

# Finding the Balance: Public health and social measures in Morocco

This report describes findings from a telephone survey with 1,244 people conducted in September 2021, alongside local epidemiological and secondary data. The survey examined experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the second PERC report since the pandemic began (see the [first](#) report).

## What are the highlights from this report?

### Situational Awareness

Morocco experienced its second and most severe wave of COVID-19 in August 2021, which has since begun to taper off. A state of emergency has been in place in Morocco since the start of the pandemic in March 2020, and dynamic implementation of PHSMs based on epidemiological need has helped to reduce transmission during this and previous surges.

### PHSM Support and Self-Reported Adherence

While support for and self-reported adherence to individual measures remained high and unchanged since February 2021, support for measures restricting social gatherings and movement was much lower. Police enforcement of these measures has been [criticized](#) by the public, and may be related to decreasing support.

### Information and Risk Perception

Although personal risk perception was low (similar to findings from February 2021), respondents showed above-average country risk perception and high levels of agreement that COVID-19 was a top concern in Morocco. Access to income and employment, however, eclipsed COVID-19 as the most pressing concern among respondents, likely related to [worsening economic conditions](#) in Morocco.

### Vaccine Beliefs and Uptake

There was near-universal support for vaccination among respondents, with nine in 10 having already been vaccinated or likely to get vaccinated for COVID-19, the highest rate among all surveyed Member States. Morocco is actively trying to accelerate vaccinations, in part to [support economic rebound](#).

### Secondary Burdens

Income loss continues to be a persistent problem in Morocco, with nearly nine in 10 households reporting losing some or all of their income since the start of the pandemic (higher than the Northern regional average). Negative economic conditions are also affecting access to food, with three-quarters of respondents reporting difficulty accessing food due to income loss.

### National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	62%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	39,560,000
Cumulative incidence per 100,000 people	2,535
Total reported cases	935,332
Total confirmed COVID-19 deaths	14,339

Data source: Africa Centres for Disease Control and Prevention

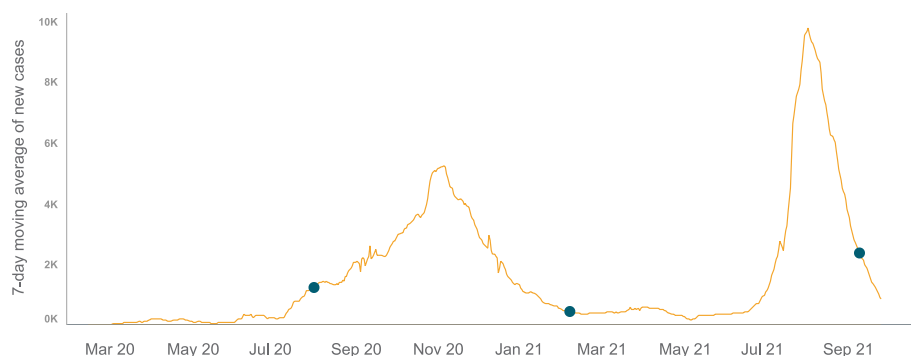
## What are the key trends from this survey?

**Pandemic-related unemployment is contributing to ongoing income loss in Morocco; high vaccine acceptance and uptake may be key in controlling COVID-19 and boosting the economy.**

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	**	46%	↓ 39%
Personal risk perception	**	21%	→ 24%
Satisfaction with government response	**	88%	↓ 74%
Vaccinated/likely to get vaccinated	*	91%	↑ 97%
Income loss since pandemic start	**	87%	→ 85%

\* Vaccines were unavailable at the time of the survey  
 \*\* The survey was not administered in Morocco in August 2020

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



**Situational Awareness**

# What is the situational context influencing COVID-19 response?

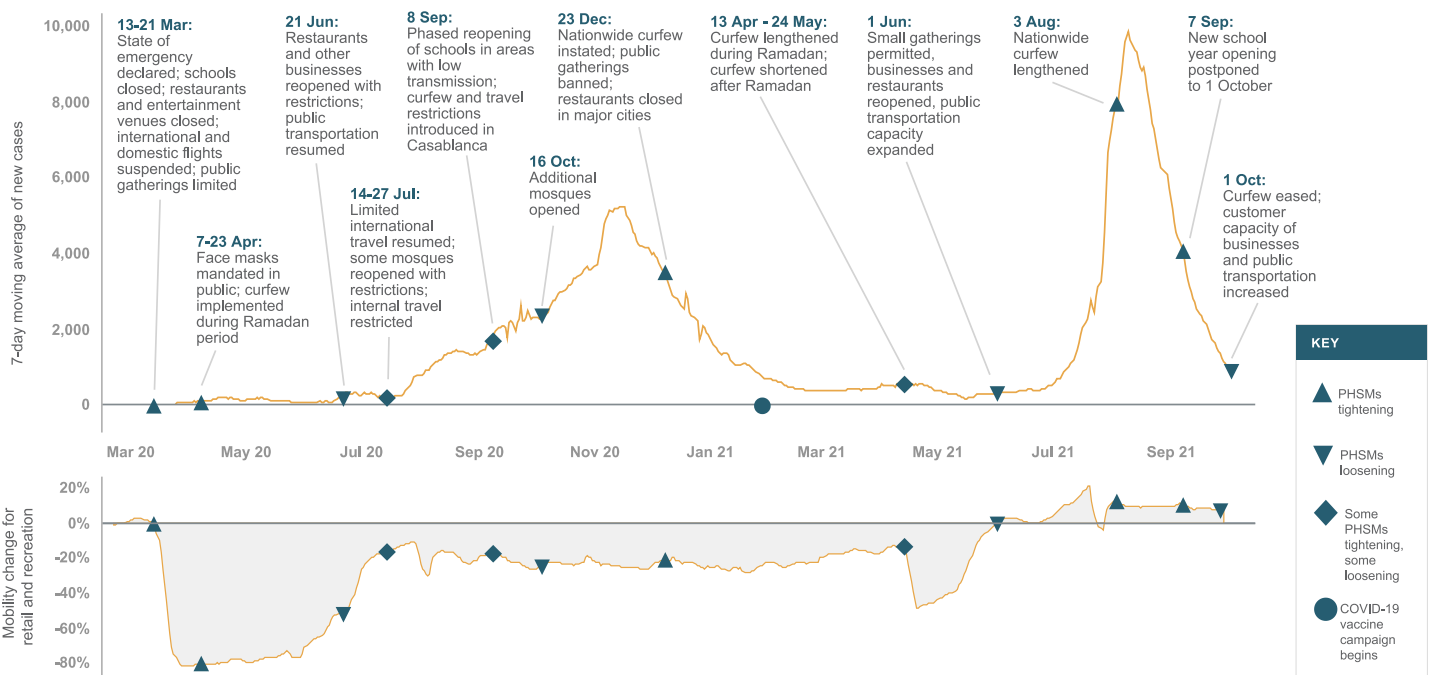
The second and most severe wave of COVID-19 transmission began in Morocco in mid-July 2021, peaking in August with nearly 10,000 new cases per day (almost twice the peak of the previous wave in November 2020). Test positivity reached 24% in August 2021, and remained above 10% until the end of September, suggesting many cases may have gone undetected. In August, hospital ICUs were [reaching capacity](#) and health workers [warned](#) of oxygen shortages. The [Delta variant](#), combined with increased mobility and [relaxation of many restrictions](#), likely contributed to this surge.

Morocco has been in a prolonged [state of health emergency](#) since the beginning of the pandemic in March 2020; associated PHSMs have been applied dynamically as epidemiological need indicated. When new cases were low in June 2021, for example, lockdown measures were [eased](#), the nationwide curfew was shortened and tourists were permitted to enter conditionally; once cases were nearing peak levels in August, however, the curfew was [extended](#) and travel restrictions were implemented for unvaccinated tourists. Measures that currently remain in place include a shortened nightly curfew, capacity limits on restaurants and businesses, and mandatory vaccination to enter public spaces.

Morocco [began](#) COVID-19 vaccinations in January 2021, initially using Sinopharm and AstraZeneca vaccines; the [Johnson & Johnson and Pfizer/BioNTech](#) vaccines have since been included in the campaign as well. By the end of September, nearly 65% of the population had been vaccinated with at least one dose in Morocco, the highest percentage across Africa, and far beyond the [WHO goal](#) of 10%. Morocco has [expanded vaccine eligibility](#) to those aged 12 and older and has made plans to [provide](#) a booster dose to vulnerable and at-risk groups. In October, after this survey was fielded, officials in Morocco introduced a digital vaccine pass to validate immunity status, which is now [required](#) to access businesses, restaurants and public transportation. [Protests](#) recently broke out across the country in response to this mandate.

Parliamentary elections were held in September 2021, [resulting](#) in the abrupt transfer of power from the Islamist Justice and Development Party (PJD) – which has ruled since 2011 – to the National Rally of Independents (RNI). The PJD faced heavy [criticism](#) for failing to deliver on many promises made over the past decade, particularly those related to [improving the economy](#), which was further damaged by COVID-19. The RNI is expected to be more aligned with the agenda of the king, which includes [new policies](#) to increase national health care coverage, as well as reduce unemployment and inequality.

## The Delta variant and increased population mobility potentially contributed to the surge of COVID-19 cases in August, despite high vaccination rates.



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

### What the data say

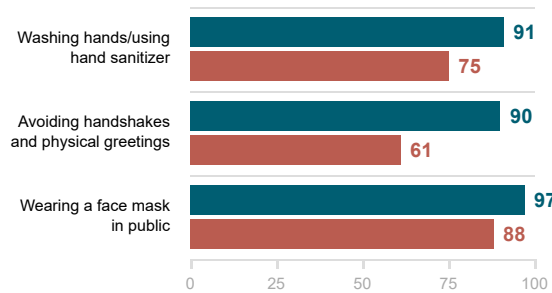
Individual PHSMs commanded high support and adherence among respondents, unchanged since February 2021 and on par with the Northern regional averages. In contrast, support for measures restricting social gatherings and movement decreased by seven and 10 percentage points, respectively. Support for measures restricting social gatherings was well below the Northern regional average (32% vs. 43%). Reports show that [police enforcement](#) of COVID-19 measures has received some pushback in Morocco, potentially contributing to the decline in support.

- Support for and self-reported adherence to avoiding places of worship also decreased since February 2021 (by 9 and 6 percentage points, respectively). Religion plays an important role in Morocco, with more than four in five survey respondents ranking it as one of their most important identities (83%). The desire to properly celebrate Ramadan in April 2021 and potential resentment towards [government restrictions](#) on collective prayers during this holiday may have contributed to the decline seen in support and adherence.
- High personal risk perception was associated with greater reported adherence to all measures, including avoiding places of worship (64% vs. 44%) and public gatherings (82% vs. 70%), compared to low personal risk perception.

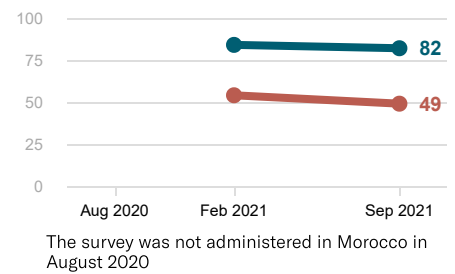
### Individual measures

Over 90% of respondents reported support for all individual measures, but self-reported adherence to these measures was not uniform: respondents reported very high levels of adherence for mask-wearing, but with much lower rates to avoiding physical greetings.

Support for and adherence to each individual measure in Sep 2021



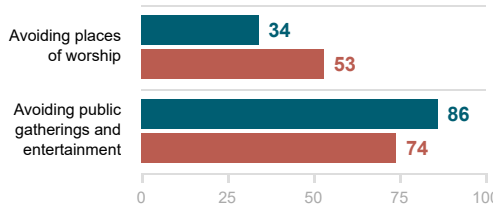
Trend in support for and adherence to all individual measures (composite score)



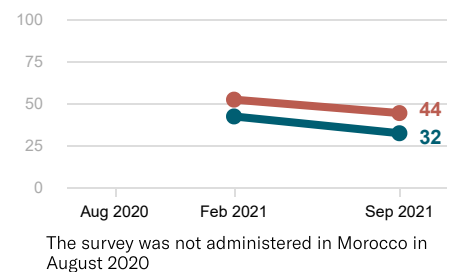
### Measures restricting social gatherings

Support for and self-reported adherence to measures restricting social gatherings decreased since February 2021.

Support for and adherence to each social measure in Sep 2021



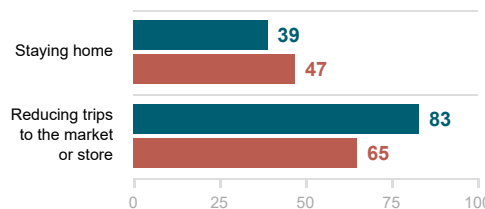
Trend in support for and adherence to all social measures (composite score)



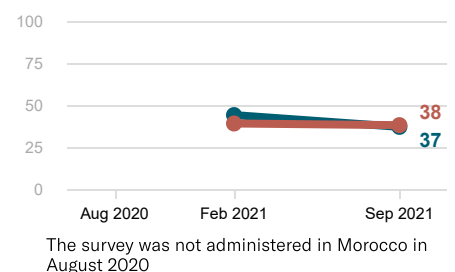
### Measures restricting movement

Support for measures restricting movement decreased since February 2021, whereas self-reported adherence was unchanged. During the fielding of this survey, government-mandated curfews and school closures were in place, likely influencing levels of adherence.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



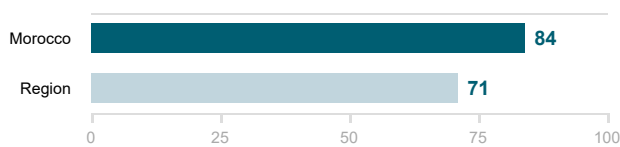
**Information and Risk Perception**

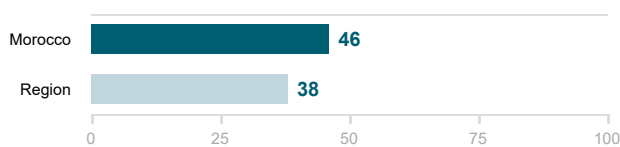
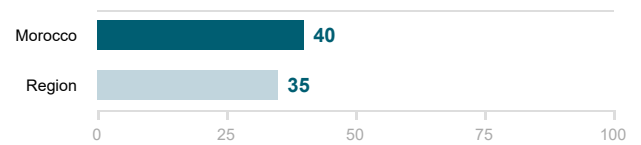
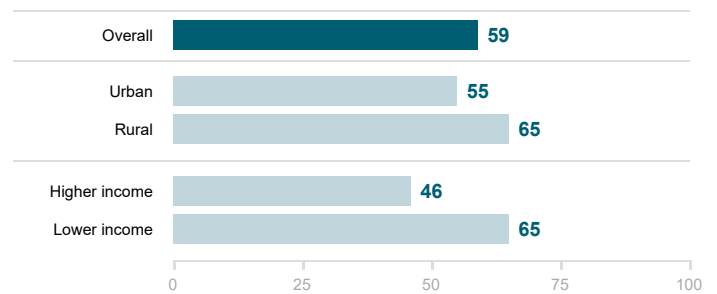
# How do people understand risk?

**What the data say**

Only one-quarter of respondents felt they were personally at high risk of catching COVID-19, on par with findings from February 2021 and the Northern regional average. By contrast, more than four in five respondents felt that the virus posed a threat to their country, far higher than the Northern regional average (71%). COVID-19 was ranked a top concern by two in five respondents.

- In addition to the COVID-19 pandemic, access to income and employment was one of the top concerns cited by respondents in Morocco; particularly by rural compared to urban respondents (46% vs. 36%). [Data](#) from June 2021 shows that unemployment in Morocco reached its highest level since 2001, and job losses have affected agricultural workers at [disproportionate rates](#), consistent with PERC survey findings.
- Female respondents reported education as a top concern at higher rates than male respondents (20% vs. 8%). School closures related to COVID-19 have had disproportionate effects on women globally, and that has been the case in Morocco; women and girls have [reported](#) an increase in housework duties, which have prevented them from participating in remote learning during the pandemic.

**How do people understand the risk of COVID-19?**
**84% believe that COVID-19 will affect many people in their country**

**24% believe that their personal risk of being infected with COVID-19 is high**

**46% believe that their health would be seriously affected by COVID-19**

**How concerned are people about COVID-19?**
**40% report COVID-19 as being a top concern**

**59% are anxious about resuming normal activities**


15% of respondents did not report their income category; results should be interpreted with caution.

**The issues most concerning to people**

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	40%
COVID-19 pandemic	40%
Education	14%

**Information and Risk Perception**

# Whom do people trust?

**What the data say**

Health-related individuals and institutions remain some of the most trusted to manage the COVID-19 response among respondents in Morocco, similar to results from February 2021. Satisfaction with the government’s response to COVID-19 decreased since February 2021 (74% vs. 88%).

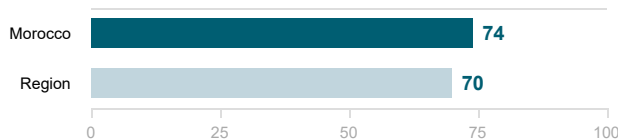
- The decline in satisfaction with the government likely reflected opinions about the PJD’s COVID-19 response, as the new ruling party had not yet taken office since the Parliamentary elections in September.
- Since February 2021, substantial support for the government has been lost among young people aged 18-25 (51% vs. 74%) and 26-35 (61% vs. 85%). Respondents aged 46 and above, by contrast, reported high levels of satisfaction with their government (84–87%). This pattern may reflect record rates of [unemployment](#) in the country, an economic burden that predominantly affects young people.

Local information sources — including health workers, television, radio, and family and friends — were the most trusted for information about the COVID-19 pandemic in Morocco.

- Despite high trust in health workers for information about COVID-19 (73%) and overwhelming trust in the approach to COVID-19 by family physicians (77%), very few respondents in Morocco actually sought information about the pandemic from this group (3%), suggesting a potentially untapped resource for future risk communications and community engagement activities.

**What do people think about their country's institutions?**

Three-quarters of respondents were satisfied with their government’s response to the pandemic, on par with the regional average, but fewer than in February 2021 (88%). More lower-income respondents were satisfied with their government than higher-income respondents (84% vs. 64%).

**74% are satisfied with the government's pandemic response**

**Top three most trusted institutions and individuals**

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Your own family doctor	77%
Schools	73%
Ministry of Health	72%

Respondents in Morocco were not asked about their trust in the management of the COVID-19 pandemic by the president, police, the army/military and religious institutions.

**Do people believe accurate information?**

Respondents in Morocco demonstrated widespread understanding of accurate information about the importance of washing hands (94%) and wearing a face mask (89%) to prevent disease transmission. However, respondents also demonstrated some of the highest levels of belief in statements that may lead to the stigmatization of health care workers (66%) and people who have recently recovered from COVID-19 (72%) among all surveyed Member States; there were wide disparities based on income and education level, with lower-income respondents and those who have not completed secondary education reporting such beliefs more often than higher-income respondents and those with a university degree. Trusted sources of information — including local television and radio, as well as health care workers — should be leveraged to dispel these and other common misinformation narratives.

**Most trusted sources of information**

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	73%
Local television	72%
Local radio	65%

**92% understand that infected people may never show symptoms but could still infect others.**

**82% understand that infected people may not show symptoms for five to 14 days.**

**32% believe that COVID-19 can be cured with herbal remedies.**

**66% think they should avoid health care workers because they could get COVID-19 from them.**

**Vaccine Beliefs and Uptake**

# Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

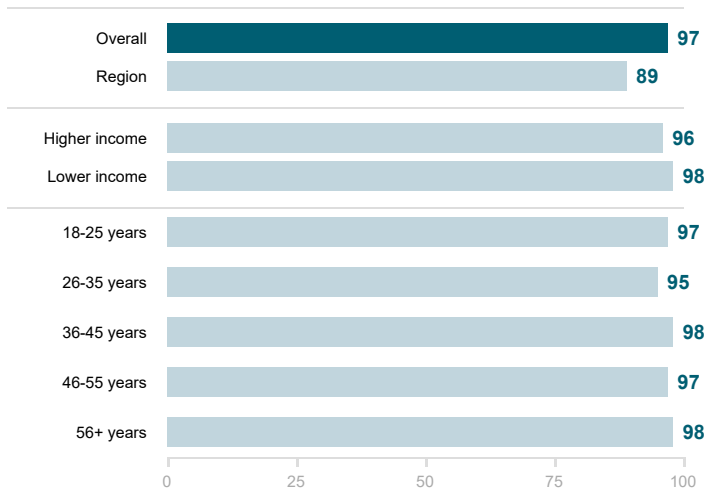
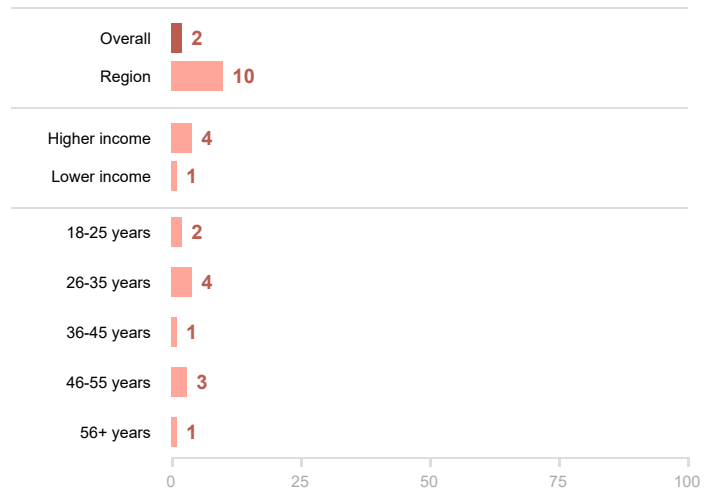
**What the data say**

Morocco is one of the few AU Member States to surpass the WHO goal of vaccinating 10% of the population by the end of September 2021. Respondents across all demographic groups reported almost universal vaccine acceptance (97%), the highest among surveyed Member States, and consistent with officially reported rates of vaccine administration in Morocco, which are the highest in Africa.

- Despite survey results indicating very high vaccine acceptance, a recent government initiative (launched in October 2021, after the fielding of this survey) to require proof of vaccination to access public spaces has received some [backlash](#), and small-scale [protests](#) erupted across a handful of cities. Critics primarily [voiced concern](#) over the implementation timeline rather than the measure itself, arguing that the introduction of restrictions on the unvaccinated was too immediate. Vaccination rates [reportedly](#) increased after the announcement of this vaccine pass.

**How many people reported getting or planning to get the COVID-19 vaccine?**

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

**97% are vaccinated or are likely to get vaccinated**

**2% are unlikely to get vaccinated**


< 100 people reported being unlikely to get vaccinated; results should be interpreted with caution.

**What do people think about COVID-19 vaccines?**
**Top information wanted about vaccines**

Percentage of people reporting each type of information

Nothing/I don't want to receive information	30%
What are the main side effects and are they painful/serious?	25%
How effective is the vaccine?	20%

**Top reasons people would not get the vaccine**

Among people who were not planning to get vaccinated, their reasons were:

Lack of trust (i.e. in vaccine, government)	30%
Afraid of injections	12%
The vaccine can kill people	12%

< 100 people reported being unlikely to get vaccinated; results should be interpreted with caution.



**Secondary Burdens**

# Are people skipping or delaying health care?

**What the data say**

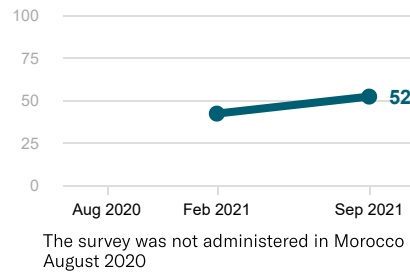
Among respondents reporting they or someone in their household needed health care or medication, about two in five skipped or delayed services in the past six months, and just over half reported difficulty accessing medication in the past 3 months. While missed visits have decreased since February 2021 (49% vs. 39%), difficulty accessing medication has increased (42% vs. 52%).

- Cost was a barrier to accessing needed medical care among half of respondents, particularly among lower-income respondents compared to higher-income respondents (62% v. 15%). The health care system in Morocco currently relies mainly on [out-of-pocket payments](#) (although there is a public health care system, but quality of care is [highly unequal](#)), which can be especially burdensome for people with lower income levels; the economic impacts of COVID-19 likely exacerbated this issue.
- Approximately one-third of missed health visits were for noncommunicable diseases, such as diabetes (14%) and cardiovascular issues (10%). Reduced access to treatment for diabetes and cardiovascular disease may have serious effects on overall morbidity and mortality, as they [account](#) for over 40% of all mortality in Morocco.

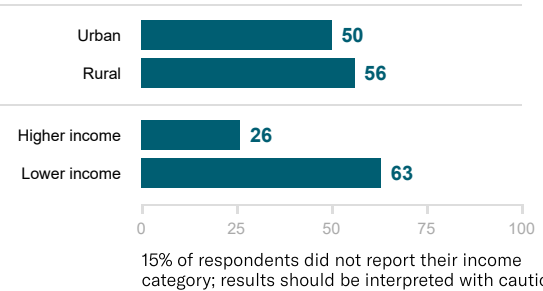
**Difficulty getting medicines**

Disruptions in access to medicine disproportionately affected lower-income respondents. Respondents with longstanding illnesses also reported greater difficulty accessing medication compared to those who did not (60% vs. 46%).

*Trend in percentage of households having difficulty getting medicines in the past three months*



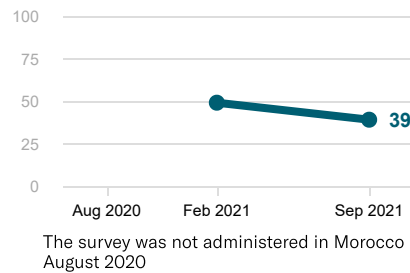
*Percentage having difficulty getting medicines by category*



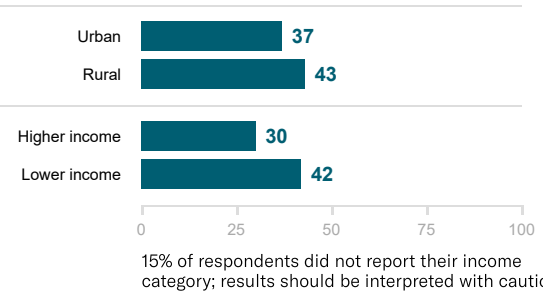
**Skipping or delaying health visits**

Rural and lower-income respondents reported skipping or delaying a needed health visit at higher rates than urban and higher-income respondents.

*Trend in percentage of households skipping or delaying health care visits in the past six months*



*Percentage skipping or delaying health care visits by category*



**Reasons for skipping or delaying visits**

People could choose multiple responses

Cost/affordability	48%
Worried about catching COVID-19	31%
Mobility restrictions/transport challenges	18%
Health facility disruption	14%
Self-isolating with suspected COVID-19	1%

**Types of health visits that were skipped or delayed**

People could choose multiple responses

Diagnostic services/symptoms	33%
Noncommunicable diseases	30%
General/routine check-up	11%
Suspected COVID	7%
Reproductive, maternal, newborn, child health	4%

Secondary Burdens

# Are people experiencing income loss or food insecurity?

## What the data say

Almost nine out of 10 households (85%) reported losing some or all of their income since the start of the pandemic, on par with findings from February 2021 and higher than the Northern regional average (77%). Despite pervasive income loss, few respondents (3%) received financial or other support from their government.

- Restrictions related to COVID-19 had serious economic repercussions on some of Morocco's major industries — [including tourism](#) — causing GDP to [contract](#) by 6.3% in 2020. Unemployment is at its highest in ten years, with job losses primarily [affecting](#) rural areas; indeed, rural survey respondents reported greater rates of income loss compared to urban respondents (88% vs. 83%). Still, because of high vaccination rates and active [government intervention](#), economic recovery is [expected](#).
- In addition to income loss, almost nine out of 10 households (87%) in Morocco reported experiencing at least one barrier to accessing food. Food insecurity has disproportionately affected lower-income households, with almost all of them reporting at least one barrier to food access compared to just three in five higher-income households (97% vs. 60%).
- Half of respondents reported that they or someone in their household had to skip meals in the past week, higher than the Northern regional average (42%). Alongside the negative impacts of the pandemic, [severe droughts](#) during the past [three agricultural seasons](#) have resulted in reduced outputs and profits. While the 2021 harvest is [expected](#) to return to average levels in most regions, [erratic rainfall](#) due to climate change threatens long-term food security in Morocco.

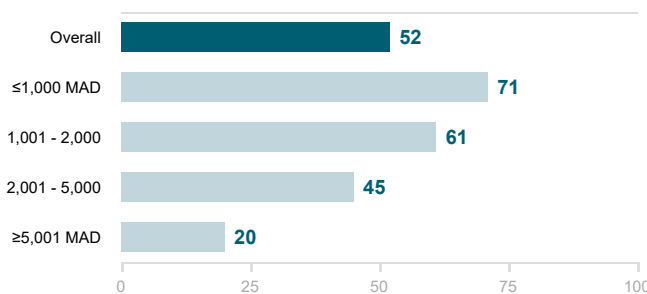
### Reported barriers to food access

Percentage of people reporting each barrier

Less income	73%
Higher food prices	75%
Food markets closed	48%
Mobility restrictions	52%
Food market supply shortages	52%

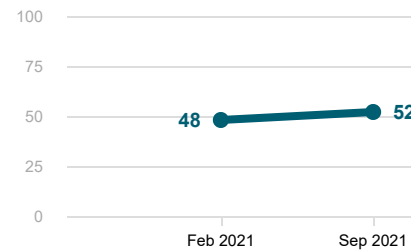
## Missing meals

Percentage of households **missing meals** by category



15% of respondents did not report their income category; results should be interpreted with caution.

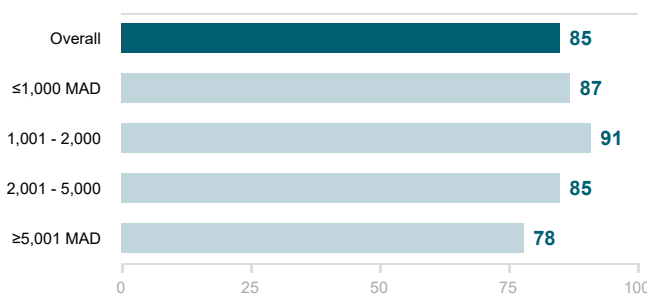
Percentage of households **missing meals** over time



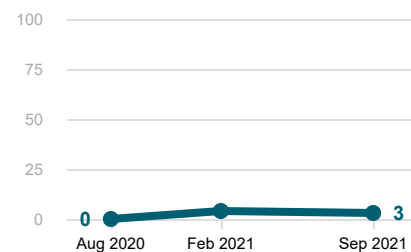
Note: Data on missing meals were not collected in Aug 2020.

## Income loss and receiving government assistance

Percentage of households experiencing **income loss** by category



Percentage of households receiving **government assistance** over time



15% of respondents did not report their income category; results should be interpreted with caution.



## Appendix

# Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see [preventepidemics.org/perc](http://preventepidemics.org/perc).

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

### Country notes

The survey sampled from Morocco consisted of 1,244 adults (743 urban, 501 rural), collected between 20 Sep and 1 Oct 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Lower-income: Monthly household income 1,000 MAD and below
- Lower-middle income: Monthly household income 1,001 MAD - 2,000 MAD
- Higher-middle income: Monthly household income 2,001 MAD - 5,000 MAD
- Higher-income: Monthly household income 5,001 MAD and above