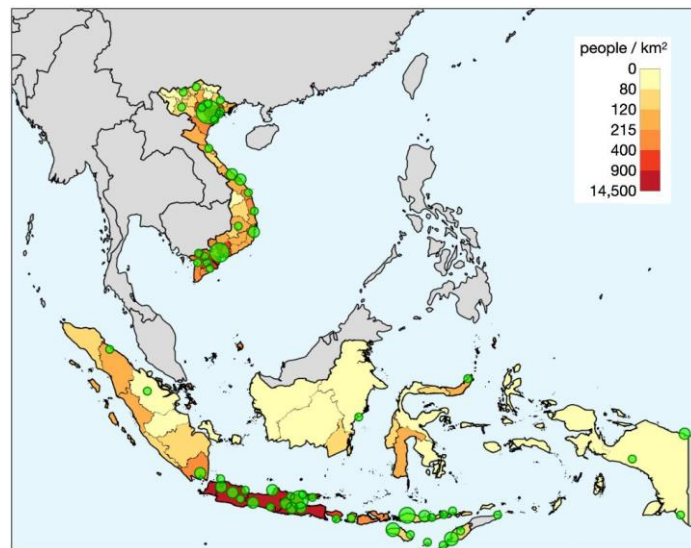
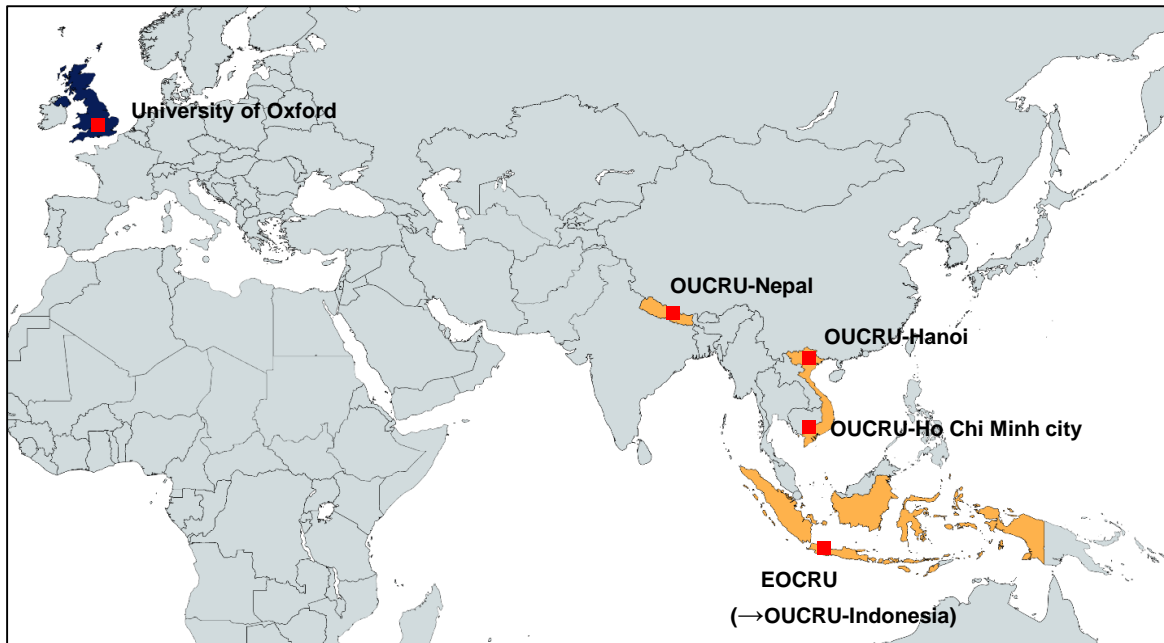




Oxford University Clinical Research Unit

Who are we?

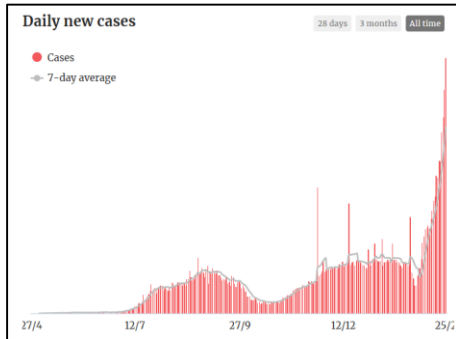
450 people working across 4 units in Asia and part of the University of Oxford



Our vision is to have local, regional and global impact on health by leading a locally driven research programme on infectious diseases

Why are we here?

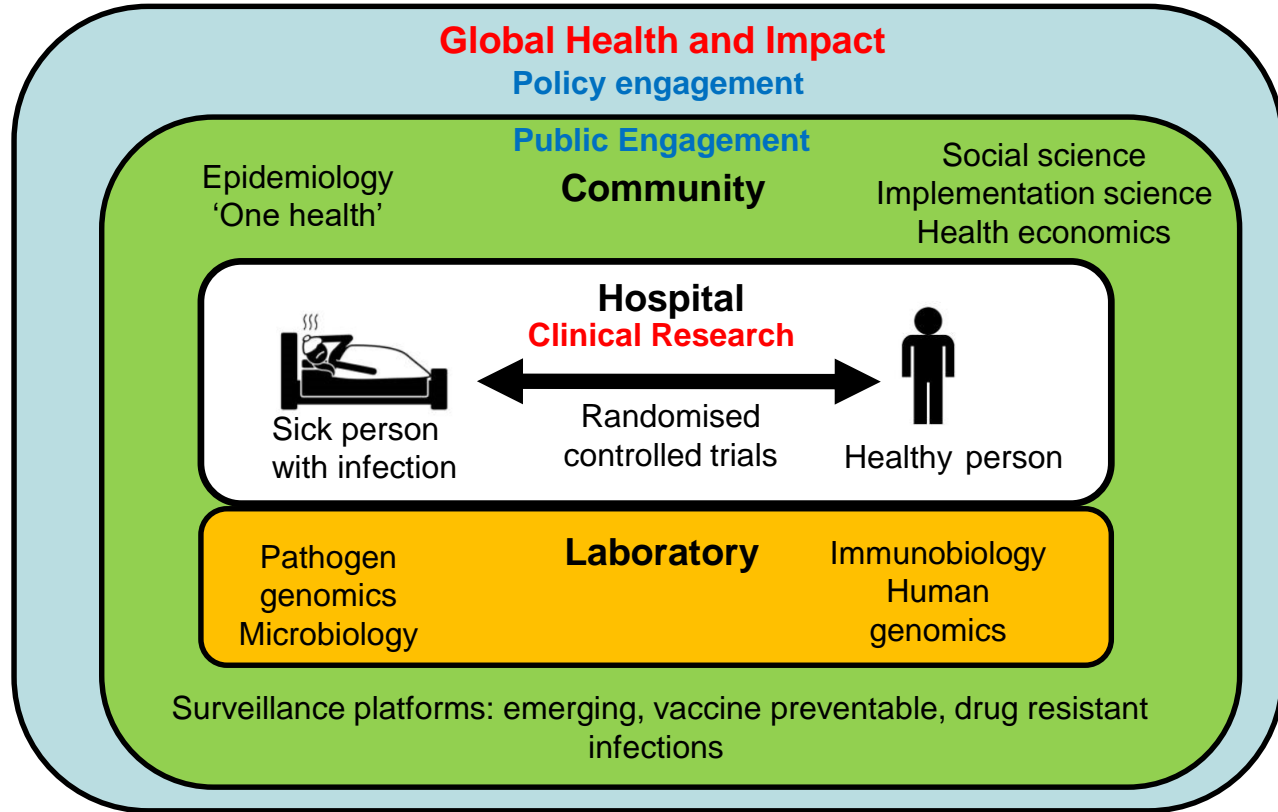
Rapid, coordinated response with local institutions and governments, that has evolved with the pandemic



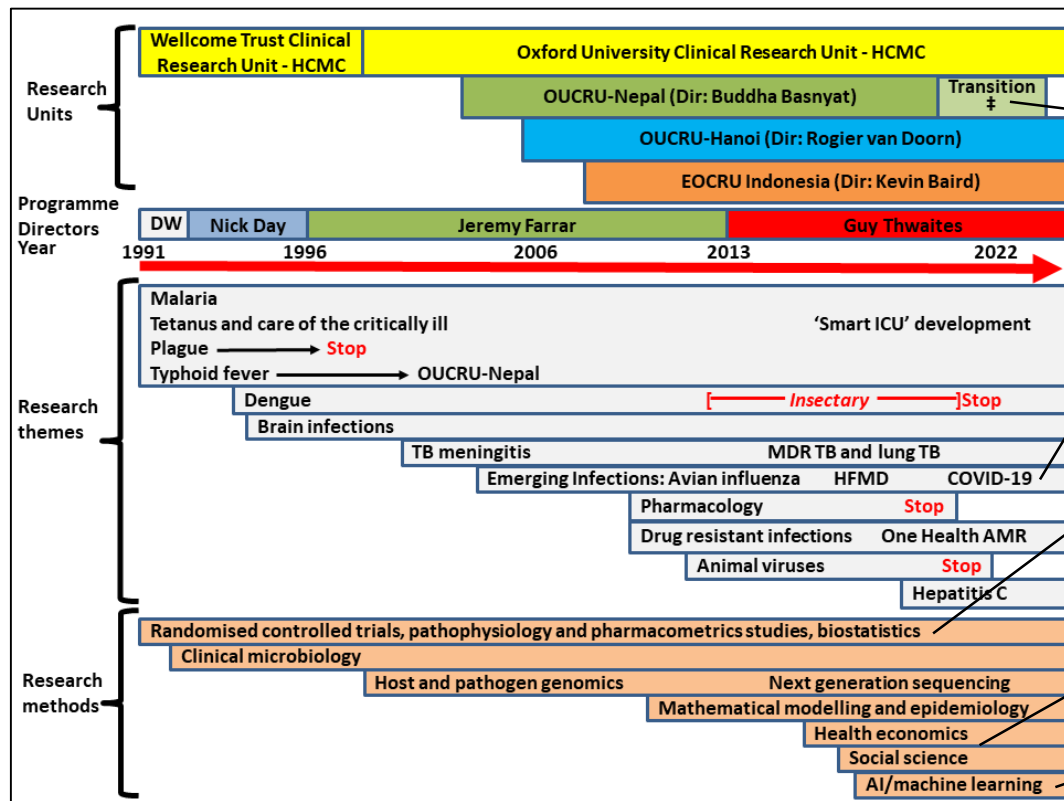
Research with sustained influence and impact on local, regional, and global practice and policy

What do we do?

- Flexible
- Responsive
- Integrated
- Influential



How have we evolved?



Key strategic developments

OUCRU-NP transition to independence

COVID-19: programme-wide response: platform development with Indonesia

Innovative designs & data management in clinical trials. Regulatory trials and new industry partnerships

Emergence of social science and health economics

Improving clinical care through new technology and data analysis

What are our aims and strategic priorities?

Strategic priorities

Aim 1: Reduce the burden of infectious diseases through research

Emerging infectious diseases
Drug resistant infections (including TB and Malaria)
Climate change
Development and implementation of new technologies
Social science and implementation research
Enhanced data management

Aim 2: Strengthen our research culture

Equality, diversity and inclusivity
Coaching and mentorship
Local leadership

Aim 3: Strengthen our networks and partnerships

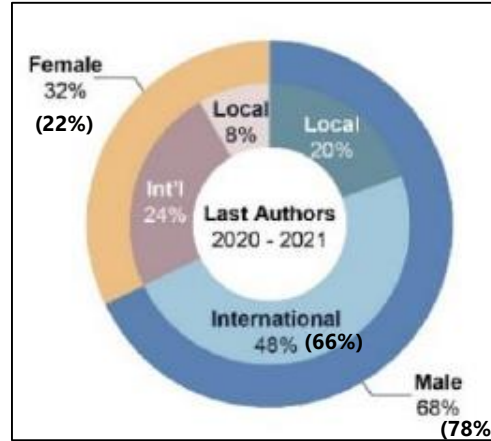
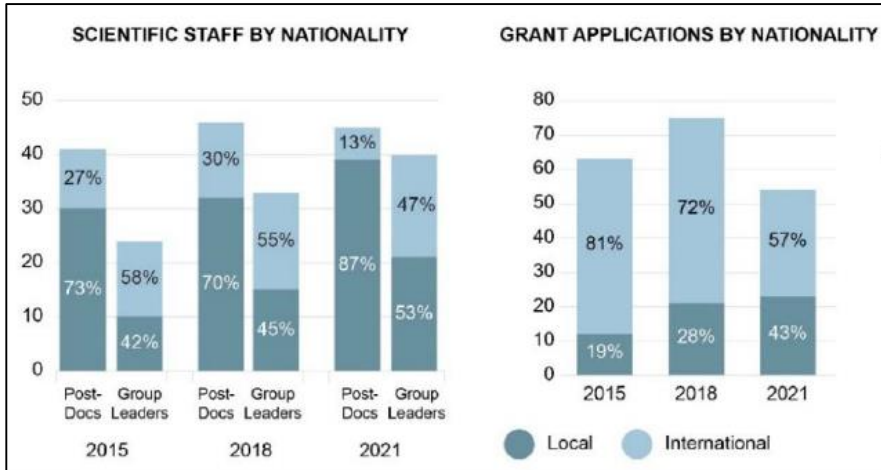
Vietnam-Indonesia partnership
Wellcome AAP/centres network
Local University partnerships

Aim 4: Increase the local, regional and global impact of our research

Strengthened policy engagement
Innovative dissemination and communication
Open access research outputs

What are our key challenges?

Identifying and removing career progression barriers



Increasing women's leadership in science in Ho Chi Minh City

Increasing initiatives to advance women's careers in science are almost exclusively based on data from high-income countries.^{1,2} To improve inclusion and diversity in science, data from low and middle-income countries (LMICs) are urgently needed to inform the debate and enable effective change. A literature search using the terms "women" and "science" or "research" revealed a scarcity of relevant publications from LMICs in peer-reviewed journals.^{3,5}

*Ngo Thi Hoa,
Nguyen Thuy Thuong Thuong,
Hannah E Clapham, Tran Thi Anh Thu,
Evelyne Kestelyn, *C Louise Thwaites*



Mentorship
Post-doctoral support: networks and collaboration
Bespoke coaching

Are we good value for money?

Has supported 450 people in 4 units and 3 countries

And has produced the following:

Research

- 44 clinical trials
- 14,300 patients enrolled
- 42,500 enrolled in other studies
- 1021 publications

People

- 52 PhDs awarded
- 12 Wellcome fellows
- >2000 people GCP-trained

Influence and impact

- 25 international advisory boards (12 WHO)
- 6 International guidelines
- 4 WHO policy reports

Why is the Wellcome AAP model valuable?

- Longstanding sustainable **infrastructure** within LMICs
- Nurture and develop **people** with skills to conduct high-quality clinical research within LMICs
- Integrated and **embedded** within country institutions and healthcare systems
- Understand and prioritise important **local** clinical and public health problems
- Built on **trust** and mutual respect over decades

All of the above are essential for the affordable and equitable delivery of new drugs, vaccines, and technologies to LMICs over the next decade



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