



COVID-END Coordination Meeting

Notes from Zoom call on 7 May 2020

1. INTRODUCTIONS

- a. Jeremy welcomed new collaborators (see attachment 2)
 - i. Lucy Henry (lhenry@htai.org), Health Technology Assessment International (HTAi)
 - ii. Sunu Alice Cherian (djohn30@rediffmail.com), Pushpagiri Centre for Evidence Based Practice (PCEBP)
 - iii. Zac Munn (vice-chair@g-i-n.net), Guidelines International Network (and Joanna Briggs International)

2. FOLLOW-UP ON ACTION ITEMS

- a. Jeremy asked for comments or corrections to the notes from the meeting on 30 April 2020 (see attachment 3) – None provided
- b. COVID-END communication platform (see attachment 4)
 - a. Heather reviewed the draft communications plan
 - b. Partners raised the following issues in relation to the use of MS Teams by the partners
 - i. Many participants actively supported the idea
 - ii. Alfonso asked whether we would then transition to MS Teams for call, and Jeremy suggested that at least for the time being we stick with Zoom, which has been working well
 - iii. Declan noted that MS Teams has worked well within organizations and looks forward to seeing whether it also works well across organizations
 - c. ACTION: Secretariat to begin using MS Teams**
- c. COVID-END membership breakdown (see attachment 5)
 - a. Jeremy walked the group through pie charts showing our current degree of diversity by region (organizational remit and participant location), language, gender, and target audience

COVID-END WEBSITE

- a. Website re-configuration (updated URL to be circulated prior to meeting)
 - i. Jeremy and John walked the partners through the many changes to the site
 1. We've now re-structured it to better meet the needs of two target audiences, namely
 - a. those supporting decision-makers (e.g., Susan Norris' shop at WHO, ministry staff, groups like EVIPNet)
 - b. researchers (e.g., the many groups doing duplicative daily searches, the many groups doing duplicative rapid reviews, etc.)
 2. We've now created two versions of the guide to COVID-19 evidence sources
 - a. one for those supporting decision-makers (who just need pointing to the high-quality, high-yield links), which we've called the [guide to key COVID-19 evidences sources](#)
 - b. another one for researchers (who can help with avoiding duplication and enhancing coordination), which we've called the [guide to all COVID-19 evidences sources](#)
 3. We've also created two versions of tips and tools
 - a. [tips and tools for those supporting decision-makers](#)
 - b. [tips and tools for researchers](#)

4. We've also created a four-part taxonomy of decisions related to COVID-19, which includes:
 - a. [public-health measures](#) (infection prevention and control as well as broader measures)
 - b. [clinical management](#) of COVID-19 and related health issues (e.g., unmanaged chronic conditions, mental health issues, and family violence)
 - c. [health-system arrangements](#) (e.g., how to re-start ambulatory clinics, cancer treatments, and elective procedures, how to maintain and build on the gains achieved with virtual care)
 - d. [economic and social responses](#) (e.g., education, financial protection, food safety and security, housing, recreation, and transportation)

The taxonomy is a work in progress that can help to:

- a. curate existing evidence syntheses, technology assessments, and guidelines (we are exploring the possibility of creating a single searchable portal using the taxonomy as filters)
 - b. inform the prioritization of the questions that need to be answered as issues emerge
 - c. inform the prioritization of evidence syntheses, technology assessments and guidelines that should be kept up to date for the foreseeable future
 - d. inform the prioritization of evidence syntheses, technology assessments and guidelines that are likely to be needed at some point in future phases of the pandemic and pandemic response
- ii. Working group members generally agreed that the changes were a good step in the right direction and a few pointed out issues to consider:
 1. Jon Brassey suggested reducing the size of the banner (to allow people to get to the text more quickly)
 2. Jerry Osheroff suggested adding the range of 'assessment' items in the clinical management taxonomy (e.g., severity classification for inpatients and risk assessment/triage in ambulatory patients)
 3. Jerry Osheroff noted that the link to the guide from the Forum webpage needs to be updated
 4. Craig Lockwood noted that the tweet icon link is not working
 - iii. **ACTION: Secretariat to review and act on this feedback about the website**
 - iv. **ACTION: All to send feedback to the Secretariat about ways to further improve the website, including suggesting edits to the guide to key evidence sources, tips and tools, and first draft of the taxonomy**
- b. Additional examples rapid evidence models tailored to COVID-19 decision-makers to feature on website
 - a. **ACTION: All to send suggestions for potential models that could be added to the website** (and the NSW ACI group offered to submit a description of their communication model)

UPDATES FROM WORKING GROUPS

- a. Partners had no comments on the co-chairs meeting notes (see attachment 6)
- b. Co-chairs provided brief updates
 - i. Scoping – moved to meeting every two weeks and focused on advising the Secretariat on strategic issues
 - ii. Engaging – **ACTION: All to provide additional suggestions about networks through which we can reach those supporting decision-makers (and the most appropriate contact person):**
 - a. 3IE
 - b. Africa Evidence Network, which includes groups like

Africa Centre for Evidence, University of Johannesburg
Centre for Rapid Evidence Synthesis, Makerere University

- c. Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers
 - d. Centre for Learning and Evaluation Results
 - e. Cochrane Geographic Groups, which includes groups like
Cochrane US Network (4 EPCs are members)
 - f. Collaboration for Environmental Evidence
 - g. Evidence Aid (UK)
 - h. EVIPNet
 - i. National Collaborating Centres +/- SPOR Support Units (Canada)
 - j. What Works Centres (UK), which includes groups like:
Education Endowment Initiative
 - iii. Digitizing – No additional update
 - iv. Synthesizing – No additional update
 - v. Recommending – Per described their focus on developing an inventory of high-quality guidelines and invited participants to suggest ways to engage the HTA community
 - vi. Packaging – No additional update
 - vii. Sustaining – No additional update
- b. Jeremy described how the Secretariat continued to look for a working group co-chair where one is lacking and with a focus on moving us closer to meeting our diversity goal
- c. **ACTION: Working group co-chairs to share revised terms of reference with Secretariat to consolidate**

5. ANY OTHER BUSINESS

- a. Per and Jerry wondered about whether and how COVID-END can reach out to the implementers, quality-improvement people, and other participants in learning health systems
- b. **ACTION: Secretariat to bring back some ideas to the next partners meeting**