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Programme Committee

Recommendation of the Executive Director for an Allocation

MOROCCO

Syphilis Control

1. The Executive Director recommends an allocation to Morocco of \$77,000 for penicillin and four vehicles to continue the syphilis control programme for the three-year period, 1958-1960. With an initial allocation of \$103,000 (excluding freight) approved by the Board in September 1953 (E/ICEF/R.471), a mass campaign with six special regional teams was begun in 1954; disturbed conditions subsequently restricted operations to two areas. Following a second UNICEF allocation of \$176,000 approved in September 1955 (E/ICEF/L.814), the mass campaign was launched anew in 1956, using smaller regional teams and combining the mass coverage with the anti-VD activities of the fixed public health establishments. By the end of 1957, sample surveys had been carried out among population groups totalling 1,848,000 people, of which 408,000 had been treated. More than 30,000 persons have been treated annually in the static health centres.
2. The plan for the coming three years (1958-1960) would continue along the same dual lines with the aim of treating an estimated 1,830,000 persons. Approximately 50,000 cases per year would be diagnosed in VD dispensaries, maternal and child welfare and health centres and hospitals and treated through "opération famille" - a total of 150,000 cases in the three-year period. The mass campaign ("opération collectivité") would be conducted by the eight regional mobile health teams and their urban counterparts, in combination with campaigns

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against other diseases, treating 1,680,000 persons in the three-year period. This would complete the mass treatment campaign and it is planned that UNICEF would have no further supply commitments, the Government assuming all responsibility for permanent control measures from 1961 on.

3. For the period 1958-1960, WHO will continue to provide the services of consultants in venereology, serology and public health statistics, and fellowships. A WHO expert has just completed an evaluation of this programme and recommends continuation as provided in this paper. The Government will spend the equivalent of US\$1,452,000 during the three years, including \$375,000 for the purchase of penicillin in increasing amounts each year as the amounts provided by the Fund are decreased correspondingly. Approximately US\$200,000 would be considered as matching the proposed UNICEF allocation for the period 1958-1960.

Progress of the campaign

4. Following the Board's approval of this project in September 1953, a plan of operations was signed in April 1954. Six special regional teams examined 397,700 persons and treated 92,800 as cases or contacts in the shanty-towns around Casablanca, in Agadir and in the nearby Sousse valley near Marrakesh during 1954. Disturbed conditions brought the mass operations to a stop in the spring of 1955 and VD control was reduced for a time to routine and limited activities in the fixed health establishments.

5. The recommendation to the Board in September 1955 for further assistance to this programme (E/ICEF/L.814) reflected the Government's intention to launch the mass campaign anew. An addendum to the plan of operations was signed in March 1956, but, due to administrative reorganization and major changes in public service personnel in connexion with the advent of national independence, it proved impossible to meet the 1956 target of the campaign.

6. The overall programme was re-activated on a large scale in May 1957, still consisting of two distinct operations: "opération famille" conducted through existing health centres and "opération collectivité" undertaken by mobile teams. Overall policy direction remained with the Ministry of Health in which a Central VD Control Section was created, but responsibility for actual field operations has been shifted to the medical officers in charge of the provincial health services. Operations are carried out by the regional (multi-provincial) mobile health teams, known as the "SPHMP" (Services Provinciaux d'Hygiène et Médecine Préventive) in the rural areas, and by the municipal hygiene bureaux (BMH) in the main urban areas and their peripheral communities.

"Operation famille"

7. The "opération famille" is working out very well. The number of new cases of infectious syphilis is decreasing gradually; more contacts are being treated; and clinic services are improving. During 1956 and the first half of 1957, a total of 66,958 new cases of syphilis were diagnosed in the fixed health centres. Of these 46,689 cases were treated as were also 10,840 contacts, a total of 57,529 cases and contacts treated in the eighteen-months' period. While a decrease is observed in the number of new cases diagnosed over the six quarters reported (Table 1 below), the number of cases treated (Table 2) has remained constant and the number of contacts treated (Table 3) has steadily increased. The increase in contacts treated is particularly significant in relation to the number of new cases diagnosed as may be seen from Table 4.

8. Cases diagnosed: As shown in Table 1 below, there has been a small but significant decrease in the number of new cases diagnosed at the fixed health centres. The decrease is almost entirely due to a reduction in the number of new cases of early infectious syphilis and may thus be due to the mass treatment that has been carried out, especially in the larger population centres such as Agadir, Marrakesh and Fès. The fact that the number of new cases of latent syphilis diagnosed has not increased suggests that the serological drag-net

of the fixed centres has not been appreciably extended or strengthened during the past two years.

Table 1
New Cases of Syphilis Diagnosed in the Fixed Health Centres
1956 and first half of 1957

Quarters:	1956				1957	
	1	2	3	4	1	2
Infectious syphilis	4,285	4,152	2,877	2,864	2,832	2,532
Non-infectious syphilis	2,089	2,304	2,246	2,718	2,197	2,481
Congenital syphilis	503	798	592	-	-	-
Latent syphilis	5,550	4,674	6,187	4,452	5,730	4,954
Totals	12,427	11,929	11,942	10,034	10,759	9,967
	24,356		21,976		20,726	

9. Cases treated: It will be seen from Table 2 below that the total number of cases treated has remained relatively constant. At the same time there has been a steady increase in the number of contacts treated (Table 3). This is particularly notable for the adult male contacts where the increase has been steady and substantial from each quarter to the next.

Table 2
Cases Treated in the Fixed Health Centres
1956 and first half of 1957

	1956				1957	
	Quarters: 1	2	3	4	1	2
Men	2,766	3,044	3,068	2,752	3,290	3,825
Women (not pregnant)	2,756	2,807	3,282	2,656	2,991	2,633
Women (pregnant)	1,242	1,133	1,312	1,125	1,235	1,059
Children (0-18 yrs.)	995	697	478	491	389	663
Totals	7,759	7,681	8,140	7,024	7,905	8,180
	15,440		15,164		16,085	

Table 3
Contacts Treated in the Fixed Health Centres
1956 and first half of 1957

	1956				1957	
	Quarters: 1	2	3	4	1	2
Men	235	652	633	669	758	782
Women (not pregnant)	165	933	466	668	626	598
Women (pregnant)	194	157	303	126	141	163
Children (0-18 yrs.)	205	515	223	263	544	821
Totals	799	2,257	1,625	1,726	2,069	2,364
	3,056		3,351		4,433	

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10. Ratio of contacts treated to number of new cases: The total number of contacts treated is in fact rather low, but it is significant that contacts treated show an important increase relative to the numbers of new cases of infectious syphilis diagnosed. As shown in the table below, the number of contacts treated in the first quarter of 1956 was less than one-fifth of the new cases diagnosed. By the second quarter of 1957 contacts treated numbered 93 per cent of the number of new cases diagnosed.

Table 4

Ratio between the number of new cases of early syphilis diagnosed and the total number of contacts treated

Quarters:	1956				1957	
	1	2	3	4	1	2
A. New cases of early syphilis diagnosed	4,285	4,152	2,877	2,864	2,832	2,532
B. Contacts treated	799	2,257	1,625	1,726	2,069	2,364
Ratio A:B	0.19	0.54	0.56	0.60	0.73	0.93

Mass campaign ("Operation Collectivité")

11. The mass campaign began in May 1954 in the Shanty-town area of Casablanca, where over a three-months period, 37,103 persons were examined and approximately 8,790 cases and contacts treated before the campaign was interrupted by civil disturbances. In October 1954, the mobile team began systematic testing with treatment of cases and contacts in Agadir Province, including the Souss River valley, and subsequently in the Tamarar section of what is now the Province of Safi. A total of 70,072 persons were treated in these areas before the work

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was again interrupted. In 1956 it was possible to work only in the Province of Marrakesh, and only 33,039 persons were treated. In January 1957, another 2,574 cases and contacts were treated.

12. In February 1957, the mass campaign was regionalized and in the eight succeeding months 153,883 persons have been treated on a mass basis. Following preliminary surveys, treatment has been given to all persons living in areas where the level of sero-positivity was found to be at least twelve per cent. During the eight months, February-September 1957, this work was carried out in four provinces: Tadla (13,963); Tafilalet (20,432); Fes (81,183); and Chauen (38,305).

13. In the overall mass campaign, from its beginning in Casablanca through September 1957, a total of 291,195 persons have been treated with penicillin. In addition certain survey and treatment projects had been carried out by provincial SPHMPs prior to 1957; in 1955-1956 the Marrakesh SPHMP treated 13,165 persons in El Kelaa; and in 1955 the Fes SPHMP treated 9,220 in Akermoumou and Karia ben Mohamed. The cumulative total of persons treated to the end of September 1957 is, therefore, 313,580. During the eight months period (February-September 1957) following regionalization of the programme, a greater number have been treated (153,883) than during the entire preceding 30 months (137,470).

14. The increasing rate of mass operation cannot be attributed to regionalization alone. Other factors affecting the increased tempo are: the fact that since regionalization there has been less civil unrest to interfere with the programme, and that the programme has recently had more active support from the high civil authorities. The mass campaign can be expected to expand rapidly from now on, as more and more of the SPHMPs complete serological surveys and start mass treatment programmes.

15. During the thirty-months period prior to February 1957, an average of 4,582 persons were treated per month, while during the past eight months, an

average of 19,215 persons have been treated per month. As shown in Table 5 below, an average of 9,713 cases and contacts were treated per month in the period February-September 1957, more than twice the number treated per month prior to regionalization.

Table 5
Presumed numbers of syphilitic patients and contacts treated
by SPHMP team (February - September 1957)

<u>Province</u>	<u>Sector</u>	<u>Total persons treated</u> ^{a/}	<u>Percentage STS positive</u>	<u>Cases treated</u>	<u>Contacts treated</u> ^{b/}	<u>Total cases & contacts treated</u>
Tadla	1	5,400	14	1,123	2,246	3,369
	2	2,215	14	310	620	930
	<u>3</u>	<u>6,348</u>	<u>11</u>	<u>699</u>	<u>1,398</u>	<u>2,097</u>
Tafilalet	<u>1</u>	<u>20,432</u>	<u>19</u>	<u>3,852</u>	<u>7,704</u>	<u>11,556</u>
Fès	1	13,840	23	3,183	6,366	9,549
	2	18,774	21	3,943	7,886	11,829
	3	15,020	14	1,203	2,406	3,609
	4	8,752	14	1,225	2,450	3,675
	<u>5</u>	<u>24,797</u>	<u>15</u>	<u>3,720</u>	<u>7,440</u>	<u>11,160</u>
Chauen	1	11,933	19	2,267	4,534	6,801
	2	10,638	13	1,387	2,774	4,161
	<u>3</u>	<u>15,734</u>	<u>19</u>	<u>2,989</u>	<u>5,978</u>	<u>8,967</u>
Totals		153,883	16.3%	25,901	51,802	77,703 ^{c/}

a/ The total number of persons treated includes cases, contacts and, in the case of areas of over twelve per cent positive tests, the entire population.

b/ Contacts = No. cases x 2

c/ Average number of cases and contacts treated monthly in eight-months period was 9,713.

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16. Since mass treatment of entire communities started, the percentage of the total population treated has been high, averaging 88 per cent. In one area in Fes Province, it is recorded that 103 per cent of the population was treated. Obviously, either the population data were faulty or some of those treated had come from other areas for the free treatment.

17. In summary, it appears that, since February 1957, the mass campaign has been moving very satisfactorily. It is well organized and technically sound, although perhaps more consideration should be given to priorities for treatment. The larger population centres, especially their shanty-towns, need special attention. Secondly, those sectors where the SPHMPs must work with other communicable diseases might be given priority. Sectors near military installations and sectors with the highest sero-positivity rates should have priority, particularly those sectors with rates above fifteen per cent.

18. As against the almost 20,000 persons treated per month from February through September 1957, it is considered realistic to expect that 40,000 persons can be treated per month in 1958, and 50,000 per month in 1959 and 1960, barring unforeseen events.

19. The only serious handicap which "operation collectivité" has encountered, is that of obtaining sufficient laboratory facilities and competent laboratory personnel to carry out the serological tests at a rate commensurate with the operational requirements. This task has been assigned to the laboratories of the provincial health services, but although the extra laboratory supplies required have been provided to them, it has been difficult to recruit and train the supplementary staff necessary. Due to a number of problems connected with the assembly of a proto-type mobile serological laboratory to be provided by UNICEF under a previous allocation, this unit has not been delivered but is to be dispatched for trials in early 1958.

20. Health education activities have been an important adjunct to these campaigns. Health education units of specially trained auxiliaries, usually in combination with a cinema crew, have worked very closely with the sampling and treatment teams in explaining to the people the reasons why their co-operation is required and in taking advantage of this introduction to advise families on elementary health matters. UNICEF has contributed to the health education work by providing three cinema projectors. An important factor in this work has been the personal participation of numerous "caids" (officials in charge of a district) in the operations and the support received from the civilian authorities and medical personnel resident in the regions.

Plans for 1958-1960

21. It is not yet possible to establish the total probable number of cases of syphilis in Morocco. If the serological indices found to date are applicable to the country as a whole, there may be approximately one million persons with positive reactions (i.e. "cases"). With such a figure in mind, it is planned to continue the programme during the next three years (1958-1960) along the lines successfully initiated in 1957. This was discussed in Morocco at the end of 1957 by a WHO consultant familiar with the programme and is in accord with his recommendations.

22. "Operation Famille" would be conducted along the same lines as heretofore, but to the extent that the necessary personnel are available an attempt would be made to improve contact tracing and treatment. The aim would be to treat 50,000 persons annually or 150,000 over the three years.

23. "Operation Collectivite" would continue as at present. It is intended that all the eight SPHMP and the municipal health services (BMH) would undertake to conduct sample surveys among two per cent of the population of the different communities and among tribes not previously examined.

24. Treatment would be carried out according to the following table:

S.P.H.M.P. (incl. BMH in each region)	Percentage of the country's population*	Number of persons to be treated		
		<u>1958</u>	<u>1959</u>	<u>1960</u>
Agadir	8.3	39,840	49,800	49,800
Marrakech	23.3	111,840	139,800	139,800
Casablanca	24.0	115,200	144,000	144,000
Rabat	11.3	54,240	67,800	67,800
Meknes	8.3	39,840	49,800	49,800
Fes	11.7	54,160	70,200	70,200
Oujda	3.6	17,280	21,600	21,600
No. Zone	<u>9.5</u>	<u>45,600</u>	<u>57,000</u>	<u>57,000</u>
Total	100.0%	480,000	600,000	600,000

* Total population of Morocco is 8,620,000 (United Nations estimate 1956)

It is difficult to estimate how many persons would have to be examined. If the serological indices continue to be of the same order as in the past, over two million would be examined.

25. The laboratory staff would be reinforced within the limits of the Government's ability to recruit or re-assign personnel. In order to ascertain the degree of precision with which the provincial laboratories are working, a certain percentage of the sera is to be sent to the central reference laboratory in Rabat for confirmation. Another important task of this laboratory - where the Nelson test is carried out - would be to examine the extent to which the serological and pathological picture is affected by physiologically false positives.

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26. The dosage of penicillin would follow WHO recommendations as in the past, thus:

<u>Age group</u>	<u>Dosage (in millions of international units)</u>		
	<u>"opération collectivité" where mass treatment is involved</u>	<u>"opération famille" and selective treatment under "opération collectivité"</u>	
		cases	contacts
0-5 years	0.6	0.6	0.6
6-12 years	1.2	1.2	0.6
13-18 years	2.4	2.4	1.2
19 years and over	5.0	3.0	1.5

27. The fulfilment of the targets described above, coupled with the work done between 1954 and 1957, will mean that approximately half of the total population of the country (the half which is most at risk) will have been covered by the mass campaign by the end of 1960. For the three-year period, 1958-1960, UNICEF would provide penicillin for the campaign on a decreasing scale while the Government would gradually and progressively assume supply responsibility. From 1961 on, the Government would assume full responsibility to provide supplies for the permanent VD control operations.

UNICEF commitments

28. In keeping with the progressive hand-over to the Government of supply responsibility, UNICEF would provide the following amounts of penicillin and vehicles for operations during the three years in question:

	<u>10 cc. vials</u>	<u>US\$</u>
a) <u>Penicillin</u>		55,000
1958: 100% of the requirements of "opération collectivité"	375,000	
1959: 50% of the requirements of "opération collectivité"	237,500	
1960: 25% of the requirements of "opération collectivité"	<u>118,750</u>	
Total UNICEF commitments for penicillin 1958-1960	731,250	
Surplus stocks on hand on 31 December 1957	<u>501,250</u>	
Net additional requirement of penicillin	230,000	
b) <u>Vehicles - 4 station wagons</u>		8,000
2 to be provided in 1958 and 2 in 1959 in partial replacement of vehicles provided in 1954 and which have since served in both the VD and trachoma campaigns		
c) <u>Contingency</u>		<u>7,000</u>
Total supplies and equipment		70,000
d) <u>Freight</u>		<u>7,000</u>
Total recommended allocation		77,000

WHO approval and participation

29. The proposed three-year extension of this programme has the technical approval of WHO.

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30. A number of WHO consultants in venerology have visited Morocco in connexion with this project since its inception, as have WHO public health officers. A special consultant visited Morocco in November 1957 to advise on the plan for the years 1958-1960. WHO has also assigned a public health statistician to the project since 1955, who continues to provide valuable services.

31. The WHO contribution over the three-year period (1958-1960) would be as follows, subject to the availability of funds:

<u>1958</u>	one medical officer-serologist for 3 months
	one statistician for 6 months
	one fellowship for 2 months
<u>1959</u>	one public health venerologist for 1 $\frac{1}{2}$ months
	one statistician for 6 months
	one fellowship for 2 months
<u>1960</u>	one statistician for 6 months

Government commitments

32. The Government's most significant commitment is to assume responsibility for procuring all the penicillin required for "opération famille", also 50 per cent of the penicillin required for "opération collectivité" in 1959 and 75 per cent in 1960. (See paras. 27-28 above.) It is planned that from 1961 on, the Government will no longer require UNICEF assistance in this field.

33. Other commitments will involve similar expenditures to those undertaken in 1957, allowing in addition for a strengthening of laboratory facilities and services. An estimate of total costs to the Government is shown below:

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	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>Total for 3 years</u>
	Moroccan francs (millions)			
a) <u>Personnel</u>				
i) Opération famille	80	80	80	240
ii) Opération collectivité	43.5	40.7	41.7	125.9
iii) Laboratory	<u>12</u>	<u>11</u>	<u>11.5</u>	<u>34.5</u>
	135.5	131.7	133.2	400.4
b) <u>Operating costs</u>				
i) Opération famille	7	10	10	27
ii) Opération collectivité	5.1	4.7	4.8	14.6
iii) Laboratories	<u>1.7</u>	<u>1.6</u>	<u>1.7</u>	<u>5</u>
	13.8	16.3	16.5	46.6
c) <u>Penicillin</u>	40.8	51.3	65.5	157.6
d) <u>Other supplies and laboratory reagents</u>	<u>2.1</u>	<u>2.1</u>	<u>2.1</u>	<u>6.3</u>
Totals	192.2	201.4	217.3	610.9

Thus, over the three-year period, the Government will spend a total of Moroccan francs 610,900,000, equivalent to approximately US\$1,452,000 in connexion with the UNICEF-assisted campaign. Of this, approximately US\$200,000 would be considered as matching the proposed allocation.