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UNGASS - National Composite Policy Index (NCPI) 2007

**Middle East and North Africa**

**Morocco**

**COUNTRY:**

Morocco

**Name of the National AIDS Committee Officer in charge:**

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**Date of submission:**

31/01/2008

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:	Name/Position	DR AZIZA BENNANI, Responsable du PNL
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministère de l'Education National
:	Name/Position	DR. Wafa BENZAOUIA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	DELM
:	Name/Position	Dr. NOUREDDINE CHAOUKI, Directeur

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministère de la Jeunesse et Sports
:	Name/Position	M. JELOUL DHIBI
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Observatoire régional d'épidémiologie-Casablanca
:	Name/Position	DR. IDRISSI AZAMI AMINA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Délégation du Ministère de la santé-Casablanca
:	Name/Position	DR. NASSAH NADIA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Observatoire régional d'épidémiologie-Rabat
:	Name/Position	DR. BOUJLILI KHADIJA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Observatoire régional d'épidémiologie-Agadir
:	Name/Position	DR. GUEZZAR FATIHA
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Force Armée Royale
:	Name/Position	M. OMAR SEDRATI
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Institut National d'Hygiène
:	Name/Position	DR. AKRIM MOHAMMED
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Institut National d'Hygiène
:	Name/Position	DR. HARTI ELMIR
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	CHU Ibn Rochd Casablanca, pôle d'excellence-Casa

:	Name/Position	PR. MARHOUM EL FILALI KAMAL
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	CHU Ibn Sina Rabat, pôle d'excellence-Rabat
:	Name/Position	PR. ADNAOUI MOHAMMED
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	DR. SOUMIA TRIKI
:	Name/Position	PNLS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	DR. AMINA KETTANI
:	Name/Position	PNLS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Mme. FOUZIA BENNANI
:	Name/Position	ALCS, DIRECTRICE
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	DR. JAMILA LAMANI
:	Name/Position	ALCS,
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	DR. SEMMAR SAIDA
:	Name/Position	OPALS
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	DR. EL HACHIMI HAYAT
:	Name/Position	LML-MST
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	M. BENSEHLI MOHAMMED
:	Name/Position	AMPF
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	M. SAJID BOUCHAIB

:	Name/Position	ASSOCIATION LE JOUR DES PVVIH, Coordonnateur
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	M. QADIRI
:	Name/Position	CRM
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Mme. SARHANI NAJAT
:	Name/Position	AMSED
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	M. RACHID AMRI
:	Name/Position	AMSED
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	DR. KAMAL ALAMI
:	Name/Position	ONUSIDA
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	M. HOUSSINE EL RHILANI
:	Name/Position	ONUSIDA
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	DR. FAIDNERBI MT
:	Name/Position	OMS
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Mlle. LEILA FIRDAWCY
:	Name/Position	UNESCO
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Mme. CAMARA VICTORIA
:	Name/Position	UNHCR
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Mme. SOUALI MALIK
:	Name/Position	CTB

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		
Position:	Full time/Part time	Full time
Position:	Since when?	
Position:		
Position:	Full time/Part time	Full time
Position:	Since when?	
Position:		
Position:	Full time/Part time	Full time
Position:	Since when?	
Position:		
Position:	Full time/Part time	Full time
Position:	Since when?	
Position:		
Position:	Full time/Part time	Full time
Position:	Since when?	

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

2007-2011

**1.1 How long has the country had a multisectoral strategy/action framework?**

6

**1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?**

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	No
Labour:	<b>Earmarked budget</b>	No
Transportation:	<b>Strategy/Action framework</b>	No
Transportation:	<b>Earmarked budget</b>	No
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	Yes
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Agriculture:	<b>Strategy/Action framework</b>	No
Agriculture:	<b>Earmarked budget</b>	No
Finance:	<b>Strategy/Action framework</b>	No
Finance:	<b>Earmarked budget</b>	No
Human Resources:	<b>Strategy/Action framework</b>	No
Human Resources:	<b>Earmarked budget</b>	No
Justice:	<b>Strategy/Action framework</b>	Yes
Justice:	<b>Earmarked budget</b>	Yes
Minerals and Energy:	<b>Strategy/Action framework</b>	No
Minerals and Energy:	<b>Earmarked budget</b>	No
Planning:	<b>Strategy/Action framework</b>	No
Planning:	<b>Earmarked budget</b>	No
Public Works:	<b>Strategy/Action framework</b>	No
Public Works:	<b>Earmarked budget</b>	No
Tourism:	<b>Strategy/Action framework</b>	No
Tourism:	<b>Earmarked budget</b>	No
Trade and Industry:	<b>Strategy/Action framework</b>	No
Trade and Industry:	<b>Earmarked budget</b>	No
Other*::	<b>Strategy/Action framework</b>	Yes
Other*::	<b>Earmarked budget</b>	No

### **IF NO earmarked budget, how is the money allocated?**

Des crédits sont alloués à ces secteurs dans le cadre des programmes et projet d'appui notamment le Fonds mondial de lutte contre le sida dont ils sont sous bénéficiaires, le système des Nations Unies et la coopération bilatérale.

### **1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations<font size=0.2>[3]</font>:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

### **1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

### **IF YES, when was this needs assessment /analysis conducted? Year:**

2006

### **IF NO, how were target populations identified?**

### **1.5 What are the target populations in the country?**

Les jeunes, des deux genres, scolarisés ou non  
Les femmes en situation de vulnérabilité  
Les enfants en situation précaire  
Les professionnels du sexe, féminins et masculins  
Les usagers de drogues injectables  
Les migrants, en particulier ceux en situation irrégulière  
Les populations en situation de mobilité fréquente  
Le personnel des services en uniforme  
Les prisonniers  
Les personnes atteintes d'Infections sexuellement transmissibles  
Les personnes vivant avec le VIH et personnes affectées par le VIH

### **1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

- |  |     |
|--|-----|
| a. Formal programme goals? :                         | Yes |
| b. Clear targets and/or milestones? :                | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?:                  | Yes |
| e. Monitoring and Evaluation framework? :            | Yes |

**1.8 Has the country ensured “full involvement and participation” of civil society<sup>[4]</sup> in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

Le Plan stratégique national de lutte contre le SIDA 2007/2011, est le résultat d'un travail collectif engagé par tous les acteurs institutionnels et associatifs impliqués dans la lutte contre le VIH/sida.

La société civile (ONG) a participé activement à toutes les étapes du processus de planification stratégique depuis l'analyse de la situation et de la riposte jusqu'à l'élaboration de la stratégie nationale.

Des consultations externes ont concernés (i) les interventions de prévention proximité auprès des populations vulnérables menées par les ONG, (ii) la prise en charge médicale des personnes vivant avec le VIH (PVVIH) et (iii) la décentralisation des activités au niveau des régions. Une revue interne des centres de dépistage du VIH gérés par les ONG a aussi été menée. Toutes ces consultations et revues ont été sanctionnées par des rapports d'analyse qui ont été partagés avec l'ensemble des partenaires et discutés dans des ateliers spécifiques. L'atelier national de consensus qui a eu lieu en avril 2006, a regroupé l'ensemble des partenaires nationaux (ONG et départements gouvernementaux) et internationaux, pour analyser, les points forts, points faibles, obstacles et opportunités de la réponse au VIH/SIDA et définir les grands axes de la stratégie nationale.

**IF NO or MODERATE involvement, briefly explain:**

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, all partners

**IF SOME or NO, briefly explain**

**2. Has the country integrated HIV and AIDS into its general development plans such as:**

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:

**2.2 IF YES, which policy areas below are included in these development plans?**

HIV Prevention:	<b>Development Plans</b>	a) / b) / c) / d)
Treatment for opportunistic infections:	<b>Development Plans</b>	a) / b)
Antiretroviral therapy:	<b>Development Plans</b>	a) / b)
Care and support (including social security or other schemes):	<b>Development Plans</b>	a) / c) / d)
AIDS impact alleviation:	<b>Development Plans</b>	a) / b)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	a) / b) / c) / d)
Reduction of <b>income</b> inequalities as they relate to HIV prevention/ treatment, care and /or support:	<b>Development Plans</b>	a) / b) / c) / d)
Reduction of stigma and discrimination:	<b>Development Plans</b>	a) / b) / c) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	<b>Development Plans</b>	a) / b) / c) / d)

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

No

**4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?**

Yes

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?**

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

Obligatoire

**5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

Yes

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

Yes

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates and projected needs

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes

**(b) IF YES, is coverage monitored by population sub-groups?**

Yes

**IF YES, which population sub-groups?**

Jeunes

Femmes

Les professionnels du sexe, féminins et masculins

Les usagers de drogues injectables

Les prisonniers

Les personnes atteintes d'Infections sexuellement transmissibles

Les personnes vivant avec le VIH et personnes affectées par le VIH

**(c) IF YES, is coverage monitored by geographical area?**

Yes

**IF YES, at which levels (provincial, district, other)?**

Région et Province

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 8

2005: 8

**Comments on progress made in strategy planning efforts since 2005:**

- Mobilisation de nouveaux secteurs et ONG dans la riposte nationale et allocation de ressources supplémentaires
- Définition d'objectif et d'indicateurs chiffrés dans le cadre du plan stratégique national 2007/2011, pour atteindre l'accès universel à la prévention aux traitements aux soins et à l'appui
- Système de suivi de la couverture programmatique en cours de mise en place

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government : Yes

Other high officials : Yes

Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**IF NO, briefly explain:**

**2.1 IF YES, when was it created? Year:**

2003

**2.2 IF YES, who is the Chair?**

Name:

Dr Nouredine Chaouki

Title/Function:

Directeur de l'Epidémiologie et de Lutte contre les Maladies , Ministère de la Santé

### 2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

#### (\* If it does include civil society representatives, what percentage?

40%

### 3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

#### 3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

#### (\*If it does include regular meetings, what is the frequency of the meetings:

Tous les 3 mois

#### IF YES, What are the main achievements?

- Coordination du processus de la revue du plan stratégique national et de la préparation du plan 2007/2011
- Coordination de la préparation de la proposition au 6ème round du Fonds mondial
- Coordination et suivi de la mise en œuvre du programme d'appui du fonds mondial

**IF YES, What are the main challenges for the work of this body?**

- Représentativité des différents partenaires au sein de l'instance de coordination.
- Liens avec les instances régionales de coordination

**4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?**

55%

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

**6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

No

**6.2 IF YES, which policies and legislation were amended and when?**

:	<b>Policy/Law</b>
:	<b>Year</b>
:	<b>Policy/Law</b>
:	<b>Year</b>
:	<b>Policy/Law</b>
:	<b>Year</b>
:	<b>Policy/Law</b>
:	<b>Year</b>
:	<b>Policy/Law</b>
:	<b>Year</b>
:	<b>Policy/Law</b>
:	<b>Year</b>

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in political support since 2005:**

Appui politique renforcé à tous les niveaux Intégration de nouveaux secteurs et ONG dans l'instance nationale de coordination

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

Other::

Other::

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes

**2.1 Is HIV education part of the curriculum in**

primary schools? : No

secondary schools? : Yes

teacher training? : Yes

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?**

Yes

**3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?**

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers

Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Sex workers
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in policy efforts in support of HIV prevention since 2005:**

Cette période a vu :

- L'extension de la couverture par les programmes de prévention de proximité auprès des Professionnel (le)s du sexe à plusieurs villes du pays
- Préparation de nouveaux programmes notamment pour les consommateurs de drogues injectables, les migrants en situation irrégulière et les routiers.

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

Yes

**IF NO, how are HIV prevention programmes being scaled-up?:**

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>most</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>all</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>all</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>all</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	<b>some</b> districts* in need
HIV prevention in the workplace:	<b>The activity is available in</b>	<b>some</b> districts* in need

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	8
2005:	8
2007:	8
2005:	8

**Comments on progress made in the implementation of HIV prevention programmes since 2005:**

Cette période a vu :

- La mise en œuvre de la stratégie nationale de communication sociale qui a été déclinée au niveau des différentes régions du pays.
- L'extension de la couverture par les programmes de prévention de proximité.
- Préparation de nouveaux programmes notamment pour les consommateurs de drogues injectables, les migrants en situation irrégulière et les routiers.

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes

**1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?**

Yes

**2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?**

**IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?**

Antiretroviral therapy:	<b>The service is available in</b>	<b>all</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>all</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>most</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>all</b> districts* in need
Home-based care:	<b>The service is available in</b>	N/A
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>some</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>all</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	N/A
Antiretroviral therapy:	<b>The service is available in</b>	<b>most</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>some</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>most</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	N/A

Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>most</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>most</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	N/A
Other services::	<b>The service is available in</b>	<b>all</b> districts* in need
Other services::	<b>The service is available in</b>	<b>all</b> districts* in need

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

No

**4.1 IF YES, for which commodities?:**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007: 9

2005: 9

**Comments on progress made since 2005:**

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 6

2005: 5

**Comments on progress made in efforts to meet the needs of OVC since 2005:**

Le nouveau plan 2007/2011 a inclus les interventions visant les enfants infectés et affectés ainsi que les enfants vulnérable. Une étude d'évaluation des besoins est en cours.

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

Yes

**IF YES, Years covered:**

2007-2011

**1.1. IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes

**1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes

**1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, most partners

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

**3. Is there a budget for the M&E plan?**

In progress

**3.1 IF YES, has funding been secured?**

Yes

**4. Is there a functional M&E Unit or Department?**

In Progress

**IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?**

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? : No  
in the Ministry of Health? : Yes

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

Yes

**IF YES, does this mechanism work? What are the major challenges?**

Le mécanisme est en phase de mise en place, il ne fonctionne pas encore

**4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?**

5

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly

**IF YES, Date last meeting:**

14 Janvier 2008

**5.1 Does it include representation from civil society, including people living with HIV?**

Yes

**IF YES, describe the role of civil society representatives and people living with HIV in the working group**

- Participation à la préparation des outils adaptés de suivi évaluation,
- Contribution à la préparation des protocoles d'étude
- Suivi de la mise en place du système de suivi évaluation

**6. Does the M&E Unit/Department manage a central national database?**

Yes

**6.1 IF YES, what type is it?**

CRIS

**6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?**

Yes

**6.3 Is there a functional Health Information System (HIS)?**

National level : Yes  
Sub-national level (\*): Yes

**(\*)If there is a functional sub-national HIS, at what level(s) does it function?**

Régions, provinces, circonscription sanitaires

**6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes

**7. To what extent are M&E data used in planning and implementation?**

4

**What are examples of data use?**

Prévalence du VIH parmi les femmes enceintes, et les groupe les plus exposés(surveillance sentinelle)  
Incidence des cas de VIH et sida  
Incidence et prise en charge des Infections sexuellement transmissibles  
Activités de prévention auprès des jeunes et des populations exposées  
Dépistage VIH volontaire  
Prise en charge des personnes vivant avec le VIH par les ARV

**What are the main challenges to data use?**

Délais acheminement des rapports et d'analyse des données pour la prise de décision

**8. In the last year, was training in M&E conducted**

At national level? :	Yes
At national level? :	IF YES, Number of individuals trained: 80
At sub-national level? :	Yes
At sub-national level? :	IF YES, Number of individuals trained: 80
Including civil society? :	Yes
Including civil society? :	IF YES, Number of individuals trained: 100

**Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in M&E since 2005:**

Un système national de suivi évaluation a été élaboré et est en phase de mise en place. Ce système inclut une organisation, une liste d'indicateurs standardisés, des outils de recueil des données et des bases de données au niveau national et régional.

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No

**1.1 IF YES, specify:**

**2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?**

Yes

**2.1 IF YES, for which sub-populations?**

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	Yes
Migrants/mobile populations :	Yes
Other.:	Yes

**IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:**

- Décrets d'application
- Assistance juridique
- Formation des magistrats ...
- Sensibilisation des bénéficiaires
- AMDH, ADFM....

**IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:**

- Observatoires, Associations et comités des DH
- CCDH
- DIWANE AL MADHALIM

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?**

Yes

**3.1 IF YES, for which sub-populations?**

IDU:	Yes
MSM:	Yes
Sex Workers:	Yes

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

Amendes et prison

- PROSTITUTION (article 502 du Code pénal)
- HSH : Article 489 du code pénal du Maroc, qui condamne « quiconque commet un acte impudique ou contre-nature avec un individu de son sexe ».
- UDI

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?**

No

**IF YES, briefly describe this mechanism**

Il est prévu de mettre un comité d'éthique dans le cadre du PSN en 2008

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

Yes

**IF YES, describe some examples**

- Participation à toutes les étapes de l'élaboration du PSN 2007-2011 (PS, Marins, Routiers, MSM, PVVIH)
- Participation dans la mise en œuvre à travers l'approche de proximité

**7. Does the country have a policy of free services for the following:**

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

- Intégré dans les programmes d'appui (FM...)
- Stratégie de réduction des coûts (M, condom, Traitement IST)
- Stratégie de pérennisation des fonds
- Mobilisation des fonds au niveau national

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

Yes

**IF YES, briefly explain the differences:**

Approche de proximité :

- intervenants pairs
- Outils développés avec les bénéficiaires
- Type de mobilisation différente
- Paquets de prestations différents
- ...

Approche droit

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

No

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

Yes

**IF YES, describe the effectiveness of this review committee**

- Respecter le code éthique dans le cadre des protocoles de recherche

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

**IF YES, on any of the above questions, describe some examples:**

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

Yes

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework:	No
Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:	No
Programmes to educate, raise awareness among people living with HIV concerning their rights:	No

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

Beaucoup de chantiers ouverts dans le pays dont les résultats ne sont pas encore palpables

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

4

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

5

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

- a. in both the National Strategic plans and national reports?: 4
- b. in the national budget?: 4

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

Yes

**IF YES, when was the Review conducted? Year:**

2006

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

3

**List the types of organizations representing civil society in HIV and AIDS efforts:**

- Associations Thématiques ;
- les réseaux de personnes vivant avec le VIH (Associations Personnes Vivant avec le VIH)
- les organisations féminines
- les organisations de jeunes
- les organisations communautaires
- les organisations de personnes appartenant aux sous-populations vulnérables (notamment les CDI, les migrants)
- les organisations de travailleurs (les syndicats)

à mobiliser :

- Les organisations confessionnelles
- Les organisations de services relatifs au sida
- Les organisations consacrées aux droits humains

**6. To what extent is civil society able to access**

- a. adequate financial support to implement its HIV activities?: 4
- b. adequate technical support to implement its HIV activities?: 4

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

- 2007: 9
- 2005: 8

**Comments on progress made in increasing civil society participation since 2005:**

- Présence de la société civile dans les instances de coordination au niveau régional et national (CCM, CPI et CRILS)
- Émergence de nouvelles associations (Association de PVVIH, Association des CDI, Association de soutien aux enfants Vivant avec le VIH, Association du secteur privé...)
- Elargissement de la couverture des zones géographique par les associations
- Intégration de la prévention du VIH par les associations de développement
- Implication des jeunes volontaires dans les interventions des ONG dans le domaine de lutte contre le sida
- Processus transparent d'appel à projet et de sélection des projets FM
- Implication des ONG dans le processus de revue et de planification stratégique
- Responsabilité de la société civile en matière de la prévention auprès des groupes vulnérables les plus exposés au VIH à l'exception de la population carcérale
- Signature du Pacte d'engagement en matière du sida

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>some</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>all</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>all</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>all</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>most</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>most</b> districts* in need

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	9
2005:	9

**Comments on progress made in the implementation of HIV treatment, care and support services since 2005:**

- Introduction des tests de résistance(génotypage viral)
- Individualisation de la prise en charge pédiatrique et disponibilité des formes galéniques pédiatriques
- Accès aux ARV génériques
- Plaidoyer pour la réduction des prix des ARV

**2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?**

Prevention for youth :	25-50%
Prevention for IDU :	<25%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	51-75%
Clinical services (OI/ART)* :	<25%
Programmes for OVC** :	>75%

**3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**3.1 IF YES, is there an operational definition for OVC in the country?**

No

**3.2 IF YES, does the country have a national action plan specifically for OVC?**

No

**3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

No

**IF YES, what percentage of OVC is being reached?**

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007:

6

**Comments on progress made since 2005:**

- Programme pour les enfants en situation précaire
- Association thématique pour les enfants atteints de VIH

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