

# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Morocco

### EXECUTIVE SUMMARY

**Morocco** is taking gradual steps to strengthen colorectal cancer (CRC) care, with improvements in surgical and oncology services at major centres and growing interest in early detection. Yet significant gaps remain in organised screening, timely diagnosis, equitable access to treatment, and integration of molecular testing. Concentrated care facilities in urban areas, high out-of-pocket costs, and limited availability of advanced therapies in the public sector continue to restrict outcomes.

This policy brief examines current conditions and outlines strategic reforms to advance Morocco's CRC maturity.

### INTRODUCTION

#### Building on Clinical Capacity Amid Structural Gaps

As Morocco addresses the growing burden of non-communicable diseases, CRC is emerging as a public health concern. While surgical oncology and chemotherapy are available in tertiary hospitals, the system struggles to translate these capacities into early detection, consistent nationwide treatment standards, and equitable access to newer therapies.

With a **Level 2 – Developing** CRC maturity, Morocco can accelerate improvements through coordinated policy action, investments in diagnostic infrastructure, and expansion of palliative and survivorship support.



# COLORECTAL CANCER IN MOROCCO

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	CRC is often diagnosed at advanced stages; no organised national screening programme; low public awareness of early symptoms.	Existing oncology and gastroenterology departments with endoscopy capacity in tertiary centres.	Implement phased, risk-based FIT/FOBT screening for adults 50–74; strengthen primary-care referral pathways to colonoscopy hubs; expand public awareness campaigns.
Biomarker & Molecular Testing	Molecular testing (MSI/MMR, RAS/BRAF) is rarely available in public hospitals; limited to private or select academic centres.	University hospital labs with potential for expansion.	Integrate essential CRC molecular tests into public sector; establish hub-and-spoke lab networks with quality assurance; explore partnerships for equipment and training.
Treatment Access	Surgical oncology and basic chemotherapy available in major urban hospitals; limited access to targeted therapies and immunotherapies in public sector due to cost.	Skilled surgical teams and existing oncology infrastructure in regional centres.	Ensure availability of essential chemo regimens across all provinces; negotiate pooled procurement for high-cost drugs; strengthen surgical oncology networks and tele-mentoring.
Clinical Guidelines & Quality Standards	No unified, nationally implemented CRC treatment guidelines; varied clinical practices across facilities.	Some centres follow international guidelines (ESMO/NCCN).	Develop and adopt national CRC guidelines with tiered recommendations for different resource settings; provide clinician training; establish audit and outcome monitoring.
Palliative & Survivorship Care	Palliative care improving but uneven; survivorship support limited outside major cities.	Foundations and NGOs providing models for palliative outreach.	Expand community-based palliative teams; ensure nationwide opioid access and training; develop survivorship services (nutrition, stoma care, psychosocial support).



## CONCLUSION & Call to Action

Morocco's CRC system stands at an early stage of structured development. While tertiary care infrastructure exists, systemic reforms are needed to expand access, standardise practice, and integrate modern diagnostics. Priority actions include establishing a phased screening programme, making molecular testing widely available, and improving access to essential medicines and palliative care.

This is a call to action for the **Ministry of Health, regional health authorities, academic centres, NGOs, and private partners** to align behind a national CRC strategy that delivers equitable, evidence-based care for all.



### KEY POLICY PRIORITIES

**1 Launch a National CRC Screening Programme** — phased, risk-based FIT/FOBT screening for target ages 50–74, starting in high-capacity regions.

**2 Strengthen Access to Molecular Diagnostics** — make MSI/MMR and RAS/BRAF testing available and reimbursed in the public system; build regional lab networks.

**3 Standardise Clinical Practices** — adopt national CRC guidelines; ensure implementation through clinician training and regular audits.

**4 Expand Palliative & Survivorship Care** — scale palliative care workforce & infrastructure; integrate survivorship services across oncology networks.

**5 Close the Treatment Gap** — ensure all provinces have access to essential chemotherapy regimens; negotiate procurement for targeted agents and immunotherapies.

## CONCLUSION

With the right mix of policy reform, targeted investment, and stakeholder collaboration, Morocco can progress from fragmented CRC services to a cohesive, patient-centred system. Leveraging its existing oncology infrastructure and institutional strengths will be key to improving early detection, expanding equitable access, and enhancing survival outcomes for all Moroccans, regardless of geography or income.