COVID-END partners coordination call
Notes from 11 June 2020
https://zoom.us/j/6163788736

1. **INTRODUCTIONS**

   a. *Jeremy welcomed new participants in the partner calls (see attachment 2)*
      i. *Stephanie Chang, Evidence-based Practice Centers, Agency for Healthcare Research and Quality, U.S.*
      ii. *Rhona Mijumbi (who had joined one previous call) and Edward Kayongo, ACRES (Centre for Rapid Evidence Synthesis), Makerere University, Uganda*
      iii. *Kaelan Moat, McMaster Health Forum, Canada*

2. **FOLLOW UP ON ACTION ITEMS**

   a. *Jeremy pointed partners to three background documents*
      i. *Partner notes from 4 June (see attachment 3)*
      ii. *Co-chairs meeting notes from 8 June (see attachment 4)*
      iii. *Action items (see attachment 5)*

3. **COVID-END NETWORK UPDATES**

   a. *Jeremy proposed a new structure for these partner meetings to allow for more in-depth discussion by 1-2 working groups per meeting*
      i. *Review progress and discuss strategic future directions (in 15-20 min)*
      ii. *Once a month, provide high-level overview across working groups*
   b. *Jeremy walked the group through a slide presentation about potential 'next generation' ideas for COVID-END (see attachment 6), and particularly invited feedback on several points*
      i. *Three proposed principles to guide activities*
         i. *No specific feedback provided on the principles*
      ii. *Four proposals that would be the focus for significant Secretariat and working group activity*
         1. *Inventory of evidence products that targets decision-makers, can be filtered using the COVID-END taxonomy, and can be scanned easily for decision-relevant information (e.g., quality rating, date stamping, countries where included studies were conducted)*
            a. *Feedback included: 1) could the inventory support further rationalization / collaboration across the primary study inventories? - addendum: other databases – see agenda items 4 and 6 below – may be better positioned to address this; 2) should we collate the various stakeholders we consider 'decision makers,' create a list of their evidence needs/questions, and then either guide them to evidence via COVID-END (pull) and/or provide a service (push) the best available evidence based on our judgements? - addendum: the Secretariat has been acting on the assumption that the decision-makers are primarily practitioners and policymakers in the four*

*domains covered by the COVID-END taxonomy, that the taxonomy provides the list, and that the inventory could support pull and push mechanisms, but welcomes feedback if partners have different views***; 3) does the inventory introduce a significant risk of pathway disruption for end users, especially in relation to groups who have established dissemination pathways -** *addendum: the inventory is an enabler for any partner that wishes to use it as part of their established dissemination pathways (and certainly shouldn't interfere with established dissemination pathways)*

2. **COVID-END Community that will be engaged through a listserv with opportunities for bi-weekly discussion topics, sharing experiences, etc.**
   a. **No specific feedback provided on this point**
3. **Horizon scanning with a focus on engaging a small group of thoughtful decision-makers who can help us to identify future evidence needs related to public-health measures, clinical management of COVID-19 and pandemic-related health issues, health-system arrangements, and economic and social responses**
   a. **Feedback included: 1) do we need a global group, multiple regional and linguistic groups (given decision-makers typically invited to global panels often aren't in close contact with the challenges faced by frontline practitioners and local policymakers**
4. **Core set of living systematic reviews on the 'big issues' where decisions will continue to be made as the pandemic and pandemic response enter different phases**
   a. **No specific feedback provided on this point**
5. **ACTION: Partners to continue to provide feedback as they reflect further on these opportunities and Secretariat to continue to reflect on this feedback and find appropriate ways to act on it**

4. **PRESENTATION FROM DIGITIZING GROUP**

   a. **Kaelan presented an update from the Digitizing working group (see the second version of attachment 7, which was circulated just before the call to replace a version that was originally sent out)**
      i. **Principles that are guiding the collaboration among participants to the working group**
      ii. **Desire for a single source, and the group has identified facilitators, barriers, and bridging work that is already underway (e.g., 'improve my RISE file' service)**
      iii. **Desire for highlighting decision-relevant information, and again the working has identified facilitators and barriers**
      iv. **Desire for including all types of decision-relevant documents, and again the working group has identified facilitators and barriers**
      v. **Criteria for solutions include that they are technically feasible, economically viable, and based on sound assumptions**
   b. **Feedback included: 1) it's important to distinguish the inventory described above (i.e., an inventory of evidence products that targets decision-makers, can be filtered using a robust taxonomy, and can be scanned easily for decision-relevant information (e.g., quality rating, date stamping, countries where included studies were conducted)) from other uses cases for one-stop shops (e.g., a single source that emphasizes comprehensiveness across all reviews and studies regardless of decision relevance, etc.,**

which is the direction that some other partners are appropriately pursuing and COVID-END should not compete with them in this work); 2) working group members may want to consider a call for proposals (https://medium.com/covidaction/open-call-building-resilient-health-systems-through-the-covid-19-pandemic-and-beyond-1d3b73861f15); 3) McMaster PLUS has made available a demo of the 'Improve my RIS file' service (https://plus.mcmaster.ca/COVID-19/RIS); and 4) Cochrane has a working model as part of their Cochrane C-19 register (where you can insert a list of PubMed IDs or NCT IDs into the regular search box and receive a set of results that can be exported as RIS or CSV with the information and metadata enrichment that Cochrane folks have added)

   c. **ACTION: Partners to consider trying one or both of these demos and to send any feedback to the Digitizing working group**

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5. **UPDATES FROM OTHER WORKING GROUPS**

   a. *David provided a brief update on the newly developed document for those considering and conducting evidence syntheses (see attachment 8), which will be made available both as a document on the COVID-END website and in an easily navigable way on multiple COVID-END webpages*

   b. *Linn noted that the visual David showed could also be linked to the tasks for the digitizing group (to show where their proposed or ongoing solutions fit)*

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6. **UPDATES ON CROSS-PARTNER INITIATIVES AND INITIATIVES OF INTEREST TO PARTNERS**

   a. *Gabriel Rada described Epistemonikos' COVID-19 L*VE collection: https://app.iloveevidence.com/covid19 (see attachment 9) which also includes a pilot of the Enhance my RIS feature*

   b. *Nikita Burke described two upcoming Evidence Synthesis Ireland webinars (the recordings for which are recorded and both the registration and recordings can be found here: https://evidencesynthesisireland.ie/training/*

      i. *Drs Catherine Houghton and Linda Biesty (Evidence Synthesis Ireland) "Rapid Qualitative Evidence Synthesis: Balancing rigour with speed" Qualitative Evidence Synthesis (QES) during, and in response to, the COVID-19 pandemic. June 18th 12 pm (BST)*

      ii. *Dr Andrea Tricco on conducting rapid reviews and how to tailor rapid review methods according to decision-makers information needs. July 23rd 2pm (BST)*

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7. **ANY OTHER BUSINESS**

   a. *No other business*