

# Research, Evidence & Development Initiative (READ-It)

**Report of Outcome and Output details for the following periods:**

**1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022<sup>1</sup> and**

**1<sup>st</sup> April to 30<sup>th</sup> September 2022<sup>2</sup>**

Version: 31<sup>st</sup> October 2022 (Final)

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<sup>1</sup> Covers 2<sup>nd</sup> period of Implementation Year 3 from 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (6-months)

<sup>2</sup> Covers 1<sup>st</sup> period of Implementation Year 4 from 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (6-months)



<b>Project Name: Research, Evidence and Development Initiative (READ-It)</b>	
<b>Project Value:</b> £6,995,872	<b>Project Number:</b> 300342-104
<b>Start Date:</b> 15 <sup>th</sup> May 2018	<b>End Date:</b> 31 <sup>st</sup> March 2024
<b>Report date:</b> 31 <sup>st</sup> October 2022 (Final)	<b>Review Date:</b>

The READ-It annual report covers the periods **1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022** (2<sup>nd</sup> period of Implementation Year 3) and **1<sup>st</sup> April to 30<sup>th</sup> September 2022** (1<sup>st</sup> period of Implementation Year 4). The six-monthly reporting periods are clearly highlighted throughout the report.

## SUMMARY

Evidence syntheses by independent skilled teams core to global and national health policies, and COVID-19 has demonstrated that high quality reviews, updated in real time, are central to evidence based infectious diseases policies. The methods and evidence-to-policy procedures that this programme of work has helped develop (and continues to) over many years underpins the World Health Organization (WHO) and some country governments' responses, and has contributed to immediate impact on policy, practice and health outcomes.

From March 2020, READ-It staff and contributors pivoted to COVID-19 global and national priorities. This continued through to 2021 and some COVID-19 related activities and outputs are still ongoing in 2022.

The READ-It response mode to the COVID-19 pandemic included collaborative efforts with the Central Cochrane Editorial Service Team and the Birmingham-led COVID-19 diagnostic review group, with outputs being published in the Cochrane Infectious Diseases Group portfolio; and the South Africa and India READ-It partners continue to support teams leading COVID-19 national guidance development. At the heart of this response is a focus on avoiding unnecessary duplication, working together to move faster and delivery of bespoke products ready to inform national and international guidance.

READ-It work on high-impact reviews and "core" projects is proceeding, with substantive advances in our core work in tuberculosis (TB), malaria, and nutritional global guidance development, and in our capacity and experience in qualitative evidence synthesis. Examples are included below:

- [Factors that influence parents and informal caregivers views and practices regarding routine childhood vaccination](#) and [Community views on mass drug administration for filariasis](#) were two qualitative evidence syntheses published (October 2021 and February 2022 respectively).
- Updates of two reviews [Vaccines for preventing rotavirus diarrhoea: vaccines in use](#) and [Indoor residual spraying for preventing malaria in communities using insecticide-treated nets](#) were completed for WHO guidelines and published (November 2021 and January 2022 respectively).
- Update of the [Pyronaridine-artesunate for treating uncomplicated Plasmodium falciparum malaria](#) review (June 2022), which informed WHO malaria guidelines.
- [Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk](#) review was published (January 2022) which looks set to challenge - if not overturn - decades of 'conventional wisdom' that underpins a huge global market for low-carb diets and foods; in 2021 this market was worth USD 11 billion and was expected to grow to nearly USD 19 billion by 2029. (<https://www.databridgemarketresearch.com/reports/global-low-carb-diet-market>). The need for robust evidence on weight loss is becoming acute in LMICs, where obesity and related non-communicable diseases are increasing steadily.
- [Accuracy of measures for antiretroviral adherence in people living with HIV](#): a new review published (July 2022) to determine the accuracy of simple measures of antiretroviral (ART) adherence (including patient self-report, tablet counts, pharmacy records, electronic monitoring, or composite methods) for detecting non-suppressed viral load in people living with HIV and receiving ART treatment.

- [Replacing salt with low-sodium salt substitutes \(LSSS\) for cardiovascular health in adults, children and pregnant women](#): a new review published (August 2022) to assess the effects and safety of replacing salt with LSSS to reduce sodium intake on cardiovascular health in adults, pregnant women, and children. This was presented to the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health, who used it to inform the recommendation for the WHO Guideline on the use of low-sodium salt substitutes. The Guideline Development Groups (GDG) meetings have been held and the draft guideline has been prepared and it is anticipated that the GDG will launch the draft for public consultation before the end of 2022; and the final guidelines will be published after this process. This Cochrane review has also informed a New Zealand Health Foundation [Sodium and Heart Health Position Statement](#) (2022).
- The [Ivermectin for preventing and treating COVID-19](#) review was updated (June 2022) to assess the efficacy and safety of ivermectin plus standard of care compared to standard of care plus/minus placebo, or any other proven intervention for people with COVID-19 receiving treatment as inpatients or outpatients, and for prevention of infection with SARS-CoV-2. This review has become the “gold standard” globally for discounting ivermectin and has been widely cited. The editorial team were key informants to the [BBC disinformation team feature](#).
- The [Xpert MTB/RIF Ultra assay for tuberculosis disease and rifampicin resistance in children](#) review update (September 2022) assessed the diagnostic accuracy of Xpert Ultra for detecting: pulmonary TB, tuberculous meningitis, lymph node TB, and rifampicin resistance, in children with presumed TB plus other secondary objectives detailed within the review. Xpert MTB/RIF Ultra (Xpert Ultra) is a molecular WHO recommended rapid diagnostic test that simultaneously detects *Mycobacterium TB* complex and rifampicin resistance. Parts of this review update informed the [WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents](#) (September 2022).

In guideline development within COVID-19, READ-It has helped governments and international agencies conduct systematic reviews and related evidence synthesis and provided guidance to ensure evidence-informed decisions. Specifically:

- In South Africa, the READ-It partner is continuing to conduct rapid reviews directly informing [national treatment](#) guidelines,
- At an international level, READ-It is part of the author team for the methods paper [Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: results from the COVID-19 evidence network to support decision-making \(COVID-END\)](#) on behalf of the COVID-END Recommending, Synthesizing and Equity Working Groups. This methods paper suggests how the infodemic can be tackled through equitable collaboration and key partnerships with a focus on reducing research waste and duplication of efforts; and provide key examples and resources for efficient evidence synthesis and guideline development.
- In India, READ-It has contributed to national COVID-19 guideline development by facilitating the evidence-to-decision-making process.

In guideline development to other areas outside of COVID-19, READ-It has contributed to the Kenya network and provided a draft Cochrane review for the WHO Schistosomiasis Guideline, and as reported earlier have informed the recommendation for the WHO Guideline on the use of low-sodium salt substitutes and the [WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents](#).

The full detailed READ-It target details of contributions to global and national guidelines for the 12-month period are covered in section B. Performance and Conclusions: Outcome 1 (Global) and Outcome 2 (National), and Output 2.1 (Global) and Output 2.2 (National).

During this 12-month period READ-It have published the following for log frame Outputs 1.1 and 1.2:

- **14 high-impact Cochrane reviews (new 9, updated 5)**
- **1 high-impact other peer reviewed systematic reviews plus**
- **3 published methods papers that contribute towards improved review quality, efficiency, or uptake**

The full detailed READ-It target details of high-impact systematic reviews and published methods papers for the 12-month period are detailed in section C. Detailed Output Scoring: Number 1: Output 1.1 (High-impact systematic reviews) and Output 2 (published methods papers).

Within the above process and during this 12-month period:

- it was the *first-time to be a lead author (first or last author)* on a Cochrane review (new and update) for 15 people (11 women, 4 men); 3 of these first-time lead authors are from a low- and middle-income countries (LMICs) (3 women).

READ-It can also report on the following for this 12-month period:

- During the entire period, READ-It staff continue to have substantive input to policy and direction with Cochrane and international guideline groups. In WHO several members have been appointed as Guideline Methodologists, and as such are the deputy chairs of the guideline groups. To date this includes WHO TB screening (Tamara Kreda), WHO Nutrition Guidelines (Celeste Naude), malaria vector guidelines (Joseph Okebe), and Echinococcus Guidelines (Priscilla Rupali); also as members of the Guidance panels, in nutrition (Solange Durao). The staff in South Africa have also been involved in National guideline development as panel members and methodologists. Section B for Output 3.2 includes details of other international and national READ-It memberships.
- Following Paul Garner's retirement, and informed by discussions and agreement with FCDO, the new [READ-It Management Team](#) from 1<sup>st</sup> August 2022 includes Taryn Young (Director), Ben Morton (Deputy Director), and Paula Waugh (Programme Manager). The Advisory Group includes Sally Green, Marion Kelly, and Paul Garner.
- The READ-It website includes a new [Key achievements](#) page (updated 31 March 2022). This dashboard page is updated every six months, informed by the READ-It annual reports.

*Below is a standard statement for the Implementation year reports kept in for reference only:*

Updated Annex 1a submitted with the Implementation Year 3 report submission (annex covers the full Implementation Year 3: 12-months from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022) to show the outcome and output targets achieved at end-Implementation Year 3, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Implementation Year 3.

## A: INTRODUCTION AND CONTEXT

### Outline of the programme

FCDO has supported the development of evidence synthesis as a science to help inform policy since 1992 through the Liverpool programme. With the support of FCDO, the programme has developed over the years, with a strong emphasis on high-impact reviews that influence policy; on capacity development; on dissemination of findings; and on ensuring the evidence produced is institutionalised in decision making.

The programme has had substantial impact on developing a portfolio of influential reviews, developing methods, assuring adoption of methods, contributing to debate in contested areas, in informing global and national policies and decision making, and developing a critical mass of highly capable academics and administrators worldwide in evidence synthesis and guideline development.

READ-It changed the way it does business in the following ways:

1. Our Key Performance Indicators (KPIs) are ONLY high-impact reviews (or reviews we anticipate will be high impact) to measure progress against our most important output (output 1). Whilst we continue to report the production of other high-priority reviews, they are not counted in the log frame output. This aims to create incentives across the partnership to focus scarce resources on areas for impact and avoid reviews on trivial topics. High impact is defined as reviews informing policies or spending; generating and informing international debates; or widely used in scientific or general media; these will be generally related to public health and primary care in LMICs.
2. We have included methods development as an output indicator in the log frame, to ensure contributors in LMICs to advance methods.
3. We are promoting leadership across partners and developing independent hubs in LMICs.

As reported at the end of Implementation Year 2, from March 2020 READ-It continued to be involved with **COVID-19 pandemic** responses and this continued into Implementation Year 3 and Year 4. During this time, READ-It balanced driving forward with the additional work from COVID-19 reviews, and have been strategic in our inputs to this.

### COVID-19 Co-ordinated response

- We continue to be part of the Cochrane response to the COVID-19 pandemic.
- CIDG and the South Africa team continue to be involved in the COVID-19 pandemic response (reviews and in-country support) as required.
- READ-It continues to work with Christian Medical College Hospital (CMCH) India on national COVID-19 guidance.
- READ-It continued to work with all partners on priority reviews that are of global significance related to COVID-19 and its consequences.

### COVID-19 South Africa Programme

- The SA team continues to link with COVID-19 Evidence Network to support Decision-making (COVID-END) a time-limited network that brings together more than 50 groups working in evidence-synthesis, technology-assessment, and guideline-development from around the world – the objective to share and minimize duplication.  
<https://www.mcmasterforum.org/networks/covid-end>
- The COVID-19 priority topics READ-It SA have been/are involved in are:
  - Diagnostic testing – a suite of reviews (managed by Cochrane Central with input from CIDG)
  - Food security (Cochrane)
  - Obesity as an independent risk factor for COVID-19 severity and mortality (Cochrane)
- The National Department of Health are linking to SA GRADE Network, run by Centre for Evidence-based Health Care (CEBHC) and Cochrane South Africa (CSA), to get reviews done. We have continued to conduct a number of rapid reviews to inform the recommendations made by the National Therapeutic Guidelines Sub-Committee for COVID-19 <https://www.health.gov.za/covid->

[19-rapid-reviews/](#). Rapid reviews are being indexed and can be found on Epistemonikos. To date completed 68 rapid reviews informing national COVID-19 policy.

### Rapid reviews prepared by SA GRADE Network

#### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Rapid review of Nirmatrelvir-ritonavir for COVID-19 14 March 2022](#)
- [Rapid review of Remdesivir for COVID-19 Update 15 February 2022](#)
- [Rapid review of Molnupiravir for COVID-19 20 December 2021](#)
- [Rapid review of Baricitinib for COVID-19 19 November 2021](#)
- [Rapid review of Colchicine for COVID-19 19 November 2021](#)
- [Rapid review of NSAIDs for COVID-19 19 November 2021](#)
- [Rapid review of Fluvoxamine for COVID-19 5 November 2021](#)
- [Rapid review of Doxycycline for COVID-19 15 October 2021](#)
- [Rapid review of Rivaroxaban for COVID-19 8 October 2021](#)
- [Rapid review of Zinc for COVID-19 23 September 2021](#)

#### 1<sup>st</sup> April 2022 to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- [Rapid review of Tocilizumab for the treatment of COVID-19: Evidence review of the clinical benefit and harm Update 6 April 2022](#)
- [Rapid review of Intravenous immunoglobulin for COVID-19: Evidence review of potential benefit and harm Update 6 May 2022](#)
- [Rapid review of Should baricitinib be used to treat COVID 19? Update 6 May 2022?](#)
- [Rapid review of Bacille Calmette-Guerin \(BCG\) vaccine for preventing SARS-CoV-2 infection or improving COVID-19 outcomes: Evidence review of clinical benefits and harms Update 20 May 2022](#)
- [Rapid review of Remdesivir for COVID-19: Evidence review of the clinical benefit and harm Update 25 May 2022](#)
- [Rapid review of Should fluvoxamine be used to treat COVID-19? Update 27 May 2022](#)
- [Rapid review of Extended thromboprophylaxis with rivaroxaban in patients with COVID-19 at high risk of thrombotic events 6 June 2022](#)
- [Rapid review of Inhaled corticosteroids in ambulatory and hospitalised patients with COVID-19, not requiring oxygen therapy Update 6 June 2022](#)
- [Rapid review of Antiplatelets as treatment for COVID-19 4 July 2022](#)
- [Rapid review of Should the BNT162b2 COVID-19 vaccine be used for children aged 5-11 years old in South Africa 18 July 2022](#)

- Associated with the above, a memorandum of understanding (MoU) between CEBHC, CSA, and the National Department of Health was fully executed for a 3-year period (as reported in previous annual review report).
- The team responds to media requests for evidence on COVID-19 treatments and prevention.

### Progress in established core areas

READ-It started in May 2018 with an initial Inception phase until 31<sup>st</sup> March 2019, during this phase the Management Team (Paul Garner, Taryn Young, and Paula Waugh) engaged with both established and new partners exploring priority topics, which were agreed and form part of the READ-It priority topic list. The priority list relates to burden of disease, potential of interventions to change improve health, and our own expertise and portfolio. This is a result of our horizon scanning of topics; discussions with academic and policy colleagues; and dialogue with governments and the WHO.

We are now following up:

- Malaria treatment, malaria vector control, TB, and neglected tropical diseases (NTDs) (CIDG);
- Nutrition in public health, diet, exercise, and the emerging obesity epidemic in children (Cochrane Nutrition; and the Cochrane Public Health and Health Systems Network (until 31 December 2021));
- Mental health in primary care (EPOC);
- The science of qualitative evidence synthesis methods, applications, and reviews in NTDs and tuberculosis (CIDG).

The following partnerships are now established and continuing to work on their individual work plans – the below table is the latest status on 30<sup>th</sup> September 2022:

<b>Africa</b>	Lead	South Africa	Stellenbosch University (SU) (Taryn Young), and
	Partners	South Africa	South African Medical Research Council (SAMRC) (joint with Stellenbosch University)
			Both SU and the South African Medical Research Council link to Cochrane Africa (thus Cochrane Nigeria, Cochrane Kenya, and Cochrane Cameroon) and GRADE South Africa
<b>Asia</b>	Partners	India	CMCH (National COVID-19 Clinical Treatment Guidelines)
		Nepal	Birat Nepal Medical Trust (BNMT) (official contract ended 31 <sup>st</sup> March 2022 but some continued activities in September 2022)
<b>Europe</b>	Global lead	UK	Liverpool School of Tropical Medicine (LSTM) (Paul Garner; from 1 <sup>st</sup> August 2022 Ben Morton); READ-It Management office, and CIDG
	Partner	UK	EPPI-Centre, University College London (UCL)
		Norway	Effective Practice and Organisation of Care (EPOC) (MoU)
<sup>1</sup> WHO – official WHO Collaborating Centre for Evidence Synthesis in Global Health (February 2020 to March 2024)			
Previous partners: Year 1: India, Campbell Collaboration - New Delhi office (only arranged a contact/work plan for Year 1) Years 1-2: Zambia, University of Zambia (only arranged a contact/work plan for Years 1-2) Years 1-3: The Union International Union Against TB and Lung Disease (The Union) - South-East Asia Regional Office (only arranged a contact/work plan for Years 1-3)			

Whilst our stakeholders are stated in the log frame are country governments, and bilateral, multilateral, UN, and other global agencies, we also provide relevant new knowledge to the UK Government related to the well-being of UK citizens. For example, our reviews are related to traveller health, plague, TB, and in COVID-19 public health and diagnostic areas, and methods development.

## New relationships

READ-It continues to support Eleanor Ochodo to establish a Centre for Evidence Synthesis in Kenya. Eleanor Ochodo obtained a DFID/MRC African Leadership Grant award through the LSTM supported by Paul Garner and Taryn Young. This has been previously reported, and this support continues as the DFID/MRC African Leadership Grant is in place until 2024.

We have had a long-term collaboration with India with the Cochrane Centre India. As previously reported, we helped the CMCH establish a full clinical guidelines process for COVID-19, with teams preparing reviews and full national panels in topic areas. This is a phenomenal project and the COVID Management Guidelines India Group can be viewed [here](#). We have arranged a fully executed subcontract and work plan with CMCH for Implementation Years 4 and 5.

## Management

The READ-It Management Team have established and continue regular communication and work together; a series of READ-It conference calls are scheduled every 2-weeks with rotating agendas to discuss a) READ-It Management Team issues, and b) READ-It review portfolio (agreed and potential titles) and dissemination issues. As previously reported, during the start of the COVID-19 pandemic until December 2020, the regular READ-It Management Team conference calls were scheduled every week to ensure any issues related to both “core” and “COVID-19” activities and progress could be discussed including other routine management issues.

The READ-It Management Team established the READ-It Advisory Group, which provides oversight on partner plans, large ticket review priorities, and annual review reports. It is jointly chaired by Sally Green and Marion Kelly, and Paul Garner joined as a new member from 1<sup>st</sup> August 2022. We aim to hold

conference calls with the Advisory Group twice a year, with ad hoc conference calls to discuss any urgent issues, if required.

READ-It financial and management procedures have become more complex as systems in LSTM have changed and in response to funders. READ-It has managed these new procedures efficiently. Despite the increase in workload, we have done this without additional human resources.

The READ-It Management Team and Partner conference calls were previously scheduled every 2-3 months, which provided all Partners an opportunity to give a brief update of their current progress against “core” activities and currently also any “COVID-19” activities, as well as discussing any READ-It management issues. From 1<sup>st</sup> August 2022, all Partners have now been invited to join the READ-It Review portfolio and dissemination meetings, which are scheduled every month.

## **Reporting**

### **Management of partner progress reports**

This takes place every 6-months and includes a review and assessment feedback of all partner progress reports, which shows the performance against agreed expected deliverables. We then use this assessment to determine if partners are on track against the agreed work plan and deliverable due dates, and in line with the agreed budgets.

### **Monitoring database**

Partners upload details of publications, editorial data, and other monitoring information to the online monitoring database in real time. This is used by the Liverpool Management office for the annual reports, updating the log frame targets and the annual ResearchFish submission for the READ-It programme. The ResearchFish 2020, 2021, and 2022 submissions were completed and submitted in July 2020, July 2021, and September 2022 respectively.

### **Financial management**

We are continuing to use two options of payments for partners 1) advance (special case agreed by FCDO for LMIC-based organisations) and 2) actual incurred costs. Both payment options are assessed using the detailed financial reports (mid- and full-year) submitted by Partners (to the READ-It Liverpool Management office) against the payment option reporting schedule for the individual partner and linked to the progress report assessments. All reporting expectations are included within the official LSTM and partner subcontracts. The READ-It Management team can request further support from the LSTM RMS office in relation to the due diligence expectation of all READ-It partners, if required.



## B: PERFORMANCE AND CONCLUSIONS

### Annual impact assessment

Annual <u>impact</u> assessment	Targets for Implementation years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-months of the individual implementation year(s)</i>	Formal outcome reported for log frame Progress achieved by end-Year 3 and mid-Year 4	In progress <sup>3</sup> at 30 <sup>th</sup> September 2022
<p><b>IMPACT:</b> Improved health outcomes or health service efficiency through applying reliable evidence synthesis in LMICs</p> <p>Impact Indicator 1. <b>Case studies</b> of improved health outcomes or health services efficiency linked to adoption of policies or guidelines that we have influenced</p>	<p>Implementation Year 3 target: 2 ----- Implementation Year 4 target: 1</p>	<p><b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> (2<sup>nd</sup> period of Implementation Year 3)</p> <p>Target achieved: <u>2</u></p> <p>COVID-19 National Guidelines in South Africa and India: READ-It has participated and influenced the process and the conclusions</p> <p>CIDG reviews in COVID-19 in ivermectin, chloroquine and COVID-19 diagnostics: substantial impact of all these reviews</p> <hr/> <p><b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> (1<sup>st</sup> period of Implementation Year 4)</p> <p>Target achieved: <u>3</u></p> <p>Since 1998, the programme has challenged the evidence for soil transmitted community deworming programmes. In 2022, the impact of these is clear, as the <a href="#">Lancet</a> and <a href="#">GiveWell</a> have now stopped recommending them.</p> <p>Rotavac and rotasil vaccines have been added by the Strategic Advisory Group of Experts on Immunization (SAGE) as options for rotavac in global guidance based on the Cochrane review update; also finessing of dosing/regimens (long term investment impact); the latest official recommendations, some of them based on the review, are in the position paper from 2021 <a href="#">WHO position paper</a></p> <p>Cochrane TB diagnostics portfolio: 10 reviews, updated over time, have guided WHO diagnostic test purchase and use</p>	<p>Potential case studies: Nutrition group have series of reviews that have impacted on public health through WHO Guideline recommendations, including the WHO Guideline on the use of low sodium salt substitutes and the WHO Guideline on School Food and Nutrition Policies</p>
		<p><b>Aggregated total achieved: 5</b></p>	

<sup>3</sup> These are projects that may yield indicators that will be counted when the projects are completed

## Annual outcome assessment

Annual outcome assessment	Targets for Implementation years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-months of the individual implementation year(s)</i>	Formal outcome reported for log frame Progress achieved by end-Year 3 and mid-Year 4	In progress <sup>4</sup> at 30 <sup>th</sup> September 2022
<b>Outcome 1.</b> New or amended <b>global</b> policies or guidelines relevant in the poor and vulnerable, including women: decisions are <u>aided by</u> READ-It outputs	Implementation Year 3 target: 1	<b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> (2 <sup>nd</sup> period of Implementation Year 3) Target achieved: <u>2</u>	WHO Guideline on the use of Low sodium salt substitutes WHO Guideline on School Food and Nutrition Policies WHO Treatment of cystic echinococcosis guidelines
	Implementation Year 4 target: 2	<b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> (1 <sup>st</sup> period of Implementation Year 4) Target achieved: <u>0</u>	
	<b>Aggregated total achieved: 2</b>		
<b>Outcome 2.</b> New or amended <b>national</b> policies or guidelines relevant in the poor and vulnerable, including women: decisions are <u>aided by</u> READ-It outputs	Implementation Year 3 target: 3 -----	<b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March</b> Target achieved: <u>1</u>	New India COVID-19 guidelines in progress
	Implementation Year 4 target: 3	<b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> Target achieved: <u>1</u>	
	<b>Aggregated total achieved: 2</b>		
<b>Outcome 3.</b> Evidence that bilateral, multilateral, UN, or global agency (including FCDO, Gates, & GAVI) alter investment based on outcome 1 or 2	Implementation Year 3 target: 1 -----	<b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> Target achieved: <u>1</u>	
	Implementation Year 4 target: 1	<b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> Target achieved: <u>0</u>	
	<b>Aggregated total achieved: 1</b>		
<b>Outcome 4.</b> Case studies of READ-It leadership influencing national decision-making processes	Implementation Year 3 target: 1 -----	<b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> Target achieved: <u>3</u>	Centre influence on National Nutrition Policies led by Celeste Naude CIDG piloted “living guidelines” approach in 1998, contributed to updating policies and helped develop and implement “living guidelines” in COVID-19 reviews
	Implementation Year 4 target: 1	<b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> Target achieved: <u>0</u>	
	<b>Aggregated total achieved: 3</b>		

## Overall outcome assessment

### Informing policy

We have continued to be busy and productive, working at high capacity with COVID-19 and our already established READ-It review portfolio.

<sup>4</sup> These are projects that may yield indicators that will be counted when the projects are completed

## Outcome 1

Global guidelines/policies that have been published, that have been aided by READ-It outputs informing the guidelines.

### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

The **two** published global guidelines/policies that have been published within this current reporting period and included in the above target table are (*also linked to Output 2.1 items*):

- The [WHO guidelines on schistosomiasis](#) (14<sup>th</sup> February 2022) which cites several CIDG reviews published in [2012](#), [2013](#), [2014](#), [2015](#) and one that used Cochrane methods and authors for 2022
- WHO Consolidated guidelines on TB:
  - [Module 2: Screening – Systematic screening for tuberculosis disease](#) (March 2021)
  - [Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection](#) (July 2021 update)
  - Module 5: Management of TB in children and adolescents (guideline 21<sup>st</sup> March 2022 and handbook 21<sup>st</sup> March 2022); an update of [Module 5: Management of tuberculosis in children and adolescents guideline](#) has been published in September 2022 which supersedes the earlier version.

### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

No new or amended global guidelines/policies (at target level) have been published within this current reporting period.

*In addition*, other global guidelines/policies published in 2021-22 and not reported at target level that READ has contributed to are:

- [WHO Refugees and migrants in times of COVID-10: mapping trends of public health and migration policies and practices](#) (June 2021)
- [WHO Technical Report Series. The Selection and use of essential in vitro diagnostics: Report of the third meeting of the WHO Strategic Advisory Group of Experts on In Vitro Diagnostics, 2020 \(including the third WHO model list of essential in vitro diagnostics\)](#) (2021)
- [WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach](#) (16<sup>th</sup> July 2021)
- [WHO recommendations on maternal and newborn care for a positive postnatal experience](#) (March 2022) which was informed by a suite of 13 Cochrane reviews; the South African team were involved with one of the Cochrane reviews.
- [WHO Guidelines for malaria](#) (June 2022) which supersedes two previous WHO publications: the *Guidelines for the treatment of malaria, third edition* and the *Guidelines for malaria vector control*. Informed by a suite of 21 Cochrane reviews.
- [WHO Guidelines for diagnosing, preventing and managing cryptococcal disease among adults, adolescents and children living with HIV](#) (June 2022)

## Outcome 2

National guidelines/policies that have been published, that have been aided by READ-It outputs informing the guidelines.

### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

The **one** published national guidelines/policies that have been published within this current reporting period and included in the above target table are (*also linked to Output 2.2 items*):

- [S3-Guideline: Measures to prevent and control SARS-CoV-2 transmission in schools - Living Guideline](#) (November 2021)

### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- [New Zealand Heart Foundation: Sodium and Heart Health Position Statement](#) (2022)

*In addition*, other national guidelines/policies published in 2021-22 and not reported at target level that READ-It has contributed to are:

- [Primary Healthcare \(PHC\) Standard Treatment Guidelines and Essential Medicines List \(EML\) for South Africa](#) with updates to some chapters and published 2022.

- [S1-Guideline: Home care, social participation and quality of life for people in need of outpatient care during the COVID-19 pandemic - Living Guideline](#) (2021)
- [British HIV Association guidelines for the management of HIV-2 2021](#) (2021)
- [British HIV Association guidelines for the management of tuberculosis in adults living with HIV 2018 \(2021 interim update\)](#) (2021)
- [IFCC Taskforce on COVID-19. IFCC interim guidelines on rapid point-of-care antigen testing for SARS-CoV-2 detection in asymptomatic and symptomatic individuals](#) (April 2021)
- [Canadian society of clinical chemists \(CSCC\) consensus guidance for testing, selection and quality management of SARS-CoV-2 point-of-care tests](#) (May 2021)
- [Working Group on COVID-19 in Pediatrics of the Emilia-Romagna Region \(RE-CO-Ped\). COVID-19 Management in the Pediatric Age: Consensus Document of the COVID-19 Working Group in Paediatrics of the Emilia-Romagna Region \(RE-CO-Ped\), Italy](#) (April 2021)
- [American College of Rheumatology Guidance for the Management of Pediatric Rheumatic Disease During the COVID-19 Pandemic: Version 2](#) (August 2021)
- [American Gastroenterological Association \(AGA\) Rapid Review and Guideline for SARS-CoV2 Testing and Endoscopy Post-Vaccination: 2021 Update](#) (May 2021)
- National Institute for Health and Care Excellence (NICE). [Clinical Knowledge Summaries: Scabies](#) (June 2022)
- [S2K Guideline: Tuberculosis in Adults](#) (2022)

The South Africa team continue to contribute to the COVID-19 National Treatment Guidelines in South Africa. The South Africa team started working on this within the 1<sup>st</sup> period of Implementation Year 2 and the work has continued to-date:

- <https://www.health.gov.za/covid-19-rapid-reviews/>
- [National Essential Medicines List Committee on COVID-19 Therapeutics Terms Of Reference \(health.gov.za\) National EML Committee on Covid-19 Therapeutics Terms Of Reference \(health.gov.za\)](#) (latest version 6: 15<sup>th</sup> September 2021)

*In addition*, to the previously reported national [India COVID-19 Guidelines](#) organised by CMCH, the national guidelines were highlighted in a [Forbes](#) piece (6<sup>th</sup> January 2022) with a longer description in [“Exemplars in Global Health”](#) (19<sup>th</sup> October 2021). CMCH continued to be involved with the Covid Management Guidelines India Group working on an updated version of the India COVID-19 Guidelines.

### Outcome 3

Evidence that bilateral, multilateral, UN, or global agency (including FCDO, Gates, & GAVI) alter investment based on outcome 1 or 2.

#### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Our rotavirus review influenced SAGE discussions on rotavirus vaccines and led to the introduction of two new vaccines.](#)

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No new Outcome 3 items (at target level) to report within this period.

*In addition*, we influenced funding decisions related to a trial of ivermectin for COVID-19 by briefing FCDO advisers on the evidence in this area

### Outcome 4

Case studies of READ-It leadership influencing national decision-making processes.

#### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- Tamara Kredo leading the MRC SA contributing to national guideline development in South Africa.
- Eleanor Ochodo is a methodologist for WHO and national guidelines; and is collaborating with the Ministry of Health Kenya on developing the National EDL; and was awarded the Kenneth Warren Prize in 2022 (winners were formally announced at the Cochrane Annual General Meeting on 17<sup>th</sup> October 2022).

- Priscilla Rupali, Bhagteshwar Singh, and Richard Kirubakaran leading COVID Guideline Development in India (classed as one target as all based at the same organisation).

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No new Outcome 4 items (at target level) to report within this period.

### New specific topics under development (by 30th September 2022)

- **WHO Nutrition guidelines:** the South Africa team has prepared various reviews which are informing WHO guidelines:
  - a scoping review assessing the existing evidence base on School Food and Nutrition Policies was published as a WHO publication. A systematic review on policies and/or interventions that influence the school food environment for improved nutrition and better health (WHO multiplier funds secured) was presented at the third meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) subgroup on policy actions (PROSPERO registration [https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42020186265](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020186265)).
  - findings of a systematic review on efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children, and pregnant women (WHO multiplier funds secured) were presented at GDG meetings in December 2021 for a new WHO Guideline on the use of Low sodium salt substitutes.

For both of the above WHO guidelines, the latest GDG meetings have been held and the draft guidelines have been prepared and it is anticipated that the GDG will launch the draft for public consultation before the end of 2022; and the final guidelines will be published after this process.

- **WHO Treatment of cystic echinococcosis guidelines:** the UK team (Rebecca Kuehn) has prepared draft research summaries related to PICO questions, a report of the values and preferences consultation, and a GRADE table for ACT safety in pregnancy for the WHO GDG to use at meeting which is due to held in October/November 2022 to consider the treatment of cystic echinococcosis.
- **WHO guideline to improve the out-of-home food environment:** the SA team (Solange Durão, Amanda Brand and Marianne Visser are supporting a team in India (ICMR- National Institute of Epidemiology, Chennai) working on a scoping review on menu labelling and portion size control to improve the out-of-home food environment for the WHO GDG.
- **WHO guideline:** the SA team (Celeste Naude) is finalising a scoping review for WHO GDG in relation to health effects of tropical oil consumption.

### Overall strategy

- We are updating and refreshing our overall strategy to help ensure cohesion across topics, whilst allowing some level of responsiveness to national priorities.
- The COVID-19 pandemic demonstrated how the READ-It organisation is flexible and responsive to changing needs from March 2020 onwards.
- The demand from host governments and from the WHO in malaria and nutrition provides evidence that our work is valued.
- Our development of the science around qualitative evidence synthesis has very important potentials. This may well help provide a route for research evidence influencing health systems. We have several projects in the pipeline.
- Cochrane is changing as the result of changes in the National Institute for Health and Care Research (NIHR) funding. We are working closely with Cochrane Central Executive on this; our formal systems for separating editorial management from review development are well-established and this may well align with anticipated changes in the organization.

### Key lessons

We have direct influence on government policies where we have strong teams of READ-It partners, including India (shown in extrapulmonary TB and COVID-19 guidance); in Kenya (with COVID-19 vaccine in pregnancy advice sought by government from Eleanor Ochodo); in Nepal (with nascent work on Vitamin A);

and in South Africa (with many routes through established links with provincial and national governments). The lesson is that national influence comes about with strong READ-It partners in country.

### **Key actions**

To work with established partners to develop government links and responsive mechanisms at national level to develop these outcomes.

### **Has the log frame been updated since the last review?**

READ-It log frame agreed at the end of the Inception phase and a minor amendment was made on 26<sup>th</sup> April 2019. No further updates made to the 26<sup>th</sup> April 2019 version of the READ-It log frame.

*Below is a standard statement for the Implementation year reports kept in for reference only:*

Updated Annex 1a submitted with the Implementation Year 3 report submission annex covers the full Implementation Year 3: 12-months from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022) to show the outcome and output targets achieved at end-Implementation Year 3, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Implementation Year 3.

## C: DETAILED OUTPUT SCORING: NUMBER 1

<b>Output Title</b>	<b>Timely, high-impact, published Cochrane or other peer-reviewed systematic reviews that will benefit the health of the poor and vulnerable, including women</b>		
Output number per LF	<b>Output 1</b>		
Risk:	<b>Minor</b> Moderate Major Severe	Impact weighting (%):	50%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Implementation Years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Progress achieved for 1st October 2021 to 31st March 2022 (2nd period of Implementation Year 3)	Progress achieved for 1st April to 30th September 2022 (1st period of Implementation Year 4)	Aggregated total targets achieved for full-Year 12-months: 1st October 2021 to 30th September 2022
<b>1.1</b> Number of <b>high impact</b> systematic reviews that can contribute to decisions concerned with the content and delivery of poverty-related services and programmes	Implementation Year 3 target: 4 ----- Implementation Year 4 target: 5	Target achieved: <u>9</u> (Cochrane reviews: new 6, updated 2, other systematic reviews 1)	Target achieved: <u>5</u> (Cochrane reviews: new 2, updated 3, other systematic reviews 0)	<b>Aggregated total target achieved: <u>14</u></b> (Cochrane reviews: new 8, updated 5, other systematic reviews 1)
<b>1.2</b> Number of <b>published methods</b> that contribute towards improved review quality, efficiency, or uptake	Implementation Year 3 target: 1 ----- Implementation Year 4 target: 2	Target achieved: <u>37</u>	Target achieved: <u>0</u>	<b>Aggregated total target achieved: <u>3</u></b>
In addition to the above indicator output targets:  <i>A total of 11 systematic reviews published in total (Cochrane and other peer reviewed systematic reviews)</i> <i>Note: this total includes the above reported 1.1 target figures</i>	No target	<u>11</u> (Cochrane reviews: new 6, updated 2, other systematic reviews 3)	<u>15</u> (Cochrane reviews: new 6, updated 7, other systematic reviews 2)	<b>26</b>

### Output Indicator 1.1 High-impact systematic reviews (Cochrane and non-Cochrane)

We have been working hard on delivering a series of reviews in progress and developing new topic areas for the remaining 2-years of the programme to 31<sup>st</sup> March 2024. We have also published several other outputs including high-priority Cochrane reviews (new and updated), other peer-reviewed systematic reviews, other peer review publications, and Cochrane protocols.

Full details of all publications are included in the relevant Implementation year Annex 4 documents (Publications, editorial data, and other monitoring information). The Annex 4 submitted with this report

only covers period from 1<sup>st</sup> April to 30<sup>th</sup> September 2022; the full Implementation Year 3 Annex 4 was submitted with the mid-Year report on 8<sup>th</sup> June 2022.

**Cochrane reviews reported as high impact (output 1.1)**

- We have continued working with Cochrane Central Executive on establishing priority reviews; and we work closely with the international group preparing and updating diagnostic reviews. There were many players conducting reviews of treatments. We have continued to be strategic in our approach to completing relevant Cochrane reviews.
- Various Cochrane reviews continue to be used in global and national guidelines and policies as detailed in Outcomes 1 and 2.
- [World Tuberculosis Day](#) (24<sup>th</sup> March 2022): Cochrane Library released an updated [Special Collection on diagnosing tuberculosis](#), which includes Cochrane Reviews from the [CIDG](#) and other systematic reviews from other international teams. It highlights how Cochrane evidence contributes within a wider landscape of TB evidence and guidelines. The Collection also describes key WHO guidelines on TB diagnostics, and their underpinning systematic reviews, some which are published within the WHO Guideline itself.
- [BBC Reality Check Team article](#) (published 31<sup>st</sup> January 2022) that refers to the earlier version of the [Ivermectin for preventing and treating COVID-19](#) review (July 2021), the Altmetric details can be found [here](#). Quote “The world-leading experts on reviewing medical evidence, Cochrane, concluded based on just these reliable trials that there was “insufficient evidence” to recommend the drug”. The review has been [updated](#) (June 2022).
- Two articles we had major inputs to in relation to the above mentioned ‘Ivermectin for preventing and treating COVID-19’ review are [BBC Reality Check Team article](#) (published 6 October 2021) and [Cosmos](#) article (published 7<sup>th</sup> October 2021).
- A [Cochrane Library editorial](#) was published in relation to the [Replacing salt with low-sodium salt substitutes \(LSSS\) for cardiovascular health in adults, children and pregnant women](#) reported below, the Altmetric details can be found [here](#).
- The 2021 Journal Impact Factor (IF) for the Cochrane Database of Systematic Reviews has been released by Clarivate Analytics, and [the IF is 12.008](#) (an increase from the 2020 IF of 9.289). This is associated to READ-It due to the Cochrane reviews published by Cochrane Reviews Group partners within READ-It, in particular the COVID-19 portfolio of Cochrane reviews. This increase in IF justifies our strategy set some years ago to concentrate on only high-impact, timely reviews and updates.

<b>High impact Cochrane reviews (new and updated)</b>	
<b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> (2 <sup>nd</sup> period of Implementation Year 3)	<b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> (1 <sup>st</sup> period of Implementation Year 4)
<b>Contagious virus</b> <a href="#">Vaccines for preventing rotavirus diarrhoea: vaccines in use</a> (updated Cochrane review: Bergman H, Henschke N, Hungerford D, Pitan F, Ndwandwe D, Cunliffe N, Soares-Weiser K, November 2021)	<b>Contagious virus</b> =
<b>COVID-19</b> =	<b>COVID-19</b> <a href="#">Ivermectin for preventing and treating COVID-19</a> (updated Cochrane review: Popp M, Reis S, Schießer S, Hausinger RIlona, Stegemann M, Metzendorf M-I, Kranke P, Meybohm P, Skoetz N, Weibel S, June 2022)
<b>Health care</b> <a href="#">Factors that influence parents’ and informal caregivers’ views and practices regarding routine childhood vaccination: a qualitative evidence synthesis</a> (new Cochrane review: Cooper S, Schmidt B-M, Sambala EZ, Swartz A, Colvin CJ, Leon N, Wiysonge CS, October 2021)	<b>Health care</b> -



<p><b>HIV</b></p> <p><a href="#">Point-of-care viral load tests to detect high HIV viral load in people living with HIV/AIDS attending health facilities</a> (new Cochrane reviews, Ochodo EA, Olwanda EE, Deeks JJ, Mallett S, March 2022)</p> <p><a href="#">Symptom- and chest-radiography screening for active pulmonary tuberculosis in HIV-negative adults and adults with unknown HIV status</a> (new Cochrane review: van t Hoog A, Viney K, Biermann O, Yang B, Leeflang MMG, Langendam MW, March 2022)</p>	<p><b>HIV</b></p> <p><a href="#">Accuracy of measures for antiretroviral adherence in people living with HIV</a> (new Cochrane review: Smith R, Villanueva G, Probyn K, Sguassero Y, Ford N, Orrell C, Cohen K, Chaplin M, Leeflang MMG, Hine P, July 2022)</p>
<p><b>Malaria</b></p> <p><a href="#">Indoor residual spraying for preventing malaria in communities using insecticide-treated nets</a> (updated Cochrane review: Pryce J, Medley N, Choi L, January 2022)</p>	<p><b>Malaria</b></p> <p><a href="#">Pyronaridine-artesunate for treating uncomplicated Plasmodium falciparum malaria</a> (updated Cochrane review: Pryce J, Taylor M, Fox T, Hine P, June 2022)</p>
<p><b>Nutrition</b></p> <p><a href="#">Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk</a> (new Cochrane review: Naude CE, Brand A, Schoonees A, Nguyen KA, Chaplin M, Volmink J, January 2022)</p>	<p><b>Nutrition</b></p> <p><a href="#">Replacing salt with low-sodium salt substitutes (LSSS) for cardiovascular health in adults, children and pregnant women</a> (new Cochrane review: Brand A, Visser ME, Schoonees A, Naude CE, August 2022)</p>
<p><b>Other infections: parasitic</b></p> <p><a href="#">Chemotherapy for second-stage human African trypanosomiasis: drugs in use</a> (new Cochrane review: Lutje V, Probyn K, Seixas J, Bergman H, Villanueva G, December 2021)</p> <p><a href="#">Community views on mass drug administration for filariasis: a qualitative evidence synthesis</a> (new Cochrane review: Taylor M, Thomas R, Oliver S, Garner P, February 2022)</p>	<p><b>Other infections: parasitic</b></p> <p>-</p>
<p><b>TB</b></p> <p>=</p>	<p><b>TB</b></p> <p><a href="#">Xpert MTB/RIF Ultra assay for tuberculosis disease and rifampicin resistance in children</a> (updated Cochrane review: Kay AW, Ness T, Verkuijl SE, Viney K, Brands A, Masini T, González Fernández L, Eisenhut M, Detjen AK, Mandalakas AM, Steingart KR, Takwoingi Y, September 2022)</p>

### **Other non-Cochrane systematic reviews reported as high impact (output 1.1):**

<b>High impact other non-Cochrane systematic reviews</b>	
<p><b>1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022</b> (2<sup>nd</sup> period of Implementation Year 3)</p>	<p><b>1<sup>st</sup> April to 30<sup>th</sup> September 2022</b> (1<sup>st</sup> period of Implementation Year 4)</p>
<p><a href="#">Effects of interventions for preventing road traffic crashes: an overview of systematic reviews</a> (BMC Public Health: Fisa R, Musukuma M, Sampa M, Musonda P, Young T, March 2022)</p>	<p>-</p>

### **Other high-priority Cochrane or non-Cochrane reviews (not reported at target level)**

#### **1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)**

- No new or updated Cochrane or non-Cochrane high priority reviews to report within this period.

#### **1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)**

- [Rapid molecular tests for tuberculosis and tuberculosis drug resistance: a qualitative evidence synthesis of recipient and provider views](#) (new Cochrane review: Engel N, Ochodo EA, Karanja PW, Schmidt B-M, Janssen R, Steingart KR, Oliver S, April 2022)
- [Xpert MTB/XDR for detection of pulmonary tuberculosis and resistance to isoniazid, fluoroquinolones, ethionamide, and amikacin](#) (new Cochrane review: Pillay S, Steingart KR, Davies GR, Chaplin M, De Vos M, Schumacher SG, Warren R, Theron G, May 2022)
- [Thoracic imaging tests for the diagnosis of COVID-19](#) (updated Cochrane review: Ebrahimzadeh S, Islam N, Dawit H, Salameh J-P, Kazi S, Fabiano N, Treanor L, Absi M, Ahmad F, Rooprai P, Al Khalil A, Harper K, Kamra N, Leeflang MMG, Hooft L, van der Pol CB, Prager R, Hare SS, Dennie C, Spijker R, Deeks JJ, Dinnes J, Jenniskens K, Korevaar DA, Cohen JF, Van den Bruel A, Takwoingi Y, van de Wijgert J, Wang J, Pena E, Sabongui S, McInnes MDF, May 2022)

- [Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19](#) (updated Cochrane review: Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeflang MMG, Spijker R, Hooft L, Emperador D, Domen J, Tans A, Janssens S, Wickramasinghe D, Lannoy V, Horn SR A, Van den Bruel A, May 2022)
- [Interventions to improve water, sanitation, and hygiene for preventing soil-transmitted helminth infection](#) (new Cochrane review: Garn JV, Wilkers JL, Meehan AA, Pfadenhauer LM, Burns J, Imtiaz R, Freeman MC, June 2022)
- [Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection](#) (updated Cochrane review: Dinnes J, Sharma P, Berhane S, van Wyk SS, Nyaaba N, Domen J, Taylor M, Cunningham J, Davenport C, Dittrich S, Emperador D, Hooft L, Leeflang MMG, McInnes MDF, Spijker R, Verbakel JY, Takwoingi Y, Taylor-Phillips S, Van den Bruel A, Deeks JJ, July 2022)
- [Strategies to detect and manage latent tuberculosis infection among household contacts of pulmonary TB patients in high TB burden countries - a systematic review and meta-analysis](#) (Tropical Medicine and International Health: Sagili KD, Muniyandi M, Shringarpure K, Singh K, Kirubakaran R, Rao R, Tonsing J, Sachdeva KS, Tharyan P, 4<sup>th</sup> August 2022)
- [Nirmatrelvir combined with ritonavir for preventing and treating COVID-19](#) (updated Cochrane review: Reis S, Metzendorf M-I, Kuehn R, Popp M, Gagyor I, Kranke P, Meybohm P, Skoetz N, Weibel S, September 2022)
- [Adding rapid diagnostic tests to community-based programmes for treating malaria](#) (updated Cochrane review: Allen EN, Wiyeh AB, McCaul M, September 2022)
- [Storyboarding HIV infected young people's adherence to antiretroviral therapy in lower- to upper middle-income countries: a new-materialist qualitative evidence synthesis](#) (International Journal of Environmental Research and Public Health: Hendricks LA, Young T, Van Wyk SS, Matheï C, Hannes K, September 2022)

Full details of all publications are included in the relevant Implementation year Annex 4 documents (Publications, editorial data, and other monitoring information) as mentioned above. The Annex 4 documents also includes additional Cochrane products and identified guidelines informed\* by some of the Cochrane reviews reported above. *\*Cochrane UK continually checks guideline developers' websites to identify guidelines informed by Cochrane reviews. Links to guidelines are provided if available, although access will depend on the provider.*

## Indicator 1.2 Published methods

### **Published methods papers that contribute towards improved review quality, efficiency, or uptake** 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Testing for saturation in qualitative evidence syntheses: An update of HIV adherence in Africa](#) (PLoS ONE: Rohwer A, Hendricks L, Oliver S, Garner P, October 2021)
- Malaria bed nets work (letter: Economist: Fiennes C, Garner P. October 2021, see below).

#### **Malarial bed nets work**

Alex Nicholls rightly warns against focusing on outputs rather than on outcomes in philanthropic programmes (Letters, October 16th). But his example, that antimalarial bed-net schemes "failed", is incorrect. Contrary to some reporting, few bed nets get used for fishing. A four-country study of over 25,000 bed nets found less than 1% were being misused. A comprehensive analysis by Cochrane, an independent network of researchers, of 23 medical trials encompassing nearly 300,000 people showed that bed nets reduced deaths by a third. A study at Oxford concluded that they averted around 663m cases of malaria in Africa between 2000 and 2015. These important outcomes, by charities and others, should be applauded.

CAROLINE FIENNES  
Director  
Giving Evidence  
London

PROFESSOR PAUL GARNER  
Liverpool School of Tropical Medicine

- [GRADE Guidance 24. Optimizing the integration of randomized and non-randomized studies of interventions in evidence syntheses and health guidelines](#) (Journal of Clinical Epidemiology, Carlos A. Cuello-Garcia, Nancy Santesso, Rebecca L. Morgan, Jos Verbeek, et al, February 2022)

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No new published methods paper to report within this period.

#### Other peer reviewed published methods papers of interest (not reported at target level)

#### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Active case finding for tuberculosis in India: a syntheses of activities and outcomes reported by the National Tuberculosis Elimination Programme](#) (Tropical Medicine and Infectious Disease: Burugina Nagaraja S, Thekkur P, Satyanarayana S, Tharyan P, Sagili KD, Tonsing J, Rao R, Sachdeva KS, November 2021)
- [Repairing boundaries along pathways to tuberculosis case detection: a qualitative synthesis of intervention designs](#) (Health Research Policy and Systems: van Wyk SS, Medley N, Young T, Oliver S, January 2022)
- [GRADE Guidance 24. Optimizing the integration of randomized and non-randomized studies of interventions in evidence syntheses and health guidelines](#) (Journal of Clinical Epidemiology, Cuello-Garcia CA, Santesso N, Morgan RL, Verbeek J, et al, February 2022)

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- [Is routine Vitamin A supplementation still justified for children in Nepal? Trial synthesis findings applied to Nepal national mortality estimates](#) (PLS ONE: Shrestha S, Thapa S, Garner P, Caws M, Gurung SC, Fox T, Kirubakaran R, Pokhrel KN, May 2022)
- [Clinical features and management of human monkeypox: a retrospective observational study in the UK](#) (The Lancet Infectious Diseases: Adler H, Gould S, Hine P, Snell LB, et al, 24 May 2022)
- [Health Technology Assessment in Support of National Health Insurance in South Africa](#) (International Journal of Technology Assessment in Health Care: Wilkinson M, Gray AL, Wiseman R, Kredo T, Cohen K, Miot J, Blecher M, Ruff P, Johnson Y, Poluta M, McGee S, Leong TD, Brand M, Suleman F, Maramba E, Blockman M, Jugathpal J, Cleary S, Nematswerani N, Moodliar S, Parrish A, Jamaloodien KK, Stander T, MacQuilkan K, Crisp N, Wilkinson T, May 2022)
- [Low sodium salt substitutes: a tool for sodium reduction and cardiovascular health](#) (Cochrane Editorial: McLean R, August 2022)
- [Identifying and managing problematic trials: A research integrity assessment tool for randomized controlled trials in evidence synthesis](#) (Wiley Online Library - Research Synthesis Methods. Weibel S, Pop M, Reis S, Skoetz N, Garner P, Sydenham E, 29 August 2022)
- [Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: results from the COVID-19 evidence network to support decision-making \(COVID-END\)](#) (Journal of Clinical Epidemiology – Commentary: McCaul M, Tovey D, Young T, Welch V et al, September 2022)
- Also, of interest to report on is Professor Jimmy Volmink's letter in [The Economist](#) (July 2022) which highlights the importance of research in Africa involving African researchers

## Methods development

We exceeded our target in this critical area of evidence synthesis methods development in qualitative research. This area is likely to be important in the future to health systems research, comments ex-Director Paul.

We continue to develop our capacity in qualitative evidence synthesis with two Cochrane reviews published ([Taylor 2022](#); [Engel 2022](#)), one [review in progress](#), and [a methods study](#) is now complete about saturation and updating.

We have embarked on research about how qualitative research and synthesis could improve guideline development.

### **Summary of responses to issues raised in previous annual reviews (where relevant)**

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020, Year 2 in May 2021, Year 2/Year 3 (period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021) in mid-October 2021, and the latest for part of Year 3 (period 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022) and no issues raised, therefore, no issues to report.

## C: DETAILED OUTPUT SCORING: NUMBER 2

Output Title	Review findings disseminated effectively		
Output number per LF	<b>Output 2</b>		
Risk:	Minor <b>Moderate</b> Major Severe	Impact weighting (%):	25%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Implementation Years*	Progress achieved for 1st October 2021 to 31st March 2022 (2nd period of Implementation Year 3)	Progress achieved for 1st April to 30th September 2022 (1st period of Implementation Year 4)	Aggregated total targets achieved for full-Year 12-months: 1st October 2021 to 30th September 2022
	<i>*The below target numbers are based on the READ-It log frame and for the full 12-months of the individual implementation year(s)</i>			
<b>2.1</b> Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	Implementation Year 3 target: 2 ----- Implementation Year 4 target: 2	Target achieved: <u>2</u>	Target achieved: <u>0</u>	Aggregated total target achieved: <u>2</u>
<b>2.2</b> Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	Implementation Year 3 target: 2 ----- Implementation Year 4 target: 2	Target achieved: <u>1</u>	Target achieved: <u>1</u>	Aggregated total target achieved: <u>2</u>
<b>2.3</b> Sustained policy debate (national or international)	Implementation Year 3 target: 1 ----- Implementation Year 4 target: 1	Target achieved: <u>1</u>	Target achieved: <u>0</u>	Aggregated total target achieved: <u>1</u>

### Output Indicator 2.1 Global guidelines or policies

We contributed to the following global guidelines/policies as detailed below (linked to Outcome 1):

#### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- The [WHO guidelines on schistosomiasis](#) (14<sup>th</sup> February 2022) which cites several CIDG reviews published in [2012](#), [2013](#), [2014](#), [2015](#), and one that used Cochrane methods and authors for 2022.
- WHO Consolidated guidelines on TB:
  - [Module 2: Screening – Systematic screening for tuberculosis disease](#) (March 2021)
  - [Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection](#) (July 2021 update)
  - [Module 5: Management of tuberculosis in children and adolescents](#) (guideline 21<sup>st</sup> March 2022 and handbook 21<sup>st</sup> March 2022)

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No global guidelines/policies (at target level) to report within this period.

The SA team are contributing to two WHO on two guidelines in nutrition: WHO Guideline on School Food and Nutrition Policies and WHO Guideline on the use of Low sodium salt substitutes; see the “New specific topics under development (by 30<sup>th</sup> September 2022”) section within B: Performance and Conclusions for more information.

*In addition*, READ-It **also contributed** to other global guidelines/policies as detailed in the section related to Outcome 1.

### **Output Indicator 2.2 National guidelines or policies**

We contributed to the following national guidelines/policies as detailed below (linked to Outcome 2):

#### **1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)**

- [S3-Guideline: Measures to prevent and control SARS-CoV-2 transmission in schools - Living Guideline](#) (November 2021)

#### **1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)**

- [New Zealand Heart Foundation: Sodium and Heart Health Position Statement](#) (2022)

*In addition*, READ-It also contributed to other global guidelines/policies as detailed in the section related to Outcome 2.

### **Output Indicator 2.3 Sustained policy debate (national or global)**

#### **1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)**

- READ-It has shown leadership in providing evidence for “long COVID”. Paul Garner remains active in this field (this has continued into Year 4).

#### **1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)**

- No national or global sustained policy debates (at target level) to report within this period.

Note that the continued contribution to COVID-19 was counted as a target for “Indicator 2.3 Sustained policy debate” within the first period of Implementation Year 2 (1st April to 30th September 2020) so is not counted again in the above output target table.

The [Vitamin A supplementation](#) methods paper raised interested from the MoH in Nepal which resulted in a policy dialogue meeting taking place in September 2022; members of the BNMT team presented several seminars to the MoH and Medical College in Kathmandu. The proposal for a more targeted approach with Vitamin A was considered as an option, and the group decided that further debate and data collection would assist in this process. Given the degree of commitment to Vitamin A as a success story in the country, and how much of UNICEF and WHO’s policies have this as a highlight, it is likely that change will be slow.

### **Summary of responses to issues raised in previous annual reviews (where relevant)**

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020, Year 2 in May 2021, Year 2/Year 3 (period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021) in mid-October 2021, and the latest for part of Year 3 (period 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022) and no issues raised, therefore, no issues to report.

### C: DETAILED OUTPUT SCORING: NUMBER 3

Output Title	Evidence synthesis hubs in LMICs		
Output number per LF	<b>Output 3</b>		
Risk:	Minor <b>Moderate</b> Major Severe	Impact weighting (%):	25%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Implementation Years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-months of the individual implementation year(s)</i>	Progress achieved for 1st October 2021 to 31st March 2022 (2nd period of Implementation Year 3)	Progress achieved for 1st April to 30th September 2022 (1st period of Implementation Year 4)	Total targets achieved for full-Year 12-months: 1st October 2021 to 30th September 2022
<b>3.1</b> Number of <b>high impact</b> systematic reviews (1.1) or <b>methods</b> (1.2) published reviews led* by LMIC authors <i>*Lead authors: first or last on authorship list</i>	Implementation Year 3 target: 4 ----- Implementation Year 4 target: 4	Target achieved: <u>4</u> (1.1) <i>Cochrane and non-Cochrane</i>	Target achieved: <u>2</u> (1.1) <i>Cochrane and non-Cochrane</i>	Total target achieved: <u>6</u> (1.1)
		Target achieved: <u>1</u> (1.2)	Target achieved: <u>0</u> (1.2)	Total target achieved: <u>1</u> (1.2)
<b>3.2</b> Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	Implementation Year 3 target: 1 ----- Implementation Year 4 target: 2	Target achieved: <u>1</u>	Target achieved: <u>0</u>	Total target achieved: <u>1</u>
<b>3.3</b> READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	Implementation Year 3 target: Survey ----- Implementation Year 4 target: Independent evaluation report	Target achieved: <u>0</u>	Target achieved: <u>0</u> <i>Update: Evaluation will take place in 2nd period of Implementation Year 4</i>	Total target achieved: <u>0</u>

#### Output Indicator 3.1

##### High-impact systematic reviews (reported as output 1.1) with lead author(s) from LMICs

##### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Factors that influence parents' and informal caregivers' views and practices regarding routine childhood vaccination: a qualitative evidence synthesis](#) (new Cochrane review: Cooper S, Schmidt B-M, Sambala EZ, Swartz A, Colvin CJ, Leon N, Wiysonge CS, October 2021)

- [Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk](#) (new Cochrane review: Naude CE, Brand A, Schoonees A, Nguyen KA, Chaplin M, Volmink J, January 2022)
- [Point-of-care viral load tests to detect high HIV viral load in people living with HIV/AIDS attending health facilities](#) (new Cochrane review, Ochodo EA, Olwanda EE, Deeks JJ, Mallett S, March 2022)
- [Effects of interventions for preventing road traffic crashes: an overview of systematic reviews](#) (BMC Public Health: Fisa R, Musukuma M, Sampa M, Musonda P, Young T, March 2022)

#### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- [Accuracy of measures for antiretroviral adherence in people living with HIV](#) (new Cochrane review: Smith R, Villanueva G, Probyn K, Sguassero Y, Ford N, Orrell C, Cohen K, Chaplin M, Leeflang MMG, Hine P, July 2022)
- [Replacing salt with low-sodium salt substitutes \(LSSS\) for cardiovascular health in adults, children and pregnant women](#) (new Cochrane review: Brand A, Visser ME, Schoonees A, Naude CE, August 2022)

#### **Methods papers (reported as output 1.2) with lead author(s) from LMIC's:**

##### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- [Testing for saturation in qualitative evidence syntheses: An update of HIV adherence in Africa](#) (PLoS ONE: Rohwer A, Hendricks L, Oliver S, Garner P, October 2021)

##### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No national or global sustained policy debates (at target level) to report within this period.

### **Output Indicator 3.2**

READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination.

##### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- One new individual to be reported is Solange Durao: member of the GDG working on the WHO guideline on “Integrated management of adolescents 10-19 years of age with obesity for improved health, functioning and reduced disability: a primary health care approach”.

##### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- No new partners or individuals (at target level) to report within this period.

*In addition*, previously reported individuals have continued to demonstrate their leadership:

- Celeste Naude: methodologist role taken on with Michael McCaul (for 1 year) for the new guideline – Prevention and treatment of wasting in children. Member and methodologist role on WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions (nutrition labelling policies, policies to restrict marketing to children and fiscal policies).
- Tamara Kredo: appointed National Tertiary Expert Review Committee, providing methods support on reviews to inform the EML in South Africa. Guideline methodologist WHO TB programme guidelines (Management of TB in children and adolescents) Launched on World TB Day, 21<sup>st</sup> March 2022. Introduced programmatically very impactful changes to care such as reducing treatment duration for children from six months to four months for children and adolescents with less severe disease and use of new agents such as bedaquiline that can minimize the need for injectable treatments for children. <https://www.who.int/publications/i/item/9789240046832>
- Eleanor Ochodo: is a methodologist for WHO regional and national guidelines; and collaborating with the MoH on developing the National EDL.

In the light of the clear progressions as detailed above, Tamara Kredo and Eleanor Ochodo are reported at Outcome level 4 in this report.

In addition, other authors are showing promise:

- Ameer Hohlfeld is a co-opted member of the Ministerially appointed National Paediatric Expert Review Committee, providing methods support on reviews to inform the EML in South Africa.



- Michael McCaul is co-opted member of the Ministerially appointed National Adult Expert Review Committee, providing methods support on reviews to inform the EML in South Africa.

### **Output Indicator 3.3**

As previously reported the evaluation report was deferred due to COVID-19 pandemic. The READ-It Management Team continued to discuss and prepared a Terms of Reference to ensure the evaluation takes place within Implementation Year 4 and kept FCDO informed of the plans. READ-It Management Team have now agreed on the TOR and commissioned for the evaluation to be undertaken by The SCL Agency from October to December 2022. The READ-It Management Team aim to submit the final Evaluation report to FCDO by January 2023.

### **Summary of responses to issues raised in previous annual reviews (where relevant)**

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020, Year 2 in May 2021, Year 2/Year 3 (period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021) in October 2021, and the latest for part of Year 3 (period 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022) in June 2022 and no issues raised, therefore, no issues to report.

## **D: VALUE FOR MONEY & FINANCIAL PERFORMANCE**

### **Key cost drivers and performance**

This programme is a substantive contributor to Cochrane, and FCDO obtains a much higher return than if we were working independently. FCDO, the WHO, NGOs, and national governments also benefit from many of the reviews produced by other groups in Cochrane, funded by other governments or agencies: for example, in pregnancy and childbirth.

The main cost in the programme is staff time. This includes people doing Cochrane reviews, people supervising, and people training; engagement in Cochrane development and in the uptake of evidence underpinned by Cochrane reviews into health practice and policy; and in establishing governance across partners and responsive monitoring systems of outputs and impact.

Staff are carefully selected, appraised, and monitored, with clear performance targets. Across the programme, the READ-It Management Team discuss staff performance and share issues to obtain a joint resolution.

The second main cost driver is travel. We assure value for money by minimising travel as much as possible— not only flight costs, but the opportunity costs in terms of staff time with travel. International travel within Implementation Year 3 was not undertaken due to the continued restrictions with COVID-19. As travel restrictions have eased within Implementation Year 4, travel will resume as required for justified READ-It related activities and outputs.

The COVID-19 pandemic mobilised large author resources to prepare reviews on COVID-19, many of which have been published with CIDG. It has galvanised everyone, workloads have massively increased in the team, and the productivity is evident from the performance.

The pandemic also caused disruptions in overall organization, recruitment, and the repeated lockdowns and crises in different countries at different times has been a distraction and made financial planning far less predictable.

### **Value for money performance compared to the original value for money proposition**

The READ-It budget had a 22% reduction in Implementation Year 3. As there was some anticipation of this, and costs from several activities had been curtailed because of the COVID-19 pandemic, we therefore adjusted all budgets down.

As mentioned in previous annual reports, we have introduced annual value for money judgement of partner outputs. This is a qualitative assessment, examining the money spent over the year, measuring this against performance at outcome level. If a partner prepares reviews or has some other impact at outcome level, this increases the value for money; if there is no impact at outcome level, this tends to reduce value for money. Some partner contracts are for smaller amounts, and we take this into account in evaluating performance.

### **Assessment of whether the programme continues to represent value for money**

Yes. As can be seen by the outputs continuing from the previous investment, and the new outputs from the beginning of READ-It this programme continues to represent excellent value for money.

### **Quality of financial management**

The lead partner (LSTM) has a strong financial monitoring and management system in place. The READ-It Management Team assess the performance against work plans on a six-monthly basis to allow warnings to be made to partners and any remedial action, if necessary.

## **E: RISK**

### **Overview of programme risk**

The original READ-It Director (Paul Garner) retired on 31<sup>st</sup> July 2022 and any associated risks were actively managed as previously reported. To date, actions taken are 1) Ben Morton is the new Deputy Director (LSTM) and Taryn Young is now Director (SU); 2) the CIDG strategic plan for Implementation Years 4 and 5 specifying anticipated reviews is now finalised; 3) a new CIDG Review Synthesis Delivery Specialist (Tilly Fox) has been appointed; and 4) LSTM is currently in the process of recruiting a strategic post (Senior Lecturer/Professor in Evidence Synthesis).

The READ-It risk register was updated on 31<sup>st</sup> May 2022 and provided as Annex 5 with the READ-It report submission on the 8<sup>th</sup> June 2022. The risk register will be used throughout the remainder of the READ-It programme and amended as necessary. All partners will also be responsible for their own individual risk register related to the agreed programme of work.

Contracting is robust and all partner subcontracts are issued by the LSTM Contracts office in liaison with the LSTM RMS office who review and approve partner budgets and payment trigger milestones compiled by the READ-It Programme Manager. The Programme Manager and the LSTM RMS office assess the six-monthly partner financial reports; and the output performance of all partners is routinely monitored and assessed every six months by the READ-It Management Team with remedial action taken where required.

Processes have been rolled out to all partners to assure safeguarding. These are included in the updated LSTM due diligence questionnaire, which is circulated to all potential partners to complete and provide the necessary documents before LSTM subcontracts are issued.

Due diligence procedures are fully implemented, as mentioned above.

Paula Waugh, Taryn Young, and Paul Garner considered, assessed, and monitored the risks associated with COVID-19 in terms of a) ability to deliver on outputs, and strategies to mitigate this; b) maintaining programme development through conference calls and active management; and c) maintaining communication with partners and all staff employed on their personal circumstances and health, and intervening where necessary.

Since March 2020, all UK and South Africa READ-It staff members worked from home, as enforced by public health measures in both countries. Furthermore, additional responsibilities were taken on by these staff, contributing to the COVID-19 response. The READ-It Management Team continued maintain contact with staff and colleagues (all partners) on a regular basis to check on their health and any problems encountered because of the COVID-19 pandemic's disruption to their lives. Due to changes in COVID-19 restrictions, READ-It partners now work from both campus and home locations (agile working).

### **Outstanding actions from risk assessment**

Reports submitted for the Inception phase in April 2019, full-Year 1 in July 2020, and full-Year 2 in May 2021, Year 2/Year 3 (period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021) in mid-October 2021, and the latest report for part of Year 3 (period 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022) in June 2022. There are no outstanding risks from the updated READ-It risk register as mentioned above and no issues raised, therefore, no issues to report.

## **F: COMMERCIAL CONSIDERATIONS**

### **Delivery against planned timeframe**

We are on track and delivered against Implementation Year 3 log frame targets, the Year 3 Annexes 1a and 1b documents associated with the agreed READ-it log frame were submitted on 8<sup>th</sup> June 2022.

This updated READ-It annual report covers the periods from 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3) and 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4) as required for the FCDO annual review report.

### **Performance of partnership(s)**

All partners holding fully executed subcontracts have submitted their individual full-Year 3 and mid-Year 4 progress reports, the READ-It Management Team assessment reports are in draft format and will be

returned to all partners for feedback from the READ-It Management Team. Follow-up conference calls will be arranged with individual partners to discuss the assessment reports and any actions highlighted, if required.

### **Asset monitoring and control**

The only items that will appear within the asset monitoring are desktop PCs as agreed with partners within their work plan and budget. To-date the only partner who purchased desktop PCs is Zambia as required for a new project team; the details were submitted within the Annex 3 Equipment inventory at the end-Year 1.

For any future desk-top PCs, all partners will provide full details of the purchase of any desk-top PCs which will be included within the annual READ-It asset inventory annex, which will be updated annually. This will also highlight the disposal of any assets and the justification for the disposal of individual items.

Some equipment purchased from the previous RPC is still in use by the READ-It Management office (including CIDG) at LSTM, and latest details were provided in the Annex 3 for Implementation Year 3. The next updated Annex 3 for Implementation Year 4 will be provided in April/May 2023.

## **G: CONDITIONALITY**

### **Update on partnership principles (if relevant)**

This is not applicable.

### **Aid transparency**

We have detailed annual budgets linked to work plan activities and deliverables with all individual partners. The READ-It Management Team assesses both the work plan and budgets prior to the arrangement and fully executed partner subcontracts, which includes input from the LSTM RMS office. All partner subcontracts have clear agreed payment trigger milestones, which include the submission of the six-monthly financial and progress reports. As mentioned above, on receipt of the six-monthly financial reports, these reports are assessed by the READ-It Programme Manager and LSTM RMS office; and if the first advance has been incurred in full (or mostly) for the reporting period, the second advance is agreed and arranged by LSTM Finance by bank transfer to the approved partner bank account.

READ-It submitted a special case for “advance” payments to LMIC partners at the start of the programme which FCDO agreed so it would allow LMIC partners to undertake the agreed programme of work. The first advance payment is arranged at the start of each implementation/financial year with the second advance payment made after the receipt and assessment of the six monthly financial and progress reports (as detailed above); and the final “actual” payment is made on receipt and assessment of the 12-month financial and progress reports and the outstanding expenditure balance incurred by 31<sup>st</sup> March/year. The partners do not hold any credit balances at the end of the financial year. Other non-LMIC based partners submit quarterly invoices based on actual costs plus the six monthly financial and progress reports which are assessed similar to the LMIC partners. Details are also reported within the “Financial management” sections of A: Introduction and Context and section D: Value for Money and Financial Performance.

## **H: MONITORING & EVALUATION**

### **Evidence and evaluation**

Our theory of change model is well established.

### **Monitoring process during the review period**

As previously reported, during the Inception phase the READ-It Management Team were working with potential partners to arrange arranged individual partner work plans and budgets for the official subcontracts.

### **Programme activities, outputs, outcomes, and expenditure**

Monitoring from Implementation Year 1 onwards will continue to be every six-months for all partners and will continue each year. Each progress report will be reviewed by the Programme Manager against

contracted commitments and expenditure; by the two Programme Directors for compliance with contracts, on judgement about overall performance, value for money, potential impact, highlighting any risks, and advice or remedial action, if required. Field visits will be arranged to partner organisations when necessary. The READ-It Management Team keep in regular contact with all partners by 1) arranging individual partner meetings (related to their individual work plans) as required, and 2) the READ-It review portfolio and dissemination meetings

The READ-It Management Team have separate monthly meetings to discuss management and planning issues.

Prior to COVID-19 the Programme Directors would aim to meet at least once a year (face-to-face) to ensure a strong management liaison between both for the management of the programme.

## Awards and new grants

### 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022 (2<sup>nd</sup> period of Implementation Year 3)

- New CIDG Editors appointed in Year 3: Joseph Pryce.
- The CIDG review of [Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19](#) has been recognised with the inaugural Harding Prize for Useful and Trustworthy Communication. The [READ-It news item](#) provides more information
- Co-funding secured from other funds:
  - South Africa team secured new grant from EDCTP to fund guideline adaptation linked to maternal and child health - partners include EPOC, Cochrane Nigeria, Malawi.

### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- Co-funding secured from other funds:
  - Liverpool (UK): WHO APW approved to provide support to building the evidence base for decision making by the Echinococcosis Guideline Development Group to consider of the treatment of cystic echinococcosis (May to September 2022).

## Other items of interest associated with READ-It

### 1<sup>st</sup> April to 30<sup>th</sup> September 2022 (1<sup>st</sup> period of Implementation Year 4)

- Paul Garner delivered a [valedictory lecture](#) on “Truth not Triumph: backstage at Cochrane Infectious Diseases” on 8<sup>th</sup> September 2022 at LSTM, UK.
- Paul Garner retired as Director on 31<sup>st</sup> July 2022 aged 67. This was after a period of service contributing to the evidence ecosystem since 1992, some 30 years. Paul Garner has worked consistently with the Management Team in Liverpool since 1995 (Paula Waugh, Philomena Hinds and Christianne Esparza) to assure relevant, high impact reviews, capacity development and development to the methods of synthesis and policy development and it has been truly a team effort: Deirdre Walshe is superb as the Managing Editor and the huge outputs through COVID-19 were largely through her efforts along with a fabulous team of academics at LSTM. The whole period has been great fun, and excellent to work with Taryn Young on some many exciting aspects and developments in the programme. He could not want for a better team of people to work with, and thanks all of those who have contributed. He leaves the work in the capable hands of a brilliant team, with the responsibility for follow through of academic leadership in LSTM to that of the organisation to take forward, and thanks to Ben Morton taking on Deputy Director role.

Paul Garner’s unconditional commitment to the programme, continuous strive for excellence and commitment to advancing author teams to excel, will be missed. We will continue to pay this forward and are delighted that he will continue as an Advisory Group member for the programme. (Taryn Young new Director from 1<sup>st</sup> August 2022).

## I: LIST OF ABBREVIATIONS

Centre for Evidence-based Health Care	CEBHC
Cochrane Infectious Diseases Group	CIDG
Cochrane South Africa	CSA
Essential Diagnostic List	EDL
Essential Medicines List	EML
Foreign, Commonwealth & Development Office	FCDO
Guideline Development Groups	GDG
Key Performance Indicators	KPIs
Low- and Middle-Income Countries	LMICs
Liverpool School of Tropical Medicine	LSTM
Memorandum of Understanding	MoU
National Institute for Health and Care Research	NIHR
Neglected Tropical Diseases	NTDs
Strategic Advisory Group of Experts on Immunization	SAGE
South Africa Medical Research Council	SAMRC
Stellenbosch University	SU
Tuberculosis	TB
World Health Organization	WHO