1. **INTRODUCTIONS**

   a. Ben welcomed the group and noted the need for this group to work in particularly close partnership with the Engaging working group
   b. Ben invited working group members to introduce themselves
      i. Ben Heaven-Taylor, Evidence Aid, UK (co-chair)
         1. Focuses on supporting humanitarian-aid policymakers and other decision-makers
         2. Prepares and packages systematic reviews in multiple languages for those in low- and middle-income countries
      ii. Craig Lockwood, Joanna Briggs Institute, Australia
         1. Focuses on health practitioners, especially allied health workers
         2. Prepares derivate products to support implementation in practice
      iii. Jo Anthony, Cochrane, UK
         1. Focuses on all four target audiences (consumers, providers, policymakers and researchers)
         2. Packages and disseminates systematic reviews in multiple languages
      iv. Patrick Okwen Mbah, Effective Basic Services (eBASE) Africa, Cameroon
         1. Focuses on improving healthcare in African countries
         2. Uses multiple types of evidence (including qualitative studies) and emphasizes feasibility, appropriateness, meaningfulness and effectiveness (FAME)
      v. Sally Green, Cochrane Australia, Australia
         1. Not able to attend this meeting
      vi. *Secretariat: John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada, and Anna Dion, Ottawa Hospital Research Institute | RISE, Canada*
         1. John focuses on policymakers and health and social system leaders (with rapid-evidence profiles, rapid syntheses, and evidence briefs) and on citizens (citizen briefs and plain-language summaries), and he is keen to push forward thinking about packaging products and content on websites in ways that don't increase the noise-to-signal ratio
         2. Anna focuses on maternal and newborn health and is working closely with Jeremy Grimshaw as part of the secretariat
         3. Safa is the engagement coordinator with the secretariat

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

   a. Not applicable for this first meeting

3. **DISCUSSION ON SCOPE OF GROUP AND TERMS OF REFERENCE**

   a. Working group members suggested:
      i. Focusing on activities where we can achieve and document impacts

ii. Addressing the unique context of the COVID-19 pandemic (e.g., as Jo said: "never needed evidence appraisal more, never needed evidence shared more quickly, and never needed evidence communicated more effectively")

iii. Emphasizing the importance of plain-language communication, translation into multiple languages, and contextualization to very different contexts

iv. Dropping, de-prioritizing or working with the Digitizing working group to address the more digitally focused activities (meta-data, filters and record linkage)

b. John offered to propose changes to the draft terms of reference and circulate them for comment – **All to review the revised terms on the next page and share feedback with the chair at least two days before our next meeting**

3. MEMBERSHIP OF WORKING GROUP

a. **Members to share with the chair any potential additional members, keeping in mind the principles around geographic, linguistic diversity as well as diversity in experiences with different target audiences**

4. ANY OTHER BUSINESS

a. **Jo to share a copy of the logic model being used by Cochrane for its KT work so members can use it to generate ideas about how to revise the terms of reference and position the working group to achieve both quick wins and longer-term solutions**

b. **Safa to poll the group about a set date and time each week for meetings**

Draft revised version of the terms of reference

1) Draft, disseminate and refine (as needed) the key principles about packaging evidence (or creating derivative products) to support decision-makers in responding to COVID-19 (drawing on the available research evidence about evidence packaging but also recognizing the unique context with COVID-19), both in general and by target audience
   a. General
      i. Undertake a new packaging initiative when it offers the potential to decrease (not increase) the noise-to-signal ratio for a given target audience or in a given language
      ii. Package only high-quality and timely evidence syntheses, HTAs and guidelines (with primary attention given to COVID-focused evidence and secondary attention to broader COVID-relevant evidence)
      iii. Package the evidence in ways that can be understood (e.g., plain language and multiple languages) and used easily (e.g., graded-entry formats that provides a bottom-line message followed by more detail for those who want to more) in the context for which it was prepared
      iv. Disseminate the packaged evidence as quickly as possible to those who need it
   b. Patients, consumers and citizens
      i. (For national and sub-national groups) Review existing government directives to citizens and position new evidence in relation to those directives
      ii. Others TBD
   c. For health providers
      i. (For national and sub-national groups) Review existing government and professional society directives to relevant professional groups and position new evidence in relation to those directives
      ii. Others TBD
   d. For policymakers and managers
      i. (For national and sub-national groups) Review existing government directives and position new evidence in relation to how those directives may need to change
      ii. Others TBD
   e. For researchers and research funders
      i. TBD
2) Create a resource list of tools that can support evidence packaging (e.g., quality-appraisal instrument or sources of pre-appraised evidence products, synonyms library to support plain-language communication and translation, and transferability tools) as well as the monitoring of their production and dissemination and the evaluation of their impacts
3) Identify and maintain an inventory global and regional sources of COVID-focused sources of packaged evidence targeting one or more of the three non-researcher target audiences (i.e., consumers, providers and policymakers) and the six WHO official languages (Arabic, Chinese, English, French, Portuguese, Russian and Spanish)
4) (In partnership with the Engaging working group) Identify, connect with, and support the sharing and application of principles with national and sub-national groups preparing derivative products for different target audiences, in different languages, and for different contexts
5) (In partnership with the Digitizing working group) Identify the filters that key target audiences would want to use in searching for packaged evidence, examine ways that packaged evidence products can be linked back to the original record when possible, and contribute to the 'document types' part of the taxonomy of key meta-data that needs to be captured

6) (In partnership with the Synthesizing and Recommending working groups) Identify ways to use Creative Commons licences, presumptive goodwill clauses or other approaches to encourage the packaging of evidence in ways that advance the public interest