## COVID-END Partners Coordination Call
Notes from 14 May 2020
https://zoom.us/j/6163788736

### 1. INTRODUCTIONS

<table>
<thead>
<tr>
<th>a. Welcoming new collaborators (see attachment 2)</th>
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<tr>
<td>i. Claudia Wild (c/o Merle Tenberg <a href="mailto:MTenberg@zinl.nl">MTenberg@zinl.nl</a>), EUnetHTA and Austrian health technology assessment agency, which is setting up a horizon-scanning function</td>
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<td>ii. David Nunan (<a href="mailto:david.nunan@phc.ox.ac.uk">david.nunan@phc.ox.ac.uk</a>), Oxford Centre for Evidence-based Medicine</td>
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<td>iii. Tiago Moreira (<a href="mailto:tiago.moreira@durham.ac.uk">tiago.moreira@durham.ac.uk</a>), Durham University (who is interested in studying how organizations are adapting to this crisis)</td>
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<td>iv. Xibei Wang (c/o <a href="mailto:baizhenggang@126.com">baizhenggang@126.com</a>), Campbell China</td>
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### 2. FOLLOW-UP ON ACTION ITEMS

| a. Jeremy highlighted key points form the notes from the meeting on 7 May (see attachment 3) |
| b. Jeremy also emphasized a point made in an email to partners from last Friday: COVID-END is a time-limited network that has come together in response to an ‘exogenous shock’ (COVID-19) to collaboratively advance the evidence ecosystem in a way: 1) that makes the most of this explosion of interest in evidence synthesis; 2) that makes the evidence ecosystem even more robust and resilient in future; and 3) that strengthens existing institutions and processes. |

### COVID-END WEBSITE

| a. Jeremy welcomed continued feedback on the website, including the evidence guides and taxonomy |
| i) One partner questioned the need for two different evidence guides |
|   i. The list targeting decision-making was created at the request of a partner working closely with decision-makers, while the researcher-facing list is tailored to facilitate navigating global COVID-19 related evidence. They differ in form as they were developed with different purposes and audiences in mind. |
| ii) Partners offered several comments about the taxonomy |
|   i. For additional ideas, consider reviewing the list of health-services research questions published by Academy Health, the list of priority questions maintained by Cochrane, and the list of topics that Cochrane South Africa and GESI partners are working on |
|   ii. Consider adding a fifth broad domain about research priorities for COVID-19. Some aspects of this will be captured in horizon scanning for evidence |
SYNTHESIS PRIORITIES, HOWEVER, ACTIVELY IDENTIFYING COVID-19 RESEARCH PRIORITIES IS NOT CURRENTLY WITHIN SCOPE OF COVID-END ACTIVITIES

**ACTION:** ALL WORKING GROUPS (AS WELL AS INDIVIDUAL PARTNERS) TO SEND SUGGESTIONS FOR IMPROVING THE TIPS AND TOOLS (BOTH FOR THOSE SUPPORTING DECISION-MAKERS AND FOR RESEARCHERS) ON THE WEBSITE, AS WELL AS FOR IMPROVING THE TAXONOMY

**ACTION:** SECRETARIAT TO CONTINUE TO UPDATE THE EVIDENCE GUIDES (BOTH THE GUIDE TO KEY EVIDENCE SOURCES AND THE GUIDE TO ALL EVIDENCE SOURCES) BASED ON INPUT FROM THE PARTNERS

## UPDATES FROM WORKING GROUPS

### a. Jeremy pointed partners to the co-chairs meeting notes from May 11 (see attachment 4)

### b. Co-chairs provided updates from working groups that have met since our last call

#### i) Scoping – Jeremy noted that this working group has not met since the last partners call

#### ii) Engaging: Maureen invited additional suggestions and contact information for organizations and networks that have existing dissemination channels for groups supporting decision-makers about COVID-19

   i. 3IE – contact: Birte Snilsveit

   ii. Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers – contact: Stephanie Chang (or via Jerry Osheroff)

   iii. Africa Evidence Network, which includes groups like Africa Centre for Evidence, University of Johannesburg and the Centre for Rapid Evidence Synthesis, Makerere University – contact: Ruth Stewart, Africa Centre for Evidence

   iv. Campbell Collaboration – contact: Vivian Welch

   v. Campbell UK and Ireland – contact: Declan Devane

   vi. Centre for Learning and Evaluation Results – contact: TBD

   vii. Cochrane Geographic Groups, including Cochrane US Network (4 EPCs are members) – contact: Sylvia de Haan

   viii. Collaboration for Environmental Evidence – contact: Ruth Stewart, Africa Centre for Evidence

   ix. European Network for Health Technology Assessment (EUnetHTA) – contact: Claudia Wild, Austrian HTA agency

   x. Evidence Aid – contact: Ben Heaven-Taylor

   xi. Evidence-Informed Policy Network (EVIPNet) – contacts: John Lavis and Ludovic Reveiz

   xii. Global Evidence Synthesis Initiative (GESI) – contacts: Tamara Loutfi and Elie Akl

   xiii. Guidelines International Network (GIN), including its regional sub-networks – contacts: Per-Olav Vandvik and Zachary Munn

   xiv. Health Technology Assessment International (HTAi) – contact: Lucy Henry, HTAi

   xv. International Network Association of Health Technology Assessment Agencies – contact:

   xvi. National Collaborating Centres (Canada) – contact: Maureen Dobbins
xvii. Red de Evaluación de Tecnologías en Salud de las Américas (RedETSA) – contact: Ludovic Reveiz
xviii. SPOR Support Units (Canada) – contact: Andrea Tricco
xix. What Works Centres (UK), which includes groups like Education Endowment Initiative – contacts: Ruth Stewart or Patrick Okwen (for EEI)

iii) Digitizing
   i. **ACTION:** All partners to consider providing input about the biggest challenges to their COVID-related efforts right now (from which the biggest needs for digitizing can be deduced)

iv) Synthesizing
   i. Taryn Young from Stellenbosch University in South Africa has agreed to join David Tovey as co-chair of this working group
   ii. Working group is focused on adding to and editing the ‘tips and tools’ for researchers, with aim of keeping a balance between being concise and being comprehensive
   iii. **ACTION:** All partners to send in suggestions for ‘tips and tools for researchers’ that are particularly germane to COVID-19 and particularly helpful to those who’ve moved into the space without the decades of experience that most partners bring to their work

v) Recommending
   i. Working group is planning to map producers of HTAs and guidelines, which can then be used to further enrich the guide to evidence sources
   ii. **ACTION:** Partners are encouraged to join upcoming webinars being organized by GIN and HTAi
      1. [https://gin.net/covid-19/covid19-webinars-folder](https://gin.net/covid-19/covid19-webinars-folder) (two GIN webinars will be held on 20 May)
      2. [https://htai.org/how-can-we-help-hta-support-for-covid-19/webinars/](https://htai.org/how-can-we-help-hta-support-for-covid-19/webinars/) (HTAi webinar will be held on 22 May)

vi) Packaging
   i. Working group will be meeting again immediately after this call

vii) Sustaining
   i. Working group has identified the need for both an early piece focused on understanding the last 4-6 weeks of partners’ work and a longitudinal piece focused on lessons for the better organization of evidence ecosystems
   ii. Partners made several observations
      1. Variable quality of the primary evidence coming out, with lots of non-peer-reviewed pre-prints (and lots of reviews including these pre-prints) and no automation or guidance to assist with finding the high-quality evidence (and a need to understand the lag and substantive differences between preprint and publication)
      2. Tiago Moreira will be participating in calls to determine whether he can play a role

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5. ANY OTHER BUSINESS

- Jeremy noted that Cochrane, COVID-END and WHO will be organizing a call in the coming week or two