Public health and the United Nations system for development in Morocco

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ABSTRACT This paper reviews the work of the United Nations specialized agencies and programmes within the framework of their cooperation in the area of public health in Morocco.

RESUME La santé publique et le système des Nations Unies pour le développement au Maroc
Ce document passe en revue les activités des institutions spécialisées et des programmes des Nations Unies dans la cadre de leur coopération dans le domaine de la santé publique au Maroc.

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The main United Nations Development Agencies in Morocco — World Health Organization (WHO), United Nations Children's Fund (UNICEF), Food and Agriculture Organization (FAO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Food Programme (WFP) — decided, during the interagency meeting held on 6 January 1994, to carry out a pilot project to review the work of the specialized agencies and programmes within the framework of their cooperation in the area of public health.

The main partners met on Wednesday 12 January 1994 at UNESCO Headquarters to present their strategy for cooperation in the key area of public health in Morocco. This project, which is a prelude to intensified cooperation in the United Nations system within the context of the national strategy for a sustainable development policy, will be followed by other reviews in areas such as agriculture, culture, education, etc.

The meeting was held under the auspices of the WHO Representative in Morocco, and with the participation of the UNDP Resident Representative in Morocco as well as UNESCO, FAO, UNICEF, UNFPA and WFP representatives, their assistants and the officers in charge of health programmes in these agencies.

The programme of work of the meeting included the following items.

**A.1 National strategy and its orientations**

The Ministry of Health’s report, *Health in Morocco — development strategy*, published in 1993 and the documents distributed during a press briefing held on 6 January 1994 by His Excellency the Minister of Public Health, Professor A. Harouchi, who presented the main objectives of the Ministry of Public Health’s Plan of Action for 1994, were selected as the basic and most up-to-date documents for any future concerted action of the agencies and programmes of the United Nations in the field of health.

The medium-term programme of work adopted by the Ministry of Public Health, an outline of which had been presented in parliament, has the following objectives:

- improvement of the health status of the population;
- coordination of the health activities of the various sectors involved in health care provision (public and private sectors, mutual benefit insurance system);
- regulation of the health development of the country to ensure better equity in the distribution of, and access to the various health care facilities;
- strengthening of the financing mechanism of the health sector.

Among these medium-term objectives, the following were selected by the Ministry of Public Health for the 1994 Plan of Action:

- strengthening of public health and preventive activities;
- improvement of the effectiveness of existing facilities;
- extension of health coverage;
- improvement of the financing system;
- other supportive measures such as administrative restructuring, health map, national health information system, improvement of drug availability, motivation of human resources, private sector, etc.
A.2 WHO

A document prepared for the meeting by the Office of the WHO Representative in Morocco was distributed to the various participants; it outlined the following items for colleagues of the other agencies of the United Nations system:

- WHO — its role and objectives
- WHO’s social goal — health for all
- Ministry of Health/WHO cooperation for the implementation of the national strategy for Health For All by the Year 2000;
- the national health strategy and trends in the main health indicators;
- strengthening of disease prevention and control programmes;
- strengthening of national capabilities to analyse and take into consideration the interdependence of health, environment and development.
- mobilization of intersectoral and multidisciplinary action to promote the health of the most vulnerable and underprivileged groups;
- strengthening of the national infrastructure in order to ensure access of all communities to health care, especially to the essential components of primary health care;
- promotion of optimal management of financial and human resources for health;
- strengthening of community action so as to involve the community actively in health development and encouragement of sectors other than the health sector and all potential partners and consideration of their contribution;
- encouragement of the transfer of knowledge on proven, cost-effective technologies and their application where they are most needed, and sharing of health, technical and scientific information.

Cooperation between the Ministry of Public Health and WHO is governed by WHO’s Eighth General Programme of Work and details of this cooperation are provided in the report of the joint programme review mission. This joint mission takes place every two years in Morocco and recommends that activities selected under WHO regular budget (US$ 3 million) and extrabudgetary funds (US$ 1 million) should be planned and implemented within the framework of the national strategy for Health For All by the Year 2000 detailed above.

B. National priorities for Health For All by the Year 2000, primary health care (PHC) and basic development needs (BDN)

C. Evaluation of ongoing activities—future directions

These two chapters which are detailed in the report submitted to the participants emphasize the political commitment of the country towards HFA/2000 objectives and the implementation of the national health strategy based on primary health care.

Priorities, as previously defined, are in line with those defined by WHO at the regional level. In this context, WHO will continue to support the efforts made by the Government to find appropriate solutions for problems relating to:
- geographical distribution of health services;
training and utilization of health personnel;
impact of the actions taken for the benefit of groups at risk;
complementary role of the private and public sectors;
tersectoral collaboration;
identification and channelling of funds for public health financing in Morocco [multilateral, bilateral, World Bank, UNDP, African Development Bank (AfDB), Arab Gulf Programme for UN Development Organizations (AGFUND), etc.].

D. UNICEF

A 1994 UNICEF document entitled *Note on the health sector in Morocco* was distributed to the participants. This presented the work of UNICEF in the health sector in Morocco and reviewed the cooperation of the country with UNICEF. It included:

- the programming process
- the thrusts of this cooperative programme during the period 1992–1996. The principles of the programme are in line with the priority problems affecting children and women as shown by national surveys, the priorities defined by the economic and social policy of the Government, the Convention on the Rights of the Child, the Declaration of the World Summit, the National Plan of Action, and the UNICEF medium-term plan.

The country programme is structured into specific programmes covering the following areas: basic health, education, integrated basic services in rural areas, children in particularly difficult circumstances in the periurban environment, planning, advocacy and social mobilization.

The basic health programme consists of five projects which have been conducted using an integrated primary health care approach: Expanded Programme of Immunization, Diarrhoeal Disease Control Programme, Acute Respiratory Infection Control Programme, Promotion of Safe Motherhood and Iodine Deficiency Disorders Control Programme.

The education, integrated basic services in rural areas, children in difficult circumstances, planning, advocacy and social mobilization programmes aim at protecting children and mothers in difficult circumstances and at facilitating their access to the minimum services required for human development.

The health system has made major progress over the past 20 years and the main indicators have significantly improved. However, such progress conceals great disparities:

- population policy—levels remain high;
- persistence of waterborne diseases;
- persistence of tuberculosis, rheumatic fever and measles;
- high maternal mortality rate resulting from pregnancy and delivery.

The main bottlenecks have been identified and the Government’s efforts are focused on improving health coverage, developing human resources, ensuring a better distribution of public and private facilities, increasing the share of the national budget allocated to health and improving the distribution of financial resources. Moreover, the managerial process is moving towards greater decentralization of health programmes, and the vertical nature of health activities is moving towards the development of a dynamic planning–programming process for a better strategy aimed at reducing inequities and making optimal use of national resources and exter-
nal assistance. The effective mobilization of intersectoral support, mobilization of the community and the establishment of a coordination mechanism between government and donors are complementary elements which are essential for the success of national plans to meet basic health needs and ensure equitable access to health care.

E. UNFPA

UNFPA, in collaboration with the Moroccan Government, has established a cooperation programme which aims at supporting action taken by the Government to improve the social and economic status of the population (particularly the rural population), to promote the quality of maternal and child health and family planning services (MCH/FP), to ensure higher rates of contraceptive use, and to better inform the public and raise people’s awareness about the importance of improving the health of the nation. The focus is on the interdependence between population increase, its distribution and the environment.

In the area of MCH/FP, the programme objective is to strengthen the Government’s plan to improve the quality of MCH/FP services and facilitate access to these services in order to reduce maternal and infant mortality rates as well as fertility rates of high-risk groups.

Activities are being undertaken by the Ministry of Public Health in some of the provinces that are the poorest and most difficult to reach; they aim to enhance the quality of MCH/FP services provided from established facilities. They also seek to improve supervision by standardizing procedures for reporting and follow-up methods, to encourage more frequent and well-organized supervision visits, and to integrate family planning into preventive health care.

In order to establish effective services for information, education and communication (IEC) in family planning within the Ministry of Public Health, it is planned to develop an integrated community strategy through: the production of improved advertising materials on MCH/FP services intended for illiterate or semiliterate women, including traditional birth attendants; the production of IEC materials and visual aids that can be used in health facilities; and the integration of postnatal counselling and family planning into the programme on breast-feeding and nutrition.

To assist this governmental programme, UNFPA provides support to the Moroccan Family Planning Association in the development of IEC strategies intended for young and newly married people, combining awareness-raising, information about MCH/FP and the promotion of women’s status.

UNFPA also collaborates with the Ministry of Public Health in improving and extending the decentralized computerized system on MCH/FP and in the analysis of data on health and population derived from the 1992 population and health survey. Moreover, support is currently provided to the National Institute of Health Administration to improve the quality of training provided by the Institute in the field of logistics of management in health and family planning services.

Finally, UNFPA contributes to the national programme on acquired immunodeficiency syndrome (AIDS) by integrating modules on sexually transmitted diseases and AIDS into the training of health workers, either pre-employment or during in-service training and by designing information materials on AIDS.

Thus, during 1992 and 1993, UNFPA supported a comprehensive programme amounting to US$ 17 million, out of which
US$ 12 million were provided from UNFPA's regular budget and distributed over a five-year period starting in January 1992 in order to assist the Moroccan Government in achieving its objectives in the areas of population and development. If UNFPA financial situation allows, the balance (i.e. US$ 5 million) will be provided by the Fund. Otherwise, UNFPA will try to secure the funds that are not available through multilateral and other sources.

F.1 UNDP

The strategy proposed by UNDP is to improve the living conditions of underprivileged populations in rural and periurban areas in order to ensure sustainable development of the health sector in Morocco. Particular attention is given to the fundamental relationship between good health and safe water supply and adequate sanitation.

The basis for action in this strategy is outlined below.

a) Institutional reforms and strengthening of national capacities in the field of human, technical and managerial resources are needed. This requires plans for strengthening the action of the Government including:

- capacity building;
- sectoral policies defining the roles and responsibilities of the agencies concerned with the management of health, water and sanitation services;
- involvement of the private sector and better coordination with public sector agencies;
- assistance to local communities, nongovernmental organizations (NGOs) and sanitation services in the evaluation of the roles, responsibilities and existing expertise (support on a multidisciplinary, intersectoral and decentralized basis);
- establishment of sound programmes for human resources management.

b) promotion of an economic and social environment likely to give households the individual opportunity to improve their health.

c) encouragement of public policies aimed at achieving a more satisfactory distribution of governmental public health expenditure through:

- an intervention taking place before the thinking exercise at the national level but at a later stage in sectoral planning (better cost-effectiveness ratio);
- enlargement of the base level to a maximum in order to ensure access of the poor to basic health care while improving the quality of care and encouraging projects of a preventative nature;
- greater participation of all providers and recipients in the sector;
- encouragement of the decentralization of public services and effective reduction in the concentration of these services;
- establishment of an effective and efficient health insurance system;
- enhancement of the capabilities of women in the field of education/information and prevention and care (MCH/AIDS);
- extension of the initiatives and programmes of technical cooperation among developing countries within the Arab Maghreb Union;
- more extensive cooperation in the field of resource mobilization for priority areas of the Ministry of Public Health.
Since 1986, UNDP has cofinanced the following nine projects in the areas of drinking water supply, sanitation and health within the framework of its fifth programming cycle for Morocco: strengthening the capacities of the public corporations and the National Office for Drinking Water, exploration of groundwater, hospital maintenance I and II, wastewater reuse, drinking water economy, masterplan for drinking water in rural areas, management support to the National AIDS Programme, masterplan for liquid waste disposal.

**F.2 WFP**

Although WFP does not have any specific project with the Ministry of Public Health, it has launched important interventions in the health sector. These involved:

- provision of food to 840 000 schoolchildren, mainly in underprivileged rural areas. This figure is currently decreasing but 1 400 000 children were covered during the 1991/1992 school year;
- provision of food aid to 10 000 trainees in the OFPPT and food rations to the workers involved in WFP-supported rural projects which represent a significant nutritional input.

WFP is currently collaborating with WHO/Rabat with a view to implementing a project to combat malnutrition targeted at the vulnerable groups of the population, especially women and children.

**Discussion**

Following the presentation by the various agencies of their collaborative programmes in the field of public health, a general discussion was initiated, the main lines of which are summarized below.

**Morocco’s assets**

In view of Morocco’s economic performance, its political stability, its many competent executives, the presence of a United Nations system for development adequately represented by the health sector, and a political commitment at the highest level towards an overall improvement of the health status of the Moroccan population, Morocco presents the ideal profile for a joint, organized action of NGOs, donors, development banks (including the World Bank and the AfDB) and bilateral cooperation agencies in order to find new and appropriate means to:

- stimulate the eradication of epidemic, endemic and other diseases;
- foster the improvements in nutrition, housing, drinking water supply and sanitation, working conditions and all other environmental health factors;
- promote cooperation between the scientific and professional groups contributing to progress in the field of health;
- participate in the implementation of recommendations of international conventions and agreements on health matters;
- strengthen national capacities in planning, management, implementation, monitoring and evaluation of national health programmes;
- reduce the risks of environmental pollution, with its devastating effects on human health;
- stimulate and guide health research; help impart a clear and informed view on health to the underprivileged segments of the population;
- increase women’s involvement in decision-making on population matters, MCH and economic development;
- face the AIDS pandemic through IEC activities.
WHO and the United Nations system

In the field of health, WHO, UNICEF, UNFPA, UNDP, WFP, FAO, and UNESCO have committed themselves, either directly or indirectly, to reach a consensus on inter-agency cooperation and, through the note on the national strategy (in preparation), to consolidate their efforts for strengthening their support to deal with the thorny health-related problems in Morocco.

WHO and the United Nations agencies concerned have the unifying moral and technical strength to galvanize, guide and support Morocco in the institution of its policy for health for all by the year 2000.

Statement for the press

The ongoing escalation of violence resulting from the military occupation of Palestinian territories and the ongoing assaults on several cities in the West Bank has caused serious humanitarian situations. The targeting of civilians and health workers, as well as health facilities, and prevention of safe passage of ambulances and medical personnel performing medical duties represent serious violations of international humanitarian law, including the Geneva Conventions.

The WHO Regional Office for the Eastern Mediterranean draws the attention of the international community to the serious consequences of cutting off the electricity and water supply, which not only cripples the population but prevents hospitals and other medical facilities from carrying out their vital functions and increases the risk of epidemics.

The WHO Regional Office for the Eastern Mediterranean is deeply concerned and disturbed by this unprecedented situation and calls upon the international community to take appropriate measures to ensure the protection of health facilities, safe and free access for medical personnel and emergency medical and other humanitarian supplies, and the strict application of the Geneva Conventions.