“COVID-19 is just another way to die…”: a qualitative longitudinal study of frontline COVID-19 response governance across Syria

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ABSTRACT
Introduction
Governance of COVID-19 responses has been challenging for all countries. Syria has been particularly challenged, due to protracted multi-party conflict and debilitated health systems fragmented across several governance. To improve response governance, we need a better understanding of frontline response policy implementation across the country. This study explored perspectives of COVID-19 response governance among frontline healthcare providers over time and across all areas of Syria.

Methods
We used a qualitative longitudinal study design, conducting five rounds of remote semi-structured key informant interviews in Arabic (i.e. approximately 8 interviews each in March 2020, July 2020, September 2020, December 2020, and September 2021) with 14 purposively-sampled public and private healthcare providers in the three main areas-of-control (i.e. opposition-controlled OCA, Autonomous Administration-controlled AACA, al-Assad government-controlled GCA). We conducted integrative thematic analysis in Arabic, within and across geography and time, as described by Neale (2021).

Results
Almost all participants across all areas and rounds expressed distrust of local health authorities and dissatisfaction with COVID-19 response governance. This was most apparent in initial rounds and in GCA.
Response planning was identified as insufficient, non-participatory, and non-transparent, with limited infrastructure and resources as the main challenges across time. Anticipated rapid virus spread and health systems collapse did not occur. Community adherence to prevention measures varied, starting weakly due to public scepticism, increasing immediately after first cases were confirmed and then fluctuating with case numbers and challenges of insecurity and misinformation. Perceptions of COVID-19 vaccination were positive, while low uptake and hesitancy were attributed to misinformation, disinformation, and disinterest. Participant optimism increased over time. Suggested improvements to COVID-19 response governance focused on strengthening current health systems and capacity and improving coordination.

Conclusion
Addressing transparency and misinformation should be a first step to improving public engagement and trust and thus COVID-19 and other health emergencies’ response governance.