

# Morocco : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>75</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>141</b>
	<b>females</b>	<b>89</b>
	<b>total</b>	<b>115</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>90</b>
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	<b>32000</b>

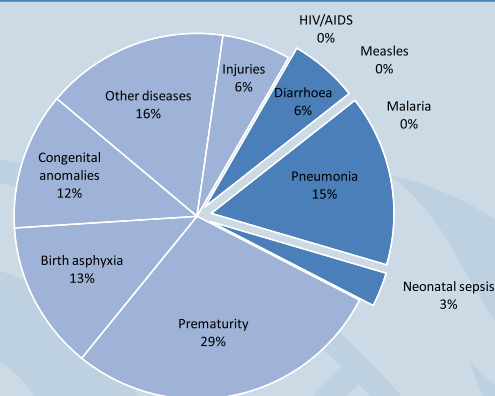
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	<b>33</b>	<b>2</b>	<b>18</b>
Physical inactivity	...	...	...

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	<b>34.0 [22.7-45.8]</b>	<b>37.6 [27.0-48.2]</b>	<b>35.8 [28.1-43.6]</b>
Raised blood glucose	<b>10.6 [5.4-17.0]</b>	<b>10.9 [5.8-17.9]</b>	<b>10.8 [7.0-15.3]</b>
Overweight	<b>43.1 [32.5-54.3]</b>	<b>53.6 [44.9-60.9]</b>	<b>48.5 [41.7-55.2]</b>
Obesity	<b>11.1 [6.8-17.0]</b>	<b>23.1 [16.7-29.2]</b>	<b>17.3 [13.3-21.5]</b>
Raised cholesterol	<b>35.3 [18.6-54.1]</b>	<b>39.0 [18.6-61.2]</b>	<b>37.2 [23.9-51.8]</b>

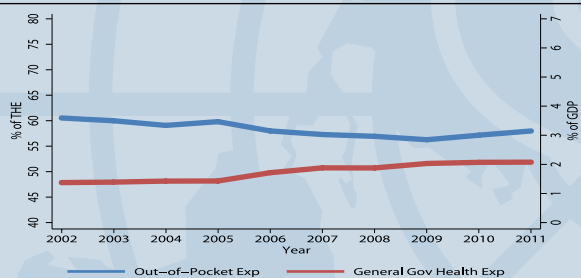
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 24% of all deaths among children aged <5 years

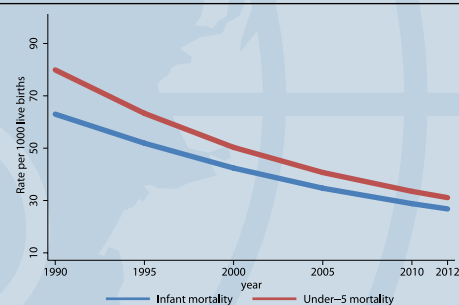
### Expenditure and mortality trends

#### Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
 The out-of-pocket expenditure as % of Total Health Expenditure (THE)

#### Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	<b>Yes (2012-2016)</b>
Annual publication/dissemination of ministry of performance report	<b>Yes</b>
High level multisectoral advisory council for health available	<b>No</b>

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	...
Percentage of causes of ICD death recorded	<b>29</b>
Year most recent use of ICD in mortality classification reported	<b>2010</b>
Year most recent annual health statistics report published	<b>2011</b>

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	<b>6.1</b>
Nurses/midwives	<b>9.0</b>
Dentists	<b>1.4</b>
Pharmacists	<b>2.7</b>

#### Health professions education institutions

Medical	<b>5</b>
Nursing	<b>23</b>

#### Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	<b>0.8</b>
Hospital beds per 10 000 population	<b>8.5</b>

#### Service delivery

Access to local health services (%)	...
Contraceptive prevalence (%)	<b>56.7</b>
Antenatal care visits (4+ visits) (%)	<b>42.6</b>
Measles immunization coverage among 1-year-olds (%)	<b>100</b>
Smear-positive tuberculosis treatment success (%)	<b>85</b>
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	<b>(4; 2010)</b>
General government expenditure on health as % of GDP (2011)	<b>2.1</b>
Out-of-pocket expenditure as % of total health expenditure (2011)	<b>58.0</b>
General government expenditure on health as % of total government expenditure (2011)	<b>6.5</b>

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	<b>Yes (2011)</b>
Existence of a functional national regulatory authority (NRA)	<b>Yes (medicines and vaccines)</b>
Number of MRI/CT scanners (in public facilities) per million population	<b>0.4 / 1.3</b>

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Recent constitutional amendment (in 2011) recognizes universal access to health care and to social protection as basis for fundamental human rights</li> <li>An adopted policy of decentralization of health services</li> <li>Increased investment in health over the past 10 years, with per capita health spending passing from US\$54 in 2000 to US\$181 in 2010; and total health expenditure as share of GDP increasing from 41% to 62%, during the same period</li> <li>A welldefined essential package of services at primary level and health mapping, aimed to strengthen the network of health facilities</li> <li>A welldeveloped domestic pharmaceutical industry</li> </ul>	<ul style="list-style-type: none"> <li>High share of out-of-pocket payment, attaining 54% of total health spending in 2010</li> <li>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</li> <li>Gap in human resources confounded with maldistribution, weak motivation in remote settings and widespread dual practice, all contributing lower performance</li> <li>High medicine prices compared to those in neighbouring countries, resulting in high expenditures on medicines</li> <li>Top-down planning process that lacks continuity, integration and systematic evaluation</li> <li>Gaps in health information system including civil registration and vital statistics</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>Political commitment to move towards universal health coverage, and a momentum for reforming the health system to fulfil the right to health care</li> <li>Two main schemes for basic medical coverage RAME (Régime d'Assistance Médicale - and AMO (Assurance Maladie Obligatoire) that have helped achieve coverage over 62% of the Moroccan population and have the potential to attain universal health coverage</li> <li>Commitment to develop a national medicines policy in order to increase access to quality medicines at affordable prices</li> </ul>	<ul style="list-style-type: none"> <li>Extending basic medical coverage to the informal sector through establishment of prepayment schemes</li> <li>Instituting efficient strategic purchasing mechanisms and provider payment methods to enhance performance and guarantee sustainability</li> <li>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</li> <li>Accommodating the increased demand induced by the enhanced coverage</li> <li>Regulating and managing the medicine market</li> <li>Improving health sector governance (transparency, partnership and pooling efforts from all health system stakeholders)</li> </ul>
Priorities	

- Adopt a strategy for the achievement of universal health coverage
- Strengthen the capacity of the Ministry of Health in formulating and evaluating evidence-based policies and plans and regulating the health sector
- Achieving an 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

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