1. **INTRODUCTIONS**

   a. Maureen welcomed a new working group member
      i. Sunu Alice Cherian, Pushpagiri Centre for Evidence Based Practice (PCEBP), India
      Action: Invite Sunu to provide a brief introduction at the next meeting

2. **FOLLOW-UP ON ACTION ITEMS**

   a. Working group members approved the list of organizations and the names of key primary contacts of each organization (see attachment 2)
      i. 3IE – contact: Birte Snilsveit
      ii. Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers – contact: Stephanie Chang (or via Jerry Osheroff)
      iii. Africa Evidence Network, which includes groups like Africa Centre for Evidence, University of Johannesburg and the Centre for Rapid Evidence Synthesis, Makerere University – contact: Ruth Stewart, Africa Centre for Evidence
      iv. Campbell Collaboration – contact: Vivian Welch
      v. Campbell UK and Ireland – contact: Declan Devane (or via Nikita Burke)
      vi. Centre for Learning and Evaluation Results – contact: Laurenz Langer
      vii. Cochrane Geographic Groups, including Cochrane US Network (4 EPCs are members) – contact: Sylvia de Haan
      viii. Cochrane Ireland – contact: Nikita Burke
      ix. Collaboration for Environmental Evidence – contact: Ruth Stewart, Africa Centre for Evidence
      x. European Network for Health Technology Assessment (EUnetHTA) – contact: Claudia Wild, Austrian HTA agency
      xi. Evidence Aid – contact: Ben Heaven-Taylor
      xii. Evidence-Informed Policy Network (EVIPNet) – contacts: John Lavis and Ludovic Reveiz
      xiii. Global Evidence Synthesis Initiative (GESI) – contacts: Tamara Loutfi and Elie Akl
      xiv. Guidelines International Network (GIN), including its regional sub-networks – contacts: Per-Olav Vandvik and Zachary Munn
      xv. Health Information for All (HIFA) – contacts: Sylvia de Haan (who is a member of the listserv)
      xvi. Health Technology Assessment International (HTAi) – contact: Lucy Henry, HTAi
      xvii. International Network of Government Science Advisors – contact: Ruth Stewart or Laurenz Langer
      xviii. International Association of Health Technology Assessment Agencies – contact: TBD by INAHTA

xix. National Collaborating Centres (Canada) – contact: Maureen Dobbins
xx. Red de Evaluación de Tecnologías en Salud de las Américas (RedETSA) – contact: Ludovic Reveiz
xxi. SPOR Support Units (Canada) – contact: Andrea Tricco
xxii. What Works Centres (UK), which includes groups like Education Endowment Initiative – contacts: Ruth Stewart or Patrick Okwen (for EEI)

ACTION: Safa to ask Jeremy to let us know when INAHTA confirms a contact person

3. FRAMING AND FORMULATING MESSAGES

a. Finalizing the messages for Working Group's first communication with organizations (which can be adapted by the contact people)

ACTION: Laurenz and Maureen to:

- **Work with John to ensure links are in place on the COVID-END website (e.g., to the new content from the Synthesis working group) by the time when the first message goes out**
- **Work with Lesley to ensure she is comfortable with the wording about PROSPERO's likely pilot test of including protocols with non-health outcomes when they are focused on COVID-19**
- **Add links to FAIR and ROARMAP (and drop Open Synthesis given there is no current webpage that can be linked to)**
- **Add links to priority-setting results from Cochrane (and possibly Cochrane South Africa and the Oxford Centre for Evidence-based Medicine), as well as review the guide to COVID-19 evidence sources to identify any others**
- **Consider which messages are part of the initial wave of communication versus examples of the types of topics we hope to discuss within the online community**
- **Finalize the wording about the 'COVID-END community' being open to all existing COVID-END partners and working group members as well as the much broader community of those supporting decision-making about COVID-19**

b. Finalize the communication vehicle for the group (MS Teams versus listserv)

- Maureen confirmed that the UK-based listserv option is viable
- Sylvia provided background on the Health Information For All (HIFA) listserv
  - HIFA has 20,000 members, of whom 12,000 are on the English list (with others on French and Spanish lists), about 60% are frontline healthcare practitioners (and the rest are a mix), and about 50% are based in LMICs
  - HIFA's usual approach is to set up a working group to focus on a particular topic (and there is an existing working group on evidence-to-policy and there has been discussion about starting a new working group on pandemics)
  - HIFA charges £5000 per year for moderation (and this fee could be reduced if there's some degree of joint moderation)
  - Maureen and Laurenz lean towards a model where they and the working group provide strategic input but moderation is taken on by a skilled intermediary like HIFA's moderator

ACTION: Safa to organize a Doodle poll to select a date and time for a Webex call with Neil (HIFA), Laurenz and Maureen (working group co-chairs), Sylvia (as

someone with experience with HIFA and with COVID-END), and Jeremy and John (secretariat)

c. Creating a new page on COVID-END website for engagment with organizations
   i. Adding names and/or logos
   ACTION: John to advise the secretariat that we suggest that membership in the COVID-END community be more dynamic and that we not formalize this with steps like adding logos to the website (which would also introduce complexities like what to do with a group whose views contradict COVID-END's but who want their logo to appear on the COVID-END website)
   ACTION: Working group to consider alternative means of capturing the types of diversity represented in the COVID-END community (e.g., posting a few survery questions about role and country to the listserv)

4. WORKING GROUP ACTIVITIES

a. Develop a goal statement to be included in terms of reference
   ACTION: Working group members to consider whether the language that we are already using on the COVID-END website – the goal of this working group is to engage those already supporting decision-makers to work in more coordinated and efficient ways – could function as our goal statement
b. Feedback from Working Group on COVID-END website (Tips and Tools page)
   i. Deferred to a future meeting
c. Classifying Open Science as a place to register protocols
   i. Deferred to a future meeting

5. ANY OTHER BUSINESS

No other business