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fragile states (Broadbent et al., 2020; Hilhorst and Mena, 2021).

Lockdowns were implemented and experienced differently by different countries and social groups. Low-income countries (LICs) present a unique set of empirical and ethical concerns when evaluating lockdowns and other non-pharmaceutical interventions (NPIs). Debates about protecting “health” and/or “the economy” operate with a categorically different set of balances when the majority of a population lives below the poverty line and are dependent on subsistence agriculture; or live in an urban slum with no

This research was nestled within a pre-existing malaria program called the community health council (CHC) initiative that has operated in Grand'Anse since 2018 (Bardosh et al., 2023). As of 2020, there were 59 CHCs (each with roughly 10 members) operating in all communes of Grand'Anse. One initial goal of our studа я

A fourth set of reasons was grounded in religious belief. Churches played an important role in spreading information, despite being technically closed during the lockdown.

All respondents stressed the negative consequences of the 2020 lockdown. We identified seven consistent areas where people believed the four months of national lockdown had caused harm to many individuals and households. Respondents emphasized that the lockdown disproportionately harmed the poor; those with money and goods were able to better adapt.

The most commonly mentioned impact was access to food. Restrictions were constantly related to hunger and the potential for famine. Markets were open irregularly and food distribution from Port-au-Prince and imports from Dominican Republic were blocked. Prices of rice, peas, spaghetti and bread become unaffordable for many households. A strong and consistent finding was that people

ongoing political crisis: not so much as health policy but as a political approach to further consolidate power and money by the

the early months of the pandemic in Haiti, with very low mortality. Existing studies, collected from 2020 to mid-2021 in Haiti, found sero-prevalence of 17% (infants), 29% (inpatient samples) and 39% (adults), broadly aligned with other countries at the time (Tagliamonte et al., 2021; Price et al., 2022; Louis et al., 2022).

Our third point relates to options to improve future respiratory pandemic responses in LICs. The negative attitudes towards lockdown found in our study, as well as masking and COVID-19 vaccination, suggest that future control of respiratory pandemic viruses will encounter substantial resistance in Haiti. This situation may change if hospitalizations and mortality are visible at a community level. But even if this occurs, lockdowns will remain fraught with ethical, social and political trade-offs since social protection systems are non-existent in the country. In such contexts, a or strategy that prioritizes social distancing measures around high-risk groups is much more appropriate (Ioannidis, 2021). Qualitative studies from Sudan and Ethiopia found that shielding was viewed as an empowering approach that harnessed existing communal African values while protecting against the social harms of lockdown and other NPIs (Abdelmagid et al., 2021; Estifanos et al., 2020). In Haiti, we found no evidence that shielding was promoted; rather, the focus was largely on hand washing, masks and advocating for sick individuals to go to the hospital if they showed symptoms (Fujita and Sabogal, 2021). This should be reconsidered for future pandemic plans.

Our fourth point involves the top-down nature of lockdown policy-making, which followed an unprecedented global policy 'domino-effect.' This occurred against a pre-pandemic consensus that we should mitigate social disruption in our collective response to a respiratory