

PrEP in Morocco: Lessons learnt

A wide-angle photograph of the Cairo skyline at sunset. The Nile River flows through the city, with numerous skyscrapers and buildings illuminated by the warm, golden light of the setting sun. The sky is a mix of orange, yellow, and blue.

From evidence to action:
Collaborating for Egypt's HIV response

30 September and 1 October 2026

Holiday Inn & Suites Cairo Maadi
Cairo, Egypt

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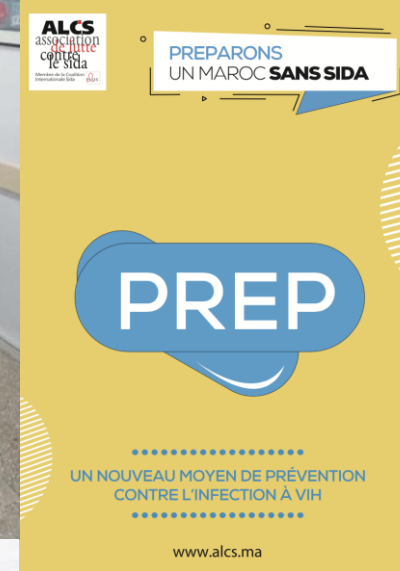
ALCS

جمعية
السيبر

عضو بالائتلاف
العالمي لمحاربة السيدا

ALCS

(Association de Lutte Contre le Sida)



Morocco's PrEP Delivery Model

- **Community-based model :**
 - delivered in ALCS's Sexual Health Clinics (HIV, STIs, HBV/HCV, psycho., Gender-based violence...)
 - By trained Community lay providers and MDs
- Partnership (NGO/MoH)
- Daily oral PrEP (MSM & FSWs) or on-demand PrEP (MSM) (*in 2027 : LEN-PrEP*)
- STI syndromic approach (or STIs molecular testing $\pm$)
- Anal Health services
- HBV immunization if needed
- Post-exposure prophylaxis (PEP)



Lessons learnt

Offering a mix of options is better

- Differentiated PrEP service delivery approach :
 - Person- and community-centered services
 - Adaptation (opening hours, mobile PrEP)
 - Choice of PrEP modes (on-demand/daily, oral/injectable)

'Choice is an intervention'

PrEP stigma is real and need to be addressed

Addressing PrEP-related stigma in awareness messages and communication :

- PrEP shaming
- Confusion between PrEP for prevention and ARVs for treatment
- Unjustified fear of risk compensation and STIs surge by Health Care Workers

➔ Raising awareness, sensitization, training (HCWs, media, Communities, general public....)

Women are underserved and need more service tailoring

- **Women's challenges identified by the research project :**
 - Taking a pill every day
 - Side effects
 - Prep shame
 - Stigma related to sex work
 - Violence
 - Economic dependence
 - Transport costs
 - Distance from clinics
 - High mobility and clinic opening hours that did not match women's realities



Women are underserved and need more service tailoring

- Women's realities
 - Tailored services
 - Significant barriers
 - Proximity to services
 - Stigma and discrimination
 - Violence
 - Economic dependence
 - Transport costs
 - Distance from clinics
 - High mobility and clinic opening hours that did not match women's realities.
- **Mobile PrEP (2025)**
 - **Long-acting injectable PrEP (Q4-2026)**
 - **+**
 - **PCR testing for gonorrhea and chlamydia (2024)**
 - **Cervical cancer screening (2024)**

PrEP Femmes
MALI • MAROC • MAURICE



معاً لتقريب خدمة
الوقاية بالعلاج القبلي

Demand creation is key

- Community mobilisation (Peer-led outreach and peer navigators)
- Trained and supervised service providers
- Innovation and Research

PrEP

خدي العلاج القبلي و تحمي في حياتك !



العلاج القبلي :
حبة واحدة تحميك من السيدا !

العلاج القبلي :
100% مجتمعاتي !

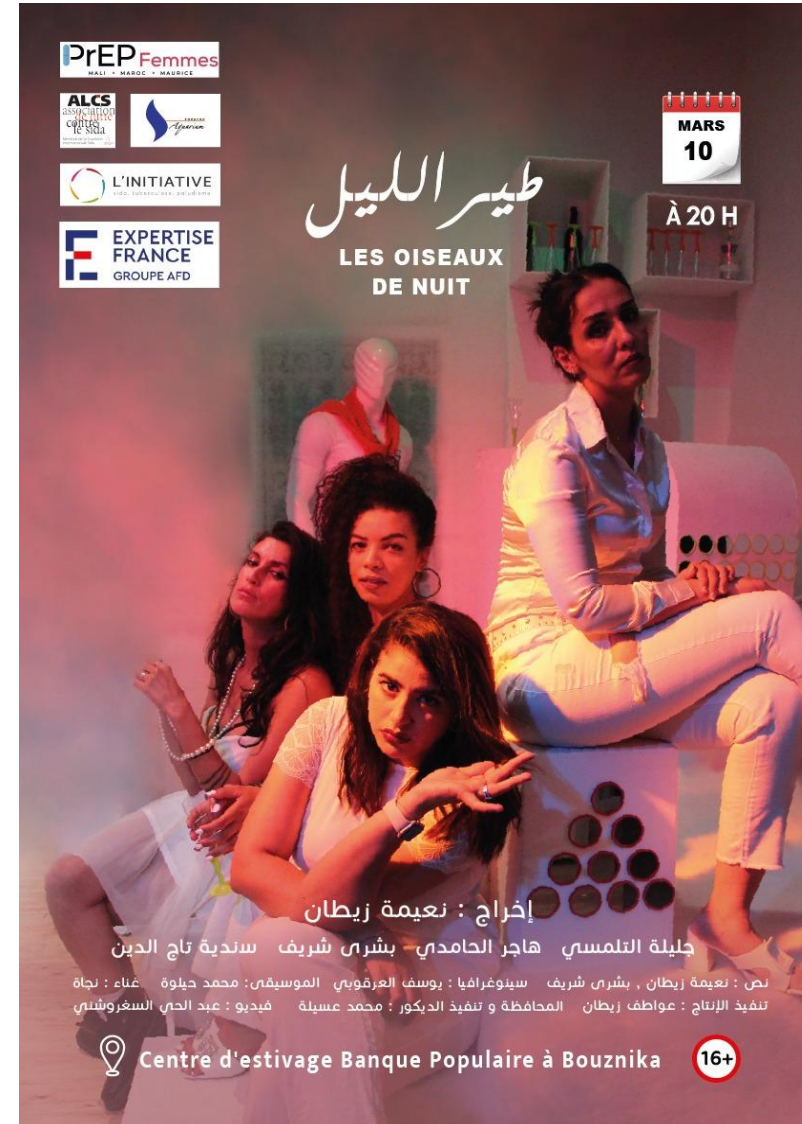
مستعدة
للعلاج القبلي ؟

العلاج القبلي في المغرب :
تحدي تم مواجهته بنجاح !

العلاج القبلي
متوفر بالمجان في المغرب
منذ 2017.
حتى انت.
استفيدي من العلاج القبلي !

العلاج القبلي :
فعالية
مثبتة !

Demand creation

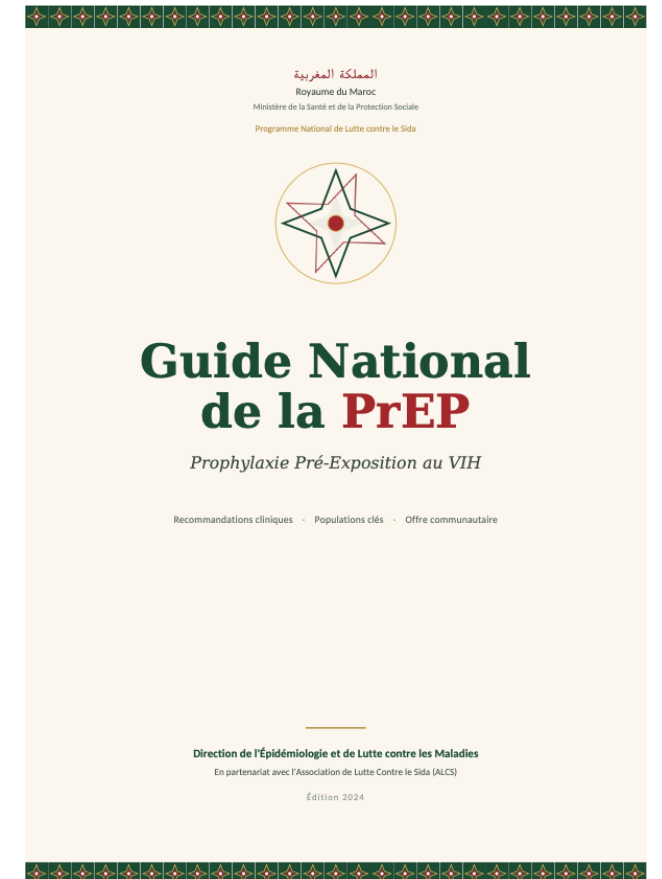


The Community-based model works

- Evaluation of ALCS's community-based PrEP model (2022) by MoH : the successful and recommendation to expand the model to other NGOs and PHC in Morocco

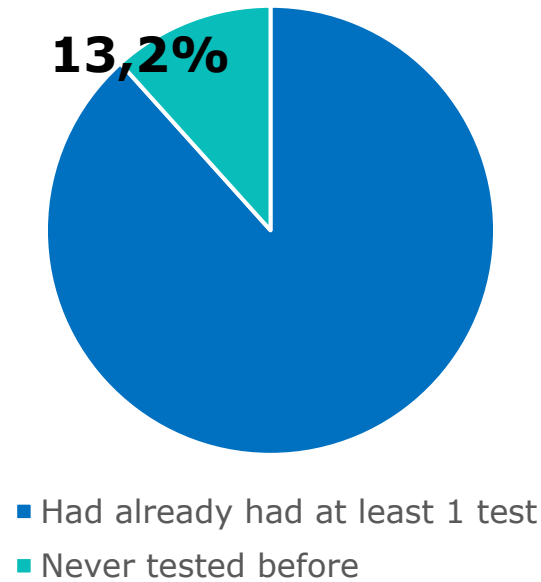
Institutional support is central

- PrEP included in the NSP of Morocco (2017)
- Demonstration project supported by the MoH
- National protocol support PrEP expansion (2023)
- First national PrEP guidelines including injectable (2025)
- «TAF crisis » solving (2026)

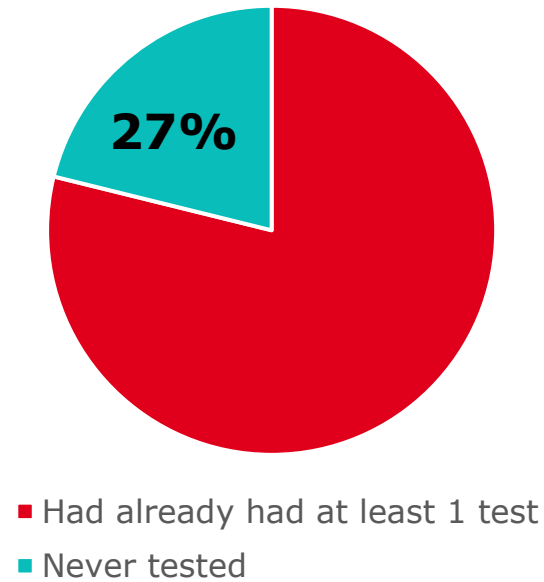


PrEP as a way to improve access to HIV testing

MSM

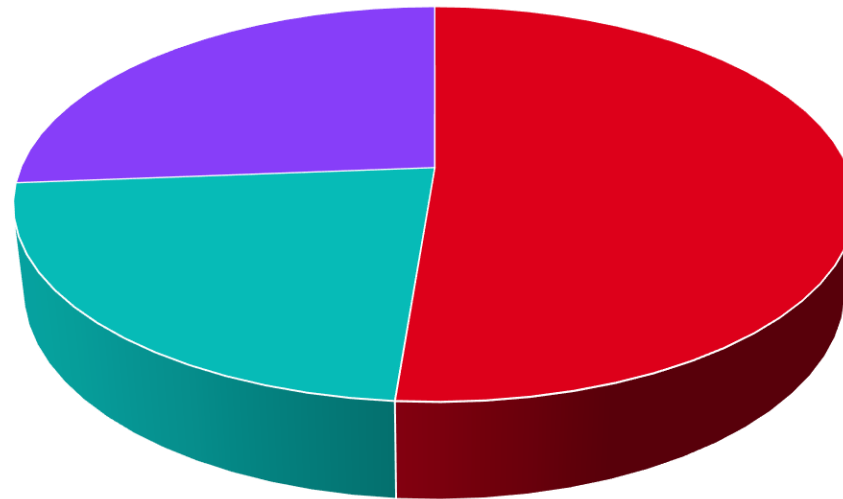


Female SWs



PrEP as a way to improve diseases screening

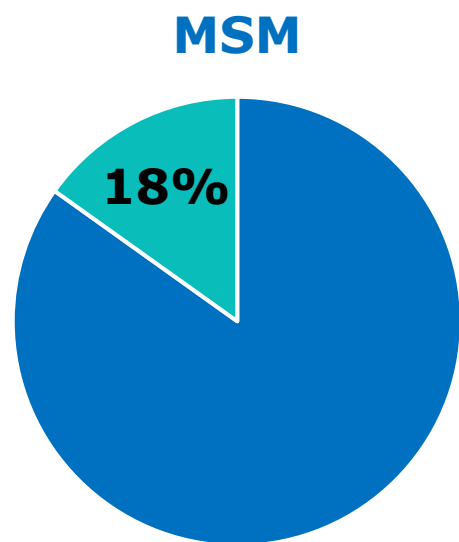
- PrEP candidates diagnosed for HIV infection and/or HBV infection and/or kidney disease (eGFR < 60ml/min)



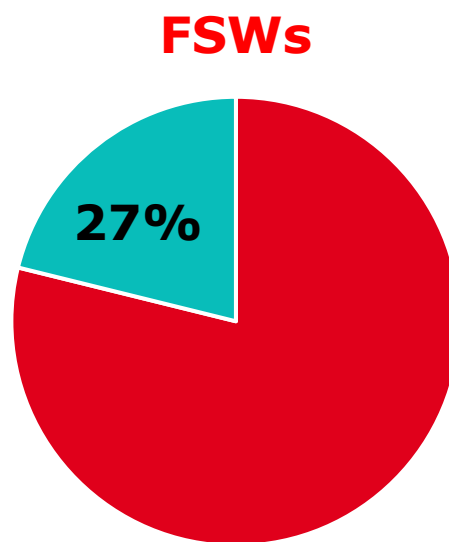
■ HIV+ ■ HBsAg+ ■ eGFR < 60 ml/mn ■

PrEP as a way to improve access to health services

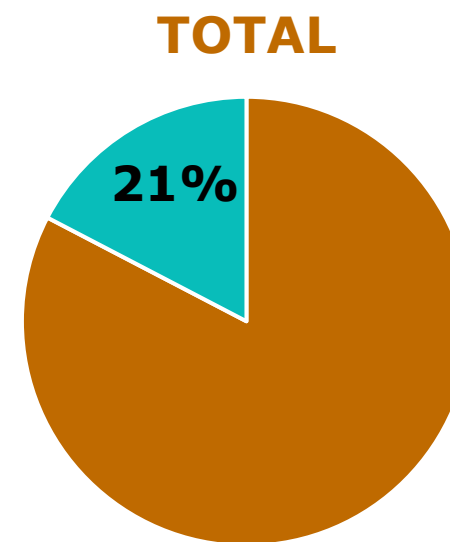
- 21% of PrEP users do not have health insurance coverage



■ Couverture sociale
■ Pas de couverture



■ Couverture sociale
■ Pas de couverture



■ Couverture sociale
■ Pas de couverture

PrEP as a way to improve STIs screening

- 24% of PrEP users were diagnosed with an STI at least once

	STI diagnosis (at least once)
MSM	285
FSWs	177
PLHIV partner	5
Total	467

Conclusion

- Community-based PrEP delivery can be a successful model, especially in 'constrained' environments
- Choice is an intervention: differentiated, person-centred service delivery drives uptake and persistence
- Stigma remains a barrier, and women remain underserved — both require continued, dedicated tailoring of services
- PrEP delivery is a gateway to broader care — improving access to HIV, HBV and STI testing and to health coverage itself

→ *A community-based model, built with and for key populations, can shape a country's HIV prevention strategy*