Khalid Aït Taleb – Minister of Health & Social Protection, Morocco



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With a generational universal healthcare reform underway in Morocco, the country's Minister of Health and Social Protection Khalid Aït Taleb outlines why the ongoing updates to his country's healthcare system far outweigh what has gone before in terms of scale and scope. Minister Aït Taleb also touches on digitalisation and data concerns, access to innovation models, and gives some recommendations for the international pharma industry operating in Morocco.

As Morocco's Minister of Health for the past two years and drawing on your extensive healthcare experience, how have you worked to achieve significant improvements in the nation's healthcare system and in which ways does this differ from what was already in place?

Morocco's healthcare vision, notably driven by His Majesty King Mohamed VI, may God bless him, adopts a comprehensive and holistic approach, addressing social protection and a complete healthcare system overhaul. My background as a professor of surgery and my extensive experience in healthcare management, including a two-decade tenure as the director of Fes University Hospital, has endowed me with a profound understanding of healthcare challenges and the necessary areas to reform.

What sets His Majesty’s vision apart is how it differs from previous incremental healthcare reforms. It signifies a transformative shift, placing Moroccan citizens at the forefront and emphasizing healthcare sovereignty, an aspect magnified by the COVID-19 pandemic’s challenges. This crisis highlighted the vital importance of self-reliance and autonomy in healthcare during such global emergencies.

Are these reforms merely a consequence of COVID-19 or something broader?

His Majesty embarked on comprehensive healthcare system reforms in 2018, significantly predating the emergence of COVID-19. Nonetheless, the pandemic played a pivotal role in expediting these reforms and bringing to the forefront the paramount importance of healthcare sovereignty.

Our current focus is on healthcare reform and revamping our system, driven by a compelling need for change. Despite substantial financial investments in past reforms, the results fell short of expectations. The debate on universal healthcare coverage began in 2005 and continued until 2012, yet a part of our population remained without coverage, prompting a reconsideration of our social protection policies. This led to the idea of extending medical coverage to all citizens, but universal healthcare coverage is just the starting point, not the ultimate goal.

Parts of the population have been left exposed to high living costs and inadequate protection. It is vital to create a protective shield for them and address their vulnerability through various solutions. Within our social protection framework, we have identified four key components: medical coverage, family allowances, retirement benefits, and unemployment support. These pillars underpin our efforts to reduce vulnerability in our population.

How will this new healthcare reform be more effective? What strategic and operational measures do you have in place to ensure that it has a tangible impact?

The prevailing philosophy revolves around the need for health insurance to fund the healthcare system. The government has allocated substantial resources and now is attempting to establish a financing system that is both fungible and equitable, thereby ensuring a resilient healthcare system. At some point, financial resources must be tapped into. This involves contributions from third parties and a share from the government. Striking a balance is imperative. All these financial resources primarily flow into a receptacle—the healthcare system itself. It is imperative that the

healthcare system not only receives these resources but also offers services worthy of investment.

When I mention the healthcare system, I'm referring to both the public and private sectors. The public sector plays a crucial role as a safeguard in maintaining certain balances and preventing excessive spending within the healthcare system.

First and foremost, it will elevate all healthcare facilities to a standard where every citizen, now regarded as a client due to their newfound solvency, will have access to quality care. They will either pay directly or have an overseeing entity – their mandatory health insurance. In essence, there will be a managing body responsible for payment, allowing hospitals to receive funding. We must develop self-sustaining capacities within these healthcare structures.

Secondly, fostering competitiveness among these healthcare facilities is vital. Each hospital will strive to provide the best services possible to attract a broad clientele.

How important will the digitalization of the Moroccan healthcare system be to its successful revamp and creating a better understanding of epidemiological mapping?

None of this can be achieved without a robust information system in place. We have already implemented a comprehensive information system across all twelve regions, ensuring interoperability from primary to tertiary healthcare levels. At the primary level, this includes health centres and local hospitals; at the secondary level, provincial or regional hospitals; and at the tertiary level, university hospitals (CHUs). This system enables patients to have an electronic medical record that can be shared.

We have also established an agreement with the DGSN (General Directorate for National Security) to incorporate a health identifier into the national identity card, which will include a medical history for each patient. This is particularly crucial for individuals with chronic conditions or allergies, ensuring that their health information is readily accessible during travel or other situations. When the card is inserted into a reader, the information is readily available, eliminating the need for manual data entry. Furthermore, we plan to securely store this data within a sovereign cloud infrastructure to ensure data is kept within our jurisdiction.

Is healthcare data being effectively used for policy development and why you have opted to delegate certain policy aspects to the regions?

I would like to highlight a significant aspect of His Majesty's reform efforts, which is the establishment of regionalization. The goal here is to foster competition among regions and recognize their unique characteristics, resources, and healthcare needs. Each region will develop its regional health policy, resulting in a regional health plan. This plan will help identify investment needs, human resources requirements, and the specific healthcare needs of the population, tailoring the healthcare approach to each region's distinct situation. This approach acknowledges that a one-size-fits-all model is not suitable for Morocco; instead, diverse models are necessary.

Moreover, each region will have the flexibility to engage in public-private partnerships, both domestically and internationally, and access international resources.

Regarding morbidity, regional disparities are evident. Certain diseases are more prevalent in the North than in the South, and the occurrence of diseases like cancer can differ significantly from one region to another. The regional health plan will address these regional variations.

Will each Moroccan region handle its medicine procurement, pricing negotiations, and healthcare budget administration as part of healthcare regionalization?

We've examined two approaches to this issue. For healthcare programs and public health, we believe the Ministry of Health is best suited for medication procurement. However, for hospital and standard needs, each region can set up its own procurement centre.

Several new agencies have been established as part of Morocco's ongoing healthcare reform. Can you outline the roles of the Medicines Agency and the Blood Agency, to name two, along with the challenges they aim to address?

Since Morocco has benefited from numerous programs, audits, and external and internal technical assistance, we have long identified the major dysfunctions within the healthcare system.

The Medicines Direction, in its current form, is limited in its potential compared to other countries that have developed autonomous agencies capable of swift progress. Therefore, we have chosen to transform this Medicines Direction into a Medicines Agency, which will be a public entity with full autonomy. It will facilitate interactions between the public and private sectors and various stakeholders who aim to encourage local production. Additionally, it will accommodate those involved in imports, all while maintaining acceptable registration and authorization timelines.

The second point pertains to the field of blood. For the past two decades, we have operated a blood transfusion centre. However, blood is becoming a scarce resource, donated freely by citizens. It is an invaluable resource that can serve as both transfusion blood and the foundation for extracting certain medications, such as albumin and erythropoietin.

Are you planning to establish plasma collection and manufacturing products?

We are going to engage in fractionation. Our goal is to attain a degree of healthcare sovereignty, reducing the reliance on external sources. We aim to achieve at least 80 percent autonomy, which I do not think is excessive. It is feasible. Currently, Morocco has fortunately achieved a 70 percent self-sufficiency rate in terms of local generic drug production. The remaining 30 percent needs attention. With partnerships and collaboration, we can work on that 30 percent, even potentially with the African continent.

Another crucial aspect is that medicine is evolving rapidly, and stem cells are gaining prominence in therapeutic options. Stem cell therapy is becoming the medicine of tomorrow. It is essential for us to have an agency for blood and, potentially, a centre for blood and regenerative medicine, including stem cells. This will form the basis for various treatments.

There is unfortunately a large gap between medicine development and market access of innovative therapies, which keeps increasing as new and more complex therapies are being developed. Are the current models for medicine access in Morocco the right ones to welcome therapeutic breakthroughs?

Considerable challenges lie ahead, not only for Morocco but for nations worldwide. We find ourselves at a pivotal juncture where healthcare costs are skyrocketing, making it increasingly expensive for patients to access the care they need. This poses a looming predicament for insurance providers who may soon grapple with the daunting financial burdens of technological advances and medical innovations.

The underlying transformation in healthcare and medicine is compelling. We are transcending from a curative model to one characterized by personalized and predictive approaches. Herein, the focus shifts to genomics, target therapies, metabolomics, enabling the tailoring of treatments to individual patients with the same ailment. Our current reliance on therapeutic protocols and standardized treatments is on the cusp of obsolescence.

Even countries like the United States have recognized the need for a shift towards accelerated innovation, research, and drug production processes. Innovation now occurs rapidly, aided by data analysis, artificial intelligence, and optimized pharmaceutical formulations. Instead of spending a decade on a single molecule, this process now takes just two years, allowing for swift market introduction and evaluation of treatment effectiveness for specific diseases. The old model of stockpiling medications for global distribution is fading, and we are in a transitional phase. It is essential to blend traditional approaches with innovative dosage forms to adapt to these changes.

Can you share some insights on Morocco's key government initiatives around healthcare and the potential for rapid progress?

In collaboration with the Ministry of Industry and Commerce, we are actively working on promoting the 'Made in Morocco' brand and local production. This is because Morocco has significant potential; we can easily become an African hub, and not only that but also a part of the European hub. Other countries are now looking to reshore their production, which will considerably impact their healthcare costs. Hence, Morocco can benefit from this situation and become a key player in both African and European pharmaceutical distribution.

What message would you like to share with industry stakeholders?

The evolving medical landscape is marked by rising innovation costs, leading to what we term "therapeutic escalation." Multinational pharmaceutical companies face significant challenges due to paradigm shifts and rapid technological advancements that drive therapeutic escalation. In this context, countries and health insurance providers struggle to keep pace. This raises the crucial question of who should bear the burden of these leaps in technology and innovation—the patient, the country, or the health insurance provider.

As health insurance providers set limits on what they can cover, the debate intensifies, particularly regarding the high costs associated with 'Gold standard' treatment protocols for conditions like breast cancer, which often involve expensive innovative drugs. There's a need for a meaningful discourse that prioritizes citizens' health and emphasizes human well-being over profit.

Addressing this challenge requires increased research efforts and reduced raw material costs to enhance medication accessibility. Discoveries should benefit humanity, not just lead to corporate profit. International pharmaceutical companies must navigate technological advancements, adapt

to mutations, and support the resilience of healthcare systems, ensuring that everyone benefits, with citizens being the primary beneficiaries.

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