

# MOROCCO

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*Aiming to increase HIV testing coverage in Morocco, the Joint Team supported the development of a national testing strategy and the expansion of government- and nongovernmental organizations-led HIV testing programmes primarily targeting key populations. Dolutegravir-based treatment was adopted as the first line treatment regimen; multimonth dispensing and community-led delivery of antiretroviral treatment services were implemented; a task shifting protocol for the delivery of antiretroviral treatment was piloted in two cities; and personal protective equipment were procured for service providers, people living with HIV, and key populations to improve access and adherence to treatment services and achieve better health outcomes among people living with HIV. A series of advocacy sessions were held for the continuity and scale up prevention of mother-to-child transmission of HIV, syphilis, and HIV testing services for pregnant women while the Ministry of Health and the Moroccan Midwives Association were supported to establish a partnership aimed at promoting and scaling up HIV testing services among pregnant women in the country. Hundreds of teachers were trained on comprehensive sexuality education delivery techniques while Ministry of Education officials were mobilized to discuss the process of integrating sexuality education in school curricula across the country. An Integrated Biological Behavioural Surveillance (IBBS) survey was conducted among men who have sex with men, and the Joint Team worked with civil society organizations to reach over 100 000 people from key populations groups, including gay men and other men who have sex with men, female sex workers, and migrants with HIV prevention and pre-exposure prophylaxis services. The Government was supported to develop a nationwide prison health strategy, train healthcare providers, disseminate prison healthcare guidelines, establish a teleconsultation platform, and supply personal protective equipment to scale up access to quality HIV, and other essential health services in prisons and other closed settings. Healthcare and legal services were expanded to vulnerable and key populations, including people living with HIV who survived violence during the COVID-19 pandemic, and a civil society organization group was established to address human rights issues and promote gender equality in Morocco.*

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team strongly contributed to several initiatives to improve access to quality comprehensive sexuality education (CSE) in Morocco. A total of 523 teachers and national trainers were trained on CSE knowledge transfer and teaching techniques while 32 officials from the Ministry of Education were engaged to reflect on the ongoing process of integrating CSE into the academic curricula of high schools nationwide. Several information, education, and communication (IEC) materials were also developed to promote sexual and reproductive health (SRH) services and ensure the continuity of distance learning during the COVID-19 pandemic.

Technical and financial assistance was directed to scale-up access and uptake of SRH services among adolescents and young people. Hence, 12 youth peer educators and 24 professionals from Espaces Santé Jeunes were trained to promote adolescent and youth health, including access to SRH and HIV services. Two hackathons—social computer coding events—were organized in collaboration with the UNLEASH innovation Lab for Sustainable Development Goals (SDGs), bringing together 1337 young people to develop innovative SRH programmes.

An Integrated Biological Behavioural Surveillance (IBBS) survey was conducted with participation of over 800 men who have sex with men in Agadir, Fes and Rabat, which highlighted an improved HIV prevention service coverage among men who have sex with men from 48.6% in 2017 to 53.3% in 2021. Results of the survey were used to update the HIV situation report and further improve programming among this group.

Similarly, more than 30 representatives of civil society organizations and key population groups participated in the review of HIV size estimates for key populations. The review presented an opportunity for key partners to calculate and validate HIV size estimations among key populations. The Joint Team further supported the integration of data from programmes targeting key populations into the District Health Information System 2 (DHIS2); the training of 50 staff members of civil society organizations on the use of DHIS2 for monitoring of HIV prevention programmes among key populations; the digitalization of results from the mapping of key populations exercise and available services in nine cities; and the development of monitoring tools and training of 30 representatives of civil society organizations to support community-led monitoring of HIV prevention and care services among key populations.

To ensure the continuity of HIV prevention services for key populations, the Joint Team collaborated with civil society organizations to reach 25 628 gay men and other men who have sex with men, 50 987 female sex workers, 23 550 migrants, and 4626 internally displaced persons with HIV prevention services in 2021. Pre-exposure prophylaxis (PrEP) was also provided for 428 men who have sex with men and 177 female workers through community clinics in Agadir, Casablanca, Marrakech and Tangier cities during the same period.

The Joint Team made valuable contributions to strengthen the delivery of HIV information and services in prisons. This included finalizing the National Prison Health Strategy 2022-2027, which integrates HIV services; developing and printing 50 000 copies of medical guidelines on healthcare for prisoners; defining a minimum package of services, including HIV in prison health units; the sensitization of over 4000 prisoners on HIV prevention, of whom 1000 accessed HIV testing and counselling services, and those found positive were referred to treatment services; the procurement and distribution of personal protective equipment (PPE) and COVID-19 prevention information; and the training of 77 healthcare providers from 21 prisons on occupational health and safety procedure for HIV, tuberculosis and viral hepatitis, and 27 healthcare workers on the health needs of female prisoners. Besides, 45 inmates, including 20 women, were trained on peer education techniques to support efforts aimed at increasing access to HIV information and services for all. The Joint Team further supported the establishment of a teleconsultation platform for prisoners, including prisoners living with HIV and prisoners from key population groups in 24 prisons across the country. A total of 24 medical doctors and 48 nurses were trained to support the platform.

Technical and financial support was afforded to scale up SRH and HIV programmes targeting the migrant and refugee populations, including in terms of sensitization, counselling, and service delivery. Through collaboration with civil society organizations, including the nongovernmental organization *Association de Lutte Contre le SIDA* (ALCS), humanitarian, physiological and medical services, and information on prevention of COVID-19, were provided to 18 020 migrants in vulnerable situations in seven cities. For instance, in Agadir and Casablanca, 6365 refugees, including 55 people living with HIV received various consultations. In Tangier city, 970 benefited from these consultations, of whom 312 people accessed HIV, syphilis, and hepatitis testing and treatment services. A total of 21 600 condoms were also distributed to migrants and refugees across Morocco.

### ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The Ministry of Health received technical assistance to establish a national committee for the elimination of mother-to-child transmission of HIV (EMTCT) to oversee the implementation of the national EMTCT roadmap towards 2025 at the national and regional levels, including monitoring of progress, mobilization of resources, and coordination of partner support.

The Joint Team in collaboration with the Ministry of Health, the Global Fund, private sector, and the Moroccan Midwives Association held a series of advocacy sessions on the continuity and scale up prevention of mother-to-child transmission of HIV and syphilis (PMTCT) and testing services for pregnant women in Morocco. As a result, an agreement was signed between the Ministry of Health and the Moroccan Midwives Association to promote and scale up HIV testing services among pregnant women in the country.

Technical support was provided for the development of a referential and an e-learning course on the care of migrant children including children living with HIV to improve access to quality paediatric HIV and essential health services among this group. Trainings are expected to be rolled out in 2023 for health professionals and staff from nongovernmental organizations.

### HIV TESTING AND TREATMENT

The Joint Team worked with more than 60 representatives of the government, civil society organizations and key population groups for the development of the new national HIV testing strategy 2021-2025. The strategy comprises testing targets for each of the 12 regions in Morocco. Between 2020 and 2021, close to 500 000 people from key populations and other target groups received HIV testing and counselling in the country.

As a result of technical and financial support, ALCS extended its HIV self-testing pilot programme to reach nearly 4000 men who have sex with men, female sex workers, and partners of people living with HIV in Agadir, Casablanca, and Marrakech cities. Through this pilot programme, an additional 4000 people accessed HIV self-testing through primary healthcare services in four regions. Technical support was also provided for the development of a service protocol to expand HIV self-testing through the *Organisation Pan-Africaine De Lutte Contre Le Sida* (OPALS)—a nongovernmental organization working in the health sector, including HIV.

The Government was supported to adopt Dolutegravir-based treatment as the first line regimen in the national guidelines and initiate implementation to ensure better health outcomes among people living with HIV across the country. A task-shifting protocol for the initiation and monitoring of antiretroviral treatment by nongovernmental organizations, the private sector and prison medical personnel was piloted in Fez and Tangier to improve access to HIV treatment services among vulnerable and key populations.

Over 350 people living with HIV took part in a situation and needs assessment supported by the Joint Team in the context of the COVID-19 pandemic. Key results identified barriers in accessing HIV prevention and treatment services due to COVID-related lockdowns, and were used to inform mitigating actions, including multimonth dispensing (MMD) of antiretroviral treatment. To ensure the continuity of treatment services and boost retention in care, the Government was supported to implement MMD enabling more than 3000 people living with HIV to access their treatment through community mediators and rapid postal services. As a result of these efforts, an estimated 18 125 people living with HIV were accessing antiretroviral treatment in Morocco at the end of 2021.

Technical and financial assistance was provided to ensure the continuity of HIV services and address the socioeconomic impact of COVID-19 among vulnerable and key populations, including people living with HIV. The Joint Team reprogrammed funding for the procurement of PPE which was distributed to 1300 people living with HIV and persons from key population groups via civil society nongovernmental organizations.

### **HUMAN RIGHTS, GENDER, STIGMA, AND DISCRIMINATION**

The Joint Team supported the rollout of the Stigma Index 2.0 study to evaluate the level of HIV-related stigma and discrimination towards people living with HIV in Morocco, including the establishment of a people living with HIV committee, the development of survey protocols, and the training of 30 people living with HIV who led the study. Additionally, technical assistance was afforded for the development of tools for community-led monitoring of stigma and discrimination cases in health facilities and other HIV programmes. A database for documenting discrimination cases and access to referral mechanism was also created using the DHIS2 and pilot implementation of the database is underway in collaboration with five civil society organizations in Morocco.

The Joint Team conducted training for 60 focal persons from the Ministry of Health and the regional human rights councils in all 12 regions to raise their awareness on HIV-related stigma and discrimination in healthcare settings and strengthen their commitment in upholding the human rights and dignity of all people in accessing HIV and other essential healthcare services. Moreover, to improve advocacy efforts on human rights, a network of existing civil society organizations was established, and capacity building was provided for 40 representatives of nongovernmental organizations to improve their understanding of human rights and gender equality.

Following the 2018 gender assessment of the national HIV response which highlighted gender-related barriers to HIV services, the Joint Team provided technical assistance to finalize the assessment report and organize a discussion with 50 participants to craft an action plan for implementing the recommendations from the assessment.

Technical and financial assistance was provided for ALCS to scale up healthcare, including HIV, and legal services for vulnerable and key populations who survived violence during the COVID-19 pandemic. ALCS reached 268 people living with HIV and persons from key population groups who experienced various forms of violence in different regions of Morocco, through its remote support system.

### **INVESTMENT AND EFFICIENCY**

Intense advocacy and technical support by the Joint Team led to the Mayor of Fez signing the Paris Declaration. The declaration commits mayors to put in place strategies and strengthen the capacity of local nongovernmental and civil society organizations to Fast-Track the HIV response in cities and end the AIDS epidemic as a public health threat by 2030.



The Joint Team provided technical support to the Country Coordinating Mechanism (CCM) and ensured active participation of civil society and networks of people living with HIV and key populations for the development of the Global Fund Concept Note for the 2021-2023 grant period. As a result, €16 million was mobilized for the HIV, tuberculosis, and malaria responses in Morocco. An additional €9 million was also secured from the Global Fund COVID-19 Response Mechanism to support the national COVID-19 response.

ALCS was supported to develop the 2022-2024 Middle East and North Africa (MENA) regional grant proposal, which secured over €14 million to support capacity building of nongovernmental organizations working in the HIV response in the region. The organization also received technical and financial assistance to organize a national dialogue on the proposal ensuring active participation of 80 representatives of government institutions, civil society organizations, key population groups, and development partners in the HIV response.

As a result of technical support provided by the Joint Team, 50 participants from the Ministry of Health, Ministry of Finances, nongovernmental organizations and other partners held a consultation on the implementation of social contracts and increased funding for civil society organizations; and 20 representatives of civil society organizations and key population groups were trained on social contracting.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued to make key contributions to reinforce Morocco's effort towards realization of the SDGs during the 2020-2021 reporting period. Technical support was provided to scale up combination HIV prevention, testing and treatment services, and awareness-raising activities for vulnerable and key populations, including migrants, gay men and other men who have sex with men, and female sex workers. Efforts were also made to strengthen the capacity of the national health system and civil society organizations, encourage the integration of services, and support resource mobilization for the HIV response, directly contributing to SDG 3 (Good Health and Wellbeing).

The Government and civil society organizations were assisted to improve the quality and integration of CSE in school curriculum, including the delivery of culture- and age-appropriate education to empower adolescents and young people and address harmful practices and social and gender norms in the country, in line with SDGs 4 (Quality education) and 5 (Gender Equality).

Under SDG 5, the Joint Team also supported the development of an action plan for the implementation of recommendations from the national gender assessment of the HIV response. The plan aims to address gender inequality and sexual and gender-based violence (SGBV) and improve service delivery among adolescent girls and women.

Technical and financial assistance was directed to promoting human rights, strengthen referral mechanisms and address stigma and discrimination, and inequalities in the access to health services for people living with HIV and key populations. The Joint Team also supported integration of psychosocial and nutrition services to improve the health outcomes of people living with HIV and people who survived SGBV, in line with SDGs 10 (Reduced Inequalities) and 16 (Strong institutions).

Several HIV and social protection programmes were also designed and implemented in partnership with government institutions, civil society organizations, and communities, in line with SDG 17 (Partnerships for the Goals) and directly contributing to the "leaving no one behind" principle.

## CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic strained the healthcare system in Morocco and the pandemic-related measures presented several challenges in the continuity of HIV services and implementation of programmes. The Government shifted human and financial resources to the pandemic response. Several key programmatic activities were delayed, including the IBBS among migrants and internally displaced persons, the Stigma Index 2.0, and the implementation of the plan for AIDS-free cities. The disruption in the global supply chain and the long national procurement processes resulted in repeated stockouts of HIV rapid test kits and reagents during the pandemic. Despite the implementation of mitigating actions supported by the Joint Team, the country was not able to achieve the prevention and testing target set for 2020-2021.

Community-led HIV response in Morocco remains highly dependent on external resources, particularly the Global Fund. Experiences underscore the need to increase domestic resources and establish social contracts for civil society organizations to sustain and scale up effective community-led HIV programmes. There is also a need to strengthen the capacity of civil society organization for the implementation of social contracts, monitoring and evaluation, and the development of quality narrative reports showcasing their programmes' results.

Conservatism in the Moroccan society continues to challenge integration and delivery of CSE in educational programmes. Lessons learned showed the need to adapt didactic tools to ensure culture appropriation and avoid teachers refusing to deliver CSE in schools.

Lack of crisis management plans and weak information system remain a predicament to evidence-led implementation and monitoring of integrated HIV services among refugees.

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