

Community Engagement Workshop 3: Meeting global health and care challenges

Breakout group feedback

Question 1.

What are the strengths and weaknesses of the proposed global health and care challenge framework and is there anything you would add or remove? (<https://www.futurecochrane.space/>)

What's missing or could be changed in the global health and care challenges framework?

- Where are methods in the global challenges framework? The Groupings presented all would require complex methods – we must ensure that funding and development of methodologists is incorporated. Can we make the graphic reflect the fact that topics are underpinned by appropriate methods?
- Topics that may be missing - mental health, acute care, and evidence-based medicine
- What about important conditions that massively affect people's lives, but appear to be unrepresented and in the past struggled to get funding, e.g., incontinence or skin, where Cochrane has set up centres of excellence
- Is it better to talk about “non-communicable” rather than “chronic disease”?
- How do we highlight the other things that Cochrane does as part of this framework – partnerships/advocacy?
- Diversity & inclusion should be integral to all activities and reviews not a separate topic area.

What strengths/opportunities are there in having a global health and care framework?

- Having a global challenges framework makes it much easier to interact with stakeholders.
- Provides a good overarching background for funding applications, will mean groups must highlight how well their work meets these global challenges
- It shows we are strong and have structure and that we must focus on big issues
- Less UK centred, more global
- Move toward being more inclusive of Fields.

Questions and concerns about the global health and care framework

- Concerns about being too ‘funder-led’ and therefore missing important topics that weren't being prioritized by funders. These concerns were mitigated by the direct publication pathway.
- What are these used for? If a PR exercise, then it does not matter how many we have, and we need to cover all the work we do
- The framework is very broad – how will it help us to streamline?

- How many thematic outlines should we have?
- We talk about international funding – if the review production units are not all doing different things, how do they not compete?
- How will these thematic areas be used? PR? Language for funders and end users? Pathways to impact?
- Can we add a ‘methods surcharge’ to all funding bids to ensure methods infrastructure funding exists to ensure good methods support for the ESUs, plus methods innovation?
- Cochrane currently performs lots of roles/functions, and it’s unclear whether the funding we’re trying to attract is for all functions, or whether we’re seeking specific funding for specific activities.
- A huge change trying to move away from structures around health specialty areas – healthcare delivery is formed around these specialties. Need to keep people within these areas, arranged around them, as brokers of knowledge.
- Concern about how we keep topic expertise – incentives need to be intellectually exciting, and clinical/content experts should retain influence in their areas. The ESUs could be almost seen as a ‘production line’ of evidence synthesis that is rigid and not very academically interesting. Perhaps ‘volunteer’ groups taking forward fields/topics, but structure needs to be well considered.

Question 2.

What can Cochrane do to better engage with funders?

- Invest more time into developing relationships with Health Technology Assessment bodies
- Be more proactive in building longer time partners; find out why they can’t work with our content and what evidence they really need from us
- The new model offers an opportunity for local engagement which is very important
- Difficult time to reach out to new funders as international funding is drying up. Funders are generally not willing to pay for infrastructure but for reviews.
- Administration associated with small commissions for evidence syntheses is high and unstable. Sustaining good people in positions over time in large ESUs will be challenging.

Question 3.

How can Cochrane ensure that our evidence remains reliable, relevant, and fundable in an increasingly competitive market?

Opportunities

- The current Cochrane Fields can help ensure stable funding as they have relevant contacts, including clinicians. They can also help with prioritisation and dissemination. (The Fields are working on a report for Karla about their potential role in the future).

- The geographic groups will need to have good relationships with funders in their countries. There is potential for developing new types of structures including, for example, policy analysts, to work closely with funders. Managing partnerships with country leaders will be very important.
- Different geographic groups should be encouraged to build different relationships with funders, according to their own local situation. Duplication amongst Cochrane entities has been a problem in the past and we need to think about how to avoid this.
- There is scope for developing workplans jointly with funders to address their priorities and needs (remedying the fact that we haven't responded well to e.g., the NIHR in the past).
- We can acknowledge and build on existing relationships with funders/strategic partners and build on work that is ongoing.
- There are opportunities for people in the new units to be more productive once they are free from the burden of managing editorial groups.
- Possibility of doing “bigger picture” reviews that cross multiple topic areas?
- Could there be different approaches for different questions? Do we need to be more flexible in our approach, can we have different tools to be able to respond to different needs – rapid reviews into living reviews.
- Is there a good idea about how much it costs to produce a review? (and therefore, rapid reviews become an attractive option)?
- Managing partnerships with country leaders will be very important.

Challenges

- How do we make sure people see/understand why reviews are chosen and how do we justify which reviews/topics areas aren't covered?
- We need to present a connected, organisation-level value proposition to get funding that makes a difference.
- How can be responsive while maintaining that same rigor if we don't have the funding for the review?
- Methods – such as ROB2 – are great tools for independence/study assessment but they are very time/labour intensive, do we need to find a balance to get reviews completed in a timely fashion?
- Are funders as interested in our quality assessment process? Cochrane set's a high bar that we don't want to compromise on, but how do we educate funders that those steps can't/shouldn't be cut from the review process?
- Reliable = internal focus; relevant & fundable = external focus
- True costs maybe hidden somewhat due to volunteer/enthusiasm – how is this factored into funding?

- Find a balance between need to secure central funding and to sustain existing local funding embedded with stakeholders.
- Can the Central Editorial Service be sufficiently resourced to deliver sufficient reviews?
- Risk of losing strong personal relationships that exist within the current Group-based funding model and that enable delivery of reviews.

Question 4.

What new sources of funding should Cochrane be considering?

Opportunities

- Opportunity to move away from current funding model where all funding goes to groups, but then Cochrane overall is responsible for delivery of the outputs
- Develop models that allow us to fund ourselves, as other non-profits do
- There are big global funders that may be willing to contribute to Cochrane, e.g., Gates Foundation, WHO.
- An example of where accessing a source of funding was successful was when the German government funded some COVID research which was used in a clinical guideline.
- Fundraising should focus on long-term support for Cochrane central; more focused funding on specific projects is already done well.

Challenges

- Would a funder-led approach to prioritisation lead to a bias towards topic areas, i.e., topics that are important to lower/middle income countries or minority groups, and rare diseases wouldn't have the funding to support these areas.
- Can we find a way to support topics that aren't as well funded by the areas that are well funded?
- Are there funding options available that contribute to the "whole pot" and not just for specific topics areas?
- How do non-funders get to influence priority setting?
- Is there a reputational risk to Cochrane by 'chasing funding' and stops us being independent? We could lose our autonomy if funders are dictating what we work on
- Need structure to be clear before we can consider funding sources.
- The problem with the current funding model is that funding goes to groups, but then Cochrane overall is responsible for delivery of the outputs