

# Morocco

|                     |   |        |  |            |
|---------------------|---|--------|--|------------|
| Country indicators* | Population (000s)                                 | 32,521 | Total health expenditure (%GDP)                    | 6          |
|                     | GNI per capita (PPP Int \$)                       | 5,060  | ICT Development Index rank                         | 89         |
|                     | Physician density (per 10 000 population)         | 0.62   | Mobile-cellular subscriptions (% inhabitants)      | 119.97     |
|                     | Nurse and midwife density (per 10 000 population) | 0.89   | Internet users (% of individuals)                  | 55.0       |
|                     | Hospital bed density (per 10 000 population)      | 11     | Maternal mortality ratio (per 100 000 live births) | 100        |
|                     | Life expectancy at birth (years)                  | 72     | Infant mortality rate (per 100 000 live births)    | 18 [12-25] |

## eHealth policy/strategy

Status of eHealth and women's and children's health policy/strategy

|   |    |
|---|----|
| National eHealth policy/strategy exists                                       | No |
| Year adopted  |    |
| Implementation status   |    |
| Refers to the use of eHealth in women's and children's health policy/strategy |    |
| Special funding allocated for implementation                                  | No |

## Women's and children's health

|   |     |
|---|-----|
| National policy/strategy for women's and children's health exists     | Yes |
| Policy/strategy refers to the use of eHealth, mHealth or social media | Yes |

## eHealth systems

An overview of the types of eHealth systems in place, their purpose and level

|   |  |
|---|--|
| Electronic information system collects and reports births, deaths and causes of death data  | Yes – partial coverage                                   |
| Year introduced   | 2005   |
| At least one electronic information system exists at the district level to collect and report health data   | Yes  |
| Resource tracking system in place to report total health expenditure by financing source, per capita  | Yes  |
| Type of resource tracking system  | Both   |
| Resource tracking system level  | National level, Regional/<br>District level, Local level |
| Resource tracking system in place to report total reproductive, maternal, newborn, and child health (RMNCH) expenditure by financing source, per capita | No   |
| Type of resource tracking system  |  |
| Resource tracking system level  |  |

## Monitoring the status of women's and children's health

An overview of the measurement of the 11 CoIA indicators by monitoring frequency and format

| Indicator measured  | Monitor | Frequency     | Format: Paper, Electronic, or Both |
|---|---------|---------------|------------------------------------|
| Maternal mortality ratio  | Yes     | Every 5 years | Both                               |
| Under 5 child mortality with the proportion of newborn deaths     | Yes     | Every 5 years | Both                               |
| Children under 5 who are stunted                                  | Yes     | Every year    | Both                               |
| Met need for contraception  | Yes     | Every 5 years | Both                               |
| Antenatal care coverage   | Yes     | Every year    | Both                               |
| Prevention of mother-to-child HIV transmission (PMTCT)            | Yes     | Every year    | Both                               |
| Skilled attendant at birth  | Yes     | Every year    |                                    |
| Postnatal care for mothers and babies                             | Yes     | Every year    |                                    |
| Exclusive breastfeeding for six months                            | Yes     | Every 5 years |                                    |
| 3 doses of the combined diphtheria, pertussis and tetanus vaccine | Yes     | Every year    |                                    |
| Antibiotic treatment for pneumonia                                | Yes     | Every year    |                                    |

## eHealth initiatives – national overview

|  |   |
|--|---|
| eHealth supports major women's and children's health initiatives | Yes   |
| Funding sources  | Public funding, Private funding, Donor funding, Public-private partnerships |

## Possible barriers to implementing eHealth services

The most important barriers hindering the implementation of eHealth services

|  |     |
|--|-----|
| <b>Legal</b> - lack of legal frameworks to support implementation of eHealth services  | Yes |
| <b>Standards</b> - lack of nationally adopted standards (e.g. ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems | Yes |
| <b>Services and applications</b> - existing eHealth services are inaccessible, unaffordable, or not appropriate for our needs  | Yes |

## ICT training

|  |     |
|--|-----|
| Tertiary institutions offer ICT training for students of health sciences | Yes |
| Continuing education in ICT for health professionals                     | No  |

## Internet health information quality

Approaches taken to ensure quality of health-related content on the Internet

|  |    |
|--|----|
| <b>Dedicated website(s)</b> - concerning women's & children's health | No |
|--|----|

## Online safety for children

Approaches taken by government to protect children in the online environment

|   |             |
|---|-------------|
| Government provides information and education to citizens on internet safety and literacy   | Do not know |
| Some initiatives are aimed specifically to protect children   |             |
| Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access | Yes         |
| ISPs are legally mandated to provide online safety tools to protect children  | Do not know |

## Privacy and security of personal and health-related data

Legislation to protect women and children

|  |             |
|--|-------------|
| Privacy laws exist to protect citizens' personal identifiable data irrespective of format (paper or digital)   | Yes         |
| Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR) | Do not know |
| Parental consent required for the creation of a child's EMR/EHR  |             |
| Parental access to a child's EMR/EHR is possible   |             |
| Correction of errors in a child's EMR/EHR is possible  |             |
| Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country  | Do not know |
| Parental consent is required   |             |
| Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries   | Do not know |
| Parental consent is required   |             |
| Legislation exists which grants a child the right to control over its EMR/EHR  | Do not know |
| From age (years)   | 18          |

## Social media

Countries are recognizing the benefit of using social media for health

|  |     |
|--|-----|
| Some health programmes use social media (eg. Facebook, Twitter, YouTube) | Yes |
|--|-----|

\* Data source: [www.who.int/goe/publications/cp\\_source2013](http://www.who.int/goe/publications/cp_source2013)

\*\* Inconsistent data