



**Professional, Julian Elliott**

*Clinician researcher leveraging technology for efficiently preparing and maintaining 'living' evidence syntheses and guidelines to inform decision-making*

I come away from my work with the Evidence Commission even more convinced that we need to find ways to systematize the many aspects of the COVID-19 evidence response that went well, and address the many things that went poorly. This includes the incredible work many have undertaken to establish living evidence projects, which we now see being adopted beyond COVID-19. There has also been significant progress in clinical research with the widespread, successful implementation of 'platform trials,' and in publishing with the adoption of preprints. I also note with dismay the uneven coverage of key questions, particularly the unconscionably low level of funding for high-quality studies of non-drug interventions (e.g., behavioural, environmental, social and systems interventions), the low quality and out-datedness of evidence syntheses, and the heart-breaking amounts of wasteful duplication.

