

Morocco: Obesity Health System



Economic classification

Lower Middle Income¹

Health system summary

Morocco has two state-financed schemes: the subsidised Medical Assistance Regime (Régime d'Assistance Médicale, RAMED) and the non-subsidised Mandatory Health Insurance Plan (Assurance Maladie Obligatoire, AMO). RAMED, rolled out nationally in 2012, covered 19% of the population in 2016 and is meant for poor and vulnerable households who make no and low contributions respectively.² About 33% of the population are covered by their own private insurance or AMO, the non-subsidised mandatory health insurance that covers private and public sector workers, uninsured spouses and children, and students.³ It is estimated that 48% of the population have no coverage, meaning out of pocket expenditure in Morocco is high⁴.

All residents of Morocco are entitled to free primary healthcare. Secondary and tertiary are not free, and so are generally covered by RAMED, AMO, private insurance or out of pocket payments. The Moroccan health system is said to be up against many challenges including a shortage of health workers, poor financing and inequity in access to services.⁵

Does Morocco's government define 'Obesity as a disease'?



Does Morocco's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

29.0%	11.0%
Women	Men
UNK%	UNK%
Girls	Boys

Overweight prevalence

34.4%	31.6%
Women	Men
UNK%	UNK%
Girls	Boys

Key prevention policies

- ⇒ A value-added-tax on soft and non-carbonated drinks

Summary of stakeholder feedback*

The stakeholder reported that there are no real strategies or plans focussed on obesity in Morocco. It appears that obesity is not considered a priority at all, with it not even featuring in discussions about the management of non-communicable disease risk factors.

Overall, the Moroccan health system is not thought to be working for the prevention, management and treatment of obesity. The stakeholder claimed there were little to no prevention efforts, but felt obesity could be better prevented by:

1. Improving the population's awareness of obesity
2. Having cross-sectoral collaboration that includes (but is not limited to) health and education bodies, industry and non-government organisations
3. Running health education programs

**Based on interviews/survey returns from 1 stakeholder*

Perceived barriers to treatment

No responses to this question.

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
2. <http://documents.worldbank.org/curated/en/177741516178542801/pdf/Morocco-s-subsidized-health-insurance-regime-for-the-poor-and-vulnerable-population-achievements-and-challenges.pdf> (last accessed 21.10.2019)
3. <http://documents.worldbank.org/curated/en/177741516178542801/pdf/Morocco-s-subsidized-health-insurance-regime-for-the-poor-and-vulnerable-population-achievements-and-challenges.pdf> (last accessed 21.10.2019)
4. <http://documents.worldbank.org/curated/en/177741516178542801/pdf/Morocco-s-subsidized-health-insurance-regime-for-the-poor-and-vulnerable-population-achievements-and-challenges.pdf> (last accessed 21.10.2019)
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4564433/> (last accessed 23.10.2019)

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