

Community Health








Policy and Implementation Landscape Mapping
in the Middle East and North Africa Region
2024

Morocco Country Brief





1. Community health in Morocco

						
Community health policy in place	Community health workers recognized as part of the national health workforce	Total number of community health workers currently deployed	Formal linkages between community health and other sectors	Inclusion of community health workers in emergency preparedness plans	Availability of domestic funding for community health	Community engagement mechanisms in place
Yes	No	Unknown	Yes	Yes	No	Yes

1.1 Country context

Morocco is a country in the Maghreb region of North Africa with approximately 37 million inhabitants. The total budget of the Ministry of Health and Social Protection (MHSP) represents 7.15 per cent of the State's general budget.

The Moroccan health system has experienced significant progress, marked by improvements in survival and health indicators. Notable improvements have been recorded in key indicators such as life expectancy at birth, infant mortality rate, neonatal mortality rate, and the maternal mortality ratio. Additionally, the system managed the COVID-19 pandemic remarkably well.

In its pursuit of better service quality and universal health coverage, the system is now preparing for a national reform based on territorial health groupings.

1.2 Overview of community health

Community health in Morocco has a long history of community-based initiatives. In 2019, the community health intervention strategy was launched during the Primary Health Care Forum, and its implementation began under a tripartite agreement between the MHPS, the National Initiative for Human Development (*Initiative Nationale de Développement Humain (INDH)*), and UNICEF. This facilitated the design, implementation, and evaluation of a Moroccan model of community health or "*Dispositif de Santé Communautaire (DSC)*", which can be adapted to various contexts. However, it is important to note the absence of an institutional framework that organizes and governs community health interventions. Currently, the existing regulatory framework is that which applies to associative work.

2. Health systems pillars

2.1 Governance and accountability

- Community health has been formalized in key strategic documents, but the framework remains incomplete. Specifically:
 - In 2019, the national community health strategy, titled *Interventions en Santé Communautaire: Document de stratégie nationale* was published by the MHSP with the support of the Global Fund to fight Malaria, TB and HIV for Health System Strengthening.
 - Since then, this strategy has been implemented at the national level within the framework of the Tripartite Agreement on the development of community health to improve maternal and child health and nutrition. It targeted three regions (Beni Mellal-Khénifra, Marrakech-Safi, and Drâa-Tafilalet). The strategy document does not specify the mechanisms for community participation or the role of community health workers (CHWs), referred to in Morocco as Community Relay Persons or *Personnes relais communautaires (PRC)*. These elements are outlined in the implementation tools of the DSC developed within the framework of the aforementioned tripartite agreement.
 - The "DSC" was launched in 2019, based on a tripartite model involving the PRC, Dar Al Oumouma (DAO), which is a waiting home for pregnant women and post-delivery care, and the health centre. It was piloted in 14 provinces across the three priority regions, with funding from the INDH and technical support from UNICEF, mobilizing nearly 40 associations and 1,170 PRCs.
 - A governance system for the DSC, led by the INDH and integrating various partners, was established through a steering committee, a technical committee, and a monitoring committee, with adaptation at the regional, provincial, and local levels.
 - The "Local Health Committees" are a pilot project set up in some regions of Morocco with the support of UNICEF. The extension of this initiative is planned for 2025.
 - The Morocco Coordinating Committee (CCM) is a multisectoral committee that includes the MHSP, various ministerial departments, the National Human Rights Council (*Conseil national des droits de l'homme (CNDH)*), civil society organizations (CSOs), as well as representatives of people living with HIV and key populations. This committee has a regional adaptation through the Regional AIDS Control Committees, which also involve local authorities and other representatives.

2.1.1 Community engagement

- The community engagement mechanisms in Morocco are based on various approaches that promote inclusivity and participation within the health system. These approaches rely on the active involvement of peers and CSOs in service provision for key populations, particularly through community health initiatives.
- Also, the establishment of structures such as Local Health Committees and multisectoral committees like the CCM facilitates improved governance and strengthened coordination among stakeholders.
- The integration of PRCs and peer educators from targeted communities plays a crucial role in access to health services and raising awareness among key populations.

Insights: Contributions and challenges of CSOs

CSOs in Morocco play a crucial role in combating HIV, particularly in partnership with the GF. These CSOs focus on health promotion, prevention, and awareness among key populations, offering essential services where the MHSP coverage is limited. By integrating peer educators from target communities, they conduct awareness campaigns, provide testing and counseling services, and facilitate access to treatments, thereby reducing stigma towards beneficiaries or people living with HIV (PLHIV).

The involvement of CSOs in coordination committees, such as the National HIV Integrated National Strategic Plan (*Plan stratégique nationale intégré (PSNI)*), ensures better coordination and the identification of the needs of target populations.

However, several challenges persist:

- The official recognition and sustainability of CHWs are essential to ensure their long-term integration into the health system.
- Sustainable funding remains a critical issue, with current reliance on external resources.

To overcome these obstacles, the development of social contracts and the effective engagement of all stakeholders (private sector, businesses, local policymakers, citizens, etc.) should be considered to establish a structured, integrated, and sustainable community health service involving all actors.

2.2 Health management information systems

- The DSC has its own information system, and the digitization of this system is currently underway.
- The DHIS II database integrates some data related to the PSNI for combating HIV and sexually transmitted infections, using a unique code per beneficiary and varying access levels. The collected information covers the main activities carried out by CSOs working with key populations, such as awareness-raising, testing, and therapeutic mediation.
- Additionally, the MHSP is in the process of establishing a hospital and outpatient information system (HIS, shared medical records), which will centralize medical, administrative, and financial data. This information system could serve as an opportunity to include community health data.

2.3 Medicines and health commodities

- The MHSP centralizes the supply of medicines, medical devices, and vaccines (such as those for the treatment of sexually transmitted infections (STIs), pre-exposure prevention (PrEP), the hepatitis B vaccine, as well as testing kits and condoms).
- CSOs collaborating with the PSNI are supplied with condoms and testing kits based on the needs they have previously submitted.

2.4 Health workforce¹

- CHWs are mentioned in strategic documents, but their roles and qualifications are not clearly defined.
- CHWs are not part of the health care workforce, and their status is not regulated by current legislation.
- CHWs are recruited and compensated by CSOs, with remuneration varying from one organization to another, either as lump-sum allowances or as salary.
- There are issues with sustainability and challenges in recruiting qualified profiles in rural and remote areas.
- There is no data on the total number of CHWs working within CSOs. Each CSO maintains its own list of CHWs.
- The scope of CHWs' work varies depending on the CSO.

2.5 Service delivery

- CHWs are recruited, paid, or compensated and managed by non-profit organizations for the services they provide.
- CSOs provide various community health services. They ensure population awareness, information, and education, and they guide and coordinate beneficiaries towards health care facilities under the MHSP.
- CSOs working on issues related to STIs offer a variety of services, including counselling, community-based HIV testing, therapeutic education with follow-up care for people living with HIV through therapeutic mediators, and health care services through their community centres.
- As part of the health system reform, the establishment of social contracts is planned, which are funded either by the MHSP or by local authorities (purchasing services from associations with specific objectives).
- Therapeutic mediators operate in MSPS health care centres, while thematic CSOs direct their beneficiaries to these centres for appropriate follow-up care.
- PRC in the DSC guide expectant mothers from remote and/or isolated localities to the Dar Al Oumouma, where women can stay a few days before or after childbirth and are directed to health centres for prenatal and postnatal visits and for delivery. Additionally, PRCs raise awareness about positive parenting, maternal and child health, and nutrition.

¹ The designation adopted by Morocco: Community Relay Person or Personne Relais Communautaire (PRC).

2.6 Partnerships and financing

- There is no dedicated budget line for community health in the health budget. However, grants are provided to associations working in the field of community health based on a set of requirements defining the objectives and results to be achieved.
- The DSC is funded by the INDH under the first pillar of Programme 4. The INDH provides subsidies to associations to fund the DSC and compensate the PRC.
- The GF and other international donors provide funding to CSOs for HIV, tuberculosis, and malaria control as part of the HIV/AIDS programme.
- External partners could play an important role in supporting community health. The partnership can take various forms, including training and capacity building, compensation and allowances for CHWs, as well as data collection and research studies.

2.7 Cross cutting issues

2.7.1 Gender considerations

- A shortage of information has been noted regarding community-level interventions in this area.

2.7.2 Emergency preparedness

- Due to their proximity, knowledge of the communities, and connection with their members, the CHWs from CSOs played a key role during crises such as the COVID-19 pandemic and the Al Haouz region earthquake in September 2024. Their intervention went beyond their usual tasks to include the provision of essential goods. Through their actions, the CHWs successfully reached vulnerable individuals often left out of government aid programmes, such as the homeless and migrants.

2.7.3 Refugees and Internally Displaced Persons (IDPs)

- Migrants are considered a key population within the PNSI and receive support from CHWs who come from their own community.

3. Conclusions

3.1 Challenges

- Absence of a responsible entity for community health.
- Insufficient clarity in the package of community health services and interventions.
- Inadequate sustainable funding for community health activities.
- Absence of a standardized information system for collecting community health data, integrated into the National Health Information System.

3.2 Enablers

- Health system reform.
- Health coverage across the entire territory with 3,053 primary health care facilities, including 2,176 in rural areas and 877 in urban areas.
- Since 2016, nurses have been trained in family and community health at the *Instituts supérieurs des professions infirmières et techniques de santé (ISPITS)*, with 881 graduates in 2023 and 1,989 students currently in training (2024-2025).
- Training of specialized physicians in family and community health at the ENSP.
- The DSC developed under the Tripartite Agreement (MHSP, INDH, UNICEF) has proven effective and should be used as a model for community systems.
- The "local health committees" initiated by the MHSP also serve as an inspiration in this field.
- Thematic CSOs combating HIV in Morocco implement activities in partnership with the MHSP, as follows:
 - Community-based HIV testing, following the MHSP Decision No. 9754 of May 17, 2023, which authorized non-medical community-based HIV testing and established a national monitoring committee.
 - Morocco is the first country in the North Africa and Middle East region to implement a PrEP access programme. In 2017, The *Association de Lutte contre le SIDA (ALCS)*, in partnership with the MHSP, the GF, and Joint United Nations Programme on HIV/AIDS (UNAIDS), launched a community-based PrEP pilot project named "PrEPare Morocco" in three cities (Agadir, Casablanca, and Marrakech) to evaluate the feasibility and accessibility of PrEP for men who have sex with men and sex workers. This pilot project has been expanded under a progressive PrEP scale-up initiative involving ALCS and other thematic non-governmental organizations.
 - Additionally, to ensure the continuity of care and services for PLHIV during the COVID-19 context, the National HIV Control Programme engaged community participation to support the delivery of antiretroviral therapy, which had been implemented since the start of the COVID-19 lockdown, proving effective as the majority of PLHIV received their medication.

3.3 Priority policy directions

- Seize the opportunity of the ongoing reform of the national health system with the creation of territorial health groupings to integrate community health into the new structure.
- Establish institutional support for the DSC by the competent governmental authority (MHSP).
- Institutionalize local health committees and link them with local governance bodies (local human development committees).
- Develop and institutionalize a community health service package with the flexibility to adapt to the specific needs of each region.
- Recognize community-oriented professions through defined regulations, the development of certified/diploma training programmes, capacity building in communication, human rights, gender equity, and ethics, as well as the development of recruitment modalities for CHWs (job description/ definition of the scope of work) and the establishment of a remuneration/compensation system.
- Identify financing mechanisms to sustain the position of CHWs.
- Implement a simplified digital system for community health interventions (e.g., shared patient records).
- Integrate the community approach into the basic training curricula for health care professionals and their continuing education.
- Develop a centralized database of active CHWs in the country.
- Break down the community health strategy into a budgeted action plan with a dedicated allocation for community health within the MSPS budget to ensure the sustainability of CHWs, the DSC, and local health committees.
- Integrate community health data into the integrated hospital and outpatient HIS planned by the MHSP.
- Ensure the quality of message transmission to promote positive behaviors in communities through continuous training and technical supervision of CHWs.



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