# Oral Health, A Pressing Concern



Oral health demands serious attention in Morocco. Tooth sensitivity affects more than half of Moroccan adults, with 36% of Moroccans aged five and older experiencing untreated dental caries, and nearly one in five people over 15 suffering from severe periodontal disease. Despite these statistics, many go without treatment, unaware of the risks that poor oral hygiene poses to overall well-being.

The Moroccan healthcare system struggles with the management of health and oral care data and information. Official government statistics might not always provide a precise breakdown, limiting the country's ability to make informed decisions, monitor healthcare quality, and plan healthcare strategies. Thus, oral care data vary according to different soruces.

Oral care in Morocco is partially covered under the mandatory health insurance (AMO) scheme. Specifically, AMO covers costs for 80% of the National Reference Rate for oral care. This means that while not fully comprehensive, a significant portion of the costs associated with oral care is reimbursed for those enrolled.

However, only routine, preventive and emergency care are covered by health isurance with the majority of the population relying on public dental services, especially in more rural parts of Morocco, resulting in public healthcare services being overcrowded and underfunded. For this, an increasing number of patients are turning to private clinics for higher-quality care and more advanced treatments. This has led to a rise in private dental clinics, particularly in larger cities. The divide between public and private healthcare access creates a gap in the quality and availability of care. Although dental care in Morocco is generally affordable compared to Europe, the cost of certain treatments, particularly cosmetic and orthodontic procedures, can be prohibitive for some segments of the population. Dental insurance is still not widespread, and many Moroccans cannot afford private care or treatments not covered by the public health system. This limits access to higher-quality services for a significant portion of the population. Morocco is positioning itself as an attractive destination for dental tourism, especially for patients from Europe and other African countries. The combination of lower costs for treatments and high-quality care, especially in cities like Casablanca, Rabat, and Marrakesh, makes Morocco a growing hub for dental tourists. The Moroccan dental industry is regulated by the Ministry of Health, and dental professionals must adhere to the standards set by the Moroccan Order of Dentists. This includes ongoing education and certification to maintain professional standards. However, there are occasional challenges related to enforcement of regulations, especially in the private sector, where some unlicensed or poorly regulated clinics may be operating.

Per capita current health expenditure in PPP, int\$ (2019)	425 int\$
Per capita expenditure on dental healthcare (US\$)	2.3 USD
Total expenditure on dental healthcare in million (US\$)	82 USD
Total productivity losses due to 5 oral disases in million	US\$ 452 million

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1

### Prevalence of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	44-4
Prevalence of untreated caries of permanent teeth in people 5+ years (%)	36.0
Prevalence of severe periodontal disease in people 15+ years (%)	19.7
Prevalence of edentulism in people 20+ years (%)	10.3
Lip and oral cavity cancer number of new cases, all ages, total population (2020), est.	731
Lip and oral cavity cancer, incidence rate (per 100 000 population), total pop.	1.8

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1 (Data source: Ferlay et al. Global Cancer Observatory: Cancer Today. International Agency for Research on Cancer: Lyon, France; 2020.)



Number of Dentists	4.855 - 5.174
Dentists per 10 000 population (2019)	1.4
Number of Physicians	27,600-28,892
Physicians per 10 000 population	7.8

## Oral Health Interventions as Part of Health Benefit Packages (2021)

Coverage of the largest government health financing scheme (% of the population)	60
Routine and preventive oral health care	Yes
Essential curative oral health care (including non- surgical extraction and drainage of abscesses)	No
Advanced curative oral health care (including resin composite and dental amalgam including x-rays, complex fillings, root canal treatment)	No
Rehabilitation oral health care (including crowns and bridges, dentures, orthodontics, dental implants)	No
Implementation of tax on sugar-sweetened beverages (SSB)	Yes

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1

Inclusion of oral health interventions in public Health Benefit Packages: The extent to which oral health interventions are included in the largest government health financing scheme. The term "largest" is defined as having the highest total population eligible to receive services, while the term "government" is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military. (Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.)

# Availability of Procedures for Detecting, Managing and Treating Oral Diseases in the Primary Care Facilities in the Public Health Sector (2021)

Oral health screening for early detection of oral diseases	available
Urgent treatment for providing emergency oral care & pain relief	available
Basic restorative dental procedures to treat existing dental decay	available

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1

Note: "Generally available" refers to reaching 50% or more patients in need whereas "generally not available" refers to reaching less than 50% of patients in need. (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

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