FACTORS CONTRIBUTING TO DELAYED TUBERCULOSIS DIAGNOSIS

POVERTY, MALNUTRITION, DISPLACEMENT, AND LOW AWARENESS AS KEY FACTORS DELAYING TB DIAGNOSIS IN SOMALIA

Author(s): A.I. Omar, F. Ngari, D.A. Hassan

Institute(s): World Vision International, Somalia Program, Garowe, Somalia, World Vision International, Somalia Program, Garowe, Kenya, Ministry of Health Puntland, Public Health, Garowe, Somalia

BACKGROUND AND CHALLENGES TO IMPLEMENTATION

DELAYED DIAGNOSIS

SOMALIA

Delayed tuberculosis (TB) diagnosis is a major barrier to TB control, especially in Somalia. This is as a result of the fragility context of the country which leads to weak health systems, presents a critical case to understand how structural vulnerabilities—poverty, malnutrition, and displacement—contribute to diagnostic delays.

DESIGN / METHOD

A nationally representative, cross-sectional TB patient cost survey was conducted in 2024 across 36 TB treatment facilities in Somalia. Of the 1,005 DS-TB patients interviewed, 961 were included in the analysis. Structured questionnaires were used to collect data on care-seeking behavior, socioeconomic status, and awareness of TB services. Data were entered using CSPro and analyzed using STATA version 17. Diagnostic delays were defined as >14 days from symptom onset to treatment initiation and summarized using medians and interquartile ranges.

RESULTS AND LESSONS LEARNT

POVERTY

UNDERNUTIRTION

FOOD INSECURITY

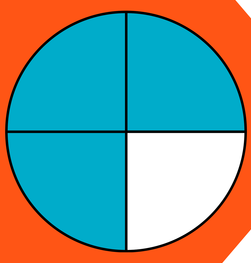
DISPLACEMENT

Among 961 patients, 736 (77%) experienced diagnostic delays >14 days. The median delay was 37 days—30 days patient delay and 7 days system delay.

Results indicate that the below factors contributed to delay in diagnosis

- 614 (64%) lived below the international poverty line ($1.90/day).
- 510 (53%) were undernourished.
- 384 (40%) reported moderate to severe food insecurity.
- 213 (22%) were internally displaced (median delay: 45 days vs. 32 days for non-displaced).
- 374 (39%) were aware that TB treatment is free. (services, 2024)

CONCLUSIONS AND KEY RECOMMENDATIONS:



Three-quarters of DS-TB patients (736 of 961) experienced significant diagnostic delays. These delays were driven by poverty, undernutrition, displacement, low awareness of free TB services, and reliance on informal providers.

CONTACT

Dr. Norbert Rakiro| Chief of Party| Infectious Diseases (Global Fund)
World Vision International -Somalia
email: Norbert_Rakiro@wvi.org| web: www.wvi.org