synonymous mutation, A578S). No significant difference was observed between rural and urban data.

Conclusion These results indicate low prevalence of mutations within the Pfcrt, Pfmdr1 genes of P. falciparum and no validated Pfk13 mutation associated with artemisinin drug resistance in this study setting, suggesting that ACTs remain effective in the area, but required continuous surveillance.

PA-453 BUILDING AN INNOVATIVE LONG-TERM COLLABORATION FOR STRENGTHENING THE RESEARCH CAPACITY, THE RESEARCH ENVIRONMENT AND THE SCIENTIFIC LEADERSHIP IN MOZAMBIQUE

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The Manhiça Health Research Center (CISM)is a well-established research center with a strong and consolidated research capacity into communicable diseases prevalent in Mozambique, with particular focus on the main causes of morbidity and mortality. Since its creation, CISM has grown within the framework of a bilateral cooperation programme between the Mozambican and Spanish governments and with support from the Hospital Clinic (HC) and the University of Barcelona (UB) to fight diseases and protect the health of vulnerable populations through research, healthcare and training.

In 2008 the Manhiça Foundation was created representing one of the most important events in the development of the Centre because it entitled CISM to a Mozambican legal framework, which facilitates its sustainability and long-term autonomy. In 2010, as part of this strategy for integration and country ownership, the Foundation for Community Development and Eduardo Mondlane University joined as partners. And in 2015, the Barcelona Institute for Global Health replaced the HC and the UB.

One of the key strategies of this partnership to build CISM's research environment has been the training of staff through the joint development of capacity building and strengthening activities. After 27 years of successful collaboration, a Training Fellowship Programme has been established to train young African graduates wishing to develop their career as researchers; the program provides hands-on training within research projects implemented at CISM. Many training courses and workshops have been developed to train clinical researchers, technicians, data managers, etc.; and networks with other Sub-Saharan African countries have been established to strengthen research capacities (e.g., TESA). All these efforts succeeded in awarding 114 postgraduate degrees in collaboration with North and South universities all over the world for both African and international students: 63 doctorates and 47 master; more than 140 research and training internships; and more than 10 funded collaborative projects.

PA-454 EXTERNAL FACTORS AFFECTING RECRUITMENT IN A GLOBAL PAEDIATRIC PNEUMONIA TRIAL: LESSONS LEARNED FROM PEDICAP

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Background Pneumonia in children is common worldwide and is associated with significant morbidity and mortality. PediCAP is an ambitious randomised controlled trial (ISRCTN63115131) with the aim of determining the optimal duration and formulation of amoxicillin and co-amoxiclav for children aged 2 months to 6 years with severe community acquired pneumonia in sub-saharan Africa.

Methods Recruitment occurred across thirteen sites in Uganda, Zambia, Zimbabwe, South Africa and Mozambique. Virtual monitoring of recruitment was led by the Medical Research Council Clinical Trials Unit (MRC-CTU). The recruitment target was set to 1100 in the main trial, PediCAP-A, and 120 in the pharmacokinetic substudy, PediCAP-B.

Results A total of 987 patients were recruited to the main trial between December 2020 and May 2023 (2 in 2020, 216 in 2021, 528 in 2022 and 241 in 2023). Recruitment is currently ongoing. Several external factors affected recruitment speed over this period. The SARS-CoV-2 pandemic led to staff redeployment, local lockdowns which affected patterns of respiratory disease and delayed ethical approval timelines. An Ebola epidemic further exacerbated these challenges in some sites. Changes in national empirical antibiotic guidelines to a non-protocol antibiotic caused a significant reduction in children eligible for recruitment in South African sites. Constant communication between the MRC-CTU and the sites was needed in order to respond to these barriers to recruitment. Additional virtual meetings and updates were scheduled to maintain trial safety during concomitant outbreaks of infectious diseases. Decisions to close sites affected by changing empirical guidelines was made when recruitment was thought to be permanently affected, given that other sites were recruiting well.

Conclusion Unforeseeable challenges are inevitable in global RCTs. Pragmatic responses to these challenges allows recruitment to trials like PediCAP to continue safely while maximizing the chance of reaching the recruitment target, therefore enabling more impactful results.

PA-455 BEDSIDE ULTRASOUND FOR THE DIAGNOSIS OF TUBERCULOSIS IN HIV-POSITIVE INFANTS HOSPITALIZED WITH SEVERE PNEUMONIA

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Background Tuberculosis (TB) diagnosis is challenging in children, particularly in infants, contributing to high TB-related mortality. Up to 30% of infants with pulmonary TB have concurrent extrapulmonary disease, with findings that can frequently be detected with ultrasound. A protocol of focused