1. **INTRODUCTIONS**

   a. Welcoming working group members
      i. Laurenz Langer, African Centre for Evidence, South Africa (co-chair)
      ii. Maureen Dobbins, National Collaborating Centre for Methods and Tools, Canada (co-chair)
      iii. Lesley Stewart, Centre for Reviews and Dissemination (PROSPERO), UK
      iv. Sylvia de Haan, Cochrane Central
      v. Secretariat: Francois-Pierre Guavin, Heather Bullock, John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada

2. **FOLLOW-UP ON ACTION ITEMS**

   a. Not applicable for this first meeting

3. **DISCUSSION ABOUT DRAFT TERMS OF REFERENCE**

   a. Identifying evidence groups that are contributing to the COVID-19 response and should be included in our communications (building from the list of rapid review centres developed by Laurenz Langer, etc.)
      i. Name
      ii. Focus
      iii. Taxonomy being used
      iv. URL
      v. Email address
   
   b. Developing and communicating messages to these evidence groups about how to leverage existing evidence-related data (e.g., daily search data) and processes (e.g., PROSPERO registration)
      i. e.g., register all titles and protocols with PROSPERO (and possibly select other sites that follow similar ‘open synthesis’ principles)
      ii. e.g., share an anticipated delivery date and update the date if conditions change
      iii. e.g., upload completed reviews and guidelines to any of a small group of select sites that follow principles around transparency, etc.
   
   c. Canvassing input from these evidence groups for additional ideas for how to work more collaboratively as an evidence synthesis community, both within and across ‘divides’ (e.g., quantitative and qualitative synthesis, health and social sciences)
   
   d. Developing approaches to manually capturing reviews and guidelines that are not housed on portals being prioritized by the digitizing working group (e.g., biweekly website reviews)
c. Identifying and engaging a broader array of groups (e.g., data analytics, modelling, implementation science, and monitoring and evaluation) that need to have access to the best evidence sources for their work

f. Identifying and engaging a broader array of groups (e.g., horizon scanning / foresight and health technology assessment) that may be a source of insight about what evidence will be needed in future (possibly by building on work done by Anthrologica in relation to Ebola and its social impacts and/or by the Coalition for Epidemic Preparedness)

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<tr>
<th>4. DISCUSSION ABOUT FUTURE MEETINGS AND WORKPLAN</th>
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<td>5. ANY OTHER BUSINESS</td>
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