

## Despite medical aid coverage, Moroccans voice concerns about affordability, quality of health care

**Afrobarometer Dispatch No. 1044 | Walleign S. Hassen**

### Summary

According to the World Health Organization (2025), universal health coverage (UHC) ensures that “all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.” It encompasses services ranging from health promotion and disease prevention to treatment, rehabilitation, and palliative care.

Morocco has been working toward UHC since 2005, gradually expanding its Mandatory Basic Health Insurance (Assurance Maladie Obligatoire, or AMO) system with the aim of providing subsidised insurance for basic health services for all citizens (Deriak, 2024; Mahdaoui & Kissani, 2023; Chen, 2018).

But despite improvements on many health indicators, implementation of quality care for all continues to be a challenge due to a lack of services in rural areas, a shortage of human resources, inadequate funding, and inefficient resource allocation, among other problems (Halimi, Jawab, & Bouklata, 2025; Mahdaoui & Kissani, 2023). The World Health Organization's (2023) UHC Service Coverage Index, which rates provision of quality services based on 14 indicators of service coverage, gave Morocco a score of 69 out of 100 in 2021, roughly equal to the global average (68) and one of the best ratings in Africa.

This dispatch reports on a special Afrobarometer Round 10 survey module focusing on health care. In Morocco, findings show that while seven in 10 citizens have medical aid coverage, most are worried about being unable to obtain or afford medical care when they need it. Public opinion is divided on whether the government should ensure universal access to adequate health care, even at the cost of higher taxes.

Among respondents who had contact with a public clinic or hospital during the year preceding the survey, a majority say they found it difficult to obtain the medical assistance they needed, and almost four in 10 say they had to pay a bribe or give a gift.

A majority of citizens disapprove of the government's performance on improving basic health services.

### Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Nine survey rounds in up to 42 countries have been completed since 1999. Round 10 surveys were launched in January 2024. Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Morocco, led by Global for Survey and Consulting, interviewed a nationally representative, random, stratified probability sample of 1,200 adult Moroccans in February 2024. A sample of this size yields country-level results with a margin of error of +/-3

percentage points at a 95% confidence level. Previous surveys were conducted in Morocco in 2013, 2015, 2018, 2021, and 2022.

## Key findings

- Seven in 10 Moroccans (71%) say they have medical aid coverage.
  - Among those who have medical aid coverage, a majority (56%) rely on national health insurance. And almost nine out of 10 (86%) say they are satisfied with their coverage.
  - Among those who don't have health insurance, the largest share (23%) say it's because they can't afford it.
- Almost three-fourths (73%) of citizens say they worry "somewhat" or "a lot" about being unable to obtain or afford medical care when they need it.
- A plurality (48%) say the government should ensure universal access to adequate health care, even if it means higher taxes. Almost four in 10 citizens (37%) disagree.
- Among respondents who had contact with a public clinic or hospital during the year preceding the survey, more than half (52%) say they found it difficult to obtain the medical assistance they needed, and 37% say they had to pay a bribe.
  - Overwhelming majorities say they encountered problems at public health facilities they visited, including long wait times (95%), absent medical staff (85%), unaffordable costs (85%), inadequate medicines or medical supplies (81%), and facilities in poor condition (79%).
- More than half (54%) of citizens say they or a family member went without medicine or medical treatment at least once during the preceding 12 months.
- A majority (58%) of Moroccans think the government is doing a poor job of improving basic health services.
  - Almost six in 10 respondents (58%) say they trust the Ministry of Health "somewhat" or "a lot."
- Three-fourths (74%) Moroccans say parents should be required to vaccinate their children against infectious diseases such as measles and polio.

## Medical aid and universal health care

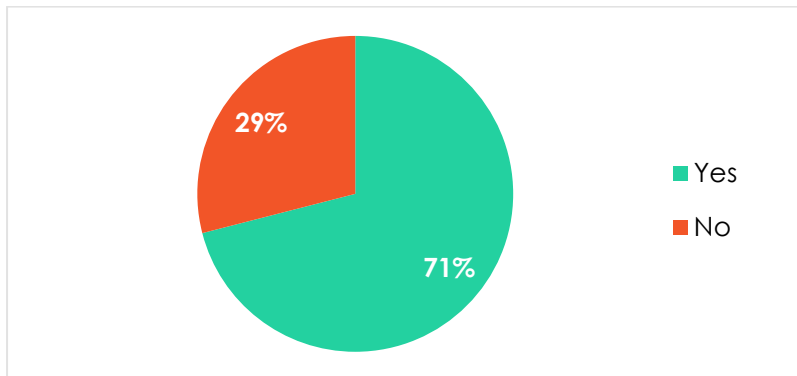
Seven in 10 Moroccans (71%) report that they have medical aid coverage, while 30% say they do not (Figure 1).

Coverage rates are lower than average among urban residents (63%) and youth (58%) (Figure 2). They increase with citizens' economic status, ranging from 60% among the poorest to 81% among well-off respondents.<sup>1</sup>

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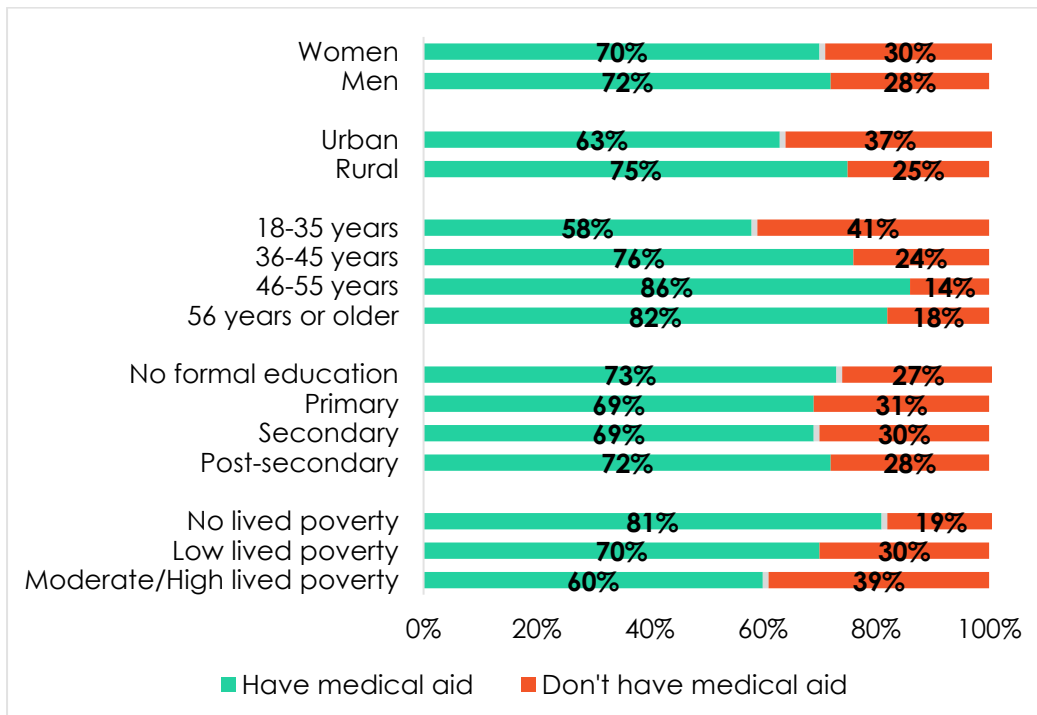
<sup>1</sup> Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the past year. For more on lived poverty, see Mattes and Lekalake (2025).

**Figure 1: Medical aid coverage | Morocco | 2024**



**Respondents were asked:** Do you have any medical aid coverage that helps pay your medical bills if you get sick?

**Figure 2: Medical aid coverage | by demographic group | Morocco | 2024**

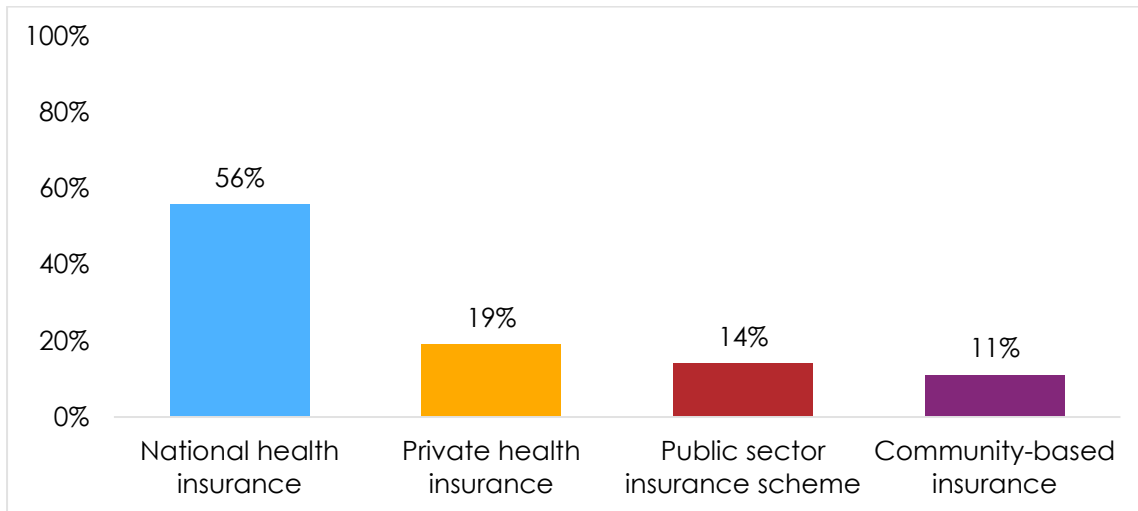


**Respondents were asked:** Do you have any medical aid coverage that helps pay your medical bills if you get sick?

Among respondents who have some form of medical aid, a majority (56%) are covered by national health insurance (Figure 3). Private health insurance accounts for 19% of coverage, followed by public sector (14%) and community-based (11%) insurance schemes.

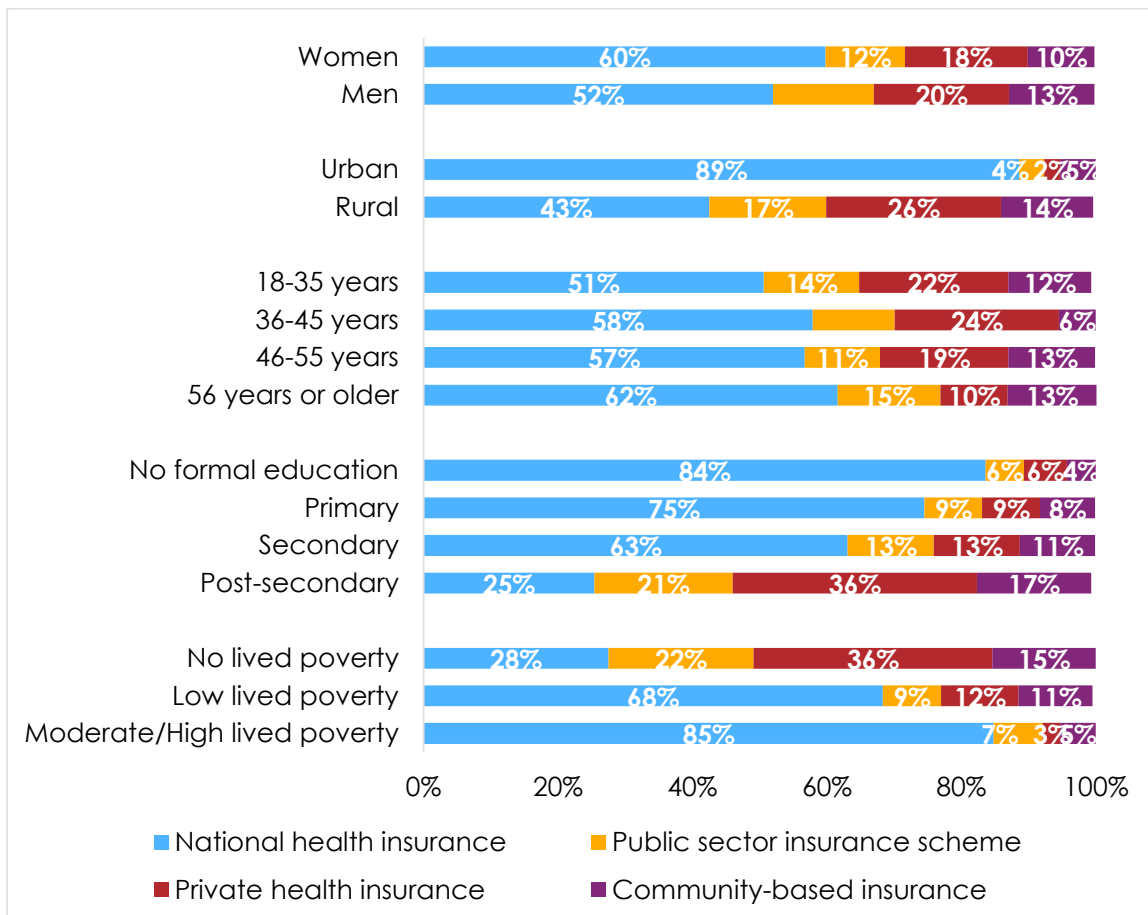
National health insurance is the most common form of coverage for all key demographic groups except among citizens who are economically well-off and those who have post-secondary education, where private health insurance is most common (Figure 4). Among those with medical aid coverage, national health insurance is particularly widespread in urban areas (89%), among citizens with no formal education (84%), and among those experiencing moderate or high lived poverty (85%).

**Figure 3: Type of medical aid coverage** | Morocco | 2024



**Respondents who have medical aid coverage were asked:** What type of medical aid coverage do you have? (Only respondents who said they have medical aid coverage are included.)

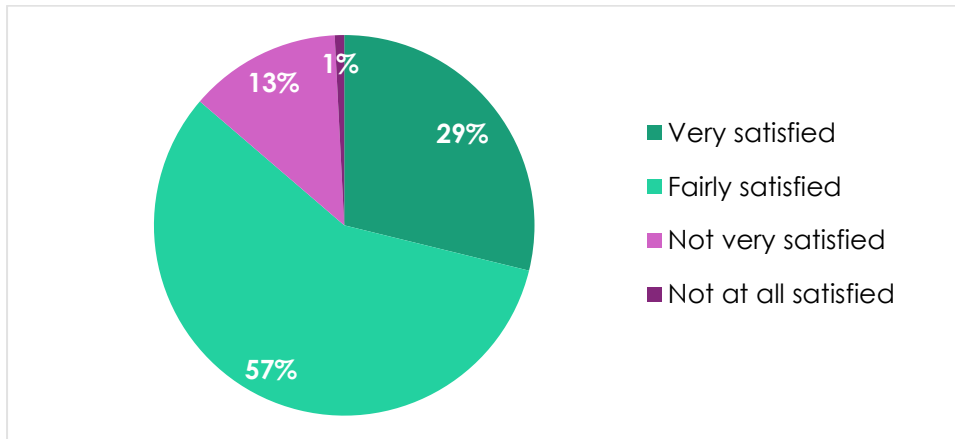
**Figure 4: Type of medical aid coverage** | by demographic group | Morocco | 2024



**Respondents who have medical aid coverage were asked:** What type of medical aid coverage do you have? (Only respondents who said they have medical aid coverage are included.)

Among Moroccans who have medical aid, a large majority (86%) are either “fairly satisfied” (57%) or “very satisfied” (29%) with their medical coverage (Figure 5). Only 14% voice dissatisfaction with their medical insurance.

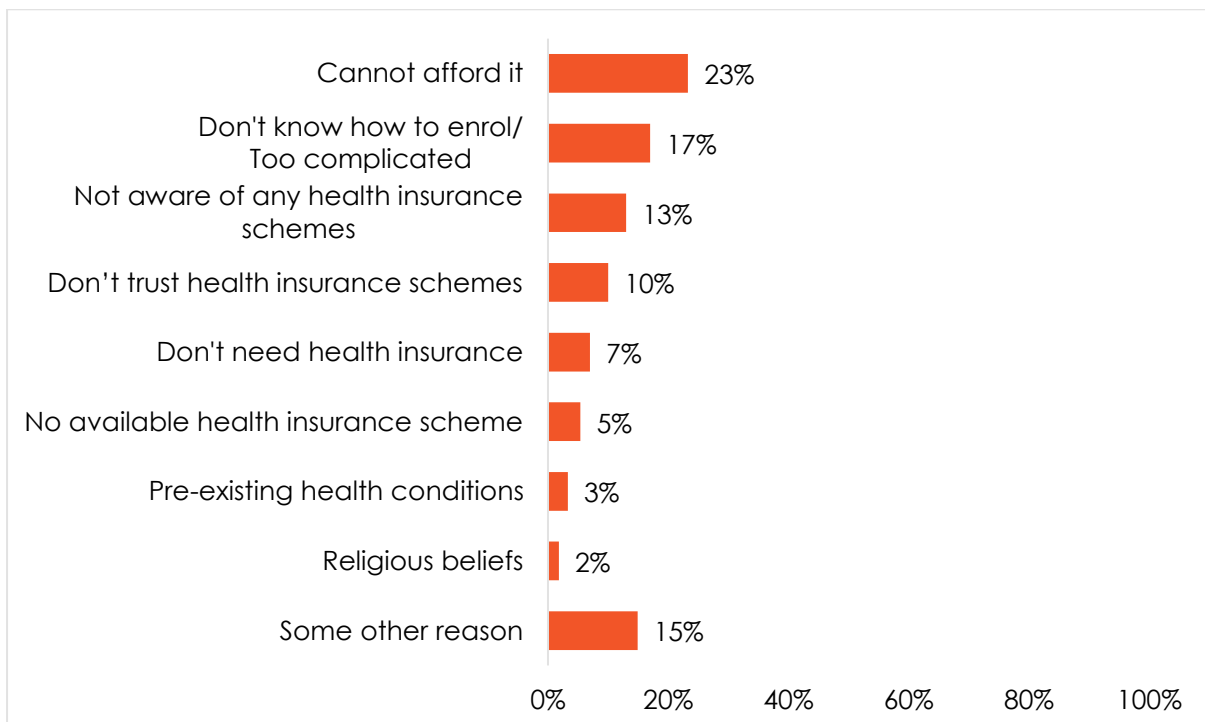
**Figure 5: Satisfaction with medical aid coverage | Morocco | 2024**



**Respondents who have medical aid coverage were asked:** Overall, how satisfied are you with your medical aid coverage? (Only respondents who said they have medical aid coverage are included.)

Among citizens who don't have medical aid coverage, the primary reason is that it's not affordable, cited by 23% of respondents who lack insurance (Figure 6). In addition, 17% say they don't know how to enroll or find the enrolment process too complicated, and another 13% say they are not aware of any health insurance schemes.

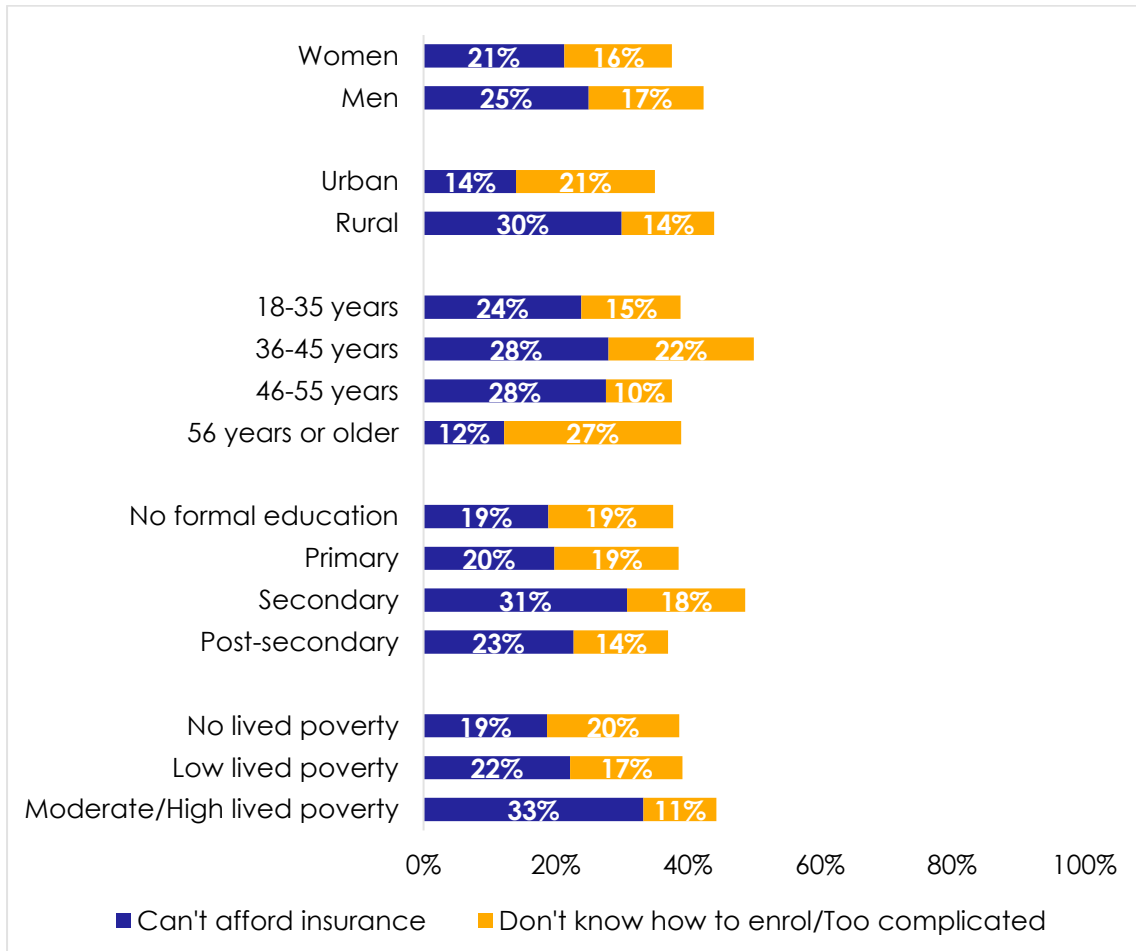
**Figure 6: Reason for not having medical aid coverage | Morocco | 2024**



**Respondents who do not have medical aid coverage were asked:** What is the main reason you don't have medical aid coverage? (Respondents who have medical aid coverage are excluded.)

The cost of health insurance is most often cited as a barrier by the poorest citizens (33%) and by rural residents (30%) (Figure 7). The difficulty of the enrolment process is most commonly mentioned by senior citizens (27%).

**Figure 7: Reason for not having medical aid coverage | by demographic group | Morocco | 2024**

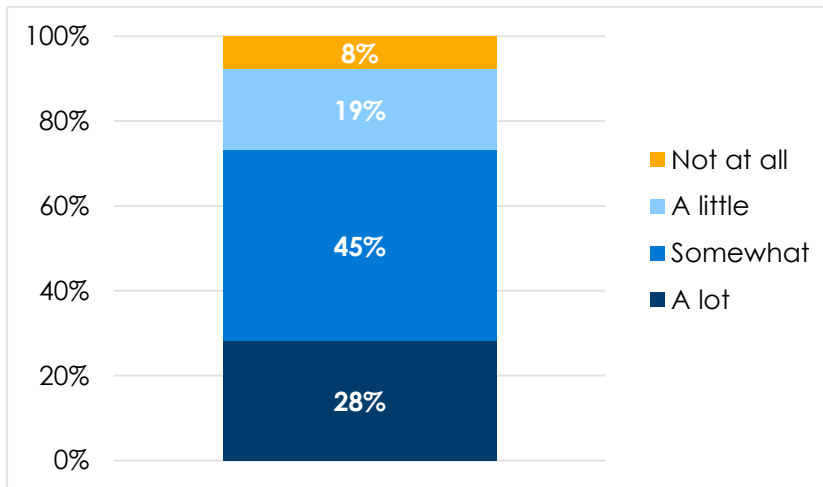


**Respondents who do not have medical aid coverage were asked:** What is the main reason you don't have medical aid coverage? (Respondents who have medical aid coverage are excluded.)

Despite widespread medical aid coverage, almost three-fourths (73%) of Moroccans say they worry "somewhat" (45%) or "a lot" (28%) about being unable to obtain or afford needed medical care if someone in their family gets sick (Figure 8). Another 19% say they worry "a little," while only 8% say they don't worry at all about access to and affordability of medical care.

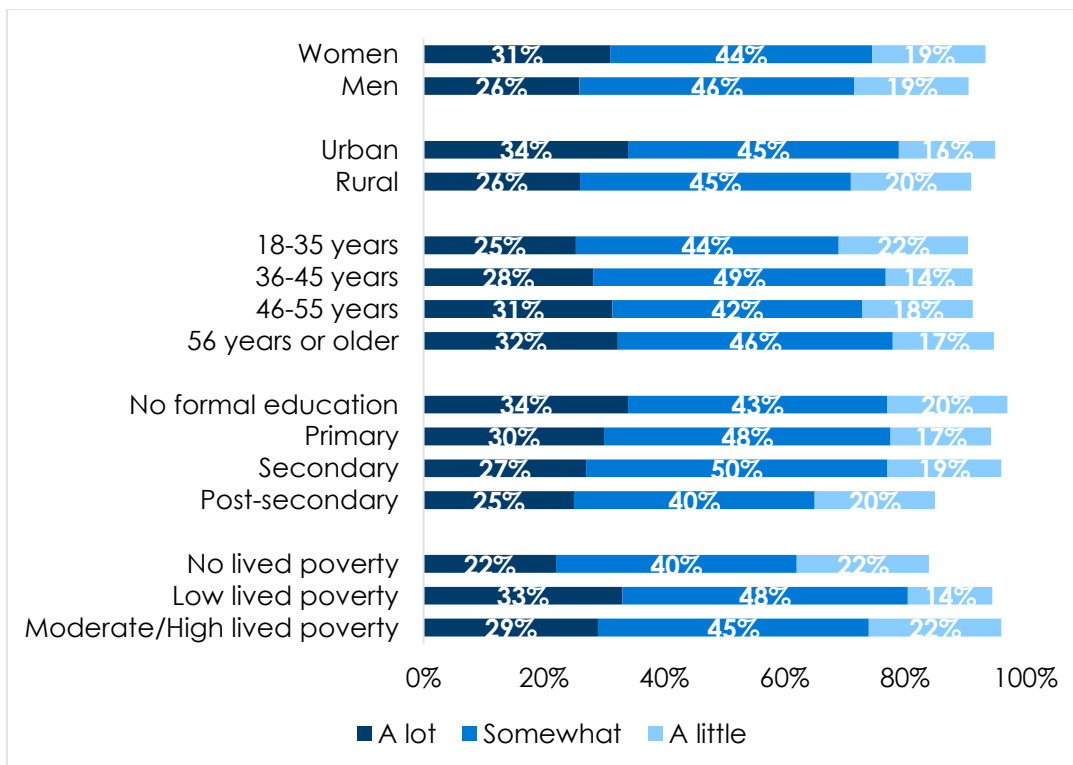
Levels of anxiety about medical care are fairly high across key demographic groups (Figure 9). Women are more likely than men to say they worry "a lot" (31% vs. 26%), as are urban compared to rural residents (34% vs. 26%). This level of worry increases with respondents' age, from 25% among youth to 32% among seniors. Economically well-off citizens (22%) and those with post-secondary education (25%) are less likely to express anxiety about medical care than their poorer and less educated counterparts.

**Figure 8: Worried about obtaining or affording medical care | Morocco | 2024**



**Respondents were asked:** How much do you personally worry that you or someone in your family will get sick and will be unable to obtain or afford needed medical care?

**Figure 9: Worried about obtaining or affording medical care | by demographic group | Morocco | 2024**

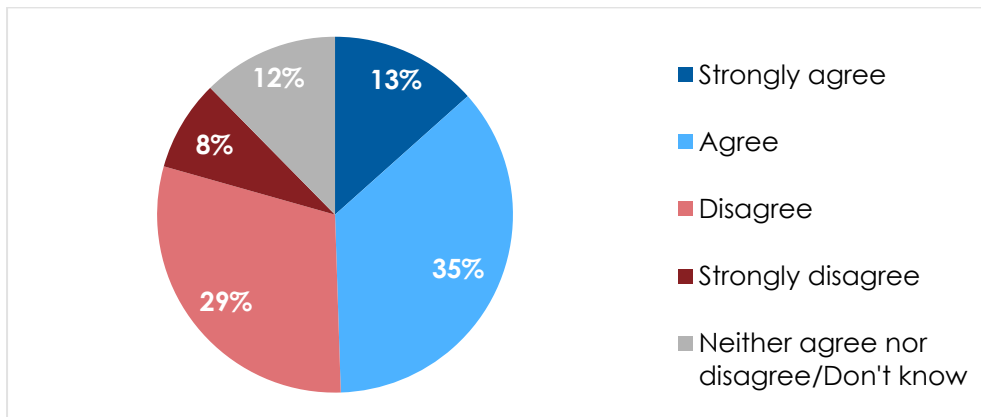


**Respondents were asked:** How much do you personally worry that you or someone in your family will get sick and will be unable to obtain or afford needed medical care?

Moroccans are divided regarding the government's responsibility to ensure health care for all (Figure 10). Almost half (48%) either "agree" or "strongly agree" that the government should ensure that all citizens have adequate health care, even if this means raising taxes. But 37% disagree, while 12% don't offer an opinion.

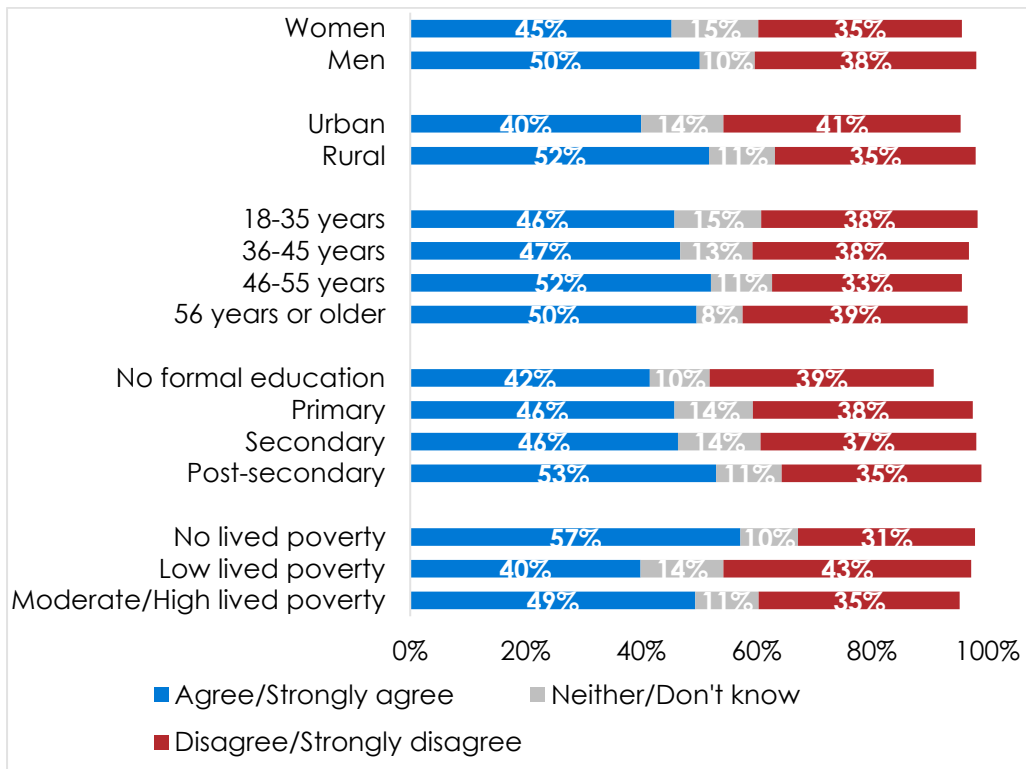
Support for universal health care is stronger among men than women (50% vs. 45%) and in rural areas compared to cities (52% vs. 40%) (Figure 11). The most educated (53%) and economically best-off (57%) respondents are more likely to see universal health care as a government responsibility than their less educated and poorer counterparts.

**Figure 10: Should government ensure universal access to health care? | Morocco | 2024**



**Respondents were asked:** Please tell me whether you agree or disagree with the following statement: Government should ensure that all citizens have access to adequate health care, even if that means raising taxes.

**Figure 11: Should government ensure universal access to health care? | by demographic group | Morocco | 2024**



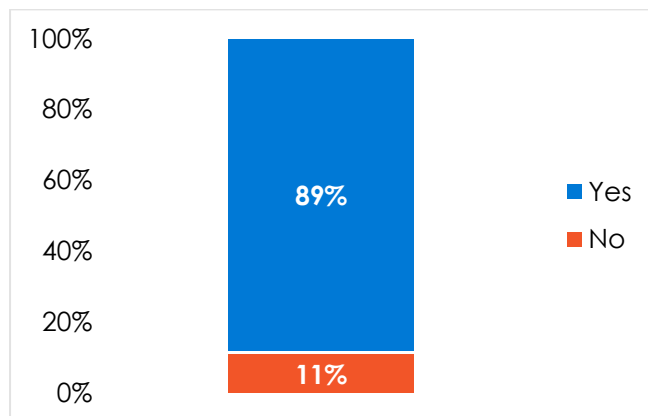
**Respondents were asked:** Please tell me whether you agree or disagree with the following statement: Government should ensure that all citizens have access to adequate health care, even if that means raising taxes.

## Experience with the health care system

Moroccans' attitudes about health care may reflect their personal experiences with the medical system. How well does the country's public health system serve its population?

Most Moroccans live within easy reach of a health clinic: Afrobarometer survey enumerators found a public or private clinic in or within walking distance of 89% of the enumeration areas they visited (Figure 12).<sup>2</sup>

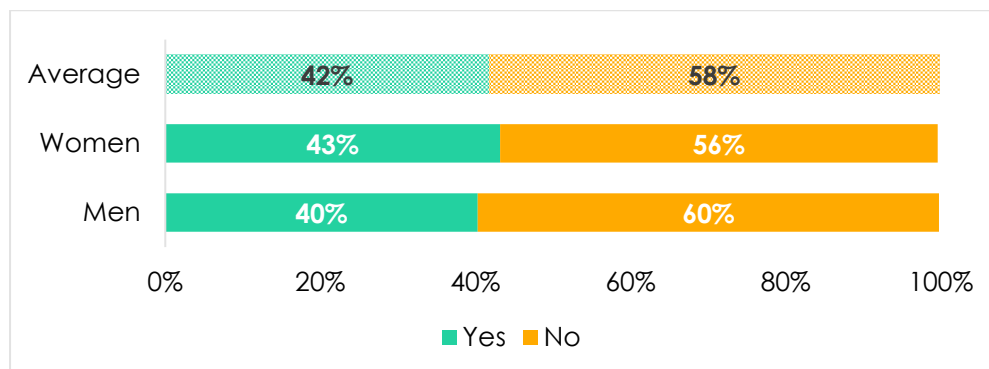
**Figure 12: Presence of health clinic in or near enumeration area | Morocco | 2024**



**Afrobarometer enumerators were asked:** Are the following facilities present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)?

Four in 10 respondents (42%) say they had contact with a public clinic or hospital during the previous 12 months (Figure 13). Slightly more women than men report visiting a public clinic (43% vs. 40%).

**Figure 13: Contact with a public clinic or hospital | by gender | Morocco | 2024**



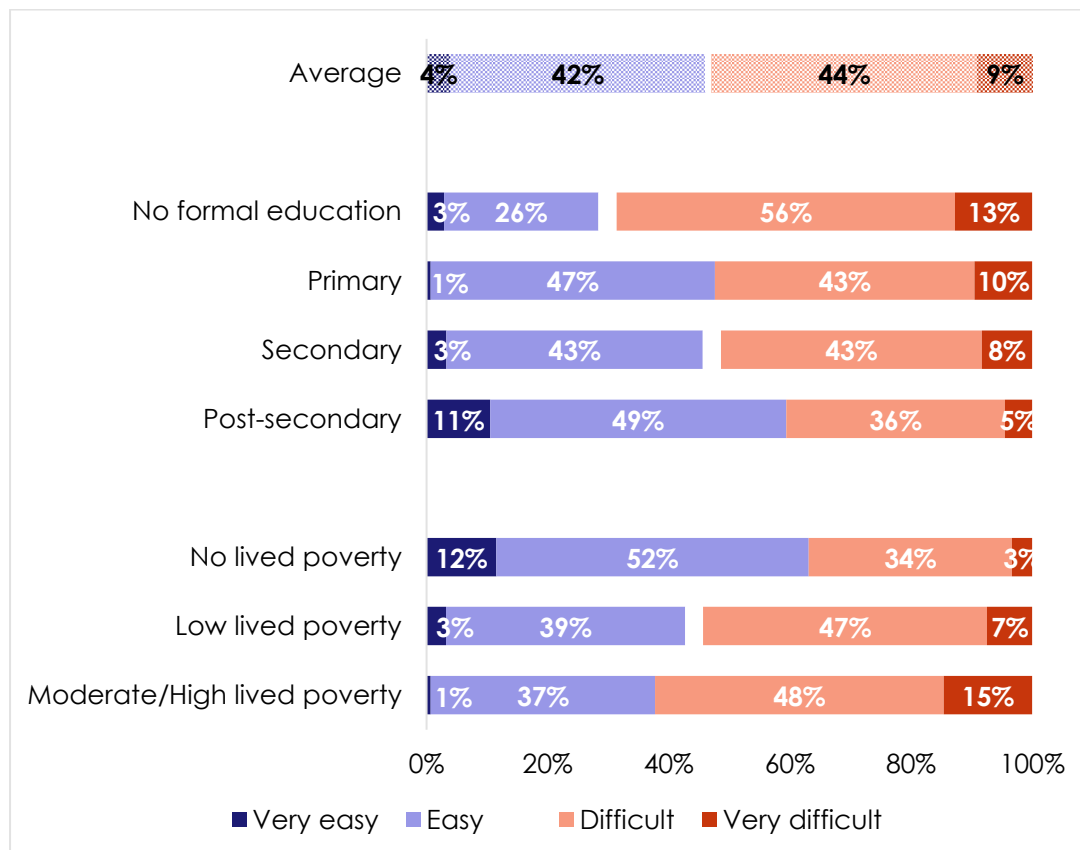
**Respondents were asked:** In the past 12 months, have you had contact with a public clinic or hospital?

<sup>2</sup> Afrobarometer samples are based on a selection of enumeration areas (EAs) drawn randomly from the national census frame. Eight interviews are conducted in each selected EA, so interview teams usually visit about 150 EAs (for surveys with n=1,200). In each EA, the team records the presence or absence of basic services (such as electricity supply) and infrastructure (such as schools and clinics). Because of the smaller sample sizes, the margin of error on the figure reported here for presence of a clinic is higher than for findings captured in individual interviews.

Among those who had contact with a public hospital or health clinic, more than half (52%) say they found it difficult to obtain the services they needed, including 9% who describe it as “very difficult” (Figure 14).<sup>3</sup>

The reported ease of getting health services increased with respondents' education level, ranging from just 28% of those with no formal schooling to 59% of those with post-secondary education. Similarly, economically well-off citizens (63%) are more likely to say it was easy to obtain services than those experiencing some level of lived poverty (38%-43%).

**Figure 14: Ease of obtaining medical care | by education and lived poverty**  
 | Morocco | 2024

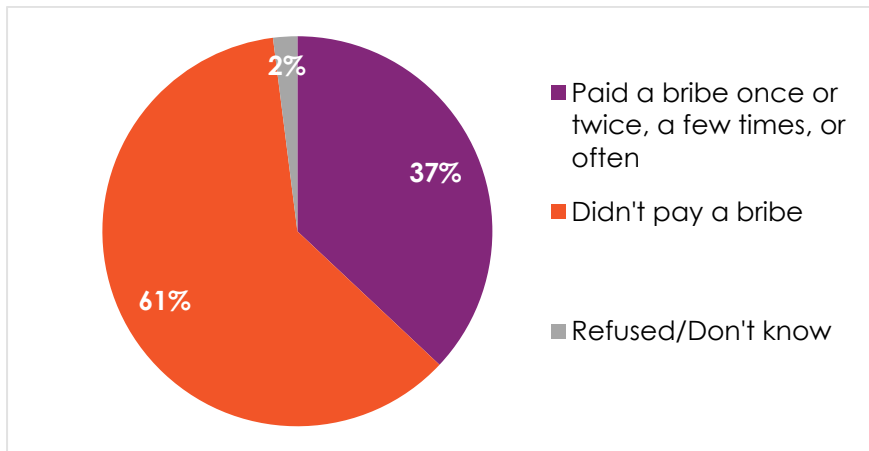


**Respondents who had contact with a public clinic or hospital were asked:** How easy or difficult was it to obtain the medical care or services you needed? (Respondents who did not have contact with a public clinic or hospital are excluded.)

Almost four in 10 respondents (37%) who had contact with a public health facility say they had to pay a bribe, give a gift, or do a favour for a staff member to obtain the care they needed (Figure 15).

<sup>3</sup> Due to rounding, percentages for combined categories reported in the text may differ slightly from the sum of sub-categories shown in figures (e.g. 44% “difficult” and 9% “very difficult” sum to 52%).

**Figure 15: Paid bribe to obtain health services | Morocco | 2024**

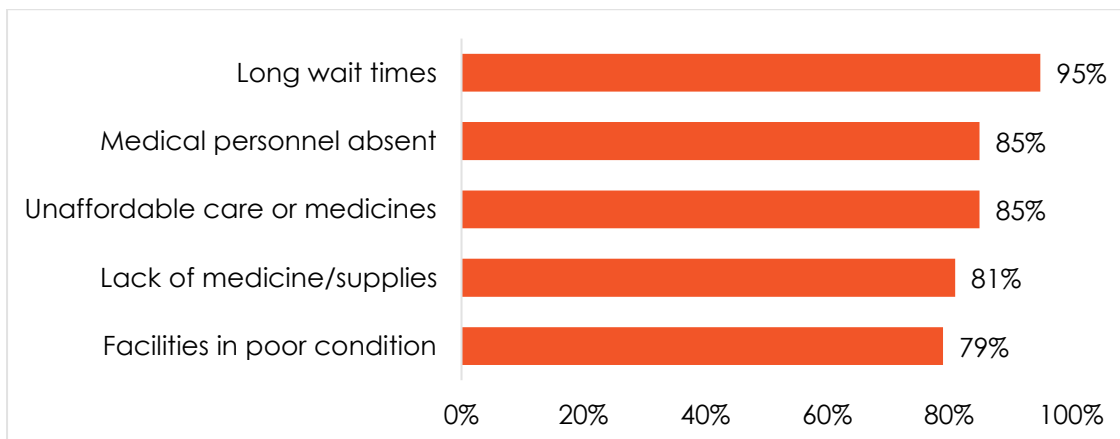


**Respondents who had contact with a public clinic or hospital were asked:** How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care or services you needed? (Respondents who did not have contact with a public clinic or hospital are excluded.)

In addition to difficulty in obtaining services and bribe payments, most citizens encountered a variety of problems at the public clinic or hospital where they sought care during the previous year (Figure 16).

More than nine out of 10 respondents (95%) who sought services say they experienced long wait times. Overwhelming majorities also report that medical staff were absent (85%), that high costs prevented them from getting the medicines or care they needed (85%), that medicines or medical supplies were lacking (81%), and/or that facilities were in poor condition (79%).

**Figure 16: Problems encountered at a public clinic or hospital | Morocco | 2024**



**Respondents who had contact with a public clinic or hospital were asked:** Have you encountered any of these problems with a public clinic or hospital during the past 12 months:

Lack of medicines or other supplies?

Absence of doctors or other medical personnel?

Long waiting time?

Poor condition of facilities?

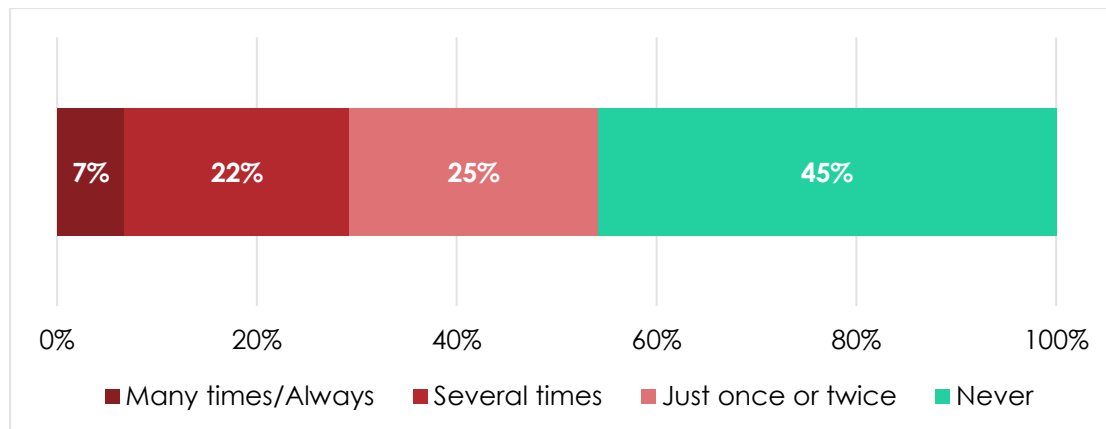
High cost that prevented you from getting the care or medicines you needed?

(Respondents who did not have contact with a public clinic or hospital are excluded.)

More than half (54%) of all respondents say they or a family member went without needed medicines or medical care at least once during the preceding year, including 7% who say this happened “many times” or “always” (Figure 17).

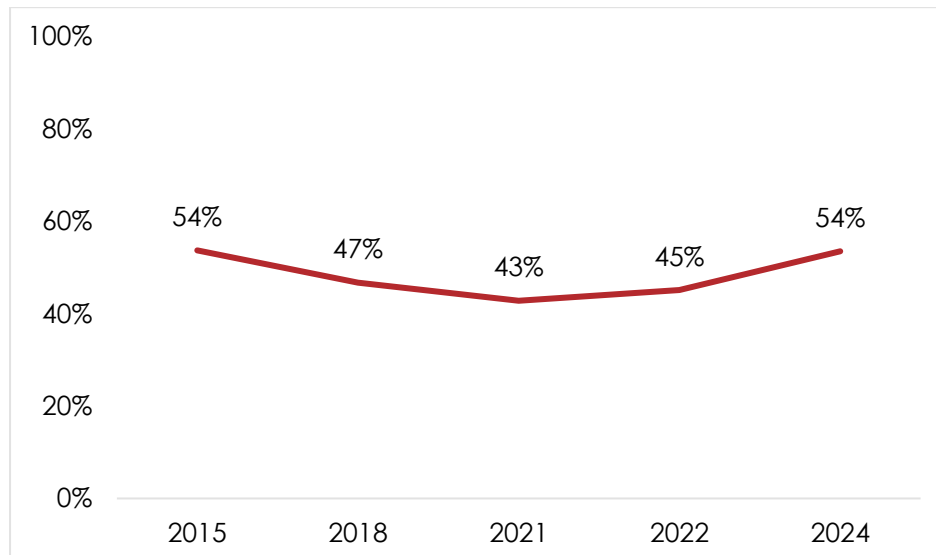
After declining between 2015 and 2021, the share of citizens going without needed care has climbed back up to its majority level recorded a decade ago (Figure 18).

**Figure 17: Went without medicine or medical treatment | Morocco | 2024**



**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

**Figure 18: Went without medicine or medical treatment | Morocco | 2015-2024**

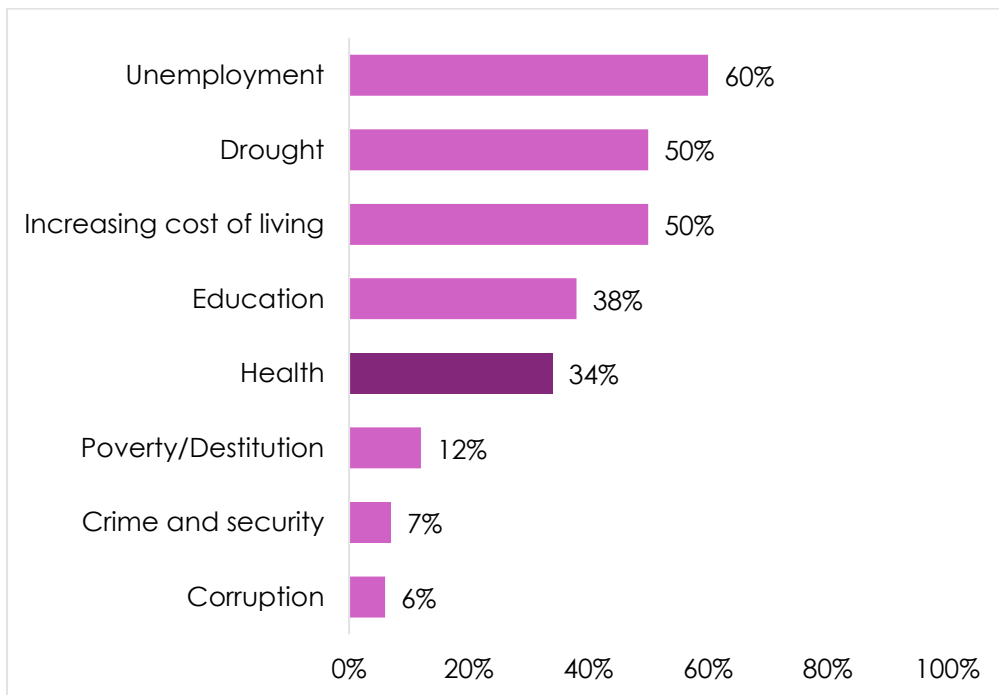


**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say “once or twice,” “several times,” “many times,” or “always”)

### Government performance on health care

Health ranks fifth on a list of the most important problems that Moroccans say their government must address, cited by 34% of respondents as one of their three priorities for government action (Figure 19). It trails unemployment (60%), drought (50%), the increasing cost of living (50%), and education (38%), but places ahead of poverty (12%), crime/security (7%), and corruption (6%).

**Figure 19: Most important problems** | Morocco | 2024

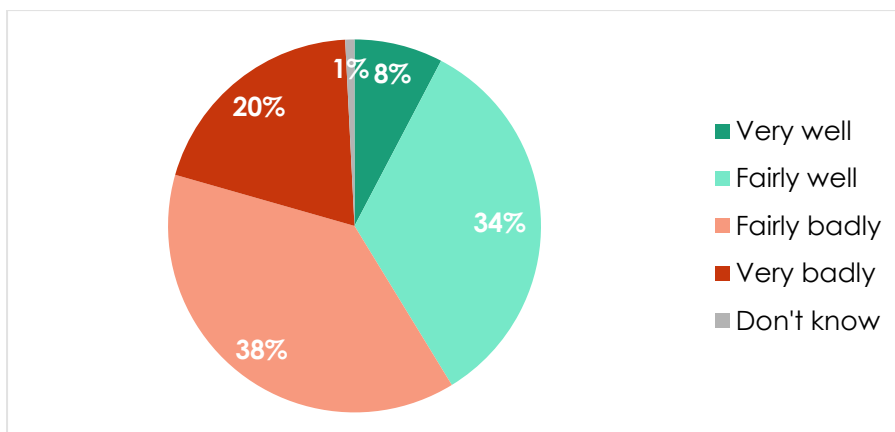


**Respondents were asked:** In your opinion, what are the most important problems facing this country that government should address? (Up to three responses per person. Figure shows the % of respondents who cite each problem among their three priorities.)

While about four in 10 Moroccans (42%) say the government is doing “fairly well” or “very well” on improving basic health services, a majority (58%) disagree (Figure 20).

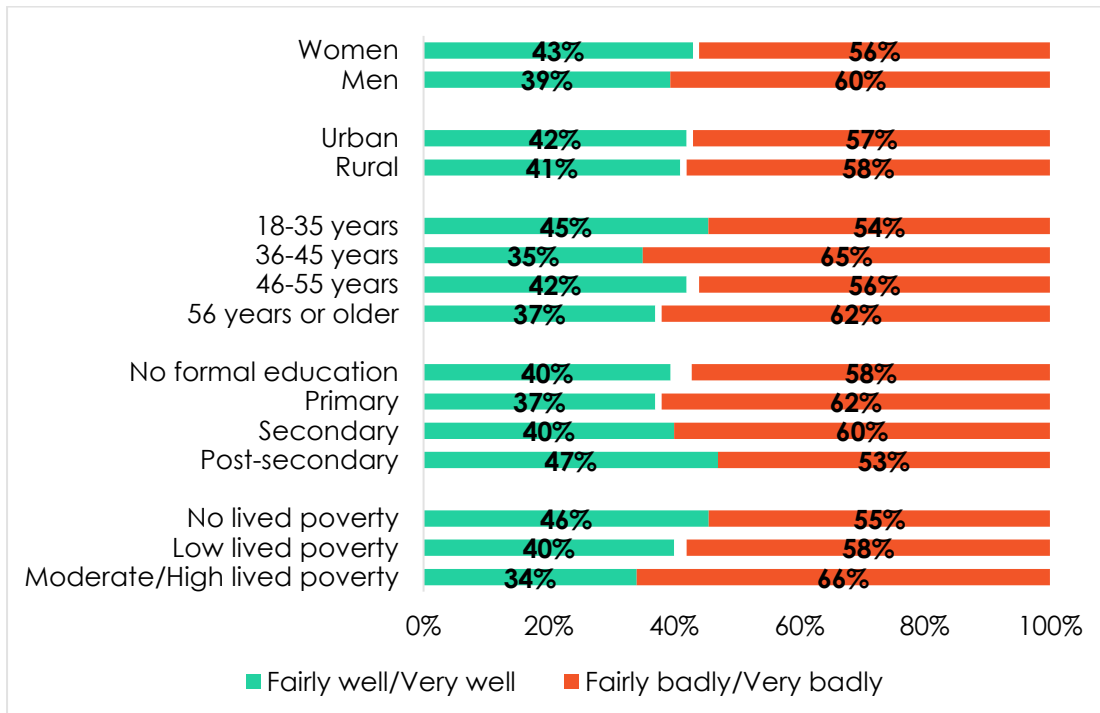
Citizens with post-secondary education (47%) are somewhat more satisfied with the government’s performance than less educated citizens (37%-40%) (Figure 21). The poorest citizens are 12 percentage points less likely than the well-off to say the government is doing a good job on health (34% vs. 46%).

**Figure 20: Government performance on improving basic health services** | Morocco | 2024



**Respondents were asked:** How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

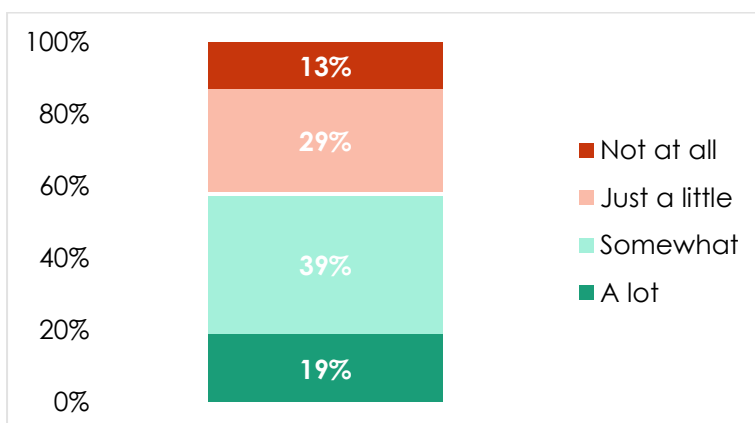
**Figure 21: Government performance on improving basic health services**  
 | by demographic group | Morocco | 2024



**Respondents were asked:** How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

In line with mixed views of the government's performance, the Ministry of Health enjoys only limited public trust. While a majority (58%) of citizens say they trust the ministry "somewhat" (39%) or "a lot" (19%), 42% express little or no confidence (Figure 22).

**Figure 22: Public trust in the Ministry of Health** | Morocco | 2024



**Respondents were asked:** How much do you trust each of the following, or haven't you heard enough about them to say: Ministry of Health?

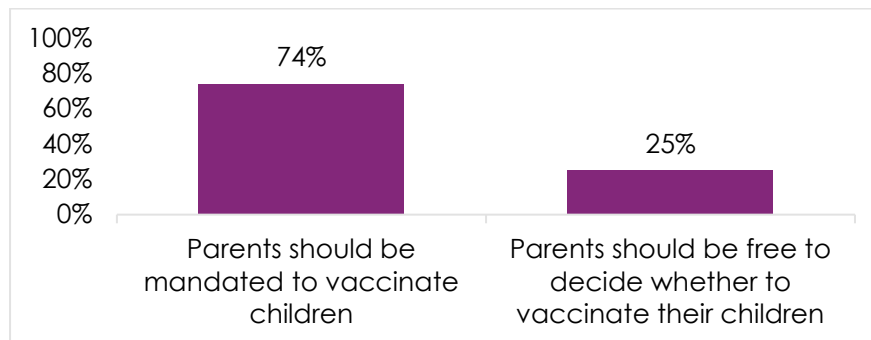
### Mandatory vaccination for children

Afrobarometer also explored citizens' views on vaccination, a topic that generated considerable debate at the height of the COVID-19 pandemic.

In Morocco, three-fourths (74%) of respondents say that in order to protect children and the community, parents should be mandated to vaccinate their children against infectious diseases such as measles and polio (Figure 23). One-fourth (25%) instead think parents should be free to decide for themselves whether their children should be vaccinated.

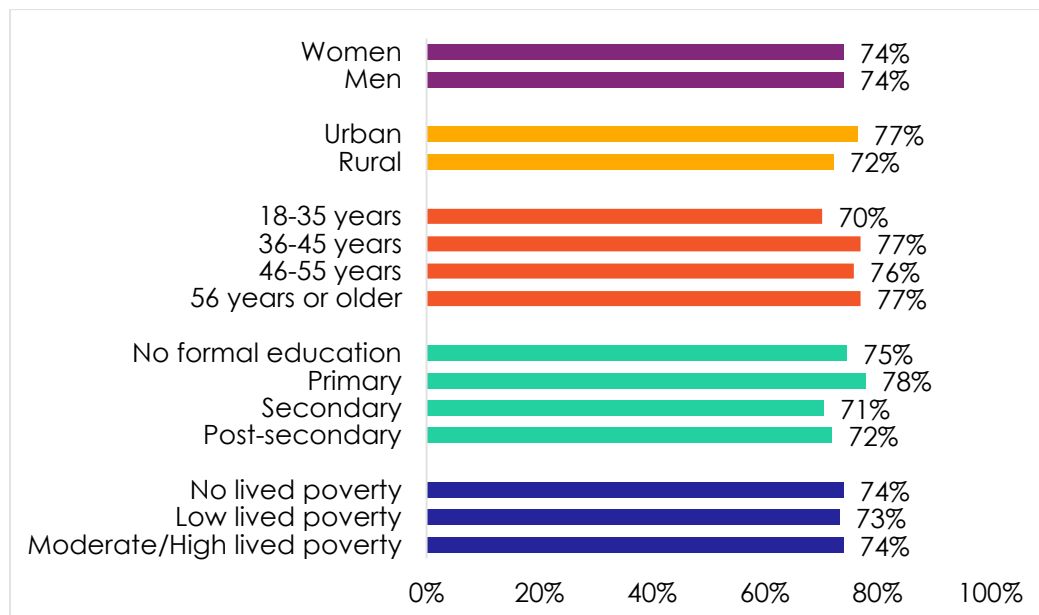
Urbanites (77%) are somewhat more committed to vaccination against infectious diseases than rural residents (72%) (Figure 24). Insistence on vaccinating children is somewhat weaker among the youngest respondents (70%) than the other age categories (76%-77%).

**Figure 23: Should parents be mandated to vaccinate children? | Morocco | 2024**



**Respondents were asked:** Which of the following statements is closest to your view?  
 Statement 1: In order to protect children and the community, parents should be required to have their children vaccinated against infectious diseases such as measles and polio.  
 Statement 2: Having your child vaccinated against infectious diseases is a parent's personal choice and should not be mandatory.

**Figure 24: Parents should be mandated to vaccinate children | by demographic group | Morocco | 2024**



**Respondents were asked:** Which of the following statements is closest to your view?  
 Statement 1: In order to protect children and the community, parents should be required to have their children vaccinated against infectious diseases such as measles and polio.  
 Statement 2: Having your child vaccinated against infectious diseases is a parent's personal choice and should not be mandatory.  
 (% who agree with Statement 1)

## Conclusion

Even though seven in 10 citizens have medical aid coverage, survey findings reveal important gaps in Morocco's health-care system. Most citizens worry that they will be unable to obtain or afford medical care when they need it. Moreover, more than half of citizens say they or a family member went without needed medicine or medical treatment during the preceding 12 months. Survey responses indicate that health services are not easy to obtain, and in many cases require a bribe. Overwhelming majorities report problems they encountered at public clinics, including long wait times, absence of medical staff, high costs, inadequate medicines or medical supplies, and facilities in poor condition.

In addition to improving Moroccans' health outcomes, addressing these gaps might help the government win public approval of its efforts in the health-care sector.

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Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, nonpartisan research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University, the University of Cape Town, and the University of Malawi provide technical support to the network.

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