



NPHI CASE STUDY

Profile of Creation and Growth

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Morocco: Institut Pasteur du Maroc

Respondent of the interview is Professor Mohammed Hassar, MD, Director. Prof. Hassar became Director of the Moroccan Institut National d'Hygiène (INH) in 1989, where he instituted many changes. These include the creation of a program in pharmacovigilance and programs in genetics and in immunology, among other contributions. After leaving that position in 1993, he rejoined the Department of Pharmacology at Rabat Medical School. Among his contributions in this post were his participation in several World Health Organization committees addressing the proper use of medicines. In 2001, he became Director of the Institut Pasteur du Maroc (IPM).

"For success you need a strong leader and a vision." PROF. MOHAMMED HASSAR

CREATION OF IPM

Precursor organizations The precursors to IPM were overseas laboratories of the Institut Pasteur in Paris. The first Pasteur Institut in Morocco was established in Tangier in 1911, and the second in Casablanca in 1929. In 1966, ten years after Moroccan independence, the Institut in Casablanca became a public enterprise, with the Director named by the King. The Tangier Institut joined with the institute in Casablanca in 1967. Together, they became known as Institut Pasteur du Maroc (IPM). Their focus was on production and procurement of sera, vaccines, and other products, as well as research in infectious diseases, and they worked in collaboration with veterinary and agricultural services. The current mission includes conducting research related to infectious, genetic, and immunological diseases; preparing and importing sera, vaccines, and other biologic products; conducting laboratory testing; and working on quality control and improvements related to the pharmaceutical and cosmetic industries and occupational health of the workers.

CHALLENGES TO GROWTH OF IPM

IPM's mandate One source of limitation for IPM comes from the division of NPHI functions among three organizations (see below). Many of the functions that would typically be considered part of an NPHI are housed in the Institut National d'Hygiène (INH) and, to a greater extent (at least on paper), in the Directorate of Epidemiology and Fight against Diseases (DELM).

Budget issues The current budget is around \$10 million. Approximately 20% of this derives from national budget sources and 80% is earned as fee-for-service. Of the \$10 million, about \$1.5 million is for NPHI Core Functions, and the rest is related to procurement of sera and other service-related functions. In addition, IPM receives around \$1 million per year from the government for infrastructure investments. This money has funded a new building for genetics and transplantation testing, a virology unit with BSL-3 capabilities that is now open and operational, and a second virology unit with BSL-3 capabilities to be built in Tangier in 2008.

...Funding of an NPHI has to be sustainable. You can't rely on writing grants. You need a solid foundation first. There is a saying in Morocco: "to make couscous you need semolina as the basic and essential ingredient, and then you can add on top as many vegetables and meats as you can afford."

- To receive funding from the national government, IPM must submit a budget to the Ministry of Finance. This proposed budget must first be approved by the governing board of IPM, which is chaired by the Minister of Health.
- The fee-for-service funding recently increased, as IPM regained credibility, updated its equipment, and is now doing tests that were previously conducted in France. However, the fee-for-service funding is in jeopardy, as there are pressures on the government to privatize the laboratory services and vaccine procurement activities that are currently providing much of IPM's revenue.
- Until now, the decision has been made not to apply for grants and other funding because the IPM facilities are not as good as they should be. The concern has been that if IPM committed to conducting grant-funded work without better facilities, they might not be able to fulfill the grant and would be at risk for losing credibility. Until recently, little had been done to build new modern laboratories since the French. With the building of new facilities, IPM is beginning to look for grant funding.

History of poor leadership In the 1970-80s and again in the mid 1990s, poor leadership led to stagnation or decline after an infamous period that almost led the institution to the verge of bankruptcy. As a result, Dr. Hassar has had to emphasize building basic capacities that might have already been present, were strong leadership in place during previous times.

OTHER ORGANIZATIONS THAT CONTRIBUTE TO FULFILLING THE ROLES OF AN NPHI

NPHI functions in Morocco are actually divided among three organizations: IPM, INH, and DELM.

Institut National d'Hygiène (INH) INH was established in 1930 by the French Republic and the Protectorate of Morocco. Its purpose was to provide a focus for technical work that could support clinical activities in infectious diseases. INH initially worked mostly on pathology, malaria, and microbiology. After Moroccan independence, INH became part of the MOH. To this day, INH continues to focus on infectious diseases, including conducting investigations of outbreaks and doing research that has practical implications. Here again, the facilities are outdated and funding is very inadequate. Although INH is described as a unit of DELM, DELM and INH are autonomous, as directors of both are named by the King.

Directorate of Epidemiology and Fight against Diseases (DELM) DELM was established in the 1980s as a bureaucratic branch of the MOH as a result of consultations with the U.S. Agency for International Development, among others. It has extensive responsibilities on paper and significant funds (national and international); however, it is highly bureaucratic and is not a nimble organization. The Director cannot make decisions (for example, for mission orders for staff) without signoffs from higher levels of government and does not have control over the budget for investment. *Deliberate approach to solving problems and resolving differences* Great emphasis has been placed on understanding how to deal with issues and decision-making processes. Development of approaches to resolving differences has been an important part of the conversations.

CHALLENGES TO GROWTH OF IPM

With the upcoming appointment of a new Minister of Health, the possibility exists to consolidate IPM, INH, and DELM into a single NPHI. The consolidation would have the benefits of encouraging a comprehensive approach to public health in Morocco, providing an environment that can support work in new areas of public health (such as chronic diseases), decreasing competition and overlap among agencies, and increasing efficiency.

If a decision is made to pursue consolidation, considerations include the following:

- The Minister would need to have a strong commitment to the process.
- A change in statute and Parliamentary approval would be needed for the reorganization.
- Personnel rules differ among the three organizations.
- Many staff, including persons in management positions, are likely to feel insecure about the transition. Some people could potentially lose stature, salary from outside activities, or other benefits from their current jobs.
- Because the Institut Pasteur name is so meaningful, the parts of a consolidated NPHI that derive from IPM would need to retain the name, as well as links to the global network of Pasteur Institutes. (The IPM is member of the International Network of the Pasteur Institutes, which is comprised of 30 independent institutes, linked by similar missions, cultures, and values.) This could potentially be addressed by making IPM a Center within a larger NPHI.

RECOMMENDATIONS FOR OTHERS WHO ARE CREATING NPHIS

- Recognize the importance of strong leadership. The leader needs established credentials and a wide range of contacts. He or she needs to be inspirational—able to attract good people and not afraid of being surrounded by the best minds.
- Get a strong commitment from the national health authorities.
- Be visible on public health issues to establish credibility. Make sure your spokesperson is credible and has knowledge. Show that you have nothing to hide.
- Be sure that people need to know that you can be trusted when there are problems. It is easy to lose trust, and it is hard to get trust back.
- Have a vision. Know where you want to go, and take the time to go step-by-step. Don't get depressed if the pace of change is slow.
- Select the best people to work with you—people who share your ideals and goals. Invest in building first-class staff.
- Focus on developing people. Invest in training. (In fact, Dr. Rajae El Aouad, the current Director of INH, was trained through a program initiated by Prof. Hassar. The close relationship between Dr. El Aouad and Prof. Hassar should contribute to the success of a consolidation of agencies, should one occur.)
- Cover the basics first, and make sure that basic functions and services are available before you introduce high-power techniques and capacities.
- Tailor the NPHI to address national needs and priorities.
- Use diplomacy. Don't be confrontational or arrogant. Nevertheless, some issues are worth pursuing to the (figurative) death.