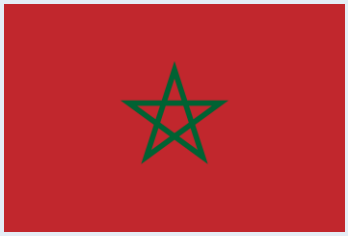
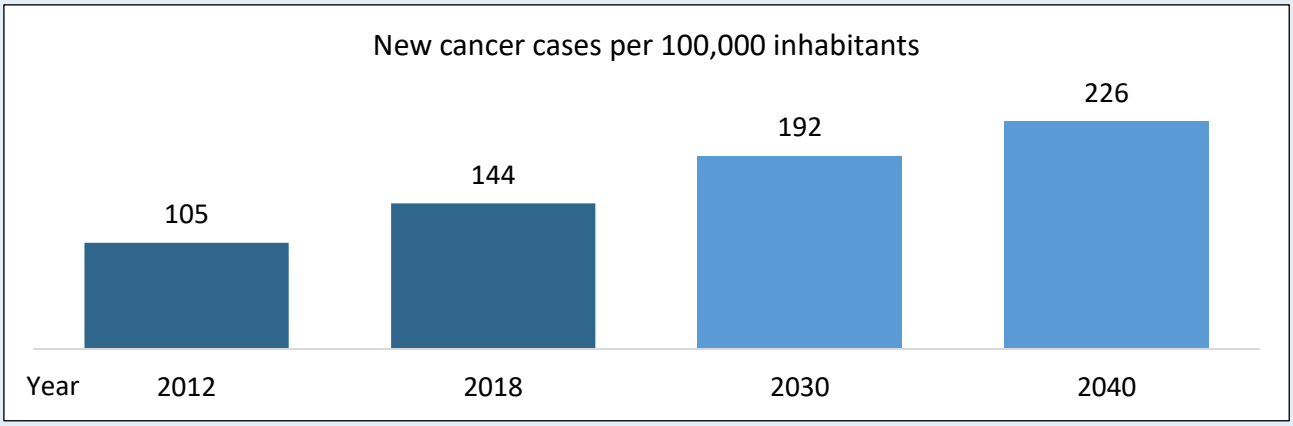


MOROCCO

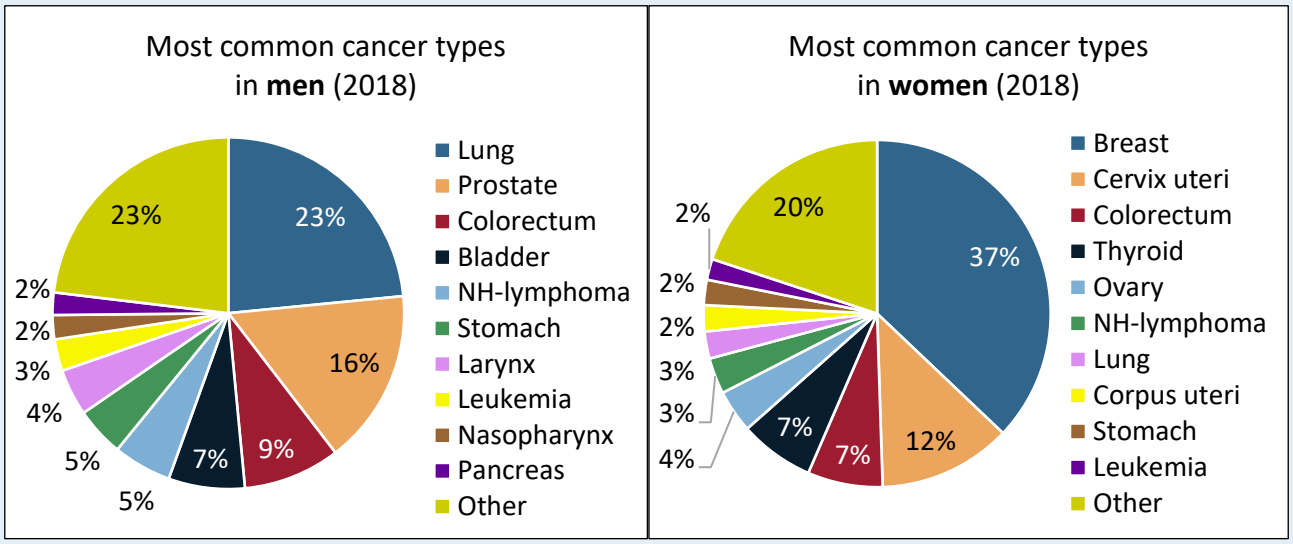
Population: 36.5 million
GDP per capita: USD 3,230
Life expectancy: 76.3 years
Total health expenditure: 5.3% of GDP
(in 2018)

Cancer epidemiology

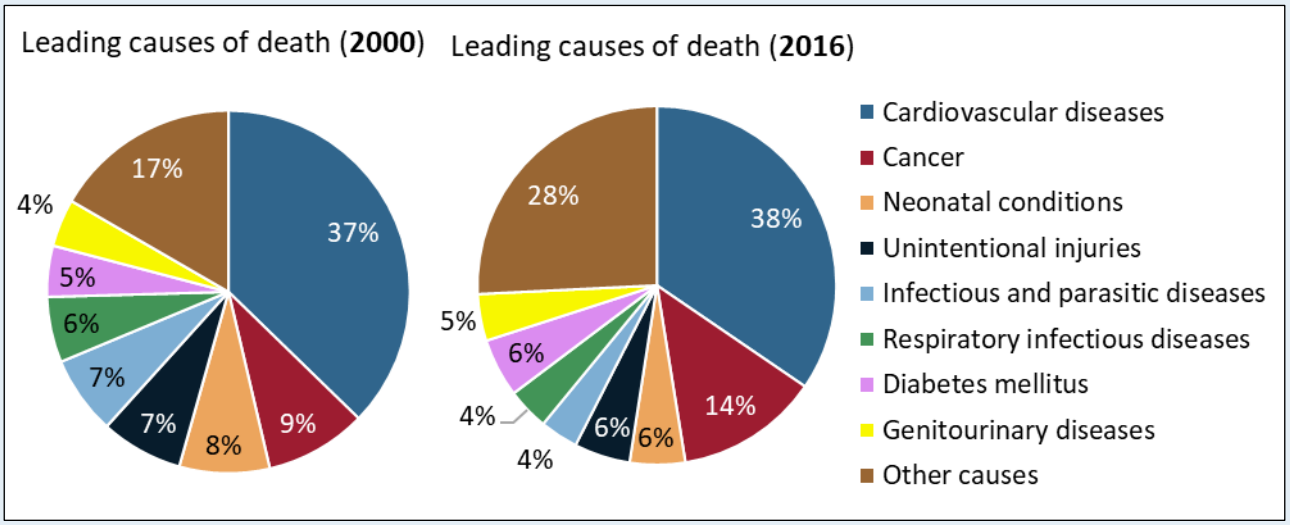
- The number of newly diagnosed cancer cases (incidence) has been increasing and is expected to increase further in the coming decades.



- There are many different cancer types diagnosed in men and women.



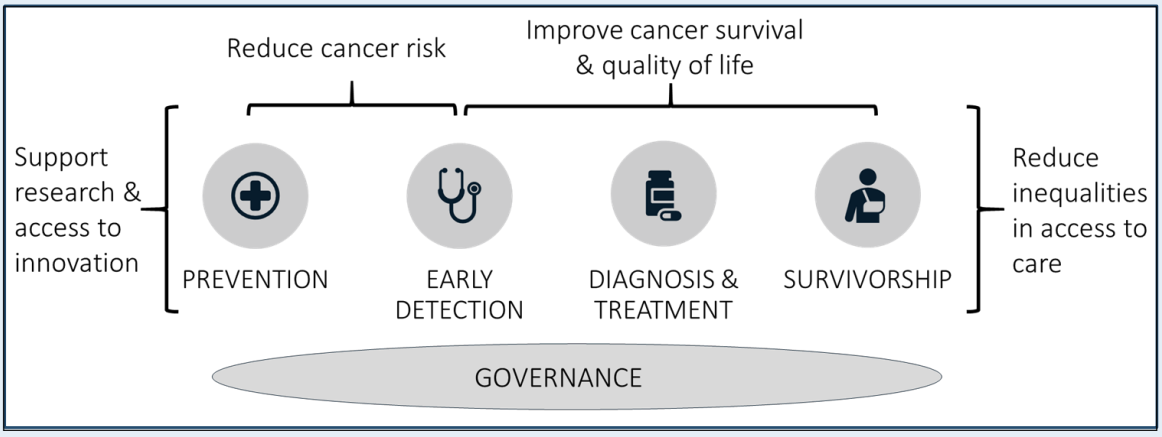
- Cancer is gradually becoming one of the leading causes of death.



Economic burden of cancer

- **Direct costs** within the health care system: USD 5 per capita in 2018 (≈3.1% of total health expenditure)
- **Indirect costs** of productivity losses (premature death, sick leave, early retirement): USD 10 per capita in 2018
- **Informal care costs**: not quantifiable

Areas of cancer control and overarching goals



Recommendations to improve cancer care

General steps to improve cancer care:

1. **Measure and understand** the magnitude and the development of the disease burden of cancer
2. **Plan, coordinate, and implement** – financial and non-financial – actions to address cancer
3. **Monitor and evaluate** actions on cancer control

Governance of cancer care

- The first cancer plan for 2010–2019 led to progress in many different areas of cancer care. This was facilitated by a dedicated funding plan for all actions and good collaboration of all involved stakeholders – foremost the MoH, the National Institute of Oncology, and the Lalla Salma Foundation. Due to the general satisfaction with the first plan of all involved stakeholders, a second plan for 2020–2029 was put in place. The plan defines actions in all areas of cancer care and once again includes a funding plan for all planned actions. Implementation of all actions in the aftermath of COVID-19 will be vital.
- Improving quality assurance and monitoring of all planned actions in the new cancer plan is important. This would help to ensure an efficient use of resources in cancer care. The cancer registries could be developed further so that they can be utilized for these purposes.

Organization and financing of health care and cancer care

- Public spending on health care amounts to around 2% of GDP, which is exceptionally low even in the MEA region and falls greatly short of the informal WHO spending target of 5% of GDP. Additional spending to bring the country closer to the benchmark and as part of implementing UHC would be needed.
- Around 68% of citizens were covered by public health insurance in 2020 and efforts to achieve UHC until 2025 are underway. The rollout of UHC also needs to ensure that the quality of the health services in the public health system can be maintained or even increased despite the probable increase in patient numbers.
- The rollout of UHC needs to ensure that this results in a significant reduction in the out-of-pocket payments by cancer patients. Currently, cancer patients on the RAMED scheme and uninsured patients have to cover all costs out-of-pocket. For cancer patients on the two AMO schemes, there are no co-payments in the public cancer care centers.

Cancer registration

- Continuing to improve cancer registration and its analysis is important. There are two regional population-based cancer registry, covering together around 14% of the population, and also additional hospital-based registries. The two regional registries produce representative estimates for the whole country. Additional registries – at least hospital-based registries – would be needed to analyze care patterns across the country.
- The two regional population-based registries do not publicly publish cancer statistics on a regular basis. Previous reports only cover the years around 2005 to 2008. They also only published estimates for cancer incidence, while information on cancer mortality was missing. Producing more up-to-date estimates and linking information on mortality to the registries as well as assessing survival needs to be prioritized.

Prevention

- The fight against tobacco consumption needs to be stepped up. Rather than introducing new laws, the enforcement of existing laws needs to be prioritized. Existing age limits for tobacco purchase need to be enforced. Existing smoking bans in public indoor places also need to be enforced and could be extended to public transport. Excise taxes on cigarettes could be increased further.
- Obesity needs to be addressed. Measures need to be taken to encourage changing dietary habits back from a Western diet with fast food to a Mediterranean diet. Excise taxes on sugary drinks could be introduced. Ways to increase physical activity also need to be encouraged.
- Given that cervical cancer is the second most common cancer type in women, the national HPV vaccination program for girls to be rolled out in 2021 is a step in the right direction. Efforts need to be made to ensure high participation.

Early detection

- Health literacy in the general population on early symptoms of cancer needs to be improved. More generally, knowledge of the effects of modern medical therapy as opposed to effects of spiritual therapy or self-administered phytotherapy needs to be improved.
- The organized breast cancer screening program has comparatively high participation rates. A gradual transition from clinical breast examination as the main screening method to mammography would be needed to increase accuracy.
- The organized cervical cancer screening program needs to focus on increasing participation rates as well as extending the program to all provinces. Using Pap smear as the primary screening method as well as a gradual transition to high-risk HPV testing could be considered.
- Even though the latest cancer plan does not foresee the introduction of a colorectal cancer screening program until 2029, a pilot program could be run to test its feasibility in the local context given increasing obesity rates.

Diagnosis and treatment

- The lack of medical staff is a challenge and spans across all kinds of trained oncologists, surgeons, radiologists, and other specialties as well as nurses, even though improvements in the number of medical oncologists have been achieved. A lack of data managers is also a challenge. Additional education and training of new staff needs to be prioritized. Geographic disparities in the availability of trained medical staff also need to be addressed.
- The required increase in medical staff needs to go hand in hand with additional infrastructure. Currently, the number of hospital beds is exceptionally low.
- There are few modern diagnostic imaging units available, which limits accurate diagnosis for the vast majority of patients. Investment in additional scanners could be considered to enable greater patient access.
- The number of radiation therapy machines has improved greatly and is now fairly close to recommended standards. An assessment of underserved areas could be conducted to determine where the installation of additional machines is of greatest benefit.

- The availability of modern cancer drugs (targeted therapies and immunotherapies) is very limited, particularly in the public sector. Even once a modern drug is reimbursed, the drug budget is not large enough to ensure that most eligible patients receive treatment. Ways to create budget headroom for new drugs such as through a review of the generic/biosimilar pricing policy and mandatory generic/biosimilar substitution could be explored.
- The reimbursement process by the ANAM needs to be reviewed to avoid long delays. Drug assessments are focused on the price and budget impact of drugs instead of also focusing on cost-effectiveness. A shift towards a more value-based assessment could help in the prioritization of introducing modern cancer drugs.

Survivorship

- Formal psycho-oncology services could be established or public support to the Lalla Salma Foundation for providing these services could be provided.
- Informal caregivers with regular jobs could be better supported, such as through a right to flexible working arrangements and paid leave.
- The reintegration in the labor market of cancer survivors could be supported by flexible working arrangements.
- Cancer survivors could be protected from discrimination in the acquisition of certain services (e.g., health insurance, life insurance, loans, mortgages), by imposing time limits up to which a previous cancer diagnosis needs to be disclosed.