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General data

POPULATION, 2023
37,840,044

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
75.68

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
122

GDP PER CAPITA (US\$), 2023
3,771.45

HEALTH EXPENDITURE, 2021
221.12

UNIVERSAL HEALTH COVERAGE, 2021
69



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC



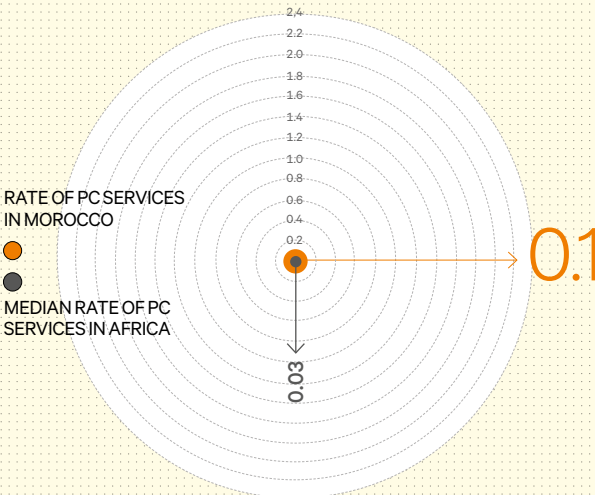
Morocco

(F) Provision of PC (Specialised Services)

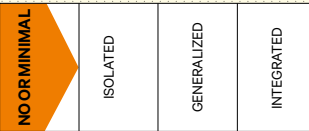
Total number of Specialised PC services
37

Rate of PC services per 100,000 inhabitants
0.1

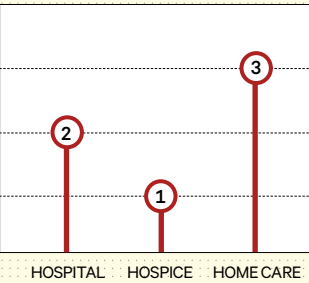
Morocco in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
7

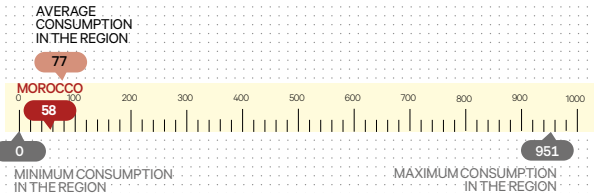
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Morocco

(D) Use of essential medicines

Opioids consumption (excluding methadone)
58
S-DDD/MILL INHABITANTS/DAY

Morocco in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



(C) Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Société Marocaine des Soins Palliatifs et Traitement de la Douleur (SMSPTD) et Association Marocaine des Soins Palliatifs (AMSP).

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(E) Education & Training

Medical schools with mandatory PC teaching
18/18

Nursing schools with mandatory PC teaching
0/26

Recognition of PC specialty
3

(B) Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3





Inclusion of PC in the basic health package at the primary care level
4

(A) Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	 In Morocco, strong national and subnational advocacy for palliative care is led by two specialist associations: the Moroccan Society for Palliative Care and Pain Management (SMSPTD, founded in 1996) and the Moroccan Association for Palliative Care (AMSP, established in 2019). Both support training, public engagement, and contribute to policy development. The Lalla Salma Foundation plays a key role in establishing palliative care units in oncology centres as part of the National Cancer Control Plan. The ALCS and the network of people living with HIV advocate for rights and community empowerment. Volunteer activities, coordinated through civil society networks, primarily provide socio-economic support. Public awareness and community acceptance of palliative care and opioid use are increasing, driven by patient and family demand for symptom relief and dignity at end of life.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	 In Morocco, the Official Bulletin No. 7002 (17 February 2022) provides legal provisions on end-of-life care. Article 44 states that physicians must relieve suffering and offer moral support to terminally ill patients, avoiding disproportionate or futile treatments that do not contribute to relief or dignity. Article 45 prohibits the use of outdated or unproven therapies and forbids exploitation of patient vulnerability. While these provisions establish ethical clinical conduct, there is no national policy or guideline on advance care planning (ACP), advance directives, or formal delegation of decision-making authority. The current legal framework addresses professional duties but does not empower patients to formally document or plan their future care preferences.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	 In Morocco, palliative care is integrated into national health strategies, including the Multisectoral Strategy for NCDs (2019–2029), the 2025 Health Plan, and the National Cancer Control Plan. These frameworks include actions for pain management, social support, and expanding outpatient and home-based palliative care services. Specialised units have been established in oncology centres, and national psychosocial programmes for people living with HIV include palliative components. However, no standalone national strategy exists, and funding remains limited—palliative care accounts for only 1% of the cancer plan budget. Despite this, the Ministry of Health recognises palliative care as a priority, with measurable targets and active partnerships, including with WHO. Services for cancer patients are largely free, supported by NGOs providing financial, material, and training assistance. The strategy is validated and coordinated nationally, though some key populations remain underserved.

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 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	 In Morocco, palliative care is integrated into the national minimum service package and the country's cancer control strategy. The second National Cancer Prevention and Control Plan (PNPCC) includes a strategic axis on palliative care, focusing on pain management across hospital, outpatient, and home-based settings. Measures include expanding access to pain relief, training healthcare providers, and developing regulations aligned with bioethical principles. The plan also promotes community-based palliative care, though currently limited to tertiary-level services and family involvement. These actions align with WHO-EMR regional strategies for cancer control, particularly in strengthening provider capacity and delivering community and home-based palliative services. Five core actions and eleven specific measures address pain relief and palliative care access at all levels of the health system.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).  Does not have concrete functions or resources (budget, staff, etc.)	 Within the Ministry of Health and Social Protection in Morocco, palliative care is coordinated through the Division for Non-Communicable Diseases (DELM), specifically by the team in charge of cancer prevention and control. This team is responsible for planning, supervising, and implementing palliative care activities in oncology at the national level. Their role includes defined functions and involvement of professional staff. However, these responsibilities are carried out within the broader framework of cancer control, and there is no separate organisational unit or allocated budget dedicated exclusively to palliative care across all conditions.

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Morocco

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

In Morocco, two national scientific conferences specifically dedicated to palliative care were held in 2022 and 2023, both organised as international events. In addition, other scientific meetings have included palliative care sessions, such as the 2017 American Society of Clinical Oncology (ASCO) multidisciplinary course in Marrakech, which addressed colorectal cancer management and the role of palliative and supportive care. In 2021, five national webinars were held for general practitioners and specialists, covering key palliative care topics including pain management, nutrition, symptom control, and communication with patients and families. These events reflect a growing scientific commitment to palliative care education and professional development across the country.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



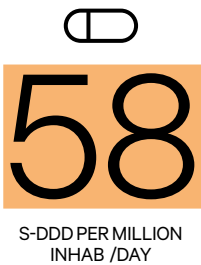
Reflects a limited number of articles published.

In Morocco, there is no specific funding allocated to palliative care research. Existing studies focus mainly on oncology and are led by academic research teams securing external support. Although the National Cancer Control Plan identifies research on palliative care needs and practices as a strategic priority, no dedicated budget has been assigned. As of July 2023, 14 peer-reviewed scientific articles had been published, ten of which were indexed—seven in Q1 journals. Medical theses have also addressed palliative care topics, particularly in oncology settings. While research activity is emerging, it remains modest and largely unfunded.

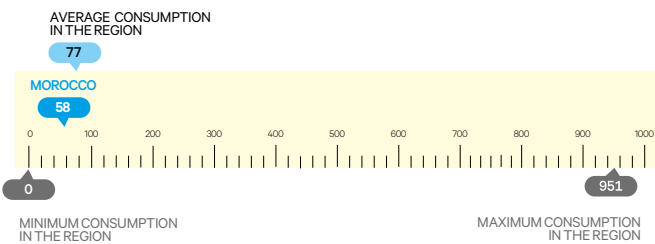
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.



COUNTRY VS REGION



AF

Morocco

Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Very good: Between 70% to 100%.

In Morocco, first-line analgesics on the WHO pain ladder are available at all levels of the health system. However, opioid access remains limited. Although national regulations allow all physicians to prescribe opioids and community pharmacies to dispense them, in practice, opioids are mostly restricted to regional oncology centres and selected urban pharmacies. Two opioids are available: morphine (oral immediate-release, sustained-release tablets, and injectable solution) and fentanyl (transdermal patches, oral tablets, and injectable solution). Transdermal and oral forms are rarely supplied by hospitals and are typically purchased by patients at high cost. Transmucosal fentanyl is occasionally available in two university hospitals (Fès and Oujda).

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

In Morocco, while legislation allows all community pharmacies to store and dispense opioids, in practice only a few pharmacies—mostly in urban areas near regional oncology centres—do so. Strict regulatory requirements and administrative burdens, combined with persistent fears among prescribers and pharmacists, limit access. All physicians are authorised to prescribe opioids, yet prescriptions are mostly limited to oncologists and anaesthetists. Morphine is primarily available in the public sector. Prescriptions must be written on special prescription pads, with a 28-day validity for oral forms and 10 days for injectables. No paediatric formulations are available, and oral liquid or powder forms of morphine are not marketed. The Ministry of Health has recognised opioid access as a national priority, and the health strategy includes specific actions to train professionals and address 'morphinophobia'. Despite legislative provisions, practical barriers to access and prescribing remain significant.

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Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

18/18

0/18

0/26

0/26



In Morocco, initial palliative care (PC) training in medical education remains limited. Since the 2015 medical curriculum reform, a 20-hour basic module on palliative care is offered in the fifth year of study, primarily focused on pain management and taught by anaesthetists and radiotherapists. Additionally, the Faculty of Medicine and Pharmacy in Marrakech has, for the past five years, implemented a four-day PC training programme for sixth-year students, combining theoretical instruction with simulation-based practice. Palliative care is addressed as a cross-cutting theme within the broader medical curriculum, rather than as a standalone discipline. In contrast, palliative care is not integrated into undergraduate nursing education.

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process for specialisation for palliative care physicians but exists other kinds of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

In Morocco, specialisation in palliative care is currently under development. Accredited and certificated continuing education programmes are available domestically, but no formal national medical specialisation in palliative care exists at present. Physicians practising as palliative care specialists have received their training abroad. There is no specialised palliative care training for paramedical professionals.

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Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams exist in the country.



Ad hoc/in some parts of the country.



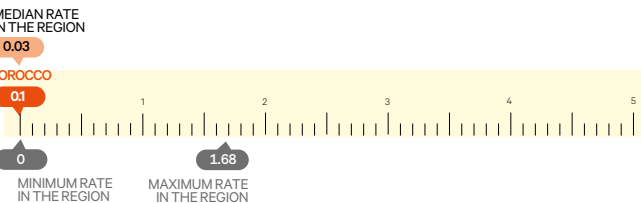
Not at all.



Found in many parts of the country.

In Morocco, palliative care services are available in 11 of the country's 12 administrative regions, with broad urban coverage and limited rural access. Public hospitals provide services through specialist teams, inpatient units, and mobile teams, while private sector availability remains minimal. There are currently 11 fixed palliative care units in regional oncology centres located in cities such as Casablanca, Rabat, Fès, and Marrakech, with an additional unit under development in Agadir. In parallel, 26 mobile palliative care teams operate nationwide, mainly from tertiary hospitals or oncology centres, offering home visits and outpatient services for advanced cancer patients. The Casablanca unit serves as a national referral and training centre. Despite significant progress, the system still faces challenges, including shortages of trained professionals, limited specialised centres for general and end-of-life care, and insufficient follow-up for patients after discharge.

RATE OF SPECIALISED PC SERVICES/100,000 INH



37
SPECIALISED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialised PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialised PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams for children exists in country.

7

PPC TEAMS

In Morocco, there are no dedicated paediatric palliative care units. However, one existing palliative care team also provides care for children. The country has six specialised paediatric oncology and haematology centres—two in Casablanca, and one each in Rabat, Fès, Oujda, and Marrakech—all of which offer paediatric palliative care services. Additionally, mobile palliative care teams have received training in paediatric palliative care and occasionally provide services to children in community settings.