

<p><b>1. FOLLOW-UP ON ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>a. Review notes and action items from previous Recommending meeting (see attachment 2)</li> <li>b. Review notes and action items from previous joint Synthesizing-Recommending meeting (see attachment 3)</li> </ul>	<p><b>5 min</b></p>
<p><b>2. LIVING EVIDENCE AND GUIDANCE</b></p> <ul style="list-style-type: none"> <li>a. Living guidelines <ul style="list-style-type: none"> <li>• At the partner meeting, Per presented an approach for living guidelines that MAGIC is in collaboration with WHO: <ul style="list-style-type: none"> <li>○ Working with BMJ and WHO and WHO living guidelines for COVID-19 therapeutics</li> <li>○ The idea behind the approach is that if there is new evidence, for example on new drugs, treatments or interventions, it should not be a long process before this is transformed into clinical practice guidelines, HTA reports for policymakers, decision aids for patients. So, how do we get from new evidence to trustworthy guidance and disseminate it globally?</li> <li>○ They aimed to update systematic reviews within one week, then there is a standing guideline panel that WHO convenes and have currently been gathering online for panel meetings. Guidelines go through external peer review, internal review at the WHO and aim to be published within 4 weeks through WHO and BMJ, and MAGIC being the outlets behind it.</li> <li>○ Some of the learnings point to certain requirements that are needed to be in place for this process to work efficiently and succeed, such as implicitly agreeing on the standards for trustworthy guidelines and how to use methods such as GRADE.</li> <li>○ Another learning is the challenge and need for speed is about a tightly coordinated process and in this case, between those monitoring the evidence and doing the evidence synthesis (the systematic review team) and the guideline panel. Have to work closely with the evidence synthesis team in order for the guideline panel to get what they need in regard to clinical questions, PICO format, specific sub-group analyses, the way we define and select outcomes. If we don't work with the evidence synthesizers, we are not going to get what we need.</li> <li>○ Another learning is the challenge of publishing in a journal and going through the peer review and editorial management process. Currently,</li> </ul> </li> </ul> </li> </ul>	<p><b>20 min</b></p>

<p>for the publication process through WHO and BMJ, with MAGIC being the outlet behind it, it has involved many moving parts and actors and has proved to be a challenge to complete within the expected 4 weeks.</p> <ul style="list-style-type: none"> <li>○ Australian living guidelines do this process quicker, but do not usually go through the process of rigorous peer review.</li> <li>● Publication model - do we need a different model and how would that model look like? There is potential to line up a series of challenges that arise with the traditional publication model, an area that needs a lot of thinking and innovation.</li> <li>● Is there potential for development of guidelines without professional societies? Have organizations join forces and co-create guidelines and there are examples of this but has come with many challenges.</li> <li>● NICE has had some experience in working with others for developing guidelines but there are many context specific issues that emerge when you try to co-create/develop guidelines and one issue from NICE's perspective is how we explicitly consider cost-effectiveness as part of that decision making process.</li> <li>● Are journals ready for innovative publication models? <ul style="list-style-type: none"> <li>○ Something for the working group to consider is spending time to evaluate the different approaches to the publication model</li> </ul> </li> <li>● Many guidelines are published as supplements rather than going through peer review and instituting an editorial sub-group that applies AGREE to guidelines before being published in order to have the methods check, rather than a typical peer review process</li> <li>● Elie raised a discussion point that the group would like to consider in the future around the peer review process. is a quality control feature. <ul style="list-style-type: none"> <li>○ Theoretically if researchers followed the standards, and showed that they have followed them and reported according to reporting guidelines, shouldn't that be what is achieved in the peer review and could that be turned over to be completed prospectively?</li> <li>○ Quality control process to be shifted prospectively as long as the researcher can show that they have followed the protocols, standards and reporting guidelines in place.</li> </ul> </li> <li>● David spoke about developing a document that looks at these publication issues, challenges and the evidence synthesis issues <ul style="list-style-type: none"> <li>○ Alternative view is that we need to do this within the Living Evidence Network</li> <li>○ HTA should be part of this conversation as well</li> <li>○ A living evidence sub-group could support or take the lead on writing up a paper about living guidelines challenges and solutions</li> </ul> </li> </ul>	
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<ul style="list-style-type: none"> <li>b. Guidelines registry (e.g. GIN library and registry of guidelines in development)</li> <li>c. Guidelines database (including equity assessment) <ul style="list-style-type: none"> <li>i. Does not currently exist, requires effort and funding</li> </ul> </li> <li>d. Discuss (continuing from previous meeting) the potential to influence coordination of evidence and recommendations (living NMAs, living guidelines, HTA, etc.) around vaccines <ul style="list-style-type: none"> <li>• The group spoke about points b, c, and d being as areas of focus that can be taken forward for discussion or projects</li> </ul> </li> </ul>	
<p><b>3. COVID-END WORKING GROUPS AND FUTURE STEPS</b></p> <ul style="list-style-type: none"> <li>a. Discuss the re-composition of working groups and future steps of the Recommending working group <ul style="list-style-type: none"> <li>• The future of the Recommending working group can include: <ul style="list-style-type: none"> <li>○ There has been a lot of discussion around methodology, lessons learnt and challenges that the group can take forward into next steps</li> <li>○ Avoiding duplication - we need to show how to collaborate in order to avoid duplication of efforts. For example, who is collaborating on the values, preferences, feasibility, acceptability, contextual information for vaccines?</li> <li>○ Sharing of work between the working groups</li> </ul> </li> </ul> </li> </ul>	<b>30 min</b>
<p><b>4. ANY OTHER BUSINESS</b></p>	<b>5 min</b>