1. FOLLOW-UP ON ACTION ITEMS	**5 min**
a. Additions to agenda? *b. Review notes and action items from previous meeting (see attachment 2)* • *Notes from the previous meeting were reviewed and no further comments or additions were made*	
2. LMIC EXPERIENCES OF CONDUCTING EVIDENCE SYNTHESES AND SUPPORTING DECISION-MAKERS	**15 min**
a. Updates on paper • *Submitted to the Lancet and waiting to hear back on submission* *b. Plans for in-depth paper*	
3. LOGIC MODEL PRESENTATION *(see attachment 3)*	**20 min**

a. Discussion questions raised after presenting the logic model and its components:
    1. Does the logic model make sense from the working group's perspective?
      • *Logic model could include barriers and enabling/facilitating factors*
    2. Does the logic model adequately represent the tasks and terms of reference of the working group?
      • *Agreed that the logic model does represent the terms of reference of the Scoping WG, and even if they're implicitly included, the terms are provided in other terms or language*
    3. Are there any missing elements; work that your working group is doing that cannot easily be located within the model?
      • *The demand context and supply challenges addresses a lot of the activities that are currently undertaken by COVID-END and the other working groups*
      • *The principles of the Scoping WG is condensed in the logic model and can be fleshed out further in the outputs section*
      • *Is there potential to include equity indicators and measures in the next revision of the model?*
      • *The next step in the inventory of resources will have additional columns of an equity perspective*
      • *The development experience and process of the COVID-END logic model should be documented and be produced as a process paper. For example, the logic model discussion among working groups can*	

serve as lessons learnt in the development and thinking of logic models, especially for future pandemics • *It was raised that the top boxes of the 'evidence demand context' and 'evidence supply challenges' should be switched around and the 'evidence demand context' boxes requires more detail* 4. *Are there any early indications or examples for the short-term outcomes and long-term influences? If so, can these be packaged as 'success stories', which will help COVID-END's business case and liaising with funders* • *Long-term influences can imclude a toolbox that COVID-END can provide for evidence ecosystem and collaboration strategies for future pandemics and ask other working groups on their contributions to the toolbox of strategies* • *Success stories include: LMIC paper in which 21 individuals from the various WHO regions discuss the lMIC perspective to the COVID-19 response, baseline project led by the Sustaining working group* • *Scope of COVID-END should not be limited to public health and clinical manaament but expanded further to economic and social responses and the long-term influences and consequences within both of those sectors* 5. *From the Sustaining's term of reference on proposing ways to 'mainstream' and enable sustainability over time of emergent systems and methods within existing institutions and processes - asking the working groups for emergent cases whilst discussing the logic model* 6. *Eventually we would like working groups to think beyond COVID. Thinking about the logical model can be a way to start this conversation about any tasks/roles/projects that could continue past COVID-END. This conversation could be about individual groups and also about how they all function together (in the logic model) to enable the use of evidence (in evidence ecosystem)* • *COVID-END serves as a modelling for the future of the evidence ecosystem, collaborations and connected networks and the overall umbrealla has created legitimacy that allows us to speak at various meetings such as WHO meetings* • *COVID-19 has elicited focused energy on effective measures for collaboration and ensure evidence syntheses are more impactful*	
4. FUTURE WORK PLANS b. *Sharing of lessons learned and insights from the health sector to non-health sector* c. *Patient consumer engagement* • **ACTION: To be discussed at the next Scoping meeting in further detail**	15 min

• *Helpful to generate list from the other working groups on ideas for patient engagement strategies*	
5. ANY OTHER BUSINESS *No other business was raised*	5 min