

# Identification of health system stakeholders in Morocco

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## Abstract

The objective of this paper is to identify the health system stakeholders in Morocco. The methodology is based on two steps. First, a literature review was performed to establish a preliminary list of the main categories of health systems stakeholders. Second, the said list was projected onto the Moroccan context, seeking correspondence between each category of stakeholders and their Moroccan counterparts. Then we proceeded to detail each category by listing the actors it includes through the analysis of national reports by the ministry of health and others. Results allow visualizing a wide range of actors with different roles and objectives.

## Key words

Stakeholders, health system, mapping, Morocco.

## 1. Introduction

Health facilities are required, nowadays more than before, to improve their services' quality (Frichi, Jawab, et Boutahari 2018b). In this context, the concept of Total Quality Management is adopted as quality improvement approach with a client-supplier orientation (Mendes et Dias 2018), which places the satisfaction of internal and external actors as an objective to be measured and constantly improved (Frichi, Jawab, et Boutahari 2018a). However, health systems are characterized by the multiplicity and diversity of stakeholders (or actors) at different levels. Achieving the satisfaction of all these stakeholders is a quiet difficult task (Ezzerouali 2008). Thus, it is necessary to rank stakeholders in order to prioritize those who are the most concerned by quality improvement issues. However, before ranking them a question of great practical relevance arises: *Who are the stakeholders in the health system?*

The ambition of this paper is to contribute to providing answers to this question by limiting the paper's scope on the case of the Moroccan health system. The theoretical framework adopted is the stakeholder theory, which is the basis of the strategic management of organizations. The paper is organized in three parts. In the first one, we briefly review the foundations and objectives of the stakeholder theory. In the second part, we establish a preliminary list of the main categories of health systems stakeholders based on international researches. The third part is devoted to identifying health system stakeholders in Morocco.

## 2. Stakeholder theory

### 2.1. Definition

Stakeholder theory provides an analysis of the company's relationships with its environment (Gond et Mercier 2004). It is an attempt to redesign the firm's theory, to further integrate the actors of its environment and to abolish the shareholder vision of profit maximization (Mullenbach-Servayre 2007). This theory, although already introduced in the 1960s, it has been significantly developed starting 1984, following Freeman's publication of the book, *Strategic Management : A Stakeholder Approach* (Mullenbach-Servayre 2007).

Stakeholder theory is based on the concept of *stakeholder*; its definition doesn't make any unanimity. In fact, there is no consensus among authors on a single, accepted and recognized definition (Gond et Mercier 2004). In this paper, we cite the most commonly used and widespread stakeholder's definition: *any group or individual who can affect or is affected by the achievement of the organization's objectives* (Freeman 1984). Stakeholders are therefore individuals,

groups or organizations that may affect or be affected by a decision, activity or outcome of a project (Varvasovszky et Brugha 2000).

## **2.2. Objective**

Stakeholder theory aims to no longer consider the organization as a closed entity and to put an end to the shareholder vision of satisfying only the interests of shareholders. Its purpose is to expand the company's responsibilities and roles, which should include the interests and rights of the various stakeholders (Mercier 2006). The fundamental idea of this theory is based on the following postulate: *the company's success depends strongly on good cooperation with its stakeholders*. Hence the need to pay a particular attention to the different stakeholders' need (Tullberg 2013).

## **2.3. Stakeholders identification processes**

Identifying all the organization's stakeholders is not a simple task. The distinction between stakeholders who have an interest in the organization and those who do not is sometimes difficult to make (Vos 2003). In this context, several authors have tried to define criteria to make this distinction:

- Mitchell *et al.* (1997) defined three attributes of a stakeholder: *power*, *legitimacy* and *urgency*. Actors who do not have these three attributes are excluded from the stakeholders' list.
- Kochan and Rubinstein (2000) identified three criteria for selecting stakeholders: (i) they bring significant resources to the organization; (ii) They are affected by the organization's decisions; (iii) They have power over the organization.
- Vos (2003) established a stakeholder identification model that consists of answering two main questions: *who are the actors involved in the system?* And *who are the actors affected by the system?* The actors involved have specific roles in the system; they contribute to and affect the system (customers, controllers, regulators, etc.). The affected actors do not have a clear contribution, but they are affected by the system.
- Tullberg (2013) postulates that a stakeholder has to have a stake in the company. This means, to make a significant input to the company and to be part of its output.
- Fritz *et al.* (2018) proposed a method for identifying stakeholders based on the supply chain approach, which consists in identifying all companies involved in the production process of goods or services, from the raw material to the final product.

One of the most commonly used method is the elaboration of an exhaustive list of all stakeholders, who may affect the organization or be affected by its decisions. This should include all stakeholders at the institutional, national and international level (Schmeer 2000) (Vos 2003). The list could be expanded by conducting surveys, interviews, meetings or focus groups with key stakeholders who are easily identifiable (Bryson 2004).

## **3. Identification of health system stakeholders in Morocco**

### **3.1. Methods**

The methodology adopted consists in analyzing existing publications on stakeholders in the health sector. A search was conducted on the databases of SCIEDIRECT, SCOPUS and GOOGLE SCHOLAR as well as the World Health Organization website, with the following keywords: *stakeholders*, *health system* and *hospital*. The analysis has allowed establishing a preliminary list of the main categories of stakeholders. Subsequently, we projected this list onto the Moroccan context by identifying the counterparts or correspondents of each category (Figure 1). Finally, with reference to national studies and reports and the consultation of the Ministry of Health's website and reports, we have detailed the stakeholders' categories by listing the actors they include.

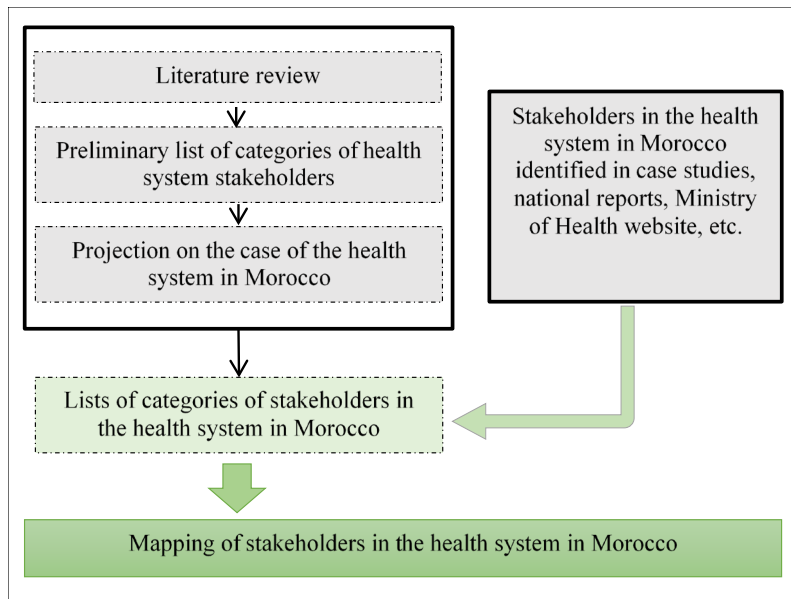


Figure 1. Methodology for identifying stakeholders in the health system in Morocco

## 3.2. Results

### 3.2.1. Health system Stakeholders

According to the World Health Organization (WHO), it is difficult to specify precisely the limits of a health system, from where it begins and ends (WHO, 2000). Fray (2009) described the hospital as a real node of contracts between different stakeholders: State, local authorities, supervisory bodies, shareholders, insurance companies, universities, doctors, nurses, paramedics, administrative staff, patient representatives, etc. For its part, Teil (2002) included, as stakeholders, city medicine that refers patients to health facilities, equipment and drug suppliers, patient associations, etc.

Stakeholders' lists raised differ in the number and nature of stakeholders from one study to another, depending on the study's objective and context. For example, WHO has identified the main stakeholders to be involved in making health programs more effective (WHO 2014). In the American context, the Agency for Healthcare Research and Quality distinguishes seven groups of stakeholders whose involvement and participation are essential to the success of the efficiency of the healthcare program (AHRQ 2014). Another study in India identified stakeholders involved in ensuring universal access to health care in urban areas (Chikersal 2016). After reviewing and synthesizing these proposed lists, we developed a preliminary list of broad categories of health system stakeholders (figure 2).

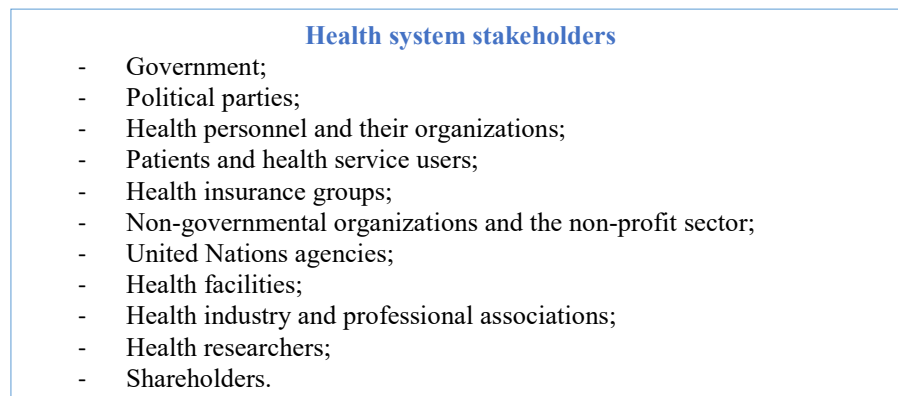


Figure 2 : Categories of health system stakeholders identified at the international level

### **3.2.2. Health system stakeholders in the Moroccan context**

The projection of the preliminary list of health system stakeholders (figure 2), on the Moroccan context highlighted many groups of stakeholders, which include:

- **Ministries:** they represent the State and are responsible for national health strategies and policies.
- **Local authorities:** they participate in the implementation of the State's general strategies and the development of territorial policies, particularly in the fields of health and road development.
- **Healthcare institutions:** they receive patients and provide preventive and curative care services.
- **Health insurance organizations:** they develop medical coverage schemes for individuals (members and their families) against the financial risks of healthcare in the event of illness.
- **Training institutions and learned societies:** their vocation is to train and qualify human resources dedicated to the health sector. Learned societies are particularly concerned with scientific development and the advancement of research in specific medical fields.
- **International organizations:** they advise and support the State in the development of policies and the implementation of health programs.
- **Consumers:** patient himself or herself, or someone acting on his or her behalf.
- **Health personnel and their representatives:** they are responsible for providing care and managing administrative matters.
- **Civil society:** NGOs, Foundations and Associations.
- **Suppliers and subcontractors:** suppliers of equipment, consumables and services.

While this list identifies the broad categories of the Moroccan health system stakeholders, it is not sufficiently detailed. The breakdown of each category by identifying the actors it includes is necessary. For this purpose, details from national reports and the ministry of health website and others were included (CESE 2013) (ONDH 2012) (Ministry of health 2018) (Frichi et Jawab 2017). In the figure 3, we represent the mapping of stakeholders while breaking down each category by listing its different actors. It should be noted that this list could be expanded by conducting brainstorming surveys, interviews, meetings or focus groups with key stakeholders (Bryson 2004), it may also vary over time (Sobczak et Berthoin Antal 2010). It is therefore recommended to update the stakeholders' map at regular intervals of time, taking into account the dynamics and changes in the environment (Girard et Sobczak 2010).

## **4. Conclusion**

Stakeholders' involvement is essential for the success of any project. This involvement begins with knowing the organization's environment by identifying the different stakeholders that orbit around it. Through this article we have identified health system stakeholders in the Moroccan context. Results were schematized in the form of a map of the main stakeholders' categories with actors they include. Obviously, for its use, this map has to be adapted according to the subject and the goal of the study. This would allow to reduce or extend.

As a perspective of this article, we propose to complete the stakeholders' list with a qualitative study, such as interviews with key stakeholders, in order to include other stakeholders that were not identified in this paper.

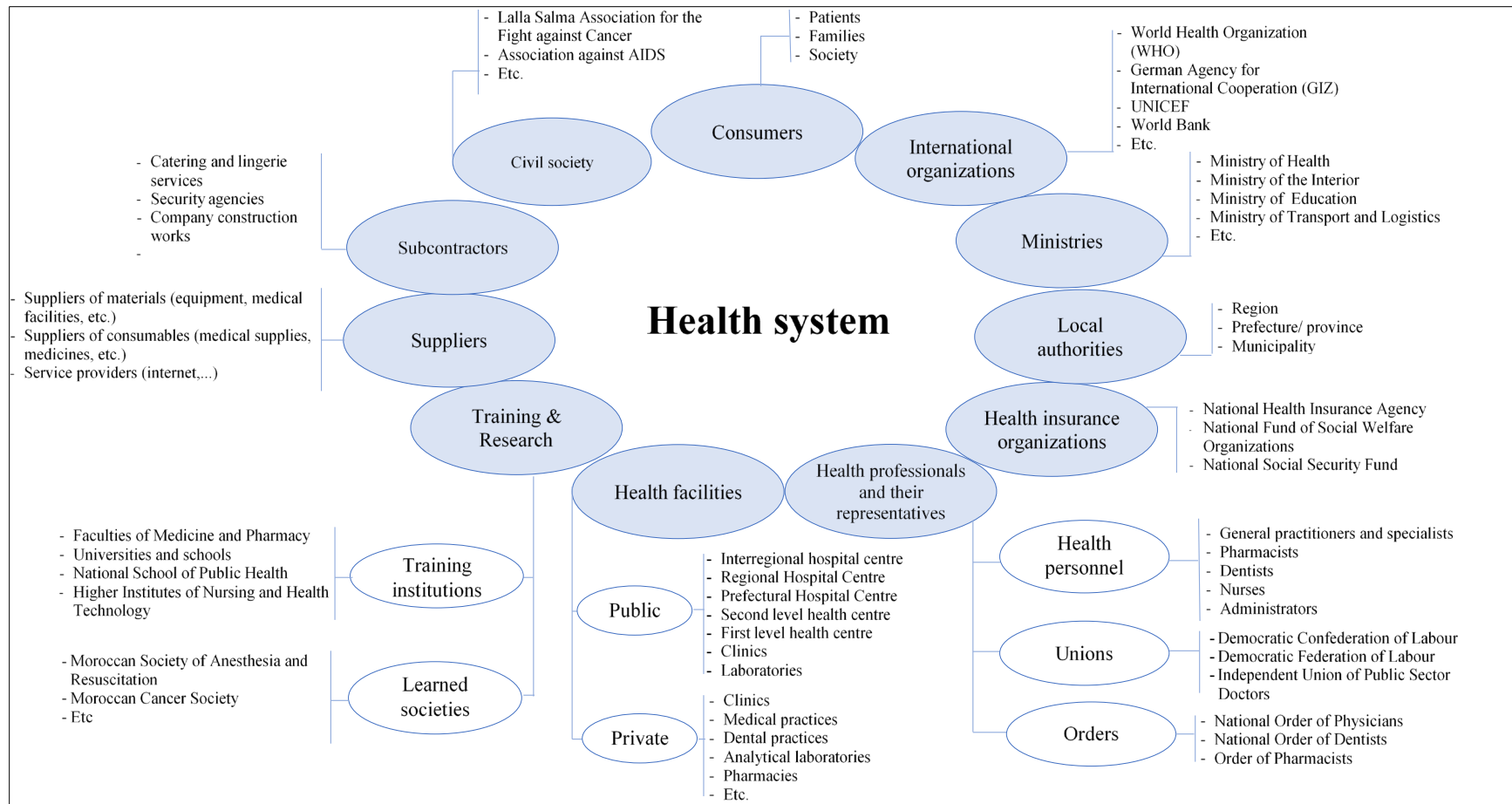


Figure 3. Stakeholders of the Moroccan health system

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## Biographies

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