

# NGOs and Associations' Rules in the Improvement of Migrants' Financial Access to Healthcare Services in Morocco

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DOI: <https://doi.org/10.47772/IJRISS.2026.100500170>

Received: 27 April 2026; Accepted: 02 May 2026; Published: 26 May 2026

## ABSTRACT

Migration is a crosscutting issue that exposes migrants to significant health risks, while host countries' health and social systems are often unprepared to address their specific needs. In this context, healthcare costs pose a major financial barrier to accessing necessary services. Consequently, migrant health coverage has become a key concern for the international community, national authorities, and civil society, the latter playing a crucial role in improving access. However, migrants still face major challenges in obtaining secondary and tertiary care, due both to limited resources for their healthcare and to complex administrative procedures. The aim of our study is to analyze these obstacles, particularly financial ones, which hinder migrants' access to healthcare in Morocco, and the role-played in this area by NGOs and associations working on behalf of migrants. Exploratory descriptive study, based on documentary analyses, questionnaires, interviews and focus groups with migrants, conducted among 25 NGOs and associations working in the migration's health field in the Rabat-Salé-Kénitra Region, selected by purposive sampling. All the associations surveyed have difficulties meeting migrants' requests for medicines, hospitalization, biological or radiological investigations. For this purpose, the associations' internal funding, made up of membership fees and private donations, is the most widely used method (46%), followed by financial support from foreign partners (31%), then donations (19%). 72% of surveyed associations call for more financial support and social protection resources to better meet the healthcare needs of migrants.

**Keywords:** health, migrant, NGOs, associations, financial access.

## INTRODUCTION

As a pervasive global problem, migration affects many areas, including the economic, social, political and cultural aspects. This puts migrants at risk of real vulnerability as they face health risks for which the healthcare and social systems of many countries are still ill-prepared to meet new needs. Indeed, migration is, today more than ever, a social determinant of health [1]. As a result, the health of migrants attracts the full attention of the international community. A number of stakeholders have entered this field to support and/or complement the public authorities' role, especially as the latter have on many occasions clearly demonstrated their limitations facing the migratory flows' growing scale. These include non-governmental organizations and thematic associations, which have played an important role in improving access to healthcare services for the migrant population [2]. However, access to healthcare services for migrant populations poses a number of challenges. Cost is a major obstacle to access to healthcare services in many countries around the world. Migrants' access to healthcare services, particularly those provided at secondary and tertiary levels, remains difficult due to a lack of resources to purchase healthcare goods and services for migrants, added to complex administrative procedures. They often cannot afford to pay the out-of-pocket costs of accessing health services. Even when they are entitled to health services, they are often faced with different hidden costs they cannot afford. As a result, they tend to spend less overall on health services, or turn to associations and NGOs for help. In addition, it has been proven that the cost of excluding migrants from health coverage is higher than the cost of including

them. To this end, the international community is emphasizing the need to set up inclusive and robust health systems in line with the principle of universal health coverage, to enable people in need of health services to be identified and supported rapidly, before a number of problems become more serious [3].

In this perspective, the few thematic existing studies and the lack of quantitative data on the precise role of associations and NGOs in Morocco in improving migrants' financial access to healthcare services, especially for migrants without health coverage, encouraged us to carry out this study, which set out to describe the situation of migrants' financial access to healthcare services and the role of associations and NGOs' funding as a strong link in meeting their health needs. This study is grounded in the WHO framework on Social Determinants of Health and the Health System Building Blocks approach, considering financial access to healthcare as a key determinant of equity and universal health coverage for migrant populations.

## METHODS

This descriptive exploratory study took place in the Region of Rabat Salé Kénitra, in Morocco. Its objective was to identify the health interventions implemented and carried out by the voluntary sector in favor of migrants, in particular interventions aimed at improving financial access for migrants. In addition, this study highlighted the nature of the needs expressed by the migrants calling on the interventions of these associations, enabled the identification of the characteristics of these migrants, and the constraints and insufficiencies encountered by the associations/NGOs in responding to their needs. Its aim is to contribute to finding ways and means of improving migrants' access to health services.

Its first stage consisted of a preliminary selection of the most active associations in the field of health and migration. This step was carried out with officials from the Wilaya of Rabat, the Ministry of Health and Social Protection and the Ministry in charge of Moroccans Living Abroad and Migration Affairs. This investigation, following a reasoned sampling, made it possible to identify 30 associations active in the field of health and migration. However, only 25 associations could be investigated. Documentary analysis, questionnaires, interviews with heads of associations/NGOs and certain ministerial departments and focus groups with migrants made it possible to determine the barriers and financial difficulties experienced in the field. Then, we interviewed 32 people, including 25 heads of associations/NGOs, one official at the level of the Ministry responsible for Moroccans residing abroad and migration affairs, 5 officials at the decentralized level of the Regional Directorate of Health and social protection and a manager at the level of the Wilaya of Rabat Salé Kénitra.

In addition, two focus groups were organized with some migrants who had benefited from the interventions of associations/NGOs in the field of health, with the aim of defining their perception and their experience in relation to access to health services in help from associations. Migrants participating in focus groups were selected through partner NGOs based on diversity criteria including gender, country of origin, legal status, and duration of stay in Morocco.

The study adopted a purposive sampling strategy consistent with exploratory mixed-methods research aiming to capture institutional and experiential diversity rather than statistical representativeness.

The data collected was entered and processed electronically using CS Pro®7.1 software. In addition, the qualitative analysis concerned individual interviews and focus groups, which were fully transcribed. It was initially carried out by a vertical analysis, then a cross-sectional analysis, followed by codification and thematic classification.

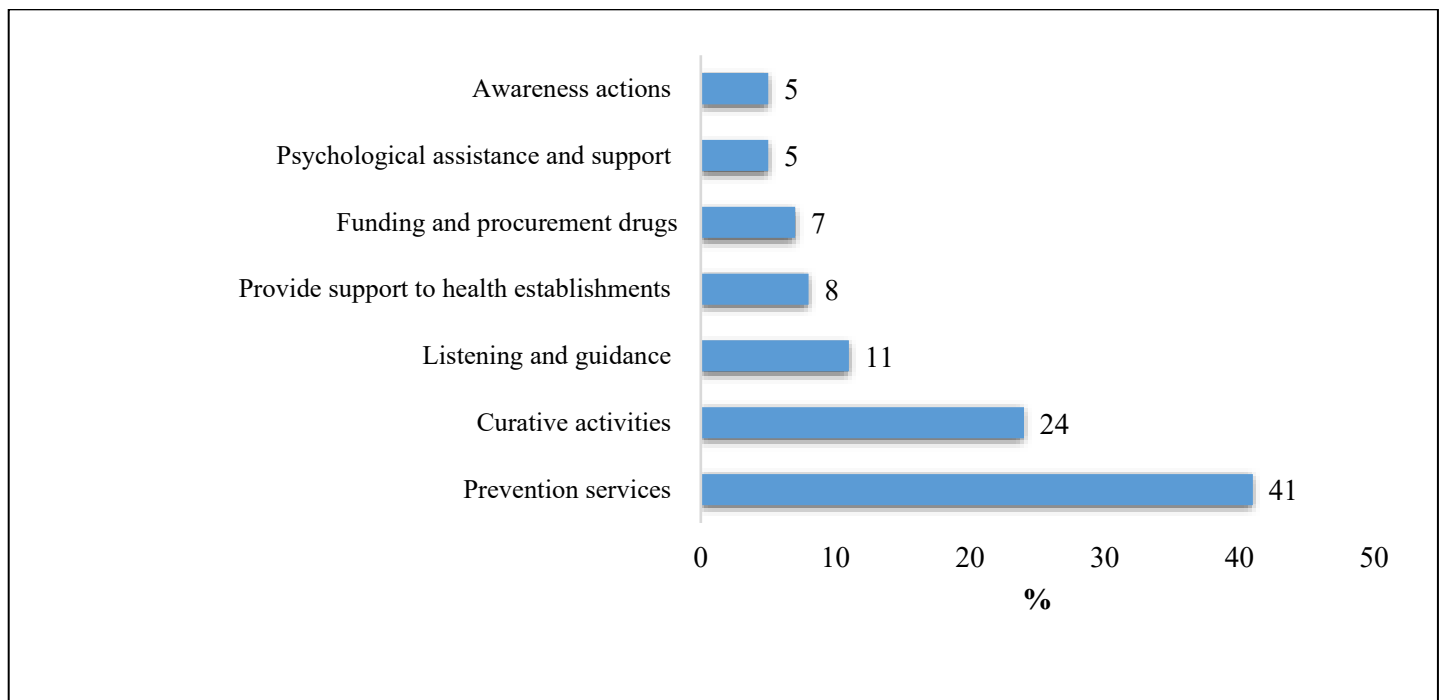
## RESULTS

The study revealed that the migrants benefiting from the health services of the 25 associations and NGOs surveyed in Rabat-Salé-Kénitra (RSK) region, generally aged between 18 and 60, are for the most part in a vulnerable and precarious situation. 68% are unemployed. The majority (56%) are women, and they are the ones who most often rely on associations and NGOs for healthcare services. In addition, the migrants who took part in our study or who benefited from the support of associations and NGOs come from a variety of countries, including Mali, Senegal, Ghana and Gambia.

**Table 1:** Migrants’ sociodemographic and epidemiological profile in RSK region – Morocco (2018).

	Results
Nationality	The majority are from Mali, Senegal, Gambia, Nigeria and Ghana.
Gender	56% of women.
Age	80% aged between 18 and 60.
Level of education	41% with higher level.
Marital status	57% single.
Professional situation	68% without profession.
Legal status	45% in an illegal administrative situation.

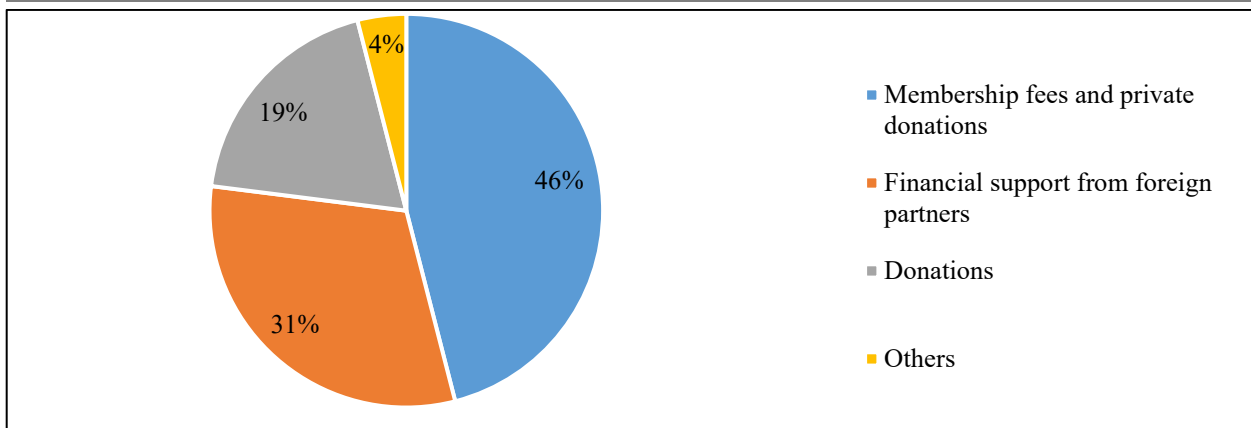
The associations surveyed at RSK region stated that 39% of the needs expressed by migrants are related to requests for assistance to healthcare establishments, especially the clinics of the Ibn Sina teaching hospital, to facilitate their physic and financial access, experienced as a real constraint. Furthermore, to meet the health needs of migrants in RSK region, the 25 NGOs and associations focus 65% of their activities, in mobile mode, on preventive and curative interventions in the form of medical caravans and campaigns.



**Figure 1:** Nature of NGOs and associations’ health interventions for migrants in RSK region.

The 25 NGOs and associations surveyed and approached by migrants differ, at RSK region, in their general characteristics. Their missions are as various as they are disparate. To carry out their health actions, they mobilize diversified resources, which remain limited and do not enable all migrants’ health needs to be met. As a result, they face, at the level of the region, a number of difficulties, mainly related to the modest means at their disposal, in terms of both budget and human and material resources. At first glance, it is clear that financial problems predominate, although this is not surprising. Indeed, the financial issue seems to be the biggest problem for most associations. (Over 60% of them told us so). Their leaders were unanimous on the funding weakness. The majority judged support from the Ministry of Health and Social Protection to be "insufficient", if not "absent".

In addition, all the associations surveyed in the RSK region find it difficult to meet migrants’ requests for medicines, hospitalization, biological or radiological investigations. For this purpose, the associations’ internal funding, made up of membership fees and private donations, is the most widely used method (46%), followed by financial support from foreign partners (31%), then donations (19%). 72% of associations surveyed call for more financial support and social protection resources to better meet the health needs of migrants.



**Figure 2:** RSK NGOs and Associations' internal funding structure

## DISCUSSION

Quantitative findings were triangulated with qualitative interviews and focus groups to strengthen the interpretative validity of the results.

Significant efforts have been made over the years to improve access to healthcare facilities for migrants, particularly those from sub-Saharan Africa, as their health status has been a public health authorities' concern for many years. In addition to the health sector, several civil society actors have made significant efforts to improve migrants' access to health services in order to guarantee their right to health. Their efforts have been widely recognized by our country's public authorities, interviewed on the occasion of several events. Thus, they are as experts in resolving critical health related problems.

However, many associations claim that their role in improving migrants' financial access to healthcare services remains limited. In light of their role and contributions, this research has underlined their interventions on behalf of migrants, and the financial difficulties experienced in meeting their needs [4,5,6 and 7]. This study also underlined the mixture of activities carried out by the abovementioned healthcare related associations. They perform a wide range of missions, especially those according to financial support of migrants who seek expensive care, which they are unable to afford due to their limited resources, and above all because of the lack of health coverage dedicated to this vulnerable population with specific needs. This is in line with what has been reported by other authors [8, 9, 10 and 11].

To accomplish their missions, the results show that most associations, in order to implement their activities, mobilize a wide range of resources, especially in the migrant's health field. However, due to resources' restrictions, NGOs are unable to meet all migrants' health needs. In this respect, we noted that health facilities managers are agreed about the fact of associations' public funding weakness. International organizations' contributions are considered, as well as private donations and membership fees, as crucial for financing their migrants' health actions [12, 13 and 14]. In fact, several international and national organizations and partners finance their actions through partnerships.

Nevertheless, the migrants' access to the second and third healthcare levels and to mental health facilities remain problematic for many of them regardless to the associations' efforts, particularly due to a lack of resources to purchase medicines and pay for hospitalization and complementary examinations as biological or radiological investigations, and the administrative procedures complexity. Thus, the success of their interventions is effective when they have especially sufficient financial resources. This result corroborates the findings of other studies [15, 16, 17].

Furthermore, migrants who took part in the focus groups raised numerous problems of healthcare access experienced every day, prompting them to turn to associations for financial support and accompaniment. They raised the problem of some medical expenses, which are not included in the basic health coverage, especially under the "RAMED" scheme dedicated to the poor, which only allows access to free care at the level of public hospitals, within the availability limits of the required services. This is why they seek NGOs' financial support

to buy medicines or other health benefits as prescribed analyses and radiological examinations in the private sector's healthcare facilities. Then, the financial barrier would seriously hinder migrants' access to the healthcare system in the absence of associations' support. A number of studies corroborate the above, citing the same reasons why vulnerable migrants rely on NGOs and associations [18]. It is mainly women (56%) who turn to associations and NGOs for financial support to benefit from maternal and child health care (pregnancy monitoring, vaccinations), mental health care, NCDs and chronic illnesses care, medical consultations, psychological support, preventive care and legal or social support.

In another sense, the experience presented underlines the fact that many associations spend a substantial proportion of their funds on the above-mentioned migrant health-related interventions. Depending on the available resources, and the situations in which they intervene, the role of these organizations sometimes vary between supporting the costs of medical care, awareness-raising and orientation actions, and mediation actions aimed at helping people gain access to healthcare facilities due to the lack of public sector health coverage. The importance of their financial contribution is clear, but it must be borne in mind that small associations often find it difficult to fund activities that will effectively solve the migrants' expressed health issues. This finding is in line with that of reports [17,18]. It is also in agreement with the findings of other authors [19,20 and 21].

As well, the findings of this research revealed the modesty of associations' financial resources is the major problem encountered for day-to-day operations. According to our results, financial resources from international organizations is the associations' most used means with 60%, followed by donations (20%), demonstrating that these structures are heavily dependent on contributions from international organizations. Public subventions are contracted to implement specific actions (projects, workshops, training courses, etc.). They do not cover all the associations' expenses.

In general, our interviews results are in accordance with the findings of our questionnaires and other international studies [22, 23 and 24].

Therefore, the major challenge to the successful development of the aforementioned actions is the financial resources limitation, which directly impact the NGOs / associations' capacities, plans and previsions, and thus affect their relations with migrants, causing real difficulties in meeting all the expressed needs of the migrant population. The latter encounter major obstacles when trying to access health services, even in emergencies, in the absence of regulations on the healthcare financing for migrants in an irregular situation. This supports the findings of a research carried out by Médecins du Monde in 11 countries in 2009 and other studies [23].

In summary, the growing importance of the "migration and health" issue and the high interest of the associational network in this issue are evident for the diversity of their interventions and actions at many levels: advocacy, awareness-raising, health service provision, etc. It is clear that this dynamism of the associational network is a great asset for civil society [25].

## CONCLUSION

Migration and the increase in population movements have a profound impact on healthcare systems' functions of provision and financing in all the countries affected by this phenomenon. It is therefore the responsibility of all those involved not to ignore the needs of migrant populations, which can be costlier for them and for the host country than if these migrants had been taken into account in national social policies and strategies. Responding to their health needs is part of the principles of public health and respect for universal human rights. With this in mind, we need to do more, adopting approaches that involve all public authorities and civil society in protecting the health of migrants.

Based on this conviction, associations and NGOs' interventions and financial provisions are a real source of support for public authorities in dealing with the migrants' health issue. At present, it's not easy to get an overview of the all the migrants' financial healthcare access problems in Morocco, even if the study has drawn up a broader vision for the Rabat Salé Kénitra region. Indeed, it is desirable that further studies focus on the whole problems and difficulties experienced both by migrants and associations in order to be able to develop an



effective coordination mechanism enabling efficient health interventions to be put in place to respond to the real health needs of migrants in Morocco.

## ACKNOWLEDGEMENTS

This article's authors thank the administrative staff of the Rabat Salé Kénitra Wilaya, the managers from the Ministry of health and social protection, especially officials and employees of the National School of Public Health, and from the Ministry of Moroccan residents abroad and Migration Affairs for their contributions. They also address their acknowledgments to OIM and UNHCR staffs in Rabat.

## Statement of absence of conflict of interest

The authors declare that there are no known conflicts of interest related to this publication.

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