## Report card
### Morocco

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Obesity prevalence

Adults, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 5261
Area covered: National


Notes: STEPS Monitoring

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2016

- **Survey type:** Self-reported
- **Age:** 13-17
- **References:** Global School-based Student Health Survey (GSHS), available at [https://www.cdc.gov/gshs/countries/index.htm](https://www.cdc.gov/gshs/countries/index.htm) (last accessed 28.04.20)
- **Notes:** WHO cutoffs.
- **Cutoffs:** WHO
% Adults living with obesity in Morocco 1984-2017

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Morocco 1984-2017

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Men, 2008

Survey type: Measured
Age: 18+
Sample size: 2891
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Survey type: Measured
Age: 18+
Sample size: 2891
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Adults, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 5261
Area covered: National
Notes: STEPS

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2008

Survey type: Measured
Age: 18+
Sample size: 2891
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2008

Survey type: Measured
Age: 18+
Sample size: 2891
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Children, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
# Average daily frequency of carbonated soft drink consumption

## Children, 2009-2015

![Bar chart showing average daily frequency of carbonated soft drink consumption for various countries including Pakistan, Syria, Sudan, Afghanistan, Egypt, Iraq, Oman, Palestine, UAE, Morocco, Kuwait, Lebanon, and Qatar.](chart)

<table>
<thead>
<tr>
<th>Country</th>
<th>Times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>0.7</td>
</tr>
<tr>
<td>Syria</td>
<td>0.9</td>
</tr>
<tr>
<td>Sudan</td>
<td>1.1</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>1.2</td>
</tr>
<tr>
<td>Egypt</td>
<td>1.3</td>
</tr>
<tr>
<td>Iraq</td>
<td>1.4</td>
</tr>
<tr>
<td>Oman</td>
<td>1.5</td>
</tr>
<tr>
<td>Palestine</td>
<td>1.6</td>
</tr>
<tr>
<td>UAE</td>
<td>1.7</td>
</tr>
<tr>
<td>Morocco</td>
<td>1.8</td>
</tr>
<tr>
<td>Kuwait</td>
<td>1.9</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2.0</td>
</tr>
<tr>
<td>Qatar</td>
<td>2.1</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 12-17  

[https://doi.org/10.1177/0379572119848287](https://doi.org/10.1177/0379572119848287) sourced from Food Systems Dashboard  
[http://www.foodsystemsdashboard.org/food-system](http://www.foodsystemsdashboard.org/food-system)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17

Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

![Bar chart showing colorectal cancer incidence per 100,000 in various countries.](chart.png)


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

WORLD
OBESITY

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
### Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td>0.2</td>
</tr>
<tr>
<td>Djibouti</td>
<td>1.0</td>
</tr>
<tr>
<td>Egypt</td>
<td>1.2</td>
</tr>
<tr>
<td>Iran</td>
<td>1.4</td>
</tr>
<tr>
<td>Oman</td>
<td>1.6</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1.7</td>
</tr>
<tr>
<td>Sudan</td>
<td>1.8</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2.0</td>
</tr>
<tr>
<td>Somalia</td>
<td>2.2</td>
</tr>
<tr>
<td>Bahrain</td>
<td>2.4</td>
</tr>
<tr>
<td>Morocco</td>
<td>2.6</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2.8</td>
</tr>
<tr>
<td>Iraq</td>
<td>3.0</td>
</tr>
<tr>
<td>Kuwait</td>
<td>3.2</td>
</tr>
<tr>
<td>Palestine</td>
<td>3.4</td>
</tr>
<tr>
<td>Lebanon</td>
<td>3.6</td>
</tr>
<tr>
<td>Syria</td>
<td>3.8</td>
</tr>
<tr>
<td>Tunisia</td>
<td>4.0</td>
</tr>
<tr>
<td>Jordan</td>
<td>4.2</td>
</tr>
<tr>
<td>Qatar</td>
<td>4.4</td>
</tr>
<tr>
<td>Pakistan</td>
<td>4.6</td>
</tr>
<tr>
<td>Libya</td>
<td>4.8</td>
</tr>
<tr>
<td>UAE</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Age:**

20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age:

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

% raised blood pressure

Lebanon UAE Jordan Iran Bahrain Qatar Kuwait Libya Saudi Arabia Oman Tunisia Syria Iraq Egypt Djibouti Morocco Pakistan Afghanistan Yemen Somalia


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Lower Middle Income

Health systems 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. 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. It is estimated that 48% of the population have no coverage, meaning out of pocket expenditure in Morocco is high.

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.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Summary of stakeholder feedback

The stakeholder reported that there are no real strategies or plans focused 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:

Improving the population's awareness of obesity

Having cross-sectoral collaboration that includes (but is not limited to) health and education bodies, industry and non-government organisations

Running health education programs

Based on interviews/survey returns from 1 stakeholder

Last updated: June 2020

PDF created on September 5, 2020