



Research for health  
in humanitarian crises

elrha

# R2HC RESEARCH FORUM 2019

## SUMMARY REPORT: KEY MESSAGES AND RECOMMENDATIONS



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## INTRODUCTION

Since the establishment of the R2HC programme in 2013, Elrha has gained recognition and credibility as a key funder of public health research in humanitarian settings. We have funded more than 60 studies that have been implemented through academic-practitioner research partnerships. Through strategic engagement with policy makers and practitioners we are advocating for the uptake of evidence generated through the programme.

Thanks to the hard work of the research teams we fund, and the expert guidance provided by our Advisory Group and Funding Committee members, the R2HC is beginning to have impact.

But the path to achieving results is not always easy: researchers conducting studies in humanitarian settings face unique constraints and challenges. Our aim in convening the 2019 Research Forum was to encourage sharing and learning across the humanitarian health research community to help identify good practice and solutions to overcome common challenges. Discussions and recommendations from the Forum are synthesised here, to inspire and inform others. They will also guide the direction and approach of our own work.

We would like to take this opportunity to thank everyone who participated in the Forum for your valuable contributions, particularly our speakers, breakout leads, and Chairs. Our Steering Committee worked long and hard to design a stimulating agenda, and their contributions were critical to the success of the Forum. I would especially like to thank our donors – the UK Department for International Development (DFID), the UK National Institute for Health Research (NIHR) and Wellcome - for their ongoing support of the R2HC.

**Anne Harmer, Head of R2HC**



## ABOUT THE FORUM

The Research Forum brought together 120 humanitarian health researchers, practitioners and key stakeholders at Royal Holloway University, London, in September 2019. The purpose of the two-day event was to foster exchange of cross-cutting evidence and knowledge generated from within the humanitarian health research community, and to identify actionable recommendations to overcome common challenges to enhance the quality and effectiveness of humanitarian health research.

The Forum agenda was developed with the support of a Steering Committee drawn from the R2HC community. The programme consisted of panels, breakouts, and lightning talks, along with dedicated networking space. Content aimed to engage research experts, their operational/humanitarian research partners and wider stakeholders. This report summarises the key themes, outcomes and recommendations arising from the Forum for Elrha's stakeholders and interested actors.

## EXECUTIVE SUMMARY: KEY RECOMMENDATIONS

- R2HC is a unique funding mechanism for increasing the evidence base to inform decision making for humanitarian response. Critical evidence is still lacking, including for some Sphere standards, and R2HC should continue to focus on these gaps.
- Bringing humanitarian researchers and practitioners together to share knowledge around conducting research in humanitarian settings is invaluable; there are few dedicated opportunities for this community of practice to meet. R2HC should continue to support similar community of practice events.
- Greater partnership diversity is needed in research teams we fund, particularly inclusion of research expertise from the global South; bi-directional learning within research teams needs to be recognised and promoted.
- Co-creating questions with those delivering response - whether governments, clusters or practitioners - is essential to ensure the relevance and applicability of research questions to humanitarian needs. R2HC could do more to encourage involvement of people affected by crises in defining research priorities.
- In appropriate contexts, early engagement with national governments will enhance the likelihood of new evidence being used to inform policy and programme decisions.
- More studies need to address the health economics dimensions of humanitarian response and improve evidence on the effectiveness and cost-effectiveness of interventions, to better inform humanitarian decision-making.
- Recognising the development-humanitarian nexus, the R2HC should facilitate sharing learning from research conducted in lower and middle-income countries that can be applicable in humanitarian settings. Health system strengthening in fragile contexts is an under-researched field common interest.
- On ethical issues, equitable research partnerships, accountability to people affected by humanitarian crises, support of health workers in conflict-affected settings, ownership of research data, and ethical aspects of certain research approaches are some of the key issues requiring further attention.



- To ensure accountability and evidencing impact, R2HC and the research teams we fund must strive to be accountable and invest time and energy in continually demonstrating the value of research, both to donors and to people and communities affected by humanitarian crisis.
- To drive evidence use and uptake, R2HC must continue to support researchers to engage research users in the humanitarian sector. This includes synthesising and promoting bodies of thematic evidence to targeted stakeholders and convening activities to connect research with key audiences.

## FORUM THEMES AND DISCUSSION OUTCOMES

### ACCOUNTABILITY TO COMMUNITIES AFFECTED BY HUMANITARIAN CRISES

**Rola Hallam, Keynote Speaker** [gave a compelling account of her personal history and experience working to improve healthcare in Syria](#), with her non-profit organisation [CanDo](#) which launched the world's first crowd-funded hospital. Rola called for a paradigm shift in humanitarian response towards a locally led approach. Increased financial resource and political capital and support is required from the international community to better support the 'gallant human beings' who rise up to respond to crisis in their own communities. Dr Hallam noted that researchers can play a key role in such an effort: through engagement with local actors, they can develop research evidence responding to needs, make better use of locally generated data and knowledge, strengthen local capacity to respond, and increase uptake of research evidence in local practice.

Rola's remarks were followed by a panel chaired by **Gilbert Burnham (Johns Hopkins)**, and breakouts focused on conducting research addressing less 'visible' population groups and improving our knowledge of vulnerable stakeholders in communities, with an emerging focus on the role of local health workers in crisis settings. A theme of discussions was the need for greater awareness and mitigation of risks and challenges which still arise as a result of the researcher-community relationship. Importantly, political and conflict dynamics can shape a community's relationship with health responses and actors, and therefore affect the role of health research and researchers as well. Common challenges include:

- Complexities of defining and opening dialogue with a community appropriately- who represents vulnerable groups, and how are such communities defined?
- Mistrust of research or researchers, in part due to examples of harm arising from 'parachute' research, poorly managed surveys or community consultations, or failure to share findings
- Challenges of early engagement with communities before a grant is awarded, and other time-pressures and constraints faced by researchers, including security and safety
- Challenges of engaging in situations of extreme need or vulnerability, particularly where a community may not share the view that research is a priority

## Key messages for researchers

- Research partnerships models should systematically integrate local researchers and NGOs to co-create better, more informed research questions that respond to need.
- Researchers should “do their own research” before proposing study questions: examine power dynamics, community structures and cultural history to inform early engagement. Understandings of vulnerability must be contextualised and informed by local expertise.
- Be honest about constraints and your role as a researcher: don't promise anything you cannot deliver. Consider coupling the research effort with an existing project or service delivery provided by a local actor.
- In a crisis, what communities most need from researchers could be information. This must be provided in appropriate channels and formats, using messengers that communities can understand and trust. Publish findings in local languages and accessible formats, supported by face to face meetings if possible.
- Outreach with local groups or non-governmental organisations (NGOs) active in the response is better done on the ground. Local responses may be organic, loose and fast-moving, and may need to be sought out, but they will likely be there.
- Time and resource should be allocated for community engagement. This should include attention to developing metrics to measure ‘success’ of research, which reflect community priorities and needs.
- Community advisory boards with regularly scheduled exchanges can be a mechanism for consultation and sharing findings.
- For effective communication strategies, recognise that ‘community’ is not a homogenous group - groups can be close-knit or scattered, with complex and fluid dynamics. Different methods will likely be required to engage various stakeholders.
- Strong Standard Operating Procedures (SOPs) and monitoring frameworks are required to ensure that accountability processes are clear, and concerns are followed up. This is particularly important when using digital data collection mechanisms. Humanitarian partners have feedback/accountability mechanisms that could be linked.
- In conflict-affected crises the focus of research is generally on humanitarian-affected people, with the health care and support needs of local health workers being a neglected area, even though these are the providers on whom the general population depends. The ongoing trauma local health workers experience, the ethical dilemmas they face, the unequal terms they work under compared with international health workers, and the differential gender experiences are all areas in need of further study.

“Listen more, research slowly”

*Monette Zard, Columbia University*

## Recommendations for the R2HC

- Collaborate with Fogarty in their development of guidance for the humanitarian health researchers on community engagement
- Continue to encourage grant applicants to include adequate resources in proposals for community engagement and local dissemination of findings/restitution of data



- Explore how to provide grantees with appropriate SOPs and other tools/guidance that can assist effective and ethical community engagement, particularly restitution of findings

## EQUITABLE SOUTH-NORTH RESEARCH PARTNERSHIPS

### Outcomes of discussion

A cross-cutting theme of the Research Forum was an emphasis on the greater role researchers from humanitarian-affected countries can play in contributing to improving the humanitarian health evidence base, whether as direct recipients of grants or as research partners. R2HC has recently introduced the requirement that all funded partnerships include at least one research partner from the country or region where the study takes place, recognising that proactive effort is required to ensure diverse representation in partnerships.

This theme at the Forum focused on the principle of **equity** in research partnerships, recognising the barriers that result from unequal power dynamics within global health and humanitarian response systems and structures. Equally important was discussion on the real-world experience of South-North research partnerships, which were explored in stimulating “lightning talks”. 8 researchers from diverse backgrounds were challenged to speak for three minutes on [What makes a meaningful, equitable South-North partnership?](#)

Additionally, a breakout session explored how we might do better at developing and maintaining equitable partnerships. The group identified key building blocks that need to be in place to enable Southern institutions and researchers to be engaged on a more equal footing. Other breakouts looked at the practicalities of research co-production between academics and practitioners, with a focus on common challenges faced in co-production and practical solutions to overcome these.

The Forum highlighted that research partnerships funded by the R2HC have delivered valuable evidence on humanitarian health challenges, as well as producing positive experiences for some researchers from the global South. However, the discussions emphasised that more needs to be done to address the continued dominance of the global North in the R2HC portfolio, and to support Southern researchers to overcome inequities and challenges they still face when participating in research partnerships.



Snapshot from Wall Art: Co-Production Breakout

## Key messages for researchers

- Southern researchers have contributions to make at all research stages - from identification of research questions to study design, and data analysis to research uptake and strategic engagement.
- Local researchers can add value with better access to and knowledge of marginalised communities, the ability to mobilise quickly on the ground, and may have access to useful existing data.
- Researchers from the global North should ensure local researchers are provided opportunities to contribute meaningfully and add intellectual value throughout the research process.
- Involvement of local researchers can lead to more relevant research questions, more accurate and informed tools, and can analyse /interpret data based on contextual and cultural knowledge.
- Southern researchers can help build 'academic language' that can be used to translate local knowledge which may be otherwise invisible in the discourse.
- Researchers from the global North can add value through long-term engagement to channel resources and strengthen capacity. They can ensure local researchers' perspectives are represented in academic discourse.
- There is value in intermediaries who can act as translators and 'bridges' - the role of 'diaspora' researchers in South-North research partnerships can be valuable.





- An approach which acknowledges the value of bi-directional learning between partners and incorporates open discussion on how to achieve mutually beneficial objectives needs to become standard practice in international research partnerships.
- Getting partners together face to face can be a critical element of successful co-production. It is worth investing such time early on to ensure buy-in and research 'ownership' of all partners and to build relationships between individuals on the team.
- In general, when co-producing research and for co-development of budgets, documentation of 'ways of working' agreements have the potential to increase trust and transparency, critical elements of good partnership. Communication of key decisions and changes on workplans is also important; as is clarity of decision-making roles, to avoid ambiguity.
- Not all partnerships are successful. A scoping phase is useful to ensure partners can step away if alignment of objectives or other key elements of good partnership are not in place.

### Recommendations for the R2HC

- A broader conceptual model for South-North research partnerships needs to be explored; scientific advances may not be the only yardstick to measure quality and impact of research. Metrics of investment in local research capacity, social mobility of research findings and other indicators of success could be considered.
- Consider using language around partnerships which promotes "bi-directional capacity strengthening" rather than focusing on more traditional 'capacity building', a framing which can be limiting and does not capture the learning that happens on both sides. R2HC could also consider leading the way in introducing new terminology to talk about international research partnerships, including abandoning the terms 'global South and North' which may be increasingly unhelpful.
- Encourage funded researchers to set explicit budget lines for partnership strengthening activities such as training, mutual reflection and learning, and continue to provide seed-funding for early stage partnerships building.
- Continue being flexible around partnership changes where this can help maintain quality and effectiveness.
- Consider providing convening opportunities to encourage collaboration between researchers in diverse geographies and disciplines to address priority research questions.
- Reframe inclusion of national institutions as enriching the global research partnerships – 'bringing in their expertise'- and promote R2HC funding opportunities to these institutions.
- Consider holding next Research Forum in Global South partnering with a local research institution.



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Scientific progress cannot be the only yardstick for measuring the success of North-South research partnerships: Rebecca Esliker, University of Makeni  
[@Elrha](#)  
[#R2HCForum](#)  
Couldn't agree more!

## RESEARCH METHODOLOGIES

### Outcomes of discussion

The nature of humanitarian crises creates potential barriers for conducting scientifically rigorous research. However, if a sound evidence base for humanitarian public health is to be established, acceptable standards of methodological rigour need to be maintained. The Forum discussions focused on challenges researchers face in designing 'good enough' methodologies to answer priority research questions and identifying solutions, recognizing the challenges often faced in humanitarian contexts.

A stimulating panel chaired by **Francesco Checchi (London School of Hygiene and Tropical Medicine)**, introduced innovative or under-utilised methodologies that could be used more often in humanitarian settings: qualitative methods, quasi-experimental designs, and health economics approaches. Breakout sessions delved deeper into these topics with short skills-building workshops being conducted by experts in each of the methods. A recent review: *"What the R2HC portfolio tells us about research methods"* (by James Smith and Karl Blanchet) was also showcased in a breakout session. The review examined methodological approaches R2HC-funded researchers have used to answer critical humanitarian health research questions, including in situations where 'gold standard' methods such as randomised controlled trials (RCTs) may not be appropriate or effective.

## Key messages for researchers

- Creativity, flexibility and openness to new methodological ideas are valuable competencies for humanitarian health researchers to cultivate. Researchers should look beyond the standard methodological approaches when working in crisis settings and with vulnerable populations. 'Pre-labelled' experimental methods may require adaptation on the ground.
- Mixed-methods studies tend to be popular in contexts where RCTs aren't possible - it's important that experts in each selected methodology are included in research teams
- Local community knowledge can add value to most research designs. Ensure qualitative methods are designed to engage and elicit the community's capabilities and agency.
- While RCTs have become the mainstay for clinical efficacy, quasi-experimental designs offer important alternatives and have the advantage of leaving the context undisturbed.
- When designing studies, prioritise the key variables to enable comparison with a control (recognising there might be multiple factors).
- Be creative about selecting the most appropriate approach: consider how to address alternative explanations for 'treatment effect' rather than select a specific method
- There are rigorous approaches to quasi-experimental design when RCTs are not feasible. Approaches and statistical tests exist that can address potential confounds.
- Flexible budgeting can enable researchers to add additional elements to produce useful findings when an RCT looks to be unsuccessful (qualitative data collection, household acceptability of intervention).
- Qualitative research is often not a linear process. Achieving rigour can take time and effort; consider a layered longer-term approach and be sure that methodological choices made can be justified.
- Economic evaluations and health economics approaches can add value to a range of research questions, going beyond cost-benefit analysis. A greater emphasis on these approaches could ensure that research better informs humanitarian policymaking and practice.
- Think about including an economic evaluation as early as possible in a wider evaluation. The type of analysis selected should be based on the question to be answered, and this should drive the precision and scope with which costs and consequences are measured.
- The key to a successful evaluation is being as transparent as possible about the data sources and assumptions. This highlights knowledge gaps and can focus attention on data collection priorities.



Forum Wall Art: Caitlin Tulloch, IRC

- Better routine documentation by researchers of methodological challenges and changes made during the research lifecycle can inform a wider understanding of methodological adaptation and potential for application of innovative research methods.

### Recommendations for the R2HC

- Encourage researchers to consider using mixed and quasi-experimental methodological approaches for triangulation purposes.
- Include in R2HC grant applications budget lines dedicated for training and capacity strengthening.
- Encourage the piloting of innovative research methods *before* development of long-term studies.
- Encourage R2HC applicants to include health economics approaches in their studies and broker contacts with health economists.
- Adapt R2HC reporting forms so methodological adaptations made by researchers can be documented.
- Create a neutral platform where methodological challenges and solutions can be shared between researchers.
- Proposals should be reviewed using methodological checklists that correspond to the study design

### RESEARCH ETHICS

Research ethics has traditionally tended to focus on questions of ethical approval and informed consent. Facilitating a broader discussion on ethical challenges is an important dimension of R2HC's role in promoting the learning and sharing of related lessons learned within the humanitarian health community. Recent developments in research integrity highlight the importance of addressing the broader array of ethical issues that arise during all phases of research: design, implementation and dissemination.

For this Forum, a number of key issues of relevance for humanitarian health researchers were explored in some depth: ethical challenges associated with novel and quasi experimental research design; thorny issues of data sharing and ownership; and how to determine what constitutes an 'ethical research partnership', with a focus on South-North collaborations. The Forum explored these themes, through a panel hosted by **Lisa Schwartz (McMaster University)** and in breakouts.



### Key messages for researchers

- In a humanitarian setting there will be a need to balance the most ethical approaches to interventions and research, with practical and cost-effectiveness considerations; both these aspects need to be adequately considered and managed.
- An ‘emergency’ context is not a short-cut waiver of ethical considerations, neither is being ‘well-intentioned.’ Donors and humanitarian actors have an ethical obligation to put in place appropriate data ownership and stewardship management frameworks and recognise that there are different perspectives on what is in the ‘best interest’ of populations being studied.
- When humanitarian interventions target entire communities or health providers, they cannot be assessed with an individually randomized trial. A cluster randomized trial (CRDT) means that intact social groups (e.g. neighbourhoods) are randomised, rather than individuals, and can be useful in these settings.
- Standard ethical guidance is not adequate to deal with ethical challenges that arise from CRDT designs. The Ottawa Statement on the Ethical Design and Conduct of Cluster Randomized Trials (Weijer et al 2012)<sup>1</sup> aims to provide researchers and research ethics committees (RECs) with detailed guidance and recommendations on the ethical design, conduct, and review of CRDTs.
- There are many different actors in research collaborations that can claim to ‘own’ data. It is critical for governance and decision-making capabilities over data access, sharing and use, to be clarified from the outset, while bearing in mind ethical principles.
- Data security and confidentiality needs to be considered against the vulnerability and needs of the community being studied.
- Data sharing, ownership and stewardship needs to be discussed in the formative stages of research and included in partnership agreements. Data transfer agreements should be considered.
- The push towards ‘open access’ of data needs to be considered carefully from an ethical standpoint.
- Restitution of findings is an ethical obligation, not an optional add-on to research.

<sup>1</sup> Weijer C, Grimshaw JM, Eccles MP, McRae AD, White A, Brehaut JC, et al. (2012) The Ottawa Statement on the Ethical Design and Conduct of Cluster Randomized Trials. PLoS Med 9(11): e1001346.  
<https://doi.org/10.1371/journal.pmed.1001346>

- Equitable approaches to management of South-North research partnerships are an ethical issue and should be viewed as such. All researchers, their partners and research funders have a role to play in ensuring that research partnerships are conducted fairly and equitably<sup>2</sup>.

### **Recommendations for the R2HC**

- Critically consider the broader ethics of intervention in relation to research in crisis settings and facilitate discussion and documentation of key issues such as those discussed at the Forum.
- Promote and support researchers in applying the principles of the Research Ethics Toolkit in studies.
- Synthesise case studies and convene communities of practice addressing research ethics in the context of humanitarian settings.
- Examine grant-making systems and processes to ensure they do not incentivise international researchers from doing 'parachute research' that may not align with local or national priorities or minimise the needs of vulnerable communities.
- Consider activities focused on strengthening the capacity of Southern research institutions to administer and manage research grants.
- Address the structural issues that prevent Southern research institutions from being direct recipients of funds.
- Continue to provide guidance on effective partnership management to R2HC-funded research teams.

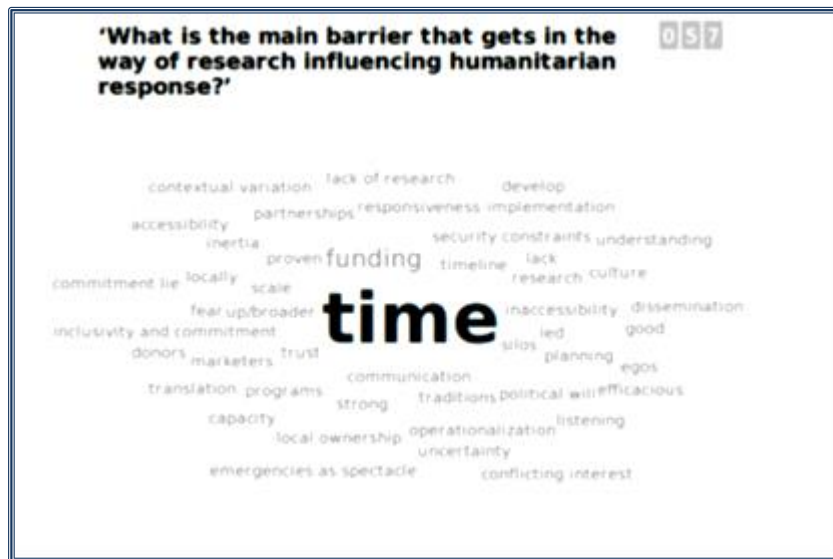
## RESEARCH IMPACT

### **Outcomes of discussion**

Research impact, the changes which research can contribute to in the external environment, is an important focus for Elrha. The R2HC was established to generate evidence which can inform humanitarian health policy and improve practice in the field, and over time greater emphasis has been placed on these elements of support to those we fund. R2HC has recently invested in the development of a Research Impact Toolkit and provides skills training for researchers in key competencies such as stakeholder mapping and engagement, communications, and strategizing for impact.

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<sup>2</sup> Recommendations calling for improved practices around fair and equitable South-North research partnerships were also discussed through an ethics lens, but as the recommendations are similar they are not repeated here.



*Audience response to question posed on 'Sli.Do' during the Forum*

A high level panel, chaired by **Mushtaque Chowdhury (BRAC)**, emphasised different routes for research uptake, providing insights into the priorities for evidence use by representatives from three major actors and potential research users: the Liberian Ministry of Health, the UN High Commissioner for Refugees (UNHCR), and the UK Department for International Development (DFID). The panel highlighted the need to strengthen demand for and use of research evidence in humanitarian action. A panel chaired by **Alice Obrecht (ALNAP)** provided a range of perspectives from different actors (government, INGOs, and global coordination mechanisms) on strategies for increasing evidence use and uptake in humanitarian health response.

### Key messages for researchers

- The resources, time and energy required for achieving uptake in humanitarian health contexts is sometimes underestimated by researchers. Budget enough time and resource throughout the research process. Uptake of findings is also more likely if partners are engaged early.
- Researchers should consult on the types of questions emerging from the field to ensure maximum relevance of questions to humanitarian practice.
- Trust and personal relationships are particularly important in the fast-paced humanitarian context. It may take a body of evidence to make a difference, beyond just a single study; a willingness to engage long-term may be required.
- In appropriate contexts, national governments should be considered as key users of research findings. Key interlocutors within Governments can inform researchers on the needs and context of populations, apply evidence and findings to programmes and policies, and can take practical applications or interventions 'to scale'.
- Synthesising available evidence around key topics is a major contribution that researchers can make to influencing decision-making on policy and programmes.
- More focus is needed by research teams on knowledge translation activities - turning key messages into useful and applicable information.



- Consider the learning and evidence needs of your audience. Don't over-explain methods to practitioners. Instead, focus on explaining the findings in practical and applicable terms. Ensure you can summarise your findings succinctly ("in 7 words")!
- Identify the right moment and people to engage. Research can take up to four years to produce, whereas humanitarian programmes are often on a 1-2 year cycle.
- Researchers need to build relationships with key people (including senior individuals within partner INGOs) and maintain engagement throughout the research process.
- INGO partners can add value to uptake and outreach, since they often have access, reach, and competencies in key skills like engagement and communications.
- Good early engagement can be had around the production and use of data, particularly if data can be useful to partners. Consider also making best use of data that already exists within partner organisations.

### Recommendations for the R2HC

- Continue to fund knowledge translation activities on research grants (including translations and local engagement/communications activities), and positions for research team members with expertise in engagement and communications
- Produce accessible summaries of R2HC research and continue to upskill research teams in key competencies via the Research Impact Toolkit workshops
- Consider convening events where researchers can engage with technical /agency working groups; facilitate understanding of and connections with the humanitarian clusters amongst research teams; and engage donors and policy experts in R2HC research findings
- Consider developing a 'research uptake' community of practice among humanitarian INGO research focal points, to encourage sharing of best practices

### FINAL PANEL: LOOKING TO THE FUTURE

Representatives of R2HC'S funding bodies - Val Snewin, UK National Institute for Health Research and Chris Porter, DFID - with two members of our Advisory Group - Jimmy Whitworth, LSHTM and Renee van de Weerd, WHO – and Jess Camburn, Elrha's CEO and Anne Harmer, Head of R2HC shared a vision for how humanitarian health research might come to be viewed in the future:

- Evidence to inform policy and practice becomes a standard way of operating within the humanitarian sector
- Sphere Standards are entirely evidence based and secondary analysis of existing data sets is conducted more frequently
- Common data sets and open access publishing, along with better use of digital technology to link existing resources, enable better access to evidence for users
- Humanitarian practitioners are knowledgeable and confident about accessing and using evidence
- No barriers exist to equitable research partnerships and no distinctions are made between researchers from different parts of the globe





Wall Art Snapshot: High Level Panel on the future of R2HC

## FEEDBACK ON THE FORUM: WHAT WAS BENEFICIAL FOR YOU?

- “Networking... and getting a sense of the research being done in the humanitarian space. Several new connections were made with potential to inform our work.”
- “Very helpful to be able to talk to humanitarian leaders in the breakout on influencing INGOs; health economics was also a useful focus.”
- “Hearing perspectives from researchers at the cutting edge of these issues, and from humanitarians working through them on the ground.”
- “I will take back key points from discussions around evidence uptake, communication and use. Great that Elrha convened a number of conversations around this issue.”



## WHAT COULD WE IMPROVE NEXT TIME?

- *“More showcasing of R2HC funded research - could be a market-place for researchers to gather around and meet e.g.: mental health, nutrition.”*
- *“Would have liked more talks by researchers funded by R2HC especially those from early days where research evidence has been used.”*
- *“More time for in-depth discussion on science - questions, methods, ethics.”*

## REFERENCES/FURTHER INFORMATION

Visit our [Research Forum event page](#) where you can see:

- The [full programme](#)
- [Visual illustration](#) capturing the topics discussed and conversations across the two days
- A series of [video interviews](#)
- Recordings from the forum, including the [keynote speech](#) and “[lightning talks](#)” from eight researchers from diverse backgrounds who spoke about **What makes a meaningful, equitable South-North partnership?**