READ-It is catalysing influential nutrition evidence synthesis and capacity building in LMICs

Introduction: The Research, Evidence and Development Initiative (READ-It) provides core sustained financial support to institutions in South Africa, India, Norway and the UK, to do evidence synthesis and related activities aimed at improving health outcomes in the poor and vulnerable in low- and middle-income countries (LMICs). One of READ-It's focus areas is **nutrition**, where key policy areas include **malnutrition**, **infant and young child nutrition and dietary strategies for non-communicable diseases.**

Here, we describe nutrition outputs in **four areas** from South Africa, enabled by READ-It over a five-year period.

Contributions to prioritisation for global nutrition guidelines:

- 4 scoping reviews on priority topics for WHO
- Partner in <u>Cochrane obesity</u> evidence gap analysis
- World Obesity/WHO virtual policy dialogue

WORLD BESITY

Influencing

methodologist)

nutrition guideline

development through:

Content inputs (members

of guideline development panels)

and methods roles (guideline



Prioritysetting

0;

Working with guideline developers

Sustained stakeholder engagement

Topics • Wasting and nutritional oedema in children • Adolescent obesity • Policies to protect children from harmful food marketing • Fiscal policies to promote healthy diets • Nutrition labelling • School food and nutrition policies • Infant feeding in Zika virus transmission areas Produced 21 reviews with impact (10 Cochrane, 10 non-Cochrane):

- 5 reviews informing 6 global guidelines on priority nutrition policy areas
 - 4 reviews impacting national guidelines in Malawi and South Africa
 - 12 reviews addressing priority nutrition issues

Leadership

Reviews

with impact

Building nutrition evidence synthesis leadership:

• 32 novice author learning experiences (26 women) 'learning by doing' in partner-country synthesis teams

Extending methods expertise –

qualitative and prognostic evidence synthesis with experienced authors; contributed to piloting of Cochrane Risk of Bias 2 tool

Conclusion: READ-It has boosted nutrition evidence synthesis by LMIC teams for global benefit, enabling impact across multiple evidence ecosystem elements including priority-setting; reliable synthesis; and influencing evidence-informed decision-making, both globally and regionally.





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Supporting information

1. Priority-setting

Contributed to prioritisation for global nutrition guidelines:

- Produced 4 scoping reviews on priority topics for WHO
 - Assessing the existing evidence base on school food and nutrition policies: a scoping review
 - Menu labeling and portion size control to improve the out-of-home food environment: A scoping review
 - Existing evidence on the effects of total fat intake on health outcomes, other than measures of unhealthy weight gain: a scoping review
 - □ Tropical oil consumption and health outcomes: a scoping review to inform WHO guideline development
- Partner in Cochrane obesity evidence gap analysis
 - □ Obesity intervention evidence synthesis: Where are the gaps and which should we address first?
- World Obesity and WHO virtual policy dialogue
 - Obesity, COVID-19 and the opportunity for action in 2021

2. Reviews with impact

Produced 21 reviews with impact (10 Cochrane, 11 non-Cochrane):

- 5 reviews informing 6 global guidelines on priority nutrition policy areas:
 - Replacing salt with low-sodium salt substitutes (LSSS) for cardiovascular health in adults, children and pregnant women (informing WHO guideline on use of low-sodium salt substitutes and <u>UK NICE Clinical Knowledge Summary on CVD risk</u> assessment and management [link only available in UK, Crown Dependencies and British Overseas Territories])
 - Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk (informing UK NICE guideline on overweight and obesity management <u>Evidence review F- effectiveness of different diets in achieving and maintaining weight loss</u>)
 - □ Effects of total fat intake on bodyweight in children (informing *WHO guideline on total fat intake for the prevention of unhealthy weight gain in adults and children*)*
 - □ Effects of policies or interventions that influence the school food environment on children's health and nonhealth outcomes (informing WHO guideline on school food and nutrition policies)
 - The acceptability, feasibility and equity implications of nutritional supplementation interventions for the prevention of wasting in infants and young children: a rapid systematic review of qualitative evidence for a WHO guideline (informing WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years)
- 4 reviews impacting national guidelines in Malawi and South Africa:
 - Oral iron supplementation for anaemia in children aged 6 to 23 months: a systematic review and meta-analysis of randomized trials
 - Early enteral nutrition in critically ill infants and children, between one month and 12 years of age: a systematic review and meta-analysis of randomized controlled trials
 - □ Factors that influence the uptake and provision of iron supplementation as a public health intervention in children aged 6 to 23 months for the prevention of iron deficiency and iron deficiency anaemia: A qualitative evidence synthesis
 - Factors that influence the provision of early enteral feeding for critically ill children in paediatric intensive care: a rapid gualitative evidence synthesis

^{*}This review was published in 2018 as part of the Effective Health Care Research Consortium (grant number 5242), funded by UK aid from the UK government.

12 reviews addressing priority nutrition issues (including responding to global and national evidence requests)

- ▶ 8 intervention reviews
 - Public health deworming programmes for soil-transmitted helminths in children living in endemic areas
 - Ready-to-use therapeutic food (RUTF) for home-based nutritional rehabilitation of severe acute malnutrition in children from six months to five years of age
 - Community-level interventions for improving access to food in low- and middle-income countries
 - Caregiver involvement in interventions for improving children's dietary intake and physical activity behaviors
 - Agricultural and nutritional education interventions for reducing aflatoxin exposure to improve infant and child growth in lowand middle-income countries
 - □ Pine bark (Pinus spp.) extract for treating chronic disorders
 - Effects of lodized Salt and lodine Supplements on Prenatal and Postnatal Growth: A Systematic Review
 - Higher fiber higher carbohydrate diets better than lower carbohydrate lower fiber diets for diabetes management: Rapid review with meta-analyses
- ► 1 risk factor review (WHO)
 - Obesity as an independent risk factor for COVID-19 severity and mortality
- ▶ 2 rapid overviews of reviews (WHO)
 - A rapid overview of systematic reviews on the effects of palm oil intake compared with intake of other vegetable oils on mortality and cardiovascular health in children and adults
 - A rapid overview of systematic reviews on the effects of coconut oil intake compared with intake of other vegetable oils on mortality and cardiovascular health in children and adults
- ▶ 1 rapid review (Department of Health, South Africa)
 - □ Vitamin C for SARS-CoV-2

3. Working with guideline developers

Influencing nutrition guideline development through:

- Content inputs (member of guideline development groups) and methods roles (guideline methodologist):
 - WHO guideline: Prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years
 - Update of WHO guidance on indicators for the assessment of iodine status
 - □ WHO guideline: Integrated management of adolescents with obesity in all their diversity
 - □ WHO guideline: Policies to protect children from the harmful impact of food marketing
 - WHO guideline: Fiscal policies to promote healthy diets
 - □ WHO guideline: Nutrition labelling for promoting healthy diets and nutrition
 - □ WHO guideline: School food and nutrition policies
 - □ WHO guideline: Infant feeding in areas of Zika virus transmission

