IeDEA Global Standard Operating Procedures (SOPs)

Principles and procedures for IeDEA multiregional research collaborations

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These procedures outline the processes for proposing, engaging in, and disseminating results from research collaborations that involve the use of IeDEA multiregional data. *When proposed multiregional data use falls outside of these stated parameters, investigators are requested to contact the administrative contacts on page 1 for further clarification.*

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A. Background

The **International Epidemiology Databases to Evaluate AIDS (IeDEA)** is a global cohort consortium established in 2006 to develop seven regional data centers to gather, harmonize, and analyze data to address clinical and programmatic research questions in HIV/AIDS treatment and care (see www.iedea.org). This initiative is funded through 9 institutes, centers, and programs of the US National Institutes of Health (NIH): the National Institute of Allergy and Infectious Diseases (NIAID), the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), the National Cancer Institute (NCI), the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Fogarty International Center (FIC). The seven participating IeDEA regions (**Appendix 1**) are in the Asia-Pacific (IeDEA Asia-Pacific), the Caribbean, Central and South America (CCASAnet), North America (NA-ACCORD), and sub-Saharan Africa (Central Africa IeDEA; East Africa IeDEA; IeDEA Southern Africa, IeDEA West Africa). In collaboration with participating sites, each region is responsible for the development of a regional research agenda, the establishment of mechanisms for receiving and combining data from sites, verifying the quality of these data, harmonizing definitions of variables captured, as well as for the implementation of methods for analyzing cohort data and training on data collection, processing and cleaning.

Multiregional research activities are an integral part of IeDEA. These include the identification of research questions to be addressed with combined data sets from multiple regions and other potential external research collaborators, the definition of key information to be obtained across regions, the development of protocols for hypothesis testing, data collection, coding, merging, harmonization, and data analyses. Multiregional research is primarily conducted through the development, execution, and completion of multiregional research concepts.

B. Roles and Responsibilities Within IeDEA Global for Managing Multiregional Research Activities

Coordination and improvement of concept management standards is guided by the **Concept Sheet Management and Output Tracking team** at the University of Cape Town (Leads: Morna Cornell, morna.cornell@uct.ac.za; Amohelang Lehloa, LHLAMO001@myuct.ac.za), the Data Harmonization Working Group (co-Chairs: Beverly Musick, bsmusick@iu.edu; Stephany Duda, stephany.duda@vumc.org), the Harmonist project (Lead: Stephany Duda, stephany.duda@vumc.org), and the EC Administrative Core team (Lead: Aimee Freeman, afreeman@jhu.edu; Annette Sohn, EC Chair, annette.sohn@treatasia.org), in collaboration with the below groups (**Figure 1**).

B.1 Regional coordination and data centers and sites

The IeDEA regional coordination and data centers (RCDCs) are responsible for coordinating their region's participation in multiregional research collaborations through concept sheets or special projects (e.g., supplemental research, prospective cohort studies). Proposals for multiregional research in the form of analysis concept sheets or other documents are discussed in the context of associated working groups involved with their development, when appropriate, and formally submitted to the IeDEA Executive Committee (EC; see Section C.2) for consideration. Approval is at the EC level. The sites, according to regional procedures, will make their own decisions regarding participation in a given concept analysis or study.

Once a concept sheet or other research proposal is approved by the IeDEA EC and regional investigators, the RCDCs' responsibilities include, but are not limited to, the following:

- Confirming which site(s) within their region will contribute data to individual research activities;
- Identifying regional representatives to act as point people for the research activities, as requested by concept or project leads;
- Ensuring that sites contributing data to the analysis/study have complied with associated regulatory and ethics requirements of their institution(s) and the NIH, and locally maintaining copies of regulatory approval documents on file;
- Circulating scientific products (e.g., abstracts, presentations, manuscripts) to their affiliated and data-contributing sites, according to regional policies and practices, for the purposes of review and approval.
- Supplying the requested data elements, associated reviews, and approvals in a timely manner.
- When associated reports and other research products are developed, ensuring that the data submitted from their region have been properly interpreted and are accurately represented.

B.2 IeDEA Executive Committee

The IeDEA EC is composed of the Multiple Principal Investigators (MPI) of the seven IeDEA RCDCs and representatives of the NIH funding institutes and centers (ICs). The EC oversees the multiregional agenda of the consortium, including multiregional projects and administrative coordination between both internal and external partners/collaborators. In addition to coordination, the EC has the responsibility to:

- Review and approve multiregional concepts and other proposals, and associated scientific products;
- Track progress of multiregional research activities;
- Moderate disagreements related to multiregional research activities between investigators.

The EC elects a Chair who serves in this capacity for a minimum of two years, who is supported by a core team from multiple regions (e.g., administration and communications, NA-ACCORD; concept and website management, IeDEA Southern Africa; investigator meetings, East Africa IeDEA; data management, surveys, operations, Harmonist). The EC meets by conference call on a monthly basis, and at least one annual meeting. Meetings are coordinated by the Chair with support from the core teams, working group leads, and NIH representatives.

B.3 IeDEA Working Groups

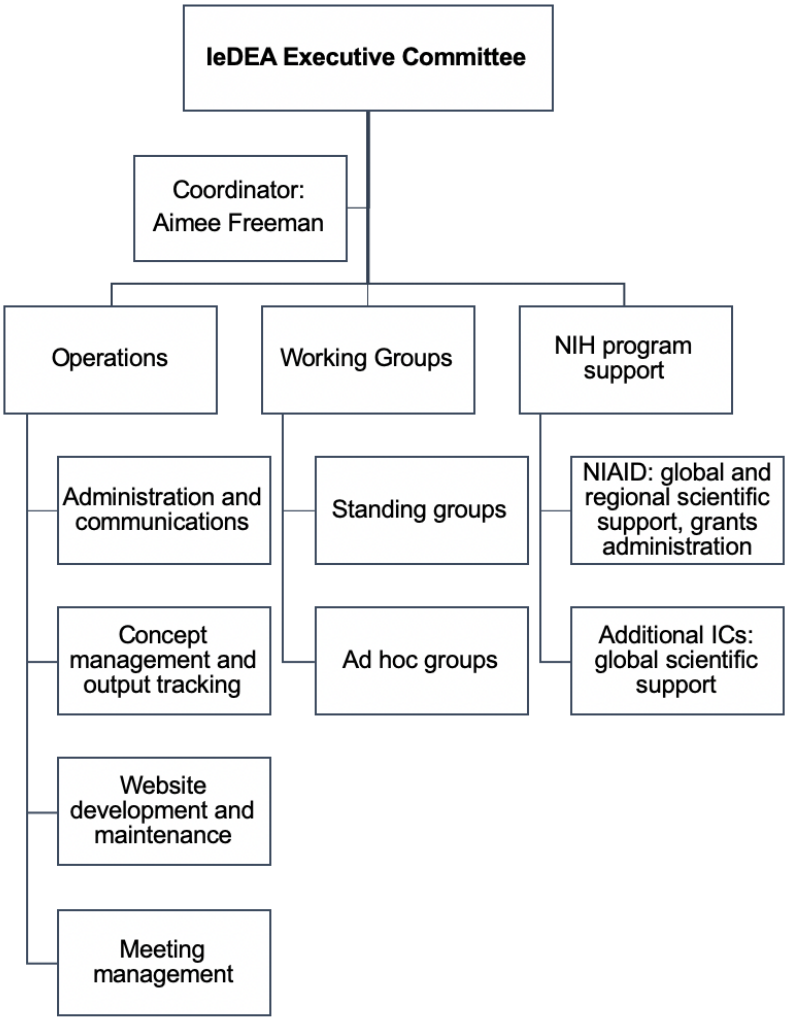
There are multiple Working Groups within the IeDEA consortium that maintain active memberships and meet on a regular basis, with additional ad hoc sub-group scientific and operational meetings.

They include:

- Adolescent and Young Adult Network of IeDEA (AYANI)
- Cancer
- Data Harmonization
- Fogarty-IeDEA Mentorship Program – Coordinators (FIMP)
- Fogarty-IeDEA Mentorship Program – Trainees (FIMP)

- Hepatitis
- Mental Health
- Mother and Infant
- Pediatrics
- Sentinel Research Network (SRN)
- Site Assessment
- Substance Use
- Strategic Data
- Tuberculosis and Lung Health
- Tuberculosis Sentinel Research Network (TB-SRN)

Figure 1. IeDEA organizational chart



Each Working Group is chaired by IeDEA investigators who coordinate regular Working Group conference calls and oversee IeDEA's scientific agenda around these topic areas. Working Group membership is generally limited to IeDEA investigators (e.g., representatives from

participating research sites, coordinating centers, data management and analysis centers), other investigators directly affiliated with IeDEA regional research, and NIH program staff. Multiregional research concepts may be generated from within the Working Groups. The EC or associated Working Group Chairs may ask one or more Working Groups to review a concept or scientific product of an analysis that includes their focus population (e.g., children, adolescents) or addresses their thematic area of interest (e.g., cancers). The Working Group review is intended to help assess feasibility and provide feedback for optimal design and implementation of the analysis, as well as consider the potential for overlap between concepts before submission for EC review (see Section C.2). Additional ad-hoc scientific groups may be formed on a temporary basis for specific projects. Information on IeDEA Working Groups and their leadership is available at https://www.iedea.org/working-groups/

C. Management of multiregional research projects - routine cohort data

Multiregional cohort database analyses will be managed through a concept-driven process. Concepts are required for research analyses and studies involving more than two of IeDEA's seven regions (i.e., three or more regions), regardless of study design (e.g., prospective cohort studies). This includes supplement-funded research studies and linked grants that directly use IeDEA data from more than two of IeDEA's seven regions. Concepts are optional for other IeDEA-related analyses and studies (i.e., involving two regions). Individual concepts for cohort database analyses and other studies will be reviewed and approved according to the below procedures and processes.

When proposed data use and research activities fall outside of the below parameters, investigators are requested to disuss with the EC Chair and administrative contacts for further clarification.

C.1 Management principles

A. Ownership of the regional cohort and other study-related data remains with the sites, as represented by the RCDCs, led by the regional MPIs. It is understood that the sites through their site leadership will determine if they will commit data to a multiregional analysis or other related activity, and that they will manage follow-up of associated research projects in collaboration with their own region's MPIs (e.g., data-sharing decisions, authorship).

B. Relevant concepts and protocols for multiregional cohort database analyses and other research projects must be reviewed and approved by the IeDEA EC in advance of any request for data.
    a. Additional Working Group reviews and approvals may be required, as appropriate (see below).

C. The review process seeks to ensure that proposed concepts and protocols are a) scientifically sound; b) methodologically viable; c) feasible within the limits of IeDEA global resources; and d) not duplicative of ongoing efforts.

D. All RCDCs have one vote each on any concept proposal submitted to the EC for approval, regardless of whether or not they were invited to contribute data or will choose to participate in the research in the future. RCDCs may formally abstain from voting.

E. An RCDC can choose whether or not to contribute data (by individual sites or the entire region) to a multiregional cohort database analysis or other research project to which they were proposed to join.

F. Data transferred from one RCDC to another data center or external partner for analysis of specific research concepts may only be used for that specific concept's analyses. Additional

permissions from the EC and the participating RCDCs are required for the use of the same dataset for a different concept.

G. Concepts initially approved for limited use (e.g., reporting to WHO, UNAIDS), must be revised and resubmitted for EC review should the concept leads want to proceed to develop a more complex analysis or a manuscript for publication.
H. **Only one manuscript may be produced for one multiregional research concept sheet ("one concept, one paper").** The development of additional manuscripts originating from a primary concept requires submission to the EC of a separate secondary concept for review and approval.
    a. Other multiregional research involving more than two IeDEA regions (e.g., supplemental studies, prospective cohort studies) are similarly subject to the "one concept, one paper" requirement.
I. Scientific products from multiregional concept analyses and other relevant research activities (e.g., abstracts, reports, manuscripts) require review and approval by the IeDEA EC before submission to a conference/workshop or journal, external presentation, or other form of distribution.
    a. A single concept may be associated with multiple abstracts.
    b. Posters and slide sets for oral presentations associated with previously approved abstracts should be reviewed by the EC and co-authors prior to presentation.
    c. Associated Working Groups are expected to review these products and presentations prior to or at the same time as the EC review.

C.2 Concept development and review steps

The process for concept development is outlined in **Figure 2.** Where there are questions about the concept management process, the narrative SOPs (this document) take precedence. Collaborations that involve more than two of IeDEA's seven regions (i.e., three or more regions) may be developed for the purposes of supplemental projects (e.g., hepatitis screening), research through linked grants that use IeDEA data, or to answer limited research questions (e.g., focusing on outcomes in the Americas). These projects should go through the standard review process as multiregional concepts

A. Concepts should be developed using the standard and current version of the IeDEA concept sheet template, available at https://www.iedea.org/resources/ (**Appendix 2**). Investigators are encouraged to work with regional data managers and the Data Harmonization Working Group during the concept drafting stage to facilitate the selection of variables that align with available multi-cohort data and application of the IeDEA Data Exchange Standard definitions, and to improve the efficiency of future data requests and transfer processes.
    a. Concepts associated with thematic or content-specific Working Groups (e.g., Pediatrics, Strategic Data) ***should be reviewed in their respective working group(s) with written (email) approval by Working Group Chair(s) prior to submission to the EC***.
    b. Concepts that are cross-cutting may be associated with more than one Working Group. The concept leads and the primary associated Working Group are responsible to determine whether additional review is indicated by secondary associated Working Group(s) and facilitate that process, with the support of the EC's Administrative Core.
    c. Concepts that involve new site surveys should also be reviewed by the Site Assessment Working Group (see section E).

   d. Concept lead regions are responsible for the overall scientific robustness, completeness, and linguistic clarity of the proposed multiregional concepts for routine cohort and prospective cohort analyses.

B. When ready for EC review, the concept should be uploaded to the IeDEA EC Hub at **http://bit.ly/iedeasubmit**. Additional information about the concept is requested via the Hub "survey" tool that will be used when soliciting subsequent feedback.
C. The Hub administrators and EC Chair will screen the submission for completeness and clarity. The concept may be sent back to the submitting investigators for interim revision(s).
D. Once cleared, the proposed concept will be distributed for EC review through the Hub, along with supporting details provided via the Hub submission process. The EC will provide feedback, engage in discussion, and determine if the proposal is appropriate. ***A targeted end date for review, comment, and voting will be set for approximately two calendar weeks after initial EC distribution***. Some concepts may be presented during the monthly EC conference call to allow for additional questions, clarifications, and discussion.
E. Regional MPIs are expected to engage with the submitting investigators through the Hub or directly (e.g., email, phone, videoconference) if there are substantial regional or individual concerns about the concept that prevent approval.
F. If approved, the Hub will send automatic notifications to the lead concept investigators and the IeDEA Concept Management Core at IeDEA Southern Africa. The lead investigators will submit the final version of the approved concept on the Hub. The Concept Management Core will assign a tracking number after the concept lead uploads the final version to the Hub, and track the progress from concept approval to conclusion or publication.
G. Following or simultaneous to the EC review process, the regional MPIs will distribute the concept to regional investigators for local decisions regarding participation, according to internal regional policies and practices. Each regional cohort will decide through its own established procedures whether they will contribute data to the research and recommend regional co-authors for that concept. This should be done within ***four weeks*** of concept approval by the EC.
   a. Specifically, the regional MPIs are responsible to communicate to the lead concept investigators and their RCDC data managers any additional details regarding regional approval and site/cohort participation that are needed for proceeding with the concept and associated data requests within ***four weeks*** of concept approval by the EC.
   b. Once regional co-authors have been designated, it is the responsibility of the concept leads to involve them in subsequent steps in the concept implementation process (e.g., data interpretation, manuscript development).
   c. Concept leads seeking to directly communicate with regional investigators **not** previously designated as co-authors should seek initial referral, guidance, and communications assistance from that region's leadership in advance.
H. In the case of submission of concepts determined by the EC to require additional modifications before they can move forward (e.g., overlapping objectives, unclear analytical methods), these processes may take longer, pending additional discussions.
I. Concepts that need to be substantially amended or revised to reflect major additions or changes in scientific aims or how data will be used for that project should go through additional review processes, which may vary by concept (e.g., review by a working group, regional MPIs, or full EC) and will be determined by the EC Chair and Administrative Core. Review deadlines will be adjusted, as appropriate.

   a. The EC has the discretion to shorten the concept review timeline for amended/revised concepts if changes are minor.

J. **If plans for more than one manuscript develop from an approved concept, each subsequent manuscript will require a separate concept, which will need to go through each of the concept review steps *prior* to the initiation of these secondary analyses.**

C.3 Multiregional protocol reviews

Study protocols associated with other research involving more than two IeDEA regions should be reviewed by the EC prior to local and regional IRB submission, with sufficient time provided for substantive feedback and discussion. When these studies are led by IeDEA Working Groups (e.g., AYANI, SRN, TB-SRN), it is expected that the protocol development process will be the primary responsibility of those Working Groups. The process for initiating EC review of study protocols is similar to the one outlined for concepts in section C.2. Study protocols should be uploaded to the IeDEA EC Hub at **http://bit.ly/iedeasubmit** and select the "Other" category in the Hub upload submission form.

C.4 Data requests

Following EC +/- Working Group and regional-level cohort approvals, the concept leads will develop formal data transfer requests using standard tools and templates in accordance with the IeDEA Data Exchange Standard (http://iedeades.org). For additional details, contact the Harmonist team at harmonist@vumc.org.

A. If the data analysis is taking place ***outside of IeDEA***, additional steps may be required before transfer can occur (see Section D, Collaboration with external partners).
B. Concept leads are required to work with the Data Harmonization Working Group on the data specifications for their concepts.
C. *Requests for non-patient data.* IeDEA collects information about participating sites, clinical management practices, national guidelines, and other operational information. Use of such data would need to be requested and specified in a standard multiregional concept sheet. Once approved by the EC and data-contributing regions, these data can be requested through the EC operational core, which will forward the request to the appropriate working group (e.g., Data Harmonization, Site Assessment, Strategic Data), as needed.
D. *Concepts not involving site- or patient-level data.* IeDEA working groups or investigators may work through the cohort consortium to develop concepts that do not require data per se (e.g., related to statistical methodology, the Data Exchange Standard). Such concepts may involve different types of internal approvals (e.g., by working groups and the EC, but not necessarily at the regional level) and authorship guidelines (e.g., authors outside of IeDEA and variable regional representation). It is advised that such concepts go through the standard review process to facilitate regional engagement and tracking, and avoid future confusion and overlap or duplication of effort.
   a. Concept leads seeking to directly communicate with regional investigators **not** previously designated as co-authors should seek initial referral, guidance, and communications assistance from that region's leadership in advance.

C.5 Concept Author Groups

A group of co-authors will be assembled for each approved concept. Concept leads are encouraged to identify these individuals in collaboration with the RCDCs of participating regions soon after concept approval, in order to engage them earlier in the analysis and research product development processes (e.g., abstracts, reports, and manuscripts) and facilitate the

receipt of regional-level feedback. When all individual co-authors cannot be named for a given research product (e.g., due to limits on author numbers), selection of named co-authors representing an IeDEA region will be in compliance with regional authorship guidelines. Unnamed co-authors would be acknowledged through a study group, collaborator group, or other mechanism appropriate to the conference, journal, or plaform (see C.8).

A. The concept lead investigators who submitted the approved concept will be the point people for that group, unless otherwise specified. The group will generally include at least one co-author who has been designated by each participating region.
B. The concept lead investigators have primary responsibility for completion of the analyses and preparation of related scientific products, as well as regular communications with the Concept Management Core, and associated Working Group and EC Chairs, as appropriate.
C. The concept lead investigators are responsible for providing regular progress updates to their co-authors, associated Working Group(s), the EC, and the Concept Management Core, and may be asked to provide updates directly to the EC.

C.6 Concept fast-track requests

In the event of a request for multiregional data or analysis outputs to inform model assumptions or for summary information for national or global reporting (e.g., by WHO, UNAIDS, national government partners), a fast-track process may be followed. The following criteria apply:

A. The request can be fulfilled through the use of an existing dataset that was created for a previously approved multiregional concept.
B. The RCDC responsible for the existing dataset is willing and able to provide the requested information.
    a. Potential considerations for the data center may include additional time required to manipulate data or conduct new analytical work.
C. The request is for aggregated information, not individual-level data.
D. The IeDEA data or analysis outputs are not the primary focus of the model, report, or study, nor require IeDEA data or analysis outputs in order to be completed.
E. IeDEA will be acknowledged in an appropriate way for its contribution(s) (see below).

Requests meeting all of these criteria may be submitted by email to the IeDEA Administrative Core point person who will be responsible to process the request (see below). Requests should be provided in the IeDEA Fast-track Request template available at https://www.iedea.org/resources/ (**Appendix 3**) and include the following:

1) The title of the project
2) The names and affiliations of the investigators involved in the project
3) A brief description of the aims and purpose of the project (1 paragraph)
4) A description of the summary data or analysis outputs that are requested
5) An explanation of how these data will be used in the project
6) Expected future outputs (e.g., journal publication, policy document, model structure)
7) Confirmation that all of the above fast-track criteria have been met.

The request will be screened by the IeDEA EC Chair prior to circulation to the IeDEA EC for review on the Hub. The IeDEA EC will be given **one week** (inclusive of holidays, weekends) during which to raise any concerns. If the responsible data center(s) or the IeDEA regional MPIs feel that the fast-track criteria are not met, they may recommend that a full concept sheet is submitted for further consideration.

IeDEA should be acknowledged for information provided through this fast-track process in a manner deemed appropriate by the data center(s) involved. If publication is anticipated, the data center(s) involved should review potential publications before these are published, and co-authorship may be explored.

Approved fast-track requests will be given tracking numbers by the Concept Management Core that are linked to the primary concept (e.g., “MR090-F1”).

C.7 Concept revisions

In the event that an approved concept needs to be modified in a way that does not require a separate fast-track request nor an additional separate concept, it may be submitted for EC review as a revision. The procedures for managing revisions are similar to those in C.2, except that proposed revisions should be submitted in tracked changes to the previously approved concept file.

Approved revision requests will be given tracking numbers by the Concept Management Core that are linked to the primary concept (e.g., “MR116-R1”).

C.8 Authorship

A. Authorship allocations by region and decisions about group authorship should be made prior to requests for review of research products (e.g., abstracts, reports, manuscripts), even if some co-authors are still to be named.
B. **Regional authorship determinations are under the authority of the regional MPIs. The IeDEA Executive Committee strongly encourages that investigators and other study team members at regional (in-country) clinical research sites are included as co-authors on all research products, within the allocations outlined below.**
C. Authorship slots are generally distributed between the concept’s lead region and data-contributing regions. To the extent possible, the concept's lead region should seek balanced representation across the participating regions. This may be based on levels of contribution to the analysis and abstract, the numbers of patients contributed to the analysis, and other factors.
    a. Authorship for prospective cohort studies is addressed in section D.
    b. Concept leads seeking to directly communicate with regional investigators **not** previously designated as co-authors should seek initial referral, guidance, and communications assistance from that region's leadership in advance.
D. Each data-contributing region is allocated up to **4 (four) authorship slots** for their investigators**.**
E. The concept’s lead region(s) is/are allocated up to **3 (three) additional slots** to represent the concept and biostatistical analysis leadership.
    a. When there is more than one lead region, these slots are divided between them, as determined by the lead regions.
F. For abstracts or manuscripts that have a restriction on the number of named/masthead authors, the priority would be (1) co-authors working directly on the analysis and drafting the manuscript; (2) co-authors from among regions that contribute data; (3) co-authors who are other IeDEA representatives.
G. If the authorship restriction results in a total number of authors that is less than what the Writing Group deems reasonably representative, the masthead may include the concept lead(s) and state “on behalf of IeDEA,” with the concept leads responsible for final selection of named co-authors.

H. The inclusion of co-authors should be determined in line with the Uniform Requirements issued by the International Committee of Medical Journal Editors (see http://www.icmje.org/). The ICMJE lists the below four criteria for authorship.
   a. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data, *and*
   b. Drafting the article or revising it critically for important intellectual content, *and*
   c. Final approval of the version to be published, *and*
   d. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

I. If the manuscript is published under group authorship, the co-authors should be listed in the appendix.

J. *All multiregional abstracts, manuscripts, and reports regardless of restrictions on the numbers of masthead authors must have one authorship slot for the consortium, such as "…on behalf of IeDEA."*

C.9 Acknowledgement of regional investigators and funding

A. ***All IeDEA funding grants for all data-contributing regions must be acknowledged and listed in submitted and final published manuscripts.*** This may include the funding grant for the Harmonist program as well. The most up to date version of the IeDEA global and regional acknowledgements is available at https://www.iedea.org/resources/funding-acknowledgements/.

B. Depending on the manuscript and the scope of the collaboration (e.g., within or beyond IeDEA), additional individuals may be named in the acknowledgements or an appendix (**Appendix 4**). This may be study-specific (e.g., prospective cohort study, routine cohort analysis), and concept leads can contact the Administrative Core for additional guidance.

D. Management of multiregional research projects - prospective cohort studies

The below procedures complement study protocols and management documents that are available on the IeDEA Hub

- SRN SOPs: version 5.0, 15 November 2021
- AYANI SOPs: version 1.0, 14 November 2022
- TB-SRN SOPs: version 1.0, 25 October 2022

D.1 Sentinel Research Network (SRN)

A. Background
   a. The IeDEA Sentinel Research Network (SRN) is a prospective cohort of the IeDEA global consortium, involving six participating regions (Asia-Pacific; CCASAnet; Central, East, Southern, and West Africa). The IeDEA-SRN was designed to prospectively capture, merge and analyze standardized data on non-communicable diseases (NCDs) and implement proof of concept studies focused on cardiovascular disease, liver disease, and alcohol and substance use in low- and middle-income countries. In collaboration with the Harmonist Team, the implementation of the SRN expands the IeDEA Data Exchange Standard (IeDEA-DES) to facilitate analysis of data drawn from across the IeDEA-SRN.

b. There are three sub-specific aims within the SRN cohort that correspond to scientific focus areas. The below are taken from the December 2021 global SRN protocol (version 6.2).
    1. To determine the prevalence, incidence and predictors of cardiometabolic disorders including diabetes mellitus, hypertension and dyslipidemia in people living with HIV (PLHIV) during a three-year follow-up period using standardized reporting tools.
    2. To characterize the onset, chronicity and severity of mental health and alcohol and substance use problems among older PLHIV over time as well as their influence on the HIV care continuum.
    3. To determine prevalence, incidence and progression over three years of liver enzyme (ALT/AST) elevation, noninvasive biomarkers of liver fibrosis (by APRI, FiB-4, Fibroscan) and liver steatosis (by CAP, Fatty Liver Index) as well as their associated factors.
c. The SRN study is implemented according to study-specific Standard Operating Procedures (latest version 5.0, 15 November 2021). *[these will be made available on the IeDEA Hub to registered users]*
d. The SRN's operational management is governed by IeDEA's global SOPs, which may be found at the consortium's website (https://www.iedea.org/resources/multiregional-research-sops-templates/).
e. SOPs for the SRN that complement the global SOPs are provided below.
f. Operational procedures that fall outside of the global and SRN-specific SOPs for the purposes of multiregional SRN research are subject to review and approval by the SRN Working Group, with oversight from the IeDEA EC.

B. SRN global management
    a. The SRN is led by the SRN Working Group, which provides scientific and operational coordination. The Working Group includes representatives from the six participating IeDEA regions, the Harmonist project, NIH program staff, and other IeDEA investigators and administrators. The SRN Working Group is Chaired by a regional investigator who has been approved for this role by the EC.
    b. The three scientific focus areas of the SRN have been divided into the following groups that are each co-led by two IeDEA regions.
        1) Cardiometabolic – East and Southern Africa
        2) Mental health and substance use – Asia-Pacific and Central Africa
        3) Liver disease – CCASAnet and West Africa

C. Management of multiregional SRN research projects
    a. SRN multiregional analyses will be managed through a concept-driven process.
        i. Individual regions may use their own SRN data for regional-level research or grant applications without prior approval by the SRN Working Group or the IeDEA EC.
    b. Concepts are to be developed within the scientific focus areas.
        i. For example, cardiometabolic concepts should be developed with East and Southern Africa prior to submission to the SRN Working Group.
        ii. Concepts with no associated scientific focus group will be reviewed within the main SRN Working Group and recommended for follow-up in a SRN scientific focus group, an appropriate IeDEA Working Group, or other review group.

c. Concepts that utilize data variables primarily associated with other scientific focus areas should be shared with those groups.
    i. For example, use of mental health and substance use screening test scores should be discussed with Asia-Pacific and Central Africa prior to submission to the SRN Working Group.
    ii. When there is overlap between concepts across SRN scientific focus areas (D.1.B.b above), the concept leads and the leads of those groups will discuss and come to a consensus around how to manage the overlap. In situations where this is not feasible, the SRN Working Group will request additional guidance from the EC.
d. Concepts are reviewed by the SRN Working Group prior to submission for EC review and approval. Both steps must take place in advance of any request for data.
    i. Additional IeDEA Working Group reviews may be required, as determined by the scientific focus area leads and the SRN Working Group Chair(s).
e. SRN data transferred from one regional data center to another data center for analysis of specific research concepts may only be used for that specific concept's analyses. Additional permissions from the SRN Working Group and the EC are required for the use of the same dataset for a different concept.
f. Only one manuscript may be produced for one SRN research concept sheet ("one concept, one paper"). The development of additional manuscripts originating from a primary concept requires submission to the SRN Working Group and the EC of a separate secondary concept for review and approval.
g. Scientific products from multiregional concept analyses and other relevant research activities (e.g., abstracts, reports, manuscripts) require review and approval by the SRN Working Group and the EC before submission to a conference/workshop or journal, external presentation, or other form of distribution.
h. Concepts should be developed using the standard and current version of the IeDEA concept sheet template, available at https://www.iedea.org/resources/. Investigators are encouraged to work with the SRN Working Group and regional data managers during the concept drafting stage to facilitate the selection of variables that align with available SRN data and application of the IeDEA Data Exchange Standard definitions. When ready for EC review, the concept should be submitted according to the instructions on the concept sheet template

D. Concept leadership groups
a. A concept leadership group will be assembled for each approved SRN concept, comprised of the primary concept leads and regional collaborators.
b. Naming collaborators on a concept does not automatically denote future authorship on associated research products. Regions may choose points of contact who help to coordinate regional participation, whether or not they will be co-authors.
c. Following EC approval of the concept, regional co-authors will be specified who will be part of the concept leadership group.
d. The primary concept leads who submitted the approved concept will be the point people for the leadership group, unless otherwise specified. The concept leads have primary responsibility for completion of the analyses and preparation of related scientific products, as well as regular communications with the SRN and any other associated Working Group(s), the EC, and other IeDEA concept

administrators.

D.2 Adolescent and Young Adult Network of IeDEA (AYANI)

A. Background
    a. The Adolescent and Young Adult Network of IeDEA (AYANI) is a prospective cohort of the IeDEA global consortium, involving six participating regions (Asia-Pacific; CCASAnet; Central, East, Southern, and West Africa). AYANI was designed to prospectively capture, merge and analyze standardized data related to social environment factors, mental health, key co-morbidities & conditions, and care transitions that shape and could impact HIV-related health outcomes of adolescents and young adults living with HIV. In collaboration with the Data Management Team at East Africa IeDEA and Indiana University, the implementation of AYANI expands the IeDEA Data Exchange Standard (IeDEA-DES) to facilitate analysis of adolescent and youth-specific data drawn from across AYANI.
    b. The primary objectives of AYANI are as follows.
        i. To describe care engagement patterns (retention, losses-to-follow up), transition indicators (self-care, socio-demographic data), viral suppression, and mortality among adolescents and young adults living with HIV.
        ii. To examine the correlates of key clinical and socio-demographic factors with retention and viral non-suppression among adolescents and young adults living with HIV.
    c. The AYANI study is implemented according to study-specific Standard Operating Procedures (Version 1, 14 November 2022) that are made available on the IeDEA Hub to registered users.
    e. AYANI's operational management is governed by IeDEA's global SOPs, which may be found at the consortium's website (https://www.iedea.org/resources/multiregional-research-sops-templates/).
    f. SOPs for AYANI that complement the global SOPs are provided below.
    g. Operational procedures that fall outside of the global and AYANI-specific SOPs for the purposes of multiregional AYANI research are subject to review and approval by the AYANI Working Group, with oversight from the IeDEA EC.

B. AYANI global management
    a. AYANI is led by the AYANI Working Group, which provides scientific and operational coordination. The Working Group includes representatives from the six participating IeDEA regions, the data management and analysis team, NIH program staff, and other IeDEA investigators and administrators. The AYANI Working Group is Chaired by a regional investigator who has been approved for this role by the EC.
    b. The AYANI Working Group is further managed by the IeDEA Global Pediatric Working Group.

C. Management of AYANI research projects
    a. AYANI multiregional analyses will be managed through a concept-driven process.
        i. Individual regions may use their own AYANI data for regional-level

research and grant applications without prior approval by the AYANI Working Group or the IeDEA EC.

b. Concepts are reviewed by the AYANI Working Group prior to submission for EC review and approval. Both steps must take place in advance of any request for data.
    i. Additional IeDEA Working Group reviews may be required, as determined by the AYANI Working Group Chair(s).
    ii. In most cases, AYANI concepts also are reviewed by the IeDEA Pediatric Working Group after AYANI working group review and approval.
c. AYANI data transferred from one regional data center to another data center for analysis of specific research concepts may only be used for that specific concept's analyses. Additional permissions from the AYANI Working Group and the EC are required for the use of the same dataset for a different concept.
d. Only one manuscript may be produced for one AYANI research concept sheet ("one concept, one paper"). The development of additional manuscripts originating from a primary concept requires submission to the AYANI Working Group and the EC of a separate secondary concept for review and approval.
e. Scientific products from multiregional concept analyses and other relevant research activities (e.g., abstracts, reports, manuscripts) require review and approval by the AYANI Working Group and the EC before submission to a conference/workshop or journal, external presentation, or other form of distribution.
f. Concepts should be developed using the standard and current version of the IeDEA concept sheet template, available at https://www.iedea.org/resources/. Investigators are encouraged to work with the AYANI Working Group and regional data managers during the concept drafting stage to facilitate the selection of variables that align with available AYANI data and application of the IeDEA Data Exchange Standard definitions. When ready for EC review, the concept should be submitted according to the instructions on the concept sheet template

D. Concept leadership groups
    a. A concept leadership group will be assembled for each approved AYANI concept, comprised of the primary concept leads and regional collaborators.
    b. Naming collaborators on a concept does not automatically denote future authorship on associated research products. Regions may choose points of contact who help to coordinate regional participation, whether or not they will be co-authors.
    c. Following EC approval of the concept, regional co-authors will be specified who will be part of the concept leadership group.
    d. The primary concept leads who submitted the approved concept will be the point people for the leadership group, unless otherwise specified. The concept leads have primary responsibility for completion of the analyses and preparation of related scientific products, as well as regular communications with the AYANI and any other associated Working Group(s), the EC, and other IeDEA concept administrators.

D.3 Tuberculosis Sentinel Research Network (TB-SRN)

A. Background

a. The IeDEA Tuberculosis Sentinel Research Network (TB-SRN) is a prospective cohort of the IeDEA global consortium, involving six participating regions (Asia-Pacific; CCASAnet; Central, East, Southern, and West Africa). The TB-SRN was designed to prospectively capture, merge and analyze standardized data to study pulmonary TB treatment and post-treatment outcomes among people with and without HIV at participating TB-SRN centers. In collaboration with the Harmonist Team, the implementation of the TB-SRN expands the IeDEA Data Exchange Standard (IeDEA-DES) to facilitate analysis of data drawn from across the TB-SRN.
b. There are three sub-specific aims within the TB-SRN cohort that correspond to scientific focus areas. The below are taken from the December 2021 global SRN protocol (version 6.2)].
    i. To collect and analyze clinical and treatment data among people treated for pulmonary TB with or without HIV-co-infection, in order to improve understanding of the prognosis of TB disease and its health-related outcomes, including quality of life and survival.
    ii. To assess the individual-level effects of HIV and antiretroviral therapy (ART) on TB symptomatology, diagnosis, treatment response, and survival. As part of this aim, investigators also will explore the effect of site-level TB and HIV management and integration of TB and HIV services on pulmonary TB treatment and longer-term outcomes.
    iii. To describe post-TB lung disease (PTLD) and associations with HIV infection, diabetes, chronic lung disease, and tobacco and alcohol use, including measuring physiologic, structural, and functional impairment, health-related quality of life, and survival.
c. The TB-SRN study is implemented according to study-specific Standard Operating Procedures (Version 1.0, 25 October 2022) that are made available on the IeDEA Hub to registered users. The global SOPs provide a broad framework for collaborative research; each site or region also may have local, specific SOPs.
d. The TB-SRN's operational management is governed by IeDEA's global SOPs, which may be found at the consortium's website (https://www.iedea.org/resources/multiregional-research-sops-templates/).
e. SOPs for the TB-SRN that complement the global SOPs are provided below.
f. Operational procedures that fall outside of the global and TB-SRN-specific SOPs for the purposes of multiregional TB-SRN research are subject to review and approval by the TB-SRN Working Group, with oversight from the IeDEA Executive Committee (EC).

B. TB-SRN global management
    a. The TB-SRN is led by the TB-SRN Working Group, which provides scientific and operational coordination. The Working Group includes representatives from the six participating IeDEA regions, the Harmonist project, NIH program staff, and other IeDEA investigators and administrators. The TB-SRN Working Group is Chaired by regional investigators who have been approved for this role by the EC.
    b. In addition to the TB-SRN Working Group, the TB-SRN has a core scientific group whose role is to make final scientific decisions. The core scientific group is composed of the lead investigators from the 6 TB-SRN regions and of the Harmonist PI.

c. The scientific work within the TB-SRN is organized along three focus areas that are each co-led by two IeDEA regions.
    i. TB treatment outcomes including recurrences and association with TB severity, drug resistant (DR)-TB, and HIV co-infection (West Africa and CCASAnet)
    ii. Early lung function impairment (LFI)/respiratory disorders in PTB and long term PTLD (East and Southern Africa)
    iii. Impact of mental health, psychosocial factors, and developmental or life stage (youth, pregnancy/post-partum) on TB outcomes (Central Africa and Asia-Pacific)

C. Management of TB-SRN research projects
    a. TB-SRN multiregional analyses will be managed through a concept-driven process.
        i. Individual regions may use their own TB-SRN data for regional-level research and grant applications without prior approval by the TB-SRN Working Group or the IeDEA EC.
    b. Concepts are to be developed within the scientific focus areas.
        i. For example, early LFI and PTLD (focus area ii) concepts would be developed between the East Africa and Southern Africa regions prior to submission to the TB-SRN Working Group.
        ii. Concepts with no associated scientific focus group will be reviewed within the main TB-SRN Working Group and recommended for follow-up in a TB-SRN ad hoc scientific focus group, an appropriate IeDEA Working Group, or other review group.
    c. Concepts that utilize data variables primarily associated with other scientific focus areas should be shared with those groups.
        i. For example, use of TB molecular tests Xpert MTB/RIF data should be discussed with the West Africa and CCASAnet, and concepts targeting long-term pulmonary impairment and TB sequellae should be discussed with East Africa and South Africa prior to submission to the TB-SRN Working Group, and preferably during the concept development stage.
    d. Concepts are reviewed by the TB-SRN Working Group prior to submission for EC review and approval. Concept submission to the EC is approved by the TB-SRN core scientific group after discussion within the TB-SRN and other relevant working groups. All steps must take place in advance of any request for data.
        i. Additional IeDEA Working Group reviews may be required, as determined by the scientific focus area leads and the TB-SRN Working Group Chairs.
    e. TB-SRN data transferred from one regional data center to another data center for analysis of specific research concepts may only be used for that specific concept's analyses. Additional permissions from the TB-SRN Working Group and the EC are required for the use of the same dataset for a different concept.
    f. Only one manuscript may be produced for one TB-SRN research concept sheet ("one concept, one paper"). The development of additional manuscripts originating from a primary concept requires submission to the TB-SRN Working Group and the EC of a separate secondary concept for review and approval.
    g. Scientific products from multiregional concept analyses and other relevant research activities (e.g., abstracts, reports, manuscripts) require review and approval by the TB-SRN Working Group and the EC before submission to a

conference/workshop or journal, external presentation, or other form of distribution.

h. Concepts should be developed using the standard and current version of the IeDEA concept sheet template, available at https://www.iedea.org/resources/. Investigators are encouraged to work with the TB-SRN Working Group and regional data managers during the concept drafting stage to facilitate the selection of variables that align with available TB-SRN data and application of the IeDEA Data Exchange Standard definitions. When ready for EC review, the concept should be submitted according to the instructions on the concept sheet template

D. Concept leadership groups
   a. A concept leadership group will be assembled for each approved TB-SRN concept, comprised of the primary concept leads and regional collaborators.
   b. Naming collaborators on a concept does not automatically denote future authorship on associated research products. Regions may choose points of contact who help to coordinate regional participation, whether or not they will be co-authors.
   c. Following EC approval of the concept, regional co-authors will be specified who will be part of the concept leadership group.
   d. The primary concept leads who submitted the approved concept will be the point people for the leadership group, unless otherwise specified. The concept leads have primary responsibility for completion of the analyses and preparation of related scientific products, as well as regular communications with the TB-SRN and any associated Working Group(s), the EC, and other IeDEA concept administrators.

D.4 Multiregional concept and research project authorship for prospective cohort studies

A. Authorship allocations by regions and decisions about group authorship should be made prior to requests for review of research products (e.g., abstracts, reports, manuscripts).

B. Regional authorship determinations are under the authority of the regional MPIs. The IeDEA Executive Committee strongly encourages that investigators and other study team members at regional (in-country) clinical research sites are included as co-authors on all research products, within the allocations outlined below.

   a. The inclusion of co-authors should be determined in line with the Uniform Requirements issued by the International Committee of Medical Journal Editors (ICMJE; see http://www.icmje.org/). The ICMJE lists the below four criteria for authorship.
      i. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data, *and*
      ii. Drafting the article or revising it critically for important intellectual content, *and*
      iii. Final approval of the version to be published, *and*
      iv. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

C. Authorship slots are distributed between the concept's lead region and data-contributing regions.
    a. For **all prospective cohort studies**, each data-contributing region is allocated up to **4 (four) authorship slots** for their investigators**.**
    b. For the **SRN and the TB-SRN**, the concept's lead region(s) is/are allocated up to **3 (three) <u>additional</u> slots** to represent the concept and biostatistical analysis leadership.
        i. When there is more than one lead region, these slots are divided between them, as determined by the lead regions.
    c. For **SRN and TB-SRN** data management support, the Harmonist team is allocated **1 (one) slot**.
    d. For **AYANI**, the concept's lead region is allocated up to **2 (two) <u>additional</u> slots** to represent the concept leadership.
        i. When there is more than one lead region, these slots are divided between them, as determined by the lead regions.
    e. For **AYANI** data management support, the global data management team at Indiana University/East Africa IeDEA is allocated up to **2 (two) slots** for data management and biostatistical analysis leadership when analyses are conducted by the global data management team, and **1 (one) slot** when the analyses are conducted by participating regions. No additional authorship slots are provided to regions that conduct their own AYANI analyses.
    f. Special circumstances for optional additional authorship slots (all prospective cohort studies)
        i. Up to **1 (one) slot** may be provided to the protocol or Working Group Chair(s), with the approval of the concept leadership, co-authors, and/or the Working Group Chair(s).
        ii. Up to **2 (two) slots** may be added for technical/content experts involved with the concept, with the approval of the respective Working Group Chair(s).
    g. For research products that have a restriction on the number of masthead authors, authorship priority for those already identified as co-authors would be:
        (1) IeDEA investigators working directly on the analysis and drafting the manuscript;
        (2) IeDEA investigators from among regions that contribute data;
        (3) other IeDEA-related individuals who are not in groups 1 and 2;
        (4) non-IeDEA technical/content experts who would otherwise have been allocated authorship slots.
        i. The concept leads will reduce the allocations under the guidance of the respective Working Group Chair(s).
        ii. This may be based on levels of contribution to the analysis and abstract, the numbers of patients contributed to the analysis, and other factors.
        iii. If the authorship restriction results in a total number of authors that is less than what the concept leads deem reasonably representative, group authorship may be implemented.
            1. For group authorship the masthead may include the concept lead(s) with "on behalf of IeDEA."
            2. The co-authors not named on the masthead would be included in a writing group list in the acknowledgements.

D. ***All multiregional abstracts, manuscripts, presentations, reports, and other research products, regardless of restrictions on the numbers of masthead authors, must have one authorship slot for the consortium, such as "…on behalf of IeDEA" or "on behalf of the IeDEA consortium."***

E. For publications, there may be options for lists of individuals to be 1) acknowledged for their contributions to the prospective cohort studies and 2) named as part of collaborator groups which can be indexed in PubMed and other platforms.
   - ***a. For this version of the interim SOPs, the composition of the acknowledgements lists is up to the SRN, AYANI, and TB-SRN Working Group Chairs. This will be revisited in a future revision of the SOPs.***
   - b. For collaborator group lists that are intended to be used for indexing in PubMed, depending on the journal, each prospective cohort study may compile their respective lists (by name, institution, country).
   - c. For the collaborator group lists, each data-contributing site for the prospective cohort study would be eligible to provide up to **4 (four) names** of individuals to be acknowledged as collaborators.
   - d. Each ***region*** would be eligible to provide up to **4 (four) names** of individuals from their coordinating and data center(s) to be acknowledged as collaborators.
   - e. For the SRN and TB-SRN, Harmonist would be eligible to provide up to **4 (four) names** of individuals to be acknowledged as collaborators.
   - f. For AYANI, the data management and analysis team at East Africa IeDEA would be eligible to provide up to **4 (four) names** of individuals to be acknowledged as collaborators.
   - g. The protocol/Working Group Chairs would be eligible to include their names to be acknowledged as collaborators.
   - h. Collaborator lists are not subject to change for different manuscripts. They would be posted on the iedea.org website. Updates will be made 1-2 times per year to reflect when investigators transition in or out of the study (in keeping with the above limits).
   - i. Being a named co-author would not impact collaborator lists (i.e., co-authors can be collaborators).

F. ***All IeDEA (U01) grants for all data-contributing regions must be acknowledged and listed in submitted and final published manuscripts.*** This may include the funding grant for the Harmonist program as well. The most up to date version of the IeDEA global and regional funding information and investigator acknowledgements is available at https://iedea.org/resources/funding-acknowledgements/.

Box 1: Example of authorship for an SRN manuscript

- Lead region: West Africa
- Participating regions: All 6 IeDEA SRN regions
  - Asia-Pacific-AP; Central Africa-CA; CCASAnet-CC; East Africa-EA; Southern Africa-SA; West Africa-WA

- Total authorship slots: 3 WA leads, 4 each for 6 SRN regions (n=24), 1 Harmonist, 1 approved external technical expert* = 29 on behalf of IeDEA

*co-author for special circumstances, see above.

Possible order:

WA **lead** 1, WA **lead** 2, AP 1*, CA 1, CC 1, EA 1, SA 1, WA 1, Harmonist 1**, AP 2, CA 2, CC 2, EA 2, SA 2, WA 2, AP 3, CA 3, CC 3, EA 3, SA 3, WA 3, AP 4, CA 4, CC 4, EA 4, SA 4, WA 4, external technical expert**, WA **lead** 3, on behalf of IeDEA

*Regional order may be determined on the basis of contributions to the concept development, analysis, writing, data contribution, and other factors; the regional order may vary for the first, second, and third rounds. Author order is to be determined and proposed by the lead region, and approved by the participating regions.

**Positions may vary in the order, depending on the level of contributions, but are not anticipated to appear before the first round of regional co-authors (e.g., AP 1, CA 1...).

Box 2: Example of authorship for an AYANI manuscript

- Lead region: East Africa
- Data management and analysis: East Africa - Indiana University data team
- Participating regions: All 6 IeDEA AYANI regions
    - Asia-Pacific-AP; Central Africa-CA; CCASAnet-CC; East Africa-EA; Southern Africa-SA; West Africa-WA

- Total authorship slots: 2 EA leads, 4 each for 6 AYANI regions (n=24), 2 data management and analysis team at EA-Indiana University, 1 protocol Chair* = 29 on behalf of IeDEA

*co-author for special circumstances, see above.

Possible order:

EA **lead** 1, AP 1*, CA 1, CC 1, EA 1, SA 1, WA 1, EA data team 1**, AP 2, CA 2, CC 2, EA 2, SA 2, WA 2, AP 3, CA 3, CC 3, EA 3, SA 3, WA 3, AP 4, CA 4, CC 4, EA 4, SA 4, WA 4, EA data team 2**, protocol Chair**, EA **lead** 2, on behalf of IeDEA

*Regional order may be determined on the basis of contributions to the concept development, analysis, writing, data contribution, and other factors; the regional order may vary for the first, second, and third rounds. Author order is to be determined and proposed by the lead region, and approved by the participating regions.

**Positions may vary in the order, depending on the level of contributions, but are not anticipated to appear before the first round of regional co-authors (e.g., AP 1, CA 1...).

E. Management of multiregional research projects – site surveys and other site-level data collection

E.1 Overview

IeDEA undertakes periodic surveys among sites that are actively participating in the consortium. These site surveys range from the general IeDEA-wide Site Assessment, which is conducted every 2 to 3 years among active IeDEA sites, to focused surveys on specific patient populations (e.g., pediatrics, pregnant and lactating women, etc.) or areas pertaining to the delivery of specific services (e.g., treatment for mental health and/or substance use disorders, TB, cancers, etc.). Participation by all IeDEA regions in the IeDEA-wide Site Assessment is expected and stipulated by NIH in the IeDEA request for applications (RFA), but regions may choose to participate in additional site surveys to explore different questions that arise among IeDEA sites.

Site surveys may be developed through the Site Assessment Working Group or through any of the core Working Groups within the IeDEA consortium (see section B.3) for surveys targeting sites from more than two regions. Site surveys involving more than two regions require an associated multiregional concept proposal approved by the EC prior to being circulated to participating sites. This review process helps to minimize unnecessary duplication of efforts, limit burdensome, simultaneous requests of IeDEA sites, and help ensure that efforts expended on primary data collection yield high-quality data that is usable in multiregional analyses and publishable. The review process is coordinated by the EC Chair and the Administrative Core.

E.2 IeDEA-wide General Site Assessment surveys

General site assessment surveys are developed by the Site Assessment Working Group (SAWG) to gather timely and relevant site level data using a concept driven approach, with priority given to (1) ensuring the quality, accuracy, scientific integrity and utility of the data collected and (2) facilitating longitudinal analyses of the capacity and services provided at sites across the IeDEA network. For each general Site Assessment survey, an umbrella concept using the standard multiregional concept proposal template and final version of the site assessment questionnaire will be submitted for EC review. Linked concept proposals will be submitted for new survey content and/or content related to specialized services (e.g., TB, maternal and child health, mental health conditions, substance use disorders, etc.) provided to patients enrolled in HIV care. Standard multiregional concept review processes (see section C.2) will be followed. Key principles guiding the development of content for the general site assessment surveys include the below.

A. Giving priority to questions that cannot be answered through other means. Questions that can be addressed through other approaches (e.g., analyses of regional datasets to ascertain the numbers of patients in care or with specific comorbidities or policy and guideline reviews to ascertain standards of care) are discouraged. Site surveys should not endeavor to collect or have respondents estimate or aggregate patient-level or laboratory test data (e.g., proportion testing positive in a given month, etc.).
B. Giving priority to questions exploring capacity and service delivery attributes, as well as routine practices and implementation outcomes, rather than questions that explore clinical management protocols.
C. Giving priority to questions that can be readily and reliably addressed by general clinical personnel at IeDEA sites. Questions that are suited to staff at outside clinics not participating directly in IeDEA (e.g., antenatal care, oncology, tuberculosis clinic), community partners, or specialized cadres of staff at a site (e.g., data managers, mental health providers) are discouraged.
D. Following a concept-driven process for new survey content, ensuring that any new questions added to the survey are supported by concrete plans for analysis and publication.

E. Retaining some survey content from prior site surveys across iterations to facilitate longitudinal analyses of salient aspects of HIV care. Content from prior surveys is retired when it is no longer relevant in the context of prevailing practices and treatment recommendations for HIV care, when analyses of previously-collected data illuminate widespread data quality concerns and difficulties in interpretation, or when the data have not been used by IeDEA investigators.

E.3 Specialized Site Assessment surveys

Specialized site assessment surveys may also be developed by any of the other core IeDEA Working Groups to explore areas of service delivery not covered by the general Site Assessment. Processes for the development, review, approval and implementation of such surveys include the below.

A. The IeDEA Working Group(s) will follow its standard processes for the development of the survey content, and will prepare a concept for the specialized survey, using the multiregional concept proposal template.
    a. Concept leads should include information on their sampling plan (e.g., countries and types of sites to be included, as well as sampling methodology, as applicable) and intended survey respondent (e.g., staff within the HIV clinic vs. other site staff).
    b. The IeDEA working group(s) and the investigators will be responsible for ensuring that the SAWG reviews the concept proposal.
B. Prior to approval by the associated IeDEA Working Group(s), the concept proposal, survey questionnaire and sampling plan will be shared with the SAWG for technical review from a survey design and measurement perspective.
    a. Draft site surveys should include introductory language to orient respondents to the nature of the survey and give instructions for how to complete the survey (see Site Assessment 4.0 for example text).
    b. The review by the SAWG will focus on ensuring that the proposed content (1) does not overlap with other recent (within 2 years) surveys; (2) yields data that is measured as accurately and as scientifically valid as possible; (3) will not be overly burdensome for regional data centers and/or IeDEA sites to complete; and (4) follows best practices for questionnaire design and electronic data capture.
    c. The SAWG feedback and recommendations will be shared with the concept lead(s) and co-chairs of the associated IeDEA Working Group(s). If there are major concerns about survey design and/or measurement issues, the concept lead(s) may be requested to share a revised version with the SAWG prior to approval by the associated IeDEA working group(s) and submission to the EC.
C. The final concept proposal, including survey questionnaire and sampling plan will be submitted for EC review, according to IeDEA's standard concept review processes (see Section C.2 and **Appendix 2**).
    a. Regions may opt out of specialized surveys entirely or choose to distribute such surveys to a subset of their sites.
D. After approval by the EC, the final survey questionnaire in English (and other languages, where applicable), as well as draft survey response forms, if available, will be provided to SAWG colleagues based at Vanderbilt University Medical Center for programming. If an individual IeDEA region opts to lead their own survey implementation using REDCap or another platform, this may be discussed with the SAWG.
E. To reduce the burden of survey implementation on regional data centers and IeDEA sites, the content of multiple specialized surveys may be bundled together, with survey bundles fielded roughly every six months (e.g., June-July and December-January).
F. On behalf of the SAWG, Vanderbilt University Medical Center will generate unique survey links for each site when they are responsible for survey implementation, in

accordance with the sampling plan, and will share those links with regional data centers, which will coordinate the implementation of the survey within their region. When individual IeDEA regions are responsible for survey implementation, this process will be planned in collaboration with the SAWG and Vanderbilt team.

E.4 Accessing data from IeDEA Site Assessment surveys

Survey data from general and specialized site assessment surveys will be made available to IeDEA investigators by the Site Assessment Working Group or concept leads, based on an approved multiregional concept. In addition, with approval from regional MPIs, IeDEA investigators may request access to data from any general or specialized survey for all sites within their respective IeDEA region. A list of past surveys will be available on the IeDEA Hub by the end of CY2023.

E.5 Multiregional concept and research project authorship for site surveys

A. Authorship allocations by regions and decisions about group authorship should be made prior to requests for review of research products (e.g., abstracts, reports, manuscripts).

B. **Regional authorship determinations are under the authority of the regional MPIs. The IeDEA Executive Committee strongly encourages that investigators and other study team members at regional (in-country) clinical research sites are included as co-authors on all research products, within the allocations outlined below.**
    a. Concept leads seeking to directly communicate with regional investigators **not** previously designated as co-authors should seek initial referral, guidance, and communications assistance from that region's leadership in advance.
    b. The inclusion of co-authors should be determined in line with the Uniform Requirements issued by the International Committee of Medical Journal Editors (ICMJE; see http://www.icmje.org/). The ICMJE lists the below four criteria for authorship.
        i. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data, *and*
        ii. Drafting the article or revising it critically for important intellectual content, *and*
        iii. Final approval of the version to be published, *and*
        iv. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

C. Authorship slots are distributed between the concept's lead region and data-contributing regions.
    a. For **all IeDEA site survey-based studies**, each data-contributing region is allocated up to **4 (four) authorship slots** for their investigators**.**
    b. The concept's lead region(s) is/are allocated up to **3 (three) additional slots** to represent the concept and biostatistical analysis leadership.
        i. When there is more than one lead region, these slots are divided between them, as determined by the lead regions.
    c. For products of the **IeDEA-wide General Site Assessment survey,** the Site Assessment development group is allocated **1 (one) slot** based on survey creation and data management support.
    d. For products of all site survey studies, the following special circumstance for optional additional authorship slots may apply.

i. Up to **2 (two) slots** may be added for technical/content experts involved with the concept, with the approval of the associated Working Group Chair(s).

e. For research products that have a restriction on the number of masthead authors, authorship priority for those already identified as co-authors would be:
(1) IeDEA investigators working directly on the analysis and drafting the manuscript;
(2) IeDEA investigators from among regions that contribute data;
(3) other IeDEA-related individuals who are not in groups 1 and 2;
(4) non-IeDEA technical/content experts who would otherwise have been allocated authorship slots.
   i. The concept leads will reduce the allocations under the guidance of the associated Working Group Chair(s).
   ii. This may be based on levels of contribution to the analysis and research product, the numbers of patients contributed to the analysis, and other factors.
   iii. If the authorship restriction results in a total number of authors that is less than what the concept leads deem reasonably representative, group authorship may be implemented.
      1. For group authorship the masthead may include the concept lead(s) with “on behalf of IeDEA.”
      2. The co-authors not named on the masthead would be included in a writing group list in the acknowledgements.

f. When Site Assessment data are combined with routine patient care data or prospective cohort data for analyses and the Site Assessment data is not the primary focus of the analysis, the authorship rules for routine cohort analyses or prospective cohort analyses will be followed.

D. ***All multiregional abstracts, manuscripts, presentations, reports, and other research products, regardless of restrictions on the numbers of masthead authors, must have one authorship slot for the consortium, such as “…on behalf of IeDEA” or "on behalf of the IeDEA consortium."***

E. A named collaborator group for multiregional manuscripts ***specific to*** the IeDEA-wide General Site Assessment surveys are allowed, as permitted by the respective journal.
   a. The collaborator list is static for each General Site Assessment survey (e.g., one list will be generated for all Site Assessment 5.0 manuscripts and reports).
   b. The Site Assessment Working Group will compile a collaborator list of investigators (by name, institution, country) for inclusion in multiregional manuscripts for each respective General Site Assessment (i.e., not for each Site Assessment concept), which may be indexed and searchable, depending on the journal (e.g., on PubMed).
   c. Each data-contributing site for the site survey would be eligible to provide up to **4 (four) names** of individuals to be acknowledged as collaborators.
   d. Each ***region*** would be eligible to provide up to **4 (four) names** of individuals from their coordinating and data center(s) to be acknowledged as collaborators.
   e. The General Site Assessment development group would be eligible to provide up to **4 (four) names** of individuals to be acknowledged as collaborators.
   f. Collaborator lists will be refreshed with each General Site Assessment.
   g. Collaborator lists are not subject to change for different manuscripts using the same General Site Assessment dataset. They would be posted on the iedea.org website.

h. Being a named co-author would not impact collaborator lists (i.e., co-authors can be collaborators).
i. If multiple General Site Assessment datasets are being used for a manuscript, the most recent collaborator list takes precedence.

F. ***All IeDEA (U01) grants for all data-contributing regions must be acknowledged and listed in submitted and final published manuscripts.*** This should include the funding grant for the Harmonist program as well. The most up to date version of the IeDEA global and regional funding information and investigator acknowledgements file is available at https://www.iedea.org/resources/funding-acknowledgements/.

F. Collaboration with External Partners

IeDEA regions or Working Groups may be asked by external groups (e.g., WHO, UNAIDS) or individuals to contribute data or pre-analyzed results to an analysis, a report, or a manuscript outside the context of an existing multiregional research concept. While individual RDCs will independently manage requests limited to their region, when estimates or data from more than two IeDEA regions are involved, the proposed project must be presented in advance to the IeDEA EC for their consideration and to determine if a multiregional research concept should be developed. This process may involve additional preliminary discussions with sub-groups of IeDEA investigators and NIH IC representatives. The IeDEA Strategic Data Working Group will generally be designated to review these requests prior or simultaneous to review by the EC. Additional Working Groups may be asked to review, depending on the scope of the proposed research and complexity of the data request. All external projects must have a designated IeDEA liaison who is primarily responsible to assist the investigators outside of IeDEA to guide the project through IeDEA submission, review, and finalization processes.

Data transfers for analysis by partners outside of the seven IeDEA regions will require a data transfer agreement between each participating region and the external group. Where data are provided for inclusion in a report, and the lead author(s) subsequently wish to publish these results in a peer-reviewed journal, **a separate concept sheet must be submitted** and the usual approval process followed. As with internal analyses, any subsequent use of data contributed to an external collaboration **must be separately authorized by the EC and the regions** that contributed data.

G. IeDEA Review Processes for Multiregional Scientific Products

G.1 Overview

The concept lead investigators act as overall scientific leaders and manage the workflow from concept to publication. This includes providing regular updates to their co-authors, the associated Working Groups, the IeDEA coordination teams (e.g., concept management, Harmonist, EC), and the EC, as appropriate. The process is tracked by the Concept Management Core and Harmonist team.

The concept lead investigators usually act as the first or senior author, and corresponding author on abstracts, reports, and manuscripts. They determine authorship order and distribution across participating regions in accordance with IeDEA authorship policies, ensure that accepted abstracts are presented at conferences and workshops, share draft documents and presentations for review, and adhere to other IeDEA policies and practices.

All scientific products must be reviewed at multiple stages of the development and finalization process. These products include and are not limited to data reports (e.g., for modeling inputs, infographics, online resources), conference abstracts, manuscripts and reports for publication (e.g., online, peer-reviewed journal), conference posters, and presentation slides. All products are to be reviewed by co-authors, associated Working Groups, and the EC (Figure 3).

After initial reviews and approvals by co-authors and associated Working Groups, scientific products are submitted to the EC for review and approval (**Figure 3**). Coordination of the review process is managed by the concept lead investigators for their co-authors, the Working Group Chair(s) for their members, and the EC Chair and the Administrative Core for the EC. Review periods will vary by research product (e.g., 7 days for fast-track concepts and abstracts, 14 days for standard concepts, manuscripts, reports).

The EC review utilizes the IeDEA EC Hub. After EC reviews, concept leads are responsible for making the revisions requested or explain why revisions were not done. All approvals must be unanimous, with the option to abstain. If no serious concerns are noted after the formal comment period, the EC Chair may proceed with approval after clarification by email. If EC approvals are deferred, the concept leads will work with the dissenting regional MPIs in order to resolve the situation to achieve consensus. If regions choose to withdraw their data from a previously approved analysis, this should be discussed with the concept leads in advance to avoid undue delays or barriers to completion for the other regions.

Figure 3. Review and approval requirements for IeDEA multiregional scientific products

Item	**Co-authors**	**Working Group(s)**	**Executive Committee**	
	Review	Review	Review	Voting
Concept sheet (fast-track, standard)	X	X	X	X
Data product	X	X	X	X
Abstract	X	X	X	X
Manuscript	X	X	X	X
Report	X	X	X	X
Conference poster	X	X	X	X
Presentation slides	X	X	X	X

G.2 Abstracts

All abstracts for international, regional, and national meetings related to approved, multiregional IeDEA concepts require formal approval by the IeDEA EC prior to submission. Questions about these procedures can be discussed with the Administrative Core and EC Chair.

A. Abstracts should be submitted to the Hub for EC review. Abstract submission deadlines for EC distribution are based on US Eastern [Standard or Daylight] Time (e.g., 5pm US ET).
B. ***Individual conference-specific deadlines for abstract submission and review will be set by the Administrative Core and may take weekends or holidays into consideration***. For conferences for which standard deadlines are not specified, concept leads for such abstracts are advised to submit them with sufficient time to meet the review requirements.
    a. ***Substantive comments and concerns are due back to the concept lead investigators within 5 days and regional MPI decisions (approve/disapprove/abstain) are due within 7 days after abstract circulation***.
C. Prior to submission, revisions requested by the EC should be incorporated or the concept leads should explain why they were not incorporated. Concept leads should upload final submitted versions of abstracts to the EC Hub.
D. Abstract submitters are encouraged to notify the Administrative Core in advance if they plan to submit an abstract to a given conference. This will improve communications, help regions to anticipate reviews, and ***may impact on whether the abstract is eligible for review*** (e.g., for workshops like IWHOD that have a per cohort abstract limit).
E. Working Group reviews: Abstracts arising from concepts developed through Working Groups should be reviewed and approved by the Working Group ***prior to EC review***. If this is not feasible, the associated Working Group Chair(s) will determine whether simultaneous review by their Working Group(s) is appropriate and the minimum review period.
F. Author reviews: ***Prior*** to submission on the Hub for EC review, draft abstracts must be reviewed by the co-authors. Co-author lists and discussions about group authorship should be clarified as much as possible ***prior*** to circulation of the abstract to the EC.
    a. Specifically, abstracts will only be circulated for EC review if there is confirmed approval by at least one co-author (named or as part of group authorship) from every participating region. Even if additional regional co-authors are still to be confirmed at the time of EC circulation, all named co-authors and participating regions must approve the abstract prior to EC review.
    b. Additional criteria for EC review may be specified in advance for individual conferences/meetings (e.g., IWHOD for submission limits per cohort). Failure to confirm required authorship by EC-specified deadlines may result in non-circulation of the abstract or withdrawal following circulation (see E.2.H).
    c. Authorship slots are generally distributed between the concept's lead region(s) and data-contributing regions. The lead region should seek balanced representation across the participating regions (see C.8). This may be based on levels of contribution to the analysis and abstract, the numbers of patients contributed to the analysis, or other factors.
    d. All multiregional abstracts must have one authorship slot for the consortium, such as "…on behalf of IeDEA" or "on behalf of the IeDEA consortium."
G. Abstract rejections by the EC: Abstracts may be rejected in the following situations: Late submission for review, failure to respond to substantive feedback, inability to achieve consensus on the authorship list, or unresolvable disagreement among regional MPIs about the abstract. The EC Chair will manage discussions around abstract rejections.

a. If only one region rejects the abstract, the concept leads have the option to reanalyze the data without that region's data and request re-review by the EC. This option will be discussed by the EC on a case-by-case basis and is subject to review timelines specified by the EC Chair. Abstracts that are rejected by two or more regions will not be submissible.

H. Accepted abstracts: Concept leads are responsible for sending the accepted abstract and presentation details to the Administrative Core and the Concept Management Core for tracking.

G.3 Manuscripts and reports

IeDEA investigators seeking to submit multiregional manuscripts to peer-reviewed journals (pre-prints and standard publication) or reports to external partner agencies require formal approval by the IeDEA EC ***prior*** to submission. Manuscripts must have ***already been reviewed and approved by the co-authors and associated Working Group(s)*** and have incorporated their feedback in advance of EC review. Authorship should follow previously stated guidance, including having one authorship slot for the consortium: "…on behalf of IeDEA" or "on behalf of the IeDEA consortium."

Simultaneous review by the associated Working Group(s) may be considered with written approval of the Working Group Chair(s) and EC Chair. Questions about these procedures can be discussed with the Administrative Core and EC Chair.

A. Following other appropriate reviews and approvals, the lead investigator should send the manuscript or report files for EC review through the IeDEA Review Hub (see Section C.2 and **Appendix 2**).
    a. The decision to release a multiregional research manuscript as a pre-print prior to standard publication must be approved by all co-authors and data-contributing regions.
B. The EC will review and comment on the manuscript and associated files within ***14 calendar days,*** which may require further distribution at the regional level, as deemed necessary by each region. Concept leads also have the option of circulating "early drafts" for preliminary EC feedback.
C. Request for revision: The EC may request that a revised manuscript or report be re-circulated for further review, prior to providing approval for formal submission to a journal or an external group/organization. Revisions requested by the EC should be incorporated or the concept lead should explain why they were not incorporated. Concept leads should upload revised documents to the same section of the IeDEA Review Hub where the original version is posted.
D. Revisions made during the process of a journal editorial review are at the discretion of the concept leads and co-authors. Substantial changes to previously approved manuscripts may require additional Working Group and/or EC review.
E. Concept leads and the primary regional cohort leading the concept analysis for a given manuscript or report are responsible for ensuring full compliance with the US NIH's Public Access Policy. This includes ensuring that all grant support is included in submitted manuscripts or reports, and that publishing or copyright agreements are consistent with funder requirements to submit publications to PubMed Central (consult http://publicaccess.nih.gov/submit_process_journals.htm for detailed instructions).
F. Concept leads are responsible for sending a copy of the published article and a single slide summarizing the publication to the Concept Management Core.

G.4 Other scientific products

Concept leads can contact the EC Chair or EC Administrative Core for information on review procedures for other products.

H. Appendices

1. IeDEA Global Regions and Principal Investigators

Asia-Pacific Annette Sohn amfAR TREAT Asia Bangkok, Thailand Matthew Law and Kathy Petoumenos Kirby Institute University of New South Wales Sydney, Australia iedea-ap.org	Australia Cambodia China and Hong Kong SAR India Indonesia Japan Malaysia Philippines Singapore South Korea Taiwan Thailand Vietnam
Caribbean, Central and South America (CCASAnet) Jessica Castilho and Stephany Duda Vanderbilt University Medical Center Nashville, Tennessee Pedro Cahn Fundación Huésped Buenos Aires, Argentina ccasanet.org	Argentina Brazil Chile Haiti Honduras Mexico Peru
The North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) Richard Moore and Keri Althoff Johns Hopkins University School of Medicine Baltimore, Maryland naaccord.org	Canada United States of America
Central Africa Kathryn Anastos and Marcel Yotebieng Montefiore Medical Center Albert Einstein College of Medicine Bronx, New York Denis Nash City University of New York Graduate School of Public Health and Health Policy New York, New York ca-iedea.org	Burundi Cameroon Rwanda Republic of the Congo Democratic Republic of the Congo

East Africa Kara Wools-Kaloustian Indiana University School of Medicine Indianapolis, Indiana Constantin Yiannoutsos Indiana University Richard M. Fairbanks School of Public Health Indianapolis, Indiana Aggrey Semeere Makerere University College of Health Sciences Kampala, Uganda iedea-ea.org	Kenya Tanzania Uganda
Southern Africa Matthias Egger University of Bern Bern, Switzerland Mary-Ann Davies University of Cape Town Cape Town, South Africa iedea-sa.org	Lesotho Malawi Mozambique South Africa Zambia Zimbabwe
West Africa Antoine Jaquet and Didier Ekouevi University of Bordeaux Inserm, French National Research Institute for Sustainable Development (IRD), UMR 1219 Bordeaux, France Ighovwerha Otofokun Emory University Atlanta, Georgia iedea-wa.org	Benin Burkina Faso Cote d'Ivoire Ghana Mali Nigeria Senegal Togo

2. Standard concept sheet template
available at https://www.iedea.org/resources/multiregional-research-sops-templates/

3. Fast-track concept sheet template
available at https://www.iedea.org/resources/multiregional-research-sops-templates/

4. Funding acknowledgements
available at https://www.iedea.org/resources/funding-acknowledgements/

Figure 2 – IeDEA review process for multiregional concepts, abstracts, and manuscripts

Multiregional CS

CS: Concept Sheet **EC**: Executive Committee **MPI**: Regional Principal Investigators
SOP: Standard Operating Procedures **WG**: Working Group

Prior to EC Review

1. **CS Lead** reviews IeDEA global SOP document around CS development, submission, review, and authorship, available in the *Resources* section of the IeDEA website (iedea.org).
2. **CS Lead** drafts CS using IeDEA multiregional CS template; available in the *Resources* section of the IeDEA website.
3. **CS Lead** shares CS with lead region(s) and relevant WG(s) for review and sign-off.
4. **CS Lead** uploads CS and any associated files to the IeDEA Hub and provides required additional information and confirmations, per online instructions, at http://bit.ly/iedeasubmit.

EC Review

1. **EC Admin** screens submission for completeness.
2. **EC Admin** circulates CS to EC with a targeted review and approval deadline set for 2 weeks.
3. *If revisions are required before approval:* **CS Lead** reviews feedback posted to the Hub and revises CS. Additional communications with regional MPIs, WG Chair(s), and EC Chair may be required during this step.
4. **EC Admin** sends email notification of the review decision to CS Lead.

After EC Review (if approved)

1. **CS Lead** is responsible for responding to and incorporating EC feedback when revising and finalizing the CS.
2. **CS Lead** works with regional MPIs to identify regional representatives for the CS. ***These individuals may or may not all be co-authors on all future research products.***
3. **CS Lead** uploads a final version of the CS to the IeDEA Hub using the link provided by email.
4. **Hub Admins** assign a CS tracking number that must be used for all subsequent correspondence related to the CS (e.g., MRXXX).
5. **CS Lead** contacts their regional data manager to ***draft and submit*** a data request in the IeDEA Hub.

Subsequent steps will be guided by associated Working Group(s) and the EC, referencing global SOPs.

CS Lead is the investigator serving as the primary IeDEA contact; the Hub will register only one individual for managing key communications.

Current versions of the CS template and SOP must be referenced and take precedence over prior versions. These documents are posted in the *Resources* section of the IeDEA website.

Additional steps may be required if the proposed CS involves prospective cohort data (i.e., AYANI, SRN, TB-SRN) and/or site survey data, or needs expedited review (refer to the Fast-Track section in the SOP).

Abstracts

CS: Concept Sheet **EC**: Executive Committee **MPI**: Regional Principal Investigators
SOP: Standard Operating Procedures **WG**: Working Group

Prior to EC Review

1. **CS lead** reviews IeDEA global SOP document around abstract development, submission, review, authorship; available in the *Resources* section of the IeDEA website (iedea.org).

2. **CS lead** notifies EC Admin of intent to submit a multiregional abstract to a given conference.

3. Prior to drafting the abstract, the **CS lead** confirms regional co-authors with the MPIs of the participating regions, and may additionally work with other regional representatives named on the approved concept.

4. **CS Lead** shares the completed and co-author-approved abstract with relevant WG(s) for review and sign-off.

5. **CS lead** uploads abstract to the IeDEA Hub and provides required additional information and confirmations at http://bit.ly/iedeasubmit
* Abstract must be submitted to the IeDEA Hub **at least 7 calendar days prior to the conference abstract deadline**.

EC Review

1. **EC Admin** screens submission for completeness.

2. **EC Admin** circulates abstract to EC with a targeted review and approval deadline set for 1 week.

3. *If interim revisions are required*: **CS lead** reviews feedback posted to the Hub and revises abstract. Additional communications with regional MPIs, WG Chair(s), and EC Chair may be required during this step.

4. **EC Admin** sends email notification of the review decision to CS Lead.

After EC Review (if approved)

1. **CS Lead** is responsible for responding to and incorporating EC feedback when revising and finalizing their abstract.

2. **CS Lead** uploads a final version of the abstract to the IeDEA Hub using the link provided by email.

3. **CS Lead** notifies EC Admin of abstract disposition.

CS Lead is the investigator serving as the primary IeDEA contact for the abstract.

The current version of the IeDEA global SOP document must be referenced and takes precedence over prior versions. The current version is posted in the *Resources* section of the IeDEA website.

Additional steps may be required if the abstract involves prospective cohort data (i.e., AYANI, SRN, TB-SRN) and/or site survey data.

Manuscripts

CS: Concept Sheet **EC**: Executive Committee **MPI**: Regional Principal Investigators
SOP: Standard Operating Procedures **WG**: Working Group

Prior to EC Review

1. **CS Lead** reviews IeDEA global SOP document around manuscript development, submission, review, authorship; available in the Resource section of the IeDEA website (iedea.org).

2. Prior to drafting the manuscript, the **CS lead** confirms regional co-authors with the MPIs of the participating regions, and may additionally work with other regional representatives named on the approved concept.

3. **CS Lead** shares the completed and co-author-approved manuscript with relevant WG(s) for review and sign-off.

4. **CS Lead** uploads manuscript and any associated files to the IeDEA Hub and provides required additional information and confirmations at http://bit.ly/iedeasubmit.

EC Review

1. **EC Admin** screens submission for completeness.

2. **EC Admin** circulates manuscript to EC with a targeted review and approval deadline set for 2 weeks.

3. *If interim revisions are required*: **CS Lead** reviews feedback posted to the Hub and revises manuscript. Additional communications with regional MPIs, WG Chair(s), and EC Chair may be required during this step.

4. **EC Admin** sends email notification of the review decision to CS Lead.

After EC Review (if approved)

1. **CS Lead** is responsible for responding to and incorporating EC feedback when revising and finalizing their manuscript.

2. **CS Lead** notifies EC Admin if significant changes are made to the manuscript as a result of the editorial review process, which may require subsequent review by relevant WG(s) and EC.

3. *If accepted for publication*, **CS Lead** is responsible for sending a copy of the published article to the Concept Management Core.

4. *If accepted for publication*, **CS Lead** is responsible for ensuring full compliance with the US NIH's Public Access Policy.

CS Lead is the investigator serving as the primary IeDEA contact for the manuscript.

The current version of the global IeDEA SOP document must be referenced and takes precedence over prior versions. The current version is posted in the *Resources* section of the IeDEA website.

Additional steps may be required if the manuscript involves prospective cohort data (i.e., AYANI, SRN, TB-SRN) and/or site survey data.