

0. Review today's agenda and review action items from last meeting	<ul style="list-style-type: none"> Please note that items in bold are for discussion (time allotment in green highlights); all others are updates 	10 min
STANDING ITEMS Topic (change to 'Notes and actions' in action items doc)		
A) Activity streams		
1. New or updated syntheses		
<ul style="list-style-type: none"> Intake and prioritization <i>(includes intake for living docs)</i> 	<ul style="list-style-type: none"> Process mapping and forms completed <ul style="list-style-type: none"> Request form - attachment 2 Response form - sample responses listed below and attached Adjudicating borderline requests: through sub-group of steering group Five requests to date: <ol style="list-style-type: none"> vaccine roll-out - accepted, completed LEP 1.1, completed LEP 1.2 drug treatments – responded with referrals - see attachment 3 vaccination in asymptomatic LTC residents - accepted, completed REP 25 vaccine effects on transmission – responded with status of existing living evidence syntheses (see attachment 4) and further discussion pending (see action 2 below) supporting vaccine uptake among health workers – responded with status of existing rapid synthesis and behavioural sciences document – see attachment 5 	10 min
<ul style="list-style-type: none"> Rapid evidence profiles (REPs) 	<ul style="list-style-type: none"> See request 3 above 	
<ul style="list-style-type: none"> Rapid evidence syntheses (RSs) 	<ul style="list-style-type: none"> 	
<ul style="list-style-type: none"> Plain language summaries <i>(includes summaries for living documents below)</i> 	<ul style="list-style-type: none"> 	
2. Living evidence syntheses		
<ul style="list-style-type: none"> Living evidence profiles 	<ul style="list-style-type: none"> See request 1 above 	
<ul style="list-style-type: none"> Living evidence syntheses 	<ul style="list-style-type: none"> Possible living evidence synthesis of observational studies (e.g., to examine vaccine effectiveness in reducing transmission) to complement living evidence syntheses of trials being maintained by others and a country-level vaccine tracking system being developed by PAHO (request 4b) 	2 min
<ul style="list-style-type: none"> Other 	<ul style="list-style-type: none"> 	
3. Inventory of 'best evidence syntheses'		
<ul style="list-style-type: none"> Status 	<ul style="list-style-type: none"> 4,900+ syntheses from high-quality / high-yield sources → 3,600+ non-duplicate syntheses → 2,200+ decision-relevant syntheses → 247 'best' evidence syntheses Additional field(s) for equity considerations to be added 	
<ul style="list-style-type: none"> Searchable database 	<ul style="list-style-type: none"> Fully functional platform to be available in April Data sharing to be supported by Alfonso (and possibly to include COVID-END, Cochrane, COVID+, and L*VE) 	
<ul style="list-style-type: none"> Inventory spotlights 	<ul style="list-style-type: none"> First global inventory spotlight disseminated - see attachment 6 Various formats including html being tested to support its incorporation in partners' dissemination vehicles See below about domestic spotlight 	5 min
4. Evidence-demand coordination		
<ul style="list-style-type: none"> Canadian Public Health Network (SAC and TAC) 	<ul style="list-style-type: none"> Presentation to SAC being arranged 	1 min
<ul style="list-style-type: none"> Other PHAC (Chief Science Officer, CPTG), other 	<ul style="list-style-type: none"> Presentation given to PHAC internal evidence group (see list of webinars and presentations below) 	

	<ul style="list-style-type: none"> • Connected CPTG to COVID+ and L*VE for new studies and to McMaster and Cochrane NMA groups for GRADE evidence profiles (see request 2 above) 	
<ul style="list-style-type: none"> • Other federal government 	<ul style="list-style-type: none"> • Agreed next steps with CIHR staff <ul style="list-style-type: none"> ◦ they will organize an event with Health Canada staff (including the chief scientist and her staff) and possibly COVID-19 focal points from Health Canada-connected pan-Canadian health organizations and task forces (e.g., immunity task force), as well as possibly other departments (e.g., Global Affairs Canada; Innovation, Science and Economic Development Canada, which funds CanCOVID) and possibly the National Health Research Council and/or National Alliance of Provincial Health Research Organizations (addendum: they are still working on this) ◦ they will send a list of funded syntheses from the CIHR funding database (addendum: completed - see attachment 7, with those supported through the call for mental health syntheses highlighted in blue and those related to Indigenous peoples in orange) and let us know when the funding for Indigenous health syntheses will be announced (addendum: end of March) • we may want to consider engaging health charities in future (and any groups above that we don't prioritize for the planned event) 	3 min
<ul style="list-style-type: none"> • Provincial and territorial governments 	<ul style="list-style-type: none"> • A background note along with the following requests was sent to members of the National Alliance of Provincial Health Research Organizations (NAPHRO) on 2 February 2021 <ul style="list-style-type: none"> ◦ COVID-END would warmly welcome (by email to covidend@mcmaster.ca) a contact person (and email address) in evidence-synthesis units located <u>within</u> government or government agencies that would benefit from collaboration <u>and</u> a contact person (and email address) for any 'receptors' within government who are well positioned to receive and contextualize best evidence for their jurisdiction. COVID-END would also welcome the opportunity to have a brief call with NAPHRO members interested in discussing how to better meet the evidence needs for decision-makers in this 'marathon' phase of the COVID-19 evidence response. 	2 min
<ul style="list-style-type: none"> • Tracking 	<ul style="list-style-type: none"> • See action 1 above 	
<ul style="list-style-type: none"> • Webinars (and presentations) 	<ul style="list-style-type: none"> • Evidence Synthesis Network (ON) – completed on 12/1 • PHAC internal evidence group – completed on 27/1 • SAC – being booked • Two by-invitation training webinars being organized <ul style="list-style-type: none"> ◦ One for evidence-synthesis teams <ul style="list-style-type: none"> ▪ Tuesday 16 Feb, 1-2 pm (invitations sent this morning) ◦ One with patient partners <ul style="list-style-type: none"> ▪ week of 25-29 February 	2 min
5. Horizon scanning		
<ul style="list-style-type: none"> • Adjustments to existing process 	<ul style="list-style-type: none"> • Agreed adjustments to existing process with core horizon-scanning team (Heather Bullock, Safa Al-Khateeb, Andrew MacLean, Kartik Sharma) <ul style="list-style-type: none"> ◦ Extend current meeting schedule from Jan, Feb, April, May to include July, Sept and October (and last 1 or 2 may be focused on post-COVID considerations) ◦ Keep single briefing note ◦ Have additional Canadian panelists listen into global call, meet for another 30 minutes, and complete a separate survey ◦ Create a 0.5-1 page Canadian supplement to the global panel summary that highlights any differences (but doesn't reproduce the tables) • Done for other reasons: 1) stop cross-matches to inventory (and in future put in link to customized search); 2) stop creating slides by default 	
<ul style="list-style-type: none"> • Canadian panel membership 	<ul style="list-style-type: none"> • Plan is to have approximately 24 members in total • We have eight existing Canadian members of the global panel • We are recruiting 5-6 citizen panelists with attention to EDI/ risk • We will be recruiting more providers and policymakers, more from provinces other than ON and QC, and more with economic and social response-related experiences 	

6.Evidence-supply coordination		
• Evidence-synthesis teams	• All teams have been approached about sharing evidence syntheses prepared since 1 December and then sharing new questions and syntheses going forward – see attachment 8 for a listing of evidence-synthesis teams, with those from whom we’ve not yet heard highlighted in yellow and those for whom we have questions about their responses highlighted in blue	10 min
• Canadian synthesis spotlights	• First domestic inventory spotlight drafted for broad dissemination (and note that submissions from the Ontario ministry of health and from PHAC will be included in the next spotlight, along with any new submissions from teams, and that in future there will be both ‘within network’ and ‘public’ versions) - see attachment 9	8 min
• Dissemination vehicles	• Have identified key dissemination vehicles and communication contacts – see attachment 10	
B) Cross-cutting		
1. Citizen partnership	• Planning and recruitment of citizen partners underway	
2. Indigenous peoples engagement	• FYI (and for your files): engagement plan submitted to CIHR – see attachment 11 • See also the list of CIHR-funded syntheses related to Indigenous peoples above – see attachment 7 (as noted above)	3 min
3. Website and communications	• Announcement happened on 13/1 • We are working on the website text for the COVID-END in Canada part of the COVID-END website	
4. Measuring impact	•	
OTHER BUSINESS / ARISING ISSUES		
1. Brief updates about other relevant initiatives underway in Canada	• COVID-19 Clinical Pharmacology Task Group (PHAC) • CIHR competition for a national network of COVID-19 trialists (results announced) • CIHR competition for a national network of a COVID-19 data modelers (results pending) • CIHR competition for a national network of SARS-CoV-2 variants research • Others?	2 min
2. Collaborators meeting schedule	• every two months, on the first Thursday of the month, from 12-1 pm Eastern Time, • conducted on the MS Teams platform • calendar invitation was sent last month	2 min
3. Next meeting	• Thursday 1 April • Possible substantive discussion about how to deal with ‘old COVID-19 science’ in evidence syntheses	