

Research, Evidence & Development Initiative (READ-It)

Interim report of Outcome and Output details for the following period:

1st October 2022 to 30th September 2023¹

Version: 14th November 2023

¹ Update of interim report submitted for 1st October 2022 to 31st March 2023



LIST OF ABBREVIATIONS

Birat Nepal Medical Trust*	BNMT
Centre for Evidence-based Health Care*	CEBHC
Centre for Guideline Development	CGD
Christian Medical College*	CMC
Cochrane Infectious Diseases Group*	CIDG
Cochrane Kenya	CK
Cochrane South Africa	CSA
Effective Practice and Organisation of Care	EPOC
Essential Diagnostic List	EDL
Essential Medicines List	EML
Foreign, Commonwealth & Development Office	FCDO
Global Malaria Programme	GMP
Guideline Development Groups	GDG
Human immunodeficiency virus	HIV
Key Performance Indicators	KPIs
Low- and Middle-Income Countries	LMICs
Low-sodium salt substitutes	LSSS
Liverpool School of Tropical Medicine*	LSTM
Memorandum of Understanding	MoU
National Institute for Health and Care Research	NIHR
Neglected Tropical Diseases	NTDs
Personal protective equipment	PPE
Qualitative evidence synthesis	QES
Research, Evidence and Development Initiative	READ-It
Research Management Services	RMS
South Africa	SA
South Africa Medical Research Council*	SAMRC
Stellenbosch University*	SU
Strategic Advisory Group of Experts on Immunization	SAGE
Tuberculosis	TB
United Kingdom	UK
University College of London*	UCL
World Health Organization	WHO

*Official READ-It lead organisation and partners/organisations (with agreed workplans and budgets) funded by FCDO through the READ-It programme.

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: 30 th September 2024
Report date: 14 th November 2023	Review Date:

The annual READ-It report covers the period **1st October 2022 to 30th September 2023**.

SUMMARY

Evidence syntheses by independent skilled teams are core to global and national health policies. The COVID-19 pandemic demonstrated that responsive high-quality evidence syntheses, updated in real time, are central to evidence-informed policies and consequent implementation of actions that impact the lives of many globally.

The methods and evidence-to-policy procedures that the Research, Evidence and Development Initiative (READ-It) programme has developed have played a significant role (and continue to) over many years to **underpin the World Health Organization (WHO) and some country governments’ responses, and has contributed to immediate impact on policy, practice, and health outcomes, particularly for vulnerable populations in Low- and Middle-Income Countries (LMICs).**

READ-It’s work on **high-impact reviews and “core” projects** has continued and during this 12-month period, and cumulatively since 2018, READ-It has greatly exceeded the cumulative planned targets for Output 1.

High-impact Cochrane Reviews and non-Cochrane reviews		Published <u>methods papers</u> contributing towards improved review quality, efficiency, or uptake.	
Oct 2022 to Sept 2023 Annual target: 4	May 2018 to Sept 2024 ² Cumulative planned target: 24	Oct 2022 to Sept 2023 Annual target: 2	May 2018 to Sept 2024 Cumulative planned target: 7
Annual target achieved: 10 (Cochrane reviews new 6, updated 2; non-Cochrane 1, rapid review 1)	Cumulative target achieved and exceeded by September 2023: 43	Annual target achieved: 2	Cumulative target achieved and exceeded by September 2023: 10

Definition of high-impact target: Reviews are high-impact if they achieve any of the following:

1. inform global, regional, or national guidelines and policies
2. inform policies and spending in health programmes
3. generate global debate in international blogs and policy areas where views are strong and evidence less established
4. are cited in the scientific literature (>10)
5. attract newspaper and internet attention (>Altmetric score 100). [also consider national dailies]

A review’s impact can be measured by (a) use in global guidelines, (b) number of citations in Web of Science per year (target >10), and (c) number of web hits (target >20).

Below are examples of our core areas of work in *malaria, tuberculosis (TB), mpox in humans, nutritional global guidance, and COVID-19* (in the current implementation year), and in our capacity and experience in qualitative evidence synthesis (QES).

MALARIA

- The [House modifications for preventing malaria](#) Cochrane Review update was published (October 2022; Altmetric score 57), updating the 2021 Cochrane Review that informed the [WHO guidelines for malaria](#). See the [LSTM news story](#).

² READ-It programme end date is now 30th September 2024 due to latest no cost extension amendment.

- The November 2022 update of the [WHO Guidelines for malaria](#) cited 21 CIDG reviews. It is a compilation of existing WHO recommendations on malaria and supersedes two previous WHO publications: the [Guidelines for the treatment of malaria, third edition](#) and the [Guidelines for malaria vector control](#). The CIDG reviews are typically the main reference used for the specific PICO examined. For example, in Section 4: Prevention, 4.1 Vector control, 4.1.1 Interventions recommended for large-scale deployment, nine Cochrane Reviews provided evidence on 16 PICOs; while in Section 5.2 Treating malaria 5.2.1 Treating uncomplicated malaria, 12 Cochrane Reviews cover 13 PICOS. The Guidelines includes updated recommendations on malaria treatment, including two areas informed by recent CIDG reviews, namely: (1) the use of [artesunate + pyronaridine](#) (Altmetric score 22), and (2) the use of one weekly course of [primaquine as anti-relapse treatment for Plasmodium vivax malaria](#) (Altmetric score 12).
- A new Cochrane Review on [Topical repellent for malaria prevention](#) (Altmetric score 14) was published, which will inform upcoming WHO malaria vector control guidelines (publication estimated November 2023).

TUBERCULOSIS

- The CIDG released an [updated Special Collection on diagnosing TB](#) for the Union Conference (8-11 November 2022). The collection highlights how Cochrane evidence contributes within a wider landscape of TB evidence and guidelines.
- The CIDG published its second QES review [Rapid molecular tests for tuberculosis and tuberculosis drug resistance: a qualitative evidence synthesis of provider and recipient views](#) (Altmetric score 103).

MPOX

- Susan Gould, a member of the READ-It Liverpool team, published a research article on [Air and surface sampling for monkeypox virus in a UK hospital: an observational study](#) (Altmetric score 154) in the *Lancet Microbe* (October 2022).
- The Cochrane Review [Therapeutics for treating mpox in humans](#) (Altmetric score 19) was published in March 2023, which informs upcoming WHO mpox guidelines (publication estimated end 2023).

NUTRITIONAL GLOBAL GUIDANCE

- Celeste Naude presented the Cochrane Review [Replacing salt with low-sodium salt substitutes \(LSSS\) for cardiovascular health in adults, children and pregnant women](#) (Altmetric score 339) at the [WHO launch event](#) for the public consultation on the draft WHO guideline on use of LSSS on 31 March 2023.
- Birat Nepal Medical Trust (BNMT) and the READ-It Liverpool team published a research article on [Should all pregnant women take calcium supplements in Nepal? GRADE evidence to policy assessment](#) (Altmetric score 5) in *Global Health Action* (October 2022).
- EPOC published the Cochrane Review [Lay health workers in primary and community health care for maternal and child health: identification and treatment of wasting in children](#) (Altmetric score 4) which has informed the WHO wasting guideline on [Prevention and management of wasting and nutritional oedema \(acute malnutrition\) in infants and children under 5 years](#) (guideline management section published July 2023, complete guideline to be published November 2023). An additional publication by members of the SA team on ‘The acceptability, feasibility and equity implications of interventions for the prevention of wasting in infants and young children: a rapid qualitative evidence synthesis’ (registered with PROSPERO CRD42022351360) also informed the wasting guideline, and full citation details will be reported after publication.

COVID-19

- The CIDG published a new Cochrane Review [Plasmapheresis to remove amyloid fibrin\(ogen\) particles for treating the post-COVID-19 condition](#) (Altmetric score 320). This was a partnership between CIDG, Guy’s and St Thomas’ NHS Foundation Trust, University of Leeds, and University College London, sought to examine the evidence around the “microclots” theory. See the [LSTM news story](#).

As reported in the previous READ-It annual reports, READ-It staff and contributors pivoted to COVID-19 global and national priorities since 2020. The successful collaborative efforts with the Central Cochrane Editorial Service Team and the University of Birmingham- diagnostic review group led to COVID-19 outputs being published in the CIDG portfolio. The South Africa (SA) and India READ-It Partners continue to support teams leading relevant syntheses to inform COVID-19 national and international guidance development.

In **guideline development within COVID-19**, READ-It has continued to help governments and international agencies conduct systematic reviews and related evidence synthesis and provided guidance to ensure evidence-informed decisions. Specifically:

- In SA, the READ-It Partner is continuing to conduct and update rapid reviews directly informing [national treatment](#) guidelines (completed 70 rapid reviews to-date).
- In India, the Christian Medical Centre (CMC) is providing methodological input to the updated national India COVID-19 guidelines of drug recommendations (see Outcome 2 section for more details).

In **guideline development to other areas outside of COVID-19**, READ-It is providing the following input:

- CMC is providing methodological input to two global guidelines: WHO Echinococcus Treatment guidelines; and the Diagnosis and Management of Brain Infections (see Outcome 1 section for more details).
- CMC held the launch of the new Centre for Guidelines Development (CGD) in Vellore on 27th July 2023.
- As highlighted above, CIDG has provided input to WHO mpox guidelines, in relation to therapeutics for mpox and infection prevention and control.
- CIDG is providing input on malaria treatment guidelines, in relation to tafenoquine for preventing relapse in people with *Plasmodium vivax* malaria.
- The SA team is providing input to the international guidelines for the next generation sequencing for diagnosing TB drug resistance, and to various WHO guidelines on obesity and other nutrition topics, such as prevention and management of infant and child wasting, policies to protect children from the harmful impact of food marketing and nutrition labelling for promoting healthy diets and nutrition.
- The WHO guideline on [Policies to protect children from the harmful impact of food marketing](#) published on 3rd July 2023 included input from Celeste Naude (SA team) in her role as a member of the GDG for the guideline (WHO Nutrition Guidance Expert Advisory Group) Subgroup on Policy Actions. The guideline was launched alongside a WHO UNICEF tool to support country implementation of mandatory comprehensive policies to restrict the food marketing children are exposed to. See the related [READ-It news item](#) for more information.



While READ-It's progress on guideline development (Output 2) during the past year has been less impressive than its achievement against Output 1, the programme is nonetheless on track to meet targets for Output 2 by the end date of 30th September 2024.

READ-It team as influencers.

- The methodology used for the development of the 1st Kenya Essential Diagnostic List (KEDL) Guideline was led by Eleanor Ochodo (Scientist at the Kenya Medical Research Institute-KEMRI; and Associate Professor Extraordinary of Clinical Epidemiology at Stellenbosch University) and her evidence synthesis research team based at KEMRI-Centre for Global Health Research in Kisumu. Funded by a NIHR development award in 2021, Eleanor began advocating for evidence-based diagnostic policies in Kenya through in-person workshops with national and county stakeholders in Kenya. Furthermore, Eleanor was awarded the UK MRC/DFID African Research Leaders award (2020-2024) to establish the science of evidence synthesis and research translation in Kenya based at KEMRI in collaboration with Stellenbosch University and LSTM.

Also, 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 12 people (6 women, 6 men); 2 of these first-time lead authors are from LMICs (1 woman, 1 man).
- READ-It staff continued to have substantive input to policy and direction with Cochrane and international guideline groups. Several members have been appointed as Guideline Methodologists to WHO guidelines, and as such are the deputy chairs of the guideline groups. Examples include:
 - WHO TB screening (Tamara Kreda, SA)

- WHO infant and child wasting guidelines (Celeste Naude, SA)
- Next generation sequencing for diagnosing TB drug resistance (Tamara Kredon, SA)
- Malaria vector guidelines (Joseph Okebe, Gambia)
- Echinococcus guidelines (Priscilla Rupali, India)
- As members of the Guidance panels, in nutrition (Solange Durao, Celeste Naude, SA).
- The staff in SA are involved in National guideline development as panel members and methodologists. See Section B for Output 3.2 includes details of other international and national READ-It memberships.
- READ-It Partners showcased READ-It outputs at the Cochrane Colloquium in London 4-6 September 2023. They gave 4 long oral presentations, 6 short oral presentations, 10 poster presentations, and 1 workshop.
- READ-It Partners were recognised for their achievements in evidence synthesis, knowledge translation and capacity enhancement. [The Thomas C Chalmers Best Short Oral Presentation](#) was awarded to Lynn Hendricks (SA): for addressing methodological issues related to systematic reviews given by an early career investigator. Full details of this and other awards are included in Annex 4.
- The READ-It contribution to the ARRIVE guidelines is paying off with increased use of this checklist to improve the reporting of research involving animals.
- READ-It strategic planning meetings have been held with all READ-It international partners and the READ-It Advisory Group to discuss future interests and plans for 2024 onwards, further meetings are planned for the remainder of 2023 and early 2024.

Cumulative targets for **Evidence synthesis hubs in LMICs** (Output 3) have been met or exceeded.

The full details of contributions to global and national guidelines for the current period are covered in section B. Performance and Conclusions: Outcome 1 (Global) and Outcome 2 (National), and Output 2.1 (Global) and Output 2.2 (National). The READ-It target details of high-impact systematic reviews and published methods papers for the period are detailed in section C. Detailed Output Scoring: Number 1: Output 1.1 (High-impact systematic reviews) and Output 2 (published methods papers).

Below is a standard statement for the Implementation year reports kept in for reference only:

Updated Annex 1a submitted to show the outcome and output targets achieved at 30th September 2023, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at 30th September 2023.

A: INTRODUCTION AND CONTEXT

Outline and background of the programme

FCDO has continued to support the development of evidence synthesis as a science to help inform policy since 1992 and most recently through the READ-It 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, in informing global and national policies and decision making, and developing a critical mass of highly capable academics and administrators worldwide in evidence synthesis and guideline development.

READ-It changed the way it does business in the following ways:

1. Our Key Performance Indicators (KPIs) are 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 high-priority 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. High-impact is defined as reviews informing policies or spending; generating and informing international debates; or widely used in scientific or general media; these will be generally related to public health and primary care in LMICs.
2. We have included methods development as an output indicator in the log frame, to ensure advancement of methods.
3. We are promoting leadership across partners and developing independent hubs in LMICs.

As previously reported, READ-It became involved with COVID-19 pandemic responses from March 2020, which continued into Implementation Years 3 and 4 with some related evidence synthesis and guidelines continuing into the current reporting period.

COVID-19 Co-ordinated response

- We continue to be an integral component of the Cochrane response to COVID-19.
- CIDG and the SA team continue to be involved in COVID-19 response mode (reviews and in-country support) as required.
- READ-It continues to work with CMC in India on the national COVID-19 guidance (updates of drug recommendations) as part of the CMC work plan deliverables.
- CIDG continues to work in partnership with Guy's and St Thomas' NHS Foundation Trust and other colleagues to continue to identify and address high-priority topics related to the post-COVID-19 syndrome. The Cochrane Review [Plasmapheresis to remove amyloid fibrin\(ogen\) particles for treating the post-COVID-19 condition](#) (highlighted above) was published in July 2023.

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 is to share and minimize duplication. www.mcmasterforum.org/networks/covid-end.
- The [commentary in the Journal of Clinical Epidemiology](#) on resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development has been actively shared via social media.
- The COVID-19 priority topics READ-It SA have been/are involved in are:
 - Diagnostic testing – a suite of reviews (managed by Cochrane Central with input from CIDG)
 - Food security (Cochrane)
 - Obesity as an independent risk factor for COVID-19 severity and mortality (Cochrane)

- The National Department of Health is linking to SA GRADE Network, run by Centre for Evidence-based Health Care (CEBHC) and Cochrane South Africa (CSA), to get reviews done. The teams have continued to conduct several rapid reviews to inform the recommendations made by the National Therapeutic Guidelines Sub-Committee for COVID-19 www.health.gov.za/covid-19-rapid-reviews/. Rapid reviews are being indexed and can be found on Epistemonikos. To date, 68 rapid reviews have been completed informing national COVID-19 policy.

Rapid reviews prepared by SA GRADE Network

1st October 2022 to 31st March 2023

- [Rapid review of nirmatrelvir-ritonavir for COVID-19 30March2023](#)

1st April to 30th September 2023

- [Rapid review of nirmatrelvir-ritonavir for COVID-19 19 20July2023 V5-4](#) (update of above March 2023)
- [COVID Vaccines for 5-11 year-olds 10August2022 V3 Final](#)

- Associated with the above, a fully-executed Memorandum of Understanding (MoU) between CEBHC, CSA, and the National Department of Health is in place for 3-years (reported in previous annual review report).
- 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 31st March 2019, during which the original 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 and 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 WHO.

READ-It current core areas of work are:

- Malaria treatment, malaria vector control, TB, and neglected tropical diseases (NTDs) led by CIDG.
- Nutrition in public health, diet, exercise, and the emerging obesity epidemic in children led by Cochrane Nutrition; and the Cochrane Public Health and Health Systems Network.
- Mental health in primary care led by Effective Practice and Organisation of Care (EPOC). However, as part of Cochrane’s restructuring and due to funding changes, the EPOC Review Group closed at the end of March 2023. All ongoing EPOC reviews have been handed over to Cochrane’s Central Editorial Service for management. EPOC Editors will continue to provide advice and support to the authors of these reviews, and to act as Contact and Sign-off editors, until a final decision on the publication of these reviews is taken. Other work linked to the EPOC Group, including methodological research and development for reviews, has been handed over to the new Cochrane Thematic Group on ‘Person-centred care, health systems and public health’.
- The science of QES methods, applications, and reviews in NTDs and TB led by CIDG.

Cochrane’s model and approach to conduct and deliver timely relevant reviews to inform policy is undergoing some changes over the coming few years (<https://futurecochrane.org/new-production-model-nav>). READ-It members are involved with the process with Taryn Young a member of the Advisory Group informing the Cochrane Scientific Strategy and other READ-It members involved with the Cochrane’s restructure of [Cochrane Thematic Groups](#). READ-It Partners lead two of the six Cochrane Thematic Group applications awarded to date by Cochrane, which were officially announced by Cochrane on 1st December 2022.

- [Nutrition and Physical Activity](#) (one of the group leaders is from [the SA team](#)); Celeste Naude notes: “Cochrane Nutrition and the CEBHC at Stellenbosch University (SU) in SA were one of four partnering groups in the successful application for establishing a Cochrane Nutrition and Physical Activity Thematic Group. Key stakeholders supported this application including the WHO’s Department of Nutrition and Food Safety. All partners are delighted by this outcome.”

- [People, Health Systems and Public Health](#) (one of the group leaders is from Cochrane EPOC); Simon Lewin notes “We are really pleased that our application for a Cochrane Thematic Group on ‘Person-centred care, health systems and public health’ has been successful. The Thematic Group, which brings together Cochrane Consumers and Communication, Cochrane EPOC, and Cochrane Public Health, aims to collaborate in providing leadership and expertise to support Cochrane’s production of priority syntheses on person-centred care, health, and public health systems and to help ensure that systems for health are more effective, equitable and accessible for all”.

The following **READ-It partnerships** are now established and continuing to work on their individual work plans. As READ-It is now in the final phase of the programme, we are not establishing any READ-It new partnerships. However, we do continue to develop new links with colleagues from global institutions. The below table is the latest READ-It partnership status on 30th September 2023:

Africa	Lead	South Africa	Stellenbosch University (SU) (Taryn Young), and
	Partners	South Africa	South African Medical Research Council (SAMRC) (joint with SU)
			Both SU and the SAMRC link to Cochrane Africa (thus Cochrane Nigeria, Cochrane Kenya, and Cochrane Cameroon) and the GRADE South Africa Network One of the leaders of the new Cochrane Nutrition and Physical Activity thematic group
Asia	Partners	India	Christian Medical College (CMC - National COVID-19 Clinical Treatment Guidelines)
Europe	Global lead	United Kingdom (UK)	Liverpool School of Tropical Medicine (LSTM) (Paul Garner; from 1 st August 2022 Ben Morton); READ-It Management office, and CIDG
	Partner	UK	EPPI-Centre, University College London (UCL)
	Collaborator	Norway	Effective Practice and Organisation of Care (EPOC) (Collaborator MoU) One of the leaders of the new Cochrane People, Health Systems and Public Health thematic group
¹ WHO – 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) Years 1-3: India, The Union International Union Against TB and Lung Disease (The Union) - South-East Asia Regional Office (only arranged a contact/work plan for Years 1-3) Years 2-3: Nepal, Birat Nepal Medical Trust (BNMT) (only arranged a contact/work plan for Years 2-3 with some continued activities undertaken in September 2022)			

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 UK Government related to the well-being of UK citizens. For example, our reviews are related to traveller health, plague, TB, and in COVID-19 public health and diagnostic areas, and methods development.

New relationships

Kenya

READ-It continues to support Eleanor Ochodo to 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 and Taryn Young. As previously reported, this support continues as the DFID/MRC African Leadership Grant is in place until 2024. The two PhD students supported through this grant have submitted their PhDs for examination. The most recent non-Cochrane systematic review published is Mulaku MN, Nyagol B, Owino EJ, Ochodo E, Young T, Steingart KR. [Factors contributing to pre-treatment loss to follow-up in adults with pulmonary tuberculosis: a qualitative evidence synthesis of patient and healthcare worker perspectives](#) in Global Health Action.

Furthermore, Eleanor's team have done some great work on evidence informed guideline development and Kenya's President recently launched Kenya EDL and the Kenyan teams work is acknowledged.



Cochrane Kenya (CK), which was officially registered in February 2021, with the Management Unit based at the Kenya Medical Research Institute, convened the Kenya Cochrane contributors' workshop in March 2023, attended by 65 participants. Cochrane Kenya will expand its reach and lead the East African Hub of Cochrane Africa.

India

A new fully executed contract/work plan is now in place with CMC (India) for Implementation Years 4 and 5 and the launch of the new CGD was held on 27th July 2023 and a workshop on systematic guideline and guideline development was held on 28th July 2023. READ-It partners from CIDG, UCL, SU, and SAMRC, and members of the Advisory Group attended the launch both virtually and in person with Rebecca Kuehn, Marty Chaplin, Vittoria Lutje, Paul Garner, and Sandy Oliver providing lectures on systematic review methodology from conception through to publication and on the importance of evidence-informed guidelines.

Management

The READ-It Management Team have established and continue regular communication and work together; a series of READ-It conference calls is scheduled every 2-weeks with rotating agendas to discuss a) READ-It Management Team issues, and b) READ-It review portfolio (agreed and potential titles) and dissemination issues (all READ-It Partners are invited to participate).

The READ-It Management Team established the READ-It Advisory Group, which provides oversight on partner plans, large ticket review priorities, and annual review reports. It is jointly chaired by Sally Green and Marion Kelly, and Paul Garner joined as from 1st August 2022. We aim to hold conference calls with the Advisory Group twice a year, with ad hoc conference calls to discuss any urgent issues, if required.

As previously reported, following Paul Garner's retirement on 31st July 2022, the READ-It management team ensured handover from the preceding Director (Paul Garner) to the current Director Taryn Young, with Dr Ben Morton taking on the role of Deputy Director, and Paula Waugh continuing in the role of Programme Manager. Dr Kerry Dwan joined LSTM in May 2023 as a Senior Lecturer in Evidence Synthesis and has been working closely with the READ-It team in Liverpool as well as joining various strategic planning meetings with READ-It management and partners.

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

Management of partner progress reports

This takes place every 6-months and includes a review and assessment feedback of all READ-It 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 READ-It 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, 2021, and 2022 submissions were completed and submitted in July 2020, July 2021, and September 2022 respectively. The READ-It Liverpool Management office are awaiting confirmation of the new platform to be used by FCDO from 2023.

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 quarterly financial reports 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. Partner advance payments are adjusted accordingly by READ-It, if the partner organisations are holding a credit balance and all details are included on the quarterly READ-It claims submitted to FCDO. All reporting expectations are included within the official LSTM and partner subcontracts. The READ-It Management team can request further support from the LSTM Research Management Services (RMS) office in relation to the due diligence expectation of all READ-It Partners, if required.

B: PERFORMANCE AND CONCLUSIONS

Annual impact assessment

Annual <u>impact</u> assessment	Annual target for 1 st October 2022 to 30 th September 2023 ³	Formal outcome reported for log frame Targets achieved for 1 st October 2022 to 30 th September 2023	Other impact assessment related work on track ⁴ at 30 th September 2023
<p>IMPACT: Improved health outcomes or health service efficiency through applying reliable evidence synthesis in LMICs</p> <p>Impact Indicator 1.</p> <p>Case studies of improved health outcomes or health services efficiency linked to adoption of policies or guidelines that we have influenced</p>	Annual target: 1	<p>Annual total target achieved: 2</p> <p>Ivermectin for preventing and treating COVID-19 review (second edition)</p> <p>Kenya EDL (2023)</p>	<p>Two impacts currently in progress:</p> <p>Nutrition group have a series of reviews that have impacted on public health through WHO Guideline recommendations, including the WHO Guideline on the use of low sodium salt substitutes (review presented by READ-It senior author at the launch event of the online public consultation: draft guideline on use of low-sodium salt substitutes); the WHO Guideline on School Food and Nutrition Policies (guideline meetings concluded and draft guideline being finalised www.who.int/news-room/events/detail/2021/03/08/default-calendar/third-meeting-of-the-who-nutrition-guidance-expert-advisory-group-subgroup-on-policy-actions)</p> <p>WHO guideline on the prevention and management of infant and child wasting (Guideline section on management published in July 2023 www.childwasting.org/normative-guidance; complete guideline to be published in November 2023)</p>
Cumulative log frame planned target by the end of the programme: 5		Cumulative log frame target achieved from 18 th May 2018 to 30 th September 2023: <u>7</u>	Delivered and exceeded planned target by 30 th September 2023

Impact assessment

Research Integrity

To date, Cochrane has not developed any systematic strategy to screen studies for fakery, although there is good anecdotal evidence this is a problem in some topic areas and trials. When the first edition of the [Ivermectin for preventing and treating COVID-19](#) review was published in July 2021, this was a problem, and fakery “sleuths” pointed out one included study may be fake. So, in the second edition of the [Ivermectin for preventing and treating COVID-19](#) review published in June 2022 (previously within a suite of COVID-19 reviews as a combined target), the review author team worked with the CIDG Co-ordinating Editor and Cochrane to develop an appraisal tool to identify possible fake studies, which would then be put in ‘awaiting assessment’ until study authors clarified the ambiguities. The [Research Synthesis Methods Journal](#) article is the first such practical screening tool, and we demonstrated it was usable, and the methods have subsequently been published.

Kenya Essential Diagnostic List

Kenya Essential Diagnostic List (KEDL) was published by the Ministry of Health, Kenya (2023). The methodology used for the development of this 1st KEDL Guideline was led by Eleanor Ochodo (Scientist at the Kenya Medical Research Institute-KEMRI) and Associate professor extraordinary at SU) and her evidence synthesis research team based at KEMRI-Centre for Global Health Research in Kisumu). They

³ Latest READ-It log frame (31st September 2023, version 2b)

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

worked in collaboration with Kenya's Ministry of Health (The National Public Health Laboratories and the Division of Health Products and Technologies) and the KEDL technical working group comprising diverse stakeholders in health.

Annual outcome assessment

Annual <u>outcome</u> assessment	Annual targets for 1 st October 2022 to 30 th September 2023	Formal outcome reported for log frame Targets achieved for 1 st October 2022 to 30 th September 2023	Other outcome assessment related work on track ⁵ at 30 th September 2023
<p>Outcome 1. New or amended global policies or guidelines relevant in the poor and vulnerable, including women: decisions are aided by READ-It outputs</p>	<p>Annual target:2</p>	<p>Annual total target achieved: 1 WHO wasting guideline Prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years READ-It has delivered and exceeded cumulative target planned for the end of the programme (reported in previous annual reports) Additional outcome assessment work is on track, see “in progress” column</p>	<p>Eight outcome assessments currently in progress: WHO Guideline on the use of Low sodium salt substitutes WHO Guideline on School Food and Nutrition Policies WHO guideline on the prevention and management of infant and child wasting WHO Treatment of cystic echinococcosis guidelines Global Diagnosis and Management of Brain Infections WHO mpox guidelines WHO malaria vector control guidelines WHO malaria treatment guidelines</p>
<p>Cumulative log frame planned target by the end of the programme: 7</p>		<p>Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: 13</p>	<p>Delivered and exceeded planned target by 30th September 2023</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>Annual target: 2</p>	<p>Annual total target achieved: 2 India COVID-19 guidelines of drug recommendations (updates) in Remdesivir, Ivermectin, Favipiravir, Tocilizumab, and Prophylactic vs Anticoagulation (this is classed as <u>one target</u>) COVID-19 National Guidelines Treatment in South Africa (SA). COVID-19 Department of Health Knowledge Hub</p>	<p>India COVID-19 guidelines of drug recommendations (updates): 5 updates published (see target column) and two in progress.</p>
<p>Cumulative log frame planned target by the end of the programme: 13</p>		<p>Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: 9</p>	<p>On track to deliver target by 30th September 2024</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>Annual target: 1</p>	<p>Annual total target exceeded: 2 WHO guideline Policies to protect children from the harmful impact of food marketing launched alongside WHO UNICEF implementation tool on mandatory policies to restrict food marketing children are exposed to. WHO wasting guideline Prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years</p>	<p>SA Essential Drug List for National Department of Health being informed by review signalling harm of morphine use in adults with acute pulmonary oedema.</p>

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

Cumulative log frame planned target by the end of the programme: 4		Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>3</u>	On track to deliver target by 30 th September 2024
Outcome 4. Case studies of READ-It leadership influencing national decision-making processes	Annual target: 1	Annual total target achieved: 1 Catalysing influential nutrition evidence synthesis and capacity building in LMICs	CIDG piloted “living guidelines” approach in 1998, contributed to updating policies and helped develop and implement “living guidelines” in COVID-19 reviews (<i>linked with latest guidelines work undertaken by CMC</i>)
Cumulative log frame planned target by the end of the programme: 5		Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>5</u>	Delivered planned target by 30 th September 2023

Overall outcome assessment

Informing policy

We have continued to be busy and productive with the established READ-It review portfolio, which continues to include some specific ongoing COVID-19 related reviews.

Outcome 1

One global guideline has been published, that has been **aided and influenced** by READ-It outputs informing the guidelines (*some also linked to Output 2.1 items*):

- [WHO guideline on the prevention and management of wasting and nutritional oedema \(acute malnutrition\) in infants and children under 5 years](#) includes a recommendation (B17) on identification and management of wasting and nutritional oedema by community health workers which was informed by the EPOC Cochrane Review [Lay health workers in primary and community health care for maternal and child health: identification and treatment of wasting in children](#), also see Outcome 3. An additional publication by members of the SA team on “The acceptability, feasibility and equity implications of interventions for the prevention of wasting in infants and young children: a rapid qualitative evidence synthesis” (registered with PROSPERO CRD42022351360) also informed the wasting guideline.

Eight global guidelines/policies are in progress to be published and all have been **aided and influenced** by READ-It outputs informing the guidelines.

Some detailed updates of global guidelines/policies in progress at 30th September 2023:

- Publication of the WHO ‘Guidelines for clinical management and infection prevention and control for mpox’ guidelines is in progress, having been delayed by WHO to the end of 2023. CIDG synthesized and presented evidence on two specific topics: infection prevention and control measures to reduce the transmission of mpox in community and healthcare settings; and therapeutics for treating mpox.
- The Cochrane Review on [Replacing salt with low-sodium salt substitutes \(LSS\) for cardiovascular health in adults, children and pregnant women](#) published in 2022, and presented at WHO guideline meeting in December 2021 informed the guideline on use of LSS. The draft guideline will be launched for public consultation on 31 March 2024.

In addition, other global guidelines/policies published in 2022-23 to-date and not reported at target level for the current period that READ has contributed to are:

- WHO malaria vector control guidelines are due to be updated and published by November 2023, which should include the [Topical repellents for malaria prevention](#) review and possibly other CIDG publications.
- [WHO malaria treatment guidelines](#), which was previously reported in Year 3 so not counted as a new target, the latest version available of 14 March 2023 (informed by 22 Cochrane Reviews) supersedes two previous WHO publications: the *Guidelines for the treatment of malaria, third edition* and the *Guidelines for malaria vector control*. Synopsis of updates to this version listed on

[page 2 of the WHO version updates document](#). CIDG is providing input on malaria treatment guidelines, in relation to tafenoquine for preventing relapse in people with *Plasmodium vivax* malaria, for an upcoming guideline development group meeting (November 2023) and WHO guidelines to be updated end 2023/early 2024.

- [The ARRIVE guidelines 2.0: Updated guidelines for reporting animal research](#) (published in July 2020; reported in Year 2) has had a massive impact on animal research findings and is associated with READ-It's work on MVA85A. The [PLOS biology publication](#) alone has been cited 2,204 times, the [British Journal of Pharmacology publication](#) 223 times, and [Journal of Cerebral Blood Flow and Metabolism publication](#) 3,779 times (source: Google Scholar).

Outcome 2

Two national guidelines/policies that have been published, that have been **aided and influenced by** READ-It outputs informing the guidelines (*some also linked to Output 2.2 items*):

- India COVID-19 guidelines: drug recommendations (updates) in [Remdesivir](#), [Ivermectin](#), [Favipiravir](#), [Tocilizumab](#), and [Prophylactic vs Anticoagulation](#) (this is classed as one target, two additional updates are currently in progress)⁶.
- COVID-19 National Guidelines Treatment in South Africa. [COVID-19 Department of Health Knowledge Hub](#).

In addition, other national guidelines/policies published in 2022-23 to-date and not reported at target level that READ-It has contributed to are:

- [Tuberculosis, Evidence-based clinical guideline](#) (January 2023)
- [BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022](#) (2022)
- [HIV Infection, Evidence-based clinical guideline](#) (November 2022)
- [Guideline on COVID-19 \(version 1.4 - Guideline M111\]](#) (October 2022)
- [S2k-Guideline: Home care, social participation and quality of life for people in need of outpatient care during the COVID-19 pandemic](#) (October 2022)
- [Rehabilitation - Living Guideline. \[S2k-Guideline: SARS-CoV-2, COVID-19 and \(early\) rehabilitation - Living Guideline](#) (November 2022)
- [ESCMID COVID-19 guidelines: diagnostic testing for SARS-CoV-2](#) (June 2022)
- [Utility and Applicability of Rapid Diagnostic Testing in Antimicrobial Stewardship in the Asia-Pacific Region: A Delphi Consensus](#) (June 2022)
- [S1-Guideline: diagnosis and treatment of Amebiasis](#) (May 2022)

The SA team continue to contribute to the COVID-19 National Treatment Guidelines in SA. The SA team started working on this within the 1st period of Implementation Year 2 and the work has continued to-date:

- <https://www.health.gov.za/covid-19-rapid-reviews/>
- [National Essential Medicines List Committee on COVID-19 Therapeutics Terms Of Reference \(health.gov.za\) National EML Committee on Covid-19 Therapeutics Terms Of Reference \(health.gov.za\)](#) (latest version 6: 15th September 2021)

Outcome 3

Evidence that bilateral, multilateral, UN, or global agency alter investment based on outcome 1 or 2:

- The WHO guideline on [Policies to protect children from the harmful impact of food marketing](#) published on 3rd July 2023. The guideline was launched alongside a WHO UNICEF tool to support country implementation of mandatory comprehensive policies to restrict the food marketing children are exposed to.
- The WHO wasting guideline [Prevention and management of wasting and nutritional oedema \(acute malnutrition\) in infants and children under 5 years](#) to which READ-It contributed 1 x QES and 1 x effectiveness SR that were used to inform recommendations, and Celeste Naude was lead methodologist for this guideline (from 2021 to 2023), supported by Michael McCaul. The [Eleanor Crook Foundation](#) has provided explicit funding aimed at facilitating uptake of this guideline into

⁶ The SA and India national guideline development work reported in a previous year as joint target in relation to input to COVID-19 national guidelines and was due to READ-It pivoting and being responsive to COVID-19 in that report.

national wasting treatment policies and [Irish Aid](#) has released funding to support a WHO consultant tasked with supporting implementation of these guidelines. Furthermore, a [position paper](#) from USAID on wasting focuses a lot on this guideline. Official launch of the guideline will be alongside the [global food security summit](#) on 20 November 2023 in London which is co-organised by the UK government, Gates Foundation and the Children's Investment Fund Foundation (CIFF). The launch event is being organised by WHO and the International Coalition for Advocacy on Nutrition (ICAN) UK, with support from The Global Nutrition Cluster Technical Alliance and Action Against Hunger UK.

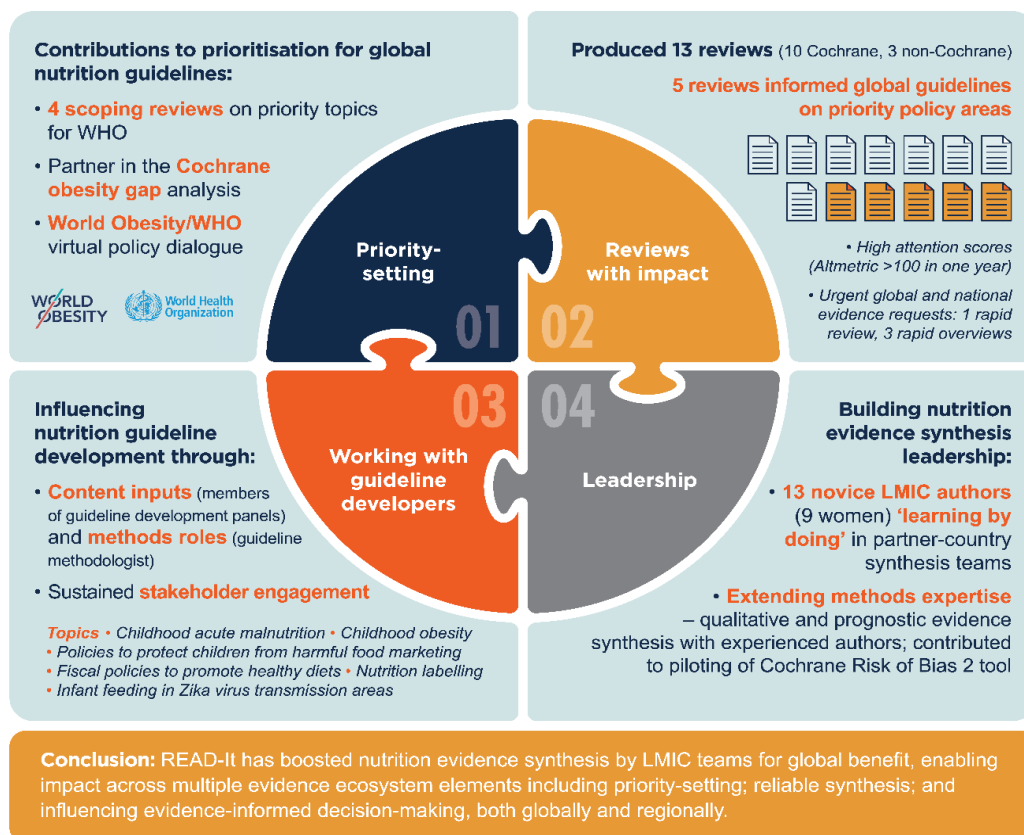
Also, in SA, READ-It team members serve as committee members and reviews influence the Essential Drug List (EDL) for the National Department of Health's (NDoH) Essential Medicines List (EML) tender process. A review conducted and published finding signal of harm in morphine use in adults with acute pulmonary oedema. These findings are being taken up in NDoH Standard Treatment Guidelines and CPGs and informing the EML.

Outcome 4

The following case study shows READ-It's leadership influencing national decision-making processes in the eco system. READ-It partners also reflect, relate, and review progress towards achieving specific outputs within their portfolio of activities. Recently the nutrition team described their progress and deliverables achieved over a 5-year period (poster below) – all made possible by FCDO support through READ-It.

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

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



This material is associated with the Research, Evidence and Development Initiative (READ-It). READ-It (project number 300342-104) is funded by UK aid from the UK government, however, the views expressed do not necessarily reflect the UK government's official policies.

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New specific topics under development (by 30th September 2023)

- **WHO Nutrition guidelines:** the SA team has prepared various reviews which are informing WHO guidelines:
 - a scoping review assessing the existing evidence based on School Food and Nutrition Policies was published as a [WHO publication](#). A systematic review on policies and/or interventions that influence the school food environment for improved nutrition and better health (WHO multiplier funds secured) was presented at the third meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) subgroup on policy actions (PROSPERO registration https://www.crd.york.ac.uk/prospéro/display_record.php?ID=CRD42020186265).

- findings of a 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) were presented at GDG meetings in December 2021 for a new WHO Guideline on the use of low sodium salt substitutes. The latest GDG meetings have been held and the draft guidelines prepared. The GDG launched the draft for public consultation in March 2023 [Online public consultation: draft guideline on use of low-sodium salt substitutes \(who.int\)](#) and final guidelines will be published after this process.
- **WHO Treatment of cystic echinococcosis guidelines:** the UK team (Rebecca Kuehn) has completed evidence syntheses related to PICO questions, a report of the values and preferences consultation, and GRADE tables for the treatment of cystic echinococcosis for the WHO GDG panel. Panel meetings have been held in 2022 and are ongoing in 2023 to address 10 PICO questions. The CMC team has provided methodological input for the GDG Evidence to Decision making process and formatting recommendations.
- **WHO Guideline to improve the out-of-home food environment:** the SA team (Solange Durão, Amanda Brand, and Marianne Visser supported a team in India (ICMR- National Institute of Epidemiology, Chennai) to produce a scoping review on menu labelling and portion size control to improve the out-of-home food environment for the WHO GDG. Submitted to WHO in February 2023.
- **WHO Guideline on the health effects of the consumption of tropical oils:** the SA team (Celeste Naude) is finalising a scoping review for WHO GDG in relation to health effects of tropical oil consumption.
- **Global guidelines on diagnosis and management of brain infections:** the CMC team is contributing methodological support to the guideline’s development process. In March 2023, a workshop was held to develop draft PICOs, followed by working group and methodologist meetings to finish the PICOs in July 2023, and a further working group meeting for adjunctive therapy in September 2023.
- **WHO mpox:** the UK team are involved in synthesizing evidence on interventions to prevent the transmission of mpox and on therapeutics for treating mpox; one GDG was held in December 2022 but due to new evidence emerging a further GDG is scheduled for October 2023 with updated evidence.
- **WHO malaria treatment:** the UK team is currently synthesizing evidence on the safety and efficacy of tafenoquine for preventing relapse of *Plasmodium vivax* malaria which will be presented to a Global Malaria Programme (GMP) GDG in November 2023 to develop a new guideline.

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 demonstrated how the READ-It organisation is flexible and responsive to changing needs from March 2020 onwards.
- The demand from host governments and from the 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.
- Cochrane is changing as the result of changes in the National Institute for Health and Care Research (NIHR) funding, and for the [key reasons outlined here](#). We are working closely with Cochrane Central Executive on this, while we retain our Cochrane Review Group status to September 2024. Our formal systems for separating editorial management from review development are well-established and align with handover of editorial processing to Central Editorial Service by March 2024. Cochrane’s new production model is outlined [here](#), and the first round of applications for [Evidence Synthesis Units](#) will open in mid-October 2023, and a second round of applications for [Thematic Groups](#) will probably open at end of quarter 1 of 2024.

Key lessons

We have direct influence on government policies where we have strong teams of READ-It Partners, including India (shown in extrapulmonary TB and COVID-19 guidance); in Kenya (with COVID-19 vaccine in pregnancy advice sought by government from Eleanor Ochodo); in Nepal (with nascent work on Vitamin A);

and in SA (with many routes through established links with provincial and national governments). The lesson is that national influence comes about with strong READ-It Partners in country.

Key actions

To work with established partners to develop government links and responsive mechanisms at national level to develop these outcomes.

Has the log frame been updated since the last review?

READ-It log frame agreed at the end of the Inception phase with a minor amendment made on 26th April 2019; and the latest amended version of 30th September 2023 (version 2b) has been updated to cover the no cost extension (AG Amendment No. 04/2023) to 30th September 2024.

Below is a standard statement for the Implementation year reports kept in for reference only:

Updated Annex 1a submitted to show the outcome and output targets achieved at 30th September 2023, and Annex 1b to show the details of the outcome levels 1-4 targets achieved at 30th September 2023.

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

Annual <u>output</u> indicators	Annual targets for 1st October 2022 to 30th September 2023	Output targets achieved for 1st October 2022 to 30th September 2023
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	Annual target: 4	Annual total target achieved: <u>10</u> (Cochrane Reviews: new 6, updated 2; and non-Cochrane systematic reviews 1, rapid reviews 1)
Cumulative log frame planned target by the end of the programme: 24	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>73</u>	Delivered and exceeded planned target by 30 th September 2023
1.2 Number of published methods that contribute towards improved review quality, efficiency, or uptake	Annual target: 2	Annual total target achieved: <u>2</u>
Cumulative log frame planned target by the end of the programme: 7	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>10</u>	Delivered and exceeded planned target by 30 th September 2023
In addition to the above indicator output targets: <i>A total of 18 systematic reviews published in total (Cochrane and other peer reviewed Non-Cochrane systematic reviews and rapid reviews). Note: this total includes the above reported 1.1 target figures</i>	No log frame target	Annual total: 18 (Cochrane Reviews: new 9, updated 4, non-Cochrane systematic reviews 4, rapid reviews 1)

Output Indicator 1.1 High-impact systematic reviews (Cochrane and non-Cochrane)

We have been working hard on delivering a series of reviews in progress and developed new topic areas for the remaining 18-months of the programme to 31st March 2024 which has now been extended to 30th September 2024 due to the no cost extension AG Amendment No. 4/2023. We have also published numerous other outputs including high-priority Cochrane Reviews (new and updated), other peer-reviewed systematic reviews, other peer reviewed publications, and Cochrane Protocols.

Full details of all publications are included in the relevant Annex 4 document (Publications, editorial data, and other monitoring information). The updated Annex 4 submitted with this report covers the period from 1st October 2022 to 30th September 2023.

We have continued working with Cochrane Central Executive on establishing priority reviews; and we work closely with the Test Evaluation Research Group at the University of Birmingham (UK) preparing and

updating diagnostic reviews. We have continued to be strategic in our approach to completing relevant Cochrane Reviews.

- Various Cochrane Reviews continue to be used in global and national guidelines and policies as detailed in Outcomes 1 and 2.
- The 2022 Journal Impact Factor (IF) for the Cochrane Database of Systematic Reviews is 8.4. The unofficial individual CIDG 2022 IF is 28.1. This is associated to READ-It due to the Cochrane Reviews published by Cochrane Reviews Group partners within READ-It, in particular the COVID-19 portfolio of Cochrane Reviews. This increase in IF justifies our strategy set some years ago to concentrate on only high-impact, timely reviews and updates. The 2023 IF will be released in August 2024.
- Cochrane Nutrition partnered with Cochrane Abdomen and Endocrine Network & Cochrane Public Health and Health Systems Network in the obesity gap analysis for prioritization of reviews project, working to identify gaps in the Cochrane Library, consult with stakeholders to prioritise these gaps, and narrow down the ‘top ten’ research priorities in the field of obesity that are the most important for stakeholders. [Project](#) is completed and manuscript under peer review at Obesity Reviews journal (Title: Obesity intervention evidence synthesis: Where are the gaps and which should we address first?)

High-impact Cochrane Reviews (new and updated)	
1st October 2022 to 31st March 2023	1st April to 30th September 2023
<p>COVID-19 Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection (updated Cochrane Review: Dinnes J, Sharma P, Berhane S, van Wyk SS, Nyaaba N, Domen J, Taylor M, Cunningham J, Davenport C, Dittrich S, Emperador D, Hooft L, Leeftang MMG, McInnes MDF, Spijker R, Verbakel JY, Takwoingi Y, Taylor-Phillips S, Van den Bruel A, Deeks JJ, July 2022*) <i>*Previously only reported as high-priority (mid-Year 4) but reclassified at 31st March 2023 as high-impact (Altmetric score > 700)</i></p>	<p>COVID-19 Plasmapheresis to remove amyloid fibrin(ogen) particles for treating the post-COVID-19 condition (new Cochrane Review: Fox T, Hunt BJ, Ariens RAS, Towers GJ, Lever R, Garner P, Kuehn R 2023, July 2023) <i>Also see the Cochrane Review within the below “Nutrition” subject section which is also related to COVID-19</i></p>
<p>Malaria House modifications for preventing malaria (updated Cochrane Review: Fox T, Furnival-Adams J, Chaplin M, Napier M, Olanga EA, October 2022)</p>	<p>Malaria Topical repellents for malaria prevention (new Cochrane Review: Gabaldón Figueira JC, Wagah MG, Adipo LB, Wanjiku C, Maia MF, August 2023)</p>
<p>Mpox Therapeutics for treating mpox in humans. (new Cochrane Review: Fox T, Gould S, Princy N, Rowland T, Lutje V, Kuehn R, March 2023)</p>	<p>Mpox -</p>
<p>Nutrition -</p>	<p>Nutrition Obesity as an independent risk factor for COVID-19 severity and mortality (new Cochrane Review 2023: Tadayon Najafabadi B, Rayner DG, Shokraee K, Shokraie K, Panahi P, Rastgou P, Seirafianpour F, Momeni Landi F, Alinia P, Parnianfard N, Hemmati N, Banivaheb B, Radmanesh R, Alvand S, Shahbazi P, Dehghanbanadaki H, Shaker E, Same K, Mohammadi E, Malik A, Srivastava A, Nejat P, Tamara A, Chi Y, Yuan Y, Hajizadeh N, Chan C, Zhen J, Tahapary D, Anderson L, Apatu E, Schoonees A, Naude CE, Thabane L, May 2023) Lay health workers in primary and community health care for maternal and child health: identification and treatment of wasting in children (new Cochrane Reviews: Papadopoulou E, Lim YC, Chin WY, Dwan K, Munabi-Babigumira S, Lewin S August 2023)</p>
<p>TB -</p>	<p>TB Rapid molecular tests for tuberculosis and tuberculosis drug resistance: a qualitative evidence synthesis of recipient and provider views (new Cochrane Review: Engel N, Ochodo EA, Karanja PW, Schmidt B-M, Janssen R, Steingart KR, Oliver S, April 2022*) <i>*Previously only reported as high-priority (mid-Year 4) but reclassified at 31st March 2023 as high-impact (Altmetric score > 100)</i></p>

High-impact non-Cochrane reviews

<p>1st October 2022 to 31st March 2023</p> <p>-</p>	<p>1st April to 30th September 2023</p> <p>Effects of policies or interventions that influence the school food environment on children’s health and non-health outcomes: a systematic review (Nutrition Reviews: Durão S, Wilkinson M, Davids EL, Gerritsen A, Kredo T, 30 May 2023)</p> <p>Signal of harm in morphine use in adults with acute pulmonary oedema: A rapid systematic review (South African Medical Journal: Hendrikse C, Ngah V, Kallon II, Thom G, LeongTD, Cohen K, McCaul M., August 2023)</p>
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Other high-priority Cochrane Reviews or non-Cochrane systematic reviews (not reported at target level)

- [Treatment of enteric fever \(typhoid and paratyphoid fever\) with cephalosporins](#) (new Cochrane Review: Kuehn R, Stoesser N, Eyre D, Darton TC, Basnyat B, Parry CM, November 2022)
- [Mosquito aquatic habitat modification and manipulation interventions to control malaria](#) (updated Cochrane Review: Martello E, Yogeswaran G, Reithinger R, Leonardi-Bee J, November 2022)
- [Antibody tests for identification of current and past infection with SARS-CoV-2](#) (updated Cochrane Review: Fox T, Geppert J, Dinnes J, Scandrett K, Bigio J, Sulis G, Hettiarachchi D, Mathangasinghe Y, Weeratunga P, Wickramasinghe D, Bergman H, Buckley BS, Probyn K, Sguassero Y, Davenport C, Cunningham J, Dittrich S, Emperador D, Hooft L, Leeftang MMG, McInnes MDF, Spijker R, Struyf T, Van den Bruel A, Verbakel JY, Takwoingi Y, Taylor-Phillips S, Deeks JJ, November 2022)
- [Safety of COVID-19 Pfizer-BioNtech \(BNT162b2\) mRNA vaccination in adolescents aged 12–17 years: A systematic review and meta-analysis](#) (review in Human Vaccines & Immunotherapeutics: Katoto PDMC, Brand AS, Byamungu LN, Tamuzi JL, Mahwire TC, Kitenge MK, Wiysonge CS, Gray G, November 2022)
- [Interventions to improve sanitation for preventing diarrhoea](#) (new Cochrane Review: Bauza V, Ye W, Liao J, Majorin F, Clasen T, January 2023)
- [Balanced crystalloid solutions versus 0.9% saline for treating acute diarrhoea and severe dehydration in children](#) (new Cochrane Review: Florez ID, Sierra J, Pérez-Gaxiola G, May 2023)
- [Patient adherence to tuberculosis treatment in the Indian subcontinent: systematic review and meta-synthesis of qualitative research](#) (BMJ Open: Shringarpure K, Gurumurthy M, Sagili KD, Taylor M, Garner P, Tonsing J, Rao R, Sachdev KS, May 2023)
- [Use of hospital services by patients with chronic conditions in sub-Saharan Africa: a systematic review and meta-analysis](#) (Bulletin of the World Health Organization: Spencer SA, Rylance J, Quint JK, Gordon SB, Dark P, Morton B, July 2023)

Full details of all publications are included in the updated Annex 4 documents (Publications, editorial data, and other monitoring information) as mentioned above. The Annex 4 documents 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.*

In addition, we wanted to highlight the following non-Cochrane systematic review that has been cited in Global News (Canada):

- [Suicide rates and suicidal behaviour in displaced people: A systematic review](#) (published in May 2022) has been cited in [Is this really the end: Asylum seekers in Canada struggle with suicidal thoughts](#) article (published October 2022).

The following Cochrane Review has been published which is associated with Dr Kerry Dwan, the new Senior Lecturer in Evidence Synthesis. It is not an official output of READ-It but is relevant to the topics covered by READ-It:

- [Lymphadenectomy or sentinel node biopsy for the management of endometrial cancer: a network meta-analysis](#) (new Cochrane Review: Moffatt J, Dwan K, Webster KE, Frost JA, Morrison J, September 2023).

Indicator 1.2 Published methods

Published methods papers that contribute towards improved review quality, efficiency, or uptake

- [Should all pregnant women take calcium supplements in Nepal? GRADE evidence to policy assessment](#) was published in Global Health Action (October 2022) which is a nice illustration of the evidence to decision-making process (BNMT and CIDG partners authored this review).
- [Air and surface sampling for monkeypox virus in a UK hospital: an observational study](#) paper was published in Lancet Microbe (Gould S, Atkinson B, Onianwa O, Spencer A, Furneaux J, Grieves J, Taylor C, Milligan I, Bennett A, Fletcher T, Dunning J, October 2022). The study data show contamination in isolation facilities and potential for suspension of monkeypox virus into the air during specific activities. Personal protective equipment (PPE) contamination was observed after clinical contact and changing of bedding. Contamination of hard surfaces in doffing areas supports the importance of cleaning protocols, PPE use, and doffing procedures.

Other peer reviewed published methods papers of interest (not reported at target level)

- [COVID-END Recommending, Synthesizing and Equity Working Groups. Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: results from the COVID-19 evidence network to support decision-making \(COVID-END\)](#) paper was published in the Journal of Clinical Epidemiology (McCaul M, Tovey D, Young T, Welch V, Dewidar O, Goetghebeur M, Kredo T, Tricco AC, Glover RE, Tufte J, Qaseem A, Ludovic R, Morgan RL, Vandvik PO, Florez ID, November 2022).
- [Narrative review: A health systems approach to critical care delivery in low-resource settings: a narrative review](#) (Intensive Care Med: Spencer SA, Adipa FE, Baker T, Crawford AM, Dark P, Dula D, Gordon SB, Hamilton DO, Huluka DK, Khalid K, Lakoh S, Limbani F, Rylance J, Sawe HR, Simiyu I, Waweru-Siika W, Worrall E, Morton B, July 2023)
- [Cluster-randomized controlled trials: a tutorial](#) (Cochrane Evidence Synthesis and Methods: Chaplin M, Dwan K, September 2023)

In addition, we wanted to highlight the following research methods publication that has been cited in the Annals of Internal Medicine journal:

- [When and how to update systematic reviews: consensus and checklist](#) (published in July 2016 within the previous DFID funded EHCRC programme) has been cited in the [Living, Rapid Reviews in a Rapidly Evolving World](#) article (published January 2023) which shows longevity and indirect impact of older publications related to updating of systematic reviews.

The following publications are associated with Dr Kerry Dwan, the new Senior Lecturer in Evidence Synthesis. They are not official outputs of READ-It but are relevant to the topics covered by READ-It:

- [Launching “methods and statistics tutorials”: A collection of resources for systematic reviewers](#) (Cochrane Evidence Synthesis and Methods: Editorial, Dwan, K and Richardson, R. June 2023, e12017)
- [Measuring dichotomous outcomes using risk ratios, odds ratios, and the risk difference: a tutorial](#) (Cochrane Evidence Synthesis and Methods: Tutorial, Richardson R, Dwan K, Kanellopoulou A, July 2023, 1:e12022)

Methods development

We continue to develop our capacity in qualitative evidence synthesis. We have embarked on research about how qualitative research and synthesis could improve guideline development.

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, Year 2 in May 2021, Year 2/Year 3 (period 1st October 2020 to 30th September 2021) in October 2021, and the latest for Year 3/Year 4 (period 1st October 2021 to 30th September 2022) in October 2022 and no issues raised, therefore, no issues to report.

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

Annual output indicators	Annual targets for 1 st October 2022 to 30 th September 2023	Output targets achieved for 1 st October 2022 to 30 th September 2023
2.1 Number of global guidelines or policies that cite READ-It outputs (linked to outcome 1)	Annual target: 2	Annual total target achieved: <u>2</u>
Cumulative log frame planned target by the end of the programme: 9	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>13</u>	Delivered and exceeded planned target by 30 th September 2023
2.2 Number of national guidelines or policies that cite READ-It outputs (linked to outcome 2)	Annual target: 2	Annual total target achieved: <u>1</u>
Cumulative log frame planned target by the end of the programme: 9	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>8</u>	On track to deliver target by 30 th September 2024
2.3 Sustained policy debate (national or international)	Annual target: 1	Annual total target achieved: <u>0</u>
Cumulative log frame planned target by the end of the programme: 5	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>3</u>	On track to deliver target by 30 th September 2024

Output Indicator 2.1 Global guidelines or policies

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

- [WHO Guidelines for malaria](#) (November 2022) cited 22 CIDG reviews. It is a compilation of existing WHO recommendations on malaria and supersedes two previous WHO publications: the [Guidelines for the treatment of malaria, third edition](#) and the [Guidelines for malaria vector control](#). It includes updated recommendations on malaria treatment, including two areas informed by recent CIDG reviews, namely the use of [artesunate + pyronaridine](#); and the use of one weekly course of [primaquine as anti-relapse treatment for Plasmodium vivax malaria](#).
- WHO wasting guideline on [Prevention and management of wasting and nutritional oedema \(acute malnutrition\) in infants and children under 5 years](#) includes a recommendation informed by the EPOC Cochrane Review [Lay health workers in primary and community health care for maternal and child health: identification and treatment of wasting in children](#).

The SA team are contributing to three WHO guidelines in nutrition: WHO Guideline on School Food and Nutrition Policies, WHO Guideline on the use of Low sodium salt substitutes, and WHO guideline on the prevention and management of infant and child wasting; see the “New specific topics under development (by 30th September 2023)” section within B: Performance and Conclusions for more information.

Also, in July 2023, the WHO launched [three updated guidelines](#) as part of updated guidelines on defining healthy diets. The three new guidelines are:

- Saturated fatty acid and trans-fatty acid intake for adults and children,
- Total fat intake for the prevention of unhealthy weight gain in adults and children,
- Carbohydrate intake for adults and children

These guidelines contain recommendations that aim to reduce the risk of unhealthy weight gain and diet-related noncommunicable diseases, such as type 2 diabetes, cardiovascular disease, and certain types of cancer. One of the [Cochrane Reviews](#) (July 2018) commissioned and used in the “Total fat intake for the prevention of unhealthy weight gain in adults and children” guideline was from the previous EHCRC grant which shows the long-term investment of Cochrane Review outputs.

In addition, READ-It also contributed to other global guidelines/policies as detailed in the section related to Outcome 1.

Output Indicator 2.2 National guidelines or policies

We contributed to the following national guidelines/policies as detailed below (linked to Outcome 2):

- [British Association of Sexual Health and HIV \(BASHH\) United Kingdom national guideline for the management of sexually transmitted enteric infections 2023](#) (August 2023), informed by the [Hand-washing promotion for preventing diarrhoea](#) Cochrane Review published in Year 2.

In addition, READ-It also contributed to other global guidelines/policies as detailed in the section related to Outcome 2.

Output Indicator 2.3 Sustained policy debate (national or global)

READ-It continue to be involved in sustained policy debates in relation to the above Outputs 2.1 and 2.2. Linked to the READ-It team serving as committee member of the Primary Health Care (PHC) Essential Drug List (EDL) for the National Department of Health’s (NDoH) Essential Medicines List (EML), a review was conducted and [published](#) finding signal of harm in morphine use in adults with acute pulmonary oedema. These findings are being taken up in NDoH Standard Treatment Guidelines and CPGs and informing the EML.

In addition, we would like to report on the following dialogue with WHO Egypt and EMRO Regional Office over the last 4 years on partnerships on evidence informed policy making have been friendly, seeking opportunities, but with nothing concrete emerging. However, in October 2022 the WHO approached Paul Garner (previous READ-It Director) to work with Arash Rashidian and CIDG Editor Nathan Ford to deliver a high-level Guideline Training Workshop to help policy development in Egypt. With over 70 participants over the 4-days, the workshop was deemed a success with the Minister for Health attending for 2-hours on the last day. This signified the launch of a national programme of guideline development in the country, and a model WHO want to use in the region.

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, Year 2 in May 2021, Year 2/Year 3 (period 1st October 2020 to 30th September 2021) in October 2021, and the latest for Year 3/Year 4 (period 1st October 2021 to 30th September 2022) in October 2022 and no issues raised, therefore, no issues to report.

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

Annual <u>output</u> indicators	Annual targets for 1 st October 2022 to 30 th September 2023	Output targets achieved for 1 st October 2022 to 30 th September 2023
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>	Annual target: 5	Annual total target achieved: <u>5</u> Total target achieved for 1.1: 4 Total target achieved 1.2: 1
Cumulative log frame planned target by the end of the programme: 19	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>29</u>	Delivered and exceeded planned target by 30 th September 2023
3.2 Number of READ-It Partners or Cochrane authors demonstrating global leadership through leading effective dissemination	Annual target: 2	Annual total target achieved: <u>1</u>
Cumulative log frame planned target by the end of the programme: 6	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>9</u>	Delivered and exceeded planned target by 30 th September 2023
3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful	Annual target: Independent evaluation report	Annual target achieved: <u>Independent evaluation report completed</u>
Cumulative log frame planned target by the end of the programme: Independent evaluation report completed	Cumulative log frame target achieved from 18th May 2018 to 30th September 2023: <u>1</u>	Delivered planned target by 30th September 2023

Output Indicator 3.1

High-impact systematic reviews (reported as output 1.1) with lead (first and last) author(s) from LMICs

- [House modifications for preventing malaria](#) (updated Cochrane Review: Fox T, Furnival-Adams J, Chaplin M, Napier M, [Olanga EA](#), October 2022)
- [Topical repellents for malaria prevention](#) (new Cochrane Review: Gabaldón Figueira JC, Wagah MG, Adipo LB, Wanjiku C, [Maia MF](#), August 2023)
- [Effects of policies or interventions that influence the school food environment on children's health and non-health outcomes: a systematic review](#) (Nutrition Reviews: Durão S, Wilkinson M, Davids EL, Gerritsen A, Kredo T, 30 May 2023)
- [Signal of harm in morphine use in adults with acute pulmonary oedema: A rapid systematic review](#) (South African Medical Journal: Hendrikse C, Ngah V, Kallon II, Thom G, LeongTD, Cohen K, McCaul M., August 2023)

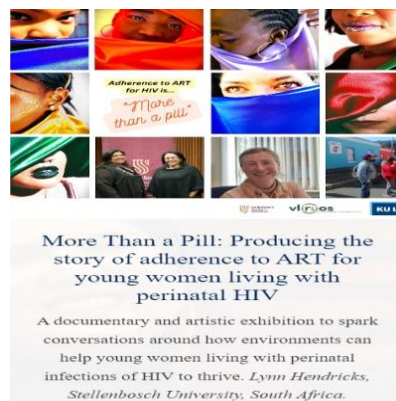
Methods papers (reported as output 1.2) with lead author(s) from LMIC's:

- [Should all pregnant women take calcium supplements in Nepal? GRADE evidence to policy assessment](#) (Global Health Action research paper: Pokhrel KN, Thapa S, Garner P, Caws M, Dhital R, Gurung SC, Fox T, Shrestha S, October 2022)

Output Indicator 3.2

READ-It Partners or Cochrane authors demonstrating global leadership through leading effective dissemination.

- Lynn Hendricks used innovative methods through Art and Film to communicate research findings and initiative conversations with those infected and affected by HIV and on lifelong antiretroviral therapy. She was nominated by a community member for the prestigious [Inclusive Health Research awards from Nature](#), was shortlisted and selected as one of 5 winners.



In addition, previously reported individuals have continued to demonstrate their leadership:

- Celeste Naude: methodologist role taken on with Michael McCaul (for 1 year) for the new guideline – Prevention and treatment of wasting in infants and children. Member and methodologist role on WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions (nutrition labelling policies, policies to restrict marketing to children and fiscal policies).
- Tamara Kredo: appointed National Tertiary Expert Review Committee, providing methods support on reviews to inform the EML in SA. Guideline methodologist WHO TB programme guidelines (Management of TB in children and adolescents) Launched on World TB Day, 21st March 2022. Introduced programmatically very impactful changes to care such as reducing treatment duration for children from six months to four months for children and adolescents with less severe disease and use of new agents such as bedaquiline that can minimize the need for injectable treatments for children. www.who.int/publications/i/item/9789240046832
- Eleanor Ochodo: is a methodologist for WHO regional and national guidelines; and collaborating with the MoH on developing the National EDL. The two PhD students supported through this grant have just submitted their PhDs for examination. Furthermore, Eleanor Ochodo's team have done some great work on evidence informed guideline development and Kenya's President recently launched the KEDL and the Kenyan teams work is acknowledged.

In addition, other authors are showing promise:

- Ameer Hohlfeld is a co-opted member of the Ministerially appointed National Paediatric Expert Review Committee, providing methods support on reviews to inform the EML in SA.
- Michael McCaul is co-opted member of the Ministerially appointed National Adult Expert Review Committee, providing methods support on reviews to inform the EML in SA.

Output Indicator 3.3

The READ-It Management Team commissioned [The SCL Agency](#) to undertake the evaluation of READ-It in response to log frame output indicator 3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful. The evaluation was completed between October and December 2022, and the READ-It Management Team received and agreed the final Evaluation report from The SCL Agency which was submitted to FCDO on 21st February 2023. The findings of the evaluation are detailed on page 24 of the evaluation report, and after reviewing the findings the READ-It Management Team have suggested that no further survey is required.

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, Year 2 in May 2021, Year 2/Year 3 (period 1st October 2020 to 30th September 2021) in October 2021, and the latest for Year 3/Year 4 (period 1st October 2021 to 30th September 2022) in October 2022 and no issues raised, therefore, no issues to report.

D: VALUE FOR MONEY & FINANCIAL PERFORMANCE

Key cost drivers and performance

This programme is a substantive contributor to Cochrane, and FCDO obtains a much higher return than if we were working independently. FCDO, the WHO, NGOs, and national governments also 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 main cost in the programme is staff time. This includes people doing Cochrane Reviews, people supervising, and people training; engagement in Cochrane development and in the uptake of evidence underpinned by Cochrane Reviews into health practice and policy; and in establishing governance across partners and responsive monitoring systems of outputs and impact.

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 cost driver is travel. We assure value for money by minimising travel as much as possible- not only flight costs, but the opportunity costs in terms of staff time with travel. As previously reported, international travel within Implementation Year 3 was not undertaken due to the continued restrictions with COVID-19. Now that travel restrictions are no longer in place, READ-It Partners will resume travel if required for justified READ-It related activities and outputs.

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

The READ-It budget for Implementation Year 4 is based on the original agreed budget. However, due to changes with some partners from the start of Implementation 4 (some not renewed, and one potential new partner not issued due to potential risks of delivering by March 2024), FCDO have been informed of a projected underspend by 31 March 2023.

As mentioned in previous annual reports, we introduced annual value for money judgement of partner outputs which continues from year to year. 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 (LSTM) has a strong financial monitoring and management system in place. The READ-It Management Team 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

As previously reported, the original READ-It Director (Paul Garner) retired on 31st July 2022 and any associated risks were actively managed. The current READ-It Management Team consists of Taryn Young (Director, SU), Ben Morton (Deputy Director, LSTM) and Paula Waugh (Programme Manager, LSTM). As previously mentioned, Dr Kerry Dwan who joined LSTM in May 2023 has been working closely with the READ-It team in Liverpool as well as READ-It management and partners.

The READ-It risk register was updated on 17th May 2023 (previous version was 31st May 2022) to cover the new management structure of the READ-It Management Team after Paul Garner's retirement in July 2022 which is provided as Annex 5 for the of Implementation Year 4. The risk register will be used throughout

the remainder of the READ-It 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 and all partner subcontracts are issued by the LSTM Contracts office in liaison with the LSTM RMS office who review and approve partner budgets and payment trigger milestones compiled by the READ-It Programme Manager. The Programme Manager and the LSTM RMS office assess the six-monthly partner financial reports; and the output performance of all partners is routinely monitored and assessed every six months by the READ-It Management Team with remedial action taken where required.

Processes have been rolled out to all partners to assure safeguarding. These are included in the updated LSTM due diligence questionnaire, which is circulated to all potential partners to complete and provide the necessary documents before LSTM subcontracts are issued.

Due diligence procedures are fully implemented, as mentioned above.

READ-It strives for inclusive partnerships and diversity. Aligned to this goal and in line with our institutional values, our decisions and actions are guided by the following values - inclusivity, compassion, respect, and equity. The values are an active part of how we engage with doing and using research.

Furthermore, related to disability, READ-It linked institutions have policies promoting diversity of people, inclusivity and creating an enabling environment for living, learning, and conducting research. Some institutions have dedicated Disability Units to coordinate support services for those with disabilities.

Outstanding actions from risk assessment

Reports submitted for the Inception phase in April 2019, Year 1 in July 2020, Year 2 in May 2021, Year 2/Year 3 (period 1st October 2020 to 30th September 2021) in October 2021, and the latest for Year 3/Year 4 (period 1st October 2021 to 30th September 2022) in October 2022 and no issues raised, therefore, no issues to report. There are no outstanding risks from the updated READ-It risk register as mentioned above and no issues raised, therefore, no issues to report.

F: COMMERCIAL CONSIDERATIONS

Delivery against planned timeframe

We are on track and delivering against the amended log frame targets (24 March 2023, version 2) as detailed in updated Annex 1a and Annex 1b to show the details of the outcome levels 1-4 targets achieved at 30th September 2023. This annual READ-It report covers the period from 1st October 2022 to 30th September 2023.

Performance of partnership(s)

All partners holding fully executed subcontracts have submitted their individual full-Year 3 and mid-Year 4 progress reports, the READ-It Management Team 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, if required.

Asset monitoring and control

The only items that will appear within the asset monitoring are desktop PCs as agreed with partners within their work plan and budget. To-date the only partner who purchased desktop PCs 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 desktop PCs, all Partners will provide full details of the purchase of any desk-top PCs 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, and latest details were provided in the Annex 3 for Implementation Year 3. The next updated Annex 3 for Implementation Year 4 is provided.

G: CONDITIONALITY

Update on partnership principles (if relevant)

READ-It strives for inclusive partnerships and diversity. Aligned to this goal and in line with our institutional values, as mentioned earlier, our decisions and actions are guided by the following values - inclusivity, compassion, respect, and equity. The values are an active part of how we engage with doing and using research.

Aid transparency

We have detailed annual budgets linked to work plan activities and deliverables with all individual partners. The READ-It Management Team assesses both the work plan and budgets prior to the arrangement and fully executed partner subcontracts, which includes input from the LSTM RMS office. All partner subcontracts have clear agreed payment trigger milestones, which include the submission of the six-monthly financial and progress reports. As mentioned above, on receipt of the six-monthly financial reports, these reports are assessed by the READ-It Programme Manager and LSTM RMS office; and if the first advance has been incurred in full (or mostly) for the reporting period, the second advance is agreed and arranged by LSTM Finance by bank transfer to the approved partner bank account.

READ-It submitted a special case for “advance” payments to LMIC partners at the start of the programme which FCDO agreed so it would allow LMIC partners to undertake the agreed programme of work. The first advance payment is arranged at the start of each implementation/financial year with the second advance payment made after the receipt and assessment of the six monthly financial and progress reports (as detailed above); and the final “actual” payment is made on receipt and assessment of the 12-month financial and progress reports and the outstanding expenditure balance incurred by 31st March/year. The partners do not hold any credit balances at the end of the financial year. Other non-LMIC based partners submit quarterly invoices based on actual costs plus the six monthly financial and progress reports which are assessed similar to the LMIC partners. Details are also reported within the “Financial management” sections of A: Introduction and Context and section D: Value for Money and Financial Performance.

H: MONITORING AND EVALUATION, EVIDENCE AND LEARNING

Evidence and evaluation

Our theory of change model is well established.

Monitoring process during the review period

As previously reported, during the Inception phase the READ-It Management Team were working with potential partners to arrange individual partner work plans and budgets for the official subcontracts. The workplans include the detailed deliverables partners agreed to achieve per log frame output.

Monitoring of programme activities, outputs, outcomes, and expenditure

Monitoring from Implementation Year 1 onwards continue to be every six-months for all partners and continue each year. Each progress report is 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, highlighting any risks, and advice or remedial action, if required. Field visits will be arranged to partner organisations when necessary.

The READ-It Management Team keep in regular contact with all partners by 1) arranging individual partner meetings (related to their individual work plans) as required, and 2) the READ-It review portfolio and dissemination meetings.

The READ-It Management Team have separate monthly meetings to discuss management and planning issues and meetings with the READ-It Advisory Group throughout the implementation years (at least twice a year).

The READ-It programme uses a well-established monitoring database capturing READ-It outputs including data related gender and geography of partners and individual authors (first and last).

Evaluation

As mentioned in Output 3.3, the READ-It Management Team commissioned [The SCL Agency](#) to undertake the evaluation of READ-It in response to log frame output indicator 3.3 READ-It input to LMIC teams working on evidence synthesis and translation is well received and broadly successful. Full details provided in Output 3.3.

Also see the earlier reported case study of the nutrition portfolio across the ecosystem which is reported in Outcome 4.

I: ADDITIONAL INFORMATION

Awards and new grants

- Co-funding secured from other funds: The SA partners were successful to secure funding from EDCTP for a project on Global evidence, local adaptation (GELA): Enhancing evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa. Through this 3-year (2022 – 2025) funding with over 3 million Euro funding, project partners are working with ministries of health in SA, Nigeria and Malawi to maximise the impact of research through increasing decision makers' and researchers' capacity to use global research to develop locally relevant CPGs for newborn and child health. Partners include SAMRC (lead), Norwegian Institute of Public Health, The Norwegian University of Science and Technology, Western Norway University of Applied Science, Stellenbosch University, Cochrane Nigeria at the University of Calabar Teaching Hospital, Kamuzu University of Health Sciences, Cochrane and the Stiftelsen MAGIC Evidence Ecosystem.
- Eleanor Ochodo was officially awarded the Kenneth Warren Prize in 2022 at the Cochrane Annual General Meeting on 17th October 2022 for her Cochrane diagnostic test accuracy review '[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](#)'. The [Kenneth Warren Prize](#) is awarded annually to a principal author, who is a national living in a LMIC, of a published Cochrane Review judged to be both of high methodological quality and relevant to health problems in LMIC countries.
- Taryn Young received the Chancellor's Award in December 2022 in recognition of her sustained excellence in research, in learning and teaching, and in social impact.
- Three CIDG Editors have been awarded Emeritus Cochrane Membership (Paul Garner) and Lifetime Cochrane Membership (Patricia Graves and Karen Steingart). for their extraordinary contributions to Cochrane.
- Lynn Hendricks (SA) was awarded [the Thomas C Chalmers Best Short Oral Presentation](#) for her session on 'The power of storyboarding as an analytical tool in QES: from review to fieldwork to dissemination'. The Thomas C Chalmers Award is given to an early career professional for a presentation that demonstrates originality of thought, high-quality science, relevance to the advancement of the science of systematic reviews, and clarity of presentation.

Other items of interest associated with READ-It

- Cochrane Lecture (30 November 2022): Professor James "Jimmy" Volmink (CEBHC) called for the adoption of global health equity as a strategic priority for Cochrane and explore ways this can be actioned through steps such as prioritising review topics, enabling participation and promoting diversity and inclusion.



2022 Cochrane Lecture with Jimmy Volmink - YouTube

- Cochrane Kenya hosted a contributor workshop in March 2023. Cochrane Kenya was officially registered in February 2021 and launched in June 2021 during the 11th KEMRI Annual Scientific and Health (KASH) Conference. Currently, Cochrane Kenya is housed under the Knowledge Management Unit at the Kenya Medical Research Institute. The Cochrane Kenya team has since made some strides into the implementation of the Cochrane mandates. Between 16th and 17th March 2023, Cochrane Kenya convened the Kenya Cochrane contributors' workshop, attended by 65 participants. The purpose of this two-day meeting was to create a sustainable network of Cochrane authors and contributors in Kenya to enhance coordination of evidence synthesis and evidence translation for use of research evidence to inform policy in healthcare. Cochrane Kenya will also now expand its reach and lead the East African Hub of Cochrane Africa.

The Kenya Cochrane contributors' workshop



- Members of READ-It (Management Team and international Partners) attended a catch-up meeting with FCDO colleagues at the FCDO headquarters on 7th September 2023 to showcase READ-it key achievements to-date, other programme work and outputs including Colloquium presentations, launch of the CMC CGD and the restructure of Cochrane.