1. FOLLOW-UP ON ACTION ITEMS

   a. Maureen pointed working group members to the notes and action items from our last meeting (see attachment 2)

2. COVID-END LOGIC MODEL

   a. David Gough introduced the logic model (see attachment 3)

   b. Working group members discussed the following questions:

      i. Does the logic model make sense from the working group’s perspective?
         a. Consider removing or changing the locations of the arrows that come down from the evidence demand context and the evidence supply challenges
         b. Consider removing the two bullets under ‘Tools and resources’ and change the phrase to ‘Tools and resources to support decision-making’
         c. Consider changing the direction of the text in the vertical boxes so it is being read from the target audience side and not from the COVID-END side
         d. Consider dropping ‘organizations’ after COVID-END Community
         e. Consider whether patients/citizens and civil society organizations should be considered primary instead of secondary target audiences
         f. Consider changing more evidence-informed decision-making (not decision-makers)

      ii. Does the logic model adequately represent the tasks and terms of reference of the working group?
          a. Yes

      iii. Are there any missing elements; work that your working group is doing that cannot easily be located within the model?
           a. No, the key activities can be found within the list of mechanisms

      iv. Are there any early indications or examples for the short-term outcomes and long-term influences? If so, can these be packaged as ‘success stories’, which will help COVID-END’s business case and liaising with funders
           a. Rapid growth in COVID-END Community membership
           b. Information sharing across partners and community members
           c. Goodwill created by outreach to key networks (e.g., to invite their members to join the COVID-END Community)
           d. New GESI/COVID-END partnership

      v. Are there any emergent systems and methods within existing institutions and processes that can be reflected in the model?
         a. Sharing data across databases
         b. Model for collaboration across evidence systems during an adhoc / time-bound crises (which can also be considered a long-term outcome of COVID-END)
vi. Are there any tasks/roles/projects that the working group is undertaking that can continue past COVID-END?
   a. COVID-END Community listserv and webinars
   b. Inventory-type activities to flag duplication, quality challenges, updating challenges, etc. (so the evidence synthesis community can learn and improve based on actual performance data)
   c. Horizon scanning to (continue to) hear from consumers, providers and policymakers
   d. List of priority topics where evidence syntheses are needed
vii. Other points
   a. Maureen raised a broader point about who we invite to become partners and whether the existing process may be seen as exclusionary

3. UPDATE ON MEMBERSHIP AND ENGAGEMENT

   i. Janine provided an update on listserv membership and numbers (see attachment 3)
      a. From the listserv data, membership is now at 283 and continuing to rise
   ii. Janine provided an update on membership survey results
      a. 33% response rate
      b. Most well represented groups are academic organizations (53%) and government departments (21%)
      c. Most well represented regions are PAHO, AFRO and then EURO
      d. Most are very experienced (25%) or experienced (35%)
      e. Most heard about the COVID-END community from a professional contact (46%)
      f. Professional roles span the gamut of scopes covered by the COVID-END working groups, with some clustering in recommending and packaging (although there is some differentiation of roles by region)
         i. Sandy Oliver noted that these different profiles suggest the regions may have different contributions to make, not just different needs to be met
      g. Topics of interest are diverse but with public-health measures of most interest across the four parts of the COVID-END taxonomy and with evidence synthesis of most interest among evidence-related roles

4. PRIORITY QUESTIONS FOR HEALTH SYSTEM REVIEWS

   i. Maureen shared a question from the EPOC review group: “Over the next 12/24 months in relation to the COVID-19 pandemic, what do you see as likely to be the 5 most critical or important health systems questions for which evidence will be needed to inform actions at national and international levels?”
   ii. John shared the list of priority topics emerging from the horizon-scanning panel’s work
      a. Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
b. Approaches to strategic purchasing of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out

c. Responsive and agile
i. Restoration of non-COVID services when possible (by developing or capitalizing on ‘slack’ within health systems)

ii. Efforts to address health human resource shortages (and motivation & wellbeing)

d. Consolidating and optimizing the value achieved through shifts in virtual care

e. Packages of responses (public-health / health-system) and combinations of centralized & decentralized approaches (from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)

iii. Laurenz suggested offering COVID-END Community members the opportunity to rank order a list, and John noted that James McKinlay can share lessons learned from developing an approach to do this using Survey Monkey

5. SEQUENCE OF FUTURE TOPICS

a. Maureen noted suggestions for new topics/ideas for future weeks (and described the plan for the coming 1-2 weeks):

i. Difference between expert opinion-based guidance and guidance developed using a robust process (potential facilitators: Ivan Florez and Per Olav Vandvik for mid-October)

ii. Rapid Response / review focused discussion (facilitator: Maureen Dobbins, date: TBD)

iii. Discussion on LMICs paper led by Scoping WG

iv. Long COVID (facilitator: Sandy Oliver, date: TBD)

v. Series of topics related to the resources to support decision-making in general and then for each of them in detail (when and how to use each of them) (facilitator: Secretariat, date TBD)

vi. Signaling to researchers what type of research would help to move a GRADE evidence profile from low to higher certainty evidence

6. ANY OTHER BUSINESS

a. No time to address other business