

# A SNAPSHOT OF MOROCCO'S HEALTH SYSTEM AFTER COVID-19

## The gist:

Despite facing challenges aggravated by the impact of the COVID-19 pandemic, the trajectory of the Moroccan healthcare system, until 2022, has shown mixed trends across various health system building blocks. Economic crises, budget shortages, and the effects of the pandemic have played significant roles in shaping these trends.

## How did the review work?

To gauge the health of Morocco's health system, we developed a study tool based on building blocks supported by the World Health Organisation (WHO) and on the epidemic preparedness measures developed by BMJ Global Health.

[Click here](#) to see a simplified version of our study tool.

We populated the tool with information from 2019 (before the pandemic) and compared that with the reality in 2020 and 2021.

Gathering information to populate our study tool proved tricky because it's difficult to find reliable, up-to-date data about health systems in the region. To bridge the gap, our team opted for a two-prong methodology.

1. We gathered information from reports and studies published by official sources such as the Moroccan government, the World Health Organisation and the World Bank.
2. ☒ Then, we consulted with Moroccan public health experts, activists and health workers, who provided their analysis of the information we gathered based on their on-the-ground experiences. For this reason, the report and its findings include subjective elements.

## Why did we do it?

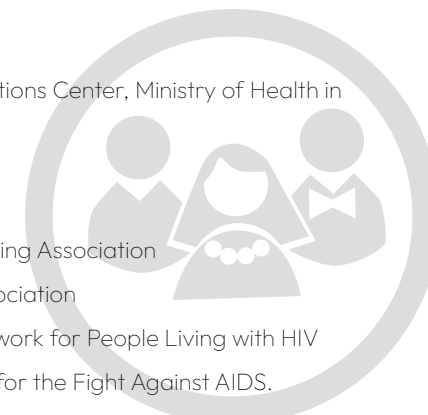
The point of the evaluation is to identify the interventions that would improve the working conditions in Moroccan health system, increase health worker retention and in so doing, help to build a health system that can deliver universal health coverage for all and respond to future health crises.

The report should also provide decision-makers and civil society actors with the knowledge needed moving forward in health systems reform efforts.

The main objective of this paper is to understand the changes and effects of the pandemic on the healthcare systems and highlight needed interventions to strengthen them.

## Who was on the expert panel?

- Coordinator, Public Health Emergency Operations Center, Ministry of Health in Morocco
- UNAIDS Executive Director, Morocco Office
- Pharmaceutical Market Analyst
- National Coordinator, Moroccan Family Planning Association
- President of the Moroccan Human Rights Association
- Director of Programs, MENA Community Network for People Living with HIV
- International Action Coordinator, Association for the Fight Against AIDS.



The panel was asked to vote on whether Morocco's health system was better, worse, or the same as it was in 2019. The consensus (or lack of consensus) was then justified with a short summary of each panellist's views.

## How did Morocco fare during COVID?

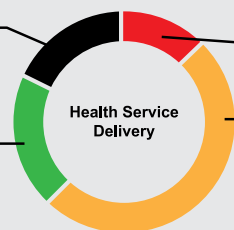
### COVID-specific measures

Was COVID data available? (new infections, deaths & illness)	Yes. Experts in Agreement.
Was COVID data credible, regular and accessible?	Yes. Experts in Agreement.
Was vaccine coverage to high-risk target groups ensured and vaccine equity realised?	Yes. Experts in Agreement.
Were boosters available and coverage achieved?	Yes. Experts in Agreement.
Were tests affordable and accessible?	Yes. Experts in Agreement.
Was treatment affordable and accessible?	Yes. Experts in Agreement.

# HOW IS MOROCCO'S HEALTH SYSTEM DOING NOW?

## No consensus:

- Coverage of the sick, healthy, rich, poor and all social groups
- Person-centredness



## Worse than 2019:

- Comprehensiveness

## Same as 2019:

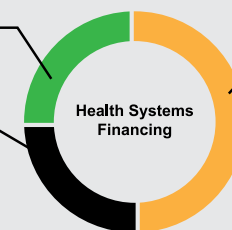
- Barriers of cost, language, culture or geography
- Accountability and efficiency
- Continuity of care

## Better than 2019:

- Quality
- Coordination

## Better than 2019:

- Government spending on health



## Same as 2019:

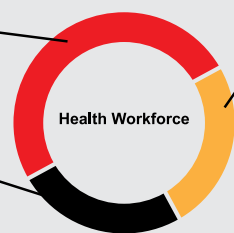
- Financial transparency
- Out-of-pocket payments

## No consensus:

- Financial risk protection and coverage for vulnerable groups

## Worse than 2019:

- Size of health workforce
- Strategic planning and medical human resources management
- Management of health workforce migration



## Same as 2019:

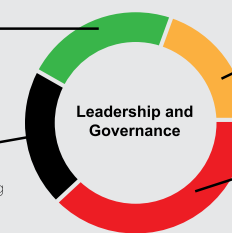
- Capacity
- Motivation and staff performance

## No consensus:

- Public sector interaction and regulation
- Management of inefficiencies

## Better than 2019:

- National health strategy



## Same as 2019:

- Grievance redress mechanisms

## No consensus:

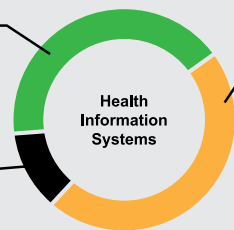
- Representation in decision-making

## Worse than 2019:

- Transparency
- Accountability and efficiency

## Better than 2019:

- Data generation
- Existence of birth and death registration
- Existence of health system resource tracking



## Same as 2019:

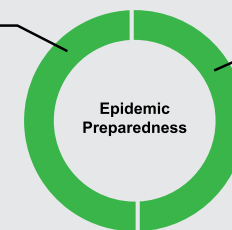
- Existence of health surveys
- Existence of censuses
- Existence of health facility reporting

## No consensus:

- Data analysis and validation

## Better than 2019:

- Public health infrastructure
- Labs
- Hospital capacity



## Better than 2019:

- Surveillance
- Expert's consensus
- Coordination

## No consensus:

- Practical availability of essential medicines
- Published national list of essential medicines



## Same as 2019:

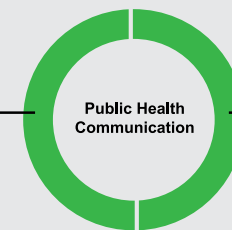
- Access to essential medicines as a right

## Better than 2019:

- Published national medicines policy

## Better than 2019:

- Public education and risk education



## Better than 2019:

- Communication with health workers