



General data

POPULATION, 2024
38,081,173

PHYSICIANS/1000 INH. 2020-2022
N/A

COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
120

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

HEALTH EXPENDITURE, 2021
221.11

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

LEVEL OF DEVELOPMENT

- 1 EMERGING
- 2 PROGRESSING
- 3 ESTABLISHED
- 4 ADVANCED

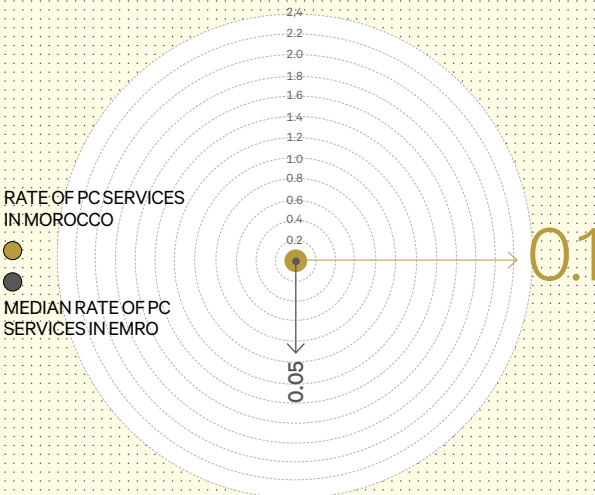
Morocco

F Provision of PC (Specialized Services)

Total number of Specialized PC services
37

Rate of PC services per 100,000 inhabitants
0.1

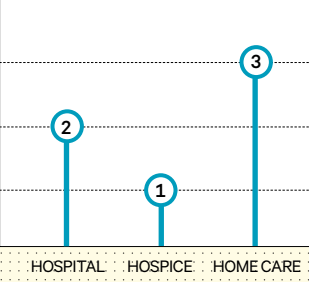
Morocco in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
7

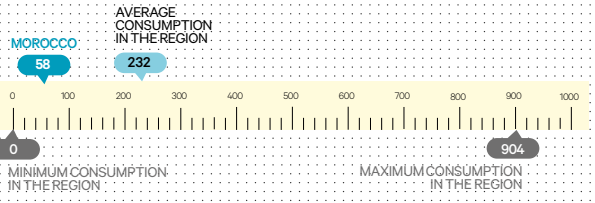


Morocco

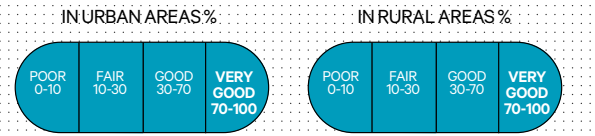
D Use of essential medicines

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

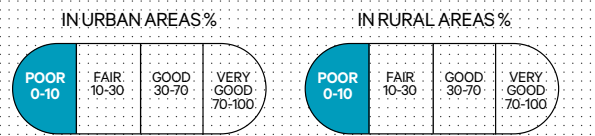
Morocco in the context of EMRO



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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Data collected: July 2023.

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Report reviewed by the Ministry of Health

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

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

EM Morocco

People & Communities

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 organizations support training, public engagement, and contribute to policy development. The Lalla Salma Foundation plays a key role in establishing palliative care units in oncology centers as part of the National Cancer Control Plan. The Association de Lutte Contre le Sida (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 the 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.

Policies

Ind3 3.1. There is a current national PC plan, program, policy, or strategy. 3.2. The national palliative care plan (or program 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 Non-Communicable Diseases (2019–2029), the 2025 Health Plan, and the National Cancer Prevention and Control Plan. These frameworks include actions focused on pain management, social support, and the expansion of outpatient and home-based palliative care services. Specialized units have been established within oncology centers, and national psychosocial programs for people living with HIV incorporate palliative care components. However, there is no standalone national palliative care strategy, and funding remains limited—palliative care represents only 1% of the cancer plan’s budget. Despite these challenges, the MoH recognizes palliative care as a priority, setting measurable targets and maintaining active partnerships, including with the WHO. Services for cancer patients are largely provided free of charge, supported by NGOs that offer financial, mate-
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EM Morocco

Policies

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.	rial, and training assistance. The overall strategy is nationally validated and coordinated, although certain key populations remain underserved.
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 incorporated 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 dedicated to palliative care, emphasizing pain management across hospital, outpatient, and home-based settings. Key measures focus on expanding access to pain relief, training healthcare providers, and developing regulations aligned with bioethical principles. The plan also promotes community-based palliative care, although currently this is largely limited to tertiary-level services and family involvement. These initiatives align with theWHO-EMRO strategies for cancer control, particularly in enhancing provider capacity and expanding community and home-based palliative care services. The plan outlines five core actions and eleven specific measures to improve pain relief and palliative care access across 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.	 The 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), by the cancer prevention and control service. This service 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 organizational unit or allocated budget dedicated exclusively to palliative care across all conditions.

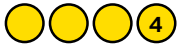
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Morocco

Research

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 exclusively focused on palliative care were held in 2022 and 2023 as international events. Palliative care was also addressed in other meetings, such as the 2017 ASCO multidisciplinary course in Marrakech on colorectal cancer. In 2021, five national webinars were organised for general practitioners and specialists, covering key topics like pain management, nutrition, symptom control, and communication.

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.



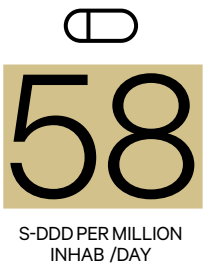
Minimal or non-existent number of articles published on the subject in that country.

In Morocco, there is no specific funding allocated to palliative care research. Most studies are oncology-related and supported by academic teams through external funding. Although the National Cancer Prevention and Control Plan identifies palliative care research as a priority, no dedicated budget has been established. By July 2023, 14 peer-reviewed articles had been published—ten indexed, including seven in Q1 journals. Additional outputs include national guidelines, technical reports, and medical theses on topics such as cancer pain, diagnosis disclosure, and quality of life.

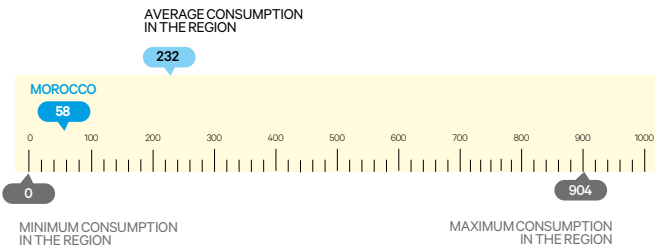
Ind8

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

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



COUNTRY VS REGION



Medicines

EM

Morocco

Medicines

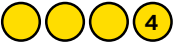
Ind9

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 throughout the health system. However, access to opioids remains limited. Although national regulations permit all physicians to prescribe opioids and community pharmacies to dispense them, in practice opioids are primarily restricted to regional oncology centers and selected urban pharmacies. Two opioids are available: morphine (oral immediate-release and sustained-release tablets, as well as 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 considerable expense. Transmucosal fentanyl is occasionally available at two university hospitals, located in 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, although legislation permits all community pharmacies to store and dispense opioids, in practice only a few—mostly located in urban areas near regional oncology centers—do so. Strict regulatory requirements and administrative burdens, alongside persistent concerns among prescribers and pharmacists, restrict access. All physicians are authorized to prescribe opioids; however, prescriptions are predominantly limited to oncologists and anaesthetists. Morphine is chiefly available within the public sector. Prescriptions must be issued on special prescription pads, with a validity of 28 days for oral forms and 10 days for injectables. No pediatric formulations exist, and oral liquid or powder morphine forms are not marketed. The Ministry of Health has recognized opioid access as a national priority, incorporating specific measures in the health strategy to train professionals and combat “morphinophobia.” Despite legislative provisions, substantial practical barriers to access and prescribing persist.

EM

Morocco

EM

Morocco

Education & Training

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 training within medical education remains limited. Following the 2015 reform of the medical curriculum, a basic 20-hour module on palliative care is provided during the fifth year of study, primarily concentrating on pain management. This module is predominantly delivered by anaesthetists and radiotherapists. Moreover, the Faculty of Medicine and Pharmacy in Marrakech has, over the past five years, implemented a four-day palliative care training programme for sixth-year medical students, which combines theoretical teaching with simulation-based practical sessions. **Within the broader medical curriculum, palliative care is treated as a cross-cutting subject rather than as an independent discipline.** Conversely, palliative care is not currently incorporated into undergraduate nursing education programmes in Morocco.

Ind12

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



There is no process for specialization 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, specialization in palliative care is currently in development. Although accredited and certificated continuing education programs are available domestically, there is no formal national medical specialization in palliative care at present. Physicians practicing as palliative care specialists have generally completed their training abroad. Furthermore, specialized palliative care training for paramedical professionals is not yet established. While efforts to develop formalized training pathways are underway, the absence of an official specialization limits the local capacity to train and credential professionals comprehensively within this field. Consequently, **Morocco relies on external training programs to prepare physicians who wish to specialize in palliative care.** The development of national frameworks for specialist training, including for paramedical staff, remains a priority to enhance the quality and availability of palliative care services across the country.

EM

Morocco

Provision of PC / Specialized Services

Ind13

- 13.1. There is a system of specialized 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 (specialized 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 specialized 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.



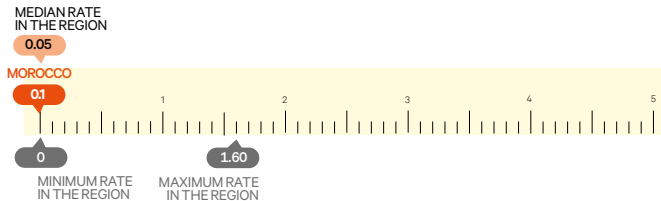
Not at all.



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 coverage in urban areas but limited access in rural regions. Public hospitals offer services through specialist teams, inpatient units, and mobile teams, whereas private sector availability remains minimal. Currently, there are 11 fixed palliative care units located within regional oncology centers in cities such as Casablanca, Rabat, Fès, and Marrakech, with an additional unit under development in Agadir. Alongside these, 26 mobile palliative care teams operate nationwide, primarily from tertiary hospitals or oncology centers, providing home visits and outpatient care for patients with advanced cancer. The Casablanca unit functions as a national referral and training center. Despite notable progress, the system continues to face challenges including shortages of trained professionals, limited specialized centers for general and end-of-life care, and inadequate follow-up for patients post-discharge.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



37

← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialized 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 specialized 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 pediatric palliative care units. However, one existing palliative care team also provides services for children. The country has six specialized pediatric oncology and hematology centers—two located in Casablanca, and one each in Rabat, Fès, Oujda, and Marrakech—all offering pediatric palliative care. Additionally, mobile palliative care teams have received training in pediatric palliative care and occasionally deliver services to children in community settings. Despite these provisions, formal pediatric palliative care remains limited, with care often integrated within broader oncology or adult services. Training and resource allocation for pediatric palliative care are still developing, and access outside major urban centers is minimal.