

Critical Study of the Law 84-12 Governing the Medical Devices in Morocco in the Light of the New European Medical Device Regulation MDR 745-17, Declared Objectives and the Reality of Execution

Elhatimy Abdelali^{1*}, Zamd Mohamed² and Boualam Abdellah³

¹PhD student of Doctoral Center for Health Sciences, Faculty of Medicine and Pharmacy (FMPC), HASSAN II University, Casablanca, Morocco

²Professor of Higher Education, Faculty of Medicine and Pharmacy (FMPC), HASSAN II University, Casablanca, Morocco

³Professor of Higher Education, National Higher School of Electricity and Mechanics (NHSEM), HASSAN II University, Casablanca, Morocco

*Corresponding Author: Abdelali22000@gmail.com

Received: 14th June, 2026; Revised: 20th July 2026; Accepted: 20th August, 2026; Available Online: 05th September 2026

ABSTRACT

The aim of this article is to conduct a legal, critical, descriptive, and analytical reading of the law 84-12 governing medical devices sector in Morocco and its implementing texts in the light of the new medical device regulation in Europe MDR745-17. which became obsolete and thus requires an urgent reform in a perspective of regulatory harmonization, alignment and compatibility with the international standards and norms to ensure a better adaptation to the general context of medical devices, and an optimal security to the patients and users, and finally to preserve the interests of the economic operators. For this, we are going to undertake a dissection of the law structure, while trying to identify the inadequacies and the shortcomings.

Keywords: Medical Devices, Regulation, Law84-12, MDR (Medical Device Regulation) 745-17, Morocco.

How to cite this article: Elhatimy A, Zamd M, Boualam A, Critical Study of the Law 84-12 Governing the Medical Devices in Morocco in the Light of the New European Medical Device Regulation MDR 745-17, Declared Objectives and the Reality of Execution. Int J Drug Deliv Technol. 2026; 16(7): 1774-1780. DOI: 10.25258/ijddt.16.7.190

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

The regulation of medical devices in Morocco emerged for the first time with the sole circular No.7 of February 19, 1997[1]. The latter obliged the economic operators to register the medical devices before their commercialization in the market, as being a special measure of supervision and guarantee of the quality and the security of the patients and medical devices users. Before the circular, the medical devices were treated as all the other products and goods according to the commerce code and the customs law, thereby threatening the security of the patients. Before the advent of the law 84-12 which draws inspiration from the European guidelines 90/385/CEE [2] and 93/42/CEE [3], the medical devices were finally able to have their own legal framework such as the medicines which got it before nearly ten years compared to medical devices thanks to the law 17-04 establishing the code of medicines and pharmacy. The law 84-12 witnessed difficulties in its execution because it was necessary to wait more than two years so that its application decrees are adopted, since the advertisement of the law till now, for more than twenty years, which is a long duration, necessitating a reform of the latter so as to be able to remedy the problems that the medical devices sector knows in Morocco, and to adapt to the sector

changes throughout the world, especially in Europe with the emergence of the MDR 745-17.

I- Medical devices regulation in Morocco

In Morocco, the medical devices sector is ruled by the law 84-12 which constituted the general regulation beside an application decree [4] and four ministerial orders. The first fixes the laws of declaration of the operating establishments in the medical devices sector [5], the second relates to registration and advertising [6], the third covers the rules of classification, the essential requirements of quality, of security and performance, the rules of good practice of manufacturing, transport, storage, distribution, evaluation of medical devices performance, and the model of the inspection and offence finding reports [7], finally the fourth order is linked to modalities of information of the delegation regulatory authority by means of subcontracting of the manufacturing activities, exportation, distribution, or maintenance of medical devices [8].

1 The exercise in the medical devices sector

➤ The Prior declaration

Before starting the activity, the establishments of manufacturing, importation, exportation, and distribution

*Author for Correspondence: Abdelali22000@gmail.com

of medical devices are compelled to proceed to a prior declaration of their activities to the administration by specifying the nature of the activity and medical devices concerned. The declaration aims to list the actors of the medical devices sector in order to protect it against the black and the counterfeit markets. Nonetheless, many establishments, above all those of distribution named parapharmacy operate without any prior declaration to the direction of medicines and pharmacy and without any announcement to the local authorities, which threatens and impairs the public health.

➤ **The registration certificate**

The placing on the market of a medical device is subordinated to a prior obtaining of a registration certificate of the said device for any establishment of manufacturing or importation [9]. Thus the holder of the registration remains the sole responsible for the evaluation of the clinical data of these products in accordance with the scientific data, and must notify any modification affecting the registration file. Furthermore, he is obliged to proceed to a new registration request for any change that impacts the nature of a medical device [10]. Generally, this responsibility must be shared between the holder of the registration certificate when he is a non-manufacturing importer and the manufacturer, otherwise, the law would be able to ask the registration holder to subscribe an insurance policy for reimbursement, as the case may be, of the patients victims of incidents or accidents linked to the use of defective medical devices since, following the situations and nature of medical device, the importer who is the holder of the registration certificate may be unable to manage all the incidents and accidents related to the medical device of which he is the responsible importer.

➤ **The maintenance obligation for the operators or health establishments**

The medical devices operators are obliged to guarantee their maintenance following the contract which they concluded with the manufacturer, or with the establishment of maintenance [11]. So, the law promised that the list of the medical devices considered by the obligation of maintenance would be fixed by a regulatory text, but till now, no text is available for the delimitation of the said list.

➤ **The medical devices advertising**

Medical device advertising is subordinated to a prior obtaining of the visa [12]. However, the advertising campaigns led by the administration are not subjected to visa acquisition. This disposition is against the principle of separation of power which states that we cannot confide to the owners of power for setting up laws to execute them. Therefore, the administration cannot be the body which delivers the advertising visa, and at the same time, exonerates itself from this visa. The latter prerogative must be confided to another independent body, otherwise it wouldn't be existent.

The law allows advertising to the public when the medical device is not subject to the medical prescription and is not

reimbursable by the health insurance systems [13], which constitutes an abusive and anti-constitutional condition because it does not allow a loyal competition. In this case, some medical devices are not prone to a medical prescription, nor reimbursable. Nevertheless, they present a danger for health and require medical supervision. Consequently, the fact of accepting only reimbursable medical devices under prescription means that the legislator has under-estimated the different dangers that some medical devices may cause. Reading the Arab and French versions of the law 84-12, we notice that in the French version, the two conditions for advertising a medical device are cumulative, so the medical device must not be reimbursable, nor liable to a medical prescription. Besides, we add a third condition, the registration certificate which must not include any restriction for public advertising, whereas in the Arab version, the three conditions are not cumulative.

The advertising visa duration was not specified, which leaves room for asking the following question? Once the registration certificate is automatically renewed, is the advertising visa thus renewed or it must be remade? Concerning the advertising campaigns led by the administration and which are exonerated from the visa, the law should further clarify the nature of these campaigns, whether they are led within the framework of medical caravans or not.

2 The national advisory commission of medical devices

The law speaks of the revocation of commission members in case of interest conflicts [14] without referring to a regulatory text for the delimitation of the situations of interests conflict and without precision of the way which the declaration of interest conflict must be done by a commission member, whether it must be presented in a written or an oral manner, and finally the law would have given an identification of the deposit deadline of declaration of interest conflict as well as the deadline for the answer of the administration to the said declaration. In addition, the law did not speak about cases in which one of the commission members is revoked; is it only for the file where he is in a situation of conflict, or for the whole files programmed in the order of the day [15]? Finally, the law did not foresee explicit sanctions, contrary to the commission members who infringe the rules in case of non-respect of the professional secret, interest conflicts, etc.

II The inadequacies and failures of the law 84-12

1 The limits of executions

➤ **The classification of medical devices**

The rules of the classification of medical devices in Morocco are nearly similar to those contained in the ancient European directive 93/42/CEE of June 14th, 1993. They are 18 rules. In Europe the classification of medical devices is the responsibility of manufacturers, assisted by the notified bodies for the classification of medical devices and bringing into regulatory compliance. The emergence

of the new European medical device regulation 745-17 has shown an increase in the number of classification laws which went to 22 rules by adding those of classification for medical devices incorporating nanomaterials, for devices functioning as integrated diagnosis, for automated defibrillators, for medical software, and for medical devices composed of substances or combination of substances intended to be introduced by body orifices or by application to the skin, and thus for a good adaptation with the regulatory technological and international context. Morocco is obliged to update the rules of classification of medical devices and to think of having organization equated with the notified bodies so as to help and assist the manufacturers in the different processes of classification and regulatory compliance.

➤ **The management system of the quality ISO 13485**

The administration of medicines and pharmacy has addressed a note that from 15/02/2021, all the establishments of the sector must imperatively deposit a certificate of conformity to the requirements of the norm ISO13485, either for the creation of a new establishment or for the updating of the ancient declaration. This requirement, judged anti-competitive [16] by the professionals favouring the creation of monopolies, has posed problems, since it became a regulatory obligation for all the establishments, unlike to the former state where it was as such only for the manufacture establishments, knowing that neither the law 84-12 nor the regulatory order governing the procedure of the declaration of the establishment and the file relating to it comprises any regulatory disposition [17]. This constitutes a financial burden for the establishments of small or average size and has let the opportunists accompanying the medical devices sector to get richer from the sale of certificates which attest that the said establishments are in the process of the implementation of the system ISO13485. Taking into account the difficulties of application, the administration of medicines and pharmacy has put as a temporary measure bringing at least a certificate attesting that the installation of quality management system ISO13485 is in process so as to allow the establishments to pursue their activities.

➤ **The registration of used or refurbished medical devices**

The law 84-12 has given the possibility of registration of medical devices used or renovated [18] by using the present participle of the modal verb can (can be subject to registration) which means that we are not obliged to register these medical devices and that we have the right to register them or not, and this contradicts the paragraph 1 of the article 12 which disposes (The placing of medical devices in the market is subordinated to a prior obtaining of a registration certificate delivered by the administration after consultation of the national advisory commission of medical devices). However, by derogation from the article 12, the law has specified in the paragraph 3 of the article 13 that among the medical devices not subject to the registration obligation, we find the used medical devices

imported with the objective of their refurbishment in accordance with the regulatory legislation in force. Therefore, we understand by the expression (placed in the market) the national market following the regulation of the article 12. Each medical device placed in the market must be previously registered, excluding from this obligation the medical devices cited in the paragraph 3 of the article 13, namely, the used medical devices imported for refurbishment and exportation. This means that the case does not concern the national market but a foreign one. We are thus faced with a contradiction or redundancy. Hence, the question to ask is: who can ensure that the used medical devices imported or refurbished for exportation are not sold in the national market? Which can threaten the public health.

➤ **Medical devices imported as donations**

The law allows the introduction of medical devices as donations on the kingdom's territory on condition that a declaration is signalled to the administration within 30 days. This deadline given as a response to the administration seems very long, knowing that the cases of donations can coincide with the situations of emergency where the need for some devices is sometimes increasing. In this case, the Moroccan legislator must review this deadline and shorten it as much as possible, considering the necessity for certain types of devices in case of emergency.

Among the conditions of medical devices admissibility as objects of donation, the law requires that they must be manufactured according to the norms equivalent to those in force in Morocco, as well as the duration of their remaining validity. If it exists, it must be superior or equal to the duration of their total validity [19]. The first condition is exaggerated, taking into account that some countries like the U.S work sometimes with norms which are not equivalent to those adopted or applied in Morocco, a thing which can sometimes deprive Moroccans of certain medical devices in case of need or urgent necessity. The second necessity must be abrogated since some medical devices that are rare and not of great necessity or importance, if applicable, a month or two or lesser, as a remaining period of their validity suffices for their use because they are not intended neither for sale nor for storing but for ultimate emergency or necessity.

➤ **Reprocessing of medical devices for single use**

The legislator speaks about the registration of medical devices as donations, which implicitly shows that neither the importation, nor the local manufacturing is adequate to satisfy the needs of the national market [20]. Consequently, the introduction of regulations governing the reprocessing of medical devices for single use, on an industrial scale or with health establishments, will significantly reduce the need of the market and can, thus, decrease medical waste production, thereby contributing to the protection of the environment.

➤ **The Suspension and the withdrawal of registration certificates**

Before uttering the decision of suspension or the withdrawal of the registration certificate, the administration did not identify the responsible for the operation of evaluating or determining that a medical device does not allow the obtaining of the expected results [21] but, in return, cannot be replaced. This is the case for example, of the rare medical devices which were not cited by any legal regulation. As for the composition, the law did not specify how we can assess the qualitative and quantitative composition of a medical device [22], and also whether this is to be done on the basis of the reviews and statements of users, health professionals, and others, or whether it is obligatory to ask the service of the laboratories and expertise, if appropriate, the withdrawal is ordered following a judicial decision having acquired the force of *res judicata*, the withdrawal is applied automatically [23] if it is of public order or it requires the filing of an enforcement request.

➤ **Withdrawal or recall decision and medical devices destruction**

The law has entrusted to the holder of registration the operations of recall, of destruction, and of return of the concerned devices outside of the national territory [24], knowing that these operations may be quite burdensome and can sometimes exceed the financial capacities since, for some devices, the operation of destruction seems costlier than the operation of manufacturing or registration. So, in principle, as the administration is responsible for the assessment of medical devices and their registration before their placing in the national market, a part of responsibility is attributed to the administration in order to avoid the risk which they may generate in situations of danger for public health or in case of force majeure. Thus the state must participate, at least partially in some cases that may be delimited by regulatory ways or force the registration holder to prescribe an insurance policy for any accident or incident risk encountered with the registration medical devices in their names. We also noticed that the deadline given by the administration may be fixed, which can lead to ambiguities, to differences, and to uncertainties in the execution.

The law should have resorted to the application texts relating to the destruction operations of the medical devices in question. Moreover, the law should have predicted the sanctions in case of non-completion of the documents proving the destruction or the removal of the medical devices from the national territory.

➤ **The inspection of the establishments operating in the field of medical devices**

The law 84-12 has subjected to periodic inspections [25] the establishments of manufacturing, importation, exportation, distribution, and maintenance of medical devices without specifying the intervals of the said inspections. The regulation excluded the establishments of subcontracting of inspections and did not predict the

regulation in quotation of the situations that require unexpected inspections. We notice the absence of regulations for mentioning the protection of the rights of the establishments subject to inspection (notice, possibility of the presence of administration manager or of his representative, etc.), The absence of sanctions in case of regulation violation of the conflicts of interests [26], and of the procedural measures (investigation, anti-corruption, respect of deontological law linked to the exercise of public functions, the verification of the inspectors report concerned, revocation, recusal) [27]. In a transparent perspective, why not to display annually or make public the report evaluating the work of the inspectors responsible for the inspection of different establishments?

The law speaks of the formal notice to the person in charge of the inspected establishments so as to cease the offense or the observed anomaly within a deadline that it specifies, depending on the importance of the reported corrections [28]. However, once the anomaly or the transgression is reported, and the inspectors are still in place, it would be judicious to send the report to the manager of the establishment or to his legal representative, if applicable, in order to avoid placing any burden on the administration or fees for formal notice or notification. The law did not speak about a gradation in the sanctions instead of, for example, asking the president of the court to order the closure of the establishment in case of infringement threat.

First of all, it is better to request the decisive cessation of the noted violation as well as the seizure of devices and materials which are objects of infringement, and this, for keeping the establishments functioning and for maintaining the employment until the obtaining of a final judgment on the merits, taking into consideration that an establishment may sometimes be the sole manufacturer, supplier, or distributor of devices that are often of great importance for public health [29]. Such is the case for orphan medical devices. Therefore, the decision for the closure of the establishment may cause harm to the patients relying on this type of rare devices.

➤ **Traceability of medical devices**

The establishments of manufacturing, importation, exportation, and distribution of medical devices, health establishments, and health professionals [30] are recommended to respect the rules of traceability of medical devices according to the degree of their dangerousness. The law has promised the establishment of the list of medical devices which are concerned by the traceability obligation [31], whereas the latter has been unable to emerge since the promulgation of the law 84-12, which left a margin of manoeuvre for the operators of the sector so as to get free from this obligation in case of non-respect of this regulation. Contrary to the article 23, the article 25 has excluded the health establishments from the obligation of the report of any incident, risk of incident, or any alteration of the quality of a medical device and has limited itself to only the citation of the establishments of manufacturing, importation, exportation, distribution, and

health professionals. The latter can practice as freelancers or as employees in offices or in private clinics in this case, this regulation has subjected the articles 23 and 25 much more to contradiction rather than to complementarity. The deadline of 15 days [32] must be reduced, considering the danger for the public health; and the report of the said risk to the administration by the registration holder must be immediate, and so must the response, or in a brief deadline because the case is about a force majeure. Thus, for the registration holder, the longer the deadline is, the more difficult becomes the withdrawal of the device from the market, and sometimes it exceeds his logistical and financial capabilities. Consequently, the help of the administration becomes necessary and essential.

2 Penalties

➤ **Modifications of the initial declaration**

The law foresees a very excessive fine varying between 60000 and 100000 DHS against establishments of manufacturing, importation, exportation, and distribution which proceed to a modification of the initial declaration without reporting the said modification to the administration [33].

We can deduce is that the law did not make a difference between a substantial modification of the constituent elements of the initial declaration, and a simple formal declaration which does not have a great impact. We must take into account the class of medical devices, the seriousness of the infringement, and the relapse, so that the sanction is proportional to the violation, and must also predict a gradation in the sanction. Moreover, the law has excluded the establishments of maintenance from this regulation, knowing that they can proceed to a modification of the initial declaration as they can also transgress the regulation relating to medical devices advertising [34], and thus create obstacles to the administrative inspection [35]. On the contrary, in the Arab version, the establishments of maintenance are cited for the same article of the law.

As for the last paragraph of the article 43 of the law 84-12, the law has corrected its mistake this time, by adding the establishments of maintenance beside those of manufacturing ,importation, exportation and distribution of medical devices of class IIb and class III that commit transgressions cited in the first paragraph of the article 43 for a sanction of a fine varying between 2 and 5 of the turnover excluding the tax of the last financial exercise without the fact that the fine is inferior to 500000 DHS which remains high, thereby requiring a revision.

➤ **The establishments exploiting a medical device whose withdrawal, destruction, or re-exportation have been decided**

The law speaks about the operator who is any physical or moral person responsible for a public or private health establishment [36], exploiting one or many medical devices [37] for which the administration has decided the withdrawal, the destruction, or the re-exportation, whereas, in the first paragraph of the article 44, the law

has cited only the establishments of manufacturing, importation, exportation, distribution, and maintenance without mentioning the private or public operator.

The amount of the fine ranging from 5 to 7 per cent without being inferior to 700000 DHS [38] is quite exaggerated and must be reviewed so that it is proportional to the seriousness of the infringement and not generalized to a multitude of violations of different gravities.

➤ **Absence of report of the incidents and the risk of incidents linked to the use of medical devices**

The law forgot to mention or include the operators, namely health establishments which can also be the source of infringement of non-reporting the incidents and risk of incidents related to the use of medical devices [39]. Furthermore, we notice that the French version did not report the transgression of health professionals in the case where the latter did not inform the administration of the incidents of the risk of incidents that may result from the use of a medical device in accordance with the article 25, whereas the Arab version cited it. In the article 44 the law did not follow a system of gradation in sanction in compliance with the seriousness of the infringement since it treated all the offences nearly equally (non-registration, on-respect of the rules of good practice, on-report of the incidents and risk of incidents, etc.) for the same sanction. The fine is proportional only to the turnover declared, which may seriously affect the companies mastering tax evasion. Therefore, the small establishments may go bankrupt in the case of committing violations of weak seriousness. Hence the necessity of following a gradation system in sanction.

➤ **Penalty of the fine**

The law has aggregated many infringements for the same fine, ranging from 200000 to 500000 DHS [40] without qualification of the seriousness of the facts, and without any proportionality between the facts or violations and the fines, the latter seem quite exaggerated and sometimes unbearable for the small establishments existing or newly created .The law should take into account the turnover realized during the last years so as to be capable of uttering an appropriate fine, since, for small or newly born establishments, this fine may be the cause of its definite closure. The minimum fines stipulated in these articles [41], and which vary between 200000, 500000, 700000 and 1000000 DHS for the establishments not having even accomplished their first financial exercise, are abusive and exaggerated, knowing that among them exist others of small or medium sizes. So these fines must be reviewed in order to encourage investments and create an atmosphere of fair competition. Therefore, we avoid any risk of closure or fall into difficulty. To do this, the fines must be proportional. We can even speak about a personalization of the sentence, taking into consideration the seriousness of the infringement, following the article 141 and 127 of the penal code, knowing, as an example, that some owners may have more than one establishment in the field of medical devices and may thus benefit from a maximum fine for an establishment. Whereas, the other

institutions can catch up and continue to operate, contrary to an owner who possesses only one and risks to lose all.

Finally, the law has done a general reference to the law 13-83 [42] without taking into account the nature of medical devices, their class, and the type of establishment, which leads to different interpretations on the part of the judges.

➤ **The relapse**

The French version of the law speaks of doubling the fine [43] without tackling the complementary penalties such as the prohibition of carrying out the activity, confiscation, etc.

➤ **Prohibition on fulfilling the activity**

The definite prohibition on carrying out the activity of manufacturing, distribution, and importation may negatively impact the supply of the national market, above all with the vital and rare medical devices. It would be judicious to think about alternative sentences. The law has excluded the establishments of medical device maintenance from the temporary prohibition of fulfilling this activity for a duration ranging from 5 to 10 years and from the definite forbiddance, knowing that even these establishments may expose the patients and medical devices users to the danger of death. The activities of manufacturing, importation, exportation, maintenance, and distribution of medical devices relate to the activities of commerce. Thus, there should have been done a reference to the rules of the trade code within the framework of the complementarity of the laws.

CONCLUSION

The medical devices regulation in Morocco depends on that of the European Union for historical, political and economic reasons. Besides, Morocco has recently extended its exchanges and even broadened them at the international level so as to conquer the Asian and the American markets. The regulation of medical devices in the USA differs from the Asian's, and the Asian regulation differs from that which is adopted in European Union, thereby making the economic exchanges sometimes difficult due to the heterogeneity of the regulations. In 1992, the Global Harmonization Task Force (GHTF) was created to establish a common rule or to converge towards harmonized regulatory requirements between world countries in order to promote exchanges and partnerships, to speak the same medical devices language, and to encourage the technological and regulatory innovation. In 2012, the same group was replaced by the IMDRF which is the International Medical Devices Regulators forum. Among its members we can cite the FDA for the USA, (HC) health Canada for Canada, (EC) European commission for the European Union, etc. In this case, the WHO, through the resolution WHA67.20 (World Health Assembly), has set up recommendations for the reinforcement and harmonization of the medical devices regulation, institution of authorities in charge of the inspection and monitoring, the optimization of international cooperation, the encouragement of the formation of the personnel responsible for the regulatory

affairs, the facilitation of exchanges between countries, and finally, the assurance of secure healthcare of the population. Therefore, and in the same perspective, since the Moroccan regulation for the medical devices is ancient, dating from more than 13 years, it must be revised via regulatory reform that sounds necessary and urgent.

REFERENCES

- [1] Circular No. 7 of February 19, 1997 of the Ministry of health regulating medical devices before the law 84-12.
- [2] Directive governing active implantable medical devices in Europe.
- [3] Directive governing medical devices in Europe.
- [4] Decree number 2-14-607 dated 22 Kaada 1435 (September 18, 2014).
- [5] Order of the minister of health number 2853-15 dated 18 Chaoual 1436 (August 4, 2015).
- [6] Order of the minister of health number 2855-15 dated 18 Chaoual 1436 (August 4, 2015).
- [7] Order of the minister of health number 2856-15 dated 18 Chaoual 1436 (August 4, 2015).
- [8] Article 7 of the law 84-12.
- [9] Article 12 of the law 84-12.
- [10] Article 16 of the law 84-12.
- [11] Paragraph 3 of article 10 of the law 84-12.
- [12] Article 34 of the law 84-12.
- [13] Article 33 of the law 84-12.
- [14] Article 37 of the law 84-12.
- [15] Such a decision would be abusive.
- [16] The ISO13485 standard is not an obligation for the community pharmacists, knowing that the latter are also medical devices distributors, that is the reason why it was judged anti-competitive by the professionals. Moreover, it threatens many establishments by subjecting them to disappearance from the market, considering its requirements that are sometimes quite burdensome and much intolerable for the small and medium establishments of the medical devices sector.
- [17] Health ministry decree No. 2853-15 of Chaoual 18, 1436 (August 4, 2015) fixing the sample of declaration of the establishments of manufacturing, importation, exportation, distribution, or maintenance of medical devices and the content of the accompanying file.
- [18] Article 18 of the law 84-12.
- [19] Paragraph 2 of article 22 of the law 84-12.

- [20] Morocco covers only 10% of its needs, and 90% are ensured by imports (the medical devices market in Morocco; a study led by Flanders Investment and Trade Market Survey, published in Casablanca, June 26, 2020).
- [21] Paragraph 1 of article 28 of the law 84-12.
- [22] Paragraph 2 of article 28 of the law 84-12.
- [23] Paragraph 3 of article 28 of the law 84-12.
- [24] Paragraph 2 of article 29 of the law 84-12.
- [25] Article 38 of the law 84-12.
- [26] Article 39 of the law 84-12.
- [27] Article 36 of the constitution of 2011. Article 9 of ethics code of the civil servants. The Law 113-12 establishing the national body of probity, of prevention, and of fight against corruption.
- [28] Article 40 of the law 84-12.
- [29] Last paragraph of article 40 of the law 84-12.
- [30] Article 23 of the law 84-12.
- [31] Article 23 of the law 84-12.
- [32] First paragraph of article 26 of the law 84-12.
- [33] Article 42 of the law 84-12.
- [34] Article 32, 33, 34, and 35 of the law 84-12.
- [35] Article 43 of the law 84-12.
- [36] First paragraph, indent 4 of article 44 of the law 84-12.
- [37] Paragraph 17 of article 1 of the law 84-12.
- [38] Article 44 of the law 84-12.
- [39] Article 44 of the law 84-12.
- [40] Article 44 of the law 84-12.
- [41] Articles 42, 43, 44, and 45 of the law 84-12.
- [42] Article 46 of the law 84-12.
- [43] Article 47 of the law 84-12 French version.