Morocco has made significant advances in health, in particular by eliminating some infectious diseases, increasing the life expectancy of the population by ten years in the last thirty years and reducing maternal and infant mortality by half.

Moreover, through AMO and RAMED, Morocco has introduced social welfare systems for some target groups: active employees and pensioners in the formal sector (34% of the population of Morocco), those on low incomes (27% of the population of Morocco), specific population groups (0.7% of the population of Morocco). Other systems for the self-employed and for students are also being prepared (30.8% and 1.5% of the population respectively).

Thus the population covered increased from approximately 16% to almost 53% of the total population from 2006 to 2013, which represents a significant progression.

However the country still has some way to go to reach UHC: a large proportion of the population is still not covered, the insurance systems and RAMED remain incomplete, and the health system as a whole is underfunded. Indeed direct payments by households remains a major funding source, and the government is not likely to achieve its aim of reducing direct payment to 20%-25% of total health expenditure by 2020. Furthermore, UHC of a basic healthcare package is underfinanced by approximately 16 billion dirhams in 2013, rising to 27 billion dirhams in 2030).

Progressing towards a more complete coverage would require three priority health financing reforms : better use of existing resources, better pooling of risks and resources, and increased allocation to health.

This article will develop what could be undertaken under each of these reform streams, and propose a concrete way forward for UHC in Morocco.