

MOROCCO: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	total	71.0
	males	69.0
	females	73.0
Maternal mortality ratio per 100 000 live births	total	120.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	89.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	1312.0

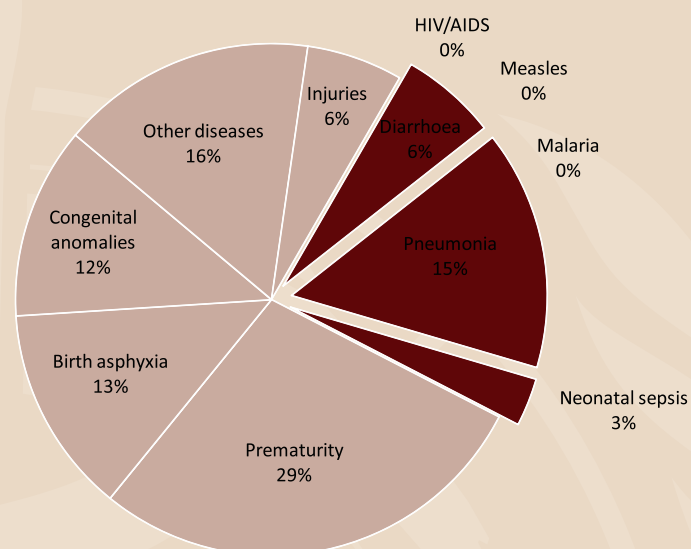
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*	1.6	43.6	22.0
Insufficient physical activity (2008-)

Metabolic risk factors

2014 estimated prevalence (%)	males	females	total
Raised blood pressure	25.3
Raised blood glucose	13.5
Overweight	56.5
Obesity	22.3

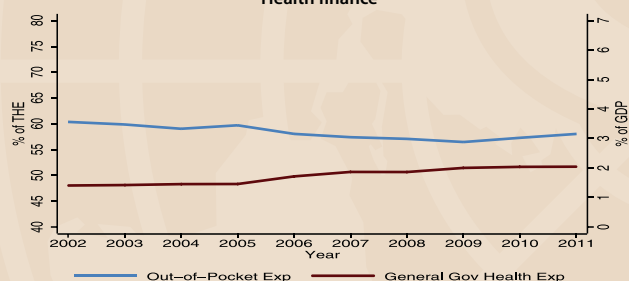
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

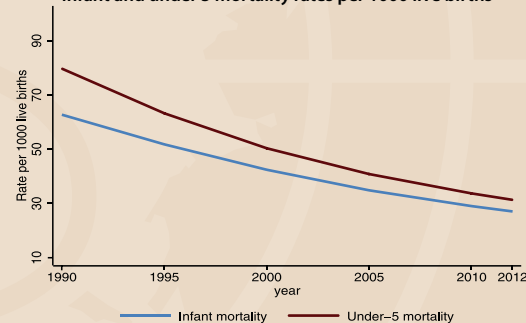
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	42.6
Measles immunization coverage among 1-year-olds (2014)	99
Treatment success rate of new bacteriologically confirmed TB cases (2014)	89
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	99

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	6
Out-of-pocket expenditure as % of total health expenditure	58.4
Per capita total health expenditure at exchange rate (US\$)	189

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	6.3
Nurses/midwives	8.9
Dentists	1.4
Pharmacists	0

Health system: information

Percentage of births registered	0.98
Percentage of causes of death recorded	0.65

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	52.2
Number of scanners (in public facilities) per million population ^c	CT	1.212
	MRI	0.364

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	0.9
Hospital beds per 10 000 population	11

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Morocco 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> Adopted policy of decentralization of health services in place Increased investment in health over the past 10 years, with per capita health spending increasing from US\$54 in 2000 to US\$181 in 2010; and total health expenditure as share of GDP increasing from 4.1% to 6.2%, during the same period Increased budget medications during the last 10 years (300 million MAD to 2.5 billion MAD) New regulation on medicine pricing by benchmarking with other countries New regulation on health map and the regulation of the regional schemes for health provision A well-defined essential package of services at primary level and health mapping, aimed to strengthen the network of health facilities A well-developed domestic pharmaceutical industry 	<ul style="list-style-type: none"> High share of out-of-pocket payment, attaining 54% of total health spending in 2010 Low geographical accessibility, with 11% of the population living more than 10 kilometres from a primary care facility with poor quality of care in public health facilities Gap in human resources confounded with maldistribution, weak motivation in remote settings and widespread dual practice, all contributing to lower performance High medicine prices compared to those in neighbouring countries, resulting in high expenditures on medicines Top-down planning process that lacks continuity, integration and systematic evaluation Gaps in health information system including civil registration and vital statistics Discontinuities in health policies from one government to another (need for a health charter for more than 2 decades)
Opportunities	Challenges
<ul style="list-style-type: none"> Recent constitutional amendment (in 2011) recognizes universal access to health care and to social protection as basis for fundamental human rights Political commitment to move towards universal health coverage, and a momentum for reforming the health system to fulfil the right to health care Two main schemes for basic medical coverage RAMED (Régime d'Assistance Médicale - and AMO (Assurance Maladie Obligatoire) that have helped achieve coverage for 62% of the Moroccan population and have the potential to attain universal health coverage Commitment to develop a national medicines policy in order to increase access to quality medicines at affordable prices New law on discussion for mandatory two years work in remote areas for medical doctors newly graduated Creation of an inter-ministerial committee for the follow up of the basic medical coverage headed by the chief of government The new reform launched by the Ministry of Finance (MOH is one of the pilots) budgeting by programs New sectorial projects signed with partners like the WB and others for the coming years New Law on public-private partnership will have positive impact of access to comprehensive health services 	<ul style="list-style-type: none"> Extending basic medical coverage to the informal sector through establishment of prepayment schemes Instituting efficient strategic purchasing mechanisms and provider payment methods to enhance performance and guarantee sustainability Expanding the production and distribution of workforce cadres, employing an incentive system to attract and retain health workers in remote areas and addressing the problem of an ageing health workforce Accommodating the increased demand induced by enhanced coverage Regulating and managing the medicine market Improving health sector governance (transparency, partnership and pooling efforts from all health system stakeholders) Low intersectoral collaboration for coordinated action on social determinants of health
Priorities	
<ul style="list-style-type: none"> Adopt a strategy for the achievement of universal health coverage Strengthen capacity of the Ministry of Health in formulating and evaluating evidence-based policies and plans and regulating the health sector Achieving adequate and sustainable level of financing and reducing the share of out-of-pocket payment on health Strengthening the potential contribution of the private health sector towards public health and regulating it to ensure quality and prevent illicit practices Developing a balanced, motivated, well distributed and managed health workforce with an appropriate skills mix Adopting workable models of family practice for the delivery of primary care services Reinforcing health information systems, including civil registration, risk factor and morbidity monitoring and health systems performance Improving access to and rational use of essential technologies and medicines Develop/ strengthen the national strategy on tackling social determinants of health and community participation in health development 	