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Policy and Institutional Responses to COVID-19 in the Middle East and North Africa: Morocco*

Summary

Morocco accounted for 9 percent of all confirmed coronavirus cases in the Middle East and North Africa (MENA) as of November 2020.[1] What started out as a well-managed medical emergency between March and May 2020 quickly devolved into a worrying and uncontrolled outbreak, as cases spiked over the summer and then again in November. While Morocco tries to strike an appropriate balance between saving the economy and limiting the loss of life, the government is banking on purchasing and testing vaccines as its public health sector is stretched beyond capacity.

The Moroccan regime's initial security response to the coronavirus pandemic was strong and proactive (closing borders, mandatory general lockdown, and social distancing). The strength of this response is partially credited for the country's relatively low number of contaminations and deaths between March and May 2020. However, Morocco's response encountered two obstacles: first, the lockdown and social distancing measures in general were relaxed after three months; second, the lockdown was not implemented equally across geographic areas and security officers were not deployed in an even manner. The major concern that the virus could spread rapidly through community transmission in urban slums, rural areas, agricultural sites, and factories was not addressed through special measures. In fact, major spikes in contamination were associated with the continued operation of certain farms and factories despite lockdown measures.[2]

A special fund was created to raise money to help those impacted by the pandemic. This fund was successful in getting public personalities and citizens to donate. However, there is significant ambiguity around the special fund (how funds are being used, how much has been raised, etc.). Other positive arrangements made early on include the massive production and distribution of affordable masks (though there was a delay in the initial distribution in April) and the successful collaboration between the private and public sectors to increase the production of medical and pharmaceutical supplies.

The daily communication on the state's epidemiological response to the pandemic was also successful. It was consistent and accessible to a large portion of the population; however, it could also have been improved. There were problems with communicating major decisions transparently and on a clear schedule. Indeed, several decisions about the lockdown were announced on social media sites at late hours. Furthermore, in March, two committees were created to deal with the health and economic dimensions of the pandemic and advise the regime on strategy; however, this positive step was overshadowed by poor communication regarding their decisions and procedures.

The greatest weakness brought out by the pandemic is Morocco's frail and poorly funded health care system. The shortage of medical personnel (32,000 below the World Health Organization (WHO)-recommended threshold for doctors, and 64,000 for nurses) exacerbated the situation, while the lack of sufficient hospitals and intensive care units sent the regime scrambling to set up field hospitals. The spike in contaminations during the summer and following months has further stretched the capacity of the system, and reports from some COVID-19 patients suggest there is a

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lack of resources and treatment space. There also were weaknesses in terms of the response time and reliability of testing. Existing disparities in terms of access to treatment between rural and urban areas was amplified during the global pandemic.

In terms of the economic response, Morocco's fiscal realities limit what it can do to alleviate pressures on citizens. However, a significant effort was made, and the creation of a committee to monitor the economic impact of the pandemic was beneficial. The central bank increased liquidity provision to the banking sector by providing foreign exchange swaps to domestic banks, increasing refinancing operations for small businesses, expanding the range of collateral to include public and private debt instruments, bringing reserve requirements down from two percent to zero, and reducing the benchmark lending rate. Since March, the government has worked with banks to provide small and medium businesses and self-employed individuals with initial three-month loan deferrals and then interest-free loans. The government also promised stipends to workers impacted by coronavirus-related unemployment and underemployment. While these stipends were helpful to many, the amount distributed was not sufficient to meet the basic needs of average workers, and the aid was not always distributed on a regular basis. Overall, communication about the economic response was lacking, inconsistent, and sporadic.

The economic impacts and management of the crisis have highlighted major weaknesses in Morocco's economy, which is in dire need of reform and diversification. Overall, Morocco's macroeconomic balances were negatively impacted by the pandemic, a harsh drought, and a decline in phosphate exports. The trade deficit has also widened by 23.8 percent in the first quarter of 2020. Economic growth receded by 1.1 percent in the first quarter of 2020, and by 1.8 percent in the second quarter.[3] Because of a breakdown in supply chains, most major export sectors are suffering, and exports dropped by 17 percent by the end of July 2020.[4]

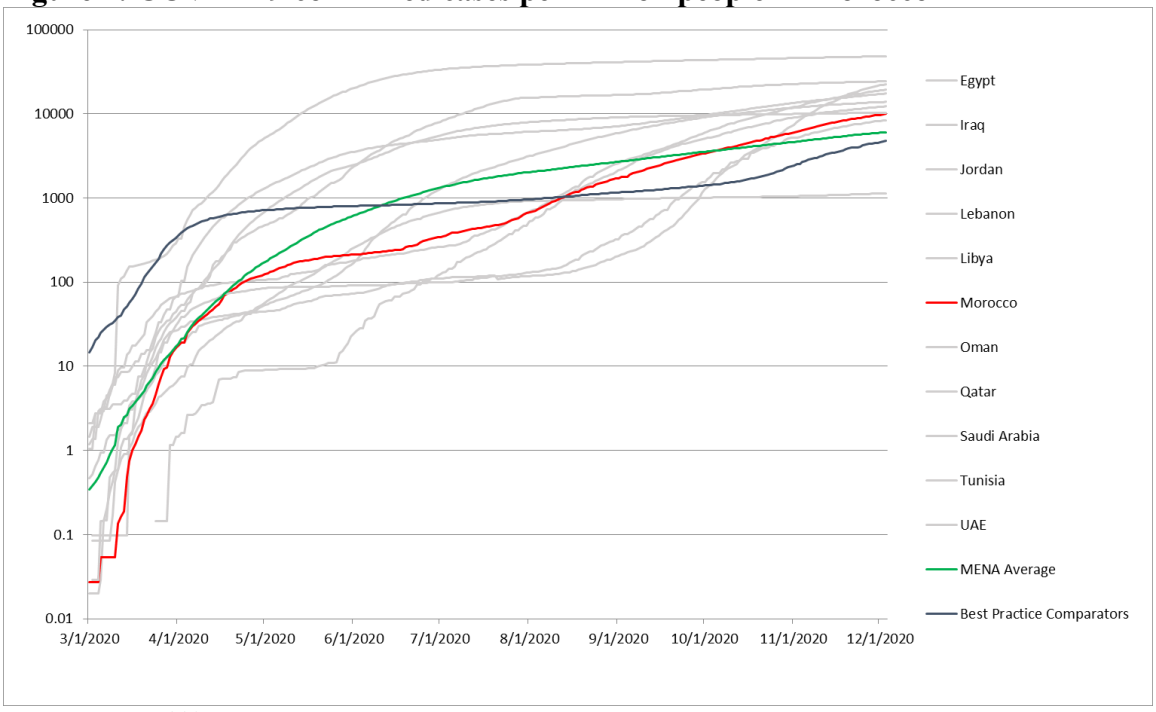
General Information

Indicator[5]	**December 1, 2020**
Confirmed COVID-19 Cases:	359,844
COVID-19 Related Deaths:	5,915
COVID-19 Recovered Patients:	310,193
COVID-19 Tests Administered:	3,974,785

Source: Morocco Ministry of Health; Our World in Data

The figures below explore Morocco's efforts to combat the COVID-19 pandemic, providing a comparison of performance and outcomes with other countries reviewed in this series where relevant. Figures 1 and 2 compare outcomes in terms of total confirmed cases and deaths over the course of the pandemic. Figure 3 documents Morocco's expansion of testing over time. Figure 4 compares the strictness of governmental responses to the pandemic, over time, using the Oxford COVID-19 Government Response Tracker's Stringency Index. The index is a composite measure of responses related to school closures, business closures, and travel bans, although it should not be construed as an indicator of the *effectiveness* of the government response. Using this index, Figure 5 tracks the strictness of Morocco's policy response against daily confirmed cases, allowing for an analysis of how closure policies have shifted with changes in virus incidence.

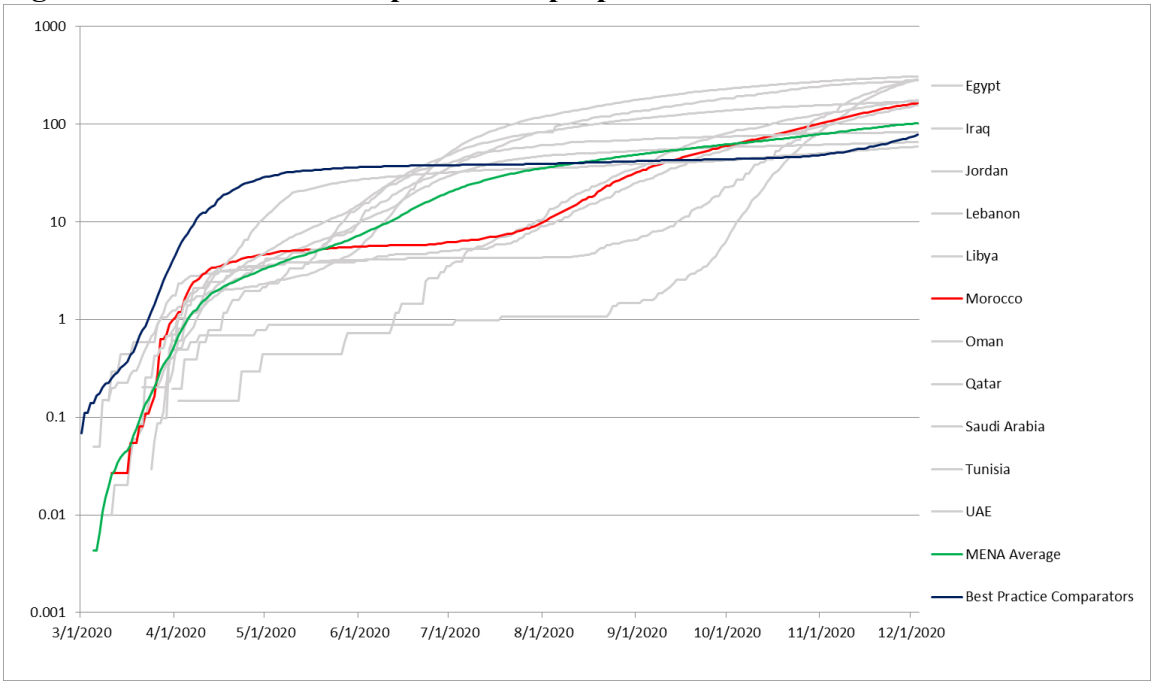
Figure 1: COVID-19 confirmed cases per million people in Morocco[6]



Source: Our World in Data

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

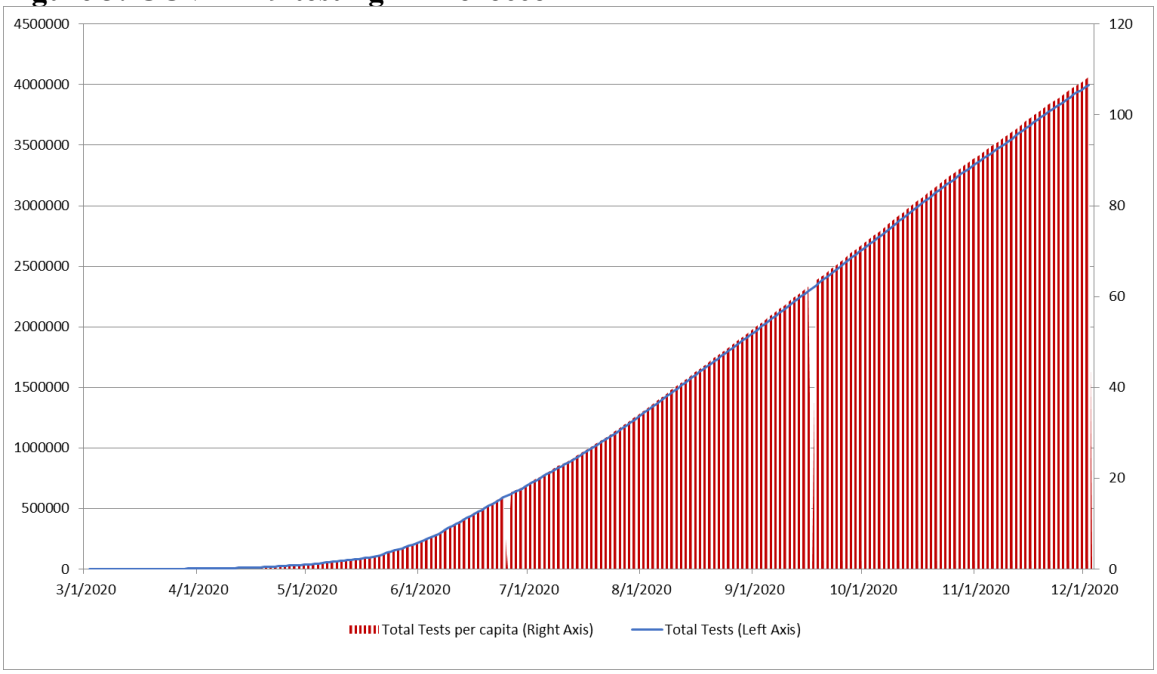
Figure 2: COVID-19 deaths per million people in Morocco[7]



Source: Our World in Data

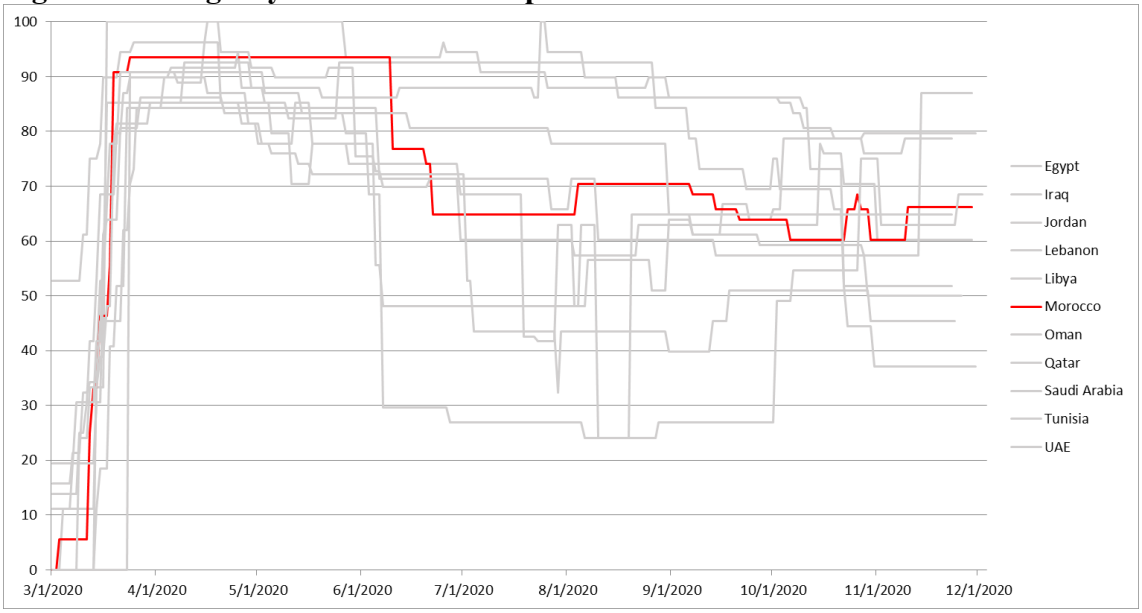
Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

Figure 3: COVID-19 testing in Morocco[8]



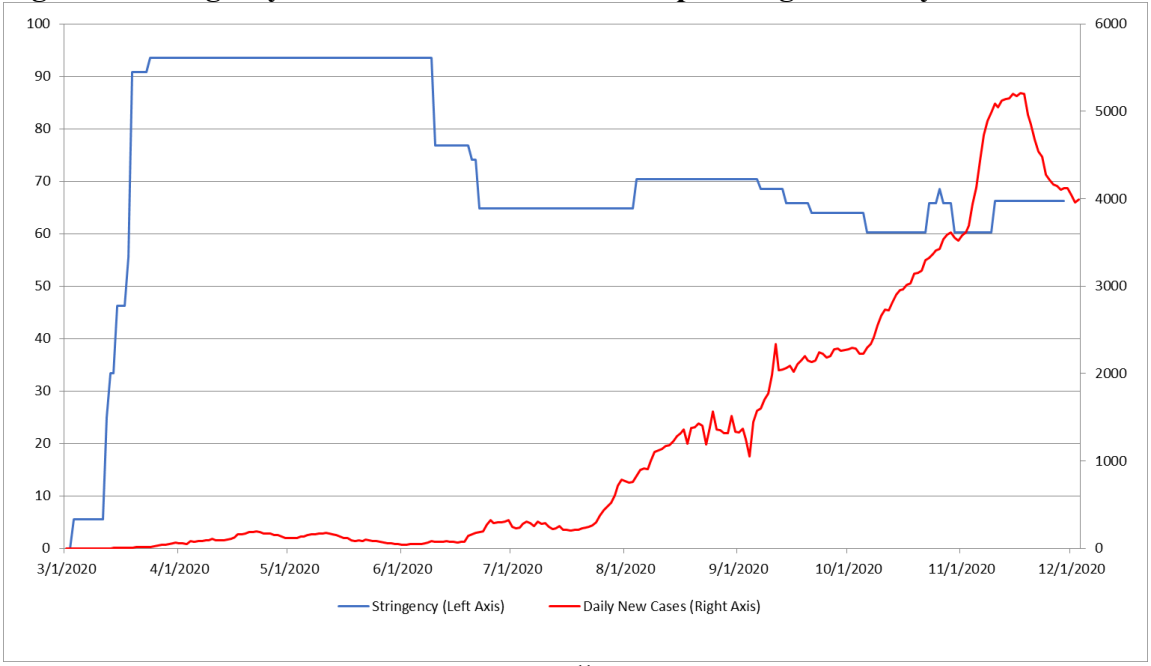
Source: Our World in Data

Figure 4: Stringency of COVID-19 response in Morocco[9]



Source: Oxford COVID-19 Government Response Tracker
Note: On the Stringency Index, 100 represents the strictest approaches to closures.

Figure 5: Stringency of Morocco's COVID-19 response against daily cases[10]



Source: Oxford COVID-19 Government Response Tracker,[11] Our World in Data
Note: On the Stringency Index, 100 represents the strictest approaches to closures. Daily new cases have been smoothed using a running average.

Increase in unemployment associated with the pandemic:

Unemployment in Morocco is projected to reach its highest levels since 2001. According to the Minister of Economy and Finance, Mohamed Benchaaboun, Morocco's unemployment rate increased from 9.1 percent in 2019 to 13 percent by the second quarter of 2020.[12] In urban areas,

the unemployment rate rose to 15.6 percent (compared to 13.1 percent in 2019) and a record-high 22.6 percent for young people (aged 24-35 years). In rural areas, the unemployment rate increased to 7.2 percent from 3.4 percent in 2019. Overall, an estimated 589,000 jobs were lost between the end of the second quarter in 2019 and the end of the second quarter in 2020—520,000 in rural areas and 69,000 in urban areas.

Description of government response to the COVID-19 pandemic:

Before declaring a national health emergency, and calling for mandatory confinement on March 20, 2020, Morocco put in place a series of significant lockdown measures to contain the spread of the virus starting on March 9 (including banning international and domestic travel, closing mosques, banning public gatherings, etc.). However, what started out as a strong and unified response over the first 2-3 months of the pandemic turned into an unsteady response exacerbated by a major lack of communication with the public and a seemingly opaque and disorganized decision-making process. The initially strong security response also tapered off as the implementation of lockdown measures became laxer and more haphazard.

Testing

Morocco began generalized testing in mid-April 2020, with the Minister of Health announcing that COVID-19 screening tests would be widened and diversified.[13] The Minister of Health highlighted the focus on reducing waiting times for results and analysis. As of mid-April, six public university hospital centers, one regional hospital, two private clinics, and several military hospitals were equipped to screen coronavirus patients across the country. Testing is provided for asymptomatic patients as well.

As of mid-May 2020, the country was carrying out 5,000 tests per day. Previously, this number ranged from 1,000 to 3,000 tests a day. In mid-May, the Minister of Health announced that it was beginning a large-scale COVID-19 testing campaign with the objective of conducting 1.79 million tests by August, with laboratories performing (on average) 20,000 tests a day over 90 days.[14] By the first week of September, Morocco was ranked as the thirtieth worldwide in terms of daily tests performed, with close to 2.1 million tests carried out since March 2.[15] On October 10, the number of tests per day tipped over 25,000.[16]

Increased testing was also adopted in outbreak epicenters like prisons. On April 25, following outbreaks in several prisons, the General Delegation for Prison Administration and Reintegration (DGAPR) launched a large-scale screening campaign in prisons, conducting tests on 1,735 inmates.[17]

Treatment

There are four types of public hospitals in Morocco: local, provincial, regional, and teaching hospitals.[18] Morocco initially assigned provincial hospitals for the treatment of symptomatic COVID-19 patients (with a few exceptional provinces such Aousserd), while asymptomatic patients were generally sent to private hospitals, until they were cured, then to hotels or professional housing for their post-treatment quarantine. In provinces where Intensive Care Units (ICU) were not available (such as the province of Tata), problems arose when patients required intensive care treatments. These patients were taken to the closest regional hospital. Other types

of hospitals that treated coronavirus patients include military and field hospitals, as well as those linked to specific foundations (such as the Sheikh Zayed Hospital in Rabat).

As the cases spiked in the summer, and hospital capacity was limited, field hospitals were built away from urban centers. In the summer, the government announced that all positive patients would be sent to two main field hospitals in Benslimane and Benguerir. It was reported by multiple patients in the summer that treatment conditions were poor, and resources were limited. Morocco's frail public system was stretched thin by the pandemic.

A study on COVID-19 case management in Morocco from March to October 2020 concluded that there is an urgent need for the standardization of testing.[19] Simply allowing private laboratories to carry out polymerase chain reaction (PCR) tests was not sufficient, and mass testing (with the right interpretation of PCR values changes) of a target population living in cities with large outbreaks was required.

The government authorized hospitals to use antimalarial drugs (hydroxychloroquine and chloroquine) to treat patients as of March 25, ensuring that available stocks would be made available to the state for purchase, rather than to civilians.[20]

Social distancing

The state of health emergency was announced on March 20, and it remains ongoing as of November 2020 (currently extended until January 10, 2021). Morocco implemented a general mandatory confinement (which was subsequently extended several times) between March 20 and May 29.[21] During this period, the Ministry of the Interior and the Ministry of Health ordered the closure of all public spaces and facilities (cafés, restaurants, cinemas and theatres, party halls, clubs and sports halls, hammams, playrooms, and mosques).[22] Only pharmacies, food-related stores, and petrol stations were allowed to operate. During this initial period of confinement, people could not leave their homes without a signed authorization form a *mqadem* (an auxiliary of authority in the local police headquarters). In addition to essential workers, the form was only given to people whose jobs required mobility, or those who needed to leave their homes due to extenuating circumstances (e.g., seeking medical treatment). When outdoors, people had to follow rigid social distancing measures including wearing masks (even in vehicles) and keeping a distance of at least one meter from others.[23] Cars and taxis were only allowed one passenger at the time.

After May 29, the first phase of deconfinement began with restaurants re-opening with limited service. On June 16, the second phase of deconfinement was announced. This phase involved the country's regions being divided into two zones: Zone 1 was the low-risk category (regions with the least cases), and Zone 2 was the high-risk category (including regions with major urban centers such as Casablanca, Marrakech, and Tangier). High-risk regions remained confined, while low-risk regions saw restrictions eased. At this point, lockdown measures were relaxed to varying degrees for 90 percent of the population.[24] Currently, it seems that regions are being confined on a need-basis, including Nador in October 2020.[25] Since the start of partial deconfinement, stores have been required to continue taking temperature tests before allowing customers access.

Medical equipment

The government allocated 2 billion Moroccan dirhams (around $220 million) to the health sector to buy intensive care beds, ventilators, testing kits, and medication.[26] Forty-seven public, private, and military hospitals were designated to treat COVID-19 patients only, and many accommodations across the country were turned into shelters for recovering and asymptomatic patients.[27] Health authorities built two temporary field hospitals for COVID-19 patients with a capacity of around 700 and 500 beds, respectively.[28]

As wearing masks outside was made mandatory since April 7, the government, in collaboration with the Ministry of Industry, organized the domestic production and distribution of affordable masks.[29] Around 2 million masks a day were produced for domestic use starting in May.[30] Dairy delivery services were initially tasked with delivering masks to local shops to make them accessible to as many citizens as possible. Local authorities also deployed teams of workers around the country to disinfect all public transportation and public spaces on a regular basis.[31]

The Ministry of Health secured large stocks of hydroxychloroquine medication from pharmaceutical companies for the treatment of COVID-19 patients, although the effectiveness of the drug in this context remains unclear.[32]

The regime has made acquiring the vaccine a priority since the surge in cases over the summer, and the Ministry of Foreign Affairs has been in contact with China to establish cooperating mechanisms for the successful tackling of the pandemic. In August, Morocco signed an agreement with the China National Biotec Group (CNBG, also known as Sinopharm) to carry out vaccine trials.[33] The third phase of testing took place in Morocco from August to November, 2020.[34] Around 600 beta patients participated in this trial. Now, CNBG will provide Morocco with ten million doses for mass vaccinations before the end of 2020.[35] The kingdom is also negotiating with other companies to secure other vaccine doses when they are available. For example, Astra Zeneca will provide Morocco with 17 million doses of the Oxford vaccine, with an option of three million supplementary doses.[36] Morocco has also had discussions with CanSino Bio, Pfizer, and Johnson & Johnson. Though details about these potential contracts are unavailable, Morocco has reportedly signed several memoranda of understanding with these laboratories.[37]

In mid-November, while the country was struggling to contain the rapid rise of coronavirus-related infections and deaths, and while many were expecting a second general confinement to be announced,[38] the king—acting on the advice of the National Scientific Committee in charge of dealing with the pandemic—announced a massive vaccination campaign would take place that would include all citizens over the age of 18.[39] A launch date was not specified, but the press speculated that it would start in mid-December. Assuming this is correct, the campaign would end after four months, in mid-April 2021.[40] According to instructions made available in November, the vaccine will be free of charge.[41] However, this information may be subject to change, and no further details were provided. It is understood that the vaccination will be given in two injections, and that certain categories of citizens will be prioritized. Frontline workers (in health, education, security, and public authorities) along with the elderly and vulnerable will get the vaccine first. The Ministry of Health will be at the forefront of the campaign, along with the Ministry of Interior, the secret services, the police, the army, and the gendarmerie.[42]

<u>Combating hoarding</u>

To avoid the hoarding of foodstuffs, the Ministry of Agriculture provided assurances that the Moroccan market would not suffer from any discontinuity in its supply of agricultural and fishery products.[43] However, these assurances did not keep some people from hoarding food (as well as medications, and antibacterial gels). For a brief period at the beginning of the outbreak in March, pharmaceutical companies drastically raised the price of antibacterial gel; however, the government has since capped its price.[44]

Border closures and travel bans

Morocco's COVID-related air travel policies were disorganized, often updated via unclear, last minute instructions. All international and domestic flights, as well as maritime links with most countries, were suspended towards the end of March.[45] These suspensions were extended several times in parallel with the state of health emergency extensions.

Major issues relating to border closures included Moroccan citizens and dual citizens not being allowed out of the country, and over 30,000 Moroccan citizens stranded outside of the country not being allowed to return. Eventually, starting in June, weekly repatriation flights were organized to bring a number of stranded citizens back home.[46] In July 15, the borders were opened for foreign nationals, citizens and families to return to Morocco on special flights operating under Moroccan airlines (Royal Air Maroc and Air Arabia).[47] Also eventually, new instructions were announced stipulating that Moroccan citizens could leave Morocco under certain circumstances, namely if they were foreign residents, students, employees, or had a medical emergency.

The borders were open to foreigners who do not require visas for tourism starting September, though the number of flights entering and exiting the country was drastically reduced.[48] As of November, anyone traveling to Morocco had to show a negative PCR test result taken within 72 hours of check-in.[49] Random rapid testing on passengers was also carried out; and those that tested positive were required to quarantine at their own expense.

Domestic train traffic was reduced, while bus travel was suspended during the initial phase of confinement, and intra-city travel was not permitted, except for extenuating circumstances with an official authorization.[50]

School closures

The Ministry of National Education announced the closure of nurseries, schools, colleges, high schools, and universities from March 16 until September 2020, for all students, except those sitting for baccalaureate exams (which took place in July).[51] In September, most schools adopted a hybrid virtual-physical attendance model, with students physically attending school on a rotational basis. Some school districts remained closed due to a high number of cases in the region; for example, schools in Casablanca were closed in mid-September.[52] At the university level, classes and examinations were delayed, dormitories were closed, and doctoral thesis defenses were conducted online.[53]

General assessment of how the response has worked:

The number of infections was initially under control throughout March and mid-April. However, the outbreak spread quickly in mid-April and May, and Morocco experienced a significant increase in cases that took its total cases over that of neighboring Algeria (which has a larger population).

This rise prompted the Ministry of Health to announce that it would not consider deconfinement unless the curve flattened. Morocco has since experienced several major spikes in contaminations and deaths during August, September-October, and November. Along with a high number of daily cases (4,000-6,000 per day), the number of deaths is worrisome as 50 to 80 coronavirus patients die daily. For comparison, from the outset of the outbreak until mid-June, the number of daily contaminations never reached 500, and the number of deaths never reached 20.[54]

Morocco's initial success was due to its regime's proactive actions to contain the outbreak as early as March, most notably by suspending air and maritime travel and implementing a strict general lockdown. The lockdown and social distancing measures worked in the initial phase but have not been respected across all cities and neighborhoods since.[55]

In May, domestic actors lamented what many perceived as an unofficial partial lockdown (respected by some but not all citizens).[56] In the first two weeks of the confinement, human rights activists spoke out against incidents of violence employed by security officers vis-à-vis people defying lockdown rules, fearing that a rise in authoritarianism was underway.[57] This may have prompted authorities to reign in officers and may explain the more lax approach in implementing lockdown rules subsequently.

Overall, nine months after the outbreak hit the kingdom, the situation is drastically worse than what would have been expected in the first few months of the outbreak. Morocco's outlook in the March-April period was positive as the government seemed in control of the situation. By November, the numbers of new cases and death had reached an all-time high which points to the situation getting out of hand.

In terms of the organizational response of the Moroccan government, the decision-making process remains opaque. Experts agree that the king, the *makhzen* (i.e., the deep state), and the Ministry of Interior are spearheading the response, while the prime minister is more of a figurehead.[58] There seems to be lack of communication between key decision-makers in the palace and the government headed by the prime minister.

To what extent have there been protests and/or unrest surrounding the virus outbreak or stay-at-home orders?

Early in the course of the pandemic, Moroccan authorities were able to implement fairly rigorous confinement orders with little or no resistance from the population. There were no large-scale protests documented in Morocco during initial stages of the pandemic. In early August, however, health care workers affiliated with the Union Marocaine du Travail (UMT) staged national protests demanding better wages and working conditions while protesting the government's decision to cancel their annual leave.[59] Overworked medical professionals protested again in September, a month that also saw protests by staff of the national carrier, Royal Air Maroc, following significant layoffs. By and large, protests have focused on the economic frustrations of workers rather than anger over pandemic closures or political decisions by the government.

How accurate are the statistics perceived to be by neutral external observers (i.e., WHO, World Bank, etc.)?

The statistics relating to the number of infected, recovered, and dead cases come directly from the state. Non-governmental organizations are not able to access detailed data. Therefore, while there is no reason to believe that these statistics are inaccurate, there is no way to verify their accuracy.

Institutional Response: Health Sector

Did the government create special institutions to coordinate its pandemic response (such as a task force), or did it work through existing structures such as the Cabinet?

Morocco's response to the outbreak is controlled by the regime instead of the government. At the forefront of these efforts, there are King Mohammed VI, several palace-backed ministers, and the *makhzen*. COVID-related decisions are made by the king, his advisors, technocrats, and commissions. They are carried out by *makhzen* figures (e.g., *mqadems* at the local level) and security forces (mostly the police, but there has been an increased military presence).

The government and political parties are not at the center of the decision-making process. In fact, the Ministry of Health has been eclipsed by Mohammed El Youbi, who is the head of the health ministry's epidemiology direction, and Prime Minister Saadeddine El Othmani has been eclipsed by the Minister of Interior Abdelouafi Laftit, whose declarations the prime minister has been sharing via social media.

A special commission, the National Scientific Committee, was created to deal with, and respond to, the health and security-related developments of the pandemic. An Economic Monitoring Committee was also created to mitigate the pandemic's socioeconomic consequences.

If the former, which ministries and agencies are participating in the task force? How frequently does it meet? Who chairs the meeting?

The National Scientific Committee is comprised of the Ministry of Health, the Ministry of Interior, high-ranking military doctors, the Royal Gendarmerie, and the Director of Civil Protection.[60] The commission is tasked with overseeing the epidemiological and public surveillance at the national, regional, and international levels. It is chaired by the king, who made one public appearance to follow up on adopted preventative measures.

The Economic Monitoring Committee aims to deal with the economic consequences of the pandemic and related lockdown measures and to support informal sector workers. This committee is chaired by the Minister of Economy. It includes members of several ministries and economic institutions, including the ministries of interior, foreign affairs, agriculture, health, industry, tourism, and employment; Morocco's central bank, as well as the Professional Group of Moroccan Banks; the General Confederation of Moroccan Businesses (CGEM); the Moroccan Federation of Trade, Industry, and Services; and the Moroccan Federation of Handicrafts.[61]

For both committees, it is unclear whether there has been a set meeting schedule; however, they appear to meet frequently based on daily state media. There is also a weekly government council meeting.[62]It is reported that King Mohammed VI had closed meetings with the Minister of Health.[63]

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

After the emergence, in mid-April, of new COVID-19 epicenters in farms and factories, regional committees were created to monitor the progression of the outbreak in these spots and to implement a set of precautionary measures. These committees were composed of representatives from the ministries of labor, interior, and trade. Between April 15 and June 12, these committees carried-out visits to 12,313 institutions (and visited some of these institutions multiple times) to ensure that they were complying with precautionary measures. If an institution were found in breach of these measures, the committees could shut them down.[64]

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

The Ministry of Health is at the forefront, with the Ministry of Interior playing an important role in terms of health- and security-related decisions. The Ministry of Industry, Trade, and New Technologies is heavily involved in supporting the response by ensuring the production of masks. The Ministry of Foreign Affairs is in charge of bringing back stranded Moroccans.

How is communication taking place with sub-national government entities?

The communication between entities is taking place at a regional level (across all 12 regions), with governors and regional health directors in charge of each region. Thus, data on infected cases and mortality rates are communicated by regional officials to the Ministry of Health at least twice a day, then by the Ministry of Health to the (WHO) once daily. Awareness campaigns are taking place through state television and the radio, as well as on social media.[65]

How are governments reaching out to external expertise in the medical and scientific communities? Have they developed mechanisms for channeling this expertise into government?

There has not been an official announcement, but the regime has reached out to external engineering experts to help with medical equipment. This is done on a consultative basis. In terms of foreign expertise, the regime has been in close discussions with China's Sinopharm to test and order its vaccine; it has also had more general discussions with Russian, British, and Swiss laboratories.[66]

Has the government taken any decision to ramp up the production of medical supplies and equipment during the crisis? Have procurement rules been waived or modified to facilitate the purchase of supplies?

The production of masks has been ramped up, and they are now produced in surplus and exported.[67] Twenty-four factories were producing around 10 million masks a day as of May 11.[68] It is understood that the exported masks are sturdier than those intended for domestic use, according to the Minister of Industry, Trade, and New Technologies himself.[69] They are sold domestically at a set price of 0.80 Moroccan dirhams (around $0.09) per unit. There has been talk about creating automatic ventilators and infrared thermometers, but these are still in initial trial phases and mainly reported by state-friendly media.[70] Chloroquine and hydrochloride (anti-

malarial medicine used for COVID-19 treatment) was secured by the government and cannot be purchased by civilians or private companies.

How are health response communications being handled? How frequently do briefings occur?

A Ministry of Health spokesperson communicated developments to the public on national TV every day at 6 p.m. from March until September 2020.[71] Since September, daily updates are published at 6 p.m. on the official website.[72] Official numbers are also communicated through the media (radio and television) to the public at 10 a.m.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

The daily televised COVID-19 communication and awareness campaigns worked well and were consistent. Another strong suit has been the distribution of masks. The proactive security response adopted by the regime at the onset (closed borders, national lockdown, etc.) was another strength and is partially credited for the initial positive epidemiological outlook for the kingdom.[73] The successful collaboration between private and public sectors in ramping up production of medical and pharmaceutical products was also beneficial and allowed the local pharmaceutical industry to meet increased domestic demand for medication. In fact, the production of medication (including COVID-19 drugs) rose by 80 percent since March.[74]

What key institutional challenges are being encountered (staffing, finances, supplies, etc.), and how is the government responding to them?

Some challenges are being encountered in terms of communicating the decisions of the regime and the working groups transparently to the public on a regular basis. Several decisions related to the lockdown were repeatedly communicated via social media at late hours.

The health care system (already weak in Morocco) remains problematic, with some COVID-19 patients reporting a lack of resources and designated space in treatment centers.[75] Indeed, ICU occupancy has reached 65 percent overall and a staggering 90 percent at teaching hospitals.[76] Importantly, 89 percent of the country's COVID-related deaths occurred in ICUs, suggesting these units need to be upgraded and increased.

The public health care system requires more (material and human) resources and innovation. In fact, during this pandemic, it has been estimated that the country had a shortage of 32,000 physicians and 64,000 nurses (well below what the WHO recommends).[77] Add to this shortage, disparity in terms of urban and rural access to doctors and medication further complicated the situation.[78]

Testing and getting results take a long time, with many reported false negatives.[79] It is clear that the healthcare system is stretched thin, as could have been predicted. If the Moroccan regime is looking for lessons based on this ongoing experience, it must increase public health spending significantly, as well as dedicate additional resources to acquiring more hospital beds and ICU

units. It must also acquire more specialized materials and equipment. Beyond significantly increasing its spending on the public health sector, the regime should improve the digitalization of health initiatives to allow patients easier access to consulting during crises.

The lockdown was not implemented equally across the country, with some areas following the rules and entire neighborhoods disregarding them (which, in turn, upset those following the rules). A major issue is that security officers were deployed in an uneven manner across neighborhoods (usually less in slums and crowded areas). This resulted in people being able to roam freely in areas they knew were not closely watched by security forces. There have been major concerns that the disease may spread rapidly through community transmission in urban slums as well as rural and industrial areas, which could further stretch the capacity of the public health system. When the distribution of masks was announced by the Minister of Industry in April, many initially experienced a delay in being able to acquire them as there was a two-week shortage.[80]

Institutional Response: Economic Sector

How has the government responded economically to the crisis? Has it shut down all or parts of the country to enforce physical distancing?

As the nationwide lockdown was imposed on March 20 and social distancing was enforced, all business activities were suspended with the sole exception of essential businesses (i.e., those providing food and medical merchandise). For many Moroccans, the impact of this lockdown, and general declines in economic demand, have been devastating, including the closure of many businesses and significant increases in unemployment and underemployment.

Indeed, unemployment is projected to reach its highest levels since 2001. According to Minister of Economy Mohamed Benchaaboun, Morocco's unemployment rate increased from 9.1 percent in 2019 to 13 percent by the second quarter of 2020.[81] In urban areas, the unemployment rate rose to 15.6 percent, compared to 13.1 percent in 2019, and it reached a record-high 22.6 percent for young people (aged 24-35 years). In rural areas, the unemployment rate increased to 7.2 percent, compared to 3.4 percent in 2019.

Overall, an estimated 589,000 jobs were lost between the end of the second quarter in 2019 and the end of the second quarter in 2020—520,000 in rural areas and 69,000 in urban areas. The economic sectors most affected were (1) agriculture, fishing, and forestry (477,000 jobs lost); (2) industry (69,000 jobs lost); and (3) services (30,000 jobs lost).[82] In terms of the percentage of jobs lost across different industries, these numbers were: 17.5 percent in the tertiary sector, 22 percent in the industrial sector, 24 percent in the construction sector, 34 percent in the clothing sector, 31 percent in the accommodations sector, and 26 percent in the food and services sector.[83] Around 5 million informal sector employees reported losing their jobs.[84]

In addition, due to the pandemic, working hours decreased on average from 46 to 22 hours per week (i.e., 265 million fewer weekly working hours in the second quarter of 2020 compared to the same timeframe in 2019). The sectors most affected by this are construction, with 71 percent fewer hours, industry, with 63 percent fewer hours, and services, with 54 percent fewer hours. Assuming a full-time job equals 48 weekly working hours, the number of full-time positions lost due to reduced hours reaches 5.5 million.[85]

Beyond the significant issue of unemployment, more Moroccans have faced underemployment (working less than full-time) since the pandemic hit the kingdom. This includes 9.1 percent of all employees. Moreover, 3.8 percent report working in jobs that do not match their training and financial needs. In the second quarter of 2020, 496,000 people became underemployed (311,000 in urban areas and 185,000 in rural areas). This resulted in the total number of underemployed Moroccans reaching 1,477,000, representing 13 percent of Moroccan workers.[86]

Since the pandemic hit Morocco, 142,000 companies (around 57 percent of those registered) declared that they were suspending activity.[87] Of these, 135,000 have suspended operations temporarily, while 6,300 have stopped altogether. Of those businesses suspending activity, 72 percent are micro-sized, 26 percent are mid-sized, and 2 percent are large businesses. The tourism sector was also hit hard and may see up to 138 billion Moroccan dirhams (close to $15.5 billion) in losses between 2020 and 2022.[88] Around 3,500 tourism-related businesses have been affected. The hospitality subsector saw 89 percent of its companies suspend their operations.[89] This is followed by 76 percent in the textile and leather industry, 73 percent in the metal and mechanical industry, and 60 percent in the construction sector.

To address the inevitable socioeconomic consequences from the lockdown, the government announced that it would provide a stipend to all employees negatively affected by the pandemic in terms of unemployment or underemployment. Workers in the formal sector received 2000 Moroccan dirhams (around $220) per month, while informal sector workers received 800-1,200 Moroccan dirhams (around $90-134) depending on family size. The government also deferred tax and debt payments for small businesses. Hundreds of thousands of the tenants of the Islamic Endowment premises were granted rent suspensions; this alleviated pressures on mainly poor workers living in the old medinas but public sector employees were excluded.[90]

Government contributions to impacted citizens are limited given that only 24.1 percent of the labor force benefits from social security through work—including 36.4 percent in urban areas and 7.8 percent in rural areas—and that 54.9 percent of employees do not have official contracts.[91] While these contributions represent a positive step, there have been complaints about disorganized and late distribution.[92] The stipends are also too low to cover many people's basic needs.

Furthermore, while the regime created a special fund to raise money to deal with the outbreak, there is significant ambiguity surrounding this special fund (how funds are being used, how much has been raised, etc.). It is understood that the bulk of the funds were used to aid people who became unemployed and underemployed due to the pandemic.[93] Finally, there was significant ambiguity surrounding the state's plan to support the national carrier Royal Air Maroc. The ministry of economy in August indicated that six billion Moroccan dirhams (around $670 million) would be provided to support the airline. Up to 60 percent of this bailout will come from public funds, while around 40 percent will come from loans guaranteed by the state.[94]

Has the country taken any unique or extraordinary economic measures to address the crisis, such as providing support to various sectors, payments to businesses to retain staff, or direct payments to individuals?

An emergency fund was created on March 16 to deal with various COVID-related expenses. The fund received major donations from the king, several wealthy businessmen, large companies, banks, salaried employees, and professional associations.[95] Citizens also contributed to the fund through online donations.[96] By the end of April, 32.2 billion Moroccan dirhams (around $3.6 billion, or 2.7 percent of Morocco's gross domestic product) had been pledged. This money was used to provide financial support for employees affected by the pandemic and to vulnerable citizens (e.g., in rural areas). It also may be used to upgrade the health system and support at-risk economic sectors (such as the tourism, transportation, and informal sectors).

The government granted 9,000 loans to all companies with a turnover below 500 million Moroccan dirhams (close to $56 million).[97] Provided through the Economic Monitoring Committee's new guarantee program called Damane Oxygene, the loans amounted to 3.7 billion Moroccan dirhams ($413.6 million) as of May 8. Companies whose turnover for the 2019 financial year was less than 20 million Moroccan dirhams ($2.23 million) could opt to postpone the filing of tax statements until June 30, 2020. Companies could also postpone submitting income statements for individuals from the end of April to June 30. The measures exempted allowances paid to employees registered with the Caisse Nationale de Sécurité Sociale from income tax, within the limit of 50 percent of the individual's average monthly net salary. Self-employed individuals affected by the COVID-19 crisis were also eligible to receive an interest-free loan of up to 15,000 Moroccan dirhams ($1,670).

In terms of extraordinary external aid, the European Union offered EUR 450 million in aid to help Morocco counter the pandemic on March 27. The equivalent of $150 million from the aid have been allocated to the Special Fund for the Management and Response to COVID-19, while the remaining will be mobilized at a later date. Morocco was granted a $2.97 billion credit line from the International Monetary Fund on April 8 to soften the socioeconomic impact of the pandemic and to maintain its exchange reserves at an adequate level. Morocco also received foreign loans and aid packages from several actors including the Arab Monetary Fund ($127 million) and the French Development Agency (150 million euros).[98] An emergency plan to support Morocco's print and electronic media was passed with a budget of over $21 million.[99] The United States also provided Morocco with 6.6. million Moroccan dirhams (around $730,000) to help the kingdom control the outbreak.

Does the government have a plan in place for reopening the economy once the virus passes? What are its key dimensions?

Planning is in the initial stages, and the Ministry of Finance has recently constituted a committee to consider the economic impact of reopening (see below). It is anticipated that the government will prioritize sectors that were hit the hardest, including tourism, hospitality, and the private sector. In October 2020, the king announced a roadmap to revive the country's economy with the help of a major universal social security project which will reform public establishments.[100]

Which ministries and agencies are coordinating the government's economic response to the crisis? Is there a separate task force? How frequently does it meet? Who chairs the meeting?

The aforementioned Economic Monitoring Committee, created on March 11, is in charge of mitigating the pandemic's socioeconomic consequences. This new committee has been put in place to develop measures and mechanisms to closely follow up on the developments of the epidemic

and find ways to support the economic sectors directly affected by the global health threat, notably tourism and transport. This committee is chaired by the Minister of Economy and is aided by the ministries of Interior, Foreign Affairs, Agriculture, Health, Industry, Tourism, and Employment. It also coordinates with Morocco's central bank and the Professional Group of Moroccan Banks; the CGEM; the Moroccan Federation of Trade, Industry, and Services; and the Moroccan Federation of Handicrafts.

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

No operational sub-committees have been formed to address specific dimensions of the challenge. However, some ministries and existing institutions have taken on this role. For example, the Ministry of Tourism and the Moroccan National Tourism Office have organized a campaign to support and encourage the tourism sector during the pandemic.[101] The Economic Monitoring Committee oversees such initiatives and supports all sectoral recovery plans, both during and following the coronavirus crisis.[102]

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

The Ministry of Interior and the Ministry of Economy are the ones coordinating and have had discussions with the Ministry of Trade and Industry.

How is communication taking place with sub-national government entities?

No information has been made available.

How are governments reaching out to external expertise in the business and economic communities? Have they developed mechanisms for channeling this expertise into government?

The government has reached out to external finance experts to discuss a post-lockdown plan. This is done on a consultative basis. It has been reported that Boston Consulting Group was hired to discuss post-lockdown plans, but this has not been confirmed.[103]

How are economic communications being handled? How frequently do briefings occur?

There has been no set strategy. Economy-related information is accessed through secondary sources or given by the minister to the media or to parliament.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

The special fund that was created by the king (and to which he contributed) was a positive step that encouraged others to contribute. The establishment of the fund was smooth and straightforward. The central market authority and central bank also reacted early on and adopted clearly stated measures to increase liquidity and alleviate pressures on the banking sector and businesses, large and small.

What key institutional challenges are being encountered, and how is the government responding to them?

One of the main challenges is systematically communicating information relating to the economy and taskforces regularly to the public. Unlike the epidemiological strategy, which was discussed daily and consistently on state television and radio channels, the economic response was discussed sporadically. The public had to wait for royal speeches or appearances by the minister of economy to get reliable information on the economic strategy and impact.

Regarding the stipends aimed to alleviate the pressures of coronavirus-related unemployment, there were some notable challenges. Mainly, there have been issues with distributing the pledged aid to all affected employees across the country and in a regular fashion. While these stipends were helpful in the immediate term, they are not sufficient and more such financing will be required in the near future. In fact, a reform of the entire social coverage system is required as it does not have enough resources to deal with the economic fallout of such crises. The economic management of the crisis has shown that there are difficulties linked to the narrowness of the tax base which jeopardizes the state's budgetary margins and its ability to adopt countercyclical policies.[104] The ensuing ten percent increase in the budget deficit is a record high for Morocco.

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