

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Morocco

EXECUTIVE SUMMARY

Morocco has made progress in cancer awareness and palliative support, but gastric cancer (GC) continues to result in high mortality because of late diagnosis, inequitable access to treatment, and limited integration of molecular testing. Specialist facilities remain concentrated in urban centres, advanced therapies are often confined to the private sector, and out-of-pocket costs create major barriers.

This brief reviews current conditions and sets out reforms to improve Morocco's gastric cancer maturity.

INTRODUCTION

Building on Awareness Gains Amid Structural Gaps

As Morocco faces rising non-communicable diseases, gastric cancer poses a growing challenge. While awareness campaigns and the work of institutions like the Lalla Salma Foundation have advanced cancer recognition, they have not yet delivered early GC detection or equitable treatment access.

With a **Level 3 – Emerging** gastric cancer maturity, Morocco has the institutional foundation to progress rapidly if supported by coordinated policy actions and resource allocation.



Morocco Ranks at Level 3 – Gastric Cancer Care Maturity Framework

GASTRIC CANCER IN MOROCCO

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	GC is commonly diagnosed at advanced stages due to absence of screening; endoscopy capacity is limited outside major cities.	Rising public awareness of cancer risk factors.	Establish a national referral and triage framework for alarm symptoms; expand diagnostic endoscopy and pathology services in regional hospitals.
Biomarker & Molecular Testing	HER2 and other biomarker testing are rarely available in public hospitals, limiting personalised treatment.	Some molecular testing exists in urban specialty centres, with potential to expand.	Integrate biomarker diagnostics into public hospitals; build partnerships with pharmaceutical companies and diagnostic providers for infrastructure support.
Treatment Access	Access to peri-operative chemotherapy and HER2-targeted therapy is limited; advanced treatments are largely confined to private facilities; insurance coverage is partial.	Public schemes (RAMED/AMO) provide some financial protection.	Expand insurance coverage for essential GC therapies; improve procurement processes to ensure availability of chemotherapy and targeted therapies in public hospitals.
Clinical Guidelines	No standardized national GC guidelines; treatment approaches vary across hospitals.	Specialist centres already align with international protocols.	Develop and disseminate national gastric cancer guidelines; train clinicians across all regions and implement audits to ensure adherence.
Palliative & Survivorship Care	Palliative care is available but uneven across regions; opioid availability and survivorship services are inconsistent.	Lalla Salma Foundation has advanced palliative services and expanded networks.	Scale up community-based palliative teams; ensure equitable access to opioids and integrate psychological and nutritional support into care pathways.

CONCLUSION & Call to Action

Morocco's gastric cancer system is at a crossroads. Gains in awareness and palliative care have not yet translated into early detection or equitable treatment access. A coordinated national strategy that integrates diagnostics, treatment, guidelines, and survivorship is urgently required to improve outcomes.



KEY POLICY PRIORITIES

- 1 Launch a National Gastric Cancer Pathway:** Establish alarm-symptom referral and diagnostic protocols; expand diagnostic capacity in regional and rural hospitals.
- 2 Strengthen Molecular Diagnostics:** Ensure HER2 and biomarker testing are available & reimbursed in the public healthcare system.
- 3 Close the Treatment Gap:** Enhance public-sector access to peri-operative and targeted therapies by expanding procurement and financing coverage.
- 4 Standardize Clinical Practices:** Develop and roll out national gastric cancer guidelines with training and audit mechanisms.
- 5 Expand Palliative & Survivorship Services:** Invest in palliative infrastructure, ensure opioid availability, and provide holistic survivorship support nationwide.

CONCLUSION

With well-directed reforms, Morocco can transition from fragmented gastric cancer services to a cohesive, equitable, patient-centred care system. Building on institutional strengths and awareness initiatives will be critical to improving survival outcomes and ensuring every Moroccan has access to timely and effective GC care, regardless of geography or income.