Operational Group

Last Mile Country – Morocco
<table>
<thead>
<tr>
<th>Nr</th>
<th>Preparation phase</th>
<th>Parking lot questions</th>
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<tbody>
<tr>
<td>1</td>
<td>Stakeholders and stakeholder commitment MOROCCO</td>
<td>- What is the impact of blanket approach in low endemic countries?</td>
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<td>1.1</td>
<td>- How to evaluate / measure stigma as result of a program</td>
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<td>- What is the effect of a second dose of rifampicin to the same contacts? (evidence from other countries?)</td>
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**Leverage**

- WHO
- GPZL
- Novartis
- Faculty of Medicine
- National Committee Leprosy
- Lep Focal Point regional
- Lep Focal Point provincial
- MoH nat. program
- Director of Public Health
- MoH regional level
- MoH provincial level
- Dermatologists
- Pharmaco vigilance center
- Associations of persons affected
- National Centre of Leprosy
- Moroccan society of dermatologists
- Ministry of local/ internal affairs point
- General pract. & paramedics
- MoH national policy makers

**Funders**

- Department of communication
- Social Department
- NGO’s/ ILEP

**Attitude =>**
1.1 Roles of prioritised actors

- **MoH Director of Public Health**: Endorses and supports the plan of the Nat. Program Manager
- **MoH National Program Manager**: develops the program and responsible for the monitoring. Also monitors acceptability of the program
- **National Committee of Leprosy**: Scientific evidence and technical approval of the national plan
- **Leprosy Focal points**: Implementation and taking into account reporting, coordination with dermatologist, reporting, health education, counselling
- **Funders**: Currently WHO only (minor) funder. No iNGOs active in the country.
1.2 Ensure sustainability

Available resources
- Logistic support for office and transport/fuel
- Pharmaceutical supply: MDT and rifampicin
- Human resources: focal points, dermatologists, general practitioners, paramedics
- Researchers, laboratories

Not sufficient
- Training for refreshers
- Active case findings + follow up contact examination
- Mapping
- Stigma studies
- Some lab technician work
2. Operational Guidelines

2.1 Selected Approach

• Started with a drive in 2012
• Currently new cases + households
• Screening of new cases by focal person that joins mobile clinics (caravans). Caravans 3x a year to targeted difficult-to-access areas.

What is needed?

• Mapping to identify hot spots and to follow a more focussed approach.
• Data available at national level from 2002, including abundant information about all leprosy patients identified since 1950 and all areas (paper-based register).
• Possibly use of a blanket approach as soon as hotspots are identified.