



The impact of COVID-19 on early-career researchers

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Cover photos show researchers who participated in the AuthorAID online course in research writing for social sciences that took place during April-May 2020.

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Executive summary

Within a wider “Voices of Early Career Researchers” study, conducted by INASP as part of the AuthorAID project, during April 2020, 752 researchers from 94 countries and across the whole spectrum of academic disciplines were asked the question:

“What impact, if any, do you think that the Coronavirus (COVID-19) pandemic will have on your research work?”

531 respondents (70%) answered the questions, with answers ranged from single words to extended discussion.

It is important to recognise that each response represents an individual voice in a specific cultural, temporal and geographic context. However, some common themes emerged:

1. Funding, money and finances
2. Delays in all aspects of research
3. Collaboration opportunities
4. Limitation of travel

Funding: The majority of comments about funding concerned potential lack of funding for future research. Some were already feeling the direct effects of reduced funding. There were some concerns that funding for COVID-19 research would divert research funding from other areas, although not everyone thought that this diversion of funding would be a permanent state of affairs. Others were concerned that, beyond the direct funding of research, money would be limited for things like scholarships and travel. Some individuals thought that redirection of funding might force them to redirect their research. Not all responses around funding were completely negative; some were more nuanced, indicating that there could be both positive and negative financial implications. The few positive responses about financial issues tended to emphasise the possibility of increased funding for research.

Delays: One of the words to occur most frequently in the data was ‘delay’ which cropped up in 62 individual responses. There was a general sense that COVID-19 was already delaying research, or would be a source of delay in the future. Delays were anticipated across many areas including data collection, conference participation, carrying out fieldwork and defence of theses. Delay in the publication process and disseminating work were areas of specific concern. Although delays were seen as inevitable, and often seen as a negative outcome of the pandemic, some respondents could see positive outcomes of delays in terms of increased time to re-focus their research. Statistically, women were 50% more likely to mention delays than men.

Collaboration: The need for increased inter-disciplinary collaboration was widely expressed. Some believed that existing collaborations would be negatively impacted due to increased focus on COVID-19 related research. Some expressed a frustration because tackling the pandemic seems to demand increased collaboration, but their own opportunities to collaborate were becoming more limited. Not all the comments around collaboration were negative and some saw increased opportunities. Others saw an evolving research landscape, influenced by the pandemic, which would result in more international collaboration.

Limited travel: Travel is an essential part of work for many researchers, whether that be as part of carrying out research work, disseminating the results at meetings or conferences, or travel to conduct collaborative work. Limited travel to international conferences was seen as having an impact on collaborative research and limiting the exposure and dissemination of research. Generally, there was a pragmatic acceptance that limitations in travel were probably inevitable and that research would have to find a way of adapting.

We also looked to see if respondents had indicated that the pandemic would have an effect on their mental health. In truth, there were few specific mentions of mental health issues, but it was hard not to read many of the other comments through a lens of frustration and depression. Other mentions of mental health specifically related to research opportunities that might be opened up in that area.

Although the major themes to emerge from this data can seem quite negative, it is important to note that throughout the survey there was also some positivity - about 9% (N=70) respondents recorded at least some positives. Most comments focussed on increased opportunities, funding and collaborative work. It was interesting to note that women were proportionally 30% more likely to have recorded a positive response than men. There were marked differences between disciplines with those in Medicine and Healthcare being the most likely to say something positive about the impact of COVID-19 – this was often evidenced as seeing new research opportunities.

This data offers a glimpse into how a global pandemic of unprecedented proportions was impacting young researchers around the world at a particular point in time. There are serious concerns evidenced about money and travel, about collaboration and delays. However, there is also hope for increased opportunities and global collaborations. Research by Southern researchers will be essential to tackle this and future pandemics and other crises. While the concerns expressed by these early-career researchers at an early stage in the current crisis inevitably focus predominantly on short-term challenges and opportunities, they will also have a longer-term impact. Further research is urgently needed on the likely long-term impact of the pandemic on Southern research capacity so that it is there when needed in the future.

About the respondents

During April 2020 INASP, through its AuthorAID project, conducted a “Voices of Early Career Researchers” (VoECR) study to determine how the research environment is changing for early-career researchers across the globe. As part of this study, 752 researchers from 94 countries and across the whole spectrum of academic disciplines were asked the question:

“What impact, if any, do you think that the Coronavirus (COVID-19) pandemic will have on your research work?”

Note: an earlier pilot VoECR study *did not* include the COVID-19 question, so total numbers here are somewhat smaller than the analyses that will be based on the total VoECR data set and reported separately.

70% (N=530) answered the question in some form. Answers ranged from single words (including “none”, “significant”, “positive”, “negative”) to extensive descriptions of possible effects.

The respondents came from 94 countries. A majority (62%) were from Sub-Saharan Africa:

Region	Number	Percentage
Sub-Saharan Africa	469	62%
Southern Africa	154	20%
Latin America	41	5%
South-East Asia	27	4%
Middle East/North Africa	19	3%
Other	42	6%
Total	752	100%

They represented the whole range of academic disciplines, the most common being medicine and healthcare:

Discipline	Number	Percentage
Arts and Humanities	54	7.18%
Biological Sciences	72	9.57%
Engineering and Technology	51	6.78%
Life Sciences and Agriculture	106	14.10%
Medicine and Healthcare	224	29.79%
Physical Sciences and Mathematics	47	6.25%
Social Sciences and Business	198	26.33%
Total	752	100.00%

Most respondents worked at universities, but a wide variety of different workplaces were represented. Approximately 60% were men.

Answers varied from single words (eg positive, negative, none, delay, significant) to extensive descriptions of the possible effects.

Similarly, the tone of the answers varied enormously from the seemingly indifferent:

“Not much”

(Mid-career male researcher in Social Sciences and Business from India (low incidence on 17 April) working in a research institute – private)

to the desperate...

“A lot (no funding, no travel, no , no, no.... no)”

(Mid-career male researcher in Medicine and Healthcare from Ethiopia (low incidence on 17 April) working in a research institute – international)

Context is everything

Every one of the responses in this survey took place in a specific cultural, geographic and temporal context; the situation of every researcher is unique. Moreover, and critical for this analysis, the context of the COVID-19 virus was also different for everyone. In some countries there had been no deaths and few reported cases, in others there had been thousands of deaths at the time that the survey was carried out. There is a danger in trying to aggregate the data across individuals, in looking for trends and common themes – a danger that we lose sight of the fact that behind each response is an individual, in a context with a story.

COVID-19 has had very different effects in different countries, both in terms of the time of onset and speed of spread of the disease. Moreover, the context in any one place can change rapidly with time. It is important to understand something of the global and local contexts underlying this data.

The survey was carried out at the beginning of April 2020 and collection officially closed on 17 April. By that date there had been 2.1 million recorded cases globally and almost 150,000 deaths; the UK alone had 103,093 reported cases and 15,944 deaths.

Of course, there is much dispute about the exact numbers, and certainly different reporting systems and testing regimes will have an effect. However, for our purposes, the exact numbers are not crucial: What we need is some kind of relative measure of the extent of the virus in different countries at the time when the survey was carried out.

The measure we have used is the deaths per million of the population*. We used death rather than infection rates as they are influenced less by testing regimes, which vary enormously between countries. We used rates per million, rather than absolute incidence, because it is probably a better measure of community impact.

In the countries represented in this study, by 17 April 2020, death rates per million of population varied from 0 (42 countries) to over 100 cases per million (11 countries including the UK and US).

For ease of description, countries were divided into four categories based on reported deaths per million of population on 17 April as follows:

- Zero: No reported COVID-19 related deaths e.g. Uganda, Nepal, Rwanda
- Low: <1 death per million e.g. Nigeria, Ethiopia, Ghana
- Medium: >1 and <10 deaths per million e.g. Brazil, Indonesia, Mexico
- High: >10 deaths per million e.g. Ecuador, UK, USA

Our survey population contained people from each of these groups. About 70% were in the 'low' category and 10% in each of the other categories – the large proportion in low is due to the fact that a large number of respondents – almost 30% - came from one country - Nigeria.

Although this is a crude measure and in no way captures the complexity of the impact or progression of the disease or the variations between national approaches to limit the spread of the virus, it at least hints at the cultural context.

In the analysis that follows we will discuss aggregate themes and trends, but it is important to acknowledge that every theme consists of a myriad of individual, unique stories.

Wherever possible, themes have been illustrated with individual responses and for each individual response we have noted something about the person, their discipline, their location and COVID-19 impact at the time of answering the question. In this way, we hope that the individual voices are not lost in the crowd.

**All figures used in the calculations come from the European Centre for Disease Prevention and Control (ECDC) as collated and reported by ourworldindata.org.*

Why did some not respond?

Almost 30% of people surveyed did not answer this question, and there may be a wide variety of reasons for this including:

- Abandoned survey at an earlier point – it was quite a long survey and this question came towards the end
- Had survey interrupted by power cuts or internet failure – not uncommon in this group
- Accidentally skipped the question
- Believed Covid19 would have no impact or question was irrelevant to them
- Did not know how to answer, or found the question too difficult to confront

Ultimately, it is impossible to know the reasons why so many failed to answer this question, but we know that not everyone either abandoned the survey, or was interrupted because we can look at those who answered questions adjacent to this question in the survey. If they answered the adjacent questions, then they were still actively engaged in the survey at this point. 14% (N=30) of those who did not answer this question responded to at least one of the adjacent questions indicating that they probably at least saw the COVID-19 question.

We looked at whether the likelihood of answering the question was related to the relative impact of COVID-19 at the time of questioning and found an almost identical distribution for respondents and non-respondents – i.e. there is no evidence to support the idea that you are more or less likely to answer this question depending on the number of COVID-19-related deaths in your country.

Incidence rate	Zero	Low	Medium	High
Non-Respondents (N=222)	14%	70%	8%	9%
Respondents (N=530)	10%	70%	11%	9%
Total	11%	70%	10%	9%

Key words and themes

One way of starting to understand what themes may be in a text-based data set is to simply look at the words used and the easiest way to do this is via a word cloud. The following is a visual representation of the word frequencies of the 100 most frequently used words in the data - the larger the word, the more frequently it occurred in the data:



Key terms that jump out include ‘funding’, ‘delay’, and ‘collaboration’.

A deep reading of all the data confirmed that these were sensible themes. An additional two themes ‘mental health’ and ‘restriction of movement/travel’ came from a parallel reading of the initial data by Andy Nobes of INASP.

Theme 1: funding

Of the responses, 77 referred directly to money, grants and research funding.

The majority of comments about funding concerned potential lack of funding for future research. Some were already feeling the effects of funding:

“I have been on a post doc position that ended prematurely due to the COVID-19 pandemic. On completion of my self quarantine, I get to continue analysing the data I had collected. It is a time of great sacrifice for me and my family as I took unpaid leave to pursue this post doc. The university granting the post doc was also not providing a stipend.”

(Senior female researcher in Arts and Humanities from Kenya (low incidence) working in a university – private)

“I may lose my job as a researcher. I am a contract researcher, the think tank is under funded, we have been taking salary cuts for the last one year. I do not get any benefits such as casual leave, insurance, provident fund etc.”

(Early-career female researcher in Medicine and Healthcare from India (low incidence) working in a national or regional NGO)

There were some concerns that funding for COVID-19 research would divert research funding from other areas.

The funding landscape may shift majorly to COVID-19 related researches which might require acquiring new skills at a cost, and limited funding to other research areas...[]

(Early-career male researcher in Life Sciences and Agriculture from Nigeria (low incidence) working in a university – private)

However, not everyone thought that this diversion of funding would be a permanent state of affairs:

“Short term: Most funding organizations will be interested majorly on Coronavirus Long term: No effect”

(Senior male researcher in Medicine and Healthcare from Lesotho (medium incidence) working in a government)

Others were concerned that, beyond the direct funding of research, money would be limited for things like scholarships and travel. Some individuals thought that redirection of funding might force them to redirect their research:

“Most likely will see more funds going to that area of research to the detriment of other areas maybe, thereby further limiting my opportunities. I believe in my present area of focus. May likely change direction.....maybe, but not sure if I am ready to start learning new things now in a completely different area of interest. But I am adaptable”

(Mid-career female researcher in Biological Sciences from Nigeria (low incidence) working in a university – public)

Not all responses around funding were completely negative, some were more nuanced, indicating that there could be both positive and negative financial implications:

“Positive: perhaps more funding may be made available to build resilience in hard hit countries negative: perhaps there wouldn't be enough research funds from donor agencies because they may look inward to address their local issues rather than looking intension”

(Early-career male researcher in Social Sciences and Business from Ghana (low incidence) working in a research institute – public)

The few positive responses about financial issues tended to emphasise the possibility of increased funding for research.

Theme 2: delay

One of the words to occur most frequently in the data was ‘delay’ which cropped up in 62 individual responses. There was a general sense that COVID-19 was already delaying research, or would be a source of delay in the future.

Delays were anticipated across many areas including data collection, conference participation, carrying out fieldwork and defence of theses. Delay in the publication process and disseminating work were areas of specific concern.

Statistically, women were 50% more likely to mention delays than men.

Although delays were seen as inevitable, some urged a sense of proportion:

“Delay but life is more important.”

(Early-career female researcher in Life Sciences and Agriculture from Nigeria (low incidence) working in a university network)

One respondent noted that an increase in bureaucratic work resulting from the pandemic was delaying ongoing work in other areas:

“Delay my research as we are currently constantly filing in forms that keep changing for contingency plans resulting in losing time that could be used to do research as students are short break”

(Mid-career female researcher in Social Sciences and Business from South Africa (low incidence) working in a university network)

Again, it is tempting to interpret ‘delay’ as negative, but some respondents could see positive outcomes of delays:

“Due to this pandemic, all are suggested to stay at home. Therefore face-to-face data collection is halted. This results delay in completing the overall research process. However, it has given me time to think through many of the ideas which will, hopefully, turning out to be good proposals in future. Besides, I learned a lot about the infectious disease epidemiology through taking online courses which will have positive impact in my future career.”

(Mid-career male researcher in Medicine and Healthcare from Bangladesh (low incidence) working in a research institute – international)

Theme 3: collaboration

The need for increased inter-disciplinary collaboration was widely expressed. Some believed that existing collaborations would be negatively impacted due to increased focus on COVID-19 related research:

“Devastate collaborations and slow findings in area of specialization due to proper attention given to the pandemic disease.”

(Early-career male researcher in Physical Sciences and Mathematics from Nigeria (low incidence) working in a university – public)

Some expressed a frustration because tackling the pandemic seems to demand increased collaboration, but their own opportunities to collaborate are becoming more limited.

“...[] As a scientific researcher, I should be seen collaborating with the international researchers in this fight against this COVID-19. But in Nigeria, due to poor Scientific research facilities, we have all being asked to go home and maintain distancing will communicating. The pandemic has retarded every research activity in Nigeria and scientists have been asked to go home and work indoors.”

(Early-career female researcher in Life Sciences and Agriculture from Nigeria (low incidence) working in a research institute – public)

Not all the comments around collaboration were negative and some saw increased opportunities:

“...[] On a positive note, this is the time for the scientific community around the world to up their researches, collaborate more and disseminate their findings on the pandemic as it is a new happening. I am therefore expecting to collaborate more, a thing that was somewhat difficult before.”

(Senior male researcher in Medicine and Healthcare from Uganda (zero incidence) working in a national or regional NGO)

Others saw an evolving research landscape, influenced by the pandemic, which would result in more international collaboration:

“High impact, for sure. However, technology is moving the research landscape into a new research era of collaboration.”

(Early-career male researcher in Medicine and Healthcare from Nicaragua (low incidence) working in a cardiology service)

Theme 4: travel

Travel is an essential part of work for many researchers, whether as part of carrying out research work, to disseminate the results at meetings or conferences, or to travel to conduct collaborative work. Concern was raised about all these types of travel.

Limited travel to international conferences was seen as having an impact on collaborative research, including opportunities to carry out collaborative research in the future. It was also noted that limited travel to international conferences would limit the exposure and dissemination of research.

“limited travel could impact my collaboration with other international researchers through laboratory access and conference meetings”

(Mid-career male researcher in Physical Sciences and Mathematics from United Republic of Tanzania (high incidence) working in a university network)

Generally, there was a pragmatic acceptance that limitations in travel were probably inevitable and that research would have to find a way of adapting:

“It will limit traveling but this is only if it persists which I dont think so. Soon COVID-19 will be a thing of the past. However, before it disappears, we need to limit our travel and observe social distance and all other rules and above all present our research papers virtually instead of traveling to outside countries”

(Mid-career male researcher in Social Sciences and Business from Kenya (low incidence) working in a government – regional)

One respondent was concerned that limited travel would limit access to mentors:

“Unable to network with mentors in the field of research as a result of travel restrictions”

(Early-career male researcher in Social Sciences and Business from Nigeria (low incidence) working in an international NGO)

There were no gender differences observed in the likelihood of making a comment regarding travel restrictions.

Theme 5: COVID-19 and mental health

We looked to see if respondents had indicated that the pandemic would have an effect on their mental health. In truth, there were few specific mentions of mental health issues:

“Mentally it's depressing and it's affecting concentration”

(Early-career female researcher in Social Sciences and Business from Zimbabwe (low incidence) working in a university – public)

“Depression both on me and my mentors and almost everyone”

(Early-career male researcher in Life Sciences and Agriculture from Nigeria (low incidence) working in government)

Although specific mention of mental health issues was limited, it was hard not to read many of the other comments through a lens of frustration and depression.

Other mentions of mental health specifically related to research opportunities that might be opened up in that area:

“I am thinking to study anxiety and stress levels among nurses and health personnel in this situation of COVID-19 pandemic”

(Mid-career female researcher in Medicine and Healthcare from Nepal (zero incidence) working in a university – private)

COVID-19 across the wider researcher survey

Outside of the specific question relating to COVID-19, 15 respondents mentioned the virus in their responses to other questions (based on a search for the terms “covid” or “corona” or “virus” across the whole of the survey data). These occurrences are interesting and deserve further scrutiny because they show respondents who were thinking about the pandemic before being ‘prompted’ by a survey question - the specific COVID-19 question came almost at the end of the survey.

Six respondents mentioned it in answer to the question “If you could improve the research system in your country, what areas would you focus on?” :

“Communicable diseases especially the current COVID-19 pandemic as well as non-communicable diseases”

(Early-career male researcher in Medicine and Healthcare from Cameroon (low incidence) working in a university – public)

“Climate change and covid 19”

(Early-career female researcher in Biological Sciences from Nigeria (low incidence) working in a university network)

“In the mental health, in the managing emotion during and after the period of social distance del COVID-19”

(Senior female researcher in Social Sciences and Business from El Salvador (low incidence) working in a university – private)

“the health and economic crisis created by covid 19 will slow down or even prevent my research work in the field of hygiene and environmental health because of containment measures”

(Early-career male researcher in Biological Sciences from Côte D'Ivoire (low incidence) working in an International NGO)

“How to write good proposals that win grants so as to increase pragmatic solutions in society like coming up with cure for the COVID 19 perdemic and other innovative materials to prevent the spread of the disease.”

(Mid-career female researcher in Social Sciences and Business from Kenya (low incidence) working in a university – public)

“Molecular study of cardiovascular diseases and infectious diseases like COVID-19”

(Early-career female researcher in Biological Sciences from Nigeria (low incidence) working in a University – public)

A number of respondents mentioned it in answer to the question “In the future, the thing that is most likely to have a negative impact of my research work is...”

“Uncertainty due to current COVID-19 pandemic”

(Mid-career male researcher in Social Sciences and Business from Bangladesh (low incidence) working in a national or regional NGO)

“global emergencies like COVID19”

(Early-career male researcher in Medicine and Healthcare from Italy (high incidence) working in a university network)

“Lack of finance, research facility and health related or COVID related situations”

(Early-career male researcher in Engineering and Technology from Ethiopia (low incidence) working in a university – public)

“the spread of corona virus that might induce international economic crisis”

(Senior male researcher in Social Sciences and Business from Ethiopia (low incidence) working in a government – regional)

In response to a question about research collaboration:

“I am very passionate about research in the area of public health. I aspire to collaborate with experts and scholars in top universities in post COVID-19 world”

(Early-career female researcher in Medicine and Healthcare from India (low incidence) working in a national or regional NGO)

A mid-career male researcher from Togo working in government mentioned it as an area requiring future funding.

It is interesting to note that only one of these ‘spontaneous’ mentions of the virus came from a country with ‘high’ incidence.

Positive comments

Although most comments focussed on the inhibiting and negative outcomes of COVID-19 on their research, about 9% (N=70) of respondents recorded at least some positives. Comments focussed on increased opportunities, funding and collaborative work.

30 out of the 70 positive comments were from women – but, because there were fewer women overall in the sample, this means that women are proportionally 30% more likely to have recorded a positive response than men.

“Very positive impact, more jobs and research work will be available. Government is likely going to invest more on Research”

(Mid-career female researcher in Biological Sciences from South Africa (low incidence) working in a national or regional NGO)

There were marked differences between disciplines, with only 2.8% of those in Life Sciences and Agriculture recording a positive response compared with 12% in Medicine and Healthcare.

The percentages of respondents recording a positive response by discipline are shown in the table below:

Discipline	
Arts and Humanities	11.1%
Biological Sciences	9.7%
Engineering and Technology	7.8%
Life Sciences and Agriculture	2.8%
Medicine and Healthcare	12.9%
Physical Sciences and Mathematics	8.5%
Social Sciences and Business	8.6%
Total	9.3%

The discipline recording the highest proportion of positive responses (12.9%) was Medicine and Healthcare. Respondents working in this area often saw specific new research opportunities opening up:

“It will have a great impact because i am very much interested in researching on the antiviral properties of a number of potential local traditional medicine”

(Mid-career Male researcher in Medicine and Healthcare from Zimbabwe(low incidence) working in a university – private)

“... Positively, because there will be an increase of mental health burden post the pandemic era and there will be a need to research about the patterns, demographics and burden then.”

(Early-career Male researcher in Medicine and Healthcare from Uganda(zero incidence) working in a university – public)

“I take it positively. I think I would rather study the stigma related to the disease and also the coping mechanisms, especially by the marginalised.”

(Early-career female researcher in Arts and Humanities from India (low incidence) working in government)

Some saw it as an opportunity to do increased collaborative work:

“... On a positive note, this is the time for the scientific community around the world to up their researches, collaborate more and disseminate their findings on the pandemic as it is a new happening. I am therefore expecting to collaborate more, a thing that was somewhat difficult before.”

(Senior male researcher in Medicine and Healthcare from Uganda (zero incidence) working in a national or regional NGO)

“I think COVID-19 has helped me focus more on research work lately due to the lockdown. I've been able to collaborate with some scholars to run commentaries on COVID-19 for some journals and hoping to be accepted and published soon.”

(Early-career male researcher in Medicine and Healthcare from Nigeria (low incidence) working in a university – public)

“Create more avenues for inter disciplinary, cross disciplinary and trans disciplinary research.”

(Early-career male researcher in Social Sciences and Business from South Africa (low incidence) working in a university – public)

Looking at the proportion of positive responses by the severity of COVID-19, we find that the highest proportion of positive responses (12%) were in the group who had zero recorded deaths (as of 17 April) in their countries. However, the differences between groups were small and there was no clear pattern of decreasing likelihood of responding positively with increasing severity of COVID-19.

Percentages of positive comments by severity of COVID-19 on 17 April were as follows:

Severity	
Zero	12.2%
Low	8.7%
Medium	10.4%
High	9.1%
Total	9.3%

Percentages of positive responses by geographic region (in decreasing order) were as follows:

Region	
Latin America	14.6%
Southern Africa	9.7%
Other	9.5%
Sub-Saharan Africa	9.2%
Middle East & North Africa	5.3%
South-East Asia	3.7%
Total	9.3%

There were large differences between regions with respondents from Latin America being almost four times as likely to see positive outcomes of the pandemic on their own research as respondents from South-East Asia.

Conclusions

This study represents a cross-section of opinions from researchers across different disciplines in a large number of locations worldwide. As such, it contains voices from places where the pandemic was having a devastating impact and from those where there was little local impact at the time of the survey. Looking for themes and commonalities can be a valuable approach, but we must always beware that each individual response is a unique voice with a specific context. As far as possible, we have attempted to acknowledge the uniqueness of the voices by illustrating our more general themes with specific comments, each contextualised with details about the individual.

This data offers a glimpse into how a global pandemic of unprecedented proportions was impacting young researchers around the world at a particular point in time. There are serious concerns evidenced about money and travel, about collaboration and delays. However, there is also hope for increased opportunities and global collaborations. Research by Southern researchers will be essential to tackle this and future pandemics and other crises. While the concerns expressed by these early-career researchers at an early stage in the current crisis inevitably focus predominantly on short-term challenges and opportunities, they will also have a longer-term impact. Further research is urgently needed on the likely long-term impact of the pandemic on Southern research capacity so that it is there when needed in the future.

Gary Dooley is an independent research consultant who is working with INASP to analyse the Voices of Early-Career Researchers survey data.

Thank you to Sida for funding this work.

