1. **INTRODUCTIONS**
 	
  a. Welcoming working group members
    i. Chris Mavergames, Cochrane, UK (co-chair)
    ii. Linn Brandt, MAGIC Evidence Ecosystem Foundation, Norway (co-chair)
    iii. Alfonso Iorio, McMaster Health Information Research Unit (HiRU), Canada
    iv. Gabriel Rada, Pontificia Universidad Católica de Chile, Chile
    v. Gunn Vist, Norwegian Institute of Public Health (NIPH), Norway
    vi. James Thomas, EPPI-Centre, UK
    vii. Jerry Osheroff, AHRQ evidence-based Care Transformation Support (ACTS), USA
    viii. Jon Brassey, TRIP database, UK
    ix. Julian Elliot, Cochrane Australia, Australia
    x. Lesley Stewart, Centre for Reviews and Dissemination (PROSPERO), UK
    xi. Tamara Navarro, McMaster Health Information Research Unit (HiRU), Canada
    xii. *Secretariat: Kaelan Moat and Safa Al-Khateeb, McMaster Health Forum
	RISE, Canada, and David Tovey, UK and Anna Dion, Ottawa Hospital Research Institute	RISE, Canada*	**5 min**

2. **FOLLOW-UP ON ACTION ITEMS** a. Not applicable for this first meeting	**0 min**

3. **DISCUSSION ON SCOPE OF GROUP AND TERMS OF REFERENCE**
 	
  a. Developing and operationalizing an approach to optimizing and sharing searches, de-duplicated articles, and screen articles (e.g., stable ID for all studies)
  b. Developing a taxonomy of key meta-data that all working groups can use and that leverage work already done by groups like FRBR, MCBK, HL7 (and its health-evidence initiative called EBMonFIHR), and OMG, among others
    i. Topic – capturing everything from diagnosis through managing surge to addressing delays in chronic-disease management (and liaising with the Scoping working group on this part)
    ii. Document type - review/study type, derivative product type and target audience focus, etc.
    iii. Evidence 'provenance'
    iv. Status
    v. Date – title registration, protocol registration, review target date, search completed date, review completed date
	40 min

c. Rationalizing, linking and aggregating metadata across key portals to capture what is being done (as well as for when and how can it be accessed) in ways that follow FAIR data principles (findable, accessible, interoperable, and re-usable) 　i. Questions being asked (e.g., Cochrane question bank, Oxford CEBM questions) 　ii. Studies 　iii. Evidence syntheses (including those that are relevant to COVID-19 but where the studies were not conducted in the context of COVID-19 (e.g., Evidence Aid)) 　　• Registered titles 　　• Registered protocols (e.g., can PROSPERO's scope be expanded beyond existing topics and review types, can its capacity be expanded to cope with the increased volume, can its data elements be expanded to include anticipated completion date, can follow-up be automated, can preprints be linked, can a results template be used) 　　• Completed reviews, including rapid reviews 　　• Data from completed reviews 　iv. Guidelines 　v. Derivative products d. Identifying portals that can be strengthened/expanded, joined up or built to fill gaps in any of the above e. Identifying Identifying, sharing and operationalizing ways to use machine learning to streamline processes f. Exploring a potential collaboration with one or more of the COVID-19 Knowledge Accelerator working groups	
3. MEMBERSHIP OF WORKING GROUP 　a. Ideas for engagement of additional members and organizations with reminder of principles around geographic, linguistic diversity as well as diversity in target audiences	**10 min**
4. ANY OTHER BUSINESS 　a. Setting a concrete date/time and frequency for future meetings	**5 min**