Kingdom of Morocco

MILLENNIUM DEVELOPMENT GOALS

National report 2012

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National report 2012

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Report presentation

Since the publication of the 2009 Millennium Development Goals national report and despite an unfavorable context marked by the international financial crisis, Morocco has pursued its institutional and economic reforms process that aimed at strengthening its integration into the world's economy. Crowned by a deep reform of the Constitution in 2011, these reforms were accompanied by a rigorous macroeconomic policy and the acceleration in the implementation of sectorial development strategies.

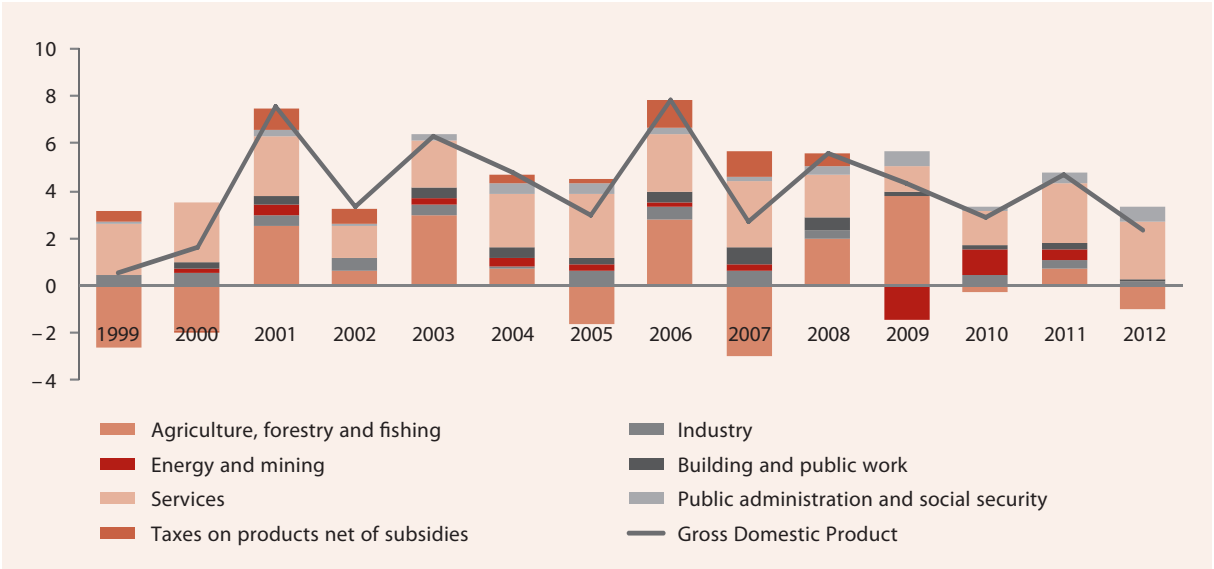
In this framework, the investment effort has been maintained to represent, on average, almost a third of the national wealth in 2012. These investments were undertaken mainly on social and economic infrastructure's structuring programs. This has resulted in an improvement of the attractiveness and competitiveness of the national economy which has allowed a better diversification of the production system, a better regional distribution of employment and revenues and the reduction of social and territorial disparities.

The national economy has, thus, shown a relative resilience to the 2000's international crisis shocks and their lasting effects. Indeed, Morocco, due to the consolidation of social, economic and institutional achievements, has escaped the destabilizing movements which North Africa has experienced.

Contrary to many countries of the region, Morocco has maintained a high growth path, 3.8% annual average, even 4.7% non-including the primary sector, an unemployment rate around 9 %. The national disposable income has increased by 5% annually and consumption, with a controlled evolution of consumption prices not exceeding 1%, has improved resulting in a purchasing power of 4% average per year between 2009 and 2012.

In this framework, the social dimension, elevated to a major priority in public policies, has mobilized 54% of the 2012 overall government budget instead of 41% in the early 1990s. This budgetary effort was accompanied by specific social programs launched by The King Mohammed VI to give a new momentum to the human development dynamic. The Human Development National Initiative (INDH) was in this regard an emblematic undertaking followed by Medical Assistance Scheme (RAMED). These programs

Sectoral contribution on the GDP's growth (in %)



Source : HCP

aim at reducing in time the accumulated deficits in human development.

Thus, Morocco has already achieved a great deal of MDGs and will be among developing countries which would have honored their 2015 commitment. Indeed, during the last decade, Morocco has completely eradicated extreme poverty and hunger and reduced by half absolute and multidimensional poverty. Morocco has also improved the schooling and the literacy levels: the net enrolment rate of pupils (6 to 11 years old) rose from 60% in 1994 to 96% in 2012. It has also reduced juvenile-infant mortality (the rate went from 76 to 30.5 per thousand between 1987/1991 and 2007/2011) and maternal mortality (from 332 to 112 deaths per 100,000 live births between 1985/1991 and 2009. The indigenous malaria has been practically eradicated and the incidence of tuberculosis has declined from 113 to 82 cases per 100,000 inhabitants. Life expectancy at birth also improved to reach 74,8 years.

Furthermore, access of population to basic social services has materialized at a higher rhythm. This access has been generalized in urban areas and it's in the process of being achieved in rural areas. Indeed, the percentage of beneficiaries from rural electrification reaches 97% in 2012 against 9.7% in 1994 and 93% against 14% respectively regarding drinking water.

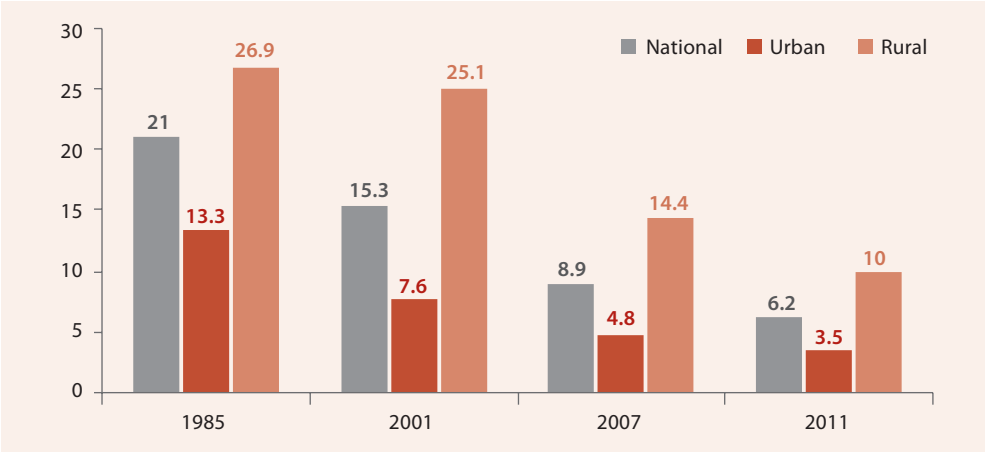
Even with this undeniable achieved progress, Morocco is experiencing the negative impact of the international crisis and its undesirable effects on its main foreign partners deteriorating slightly its macroeconomic equilibrium. The pace of expected progress may have been affected despite programs undertaken in the areas of youth promotion, gender equity, the improvement of education quality, the implication of civil society in the development process and the preservation of the environment.

These programs are of more relevance given that Morocco has already embarked on a crucial phase of its political, economical and demographic transition in an international context marked by a transformation of growth sources which will be based on knowledge economy and sustainable development. These ongoing transitions are likely to amplify the impact of demographic changes and the requirements of the social demand, both on the labor market and the social needs particularly in terms of education, health and social protection.

In this regard, Morocco has to face, beyond 2015, the emergence of new needs and major social and institutional reforms susceptible of increasing its future development performances. Indeed, despite the importance of public resources which are allocated (nearly 6% of GDP), the training and education system remains marked by failures both at the quantitative and qualitative levels: a high level of illiteracy, a weak quality of education and of the internal (high drop-out rate) and external (high level of graduates' unemployment) efficiency of the system.

If the primary education has achieved the objective of generalization, the problem of schooling drop-out remains a major constraint. The analysis of its causes reveals failures related to kindergarten system. Thus, every pupil who has undergone kindergarten has 6 more chances of escaping drop-out than one who hasn't. In this regard, the kindergarten system deserves a greater importance and should appear among the

Evolution of poverty rate by area of residence (in %)



Source : HCP

MDGs post 2015 as an essential limitative factor of deschooling.

The assessment of the population health status shows the achievements attained in terms of demographic growth control, health coverage extension and mortality levels reduction. The same assessment shows the deficits and the efforts that remain to be undertaken to solve health issues related to access inequality to basic services and insufficient funding and human resources.

Despite the progress achieved in gender equity particularly the Family Code, the Nationality Code, the reform of the Labour Code and the revision of the Penal Code, the issue of gender inequity remains one of the major challenges for the years to come.

This finds its relevance in the deficits underlined among women in the field of human development. Indeed, women illiteracy rate in rural areas remains very high, 64.7% in 2012, that is a time lag of more than 30 years with the national average.

The rate of their participation in the labor market remains weak 24%. Even graduated, women experience an employment twice as high as that of men (28% against 14%).

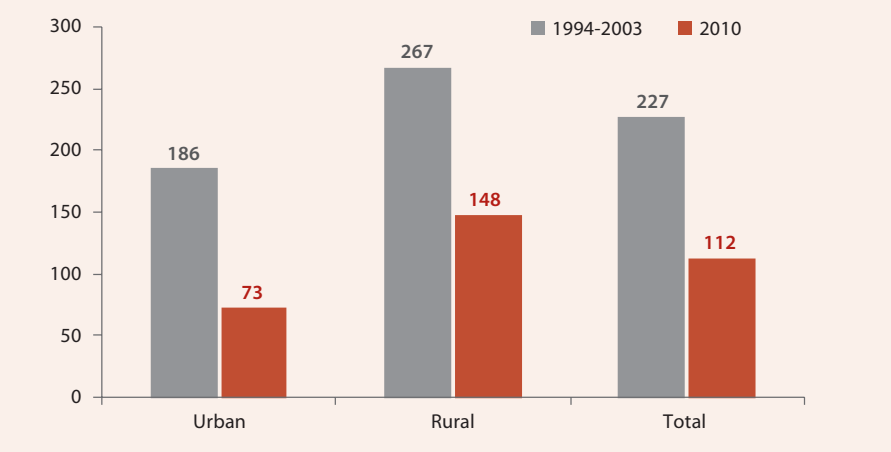
The weak integration of women in the economic circuits was confirmed by the study on social mobility undertaken by HCP in 2012. Despite the high structural mobility of women, their weak access to ascending social mobility (approximately 18%) seems to be over-determined by gender discrimination. Hence at the same age, area of residence, instruction level and father's professional status, a man has 7.1 time chances than a woman to occupy a social position that is higher than that of his father.

Moroccan youth, another major component of society, remains handicapped by the inadequacy of its training to the labor market and to the new knowledge requirements of the millennium. The major challenge lies in their societal integration through revenue and employment creation, increasing the chances of social promotion and the strengthening of belonging to a national community rich with its tradition and open to modernity. According to the HCP 2012's qualitative study, priorities expressed by young people center around employment, equality of chances, education reforms, human right empowerment and the widening of expression freedom. The high cost of living (84%) and the unemployment (78%) constitute their major concerns for the future.

The weight of civil society, its structure and dynamic will no doubt mark the social landscape of the post 2015 and will be expected to play a greater role in the Moroccan development model, particularly in achieving the goals of gender equality promotion and the youth democratic participation in local and national institutions.

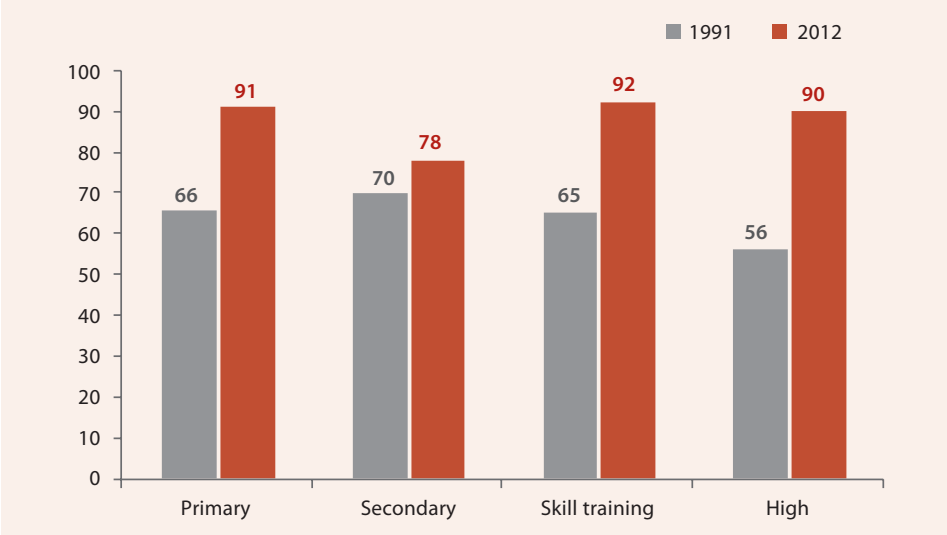
The post 2015 challenges will bring about new problematic linked to climate change, water stress, decrease in agricultural yields, degradation of biological diversity and forestry ecosystems with their consequences on food security. These challenges should also include dimensions linked to massive migration to cities and the intensification of migration flows toward Morocco with their corollaries of urban landscape degradation, insecurity and the emergence of new needs in terms of basic services, housing and employment.

Evolution maternal mortality rate by area of residence (per 100,000 live births)



Source : Ministry of Health and HCP.

Evolution of gender parity index by education level (in %)



Source : HCP, indexes calculated on the basis of statistical annuaries.

Indeed, the need of a consistent support of the international community's action aiming at mitigating the effects of climate change is more than necessary. Morocco, on its side, has to adapt its production's structures. This is an opportunity to grasp at a time where Morocco undergoes a transformation of its production system based on the valorization of natural resources particularly renewable energy promotion and a wider green economy approach.

The agenda post 2015 requires its insertion in a global vision of development that goes beyond sectoral approaches. The monitoring and evaluation experience gathered within HCP reveals that levels of efficiency in achieving MDG's increase with a better coherence and convergence of sectoral programs and their insertion in a sound macroeconomic framework. In this regard, the efficient allocation of available financial resources and the mobilization of adequate funding constitute, today, a major challenge given the pressure on public finances due to the increasing needs and the importance of funds allocated to social sectors.

The agenda post 2015 will inevitably be dominated by the impact of institutional, social and economic dispositions brought by the new constitution which, under the leadership of His Majesty the King, has marked a new era in the democratic transformation process that the country experiences since His Enthronement.

Morocco is today a constitutional monarchy that consecrates, at the same time democracy, the rule of law and an advanced regionalization which will open new ways for promoting cultural and linguistic pluralism and the fight against all forms of discrimination. It consolidates the scope of domains and prerogatives of civil society's participation in particular youth and women's associations. In this regard, the Constitution foresees the creation of a special Authority for the parity and the fight against all forms of discrimination, the creation of an Advisory Council for youth and civil society and a High Council for education, training and scientific research.

The implementation of the disposition of the constitution consecrating the obligation to timely achieve the macroeconomic equilibrium, is of a nature to render more implicit the foreseen reforms of taxation, the retirement system and subsidies scheme. This should strengthen the competitiveness and the diversification of the national economy and allow to better coordinate sectoral strategies undertaken in the fields of agriculture, industry, infrastructure and renewable energy.

At the end of this presentation, I believe it is worth pointing out that HCP will undertake in 2015 the elaboration of an overall assessment of the MDGs. In this framework, the results of the 2014 General Census of Population and Housing and the 2013/2014 Household Consumption survey will help apprehend the situation of the country at the national and regional level. The report will also include other objectives which will fall within the agenda post 2015 and a deep analysis of the specificities and characteristics of the Moroccan development process.

Mr. Ahmed Lahlimi Alami
High Commissioner for Planning

Report Development Process

Since Morocco adopted the Millennium Declaration in 2000, the High Commission for Planning (HCP) has been in charge of coordinating the Millennium Development Goals (MDG) national reports (2003, 2005, 2007, 2009) as a monitoring tool for the country's commitments in the field. The assessment report is undertaken through a participatory approach that includes social and economic partners, Morocco's accredited United Nations Agencies, Civil Society and representatives of social, economic and academic spheres.

HCP's approach has been improved at the occasion of the elaboration of each the MDG's monitoring reports. Indeed, HCP has not restricted itself only to the Millennium Declaration's targets and indicators. It added other objectives related to Morocco's socio-economic situation that takes into account the specificity of Morocco's development process. In line with this approach, new poverty indicators and a regional comparison of different development objectives have been included to the 2012 national report to highlight both the level and the pace of their development at the local level.

The 2012 report is of particular importance since it constitutes a major component of a joint program between HCP and seven United Nations Agencies (UNDP, UNFPA, UNICEF, WHO, UNECA, UNWOMEN and UNAIDS). This program centers around four elements:

- Initiating a debate at the national and regional level on MDG's post 2015;
- Assessing MDG's progress at the national and regional level;
- Strengthening the capacity of local actors in the area of MDG's monitoring and evaluation tools;
- Implementing advocacy and communication actions aiming at promoting MDG's

In order to broaden the debate with social and economic partners at the territorial level, three regional workshops (Marrakesh, Tangier and Meknes) were organized. Regional partners have mainly insisted on the necessity to relocate monitoring progress at the infra regional level to better take into account the local realities. They also highlighted the importance of developing statistical information at the basic geographic levels.

The report's validation workshop organized by HCP with the participation of all social and economic partners has, in turn, led to relevant recommendations. These are related to, besides the necessity of elaborating regional reports, integrating topics not covered by MDG such as people with specific needs, violence against women, promoting human rights, decent work, quality of education, vocational training as well as interactions between the different components of MDG's and their prioritization in time and space.

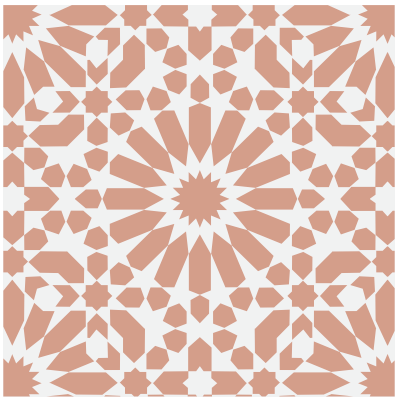
In this context and in order to enhance MDG's monitoring and evaluation at the territorial level, HCP, in partnership with the UN system agencies, has began the elaboration of four regional reports (Souss-Massa- Draa; Fes-Boulemane, the Oriental and the Grand Casablanca). The aim is to broaden the participation of local stakeholders to highlight spatial disparities and suggest decentralized policies to achieve the expected synergy in the efforts made in this field.

Furthermore, a communication plan has been developed to make decision makers, NGO's and the general public aware of the importance of MDG's and the necessary mobilization of all to achieve the 2015 commitment. A wide diffusion of this report (in three languages Arabic, French and English) will be ensured for the benefit of all users.

Chapters of this report deal with overall achievements in reducing poverty, generalization of primary education, promoting gender equality and empowering women; reducing child mortality under five years, improving maternal health, the fight against HIV-AIDS, malaria and other diseases, sustainable development and global partnership for development. This report presents, for the first time, a regional comparison of selected MDG's indicators which is given in the Annexes.

Goal 1

Reduce extreme poverty and hunger



Goal 1

Reduce extreme poverty and hunger

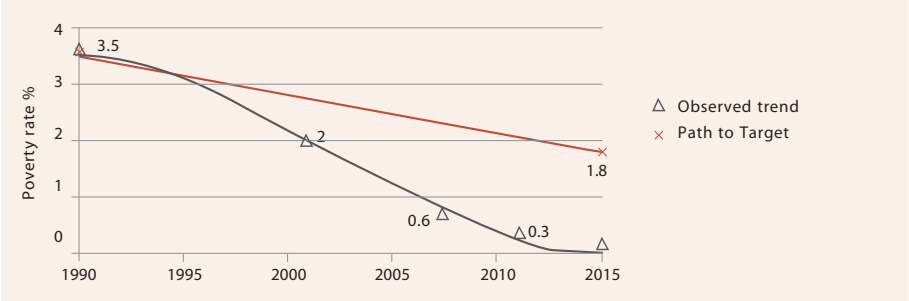
Fighting poverty is a major component in the government's public policy. This can be easily seen in the budget allocated to social sector and the strengthening of social protection and welfare mehcanisms. This policy has had a positive impact on the evolution of poverty in all its dimensions. However, the upward trend in inequality constitutes a real challenge for the achievement of expected social cohesion objectives.

1. Trend of income poverty 1990-2011

In 20 years, from the beginning of the years 1990 till the end of the years 2000, Morocco practically put an end to absolute poverty and reduced, in strong proportions, relative poverty, measured, both, with thresholds fixed by the High Commission for Planning (HCP) as well as by international institutions (Table 1 here after).

Graph 1

Evolution of population proportion (%) of less than U.S. 1 $ PPP per day



Source : High Commissioner for Planning

Extreme poverty

Eradicate extreme poverty: Morocco has reduced poverty rate, measured at U.S. 1 $ PPP per day per person, from 3.5% in 1985 to less than 0.3% in 2011, against a target value of 1.8% in 2015 (Figure 1). It's thus, in urban areas (0.1%) and in rural areas (0.5%), less than a Moroccan over a 100 lived in 2011 on less than U.S. 1$ PPP income per day. At a threshold of U.S. 1.25 $ PPP per day per person, poverty affected in 2011 only 0.9% Moroccan, 0.3% urban and 1.6% in rural.

Eradicate hunger: the population proportion below minimum level of calorie intake, as measured by food poverty (1) rate was, in turn, reduced from 4.6% in 1985 to 0.5% in 2011, with a target value of 2.3% in 2015. Only 0.2% of the urban and about 1% of the rural were, in 2011, food poor.

1. The food poverty threshold is the cost of a basket of goods and food services ensuring minimum caloric intake required by recommended standard by FAO and WHO. The minimum required calories per person per day was determined by applying the recommended energy needs table (Recommanded Daily allowance, FAO-WHO) to population structure by sex, age and women situation vis-à-vis pregnancy and lactation. It is 2444 Kcal/per adult equivalent man, according to the national survey on households consumption expenditure in 2000/01.

Reduce the incidence of underweight by 65.6%: Underweight incidence among children under 5 years, an indicator of lack of weight to age was reduced by nearly two thirds between 1992 and 2011. This reduction was completely recorded between 2003 and 2011. Between 1992 and 2003, the underweight children proportion increased from 9.0% to 10.2%. It is between 2003 and 2011 that it decreased to a level of 3.1% in 2011, overcoming the target value of 4.5% in 2015 MDGs. This decline has benefited both rural and urban, and boys as well as girls (Table 1 below).

In summary, extreme poverty indices, as well as those of hunger, decreased in 2011 to levels statistically insignificant (2). This means that from now on poverty monitoring should be based on the national poverty line (3) (U.S. 2.15 $ PPP per day per person in 2007), and also on new poverty thresholds, measured in fractions of the consumer spending median.

Absolute poverty

Reduction, of more than half, of poverty measured with national threshold: absolute poverty, measured by Moroccan national threshold (4), presented an upward trend during years 1990. Starting from 1998/99 this trend was reversed, causing a constant fall of poverty during the years 2000.

Indeed, in 10 years, between 2001 and 2011:

– the rate of relative poverty was more than halved:
  • of 59.5% at national scale, passing from 15.3% to 6.2%;
  • of 53.9% in urban area, from 7.6% to 3.5%;
  • and of 54.5% in rural area, from 22.0% to 10.0%.

– the rate of vulnerability (5) decreased by more than 40%:
  • of 41.7% at national scale, passing from 22.8% to 13.3%;
  • of 43.4% in urban area, from 16.6% to 9.4%;
  • and of 38.7% in rural area, from 30.5% to 18.7%.

In general, in 2011, 6.3 million Moroccans were in a poverty (2.0 million) or vulnerability (4.3 million) situation. For a demographic weight of 41.8%, rural areas gather 67.5% of the poor and 58.8% of the vulnerable.

On its side, poverty measured at 60% of the median of consumption expenditure per capita decreased, between 1990 and 2007, from 22.0% to 19.4% nationwide. It stagnated at nearly 10.0% in urban area against a fall from 32.6% to 31.2% in rural area. Let us note that the poverty line thus fixed increases with household income.

In sum, whatever the threshold, poverty was significantly reduced in Morocco. This trend was supported by multidimensional poverty regression.

Multidimensional poverty, 1990-2011

Following the example of income poverty, multidimensional poverty (MP) is rapidly declining in Morocco. Whether evaluated using the HCP-Morocco approach (6) or that of Alkire-Foster (7), trends recorded by the MP show great progress in the living conditions domain (Graph 2).

According to the HCP approach, the rate of MP decreased, between 1991 and 2007, by:
– 66.8% at national level, passing from 36.5% to 12.1%;
– 28.8% in urban area, from 10.4% to 7.4%;
– and by 67.1% in rural area, from 55.7% to 18.3%.

According to Alkire-Foster approach, the rate of MP decreased, between 1992 and 2011, by :
– 83.2% at national level, passing from 58.3% to 9.8%
– 91.1% in urban area, from 25.8% to 2.3%;
– and by 76.0% in rural area, from 84.3% to 20.2%.

2. It's hardly difficult to continue a statistical monitoring of indices at such level on the basis of samples similar to those of living standards surveys (7000 households) or consumption surveys (14,500 households). More the estimated proportion is small, more the error margin (results range if we restart the survey) is important, the less trust in estimated index and in their changes in time.

3. The national threshold is just above the international threshold fixed in 2005 to U.S. $ 2 PPP per day per person.

4. The HCP measures relative poverty line according to the standards of FAO-WHO (food component) and the estimation method, by the World Bank, of the non-food component of the threshold. In 2007, the poverty line is established, per person per year, at 3834 DH in urban areas and 3569 DH in rural areas. It is, on average, U.S. $ 2.15 PPP per day per person (U.S. $ 1 PPP = 4.88 DH). It is vulnerable, any household whose per capita expenditure is between relative poverty national threshold and 1.5 times this threshold. It is a population that is not poor, but at high poverty risk.

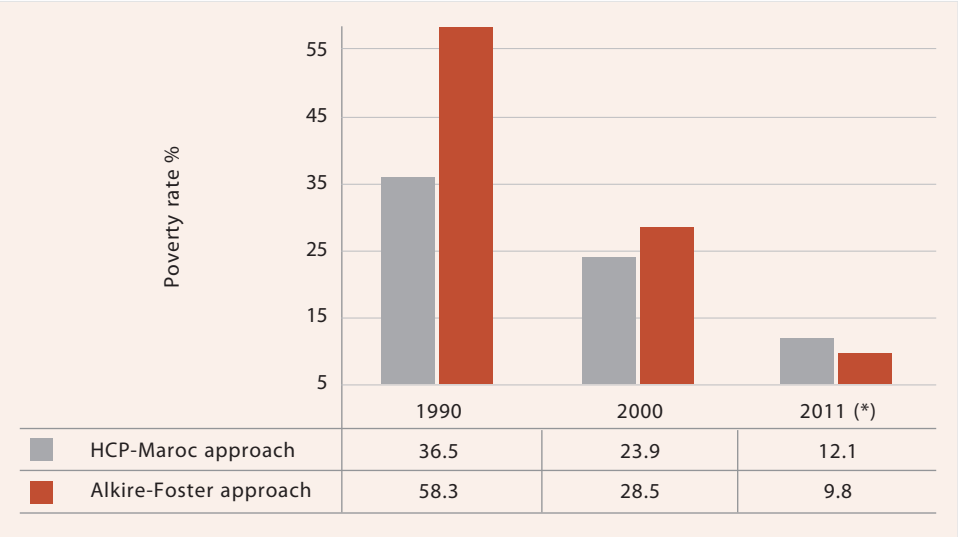
5. Recall that it is the population proportion whose per capita consumption is between 1 and 1.5 times the national relative poverty line.

6. This approach is more consistent than that of Alkire-Foster in terms of dimensions of poverty and objective weighting of variables. It bases poverty measure on indicators of education, health, living conditions, employment, communication, access to social services, housing, living standard class and gender inequality vis-à-vis education and health. HCP (2010): *les Cahiers du Plan*, n° 30.

7. *Source:* Sabina Alkire & James Foster (2008): "Counting and Multidimensional Poverty Measurement". OPHI, working paper series.

Graph 2

Trend of multidimensional poverty by approachs



	1990	2000	2011 (*)
HCP-Maroc approach	36.5	23.9	12.1
Alkire-Foster approach	58.3	28.5	9.8

Note (*): 2007 is the base year for HCP approach.
Data source : HCP.

The fall of multidimensional poverty caused also a fall of income poverty. A fall of 1% of multidimensional poverty was accompanied, between 1992 and 2011, by an equivalent fall of income poverty (8).

In short, MP tends towards eradication in urban area. In rural area, it still affects one person over 5. In 2011, nearly 3.145 million Moroccans lived in households multi-dimensionally poor, of which 86.3% are rural.

Subjective poverty

Since 2007, HCP bases the measurement of felt poverty, known as subjective poverty, on a wellbeing (9) scale classifying households according to whether they are considering themselves as very rich, relatively rich, average, relatively poor or very poor.

In 2011, 39.7% of Moroccans considered themselves subjectively poor, 33.1% in urban area and 51.5% in rural area. Four years before, in 2007, subjective poverty was at the same rate (39.4%) at national level, 37.4% in urban area and 42.0% in rural area.

Subjective poverty affects certainly the whole of social classes, but at different levels (10). Its incidence is also larger among households in income poverty situation and/or multidimensional poverty, of which in particular those led by a blue-collar worker or a farm or no farm labourer (Graph 3).

Beside employment quality and social inequalities, the insufficiency of school capital and its corollary, financial and social insecurity, are all origins of felt poverty (11).

8. Income poverty is measured at U.S. $ 2 PPP threshold; multidimensional poverty in line with Alkire-Foster approach.

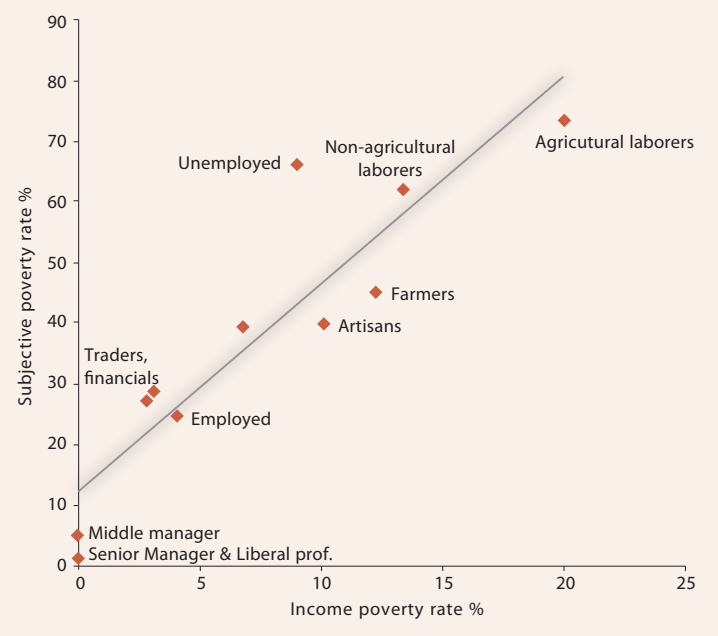
9. This scale is based on the following question addressed to household's head: "In what social level do you classify your household in comparison with what exists in your social environment, is it among very rich, relatively rich, middle, relatively poor or very poor? "

10. In 2007, subjective or felt poverty rate was 56.3% among lower classes (whose per capita expenditure is less than 75% of the median per capita consumption expenditure), 39.5% among middle classes (whose per capita spending is between 75% and 2.5 times the median per capita consumption expenditure) and 22.7% among upper classes (whose per capita expenditure is greater than 2.5 times the median per capita consumption expenditure).

11. Analysis of subjective poverty determinants shows that, all things being equal, urbanization increases the risk of felt or subjective poverty, by 13.5%, and household size reduction by unit increases the risk of subjective poverty by 3.5%. These changes reduce, however, income poverty by 33.3% and 2.4%, respectively. A low educational level or unemployment increase, at the same time, the risk of subjective poverty and income poverty. Conversely, education at middle and upper grades reduces, at the same time, both subjective and income poverty.
See: http://www.oecd.org/site/progresskorea

Graph 3

Socioprofessional groups according to income and subjective poverty rate



Source: HCP, 2007 Households survey.

2. Trend of inequalities, 1990-2011

The decline of income poverty forms in Morocco, between 1990 and 2011, results mainly from economic growth and the widening of access to social services and facilities. Rigidity in reducing inequalities in this period had slowdown the decline in income poverty.

In about twenty years, from 1991 to 2011, consumption per capita has more than doubled, going, in constant DH, from 8096 DH to 12090 DH. This rise of consumption (12) constitutes, beside the fall of multidimensional poverty, the most important factor behind the reduction of income poverty during this period.

Conversely, social inequalities measured by the Gini index displayed, along the period, some rigidity, disadvantaging the fall of poverty. As graph 5 schematizes it, this trend would bring back the Gini index to a level (0.408 in 2011) slightly higher than that recorded in 1991 (0.393) or in 2001 (0.406).

The upward trend in inequality is accompanied, in addition, by an increase of its impact on poverty (13). At the end of the years 2000, a rise of 1% of inequality would have cancelled the effect, on poverty, of 2 percentage points of economic growth. This shows the importance of reducing, or at least stabilizing, inequality for fighting poverty.

In fact, the richest 10% added up, along the period 1990-2011, more than 30% of the total household's consumption, against 2.6% for the poorest 10%. The relief, in the long run, of this level of inequality comes, first, through equal education-formation opportunity. In 2007, 31.3% of total consumption expenditure inequalities are due to the difference among household head's school levels, far followed by sectoral activity (18.7%) and living area (11.6%).

On the territorial level, rural households record, in 2011, a poverty rate substantially higher than that of urbans, it's multiplied by 8.8 for multidimensional poverty, and by 3.5 for income poverty (14). Although these differences are still important, they know a constant reduction since 1990, which will be necessarily activated in the years to come (Graph 4).

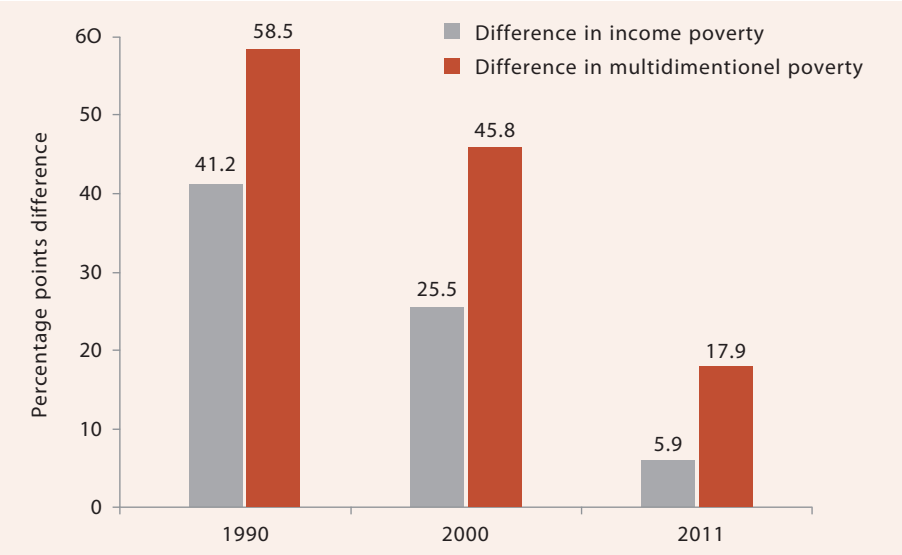
12. Growth elasticity of poverty was greater in the 2000s than the 1990s: economic growth of 1% leads to a reduction in the poverty rate of 2.3% in 1985, 2.7% in 2001 and 2.9% in 2007.

13. Rising inequality by 1% leads to an increase in poverty by 2.6% in 1985, 4.1% in 2001 and 5.9% in 2007.

14. Income poverty is measured at U.S. $2 PPP threshold, multi-dimensional poverty in line with the Alkire-Foster approach.

Graph 4

Difference (Rural - Urban) between income and multidimensional poverty rates (%)



Source: HCP.

3. Major challenges to fight poverty and inequality

The heavy tendencies of population living conditions show that income as well as multidimensional poverty tends towards eradication in urban areas, but remains, in spite of its strong fall, rather notable in rural area. This takes place in a context marked by a slow rise in inequality, and a notable incidence of felt poverty. Three major challenges result from this:

– **The first challenge is to reverse the rise of social inequalities.** The continuation of inequality rise, observed between 1990 and 2011, constitutes a threat to Morocco's advancement in the field of fighting income poverty. Thus, the interest of inflecting the trend of inequality, is not only to support the fall of poverty, but also to widen the middle class (15).

– **The second challenge is to attenuate the felt poverty, by reducing its causes of which those allotted to low levels of education-formation, precariousness of employment and, beyond, to financial and social insecurity.** The proportion of Moroccans who feel poor was these last years almost insensitive to the quantitative and qualitative changes which the country knows in the living conditions domain, of which_those evaluated in respect to income or multidimensional poverty. This shows the interest of a recasting poverty fighting, by focusing, beside Ramed and NIHD, on equal opportunity in the development of human aptitudes, decent employment, social protection and financial security.

– **The third challenge is to maintain the rythm of decrease of poverty, both income and multidimensional, in urban area and activate rural poverty** in order to make the urban/rural difference in living conditions socially tolerable.

4. Axes to fight poverty and inequality

The decline of income and multidimensional poverty between 1990 and 2011 results from the strenthening of public investments in social development as well as from geographical and social targeting of socio-economic programs dedicated to poor populations and localities.

As regards public investments, the budget share of the social sectors in the General Government Budget knew a rise of 52.8% between 1994 and 2012, going from

15. The Fourth National MDGs Report in Morocco (HCP, 2009) suggests, in turn, that mitigation of social and territorial inequalities would result not only from geographic targeting of public resources, but also from an upward social mobility centered on lower and central revenue classes.

36% to 55%. This rise benefited more to education and health sectors, whose budget has more than tripled during this period (16).

As regards socio-economic programs targeted to disadvantaged localities and populations, there is, inter alia, the National Initiative for Human Development (NIHD) and the Medical Assistance Regime (called Ramed). A budget of approximately 5 billion DH was devoted to them in 2012. This brings back the share of social sectors budget to 57% in the General Government Budget. Each one of these programs profits already to nearly 5 million people.

Indeed, the launching of the NIHD in 2005 and the process of Ramed generalization in 2013 give a new impetus to development dynamics and the process of fighting income and human poverty. The NIHD is today in its second phase 2011-15 (17). It was conceived to strenthen Government action and local government agencies and to target, on the basis of poverty mapping (HCP, 2004 and 2007), most underprivileged rural communes and urban districts. On its side, Ramed, created in 2002 and generalized in 2013, consists of a total or partial support of exempted medical procedures, to poor and vulnerable populations (by HCP measures), by public hospitals and health care institutions.

Other programs and sectoral strategies are now contributing to the fight against poverty. Such as the Green Morocco Plan with Pillar II, dedicated to solidarity agriculture, is considering a planning-oriented struggle against poverty approach, significantly increasing the agricultural income of the most vulnerable farmers, particularly in unfavorable rain fed areas.

16. These two sectors account for 90%, in 2012, of the budget allocated to social sector departments and 49% of that spent on social sectors (adding the compensation fund, Moroccan pension fund and social welfare).

17. In its first phase 2005-2010, it has accomplished more than 22,000 projects and development activities, including 3700 income-generating activities for the benefit of more than 5.2 million beneficiaries, for a total investment amounting to 14.1 billion dirhams.

Table 1

Evolution of Goal 1 indicators «Eradicate extreme poverty and hunger», 1990-2011

Targets	Indicators	Disaggre-gation	1990	2001	2007	2011	Target value 2015
Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day, PPP (%)	Proportion of population living below 1 US$ (PPP) per day (%)	All	3.5	2.0	0.6	0.28	1.8
		Male	3.5	2.0	0.5	0.28	—
		Female	3.5	2.0	0.6	0.28	—
		Urban	1.2	0.3	0.1	0.09	—
		Rural	5.7	4.0	1.2	0.54	—
	Poverty gap ratio	All	0.0271	0.0346	0.0192	0.0130	—
	Share of poorest quintile in national consumption	All	6.6	6.46	6.51	6.55	—
Target 1 second Achieve full and productive employment and decent work for all, including women and young people	Annual growth rate of per employed person GDP	All	—	8.2	2.3	4.3	—
	Labor force participation rate of population aged 15 years and over	All	—	51.3	51.0	49.9	—
		Male	—	77.9	76.1	74.3	—
		Female	—	25.2	27.1	25.5	—
	Proportion of employed people living below $1 (PPP) per day (%)	All	2.4	1.2	0.3	0.2	—
	Proportion of own-account workers in total employment (%)	All	—	25.8	24.4	28.5	—
		Male	—	30.6	29.0	33.3	—
		Female	—	12.1	12.2	15.2	—
	Proportion of home care workers in total employment (%)	All	—	31.1	26.8	23.5	—
		Male	—	22.9	16.8	13.8	—
		Female	—	54.5	53.1	50.3	—
Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children under-five years of age (%)	All	(1992) 9.0	(2003) 10.2	—	3.1	4.5
		Male	9.5	10.4	—	3.6	—
		Female	8.4	10.0	—	2.6	—
		Urban	3.3	6.5	—	1.7	—
		Rural	12.0	14.0	—	4.5	—
	Proportion of population below minimum level ofdietary energy consumption (%)	All	(1985) 4.6	1.8	0.9	0.52	2.3
		Male	4.6	1.8	0.8	—	—
		Female	4.6	1.8	1.0	—	—
		Urban	2.4	0.3	0.1	0.17	—
		Rural	6.2	3.7	2.0	1.00	
Target 3 Halve, between 1990 and 2015, the proportion of people whose income is lower than US $2 (PPP) per day	Proportion of people whose income is lower than US $2 (PPP) per day	All	(1985) 30.4	20.2	8.2	5.7	15.2
		Urban	13.3	8.7	3.6	2.5	—
		Rural	54.5	34.2	14.3	8.4	—

Targets	Indicators	Disaggre-gation	1990	2001	2007	2011	Target value 2015
Target 4 Halve, between 1990 and 2015, the proportion of people living in absolute poverty, relative poverty and vulnerability	Absolute poverty rate (%)	All	(1985) 12.5	6.7	3.9	2.5	6.2
		Urban	6.8	2.3	1.3	1.1	—
		Rural	18.8	12.3	7.2	4.5	—
	Relative poverty rate (%)	All	21.0	15.3	8.9	6.2	10.5
		Urban	13.3	7.6	4.8	3.5	—
		Rural	26.8	22.0	14.4	10.0	—
	Vulnerability rate (%)	All	1985) 24.1	22.8	17.5	13.3	12.05
		Urban	17.6	16.6	12.7	9.4	—
		Rural	29.2	30.5	23.6	18.7	—
Target 4 second Halve, between 1990 and 2015, the proportion of people living in multidimensional poverty or relative poverty	Poverty rate below 60% of median consumption expenditure per capita	All	22.0	20.4	19.4	—	—
		Urban	10.0	8.9	10.3	—	—
		Rural	32.6	35.0	31.2	—	—
	Multidimensional poverty rate HCP approach	All	36.5	23.9	12.1	—	—
		Urban	10.4	9.4	7.4	—	—
		Rural	55.7	42.3	18.3	—	—
	Multidimensional poverty rate Alkire-Foster approach	All	(1992) 58.3	(2004) 28.5	—	8.9	
		Urban	25.8	8.4	—	2.3	—
		Rural	84.3	54.2	—	20.2	—
	Subjective poverty rate	All	—	—	39.4	39.7	—
		Urban	—	—	37.4	33.1	—
		Rural	—	—	42.0	51.5	—
Target 5 Halve, between 1990 and 2015, consumption expenditure inequalities	Share of poorest 50% in national consumption (%)	All	(1985) 24.2	23.4	23.6	23.7	—
		Urban	23.5	24.2	23.7	23.4	—
		Rural	28.8	28.7	27.7	27.1	—
	Share of richest 10% in national consumption	All	(1985) 31.7	32.1	33.1	33.8	—
		Urban	31.8	30.9	33.7	35.7	—
		Rural	25.3	25.9	25.9	25.9	—
	Share of poorest 10% in national consumption	All	(1985) 2.6	2.6	2.6	2.6	—
		Urban	2.4	2.8	2.7	2.6	
		Rural	3.2	3.4	3.2	3.1	—

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity	X		
Recent information quality	X		
Statistical capacity building	X		
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms	X		

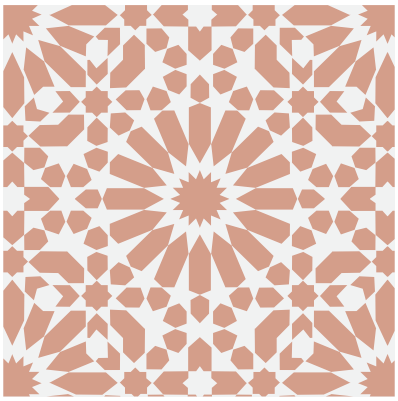
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	Medium	Low but improving	Low

Goal 2

Achieve universal primary education



Goal 2

Achieve universal primary education

During these last years, the Ministry of National Education has undertaken creation and extension projects to strenghten the capacity as well as proceeding of encouragement of schooling and social support to needy pupils, through a very ambitious social program.

The reduction of school drop out and redoubling rate, the reforms undertaken in the educational field, the evaluation system, the initial and continuous training of teachers, enhancing the introduction of communication and information technologies are all factors that reflect the efforts made for the improvement of quality of trainings to all teaching cycles.

Concerning the improvement of education system governance modes, efforts have focused on improving the management capacity of human, administrative and financial resources at all levels of the education system.

1. Current situation

1.1. Pre-school education

An examination of changes in the number of prescolarized children, between 2008-2009 and 2011-2012, showed a downward trend of 5.4% for the entire period. By gender, the same trend was observed for girls, with a decline of about 5.0% during this period.

In the rural area, this trend was much more accentuated during the period 2009-2012; the number has declined by about 8.9%.

However, the impact of this fall on the net rate of preschooling (children of age 4-5 years) remains limited, since it increased from 48.2% in 2008-2009 to 53.9% in 2011-2012. The rural areas seem the least well served, particularly for girls whose rate passed, during the same period from 20.4% to 22.3%.

The explanatory factors of this slow evolution of the rates of pre-schooling are multiple. They relate to teaching quality, its space coverage and its private character which constrains parents to pay for access rights. Poverty which prevails in rural area handicaps the promotion of pre-school teaching and shows clearly the huge effort to be deployed to make this kind of teaching available to everyone.

1.2. Primary education

Globally, the number of pupils of the primary education has recorded a continuous growth, between 2008-2009 and 2011-2012, passing from 3,863,838 to 4,016,934 pupils, with a total growth rate of 3.9%.

The net rate of schooling was estimated in 2011-2012 at 96.6% against 90.5% in 2008-2009. This evolution translates the effort of schooling deployed during this period, of which rural area and, in particular, girls have benefited more.

In fact, in rural area the difference in schooling between the two genders was attenuated, passing from 5.3 to 1.1 points between 2008-09 and 2011-2012 against respectively 2.9 and 1.3 points at the national level. Social support, in particular the program of financial aid "Tayssir", the Royal initiative "1 million schoolbags" as well as the strenghtening and widening of the public schools network impacted school attendance positively.

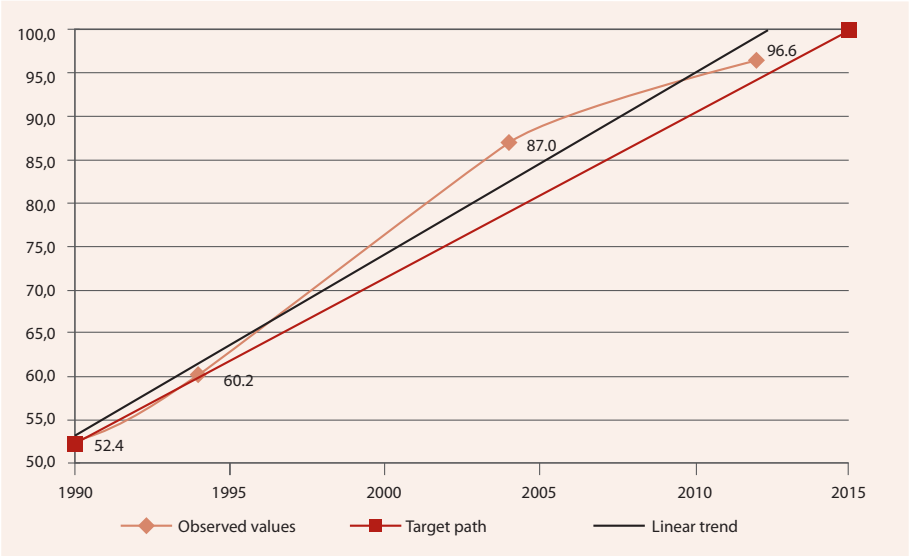
As regards educational infrastructures, the number of classrooms passed from 85,173 to 88,644 between 2008-09 and 2011-12, thus recording a rate of increase of 4.1%. In addition, in order to improve the conditions of schooling, a large number of schools were served with latrines, drinking water and electricity and school libraries.

1.3. Secondary education

The improvement of schooling conditions of the secondary cycle, especially in rural area, has enabled the transition of pupils from primary to secondary education. It concerns primarily connections to sewerage networks, drinking water and electricity as well as the widening of school coverage.

Graph 5

Observed and predicted primary education (6-11 years) net enrolment rates



Source : HCP.

Rural area benefited more from this widening since the secondary education coverage rate of the rural communes passed from 53.9% to 57.5% between 2008-2009 and 2011-2012. Consequently, a clear improvement of girls schooling was recorded owing to the fact that their number knew a total increase of about 8.5%, passing from 128,264 to 139,110 during this period.

In the same way, the net rate of schooling evolution in secondary education showed a substantial improvement passing from 42.7% in 2008-2009 to 53.9% in 2011-2012. This evolution translates the effort made, in particular to the benefit of girls, whose rate reached 78.7%, for the school year 2011-2012 in urban area against 76.1% for boys. However, this rate still remains weak in rural areas since it reached 23.6% for girls and 31.3% for boys.

1.4. Rate of completion

The rate of completion of primary education passed from 76% in 2008-2009 to 86.2% in 2011-2012, which shows that among 100 new registered in the first primary year, only 86 pupils manage to finish the primary cycle in 2011-2012, whereas the charter envisaged a rate of completion of 90% at this horizon. For the two cycle's primary and secondary education, this rate passed from 52% in 2008-2009 to 65.3% in 2011-2012. In other words, among 100 pupils registered in the first year of the primary cycle, only 65 pupils manage to finish the middle school.

Progress made in primary and secondary education are attributed in part to the social support for students. This support has had a direct impact on the efficiency of the education system. All social support services, implemented, have generated a continuous upward trend in enrolment.

In this sense, schooling support measurements are related to:

- Widening the network of school canteens and boarding, and the increase of the number of scholarship recipients;
- Developing school transport for pupils living far from schools;
- Improving school health services through the implementation of a program of cooperation with various partners working in the field of Health and Childhood;
- And continued campaigns for the promotion of education.

In this context, the Royal Initiative «1 million schoolbags» gave a great impetus to the spread of compulsory education. Overall, 1,224,300 students benefited in 2011-2012, 62% are from rural areas and also from the monetary assistance program «Tayssir».

Graph 6

Observed and predicted literacy rates (15-24 years)

Source : HCP.

1.5. Fighting illiteracy

The youth literacy rate of 15-24 years old has also known a great improvement. It went from 58% in 1994 to 84.6% in 2012. This improvement is much more significant for females, whose rate increased during the same period, from 46% to 79% against 71% to 90.1% for males. This increase is attributed mainly to improved school attendance and lower dropout rates.

For the population aged 10 years and older, the illiteracy rate was estimated at the national level, at 36.7% in 2012 against 55% in 1994. In rural areas, the rate has significantly improved from 75% to 51.2% during the same period. This improvement is in part a result of the increase in the number of beneficiaries from literacy programs, which increased from 655,478 (out of which 517,985 women) in 2006 to 702,119 (out of which 587,088 women) in 2011.

2. Constraints

Despite the efforts and progress made in the education sector, it still faces many obstacles hindering its development. In fact, if the achievement of the goal of universal primary education is possible, it may be hampered by the low level of preschool attendance and the low coverage of rural areas by secondary and boarding schools. Poverty and isolation are exogenous factors that are the main barriers to enrollment and retention of students.

3. Adopted strategy

Following the Royal High guidance contained in the speech of His Majesty King Mohammed VI, in August 20, 2012, on the occasion of the "Revolution of the King and the People" anniversary, the education system was placed at the top of national priorities. It is in this context that the Ministry of Education has adopted four strategic choices:

a. Support for education by adopting the prioritization of equity and equality of opportunity

Through the implementation of practical and effective measures aiming to the spread of education, taking into account regional, provincial and local specificities and needs of local populations. It is also about giving priority to both the principle of fairness and equality of opportunity as much as to resolve issues of school dropout by reducing the effects of socio-economic and geographic factors that impede access of students to the school system.

b. Improving the quality of learning

This was established through improving the quality of education by focusing on needed skills and acquiring base knowledge to contribute to the development of learner's autonomy and his mastery of concepts and ways of thinking, expressing and communicating. This allows students to become useful people and able to grow and to continually learn throughout their lives, consistently and interactively with their local, national and global environments.

c. Developing the education system governance

Through good governance that helps developing leadership skills and improving the effectiveness and efficiency of the system in its institutional, administrative and financial management.

This choice finds its relevance and priority through the support of decentralization and deconcentration, by linking responsibility to accountability. It is also about according schools greater autonomy in educational, administrative and financial management. This is in order, to enable them to improve their capabilities in these areas, to well manage their structures, and to help them strengthen the management of projects and regularly evaluate their performance.

d. Managing efficiently human resources and strenthening their capacities and skills

Through the proper use of these resources and their redeployment in the context of strengthening decentralization and on the basis of an integrated management and continuous balance between supply and demand in all disciplines. It is also through the improvement of working conditions, developing education and training with the aim of enhancing the actor's capacity and their skills and increasing their performance.

Moreover, the overall vision of non-formal education is based on the extension of school supply and improving its administrative and educational efficiency through a two phases action plan:

1. Addressing the non-enrollment of children who are out of school, at 2015 horizon;

2. Including non-formal education in the daily mission of the education system in a prospective and pedagogical intelligence approach to identify and help students at risk and provide them with educational, psycho-social support to retain them in school.

Table 2

Evolution of MDG2 indicators

Targets	Indicators	1994	2004	2012	2015
Target 6 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	**Primary education net schooling rate (6-11 years)**				
	All	60.2	87.0	96.6	100
	Boys-urban	84.2	91.2	98.9	
	Girls-urban	79.8	89.8	97.3	
	Boys-rural	55.7	88.5	95.5	
	Girls-rural	30.1	78.5	94.4	
	Proportion of pupils starting grade 1 who reach last grade of primary (including repeating)		(2005)	(2011)	
	All		68.6	86.2	100
	Boys		68.8	86.0	
	Girls		68.1	86.2	
	Literacy rate of 15-24 year-olds				
	All	58	70.5	84.6	100
	Boys	71	80.8	90.1	
	Girls	46	60.5	79.0	
Target 7 By 2015 achieve universal preschool education enrolment for girls and boys	**Preschooling education net enrolment rate 4-5 years**				
	All	39.4	50.1	53.9	100
	Boys	54.5	60.2	60.2	
	Girls	23.6	39.6	47.2	
Target 8 By 2015, ensure that all children, girls and boys, complete lower secondary education (middle school)	**Lower secondary education net enrolment rate 12-14 years-old**				
	All	20.2	31.9	53.9	100
	Boys-urban	43.1	51.4	76.1	
	Girls-urban	37.5	52.3	78.7	
	Boys-rural	4.6	14.3	31.3	
	Girls-rural	1.6	8.9	23.6	
Target 9 By 2015, reduce by half, compared with 1990, the overall illiteracy rate (10 years and over)	**Literacy rate of population aged 10 years and over**				
	All	45	57	63.3	80
	Male	59	69.2	74.7	
	Female	33	45.3	52.4	
	Urban	63	70.6	73.0	
	Rural	25	39.5	48.8	

Source: HCP and Department of National Education.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity	X		
Recent information quality	X		
Statistical capacity building	X		
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms	X		

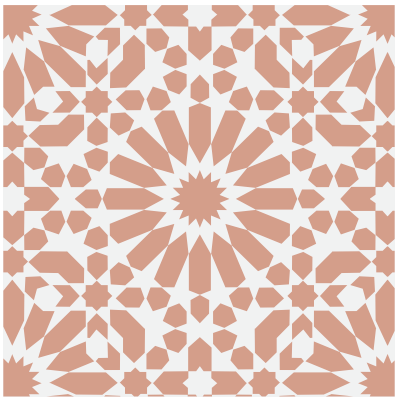
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	Medium	Low but improving	Low

Goal 3

Promote gender equality and empower women



Goal 3

Promote gender equality and empower women

Dynamics undertaken by Morocco to promote equality between women and men has made significant progress in the enjoyment of human rights and equal access to public services. This appears mainly at improving access to education and the processes of political participation and decision-making. These advances have been supported by legal reforms, for the recognition of human rights of women, including the revision of the Labour Code in 2003, the reform of the Family Code in 2004, the reform of the Code of devices nationality 2007 finally lifting reservations on CEDAW (Convention on the Elimination of All forms of Discrimination against Women) in 2011.

This will of Morocco to fight against discrimination based on gender, and to consolidate the achievements of gender equality has been translated at the constitution of 2011, which prohibits discrimination based on gender (Preambule) and consacrates now the equality of women and men in the full enjoyment of rights and freedoms in civil, political, economic, social, cultural and environmental measures (Article 19).

The Constitution also recognizes the centrality of the substantial and effective equality in the rights of women and men, and formalizes the responsibility of the State to ensure, in Article 31: "The State, public institutions and local authorities are working to mobilize all means to facilitate equal access of the citizens to vocational training, employment and sustainable development."

1. Current situation

In the education area

At the national level, the index of gender equality, as measured by the ratio of girls to boys in education, reached in 2011-2012, 91% in primary, 78% in secondary, 92% in qualifying secondary and 91% in higher education. Comparing with 1990-1991 school years, the index recorded an increase of 34 points in higher education, 25 points in the primary, and 27 points in qualifying secondary but only 8 points in secondary.

In rural areas, this index has actually more than doubled in primary education from 42% in 1991 to 89%, in 2012 while in urban areas it has increased from 87% to only 93%. This shows that it is in rural areas that the improvement has been even more significant. Concerning secondary education, this index increased from 74% to 88% in urban areas also from 30.8% to 56.4% between 1991 and 2012. The rythm is relatively lower with a gain of 26 points in the rural areas against only 14 points in the cities. However, in the qualifying secondary education, the parity index was 92% in 2011-2012, with a significant difference between areas of residence: 96% in urban and 64% in rural areas.

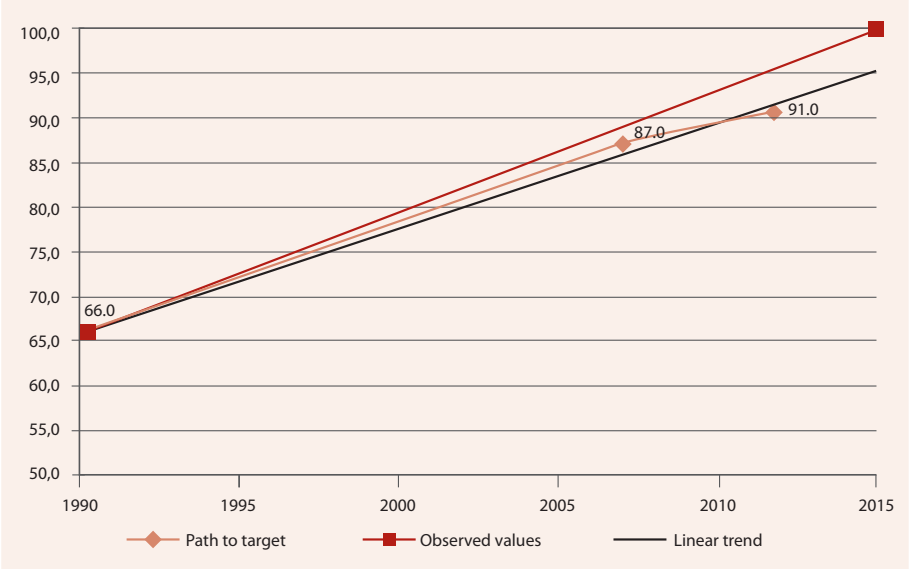
Regarding higher education, and over a period of 21 years, this index has also improved markedly between 1991 and 2012 from 56% in 1991 to 91% in 2012. It is important to note that the percentage of women exceeded 50% in some fields of public education during 2009-2010. This is particularly in dentistry (73%), in commerce and management (64%), in medicine and pharmacy (57%), and in Technology (51%).

In terms of employment

The analysis of the evolution of women participation through participation rates shows that the involvement of women in economical activity remains limited. Indeed, the national rate of women participation in 2012 was 24.7% against 73.6% for men. These proportions reached in 2000 respectively 27.9% and 78.8%.

Graph 7

Observed and predicted parity index in Primary education



Source : HCP.

In urban areas, this participation has maintained downward trend between 2000 and 2012 as the participation rate declined from 21.3% in 2000 to 17.6% in 2012. While in rural areas, the rate of women participation between 2000 and 2006 showed a slight increase respectively from 37.5% to 38.4%, due to the strong contribution of women in farming. And it was not until 2007 that they began to decline to reach 35.6% in 2012.

The analysis of women's employment's indicator in 2012 shows that the nature of the participation reveals the precariousness of female employment. Indeed, the proportion of female caregivers amounted to 57.3% against 20.3% for employed women and only 8% for employers. These proportions reached in 2000, 48.7%, 21.9% and 6.6%. In 2012, the female unemployment rate was estimated at 9.9% against 8.7% for men and 9% for both sexes at the national level. Those who have high education degree have unemployment rate of 27.4% against only 14% for men. This shows that unemployment affects women more intensely than men regardless of their level of education.

The implementation of all commitments made by Morocco to ensure that women and men enjoy their full economic rights required the implementation of several programs involving multiple government departments, the private sector and civil society organizations. Yet despite social transformations, the sexual division of labor persists (woman works first as a child minder and then as an employee) and working conditions are less favorable to women than men.

Indeed, female participation is strongly marked by the unpaid work. However, the non-inclusion of unpaid work done by women remains a major constraint to the development of their contribution to the national economy. Considered non- productive work, domestic work and household women in the family is considered non-productive (inactive women).

On the other hand, the development of services and hospitality, making effective the right to care for young children and the elderly, as well as the adoption of appropriate measures such as paternity leave and working hours flexible, are essential actions for parental support employees in balancing their professional responsibilities and those belonging to the private sphere, which will promote the equal sharing of family responsibilities, and increasing the contribution of women to the labor market.

Phase II of the Integrated and Modular Program aims to improve the competitiveness of the industrial sector in terms of promotion of local production and revenue development for women from rural and per-urban areas of northern Morocco. It is part of the interest shown to rural women who have all the potential to lay the basis of a sustainable rural development.

As for women's access to entrepreneurship, the number of Moroccan women entrepreneurs owning or managing a company is around 9000 to 10000, which represents only 10% of the total number of enterprises. Companies created and / or managed by women in Morocco are mainly SMEs / SMIs covering service sector (37%), trade (31%) and industry (21%) mainly textiles.

To remedy this situation, a guarantee fund "Ilayki" was established in 2013 and aims to encourage and support the development of private enterprise by women, allowing the woman entrepreneur of access to credit to develop the project.

In this context, public policies, strategies and programs implemented by Morocco, have strengthened the economic empowerment of women and incorporate more Moroccan women in development. As an example, the Social and Solidarity Economy Initiatives (SSEI) that offer more opportunities for the involvement of women in working life through the exercise of an income and jobs generating activity and the National Strategy 2010-2020 which aims to promote the development of the SSEI as an economy of proximity through the creation and development as well of income-generating activities at the territorial level.

In terms of decision-making

Morocco has committed to gradually realize the full enjoyment of rights by ensuring the maximum of available resources while approving any positive action that might reduce or eliminate the gaps that perpetuate discrimination against women. These efforts have been strengthened by the adoption of the new Constitution of 2011, which aims at the institutionalization of the principle of equality and equity in the enjoyment of rights, including civil and political ones.

Indeed, the social inventory of civil servants of the State Administration and Local Governments, prepared by the Ministry of Public Service and Administration Modernization for 2010, underlines the rate of feminization of ministerial departments which reached almost 37% in 2010 against 34% in 2002, an increase of 3 points in 8 years. As for women's access to positions of responsibility, the rate increased by 5.3 percentage points from 10% in 2001 to 15.3% in 2010.

Regarding the appointment to high positions responsibility, there is a law that was passed in 2012 encouraging the implementation of the principle of gender equality and strengthening the position of women in positions of decision-making at the administrative level. The application of this law has resulted in the appointment of 16 women in senior positions against 140 men, equivalent to 11.4% over a 3 months period.

Regarding the presence of women in political decision instances, the adoption of the Organic Law No. 27-11, dated 14 October 2011 on access to the House of Representatives set a quota of 60 seats (15%) for women, on a total of 395 for improving the representation of women in the national political landscape. Thus, the total number of women reached during the parliamentary elections of November 2011, nearly 67 parliamentary, nearly 12.5% of the total against 10.5% in parliamentary elections in September 2007. However, this rate is still far from the threshold influence decision processes defined in third at the target to be achieved by 2015.

The gender approach was also adopted in the management of municipal councils through the creation of an advisory committee in each municipal council called: Commission of parity and equal opportunity, including the Law on the Municipal Charter and the integration of a gender perspective in the definition of municipal development plan in 2009.

In addition, there was an introduction of an incentive system for political parties and a fund to support the amount of ten million dirham's per year to encourage and also increase the women's representation. This fund is intended to strengthen women's capacity in legislative and municipal elections. The preliminary assessment of projects to support the capacity building of women has reached the end of December 2012, 119 projects amounting to 28.84 million dirham's. The effects are reflected on the level of coverage of the additional constituency in the last elections.

In terms of legal arsenal

Morocco has experienced a process of legal arsenal reforms by the amendment of several laws (Family Code, Penal Code, Labor Code, Nationality Code, Electoral Code, the municipal charter...). This process culminated in a new constitution adopted in July 2011.

The new constitution of 2011 stipulates that a woman has, on an equal basis with men, all civil, political, economic, social and environmental rights and freedoms, and insists, in its preamble of the prohibition and the fight against all forms of discrimination grounded on sex, race, religion, culture, social or regional affiliation, language, disability or other personal circumstances.

The dispositions of the new constitution strengthen the principle of fairness and equality for building a citizen State through various items (19, 164...). In addition, the Constitution forsees the creation of an instance for equity and fighting all forms of discrimination which will be responsible for monitoring and evaluating public policies on gender equality in political, economic and social areas. In this regard, Morocco has ratified the Optional Protocol to CEDAW (Convention to Eliminate All Forms Discrimination Against Women) in November 2012 after the withdrawal of certain reservations about this agreement, in light of the reforms that have affected the Family Code and the nationality Code.

Regarding the issue of violence against women, the MSFFDS is currently developing a draft law for combatting violence against women, in partnership with the Ministry of Justice and in consultation with all stakeholders. This project aims to criminalize the perpetrators of violence and the prevention and protection of women against all forms of violence.

The Penal Code had been revised to include new effective and efficient dispositions in terms of strengthening penal protection of women also prohibiting and fighting violence against women. The Moroccan penal code criminalizes all forms of violence against women, including sexual violence. It should be noted, in this regard, the amendment of section 475 of the Criminal Code on the marriage of underage girls' rape victims. This amendment is for the removal of the right to the rapist to marry his victim and escape prosecution, and increases penalties of imprisonment from one to 5 years in case of minor diversion without sexual relationship.

Other projects have been undertaken to check the legislative gaps and weaknesses that hinder full criminal protection for women or constitute an obstacle to the offense or the declaration of some new types of violence.

In order to consolidate the efforts for combating violence against women, the Financial Law of 2011 provided for the establishment of a special account, called the National Assistance Fund, which started in 2012. A law was enacted to define the conditions and procedures to benefit from such Fund, and the financial means to cover the allowances of those who must pay the pensions. The management of the fund was transferred to the Deposit and Management Fund (CDG). Although, the number of beneficiaries women reached 562 only in October 2012.

2. Constraints

Despite efforts by the government to promote gender equality and empower women, several major constraints can be identified:

- Anchoring negative stereotypes genre. In this sense, strategies to promote a culture of equality and human rights in the language and vocabulary, laws and practices, behaviors and attitudes, media and education, and within organizations are essential persistence of discrimination and violence against women.
- Discrimination and gender-based violence is a serious violation of women's human rights, which require strengthening protection mechanisms, including through harmonization of national laws with international conventions, and strengthening access victims to justice services and support.
- The economic insecurity of women. The value of women's contribution to the national economy must go with an estimate of the unpaid work of women in their homes, so that measures are taken to enable women and men to easily combine this work with a job paid.
- The weak representation of women in information and decision-making bodies dedicated to the management of economic affairs circuits.

3. Adopted strategy

Government Plan for Equality (2012-2016) « ICRAM »

The Ministry of Solidarity, Woman, Family and Social Development (MSWFSD), has developed a Government Plan for Equality (2012-2016) "ICRAM" which provides a framework for achieving a convergence of various initiatives taken to integrate gender in public policies and development programs, and apply the commitments made in the Government's program for the period 2012-2016. This is by evoking the challenges of implementing democratic dispositions of the new constitution and Morocco's commitments to achieve the MDGs, taking into account the regional/local dimension of policies and programs.

This plan involves all government departments and concerns the following eight areas:

- The institutionalization and dissemination of equity and equality principles and the launch of the implementation of parity rules;

– The fight against all forms of discrimination against women;
– The rehabilitation of education and training system based on fairness and equality;
– The promotion of a fair and equal access to health services;
– The development of basic infrastructure to improve the lives of women and girls;
– The social and economic empowerment of women;
– The warranty of a fair access to administrative and political decision-making positions;
– And the realization of equal gender opportunities in the labor market.

In fighting violence against women

In the framework of the implementation of the National Strategy fighting Violence against Women and its Operational Plan 2004, the Ministry implemented the Tamkine (empowerment) Program during 2008-2011. It is a multi-sectoral program for fighting gender-based violence through the empowerment of women and girls. This program federated initiatives of 13 Government Ministries and eight UN agencies in Morocco under the MDGs acceleration Fund.

In addition to this program, the MSWFSD is currently working on the creation of a National Observatory on violence against women and regional observatories reporting cases of violence and discrimination that particularly affect women and girls. These institutions will base their respective missions on institutional information system on gender-based violence from various government departments system.

In this sense, the Ministry has signed partnership agreements with the Ministry of National Education, the Ministry of Communication and the Ministry of Culture to implement an integrated program of education to fight violence against women and girls.

Since 2005, the MSWFSD adopted a participatory approach to provide financial and institutional support to women's groups and to listening and legal counseling centers, in order to accompany women victims of violence. In this sense, a new dynamic was launched by the MSWFSD in 2012, according to partnership procedures with associations, to promote principles of transparency, governance, equal opportunities between partners and stakeholders by allocating necessary resources to these centers so that they can play their role in assisting women victims of violence.

To this end, the program for reforming and rehabilitating social centers, including the Centre for hosting women victims of violence and exclusion, was launched in 2013 by the MSWFSD. It is a tool to support different actors, stakeholders and associations related to social welfare institutions (support of 375 institutions in 2013) and this is parallel to revision of the 14.05 law regulating the work of these institutions.

Taking into account the importance of the media in changing attitudes and community awareness of human rights, especially for women, efforts are being made by the MSWFSD in partnership with the Ministry of Communication in establishing a National Observatory for improving women image in the media.

Table 3

Evolution of MDG 3 indicators

Targets	Indicators	1990	2012	2015
Target 10 Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015	**Education girls/boys ratio**	(1990-1991)		
	Primary education	66	91	100
	Lower secondary education	70	78	100
	Vocational secondary education	65	92	100
	High education	56	91	100
	Literacy rate of women aged 15-24 years against men	64.8	87.7	100
	Share of women in wage employment in the non agricultural sector:	(2000)		
	Urban	26.2	24.8	
	Rural	8.3	7.3	
	All	23.5	21.5	
Target 11 Eliminate disparities between Men and Women in access to labor market.	**Women employment by branch of activity:**	(2000)	(2012)	
	Agriculture, forestry and fishing	35.1	39.9	
	Industry (including handicrafts)	37.7	26.7	
	Building-Public Works	0.7	0.7	
	Trade	17.5	18.5	
	Women employment by socio-Professional status:	(2000)	(2012)	
	Wage-earners	21.9	20.3	
	Independent	14.3	14.7	
	Employers	6.6	8.0	
	Domestic workers	48.7	57.3	
	Apprentices	16.0	11.2	
	Associates or cooperative members	7.3	12.0	
Target 12 Ensure one third of legislative, executive and judiciary powers leading authorities are Women.	Proportion of seats held by women in national parliament (%)	(1997) 0.7	(2011) 12.5	
	Proportion of Female Ministers (%)	(1994) 5.1	(2011) 3.2	
	Proportion of female managers in public administration (%)	9.8	(2009) 14.6	
	Proportion of women in senior positions in public administration managers (%)	(2001) 29.5	(2009) 35	
Target 13 Reduce violence against women	Overall prevalence rates of violence against women (%)	—	(2009) 62.8	

Source : HCP.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity	X		
Recent information quality	X		
Statistical capacity building	X		
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms	X		

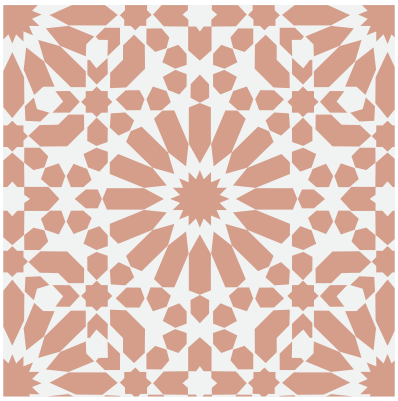
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	Medium	Low but improving	Low

Goal 4

Reduce child mortality



Goal 4

Reduce child mortality

At the dawn of the third millennium, Morocco has overall made significant progress in health, and was able to well manage a number of health issues including maternal and child mortality through approaches that gave satisfying results in terms of prevention, curative care and health promotion, which resulted in the enhancement of life expectancy at birth, which has increased from 65.5 years in 1988 to 74.8 years in 2011.

By subscribing to the Millennium Development Goals (MDGs), Morocco has committed itself to reduce by two thirds the mortality rate among children under five (MDG 4) by 2015. In this context Morocco has made significant progress thanks to efforts deployed in the 90s and especially during the last five years.

1. Current situation

Expressed in deaths per thousand live births (LB), the rate of child mortality in Morocco fell sharply during the last three decades from 143 in 1980 to 47 in 1999-2003 and 30,5 in 2007-2011 (National Survey on population and Family Health, 2011). While the MDG 4 in Morocco is to achieve a reduction from 76 deaths in the period of 1987-1991 to 25 deaths per 1000 live births in 2015.

The rate of infant mortality has passed from 57 deaths per thousand LB in 1987-1991 to 40 in 1999-2003 and to 28.8 deaths in 2007-2011, which is a decline of respectively 30% and 49%. Child mortality fell respectively by 20 thousand LB to 7 and to 1.7 deaths, which are successive reductions of 65% and 91.5%. Meanwhile, neonatal mortality has decreased from 31 deaths per thousand LB in 1987-1991 to 21.7 in 2011 (relative variation of 30%) but it continues to account for nearly 71% of child mortality and the main causes are prematurity, low birth weight, birth asphyxia and infection. Furthermore, post-neonatal mortality (1-12 months) decreased respectively from 26 deaths per thousand LB to 7.1 with a decline of 73%.

Reducing child mortality over the past thirty years has been made possible through the expansion of access to primary care and deployment of several national health programs for children under the age of 5.

In this respect, we may mention the National Immunization Program, the Program against the Micronutrient deficiencies, the promotion of infant and young child feeding (in particular protection, promotion and support of breast feeding), the Integrated Child Support aimed at both reducing the mortality and morbidity of children and promoting their harmonious development since an early age.

In immunization, the Ministry of Health provides freely 12 antigens of which eleven for the protection of child health to reduce targeted diseases by the National Immunization Program and a vaccine against tetanus for childbearing age women in order to prevent maternal and neonatal tetanus. Since the year 2010, vaccines against rotavirus and anti Pneumococcal vaccine were also included in the immunization schedule.

With an immunization coverage that exceeds 90% for children less than one year, Morocco has been able to eliminate polio since 1987, and diphtheria since 1991. Similarly, the elimination of neonatal tetanus has been validated according to the WHO-UNICEF protocol in March 2002.

From this elimination perspective, Morocco has led in the second quarter of 2013, a National Immunization Campaign against Measles and Rubella.

In order to strengthen the fight against micronutrient deficiencies, the Ministry of Health has received a Market Sale Authorization of rehydration salts low in osmolarity since 2012, also the agreement for the acquisition of Zinc and folic acid through UNICEF in early 2013.

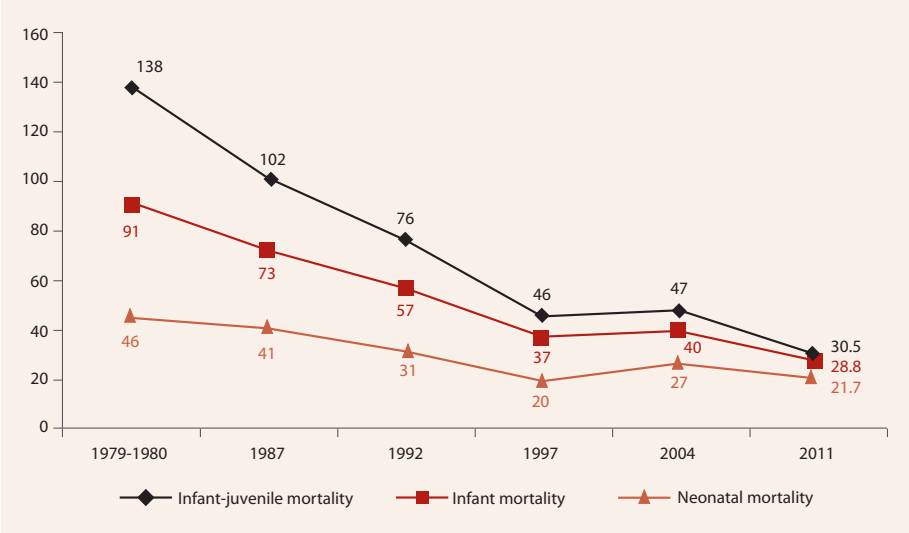
According to the National Survey on Population and Family Health in 2011, the nutritional status of children has improved significantly, as demonstrated by the decline in prevalence of chronic malnutrition from 18.9% in 2004 to 14.9% in 2011 and underweight among children under five was reduced from 9.3% in 2004 to 3.1% in 2011. The national calendar of

micronutrient supplementation advocates a systematic preventive iron supplementation for the benefit of pregnant women and vitamin A supplementation for lactating women and children under two years old.

Recognizing the importance of improving the quality of primary health care, the Ministry of Health has adopted a Child Support Strategy as an efficient approach that contributes to achieving MDG 4.

Graph 8

Observed and predicted infant-juvenile mortality rates (per 1,000 live births)



Source : ENPS (1985 et 1992), ENSME (1997), ENPSF (2003/2004), ENPSF (2011), HCP (2009-2010).

2. Constraints

Despite the progress achieved, inequities still exist in access to infant and child care between regions, between urban and rural areas and between socio-economic levels. Indeed, the decline in child mortality has benefited more children from the wealthiest families. This rate is 2.5 times higher among children from households in the poorest quintile (37.9 per 1000 live births) compared to the richest quintile (15.2 per 1000 live births).

In fact, physical and financial problems of access to infant and child care, lack of a structured chain of neonatal care as well as poor quality of pediatric health services are the main constraints targeted by the Action plan 2012-2016. It should be noted that social determinants are all access constraints to infant and child care that require a multi-sectoral collaboration.

3. Adopted strategy

In the current context of the countdown to achieve the Millennium Development Goals (MDGs) by 2015 and the development of a framework of accountability for mother and child health as recommended by the WHO, the Ministry of Health has adopted an action plan to accelerate the reduction of child mortality in the period of 2012-2016 targeting prenatal period. This action plan is based on efficient and effective interventions to ensure equity of care provision between regions and between urban and rural areas as well, also to facilitate access for the poor and especially for rural population. The objectives of this action plan go beyond MDG 4 target, as they aim by 2016 the reduction of child mortality to 20 deaths per thousand LB, infant mortality to 19 and neonatal mortality to 12 deaths.

This action plan is structured around six areas of intervention and 24 steps to reduce neonatal mortality and accelerate child mortality reduction. Areas of intervention are focused on organizing and strengthening health care delivery through upgrading childbirth structures and strengthening neonatal monitoring during postpartum, improving the quality newborn care, establishing an appropriate information system and the developing research in the field of prenatal health system. Communication strengthening and social mobilization are the measures that accompany this action plan.

In addition to this plan, the Ministry of Health launched a series of programs and national strategies specifically targeting rural areas in order to achieve MDG 4, such as:

– The RAMED (Medical Assistance Plan) generalization, dedicated to the economically disadvantaged persons. This plan entitles to a free support by public hospitals for the benefit of more than eight million citizens. Similarly, it reinforces the Mandatory Health Insurance launched in 2005 and currently covers over 34% of the Moroccan population.

– The National Nutrition Strategy (2011-2019) as a major lever for improving the health status of the population.

– The rural health plan to meet equity challenge, improve utilization of health services in rural areas and revitalize the mobile team and community involvement with the establishment of a regulatory system for obstetric and SAMU emergencies.

– The national immunization program which aims immunization coverage greater than or equal to 95%, evenly distributed nationally.

– The generalization of the PCIE strategy as an approach of primary health care support for children.

Table 4

Evolution of MDG 4 indicators

Targets	Indicators	Disaggregation	1982-1991	1994-2003	2002-2011	2015
Target 14 Reduce by two thirds, between 1990 and 2015, the Under-five Mortality rate.	Under-five mortality rate (‰)	All	76 (#)	47 (•)	30.5 (**)	25
		Boys	88	59	35.2	29
		Girls	80	48	25.5	27
		Urban	59	38	25.4	20
		Rural	98	69	35	33
	Infant mortality rate (‰)	All	57 (#)	40 (*)	28.8(**)	19
		Boys	69	51	33.8	23
		Girls	57	37	23.5	19
		Urban	52	33	23.6	17
		Rural	69	55	33.5	23
	Neonatal mortality rate (‰)	All	31 (#)	27 (x)	21.7(**)	10
		Boys	39	33	28.3	13
		Girls	29	23	14.9	10
		Urban	30	24	18.3	10
		Rural	36	33	24.7	12
	Juvenile mortality rate (‰)	All	20 (#)	7 (x)	1.7 (**)	7
		Boys	20	8	1.4	7
		Girls	24	11	2.0	8
		Urban	7	5	1.9	–
		Rural	31	15	1.6	10
	Proportion of children Completely vaccinated (%)		(1992)	(2003-2004)		
		All	75.7	89.1	87.7	95.0
		Boys	75.5	86.8	88.7	95.0
		Girls	76.0	91.2	86.8	95.0
	Proportion of children Immunized against measles (%)		(1992)	(2003-2004)		
		All	79.8	90.4	89.3	95.0
		Boys	79.7	88.2	90.6	95.0
		Girls	79.9	91.2	88.1	95.0
	Exclusive breastfeeding rate in The first 6 months (%)		(19-92)	(2003-2004)		
		All	51	31	27.8	

Sources : Ministry of Health, ENPS (1985 and 1992), ENSME (1997), ENPSF (2003/2004), ENPSF (2011), HCP, END (2009-2010).
(**) 2007-2011; (#) 1987-1991; (x) 1999-2003; (*) END, HCP 2009-2010.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity		X	
Recent information quality		X	
Statistical capacity building		X	
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms		X	

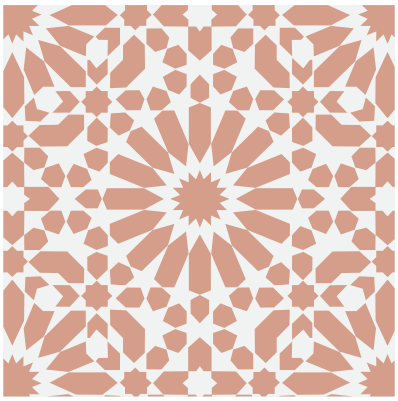
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	**Medium**	Low but improving	Low

Goal 5

Improve maternal health



Goal 5

Improve maternal health

By subscribing to the Millennium Declaration, Morocco has committed itself to reduce by three quarters maternal mortality (MDG 5) by 2015. In this context, Morocco has made significant progress thanks to efforts undertaken since the 90s, and especially during the last five-year period, and thanks to prevention and curative care approaches as well as health promotion.

Indeed, since the end of the 90s, the Ministry of Health has launched a series of actions to accelerate maternal mortality reduction, which had a significant impact on mother's health. These national programs include: action plans to reduce maternal mortality, Pregnancy Monitoring Program, Postpartum Childbirth, and Family Planning Program, fighting Micronutrient Deficiencies Program, Breastfeeding Promotion and National Immunization Program.

Despite the progress made, Morocco must step up efforts to be ready for 2015. The focus should especially be made on improving universal access for youth and women's reproductive health in both terms of information and services on one hand, and on the reduction of inequalities which still persist in this area particularly between communities, regions and socioeconomic groups on the other hand.

1. Current situation

The HCP Demographic Survey of 2009-2010 showed that maternal mortality rate has dropped by almost 66% in twenty years, from 332 maternal deaths per 100,000 LB in the period of 1985-1991 to 112 in 2010. Knowing that MDG 5 goal for Morocco is to eventually reduce by the three-quarters the rate of maternal mortality to reach 83 deaths per 100,000 live births in 2015.

This decline in maternal mortality is strongly correlated with the positive developments in the use of health services by mothers. Thus, according to ENPSF 2011, the contraceptive prevalence rate has increased significantly from 42% in 1992 to 67.4% in 2011, the total fertility rate is 2.59 children per woman, the proportion of 8 months pregnant women who used a prenatal consultation amounted to 77.1% and the proportion of births attended by qualified personnel is estimated at 73.6% in 2011.

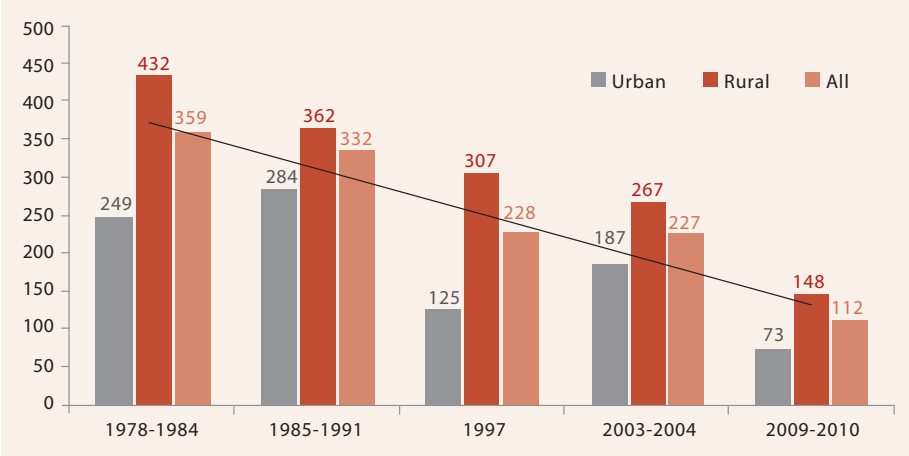
It should be noted that the establishment of a surveillance system of maternal deaths in 2009, in collaboration with the Ministry of Interior, has permitted a precise diagnosis of the situation in Morocco, and in particular a focus on the main causes of maternal deaths that are hemorrhaged immediate postpartum, preeclampsia/eclampsia and postpartum infection. This has been taken into account in the development of the 2012-2016 Action Plan to accelerate maternal mortality reduction.

In addition to the implementation of measures to reduce the burden of complications and maternal deaths arising from these causes, there is also a need to emphasize the importance of the implementation of actions specifically targeting the fight against teenage motherhood and effective generalization of the right of access to family planning services. It should be noted, in fact, in this regard, that the fertility rate among adolescents aged 15 to 19 remains relatively high with 32‰ according to the latest survey conducted by the Ministry of Health (ENPSF, 2011) which increases the risk of maternal death and morbidity in this age group and has a negative effect on the enrollment of girls, and on the other hand, the rate of unmet need for family planning is still a relatively level high: around 11% in the same survey.

In addition, postnatal consultation is, in turn, far from widespread among women. Only, in fact, 22.3% of ever-married aged 15-49 years women reported during the same survey, having received postnatal care after their last birth. This proportion drops to 7.9% when it comes to identifying women at 20% of the poorest households. Knowing that the 2015 target is to reach 80% at the national level, the effort required is clearly of great magnitude.

Graph 9

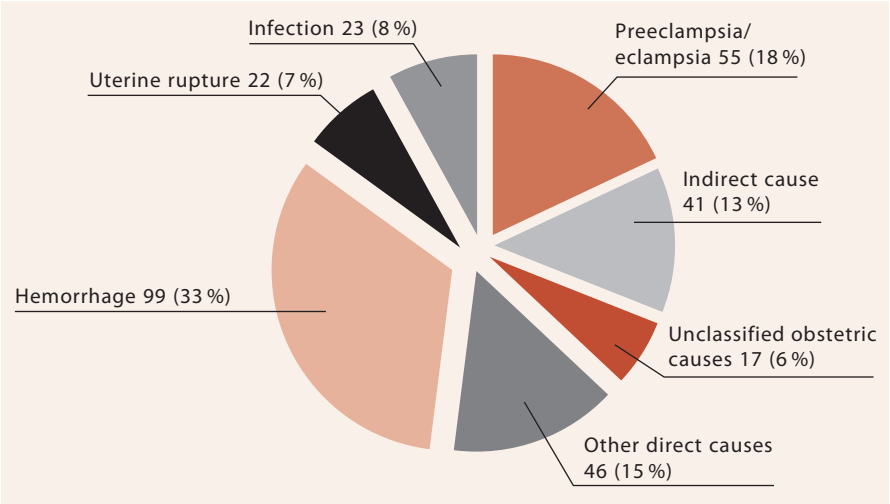
Observed and predicted maternal mortality rates



Sources : ENPS (1985 et 1992), ENSME (1997), ENPSF (2003/2004), ENPSF (2011), HCP 2009-2010.

Graph 10

Leading Causes of maternal deaths



Source: National Report of the confidential inquiry into maternal deaths in Morocco in December 2010.

2. Constraints

Despite the achieved progress to information and reproductive health services access inequities to obstetric care still exist by region, by place of residence and by socio-economic levels. Indeed, maternal mortality rate in rural areas is two times higher than in urban areas (148 versus 73 deaths per 100,000 LB) and birth rate in monitored areas does not exceed 55% for rural women. Moreover fertility rate among adolescents aged 15 to 19 in rural areas is twice higher than in urban areas (46 versus 21 in 1,000).Thereby achieving MDG 5 requires more than ever incorporating measures to improve health social determinants while adopting a multi-sectoral approach.

3. Adopted strategy

The Ministry of Health has developed an action plan for the period 2012-2016 based on efficient and effective interventions to ensure equity of care provision between regions and between urban and rural areas and to facilitate access for the poor and especially for the rural population. This plan targets low coverage areas through a series of scripted interventions to ensure care continuity.

The Action Plan 2012-2016 objectives go beyond MDG 5 target, particularly reducing maternal mortality to 50 deaths per 100,000 live births by 2016.

To this end, the Ministry of Health plans to increase monitored childbirth coverage from 73% to 90% (from 55% to 75% in rural areas) and prenatal care coverage from 77.1% to 90%, reach a caesarean rate of 10% and a 95% postpartum consultation coverage and maintain a contraceptive prevalence rate greater than or equal to 67%.

The 2012-2016 Action Plan to accelerate maternal mortality reduction focuses on four areas of intervention, which are:

– Consolidating the exemption policy of obstetric and neonatal emergency care;

– Improving the quality of care for obstetric complications;

– Strengthening the proximity role and responsibility on pregnancy and childbirth monitoring;

– Improving the regional control program.

This plan meets our country's commitments at national and international levels, indeed. Since 2008, the Ministry of Health has decided to provide free childbirth in all childbirth public structures to release families from financial barriers to access to emergency obstetric care. This free access has been extended, in addition to childbirth and cesarean, to support for obstetric complications threatening mother's life, to standard biological control of prenatal care, as well as to inter-structure transfer for all women if necessary.

Other measures have been adopted by the Ministry. These include:

– Developing and implementing 2011-2020 national reproductive health program which aims at:
  • The improvement of coordination of the planning and implementation of the integration of the components of SR at all levels of the health system;
  • The Increase of the availability of integrated services and quality in SR for the target population;
  • The promotion of the research in the field of Reproductive Health.

– The provision of childbirth structures with obstetric equipments, ambulances, echo graphs, mini-analyzers, childbirth kits and complete cesarean packages for hospital maternity;

– The improvement of blood and vital obstetric drugs availability (Magnesium Sulfate, Misoprostol tablets...), at all Provincial Hospital Centers;

– The medicalization of the first and third Prenatal Consultation and prevention strengthening by introducing four prenatal consultations, three postnatal consultations and a mandatory stay of 48 hours after childbirth for mother and newborn care;

– The creation of obstetric Emergency Medical Service (EMS) in remote rural area to transport troubled parturient women to hospitals;

– The upgrading and humanization of maternity hospitals and birthing homes to address structural and organizational deficits. The focus was on the birthing structures in rural areas and in remote regions;

– The establishment of a training plan for the benefit of doctors and midwives to improve their skills in emergency obstetric and neonatal care;

– The increase in midwife staff training and the number of posts reserved for the training of obstetrician and resuscitator doctors;

– The realization of certification audit of birthing structures and implementation of improvement plans to correct any deficiencies and organization conditions of services and support for the mother and the newborn;

– The generalization of mother's class approach to provide pregnant women with advice on alarm recognition, lifestyle, nutrition, feeding, childbirth preparation and postpartum care...;

– The involvement of the community and partners in health activities targeting rural areas: expanding the concept of Dar Oumouma (motherhood house), promoting parental education: involvement of local development agents in promoting monitored childbirth;

–The development and implementation of a regional action plan to reduce maternal and neonatal mortality in declination of the national action plan;

– The strengthening of maternal deaths surveillance;

– The social mobilization and advocacy around improving maternal health.

Table 5

Evolution of MDG5 indicators

Targets	Indicators	Disaggregation	1987-1991	1999-2003	2011	2015
Target 15 Reduce by three-quarters, between 1990 and 2015, maternal mortality rate	Maternal mortality rate (for 100 000 live births)	All Urban Rural	(1985-1991) 332 284 362	(1994-2003) 227 186 267	(2010) 112 * 148 73*	83
	Proportion of deliveries assisted by skilled-attendant	All Urban Rural	31 64 14	63 85 40	(2011) 73.6** 92.1 55.0	90
Target 16 Achieve, by 2015, universal access to Reproductive health.	Proportion of women who had at least one prenatal visit	All Urban Rural	33 61 18	68 85 48	(2011) 77.1** 91.6 62.7	90
	Fecundity rate among teen-agers (15-19 years) (for 1 000)	All Urban Rural	(1994) 28.6 20.7 36.4	(2004) 19.1 13.5 25.2	(2011) 32 21 46	
	Unsatisfied family Planning needs (in %)		(1992)# 19.7	(2003-2004) 10	10.9	
Target 17 Ensure that reproductive health decisions are jointly taken by men and women	Cesarean rate		(1999-2003) 5.4	(2008) 6.4	(2011) 11.7***	8,9
	Proportion of women who had at least one postnatal visit	All		6.6	22.3	80
		Urban		16.3	31.1	95
		Rural		3.6	13.6	60
	Contraceptive use rate		(1992)	(2003-2004)		
		All	42	63	67.4**	65
		Urban	55	66	68.9	65
		Rural	32	60	65.5	65

Sources: (*) Demographic Survey of the High Commissioner in the 2009-2010 Plan.
(**) National Survey of Population and Family Health in 2011.
(#) Reproductive Health in Morocco: demographics and sociocultural, 1998, CERED.
*** health in numbers 2011.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity		X	
Recent information quality		X	
Statistical capacity building		X	
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms		X	

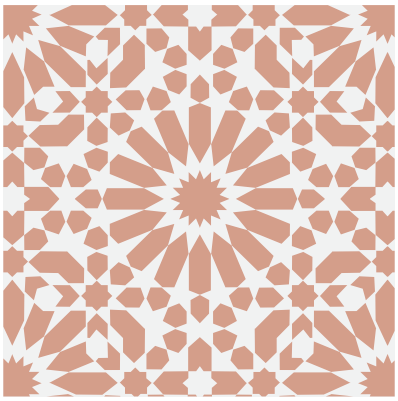
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	**Medium**	Low but improving	Low

Goal 6

Combat HIV/AIDS, malaria and other diseases



Goal 6

Combat HIV/AIDS, malaria and other diseases

In Morocco, efforts have been made towards achieving the Millennium Development Goals by 2015. Response to HIV/AIDS, Tuberculosis and Malaria is well structured and coherent, meeting international commitments through national strategies, strengthened by political commitment to mobilize necessary means to fight these diseases.

With developed national expertise and the involvement of different sectors, different strategies have been effective. This has resulted in the elimination of indigenous malaria in Morocco, and its certification by WHO in 2010, progress made in fighting AIDS and civil society dynamism to improve access of populations most at risk to various antiretroviral services and treatments, maintaining detection rate at more than 95% and therapeutic success rate of fighting tuberculosis at more than 85%.

1. Current situation

HIV-AIDS

HIV prevalence among general population, including pregnant women remains low in Morocco, at around 0.11%, one to two women over a thousand pregnant women have HIV. Slightly higher prevalence has been highlighted in recent years in some areas. In addition, there is a higher risk of infection in certain regions such as in Sous Massa Draa with a prevalence rate greater than 5% among sex professional women and among homosexual men, in the Oriental region especially the province of Nador with a prevalence of 25% among injecting drug users.

Since the epidemic beginning in 1986, until the end of December 2012, the total number of reported cases of HIV/AIDS was 7360, of which 4570 (62%) are AIDS cases and 2786 asymptomatic holders of HIV. The predominant mode of transmission is heterosexual (82%). Among the reported cases, 48% are women (40% are between 15 and 49 years old) and 2% are children under the age of 15.

The number of people living with HIV in Morocco is estimated at 30,000 in late 2012, with 500 to 1,000 children of less than 15 years old. Considering the 7360 reported cases and withdrawing deaths, these estimations show that 76% of people living with HIV would not know their HIV status and that there would be every day 10 new HIV infections and 4 AIDS deaths. According to the same estimations, every year 70 children are born with HIV in Morocco.

In the past 5 years (2008-2012), there are 90% of infants of less than 2 years old among children under age 15 living with HIV. This shows that the majority of new infections in children are due to the transmission of HIV from mother to child.

More than 60 % of children living with HIV are diagnosed at an advanced stage of the disease and 80% of cases are indicative of infection of their parents. Delay in infection diagnosis of the mother is due to limited use and access to screening.

On the other hand, modeling the impact of HIV in Morocco showed that 67% of new infections would occur in key population networks at higher infection risk and 70% of women are infected by their husbands.

Local dynamic of the epidemic continues to prevail. Thus, during the period 2008 to 2012, the region of Sous Massa Draa brought together nearly 25% of reported cases closely followed by Marrakech Tensift Al Haouz with 21% of cases and the Grand Casablanca with 11%. These three areas alone include more than half of the cases reported in Morocco over the past five years.

Furthermore, the incidence of STIs remains high. They are among the main causes of consultation at

Health Care Base facilities (HCB). Since 2001, more than 350,000 new cases of STIs are reported annually. In 2012, 439,000 cases were reported STIs, of which a very large proportion (72%) was found in women and is represented by vaginal losses of which 59% are not related to a real STI. Among these STIs 67,279 cases of men urethral leakage and 14,610 cases of men and women genital ulcer disease were reported, which is respectively 15% and 3% of the cases.

In order to achieve the MDG6 goal, much progress has been made in terms of prevention, care and support for people living with HIV.

In terms of prevention, the prevention programs for key populations most at infection risk and vulnerable population have been extended with the development of a guide to the norms and standards of outreach interventions for sex professional women and homosexual men.

In 2012, it was intended to cover: 60,000 people in key populations most at infection risk and 80,000 vulnerable people including youth and women. Other vulnerable populations were also covered as well as 15,000 migrants, 10,000 prisoners, 27,000 teamsters and 18,000 male and female workers.

The various programs, undertaken in collaboration with NGOs, have covered 49.200 PS, 19800 MSM and 835 injecting drogue users (IDU) of which 293 beneficiaries from the methadone substitution treatment. Regarding the Risk Reduction Program (RDP) in favor of IDU, the program implemented in Tangier was extended to Tetouan and Nador. The Methadone substitution treatment was started in June 2010 at three centers in Tangier, Casablanca and Salé. It is intended to provide access to methadone in Tetouan and Nador in 2013 and extend it to all consumer sites and some prisons.

In addition, the Ministry of Health launched in April 2012, a campaign for fighting stigma and discrimination against people living with HIV.

Supply of screening was expanded, both to NGOs structures (a number of 56 fixed centers and 5 mobile units) and to Health Care Database facilities, whose number has passed from 110 in 2011 to 250 in 2012. Screening has also been set up in 52/55 Diagnostic Centers for Tuberculosis and Respiratory Diseases and in 52 maternity hospitals in connection with the start of the National Plan of elimination and transmission of HIV from Mother to Child. Thus, in 2012, 222 thousand voluntary HIV testing have been made, of which 38,000pregnant women and 5827 tuberculoses against 1856 ones in 2011.

Aware of the low screening use, the Ministry of Health in collaboration with NGOs organized two national campaigns for HIV screening, the first from the 20th to the 30th of June and the second from the 27th to the 28th of December 2012.

The first campaign was reserved for the whole population and has achieved 76,000 testing, including 198 HIV tests.

The second has particularly targeted pregnant and childbearing women along with the launch of the National Plan for Elimination and Transmission of HIV from Mother to Child. The latter has achieved over 43,000 tests, including 11,000 pregnant women. Among women tested, 69 were HIV positive, including 10 pregnant women. As part of the implementation of the National Plan TME, it is planned to increase the number of HIV positive pregnant women who receive antiretroviral prophylaxis and monitoring in order to prevent transmission of HIV from mother to child. This coverage increased from 33% in 2011 to 48% in late 2012, far exceeding the assigned objective.

In addition, taking in charge STIs by ESSB and thematic NGO centers was consolidated with access to treatment and improving the availability of condoms, as well as with implementation of necessary measures to ensure ARV prophylaxis in case of Exposure Accidents to contaminated blood and Sexual Exposure in case of violence by implementing units that take in charge these cases in hospitals emergency services.

Universal access to antiretroviral therapy since 2003 of all eligible PLWHA to treatment

In late 2012, 5301 PLWHA were taken in charge and monitored in 15 Referral Centers (RC) including 244 children under age of 15 years and 195 pregnant women.

Among the 244 children taken care of, 210 (86%) were infants less than 24 months, under the Prevention and Transmission of HIV from Mother to Child (PMTCT).

The percentage of ARV treatment coverage of estimated PLWHA eligible for this treatment in Morocco was 53% in 2012, exceeding the planned target of 50% and thus marking an increase of over 10% compared to the year 2011.

Systematic prophylaxis of TB using ionized among PLWHA was adopted and the number of patients treated for TB-HIV co-infection with ARVs and anti bacillary reached 357 in 2012.

Meanwhile 3,000 PHAs received psychological and social support among the 5301supported by ARV treatment, or 56.5%.

It is also foreseen the creation of 4 new referral centers (RC) to support PLWHA in 2013 in the framework of the strategy of improving access to health care.

Tuberculosis

Since 1991, the Ministry of Health through its National Program for fighting tuberculosis has adopted the well known DOTS strategy (Directly Observed Treatment, Short-course). All components of this strategy have been implemented, and the budget allocated by the Ministry of Health to the LAT has been multiplied by three and a half times compared to that of the 1980s, which allowed development of a laboratory network for tuberculosis microscopy and its integration into primary care centers. Also, short standardized diets containing rifampicin and ionized are adopted in accordance with WHO recommendations, a regular supply of anti-TB drugs and laboratory utensils is insured, allowing free support for all TB patients, a system of TB cases recording and reporting to monitor epidemiological trends is implemented and evaluated on a regular basis.

As soon as the DOTS strategy was established, the number of new reported cases increased from 25,000 in 1990 to over 30,000 in 1994 and the treatment success rate increased from 70% to nearly 90%, and similarly, the cohort analysis of TB cases shows each year, a treatment success rate of over 85% since the introduction of the DOTS strategy in PNLATservices. The fatality rate among TB patients during treatment is usually around 2%.

The fight against tuberculosis is always considered a priority health intervention in all health policies implemented by the Ministry of Health. This has achieved significant progress in TB control by maintaining the detection rate over 95% and the treatment success rate over 85% since 1995. These efforts have reduced the incidence of all forms of tuberculosis by 30% and by 36% smear-positive pulmonary tuberculosis (PTB+) between 1996 and 2012.

Despite these significant achievements of fighting tuberculosis, it remains a major health problem in Morocco. Indeed, reducing PTB+ incidence on Moroccan population remains slow: 2 to 3% and therefore the impact is relatively high since in 2012, 27,437 new cases were found, which is equivalent to a cumulative annual incidence of 83 cases per 100,000 inhabitants and 35 new cases of smear-positive pulmonary tuberculosis per 100,000 inhabitants.

The most common form is the extra-pulmonary form with 13,122 cases (47.8%) against 11,572 cases (42.2%) of smear negative pulmonary tuberculosis and 400 cases (1.5%) of primo-infection.

The general profile of tuberculosis patient: tuberculosis affects young adult male, living in the most urbanized areas especially big cities. Thus, 65% of cases are young people aged between 15 and 44 years while 80% have an age of less than 45 years. 58% of cases are men against 42% for women.

Six regions account for 65% of TB cases reported nationwide. These are the Grand Casablanca, Tangier-Tetouan, Fes-Boulemane, Rabat-Salé-Zemmour-Zaer, Gharb-chrarda-Beni Hssen, and Souss-Massa-Daraa. And five regions show an incidence higher than national average.

Malaria

Through efforts made since the launch of the national program against malaria in 1965, the epidemiological situation has evolved favorably toward significant reduction in morbidity. Thus, the number of indigenous cases decreased from 30,893 in 1963 to only 68 cases in 1998. In 1999, it was decided to implement a malaria elimination strategy that leads to a final eradication of the transmission of the disease in 2002. And from 2005, no indigenous cases of malaria have been detected nationwide.

In subsequent years this situation, which has been consolidated, was marked by a zero incidence. In this context, Morocco has been certified by WHO in May 2010, a country free of autochthonous malaria. Currently, only cases imported from abroad continue to be registered in our country. In 2012, the number of detected cases of malaria imported from abroad was 364 cases.

2. Constraints

HIV/AIDS

Among the identified constraints and challenges facing the struggle against HIV/AIDS in Morocco, we can cite:

– Stigma and discrimination facing people living with HIV and populations at risk;

– Access difference between regions to screening and care for PLWHA;
– Delay in diagnosis of people living with HIV which is done in most cases at an advanced stage of the disease (AIDS stage);
– Integrating prevention into development programs;
– Inadequate human resources;
– Need to strengthen management capacity of NGOs.

Tuberculosis

Among the identified constraints and challenges to fight tuberculosis, are:

– Powerful influence of some determinants of this disease incidence, namely unhealthy housing, high population density, overcrowding, malnutrition, precariousness and poverty;
– Lack of collaboration with other sectors that have a role to play to address the disease vulnerabilities;
– Lack of active control of tuberculosis in prisons ;
– Deficient supervision of ATA services at different levels;
– Short supply of qualified staff of laboratory for tuberculosis microscopic diagnosis;
– LAT associative fabric is not well developed;
– Implementation delay of in the psychological and social support program.

Malaria

Among the identified constraints and challenges to fight malaria, there is:

– Inadequate human resources responsible for supervising and monitoring in the region structures;
– Lack of staff in rural areas of difficult access;
– Lack of intersectional collaboration for implementing surveillance and prevention actions against malaria reintroduction.

3. Adopted strategy

HIV/AIDS

The National Strategic Plan to Fight AIDS 2012-2016 set as its main objective to achieve universal access to prevention, treatment, care and support services to converge towards achieving zero new HIV infection, zero deaths and zero discrimination related to Morocco, in 2016. To this end, three outcomes are expected:

– Global result of impact 1: New HIV infections will be reduced by 50% in 2016;
– Global result of impact 2: Mortality of PLWHA will be reduced by 60% in 2016;
– Global result of impact 3: Governance and management of national response are optimized at centralized and decentralized levels.

The Ministry of Health works to improve multi-sectoral coordination through a National Coordinating Committee of Response to HIV and the establishment of Regional Intersectional Committees for Fight AIDS, ensuring the implementation of Regional Strategic Plans declined from a single framework, which is the National Strategic Plan, in line with the regionalization principle and the various development policies under the new constitution.

Enlargement strategy of screening supply, strengthening the decentralization of comprehensive support of PLWHA and of regions in terms of management capacity and human resources are the main components of the NSP 2012-2016.

Parallel to this, development of partnerships and more effective involvement of civil society, including women's NGOs and community has proved to be fruiful, with an international support from development partners, for better coverage of the populations most at risk of infection.

Tuberculosis

The Ministry of Health has developed a LAT National Strategic Plan (PSNLAT) covering the period 2006-2015. The purpose of this plan is to reconsider the WHO's Stop TB strategy in 2015 by accelerating the pace of tuberculosis decline to achieve the Millennium Development Goals.

PSNLAT objectives are: (I) maintaining the detection rate of smear above 90% (ii) achieve a treatment success rate of 90% and (iii) halving TB prevalence and mortality among population in 2015 compared to estimated figures of 1990 MDGs.

To do this, the Global Strategy «Stop TB» is implemented in all its components. PSNLAT activities are focused on the most disadvantaged neighborhoods of large cities, especially groups of people in a precarious situation in order to make them more accessible to LAT services.

To accelerate the implementation of the national TB control strategy, the Ministry of Health, under the slogan «All concerned to act against TB» led a process to develop a roadmap for TB fighting in the period 2013- 2016. This roadmap aims at mobilizing all key players in the response of the Ministry of Health, to create synergies to mobilize all other health actors to influence other vulnerability determinants and enhance and formalize the contribution of each actor in the National Program for Fighting Tuberculosis in developing joint work plans or contract-programs that ensure the involvement of all to embody the commitments set in the roadmap 2013-2016.

Nationwide expected outcome: Stabilization or slight increase in the annual notified incidence of tuberculosis and then decrease in this incidence of at least 6% per year from 2015.

Malaria

To maintain the status of an indigenous malaria free country, the Ministry of Health has developed and implemented from the year 2011, a strategy to maintain the prevention and elimination of malaria reintroduction.

1. General objectives

– Prevent reintroduction of malaria in our country;
– Avoid mortality from abroad malaria.

2. Specific Objectives

– Early support of cases imported from abroad ;
– Raise awareness and advice to travelers to endemic countries ;
– Target screening activities ;
– Ensure entomological surveillance and malaria vector control methods in areas at risk;
– Revitalize intersectional collaboration and community participation in the context of the "Integrated Anti Vector fight Management" approach;
– Strengthen capacity of involved staff in program management of malaria control;
– Strengthen monitoring and evaluation of different program actions.

Thus, we can conclude that elimination of indigenous malaria target in the context of the MDG 6 is already reached. The preservation of this achievement constitutes one of the priorities of the Ministry of Health.

Table 6

Evolution of MDG6 indicators

Targets	Indicators		1990	1995	2000	2005	2010	2012	2015
Target 18 Have halted by 2015 and begun to reverse the spread the HIV/AIDS	1. HIV prevalence among pregnant Women (%)		—	(1994) 0.03	(1999) 0.07	0.06	(2009) 0.17	0.11	
	2. Prevalence among sex workers				(2001) 2.30	2.04	(2009) 2.38	2.02	
	3. Contraceptive use rate among married Women 15-49 years old		(1992) 42	(1997) 58	—	(2003-2004) 63	67.4	65	
	4. Share of condom use in Contraception (%)		(1992) 2	(1997) 3	—	(2003-2004) 3	1.6		
	5. Condom distribution (UNGASS 2008)								
Target 19 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Indigenous malaria incidence rate (for 100,000 inhabitants)					(2006)			
		Men	7.0	1.2	0.02	0	0	0	
		Women	5.0	1.4	0.02	0	0	0	
		Whole	6.2	1.3	0.02	0	0	0	
	Incidence of imported malaria (number of new cases)		(1992) 54	33	56	(2006) 83	(2008) 142	364	
Target 20 Have halted tuberculosis and begin to reverse the current trend	Tuberculosis incidence rate (for 100,000 inhabitants)		113	(1996) 118	106	(2006) 85	83	83	50

Source: Ministry of Health.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity	X		
Recent information quality	X		
Statistical capacity building		X	
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms	X		

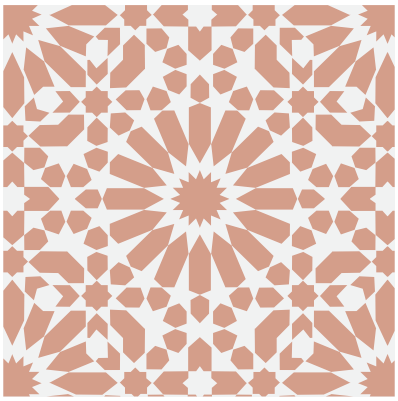
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	**Medium**	Low but improving	Low

Goal 7

Ensure environmental sustainability



Goal 7

Ensure environmental sustainability

Achieving this goal remains a priority and critical to achieving the majority of the other Millennium Development Goals. The rational management of natural resources and spaces is not only a moral obligation towards future generations. It has also become an economic necessity since the environment's market has been in several countries a growth engine and a tool of improving population's well-being.

Long been aware of these issues, Morocco, led by a political will at the highest State level and strengthened by civil society and private sector involvement, is resolutely determined to achieve this goal.

Its efforts on the legal side resulted in the adoption of two types of texts : laws that strengthen the protection of the environment – water law, law on impact studies, law on the fight against air pollution, law on waste management, law on protected areas and law on degradable and biodegradable plastic bags – and recent laws rather in a perspective of sustainable development namely – law on renewable energy, laws related to the creation of the National Agency for Renewable Energy and Energy Efficiency (ADEREE) and the Moroccan Agency for Solar Energy (MASEN).

Similarly, the National Charter for Environment and Sustainable Development, developed through the Royal Guidance and adopted in 2011, provides now a comprehensive and structuring framework for sectoral public policies and for all territorially conducted projects.

This Charter is a declaration of the country's intention to take the path of growth and sustainable development by articulating the values and principles of environmental protection and sustainable development in all areas of social, economic and development and defining the rights, duties and responsibilities of individuals and economic agents.

It urges governments, economic and social actors as well as civil society to ensure the achievement of the objective of sustainable development. The implementation of the principles of this charter will ensure coherence between sectorial strategies and priorities for environment and adaptation to climate change, and management of natural and technological hazards and strengthen territorial convergence in areas and for populations most vulnerable.

The draft charter was submitted to a national consultation process with key stakeholders and the general public, which led to the formulation of the recommendations contained in the Charter. The final text of the Charter was approved by the National Environment Council (NEC) at its seventh session in 2011 under the chairmanship of the Prime Minister. The CNE has made recommendations on ways and means to operationalize the Charter at national, local and sectoral levels.

A draft framework-law, which aims to ensure a legal basis to principles, rights, duties and obligations contained in the Charter, has been adopted by the Ministers Council in March 2013.

By engaging in sustainable development, Morocco is joining international community efforts, but also takes its responsibility toward its people, by undertaking works to harmonize its economic, political and legal structures in a way that fits perfectly in the spirit of sustainable development imposed by the new constitution which sees this as a right for every citizen

In the field of environment, effective collaboration has been developed with NGOs, particularly through sustained support to strengthening its role as a development partner, through programs of capacity building of civil society stakeholders, funding sustainable development projects, and promoting the exchange of experiences and initiatives through, among other things, networking.

1. Current situation

To cope with pressure on natural resources due to population growth, space occupation ways and unsustainable resource exploitation, exacerbated by uncontrolled climate change impacts, major efforts have been made to provide the country with adequate

tools for environment management and protection in the benefit of forests, biodiversity, soils and oases.

Forest

Moroccan forest has many assets related to its high biological diversity and its impact on the socio-economic balance of the country. In addition to its direct economic importance, it contributes to national economy through its ability to protect biodiversity, water resources and soil from erosion and desertification. It also plays a social role in providing recreational and educational spaces increasingly requested for population development.

In 2011, forest area was estimated at 9.03 million ha which represents 12.7 % of the national area.. If we consider only forest area formations (excluding Alfa), which is nearly 6.4 million hectares, the average rate of forestation in the country is around 8%, which is below the optimal rate (15-20%) required for environmental ecological balance.

As part of the preservation of our forest heritage, actions were taken on:

– The delimitation and tenure security of 98% of the 9,03 million hectares of forests while guaranteeing the right of use for the local population;

– The reversal of the degradation trends of the forest through reforestation, regeneration and forest grazing improvement by increasing the rate of plantations from 20,000 ha per year in 1992 to more than 40,000 ha per year in recent years, giving priority to indigenous species (cedar, cork oak, argan). A special feature of this program is its incentive characteristic which consists of compensating people affected by forest grazing established by decree in 2002. In 2008, user's organization concerned 61 associations spread over 19 provinces with a number of 5600 members for an enclosure area of 42,600 ha. In addition to the impact on forests regeneration and restoration, this program allows to organize local residents and create collective socio-economic projects that generate income in rural areas through generated amounts for enclosure compensation, with an average annual value of nearly 20 million dirhams.

– Fighting forest fires through the establishment of a prevention, risk management, early warning and coordinated response system which helped lower the average area affected by fire from 14 ha (1960-1995) to 9 ha (1996-2006) and 4 ha nowadays;

– The Identification of more than 170 urban and per-urban forests that contribute to the well being of 14 million people in 50 cities of the Kingdom. The implementation of a strategy dedicated to these forests serving environment, landscape and people through, on one hand, the organization of public reception in 40 woodland sites with appropriate outdoor equipments and through environmental education aimed at improving knowledge of the fragility of these forest habitats, on the other.

Biodiversity in Morocco: a wealth and sustained efforts for its Preservation

Morocco occupies a privileged position in the Mediterranean basin due to the diversity of its bioclimatic, to the variety of natural ecosystems, especially forest and rich variety of flora and fauna. Indeed, national biodiversity is of particular ecological importance with over 24,000 animal species and 7,000 plant species and an unrivalled global endemism rate over the Mediterranean basin: 11% for fauna and 25% for vascular plants. Ecosystem diversity is remarkable with a significant wealth of genetic resources, including medicinal and aromatic plants spread across the steppes and mountain areas of Atlas and Rif.

However and despite the enormous conservation effort made by different stakeholders, significant threats, mainly derived from multiple human activities weigh on biodiversity in Morocco,. Ecosystems are more or less affected by direct or indirect activities related to economic development and population growth in the country (intensive agriculture, overgrazing, overexploitation of natural resources, industry, pollution, urbanization...). In extreme cases, the impact of these activities result in a catastrophic depletion of plant and animal species and sometimes irreversible damage to some ecosystems, and around most cities where huge areas of good agricultural land are urbanized, these trends get more accentuated by the climate change.

So in species terms, over 7000 taxa that make up Moroccan flora, nearly 1,700 are considered in the National Biodiversity Study (2009) as rare and /or threatened, which would be a potential loss of more than 24% of this floristic wealth. The situation is not much better for fauna. Many animals have also disappeared or become rare and more than 600 species are currently considered threatened wich represents 2.5% of this fauna.

The marine environment is also experiencing significant damage mainly due to coastal development and various forms of pollution (domestic, agricultural, industrial, accidental), which does have more or less serious consequences on this environment and its species.

The Kingdom of Morocco, one of the first signatories of the Convention on Biological Diversity (CBD) in 1992, took this threat with serious consideration and has initiated proactive measures to reverse the trend of degradation phenomenon. Indeed, and to meet the provisions of the CBD, which recommends the protection to 10% of the territories, the Protected Areas Directory Plan has identified more than 160 sites of biological and ecological interest, covering all of its ecosystems, over an area that exceeds 2.5 million ha.

In this context, 10 national parks, with a total area of over 800,000 ha (Souss-Massa, Toubkal, Tazzeka, Ifrane, Talassemtane, Al Hoceima, Khenifis, Oriental Haut Atlas, Iriqui and Khénifra) were decreed and endowed, according to priority scale, with developing and management plans during implementation. To embody this strategy, a new law on protected areas was enacted in July 2010, including the five categories (national and natural parks, natural reserves, biological reserves and natural sites) which are adapting criteria that are relevant to the socio-economic context of the country.

Other measures have also been undertaken to conserve resources, including the development of resettlement and rehabilitation of extinct species programs, the development and management plans of certain threatened areas and species, the establishment of gene banks, the establishment of a national strategy to raise awareness and environmental education and sustainable development, and the strengthening of legislative framework by the development and promulgation of numerous laws, including the ones for protected areas and for International Trade concerning wild fauna and flora species threatened with extinction. Similarly, three natural areas are part of the international network of UNESCO biosphere reserves which are Arganeraie, southern oases of Morocco and Western Rif.

Wetlands

Morocco enjoys an important wealth of wetlands which are divided into natural lakes, lagoons, estuaries, marshes, swamps, etc. 120 major natural lakes are inventoried nationwide, the majority of which is located between two mountain ranges of the Middle Atlas and High Atlas. On the coast, there are lagoons and coastal marshes and estuaries.

Four Moroccan wetlands were classified in 1980 by Ramsar Convention (an international treaty for conservation and sustainable management of wetlands, adopted in 1972 and planning to identify important wetlands, subscribe and preserve them) as sites of international importance as habitats for birds: Khenifis, Sidi Boughaba, Merja Zerga and Aguelmam Afenourir. A dozen of other sites have recently been included in the Ramsar list. Inland wetlands are of a great importance because they contribute to:

– supply of ground water;
– flood control and mitigation of climate change;
– high floral and faunal biodiversity maintaining; thousands of migratory birds pass through these wetlands;
– economic and leisure activities, etc.

Oases

Morocco oases are located in arid areas where rainfall rarely exceeds 200 mm/year. The oasis area hosts 1.7 million people, or nearly 5% of the country population, covering an area of 115,563 km^2.

These oases are home to ancient civilization and traditional know-how for water mobilization and natural resources management. Expertise in agriculture was developed in these vulnerable areas where balance becomes increasingly fragile: adoption of an intensive three vegetation levels associated with the farming system, the association agriculture, the oriented crops and varieties with high commercial value and diversification of non-agricultural activities.

The human induced degradation of these natural resources already weakened by the effects of recurrent drought, pathogen attacks palms (Bayoud) can be summarized as follows:

– The aberrant and uncontrolled proliferation of water pumping caused a serious deterioration of some oases.
– The breakdown of traditional societies: the oases are inseparable from the social structures that shaped and managed for centuries with great rigor and attention and a high sense of the value of water. But these societies are desintegrating causing the deterriration of oases. The uncontrolled development of water pumping also shows the decomposition of traditional society.

These issues affect the integrity of oases ecosystems and lead ultimately to the decrease of their goods and

services, and therefore to the degradation of living standards and to the social and cultural destabilization of local communities.

To minimize the damage to this environment, the following three programs were launched:

– The Oases Program of Tafilalet as an experiment for sustainable territorial development.
– The program of Southern Oases led by the Southern Development Agency, in partnership with UNDP, has strengthened the capacity of local municipalities in planning and sustainable development of oases zones.
– The African Program for oases and Climate Change Adaptation funded by the Japanese cooperation and driven by UNDP helps to manage and reduce the risks caused by climate warming in the oases productive systems of Morocco, through the introduction of innovative approaches to adaptation and strengthening local capacity in a territorial approach.

Access to drinking water

The alternation of high runoff and drought sequences of varying intensity and duration is a dominant feature of hydrological regime of Morocco. The large regional differences in rainfall also induced variability of surface runoff. Indeed, 51% of surface water resources are produced at four hydrological basins (Loukkos Tangier, Mediterranean Coastal and Sebou) which cover only 7.1% of the national land area. The potential of natural water resources in Morocco is estimated at an average year to nearly 22 billion m^3 per year, the equivalent of nearly 700 m^3 per capita per year, below the threshold of 1000 m^3/inhabitant/year, commonly accepted as the threshold below which shortages and impending crises of water appear. This shortage would increase with population growth and the risks associated with climate change.

To support the development of the country and the needs expressed by the user sectors, Morocco has undertaken, since independence, several action plans for the efficient management of its water resources. This policy has enabled the country to provide significant water infrastructure ensuring, despite limited water resources, the supply of drinking water for people, industry and the development of irrigated.

Several reforms were also iniated and represent a major step. They were based on the establishment of a modern legislative framework namely the water law 10-95 which allows water governance, the management of water demand and the introduction of economic, financial, legal and regulatory tools to stimulate efficient water management.

The drinking water sector received also a great attention from the public authorities over the past three decades. Access to drinking water is widespread in urban areas since 2005. 94% of urban population is supplied by piped drinking water at home whereas 6% are served by public standpipes in 2012.

Indeed, since the launch of Grouped Supply Drinking Water Program (PAGER) (18), efforts have helped increase the access of rural drinking water rate from 14% in 1995 to 85% at the end of 2007 and to 93% in 2012. The beneficiary population increased from 3.4 million in 1995 to 12.6 million in 2012. The overall cumulative investment over the period 1995-2012 reached nearly 13.5 billion DH (excluding VAT).

The demand of rural populations to be supplied by individual connections is increasingly growing with achieving a very satisfactory access to drinking water rates. Taking into account the low incomes of rural households and the need for financial balances of ONEE, formulas are found to meet this demand.

It should be noted, however, that if the rate of rural access to drinking water has reached 93% in 2012, which is a national average, some regions and provinces are still laging behind this average, These are the provinces of Safi, Youssoufia, Nador, Driouch, El Jadida, Sidi Bennour, Chefchaouen. In the majority of these provinces, programs are now in progress to improve their water access rates.

Furthermore, the sustainability of access to drinking water in rural areas remains conditioned by the security of the installations, which sometimes experience periods of malfunctioning. Given the importance of mobilizing investments to remedy this situation, a study is being conducted in partnership between ONEE and departments of the Interior (DGCL), of Health and of Water to develop a national program to update the level of these facilities in rural areas.

Access to sanitation and treatment of urban wastewater

The lack in sanitation and wastewater treatment is one of the main causes of the deterioration of the quality

18. It should be noted that since 2004 PAGER was replaced by the universal access program to safe drinking water in rural areas where ONEE has become the main actor in drinking water in rural areas. The rural electrification rate went from 22% in 1996 to 97.9% in 2012 according to ONEE data

of surface water and groundwater. Until 2005, the sanitation sector in Morocco has known a considerable delay, this was characterized by:

– Low priority given to issues of wastewater management and to the needs of operators;
– Partial coverage of networks that are often decayed and saturated;
– A limited number of purification plants (In 2005, a volume of 600 million m^3 of urban wastewater was released without treatment).

The National Sanitation Program (NSP) was revised in 2008 to improve the pace of its implementation through funding mechanism optimization and cost recovery. Its main objectives are to:

– fold the domestic pollution by 50 % in 2015, 80% in 2020 and 100 % in 2030;
– to treat tertiary wastewater and reuse 100% of it by 2030.

Since the implementation of the NSP, several projects have been completed or nearing completion. The current situation is as follows:

– The rate of wastewater treatment in urban areas is 28% against 8% only in 2005.
– 73 wastewater treatment plants have been implemented whereas 44 others are under construction.
– Access to sanitation in urban areas was estimated at 89.8% (19) in 2012.

The solid waste management

The growth of urban population with changes in patterns of production and consumption and the improvement of living standards, coupled with the proliferation of suburbs, in recent years have led to a significant increase of municipal solid waste and made it very complicated the collection, removal and disposal of domestic and similar waste, where the production in urban areas is estimated at 5 million tons/year, that means a ratio of 0.76 kg/capita/day. These wastes are often disposed of in uncontrolled dumps or in "blackspots" and streams without any treatment. This situation poses serious implications for both public health and the environment. From the economic point vue, the integration of Morocco into the free trade world market requires compliance with stringent environmental standards, traceability, and quality of services.

19. *Source :* Report on social indicators Morocco-2012, HCP

The law 28-00 on the management of waste was enacted since 2006. It aims to prevent and protect human health, fauna, flora, water, air, soil, ecosystems, sites and landscapes and the environment in general against the harmful effects of waste. It defines, classifies and establishes obligations regarding the management and disposal. The law specifies that solid waste must be reduced in quantity and harmfulness during its life cycle.

To address this issue, a National Household Waste Program was launched in 2007 with the aim to achieve by 2020 a collection rate of 90% and of 100% in 2030. This program also aims to generalize controlled dumps in all cities by 2020. With the organization and promotion of the industry "Sorting - recycling - recovery". It is expected to reach the 20% rate of recovery of waste generated. The overall cost of the program amounts to 40 billion dirham.

Under this program, Morocco has achieved a number of objectives such as increasing the organized collection rate to 76% against 44% in 2008 and increase the rate of land filling of waste disposal to 32% of household waste, against 10% only before 2008. This rate will be 66% after the completion of controlled dumps program.

The current number of landfills is 14: Fes, Oujda, El Jadida, Essaouira, Rabat, Berkane, Figuig Guelmim, Al Hoceima, Agadir, Nador, Dakhla and Laayoune, Mohammedia. Other controlled dumps are under construction in Marrakech, Ifrane, Khouribga, Safi, Tata and Casablanca. 24 controlled landfills were rehabilated while 84 others are being rehabilated.

Safe Habitat

Officially launched in 2004, "Cities without Slums" program aimed at eradicating all slums, i.e : 362,327 households (a figure updated as the program progresses) in 85 towns and cities, with an investment of about 25 billion dirham, including a state subsidy of 10 billion dirham. The implementation of this program is based on the city as the unit of programming, a conventional framework for the partnership between state and local governments and the schedule of the implementation of the programs and increasing the habitat prevention supply. Three modes of resumption are privileged under this program. It is the restructuring, relocation and resettlement.

Since its launch in 2004, Cities Without Slums program has allowed to:

– Reduce the demographic weight of households living in slums in the Moroccan cities from 9.2 % in 1994 to 5.9% in 2012;
– On a total of 362,327 households covered by the program, 200,666 households benefited from resorption projects;
– 45 cities were reported without slums among the 85 cities involved.

Combating air pollution

Degradation of air quality in large urban areas is a serious problem that threatens public health. Indeed, the air is more polluted, especially in large cities that include both mobile sources namely urban transport and stationary sources of pollution, such as industrial plants, energy and craft. The Moroccan car fleet is responsible for 50 to 60 % of the pollution.

Faced with this situation, improving the knowledge of the state of air quality through the strengthening of national monitoring and implementation of cadastral air emissions in large cities is a fundamental part of the environmental strategy.

Thus, in addition to the 29 monitoring stations of the air quality, it is planned to strengthen the monitoring network by extending it to all major cities, and doing studies with cadastral air emissions to better assess and monitor efforts to combat air pollution.

Emissions of greenhouse gases have increased from 48 072 giga-grams CO_2 equivalent in 1994 to about 63,440 in 2000 to 75 047 in 2004, representing an increase of over 56%. Energy accounts for more than half of emissions (56% in 1994 and 53% in 2004). Agriculture is responsible for about a third of emissions with a slight increase between 1994 and 2004.

Climate Change

By its atmospheric, oceanic and geographic characteristics, Morocco undergoes hard impacts of climate change, as evidenced by severe and frequent droughts experienced by the country in recent years. The decline in water supplies has reached 20% in the period 1940-2005 and the average temperature has increased by more than 1° C between 1960 and 2000. In addition, Morocco has experienced several floods that caused loss of life and significant economic damage. In the last decade, the phenomenon of flooding has increased significantly (Ourika 1995, Tetouan in 2000, Merzouga in 2006, Tangier, Nador, Al Hoceima, Fnideq 2008, Errachidia and Rabat in 2009, the regions of Gharb and Souss 2010, Casablanca in 2011).

The growth of agricultural, urban, industrial and tourism needs, combined with the impacts of climate change would result in a water deficit estimated at nearly 5 billion m^3 by 2030.

To address situations of deficits in some basins, it is envisaged the transfer of water between basins from north to south to support the socio-economic development of basins of Bouregreg, Oum Rbia and Tensift. 800 million m^3 could be transferred on average. It is also envisaged the development of desalination of sea water using solar or wind power to mobilize 400 million m^3 per year. In the same context, it is expected the reuse of treated wastewater with a potential of 300 million m^3 per year by 2030.

In terms of risk prevention, the national water strategy includes strengthening of national protection against flooding (being updated), with the aim of extending coverage to 20 new sites per year by taking structural measures (dikes, dams or thresholds) or by initiating non-structural measures (telemetry systems for flood warnings, flood zones limiting and development of early warning and emergency plans).

Regarding climate change mitigation, Morocco has adopted clean production methods combined with a national energy strategy that focuses on the development of renewable energy and energy efficiency that allow a fossil fuel economy of 2.6 Mtoe/year. The mitigation potential of GHG emissions in Morocco was estimated at 57 million t CO_2 by 2030 to an estimated $30 billion cost. After the experience gained with the Clean Development Mechanism (CDM) and the development of the National Appropriate Mitigation actions (NAMAs) backed by national strategies and programs Shares, Morocco is preparing to launch the preparatory phase of carbon market mechanism (Partnership for Market Readiness: PMR).

2. Constraints

Despite the efforts made, several constraints are listed:
– Pressures on natural resources and impacts on the environment and the economy (domestic and industrial waste, over exploitation of resources…);
– Unpredictable climate change impacts;
– Lack of regulatory framework for the reuse of treated wastewater for irrigation or elimination of muds from wastewater treatment;
– Slowness of the promulgation and implementation of texts relating to the environment;
– Importance of investments to address some damage;

– Lack in terms of awareness and involvement of citizens;
– Funding needs to increase the pace of implementation of project (sanitation, climate change mitigation, etc.);
– Secure access to safe drinking water and generalize the household connection;
– Need for technology transfer in the context of North-South cooperation;
– Need for capacity building of national actors;
– Cost of high land acquisition by municipalities for the implementation of sanitation facilities.

3. Adopted strategy

In Morocco, the process of planning for sustainable development has been built around the environmental upgrading (MANE), the development of a National Environmental Strategy (NES), and the definition and implementation of a national Sustainable Development Strategy (NSDS).

At the global level, the implementation of green growth is a challenge for sustainable development adopted in particular as one of the themes of the Rio +20 conference in June 2012. It is characterized by the adoption of new organizational models, new ways of life, including production and consumption that tend to conserve natural resources and to bring together the three pillars of sustainable development (economic, social and environmental).

Several sectoral strategies have been initiated in this framework, including an ambitious energy strategy to promote energy efficiency and the development of large-scale renewable energy. This strategy intends to reduce energy consumption by 12 % by 2020 and 15% in 2030 and to increase the installed capacity of renewable energy to 42 % (14% solar, 14% wind and 14% water) of the total power capacity in 2020.

The water strategy aims meanwhile, at the rationalization of water use in all sectors, especially in agriculture.

Indeed, Morocco has developed the National Water Saving Irrigation Program (NWSIP) which aims for sustainable and rewarding massive conversion of surface irrigation and sprinkler irrigation to drip irrigation for efficient use of irrigation water resources. This program focuses on the conversion to drip irrigation of a total area of 555,000 ha in 2020, representing an average rate of equipment near 55000 ha per year.

In the field of domestic, industrial and tourism sectors, the potential water savings of 120 million m^3 is possible through improved yields networks, standardization and encouraging the use of appropriate technologies to saving water, improving the efficiency of water use in industry and tourism units and consideration of the best water-saving practices in the construction standards.

Morocco has also adopted an agricultural strategy by 2020 called Green Morocco Plan (GMP) which has two pillars: Pillar I, which focuses on the development of modern agriculture and Pillar II focuses on supporting small farms characterized by fragile ecosystems (oasis, mountainous areas, etc.), and areas, by improving the incomes of the most vulnerable farmers.

The components related to the environment provided in the GMP concern:

– The preservation of water;
– Conversion of nearly one million hectares of cereal crops to fruit trees, which will help to protect farmland;
– Integrating climate change issues in the implementation of some local projects funded by international donors;
– Favoring the use of renewable energy in the agricultural sector (solar, wind and biogas).

The implementation of GMP result in:

– Significantly increase of the productivity of crops in parallel with a reduction of 30% of the cultivated area, which will alleviate environmental pressure on water and soil;
– Encourage local initiatives to develop sustainable agricultural activities sound environmentally such as the production of cactus, capers, honey and sunflower.

All programs, plans and projects that fall under the GMP should be subjected to a study of the environmental and social impact and have a management plan specifying the procedures for monitoring, evaluation and training for a participatory approach and the necessary budget to be allocated for the implementation of the plan. Rationalization of agricultural water use, particularly in irrigation systems, contributes to the successful integration of climate change component in the implementation of GMP.

Tourism strategy for 2020 also placed sustainability at the heart of its concerns by focusing on the development potential of each of the regions of the Kingdom and the promotion of tourism that respects the environment. The Halieutis Plan aims also the sustainable use of resources and the promotion of responsible fishing.

Table 7

Evolution of MDG7 indicators

Targets	Indicators	1995	2000	2006	2009	2012	2015
Target 21 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environnemental resources	Proportion of Forest area	12 .7	12.7	12.7	12.7	12.7	
	Average annual reforested area (ha)	20,000	20,000	29,651	39,160	(2011) 42,469	
	Extent of protected areas for biodiversity conservation (ha): national parks	(1994) 193,380	(2001) 545,000	606,000	(2008) 808,700		
Target 22 Reduce gas emissions harmful to health and the environment	Carbon dioxide emissions in million tons E-CO_2	(1994) 48.07	(2000) 63.4	(2004) 75.04			
	Emissions of ozone-depleting substances (tons)	(1996) 814	564	(2001) 435			
	GDP per unit of energy use (PPP $ per kg of oil equivalent)	(1990) 10.2	(2001) 9.9	5.1	(2008) 6.0		
Target 23 Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of population using an improved drinking water source Urban Rural	(1994) 81 14	 88 43	(2007) 100 85	 100 89	 100 93	 100 96 (2016)
	Proportion of urban households with Access to sewage network	(1994) 74.2		85.6	88.4	89.8	100
Target 24 Eradicate, by 2020, in urban areas, all forms of housing that do not comply to security requirements	Proportion of urban population living in slums	(1994) 9.2	(2001)	(2004)	(2012) 5.9		
	Percentage of urban households owning their own residence	(1994) 48.5		64.5	66.4		

Source: High Commission for Planning, Ministry of Urban Planning and Spatial Development, Ministry of Energy, Mining, Water and Environment, Ministry in charge of Water, Ministry in charge of Environment.

Monitoring and evaluation capacity

	High	Medium	Low
Data gathering capacity	X		
Recent information quality	X		
Statistical capacity building	X		
Statistical analysis capacity	X		
Capacity to incorporate statistical analysis in into policy, planning and resource allocation mechanisms	X		
Monitoring and evaluation mechanisms	X		

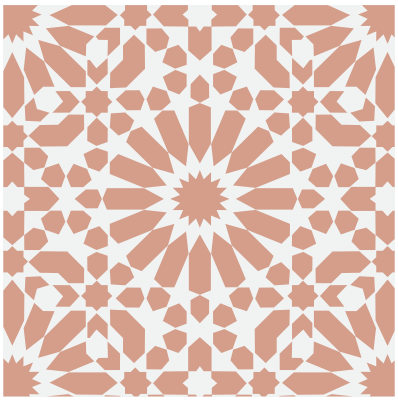
Situation outlook

Will the goal be achieved by 2015		
Probably	Potentially	Unlikely

Conditions for enabling environment			
High	Medium	Low but improving	Low

Goal 8

Develop a global partnership for development



Goal 8

Develop a global partnership for development

1. Official development assistance

The total official development assistance (ODA) amounted in 2011 to $ 125,6 billion, a decrease of 4% compared to that 2011 which was 2% higher than that of 2010. As a percentage of GDP, development assistance has gone from 0.32 to 0.29% of GDP in 2011. Rich countries further away from their promise to spend 0.7% of their national income to ODA.

The largest declines occurred in Greece and Spain. Norway, Denmark and Luxembourg continue to honor their commitment to allocate 0.7% of gross domestic product to official development assistance, while the UK maintains its goal to achieve it in 2013. Germany, Australia and Sweden on the other hand increased their aid budgets.

If the current trend continues, the donor community as whole will take fifty years to reach the 0.7% target.

2. The financing of social sectors in Morocco

The government attaches great importance to the social sectors in the development programs implemented. It was materialized by the share of these sectors in the overall budget and currently represents 55% against 36% in 1994. By adding the budget allocated to RAMED Scheme (medical assistance) and NHRI (National Initiative for Human Development), or about 5 billion dirham in 2012, the budget share of the social sectors in the budget of the state reached in 2012, 57% and 16.8% of GDP.

Table 8

Evolution of social sectors budget in comparison to general government budget and to GDP

	1994	2001	2008	2012
In % of total budget	36.3	47.4	53.0	55.2
In % of GDP	8.6	12.0	12.3	16.2

Source : Calculated from the budget "morasses" and the National Report on the situation of basic social services in 2002. Prime Minister-UNDP.

These are the areas of education and health that have experienced the most significant development during this period because their budget has more than tripled (3.5 and 3.9 times respectively) between 1994 and 2012. These two sectors account, in 2012, 90% of the budget allocated to social sector departments and 46.2% of total social sectors (adding the compensation fund, Moroccan pension and social welfare) against respectively 87% and 74% in 1994. The decline in the share of the two sectors from 74% to 46.2% is largely due to the increase in the subsidy to the compensation fund, which rose from 2.3 to 53 billion dirham in the same period.

Table 9

Evolution of the compensation fund's subsidy share to total budget and GDP

	1994	2001	2008	2012
In % of total budget	3.5	5.9	12.5	21.5
In % of GDP	1.0	1.5	2.9	6.3

Source : Calculated from the budget "morasses" and the National Report on the situation of basic social services in 2002. Prime Minister-UNDP.

With the launch of the National Initiative for Human Development, a new impetus has been given to the dynamics of development and the process of fight against poverty. The Initiative is designed to

strengthen the action of the State and local authorities and is based on the targeting of areas and the poorest as well as the participation of the people for greater ownership and sustainability of projects and interventions categories. It emphasizes the contractual approach and partnership with associations and local development actors and proximity.

Between 2005 and 2010, 22,000 projects have been launched under the NIHD benefiting about 5.2 million direct beneficiaries for a total of 14 billion dirham. The positive effect of the NHRI has helped launch a second phase for the period 2011-2015 with a budget of 17 billion dirham and expanding areas targeted by this initative.

In this regard, it should be recalled that the United Nations Development Plan for Assistance Framework (UNDAF 2012-2016) was signed on 31 March 2011 by the Government of Morocco and the United Nations. This plan provides a common and integrated vision for supporting Morocco in achieving national priorities, including:

– Strengthening the quality of education and training;
– Improving the health and nutritional status of the population;
– Reducing vulnerability and inequality ;
– Consolidation a democratic governance sensitive to gender;
– Protecting the environment, preventing disaster, managing natural hazards and climate change.

The total indicative planning figure for achieving the desired effect is 147.7 million U.S. dollars.

3. The commitment of Morocco to South-South and triangular cooperation

Morocco has made the South / South cooperation, particularly with the Arab and African region, a priority of its foreign policy. The new Constitution of the Kingdom has, moreover, devoted, in its preamble, the strengthening of the South / South cooperation.

Moroccan cooperation with African countries, especially sub-Saharan, includes several key business areas such as agriculture, public works, marine fisheries, energy and mining, crafts, higher education, vocational training, health, youth and sports, social development and solidarity, transport, housing, urban development, trade, tourism, telecommunications...

For this purpose, Morocco created in 1986, the Moroccan Agency for International Cooperation (AMCI), with the aim to make a real lever of this form of cooperation. The activities of the AMCI focus on four areas, namely:

1. Management training;
2. Technical cooperation;
3. Economic and financial cooperation;
4. Humanitarian action.

In 2003, Morocco hosted (as Chairman of the G77), in Marrakesh, the High-Level Conference on South/South cooperation, whose works have been sanctioned by the adoption of the Marrakesh Declaration.

a. Management training

New guidances of the foreign policy of the Kingdom gave strong new measures to boost bilateral cooperation, including training to foreign executives in the Moroccan public institutions of higher education.

These actions have taken in recent years significant dimensions. Thus, the Kingdom has become a destination of choice for a growing number of foreign students, particularly in Africa, eager to pursue their higher studies and specialities.

The number of beneficiaries of the Moroccan scholarship offer country experienced a sharp increase since 2000 to reach 96 countries in 2013. However, only 83 countries have submitted nominations.

The overall number of students who received a scholarship from registration with Morocco since the creation of the AMCI has reached 16,600 students, divided by region as follows:

– Sub-Saharan Africa: 11 200 ;
– Arab World: 4648 ;
– South America and Caribbean islands : 186;
– Europe: 80.

The overall number of foreign graduated winners in Morocco since 1990, and according to available statistics AMCI is around 15,173.

b. Technical cooperation and skills development

The part of the technical cooperation has known an important development because of the increasing demand from partner countries to soak up the experience and Moroccan expertise in a variety of fields and specialties. Today, Morocco recorded

strong foreign demand, especially African, seeking the expertise acquired by the Moroccan professionals in various fields.

Thus, 1136 executives, from approximately 35 countries in sub-Saharan Africa and some Arab countries have benefited under the last ten years of training, specialization and research, development cycles short and medium term, and that education and information in twenty areas such as medicine, education visits, justice, clean water, crafts, training, marine fisheries, space technology, health, culture, social welfare, administration, hydropower, tourism, diplomacy, journalism and communication, customs and indirect taxes, finances, etc.

c. Economic, financial coopertaion and capacity building

Economic and trade cooperation is a cornerstone of the strategy of the external action of Morocco, particularly with regard to sub-Saharan Africa. Thus the Kingdom of Morocco has developed a diversified cooperation with African partners and launched a series of initiatives in these countries, especially with the Least Developed Countries (LDCs).

In 2000, Morocco has canceled the debt of a number of these countries, and launched a free of tariffs and quotas access to Moroccan market initiative in favor of LDCs in Africa that was notified to the World Trade Organization in 2001. The efforts of public authorities have been strengthened by the Moroccan private sector which is encouraged to invest in African LDCs through a legal framework in Morocco-Africa partnership.

Indeed, as of 2010, Morocco was the second African investor in the hemisphere with a budget of 582 million dirham, or about 91% of Moroccan direct investments abroad. 56% of these investments were made in the Economic Community of West African States (ECOWAS), mainly in the mining, telecommunications, finance and construction. Moroccan investments in Africa during the past five years amounted to more than 1.7 billion dirham, despite a difficult global economic environment.

Moroccan investments made by the private sector, have experienced a sectoral diversification, and concern mainly high value added sectors (financial services, telecommunications, energy, mining, construction, ICT, electrification...). In addition, to encourage greater private sector involvement in the Moroccan construction process of African economies, the Moroccan government has made in respect of the 2011 fiscal year, the implementation of measures for Moroccan investors in Africa consisting in increasing the ceiling of authorized investments in Africa, from 4 million to $ 13 million. In addition, Morocco has expressed on numerous occasions its willingness to work for a specific partnership and renovated with the South in the context of regional and interregional cooperation in particular with the Small Island Developing States (SIDS), in accordance strategies Barbados and Mauritius.

The AMCI is, in turn, more and more active in the field of economic and financial cooperation with the countries of the African continent, Central and South America, Caribbean and Pacific countries.

In this context, several countries receive financial assistance for the implementation of projects of economic and social development especially in the areas of education, health, agriculture in both animal and plant components, modern irrigation, drinking water supply, sanitation and drinking water treatment, rural electrification, urban and suburban, building operational and functional capacity.

d. Humanitarian actions

It should also be noted the humanitarian aid operations granted by Morocco to countries affected by natural disasters, which constitute a significant share of AMCI interventions whose budget for humanitarian aid operations increased from 8,848,200 Dh, in 2001 (1,040,964.70 U.S. dollars) to 81,523,536 Dh (or 9,591,004.24 U.S. dollars) in 2006.

Humanitarian action has always been a lever for the active solidarity of Morocco to African countries and has concerned over 25 years emergency operations generally which consist of donations of medicines, foodstuffs and equipment. For example, an amount of 23 million dirham has been allocated to this component in 2008 and has benefited to countries in Africa, Latin America and South East Asia, mostly affected by natural disasters.

e. Morocco and triangular cooperation

In addition to the cooperation programs implemented on a bilateral basis, Morocco initiated with many African countries, multilateral or triangular cooperation rich and diverse, based on genuine partnership and effective solidarity. This form of cooperation, which has many advantages, allows to benefit from the South know-how and expertise

already experienced in the land of Africa and to overcome the lack of budgetary resources through the participation of a third party (State or international Organization) as a donor.

Many projects were made by Morocco, especially with countries like France, Japan and Belgium, as well as multilateral partners (FAO, IDB, etc.). Initiatives with other partners are in progress or under development.

Table 10

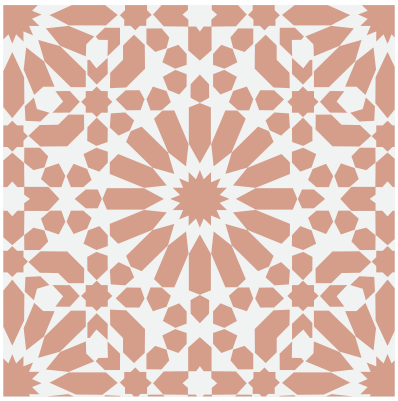
Evolution of MDG 8 indicators

Target	Indicators	1990	2000	2009	2012	2015
Target 25 Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	Net DPA, in donor countries GDP (in %)		0.22	(2008) 0.30	0.29	0.7
	Proportion of DPA allocated to basic social services (in %)	(1990-1996) 18.6	(1997-2001) 14.8			
Target 26 Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	External Debt as a Percentage of Exports of Goods and Services	15	5.7	1.4		
	Proportion of ODA provided under debt relief					
Target 27 In cooperation with developing countries, formulate and implement strategies for decent and productive work for youth	Unemployment rate 15-24 years					
	Whole		19.9	17.9	18.6	
	Male		21.4	18.5	18.4	
	Female		16.1	16.2	19.2	
Target 28 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Share of household expenditure for medicines in total health expenditure (in %)	(1997-1998) 60	(2001) 59.1	(2006) 45.6	—	
Target 29 In cooperation with the private sector, make available the benefits of new technologies, specially information and communications technologies	Number of telephone lines for 1,000 inhabitants		50.5	108.9	110.8	
	Number of Internet users for 1,000 inhabitants.		1.2	33.6	(2011) 99	
	Percentage of households having a personal computer.		(2004) 11	(2007) 17.2		
	Number of cellular subscribers for 1,000 inhabitants		104	804.4	(2011) 1,135.7	

Source: HCP, Observatory of Information Technologies.

Appendix

Regional comparisons



Appendix 1

Regional poverty and inequality

Several sectoral strategies are implemented to achieve the MDGs by 2015. The results of steps made in this report, at the national level, confirm that the propensity is high enough for achieving the desired objectives (20). However, in terms of spatial disparities in the socio-economic situation of the kingdom, such reports do not bring out the level and put in the spotlight the development of the various MDG indicators at the local level.

In this context, the development of regional reports proves compelling in order to ensure effective monitoring of the MDGs at the territorial level. The pilot development of a regional report for Meknes-Tafilalet 2009, elaborated by the HCP in partnership with UNFPA, and the interest of local actors to participate actively promote the expansion of such operations in order to emphasize spatial disparities and conduct a decentralized treatment policies implemented to achieve the expected synergies in efforts in this area.

This appendix provides a regional comparison of selected MDG indicators (poverty, literacy, gender parity index equality, infant and child mortality, tuberculosis, sanitation and habitat summary) to reflect the gap in spatial terms. The eventual aim is to stimulate debate and to respond in part to the expectations of local stakeholders on the situation in the region compared to the whole country. This comparison will be enhanced by the development of more detailed regional reports, as developed at the national level.

1. Reduce extreme poverty and hunger

This section diagnostic changes in poverty and inequality at the regional level from the perspective of the goal 1. The variation needs to be differentiated for relative and multidimensional poverty as well as regional social inequities between 1990 and 2011, and finally evaluated by the rate of improvement required by the MDGs. We won't refer to the extreme poverty and hunger for reasons related to their virtual eradication since the early 2000s, in many regions (21).

Regional relative poverty 1990-2011

At national level, relative poverty (2,15USD PPP) has been more then halved between 1985 and 2011 in most regions. The largest decrease was found in The Southern regions (22) followed by Souss-Massa-Draa and Tangier-Tetouan. In these areas poverty has been reduced by over 75%.

In the Oriental, Grand Casablanca and Rabat-Salé-Zemmour-Zaer, this decline was also high, but higher than the rate observed at the national level (71.0%). In Chaouia-Ouardigha, Tadla-Azilal, Marrakech-Tensift-Al-Haouz and Fes-Boulemane the rate was just lower than the national level.

In 2011, the regions above had a relative poverty rate of 7%. the least poor were the Grand casablnaca (2.2%), the suotherne regions (3.5%) and Rabat-Salé-Zemmour-Zaer (3.9%).

The lowest decline of poverty, nearly half to two thirds decline was observed in the regions of Meknes-Tafilalet, Taza-Al Hoceima-Taounate Doukala-Abda and chrarda Gharb-Beni Hssen. With a relative poverty rate from 8% to 10%, these regions are now the poorest (Map 1).

These trends result not only of income growth and distribution, but also regression of multidimensional poverty.

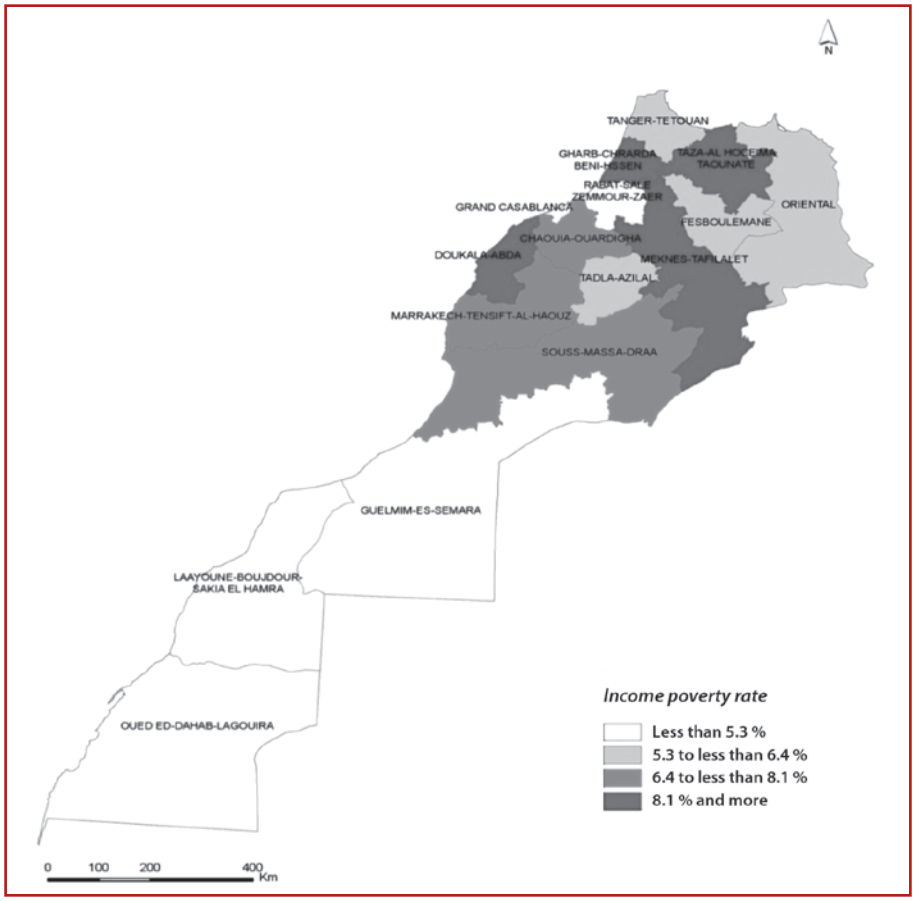
20. This is the halving of poverty and inequality between 1990 and 2015. Reference is made to the year 1985 instead of 1990 for reasons related to the regional representativeness of the national survey on consumption and household spending from 1984 to 1985. The survey on living standards from 1990 to 1991 is not representative at the regional level.

21. In 2007, the rate of extreme poverty line (U.S. $ 1 PPP per day per person) did not exceed 1% in one region, namely the Eastern (2.8%). In 2011, the rate of this form of poverty was less than 1% in all regions. For its part, hunger measured by food poverty in 2011 affected less than 0.8% of the population in all regions except Ghrab-Chrarda-Beni Hssen where this form of poverty still affects 1.1%.

22. Southern regions here represent regions of Laayoune-Boujdour-Sakia Al Hamra-Guelmim-Es Semara and Oued Ed Dahab-Lagouira. They are grouped for reasons of statistical representativeness of the sample

Map 1

Rate (%) of poverty by region in 2011



Source : HCP, cross imputation method surveys, applied to the investigation of the standard of living in 2007 and employment in 2011.

Regional multidimensional poverty 2001-2011 (23)

Multidimensional poverty (PM), as defined in the Alkire-Foster method persists mainly in rural areas. Which explain its higher incidence in the less urbanized areas such as Taza –Elhoceima-Taounatre (19.3%), Marrakech-Tansift-Elhaouz (18.9%) and Tadla-Azilal (16.9%) (Map 2).

The rate of PM joins the national level in the Souss-Massa-Draa (10.9%), Gharb-Chrarda-Beni Hssen (10.8%), Meknès-Tafilalet (10.2%), Fes-Boulemane (10.5%), Tanger-Tetouan (10.0%), Doukkala-Abda (9.3%) and Chaouia-Ouardigha (7.7%).

The southern regions (3,5%), the Grand Casablanca (1.2%), the Oriental (5,8%) and Rabat-Salé-Zemmour-Zaer (4.6%) are the least affected areas by multidimensional poverty.

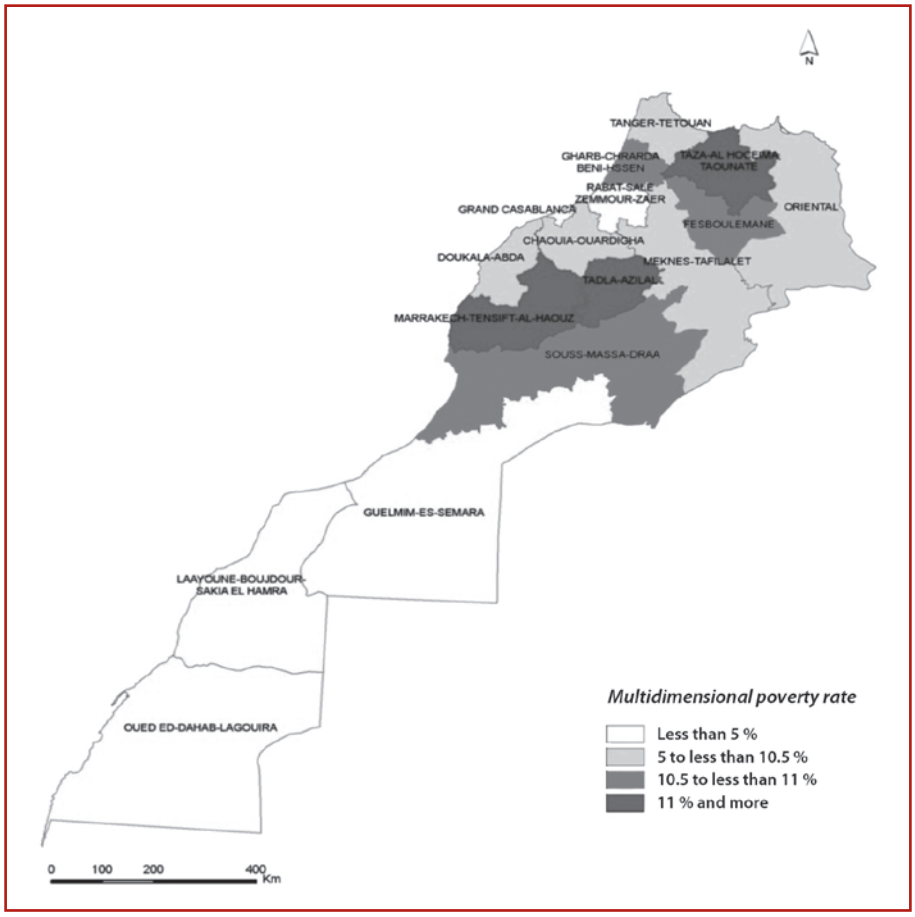
The highest multidimensional poverty incidence is found in rural areas of Marrakech-Tensift-Al Haouz (31.2%), Fès-Boulemane (28.5%), Tadla-Azilal (24.7%), Taza-Al Hoceima-Taounate (24.5%), Meknès-Tafilalet (22.0%) and Tanger-Tetouan (20.7%). In these areas, more than one in five rural is a member of multidimensionally poor household.

At the opposite, multidimensional poverty has been almost eradicated in urban areas of Grand Casablanca (1.2%), the southern regions (1.7%),

23. Recall that the multidimensional poverty rate rises in 2011 to 20.2% in rural areas versus 2.3% in urban areas (see Chapter 1).

Map 2

Rate (%) Multidimensional Poverty – Alkire-Foster approach – by region in 2011



Source : HCP, Survey anthropometry and multidimensional poverty in 2011.

Doukkala-Abda (1.0%), Rabat-Salé-Zemmour-Zair (1.9%), Oriental (1.9%) and Chaouia-Ouardigha (1.5%).

In terms of change, multidimensional poverty has been more than halved in at national level between 2001 and 2011 (59.0%). This reduction exceeded two thirds in the Grand Casablanca, Rabat-Salé-Zemmour-Zaer, Doukkala-Abda, Chaouia-Ouardigha, The Oriental and Gharb-Chrarda-Beni Hssen.

This reduction was between 50% and 60% in the southern regions, Tangier-Tetouan, Meknès-Tafilalet, Souss-Massa-Draâ and Taza-Al Hoceima-Taounate. Areas where the PM has declined less during the 2001-11 period (around 40-50%) are Fès-Boulemane, Marrakech-Tensift-Al Haouz and Tadla-Azilal. We find among this areas the ones which are the most affected by MP.

2. Regional and social inequities 1985-2007

Social inequities as measured by Gini index of households consumption expenditure increased between 1985 and 2007 by 2.6% at national level (1.7% in urban areas and 4.7% in rural areas). This raise don't affect the whole regions.

Regions with higher inequities increase between 1985 and 2007are Tangier-Tetouan (rise of 24.6% of Gini index) followed by Doukala-Abda (15.4%), Marrakech-Tensift-Al Haouz (14.9%) and Rabat-Salé –Zemmour Zaër (7.8%).

Social inequalities have been reduced substantially in the Southern regions (19.7% between 1985 and 2007)

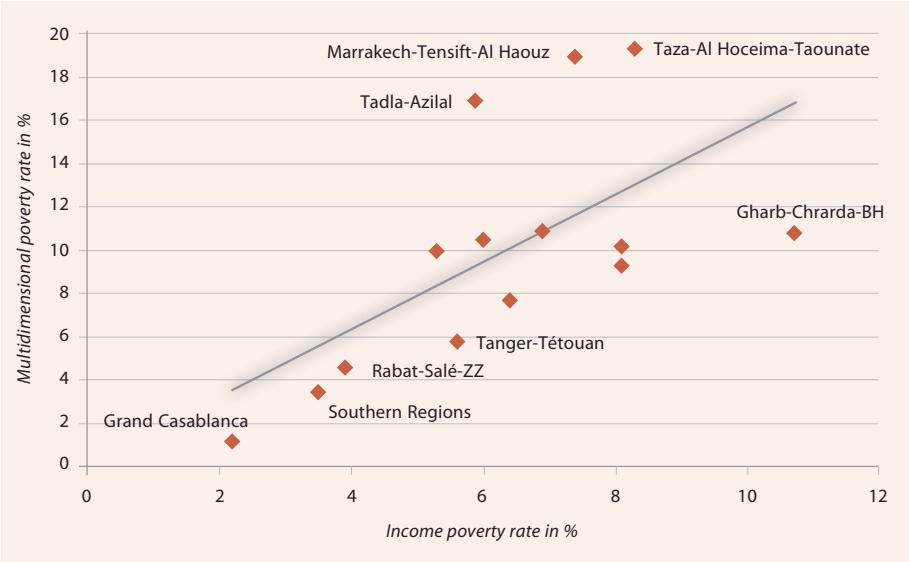
of Chaouia-Ouardigha (14.9%), Grand Casablanca (8.8%) and Fez-Boulemane (4.3%). This makes Chaouia-Ouardigha the least unequal area. The southern regions, the Grand Casablanca and Fès-Boulemane have also reduces their index of social inequity to a lower level than the 1985 one.

Areas where social inequalities have virtually stalled between 1985 and 2007 are the Oriental, Souss-Massa-Draa, Meknes-tafilalt, Gharb-Chrarda-Beni Hssen, Tadla Azilal and Taza-Alhoceima-Taounate. In these regions, inequality has stabilized at an intermediate level, just below the national average. In other regions such as Marrakech-Tensift-Al Haouz and Tadla-Azilal where rising inequality is observed, the decline in poverty was the lowest.

Indeed, inequality affects, besides economic growth, income poverty. Reduction of regional poverty between 1985 and 2011 depends on the decline in inequality in almost half of the regions. In the remaining regions, the decline in poverty is entirely due to economic growth. The largest decline in poverty is found in regions that have experienced the greatest decline in inequality, namely the southern and Chaouia- Ouardigha.

Graph 11

Multidimensional and income poverty, by région in 2011



Appendix 2

Statistical tables

1. Reduce extreme poverty and hunger

Table 11

Evolution of relative poverty rate by region between 1985 and 2011

Regions	Poverty rate in %		Variations in %
	1985	2011	
Southern region	29.4	3.5	– 88.1
Souss-Massa-Drâa	32.3	6.9	– 78.6
Tanger-Tétouan	22.3	5.3	– 76.2
Grand Casablanca	8.8	2.3	– 73.9
Oriental	21.8	5.7	– 73.9
Rabat-Salé-Zemmour-Zaër	14.4	3.9	– 72.9
Tadla-Azilal	20.7	5.9	– 71.5
Chaouia-Ouardigha	22.3	6.5	– 70.9
Fès-Boulemane	20.3	6.0	– 70.4
Marrakech-Tensift-Al Haouz	24.9	7.4	– 70.3
Meknès-Tafilalet	25.3	8.1	– 68.0
Taza-Al Hoceima-Taounate	19.5	8.3	– 57.4
Doukkala-Abda	17.6	8.2	– 53.4
El Gharb-Chrarda-Beni Hssen	21.6	10.7	– 50.5

Source : HCP.

Table 12

Evolution of multidimensional poverty rate between 2001 and 2011

Region	Multidimensional poverty rate in %		Variations in %
	2001	2011	
Grand Casablanca	7.6	1.2	– 84.2
Rabat-Salé-Zemmour-Zaër	15.9	4.6	– 71.1
Doukkala-Abda	31.4	9.3	– 70.4
Chaouia-Ouardigha	24.4	7.7	– 68.4
Oriental	18.2	5.8	– 68.1
El Gharb-Chrarda-Beni Hssen	30.6	10.8	– 64.7
Tanger-Tétouan	25.7	10.0	– 61.1
Régions du Sud	8.8	3.5	– 60.2
Meknès-Tafilalet	25.3	10.2	– 59.7
Souss-Massa-Drâa	23.2	10.9	– 53.0
Taza-Al Hoceima-Taounate	39.5	19.3	– 51.1
Fès-Boulemane	20.8	10.5	– 49.5
Marrakech-Tensift-Al Haouz	34.6	18.9	– 45.4
Tadla-Azilal	27.8	16.9	– 39.2

Source : HCP.

2. Literacy (15-24-years)

Table 13

Evolution of literacy rate by region (in %)

Region	2000			2012		
	Male	Female	All	Male	Female	All
Oued Ed-Dahab-Lagouira-Laâyoune	89.9	69.1	78.5	95.3	88.5	91.7
Souss-Massa-Drâa	78.5	41.6	57.6	95.4	79.6	86.9
El Gharb-Chrarda-Beni Hssen	69.0	39.9	55.3	81.5	67.8	74.8
Chaouia-Ouardigha	71.5	49.9	61.4	89.2	79.4	84.7
Marrakech-Tensift-Al Haouz	60.3	37.3	48.5	92.0	73.4	82.6
Oriental	67.7	51.1	59.7	90.2	81.8	86.3
Grand Casablanca	92.1	85.0	88.5	96.9	94.9	95.9
Rabat-Salé-Zemmour-Zaër	87.5	75.2	81.4	93.3	89.8	91.6
Doukkala-Abda	57.0	37.2	47.3	83.5	68.7	76.6
Tadla-Azilal	68.2	41.2	55.1	81.2	62.6	71.6
Meknès-Tafilalet	76.7	54.1	65.4	90.6	82.8	86.8
Fès-Boulemane	72.6	55.3	64.1	92.8	84.1	88.4
Taza-Al Hoceima-Taounate	61.0	31.1	46.7	85.6	64.2	75.4
Tanger-Tétouan	75.1	52.7	64.4	87.4	79.2	83.6
National	**73.2**	**51.7**	**62.5**	**90.1**	**79.0**	**84.6**

Source : HCP.

3. Gender parity index by level of education

Table 14

Evolution of the gender parity index by level of education between 2000 and 2012, by region

Region	1999-2000			2011-2012		
	Primary	Secondary	Skill training	Primary	Secondary	Skill training
Oued Ed Dahab-Lagouira	86.6	74.9	91.4	92.8	91.0	102.8
Laâyoune-Boujdour	88.4	89.9	86.3	92.8	92.0	106.2
Guelmim-Es Smara	84.7	63.9	57.0	90.9	80.3	88.7
Souss-Massa-Drâa	78.5	53.4	54.8	90.8	68.7	76.6
El Gharb-Chrarda-Beni Hssen	79.9	66.8	75.2	91.5	74.8	92.1
Chaouia-Ouardigha	78.0	76.1	81.8	89.2	77.7	93.6
Marrakech-Tensift-Al Haouz	77.4	72.0	80.2	89.1	69.0	86.7
Oriental	81.0	73.6	82.3	88.5	77.6	92.1
Grand Casablanca	92.2	98.7	106.0	94.0	93.5	103.2
Rabat-Salé-Zemmour-Zaër	86.2	90.0	90.6	91.4	88.2	100.3
Doukkala-Abda	73.3	76.0	88.5	88.3	74.6	97.4
Tadla-Azilal	74.6	62.1	62.7	88.6	68.5	77.3
Meknès-Tafilalet	81.8	67.5	67.4	91.0	79.5	84.1
Fès-Boulemane	81.4	79.3	99.1	91.3	82.6	97.4
Taza-Al Hoceima-Taounate	68.9	50.4	58.3	88.3	61.2	72.8
Tanger-Tétouan	93.1	82.7	102.9	93.8	84.7	100.7
National	**81.1**	**75.3**	**82.6**	**90.7**	**78.2**	**91.9**

Source : calculated from statistical yearbooks indexes.

4. Infant and child mortality (per thousand births)

Table 15

Level of Infant and child mortality (per thousand births) by region in 2009 (in ‰)

Region	Infant mortality rate	Child mortality rate
Oued Ed dahab-Lagouira	23.9	28.8
Laâyoune-Boujdour		
Guelmim-Es Smara		
Souss-Massa-Drâa	33.0	39.7
El Gharb-Chrarda-Beni Hssen	26.9	33.8
Chaouia-Ouardigha	27.9	34.9
Marrakech-Tensift-Al Haouz	31.1	38.4
Oriental	25.3	31.0
Grand Casablanca	19.0	23.5
Rabat-Salé-Zemmour-Zaër	25.1	31.1
Doukkala-Abda	32.7	40.9
Tadla-Azilal	37.3	45.9
Meknès-Tafilalet	33.0	41.3
Fès-Boulemane	32.9	40.6
Taza-Al Hoceima-Taounate	35.1	45.3
Tanger-Tétouan	24.1	30.4
National	**30.1**	**36.2**

Source : HCP.

5. Tuberculosis rate of incidence

Table 16

Evolution of tuberculosis rate of incidence by region between 2000 and 2011 (per 100,000 capita)

Region	2000	2011
Oued Ed dahab-Lagouira	63.0	18.3
Laâyoune-Boujdour-Sakia El Hamra	110.9	51.1
Guelmim-Es-Smara	82.5	57.7
Souss-Massa-Drâa	64.7	56.6
Gharb-Chrarda-Beni Hssen	127.1	99.9
Chaouia-Ouardigha	101.2	78.4
Marrakech-Tensift-Al Haouz	71.2	53.5
Oriental	80.8	66.7
Grand-Casablanca	154.4	134.3
Rabat-Salé-Zemmour-Zaër	161.7	108.5
Doukala-Abda	92.9	75.0
Tadla-Azilal	72.6	53.7
Meknès-Tafilalet	81.6	66.3
Fès-Boulemane	160.6	118.6
Taza-Al Hoceïma-Taounate	65.2	62.7
Tanger-Tétouan	136.8	121.6
Total	**105.8**	**85.2**

Source : Ministry of Health.

6. Sanitation rate

Table 17

Evolution of the population's proportion with access to sanitation by residence and region (in %)

Region	2000			2012		
	Urban	Rural	All	Urban	Rural	All
Oued Ed dahab-Lagouira-Laâyoune	56.2	0.2	44.1	82.4	0.6	64.4
Souss-Massa-Drâa	65.8	2.6	30.8	76.5	0.2	37.3
El Gharb-Chrarda-Beni Hssen	78.8	0.1	38.5	81.4	2.7	44.1
Chaouia-Ouardigha	96.3	1.0	45.9	90.9	1.2	49.6
Marrakech-Tensift-Al Haouz	84.2	1.5	36.2	91.9	1.7	43.4
Oriental	76.3	4.1	50.2	88.1	11.0	63.2
Grand Casablanca	90.7	4.7	87.5	92.5	0.6	86.5
Rabat-Salé-Zemmour-Zaër	87.3	7.5	75.9	92.9	29.2	83.8
Doukkala-Abda	79.9	0.1	33.5	86.0	0.7	39.8
Tadla-Azilal	68.0	2.2	31.2	83.6	2.5	38.2
Meknès-Tafilalet	84.3	4.5	51.5	93.1	16.7	66.3
Fès-Boulemane	91.7	0.7	71.8	97.4	1.9	75.9
Taza-Al Hoceima-Taounate	80.8	1.6	23.1	76.4	1.6	24.0
Tanger-Tétouan	92.2	0.6	58.7	94.3	6.7	65.7
National	**83.7**	**1.9**	**51.1**	**89.8**	**4.5**	**59.5**

Source : HCP.

7. Slums

Table 18

Evolution of the population's proportion living in a slum by residence and region (in %)

Region	2007		2012	
	Urban	All	Urban	All
Oued Ed dahab-Lagouira-Laâyoune	8.8	6.6	2.4	8.4
Souss-Massa-Drâa	6.4	3.4	1.1	1.0
El Gharb-Chrarda-Beni Hssen	11.3	15.6	11.0	20.4
Chaouia-Ouardigha	2.6	2.8	4.7	4.4
Marrakech-Tensift-Al Haouz	4.6	2.1	2.0	1.2
Oriental	1.2	0.8	0.1	0.1
Grand Casablanca	14.1	17.3	14.0	16.0
Rabat-Salé-Zemmour-Zaër	8.9	12.2	7.8	10.8
Doukkala-Abda	1.9	1.9	0.8	0.5
Tadla-Azilal	1.8	1.5	5.0	5.0
Meknès-Tafilalet	3.3	3.7	2.8	2.9
Fès-Boulemane	2.2	4.0	0.3	2.6
Taza-Al Hoceima-Taounate	16.2	6.0	9.1	3.1
Tanger-Tétouan	3.1	2.1	3.0	2.5
National	**7.0**	**6.4**	**5.9**	**6.2**

Source : HCP.

Acronyms

BDC	Convention on Biological Diversity
CEDAW	Convention Elimination Discrimination against Women
DCTRD	Diagnostic Centers for Tuberculosis and Respiratory Diseases
DCTD	Diagnostic Center of Tuberculosis and Diseases
ECOWA	Economic Community of West African States
EPSF	Survey on Population and Family Health
GDP	Gross domestic product.
GFCF	Gross Fixed Capital Formation
GMP	Green Morocco Plan
HCB	Health Care Base facilities
HCP	High Commission for Planning.
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
IDU	Injecting drug users
LB	Living birth
LDC	Least Developed Countries
MAIC	Moroccan Agency for International Cooperation
MDG	Millennium Development Goals
MSWFSD	Ministry of Solidarity, Women, Family and Social Development
NDS	National demographic survey
NES	National Environmental Strategy
NGO	No governmental organizations
NHRI	National Initiative for Human Development
NSDS	Implementation strategy national Sustainable Development Strategy
NSPH	National Survey on Population and Health
NTBCP	National TB control plan
ODA	Official Development Assistance
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention and Transmission of HIV from Mother to Child
RAMED	Medical Assistance scheme for the economically disadvantaged
RC	Referrers Centers
SESI	Social Economy and Solidarity Initiatives
UN	United Nations
UNDP	United Nations development program
WHO	World Health organization