

(*this agenda was attachment 1 in the meeting package)

<p>0. Review action items from last meeting and today's agenda</p>	<ul style="list-style-type: none"> Action items from last meeting - see attachment 2 Other agenda items for today?
<p>STANDING ITEMS Topic (Notes and actions items are in red fonts)</p>	
<p>A) Activity streams</p>	
<p>1. New or updated syntheses</p>	
<ul style="list-style-type: none"> Intake and prioritization <i>(includes intake for living docs)</i> 	<ul style="list-style-type: none"> 8 requests to date: <ol style="list-style-type: none"> vaccine roll-out - accepted, completed LEP 1.1, 1.2, 1.3, 1.4 drug treatments - responded with referrals (response 2) vaccination in asymptomatic LTC residents - accepted, completed REP 25 vaccine effects on transmission - responded with status of existing living evidence syntheses (response 2); see request #6 for additional work viral transmission among vaccinated people – accepted, LES in progress factors affecting health workers' attitudes towards vaccination uptake and strategies – responded with referrals (response 6) variants of concern and their implications – accepted, LES in progress crisis management and renewal in long-term care – accepted, LEP 2.1
<ul style="list-style-type: none"> Rapid evidence profiles (REPs) 	<ul style="list-style-type: none"> See above
<ul style="list-style-type: none"> Rapid evidence syntheses (RSs) 	<ul style="list-style-type: none"> See above
<ul style="list-style-type: none"> Plain language summaries <i>(includes summaries for living documents below)</i> 	<ul style="list-style-type: none"> Process document completed; template completed; currently being tested
<p>2. Living evidence syntheses</p>	
<ul style="list-style-type: none"> Living evidence profiles (LEP) 	<ul style="list-style-type: none"> See above
<ul style="list-style-type: none"> Living evidence syntheses (LES) 	<ul style="list-style-type: none"> See above
<ul style="list-style-type: none"> Other 	<ul style="list-style-type: none"> Living behavioural sciences document to support vaccine uptake Several groups are contributing: <ul style="list-style-type: none"> Maureen Dobbins' group at NCCMT was approached by PHAC with a request to take on a synthesis primarily of quality studies looking at factors that might lead equity-seeking groups to be hesitant about vaccination. Justin Presseau and Jeremy Grimshaw are working on two living behavioural-sciences syntheses about vaccine hesitancy (one focused on healthcare workers and the other on citizens) PHAC has its own 'evergreen' synthesis of primary studies (180+) looking at factors that influence vaccine acceptance and uptake Maureen Dobbins noted that Margo Greenwood from the National Collaborating Centre (NCC) for Indigenous Health and Claire Betker from the NNC Determinants of Health could be good intermediaries through which to engage racialized and other equity-seeking groups Participants offered help with contacts for and introductions to key stakeholders such as the Nishnawbe Aski Nation (NAN) communities, and the Toronto Public Health Unit ACTION: Everyone let the Secretariat know if they are aware of other groups across the country working with equity-seeking groups to address vaccine confidence and uptake ACTION: Secretariat to facilitate connections with key stakeholders who can provide insights into the topic
<p>3. Inventory of 'best evidence syntheses'</p>	
<ul style="list-style-type: none"> Status 	<ul style="list-style-type: none"> Reduction in noise-to-signal ratio: 5,440 syntheses from high-quality / high-yield sources → 4,188 non-duplicate syntheses → 2,731 decision-relevant syntheses → 339 'best' evidence syntheses Note greater visibility to four sections of the inventory and new introductions to each - John provided a demo of the four webpages, each dedicated to one section of the

	<ul style="list-style-type: none"> inventory (public-health measures, clinical management, health-system arrangements, and economic and social responses) ACTION: COVID-END (Forum) team to include the expected date of updates in the inventory tables if possible (for ivermectin if available)
<ul style="list-style-type: none"> Searchable database Inventory spotlights 	<ul style="list-style-type: none"> Canadian and global and domestic spotlights posted on website and disseminated <ul style="list-style-type: none"> Canadian spotlights (1, 2.1, 2.2) – note two rapid syntheses about ivermectin despite living evidence syntheses Global spotlights (1, 2.1, 2.2) Subscription model implemented: twice-a-month ‘newsletter’ to keep current with three types of products: 1) Canadian spotlights; 2) global spotlights; and 3) horizon scans see current issue here: second half of February 2021 Once the searchable database is available, subscribers will be able to narrow the focus of updates they receive (for example, public-health measures only) ACTION: Everyone to consider subscribing and promoting the availability of the spotlight to others in their networks
4. Evidence-demand coordination	
<ul style="list-style-type: none"> Canadian Public Health Network <i>Special Advisory Committee (SAC) and Technical Advisory Committee (TAC)</i> 	<ul style="list-style-type: none"> Update on plan for SAC presentation Update received after the meeting: we are provisionally scheduled to present to SAC on 18 March (update: completed)
<ul style="list-style-type: none"> Other PHAC (Chief Science Officer, CPTG) 	<ul style="list-style-type: none"> See below (and attachment 3)
<ul style="list-style-type: none"> Other federal government 	<ul style="list-style-type: none"> Review revised list of federal contracts - see attachment 3 Several suggestions were provided by participants during the call. ACTION: Everyone to let the secretariat know if they are aware of ‘centers of gravity’ (in addition to the ones captured) that have evidence shops or evidence contextualization shops ACTION: Secretariat to consider a direct email communication with SAC members if a list with email is available (update: this is no longer necessary because the content from our spotlights will be included in the weekly evidence summary sent to all SAC members)
<ul style="list-style-type: none"> Provincial and territorial governments 	<ul style="list-style-type: none"> Review revised list of territorial contacts (same attachment 3) and brainstorm about NWT contacts
<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"> Two webinars completed; one being planned: <ul style="list-style-type: none"> By-invitation webinar: training for evidence-synthesis teams, 16 February 2021 Public webinar public: citizen engagement in evidence synthesis, 23 February 2021 March (date TBD) (by-invitation) training for citizen partners group
5. Horizon scanning	
<ul style="list-style-type: none"> Adjustments to existing process 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Canadian panel membership 	<ul style="list-style-type: none"> Eight members confirmed, recruitment underway - see attachment 4
6. Evidence-supply coordination	
<ul style="list-style-type: none"> Evidence-synthesis teams 	<ul style="list-style-type: none"> Planning for quarterly meetings The objective of the first meeting is to advance the conversation in Canada about enhancing coordination and avoiding duplication; to discuss the value of sharing information about work underway so that when new questions come in duplication can be avoided, and teams can build on one another’s work; and to exchange best practices (including lessons learned from preparing living syntheses and from engaging citizen partners). ACTION: Secretariat to organize the first meeting at the end of March. ACTION: Secretariat to ensure that an appropriate connection is to NCCMT’s public health rapid evidence review repository
<ul style="list-style-type: none"> Canadian synthesis spotlights 	<ul style="list-style-type: none"> See section 3

<ul style="list-style-type: none"> Dissemination vehicles 	<ul style="list-style-type: none"> Dissemination plan completed, and two rounds of communication completed ACTION: Secretariat to send a blog post submission to Doris Grinspun in the coming weeks
B) Cross-cutting	
1. Citizen partnership	<ul style="list-style-type: none"> Planning completed Recruitment underway: formally launched 23 February, deadline to apply is 12 March 2021 Training program being developed for citizen partners' participation in evidence syntheses SPOR EA has a pool of patient partners. COVID-END will be completing the recruitment of citizen partners by end of March. Matching of existing citizen partners to research teams is underway: local patient partners will be working with Janet Curran and her team at Dalhousie on the updates to the rapid synthesis on variants of concern; Maureen Smith and FP Gauvin are matching partners with the McMaster team (Mike Wilson, John Lavis) working on the living evidence profiles about vaccine roll-out, and about long-term care; and Fiona Clement's team at the University of Calgary may engage citizen partners in next iterations of the living evidence synthesis on transmission. ACTION: Maureen Smith, FP Gauvin, John Lavis and Mike Wilson to meet to further discuss ways to engage citizens who represent equity-seeking groups Doris Grinspun suggested that we document all our learning about engaging citizens in a meaningful way in times of crisis (which would be an interesting topic for a future paper) and suggested that we also consider the experiences of Canadians who have lived outside the country during pandemic.
2. Indigenous peoples engagement	<ul style="list-style-type: none">
3. Website and communications	<ul style="list-style-type: none"> Website overhaul completed - see Resources for Canadians (as well as global sections of website) John walked participants through the key sections of the website. Many participants commented that the site is extremely useful and easy to navigate. ACTION: Everyone to encourage colleagues to use the website and sign-up for the spotlight
4. Measuring impact	<ul style="list-style-type: none">
OTHER BUSINESS / ARISING ISSUES	
1. Round table: relevant initiatives	<ul style="list-style-type: none"> Brief updates about other relevant initiatives underway in Canada Relevant networks and initiatives include the CIHR-funded data modelling network (announcement expected soon), and trials network, the '19 to zero' initiative, and the COVID-19 immunity task force. Results of the CIHR network for emerging variants opportunity are expected by the end of March. eCOVID is releasing public versions of recommendations (in groups of five) ACTION: Secretariat to invite the leads of the trials network (and later the data modelling network, the trials network, and the emerging variants network) to present at future COVID-END meetings Updates from the COVID-END secretariat on global activities: <ul style="list-style-type: none"> We are scanning the horizon to stay ahead of the curve (e.g., for topics such as the interval between vaccine doses). For the vaccine roll-out topic we are tracking eight countries particularly closely. Jeremy is keeping us closely connected with WHO EEC-19. We continue the global horizon scanning activities and contextualizing for Canada and running the Canadian horizon scanning panel. Maureen Dobbins and colleagues at NCCMT are maintaining many living evidence syntheses that keep them abreast of global issues.
2. Upcoming meetings	<ul style="list-style-type: none"> Collaborators meeting 1 April 12 pm EST Next meeting of Steering Committee: has now been confirmed for 18 May (11-12 EDT), after which we are entering the recurring schedule of meeting every two months
3. Other business	<ul style="list-style-type: none"> Other business - TBD

Steering committee members

Role category	Name	Role	Organization	Email
Representatives of evidence-synthesis teams based in government	Trevor Corneil	Senior Medial Advisor, COVID-19 Pandemic Response, Government of BC	BC CDC and Ministry of Health	trevor.corneil@ubc.ca
	Anne Hayes	Director, Research, Analysis and Evaluation Branch (RAEB)	Ontario Ministry of Health	anne.hayes@ontario.ca
	Andrea Proctor <i>(delegate for Anne)</i>	Manager, Evidence Synthesis Unit, RAEB	Ontario Ministry of Health	andrea.proctor@ontario.ca
	Denis Roy	Vice-président, Stratégie, Institut national d'excellence en santé et en services sociaux	INESSSS	denis.roy@inesss.qc.ca
Representatives of KT/ intermediary initiatives	Maureen Dobbins	Scientific Director	National Collaborating Centres for Methods and Tools (NCCMT)	dobbinsm@mcmaster.ca
	Margo Greenwood	Academic Leader	National Collaborating Centre for Indigenous Health	margo.greenwood@unbc.ca
Citizen leaders	Maureen Smith	Chair	Cochrane Consumer Network Executive	maureen_smith@rogers.com
	One other person			
Representatives of major professional bodies	Doris Grinspun	Chief Executive Officer	Registered Nurses' Association of Ontario	dgrinspun@rnao.ca
	Owen Adams	Senior Advisor to the CEO	Canadian Medical Association	owen.adams@cma.ca
Representatives of policymakers/ leaders	Marina Salvadori	Senior Medical Advisor, Clinical Lead COVID-19	Public Health Agency of Canada	marina.salvadori@canada.ca
	Braden Manns	Associate Chief Medical Officer	Alberta Health Services	braden.manns@albertahealthservices.ca
	Gaynor Watson-Creed	Deputy Chief Medical Officer of Health, Nova Scotia Health Authority	Nova Scotia Department of Health and Wellness	gaynor.watson-creed@novascotia.ca
Co-principal applicants	John Lavis	Co-Lead, COVID-END and Director, McMaster Health Forum	COVID-END, McMaster Health Forum RISE	lavisj@mcmaster.ca
	Andrea Tricco	Director, Knowledge Synthesis Team in the Knowledge Translation Program, Li Ka Shing Knowledge Institute of St. Michael's Hospital	SPOR-EA	andrea.tricco@unityhealth.to
	Nancy Santesso	Deputy Director	Cochrane Canada	santesna@mcmaster.ca
	Jeremy Grimshaw	Co-Lead, COVID-END, and Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute (OHRI)	COVID-END, OHRI RISE	jgrimshaw@ohri.ca
Ex-officio members	Alfonso Iorio	Chair, Department of Health Research Methods, Evidence & Impact and Director, Health Information Research Unit	COVID+, McMaster University	iorioa@mcmaster.ca
	Ileana Ciurea	Senior Advisor, Strategy, Collaboration, and Innovation	COVID-END, McMaster Health Forum RISE	ciurea@mcmaster.ca
Staff support and note-taker	Sara Weberman	Senior Project Manager	COVID-END, McMaster Health Forum RISE	webermsm@mcmaster.ca