

# COMMENTARY

## NPHIs and Public Goods: A Perspective from Morocco

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### ABSTRACT

National Public Health Institutes (NPHIs) provide critical functions that protect and support public health. In Morocco, these functions are divided among three different agencies. Consolidation of these functions into a single agency would encourage 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. Working together, NPHIs need to develop data and support advocacy so that funding goes not only to the diseases that are in the news and getting attention, but also to those Core Functions that contribute daily to the health and safety of all people.

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The Institut Pasteur du Maroc (IPM) is one of the founding members of the International Association of National Public Health Institutes (IANPHI). We embrace the IANPHI mission: to strengthen global public health by strengthening National Public Health Institutes (NPHIs).

Since the publication of the NPHI Framework in Spring 2007, NPHIs have used the concept of Core Functions to help describe key public health activities of national governments. In some countries, most Core Functions reside in a single organization. Morocco's public health infrastructure is not so simple, because the Core

Functions are split among three organizations: IPM, Institut National d'Hygiène (INH), and the Directorate of Epidemiology and Fight Against Diseases (DELM).

IPM has its roots in two overseas laboratories established by France's Institut Pasteur – in Tangier in 1911 and in Casablanca in 1929. In 1966, 10 years after Moroccan independence, the Institut in Casablanca became a public enterprise, with the Director named by the King. The Institut in Tangier merged with the one in Casablanca in 1967 to form IPM. Its current mission includes:

- conducting research on infectious, genetic, and immunological diseases;
- preparing and importing sera, vaccines, and other biologic products;
- conducting laboratory testing;
- occupational health of the workers; and
- working on quality control and improvement in the pharmaceutical and cosmetic industries.

The INH was established in 1930 by the French Republic and the Protectorate of Morocco. After Moroccan independence, INH became part of the Ministry of Health (MOH) – now an autonomous unit of DELM. Both the Director of INH and the Director of DELM are named by the King. INH continues to focus on infectious diseases, conducting investigations of outbreaks and other applied research.

DELM was established in the 1980s as a bureaucratic branch of the MOH. Despite extensive responsibilities on paper and significant funds (national and international), its organizational shortcomings limit its ability to have a major role in protecting health.

The division of Core Functions to address major health issues results in vertical programs, with duplication of effort, competition for scarce resources, and inefficiency. As elsewhere, Canada for example (see [http://www.phac-aspc.gc.ca/media/nr-rp/2004/faq\\_e.html](http://www.phac-aspc.gc.ca/media/nr-rp/2004/faq_e.html)), consolidation into a single, strong NPHI could benefit public health in Morocco:

- encourage a comprehensive approach to public health in Morocco;
- support work in new areas of public health (such as chronic diseases);

- decrease competition and overlap among agencies; and
- increase efficiency.

We face challenges, namely leadership support for consolidation and statutory changes, including from the MOH. Because personnel rules differ among the three organizations, major administrative changes would be needed. Changes in mission and jobs, as well as in procedures and personnel systems, might create anxiety and insecurity among staff, including managers and will need careful attention.

For IPM, a special issue is how to retain its linkage to the “Institut Pasteur” name and to the global network of Pasteur Institutes. (IPM is a member of the International Network of the Pasteur Institutes, comprising 30 independent institutes linked by similar missions, cultures, and values.) Morocco might address this by making IPM a Center within a larger NPHI. Nevertheless, based on the experience of countries like Canada, a thoughtful process associated with consolidation can result in tremendous benefit and can minimize the difficulties associated with change.

Even with consolidation, however, resources will not be sufficient to address Morocco’s critical public health issues. IPM’s current budget is around \$10 million, with approximately 20% from the national budget and 80% earned as fee-for-service income. Thus, the majority of IPM’s budget is not for its public goods functions, but rather is fee-for-service reimbursement for procurement of sera and other service-related work.

Budget limitations are evident in the facilities of IPM and INH. Since the departure of the French at Moroccan independence in 1956 and until recently, little was done to upgrade laboratory facilities. The outdated facilities have limited how much creative, cutting-edge work that can be conducted. Lest it not be able to meet expectations because of inadequate facilities and equipment, IPM has been reluctant to apply for research and other funding, further compounding the mismatch between public health needs and resources.

The difficulties IPM faces in garnering resources are shared by NPHIs elsewhere. Working together, NPHIs need to develop data and support advocacy. They must attract funds not only for diseases

already garnering attention, but also to Core Functions that contribute daily to the health and safety of all people, such as:

- surveillance;
- assessment of the health of the population; and
- policies and population-based prevention programs aimed at leading killers, including
  - chronic diseases and
  - injuries.

#### ABOUT THE AUTHOR

**Mohammed Hassar, M.D.**, has been the Director of the Institut Pasteur du Maroc since 2001. His many contributions to public health include creation of the pharmacovigilance and the genetic and immunology programs at the Moroccan Institut National d'Hygiène and participation in several World Health Organization committees.