Research, Evidence & Development Initiative (READ-It)

Inception Phase Report

Version: 29 April 2019 (Final)

READ-It

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Department for International Development: Research and Evidence Division

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SUMMARY

DFID have supported evidence synthesis to help inform DFID development policies in health and poverty since 1992 through a programme of work with Liverpool and partners working mainly through Cochrane. This investment has helped demonstrate how evidence synthesis provides reliable, unconflicted, scientifically defensible evidence in key technical policy areas, and can have real impact on content of care, more efficient health care, and poverty reduction.

READ-It represents the next phase of developing the Evidence Ecosystem portfolio in health related to diseases of poverty through Cochrane and related organizations relevant to DFID, global and national health systems. In the light of changes in the ecosystem, this new programme:

1. Is committed to producing only systematic reviews with anticipated high impact.[1]These will be generally related to public health and primary care in LMICs;
2. Is committed to develop LMIC-led methods projects;
3. Includes research synthesis in non-health sectors impacting on health to forward the Sustainable Development Goals agenda, where transdisciplinary working is likely to be important;
4. Promotes research leadership and development of independent evidence synthesis hubs in LMICs.

We have broadened our partnership portfolio beyond Cochrane entities, bringing in partners more closely associated with policy, and with partners with experience in evidence synthesis in other disciplines.

During this Inception phase, we have:

- Conducted consultations, literature scanning and consensus building to identify review topics that are important questions to our stakeholders and potentially high impact;
- Built consensus with partners on new protocols for years one and two;
- Developed outlines for methods projects to advance the science of synthesis;
- Conducted a planning and consultation meeting with all potential partners and DFID. In this meeting, we gained a common understanding of the planned science, policy engagement and performance expectations.
- Set up work plans and contracts with all new partners;
- Liaised with the World Health Organization and PAHO, taking on several topics in our response mode;
- Drafted a code of conduct and safeguarding procedures.

[1] Defined in the log frame as reviews informing polices or spending; catalysing and informing international debates; or widely used in scientific or general media

In addition, during the Inception phase we have continued projects and reviews that were already in the pipeline, and we have published

- 11 high impact Cochrane systematic reviews (21 in total)
- 2 high impact other systematic reviews (5 in total)
- 2 high impact peer research papers (7 in total)

In this process:

- it was the *first time to be a first author* on a Cochrane review for 15 people (9.5 women and 5.5 men[2]);
- 14.5 *first authors were from LMICS* for any peer review publication (11 women and 3.5 men - this includes Cochrane reviews);

The programme has also seen the publication of guidelines that we have contributed to:

Global malaria vector control (WHO Geneva);

Global cryptococcal meningitis detection and treatment (WHO Geneva);

South Africa's National Paramedic Treatment Guidelines.

Overall, we have exceeded our targets in the log frame and are well placed to achieve outcomes during the implementation phase.

A: INTRODUCTION AND CONTEXT

Outline of the programme

DFID have supported the development of evidence synthesis as a science to help inform policy since 1992 through the Liverpool programme. This initially consisted of proof of concept of evidence synthesis, carried out from 1994 in partnership with Cape Town as part of Cochrane. We have been broadly successful. We are now entering a new phase where the science of evidence synthesis is well accepted but methods are still advancing, as are the procedures for using evidence at national and local levels.

With the support of DFID, 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, and in informing global and national policies and decision making. READ-It represents a new phase in the development of the Evidence Ecosystem portfolio in health related to diseases of poverty through Cochrane and related organizations relevant to DFID, global and national health systems.

However, the ecosystem has changed: the methods of systematic reviews are now widely accepted, there are many systematic reviews available, and there are increasing numbers of evidence to decision making projects in low- and middle-income countries drawing on methods that Cochrane and related organizations such as GRADE have developed.

The Royal Society and the Academy of Medical Sciences established a joint programme in evidence synthesis in 2018. Paul Garner was part of the Consultative Group and participated in the planning meeting. Out of this the Royal Society is headlining evidence synthesis, and the principles have been published in Nature written by establishment figures in science in the UK and beyond (see box). This demonstrates the establishment commitment to evidence synthesis in science.

[2] Two reviews had joint first authors, each author counts as 0.5. This accounts for the fractions here.

Box. Four principles for synthesising research evidence: From Donelly CA, Boyd C, Vallance P, Walport M, Whitty CJM, Woods E, Wormald C. *Nature* **558**, 361-364 (2018) *doi: 10.1038/d41586-018-05414-4*

In the light of the current environment, for this new programme, we have modified what we do and shifted our emphasis in the following ways:

1. We have made the bold step of counting only high impact reviews (or reviews we anticipate will be high impact) to measure progress against our most important output (output 1). Whilst we will report the production of other reviews, they are not counted in the log frame output. This will create incentives across the partnership to focus scarce resources on areas for impact. High impact is defined as reviews informing polices 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 LMIC to advance methods.

3. We have included some pilot work in sectors outside health to forward the Sustainable Development Goals agenda, where transdisciplinary working is likely to be important in improving health.
4. We will promote leadership across partners and develop independent hubs. This will depend on the development of academic thinking and skills to identify key research questions where systematic reviews may help; to encourage dialogue with researchers and those engaged in policy; and to explore how best to be responsive to demand from policy makers.
5. We have developed our core business in topics in to neglected tropical diseases, malaria and tuberculosis; and we are extending our portfolio in public health approaches in nutrition, public health and accidents, and are exploring review approaches in the SDGs and in humanitarian health. This is in response to DFID priorities and our own horizon scanning, examination of disease burden, and an assessment of our potential to impact.
6. In the light of these developments, we have broadened our partnership portfolio outside of traditional Cochrane entities, bringing in partners more closely associated with policy (the TB Union, and Nepal partners), and partners with experience beyond health (Campbell Delhi, University College London).
7. We have also finessed and formalised our contracting procedure with partners and six-monthly monitoring. We need to build in some flexibility to follow new ideas for reviews when they occur, and to be responsive to policy needs with partners, and we are developing a culture and mechanisms to do this.
8. We have developed a code of conduct and draft procedures to assure safeguarding.

Relationship to DFID priorities

READ-It aims to help DFID make the best policy choices. DFID's priorities include tackling extreme poverty and helping the world's most vulnerable and delivering value for money; DFID also wants to strengthen world peace, security and governance, and strengthen resilience and response to crisis.

READ-It is concerned with public health and primary care relevant to the poor in low-and middle-income countries in areas where policy is changing or where there is equipoise; we also prepare evidence around areas in health that DFID is currently investing in, or which are potential future options, to explore effectiveness.

We may at times show areas where DFID, other donors and governments are investing where the evidence of benefit is poor. This then may result in stopping support for ineffective programmes and enabling available funds to be reallocated. This will contribute to the value for money agenda.

We have an exploratory programme of work in policies related to the humanitarian setting.

Progress

READ-It started in May 2018 with an initial Inception phase until 31 March 2019 and within this period the Management Team has engaged with both established and new partners exploring priority topics. This relates to burden of disease, potential of interventions to change improve health, and emerging problems in obesity, mental health and humanitarian crises. We are now following up:

- neglected tropical diseases, vector control, malaria, and tuberculosis (CIDG);
- nutrition, particularly in public health, diet, exercise, and the emerging obesity epidemic in children (Cochrane Nutrition, the Cochrane Public Health and Health Systems Network, and the Campbell Collaboration;
- refugees and internally displaced people (American University in Beirut);
- mental health in primary care (EPOC).

During the Inception phase we held a Planning meeting from 28-30 January 2019 in Cape Town which was organised by the Stellenbosch University team. At the meeting:

- we gained a common understanding of the planned science, policy engagement and the performance anticipated across the partnership to achieve project impact and outcomes;
- we obtained critical insight into partner plans in relation to reviews, methodological advances, evidence to decision making and leadership development strategies;
- we started identifying collaborative joint projects (including reviews, evidence to policy initiatives and methods research);
- we made good progress to plans for a coherent READ-It evidence review portfolio for completion in the Inception phase, and in Implementation Years 1 and 2.

The following partnerships have been established by the end of the Inception phase:

Africa	Lead	South Africa	Stellenbosch University (Deputy Director: Taryn Young), and
	Partners	South Africa	Medical Research Council (joint partnership with Stellenbosch University)
		Zambia	University of Zambia
Asia	Partners	India	Campbell Collaboration - New Delhi office
		India	International Union Against Tuberculosis and Lung Disease (The Union) - South-East Asia Regional Office (USEA)
		Sri Lanka	University of Colombo
Europe	Global lead	UK	Liverpool School of Tropical Medicine (Director: Paul Garner)[1]; READ-It Management office, and Cochrane Infectious Diseases Group (CIDG) incorporating HIV/AIDS
	Partner	UK	EPPI-Centre, University College London (UCL)
		Norway	Effective Practice and Organisation of Care (EPOC)
[1] WHO Collaborating Centre for Evidence Synthesis for Infectious and Tropical Diseases			

Other potential partners

We are currently in liaison with additional potential partners in Cameroon and Nigeria and hope to establish partnerships during the first quarter of Implementation Year 1 (April to June 2019). It is likely that these will be more limited in scope and may hold a different type of subcontract than other partners.

We have a potential subcontract with the American University in Beirut (Lebanon) concerning refugees starting in April 2019, currently finalising the work plan and budget.

Management

The READ-It Management Team (Paul Garner, Taryn Young and Paula Waugh) have established regular communication and work together regularly.

The Management Team have established the READ-It Advisory Group which has been set-up to provide oversight on partner plans and large ticket review priorities, jointly chaired by Sally Green and Marion Kelly. We anticipate conference calls with the Advisory Group twice a year.

Reporting

Management of partner progress reports

This will take place every 6-months which includes a review and assessment feedback on the progress against agreed 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. READ-It Management office will assess South Africa's programme; CIDG's performance against targets in the CIDG work plan will be prepared, sent to the Deputy Director in South Africa for comment and the Advisory Group for assessment.

Monitoring database

Partners input details of publications, editorial data, and other monitoring information to the online database in real time. This is used by the Management office for the annual reports, updating the log frame targets and the annual ResearchFish submission for the READ-It programme.

Financial management

We currently use two options of payments for partners 1) advance (special case agreed by DFID for LMIC based organisations) and 2) actual incurred costs. Both payment options are assessed using the detailed financial reports submitted by Partners (to the READ-It Management office) against the payment option reporting schedule for the individual partner and linked to the progress report assessments.

B: PERFORMANCE AND CONCLUSIONS

Annual outcome assessment

Annual outcome assessment	Targets	Formal outcome reported for log frame[3]	In progress[4]
1.1 New or amended global policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	Nil	Guidelines for malaria vector control (World Health Organization) Cryptococcal disease in HIV-infected adults Update (WHO) Total: 2	Histoplasmosis in HIV positive people (PAHO/CDC guidance) Treatment of plague (WHO/CDC guidance)
1.2 New or amended national policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	Nil	Paramedic clinical guidance for South Africa Total: 1	Treatment of opportunistic infections in people with HIV: India guidance
1.3 Evidence that multilateral, UN or global agency (including Gates & GAVI) alter investment based on outcome 1 or 2	Nil		
1.4 Case studies of READ-It leadership influencing national decision-making processes	Nil		Case studies include Anke Rohwer's work on plagiarism in African medical journals; and Taryn Young's work on the Buddies Project. We report on these in output indicator section 3.2 below.

Overall outcome assessment

Informing policy

The **malaria vector control guidelines** were published. This used GRADE analysis from **seven** Cochrane reviews. The systematic review production and management and GRADE analysis subgroup members were entirely READ-It members: Leslie Choi, Joe Price, Marty Richardson, Vittoria Lutje, Deirdre Walshe and Paul Garner. In addition, the *guideline methodologist*-the person advising the panel on the interpretation of GRADE-was an editor with the Cochrane Infectious Diseases Group, Joseph Okebe. See news item on process and reviews included

The **cryptococcal meningitis guidelines (update)** were published. This used GRADE analysis from several Cochrane reviews. The systematic review team of ten people included four people working with the Cape Town Centre for Evidence-Based Health Care and the Cochrane Infectious Diseases Group: Ingrid Eshun-Wilson, Nathan Ford, George Rutherford, Mark Tenforde. See commentary on process.

[3] In the log frame, no targets were set for outcome indicators in the Inception phase. However, due to the previous investment, several projects were completed and these are reported here.
[4] These are projects that may yield indicators that will be counted when the projects are completed

Informing debates

The pyronaridine-artesunate review is informing debates around decisions about the global use of this drug within the WHO Essential Medicines safety committee.

PBO nets show important effects and this is a current topic being debate. This is because of insecticide resistance to pyrethroids. PBO is more expensive.

The research on plagiarism in African Journals was reported in Nature. This led to a letter from a JAMA editor challenging our results and demanding that we re-analyse them; in our response, we robustly defended our analysis.

New specific topics under development

- Inputs into national toxicology guidelines in South Africa to start in 2019;
- Treatment of histoplasmosis in people with HIV: PAHO guideline (meeting held in February 2019);
- Detection and treatment of plague: WHO guideline (meeting in September 2019);
- Treatment of opportunistic infection in HIV (Ministry of Health and Family Welfare, India). This is at an early stage, and discussion with the researcher responsible at the All India Institute of Medical Research.

Overall strategy

The previous RPC emphasised the need for decision making at National level and had several projects where the staff supported these processes. Cognisant of the changes in WHO to regional and country decision making, we have started exploring how we interface:

- Through establishing dialogue with the evidence to policy officer in WHO's Eastern Mediterranean Regional Office (EMRO);
- By offering input to new approaches to the Global Malaria Programme working on eradication at national level.

We are also exploring strategic collaboration in approaches to accelerate progress towards the Sustainable Development Goals through Systems Leadership for Sustainable Development with 4SD led by David Nabarro.

A new component in our capacity development is to help promote and develop skills in identifying critical research questions for evidence synthesis, which is critical to truly independent research evidence synthesis hubs. This is beyond current Cochrane guidance on the mechanics of generating PICO questions.

Key lessons

We are more limited in our direct contact with national governments and global or regional NGOs. This we need to consider as we move forward.

Key actions

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

To form strategies for dialogue and contribution to policy given the current decentralisation of decision making by the WHO.

Has the log frame been updated since the last review?

New programme of work and agreed READ-It log frame is available (see Annex 1a).

C: DETAILED OUTPUT SCORING: NUMBER 1

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

Indicator(s)	Targets	Progress (achieved by **end-Inception** phase)
1.1 Number of high impact systematic reviews that can contribute to decisions concerned with the content and delivery of poverty-related services and programmes	2	11
1.2 Number of published methods that contribute towards improved review quality, efficiency or uptake	0	1
Note that a total of 26 systematic reviews published in total (Cochrane and other systematic reviews)		

Indicator 1.1 Systematic reviews

We have been working hard on delivering a series of reviews in progress and developing new topic areas. We have published:

Cochrane reviews (new)	= 12
Cochrane reviews (updated)	= 9
Systematic reviews (other)	= 5
Cochrane protocols	= 9

In methods, we report one relevant publication (see text).

Reviews reported as high impact

Two malaria vector control reviews formed part of the World Health Organization (WHO) Malaria Vector Guidelines. These guidelines are being copy-edited and are due for release in early 2019. In total, we will have provided **seven** Cochrane reviews for this guideline (some published already, some being finalised). One of these reviews is an update of the original 2004 Cochrane review of impregnated mosquito nets that underpinned investment in insecticide-treated nets. It required updating because new methods for assessing the certainty of the evidence had emerged, and to take into account insecticide resistance.

One review of PBO nets for malaria although not yet connected to a guideline, this is a critical review, likely to feed into the decision making around investment, examining the impact of a new insecticide used in mosquito nets. This is important as the new insecticide is expensive but may be effective where mosquito resistance to pyrethroids is impairing net effectiveness. This was done by a team of young authors from Liverpool.

Three Cochrane reviews on cryptococcal meningitis as part of the WHO Guidelines published in March 2018. The contribution of the Cochrane work to the guideline development is outlined in a Cochrane Editorial was published in the Inception phase.

Other high impact reviews relate to those used in guideline development with WHO and are reported in Annex 4. These include Crimea Congo Haemorrhagic Fever, Fat intake and body weight, GeneXpert for extrapulmonary TB. These were initiated in the previous RPC but completed and published in this period.

Other reviews of interest

One Cochrane review update of albendazole in filariasis. This is potentially controversial, as this update confirms there is no evidence that albendazole has any effect on filariasis. To avoid a defensive backlash and to improve the chances of the findings being accepted, we have not disseminated these results actively or in a combative manner. We will return to this by examining the policy process that led to this decision in a subsequent publication once READ-It is established.

One Cochrane review on the treatment of *Mycobacterium ulcerans*. This is a neglected tropical disease and the review highlights how little research has been done on treatment.

One Cochrane overview of food supplementation in areas of high risk of food insecurity. A large review showing the impacts of food supplementation outside of famine areas is at best modest. This overview was a surprise-there is so much investment in food supplementation in many groups, that examined together there is almost no good evidence of benefit.

Indicator 1.2 Methods development

We published the report of the Buddies programme, that helped delineate more clearly the complexities of using evidence in policy influence. This will help inform expectations of researchers-who often consider policy rather simplistically-and may help with more nuanced interactions with policy makers. This is counted in the log frame representing “improved review uptake”.

In addition, we also published a ground-breaking synthesis of qualitative research in Africa on adherence to antiretroviral medication. In the past, we have only examined randomised controlled trials and thus the synthesis world in adherence consists of small, technical interventions. We hope this review will help lead the way in more deeper understanding of health care delivery.

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

New programme of work and report is for the Inception phase, therefore, no issues to report.

Recommendations [for DFID]

C: DETAILED OUTPUT SCORING: NUMBER 2

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

Indicator(s)	Targets	Progress (achieved by **end-Inception** phase)
2.1 Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	0	**2**
2.2 Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	0	1
2.3 Sustained policy debate (national or international)	0	0

Indicator 2.1 Global policies

We contributed to global policies in:

- Guidelines for malaria vector control,
- Cryptococcal meningitis management.

Indicator 2.2 National guidelines or policies

READ-It staff contributed to a national project on paramedic guidelines with the Government of South Africa and Universities in Cape Town. This is counted in the log frame.

Indicator 2.3 Sustained policy debate

The debate has continued in Low-carbohydrate diets. The debates around this review published in 2014 continued, mainly in South Africa. The advocates and promoters of the diet challenged the review in a variety of ways. There were articles in the South African Medical Journal, calling our review “mischief” with some quite minor and poorly substantiated criticisms; this article was then used by the advocates in South Africa as the basis for making formal complaints of misconduct to PLOS ONE, Stellenbosch and UCT Universities. Part of the problem is the substantial academic and financial conflicts of interests of low carbohydrate advocates. After we had responded to the criticisms to the editors of PLOS ONE, these editors published a correction to the article. This then allowed the University to close the complaints of misconduct.

Fresh debate has arisen from our publication about Plagiarism. The debates around this were across the African continent. Anke Rohwer, South Africa, published an article on research integrity and the problem with plagiarism in research articles published in Africa. This created debate: Nature ran a news item on our findings; and a JAMA editor and an editor from Ghana hotly contested this, implying the article should be retracted, which we robustly responded to.

Dissemination events

There have been some important dissemination events which include:

Paul Garner contributed to a workshop for Ministry of Health Policy makers at the Nepal Health Research Council, Kathmandu, that included real life examples of using evidence to policy in August 2018.

Paul Garner and Rachael Milligan were participants at the 'Evidence Week in Parliament' organized by Sense about Science at the House of Commons, Palace of Westminster, London, 25 June 2018.

Paul Garner contributed to the debates at the Academy of Medical Sciences that led to the Nature statement (see box).

Paul Garner contributed to the UK Aid Panel at the DFID Satellite Session at the 5th Global Symposium on Health Systems Research, Liverpool in September 2018.

In South Africa, the Stellenbosch University team offered the online primer course to 47 participants from Botswana, Kenya, Namibia, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe – bringing the total to more than 130 participants who successfully completed the online primer in systematic reviews. Cochrane Knowledge Translation Unit is busy finalising a case study on the primer course.

In South Africa, Tamara Kredo mentored one of the National Essential Medicine List guideline committees on use of Evidence to Decision (EtD) frameworks and plan to work with a small group from that committee on how to address issues of equity in guidelines. Tamara also serves as a peer review of Medicine reviews that are submitted to Essential Medicine Committee to advise on how to transparently present evidence that considers magnitude and quality of evidence.

Paul Garner presented an update on vector control policy and systematic reviews. This was done alongside a presentation by the Director of the Global Malaria Programme.

On the 20 November 2018, Cochrane South Africa conducted a webinar on GRADE evidence to decision frameworks for guidelines.

Cochrane SA facilitated workshop with Africa Check (https://africacheck.org/) to enhance capacity of journalists to use evidence from Cochrane reviews in October 2018

Celeste Naude contributes as a member of the Ministerial Committee on Mortality and Morbidity in Children under 5 years (CoMMiC), South Africa National Department of Health; Directorate: Child & Youth Health in South Africa.

Celeste has been invited to serve on the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions.

Jimmy Volmink and Paul Garner have been appointed to the new Cochrane Editorial Board.

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

New programme of work and report is for the Inception phase, therefore, no issues to report.

Recommendations [for DFID]

C: DETAILED OUTPUT SCORING: NUMBER 3

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

Indicator(s)	Targets	Progress (achieved by **end-Inception** phase)
3.1 Number of high impact systematic reviews (1.1) or methods (1.2) published reviews led by LMIC authors	1	4 (1.1) 1 (1.2)
3.2 Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	0	3
3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	0	Not evaluated

Indicator 3.1

Ingrid Wilson based in Cape Town performed highly on production of reviews, all initiated and mainly funded from the previous RPC. We are concerned about performance against this indicator longer term as reviews become more complex. We are exploring more proactive mechanisms to bring in authors from LMIC in the review process, nor assure contributions.

Indicator 3.2

- Ingrid Wilson (Cape Town) showed leadership with the HIV qualitative synthesis review and assuring its publication.
- Anke Rohwer (Cape Town) performed well in the work on plagiarism and responding to this.
- Celeste Naude (Cape Town) worked hard in defending the low carbohydrate diet systematic review in the face of hostile attacks by the advocates

Indicator 3.3

The GRADE Guidance Group approved the South Africa GRADE Network will be co-managed by the Centre for Evidence Based Health Care and Cochrane South Africa. It is the first formal GRADE structure on the African continent. The Network was launched at the African Cochrane Indaba in March 2019. Part of DFID investment in the previous years has enabled an independent synthesis capacity in the region that has enabled this Centre to be established.

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

New programme of work and report is for the Inception phase, therefore, no issues to report.

Recommendations [for DFID]

D: VALUE FOR MONEY & FINANCIAL PERFORMANCE

Key cost drivers and performance

This programme is a contribution to Cochrane, and DFID obtains a much higher return because of this. The programme is a substantive contributor to Cochrane, and yet DFID, the WHO, NGOs and national governments 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 investment in Cochrane for DFID is a contribution that has a very much larger return than would be obtained if we were working independently.

The main cost in the programme is staff time. This includes people doing Cochrane reviews, people supervising, and people training; and engagement in Cochrane development and in the uptake of evidence underpinned by Cochrane reviews into health practice and policy.

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 driver is travel. We assure value for money by minimising travel as much as possible-not only the flight costs, but the opportunity costs in terms of staff time with travel.

With increasing complexity and demands from WHO for rapid turn-around, we are increasingly using a service called Cochrane Response. In the past, having high level experienced authors has meant products are delivered to time and efficiently. We have had some success with this as a mixed model (us subcontracting Cochrane Response, and Cochrane Response obtaining WHO contracts and then subcontracting our technical expertise). We are also using them for completing difficult reviews and are monitoring this expense.

VFM performance compared to the original VfM proposition

No variation. However, we have introduced annual VfM 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 VfM; if there is no impact at outcome level, this tends to reduce VfM. 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, this programme continues to represent excellent value for money.

Quality of financial management

The lead partner has a strong financial monitoring and management system in place. The Management Team will 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.

During the Inception phase there have been delays with arranging the new partner work plans and budget, therefore, there is an underspend on the agreed budget for 2018-19 which is mainly related to the budget partner lines which was highlighted to DFID in December 2018.

E: RISK

Overview of programme risk

New programme of work and READ-It risk register is available (see Annex 5) and will be used throughout the life of the 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. Performance of all partners is routinely monitored every six months with remedial action taken where required.

There are new processes being rolled out to assure safeguarding.

Due diligence procedures are fully implemented.

Outstanding actions from risk assessment

New programme of work and report is for the Inception phase, therefore, no actions to report.

F: COMMERCIAL CONSIDERATIONS

Delivery against planned timeframe

We are on track.

Performance of partnership (s)

We have almost completed all formal partner subcontracting.

Asset monitoring and control

The only items that will appear within the asset monitoring are desk-top PC's as agreed with partners within their work plan and budget.

All partners will provide full details of the purchase of any desk-top PC's which will be included within the READ-It asset inventory at Year 1 and will be updated annually. This will also highlight the disposal of any assets and the justification for the disposal of individual items.

The equipment purchased from the previous RPC is still in use by the READ-It Management office (including CIDG) at LSTM, details provided in Annex 3.

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. Both the work plan and budgets are assessed by the Management Team prior to the arrangement and fully-executed partner subcontracts.

All partners will report on the progress of outputs, outcomes, associated activities, and final expenditure every six-months which will then be assessed by the Management Team, including highlighting any potential risks and if remedial action may be required.

H: MONITORING & EVALUATION

Evidence and evaluation

Our theory of change is well established.

Monitoring process during the review period

During the Inception phase the Management Team have been working with potential partners to arrange arranged individual partner work plans and budgets.

Programme activities, outputs, outcomes, and expenditure

Monitoring from Implementation Year 1 will be every six-months for all partners. 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, and advice or remedial action. Field visits will be arranged to partner organisations when necessary.

The Programme Directors and Programme Manager (Management Team) will keep in regular contact with all partners. The Management Team have 2-weekly meetings monitoring the review portfolio progress plus any partner activities and outputs. The Programme Directors meet at least once a year (face-to-face) to ensure a strong management liaison between both for the management of the programme.

Gender monitoring: participation in research (see Annex 4)

Events	**Women/total (events)**	**% women**	**Number of events with 40+% women**
Dissemination and capacity building events run by READ-It partners	101/164 (4)	62%	75% (3)
Stakeholder meetings (i.e. guidelines, committees) attended by READ-It partners	640/1332 (14)	48%	86% (12)
Individuals	**Women/total**	**% women**	
Visiting fellows and trainees to CIDG (Liverpool, UK)	6/10	60%	

Dashboard for monitoring research outputs 1.1a, 1.1b, 1.2 and 1.3 (see Annex 4)

Indicators and definitions	**No.**	**Notes**
A. Published research outputs	33	New Cochrane reviews (12); updated Cochrane reviews (9); other systematic reviews (5); original research peer reviewed (7)
B. Peer-reviewed publications	33	New Cochrane reviews (12); updated Cochrane reviews (9); other systematic reviews (5); original research peer reviewed (7)
C. Peer-reviewed publications which comply with DFID Open Access policy	31	New Cochrane reviews (10); updated Cochrane reviews (9); other systematic reviews (5); original research peer reviewed (7) Note all Cochrane reviews have green “open access”; and all reviews have immediate free access in all low-income countries
D. Peer-reviewed publications with a LMIC researcher as the primary author	Total 14.5	11 women, 3.5 men
E. Peer-reviewed publications explicitly addressing gender issues or women/girls	1	New Cochrane reviews (1)