

Data updated April 30, 2020



Morocco

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Morocco to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

Effective Implementation of Public Health and Social Measures in Morocco: Situational Analysis

Highlights¹

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- With 4,321 confirmed COVID-19 cases as of April 30, Morocco has a relatively high caseload compared to other African countries. However, new cases have been steadily declining for the past two weeks, potentially indicating that PHSMs implemented are having an effect.
- There are high rates of support for the government response and for PHSMs, including school closures, which were implemented on March 13. Morocco expanded PHSM implementation approximately two weeks after the first case was reported, including the most recent announcement of a nationwide curfew during the month of Ramadan.
- Over two-thirds of Moroccans think that COVID-19 will be a problem for the country; however, despite a relatively high caseload, only one-third believe they are personally at high risk of infection.
- The government of Morocco has played an important role in risk communication for the COVID-19 outbreak, in addition to implementing a number of relief measures in support of the PHSMs. There is strong support from the highest ministerial level to counter misinformation.
- Morocco has seen an increasing number of security incidents related to COVID-19 following the implementation of PHSMs. Most recorded incidents took place in March, including mass arrests of people violating the lockdown. The majority have been peaceful demonstrations.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African countries. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

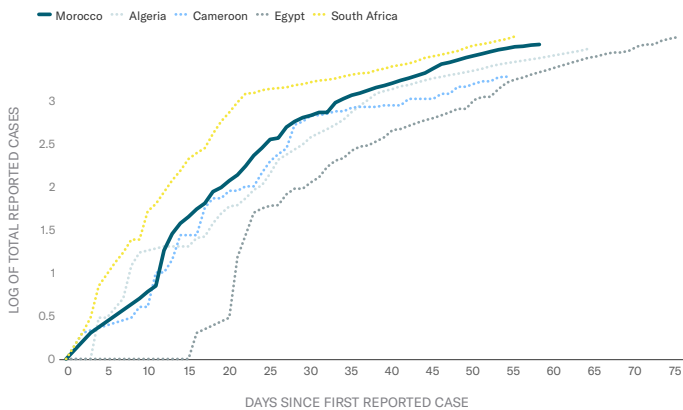
¹ This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

Disease Dynamics

WHILE MOROCCO HAS ONE OF THE HIGHEST CASELOADS OF COVID-19 IN AFRICA, NEWLY REPORTED CASES HAVE RECENTLY BEEN DECLINING.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
4,321	168	3.88	14	March 3

Growth of caseload in Morocco has been similar to the other highest-caseload countries in Africa
as of April 30, 2020



- Since the first case in early March, the COVID-19 epidemic in the country has grown at a similar pace to the other four most affected countries on the continent: South Africa, Egypt, Algeria and Cameroon.
- The number of new reported cases in Morocco has decreased since a peak in mid-April.
- As of April 30, the doubling time is 14 days. Doubling time is the number of days it took for cases to double to reach the current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- As of April 30, Morocco had conducted 34,841 tests. This is equivalent to 0.94 tests per 1,000 people, compared to 3.5 in South Africa and 1.94 in Tunisia.²

Implementation of Key PHSMs

PHSMs WERE IMPLEMENTED PREEMPTIVELY BEFORE THE FIRST REPORTED CASE, AND WERE EXPANDED WITHIN TWO WEEKS OF THE FIRST REPORTED CASE, INCLUDING SCHOOL CLOSURES AND CANCELLATION OF MASS GATHERINGS.

3-day moving average of new cases and date of PHSM implementation

January 25:
Establishment of health controls at international ports and airports

March 1:
Sports and cultural events postponed

March 11:
All religious events canceled

March 13:
Schools closed

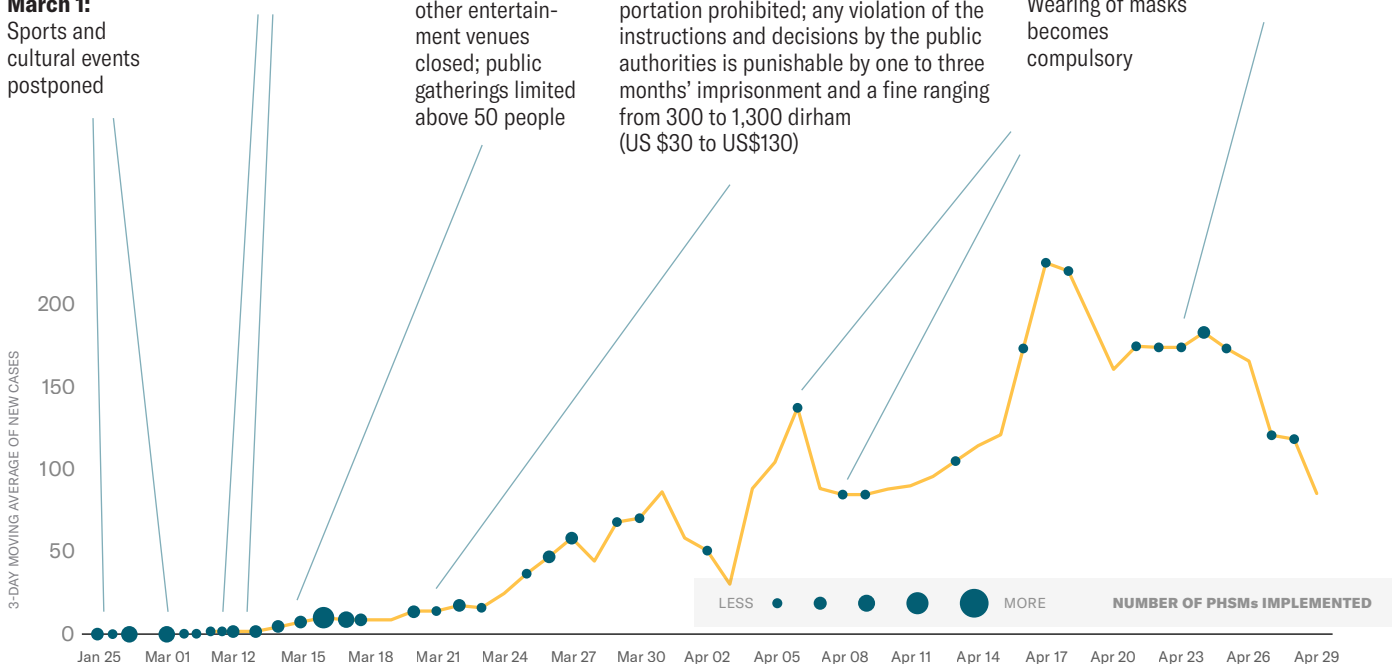
March 15:
All international flights suspended; eateries, cinemas, theaters, sports clubs, baths and other entertainment venues closed; public gatherings limited above 50 people

March 20:
State of health emergency declared, resulting in full restriction on movement of people throughout the country; all scheduled trains and domestic flights canceled; intercity travel via public transportation prohibited; any violation of the instructions and decisions by the public authorities is punishable by one to three months' imprisonment and a fine ranging from 300 to 1,300 dirham (US \$30 to US\$130)

April 5:
5,654 detainees released following royal pardon

April 7:
Wearing of masks becomes compulsory

April 23:
Nationwide curfew from 7 p.m. to 5 a.m. implemented for the month of Ramadan



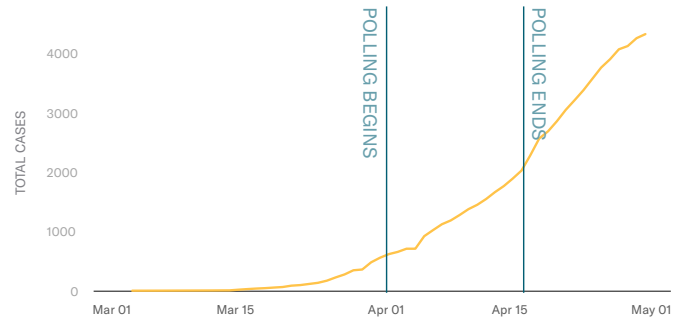
² Note that Our World in Data only collates testing data for the following countries in Africa: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe. Source: official sources collated by Our World in Data <https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19>

Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,045 adults in two urban and peri-urban areas of Morocco (450 in Rabat and 595 in Casablanca) between April 1 and April 17, 2020. At the time of polling, Morocco had 617 to 2,024 confirmed COVID-19 cases.

Timing of poll in Morocco

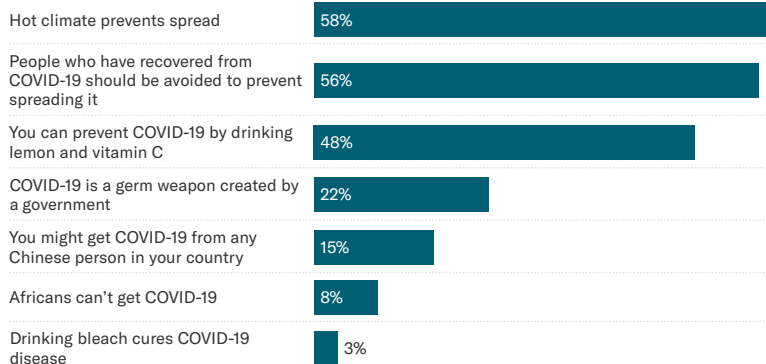


Information on COVID-19

Awareness of COVID-19 is universal (100%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection (58% believe that “hot climates prevent spread”) and prevention (48% believe that “you can prevent it by drinking lemon and vitamin C”). A significant minority of Moroccans (39%) said they believed that COVID-19 is “a punishment from God”; and 20% believed it to be “a bioweapon/conspiracy.” One in three (32%) seeks more information, particularly on transmission, prevention and cure.

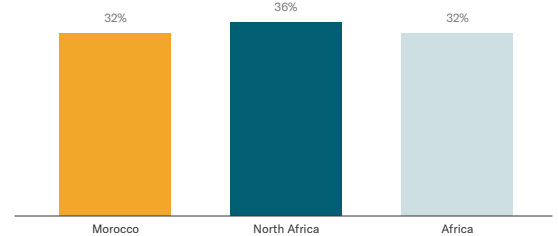
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true



Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

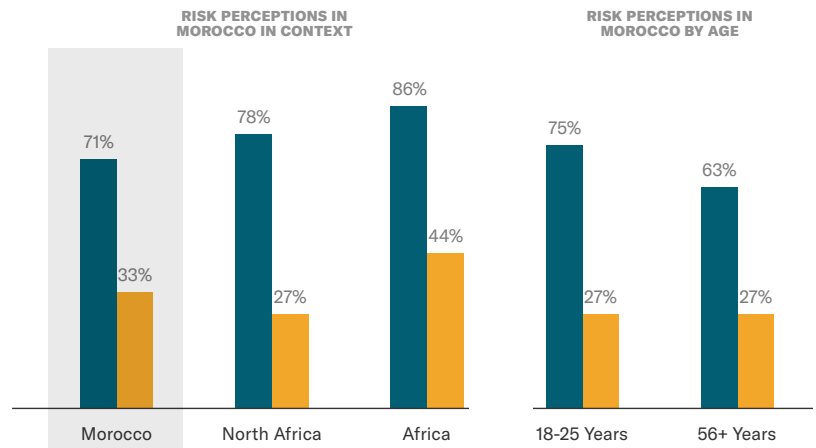


Information Needs



Risk Perceptions

While 71% of Moroccans said that the virus will be a problem for the country, only one-third (33%) perceived a high personal risk.



■ Percentage reporting COVID-19 will be a problem in the country
■ Percentage reporting personal risk of catching COVID-19 high/very high

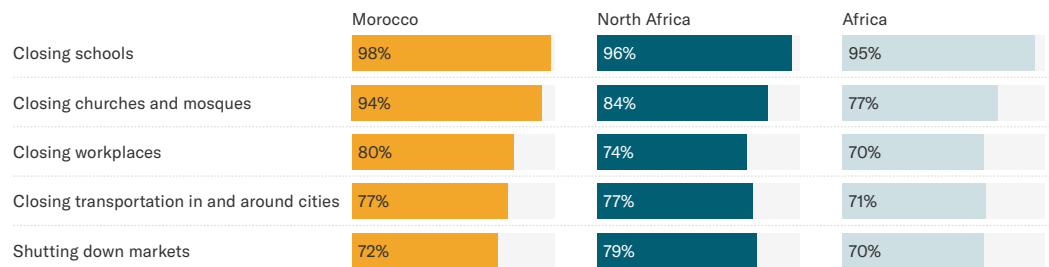
Support for Government and PHSMs

Almost all respondents (96%) were satisfied with the government's response to date and most trusted the information provided by the government on COVID-19 (83%). Doctors were a more trusted source of health information (87%) compared to the presidency (60%) and religious leaders (59%). Eighty percent of respondents said they were confident they would get the help they needed immediately if they were to fall sick.

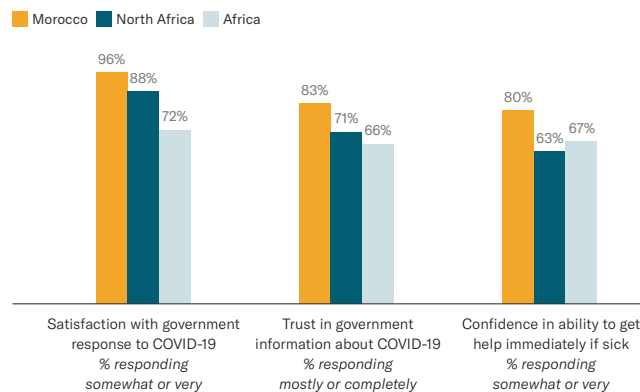
Moroccans were supportive of a wide range of PHSMs to help limit the spread of the coronavirus, particularly for closing schools (98%) or churches and mosques (94%). Support levels fell for measures that would restrict movement and livelihood, such as support for closing workplaces (80%), markets (72%) or transport (77%).

Support for PHSMs

Percentage of respondents that somewhat or strongly support

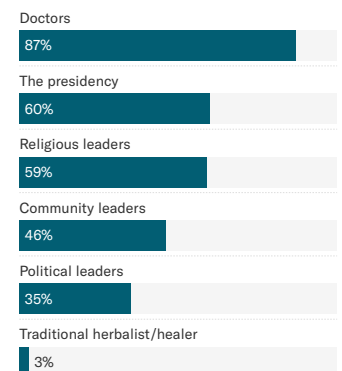


Perceptions of Government and Health System



Trust in Information Sources

Percentage that completely or mostly trust each source for health information



Barriers to Adherence

It may be difficult for households to comply with some measures; 56% of respondents said they would run out of food within one week and 36% said they would run out of cash (57% of low-income households would run out of cash). About three in five households (64%) said they had a separate room to isolate sick family members.

64%

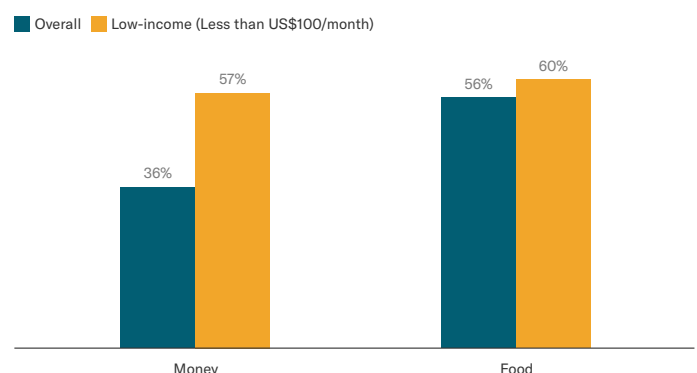
of respondents have a separate room in the home to isolate someone with COVID-19

56%

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food and Money

Percentage who expect to run out in 1 week or less



Economic and Relief Measures

On March 15, King Mohammed VI announced the establishment of a dedicated fund to respond to the crisis (the Special Fund for the Management and Response to COVID-19), equivalent to 2.7% of GDP. The fund, jointly financed by the government and private charitable contributions, had reached MAD 32 billion (US\$3.2 billion) on April 24. The fund is designed to support the epidemic response as well as economic relief measures.

- **Health care:** A portion of the fund is intended to upgrade medical facilities and support the Ministry of Health with the necessary financial means to respond to the pandemic. The authorities are also regulating prices and controlling the supply chain for face masks and alcohol-based hand sanitizer.
- **Social support:** The government is providing unemployment benefits from March through June to formal sector workers who lose their jobs. A new cash transfer was introduced to support informal sector workers whose income has been affected by COVID-19. The program uses a digital payment platform and is expected to reach 3 million workers (50% of informal workers). The first payments were disbursed in early April; the program was able to be rapidly implemented due to use of an existing registry.

Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people. A number of COVID-19 related security incidents have occurred in Morocco, mostly concentrated in the month of March following the introduction of PHSMs. Incidents included protests against PHSMs, demonstrations denouncing the lack of personal protective equipment for health workers, and demands for economic relief measures. The majority of these were peaceful demonstrations. There have also been reports of clashes between the police and protestors, and destruction of cafes and vendor stalls during enforcement of mitigation measures.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

