

MOROCCO

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, knowledge of HIV status among people living with HIV increased to at least 90%, >80% of people living with HIV are on treatment and >90% among them are virally suppressed. Elimination of mother-to-child transmission is validated by 2021.	ON TRACK	In 2020, 18 000 people living with HIV know their status (81%), 17 000 people living with HIV who knew their status were on ARV treatment by the end of 2020 (93%), and 15 000 of them achieved viral load suppression (92%). The treatment cascade in Morocco is 81-76-70%. 228 pregnant women received ARV under the prevention of mother-to-child transmission (PMTCT) programme by the end of 2020 (54% coverage) (GAM 2021).
By the end of 2021, access of key populations to HIV combination prevention services expanded to at least 70% (compared to 60% in 2018) with targeted and innovative approaches.	ON TRACK	22 388 (49%) men who have sex with men, 40 071 (55%) sex workers, 3939 people who use drugs, 929 (71%) people who inject drugs, 24 744 (82%) migrants and 21 696 (26%) prisoners benefited from combination prevention activities in 2020. 571 people reached with pre-exposure prophylaxis (PrEP) by the end of 2020 (400 men who have sex with men and 171 female sex workers) (Moroccan National AIDS Report 2020).
By the end of 2021, at least 85% of people living with HIV, key populations and vulnerable women enjoy stigma-free access to services.	ON TRACK	As part of the 2018-2021 Strategy on Human Rights and HIV, the steering committee continued to meet during 2020 to follow up strategy implementation. A stigma-index survey is in progress, data will be available by the end of 2021.
By the end of 2021, a new national HIV strategy until 2025 is defined and transition & sustainability preparedness measures implemented.	ON TRACK	The National Strategic Plan has been extended for the period 2021-2023 with targets for an accelerated HIV response. Implementation of the transition plan to domestic funding elaborated in 2019/2020 is experiencing delays due to COVID-19.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

A new self-testing pilot for members of key populations (female sex workers and men who have sex with men especially) was implemented, and the roll out of 3-6 month multi-month dispensing (MMD) has maintained treatment levels in Morocco in 2020; technical assistance for studies on bio-behaviour of key populations, community-based monitoring and targeted testing have contributed towards building a strategic and evidence-based HIV response in country. In addition to advancing HIV prevention and health services for key populations, including people in closed settings, the Joint Team also paid particular attention to working with civil society and government on reducing stigma and discrimination for vulnerable populations, women, and people living with HIV, and ensuring greater access to health services. The addition of Fez as the fourth city in the country to sign the Paris Declaration for AIDS-free cities by 2030 is another step forward in progressing the HIV response in Morocco, through partnership with civil society organizations (CSOs), Minister of Health and the UN Joint Team.

HIV TESTING AND TREATMENT

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; ADVOCACY

In 2020, the Joint Team provided support for the preparation and implementation of exceptional measures for the dispensing of ARVs via 3–6-month MMD, in partnership with CSOs. More than 3000 people living with HIV received their ARV treatment through community mediators or by courier, to maintain adherence to treatment during COVID-19 restrictions. The 3–6-month dispensing has been maintained and expanded since lockdown measures were lifted, particularly for people living with HIV who live far from ART centres.

A new cascade study was conducted in HIV treatment sites. Assistance was provided to develop a community-based monitoring system for the prevention-treatment cascade of key populations, including discrimination components. Support was also provided to conduct a modelling exercise on HIV testing targets for 2021–2025, using the Goals testing tool, and specific targets for the 12 regions of Morocco were also defined. This exercise will guide the new testing strategy during 2021 with diversified approaches to reach key populations and different target populations, including the extension of self-testing and community-based testing.

As part of the pilot experiment conducted with the Fight AIDS Association in three cities (Agadir, Casablanca, and Marrakech), nearly 2600 men who have sex with men and female sex workers, and 111 partners of people living with HIV received and used self-tests.

In 2020, 228 HIV-positive pregnant women received ARVs to prevent transmission to their children; the Joint Team supported the development of the eMTCT roadmap, advocacy process and monitoring of roadmap implementation. As part of the implementation of the national roadmap for eMTCT, the Joint Team joined a newly established national multi-sectoral committee, and advocacy actions on the continuation and expansion of HIV and syphilis testing for pregnant women have been organized with stakeholders, including programme managers, health care providers, and medical and midwifery professional associations.

COMBINATION PREVENTION FOR KEY POPULATIONS

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; POLICY ADVICE

The re-launch of pre-exposure prophylaxis (PrEP) in the Fight AIDS Association community health clinics continued to move the prevention programme forwards, reaching 571 people (400 men who have sex with men and 171 female sex workers) with PrEP services by the end of 2020.

A bio-behavioural study (IBBSS) rolled out among over 800 men who have sex with men provided updated data on HIV/STI prevalence, risk behaviours, prevention, discrimination, and the impact of COVID-19 in three cities (Agadir, Fez and Marrakech). The Joint Team is also continuously providing support to develop IT solutions using the DHIS2 to strengthen HIV data generation and

monitoring among key populations in the country. In 2020, data from the Unique Identification Code (UIC) for combination prevention programmes for key populations were integrated into the DHIS2 platform and nearly 50 CSO community workers were trained in its use.

Technical assistance was provided to the Directorate General of Penitentiary Administration and Reintegration to develop a new medical file to improve care and medical monitoring of prisoners, and to define a minimum package of care services to be provided by prison health units, including HIV. A teleconsultation platform (including the procurement of electronic tablets to digitize the prison health information system) was set up in 24 prisons to ensure medical monitoring of prisoners, including people living with HIV, with implementation training for medical staff (24 doctors and 48 nurses). By the end of 2021, the programme is projected to reach 40 000 detainees in 77 prisons; a total of 21 696 detainees, including 1450 women, already benefited from the services in 2020.

As part of the national strategy on immigration and asylum, the Joint Team supported two local NGOs to organise health awareness sessions on sexual and reproductive health (SRH), including HIV prevention and testing and PMTCT, in home settings, NGO accommodation centres and health centres, as well as by phone or WhatsApp. Additionally, a repository and an e-learning course were developed for the care of migrant children (including HIV care), directed at health professionals and NGOs working with migrants; 24 744 migrants and refugees benefited from these programmes in nine cities in 2020.

HIV PREVENTION AMONG YOUNG PEOPLE

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; CAPACITY BUILDING

The roadmap for the integration of comprehensive sexuality education (CSE) into the curriculum was developed in a workshop of 32 people from the Ministry of National Education and other relevant stakeholders. Webinars were held to define training needs, and the production and dissemination of videos on comprehensive sexuality education was initiated. Thirteen youth leaders and seven associations were mobilized to launch the SRH/CSE coalition. Trainings of 12 young peer educators and 24 health professionals were organized to contribute to the promotion of adolescent and young people's health, including access to SRH and HIV services.

GENDER INEQUALITY, STIGMA AND DISCRIMINATION

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

With technical support from the Joint Team, a gender assessment of the human rights approach in vulnerable women's care (including women who are at risk of or living with HIV) was finalised and disseminated to national partners in the response to HIV/AIDS, in particular NGOs and national institutions working in the field of human rights, and an advocacy note developed. The recommendations on strengthening institutional capacities were integrated into the National Strategic Plan and the action plan of the new Global Fund grant 2021-2023.

Strong Joint Team advocacy led to the roll out of the 16-Days of Activism campaign, an international awareness raising event aimed at eliminating gender-based violence (GBV) against women. The theme 'aggravated and accentuated vulnerability in times of crisis' focused on hearing testimony from women living with HIV about the particular constraints they faced in a time of health crisis.

As part of the strategy on human rights and HIV, the Human Rights and HIV Steering Committee held consultations on referral mechanisms for discrimination against people living with HIV and key populations, and a guidance note was developed and disseminated to national partners in the response to HIV/AIDS, in particular NGOs and national institutions working in the field of human rights with technical assistance from the Joint Team. As a result of these steering committee meetings, and with inputs from the National Human Rights Council (CNDH), the National AIDS Programme and CSOs, the Joint Team provided technical support to develop community-based monitoring tools to report cases of discrimination and direct complaints received to national referral mechanisms.

TOWARDS A STRATEGIC AND SUSTAINABLE HIV RESPONSE

TECHNICAL SUPPORT; POLICY DIALOGUE; ADVOCACY; RESOURCE MOBILIZATION

In 2020, the mayor of the city of Fez signed the Paris Declaration 'AIDS-Free Cities 2030' and agreed to a partnership charter with local CSOs, making Fez the fourth city in Morocco to sign the Declaration.

The Fight AIDS Association organized the national HIV communication campaign 'Sidaction/Maroc' under the high patronage of King Mohammed VI. It raised US\$1 million for the HIV response from individual donors, the private sector and national foundations. Besides, nearly 80 partners from government sectors, civil society organizations, key populations and UN agencies participated and contributed to the national dialogue for 2021-2023 Global Fund HIV/TB grant, which was finalised, agreed upon and accepted by the Technical Review Panel. The new grant will support the implementation of the National Strategic Plan, which was extended for the period 2021-2023 with targets for an accelerated HIV response.

CONTRIBUTION TO THE COVID-19 RESPONSE

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; ADVOCACY; CAPACITY BUILDING

During the COVID-19 crisis in 2020 and in partnership with NGOs, economic support and personal protective equipment (PPE) were provided to over 1000 people living with HIV and key or vulnerable populations, as well as to community stakeholders.

Over 350 people living with HIV participated in a situation needs-assessment on access for people living with HIV to healthcare services was carried out online, in order to guide implementation of measures. Additionally, a COVID-19 impact evaluation was conducted on the access to contraception at AMPF (Moroccan Association on Family Planning) service delivery points, incorporating findings on sex workers and female migrants. Following these evaluations, plans for making ART MMD available, along with other HIV services was developed and implemented.

In collaboration with a community-based organisation, PPE was procured for people who use drugs, with accompanying technical advice on its proper use, in close coordination with healthcare professionals and service providers, including outreach workers in five harm reduction centres. Awareness-raising activities and distribution of PPE and information leaflets in three languages (English, French, Arabic) were also supported for the benefit of migrant populations through CSOs.

As part of the support provided to the Directorate General of Penitentiary Administration and Reintegration, a COVID-19 control and prevention plan in prisons was incorporated into the digital health monitoring system, covering early reporting, and monitoring treatment progress for COVID-19 cases, as well as other conditions such as prisoners living with STI/HIV/AIDS, TB, mental health difficulties and addiction.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team is positioning HIV-related issues (key populations, civil society participation, etc.) and the new UNAIDS Strategy in preparation for the development of the new United Nations Sustainable Development Cooperation Framework (UNSDCF). In 2020, the Joint Team contributed to the preparation of the Common Country Assessment (CCA) development, participating in various thematic workshops with national and international partners. Results of the ongoing United Nations Development and Assistance Framework (UNDAF) were presented to the CCA under the umbrella of the 'leaving no one behind' principles. The Joint Team is also regularly using the UN INFO tool for planning and reporting processes, towards an integrated UN action in Morocco.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Due to the COVID-19 pandemic and the related lockdown and travel reduction measures, prevention and testing activities among key populations decreased during this period and coverage will not enable to meet the targets set for 2020 despite the catch-up plan that was implemented.</p>	<p>Support the review and expansion of the PrEP programme for men who have sex with men and female sex workers as part of the combination prevention programmes provided by CSOs.</p> <p>Support the development of a new testing strategy to ensure a differentiated access to healthcare services with the expansion of self-testing and community-based testing for key populations.</p> <p>Strengthen HIV interventions in prisons, by integrating HIV services into the minimum health package with capacity building.</p> <p>Integrate CSE for adolescents and young people and mobilise youth networks for SRH rights.</p>
<p>The stigmatization of key populations and people living with HIV remains a great challenge for access to services for these populations.</p>	<p>Implement the recommendations of the gender evaluation with the stakeholders' capacity-building.</p> <p>Support the implementation of the national strategy on human rights and HIV: set up referral and community-based monitoring mechanisms for human rights violations.</p>
<p>Current dependence on external resources (Global Fund) of programmes for key populations requires the identification of potential sources of funding and the establishment of social contracts with CSOs.</p>	<p>Support the scaling up and monitoring of community-based programmes for key populations implemented with the Global Fund.</p> <p>Support the implementation of the transition readiness action plan and the development of guidelines for social contracts.</p>

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