Table 1. Demographic and reproductive health indicators, Morocco, 1997–2007

Indicator	Parameter	Year
Total population	30 000 000	#2004
Population growth rate	1.4	#2004
Crude birth rate (per 1000)	21	#2004
Crude death rate (per 1000)	5.5	#2004
Urban to rural population, ratio	55.9:44.1	#2004
Perecentage of women of reproductive age (15–49 years)	27.1	#2004
Total fertility rate	2.5	2003/4
Percentage of pregnant women attended by skilled personnel (of all pregnant women)	68	*2003/4
Number of facilities with functioning essential obstetric care per 500 000 persons	5.8	**2007
Percentage of deliveries attended by skilled personnel (of all deliveries)	63	*2003/4
Percentage of deliveries undertaken in health facilities (of all deliveries)	61	*2003/4
Percentage of caesarean sections (of all deliveries)	9.1	**2006
Percentage of pregnant women with anaemia (of all pregnant women)	38	~2000
Percentage of newborn infants with low birth weight (of all newborn infants)	13	*2003/4
Maternal mortality per 100 000 live births	227	*2003/4
Perinatal mortality per 1000 live births	35	*2003/4
Neonatal mortality per 1000 live births	27	*2003/4
Life expectancy at birth female (years)	72	#2004
Life expectancy at birth male (years)	70	#2004
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	63	*2003/4
Traditional methods (all)	8	*2003/4
Withdrawal	4	*2003/4
Rhythm	4	*2003/4
Lactational amenorrhoea	3	*2003/4
Modern methods (all)	55	*2003/4
IUD	5	*2003/4
Condom	2	*2003/4
Pill	40	*2003/4
Injectables	2	*2003/4
Implants	0	*2003/4
Female sterilization	3	*2003/4
Factors for not using modern methods among married women		
Fear of side-effects	n/a	
Lack of knowledge	n/a	
Cost	n/a	
Lack of access	n/a	
Traditional misconceptions	n/a	
Partner opposes	n/a	
Unmet need for modern contraception	n/a	
Receipt of postpartum care and family planning counselling	n/a	
Incidence of sexually transmitted infection (per 100 000)	n/a	
Syphilis[1]	2.7	2007
Gonorrhoea[1]	0.8	2007
Chlamydia[1]	5.6	2007
Trichomoniasis[1]	4.4	2007
HIV prevalence[2] (%)	0.08	2007
Number of verified HIV cases[3]	n/a	

Sources

* PAPFAM Survey on Population and Family Health, 2003–2004
** Data monitoring of obstetric care and neonatal emergency (SONU) 2007
~ National Survey on iron deficiency anaemia and the use of iodized salt
# General Census of Population and Housing
1 Study prevalence of STIs among women who consult for vaginal and /or pain in the lower abdomen and validation of the algorithm of care, Ministry of Health, 2007
2 Sentinel surveillance of HIV/AIDS, Ministry of Health, 2007, HIV prevalence in pregnant women
3 Number of people living with HIV estimated: 20 000 in 2007 (UNAIDS). Number of verified AIDS cases, according to the statements of hospital services: 352 in 2007

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Health care system

Ongoing reforms have had a decisive influence on legislation in terms of redesigning and institutionalizing a new family code, harmonization of national legislation with the provisions of international conventions on human rights, the status of women and the protection of children. Under the combined effect of the continuous decline in mortality and fertility, a demographic transition is taking place in the country with slowing population growth. Life expectancy at birth increased from 47 years in 1962 to 71 in 2004. The total fertility rate decreased from seven children per woman in 1962 to 2.5 in 2004, due to the progress in girls' education and urbanization, resulting in later marriage and modern family planning policies.

Overall, there has been a marked improvement in the health status indicators of the Moroccan population during the last 50 years (Table 1). However, some selected indicators such as the maternal mortality ratio (MMR) has remained stagnant over the past decade. The latest population and family health survey (EPSF, 2003-2004) estimated the MMR at 227 per 100 000 live births.

Since the formulation of the first health policy in 1959, the Moroccan health system has been organized with a predominant public sector that is characterized by the free health care services and centralized management. The state has combined the functions of financial source, administrator and health care provider. The Ministry of Health (MoH) runs a basic care health network, hospital network and national institutes and laboratories. Health services are provided at four tiers, with primary health care serving as an entry point to the system. The Department of Defence runs its own services and hospitals. Local governments have municipality health service providers. The private sector has also developed progressively over the years, functioning independently in most cases. However, health care financing in Morocco is characterized by inequities and lacks adequate regulation. Financing is more in favour of the wealthy segment of the population than those less affluent.

Therefore, despite the progress made by the national health care system, access to care remains unequal and limited. Health financing remains insufficient and

socially unfair. This explains the shortage in medical staff, paramedics, hospital infrastructure and the system's poor overall performance. Households have to provide 50% of total health expenditure which thus accentuates inequalities in access to care. The high cost of care and uneven geographical distribution of health facilities creates additional barriers to accessing health services. Introduction of compulsory health insurance AMO and RAMED is expected to have a positive impact on access to care. An autonomous state-sponsored public establishment called "National Agency of the Health Insurance (NAHI/ANAM)" is the first organization to regulate the health insurance system. Its mission is to supervise the obligatory health insurance system and to manage the RAMED resource allocation process.

Reproductive health

In light of the recommendations of the International Conference on Population and Development (ICPD) Cairo 1994, a reproductive health action plan was developed. This has regrouped health programmes to benefit women and maternal health needs. Epidemiological, sociological and anthropological studies were undertaken to make estimates and increase the understanding of the situation.

In order to rehabilitate health infrastructure and strengthen human resources, the World Bank, the European Union, United Nations Population Fund (UNFPA) and USAID have supported different infrastructure rehabilitation and capacity-strengthening projects including:

- rehabilitation of hospitals, maternity homes and houses of confinement;
- training to improve skills of health professionals;
- upgrading of basic training curricula for doctors and nurses;
- reproductive health promotion and behaviour change communication.

At women and child units nurses provide: prenatal and postnatal care; immunization; supplementation with iron, vitamins A and D; and information, education and communication related to risks of pregnancy and emergency obstetrical care. At the same units and other primary health care facilities, family planning counselling and contraception (i.e. oral contraceptive pill, condoms, injectables and IUDs) are provided free of charge by nurses, with subsequent medical follow-up by doctors. A successful family planning programme, launched in 1966, has led to an increase in contraceptive prevalence among married women of reproductive age (15–49 years), from 35.4% in 1979 to 65.5% in 2004. The prevalence of modern methods is 55%, of which 40% is accounted for by oral contraception (COC[1] or POP[2]), while the use of DMPA[3] remains low at 2%. The MOH is allocating a special annual budget line to purchase family planning commodities.

1 COC: combined oral contraceptive
2 POP: progestin-only pill
3 DMPA: Depot medroxyprogesterone acetate (injectable contraceptive)

International donor-funded health programme

WHO provides technical assistance provided to the national family planning programme in updating guidelines and other policy documents: Medical eligibility criteria for contraceptive use; tools for decision-making in family planning; guide for health professionals in providing family planning services.

UNFPA activities for 2007–2009 include: family planning; pre- and postnatal family planning counselling; safe delivery; STI/HIV services; decentralized community-based interventions and youth's reproductive health.

The World Bank's 3-year strategic cooperation plan envisages grants for implementing technical and social programmes to promote equity in access for development.

In the UNICEF cycle period 2007–2009 priority is given to parental education, which includes the following components: contributing to the change of practice in parents; improving parents' attitudes towards parental education; defining priorities to educate in the area of maternal and child health and promoting practical knowledge; producing a package of interventions for parental behavioural change; preparing a framework and tools for elaboration and adaptation of the national strategy on parental education.