

Conversation between Dr. Paul Garner (Coordinating Editor of the Cochrane Infectious Diseases Review Group) and Stephanie Wykstra (GiveWell) on August 13, 2012

Summary:

- We spoke to Dr. Paul Garner as a part of our research on various entities and funding opportunities within the Cochrane Collaboration.
- The Cochrane Infectious Diseases Group (CIDG) receives about £350,000 per year from UK's Department for International Development (DFID). CIDG is one partner in the Effective Health Care Research Programme Consortium, which DFID funds. CIDG tries to ensure that their portfolio includes a high proportion of reviews that potentially will have impact on policy, such as influence on WHO guidelines. Overall the Group produces a total of about 10 reviews (new and updated) each year.
- The cost of reviews done by CIDG and partners varies significantly; Dr. Garner mentioned reviews ranging from £30,000 to £100,000.

Note: This is a set of summary notes compiled by GiveWell in order to give an overview of the major points made by Paul Garner in conversation.

About the Cochrane Infectious Diseases Group (CIDG)

CIDG is funded exclusively by the UK government. It is one component of a larger Consortium across ten countries, which receives at least £1 million in funding per year. The UK's Department for International Development (DFID) funds research with a view toward the research having an impact on health policy in the developing world.

The DFID funding supports a Consortium Management Office (based in Liverpool), and several partners: CIDG, and three Cochrane regional sites in South Africa (Cochrane Centre), India (Cochrane Centre); and a Group in China (evidence network); and a Cochrane Centre Branch in Nigeria. The partners in India do reviews in a variety of areas, including mental health and the partners in South Africa are also carrying out reviews in non-communicable diseases.

In 2012, various WHO guidelines groups used CIDG reviews: the Malaria Policy Advisory Committee one on intermittent preventive treatment in malaria; for the Essential Medicines Committee, one on fluoroquinolones (including gatifloxacin) for typhoid fever; a Nutrition Committee and another on iron supplementation in malarial areas; and a Guidelines Group on TB and nutrition.

CIDG differs from many other Cochrane review groups in that it identifies topics and then pulls author teams together on particular topics, rather than waiting for authors to come forward with topics that they themselves suggest. Two thirds of the reviews done by the authors who are working with CIDG are on topics that CIDG has suggested, Dr. Garner estimated.

CIDG chooses review topics by keeping track of high-priority health questions that come up in the policy world. CIDG prioritizes reviews according to their potential to have an impact (which is something that DFID strongly encourages). The organization judges the potential impact of a review by the current or potential investment going into a health intervention that the review is relevant to, by whether policy makers are pushing for some direction on the topic; and by whether the issue under discussion is controversial, and could benefit for a systematic review for an overall view of the evidence.

CIDG has been producing about 10 reviews a year, but has been shifting focus from quantity toward quality and is currently aiming to produce three or four high impact reviews per year. “High impact” is defined on the first page of CIDG's strategic plan. If a review gets used by the WHO guidelines then it is one of the definitions of a high impact review. Other factors that might lead to a review being classified as high impact are the review:

1. Changing guidelines at the regional or national level
2. Influencing policies and spending
3. Being frequently cited in the scientific literature
4. Attracting attention in popular media

It's important that a review on a given topic be done in a timely manner so as to have an influence when the broader health community is focused on it. CIDG is now setting timelines with review authors and provides structured support to authors at all stages to make sure that they deliver the reviews on time.

Dr. Garner's view is that rather than having volunteers do Cochrane reviews, we need to fund researchers to do reviews. Many potential review authors don't have time to write a review. They need funding to buy them out of their current post for periods of time. The opportunity cost of supporting an author who is not qualified to do a review is large, and we're more likely to get authors who are well qualified by paying them. However, if we're approached by a potential volunteer, then we will work with him or her as long as he or she is a sound researcher who is willing to put the necessary time in.

CIDG makes sure that a team working on a review has an experienced author and wherever possible a statistician. It's fine to have trainees involved as long as there are more experienced people on the team.

CIDG's funding

Prior to 2010, the Cochrane Infectious Diseases Group funding came through a commissioned grant from DFID as we fulfilled a unique function. When the grant ended we went into an open

competitive process with a generic evidence based consortium. We won the bid, but it was not at all certain that we would. Thus, unlike other UK based Cochrane Review Groups (CRGs), the CIDG obtains its funds through open competition with other researchers; indeed with the last grant there was funding gap for 6 months. We anticipate in 2016 years time to go through a similar competitive process with no guarantee of funding or continuation of the group.

Gaps in the review literature that the Consortium is interested in

There's a need for many more reviews in all areas of infectious diseases, and CIDG is not responsible for other areas of infectious diseases - they are with other CRGs such as HIV and acute respiratory infections. There's a lot of interest in neglected tropical diseases (NTDs) at the moment and so it's important that there be more reviews in this topic as well.

The Consortium's Director is interested in writing reviews on some topics that don't fall under the CIDG scope, in particular in health systems (i.e. how to deliver health care). So the Consortium is currently doing a review of the impact of subsidies for artemisinin-combination therapies for malaria treatment with colleagues in Nairobi and San Francisco. The Consortium is also investigating whether HIV treatment at health centers is as effective as giving HIV treatment as hospitals.

The areas that are high priority continually shift as the interests of the medical community shift.

Costs of reviews

The costs of Cochrane reviews vary a great deal according to the topic. The review on the rotavirus vaccine required many updates, cost probably £100,000 and took five years. Other reviews probably cost less: big reviews cost perhaps between £30,000 and £100,000. A review that we're doing on decentralization is costing between £60,000 and £80,000.

Running the editorial base costs between £200,000 and £250,000. The managing editor is a full time employee, a part-time administrator, and 1.5 editorial assistants. There is a contractor who is an information retrieval specialist (paid for 60% time) and a statistician who works part-time.

Some review groups have fewer paid staff than CIDG does.

Cochrane workshop for GiveWell

Part of Cochrane's job is to help its customers better understand the reviews. CIDG recently ran a bespoke course for a DFID UK health advisor on understanding concepts used in Cochrane reviews, such as critical appraisal, GRADE, indirectness and generalizability. Cochrane could probably do a similar three day workshop for GiveWell, if this is of interest.

Thoughts on the best parts of Cochrane to fund

If you fund Cochrane and are cause-agnostic, I would recommend asking David Tovey (Cochrane editor-in-chief) to identify appropriate topics for reviews and allocate money appropriately to review groups. I would recommend this over giving money to the Cochrane Steering Committee to allocate the funding.

Some specific sub-bodies of Cochrane that I would recommend, in addition to CIDG, are:

1. The Acute Respiratory Infections Group
2. The HIV Group
3. The Effective Practice and Organization of Care Group.
4. Sub-bodies of Cochrane in South Africa

Funding larger Cochrane bodies might be more efficient than funding the smaller Cochrane bodies owing to economies of scale.

I suggest talking with Sue Kinn at the UK's Department for International Development to get more relevant perspective.

CIDG's use of additional funding

CIDG would probably allocate additional funding toward working with its partners in South Africa.

Examples of CIDG's reviews

Some examples of reviews that we've done are:

1. A review that I did with Jimmy Volmink on DOTS for tuberculosis. We found that cure rates are not higher with DOTS than with unobserved drug treatment.
2. A review of primaquine single dose to prevent transmission of malaria that we just finished.
3. A review of the effectiveness of sonic mosquito repellants, which found that they are not as effective as the companies that make them claimed them to be.
4. A review showing that reduced osmolarity oral rehydration salts are more effective at treating diarrhea than the higher osmolarity oral rehydration salts that had been used. Our funders found out that that the packets with the reduced osmolarity salts were less bulky, and 17% cheaper as a result. This played a decisive role in changing policy. This was about 2002.

There are many other examples which I shared with you via email attachments.

In general, bodies that create guidelines are more receptive to reviews that confirm pre-existing beliefs than they are of reviews that contradict the consensus. Nevertheless, some of our reviews that have contradicted the consensus have changed policy.

General comments about the value of Cochrane

Cochrane is valuable because it offers an independent assessment of research which is not connected to any particular academic group, governmental organization or corporation. One DFID adviser reviewing the programme said that the impact of just the one review mentioned-above-the oral rehydration salt review- was enough to justify the cost of £1 million per year to maintain the Consortium for five years.