1. **INTRODUCTIONS**

   a. Ben noted that there were no new members of the working group and that he had received regrets from Sally Green

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

   a. Working group members proposed significant revisions to the terms of reference, including most notably focusing on just two of the initial terms and adding a third about what to do after this initial work is completed
   ACTION: John to act on the feedback and bring back to the working group another draft – *Addendum see draft text below*

   1) **Prepare (and update as needed) a list key principles for packaging evidence about COVID-19 for decision-makers (that can be added to a dedicated webpage on the COVID-END website)**
      a. E.g., Undertake a new evidence-packaging initiative when it offers the potential to decrease the noise-to-signal ratio for a given target audience or in a given language (and, in the case of a national or sub-national initiative, when it also offers the potential to complement existing government directives and professional recommendations)
      b. E.g., 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)
      c. E.g., 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) by the target audience and in the context for which it was prepared
      d. E.g., Disseminate the packaged evidence as quickly as possible through existing channels that are already being used by key target audiences
   2) **Create (and update as needed) a list of resources that can support those engaged in packaging evidence about COVID-19 for decision-makers (that can be added to a dedicated webpage on the COVID-END website)**
      a. E.g., resources to support plain-language communication
         i. E.g., glossaries like the one from Kaiser Family Foundation
         ii. E.g., tools to assess the readability of a communication like the one built into MS Word
         iii. E.g., resources for consumers who are supporting plain-language communication
      b. E.g., resources to support translation into multiple languages
         i. E.g., groups like Translators without Borders and technical second-best options like a Google Translate widget on a webpage
         ii. E.g., applications by groups like Cochrane and Evidence Aid
      c. E.g., resources to address the use of the same word/phrase to mean different things (e.g., rapid reviews) and the use of different words/phrases to mean the same thing or similar

things (e.g., systematic review and the name for a particular type of systematic review such as a meta-analysis)

    d. E.g., resources to understand quality ratings of evidence syntheses, technology assessments, and guidelines (e.g., what an AMSTAR score for a systematic review means, what a GRADE assessment of the strength of evidence means) and the value (or not) of potential proxies for quality (e.g., peer review)

    e. E.g., resources to combat mis-information
        i. E.g., resources like the one about fact checking from the Public Media Alliance
        ii. E.g., applications by groups like Africa Check and WHO's 'Myth busters'

    f. E.g., resources to provide a 'daily fix' about what we know and don't know
        i. E.g., services that are already reaching key target audiences like the Bloomberg service
        ii. E.g., services that have been newly created for key target audiences like the Australian one

3) Liaise with the Engaging working group to identify ways to bring the above webpages to the attention of those who could benefit from them

4) **Propose to the Scoping working group whether this working group should cease to exist after the above deliverables have been created, transition into a new function like drafting position statements to advance public understanding of and support for using evidence in decision-maker, or something else**

3. DISCUSSION ON SCOPE AND TERMS OF REFERENCE

    a. Review the logic model developed by Cochrane for its KT work (shared by Jo Anthony) 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
        i. Insufficient time to get to this point

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
        i. Working group members suggested considering consumer representatives and/or members from the European Implementation Collaboration (e.g., Bianca Albers)
        ii. Working group members also noted that packaging for providers is currently more about packaging evidence-based directives from government but in future the conversation is likely to transition to how to support the necessary behaviour changes among providers (which could be supported with framework like the behaviour-change wheel and by members with experience in implementation science as applied to providers)
        iii. **ACTION: working group members to also consider how the changes to the terms of reference may affect their advice about who to reach out to (e.g., in the short term consider someone from Africa Check or WHO's Myth busters initiative and in the longer term consider people with experience in writing position statements and using them in advocacy efforts)**

4. ANY OTHER BUSINESS

a. **ACTION: Safa to set a date/time for the next meeting**