

# What is a Pathfinder Study? Tools and Benefits

06/08/24, 15:00 UK | 11:00 BR/AR | 20:00 BD













### Panel and agenda

### Welcome from chair and Pre-event poll

**Professor Trudie Lang -** Professor of Global Health Research; Director of The Global Health Network (TGHN), University of Oxford, UK

#### Introduction to the Pathfinder concept

**Aashna Uppal** - DPhil Student, The Global Health Network, Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, UK

### Case study from LAC: Pathfinder Birth in Brazil II and Pathfinder Vacina Maré

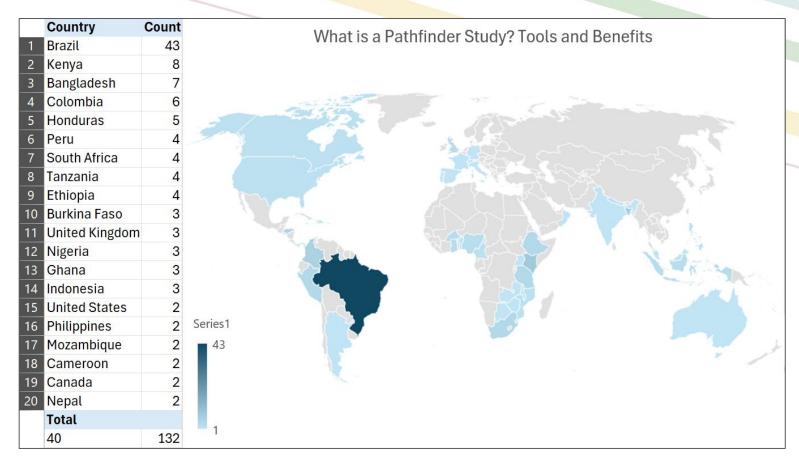
**Dr. Larissa Marques** - Data Coordinator of Fiocruz (Rio de Janeiro) at The Global Health Network Latin America & the Caribbean (TGHN LAC)

#### Pathfinder series activities

**MSc Laís Araujo** - Researcher of Fiocruz (Rio de Janeiro) at The Global Health Network Latin America & the Caribbean (TGHN LAC)

#### Panel discussion and Q&A

### Registered interest in today's webinar



### Welcome from our chair

### **Professor Trudie Lang**

Director, The Global Health Network, University of Oxford, UK

### The Global Health Network

Equity in where research happens, who leads & who benefits

Health research methods are evolving fast – new approaches should benefit everyone, everywhere

Too few studies are undertaken in the Global South – the 90:10 Gap persists



Of those, too few are led by local researchers and are not tackling local priorities



Old norms of capacity building focus on one disease, product or protocol



A trusted facility used by researchers and research organisations for mobilizing knowledge and delivering capacity and abilities to teams over the long-term in the workplace; Enabling research where evidence is lacking



### Globally Unique – transferring know-how across disease areas, types of research and between organisations, networks & regions

#### **Communities of Practice**

Vast interconnected communities of Practice mobilizing know-how across research topics and diseases

Active dissemination: raising standards & creating efficiency by transferring excellence and know-how between research projects and programmes

Applying the strongest information management technology so researchers anywhere can have the same access to the best methods, processes and training



### Workplace based implementation of research skills – by doing

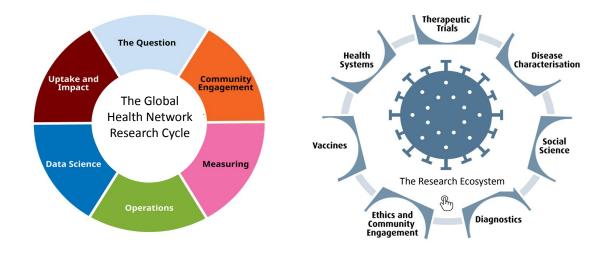
Working within existing networks, research organisations and in communities

Cascading research skills across healthcare settings

Delivering learning-by-doing in specific studies to share expertise beyond centers of excellence, to support lasting, leading and internationally competitive research teams.

This knowledge mobilisation works as the barriers and knowledge don't differ between diseases





The Health Research Ecosystem - The whole set of evidence vital to understand, treat, prevent and manage any disease

The Health Research Cycle - The required steps and processes for all studies — that don't vary between diseases

Learning-by-doing generates evidence to tackle local priority health burdens & creates active abilities in place to spot and stop a new outbreak.

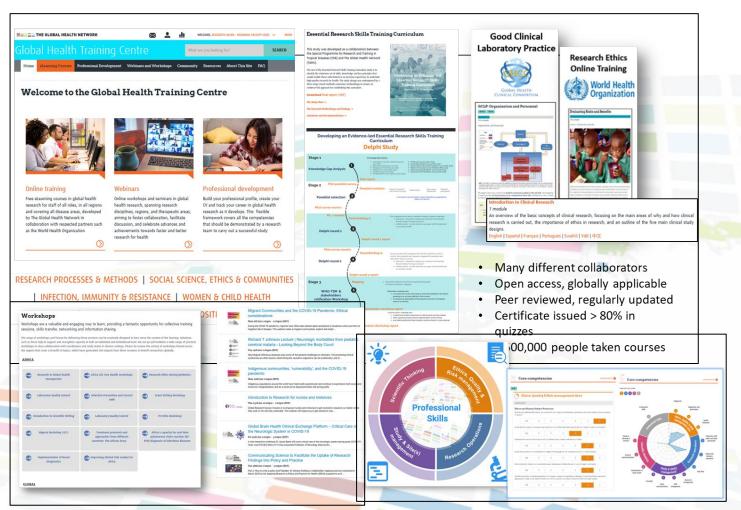
The Global Health Network does this at scale by active knowledge sharing and supporting teams

Used by organisations such as WHO, CEPI, IDRC, EDCTP and Wellcome
To reach the research community and deliver systematic methods and research
system strengthening



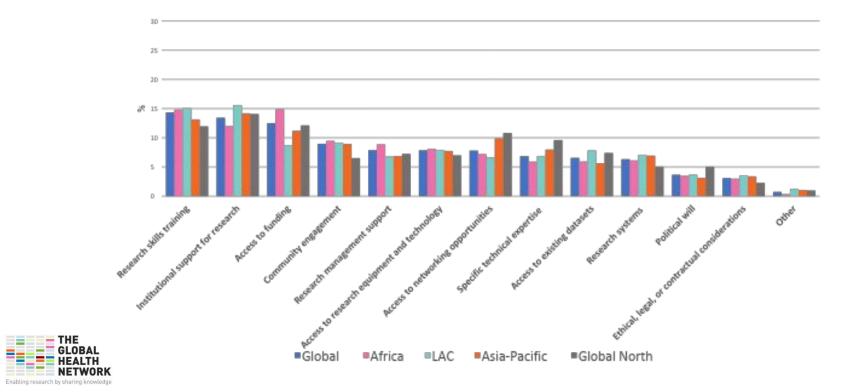


#### Sharing expertise through joined up tools, resources, webinars, workshops, training & career development



Data from 6,000 researchers and health workers in two studies – asked about the barriers to leading health research studies

The barriers don't differ by disease, region or type of research. This is the good news, these cross-cutting gaps are solvable – at scale.

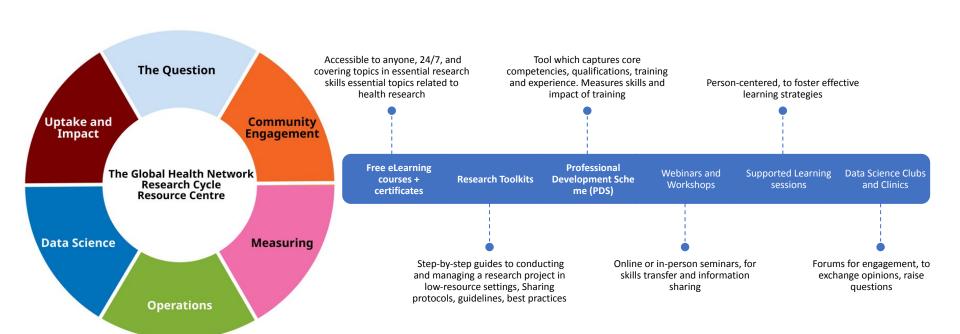




Time



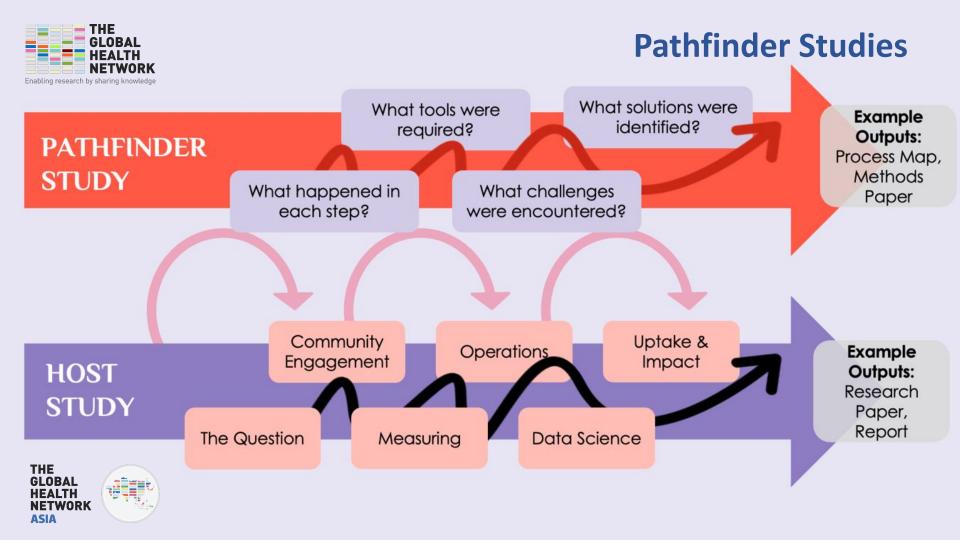
# Access to Resources and Training – discovering what they didn't know



### **Flipping the Research Pyramid**

- Shifting focus from elite, top-level research units to grassroots, community-level professionals.
- Building capabilities and leadership among local healthcare providers to conduct research.
- Moving away from reliance on a small number of specialized units, often led by foreign experts.
- Prioritizing research on diseases and health challenges that are most relevant to local communities.
- Enhancing the ability of local health systems to respond to emergencies and pandemics.

This approach emphasizes the power and potential at the base of the research pyramid, where local professionals are directly involved in addressing health challenges.



## Thank you.









