

## 1. FOLLOW-UP ON ACTION ITEMS

- The group reviewed notes and action items from previous joint Synthesizing- Recommending meeting (see attachment 2)

## 2. LIVING EVIDENCE AND GUIDANCE

- a. Introduction of a writing group to consider living systematic review and living guidance
  - b. Focus on vaccinations and potential role of COVID-END (living NMAs, living guidelines, HTA, etc.)
- Differences in needs of decision-makers (e.g. many policy-level decision-makers have not prioritized living reviews and/or guidance, while clinicians have on-going need for living evidence and guidance)
    - Decision-making process is not living, though most decision-makers are adverse to making decisions without data that does not include results of the latest trial, and challenge that many evidence products do not show what they are missing
    - Access to living reviews also shaped by local capacity to undertake them
  - Challenging to navigate when to update a review, when to retire a review and when to shift from a rapid to systematic review; some credibility concerns in sequential analysis of using standard confidence intervals without new additions
  - Concept of living reviews based on time is not applicable to COVID-19; almost impossible to cope with amount of information with traditional means
    - Opportunities to automate specific components of living reviews and guidance (e.g. search and screening can be automated and made living; data extraction and synthesis more challenging due to contextualizing need)
  - Based on experience with WHO living guidelines therapeutics, Australia living guidelines supported by the French NMA project, Per identified need to coordinate living SR, NMA and guidance, while complementing with tailored sub-group analysis to answer decision-maker questions
  - Balance reducing unnecessary duplication with replicating to learn from each other
  - Simon flagged that WHO Reproductive and Sexual Health Research is implementing a living guideline approach across their portfolio. At NIPH, one of the NMAs is now being regularly updated at a kind of living analysis
    - Holger Schunemann also leads a COVID-relevant recommendations map
    - Cristian pointed to two recently added protocols for living NMAs  
[https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=176914](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=176914) ;  
[https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=179818](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=179818))

- In contexts where there is little to no evidence, may also be useful to compile syntheses or compilations of recommendations for specific decisions as people have already made recommendations in these scenarios, and gathering them could be relevant for decision makers
- EUnetHTA initiated "rolling HTA", at the moment 18+ topics, see : <https://eunetha.eu/rcr01-rcrxx/>.
- Alric agreed to participate in continuing discussions to support greater representation from HTA in living evidence and guidance discussions
- Also have to consider that not all trials receive the same levels of publicity or coverage; living evidence, guidelines and decision need to be fair and reflect the evidence that is produced
- A major barrier to doing living reviews is linked to funding and human resources/capacity, especially in LMICs. In convincing decision makers/funders to support living reviews, need more data/research on the cost-effectiveness of living reviews vs standard reviews
- Tamara suggested vaccines (including cost-effectiveness, efficacy, delivery and communication) may be interesting opportunity to coordinate NMAs and SR efforts. Group was interested in considering opportunity to leverage broad COVID-END membership around a common influence

**ACTION ITEM: Group to continue exploring potential to influence coordination around evidence and recommendations around vaccines; potential to bring to partners group and/or Secretariat**

### 3. ADJUSTMENTS TO WORKING GROUPS

- Jeremy provided an overview of the possible re-organization of COVID-END working groups (see attachment 3). Shared questions with this group:
  - Do you want to continue working together? What, if any work, within each of the working groups should continue independently?
- Group suggested keeping the Recommending group and continuing to work closely with Synthesizing working group
- Some members suggested that focus needs to be on reducing duplication and determine the form to best serve this purpose; was original goal of COVID-END and still need to address head-on (suggested as a potential research project)
- Currently have topic driven groups; may be helpful to think through project driven groups and building cross-sectoral collaboration
- Jerry highlighted opportunity to engage demand side related to clinical needs related to living guidance driven by living reviews
- Rebecca Morgan mentioned that GIN Collaboration working group is starting a project on reducing duplication and happy to update group at next meeting