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| <p><b>1. FOLLOW-UP ON ACTION ITEMS</b></p> <p><i>a. Review previous meeting notes and action items (see attachment 2)</i></p> <ul style="list-style-type: none"> <li>• <i>Final revisions still need to be made by Ivan and Michael</i></li> <li>• <i>Hope to have a final version that incorporates the comments and feedback received so far early next week</i></li> </ul>  | <p>5 min</p>  |
| <p><b>2. JOINT SYNTHESIZING-RECOMMENDING MEETING</b></p> <p><i>a. Summary of previous meeting</i></p> <ul style="list-style-type: none"> <li>• <i>Equal attendance from both groups</i></li> <li>• <i>Initially talked about the meeting with Paula Williamson about the COMET initiative, and the prevention core outcomes which is currently still work in progress</i></li> <li>• <i>The main items included:</i> <ul style="list-style-type: none"> <li>○ <i>A presentation by Allison Tong on the core outcomes set for treatment, multi-national work aimed to identify a core outcome set. It has been published and includes 5 core outcomes: shortness of breath, respiratory failure, multiple organ failure, mortality, and recovery.</i></li> <li>○ <i>There was a discussion on how the core outcomes will be measured and potential challenges of that</i></li> <li>○ <i>The expectation is that the core outcome set will evolve over time, and certain concepts such as long COVID will be included in the future</i></li> <li>○ <i>Equity and the sub-group that has been formed</i></li> <li>○ <i>Discussed the need for the inventory to be more reflective of equity concerns/perspective and whether the Digitizing working group can set up some tools that can pre-identify those reviews that have equity consequences in terms for differential effects for different outcomes or reviews that directly address equity</i></li> <li>○ <i>Discussed the importance of cost and affordability, especially in low-resource settings</i></li> <li>○ <i>If the Recommending working group has equity ideas or recommendations, they can send them to either Vivian Welch, Andrea Tricco and/or Anna Dion</i></li> <li>○ <b>ACTION:</b> David and Safa to invite Mireille for upcoming equity sub-group meetings</li> </ul> </li> <li>• <i>Ivan asked how we can encourage groups to use the core outcome set?</i></li> </ul> | <p>10 min</p> |

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| <ul style="list-style-type: none"> <li>• <i>David raised the COVID-NMA project that is currently writing to all primary trials as soon as their titles are registered as encouragement to study the core outcomes set and include the sets as part of their reporting</i></li> <li>• <i>Potentially make the COMET work more visible on the COVID-END website</i></li> <li>• <b>ACTION:</b> David or Safa to bring back the idea of highlighting the COMET core outcomes set work on the COVID-END website</li> </ul> <p><i>b. Next steps in workplan for both groups</i></p> <ul style="list-style-type: none"> <li>• <i>Date for the next joint working group meeting is still not set</i></li> <li>• <i>Working group agreed to have once a month joint meetings with the Synthesizing group</i></li> </ul>  |        |
| <p><b>3. GUIDELINES DOCUMENT</b></p> <p><i>a. Final discussion</i></p> <ul style="list-style-type: none"> <li>• <i>To be discussed at next meeting when the final version is completed</i></li> </ul>   | 10 min |
| <p><b>4. COVID-END INVENTORY</b></p> <p><i>a. Discuss the COVID-END inventory and potential linkages to guideline community</i></p> <ul style="list-style-type: none"> <li>• <i>How can the Recommending working group support, improve or add to the inventory that is currently on the website?</i></li> <li>• <i>Potential to add several columns on existing guidelines that cover the broad/specific decision. For example, for clinical management, this would be specific to the drug evidence outlined in the inventory.</i></li> <li>• <i>David raised the concern that other organizations, such as GIN, are doing a similar resource for people seeking guidelines. COVID-END does not want to duplicate the efforts being done elsewhere by other organizations</i></li> <li>• <i>GIN representatives are not available at today's meeting to comment on this concern and the scope of what is GIN is currently doing</i></li> <li>• <i>Sandy raised that GIN has a repository of COVID-19 guidelines that links out from the GIN website to the organization's specific website, however, it's not as detailed as the current inventory outlined on the COVID-END website</i></li> <li>• <i>Ivan raised the work of NIPH, in partnership with McMaster, in mapping existing COVID-19 recommendation, however, still unsure what the final output will look like</i></li> <li>• <i>How does HTA fit into this? Would it sit appropriately in the inventory or in a separate guideline repository?</i></li> <li>• <i>To give the COVID-END inventory some HTA 'flavour', it would need to talk about affordability. This could be done by providing a price range</i></li> </ul> | 30 min |

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| <p><i>(price range would be more politically correct than providing one set price point), especially for the drugs in the clinical management inventory</i></p> <ul style="list-style-type: none"> <li>• <i>The price range could also help address equity concerns of the inventory</i></li> <li>• <i>The inventory can include additional columns that provides link to guidelines and then information about price/cost. David mentioned perhaps using an approach similar to the Michelin guide to inform the price range, for example, utilizing different number of dollar signs to signify price ranges</i></li> <li>• <i>Do we want to add additional columns that outline PICO which would help users find what they need based on their PICO targeted question</i></li> <li>• <b>ACTION:</b> <i>To clearly define NIPH and GIN's work and what they are doing before we start a project of linking guidance resources to the inventory</i></li> <li>• <i>Michael mentioned the importance of the inventory and how he is currently using it as part of a group that is advising the local essential medicine list and the linked guidance coming out of South Africa. They are using the inventory to identify high level systematic reviews and linked GRADE evidence profiles to use in training for essential medicine list guideline development committees. The link to an existing guideline embedded in the inventory will be really useful for various groups to provide informed local or national decisions</i> <ul style="list-style-type: none"> <li><i>i. Evidence about public health measures – link <a href="#">here</a></i> <ul style="list-style-type: none"> <li>○ <i>'Show/hide columns' to display additional decision-relevant details including whether it is a living evidence synthesis, what type of synthesis and type of question (e.g. benefits and harms)</i></li> </ul> </li> <li><i>ii. Evidence about clinical management – link <a href="#">here</a></i></li> <li><i>iii. Evidence about health-system arrangements – link <a href="#">here</a></i></li> <li><i>iv. Evidence about economic and social responses – content to be added</i></li> </ul> </li> </ul> |              |
| <p><b>5. ANY OTHER BUSINESS</b></p> <ul style="list-style-type: none"> <li><i>a. Weekly Friday meetings at 9am Eastern till the end of October</i></li> <li><i>b. Biweekly Friday meetings at 9am Eastern from November till the end of March</i></li> <li><i>c. No scheduled COVID-END meetings (partners, co-chairs and working groups) for the following weeks:</i> <ul style="list-style-type: none"> <li><i>i. Week of October 12</i></li> <li><i>ii. Week of November 16</i></li> <li><i>iii. Week of December 21</i></li> <li><i>iv. Week of December 28</i></li> </ul> </li> </ul>  | <p>5 min</p> |