

## 1. INTRODUCTIONS

*Ivan invited new members to introduce themselves to the group:*

- a. Allen Eva Okullo, Africa Centre for Systematic Reviews and Knowledge Translation (MakCHS), Uganda, PhD student; preparing rapid evidence synthesis in response to Ugandan government requests*
- b. Lara Check, Health Technology Assessment International (HTAi), Canada; Director of Operations, formerly with Alberta Health Services (siting in for Director of Scientific Initiatives)*
- c. Rebecca Morgan, Guidelines International Network (GIN) Guidelines Collaboration Working Group, USA; Assistant Professor at McMaster University and Chair of GIN collaboration work group*

## 2. FOLLOW-UP ON ACTION ITEMS

- Ivan reviewed the previous notes meeting (see attachment 2) and provided a brief overview of the Recommending working group objectives for the new members, including COMET paper on core outcomes set for trials (see attachment 3) published this week*
- Safa to send out notice about possible new meeting times (Fridays 8-9am EST (though people noted that one hour earlier on the same day may not make much of a difference in participation for people in Australia and Asia*

## 3. REGISTRIES OF GUIDELINES IN DEVELOPMENT

- a. Discussion about registries and GIN collaboration*
  - Rebecca shared that many members of GIN Collaboration working group has been redirected due to COVID, though many are highly motivated to support greater global collaboration*
  - Group has gone through multiple transitions, so Rebecca and co-chair are working to wrap up current projects (focused on understanding expertise in-house and what supports organizations need) and identify how best to lead the group forward*
  - Sandy highlighted previous survey led by Melissa Brouwers to set the stage and document needs for GIN collaboration.*
  - Mobilization around COVID may help create momentum, with eventual plan to expand beyond COVID*
  - Opportunity to build off of momentum created by the revived GIN Library with accompanying guideline registry to host published and in-development guidelines*

- *Focus should be on collation and coordination of initiatives rather than starting something from scratch (e.g. GIN partnership with Cochrane for Task Exchange), using COVID-END to help make this a reality*
- *Would be helpful to know if Cochrane TaskExchange is a model worth replicating (follow-up with David Tovey)*

#### 4. RECOMMENDING WG PRESENTATION AT PARTNERS MEETING *(Thursday September 10<sup>th</sup>)*

- Sharing AGREE evaluation results*
- Sharing early draft of guidelines document?*

<https://docs.google.com/document/d/16YKVksKbVb1eP4QfPHgIQbijobJm-IFQW9s6gGPJkzo/edit?usp=sharing>

- *This was not discussed at this meeting, but Michael shared the following note in the chat box re: the WG resource & tools doc: I added a 'how to navigate this doc' image, based on the current content. Would be good to get further input and to align current text/boxes to these. Also happy to finalize this in next week. The how to navigate image can be used for the COVID-END front page (adapted re colours by the website people)*

#### 5. COVID-END INVENTORY OF BEST EVIDENCE SYNTHESSES

- *John shared the inventory through the COVID-END website and reviewed the assessment process for all high yield, high quality reviews for COVID-relevant evidence syntheses products, reviewing each of the descriptive features. Fulfilling very specific use of finding the best available evidence*
- *Aspiration for future is that inventory is populated entirely by living evidence. Moving from a sprint to a marathon in evidence response; inventory of best living evidence syntheses, while also strengthening existing databases.*
- *Working to reach a steady state and then will expand to include equity considerations, feeding meta-data back to source repositories, revise AMSTAR ratings on updated products*
- *AMSTAR scores done by McMaster Health Forum, two people doing independently, resolving disagreements by consensus; and will be updated as living reviews are updated*
- *Ivan suggested that a similar process may be useful for guidelines. John pointed to Holger Shuneman's evidence map. While the COVID-END inventory is likely to stay focused on evidence synthesis, there are many lessons that could be shared with other initiatives*
- *Alric shared that many HTA decision makers use COVID-END site; highlighting that HTAs often include several evidence syntheses along with decision-relevant contextual information; may be opportunity to include these evidence synthesis in inventory*
- *Challenge within inventory is capturing scope of evidence in existing NMA; particularly in treatment studies, many focus on molecular level and difficult to aggregate across studies without looking at it molecule by molecule*

- *Alric highlighted that there are databases that already examine what exists (molecular database from WHO, from EU commission); many different evidence synthesis databases; power of OCIVD-END could be to build on this activity*
- *John highlighted that currently only two living NMAs; for inventory, not doing primary searches, but focused on existing synthesis of studies*
- *All synthesis products are captured in in database, but only highest quality, highest yield products make it into repository (and if not clear, repository points to multiple products)*

**ACTION:** Any other comments or suggestions about the inventory, or how the Recommending working group can build on and publicize this work are welcome

## 6. ANY OTHER BUSINESS

- a. Reminder: No regularly scheduled COVID-END meetings next week (August 31st – September 4th)*