



Building sustainable and consequential research capacity within a global alliance of paediatric surgical centres

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The Global Health Research Group on Children’s Non-Communicable Diseases recently launched the PaedsCancer (COVID) study to measure the impact of the COVID-19 pandemic on paediatric cancer management worldwide. At the time of writing, collaborators hail from over 85 countries, of which over 64% are low- and middle-income countries (LMICs). Global Children’s NCDs recognises the risk of propagating HIC dependence in global collaborative paediatric surgery research; LMICs, where the surgical need is greatest, accounted for just 15% of surgical research reports from the 35 highest output countries from 2009 to 2013 [1, 2].

Locally meaningful research is driven by stakeholders with the deepest comprehension of the community’s needs [1–3]. To promote LMIC research capacity, we will offer our collaborators—from students and allied health professionals to senior clinicians—training in translational research skills.

We endeavour to:

- Empower participants with research and audit skills to develop their own projects and implement their findings to affect local practice.
- Mentor participants through the development, implementation, write-up, and dissemination of their project.
- Enhance their career development by providing a formal qualification.

We aim to achieve the above through a web-based research training course, taught using examples throughout to illustrate research principles. Recorded webinars will be uploaded online to facilitate access for those with time constraints and Internet bandwidth limitations. Interactive sessions will be rotated across time zones for equity of access.

Webinar translations will be produced for non-English speakers, to encourage locally relevant research output resulting from “consequential and often non-academic conversations” in non-English languages [3]. Web-based interactive small group sessions will allow participants to “learn by doing” and promote the formation of academic relationships and collaborations [4].

The committee structure, with a senior advisory team experienced in conducting research in LMIC settings and a programme delivery committee of motivated early career global surgery researchers, reflects our aim of facilitating the transfer of research skills and experience from LMIC-based clinician-academics to collaborators [4].

Local collaborators are best equipped to tailor research agendas to local needs, commit to sustainable research programmes, and affect policy through contact with relevant stakeholders [2]. Emphasising capacity building helps avoid the “one size fits all” approach to surgical research [1]. Our research capacity building course aspires to empower participants with the tools and mentorship necessary to design and implement original research “from a local pose for a

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local gaze” [3], resulting in safer, more accessible and higher quality surgical services in LMICs.

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