data back to Groups with information on how it has been used.

3 Next steps

We will conduct the next Cochrane Group reporting as soon as possible to obtain critical, up-to-date information to inform our strategic priorities, notably organizational sustainability, fundraising and open access, including:

- data about how much of Groups' resources support different core Cochrane activities;
- data about Group's in-kind and volunteer resources;
- information about Groups' fundraising capacity, priorities and approaches;
- information about Groups' activities and impact relevant for fundraising;
- clear communications about why we need the data now, how it will be used and shared.

We will also improve the data collection and communications processes to facilitate data entry and analyses.

Full Report

4 Key messages drawn from the available data

- There are several risk factors in our Cochrane Group resources and organizational sustainability:
 - Our top funders contribute a disproportionately high share of our Group's income.
 - The top resourced Groups dispose of a disproportionately high share of all Group resources. On the other hand, a high number of Groups do not have any direct income.
 - Many Groups rely on a single funder for all or most of their income.
 - The Charity itself is one of the top 10 Group funders.
 - Overall Group funding has been on a similar level since 2008, while the number of Groups has much increased, mainly through the establishment of new Geographic Groups.
- Many of the best funded Groups are Geographic Centres with strong relationships with their national funders. They were also key in obtaining substantial new or additional funds in 2019. At the same time, as per our Group structures and functions, Geographic Groups do not have a leading role in review production. Our current Group model may constitute a missed opportunity or barrier in terms of generating income for review production from national funders. We may want to consider adding review production to the possible functions of Geographic Groups.
- Our global resource distribution reflects global inequality patterns: most of our income and human resource is in Europe and in high-income countries.

5 Cochrane Group income and funders

5.1 Total direct income and funders of Cochrane Groups

In 2019, more than **120 funders provided 15.7 million GBP to 151 reporting Cochrane Groups**. The full list of funders is available in Appendix 2.

Our ten biggest funders provide 70% of our Group income. This includes 4% of funds awarded to Groups from the Cochrane Charity's central budget for the delivery of specific work such as editorial services, implementation new processes, or translations. It also includes 4% of funds from the World Health Organization (WHO) for the delivery of commissioned reviews and for supporting the use of research to inform policy. National Institute for Health Research (NIHR) income accounts for 28% overall, and 24% of all Group infrastructure funding, so a change to NIHR infrastructure funding would have significant impact on Group income.

Table 2: Our ten biggest Cochrane Group funders.

	Funder	Funding in £'000 GBP	%
1	National Institute for Health Research (UK)	> 1,000	28%
2	Danish Government / Capital Region of Denmark (Denmark)		7%
3	Federal Ministry of Health (Germany)	> 500	6%
4	National Health and Medical Research Council (Australia)		6%
5	National Institutes of Health (USA)		5%
6	Health Research Board / Public Health Agency, Health and Social Care Research and Development (Northern Ireland)		4%
7	South African Medical Research Council (South Africa)		4%
8	Cochrane Charity		4%
9	World Health Organization		4%
10	Foreign, Commonwealth and Development Office (UK)	> 400	3%
	Total of our ten biggest funders	10,912	70%

Groups without direct income

55 out of 151 Groups, or 36% of Groups, indicated they did not have any direct income.

Geographic Associates and Affiliates and Methods Groups were most likely to report no direct Cochrane income.

We do not have data on how much and what type of in-kind or voluntary resources Cochrane Groups rely on. We asked Groups to estimate the value of their in-kind staff and other resources in the reporting, but the entered data was so variable that we were not able to consolidate and analyse it.

Most common level and range of direct income by Group

Groups who do have direct income are most likely to receive funding in the 5-digit or low 6-digit range. No Fields, Methods Groups or Geographic Affiliates, and only 11 Review Groups or Review Group Satellites have income above £100k, while only Geographic Centres or Associates have income above £400k.

Our ten best funded Groups hold 43% of all Group income. Most of them are Geographic Centres.

Table 3: Range of Cochrane Group income levels.

Funding bracket	Number of Groups	%
£nil	55	36%
£nil-£50k	27	18%
£50k-£100k	20	13%
£100k-£150k	12	8%
£150k-£200k	16	11%
£200k-£250k	5	3%
£250k-£300k	3	2%
£300k-£350k	3	2%
£350k-£400k	2	1%
£450k-£500k	1	1%
£500k-£550k	1	1%
£600k-£650k	1	1%
£750k-£800k	2	1%
£850k-£900k	1	1%
£950k-£1m	1	1%
> £1m	1	1%

Share of biggest funding source by Group

33 Groups, or 34% of Groups with direct income, rely on a single funder, or in other words: they receive 100% of their income from one funder. These Groups may have a particularly close and well-established relationship with their funder; but it could also mean they are at particular risk of losing all their funding. Geographic Centres and Fields were less likely than other types of Groups to rely on their biggest funding for all or almost all their income.

Table 4: Percentage of income provided by Group's biggest funder.

% share of biggest funder	Number of Groups	%
100%	33	34%
90-99%	14	15%
75-89%	9	9%
50-75%	29	30%
50%	11	12%

5.2 Historic comparison of income and funders

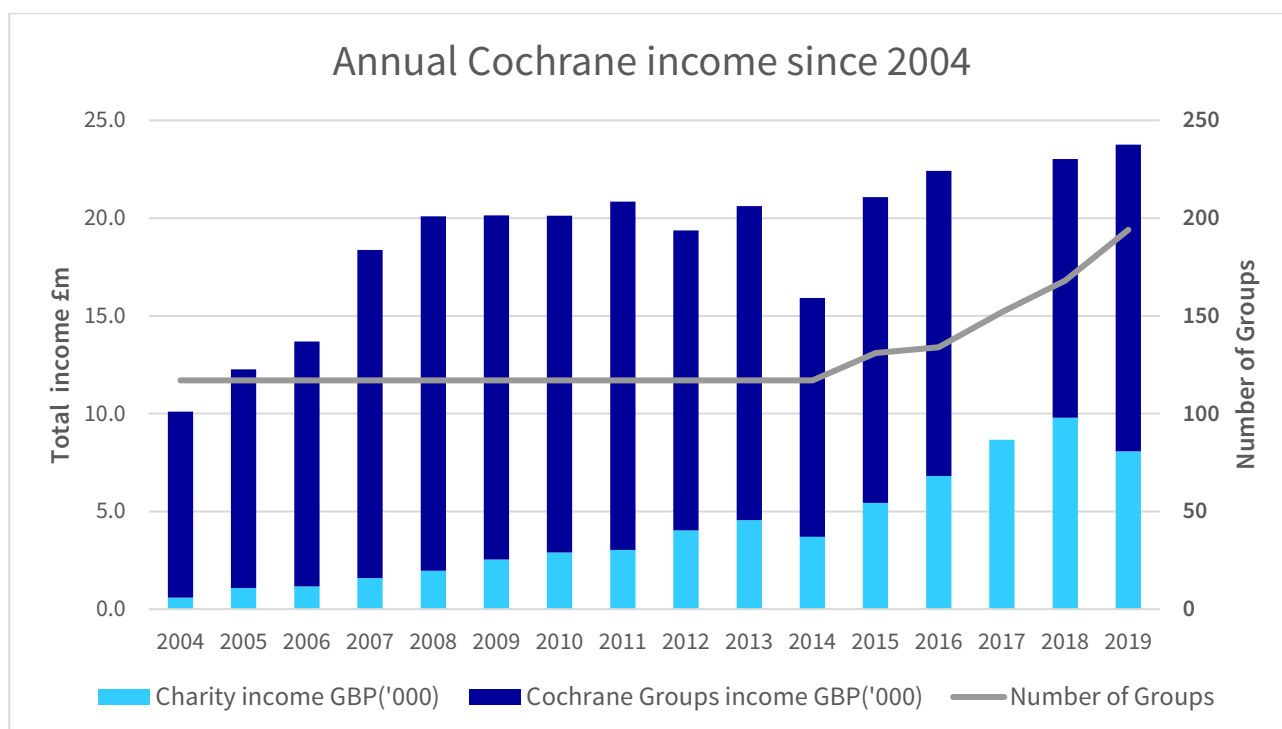
Changes to income from 2018 compared to 2019

Total reported **Group income increased from 13.2 million GBP in 2018 to 15.7 million GBP in 2019**, or by 2.5 million GBP. During the same period, the number of Groups increased from 168 to 194. However, the reported income increase is largely linked to established Groups securing additional or new funding rather than new Groups joining with new funds.

Development of number of Groups, Group and Charity income since 2004

Overall Group funding has remained on a similar level since 2008, even though the number of Groups has increased substantially since, mainly as a result from the geographic expansion of our network. New Groups may bring in new resources, but do not typically seem to bring in substantial new income.

The size of Charity income relative to Group income has changed significantly over time. The share of Charity income constituted 6% of all Cochrane income in 2004 but increased to 34% in 2019.



Notes on the data in the above graph:

- We do not have any historic record of the number of registered Groups in a given year. The 2004-2014 figures in the graph correspond to the 2008 figure. However, we know that the number of Groups didn't change substantially in that period.
- Group income figures for more recent years miss data from several Groups who did not complete their reporting.
- The 2014 Group income figure was a projection based on 2013 reporting, not based on actual reported data.
- The Group financial & resource reporting was not conducted for 2017.
- The Charity's financial year was adjusted to the calendar year in 2014, which led to a 9-month financial year in 2014 and explains the reduced income in that year.

5.3 Expected development of income

Most Groups reported no known or expected changes to their income for 2020 and 2021. The ratio of Groups who expected a decrease and increase was about the same in both years. But more Groups were uncertain about how their funding might develop in 2021. Review Groups were most likely to report an increase in 2020. Geographic Associates appeared particularly at risk and uncertain; they were the most likely to report a decrease in 2020, and the most uncertain about their funding in 2021.

These estimates were provided between December 2020 and March 2021, so prior to the NIHR announcement to make changes to its Cochrane funding.

Table 6: Known changes to income in 2020.

Group type	Decreased	No change	Increased	Don't know
Cochrane Review Group	3	34	12	0
Review Group Satellite	0	7	2	0
Field	0	9	1	1
Geographic Centre	4	12	5	0
Geographic Associate	11	13	3	3
Geographic Affiliate	1	12	1	1
Methods Group	3	11	0	2
All Groups	22	98	24	7
% of all Groups	15%	65%	16%	5%

Table 7: Known or expected changes to income in 2021.

Group type	Decreased	No change	Increased	Don't know
Cochrane Review Group	4	32	6	7
Review Group Satellite	2	5	1	1
Field	0	6	1	4
Geographic Centre	3	13	2	3
Geographic Associate	4	10	6	10
Geographic Affiliate	1	8	2	4
Methods Group	3	8	1	4
All Groups	17	82	19	33
% of all Groups	11%	54%	13%	22%

5.4 Types of income by Group type

The biggest share of Group income, 47%, is infrastructure funding, but this is almost exclusively held by Review Groups and Geographic Centres, who also hold the biggest share of income overall.

Table 8: Types of income by Group type.

Group type	Infrastructure funding	Project funding	Services provided	Other	Total
Cochrane Review Group	28%	10%	2%	1%	41%
Review Group Satellite	1%	5%	1%	1%	8%
Field	0%	1%	0%	0%	1%
Geographic Centre	18%	9%	8%	5%	40%
Geographic Associate	1%	7%	1%	0%	9%
Geographic Affiliate	0%	0%	0%	0%	0%
Methods Group	0%	0%	1%	0%	1%
All Groups	47%	32%	13%	7%	100%

Other types of income include training, workshop and event registration fees, membership fees, travel funding, fellowships, stipends, royalties, interests, or donations. In cases where Groups indicated a mix of infrastructure, project, or services funding from the same funder, we also classified it as “Other”.

5.5 Types of services provided

As per 2.6 above, Groups generate 13% of their income from paid services they provide such as running training, workshops, meetings, and conferences, doing commissioned Cochrane reviews or other commissioned work. **35% of all Groups and about two thirds of Geographic Centres and Associates generate income from training and workshops.** Geographic Centres are most likely to generate income from different types of services.

Table 9: Percentage of Groups who report generating income from different types of paid services.

Group type	Training & workshops	Meetings & events	Commissioned Cochrane reviews	Other commissioned work	Translations	Other
Cochrane Review Group	22%	8%	27%	27%	0%	24%
Review Group Satellite	33%	22%	22%	22%	0%	11%
Field	9%	9%	9%	9%	0%	0%
Geographic Centre	71%	38%	43%	43%	24%	19%
Geographic Associate	63%	20%	13%	13%	33%	17%
Geographic Affiliate	20%	20%	0%	0%	0%	20%
Methods Group	6%	6%	19%	19%	0%	19%
All Groups	35%	17%	12%	21%	10%	19%

Groups were able to select all types of services that applied. Other types of services included Cochrane editorial work and support, supporting or implementing new methods or processes within Cochrane, knowledge translation, hosting Cochrane symposia, and teaching.

6 Income and human resources by Group and Group type

151 Cochrane Groups reported a total of 333.2 Full Time Equivalent (FTE) staff working for their Group on a regular basis in 2019, including paid, in-kind, and voluntary staff. We don't have data about how many of them are paid, in-kind or volunteer staff, or how many staff are part-time or full time. We also don't know what type of roles, responsibilities, or skills these staff have.

The income and FTE of individual Groups or different Group types varies greatly and reflects their varied scope of activities. Geographic Centres make up 13.9 % of our Groups but dispose of 39.9% of our income and 35.9% of our FTE. Fields and Geographic Associates have relatively high numbers of FTE compared to their income; the reverse is the case for Review Group Satellites. Fields, Geographic Affiliates and Methods Groups jointly make up almost 30% of our Groups but have less than 3% of the income. Geographic Affiliates and Methods Groups jointly make up more than 20% of our Groups but have just 3.3% of the FTE.

Table 10: Income and human resources by Group type.

Group type	Number of Groups	% of Groups	£'000 GBP	%	FTE	%
Cochrane Review Group	49	36%	6,396	41%	120.9	36%
Review Group Satellite	9	6%	1,248	8%	19.8	6%
Field	11	7%	149	1%	19.9	6%
Geographic Centre	21	14%	6,250	40%	119.4	36%
Geographic Associate	30	20%	1,381	9%	42.0	13%
Geographic Affiliate	15	20%	42	0%	4.0	1%
Methods Group	16	11%	212	1%	7.2	2%
All Groups	151	100%	15,679	100%	333.2	100%

Most common level and range of FTE by Group type

30 out of 151 Groups, or 20% of Groups, indicated they did not have any staff working for their Group on a regular basis in 2019, including paid, in-kind, and voluntary staff. It is possible that some Groups misunderstood the question and only indicated paid staff.

Groups with human resources were most likely to have up to 3 FTE. 57% of Groups fell into that range.

Table 11: Number of FTE by Group type.

Group type	0 FTE	< 1	1-2	2-3	3-4	4-5	5-7	7-9	11-14	19-20
Cochrane Review Group	3	2	11	17	9	4	3	-	-	-
Review Group Satellite	2	2	2	-	-	1	2	-	-	-
Field	5	2	2	1	-	-	-	-	1	-
Geographic Centre	2	1	4	-	4	-	2	5	1	2
Geographic Associate	3	9	7	9	1	1	-	-	-	-
Geographic Affiliate	9	3	3	-	-	-	-	-	-	-
Methods Group	6	8	1	1	-	-	-	-	-	-
All Groups	30	27	30	28	14	6	7	5	2	2
% of all Groups	20%	18%	20%	19%	9%	4%	5%	3%	1%	1%

The ten Groups with the most FTE dispose of 35% of all Group human resources. Most of them are Geographic Centres. Some of the best human resourced Groups reported a relatively high number of FTE, but comparably low income, so presumably they benefit from lower local salary levels and/or much of their FTE are in-kind or volunteer.

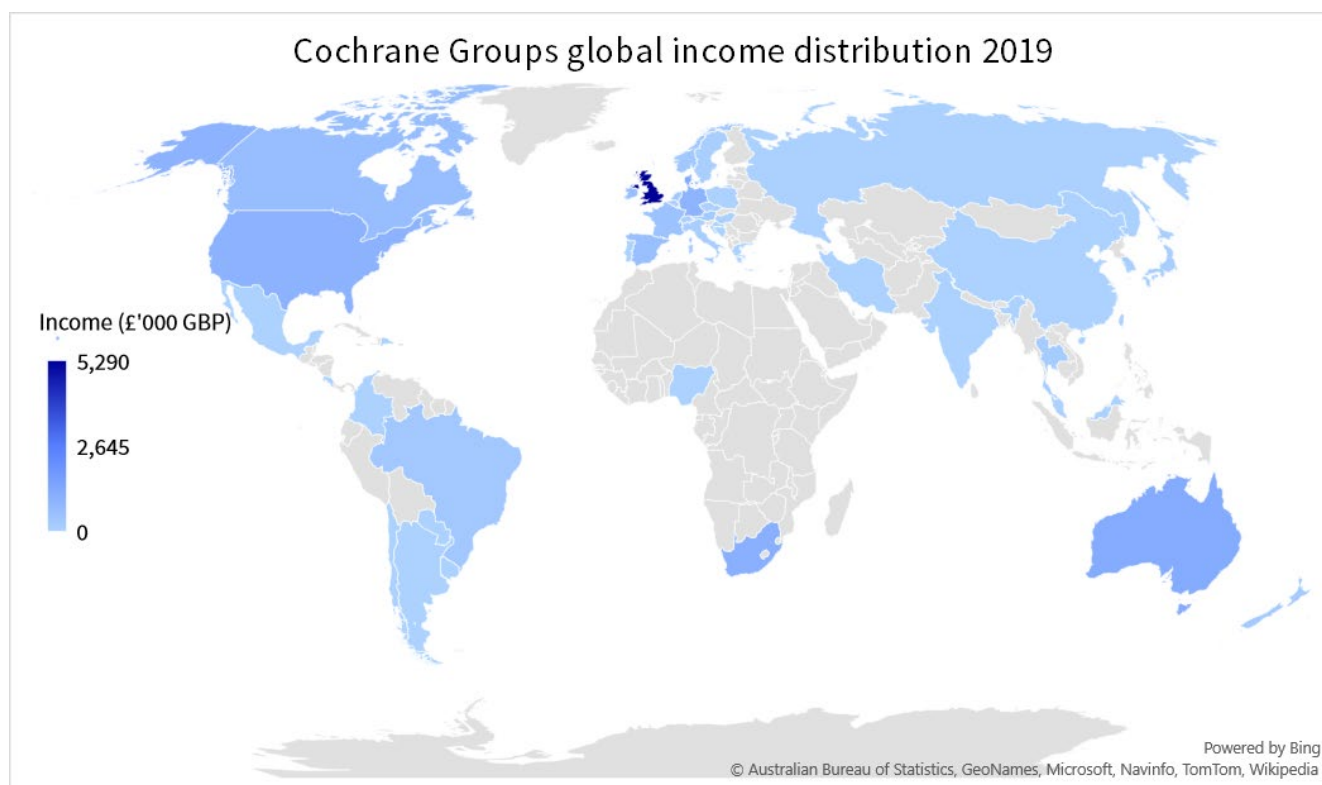
7 Income and human resources by country, continent, and country income level

Income by country

84% of our Group income is concentrated in just 10 countries.

Table 12: The ten best funded countries.

	Country	Number of Groups	% of Groups	% of income
1	United Kingdom	36	24%	34%
2	Denmark	6	4%	8%
3	Australia	9	6%	8%
4	South Africa	2	1%	7%
5	United States	9	6%	6%
6	Germany	3	2%	6%
7	Canada	9	6%	4%
8	Ireland	1	1%	4%
9	Spain	5	3%	4%
10	France	4	3%	3%
	10 best funded countries total	84	56%	84%



Full Time Equivalent (FTE) staff by country

71% of our Group staff are based in just 10 countries.

Table 13: The ten countries with the most FTE.

	Country	Number of Groups	% of Groups	FTE	% of FTE
1	United Kingdom	36	24%	87.2	26%
2	South Africa	2	1%	22.5	7%
3	Italy	5	3%	16.8	5%
4	Denmark	6	4%	21.0	6%
5	United States	9	6%	12.9	4%
6	Brazil	3	2%	21.0	6%
7	Australia	9	6%	17.3	5%
8	Canada	9	6%	17.3	5%
9	France	4	3%	10.0	3%
10	Mexico	4	3%	10.0	3%
	10 countries with most FTE total	87	58%	236	71%

Income and FTE by continent

56% of our Groups and 57% of our Groups' Full Time Equivalent staff are in Europe compared to 68% of our Groups' income. Groups in Africa, Asia, and South America have a higher share of FTE than income, which may be due to lower salary levels. They may also rely more on volunteer or in-kind staff than others.

Table 14: Income and FTE by continent.

Continent	Number of Groups	% of Groups	FTE	%	£'000 GBP	% of income
Europe	84	56%	190.3	57%	10,635	68%
North America	24	16%	43.7	13%	1,635	10%
Oceania	12	8%	22.0	7%	1,485	10%
Africa	3	2%	30.5	9%	1,097	7%
Asia	11	7%	18.1	5%	505	3%
South America	17	11%	28.7	9%	323	2%

Income and FTE by country income level

81% of our Groups and 90% of our income are in high-income countries as classified by the [World Bank](#). We have no Groups and no income in low income countries, and only two Groups in lower-middle income countries.

75% of our Groups' Full Time Equivalent staff are in high-income countries compared to 90% of our Group's income. Lower-middle and upper-middle income countries have a higher share of FTE than income, which may again be due to lower salary levels and/or higher reliance on volunteer or in-kind staff.

Table 15: Income and FTE by country income level.

Country income level	Number of Groups	% of Groups	£'000 GBP	% of income	FTE	% of FTE
High	122	81%	14,039	90%	248.4	75%
Upper-middle	27	18%	1,632	10%	70.8	21%
Lower-middle	2	1%	8	0%	14.0	4%

8 Cochrane Group expenditure

151 Cochrane Groups reported a total of 17.6 million GBP in expenses compared to 15.7 million GBP in direct income in 2019. The discrepancies are likely due to delays in spending versus receiving funds (or the opposite), and due to receiving income intended to be spend beyond one financial year. But we do not have any information to confirm those assumptions.

8.1 Types of expenditure by Group type

Most of Groups' funds, 69%, are spent on employed staff. This was a consistent pattern across Group types, geography, and income level.

Table 16: Type of expenditure by Group type.

Group type	Staff (employed)	Staff (project & short-term)	Consultants	Travel	Equipment	Overhead	Other
Cochrane Review Group	72%	10%	3%	2%	1%	6%	5%
Review Group Satellite	78%	1%	3%	3%	0%	13%	2%
Field	66%	5%	1%	2%	1%	17%	8%
Geographic Centre	62%	11%	2%	3%	1%	7%	14%
Geographic Associate	68%	9%	1%	4%	0%	8%	9%
Geographic Affiliate	85%	5%	0%	3%	0%	4%	3%
Methods Group	81%	14%	0%	3%	0%	2%	0%
Total	69%	9%	3%	3%	1%	7%	8%

Appendix 1: 2019 List of Cochrane Group funders

More than 1 million GBP

National Institute for Health Research (UK)
Danish Government / Capital Region of Denmark (Denmark)

500k to 1 million GBP

Federal Ministry of Health (Germany)
National Health and Medical Research Council (Australia)
National Institutes of Health (USA)
Health Research Board / Public Health Agency, Health and Social Care Research and Development (Northern Ireland)
South African Medical Research Council (South Africa)
Cochrane Charity (central funds awarded within the collaboration)
World Health Organization

100k to 500k GBP

Foreign, Commonwealth and Development Office (UK)
Direction générale de l'offre de soins (France)
Ministry of Health, Social Services and Equality (Spain)
Chief Scientist Office (Scotland)
Ministry of Health (New Zealand)
Ministry of Health, British Columbia (Canada)
McMaster University (Canada)
Norwegian Agency for Development Cooperation (Norway)
Health and Social Fund, Lower Austria (Austria)
Amsterdam University Medical Center (Netherlands)
Institut National du Cancer (France)
Ministry of Health (Austria)

50k to 100k GBP

Zorginstituut (Netherlands)
Ministry of Health (Brazil)
Public Health England - Delivering Better Oral Health
Government of Brazil
Swiss Medical Board (Switzerland)
Vermont Oxford Network (USA)
European Commission
Department of Health (South Africa)
National Research Foundation (South Africa)
Federal Ministry of Education and Research (South Africa)
Canada Research Chair Critical Care Neurology and Trauma (Canada)
Skåne University Hospital (Sweden)

20k to 50k GBP

Ministry of Health and Welfare (Taiwan)
American Heart Association (USA)
Liverpool School of Tropical Medicine (UK)
Laura & John Arnold Foundation (USA)
Lund University (Sweden)

Canadian Institutes of Health Research (Canada)
Gerber Foundation (USA)
CIBER de Epidemiología y Salud Pública (Spain)
Cochrane Oral Health Global Alliance
University of Ottawa (Canada)
Cochrane Japan
University of Auckland (New Zealand)
Odense University Hospital (Denmark)
Canadian Rheumatology Association (Canada)
Società Italiana di Cure Palliative (Italy)
Cochrane UK
Health Authority, Umbria Region (Italy)
State of Lower Austria (Austria)
Faculdade de Medicina de Lisboa (Portugal)
European Academy for Neurology
University of Pécs (Hungary)

10k to 20k GBP

Royal Society Te Apārangi (New Zealand)
Singapore Clinical Research Institute (SCRI)
Associazione Italiana Dislessia (Italy)
Netherlands Trial Register (Netherlands)
Population Health Research Institute (Canada)
Stichting Collège Européen de Médecine physique et de Réadaptation
Bundesamt für Gesundheit (Switzerland)
Kazan Federal University (Russia)
National Institute for Health and Care Excellence (UK)
Canadian Association of Gastroenterology (Canada)
Centre Hospitalier Universitaire de Québec-Université Laval (Canada)
Istituto Superiore di Sanità (Italy)
Safer Care Victoria (Australia)
American College of Gastroenterology (USA)
Tees, Esk and Wear Valleys NHS Foundation Trust (UK)
Department of Health (Australia)
International Parkinson and Movement Disorder Society

0.5k to 10k GBP

Korea University (South Korea)
Research England (UK)
Brazilian Society of Rheumatology (Brazil)
La Trobe University (Australia)
Spanish Society of Pneumology and Thoracic Surgery (Spain)
European Respiratory Society
Spanish Breast Cancer Research Group (Spain)
International Society of Physical and Rehabilitation Medicine
Cochrane Deutschland Stiftung (Germany)
Region Skåne (Sweden)
University of Copenhagen (Denmark)
National Institute for Medical Research Development (Iran)
American Academy of Pediatrics (USA)
Brazilian College of Radiology and Diagnostic Imaging (Brazil)

Québec SPOR Support Unit (Canada)
University of Oxford (UK)
Swisstransplant (Switzerland)
Ministry of Health (Chile)
Sant Pau Institute for Biomedical Research (Spain)
Agency for Health Quality and Assessment of Catalonia (Spain)
Burnet Institute (Australia)
Stellenbosch University (South Africa)
Patientforening Danmark (Denmark)
Jagiellonian University Medical College (Poland)
Universitat Autònoma de Barcelona (Spain)
City of Zagreb (Croatia)
Anonymous donations: compliant with Conflict of Interest policy
University of Split (Croatia)
Audrey Campbell Ulcerative Colitis Chair (Canada)
RCSI & UCD Malaysia Campus (Malaysia)
University of York (UK)
Universidad de Valparaíso (Chile)
Motor Neurone Disease Association (UK)
Istituto Jemelo (Italy)
Fudan University (China)
City of Split (Croatia)
Cochrane Australia (Australia)
Capital Region of Denmark (Denmark)
University of Otago (New Zealand)
University of Guadalajara (Mexico)
Monash University (Australia)

Less than 500 GBP

National Institute for Occupational Health (South Africa)
John Wiley & Sons, Ltd
Departamento Administrativo del Servicio Civil Distrital, Alcaldía Mayor de Bogotá (Colombia)