

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

**Year 1 Report: April 2019 to March 2020**

Version: 6 July 2020 (Final)

*(update of previous submission dated 16 October 2019)*



## Department for International Development: Research and Evidence Division

<b>Project Name: Research, Evidence and Development Initiative (READ-It)</b>	
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### SUMMARY

READ-It submitted a mid-Year 1 report for the 1<sup>st</sup> period of Year 1 from April to September 2019 on 16 October 2019. This updated report covers the full 12-month period of Year 1 from April 2019 to March 2020.

During the full 12-month period of Year 1 from April 2019 to March 2020 we have continued working on “core” READ-It projects and reviews, and within this period we have published:

- **6 high impact** Cochrane reviews (24 published in total, new and updates)
- **1 high impact** other peer reviewed systematic review (6 published in total)
- **2 published methods** that contribute towards the improved review quality, efficiency or uptake
- No high impact other peer reviewed research paper (17 published in total)

Within the above process for the full 12-month period:

- it was the *first-time to be a lead author (first or last author)* on a Cochrane review for 16 people (10 women and 7 men); 8 of these first-time authors were from low- and middle-income countries (LMICs) (5 women and 3 men).

In Year 1, guidelines that we contributed to have been published:

- **WHO interim guidelines for the treatment of gambiense human African trypanosomiasis published (August 2019):** updated guidelines are now available to facilitate the treatment of people affected by the gambiense form of human African trypanosomiasis (HAT) – also known as sleeping sickness. The new guidelines follow the recent approval of an oral medicine, fexinidazole as new cases continue to decline reaching historically low levels. We contributed to the assembling of the evidence. (Outcome indicator 1)

[https://www.who.int/trypanosomiasis\\_african/resources/9789241550567/en/](https://www.who.int/trypanosomiasis_african/resources/9789241550567/en/)

In Year 1, a case study of READ-It leadership influencing national decision making-making process:

- **South African National Essential Medicines List: Adult Hospital Level Medication Review Process. Component: Obstetrics (January 2020):** the South Africa team provided a synthesis of evidence on “Heparin use in pregnant women with prosthetic mechanical valves” for a Medicine Review to inform policymakers at national level of standard treatment guidelines. (Outcome indicator 4)

Please see “Annex 1a – Log frame” which details the outcome and output targets achieved by end-Year 1.

## 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.

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 LMICs drawing on methods that Cochrane and related organizations such as GRADE have developed.

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 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 have included some pilot work in sectors outside health to forward the Sustainable Development Goals (SDGs) 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 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.

Since March 2020, READ-It have been involved with COVID-19 pandemic responses.

- We are involved with the Cochrane response to the COVID-19 pandemic. We liaised with the Cochrane Editor-in-Chief (EiC) and Cochrane Central (UK); became part of the central planning team; and continue to be involved in the Cochrane Central meetings to discuss and agree Cochrane's COVID-19 response. Full information regarding Cochrane's COVID-19 response on the [COVID-19 resources homepage](#), which is updated daily. A new rapid review editorial process has been used for the Cochrane COVID-19 response reviews, see Section C for more details.

- CIDG, the South Africa team and TB Union (India) are currently involved in COVID-19 pandemic response (reviews and in-country support) and this will continue into Year 2. The COVID-19 response priority topics READ-It are currently involved in are:
  - Ash and alternatives for hand washing (Cochrane)
  - Chloroquine for COVID-19 (Cochrane)
  - Diagnostic testing – a suite of reviews (managed by Cochrane Central with input from CIDG)
  - Non-invasive ventilation (managed by Canada-Lebanon collaboration with input from CIDG)
  - Food security (Cochrane, ongoing review with South Africa team)
  - Rapid review of transmission of respiratory viruses when using public transport (South Africa team)
- READ-It is working with all partners on priority reviews that are all of global significance related to COVID-19 and its consequences.

### 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.

### Progress

READ-It started in May 2018 with an initial Inception phase until 31 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 have now been 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 emerging problems in obesity, mental health and humanitarian crises.

We are now following up:

- neglected tropical diseases, vector control, malaria, and tuberculosis (CIDG);
- nutrition 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);
- mental health in primary care (EPOC);
- qualitative evidence synthesis in NTDs and tuberculosis (CIDG);

READ-It is now also involved with the Cochrane response to the COVID-19 pandemic.

The following partnerships are now established and continuing to work on their individual work plans:

<b>Africa</b>	Lead	South Africa	Stellenbosch University (Deputy Director: Taryn Young), and
	Partners	South Africa	South African Medical Research Council (joint with Stellenbosch University)
		Zambia	University of Zambia
<b>Asia</b>	Partners	India	Campbell Collaboration - New Delhi office (only for Year 1)
		India	International Union Against Tuberculosis and Lung Disease (The Union) - South-East Asia Regional Office (USEA)

		Sri Lanka	University of Colombo (MoU)
<b>Europe</b>	Global lead	UK	Liverpool School of Tropical Medicine (Director: Paul Garner) <sup>1</sup> ; READ-It Management office, and Cochrane Infectious Diseases Group (CIDG)
	Partner	UK	EPPI-Centre, University College London (UCL)
		Norway	Effective Practice and Organisation of Care (EPOC) (MoU)
<sup>1</sup> WHO – we received confirmation in February 2020 of our new official WHO Collaborating Centre for Evidence Synthesis in Global Health (February 2020 to March 2024)			

## New relationships

We have established a programme of work from Year 2 with a new partner in Nepal, the Birat Nepal Medical Trust (BNMT), which may also involve associations with organisations we have had discussions within the Inception phase. CIDG (Liverpool) hosted two visiting fellows from BNMT in October 2019 for 2-weeks to provide mentorship on completing systematic reviews.

## Management

The READ-It Management Team have established regular communication and work together regularly; a series of Management Team conferences calls are scheduled every 2-weeks with rotating agendas to discuss a) Management issues, and b) Review portfolio issues (agreed and potential titles) across READ-It.

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

## Reporting

### Management of partner progress reports

This takes place every 6-months which 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 latest ResearchFish 2019 submission was completed and submitted in June 2019, and the new submission for 2020 will be submitted in June 2020.

### Financial management

We are continuing to 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; and all reporting expectations are included within the official partner subcontracts (work plan schedule).

## B: PERFORMANCE AND CONCLUSIONS

### Annual outcome assessment

Annual outcome assessment	Targets for Year 1 (April 2019 to March 2020)	Formal outcome reported for log frame Progress achieved by end-Year 1	In progress <sup>1</sup>
Outcome 1. New or amended global policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	1	1 <sup>st</sup> period: April to September 2019 <a href="#">WHO interim guidelines for the treatment of gambiense human African trypanosomiasis</a> (August 2019)	ARRIVE guidelines 2019 preprints published; final version out 7 July 2020 (July 2019)
		2 <sup>nd</sup> period: October 2019 to March 2020 No output to report at end-Year 1	Histoplasmosis in HIV positive people (PAHO/CDC guidance) Detection and treatment of plague (WHO/CDC guidance) TB diagnostics (WHO guidance)
		<b>Total: 1</b>	Scope a guidance on school and nutrition policies leading to definitive reviews (WHO guidance) HIV portfolio (WHO guidance)
Outcome 2. New or amended national policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	1	1 <sup>st</sup> period: April to September 2019 No output to report at mid-Year 1	Treatment of opportunistic infections in people with HIV: India guidance
		2 <sup>nd</sup> period: October 2019 to March 2020 No output to report at end-Year 1	GRADE training (DoH/EDL Secretariat guidance) which may lead to more formal engagement in national guideline procedures
		<b>Total: 0</b>	
Outcome 3. Evidence that bilateral, multilateral, UN or global agency (including DFID, Gates & GAVI) alter investment based on outcome 1 or 2	Nil	No target was set for this outcome indicator in Year 1	-
Outcome 4. Case studies of READ-It leadership influencing national decision-making processes	1	1 <sup>st</sup> period: April to September 2019 No output to report at mid-Year 1	South Africa part of National Guidelines
		2 <sup>nd</sup> period: October 2019 to March 2020 South African National Essential Medicines List: Adult Hospital Level Medication Review Process (January 2020)	TB Union with current national TB case finding strategies COVID-19 National Guidelines in SA
		<b>Total: 1</b>	

<sup>1</sup> These are projects that may yield indicators that will be counted when the projects are completed

## Overall outcome assessment

### Informing policy

We report above on several guidelines at global level that we are contributing to. In addition, there are two methods projects reported in the output section 1.2 that are having impact. The ARRIVE guidelines for reporting animal research is likely to impact on the way animal studies are conducted and reported; and the WHO Guidelines for people living in refugee camps is currently impacting on how WHO form it's guidelines-the SOPs for the WHO Guideline Review Committee now include a question about this group of people. These are not direct policy impacts on health but impacts on public health science and it is implementation.

### Informing debates

The updated Cochrane review on Community Deworming is an important contribution as it responds to the many comments by the development economists on our previous review.

The review on low carbohydrate diets for weight loss and cardiovascular risk published in 2014 (Altmetric score 400, 104 citations in July 2020) contributed to debates in this area, and has been cited in two national guidelines<sup>2</sup>. However, the debate is ongoing, and more trials continue to be published. Therefore the 2014 review is currently being updated as a Cochrane review (protocol published in 2019), with changes to eligibility criteria to ensure a wider scope, in order to further inform the debates and decision-making.

### New specific topics under development since April 2019

- **Treatment of histoplasmosis in people with HIV:** PAHO guideline (meeting held in February 2019): in progress, we are helping to finalise the guidelines for HIV and Histoplasmosis conducted with PAHO/WHO.
- **Detection and treatment of plague:** Paul Garner and Sophie Jullien (CIDG author) prepared the reviews for the Plague WHO Guideline meeting held in Madagascar from 16-19 September 2019, both were invited by WHO to attend and Paul Garner was the methodologist at the meeting. We are expected to be asked to support WHO to complete the Plague guidelines.
- **TB Diagnostics WHO Guideline meeting:** presented five Cochrane reviews to inform the WHO Guideline meeting on 'Molecular Methods for Diagnosis Tuberculosis' from 3-6 December 2019. At this meeting, the guidelines on Xpert MTB/RIF and Xpert Ultra (the newest version of the test) will be updated. [See the Cochrane Special Collection: Diagnosing tuberculosis](#). Two reviews will assess the diagnostic accuracy of Xpert MTB/RIF and Xpert Ultra for pulmonary tuberculosis and rifampicin resistance in adults and children and two reviews will assess the diagnostic accuracy of the tests for several forms of extrapulmonary tuberculosis in adults and children. The fifth review will address the impact of these tests on mortality and other patient-important outcomes.
- **WHO HIV Guidelines meeting:** WHO are planning a consolidated HIV guideline update in 2020, meeting due to take place in October 2020. The South Africa team are preparing reviews for the meeting and Taryn Young and Tamara Kredo are liaising with Nathan Ford (WHO) in response to the priority topics.
- **Nutrition WHO guideline meeting:** South Africa team preparing reviews for October/November 2020 meetings. Reviews on policies and/or interventions that influence the school food environment for improved nutrition and better health, and efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children and pregnant women.

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<sup>2</sup> Lower carbohydrate diets for adults with type 2 diabetes (draft report), Scientific Advisory Committee on Nutrition, Public Health England and UK Health Department, January 2020; review of current evidence and clinical recommendations on the effects of low carbohydrate and very-low-carbohydrate (including ketogenic) diets for the management of body weight and other cardiometabolic risk factors: A scientific statement from the National Lipid Association Nutrition and Lifestyle Task Force; USA, 2019

## **Overall strategy**

We are also exploring strategic collaboration in approaches to accelerate progress towards the SDGs through Systems Leadership for Sustainable Development with 4SD led by David Nabarro. Part of this work relates to COVID-19 and the consumer experience and this will be reported in Year 2.

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 established 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?**

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

See Annex 1a submitted with Annual Report submission for Year 1 to show the outcome and output targets at end-Year 1, and Annex 1b to show the details of the outcome levels 1-4 targets report at end-Year 1.



## 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:	Minor <b>Moderate</b> Major Severe	Impact weighting (%):	50%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Year 1 (April 2019 to March 2020)	Progress achieved for 1 <sup>st</sup> period of Year 1: April to September 2019	Progress achieved for 2 <sup>nd</sup> period of Year 1: October 2019 to March 2020	Total progress achieved for full-Year 1 period: April 2019 to March 2020
<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	3	5 (Cochrane reviews: new 3, updated 2)	2 (Cochrane reviews: updated 1; and Other peer reviewed systematic reviews 1)	<b>7</b> (Cochrane reviews: new 3, updated 3; and Other peer reviewed systematic reviews: 1)
<b>1.2</b> Number of <b>published methods</b> that contribute towards improved review quality, efficiency or uptake	1	2	0	<b>2</b>
In addition to the above indicator output targets:  <i>A total of 30 systematic reviews published in total (Cochrane and other peer reviewed systematic reviews) Note: this total includes the above 1.1 and 1.2 figures</i>	No target	16	14	30

### 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 the following in total (high impact and high priority):

Cochrane reviews (new)	= 19
Cochrane reviews (updated)	= 5
Other Systematic reviews (peer reviewed)	= 6
Other publications (peer reviewed)	= 17
Cochrane protocols	= 7
Campbell protocols	= 3

## Reviews reported as high impact

### Two high impact malaria reviews

[Indoor residual spraying for preventing malaria in communities using insecticide-treated nets](#) (new Cochrane review: Choi L, Pryce J, Garner P; May 2019)

Some donors and malaria specialists are pushing indoor residual spraying (IRS) to be added to insecticide-treated nets (ITNs) where ITNs are failing due to pyrethroid resistance. This review examines the evidence, stratified by IRS insecticide that is 'non-pyrethroid-like' and thus more likely to work theoretically where pyrethroid resistance is emerging. The results are mixed, with no clear evidence of an additional benefit in this group. When 'pyrethroid-like' insecticide is used, no benefit has yet been shown. There really is no clear evidence to add IRS to ITNs if the purpose is to increase malaria vector control effectiveness.

This review was used in the [WHO Malaria Vector Control Guidelines \(February 2019\)](#), the WHO guidelines were reported in the Inception Phase annual report.

[Larviciding to prevent malaria transmission](#) (updated Cochrane review: Choi L, Majambere S, Wilson AL; August 2019). You can view the READ-It news item for the [updated Cochrane review](#).

### Two high impact HIV review

[Rapid initiation of antiretroviral therapy for people living with HIV](#) (new Cochrane review: Mateo-Urdiales A, Johnson S, Smith R, Nachega JB, Eshun-Wilson; June 2019)

Offering ART within 7 days of HIV diagnosis results in greater viral suppression at 12 months may improve retention in care. However, the trials included many co-interventions to help with retention. Whilst the review underpins WHO policy, there is emerging programmatic data that the benefits seen in the trials and documented in the review are not translating to in practice-one can speculate this relates to these co-interventions.

[Lateral flow urine lipoarabinomannan assay for detecting active tuberculosis in people living with HIV](#) (update Cochrane review: Bjerrum S, Schiller I, Dendukuri N, Kohli M, Nathavitharana RR, Zwerling AA, Denkingier CM, Steingart KR, Shah M; October 2019)

### One high impact TB review

[Xpert MTB/RIF and Xpert MTB/RIF Ultra for pulmonary tuberculosis and rifampicin resistance in adults](#) (updated Cochrane review: Horne DJ, Kohli M, Zifodya JS, Schiller I, Dendukuri N, Tollefson D, Schumacher SG, Ochodo EA, Pai M, Steingart KR; June 2019)

Xpert MTB/RIF and Xpert Ultra, the newest version, are the only WHO-recommended rapid tests that simultaneously detect tuberculosis and rifampicin resistance in people with signs and symptoms of tuberculosis and are suitable for use at lower levels of the health system. This Cochrane Review assessed the diagnostic accuracy of Xpert MTB/RIF and Xpert Ultra for active pulmonary TB in adults. The update incorporates 77 new studies and shows that Ultra has a higher sensitivity but marginally low specificity.

This updated review is important to provide high-quality information on Xpert MTB/RIF and Ultra; given the investment, having solid evidence base from a synthesis related to these tests is an important contribution. There have been previous WHO Guidelines that have drawn on earlier versions of this review, and this review is likely to help underpin future recommendations arising from the [WHO consultation in 2017](#).

### One high impact NTD review

[Public health deworming programmes for soil-transmitted helminths in children living in endemic areas](#) (updated Cochrane review: Taylor-Robinson DC, Maayan N, Donegan S, Chaplin M, Garner P; September 2019) (Linked to Output 2.3)

The update has been a major undertaking. We went through every single one of the criticisms that were published in a paper that was 49 pages long, and a set of overlapping (but not quite) comments submitted to us separately. We also conducted some analyses that people have commented on in the past – stratifying by types of worm and types of worm burden. We also added new trials and reflected on the review-drawing out more clearly that the only effects seen on weight were from studies conducted over 20 years ago.

What is in this new edition? The review authors have consolidated the results, performing analyses that the critics have said hides true effects; they have added six new trials and responded to a 50-page published

criticism of the review. The final result? The substantive findings are little changed from 2015. With now a total of over 50 trials including 84,336 participants, plus the additional trial of one million children: the team found no benefit for haemoglobin, cognition, school performance, and mortality. While weight studies carried out over 20 years ago showed large effects on weight, this has not been seen in the more recent, much larger studies.

### **One high impact Cochrane Systematic Review Intervention**

[Comparison of different human papillomavirus \(HPV\) vaccine types and dose schedules for prevention of HPV-related disease in females and males](#). (new Intervention: Bergman H, Buckley BS, Villanueva G, Petkovic J, Garritty C, Lutje V, Riveros-Balta AX, Low N, Henschke N; November 2019)

### **Other reviews of interest**

Four new recent **high priority** reviews published since April 2019:

[MVA85A vaccine to enhance BCG for preventing tuberculosis](#) (new Cochrane review: Kashangura R, Jullien S, Garner P, Johnson S, April 2019). You can view the READ-It new item for the [new Cochrane review](#).

[Primaquine at alternative dosing schedules for preventing relapse in people with Plasmodium vivax malaria](#) (new Cochrane review: Milligan R, Daher A, Graves PM; July 2019). You can view the READ-It news item for the [new Cochrane review](#).

[Interventions to improve disposal of child faeces for preventing diarrhoea and soil-transmitted helminth infection](#) (new Cochrane review: Majorin F, Torondel B, Ka Seen Chan G, Clasen T; September 2019). You can view the READ-It news item for the [new Cochrane review](#).

[Abdominal ultrasound for diagnosing abdominal tuberculosis or disseminated tuberculosis with abdominal involvement in HIV-positive individuals](#) (new Cochrane review: Van Hoving DJ, Griesel R, Meintjes G, Takwoingi Y, Maartens G, Ochodo EA; September 2019). You can view the READ-It news item for the [new Cochrane review](#).

One update of a previously reported **high impact** Cochrane review was published:

Soares-Weiser K, Bergman H, Henschke N, Pitan F, Cunliffe N. [Vaccines for preventing rotavirus diarrhoea: vaccines in use](#) (update Cochrane review: Soares-Weiser K, Bergman H, Henschke N, Pitan F, Cunliffe N; October 2019).

### **COVID-19 pandemic response mode**

The rapid review editorial process has been used for the COVID-19 rapid reviews, and aims to provide a 2-week turnaround from review submission to review publication (<https://covidrapidreviews.cochrane.org/process#fast-track>). A list of COVID-19 reviews, published by a variety of Cochrane Review Groups including CIDG, is available under 'Rapid reviews' (<https://www.cochranelibrary.com/COVID-19>) but all have been published after 31 March 2020, these will be reported in the relevant Year 2 annual reports.

CIDG have also piloted a streamlined CIDG editorial process for high-priority titles. This was piloted on the 'Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19', which had a 2-week turnaround time: protocol submitted 9 April 2020, published 22 April 2020 (this will be reported in the relevant Year 2 Annual reports as an output).

## **Indicator 1.2 Published methods**

### **Two published methods products (reported as 1.2 log frame output)**

#### **WHO guidance for refugees in camps: systematic review**

[WHO guidance for refugees in camps: systematic review](#) (BMJ Open: Blundell H, Milligan R, Norris SL, Garner P; September 2019)

We used some money from consultancy to support an individual conduct a review examining the evidence to decision making approach in WHO in relation to humanitarian disasters-with a focus on refugees in camps. This is part of a longer-term strategy to help further develop the evidence to decision making process in WHO-to make it more tailored to circumstances.

[Variation in the observed effect of Xpert MTB/RIF testing for tuberculosis on mortality: a systematic review and analysis of trial design considerations](#) (Wellcome Open Research: Ochodo EA, Kalema N, Schumacher S, Steingart K, Young T, Mallet S, Deeks J, Cobelens F, Bossuyt PM, Nicol MP, Cattamanchi A; January 2020).

Most studies evaluating the effect of Xpert MTB/RIF testing for tuberculosis concluded that it did not reduce overall mortality compared to usual care. The author team conducted a systematic review to assess whether key study design and execution features contributed to earlier identification of patients with TB and decreased pre-treatment loss to follow-up, thereby reducing the potential impact of Xpert MTB/RIF testing.

### **Methods development**

#### **Arrive guidelines 2019 pre-prints published**

Paul Garner was part of the panel revising the guidelines for reporting animal research. I was the methodologist, understudy and then replacement of the late Doug Altman. These guidelines have been published. Note that now included is item 19, that refers to a protocol for the animal research. Part of the reason I was asked to join the panel related to the MVA85A TB vaccine controversy, where the Oxford researchers may have altered retrospectively the true purpose of the animal study of the vaccine-from an efficacy study to one evaluating the monkey model. The ambiguity here is because no protocol was published or provided (July 2019).

<https://www.biorxiv.org/content/10.1101/703181v1>

<https://www.nc3rs.org.uk/revision-arrive-guidelines>

#### **Other methods development commissioned by WHO (linked to READ-It priority topics)**

The Liverpool Team have carried out a suicidal behaviour in people affected by conflict, war and natural disaster (ML Murray and P Garner). A report has gone to WHO; completion of the review as a publication has been hampered by COVID-19.

The South Africa Team have a variety of reviews related to developing their portfolio in nutrition and was commissioned by WHO Nutrition Policy and Scientific Advice Unit to scope a guideline on school food and nutrition policies (WHO funded).

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

Reports submitted for the Inception phase in April 2019 and mid-Year 1 in October 2019, and no issues raised, therefore, no issues to report.

### **Recommendations [for DFID]**

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## C: DETAILED OUTPUT SCORING: NUMBER 2

<b>Output Title</b>	<b>Review findings disseminated effectively</b>		
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 Year 1 (April 2019 to March 2020)	Progress achieved for 1 <sup>st</sup> period of Year 1: April to September 2019	Progress achieved for 2 <sup>nd</sup> period of Year 1: October 2019 to March 2020	Total progress achieved for full-Year 1 period: April 2019 to March 2020
<b>2.1</b> Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	1	1	0	1
<b>2.2</b> Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	1	0	0	0
<b>2.3</b> Sustained policy debate (national or international)	1	1	0	1

### Indicator 2.1 Global policies

We contributed to national guidelines: [WHO interim guidelines for the treatment of gambiense human African trypanosomiasis](#) (August 2019) (Linked to Outcome 1)

### Indicator 2.2 National guidelines or policies

No items to report at end-Year 1 for 2.2.

### Indicator 2.3 Sustained policy debate

The update of the [Public health deworming programmes for soil-transmitted helminths in children living in endemic areas](#) is an important contribution to the sustained policy debate although in itself it has not stimulated fresh controversy. (Linked to Output 1.1)

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

Reports submitted for the Inception phase in April 2019 and mid-Year 1 in October 2019, and no issues raised, therefore, no issues to report.

### Recommendations [for DFID]

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### 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 Year 1 (April 2019 to March 2020)	Progress achieved for 1 <sup>st</sup> period of Year 1: April to September 2019	Progress achieved for 2 <sup>nd</sup> period of Year 1: October 2019 to March 2020	Total progress achieved for full-Year 1 period: April 2019 to March 2020
3.1 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>	2	1 (1.1) 0 (1.2)	0 (1.1) 1 (1.2)	1 (1.1) 1 (1.2)
3.2 Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	Nil	0	0	0
3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	Nil	No target was set for this outcome indicator in Year 1	-	-

#### Indicator 3.1

**High impact systematic reviews (1.1):** one lead author from an LMIC for selected high impact reviews within this period.

[Rapid initiation of antiretroviral therapy for people living with HIV](#). (New Cochrane review: Mateo-Urdiales A, Johnson S, Smith R, Nachega JB, *Eshun-Wilson I*; July 2019; *lead author*: female, South Africa)

In addition, there have been seven lead authors from LMICs (Swaziland, South Africa, India, Iran and Nigeria) on high priority reviews during this period, but this is not an output indicator level.

#### Methods (1.2):

[Variation in the observed effect of Xpert MTB/RIF testing for tuberculosis on mortality: a systematic review and analysis of trial design considerations](#). (Other peer reviewed systematic review: *Ochodo EA*, Kalema N, Schumacher S, Steingart K, Young T, Mallet S, Deeks J, Cobelens F, Bossuyt PM, Nicol MP, Cattamanchi A; January 2020; *lead author*: female, South Africa)

## **Indicator 3.2**

No output target to report at end-Year 1.

### **Emerging leadership evidence**

Eleanor Ochodo of Stellenbosch University, South Africa, was awarded one of the four 2019 African Research Leader Awards from the UKRI's Medical Research Council (MRC) and the UK Department for International Development (DFID). It was awarded as Eleanor is recognised a leader in her field of research. The project will run for 4-5 years to pursue research designed to address priority health problems of people in sub-Saharan Africa. We anticipate reporting this as a target of leadership evidence once the programme of work is established.

Eleanor Ochodo has also received a 9-month NIHR award to work on a project to develop an evidence-based approach, adapting on the GRADE evidence to decision making framework, to guide the adaptation of the WHO essential diagnostics list (EDL) to national health system needs and establish a Research Initiative for Evidence-based diagnostics in Africa.

Marianne Visser from South Africa received the Aubrey Sheiham Evidenced-based Health care in Africa Leadership award for 2019.

## **Indicator 3.3**

No output target to report at end-Year 1.

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

Reports submitted for the Inception phase in April 2019 and mid-Year 1 in October 2019, and no issues raised, therefore, no issues to report.

### **Recommendations [for DFID]**

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## **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.

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

No variation. However, 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, 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 Year 1 there were ongoing liaison with two potential partners, due to unforeseen circumstances beyond our control the potential partner organisations did not fully agree to the final subcontract (work plan and budget) offered by READ-It (LSTM). The programme of work and budgets had been discussed and agreed in detail over several months of planning, however, at the final execution stage they did not transpire. One partner was, in our view, too expensive for the programme of work and expected deliverables. Therefore, the budgets initially allocated to the potential partners were not required within Year 1, which resulted in an underspend for FY 2019-20 plus some other partner underspends as all final claims are based on actual costs.



## **E: RISK**

### **Overview of programme risk**

READ-It risk register was updated in February 2020 and is provided as Annex 5 with the annual report submission. The risk register 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.

We recognised risk with new partners and indeed managed this risk with one partner institution by issuing a one-year contract with renewal only contingent on delivery of outputs. This contract has not been extended.

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, this has also been included in an updated LSTM due diligence questionnaire, which is circulated to all potential partners to complete and provide the necessary documents.

Due diligence procedures are fully implemented, as mentioned above.

Paula Waugh, Taryn Young and Paul Garner have considered, assessed and monitor 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.

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

Report submitted for the Inception phase in April 2019, and no issues raised, therefore, no issues to report.

## **F: COMMERCIAL CONSIDERATIONS**

### **Delivery against planned timeframe**

We are on track for Year 1 log frame targets. The next report will be submitted for mid-Year 2 (April to September 2020) in October 2020.

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

We have almost completed all formal partner subcontracting for Year 1, the new BNMT (Nepal) partner subcontracts is being reviewed and authorised by both parties.

All partners holding fully-executed subcontracts have submitted their individual mid- and full-Year 1 progress reports, the full-Year 1 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.

### **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 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.

The equipment purchased from the previous RPC is still in use by the READ-It Management office (including CIDG) at LSTM, details were provided in Annex 3 with the Inception Phase annual report submission in April 2019. The updated Annex 3 for Year 1 is provided with this annual report submission.

## **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 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 will 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, 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 READ-It management, 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.

### **Awards and new grants**

- Marianne Visser from South Africa received the Aubrey Sheiham Evidenced-based Health care in Africa Leadership award for 2019, also reported under 3.2 as emerging leadership.
- Eleanor Ochodo of Stellenbosch University, South Africa, was awarded one of the four 2019 African Research Leader Awards from the UKRI's Medical Research Council (MRC) and the UK Department for International Development (DFID). The project will run for 4-5 years to pursue research designed to address priority health problems of people in sub-Saharan Africa, also reported under 3.2 as emerging leadership.
- Eleanor Ochodo of Stellenbosch University, South Africa, has also received a 9-month NIHR award to work on a project to develop an evidence-based approach, adapting on the GRADE evidence to decision making framework, to guide the adaptation of the WHO essential diagnostics list (EDL) to national health system needs and establish a Research Initiative for Evidence-based diagnostics in Africa, also reported under 3.2 as emerging leadership.
- [Professor Taryn Young's Inaugural lecture at Stellenbosch University](#) (10 October 2019). Taryn is Head of Division of Epidemiology and Biostatistics, Faculty of Medicine and Health Sciences and Director of the Centre for Evidence-based Health Care and Executive Head of the Department of Global Health at Stellenbosch University, South Africa. She is also Deputy Director of READ-It.
- Cochrane Review authors selected as runners-up of Asian-Pacific Economic Cooperation (APEC) Healthy Women Healthy Economies award, related to their review of 'Selective versus routine use of episiotomy for vaginal birth'. These are READ-It partners with no formal workplan and financial

subcontract but work closely with staff in READ-It. The award is to raise awareness and promote the health of women in the Asia-Pacific. We will report more fully in our subsequent report to DFID.

APEC News Releases: [Finalists of APEC Healthy Women, Healthy Economy Prize Announced](#) and [Inaugural Healthy Women Health Economies Prize Announces Winning Research](#).

- Multiplier funds from WHO for Nutrition reviews secured by Celeste Naude and Solange Durao:
  - To scope a guideline on school food and nutrition policies, August to November 2019 (USD 23,426)
  - Efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children and pregnant women, April 2019 to March 2020 (USD 42,784)
  - Policies and/or interventions that influence the school food environment for improved nutrition and better health, December 2019 onwards (USD 47,339)
- Multiplier funds from WHO to prepare a systematic review on suicidal behaviour in people affected by conflict, war and natural disaster by ML Murray and P Garner, March to October 2019 (USD 7,040)