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Covid-19 pandemic in Morocco

The coronavirus and the coming crises in Morocco

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A 2018 World Health Organisation (WHO) report noted, with regard to the health system in Morocco, that "the public sector includes 2,689 primary health care centres and 144 hospitals at different levels: local, provincial, regional and tertiary. The total number of hospital beds is 22,146. The private sector is made up of 6,763 private practices and 439 clinics, concentrated in urban areas and in the north on the Atlantic coast... The density is 0.68 doctors and 0.84 nurses and midwives per thousand inhabitants. In addition... investment in the health sector remains low (less than 6% of GDP) and direct household spending high (around 54%)". We are far from the standard established by the WHO, which stipulates that one doctor is needed for 650 inhabitants and that health should account for 10-12% of the state budget. [1]

The hospital system has gone through a process of reduced investment, declining equipment, dilapidated facilities and hygienic conditions, and closing down of services, to the benefit of private clinics. Access to care is "paid for", patients often have to buy the basic equipment themselves or "pay" so as not to remain on the waiting list indefinitely. The current system is not, in any case, in a position to cope with an even moderate spread of infections. The government spokesperson had first put forward the figure of 250 intensive care beds (for a population of 35 million inhabitants) before correcting it upwards (1,640, of which a third are in the private sector). [2]

It was in this context that the epidemic appeared in Morocco. Ten days after the first case of Covid-19 appeared on 4 March, the borders and the schools were closed, and lockdown was declared on 20 March, at the same time as the state of health emergency. [3] To date (17 May), the official balance sheet has recorded 6,798 cases of infection, 3,645 healings and 192 deaths. [4] The authorities reacted mainly with a financial and social aspect and, at the same time, a health and repressive aspect.

The financial and social aspects

This was mainly reflected in the creation of a "Special fund dedicated to the management of the coronavirus (Covid-19) pandemic", the objective of which would be to ensure "the financing of measures to combat the coronavirus, upgrade the medical apparatus and support the economy through measures to be proposed by the Economic Watch Committee (CVE) created for this purpose." In addition to the general state budget, the fund will also benefit from the contribution of several bodies and institutions. [5] The latest estimates noted a fund equivalent to three billion euros. This CVE is composed of eight members of the government, Bank Al Maghrib (BAM), the Professional Grouping of Banks in Morocco (GPBM), the CGEM (employers' union) and the Federation of Chambers of Commerce, Industry and services and that of the craft chambers. Thus some wealthy people and senior officials are responsible for deciding the fate of millions of "vulnerable" households. Among the main measures that have been taken: the suspension of payment of "social security charges", the establishment of a moratorium on the repayment of bank loans to companies and the postponement of tax deadlines. Likewise, contributions from different companies have been qualified as a donation bearing "the character of accounting charges deductible from the tax result".

Other measures have concerned the population at large: the payment of an allowance of 2,000 dirhams (180 euros) for those forced into technical unemployment, provided that they are declared to the National Social Security Fund, in the knowledge that the number of declared employees is extremely low. [6] For the other categories, the aid specifies, in particular for those who were registered with RAMED at the end of December 2019, "800 dirhams (72

euros) for households of two people or less, 1,000 dirhams (90 euros) for households of three to four people, 1,200 dirhams (108 euros) for households of more than four". [7] As for those who are immersed in total invisibility, benefiting neither from the National Social Security Fund, nor from RAMED, nearly 46% of the active population does not benefit from any medical cover, "the same amounts would be granted gradually through an electronic platform dedicated to the filing of declarations".

What comes through explicitly can be summed up in a few points:

- a) the management of the fund is not in the hands of the government, which is completely divested of responsibility, reflecting the absolute nature of a regime which in times of crisis does not even bother with its democratic facade.
- b) the priority given to maintaining the interests of big companies. Beyond the use of the sums collected in the Fund, the El Othmani government has approved the exceeding of the ceiling for external borrowing for 2020. A decision followed immediately by a request addressed to the International Monetary Fund (IMF), requesting activation of the "Precautionary and Liquidity Line". This is equivalent to almost three billion dollars, approved by the IMF board on 17 December 2018. It is not intended for the health crisis.
- c) the lack of transparency on arbitration and the allocation of the dedicated budget. How much will go specifically to the health sector? Based on what criteria?
- d) the cyclical nature of financial aid ignoring longer-term budgetary measures and the need for a "budget planning law" to rebuild an efficient health system.
- e) the continuation of austerity policies demanded in the name of the national priority of fighting the epidemic: freezing of careers, promotions and hiring, "non-strategic budgets", but also, a direct drawing down on civil servant salaries (corresponding to three working days), including retirees. This drawing down involves no specific taxation of large fortunes and effectively exempts employers. It is about the financing by the lower social categories of the failures of public health policies while companies are helped out through the crisis. For some, public charity, mass layoffs, wage cuts, compulsory drawing down, for others, all the aid possible to compensate for the drop in profits. It's basically the application of the old principle of "socialization of losses".

"Social policy" comes down to a logic of public charity. What does the sum of 1,200 dirhams represent for households of four or more? Not to mention the delays in verification of requests by local authorities, with a real risk of arbitrariness. According to existing data, the number of employees declared to the Social Security and on sick leave would be 578,208, but this figure should increase significantly. For those with RAMED cards, if we base ourselves on the documentation of the 2020 finance law, the people concerned would represent 5.49 million households or 14.4 million beneficiaries. On the other hand, we do not know the exact number of those who hold RAMED cards valid as of 31 December 2019, one of the conditions for benefiting from the aid.

For the "without RAMED," the task of identification is even more difficult. Based on data from the High Commission for Planning, this category of informal workers and undeclared employees (artisans, day workers, street vendors, couriers, caretakers, home helpers, construction workers or those in agriculture and so on) could be up to five million people. Note that more than a month after lockdown, when the tranche of the second instalment should have started since 7 May, many people have received no "first" instalment, or even the derisory "food baskets". Whether beneficiaries of Ramed or not, they constitute the heart of the informal survival economy and more than 91% of them are in a situation of absolute poverty.

On lockdown

This financial and “social” component is combined with measures aimed at lockdown of the population, but which prove contradictory and problematic for several reasons:

- The popular sectors live from a “mobile economy” and from daily work. This involves significant geographic mobility of people towards markets of all kinds, movement of goods according to opportunities, informal connections from different places and people. This resourceful economy based on different modes of circulation is embedded in social practices where social life and subsistence markets are well established. This form of economy was brutally halted by lockdown which paralysed all forms of movement.
- Similarly, the conditions of spatial proximity or overcrowded housing in working-class neighbourhoods constitute a limit to the effectiveness of a lockdown policy. The virus was first transmitted in specific neighbourhoods and within family cells.
- The idea of stopping production in all non-essential sectors was rejected. Thus, call centre, factories, construction sites, the mining complex, large-scale agricultural operations, administrative sectors which concentrate, hundreds or thousands of employees without providing any means of protection or doing so belatedly or in an ineffective and sufficient manner, are continuing to function. [8] Thus, a few weeks ago, a hundred workers were infected in a relocated French factory producing paramedical equipment in the Casa region, but this is also the case in textile factories, call centres, supermarkets (Fez, Tangier, Marrakech, Tétouan and other places), canning factories (Larache, Safi, Kenitra), wiring factories (Kenitra and elsewhere). Each week there is a new case. The more time passes, the more it appears that the main foci to come will crystallize in factories and workplaces. Despite the existence of a government control commission aimed at verifying the compliance of companies with health requirements, the latter are rarely observed, the despotic organization of work and the forms of super-exploitation imposed do not coexist well with the principle of worker safety. This situation generates specific workers’ resistance: demands to be tested before resuming work, or for sanitary measures adapted to working conditions. There is a contradiction between the requirement of lockdown, which is supposed to concern them and the compulsion, under pain of being dismissed or not paid, of continuing work.

Health policies conducted under a state of emergency

Authorities are counting on having deployed an early containment policy. The official discourse is reassuring, suggesting that the epidemic is under control, that the peak is almost reached, that what is needed has been done, but the more time passes, the more it appears that there is no control over the dynamics of contagion which are to some degree of unknown, given the weakness of the tests. The slowing down of the epidemic does not mean the disappearance of the virus. Throughout this period, the main order was to stay at home, with a security incentive and the Ministry of the Interior’s specific logistics. Lockdown is limited to an order to be executed solely because it is ordered by the state. If elsewhere caregivers are applauded, in Morocco people are asked to applaud the police and to sing the national anthem, without success.

It is not only a question of convincing and doing educational work, but also of answering the specific social questions that a lockdown policy can generate over time, and in particular the loss of resources for significant sectors of population and living conditions in popular housing. The fact, moreover, that the call for lockdown was accompanied by a punitive approach or aimed at the destruction of itinerant carts or established informal souks reveals the permanence of the war against the poor, much more than the fight against the virus. [9] The evacuation of the informal markets and the prohibition of the occupation of the public domain, registered for several years on the state agenda, are systematized.

In the range of means used, the state has chosen to develop the compulsory wearing of masks. The Minister of Industry said that Morocco now produces more than eight million a day. The real need is much higher due to travel needs and knowing that the masks in question have a limited use in time (3-4 hours). [10] Beyond the controversy over the level of protection offered, and their compliance with international standards, many have testified to the difficulty of obtaining them, while the ten pack batches contain defective prototypes. [11]

This situation favours a private criminal trade: several thousand masks considered to be reliable (FFP2) were sold to various hospital centres and turned out to be fakes, at the risk of the health of the nursing staff, while masks that have not received any validation have been circulated. There is speculation on basic food prices, creating another lucrative market. What is revealed here is firstly the absence of long-established public control over the production and distribution processes of basic medical equipment, the absence of stocks meeting needs, the predatory logic which reigns. This shortage situation, real or constructed, leads to use of the same mask to avoid sanctions, when traveling, with the risk of promoting new chains of contamination.

The authorities have also announced an order for 100,000 “rapid screening” tests to expand early detection (currently around 2,000 per day). Their acquisition remains to be verified given the supply difficulties. In any event, this is more like an extension of the possibilities of screening, mainly in big cities, for contacts of people who contracted the virus, but below a policy that would allow a broader diagnosis. In addition, the government plans to trace the Covid-19 by a specific application as has been experienced elsewhere. The risk is that this software is used for other uses, to trace citizens rather than viruses, especially since it is the Ministry of the Interior which will be the owner, the Ministry of Health being only the temporary user of the system.

The first impression that emerges is the predominance of a communication discourse aimed at suggesting that the responses made to the health emergency situation are in themselves sufficient, appropriate and guaranteeing control of the situation. The crisis does not exist. It is neither social, nor political, nor at the health level. Everything is managed. This idyllic vision valuing the security state does not fit well with reality, because in reality the epidemic is a heterodox enemy: it feeds, without fighting, on the flaws of the system: the type of housing and urbanization, the absence of a health system rooted in needs, dependence on the global drug market, equipment, the massive reality of logics of survival that make the street the only space for accommodation with precarity, despotism in the workplaces.

These are the limits of state actions carried out under a security logic. [12] One can only be struck by the severity of the sanctions in the event of non-compliance with lockdown in working-class neighbourhoods and the nonchalance with which businesses, prisons and supermarkets are treated, which do not employ any sanitary rules. [13] You don't fight a virus in the same way as social and political opposition. Even less, through a semblance of proactive policy where what is announced is more important than what is achieved. Without having the possibility of independently verifying the veracity of the figures, put forward at all levels. And above all, even in the event of control, this gives no absolute certainty on possible developments, as the factors of propagation of the virus are multiple and complex, in particular in an inevitable context of emergence from lockdown, whatever the scenarios envisaged.

Identifying the political issue of the conjuncture

We cannot accept that lockdown is synonymous with an atomization of social ties, *de facto* abandonment and increased impoverishment of a large part of the population; nor the framework by which the state intends to strengthen austerity policies and tighten its grip on society. We cannot ignore the fact that the issue of the health crisis is fraught with political issues. And that it combines with other crises. For the state, it is a question of managing the tension between the continuing accumulation of austerity policies and, on the other hand, the control of society

and the risk of having its legitimacy shattered in the event of expansion of the epidemic. This tension is accentuated by several major factors:

a) the dilapidated reality of “public health” can no longer be avoided. Little by little, the public sees the gap between the announcements made and experience, the social differences faced with the epidemic. We are not all equal in the face of the virus. And the vaunted “success” of local mask production cannot ignore the shortage of everything else. There is no exit from lockdown scenario that carries zero risk and the conditions mentioned throughout this article suggest that the possibility of a health catastrophe in the long term cannot be excluded, beyond the bluster of today. Not to mention the ordinary victims of untreated diseases during this entire period when we could the patients being almost left to their own devices.

b) the certainty of a recession with deeper consequences than that of 2008. The shrinking of the eurozone markets, Morocco’s main trading partner, the fall in local and foreign investment, tourism income and contributions from Moroccan nationals abroad, are warning signs, the consequences of which will unfold on a social fabric torn apart by decades of austerity policies and multiple social and territorial inequalities. The impoverishment that accompanies the health crisis risks combining in the short and medium terms with the consequences of the global crisis and an explosion in mass unemployment. Thus, 57% of businesses are on temporary shutdown and 6,300 have ceased activity, while an equally considerable proportion has seen a marked drop in activity. At the end of April, more than 900,000 employees were recorded at a standstill. In the tourism sector alone, the impact on employment could potentially affect 500,000 people, but in reality no sector is spared.

c) because of the policy of lockdown in the big cities, a disorganization of the food distribution channels has already had a direct impact on the countryside and the “useless Morocco”. In addition, this year of drought, according to forecasts, will result in a fall of 50% in wheat production, implying a significant increase in imports, when the country is already highly dependent on basic foodstuffs. We cannot exclude a fall in exports at the international level, an increased risk of shortages, a new surge in prices on the world market which will have a strong impact on foreign exchange reserves, the balance of payments and the purchasing power of the masses.

The strategy of the regime is to cement the discourse of national unity by promoting the centrality of the monarchy, while implementing a strategy aimed at opposing employees, sectors of the middle class, the popular categories of the informal economy, those who benefit from a social security system, those who are excluded or are registered in a specific scheme. This division itself is based on and encourages a logic of survival which aims to ensure that everyone expresses their claims in an atomized manner.

While it appears that the main victims are the prisoners, the unemployed, workers in factories and fields, the poor who have known nothing but poverty, daily workers, migrants, single mothers, in short the popular classes who will have to pay the “exceptional” and “structural” costs for a rescue of local capitalism. The health crisis is depoliticized by the terms of technocracy and security management, from day to day, so that illness, death and distress remain questions without political relevance. However, the regime cannot hide the expansion of the sources of contamination in the factories, nor impose long-term lockdown on the basis of public charity. The risk is that the wave, even stabilized, spreads out over time, with all the unknowns of the exit from lockdown. The authorities must juggle between maintaining their legitimacy and the logic of the employers and the predatory caste who aim for a short term resumption of “economic activity”.

In the meantime, we experience the procedures of curfew, the partitioning of space, the rehabilitation of the old habits of despotism where the Ministry of the Interior openly governs the fabric of daily social life, the trivialization of repression, police impunity, the implementation of new surveillance technologies, the supervision of low democratic margins, the criminalization of resistance and freedom of expression. [14] As if the regime has taken its revenge for recent years when the most diverse social movements have started to cross the “red lines”. The deployment of

The coronavirus and the coming crises in Morocco

armoured vehicles in large cities sends a message to society, faced with fairly foreseeable social and political risks, in the event of a real epidemic wave, or when, more definitely, the social reality of the economic crisis and impoverishment can no longer be “confined”.

The social, political and health crises will explode in the coming period. It is up to social movements, to radical forces, to create the social and democratic axes of a fight for the conquest of fundamental rights and freedom, here and now, from an emancipatory perspective. The post-corona is taking shape today. The challenge is to prepare our social camp for the refusal to return to normality and for the social and political convulsions to come.

19 May 2020

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[1] The last budget spent 110 billion dirhams on defence and only 18 billion on health. The United States has just approved the sale of ten Harpoon Block II missiles to Morocco for \$62 million.

[2] According to official declarations, additional beds have since been created bringing the total number to 3,000. Note also that there are only 175 carers specialized in resuscitation services.

[3] The Moroccan state was one of the few to have rejected the return of its own nationals from abroad when the border closure decision was made, leaving almost 22,000 people with virtually no help.

[4] The relatively low number of deaths is not specific to Morocco; it is true of many countries in the region. The explanation of this situation remains to be worked out, since everyone expected a health disaster. Should we see in it the effects of demographic structure (a young population), or the absence of reception structures for the elderly (“Ehpads”)? The effects of an early lockdown policy, or other specific factors?

[5] A statement of accounts and allocations was first published in the kingdom’s general treasury bulletin, before being deleted in late March. It appeared that many pledged donations from large corporations (such as Al Mada) went unpaid.

[6] In fact, many employees are directly dismissed, with no prospect of return and discover that their bosses had not declared them to the Social Security Fund.

[7] RAMED is a medical assistance scheme which represents a minimalist social safety net.

[8] The vast majority of agricultural workers are transported collectively to farms without the least precaution or distancing.

[9] Failure to comply with lockdown or wearing a mask constitutes an offense which may give rise to three months in prison or a fine of 1,300 dirhams (115 euros). Law enforcement officers arrested over 85,000 offenders between 15 March and 30 April, and thousands were brought to justice. Since then, the Ministry of the Interior has stopped communicating the figures, as this repressive use has been condemned internationally, including at the United Nations.

[10] Some estimates put at 15 million the number of masks necessary to meet current needs.

[11] Abderrahim Taibi, director of the Moroccan Institute for Standardization, says specific standards have been developed so that there can be no

The coronavirus and the coming crises in Morocco

risk of contamination and “these standards... can evolve and everyone is invited to contribute”. The Minister of Industry notes that “if we ever intend to sell abroad, it will be with better quality masks...”. It might be asked why these better quality masks are not produced for local people.

[12] Significantly, an agreement has just been signed with a US company, known for its excessive prices, which claims a monopoly on drug sales in Morocco until 2031, meaning there would be no opportunity to acquire elsewhere an effective vaccine or treatment against Covid, nor envisage the independent national production of drugs.

[13] Thus, there have been more than 200 cases in the Ouarzazate prison. This situation demands an immediate and unconditional release of prisoners of conscience and those from social movements.

[14] A draft law aims to establish “a sentence of six months to three years in prison” and a fine of 5,000 to 50,000 dirhams against anyone who “calls for boycotting certain products, goods or services or publicly incites this through social networks or open dissemination networks”. This attempt to control the use of social networks is motivated by fear of the development of social protests in the coming period. The boycott of various products in 2018 destabilized the traditional registers of security management and highlighted the confluence between big business and “political power”.