

## COVID-END Scoping Working group meeting 21<sup>st</sup> April 2020.

### GROUP MEMBERS:

- 1) Jeremy Grimshaw, Ottawa Hospital Research Institute | RISE, Canada (co-chair)
- 2) Birte Snilsveit, 3IE, UK
- 3) David Gough, EPPI Centre, UK
- 4) John Lavis, McMaster Health Forum | RISE, Canada
- 5) Patrick Okwen Mbah, Effective Basic Services (eBASE) Africa, Cameroon
- 6) Ruth Stewart, ACE, South Africa
- 7) Trish Greenhalgh, Oxford Centre for Evidence-based Medicine, UK
- 8) *Secretariat: Heather Bullock and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada and Jeremy Grimshaw (listed above), Ottawa Hospital Research Institute | RISE*

### AGENDA

1. Introductions
2. Review of terms of reference (see below)
3. Membership of working group, Co-Chair
4. COVID-END membership
5. Structure
6. Governance
7. Future workplans and meetings
8. AOB

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### Scoping

Proposed terms of reference

- 1) Confirming the name for the initiative, which is provisionally COVID-19 Evidence Network for supporting Decision-makers (COVID-END)
- 2) Describing the focus of the initiative
  - a. Reviews, primary studies or both (and within reviews, all types of quantitative, qualitative and mixed-methods reviews, as well as evidence maps, rapid reviews, and scoping reviews), as well as health technology assessments and guidelines informed by such evidence (all regardless of publication status)
  - b. Human studies, animal studies or both
  - c. Health and select other sectors, or all sectors?
    - i. Note that this has implications for PROSPERO given it includes reviews about health and social care, welfare, public health, education, crime, justice, and international development, where there is a health related outcome
  - d. COVID-only evidence, COVID-relevant evidence (e.g., evidence addressing a topic like task shifting that is highly relevant to COVID but where the studies were not conducted in the context of COVID), or both
- 3) Drafting principles that underpin the work of the initiative

- a. Continuously updating a guidance to COVID-19 evidence sources that makes it as easy as possible for decision-makers, and those who support them, to find and use evidence efficiently in their decision-making and recommendations (i.e., supporting, not competing with or replacing, well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences)
  - b. Supporting – with a common brand/identity, small agile secretariat, and simple working group structure – a distributed network of organizations and individuals to play to their comparative advantages and avoid unnecessary duplication within and across all elements of the evidence supply and demand chains
  - c. Seeking out quick wins and taking measured steps to longer-term solutions
  - d. Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability
  - e. Committing to open access of all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with ‘open synthesis’ principles)
  - f. Ensuring diversity, equity and inclusion in the leadership of the initiative and its working groups (e.g., achieving a balance of co-chairs by gender and from high-income countries and from low- and middle-income countries)
- 4) Contributing to the topics part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures everything from diagnosis through managing surge to addressing delays in chronic-disease management on the health side and from people going hungry through businesses failing and violence in the home increasing on the broader social side
  - 5) Describing the links in the evidence supply and demand chains, gathering information about who’s working in each, and then combining this information to identify and capture efficiencies (e.g., potential overlaps between our working groups, especially the Digitizing working group, and those of the COVID-19 Knowledge Accelerator)
  - 6) Confirming relationship between the initiative and other related initiatives, such as Evidence Synthesis International and Global Evidence Synthesis Initiative
  - 7) Collaborating with other working groups to identify the human and financial needs to support the work, ways ‘re-program’ existing budgets where possible, and contribute to collective efforts to pursue opportunities for additional funding where appropriate