



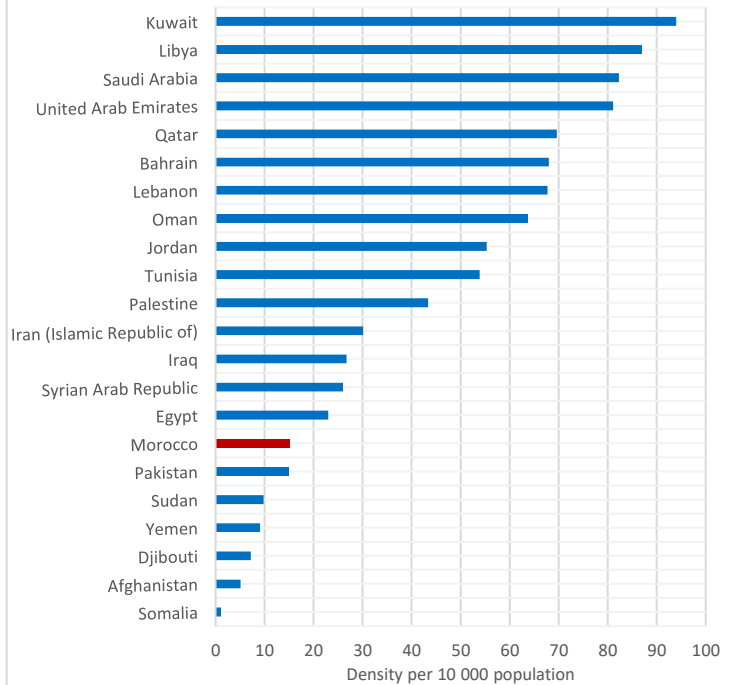
Health workforce snapshot

MOROCCO

MOROCCO AT A GLANCE¹

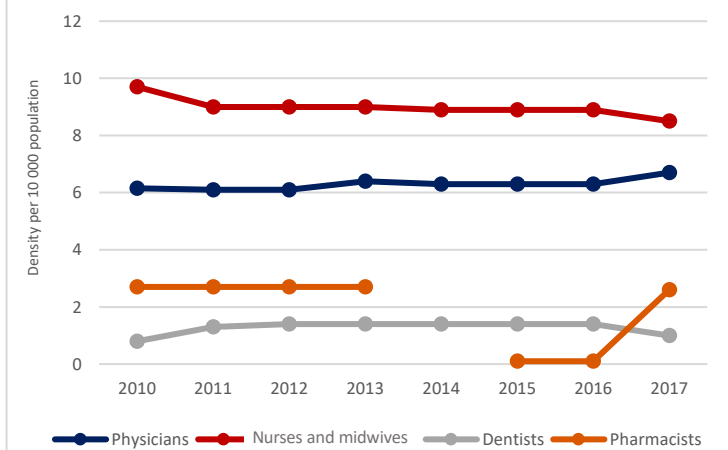
Total population (2017)	3 485 200
Gross national income per capita (US\$, 2018) ²	8 410
Unemployment (% of total labour force) (2018) ²	9.04
Per capita current health expenditure (US\$ 2017)	171
Government health expenditure as % of general government expenditure (2017)	9.1
Out-of-pocket expenditure as % of current health expenditure (2017)	48.6
Universal health coverage index (2015) ³	65
Number of refugees (2016)	4 737
Number of internally displaced persons (2016)	0
Maternal mortality per 100 000 live births (2017) ⁴	70
Under-5 mortality per 1000 live births (2017)	23
Births attended by skilled health personnel (%) (2017)	88.6
Raised blood glucose (% , 18+ years) (2017)	13.7
Raised blood pressure (% , 18+ years) (2017)	26.1
Hepatitis B incidence rate per 100 000 (2016)	500

Density of physicians, nurses and midwives in countries of the Region (2017)



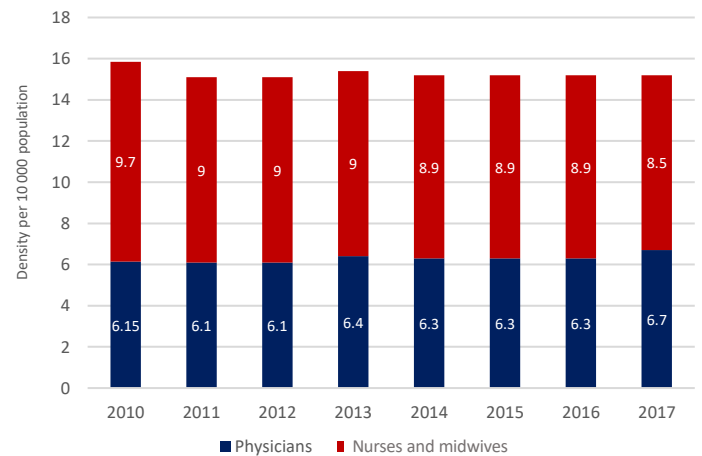
Source: Eastern Mediterranean Health Observatory

Density of selected health professionals (2010–2017)



Source: Eastern Mediterranean Health Observatory.

Density of physicians, nurses and midwives (2010–2017)



Source: Eastern Mediterranean Health Observatory.

KEY FACTS

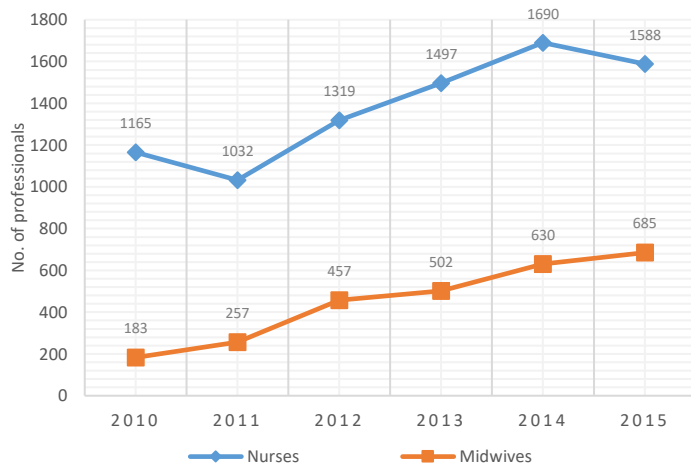
- Morocco faces a critical deficit of health workforce, with a density of only 15.5 doctors, nurses and midwives per 10 000 population.¹
- Primary health care, mental health, rehabilitation and geriatric services are particularly understaffed. Medical specialties such as cardiovascular, neurosurgery, radiotherapy and haematology are experiencing workforce deficits. There is also a shortage of qualified managers.
- The health workforce is ageing: 37% of health personnel were over 51 years old in 2015, with 1923 physicians (approximately 20%) and 11 160 other health personnel expected to retire by 2025.⁴ Medical specialties such as general surgery, obstetrics, paediatrics and anaesthesiology are at risk of understaffing due to the high proportion of practitioners close to retirement age. Domestic production is not sufficient to replace the expected retirees.
- The geographical distribution of health workforce is highly imbalanced in favour of cities with a university hospital.
- There is increasing mobility of physicians and, to a lesser extent, of other health personnel from public to private services, which offer better remuneration and working conditions. Dual practice is common, and mostly unregulated.
- A national human resources for health strategy is being developed, and a health workforce observatory is being established.

Ratio of nurses and midwives per physician (2005–2017)



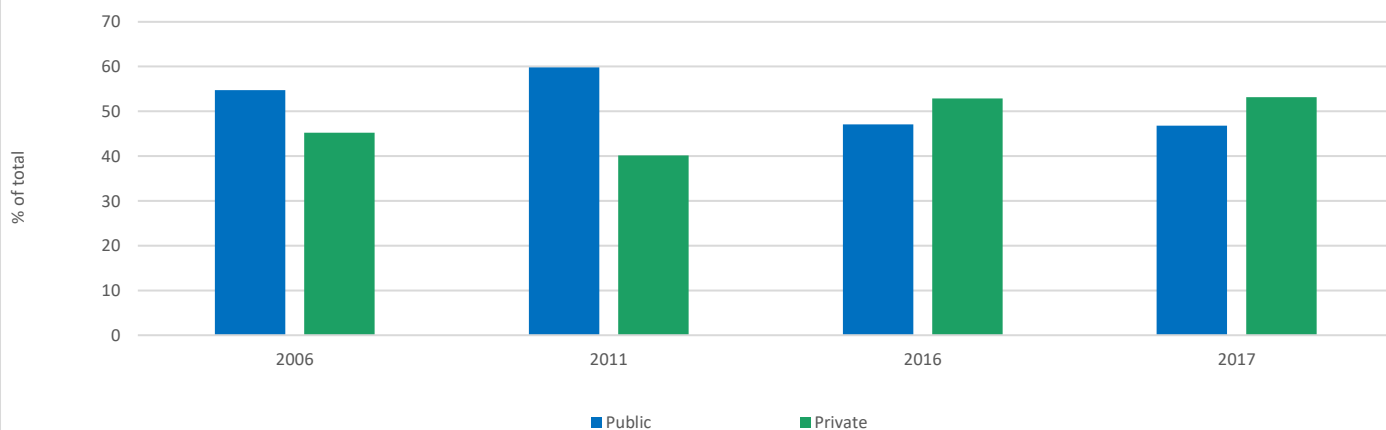
Source: Eastern Mediterranean Health Observatory.

Number of nursing and midwifery graduates of ISPIT nursing schools (2010–2015)



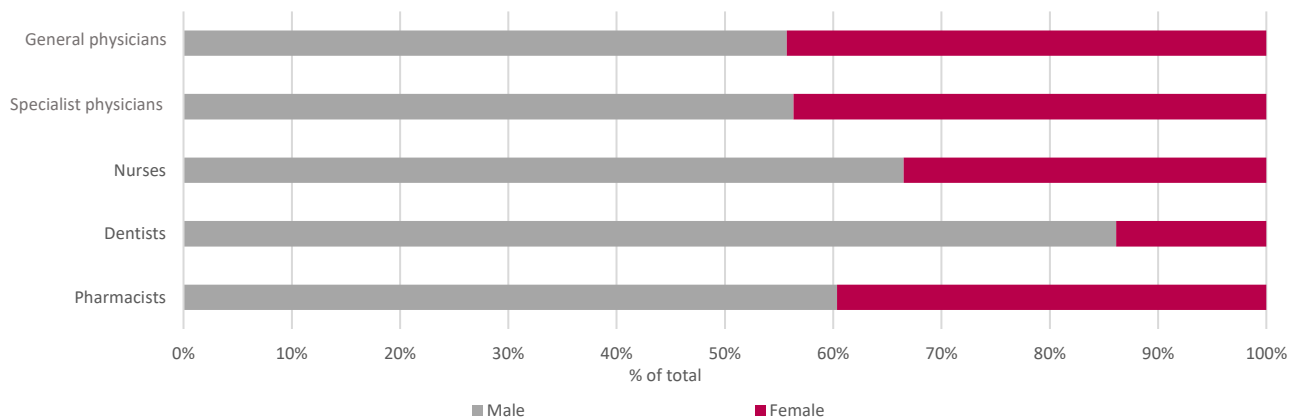
Source: ISPITS guide 2015. Ministry of Health.

Distribution of physicians by sector (2006–2017)



Source: Annual statistics report 2018, High Commission for Planning.

Gender distribution of health workforce (2016)



Source: Activity report of the human resources department 2016, Ministry of Health.

1. Eastern Mediterranean Health Observatory [online data repository]. Cairo: WHO Regional Office for the Eastern Mediterranean (<https://rho.emro.who.int/data-r>, accessed 27 November 2019).
2. The World Bank, 2018 data [online]. Washington (DC): The World Bank; 2018 (<https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?locations=OM>, accessed 15 November 2019).
3. Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1>, accessed 5 November 2019).
4. Maternal mortality in 2000–2017: Morocco. Internationally comparable MMR estimates by the Maternal Mortality Estimation Inter-Agency Group (MMEIG); 2017 (https://www.who.int/gho/maternal_health/countries/mar.pdf, accessed 23 February 2020).
5. Annual statistics report 2018. High Commission for Planning, Kingdom of Morocco (<https://www.hcp.ma/downloads/>, accessed 13 January 2020).
6. Ministry of Health, Kingdom of Morocco. ISPITS Guide 2015. Available at <http://drh.sante.gov.ma/Lists/Actualites/Attachments/180/ispits%2030%2003%202016.pdf> [Accessed 13.01.2020]