COVID-END partners coordination  
Notes from 20 August 2020  
https://zoom.us/j/6163788736

1. INTRODUCTIONS
   
a. Jeremy noted that there were no new partners or partner representatives on the call

2. REVIEW OF COVID-END ACTION ITEMS AND BACKGROUND DOCUMENTS
   
a. Jeremy pointed partners to the partner notes from 13 August (see attachment 2)  
b. Jeremy noted that Ruth Stewart and colleagues are close to submitting their LMIC-focused paper to The Lancet and that he and John are drafting a paper about COVID-END for the Cochrane Library  
c. Jeremy also noted that the COVID-END secretariat has cobbled together funds from the Government of Ontario (re-purposed with the approval of the funder), the UK National Institute of Health Research, and several US donors, which can fund our work through 31 March 2021 (and the secretariat is exploring funding options to cover activities that should continue beyond that)

3. COVID-END NETWORK UPDATES
   
a. Jeremy highlighted key points in the presentation that he is planning to give on the next WHO ECC-19 call (see attachment 3)  
b. Partners offered the following comments:  
   i. Consider complementing the mention of ‘downstream’ users (decision-makers) with a mention of ‘upstream’ users (researchers)  
   ii. Consider adjusting wording that currently implies that only living reviews are needed and that at times it won’t still be helpful to have people undertake targeted rapid reviews  
   iii. Consider emphasizing the point about ensuring the quality of all evidence syntheses that are produced  
   iv. Consider using a word like ‘insufficient’ rather than ‘lack’  
   v. Consider mentioning the LMIC-targeted priority-setting processes organized by 3IE, Cochrane South Africa and GESI and the need to build on existing evidence-synthesis capacity in LMICs  
   vi. Consider emphasizing the need for greater evidence-to-decision literacy, including the need to adapt existing work and not reinvent the wheel  
c. ACTION: Partners to send any additional feedback on the slides to Jeremy by tomorrow if possible
4. PRESENTATION ON EQUITY IN COVID-END

a. Vivian Welch gave a presentation about equity considerations in evidence syntheses and the equity-related work that she is leading along with other members of the Synthesizing working group (see attachment 4)

b. Elie noted that equity can also be considered when 'grading' evidence and recommendations: https://pdfs.semanticscholar.org/df17/7053e3ff1276f398c32e75719dbb18a71a33.pdf

c. ACTION: Working group co-chairs to consider the suggestions from Vivian and colleagues about how their respective working groups could advance equity considerations in their respective areas of work

   i. Engaging – e.g., continue to consider inclusiveness, diversity and stakeholder engagement

   ii. Digitizing – e.g., consider applications in text-mining and machine learning

   iii. Synthesizing – e.g., add equity guidance to interactive flowchart, such as Cochrane Handbook and Campbell/Cochrane equity methods group

   iv. Recommending – e.g., add equity resources, such as GRADE-equity and WHO-INTEGRATE, among others

   v. Packaging – e.g., add resources on packaging that considers accessibility, cultural relevance, and literacy/reading level; addressing equity in horizon scanning

   vi. Sustaining - e.g., consider equity in evaluating COVID-END's activities

d. ACTION: COVID-END inventory staff to consider adding a column about whether equity considerations are considered in the evidence synthesis and partners to consider using the broader ‘dataset’ from which ‘best evidence syntheses’ were culled to explore particular issues like this

5. NEWS AND INITIATIVES OF INTEREST TO PARTNERS

a. David described ongoing interactions with the COMET group

b. Jeremy noted one upcoming online conference and a new source of evidence syntheses

   i. Africa Evidence Network Evidence 2020 Online

   DATE: 23-25 September

   ii. EUnetHTA released the first round of monthly updated COVID-19 Rolling Collaborative Reviews (RCR), available at this link: https://eunethta.eu/covid-19-treatment/

6. ANY OTHER BUSINESS

   a. No other business