International Cancer Patient Coalition

Morocco

Breast Cancer Factsheet: Insights & Key Developments

Key Insights on Breast Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Breast Cancer Screening

Breast cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

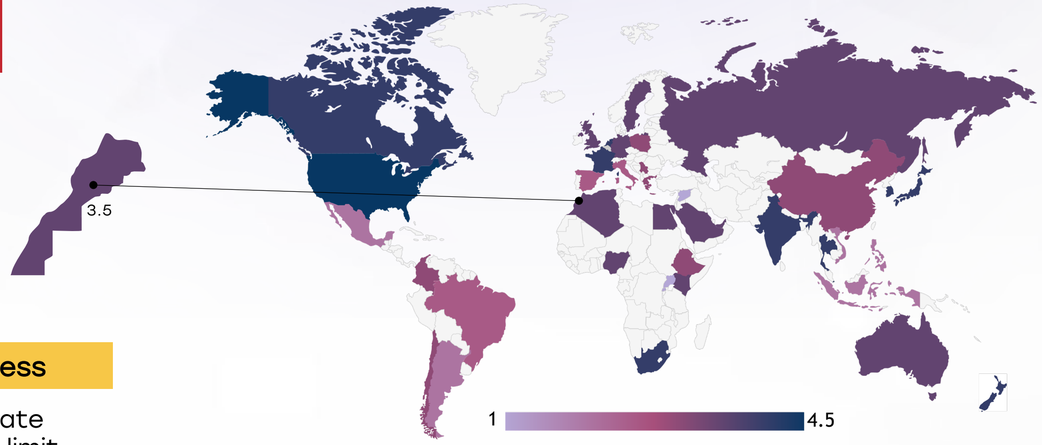
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: 34.4% of all new cancer cases in females.
- Incidence rate: Age-standardized incidence rate (ASR) of 39.0 per 100,000 women, with an annual increase of 2.85%.
- Most affected age group: Women aged 45-59 years, with incidence rates of:
  - 106.1 per 100,000 (ages 45-49)
  - 108.2 per 100,000 (ages 50-54)
  - 108.5 per 100,000 (ages 55-59)
- Breast cancer deaths (2012): Approximately 2,878 deaths, with an ASR mortality rate of 18.0 per 100,000 women.
- 5-year survival rate:
  - 80% for adequately managed cases.
  - 50% for inadequately managed cases.

International Cancer Patient Coalition

Morocco

Infrastructure



Strengths

- Molecular testing (HER2, ER, PR, BRCA) available in leading urban hospitals.
- Lalla Salma Foundation has enhanced oncology infrastructure and capacity.

Weakness

- Public-private disparities limit access to advanced diagnostics.
- Rural areas lack specialized centers and testing facilities.

S W O T

Opportunity

- Public-private disparities limit access to advanced diagnostics.
- Rural areas lack specialized centers and testing facilities.

Threats

- High out-of-pocket costs restrict access to precision oncology.
- Urban concentration of services exacerbates rural inequity.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

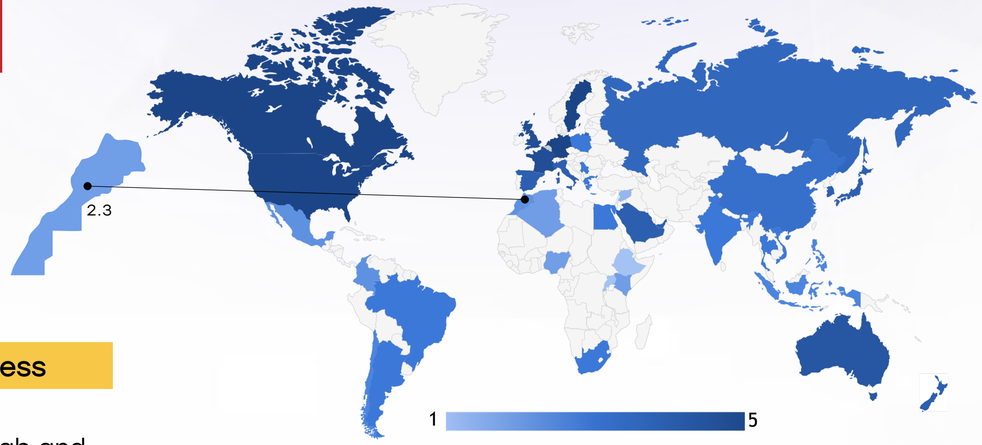
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	3	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	3
Japan	4	4
South Korea	4	4
China	3	3
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	5
France	4	4
Netherlands	5	5
Sweden	5	5
Italy	4	4
Spain	4	4
Poland	3	3
Mexico	2	2
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	2
United States	5	5
Canada	5	5
Australia	4	4
New Zealand	4	4
Greece	3	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	3	3
UAE	3	4
Syria	1	1
Indonesia	2	2
Vietnam	2	2
Philippines	2	2
Russia	4	3

International Cancer Patient Coalition

Morocco

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Basic chemotherapy and surgery available in public hospitals.
- Pink October and NGO-led campaigns have increased urban screening rates.

Weakness

- Access to trastuzumab and targeted therapies limited by high cost.
- Less than 5% of health research budget is allocated to oncology.

Opportunity

- Expand public-private research partnerships (e.g., Institut Curie collaborations).
- Strengthen community awareness and early detection campaigns.

Threats

- Late-stage diagnoses remain high (~60%) due to low rural outreach.
- Low domestic investment risks overreliance on external actors.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

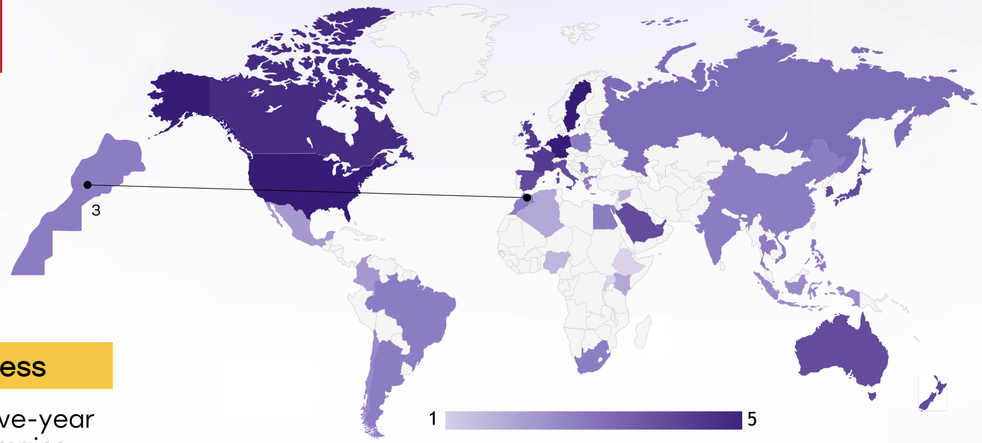
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	2	2
Egypt	3	3	3
Morocco	2	2	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	4	3
Thailand	3	3	3
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	5
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	3	2	3
Russia	4	4	3

International Cancer Patient Coalition

Morocco

Survival Rates, Early Detection and Palliative Care



Strengths

- Urban screening efforts have improved early-stage detection by 20%.
- Survival rates reach up to 80% for adequately managed cases.

Weakness

- National five-year survival remains ~70%; underdeveloped palliative care.
- Only a few hospitals offer dedicated end-of-life support units.

S W O T

Opportunity

- Expand training and infrastructure for palliative oncology services.
- Mobile units and rural outreach can improve early diagnosis.

Threats

- Many late-stage patients rely on general hospitals with poor pain control.
- Urban-rural gaps in detection and palliative care persist.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

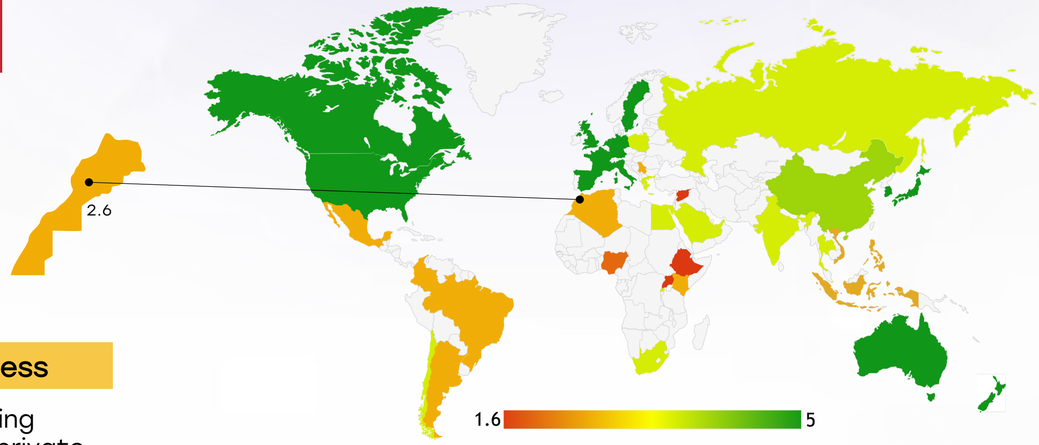
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	1	2
Egypt	3	3	3
Morocco	3	3	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	3	3
Thailand	3	3	3
Singapore	4	5	4
United Kingdom	4	5	4
Germany	5	5	5
France	4	5	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	4
Australia	4	4	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	2	1
Indonesia	3	3	2
Vietnam	3	3	2
Philippines	3	3	3
Russia	4	3	3

International Cancer Patient Coalition

Morocco

Utilization of Biomarkers



Strengths

- HER2, ER, PR testing available in major oncology centers.
- National focus on expanding precision oncology and molecular diagnostics.

Weakness

- BRCA testing limited to private labs and remains unaffordable for most.
- Only 60–70% of patients receive full biomarker testing.

S W O T

Opportunity

- Lower testing costs and expand infrastructure in public hospitals.
- Training programs to standardize biomarker use and reporting.

Threats

- Financial barriers and testing disparities impede targeted treatment.
- Rural patients lack access to molecular diagnostics.

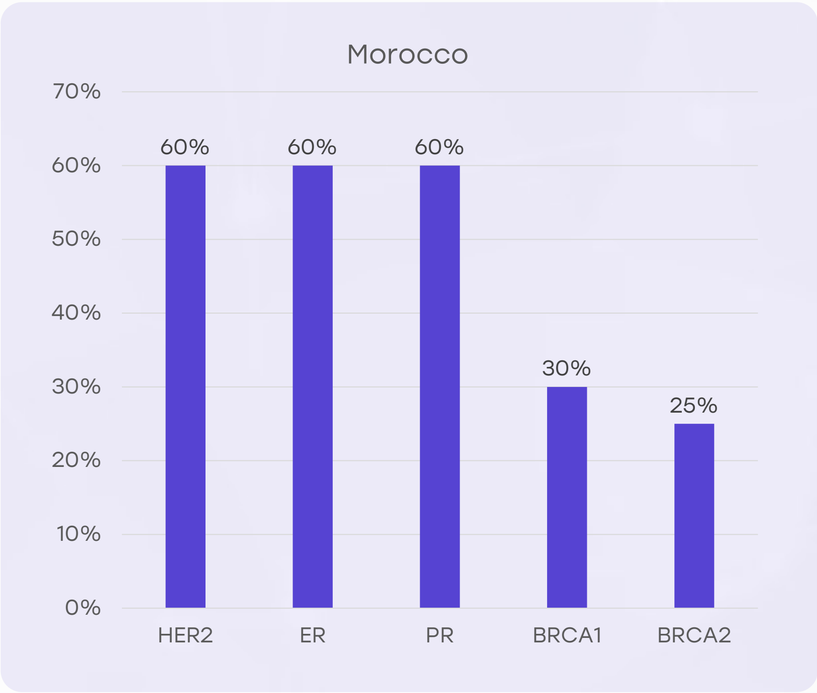
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

4. 61-80%. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics

3. 41-60% Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

2. 20-40% Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

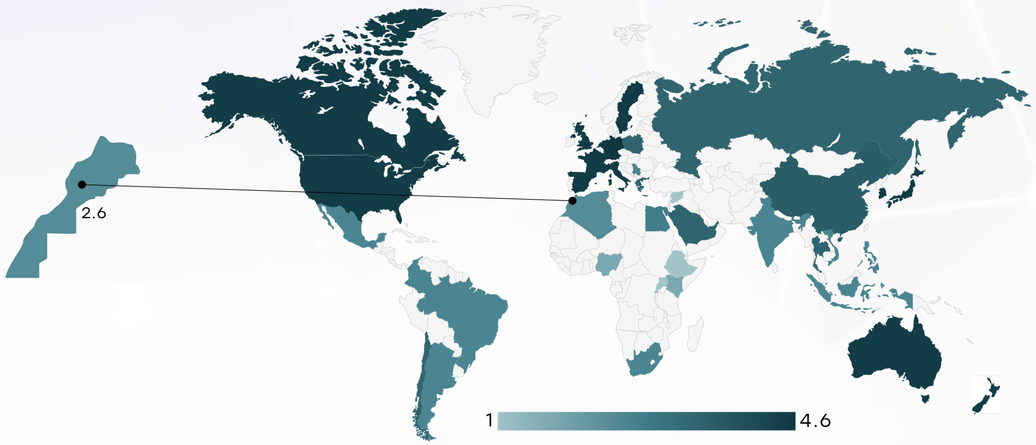
1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Morocco

Clinical Guidelines



Strengths

- Morocco recognizes and partially implements ESMO/NCCN protocols.
- Tumor boards established in major hospitals like Rabat and Casablanca.

Weakness

- Inconsistent guideline adoption across public and private sectors.
- Under 30% of oncologists regularly engage in clinical updates.

S W O T

Opportunity

- Ministry of Health and NGOs can expand training on international guidelines.
- Standardize care through national guideline dissemination and audits.

Threats

- Lack of skilled personnel hinders multidisciplinary care integration.
- Training and infrastructure gaps weaken protocol adherence.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	O	✖	✖
Feasibility of Integration	✖	✖	O	✖	✖
Adoption of International Guidelines	✖	✖	O	✖	✖
Engagement with Updates	✖	✖	✖	O	✖
ESMO Guidelines Implementation	✖	✖	✖	O	✖

International Cancer Patient Coalition

Morocco

Reimbursement

Strengths

- Public insurance schemes (AMO, RAMED) partially cover surgery and basic chemotherapy.
- Lalla Salma Foundation has improved access for some low-income patients.

Weakness

- No universal coverage for biomarker tests or targeted therapies.
- 40% of patients face financial hardship during treatment.

S W O T

Opportunity

- Expand AMO/RAMED to include molecular testing and new treatments.
- Introduce financial risk protection for rural and uninsured populations.

Threats

- Continued out-of-pocket expenses delay or disrupt care.
- Private sector care remains unaffordable for most patients.

O Yes - A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

O Partial - A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

✖ No - No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement	No-cost Access
South Africa	O	✖
Kenya	✖	✖
Nigeria	✖	✖
Egypt	O	O
Morocco	O	✖
Algeria	O	✖
Ethiopia	✖	✖
India	O	✖
Japan	O	O
South Korea	O	O
China	O	O
Thailand	O	O
Singapore	O	O
United Kingdom	O	O
Germany	O	O
France	O	O
Netherlands	O	O
Sweden	O	O
Italy	O	O
Spain	O	O
Poland	O	O
Mexico	O	✖
Brazil	O	✖
Argentina	O	✖
Chile	O	O
Colombia	O	✖
United States	O	O
Canada	O	O
Australia	O	O
New Zealand	O	O
Greece	O	O
Rwanda	✖	✖
Uganda	✖	✖
Serbia	O	O
Saudi Arabia	O	O
UAE	O	O
Syria	O	O
Indonesia	O	O
Vietnam	✖	✖
Philippines	✖	✖
Russia	O	O

International Cancer Patient Coalition

Morocco

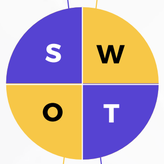
Breast Cancer Screening

Strengths

- National program offers free mammograms for women aged 45–69.
- Awareness campaigns have improved participation in urban areas.

Weakness

- Only ~30–40% of eligible women regularly screened.
- Low coverage in rural areas due to access and awareness barriers.



Opportunity

- Mobile screening units and targeted education campaigns can boost uptake.
- Strengthen integration of screening with primary care services.

Threats

- Geographic and socioeconomic disparities reduce national program impact.
- Without increased investment, rural women remain underdiagnosed.

Country	Breast Cancer Screening
United States	Biennial mammograms (50-74 years)
United Kingdom	Triennial mammograms (50-71 years)
Canada	Mammograms every 2-3 years (50-74 years)
Australia	Biennial mammograms (50-74 years)
Germany	Mammograms every 2 years (50-69 years)
France	Biennial mammograms (50-74 years)
Netherlands	Mammograms every 2 years (50-75 years)
Sweden	Mammograms every 18-24 months (40-74 years)
Italy	Mammograms every 2 years (50-69 years)
Spain	Mammograms every 2 years (50-69 years)
Poland	Mammograms every 2 years (50-69 years)
Japan	Mammograms every 2 years (40+ years)
South Korea	Biennial mammograms (40+ years)
China	Regional mammogram programs (40-69 years)
India	Opportunistic screening
Singapore	Biennial mammograms (50-69 years)
Saudi Arabia	Opportunistic screening; regional programs for women aged 40+
UAE	Opportunistic screening; encouraged every 2 years for 40-69 years
Syria	No national program; limited local initiatives due to conflict
Thailand	Biennial mammograms (50-69 years)
South Africa	Opportunistic screening
Kenya	No national program
Nigeria	No national program
Egypt	National awareness campaigns
Morocco	**National program for 45-69 years**
Algeria	Planned national program (50-69 years)
Ethiopia	No national program
Mexico	Biennial mammograms (40-69 years)
Brazil	Biennial mammograms (50-69 years)
Argentina	Biennial mammograms (50-69 years)
Chile	Mammograms every 3 years (50-69 years)
Colombia	Biennial mammograms (50-69 years)
New Zealand	Biennial mammograms (45-69 years)
Greece	Biennial mammograms (50-69 years)
Rwanda	No national program
Uganda	No national program
Serbia	Biennial mammograms (50-69 years)
Indonesia	Opportunistic screening; no national mammography program
Vietnam	Regional mammography programs; pilot programs in urban areas (age 45–69)
Philippines	Opportunistic screening; mammography recommended every 2 years for women 50+
Russia	National program for biennial mammograms (50–69 years)