

Research, Evidence & Development Initiative (READ-It)

Outcome and Output details for the following periods:

Year 2: October 2020 to March 2021¹

Year 3: April to September 2021²

Version: 2 December 2021

For FCDO 2021 annual review report

¹ Taken from full-Year 2 report but this report only includes details from October 2020 to March 2021

² Taken from mid-Year 3 report which only covered details from April to September 2021



Project Name: Research, Evidence and Development Initiative (READ-It)	
Project Value: £6,995,872	Project Number: 300342-104
Start Date: 15 th May 2018	End Date: 31 st March 2024
Report date: 2 nd December 2021	Review Date:

SUMMARY

This READ-It report covers the following periods from both Implementation **Year 2 from 1st September 2020 to 31st March 2021** and **Year 3 from 1st April to 30th September 2021**, and in summary:

Never has there been such a need for reliable appraisal and synthesis of research evidence assembled rapidly for policy and practice. The methods and evidence to policy procedures that this programme of work has helped develop over many years has been central to WHO and some country government's response. With fake news and high demands from the public for action these rigorous processes are essential, as our [editorial](#) (25 March 2021) on the story of chloroquine shows.

From March 2020, READ-It staff and activities had pivoted to COVID-19 global and national priorities which has continued through to 2021. This response mode 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; South Africa and India READ-It supported teams leading COVID-19 National Guidance development.

READ-It continued to work on "core" projects and reviews with substantive progress in our core work in tuberculosis, malaria, and nutritional global guidance development, and advancing our capacity and experience in qualitative evidence synthesis.

- We have published a re-analysis of the primary data for ivermectin to prevent transmission in malaria. This shows the primary study published in the Lancet was underpowered to show an effect, and that the authors have made an error in their Lancet article: we are advocating that this is formally corrected.
- There was an update of the [Piperonyl butoxide \(PBO\) combined with pyrethroids in insecticide-treated nets to prevent malaria in Africa](#) review (24 May 2021), which included follow up data to 2 years, not previously published;
- EPOC published an update of the "pay for performance" review, favoured by some agencies in Africa;
- An interesting review on [Effects of community-based antiretroviral therapy initiation models on HIV treatment outcomes: A systematic review and meta-analysis](#) (28 May 2021), building on an earlier Cochrane review; and a methods paper in the American Journal of Public Health outlining how diagrams can be used in public health systematic reviews.

For the COVID-19 reviews, CIDG published a review of Ivermectin for COVID-19 and, in the light of conflicting systematic reviews and messaging, the Cochrane review was viewed globally as the trustworthy gold standard. Dissemination was off the scale, and it is now the most disseminated Cochrane review ever (Altmetrics score of 8,000), is often cited in major newspapers throughout the world discussing this topic. The Cochrane authors and Paul Garner helped the BBC "reality check team" who showed that a number of the original trials are fake: the [BBC investigation](#) (6 October 2021) had 2.5 million hits within 24 hours of publication, and Paul Garner spoke on BBC World News.

In guideline development within COVID-19, READ-It has been an important facilitator for the [India COVID-19 Guidelines](#), a national initiative organized by the Christian Medical College. This has influenced national government guidance in ivermectin and remdesivir and are widely used across the country. In South Africa the READ-It partners are conducting rapid reviews directly informing [national treatment](#) and [prevention](#) guidelines.

The Cochrane Infectious Diseases Group also published all the Cochrane Diagnostic Test reviews for COVID-19. This means the managing editor was part of the review production process throughout and the whole team involved in quality assurance, refereeing and their dissemination. The antibody tests for SARS-CoV-2 has had enormous impact, with considerable media interest and the lead author advised the MHRA and presenting to the House of Lords Science and Technology Committee (<https://committees.parliament.uk/event/1158/formal-meeting-oral-evidence-session/>). Additional work including our Cochrane review of rapid diagnostic antigen and molecular tests (cited 589 times) has also directly informed a report by the Royal Statistical Society Diagnostic Tests Working Group which sets out the statistical evidence needed to assure the performance of new *in-vitro* diagnostics, for patients, decision-makers and regulators (<https://rss.org.uk/policy-campaigns/policy-groups/working-group-on-diagnostic-tests/>). Recommendations in the report on regulation were discussed and formally accepted by the MHRA IVD Expert Advisory Group.

In guideline development outside of COVID-19, the [WHO Plague Guidelines](#) that CIDG were central to in evidence generation and the updating of the text was published; and we contributed reviews for the consolidated guidelines for TB diagnostics.

During this 12-month period READ-It have published:

- **17 high impact Cochrane reviews** (new 10, updated 7)
- **2 high impact other peer reviewed systematic reviews**
- **1 published methods paper** that contribute towards improved review quality, efficiency or uptake

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

- it was the *first-time* to be a lead author (first or last author) on a Cochrane review (new and update) for **34 people** (22 women and 12 men); 6 of these first-time lead authors was from a LMIC (3 women and 3 men).

READ-It contributions to guidelines published for the 12-month period:

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- Global level: [WHO updated recommendations on HIV prevention, infant diagnosis, antiretroviral Initiation and monitoring](#).
- Global level: [WHO consolidated guidelines on tuberculosis](#). CIDG conducted a suite of reviews on rapid diagnostics that was core to the recommendations in module 2.
- Global level: Suite of COVID-19 global guidelines.
- National level: [Antiretroviral \(ARV\) Treatment of Adult HIV Infection](#). QES provided framework to plan HIV treatment delivery programme.
- National level: Suite of COVID-19 national guidelines in a variety of countries.

1st April to 30th September 2021 (1st period of Implementation Year 3):

- Global level: [WHO guidelines for plague management](#) (see Outcome 1 for more details).
- National level: [India Covid Guidelines](#) (see Outcome 2 for more details).

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

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- **Qualitative Evidence Synthesis Hub** established between South Africa and UK, conducting a suite of QES reviews and methodological development.
- **The South Africa (SA) partners** as part of their role with the SA GRADE Network signed a memorandum of understanding between CEBHC, CSA and National Department of Health for a 3-year period. Establishing an ongoing collaborative working relationship in building transparent, proactive, and responsive engagement in respect of matters of common interest in promoting patient-focused, evidence-based reviews to inform the selection of medicines and other health products which are safe, efficacious, effective and of good quality.

1st April to 30th September 2021 (1st period of Implementation Year 3):

- Eleanor Ochodo, based at KEMRI, has been appointed as an Associate Professor Extraordinary in Clinical Epidemiology at Stellenbosch University.
- Long term investment in building leadership in evidence synthesis is paying off with the formal launch of Cochrane Nigeria as independent Centre, Cochrane Kenya and Cochrane Cameroon as affiliates, with leadership roles by those we invested in through the Effective Health Care Research Consortium and linked Reviews for Africa Programme. The increased presence of Cochrane in sub-Saharan Africa means the increased conduct of relevant reviews based on priority setting, identification of research gaps, and regional needs.

During the entire period, READ-It staff continue to have substantive input to policy and direction with Cochrane through inputs from Deirdre Walshe and Cochrane editors to the COVID-19 response and Paul Garner's membership of the Cochrane Editorial Board, Celeste Naude in a member of the Cochrane WHO Working Group and Tamara Kredo is a member of the Cochrane Governing Board.

Paul Garner, the READ-It Director, became unwell with COVID-19, contributed to raising awareness about the condition and how to recover from this. The reputation in evidence-based medicine and infectious disease has helped validate the story.

Paul Garner was invited to continue as a member of the World Health Organization (WHO) Expert Advisory Panel on Drug Evaluation to 17th November 2025.

Management plans with Paul Garner's planned retirement and succession planning have been initiated with LSTM and with Cochrane Central Executive.

Our productivity has been high but long term may not be sustainable at this rate with the current resources. Part of this has been additional resources mobilised by COVID-19 by our authors, part of this has been reviews already in progress, and part is by all staff stepping up the mark and working long hours to help through this pandemic. This volume of work is not sustainable long term.

Below is a standard statement for the annual reports so kept in for reference:

An updated Annex 1a will be submitted with the Annual Report submission for end-Implementation Year 3 (for 12-months from 1st April 2021 to 30th March 2022) to show the outcome and output targets achieved at end-Implementation Year 3, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Implementation Year 3.

A: INTRODUCTION AND CONTEXT

Outline of the programme

FCDO 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 is a new phase in the Evidence Ecosystem portfolio to meet FCDO. We have modified our programme 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 continue to report the production of other reviews, they are not counted in the log frame output. This aims to create incentives across the partnership to focus scarce resources on areas for impact and avoid reviews on trivial topics.³
2. We have included methods development as an output indicator in the log frame, to ensure contributors in LMICs to advance methods.
3. We are promoting leadership across partners and 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.
4. We have developed our core business in topics in neglected tropical diseases, malaria and tuberculosis, nutrition and health systems development; and have used our expertise (from Year 2) to rapidly pivot to collaborative efforts in COVID-19 which has continued in Year 3.

As reported at the end of Implementation Year 2, from March 2020 READ-It have been involved with **COVID-19 pandemic** responses and this continued throughout Year 2 and into the current Implementation Year 3. During this period, we have balanced driving forward with the additional work from COVID-19 reviews, been strategic in our inputs to this. We have required the COVID-19 diagnostic reviews to consider carefully the questions that have emerged from previous reviews and have been strategic in what reviews in COVID-19 to carry out, given the huge amount of other groups carrying out reviews. We have also taken cognisance of staff wellbeing, their health, and the trauma and disruption of lockdown, maintain programme accountability whilst being sensitive to vulnerabilities arising from the pandemic.

COVID-19 Cochrane Co-ordinated response

- We continue to be part of 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 continue to be involved in the COVID-19 pandemic response (reviews and in-country support).
- READ-It continue to work with CMC India on National COVID-19 Guidance.

³ 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.

- READ-It are continuing to work with all partners on priority reviews that are of global significance related to COVID-19 and its consequences.
- READ-It have included a new COVID-19 project to cover additional support for reviews that are specifically relevant to COVID-19 and its consequences.
- To stay up to date with READ-It related COVID-19 outputs please go to:
 - READ-It COVID-19 Cochrane Reviews
<https://www.evidence4health.org/cochrane-reviews/cochrane-reviews-covid-19>
 - Other (non-Cochrane) READ-It COVID-19 publications
<https://www.evidence4health.org/publications-multimedia/supporting-materials/other-publications-and-stories>

COVID-19 South Africa Programme

- The SA team continues to link with COVID-19 Evidence Network to support Decision-making (COVID-END) a time-limited network that brings together more than 50 groups working in evidence-synthesis, technology-assessment and guideline-development from around the world – the objective to share and minimize duplication.
<https://www.mcmasterforum.org/networks/covid-end>
- The COVID-19 priority topics READ-It SA have been/are involved in are:
 - Chloroquine for COVID-19 (Cochrane)
 - Diagnostic testing – a suite of reviews (managed by Cochrane Central with input from CIDG)
 - Food security (Cochrane)
 - Rapid review of respiratory virus transmission when using public transport (non-Cochrane)
 - Obesity as an independent risk factor for COVID-19 severity and mortality (Cochrane)
- The National Department of Health are linking to SA GRADE Network, run by CEBHC and Cochrane South Africa (CSA), to get reviews done. As part of COVID response we have conducted a number of rapid reviews to inform the recommendations made by the National Therapeutic Guidelines Sub-Committee for COVID-19 <http://www.health.gov.za/covid-19-rapid-reviews/>. Rapid reviews are being indexed and can be found on Epistemonikos.

Rapid reviews prepared by SA GRADE Network

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- [Tocilizumab for COVID-19 Update](#) (5 March 2021)
- [Chloroquine-Hydroxychloroquine for COVID-19](#) (5 March 2021)
- [Colchicine for COVID-19 Update](#) (12 February 2021)
- [Ivermectin for Prophylaxis of COVID-19](#) (25 January 2021)
- [Ivermectin for COVID-19](#) (5 January 2021)
- [Lopinavir-ritonavir COVID-19 Update](#) (21 December 2020)
- [Ivermectin for COVID-19](#) (21 December 2020)
- [Remdesivir for COVID-19 Update](#) (15 December 2020)
- [Interferon for COVID-19 Update](#) (24 November 2020)
- [Mucolytics for COVID-19](#) (23 November 2020)
- [Corticosteroids for COVID-19 Update](#) (20 October 2020)

1st April to 30th September 2021 (1st period of Implementation Year 3):

- [Heparin dosing for VTE prophylaxis in COVID-19 Update](#) (30 July 2021)
- [Ivermectin for COVID-19 Update](#) (30 July 2021)
- [Inhaled Corticosteroids for COVID-19](#) (9 July 2021)
- [Vitamin C for COVID-19](#) (28 May 2021)
- [Tocilizumab for COVID-19 Update](#) (28 May 2021)
- [Convalescent plasma for COVID-19 Update](#) (9 April 2021)
- [Azithromycin for COVID-19 Update](#) (9 April 2021)
- [Interferon for COVID-19 Update](#) (9 April 2021)

- Associated with the above, a memorandum of understanding between CEBHC, CSA and the National Department of Health has been signed for a 3-year period. This covers a collaborative working relationship in building transparent, proactive, and responsive engagement in respect of matters of common interest in promoting patient-focused, evidence-based reviews to inform the selection of medicines and other health products which are safe, efficacious, effective and of good quality.
- The team responds to media requests for evidence on COVID-19 treatments and prevention.

Progress in established core areas

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

We are now following up:

- Malaria treatment, malaria vector control, tuberculosis and neglected tropical diseases (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);
- The science of qualitative evidence synthesis methods, applications and reviews in NTDs and tuberculosis (CIDG).

The following partnerships are now established and continuing to work on their individual work plans – the below table is the latest status at 30th September 2021:

Africa	Lead	South Africa	Stellenbosch University (Deputy Director: Taryn Young), and
	Partners	South Africa	South African Medical Research Council (joint with Stellenbosch University)
Asia	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)
		India	National Covid-19 Clinical Treatment Guidelines (CMC)
Europe	Global lead	UK	Liverpool School of Tropical Medicine (Director: Paul Garner) ¹ ; 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)
¹ 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) Years 1-2: Zambia, University of Zambia (only arranged a contact/work plan for Years 1-2)			

Whilst our stakeholders are stated in the log frame are country governments, and bilateral, multilateral, UN and other global agencies, we also provide relevant new knowledge to the British Government related to the welfare of British citizens. For example, or reviews related to traveller health, plague, tuberculosis, and now our reviews in COVID-19 public health and diagnostic areas.

New relationships

Continued READ-It support to helping Eleanor Ochodo establish a Centre for Evidence Synthesis in Kenya. Eleanor Ochodo obtained a DFID/MRC African Leadership Grant award through the LSTM supported by Paul Garner. This is providing her with underpinning resources for a new centre in KEMRI, Kenya, in evidence synthesis with a focus on diagnostics. She engages actively with decision makers, conducts evidence synthesis, provides mentorship to novice researchers and was instrumental as part of the technical working group launching Cochrane Kenya. Her evidence synthesis and translation research group provides technical contributions to Cochrane Kenya and will be collaborating on conducting Cochrane reviews and training on Cochrane methodology. Furthermore, she was awarded a developmental award from the UK NIHR (2020), to develop a proposal for a research initiative for evidence-based diagnostics in Africa.

We have had a long-term collaboration with India with the Cochrane Centre India. We have a track record in Guideline Development with the Government of India in extrapulmonary tuberculosis, and had trained colleagues from the country and internationally in systematic reviews and guideline development. Out of this, the Christian Medical College established a full Clinical Guidelines process for COVID-19 with teams preparing reviews and full national panels in topic areas. This is a phenomenal project and can be viewed [here](#).

Cochrane Africa investment paying off

Investment through EHCRC, READ-It and linked co-funded project RAP is paying off, see [South Africa Cochrane news story](#) and below:

- Cochrane Cameroon launched in June 2021 as a geographical affiliate of Cochrane and is also part of Cochrane Africa. <https://cameroon.cochrane.org/>
- Cochrane Kenya was launched in June 2021 <https://kenya.cochrane.org/news/official-launch-cochrane-kenya> as a geographical affiliate of Cochrane and is also part of Cochrane Africa. <https://kenya.cochrane.org/>
- Cochrane Nigeria is now a full Cochrane Centre and was launched in July 2021 as part of the 4th Cochrane Africa Indaba <https://nigeria.cochrane.org/welcome/4th-cochrane-africa-indaba> <https://nigeria.cochrane.org/>

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. During the start of the COVID-19 pandemic until December 2020, the regular Management Team conference calls were scheduled every week to ensure any issues related to both “core” and “COVID-19” activities and progress could be discussed including other routine management issues.

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

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

The READ-It Management Team and Partner conference calls 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 ResearchFish 2020 submission was completed and submitted in July 2020, and the latest submission for ResearchFish 2021 was submitted in 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 (mid- and full-year) submitted by Partners (to the READ-It Liverpool Management office) against the payment option reporting schedule for the individual partner and linked to the progress report assessments. All reporting expectations are included within the official LSTM and partner subcontracts. The READ-It Management team can request further support from the LSTM RMS office in relation to the due diligence expectation of all READ-It partners, if required, and they have helped with guidance and support to one partner over integrity of financial reporting (end-Year 2) which has now been resolved.

B: PERFORMANCE AND CONCLUSIONS

Annual impact assessment

Annual <u>impact</u> assessment	Targets for Implementation years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Formal outcome reported for log frame Progress achieved by end-Year 2 and mid-Year 3	In progress ⁴ at 31 st September 2021
IMPACT: 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	Implementation Year 2 target: 1 -----	1st October 2020 to 31st March 2021 (2 nd period of Implementation Year 2) No output	A striking impact of FCDO investment over the last 30 years is that all governments turned to systematic reviews to inform COVID-19 response for treatment and prevention Our pivot to COVID-19 and contribution to the global synthesis especially in diagnostic test reviews have influenced government policies in the UK. This may provide a case study of impact. Broader portfolio of COVID-19 reviews influencing patient and country decisions
	Implementation Year 3 target: 2	1st April to 30th September 2021 (1 st period of Implementation Year 3): No output	

Annual outcome assessment

Annual <u>outcome</u> assessment	Targets for Implementation years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Formal outcome reported for log frame Progress achieved by end-Year 2 and mid-Year 3	In progress ⁵ at 31 st September 2021
Outcome 1. New or amended global policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1	1st October 2020 to 31st March 2021 (2 nd period of Implementation Year 2) 3 outcomes WHO updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring WHO consolidated guidelines on tuberculosis Module 2: Diagnosis - Rapid diagnostics for tuberculosis detection Suite of COVID-19 global guidelines	Scope a guidance on school and nutrition policies leading to definitive reviews (WHO guidance) Screening for active TB (WHO guidance) Postnatal care (WHO guidance) Vector Control (WHO guidelines)

⁴ These are projects that may yield indicators that will be counted when the projects are completed

⁵ These are projects that may yield indicators that will be counted when the projects are completed

		<p>1st April to 30th September 2021 (1st period of Implementation Year 3):</p> <p>1 outcome</p> <p>Plague (WHO guidance)</p>	<p>Piperonyl butoxide (PBO) (WHO guidelines)</p> <p>HIV treatment (WHO guidelines)</p> <p>The use of Low sodium salt substitutes (WHO guideline)</p>
		<p>Total: 4</p>	
<p>Outcome 2. New or amended national policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs</p>	<p>Implementation Year 2 target: 2 ----- Implementation Year 3 target: 3</p>	<p>1st October 2020 to 31st March 2021</p> <p>2 outcomes</p> <p>Therapeutic Guidelines: Antiretroviral (ARV) Treatment of Adult HIV Infection</p> <p>Suite of COVID-19 national guidelines</p>	
		<p>1st April to 30th September 2021</p> <p>1 outcome</p> <p>India COVID-19 Guidelines</p>	
		<p>Total: 3</p>	
<p>Outcome 3. Evidence that bilateral, multilateral, UN or global agency (including FCDO, Gates & GAVI) alter investment based on outcome 1 or 2</p>	<p>Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1</p>	<p>1st October 2020 to 31st March 2021</p> <p>No outcome</p>	-
		<p>1st April to 30th September 2021</p> <p>No outcome</p>	
		<p>Total: 0</p>	
<p>Outcome 4. Case studies of READ-It leadership influencing national decision-making processes</p>	<p>Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1</p>	<p>1st October 2020 to 31st March 2021</p> <p>No outcome</p>	<p>TB Union with current national TB case finding strategies</p> <p>MRC SA contributing to national guidelines development led by Tamara Kredo</p> <p>Centre influence on National Nutrition Policies led by Celeste Naude</p> <p>Evidence base diagnostics in Kenya led by Eleanor Ochodo</p>
		<p>1st April to 30th September 2021</p> <p>No outcome</p>	
		<p>Total: 0</p>	

Overall outcome assessment

Informing policy

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

We report above on several guidelines at **global level** that we are contributing. The **four** published global guidelines included in the above target table (*one is a suite of guidelines related to COVID-19) are:

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- [WHO Updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring;](#)
- the [WHO consolidated guidelines on tuberculosis: Module 2: Screening Systematic screening for tuberculosis disease;](#)
- a suite of guidelines to COVID-19 which we have reported as one outcome target as related to CIDG Cochrane reviews on COVID-19, see below links to the guidelines:

- [WHO Quarantine interim guidance](#)
- [WHO diagnostic testing interim guidance](#)
- [WHO rapid immunoassays interim guidance](#)
- [WHO diagnostic testing for international travel](#)
- [WHO essential in vitro diagnostics](#)
- [WHO sanitation, hygiene and waste management interim guidance](#)

1st April to 30th September 2021 (1st period of Implementation Year 3):

- **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 guidelines for plague management: revised recommendations for the use of rapid diagnostic tests, fluoroquinolones for case management and personal protective equipment for prevention of post-mortem transmission](#)

We also report above on **national level** guidelines/policies that we are contributing. The **three** published national guidelines included in the above target table (*one is a suite of guidelines related to COVID-19) are:

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- Therapeutic Guidelines: [Antiretroviral \(ARV\) Treatment of Adult HIV Infection](#).
- A suite of guidelines to COVID-19 which we have reported as one outcome target as related to CIDG Cochrane reviews on COVID-19, see below links to the guidelines:
 - Non-pharmaceutical interventions (NPI) are public health measures that aim to prevent and/or control SARS-CoV-2 transmission in the community. These ECDC guidelines detail available options for NPI in various epidemiologic scenarios, assess the evidence for their effectiveness and address implementation issues, including potential barriers and facilitators. www.ecdc.europa.eu/sites/default/files/documents/covid-19-guidelines-non-pharmaceutical-interventions-september-2020.pdf
 - Measures to prevent and control SARS-CoV-2 transmission in schools - Living Guideline www.awmf.org/leitlinien/detail/II/027-076.html
 - Social participation and quality of life in inpatient care for the elderly under the conditions of the COVID-19 pandemic www.awmf.org/leitlinien/detail/II/184-001.html
 - Rapid advice guidelines for management of children with COVID-19. [10.21037/atm-20-3754](https://doi.org/10.21037/atm-20-3754)
 - COVID-19: Guidance for Sampling and Laboratory Investigations https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2937/documents/1_covid-19-guidance-for-laboratories.pdf
 - Advice from the Outbreak Management Team on the use of antigenic (rapid) testing. www.rijksoverheid.nl/documenten/rapporten/2020/10/14/advies-antigeensneltesten
 - WHO guidance for public health surveillance of coronavirus disease 2019 (COVID-19) <https://apps.who.int/iris/rest/bitstreams/1291156/retrieve>
 - Home care, social participation and quality of life for people in need of outpatient care during the COVID-19 pandemic - Living Guideline www.awmf.org/uploads/tx_szleitlinien/184-002I_S1_Haeusliche-Versorgung-soziale-Teilhabe-Lebensqualitaet-bei-Menschen-mit-Pflegebedarf-COVID19-Pandemie_2020-12.pdf
- **India Covid Guidelines:** the guidelines will focus on treatment of patients with acute COVID-19 in India. The target end users will be clinicians and those developing local guidelines in secondary and tertiary care settings. They will also consider what is likely to be relevant for other LMIC's. The guidelines are an important development and contribution to the response in India. The Covid Management Guidelines India Group is led by the Christian Medical College Vellore in partnership with Clinical Infectious Diseases Society of India (CIDS). Supported by methodologists at the Prof BV Moses Centre for Evidence Informed Healthcare and the Cochrane Infectious Diseases Group. More details available from the [READ-It news item](#).

In addition, a very important and continued output related to the work undertaken by the South Africa team, in relation to their contribution to the COVID-19 National Guidelines Treatment in South Africa. The South Africa team started working on this within the 1st period of Implementation Year 2 and the work has continued throughout Implementation Year 2 and now Implementation Year 3⁶:

- <https://www.health.gov.za/covid-19-rapid-reviews/>
- [National Essential Medicines List Committee on Covid-19 Therapeutics Terms Of Reference \(health.gov.za\)](#)

New specific topics under development (at 31st September 2021)

- **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 released early 2021. Tamara Kredon was appointed as the guideline methodologist for the update of the WHO TB screening guidelines 2019/2020.
- **WHO Nutrition guidelines:** South Africa team prepared various reviews which are informing WHO guidelines. Scoping review assessing the existing evidence base on School Food and Nutrition Policies published as a WHO publication. Systematic review on Policies and/or interventions that influence the school food environment for improved nutrition and better health (WHO multiplier funds secured) presented at the third meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) subgroup on policy actions. Systematic review on Efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children, and pregnant women (WHO multiplier funds secured), accepted by Cochrane via Fast-track (CPH), being submitted to WHO in Oct 2021, for presentation at next GDG meeting. Scoping review on Total fat intake for outcomes other than unhealthy weight gain submitted yet still to be presented to GDG.
- **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 took place in 2020, and the updated guidelines will probably be published in 2021.
- **WHO Malaria Vector Control guidelines:** a recently updated Cochrane review on Piperonyl butoxide (PBO) combined with pyrethroids in insecticide-treated nets to prevent malaria in Africa, led by Katherine Gleave (LSTM), assessed the available data to help better understand whether pyrethroid-PBO bed nets were more effective at reducing the burden of malaria compared to standard pyrethroid nets. The World Health Organization (WHO) requires two randomized trials, in different malaria-endemic settings, demonstrating the public health benefit of an intervention before they can make a policy recommendation to support its use. This update of the 2018 published Cochrane review incorporates data from a second clinical trial conducted by researchers working with the Government in Uganda in partnership with LSTM scientists.

Overall strategy

We are updating and refreshing our overall strategy to help ensure cohesion across topics, whilst allowing some level of responsiveness to national priorities.

The COVID-19 pandemic has demonstrated how READ-It organization is flexible and responsive to changing needs.

The demand from host governments and from WHO in malaria and nutrition provides evidence that our work is valued.

Our development of the science around qualitative evidence synthesis has very important potentials. This may well help provide a route for research evidence influencing health systems. We have several projects in the pipeline.

⁶ Note the COVID-19 National Guidelines Treatment in South Africa work is **not** included in above target table as this was reported as a target for the 1st period of Implementation Year 2 for the period 1st April to 30th September 2020, however, we have included within this report as the work has continued.

Cochrane is changing as the result of changes in NIHR funding. We are working closely with Cochrane Executive on this, but our formal systems for separating editorial management from review development are well established and this may well align with anticipated changes in the organization.

Key lessons

We 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.

Below is a standard statement for the annual reports so kept in for reference:

An updated Annex 1a will be submitted with the Annual Report submission for end-Implementation Year 3 (for 12-months from 1st April 2021 to 30th March 2022) to show the outcome and output targets achieved at end-Implementation Year 3, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Implementation Year 3.

C: DETAILED OUTPUT SCORING: NUMBER 1

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

Indicator(s)	Targets for Implementation Years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Progress achieved for 1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)	Progress achieved for 1st April to 30th September 2021 (1st period of Implementation Year 3)	Total progress achieved for full-Year 12-months: 1st October 2020 to 30th September 2021
1.1 Number of high impact systematic reviews that can contribute to decisions concerned with the content and delivery of poverty-related services and programmes	Implementation Year 2 target: 4 ----- Implementation Year 3 target: 4	8 (Cochrane reviews: new 4, updated 3, other systematic reviews 1)	11 (Cochrane reviews: new 6, updated 4, other systematic reviews 1)	19 (Cochrane reviews: new 10, updated 7, other systematic reviews 2)
1.2 Number of published methods that contribute towards improved review quality, efficiency or uptake	Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1	-	1 Enhancing Public Health Systematic Reviews with Diagram Visualization	1
In addition to the above indicator output targets: <i>A total of 31 systematic reviews published in total (Cochrane and other peer reviewed systematic reviews)</i> <i>Note: this total includes the above 1.1 target figures</i>	No target	18	13	31

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 also published several other outputs including high priority Cochrane reviews (new and updated), other peer reviewed systematic reviews, other peer review publications, and Cochrane protocols.

Full details of all publications are included in the Annexes 4 (Publications, editorial data and other monitoring information) submitted with the full-Year 2 and mid-Year 3 reports.

Reviews reported as high impact

COCHRANE REVIEWS

- We have continued working with Cochrane Central Executive on establishing priority reviews; we were part of the team evaluating evidence around ventilation approaches for severe disease; and we work closely with the international group preparing and updating diagnostic reviews.
- There were many players conducting reviews of treatments. We have been strategic in our approach, completing a review of chloroquine.
- Our review of housing for malaria was used in the WHO vector meeting, and we responded rapidly and were part of a team completing a PAHO guideline in histoplasmosis in HIV.
- The ivermectin for COVID-19 review has had a massive impact, and has been instrumental in countering the infodemic on this the current Almetric score was 4541 (at 3 August 2021) which is in the top 5% of all research outputs ever tracked by Almetrics since 2011.
- The ivermectin for preventing transmission of malaria re-analysed the single trial that was included. This is because the authors in the original Lancet paper had not corrected for clustering and claimed the results were significant. The re-analysis showed the study was underpowered and no effect was demonstrated.
- The PBO net for malaria update was important as it included unpublished data at 18 months of follow up. The GRADE analysis was complex and we sought advice from the person that had developed the method. There was a clear effect at this time point.
- A paper in PLoS MED evaluates community initiation of ART and how much more effective this is. This is important, and builds on a Cochrane review from 2014 looking at decentralised care for HIV treatment.
- The Pay for Performance Update from EPOC is a review on an important topic and shows mixed results. The community health interventions for mental health is an important topic and has now been updated; there is a need for analysis of the content of the programmes and how this relates to outcomes (EPOC reviews).

High impact Cochrane reviews (new and updated)	
<p>1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)</p>	<p>1st April to 30th September 2021 (1st period of Implementation Year 3)</p>
<p>COVID-19 and SARS-CoV-2</p> <p>Routine laboratory testing to determine if a patient has COVID-19 (new Cochrane review: Stegeman I, Ochodo EA, Guleid F, Holtman GA., Yang B, Davenport C, Deeks JJ, Dinnes J, Ditttrich S, Emperador D, Hooft L, Spijker R, Takwoingi Y, Van den Bruel A, Wang J, Langendam M, Verbakel JY, Leeflang MMG, November 2020)</p> <p>Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19 (new Cochrane review: Singh B, Ryan H, Kredt T, Chaplin M, Fletcher T, February 2021)</p> <p>Thoracic imaging tests for the diagnosis of COVID-19 (updated Cochrane review: Islam N, Salameh J-P, Leeflang MMG, Hooft L, McGrath TA, Pol CB, Frank RA, Kazi S, 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 Wiggert J, Wang J, McInnes MDF, November 2020)*</p> <p><i>*See below updates of Cochrane reviews previously reported as an Output 1.1 target in the mid-Year 2 report (for period 1st April to 30th September 2020), they have only been counted once as a log frame Output 1.1 target and should not be counted again for the FCDO annual review period from 1st October 2020 to 30th September 2021. However, we want to include them within this report to show as updates with the new url:</i></p>	<p>COVID-19 and SARS-CoV-2</p> <p>Ivermectin for preventing and treating COVID-19 (new Cochrane review: Popp M, Stegeman M, Metzendorf M-I, Gould S, Kranke P, Meybohm P, Skoetz N, Weibel S, July 2021)</p>

<p>Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review (updated Cochrane review: Nussbaumer-Streit B, Mayr V, Dobrescu AI, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Ledingger D, Zachariah C, Gartlehner G, September 2020)</p> <p>Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 (updated Cochrane review: Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeflang MMG, Spijker R, Hooft L, Emperador D, Domen J, Horn SR A, Van den Bruel, February 2021)</p> <p>Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection (updated Cochrane review: Dinnes J, Deeks JJ, Berhane S, Taylor M, Adriano A, Davenport C, Dittrich S, Emperador D, Takwoingi Y, Cunningham J, Beese S, Domen J, Dretzke J, Ferrante di Ruffano L, Harris IM, Price MJ, Taylor-Phillips S, Hooft L, Leeflang MMG, McInnes MDF, Spijker R, Van den Bruel A, March 2021)</p> <p>Thoracic imaging tests for the diagnosis of COVID-19 (updated Cochrane review: Islam N, Ebrahimzadeh S, Salameh J-P, Kazi S, Fabiano N, Treanor L, Absi M, Hallgrimson Z, Leeflang MMG, Hooft L, Pol CB, Prager R, Hare SS, Dennie C, Spijker R, Deeks JJ, Dinnes J, Jenniskens K, Korevaar DA, Cohen JF, Van den Bruel A, Takwoingi Y, de Wiggert J, Damen JAAG, Wang J, McInnes MDF, March 2021)</p>	
<p>HIV</p> <p>-</p>	<p>HIV</p> <p>Point-of-care tests detecting HIV nucleic acids for diagnosis of HIV-1 or HIV-2 infection in infants and children aged 18 months or less (new Cochrane review: Ochodo EA, Guleid F, Deeks JJ, Mallett S, August 2021)</p> <p>Impact of diagnostic strategies for tuberculosis using lateral flow urine lipoarabinomannan assay in people living with HIV (new Cochrane review: Haraka F, Kakolwa M, Schumacher SG, Nathavitharana RR, Denkinger CM, Gagneux S, Reither K, Ross A, May 2021)</p>
<p>Malaria</p> <p>House modifications for preventing malaria (New Cochrane review: Furnival-Adams J, Olango EA, Napier M, Garner P, October 2020; then Amendment January 2021)</p>	<p>Malaria</p> <p>Ivermectin treatment in humans for reducing malaria transmission (new Cochrane review: de Souza DK, Thomas R, Bradley J, Leyrat C, Boakye DA, Okebe J, June 2021)</p> <p>Piperonyl butoxide (PBO) combined with pyrethroids in insecticide-treated nets to prevent malaria in Africa (updated Cochrane review: Gleave K, Lissenden N, Chaplin M, Choi L, Ranson H, May 2021)</p> <p>Mass drug administration in malaria (updated Cochrane review: Shah MP, Hwang J, Choi L, Lindblade KA, Kachur SP, Desai M, September 2021)</p>
<p>TB</p> <p>Xpert MTB/RIF and Xpert Ultra assays for screening for pulmonary tuberculosis and rifampicin resistance in adults irrespective of signs or symptoms (new Cochrane review: Shapiro AE, Ross JM, Yao M, Schiller I, Kohli M, Dendukuri N, Steingart KR, Horne DJ, March 2021)</p> <p>Xpert MTB/RIF Ultra and Xpert MTB/RIF assays for extrapulmonary tuberculosis and rifampicin resistance in adults (updated Cochrane review: Kohli M, Schiller I, Dendukuri N, Yao M, Dheda K, Denkinger CM, Schumacher SG, Steingart KR, January 2021)</p>	<p>TB</p> <p>Impact of the diagnostic test Xpert MTB/RIF on patient outcomes for tuberculosis (new Cochrane review: Nathavitharana RR, Lederer P, Chaplin M, Bjerrum S, Steingart KR, Shah M, August 2021)</p> <p>Screening tests for active pulmonary tuberculosis in children (new Cochrane review: Vonasek B, Ness T, Takwoingi Y, Kay AW, van Wyk SS, Ouellette L, Marais BJ, Steingart KR, Mandalakas AM, June 2021, Issue 6)</p>

Xpert Ultra versus Xpert MTB/RIF for pulmonary tuberculosis and rifampicin resistance in adults with presumptive pulmonary tuberculosis v (updated Cochrane review: Zifodya JS, Kreniske JS, Schiller I, Kohli M, Dendukuri N, Schumacher SG, Ochodo EA, Haraka F, Zwerling AA, Pai M, Steingart KR, Horne DJ, February 2021)	
Other infections: parasitic -	Other infections: parasitic Anthelmintics for people with neurocysticercosis (updated Cochrane review: Monk EJM, Abba K, Ranganathan LN, June 2021)
Health care	Health care Paying for performance to improve the delivery of health interventions in low- and middle-income countries (updated Cochrane review: Diaconu K, Falconer J, Verbel A, Fretheim A, Witter S, May 2021)

OTHER SYSTEMATIC REVIEWS

High impact other systematic reviews	
1st October 2020 to 31st March 2021 (2 nd period of Implementation Year 2)	1st April to 30th September 2021 (1 st period of Implementation Year 3)
HIV A mega-aggregation framework synthesis of the barriers and facilitators to linkage, adherence to ART and retention in care among people living with HIV (Hendricks, L., Eshun-Wilson, I. & Rohwer, A. Syst Rev, February 2021)	HIV Effects of community-based antiretroviral therapy initiation models on HIV treatment outcomes: A systematic review and meta-analysis (Eshun-Wilson I, Awotiwon AA, Germann A, Amankwaa SA, Ford N, Schwartz S, Baral S, Geng EH. PLoS Med, May 2021)

Other reviews of interest (high priority topics)

We have completed reviews in high priority topics which are not counted in the log frame but are none the less important outputs.

The review of probiotics in infectious diarrhoea is important: the results changed from 2010 edition, where it appeared they were effective, to this edition, concluding they are ineffective. This switch is because of large high-quality trials, and clear evidence of publication bias in the studies from the 2010 edition.

We also found the chloroquine editorial a helpful summary of how false research findings spread and caused governments to start recommending a drug that was subsequently found to be ineffective.

New high priority topics review published since October 2020:

High priority Cochrane reviews (new)	
1st October 2020 to 31st March 2021 (2 nd period of Implementation Year 2)	1st April to 30th September 2021 (1 st period of Implementation Year 3)
Various topics Rapid diagnostic tests for Plasmodium vivax malaria in endemic countries (new Cochrane review: Agarwal R, Choi L, Johnson S, Takwoingi Y, November 2020) Pneumococcal conjugate vaccines for preventing acute otitis media in children (new Cochrane review: Sévaux JLH, Venekamp RP, Lutje V, Hak E, Schilder AGM, Sanders EAM, Damoiseaux RAMJ, November 2020) Paediatric formulations of artemisinin-based combination therapies for treating uncomplicated malaria in children (new	Various topics Rapid versus standard antimicrobial susceptibility testing to guide treatment of bloodstream infection (new Cochrane review: Anton-Vazquez V, Hine P, Krishna S, Chaplin M, Planche T, May 2021)

<p>Cochrane review: B�elard S, Ramharter M, Kurth F, December 2020)</p> <p>Integrated community case management of childhood illness in low- and middle-income countries (new Cochrane review: Oliphant NP, Manda S, Daniels K, Odendaal WA, Besada D, Kinney M, White Johansson E, Doherty T, February 2021)</p>	
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Updated high priority topics review published since October 2020:

High priority Cochrane reviews (updated)	
1st October 2020 to 31st March 2021 (2 nd period of Implementation Year 2)	1st April to 30th September 2021 (1 st period of Implementation Year 3)
Various topics	Various topics
<p>Probiotics for treating acute infectious diarrhoea (updated Cochrane reviews: Collinson S, Deans A, Padua-Zamora A, Gregorio GV, Li C, Dans LF, Allen SJ, December 2020)</p> <p>Atovaquone-proguanil for treating uncomplicated Plasmodium falciparum malaria (updated Cochrane review: Blanshard A, Hine P, January 2021)</p> <p>Hand-washing promotion for preventing diarrhoea (updated Cochrane review: Ejemot-Nwadiaro RI, Ehiri JE, Arikpo D, Meremikwu MM, Critchley JA, January 2021)</p>	<p>Primary-level worker interventions for the care of people living with mental disorders and distress in low- and middle-income countries (updated Cochrane review: van Ginneken N, Chin WY, Lim YC, Ussif A, Singh R, Shahmalak U, Purgato M, Rojas-Garc�a A, Uphoff E, McMullen S, Foss HS, Thapa Pachya A, Rashidian L, Borghesani A, Henschke N, Chong L-Y, Lewin S, August 2021)</p>

Full details of all publications are included in the Annexes 4 (Publications, editorial data and other monitoring information) submitted with the full-Year 2 and mid-Year 3 reports. The documents also include 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 was used for the COVID-19 rapid reviews, and aimed 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.

Other peer reviewed publications

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- [The Central Editorial Service: a collaborative editorial process for publishing high-priority Cochrane reviews](#). In: [Collaborating in response to COVID-19: editorial and methods initiatives across Cochrane](#) (Cochrane Supplement: Helen Wakeford, Clare Dooley, Anne-Marie Stephani, Rachel Marshall, Robin Featherstone, Deirdre Walshe, Denise Mitchell, Leticia Rodrigues, Toby Lasserson, December 2020)
- [Contested effects and chaotic policies: the 2020 story of \(hydroxy\) chloroquine for treating COVID-19](#) (Cochrane Editorial: Gould S, Norris SL, January 2021)

1st April to 30th September 2021 (1st period of Implementation Year 3)

- [Plague Transmission from Corpses and Carcasses](#) (Jullien S, de Silva N, Garner P. Emerging Infectious Diseases, August 2021)

Indicator 1.2 Published methods

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

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- No output for this period.

1st April to 30th September 2021 (1st period of Implementation Year 3)

- [Enhancing Public Health Systematic Reviews with Diagram Visualization](#) (Rohwer A, Taylor M, Ryan R, Garner P, Oliver S. American Journal of Public Health, June 2021). More details available on the [READ-It news item](#).

Methods development

We continue to develop our capacity in qualitative evidence synthesis with three reviews active and a methods study now complete about saturation and updating.

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

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020 and Year 2 in May 2021 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	Output 2		
Risk:	Minor Moderate Major Severe	Impact weighting (%):	25%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Implementation Years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Progress achieved for 1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)	Progress achieved for 1st April to 30th September 2021 (1st period of Implementation Year 3)	Total progress achieved for full-Year 12-months: 1st October 2020 to 30th September 2021
2.1 Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	Implementation Year 2 target: 2 ----- Implementation Year 3 target: 2	2	1	3
2.2 Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	Implementation Year 2 target: 2 ----- Implementation Year 3 target: 2	2	1	3
2.3 Sustained policy debate (national or international)	Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1	-	-	-

Indicator 2.1 Global policies

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

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- The [WHO consolidated guidelines on tuberculosis: Module 2: Screening Systematic screening for tuberculosis disease](#). The CIDG Cochrane review used to inform the guidelines: Shapiro AE, Ross JM, Schiller I, Kohli M, Dendukuri N, Steingart KR, Horne DJ. [Xpert MTB/RIF and Xpert Ultra assays for pulmonary tuberculosis and rifampicin resistance in adults irrespective of signs or symptoms of pulmonary tuberculosis](#). Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD013694. DOI: 10.1002/14651858.CD013694.
- Five CIDG Cochrane reviews related to COVID-19 contributed to a suite of global COVID-19 guidelines, full details of the Cochrane reviews and guidelines are in section 4.1 of the Year 2 Annex 4.

1st April to 30th September 2021 (1st period of Implementation Year 3)

- The [WHO guidelines for plague management: revised recommendations for the use of rapid diagnostic tests, fluoroquinolones for case management and personal protective equipment for prevention of post-mortem transmission.](#)

Indicator 2.2 National guidelines or policies

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- [Therapeutic Guidelines: Antiretroviral \(ARV\) Treatment of Adult HIV Infection](#). The CIDG Cochrane review used to inform the guidelines: [Early versus delayed antiretroviral treatment in HIV-positive people with cryptococcal meningitis](#).
- Four CIDG Cochrane reviews related to the COVID-19 contributed to a suite of national COVID-19 guidelines, full details of the Cochrane reviews and guidelines are in section 4.1 of the Year 2 Annex 4.

1st April to 30th September 2021 (1st period of Implementation Year 3)

- The [India Covid Guidelines](#).

Indicator 2.3 Sustained policy debate

Throughout Year 2, READ-It has contributed to COVID-19 policy in the UK and globally through a series of COVID-19 diagnostic reviews. In particular, problems with some of the expectations of some of the tests. For example, when claims emerged in late July 2020 of a ‘game-changing’ ‘99.40% accurate’ new antibody test evaluated by the government-backed UK Rapid Test Consortium, closer inspection of the available data showed the study was biased towards people with high antibody levels, and therefore produced a misleading result (<https://www.theguardian.com/commentisfree/2020/aug/27/covid-19-antibody-test-coronavirus-corners-being-cut>).

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; and latterly trying to change the narrative away from expectations that the disease lasts for ever to one of recovery. This has been through networks at a senior level, including the Royal College of General Practitioners, and the WHO. Paul Garner presented to the Director General on Long COVID and it’s nature as a post viral condition.

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

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

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020 and Year 2 in May 2021 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	Output 3		
Risk:	Minor Moderate Major Severe	Impact weighting (%):	25%
Risk revised since last AR?	N/A	Impact weighting % revised since last AR?	N/A

Indicator(s)	Targets for Implementation Years* <i>*The below target numbers are based on the READ-It log frame and for the full 12-month individual implementation year(s)</i>	Progress achieved for 1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)	Progress achieved for 1st April to 30th September 2021 (1st period of Implementation Year 3)	Total progress achieved for full-Year 12-months: 1st October 2020 to 30th September 2021
3.1 Number of high impact systematic reviews (1.1) or methods (1.2) published reviews led* by LMIC authors <i>*Lead authors: first or last on authorship list</i>	Implementation Year 2 target: 3 -----	1 (1.1) <i>Cochrane and non-Cochrane</i>	5 (1.1) <i>Cochrane and non-Cochrane</i>	6 (1.1)
	Implementation Year 3 target: 4	0 (1.2)	1 (1.2)	1 (1.2)
3.2 Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	Implementation Year 2 target: 1 ----- Implementation Year 3 target: 1	4 Eleanor Ochodo Tamara Kredon Celeste Naude Joseph Okebe	-	4
3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	Implementation Year 2 target: Survey ----- Implementation Year 3 target: Survey	Deferred due to COVID-19 pandemic	Deferred due to COVID-19 pandemic	-

Indicator 3.1

High impact systematic reviews (1.1): high impact reviews (Cochrane and non-Cochrane) with lead author(s) from LMIC's within this period.

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- [A mega-aggregation framework synthesis of the barriers and facilitators to linkage, adherence to ART and retention in care among people living with HIV](#) (Syst Rev: Hendricks L, Eshun-Wilson I, Rohwer A)

1st April to 30th September 2021 (1st period of Implementation Year 3)

- [Impact of the diagnostic test Xpert MTB/RIF on patient outcomes for tuberculosis](#) (new Cochrane review: Nathavitharana RR, Lederer P, Chaplin M, Bjerrum S, Steingart KR, Shah M, August 2021)
- [Ivermectin treatment in humans for reducing malaria transmission](#) (new Cochrane review: de Souza DK, Thomas R, Bradley J, Leyrat C, Boakye DA, Okebe J, June 2021)
- [Point-of-care tests detecting HIV nucleic acids for diagnosis of HIV-1 or HIV-2 infection in infants and children aged 18 months or less](#) (new Cochrane review: Ochodo EA, Guleid F, Deeks JJ, Mallett S, August 2021)
- [Anthelmintics for people with neurocysticercosis](#) (updated Cochrane review: Monk EJM, Abba K, Ranganathan LN, June 2021)
- [Effects of community-based antiretroviral therapy initiation models on HIV treatment outcomes: A systematic review and meta-analysis](#) (Eshun-Wilson I, Awotiwon AA, Germann A, Amankwaa SA, Ford N, Schwartz S, Baral S, Geng EH. PLoS Med, May 2021)

Methods (1.2):

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- No output to report for this period.

1st April to 30th September 2021 (1st period of Implementation Year 3)

- [Enhancing Public Health Systematic Reviews with Diagram Visualization](#) (Rohwer A, Taylor M, Ryan R, Garner P, Oliver S. American Journal of Public Health, June 2021)

Indicator 3.2

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

- Eleanor Ochodo, Celeste Naude, Tamara Kredo and Joseph Okebe appointed as methodologists for WHO Guidelines Meetings.

1st April to 30th September 2021 (1st period of Implementation Year 3)

- No output to report for this period.

Indicator 3.3

Survey deferred due to COVID-19 pandemic to-date.

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

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020 and Year 2 in May 2021 and no issues raised, therefore, no issues to report.

Recommendations [for FCDO]

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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. International travel within the current period of Year 3 has not been undertaken due to the continued restrictions with COVID-19, any travel undertaken within the second period of Year 3 will be limited, if any at all.

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

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

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

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

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

Assessment of whether the programme continues to represent value for money

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

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

With The Director anticipated to go to half time from Easter 2022, and intended retirement from August 2022, the LSTM plans for an academic manager are all important.

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.

Contracting is robust. Performance of all partners is routinely monitored every six months with remedial action taken where required.

Processes have been rolled out to assure safeguarding and are also included in the 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 (all partners) on a regular basis checking on their health and any problems encountered in their lives, as a consequence of the COVID-19 pandemic's disruption to their lives.

Outstanding actions from risk assessment

Reports submitted for the Inception phase in April 2019, full-Year 1 in July 2020, and full-Year 2 in May 2021 and no issues raised, therefore, no issues to report.

F: COMMERCIAL CONSIDERATIONS

Delivery against planned timeframe

We are on track for Year 3 log frame targets. The next report will be submitted for the full 12-months of Year 3 (April 2021 to March 2022) in April/May 2022.

Performance of partnership(s)

All partners holding fully-executed subcontracts have submitted their individual mid-Year 3 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 2 annual report submission in April 2021. The next updated Annex 3 for Year 3 will be provided with the end-Year 3 (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 onwards will continue to be every six-months for all partners and will continue each year. Each progress report will be reviewed by the Programme Manager against contracted commitments and expenditure; by the two Programme Directors for compliance with contracts, on judgement about overall performance, value for money, potential impact, 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

1st October 2020 to 31st March 2021 (2nd period of Implementation Year 2)

New CIDG Editors appointed in Year 2: 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

Co-funding secured from BMBF (German Aid) for 1-year for COVID-19 rapid reviews in South Africa.

The African Academy of Sciences (AAS) has recognised 40 promising researchers for its sixth cohort of the Affiliates Membership Programme designed to recognise, mentor and develop early career researchers into world class research leaders. [Eleanor Ochodo](#) who is based at KEMRI, Kenya has been selected as one of the recognised successful promising researchers.

1st April to 30th September 2021 (1st period of Implementation Year 3)

Co-funding secured from WHO:

- Liverpool (UK): WHO Performance of Agreement to work on Cochrane reviews and GRADE assessments on malaria in chemotherapy recommendations, August to October 2021 (£10,105).
- South Africa: WHO Performance of Agreement to work on Policies and/or interventions that influence the school food environment for improved nutrition and better health (USD 47,339).
- South Africa: WHO Performance of Agreement to work on Efficacy and safety of replacing salt with low-sodium salt substitutes for improved cardiovascular health in adults, children, and pregnant women (USD 42,784).