1. **INTRODUCTIONS**	5 min
Linn welcomed Kaelen Moat from the McMaster Health Forum. Kaelen described his experience working in the digitization of databases to facilitate evidence synthesis with Health Systems Evidence and other repositories. Also participating in call: Alfonso Iorio Brian Alper Chris Mavergames David Tovey Gabriel Rada Gunn Vist Jerry Osheroff Jon Brassey Linn Brandt Tamara Navarro *Regrets*: James Thomas Lesley Stewart	

2. **FOLLOW-UP ON ACTION ITEMS**
 	
   a. Share revisions to the draft terms of reference (see attachment 2)
 	
• The group review the revised terms of reference posted on the google doc.
    1. Can big barriers in the Ecosystem be decreased with digital solutions
      Find and document the big barriers for different actors in the Evidence ecosystem, with the help of the other working groups. Discuss in this group if and how the barriers possibly can be decreased by digital solutions, and then discuss if this is something we should prioritize to discuss and work further on (see point 2)
    2. Identifying the gaps and connecting to groups that are already testing and implementing those solutions- connecting the dots.
      Describing the links of the chain (diagram) concrete example of identifying resources steps in the links in the chain. Identifying projects that are addressing different barriers and groups that are starting to work on this.
    3. Increase awareness of digital solutions and ongoing work
      To make information retrieval, curation, processing, generating and publishing more efficient, we should increase the <u>awareness</u> of:
         i. What is going on: List people, projects, portals, systems.
         ii. Standards, projects, possibilities, tools and tips/tricks that systems and portal developers should be aware of list.
    4. Help improve the lists of resources and Taxonomy on the COVID-END website
	35 min

        i. Add missing portals and databases that group members are aware of
  1. Enrich the lists of portals and databases with information on whether the specific portals/databases have:
     a. An API
     a. Other export possibilities: RIS, csv, Excel
     b. If they use any standardized terminologies to describe or cathegorize their content: ICD-10, SNOMED CT, ACT, RxNorm, MedDRA, MeSH
     c. If they use any other standards: they can formulate this themselves
     d. What kind of study ID they are using. E.g PMID, local ID, NCTID, medRxiv, etc.
        ii. Add Standardized Terminology to the [Taxonomy](#) developed on the COVID-END website. This could be used as a common point of reference for use of terminology for COVID-related portals, projects and systems.
5. **Describe what could be done if we had more information standards in place** (in hopes that someone will fund some of the development and/or start implementing these standards)
6. **Describe digital solutions and standards that we find missing.** To encourage others to start working on it, and list groups that is already working on it so that others can join that work
7. **Describe critical key information standards that would be very useful to agree on as fast as possible.** Our priority list, and suggest how this could be rapidly put in place and materialize in the real world.

- Unlikely to exhaust list, but helpful way to orient working group priorities, while connecting to existing initiatives that are working across different components (or the entirety) of evidence ecosystem
  - Drawing from existing documents that describe flow of evidence as means to track/display initiatives addressing different aspects contributing to an interoperable and fair evidence ecosystem
- Each initiative/organization likely to have own strengths and interests, but novelty will be in identifying synergies and sharing lessons and building off one another

- Standardizing definitions across synthesizing, digitizing and developer communities with respect to document definition, meta-data criteria, etc. Even minimal advances in standardization allowing data to speak to each other has potential for important influence
- User community needs to inform identification of barriers but also solutions (e.g. developing taxonomy is time and resource intensive and may not be appropriate for all products or approaches)

b. Discuss portals, standards, tools and tips outlined in Google doc: (https://docs.google.com/document/d/1kiSwBeUzcMJFhOcyYFfXUuo2x3GxQFWXplvcd__mKgU/edit?usp=sharing)

- Establishing a concept of collaboration and value of sharing though COVID-END

• Developing a template to document capability and characteristics of each portal • Need to recognize that each portal includes multiple functionalities and types of information- needs to be user-friendly and allow for unique combinations of resources and infrastructure types (e.g. headings could be list in evidence guide with check boxes) • Template can evolve with time (e.g. identifying what is available and match it with barriers)	

4. ENGAGEMENT WITH OTHER GROUPS AND ORGANIZATIONS
 	
a. Discuss responses from other working groups:
   i. What do you see as the biggest blocker to your work right now?
   ii. What is your biggest technical blocker?
 	
• Secretariat to share any additional challenges identified by other working groups on the google doc
	15 min

3. ANY OTHER BUSINESS
 	
• To close out the meeting, Linn asked all members to share reflections on working group and work ahead.
   o Enthusiasm for learning from one another, being able to make concrete difference
   o Collaboration as unique opportunity to identify barriers and learn from one another
   o Concern around feasibility and scope, identifying additional players to contribute to discussion
   o Continually need to return to users' needs- consider whether what is possible is worth the investment in time and whether it truly answers the question
	5 min