Research, Evidence & Development Initiative (READ-It)

Full-Year 2 Report: April 2020 to March 2021

Version: 23 May 2021 (Final)

READ-It

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Foreign, Commonwealth & Development Office: Research and Evidence Division

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SUMMARY

This READ-It report covers the full implementation **Year 2 from 1st April 2020 to 31st March 2021** (1st period covers April to September 2020, and 2nd period covers October 2020 to March 2021).

The World Health Organization declared COVID-19 a pandemic on 11 March 2020. As of 17 April 2021, more than 140 million cases have been confirmed, with more than 3 million deaths attributed to COVID-19. 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 including 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.

On top of this, we have made substantive progress in our core work in tuberculosis, malaria, and nutritional global guidance development, and advancing our capacity and experience in qualitative evidence synthesis.

Never before has there been such a need for reliable appraisal and synthesis of research evidence. 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 on the story of chloroquine shows.

During the full 12-month period of Year 2 from April 2020 to March 2021 READ-It have published:

- **18 high impact Cochrane reviews** (new 13, updated 5)
- **2 high impact other peer reviewed systematic reviews**
- **1 high impact other peer reviewed research paper**
- **1 published methods paper** that contribute towards the improved review quality, efficiency or uptake

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

1st period of Year 2:

- it was the *first-time to be a lead author (first or last author)* on a Cochrane review (new and update) for 15 people (7 women and 8 men); 3 of these first-time lead authors was from a low- and middle-income country (LMIC) (2 women and 1 man).

2nd period of Year 2:

- it was the *first-time to be a lead author (first or last author)* on a Cochrane review (new and update) for 18 people (11 women and 7 men); 3 of these first-time lead authors was from a LMIC (2 women and 1 man).

READ-It contributions to guidelines published in this period were:

1st period of Year 2:

- **ARRIVE Guidelines 2.0 for reporting animal research.** This sets norms for reporting animal research and arose following EHCRC and READ-It work on the MVA85a animal review studies (global).

- **Histoplasmosis in HIV positive people (PAHO/CDC guidance).** Evidence was assessed and provided for the panel within one month, and the Liverpool team provided methodological guidance throughout (global).
- **WHO consolidated guidelines in tuberculosis**. CIDG editors coordinated the production of a suite of advanced reviews on diagnostics (global).
- **COVID-19 National Guidelines Treatment in South Africa.** The Centre for Evidence Based Health Care worked closely with the Department of Health in assembling evidence to inform national guidance (national).

2nd period of Year 2:

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

In Year 2, we can report on:

1st period of Year 2:

- **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.
- **WHO Collaborating Centre for Evidence Synthesis in Global Health** awarded to READ-IT (Liverpool) – a new official WHO CC and are carrying out systematic reviews in malaria and tuberculosis to assist with guideline production for WHO (February 2020 to March 2024). This reflects a long history of Cochrane Infectious Diseases Group and Liverpool staff helping WHO with it's mandate for high quality guidance in infectious diseases and related areas.

2nd period of 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.

During the entire period, READ-It staff continue to have substantive input to policy and direction with Cochrane through inputs from DW and Cochrane editors to the COVID-19 response and PG's membership of the Cochrane Editorial 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.

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.

Please see Annex 1a which details the outcome and output targets achieved by end-Year 2, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at end-Year 2 (both linked to the log frame).

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, multilateral and government needs in in health related to diseases of poverty. The ecosystem has changed: the methods of systematic reviews are now widely accepted and used, and there are increasing numbers of evidence to decision making projects in LMICs drawing on methods that Cochrane have developed.

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.[1]
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 to rapidly pivot to collaborative efforts in COVID-19.

Since March 2020, READ-It have been involved with **COVID-19 pandemic** responses and this has continued throughout the full implementation Year 2 and will continue into 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 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).

[1] High impact is defined as reviews informing polices or spending; generating and informing international debates; or widely used in scientific or general media; these will be generally related to public health and primary care in LMICs.

- 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 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 priority topics READ-It SA 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
- 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. Further details also included in Annex 4 (section 1.4).

Rapid reviews prepared by SA GRADE Network

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)
Heparin dosing for VTE prophylaxis in COVID-19 Update (3 September 2020)
Favipiravir for COVID-19 (25 June 2020)
Chloroquine prophylaxis for COVID-19 (18 June 2020)
Convalescent plasma for COVID-19 (11 June 2020)
BCG for prophylaxis of COVID-19 (27 May 2020)
Azithromycin for COVID-19 (11 May 2020)
IV Immunoglobulin for COVID-19 (8 April 2020)

- 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. To establish 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.

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:

- 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).

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

Africa	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
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)
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)			
Potential new partners: Year 3 onwards: Tanzania-Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) (currently in discussions regarding a potential new partner with the programme of work based in Tanzania)			
Previous partners: Year 1: India, Campbell Collaboration - New Delhi office (only arranged a contact/work plan for Year 1)			

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, tuberculosis, and diarrhoeal disease, and now our reviews in COVID-19 public health and diagnostic areas.

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 work closely

with the READ-It Liverpool team who will provide guidance on the review topics agreed (Vitamin A, Calcium and Promoting mental in adolescents).

Substantive READ-It effort has gone into 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.

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 anticipate 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 become 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 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 mid-Year and full-Year financial reports submitted by Partners (to the READ-It Management office) against the individual partner “reporting and payment schedule”, and also the mid-Year and full-Year progress report assessments. All reporting expectations are included within the official individual partner work plans, and the financial related clauses detailed within the official LSTM and partner subcontract. 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, and they have helped with guidance and support to one partner over integrity of financial reporting which has now been resolved.

B: PERFORMANCE AND CONCLUSIONS

Annual impact assessment

Annual impact assessment	**Targets for Year 2** (April 2020 to March 2021)	**Formal outcome reported for log frame** **Progress achieved by end-Year 2**	**In progress[2]**
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	1	1st period: April to September 2020 -	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
		2nd period: October 2020 to March 2021 -	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

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[3]**
Outcome 1. New or amended **global** policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	1	1st period: April to September 2020 3 outcomes 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	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)
		2nd period: October 2020 to March 2021 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	
		Total: 6	

[2] These are projects that may yield indicators that will be counted when the projects are completed
[3] These are projects that may yield indicators that will be counted when the projects are completed

Outcome 2. New or amended **national** policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs	2	1st period: April to September 2020 1 outcome COVID-19 National Guidelines Treatment in South Africa 2nd period: October 2020 to March 2021 2 outcomes Therapeutic Guidelines: Antiretroviral (ARV) Treatment of Adult HIV Infection Suite of COVID-19 national guidelines **Total:** **3**	
Outcome 3. Evidence that bilateral, multilateral, UN or global agency (including FCDO, Gates & GAVI) alter investment based on outcome 1 or 2	1	1st period: April to September 2020 - 2nd period: October 2020 to March 2021 - **Total: -**	-
Outcome 4. Case studies of READ-It leadership influencing national decision-making processes	1	1st period: April to September 2020 - 2nd period: October 2020 to March 2021 - **Total: -**	TB Union with current national TB case finding strategies MRC SA influence on national guidelines development led by Tamara Kredo

Overall outcome assessment

Informing policy

We have had a tremendously busy and productive period 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 to as reported above.

1st period of Year 2 (three):

The three published guidelines 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.

2nd period of Year 2 (three*):

The three published guidelines (*one is a suite of guidelines related to COVID-19) are the 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; and 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

We also 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:

1st period of Year 2 (one):

Contributed to the COVID-19 National Guidelines Treatment in South Africa:

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-ofsuspected-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.

2nd period of Year 2 (two):

The two published guidelines (*one is a suite of guidelines related to COVID-19) are the Therapeutic Guidelines: Antiretroviral (ARV) Treatment of Adult HIV Infection; and 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 - see section 4.1 of Annex 4):

Non-pharmaceutical interventions (NPI) are public health measures that aim to prevent and/or control SARSCoV-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/ll/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/ll/184-001.html

Rapid advice guidelines for management of children with COVID-19. 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/184-002l_S1_Haeusliche-Versorgung-soziale-Teilhabe-Lebensqualitaet-bei-Menschen-mit-Pflegebedarf-COVID19-Pandemie_2020-12.pdf

New specific topics under development

- **WHO HIV guidelines meetings:** WHO are planning a consolidated HIV guideline update in 2020, a meeting was held in September 2020, and a further took place in October 2020. The South Africa team submitted reviews for the meetings and Anker Rohwer presented 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 prepared reviews which were submitted 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.
- **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 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 took place 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 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 in particular 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.

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.

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

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 Year 2 (April 2020 to March 2021)	**Progress achieved for 1st period of Year 2: April to September 2020**	**Progress achieved for 2nd period of Year 2: October 2020 to March 2021**	**Total progress achieved for full-Year 2 period: April 2020 to March 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	4	12 (Cochrane reviews: new 9, updated 2, other systematic reviews 1)	8 (Cochrane reviews: new 4, updated 3, other systematic reviews 1)	**20** (Cochrane reviews: new 13, updated 5, other systematic reviews 2)
1.2 Number of **published methods** that contribute towards improved review quality, efficiency or uptake	1	1 ARRIVE Guidelines 2.0	-	**1**
In addition to the above indicator output targets: *A total of **19** systematic reviews published in total (Cochrane and other peer reviewed systematic reviews)* *Note: this total includes the above 1.1 target figures*	No target	20	18	38

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) for the full period of Year 2:

Cochrane reviews (new)	= 22
Cochrane reviews (updated)*	= 13*
**Some are updates of previous new reviews published in Year 2 (various dates) – the review title updates have only been counted once as a log frame Output 1.1 target*	
Other Systematic reviews (peer reviewed	= 3**
***This includes a letter associated with the "Living Systematic Review"*	
Other publications (peer reviewed)	= 8
Cochrane protocols/abstracts	= 13
Other Pre-print/In-press	= 2

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 (20 total)

COCHRANE REVIEWS (18 new and updated)

We worked 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 and now embarked on a review of ivermectin.

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.

High impact Cochrane reviews (new and updated)	
1st period of Year 2 (April to September 2020)	2nd period of Year 2 (October 2020 to March 2021)
COVID-19 and SARS-CoV-2 (eight) Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review (new Cochrane rapid review, April 2020)* 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)*	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, Dittrich S, Emperador D, Hooft L, Spijker R, Takwoingi Y, Van den Bruel A, Wang J, Langendam M, Verbakel JY, Leeflang MMG, November 2020) Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19 (new Cochrane review: Singh B, Ryan H, Kredo T, Chaplin M, Fletcher T, February 2021) 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 Wijgert J, Wang J, McInnes MDF, November 2020)* **Updates of Cochrane reviews already reported as Output 1.1 in mid-Year 2, they have only been counted once as log frame Output 1.1 target as the review titles have already been counted:* 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, Ledinger D, Zachariah C, Gartlehner G, September 2020) 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) 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) 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 Wijgert J, Damen JAAG, Wang J, McInnes MDF, March 2021)
HIV (one) Treating progressive disseminated histoplasmosis in people living with HIV (new Cochrane review: Murray M, Hine P, April 2020)	-
Malaria (two) 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)	House modifications for preventing malaria (New Cochrane review: Furnival-Adams J, Olango EA, Napier M, Garner P, October 2020; then Amendment January 2021)
Nutrition (one) 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)	-
Plague (one) Rapid diagnostic tests for plague (new Cochrane review: Jullien S, Dissanayake HA, Chaplin M, June 2020)	-
Pregnancy and childbirth (one) Interventions for preventing postpartum constipation (updated Cochrane review: Turawa EB, Musekiwa A, Rohwer AC, August 2020)	-
TB (four) 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).	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) 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) Xpert Ultra versus Xpert MTB/RIF for pulmonary tuberculosis and rifampicin resistance in adults with presumptive pulmonary tuberculosisv (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 SYSTEMATIC REVIEWS (2)

High impact other systematic reviews	
1st period of Year 2 (April to September 2020)	2nd period of Year 2 (October 2020 to March 2021)
COVID-19 (one) 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, Rochwerg 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)	**HIV (one)** 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)

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.

Nine new **high priority topics** review published since April 2020:

High priority Cochrane reviews (new)	
1st period of Year 2 (April to September 2020)	2nd period of Year 2 (October 2020 to March 2021)
Various topics (five) 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,	**Various topics (four)** 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 Cochrane review: Bélard S, Ramharter M, Kurth F, December 2020) 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)

Spijker R, Deeks JJ, Dinnes J, Jenniskens K, Korevaar DA, Cohen JF, Van den Bruel A, Takwoingi Y, de Wijgert J, Damen JAAG, Wang J, McInnes MDF, September 2020) *Note: update of initial new Cochrane review published in 2nd period of Year 2 and classed as Output 1.1.*	

Four updated **high priority topics** review published since April 2020:

High priority Cochrane reviews (updated)	
1st period of Year 2 (April to September 2020)	2nd period of Year 2 (October 2020 to March 2021)
Various topics (one) 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)	**Various topics (three)** 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) Atovaquone-proguanil for treating uncomplicated Plasmodium falciparum malaria (updated Cochrane review: Blanshard A, Hine P, January 2021) Hand-washing promotion for preventing diarrhoea (updated Cochrane review: Ejemot-Nwadiaro RI, Ehiri JE, Arikpo D, Meremikwu MM, Critchley JA, January 2021)

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.

Other peer reviewed publications

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)

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. PLoS Biol 18(7): e3000411. https://doi.org/10.1371/journal.pbio.3000411 *(Linked to Outcome 1)*

Methods development

War, conflict and suicide

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	**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 Year 2** (April 2020 to March 2021)	**Progress achieved for 1st period of Year 2: April to September 2020**	**Progress achieved for 2nd period of Year 2: October 2020 to March 2021**	**Total progress achieved for full-Year 2 period: April 2020 to March 2021**
2.1 Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	2	3	2	**5**
2.2 Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	2	1	2	**3**
2.3 Sustained policy debate (national or international)	1	1	-	**1**

Indicator 2.1 Global policies

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

1st period of Year 2 (three):

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.

2nd period of Year 2 (two):

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 the 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 Annex 4. More details of the individual guidelines (url links) are in the earlier outcome assessment section in relation to information policy and within section 4.1 of Annex 4.

Indicator 2.2 National guidelines or policies

1st period of Year 2 (one):

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

http://www.health.gov.za/covid-19-rapid-reviews/

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

2nd period of Year 2 (two):

The 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 Annex 4. More details of the individual guidelines (url links) are in the earlier outcome assessment section in relation to information policy and within section 4.1 of Annex 4.

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.

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]

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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 Year 2** (April 2020 to March 2021)	**Progress achieved for 1st period of Year2: April to September 2020**	**Progress achieved for 2nd 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 **high impact** systematic reviews (1.1) or **methods** (1.2) published reviews led* by LMIC authors **Lead authors: first or last on authorship list*	3	3 (1.1) 0 (1.2)	1 (1.1) 0 (1.2)	**4 (1.1)** **0 (1.2)**
3.2 Number of READ-It partners or Cochrane authors demonstrating global leadership through leading effective dissemination	1	0	4 Eleanor Ochodo Tamara Kredo 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	Survey	Deferred due to COVID-19 pandemic	-	-

Indicator 3.1

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

1st period of Year 2 (three):

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)*

2nd period of Year 2 (one):

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)

Methods (1.2):

No output to report at end-Year 2.

Indicator 3.2

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

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]

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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. 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.

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.

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 risk with new partners and indeed managed this risk with Campbell Collaboration (India) 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- and end-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.

Some equipment purchased from the previous RPC is still in use by the READ-It Management office (including CIDG) at LSTM, the latest details of all current equipment in use by READ-it (Liverpool) plus any equipment disposed of after being checked by LSTM IT (if no longer compatible with the LSTM software systems) are provided in Annex 3 .

G: CONDITIONALITY

Update on partnership principles (if relevant)

This is not applicable.

Aid Transparency

We have detailed annual budgets linked to work plan activities and deliverables with all individual partners. Both the work plan and budgets are assessed by the Management Team prior to the arrangement and fully-executed partner subcontracts.

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

H: MONITORING & EVALUATION

Evidence and evaluation

Our theory of change is well established.

Monitoring process during the review period

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 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.