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 and provided a brief overview of the Recommending working group objectives for the new members, including COMET paper on core outcomes set for trials 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 revivd GIN Library with

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

a. ***Sharing AGREE evaluation results***
b. ***Sharing early draft of guidelines document?***
https://docs.google.com/document/d/16YKVksKbVbIeP4QfPHgIQbijobJm-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 SYNTHESES

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 case 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 te 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 b 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