

# Request for proposals to understand the impact of the Covid-19 open sharing statement

***The Wellcome Trust, UK Research and Innovation (UKRI) and The Bill and Melinda Gates Foundation are seeking to fund a study to understand the impact of increased requirements for rapid and open sharing of research findings and data relevant to Covid-19***

## Overview

### Key Objectives:

1. Collate the evidence on signatories honouring the commitments made in the 2020 Covid-19 results and data sharing [statement](#).
2. Determine the views of the WHO, and a sample of other public health response organisations, on the impact of the statement resulting in results and data being available to inform their response
3. Using the 2016 Zika statement as a comparator, collate evidence on whether statements create long-term shifts in open research requirements and researcher behaviour.

One of Wellcome's long-term ambitions is that '[knowledge and discoveries are shared, accessed and used in a manner that maximises health benefit](#)'. Wellcome believes that this goal will accelerate the discovery of new treatments and therapies, ensure research findings can be validated and reproduced, and generally increase the efficiency of the research enterprise [by reducing duplication](#). This ambition became even more urgent to realise in the context of the coronavirus pandemic, where sharing research findings on this new virus became critical to saving lives.

In January 2020, in light of the emerging pandemic and the recognition that it represents a significant and urgent threat to global health, Wellcome published a [statement](#) which called on researchers, journals, and funders to "*ensure that research findings and data relevant to this outbreak are shared rapidly and openly to inform the public health response and help save lives*". To date over 160 organisations have signed this statement, including UKRI and the Gates Foundation.

Over 12 months on from the posting of this statement, Wellcome, UKRI and the Gates Foundation now wish to understand the extent to which the commitments made by the various stakeholders were put into practice, and to determine the downstream impacts which arose as a consequence of the statement.

## Context

All three funders work to ensure that the results of the research we fund are applied for the public good. This includes creating an environment that enables and incentivises researchers to maximise the value of their research outputs, including research articles, data, software and materials. Making these outputs available in a timely and responsible way ensures other researchers can verify findings and build on them to advance knowledge and make health improvements.

The Open Access policies of [Wellcome](#)<sup>1</sup>, [Gates Foundation](#) and [UKRI](#)<sup>2</sup> aim to make sure that knowledge and discoveries resulting from funding are shared and used in a way that maximises benefit to health.

The arguments for sharing data, and the consequences of not doing so, were thrown into stark relief by the Ebola and Zika outbreaks. In the context of a public health emergency of international concern, there is an imperative on all parties to make any information available that might have value in combatting the crisis. In response to the Zika outbreak, Wellcome developed a [statement on data sharing in public health emergencies](#) in February 2016.

Following the discussions surrounding the need for rapid access to research findings and data, in light of the Zika and Ebola epidemics, a dedicated data sharing group was formed by the GloPID-R group of funders. This group worked to develop a series of core principles underlying data sharing in public health emergencies and subsequently developed a roadmap for funders.

The [GloPID-R Roadmap](#) for data sharing in public health emergencies (2019) produced 5 recommendations; improve funder policies, align tools and strengthen capacity, build trust, influence, and strengthen systems.

In January 2020, a further [statement specific to Covid-19](#) research was released by Wellcome and a range of organisations encouraged to sign, including publishers, funders, and researchers.

Specifically, the statement called signatories to work together to help ensure:

- all peer-reviewed research publications relevant to the outbreak are made immediately open access, or freely available at least for the duration of the outbreak
- research findings relevant to the outbreak are shared immediately with the WHO upon journal submission, by the journal and with author knowledge
- research findings are made available via preprint servers before journal publication, or via platforms that make papers openly accessible before peer review, with clear statements regarding the availability of underlying data
- researchers share interim and final research data relating to the outbreak, together with protocols and standards used to collect the data, as rapidly and widely as possible - including with public health and research communities and the WHO
- authors are assured by publishers that data or preprints shared ahead of submission will not pre-empt its publication in these journals

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<sup>1</sup> Wellcome [data, software, and materials](#) and [clinical trials](#) policies

<sup>2</sup> UKRI [Clinical trial](#) and [Data Management](#) policies, and general [Open Research](#) activities

## Goal/objectives of research

The goal of this commissioned research is to find and assess the evidence on the impact of organisations – both **funders** and **publishers** – signing the January 2020 statement, both in terms of their own policies and practices, and the behaviours of the **researchers** they support.

Crucially, we also seek to understand how the sharing of interim and final research data with the public health communities and the WHO impacted on the development of Covid-19 policies – such as facial coverings, social distancing, etc. – and on new therapies and treatments. Expressed simply, did the sharing of results and data contribute to the fast development of vaccines and therapeutics, and if so, can this be quantified?

Agreement from key WHO contacts to be involved in this research has already been secured.

The findings will be used to help inform future approaches to increasing research outputs sharing.

In summary, the key objectives are:

1. To collate the evidence on the extent to which the signatories to the January 2020 statement – specifically – funders, publishers and researchers – honoured their commitments.
2. To gather the views of the WHO, and other public health response organisations, on whether the statement resulted in earlier and wider sharing of findings, which in turn enabled them to deliver better informed responses to the pandemic. If the fast-paced development of therapeutics and vaccines can in any way be ascribed to the open sharing of results and data, this should be quantified.
3. Using the Zika 2016 statement as a comparator, document any evidence that the statements have led to sustained changes in policies, researcher behaviour, and data availability.

This document outlines the key tasks, deliverables, and available budget, along with a link to the expression of interest form for those who wish to apply for this consultancy.

## Tasks

Below is an indicative list of the key tasks we have identified for this piece of work. However, as we make clear in the response form template (see Annex A), **we encourage applicants to highlight other tasks – or different approaches** – they think would be more effective in helping to document the impact of signing the statement on sharing data and research findings relevant to Covid-19. We would expect to see a mixed methods approach, both quantitative and qualitative, using a wide range of tools.

- 1. Collate the evidence on signatories honouring the commitments made in the statement. A non-exhaustive list of questions – which the study should seek to answer – are outlined below.**
  - a) For **journal** signatories;
    - *What percentage of the peer reviewed Covid-19 research publications are open access (made available at the time of publication with a CC BY licence)?*
    - *What percentage of the peer reviewed Covid-19 research publications have been made free to read, just for the duration of the pandemic?*
    - *How do these numbers compare with non-Covid-19 papers?*
    - *Do the journals (or their publishers) have processes to share research findings relevant to the outbreak immediately with the WHO upon journal submission?*
    - *What proportion of their Covid-19 related papers include data availability statements vs non-Covid-19 related papers?*

- *Do the journals/publishers make it clear to submitting authors that data or preprints shared ahead of submission will not pre-empt publication in their journals (and is this Covid-19 specific)?*

b) For **funder** signatories;

- *To what extent did funders update their policies to reflect the new requirements for their funded researchers to:*
  - a) share their Covid-19 research findings on preprint servers and*
  - b) to share interim and final research data relating to the outbreak, together with protocols and standards used to collect the data, as rapidly and widely as possible - including with public health and research communities and the WHO?*
- *To what extent did funders put in place processes to monitor compliance with these policies and develop sanctions in cases where they were not adhered to?*

c) For **researchers**

- *To what extent did researchers, who were funded by an organisation that was a signatory to the statement, versus those who were **not** funded by a signatory organisation, post their Covid-19 research articles to a preprint server and to what extent did these include clear data availability statements?*
- *What percentage of these preprints were subsequently formally published and what was the elapsed time from preprint posting to when the article was published in a peer review journal?*
- *To what extent did researchers, who were funded by an organisation that was a signatory to the statement, versus those who were **not** funded by a signatory organisation, share interim and final research data relating to the outbreak, together with protocols and standards used to collect the data, as rapidly and widely as possible - including with public health and research communities and the WHO?*

**2. Determine the views of the WHO, and a sample of other public health response organisations, on the impact of the statement resulting in results and data being available to inform their response**

To progress this element of the study we would expect the contractor to consider:

- Undertaking a survey of the WHO Covid-19 team, and a sample of other public health response teams, to assess the impact of the availability of research articles and data on their decision making.*
- Undertaking a survey of these developing therapeutics and vaccines to determine whether shared results and data were critical to their programmes.*
- Exploring any wider effects of the statement from a public health organisation point of view e.g. how the statement may have contributed towards moving the dial towards open research requirements beyond Covid-19 and other future public health emergencies.*
- Developing case studies on the availability of research articles and data being critical to the development of Covid-19 therapies and vaccines, including from the perspective of researchers.*

**3. Using the 2016 Zika statement as a comparator, collate evidence on whether statements create long-term shifts in open research requirements and researcher behaviour**

- Document if/how the signatories to the Covid-19 data sharing statement changed their policies and practices.*
- Identify policy changes that were made following signing the Zika statement, and whether they were time- and scope-limited or in fact moved to more long-term open research policies.*
- Record how many Zika-related research articles are still available open access and how many datasets are accessible for re-use.*

## Deliverables

- In terms of deliverables, we would require:
  - A report – with an Executive Summary – addressing the four tasks above along with conclusions on impact of the January 2020 statement and recommendations how future efforts, encouraging the rapid sharing of research outputs, could be more effective and impactful.
- Sharing of anonymised datasets from any undertaken analysis.
- Internal presentation.
- Infographic – suitable for sharing on social media – summarising the key findings.

All deliverables must be made available under the Creative Commons Attribution licence (CC-BY).

## Timeline

Table 1 shows the indicative timescales for this piece of work. When responding to this Brief, applicants are asked to comment on the feasibility of meeting the timetable outlined here.

Activity	Date
Issue the Brief to potential contractors	24/05/21
Expressions of interest deadline	14/06/21 9am (BST)
Submission of RFP responses deadline	9/07/21 5pm (BST)
Contractor interviews (in person or video conference)	21 <sup>st</sup> -28 <sup>th</sup> July
Contractor appointed (contract for services signed)	16/08/21
First Steering Committee mtg	Sept 2021
Mid-term meeting with Steering Committee	Dec 2021
Final report	Feb/Mar 2022

*Table 1: Timeline*

## Budget

A total budget of up to £100,000 (including VAT) is available to support this work. Wellcome will award the contract.

Payments will be linked to milestones, which will be agreed with the contractor.

## Steering Group

A small Steering Group will be convened to oversee the work, including representatives from Wellcome, the Gates Foundation, and UKRI, along with representatives of other signatories of the Covid data sharing statement. The Steering Group is to be convened by Wellcome and will help steer the planned research.

The appointed contractor will need to work with this group and participate in at least three face-to-face (or virtual) meetings – a kick-off meeting; mid-term update, and a final meeting to discuss the draft results of the report.

## Consultant requirements

We are seeking an independent consultant (which may be an individual consultant, organisation or team) who can demonstrate:

- understanding of the aims of the project and objectives.
- extensive knowledge of the data sharing landscape.
- knowledge, experience and credibility in;
  - o managing and delivering similar projects for high profile organisations,
  - o developing evaluations/impact assessments in the field of science and health.

It would be advantageous if:

- the consultant has strong existing networks within the community.
- The consultant has global expertise and experience

## Responding to this brief

Contractors who wish to respond to this Brief should complete the [Expression of Interest form](#) no later than **09:00 (BST) on 14<sup>th</sup> June 2021**. Following consideration of EoIs we will invite contractors (by 18<sup>th</sup> June) to complete a full application by the beginning of July.

If you would like to discuss any aspect of this call please contact Georgina Humphreys ([g.humphreys@wellcome.org](mailto:g.humphreys@wellcome.org)).

## Annex – Contract for services

Suppliers submitting proposals as a registered company should review this [document](#).

Individuals submitting proposals as a sole trader (not registered) should review this [document](#).