PROPOSAL FOR THE UTILIZATION OF THE FUND FOR MIDDLE-INCOME COUNTRIES

TECHNICAL ASSISTANCE TO “AGENCE NATIONALE DE L’ASSURANCE MALADIE” » (ANAM)

KINGDOM OF MOROCCO
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Background</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Objectives</td>
<td>1</td>
</tr>
<tr>
<td>1.3 Justification</td>
<td>1</td>
</tr>
<tr>
<td>2. DESCRIPTION</td>
<td>2</td>
</tr>
<tr>
<td>2.1 Activities</td>
<td>2</td>
</tr>
<tr>
<td>2.2 Expected Results</td>
<td>2</td>
</tr>
<tr>
<td>3. COST AND FINANCING PLAN</td>
<td>2</td>
</tr>
<tr>
<td>3.1 Cost Estimates</td>
<td>2</td>
</tr>
<tr>
<td>3.2 Financing Plan</td>
<td>2</td>
</tr>
<tr>
<td>4. PROCUREMENT</td>
<td>3</td>
</tr>
<tr>
<td>5. IMPLEMENTATION SCHEDULE</td>
<td>3</td>
</tr>
<tr>
<td>6. FINANCIAL ARRANGEMENTS</td>
<td>4</td>
</tr>
<tr>
<td>6.1 Disbursement</td>
<td>4</td>
</tr>
<tr>
<td>6.2 Suspension of Disbursement</td>
<td>4</td>
</tr>
<tr>
<td>6.3 Letter of Agreement</td>
<td>4</td>
</tr>
<tr>
<td>7. CONCLUSIONS AND RECOMMENDATIONS</td>
<td>4</td>
</tr>
<tr>
<td>7.1 Conclusions</td>
<td>4</td>
</tr>
<tr>
<td>7.2 Recommendations</td>
<td>5</td>
</tr>
</tbody>
</table>

**ANNEXES**

- ANNEX I  – Terms of Reference
- ANNEX II  – Cost breakdown
- ANNEX III – Form duly completed and signed by the Ministry of Finance and Privatization
1. **INTRODUCTION**

1.1 **Background**

1.1.1 The African Development Bank in December 2002 approved a loan of 80 million Units of Account (UA) to finance the Medical Coverage Reform Support Programme (PARCOUM) in Morocco. Within that framework, the Moroccan Government set up the National Medical Insurance Agency (Agence Nationale de l’Assurance Maladie - ANAM) for regulation and standardization of the health system. In that regard, it is responsible for the technical supervision of the compulsory health insurance scheme, (Assurance Maladie Obligatoire - AMO), for management of the resources of the Medical Assistance System (Régime d’Assistance Maladie pour les économiquement faibles - RAMED) and monitoring the financial stability of the Health Insurance systems. In May 2006, the Government of Morocco submitted to the Bank a request for financing using the Middle Income Country (MIC) funds, in favor of ANAM. The aim is to obtain technical assistance to set up a global information system and thereby standardize the information generated in the management of the different health insurance schemes and produce reliable financial and operations statistics.

1.1.2 This request has been transmitted along with the duly completed MIC request form.

1.2 **Objectives**

The main aim of this technical assistance is to set up a global information system allowing for standardization of the information generated through the management of the different health insurance schemes and production of reliable financial and operations statistics for all the system actors.

1.3 **Justification**

1.3.1 In accordance with the revised guidelines on the administration and utilization of the technical assistance funds for the MIC, the following operations activities are eligible for financing on the resources of the said fund: Preparation of projects/programmes, feasibility studies/sector studies, intensification of economic and sector studies (ESS); other analysis at a national level, environmental impact assessments, as well activities to generate new business opportunities in the public and private sectors and improve capacities and institutional support.

1.3.2 The activities stated in the request received from the Moroccan Government are eligible for the MIC Fund financing under the «Capacity building and institutional building activities». The introduction of the ANAM information system will benefit all the AMO stakeholders and aid the decision process.

1.3.3 The basic medical coverage reform makes up the basis of the health system reform in Morocco and is being supported by donors such as the European Union and the Bank. The Medical Coverage Reform Support Programme (PARCOUM) under implementation seeks to introduce universal medical coverage through the introduction of compulsory medical insurance (AMO) for salaried workers of the public and private sectors and the medical assistance scheme
in favor of the economically disadvantaged (RAMED) and the hospital management reform, and implement a social policy on medicines and the institutional strengthening of the Ministry of Health.

1.3.4 ANAM, a prime actor in this reform, has been set up to ensure the regulation and standardization of the health system. It notably carries out the technical supervision of AMO and ascertains the financial stability of the systems as well as the proper management of the RAMED financial resources.

1.3.5 To fully integrate this new reality and optimally accomplish the missions entrusted to it, ANAM proposes to implement a global information system allowing for standardization of information generated through the management of the different health insurance systems and produce reliable financial and operation statistics for all the system actors. It is with this purview that the Government of Morocco has submitted to the Bank a request for MIC Fund financing in favour of ANAM.

2. DESCRIPTION

2.1 Activities

2.1.1 The activities envisaged will basically involve setting up an information system within ANAM. These activities have been divided into two groups:

Group 1. Defining modalities for administration and consultation of referentials to be applied with regard to the standards for exchanges among AMO stakeholders.

Principal Activities
- Define the functional administration of the referentials
- Define the data glossary model;
- State the terms for management of the data glossary;
- Put in place procedures for updating and consultation of referentials;
- Define the information exchange standards: Flow (referentials, data);
- Specify the control and monitoring procedures

Group 2. Setting up an information system to aid decision-making

Principal Activities
- Preparation of discussion guides to be used in enumerating/validating the functional lines of activity required, in light of the existing situation;
- Defining the functional coverage and technical constraints;
- Enumerating, qualifying the entire set of elements to define the Datawarehouse MCD;
Collecting the elements for volume measurement;
Assessing needs: Formalizing of functional needs and their translation into steering and restitution to cover a first functional level.
Implementing the basis of the decision-making IS: development, Acceptance and processing;
Skill Transfer.

2.1.2 The detailed terms of reference are provided as Annex I of this document.

2.2 Expected Results

The main outcomes expected are the effective establishment of a global information system allowing for standardization of the information generated through the management of the different health insurance systems and production of reliable financial and operation statistics on a regular basis, for system actors.

3. COST AND FINANCING PLAN

3.1 Cost Estimates

The total cost of this assistance exclusive of tax is estimated at 827727.7 Units of account, of which UA 600 000 in foreign exchange and UA 227,727.70 in local currency. The following table breaks down the project cost by component.

<table>
<thead>
<tr>
<th>Components</th>
<th>Amounts (In UA)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foreign Exchange</td>
<td>Local Currency</td>
</tr>
<tr>
<td>Services: Putting in place a health information system including training</td>
<td>579,885.92</td>
<td>121,395.56</td>
</tr>
<tr>
<td>Goods: Equipment</td>
<td>0</td>
<td>86,120.78</td>
</tr>
<tr>
<td>Operating costs</td>
<td>0</td>
<td>17,224.16</td>
</tr>
<tr>
<td><strong>Base Cost Sub-total</strong></td>
<td>579,885.92</td>
<td>224,740.49</td>
</tr>
<tr>
<td>Contingency (2.9%)</td>
<td>20,114.08</td>
<td>2,987.21</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td>600,000.00</td>
<td>227,727.70</td>
</tr>
</tbody>
</table>

3.2 Financing Plan

This assistance will be financed on MIC and Moroccan Government funds. The MIC funds for a total of UA 600 000, which is 72% of the cover, will finance 100% of the foreign exchange
amount, while the Government contribution (UA 227,727.70) finances 100% of the local currency amount. The financing plan is summarized in the table below:

<table>
<thead>
<tr>
<th>Source</th>
<th>F.E.</th>
<th>L.C</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIC funds</td>
<td>600,000.00</td>
<td>0.0</td>
<td>600,000.00</td>
</tr>
<tr>
<td>GOM</td>
<td>0.00</td>
<td>227,727.70</td>
<td>227,727.70</td>
</tr>
<tr>
<td>Total</td>
<td>600,000.00</td>
<td>227,727.70</td>
<td>827,727.70</td>
</tr>
<tr>
<td>Percentage</td>
<td>72.5%</td>
<td>27.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

4. PROCUREMENT

Owing to the urgent need for results such as to support the regulation tools and monitor budget aspects through an operational information system (deductions for contributions started at end-September 2005), the Moroccan Government proposes to entrust the mission of «Assisting ANAM in designing and instituting the Decisional Information System» to SOLTIM (France). The grounds for this proposal are:

- This company was recruited through international competitive bidding in September 2004, by Caisse Nationale de Sécurité Sociale (CNSS) and Caisse Nationale des Organismes de Pèvoyance Sociale (CNOPS), to carry out similar work for these two organizations that manage the AMO.

- It is noted that the elements for the ANAM information system will be generated by data to be processed by SOLTIM deriving from the management of the AMO of CNSS and CNOPS. It is therefore essential to harmonize the various specific elements of the data processing solutions adopted by the managing bodies and those of the Agency;

- SOLTIM has confirmed expertise in international health insurance system management

Based on our review, and following the Bank supervision mission from 28 May to 10 June 2006, we consider this proposal justified and acceptable for the Bank. We therefore recommend that the Borrower directly negotiate with SOLTIM for implementation of the ANAM information system.

5. IMPLEMENTATION SCHEDULE

5.1 The consultancy services for formulation of a health information system for ANAM will be conducted for a period of 6 months and the provisional schedule for the various activities entailed can be summed up as follows:
<table>
<thead>
<tr>
<th>Activity</th>
<th>Party Responsible</th>
<th>Time frame</th>
<th>Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOM Request</td>
<td>GOM</td>
<td>May 2006</td>
<td>8 05.2006</td>
</tr>
<tr>
<td>Submission of MIC form</td>
<td>GOM</td>
<td>May 2006</td>
<td>11.05.2006</td>
</tr>
<tr>
<td>Preparation of MIC request</td>
<td>ADB</td>
<td>April/May 2006</td>
<td>24.05.2006</td>
</tr>
<tr>
<td>Grant approval</td>
<td>ADB</td>
<td>August 2006</td>
<td></td>
</tr>
<tr>
<td>Signing of contract</td>
<td>GOM</td>
<td>August 2006</td>
<td></td>
</tr>
<tr>
<td>Commencement of Services</td>
<td>Consultants</td>
<td>August 2006</td>
<td></td>
</tr>
<tr>
<td>Completion of Services</td>
<td>GOM/BAD</td>
<td>May 2007</td>
<td></td>
</tr>
</tbody>
</table>

5.2 The Director of ANAM will be responsible for coordination of the project activities.

6. **FINANCIAL ARRANGEMENTS**

6.1 **Disbursement**

6.1.1 The disbursement will be through the Special Account to be opened by the Government for the purpose. The grant resources will be deposited in this account and all disbursement relating to the grant will be governed by the Bank’s disbursement regulations.

6.1.2 The opening of the Special account and the provision of the details of this account make up conditions for disbursement of the MIC funds.

6.2 **Suspension of disbursement**

The disbursement of MIC funds will be governed by the Bank disbursement regulations in general and those relating to suspension of disbursement in particular.

6.3 **Letter of Agreement**

Following the approval of the request by the Bank, the Legal Department (GECL) will prepare a Letter of Agreement using the format provided in Annex 3 of the Guidelines for Administration and utilization of the Technical Assistance Fund for MIC. The duly-mandated representatives of the Ministry of Finance and Privatization, acting on behalf of the Government of Morocco, will be the signatories of the grant agreement in the Government’s name.

7 **CONCLUSIONS AND RECOMMENDATIONS**

7.1 **Conclusions**

7.1.1 The Compulsory health insurance (AMO) in force in Morocco represents an extensive reform whose implementation will require modern organization of all agencies involved, including ANAM. This agency is responsible for regulation and standardization of the health system and has to acquire the tools necessary to collect, analyze and disseminate quality information to the AMO stakeholders.
7.1.2 To this end, the technical assistance to be financed on the MIC funds will assist ANAM in putting in place a reliable health information system for the benefit of all AMO users.

7.2 Recommendations

7.2.1 It is recommended that a grant not exceeding UA 600 000 be awarded to the Government of Morocco, out of the MIC funds, to finance technical assistance that will enable ANAM to undertake the activities described above. Given the specific nature of the intervention entailed and the urgent need to set up an information system, it is also recommended that the Moroccan Government be authorized to negotiate directly with SOLTIM. The grant effectiveness will be contingent on the fulfillment by the Government of the following condition.

7.2.2 Conditions precedent to disbursement of the MIC Fund: The opening, in a local commercial bank meeting the Bank’s approval, of a Special account to receive the MIC grant resources constitutes the pre-condition for disbursement of the MIC Funds.
Annex I

Terms of Reference for the Establishment of a Global Information System for ANAM

I. Context

Law 65-00 (promulgated in November 2002) concerning the basic medical coverage code (Couverture médicale de base - CMB) institutes the legal mechanism for progressive globalization of health coverage in Morocco. The law enshrines the citizens’ right to good health and the respect of the principles of equity and equality of citizens with regard to geographic and financial access to quality health services, using the available resources.

The financing of the basic medical coverage system hinges on the mutualization of the risks of the systems, on the principle of contribution for the compulsory health insurance (AMO) and on national solidarity under the medical assistance system (RAMED) designed to provide health care coverage for economically disadvantaged persons.

The law provides for establishment of other AMO systems, each being defined by common rules and particular rules. Among other aspects, it provides for consolidation of the acquired rights of the populations which have had access to optional medical coverage contracted prior to the entry into force of AMO.

For practical and technical reasons, the legislator opted for progressive introduction of the AMO and RAMED schemes, while stating the common and particular rules of the two systems in Law 65-00, with a view to their launching in 2005. To that end, about ten decrees were published in the official bulletin in August 2005, providing the financial and technical parameters for these schemes.

This entailed the establishment of the public sector salaried employees scheme managed by CNOPS (Caisse nationale des Organismes de prévoyance sociale), which has lengthy experience in health insurance, and that for private sector salaried staff, under the management of CNSS (Caisse nationale de sécurité sociale), which has added a health insurance coverage facility to the social services it already provides. The dependents and pension recipients under the two schemes are also covered.

The other AMO systems established under Law 65-00 will be set up in the short term:

- The scheme for traders/artisans, liberal professions and independent workers;
- The scheme for students aged 21 to 26 years;
- The scheme of former resistance members and members of the liberation army.

II. ANAM Information System

Since ANAM is not a managing body of an AMO system, it relies on the information produced by the managers of the different systems. This makes it necessary to standardize the content of the information generated through the exercise of the basic functions carried out by the managing
bodies upstream, so as to build a referential that is common to all the systems. The data quality (integrity, integrality and consistency) represents a key issue for the ANAM information system.

The missions of regulation, control and vigilance with regard to the financial stability of the systems as well as the production of financial and operations statistics require informational environment-type computer technology (Data Warehouse).

In terms of the information systems (IS) policy, the issues arising for ANAM are disparate:

- **ANAM’s function as a central regulator of AMO** (negotiating conventions, fixing tariffs and contribution rates, laying down the rules for reimbursement…), which makes it necessary for it to acquire steering tools and data bases that will enable it prepare its decisions;

- A function of **standardization** of all the information systems of the agencies involved in the AMO management being organized; it follows from the standardization mission assigned to ANAM by law and which makes it responsible for setting up and managing the **common referentials** (referentials of professionals, establishments, medicines, nomenclature of medical acts and facilities…)

- Responsibility for management of the RAMED resources, a role which ANAM will play, either directly or by delegation to a specific operator,

These functions must be distinguished since they do not entail the same type of needs.

The information system should give priority to the regulation function, considered as strategic, since the quality of the steering tools of the entire AMO is determined by the quality of each of the information systems for management of the Pay entities responsible for expenditure reimbursement as well as their consistency in relation to each other.

Whatever the practical approach adopted, the steering information which ANAM will use for regulating AMO will be obtained from the managing agencies and directly from their management systems. This has two major role implications for ANAM:

- oversight authority for decisions concerning standardization of the shared information (data definition, description of transfer files, data formats, coding …) to be used throughout the system (identification of drugs, for example);

- oversight authority for design of documents or forms used for AMO purposes, for its operations facet as well as that relating to activity reports (decision-making).
The targeted system:
The information system targeted should meet five main objectives:

- Make AMO operation meet the State public health objectives;
- Provide decision aid tools for the negotiation of national conventions between managing agencies on the one hand and the caregivers and suppliers of medical facilities, on the other;
- Know the population of insured parties and employers and the medical consumption, in order to formulate appropriate regulation tools.
- Institute cost control mechanisms;
- Ensure global budgetary stability (resources/expenditure) for each system and anticipate the future trends of different parameters of medical consumption.

The future system should be based on the referentials formulated by ANAM as well as the processing of the data produced by the managing agencies (shared data, databases of the different managing agencies).

The quality of the decision information system will depend directly on that of the information systems of the managing agencies.
Actualization of the above data base would presuppose the definition of a particular extraction procedure requiring mastery from thorough knowledge of the information systems of the two managing agencies.

The production of periodic summary tables also requires a specific procedure drawn up by joint agreement with the managing agencies.

For the implementation of this project, ANAM should hire the services of a consultant specializing in computerized management of health insurance systems, for the full duration of the project which is estimated at 12 months.

**The consultant’s mission will consist in participation in the two following tasks:**

**Task 1: Referentials and Standards**

**Objectives:** Define the modalities for administration and consultation of the Referential data to be used in defining the standards for exchange between AMO actors.

**Principal Activities**

- Define: the functional administration of the referentials
  - Definition of actors and levels of responsibility
  - Definition of security levels
  - Definition of Referentials: global content/individual contents
- Define the model for the data glossary
  - modeling
  - Management of versions,
- Specify the modalities for management of the data glossary
- Put in place the procedures for updating and consultation, dissemination,… …
  - Determine the exchange standards: Flow (referentials, data)
  - State the control and monitoring procedures
    - Data validation, recycling and management of elements eliminated
    - Formulation of IS referential and standard tools
    - Development, Acceptance and processing

**Deliverables:**

- Procedures for consultation and dissemination of the glossary progress;
- Set of rules for data administration;
- Model of referential data glossary;
- Document defining the exchange standards and associated controls;
- Administration tools and management of Referentials and Standards;
- Terms of Reference for competitive bidding concerning various equipment to support the Agency’s Decision Information System;
- Terms of Reference for competitive bidding concerning Data-Ware-House tools.
Task 2: Decisional Information System

Objectives:
- Identify the existing user needs (detailed and aggregated data);
- Define and model the components of the existing decision IS;
- Specify and produce the base elements for the decision solution targeted.

Main Activities
- Preparation of discussion guides to be used in enumerating/validating the functional lines of activity required, in comparison with the existing situation;
- Definition of functional coverage and technical constraints;
- Enumerating, qualifying the entire set of elements to define the Datawarehouse MCD;
- Collecting the elements for volume measurement;
- Defining needs: Formalizing the functional needs and their translation into steering and restitution to cover the first functional level.
- Implementing the basis of the decision-making SI: development, Acceptance and processing;
- skill Transfer

Deliverables:
- Enumeration workshops/discussion:
  - Information document for discussion participants
  - Discussion guide
  - Report and summary document on information gathered
- Specification documents (assessment of status and needs)
  - Functional and technical mapping
  - Description of restitution and related level of functional redundancy
  - Detailed data model
  - Functionalities to be implemented, controls, …
- Determine the scale of the target (technical details, specifications)
- DIS functional and technical operation documents
- ANAM Decision Information System
- Selection of consultant for the mission of « Assisting ANAM in designing and instituting the Decision Information System »
- Given the constraints in relation to technical aspects and pursuant to paragraph 3 of Article 69 of decree n° 2.98.482, 11 ramadan 1419 (30 December 1998) stipulating the conditions and modes of award of state contracts and certain provisions for their control and management:
  - Considering that the source of the data to make up the ANAM information system is the CNSS and CNOPS AMO health management databases run by SOLTIM;
Considering that SOLTIM has provided, adapted and applied this solution in the case of CNSS on the basis of international competitive bidding since September 2004;

Considering that SOLTIM has been awarded the contract for the same kind of project for CNOPS, to adapt and run the same software and data base for AMO management in the private sector;

Given the need to harmonize the specific aspects of information technology solutions adopted by the managing agencies and those of the Agency;

Considering SOLTIM’s confirmed international expertise in health insurance management systems;

Given the urgent need to obtain results such as will support the implementation of regulation tools and monitor budgetary aspects through an operational information system and pursuant to paragraph 5 of Article 69 of decree n° 2.98.482, 11 ramadan 1419 (30 December 1998);

It has been decided to entrust the mission of “Assisting ANAM in designing and instituting the Decision Information System» to SOLTIM.

Conclusion: This procedure will afford ANAM the following benefits:

An operational turn-key system for end-2006 from the supplier of the management system of the two managing agencies, CNOPS and CNSS;

A homogenous solution

Consistency across the IS for the AMO;

Building on the expertise acquired by SOLTIM in the design, implementation and application of the AMO;

Achieving economies of scale by substantially capitalizing on the 3 decision-making projects: ANAM, CNSS, CNOPS

SOLTIM has relevant operating experience

References of decision systems in the area of health management

Consultants that are experts in decision-making systems

SOLTIM commitment to produce results:

which correspond to the ANAM medium-term IS framework;

in a determined area and at a fixed fee;

guaranteeing a system operational from the end of 2006
<table>
<thead>
<tr>
<th>Description</th>
<th>Unit</th>
<th>Quantity</th>
<th>Unit Cost (EUR)</th>
<th>Base Cost (EUR)</th>
<th>Base Cost (UAC)</th>
<th>% FE</th>
<th>FE Amount (UAC)</th>
<th>LC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>P/M</td>
<td>12</td>
<td>19,950.00</td>
<td>239,400.00</td>
<td>206,173.14</td>
<td>83%</td>
<td>170,898.36</td>
<td>35,274.78</td>
</tr>
<tr>
<td>Health Insurance Specialist</td>
<td>P/M</td>
<td>6</td>
<td>17,850.00</td>
<td>107,100.00</td>
<td>92,235.35</td>
<td>100%</td>
<td>92,235.35</td>
<td>-</td>
</tr>
<tr>
<td>Decision Information System Specialist (Functional)</td>
<td>P/M</td>
<td>12</td>
<td>15,750.00</td>
<td>189,000.00</td>
<td>162,768.27</td>
<td>100%</td>
<td>162,768.27</td>
<td>-</td>
</tr>
<tr>
<td>Technical Consultant (Developer)</td>
<td>P/M</td>
<td>12</td>
<td>13,650.00</td>
<td>163,800.00</td>
<td>141,065.83</td>
<td>100%</td>
<td>141,065.83</td>
<td>-</td>
</tr>
<tr>
<td>Training</td>
<td>P/M</td>
<td>1.5</td>
<td>10,000.00</td>
<td>15,000.00</td>
<td>12,918.12</td>
<td>100%</td>
<td>12,918.12</td>
<td>-</td>
</tr>
<tr>
<td>License for decision solution</td>
<td>Fixed rate</td>
<td></td>
<td>100,000.00</td>
<td>100,000.00</td>
<td>86,120.78</td>
<td>0%</td>
<td>-</td>
<td>86,120.78</td>
</tr>
<tr>
<td><strong>Services Sub-total</strong></td>
<td></td>
<td></td>
<td><strong>814,300.00</strong></td>
<td><strong>701,281.48</strong></td>
<td><strong>83%</strong></td>
<td></td>
<td><strong>579,885.92</strong></td>
<td><strong>121,395.56</strong></td>
</tr>
<tr>
<td><strong>2. Goods</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Server</td>
<td>Fixed rate</td>
<td></td>
<td>100,000.00</td>
<td>100,000.00</td>
<td>86,120.78</td>
<td>0%</td>
<td>-</td>
<td>86,120.78</td>
</tr>
<tr>
<td><strong>Goods sub-total</strong></td>
<td></td>
<td></td>
<td><strong>100,000.00</strong></td>
<td><strong>86,120.78</strong></td>
<td><strong>0%</strong></td>
<td></td>
<td>-</td>
<td><strong>86,120.78</strong></td>
</tr>
<tr>
<td><strong>3. Operating costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Various operating costs</td>
<td>Fixed rate</td>
<td></td>
<td>20,000.00</td>
<td>20,000.00</td>
<td>17,224.16</td>
<td>0%</td>
<td>-</td>
<td>17,224.16</td>
</tr>
<tr>
<td><strong>operating cost Sub-total</strong></td>
<td></td>
<td></td>
<td><strong>20,000.00</strong></td>
<td><strong>17,224.16</strong></td>
<td><strong>0%</strong></td>
<td></td>
<td>-</td>
<td><strong>17,224.16</strong></td>
</tr>
<tr>
<td><strong>Total Base costs</strong></td>
<td></td>
<td></td>
<td><strong>934,300.00</strong></td>
<td><strong>804,626.41</strong></td>
<td><strong>579,885.92</strong></td>
<td></td>
<td><strong>224,740.49</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total (base cost + Contingencies)**

In the case of a firm, the unit cost of experts covers salaries, social allowances and general expenses.
REQUEST FOR MIDDLE INCOME COUNTRY FUND FINANCING

1. Identification of project/study/programme:
   Setting up the information system for Agence nationale de l’assurance maladie

2. Country: Kingdom of Morocco

3. Executing Agency
   Name: Agence Nationale de l'Assurance Maladie (ANAM)
   Address: 26 Avenue de France, Agdal Rabat 10000
   Tel: 037.687960 Fax: 037.687968 Site
   web: www.assurancemaladie.ma

4. Activity Description: Health information System.

5. Justification of Activities: Operationalization of compulsory health insurance (Assurance Maladie Obligatoire)

6. Estimated project cost
   a. Foreign Exchange: UA 600,000
   b. Local currency: UA 227,727.70
   c. Total Amount: UA 827,727.70

7. Financing Plan
   a. ADB: UA 600,000
   b. ANAM: UA 227,727.70
   c. Total: UA 827,727.70

8. Proposed procurement mode
   a. Services: x
   b. Goods (as appropriate): x
   c. Others, including local staff training: x

9. Implementation Plan
   - Implementation Schedule attached
Start of consulting work: May 2006.

Implementation period: 12 months

10. Evidence of Government commitment to implementation of the project, study or programme

a. Explain; assess the extent to which the said project/study/programme will constitute a priority for the government:

The health coverage reform is not an end in itself but also the means and a prime vehicle for reorganizing the health care system, modernizing some of its components and generally adapting the supply to the demand and reducing the gap between the two. As a goal as well as a means, basic medical coverage is at the center of a series of measures that will simultaneously bring about a reform of the health coverage facility and the health system. To narrow the social deficit, Morocco is already implementing a development policy characterized by solidarity and social cohesion. The improvement of health services is one of the key components of this policy which seeks to guarantee the full participation of citizens in sustainable development of the country.

To this end, one of the government health sector priorities is to provide the population equal and equitable access to health care.

11. Name of project coordinator who will be following up the activities and fund utilization:
   Mr. Chakib TAZI, Director of Agence Nationale de l'Assurance Maladie

12. Name of Secretary General of the Ministry of Finance and Privatization: Mr. Abdeltif LOUDYI

13. Signature: 

   [Signature Image]
AFRICAN DEVELOPMENT BANK

BOARD OF DIRECTORS

Resolution N° B/MIC/MARB/2006/22

Adopted on a lapse-of-time basis, on 29 September 2006

Grant to the Kingdom of Morocco from the Middle Income Country Technical Assistance Fund to finance the entire foreign currency cost of the Technical Assistance in favor of the "Agence nationale de l’assurance maladie"

THE BOARD OF DIRECTORS,

HAVING REGARD to: (i) the Agreement Establishing the African Development Bank (the "Bank"), in particular Articles 1, 2, 12, 14 and 17; (ii) the Financial Regulations of the Bank, in particular Regulation 8.1; (iii) the Revised Guidelines for the Administration and Utilization of the Technical Assistance Fund for Middle Income Countries (MIC-TAF) contained in Document ADB/BD/WP/2005/90/Rev.1/Approved; and (iv) the Grant proposal contained in document ADB/BD/WP/2006/86/Approval (the "Proposal");

HEREBY DECIDES:

1. To award to the Kingdom of Morocco, a Grant of an amount not exceeding the equivalent of Six hundred thousand Units of Account (UA 600,000) from the MIC-TAF to finance the entire foreign currency cost of the Technical Assistance in favor of the "Agence nationale de l’assurance maladie" (ANAM);

2. To authorize the President of the Bank to conclude a Letter of Agreement with the Kingdom of Morocco under the terms and conditions specified in the Revised Guidelines for the MIC-TAF, and in the Proposal;

3. The President may cancel the Grant if the Letter of Agreement is not signed within ninety (90) days from the date of approval of the Grant;

4. This Resolution shall become effective on the date above-mentioned.