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The Current State of Migrant Health in Morocco: Pre-and Peri-COVID-19 Pandemic

Layla Babahaji

SIT Morocco: Migration & Transnational Identity

Tulane University

Dr. Et-tibari Bouasla

Spring 2020

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Abstract

In the early 21st century, Morocco transitioned from being a predominantly transit migration country into both a transit and destination country for migrants. In 2013, the Moroccan government took significant steps to adapt the healthcare system in better integrating migrants in its policies. The government implemented the National Strategy on Immigration and Asylum that improved access to public health care for migrants. Recently, in March of 2020, Morocco declared a state of medical emergency due to the current COVID-19 pandemic that continues today. This paper addresses the effects of the COVID-19 pandemic on the current state of migrant health in Morocco. I first give a brief description of the historical background of migration in Morocco. Next, I present the Moroccan healthcare system and its relation to migrants. Then, I detail three non-governmental organizations (NGOs) that provide public health support to migrants. Finally, I describe the current situation of COVID-19 and its effects on migrants in Morocco. To collect my data, I interviewed a Moroccan public official with expertise in migration, a public health sector physician, and staff from NGOs. The NGOs Fondation Orient-Occident and Organisation des Jeunes Africains serve regular migrants, while the NGO Manos Solidarias aids irregular migrants. Through these five perspectives, I analyze the current state of migrant health in two sections showing the realities of migrant health in the Moroccan healthcare system pre-and peri-COVID-19 pandemic. The research revealed a present theory-practice gap in the quality to health care access to migrants both pre-and peri-pandemic. The government promptly took action to include migrants in the national outbreak response and readiness. However, the interviews identified that there is a disconnect in real-world practices between certain government policies and real migrant experiences. In these practices, NGOs and civil society fill the health gap by effectively repurposing their resources to meet migrants' specific needs during the COVID-19 pandemic. I recommend a concentration of

efforts in improving public health among the migrant community, as well as an increase in collaborative efforts between the government and NGOs to continue striving toward health equity for migrants in Morocco.

Keywords: migrants, Morocco, healthcare, public health, health equity, COVID-19 pandemic

Introduction

Migrants face significant health inequities in their destination countries that are often exacerbated by their mobile lifestyles. Migrants often experience poor continuity of care and culturally incompetent healthcare systems throughout their migratory and settlement journeys. Countries must adapt their healthcare systems by integrating migrants in their policies and practices.

This project will focus on researching the current state of sub-Saharan migrants' health in Morocco, both before and during the COVID-19 pandemic. As immigration to Morocco is a recent development, I am interested in understanding the obstacles that sub-Saharan migrants face when seeking healthcare services. Additionally, the COVID-19 health crisis has shaken the world and vulnerable populations, such as migrants, are faced with specific challenges and vulnerabilities. Therefore, I will be researching this most recent challenge facing migrants in Morocco and its effects on their health. This research is important as this global public health crisis is new and ongoing, which means that literature analyzing and comparing sub-Saharan migrants' health access in Morocco pre-and post-COVID-19 is currently limited to none.

The research question that I will be posing is as follows: what is the current state of migrant health in Morocco and how has the COVID-19 pandemic affected it? First, I will conduct a literature review on the historical background of migration in Morocco, the Moroccan healthcare system: in theory, the evolution of migrant health, three NGOs helping migrants with health access, and the current COVID-19 pandemic in Morocco's context. This review will provide the necessary framework needed to understand the gaps in literature on this topic that must be addressed. My methodology will consist of conducting five virtual interviews with important actors whose contributions to migrant health equity are crucial. These perspectives include a Moroccan public

official with expertise in migration, a public health sector physician, staff from two NGO's serving regular migrants, and the president of an irregular migrant-focused NGO. These perspectives will provide the necessary real life context and viewpoints to determine the ways in which the Moroccan healthcare system serves sub-Saharan migrants in practice, and how this practice has evolved with the current pandemic. Finally, I will analyze whether my hypothesis that the COVID-19 pandemic has exacerbated the health inequities among sub-Saharan migrants in Morocco is correct.

Literature Review

History of Migration in Morocco

Morocco has had a long and ever-changing history with migration that has evolved tremendously over the second half of the 20th century and the 21st century. As originally a primary emigrating country, Morocco today has become a country of emigration, transit, and destination for migrants. The influence of Europe on migration in Morocco has been present since the early 20th century that remains both a direct and indirect influence on migration in Morocco.

During the 20th century, emigration out of Morocco was very popular to find labor. Emigration is the act of one leaving their parent country and moving to another. During World War I, 40,000 Moroccans were recruited to support France's army and factories. In World War II, 126,000 were recruited by the French army, most of which returned to Morocco afterward. In the 1930s, there were an estimated 85,000 Moroccans per year migrating to Algeria to address the labor demand created from the French colonization in the forms of seasonal and circular migration (Haas, 2005). During Franco's regime in Spain in the 1930s to 1970s, migration from Morocco to Spain was almost non-existent, but around 40,000 Moroccans from Riff were employed by Franco's army. The Algerian war of independence (1954-1962) led to a significant increase in Moroccan migration to France. This was the beginning of the dramatic rise of Moroccan emigration to Western Europe.

This second half of the 20th century brought high economic growth in Western Europe that consequently increased the demand for labor. In the 1960s, labor recruitment agreements with Western European countries resulted in high diversification of Moroccan emigration to West Germany, France, Belgium, and the Netherlands. By 1975, there was an estimated total of 400,000 Moroccans residing in Europe. However, the oil crisis of 1973 that created high unemployment,

low labor demand, and stricter immigration requirements began the discontinuation of circular migration between Morocco and Europe.

Soon after by 1992, the permanent residence of Moroccans in Germany, France, Belgium, and the Netherlands totaled over one million. From 1980 to 2004, there was a heavy Moroccan population in Spain and Italy of 650,000 as Spain replaced France as their predominant labor destination. Despite the stricter immigration policies from the crisis, emigration to Spain and Italy remained persistent because of family formations, labor migration, and irregular migration. Since the oil crisis, there have also been numerous well-educated Moroccans migrating to Libya; Quebec, Canada; and the United States. It is after this time during the 1990s that Morocco transformed into a transit migration country where migrants pass through Morocco to reach another country.

These migrants travel through Morocco in search of labor and/or asylum in Europe. The process of reaching Europe includes overcoming the tall fenced border between Morocco and the Spanish enclaves of Melilla and Ceuta, then traveling by ferry to reach southern Spain. Locations of origin utilizing Morocco as a transit country include: sub-Saharan Africa, and recently Bangladesh, India, and Pakistan. Migrants from countries east of Africa arrive in West-Africa by plane and follow the Saharan trail like the sub-Saharan migrants (Haas, 2005). Although continuing the journey to Europe is the goal, many are not able to reach their desired destination due to difficulties breaching the border control. This is a part of the reason for migrants choosing to reside in Morocco that led to Morocco becoming the designation and host country it is today.

*Most settlements occur in Tangiers, Casablanca, and Rabat.

Policies. The Moroccan government also has a large number of policies that have been implemented in support of immigration. In 1990, the Moroccan government founded the Hassan

II Fondation for Moroccans Living Abroad (CCME) that determined Moroccan migrants as part of the economy. Soon after, the government created the Ministry for Moroccan Community Abroad housed in the Ministry of Foreign Affairs. These institutions accounted for legal sustainment of Moroccan emigrants (Iskander, 2011). However, during the early 2000s, sub-Saharan migrants within Morocco faced great difficulties obtaining legal status, and consequently resulted in their marginalization. In 2003, the security-focused Law No. 02-03 addressed the presence of migrants in Morocco. This law criminalized human trafficking, established foreign residence rules, gave specific rights to migrants, and enhanced measures to deter irregular migration. Another law was adopted in 2016 further addressing the issue of human trafficking and smuggling to increase legal protection of migrants (Public Official, personal communication, May 5, 2020).

Regarding migrants in Morocco, in 2004 the Spanish Guardia Civil and the Moroccan Gendarmerie Royale joined together to control the Mediterranean's irregular migration. Following this, the European Union (EU) gave 148 million euros to Morocco in order to "address irregular migration" in Europe and gave another 182 million euros to fund services and employment creation (Ghazouani, 2019, p. 1). This, along with the difficulty of breaching the Spanish border, results in migrant settlement in Morocco. Because of a push from civil society, The New Migration Policy (NPM) was introduced in 2013 as a human-rights centered development for migrants to gain legal residency and enhance services. The National Policy on Immigration and Asylum was passed that acknowledged Morocco's effort to integrate migrants into policy to provide better access to healthcare access, education, inclusion, housing, integration into society gaining more equity and place in society. This was a turning point in migration policy for Morocco. Before, status prevented migrants from accessing rights including vital public services such as education

and health. With this policy, migrants are included in Morocco as part of the country. The implementation of regularization campaigns has also improved access to these services.

There have been two yearlong regularization campaigns in 2014 and 2017. These campaigns are geared toward irregular migrants becoming regular migrants. During the campaign, irregular migrants were given residency permits/cards to become recognized as regular migrants. In 2014, around 24,000 sub-Saharan migrants were regularized, and around 28,400 migrants were regularized in 2017 (Ghazouani, 2019). This is a very important moment for irregular migrants because this card provides access to public services that are prohibited to irregular migrants. This is now a specific identification card that proves accessibility and ensures rights. This written confirmation promotes effective integration and implementation of migrants into Moroccan society by ensuring the same public access and rights as Moroccan nationals. The residency cards mean that legally speaking, migrants are equal to Moroccans. Of course, there are problems that arise as well from this such as the permits only being valid for three years. This requires maintaining renewal so that newly proclaimed regular migrants do not lose their access to public services upon expiration. The groups of migrants that most benefited from these campaigns are Syrian migrants and later Sub-Saharan, as well as a range of other groups (Public Official, personal communication, May 5, 2020).

More reform occurred in 2013, Morocco implemented the National Strategy on Immigration and Asylum that strived to improve sub-Saharan relationships and migrants' place in society yet even further. This humanitarian policy specified in ensuring a labor-market, health care, and education to migrants. This was a turning point for migration policy and integration into Moroccan society. This law allows migrants to gain more equity and have a legalized place in society. Today with the Moroccan population at 34 million, there are around 700,000 sub-Saharan

African migrants affected by these policies who reside in Morocco. The integration of sub-Saharan migrants in Morocco continues to grow and has become a key component of Morocco's identity.

The Moroccan Healthcare System: In Theory

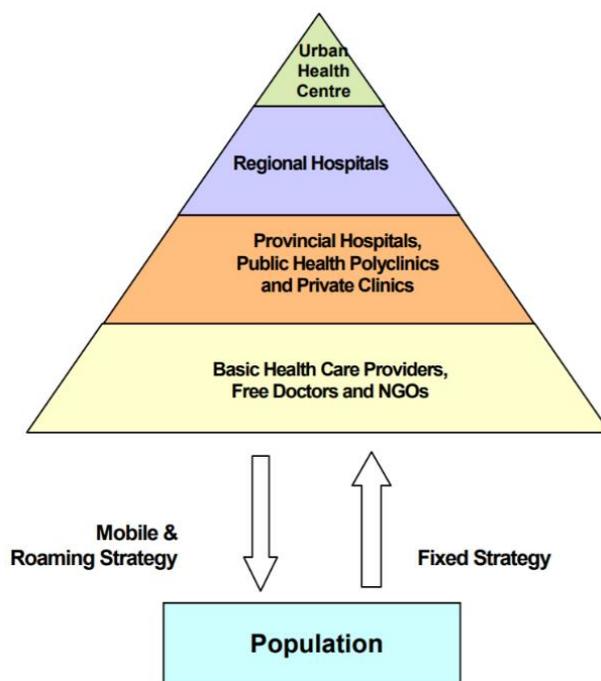
While the Moroccan healthcare system has made evident progress throughout the past, considerable challenges have arisen in recent decades. When Morocco gained its independence from France and Spain in 1956, the country's health personnel consisted of merely 300 public health physicians and 400 private practitioners. From then on, the government has progressively developed its own social systems, composed of educational programs and health care services, which improved the quality of health and increased its availability to 70% of the population by 1992 (Hassar, 2014). Despite these efforts, Morocco's continued shortage of health professionals, limited funds, poor infrastructure and governance, and the International Monetary Fund's imposed austerity program led to a healthcare crisis in the 1980s, particularly in the public health sector (Dr. Semlali, 2010). Hence, the private sector grew rapidly as Moroccans of higher socio-economic class opted in while abandoning the degrading public sector and leaving the lower class and migrants behind.

The Moroccan healthcare system is primarily made of public and private sectors. The administration, funding, and delivery of this healthcare relies on the State. 70% of the Moroccan population relies on the public sector as their predominant source of health care services. The Ministry of Health (MoH) and the local governments manage the public sector, and the MoH is responsible for the implementation of government health policies. The private sector is a strong component of Moroccan healthcare, and is separated into for-profit and not-for-profit divisions that operate in modern facilities with high-tech equipment. In Dr. Semlali's (2010) case study of

the health care environment in Morocco, he presents the structure of Moroccan healthcare in a pyramidal hierarchy I show below.

Figure 1

The Pyramidal Structure of the Moroccan Healthcare System



The figure above illustrates that basic health care (BSC) providers, free doctors, and NGOs are the first level of access to primary care services for patients, providing both preventative and curative care. As Moroccans climb the hierarchy, health care becomes increasingly specialized, expensive, and inaccessible. In theory, the fixed, mobile, and roaming strategies provide medical coverage to the entire population by increasing access through consideration of geographic limitations, particularly in rural environments. Medical teams can travel to regions farther from health centers, distribute medications, and facilitate health procedures for pregnant women and those who suffer from chronic diseases.

In theory, the Moroccan healthcare system can be characterized by universal coverage. The 2017-2021 World Health Organization (WHO)–Morocco partnership strategy (2016) states that

the adoption of the new Constitution in 2011 recognized the right to health as a constitutional right. Subsequently, two key social protection programs were established: the compulsory basic health insurance for employees in the public and private sectors (AMO), and the medical assistance scheme for low-income individuals (RAMED). AMO has two mutual benefit insurances that primarily provide basic medical coverage to Moroccan nationals: The National Social Security Fund (CNSS) and the National Fund for Social Security Organisms (CNOPS).

The RAMED scheme, established in 2012, provides free access to medical services managed by the State, available in public hospitals and other public health establishments. According to the National Council for Human Rights (CNDH), beneficiaries of RAMED include all individuals of low economic strata, yet this only applied to Moroccan nationals until 2015 (WHO-M, 2016).

The WHO–Morocco partnership strategy states that in 2015, the MoH and CNDH signed an agreement extending basic medical coverage to all regular migrants and refugees through RAMED. Irregular migrants were seemingly omitted from this accord. These two social protection schemes are said to cover 62% of the Moroccan population’s basic health care, 34% with AMO and 28% with RAMED. In order to expand coverage, the government developed yet another scheme in 2015 for Moroccan and foreign students, which benefits about 260,000 students.

Public Health. Over the past few decades, there have been significant improvements in the overall health of Moroccans. Life expectancy at birth has increased to an average of 74.8 years in 2010, 73.9 for men and 75.6 for women. Morocco has also seen a sharp decline in the gross mortality rate of the population, dropping from 19‰ since 1960 to a rate of 5.6‰ in 2010. The rate of children that die before reaching the age of five dropped from 138‰ in 1980 to 30.5‰ in 2011 (WHO-M, 2016). These positive trends in population health are downstream benefits of

Morocco's change in epidemiological structure and successful national public health programs and outreach campaigns launched by the MoH.

Government programs include mass education in hygiene, and campaigns against diseases. Anyone who tests positive for malaria or tuberculosis are also guaranteed a free treatment for the disease; this was extended to migrants in 2014. Additionally, from the national program promoting women's use of contraception, more than half of Moroccan women reported their use of contraception (Hassar, 2014). As cited in the WHO–Morocco strategic plan, the results of these campaigns are shown in the control and elimination of certain diseases, such as malaria and target diseases for immunization. Yet, the MoH also has data confirming the persistence of major health problems concerning tuberculosis, HIV/AIDS, hepatitis, and meningitis for example, as well as the increase in chronic diseases, the most common being cardiovascular, diabetes, cancer, and psychological and psychiatric disorders. According to the WHO, other important health figures include that 83% of the population has access to potable water, and 72% has access to good sanitation. Nonetheless, Morocco is trailing behind in comparison to other countries in the Middle East and North Africa (MENA) region and significant public health challenges persist.

Even with the progress that has ensued from these laws and programs, the reality remains that Morocco continues to face major challenges in its journey to attain universal health coverage. As stated in the 2011 by the National Observatory of Human Development (ONDH) and the United Nations Agencies of Morocco, these deficits are due to physical and financial barriers. However, there are many other determinants such as education, gender, income, and place and status of residence that enhance the struggles of accessing care.

Migrant Health

Migrants obtaining access to sufficient healthcare in Morocco has been an existing issue throughout history. It is important to note that the National Strategy on Immigration and Asylum (2013) which legalized providing public services and legal rights to migrants, is a very recent policy for migrants in Morocco. Humanitarian projects have proved most effective in addressing the healthcare gaps. Since 2003, Médecins Sans Frontières (MSF) has medically assisted sub-Saharan migrants in Morocco. MSF is a non-governmental organization that provides humanitarian medical support. Their programs focus on violence and trauma, treating and raising awareness on diseases, psychological support, improving sub-Saharan migrants' accessibility to healthcare, and improving living conditions. In Morocco, MSF routinely works with migrants who reside in Oujda and Nador of North-eastern Morocco (Médecins Sans Frontières [MSF], 2013a).

Policies. In 2008, the Moroccan government established the Support Units (Unités) for Women and Children Survivors of Violence (UPEC/FESV) in order to integrate the essential medical, psychological, and judicial care to victims of violence. As of 2012, there were 76 of these units in Morocco. In practice, these unités are not taken into effect as a part of the secondary healthcare system so they do not have the necessary resources to carry out this policy to its full necessity. The 2013 National Strategy on Immigration and Asylum further integrated migrants in the public health care policies.

Every four years, the government issues a health strategy plan to implement. The current is the Health Sector Strategy of 2017-2021. The goals were listed as: increasing hospital resources, expanding coverage to liberal arts professions and self-employed individuals, decreasing cases of hepatitis C and cardiovascular diseases, increasing the quantity of health sector employees, systemize level of medical student education, and lower pharmaceutical prices (Oxford Business

Group [OBG], 2019). In 2017, the Ministry of Health with help from NGOs, organized a national two month TB screening campaign with Morocco's migration organization partners. They were able to test 5,553 migrants for HIV, and 12,013 migrants were taught and informed on HIV prevention (WHO, 2018).

In May of 2019, "Othmani emphasized his government's existing focus on the health sector, pointing out that the administration had already raised the public health sector's budget to \$1.6 billion, up 16 percent from 2016" (Lystad, 2019). In terms of humanitarian organizational support, according to MSF it handed over its responsibilities to the Moroccan government in 2013 because of the lack of protection, medical and psychological services, and sub-Saharan human rights abuse (MSF, 2013b).

Future. In April 2018, The Council of Ministers announced its approval for a three pillar strategy known as Santé (Health) that will enact in 2025. The three pillars include: expansion of available care that improves access such as creating mobile public health access to rural areas; an increase in national health programs such as health campaigns that combat disease and care for maternal programs; and improvement in allocation and quantity of resources. Additionally, there will be more implementation of pharmaceutical and emergency care with this act (OBG, 2019).

Migrant Health Challenges. Sub-Saharan migrants in Morocco face many health-related challenges that stem from a variety of factors. It is important to note that many empirical data and statistics that exist were produced from the presence of humanitarian projects in Morocco such as MSF before their leave in 2013.

Medical Care. As of 2019, there is evidence of private sectors charging higher prices for medicine in the hospitals. The ministry of health addressed this illegal act by promising to sue the departments who engaged in raising prices (Saga, 2019). There is also a lack of availability of

medicine in areas with high numbers of migrant patient consultations. In practice, more complications arise receiving care for patients who do not show proof of residence. In these areas with a high migrant population, there is a lack of medical staff present as well. This staff limitation results in long waiting times for consultation and lower quality of care (PNPM, 2018). In reference to effective production of the unités, the minimum staff requirements are a doctor, social assistant, and psychologist that are usually not accessible. There are reported cases of doctors refusing to issue “medico-legal certificates to survivors of sexual violence, saying that they do not believe they were raped” (MSF, 2013a, p.30).

Mental Health. There are numerous factors that can change or worsen migrant mental health. The continued adapting of behavior, adjusting, and assimilation can create mental health problems of anxiety, stress, and disorientation. Furthermore, leaving one’s home country and permanently residing in another, whether it be by choice or because of circumstances can create loss of self-identity and cultural-identity. Factors such as different cultural expectations, social norms, social values, language, loss of friends or family can cause a very traumatic growth effect. Lack of legal policies that legally distinguish sub-Saharan migrants from Moroccans allow room for increases of marginalization, discrimination, and social violence to sub-Saharan migrants. As of 2011 and 2012, MSF found that their patients showed the highest symptoms of anxiety (39%), depression (34%), and psycho-somatic problems (14%) during their consultations (MSF, 2013a). Living in a society where one cannot legally attain the same privileges as another group of people can create more distance and segregation of the population.

Violence. Because of the lack of legality and assurance in obtaining a residence, irregular migrants can live in a recurring fear of arrest, abuse, human trafficking, expulsion, and exploitation (MSF, 2013).

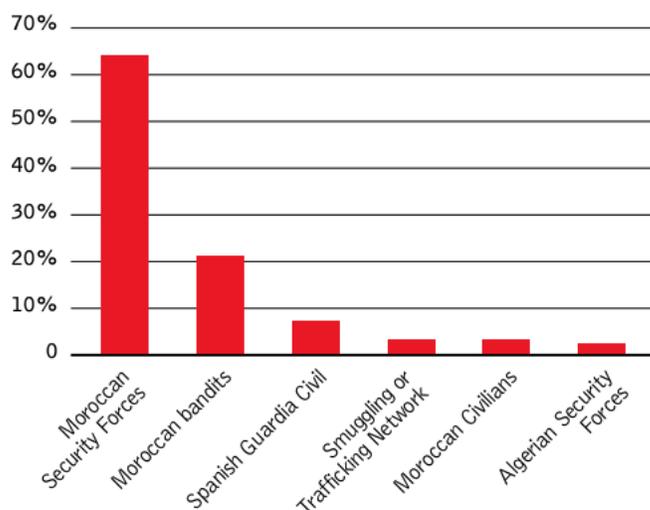
Figure 2*Perpetrators of Violence*

Figure 2 displays the results of a survey MSF conducted that recorded migrant responses in percentages of their most common perpetrators of violence. In order of greatest to least frequent perpetrators of violence: the Moroccan Security Forces (64%), Moroccan bandits (21%), and the Spanish Guardia Civil (7%). 12% responded that they had experienced instances of violence by two or more perpetrators. In total, they found that 63% of sub-Saharan migrants in Morocco had experienced some form of violence with 92% stating it was intentional violence (MSF, 2013a).

Living Conditions. In larger cities such as Rabat and Casablanca, sub-Saharan migrants are able to rent accommodations, but are likely faced with unsanitary conditions. There are many instances of sub-Saharan migrants living in self-made shelters in caves, forests, or other abandoned buildings. In these conditions, it is difficult to find sanitary places for access to water, facilities, food, etc. MSF does provide various “cold kits” that have some of these basic necessities they lack such as blankets, hygiene products, socks, utensils, etc (MSF, 2013a). Prince, 20 years old says, “In the forest we live in bad conditions because we don’t have anything to protect us. We use

plastic sheeting and trees from the forest and try to construct “mini-tents”... we don’t have anything to eat and we get sick” (MSF, 2013a, p. 9). As a result of poor living conditions, many contract infections and other health-related issues.

Public Health. The following figure shows the general health related challenges that exist among migrants in Morocco.

Figure 3

Main pathologies in MSF medical consultations Morocco 2010-2012

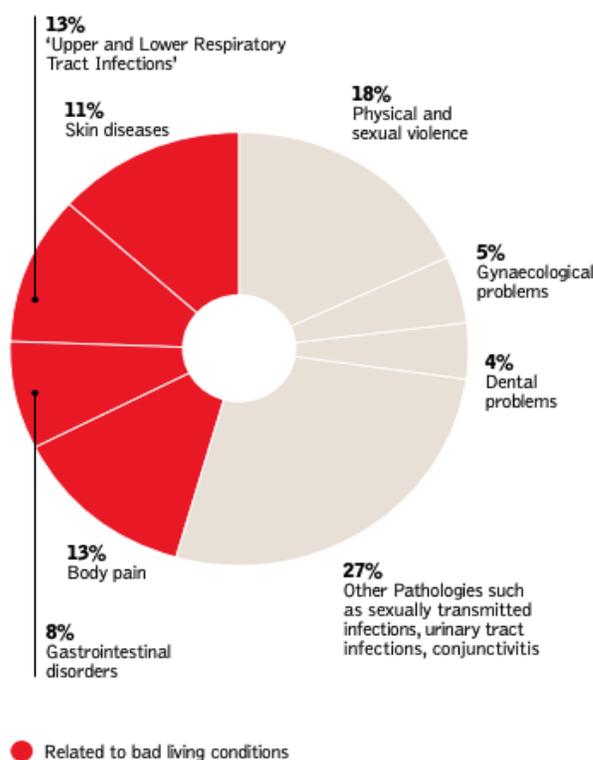


Figure 3 shows the impacts of poor living conditions on migrant health from MSF’s medical consultations from 2010-2012. There are a variety of health-related problems migrants suffer from such as: pathologies and infections (27%), physical and sexual violence (18%), Upper and Lower Respiratory Tract Infections (13%), body pain (13%), skin diseases (11%), etc.

NGOs for Migrants

The role of civil society in supporting migrants in Morocco is multifaceted and essential. A plethora of NGOs in Morocco formed and expanded in the 1900s and early 2000s. Migrant-specific NGOs in Morocco provide services to its regular and irregular migrants. They have played an active role in supporting the public health of society by increasing access to health care services and providing aid for cultural and economic integration of migration in the Moroccan society. In this paper, I present and analyze three different NGOs in Morocco. I examine specifically the Fondation Orient-Occident (FOO), Organisation des Jeunes Africains (OJA), and Manos Solidarias. These NGOs offer humanitarian, social, and medical assistance for sub-Saharan migrants through health education, awareness campaigns, and outreach programs.

The NGO Orient-Occident Foundation (FOO) of 1994 serves as a Moroccan non-profit association who specialize in aiding regular migrants, and directs its irregular migrants to its partners who specifically cater to irregular migrants. FOO is an official partner of the United Nations High Commissioner for Refugees (UNHCR), and has organizations in seven cities in Morocco. They have a wide breadth and depth of efforts and actions allocating public health support to migrants. They provide programs such as psychological support groups and medical workshops to raise awareness, as well as vocational training and educational programs to promote employability. Their health programs include sporadic humanitarian aid projects such as food distribution to migrants living in the forests of northern Morocco or medical caravans in the city of Rabat. Their efforts are supported and financed by a variety of partners including the Moroccan government at times (FOO Staff, personal communication, May 12, 2020).

The Organization of African Youth (OJA) is an NGO founded by students of different nationalities in 2008 in the northern Moroccan city of Tangier. It is an independent organization

that has no political affiliations. It serves the purpose of integrating regularized African migrants into the Moroccan communities of Tangier and Rabat. OJA is a member of several NGO networks and has many partners, including TAM (Tanger Accueil Migrants) and ALCS (Association de lutte contre le SIDA) who work specifically on providing health services for migrants. OJA welcomes migrants with health-related questions and works to provide them with education resources and helps break down barriers in health access by guiding them within OJA's NGO network based on the migrant's specific health needs. This NGO also helps migrants improve their social determinants of health, such as housing conditions and access to alimentation. Additionally, OJA helps raise awareness among migrants about their rights, such as public health care and education. European institutions finance OJA's projects at times, particularly those promoting vocational and professional training (OJA Staff, personal communication, May 11, 2020).

The NGO Manos Solidarias is a Moroccan association based in Tetouan and originally founded in 2010 as a social development organisation for women and children in vulnerable neighborhoods without access to basic human needs. In 2014, when 15 migrants died after being shot by the Spanish Civil Guard while trying to cross over to the Spanish enclaves of Ceuta or Melilla, Manos Solidarias identified a need and switched its focus to begin working with irregular migrants in the north of Morocco. Their target beneficiaries were migrants living in the streets and in the forests at the Moroccan-Spanish border, who do not have access to food, clothing, shelter, and health care. The government does not financially help them as they work with migrants without legal papers. Many of their beneficiaries have dealt with physical and mental traumas during the migration process and attempts to cross the border to get to Spain. Thus, medical assistance to this vulnerable population is an important service that they provide. This is done through the weekly provision of medical consultations, health screenings, and medication thanks to volunteer doctors

and psychologists that come to the association. If more complicated medical services are required, Manos Solidarias has an agreement with the Tetouan hospital to treat all irregular migrants at no cost. Humanitarian aid is also an important part of this organization as it has carried out campaigns in the forest for the most vulnerable members of the migrant community (Manos Solidarias President, personal communication, May 8, 2020).

The COVID-19 Pandemic in Morocco

On March 11 of 2019, the WHO declared the novel coronavirus disease (COVID-19) outbreak a global pandemic. According to the WHO, coronaviruses are a large family of viruses that cause mild to severe respiratory infections. The Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS) being some of the severe disease outcomes. COVID-19 is the most recently discovered infectious disease in the coronavirus family and was unknown before Decement 2019, when Wuhan, China experienced an outbreak of the disease. Current scientific evidence shows that this new virus is mainly transmitted through “respiratory droplets and contact routes”. Although there are ongoing clinical trials and efforts to develop medicines or vaccines to prevent or treat the disease, there are no medicines that have been proven to cure or even prevent COVID-19. Therefore, the WHO’s recommendations on protecting oneself and those around them include “practicing hand and respiratory hygiene” and practicing social distancing by “maintaining at least one metre distance between yourself and others”. When the pandemic was declared, countries around the world had to make important decisions regarding lockdowns, closure of airports, and the measures they would be implementing to enforce social distancing as a response to the global public health emergency (WHO, 2020).

COVID-19 in Morocco. Morocco’s first confirmed case of COVID-19 was reported on March 2nd, 2020 in the city of Casablanca. Once COVID-19 was confirmed to have spread to

Morocco, the government quickly enacted strict measures in battling the public health emergency. According to Dr. Masbah, the Moroccan Institute for Policy Analysis' (MIPA) recent study revealed the Moroccan population's general positive perceptions of the government's swift response, however they lack trust in the healthcare system's ability to effectively handle this crisis (Jacobs & Masbah, 2020).

The aggressive measures implemented by the government include the suspension of all air and sea links with Spain, Algeria, and France, as well as the closure of all schools on March 13th. By March 15th, all international flights had been suspended. Morocco then declared a state of emergency that took effect on March 20th and was originally intended to remain in effect until April 20th, but the lockdown and curfew were then extended days before Ramadan through May 20th with the possibility of another extension. The state of medical emergency meant that a compulsory confinement was implemented for everyone residing in Morocco. Morocco's mosques, schools, restaurants, and shops were therefore shut down, while supermarkets remained open for certain hours of the day, and social distancing was enforced with strict guidelines. What followed was the enforcement of an official authorization form that one member of each household received and had to get signed, giving them permission to leave the house and enter public spaces in order to carry out essential activities for their families, including buying medication at the pharmacy and going grocery shopping. Essential workers also received an authorization form in order to continue going to work. These forms must be carried at all times in the case that the police stopped someone on the street. This was a strict order as Morocco's military mobilized to enforce it on the streets and thousands of people have been arrested for violating the order (Chtatou, 2020).

Additionally, the King Mohammed VI ordered the creation of an emergency fund of about 3.2 billion dollars in order to mitigate the social and economic impact of the crisis (Jacobs Masbah,

2020). This meant that cash transfers from the Ministry of Finance were to be made to citizens in economically vulnerable situations, specifically due to job loss, with over 700,000 workers without jobs since April 1st (Chtatou, 2020). Despite these efforts, a large portion of Morocco's population remains vulnerable, as "nearly nine million people live near or below the poverty line" (Rosés, 2020, par. 13) and informal employment is the country's biggest workforce, meaning many workers do not benefit from medical coverage. Civil society in Morocco has actively stepped in to support society's most vulnerable members. Although the degree to which Morocco's economy will be affected remains uncertain, the loss from the country's key economic industries, agricultural and tourism, are projected to be drastic.

The MoH has been the front actor in this crisis, and have been providing daily updates about the virus on television. These briefings consist of reporting the new statistics on the cases over the past 24 hours, such as the number of new confirmed cases, recovered patients, and death toll. After the public is briefed on the statistics, the MoH informs the people of recent developments in the production of masks, manufacturing of ventilators by Moroccan engineers, and the construction of new field hospitals around the country. The government also calls for national unity in the face of this pandemic (Rosés, 2020).

The MoH website includes a new and regularly updated page with information regarding this crisis in the Moroccan context in both French and Arabic languages. This webpage includes the government's response plan, statistics on cases in Morocco, the distribution of cases by region, advice and awareness on prevention, the sanitary measures taken in public spaces and in work places, as well as the two new 24/7 hotlines created specifically for the COVID-19 crisis (Ministère de la Santé [MoH], 2020). These two phone numbers consist of a hotline for people reporting their COVID-19 symptoms which is connected to a dedicated MoH COVID-19 unit and then a line run

by volunteers dedicated to answering the public's COVID-19-related concerns by providing them with reliable information and reassurance, thus limiting the spread of misinformation in the community (MoH, 2020; Majorel, 2020).

On May 15th, 2020, the MoH announced that there were 6,652 confirmed cases with 3,400 recovered and 190 deaths, as well as 74,964 negative test results. These figures are significantly lower than those of other countries, such as European countries, the United States, and China. According to the MoH, the confirmed cases are concentrated in the big cities of Morocco, namely Casablanca-Settat with 28% of national cases, Marrakech-Safi at 19%, Tanger-Tetouan Al Hoceima with 14.22% of the cases, and Fès-Meknes at 14% (MoH, 2020).

Migrants. The WHO released an article requesting countries around the world to ensure that migrants and refugees are not left behind in their responses to the COVID-19 pandemic. Two important points are made in the report: migrants and refugees are a particularly high risk group concerning COVID-19, therefore, nations must intentionally reach these vulnerable communities through specific measures and messaging that protect them. The specific challenges and vulnerabilities faced by migrants and refugees during this crisis include limited access to sanitation facilities and lack of means to practice basic public health measures due to commonly living in overcrowded housing conditions, disproportionately high rates of homelessness, exacerbation of obstacles in accessing health care services, loss of income, and fear and uncertainty concerning their legal status. Due to the exacerbation of migrants' challenges in accessing resources that ensure and protect their health, the WHO encourages their inclusion in countries' outbreak responses by proactively assessing the risk of quick spreading in refugee camps, eliminating barriers in accessing health care services, safety, and information, and avoiding deportation and stigmatization of these groups (WHO, 2020b).

The intersection of a public health emergency to this magnitude and migrants is new for Morocco. However, the Moroccan government did actively include migrants and refugees in its outbreak response from the get go. In terms of the conversation about the Moroccan plan to fight the pandemic, migrants were not excluded. The MoH's COVID-19 website provides a specific section dedicated to refugees and migrants. Within this section exists a document titled "Refugees/Migrants and COVID-19 in Morocco" (MoH, 2020, p. 1). Important public health information is compiled onto this document; this information ranges from an explanation of COVID-19, including its symptoms, consequences, transmission, treatment etc. to public health prevention practices that one must follow in order to protect themselves and those around them from contracting the disease. This document reiterates that "refugees and migrants residing in Morocco are included in the national monitoring and response plan against SARS-CoV-2" (MoH, 2020, p. 2). This document is written in French, which means that it reaches the francophone migrant population. The lack of availability of the document in other languages is a barrier to accessing essential public health information for non-french speaking migrants. Additionally, the reality of many sub-Saharan migrants living in Morocco is that the majority of them work in the informal sector, like the nationals, thus they are not protected economically during this crisis. During the current COVID-19 pandemic, NGOs have each quickly adjusted their programs and have worked to repurpose their resources to continue supporting migrants and meeting their outstanding needs in any way possible. NGOs and civil society groups have been crucial providers of public health support for migrants during this health crisis. Finally, as COVID-19 is a fairly new and currently ongoing crisis, the existing literature is limited as much of it is being developed presently (MoH, 2020).

Methodology

Methods

For this research project, I collected data by means of five interviews. I interviewed a Moroccan public official, three NGO employees who work with migrants, and a physician. The Moroccan public official has expertise in the field of migration in the Moroccan context. The physician that I chose to interview has over 50 years of experience in medicine; he worked in the public health sector for much of his career in the disciplines of internal medicine and clinical pharmacology while teaching medical students. I interviewed a staff member of three years at FOO who is the first person that beneficiaries contact when in need of a service provided by the NGO. I also interviewed OJA's administrative director, who has been serving migrants with OJA for three years and volunteering with them for two years prior. Finally, I interviewed the president of Manos Solidarias who has been helping migrants for six years.

I chose these five interviewees as they play different, yet similarly instrumental roles in providing access to health services for sub-Saharan migrants in Morocco. My methodological approach consisted of having a variety of informants with a specific repertoire and view of migrant health. I chose to use these five diverse perspectives to get a broad understanding of the state of migrant health in Morocco both pre-and peri-COVID-19. They continue to be involved in their respective fields during this COVID-19 crisis, which makes their experiences and points of view relevant to my study. I also intentionally chose to interview OJA and FOO staff members to get an understanding of the state of regular migrants' health, in addition to Manos Solidarias' president to compare and contrast the irregular migrant experience with healthcare to that of regular migrants.

I virtually interviewed the public official, the physician, and Manos Solidarias' president by means of a video call on Skype or WhatsApp, as well as OJA's representative through a WhatsApp audio call. These were conversational interviews where I prepared questions beforehand, yet I was flexible with adjusting them as the interviews proceeded. Each interview lasted between 30 minutes and one hour. My final interview was with FOO's employee and as per her request, consisted of me sending her a questionnaire and her responding over audio messages on WhatsApp. I personally conducted my three NGO interviews in French, as my interviewees did not speak English and I am fluent in French. My other two interviews were conducted in English.

Ethics

This research project was approved by the SIT IRB committee. I contacted each interviewee through email in either French or English and received email confirmation that they approved to be interviewed. Before the start of each interview, I obtained verbal consent from each of my interviewees to participate in my study, as well as allowing me to audio record our conversation for information gathering purposes. Before obtaining consent, I assured them of the following: their names and all other identifiable information would be changed in the final research paper and their participation is voluntary and they may refuse to answer any questions or discontinue participation at any time. The public official requested that I do not include his job title or mention his name, which I respected. I chose to refer to him by the random initials of MB in my study.

Findings

The Moroccan Healthcare System: In Practice

Perspective of Public Official

In my personal interview with public official MB, he stated that “there is always a dichotomy between the rhetoric and the realities” especially when discussing policies and day-to-day practices (Public Official, personal communication, May 5, 2020). MB explained that when speaking about Moroccan healthcare policies in general for both Moroccans and migrants, they are presented in very black and white terms, but the realities are much more complex. He first emphasized the importance of acknowledging that despite immigration to Morocco being a new development, the government has made important legal strides in finding ways to incorporate migrants into the national policies. Since Morocco is newly a country of destination for immigrants, he believes that judging Morocco, a developing country, to European countries for instance, who are developed and have had substantial immigrants for over half a century, is not applicable. He recommended analyzing the governments’ actions and results of these actions in a decade when the number of immigrants in Morocco increases, especially among second and third generation migrants, born and raised in Morocco, who are affected by the Moroccan government’s actions and policies throughout their lives.

Financial Challenges. According to MB, in practice, the existence of financial barriers is the first obstacle that migrants face when seeking health care. According to the ONDH (2011), financial instability prevents ease in accessing both the public and private health care sectors. This is especially worsened by corrupted healthcare worker requests of unofficial payments. Many migrants are in vulnerable economic situations when arriving and living in Morocco and this

contributes to their unmet health needs. Additionally, “the healthcare system in Morocco is bad [...] It does not cover the needs of the population” (Public Official, personal communication, May 5, 2020). MB clarified that the public health sector suffers from long wait periods, a shortage of health personnel, an inadequate amount of working and updated medical equipment, and an insufficient number of health structures. Although he says that fortunately, most migrants live in cities, which is where the limited amount of health clinics and hospitals are concentrated. On the other hand, he explained that many migrants’ perception when utilizing the Moroccan public health system may be that their unpleasant experiences with the system are a consequence of discrimination due to being a migrant and not a national.

Perceptions. He assured, however, that it is not a problem unique to migrants nor related to discrimination, but that the low quality health system is suffered by the whole population. He said that in this regard, migrants and Moroccans are equal in suffering from these conditions and circumstances. He also added that there is a popular social discourse surrounding migration that must be mentioned, although he does not have concrete evidence on it. Some Moroccans and certain doctors, battle with the fact that there are not enough medical resources to treat nationals, and are expected to serve migrants as well. The priority is given to Moroccan nationals first, and then migrants. MB then reiterated the reasoning being the creation of RAMED.

Policies. As the rate of economic vulnerability among Moroccans is relatively high, with many members of the society living in poverty, this medical assistance program was created. In recent years, specifically in 2015, the government discussed the creation of a new regime for migrants parallel to that of RAMED for nationals. Although there are many discussions surrounding this development and many studies claiming that RAMED was extended to migrants in 2015, MB stated that this parallel regime was never officially created.

Public Health. Finally, MB confirmed that education and primary health care, along with social and humanitarian assistance, are basic human rights in Morocco and consequently are available to all migrants, regardless of their legal status. For example, Morocco's regime for women's reproductive health, guaranteeing pre-and postnatal care for the mother and the baby at no cost for pregnant women beginning this health process early on, includes both regular and irregular pregnant women.

Perspective of Physician

In my personal interview with a physician, he initially said that it is essential that all migrants, regular and irregular, are guaranteed access to health. To the doctor, regular migrants should be provided with health cards that allow them to be treated like nationals. He affirms that irregular migrants should also receive health care. He believed that it is in the interest of the overall health of the population, as it avoids the spread of diseases for example if they are left untreated.

Challenges. To the doctor, migrants' most important barrier to accessing medical services is money; "even for non-migrants the big hurdle is money" (Physician, personal communication, 2020). He explained that in the case that migrants seek medical help, they are faced with the incredible financial burden of buying medicine and materials for the procedure they are undergoing. In Morocco, despite the recent decrease in the price of several drugs they remain too expensive for the great majority of the population. The doctor said that there are unfortunately some physicians who prescribe poor and vulnerable people more expensive medicine rather than the cheaper generic version. Additionally, in the public health sector, if supplies are out of stock at the hospital or pharmacies, patients are responsible for finding and purchasing them on your own. This is an important theory-practice gap in access to the healthcare field. The doctor explains

that the public health sector lacks financial resources and is unable to restock its medicines or medical materials until the next annual budget is renewed. This leaves both Moroccans and migrants unsatisfied with their healthcare experiences. Another obstacles migrants face when accessing health include a language barrier for non-francophone migrants, as the hospitals are run in French. Furthermore, the trauma of migration that they endured with long journeys, abuse, and difficult living conditions lead to them needing psychological services which may be harder to access. He affirmed that in the case of emergencies or maternal health, migrants, no matter their legal status, will not be denied care.

Support. The physician also informed me that in the private health sector, some doctors help migrants as well. His cousin, who is a pulmonologist in the private sector, explained that at times organizations or people he knows send him migrants in need of his service and he treats them at no cost. He also confirms that NGOs fill many of the health care access gaps for migrants. He said that Morocco has numerous migrant health-focused NGOs, however, some that were doing essential work have left, such as MSF and others that provided local doctors to irregular migrant communities living in the forest.

Recommendations. The healthcare professional confirmed that many improvements need to be made in order to guarantee access to migrants, as well as the rest of the population. These include improving quality of care through renovation of hospitals with better equipment and more support for healthcare providers. However, in his opinion, in order to improve the overall health of migrants and Moroccans combined, public health is what needs to be strengthened. He explained that this means improving the social determinants of health, such as better living conditions. Providing job opportunities is also an important factor.

Perspective of NGO FOO Rabat: Regular Migrants

The FOO staff member that I interviewed explained that FOO works with three categories of migrants: asylum seekers, migrants, and refugees (personal communication, May 12, 2020).

Accessibility. She stated that refugees are completely protected by the UNHCR, which has partnerships with the family planning system (MPF) at the national level, meaning that they do not face problems with the healthcare system. Under the law, they are guaranteed access to MPF and have access to medication prescribed to them, at no cost at pharmacies that are partnered with the UNHCR. For migrants and asylum seekers, they also have the legal right to seek health care services and health information, as well as access doctors in their districts.

Challenges. The main challenge for them is the possession of an identity document, as it is a requirement for treatment for the entire population. To address this very present problem of paper, her NGO asked the Ministry of Foreign Affairs to conduct a third regularization campaign like the past two in 2014 and 2017.

Availability. She noted that another challenge Moroccans in general find is being able to be seen by a health care provider. For example, at the hospital level, she noted they must make an appointment waiting up to four months depending on the number of people on the list. Seeing specialists or conducting tests can take a very long time. Specifically, for migrants, given the large population in shelters, they have more difficulties with availability of providers. She noted that sometimes the specialist is located in a different city, so the migrants must move there to receive the treatment. Furthermore, the specialists could be located across many different cities to where the care seeker must travel to each city for their specified need.

Support. The FOO has many health programs for migrants, one of which being their psycho-social service. Each branch of the foundation has a psychologist who supports migrants by accompanying them and holding individual and group therapy workshops. FOO also organizes health workshops that cover hygiene education, common diseases awareness and measures to protect themselves from contracting them, and educational programs on communicable and noncommunicable diseases. The IOM and FOO partnered to create a medical care program where the NGO takes care of the healthcare logistics and paperwork for sick migrants, guiding and accompanying them to their doctor's appointments throughout their treatment process. She added that the main reasons that migrants seek health assistance from FOO are related to illness from their country of origin that they still suffer from and then nutrition and access to food in Morocco. Access to food is a major health problem for migrants. Some have treatments that they have to keep up with due to chronic illness, but they cannot because they do not even have the means to eat. Additionally, many migrants that come to FOO have suffered traumas during their migration journey to Morocco, specifically female survivors of trafficking, and are in need of mental health services. The FOO employee mentioned that the Moroccan government appreciates and supports the NGO in carrying out its programs and events.

Policies. She noted that even though King Mohammed VI always insists on migration policy reform, the problem still lies with acquiring identification. She mentioned again how migrants do have access to the care but they need the identification, so without it they still cannot. Because of this, she acknowledged the NGO Caritas, who has a support system of psychological and other specialists to help fill this gap. She said that FOO refers those without identification papers, irregular migrants, to Caritas by writing special letters that identify their needs, and additionally her NGO refers single mothers who have recently given birth to Caritas.

Recommendations. The FOO employee stated that raising awareness, especially among doctors, nurses, and the health system in general is a tactic to address these gaps. She noted that migrants come to Morocco for a variety of reasons, and creating cultural and contextual awareness will improve the quality of health care delivery to patients. She explained that many sub-Saharan migrants have difficult lives in Morocco as they struggle to access their basic needs. Therefore, the healthcare system should work towards improving the standard of care so that migrants are treated with the same standards as Moroccan citizens.

Migrant Perceptions. She expressed that in her opinion, migrants predominantly contact the NGOs first, and from there can be directed to the closest district hospitals, so they can find access to treatment nearest to their home. As far as trusting the healthcare systems, she believes they do, but find those without residency permits find it complicated for themselves.

Perspective of NGO OJA Tangier: Regular Migrants

In my interview with an OJA representative (personal communication, May 11, 2020), she explained to me that although they do not have specific medical programs, they have many NGO partners that work in this field, specifically TAM and ALCS. When a migrant comes to OJA with a specific health need, OJA refers them to one of their partners that will help them access and even accompany them to the health care facilities. These NGO partners help migrants through Moroccan public health process, which consists of first going to a district clinic that opens a medical file for them and then sends them to a larger Tangier hospital if they need further treatment.

Accessibility. The OJA employee stated that regularized migrants have the same rights as Moroccans in terms of health care access. In the case of irregular migrants, it depends on their medical needs, as the government requires all migrants, regardless of their status, to be treated in

the case of emergencies, maternal health, and certain diseases. She also expressed that migrants' main health concerns who reach out to OJA are diseases that they contracted in their country of origin that require medical follow up now.

Challenges. She expressed that the major barrier in accessing health is the availability of medical professionals. She clarified that this is a challenge faced by both Moroccans and migrants. The shortage of human resources results in long wait periods for patients. Scheduling an appointment can take more than two months and at times the health concern for the patient is urgent. She added that some migrants understand that this is the unfortunate reality of the Moroccan healthcare system, yet others believe that their experiences with the system are consequences of discrimination. She said that the reality is that Morocco lack of a sufficient amount of healthcare personnel as well as medical equipment for all Moroccans and migrants. Additionally, NGOs, such as TAM, provide translators for anglophone migrants in order to break down the language barrier that exists when accessing health services.

Support. From OJA's representative's point of view, NGOs facilitate migrants' access to health care as they guide them, accompany them to facilities, and help them with their specific needs to ensure their health. This support can also be in the form of providing them with a temporary living accommodation in the case that they need to be isolated due to an illness.

Migrant perspective. According to OJA's employee, migrants prefer to approach NGOs before going to medical facilities. The reason behind this is that they are afraid of not being well received and welcomed at the hospitals. She explained that some migrants are unaware of their rights, including their right to health, as established in government policies. Migrants prefer to be initially accompanied to healthcare facilities by NGOs, however, she assured me that after a few

visits, they get comfortable and familiar with the system and decide to continue following-up with doctors on their own. On the other hand, during a site visit to OJA in February of 2020, a migrant who had been regularized in the 2014 regularization campaign told his story. He said that irregular migrants do not have the right to get sick because they are constantly being chased by the police and are seen as bad people.

Perspective of NGO Manos Solidarias Tetouan: Irregular Migrants

Support. In our interview, the Manos Solidarias representative explained that his NGO has weekly primary medical consultations available to irregular migrants at the association (personal communication, May 8, 2020). These consultations consist of a medical general practitioner volunteering her time to meet migrants' medical and psychological needs. He provided background information on how this program started. In 2014, when Manos Solidarias began working with irregular migrants, they were afraid of going to health care facilities, not because the hospitals would not treat them, but because they were scared of getting arrested for not having papers. Thus, the NGO started this consultation program that migrants grew fond of. He added that migrants prefer to come to them for medical advice then get accompanied to hospital by the NGO when they are in need of advanced services. However, when it comes to childbirth, migrant women go directly to the hospitals.

Partnerships. During the interview, he explained that his NGO has an agreement with the city of Tetouan's only public hospital to treat all migrants without exception. The unique agreement consists of irregular migrants being treated there at no cost, no matter the treatment or procedure. He emphasized that this agreement is very particular, as migrants in other cities do not have this luxury with the healthcare system. When the hospital receives an irregular migrant in

need of an operation or other procedure, Manos Solidarias is contacted with an order to provide the supplies needed by the doctor to treat them. He added that because Tetouan is in the North of Morocco, close to the border with the Ceuta, many migrants in the area suffer from serious injuries related to attempting to jump the fence. This results in migrants needing emergency operations. Another example given by him is that pregnant women who give birth by cesarean have the benefit of not having to pay for the procedure or the hospital stay that follows.

Partnership. Manos Solidarias received limited aid and support since they work with irregular migrants. Their first project was in partnership with the government, yet the government support has faded. They do have successful conventions with the MRE. When they have these events, the MRO covers the expense for food and health services for the whole project.

Humanitarian aid. He discussed Manos Solidarias' past medical campaigns in the forests where humanitarian aid, including food baskets, clothing, and blankets for the cold, as well as medical consultations and the distribution of medication were provided on site to irregular migrants. He added that migrants living in the forests are in incredibly vulnerable situations as they live in extremely cold conditions, and they are in need of shoes to protect them from the rough ground. Unfortunately, only two of these medical trips to the forest were successful, as the staff and medical team were stopped by the police in their third attempt. The authorities informed them that the forests are military zones and that they are not allowed to enter them anymore. Now, all of the services offered by his NGO take place at the association, and migrants come to them for help. In order for the migrants living in the forests to access these services, they strategically find times during the day when the police is not out and they sneakily take busses to get to the office.

Realities of Migrant Health Peri-COVID-19 Pandemic

Perspective of Public Official

In my personal interview with a Moroccan expert on migration, MB confirmed that Morocco's inclusion of migrants and refugees in the MoH's COVID-19 website assured that these populations are covered by the national strategy for fighting against the pandemic.

Accessibility. During this pandemic, migrants have access to the public health sector regardless of their status. MB clarified that in this exceptional situation, the barriers to health care access for irregular migrants have been removed as many people are out of jobs and everyone living in Morocco needs access to medication, healthcare, and food. MB was proud to say that migrants have not been neglected by the government during this crisis and a true spirit of solidarity has formed throughout the country. "The Moroccan government is capitalizing on a burst of unity, social solidarity and public support in the face of a crisis" (Jacobs & Masbah, 2020). MB emphasized the emergence of compassion for all in Morocco during this uncertain time. He clarified that this resulted in an affirmation by the government and the whole population that migrants' access to health care is a right. The view of a competition for public health resources between nationals and migrants has faded.

Financial Support. MB made an important point that the government did not stop at medical inclusion, but also covered migrants in its social and economic strategy. He claimed that migrants and nationals alike benefitted from the cash transfers of about 2000 dirhams set up by the government for those with work contracts who lost their jobs, as well as those declared with the National Social Security programs. As RAMEC card holders are among the most vulnerable members of the Moroccan society and are suffering exponentially during this crisis, the Moroccan

government dedicated a portion of the national emergency fund, meant to overcome the economic impacts of the pandemic, to beneficiaries of RAMED who do not have work contracts. However, as RAMED was never officially extended to migrants; they are excluded from this effort. This means that the majority of sub-Saharan migrants are consequently not benefitting from this financial assistance as they mostly work in the informal sector, without work contracts.

Program Support. In order to counter this deficiency, the Ministry in charge of Moroccans Residing Abroad and Migration Affairs (MRE) along with other government ministries have financially incentivized and encouraged NGOs to meet migrants' basic needs during the COVID-19. The government is supporting the work of migrant NGOs, as well as other NGOs repurposing their resources to distribute hygiene kits and groceries to migrant communities. When the state of emergency was declared, the MRE started an informal collaboration with various NGOs, both partners of the ministry and those not typically aiding migrants who were looking for ways to reach out to migrants and help them. Additionally, networks were created with international organizations such as the International Organization for Migration (IOM) and the UNHCR, as well as bilateral organizations who usually work in fields of professional training and education to overcome the challenges faced by migrants due to the pandemic. Through these networks, funds have been extracted from each program to create an emergency fund that targets the assistance of migrants, refugees, and asylum seekers in Morocco. The creation of this coordination between civil society groups allowed for a variety of organizations to assist NGOs who are working on the ground with migrants. This aid has ranged from organizations providing NGOs with protection gear, masks, and hand sanitizers to providing grocery baskets for migrants. The local authorities have been made aware of this distribution programs for migrants and have been accommodating.

MB asserted that local governments are actively letting their migrant communities know that they are being considered and seen during this crisis.

Resources. In terms of testing, MB explained that Morocco knew from the get-go that they would have a shortage of COVID-19 tests. As a result, the MoH 24/7 hotline was created that connects doctors with the Moroccan population. This service was created to allow the public to communicate their symptoms with a doctor to determine whether one needs to get tested. In the case that someone has a positive COVID-19 test, everyone that they have interacted with in recent days are subsequently tested. Migrants are included in this testing strategy. MB (2020) stated “ we cannot see it as a favor for migrants, it is a favor for all public health”. He gave the example of three Cameroonian migrants with COVID-19 who were treated in Marrakesh and were treated the same as nationals at the hospital. He said that he was not aware that the migrant community in Morocco has been affected until he heard about these cases on May 4th, 2020. Morocco does not have specific statistics on the distribution of cases among foreigners and nationals.

Personal Example. He also added that the actions done to serve migrants at this time cannot be quantified informal charity work. He gave the example of a refugee who had an ear infection and reached out for help on Facebook because she did not have the financial resources to access medicine and a doctor. The next day she was surprised to see that someone that she did not know gave her instructions to go to a specific doctor and pharmacy to meet her health needs and that they were already paid for.

Perspective of Physician

When discussing the COVID-19 pandemic, the doctor reaffirmed his belief that all migrants must be provided health care. He said that the least that can be expected is that regular

migrants be treated the same as nationals, and this includes receiving the financial assistance from the government. He also mentioned that the reality is that many Moroccans still have not received their checks either and may never. It is important to mention this as migrants' financial resources play a monumental role in their ability to maintain decent health, including access to medical care and food.

Treatment. From the physician's perspective, the current COVID-19 situation in Morocco is being handled well by the government and by the healthcare system. He stated that patients who are admitted in the hospitals are well treated and that the intensive care unit that is being used for COVID-19 has only reached 10% of the capacity that was reserved for the pandemic. Despite the fact that Morocco is not testing for the virus very much, there has not been an increase in the influx of people in serious conditions being admitted in hospitals and there has not been an increase in demand for testing. Thus, he concluded that Morocco was not hit with a large number of COVID-19 cases, although there may be many people with inapparent infections, and scientists are not sure why this is the case for the MENA region.

He also emphasized that the MoH published their strategy in combating the pandemic, and migrants were clearly included in the response.

Challenges. He believes that the greatest challenge for migrants and Moroccans will come with the lifting of the lockdown. If precautions are not taken and enforced when people can leave their homes again, many public health challenges will ensue. He explained that it will be difficult to continue enforcing mask-wearing, also public transportation is not well developed and this will result in an overcrowding of people on busses and trams, and there will also be a problem with taxis who are asked to take less than half of their normal capacity, which will mean that they will

have to double their rates. Migrants and Moroccan will have to readjust socially, and they will continue to be affected economically. He added that schools lack the financial resources to enforce social distancing and landlord livelihood will continue to be at risk if people do not have jobs.

Awareness. Finally, the doctor explained that information on prevention and healthy practices during this crisis are widely disseminated to the entire population and is accessible to migrants. Many ads and leaflets are all over store windows and walls in the streets, making them easily available. Additionally, he noted that Morocco did not experience a shortage of masks, as an exporter of textile that was able to make an abundance of them. Masks in Morocco are compulsory during this state of emergency. The doctor presented the financial barrier associated with masks, as one must change theirs frequently for best health practice.

Perspective of NGO FOO Rabat: Regular Migrants

Support. During our personal interview, the FOO staff member explained that with the COVID-19 situation, all resources have been repurposed to carry a new project called “SOS Migrant”. With this program, migrant beneficiaries are provided with an online form to fill out. With this form, FOO tries to identify the needs of migrants in vulnerable situations and then the NGO goes out to reach them, while respecting the social distancing guidelines. Thus, migrants no longer come to the organization to acquire resources, rather the FOO staff members go out into the communities to distribute the resources. These distribution actions take place in Rabat and its surroundings where migrants and asylum seekers live. She stated that among the beneficiaries of these actions are single women with children, unaccompanied minors and the elderly.

Achievements. She explained that since March 23rd, 2020, FOO has carried out awareness-raising and distribution campaigns for vulnerable populations, particularly for migrants

and asylum seekers, at the rate of three distributions per day. FOO has been able to reach 722 Migrants and 243 asylum seekers in vulnerable situations. To the NGO, it is important to carry out these pandemic specific programs as migrants are not eligible for the social and financial assistance provided by the State. These distribution campaigns consist of delivering grocery and hygiene baskets made up of food essentials, as well as hygiene products including soap. She claimed that many partners have praised these actions and FOO's ability to adapt to this particular situation and continue serving migrants.

Perspective of NGO OJA Tangier: Regular Migrants

Support. The OJA representative stated that although the OJA office is closed due to COVID-19, they continue to support migrants remotely. They have field agents who distribute hygiene and food baskets to migrants in their communities, while other employees work from home. They have adjusted their services to provide food and hygiene supplies, including masks, to migrants during this crisis. OJA has distributed over 600 baskets between the cities of Tangier and Tetouan. Additionally, OJA and its partners have prepared brochures that describe the COVID-19 pandemic and best health practices to protect oneself against the disease which are included in the hygiene packs distributed to migrants. OJA has also created videos with their migrant volunteers of different nationalities to provide this same information in the different languages that OJA's beneficiaries speak.

Government support. She affirmed that the government supports their efforts and the local Tangier government even donated 200 baskets for OJA to distribute. The government and NGOs are working together as Morocco is an emergency situation and authorities are also not allowed to repress migrants while the lockdown is in place. She added that OJA contacts the local

authorities with information regarding their activities in order to request an authorization form for the NGO to conduct their distributions.

Access. She confirmed that as Morocco has entered a state of emergency, migrants are treated like Moroccans in regards to accessing public health services and testing for COVID-19. She explained that the two MoH hotlines specific to this crisis situation are available for migrants as well. This is important as one of the lines is meant to offer psychiatric support for people dealing with anxiety surrounding this pandemic. She explained that the health care system needs improvements in general, for migrants and Moroccans alike. She added that migrants and Moroccans are in the same situation in regards to access to health during COVID-19, as medical consultations are over the phone now. To her, migrants understand that the health situation is the same for everyone at this time as hospitals are closed. She affirmed that certain NGOs continue to work with the State to provide free medication for vulnerable migrants.

Challenges. OJA's representative stated that migrants' biggest obstacle is getting authorized permission to leave their homes. This is an issue for Moroccans as well. She explained that only one person per family can fill the authorization form, in addition to those who need authorization for work purposes.

Perspective of NGO Manos Solidarias Tetouan: Irregular Migrants

Support. The Manos Solidarias president explained that his NGO is physically closed due to COVID-19, but is continuing to work with migrants over the phone. He also said that he is thankful that the migrant community has not been medically affected by the virus so far. He added that this is very positive as many migrants live in overcrowded spaces and if one person has the disease, then it will spread incredibly rapidly within the migrant community. He confirmed that

food was their beneficiaries' number one need as they cannot go outside without written authorization or else they will get arrested. The process consists of irregular migrants calling the organization to let them know that they have run out of food, then Manos Solidarias provides them with a location, usually a story, and a password, and upon the migrant's arrival, they are given a food basket. Additionally, a few days before our interview, he received a call from an NGO asking him where they can distribute the 200 food baskets that they have. He provided them with a list of his NGO's beneficiaries, along with their addresses, and the association distributed the baskets to them. Additionally, migrants' other needs during this crisis are clothing and money to pay rent. The NGO president confirmed that what migrants need right now is humanitarian aid.

He also mentioned that both irregular and regular migrants are not receiving financial aid from the government. Despite this, he explained that there is a network of NGOs in Casablanca that have been able to distribute both food baskets and a sum of money for migrants' to pay their rent. He said that this was achieved because a couple dozen associations came together and combined their funds.

Awareness and Access. He declared that NGOs are playing the important role of disseminating information regarding the virus and best protection practices to migrants and Moroccans. Wearing a mask is compulsory, and he claimed that they are very cheap and accessible even for migrants. He recounted that in Tangier, there is an association that distributes masks to migrants for free. He added that all migrants have access to testing and other medical services during this pandemic as they are a part of the Moroccan population and it is for the overall health of the entire population. He gave an example of a migrant woman who gave birth at a public hospital recently and had no trouble accessing medical services.

Evaluation

Discussion and Analysis

As the first African country to be considered a host country for migrants, a role forced upon Morocco by Europe's tightening of borders, Morocco faces many new challenges in concretely guaranteeing access to health care for migrants. Although the 2013 National Strategy on Immigration and Asylum theoretically amplified access to health care services for migrants, both the physician and public official acknowledged that a gap between policy creation and real life implementation exists. To me, lack of concrete guidelines for implementation and lack of resources invested in putting the laws into effect contribute to this theory-practice gap in medical coverage for sub-Saharan migrants in Morocco. Additionally, NGOs seem to be a bridge between the Moroccan government and sub-Saharan migrants. The government listened to civil society when they advocated for the creation of the migrant-targeted strategy in 2014 and all three NGOs affirmed that migrants typically reach out to them before attempting to access health care facilities on their own. This is evidence that NGOs have earned some degree of trust from both the government and migrants. It took me by surprise that my results revealed that the government supports NGO programs for migrants, both regular and sometimes irregular, to an important degree because NGOs repeatedly expressed that a fear of public authority exists for migrants.

It is evident that Moroccans and migrants alike face many of the same barriers when it comes to accessing the public health sector, due to its lack of resources and funding. However, I was not expecting for all of my informants to mention that the common problems that migrants face when seeking public health care are not related to discrimination, but are rather simply a reality for all. While this sentiment was clearly expressed by OJA's representative and the public

official, the examples that they provided regarding the obstacles that migrants face, for example the fear of not being well received at the hospital, seem to be specific to migrants and contradictory to their previous statement.

Although it is evident that the COVID-19 pandemic has exacerbated certain social, economic, and health inequities among sub-Saharan migrants in Morocco, my results surprised me in that all of my interviewees affirmed that migrants' most important challenges at this time are related to food insecurity and financial instability, rather than access to health services. For this reason, the physician suggested that efforts be first and foremost concentrated in improving migrants' public health, including their food security, living conditions, and financial stability. I believe that my United States perspective bias came into play when I hypothesized that the pandemic would predominantly exacerbate health inequities when it comes to access to medical services, rather than more significantly exacerbating their negative social determinants of health. This is because in the U.S., migrants and the rest of the population are primarily experiencing difficulties accessing tests and masks to protect themselves, whereas, Morocco has not been faced with these shortage challenges. The public official and Manos Solidarias' president's statement that COVID-19 infected migrants Morocco has contributed to the absence of this health problem among migrants.

NGOs and the government prove to be informally collaborating during this COVID-19 pandemic in order to provide services to the vulnerable irregular and regular migrant communities. This seems to be successful as the NGOs mentioned their important achievements during this period. The consensus between my informants is that all migrants, regardless of legal status, are being considered by the government, with the exception of benefitting from the financial assistance. It is also clear that the NGOs are continuing to fill the public health gaps in areas where

government efforts fall short. NGOs have been actively repurposing their resources to address migrants' specific challenges and vulnerabilities. It is positive to hear that NGOs have been taking on the burden of going out into the community for distributions instead of expecting migrants to take the risk of leaving their homes, as this is nearly impossible with the lockdown. I believe that NGOs, such as OJA, placing importance on raising awareness about the situation and spreading knowledge on the best protective practices among migrants is crucial. They have made an effort to break down the language barriers that exist when information is disseminated by the government to migrants, as it is only ever presented in Arabic and French.

It is important to also emphasize the gravity of migrants not benefitting from the State's financial assistance as the majority of them work in the informal sector and RAMEL was never extended to them. This leaves them with an increased risk of financial instability which affects every aspect of their health and livelihoods.

Recommendations

To improve health equity for sub-Saharan migrants in Morocco, I recommend concentrating on improving sub-Saharan migrants' social determinants of health above all else. This means that governments and NGOs should collaborate in advocating for and implementing policies that ensure migrants' access to their basic needs which affect their everyday living conditions and health status. As my results show a certain level of trust in NGOs by both migrants and the government, I recommend that NGOs continue to advocate for and demand the guarantee of migrants' rights from the government. I specifically suggest that NGOs and the government work to legally extend RAMEL to migrants, as this will positively impact their access to health care, financial situation, and overall health, especially during the particular situation of COVID-19. Additionally, NGOs discussed their desire for a third regularization campaign, as

papers are a major reason that migrants are afraid of seeking health care in Morocco, so I recommend that they use their connection with the government to continue pushing for this. Finally, I support the continuation of resource repurposing in meeting migrants' specific challenges during this health crisis, and I urge the government to increase their support of NGO programs to continue striving toward public health equity for sub-Saharan migrants.

For future research on this topic, I strongly encourage the interviewing of migrants, as their voices and perspectives unfortunately do not inform my results and I believe that they are essential in truly getting a good picture of the current state of migrant health. I also recommend doing a comparative analysis of the state of migrant health peri-COVID-19 in Morocco with other countries, both developed and developing, with varying levels of immigrants.

Limitations

Due to the COVID-19 outbreak, I experienced limitations of not being in Morocco while conducting my research. This resulted in limited access to physical resources, as well as an inability to conduct in-person interviews. Virtual interviews presented challenges of poor internet connection on both ends and less personable interactions. Due to this and the difficult situation of this pandemic, another limitation included not having the opportunity to interview migrants, invaluable perspectives for this research. Now that I have completed my research, there are some clarifying questions that I would be interested in asking my interviewees in order to strengthen my findings. Additionally, this was paired with a five hour time difference between the United States and Morocco which resulted in a restricted time window in which we could talk. Furthermore, I am a novice Arabic language student and consequently was unable to understand videos released by the Ministry of Health that were not translated or use government and news resources that were

written in Arabic. An advantage though was my ability to speak French which widened the array of relevant sources available to me and allowed me to speak directly with my francophone interviewees. In addition, the existing concrete data of challenges faced by migrants in Morocco were dated, as MSF's reports were the most recent statistical documents that I could find, and they left Morocco in 2013. Moreover, I acknowledge my personal biases as a foreigner, but also as someone of Moroccan descent. Finally, the timeframe of the project was restricted to four weeks which required me to limit the breadth of my research; I was unable to compare the state of migrant health peri-COVID-19 in Morocco with other developing countries, as well as developed one, with varying levels of immigrants.

Conclusion

The realities of the Moroccan healthcare system reveal that sub-Saharan migrants face important health inequities in Morocco. This paper's findings suggest that although migrants and Moroccans face many of the same challenges when accessing public health services, migrants, especially those with irregular status, often times face additional obstacles, such as language barriers and financial instability in the face of COVID-19. It can be acknowledged that the government has actively worked on the integration of migrants in health policies, however, more efforts dedicated to implementation is essential for these legal actions to be recognized. NGOs have clearly been filling health care gaps for all migrants through psychological programs and even medical consultations. This has only grown with the COVID-19 pandemic, as NGOs are actively adjusting their programs to continue servicing migrants to ensure their safety, protection, and access to basic needs. NGOs have also experienced an important presence of authorities supporting their actions which has contributed to the success of the distribution of hygiene kits and grocery baskets to migrant communities. Despite these successes, more needs to be done by both the government and NGOs to truly implement laws and to continue advocating for migrant health equity in Morocco.

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Appendices

Appendix A: Interview Questions for Public Official, Moroccan Expert on Migration

- Generally, what would you say are the biggest healthcare challenges that migrants face?
What barriers exist?
 - In general
 - During COVID-19

- What is the Moroccan government's biggest challenge in terms of guaranteeing access to health for migrants?
 - For regular migrants
 - For irregular migrants
 - Now with COVID-19
 - Are there issues with implementation and effectiveness of government policies?

- What policies have passed and have actually been implemented? What are the barriers to implementation? What is the reality?

- What is your opinion on the current state of access to health for migrants?
 - Pre-COVID-19
 - Post-COVID-19

- Are there key areas in the healthcare system or policies that need improvement to guarantee access to migrants? What are your recommendations?

- Who is the Moroccan government partnered with to improve access to health care for migrants?

- Do you have recommendation to improve the health access situation of migrants?

- The Consequences of COVID-19 on migrants:
 - What are the health-related dangers that migrants are facing during COVID-19? What barriers are they experiencing? How are migrants included in the government's COVID-19 response?
 - Do migrants have the same access to health care as Moroccans? Are there statistics on the number of infected/ deaths among migrants?
 - What support do migrants have during this pandemic? Is it mostly by the government or NGOs and civil society? Are they working together?
 - Are migrants' status taken into consideration when?

Appendix B: Interview Questions for Public Health Sector Physician

Background

- Can you provide me with a brief history of your experience as a health professional and your roles in the medical field?
- Have you worked in the private or public sector?
- Have you ever worked with and treated migrants?

General, not concerning COVID

- What are some common issues in the healthcare system that migrants face?
- What are the primary health reasons among patients/migrants who seek healthcare services?

Challenges

- What would you say are the biggest barriers to healthcare access that migrants face in Morocco?
- Do the government policies effectively guarantee access to healthcare for migrants?

Accessibility

- Do migrants get the same benefits as Moroccans in terms of health access?
- What limitations in terms of access exist for irregular migrants?
- Does a language barrier between migrants and health professionals exist?

General subjective opinion

- Are there key areas that need improvement to guarantee access to migrants? What are your recommendations?

During the current COVID-19 pandemic:

- What resources and programs are being provided to the migrants at this time?

Government & Policy

- Are you aware of how the government is including migrants in protection against virus?
- Do the government policies guarantee access to health for migrants? Are they effective?

Informing migrants

- Are the government or public health organizations providing information to migrants on prevention/ healthy protective practices such as social distancing, washing hands, and wearing masks?

Challenges

- What are the health-related dangers that migrants are facing during COVID-19? What challenges are they experiencing?

Resources, supplies

- Can you tell me about any screening or testing offered to migrants?

- What is the availability of masks and other hygiene supplies to migrants?

Accessibility

- Due to COVID-19, are there more limitations for undocumented individuals in accessing care?

Compared to Morocco in general

- What was the Moroccan government's response to the pandemic? Is the Moroccan healthcare system prepared for this health crisis?
- Do migrants have the same access to healthcare as Moroccans? Are there statistics on the number of migrants infected/ deaths among migrants?

Subjective opinion

- What is your opinion on the current state of access to health for migrants during the pandemic?
- What areas do you see that need improvement in terms of access to health for migrants?

Appendix C: Interview Questions for all Three NGOs

Background

- How did you find/ start working with [NGO]? What is your position at [NGO]? How long have you worked there?

General, not concerning COVID-19:

- What are some common issues in the healthcare system that migrants face?

NGO

- What health-related programs does [NGO] have for migrants? Are they frequent?
- What are the primary health reasons among migrants who seek [NGO]'s assistance?
- Does the government support your NGO? If yes, in what ways?

NGO's Challenges

- What are your organization's biggest challenges in helping migrants access healthcare?
- Do the government policies guarantee access to healthcare for migrants? Are they effective?
- How does [NGO] fill the healthcare gaps for migrants?

Accessibility

- Do you provide healthcare services to irregular migrants as well?

General subjective opinion

- Are migrants getting their promised healthcare access in the public sector? If not, what are key areas that need improvement?
- Do you have specific examples of their experiences with the healthcare system?

Perspective of migrants

- What are the migrants' perceptions of the healthcare systems?
- Do they have trust in the system?
- Are NGOs their first contact point to healthcare or do they go to the hospitals directly?

During the current COVID-19 pandemic:

- What resources, programs are being provided to the migrants at this time?

NGO

- What additional support do [NGO] migrants have during this coronavirus pandemic? Are you having trouble getting in contact with migrants due to the confinement? Are they coming to the organization for their needs?
- What is the primary source of support for migrants during the pandemic?

Government & Policy

- How is the government including migrants in protection against the virus and guaranteeing their access to healthcare? Have NGOs or migrants requested specific protections for migrants from the government?
- Is the government supporting and providing resources to your organization to help migrants?

Informing migrants

- Is the government or other public health organizations providing information to migrants on prevention/healthy practices such as social distancing and washing hands?
- Can you tell me about any screening or testing offered to migrants? Are migrants being provided masks?

Challenges

- What are the barriers that migrants are facing during COVID-19?

Accessibility

- Due to COVID-19, are there more limitations for irregular migrants accessing care from [NGO]?

Subjective opinion

- What is your opinion on the current state of access to healthcare for migrants during the pandemic? Is there need for improvement?
- How are migrants viewing this crisis? Have their trust in the healthcare system during this pandemic changed?