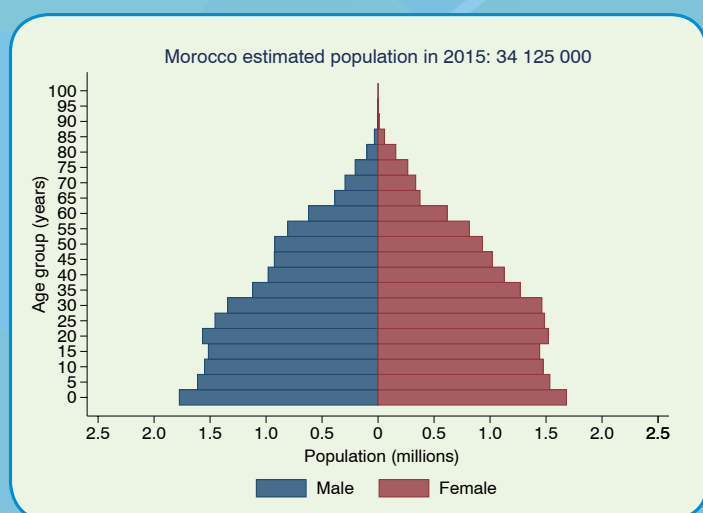




Universal health coverage

Primary health care facilities per 10 000 population (2015)	0.8
Hospital beds per 10 000 population (2013)	11.0
Modern contraceptive prevalence rate (2015)	58
Antenatal care visits (4+ visits) (2011)	42.6
Measles immunization coverage among 1-year olds (%) (2016)	100
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	88
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	100
General government expenditure on health as % of GDP (2014)	2.0
General government expenditure on health as % of total government expenditure (2014)	6.0

Estimated population in 2015



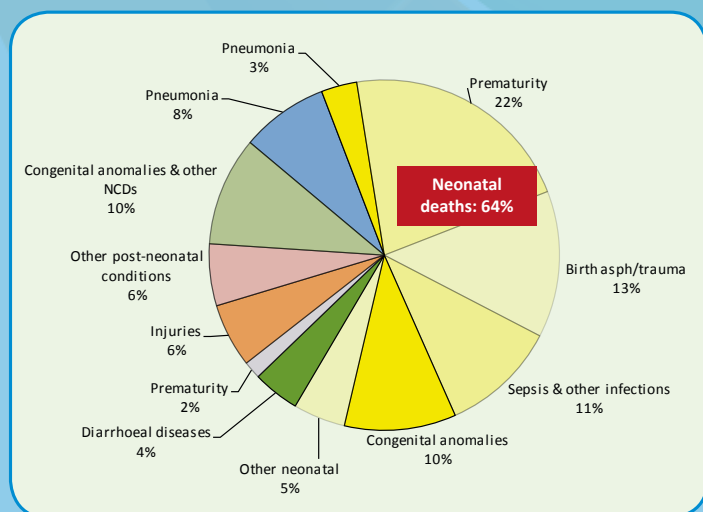
Selected determinants of health

Population living in urban areas (%) (2016)	61
Annual GDP growth (%) (2016)	1.1
Number of refugees ^a (2016)	4 737
Number of internally displaced persons ^b (2016)	0

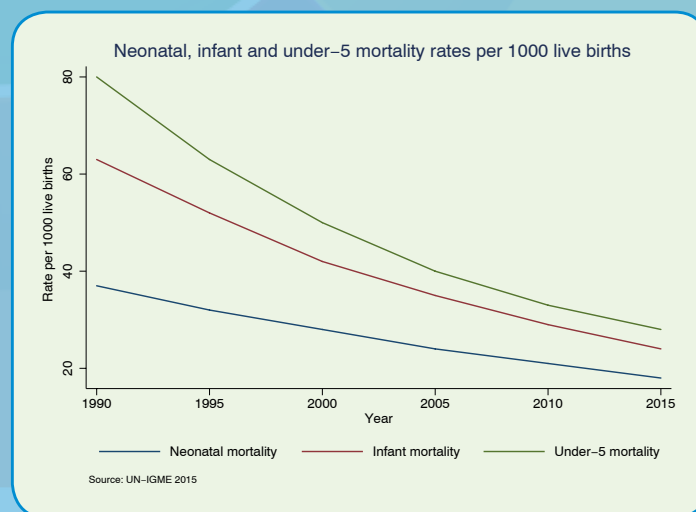
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	2.1
	Female %	3.0

2 ZERO HUNGER

Children under 5 who are (2012)		
stunted (2011)	%	14.9
wasted (2011)	%	3.0
overweight	%	10.7

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2014)	Total %	88
	Male %	92
	Female %	83

Net primary school enrolment ratio per 100 school-age children (2014)	Total ratio	99
	Male ratio	100
	Female ratio	99

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	87.5
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	85
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Access to improved sanitation facilities (World Health Statistics, 2015)	%	77
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)	Total %	9.9
	Male %	9.7
	Female %	10.4

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	20.3
	Urban	18.9

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011–2015)	<0.1
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	73.3	75.4	74.3
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	121
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	18
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	24
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	28
Tobacco use among persons 15+ years (%) (2015)	37.7	0.5	18.6
Overweight (18+ years) (%) (2014)	...	...	56.5
Obesity (18+ years) (%) (2014)	...	...	22.3
Raised blood pressure among persons 18+ years (%) (2014)	...	...	25.3
Raised blood glucose among persons 18+ years (%) (2014)	...	...	13.5
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	17
Cancer incidence per 100 000 (2012)	...	...	117.8

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

Completed in 2016:

[https://www.sustainabledevelopment.un.org/content/documents/10560NVR%20\(Morocco\).pdf](https://www.sustainabledevelopment.un.org/content/documents/10560NVR%20(Morocco).pdf)

National Focal Point for 2030 Agenda

Ministry of Foreign Affairs and International Cooperation along with the High Commission of Planning

National Focal Point in Ministry of Health for health-related SDGs

Abdelilah El Marnissi, Head of Division of Planning and Studies

1. How is Morocco incorporating the 2030 Agenda into its development policy and planning?

On a national level, the Ministry of Foreign Affairs and International Cooperation along with the High Commission of Planning is leading efforts towards advancing the 2030 Agenda. The process of nationalising SDGs has been launched through a consultative process including not only ministries and public institutions, but also all other stakeholders. The Government Programme 2016-2021 is essentially based on five components in which the third one is highlighting economic development, employment promotion and sustainable development

The Government Programme 2016-2021 is available here (in Arabic): http://www.maroc.ma/fr/system/files/documents_page/pro_gouv_1.pdf and http://www.maroc.ma/fr/system/files/documents_page/pro_gouv_2.pdf

2. How is Morocco incorporating SDG 3 targets in health policy, strategy, and planning?

The 2030 Agenda, and SDG 3 in particular, constitute a frame of reference in the process of developing the Health Sector Strategy 2017-2021. The Ministry of Health (MoH) is developing a first version of an action plan to reach health related SDGs.

3. Are there any major partnerships in Morocco for advancing the 2030 Agenda?

The process of nationalising the SDGs, and aligning them with national priorities is ongoing. Workshops will be organized with stakeholders such as ministries, public institutions, UN agencies and civil society. Key national partners for advancing the 2030 Agenda include the Ministry of Foreign Affairs and International Cooperation, the High Commission of Planning, the Ministry of Health, Ministry of Agriculture, Maritime Fisheries, Rural Development and Forestry and the National Observatory of Human Development, working together with UNDP.

4. Are there any major partnerships in Morocco for advancing the health-related SDGs?

The main national stakeholders for advancing the health-related SDGs include the Ministry of Foreign Affairs and International Cooperation, the High Commission of Planning, the Ministry of Health, Ministry of Agriculture, Maritime Fisheries, Rural Development and Forestry and the National Observatory of Human Development. Key international partners include WHO, UNICEF, UNFPA and UNAIDS. Among other programmes and funds, Morocco receives funding from the Global Fund for addressing HIV/AIDS and tuberculosis.

5. Has Morocco reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

In 2002, Morocco adopted Law 65-00 on basic medical coverage to improve access to health care and increase financial risk protection. The Constitution of 2011 states the right to health access and health protection. Furthermore, Universal Health Coverage (UHC) is a priority within the Government Programme 2016-2021. Within the Health Sector Strategy 2017-2021, a target is set to cover 90% of the population with basic medical coverage in 2021.