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Migrant Health in Morocco: Between Law and Reality

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ABSTRACT

Irregular migration is currently one of the most complex social phenomena on a global scale, with significant security, social, and health repercussions. Due to their geostrategic position, Mediterranean countries constitute major transit and reception areas, and Morocco stands out as a central point for migratory flows towards Europe, particularly via the Strait of Gibraltar. Beyond security issues, irregular migration has serious consequences for the health of migrants, who are exposed to precarious living conditions and increased vulnerability in destination countries. However, few studies have examined the right to health of this population in Morocco. This article focuses on analyzing the right of irregular migrants to health and access to healthcare in the Moroccan context. It is structured around two axes: on the one hand, the conceptual and legal foundations of irregular migration; on the other hand, the study of the right to health as a fundamental right, examining more particularly the situation of irregular migrants in Morocco.

INTRODUCTION

Human mobility has become a defining characteristic of modern times and an international development priority, underscored by the Sustainable Development Goals. Current migration flows are complex, multiregional, and pose challenges to countries of origin, transit, and destination. Some migrations have reached considerable proportions. The combined forces of globalization, aspirations, and other powerful push and pull factors are driving individuals and populations to migrate.

A heterogeneous and multifaceted phenomenon, migration remains a cross-cutting issue that impacts many and varied areas, such as economic, social, political, cultural, and other issues. As a result, it exposes migrants to real vulnerability to health risks and a particularly high incidence of certain health problems, for which the health and social systems of some countries remain poorly equipped and ill prepared to respond to new needs.

Today, more than ever, migration is a social determinant of health [1]. Thus, WHO and IOM now consider migration as one of the major challenges in global health. It is a growing and crucially important issue, as it unites public health, health security, human rights and equity, as well as human and societal development. The migration process cannot take place without direct and/or indirect impacts on the health of migrants, who may suffer, during their journey, multiple forms of discrimination, violence and exploitation, with negative repercussions on their physical and mental health, due to the difficulties encountered in a potentially unsanitary living environment, exploitation at work or the inability to access health and social services.

In this context, the right to health appears to be a fundamental right of every human being, as enshrined in the 1948 WHO Constitution and numerous international human rights instruments. Yet, despite this legal framework, refugees and irregular migrants continue to face many major obstacles in accessing health services and benefiting from adequate financial protection [1].

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Globally, the protection of the health rights of migrants and refugees remains marked by great variability across countries. Their health needs often differ from those of local populations, due to precarious living conditions, specific vulnerabilities and difficult migration journeys. The main obstacles are the high cost of care, language and cultural barriers, discrimination, administrative constraints, inability to integrate into national health insurance systems and lack of information on their health rights [2].

In this context, this article examines the right to health of irregular migrants, with a particular focus on the case of Morocco. It will analyze their health status in the host country as well as the legal guarantees governing their access to health services.

1. Migrant health in the international context

The right to health implies that governments have an obligation to create the conditions that enable every individual to enjoy the highest attainable standard of health. These conditions include not only the availability of health services, but also a safe working environment, adequate housing, and nutritious food. However, this right does not mean that every person must necessarily be in perfect health, but that they must have the means and conditions to achieve this [3].

The right to health has been affirmed in several national constitutions, as well as in numerous international and regional human rights instruments. These include the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989). At the regional level, these include the European Social Charter (1961), the African Charter on Human and Peoples' Rights (1981) and the Additional Protocol to the American Convention on Human Rights on Economic, Social and Cultural Rights, known as the "Protocol of San Salvador" (1988) [4].

Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) specifies that the realization of this right requires, inter alia, the reduction of infant mortality and the guarantee of the healthy development of the child, the improvement of environmental and occupational hygiene, the prevention, treatment and control of epidemic, endemic, occupational and other diseases and the creation of conditions guaranteeing medical services and medical assistance in case of illness to all [5].

In order to clarify and give effect to the provisions relating to the right to health, the United Nations Committee on Economic, Social and Cultural Rights adopted in 2000 General Comment No. 14 on Article 12 of the International Covenant on Economic, Social and Cultural Rights. This comment clarifies that the right to health is not limited to the provision of timely medical care. It also includes the fundamental determinants of health, such as access to safe drinking water, adequate sanitation, safe and nutritious food, adequate housing, healthy working and environmental conditions, and appropriate health education and information, including sexual and reproductive health [5].

In this regard, the right to health is based on four fundamental elements. First, availability, which presupposes the existence of sufficient quantities of health facilities, goods, services, and programs. Second, accessibility, which implies guaranteed access for all, without discrimination, taking into account the geographical, economic - through affordable costs - and informational dimensions, through the right to information. The third element is acceptability, which requires that health services comply with ethical standards and are culturally appropriate, taking into account gender and the life cycle of individuals. Finally, quality constitutes an essential pillar, guaranteeing scientifically validated, medically appropriate, and high-level services [6].

Like all human rights, the right to health imposes three types of obligations on States. First, they must respect this right by refraining from any action that could hinder access to health services and resources. They also have an obligation to protect this right by ensuring that no third party, whether private actors or institutions, can infringe it. Finally, States must implement positive and concrete measures to guarantee the effectiveness of this right for all individuals, without discrimination [6].

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Finally, the General Comment emphasizes the existence of a minimum core content that each State must ensure, regardless of its resources, even if the determination of this threshold remains complex due to disparities between countries. Among the constituent elements of the core content of the right to health are primary health care, minimum access to basic and nutritious food, safe and clean drinking water, adequate sanitation facilities and essential medicines.

In this context, the UN Special Rapporteur has stressed the need to guarantee migrants the right to health and the right to adequate housing, recalling the international legal instruments in force and highlighting the challenges faced by migrants in effectively enjoying these rights. Particular attention is paid to the situation of migrant women, girls and children, who are particularly exposed to vulnerabilities. The Rapporteur emphasizes that access for all, without distinction of citizenship, nationality or migratory status, to these fundamental rights is not only an end in itself, but also an essential lever for promoting equitable human development and fostering the social integration of migrants in host societies [7].

2. Migrants and the right to health in Morocco:

As for Morocco, the Constitution in force has already enshrined, in 2011, a set of rights and freedoms directly or indirectly linked to the issue of migration. In this regard, we can cite, among others, "the prohibition of all discrimination regardless of origin", "the primacy of international conventions over national law", "the right to life, to the security of persons and property", "the right of access to information", "the right to health care, social protection and medical coverage", "the right to education...", "the right to housing...", "the right to work and to support from public authorities in this area"...

However, a significant limitation lies in Article 31 of the Constitution, which explicitly reserves the right of access to healthcare to Moroccan citizens, without mentioning migrants. The latter, including refugees, are only eligible for compulsory health insurance if they are affiliated with the National Social Security Fund's coverage bodies.

Previous regulatory references such as Law No. 65.00 relating to the Basic Medical Coverage Code, amended and supplemented by Law No. 08.177, Decree No. 2.11.199 implementing the medical assistance scheme (RAMED) did not explicitly provide for access to this system for foreigners residing in Morocco. Their eligibility for RAMED therefore remained implicit and gave rise to several observations [8].

Indeed, these texts are designed as national legislation applicable primarily to Moroccan citizens. In the absence of national legislation, international conventions ratified by Morocco apply, particularly since the entry into force of the 2011 Constitution. This represents a significant step forward in recognizing foreigners legally residing in Morocco with the same fundamental freedoms as nationals, as stipulated in Article 30. The constitutional text also commits the State to respecting and promoting universal human rights, to prohibiting all forms of discrimination based on sex, color, beliefs, culture, social, regional, linguistic or any other personal situation, and to protecting foreigners and their families.

The right to health care is therefore one of the fundamental rights that foreigners in Morocco must benefit from, in accordance with the spirit of the Constitution and the hierarchy of standards which gives primacy to ratified international conventions over national laws.

Furthermore, the Ministry of Health and Social Protection issued a circular in 2008 confirming the right of migrants to access medical care. Since 2011, the internal regulations of hospitals, approved by the ministry's services, stipulate that public health institutions must admit and treat all foreigners, regardless of their administrative status [9].

Furthermore, Article 57 of the internal regulations of hospitals (Law No. 38-25) stipulates:

Non-Moroccan patients or injured persons, regardless of their status, are admitted under the same conditions as Moroccans. The billing of services provided to them is also done under the same conditions, except in the case

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of the existence of healthcare agreements between Morocco and the country of which the patient is a national. This provision establishes that migrants, regardless of their legal status, have the right to access healthcare in Moroccan public hospitals under the same conditions as Moroccan citizens. However, the practical application of this right, particularly in terms of billing or exemption, may be influenced by the existence of bilateral agreements between Morocco and the patient's country of origin [9].

3. The health of irregular migrants in Morocco

Irregular migration has significant health consequences for migrants throughout their journey, particularly when they are placed in detention centers. Some migrants arrive already carrying endemic diseases or contract diseases during their journey, such as malaria, meningitis or HIV/AIDS. These health impacts are manifested within the host society by the presence of migrants suffering from various pathologies, and several studies confirm this reality [10].

Faced with these major health challenges and the increased vulnerability of migrants, the Moroccan public authorities have gradually become aware of the need to integrate the migration dimension into health policies. Since the publication of the National Immigration and Asylum Strategy in 2013, significant efforts have been made to improve access for migrants, particularly sub-Saharan migrants, to primary health care, emergency services, and assistance for pregnant women, their health being a long-standing concern of the public authorities. The challenge is to promote the right of migrants to health without discrimination and to guarantee available, accessible, and quality health services. The objective is to implement practices that take into account the needs of migrants, as stipulated in the 2011 Constitution and as recommended by the World Health Assembly in 2008 in its resolution WHA.61.17.

However, irregular migrants in Morocco do not benefit from the mandatory health insurance system, which remains reserved for holders of Moroccan nationality and valid residence permits. However, in 2003, the Ministry of Health and Social Protection published a circular entitled "Monitoring the health situation of irregular migrants at the borders", aimed at facilitating access to healthcare for refugees and migrants who have entered Moroccan territory irregularly, even if they do not have official documents. This circular provides, in particular, for free healthcare for childbirth, regardless of migration status. However, there are no explicit provisions regarding access to healthcare for refugees or asylum seekers, nor are there specific measures adapted to migrant women [11].

In this sense, a study by (Koubri et al., 2021), showed that migrants encounter several difficulties on a daily basis in accessing care, which pushes them to turn to associations for support and assistance. They mentioned linguistic communication difficulties, generally recognized as an obstacle to accessing care. Added to this difficulty is often the problem of the caregiver-patient relationship, sometimes tainted by attitudes of rejection or discrimination [11].

Legal or administrative obstacles also force immigrants, especially those in an irregular situation, to seek the intervention of associations and NGOs to facilitate their access to care. In addition, they raise the issue of medical costs, being excluded from the basic health insurance system [11].

With the intensification of irregular migration in recent years, the risk of the spread of infectious diseases persists, with sometimes long processing times and uncertain health consequences. The vulnerability of migrants is accentuated by their precarious social and economic conditions, their fragility as foreigners in a new country, as well as by the stress and risks inherent in the migration process. The mental health of migrants is also a major issue, affected by social isolation, family separation, lack of social networks, job insecurity and difficult living conditions [10].

Access to health care varies considerably depending on migration status and length of stay. Some migrants receive only emergency care , while others can access more extensive health coverage , subject to meeting certain conditions, including regularization of their situation or formal employment. Migrants without national identity

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documents are sometimes denied access to vital care, which constitutes a major obstacle to their health protection [10].

Migrants affiliated with the National Social Security Fund generally benefit from mandatory health insurance, which covers the cost of medication and hospital care. However, this coverage remains limited to migrants with an official employment contract, thus excluding a significant proportion of irregular migrants.

In this complex context, Morocco faces a delicate dilemma : how to reconcile its diplomatic demands on European countries to guarantee the rights of Moroccan migrants with the legal and ethical necessity of protecting the rights of African migrants present on its territory, even in a context of limited resources? Morocco must also reconcile its international and regional human rights commitments with its bilateral and multilateral relations, while maintaining constructive ties with the migrants' countries of origin in Africa.

4. Protecting the health of irregular migrants in Morocco: current situation and role of stakeholders

Current situation

Available information on the health of migrants and their access to health services in Morocco remains limited and unrepresentative of the reality on the ground. Indeed, most national health information systems do not have specific modules to identify, collect, and analyze data relating to the migrant population. This lack of statistical disaggregation makes it difficult to understand the real health needs of this population and prevents the planning of appropriate public policies. Moreover, irregular migrants often escape official epidemiological surveillance systems, which contributes to the invisibility of their health problems and underestimation of their impact on national public health.

However, migrants have specific epidemiological characteristics that deserve special attention. They may come from areas where certain endemic infectious diseases, such as malaria, tuberculosis, schistosomiasis, or viral hepatitis, are more prevalent . These pathologies can reappear or be transmitted in destination areas when hygiene, housing, and nutritional conditions are precarious. Furthermore, some migrants are exposed to new infectious agents during their migration journey, particularly due to the unsanitary conditions of camps or detention centers, overcrowding, or lack of access to preventive and curative care.

In addition to infectious risks, migrants are also vulnerable to chronic diseases, such as hypertension, diabetes, or mental disorders, often exacerbated by stress, precariousness, and the breakdown of social ties. The accumulation of these biological, environmental, and psychosocial factors increases their health vulnerability. In addition, cultural and behavioral determinants play a significant role: representations of illness, healthcare-seeking practices, or perceptions related to sexuality and reproductive health can influence the adoption of preventive or therapeutic behaviors. In this sense, several studies conducted in Morocco have highlighted that migrants present a diversity of health problems, reflecting both their often difficult migratory journey and their precarious living conditions in the host country. These studies highlight an increased demand for urgent care and highlight the impact of socioeconomic vulnerability on the overall health status of migrants in precarious situations [11].

Available data reveal a marked preponderance of sexually transmitted infections (STIs) and HIV/AIDS, reported by nearly 50% of the migrants consulted. These results reflect not only increased exposure to risky behaviors during the migratory process, but also limited access to prevention, screening and treatment services. Other pathologies are also reported, including childhood illnesses (10%), chronic diseases such as diabetes (6%) and high blood pressure (5%) [12]. A national survey supports these findings by indicating that approximately one third of irregular migrants consulting health facilities report suffering from one or more chronic diseases. This relatively high rate highlights the accumulation of risk factors linked to unsanitary living conditions, malnutrition, stress and lack of regular medical follow-up.

These results therefore confirm that the health of migrants in Morocco remains a major public health issue, requiring a comprehensive and inclusive approach. The effective integration of migrants into national

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prevention, screening and care systems is essential to reduce these health inequalities and respond to the spirit of the National Immigration and Asylum Strategy. Their unfavorable socioeconomic situation, marked by housing insecurity, lack of medical coverage, unemployment and discrimination, also contributes to increasing their exposure to communicable and non-communicable diseases. Indeed, limited access to a balanced diet, a healthy environment and decent living conditions weakens the immune system and promotes the spread of certain pathologies [13].

Thus, the combination of these elements – information deficit, biological vulnerability, socioeconomic precarity and cultural barriers – highlights the need to establish specific surveillance and research mechanisms on the health of migrants in Morocco. Strengthening the collection of disaggregated data, integrating the "migration" variable into health information systems and conducting targeted epidemiological studies would help to better identify needs and adapt health responses. These efforts would contribute to the development of inclusive, evidence-based health policies, in line with the "right to health for all" approach promoted by the Moroccan Constitution and the country's international commitments [14,15].

Role of the actors

Long before this, in 2003, the Ministry of Health and Social Protection had launched several initiatives targeting the migrant population to ensure their access to health care and services. This dynamic gradually evolved, leading to the development, in collaboration with partners of the Ministry of Health and with the support of the Ministry responsible for Moroccans living abroad and migration affairs, the IOM and the UNDP, of a National Strategic Plan "Health and Immigration" for the period 2017-2021.

Furthermore, the migration issue, as a global phenomenon with a strong humanitarian and social impact, undeniably requires a global approach . Governments cannot be considered the only actors concerned. In this context, other actors have mobilized on the ground to support and complement the action of international organizations and public authorities, especially when the latter have, on several occasions, demonstrated their commitment but have also encountered limits, even failures, in the face of the growing scale of migratory flows, particularly during the global economic crisis which has hit both sides of the Mediterranean hard.

Non-governmental organizations and thematic associations have been propelled to the forefront of the international migration scene thanks to their strategic positioning vis-à-vis the stakeholders of this humanitarian crisis generating daily victims, which the media have not hesitated to retransmit, sometimes in real time, on screens and social networks. Subsequently, it appeared appropriate and even fundamental, for the governments and international organizations concerned, to encourage and supervise this increasingly necessary role played by NGOs and associations around the migration issue [12,16]. As for international organizations, the International Organization for Migration (IOM), founded in 1951, is the main intergovernmental organization in the field of migration and works in close collaboration with governmental, intergovernmental and non-governmental partners.

With 169 Member States and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It achieves this by providing services and advice to governments and migrants. IOM also works to promote international cooperation on migration issues, find practical solutions to migration problems, and provide humanitarian assistance to migrants in need. Its four main areas of intervention in migration management are: "Migration and Development," "Migration Facilitation," "Migration Regulation," and "Forced Migration." However, its activities extend beyond these areas to include "Promotion of International Migration Law," "Policy Debate and Guidance," "Protection of Migrants' Rights," "Migrant Health," and "Gender Dimensions of Migration." [17,18]

IOM's collaboration with NGOs is defined in Article 1, paragraph 2, of its Constitution, which stipulates, in particular, that "...this cooperation shall be carried out with mutual respect for the competences of the organizations concerned." Indeed, more than 50 NGOs currently enjoy observer status with the Organization. IOM actively encourages NGO participation in international dialogue on migration and organizes annual consultations and information sessions. Sessions are aimed at a broader circle of NGOs, with which the

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Organization conducts most of its programmatic cooperation in the field. Cooperation between IOM and NGOs takes place in a variety of contexts and reflects the diversity of established relationships. NGOs sometimes act as IOM collaborators, service providers, responsible for implementing the project or donors, sometimes as recipients of IOM technical cooperation, or as recipients of a grant or services. In this capacity, they collaborate on a wide range of issues related to global migration management, including counter-trafficking, assisted voluntary return, human rights of migrants, emergency and post-conflict situations, movement management, labor migration, mass information, technical cooperation on migration, and migration and health. For the latter area, the IOM medical and health team works closely with NGOs to manage health assessments of potential migrants and refugees for resettlement or return, thus addressing a wide range of their health concerns. [6]

It is clear that in terms of health, these NGOs and associations working in the field of migration play an essential role in the care of migrants. To do this, they fulfill several missions, including helping to make the problem of the health of migrant populations visible, advocating with public authorities and institutions for the development and implementation of a health and social policy adapted to the needs of migrants, providing knowledge and expertise in migrant health to stakeholders and institutions, and intervening with the migrant population through prevention and access to care actions, training and capacity building, etc.[7]. To fulfill their missions, NGOs and associations strive, among other things, to: (a) promote a mediation approach to guide, support and register the people concerned in common law systems, (b) consider the cultural representations of illness, the body and the world to which migrants adhere, (c) adapt their intervention methods to the specific difficulties of the migrant population while ensuring non-stigmatization, (d) optimize the conditions for decision-making concerning migrants' choices for their health, and (e) and give them the means to act by themselves and for themselves in a participatory and empowering approach. In Morocco, and in parallel with governmental and institutional action on migration in general and the health of migrants in particular, other actors have long been mobilized [8] on this issue by virtue of their mission and their attributions. As a result, particularly in terms of associative discourse on migration, we can highlight the development of a diversified offer marked by competition between Moroccan, European and sub-Saharan associations for the legitimacy of speaking on the migration issue as well as the appropriation of the object "situation of migrants" [18].

It goes without saying that the dynamism of national civil society has experienced unprecedented growth in recent years, particularly in the area of migration. It has brought an essential human dimension to the development of migration management policies. The diversification of its areas of action and the exceptional increase in its role in the provision of social services, community development, and advocacy actions have made it a source of innovation, efficiency, responsibility, and accountability.

Today, the Moroccan associative fabric has reached a sufficient degree of maturity to display a certain national notoriety in this field, but also an increasingly broad autonomy and scope of intervention. Due to their close ties with the target populations, the activities of NGOs and thematic associations represent a tool of choice to better respond to the expectations and needs of migrants on the national territory, in order to support and complement the work accomplished by the State. Sometimes, these NGOs even tend to replace the action of the public authorities towards whom they act in a avant-garde manner. Their experience has even been the subject of exchanges to serve as models on a trans-Mediterranean regional scale. In the field of migrant health, Moroccan NGOs and associations constitute a potential source of influence in the healthcare pathway, as relay structures, and also additional expertise given the scale of the specific needs of migrants, who face various obstacles to accessing healthcare. Subsequently, the mapping of actors working in the field of migrant health in Morocco (2013) identified a significant number of NGOs and associations that offer humanitarian and health services in sites known for their high density of migrants; and this, within the framework of the agreements binding them to the MCMREAM, the Ministry of Health and international donors. These civil society actors have thus developed in recent years programs and/or services aimed at meeting the medical, psychological and humanitarian needs of migrant populations, particularly those in an irregular situation, with a concentration of activities in sites where demand is very high, such as Tangier-Tetouan, Oujda, Rabat and Casablanca. The main areas covered by their programs are “maternal and child health”, “prevention of sexually transmitted infections”, “promotion of reproductive health”, “general medical consultation”, “medical caravans for immigrants settled in the forest” and “education and awareness-raising actions”.

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Furthermore, one of the expected results of the PSNSI 2017-2021 is the establishment of instruments to ensure the coordination of interventions by different sectors and national and international partners operating in this area, with a view to converging efforts towards meeting the health needs of migrant populations. The Ministry has also introduced the "peer education for health" approach to promote the psychosocial well-being of migrants, by training, in collaboration with the IOM, a group of peer educators from NGOs/associations and the most represented migrant communities in the national territory. It has also organized initial training for peer educators to facilitate the care of migrants by health programs and improve their access to prevention services. These efforts by the Department of Health are fully in line with the process of implementing the new Royal Guidelines and the National Immigration and Asylum Strategy (2016), which has notably implemented consultation initiatives with the voluntary sector, but also with academics and researchers.

Thus, and given their importance, the Ministry of Moroccans Living Abroad and Migration Affairs organized a consultation seminar in Rabat in 2017 with 120 associations working with migrants. This seminar provided an opportunity to discuss the difficulties encountered by the associations in implementing their projects, as well as opportunities for strengthening partnerships with public authorities. In addition, other awareness-raising activities are regularly carried out by various partners for the benefit of migrants. The UNHCR, in collaboration with the association "Action Urgence," strives to inform and raise awareness among refugees and asylum seekers about health issues and to direct them to public health services. The UNHCR and "Action Urgence" also operate through a network of community agents deployed in Morocco's main cities. In this context, 17 community workers were trained in 2017 and three awareness-raising sessions were conducted, mainly on issues related to reproductive health, family planning and vaccination. In total, more than 5,000 refugees and asylum seekers benefited from these actions. For its part, the association "Caritas", through its migrant reception centers in Rabat, Casablanca, Tangier and Meknes, organized several awareness-raising and information actions for migrants on how to access public health facilities and other general issues. These actions have raised awareness among nearly 4,000 migrants each year. For example, the collaboration between Caritas and the National Oral Health Program has raised awareness among 1,920 adult migrants and 412 children, and distributed 2,424 oral health kits. "Caritas" also carries out health support and mediation actions in the field [8].

In this context, 1,500 migrants were accompanied to public health structures in 2016. It also helped approximately 2,350 vulnerable migrants to cover their medical costs during the first 9 months of 2016, based on vulnerability criteria and the type of care required.

Finally, in 2017, the Fondation Orient Occident (FOO), with the support of Banque Solidaire, organized a free medical consultation day for 400 migrants and refugees in Rabat. The association also supported 250 migrants by providing them with specialized consultations, thanks to the support of the IOM.

Furthermore, the Association for the Fight against AIDS (ALCS), in collaboration with the Ministry of Health, the Ministry Delegate for Moroccans Living Abroad and Migration Affairs, the National Mutual Aid Agency, the IOM, the UNHCR, and member associations of the National Platform for the Protection of Migrants, conducted several awareness-raising and information campaigns for migrants on sexually transmitted infections, AIDS, and sexual and reproductive health. These campaigns reached 8,873 sub-Saharan migrants, both regular and irregular. ALCS also provided medical, psychological, and social assistance to 262 migrant women who were victims of sexual violence. But it is clear that, despite all these efforts made by NGOs and associations at the national level for the benefit of the migrant population established on Moroccan soil, the main limitation of this associative system, as several reports have demonstrated, notably the one produced in 2013 [15], was not only the persistence of categories of migrants not or insufficiently covered by their services, but also and above all the appearance of several overlaps between the activities of certain NGOs and/or associations themselves on the one hand, and with the provision of care in the public health sector on the other. It therefore appears obvious that Morocco's new migration policy is under pressure from several actors, notably that of a civil society marked by the diversity of discourses and actions in relation to the situation of migrants and their rights. This multiplicity, in a framework marked by the absence of an institutional platform allowing coordination between associations for greater coherence and synergy, is likely to complicate the implementation of the new migration policy due to the discordance of the objectives and results expected by each. [16,17,18]. But it remains true that the little information available on the associative network active on Moroccan territory in matters of migration and health,

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as well as the lack of quantitative data on the precise role of NGOs and associations in this area, exposes to uncertainty.

It would therefore be appropriate to develop knowledge on the role of civil society in protecting the health of migrants, by setting up an information system and carrying out specific studies, in particular for a better understanding of the phenomenon and, consequently, to contribute to better planning of the actions of public health associations targeting this vulnerable population category. These studies would certainly gain in representativeness and therefore in positive externality if they concerned a wide range of thematic associations established on Moroccan soil, with particular interest in the critical mass of migrants served by their services, in their geographical coverage areas.

In this perspective, it is essential that health actors focus on assessing the health situation of migrants and publishing detailed data, taking into account sex, age, origin, social and economic situation as well as migratory status. They must also encourage the production of knowledge on migrant health, by developing both quantitative and qualitative studies, while documenting good practices and lessons learned to effectively address health needs in countries of origin, transit, return and destination. It is also necessary to set up hospital structures adapted and favorable to migrants, inspired by the best international experiences. Finally, a special effort must be made on training and raising awareness among health professionals, so that they integrate cultural, religious, linguistic and gender dimensions into their practice, and are prepared to manage diseases and conditions prevalent in the countries of origin and return of migrants [17,20].

It is now clear that partial solutions are ineffective. Although security measures have temporarily reduced the number of irregular migrants, they remain insufficient due to their limited scope. It is therefore necessary to reconcile security dimensions and development policies, adopting collective measures aimed at promoting economic and social growth in countries of origin, by addressing the root causes of irregular migration [21].

CONCLUSION

To improve migrants' access to health services in Morocco, it is essential to strengthen the institutional framework and public policies. The National Strategic Plan for Health and Immigration should be updated and expanded, taking into account the specific needs of different categories of migrants, including women, children, refugees, and asylum seekers. It is also necessary to clarify the legal framework guaranteeing access to care for all migrants, regardless of their administrative status, while harmonizing national policies with international commitments relating to human rights and the right to health. In this context, the role of the Ministry of Health, the Ministry responsible for Moroccans living abroad and migration affairs, as well as that of legislative bodies and international organizations such as the IOM and the UNDP, is crucial in ensuring the effective implementation of these policies.

Strengthening service provision is another key priority. It is recommended to develop inclusive primary health services in areas with high migrant concentrations and ensure the continued availability of essential medicines, screening devices, and appropriate care for infectious diseases, chronic illnesses, and reproductive health. The establishment of mobile health units would make it possible to reach isolated or vulnerable migrant populations. In this approach, public health institutions, local NGOs, and international partners must coordinate their interventions to ensure effective and equitable coverage.

At the same time, raising awareness and informing migrants about their rights and available services is crucial. Multilingual information campaigns, adapted to the cultural realities of migrant populations, must be implemented. It is also essential to train healthcare professionals in culturally sensitive reception to reduce barriers related to linguistic differences or implicit discrimination. Relevant stakeholders, including the Ministry of Health, NGOs, local associations, and the media, have a central role in disseminating these messages and promoting inclusive healthcare for all.

Coordination and partnership between different actors are also essential. Government efforts must be complemented and supported by the work of NGOs and international organizations to maximize the effectiveness of interventions and address existing gaps. Involving migrants themselves in the design,

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implementation, and evaluation of health programs helps better meet their real needs. The creation of monitoring and evaluation platforms would make it possible to measure access to services and continuously improve the quality of care.

Finally, the sustainability of interventions requires adequate and stable funding. It is recommended that a specific budget be allocated to migrant health within national health financing, while mobilizing additional resources through public-private partnerships and support from international donors. This funding would ensure the continuity and quality of services, while strengthening the resilience of the health system to meet the growing needs of migrant populations.

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