

.ABSTRACT

Background: Timor-Leste has achieved elimination of leprosy with less than 1 case per 10,000 populations in 2011; however, after three years of elimination, the new cases were detected in three districts. The annual number of leprosy cases has remained above 100 cases since 2013. Timor-Leste was reported by WHO in 2021 with 150 new cases, 91 MB leprosy with predominantly female 67 cases, 9 new child cases with 1 G2D, and 8 cases of adult with G2D. The number of new cases with grade-2 disability (G2D) is very relevant to determining the responsiveness of the health system and the burden of leprosy. Leprosy control in Timor-Leste nowadays focuses on active case treatment for contact screening, and prophylaxis treatment will be integrated as part of controlling methods based on the strategy plan 2022-2025. This paper describes the health provider's perception and acceptability of close contact screening and post-exposure prophylaxis (PEP) with a single dose of rifampicin (SDR), as well as the acceptability of the recipient.

Method: A mixed-method exploratory sequential design was conducted. Qualitative, in-depth analysis tries to explore the acceptability of close contact screening and chemoprophylaxis based on TFA, such as affective attitude, perceived effectiveness, and burden of contact screening and chemoprophylaxis prior to implementation, as well as explore barriers and enable factors to acceptability. A qualitative sample was selected using a purposive sampling technique, and data comes from in-depth interviews. The qualitative samples involved the 13 key health personnel to respond to questions on their perception and acceptability of close contact screening and post-exposure prophylaxis (PEP) with SDR. A thematic analysis approach was used to analyze the qualitative data. A quantitative sample was selected using a simple random sampling technique, and data came from a survey using structured questionnaires, and descriptive analyses will be used to analyze quantitative data. The quantitative phase measured the extent of beneficiaries' or recipients' perceptions, attitudes, self-efficacy, intervention coherence, ethicality, burden, and information toward the relevance of contact screening and chemoprophylaxis prior to participating. This study took place in five sub-districts in the Dili municipality.

Result: The interview was done with 3 program managers (NTD, CDC, and PH), 2 supervisors from the national and district levels, 2 participants from health professional associations, 1 doctor from dermatology and venereology, and 5 leprosy coordinators from each sub-district. The total number of participants in the survey was 142. From the total participants, there were 137 family members of leprosy patients as household contacts and 5 healthcare workers as healthcare contacts. The findings of the study reveal that both participant health providers and recipients were accepted to intervention, with 80.3% of participants being accepted, 15.5% being strongly accepted and only 3.5% of participants not being accepted to intervention. Financial barriers, perceptions of community knowledge, a lack of training, staff limitations, and low motivation presented the challenge of acceptability to contact tracing and chemoprophylaxis.

Conclusion: In general, both participant health providers and recipients were accepted to intervention. The health worker and family members perceive that the intervention has advantages in disease prevention and control. Financial support is essential to enhance the effectiveness and sustainability of interventions.

Keywords: leprosy contact screening, chemoprophylaxis, implementation acceptability.