

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

**Mid-Year 2 Report: April to September 2020**

Version: 21 October 2020 (Final v2)

*(mid-year report for the Foreign, Commonwealth & Development Office internal annual review submission - October 2020)*



<b>Project Name: Research, Evidence and Development Initiative (READ-It)</b>	
<b>Project Value:</b> £6,995,872	<b>Project Number:</b> 300342-104
<b>Start Date:</b> 15 <sup>th</sup> May 2018	<b>End Date:</b> 31 <sup>st</sup> March 2024
<b>Report date:</b> 21 <sup>st</sup> October 2020 (Final)	<b>Review Date:</b>

## SUMMARY

This READ-It report only covers the 1<sup>st</sup> period of Year 2 from April to September 2020. An updated annual report will be submitted for the full 12-month period of Year 2 from April 2020 to March 2021 in April 2021.

During the 1<sup>st</sup> period of Year 2 from April to September 2020 READ-It staff and activities pivoted to COVID-19 global and national priorities, whilst continuing to work on “core” READ-It projects and reviews. This work included collaborative efforts with the Central Cochrane Editorial Production Team and the Birmingham-led COVID-19 diagnostic review group, with outputs being published in the Cochrane Infectious Diseases Group Portfolio:

- **11 high impact Cochrane reviews** including 4 related to COVID-19/SARS-Cov-2 (new 10, updated 1)
- **1 high impact other peer reviewed systematic review** (1 published in total)
- **1 high impact other peer reviewed research papers** (1 published in total)
- **1 published methods paper** that contribute towards the improved review quality, efficiency or uptake (global 1)

Within the above process for the 1<sup>st</sup> period of Year 2:

- it was the *first-time to be a lead author (first or last author)* on a Cochrane review for 5 people (1 woman and 4 men); 1 of these first-time lead authors was from a low- and middle-income country (LMIC) (1 woman).

In the 1<sup>st</sup> period of Year 2, guidelines that we contributed to have been published:

- ARRIVE Guidelines 2.0 for reporting animal research
- Histoplasmosis in HIV positive people (PAHO/CDC guidance)
- WHO consolidated guidelines on tuberculosis Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection
- COVID 19 National Guidelines Treatment in South Africa (with the Department of Health)

In the 1<sup>st</sup> period of Year 2, we can report:

- the initiation of a case study of READ-It leadership with a programme of work designed to influence national decision-making process with the start of Eleanor Ochodo’s MRC/DFID African Research Leader scheme
- establishment of READ-It (Liverpool) as a WHO Collaborating Centre for Evidence Synthesis in Global Health – a new official WHO CC which obliges us to deliver products that WHO can use (February 2020 to March 2024)

We can also report on an unexpected contribution to the evidence ecosystem in COVID-19. Paul Garner, the READ-It Director became unwell with COVID-19 and wrote blogs about the experience. This was the first evidence, in terms of case reports, of a) the bizarre, multiple symptoms that the infection could produce; and b) the long length of the illness, often for months.

An updated Annex 1a will be submitted with the Annual Report submission for end-Year 2 (for 12-months) to show the outcome and output targets achieved at end-Year 2, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Year 2.

## A: INTRODUCTION AND CONTEXT

### Outline of the programme

FCDO have supported the development of evidence synthesis as a science to help inform policy since 1992 through the Liverpool programme.

With the support of FCDO, the programme has developed over the years, with a strong emphasis on high impact reviews that influence policy; on capacity development; on dissemination of findings; and on ensuring the evidence produced is institutionalised in decision making.

The programme has had substantial impact on developing a portfolio of influential reviews, developing methods, assuring adoption of methods, contributing to debate in contested areas, 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 FCDO, 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 FCDO 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 and this has continued in Year 2:

- We continue to be 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 and the South Africa team are currently involved in COVID-19 pandemic response (reviews and in-country support) and this has continued into Year 2.
- The SA team is linking with COVID-19 Evidence Network to support Decision-making (COVID-END) a time-limited network that brings together more than 50 groups working in evidence-synthesis, technology-assessment and guideline-development from around the world – the objective to share and minimize duplication. <https://www.mcmasterforum.org/networks/covid-end>
- The COVID-19 response priority topics READ-It are currently part of 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)
  - Obesity as an independent risk factor for COVID-19 severity and mortality
- The National Department of Health are linking to SA GRADE Network, run by CEBHC and Cochrane South Africa, to get reviews done. As part of COVID response we have conducted a number of rapid reviews (turnround time less than 2 weeks) to inform the recommendations made by the National Therapeutic Guidelines Sub-Committee for COVID-19 <http://www.health.gov.za/index.php/national-essential-medicine-list-committee-nemlc/category/633-covid-19-rapid-reviews>
  - Interferon for COVID-19
  - Lopinavir–ritonavir for treatment of COVID-19
  - Colchicine for COVID-19
  - BCG vaccine for preventing SARS-CoV-2 infection or improving COVID-19 outcomes
  - Convalescent plasma for COVID-19
  - Chloroquine and hydroxychloroquine for prevention of COVID-19
  - Chloroquine and hydroxychloroquine for treatment of COVID-19
- READ-It are continuing to work with all partners on priority reviews that are all of global significance related to COVID-19 and its consequences
- READ-It have included a new project to cover additional support and reviews that are specifically relevant to COVID-19 and its consequences, and also working a new strategic plan which will now include COVID-19.

## Relationship to FCDO priorities

READ-It aims to help FCDO make the best policy choices. FCDO’s priorities include tackling extreme poverty and helping the world’s most vulnerable and delivering value for money; FCDO 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 FCDO is currently investing in, or which are potential future options, to explore effectiveness.

We may at times show areas where FCDO, 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 were agreed and form part of the READ-It priority topic list. The priority list relates to burden of disease, potential of interventions to change improve health, and our own expertise and portfolio.

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, and the Cochrane Public Health and Health Systems Network);
- mental health in primary care (EPOC);
- qualitative evidence synthesis in NTDs and tuberculosis (CIDG).

READ-It is now also part of 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	International Union Against Tuberculosis and Lung Disease (The Union) - South-East Asia Regional Office (USEA)
		Sri Lanka	University of Colombo (MoU)
		Nepal	Birat Nepal Medical Trust (BNMT)
<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)			
Previous partners: Year 1: India, Campbell Collaboration - New Delhi office (only arranged a contact/work plan for Year 1; currently under discussion for a potential new contract/work plan for Year 3)			

## New relationships

The new programme of work started in Year 2 with the Birat Nepal Medical Trust (BNMT). This project will build on the visit of two fellows from BNMT to undertake a 2-week mentorship programme on completing systematic reviews at the CIDG editorial base in Liverpool (October 2019). The BNMT team will closely work with the READ-It Liverpool team who will provide guidance on the review topics agreed (Vitamin A, Calcium and Promoting mental health in adolescents).

## Management

The READ-It Management Team have established and continue 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.

The READ-It Management Team and Partner conference calls are scheduled every 2-3 months which provides all Partners an opportunity to give a brief update of their current progress against “core activities” and currently also any “COVID-19” activities, as well as discussing any READ-It management issues.

The READ-It Liverpool office informed all partners of the new rebranding from DFID to FCDO as required, and the new FCDO reporting concerns contact, both issues were acknowledged as received and actioned as necessary by the individual partner institutions.

## **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 2020 submission was completed and submitted in July 2020, and the new submission for 2021 will be submitted in June/July 2021.

### **Financial management**

We are continuing to use two options of payments for partners 1) advance (special case agreed by FCDO for LMIC based organisations) and 2) actual incurred costs. Both payment options are assessed using the detailed financial reports 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 impact assessment

Annual <u>impact</u> assessment	Targets for Year 2 (April 2020 to March 2021)	Formal outcome reported for log frame Progress achieved by end-Year 2	In progress <sup>1</sup>
<b>IMPACT:</b> Improved health outcomes or health service efficiency through applying reliable evidence synthesis in LMICs  Impact Indicator 1. Case studies of improved health outcomes or health services efficiency linked to adoption of policies or guidelines that we have influenced	1	1 <sup>st</sup> period: April to September 2020 <u>No impact</u>	COVID-19 diagnostic test reviews are influencing evaluation policies for approval in UK government
		2 <sup>nd</sup> period: October 2020 to March 2021 -	Broader portfolio of COVID-19 reviews influencing patient and country decisions

### Annual outcome assessment

Annual outcome assessment	Targets for Year 2 (April 2020 to March 2021)	Formal outcome reported for log frame Progress achieved by end-Year 2	In progress <sup>2</sup>
Outcome 1. New or amended <b>global</b> 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 2020 <u>3 outcomes</u> ARRIVE Guidelines 2.0 Histoplasmosis in HIV positive people (PAHO/CDC guidance) WHO consolidated guidelines on tuberculosis Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection	HIV portfolio (WHO guidance) Scope a guidance on school and nutrition policies leading to definitive reviews (WHO guidance) Screening for active TB (WHO guidance) Postnatal care (WHO guidance) Plague (WHO guidance)
		2 <sup>nd</sup> period: October 2020 to March 2021 -	
		<b>Total: 3</b>	
Outcome 2. New or amended <b>national</b> policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	2	1 <sup>st</sup> period: April to September 2020 <u>1 outcome</u> COVID-19 National Guidelines Treatment in South Africa	
		2 <sup>nd</sup> period: October 2020 to March 2021 -	
		<b>Total: 1</b>	

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

<sup>2</sup> These are projects that may yield indicators that will be counted when the projects are completed

Outcome 3. Evidence that bilateral, multilateral, UN or global agency (including FCDO, Gates & GAVI) alter investment based on outcome 1 or 2	1	1 <sup>st</sup> period: April to September 2020 -	-
		2 <sup>nd</sup> period: October 2020 to March 2021 -	
		<b>Total: -</b>	
Outcome 4. Case studies of READ-It leadership influencing national decision-making processes	1	1 <sup>st</sup> period: April to September 2020 -	TB Union with current national TB case finding strategies MRC SA influence on national guidelines development led by Tamara Kredo
		2 <sup>nd</sup> period: October 2020 to March 2021 -	
		<b>Total: -</b>	

## Overall outcome assessment

### Informing policy

We report above on several guidelines at **global level** that we are contributing to, the three published guidelines to-date are the [ARRIVE guidelines 2.0](#) for reporting animal research is likely to impact on the way animal studies are conducted and reported; the [PAHO/WHO guidelines for Diagnosing and Managing Disseminated Histoplasmosis among People Living with HIV](#); and the [WHO consolidated guidelines on tuberculosis Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection](#).

We report above on **national level** guidelines/policies that the South Africa team have contributed to and will continue in relation to the COVID-19 pandemic:

<http://www.health.gov.za/index.php/national-essential-medicine-list-committee-nemlc/category/633-covid-19-rapid-reviews>

[www.health.gov.za/index.php/component/phocadownload/category/628-clinical-management-of-suspected-or-confirmed-covid-19-disease](http://www.health.gov.za/index.php/component/phocadownload/category/628-clinical-management-of-suspected-or-confirmed-covid-19-disease)

<https://www.nicd.ac.za/wp-content/uploads/2020/08/Clinical-management-of-suspected-or-confirmed-COVID-19-V5-24-August-2020.pdf>

In addition, the South Africa team have contributed to the Medecins Sans Frontieres' [Welcome Service](#) which is a differentiated service delivery (DSD) model for HIV care to support clients who are not coping with treatment, including those who have difficulty with adherence to antiretroviral therapy (ART) resulting in a high viral load (VL) and clients who struggle with clinic attendance (missed appointments or complete disengagement, i.e. loss to follow up). This was informed by the [systematic review of qualitative literature by Eshun-Wilson \*et al.\*](#) This has been implemented in one province in South Africa. This is an interesting case study and will be reported more fully in the full Year 2 annual report.

### New specific topics under development

#### Global

- **WHO HIV guidelines meetings:** WHO are planning a consolidated HIV guideline update in 2020, a meeting was held in September 2020, and a further is due to take place in October 2020. The South Africa team submitted reviews for the meetings and Anker Rohwer will present at the meeting in October. Taryn Young and Tamara Kredo are continuing to liaise with Nathan Ford (WHO) in response to the HIV priority topics.
- **WHO Nutrition guidelines meeting:** South Africa team are preparing reviews to submit to WHO for October/November 2020 meetings. Reviews are 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 (final phase of GRADEing).

- **WHO Screening for active TB guidelines meeting:** The South Africa and CIDG teams prepared and submitted reviews to WHO which were presented at the Guideline Development Group (GDG) meeting (part 2) held on 14 September 2020, and the updated recommendations are due to be released early 2021. Tamara Kredo was appointed as the guideline methodologist for the update of the WHO TB screening guidelines 2019/2020.
- **WHO Postnatal care guidelines:** The South Africa team submitted a review which will be used to inform recommendations for the update of the WHO guideline on postnatal care. The guideline panel meeting is due to take place later in 2020, and the updated guidelines will probably be published in 2021.
- **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. This is now being converted to a full narrative guideline by Sophie Jullien.
- **WHO Malaria Vector control guidelines:** We are currently updating reviews for a guideline meeting in 2021 examining PBO nets, and adding IRS to ITNs.

## 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 in relation to global public health and in relation to long COVID 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.

An updated Annex 1a will be submitted with the Annual Report submission for end-Year 2 (12-months) to show the outcome and output targets achieved at end-Year 2, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Year 2.

## 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 2 (April 2020 to March 2021)	Progress achieved for 1 <sup>st</sup> period of Year 2: April to September 2020	Progress achieved for 2 <sup>nd</sup> period of Year 2: October 2020 to March 2021	Total progress achieved for full-Year 2 period: April 2020 to March 2021
<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	4	12 (Cochrane reviews: new 10, updated 1, other systematic reviews 1)	-	<b>12</b> (Cochrane reviews: new 10, updated 1, other systematic reviews 1)
<b>1.2</b> Number of <b>published methods</b> that contribute towards improved review quality, efficiency or uptake	1	1 ARRIVE Guidelines 2.0	-	<b>1</b>
In addition to the above indicator output targets:  <i>A total of 19 systematic reviews published in total (Cochrane and other peer reviewed systematic reviews) Note: this total includes the above 1.1 figures</i>	No target	19	-	19

### 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)	= 15
Cochrane reviews (updated)*	= 3*
<i>*One is an update (September 2020) of a new review published in April 2020, it has only been counted as one log frame target as the same review title</i>	
Other Systematic reviews (peer reviewed)	= 1
Other publications (peer reviewed)	= 5
Cochrane protocols	= 9
Other Pre-print	= 1

Full details of the above publications are included in the Annex 4 (Publications, editorial data and other monitoring information) document.

## **Reviews reported as high impact (12 total)**

### **COCHRANE REVIEWS (11)**

#### **Five high impact COVID-19 and SARS-CoV-2 reviews**

[Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review](#) (new Cochrane rapid review, April 2020). Note that this Cochrane rapid review was [updated in September 2020](#), this has only been counted as one log frame output target as the same review title.

[Hand cleaning with ash for reducing the spread of viral and bacterial infections: a rapid review](#) (new Cochrane rapid review: Paludan-Müller AS, Boesen K, Klerings I, Jørgensen KJ, Munkholm K, April 2020)

[Antibody tests for identification of current and past infection with SARS-CoV-2](#) (new Cochrane review: Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Spijker R, Taylor-Phillips S, Adriano A, Beese S, Dretzke J, Ferrante di Ruffano L, Harris IM, Price MJ, Dittrich S, Emperador D, Hooft L, Leeflang MMG, Van den Bruel A, June 2020)

[Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease](#) (New Cochrane review: Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeflang MMG, Spijker R, Hooft L, Emperador D, Dittrich S, Domen J, Horn SR A, Van den Bruel A, July 2020)

[Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection](#) (New Cochrane review: Dinnes J, Deeks JJ, Adriano A, Berhane S, Davenport C, Dittrich S, Emperador D, Takwoingi Y, Cunningham J, Beese S, Dretzke J, Ferrante di Ruffano L, Harris IM, Price MJ, Taylor-Phillips S, Hooft L, Leeflang MMG, Spijker R, Van den Bruel A, August 2020)

#### **One high impact HIV review**

[Treating progressive disseminated histoplasmosis in people living with HIV](#) (new Cochrane review: Murray M, Hine P, April 2020) (*Linked to Outcome 1*)

This Cochrane review was used to inform the [Guidelines for Diagnosing and Managing Disseminated Histoplasmosis among People Living with HIV](#).

#### **One high impact malaria review**

[Primaquine alternative dosing schedules for preventing malaria relapse in people with Plasmodium vivax](#) (new Cochrane review: Milligan R, Daher A, Villanueva G, Bergman H, Graves PM, August 2020)

#### **One high impact nutrition review**

[Community-level interventions for improving access to food in low- and middle-income countries](#) (new Cochrane review: Durao S, Visser ME, Ramokolo V, Oliveira JM, Schmidt B-M, Balakrishna Y, Brand A, Kristjansson E, Schoonees A, August 2020)

#### **One high impact plague review**

[Rapid diagnostic tests for plague](#) (new Cochrane review: Jullien S, Dissanayake HA, Chaplin M, June 2020)

#### **One high impact pregnancy and childbirth review**

[Interventions for preventing postpartum constipation](#) (updated Cochrane review: Turawa EB, Musekiwa A, Rohwer AC, August 2020)

#### **One high impact TB review**

[Xpert MTB/RIF and Xpert MTB/RIF Ultra assays for active tuberculosis and rifampicin resistance in children](#) (new Cochrane review: Kay AW, González Fernández L, Takwoingi Y, Eisenhut M, Detjen AK, Steingart KR, Mandalakas AM, August 2020). (*Linked to Outcome 1*)

This Cochrane review (plus three reviews under peer review) were used to inform the [WHO consolidated guidelines on tuberculosis Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection](#).

## **OTHER SYSTEMATIC REVIEWS (1)**

[Ventilation Techniques and Risk for Transmission of Coronavirus Disease, Including COVID-19. A Living Systematic Review of Multiple Streams of Evidence](#) (Schünemann HJ, Khabsa J, Solo K, Khamis AM, Brignardello-Petersen R, DDM, El-Harakeh A, Darzi A, Hajizadeh A, MPH, Bognanni A, Bak A, Izcovich A, Cuello-Garcia CA, Chen MM, Borowiack E, Chamseddine F, Schünemann F, Morgano GP, MSc, Muti-Schünemann GEU, Chen MM, Zhao H, Neumann I, MD, Brozek J, Schmidt J, MD, Hneiny L, Harrison L, Reinap M, Junek M, Santesso N, El-Khoury R, Thomas R, Nieuwlaat R, Stalteri R, Yaacoub S, Lotfi T, Baldeh T, Piggott T, Zhang Y, Saad Z, Rochweg B, Perri D, Fan E, Stehling F, Akl IB, Loeb M, Garner P, Aston S, Alhazzani W, Szczeklik W, Chu DK, Akl EA. *Annals of Internal Medicine*, May 2020)

### **Other reviews of interest**

Five new **high priority** reviews published since April 2020:

[Agricultural and nutritional education interventions for reducing aflatoxin exposure to improve infant and child growth in low- and middle-income countries](#) (new Cochrane review: Visser ME, Schoonees A, Ezekiel CN, Randall NP, Naude CE, April 2020)

[Anthelmintic drugs for treating ascariasis](#) (new Cochrane review: Conterno LO, Turchi MD, Corrêa I, Monteiro de Barros Almeida RA, April 2020)

[Barriers and facilitators to healthcare workers' adherence with infection prevention and control \(IPC\) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis](#) (new Cochrane review: Houghton C, Meskell P, Delaney H, Smalle M, Glenton C, Booth A, Chan XHS, Devane D, Biesty LM, April 2020)

[Strategies for optimising antenatal corticosteroid administration for women with anticipated preterm birth](#) (new Cochrane review: Rohwer AC, Oladapo OT, Hofmeyr GJ, May 2020)

[Thoracic imaging tests for the diagnosis of COVID-19](#) (new Cochrane review: Salameh J-P, Leeflang MMG, Hooft L, Islam N, McGrath TA, Pol CB, Frank RA, Prager R, Hare SS, Dennie C, Spijker R, Deeks JJ, Dinnes J, Jenniskens K, Korevaar DA, Cohen JF, Van den Bruel A, Takwoingi Y, de Wijger J, Damen JAAG, Wang J, McInnes MDF, September 2020)

One updated **high priority** review published since April 2020:

Rodrigo C, Rajapakse S, Fernando D. [Tafenoquine for preventing relapse in people with Plasmodium vivax malaria](#) (updated Cochrane review: Rodrigo C, Rajapakse S, Fernando D, September 2020)

The Annex 4 (Publications, editorial data and other monitoring information) document also includes additional Cochrane products and identified guidelines informed\* by some of the Cochrane reviews reported above. \**Cochrane UK continually checks guideline developers' websites to identify guidelines informed by Cochrane Reviews. Links to guidelines are provided if available, although access will depend on the provider.*

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

The rapid review editorial process has continued to be 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>). A list of the latest high impact Cochrane reviews related to COVID-19 are listed above.

## **Indicator 1.2 Published methods**

### **One published methods product (reported as 1.2 log frame output)**

#### **ARRIVE Guidelines 2.0**

The [ARRIVE guidelines 2.0](#) (Animal Research: Reporting of In Vivo Experiments) are a checklist of recommendations to improve the reporting of research involving animals – maximising the quality and reliability of published research, and enabling others to better scrutinise, evaluate and reproduce it. The CIDG Co-ordinating Editor (Paul Garner) provided input to the updated guidelines, published July 2020, and

was also a member of the author team of the below other peer reviewed PLOS Biology publication related to the ARRIVE Guidelines 2.0.

Percie du Sert N , Ahluwalia A, Alam S, Avey MT, Baker M, Browne WJ, Clark A, Cuthill IC, Dirnagl U, Emerson M, Garner P, Holgate ST, Howells DW, Hurst V, Karp NA, Lazic SE, Lidster K, MacCallum C J, Macleod M, Pearl EJ, Petersen OH, Rawle F, Reynolds P, Rooney K, Sena ES, Shai D, Silberberg SD, Steckler T, Würbel H. (2020) [Reporting animal research: Explanation and elaboration for the ARRIVE guidelines 2.0](https://doi.org/10.1371/journal.pbio.3000411). PLoS Biol 18(7): e3000411. <https://doi.org/10.1371/journal.pbio.3000411> (Linked to Outcome 1)

## Methods development

### Commissioned by WHO (linked to READ-It priority topics)

#### WHO HIV guidelines

For the guidelines meeting held in September 2020, and a further meeting due to take place in October 2020, the South Africa team submitted reviews to inform the guidelines on ART initiation The Effects of Community-Based Antiretroviral Therapy Initiation on HIV Cascade Outcomes, Integration care HIV NCDs (in peer review), Integration HIV and family planning, and Point-of-care tests detecting HIV nucleic acids for diagnosis of HIV infection in infants and children aged 18 months or less (submitted to review group for peer review).

#### WHO Nutrition guidelines

For the guidelines meetings due in October/November 2020 the South Africa team are working on 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 (final phase of GRADEing).

#### WHO Screening for active TB guidelines

For the GDG meeting held in September 2020, the South Africa and CIDG teams prepared and submitted various reviews to inform the updated guidelines which are due to be released early 2021. The South Africa team submitted reviews on [Screening tests for active pulmonary tuberculosis in children](#) (Protocol published July 2020, plan to submit manuscript by December 2020), and TB screening acceptability QES: A Cochrane protocol "Community views on active case finding and TB screening in LMICs: a qualitative evidence synthesis" (submitted August 2020 for publication); and the CIDG team on: [Xpert MTB/RIF and Xpert Ultra assays for pulmonary tuberculosis and rifampicin resistance in adults irrespective of signs or symptoms of pulmonary tuberculosis](#) (Protocol published July 2020, review in progress), [Screening tests for active pulmonary tuberculosis in children](#) (Protocol published July 2020, review in progress), and Community views on active case finding and TB screening in LMICs: a qualitative evidence synthesis (Protocol at peer review stage).

#### WHO Postnatal care

The guidelines panel meeting is due to take place later in 2020, and the updated recommendations are expected to be published in 2021. The South Africa team submitted a review to inform the recommendations on [Interventions for preventing postpartum constipation](#) (updated Cochrane review published August 2020).

#### WHO Detection and treatment of plague

Paul Garner and Sophie Jullien (CIDG author) are expected to be asked to support WHO to complete the Plague guidelines, following on from the guidelines meeting held in September 2019. The Cochrane review [Rapid diagnostic tests for plague](#) used to inform the guidelines meeting in September 2019 was published in June 2020.

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.

#### Women's experience of episiotomy

READ-It (UK) worked with long standing partners at Fudan University in primary research evaluating women's views on episiotomy. This is one of the first qualitative studies conducted in this area, and showed that women were fearful of the long term effects of the procedure – described as the "psychological

shadow”, and that their family and society expected them to tolerate the pain without complaining, otherwise they would be seen as “weak” and “Western”. This research was published in BMJ Open, and was methodologically important as it used the Chinese words to capture key concepts.

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

Reports submitted for the Inception phase in April 2019, mid-Year 1 in October 2019, and full-Year 1 in July 2020 and no issues raised, therefore, no issues to report.

### **Recommendations [for FCDO]**

-

## C: DETAILED OUTPUT SCORING: NUMBER 2

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

Indicator(s)	Targets for Year 2 (April 2020 to March 2021)	Progress achieved for 1 <sup>st</sup> period of Year 2: April to September 2020	Progress achieved for 2 <sup>nd</sup> period of Year 2: October 2020 to March 2021	Total progress achieved for full-Year 2 period: April 2020 to March 2021
<b>2.1</b> Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	2	3	-	3
<b>2.2</b> Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	2	1	-	1
<b>2.3</b> Sustained policy debate (national or international)	1	1	-	1

### Indicator 2.1 Global policies

We contributed to the three global guidelines as detailed below (linked to Outcome 1):

The [ARRIVE guidelines 2.0](#) (Animal Research: Reporting of In Vivo Experiments) as reported under published methods (output 1.2).

The [Guidelines for Diagnosing and Managing Disseminated Histoplasmosis among People Living with HIV](#) guidelines are intended for health-care providers, HIV program managers, policy-makers, national treatment advisory boards, researchers, and other professionals involved in caring for people who either have or may be at risk of developing disseminated histoplasmosis. Marylou Murray, Paul Hine and Paul Garner contributed to the systematic reviews and supporting evidence towards the Histoplasmosis HIV Guidelines. Murray M, Hine P. [Treating progressive disseminated histoplasmosis in people living with HIV](#). Cochrane Database of Systematic Reviews 2020, Issue 4. Art. No.: CD013594. DOI: 0.1002/14651858.CD013594.

The [WHO consolidated guidelines on tuberculosis Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection](#) provides background, justification and recommendations on these technologies. The document includes new recommendations on molecular assays intended as initial tests for the diagnosis of pulmonary and extrapulmonary TB and rifampicin resistance in adults and children. Four CIDG Cochrane reviews used to inform the guidelines (1 published and 3 in peer review stage). Kay AW, González Fernández L, Takwoingi Y, Eisenhut M, Detjen AK, Steingart KR, Mandalakas AM. [Xpert MTB/RIF and Xpert MTB/RIF Ultra assays for active tuberculosis and rifampicin resistance in children](#). Cochrane Database of Systematic Reviews 2020, Issue 8. Art. No.: CD013359. DOI: 10.1002/14651858.CD013359.pub2.

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

We contributed to the South Africa national guideline/policies related to COVID-19 (linked to Outcome 2):

<http://www.health.gov.za/index.php/national-essential-medicine-list-committee-nemlc/category/633-covid-19-rapid-reviews>

[www.health.gov.za/index.php/component/phocadownload/category/628-clinical-management-of-suspected-or-confirmed-covid-19-disease](http://www.health.gov.za/index.php/component/phocadownload/category/628-clinical-management-of-suspected-or-confirmed-covid-19-disease)

<https://www.nicd.ac.za/wp-content/uploads/2020/08/Clinical-management-of-suspected-or-confirmed-COVID-19-V5-24-August-2020.pdf>

## **Indicator 2.3 Sustained policy debate**

READ-It has contributed to COVID-19 policy in the UK and globally through a series of COVID-19 diagnostic reviews.

READ-It has shown leadership in providing evidence for “long COVID”. The blogs by Paul Garner describing a consumer view of the COVID-19 illness, and providing the first evidence that for some people the disease is protracted.

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

Reports submitted for the Inception phase in April 2019, mid-Year 1 in October 2019, and full-Year 1 in July 2020 and no issues raised, therefore, no issues to report.

## **Recommendations [for FCDO]**

-



### 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 2 (April 2020 to March 2021)	Progress achieved for 1 <sup>st</sup> period of Year 2: April to September 2020	Progress achieved for 2 <sup>nd</sup> period of Year 2: October 2020 to March 2021	Total progress achieved for full-Year 2 period: April 2020 to March 2021
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>	3	3 (1.1) 0 (1.2)	-(1.1) -(1.2)	2 (1.1) 0 (1.2)
3.2 Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	1	0	-	0
3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	Survey	Deferred due to COVID-19 pandemic	-	-

#### Indicator 3.1

**High impact systematic reviews (1.1):** three high impact reviews with lead author(s) from LMIC's within this period.

[Community-level interventions for improving access to food in low- and middle-income countries](#) (new Cochrane review: Durao S, Visser ME, Ramokolo V, Oliveira JM, Schmidt B-M, Balakrishna Y, Brand A, Kristjansson E, Schoonees A, August 2020)

[Interventions for preventing postpartum constipation](#) (updated Cochrane review: Turawa EB, Musekiwa A, Rohwer AC, August 2020)

[Reporting animal research: Explanation and elaboration for the ARRIVE guidelines 2.0](#) (PLoS Biology: Percie du Sert N, Ahluwalia A, Alam S, Avey MT, Baker M, Browne WJ, Clark A, Cuthill IC, Dirnagl U, Emerson M, Garner P, Holgate ST, Howells DW, Hurst V, Karp NA, Lazic SE, Lidster K, MacCallum C J, Macleod M, Pearl EJ, Petersen OH, Rawle F, Reynolds P, Rooney K, Sena ES, Shai D, Silberberg SD, Steckler T, Würbel H, July 2020) (Linked to Outcome 1)

**Methods (1.2):**

No output to report at mid-Year 2.

**Indicator 3.2**

No output to report at mid-Year 2.

**Indicator 3.3**

Survey deferred due to COVID-19 pandemic.

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

Reports submitted for the Inception phase in April 2019, mid-Year 1 in October 2019, and full-Year 1 in July 2020 and no issues raised, therefore, no issues to report.

**Recommendations [for FCDO]**

-

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

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

This programme is a contribution to Cochrane, and FCDO obtains a much higher return because of this. The programme is a substantive contributor to Cochrane, and yet FCDO, 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 FCDO 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. Travel within the current Year 2 of the programme has not been undertaken (or very limited) due to the COVID-19 pandemic and travel restrictions in place.

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, and the new outputs from the beginning of READ-It this programme continues to represent excellent value for money.

### **Quality of financial management**

The lead partner 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.

## **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 potential risks 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.

Since March 2020, all UK and South Africa READ-It staff members have been working from home for most of the time, have taken on additional responsibilities to contribute to the COVID-19 response and juggle various responsibilities. The UK and South Africa READ-It staff members are continuing to work from home due to current restrictions. The READ-It Management Team are in touch with staff and colleagues on a regular basis checking on their health and any particular problems encountered in their lives as a consequence of the pandemic's disruption to their lives.

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

Reports submitted for the Inception phase in April 2019, mid-Year 1 in October 2019, and full-Year 1 in July 2020 and no issues raised, therefore, no issues to report.

## **F: COMMERCIAL CONSIDERATIONS**

### **Delivery against planned timeframe**

We are on track for Year 2 log frame targets. The next report will be submitted for the full 12-months of Year 2 (April 2020 to September 2021) in April 2021.

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

We have completed all formal partner subcontracting for agreed partners in Year 2, which includes the new BNMT (Nepal) partner.

All partners holding fully-executed subcontracts have submitted their individual mid-Year 2 progress reports, the READ-It Management 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. To-date the only partner who has purchased desk-top PC's is Zambia as required for a new project team, the details were submitted within the Annex 3 Equipment inventory at the end-Year 1.

For any future desk-top PC's, 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, latest details were provided in Annex 3 with the full 12-month Year 1 annual report submission in July 2020. The next updated Annex 3 for Year 2 will be provided with the end-Year 2 (12-months) 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**

As previously reported, 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 continue to be every six-months for all partners and will continue each year. Each progress report will be reviewed by the Programme Manager against contracted commitments and expenditure; by the two Programme Directors for compliance with contracts, on judgement about overall performance, value for money, potential impact, 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**

New CIDG Editors appointed in August 2020: Anke Rohwer (South Africa) and Sandy Oliver (UK).

Co-funding secured from WHO for the two ongoing Nutrition reviews:

- Policies and/or interventions that influence the school food environment for improved nutrition and better health
- Efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children and pregnant women