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1. FOLLOW-UP ON ACTION ITEMS

a. *Maureen pointed working group members to the notes and action items from our last meeting (see attachment 2)*

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2. COVID-END LOGIC MODEL

a. *David Gough introduced the logic model (see attachment 3)*

b. *Working group members discussed the following questions:*
  i. *Does the logic model make sense from the working group's perspective?*
    a. *Consider removing or changing the locations of the arrows that come down from the evidence demand context and the evidence supply challenges*
    b. *Consider removing the two bullets under 'Tools and resources' and change the phrase to 'Tools and resources to support decision-making'*
    c. *Consider changing the direction of the text in the vertical boxes so it is being read from the target audience side and not from the COVID-END side*
    d. *Consider dropping 'organizations' after COVID-END Community*
    e. *Consider whether patients/citizens and civil society organizations should be considered primary instead of secondary target audiences*
    f. *Consider changing more evidence-informed decision-making (not decision-makers)*
  ii. *Does the logic model adequately represent the tasks and terms of reference of the working group?*
    a. *Yes*
  iii. *Are there any missing elements; work that your working group is doing that cannot easily be located within the model?*
    a. *No, the key activities can be found within the list of mechanisms*
  iv. *Are there any early indications or examples for the short-term outcomes and long-term influences? If so, can these be packaged as 'success stories', which will help COVID-END's business case and liaising with funders*
    a. *Rapid growth in COVID-END Community membership*
    b. *Information sharing across partners and community members*
    c. *Goodwill created by outreach to key networks (e.g., to invite their members to join the COVID-END Community)*
    d. *New GESI/COVID-END partnership*
  v. *Are there any emergent systems and methods within existing institutions and processes that can be reflected in the model?*
    a. *Sharing data across databases*
    b. *Model for collaboration across evidence systems during an adhoc / time-bound crises (which can also be considered a long-term outcome of COVID-END)*

vi. *Are there any tasks/roles/projects that the working group is undertaking that can continue past COVID-END?*
   a. *COVID-END Community listserv and webinars*
   b. *Inventory-type activities to flag duplication, quality challenges, updating challenges, etc. (so the evidence synthesis community can learn and improve based on actual performance data)*
   c. *Horizon scanning to (continue to) hear from consumers, providers and policymakers*
   d. *List of priority topics where evidence syntheses are needed*
vii. *Other points*
   a. *Maureen raised a broader point about who we invite to become partners and whether the existing process may be seen as exclusionary*

3. UPDATE ON MEMBERSHIP AND ENGAGEMENT

   i. *Janine provided an update on listserv membership and numbers (see attachment 3)*
      a. *From the listerv data, membership is now at 283 and continuing to rise*
   ii. *Janine provided an update on membership survey results*
      a. *33% response rate*
      b. *Most well represented groups are academic organizations (53%) and government departments (21%)*
      c. *Most well represented regions are PAHO, AFRO and then EURO*
      d. *Most are very experienced (25%) or experienced (35%)*
      e. *Most heard about the COVID-END community from a professional contact (46%)*
      f. *Professional roles span the gamut of scopes covered by the COVID-END working groups, with some clustering in recommending and packaging (although there is some differentiation of roles by region)*
         i. *Sandy Oliver noted that these different profiles suggest the regions may have different contributions to make, not just different needs to be met*
      g. *Topics of interest are diverse but with public-health measures of most interest across the four parts of the COVID-END taxonomy and with evidence synthesis of most interest among evidence-related roles*

4. PRIORITY QUESTIONS FOR HEALTH SYSTEM REVIEWS

   i. *Maureen shared a question from the EPOC review group: "Over the next 12/24 months in relation to the COVID-19 pandemic, what do you see as likely to be the 5 most critical or important health systems questions for which evidence will be needed to inform actions at national and international levels?"*
   ii. *John shared the list of priority topics emerging from the horizon-scanning panel's work*
      a. *Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs*

  b. **Approaches to** strategic purchasing *of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out*

  c. **Responsive and agile**

   i. **Restoration of** non-**COVID** services *when possible (by developing or capitalizing on 'slack' within health systems)*

   ii. **Efforts to address** health human resource *shortages (and motivation & wellbeing)*

  d. **Consolidating and optimizing the value achieved through shifts in** virtual care

  e. **Packages of responses (***public-health / health-system)* **and combinations of centralized & decentralized approaches** *(from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)*

  iii. *Laurenz suggested offering COVID-END Community members the opportunity to rank order a list, and John noted that James McKinlay can share lessons learned from developing an approach to do this using Survey Monkey*

5. SEQUENCE OF FUTURE TOPICS

 a. *Maureen noted suggestions for new topics/ideas for future weeks (and described the plan for the coming 1-2 weeks):*

  i. *Difference between expert opinion-based guidance and guidance developed using a robust process (potential facilitators: Ivan Florez and Per Olav Vandvik for mid-October)*

  ii. *Rapid Response / review focused discussion (facilitator: Maureen Dobbins, date: TBD)*

  iii. *Discussion on LMICs paper led by Scoping WG*

  iv. *Long COVID (facilitator: Sandy Oliver, date: TBD)*

  v. *Series of topics related to the resources to support decision-making in general and then for each of them in detail (when and how to use each of them) (faciliator: Secretariat, date TBD)*

  vi. *Signaling to researchers what type of research would help to move a GRADE evidence profile from low to higher certainy evidence*

6. ANY OTHER BUSINESS

 a. *No time to address other business*