



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

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Introduction

- The onset of the COVID-19 pandemic was compounded by lack of pharmaceutical interventions and presented a complex humanitarian crisis for MSF, other actors involved in the response, and community.
- To better understand the perceptions of community groups toward preserving their health and wellbeing and security during a COVID-19 outbreak, the MSF-OCA social sciences team designed and supported implementation of qualitative assessments in several countries.
- The assessments were conducted using the same protocol and were unique in terms of the design focusing on community as first responders - referred to as a community led approach - based on lessons learned from previous outbreaks.

Aim and Ethics

The aim of the synthesis was to identify common themes experienced across the multiple countries who carried out COVID-19 assessments so that findings can inform future public health responses.

Ethics

This synthesis is a posteriori analysis of secondary data.

Ethics approval for primary data was granted by the MSF Ethics Review Board and officials in Nigeria, Sierra Leone, Chad, Iraq, Tajikistan, Syria, and Somaliland.

Methods 1/2

- The thematic synthesis draws on the methodology described by Thomas & Harden (2008)¹ and Soilemezi & Linceviciute (2018)². This framework was adapted by including all country assessment reports rather than sampling studies based on inclusion and exclusion criteria.
- Synthesis process involved a secondary analysis of qualitative reports articulated over five iterative phases.
- An inductive thematic process was adopted to ensure the findings reflected the experiences of each site and any common themes emerging.
- Three researchers independently reviewed the secondary data and cross validated the findings with primary researcher investigators.

¹ Thomas, J, Harden, A. Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Med Res Methodol 8, 45 (2008). <https://doi.org/10.1186/1471-2288-8-45>

² Soilemezi D, Linceviciute S. Synthesizing Qualitative Research: Reflections and Lessons Learnt by Two New Reviewers. International Journal of Qualitative Methods. December 2018. doi:10.1177/1609406918768014

Methods 2/2

Five iterative phases:

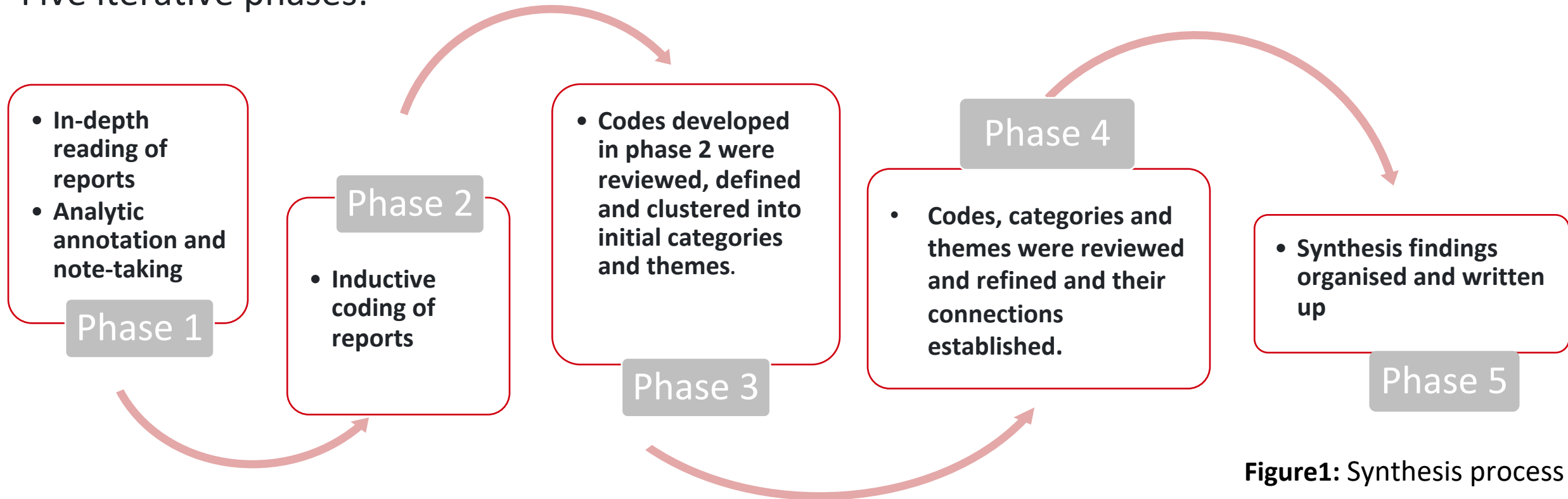
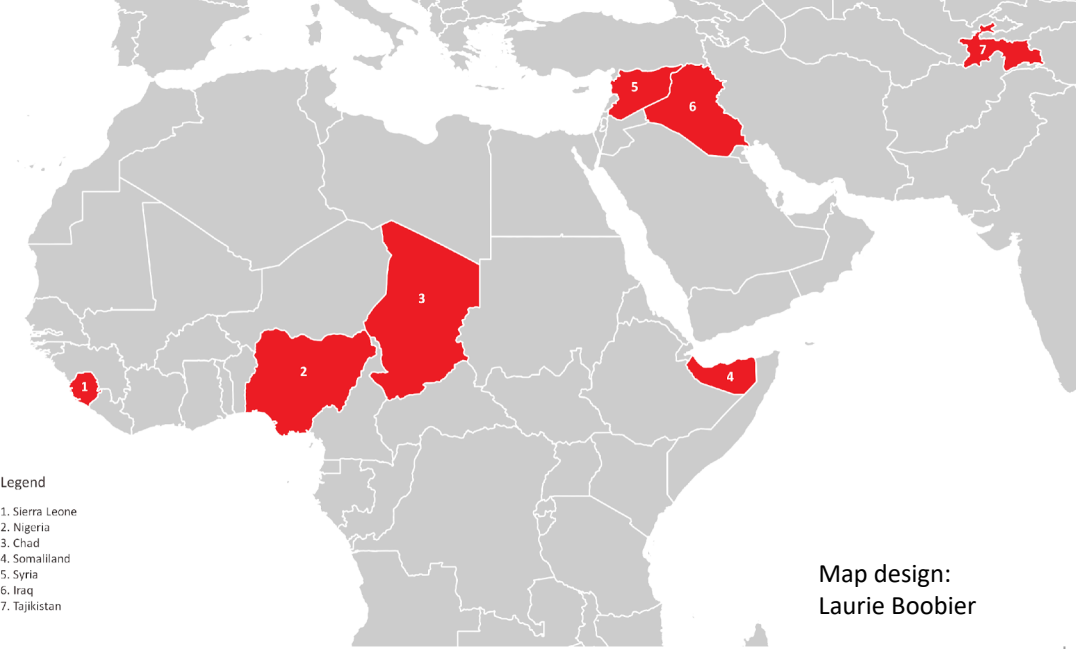


Figure1: Synthesis process

The coding process was managed using the qualitative software ATLAS.ti.

Results 1/5

Implementation	Place	Time	People
<p>○ Diverse group from Epidemiologist, Anthropologist, Data Manager, Project Coordinator Support, Medical Coordinator, to Mental Health manager</p> <p>Interview conducted either by phone or face to face</p>	 <ul style="list-style-type: none"> ○ Assessments were conducted in Nigeria, Sierra Leone, Chad, Iraq, Tajikistan, Syria, and Somaliland. ○ Three in urban contexts, one rural area, and three refugee camps. ○ One in a context of ongoing conflict. 	<p>Five assessments conducted in 2020: 3 in April 2 in July 1 in October.</p> <p>Two in 2021: Jan and March.</p>	<p>Overall 138 participants 21 (15%) were women.</p> <p>Adult (>18 years old) participated.</p> <p>Broad range of participants including leaders, health workers, traditional healers community members, women leaders and MSF staff, carers of children and adults affected by TB.</p>

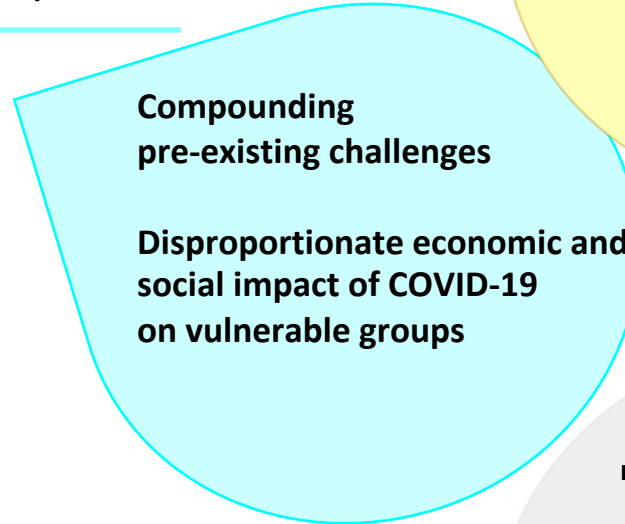
Results $\frac{3}{5}$ Main Identified priorities across countries

Priority	Chad	Sierra Leone	Nigeria	Iraq	Tajikistan	Syria	Somaliland
Awareness and education							
Food distribution							
Mask distribution							
Shielding support							
Accessing non-COVID-19 healthcare							
Provision of soap/ handwashing kits/water							
Indirect impact of COVID-19 (e.g. economic)							
Support MoH in contact tracing							
Mental health support and psychosocial support							
Advocacy for accessible vaccine							
Maternal health and family planning							

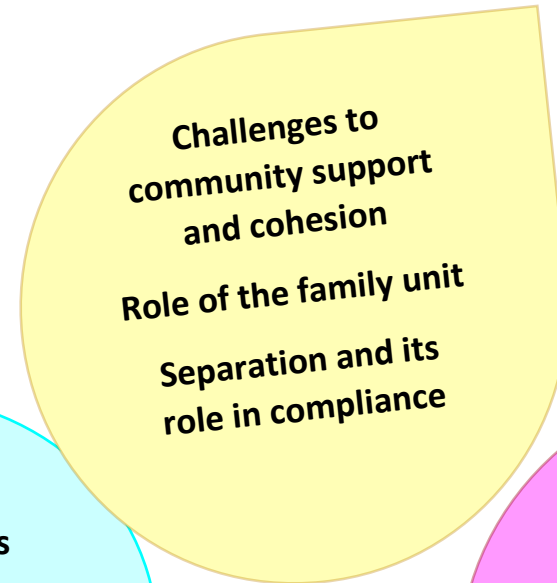
Results ³/₅

Overall, four themes and 11 categories emerged.

Theme (1) Exacerbation of pre-existing vulnerabilities and inequalities



Theme (3) Awareness and assessment of risk



Theme (2) Disruption of coping mechanisms



Theme (4) Community as a public health enabler

Figure 2. Emerging themes and categories

Results ⁴/₅

“Psychological side is an essential (critical) in health, after a lot of crimes in the area and this war which has exhausted souls of people and has affected health. Finding jobs and economic capacity has a great role in person’s health.” (Syria)

“Child abuse causes most of the teenage pregnancies in our community, because when some of those child have been abused when they carry that child to the police station then if the family has nothing, is poor, then the case will be dropped, but now government has 116. But the problem is here, there are some big elders who tamper with girls. Lock down makes them more vulnerable.” (Sierra Leone)

“...it affects daily life and becomes difficult from mental, economic and social aspects, as I become angry quickly and I hit my daughters.” (Iraq)

**Exacerbation of
pre-existing
vulnerabilities
and inequalities**

**Disruption of
coping
mechanisms**

“ Even if they will cut my neck I will still have to go and see my mother, we need to see them every day. Last night I came to town to sell in the market. The few hours I have spent away they are eager for me to return ... it is the grandparents who are caring for the family.” (Nigeria)

“ The elderly are scared and when isolated will be in a bad mental health situation. [This is] because of the isolation and because they will think that people don’t like them because they have this disease; [they fear they] will lose their position inside the family.” (Iraq)

“Some people think that curfew is good for people safety, however there are some people do not care about the curfew because of lack of education.” (Iraq)

Results 5/5

“ Having no money, because of this we cannot go anywhere. We will take paracetamol, if fever rubbing with alcohol.”
(Tajikistan)

“ People are afraid to come to the hospital, since we don’t know who’s been in the same seat” (Chad)

“ Somalis— even diaspora—use hot trees like ginger, cloves, cinnamon; it was told that there is no treatment for the disease, then all the people go to the herbal treatment.”
(Somaliland)

Awareness and assessment of risk

Community as a public health enabler

“ The community relies on their leaders, so whatever you tell them they will follow you.” (Nigeria)

“ If they just bring foreigners and say come and secure the house, it is not meaningful ... I prefer that they train special people for contact tracing. People do not have trust in these health workers. Empower people within the community- like youths, who are educated.” (Sierra Leone)

“ For me and for society, general health can only be achieved by the availability of health centers that provide services to people (vaccinations, chronic diseases, internal medicine and paediatrics)...But since the beginning of the crisis the Syrian government stopped supporting the center and the health situation got worse...Despite the current situation of the clinic is better than before and there is one doctor now.” (Syria)

Limitations and Strengths

Limitations

- Qualitative thematic synthesis is a relatively new methodology to inform health-related policy and practice.
- This methodology has the potential to decontextualise the findings of individual studies, thus concepts identified in one setting may not be applicable to others.
- In this approach it is common to sample studies based on inclusion and exclusion criteria.
- Representativeness of the synthesis is interdependent on the individual reports (e.g. selection of participants informing the primary data).

Strengths

- The assessments by using a common methodology all adhered to a set of research standards including a data collection and data analysis protocol and training of study researchers, allowing the inclusion of all settings (as compared to using a study inclusion criteria).
- Three researchers independently reviewed the secondary data, the findings were discussed and checked with primary researcher investigators which included returning to the assessment reports in areas of uncertainty.

Conclusions

- The thematic synthesis was a new methodology for MSF-OCA Social science team requiring dedicated resources and expertise. It enabled us to synthesise primary data in a transparent way and facilitate the identification of themes relevant across countries.
- By identifying common themes, the synthesis illustrates the impact and exacerbations of global inequalities for health (syndemic effects) in humanitarian settings through a focus on communities experiences during the time of crisis pandemic response.
- This work confirms the value of an operational perspective that is able to diversify social and health interventions and strengthen approaches to working with communities to identify how best to take forward public health measures in humanitarian contexts.

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Health Promotion team at Benue

Study team by site						
Somaliland	Iraq	Chad	Nigeria	Sierra Leone	Tajikistan	Syria
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