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A multi-site synthesis on health and wellbeing during the Covid-19 pandemic: findings from seven countries

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Introduction

Between 2020 and 2021, MSF's social sciences team designed and supported implementation of qualitative assessments to better understand community-level outbreak responses and well-being in the context of Covid-19. Assessments were conducted in seven sites, specifically Nigeria, Sierra Leone, Chad, Iraq, Tajikistan, Syria, and Somaliland. Although a single protocol was designed and followed, each site was unique in terms of its setting (e.g. camp, conflict, urban, or rural), who implemented assessments (e.g. field epidemiologists, health promotion staff), timing of implementation (early phase of the pandemic versus late phase), and community involvement. Here we present a synthesis of the assessments to inform future public health responses.

Methods

Synthesis involved secondary analysis of qualitative reports over five iterative phases. Phase 1 involved in-depth reading of each report, during which analytic annotation and note-taking took place. In Phase 2, each report was coded inductively. In Phase 3, codes were reviewed, defined, and clustered into initial categories and themes. Phase 4 involved reviewing and refining codes, categories, and themes, and establishing connections. In Phase 5, synthesis findings were organised and written up. The process was managed using the software ATLAS.ti.

Ethics

This synthesis is an *a posteriori* analysis of secondary data. Ethics approval for primary data was granted by officials in Nigeria, Sierra Leone, Chad, Iraq, Tajikistan, Syria, and Somaliland and the MSF Ethics Review Board.

Results

Overall 138, people participated in the assessments, of which 21 (15%) were women. Participants included health workers, community members, traditional healers, chiefs, young people, women's leaders and local staff. Four themes were identified: 1) exacerbation of pre-existing vulnerabilities and inequalities; 2) disruption of coping mechanisms; 3) awareness of the risks of Covid-19; 4) community as a public health enabler. The pandemic was seen to magnify existing social inequalities and overall health burden. Public health measures to control the spread of Covid-19 often disrupted community coping mechanisms by causing fear of separation and practical challenges around compliance. Awareness of the risks of Covid-19 and understanding of prevention measures were high, with socio-economic costs of compliance relying on external funding and relief. A community led intervention for effective public health controls varied between sites, depending on previous outbreak experiences (e.g. Ebola and tuberculosis), and/or settings experiencing protracted conflict (e.g. Syria, and Iraq).

Conclusion

Our synthesis illustrates syndemic effects of the pandemic. From an operational perspective, there is a need to diversify humanitarian, social, and health interventions, and strengthen approaches to working with communities to identify how best to take forward public health measures in humanitarian settings.

Conflicts of interest

None declared.

Laura is currently completing her public health specialty training, including work within MSF's Manson Unit from December 2021 to September 2022. Whilst at MSF, Laura's work centred on Covid-19 public health support in addition to strengthening a community-centred operational approach. Her public health background focuses on reducing health inequalities through community involvement and development and action on the wider determinants of health. She is currently acting as a public health consultant in an East London borough with a portfolio covering mental health, housing and the inclusive economy.