

# REPORT CARD

## HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



### MOROCCO



#### COUNTRY CONTEXT:

Size of population(2008):	34.343.219 <sup>1</sup>
Ethnic groups: Arab-Berber 99.1%   other 0.7%   Jewish 0.2% <sup>2</sup>	
Religions: Muslim 98.7%   Christian 1.1%   Jewish 0.2% <sup>3</sup>	
Life expectancy at birth(2008):	71,52 years <sup>4</sup>
Population living below the national poverty line (\$2 a day 1990 – 2005):	14.3% <sup>5</sup>
Population living below the national poverty line:	27.1% <sup>6</sup>
Youth literacy female rate as percentage of male rate (ages 15-24):	0.75 <sup>7</sup>
Median age at first marriage for women (ages 15-49):	27 (2004)
Median age at first marriage for men (ages 15-49):	31 (2004)
Median age at first sex among females (ages 15-49):	No available data
Median age at first sex among males (ages 15-49):	No available data
Total health expenditure (Int. \$) per capita per year (200):	89
Nursing and midwifery personnel (number):	24.328
Contraceptive prevalence rate (2004):	63.0 <sup>8</sup>
Fertility rate:	2.4 births per woman <sup>9</sup>
Maternal mortality rate per 100,000 live births (2007):	227 <sup>10</sup>

#### AIDS CONTEXT:

HIV prevalence rate (15 – 49):	0.1% <sup>11</sup>
Women aged 15 and up living with HIV:	5,900 [4,100 – 9,100] <sup>11</sup>
Adult HIV prevalence:	0.1% (end of 2008) <sup>11</sup>
HIV prevalence in vulnerable groups : Female sex workers 2.1%, prisoners 0.8% <sup>12</sup>	
Number of deaths due to AIDS:	697 in 2008 <sup>12a</sup>
Estimated number of orphans due to AIDS (0-17 years):	4283 in December 2008 <sup>12b</sup>



#### HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Women continue to account for the most vulnerable groups; with the HIV prevalence rate among female sex workers being 2.1% and among female prisoners, 1.42%.<sup>13</sup> Stigma and discrimination continue to compound this and hinder access to HIV prevention, treatment and care services. Research and anecdotal evidence suggest that women and girls experience higher levels of stigma than men and boys. However, despite this more females are accessing voluntary counselling and testing than males are, indicating that programmes are becoming more effective at targeting them as a vulnerable group. Women, particularly women living with HIV, are represented in the Global Fund Country Coordinating Mechanism (CCM) through the network of people living with HIV, Association du Jour HIV.

### INTRODUCTION

#### THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN MOROCCO.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Morocco. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Morocco. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Morocco.

The Report Card is the basis of extensive research carried out during 2008 by IPPF, involving both desk research on published data and reports, and in-country research in Morocco to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Morocco' (available on request from IPPF).

However, since 2006 Morocco has been making good progress towards achieving universal access. The development of the latest National Strategic Plan for AIDS, 'Royaume du Maroc Plan Stratégique National de Lutte contre le SIDA 2007-2011', coincided with the UNGASS High Level Session on AIDS in 2006 and the response is now far more comprehensive. For instance, harm reduction programmes for injecting drug users have been instigated and access to antiretroviral drugs (ARVs) is now guaranteed to people living with HIV (PLHIV).<sup>14</sup> Civil society organisations are working together with the government in line with the National Plan. For example, UNICEF are focusing on the prevention of mother-to-child transmission of HIV/AIDS and UNFPA are adopting an approach of raising awareness among youth.<sup>15</sup> And in 2007 the Moroccan government spent \$2.7 million of domestic funds on HIV and AIDS, up from \$2.6 million in 2006.<sup>16</sup> It is important that all stakeholders maintain their commitments and harmonise policies and programmes to ensure that they build upon the recent progress and are able to realise their 2010 universal access targets.



### KEY POINTS:

- Since 2003, the **legal age for marriage** for both men and women is 18.<sup>17</sup>
- Present **legislation forbids medical treatment, including HIV testing, of minors** (under 18 years) without the consent of their parental or guardian.<sup>18</sup>
- **Abortion** is legal only when to save the life of the woman or to preserve physical health.<sup>19</sup>
- **HIV testing is not mandatory** and is confidential and anonymous.<sup>20</sup>
- **Marital rape is not recognized** in Morocco there are no legal provisions for women over 18.<sup>21</sup> However, there is a current reform of the family code which aims to inject the principal of **equality between the sexes in marriage** and the running of the family.<sup>22</sup>
- There is **no specific AIDS law** although there is a general law (not specifically for HIV) regarding **confidentiality and non-disclosure** of information by doctors and healthcare workers.<sup>23</sup>
- **The current national AIDS strategy, 'Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011'**, provides for an ethical committee to investigate the situation around the **rights of people living with HIV(PLHIV)** and the judicial environment of the **Lutte contre le SIDA (LCS)**.<sup>24</sup>
- **Sex work is illegal** and sex workers are therefore not permitted to form unions, groups or networks.<sup>25</sup>
- While there is no legislation regarding the legality of **harm reduction programmes**, a national strategy has been developed<sup>26</sup> and **implemented in the north of the country**.<sup>27</sup>

### QUOTES AND ISSUES:

- "Young girls are faced with **many kinds of exploitation**, including sexual exploitation. This makes their situation vulnerable." (*Interview with national non government Stakeholder*)
- "In Morocco, it is **not really the appropriate time to legalize prostitution**, but there should rather be a **due respect to women's rights** and a **struggle against abusive exploitation of laws**." (Interview with national non government Stakeholder)
- "**Condoms are seen as evidence of illegal activity**, particularly for sex workers in times of police roundups, and are therefore quite risky for them carry. In fact, **young girls and women as well as sex workers avoid having a condom** with them." (*Interview with President, OPALS/Fez*)
- "One should **thank God, if you're not raped**. I have a relationship with a young man. Once I went home with him and was **raped by three of his friends**. I showed the police his house but they did nothing." (Focus group discussion with young women [aged 21 – 35], urban area)
- "**The law on abortion should be abolished**. Unwanted pregnancies are numerous and the law has not avoided them. Furthermore, there are **mortality cases because of clandestine practices**." (*Interview with Director of national family planning association*)
- "In a recent study carried out on sex work, it has been revealed that a **high percentage of sex workers are divorced women who got married at a very early age**. Such failure leads them to marginalization and **compels them to have risky behaviour**." (Interview with national non government Stakeholder)

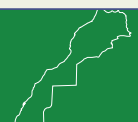


### KEY POINTS:

- The current national AIDS plan, '**Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011**', addresses the **full continuum of HIV/AIDS strategies**.<sup>28</sup>
- In the national plan, young people (men and women), **women in vulnerable situations and children in risky environments are all listed as key populations** with higher risks of infection.<sup>29</sup>
- The need to ensure that **key populations** are identified and reached in each region is stated in terms of HIV prevention but not in sexual and reproductive health (SRH). There is nothing mentioned in the strategy about the **SRH needs of people living with HIV** (PLHIV). The two fields appear to be treated quite separately.<sup>30</sup>
- **Confidentiality is mentioned for voluntary counselling and testing** (VCT), for treatment services and case declaration.<sup>31</sup>
- The national **VCT guidelines** or protocols are produced by the national control programme.<sup>32</sup>
- By the end of 2007, a **prevention of mother to child transmission (PMTCT)** program was due to be in place in 3 regions and in a maternity clinic in the University Central Hospital. By the end of 2009 the results of this program will have fed into a national strategy and the strategy will be put in place in 2010.<sup>33</sup>
- The 2007 – 2011 strategic plan aims to **improve the quality of HIV prevention education** but specific details on the curriculum and how this will be implemented are still lacking.<sup>34</sup>
- The strategic plan includes specific interventions **focussing on vulnerable populations, which include young people**.<sup>35</sup>
- A **national youth strategy** on HIV and SRH has been developed by ministry of youth in collaboration with many partners including UNFPA and UNICEF.
- Key **national data about HIV/AIDS**, such as HIV prevalence, is routinely **disaggregated by age and gender**.<sup>36</sup>

### QUOTES AND ISSUES:

- **"Sex education is generally insufficient in households.** At the level of education systems, some adapted modules about sex health should be set up. A **benchmarking of experiences** could be made to deliver good messages." *(Interview with national non government Stakeholder)*
- **"We should encourage research into our religious texts, as they are very rich, and look for some access points for an adapted sex education which respects the cultural sensitivity."** *(Interview with national non government Stakeholder)*
- **"Many teachers believe that their credibility would be at stake** if they tackle a sex issue." *(Interview with President, OPALS/Fez)*
- **Once we had a female teacher who showed us pictures of the male sexual organs with some disease symptoms, but boys doesn't accepted"** *(Focus group discussion with girls and young women [aged 14 – 21], urban area)*
- **"Awareness campaigns** have been annually launched in secondary and high schools." *(Interview with Director of national family planning association)*
- **"A host of activities** have been carried out in this context at the level of the Ministry of Education either as **school curricula or after-school activities**." *(Interview with national non government Stakeholder)*



### KEY POINTS:

- There is a website and a **confidential telephone hotline** run by 'Sida Info Services' (a Moroccan NGO) from 9am to 9pm Monday to Saturday. The **service caters to young people - positive, negative and untested - and gives them advice** on where to get a test, how to deal with testing, how to get help if you are positive and how to protect yourself.<sup>37</sup> It is reported that most callers are male.<sup>38</sup>
- **Health care services are delivered across the basic health care network of the whole country** (health centres and clinics). In addition to these centres there are 25 Association Marocaine de Planification Familiale (AMPF) centres and four specifically for young people. **Services are significantly more remote in rural areas.**<sup>39</sup>
- According to the **Ministry of Health** there are **30 state sites for VCT** currently available.<sup>40</sup>
- **Condoms are available in Ministry of Health youth centers** in large urban areas and are distributed by health workers, but only when young people ask for them.<sup>41</sup>
- The Ministry of Health are planning **awareness initiatives** for both male and female condoms. **Female condoms** are not easily available on the market and only few NGOs have them at their disposition. The MOH has **developed a marketing strategy to promote the male condoms.**<sup>42</sup>
- Prevention of mother to child transmission (**PMTCT**) is **only functional in treatment settings and is not integrated into all medical settings.** There are current plans to roll-out pilot PMTCT projects, starting with priority locations first in 3 basic health center pilot. UNICEF is focusing on the prevention of mother-to-child transmission of HIV/AIDS in the regions of Rabat, Agadir, Marrakesh, and Casablanca.<sup>43</sup>
- **Two pilot harm reduction centres have been set up** – in Tangier and Tetouan (North Morocco). Other centres are planned in the course of next year and the importance of such **issues is gaining increasing coverage.**<sup>44</sup>
- Several associations run youth awareness campaign. For example, during the summer of 2005, 2006, 2007, 2008, the Association AMPF organized, the **youth awareness summer caravan**, for young beneficiaries of the 'Holiday for All' national program. More than **6000 young people were given information in summer camps** and 300 camp association leaders attended detailed information sessions.<sup>45</sup>
- There are **8 service points at which antiretroviral drugs (ARVs) can be accessed.** Two at the level of the University Hospitals (Centres of Excellence) and 6 in the regional hospitals. There are **plans to add two further centres of excellence** (at Fes and at Marrakech) and four other referral centres to ensure a wider coverage for people living with HIV (PLHIV).<sup>46</sup>

### QUOTES AND ISSUES:

- *"HIV testing should be generalized [to the wider population] and **further decentralized.** We should adopt a policy that targets vulnerable groups to achieve effective action."* (Interview with Coordinator of UG/FM)
- *"In the health centre, **you don't receive any kind of service unless you bribe your way.**"* (Focus group discussion with young women [aged 21 – 35], urban area)
- *"**He is going to say that I'm sick, if I ask him about a condom.**"* (Focus group discussion with young women [aged 21 – 38], urban area)
- *"We, **single mothers, can't benefit from services,** we're considered a source of problem."* (Focus group discussion with young women [aged 21 – 38], urban area)
- *"It's only when started coming to the center that we've had some information, otherwise **we knew nothing before**"* (Focus group discussion about information services with young women [aged 14 – 21], urban area)
- *"We shouldn't be lying to ourselves, **youngsters don't use them**", referring to condoms* (Focus group discussion with young women [aged 14 – 21], urban area)
- *"It's rare when I meet a guy who knows **some information** (about sexual health)"* (Focus group discussion with young women [aged 14 – 21], urban area)



### KEY POINTS:

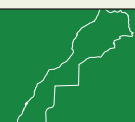
- **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
- **Insufficiency of prevention information** geared towards young people and women in general.
- **Distance** to services and **costs** of transport, particularly in rural areas.
- Traditional norms of **gender inequality** such as women's lack of decision-making power in the household.
- **Breaches of confidentiality** by health care workers.

Many of these **barriers particularly affect girls and young women living in rural areas.**<sup>47</sup>

- AMPF operates **29 clinics that do not discriminate against young people and adolescents.** Four of these are **specifically labelled as youth-friendly services**, although all 29 clinics do not discriminate and access is free to all under 25.<sup>48</sup> However, in 2005, it was reported that **15% of all girls and young women (aged 15-19) have an unmet need for family planning.**<sup>49</sup>
- Issues relating to HIV/AIDS **stigma and discrimination are included in the training curriculum of key health care workers** at health clinics,<sup>50</sup> although at times **in practice discriminatory attitudes still persist.**<sup>51</sup>
- **More women are accessing voluntary counselling and testing (VCT) than men.** In 2007, 19,387 women tested compared to 11,139 men.<sup>52</sup>
- **The government ran its first HIV campaign in 2004** with support from the Global Fund. It openly **promoted the use of condoms for the first time** and the King visited people living with HIV in hospital. The campaigns are **targeted more towards the general population than to specific target groups** such as young women and girls.<sup>53</sup>
- A campaign by UNICEF, UNFPA, UNESCO and in-country partners called '**Unite For Children Against AIDS**' **targeted young people** and children, giving them the **opportunity to become part of a peer education network.**<sup>54</sup> UNICEF is also **adopting an approach of raising awareness among youth** within Rabat and other regions.

### QUOTES AND ISSUES:

- **"Access to tests is not likely because of the lack of information** about centers providing such services. The **high cost does not allow an easy access for sex workers and illiterate women** living in or coming from rural areas." But for some thematic NGOs, the test service is gratis. *(Interview with Coordinator of UG/FM)*
- **"Respect for a person's rights, non-judgment of others, and limits between personal beliefs and professional duties, all have to be the pillars upon which communication and wide-ranging awareness programs have to be built."** *(Interview with national non government Stakeholder)*
- **"At the level of health centers** (the Ministry of Health), **there are obstacles related to the absence of discretion and confidentiality,** lack of personal and good reception." *(Interview with President, OPALS/Fez)*
- **"Once I was in the health centre and the doctor checked me and then gave me a prescription for an STD medicine. When I went to see the nurse, once again, she insulted me and said 'you sex workers are dirty'."** *(Focus group discussion with young women [aged 21 – 35], urban area)*
- **"I had to take several buses and this needs money that I don't have."** *(Focus group discussion with women [aged 25 – 45], urban area)*
- **"here should some endeavour to rally women associations to engage in this issue, as well as involve them in regional intersectoral committees to fight against AIDS."** *(Interview with Country Representative, UN Agency)*



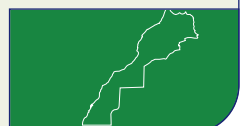


### KEY POINTS:

- The Government of the Kingdom of Morocco ratified the **Convention on the Rights of the Child (CRC) treaty** on the 21st of June 1993.<sup>55</sup>
- Government of the Kingdom of Morocco acceded to the **Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) treaty** on the 21st of June 1993 with reservations in a number of areas including **prioritising Sharia law over the convention in terms of the family law** and also in terms of passing of nationality from mother to child.<sup>56</sup>
- The Government of the Kingdom of Morocco has not signed the treaty on the **Convention on Consent of Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)**.<sup>57</sup>
- **As part of the development of the national AIDS plan**, 'Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011', **a three day consensus building workshop was held in Rabat with a wide range of invited participants**, including different government ministries, NGOs working on HIV/AIDS related work, UN theme group members and potential donors.<sup>58</sup>
- Two different networks of organisations working on HIV/AIDS in Morocco have been established – the **Network of Moroccan Organisations fighting AIDS (ROMS) and Network of Action against AIDS (RAC)**, but there is **no network exclusively for girls and women living with HIV**.<sup>59</sup>
- At conferences it is common for **young women and girls living with HIV to be given the opportunity to speak about their experiences**, Oslo provided by the mainstream media.<sup>60</sup>
- **Women and girls are represented** on the Global Fund **CCM** by a variety of civil society organisations.<sup>61</sup>

### QUOTES AND ISSUES:

- "With regard to CCM, there is up to now, only the association of people living with HIV, which is currently chaired by a woman. There are also **some discussions, in the frame of the CCM reconstruction process, in order to rally women associations.**" (Interview with Coordinator of UG/FM)
- **Abiding by the international laws and standards is a new culture in Morocco.** NGOs are quite active at this level but the impact is yet not felt." (Interview with national non government Stakeholder)
- "From our experience, young girls and women are involved from the start but **soon after activities commence, there is no actual contribution.**" (Interview with President, OPALS/Fez)
- **"Even though we give proposals, the association is the one who decides."** (Focus group discussion with girls and young women [aged 14 – 21], urban area)
- **"Involve girls and women in activities** and events such as setting regional strategic plans. **At the level of decision making, however, long term work is called for.**" (Interview with President of the Moroccan Association of Youth against AIDS)
- **"Helping girls like themselves to avoid what they have been through is the main motive behind the involvement of peer educators."** (Focus group discussion with young women [aged 21 – 35], urban area)
- "Since I've known people like myself, I **got back my self-confidence and I'd like to help others too.**" (Focus group discussion with women [aged 25 – 45], urban area)
- "Locally, there is an involvement of certain groups, some associations carry out a preparative diagnosis with some women and others set up committees where women are involved. But **regarding the mechanisms of regional and national coordination, contribution of women and women associations is weak.**" (Interview with national non government Stakeholder)





# REFERENCES

- <sup>1</sup> UNDP, Morocco Human Development Report, 2007/8 (Website – Date accessed 13/02/2008)
- <sup>2</sup> CIA World Factbook Morocco (Website – date accessed 28/10/2008)
- <sup>3</sup> CIA World Factbook Morocco (Website – date accessed 28/10/2008)
- <sup>4</sup> Epidemiological Fact Sheet on HIV and AIDS, Morocco 2008 Update [taken from World Health Statistics 2008, WHO] (Website – Date accessed 04/11/2008)
- <sup>5</sup> UNDP, Human Development Report Data, 2007/8 (Website – Date accessed 13/2/2008)
- <sup>6</sup> UNDP, Human Development Report Data, 2007/8 (Website – Date accessed 13/2/2008)
- <sup>7</sup> UNDP, Human Development Report Data, 2007/8 (Website – Date accessed 26/2/2008)
- <sup>8</sup> UNAIDS, 2007, Morocco, Country Situation Analysis (Website – Date accessed 26/2/2008)
- <sup>9</sup> Epidemiological Fact Sheet on HIV and AIDS, Morocco 2008 Update [taken from WHO Statistical Information System (WHOSIS) ] (Website – Date accessed 04/11/2008)
- <sup>10</sup> Epidemiological Fact Sheet on HIV and AIDS, Morocco 2008 Update [taken from WHO, UNICEF, UNFPA and The World Bank, 2007] (Website – Date accessed 04/11/2008)
- <sup>11</sup> UNAIDS, 2007, Morocco, Country Situation Analysis (Website – Date accessed 03/11/2008)
- <sup>12</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, Date accessed 5/3/2008)
- <sup>12a</sup> Royaume du Maroc, Haut-Commissariat au Plan (Website, date accessed 26/2/2009)
- <sup>12b</sup> Royaume du Maroc, Haut-Commissariat au Plan (Website, date accessed 26/2/2009)
- <sup>13</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, Date accessed 5/3/2008)
- <sup>14</sup> UNAIDS, Progress Towards Universal Access, Morocco, July 2008 (Website – Date accessed 03/11/2008)
- <sup>15</sup> UNICEF Morocco, At a glance, (Website, date accessed 15/10/2008)
- <sup>16</sup> Epidemiological Fact Sheet on HIV and AIDS, Morocco 2008 Update (Website – Date accessed 04/11/2008)
- <sup>17</sup> Association Des Femmes Democratiques Du Maroc ,Association Bayti , OMP - Observatoire Marocain Des Prisons, Organization Mondiale Contre La Torture, Genève Et Rabat, 10 Novembre 2003, (Website, date accessed 26/02/2008) REFERENCES
- <sup>18</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, date accessed 05/03/2008)
- <sup>19</sup> UN Abortion Policies, A Global Review, 2002, (Website date accessed 26/02/2008)
- <sup>20</sup> 'HIV Voluntary Counselling and Testing, Morocco' Presentation for WHO Consultation Meeting to develop HIV VCT in countries of EMR, Cairo, July 28-30, 2003 (Website, date accessed 16/02/2008)
- <sup>21</sup> Gouvernementale Presente Au Comite Contre La Torture ADFM – Association Des Femmes Democratiques Du Maroc ,Association Bayti , OMP - Observatoire Marocain Des Prisons, Organization Mondiale Contre La Torture, Genève Et Rabat, 10 Novembre 2003, (Website, date accessed 26/2/2008)
- <sup>22</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>23</sup> Communication with in-country consultant, October 2008
- <sup>24</sup> Programme National de Lutte contre les IST/SIDA, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>25</sup> La Violence Etatique Au Maroc Un Rapport Alternatif au Troisieme Rapport Gouvernementale Presente Au Comite Contre La Torture ADFM – Association Des Femmes Democratiques Du Maroc ,Association Bayti , OMP - Observatoire Marocain Des Prisons, Organization Mondiale Contre La Torture, Genève Et Rabat, 10 Novembre 2003, (Website, date accessed 26/02/2008)
- <sup>26</sup> Communication with in-country consultant, October 2008
- <sup>27</sup> UNAIDS, Progress Towards Universal Access, Morocco, July 2008 (Website – Date accessed 03/11/2008)
- <sup>28</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>29</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>30</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>31</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>32</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>33</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>34</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>35</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011
- <sup>36</sup> Programme National de Lutte contre les IST/sida, Ministere de la Sante, Royaume du Maroc Plan Strategique National de Lutte contre le SIDA 2007-2011UNAIDS, Morocco Country Situation Analysis (Website, date accessed 28/10/2008)
- <sup>37</sup> Sida Infos Services, (Website, date accessed 15/10/2008)
- <sup>38</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, date accessed 05/03/2008)
- <sup>39</sup> Communication with in-country consultant, October 2008
- <sup>40</sup> Communication with in-country consultant, October 2008
- <sup>41</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, date accessed 05/03/2008)
- <sup>42</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, date accessed 5/3/2008)
- <sup>43</sup> UNICEF Morocco, At a glance, (Website, date accessed 15/10/2008)
- <sup>44</sup> Communication with in-country consultant, October 2008
- <sup>45</sup> ALCS, December 2005, In Country Monitoring of The Implementation of The Declaration of Commitment Adopted at The UN General Assembly Special Session on HIV/AIDS (Website, date accessed 5/3/2008)
- <sup>46</sup> Communication with in-country consultant, October 2008
- <sup>47</sup> Focus Group Discussions and stakeholder interviews by in-country consultant, May 2008
- <sup>48</sup> Policy Project, USAID, 2003, Adolescent and Youth Reproductive Health in Morocco, Status, Issues, Policies and Programs, (Website, date accessed on 15/10/2008)
- <sup>49</sup> Shepard, Bonnie 'l and Jocelyn L DeJong, 2005, Breaking the Silence and Saving Lives: Young People's Sexual and Reproductive Health in the Arab States and Iran (Website, date accessed on 15/10/2008)
- <sup>50</sup> Communication with in-country consultant, October 2008
- <sup>51</sup> Focus Group Discussions and stakeholder interviews by in-country consultant, May 2008
- <sup>52</sup> Communication with in-country consultant, October 2008
- <sup>53</sup> Global Fund for AIDS, Tuberculosis and Malaria, Fighting HIV/AIDS in Morocco, (Website, date accessed on 15/10/2008)
- <sup>54</sup> UNICEF, 2005, At a glance, Morocco launches 'UNITE FOR CHILDREN AGAINST AIDS' (Website, date accessed 4/3/2008)
- <sup>55</sup> United Nations, Office of the High Commissioner for Human Rights – Status of Ratifications, (Website, date accessed 07/06/2008)
- <sup>56</sup> Office of the United Nations High Commissioner for Human Rights - status of ratifications of the principal International Human Rights Treaties As of 09 June 2004 (Website, date accessed 07/06/2008)
- <sup>57</sup> United Nations Treaty Collection [As of 5 February 2002] 3. Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages New York, 10 December 1962, (Website, date accessed 07/06/2008)
- <sup>58</sup> World Bank, 'HIV/AIDS in the Middle East and North Africa', Chapter 5 (Website, date accessed 15/05/2008)
- <sup>59</sup> Communication with in-country consultant, October 2008
- <sup>60</sup> Communication with in-country consultant, October 2008
- <sup>61</sup> Global Fund for AIDS, Tuberculosis and Malaria, Fighting HIV/AIDS in Morocco, (Website, date accessed on 15/10/2008)

# RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Morocco. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

## LEGAL PROVISION

1. Introduce and enforce specific legislation on:
  - Addressing issues of domestic violence
  - Addressing marital rape
2. Create a supportive legal environment that enables all people, particularly those most vulnerable, to protect their sexual health.
3. Review the current legislation on the age of consent for accessing sexual and reproductive health (SRH) services, including HIV testing, to ensure that it respects the equal rights of those under 18 years and protects them from HIV infection in light of the reality of the epidemic.
4. Develop and put into practice a law that protects and ensures the rights of people living with HIV (PLHIV) to equal access to services and equal employment rights and opportunities.

## POLICY PROVISION

5. Review and strengthen the Morocco's action in light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
6. Ensure government initiated comprehensive training of health care workers on issues relating to stigma and discrimination and privacy and confidentiality so as to foster an inclusive environment that will not deter people (particularly young girls and women and those in rural areas) from accessing services.
7. Develop a comprehensive life skills education framework, including education on HIV, which can be fully incorporated and implemented into the general education curriculum.
8. Develop a strategic plan for addressing HIV among young people ensuring a strong representation of girls in key national strategic planning and decision making that affects their access to services and vulnerability to HIV.
9. Work with religious leaders in developing accessible and appropriate training materials for all sectors: health care professionals; religious leaders; young people (in and out of school).

## AVAILABILITY OF SERVICES

10. Efforts must be made to ensure that all sexual and reproductive health (SRH) and HIV and AIDS services (VCT, PMTCT, MCH, STIs) are far more widely available right across the country, including rural areas.
11. Ensure that not only male condoms are free and widely available to all patients in health clinics, but also the availability of female condoms at an accessible price for those who want them, so as to provide women with greater control and freedom regarding their sexual health.
12. Ensure specific vulnerable populations such as sex workers, injecting drug users and men who have sex with men (MSM) have equal access to SRH and HIV services.

## ACCESSIBILITY OF SERVICES

13. Take a comprehensive approach and integrate HIV and AIDS and SRH services within a wider health systems context, so that users, particularly young women and adolescents, do not feel stigmatised and therefore reluctant to attend. For example, rather than having stand alone VCT centres, provide health centres where confidential VCT and a range of other services and referrals are available, particularly in rural areas.
14. Develop information education and communication (IEC) materials that are targeted towards men and boys, in order to advocate for sexual and reproductive health in places where men gather so as to encourage men to become more responsible for their sexual health and to test for HIV.
15. Expand training of health care workers which incorporates youth-friendly components that address both the skills and attitudes of staff. Implement monitoring systems that ensure that all key health workers are providing a non-discriminatory service.

## PARTICIPATION AND RIGHTS

16. Continue to encourage and enable increased involvement of PLHIV networks in national decision making bodies and organizations. Their involvement is vital to effective and evidence based policies, whilst also breaking down traditional barriers relating to stigma and discrimination and upholding the rights of people living with HIV (PLHIV).
17. Provide a platform through the media for individuals, particularly those living with HIV, to inform the general population about their experiences with stigma and discrimination and how best to live positively with HIV.
18. Provide platforms for young women and girls and young men and boys to share experiences, ideas and opinion together in order to learn from each other as a means of empowerment. Such platforms should be in school as part of a comprehensive life skills policy and out of school in things such as youth clubs.

## CONTACT DETAILS

For further information about this Report Card, or to receive a copy of the Research Dossier, please contact:



### International Planned Parenthood Federation

4 Newhams Row  
London SE1 3UZ

Tel +44 (0)20 7939 8200  
Fax +44 (0)20 7939 8300  
Email [info@ippf.org](mailto:info@ippf.org)

[www.ippf.org](http://www.ippf.org)

UK Registered Charity  
No.229476



### UNFPA

220 East 42nd Street  
New York,  
NY 10017  
USA

Tel +1 212 297 5000  
[www.unfpa.org](http://www.unfpa.org)

### UNFPA Morocco

Country Office UNFPA /  
UNDP, Boulevard Balafrej,  
SOUSSE, Rabat.

Or : UNFPA, casier ONU,  
Rabat, Morocco



### Global Coalition on Women and AIDS

20, avenue Appia  
CH-1211 Geneva 27  
Switzerland

Tel +41 22 791 5412  
Fax +41 22 791 4187  
Email [womenandaids@unaids.org](mailto:womenandaids@unaids.org)



### Young Positives

P.O. Box 10152  
1001ED Amsterdam  
The Netherlands

Tel +31 20 528 78 28  
Fax +31 20 627 52 21  
Email [rfransen@stopaidsnow.nl](mailto:rfransen@stopaidsnow.nl)

[www.youngpositive.com](http://www.youngpositive.com)



### AMPF

Association Marocaine de  
Planification Familiale  
AMPF

6, Rue Ibn El Kadi  
Les Orangers  
Rabat RP 1000  
Morocco

[www.ampf.org.ma](http://www.ampf.org.ma)