

Barriers to access visceral leishmaniasis diagnosis and care among seasonal workers and farmers in Tigray, Ethiopia

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Background

Ethiopia bears a high burden of visceral leishmaniasis (VL). Early access to VL diagnosis and care improves clinical prognosis and reduces transmission via human reservoirs, however significant obstacles exist. The hundreds of thousands of mobile seasonal workers/farmers (MSW/F) employed in the Amhara and Tigray region may be particularly at risk of VL acquisition and death.

Methods

In early 2017, using purposive sampling, 50 in-depth interviews (IDI) and 11 focus group discussions (FGD) were conducted with current/previous VL patients, caretakers, healthy MSW/F, health staff, and community members in Kafta Humera district, Tigray Region.

A preliminary thematic content analysis explored barriers to access to diagnosis and care.

Results

VL transmission was largely attributed to sand flies. Participants also implicated mosquitos, termites, unclean food/water, dirt/lack of sanitation, increased temperatures, person-to-person transmission, evil, fatigue, hunger and disease evolution (malaria evolving into VL). Peer/family/caretaker/farm owner support strongly influenced care-seeking; MSW/F unable to receive salary advances, compensation for partial work, or peer assistance for contract completion were particularly disadvantaged.

Some participants used traditional medicine; most preferred modern health facilities, though multiple visits were consistently needed to access VL diagnosis. Inadequate health staff training, diagnostic test unavailability, lack of awareness/money and prioritization of farming were significant barriers to diagnosis and care. Participants suggested the government and stakeholders intervene to ensure MSW/F access to bed nets (especially), food, shelter, water, and healthcare at farms or sick leave. Additional recommendations included: community health education; health staff training; availability of diagnostic materials at primary health facilities; surplus medications and health staff during the peak season; improved referral/feedback/reporting within the health system; and free healthcare for all VL-related services.

Conclusions

Numerous opportunities to overcome barriers to access to diagnosis and care exist. Interventions tailored to the needs of MSW/F may help reduce health disparities and the burden of VL disease.

Mobile seasonal workers/farmers lack early access to VL diagnosis. Inadequate social and economic resources compound the problem. Tailored interventions are needed to reduce VL disease.