






The legal keys in the management of health risks during COVID-19 pandemic in Morocco: Early focus

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ABSTRACT

Context: In order to manage health risks, Morocco has taken measures to prevent and fight against the coronavirus “COVID-19” pandemic. The objective of this work was to list all the legislative and regulatory texts that have legislated and regulated the management of COVID-19 health crisis in Morocco, to clarify the competences of the public authorities, and to justify the importance of the application of this legal arsenal in a vision of better controlling and containing the pandemic.

Methods: An exhaustive early review of the legislative and regulatory texts published and referenced at the national level such as laws, decrees, orders, and ministerial circulars were cited in this article. The study was limited to the period from 1 January 2020 to 30 May 2021.

Results: During the crisis and after the official declaration of the state of health emergency that would have repercussions on the various sectors of activity. And to better manage health risks, legislative and regulatory texts were promulgated to remedy the various malfunctions caused by COVID-19 pandemic (laws, decrees, circulars, etc.). This legal arsenal was succinctly put in place in line with the evolution of COVID-19 pandemic indicators in Morocco. This legal framework underlines the importance of legal texts in the management of health crises.

Conclusion: During COVID-19 pandemic, the public authorities were able to attenuate the health risks, by implementing several mechanisms managed by legal levers, in order to avoid the collapse of the health sector. However, the health crisis affirmed the important social role of the state.

Keywords: legislation, legal framework, health crisis management, COVID-19, Morocco

INTRODUCTION

Coronavirus 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was declared a new pandemic by World Health Organization (WHO) on March 11, 2020 [1]. COVID-19 causes both pneumonia and acute respiratory distress syndrome. Other COVID-19-related complications may include acute liver, heart and kidney injury, as well as secondary infection and inflammatory response. It has been shown that there is no protective immunity to the virus and that it is later able to evade innate immune responses [2]. Morocco, like other countries in the world, has been affected by this pandemic and has taken certain health measures to manage this crisis.

As part of the management of health risks, Morocco has taken measures to prevent and fight against the pandemic of coronavirus “COVID-19”. The Ministry of Health has developed, on January 27, 2020, the national plan for monitoring and fighting against the infection by the coronavirus [3], whose objective is to prevent the introduction of the virus on the

national territory, to contain the propagation, to reinforce the measures of prevention and to control the infection in health care institutions, with axes of intervention, which are diversified.

At the operational level, a multidisciplinary commission has been implemented for monitoring and epidemiological surveillance, composed of the Ministry of Health, the Royal Gendarmerie, the military medical services, civil protection, the Ministry of the Interior, and other intervenors. However, given the exceptional nature of this situation, the State is obliged to operationalize its decisions through a legal arsenal adapted to the management of health risks during this crisis period.

This research consists in identifying the legal texts adopted and knowing how these legal levers can contribute to the management of sanitary risks during the pandemic. The aim of this work was to list all the legal documents that have been able to legislate and regulate the management of COVID-19 health crisis in Morocco, to shed light on the competences of the public authorities, and to justify the importance of the

application of this legal arsenal in a vision of better controlling and containing the pandemic.

METHODS

The research of legal levers related to the health crisis related to COVID-19 pandemic in Morocco, is based on a quasi-exhaustive review of all the legislative and regulatory texts published during the pandemic or existing and referenced during the management of this crisis.

In this work, to list these documents chronologically, we conducted an exhaustive bibliographic review of the regulatory documents published and referenced at the national level, such as laws, decrees, orders and ministerial circulars.

The study was limited to the period from 1 January 2020 to 30 May 2021.

All documents that may have a link with the management of COVID-19 pandemic in Morocco were exploited and included.

RESULTS

It should be pointed out that the legal norm in Morocco is a hierarchical norm. Article 6 of the constitutional text [4] states and affirms the principles of constitutionality, hierarchy and obligation of publicity of legal norms. The founding norm is the constitution, which is composed of principles, prescriptions or obligations that will give life to laws. The laws, because of their general and impersonal character, will have to give rise to implementing measures, i.e., decrees, orders and circulars. In other terms, the legislative norm must respect the constitutional norm, and the decree or regulatory norm must respect the legislative norm. This pyramidal vision was founded by Hans Kelsen in the 19th century, a legal theorist and author of the "Pure theory of law" [5].

The primacy of ratified international conventions over national laws is a constitutional principle. The preamble of the Moroccan Constitution confirms this. The Constitution also affirms that the right to health is a fundamental right that every Moroccan has the right to enjoy [4].

For this reason, the texts in question are classified in a hierarchical manner as follows: ratified, promulgated and published international regulations. The constitution, and the legislative and regulatory texts.

International Regulation

The main international legal instrument, designed to protect all States from the international spread of diseases and public health risks is the international health regulation of 2005, promulgated and published in the Official Bulletin of Morocco in 2009 [6].

Annual assessments, to monitor progress in capacity building, have shown that Morocco has the key minimum required capacities as defined in the international health regulations. However, external analyses conducted as part of the ebola preparedness and response strategy, identified gaps in multisectoral coordination, infection control and antimicrobial resistance, and risk communication [7].

The pandemic influenza preparedness framework was adopted at the 64th World Health Assembly in May 2011 [8] of

which Morocco is a member state, in accordance with Article 23 of the Constitution of WHO, and in conformity with the applicable dispositions of the international health regulations. And following WHO's guidelines for informed and harmonized national and international decision-making on pandemic influenza preparedness and response, legislation is an essential component of the first category of the emergency health risk management system. It must take a whole-of-risk approach and clearly define procedures for the declaration of a national public health emergency, based on a national risk assessment [9].

It is important to point out that in 2007, the Ministry of Health elaborated a "vision" for the year 2020 [10], with the support of WHO, to update the existing legal arsenal, in particular the need to establish legislative and regulatory tools for the regulation and planning of health care provision (health map and regional planning scheme for health care provision), the reorganization of the decentralized services of the Ministry of Health, the organization of hospital structures, etc. Morocco is therefore invited to develop appropriate legislative and regulatory texts oriented towards the management of health risks in accordance with international engagements.

Laws

In order to honor the above-mentioned international engagements, several legislative texts have been adopted and published, such as the code of basic medical coverage, and the framework law 34.09 [11] for the planning of the health care supply and the organization of the health system. This framework law promulgated on July 2, 2011, is based on articles of the 1996 Constitution [12], which raises questions about the principle of the hierarchy of norms, developed by Hans Kelsen [13] in its synthetic vision of the law, especially after the publication of its implementing decree in 2015 [14].

This framework law stipulates, in particular in its articles 3 and 4, that public action in the sphere of health shall cover the areas of risk prevention, health education, promotion of healthy lifestyles, sanitary control and provision of preventive, curative, palliative or rehabilitative care, while insisting on intersectoral, complementary and integrated public health action, while respecting the international sanitary regulation in the fight against the cross-border spread of diseases [11].

It should also be noted that health has become an area of competence transferred from the State to the region, according to the provisions of Article 94 of Organic Law 111.14 on the regions [15]. This organic law also states that the social upgrading fund, created under article 142 of the constitution, is intended to reduce the deficit in human development, infrastructure and equipment, particularly in the health sector. As a result, the word "health" is mentioned three times in organic law 111.14, and one wonders about the primacy of this sector in relation to the constitutional text and the role that the council of the region must play in this area, especially the response to epidemics and pandemics such as the coronavirus in the current context [15].

During the crisis and after the official declaration of the state of health emergency that would have repercussions on the different sectors of activity. And to remedy the loss of jobs and to better manage health risks, exceptional measures were taken in favor of employees affiliated to the National Social Security Fund and their declared employees, impacted by the repercussions of the spread of the coronavirus (COVID-19), in accordance with the provisions of Law 25.20 [16].

In addition, and with the aim of preserving the financial balance of the State, following the repercussions of the pandemic, and in accordance with the provisions of article 77 of the Constitution, which make Parliament and the Government accountable, and with the principle of budgetary sincerity enshrined in the Organic Law n° 130-13 [17] relating to the finance law, a draft amending finance law for the year 2020 was presented and adopted, in order to make significant changes to the priorities and hypotheses of the finance law of the year, whose general orientations, according to the presentation note of the Head of Government [18], are to support the progressive recovery of economic activity, preserve jobs and accelerate the implementation of administrative reforms.

And following the publication in the Official Bulletin of the law n°27-20, the Moroccan Capital Markets Authority has informed issuers and investors of certain measures in accordance with article 3 of the said law 27.20, which authorizes, during the period of the state of health emergency, all joint-stock companies to hold their general assemblies by means of videoconferencing, and to have recourse to postal voting forms [19].

To reconcile the principle of consumer protection and the maintenance of jobs related to tourism activities, the Ministry of Tourism, Handicrafts, Air Transport and Social Economy, has implemented the law n°30-20 [20] enacting special measures for tourist travel and stay contracts and air passenger transport contracts. And as part of the partnership, several actors contribute to the response to COVID-19, including local authorities, in accordance with the provisions of Law 34.09 [11] relating to the health system and the supply of health care, participate with the State in achieving the objectives and actions of health.

Decrees

The government authorities are empowered to adopt the necessary measures in the context of a state of emergency of a health, economic, financial, social or environmental nature, by means of decrees, orders, circulars or communiqués, to ensure the immediate intervention and mobilization of all the means necessary for the protection and safety of human beings.

In accordance with the provisions of the Royal Decree [21] of June 26, 1967 on the compulsory declaration of certain diseases and prescribing prophylactic measures to control these diseases, the local administrative authorities, the delegations of the Ministry of Health to the provinces and prefectures, the regional health directions and the liberal sector, are obliged to declare immediately in accordance with the provisions of Article 1, cases of quarantine diseases, diseases of a social nature, contagious or epidemic diseases, namely cases of influenza and severe acute respiratory infections, while complying with the forms, conditions and deadlines determined by order of the Minister of Public Health.

To ensure the financing of prevention and control measures against the coronavirus and its effects, it was proposed to create a special trust account entitled "Special fund for the management of the coronavirus pandemic 'COVID-19'" [22]. This account is endowed with an envelope of 10 billion Moroccan Dirhams, reserved to cover the expenses of upgrading the medical device, supporting the national economy to cope with the shocks induced by the pandemic, and preserving jobs and mitigating the social repercussions.

This fund is created after the adoption of its decree [23] at the Special Government Council on March 16, 2020.

Given the exceptional nature of this pandemic, and in order to put in place a regulatory mechanism allowing greater flexibility in the execution of expenditures ordered by the Ministry of Health, the government has proposed to derogate from the provisions of the decree on public contracts [24], in particular the removal of the ceiling for purchase orders and the authorization to conclude negotiated contracts without prior notice and without prior competition with the exemption of the authorizing officer from producing an administrative certificate. Thus, the decree [25] in question is adopted by the Government Council immediately on 16 March 2020 and published in the Official Bulletin to proceed with its implementation.

The state of health emergency is thus declared on the whole national territory [26], in order to limit the spread of the disease and not to endanger the lives of citizens, to prevent the risks that may result. The measures taken under the Decree-Law [27] of March 23, 2020, should not affect the continuity of vital public services. In addition, regulatory measures have been taken for the benefit of employers and employees affected by the repercussions of the pandemic, particularly those affiliated to the National Social Security Fund [28].

Orders

Ministry of health orders

A single order, intended for the application of preventive and curative procedures for the control of SARS-CoV-2, concerns the obligation to report certain diseases. In fact, diseases of known or unknown causes that have an epidemic appearance are subject to mandatory reporting, on a report form in accordance with a well-defined model in the annex to this order [29].

Orders of the Ministry of Economy and Finance and Administration Reform

To regulate the national market, the Ministry of Economy, Finance and Administration Reform has taken measures including the publication of a decree that sets the public sale price of hydro-alcoholic biocidal products for human hygiene [30]. And to provide the national market with means of protection, including non-woven protective masks for non-medical use, which meet the Moroccan standards "NMST 21.5.200", and to fight against the price increase of this product, the Ministry of Economy, Finance and Reform of the Administration has proceeded to take temporary measures following the ministerial order No. 1057.20 [31]. Thus, the selling prices to the public are fixed, for a period of 6 months, at 0.80 dirhams per unit including Value Added Tax, and the temporary measures taken against price increases of gels and hydroalcoholic solutions have been maintained following the provisions of Order No. 718-21 [32].

Orders of the Minister of Industry, Commerce and the Green and Digital Economy

The order of the Minister of Industry, Commerce and Green and Digital Economy No. 1060-20, sets the characteristics of protective masks and information for the use of such masks and measures to ensure their traceability and assessment of their compliance with the safety requirements applicable to them. And to limit spread of the virus, it has been decided that all protective masks made of nonwoven fabric for non-medical

use must be manufactured from virgin polypropylene spun bond and must have the following specific characteristics [33].

Circulars

Circulars of the Head of Government

The Head of Government has postponed promotions and cancelled recruitment competitions [34], in order to reduce public expenditure and to direct the financial resources in the state budget to the fight against the pandemic. And to ensure the optimal management of the expenditure obligations of the State and public institutions during the health emergency, measures have been taken [35], following Circular No. 5-20-cab of April 14, 2020, and which are not applied to the health and security sectors, including the Ministry of the Interior and its security services, and the National Defense Administration. And in application of article 40 of the constitution [36] of Morocco, and the provisions of the decree-law mentioned above, a circular [37] frames the contribution to the special fund for the management of the coronavirus pandemic "COVID-19". The Head of Government also proceeded to open channels of dialogue with the syndicates, following the circular of June 4, 2020 [38]. And to resume activities related to industry, crafts, trade and local commerce, it was decided to ensure the continuity of public services at the central level and at the level of deconcentrated services, in local authorities and in public establishments, in accordance with the circular [39] of 15 June 2020.

In addition, in the field of public finance management, a note of orientation was addressed by the head of government, to guide the preparation of the finance bill for the year 2021. The government's vision is based on a number of axes, notably the acceleration of the launch of a plan to revive the national economy, the reinforcement of the bases of the State's exemplarity as well as the generalization of the basic medical coverage [40].

And to limit the risks on the national economy in general, and the public order in particular, it is necessary to opt for the operationalization and activation of the national preference and to encourage Moroccan products, in application of the terms of the circulars of 10 September 2020 [41] and 25 November 2020 [42].

Circulars from the Ministry of Economy and Finance and Administration Reform

Preventive measures have been taken against the risk of spreading the corona epidemic in public administrations, local authorities and public enterprises [43].

On March 31, 2020, enterprises and public establishments were invited to respect the circulars of the aforementioned Head of Government, and to accelerate the payment process for the benefit of their creditors, in particular Small and Medium Enterprises, by limiting the constraints related to the state of health emergency and by derogation from the legislative and regulatory provisions. Thus, public contracts are subject to dematerialization, and are presented for payment without prior visa, and verification is postponed to the post-pandemic [44].

Telework in public administrations was a decision taken [45] to manage health risks, ensure the continuity of public services and protect users. And in this sense, a telework guide has been elaborated to define the concepts of telework and its objectives, and also the guidelines and practices that must be

put in place while respecting the commitments related to the security of the information system following the guidelines of the Head of Government [46] for the application of the National Directive of Information Systems Security, and the provisions of an information note [47] related to the recommendations of cyber security related to telework. The resumption of work in public organizations, after the lifting of the state of health emergency, was in a progressive way, following the circular [48] of May 22, 2020.

Circulars from Ministry of Health

Prior to the development of the national plan for surveillance and response to coronavirus infection, and in order to manage health risks, Morocco took measures at the point of entry upon arrival of the aircraft or ship, and before disembarkation of passengers. A circular [49] was sent on January 25, 2020, to the responsible officials at the central and deconcentrated levels, concerning the procedure for detection, notification and management of a possible case of infection in which it was requested to increase the level of vigilance towards cases of acute respiratory infection with the notion of stay in the city of Wuhan in China, and to immediately notify any possible case, in accordance with the above-mentioned procedure. And to territorialize health policy in terms of the response to COVID-19, a circular [50] is intended for regional health directors to decline the national plan into regional plans, and to ensure the development of provincial and prefectural operational plans.

A technical and scientific advisory committee for the national program for the prevention and control of influenza and severe acute respiratory infections has been established by ministerial decision, whose mission is to ensure the scientific soundness of the program's preventive and curative standards and procedures [51].

Another ministerial decision [52] authorizes, by way of derogation, the placing on the market and temporary use of hydroalcoholic products used as disinfectant biocides for human hygiene. The terms of the ministerial decision specified the places of preparation of hydroalcoholic biocidal products, the formula for preparation of the said products in accordance with the recommendations of WHO and international standards, the temporary marketing authorization, distribution and sale. The prices are determined in accordance with the provisions of the aforementioned Order No. 986.20 of the Ministry of the Economy, Finance and Administrative Reform. An official list [53], drawn up and updated by the Directorate of Medicines and Pharmacy, has identified the establishments authorized to manufacture hydroalcoholic biocidal products.

The Ministry has also authorized, on a transitional basis, declared establishments to import medical devices and personal protective equipment, necessary for the implementation of the national plan for monitoring and response to COVID-19, in accordance with the ministerial decision [54] of March 6, 2020. A crisis unit has been set up [55] within the Directorate of Medicines and Pharmacy to accelerate procedures related to the processing of dossiers from establishments operating in the fields of medicines and health products.

In view of the evolution of the epidemiological situation in Morocco, it was decided to create regional committees for the regulation of transfers of cases of "COVID-19" disease [56], to ensure the regulation, coordination and monitoring of regional

and inter-regional inter-hospital transfers of patients. In fact, each Emergency Medical Service is required to regulate transfers in its region, and transfers in regions that do not have an Emergency Medical Service are carried out by the nearest Emergency Medical Services.

The impact of the pandemic on the process of supplying Lifesaving Blood Products (LSP) was the subject of the General Secretariat's circular of March 17, 2020 [57], which instructed regional directors to ensure the application of certain measures, in particular the permanence of daily blood donation, also involving the private sector, and compliance with the recommendations of the National Center for Blood Transfusion and Hematology regarding the management of blood donation in the face of the national response to COVID-19.

It was found, following the note of March 27, 2020 [58], that large and unusual quantities of the pharmaceutical specialties based on chloroquine and hydroxychloroquine (Nivaquine 100 mg and Plaquenil 200 mg tablets) were issued. To this end, the Ministry of Health has ordered the mandatory medical prescription by physicians' specialists, within the limits of the approved indications, and which must be limited to one month renewable once.

Pharmacists in charge of industrial pharmaceutical establishments, wholesale distributors as dispensing pharmacists, are required to organize themselves [59] for the protection of employees against the coronavirus in order to allow the continuity of production, distribution and dispensing of medicines, and to ensure a normal and regular supply to meet the requirements of the health emergency. And in order to control the availability and flow of medicines for human use intended for export, the Ministry of Health has recalled, following a circular [60], the legislative and regulatory provisions related to the export of medicines by industrial pharmaceutical establishments.

In application of Ministerial Order n°3972.19 [60], the Human Resources Department sent a circular [61] on 19 March 2020, with a view to encouraging the relevant departments to organize training and supervision sessions for all health professionals within the territorial jurisdiction of each region.

An organizational scheme for the ambulatory and hospital management of possible and confirmed COVID-19 cases has been developed, following the provisions of the circular [62] of March 20, 2020, in order to optimize the management circuits and contribute to the reduction of the community spread of the disease, while ensuring the continuity of the necessary curative and preventive activities.

The Direction of Epidemiology and Disease Control has developed a secure web-based computer application to simplify real-time monitoring of the national epidemiological situation. A circular [63] specifies that this application allows the collection and analysis of data from the case investigation form, entered by the surveillance, health security and environmental health units. However, in order to avoid making the reporting of possible cases conditional on the validation of the aforementioned surveillance units, a logogram defines the new information circuit according to a circular [64], the purpose of which is to digitize the investigation form.

A note [65] has been sent to biomedical research sponsors. Priority is given to research related to the management of patients infected with COVID-19, and participants with serious life-threatening pathologies, with the need to establish

alternative methods for follow-up and evaluations such as telephone contacts.

In order to standardize the procedures to be followed in hemodialysis centers and to reduce the risks of contamination of hemodialysis patients and nursing staff, while safeguarding the normal functioning of these centers, the Moroccan Society of Nephrology has submitted recommendations to the Ministry of Health, which have been distributed, following a ministerial circular [66], to the regional directors of health and to the general directors of the University Hospital Centers.

Molecular screening was launched following the provisions of the circular [67] of 13 April 2020 in which it was decided to decentralize screening activities to the laboratories of the University Hospitals according to a predefined repartition.

In addition to the above-mentioned provisions for risk prevention in the administrative structures of the Ministry of Health, measures for monitoring and protecting health professionals from exposure to COVID-19 risk have been taken. The circular [68] from the Directorate of Epidemiology and Disease Control presents several aspects: information and training on COVID-19 risk, specific protective measures and alert, information and medical follow-up activities.

The Directorate of Population has developed recommendations with experts in maternal and neonatal health, for the strengthening of measures related to the prevention of the risk of COVID-19 infection. The appropriate organization of health services and the therapeutic care of women and newborns, become an imperative according to the ministerial circular [69] of May 04, 2020, and health institutions are called to take into consideration the promotional, preventive, organizational and therapeutic aspects, considering the guidelines of the aforementioned circulars.

To ensure risk management and early detection of cases, a national screening strategy for COVID-19 has been developed with the objective of early detection of the maximum number of cases existing at the national level, as quickly as possible by screening for asymptomatic forms and early diagnosis of pauci-symptomatic forms, in application of the ministerial circular [70] of May 20, 2020, around two main axes. The first axis is to make the case definition more sensitive and to take into consideration CT data in the diagnosis of COVID-19 cases. The second axis is to implement a targeted screening strategy following a framework note, adapted to the context of each region.

In order to remedy the problems of availability of molecular tests, researchers have been working on the development of alternative tools and methods that will allow laboratories to meet the high demand for screening tests. To this end, the Minister of Health has issued a circular [71] to adopt the technique of "pooling" samples in laboratories for the molecular diagnosis of SARS-CoV-2.

The Directorate of Medicines and Pharmacy has determined the list [72] of essential molecules requiring strict monitoring during the health crisis. It has informed all the industrial pharmaceutical establishments, to ensure national autonomy in terms of therapeutic management, and that any problem of supply of these essential drugs must be raised without delay with the national observatory of drugs and health products.

The national survey on seroprevalence among blood donors has been launched according to the provisions of the ministerial circular [73] of 25 June 2020. The contact details of

the persons in charge of this activity have been distributed [74] in order to ensure effective coordination between the regional blood transfusion centers and the laboratories that will perform the serological tests.

In order to support Moroccan citizens and foreigners residing in Morocco who wish to travel outside the Kingdom to countries requiring PCR, regional and provincial laboratories in the public and private sectors are authorized by the Ministry of Health, via a circular [75] of July 21, 2020, to perform medical biology tests based on the qRT-PCR technique. The different managers of these laboratories are obliged to send a daily report of the results of the tests performed (positive or negative cases) to the National Institute of Hygiene in charge of coordinating the diagnostic activities of COVID-19 at the national level.

The epidemiological situation has made it necessary to adapt the organization of the network of primary health care facilities [76]. They are called upon to carry out rapid serological tests for the population at risk and for suspected cases referred by private sector physicians, pharmacists or those detected at the health center.

A second version of the specifications [77] setting out the requirements for the diagnosis of COVID-19 by qRT-PCR in private medical laboratories, replaces the first published by circular n°44 of 04 June 2020. These specifications oblige all authorized private laboratories, like public laboratories, to install the computer application set up by the Ministry of Health before the start of the diagnostic activity.

The presence of pupils and students in education and training institutions could be a factor of exposure to SARS-CoV-2 infection. In this regard, it was decided [78] to put in place a surveillance and response system in coordination with partner departments and using an information system identified in particular the weekly regional assessment and notification reports of suspected/confirmed cases, while specifying the information circuit, decision-making and governance of the response to SARS-CoV-2. And to ensure the follow-up of recorded measures, an electronic platform for data collection and compilation has been put online on Google Drive [79].

The epidemiological context requires a vaccination campaign against seasonal influenza, whose terms and conditions governing its implementation are determined following the provisions of the ministerial circular [80] of November 01, 2020.

In Morocco, COVID-19 vaccine clinical trials are regulated by Law 28-13 on the protection of persons participating in biomedical research, which provides the legal basis for biomedical research [81]. Following the international model, Morocco participates in multicenter clinical trials related to COVID-19, including the phase III clinical trials of SINOPHARM's Chinese anti-COVID-19 vaccine. These trials, which involve 600 healthy volunteers and will last one year, have as objectives the evaluation of the immunogenicity and safety of the inactivated SARS-CoV-2 vaccine, and allow it to position itself to obtain sufficient quantities of vaccine for citizens in a timely manner, and to ensure the transfer of knowledge in order to guarantee self-sufficiency in relation to the production of the vaccine [82].

Preparations for the national COVID-19 vaccination campaign require the validation of provincial micro-plans and deployment schemes for the vaccination operation, as well as the collection of validated versions [83]. The micro plan contains several elements, including the number of

vaccination stations, human resources for vaccinators, human resources for support, vaccine distribution scheme, and location of refrigerated cabinets.

Updates have also been adopted regarding the definition of cases of COVID-19 disease, protocols for the management of cases and their contacts, investigation forms and lists of areas of human-to-human transmission, according to the epidemiological situation at the international level. Circulars have been elaborated in this sense and distributed to all health professionals in the public and private sectors in each health region [84].

In accordance with established procedures and protocols, and the recommendations of the technical and scientific committee, a monitoring and response procedures manual has been developed and shared with all relevant stakeholders for implementation by all public and private sectors. [85].

A system for monitoring the circulation of SARS-CoV-2 strains has been created [86], to allow the National Reference Laboratory for Influenza and Respiratory Viruses of the National Institute of Hygiene to proceed with the detection and genomic characterization of new mutations. In fact, it was decided to collect 10% of the primary samples of confirmed positive cases from each laboratory of the national network of COVID-19 laboratories in the public and private sector or on-board ships from France and Italy, which will be forwarded appropriately and weekly to the National Institute of Hygiene.

The Ministry of Health reiterated [87] the need for regular use of the eLabs computer application, for the management of data related to COVID-19 in real time, in order to facilitate the monitoring of trends in the epidemic and health decision-making. And in order to guide the design and local manufacture of health products intended for the management of this national emergency, to respond to the infection by the coronavirus SARS-CoV-2 and to ensure the continuous supply of the local market in various health products necessary for the management of patients, it was decided to give an exceptional authorization for the manufacture of health products after a favorable opinion of the Directorate of Drugs and Pharmacy following the provisions of the ministerial decision [88] of 21 May 2021.

The most recent context of the epidemiological situation, marked by the predominance of the British variant, and the detection of cases due to the new Indian variant, a special procedure of cluster investigation related to a variant whose circulation is not yet proven in Morocco, has been elaborated taking into account the available scientific data and the recommendations of the national scientific advisory committee [89]. To this end, the level of vigilance must be increased by the various stakeholders in the public and liberal sectors.

CONCLUSION

During COVID-19 pandemic in Morocco, the public authorities were able to amortize the sanitary risks by the implementation of several mechanisms legislated by the legal texts with immediate applications in order to avoid the collapse of the health sector.

Following the report published by the Economic, Social and Environmental Council, after studying the health, economic and social impacts of the pandemic, several questions arise,

notably on the post-COVID-19 strategies to be adopted, and the implementation levers.

The response to COVID-19 has created an urgent need to overhaul the health system. The Minister of Health claimed in a session, held on Monday, June 22, 2020, dedicated to oral questions in the House of Representatives, that the health system after COVID-19 will not be the same as before the pandemic.

Therefore, it was decided the adoption and promulgation of Law 39.21, which aims, among other things, to complete Article 4 of Dahir No. 1-58-008 by including health professionals working in the public sector on the list of professional categories not affected by the aforementioned Dahir No. 1-58-008.

However, the health crisis has affirmed the important social role of the State. The recourse to the private sector has provoked the crisis of the public health action, following the consecutive claims. Public action defends the primacy of the general interest, which can never be compatible with the market logic of profit and earnings.

The agencification of the deconcentrated structures of the Ministry of Health will undoubtedly make it possible to have a legal entity under public law and a free administration adapted to the principles of regionalization.

How can the planned reforms contribute to the management of health crises and honor commitments to international organizations? Will the private sector be inspired by the objectives and professional practices of the public sector? Will the public sector learn from the private sector's experience in health sector reform?

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