



EVOLUTION OF UHC IN MOROCCO

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital  
Official language  
Spoken languages  
Ethnic groups  
Religion  
Area  
Population

Rabat 34°02'N 6°51'W  
Arabic and Berber  
Darija, Berber, Hassaniya  
99% Arab-Berber  
1% Other  
Sunni Islam  
• Total 710,850 km²  
• Water 0.056%  
35.95 (2020)

GENERAL INFORMATION

Morocco is a constitutional, democratic, parliamentary and social monarchy, which is characterised by its political stability, its multi-party system, and its cultural diversity. It has a population of 35.95 million (2020), with an annual population growth rate of 1.06% (2018). 63.4% of the Moroccan population live

in urban areas. Morocco's economic growth is generally sustained, but still fails to absorb significant unemployment, especially among young people, in order to reduce social inequalities.

Regarding the health system, the Moroccan population is characterised by a significant increase in longevity and a reduction in maternal and infant mortality. However, inequities between rural and urban areas and socioeconomic levels remain a significant challenge.



NATIONAL UHC DYNAMICS CARD  
www.p4h.world

towards  
SDG 3.8.2

2000

Creation of an inter-ministerial commission, to ensure the design of the Moroccan UHC model and to support its implementation.

Anouncement of the Moroccan medical coverage model, which has two components. First, medical coverage includes both health insurance and the strengthening of the health provision system. Second, medical coverage is provided for both solvent and poor population groups.

ADOPTION OF FOUR REFORM PROJECTS:

- 1. Reform of health financing through the extension of health insurance for civil servants, employees in the private sector and pensioners; and the creation of an institutional scheme for the poor.
- 2. A hospital reform with a vision of strengthening the health care supply system while improving the quality of services provided by public hospitals.
- 3. Reinforcing the regionalisation of the health sector.
- 4. Strengthening Ministry of Health (MOH) capacities to support these reforms.

All primary health care services in public facilities including the management of childbirth and cesarean section are free of charge.

POLITICAL TRANSITION

Accession of King Mohammed VI to the throne and development of a new alternation government.

In Morocco, UHC is legally called Basic Medical Coverage (CMB). It is based on two collective funding mechanisms:

AMO  
Social insurance represented by compulsory health insurance scheme.

RAMED  
The medical assistance scheme.

2002 - 2009

2002-2004

Adoption of Law 65-00 founding UHC in Morocco.

Actuarial studies on the development and implementation of the AMO and RAMED scheme.

UHC UNIVERSAL HEALTH COVERAGE

2006

AMO  
Implementation of the AMO scheme for civil servants, employees and pensioners from the private sector and the Royal Armed Forces.

2007

6M  
Medical contacts in public hospitals

3M  
Emergency consultations in public hospitals

2008-2009

RAMED  
Launch of the regional pilot experiment for the RAMED scheme in Tadla-Azilal.

2010 - 2017

IMPLEMENTATION OF THE RAMED AND AMO SCHEME

2010-2012

Arab Spring in Morocco

Adoption of a new Moroccan constitution in 2011, which enshrined access to care and medical coverage as a fundamental right.

King Mohammed VI gives instructions to accelerate implementation of the RAMED scheme due to major changes in the political environment.

22.7%  
Rate of recourse to care for people covered by the AMO scheme.

2012-2015

RAMED  
Implementation of the RAMED scheme.

10.8M  
Medical contacts in public hospitals

5.6M  
Emergency consultations in public hospitals

2016

AMO  
Establishment of the AMO scheme for students.

29.9%  
Rate of recourse to care for people covered by the AMO scheme.

2017

AMO  
Adoption of the law related to the AMO scheme for self-employed and informal workers. The implementation regulations are still in preparation.

2019

66%

COVERAGE RATE

Since the publication of Law 65-00 on basic medical coverage, Morocco has made enormous progress in terms of population coverage. MOH data shows that UHC has currently reached a rate of 66%.

AMO covers

11.6M  
Inhabitants

RAMED covers

10.9M  
Inhabitants

Still, the proportion of households affected by catastrophic health expenditure is estimated at 2.5%, divided between 3.6% in rural areas and 1.9 % in urban environments.



“Primary health care development is the foundation of the national health system and is the most effective and efficient way to achieve Universal Health Coverage.”

Prof. Khalid AIT TALEB  
Minister of Health, Morocco

OUTLOOK

The reform of UHC was able to mobilise political commitments and agreements. Health care utilisation has increased very significantly, both for people insured under AMO and for RAMED beneficiaries. With the extension of the AMO scheme for self-employed and informal workers, Universal Health Coverage is supposed to reach 96% by the middle of the decade. Still, some challenges remain. The high incidence of catastrophic health expenditure reflects the poor financial protection of the Moroccan population and shows the need to review the definition of the benefits package for all existing schemes to better adapt it to the priority needs of different sections of the population.

EVOLUTION OF HEALTH FINANCING IN MOROCCO

	Years	1998	2001	2006	2010	2013
LEVELS OF HEALTH FINANCING						
capita		130	199	209	296	436
% of health financing in GDP		4.5%	5%	5.3%	6.2%	5.8%
SOURCES OF HEALTH FINANCING						
Direct household spending		53.7%	51.8%	57.3%	53.6%	50.7%
AMO		16.4%	16.2%	17%	18.8%	22.4%
Tax		24.6%	28%	22.6%	25.2%	24.4%
Employers		3.6%	2.9%	1.8%	0.9%	1.2%
International cooperation		1%	0.7%	0.7%	1.1%	0.6%
Others		0.7%	0.4%	0.5%	0.4%	0.7%

Source: NHA, MOH, Morocco

MAIN ACTORS WITHIN THE HEALTHCARE SECTOR

THE NATIONAL SOCIAL SECURITY FUND (CNSS)

Responsible for the management of population groups within the AMO scheme. This includes: persons who are subject to the social security system and their dependents as well as pensioners in the private sector and professionals, selfemployed people and non-employees carrying out private activities.

INSURANCE COMPANIES

Responsible for the insurance of private companies and for small schemes such as AMO specific to former resistance fighters and members of the Liberation Army.

THE NATIONAL FUND FOR SOCIAL INSURANCE ORGANISATIONS (CNOPS)

Responsible for the management of civil servants, agents of the state, local communities, public establishments, legal persons under public law and their dependents, the public sector and pensioner students within the AMO scheme.

THE NATIONAL HEALTH INSURANCE AGENCY (ANAM):

Responsible for the financial management of the RAMED scheme and the regulation of the AMO scheme. As such, it is responsible for ensuring the proper functioning of the UHC system with regard to the government's health priorities and objectives.



THE STATE

Responsible for the funding of the RAMED scheme and the coordination of the CMB via the Interministerial commission for piloting basic medical coverage (CIP / CMB).