5. GOVERNANCE / OVERSIGHT

5.1 Process of Policy, Planning and management

National health policy, and trends in stated priorities

Since the 1st national conference on health, 1959, Morocco developed several health strategies in accordance with the human rights for health and the equality of access to care for all citizens. The government's health sector policy is implemented through strategic planning of the health ministry. Priority was always accorded to increasing the sanitary facilities (particularly to rural zones); preventive- promotive programs for the health of the mother and the child and prevention and promotion of the overall health of the population, for example combating endemic and epidemic diseases.

In the recent years, MOH has tried to develop vertical programs for managing some chronic diseases, like diabetes, high blood pressure, respiratory chronic illnesses or cancer especially in ambulatory care.

The strategic plan of the MOH for the period 2003 - 2007 reproduces these orientations through the following objectives:

- Strengthening promotional and preventive healthcare programs, especially those in support to mothers and children;
- Developing programs to manage some chronic diseases (diabetes, terminal renal insufficiency, arterial high blood pressure, mental illnesses, and some cancers);
- Strengthening decentralization process toward the regional level;
- Extend hospital reform toward public hospitals;
- Develop an efficient medicine policy in order to improve their quality and make them easily accessible for consumers;
- Support partnership for health;
- Develop health research.

These strategic objectives have been built consequent to other sector reforms: public sectors reform, budgetary reform, healthcare financing reform (AMO and RAMED).

Formal policy and planning structures, and scope of responsibilities

The decree of November 21st, 1994 announces that the Ministry of Health has the responsibility of the development and execution of the Government's health policy. It is supposed to act, in coordination with other departments (ministry of interior, ministry of agriculture, etc.) to implement actions of prevention and promotion of the health of the citizens. Its interventions are dependant on the annual budgeting of the ministry of the finance.

Strategic planning is done through a process of dialogue between the central administration and its decentralized services. The Plan and Financial Resources department is the central structure assigned to compile orientations from the 7 other department of the MOH and to define budgetary plan.

The strategic five-year plan is returned to decentralized services. At this level, strategic plan is converting into operational plan. Setting up of the sanitary Region, as decentralized level of governance is currently a way of mitigation of the procedures of scheduling and execution of the budgeted activities at the local level.

Analysis of plans

Studies for assessment of implementation of strategic plans are exceptional. It is only appreciated through the budget execution. This assessment does not permit measurement of the impact of decision and actions on the population health status.

Since the setting up of the contractual arrangements between the central administration and the decentralized services, called budgets - program, the strategic planning is based on results-based management. The financial resource allocation process to the decentralized services complies with this rationale.

Key legal and other regulatory instruments and bodies

The health sector is governed by a set of ruling texts for the administrative, sanitary legislation and regulation of professional bodies. The overall responsibility for the public and private sectors lies with the Ministry of Health. A Regulation and Claims department within Ministry of Health is responsible for regulating the public healthcare institutions, legal aspects of medical and paramedical professions, and sanitary legislation.

Two different types of institutions carry out health professionals' training:

- Schools of medicine and pharmacy: Four in total, one each in Rabat, Casablanca, Fez and Marrakech
- Schools of nurses and paramedics (IFCS): 10 in total

Accreditation system does not exist in Morocco. Currently, MOH is in the process of developing a framework and guidelines for hospital accreditation. Recently, the National Agency for Health Insurance (ANAM) has been created. The legislator has delegated this institution to manage the reimbursement process of financial resources allowed to CNOPS and CNSS. Additionally, this institution will have to manage the regime of medical aid to poor populations (RAMED).

5.2 Decentralization: Key characteristics of principal types

Morocco had to make a choice for the decentralization policy. The debate about decentralization had its outcome with the approval of the Regionalization Law in 1997. The Region is currently the local level of decision-making and the Government's interlocutor.

Within the MOH

Within the public sector of health, the type of decentralization executed was "deconcentration" from central administration toward the provincial and prefectorial levels. At each province or prefecture, an administrative organization, named "Delegation of the Health Ministry" has the responsibility of the implementation of health policy, within its territory. All public healthcare institutions and public schools of paramedical training are entirely under the supervision of Delegation. Annually, the central administration allocates budgets to the provincial and prefectorial Delegation. However, human resources are still managed by the central administration in terms of recruitment, salaries, career development etc.

State or local governments

Since the institutionalization of the Region as intermediate governance, there is a new dimension of public sector involvement encompassing more participation of local actors, improved accessibility of the administration to the citizens and decentralization of the decision-making processes. The Region is currently the interlocutor of the central government regarding to all health issues. Some strategic functions reserved to the central administration are gradually being delegated to the regional services, such as in the case of healthcare supplies planning where each Region Health administration develops its health care supplies diagram, called SROSiii. Recently, MOH set up the first regional health departmentiv in the Region of the Oriental. Although the Region is autonomous in its planning process, the financial and human resource aspects are still out of its scope of responsibilities.

Greater public hospital autonomy

Hospital establishments network (REH) is a group of 124 establishments and nearly 25000 beds. These establishments can be categorized on the basis of resource level or type of management.

There are three types of hospitals according to the recourse level:

1 The public health polyclinic (PSP[v]): first hospital level. In addition to emergency cares, it provides services related to basic disciplines like medicine, surgery, obstetrics and pediatrics. It covers a population of 20 000 inhabitants.

2 The provincial or prefectorial hospital center (CHP): constituted by one or several general or specialized hospitals. Iin addition to the basic disciplines, the following medical and surgical specialties are also included: ophthalmology, dermatology, ORL, the infectious diseases, pneumo-phthisiology, cardiology, gastroenterology, endocrinology, traumato-orthopedics, internal medicine and intensive care units. CHP can have a regional vocation (CHR) when it overtakes provincial area. In this case it can develop some other specialized disciplines as urology, neurosurgery, burn care unit, nephrology, rheumatology, neurology and hematology.

3 The university hospital center: It includes a set of establishments undertaking a complete range of highly specialized services.

There are three groups of hospitals according to the management method:

1 The autonomous public establishments (EPA): represented by the university hospital Centers. This statute confers on them a moral responsibility and a financial autonomy. They are 18 in number (15% of the public hospitals).

2 The semi-autonomously managed establishments (SEGMA): these are the most numerous hospitals (n=89). They don't have a moral responsibility but they have a financial autonomy. This statute was initiated for the first time in 1987 in five hospitals. In 1998, SEGMA hospitals are regrouped in Provincial or Prefectorial Hospital Centers (CHP).

3 The “en régie” managed hospitals: this type of statute doesn't confer to the hospital neither moral responsibility nor financial autonomy. Its budget is not individualized.

According to care provided

The general hospitals: offer emergencies cares, surgery, medicine, obstetrics and pediatrics. There are 88 general hospitals (72% of the public hospitals).

The specialized hospitals: They are 34 (28% of the public hospitals) and are represented essentially by the psychiatric and pneumo-phthisiology hospitals.

Private Service providers, through contracts

The procedure of subcontract is followed in the majority of the public hospitals, particularly SEGMA Hospitals. Currently, purchases of support services include those related to hygiene, restoration, laundry and the security. The subcontract is controlled by special notebooks of specifications, which clarify the terms of reference and the quality required for the bought benefits. Recently, MOH conducted a study about the opportunity of subcontracting and invoice activity in hospitals.

Main problems and benefits to date

In Morocco, regionalization process aims to adapt decisions to local environment and to accelerate the implementation of plans. It also encourages involvement of local staff improving their expertise and capacities.

However, decentralization process is still incomplete. It restricts the scope of local decision-makers responsibilities, as the human and financial resources management is still centralized.

Integration of Services

Morocco has a hierarchic/pyramidal organized health care system. Thus, the basic sanitary institutions (clinics and health centers) are the population's first line contact. Recourse to the superior levels (provincial hospitals, regional hospitals and national or academic hospitals) requires higher specialization level of human and technical resources. Integration regarding health care services (promotional, preventive and curative activities) is an important issue especially at the level of the basic healthcare establishment network. At managerial level, integration of the different management functions throughout central, regional and provincial/prefectorial levels is still at the commencement level..

5.3 Health Information Systems

MOH has a national system of sanitary information (SNIS), which underwent a number of reviews since the 80's. The main strength is management information subsystem of maternal and childhood health programs. This subsystem is computer program-based, which allows data entry and validity control, synthesizing graphs for different activities as well as control panel for decision making. The data transmission from basic health structure to central level is made electronically. These data are accessible for consultation to all structures of the Health Ministry.

Since 1997, MOH publishes an annual report on the population health status. This Report named "santé en chiffres" retraces the care supply chain and examines the program performance indicators for primary and secondary cares. However, some there are some weaknesses. The lack of integration and quality is evident because development of different health programs and strategies leads to many information subsystems, completely independent and with no logical linkage with the SNIS. In fact, information is broken up, sometimes duplicated depending on whether the data source is a structure that manages the routine information or a project structure. Moreover, the SNIS is underused by the actors and so human, material and financial resources are not

mobilized according to the product of the process of generation, collection, treatment and analysis of the information. Furthermore, there's no feed back mechanism.

The private sector is less inclined towards the production and the dissemination of sanitary information towards the Ministry of Health. The register of Haemodialysis and kidney transplantation (MAGREDIAL) is one of the first coordination mechanisms between the Ministry of Health and the private sector.

5.4 Health Systems Research

Health research is not well developed. Research studies initiated by the MOH are often those with a financial support of international organizations and the United Nations. There are no private or independent mechanism/institutions for research in health.

MOH has an institute of training and research in sanitary administration and public health (National Institute of Sanitary Administration – INAS). INAS is a WHO collaborationr Center. This institute contributes towards a body of national research on health. The major research initiatives led by the MOH are focused on assessment of mother and child health and health care financing.

A list of the major investigations and studies conducted by the Ministry of Health:

- National investigation on the population and Health (ENPS 1987 and 1992)
- National panel investigation on population Health (1995)
- Survey of the households' contribution to hospitalization charges (1995)
- National investigation on the Health of the Mother and the child (1997)
- National investigation on the reasons and circumstances of death of children less than five years of age (1998)
- Hospital morbidity and expense study (2000)
- Investigation on the population and the domestic health (2003-2004) PAPFAM,
- Health National accounts (1997-98 and 2004),
- Costs and morbidity in public hospitals (2001-2002)
- Health system reactivity survey (in progress).

Most of these studies had an impact on the strategy formulation, especially, prevention and promotion of the reproductive health and the motherhood and infantile health.

5.5 Accountability Mechanisms

Accountability mechanisms have been introduced in contractual arrangements. However, on ground these mechanisms are operational to a limited extent.