Quantitative and Qualitative insights to understand Delays in Treatment-Seeking Behavior Among Visceral Leishmaniasis Patients in South Ethiopia, 2025 to 2026: preliminary findings from a mixed-methods study

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Delayed treatment-seeking and referral nonadherence among visceral leishmaniasis (VL) patients contribute substantially to morbidity, mortality, and ongoing transmission. During the 2023 South Omo outbreak, temporary compensation mechanisms reduced out-of-pocket costs and patient attrition, but the impact of withdrawing these incentives on treatment seeking behavior remains unclear. Hence, we aimed to evaluate changes in care-seeking behavior along the VL care pathway. We are conducting a sequential explanatory mixed methods study to characterize barriers to care among this predominantly pastoralist population. The study combines prospective surveys (~105 patients) and qualitative interviews with patients/ guardians (14-20) and health professionals (8- 14), conducted until thematic saturation is reached via REDCap mobile forms. Preliminary findings from 6 key-informant interviews and 8 surveys revealed that treatment delays (>30 days from symptom onset) and referral failures are driven by intersecting structural, institutional, and sociocultural constraints. High transportation costs due to long travel distances and recent fuel supply disruptions, inpatient treatment requirements (SSG/paromomycin or AmBisome), intermittent shortages of VL diagnostic supplies and medications, and the lack of a sustainable referral system between health facilities contribute substantially to delayed treatment initiation and patient attrition. These systemic issues are compounded by socio-cultural barriers, including traditional healing preferences and restrictive gender dynamics that require women to obtain spousal permission to liquidate assets for medical expenses. Ongoing analyses will further examine determinants of treatment seeking delays. These findings highlight that improving treatment-seeking and referral healthcare equity in these foci will require support for transportation-related barriers, strengthened referral systems, and reliable diagnostic and treatment supplies.