

## Organizational reforms and healthcare system performance : The case of the Ministry of Health and Social Protection in Morocco.

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**Abstract:**

This study analyzes the organizational reforms implemented by the Ministry of Health and Social Protection in Morocco between 2005 and 2023 and their impact on healthcare system performance. Using a systematic literature review combined with comparative analysis of regional health reform cases, the paper evaluates the effects of key initiatives such as the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED) on service accessibility, governance efficiency, and financial sustainability. Data were drawn from official national health reports, academic studies, and policy evaluations covering the period 2005–2023. The findings reveal that while reforms have significantly expanded healthcare coverage and improved access for vulnerable populations, persistent disparities remain between urban and rural regions, driven by inefficient resource allocation and workforce shortages. The study concludes that achieving Universal Health Coverage (UHC) in Morocco requires strengthening governance at the regional level, investing in rural health infrastructure, and adopting performance-based financing models to ensure long-term sustainability.

**Keywords :** Healthcare reforms, Universal Health Coverage (UHC), service accessibility, governance.

## 1. Introduction

Health systems worldwide face increasing challenges, particularly in low- and middle-income countries (LMICs), where the demand for healthcare services continues to grow due to demographic pressures and the rise of non-communicable diseases (NCDs), which account for approximately 74% of global deaths (WHO, 2022). In response, many countries have initiated organizational reforms to improve the efficiency, accessibility, and quality of healthcare services. Morocco, with a population of nearly 37 million, is no exception. The country has embarked on various reforms, largely driven by the Ministry of Health and Social Protection, to address these challenges and enhance the performance of its healthcare system.

Since the early 2000s, Morocco has implemented several structural changes aimed at decentralizing healthcare management, improving governance, and expanding access to care, particularly for vulnerable populations. One of the major structural changes was the establishment of regional health authorities, which decentralized decision-making processes and aimed to improve responsiveness to local healthcare needs. Another key reform was the introduction of digital health management systems to enhance governance by improving data collection, monitoring, and transparency in resource allocation. Additionally, targeted programs like mobile health clinics were introduced to expand healthcare access in rural and remote areas, addressing the gap between urban and rural healthcare services.

A notable reform has been the introduction of the Compulsory Health Insurance (AMO) in 2005 and the Medical Assistance Scheme (RAMED) in 2012, both of which aimed to extend coverage and reduce out-of-pocket expenses for patients. These efforts reflect Morocco's commitment to achieving Universal Health Coverage (UHC) by addressing disparities in access and ensuring equitable distribution of resources through tools like the Health Map, which optimizes the allocation of medical facilities based on population needs (Zahidi et al., 2022).

The decentralization of healthcare management has also been a focal point in recent years. The implementation of the hospital project (EHP) in regional hospitals, such as the Regional Hospital of Agadir, has demonstrated the potential of these reforms to improve hospital performance and service delivery. This project aimed to enhance autonomy, financial management, and accountability in hospitals, leading to improvements in patient flow, waiting times, and service quality. However, sustaining these gains depends on securing adequate financial and technical resources, as well as strengthening hospital governance structures (Zammar & Abdelbaki, 2016).

Despite these positive changes, Morocco's health system continues to face significant challenges, including healthcare workforce shortages, limited financial resources, and

persistent disparities in healthcare access between urban and rural areas. For instance, rural regions still experience a shortage of doctors, with only 0.7 physicians per 1,000 inhabitants, compared to 1.8 in urban areas (Moroccan Ministry of Health, 2021).

At the heart of these reforms lies the need to improve governance within public hospitals. Moroccan hospitals often suffer from limited autonomy, lack of accountability, and inefficient resource allocation, which contribute to patient dissatisfaction and declining care quality. Policy interventions aimed at rethinking governance models in hospitals are essential for enhancing healthcare performance across the country (Mourajid et al., 2022).

This article aims to analyze the organizational reforms in Morocco and their impact on healthcare performance. Specifically, it will evaluate key performance indicators such as service accessibility (e.g., rural vs. urban coverage), patient satisfaction levels, and the efficiency of resource allocation. Moreover, this study will situate Morocco's reform efforts within the broader context of healthcare reforms in the Middle East and North Africa (MENA) region and sub-Saharan Africa, offering a comparative perspective on the effectiveness of these changes. By doing so, it seeks to contribute to the literature on healthcare reform in LMICs, emphasizing the importance of governance, financing, and equitable resource allocation in achieving sustainable health system improvements.

## **2. Methodology**

The methodology of this study is designed to provide a comprehensive and rigorous framework for analyzing the impact of organizational reforms on the performance of healthcare systems, with a particular focus on the Moroccan context. It combines a systematic literature review, the development of a conceptual framework, and the establishment of evaluation criteria to assess the outcomes of healthcare reforms. The study also integrates a comparative dimension, drawing insights from reform experiences in other countries within the Middle East and North Africa (MENA) region and sub-Saharan Africa.

From an epistemological standpoint, this research adopts a positivist orientation, assuming that healthcare system performance and reform outcomes can be objectively examined through measurable indicators and empirical evidence. This perspective aligns with the study's aim of identifying causal relationships between organizational reforms, governance practices, and healthcare performance in Morocco. The reasoning process is deductive, proceeding from established theories and models of healthcare governance—particularly those emphasizing decentralization, accountability, and performance management—to their empirical application in the Moroccan context.

The choice of a systematic literature review combined with comparative analysis is justified by two main considerations. First, healthcare reforms in Morocco are complex and multi-dimensional, having evolved over nearly two decades. An integrative approach is therefore required to synthesize findings from diverse and complementary sources, including policy documents, government reports, and peer-reviewed academic studies. Second, the comparative perspective allows the research to situate Morocco's experience within broader regional and global reform dynamics, enhancing the external validity and generalizability of the conclusions. This methodological design ensures both scientific rigor and practical relevance, allowing the study to generate evidence-based insights and actionable policy recommendations for strengthening healthcare governance and performance in Morocco.

### **2.1. Approach to literature review**

A systematic literature review was conducted to gather relevant academic articles, government reports, and case studies analyzing healthcare reforms and their impact on system performance. This review aimed to provide a comprehensive overview of global trends and best practices, particularly focusing on governance, decentralization, and performance indicators in healthcare systems.

The selection criteria for sources included :

- Publication date : Articles and reports published between 2010 and 2023 to ensure the inclusion of recent and relevant research.
- Relevance to healthcare governance and performance : Studies examining organizational reforms, governance models, decentralization strategies, and performance measurement in healthcare systems.
- Regional applicability : Priority was given to research focusing on the MENA region, LMICs, and countries with similar healthcare contexts to Morocco.
- Peer-Reviewed sources : Only peer-reviewed journal articles, government reports, and reputable institutional studies were included to ensure the credibility of findings.
- Searches were conducted using keywords such as "organizational reforms," "health system performance," "Morocco," "healthcare governance," and "MENA region" across databases including PubMed, Google Scholar, and Scopus.

The literature search process was designed to identify both global and regional trends in healthcare reforms, particularly governance models and decentralization efforts. Given that many countries in the Middle East and North Africa (MENA) region face similar healthcare delivery challenges, such as disparities in access and inefficiencies in service provision, the

review placed special emphasis on reforms undertaken in comparable regions. Additionally, the review assessed how reforms implemented in countries with socioeconomic contexts similar to Morocco, such as Tunisia, Egypt, and other North African states, have influenced their healthcare system performance.

From a global perspective, healthcare reforms in countries like the United States and Canada provided valuable insights into the restructuring of healthcare delivery models, particularly concerning the shift from traditional care models to decentralized and community-based approaches (Casebeer & Hannah, 1998). In Europe, Hungary's healthcare reforms demonstrated the complex interactions between national policies, local political cultures, and the role of voluntary health organizations in shaping healthcare delivery (Rae, 2002). These international experiences highlighted both the facilitators and barriers to effective healthcare reform, providing important comparative data for assessing Morocco's reform trajectory.

The review also examined specific case studies from African countries with similar socioeconomic contexts. For example, in South Africa, the shift toward more inclusive healthcare models was analyzed for its impact on equity and service delivery. In Rwanda, decentralization efforts significantly enhanced health system efficiency and accessibility, particularly in maternal and child health services, through governance reforms and healthcare workforce development (Hurley et al., 2004). Similarly, in Kenya, decentralized financing models were studied for their role in improving resource allocation and hospital management efficiency.

In Morocco, the literature on healthcare reform focused on key areas such as governance, decentralization, and the role of regional health authorities in managing healthcare delivery. One critical study examined how decentralization efforts, particularly the introduction of regional health authorities, impacted healthcare access and quality (Boudallaa et al., 2022).

Additionally, the introduction of Universal Health Coverage (UHC) in Morocco emerged as a focal point in the literature, particularly regarding its potential to reduce inequalities in access to care. Studies on the implementation of the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED) revealed both successes and challenges, such as financial sustainability concerns and governance inefficiencies (Zahidi et al., 2022).

By systematically reviewing global and regional reforms, this literature review aimed to provide a comparative framework for analyzing Morocco's healthcare reform trajectory and identifying best practices that could inform future policy decisions. The identified trends and case studies also helped build the foundation for evaluating the effectiveness of organizational reforms in Morocco's health system.

## **2.2. Conceptual framework**

The conceptual framework for this study is built on an integrated approach that connects organizational reforms to the performance of healthcare systems through three key dimensions : governance and accountability, healthcare accessibility and equity, and performance outcomes. These dimensions allow for a comprehensive understanding of how reforms affect different facets of health systems, with a particular focus on the Moroccan context.

### **2.2.1. Governance and accountability**

Governance reforms, especially those targeting decentralization and the enhancement of autonomy within healthcare institutions, are expected to lead to more effective resource management, improved service delivery, and greater accountability across the healthcare system. In Morocco, the governance structure of public hospitals has been hindered by limited autonomy and a lack of accountability mechanisms, which has contributed to declining quality of care and patient dissatisfaction (Mourajid et al., 2022). Strengthening governance through decentralization and increased local autonomy has been identified as a key strategy to ensure that reforms are responsive to the needs of the population. A comprehensive evaluation of the governance of Morocco's basic medical coverage (Couverture Médicale de Base) also suggests that restructuring governance and enhancing regulatory oversight are essential to improving the performance and accessibility of healthcare services (Karsi & Ahmed, 2021).

### **2.2.2. Healthcare accessibility and equity**

One of the central objectives of organizational reforms is to improve the accessibility and equity of healthcare services, particularly for marginalized and vulnerable populations. In the Moroccan context, the Universal Health Coverage (UHC) initiative has sought to reduce disparities in healthcare access between urban and rural populations. However, studies indicate that while reforms such as the Compulsory Health Insurance (AMO) and Medical Assistance Scheme (RAMED) have made progress in expanding coverage, significant gaps remain in healthcare access, especially in rural areas (Zahidi et al., 2022). This framework posits that reforms which increase coverage and reduce out-of-pocket healthcare expenses will have a direct impact on the equity of healthcare services, addressing long-standing disparities in access.

### **2.2.3. Performance outcomes**

The final dimension of the conceptual framework focuses on the performance outcomes associated with healthcare reforms. These include key indicators such as patient satisfaction, service efficiency, cost-effectiveness, and health outcomes (e.g., mortality and morbidity rates). In Morocco, recent research highlights the persistent challenges in improving hospital

performance due to issues in governance and resource allocation (Mourajid et al., 2022). Nonetheless, well-designed organizational reforms have the potential to improve these performance metrics, provided that reforms are effectively implemented and accompanied by sufficient resource allocation. For example, reforms that promote better governance and accountability can lead to measurable improvements in service quality and efficiency, ultimately benefiting patients and healthcare providers alike.

This conceptual framework underscores the need for a multidimensional approach to analyzing healthcare reforms. By linking governance, accessibility, and performance, it provides a holistic understanding of how reforms in Morocco can enhance the overall effectiveness and responsiveness of the healthcare system.

### **2.3. Evaluation criteria**

To evaluate the impact of healthcare reforms on the performance of Morocco's health system, a set of evaluation criteria was established based on the Donabedian model. This model, widely used in health services research, focuses on three key aspects : structure, process, and outcome. These criteria provide a comprehensive approach to assessing how organizational reforms have influenced the overall performance of the healthcare system in Morocco.

The structure criterion examines the organizational framework of healthcare delivery, including hospital infrastructure, governance models, and the distribution of health resources across regions. In Morocco, the structure of public hospitals has been characterized by governance issues, such as limited autonomy and resource shortages, leading to reduced service quality and patient dissatisfaction (Mourajid et al., 2022). Evaluating the structural capacity of the health system involves assessing how reforms have addressed these challenges, with a focus on decentralization and the introduction of regional health authorities. These reforms aim to improve the structural organization of healthcare delivery, especially in rural areas where access to health services has been historically limited.

Process criteria assess the way healthcare services are delivered, including patient flow, service accessibility, and the efficiency of care. In Morocco, decentralization efforts have sought to streamline healthcare delivery processes, allowing for more effective management of patient services at the regional level. The introduction of tools like the Health Map, which monitors public health needs and ensures the equitable allocation of health resources, has been critical in improving service delivery across different regions (Zahidi et al., 2022). Evaluating process criteria will focus on how reforms have enhanced the efficiency of care and accessibility of services, particularly in underserved populations.

The outcome criteria include health indicators such as patient satisfaction, health equity, mortality and morbidity rates, and cost-efficiency. These indicators are critical for determining whether the healthcare reforms have led to tangible improvements in the performance of the system. In Morocco, the push towards Universal Health Coverage (UHC) has aimed to reduce disparities in healthcare access and improve health outcomes, particularly in rural areas where health practitioners and resources are less available (Zahidi et al., 2022). Outcome evaluations will consider the extent to which reforms have succeeded in improving patient satisfaction, reducing geographical and financial barriers to care, and enhancing cost-efficiency across the system.

This study will use a combination of quantitative and qualitative data to evaluate these criteria. Quantitative data will be derived from national health reports, government statistics, and international health performance rankings. Qualitative insights will be gathered through interviews and surveys with healthcare professionals, patients, and policymakers involved in the Moroccan health system. By integrating these approaches, the study will provide a comprehensive evaluation of how organizational reforms have impacted the overall performance of the Moroccan healthcare system.

### **3. Literature review**

The following section presents an analysis of organizational reforms in healthcare systems, focusing on global reforms and reforms in comparable regions such as MENA and Africa.

#### **3.1. Organizational reforms in healthcare systems**

Organizational reforms in healthcare systems have been pivotal in improving efficiency, accessibility, and the quality of healthcare services globally. Many countries have recognized that reforms must target governance structures, funding mechanisms, and service delivery models to achieve Universal Health Coverage (UHC) and address growing healthcare challenges such as aging populations and the rising burden of non-communicable diseases (NCDs).

Countries across different regions have adopted various approaches to organizational reforms, often influenced by their socio-political and economic contexts. In Mexico, structural reforms aimed at UHC have focused on improving the quality of healthcare services and ensuring compliance with international health goals. These reforms are led by national councils tasked with certifying hospitals to meet international standards in managing medical equipment and service delivery (Quiroz-Flores, 2020).

In Indonesia, reforms in hospital management, particularly in pharmacy practices, emphasize the role of collaborative governance. These reforms require effective leadership to foster

cooperation among stakeholders, ensuring that hospitals comply with the national health insurance policy (Warsono et al., 2020). Collaborative governance has been identified as a critical factor in overcoming resistance to change and facilitating successful implementation of healthcare reforms.

In Russia, healthcare reforms have focused on making primary healthcare services more efficient and accessible. The government aims to enhance the infrastructure for general medical practices through the modernization of polyclinic networks, ensuring that healthcare services are more widely available, especially in rural areas (Alekseev & Borisov, 2011).

These global efforts highlight the importance of aligning organizational reforms with national health policies and international standards to improve healthcare access, quality, and efficiency. As countries continue to face growing health challenges, reforms targeting governance and collaboration across healthcare sectors will remain essential to achieving long-term healthcare system improvements.

### **3.1.1. Global reforms**

At the global level, healthcare reforms have typically revolved around increasing healthcare accessibility, enhancing cost-efficiency, and integrating modern technologies to streamline services. Countries such as the United Kingdom and the United States have implemented large-scale reforms to shift from reactive, disease-focused models to preventive and patient-centered care systems.

One of the most significant reforms in the United States is the Affordable Care Act (ACA), signed into law in 2010. The ACA has transformed the U.S. healthcare system by altering payment structures, expanding healthcare coverage, and emphasizing the importance of quality outcomes. These reforms focus on patient-centered and integrated care models, aiming to enhance coordination between providers and improve patient experiences. The ACA encourages providers to adopt new practice models and technologies to ensure seamless patient care while improving overall outcomes and reducing costs (Kocher et al., 2010). Additionally, the law promotes the patient-centered medical home model, where providers are accountable for the health of the population they serve, further advancing the concept of value-based care (Jackson & Hambleton, 2016).

In many high-income countries, including the UK and Australia, healthcare reforms are increasingly focused on transitioning toward value-based care models. Under this approach, healthcare providers are compensated based on patient outcomes rather than service volume. This shift incentivizes improvements in the quality of care and reduces unnecessary medical interventions. The goal is to enhance patient satisfaction and overall health outcomes while

simultaneously controlling healthcare costs (Sharfstein, 2010). For instance, reforms in Australia have leveraged value co-creation in primary care, aligning incentives for providers and fostering better collaboration between healthcare professionals to improve patient outcomes (Jackson & Hambleton, 2016).

### **3.1.2. Reforms in comparable countries (MENA, Africa)**

In the Middle East and North Africa (MENA) region, healthcare reforms have focused on decentralizing healthcare services, improving governance, and expanding access to underprivileged populations. Many countries in the region, such as Egypt, Tunisia, and Morocco, have undertaken significant efforts to enhance the resilience and equity of their healthcare systems. In Morocco, reforms like the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED) have been crucial in expanding healthcare coverage and addressing financial barriers to care. However, challenges remain in governance and resource allocation, which continue to hinder the effective implementation of these reforms (Zahidi et al., 2022). Similar initiatives in Tunisia and Egypt aim to improve access to healthcare services, particularly for rural and underprivileged populations, while addressing issues related to healthcare financing and decentralization.

In Africa, healthcare reforms have largely been influenced by the need to enhance both service delivery and healthcare access, especially in rural and underserved areas. However, the approach taken varies across different countries based on their socioeconomic conditions and healthcare priorities. In Ghana, for instance, reforms have primarily focused on financial equity, ensuring that healthcare policies align with human rights principles to achieve Universal Health Coverage (UHC). This has been accomplished through the implementation of national health insurance schemes, which aim to reduce out-of-pocket expenses and provide financial protection for vulnerable populations (Aka et al., 2022). These efforts underscore the importance of integrating legal frameworks with practical policy measures to create a more inclusive healthcare system. In contrast, Kenya and South Africa have centered their reforms on expanding access to healthcare services, particularly for marginalized and historically disadvantaged communities. Kenya's decentralization strategy, for example, has empowered county governments to manage healthcare resources more efficiently, improving service delivery in rural areas. Meanwhile, South Africa's National Health Insurance (NHI) initiative aims to establish universal access to high-quality care by reducing barriers related to affordability and infrastructure. Both countries have prioritized accessibility and efficiency, recognizing that financial protection alone is insufficient without adequate healthcare infrastructure and service provision. By comparing these diverse reform strategies, it becomes

evident that African nations are pursuing context-specific solutions to the shared challenge of healthcare system improvement. While Ghana emphasizes financial equity, Kenya and South Africa focus on expanding accessibility, reflecting a broader trend where healthcare reforms are tailored to each country's unique healthcare landscape and priorities.

One of the key reform tools adopted across several African countries is strategic purchasing, which aims to optimize the allocation of healthcare resources by linking payments to healthcare providers with performance outcomes. This approach incentivizes providers to focus on patient outcomes and cost-efficiency. However, the implementation of strategic purchasing has faced challenges, including a lack of government commitment and outdated legal frameworks, which have hindered its full success in many countries (Kachapila et al.,2022). Despite these obstacles, strategic purchasing remains a promising mechanism for improving healthcare delivery and achieving better health outcomes across the continent.

### **3.2. Performance of healthcare systems**

The performance of healthcare systems is typically measured through a variety of indicators that assess accessibility, efficiency, quality of care, and equity. Reforms in healthcare systems across different regions aim to improve these indicators by addressing systemic inefficiencies, ensuring equitable access to services, and enhancing governance mechanisms.

#### **3.2.1. Performance indicators**

Performance indicators are critical tools for evaluating the success of healthcare systems. Key indicators include health outcomes (such as mortality and morbidity rates), service accessibility, patient satisfaction, and financial protection. In many low- and middle-income countries (LMICs), improving these indicators requires reforms aimed at increasing the efficiency and equity of healthcare systems. For instance, studies on healthcare efficiency in sub-Saharan Africa revealed that education, governance quality, and public health spending positively influence health system efficiency, while out-of-pocket payments negatively impact it (Arhin et al., 2023).

In Kenya, the performance of public healthcare systems demonstrated a median technical efficiency of 84%, but challenges such as budget absorption delays were highlighted as key areas for improvement. Addressing these issues is critical for advancing Universal Health Coverage (UHC) and ensuring that additional healthcare funding is efficiently utilized (Moses et al., 2021). These insights underscore the importance of public financial management in realizing UHC benefits and improving health outcomes across various regions.

In regions like MENA and sub-Saharan Africa, performance indicators related to UHC have been especially important. Indicators such as the availability of essential services and the extent

to which populations are protected from financial hardship due to healthcare expenses are central to evaluating the effectiveness of healthcare reforms. These indicators provide crucial insights into the impact of reforms on improving healthcare access and outcomes for underserved populations.

### **3.2.2. Outcomes of reforms on performance**

Reforms in healthcare systems have produced varied outcomes depending on the focus and implementation of the changes. In countries like Morocco, reforms such as the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED) have expanded healthcare coverage, particularly for vulnerable populations. However, challenges related to governance and resource allocation continue to affect overall system performance. These governance issues, coupled with resource allocation inefficiencies, limit the full potential of these reforms, as system improvements in service delivery and quality remain uneven (Zahidi et al., 2022).

In Ghana, reforms aimed at achieving Universal Health Coverage (UHC) have made considerable strides in improving healthcare service delivery, particularly in rural areas. By focusing on reducing disparities in access to healthcare, these reforms have improved patient satisfaction and health outcomes. However, structural challenges such as workforce shortages and funding limitations continue to hinder the long-term sustainability of these improvements. Ghana spends approximately 8.1% of its GDP on health, exceeding the average expenditure of other lower middle-income countries in Africa, but further reforms are needed to ensure equitable access to healthcare (Wagstaff et al., 2012).

Similarly, several African countries have introduced strategic purchasing mechanisms to optimize the allocation of healthcare resources. This approach ties funding to performance and incentivizes healthcare providers to focus on improving patient outcomes. Despite the promise of this model, the lack of government commitment and outdated legal frameworks have limited its full implementation in many countries. These barriers prevent the effective use of resources and the realization of improved healthcare outcomes (Tewolde & Weldeyohannes, 2019).

## **4. Case study : Ministry of health and social protection in Morocco**

### **4.1. Overview of organizational reforms**

The Ministry of Health and Social Protection in Morocco has been at the forefront of implementing a series of organizational reforms aimed at enhancing healthcare services, expanding access, and addressing systemic inefficiencies. These reforms have primarily focused on restructuring the healthcare system to advance Universal Health Coverage (UHC) and improve the overall efficiency and equity of healthcare delivery.

A major component of these reforms has been healthcare governance improvements, particularly through enhanced regulatory frameworks and the establishment of regional health authorities. These authorities have played a key role in decentralizing healthcare management, allowing for more localized decision-making and greater responsiveness to regional health disparities.

Additionally, Morocco has expanded health insurance coverage, notably through two flagship programs :

- Compulsory Health Insurance (AMO) – introduced in 2005, this program provides mandatory health insurance for public and private sector employees, ensuring financial protection against medical costs.
- Medical Assistance Scheme (RAMED) – launched in 2012, this initiative extends health coverage to low-income and vulnerable populations, aiming to reduce out-of-pocket healthcare expenses and improve access to essential services.

Other key reforms include investments in hospital management and infrastructure. The Hospital Establishment Project (EHP) has introduced governance and operational improvements in regional hospitals, such as the Regional Hospital of Agadir, demonstrating increased efficiency in service delivery. These efforts have led to better patient flow, reduced waiting times, and improved resource allocation, although sustaining these gains requires adequate financial and technical resources.

By integrating governance enhancements, decentralization strategies, and expanded health insurance programs, these reforms represent a holistic approach to strengthening Morocco's healthcare system. However, ongoing challenges, such as financial sustainability, workforce shortages, and disparities in healthcare access between urban and rural areas, indicate the need for continued policy interventions to ensure long-term success.

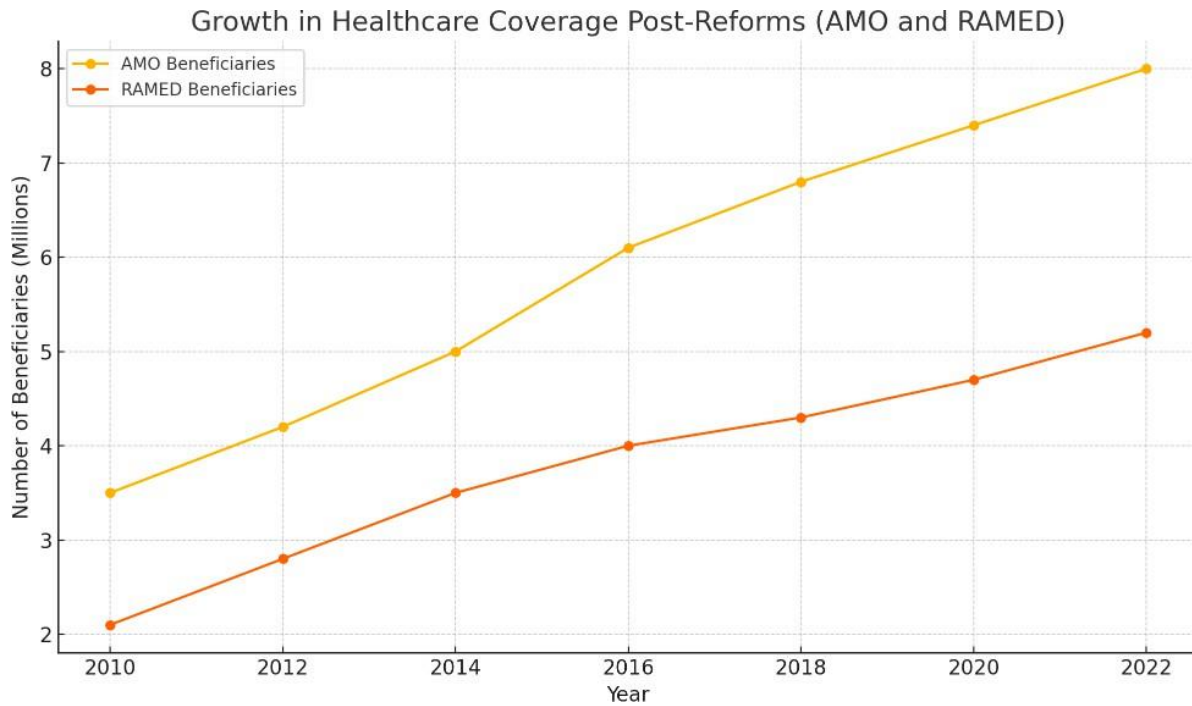
**Table 1: Key organizational reforms in Morocco's healthcare system**

| Reform                                   | Objective  | Impact  |
|--|--|---|
| <b>Compulsory health insurance (AMO)</b> | Provide universal health insurance coverage for employees      | Increased health coverage but challenges in accessibility remain.   |
| <b>Medical assistance scheme (RAMED)</b> | Extend coverage to vulnerable populations (low-income groups)  | Improved financial protection but issues in governance persist.     |
| <b>Decentralization of healthcare</b>    | Strengthen regional healthcare governance                      | Improved local governance but disparities between regions endure.   |
| <b>Hospital reform projects</b>          | Modernize hospital infrastructure and improve service delivery | Enhanced infrastructure but resource allocation challenges persist. |

Source : Authors.

**Key reforms :**

- a. Compulsory health insurance (AMO):** Introduced in 2005, the AMO was designed to ensure universal health coverage for employees in both the public and private sectors. This reform represented a major step forward in providing financial protection to a large segment of the population, reducing out-of-pocket expenses for healthcare. However, issues related to accessibility and the effective management of resources have limited its impact in rural areas (Zahidi et al., 2022).
- b. Medical assistance scheme (RAMED) :** RAMED was introduced to extend health coverage to vulnerable populations, particularly those living in poverty. This program has been successful in providing access to healthcare for millions of Moroccans. Despite this progress, the program faces challenges related to governance, such as inefficient resource allocation and difficulties in ensuring equitable access across regions (Aka et al., 2022).
- c. Decentralization of healthcare :** As part of Morocco's efforts to improve governance in the healthcare sector, the Ministry of Health implemented decentralization reforms aimed at empowering regional health authorities. This reform was intended to improve decision-making processes at the local level, allowing regions to address specific health challenges more effectively. However, disparities in resource distribution between urban and rural areas have persisted, limiting the overall impact of this reform (Kachapila et al., 2022).



**Figure 1 : Healthcare coverage growth post-reforms**

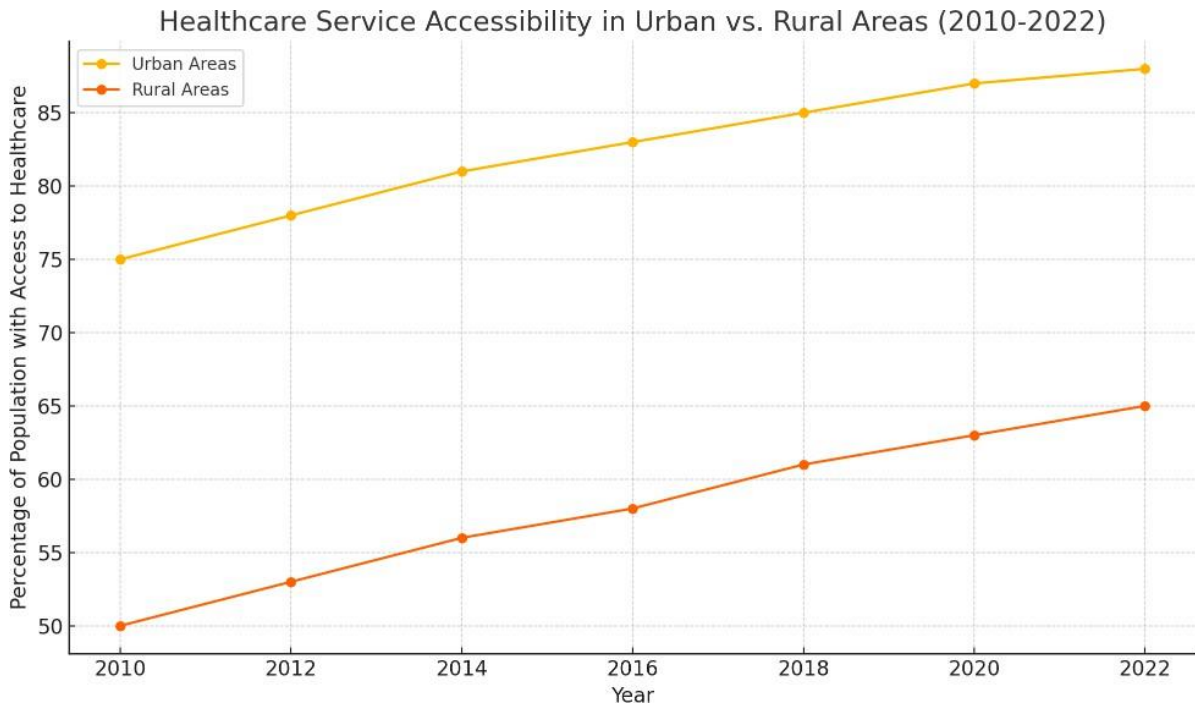
The reforms undertaken by the Ministry of Health and Social Protection demonstrate Morocco's commitment to improving healthcare access and quality. However, governance issues, resource allocation disparities, and a lack of efficient infrastructure in rural areas remain key obstacles to achieving comprehensive UHC.

## 4.2. Impact of reforms on healthcare performance

### 4.2.1. Service accessibility

One of the main goals of the healthcare reforms implemented by the Ministry of Health and Social Protection in Morocco has been to enhance service accessibility for all citizens, particularly vulnerable populations in rural areas. The introduction of Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED) has played a key role in expanding access to healthcare services. AMO, aimed at employees in the public and private sectors, has extended healthcare coverage significantly, ensuring that a larger proportion of the population benefits from health insurance protection. RAMED, on the other hand, targets low-income and vulnerable groups, covering millions of Moroccans who previously had limited access to healthcare. However, despite these advancements, Figure 2 highlights that while urban healthcare coverage has reached 85%, rural coverage stagnates at around 65%, reflecting the ongoing challenge of ensuring equitable healthcare access across the country. Rural populations continue to face challenges such as limited healthcare infrastructure, shortages of healthcare professionals, and long travel distances to medical facilities (Zahidi et al., 2022). Additionally, the number of physicians per 1,000 inhabitants remains significantly lower in rural areas (0.7)

compared to urban areas (1.8) (Moroccan Ministry of Health, 2021). Although efforts such as mobile health units and regional hospital projects have aimed to bridge the gap, Table 2 reveals that only 55% of rural residents report satisfaction with healthcare accessibility, compared to 78% of urban residents. These findings suggest that while reforms have improved access in urban centers, rural areas continue to experience barriers to high-quality healthcare services. Addressing these structural inequalities will be essential for Morocco to fully achieve its Universal Health Coverage (UHC) goals.



**Figure 2 : Healthcare service accessibility in urban vs. rural areas post-reforms**

#### 4.2.2. Patient satisfaction

The impact of healthcare reforms on patient satisfaction in Morocco has been mixed. While the reforms have improved financial protection for many citizens, challenges in service quality, waiting times, and accessibility in certain regions have negatively impacted overall satisfaction levels. Surveys conducted post-reform indicate that patient satisfaction in urban areas has increased from 65% to 78%, demonstrating the positive impact of hospital modernization and governance reforms in well-equipped regions. However, Figure 2 shows that rural patient satisfaction remains significantly lower, improving from only 42% to 55% post-reform, suggesting persistent disparities in healthcare access and quality (Aka et al., 2022). Several factors contribute to patient dissatisfaction in rural regions, including long waiting times, insufficient medical staff, and inadequate healthcare facilities. Table 2 highlights that waiting time satisfaction improved by only 12% post-reform, indicating that bottlenecks in healthcare service delivery persist. Meanwhile, infrastructure satisfaction improved by 23%, suggesting

that modernization efforts have positively impacted service delivery in certain hospitals (Moses et al., 2021). The decentralization of healthcare governance has helped enhance accountability at the regional level, leading to better management of healthcare resources and improved patient experiences in urban hospitals. However, without addressing healthcare workforce shortages and resource disparities, rural populations may continue to experience lower levels of satisfaction and service quality gaps.

**Table 2: Patient satisfaction metrics before and after reforms**

| <b>Metric</b>                       | <b>Before reforms</b> | <b>After reforms</b> | <b>Improvement</b> |
|-------------------------------------|-----------------------|----------------------|--------------------|
| <b>Patient satisfaction (urban)</b> | 65%                   | 78%                  | 13%                |
| <b>Patient satisfaction (rural)</b> | 42%                   | 55%                  | 13%                |
| <b>Waiting time satisfaction</b>    | 50%                   | 62%                  | 12%                |
| <b>Infrastructure satisfaction</b>  | 45%                   | 68%                  | 23%                |

**Source : Authors**

#### **4.2.3. Cost efficiency**

One of the key achievements of Morocco’s healthcare reforms has been the improvement in cost efficiency. The introduction of the AMO and RAMED schemes has helped reduce out-of-pocket healthcare expenses, particularly for low-income households. Prior to these reforms, a large proportion of healthcare costs were borne directly by patients, often leading to catastrophic health expenditures. The expansion of health insurance coverage has reduced these financial burdens, although there are still challenges related to resource allocation and the efficient management of healthcare funding (Tewolde & Weldeyohannes, 2019).

However, the cost efficiency of healthcare services has also been influenced by inefficiencies in hospital management and financial governance, especially in rural areas where healthcare facilities are less developed. Although the reforms have aimed to address these issues by decentralizing healthcare governance and increasing local accountability, the uneven distribution of resources continues to affect cost efficiency across regions.

While these reforms have yielded measurable progress in terms of service accessibility, patient satisfaction, and cost efficiency, significant challenges remain. Persistent disparities in healthcare access, inefficiencies in financial management, and workforce shortages continue to hinder the full realization of Universal Health Coverage (UHC). These ongoing obstacles underscore the need for continued policy innovation and strategic interventions to strengthen the sustainability and equity of Morocco’s healthcare system. The following section explores both current challenges and potential opportunities for improving healthcare service delivery and system efficiency.

### **4.3. Challenges and opportunities**

The healthcare reforms in Morocco, while progressive and impactful in many ways, continue to face several challenges. These challenges, if addressed appropriately, can also present significant opportunities for improvement in healthcare service delivery and system efficiency. Below is a detailed exploration of both the current challenges and the opportunities for improvement within the framework of Morocco's healthcare reforms.

#### **4.3.1. Current challenges**

Despite the reforms introduced through programs like AMO and RAMED, there are several persistent challenges that limit the full realization of these initiatives :

**Governance and resource Allocation :** One of the major challenges in the Moroccan healthcare system is the inefficient allocation of resources, particularly in rural areas. While reforms have improved access in urban centers, the disparities between urban and rural regions remain significant. Rural areas often suffer from a lack of healthcare infrastructure, equipment, and medical personnel. This uneven distribution of resources has resulted in unequal access to healthcare services across the country (Tewolde & Weldeyohannes, 2019).

**Workforce shortages :** Morocco faces a shortage of healthcare professionals, especially in specialized fields. Many doctors and nurses are concentrated in urban centers, leaving rural areas underserved. The shortage of healthcare workers is compounded by brain drain, where skilled professionals leave Morocco for better opportunities abroad. This shortage affects both the quality and accessibility of healthcare services (Moses et al., 2021).

**Financial sustainability :** Although programs like AMO and RAMED have expanded healthcare coverage, concerns about the financial sustainability of these programs remain. The system is heavily reliant on government subsidies, and with growing healthcare demands, there is an increasing burden on public finances. Additionally, the out-of-pocket payments that persist in some areas continue to hinder access to healthcare, particularly for low-income populations (Zahidi et al., 2022).

**Inefficiencies in decentralization :** The decentralization of healthcare services, a central goal of Morocco's reforms, has faced challenges due to inadequate governance structures and a lack of local-level capacity to manage healthcare resources effectively. This has led to inefficiencies in service delivery and financial management at the regional level (Aka et al., 2022).

#### **4.3.2. Opportunities for improvement**

While the challenges in Morocco's healthcare system are significant, they also provide clear avenues for improvement. Key opportunities for the future include :

Strengthening healthcare governance: A more robust governance framework, especially at the regional and local levels, can address many of the issues related to resource allocation and service management. The decentralization efforts should be accompanied by better training for regional health authorities and clearer guidelines on managing healthcare resources. Improved accountability mechanisms will ensure that healthcare services are delivered equitably across all regions (Kachapila et al., 2022).

Investment in healthcare infrastructure : Morocco has an opportunity to invest further in healthcare infrastructure, particularly in rural and underserved regions. Building more clinics, equipping hospitals with modern technology, and ensuring that there is an adequate supply of medicines and equipment are essential steps to bridging the gap between urban and rural healthcare access (Moses et al., 2021).

Healthcare workforce development : A well-trained and adequately staffed healthcare workforce is the backbone of any effective and equitable health system. However, Morocco continues to face a shortage of healthcare professionals, particularly in rural and underserved areas, where many communities struggle to access timely and quality care. By expanding medical training programs and offering strong incentives for rural placements, Morocco can ensure that even the most remote communities receive the care they need when they need it. Financial incentives, career advancement opportunities, and improved working conditions could encourage more doctors, nurses, and specialists to practice in underserved regions. Additionally, fostering public-private partnerships could help bridge workforce gaps, with private sector investments supporting education and training initiatives that equip healthcare professionals with the skills and resources necessary to deliver high-quality, patient-centered care (Aka et al., 2022). Beyond numbers, addressing workforce development is about empowering healthcare professionals and ensuring they have the support and infrastructure needed to serve their communities effectively. Investing in continuous professional development, mentorship programs, and workplace well-being will not only strengthen Morocco's healthcare system but also build trust between healthcare providers and the communities they serve.

Enhancing financial sustainability : To ensure the long-term sustainability of programs like AMO and RAMED, the Moroccan government could explore alternative financing mechanisms, such as increasing the role of private health insurance or implementing strategic purchasing models that reward healthcare providers based on performance. These models could improve cost efficiency while maintaining high-quality service delivery (Tewolde & Weldeyohannes, 2019).

## 5. Discussion

The reforms implemented in Morocco's healthcare system have had a substantial impact on service delivery, access, and quality of care. However, like all large-scale reforms, they exhibit both strengths and weaknesses that must be analyzed critically to provide a balanced understanding of their overall effectiveness.

### 5.1. Critical analysis

The healthcare reforms in Morocco have had a profound impact on the system, offering both significant improvements and revealing persistent challenges. One of the primary strengths of these reforms is the expansion of healthcare coverage, particularly through the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED). These programs have substantially increased access to healthcare, reducing financial barriers for many Moroccans, particularly in urban areas (Zahidi et al., 2022). The RAMED program, specifically aimed at vulnerable populations, has played a critical role in addressing healthcare inequalities by providing access to care for low-income groups who were previously excluded from the formal healthcare system due to economic constraints (Aka et al., 2022).

However, while these initiatives have expanded access to healthcare in urban areas, they have simultaneously highlighted the stark inequities faced by rural populations. Many rural communities continue to lack sufficient healthcare facilities, and physician shortages remain a major barrier to equitable care. Figure 2 underscores this issue, showing that while urban healthcare coverage has reached 85%, rural coverage stagnates at around 65%. Without targeted investments in rural healthcare infrastructure, the benefits of expanded coverage will remain unevenly distributed (Zahidi et al., 2022).

Another notable strength of Morocco's healthcare reforms is the improvement in hospital infrastructure. Investments in modern medical equipment, hospital renovation, and digital healthcare management systems have helped to enhance the quality of care, particularly in urban hospitals, leading to improved patient outcomes (Moses et al., 2021). However, these advancements have not been evenly implemented across all regions, creating a two-tiered healthcare system where rural hospitals remain underfunded and underequipped. The challenge now lies in ensuring that these infrastructure improvements reach the most underserved areas and are sustained over time. Furthermore, the decentralization of healthcare governance has empowered regional authorities, enabling them to make decisions that are more aligned with local healthcare needs. This decentralization has contributed to more efficient governance at the regional level, allowing for better resource allocation in some areas (Kachapila et al., 2022). However, regional disparities persist, as some local governments lack the financial and

technical resources necessary to manage healthcare services effectively. This has resulted in inefficiencies in service delivery and raised concerns about accountability at the local level (Tewolde & Weldeyohannes, 2019).

The financial sustainability of programs like AMO and RAMED is another pressing issue. These programs rely heavily on government subsidies, and with the increasing demand for healthcare services, particularly due to an aging population and the rising prevalence of chronic diseases, there is growing pressure on public finances. Without reforms to improve cost management or alternative funding mechanisms, there is a risk that these programs may become unsustainable in the long term (Moses et al., 2021). The shortage of healthcare professionals in Morocco further exacerbates these challenges. The concentration of healthcare workers in urban areas has led to a brain drain from rural regions, leaving many areas underserved. Table 4 illustrates that while decentralization has given regions more control, the lack of medical personnel remains a major bottleneck for effective service delivery. Additionally, the migration of skilled healthcare workers to other countries for better opportunities has worsened the situation, affecting both the quality and availability of care (Aka et al., 2022). Addressing these workforce shortages will be crucial for ensuring that healthcare reforms can deliver equitable and high-quality services across the country.

**Table 4: Strengths and weaknesses of healthcare reforms in Morocco**

| Strengths                                 | Weaknesses                                    |
|---|---|
| Expansion of healthcare coverage          | Disparities between urban and rural areas     |
| Focus on vulnerable populations (RAMED)   | Governance and resource allocation challenges |
| Improvement in hospital infrastructure    | Financial sustainability concerns             |
| Decentralization of healthcare governance | Shortage of healthcare professionals          |

Source : Authors

## 5.2. Recommendations

Despite significant progress, Morocco's healthcare reforms face critical policy challenges that threaten their long-term viability. To ensure that these reforms deliver sustained improvements in healthcare access, quality, and efficiency, targeted strategies must be implemented. The most urgent priority is addressing the urban-rural healthcare divide, followed by ensuring financial sustainability and bolstering workforce capacity.

### 5.2.1. Strategies for improvement

#### 1. Bridging the urban-rural divide (Most Urgent Priority)

The unequal distribution of healthcare services between urban and rural areas remains a major obstacle to achieving Universal Health Coverage (UHC). While AMO and RAMED have expanded coverage, access to quality healthcare remains limited in rural areas due to insufficient infrastructure and a shortage of healthcare professionals.

To address this disparity, Morocco must:

- Invest in rural healthcare infrastructure by building more hospitals, clinics, and mobile health units in underserved regions.
- Equip healthcare facilities with modern technology to improve diagnostics and treatment capabilities.
- Introduce incentive programs to encourage healthcare professionals to work in rural areas by offering higher salaries, housing benefits, and career advancement opportunities (Aka et al., 2022).

Without immediate interventions in rural healthcare development, disparities in access will persist, undermining the effectiveness of Morocco's broader healthcare reforms.

#### 2. Ensuring financial sustainability (Key to Long-Term Viability)

The financial sustainability of Morocco's healthcare programs, particularly AMO and RAMED, is under strain due to rising healthcare costs and a growing burden of non-communicable diseases (NCDs). Relying on government subsidies alone is unsustainable, necessitating a shift toward more diversified and performance-based financing models.

To secure the long-term viability of healthcare financing, Morocco must :

- Diversify funding sources by involving private insurers in healthcare financing.
- Adopt strategic purchasing mechanisms, linking funding to performance outcomes to ensure efficient resource allocation (Moses et al., 2021).
- Expand employer-based and voluntary health insurance schemes to reduce reliance on state-funded programs.
- Reduce out-of-pocket expenses for low-income populations through targeted financial protection policies.

By restructuring its financing model, Morocco can ensure that its healthcare system remains resilient and responsive to future challenges.

### **3. Bolstering workforce capacity (essential for sustainable healthcare reform)**

A shortage of healthcare professionals, particularly in specialized fields and rural areas, continues to weaken healthcare service delivery. Training more doctors and nurses alone is not enough—Morocco must also retain skilled professionals and prevent brain drain.

To strengthen the healthcare workforce, Morocco should :

- Expand medical education and training programs to produce more healthcare professionals aligned with the country's healthcare needs.
- Improve working conditions and offer competitive salaries to retain domestic talent and discourage migration.
- Leverage public-private partnerships to invest in education, professional training, and continuous skill development (Zahidi et al., 2022).

A well-trained, well-distributed, and well-supported workforce is the backbone of any successful healthcare system.

#### **5.2.2. Governance and capacity building**

To maximize the impact of decentralization reforms, Morocco must ensure that regional healthcare authorities have the capacity and autonomy to manage healthcare services effectively. Without strong governance, even well-funded programs risk inefficiency and mismanagement.

Key governance improvements include :

- Enhancing training programs for regional health authorities in financial management, resource allocation, and accountability mechanisms (Kachapila et al., 2022).
- Strengthening monitoring and evaluation systems to track healthcare provider performance and service quality.
- Investing in healthcare management training to ensure that hospitals and clinics are run efficiently and transparently (Tewolde & Weldeyohannes, 2019).

By empowering regional health managers with the skills and tools they need, Morocco can reduce inefficiencies and improve healthcare service delivery at all levels.

### **5.3. Policy implications**

The healthcare reforms in Morocco have made strides in expanding access and improving service delivery, but their long-term sustainability depends on critical policy interventions.

#### **1. Sustainable healthcare financing (most pressing policy challenge)**

Morocco's reliance on government subsidies for AMO and RAMED is unsustainable as healthcare demand increases. To sustain these reforms, Morocco must diversify funding

sources, such as involving private insurers and linking funding to performance outcomes (Moses et al., 2021).

## **2. Strengthening governance and accountability**

While decentralization has been a step in the right direction, it requires a stronger governance framework to ensure that regional healthcare authorities can effectively manage funds, personnel, and services. Implementing strict accountability measures and performance tracking systems will be crucial for ensuring equitable and efficient healthcare delivery (Tewolde & Weldeyohannes, 2019).

## **3. Workforce development as a long-term strategy**

The shortage of healthcare professionals, especially in rural areas, remains a major policy concern. Policymakers must :

- Increase funding for medical training programs.
- Introduce financial incentives for rural healthcare workers.
- Strengthen public-private partnerships to enhance workforce capacity (Aka et al., 2022).

## **4. Investing in infrastructure to reduce inequities**

Healthcare infrastructure development is crucial for closing the urban-rural healthcare gap. Future policies should :

- Prioritize hospital and clinic construction in underserved areas.
- Expand telemedicine services to bridge accessibility gaps.
- Improve transportation networks to reduce barriers to care (Zahidi et al., 2022).

## 6. Conclusion

The healthcare reforms spearheaded by the Ministry of Health and Social Protection mark a transformative stride toward Universal Health Coverage (UHC), bringing Morocco closer to equitable healthcare for all. Through the introduction of key programs such as the Compulsory Health Insurance (AMO) and the Medical Assistance Scheme (RAMED), Morocco has significantly expanded healthcare coverage, reducing financial barriers and improving access to essential medical services. These reforms have also modernized healthcare infrastructure in urban areas and empowered regional authorities by advancing decentralized healthcare governance.

However, despite these remarkable achievements, challenges remain. The persistent urban-rural divide continues to hinder equitable access, as rural communities face shortages of healthcare facilities and professionals. Additionally, the long-term financial sustainability of Morocco's healthcare programs remains a pressing concern, given the heavy reliance on government subsidies. Addressing governance and resource allocation inefficiencies will also be crucial to ensuring effective healthcare management at regional levels.

For Morocco's healthcare reforms to reach their full potential, three key actions are necessary:

- Strengthening rural healthcare infrastructure and expanding the healthcare workforce to bridge the urban-rural gap.
- Exploring alternative financing models—including private insurance integration and performance-based funding mechanisms—to sustain and optimize healthcare services.
- Enhancing governance and capacity-building efforts at the regional level to improve service delivery and accountability.

With continued commitment and strategic policy interventions, Morocco is well-positioned to overcome these challenges and build a healthcare system that is more equitable, efficient, and resilient. By leveraging past successes and addressing structural weaknesses, the country can ensure that every citizen—regardless of location or socioeconomic status—has access to high-quality, affordable healthcare. The path toward UHC is not without obstacles, but with sustained efforts and innovation, Morocco can emerge as a model for progressive healthcare reform in the region.

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## References:

- Aka, P., Wahab, H., & Alex-Assensoh, Y. M. (2022). *The Political Economy of Universal Healthcare in Africa*. Routledge, 1st Edition.
- Alekseev, V. A., & Borisov, K. N. (2011). Problemy Reorganizatsii Zdravookhraneniya v Rossii [Problems of Health Care Reorganization in Russia]. *Russian Journal of Health Economics*, 23(4), 17-29.
- Alyeshmerni, D., Froehlich, J., Lewin, J., & Eagle, K. (2014). Reforming Cardiovascular Care in the United States towards High-Quality Care at Lower Cost with Examples from Model Programs in the State of Michigan. *Rambam Maimonides Medical Journal*, 5(3), e0012.
- Arhin, K., Oteng-Abayie, E. F., & Novignon, J. (2023). Assessing the efficiency of health systems in achieving the universal health coverage goal : Evidence from sub-Saharan Africa. *Health Economics Review*, 13(1), 6.
- Boudallaa, I., Elkachradi, R., Assarag, B., Chrifi, H., & Kadouri, A. (2022). The challenges of hospital reform in Morocco. *International Journal of Advanced Research*, 10(4), 123-134.
- Bouzaidi, T. D., & Ragbi, A. (2024). An analysis of the trend towards universal health coverage and access to healthcare in Morocco. *Health Economics Review*, 14, 5.
- Casebeer, A., & Hannah, K. (1998). The process of change related to health policy shift : reforming a health care system. *International Journal of Public Sector Management*, 11(7), 614-629.
- Hurley, C., Baum, F., & Eyk, H. (2004). 'Designing Better Health Care in the South' : A Case Study of Unsuccessful Transformational Change in Public Sector Health Service Reform. *Australian Journal of Public Administration*, 63(2), 76-89.
- Jackson, C., & Hambleton, S. (2016). Value co-creation driving Australian primary care reform. *Medical Journal of Australia*, 204(7), 312-313.
- Kachapila, M., Kigozi, J., & Oppong, R. (2022). Exploring the roles of players in strategic purchasing for healthcare in Africa : A scoping review. *Health Policy and Planning*, 38(1), 97-104.
- Karsi, M., & Ahmed, B. (2021). Évaluation du modèle de gouvernance de la couverture médicale de base au Maroc. *Pan African Medical Journal*, 38(210).
- Kocher, R. P., Emanuel, E., & Deparle, N. (2010). The Affordable Care Act and the Future of Clinical Medicine : The Opportunities and Challenges. *Annals of Internal Medicine*, 153(8), 536-541.

- Mourajid, Y., Ghafili, A., Chahboune, M., Hilali, A., & Fihri Fassi, C. (2022). Governance in Moroccan public hospitals: Critical analysis and perspectives for action. *International Journal of Health Governance*.
- Quiroz-Flores, C. P. (2020). La Gestión de Equipo Médico en los Retos del Sistema Nacional de Salud: Una Revisión. *Revista Mexicana de Ingeniería Biomédica*, 41(1), 11-21.
- Rae, J. (2002). Free for all? Processes of change in health care provision in Hungary from 1987-2002. *Health Policy and Planning*.
- Sun, D., Ahn, H., Lievens, T., & Zeng, W. (2017). Evaluation of the performance of national health systems in 2004-2011: An analysis of 173 countries. *PLoS ONE*, 12(3), e0173346.
- Tewolde, M., & Weldeyohannes, M. (2019). Health Care Systems in Africa: Achievements, Challenges and Policy Implications for Achieving Sustainable Development Goal 3. *International Journal of Humanities and Social Science*, 7(2), 59-66.
- Wagstaff, R., Buisman, L., Prencipe, L., & Bredenkamp, C. (2012). Zambia - Health equity and financial protection report. World Bank.
- Warsono, H., Hanani, R., & Putra, H. D. (2020). Collaborative Governance Framework in Health Care: A Qualitative Exploration of Hospital Pharmacy Management Reform at Hospital Setting in Indonesia. *Journal of Social Research & Policy*, 4(49), 321-328.
- WHO/EMRO. (2024). *Progress on the health-related SDGs in the Eastern Mediterranean Region, 2023: 2nd progress report*. (tendances régionales 2010–2022).
- Zahidi, K., Moustatraf, A., Zahidi, A., Naji, S., & Obtel, M. (2022). Universal Health Coverage in Morocco: the way to reduce inequalities: A cross-sectional study. *Open Public Health Journal*, 15, e221226-2022-160.
- Zammar, R., & Abdelbaki, N. (2016). Conduite De Changement Organisationnel Dans Le Secteur De Santé Marocain. Cas Du Centre Hospitalier Régional D'Agadir. *European Scientific Journal*, 12(27), 109-122.
- Werbil, J., & Walter, M. H. (2002). Changing views of work and family roles: A symbiotic perspective. *Human Resource Management Review*, 12(3), 293–298. [https://doi.org/10.1016/S1053-4822\(02\)00061-X](https://doi.org/10.1016/S1053-4822(02)00061-X)
- Zelenski, J. M., Murphy, S. A., & Jenkins, D. A. (2008). The happy-productive worker thesis revisited. *Journal of Happiness Studies*, 9(4), 521–537. <https://doi.org/10.1007/s10902-008-9087-4>