



ADVANCING HER2-POSITIVE BREAST CANCER CARE IN MOROCCO

Scaling Personalization in a Developing System

EXECUTIVE SUMMARY

Morocco has made important progress in expanding breast cancer care through national strategies, public awareness efforts, and investment in oncology infrastructure. Access to HER2 testing and trastuzumab is available in university hospitals and some regional centers, with partial reimbursement under RAMED and CNOPS. However, disparities remain in testing quality, treatment availability, and follow-up care—particularly outside major urban centers. Morocco currently sits at Maturity **Level 3 – Intermediate**, reflecting a health system that has moved beyond foundational gaps but still faces challenges in scale, consistency, and equity. Strengthening HER2-positive breast cancer care offers Morocco an opportunity to move toward precision oncology leadership within North Africa, with a focus on rural access, standardized testing, and real-time outcome tracking.

INTRODUCTION

Breast cancer is the most commonly diagnosed cancer among women in Morocco, with more than 11,000 new cases each year. Approximately 15–20% are believed to be HER2-positive, a subtype that can benefit significantly from targeted therapies like trastuzumab. Morocco has been proactive in responding to the cancer burden through its **National Cancer Plan (PNLCC)**, implementation of public screening programs, and partnership with the Lalla Salma Foundation. Trastuzumab is included in the national list of reimbursed drugs and HER2 testing is available in university and military hospitals. However, financial barriers, delayed diagnoses, and inconsistent HER2 testing standards limit the full impact of these initiatives. As survivorship increases and new HER2 classifications (e.g., HER2-low) gain relevance, Morocco must invest in system-wide consistency to ensure every patient benefits from the promise of personalized care.

CURRENT FRAMEWORK/SITUATION

Morocco's cancer care system is structured through a network of public oncology centers, university hospitals (e.g., CHU Rabat, Casablanca, Marrakech), and specialized regional centers. HER2 testing is available using immunohistochemistry (IHC) in most tertiary hospitals, and trastuzumab is reimbursed for eligible patients under national insurance schemes. However, confirmatory FISH testing is limited, and quality control of biomarker testing varies. HER2 testing turnaround times can exceed two weeks in some regions, delaying treatment initiation.

Breast cancer screening is promoted nationally through biennial clinical breast exams at primary health centers, yet mammography is underused and limited mainly to urban areas. Awareness campaigns have helped increase early diagnosis, but rural and underserved populations still face access barriers. Morocco is currently classified at Maturity **Level 3 – Intermediate**, indicating a moderately developed system with growing infrastructure and coverage, but requiring focused policy efforts to improve equity, testing accuracy, and survivorship outcomes.

HER2 BREAST CANCER IN MOROCCO

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	University hospitals offer HER2 testing and targeted treatment pathways...	...but rural regions and provincial hospitals lack trained personnel and diagnostic equipment.	Extend HER2 testing capabilities through regional diagnostic hubs and mobile pathology units.
Access to Treatment	Trastuzumab is reimbursed by RAMED and CNOPS in many public hospitals...	...but drug availability can be inconsistent, and coverage gaps exist for newer HER2 therapies.	Ensure timely national procurement and consider risk-sharing agreements for next-generation HER2 drugs.
Research & Innovation	Morocco collaborates in international breast cancer research initiatives...	...but HER2-specific data collection and HER2-low studies are limited.	Support national HER2 registries and invest in HER2-low outcome studies through public-academic partnerships.
Awareness & Education	Public campaigns and NGOs have improved breast cancer awareness...	...but HER2-specific information is lacking in both provider training and public education.	Incorporate HER2 information in awareness campaigns and train providers on subtype-specific management.
Survival Rates	Morocco's 5-year survival for breast cancer is estimated at 60–70%...	...but HER2-stratified survival data is not available to guide targeted improvements.	Require HER2-disaggregated survival reporting through national cancer registries.
Early Detection & Palliative Care	Clinical breast exams are available at primary care centers nationwide...	...but mammography services are limited, and palliative care is centralized in urban hospitals.	Expand access to mammography and integrate palliative services into regional oncology centers.
Biomarker	HER2 IHC testing is routine in tertiary hospitals...	...but standardization is inconsistent and confirmatory testing is rarely available.	Implement national quality assurance (QA) programs for HER2 testing and introduce subsidized FISH where needed.
Clinical Guidelines	Morocco follows national and international treatment protocols for breast cancer...	...but HER2-low and re-testing at relapse are not yet included in national guidelines.	Update national guidelines to mandate HER2 re-testing at progression and address HER2-low care pathways.
Reimbursement	HER2 therapies like trastuzumab are reimbursed under RAMED/CNOPS...	...but newer therapies face slow inclusion, and rural patients struggle with indirect costs.	Accelerate approval timelines for new HER2 drugs and support travel/housing stipends for rural patients.
Screening	The national program promotes breast exams every two years for women aged 40–69...	...but mammography uptake is low and varies by region and socioeconomic status.	Scale up digital mammography and community-based screening in low-resource and remote areas.

CONCLUSION

Morocco has made significant advances in breast cancer care—positioning itself as a regional leader in early detection, treatment reimbursement, and public awareness. Yet HER2-positive care remains unevenly implemented. While testing and trastuzumab access exist in major hospitals, the benefits of targeted care are not yet fully realized across regions. As Morocco enters a new phase of its National Cancer Plan, it must focus on reducing rural-urban disparities, enforcing quality standards in biomarker testing, and expanding HER2-specific data systems. These steps are critical to transforming an **Intermediate-level** system into a consistently high-performing one that delivers precision care to all patients.



KEY POLICY MESSAGES

- 1 Morocco has a growing infrastructure for HER2-positive care but suffers from regional inconsistencies and diagnostic quality gaps.
- 2 National reimbursement policies have improved trastuzumab access, but next-generation HER2 drugs remain delayed.
- 3 HER2-disaggregated data and HER2-low classifications are needed to advance Morocco's personalized oncology goals.
- 4 Investment in rural diagnostics, QA systems, and patient follow-up will accelerate national equity in breast cancer outcomes.

CALL TO ACTION

- **Expand HER2 diagnostic capacity** by funding regional labs and ensuring quality assurance protocols are in place.
- **Include HER2-low classifications and relapse re-testing** in national clinical guidelines.
- **Ensure timely access to HER2 therapies** through national formulary updates and public-private drug access agreements.
- **Publish HER2-stratified survival and access data** to inform resource allocation and policy adjustments.
- **Scale up screening and diagnostic outreach** in underserved regions through mobile mammography and community health programs.