



Operational Group

Last Mile Country – Morocco

Nr	Preparation phase	Parking lot questions
1	Stakeholders and stakeholder commitment MOROCCO	
1.1	<p>The diagram is a stakeholder map with 'Leverage' on the vertical axis and 'Attitude' on the horizontal axis. The vertical axis is labeled 'Leverage' and has a vertical line with an upward arrow. The horizontal axis is labeled 'Attitude =>' and has a horizontal line with arrows at both ends, marked with '--' on the left and '++' on the right. A vertical line labeled 'Funders' is positioned to the left of the main cluster of stakeholders. The stakeholders are represented by boxes of varying colors: red for high leverage and high attitude, and grey for lower leverage and/or lower attitude.</p> <ul style="list-style-type: none"> High Leverage, High Attitude (Red boxes): MoH nat. program, Director of Public Health, Lep Focal Point regional, National Committee Leprosy, Lep Focal Point provincial. High Leverage, Low Attitude (Grey boxes): WHO, GPZL, Novartis, Faculty of Medicine, Pharmaco vigilance center, MoH regional level, MoH provincial level, Dermatologists, 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. Low Leverage, Low Attitude (Grey boxes): Department of communication, Social Department, NGO's/ ILEP. 	<ul style="list-style-type: none"> • What is the impact of blanket approach in low endemic countries? • How to evaluate / measure stigma as result of a program • What is the effect of a second dose of rifampicine to the same contacts? (evidence from other countries?)

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.