GENERAL TEXTS

Dahir No. 1-19-50 of 4 **Rajab** 1440 (March 11, **2019) promulgating Law** No. 47-14 **on** medically **assisted** reproduction.

PRAISE BE TO GOD!

(Grand Sceau de Sa Majesté Mohcanine‹:1 VI)

Let it be known by this document—may God elevate and strengthen its content!

That His Majesty the King,

Having regard to the Constitution, in particular Articles 42 and 50 thereof,

DECREES AND ORDERS THAT:

Law No. 47-14 on medically assisted reproduction, as adopted by the House of Representatives and the House of Councillors, is hereby promulgated and shall be published in *the Official Gazette*, following this dahir.

Issued in Rabat, on 4 Rajab 1440 (March 1, 2019).

For countersignature:

ÛC Head of the Department,

SAAD DINE EL OTMANI *

* *

Law No. 47-14
on medically assisted reproduction

Chapter I *General*

provisions Article 1

The purpose of medically assisted reproduction is to remedy infertility that has been medically diagnosed as pathological. It may also be used to prevent the transmission of a serious disease to the unborn child or to one of the spouses affecting their reproduction.

It may only be practiced in accordance with the provisions of this law and the texts adopted for its application.

Article 2

For the purposes of this law, the following definitions apply:

– *Medical assistance in* procreation*:* any clinical and biological technique enabling *in vitro* fertilization*,* the preservation of gametes, embryos, and germ tissue, intrauterine insemination or embryo transfer, as well as any other technique enabling procreation outside the natural process.

– *Infertility:* absence of pregnancy after 12 months of regular attempts to conceive naturally. Under no circumstances can this be sterility resulting from the inability of one of the spouses to procreate;

– §ff/7f dle: human reproductive cell, sperm in men and egg cells in women;

– *germinal tissue:* the part of the gland that produces gametes. This is the testicles in men and the ovaries in women;

– *embryo:* the egg fertilized by sperm before it develops into a fetus;

– /hil/i7/life/nzi //if/ -i/iù/ //ie: a technique that involves preparing the husband's sperm and introducing it into the wife's uterus using appropriate medical devices;

– *in vitro fertilization:* the fertilization of the wife's egg, after its extraction from the ovary in the laboratory, by the husband's sperm, its preparation and storage under specific conditions;

– *Embryo transfer:* a technique consisting of introducing one or more embryos into the uterus using medical devices after verifying that cell division has proceeded normally;

– *surrogate pregnancy:* the act of a woman carrying in her uterus an embryo resulting from the *in vitro* fertilization of gametes taken from two spouses and carrying the pregnancy to term with a view to handing over the child to them, as the biological parents, after delivery;

– *reproductive cloning:* any practice aimed at producing a child genetically identical to another living or deceased person;

– *eugenics:* all methods and practices aimed at intervening in the human genetic heritage with the aim of transforming or selecting individuals;

– *Preimplantation genetic diagnosis:* any form of early diagnosis carried out using cells taken from an embryo resulting from *in vitro* fertilization;

– *yruticiell*: any practitioner of medically assisted reproduction who is a specialist in obstetrics and gynecology, a medical biologist, or a pharmaceutical biologist, registered with the relevant professional association and approved to practice medically assisted reproduction techniques.

Chapter II

DOS The principles of medically assisted reproduction

Article 3

Assisted reproductive technology may only be practiced in a manner that respects human dignity and preserves human life, physical and mental integrity, and privacy, as well as in a manner that respects the confidentiality of personal data, in accordance with the laws and regulations in force.

Article 4

Medical assistance in reproduction shall not undermine the integrity of the human species. To this end, reproductive cloning and eugenics are prohibited.

Article 5

The reproductive functions of the human person may not be exploited for the benefit of others or for commercial purposes. To this end, the donation or sale of gametes, embryos, and germ tissue, as well as surrogate pregnancy, are prohibited.

Article 6

It is prohibited to conceive or use a human embryo for commercial or industrial purposes.

It may only be conceived within the framework of medically assisted reproduction as defined by this law.

Article 7

All research on human embryos or fetuses is prohibited.

The creation of human embryos or fetuses for research or experimental purposes or for purposes other than those falling within the scope of medically assisted reproduction in accordance with this law is also prohibited.

Chapter II

On the practice of assisted reproduction

Section 1—**Approval of healthcare establishments, private centers, and practitioners**

Article 8

Assisted reproductive technology may only be provided in private assisted reproductive technology centers or public or private healthcare establishments duly approved for this purpose by the competent authority after consultation with the assisted reproductive technology advisory committee provided for in Article 31 below, referred to in this law as "the advisory committee."

Approval may only be granted to healthcare establishments with an autonomous unit reserved exclusively for the practice of assisted reproductive technology or to private assisted reproductive technology centers that that meet the technical standards for facilities and equipment required for such units or centers, as well as the standards in terms of staffing and qualifications required for personnel, established by regulation after consultation with the advisory committee.

The private center and the medically assisted reproduction unit referred to in the previous paragraph must be placed under the responsibility of a licensed practitioner in accordance with the provisions of Article 9 below.

Article 9

Clinical and biological acts of medically assisted reproduction may only be performed by practitioners approved for this purpose by the competent authority, who meet the qualification requirements set out in Article 8 above.

Each approved practitioner may only perform the clinical or biological medical procedures for medically assisted reproduction specified in their approval in accordance with their specialty and only in approved private medically assisted reproduction centers or medically assisted reproduction units belonging to approved health establishments and specifically designated in their approval.

Article 10

The procedures for granting and withdrawing accreditation for healthcare establishments, private assisted reproductive technology centers, and practitioners, as well as the list of centers and healthcare establishments accredited to practice assisted reproductive technology, shall be laid down by regulation.

Section I I. -- **Provisions** relating **to** private **assisted reproductive health centers**

Article 11

For the purposes of this Act, private centers for medically assisted reproduction shall mean, regardless of their name or purpose, whether for profit or not, any private health establishment whose sole purpose is to provide medically assisted reproduction services.

For the purposes of applying the provisions of Law No. 131-13 on the practice of medicine and the texts adopted for its implementation, private assisted reproductive technology centers are treated as clinics, subject to the following provisions:

1. A private assisted reproductive technology center may only be owned by a natural person who is a private sector practitioner, a group of private sector practitioners, or a private non-profit legal entity, subject to the following conditions:

- if the private assisted reproductive technology center is owned by a practitioner, it may be set up as a single-member limited liability company. In this case, the practitioner must combine the roles of center manager and company manager;
- if the private assisted reproductive technology center belongs to a group of practitioners, they must form one of the types of commercial companies governed by company law;

• If the private assisted reproductive technology center belongs to a private non-profit legal entity, responsibility for its medical management must be entrusted to the practitioner responsible for the center, who must be from the private sector.

In the latter two cases, the non-medical affairs of the private assisted reproductive technology center must be managed by an administrative and financial director. The latter is prohibited from interfering in the duties of the center's manager or from ordering actions that limit or affect the exercise of his or her duties.

2. The powers conferred by the aforementioned Law No. 131-13 and the texts adopted for its application by the National Council and Regional Councils of the National Medical Association are exercised by the competent authorities of the Association of Biological Pharmacists in all cases relating to a private assisted reproduction center whose owner(s) are practitioners with the status of biological pharmacist.

However, when a private center for medically assisted reproduction belongs to a group of practitioners who are both pharmacists and doctors, the aforementioned powers shall be exercised jointly by the competent authorities of the National Medical Association and the National Association of Pharmacists.

3. No health insurance management institution may establish or manage a private assisted reproductive technology center, in accordance with the provisions of Law No. 65-00 on basic medical coverage.

4. The provisions of the aforementioned Law No. 131-13 governing the medical director of the clinic shall apply to the practitioner responsible for a private center for medically assisted reproduction.

5. The provisions of Articles 59, 60, 76, 77, 78, 79, 80, 81, 82, 89, 90, 91, and 92 of Law No. 131-13
;

6. The authorization to open and operate a private center for medically assisted reproduction constitutes its approval to practice medically assisted reproduction.

Section 11I. — Conditions **for the practice of medical assistance** for assisted **reproduction**

Article 12

Medical assistance in procreation may only be provided to a married couple, both of whom are alive, and exclusively with their own gametes.

It may only be used upon written request, duly signed by both spouses, accompanied by a certified copy of the marriage certificate. The template for this request is set by regulation.

Article 13

The practice of any medically assisted reproduction technique is subject to the free and informed consent of the spouses.

The consent of the spouses must be given in writing, in accordance with the model established by regulation, after the practitioner has provided them, in the language they speak, with all information relating to the risks to the mother's health, the possible risks to the future newborn, the probabilities of success in similar cases, and the estimated cost of the operation, as well as the legal framework governing medically assisted reproduction.

Article 14

No medically assisted reproduction technique may be practiced unless it is duly recognized by the competent government authority after consultation with the advisory committee.

The list of recognized medically assisted reproduction techniques shall be established by regulation and shall not, under any circumstances, include practices prohibited under Chapter II of this Act.

Article 15

Assisted reproductive technologies must be practiced in accordance with the rules of good practice established by regulation after consultation with the advisory committee.

Section IV. — **Terms and conditions for the practice of** medically **assisted reproduction techniques**

Article 16

Prior to implementing a medically assisted reproduction technique, the approved practitioner is required, in particular, to:

– obtain the request referred to in Article 12 above;

– verify the identity of both spouses;

– ensure that the use of medically assisted reproduction is justified in view of its purpose, as defined in Article 1 above, and that both spouses meet the conditions set out in Article 12 of this Act;

– talking to both spouses to find out about any previous treatments they have undergone and providing them with all the medical and scientific information relating to the proposed technique, in particular that provided for in Article 13 of this law;

– obtain the consent of both spouses in accordance with Article 13 of this Act;

— prescribe the medical examinations necessary to assess the health of both spouses and to provide medical assistance with procreation.

Both spouses must certify in writing that the practitioner has provided them with all the information specified in this article and provide a handwritten commitment to inform the head of the unit or center of the death of either spouse or of any legal change affecting their identity, marital status, or place of residence, providing copies of supporting documents.

Article 17

The head of the unit or center is required to ensure the preservation of the documents provided for in the previous article under conditions that guarantee the confidentiality of the information contained therein.

In addition, they are required to:

– coordinate the various activities related to medically assisted reproduction;

– ensure that the members of the team working in the unit or center comply, each in their own area of responsibility, with the provisions of this law and the texts adopted for its application, in particular those relating to the rules of good practice provided for in Article 15 above;

– monitor the quality of the reception and services provided by the staff working in the center or unit;

– archive the registers provided for in this law;

– submit to the competent authority, under penalty of withdrawal of approval, an annual report on the activities of the unit or center, in accordance with the model established by regulation.

Article 18

All practitioners are required to record the medically assisted reproduction procedures they have performed in a special register numbered and initialled by the president of the competent local court of first instance and by the representative of the competent authority.

This register shall be kept by the head of the unit or center, on the premises of that unit or center, and made available to the practitioner concerned. It may only be transferred outside those premises in the cases provided for by this law or the texts adopted for its application.

The model referred to above shall be established by regulation after consultation with the advisory committee.

Chapter IV

Certain acts relating to
on gametes, embryos, or germ tissue

Section 1—**Preimplantation diagnosis**

Article 19

Preimplantation diagnosis may only be used to screen for incurable diseases, the list of which is set by regulation, in order to protect the unborn child. To this end, only healthy embryos may be transferred.

PID may only be performed in one of the following situations, subject to the written consent of both spouses:

- when an approved practitioner observes and certifies that, due to their family history, both spouses have a high probability of giving birth to a child with a serious genetic disease that is listed at the time of diagnosis among the aforementioned incurable diseases;
- when the existence of one or more abnormalities responsible for a serious, disabling disease with late or early onset has been previously identified in one of the spouses or one of their parents and may prematurely jeopardize the life of the unborn child.

In all cases, such preimplantation diagnosis may only be carried out with the authorization of the competent authority, after consultation with the advisory committee.

Article 20

Notwithstanding the provisions of Article 19 above, preimplantation diagnosis may also be carried out when its purpose is to enable the application of a therapeutic treatment to the embryo.

In this case, it may only be carried out if the following conditions are met and subject to the written consent of both spouses:

- when the spouses have already given birth to a child with a genetic disease, listed at the time of diagnosis among the aforementioned incurable diseases, which led to the death of that child in the first years of life;
- When the vital prognosis for the unborn child can be decisively improved by transferring the embryo *to the uterus*, this can be achieved by applying a treatment to the embryo that does not harm its physical integrity.

In all cases, such preimplantation diagnosis may only be carried out with the authorization of the competent authority, after consultation with the advisory committee.

Article 21

In addition to the conditions set out in Articles 19 and 20 above, preimplantation diagnosis may only be carried out on the prescription of the approved practitioner who has detected a genetic abnormality in the spouses, in consultation with one or more other doctors specializing in genetics.

It must be performed only by a genetic specialist approved for this purpose by the competent authority other than the one who gave their opinion on this diagnosis, and in a cytogenetics and molecular genetics laboratory specially approved for this purpose.

Special accreditation is granted by the competent authority to the aforementioned laboratories that meet the technical standards set by regulation after consultation with the advisory committee.

The procedures for granting and withdrawing accreditation for specialist geneticists and special accreditation, as well as the list of laboratories accredited to perform preimplantation diagnosis, shall be laid down by regulation.

Section II. — **Storage of embryos, gametes, and terminal tissues**

Article 22

Embryos may only be stored for the purpose of increasing the chances of pregnancy through their transfer to the uterus. To this end, both spouses shall decide, in consultation with the practitioner, on the number of embryos to be stored.

Spouses whose embryos have been preserved may not undergo a new attempt at *in vitro* fertilization before the transfer of said embryos, unless the latter are no longer suitable for transfer.

Unused embryos may, at the written request of the spouses, be kept in storage for a subsequent attempt at procreation, for a period not exceeding five years, renewable once.

Article 23

Gametes collected from spouses may not be stored. To this end, the practitioner must use them in their entirety for fertilization.

However, when the gametes of both spouses cannot be collected at the same time for the purposes of fertilization, the practitioner may proceed with the storage of the gametes of one spouse pending the collection of the gametes of the other, provided that the duration of such storage does not exceed one year, renewable once.

Article 24

Any person undergoing treatment that may affect their ability to reproduce, or preparing to undergo such treatment, or whose fertility may be prematurely impaired, may resort to the preservation of their gametes or germ tissue for subsequent use in medically assisted reproduction in accordance with the provisions of this law.

The preservation of gametes and germ tissue may only take place at the written request of the person concerned or their legal representative in the case of a minor or a person subject to legal protection, and after their attending physician has certified, on the basis of available scientific data, that the prescribed treatment is likely to affect their patient's ability to reproduce.

Article 25

In the case provided for in Article 24 above, gametes or germ tissue shall be stored for a maximum period of five years, renewable on legitimate grounds justifying such renewal.

Article 26

Upon expiry of the period provided for in Articles 22, 23, and 25 above, the embryos, gametes, and germ tissue that are the subject of storage shall be destroyed in accordance with the laws and regulations in force, after the person in charge of the center or unit has informed the spouses or the person concerned by registered letter with acknowledgment of receipt at least three months in advance.

However, the destruction of embryos, gametes, and germ tissue may take place before the expiry of the period provided for in Articles 22, 23, and 25 above, at the written request of both spouses concerned in the case of embryos, or, in the case of gametes and germ tissue, of the person concerned or their legal representative, where applicable.

Embryos, gametes, and germ tissue must also be destroyed in the event of the death of the person concerned in the case of gametes and germ tissue, or in the event of the dissolution of the marriage in accordance with the provisions of the Family Code in the case of embryos, as soon as the incident is brought to the attention of the head of the center or assisted reproductive technology unit.

Any operation to destroy gametes, germ tissue, or embryos must be carried out in the presence of the representative of the competent public prosecutor's office and the representative of the competent administration and must be recorded in a report signed jointly by the head of the center or unit providing medically assisted reproduction, the practitioner who carried out the destruction, and the two aforementioned representatives.

Article 27

The head of the center or unit providing medically assisted reproduction services shall keep a register relating to the storage of data on embryos, gametes, and germ tissue and their destruction, the format of which shall be determined by regulation. This register must be numbered and initialled by the competent administration and the president of the court of first instance with territorial jurisdiction and may only be transferred outside the premises of this unit or center in the cases provided for by this law or the texts adopted for its application.

The entries in this register must be communicated to the president of the said court.

Article 28

Embryos, gametes, or germ tissue may not be removed from the center or assisted reproductive technology unit that collected them.

However, in the event of interruption or cessation of the activities of such a center or unit, or upon written request from the spouses or the person concerned, the embryos, gametes, or germ tissue stored there may be transported to another center or assisted reproductive health unit in Morocco chosen by the spouses or the person concerned. gametes, or germ tissue stored there may be transported to another center or unit providing medically assisted reproduction in Morocco chosen by the spouses or the person concerned for continued storage for the remaining period, subject to the prior agreement of the receiving center.

Article 29

The storage and transport of embryos, gametes, and germ tissue by centers or units providing medically assisted reproduction must be carried out in accordance with the rules of good practice set out in Article 15 above, in particular those guaranteeing the quality and traceability of embryos, gametes, and germ tissue.

Section 11I. — Import **and export of embryos,** gametes, and **germ** tissue

Article 30

The export of embryos, gametes, and germ tissue abroad, as well as the import of embryos into the national territory, are prohibited.

The importation of gametes and germ tissue into the national territory may take place with special authorization issued by the competent authority after consultation with the advisory committee, in response to a request from one of the persons referred to in Article 24 above, for the continued preservation of their gametes or germ tissue for the purposes of medically assisted reproduction.

Only centers or health establishments approved to carry out medically assisted reproduction activities may obtain authorization to import gametes and germ tissue. This authorization is issued for each import operation planned.

The importation of gametes and germ tissue must be carried out in accordance with the rules of good practice referred to in Article 15 above, in particular those guaranteeing the quality and traceability of gametes and germ tissue.

The procedures for implementing this article shall be laid down by regulation.

Chapter V

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Article 31

An advisory committee on medically assisted reproduction shall be established to carry out the tasks assigned to it under this Act and, in general, to give its opinion on any matter relating to medically assisted reproduction referred to it by the competent authority.

The composition and operating procedures of the advisory committee shall be determined by regulation.

Article 32

The members of the advisory committee shall be appointed for a term of five years, renewable once.

In the event of death, resignation, or inability to perform their duties, members of the advisory committee shall be replaced in accordance with the same procedures for the remainder of their term of office.

Article 33

The members of the advisory committee shall perform their duties in complete independence. They shall be prohibited from deliberating on an opinion concerning a unit or center for medically assisted reproduction with which they have a direct or indirect relationship, or concerning persons who have provided care for them or with whom they have a direct or indirect interest or a family relationship up to the second degree.

Membership of this committee is personal. It cannot be delegated.

Article 34

The members of the advisory committee are required, under penalty of the sanctions provided for in Article 446 of the Penal Code, to keep confidential any information that may come to their knowledge in the course of their duties.

Chapter VI

Investigation and detection of offenses and the penalties applicable thereto

Section 1. — Investigation and detection of offenses

Article 35

In addition to judicial police officers, inspectors specially appointed for this purpose by the administration are authorized to investigate and detect offenses against the provisions of this law and the texts adopted for its application.

The aforementioned inspectors are sworn in accordance with the legislation in force and are bound by professional secrecy under penalty of the sanctions provided for in Article 446 of the Penal Code.

Article 36

Inspectors shall record any infringements of the provisions of this law in reports having the same probative value as those of judicial police officers. A copy of the report shall be given to the director of the health establishment concerned or to the person in charge of the center concerned.

If a violation of the provisions of this law is found, the judicial police officers and inspectors shall immediately notify the competent authority with a view to ordering, as a precautionary measure if necessary, the withdrawal of the accreditation of the health establishment or center concerned for the practice of medically assisted reproduction and the accreditation of the practitioners belonging to the unit or center concerned, and shall immediately forward

the report of the offense to the competent public prosecutor with a view to initiating the proceedings warranted by the said offense.

Article 37

In order to carry out their duties, inspectors shall conduct a technical inspection at least once a year of health establishments and approved centers, with the aim of ensuring compliance with the provisions of this law and the texts adopted for its application.

During the inspection, the inspectors may access the premises of the center or unit in the presence of the person in charge of the center or unit, and may also consult the registers provided for by this law and medical records, obtain any document, make copies, collect any information or justification, and carry out seizures in accordance with the provisions of Article 38 below.

Article 38

Without prejudice to the integrity of gametes, embryos, and germ tissue, inspectors may seize any relevant equipment, materials, objects, products, or documents, provided that they notify the competent public prosecutor within 24 hours.

The equipment, materials, objects, products, or documents seized shall be immediately inventoried in the presence of the person in charge of the center or unit. The inventory shall be appended to the report drawn up on the premises. A copy of the report and inventory shall be given to the person in charge of the center or unit.

The originals of the report and the inventory shall be sent, within five days of their completion, to the competent public prosecutor, who may at any time request the court to order the release of the said seizure.

Section II.— **Penalties**

Article 39

The penalties provided for in this section shall not preclude the application of more severe penalties provided for by the criminal law in force.

Article 40

Any person who engages in any of the practices prohibited under Articles 4, 5, and 7 of this law, or the creation of a human embryo for commercial or industrial purposes or for purposes other than medically assisted reproduction as governed by this law.

Article 41

The following shall be punishable by imprisonment for 2 to 5 years and a fine of 50,000 to 100,000 dirhams:

- carrying out medically assisted reproduction techniques in violation of the conditions set out in the first paragraph of Article 12 above;
- carrying out medically assisted reproduction techniques without obtaining the request of both spouses in accordance with the second paragraph of Article 12 above or without obtaining their consent in accordance with Article 13 above;
- practicing a medically assisted reproduction technique that is not included in the list provided for in Article 14 above;
- carrying out preimplantation diagnosis in violation of the provisions of Articles 19 and 20 above;
- failing to use all of the gametes collected from the spouses in fertilization in violation of the provisions of the first paragraph of Article 23 above;
- exporting embryos, gametes, and germ tissue abroad or importing embryos into the national territory, in violation of the provisions of Article 30 above.

Article 42

The following shall be punishable by imprisonment for a term of one to three years and a fine of 20,000 to 50,000 dirhams, or by one of these two penalties alone:

- proceed with medically assisted reproduction techniques in premises other than the private medically assisted reproduction center or the medically assisted reproduction unit belonging to a health establishment, approved in accordance with the provisions of Article 8 of this law, or by any person who is not a licensed practitioner in accordance with the provisions of Article 9 of this law or in violation of the specifications set out in their license;
- carry out medically assisted reproduction techniques in violation of the rules of good practice provided for in Article 15 above;
- carry out preimplantation diagnosis in violation of the provisions of Article 21 above;
- to store embryos, gametes, or germ tissue in violation of the provisions of Articles 22, 24, 25, and 26 of this Act;
- to move or transport embryos, gametes, or germ tissue in violation of the provisions of Articles 28 and 29 above;
- import gametes or germ tissue in violation of the provisions of Article 30 of this Act.

Article 43

Without prejudice to the penalties provided for in Articles 41 and 42 above, any practitioner who fails to comply with the obligations set out in Article 16 above or fails to record the medically assisted reproduction procedures they have performed in the special register provided for this purpose shall be punished by imprisonment for a term of three months to one year and a fine of 10,000 to 30,000 dirhams, or by one of these two penalties only. any practitioner who fails to comply with the obligations set out in Article 16 above or fails to record the medically assisted reproduction procedures he has performed in the special register provided for in Article 18 above.

The same penalty shall apply to the person in charge of a medical assistance to procreation center or unit who fails to comply with his obligations relating to the preservation of documents provided for in Article 16 above or to the keeping of registers in accordance with the provisions of the second paragraph of Article 18 above and the provisions of Article 27 above.

Article 44

In the cases provided for in Articles 40 and 41 above, the court shall order a ban on practicing any profession or activity in the medical field or related to that field for a period of five to ten years from the date on which the sentence was served.

This prohibition shall apply without prejudice to any administrative or professional sanctions that the offense may warrant.

Article 45

Article 55 of the Criminal Code relating to the suspension of sentences shall not apply to sentences imposed pursuant to the provisions of Articles 40 and 41 above.

Article 46

In the event of a repeat offense, the penalties provided for in this section shall be doubled.

A repeat offender is anyone who, having been convicted by a final decision for one of the offenses provided for in this section, has committed the same offense within five years of the expiry of that sentence or its limitation period.

For the purposes of determining recidivism, all offenses provided for in this section shall be considered to constitute the same offense.

Chapter V II

Transitional and final provisions

Article 47

Health centers and establishments providing medically assisted reproduction services on the date of publication of this law in the Official Gazette shall have two years from the date of its entry into force to comply with its provisions and the provisions of the texts adopted for its application.

Article 48

This law shall enter into force on the date of its publication in the Official Gazette.

However, the provisions of this law that require implementing regulations shall enter into force on the date of publication of said regulations in *the Official Gazette* *.

Decree No. 2-18-734 of 27 Rabii 1 1440 (December 5, 2018) establishing **and organizing the Institute** for Training **in Renewable Energy and Energy Efficiency** Professions **(IFMEREE) in** Tangier.

THE HEAD OF GOVERNMENT,

Considering Decree No. 2-04-332 of February 1, 2005, establishing the powers and organization of the State Secretariat for Vocational Training;

Having regard to Decree No. 2-18-65 of 8 Joumada 11439 (January 26, 2018) on the powers of the Minister of National Education, Vocational Training, Higher Education, and Scientific Research;

Having regard to Decree No. 2-15-400 of 1 Ramadan 1436 (June 18, 2015) approving the agreement on the delegated management of the Institutes for Training in Renewable Energy and Energy Efficiency Professions (IFMEREE) in Ouarzazate, Oujda, and Tangier, signed on February 3, 2015;

After deliberation by the Government Council, meeting on 8 Rabii 1 1440 (November 16, 2018),

DECREES

Chapter One

ispositio general provisions

A RTI CLE PR EM I ET . — A training institution is hereby established under the government authority responsible for vocational training, under the name "Institut de Formation aux Métiers des Energies Renouvelables et de l'Efficacité Energétique" (I FMER EE), hereinafter referred to as
"Institute" and whose headquarters are located in Tangier.

ART. 2. — The Institute's mission is to contribute to the development of training, research, and expertise in the field of renewable energy and energy efficiency.

To this end, it provides:

- Pre-employment training for the preparation and awarding of the following national diplomas:
  1 - Professional specialization diploma;
  2 - Vocational qualification diploma;
  3 - Technician diploma;
  4 - Specialized technician diploma.
- Qualifying training for recruitment aimed at preparing specific profiles for companies in the renewable energy and energy efficiency sector;
- Continuing education and professional development sessions for employees of companies in the renewable energy and energy efficiency sector;