

<p>1. FOLLOW-UP ON ACTION ITEMS</p> <p>a. Review notes and action items from previous meeting (see attachment 2)</p>	5 min
<p>2. COVID-END BASELINE PROJECT</p> <p>a. Updates</p> <p>Social network analysis, the current response rate is 72%</p> <ul style="list-style-type: none"> • Next reminder (2nd reminder) to be personalized and sent out from Jeremy to garner better responses, with an emphasis on how quick and easy the survey is to complete • ACTION: Amena to send the remaining partners that have not completed the survey to Jeremy and Safa (done) • ACTION: Jeremy to send out personalized reminders to remaining partners (done) • ACTION: Amena to send a prompt to Ian about SPOR Evidence Alliance who will connect with Andrea Tricco • Cochrane France and COVID-NMA – one response was received, and to be considered as COVID-NMA (and both organizations to be considered as one entity) in the response and re-code Cochrane France with the same responses as COVID-NMA. Suggestion is to have it labelled as Cochrane France (COVID-NMA) • Perhaps in the qualitative study, it will be worthwhile to explore how certain organizations and/or institutions have evolved into sub-groups that are project-based and how that shapes their identity <p>Qualitative study</p> <ul style="list-style-type: none"> • Discussed the sampling frame and selection <ul style="list-style-type: none"> ○ Focused on groups that are working on evidence synthesis, guideline development, HTA, and evidence intermediaries ○ Representation from North America, Europe, Australia and LMIC and others ○ Representation from health to non-health sectors ○ Networks and other organizations that are based at universities and hospitals <p>Need to figure out how to deal with Cochrane and the country-specific based Cochrane groups (in case we need to include one of the Cochrane groups, we can do so</p>	15 min

<ul style="list-style-type: none"> • ACTION: Amena to send Jeremy the sampling spreadsheet for review and further comments <p>Pilot testing the sampling guide</p> <ul style="list-style-type: none"> • Questions are good • Qualitative research is an reiterative process, so changes to the questions are expected and do not require constant check ins with ethics • For the interview, need to emphasize that another member of the organization can join the interview as perhaps other organizational members are more involved in the organization’s COVID response • Do we conduct a 90 minute interview or do we ask partners for a follow up interview? • It will be better to keep the interview targeted at 60 minutes, as 90 minutes may serve as a barrier to participation • Amena to book 1.5 hours for herself, and if the interview extends past 60 minutes, Amena can notify the interviewee and ask whether they would like to stay for another 5-10 minutes or prefer to book a follow-up meeting • Jean-Louis reassured that the sampling frame and selection does not intersect or overstep into his analysis project of various communities of practice • ACTION: Amena to meet with Heather to conduct a pilot interview • ACTION: For next Sustaining meeting’s agenda, to include discussion of follow-up study and potential engagement of funders 	
<p>3. COVID-END LOGIC MODEL</p> <p>a. Discuss feedback from working groups (Scoping, Digitizing, Synthesizing and Recommending) (see attachment 3)</p> <ul style="list-style-type: none"> • Engaging working group’s feedback will need to be incorporated in the next version of the logic model feedback document • The next steps will be: go through the feedback, develop recommendations, present recommendations to Secretariat • Jeremy reminded the group that the Secretariat is looking for recommendations about refining the logic model and more importantly, logic model reflections (e.g. is what we are currently doing working, should we be changing certain processes, what have we learned, where can we move forward) • David reiterated that nearly all the received feedback was about specifics about the logic model and how the working groups fit into the logic model. Also, the working groups expressed that the logic model can help them with their next work plans and how to move forward • Group agreed that other working groups can create their own logic models that focuses on the granularity of their specific work 	<p>20 min</p>

<ul style="list-style-type: none"> • If working groups are interested in how to operationalize the logic model, then they need an operational plan that states their objectives, activities, how they will measure or assess their activities/outputs • ACTION: Ian to develop a draft operational plan or table to complement the logic model • For some of the suggestions, we need to think about whether there are certain items that out of scope of the Sustaining working group or COVID-END (is it something that COVID-END wants to take on?) • Some suggestions are fairly easy tweaks • Some suggestions would be great for an accompanying narrative document that helps animate what we are trying to do, our line of thinking, and can provide definitions and clarifications for some parts • ACTION: Safa to schedule a meeting for next week at the same date and time specifically to discuss the logic model feedback in further detail (done) 	
<p>4. PRIORITY QUESTIONS FOR HEALTH SYSTEM REVIEWS</p> <p>a. Cochrane EPOC asking for input on priority health systems questions in relation to COVID-19 over the next 12 and 24 months: Over the next 12 / 24 months in relation to the COVID-19 pandemic, what do you see as likely to be the five most critical or important health systems questions for which evidence will be needed to inform actions at national and international levels?</p> <ul style="list-style-type: none"> • Heather shared the list of priority topics emerging from the horizon-scanning panel's work: <ul style="list-style-type: none"> i. Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs ii. Approaches to strategic purchasing of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out iii. Responsive and agile of: <ul style="list-style-type: none"> - Restoration of non-COVID services when possible (by developing or capitalizing on 'slack' within health systems) - Efforts to address health human resource shortages (and motivation & wellbeing) iv. Consolidating and optimizing the value achieved through shifts in virtual care v. Packages of responses (public-health / health-system) and combinations of centralized & decentralized approaches (from 	<p>15 min</p>

<p>studies of variations in response to local and regional outbreaks and/or changes in incidence rates)</p> <ul style="list-style-type: none"> • The next horizon scanning global panel is next week (28 October) which may identify additional emerging priorities • ACTION: David, Elie or Safa to communicate this back to Simon Lewin when there are further emerging priorities identified from the next horizon scanning global panel 	
<p>5. ANY OTHER BUSINESS</p>	<p>5 min</p>