

| | |
|---|----------------------|
| <p>1. INTRODUCTIONS</p> <p>a. No new members required introductions</p> | <p>3 min</p> |
| <p>2. REVIEW OF COVID-END ACTION ITEMS</p> <p>a. There were no comments in the action items from the last meeting</p> | <p>2 min</p> |
| <p>3. COVID-END NETWORK</p> <p>a. John and Ileana noted that the key points about the transition were documented in the action items</p> <p>b. Jeremy strongly encouraged everyone to join the December meeting of COVID-END global partners, which will be our last meeting</p> | <p>15 min</p> |
| <p>4. EVIDENCE COMMISSION UPDATES</p> <p>a. John provided an overview of the status of rapid jurisdictional assessments in various countries, and invited expressions of interest from other teams interested in undertaking an assessment in their countries (and he responded to a question from Maureen Dobbins about how the Library of Parliament undertakes its rapid responses)</p> <p>b. John also provided an update about conversations with evidence funders, which led to a rich conversation about:</p> <ol style="list-style-type: none"> i. how we deal with complexity and uncertainty in answering questions about the big societal challenges of our time ii. how GRADE and other health-focused solutions may not be the right solution for other, arguably more complex domains iii. how we need to start having conversations across disciplines, as Jan Minx will be doing when he and others convene the What Works Climate Solutions Summit in June 2023 iv. how we need to be very open minded about learning from other disciplines about their methodologies and not assume that they don't already have methods to ascertain (un)certainty v. how even in less complex areas of medicine (simple RCT for pharmacological intervention), the majority of evidence is also generally low certainty and that the hunt and disappointment for "high quality" may be a false hope and something we (and decision-makers) have to face/accept vi. how decisions will still be made even if uncertain evidence vii. how confusing it can be for citizens/patients who actually try to look at the evidence from studies and then see the labels of very low and low viii. how David Spiegelhalter's group has done some good work showing that the concept of 'quality' and 'uncertainty' impacts on patient decisions (https://europepmc.org/article/PPR/ppr401632), which suggests that it needs to be robustly considered and presented alongside any evidence. ix. how we need funding for methodological research bringing lots of disciplines together x. how one team is working on evaluating and categorising evidence synthesis methods across all fields (https://jbi.global/jbi-evidence-synthesis-taxonomy-initiative/about) <p>c. Jeremy encouraged all partners to respond to the Questions for COVID-END partners about joining the Evidence Commission Council (click hyperlink)</p> | <p>20 min</p> |
| <p>5. NEWS AND INITIATIVES OF INTEREST TO PARTNERS</p> <p>a. Stefano Negrini gave a presentation about a Cochrane Rehabilitation initiative with rehabilitation journals</p> | <p>15 min</p> |