

1. INTRODUCTIONS

- a. Jeremy welcomed partners to the call and noted that there are no new participants to introduce.

2. REVIEW OF COVID-END ACTION ITEMS

- a. Jeremy pointed partners to the notes from 29 October (see attachment 2)

3. COVID-END NETWORK UPDATES

- a. Jeremy provided an update about the WHO-ECC-19 position paper (see attachment 3)
 - i. Jerry Osheroff provided the following suggestions for the ‘Beyond evidence synthesis’ section of the evidence response paper: “Evidence synthesis is about answering ‘what do we know?’ The answer to this question becomes especially valuable when it’s used to answer the question, “what should we do?” - and then put that answer into action broadly. Getting from evidence to these downstream steps has long been suboptimal globally, and the pandemic is brightly highlighting this problematic supply chain. Attention to these downstream implications of fixing the ‘evidence response’ part of the supply chain would be timely and valuable. (+/- pointer to ACTS COVID Collaborative efforts to address this)’
 - ii. **ACTION: Safa to circulate a Word version of the paper**
 - iii. **ACTION: Partners to consider whether they would like to contribute to the paper and, if so, to provide feedback within two weeks**
- b. Jeremy introduced a proposal for a new paper about living systematic reviews and David walked partners through some of the issues to be addressed when deciding whether and how to move forward
 - i. Alfonso Iorio noted that one of the problems with living reviews is how a living product can be fit in the current **peer-review/publication process**, with two possible solutions: 1) find a way of integrating the new (living) in the old (publishing); or 2) changing both. He also noted that it seems that COVID19 offers a sweet spot for this, considering all the exception that were made to the standard publication process.
 - ii. Maureen Smith noted that living guidance has been, and continues to be, a big issue for **citizens** and the impression can be that the scientists are ‘changing their minds.’ She also noted that t be attention to explaining why the guidance evolves for buy in. Sandy Oliver agreed and noted there is a real problem with public understanding of science during COVID. Gunn Vist also agreed and noted that we need to be better at explaining uncertainty and how to deal with it, and changes due to new evidence.

- iii. John Lavis noted that living ESs also raise opportunities and challenges with policymakers and that it would be good to think through the implications for **all major categories of target audiences** – 1) citizens; 2) providers; 3) policymakers and other leaders; and 4) researchers / research funders – **plus their respective intermediaries** (e.g. journalists, guideline/PDA developers, EMR order set folks, etc.).
 - iv. Jeremy added that there are specific issues about **implementation** of living guidance because the timeframe for implementation is not as real time as guidance (because it usually involves health professionals changing their behaviours).
 - v. John Lavis asked whether we could include an **empirical dimension to the paper** (at least for the living systematic review part) using the data we have access to through the COVID-END inventory (e.g., what features are met by those who self-declare their ES to be living? how many frequently updated ESs don't self-identify as living? how frequently are living ESs updated and what justification do they provide?)? Elie noted that in terms of empirical data, his team has this study ongoing: <https://f1000research.com/articles/8-221>. Gabriel Raid noted that he is also working on a similar project and would be happy to contribute with empirical data.
 - vi. Maureen Dobbins added that discussion is needed around **meta-analysis of data from multiple study designs**, including which designs are appropriate to include in a meta-analysis (e.g., can case reports be included?).
- c. Jeremy provided an update on re-organization of working groups (see attachment 4)
 - i. Jerry Osheroff reminded us about comments he made at the last meeting: “whether this restructuring process could support greater clarity in where COVID-END and other initiatives like ACTS, COKA and others are adding value in different parts of the evidence ecosystem”
 - ii. **ACTION: Secretariat to discuss this and then book a call with Jerry Osheroff to work out next steps**
 - iii. **ACTION: Partners to review the list of new working groups and notify the secretariat if they would be willing to put their name forward for a leadership or member position on any of these groups**

4. NEWS AND INITIATIVES OF INTEREST TO PARTNERS

- a. Stefano Negrini provided an update on the suite of work being led by Cochrane Rehabilitation:
 - i. Series of rapid living systematic reviews - [link](#)
 - ii. Living evidence map – [link](#)
 - iii. Living table – [link](#)
 - iv. Priorities for research defined in collaboration with WHO rehabilitation programme – [link](#)
 Maureen asked whether the review findings changed as they improved the methods

5. ANY OTHER BUSINESS

- a. Jeremy noted that there was no other business