

NEWS



A Paradigm Shift in Rural Care: Morocco's New Community Health Model Prioritizes Mothers and Children

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By JoWaCH News Desk

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In a bold move to tackle persistent health disparities, the Kingdom of Morocco, in partnership with the World Bank, is rolling out a transformative community-based healthcare model designed to bring quality maternal, neonatal, and child health services directly to the doorsteps of its most remote and vulnerable populations. This initiative marks a significant evolution from facility-centric care to a proactive, person-centered approach, with the potential to serve as a blueprint for other nations facing similar challenges.

The new model, part of the World Bank-supported \$250 million Morocco Health System Resilience Project, is a direct response to the stark inequities in health outcomes between urban and rural areas. Despite considerable progress in reducing national maternal and child mortality rates, geographical and socioeconomic barriers have left many families in rural and mountainous regions with limited access to essential care.

The Challenge: Bridging the Last-Mile Gap

The public health rationale for this shift is compelling. In rural Morocco, factors such as distance to health facilities, cost of transportation, and a shortage of healthcare professionals have long been significant deterrents to seeking timely care. Pregnant women often forgo crucial antenatal check-ups, and families delay vaccinations or treatment for childhood illnesses, leading to preventable complications and deaths.

"The concentration of skilled health workers in urban centers created a 'last-mile' problem," explained Dr. Amina Belkadi, a public health specialist involved in the program's design. "We had robust infrastructure in place, but the mothers and children who needed it most couldn't reach it. This new model flips the script. Instead of waiting for patients to come to the system, we are taking the system to the patients."

This "last-mile" gap has a disproportionate impact on women and children. Maternal mortality, while improving, remains higher in rural areas, and neonatal conditions are a leading cause of death for children under five. The new community health strategy is engineered to address these specific vulnerabilities through a multi-pronged, public health-informed intervention.

The New Model: A Triad of Integrated Interventions

The initiative is built on three interconnected pillars, each designed to reinforce the others and create a seamless continuum of care from pregnancy through early childhood.

1. The Deployment of Advanced Community Health Workers (AC-HWs)

At the heart of the new system is an upgraded cadre of community health workers. Moving beyond traditional roles, these AC-HWs are now equipped with advanced training and digital tools to provide a wider range of services directly in homes and community settings.

- **Enhanced Service Provision:** Their tasks now include conducting prenatal and postnatal visits, screening for malnutrition, providing family planning counseling, managing common childhood illnesses, and administering integrated community case management (iCCM).
- **Digital Empowerment:** Each worker is supplied with a tablet loaded with a dedicated application. This tool guides them through patient assessments with standardized protocols, ensures accurate data collection in real-time, and enables electronic referrals to higher-level facilities, minimizing errors and improving continuity of care.
- **Performance-Based Financing:** A key motivational component is the link between their compensation and the quality and quantity of services delivered. This performance-based model incentivizes proactive outreach and ensures accountability.

2. Mobile Medical Units (MMUs): Bringing the Clinic to the Village

To bridge the gap between community-level care and specialized services, the program deploys fully equipped Mobile Medical Units. These traveling clinics, staffed by doctors and nurses, visit remote villages on a scheduled basis, providing services that are beyond the scope of the AC-HWs.

"The Mobile Medical Unit is a lifeline for our village," said Khadija, a mother of three from a small commune in the Souss-Massa region. *"Before, I had to spend a whole day and a lot of money to take my son to the city for a vaccination and to see a doctor. Now, they come to us. It has changed everything."*

The MMUs provide:

- Comprehensive antenatal care, including ultrasounds.
- Vaccination campaigns.
- Management of acute and chronic conditions.
- Specialist consultations via telemedicine links.
- A crucial referral point for complicated cases identified by AC-HWs.

3. A Robust Digital Health Platform

Underpinning the entire operation is a unified digital health platform that integrates data from the AC-HWs and the MMUs. This creates a shared patient record that is accessible to providers across the health system, ensuring that a mother's health history, her child's vaccination status, and any prior treatments are always available. This data is also used for real-time surveillance, monitoring disease outbreaks, and evaluating the program's impact, allowing for swift, evidence-based decision-making.

Public Health Impact and Early Indicators

While the program is still in its early stages, initial data and qualitative feedback point to promising outcomes aligned with core public health goals.

- **Increased Service Utilization:** There has been a marked increase in the number of antenatal visits completed and children screened for malnutrition in the pilot regions. This indicates a reduction in the access barrier.
- **Improved Quality of Care:** The standardized protocols on the digital platforms ensure that every patient receives evidence-based care, reducing practice variation and improving clinical outcomes.
- **Enhanced Health System Efficiency:** By managing common ailments and providing preventive care at the community level, the model reduces the burden on overcrowded secondary and tertiary health facilities, allowing them to focus on more complex cases.
- **Empowerment of Women:** The model, predominantly delivered by and for women, empowers them with knowledge and convenient access to health services, giving them greater control over their health and that of their families.

Challenges and the Path Forward

Implementing a system-wide transformation of this scale is not without its challenges. Ensuring a consistent supply of medicines and vaccines to remote MMUs, maintaining the motivation and skills of AC-HWs over the long term, and achieving sustainable government financing beyond the project period are critical hurdles that require ongoing attention. Furthermore, success hinges on deep community engagement. The program includes components to raise health awareness and build trust, ensuring that communities see these health workers as valued partners rather than outsiders.

A Model for the Region and Beyond

Morocco's new community health strategy represents a significant investment in health equity and system resilience. By deliberately designing a model that places mothers and children in rural areas at its center, the country is addressing the root causes of health disparities head-on.

"This is more than just a new program; it's a fundamental rethinking of what a responsive, equitable health system should look like," concluded Dr. Belkadi.

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