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EMPIRICAL STUDY ON THE GOVERNANCE OF BASIC HEALTH COVERAGE: CASE OF DIRECT ACTORS IN THE MOROCCAN MODEL

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Abstract

Introduction: *Governance is a polysemic concept whose application in the field of health coverage has specific characteristics. The objective of our work is to search for a reference for evaluating the governance of the Basic Health Coverage system (CMB) and to transpose it to the Moroccan model in order to propose ways of improvement.* ***Methods:*** *We used the bibliographical research to elaborate the literature review, the World Bank's reference frame and the semi-directive interview for the evaluation of the governance model of the CMB system in Morocco.* ***Results:*** *There is a single standard for assessing CMB governance developed by the World Bank in 2008 in five main dimensions, namely: Decision-making structure, stakeholder involvement, transparency and access to information, supervision and regulation, and finally consistency and stability. The evaluation of the Moroccan model showed that there has been progress in the governance of the CMB system for decades. However, the model has several dysfunctions that hinder its basic principles.* ***Conclusion:*** *our proposals for improvement, resulting from the evaluation of the Moroccan model, present concrete ideas to improve the governance of the CMB system that will systematically impact its performance and strengthen citizen confidence in the performance and sustainability of the services offered.*
Keywords: *Governance, Health coverage, Health financing, Health insurance, Health management, Morocco.*

Introduction

In a constantly changing global health and social protection environment, the governance of basic health coverage (CMB) is crucial. According to the World Health Organization (WHO), approximately half of the world's population still lacks access to essential health services, and millions fall into poverty annually due to catastrophic health care costs. The Universal Declaration of Human Rights of 1948 states the right to social security, including medical coverage **[1]**.

The Sustainable Development Goals (SDGs) highlight the importance of health insurance in achieving universal health coverage by 2030. However, global progress is stagnating, with rising catastrophic health costs since 2000 **[2]**.

In 2002, the application of the Law 65-00 marked a significant transformation of the Moroccan health financing system by establishing the CMB system for the entire population, with a compulsory health insurance (AMO) for economically solvent categories, and a medical assistance scheme (RAMED) for the poor. Recently, framework laws 09-21 and 06-22 aim health system.

As a result, medical coverage increased, in Morocco, from 20% in 2012 to 84% in 2022 due to consecutive reforms in compulsory health insurance system (AMO).

Despite these advances, challenges remain in governance and resource management, including issues of fraud and mismanagement of funds.

This study analyzes the impact of recent legislative reforms on Morocco's health insurance system, examining progress, challenges, and opportunities to improve governance and service quality. Effective health insurance governance is essential to ensure universal healthcare access, improve care quality and safety, promote equity, and optimize resource use.

International benchmarks from organizations like the WHO and OECD are crucial for providing frameworks and indicators to evaluate and improve health insurance governance. This study explores the importance of these benchmarks, their components, and their impact in various national contexts, contributing to a better understanding of global health insurance governance challenges and opportunities.

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Understanding the methodology is essential to assess the validity of the results obtained and to interpret the findings appropriately. This section details the different steps followed to collect and analyze the data, as well as the tools and techniques used.

I. Methodology for evaluating the Moroccan model of CMB governance

The evaluation methodology was based on two stages:

1. Choice of evaluation framework

We used the World Bank framework proposed in its study developed in 2008 **[3].** The reason for choice is explained by the fact that the other benchmarks or dimensions proposed to evaluate governance are generic and do not take into consideration the particularity of the health insurance sector. According to our research, the World Bank framework is the only one that has integrated dimensions specific to health insurance, namely:

- The structure of decision-making;
- Stakeholder intervention;
- Transparency and access to information;
- Supervision and regulation;
- Consistency and stability.

We considered it useful to add to the five dimensions, a sixth which influences governance in all areas, in this case the CMB sector: "Culture" **[4].** A description of each dimension will be made before the evaluation of the Moroccan governance model in the results chapter.

2. Data collection and analysis

To bring an empirical dimension to the research question, we use two main sources of information: primary data and secondary data. Secondary data can take various forms, such as reports, press reviews, internal documents, etc. In contrast, primary data corresponds to the information collected during interviews with study participants.

2.1. So-called secondary data

Concerning the secondary data, the professional press and the documents provided by the actors during interviews (internal document, report, website, etc.) are also processed in order to complete the analysis of the subject. In addition, we moved to several places to meet managers and resource people:

The National Health Insurance Agency (ANAM)

The National Health Insurance Agency (ANAM) is a public establishment with legal personality and financial autonomy. It was created in 2005, under article 57 of law 65-00 establishing the Basic Medical Coverage code.

ANAM is one of the great achievements that the Kingdom has experienced over the last decade for the realization of Basic Medical Coverage (CMB). As provided for by current legislation, ANAM's main missions are the supervision and regulation of the Compulsory Health Insurance (AMO) system. It's in charge of ensuring compliance with the provisions of the law governing the CMB.

The National Social Security Fund (CNSS)

In addition to its role as a public body responsible for managing the compulsory social security system for all private sector workers in Morocco, the CNSS is committed to a second mission: that of constantly improving its services and guaranteeing more effective social protection. This objective of improving services and efficiency in social protection is a citizen ambition which mobilizes all the resources of the CNSS.

The Ministry of Health and Social Protection (MSPS)

The Ministry of Health is responsible for developing and implementing Morocco's public health policies (training, regulations, prevention, cooperation). The ministry represents Morocco at the level of international health bodies such as the WHO and regularly develops statistics on the health of the population. Finally, it exercises administrative supervision over several public establishments: University Hospitals, Pasteur Institute and ANAM.

The National Fund for Social Security Organizations (CNOPS)

In accordance with article 82 of law 65-00 relating to the Code of basic medical coverage, CNOPS's main missions in the field of civil servants' compulsory basic health insurance are:

1. Examination of employers' applications for affiliation and beneficiary registration, in collaboration with member mutual societies.
2. Collection of employee contributions and employer contributions.
3. Reimbursement or direct payment of services provided for by law.
4. Negotiation of national agreements with healthcare providers, in accordance with the provisions of the law.
5. Keeping accounts relating to the management of compulsory basic health insurance.
6. Coordination, in association with mutual societies, of medical control activities in accordance with articles 26 to 31 of the law.

The CNOPS is also responsible for managing medical coverage for former human rights victims, in accordance with an agreement concluded with the State and the CCDH, covering the period from 1956

to 1998. In addition, it ensures the management of compulsory health insurance for staff of the National Railway Office under Law 120-13, as well as compulsory health insurance for students under Law 116-12.
These institutions have important documentation on the country's CMB. The objective is to diversify sources of information and improve the quality of results.

2.2. So-called primary data: The semi-structured interview as the main source for data collection

To answer the research question, we need to collect data from the actors who participate in the governance of the CMB in Morocco. This type of data, described as primary, is collected during interviews.
The semi-structured interview is the main data collection method used in our research. This approach implies that the researcher sets in advance the themes on which the participants will express themselves freely, in line with the objectives of the research. It thus encourages participants to freely share their experiences and opinions on these themes.
The semi-structured interview was based on an interview guide carefully prepared before discussions with CMB actors in Morocco. This guide was developed based on relevant themes linked to the research objectives (Appendix 1).

Sampling

In order to constitute our sample, we opted for a variation of respondents. As such, we have targeted managers primarily concerned with the purpose of our research so that they provide us with as much information as possible.
Our research focuses on governance in the context of the CMB in Morocco. The objective is to explain the phenomenon of governance through the actors of the CMB in Morocco. For this, we chose several types of respondents. They are actors from different organizations directly involved in the associated work and information flows (table??). We took care to meet a variety of stakeholders (managers, managers, advisors) who allowed us to collect rich information, from complementary angles of attack.
The search for information stopped after 14 interviews, as we reached a saturation threshold.
Ultimately, the empirical approach led us to work over a period of 10 months from April 2019 to January 2020 (appendix 2). The interviews lasted on average one hour. They mostly took place face to face.

Results

I. Measuring CMB governance

According to our research, the first work that directly addressed the issue of governance of basic medical coverage or compulsory health insurance was that the World Bank developed in 2008, entitled "Governing Mandatory Health Insurance: Learning from Experience". This document has attempted to present a governance assessment tool based on case studies from four countries.
The World Bank report presents a framework for measuring the governance of basic medical coverage in 5 dimensions **[4]:**

1. Transparency and access to information;
2. Coherence of the decision-making structure;
3. Stakeholder intervention;
4. Supervision and regulation;
5. Consistency and stability.

After presenting the theoretical framework of our study, we will present the results of the empirical study to evaluate the governance model of the CMB in Morocco.

II. Evaluation of the governance of the CMB in Morocco

In order to analyze the CMB governance system in Morocco, we must understand the context of CMB in Morocco and the trend of public service to improve governance. Since the launch of the CMB system, several advances have been made and many problems have been raised, which prompts us to evaluate the governance of this system.
As part of this section, we present the context of the CMB in Morocco, and we will present the results of the evaluation which was carried out on the basis of the documents analyzed and the interviews with the actors of the CMB.

1. Presentation of the World Bank Model of the CMB Governance Assessment

The governance of any compulsory health insurance system encompasses the dimensions and functions that guide the relationships between health insurance institutions and those who supervise and influence them, often including legislators, government agencies, contributors and beneficiaries. The model presents the elements of good governance that apply to five important dimensions of governance: consistency of decision-making structure, stakeholder intervention, transparency and access to information, supervision and regulation, consistency and stability. This framework was applied in the study in four countries: Netherlands, Chile, Estonia and Costa Rica.

Context of the CMB system in Morocco

We specify that the context has experienced real dynamics in recent years, given that Morocco has announced the generalization of AMO and the reform of the health system. These elements place all the actors of the CMB in a social challenge with the objective of stabilizing the parameters of the new regimes and the rules of governance.
This change presents a difficulty for our research given the need to update our results and our analysis based on new developments.
The context of our subject will be treated in several aspects: the context of governance in Morocco, the health sector and the social protection sector before focusing on the parameters of the CMB system in Morocco.

1.1. The health sector in Morocco

Over the past two decades, Morocco has undergone significant structural changes, starting with major constitutional reforms in 2011 that enhanced the democratic process. Simultaneously, substantial infrastructure projects improved the road and railway networks and provided essential services like drinking water, electricity, and sanitation to over 90% of the population.
A pivotal development was the introduction of Basic Medical Coverage (CMB) in 2002, which included Compulsory Health Insurance (AMO) for workers and the Medical Assistance Scheme (RAMED) for vulnerable individuals. This aimed to ensure universal access to healthcare and provide quality services, especially to the most disadvantaged groups.
Alongside these social initiatives, Morocco launched the National Human Development Initiative (INDH), supported by the highest authority in the country, to reduce social inequalities, improve poverty and vulnerability indicators, and enhance public health. Despite these advancements, Morocco still faces significant health challenges. Efforts to combat infectious diseases, improve maternal and child health, expand healthcare services, reorganize hospitals, and increase the health budget have positively impacted public health **[5].**
However, issues persist, including regional disparities in resource distribution, inequalities in healthcare access, and governance inefficiencies. These were highlighted in reports by the National Observatory of Human Development (ONDH) in 2018. Reforms in health financing and budgeting have aimed to increase transparency, efficiency, and accountability, supported by various legislative measures to promote health preservation, risk management, hygiene, safety, and regulation of health professions.
Law 131-13, related to the practice of medicine, despite resistance from the medical community, could strengthen the role of the private sector in health investments. The Ministry of Health and Social Protection (MSPS) initiated a structured health system reform in response to royal calls in 2019 and 2020 for a health system review and the extension of social coverage to all Moroccans. These projects aim to fulfill the right to medical coverage outlined in the 2011 Constitution and promote social equity.
Regional health system review is crucial due to diverse territorial needs, resources, and constraints. This new regional approach focuses on adopting improved governance to strengthen regulation and management, overhaul hospital governance, and plan health services territorially. This includes creating new management and governance bodies, such as Territorial Health Groups (GST). These initiatives pose significant challenges in terms of harmonization and implementation.

1.2. The social protection sector

In developing countries, social protection is mainly through cash transfer programs for vulnerable populations. In Africa, these systems, inherited from the colonial era, initially focused on work-related injuries and later expanded to include maternity insurance and family allowances. Over time, they have evolved into public policies with defined objectives.
After gaining independence, Morocco faced numerous challenges, including high unemployment, poverty, malnutrition, and a lack of basic industry. This underscored the need for social assistance to improve conditions in nutrition, education, employment, housing, and health. Social protection became a crucial pillar of social policy, aiming to protect individuals from risks such as old age, illness, poverty, and unemployment.
In 2005, King Mohammed VI launched "The National Initiative for Human Development," implementing significant reforms in self-entrepreneurship and the social protection system. This initiative aimed to ensure social rights amid challenges like labor deregulation, drought, and the pursuit of foreign investment through free trade agreements with the EU and the US.
The release of framework law 09.21 in March 2021 marked a significant shift in Morocco's social protection project. Key directions outlined in the royal speech of October 9, 2020, include:

- Expanding compulsory health coverage by the end of 2022, benefiting 22 million additional people.
- Generalizing family allowances for around seven million school-age children (end 2024).
- Broadening pension system membership to include about five million currently uncovered workers (end 2025).
- Generalizing unemployment benefits for those with regular employment (end 2025).

1.3. Basic Medical Coverage in Morocco

1.3.1 Foundation of the CMB in Morocco

a. Historical Context

- **1959:** The Moroccan health system began during the first national health conference. The state financed the health system due to an almost non-existent private sector.
- **1980s:** Discussions arose about alternative health financing methods due to the state's inability to meet citizens' needs.

Characteristics of Medical Coverage:

- Non-generalized optional health insurance
- Multiple schemes: public sector mutuals, private company mutuals like "La Caisse Mutualiste Interprofessionnelle Marocaine" (CMIM), and internal regimes of companies and public establishments
- Private insurance covered 4.5 million beneficiaries, about 16% of the population
- Obsolete "indigence certificate" mechanism for economically weak care, plagued by bureaucracy and lack of eligibility criteria

Major Developments:

- **1987:** First major health financing study
- **1993:** Launch of the National Medical Assistance Fund (FNAM), characterized by multiple managers and low coverage rate (50%)
- **1995:** Government approved the bill establishing Compulsory Health Insurance (AMO)

Chronology of CMB Legal Arsenal:

- **1996-97:** Referral of AMO bill to medical coverage committee
- **1998:** Medical coverage included as a priority in the government program
- **2000:** Expert report validated by interministerial commission
- **2002:** Approval of bill 65-00 establishing the CMB Code
- **2005:** Effective implementation of CMB
- **2021-2023:** Introduction of several laws and framework-laws to enhance social protection and establish the High Authority of Health (HAS)

1.3.2 Current Basic Medical Coverage System in Morocco

Legal and Strategic Framework:

- **Law 65-00:** Established the Basic Medical Coverage Code, aiming for universal coverage through AMO and RAMED. Built on principles of obligation, universality, equity, solidarity, non-discrimination, and prohibition of risk selection.
- **Constitution of 2011 [6]:** Strengthened the right to medical coverage (art. 31).

Post-2021 Actions:

- Adoption of 22 implementing decrees for compulsory basic health insurance and pension schemes for professionals and self-employed workers
- Actions to accelerate contributions recovery and improve recovery rates
- Creation of a committee to transition RAMED beneficiaries to CNSS
- Legal adaptations for the transition from RAMED to AMO
- Preparation of laws for the creation of territorial health groups, High Authority of Health, and other health infrastructure upgrades

b. CMB Actors:

Former Architecture:

- **AMO:** Managed by CNOPS for the public sector and CNSS for the private sector
- **RAMED:** For the impoverished population, managed by MSPS and ANAM
- **ANAM:** Regulatory body for AMO and RAMED

New Architecture Post-Reform:

- Transition from RAMED to AMO Tadamone (health insurance scheme for the poor, paid by the government and managed by CNSS) and integration of new regimes for broader coverage
- **CNOPS:** Manages AMO for public employees and students
- **CNSS:** Manages AMO for private employees, self-employed workers, AMO Tadamon and AMO Achamil

CMB in figures:

- **End of 2022:** 84.6% of the Moroccan population had medical coverage [*], up from 70.2% in 2020 [7].

III. Results of the evaluation of the CMB governance model in Morocco

We will present the results of the documentary analysis and interviews with CMB actors in Morocco (ANAM, CNOPS, CNSS, Ministry of Health and Social Protection). We will demonstrate, through our evaluation, the reliability of the World Bank framework chosen on the basis of the five dimensions and "culture" as the sixth dimension

chosen from the literature.

Despite the existence of other potential CMB actors in Morocco (insured, health professionals, etc.), we have only chosen actors who actively participate in governance and who can impact the variables chosen to explain this concept. in the Moroccan context.

We will present the data, on the one hand, by the perception of governance by the main actors of the CMB and on the other hand, the five dimensions of the World Bank reference system **[3].**

We present the elements from secondary sources and the results of the interviews according to the sequencing proposed in the interview guide.

We also specify, during the finalization of this work, that the CMB system in Morocco is in a transition phase between the old model described in law 65-00 and the new model proposed through the social protection reform (framework-law 09.21) and the health system reform (framework-law 06.22). This context prompted us to describe the evolution experienced by each component in our results by clarifying the changes between the old and new models.

2. Perception of CMB governance

There is no unanimity on the perception of governance among CMB actors in Morocco. Some define it as the decision-making tool via bodies, and others associate it with the definition of roles and responsibilities, and even operational management.

This divergence in the understanding of the concept is due, as we have mentioned in the literature review, to the polysemy of governance and the difficulty of separating it from management and the results to be achieved by the CMB system.

Notwithstanding this divergence, all stakeholders underlined the importance of associating governance with decision-making and performance, adding to this also, that governance must act at the strategic level to ensure better management and coordination between the parties and CMB stakeholders.

The comments of the following interviewees are proof of what we are saying regarding the perception of governance by different CMB actors:

For ANAM:

- Governance means steering, regulation and coordination between CMB stakeholders
- Managing is operational, governing is strategic
- It determines the decision-making methods via governance bodies
- Governance is the relationship between actors
- Governance clarifies the roles and missions of actors
- Governance is internal external management in the context of the CMB

For the CNOPS:

- Governance consists of steering and coordinating the relationship between CMB stakeholders
- Managing is operational, governing is strategic

For the CNSS:

- Governance is a transversal concept that can be applied to any sector.

For the MSPS:

- Governance is a set of bodies and structures governed by standards which work through procedures to achieve a common objective between actors

2.1 The relationship between CMB, the Health System, and the Social Protection System

The Basic Medical Coverage (CMB) system is closely linked to both the health system, as it contributes to its financing, and the social protection system, as it plays a crucial role in protecting citizens from social risks. Effective governance of the CMB requires harmonious coordination and communication between these two systems. The framework law 09.21 aims to unify disparate social protection efforts to strengthen this synergy.

Stakeholder comments:

- ANAM: Social protection reform should unify the management of social risks, including CMB.
- CNOPS: CMB should be managed with an integrated social protection vision, considering mutual societies.
- CNSS: CMB governance should unify efforts in managing social risks.
- MSPS: Health is an integral part of the state’s social protection policy, facilitating the integration of CMB into these systems.

2.2 Evolution of CMB governance in Morocco

ANAM, initially supervised by the Ministry of Health, faced challenges due to the ministry’s dual role as both regulator and healthcare provider. Recent reforms shifted the supervision of AMO management bodies from the Ministry of Employment to the Ministry of Finance. In 2021, the Ministry of Health and Social Protection took over social protection projects, marking a strategic shift in governance, in particular through the creation of a High Health Authority (HAS), invested among other things by the mission of “regulation of AMO”.

Strategic developments:

- 2013-2016: Interministerial commissions were established to improve healthcare access and generalize coverage[8].
- 2018: A new commission was created for social protection governance, leading to working

groups focused on governance, medical coverage, social assistance, and targeting approaches.
- 2021: A third interministerial commission was formed to oversee social protection reform, coordinate interventions, and improve financial management.

Stakeholder comments:

- ANAM: There has been progress since law 65.00, but decision-making stagnates; the HAS is expected to have more regulatory power.
- CNOPS: Governance needs to be evaluated since the implementation of law 65.00.
- CNSS: ANAM's regulatory experience should be leveraged in new reforms.
- MSPS: Before law 65.00, only part of the population was covered, leading *to social injustice.*

3. Consistency of Decision-making structure

Decision-making is central to governance, involving choices that shape the direction of public and private entities. It is influenced by a complex interplay of rationality, emotions, available information, and goals. Understanding these processes requires exploring decision-making models and analyzing the challenges and opportunities they present.

3.1 Decision-making rules

Previously, decision-making in Morocco's Compulsory Health Insurance (AMO) and Medical Assistance (RAMED) systems was governed by legal texts specifying contribution rates, health benefits packages, and reimbursement rates. Strategic decisions were made at the interministerial commission level, while ANAM's board managed financial balance issues. However, ANAM lacked full access to data from managing bodies like CNOPS and CNSS, limiting its' governance effectiveness **[9]**.

With the health sector and social protection reforms, RAMED was replaced by AMO TADAMON scheme, and decision-making shifted to CNSS and the interministerial commission. The High Health Authority (HAS) will take over technical supervision of the AMO, replacing ANAM.

Stakeholder comments:

- ANAM: The mechanisms for updating legal texts were not included in Law 65-00; some ANAM decisions were not enforced by managing bodies.
- CNOPS: Strategic decisions involved all stakeholders through interministerial commissions, but operational decisions faced execution challenges.
- CNSS: Rules and parameters are outlined in implementing texts.
- MSPS*: Decision-making rules exist but are not always applied due to management constraints.*

3.2 Factors influencing Decision-making

Decision-making in the CMB system has been influenced by several factors, including ambiguity in legal texts, financial constraints, and human factors like skills and leadership. Political will also plays a significant role, as seen in the delayed ANAM reform until the 2021 framework law 06.22.

Stakeholder comments:

- ANAM: Strategic decisions were influenced by the head of government's commitment and financial considerations. Legal ambiguities and diverging interests also impacted decision-making.
- CNOPS: Political will and financial constraints are major factors.
- CNSS: Decision-making issues affect the entire CMB system, including its governance.
- MSPS: Political factors *and emotions during conflicts significantly influence decision-making.*

4. Stakeholder intervention

Stakeholder intervention plays a crucial role in health insurance governance. Stakeholders, such as governments, insurers, health care providers, and beneficiaries, influence health insurance policies, decisions, and operations. Their interests, needs and opinions shape regulations, services, prices and access to healthcare benefits and services. Effective collaboration between these stakeholders can lead to health insurance systems that are more equitable, affordable and responsive to the needs of the population.

4.1 Typology of CMB actors

CMB stakeholders in Morocco can be classified based on various criteria:

- Role: Managing organizations, regulators, supervisory ministries, healthcare professionals, insured persons, health products providers, etc.
- Direct and Indirect: Direct stakeholders manage and maintain the CMB system's balance, such as managing organizations (OGs) and ANAM. Indirect stakeholders include beneficiaries and those participating in the health system, like healthcare professionals and policyholders.
- Level of intervention: Strategic (Ministries, Government leadership), coordination (ANAM), and operational (OGs).

The CMB system involves complex relationships and power dynamics due to divergent interests

among stakeholders. However, a shared objective should focus efforts on overcoming obstacles and improving operations.

Stakeholder comments:

- ANAM: Stakeholders can be classified as regulators, OGs, supervisory ministries, etc.
- CNOPS: Stakeholders include healthcare providers, OGs, regulators, employers, and insured persons.
- CNSS: Distinguishes between direct (care providers, OGs, regulators) and indirect (employers, insured) stakeholders.
- MSPS: Classifies stakeholders into strategic (government, ministries), coordination (ANAM), and operational (OGs).

4.2 Role of CMB actors

At the strategic level, all CMB stakeholders are represented within the interministerial commission, including ANAM, CNOPS, CNSS, and relevant ministries. The ANAM board of directors is chaired by the head of Government or a delegated authority, usually the Minister of Health and Social Protection. The role of ANAM, as a regulatory institution, has been limited by a lack of political will and insufficient access to data from managing bodies, affecting its ability to propose changes and enforce regulations.
The new governance bodies introduced by the health system reform, such as the High Health Authority (HAS), aim to improve the oversight and strategic positioning of the CMB system. However, the previous model showed limitations in the effective representation of stakeholders, the lack of clear regulatory systems, and overlapping roles, particularly between the Ministry of Health and ANAM.

Stakeholder comments:

- ANAM: The board composition needs revision; the regulatory status of ANAM has significant limitations.
- CNOPS: There is control over stakeholders' missions, but the regulator lacks prerequisites like data and sanctioning power.
- CNSS: The introduction of new regimes requires reinforcement of human resources.
- MSPS: The reform *has clarified roles and placed HAS in a strategic position with important missions.*

4.3 Representativeness of stakeholders in Governance bodies

The old governance model struggled with effectively representing stakeholders in governance bodies. The new reform has reduced the composition of the HAS governance body to improve decision-making effectiveness.

Stakeholder comments:

- ANAM: The regulator is represented in the OGs' boards, but ANAM's supervision by the Ministry of Health needs change. Resolutions are often pre-prepared, limiting input from board members.
- CNOPS: While actors are significantly represented, there is a need to change ANAM's supervision.
- CNSS: Governance should be split into strategic (objectives, orientations) and operational (execution, monitoring) aspects.
- MSPS: *Union representatives often focus on election interests rather than the system's long-term sustainability*.

5. Transparency and access to information

Transparency and access to information have a profound impact on health insurance governance by promoting informed decision-making, increased accountability and enhanced trust. When citizens, health care providers and policymakers have access to accurate data and comprehensive information on health system policies, costs and performance, several benefits arise.
First of all, in a CMB system, transparency allows policyholders to understand the benefits and options offered to them. This encourages comparison between insurance plans and ensures individuals have a better understanding of what they pay and the benefits they receive. Additionally, increased transparency on healthcare costs helps prevent excessive pricing, thereby encouraging healthy competition among providers.

5.1 Facilities and obstacles to accessing information in the CMB system

Article 31 of the Moroccan Constitution (2011) recognizes the right to medical coverage, marking a significant advance. Law 65-00 outlines the objectives, structures, and rules for Basic Medical Coverage (CMB). While legal documents related to CMB are accessible to the public via ANAM's website, there are still challenges in information access.
In the previous model, the AMO and RAMED systems aimed to cover beneficiaries without discrimination, but the lack of an institutional framework for RAMED limited its effectiveness. Managing organizations like CNOPS and CNSS provide annual reports and allow policyholders to track their requests via websites and apps. However, issues such as legal vagueness and incomplete data sharing hinder effective access to information.
Under the new governance model, AMO

TADAMON policyholders and TNS can access relevant information through the CNSS portal, though some challenges remain, such as the need for better data transparency and popularization.

Stakeholder comments:

- ANAM: Information sharing by OGs is complicated due to legal ambiguities, and there is a need for better information dissemination.
- CNOPS: Data sharing by OGs with ANAM is challenging due to unclear legal guidelines.
- CNSS*: Regular monitoring ensures reliable information, but data sharing needs improvement.*
- MSPS*: Transparency is valued, but frontline services need improvement to build trust with citizens.*

5.2 Reliability of information in the CMB system

Reliable information is crucial for effective CMB governance. In Morocco, OGs like CNOPS and CNSS collect data following reimbursement requests, with internal controls in place. However, ANAM lacks the ability to conduct medico-technical audits, leading to concerns about data accuracy.
Without proper audits or investigations, the reliability of available data cannot be fully confirmed. There are also issues with outdated systems and incomplete data collection, which need addressing to ensure data integrity.

Stakeholder comments:

- ANAM: OGs make efforts in data collection, but reliability is uncertain without proper audits.
- CNOPS: Collaboration with Ministry of interior (DGSN) helps verify some information, but gaps remain.
- CNSS: System changes have revealed and corrected information reliability issues.
- MSPS: Institutions *are responsible for data accuracy unless proven otherwise.*

5.3 Consumer / Insured rights mechanisms in the CMB system

Insured individuals have the right to file complaints with OGs or ANAM in case of disputes. ANAM acts as an arbitrator and processes thousands of complaints annually. Additionally, citizens can turn to the Mediator of the Kingdom, an independent institution that resolves disputes between citizens and public administration, promoting transparency and fairness.
These mechanisms are in place to protect consumer rights and ensure that any issues with access to information or services are addressed fairly.

Stakeholder comments:

- ANAM: Complaints can be filed with OGs, ANAM, or the constitutional "Mediator" institution.
- CNOPS: There is a mechanism for filing complaints with both OGs and the Mediator.
- CNSS: Complaints can be filed with OGs and ANAM.
- MSPS: Transitioning RAMED beneficiaries to AMO TADAMON has been challenging, particularly in convincing citizens to *pay a portion of the costs.*

6. Supervision and regulation

6.1 CMB supervision mechanisms

Law 65-00 includes various sanctions for non-compliance within the CMB system, such as fines for employers who fail to pay contributions, healthcare providers guilty of fraud, and managing organizations that do not submit annual statistics to ANAM. However, the enforcement of these sanctions, particularly in cases like non-compliance with pricing by healthcare providers, is infrequent.
The financial supervision of managing organizations (OGs) and ANAM is conducted annually through external audits, but RAMED lacked a legal framework for its financial management. ANAM, established as the regulator of the AMO, oversees budgetary balance and financial monitoring but has been limited by insufficient legal authority and political support.
Interministerial commissions were created for specific missions, not for continuous oversight. The Commission for the Governance of Social Protection, established in 2018, and the third interministerial commission for social protection reform in 2021, aim to enhance supervision but still face challenges in ensuring comprehensive oversight.

Stakeholder comments:

- ANAM: Supervision is limited and not fully integrated into the CMB system, except for budget monitoring by the Ministry of Finance.
- CNOPS: Supervision is primarily state-driven via the Ministry of Health and Social Protection, with financial oversight by the Insurance and Social Security Supervisory Authority (ACAPS).
- CNSS: ANAM's supervision should be under the government, not the Ministry of Health, to avoid conflicts of interest.
- MSPS: Supervision is not clearly defined*, with existing control bodies only intervening in specific instances.*

6.2 Evolution of CMB regulation

The development of the CMB system in Morocco has been gradual, starting with the creation of mutual societies during the protectorate era. Law 65-00 marked a significant step forward, but the regulatory role of ANAM has been constrained by its supervision under the Ministry of Health, which also serves as a healthcare provider.
ANAM has faced challenges due to the lack of detailed data from OGs and limited enforcement powers. Despite these challenges, there has been positive progress in the regulation of the CMB, with ANAM producing studies that inform decisions and gradually improving its regulatory capacity.

Stakeholder comments:

- ANAM: There is a logical evolution in the system, with ANAM gaining experience and contributing to decision-making.
- CNOPS: The effectiveness of giving regulatory power to ANAM is questionable given the stronger influence of other institutions.
- CNSS: Positive progress is noted, but many decisions remain unimplemented.
- MSPS: The establishment of ANAM introduced necessary regulatory tools that did not *exist before.*

6.3 The new reform of the Health System and its impact on CMB supervision and regulation

The creation of the High Health Authority (HAS), as stipulated by the new legal framework published on December 4, 2023, represents a significant strengthening of the CMB regulatory system. Unlike ANAM, the HAS is not under the supervision of the Ministry of Health and Social Protection, allowing for more independent and effective oversight.
HAS's Board of directors is more streamlined for efficient decision-making, and its Scientific council holds greater authority in health-related matters. The establishment of the Medicines and Health Products National Agency will further enhance the regulation of drug prices, which is crucial for the CMB system.

Stakeholder comments:

- ANAM: The new reform provides a stronger legal framework, with HAS positioned as a more powerful regulator than ANAM.
- CNOPS: The governance shift to HAS, which is independent of the Ministry of Health, represents a significant improvement.
- CNSS: HAS needs adequate resources and prerequisites to succeed.
- MSPS: HAS has strategic missions, and the release of implementing texts will be key to finalizing the new regulatory framework.

7. Consistency and stability

7.1 Pillars of the stability of the CMB system

The 2011 Moroccan Constitution reinforced the Basic Medical Coverage (CMB) system by establishing the right to medical coverage. The stability of the Compulsory Health Insurance (AMO) schemes is maintained through clear affiliation rules, although challenges remain, such as the lack of updates to national reference pricing and obsolescence of the national health insurance agreements, leading to discrepancies with market prices.
RAMED, the Medical Assistance Scheme, dedicated to the poor, has faced governance issues, particularly due to the ambiguous financial management structure that deviates from the legal provisions of Law 65-00. Additionally, the absence of a specific management body for RAMED and the outdated information systems have contributed to delays and inefficiencies, particularly in providing beneficiary cards and managing healthcare access for the neediest.
The stability of the CMB system is supported by a strong legal framework, including the 2011 Constitution, and the financial management under the CNSS. The new reform, which integrates RAMED into the AMO TADAMON regime, aims to enhance equity and accessibility to care, and the system's viability by addressing previous governance and management issues.

Stakeholder comments:

- ANAM: The legal framework is a key pillar of stability; innovative funding solutions and an integrated information system are essential.
- CNOPS: The right to medical coverage is constitutionally guaranteed; the principle of solidarity is crucial for system stability.
- CNSS: The information system is fundamental to the viability of the CMB.
- MSPS: The integrated *information system is critical for future operations, requiring strong commitment from all stakeholders.*

7.2 The new Health system reform and the viability of the CMB

The sustainability of the CMB system relies on maintaining and strengthening its pillars: legal foundations, financing, and the information system. The new health system reform aims to unify management funds for better harmonization and efficiency; though, it may face obstacles related to organizational culture and the legacy of different institutions.

The reform includes a proposed merger of CNOPS into CNSS, which is expected to harmonize management regulations, streamline operations and improve financial management. The High Health Authority (HAS) is tasked with overseeing the unification process and ensuring the financial balance of the CMB system.

Stakeholder comments:

- ANAM: The reform will harmonize management rules and require compensation mechanisms to ensure financial balance.
- CNOPS: The merger with CNSS is critical, but compensation mechanisms are needed.
- CNSS: The merger bill must address differences in management rules and expectations of staff.
- MSPS: The viability of the CMB post-reform depends on effective coordination between HAS, OGs, and the Ministry.

7.3 Role of actors in the stability of the CMB system

The HAS, as the future AMO regulator, is responsible for harmonizing management rules within the CMB system and ensuring financial stability. It must also oversee the modification of Law 65-00 to adapt to the new reforms. The HAS is expected to adopt a broad, macroscopic vision of the health system, which will require substantial authority and resources to be effective.
The OGs (CNOPS and CNSS) are aware of their roles in the new model and recognize the importance of successfully merging without disrupting services or staff. The Ministry of Health and Social Protection (MSPS) must shift from supervising the regulator (ANAM) to collaborating with the HAS to implement its recommendations and improve the quality and competitiveness of public healthcare services.

Stakeholder comments:

- ANAM: HAS must ensure financial balance, oversee legal modifications, and strengthen the regulatory framework.
- CNOPS: CNOPS must address its financial balance issues and ensure a smooth merger with CNSS.
- CNSS: CNSS must provide detailed data to HAS and work closely with CNOPS on the merger.
- MSPS: The Ministry must reposition itself as a collaborator with HAS and focus on improving public healthcare competitiveness.

8. Culture

8.1 Organizational culture and governance of the CMB

The organizational culture among CMB actors varies widely based on the history and management constraints of each institution. Managing organizations (OGs) have developed a culture distinct from that of public hospitals and the regulator. The initial interaction a citizen has with the CMB system, such as with a security or reception agent at a CNOPS/CNSS agency, significantly influences their perception of the system's effectiveness. A positive first impression can reinforce trust in the system, while a negative one can undermine confidence in the entire model.
At the organizational level, culture is influenced by the commitment of managers to social solidarity and problem-solving for citizens. However, at the strategic level, there is often distrust, particularly in decision-making bodies like Boards of Directors, leading to conflicts and delays in decision-making. Additionally, each group of actors within the CMB system (e.g., health professionals: doctors, nurses, managers, administrators) has its own distinct culture, making it challenging to establish a unified organizational culture.

Stakeholder comments:

- ANAM: Organizational culture is shaped by commitment, leadership, and motivation but is also characterized by distrust in conflict situations.
- -CNOPS: Conflicts between decision-makers affect the convergence of efforts and organizational culture.
- -CNSS: Organizational culture evolves with institutional changes and significantly influences management decisions.
- MSPS: The varied organizational cultures across CMB actors, especially between OGs, hospitals, and the regulator, impact overall system governance.

8.2 Value system of society and individuals and its influence on CMB

Moroccan society is deeply rooted in values such as trust, technical credibility, and ethical integrity, which guide social interactions and institutional functioning. Trust, in particular, is a critical element that binds individuals within society and is essential for the effective operation of institutions like the CMB. This trust is built on the technical competence and ethical legitimacy of managers, who must demonstrate integrity and transparency.

Solidarity is another core value in Moroccan society, manifesting in both joyful and challenging times. It is crucial in the context of achieving universal health coverage as a State commitment toward the UN 2030 SDGs, where trust between Government and citizens must be strengthened. However, the practice of favoritism within the Moroccan administration, including the CMB, undermines these values and poses a significant obstacle to fair access to healthcare services and timely processing of claims.

Stakeholder comments:

- ANAM: Solidarity is inherent in Moroccan DNA, and the CMB system should reflect this by placing individuals at the center of decision-making. However, there is a need to address bad practices and favoritism within the system.
- CNOPS: Strengthening trust between the state and citizens is vital for achieving universal health coverage, and integrity is crucial for success.
- CNSS: Trust in managers with technical competence and ethical integrity is essential to establishing a value system that reflects Moroccan identity.
- MSPS: Favoritism is a widespread issue in Moroccan administration, particularly in the CMB, and must be eradicated to ensure equal access to services.

9. Monitoring of CMB governance

9.1 Measuring CMB governance

The observation raised, during the interviews, is that the governance of the CMB is not easy to measure, given that the concept is polysemous and the context of the CMB is complex. The formalization of CMB governance monitoring indicators must take into consideration the dimensions that influence it. Note also that the fact of evaluating the governance of the CMB cannot be dissociated from the performance of health and social protection systems. The following comments from the interviewees are proof of what we are saying regarding the degree of difficulty in measuring the governance of the CMB:

For ANAM:
No, it is essential to link the evaluation of CMB governance to performance in order to measure the effectiveness and impact of management decisions and processes on overall results. This approach will make it possible to analyze in depth how government choices influence the operational and strategic performance of the CMB, thus ensuring governance aligned with organizational objectives and stakeholder expectations.

For the CNOPS:
It is imperative to put in place a formalization of indicators for monitoring the governance of the CMB. This approach consists of clearly defining and documenting the parameters and criteria that will be used to systematically and measurably evaluate the performance and compliance of governance practices within the management fund. The development of formal indicators will facilitate continuous monitoring, measuring progress and making informed decisions to improve governance in a targeted and efficient manner.

For the CNSS:
Evaluating health insurance governance becomes possible when we manage to identify and understand the variables that influence it. In other words, by understanding the different factors, elements and dynamics that impact governance within health insurance, we can design relevant evaluation mechanisms

For the MSPS:
CMB governance evaluation variables may include aspects such as transparency of decision-making processes, stakeholder participation, effectiveness of governance structures, compliance with standards and regulations, and many others. By detailing these variables, we establish a robust evaluation framework making it possible to understand and measure the quality of governance in the field of health insurance.

9.2 Proposal for new parameters influencing the governance of the CMB

The interviews confirmed that the proposed variables are very meaningful in explaining the governance of the CMB; however, we have collected some new proposals since:

- The governance of the CMB is directly influenced by political will, playing a determining role in the speed or delay of the implementation of the decisions taken.
- The fundamental principles of fairness and equality are crucial in a CMB system; their absence undoubtedly compromises the quality of governance.
- Trust, as an essential variable to evaluate CMB governance, emerges from individual and social culture and value system, thus shaping the relationships between different actors.
- The managers and directors' ethics represent a variable of capital importance not to be underestimated in the evaluation of the CMB governance.

The following comments from the interviewees are proof of what we are saying regarding the proposal for new parameters to measure the governance of the CMB:

For ANAM:
"Political will is a variable that directly influences the governance of the CMB and delays or accelerates the implementation of the decisions taken"

For the CNOPS:
"Equity and equality are basic principles in a CMB system, their absence certainly calls into question governance"

For the CNSS:
"Trust is an important variable to measure the governance of the CMB, it arises from the culture and the value system of the individual and society forming the relationships between the actors"

For the MSPS:
"The ethics of managers and directors is an important variable that should not be neglected"

Taking problems into account and proposing recommendations

Our work has raised several findings and problems related to the governance of the CMB in Morocco and we will propose recommendations to fill these gaps. This may include suggestions for future research, proposals for policy reforms, or recommendations for strengthening institutional and human capacities for CMB governance.
In this part, we summarize the main measures falling within the scope of intervention of AMO decision-makers that must be adopted in a global strategy aimed at strengthening the existing governance model in light of the health system reform and the creation of the HAS.
Regarding the actions proposed in relation to the field of intervention of AMO actors in Morocco:

Clarify the decision-making structure at different levels

The AMO system has several decision-making structures at strategic and operational levels. Holding sessions of AMO stakeholders' governance bodies are moments of decision-making which must fully play their role. The work of the interministerial social protection commission must be evaluated following the new prerogatives of the HAS in order to avoid possible interactions in decision-making in relation to the health insurance system.
Another element to be resolved concerns the effectiveness of technical supervision of the ground, and the delay in decision-making, in the past, by the regulator. For example, in the event of a blockage in the negotiations, who will make the decision to update the agreements?
Adding to this, the AMO system must not leave legal loopholes which will impact crucial decision-making or at least delay it.

Boost the intervention of AMO stakeholders in AMO governance bodies

It appears necessary to review the preparation mechanism of OGs' boards of directors' resolutions and the HAS council, so that they can be understood, discussed and accepted by all the representatives before their formulation. This action will save us from slowness or resistance in the execution of a resolution by an AMO actor, and automatically further strengthen trust between stakeholders.
The appointment of members to the boards of directors should be reviewed, favoring the technical mastery of the CMB file and the professional ethics' respect as a selection criterion.

Strengthen data sharing between AMO stakeholders through the establishment of a progressively integrated information system

The AMO governance will not improve if there is no regulator access to OGs' data, which will allow it to analyze and propose technical solutions to the problems raised. Sharing data between management organizations is also very useful for monitoring management rules, comparative analysis and sharing good practices, especially for common problems.
Let's not start from scratch, because the AMO system already has data sharing agreements between ANAM, health professionals and OGs. However, the level of access and frequency remain limited. The ideal model for data sharing will be with the support of an information system allowing all stakeholders to access needed information in real time with all security measures.
The AMO information system will subsequently be the basis for a more global social protection system aimed at creating bridges between the existing information systems of each actor (Hospital, health professional, OGs, Regulator, pharmaceutical industry and civil society… etc.). The big challenge for this project consists of designing an information system without disrupting the functioning of institutions in a progressive manner and convincing them to adhere to it for the interest of the AMO system.

Simplify access to information for policyholders

Basic information on the services offered by AMO actors (OGs, regulator, etc.) is available; but, unfortunately, the citizen is unaware of several procedures and mechanisms that will allow him to avoid errors and defend his rights to medical coverage or the quality of care provision and fight against the feeling of frustration or lack of confidence that they may see in the absence of information. Hence the need to strengthen access to information and updates that the AMO system can have by:

- Develop a guide simplifying the AMO service by plan and distribute it to private practices, clinics, laboratories and public hospitals;
- Distribute information posters to healthcare providers relating to basic information, for example:
    - Medication in third-party payment mode at pharmacies;

  - List of medical devices reimbursable by medical device companies;
  - National Reference Pricing in public hospitals and clinics.
- Make access to online reimbursement data more fluid;
- Strengthen the complaints procedure for processing files and reduce delays in payment of money;
- Strengthen ANAM sanction capacity and measures following complaints received by policyholders;
- Organization of awareness campaigns for poor populations or residents in rural areas to explain to them the services offered by the AMO;
- Build relationships with civil society to create information desks during medical caravans.

Make the AMO supervision function more visible:

The government leadership has a clear responsibility for supervising the AMO construction site; this function is perceived with difficulty by AMO stakeholders during board meetings. The role of the head of government is very clear in the presidency of the interministerial commission; however, regarding intervention in moments of blockage or support for actors in crisis situations, this role would benefit from being strengthened. The questions that arise with the creation of the HAS: will this supervisory role be shared between the head of government and the HAS? Or will we completely delegate this role to the HAS? And what supervision should be designed to ensure synergy and complementarity between the execution progress of the AMO and the other social risk regimes forming social protection?

Provide the HAS with a new institutional posture of the AMO regulator:

The status of the regulator in its old version suffered from several problems: delay in execution of resolutions, lack of power of sanction, lack of power of technical control, and supervision under the Ministry of Health. After the health system reform and the creation of the HAS as a strategic governance body, there is great hope of boosting the role of the AMO regulator. We emphasize the need to provide the HAS with a strong institutional posture and decision-making power which will allow it to be a true regulator with a distance from all AMO stakeholders. Unfortunately, the recent law 07.22 did not give more details on the new rules for sanctions and technical control, hence the need to update law 65.00 and equip the HAS before its official start.

Develop a progressive strategy of convergence between managing organizations and AMO schemes:

Like several countries, Morocco has a vision of converging the management of social protection organizations in a single institution as mentioned in Law 09.22. The transition to this stage requires firstly a convergence of the organizations managing each social risk (health insurance, retirement, etc.). As for health insurance, the landscape is made up of two management funds (CNOPS and CNSS), with a different history and clear specificities. The convergence project between these two funds must necessarily involve an impact assessment on human and financial resources, especially with a difference in the financial balance between the two funds. The path to convergence seems longer but could be managed gradually until reaching a total merger between the two funds. The gain from this action is obvious in terms of optimization in the management of the AMO system; however, there are several questions to raise: how to succeed in social dialogue and propose a convergence strategy acceptable to the staff of the two funds? Will this action be considered independently or in synergy with a strategy of convergence of other management organizations within the framework of social protection? What deadline should be set at the latest to reach the merger stage?

Establish a mechanism for monitoring AMO governance:

Our research work modestly studied governance in the context of CMB in Morocco with a proposal of evaluation dimensions and recommendations for improving the existing model in light of international good practices. However, more advanced work must be launched by the government leadership and the HAS in order to establish a measurement framework for monitoring the AMO including the dimensions relating to its governance. This measurement framework deserves to be integrated into a more global reflection on monitoring the social protection system by including all the parameters impacting its performance. This leads us to reflect on the following elements: Could the AMO measurement framework be inspired by the work carried out by the WHO on a country's progress on UHC? Which indicators to choose (qualitative or quantitative) and do we have the sources of information to supply it? How can we make this measurement framework a tool for monitoring the good health of the AMO system and make it credible to decision-makers?

Conclusion

To conclude this work, we present several elements which have marked the path of the construction of knowledge in relation to the subject of CMB governance.
On an academic level, this research is part of the logic of exploration and deepening. The results contribute to enriching the understanding of the

concept of governance, through several theories. The first theoretical contribution of this thesis therefore concerns the in-depth study of governance in the context of the CMB. Our research also attempted to take an innovative approach. Indeed, we noticed that in the problem and in the literature on the determinants of governance in the CMB context, there was a single general and updated theoretical framework highlighting the specificity of health insurance governance.
In the Moroccan context, there has not yet been any research addressing a measurement framework for CMB governance. This research made it possible to develop a measurement framework allowing the monitoring and surveillance of CMB governance for decision-makers and managers. This is why this research makes a positive contribution to theories on governance in social sectors, especially the health system and the social protection system.
Consequently, the changes experienced by the Moroccan health and social protection sector have demonstrated the interest of an innovative practice of the health insurance project governance given the complexity of the relationships between the actors and the scope of the direct beneficiaries which forms all population of a country.
Our research makes it possible to identify, in addition to the aforementioned contributions, useful implications for managers who wish to develop a practice of monitoring the CMB governance. These implications constitute useful avenues for the various management bodies and decision-makers within the regulatory body and the MSPS. We seek to confirm with these bodies our conviction as to the strategic interest and importance of a country to develop such a practice which makes it possible to create an efficient tool which replaces the polysemic governance with tangible parameters through a common understanding.
Our research improves knowledge of governance and monitoring and steering practices in force within the Moroccan health insurance system. Thus, this subject not only arouses the interest of researchers, but also raises numerous questions from managers who wish to invest in the field of public governance. This research highlights the factors that have a significant impact on CMB governance. The research examines the various antecedents and sub-antecedents of the governance relationship between health coverage actors at different levels: strategic, coordination and operational. From this perspective, managers can use a combination of factors influencing governance and must consider that to have an optimal mode of governance, they must take into account the determining specificities within the CMB system to guarantee its viability.
On a theoretical level, we treated governance in the context of the Moroccan CMB. This leads us to ask ourselves the following questions: Could we study the governance of the CMB by carrying out a comparative study between several countries? Would it be possible to develop a research model that would encompass both contexts relating to CMB: health system and social protection? Moreover, could we further standardize the measurement framework (determinants) of CMB governance for other public policies?
Monitoring of CMB governance focused on the influence of values on culture. We would like to conduct an in-depth study on other detailed determinants of values such as trust, integrity and benevolence.
In addition, it would be interesting to deepen the analysis of governance in the CMB context by testing the proposed (determining) indicators in several countries and updating the proposed model on the basis of the feedback.
It is in the light of these ambitious perspectives that we wish to base our future research approaches.

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Appendices

Appendix 1: Interview guide

We thank you for taking some of your time to complete this interview guide. Your answers will be used to analyze the results of the empirical study of our thesis entitled "Towards a new model of governance of basic medical coverage in Morocco".

Theme I: "Perception of CMB governance"
1.1- First, given that governance is a polysemous concept, how can you clarify it according to the context of the CMB?
1.2- What is the relationship between governance and the health system and social protection in general and the governance of the CMB in particular?
1.3- In your opinion, how is the governance of the CMB evolving in Morocco?

Theme II: "Coherence of the structure of decision-making"
2.1- Are there clear rules for decision-making in the CMB system in Morocco? If yes, are the decisions taken at the different levels (strategic, operational) consistent with the objectives of the system?
2.2- What factors influence decision-making in the CMB system?
2.3- In your opinion, how does the decision-making structure influence the governance of the CMB?

Theme III: "Intervention of stakeholders"
3.1- What are the types of stakeholders in the CMB system?
3.2- Does each stakeholder fully play their role in the CMB system?
3.3- Does the representativeness of stakeholders in governance bodies translate into satisfaction of expressed needs?
3.4- How does stakeholder intervention influence the governance of the CMB?

Theme IV: "Transparency and access to information"
4.1 What are the facilities and obstacles to access to information in the CMB system?
4.2- What are the guarantees of the reliability of the information accessible in the CMB system?
4.3- Can the insured/citizen use consumer rights mechanisms in the event of refusal of access to information by a CMB actor?
4.4- How does transparency and access to information influence the governance of the CMB?

Theme V: "Supervision and regulation"
5.1- In your opinion, how do CMB actors design the supervision mechanisms of its system?
5.2- What is the evolution of the regulation of the CMB system since its genesis?
5.3- To what extent could the new health system reform including CMB correct the supervision and regulation gaps in the old model?
5.4- How do supervision and regulation influence the governance of the CMB?

Theme VI: "Consistency and stability"
6.1- What are the pillars of the stability of the CMB system?
6.2- Does the new reform of the health system present a guarantee for the viability of the CMB?
6.3- What role does your institution play in the stability of the CMB system?

Theme VII: "Assessment of CMB governance"
8.1- According to your experience, is it easy to measure the governance of the CMB? If yes, how ?
8.2- What other parameters can you propose in relation to governance and CMB?
8.3- What are your proposals to improve the CMB governance model in Morocco?

Appendix 2: The research sample

	The statuses of the interviewees	The positions of the interviewees	Institution	Date of interview	duration
A1	Doctor	Cadre	ANAM	01/04/2019	1h
A2	Doctor	Cadre	ANAM	05/03/2019	45 mins
A3	Administrator	Cadre	ANAM	01/08/2019	50 mins
A4	Actuary engineer	Head of Division	ANAM	01/15/2019	1h
AT 5	Doctor	Head of Service	ANAM	01/04/2019	1h
A6	Administrator	Lawyer	ANAM	05/03/2019	45 mins
C1	Actuary engineer	Head of Division	CNSS	08/11/2019	50 mins
C2	Administrator	Frame	CNSS	15/11/2019	1h
C3	Administrator	Frame	CNOPS	01/10/2019	1h
C4	Administrator	Head of Service	CNOPS	05/06/2019	45 mins
C5	Administrator	Frame	CNOPS	08/12/2019	50 mins
C6	Administrator	Head of Service	CNOPS	01/04/2019	1h
M1	Administrator	Frame	MSPS	05/03/2019	45 mins
M2	Administrator	Head of Division	MSPS	01/08/2020	50 mins
				10h 22min	

Source: personal elaboration