World Health Organization

Country Cooperation Strategy at a glance

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 (%) (2010-2011)	27.8
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)**(i)**	74.2 (Male) 75.8 (Both sexes) 77.4 (Female)
Population (in thousands) total (2017) **(ii)**	34 852 121
% Population under 15 (2017) **(iii)**	27
% Population over 60 (2017) **(iv)**	10,16
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 (2015) **(v)**	113
Human Development Index rank (2015) **(vi)**	123
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) (2017) **(vii)**	0.68
Nursing and midwifery personnel density (per 1000 population) (2017)(in public sector) **(viii)**	0.84
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	17.8 [12.7-24.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	27.1 [19.7-36.9]
Maternal mortality ratio (per 100 000 live births) (2016) **(ix)**	**72.6**
Births attended by skilled health personnel (%) (2011)	73.6
Public health and environment	
Population using safely managed sanitation services (%) (2011) **(x)**	94 (Urban) 59.5(Rural) 78.6 (total)
Population using safely managed drinking water services (%) (2011) **(xi)**	99 (Urban) 73.3 (Rural) 87.5 (Total)

Sources
i, ii, iii, iv : projections démographiques du Haut-commissariat au Plan
v, vi: rapport du PNUAD du développement 2016
vii, viii : ministère de la santé
ix : 1ere phase de l'enquête nationale de la population et de la santé de la famille 2015
x, xi: l'enquête nationale de la population et de la santé de la famille 2011-2012
Global Health Observatory May 2017: 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 non-communicable 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 death[1]). 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%; other 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 2015 with 78.1**%,** reduction in maternal mortality, and 65% reduction in under five mortality. In 2016 maternal mortality ratio was 72.6 per 100,000 live births while under-five mortality was 27.1 per 1000 live births.

The intensive immunization and disease control programmes in the country has facilitated the elimination of major 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 prevalence in Morocco remains low and relatively stable in the general population, around 0.1% (2017) with higher prevalence among key populations at high risk of HIV infection. Morocco has a higher level of Antiretroviral Therapy (ART) coverage compared to other EMRO countries.

HEALTH POLICIES AND SYSTEMS

The 2011 Constitution recognizes the right to healthcare.
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 practices and 439 clinics, mainly concentrated in urban areas and on the northern Atlantic coast.
The health system is facing huge resource gaps, including with respect to human resources: 0.68 physician and 0.84 nursing and midwifery density per thousand population in the public sector. Despite an increased budget in recent years, investment in health is still relatively low (less than 6% of GDP) and out of pocket expenses remain high (around 54%).

The Moroccan health system is in the process of decentralization and advanced regionalization with institutionalization of 12 new regions. With 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 publicly 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 six 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 the 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 a post 2015 maternal and child health vision, which takes into account the SDGs and to develop a Strategic Action Plan 2017-2021 to eliminate maternal, neonatal and child preventable mortality.

Progress towards Universal Health Coverage is supported by the European Union, the World Bank, African Development Bank. WHO is providing technical support.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Increase fair access to affordable, high-quality health services, with a view to moving towards universal health coverage	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
STRATEGIC PRIORITY 2: Contribute to achieve SDGs, especially reducing health inequalities, mortality and burden of disease	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
STRATEGIC PRIORITY 3: Reinforce essential public health functions and health security	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
STRATEGIC PRIORITY 4: Support the drive towards advanced regionalization and strengthening governance in the health sector	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

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