

Integrating podoconiosis healthcare services into primary healthcare in Ethiopia

Laura Donovan,¹ Tedila Habte,² Esey Batisso,² Fikre Seife,⁴ Kevin Baker,^{1,3}

¹Malaria Consortium

²Malaria Consortium Ethiopia

³Department of Global Public Health, Karolinska Institute, Sweden

⁴Federal Ministry of Health, Disease Prevention and Control Directorate, Ethiopia

Introduction

Ethiopia bears the highest burden globally of podoconiosis — a non-infectious, neglected tropical disease (NTD).^[1] It has traditionally been one of the least financed tropical diseases and cases are often under-reported due to the absence of diagnostic point-of-care tests and inadequate knowledge among healthcare staff.^[2] However, the World Health Organization's (WHO) 2021–2030 NTD roadmap calls for greater integration and mainstreaming of NTD approaches into national health systems.^[3] Additionally, Ethiopia's 2021–2025 NTD Master Plan listed podoconiosis as one of eight priority NTDs for integration into its primary healthcare (PHC) system. This study aimed to develop and test a multi-component intervention to strengthen and integrate podoconiosis detection, management, recording and reporting into PHC in Southern Nations, Nationalities, and People's Region (SNNPR) in Ethiopia.

Methods

- The study was conducted in Damot Gale district of Wolaita Zone, SNNPR.
- We conducted data collection and analysis in two phases, from December 2019 to December 2021.
- **In the formative phase, we conducted:**
 - a situation analysis comprising a desk-based review of current NTD materials (e.g. national guidelines and manuals) to identify gaps in prevention, detection, management and reporting
 - a health system capacity assessment (HSCA) at one primary hospital, one health centre and five health posts to identify capacity gaps in training, recording and reporting systems, human resources, drugs, equipment and supplies, and service delivery
 - key informant interviews (KIIs) — 22 at community level and four at stakeholder level — to elicit awareness, knowledge and perceptions of NTDs and identify system requirements for integration, respectively
 - intervention development, validation and pre-testing.
- **In the intervention phase we:**
 - introduced the intervention for six months in a selected PHC facility
 - trained 60 health workers and 14 health extension workers, providing adapted job aids, supportive supervision and improved diagnostic and medical supplies
 - evaluated the intervention through an HSCA, observational visits, review of supervision logs, KIIs with key stakeholders to determine perceptions of acceptability and feasibility, and a cost-effectiveness analysis.
- We analysed quantitative data using Excel and used a thematic analysis in MAXQDA to analyse qualitative data.

Results

- There is a significant lack of capacity among health workers to adequately detect, manage and report podoconiosis cases due to a lack of regular in-service training across the PHC.
- Community members and stakeholders demonstrated a considerably low level of awareness and knowledge of podoconiosis, with many highlighting a lack of access to information.
- Based on the results so far, the intervention is perceived as acceptable and feasible through equipping health workers with the confidence and knowledge to perform tasks.

References

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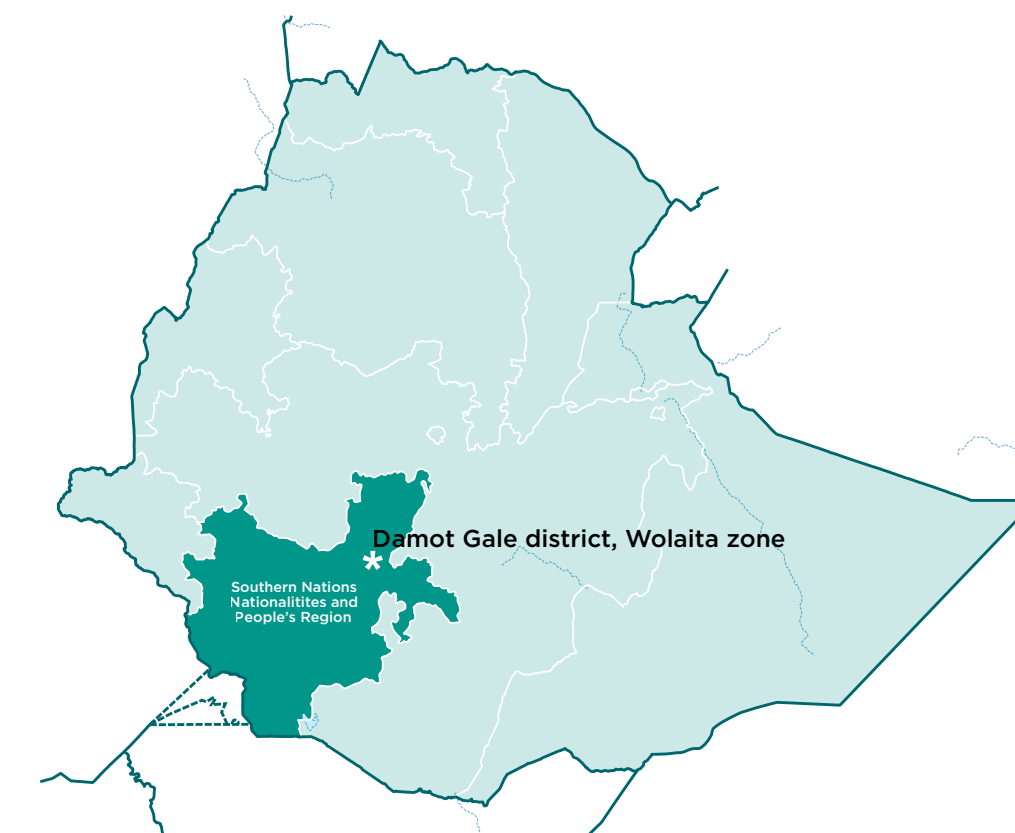
Integrating detection, management, recording and reporting of podoconiosis into primary healthcare is considered feasible and acceptable

Conclusion

The results thus far indicate that the intervention appears to address critical gaps in health workers' knowledge regarding the detection, management, recording and reporting of podoconiosis cases. However, additional training and incentives were suggested to boost their motivation, along with further involvement from the Health Development Army.

Supplementary visual

Figure 1: Map of study site in Southern Nations, Nationalities and People's Region, Ethiopia



Acknowledgements

This work received financial support from the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD), which is funded at The Task Force for Global Health, primarily by the Bill & Melinda Gates Foundation and UK aid from the British government. We would further like to acknowledge the Federal Ministry of Health of SNNPR and the study health facilities.