

KINGDOM OF MOROCCO

MILLENNIUM
DEVELOPMENT GOALS

National Report 2009

March 2010

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Presentation of the report

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When Morocco endorsed in 1990 the commitment to achieve the Millennium Development Goals (MDG), as set by the international community, Morocco had barely emerged, after the debt crisis, from the difficult period of structural adjustment. The macro-economic and financial indicators were relatively recovering, while the social context continued to deteriorate with occasionally violent social and political protests.

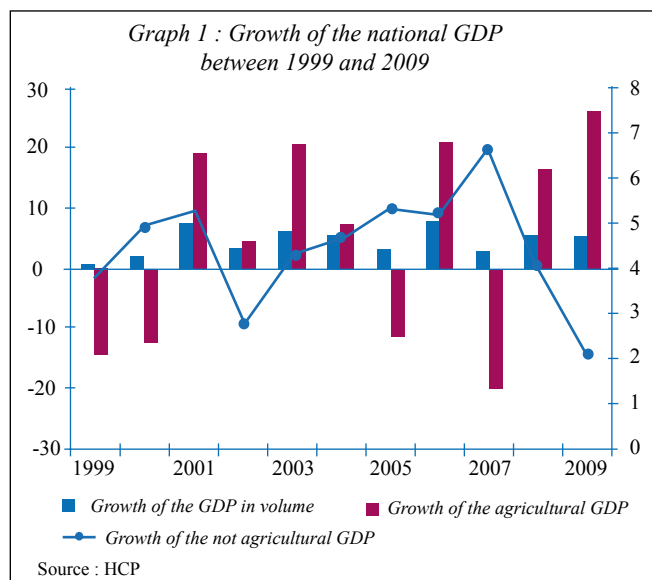
The 90's was, therefore, the decade of balance sheets and operations research to end the crisis. It was marked by accelerated liberalization and economic openness, financial sector reforms and an upgrading process of the legal and institutional framework of the businesses.

There was also a parallel resurgence of interest in human development and improving governance. A commitment to political openness gave way to a more peaceful dialogue between the government and political parties, professional organizations and civil society associations.

At the end of the decade, Morocco continued, however, to complain about a heavy burden in terms of growth and human development. The growth rate did not exceed 3% on an annual average . The poverty rate continued to rise, reaching 16.3% in 1998. The net primary school enrolment that was at 74% in urban areas was more than twice lower in the rural areas (36%) and two thirds amongst girls (23%). The literacy rate in the 15/24 age group was still at 80% in urban areas in 1994, at 35% in rural areas and at 17% among girls in the rural areas. In 1995, access to safe water was available to only 81% of the urban population and 14% of the rural population.

Taking advantage of the advent of King Mohammed VI's reign, and after inheriting this heavy burden, Morocco had to make a significant break with a long historical context marked by insufficient consideration of an inconsistent liberalization and economic openness policy with largely traditional social structures and conservative cultural values.

The quest for higher economic growth, a more equitable social and geographic distribution of wealth, a more



active democratic participation, as part of a recognized and assumed citizenship, was to lead in an explicit manner the national will to consolidate achievements and exceed liabilities accumulated during previous periods.

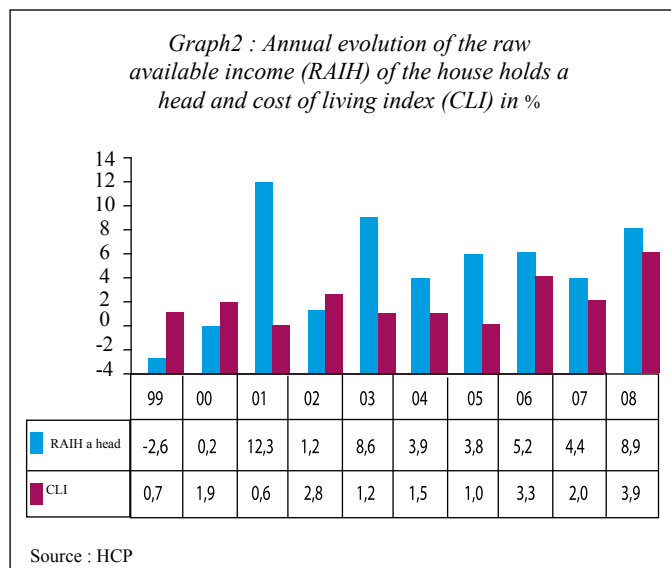
Supported by a societal and institutional reforms process, Morocco's economy was firmly committed in an active integration process at the international level. Morocco was committed to build on the partnership opportunities with the European Union, and the potential benefits of the free trade agreements with the United States of America or even with an increasing number of countries in the Middle East and Africa.

In synergy with the opportunities of globalization and the added value of open regionalism, the operating of liberalization and economic openness policy, and breaking apart from the administration's previous government, was increasingly supported by companies from a mixed-economy. They had the power to create a more dynamic, incentive and secure framework for new partnerships between the government and many domestic and foreign private sector operators, local municipalities, and in specific cases with the civil society.

It is within this framework that centers of economic excellence were created and are still developing at sectoral and regional levels, enhancing the country's

comparative advantages and the natural and human potentials of these regions. On the basis of partnership agreements (contrats programmes), there has been an investment process, particularly in economic and social infrastructures, in urban and rural areas, and in high added values industries.

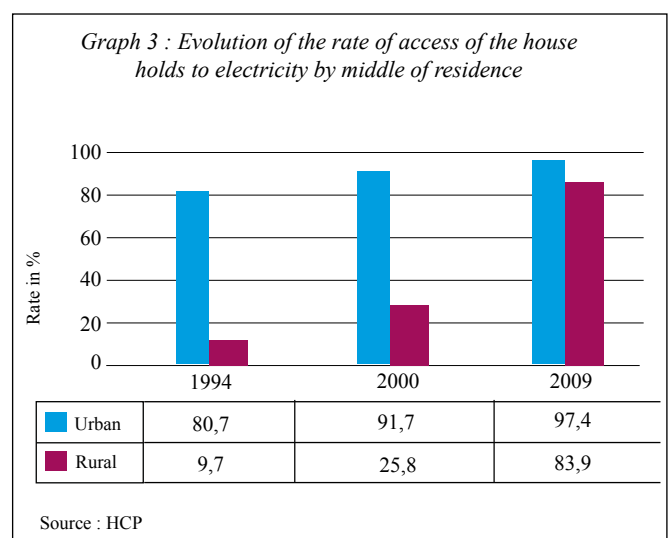
The regional diversity of these investments has spurred the relocation of the national economy and has contributed to the geographical redistribution of employment and income. By doing so, it has offered to a large portion of the population new opportunities to access basic social services. This economic growth has provided the capacity to reduce social inequalities and regional disparities.



The National Initiative for Human Development (NIHD) has been in this respect, the Royal will to make human development both the goal and a motivating factor for a new pattern of growth. The NIHD was, by its conceptual approach, by its participatory approach for implementation, and by its plural evaluation methods, designed by the King as a specific framework to promote social progress and, in this case, to achieve the Millennium objectives. In accordance with its purpose, the actions planned in this context aim to improve the living conditions of the population through social infrastructure development and incentives, at the basic geographical level, and for the creation of revenue generating micro projects for youth and women.

Dedicated to this model of development, and if needed with the leveraging of the Hassan II Fund, public investments provided by State resources and local municipalities were enrolled in a fiscal policy accountable to the fundamental balance of the macroeconomic framework, and this despite of a context where growth has been, throughout the decade, driven by domestic demand.

Six years prior to 2015, Morocco's performance, both in economic and human development terms, made it one of the countries inclined to achieve the MDG. This has been confirmed both by the analyses of the High Planning Commission and that of numerous senior United Nations officials. This credibility is based on statistical data. The last two decades a comparison of shows, indeed, that economic growth increased from an average of 2.2% to 4.4%, and excluding the primary sector, from 3.0% to 4.8%. Domestic demand grew by 5.1% on average annually instead of 2.4%. The overall investment rate increased from 24.8% in 1999 to 32.6% in 2009. Meanwhile, the unemployment rate, dropped from 13.8% in 1999 to 9.1% in 2009, with nonetheless a high rate for university graduates. Household expenditure grew by 4.3% on average per year and since 2003 by 5.6%. With an annual growth of income per capita of 4.3% and consumer prices of 1.9%, purchasing power has improved by 2.4% per year.



Moreover, people's access to basic social services has improved at a more accelerated rate. If it is already widespread in urban areas, rural access to electricity increased from 9.7% in 1994 to 83.9% in 2009 and

drinking water from 14% to 90%. In the education sector, the net enrollment rate of children from age 6 to 11 increased from 52,4% to 90,5% nationally. Education rate has almost tripled in rural areas and quadrupled among rural girls. Therefore, the boys to girls' ratio in primary education increased from 66% to 89% and the parity index has more than doubled in rural areas. Today, the emergency program adopted by the government in this area should reduce school dropouts, improve access to preschool and help lower the illiteracy rate particularly in rural areas and consequently optimize human resources.

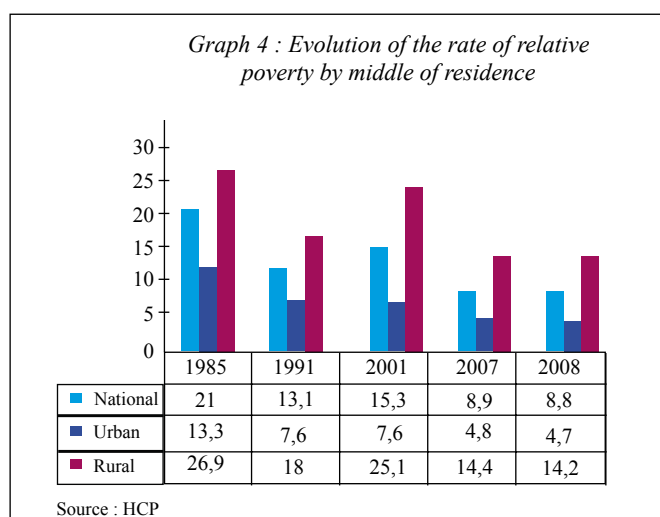
Finally, life expectancy at birth increased from 65.5 years in 1988 to 72.9 years in 2009. This increase is an indicator of improved nutrition and public health. The relative decrease in maternal and infant mortality anticipated in the preliminary results of the demographic survey in progress, would mark, in this regard, an improved efficiency of public health management.

In general, improved household income benefited all social groups, mostly middle and higher classes, although relatively in smaller proportions to the middle class. The poverty rate has therefore decreased from 16.3% in 1998 to 8.8% in 2008. For the first time, Morocco has achieved a growth rate benefiting the poor and stabilized the level of social inequalities.

Taking into account the performance rate, the UNDP projections foresee that Morocco will be able to achieve the MDG by 2015. The steps taken by the HCP, in turn, are based on developing economic models giving priority to a comprehensive assessment of public policies ability to achieve these results.

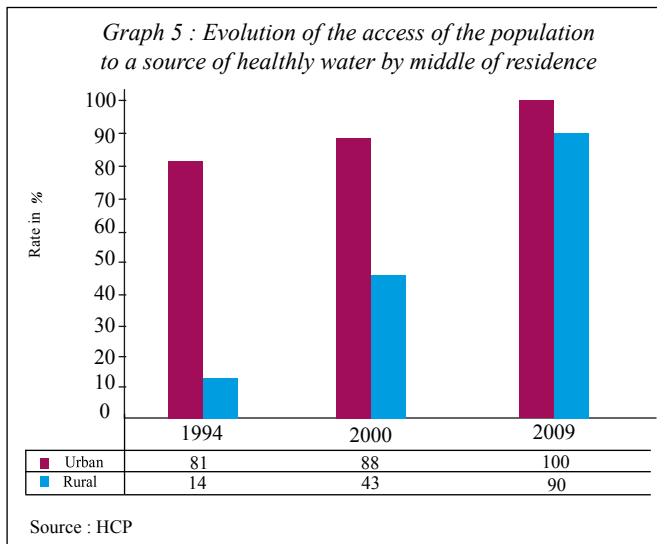
It is within this approach that the dynamic model has been developed by this institution in collaboration with Mr. Rob Vos from the UNDP and with the specialized expertise of Mr. Hans Lofgren from the World Bank. This model simulates the impact of public policies in favor of social sectors on the Moroccan economy, including macroeconomic stability and achievements of the MDG, particularly issues relating to poverty, health, education, water and sanitation. This permits to comprehend the relationship between these targets and the synergies they have with the different segments of the national economy. It also allows to approach the

complementarities between the expenditures allocated to them and to assess the level of optimization. The results demonstrate that by continuing in current



trends, Morocco, through greater vigilance over its economic management, would be able to fulfill its goals by 2015. It is in fact due to the high levels of resources already allocated to the social sectors, that such management should become more efficient with the consistency of sectoral programs, by preserving the stability of macro-economic development. Increased business competitiveness and a more active support through international cooperation are especially needed in this regard. It is worth recalling, that international cooperation must firmly fall in the context of the commitment of the developed countries in the eighth Millennium Development Goal specifically relating to international development assistance.

Developing countries should not fail to challenge them convincingly over this commitment at the Heads of State Summit that the United Nations Secretary General proposes to organize in September 2010. In fact, several of these countries would not be able to achieve the MDG without substantial international aid, especially since they have suffered the consequences of the recent global financial crisis. Morocco, itself, despite the relative resilience of its economy to the effects of this crisis, has nonetheless lost according to our analysis 0.9 points of GDP growth in 2008 and 2.4 points in 2009 and should continue to endure the repercussions over the coming years.



it has generated in various sectors of public opinion, have in fact guided its preparation and presentation.

The significance of this debate does, nevertheless , highlight the weak ability of indicators, such as the HDI, to yield, due to its simplistic indicators, as much impact on the necessary public awareness of the multiple challenges of human development.

In general terms, no one is able to estimate the outcome of the magnitude and duration of the global crisis effects, nor assess its likely impact on the economy in developed countries and even less on the living conditions in developing countries. What is obvious, in terms of prospective, is that the source of wealth and profits accumulation should, at an international level, find a new hierarchy of investment priorities. Sustainable energies, environment, the knowledge of economy, the reduction of inequalities, and regional integrations could become the new engines of the global economy. This could further the gap of inequalities the inequalities between developed and developing countries.

Also, beyond the MDG, Morocco can welcome the King’s will to initiate a new generation of reforms and projects to base the country’s development trends in the projected perspectives of developed economies. The creation of the Economic and Social Council for strategic planning, the advanced regionalization to transform the institutional landscape of the country and to boost its economic and social development, as well as the promotion of new energy sources and green growth, are all examples of the Royal ambition. After having eliminated its social deficits, Morocco presents now the image of a country determined to build the future model of its economic and social development. In conclusion, it is relevant to note that the rich debates that resulted in the MDG national report and the interest

Appendices

I- Economic indicators

Indicators	Values	Reference year
GDP per capita in US\$	1099	1990
	2811	2009
GDP annual growth rate per capita (volume)	1,1	1990-1999
	3,6	2000-2009
Final consumption growth rate (volume)	2,4	1990-1999
	4,5	2000-2009
Per capita consumption growth rate (volume)	0,7	1990-1999
	3,8	2000-2009
Gross national disposable Income annual growth rate (current prices)	6,5	1990-1999
	6,5	2000-2009
Cost of living index variation (%)	4,5	1990-1999
	1,9	2000-2009
Investment rate (GDP %)	22,1	1990-1999
	29,4	2000-2009
Education public expenditures (GDP %)	5,3	1990
	6,4	2009
Health public expenditures (GDP %)	0,9	1990
	1,3	2009
Foreign public debt service (GDP %)	79	1990
	14	2009
Treasury overall balance (GDP %)	14,8	1990
	7,0	2009
Foreign debt service (in % of GDP)	-2,7	1990-1999
	-2,5	2000-2009

Source : HCP

Appendices

II- Demographic and socio-economic indicators

Indicators	Values	Reference year
Population (million)	26,1	1994
	31,5	2009
Share of the population under 15 years-old (in %)	37,0	1994
	28,0	2009
Share of the population aged 60 or over (in %)	7,0	1994
	8,1	2009
Population average annual increase rate	1,75	1994
	1,1	2009
Urbanization rate (in %)	51,5	1994
	57,3	2009
Life expectancy at birth (years)	67,9	1994
	72,9	2009
Total fertility index (children per woman)	3,28	1994
	2,36*	2008
Participation rate des 15 year olds and over (%)	51,3	2001
	49,9	2009
Unemployment rate (%)	12,5	2001
	9,1	2009
Literacy rate of the population over 10 year-olds	45,0	1994
	60,3	2009
Net schooling rate of 6-11 years children	60,2	1994
	90,5	2009
Percentage of households connected to the drinking water network		
	whole	2009
	urban	
Percentage of households connected to an electricity grid		
	whole	2009
	urban	
Infant mortality rate (per 1 000 live births)	57	1987-1991
	32,2*	2008-2009
Maternal mortality rate (per 100 000 live births)	332	1985-1991
	132*	2004-2009
Number of inhabitants per doctor	2933	1994
	1611	2008

Source: Ministry of Health and High Commissioner for the Plan; (+) 2009-10 national survey, 1st passage provisional results.

Reporting process

The High Commissioner for the Plan regularly reported on national achievement toward the Millennium Development Goals (MDG). The 2009 report is particularly important as it is one of the national reports that will feed the Statement of the United Nations Secretary-General at the High-Level Plenary MDG Summit in September 2010, to assess progress towards the MDG and achievement prospects six years before the 2015 deadline.

As established previously, this report was developed with the collaboration of relevant ministries, and in cooperation with the United Nations Agencies accredited in Morocco, civil society organizations and representatives from social, economic and academic environments.

After several consultation meetings with the United Nations Agencies, non-governmental organizations and academicians, a second draft report was developed and sent to all relevant partners to collect their observations and written comments. The third draft was disseminated for feedback among business federations, trade-unions and Parliamentary groups.

The report development was also marked by holding conduction of three regional workshops (Marrakech, Tangier and Meknes) aiming to enlarge the debate and dialogue with economic and social partners across the country. Regional partners mainly insisted on the necessity to relocate progress monitoring at the regional and infra regional levels to better take into account local realities, while enhancing the necessary development of statistical information at the basic geographic levels base.

The workshop on the report endorsement, conducted by the HCP and attended by all economic and social partners, resulted in relevant recommendations: necessity to develop regional reports, a national communications plan, harmonize sectoral strategies, gender-breakdown all indicators and further focus on gender-sensitive indicators through sensitive-budget as an MDG target.

Moreover, a pilot report on the Millennium Development Goals achievements was developed in the Meknes Tafilalet region. The report was presented and discussed during the workshop conducted in Meknes. Additional reports will be further developed

for the other regions, with the UNDP collaboration.

A communications plan was also developed. This plan aims to raise policy makers, NGOs and general public awareness towards MDG and to mobilize all for the 2015 deadline. In this respect, the report, translated in Arabic and French¹, will be widely disseminated to provide all stakeholders and the general public with lessons learnt.

The report chapters deal with the country's achievements towards poverty reduction, primary education generalisation, gender equality promotion and women empowerment, reduction of under-five mortality rate, improving maternal health, combating HIV/AIDS, malaria and other diseases, and sustainable development and global partnership for development. In accordance with the UN Agencies recommendations, this report addresses for the first time in Annex 1 and 2 the global economic crisis and climate changes' impacts on MDG in Morocco.

¹ The report translation into English was supervised by the UNDP Morocco office

The MDGs six years before the 2015 deadline

Goal 1 Reduce extreme poverty and hunger

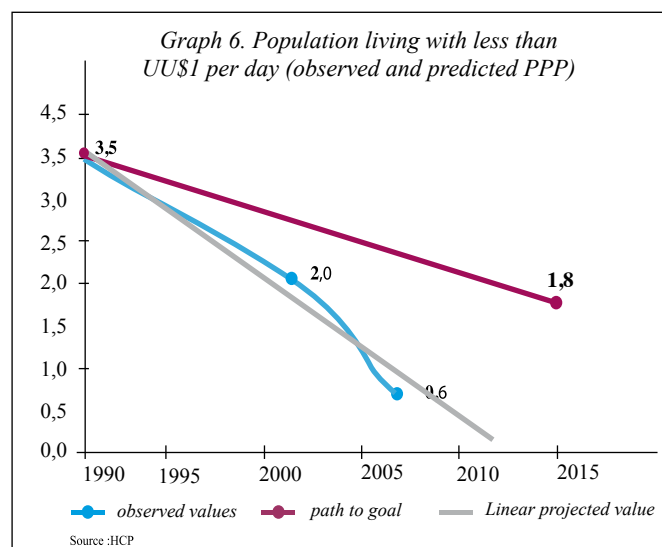
1. Current situation and trends

The data on poverty and inequality, updated for 2008 or observed in the 2007 survey on households' level of living, allow assessing mid-term achievement towards Goal 1 targets based on gender and area of residence. In turn mappings on poverty, vulnerability and inequality, disaggregated to the finest local level, allow analyzing Goal 1 achievement at the regional, provincial and municipal levels.

Poverty measurement through the United Nations thresholds

Measured at \$1 (PPP) per person per day, poverty declined from 3.5% in 1990 to 2.0% in 2001 and 0.6% in 2008, against a target value of 1.8% by the 2015 MDG deadline. The poverty line of \$2 PPP per day, which declined from 30.4% in 1990 to 8.1% in 2008, is losing considerable ground toward the 15.2% goal by 2015. The proportion of the population below the minimum level of dietary energy consumption decreased from 4.6% in 1985 to 0.9% in 2008. The indicator for monitoring nutritional status and health of under-five children, i.e. the indicator related to underweight prevalence, brings out the effort to be undertaken in order to reach the 2015 target goal, i.e. 4.5% against only 10.2% in 2003.

On the other hand, the proportion of people suffering from hunger, measured by the food poverty rate, declined from 4.6% in 1990 to 0.9% in 2008 against a 2.3% goal by 2015.



Moreover, poverty indicators disaggregated by gender and area of residence show that the decline of extreme poverty and hunger relates to both men and women, and to both urban and rural citizens (see evolution of indicators below).

Poverty measurement using country thresholds

Poverty and vulnerability, measured at country level², also significantly decreased between 2001 and 2008:

Absolute poverty decreased from:

- 6.7% to 3.6% at the national level;
- 2.3% to 1.3% in urban areas;
- 12.3% to 6.7% in rural areas.

Relative poverty from:

- 15.3% to 8.8% at the national level;
- 7,6% à 4,7% en milieu urbain ;
- 22,0% à 14,2% en milieu rural.

Vulnerability from:

- 22,8% à 15,9% at the national level;
- 16,6% à 11,7% in urban areas;
- 30,5% à 21,4% in rural areas.

These data show that, between 2001 and 2008, absolute poverty was reduced by 41.2%, relative poverty by 42.5% and vulnerability by 30.3%. Nevertheless, even though during this period, 1.7 million people got out of poverty and 1.2 million vulnerability, 2.8 million people are still living below the relative poverty line. To consolidate observed trends, the resources dedicated to poverty eradication are increasingly focused on the poorest localities, through geographically accurate and periodically updated poverty maps.

² The Morocco High-Commissioner for the Plan measures the relative poverty threshold using the FAO-WHO standards and the World Bank estimation method. In 2007, the relative poverty line per person per year was MDH3,834 DH in urban areas and MDH3,569 in rural areas., i.e. an average of US\$2.15 PPP per person per day (\$1 PPP = MDH 4.88). A household is vulnerable when its per capita expenditure is between the national relative poverty national line and 1.5 times this line. This fringe of population is not considered as poor, but is at risk to fall in poverty.

2007 municipal poverty mapping

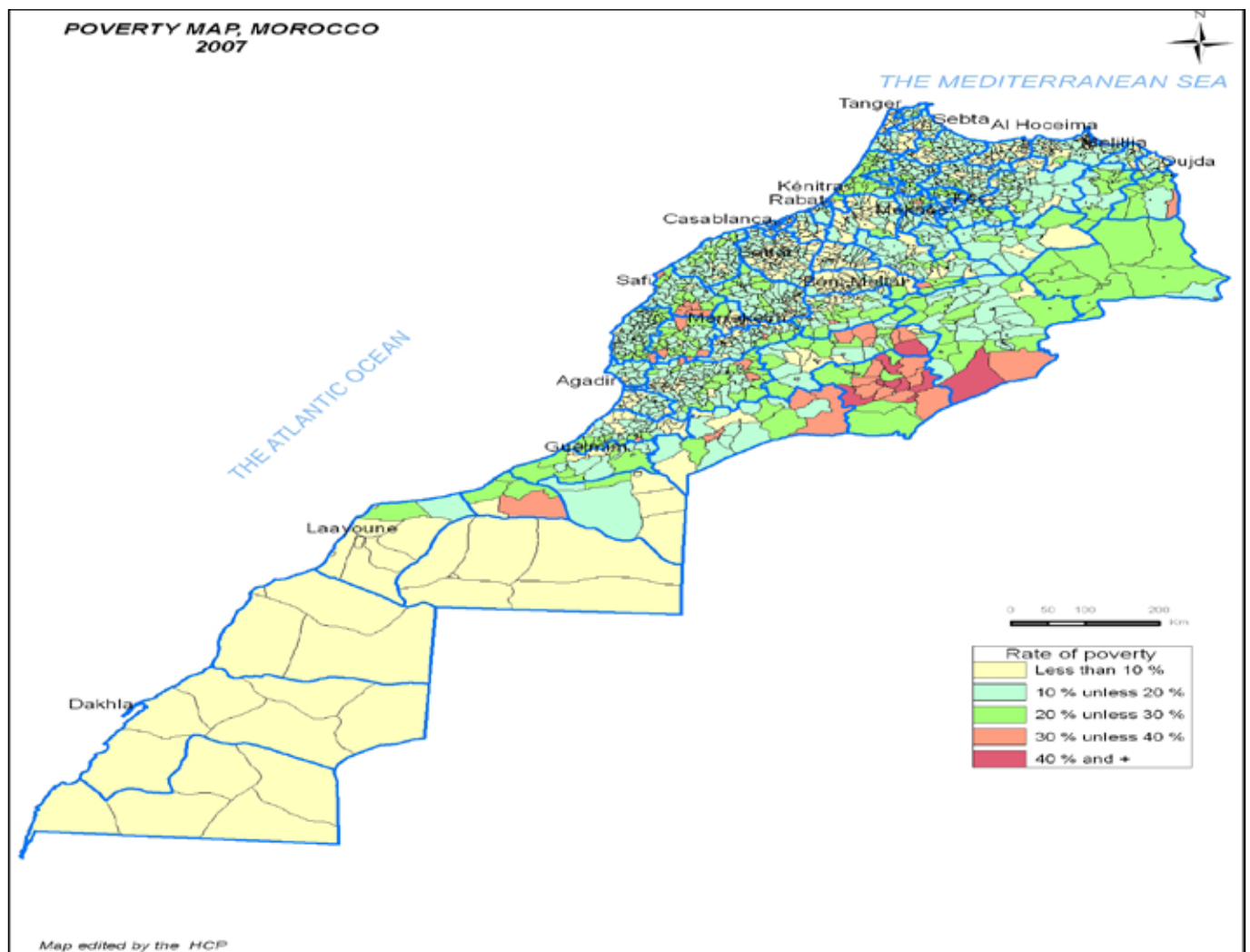
Combining the 2004 general census of population and housing and 2007 survey on households' standard of living, the HCP recently built up, through the 'poverty mapping' approach, poverty, vulnerability and inequality indicators at the regional, provincial and municipal level.

From now on, comparing 2007 poverty map indicators to previous maps indicators will enable assessing MDG Goal 1 achievement at the local scale. The 2004 poverty map, available since 2005, enabled:

- targeting the National Initiative for Human Development (NIDH);

- setting quotas to supply urban and rural municipalities in subsidized flour,
- targeting free school supplies distribution programs,
- identifying the beneficiaries of the RAMED health insurance system pilot program,
- targeting the Tayssir proposal, a financial aid-scheme to encourage education and mitigate school dropouts.

Poverty maps allow targeting not only social programs, but also evaluating poverty dynamics and geographical distribution. According to the last poverty map (2007), poverty decline from 2004 to 2007 was higher in the poorest municipalities benefiting from the NIDH. In fact, while poverty reduction concerned 80.3% urban and rural municipalities, this proportion amounts to 95.0% of



INDH target rural municipalities, against 75.6% for the rest of rural municipalities.

Social and spatial inequalities

Average annual growth rate of per capita consumption expenditure, in constant prices, was almost three times higher between 2001 and 2007 than between 1985 and 2001, mainly due to the gross disposable income per capita increase, i.e. 4.3% per year.

Wealthy and lower classes benefited far from living standards increase than middle classes. The per capita expenditure growth rate increased from 1.1% between 1985 and 2001 to 3.2% between 2001 and 2007 for modest classes, from 0.9% to 4.3% for wealthy classes and from 1.1% to 2.9% for middle classes³. This trend allowed stabilizing social inequalities.

The consumption expenditure social distribution, measured by the Gini index, significantly stagnated between 2001 (Gini equal 0.4063) and 2007 (0.4072)⁴, after an increasing trend between 1990 and 2001 (Graph 7). The stability of social disparities over the 2000's is due, inter alia, to the geographical targeting of public resources dedicated to the eradication of poverty, including NIDH resources, and to the increase of living standards favourable both to poorest and rural populations.

The relative poverty rate was in fact reduced, between 2004 and 2007, by 41.6% in NIDH target rural municipalities against 27.8% in the remaining rural municipalities. Likewise, between 2001 and 2007, poor populations obtained for the first time since 1985 the same growth proportional benefit than the rich (the non-poor)⁵. At the same time, the urban-rural per capita consumption average declined for the first time since 1970, from 2 in 2001 to 1.8 times in 2007.

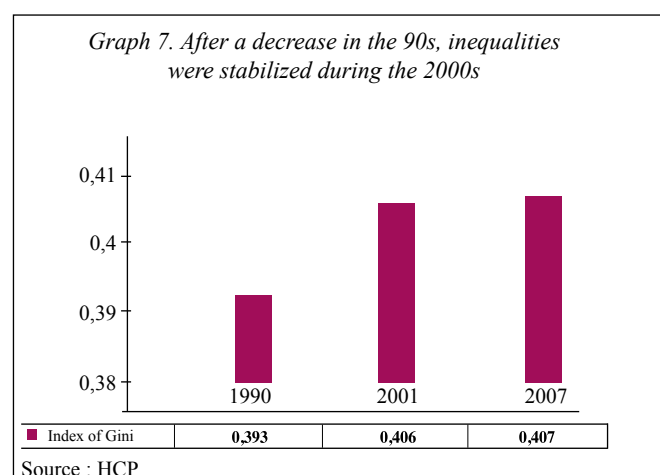
Nevertheless, despite the stability of inequalities between

2001 and 2007, the wealthiest 10% of the population accounted in 2007 nearly 33% of household consumption, with a per capita expenditure about 12 times higher than the most disadvantaged 10%. The HCP studies show that social and territorial inequalities' mitigation would result not only from public resources geographic targeting, but also from a rising social mobility focused on low and medium income fringes⁶.

2. The major challenges of poverty and inequality

Regarding poverty and inequality's eradication, two major challenges are to be addressed:

- Maintaining poverty and hunger eradication results. In 2007, 8 years before the 2015 deadline, Morocco had already reached Goal 1 target values related to poverty and hunger. Between 1990 and 2008, all forms of poverty were more than halved, \$US1 PPP poverty by 84.0%, food poverty by 80.4%, absolute poverty by 71.2%, US\$2 PPP poverty by 73.4% and relative poverty by 58.1%.
- Addressing social inequalities rigidity. Social inequalities were stabilized during the 2000's, after an increasing trend along the 90's. As mentioned above, poverty in Morocco is twice more sensitive to income allocation equity than to economic growth⁷,



3 HCP (2009): Les classes moyennes marocaines : définition, caractéristiques et facteurs d'évolution; Les Cahiers du Plan n° 25, septembre-octobre 2009 ; www.hcp.m

4 The Gini indexes null equality assumption for 2001 and 2007 was tested based on the following asymptotic standard normal statistic: where G and se(G) indicate the Gini index and its standard deviation. The calculated T in absolute value (1.38) was set below 1.96, showing that the difference between the 2001 and 2007 Gini indexes is not statistically significant at the 5% threshold.

5 Cf. HCP, 2009 : Quel niveau de croissance pro-pauvre au Maroc ? ; www.hcp.ma

6 HCP (2009) : Les classes moyennes marocaines ; cité supra.

7 Cf. HCP (2009): Dynamique de la pauvreté 1985-2007. Les Cahiers du Plan ; n° 26 ; novembre -décembre 2009.

in such a way that the eradication of persistent forms of poverty still depends on a larger social and territorial equity.

In this regard, and under the efforts undertaken to maintain the pace of poverty eradication, the Ministry of Social Development, Family and Solidarity developed with UNDP technical assistance, and in cooperation with all partners, a National Strategic Framework of Poverty Eradication entirely dedicated to NIDH success.

This methodological framework aims at setting a federating and pragmatic climate to increase

coordination, convergence and synergy of NIDH different actors, public services, local municipalities, civil society, private sector and international cooperation.

The methodological framework advocates a narrow correlation between the political, economical and social levels, which implies taking into account at each level the intrinsic causes and elements generating poverty and social exclusion.

Table N°1: Evolution of MDG1 indicators

Targets	Indicators	Disaggregation	1990	2001	2007	2008 (*)	2015	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	Proportion of population living below 1 US\$ (PPP) per day (%)	All	3,5	2,0	0,6	0,56	1,8	
		Male	3,5	2,0	0,5	0,49		
		Female	3,5	2,0	0,6	0,63		
		Urban	1,2	0,3	0,1	0,07		
		Rural	5,7	4,0	1,2	1,20		
	Poverty gap ratio		0,0271	0,0346	0,0192	0,0186		
Share of poorest quintile in national consumption	All							
	All		6,6	6,5	6,5	6,51		
Target 1 second: Achieve full and productive employment and decent work for all, including women and young people	Annual growth rate of GDP per person employed			8,2	2,3	4,3		
	Labour force participation rate of population aged 15-years and over	All		51,3	51,0	(2009) 49,9		
		Male		77,9	76,1	75,3		
		Female		25,5	27,1	25,8		
	Proportion of employed people living below \$1 (PPP) per day (%)		2,4	1,2	0,3	0,3		
	Proportion of own-account workers in total employment %	All			25,8	24,4	(2009) 27,2	
		Male			30,6	29,0	31,7	
		Female			12,1	12,2	14,8	
	Proportion of contributing family workers in total employment %	All			31,1	26,8	(2009) 23,9	
		Male			22,9	16,8	14,6	
Female				54,5	53,1	49,5		

Table N°1: Evolution of MDG1 indicators (suite)

Targets	Indicators	Disaggregation	1990	2001	2007	2008 ^(*)	2015
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)	(2003)			4,5
		Male	9,0	10,2			
		Female	9,5	10,4			
		Urban	8,4	10,0			
	Proportion of population below minimum level of dietary energy consumption (%)	Rural	3,3	6,5			2,3
		All	12,0	14,0			
		(1985)	4,6	1,8	0,9	0,9	
		Male	4,6	1,8	0,8	0,8	
	Female	4,6	1,8	1,0	1,0		
	Urban	2,4	0,3	0,1	0,1		
	Rural	6,2	3,7	2,0	1,9		
Target 3: Halve, between 1990 and 2015, the proportion of people whose income is lower than US\$2 (PPP) per day	Proportion of population below US\$2 per day (%)	All	30,4	20,2	8,2	8,1	15,2
		Urban	13,3	8,7	3,6	3,4	
		Rural	54,5	34,2	14,3	14,2	
Target 4: Halve, between 1990 and 2015, the proportion of people living in absolute poverty, relative poverty and vulnerability	Absolute poverty rate (%)	All	(1985)				6,2
		Urban	12,5	6,7	3,9	3,6	
		Rural	6,8	2,3	1,3	1,3	
	Relative poverty rate (%)	All	(1985)				10,5
		Urban	21,0	15,3	8,9	8,8	
		Rural	13,3	7,6	4,8	4,7	
	Vulnerability rate (%)	All	(1985)				12,05
		Urban	26,8	25,1	14,4	14,2	
		Rural	24,1	22,8	17,5	15,9	

Table N°1: Evolution of MDG1 indicators (suite)

Targets	Indicators	Disaggregation	1990	2001	2007	2008 (*)	2015
Target 5: Halve, between 1990 and 2015, consumption expenditure inequalities	Total expenditure share of the poorest 50% (%)	All	(1985) 24,2	23,4	23,6	23,7	--
		Urban	23,5	24,2	23,7	23,5	--
		Rural	28,8	28,7	27,7	27,6	--
	Total expenditure share of the richest 10% (%)	All	(1985) 31,7	32,1	33,1	33,0	--
		Urban	31,8	30,9	33,7	33,6	--
		Rural	25,3	25,9	25,9	26,0	--
	Total expenditure share of the poorest 10% (%)	All	(1985) 2,6	2,6	2,6	2,6	--
		Urban	2,4	2,8	2,7	2,7	--
		Rural	3,2	3,4	3,2	3,1	--

Sources: HCP, Households consumption and expenditure surveys from 1985 to 2001, and standard of living from 1991 to 2007; 2004 poverty, human development and social development mapping.

Note (*): 2008 indicators are all drawn from the updated average annual expenditures per consumer, observed in 2007 by the 2007 survey on households' standard of living. The update is based on the assumption that the 2001-2007 consumption expenditure trend will continue in 2008.

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

1. Current context

To address education reforms' low impacts, Morocco launched, in 1999/2000, the National Charter for Education and Training. The Charter strived to achieve three fundamental goals. The first goal is to achieve universal education and improve education quality and performances. The second goal is to achieve a coherent structural system based on two complementary levels: the system internal integration rooted in the socioeconomic system. The third goal is to modernize the education system management and steering procedures and methods.

Nine years later, the evaluation of the Charter's recommendations impact brings to light a significant improvement of schooling, school retention and literacy levels. But the achievement pace of some school attendance goals remains slow and quantitative development was achieved at the expense of quality.

To address this issue, an emergency plan was launched in 2008/2009 aiming at speeding up the Charter implementation through new quantitative and qualitative goals by 2012 and 2015. The public authorities' commitment is reflected in the continued increase of the education public budget which increased by 33% in 2010 against 2008, reaching about 24% of the Budget and 6.4% of the GDP.

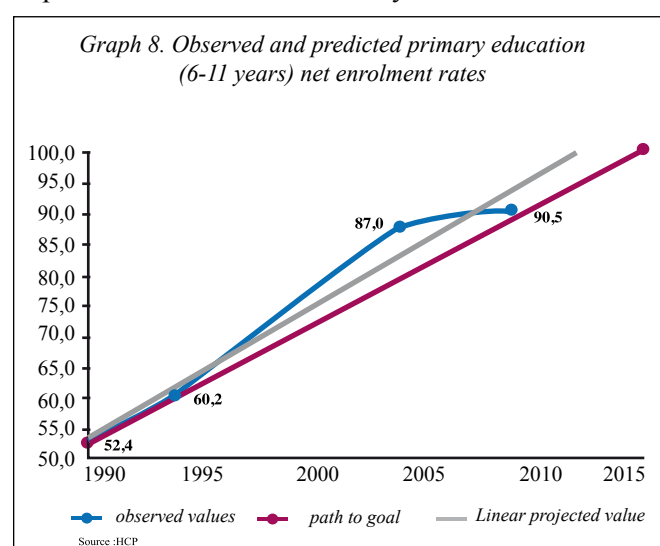
Evolution of primary schooling rate

The national enrolment rate of 6/11 years old was estimated to 90.5% in 2008/09 against 52.4% in 1990/91. The enrolment rate raised from 35,9% to 90.6% in rural areas, against 76.6% and 90.5% respectively in urban areas. Progress was more significant for girls in rural areas as their enrolment rate almost quadrupled over the same period.

The gross enrolment rate reached 108% in 2008/2009 at the national level, 106% in urban areas and 111% in rural areas. The high enrolment level in rural areas is due to the important number of pupils not belonging to the 6/11 years age group, i.e. 19% of the overall number of primary education pupils (against 14% in urban areas and 16% at the national level). The gap between

the two areas of residence is also explained by class repeat, specific to this education level in rural areas.

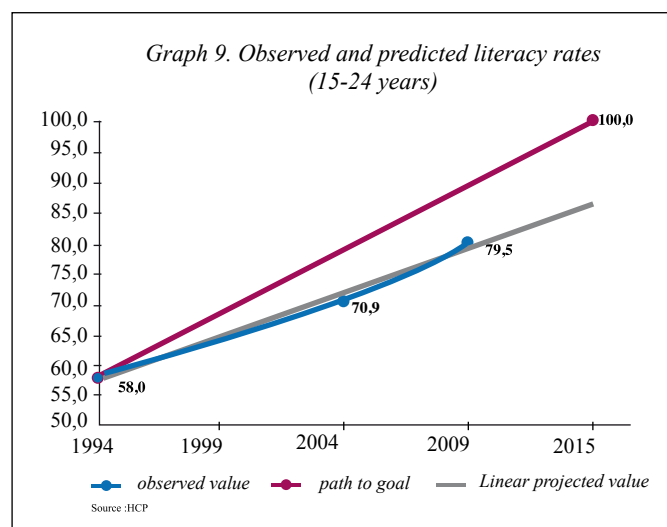
On the whole, the government efforts enabled improving significantly the enrolment rate, particularly in rural areas. The rural area almost caught up its delay towards urban areas. However, maintaining gains made depends on the government capacity to promote quality, as well as preschool and lower secondary education.



Fighting illiteracy

The literacy rate among the population aged 10 and above was estimated to 60.3% in 2009 against 45% in 1994. In rural areas, it raised from 25% to 44.4%. The illiteracy rate is partly due to the situation inherited from the colonial period and first post-independence years. In 2009, people aged 45 years and over, i.e. 27% of the population aged 10 years and over, accounted for 46.4% of illiterate. It is also due to failures and significant wastages affecting the educational system.

15/24 year-olds youth literacy rate raised from 58% to 79.5% from 1994 to 2009. Improvement was more sensitive among women whose rate increased during the same period, from 46% to 72.1% against 71% and 86.7% respectively for men. Nevertheless, achieving the goal of literacy generalization of 15/24 years olds requires improving non formal education and school dropping programs performances.



2. Problems encountered

Recent evaluations show that despite all efforts and progress, the educational system is still facing several barriers hindering development pace. Poverty and remoteness are the main exogenous barriers to schooling and school wastages. Other endogenous factors are related to the quantity and quality of infrastructures in rural areas.

3. Implemented strategy

In order to overcome the education sector problems, the Emergency Plan, launched at the beginning of the 2008/2009 academic year, targeting preschool education, primary and secondary quantitative and qualitative development, as well as schools rehabilitation. The plan aims at consolidating education generalization, quality continued improvement, promoting excellence and school success, modernizing governance at all levels and developing human resources strategic management. The Emergency plan is articulated in four pillars:

Make compulsory education effective up to 15 years through:

- developing pre school education;
- extending the compulsory education offer;
- upgrading schools;
- universal and equal access to compulsory education;
- fighting repeat and school dropping;

- promoting and developing physical education and sports at school;
- achieving equity towards children and communities with specific needs;
- reviewing curricula;
- integrating CIT and innovation in apprenticeship;
- improving the evaluation and certification system;
- improving quality of school life;
- strengthening school health and human security.

Stimulate initiative and excellence in high school and university through the following actions:

- upgrading the vocational and higher secondary schools and boarding schools;
- promoting excellence;
- improving the high education offer;
- promoting scientific research.

Face the system cross-cutting issues through:

- building teachers skills;
- strengthening school education inspection and coaching mechanisms;
- optimizing human resources management;
- governance, planning and genderization;
- modernizing and optimizing the information system;
- strengthening language teaching;
- establishing an efficient information and orientation system.

Ensure success by focusing on the following vectors:

- optimizing and sustaining financial resources;
- mobilization and communication around the school;
- developing private education.

The plan main objectives are as follows:

- raising the enrolment rate to 95% in primary education and 90% in lower secondary education, which implies achieving, from 2009 to 2012, 3.600 pre schooling classrooms and 2.500 primary classrooms, 720 lower secondary schools (colleges) and 320 secondary schools;
- reducing the school wastage rate from 5.7% to 2.5% per year by extending the boarding schools and canteens network and addressing rural schools remoteness issue through school transport.
- improving education quality and output and adequateness to labor market needs through strengthening vocational training, intensifying

on-going training, achieving universal access to information technologies in schools and achieving 10.000 housings for rural schools teachers;

- developing the academic maximum capacity by extending the university network, improving the academic sector outputs and fostering excellence promotion and scientific research as well as guiding pupils towards scientific and technical fields.

The estimate overall budget to achieve the emergency plan is 43 billion MDH for the period 2009/2012.

Table N°2: Evolution of MDG2 indicators

Targets	Indicators	1990	1994	2004	2009	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)	(1991)				
	All	52,4	60,2	87,0	90,5	100
	Boys-urban	77,5	84,2	91,2	90,8	
	Girls-urban	71,7	79,8	89,8	90,2	
	Boys-rural	48,8	55,7	88,5	93,2	
	Girls-rural	22,5	30,1	78,5	87,9	
	Proportion of pupils starting grade 1 who reach last grade of primary (including repeating)	(1991)	(1999)	(2004)	2008	
	All	46,6	55,3	75,4	87,5	98
	Boys	55,0	61,7	78,7	86,5	
	Girls	38,0	48,7	72,0	88,4	
	Literacy rate of 15-24 year-olds					
	All		58	70,9	79,5	100
	Boys		71	81,6	86,7	
	Girls		46	60,4	72,1	
Target 7: By 2015 achieve universal preschool education enrolment for girls and boys	Preschool education net enrolment rate (4-5 years)	(1991)				
	All	40,5	39,4	50,1	48,2	100
	Boys	55,2	54,5	60,2	55,6	
	Girls	25,1	23,6	39,6	40,5	
Target 8: By 2015, ensure that all children, girls and boys, complete lower secondary education (college)	Lower secondary education net enrolment rate (12-14 years-old)	(1991)				
	All	17,5	20,2	31,9	44	100
	Boys-urban	39,5	43,1	51,4	65,1	
	Girls-urban	31,9	37,5	52,3	68,4	
	Boys-rural	3,4	4,6	14,3	22,5	
	Girls-rural	1,1	1,6	8,9	16,2	
Target 9: By 2015, halve, par rapport à 1990, the overall illiteracy rate (10 years and over)	Literacy rate of population aged 10 years and over					
	All		45	55,9	60,3	80
	Male		59	67,9	71,9	
	Female		33	44,2	49,2	
	Urban		63	69,6	71,6	
	Rural		25	38,1	44,4	

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

Equality between women and men is a fundamental human right and the core value of democracy. Despite Morocco formal recognition of rights as universal standards and legislative and policy progress achieved nationwide over the last decade, equality between men and women in daily life is still a goal to achieve at mid and long term.

1. Current situation

Education

The gender parity index reached, in 2008/2009, 89% for primary education, 80% in lower secondary education, 97% in vocational secondary education and 90% in high education. Against academic year 1990/91, the index gained 31 points for vocational secondary education and 34 points for high education against only 21 points for primary education and 11 for lower secondary education.

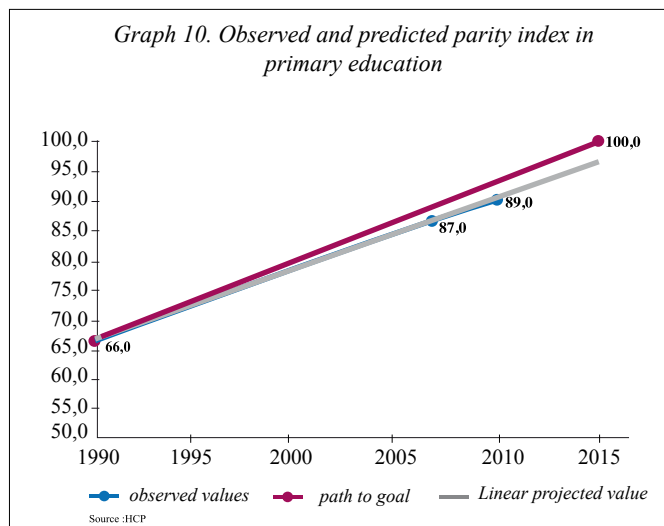
In rural areas, the index more than doubled for primary education, from 42% to 85%. In urban areas, it rose from 87% to 93%. Regarding lower secondary education, the progress pace was relatively slower with a gain of 27 points in rural areas against only 16 in urban areas.

Regarding high education, it should be noted that feminization rates are exceeding 50% in several fields of studies, mainly in dental surgery (74.3%), business and management (61.7%), educational science (59.6%) and medicine/pharmacy (57.4%).

Employment

Women's actual participation remains still insufficient. Women account for one in four labor force participants and female participation rate is three times lower than men's (25.8% against 75.3%). Female participation is an indicator of women employment insecurity. The feminization rate of family allowances amounts to 55.8% against 20.6% for employees and 8.2% for employers. In 2000, these proportions reached 48.7%, 21.9% and 6.6% respectively.

Disparities are also found in employment access.



Among medium and high education level graduates, unemployment is higher among women than among men, i.e. a difference of 7 and 14 points respectively.

Another indicator, i.e. the share of women in wage employment in the non agricultural sector, shows to which extent the labour market is open to women in industry and services. Thus, the feminization rate in this sector remains stationary or tends to fall, decreasing from 23.5% to 21.7% between 2000 and 2009, which reflects women's difficulties to find a job in industry and services due to reasons related to their qualification on the one hand, and to the economy's capacity to adapt to changes on the second hand.

Access to decision-making positions

Despite dramatic gains, women's access to decision-making positions and to the political sphere remains low. The government included four women ministers in 1993, seven in 2007 and five in 2009, i.e. 15% of the overall government. Women also participate to the diplomatic sphere which currently includes 10 female ambassadors of HM the King. In Parliament, their participation increased from 0.7% to 10.5% between 1997 and 2007 through positive discrimination measures.

In local elected bodies, where women share was only 0.56% in 2003, an appropriate device was introduced to increase women share to 12.4% in the municipal

councils resulting from the June 2009 elections. Subsequently, the number of female local councillors increased from 127 to 3.428 women, including 50% young women below 35 years, 71% with a secondary and high education level and 98% elected for the first time.

In the judiciary branch, women accounted for 19.7% judges in 2009 against 17.3% in 2003.

This proportion is still low towards the goals targeting one-third of female representatives in the legislative, executive and judiciary authorities.

One of the most symbolic decisions was women's insertion in the religious field, once exclusively male.

In 2008, under the Ministry of Endowment and Islamic Affairs new organizational charter, 13 central services and five external services are led by women. Likewise, for the first time in Morocco, 35 women were appointed to seat among the High Council of Ulemas and the Ulemas local councils. In addition, the Ramadan de 2003, female academics started to conduct religious lectures before HM the King.

Legal arsenal

Morocco reforms implementation led to a societal change promoting the principles of equity and equality.

The Royal Letter, addressed on 10 December 2008 to the Consultative Council of Human Rights, kicked off the removal of CEDAW reservations made by Morocco and henceforth incompatible with the current normative framework, especially after the Family Code and the nationality Code reform.

In addition to legislative reforms supportive of gender equity and anti-discrimination measures, several practical initiatives were taken, including the national strategy for equity and equality, now strengthened by the Government Agenda on Equality, with performance indicators being currently finalized.

Regarding forms of violence towards women, the government undertook, under the implementation of

the national strategy to tackle violence against women, societal awareness and sensitization approach to influence and change behaviour in this area. Within this context, social mobilization campaigns are annually organized with the close collaboration of the institutional actors and the civil society.

Tamkine, the multisectoral program to fight violence based on gender and empower women and girls is also being implemented. The Tamkine program is supported by eight United Nations Agencies, under the Funds for MDG acceleration supported by the Spanish cooperation. Tamkine includes several innovating projects: the national survey on the prevalence of violence based on gender, the survey on men and women's timetable, the penal Code reform, the law on domestic violence and the territorialization of policies against violence towards women through improving women and children access to quality services.

On the legal/preventive level, the Penal Code was reviewed to amend discriminatory articles. The Tamkine project aims at introducing new provisions incriminating all forms of violence towards women.

In addition, a specific law project on domestic violence was finalized and addressed to the Government Secretariat General to strengthen penal laws related to women protection.

A range of measures, specifically focused on women human rights promotion were also adopted over the last years, including the new Family Code (2004) which establishes a relationship based on the principle of equality and mutual responsibility between the spouses, while preserving children's rights.

The reform of the Nationality Code should last be mentioned, Moroccan mothers being now able to grant their citizenship to their children born from a foreign father. To this end, the Ministry of Justice established, under a programme jointly supported by UNIFEM, UNICEF and UNDP, a reckoner for alimony calculation to harmonize alimony calculation in family courts and finalized the financial, organizational and legal aspects of the Family Aid Fund (Fonds d'entraide familial) intended

to assist resourceless women. Likewise, following a successful experiment, the Ministry of Justice is currently integrating social workers in family courts, consecrating thus the social role of the judiciary.

2. Constraints

Three major constraints can be outlined

- extend and disseminate established laws in favor of women's rights;
- improve all means and mechanisms used to monitor and implement laws, strategies and policies;
- systematize gender budgetization in sectoral strategies.

3. Recommendations

Promoting gender equity and women empowerment requires a specific strategy including:

- systematize gender analysis and gender mainstreaming in sectoral action plans;
- territorialize gender in local development plans and make operational the Commission for Equality and Equal Opportunities;
- strengthen the national budget and local budgets genderization process;
- institutionalize measures, including women political and public representation in leadership positions and women access to land and property in general;
- develop a monitoring/evaluation system on gender (statistics, surveys, studies, monitoring/evaluation reports).

Table N°3: Evolution of MDG3 indicators

Targets	Indicators	1990	2009	2015
Target 10: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.	Education girls/boys ratio	(1990-91)		
	Primary education	66	89	100
	Lower secondary education	70	80	100
	Vocational secondary education	65	97	100
	High education	56	90	100
	Literacy rate of women aged 15-24 years against men	(2000)		
	Urban	88,3	94,4	100
	Rural	36,7	66,7	
	All	70,6	83,2	
	Share of women in wage employment in the non agricultural sector	(2000)		
Urban	26,2	24,9		
Rural	8,3	7,5		
All	23,5	21,7		
Proportion of seats held by women in national parliament		(1997) 0,7	(2007) 10,5	

Table N°3: Evolution of MDG3 indicators (suite)

Target 11: Eliminate disparities between men and women in access to labor market.	Women employment by branch of activity	(2000)	(2009)	(2015)
	Agriculture, forestry and fishing	35,1	39,0	
	Industry (including handicrafts)	37,7	28,9	
	Building-Public Works	0,7	0,9	
	Trade	7,5	8,9	
	Transportation, warehouse and communication	4,3	7,5	
	Repair	0,1	1,1	
	General administration	18,4	17,9	
	Community delivery service	34,3	39,2	
	Other services	31,3	28,8	
	Women employment by socio-professional status:	(2000)		
	Wage-earners	21,9	20,6	
	Independent	14,3	14,5	
	Employers	6,6	8,2	
	Domestic workers	48,7	55,8	
	Apprentices	16,0	10,1	
	Associates or cooperative members	7,3	8,1	
	Other status	33,7	58,5	
	Proportion of women among unemployed	(2000) 25,6	27,6	
Target 12: Ensure one third of legislative, executive and judiciary powers leading authorities are women.	Number of female local councilors	(2003) 127	3428	
	Proportion of female judges (%)	17,7	19,7	
	Proportion of female Ministers	5,1	15	

Source : HCP, Department of Education, Ministry of Justice

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 outline

Will the goal be achieved by 2015?					
Probably		Potentially		Unlikely	
Enabling environment conditions					
High	Medium	Low, but improving		Low	

Goal 4 Reduce child mortality

As a whole, Morocco made significant progress on health issues thanks to general improvement in living conditions, and disease control and prevention programs in particular. This is reflected by the rise in life expectancy at birth which climbed from 65.5 years in 1988 to 72.9 years in 2009.

Health indicators show that gains were particularly due to the drop of infant-child mortality.

1. Levels and trends

Out of the annual total number of deaths, the proportion of children dying before their fifth anniversary amounted to 42% around 1980, but dropped to 20% in 1987 and 13% in June 2008/June 2009⁸.

Very high around 1980 with 143 under-five deaths per 1000 births, infant-child mortality in Morocco halved to reach 76‰ towards the end of the 80s, and 47‰ over the 1999/2003 period. According to 2009/10 NDS provisional results, infant-child mortality would currently amount to 37.9‰ (June 2008 -June 2009).

Infant mortality decreased from 57‰ in 1987-1991 to 40‰ in 1999/2003 and to 32.2‰ between June 2008 and June 2009, i.e. a decline of 30% and 20% respectively. At the same time, juvenile mortality dropped from 20‰ to 8‰, and to 5.7‰ respectively, i.e. successive declines of 65% and 29%.

At the same time, neonatal mortality decreased from 31‰ in 1987/91 to 27‰ in 1999/2003 (variation relative de 13%) and post natal mortality (1-12 months) decreased from 26‰ to 13‰ respectively, i.e. a 50% decrease. This evolution is due to specific health mother and child health programs.

The vaccination coverage had in fact a considerable impact on some target diseases epidemiology, such as poliomyelitis and diphtheria, with last cases declared in 1987 and in 1991 respectively. The National Immunization Program (NIP) also allowed eradicating neonatal tetanus as a neonatal mortality cause and reducing mortality from measles and pertussis.

Morocco was the first country of the EMRO⁹ region to obtain neonatal tetanus eradication certification.

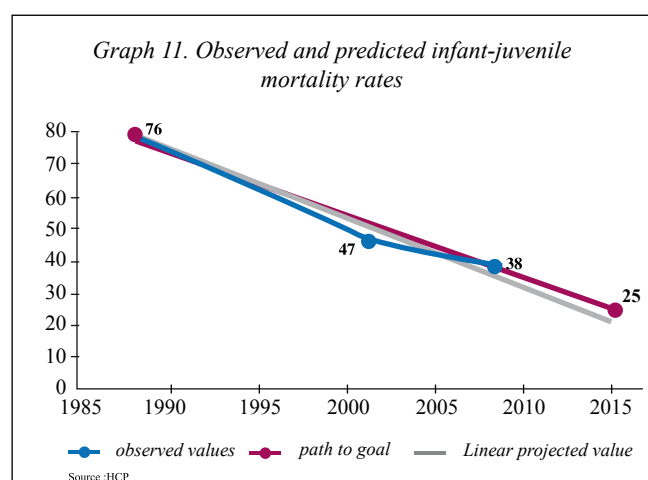
In 2008, the NIP allowed reaching a 96% BCG (Calmette-Guerin bacinilla) vaccination coverage through anti-measles vaccine, and 94% through HB3 (hepatitis B vaccine third dose) 94%. Likewise, women vaccination allowed protecting 90% new births.

Moreover, the National Diarrhoeal Diseases Control Programme (PLDM) and the National Deficiency Control Programme (PLMC) contributed to significantly reduce the number of infant deaths through:

- promoting children oral rehydration therapy (ORT);
- promoting breast feeding;
- vitamins A and D1 supplements for children;
- micronutrient-enriched basic foods (industrial flour with iron, iodine salt, edible oil fortified with vitamins A and D)¹⁰.

Other measures to fight malnutrition and micronutrient deficiencies (vitamin D and iodine, and more recently vitamin A and iron) contributed also to mortality decrease.

Nevertheless, in order to reach the fourth Millennium Development Goal (reduce by two-thirds, between 1990 and 2015, the under-five mortality rate, i.e. an infant-child



⁸ Provisional estimates based on the first round of the multi-round Demographic Survey (2009/10 NDS)

⁹ Eastern Mediterranean Regional Office (EMRO)

¹⁰ The cover of the supplementation of the children in vitamin A affected for the first dose 75 %, the second dose 53 % and the third dose 41 %.

The cover of the supplementation des femmes in post partum by the vitamin A affected 78 % (first dose). The cover of the supplementation in vitamin D (the first and second dose) affected respectively 88 % and 81 %.

mortality of 25% and infant mortality of 19%), more significant efforts are necessary, particularly in rural areas marked by an abnormally high under-five mortality rate regardless of children age and gender.

2. Constraints

The slow decrease of infant-child mortality is due, inter alia, to the vertical specific programs adopted only at the end of the 90s, which explains the poor quality of sick children care.

In addition, before 2008, maternal and infant programs were not enough focused on infants. The Ministry of Health 2008/2012 action plan included the new-born care strategy among national priorities. In this respect, physical and financial access to care and the lack of quality of health services are also important constraints. Constraints are associated to determining health factors, but also to socioeconomic, demographic and cultural. Poverty, illiteracy and poor hygiene conditions are among the most important constraints.

3. Implemented strategy

In order to speed up under-five infant mortality reduction, the government is implementing the 2008/2012 strategy aiming at achieving equal access to care among regions and among urban and rural areas, facilitating care access to the most disadvantaged populations and improving the health system credibility through improving its responsiveness and reducing care and medicine costs.

To this end, as an alternative to vertical programs, several actions able to help improving children health status and reducing infant mortality were undertaken: achieving universal PCIE¹¹ in basic health care centers and developing clinical guidelines to improve the quality of child medical monitoring, in accordance with AMO recommendations.

In this purpose, the government developed the 2006/2015 National Action Plan for Children, in accordance with the principles of "A World Fit for Children", and included

child mortality reduction as a top priority of the 2008-2012 action plan, which also includes the following:

- accelerate the extension of the PCIE strategy as a child primary health care approach;
- improve new-born care quality;
- implement the child health national policy;
- consolidate and strengthen the National Immunization Plan, namely with the introduction of new antigens, i.e. the anti-pneumococcus vaccine (cause de la pneumonia) and the anti-rotavirus vaccine (cause of 40% of diarrhoea).
- intensify the nutritional deficiency control through the National Nutrition Strategy;
- strengthen the neonatal component of the Maternity without Risks program, with the establishment of regional neonatology care units;
- improve human resources management and standardize child care, both for inpatients and outpatients, including for new-born;
- extend the health cover in rural areas and improve care continuity through a reference and counter-reference system;
- extend, in 2010, the RAMED health insurance system launched in November 2008, following the effectiveness in August 2005 of the compulsory medical insurance (AMO);
- implement programs aiming at eradicating poverty.

¹¹ PCIE : Prise en charge intégrée de l'enfant (children's integrated health care).

Table N°4: Evolution of MDG4 indicators

Targets	Indicators	Disaggregation	1982-1991	1994-2003	2008	2015
Target 13: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate (‰)	All	76 (#)	47 (•)	37,9 (•)	25
		Boys	88	59		29
		Girls	80	48		27
		Urban	59	38		20
		Rural	98	69		33
	Infant mortality rate (‰)	All	57 (#)	40 (•)	32.2 (•)	19
		Boys	69	51		23
		Girls	57	37		19
		Urban	52	33		17
		Rural	69	55		23
	Neonatal mortality rate (‰)	All	31 (#)	27 (•)	-	10
		Boys	39	33		13
		Girls	29	23		10
		Urban	30	24		10
		Rural	36	33		12
	Juvenile mortality rate (‰)	All	20 (#)	7 (•)	5.7 (•)	7
		Boys	20	8		7
		Girls	24	11		8
		Urban	7	5		2
		Rural	31	15		10
Proportion of children completely vaccinated (%)	All	(1992) 75,7	(2003-2004) 89,1	94 (°)	95,0	
	Boys	75,5	86,8		95,0	
	Girls	76,0	91,2		95,0	
glissement rate between the 1st and 3rd prise (DTCoq and polio) (%)	All	(1992) 12,4	(2003-2004) 2,7	-	< 4	
	Boys	12,9	2,5			
	Girls	11,9	2,8			
Proportion of children immunized against measles (%)	All	(1992) 79,8	(2003-2004) 90,4	94(°)	95,0	
	Boys	79,7	88,2		95,0	
	Girls	79,9	91,2		95,0	
Exclusive breastfeeding rate in the first 6 months (%)	All	(1992) 51	(2003-2004) 32	(2006) (**) 15,1		

(*) 1987-1991 (**) 1999-2003 (+) Provisional results of first round of the 2009/10 expenditures national survey.

(***) National Health Information System (Ministry of Health)

++ 2006-2007 Multiple indicators National Survey and Youth Health (ENIMSJ).

Monitoring and evaluation

	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	

Source: Ministry of Health and Haut commissariat au plan

Situation outlook

Will the goal be achieved by 201 ?			
Probably	Potentially	Unlikely	
Status of enabling environment			
High	Medium	Low, but improving	Low

Goal 5 Improve maternal health

Policies and programs launched in the early 90s focused on women's health, especially women of child bearing age. Based on main related indicators, i.e. mortality risks because of maternity, pregnancy monitoring, labor care, as well as transmissible diseases and AIDS indicators, the significant progress made by the country is still below target goals.

1. Levels and trends

Maternal mortality is difficult to measure in the absence of data stemmed from a reliable death registration system. Up to date, surveys data do not allow giving an accurate measure of maternal mortality due to important sampling errors leading to a bias in final estimates, to the sisterhood method --a most frequently used indirect estimation method--, and to the more or less long estimates reference period that does not allow assessing last achieved progress. In this regard, it should be noted that Morocco last maternal mortality estimate goes back to the end of the 90s (2003/2004 PPFAM survey) and refers to a ten-year reference period.

In order to provide better measurement of maternal mortality in Morocco, a national demographic multi-round survey is being conducted among a large sample including over 105 000 households. The survey should provide estimates resulting from three different approaches: a direct retrospective estimate (5 years before the survey); an estimate based on pregnancy monitoring during the survey rounds, and an estimate at the third round according to the sisterhood method.

The three approaches should provide the most accurate estimates of order of magnitude of maternal maternity in Morocco.

Meanwhile, based on the 2009/10 national demographic survey 1st round provisional results, the adjusted maternal mortality rate was 132 deaths for 100 000 live births between June 2004 and June 2009¹². Compared to the 2003/2004 EPSF (population and family health survey) approximate estimates (227 maternal deaths for 100 000 births from 1995 to 2003), maternal mortality

in Morocco declined by about 42%, in accordance with past decade evolution trend of human development indicators.

The maternal mortality decline is strongly correlated to the fecundity drop. According to the 2009/2010 national demographic survey (1st round), the synthetic fecundity index is now 2,36 children per woman (end of 2008), after being 2,47 in 2004, according to the 2004 RGPH (population and housing general census), and 4 children per woman at the beginning of the 90s. The synthetic fecundity rate is thus below the replacement threshold (2.04 children per woman) in urban areas and 2.8 children per woman in rural areas.

The expansion of family planning services' use is the first fecundity drop determining factor in Morocco. In fact, the contraceptive prevalence rate (married women aged 15/49 years) increased significantly, from 42% in 1990 to 63% in 2004.

In addition to the synthetic fecundity rate significant impact on maternal mortality drop, the positive evolution of some decisive factors such as prenatal care coverage should be mentioned.

While the 2003/04 survey on Population, Health and Family data are no longer valid, they still show a clear improvement trend of determining factors¹³.

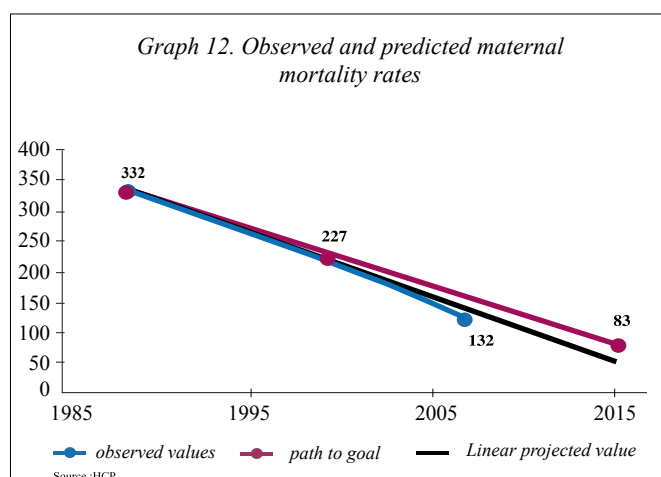
According to the 2009/10 national demographic survey estimates, the proportion of 8 months pregnant women who resorted to a prenatal consultation accounts for 80%.

But despite the maternal mortality decline trend and recourse to medical care during pregnancy, maternal mortality and maternal and neonatal morbidity are still high, and still a public health issue, which led public authorities to implement an ambitious action plan aiming at speeding up the reduction of maternal mortality.

¹³

- 68% pregnant women benefited from prenatal care;
- The percentage of monitored delivery increased from 31 in 1987-91 to 63% in 1999-2003;
- The post-natal consultation rate is 65%;
- The cesarean rate is 5.4%.

¹² Youssef Courbage, HCP mission report, 22-24 February 2010



2. Constraints

Some maternity hospitals and delivery units’ structural and organizational gaps required to develop an upgrading program, mainly in remote rural areas and peri-urban areas.

Constraints influencing maternal health are also linked to access conditions to health care services at the territorial level, particularly access to delivery in medicalized facilities. Most women have to face financial or physical/distance access problems to care. Transportation of parturient women for example is problematic and prevents many pregnant women in rural areas to access to health centers. Cultural factors are also a constraint to health care access.

In sum, there are three types of constraints:

- Physical and financial access to emergency obstetric care;
- Lack of staff and care quality;
- Lack of coordination and management capacities.

3. Implemented strategy

The Government of Morocco developed a plan to accelerate the reduction of maternal and neonatal mortality, as a priority component of the 2008-2012 health strategy. Urgent measures were taken, including

free delivery and cesareans in delivery units and maternity hospitals, free transportation between different facilities in case of need for the mother or new-born and improving delivery facilities quality, particularly in rural areas and urban peripheries.

The specific national plan being implemented to speed up maternal and infant mortality reduction is based on 3 strategic pillars:

- **Pillar 1.** Expanding access to obstetric and neonatal care and improving skilled staff availability in labor facilities. In this context, several measures were adopted, including free delivery and cesarean care and free healthy transportation, formation of mini-obstetric emergency medical assistance services (SAMU) to regulate obstetric and neonatal emergencies in rural areas and skilled staff availability, as well as skills building, and preventing and screening pregnancies at risk, namely through mobile medical units (UMM).

- **Pillar 2.** Improving pregnancy and delivery care quality; 80% of maternal deaths are in fact due to obstetric complications (haemorrhage, infections, eclampsia, miscarriage...) against only 20% deaths for indirect causes (anaemia, high blood pressure, diabetics...).

To this end, an audit of all delivery units and maternity hospitals was achieved and plans to upgrade and humanize delivery facilities are being implemented.

- **Pillar 3.** Improving the management of the program for maternal and infant surmortality eradication by introducing a system to monitor maternal and neonatal deaths and follow up social mobilization, advocacy and partnership around maternity without risks.

Mandatory reporting of deaths of women aged 15-49 years and confidential audit of deaths due to pregnancy, delivery and third stage of labor was put into place.

Table N°5: Evolution of MDG5 indicators

Targets	Indicators	Disaggregation	1987-1991	1999-2003	2008	2015
Target 14: 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	(1995-2003) 227 187 267	(2004-2009) 132 *	83
	Proportion of deliveries assisted by skilled-attendant	All Urban Rural	31 64 14	63 85 40	(2009) 83	90
Target 15: 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	80* 94* 68*	90
	Unsatisfied family planning needs (in %)		(1992)# 19,7	(2003- 2004) 10		
	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	(2008) 17,3 12,4 23,3	
Target 16: Ensure that reproductive health decisions are jointly taken by men and women	Share of women delivery spaced within 7-17 months (%)	All Urban Rural	10,4 10,3 10,5	7,2 5,6 8,6		
	Cesarean rate			5,4	6,4	8,9
	Proportion of women who had at least one postnatal visit	All Urban Rural		65 87 42		80 95 60
	Contraceptive use rate	All Urban Rural	(1992) 42 55 32	(2003-04) 63 66 60		65 65 65

Sources: Ministry of Health

* High Commissioner for the Plan, 2009-10 national demographic survey, 1st round provisional results.

#: Santé de reproduction au Maroc : facteurs démographiques et socioculturels, 1998. CERED

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	
Status of enabling environment			
High	Medium	Low, but improving	Low

Goal 6 Combat HIV/AIDS, malaria and other diseases

Since the emergence of the first AIDS case in 1986, Morocco gradually put into place a range of measures and devices to face the spread of the AIDS epidemic.

The government commitment strongly expressed the political will to fight AIDS pandemic. Various national strategic plans were developed by national experts and were increasingly effective, as dictated by epidemiologic, medical or sociological knowledge. These plans are in fact the only country-wide strategic framework to fight HIV/AIDS. They engage the whole range of stakeholders, i.e. governmental and non governmental organizations, civil society, private sector and local municipalities.

This unique intervention framework is one of the "three ones principles" endorsed by Morocco, i.e. the aforementioned unique intersectoral strategic framework, the unique national coordination body (Morocco Coordination Committee) and unique monitoring and evaluation mechanisms.

Since the declaration of the first AIDS cases in Morocco, local NGOs have been supporting government efforts, including for resource mobilization, advocacy and improving patients' access to information, screening and care.

Morocco made notable progress regarding prevention, screening and care of people living with HIV/AIDS.

Morocco was the first MENA country to benefit from the Global Fund to fight AIDS, tuberculosis and malaria since the first round of grants in 2003 and grant renewal from 2007 to 2011.

1. Levels and trends

HIV/AIDS. HIV prevalence remains very low in Morocco, as testified by the results of annual conducted sentinel surveillance conducted in different sites of the country. In fact, HIV prevalence among pregnant women remains low with a quasi stability since 2000; nevertheless, last years data confirm a concentration among infection at-risk most exposed groups in certain Moroccan areas. Thus, HIV prevalence (across all sites) among sex workers shows relatively stable figures, 2-3%

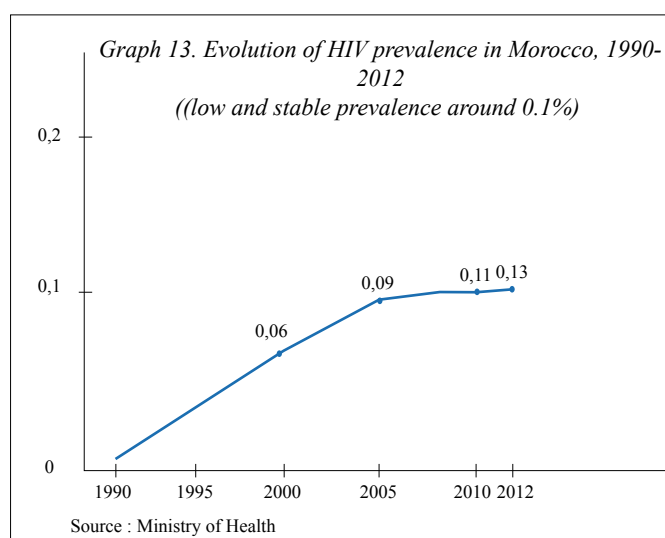
since 2001. An existing HIV epidemic concentrated among sex workers in the Sous Massa Draa region is clearly established, with a prevalence higher than 5% for several years.

The evolution analysis of the number of notified HIV/AIDS cases shows a progressive increase starting from 2005. The rise in notified cases would be linked to the strengthening of voluntary screening and diagnostic goal as well as access to care services in several regions.

Case analysis according to different periods shows that the proportion of women reached 47.9% over the last five years.

Sexual transmission is largely predominant with 92,3% cases, including 87% for heterosexual and 5,3% for homosexual transmission. The shares of HIV/AIDS transmission ways vary for certain regions, underlining different HIV transmission trends for most at-risk populations.

The number of persons living with HIV was estimated to nearly 25.500 in 2009 and HIV prevalence among the population to 0,11%. According to established projections, HIV prevalence in Morocco will remain very low (around 0.12%) and relatively stable over the next years.



Year	HIV prevalence
2000	0,06
2001	0,07
2002	0,07
2003	0,08
2004	0,08
2005	0,09
2006	0,09
2007	0,1
2008	0,1
2009	0,11
2010	0,11
2011	0,12
2012	0,13

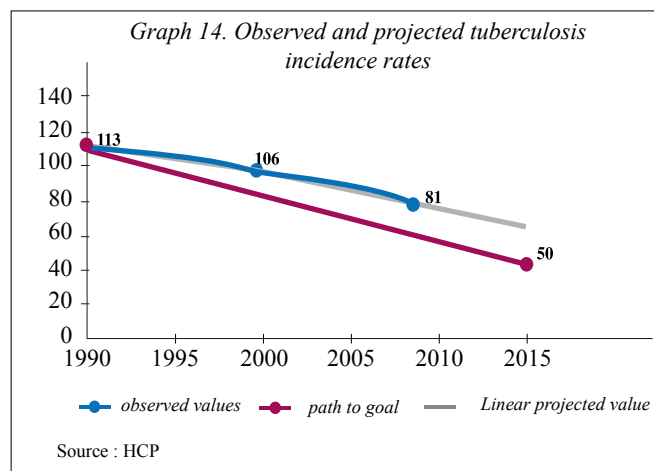
HIV/AIDS low prevalence in Morocco is the result of both public authorities and civil society vigilance and efforts. In fact, Morocco is one of the countries which managed to achieve universal access to free tritherapy for all people living with HIV eligible to antiretroviral treatment and put in place an accompanying social psychology program.

However, despite comforting figures and stable prevalence in the general population, vigilance remains a priority, considering the increasing percentage of women living with HIV and highest prevalence among most exposed and at-risk populations.

Tuberculosis

Tuberculosis remains a public health issue in Morocco. In 2009, 25,530 new cases were detected, i.e. the equivalent of an annual accrued incidence of 81 per 100 000 inhabitants. Seven cases out of ten (70%) are 15/45 years old, nearly six out of ten (57%) are men, generally living in overcrowded urban areas.

Despite its persistence, the incidence of smear-positive pulmonary tuberculosis suggests the fall of Koch’s bacillus transmission to the population since 1996 (highest peak). Morocco already achieved the goal related to detecting over 80% cases of smear-positive pulmonary TB and recovery of more than 85% cases through the DOTS strategy (directly observed treatment, short course).



However, apparently external factors can aggravate the tuberculosis incidence, such as poverty and illiteracy, first vectors of tuberculosis breakthrough and dissemination. Other factors are inherent to the health system and include the lack of skilled staff and monitoring and evaluation means in the field, in addition to weak social mobilization strategies against tuberculosis.

Malaria.

Since the launching of the program to fight malaria in 1965, the number of cases decreased significantly from 30.893 to 64 cases in 1978. This period was also marked by the eradication of the Plasmodium falciparum form, the last case of which going back to 1973.

However, the epidemiologic situation of the indigenous Plasmodium vivax malaria was only mastered towards the end of the 90s. Supporting this trend, a strategy on malaria eradication (SEPA) was adopted in 1999. The SEPA strategy contributed to neutralize the last foyers de transmission in 2002, and the last case of indigenous malaria was detected in 2004. Since this date, no active starting point or indigenous case was registered in Morocco.

Although malaria disappeared in Morocco, the risk of malaria reintroduction is not eliminated due to populations’ displacement. That is why it is necessary to consolidate the fight of imported malaria, mainly through the monitoring system that registered 56 new cases detected in 2000, 83 in 2006 and 142 in 2008. Morocco is aware of this issue and remains vigilant through appropriate monitoring and activities aiming to fight malaria.

Malaria vigilance is justified by two main reasons:

1. Notification of increasing imported cases due to international trips and migration flows from endemic countries, a risk to malaria reintroduction in Morocco.
2. Persisting risks and vulnerability factors, particularly related to environmental conditions conducive to the proliferation of the malaria mosquito vector

2. Constraints

The main constraints and problems identified in Morocco while fighting HIV/AIDS, tuberculosis and malaria are:

HIV/AIDS

- insufficient geographic extension of prevention activities;
- disparities among regions regarding access to PPVIH screening and care services;
- lack of integration of HIV prevention in development programs;
- lack of implication of the medical and non medical private sector;
- stigma and discrimination toward people living with HIV.

Tuberculosis

- poverty and illiteracy are two factors conducive to tuberculosis breakthrough and dissemination;
- shortage of skilled staff for microscopy diagnosis of tuberculosis;
- shortage of tuberculosis supervision and evaluation means in the field;
- weakness of social mobilization strategies.

Malaria

- difficult health coverage in remote areas;
- lack of community participation to fight malaria;
- lack of intersectoral collaboration to achieve fight efficiently malaria.

3. Implemented strategies

HIV/AIDS

Resulting from institutional and NGOs actors' collective work, benefiting from the highest level engagement, and implemented under the leadership of the Ministry of Health, the 2007/2011 National Strategic Plan (PSN), defines national targets for universal access to HIV prevention, treatment and care.

The PSN is being actively implemented by several national and local NGOs and the Ministries of Education, Youth, the Prison Administration Department, the Ministry of Religious Affairs and National Aid (Entraide nationale) and recently the Ministries of LaboUr and Agriculture. Local operational plans are being implemented in several regions under the coordination of anti-AIDS intersectoral commissions.

Significant progress was made through the national riposte to AIDS. A new social communications strategy was developed based on previous 2004 evaluation. Coverage through youth and women prevention programs distinctly increased the number of persons sensitized or educated and the diversity of implemented approaches or partners involved. Coverage of most exposed populations through prevention programs continued to progress and a program to reduce risks among injectable drugs users is being implemented in Tangier. Access to advice and voluntary HIV test also made significant progress.

In addition, antiretroviral treatment is still provided to all detected persons, and efforts are undertaken to upgrade the regional care centres, including the Agadir centre. The program for psychosocial support was kicked off this year, including social mediation and initiation of self-support groups. The national strategy to combat violence towards women integrated a HIV component.

The PTME (prevention of mother to child transmission) pilot program, which involves basic health care services, is being evaluated to be extended to other sites. Moreover, the Moroccan Coordination Committee continued to seek for better partner representativeness,

with a system of elected civil society representatives.

In addition to the public budget, funds are provided by the Global Fund, the United Nations system, bilateral donors, as well as funds mobilized during the national fundraising campaign (Sidaction).

A mid-term review on the PSN was initiated to identify barriers to universal access and define targets and strategies for the following years.

Tuberculosis

While fighting tuberculosis, Morocco will pursue its efforts under the national anti-tuberculosis program.

The following activities should be mentioned:

- extension of the WHO DOTS strategy (Directly Observed Treatment, short-course) since 1991;
- achieving detection rate of 84% and therapeutic success rate of 87%.

Malaria

In order to sustain results regarding indigenous malaria eradication and meet the conditions to get WHO certification, actions were undertaken to consolidate interventions in the following areas:

- activity monitoring in at-risk areas;
- intersectoral collaboration under the integrated vector management strategic framework;
- decentralizing the advice activity to travellers heading to endemic countries, to prevent malaria importation;
- strengthening the program human and financial resources to maintain vigilance;

- upgrading the program skills and facilities.

Moreover, it is important to focus on the poverty and unsanitary housing eradication programs, which will certainly contribute to reduce epidemic prevalence.

Table N°6: Evolution of MDG6 indicators

Targets	Indicators	1990	1995	2000	2005	2009	2015	
Target 17: Have halted by 2015 and begun to reverse the spread the HIV/AIDS.	HIV prevalence among pregnant women (%)	-	(1994) 0,03	(1999) 0,07	0,06	0,17		
	Prevalence among sex workers			(2001) 2,30	2,04	2,38		
	Percentage of young women and men (15-24 years) infected with HIV (in %)				(2007) 0,02	0,06		
	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy				(2007) 92	(2008) 91		
	Contraceptive use rate among married women 15-49 years old	(1992) 42	(1997) 58	-	(2003-2004) 63	-	65	
	Share of condom use in contraception (%) 5. Condom distribution (UNGASS 2008)	(1992) 2	(1997) 3	-	(2003-2004) 3	-		
Target 18: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.	Indigenous malaria incidence rate (for 100 000 inhabitants)	Men	7,0	1,2	0,02	(2006) 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	-	
	Tuberculosis incidence rate (for 100 000 inhabitants)	113	(1996) 118	106		81	50	

Source: Ministry of Health

Monitoring and evaluation capacity

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

(*) : AIDS, TUBERCULOSIS, MALARIA

Situation outlook

Will the goal be achieved by 2015 ?			
Probably	Potentially	Unlikely	
Enabling environment status			
High	Medium	Low, but improving	Low

Goal 7 Ensure environmental sustainability

After adopting the Declaration on Environment and Development of the Rio de Janeiro World Summit in 1992 and ratifying the United Nations Convention Cadre for Climate Change (CCNUCC) in 1995 and the Kyoto Protocol in 2002, Morocco has been considering environmental protection as a priority in all development projects. Morocco's commitment was confirmed by a strong political will resulting in the development of a first National Strategy for Environmental Protection and Sustainable Development in 1995, broken down in a national action plan for Environment "PANE" (1997/2001) under a participatory process based on dialogue, with a DH 2,2 billion funding.

In addition, significant efforts were undertaken over the last few years on the institutional and regulatory levels. Several environmental laws were adopted aiming at water management streamlining¹⁴ under a participatory and decentralized approach, environmental protection and enhancement¹⁵, air pollution reduction¹⁶, and waste management¹⁷.

This regulatory framework, which includes financial incentives and tax exemptions, is being supported by new funding tools and mechanisms. The funding tools include namely the National Fund for environmental Protection and Enhancement (FNE), created in 2007 as a special allocation account of the Industrial Depollution Fund (FODEP) implemented in 1998 in partnership with the German funding cooperation Agency (KfW) and the Clean Development Mechanism (CDM) established in 2002 under the Kyoto Protocol, enabling developing countries to get loans to reduce gas emissions to fund projects aiming at reducing emissions in developing countries.

1. Current situation

To face the natural resources pressure due to demographic expansion, space use mode, resource non-viable exploitation intensified by climate change non-mastered impacts, intensive efforts were made to provide the country with adequate

environmental management and protection tools.

As far as natural resources preservation is concerned, notable efforts were thus undertaken for biodiversity, forests, soils and oasis.

Biodiversity

With more than 24.500 fauna species and about 8.000 flora species, Morocco diversity is one of the most important of the Mediterranean region, after Turkey. Deforestation, overgrazing, urbanization and pollution are the major causes of Morocco biodiversity impoverishment and extinction of several species.

To preserve the country biodiversity, the government of Morocco created 10 national parks, with more than 770.000 hectares, as well as biosphere reserves (argan tree, Mediterranean intercontinental, etc.). Moreover, 164 Sites of Biological and Ecological Interest were identified throughout the country, allocated on 2,5 million hectares.

Morocco also developed a national strategy and an action plan aiming to protect the country biological patrimony, including: biodiversity conservation in Jbel Gourougou and Marchica lagoon (Nador) and at the Moulouya embouchure (Berkane); protection and enhancement of Laayoune and Boujdour ecosystems, and of Figuig oasis.

Forests

The worrying degradation of Morocco forests (9 million ha), which are regressing by 31.000 ha per year, led the country authorities to consider forest protection as a development top priority. Annual reforestation¹⁸ significantly increased over the last decades: from 10.000 ha per year at the beginning of the 80's to more than 33.000 ha per year at the end of 2006. However, the current reforestation pace remains insufficient to reverse the observed degradation trend and meet the country needs, including the current reforestation program of 500.000 ha over 10 years.

¹⁴ Law nr 10-95

¹⁵ Law nr 11-03

¹⁶ Law nr 13-03

¹⁷ Law nr 28-00

¹⁸ The Reforestation Master Plan (PDR) adopted in 1994, plans to reforest 50,000 ha/year by 2014, and 1 million hectares by 2030.

Soils

Hydric erosion results in a soil annual loss exceeding 4000t/km² in the Rif and pre-Rif regions and reservoirs silting up to 75 Mm³/year. To address the situation, conservation activities focused on 440,000 ha. The measures adopted to combat sand dunes fixed 1,650 ha in 16 provinces during the 2002-2006 period, i.e. 33.350 ha of dunes, thus protecting the main coastal cities (Agadir, Essaouira, Kenitra, El Jadida, Laâyoune...), 33 villages in the South and 8.500 ha of palm groves.

Oasis

Moroccan oases are also fragile ecosystems located in the large Southern presaharian valleys, particularly in the Ouarzazate and Errachidia provinces. With an area of nearly 44,000 ha, they include the Tafilalet oasis, the largest oasis of the world. Under the national strategy of oasis planning and sustainable development, the Tafilalet Oasis Territorial Sustainable development project (2006/2011) was launched with the UNDP cooperation. The program aims at mitigating environmental degradation and desertification and improving living conditions of oasis populations. Achieved activities mainly focused on developing water saving systems, technical assistance in agro-ecology, developing ecotourism products and building local structures capacities.

Combating air pollution

The greenhouse gas emissions inventory findings show that environment is affected by air pollution and greenhouse gas. The cost of air degradation and its impacts was estimated to MDH 3,6 billion per year, which accounts about 1.03% of GDP¹⁹.

In order to address this situation, the new strategy adopts non polluting production modes combined to a national energetic strategy gives priority to renewable energy development. This option, together with reinforcement of energy efficiency, should contribute to reduce greenhouse gas emissions on the short, medium and long term. Mobilizing renewable energies (14%

solar, 14% aeolian and 14% hydraulic) should in fact allow reaching 42% of the overall energy capacity and 20% of the country electric demand by 2020.

Establishing a national network monitoring air quality with 21 monitoring fixed stations, achieving two epidemiologic regional studies and adopting a program to achieve air emissions zoning in Morocco large cities will allow assessing and monitoring Morocco efforts to address air pollution.

Sustainable access to water and a improved sanitation system

Rural areas were targeted by several programmes aiming at improving populations living conditions as well as equipment and basic infrastructure. For example, the PAGER (program for drinkable water in rural areas) based on a participatory approach involving populations in all project steps (programming, design, achievement and management). These efforts contributed to raise the drinkable water access rate in rural areas from 14% in 1995 to 90% in 2009. At the national level, the individual connection rate went from 81% in 1995 to 96.2% in 2009, with a global access rate to safe drinkable water of 100% in urban areas (including through drinking fountains²⁰).

Despite progress made, the drinkable water sector development is still hindered by a few constraints.

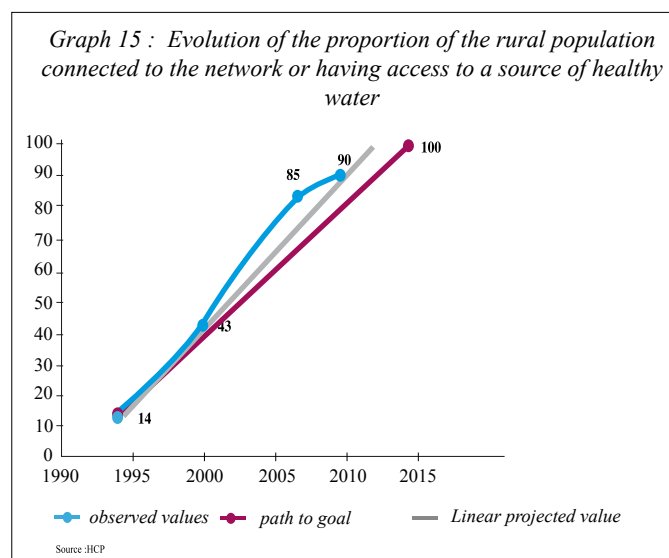
Constraints are in fact related to water resources shortage, water pollution, and also to the heterogeneity of drinkable water tariffs and funding. Other constraints are related to the lack of coordination of institutional factors among a high number of stakeholders.

Liquid sanitation is seriously delayed, in view of Morocco needs in this area. The overall connection rate to sewerage network was estimated to 88.4% in 2009 in urban areas.

Concerning wastewater treatment, Morocco had 80 treatment stations in 2005, among which 50% are not properly operational. 90% of urban wastewater, with an

²⁰ Regarding access to electricity, the rural electrification rate raised from 22% in 1996 to 96% in 2009.

¹⁹ Department of Water and Environment, 2009.



overall volume of 750 million m³, is disposed in the natural environment without previous treatment. To address this situation, the goal of the national programme for liquid sanitation and wastewater treatment is to treat and reuse or enhance 100% of collected wastewater by 2030.

Concerning household waste management, the objective of the national programme of household waste management (PNDM) is to collect and dispose household waste in agglomerations. The goal is to reach a gathering rate de 90% in 2020 and 100% in 2030 instead of 70% currently. The PNDM aims also at achieving engineered landfills in all urban areas (100%) and developing the sorting-recycling-enhancing value chain, with sorting pilot-actions, to reach a recycling rate of 20% in 2015.

Under the PNDM, 350 towns and urban areas will be provided with engineered landfills and 300 uncontrolled landfills will be rehabilitated. The PNDM cost is estimated to MDH40 billion, broken down over 15 years (2008/2022).

Addressing unsanitary housing

The ‘towns without slums’ programme (VSB), launched in 2004, aims at definitely eradicating by 2012, 1000 slums located in cities and urban areas. The VSB programme targets 83 cities and 31.7000 households, mobilizes a MDH 25 billion investment, including a MDH 10 billion (40%) grant from the Housing Solidarity

Fund. A fin 2009, 14.6200 slum dwells were addressed, and improved around 731 000 people living conditions.

The number of cities declared ‘Cities without Slums’ was 40 at the beginning of 2010, the programme being thus achieved by 49%. Likewise, in 2009, the programme to upgrade dwelling falling to ruins benefited to 19.036 households for a total cost of MDH 333 million.

Moreover, regarding unsanitary housing prevention, a programme to build houses at MDH 140,000/unit was launched. At the end of 2009, the construction of 52,088 houses was launched, including 35,298 under a public/private partnership. 2009 was marked by the first deliveries of 4.500 units in Agadir, Laâyoune, Oujda and Marrakech.

2. Constraints

Main raised constraints are related to:

- tardiness of environmental legislation promulgation and implementation;
- importance of investment to mitigate certain degradations;
- unpredictable climate change impact;
- high pressure on natural resources;
- lack of awareness and involvement among citizens.

3. National Strategy for Sustainable Development

The viability of production and consumption ways and the government effective actions are constantly discussed during any debate on public actions and the type of changes able to build Morocco capacities to further address the sustainability challenge. But changes began a few years ago both at the national and local levels and could leverage pro-active policies in the future.

At the country level, a draft national Charter on environment and sustainable development is being developed under a dialogue process extended to all Morocco regions and adhesion from all Moroccan society components. The Charter expected goals are as follows: safeguarding spaces, reserves, natural resources

and preserving vestiges and other historic monuments belonging to the country patrimony, which should be collectively protected by current and future generations.

A national strategy for sustainable development is being developed. The strategy will support the national Charter on environment and sustainable development main directives and guidelines, particularly by defining national challenges related to sustainable development; main operational goals set by 2030; implementation work plans; accompanying measures (institutional and legal support, human, technical and financial resources); monitoring and evaluation indicators²¹.

The national plan to address global warming will be broken down in territorial plans in order implement territorial policies to combat climate change, taking into account country regional and local specificities.

In this purpose, the partnership agreements signed in 2009 between the central government and the regional level, are a decisive turning point to implement the proximity strategy aiming at laying the foundations for local sustainable development to benefit current and future generations.

Accompanying measures included establishing regional observatories on environment and sustainable development, regional committees on environmental impact studies, as well signing specific partnership agreements with the provinces, economic operators and NGOs.

²¹ The High Commissioner for the Plan, in partnership with the Department of Environment in particular and all sectoral departments in general, is developing an integrated environmental and economic accounting system (SCEE). This system complements the current national central accounting system. The new system will help identifying separately expenditure related to environmental protection and degradation and mainstream environmental assets and related modifications.

Table N°7: Evolution of MDG7 indicators

Targets	Indicators	1995	2000	2006	2009	2015
Target 21: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Proportion of forest area	12,7	12,7	12,7	12,7	
	Average annual reforested area (ha)	20 000	20 000	33 000		
	Extent of protected areas for biodiversity conservation (ha): national parks	(1991) 49 000	(2001) 545 000	(2005) 606 000	(2006) 770 000	
Target 22: Reduce gas emissions harmful to health and the environment	Carbon dioxide emissions per capita in million tons E-CO2	(1999) 54,6	(2000) 63,4	(2004) 75		
	Emissions of ozone-depleting substances (tons)	(1996) 814		(2001) 435		
	GDP per unit of energy use (PPP \$ per kg of oil equivalent)	(1990) 10,2	(2001) 9,9		(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	(1994)		(2007)		
	Urban	81	88	100	100	100
	Rural	14	43	85	90	100
	Proportion of urban households with access to sewage network	(1994) 74,2		85,6	88,4	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		(2007) 6,5	5,6	
	Percentage of urban households owning their own residence	(1994) 48,5		64,5	66,4	

Source: High Commissioner for the Plan, Department of Water and Environment, Department of Energy, Department of Water and Forests, and Department of Housing and Space Planning.

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	
Status of enabling environment			
High	Medium	Low, but improving	Low

Goal 8 Develop a global partnership for development

After a drop in 2006 and 2007, development public assistance (DPA) delivered by the members of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD DAC) reached 119,8 billion US dollars in 2008, i.e. a 10% increase in real terms against 2007. Although DAC share in developing countries gross national income (GNI) increased from 0.28% in 2007 to 0.30% in 2008, it remained below the 0.33% reached in 2005 (due to Iraq and Nigeria debt relief)²².

The government of Morocco subscribed to the Paris Declaration de Paris on Aid Effectiveness, and participated in 2008 to the second monitoring survey of

Paris indicators achieved by the Working Party on Aid Effectiveness, and more particularly by the DAC.

The monitoring survey revealed Morocco low dependence on development public assistance. In fact, for 2007, the overall amount of development public assistance effectively perceived by Morocco amounted to 2,268.7 million US dollars. The country first donor is the World Bank, followed by the European Union and the European Investment Bank.

Budget support to reforms, public administration and the National Initiative for Human Development (NIDH) should also be mentioned

Under Morocco commitments to the Paris Declaration,

Table N°8 : Public assistance amount by donor in 2007

Partners	Amount (in million US\$)	%
World Bank	426,00	18,8
Union European Union	308,00	13,6
European Investment Bank	221,00	9,7
AFEDS	201,00	8,9
African Bank for Development	169,00	7,4
France	154,00	6,8
Germany	127,00	5,6
Islamic Bank for Development	126,00	5,6
Japan	116,00	5,1
Italy	111,00	4,9
ADFD	97,00	4,3
KFAED	79,00	3,5
Spain	33,60	1,5
United Nations System	22,50	1,0
United States of America (USAID)	20,00	0,9
SDF	15,00	0,7
Canada (CIDA)	10,30	0,5
Belgium	9,00	0,4
OPEC Fund	8,00	0,4
China	7,00	0,3
Global Fund to fight AIDS, Tuberculosis and Malaria	5,30	0,2
FIDA	3,00	0,1
Total	2268,7	100,0

22 Millennium Development Goals Gap Task Force 2009 Report, United Nations.

the Ministry of Economy and Finance, in partnership with UNDP, and with French and Spanish cooperation support, has started in 2008 a mapping project on development projects through a geographical information system.

The GIS, which includes a database to ensure information integrated management of information related to development projects, will enable partners to access, on the mid term, to detailed and reliable data on interventions defined under development public assistance and to anchor development projects in Morocco.

This geographical information system should start in April 2010. It will start with the recording of the information related to projects whose funding agreements are directly followed by the Ministry of Economy and Finance, knowing that in a second phase, other projects benefiting from external funding will be integrated in the GIS database.

Table N°9: Evolution of MDG8 indicators

Target	Indicateur	1990	2000	2009	2015
Target 23: 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	0,7
	Proportion of DPA allocated to basic social services (in %)	(1990-96) 18,6	(1997-01) 14,8		
Target 24: 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	
Target 25: In cooperation with developing countries, formulate and implement strategies for decent and productive work for youth	Unemployment rate 15-24 years				
	Whole		19,6	17,9	
	Male		21,1	18,5	
	Female		15,8	16,2	
Target 26: 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 %)	(1997/98) 60	(2001) 59,1	(2006) 45,6	
Target 27: 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	
	Number of cellular subscribers for 1 000 inhabitants		104	804,4	
	Number of Internet users for 1 000 inhabitants		1,2	33,6	
	Percentage of households having a personal computer		(2004) 11	(2007) 17,2	

Source: HCP, Observatory of Information Technologies.

**Simulation of public policies impact
on MDG in Morocco**

In conjunction with the linear trends approach recommended by UNDP to assess Morocco capacities to achieve MDG by 2015, another approach was used to this end based on a dynamic Computable General Equilibrium (MAMS). Simulations were thus conducted to assess public development sectoral programs' impact on MDG achievement. In fact, the government fiscal, budget, trade and investment policies would allow dramatic progress in MDG achievement by 2015. Morocco is thus on track to achieve poverty, education, drinkable water and sanitation target goals by 2015. In addition to universal primary education, access to drinkable water and sanitation would reach 94.8% and 96% respectively in 2015, i.e. widely above MDG targets, set at 72% and 87% respectively. However, despite notable progress, infant and maternal mortality indicators would still be lagging. Infant mortality (MDG4) would drop from 32.2 deaths for 1,000 deaths in 2008-2009 to 29.5 in 2015, instead of the 25.3 target. Maternal mortality (MDG5) would in turn decrease from 101 deaths for 100.000 births in 2015 instead of 112 deaths in 2009, the target being 83 deaths.

In this regard, it should be mentioned that a multi-round national demographic survey is being achieved in Morocco among a large sample exceeding 105.000 households. The survey should provide estimates issues de three different approaches: a direct retrospective estimate (5 years prior to the survey); an estimate based on pregnancy monitoring during the survey first rounds, and a third round estimate based on the sisterhood method. This should allow defining more accurately the extent of infant mortality in Morocco, and thus better simulating MDG5 achievement trend.

MAMS Model, a tool for MDG analysis

In collaboration with UNDP, the HCP developed a dynamic Computable General Equilibrium (CGE) model called MAMS (Maquette for MDG Simulation) integrating MDG modules linked to poverty, health, education, water and sanitation. The MAMS describes mechanisms through which MDG interact among themselves and allows grasping the implications of complementarities among related expenditures. Improving water and sanitation for example can reduce the health services extension required to achieve health goals.

The MAMS model allows also understanding impacts on overall economy through factor markets. The MAMS analyzes scarce resources needs (employment, investment funding and other goods and services) of MDG service sectors and other sectors, as well as MDG role to increase economy resources through the labor market and to increase incomes and investments on the long term. The MAMS captures various scenarios impacts in order to mitigate resources competition among MDG service sectors and other sectors.

ANNEXES

Annex 1. Global crisis impacts

Annex 2. Climate change impacts

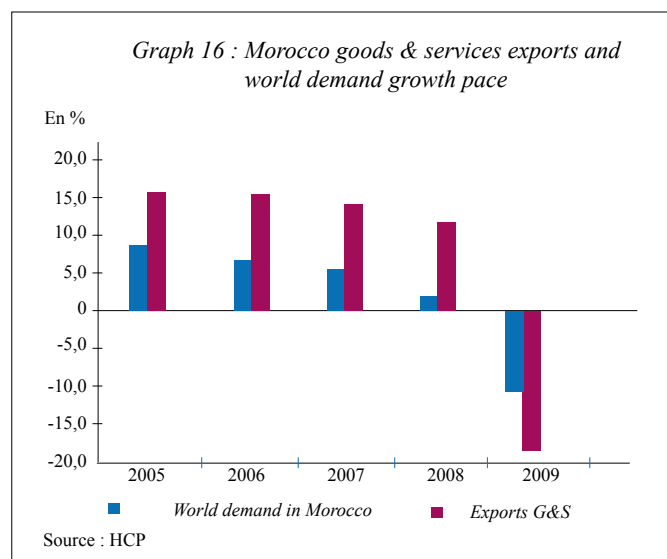
Global crisis impacts

1. The crisis transmission channels

Morocco financial system did not suffer from the international financial crisis for two main reasons. The first reason relates to the regulatory framework marked by the strict respect of Basel II prudential standards.

The second reason relates to Morocco system low integration in global finance. The share of foreign assets in Moroccan banks total assets accounts for less than 4%²³ and non-residents share in market capitalization, excluding strategic participations, was below 1.8% at the end of 2007²⁴.

The recession impacted Morocco main economic partners, especially France and Spain. In Morocco, four main fields were directly impacted by the global crisis: trade, tourism, transfers of Moroccans living abroad and capital flow including foreign direct investments.

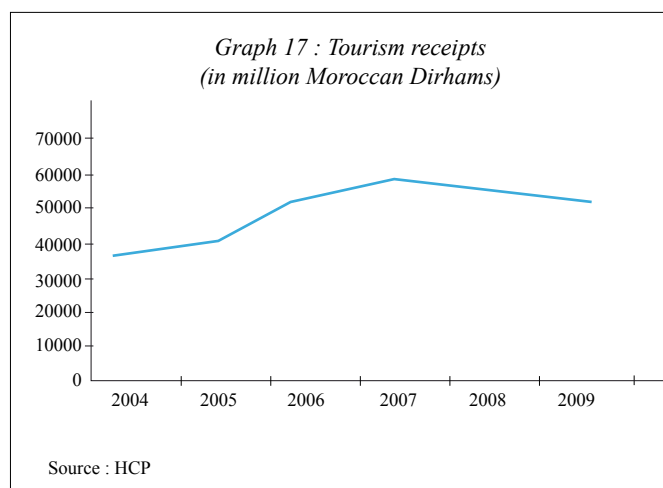


In 2009, international trade declined by 11.9% in volume and global demand for Moroccan goods by 10%. Exports of goods and services decreased by 14.7% (volume)²⁵, particularly food products (-13.2%), phosphates (-65%) and semi-products (-40%).

23 Source: Bank Al-Maghrib (Morocco Central Bank)

24 Source: Statistics of the Conseil déontologique des valeurs mobilières (securities regulatory and ethics Commission)

25 The goods and services export volume already decreased by 1.1% in 2008.



Tourism seems less affected by the crisis. Despite of tourist arrivals slight increase (2%) in 2009, overnight stays in classified hotels decreased by 1.4% and tourism receipts dropped by 5%. Nevertheless, with MDH 53 billion generated in 2009, tourism is still the primary currency source.

It should be mentioned that, between 2002 and 2007, transfers of Moroccans living abroad between 2002 and 2007 recorded an annual average increase rate of 7.4% and reached MDH 55 billion in 2007. The recession that hit main host countries, especially Spain, France and Italy, started to impact Moroccans transfers in 2008 fourth quarter. They globally decreased by 3.6% in 2008 and 5.5% in 2009 against a 15% increase in 2007.

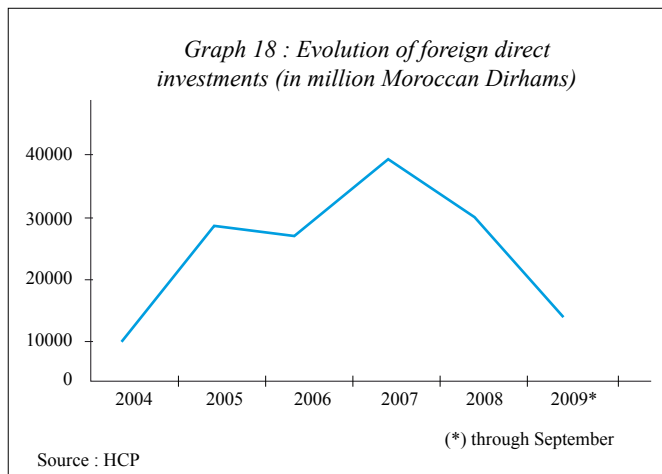
As far as FDI are concerned, Morocco is considered as one of the first destinations in Africa and the MENA region. In the 2000s, Morocco benefited from FDI flow remarkable global development under an enabling institutional framework, macroeconomic stability and pro-active development policies.

The world financial crisis did reverse this trend, leading to a high drop in FDI, i.e. 26.3% in 2008 and 29.2% end of September 2009²⁶. This decrease concerned main emitting countries, i.e. France (-26.1%), Spain (-57.2%) and the United Kingdom (-47.1%).

Benefiting from 1/3 of FDI achieved in Morocco, tourism was the most affected sector, with a 54% fall in 2008. On the

26 Source: Exchanges office.

other hand, despite a slight activity slowing down, the real estate sector continues to attract foreign investments, with a 17.6% increase in FDI in 2008



2. Public authorities response to the crisis

In order to sustain economic growth and economic and social development, Morocco adopted particularly proactive development policy. The 2009 and 2010 Laws of Finance confirmed the budget and public policies social orientation. Resources allocated to social sectors accounted for more than half budget expenditure, with a special treatment for the National Education and Health sectors. Social programs to support vulnerable fringes were reinforced, particularly through the NIHD, subsidized basic products, social housing, etc. Likewise, public investment was particularly high to maintain the pace of road, port, railway, hydraulic, and social programs.

Moreover, the government of Morocco put in place in October 2008 a Task Force group to assess and anticipate global economic trend sectoral impacts. In this purpose, the government appointed in February 2009 a Strategic Watch Committee responsible to develop reactive mechanisms in view to define appropriate, targeted and proactive measures to face the crisis. The Committee is also responsible for making proposals to the government to better prepare post-crisis, identify opportunities and reforms to be launched or accelerated.

The first measures were mainly taken to assist most affected businesses in the textile, leather and automotive equipment sectors. These measures, evaluated at MDH 1.3 billion, are articulated around:

- Job preservation, CNSS employers' contributions being funded by the government over 6 renewable months, provided that businesses do not reduce by more than 5% their workforce and adhere to minimum salaries.
- Improving businesses cash flow, through renewed government guarantee to fund working capital needs and through a loan repayment moratorium on the mid and long term.
- Export market diversification, through prospect expenses and export insurance preferential conditions funding.
- Training for export businesses from the textile, leather and automotive equipment sectors

Measures to promote investments of Moroccans living abroad were also taken including: the costs grant up to 10%, to any project holder with a currency working capital amounting to 25% of total capital; in 2009 frees money transfers made through Moroccan banks or Moroccan banks' affiliates overseas and a 50% discount on change commission applied to all foreign transactions.

Considering tourism high sensitiveness to international conditions, the CAP 2009 action plan was developed to consolidate tourist-generating countries market shares and impulse tourism in Marrakech, Fes, Casablanca, and Agadir. CAP 2009 was first provided with a first MDH 100 million budget, and in May 2009 with a MDH 300 million additional amount.

Through adopted steps and recovery plans implemented by other economic partners, the decline recorded since the end of 2008 and beginning 2009 were relatively maintained. Tourism receipts decrease, which amounted to 21.6% end of March 2009 was limited to 5% end of December 2009, transfers receipts of Moroccans living abroad fell from 14,6% to 5.3% between in the same period, and exports decline (excluding phosphates), from 21.9% to 10.7%.

Impact is also reflected on CNSS data which certify that job destruction is slowing down. For example, job loss in the textile and clothing sector drew back from 12.476 to 7.473 between April and December 2009. As for the automotive equipment sector, 753 net jobs were created in December against a loss of 3 091 jobs in April.

3. Impacts on overall economic activities

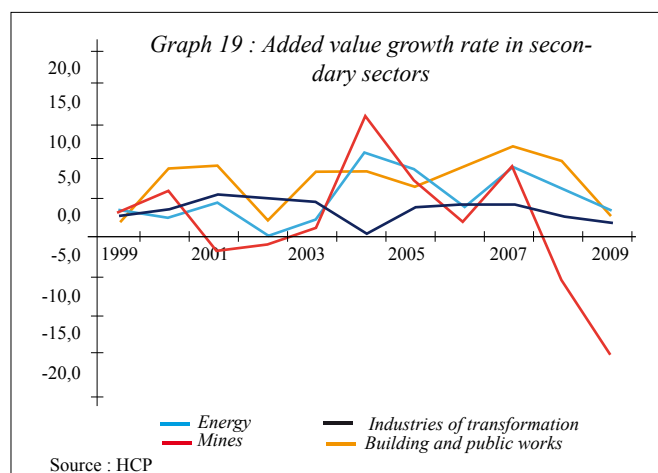
Macro-economy during the crisis

Moroccan macro-economy fundamentals remain healthy, with a balanced budget, increasing tax receipts, a strongly decreasing foreign debt and mastered inflation. However, the crisis impacts on activities with the rest of the world were negative with an already external position. Impacts are still relatively limited on growth which slightly declined (5.6% in 2008 and 5% in 2009)²⁷ thanks to a favorable domestic demand and good agricultural results. Agricultural GDP increase was around 16.6% in 2008 and 26.2% in 2009.

On the other hand, the secondary sector (building and public works, processing industry, energy and mining) globally decreased by about 2.8% in 2009 after a 3.6% growth in 2008 and 6.6% in 2007. This is due to the fact that the mining sector suffered from the fall of global demand towards phosphates. In addition, processing industries slightly increased, particularly with the decline of phosphates processing industry, textile, capital equipment and automotive sector, while domestic demand sustained agri-food industry growth.

Despite a slight slowdown in comparison to last years results, the tertiary sector managed to maintain an approximate 4% growth rate, thanks to the consolidation of commercially-trade services other than tourism. Despite the tourist activity decline at the global level, tourism showed a relative resilience.

Global crisis impacts were thus mitigated by domestic demand. Domestic demand contribution to growth accounted for 11 points in 2008 and about 7 points in 2009. Gross investment increased by 6.4% in volume in 2009, owing to public sector investment increase by



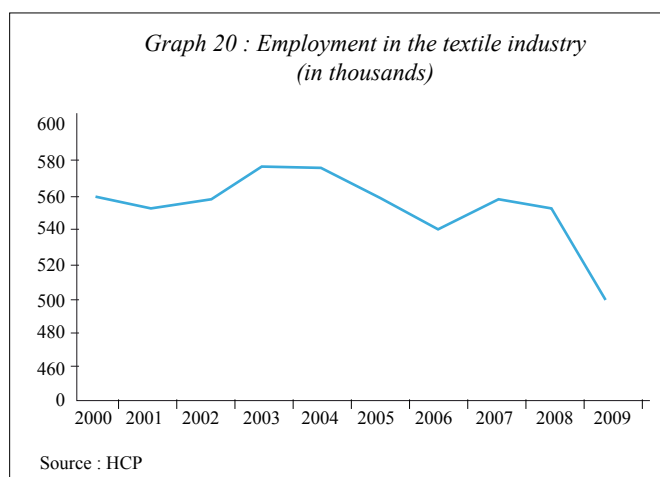
24.4% in nominal term, which allowed compensating FDI decline and domestic private investment slow down.

Final consumption increased by 8.3% in volume in 2008 and 5.8% in 2009, owing both to households' (9.4% and 5.2%) and public administration consumption (4% and 8%). In this regard, the income tax reduction, the positive evolution of paid employment and agricultural employment and stabilization of costs, particularly food products and energy costs, enabled altogether improving household purchasing power. Inflation, formulated in GDP implicit cost, did not exceed 1% in 2009, against 5.9% in 2008 and 3.9% in 2007. Inflation regression in 2009 is due to the dip of main imported products costs.

As far as capital account is concerned, the fall of net foreign income, particularly transfers of Moroccans living abroad, slowed down the available national income growth, which increased by 4.9% in 2009 against 10.9% in 2008.

Crisis impact on employment particularly impacted the textile sector with a net loss of about 53.000 jobs in 2009, while other processing industries created 18.000 net jobs. On the whole, unemployment continued to decrease in 2009 owing to a good agricultural season, a voluntary public investment program and to all steps taken to safeguard jobs.

27 Source: 2010 economic budget, HCP



Global crisis impact evaluation on Morocco economy

In order to assess global crisis impacts on Morocco economy, two main transmission channels were analyzed through the forecasting and simulation macro-econometric model for economic policies (PRESIMO)²⁸ : transfers of Moroccans living and foreign demand towards Morocco. Shortfalls are captured on main scale macro-economics, including growth, investment and employment first on the crisis past period (2008 and 2009), and second on the coming period (2010/2012).

Regarding 2008, the household final consumption decrease in comparison with current level is 1.42% and goods and services exports decrease is 1.01%. As for 2009, the decline, which is more emphasized, is about 3.12% for consumption and 4.34% for exports.

The two components decrease reduced demand, and thus growth. Subsequently, GDP decreased by 0.86 in 2008 and 2.46% in 2009, compared to its current level. Growth decline resulted in investment fall of about 1% in 2008 and 3.57% in 2009.

Regarding the evaluation of the crisis impacts on Morocco economy by 2015, the future evolution of transfers of Moroccans living abroad and foreign demand is taken into account based on global economy prospects, such

as established by international agencies, including the International Monetary Fund (IMF)²⁹.

Transfers of Moroccans living abroad and foreign demand which are dependent on global economic activities, are supposed to recover starting from 2010. Subsequently, crisis impacts on Morocco economy will start decreasing in 2010 and will practically disappear in 2012.

²⁸ PRESIMO is a macro-econometric model of Morocco economy, developed by the High Commissioner for the Plan, with the collaboration of the National French Statistics and Economic Studies (INSEE).

²⁹ According to the IMF, the world economy would be marked by some recovery starting from 2010 with a 3.1% growth (4.4% in average from 2011 to 2014). The world trade volume would grow by 5.8% in 2010 (6.4% from 2011 to 2014). In addition, the IMF considers that, in comparison with previous comparable events, advanced economies, recovery will be slow, and up to 2012, actual production would be lower than before the crisis. The IMF also considers that the current high unemployment rate and public debt, as well as existing financial systems which are not completely restored, are able to slow down recovery in advanced economies. HCP. To be published.

Table N° 10: Crisis impact on main macroeconomic variables

		2008	2009	2010	2011	2012
In growth rate	Consumption	-1,42	-3,12	-2,15	-0,95	0,26
	Investment	-1,01	-3,57	-3,72	-1,94	-0,11
	PIB	-0,86	-2,46	-1,54	-0,62	0,32
	Exports	-1,01	-4,34	-3,42	-2,43	-0,86
	Imports	-1,74	-5,08	-4,54	-3,04	-0,95
In difference	Unemployed population	24594	81655	71356	39088	-1933
	Employment	-36020	-119590	-104510	-57250	2830
GDP gap (%)	Budget gap	-0,21	-0,70	-0,78	-0,45	-0,15
	Trade gap	0,44	0,69	0,68	0,28	-0,10

4. World crisis impact on MDG

The 2008 et 2009 recession, followed by the slow recovery towards current growth levels before 2015, would hinder MDG achievement, particularly the goals to reduce infant and maternal mortality. Morocco, which seems well positioned to achieve most MDGs, would have done better in the absence of the global economic crisis. In fact, although the goals related to universal primary school, drinkable water and sanitation access are achievable by 2015, without the global economic crisis, Morocco would have achieved far better performances. In comparison with the baseline scenario presented in the study on MDG achievement by 2015³⁰, the MAMS model was used to assess the shortfalls due to the crisis. Shortfalls would have amounted to 0.3, 3 and 2 percentage points towards the end of 2015, respectively for primary education, and drinkable water and sanitation access goals.

The goals to reduce infant and maternal mortality could have been reduced for their part by 1 additional point

for 1 000 for infant mortality and 4 points for 100.000 for maternal mortality by the end of 2015 in a non-crisis context.

More generally, the crisis impact on MDG achievement by 2015 would have, between 2010 and 2015, accounted for about 1.2 and 0.1 percentage points to GDP respectively in current expenditures and public investment expenditures. If the crisis effects should last, these additional costs could further increase and load down the public finance burden, and hinder Morocco progress regarding MDG achievement in particular and human development in general.

30 HCP forthcoming

Climate change impacts

Despite its atmospheric, oceanic and geographic specificities, Morocco was not spared by climate change impacts, as testified by last decades' severe and frequent drought. Water input decrease reached 20% over the 1940/2005 period and the average temperature increased by more than 1°C between 1960 and 2000.

Under the impact of recurrent drought and increasingly decreasing rainfall, both surface and underground water should decrease between 10 and 15% ³¹ by 2020. Surface and underground water volume would keep decreasing³², particularly in the central and southern regions which are almost under water stress. This would result in decreasing water input for irrigated perimeters and reconsidering new perimeters current program.

Progressive aridification and recurrent drought will aggravate continuous water supply continued decrease. Both issues make already the country appear among the countries threatened with hydraulic pressure. Actual per capita renewable water resources would not exceed 680 m³/year 2020³³.

Table N° 11: Evolution of the water resources potential (in billion m³)

	1984	2006	2020(*)
Natural input	30	22	18,7
Mobilizable water resources	21	17,6	15
Underground water	5	4,1	3,4
Surface water	16	13,5	11,6
Mobilized water resources	9,5	13,9	14,4
Underground water		4,1	3,4
Surface water		9,8	11,0

Source: Hydraulics General Directorate, 2006

* Previsions based on the assumption of a 15% water input decrease

31 Ali Agoumi et Abdellah Debbah : Ressources en eau et bassins versants du Maroc : 50 ans de développement (1955-2005).

32 Department of Hydraulics: the water resources natural input assessment, between 1984 (30 billion m³) and 2006 (22 billion m³) shows a 26.7 % drop in 22 years.

33 Ali Agoumi et Abdellah Debbah, cited above.

Increasing agricultural, urban, tourism and industrial needs, combined to climate change impacts, would result in a water gap estimated to approximately 5 billion m³ by 2030³⁴. The gap affects the overall economy and severely impacts population's (mainly in rural areas) access to quality water, which might also impact citizens health as well as rural children schooling who are requested to fetch water. In Morocco arid and semi-arid areas, climate change will affect water quantity and quality, thus impacting food and human health. These impacts will affect increasing rural communities, as well as ecosystems balances and sustainability.

At the same time, crops, rangelands and soil degradation would lead to reservoir silting rate high increase that could exceed 1% per year in many river basins. Annual loss of dam storage capacity is estimated at 75 million m³, i.e. the equivalent of a large dam capacity or the volume required to irrigate 10.000 ha. Losses through aeolian erosion and salinization are also very high. They are currently estimated at 500.000 ha.

In addition, Morocco suffered from flooding, both flash and mass floods resulting in human losses and significant economic damages. Over the last decade, floods increased (Ourika in 1995, Tetouan in 2000, Mohammadia in 2002, Merzouga in 2006, Tanger, Nador, Al Hoceima, Fnideq in 2008, Errachidia and Rabat in 2009, El Gharb and Souss regions in 2010). Material damages amounted to US\$ 200 million in 2002 following the Mohammedia and Settat floods and US\$ 9 million following the Ourika floods in 1995.

Since thirty years, drought has been a structural agricultural data resulting in insecurity of farms mainly based on cereal crops. These food-producing farms (less than 5 ha) account for 71% for national farms.

Rainfed crops are particularly affected by climate change. Cereal production can vary from 100 million quintals with good rainfall (1995/1996) to 18 million quintals for a dry year (1994/1995) and yields can fall from 17q/ha to 4q/ha³⁵. The cereal sector is also affected by other climate risks, which are geographically limited but with significant economic incidence. Hail (damages can reach MDH 200 million approximately), frost (2004/2005 season with an affected area of about 200 thousand hectares including around 50 thousand totally lost hectares).

In the future, cereal yield losses might result in the exodus of around 6 million people³⁶. According to the Intergovernmental Panel on Climate Change scenarios, losses are estimated to 50%.

Likewise, the population living in the neighborhood of forest lands would see their standard of living decrease due to forest land degradation. In fact, forest land contributes by 30% to national energy assessment, by 17% to livestock nutritional needs and directly generates approximately 15.000 jobs per year.

Forest land regression exceeds 31.000 ha per year, a loss which will further increase due to the rise of parasitic diseases, fire, rangelands pressure, clearing and firewood collection. In particular, 8.3 million ha of rangelands concentrated in the Oriental region, argan plantations and Saharan and pre-Saharan, are highly deteriorated.

Climate change might also compromise up-to-date progress regarding infectious diseases' control, such as malaria and cholera. Extreme events, like heat waves or cold spells, will certainly affect vulnerable populations, especially poor, new-born and elderly people. Chronic diseases incidence

³⁵ Second National Communication on Climate Change, 2010.

³⁶ Etude prospective Agriculture 2030, developed by the High Commissioner for the Plan, under Prospective Maroc 2030.

³⁴ State Department for Water and Environment, 2010.

(asthma, rheumatism, flu, etc.) could significantly increase. Other diseases such as respiratory diseases, vector-borne and water-borne diseases could also be aggravated. Likewise, as a transit country, Morocco is facing increasingly intensive immigration effects.

Drought, which is particularly rife in the sub-Saharan area, combined to the high regional demographic growth³⁷, is able to feed an important migration towards the North. Morocco might thus become an immigration country, inasmuch as an increasing number of Sub-Saharan transiting migrants could settle in the country for a more or less long period.

To face climate change, Morocco developed a national work plan aiming at:

- consolidating sectoral strategies on climate change adaptation and mitigation, as well as ecosystems resilience to climate change;
- implementing climate change mitigation policies by reducing greenhouse gas emissions, including through new technologies;
- developing adaptive policies to help economic actors to address vulnerability and risks;
- developing a package of projects to be able to take advantage from international cooperation opportunities related to funding, technology transfer and capacity building.
- implementing a permanent steering, communications, evaluation and audit process.

In this context, the Morocco Green Plan (Plan Maroc Vert) includes adaptation measures aiming at modifying agricultural practices (use of selected

seeds and selection of climate-adapted varieties and crops conversion), as well as building vulnerable rural populations' adaptive capacities to climate change through identifying and developing appropriate technical, institutional and political options.

Priority is given to renewable energies which should account for 10% to 12% of primary energy in 2020 and 15 to 20% in 2030. At the same time, energy effectiveness is a national top priority for public Administration, Housing, Tourism, National Education, Industry, Transportation and basic infrastructure.

Regarding risk prevention, this strategy intends to strengthen the national Plan on Flood protection, with the objective to extend protection to 20 new sites per an, par structural measures (embankments, dams or sills) or by non-structural measures (flood warning systems, delimitation of floodable areas and warning and emergency plans development).

A national Fund to control natural disasters was developed in 2009 to provide additional funding to emergency and assistance to disaster victims and damaged structures repairs.

Regarding hydraulic infrastructure reinforcement, the 2010/2030 action plan aims at achieving 59 large reservoirs and a thousand small and medium reservoirs. The action plan will be strengthened with sea water desalination units using solar or aeolian energy and will allow mobilizing 400 million m³ per year. It is also planned to reuse wastewater which potential is 300 million m³ per year up to 2030.

To address some river basins gap, North-South water transfer is considered to support the Bouregreg, Oum Errabia and Tensift river basins' socio-economic development (1st phase: 400 million m³/year from the Sebou river, 2nd phase: 400 million m³/year from the Loukkos-Laou over the 2011/2030 period).

³⁷ As an example, under United Nations Population Division projection of population, between 2005 and 2030, Niger population would increase from 13.1 to 32.6 million people, Senegal population from 11.3 to 19.5 million and Mali population from 11.8 to 20.5 million.

To protect soils against erosion and desertification, the Reforestation Master Plan aims reforestation with native species and new hydraulic-pressure resistant species. This plan aims at reforesting 500.000 ha by 2014 and 1 million ha over the 2015/2030 period.

These activities are complemented by a drought early warning System and a project aiming at planting 1 million date palms by 2015 in the Tafilalet oasis

and protecting palm groves, and reforesting and rehabilitating Morocco oasis by planting 2.9 million palm trees by 2030.

Acronyms

ADB	African Development Bank
ADFD	Abu Dhabi Fund for Development
AFESD	Arab Fund for Economic and Social Development
AMO	Assurance Maladie Obligatoire (compulsory health insurance)
ARI	Acute Respiratory Infections
BCG	Bacille de Calmette & Guérin
CIDA	Canadian International Development Agency
CNSS	National social security Fond
DOTS	Directly observed treatment, short course
EMRO	Eastern Mediterranean Regional Office
EPSF	Survey on Population and Family Health
FDI	Foreign Direct Investments
GDP	Gross Domestic Product
HA	Hectare
HCP	High Commissioner for the Plan
ICT	Information and Communications Technologies
IEC	Information, Education, Communications
IFAD	International Fund for Agricultural Development
IMF	International Monetary Fund
KFAED	Kuwait Fund for Arab Economic Development
MAMS	Maquette for MDG Simulation
MDG	Millennium Development Goals
MDP	Clean Development Mechanism
MENA	Middle-East and North Africa
NDS	National Demographic Survey
NIHD	National Initiative for Human Development
NIP	National Immunization Program
NGO	Non-Governmental Organization
OPEC	Organization of the Petroleum Exporting Countries
PAGER	Program of Supply Grouped in Drinking Water of the Rural Population
PANE	National Action Plan for Environment
PANLCD	National Action Plan to Fight against Desertification
PCIME	Integrated care taking of childhood illness
PDA	Public Development Aid
PPP	Power Purchase Parity
PRESIMO	Macro-economic Forecasting and Policies Stimulation Model Econometric
PSN	National Strategic Plan
RAMED	Plan for medical Assistance to Economically Disadvantaged Population
RGPH	General Census of Population and Housing
SAMU	EMS (Emergency Medical Service)
SEPA	Stratégie d'élimination du paludisme
SDF	Mobile Medical Units
SME	Small and Medium Enterprises

STI	Sexually Transmitted Infections
UMM	Unités Médicales Mobiles
UNFCC	United Nations Framework Convention on Climate Change
WTO	World Trade Organization

