

**Annex 1:** synopsis of participants' (parents') contributions during focus group discussions exploring the acceptability of tuberculosis prophylactic treatment for children aged less than 5 years old in selected health facilities in Douala, Cameroon (2023)

## Component

Basically, and in most cases, the intervention went with positive **feelings**. Reasons: the fact that the child is taken care of free of charge, with particular interest and empathy on the part of health personnel, with discreet home visits (patient-centered).

Different types of **burden** were perceived: TPT to be administered very early in the morning; appointment to be respected with organization of transport and waiting times; authorization to be requested from employers in the event of absence; difficulties in administering the drug; finally, cancellation of other (social) programs; sometimes stigma.

The intervention largely corresponded to the **value system** of the participating patients with regard to the inherent value of a healthy, clean state and that of their children, and notions of health were concerned

Patients' **understanding** of the intervention and how it worked came at some point and did not go beyond general notions of health prevention as a legitimate and generally accepted health intervention. The intervention was designed to minimize opportunity costs with home care, diagnosis, treatment and follow-up free of charge. Perceived opportunity costs were those related to time consumption – not easy to calculate in monetary value. No patients reported experiencing loss of benefits or benefits or having to give up values. The participating patient, having accepted the principle of prevention as a necessary measure to combat infectious diseases, expressed no doubts as to the **effectiveness** of TPT as proposed. – However, one non-participating patient expressed strong doubts about the effectiveness of the prevention.

Once engaged, participants are **confident to join** and they join (90%), especially in the preferred conditions - project mode -. Even saying that they "...are proud (i.e. to participate).

## Quote\*

"I was very, very satisfied"; "The message (i.e. that my child would be treated and monitored) was very welcome"; "The nurse was already the family"; "I really appreciated the nurse because she was discreet"; "At first I was afraid that they (the nurses) would arrive in blouses and what the neighbors say...";

"I had to get up early to give the medicine to my child, sometimes the child vomited"; "It can take an hour to be received (at the laboratory)"; "It was not easy to be present with the child..."; "I had to cancel all my other programs'; my neighbor... no longer eats (at home, her son who often slept at home no longer does...;

"Health comes first"; "It appeared as an obligation to receive (the nurse) in my house"; "To protect our children I couldn't refuse, it's a good thing, it's a good project for us!" My health and that of my children are important to me" and "Our disease is contagious, therefore, treatment and prevention are necessary".

"At the beginning, I did not understand the Why (that is to say of the intervention)."; "I was afraid that my child would die, so I accepted all the instructions." Me (patient) too, I was afraid of contaminating the children of a home"; "At the same time, I (index case) was made aware of my disease"; "It was a possibility to eradicate the evil at its root..." "...we protect the little children who are with the sick at home...".

"It didn't cost anything, a good opportunity to follow the child",

"It was an opportunity to control and secure the child"; "It should be done for other diseases too!"
"This intervention (TPT) is of no importance to me; my child could even be sickened by it."

"I was proud (to be able) to participate..."; "The project was welcome if they had said come to the hospital... we could have neglected it, but when it was (now) the opposite...".

\*Translation from French to English where indicated was done by two of the authors (ANY, JN)