

Morocco Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source: Les questionnaires ont été envoyés aux partenaires de la riposte nationale. Les données ont été collecté et synthétiser et présenter lors de l'atelier national de validation du rapport national sida 2014 qui a été tenu le 24 Mars 2014. Le contenu des questionnaires a été discuté et revu dans le cadre de travaux de groupe et les versions finales des questionnaires A et B ont été présentées et finalisées en plénière lors de l'atelier de validation.

From date: 01/01/2013

To date: 12/31/2013

Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Les questionnaires ont été envoyés aux partenaires avant la tenue de l'atelier de validation du rapport national sida 2014. Lors de l'atelier auquel ont pris part les partenaires représentant, la société civile, les départements ministériels, le Système des Nations Unies et d'autres organismes impliqués dans la riposte au VIH/sida, des travaux de groupe ont été organisés pour finaliser les questionnaires A et B et les versions finales discutés en plénière.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Consensus entre les participants

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministère de la Santé- Direction de la Population	ACHARAI Laila, Chef Service Santé de la Mère	A1,A2,A3,A4,A5,A6
CHU Rabat- Salé	BENCHEKROUN Soumia ,	A1,A2,A3,A4,A5,A6
Ministère de la Santé DELM/PNLS	BENNANI Aziza , Chef de Service MST-sida	A1,A2,A3,A4,A5,A6
Service de Santé des Forces Armées Royales	BOUI Mohammed, Médecin- Chargé de la prise en charge VIH	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM/INH	EL HARTI EL Mir, Biologiste	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM/PNLS	EL KETTANI Amina , Medecin	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM	EL OMARI Boutaina , UGFM	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DPRF	FARJJI Khadija, Chef Service Economie Sanitaire	A1,A2,A3,A4,A5,A6
Ministère de la Santé,DELM/PNLS	GHANAM Meriem, Statisticienne	A1,A2,A3,A4,A5,A6
Ministère de la Santé,DELM/PNLS	GHARGUI Latifa, Ingénieur	A1,A2,A3,A4,A5,A6
Ministère de la Santé, CNTS	HAIJOUT Khadija, Medecin	A1,A2,A3,A4,A5,A6
Ministère de la Santé, CNTS	HAKAM Meryem, Medecin	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DRS, GC	IDRISSI AZAMI Amina , Médecin Chef de Service,de Santé Publique	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DRS, MTH	KHACHCHA Mohammed, Medecin, Service,de Santé Publique	A1,A2,A3,A4,A5,A6
CHU IBN ROCHD Casablanca	LAMDINI Hassan, Medecin, Chargé de l'informatisation du dossier médical, des PVVIH	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DRS, ORIENTAL	NASSIRI khadija, Médecin-Service de Santé Publique	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DRS, RSZZ	OTMANI AMOUI Ilham, Médecin- Service de Santé Publique	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM, SMR	PIRO Yassir, Medecin	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM, SMMD	RACHIDI Soumaya , Chargée du Programme de lutte contre les addictions	A1,A2,A3,A4,A5,A6
Délégation Générale de L'Administration Pénitentiaire et de Réinsertion	REGRAGUI Mouna , Medecin	A1,A2,A3,A4,A5,A6
Rabita Mohammedia des Oulemas (Institution Religieuse)	SOUIDI Yassine, Chargé du Programme Jeunes	A1,A2,A3,A4,A5,A6
Ministère de la Santé, DELM/SSE	TRIKI Soumia, Medecin	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
AMSED	AKERBIB Rachida, Chargée de Programme	B1,B2,B3,B4,B5
AHSUD	BENDRISS Monssef, Directeur	B1,B2,B3,B4,B5
LMLMST	EL HACHIMI Hayate, Medecin	B1,B2,B3,B4,B5
AMPF	JBILOU Amina, Chargée de Programme	B1,B2,B3,B4,B5
ALIS	HASSINE Lhoucine , Médecin	B1,B2,B3,B4,B5
CRM	KHADIRI Abdelmalek , Medecin	B1,B2,B3,B4,B5
OPALS	LARAKI Loubaba, Directrice	B1,B2,B3,B4,B5
ASCS	MGHAIMIMI Ghizlane , Directrice	B1,B2,B3,B4,B5
ALCS-Rabat	EL RHOUFRANI Fatiha, Médecin- Présidente	B1,B2,B3,B4,B5
RDR Maroc	SERGHINI Fatima Zohra, Médecin, Chargé de Programme	B1,B2,B3,B4,B5
ONUSIDA	ALAMI Kamal, Administrateur national de programme ONUSIDA	B1,B2,B3,B4,B5
UNFPA	BENKIRANE Manal, Médecin- Chargée de programme	B1,B2,B3,B4,B5
ONUSIDA	EL RHILANI Houssine, Conseiller en Information Stratégique	B1,B2,B3,B4,B5
ONUSIDA	JEBARI Hajar , Stagiaire	B1,B2,B3,B4,B5
UNICEF	MANHES Jean Benoit, Représentant Adjoint	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2012-2106

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: - Les principaux développements intervenus sont : • Extension de la couverture des populations clés ; • Elaboration de nouveaux plans stratégiques régionaux (PSN 2012-2016) ; • Elargissement de dépistage dans les ESSB ; Maternités Hospitalières ; CDTMR et CIDAG fixe et mobile ; • Extension des unités de prise en charge des femmes et des enfants victime de violence ; • Renforcement du programme national d'élimination de la transmission mère enfant (eTME) à travers l'extension à d'autres d'ESSB et Maternités hospitalières ; • Renforcement du programme d'appui psychosocial ; • Mise en place de la prévention combinée pour HSH, PS et UDI ; • Elaboration d'une stratégie nationale sur l'intégration de l'approche des droits humains ; • Mise en œuvre du plan sectoriel du ministère de l'emploi ; • Élaboration d'une stratégie Santé des Migrants et Intégration des migrants dans la Prise en charge.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministère de la Santé

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Administration penitentiaries (DGAPR), Affaires Islamiques, Communication, Agriculture, Enseignement supérieur, Intérieur.

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Les personnes atteintes d'Infections sexuellement transmissibles, Autres populations clés ou vulnérables [personnes victimes de violence sexuelle ; population passerelle (marins, routiers, ouvrières et ouvriers , professionnels de santé(AES)].

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?:

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: - Le Plan stratégique national de lutte contre le SIDA 2012/2016, 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 concernées : • les interventions de prévention proximité auprès des populations vulnérables menées par les ONG, • la prise en charge médicale des personnes vivant avec le VIH (PVVIH) • 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.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 4

4. Does the country have a plan to strengthen health systems?: No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: - A travers : • Développement des capacités du personnel de santé • Équipements des structures de santé y compris les laboratoires • Amélioration de la disponibilité des médicaments et fongibles (+ préservatifs) • Révision du système d'informations • Développement et diffusion de supports de communication

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 9

Since 2011, what have been key achievements in this area: - Les principales réalisations sont : • Plan national sur les eTME • Plan national de Réduction des risques pour les UDI et traitement de substitution à la méthadone • Plan national d'Extension de dépistage • Plan stratégiques régionaux ; • Renforcement de la décentralisation de la prise en charge • Plan national d'accompagnement psychosocial • Plan national de suivi évaluation : Etude Bio comportementale et la mise en œuvre d'un outil de dispensation électronique des médicaments (ARV et IO).

What challenges remain in this area:: • Insuffisance des ressources humaines pour la prise en charge (médecins, infirmiers) • Mise en œuvre, gestion et suivi des plans régionaux

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - On cite comme exemple : • Sidaction de l'ALCS était placé sous le patronage de Sa Majesté le Roi Mohammed VI ; • Les campagnes de dépistage ont été lancées par le Ministre de la Santé qui a donné l'exemple en subissant le test dépistage avec une large médiatisation • La stratégie sur la santé des migrants a été lancée conjointement par le ministre de la santé et le délégué interministériel des droits de l'homme ; • La stratégie des droits de l'Homme et VIH a été lancée par le président du CNDH ; • Lancement du PSN par plusieurs ministres.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Sekkat Abdelhak

Have a defined membership?: Yes

IF YES, how many members?: 25

Include civil society representatives?: Yes

IF YES, how many?: 8

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: - C'est la réalisation du Comité de coordination du Maroc et des Comités régionaux intersectoriels.

What challenges remain in this area:: • La représentativité encore insuffisante de certains partenaires au sein de l'instance de coordination ; • Faiblesses des liens avec les instances régionales de coordination.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 40

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Mise à disposition de locaux et produit, Détachement de personnel (médecins et infirmiers)

: Yes

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area:: - Les principales réalisations sont : • Le lancement des campagnes de dépistage en 2012 et 2013; • L'élaboration d'une stratégie nationale sur la santé des migrants ; • L'élaboration d'une stratégie sur les droits de l'Homme et VIH/sida ; • Lancement du Plan Stratégique National de 2012-2016 et des Plans Stratégiques Régionaux ; • Construction de quatre centres de réduction de risque des UDI par la Fondation Royale Mohamed V de solidarité.

What challenges remain in this area:: • Les disparités interrégionales et entre groupes de populations en matière d'accès aux services de prévention, dépistage et traitement devraient être réduites • Sur le plan du financement, la couverture des populations défavorisées par les systèmes d'assurance maladie demeure insuffisante.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: - Le droit à la santé est reconnu par la Constitution de juillet 2011 (art 31).

Briefly explain what mechanisms are in place to ensure these laws are implemented:: • Les institutions des droits humains : Conseil national des droits de l'homme (CNDH) ; • CRDH ; • Délégation interministérielle des droits de l'Homme.

Briefly comment on the degree to which they are currently implemented: - Les lois sont actuellement appliquées mais avec une lenteur et parfois des dépassements qui mettent en cause leur application.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: • 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 ». • Loi n° 04-18 du 25 Décembre 2004 sur l'usage des stupéfiants

Briefly comment on how they pose barriers::

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]: Fidélité, Abstinence

: Yes

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 to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: 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 and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: • Formation des éducateurs pairs parmi les jeunes des différentes institutions gouvernementales et de la société civile ; • Production et diffusion de différents supports d'information et de communication lors des campagnes nationales et à l'occasion d'événements nationaux comme la journée mondiale, le Sidaction.... ; • Intégration de la communication sur la prévention du sida dans les programmes de développement locaux

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: Migrants Ouvrières PVVIH Routiers

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: - Les principales réalisations sont : • Extension de la couverture par les programmes de prévention de proximité auprès des professionnels (le)s du sexe à plusieurs villes du pays ; • Mise en œuvre de la prévention combinée auprès des HSH et PS ; • Extension des programmes notamment pour les consommateurs de drogues injectables, les migrants en situation irrégulière, les routiers ; • Mise en œuvre du plan national d'pTME ; • Mise en œuvre des campagnes nationales de dépistage.

What challenges remain in this area:: • Mise à l'échelle des activités de prévention et de dépistage pour palier à la faible couverture au niveau national et insuffisance de l'accès géographique ; • Nécessité d'étendre la réalisation du dépistage au personnel non médical.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: - Ces besoins ont été déterminés par des estimations réalisées chaque année par le PNLS

IF YES, what are these specific needs? : - La mise en place d'un paquet complet de prévention combinée au profit des populations clés dans les sites de fréquentation.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:- Les éléments essentiels sont : • ARV, IO • APPUI PSYCHOSOCIAL • eTME

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Décentralisation de la prise en charge • Formation du personnel • Informatisation du dossier du malade • Gestion informatisé des médicaments • Disponibilité des médicaments

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: - APPUI PSYCHOSOCIAL

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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

IF YES, for which commodities?: • Préservatifs ; • ARV, • produits de substitution.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: • Introduction des médicaments ARV de deuxième et troisième ligne ; • Le seuil d'éligibilité au ARV est passé de CD4<350 à CD4<500 ; • Extension du programme TSO ; • Prophylaxie par l'isoniazide ; • Elargissement du programme d'appui psychosocial ; • Augmentation de la couverture des personnes ayant besoin d'ARV à 49% (CD4<500) ; • Renforcement de la décentralisation de la prise en charge des PVVIH ; • Informatisation de la gestion du dossier du PPVIH suivi par les centres de prise en charge.

What challenges remain in this area:: • La décentralisation de la prise en charge • Coût potentiel des ARV pour les PVVIH qui devront passer en traitement de deuxième et troisième lignes.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 6

Since 2011, what have been key achievements in this area:: - Le plan stratégique national de 2012/2016 a inclus les interventions visant les enfants infectés et affectés ainsi que les enfants vulnérables.

What challenges remain in this area::

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: - Dans le cadre du PSN 2012-2016 un plan de Suivi et Évaluation de la riposte nationale au VIH/sida est mis en place : • Mettre à disposition des acteurs au niveau national et au niveau des régions des données pour analyser la situation Epidémiologique ; • Suivre les programmes de prévention et de prise en charge et évaluer les résultats des activités menées sur le terrain.

1.1. IF YES, years covered: 2012-2016

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

Briefly describe what the issues are:: • Difficulté à aligner la totalité des partenaires aux normes et standard en matière de S&E ; • Difficulté de collecter régulièrement les données ; • Difficulté à mettre en place une base de données intégrée et centralisée.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 10

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Charge de travail importante, Difficulté de collecter régulièrement les données des programmes Retard dans l'envoi des données par les services locaux

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Ingénieur informaticienne	Temps plein	2011
Statisticienne	Temps plein	2011

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: - Les données des programmes sont collectées régulièrement et centralisées au niveau du PNLS et utilisées pour le suivi des programmes. - Ces données sont régulièrement publiées dans des rapports de suivi et partagées à l'occasion d'ateliers nationaux ou régionaux, notamment à l'occasion de la préparation du rapport national sur le sida.

What are the major challenges in this area:: • Une grande partie des données échappent au suivi des activités du PSN par le PNLS, notamment celles relatives aux projets financés dans le cadre d'appui autre que celui du Fonds Mondial ou le Système des Nations Unies. • Non standardisation des supports d'information

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: - Les données sont centralisées au niveau du PNLS en utilisant plusieurs outils et bases de données. - Plusieurs bases de données nationales centralisées sont disponible. (Surveillance, Cas VIH/sida, Cas IST, Dépistage, Prise en charge des PVVIH, Prévention auprès des MARPS).

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?: • PS, • HSH, • UDI, • Migrants, • Ouvrières.

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s): National, regional, provincial et local

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female): Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: • Jeunes Femmes, • Professionnels du sexe (féminins et masculins), • HSH, • 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.

Briefly explain how this information is used:: - Suivi, analyse, évaluation, planification et prise de décision et/ou réajustement

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: - A tous les niveaux : National, régional, provincial et local

Briefly explain how this information is used:: - Suivi, analyse, évaluation, planification et prise de décision et/ou réajustement se font à tous les niveaux avec identification des régions prioritaires.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: • Les données de S&E ont été utilisées dans le cadre : de la revue du PSN 2012-2016. Notamment les études (MoT, NASA, RDS HSH, RDS PSF, RDS UDI), de la revue des programmes de prévention, et de la revue des programmes de prise en charge etc ; • L'élaboration de la proposition du Maroc au Fonds Mondial Round 10 ; • Réorientation de l'allocation des ressources financières dans le cadre du PSN 2012-2016 ; • Le renforcement des programmes de préventions auprès des populations clés ; • L'élargissement du programme eTME et dépistage ; • Décentralisation de la prise en charge des PVVIH.

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

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Évaluation du système de S&E national avec la méthodologie des 12 composantes Évaluation du système de surveillance Élaboration d'un agenda nationale de recherche Elaboration du guide national de S&E et d'un plan de S&E du PSN Formation des partenaires en matière des estimations Conduite de plusieurs études bio-comportementales (Migrants, UDI) Élaborations des estimations nationales VIH/sida

Estimations des tailles des MARPS Conduite de l'étude MoT Lancement d'un projet de code unique pour le suivi des programmes de prévention auprès des MARPS

What challenges remain in this area: Manque de ressources humaines Disponibilité d'une base de données nationale intégrée

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples: - Participation active des ONG à l'élaboration de la stratégie nationale de lutte contre le VIH/sida 2012-2016 ainsi qu'à l'élaboration des plans stratégiques régionaux et à la préparation de demande de reconduction de la proposition du 10ème appel du Fonds Mondial pour la période 2014-2016.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts): 4

Comments and examples: - Les représentants des ONG ont été impliqués dans la planification et la budgétisation du Plan stratégique national et des plans régionaux. - Dans sa nouvelle restructuration, le CCM a renforcé la représentation de la société civile et des principales populations clés touchées par le VIH.

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 4

Comments and examples: - Participation à l'élaboration des rapports nationaux, aux revues à mi-parcours de la mise en œuvre de la déclaration politique et à l'évaluation du programme national de lutte contre les IST/sida

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 4

Comments and examples: Les ONG ont contribué à l'évaluation du système national de S&E et l'élaboration du nouveau plan de S&E pour accompagner le PSN 2012-2106. La grande partie des données des programmes sont collectées auprès des ONG nationales surtout celles qui offrent des services aux MARPS. Les ONG nationales ont adopté les indicateurs nationaux et adapté leurs systèmes de S&E pour alimenter le système national de S&E. Les ONG nationales contribuent aux différentes activités de S&E, collecte des données, participation aux études, validation des résultats des études (études bio-comportementales, études CAP, estimations etc.), participation aux différentes réunions d'évaluation des programmes de S&E.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex

workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: - La diversification existe mais elle a besoin d'être renforcée, notamment par la création de réseaux et le développement de la collaboration et coordination entre les ONG thématiques et le reste des ONG qui appuient les actions du Plan stratégique national.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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

Comments and examples: - Il y a une diversité de financements y compris au niveau local : • l'appui de l'Initiative Nationale de Développement Humain, • l'appui de la Fondation Mohammed V pour la solidarité, etc.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: >75%

Palliative care : 25-50%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): 25-50%

Home-based care: >75%

Programmes for OVC: >75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 9

Since 2011, what have been key achievements in this area: - L'implication de la société civile prend de plus en plus de l'ampleur dans le processus national et régional de la riposte au sida.

What challenges remain in this area: - Insuffisance d'intégration de la prévention du VIH dans les programmes de développement au niveau local et nécessité d'une coordination plus efficace entre les intervenants. - Manque d'harmonisation

du système de suivi/évaluation entre les différentes associations.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: - Cette implication est devenue effective, mais elle a besoin d'être renforcée à l'avenir.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: - La constitution de 2011 interdit toute forme de discrimination entre citoyens qui soit liée au genre, à la religion ou au statut social.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: - La mission du Conseil National des Droits Humains lui confère le pouvoir de contrôler l'application de toutes les lois relatives aux droits humains. -

D'autres instances interviennent également dans ce domaine, notamment les ONG de droits humains (AMDH, OMDH) et l'Institution du médiateur (ombudsman).

Briefly comment on the degree to which they are currently implemented: - L'application de ces lois peut connaître des difficultés en rapport avec : • la lenteur bureaucratique, • la faible décentralisation des services, • le déficit de communication et d'information du public sur l'existence de ces instances de recours.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Mineurs

: Yes

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers: - La pénalisation des populations clés (PS, UDI, HSH) constitue un obstacle majeur à la prévention du VIH, au traitement, aux soins et au soutien de ces populations clés. - La loi interdit l'accès aux mineurs (- 18 ans) au dépistage volontaire, à condition d'être accompagné par un tuteur.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: - Réforme récente de l'Article 475 du code pénal en vertu duquel : «quiconque, sans violence, menaces ou fraudes, enlève ou détourne, ou tente d'enlever ou de détourner, un mineur de moins de dix-huit ans, est passible d'un emprisonnement de un à cinq ans et d'une amende de 200 à 500 dirhams». - Un projet de loi relatif à la lutte contre la violence à l'égard des femmes est en cours de finalisation.

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: - Dans son deuxième principe directeur, le PSN 2012-2016 met un accent particulier sur la réduction des inégalités liées aux droits humains et au genre et l'équité dans l'accès aux services VIH. Il accorde aussi une importance à la création d'un environnement favorable pour les interventions de lutte contre la stigmatisation et la discrimination. La mobilisation des acteurs de santé, de la société civile, des institutions de droits humains et des leaders d'opinions constitue le socle de ce principe directeur.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: - Conseil National des Droits Humains - AMDH, - OMDH, - l'Institution du médiateur.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: • Les personnes qui non accès à aucune couverture médicale • Les SDF • Les cas urgents • Les populations clé • Les enfants

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: - La stratégie du PSN 2012-2016 est fondée sur l'atteinte d'une couverture optimale de qualité en matière de prévention, de soins et de soutien pour l'ensemble des PVVIH et des personnes les plus exposées ou vulnérables au VIH/sida.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: - Communication, éducateurs pairs, interventions de proximité, appui psychosocial, accès aux services de traitement et de soins, médiation sociale, campagnes de dépistage...

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

a. 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: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

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

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: Programmes pour les religieux

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area: • La constitution de 2011 ; • Le Conseil National des Droits de l’Homme et ses délégations régionales ; • La création d’une délégation des Droits de l’Homme au sein du gouvernement ; • L’élaboration d’une stratégie nationale sur l’intégration de l’approche des droits humains dans les actions de lutte contre le VIH/sida ; • L’élaboration d’une stratégie nationale sur la santé des migrants avec focus sur le VIH/sida.

What challenges remain in this area: • Besoin de renforcer les capacités des intervenants de la société civile en matière des droits humains ; • Difficulté d’accès aux services par les groupes les plus exposés du fait de la crainte d’être stigmatisés ou d’une méconnaissance des services.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 7

Since 2011, what have been key achievements in this area:

What challenges remain in this area: - Le CNDH publie un rapport annuel sur la situation des droits de l’Homme au Maroc qui permet d’évaluer l’action des différents organismes concernés tout en présentant des recommandations permettant la protection et la promotion des droits de l’Homme. Il a réalisé par ailleurs des rapports thématique tel que celui sur les migrants.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: - A partir : • des résultats d’études et d’enquêtes, notamment sur les connaissances et comportements ; • Sur la base des résultats de la surveillance sentinelle ; • Les résultats de la cartographie et des évaluations menées dans les différents domaines de la riposte.

IF YES, what are these specific needs? : • Besoins en information sur les moyens de prévention et sur le circuit de prise en charge. • Besoins en matière d’appui juridiques, économique et social.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: • Elargissement de l’offre de dépistage par l’organisation de campagnes nationales • Mise à l’échelle de la pTME • Extension du programme de RDR pour les UDI • Un meilleur ciblage des populations clé • Meilleur accès au préservatif • Diversification et innovation dans les approches de communication : théâtre, utilisation des nouvelles technologies de l’information et de la communication

What challenges remain in this area?: • Persistance de facteurs sociaux et culturels, des croyances et des tabous comme des obstacles aux activités de prévention ; • Besoin de renforcer les programmes de prévention combinée pour les jeunes en situation de précarité et en général pour les populations clés plus exposées au risque de l’infection VIH ; • Nécessité d’élargir l’offre aux régions enclavées et au milieu rural ; • Faible intégration des programmes de prévention dans les activités des projets de développement locaux.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized?: • Extension des centres référents et décentralisation de la prise en charge ; • Formation des médecins généralistes en appui aux équipes des centres référents ; • Renforcement du programme d’appui psychosocial ; • Décentration du volet biologique (normes de l’OMS) ; • Implication du privé en cours de préparation.

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Redéploiement du personnel médical ; • Simplification des protocoles ; • Mise en place de comités régionaux pour la prise en charge ; • Implication des autres secteurs sociaux ; • Promotion de l’accompagnement par les médiateurs sociaux et thérapeutiques.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Disagree

Other [write in]: Bilans biologiques pour toutes les maladies métaboliques secondaires aux ARV

: Disagree

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: • Extension des centres référents et amélioration de leurs équipements ; • Décentralisation du suivi biologique ; • Meilleur accès aux ARV ; • Début d’élargissement du plan national d’appui psychosocial ; • Amélioration de la prise en charge pédiatrique et de la femme enceinte ; • Extension du traitement de substitution à la méthadone dans les régions du Nord.

What challenges remain in this area:: • Besoin de renforcer l’équité à l’accès aux soins pour toutes les populations clés ; • Nécessité de renforcer les ressources humaines ; • Insuffisance d’accès aux services juridiques, économiques et sociaux ; • Persistance d’obstacles à l’accès aux services du fait de la stigmatisation et discrimination des PS et des HSH en particulier.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::