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The Health Sector's Dynamic Regionalization in Morocco

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ABSTRACT

The study aim: The objective of this research was to study the framework of the health regionalization process implementation, to understand the dynamics of advanced regionalization and the strengthening of health sector governance. **Materials and Methods**: This is a prospective descriptive study conducted over 13 months from February 2020 to March 2021 at a set of central and regional health directorates. Including the central managers of three central directorates, as well as, the regional managers of six regional directorates. **Results**: Through the interviews conducted, the study of the framework for the implementation of the health regionalization process revealed that among the acts delegated to the regions and provinces, there are acts whose application is either difficult or remain in the hands of the center, which does not allow the regional health directorates to benefit from a great deal of room for maneuver about the center, and they feel a certain frustration. In addition, this study found that the organization of the health system at the regional level remains tangled and therefore confusing with inappropriate use of information for decision-making. **Conclusion:** The study of the framework of the health regionalization process implementation in Morocco has revealed several obstacles that slow down this process, hence the importance of taking into consideration a set of measures to overcome them and achieve the expected objectives.

1. INTRODUCTION

To ensure efficient management of common resources, several European and African countries have opted for the promotion of regional integration [1]. Morocco is not an exception to this trend, since the seventies, Moroccan governments have given great importance to the establishment of regionalization at the national level. Indeed, the process of regionalization in the Kingdom took its first form in 1971 with the creation of seven regions. Linked to administrative decentralization, this process was reinforced in 1984, then, especially in 1992. It was not until 2002 that the region was considered a basis for economic development with the creation of the 16 regions [2].

Intending to develop a Moroccan model of regionalization based on the specificities of our country, the Moroccan constitution of 2011 enshrined the adoption of advanced regionalization as a lever of local participatory democracy and as a mode of territorial governance [2].

By adopting a new territorial division and by implementing the principles of advanced regionalization, Morocco has become 12 regions in 2015. A new territorial vision aimed at reducing regional disparities while ensuring the overall development of the country [2].

These initiatives aim to promote citizen participation by focusing on democracy and decentralization to promote the economic, social, and cultural development of the various regions. It also tends, to modernize the structures of the State, improve territorial governance, and reduce the poverty of certain regions through a coherent distribution of wealth. To achieve all these objectives, in 2018 a charter of administrative deconcentration was published to accompany the construction of advanced regionalization, and to promote an integrated and complementary implementation of public policies at the territorial level. This charter sets out the objectives of deconcentration, the mechanisms for its implementation, and the distribution of powers between central and deconcentrated services. As it is based on two foundations. On the one hand, the region is considered to be the relevant area for the implementation of public policies. On the other hand, the role of the wali of the region, as the representative of the central authority at the territorial level.

Among the sectors that have undergone a real reorganization to accompany the concretization of the advanced regionalization in Morocco is Health [3]. Indeed, under the aegis of the Moroccan constitution of 2011 having registered, through its article 31, the right to health as a constitutional right, the Ministry of Health and Social protection has adopted several structural reforms to cope with the scarcity of resources distributed in a disparate way on the national territory [5].

Moreover, in the area of health, the region has emerged as a relevant level, since the central level of regulation and arbitration no longer allows for the achievement of the desired objectives in this sector. The desire to bring the health system management closer to the users, to offer a more appropriate response to their needs, explains the development of the regional level [3].

The Ministry of Health and Social protection has made advanced regionalization a strategic direction for the development of the health sector and the enhancement of its functions. In 2011, a ministerial order was issued to define the attributions and organization of the deconcentrated services of the Ministry of Health and Social protection. This order gave birth to twelve Regional Health Directorates, containing a new organization with new services and new attributions and functions. In 2016, the Ministry of Health and Social protection wanted to breathe new life into the health regionalization process. As a result, an order of the Minister of Health adopted and defined a reorganization and new attributions and missions that were assigned to the deconcentrated services because of the requirements of advanced regionalization. The time when its Health Plan 2025 claims the revision of the organization of the public health sector, through the reorganization of the Ministry of Health and Social protection and the identification of the competencies that can be transferred to the regions [6].

Within the framework of these strategic orientations and to understand the dynamics of advanced regionalization and the strengthening of governance in the health sector, this research aims to study the framework of the Moroccan health regionalization process implementation.

2 MATERIAL AND METHOD

This is a prospective descriptive study conducted for 13-month from February 2020 to March 2021 at a set of central and regional health directorates.

A. Inclusion criteria

The study included central officials from three central health directorates, as well as officials from six regional health directorates.

B. Exclusion Criteria

Central officials from four central health directorates and six regional health directorates were excluded from this study.

C. Data collection

This study is conducted through two interview guides :

An interview guide with central officials of the Ministry of Health and Social protection, including questions on

- Conditions of health regionalization success ;
- Constraints and challenges of health regionalization ;
- Mechanisms for steering and supporting the implementation of health regionalization ;
- Missions and powers transferred to the regional health directorates ;
- Measures put in place by the Ministry of Health and Social protection to support the Regional Health Directorates in their new missions.

An interview guide for regional health directorates with questions on :

- Expectations for health regionalization ;
- Conditions of health regionalization success ;
- Constraints and challenges of health regionalization ;
- Missions and attributions of the regional health directorate within the framework of health regionalization.

D. Ethical considerations

Informed consent was obtained from each person at the time of study entry. Participation in the study was free, respecting confidentiality and anonymity.

E. Statistical analysis

The qualitative investigation carried out in the framework of this study gave rise to interviews which are recorded and then transcribed simultaneously with the interviews. The data collected is structured, then represented in the form of verbatim, and finally analyzed, cross-referenced, and discussed.

3 RESULTS

A. SWOT analysis of the regionalization context

The analysis of the regionalization context in the field of health in Morocco has made it possible to highlight the following strengths, weaknesses, opportunities, and threats:

Table 1: SWOT analysis of the regionalization context

Strength	Weaknesses
- The political commitment of the Minister of Health ; - The existence of a legal framework ; - The creation of regional health directorates ; - The adoption and ownership of a participatory process of regionalization by the different stakeholders ; - The delegation of several human resources management acts to regional health directorates and hospital directors ; - Increasing the amount of the authorization of public contracts to 5 million dirhams ; - The existence of a team spirit within the	- The lack of a clear vision on the part of everyone in the regionalization process - The need to strengthen the powers and autonomy of the deconcentrated services ; - Lack of human resource development ; - The lack of modernization of management tools and resources ; - The weak accompaniment of the Regional Health Directorates by the Centre in the regionalization process ; - The strong sense of belonging favors compartmentalization and limits convergence ;

Regional Directorate of Health ; - Coordination and regular collaboration between the various territorial managers ; - The existence of a continuing education plan for regional health directorates ; - The development of partnership and contractualization with the central directorates and with the local authorities.	- Retirements resulting in a loss of experience-based skills ; - Lack of an integrated national and regional health information system ; - The flagrant lack of human resources in quantity and quality in the regions ; - Partnerships with local authorities, civil society, non-governmental organizations, and the private sector have been little exploited.
Opportunities	**Threats**
- The strong political will for decentralization and deconcentration ; - The existence of an important legal arsenal: the constitution of the kingdom ; - The advanced regionalization project ; - The possibility of mobilizing additional funds from local authorities ; - The possibilities of mobilizing funds from the National Initiative for Human Development ; - The demographic transition with a growing need for health services ; - Poor geographical distribution of human resources ; - The strong involvement of several foundations ; - The possibilities of benefiting from additional funds in the framework of the public-private partnership ; - The more common practices of contracting programs.	- The demographic transition with a growing need for health services ; - Resistance to change on the part of different stakeholders ; - Insufficient maturity of the private sector ; - Performance evaluation and monitoring are insufficient ; - Poor geographical distribution of human resources ; - Risk of political conflicts of regional supporters ; - to be made at headquarters, such as staff leave, staff, and student internships in the various structures within the territory increasingly pressing expectations of the populations and all the actors of the societies.

B. The framework for implementing and steering the health regionalization process

The Ministry of Health and Social protection has put in place a legal and regulatory framework in a progressive manner for the implementation of health regionalization. The Ministry had even anticipated the synergies between advanced regionalization and health sector reforms and worked hard on optimizing central, regional, and provincial/prefectural attributions.

The Ministry then worked on a series of acts to be devolved to the regions. There was broad consultation on this subject through consultations and working groups that were set up on this occasion. The restitution and finalization were done with all the regional health departments during a retreat.

In parallel with this process of reorganizing the regional health directorates, the more general framework of regionalization has become clearer [7]. The texts set out several pillars of regionalization, including the regional development program, the regional land-use plan, the creation of regional development companies, the management of public services under the authority of the region, the partnership with the private sector, and the contracts relating to the exercise of competencies shared with the State and those transferred to the region. With all these bases, it is clear that strategic decisions regarding health at the regional level can no longer be made in a technocratic, top-down manner, but must be shared with or even by the regional authorities. Hence the importance of having regional leaders with new skills, mastery, and a real and recognized presence within the regional landscape.

In addition, the Ministry of Health and Social protection has delegated several human resource management acts to the regional health directorate and the provincial health directorate by ministerial order. In all, 43 acts of human resources management were delegated to the regional health directorate, 19 new acts to the provincial health directorate, and 11 acts to the directors of regional and provincial hospitals.

The findings from interviews with regional managers are that this delegation has had several positive effects on resource management, particularly in terms of the fluidity and speed of decision-making that used to be made at headquarters, such as staff leave, staff, and student internships in the various structures within the territory of the regional health directorate, authorization for staff to continue their studies, etc.

However, according to some regional officials, several acts are delegated but their application is either difficult or remains in the hands of the center. For example, the transfer of personnel is an activity managed by the center, even though they are in principle acts delegated to the regional health directorates. In addition, the delegated acts do not allow the regional health directorates to benefit from much room for maneuvering about the center and they feel a certain frustration.

As a result, regional officials prefer to have more transfers of power and not just a delegation of signatures that falls short of their expectations in terms of decision-making and management. They propose, in this context, that the Ministry transfer all powers concerning human resources management to the regional health directorates, which should then be fully responsible. The Ministry will have to reorganize itself accordingly and must play a political, strategic, regulatory, and evaluation role.

There is now a broad consensus on the relevance of the regional level for assessing needs, organizing networks, reorganizing the supply of health care, and allocating financial resources. However, this affirmation of regional coherence validity does not prejudge the health system organization, which remains entangled and therefore confused. Indeed, territorial health officials are often reluctant to make decisions that fall within their remit because of a lack of initiative and bureaucratic culture that discourages individual responsibility at lower levels. As a result, the current decision-making perimeter remains highly centralized, according to the officials interviewed.

The Ministry of Health and Social protection has indeed put in place a set of tools to support regional and provincial officials in their mission, but the results remain mixed. The health planning tools are very quantitative and rigid. It is aimed more at the principles of equality than equity. Based on the existing health care offer. For example, the health map does not allow for a real restructuring of the hospital care offer or a reduction in overcrowding. Similarly, our meetings with the various officials showed that the planning tools are validated by the relevant commissions (national or regional) with many delays, and even when they are validated in time, they are either not applied or are applied only partially, depending on the region.

While timely access to reliable health information is essential for policy development, good health management, evidence-based decision-making, rationalization of resource allocation, and

monitoring and evaluation. The interviews conducted attested to the fact that the use of information for decision-making is inadequate. This is because administrators and managers have not yet made adequate use of the Regional Health Observatory, there is a lack of coordination between the various recipients of data in the field, and there is the late transmission of data from lower levels.

The governance of the health system is essentially provided by the Ministry of Health and Social protection with its eight central directorates covering different aspects, including financial resource planning, regulation, inspection, human resources, disease surveillance, drugs, essential equipment, and priority health programs. However, with regionalization, this configuration is set to evolve into regional governance with the regional health directorate as the main actor.

As things stand at present, the regional health directorates, as pointed out above, are finding it difficult to position themselves to steer the health system at the regional level without major problems. The regional managers unanimously consider that the delegation of signature in matters of human resources management was necessary but not sufficient to give them full power to play a leading role in steering the health system because, according to them, most of the decisions remain at the central level and there is no real transfer of powers but just a simple delegation, which does not give them much room for maneuver or even autonomy in decision-making.

C. The expectations of territorial officials regarding health regionalization

Interviews with officials at the level of the selected regional directorates revealed that their expectations in terms of health regionalization can be summarized in the following points:

The first expectation expressed by most of the interviewees is related to a better allocation of resources, as better consideration of local needs and preferences leads to better mobilization of financial resources at the local level and, as a corollary, greater awareness by the population of the cost of collective decisions and of the efforts made by public authorities to meet health needs.

Improving the equity, efficiency, and quality of the healthcare system to achieve a sustainable change in the performance of the healthcare system at the regional and national levels and as a

result, improve the production efficiency to have a visible impact on the services provided to citizens.

Build on the potential that advanced regionalization will offer a field of innovation, thanks to the degree of autonomy offered to provide the population with an integrated health care system that respects intersectionality and allows for rationality in decision-making at the regional level.

The implementation of proximity projects according to local and regional specificities, thanks to the good governance of the health system, and the rational and responsible management of local resources. Indeed, thanks to the involvement of regional stakeholders and the re-auditing of accounts, it will be possible to achieve the expected objectives through such projects.

However, several regional officials expressed concerns about factors that could impede the achievement of their expectations through the regionalization of the health system. Among these factors they suggested:

- The insufficient human resources in some regions;

- The glaring regional disparities in human and material resources;

- The strong involvement of regional authorities, in particular, the walis and presidents of regional councils;

- The limited power of regional directors over other entities, particularly delegates and directors of regional and provincial hospitals. This is due in particular to the status of regional directors, who are assimilated to heads of divisions like all other territorial officials;

- The overlapping of prerogatives and powers between the different levels of responsibility at the regional level and sometimes within the same structure (DRS);

- The lack of an integrated information system.

4 DISCUSSION: RECOMMENDATIONS AND PERSPECTIVES

The analysis and cross-referencing of all the data enabled us not only to understand the current situation of the implementation of the health system regionalization process but also to identify prospects. The elements collected, thanks in particular to the fieldwork, enabled us to study the

framework of the implementation of the health regionalization process, and as a corollary the formulation of recommendations for improvement by considering several dimensions.

To better frame the distribution of responsibilities between the central and regional levels and consequently offer regional directors more room for maneuver and intervention, it is wise to redefine the role of the central entities and improve the governance of the health system [8].

In this sense, the Ministry of Health and Social protection, in the current context, will have to move from a centralizing role to a strategic, regulatory, and monitoring/evaluation Ministry. In other words, there must be a real division of powers between the center and the regions, based on an informed distribution of responsibilities and in such a way as to allow the regional level to be autonomous and to assume all its responsibilities fully. Furthermore, the national health system must be based on values of social justice and solidarity, so that access to services is based on the needs of the individual rather than on his or her ability to pay. In addition, the governance of the system must be increasingly based on good governance, transparency, and accountability [3].

Strengthening the powers of the Ministry of Health and Social protection's deconcentrated services is necessary to achieve effective health regionalization. Indeed, greater decision-making powers should be given to those in charge at the territorial level, in particular the regional health directorates, give them greater scope for action and initiative to assume, in a responsible manner, commitments that can interact with the various actors in the territory, whether elected, private or public. Also, the administrative situation of the regional health directorates must be improved so that the director has the rank of a central director and not of a division head as is currently the case. In addition, a new professional culture must be developed among territorial managers based on competence, performance, transversality, and support for change, ethics/integrity, responsibility, and accountability [9].

The human resources factor is the primary pillar in the success of any change project, and the development of a sufficient number of health personnel who are motivated, well distributed, and have the appropriate skills is the keystone of the successful implementation of a health regionalization. Indeed, given the lack of a clear vision or strategic plans for the health workforce, a strategic framework for addressing staffing issues is needed. It is also important to strengthen the continuous training and support of the regions to enable them to have the

knowledge, know-how, and interpersonal skills as well as the legal, methodological, and management tools and instruments necessary to have more autonomy and to fully assume their responsibilities [10].

Existing health information systems face challenges in terms of data quality and timeliness. Duplication and fragmentation of data collection and a lack of rigorous validation are observed in the different programs. Therefore, modernization and strengthening of health information systems are necessary to improve the delivery of health services to citizens, by working on reducing inequalities in access to primary health care services and addressing staff shortages in facilities [3].

In recent years, we have seen an evolution in the concept of contracting in the context of health systems around the world. Contractualisation has become a strategic approach to improving the performance of health systems. Hence the importance of promoting contractualization between the center and the regions as a strategy for restructuring health systems by formalizing the relationships between the different actors and redefining their mutual commitments.

5 CONCLUSION

The study of the framework for the implementation of the health regionalization process in Morocco revealed several obstacles that slow down this process, hence the importance of taking into consideration a set of measures to overcome them and achieve the expected objectives.

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CONFLICTS OF INTEREST

None.

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