**INTRODUCTIONS**

- **Welcome and objective of the meeting (Ivan)**
- **Recap of each Working Group’s terms of reference (Taryn, Ivan)**
  (can be found on the COVID-END website within each respective Working Groups’ pages - [https://www.mcmasterforum.org/networks/covid-end](https://www.mcmasterforum.org/networks/covid-end))

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**SPECIFIC ITEMS FOR DISCUSSION**

- **COVID-19 Outcome definitions.** The selection of appropriate outcomes for measuring the effectiveness of interventions for systematic reviews (SRs), HTA and guidelines (CPGs). These outcomes need to be relevant to patients, policymakers and clinicians. Synthesis and Recommending WGs need to discuss how COVID END could collaborate to define and/or disseminate a list of core outcomes to consider when designing or using SRs, CPGs or HTA. (Lead: Ivan)

- **Network meta-analysis (NMA).** NMAs have become an attractive tool to determine the relative effectiveness of interventions and preferred tools in some contexts for decision-making (clinical and policy levels). For COVID-19 there are some available living NMAs and some of them have start to produce results and will definitely be key for decision-makers or to inform CPGS or HTA. Both Recommending and Synthesis WGs need to discuss specifically for NMAs what the role of COVID END in this specific product would be. The topic is a priority that would need to be addressed considering that the NMA methodology is relatively new, it is continuously under development and most of potential users and CPG/HTA developers do not have the necessary skills to assess the quality of NMAs. COVID END might be crucial in providing guidance on how to assess NMAs? (Lead: Per)

- **Repository of existing COVID-19 guidelines (Lead: Cristián Mansilla, Kaelan Moat and John Lavis)**

- **Equity issues.** The issue of equity in relation to evidence synthesis has been increasingly studied over the past few years, and is applicable on a number of levels in relation to the pandemic. Firstly, we are aware that there are disease and socio-economic factors that apply disproportionally to people living in low
resource settings. In addition, the virus appears to be particularly dangerous for people in some communities, particularly those that are most vulnerable for other reasons such as comorbidity, poverty and poor baseline health. Finally there will be the question of whether different interventions exacerbate or minimise these inequities, or are more or less effective or harmful in certain groups and individuals. We would like to discuss this issue to determine the lessons for the synthesising and recommending groups, and in particular seek to identify areas where a joint or aligned approach is important (Lead: David)

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