

# Challenges of accessing treatment for cutaneous leishmaniasis in Brazil, Ethiopia and Sri Lanka

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## Introduction

There are many knowledge gaps for cutaneous leishmaniasis (CL) that need to be addressed in order to achieve targets in the WHO Road Map for NTDs (2021-2030):

- When/how do people seek healthcare for CL?
- What are the barriers and facilitators to healthcare seeking behaviour?
- Is there an awareness of CL in affected communities and health systems?
- Which groups of people are most affected by CL?
- Is CL stigmatising, what are the effects and how can we address this?

ECLIPSE is an interdisciplinary research programme working in Brazil, Ethiopia, Sri Lanka and UK, which aims to explore these knowledge gaps and co-produce interventions with affected communities to address challenges.

## Objectives

The broad aims of ECLIPSE are to explore and improve:

- Psychosocial aspects associated with CL
- Stigma and its effects
- Patient journey in its entirety

## Methods

The ECLIPSE team have carried out qualitative research to explore CL in communities in field sites in Bahia, Brazil; Tigray, Ethiopia; and North Central Province, Sri Lanka. Methods have included participant observation, interviews, focus groups, diary studies and community creative workshops. The team have been guided throughout the research by bespoke community advisory groups (CAGs) at village level and communities of practice (COPs) at regional level. Interventions are now being co-produced with communities.



## Field sites

Bahia, Brazil:

- Hyperendemic regions for CL
- Infections mostly *Leishmania braziliensis* with risk of mucosal disease
- Collaboration with Leishmaniasis Reference Centre in Corte de Pedra



Tigray, Ethiopia:

- Number of CL cases believed to be high but no mandatory reporting
- Healthcare has been severely affected by the conflict and siege



North Central Province, Sri Lanka:

- CL was believed to be emerging but is actually re-emerging in Sri Lanka (Nuwangi et al, 2022, <https://doi.org/10.1371/journal.pntd.0010918>)



## Results

There were some common themes identified across the field sites in the three countries:

- There is poor access to diagnosis and treatment of CL, which is done at tertiary level
- Daily injections of pentavalent antimonial drugs is unfeasible for many people due to costs of travel and accommodation, caring responsibilities, taking time off work
- Self-treatment was found to be very common in all sites
- Fear of side-effects due to the pentavalent antimonial drugs
- Awareness of CL is low in community members and healthcare workers, particularly in Ethiopia
- Low awareness and fear of person-person transmission may be linked to stigma
- Gender dimension to stigma, with women more severely affected
- Whole communities may be stigmatized by high levels of CL

There have been recent outbreaks of CL in Tigray, Ethiopia as a result of conflict, population displacement and close association with the rock hyrax reservoir host. CL is believed to be untreatable by communities in Tigray and the use of self-treatment (e.g., herbs, holy water, burning) is very high.

## Interventions and recommendations

- Training packages are being developed for healthcare and education professionals
- Use of arts and drama are being used to address low awareness and misinformation about CL
- A traditional drama (Kolama) has been co-produced with community members in Sri Lanka to address misinformation identified in qualitative research: <https://youtu.be/MbmXcUrwC2I>
- Influencing policymakers to consider CL at all levels of the health system



- Low awareness of CL needs to be addressed in all sites to reduce stigma
- Decentralisation is recommended to improve access to diagnosis and treatment of CL
- Surveillance is needed to determine the true burden of CL in Tigray, Ethiopia

A partnership between:



The ECLIPSE program is funded by the National Institute for Health and Care Research (NIHR) (NIHR200135) using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care, UK.

