

Morocco



<http://www.who.int/countries/en/>

WHO region	Eastern Mediterranean
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2015)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.3 (Male) 75.4 (Female) 74.3 (Both sexes)
Population (in thousands) total (2015)	34377.5
% Population under 15 (2015)	27.2
% Population over 60 (2015)	9.6
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2007)	2.5
Literacy rate among adults aged >= 15 years (%) (2007-2012)	67
Gender Inequality Index rank (2014)	117
Human Development Index rank (2014)	126
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.91
Private expenditure on health as a percentage of total expenditure on health (2014)	66.12
General government expenditure on health as a percentage of total government expenditure (2014)	6.03
Physicians density (per 1000 population) (2009)	0.62
Nursing and midwifery personnel density (per 1000 population) (2009)	0.89
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	17.6 [13.0-24.0]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	27.6 [20.7-36.6]
Maternal mortality ratio (per 100 000 live births) (2015)	121 [93 - 142]
Births attended by skilled health personnel (%) (2011)	73.6
Public health and environment	
Population using improved drinking water sources (%) (2015)	98.7 (Urban) 65.3 (Rural) 85.4 (Total)
Population using improved sanitation facilities (%) (2015)	65.5 (Rural) 76.7 (Total) 84.1 (Urban)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Morocco is witnessing a major shift in its epidemiologic profile with an increasing burden of noncommunicable diseases [NCDs], which currently account for approximately 75% of all deaths in Morocco (Cancer, metabolic diseases, including diabetes and cardiovascular disease account for 40% of the main causes of death¹). Injuries account for 7% and the rest of deaths (18%) are attributable to communicable diseases, maternal, perinatal and nutritional conditions. The estimated prevalence of raised blood pressure is relatively high at 32.4%; others risk factors include obesity and raised fasting blood glucose at 16.4% and 9.9%, respectively.

Morocco has accelerated reducing maternal and under five mortality between 1990 and 2010 61% reduction in maternal mortality, and 65% reduction in under five mortality. In May 2017, Morocco has published updated data on maternal mortality, with a MMR of 72.6 in 2015, a decrease of 35% since 2010.

The intensive immunization and disease control programmes in the country has facilitated the elimination of communicable diseases, including polio, malaria, trachoma and schistosomiasis.

However, TB still remains a challenge in specific geographical areas. A multi-sectorial programme has been launched in 2013 to respond to this public health issue. HIV/AIDS is a concentrated epidemic affecting most high risk populations in specific geographic areas. Morocco has a higher level of Antiretroviral Therapy (ART) coverage compared to other EMRO countries.

HEALTH POLICIES AND SYSTEMS

The 2011 Constitution recognizes right to healthcare and health coverage. The Moroccan health system is composed of a public and private sector (including non-profit and for-profit sectors). The public health sector includes 2,689 primary health care facilities and 144 hospitals at different levels: local, provincial, regional and tertiary. Combined they have approximately 22,146 beds. The private sector is composed of 6,763 private cabinets and 439 clinics, mainly concentrated in urban areas and on the northern Atlantic coast.

According to WHO, Morocco is facing a crisis with regard to human resources for health. Despite an increased budget in recent years, investment in health is still relatively low and out of pocket expenses remain high (around 54%). Various health system reforms are under implementation, including hospital and health supply reforms, with a focus on primary health care, family practice and health map, drug sector reform, financing reform introducing performance based financing.

Concerning health governance, the Moroccan health system is under process of decentralization and advanced regionalization with institutionalization of 12 new regions.

According to generalization of the Health insurance scheme for the poor and vulnerable (RAMED) in 2012, an additional 8,5 million people were given access to free public available services. Public and private employees are covered by the Mandatory Health Insurance (AMO). The government is currently working on the health insurance for the independent sector, representing 1/3 of the population. However, Moroccan citizens have expressed dissatisfaction towards the public health system, including quality of care and inequities in access to health services and facilities, especially pointing to a discrepancy between urban and rural areas.

COOPERATION FOR HEALTH

Health is one of the 6 priorities of the 2017-2021 UNDAF. External funding represents a very small portion of the health budget in Morocco (around 1.1%). Main contributors to the health budget are the EU, the World Bank, the ADB, The European Investment Bank, The Global Fund to Fight AIDS, Tuberculosis and Malaria and the French Development Agency.

The Foundation Lalla Salma for treatment and prevention of cancer is an instrumental civil society stakeholder, co-leading with MOH the response to cancer in the country. Morocco is the potential first developing country to join the board of International Agency for Research on Cancer (IARC)

An effort is made in maternal and child health with United Nations Population Fund, United Nations Children's Fund and the Spanish cooperation. WHO, UNFPA, UNICEF are working with MOH to develop strategic action plan 2017-2021 to reduce and maternal, neonatal and child mortality and prevent avoidable mortality.

Universal health coverage is supported financially by World Bank, African Development Bank, the European Union; and WHO is providing technical support. Morocco also receives funding from the Global Fund for HIV/AIDS and tuberculosis.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Increase fair access to affordable, high-quality health services, with a view to moving towards universal health coverage</p>	<ul style="list-style-type: none"> 1.1 Helping to develop and implement a strategy for the quality and safety of care 1.2 Supporting a reform of person-centered primary health care, anchored in family medicine, with the involvement of the community. 1.3 Strengthening coordination between different levels of the health care pyramid, as well as with various stakeholders and the private sector 1.4 Contributing to implementation of the national pharmaceutical policy 1.5 Supporting efforts to strengthen the provision of services dedicated to the management of people with specific needs, especially migrant populations, people with disabilities and elderly people
<p>STRATEGIC PRIORITY 2: Contribute to achieve SDGs, especially reducing health inequalities, mortality and burden of disease</p>	<ul style="list-style-type: none"> 2.1 Helping to implement the national multisectoral strategy to control non-communicable diseases, including prevention, health promotion and palliative care, and the development of mental health services 2.2 Consolidating achievements and supporting innovation efforts aimed at strengthening health programmes, particularly those targeting maternal, neonatal, child and infant health, in addition to communicable diseases. 2.3 Strengthening evidence of social, economic and gender inequalities in health, in order to establish multisectoral strategies that address the social determinants of health
<p>STRATEGIC PRIORITY 3: Reinforce essential public health functions and health security</p>	<ul style="list-style-type: none"> 3.1 Developing the capacities required in accordance with International Health Regulations, in order to deal with public health emergencies and to ensure health security 3.2 Strengthening capacities for surveillance, risk assessment and infection control including antimicrobial resistance, diseases and injuries 3.3 Supporting the implementation of the environmental health strategy and strengthening capacities for assessing and responding to health risks relating to environmental degradation and climate change
<p>STRATEGIC PRIORITY 4: Supporting the drive towards advanced regionalization and strengthening governance in the health sector</p>	<ul style="list-style-type: none"> 4.1 Supporting and helping to implement policies for developing and managing human resources for health 4.2 Helping to implement regionalization in the field of health, particularly through capacity-building 4.3 Supporting the development and implementation of strategic planning tools 4.4 Consolidating the national health information system by improving data production and use, particularly the vital registration system and vital statistics 4.5 Helping the country to identify and implement institutional arrangements to strengthen multisectorality