

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/ICEF/L.814
17 August 1955

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Apportionment
MOROCCO
Syphilis Control

1. The Administration recommends an apportionment to Morocco of \$176,000 for penicillin, vehicles and field and laboratory supplies to continue and expand the syphilis control programme in 1956 and 1957. A mass campaign with six special teams was started in 1954 with aid from UNICEF approved by the Board in September 1953. Simultaneously anti-VD work has been intensified through the fixed public health institutions, and it is now intended to combine the mass action and the regular public health programme into one national campaign. Half of the total population of Morocco will have been examined by the end of 1957, and it is expected that more than 1.5 million cases and contacts will have received treatment. It is anticipated that a further request will be submitted to UNICEF at a later time for assistance in the final phase of this programme.

2. Government expenditures which may be counted as directly matching the proposed UNICEF contribution for 1956 and 1957 will be equivalent to \$312,000. In view of the large scale of the programme, the cost of operations is a key factor. On the basis of the first ten months of operations, the Government tentatively estimates the total cost at 25¢ per person examined, of which 7¢ represents the UNICEF contribution.

The Problem

3. The recommendation contained in document E/ICEF/R.471, approved in September 1953, described the extensive and complex nature of the syphilis

/problem in.....

problem in Morocco. Although remedial measures have been taken over the past three decades and late destructive lesions have almost disappeared, the migratory movements of the rural population into urban communities, following relatively intensive industrialization in some areas, together with low educational standards and the prevalence of various misconceptions, have served to maintain a very high incidence of the disease. Ten to twenty per cent of the population are infected in urban and suburban areas and eight per cent in rural areas. Some 800,000 people are assumed to be infected.

4. In the mass campaign of 1954-55 in the Agadir and Sousse region, of the 208,000 people examined, positive serology was found in seventeen to eighteen per cent of the urban groups and in five per cent of the rural population. The index decreased as the distance from towns increased. The age distribution and sero-positive findings among the first groups seen was as follows:

<u>Age^{a/}</u>	<u>Number of Persons Seen</u>	<u>Number of Serologies</u>	<u>Sero-reactors</u>
6-10	7,393	3,966	164 : 4.1%
11-19	2,424	722	22 : 3.0%
20	<u>46,376</u>	<u>44,165</u>	<u>5,029 : 11.4%</u> ^{b/}
Total	<u>56,193</u>	<u>48,853</u>	<u>5,215 : 10.7%</u>

a/ In addition, 16,306 children 0-6 were seen but no systematic blood testing was undertaken for this category; all received 600,000 units of penicillin in the mass campaign.

b/ Rate among pregnant women: 7.3%.

Other surveys carried out in recent months showed rates varying from two to six per cent in the south to ten to twenty-five per cent in, and north of, the Atlas. These, and the figures for the Agadir region, confirm the earlier estimate of the extent of the problem.

Progress of the Campaign

5. The plan of action approved in 1953 covered a mass campaign to be carried out within four to five years (1954-58), in which six special teams would examine 750,000 people in the first year and 600,000 annually thereafter,

/treating.....

treating sero-reactors and contacts. The regions of Casablanca, Marrakech, Agadir and the Sousse (including Meknez, Fez, Rabat and Port Lyautey) were to be covered in that order.

6. A plan of operations was signed in April 1954 by UNICEF, WHO and the Government. Disturbed conditions in the Casablanca area, however, retarded the first phase of the mass campaign and after some 10,000 people had been examined in the "shanty-towns", the six teams were transferred to Agadir and the Sousse Valley where they examined, in 150 working days between October 1954 and March 1955, 300,000 people, of whom approximately 22 per cent were under six years; 35 per cent under nineteen years; and 4 per cent were pregnant women. Of this number, 40,000 were treated as cases or contacts. It is expected that in the course of the first twelve months of the mass campaign (since October 1954) only about half of the original "first year" target of 750,000 examinations will have been reached.

7. Blood samples taken in the field examinations are tested serologically at a mobile laboratory stationed at Taroudant. In spite of long distances between the field examining point and the laboratory, and in spite of the heavy work load for the laboratory, complete results of a village survey have been available in 24 to 48 hours. The team returns to the village to administer treatment to the "positives" and their contacts one week after the serological survey. An effort is being made to find a system which would obviate the need for the second visit. (See para. 9 b) i) below.)

8. The "caids" (district chiefs) of the rural districts are approached three to four weeks before the field operation and asked to co-operate in a "health education" effort. Such co-operation has been given wholeheartedly, the caids welcoming the team on its arrival, having arranged for and supervised the assembling of the population. A very high proportion of the local population have attended the assemblies, ranging from 90 to 95 per cent, as experience was gained.

Plan of Operations

9. The Chief of the VD Section of WHO Headquarters visited Morocco early this year and assisted in working out the programme which is outlined

/below.....

below. The National Health Department, having carried out for many years an anti-VD programme through its permanent health institutions, has intensified its regular programme in co-ordination with the internationally-aided mass campaign, and now plans to integrate the two into a unified and well co-ordinated programme in which full utilization will be made of all available resources. This new and comprehensive campaign will be organized as follows: (Figures shown refer to the first year, 1955-1956. Those for the second year would be slightly higher.)

- a) "Operation Famille": This operation will involve systematic examination, case-finding, treatment and contact tracing in groups of people accessible to fixed health centres throughout Morocco. In the original submission to the Board the treatment of syphilis through these fixed centres was considered as a Government commitment. In view of the new emphasis to be given to syphilis tracing, diagnosis and treatment, including much work in rural areas, the Government has requested that UNICEF extend its aid through the provision of penicillin to cover the needs of the mothers and children (approximately 60 per cent of the requirements) to be treated in the fixed centres. This part of the programme would be carried out through the following:
- i) 10 special VD dispensaries to deal with urban syphilis, with the help of medical-social workers.
 - ii) 100 public health centres and dispensaries to treat cases and contacts in suburban and rural areas with the help of the local authorities.

/iii) MCW centres.....

- iii) MCW centres and stations to treat infected pregnant women and members of their families. In 1954, 25,000 pregnant women were given blood tests and, with the opening of ten new centres in 1955 (making 45 such centres in all) some 45,000 pregnant women will be examined, of whom about 7,000 women plus family contacts are expected to require treatment.
- b) "Operation Collectivité": This will be a continuation of the mass campaign proper which has been in operation since the inception of the programme. It will be carried out by three special teams in addition to the seven Regional Services of Preventive Medicine (SRHMP) and will now be reorganized along the following lines:
- i) Three special teams. Personnel of the six teams which have been working in the mass campaign up to the present will be reorganized into three teams, each consisting of 20 persons: a doctor in charge, a medical-social worker, three nurses, three laboratory technicians and twelve auxiliaries. These teams will work in the regions of Casablanca, Marrakech, Agadir and the Sousse. To simplify the operation the new migliano "blood-drop" method of diagnosis would be adopted which would make it possible to diagnose and treat cases on the same day. The use of a new simplified blood aspirator developed in Morocco would also contribute to accelerate the work. The target for the three special teams for the first year would be to examine 650,000 persons of whom 400,000 would probably need to be treated as cases or contacts.

/ii) The SRHMP

ii) The SRHMP (Regional Services of Preventive Medicine):

A special team will be established by each of the seven Regional Services to carry out sample sero-testing of the region and to treat systematically all groups or areas where the serological index exceeds 20 per cent and the contamination index is about 100 cases per 10,000 inhabitants per year. Each region expects to treat some 15,000 persons (that is a total of 105,000) in the first year, and twice as many in the second.

10. The estimated numbers of persons to be examined and treated in the integrated programme are as follows:

	1955-56 plan		1956-57 plan	
	persons examined	treated ^{a/}	persons examined	treated ^{a/}
a) <u>"Operation Famille"</u>				
i) VD Dispensaries	300,000	30,000	300,000	30,000
ii) Public Health Centres	200,000	50,000	200,000	50,000
iii) MCW Centres	45,000	28,000	60,000	35,000
Sub-Total "Operation Famille"	545,000	108,000	560,000	415,000
b) <u>"Operation Collectivité"</u>				
i) Mass Campaign (three teams)	650,000	400,000	750,000	400,000
ii) Regional Services of Preventive Medicine (seventeams)	700,000	105,000	1,400,000	210,000
Sub-Total "Operation Collectivité"	1,350,000	505,000	2,150,000	610,000
c) Total Integrated Programme:	1,895,000	613,000	2,710,000	1,025,000

^{a/} Includes cases and contacts.

11. UNICEF would provide the penicillin for all the persons to be treated in 1955-56 and 1956-57, except for 40 per cent of the penicillin required for the "Operation Famille", representing the estimated requirement for male adults for whom the Government will provide.

12. Dosage: The following dosage schedules of penicillin will be employed:

<u>Age</u>	<u>Dosage (mega-units)</u>	
	<u>Cases</u>	<u>Contacts</u>
0 - 5	0.6	0.6
6 - 12	1.2	0.6
13 - 18	2.4	1.2
19 and over	3.0	1.5

13. Laboratory Services: The overall laboratory programme is based on the regional laboratories of the seven SRHMP. Five of the laboratories were visited in early 1955 by the Chief of the Venereal Disease Section of WHO, who reported them to be well equipped and staffed and performing on a high technical level, in addition to having adequate expansion possibilities for intensified serological work. The sero-testing carried out in these laboratories and the mobile field base laboratory is undertaken in collaboration with the Central Transfusion and Reference Service Centre in Rabat, which controls the technical performance of the other serological laboratories. This Centre is linked to the WHO International Serological Reference Laboratory in Copenhagen.

14. Evaluation of Results: The results of the programme will be established by:

- a) control of 20,000 selected cases in pilot sectors in rural areas, involving their registration on individual cards: the registration on a "home" card, of all persons living under the same roof as each registered case; treatment of infected cases and subsequent serological test after 9 and after 18 months.
- b) sample re-testing of the populations covered in the "Operation Collectivité", 12, 18 and 27 months after the mass campaign, according to statistically agreed norms. The two first re-surveys will affect only previous "positives", the last, the whole population.

It is planned, in these pilot sectors, to establish joint anti-syphilis and /anti-trachoma field

anti-trachoma field operations so as to study the possibility of common administrative methods and the possible effect of repository penicillin in seasonal conjunctivitis and trachoma. These trials may appreciably influence the planning of both these programmes in the future.

UNICEF Commitments

15.	UNICEF would provide		
	a) Penicillin	525,000 vials	\$126,000
	b) Vehicles		
		1½ ton truck, 1	
		personnel carriers, 10	
		jeep-type vehicles, 3	26,000
	c) Tents, 6		1,800
	d) Laboratory supplies		3,000
	e) Contingency		5,200
	Total supplies and equipment		\$162,000
	f) Freight		14,000
	Total UNICEF Commitments		\$176,000

WHO Approval and Participation

16. This project has the technical approval of WHO. Technical Assistance funds, Priority I, include \$4,000 for short-term consultants and \$1,500 for fellowships during 1956. Similar amounts are budgeted for 1957.

Government Commitments and Matching

17. The Government will implement the plan outlined above and will also carry out the following:

- a) establish a Central ^{VD}Service within the Health Department to ensure uniform procedures and directives;
- b) prepare a syphilis map for the entire country on which all findings relating to the extent and pattern of the problem will be recorded;
- c) establish a uniform reporting system and master table for all branches of the programme.

18. Expenditures of the Government which are attributable to this programme will include the following:

	<u>Annual Expenditures</u>
	Moroccan Francs
a) <u>Personnel</u>	
VD dispensaries (full time)	52,000,000
Public health centres (part time)	11,000,000
MCH centres (part time)	7,750,000
Hygiene bureau (part time)	6,900,000
SRHMP (part time)	3,000,000
Special teams (full time)	41,500,000
Laboratories (part time)	<u>11,700,000</u>
	133,850,000
b) <u>Operating Costs</u>	
Special teams (including vehicle maintenance)	10,300,000
Fixed or permanent units	<u>14,200,000</u>
	24,500,000
c) <u>Provision of Penicillin</u>	<u>1,750,000</u>
Total	160,100,000
	equivalent to \$457,000

Matching

19. Of the items listed above, the personnel and operating costs of the special teams, together amounting annually to nearly 52 million francs (or about \$156,000), are considered as direct annual matching against UNICEF aid. Thus, excluding the costs of several services indirectly related to this project, the total of direct Government matching for the duration of the campaign is estimated at \$312,000.