

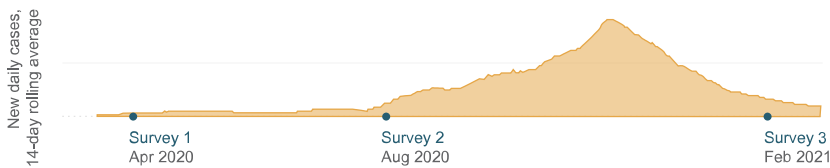
Finding the Balance: Public Health and Social Measures in Morocco

What is the purpose of this report?

This report describes findings from a telephone survey with 1,238 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the second survey and analysis conducted since the pandemic began (see the [first](#) report). Trend data are not available for some questions as there was no survey conducted in Morocco in August 2020.



National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	482,994
Cumulative incidence rate per 100,000 people	1,320
Test positivity rate	4%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	8,608
Case fatality ratio	1.8%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

Morocco experienced a single large wave of COVID-19 cases between August and February, reaching more than 5,000 reported cases per day at the peak in November. This wave began after initially stringent PHSMs were relaxed beginning in June. A nationwide curfew was introduced in December to avoid another wave set off by the end-of-year holidays. Reported cases have fallen and the country is starting a major vaccination effort that aims to cover 80% of the population.

PHSM Support and Self-Reported Adherence

Survey respondents in Morocco reported strong support for many measures to curb transmission; however, support and adherence were much lower for measures that would require staying home or avoiding places of worship. More than half said they have resumed normal activities, although a similar share are anxious about doing so.

Risk Perceptions and Information

While survey respondents agreed that COVID-19 would affect many people in their country, perceptions of personal risk of catching the disease were very low. These low risk perceptions do not seem to be driven by low trust in government and health care institutions; almost nine in 10 survey respondents said they were satisfied with the government response.

Secondary Burdens

COVID-19 has caused significant economic suffering in Morocco, where almost nine in 10 respondents said their household had lost income during the pandemic and almost half had lost all of their income. Economic burdens of PHSMs have led to many protests and are likely to affect adherence to more stringent PHSMs that affect people's ability to earn a livelihood.

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

Situational Awareness

Beginning in July 2020, Morocco experienced a large wave of COVID-19 cases that peaked in mid-November 2020 with more than 5,000 new cases reported per day. Stringent PHSMs implemented early in the pandemic were initially successful in keeping reported cases relatively low. However, after PHSMs were relaxed in June and July, mobility increased, as did reported cases.

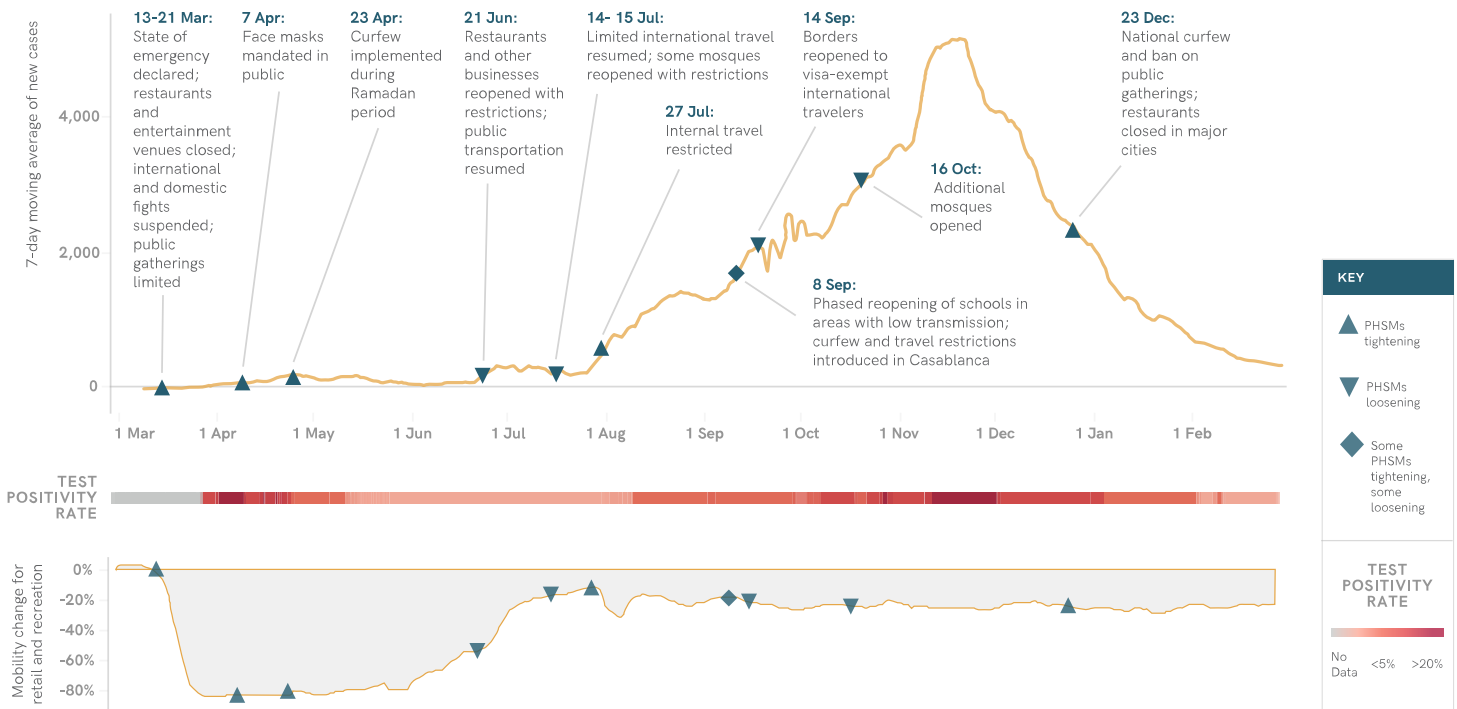
Reports of new cases have been concentrated in major cities, and PHSMs from August to November were geographically targeted with the country divided into low- and high-risk zones, based on the number of reported cases. Reported cases were already declining in late December when a new nationwide curfew and ban on public gatherings were introduced to prevent further increases in travel and gatherings during the end-of-year holidays. These restrictions have been extended several times and remained in place during the survey period in February 2021.

Testing capacity became strained at the height of the wave in November, with test positivity nearly 25%, but as of February 2021 it met the WHO-recommended 5%. The VOC 202012/01 (B.1.1.7) variant was identified in Morocco in January 2021.

The epidemic has placed significant strain on the public health care system. There have been multiple [protests and strikes by health care workers](#) demanding better staffing, equipment and wages to safely treat COVID-19 cases.

On 28 Jan, 2021, the government began its vaccination drive targeting health care workers, teachers, security forces, people aged 75 and over and people in high-transmission areas. It is the most advanced vaccination drive to date on the continent, covering around 9% of the population with at least one dose as of 26 Feb. The [government plans](#) to procure enough AstraZeneca and Sinopharm vaccines to cover 80% of the population within three months.

Morocco's surge in cases followed relaxation of restrictions in June and July.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

While support for individual preventive measures was high in Morocco, support for measures that restrict religious gatherings or require people to stay at home was much lower. Self-reported adherence varied by measure, with lower adherence to measures restricting movement or social gatherings. Two in three survey respondents reported adhering to physical distancing recommendations, which was lower than other individual preventive behaviors such as mask-wearing and handwashing.

- Self-reported adherence to mask-wearing was high at 94%. Early in the pandemic, the Moroccan government prioritized distribution of subsidized masks to all citizens, which has likely contributed to this success.
- Social media users in Morocco have criticized reported non-adherence to PHSMs by both public figures and the general public.

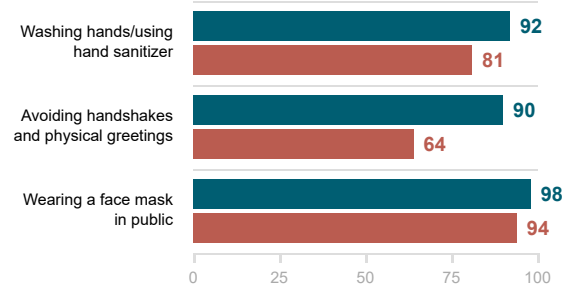
In the media

In January 2021, in response to reports of the Minister of Justice violating PHSMs, a Facebook user commented: "The law is only for the simple citizen ... unfortunately."

Individual measures

Support for individual preventive measures was high, but a significant proportion of survey respondents in Morocco reported that they did not avoid physical greetings.

Percent that **support** and **adhere** to each individual measure in Feb 2021



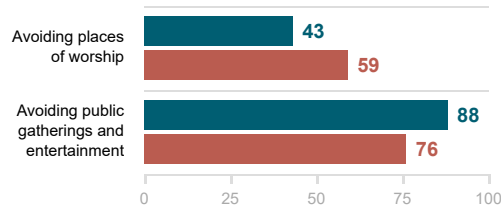
Trend in percent that **support** and **adhere** to all individual measures (composite score)



Measures restricting social gatherings

While there was significant support for measures restricting public gathering, only four in 10 survey respondents supported measures restricting religious gatherings, the lowest level of support across all types of measures.

Percent that **support** and **adhere** to each social measure in Feb 2021



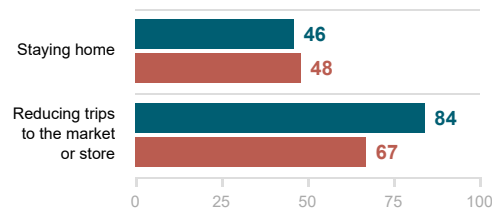
Trend in percent that **support** and **adhere** to all social measures (composite score)



Measures restricting movement

Less than half of survey respondents supported stay-at-home measures and a similar proportion reported that they stayed home over the previous week, which may reflect the economic burden these measures impose.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

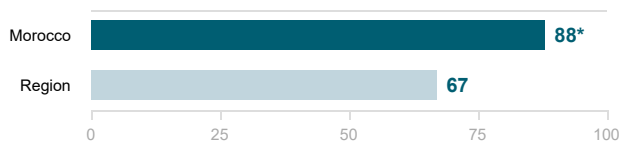
A large majority of survey respondents in Morocco reported satisfaction with the government's COVID-19 response and trust government and health care institutions' handling of the crisis. Nonetheless, social media users have criticized the government and PHSMs, highlighting low health care capacity and the economic burden of PHSMs.

- Young people were more dissatisfied, a trend also seen clearly in Tunisia. Among survey respondents in Morocco, nearly one in four people (23%) aged 18-25 said they were dissatisfied with the government's response, compared to only 4% of people over the age of 55.
- Young people were much less likely to trust the media compared to older adults (48% of people aged 18-25 compared to 79% of people older than 55), and were also slightly more distrustful of government institutions, highlighting the need to identify trusted sources of information that can reach youth.
- Satisfaction with the government response was slightly higher in rural areas (93% compared to 85% of urban dwellers) and among lower-income survey respondents (94%) compared to higher-income respondents (79%).

What do people think about their country's institutions?

Reported satisfaction with the government's COVID-19 response was high, with nearly nine in 10 survey respondents saying they were satisfied, and three in four "very satisfied." Satisfaction was higher among older respondents and rural residents. Trust in government and medical institutions' handling the pandemic was high. The survey in Morocco did not ask about support for the police, military or religious institutions.

88% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Ministry of Health	86%
Family doctor	85%
World Health Organization (WHO)	78%
Community health workers	77%
Hospitals/health centers	77%

What are people saying in the news and on social media?

In contrast to high levels of reported trust among survey respondents, social media users were markedly more critical of the government's pandemic response, while traditional news coverage of the response was mixed. Negative sentiment among social media users was highest and most sustained between August and October 2020, as the country faced a growing surge in cases.

Most criticism expressed general dissatisfaction with the government response rather than specific grievances. However, there was substantial discussion of stretched health care capacity in the public health care system as well as concerns about the economic burden of PHSMs. For example, in February 2021, [protests over the economic impact of border closures](#) by people in the northern city of Fnideq were widely discussed on social media.

In the media

In September 2020, Reuters quoted a human rights activist in Morocco saying: "Many people go to hospital only when their symptoms are aggravated, because they don't trust the already frail health system."

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

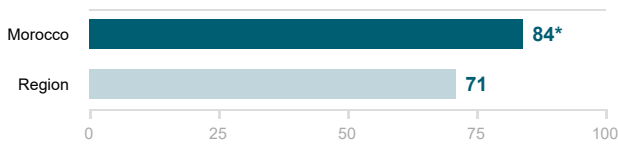
What the data say

While 84% of survey respondents in Morocco agreed that COVID-19 would affect many people in the country, personal risk perceptions were low, with only 21% saying they were at high risk of contracting the disease.

- Although perceptions of risk to the country were higher than in other African Union (AU) Member States in the Northern Region surveyed (Egypt and Tunisia), personal risk perceptions (21%) were much lower than in Egypt (35%) and on par with Tunisia (22%). Low perceptions of personal risk were consistent across all socio-demographic groups.
- The survey findings are especially notable given that messages about high transmission risk dominated coverage of the pandemic in both traditional and social media. This is in line with reports in traditional and social media about widespread non-adherence to PHSMs.
- While personal perceptions of the risk of catching COVID-19 were comparatively low, perceptions of disease severity were high, with half of survey respondents (52%) saying the disease would seriously affect their health. As expected, older respondents were more likely to say they are at risk of severe disease.
- A majority of survey respondents agreed with statements that could contribute to stigma against health care workers and people who have recovered from COVID-19, though social media comments stigmatizing health care workers were rare. A large majority were aware of important facts around the possibility of asymptomatic transmission.
- Risk perceptions were associated with resuming normal activities; 65% of survey respondents with low risk perceptions had resumed activities compared with 53% of people with high risk perceptions.

How do people understand the risk of COVID-19?

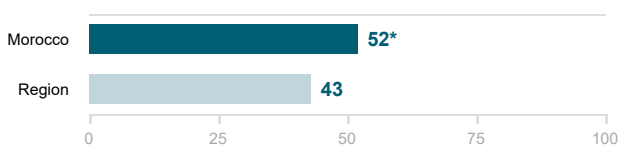
84% believe that COVID-19 will affect many people in their country



21% believe that their personal risk of being infected with COVID-19 is high



52% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

58% think they should avoid health care workers because they could get COVID-19 from them

66% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

94% understand that infected people may never show symptoms but could still infect others

84% understand that infected people may not show symptoms for five to 14 days

23% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

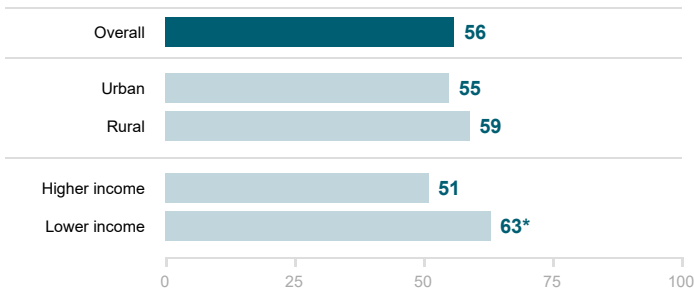
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

How do people feel about resuming day-to-day activities?

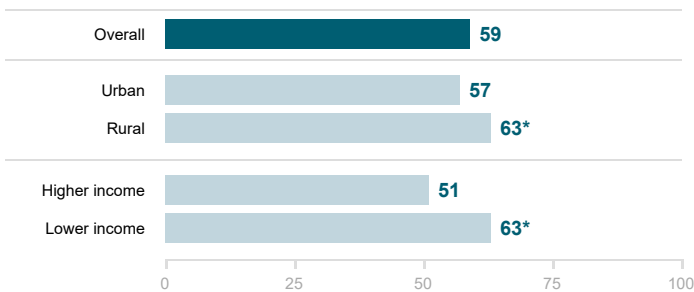
More than half of survey respondents said they were anxious about resuming normal activities due to the risk of contracting COVID-19, with lower-income respondents more likely to report concerns, as well as people with longstanding health problems (62%, compared to 54% of healthy adults).

- Nonetheless, a majority of respondents (59%) said they had already returned to their normal activities. People from lower-income households were more likely to have resumed normal activities, despite their anxiety about doing so, which may reflect the limited options available to them.
- Rural residents were also somewhat more likely to have returned to their normal activities.

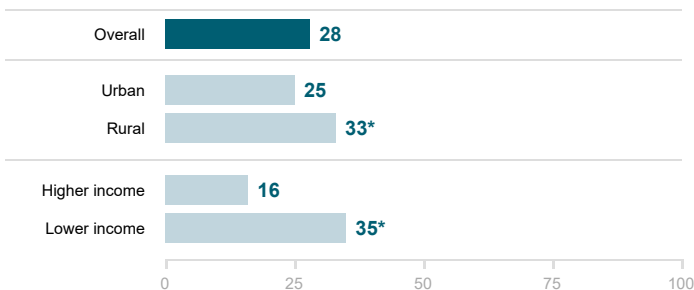
56% feel anxious about resuming normal activities



59% have already resumed normal activities because they believe COVID-19 risk is low



28% feel comfortable taking public transportation

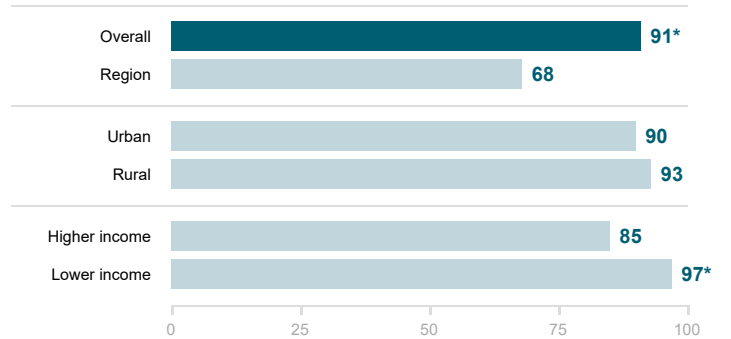


What do people think about vaccines?

Reported vaccine uptake intentions were very high among survey respondents in Morocco, which may reflect the government's emphasis on its vaccination drive and communications regarding vaccines. More than nine in 10 people said they planned to get vaccinated, compared to 78% in Egypt and 35% in Tunisia.

- While few survey respondents said they were hesitant to get vaccinated, among those who did, low risk perceptions were the dominant reason cited.
- Government messaging about vaccination plans was widely covered in traditional news media and also received high levels of social media engagement.

91% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not feel I am at risk of catching the virus	28%
I do not trust vaccines/health authorities	22%
I'm worried about side effects	15%

Only 7% of survey respondents reported that they would probably or definitely not get vaccinated, so reasons for low uptake should be interpreted with caution.

In the media

A September 2020 statement from Nabila Mounib, the Secretary General of the Unified Socialist Party, was widely amplified in social media by people critical of vaccines: "The vaccine is more dangerous than COVID, and the end of the virus will be a shrinking of the human population."

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

Among households needing health care or medication, about half reported missing visits in the previous six months and more than 40% reported recent difficulty getting medications. Lower-income households were more than twice as likely to report issues accessing medicines compared to higher-income households.

- The government set up field hospitals to treat COVID-19 patients separately from those seeking routine care. Still, the most common reported barrier to seeking care was fear of catching COVID-19. Cost was also a significant barrier.
- There have been numerous strikes and protests by health care workers during the pandemic, largely focused on shortages of staffing, equipment and supplies. Criticism of the public health care system has also been a driver of negative sentiment toward the government among social media users.

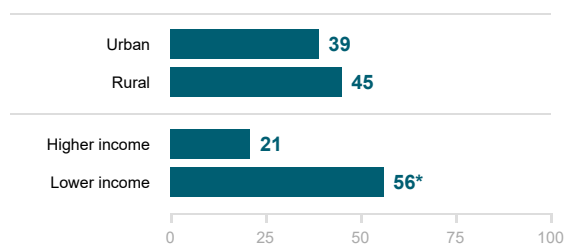
Difficulty getting medicines

Disruptions in access to medicines disproportionately affected lower-income households. Those households that have lost income during the pandemic and people with longstanding health problems were also more likely to report barriers.

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



Percent having difficulty getting medicines by category



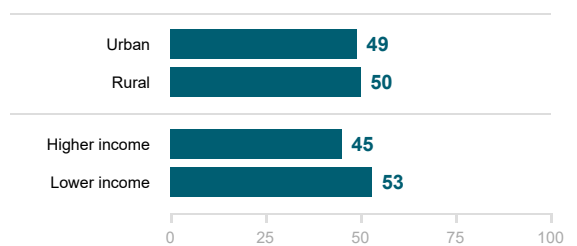
Skipping or delaying health visits

Around half of households reported skipping needed health care visits, with households that have lost income more likely to have missed care. About 15% of missed visits were for respiratory symptoms or fever/chills, symptoms which may overlap with COVID-19.

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



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed

People could choose multiple responses

Worried about catching COVID-19	41%
Cost/affordability	30%
Mobility restrictions/transport challenges	26%
Health facility disruption	20%
Self-isolating with Suspected COVID-19	0%

The types of visits which were skipped or delayed

People could choose multiple responses

Non-communicable diseases	53%
Diagnostic services/symptoms	30%
General/routine check-up	15%
Reproductive, maternal and child health	8%
Suspected COVID-19	1%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

Moroccans are experiencing severe economic burdens in the context of the COVID-19 pandemic. Almost nine in 10 survey respondents (87%) said that their household income had fallen during the pandemic; nearly half (47%) reported that they had lost all of their income. In addition, nearly half (48%) reported that their household had been forced to restrict meals or portions in the previous week. Rising unemployment has been a significant concern, with the High Commission of Planning estimating that the number of unemployed had [increased by nearly 30%](#) over the previous year. [Rural areas, youth and women](#) have been particularly affected.

- Food insecurity has disproportionately affected lower-income Moroccans, with two-thirds reporting that their households were reducing food consumption, compared to one in five higher-income households. Rural respondents were also more likely to report reducing food consumption.
- The majority of respondents reported facing barriers to food access in the previous week. Falling incomes were the most commonly cited barrier, affecting 65% of all survey respondents.
- Early in the response, the government announced a number of measures to support businesses and individuals as they weathered the economic crisis. These included unemployment benefits for formal sector workers and cash transfers for informal sector workers between March and June. With these programs expired, 96% of survey respondents reported that they had not received any additional government assistance over the previous month, while 4% said that they had received cash assistance.
- Protests by small business owners and workers in industries heavily affected by PHSMs have been common in Morocco, receiving attention in both traditional and social media.

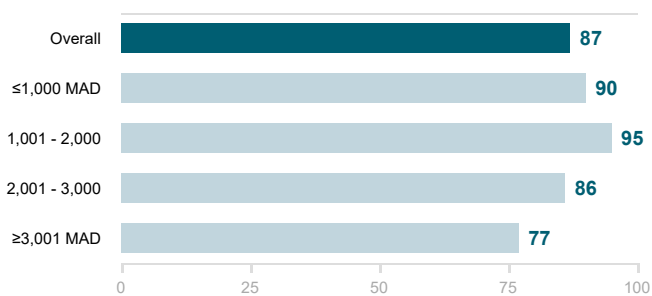
Reported barriers to food access

Percent of people reporting each barrier

Less income	65%
Higher food prices	44%
Food markets closed	23%
Mobility restrictions	27%
Food market supply shortages	23%

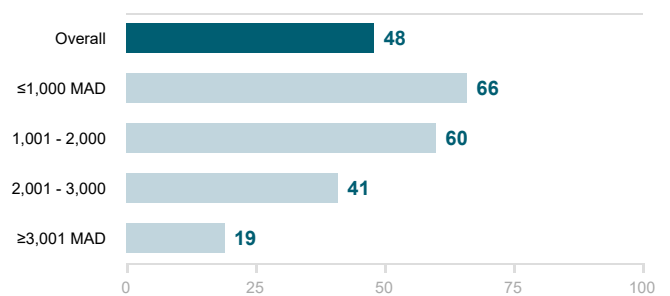
Household income

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



*Household income is significantly associated with income loss.

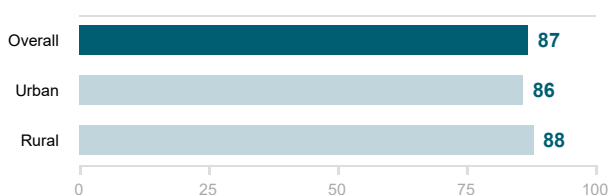
Percent of households **missing meals** by category



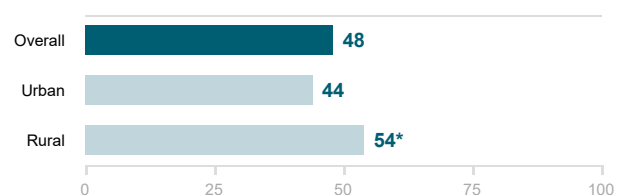
*Household income is significantly associated with missing meals.

Location

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



Percent of households **missing meals** by category



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: East Africa (Ethiopia, Kenya, Uganda, Sudan); West 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).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/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.

- 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.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- 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 is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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 1,238 adults (742 urban, 496 rural), collected between 12 to 23 February 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 - 3,000 MAD
- Higher-income: Monthly household income 3,001 MAD and above