COVID-END partners coordination call
Notes from 11 June 2020
https://zoom.us/j/6163788736

1. INTRODUCTIONS

   a. Jeremy welcomed new participants in the partner calls (see attachment 2)
      i. Stephanie Chang, Evidence-based Practice Centers, Agency for Healthcare Research and Quality, U.S.
      ii. Rhona Mijumbi (who had joined one previous call) and Edward Kayongo, ACRES (Centre for Rapid Evidence Synthesis), Makerere University, Uganda
      iii. Kaelan Moat, McMaster Health Forum, Canada

2. FOLLOW UP ON ACTION ITEMS

   a. Jeremy pointed partners to three background documents
      i. Partner notes from 4 June (see attachment 3)
      ii. Co-chairs meeting notes from 8 June (see attachment 4)
      iii. Action items (see attachment 5)

3. COVID-END NETWORK UPDATES

   a. Jeremy proposed a new structure for these partner meetings to allow for more in-depth discussion by 1-2 working groups per meeting
      i. Review progress and discuss strategic future directions (in 15-20 min)
      ii. Once a month, provide high-level overview across working groups
   b. Jeremy walked the group through a slide presentation about potential ‘next generation’ ideas for COVID-END (see attachment 6), and particularly invited feedback on several points
      i. Three proposed principles to guide activities
         i. No specific feedback provided on the principles
      ii. Four proposals that would be the focus for significant Secretariat and working group activity
         1. Inventory of evidence products that targets decision-makers, can be filtered using the COVID-END taxonomy, and can be scanned easily for decision-relevant information (e.g., quality rating, date stamping, countries where included studies were conducted)
            a. Feedback included: 1) could the inventory support further rationalization / collaboration across the primary study inventories? - addendum: other databases – see agenda items 4 and 6 below – may be better positioned to address this; 2) should we collate the various stakeholders we consider ‘decision makers,’ create a list of their evidence needs/questions, and then either guide them to evidence via COVID-END (pull) and/or provide a service (push) the best available evidence based on our judgements? - addendum: the Secretariat has been acting on the assumption that the decision-makers are primarily practitioners and policymakers in the four
domains covered by the COVID-END taxonomy, that the taxonomy provides the list, and that the inventory could support pull and push mechanisms, but welcomes feedback if partners have different views; 3) does the inventory introduce a significant risk of pathway disruption for end users, especially in relation to groups who have established dissemination pathways - addendum: the inventory is an enabler for any partner that wishes to use it as part of their established dissemination pathways (and certainly shouldn’t interfere with established dissemination pathways)

2. COVID-END Community that will be engaged through a listserv with opportunities for bi-weekly discussion topics, sharing experiences, etc.
   a. No specific feedback provided on this point

3. Horizon scanning with a focus on engaging a small group of thoughtful decision-makers who can help us to identify future evidence needs related to public-health measures, clinical management of COVID-19 and pandemic-related health issues, health-system arrangements, and economic and social responses
   a. Feedback included: 1) do we need a global group, multiple regional and linguistic groups (given decision-makers typically invited to global panels often aren’t in close contact with the challenges faced by frontline practitioners and local policymakers

4. Core set of living systematic reviews on the ‘big issues’ where decisions will continue to be made as the pandemic and pandemic response enter different phases
   a. No specific feedback provided on this point

5. ACTION: Partners to continue to provide feedback as they reflect further on these opportunities and Secretariat to continue to reflect on this feedback and find appropriate ways to act on it

4. PRESENTATION FROM DIGITIZING GROUP

   a. Kaelan presented an update from the Digitizing working group (see the second version of attachment 7, which was circulated just before the call to replace a version that was originally sent out)
     i. Principles that are guiding the collaboration among participants to the working group
     ii. Desire for a single source, and the group has identified facilitators, barriers, and bridging work that is already underway (e.g., ‘improve my RISE file’ service)
     iii. Desire for highlighting decision-relevant information, and again the working has identified facilitators and barriers
     iv. Desire for including all types of decision-relevant documents, and again the working group has identified facilitators and barriers
     v. Criteria for solutions include that they are technically feasible, economically viable, and based on sound assumptions

   b. Feedback included: 1) it’s important to distinguish the inventory described above (i.e., an inventory of evidence products that targets decision-makers, can be filtered using a robust taxonomy, and can be scanned easily for decision-relevant information (e.g., quality rating, date stamping, countries where included studies were conducted)) from other uses cases for one-stop shops (e.g., a single source that emphasizes comprehensiveness across all reviews and studies regardless of decision relevance, etc.,
which is the direction that some other partners are appropriately pursuing and COVID-END should not compete with them in this work); 2) working group members may want to consider a call for proposals ([https://medium.com/covidaction/open-call-building-resilient-health-systems-through-the-covid-19-pandemic-and-beyond-1d3b73861f1f](https://medium.com/covidaction/open-call-building-resilient-health-systems-through-the-covid-19-pandemic-and-beyond-1d3b73861f1f)); 3) McMaster PLUS has made available a demo of the 'Improve my RIS file' service ([https://plus.mcmaster.ca/COVID-19/RIS](https://plus.mcmaster.ca/COVID-19/RIS)); and 4) Cochrane has a working model as part of their Cochrane C-19 register (where you can insert a list of PubMed IDs or NCT IDs into the regular search box and receive a set of results that can be exported as RIS or CSV with the information and metadata enrichment that Cochrane folks have added)

c. ACTION: Partners to consider trying one or both of these demos and to send any feedback to the Digitizing working group

5. UPDATES FROM OTHER WORKING GROUPS

a. David provided a brief update on the newly developed document for those considering and conducting evidence syntheses (see attachment 8), which will be made available both as a document on the COVID-END website and in an easily navigable way on multiple COVID-END webpages

b. Linn noted that the visual David showed could also be linked to the tasks for the digitizing group (to show where their proposed or ongoing solutions fit)

6. UPDATES ON CROSS-PARTNER INITIATIVES AND INITIATIVES OF INTEREST TO PARTNERS

a. Gabriel Rada described Epistemonikos’ COVID-19 L*VE collection: [https://app.iloveevidence.com/covid19](https://app.iloveevidence.com/covid19) (see attachment 9) which also includes a pilot of the Enhance my RIS feature

b. Nikita Burke described two upcoming Evidence Synthesis Ireland webinars (the recordings for which are recorded and both the registration and recordings can be found here: [https://evidencesynthesisireland.ie/training/](https://evidencesynthesisireland.ie/training/)

i. Drs Catherine Houghton and Linda Biesty (Evidence Synthesis Ireland) “Rapid Qualitative Evidence Synthesis: Balancing rigour with speed” Qualitative Evidence Synthesis (QES) during, and in response to, the COVID-19 pandemic. June 18th 12 pm (BST)

ii. Dr Andrea Tricco on conducting rapid reviews and how to tailor rapid review methods according to decision-makers information needs. July 23rd 2pm (BST)

7. ANY OTHER BUSINESS

a. No other business