

Decolonising our Work at the Health in Humanitarian Crises Centre

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Implementation Guidance

LONDON
SCHOOL *of*
HYGIENE
& TROPICAL
MEDICINE



**Health in
Humanitarian
Crises Centre**

Introduction

This implementation guidance is a companion document to LSHTM's Health in Humanitarian Crises Centre (HHCC) [Charter](#) (2023), which was developed by the FAIR Network. It outlines how the Charter's commitments can be implemented, and like the Charter itself, has been informed by inputs from HHCC members. The three tables contained in this implementation guidance map onto the Charter's three ways of working. Each table also provides guidance for each of the Charter's commitments.

This is a living document, which we will review and update on a yearly basis based on feedback from HHCC members and stakeholders.

The following three points outline our three key ways of working that draw on our collective power and wider influence:

1. Changing collectively

HHCC members are able to affect change, albeit at the individual level. We recognise that wider, systemic and more sustainable change can only happen collectively, working together as a community to implement our charter. Actions here under 'changing collectively' are formatted as short guiding questions. Members can use these questions to change practices and self-report on those changes in the annual HHCC Decolonising Survey. The first table of this document therefore summarises actions HHCC members can take individually or as part of their team to decolonise research, teaching and partnerships at HHCC.

2. Working collaboratively

HHCC members work with others who may not belong to our centre, and we may each belong to multiple centres at LSHTM. We seek to avoid working in a silo, and so will work collaboratively with groups and centres across the school to share and promote good practices and lessons learnt. We will also support the work of other organisations and actors aiming to decolonise their practice in similar work. The second table therefore points to ways in which HHCC can collaborate with other LSHTM centres and external actors, under the leadership of HHCC directors, to share emerging decolonial practices to encourage others to embed commitments to decolonisation into their work.

3. Influencing widely

We know that many of the barriers to decolonisation are structural, operating at the institutional and funding levels. HHCC partners from conflict-affected countries have expressed their hope for the centre to advocate for equitable partnership approaches to donors and LSHTM at the institutional level. Members and external stakeholders feel that as a research centre, HHCC has more freedom to speak up than other external partners. Therefore, HHCC leadership will develop an advocacy action plan to tackle these structural barriers in collaboration with HHCC partners

from conflict-affected countries. The third table therefore summarises advocacy guidance for HHCC leadership - both upwards at LSHTM, and to donors.

Change Collectively: Guidance questions for LSHTM’s HHCC members

COMMITMENTS	CHANGE COLLECTIVELY AS HEALTH IN HUMANITARIAN CRISES CENTRE (HHCC) MEMBERS
BE LED BY THOSE FROM CRISES-AFFECTED COUNTRIES	<p>Research</p> <ul style="list-style-type: none"> ➤ Have you explored existing partnerships at LSHTM with partners in countries/settings and their interest in these research topics? ➤ Are the study questions developed by/with partners from the crises-affected country? If not, have you validated or discussed the study scope and questions with partners? Is the topic relevant to these settings and do these actors feel it is relevant? ➤ Have you meaningfully engaged crises-affected communities (hereafter, communities) and partners early on in the research design? ➤ Have you considered setting up a steering/advisory group including country researchers and other civil society stakeholders? Does this steering group have decision-making power and a rotating chair? Is steering group membership gender balanced? Are study participants or community members part of the steering group? Does the ethnic representation of the steering group match in-country or location contexts? Can the group’s contributions be compensated (either financially or in-kind)? ➤ Does your research project include Principal or Co-Investigator(s) from the country/setting where your research takes place? Have you aimed for balancing racial and gender representation between PI and Co-PI, wherever possible? ➤ Have you organised a meeting with all team members at the beginning of a project, including with the steering group, to agree on how decisions are taken, and power is shared equitably? ➤ Have you clearly defined roles and responsibilities between research partners, before the project starts and on an ongoing basis during the research process? Have you documented this process clearly for all partners? ➤ Have you discussed study sites, data collection methods, analytical approaches and research outputs with in-country partners and do these address their needs and priorities? ➤ Have you explored the country-specific or institutional ethics review requirements and processes? Have you ensured their principles are met? ➤ Have you considered language, dialect and translation requirements when communicating with partners in crises-affected countries? Have you allocated resources and staff time for this task? ➤ Have you decided on budget allocations with the whole research team? Have you created space for discussion of pay and

benefits for research collaborators so that in-country needs can be understood, and budget allocations can move towards being more appropriate and equitable?

- Have you **created partner feedback and reflection opportunities throughout the research process**? Have you highlighted LSHTM's Report and Support and formal complaints procedures to partners which can be used to address instances of racism, discrimination, harassment, misogyny and/or ableism within the project team and/or wider partners and collaborators?
- Does your **project team recruitment** process intentionally reach a diverse pool of candidates in terms of gender, sexuality, race, ability and class, languages, and include in-country partners with lived experiences of the study context?
- Have you agreed on an **equitable sharing of responsibility for research outputs** (including papers, policy briefs, presentations, etc.) and authorship roles when it comes to research dissemination, before the project starts and on an ongoing basis?
- Have you considered **contributing to collective HHCC/LSHTM publications or blog posts that synthesise members' experience of decolonising their work** into critical pieces and/or dissemination outputs that challenge external actors and provide a systematic critique of the humanitarian system in its current form?

Teaching

- When composing/reviewing course materials, have you **explored alternative knowledge sources** that incorporate context-specific and regional expertise, to work towards challenging the dominance of Western knowledge (production)?
- When composing/reviewing reading lists, have you **reflected on who are the dominant voices**, and who are the excluded voices and narratives? Have you incorporated critiques of the content, from a decolonizing perspective?
- Have you updated your modules' learning outcomes and assessments to **include knowledge produced in the country of study**?
- When facilitating classes, do you make an effort to include and **give weight to diverse community/national/regional perspectives** and expertise (e.g. when identifying guest lecturers or seminar leaders), alongside 'international' voices?
- Have you **created space for diverse voices and opinions** by asking students open questions and facilitating student contribution to knowledge production?
- Have you **invited feedback from students**, both within the classroom and at the end of modules, regarding whether the course content reflects their experiences and knowledge systems?
- Have you **ensured signposting** to education-related complaints procedures for students, such as Report and Support?

CHALLENGE THE ASSUMED NEUTRALITY OF HUMANITARIAN PRACTICE	Research
	<ul style="list-style-type: none"> ➤ In your work, do you consider socio-economic and political determinants of health, which are often shaped by racial, gendered, heteronormative and other colonial-era hierarchies and inequalities? Do these factors influence your project designs and outputs materially and conceptually? ➤ Do you make an effort for your team to use guidelines for decolonial standards (as above) to shape the project from the start? ➤ Do you make an effort to avoid promoting research practice as ‘a-political’? ➤ With regards to language, do you make efforts to avoid using generalising, pathologising, dehumanising, objectifying and minimising terminology (e.g. beneficiary, victim, women and girls, slave master; slave owner; enslaver; slaves; enslaved)? ➤ Have you contributed to outputs on decolonising the field of humanitarian health that reflect on and share emerging decolonial practices at HHCC with the wider sector?
	Teaching
	<ul style="list-style-type: none"> ➤ Have you reviewed and reframed your teaching materials and practices, as well as created an inclusive classroom environment according to the LSHTM Decolonising the Curriculum and FAIR Network toolkits? ➤ Have you considered contacting the Decolonising the Curriculum Facilitators group for specific help or support? ➤ Have you centred your education of global health on a systemic understanding of global inequity? Do you make an effort to avoid teaching global health practice as ‘a-political’? Do you instead place emphasis on a systemic understanding of global poverty which highlights the upstream social, economic, and commercial determinants of health? ➤ When using images in teaching materials, have you carefully considered the use of dignified and compassionate images that avoid perpetuating stereotypes of who receives and who gives humanitarian aid? ➤ With regards to language, do you make efforts to avoid using generalising, pathologising, dehumanising, objectifying and minimising terminology (e.g. beneficiary, victim, women and girls, slave master; slave owner; enslaver; slaves; enslaved)? ➤ When inviting guest speakers on to your module, do you send them a brief set of guidelines (e.g. based on this Action Plan) that set decolonial standards for guest lecture language, image use and content? ➤ Have you invited feedback from students, both within the classroom and at the end of modules, regarding whether the course content provided critical reflection on neutrality within humanitarian work? Have you developed some awareness of how your positionality in terms of race, class, gender, sexuality, and ability status (among others) may influence students’ learning and interaction? ➤ Have you focused on increasing student participation and confidence, and disrupted patterns of dominance in your classroom?

	<ul style="list-style-type: none"> ➤ Do you encourage PhD supervisors to take a decolonial approach to their supervision, in line with the LSHTM Decolonising PhD Supervision Project, once made available [currently ongoing as of March 2023]?
	<p>Cross-cutting for all staff</p>
	<ul style="list-style-type: none"> ➤ When involved in recruiting for research, teaching or professional staff positions, do you require demonstrated expertise in post/decolonial, critical race or post-development perspectives? Do you ask interview questions to understand how candidates decolonise their practice or consider equity issues? Do you have guidelines or materials to onboard new staff on decolonial and critical perspectives? Does your project or teaching recruitment process intentionally reach a diverse pool of candidates in terms of gender, sexuality, race, ability and class? ➤ Have you worked with a variety of actors, such as civil society or community organisations in crises-affected countries during research/teaching/events? Has that changed the way you see and/or present the history and politics of the humanitarian sector, e.g. around assumed neutrality, racism, patriarchy, heteronormativity or ableism? ➤ When publishing the HHCC blog, do you follow guidelines around language, images and content given by the LSHTM Decolonising the Curriculum and FAIR Network toolkits?
REIMAGINE RISK AND CAPACITY	<p>Research</p>
	<ul style="list-style-type: none"> ➤ Are you taking a flexible project management approach within research partnerships to recognise changing situations and implementation pressures in crises-affected settings (i.e., considering other time, resource, and organisational pressures on partners)? ➤ Are you creating opportunities for project partners in crises-affected countries to lead on components of the research project, such as data analysis or outputs? ➤ Are you connecting in-country staff to relevant training resources, at LSHTM or elsewhere? ➤ Have you had conversations with partners about their financial, training or material support needs? Have you appropriately budgeted to meet these needs? ➤ Have you challenged the LSHTM's processes for disbursing funding and extracting financial information from partners, to make sure that what you are asking of partners is feasible and fair?
	<p>Teaching</p>

	<ul style="list-style-type: none"> ➤ Have you considered teaching on flexible project management tools in humanitarian health that recognise changing situations and implementation pressures in crises-affected settings? ➤ Have you considered teaching due diligence and risk analysis instruments that centre accountability to crises-affected countries and communities, and that challenge the paternalistic assumption that humanitarian research and aid with and in communities of Colour, indigenous communities and non-Western' actors is inherently 'risky'? ➤ Does your teaching material challenge paternalistic assumptions that automatically assume the need to 'build' or 'strengthen' capacity when working with humanitarian health partners from/located in LMIC? ➤ Have you considered reframing 'capacity-building' as 'capacity-bridging', or introducing the latter alongside the former in your teaching materials? ➤ Do you provide opportunities for students to reflect on the vantage point from which deficits are defined? ➤ Do you introduce students to decolonial approaches that centre community/user values, visions and knowledge in reporting and evaluation metrics?
REDISTRIBUTE RESOURCES	Research
	<ul style="list-style-type: none"> ➤ Did you get in touch with the LSHTM Contracts Team to remove clauses on the exclusivity of intellectual property to LSHTM? ➤ Do you provide equal access to the samples, data, and results to junior and senior staff at HIC and LMIC institutions? Specifically, have you investigated intellectual property clauses for all partners to ensure samples and data are appropriately housed in country during and after the study is over (and corresponds with ethics board requirements)? ➤ Have you agreed on an equitable sharing of responsibility for research outputs (including papers, policy briefs, presentations, etc.) and credit for research (i.e., authorship roles) when it comes to research dissemination, before the project starts and on an ongoing basis during the research process? ➤ Have you sought to communicate research findings to crises-affected populations who participated in the research, through mechanisms that they can access and in languages they speak (e.g. feedback sessions, visual summaries)? Is this budgeted for? ➤ <i>If you are the PI or Co-I</i>, have you ensured that all team members have access to relevant data analysis tools, as required? ➤ Do you support partner staff from crises-affected countries in their career development, e.g. by writing letters of recommendation or reviewing CVs?
	Teaching
<ul style="list-style-type: none"> ➤ When you recruit seminar leaders and/or tutors, have you created a supportive environment and recruitment opportunities for non-white, female, neurodiverse and disabled graduate students and staff? 	

- *If you are a module organiser*, have you **trained seminar leaders and/or tutors in techniques of classroom management through a decolonising lens**, e.g. in accordance with this Implementation Guidance?
- Have you created **feedback and reflection opportunities for guest lecturers and tutorial facilitators**? Have you highlighted LSHTM's Report and Support and formal complaints procedures to these staff, which can be used to address instances of racism, misogyny and/or ableism within the teaching team and/or environment?

Work Collaboratively: Suggestions for HHCC members and leadership to work with other LSHTM Centres and external actors

	WORK COLLABORATIVELY WITH OTHER LSHTM CENTRES AND EXTERNAL ACTORS
ALL COMMITMENTS	Internal (LSHTM Research Centres)
	<ul style="list-style-type: none"> ➤ Engage with and champion the work of the groups within LSHTM such as the Equitable Partnerships Coordinating Group, the FAIR Network, the Decolonising Global Health Group, the Decolonising the Curriculum Facilitators, the Race Equality Task Force and other staff networks to ensure good alignment with existing initiatives. ➤ Organise shared learning workshops and events with other LSHTM research centres and groups to disseminate emerging good practices and lessons learned from implementing the guiding questions laid out in the Table above.
	External Actors
	<ul style="list-style-type: none"> ➤ Identify, network, support and contribute to the work of external research groups, organisations, donors and funding bodies committed to reforming their practice to be led by those from crises-affected countries, challenge the assumed neutrality of humanitarian practice, reimagine risk and capacity and redistribute resources to complement and work alongside HHCC leadership advocacy laid out in the Table below.

Influence Widely: Guidance for HHCC leadership to influence widely at LSHTM institutional, donor and sector level

COMMITMENTS	INFLUENCE WIDELY AT THE LSHTM INSTITUTIONAL, DONOR AND SECTOR LEVEL
BE LED BY THOSE FROM CRISES-AFFECTED COUNTRIES	To LSHTM
	<ul style="list-style-type: none"> ➤ Reform Professional Development Review (PDR) process for research and teaching staff to incentivise fair partnerships by including criteria on research being led by those from the research country and other objectives relating to decolonising efforts. ➤ Reform the promotions policies to reduce weighting of first-authorship as criterion for promotion and add criterion on conducting equitable research. ➤ Add a section to the LSHTM Ethics Online (LEO) ethics form about equitable research and partnership practices. ➤ Update supervision guidance to encourage RD Students to invite academics or experts from relevant contexts to join their advisory group. ➤ Highlight equitable research partnership practices in the Doctoral College Seminars for RD students.
	To Donors
<ul style="list-style-type: none"> ➤ Invite LMIC researchers to join funding panels and advisory boards in decision-making capacity. ➤ Reform funding criteria and review processes to create opportunities for research projects to be led by researchers from crises-affected countries. ➤ Extend timelines for submissions to facilitate partnerships. ➤ Provide advanced funding and consultations for researchers to design research collaboratively in response to funding calls. ➤ Provide funding for greater translation of materials into multiple languages. ➤ Provide opportunities for in-country researchers to provide feedback directly to funders, especially regarding relations and dynamics with HIC partner researchers. ➤ Where possible, advocate for simple and fair processes for in-country researchers to obtain visas for presentation of work at conferences and meetings in Western countries (or at least the UK). 	

CHALLENGE THE ASSUMED NEUTRALITY OF HUMANITARIAN PRACTICE	To LSHTM
	<ul style="list-style-type: none"> ➤ Increase learning and development opportunities for staff on decolonising research, teaching and partnerships. ➤ Create an introductory module for MSc students on politicising, historicising and decolonising global public health. ➤ Reduce reliance on short term contracts which tend to affect female and non-white staff and students disproportionately. ➤ Develop institutional internal and external communications style guides in line with language, images and content advice given in the LSHTM Decolonising the Curriculum and FAIR Network toolkits.
	To Donors
	<ul style="list-style-type: none"> ➤ Increase funding towards crises-affected researchers, community or civil society actors to begin to align the intended audience of knowledge produced with knowledge producers. ➤ Allow LMIC researchers to apply and/or develop methodological tools and analytical frameworks arising from diverse epistemic contexts and/or lived experiences. ➤ Create spaces for researchers from LMICs on global health agenda-setting funding panels and advisory boards.
REIMAGINE RISK AND CAPACITY	To LSHTM
	<ul style="list-style-type: none"> ➤ Reform and simplify contract, accountability, cost recovery and data ownership policies. ➤ Reform and simplify due diligence and accountability processes and requirements.
	To Donors
	<ul style="list-style-type: none"> ➤ Simplify and harmonise due diligence, compliance and audit requirements to enable research led by partners from crises-affected countries ➤ Employ risk assessment and management tools that foreground accountability to crises-affected communities. ➤ Reform reporting and evaluation metrics to centre the values and visions of communities where research is conducted.
REDISTRIBUTE RESOURCES	To LSHTM
	<ul style="list-style-type: none"> ➤ Reform visitor and other policies to make it less administratively and financially onerous to facilitate in-person knowledge exchange.

	<ul style="list-style-type: none"> ➤ Increase resources of central services teams like contracts, visa and immigration teams to reduce some of the administrative burden on research partners. ➤ Provide and/or increase training or other requirements around decolonising practice for staff in 'gatekeeping' roles - e.g. managers and Heads of Finance, Contracts etc.
	To Donors
	<ul style="list-style-type: none"> ➤ Reform donor policies and practices that channel funding towards high-income country institutions, such as what kinds of actors can hold funds, who must be PI/CO-I, information sharing restrictions, short funding call timelines and inflexible project management templates.

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