

# Morocco

Morocco has nearly completed the transition from high to low fertility. Contraceptive use has increased significantly. Large differences exist between urban and rural access to health care and skilled birth attendants. Gender disparities persist and efforts are in place to improve the status of women. A reduction in the maternal mortality ratio of an estimated 60 percent has been achieved in the past 20 years. The 2008-2012 strategic plan focuses on reproductive health. The policy for maternal and newborn health makes facility-based birth free of charge (including caesareans). The policy aims at strengthening the referral system; improving provision of essential drugs, blood and equipment; and improving access in rural areas. Measures to strengthen the competencies of the midwifery workforce are underway. These include a review of the curriculum and an increase in the hours of classroom instruction in the current education programmes. The Midwives Association can play an important role in advancing regulation to promote the autonomy of the midwifery workforce.

## ▶ COUNTRY INDICATORS\*

Total population (000); % urban	32,381; 58
Adolescent population (15-19 yrs) (000); % of total	3,178; 10
Number of women of reproductive age (age 15-49) (000); % of total	9,209; 28
Total fertility rate (children per woman)	2.4
Crude birth rate (per 1,000 population)	20
Births per year (000)	646
% of all births registered	85
Number of maternal deaths	720
Neonatal mortality rate (per 1,000 live births)	20
Stillbirth rate (per 1,000 births)	20
Number of pregnant women tested for HIV	2,723
Midwives are authorized to administer a core set of life-saving interventions	–
Density of midwives, nurses and doctors per 1,000 population	1.5
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	586
Gross secondary school enrolment (male; female) %	60; 51
Literacy rate (age 15 and over) (male; female) %	69; 44

## ▶ MDG INDICATORS

Maternal mortality ratio (per 100,000 live births)	110
Proportion of births attended by skilled health personnel (%)	63
Contraceptive prevalence rate (modern methods) (%)	63
Adolescent birth rate (births per 1,000 women age 15-19)	18
Antenatal care coverage (at least one visit; at least four visits) (%)	68; 31
Unmet need for family planning (%)	10
Under-5 mortality rate (per 1,000 live births)	39

## ▶ MIDWIFERY WORKFORCE<sup>1</sup>

Midwives (including nurse-midwives) <sup>2</sup>	2,967
Other health professionals with some midwifery competencies <sup>3</sup>	–
General practitioners with some midwifery competencies	–
Obstetricians	474
Community health workers with some midwifery training	–
A live registry of licensed midwives exists	No

## ▶ MIDWIFERY EDUCATION

Midwifery education programmes (direct entry; combined; sequential)	Yes; No; No
Number of midwifery education institutions (total); number of private	71; 50
Duration of midwifery education programmes (in months)	–
Number of student admissions (first year)	–
Student admissions per total available student places (%)	100
Number of students enrolled in all years (2009)	1,400
Number of graduates (2009)	–
Midwifery education programmes are accredited	–

## ▶ REGULATION

Legislation exists recognizing midwifery as an autonomous profession	Yes
Midwives hold a protected title	Yes
A recognized definition of a professional midwife exists	No
A government body regulates midwifery practice	No
A licence is required to practise midwifery	No
Midwives are authorized to prescribe life-saving medications	No



### MIDWIFERY BAROMETER

Midwives per 1,000 live births	<b>5</b> <span style="color: red;">●</span>
Birth complications per day; rural	<b>280; 117</b> <span style="color: red;">●</span>
Lifetime risk of maternal death	<b>1 in 360</b> <span style="color: yellow;">●</span>
Intrapartum stillbirth rate (per 1,000 births)	<b>3</b> <span style="color: yellow;">●</span>
Neonatal mortality as % of under-5 mortality	<b>54</b> <span style="color: red;">●</span>

#### ► PROFESSIONAL ASSOCIATIONS

A midwives association exists	Yes
Number of midwifery professionals represented by an association	121
Association(s) affiliated with ICM; ICN	Yes; No

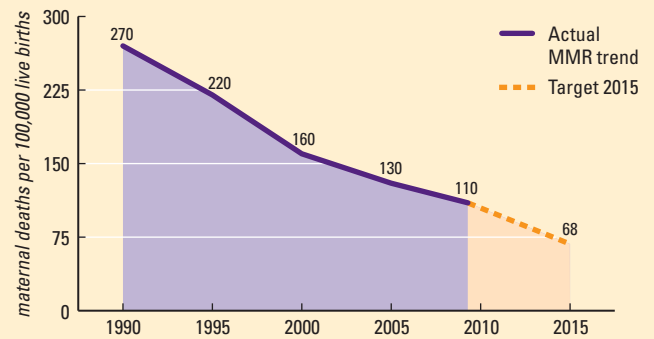
#### ► POLICIES

A national maternal and newborn health plan exists that includes the midwifery workforce	Yes
The plan is costed	Yes
The national health workforce plan specifically addresses midwifery	-
Compulsory notification of maternal deaths	Yes
Systematic maternal death audits and reviews	Yes
Confidential enquiry for maternal deaths	Yes
Compulsory registration of all births	Yes
All maternal and newborn health services are free (public sector)	Yes

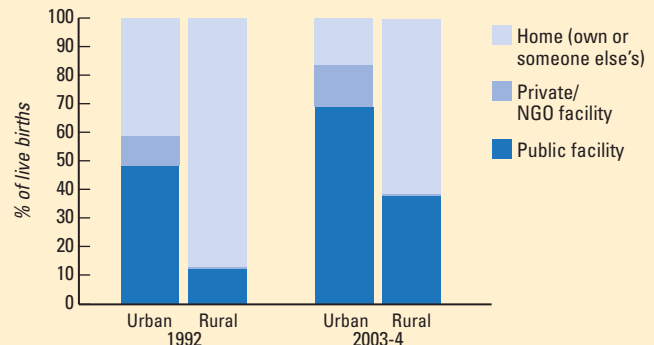
#### ► SERVICES

Number of facilities providing essential childbirth care	-
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	<b>518</b>
Number of Comprehensive EmONC facilities	<b>94</b>
Facilities per 1,000 births	-

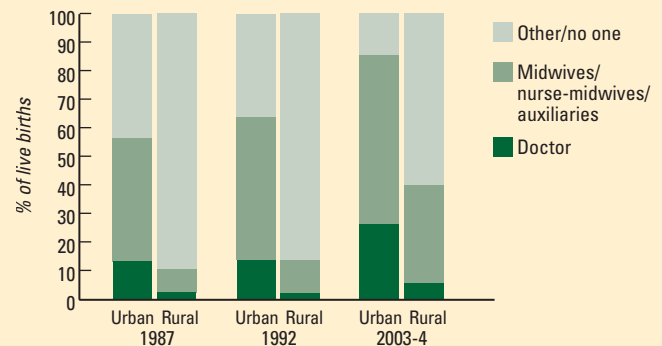
### Trends in maternal mortality: 1990–2015



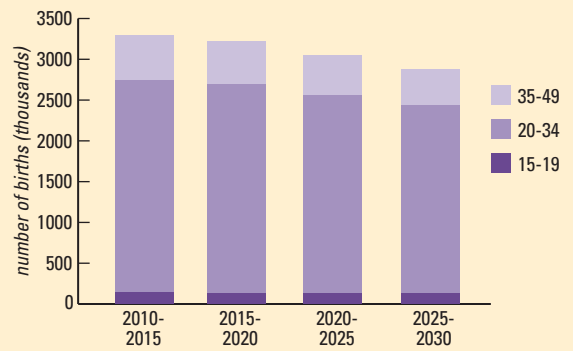
### Where women give birth: urban vs. rural



### Who attends births: urban vs. rural



### Projected number of births, by age of mother



**Explanatory notes:** \*Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '-' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.