

ICMJE DISCLOSURE FORM

Date: 27/01/2024
 Your Name: Dr. Yazan Douedari
 Manuscript Title: "COVID-19 is just another way to die...": a qualitative longitudinal study of frontline COVID-19 response governance across Syria
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with which you have this relationship or none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speaking engagements, manuscript writing, or educational events	None	
6	Payment for expert testimony	None	

7	Support for attending meetings and/or t	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Boa	___ None	
10	Leadership or fiduciary role in other society, committee or advocacy group unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 28/01/2024 _____

Your Name: Mervat Alhaffar _____

Manuscript Title: "COVID-19 is just another way to die...": a qualitative longitudinal study of frontline COVID-19 response governance across Syria _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/1/2024

Your Name: Ahmad Khanshor

Manuscript Title: Title: "COVID-19 is just another way to die...": a qualitative longitudinal study of frontline COVID-19 response governance across Syria

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/01/2024

Your Name: Omar Alrashid Alhiraki

Manuscript Title: ' COVID-19 is just another way to die...': a qualitative longitudinal study of frontline COVID-19 response governance across Syria

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ICMJE DISCLOSURE FORM

Date: 18/01/2024

Your Name: A/Prof N Howard

Manuscript Title: "COVID-19 is just another way to die...": a qualitative longitudinal study of frontline COVID-19 response governance across Syria

Manuscript number (if known): _____

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