

RESEARCHED AND COMPILED BY THE REFUGEE DOCUMENTATION CENTRE OF IRELAND ON THE 19 SEPTEMBER 2024

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COI QUERY RESPONSE

MOROCCO- INFORMATION ON ACCESS TO HEALTHCARE

The *Business Monitor Online* in September 2024 points out that: “Morocco's pharmaceutical market is weakened by relatively low drug consumption per capita, discriminatory pharmaceutical pricing system, lack of access to healthcare in rural areas and a high reliance on imported active pharmaceutical ingredients for local manufacturing.”¹

The *Africa Centres for Disease Control and Prevention* in August 2024 mentioned that: “The host nation, Morocco, exemplifies health system transformation in Africa. The government's commitment to health investment has significantly improved healthcare access and outcomes. Morocco is one of the African countries that has achieved remarkable progress in universal health coverage (UHC), ensuring that a significant portion of its population can access essential health services without financial hardship. As of 2023, nearly 70% of the Moroccan population was covered by health insurance, thanks to a government initiative under the AMO-Tadamon program, which merged two previous health insurance schemes, Assurance Maladie Obligatoire (AMO) and the Régime d'Assistance Médicale (RAMED).”²

The *UK Foreign Office* in July 2024 states that: “Public health facilities in Morocco struggle to provide adequate medical care. Private clinics are available.”³

In May 2024 *Amnesty International* reported that: “The Moroccan Penal Code prohibits abortion unless it's conducted by a licensed doctor or surgeon and deemed necessary to safeguard the woman's health or life. Those undergoing or attempting abortion can face imprisonment ranging from six months to two years, along with fines, as well as additional prison sentences under provisions

¹ Business Monitor Online (12 September 2024) Morocco Pharmaceuticals SWOT

² Africa Centres for Disease Control and Prevention (1 August 2024) Morocco Health Sector Outlook Ahead of CPHIA 2024 Conference [press release]

³ UK Foreign Office (12 July 2024) Morocco travel advice (July 2024)

criminalizing sexual relations outside of marriage. Laws prohibiting the dissemination of abortion-related information further restrict access to crucial healthcare resources, denying women the ability to make informed decisions about their pregnancies. "Inciting abortion" by any means, including through public speech or distributing related materials, carries penalties of up to two years in prison and/or fines."⁴

The *US Department of State Country Reports on Human Rights Practices* in April 2024 notes that: "Local NGOs asserted that prison facilities did not provide adequate access to health care and did not accommodate the needs of prisoners with disabilities."⁵ This same report states that: "Refugees and asylum seekers had equal access under the law to justice and public services, including health and education. Nonetheless, sometimes they were unable to access the national health care system or could not afford the educational system entry exams."⁶ The report further mentioned that: "Persons with HIV and AIDS faced discrimination and had limited treatment options. The Joint United Nations Programme on HIV/AIDS reported that some healthcare providers were reluctant to treat persons with HIV and AIDS due to fear of infection."⁷ The report also states that: "Civil society experts stated that the lack of legal protections and pervasive discrimination towards the LGBTQI+ community created conditions for chronic prejudice and harassment by Moroccan authorities and the public. Many activists have emphasized that they continue to face discrimination that negatively impacts all aspects of their lives, employment, health care, and housing as well as social exclusion, including rejection from their families."⁸ The same document notes that: "Authorities generally did not discriminate against women in accessing sexual and reproductive health care, including for sexually transmitted infections. Contraception was legal, and most forms were widely available. According to the Population Reference Bureau, the country had invested in increasing the availability of voluntary family planning services, expanding and improving maternal health care, and providing for access to obstetric care by eliminating fees. There was a disparity between rural and urban women regarding access to health services."⁹

A report issued by *Bertelsmann Stiftung* in March 2024 points out that: "The state is the primary health care provider, and, outside large cities, health care services remain very limited. In rural areas, health care centers offer mainly preventive care. Locals might have difficulties reaching them, at least during difficult weather conditions. Many families in these areas postpone medical examination as it entails traveling to a city."¹⁰

The *African Alliance, EIPR - Egyptian Initiative for Personal Rights, ITPC - International Treatment Preparedness Coalition* in March 2024 reported that: "Challenges in healthcare accessibility persist in

⁴ Amnesty International (14 May 2024) Morocco: Criminalization of abortion has devastating impact on the rights of women and girls, p.2

⁵ US Department of State (22 April 2024) 2023 Country Reports on Human Rights Practices: Morocco

⁶ *ibid*

⁷ *ibid*

⁸ *ibid*

⁹ *ibid*

¹⁰ Bertelsmann Stiftung (19 March 2024) BTI 2024 Country Report Morocco, p.4

Morocco, primarily due to a reliance on out-of-pocket and private healthcare services. Economic challenges and inflation have further strained accessibility for certain communities.”¹¹

The *Minority Rights Group International (MRG)* in November 2023 mentioned that: “Amazigh women still do not have equitable access to the various establishments in the health sector, which often fall short of meeting the necessary health and safety standards, contributing to elevated rates of child and female mortality.”¹²

The *Sahrawi Association of Victims of Grave Violations of Human Rights Committed by the Moroccan State (ASVDH)* in November 2023 notes that: “Political detainees are often discriminated against in terms of healthcare services, which has led to the death of two detainees due to medical negligence. Hassana El Wali died on September 28, 2014, at the military hospital in Dakhla, and Saika Brahim died on April 15, 2016, at the Hassan II Hospital in Agadir.”¹³

In November 2023 the *Elizka Relief Foundation* states that: “... the Moroccan government created the Casablanca-Rabat-Tangier high-speed train line on November, 2018, while school transportation is done by donkey in the Atlas region and a pregnant mother died due to lack of a healthcare facility. At the end of October 2018, an Atlas shepherd lost his life due to the lack of help. The negligence of the authorities often causes victims in Amazigh villages.”¹⁴

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¹¹ African Alliance, EIPR - Egyptian Initiative for Personal Rights, ITPC - International Treatment Preparedness Coalition (1 March 2024) *Health Systems Review: The Post COVID-19 Situation in Morocco*, p.11

¹² Minority Rights Group International (MRG) (16 November 2023) Fact sheet on the situation of black Moroccans, migrants and Amazigh indigenous peoples in Morocco, p.3

¹³ Sahrawi Association of Victims of Grave Violations of Human Rights Committed by the Moroccan State (ASVDH) (10 November 2023) The Sahrawi people suffer from racial discrimination practiced by Morocco as an occupying power in violation of Article 3 of ICERD

¹⁴ Elizka Relief Foundation (2 November 2023) Shadow Report on Racial Discrimination in Morocco

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