

Report card

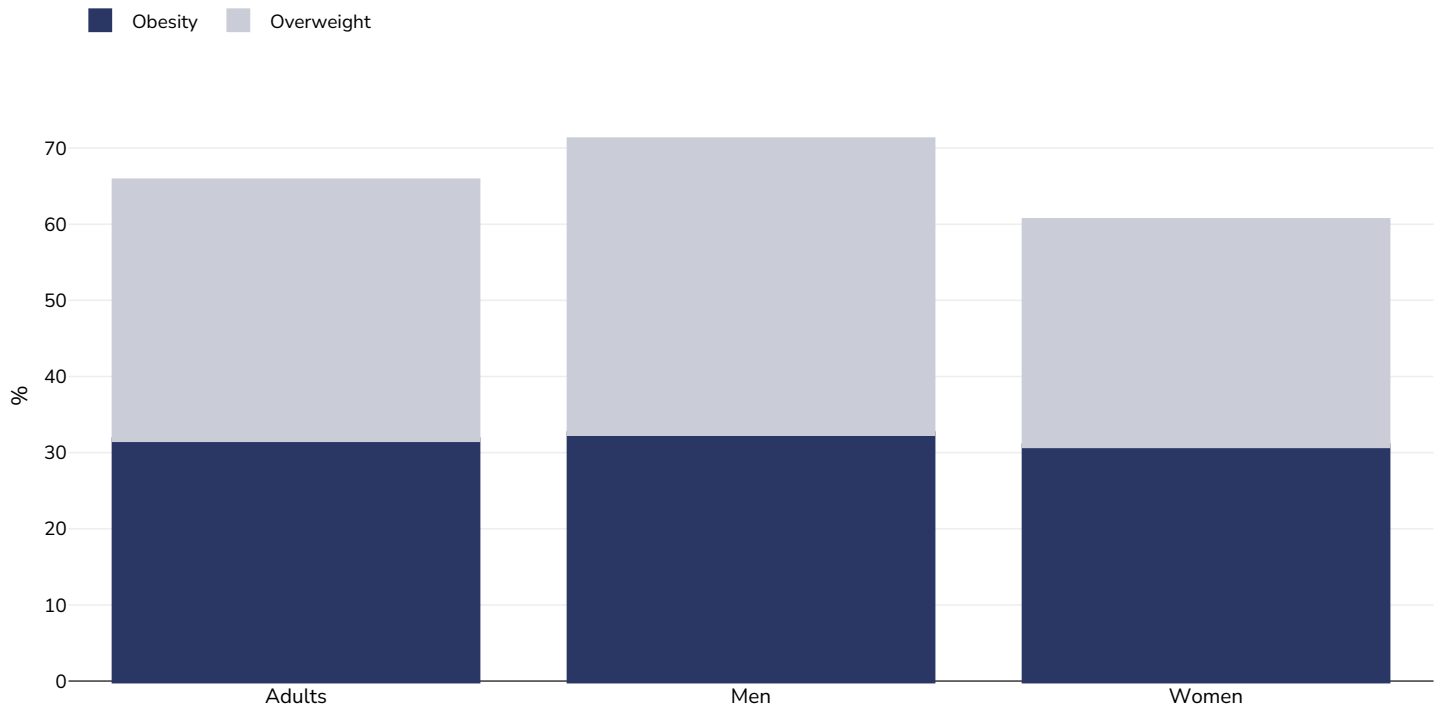
Australia



Contents	Page
Obesity prevalence	2
Trend: % Adults living with obesity, 2007-2023	4
Trend: % Adults living with overweight or obesity, 2007-2023	6
Trend: % Children living with overweight or obesity, 1997-2023	8
Trend: % Adults living with obesity, selected countries, 1976-2023	10
Trend: % Adults living with obesity, selected countries, 1960-2023	12
Overweight/obesity by education	14
Overweight/obesity by age	15
Overweight/obesity by region	17
Overweight/obesity by socio-economic group	21
Overweight/obesity by ethnicity	25
Insufficient physical activity	28
Estimated per capita fruit intake	34
Estimated per-capita processed meat intake	35
Estimated per capita whole grains intake	36
Mental health - depression disorders	37
Mental health - anxiety disorders	38
Oesophageal cancer	39
Breast cancer	41
Colorectal cancer	42
Pancreatic cancer	44
Gallbladder cancer	46
Kidney cancer	48
Cancer of the uterus	50
Raised blood pressure	51
Raised cholesterol	54
Raised fasting blood glucose	57
Diabetes prevalence	59
Contextual factors	60

Obesity prevalence

Adults, 2022-2023



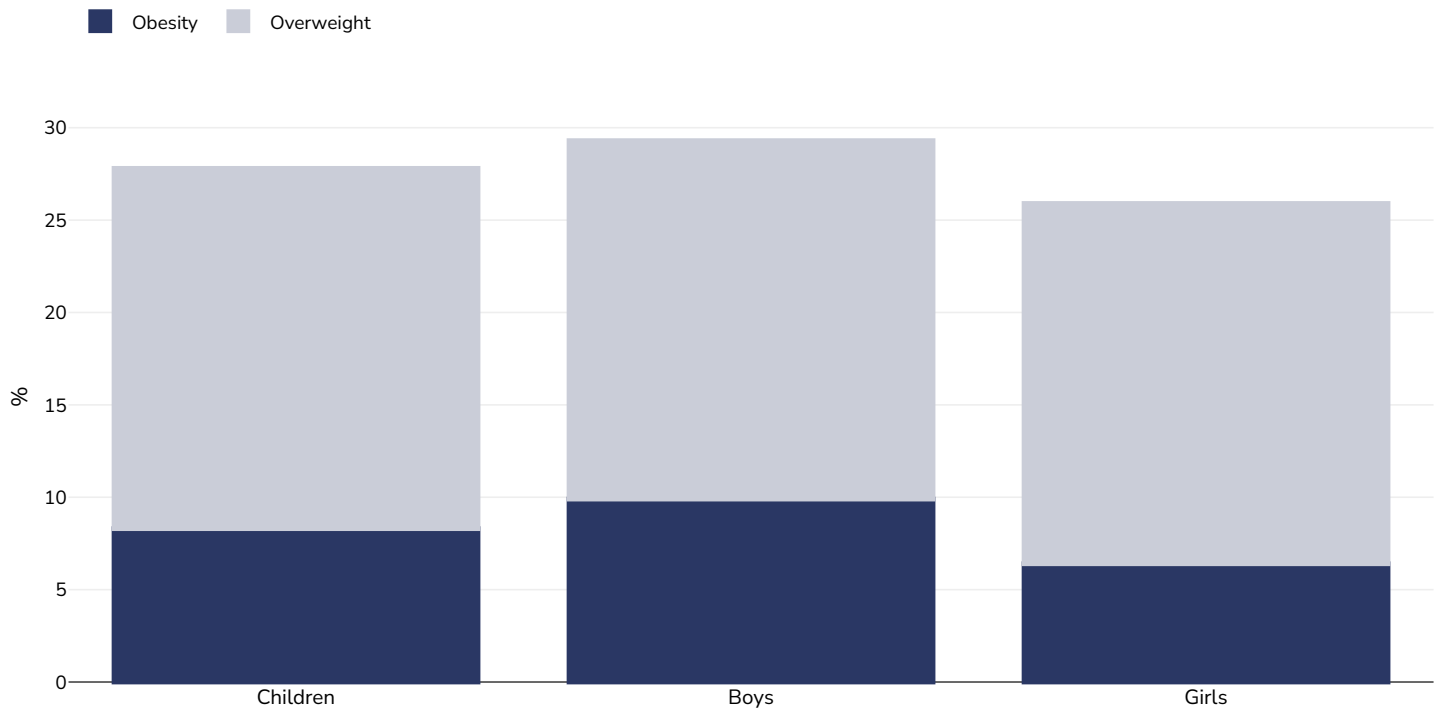
Survey type:	Measured
Age:	18+
Sample size:	~12846
Area covered:	National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

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

Children, 2022-2023



Survey type: Measured

Age: 5-17

Sample size: ~4222

Area covered: National

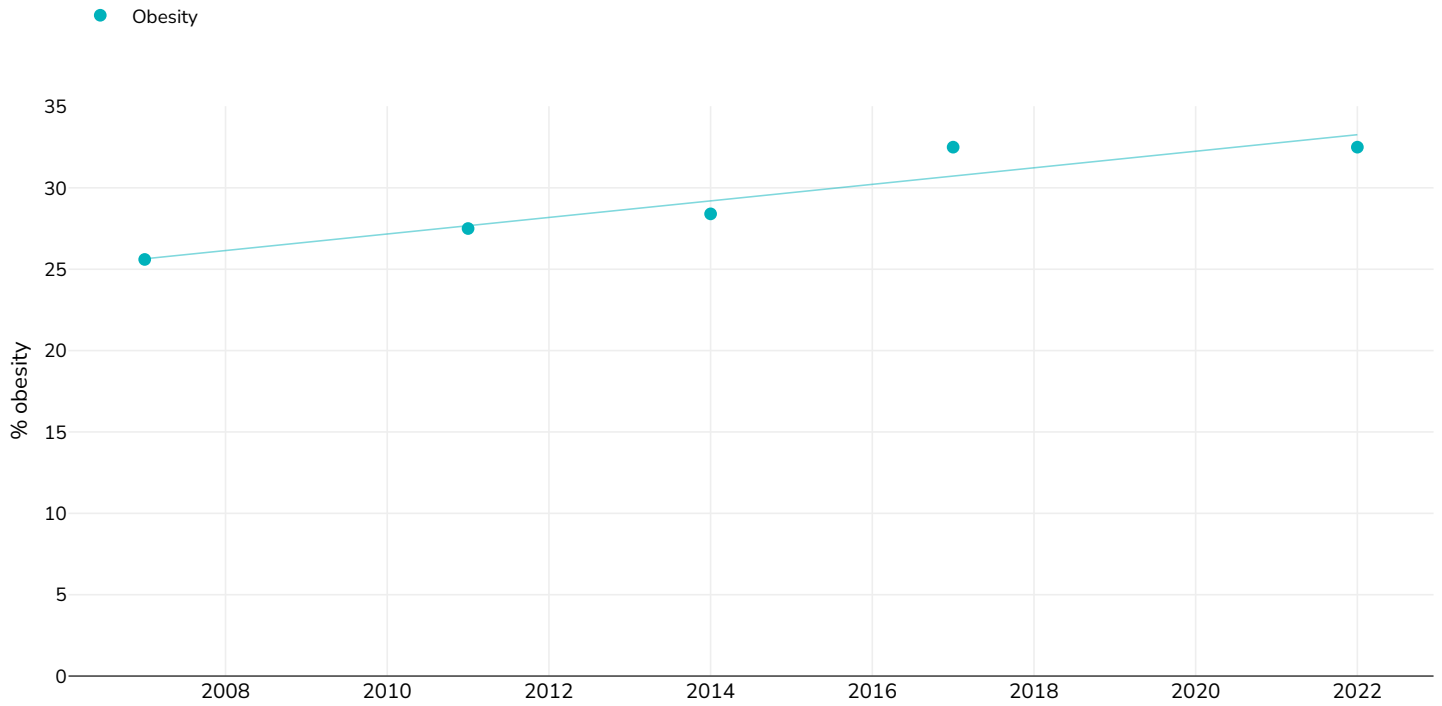
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Cutoffs: IOTF

% Adults living with obesity, 2007-2023

Men



Survey type:

Measured

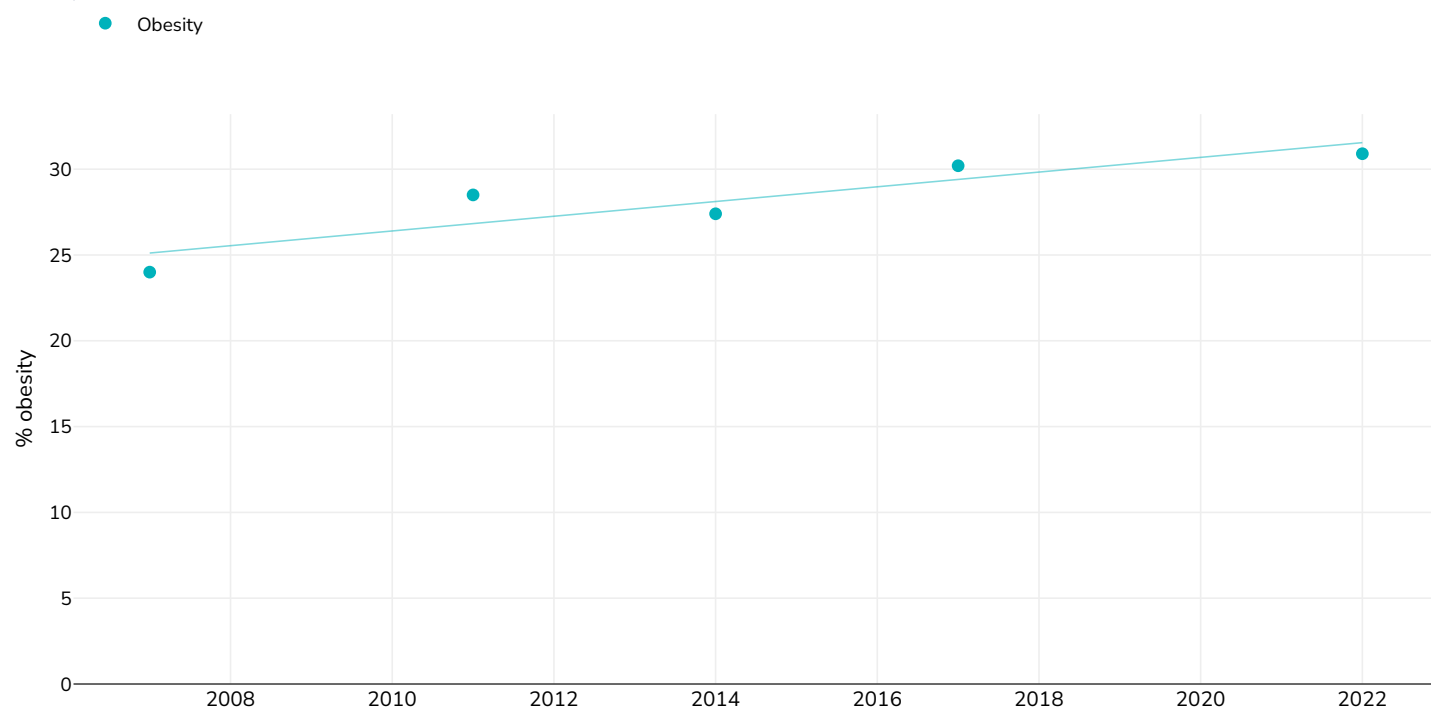
References:

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.

Women



Survey type:

Measured

References:

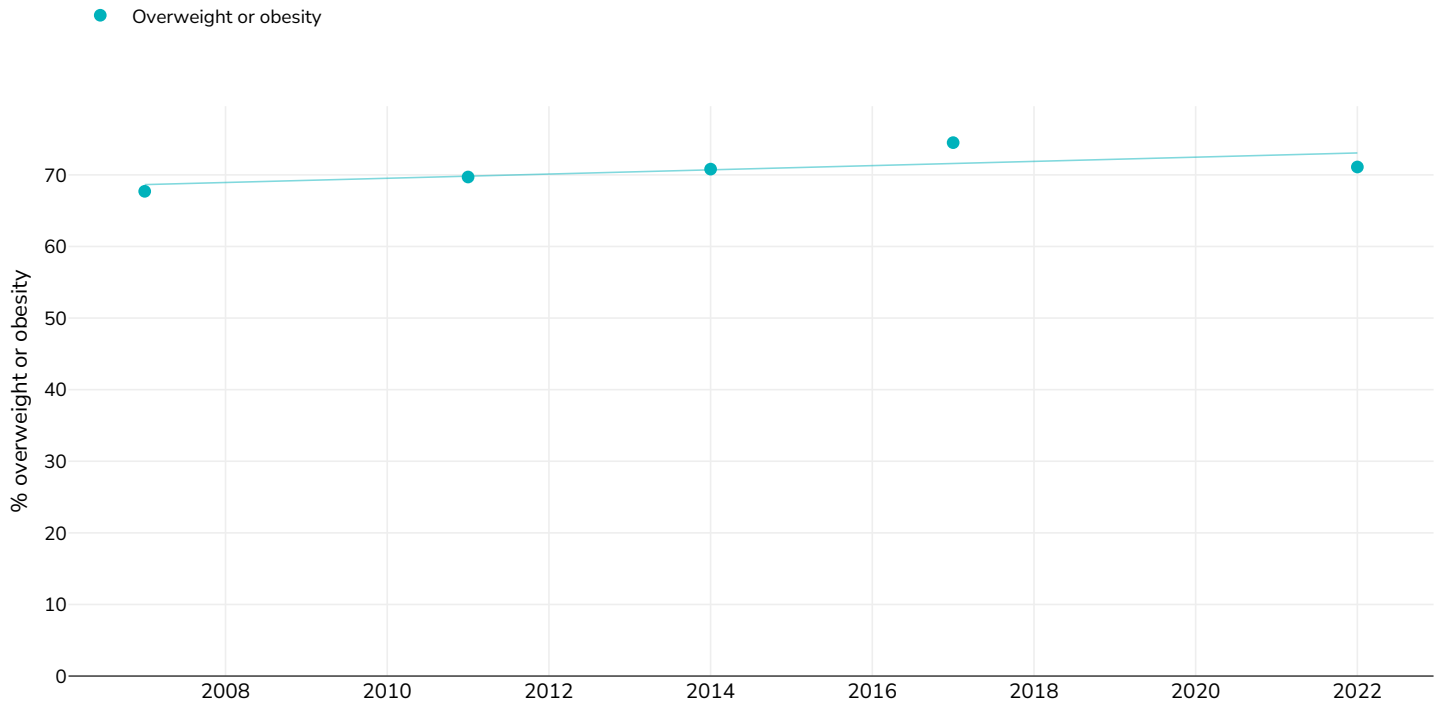
For full details of references visit <https://data.worldobesity.org/>

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, 2007-2023

Men



Survey type:

Measured

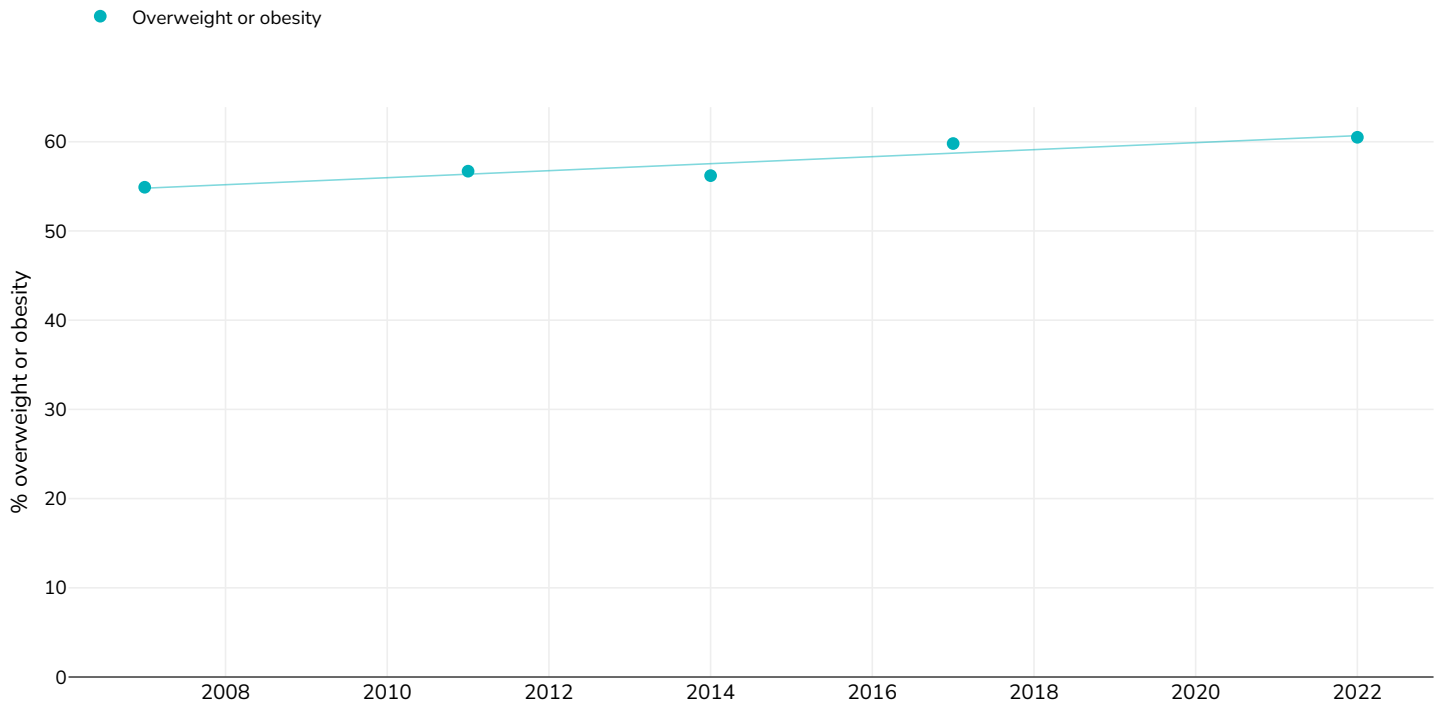
References:

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.

Women



Survey type:

Measured

References:

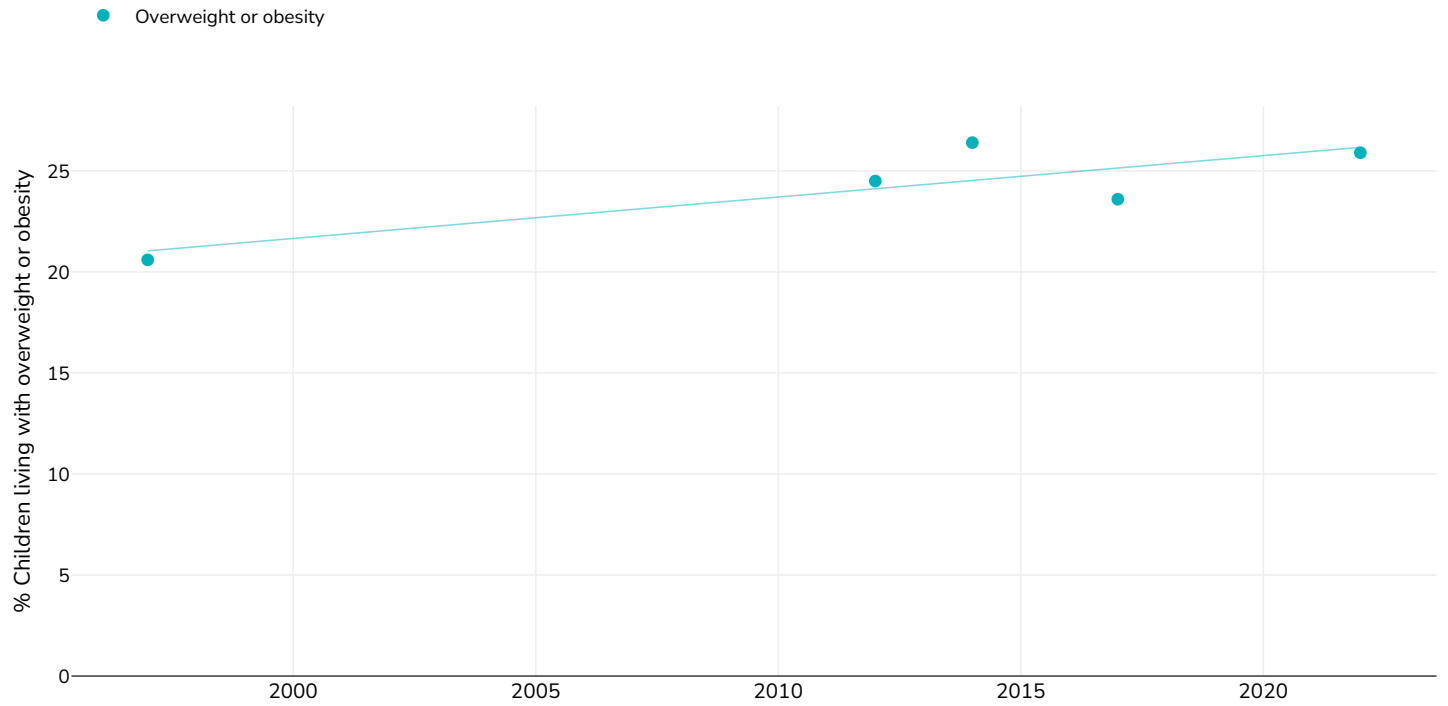
For full details of references visit <https://data.worldobesity.org/>

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.

% Children living with overweight or obesity, 1997-2023

Girls



Survey type:

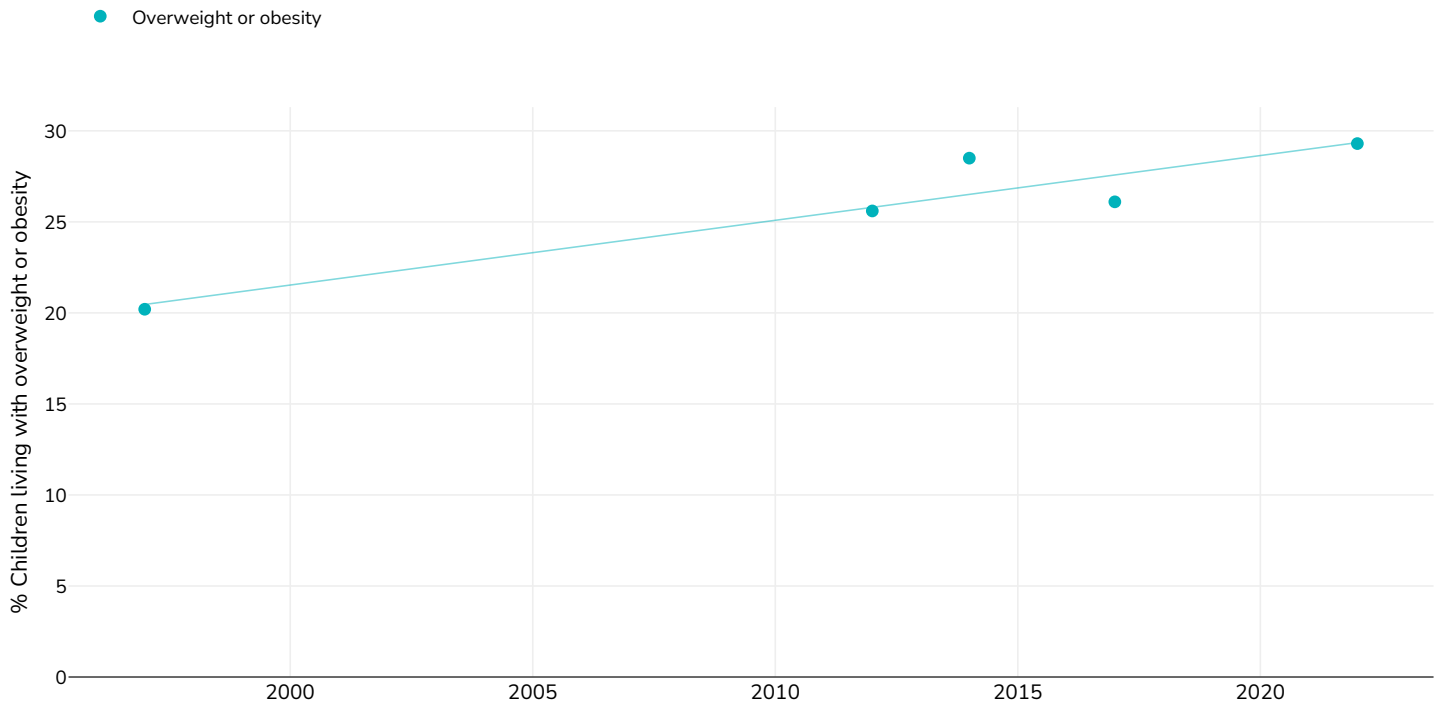
Measured

References:

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

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.

Boys



Survey type:

Measured

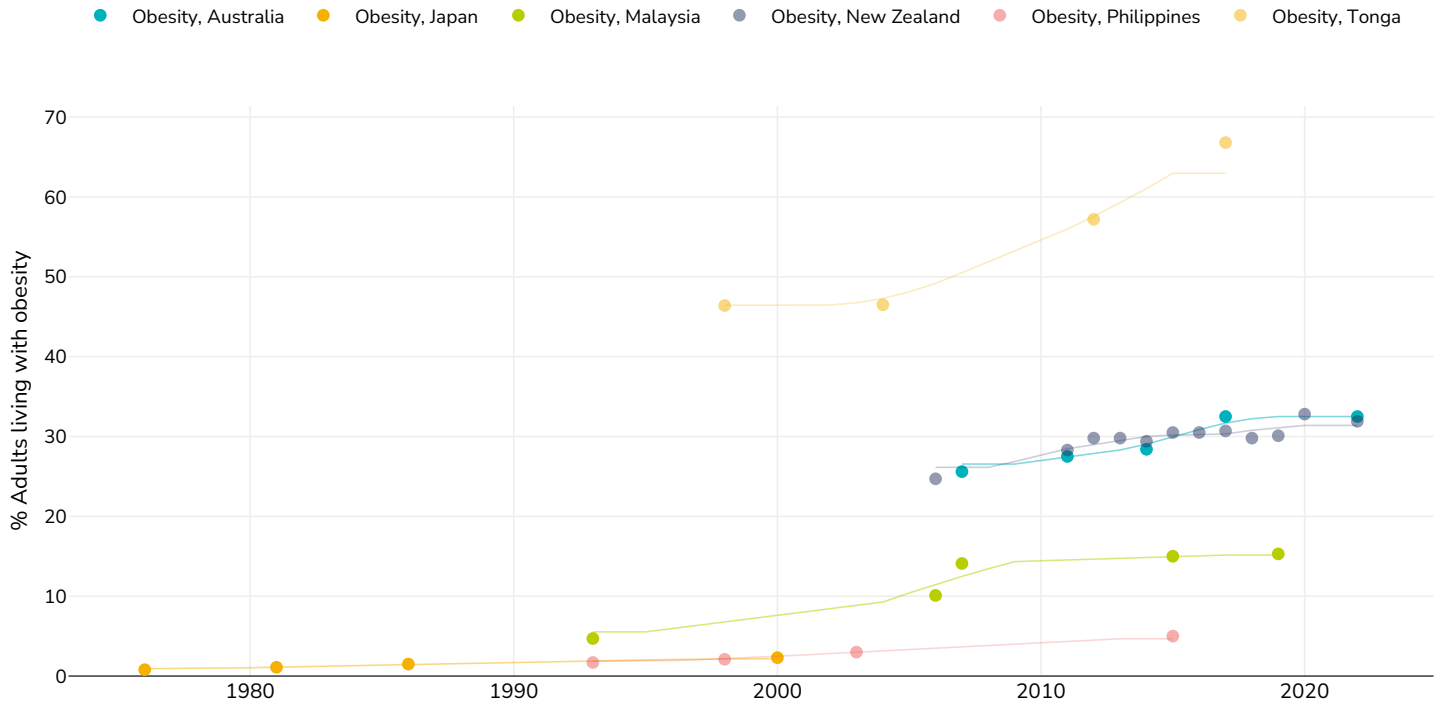
References:

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

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 obesity, selected countries, 1976-2023

Men

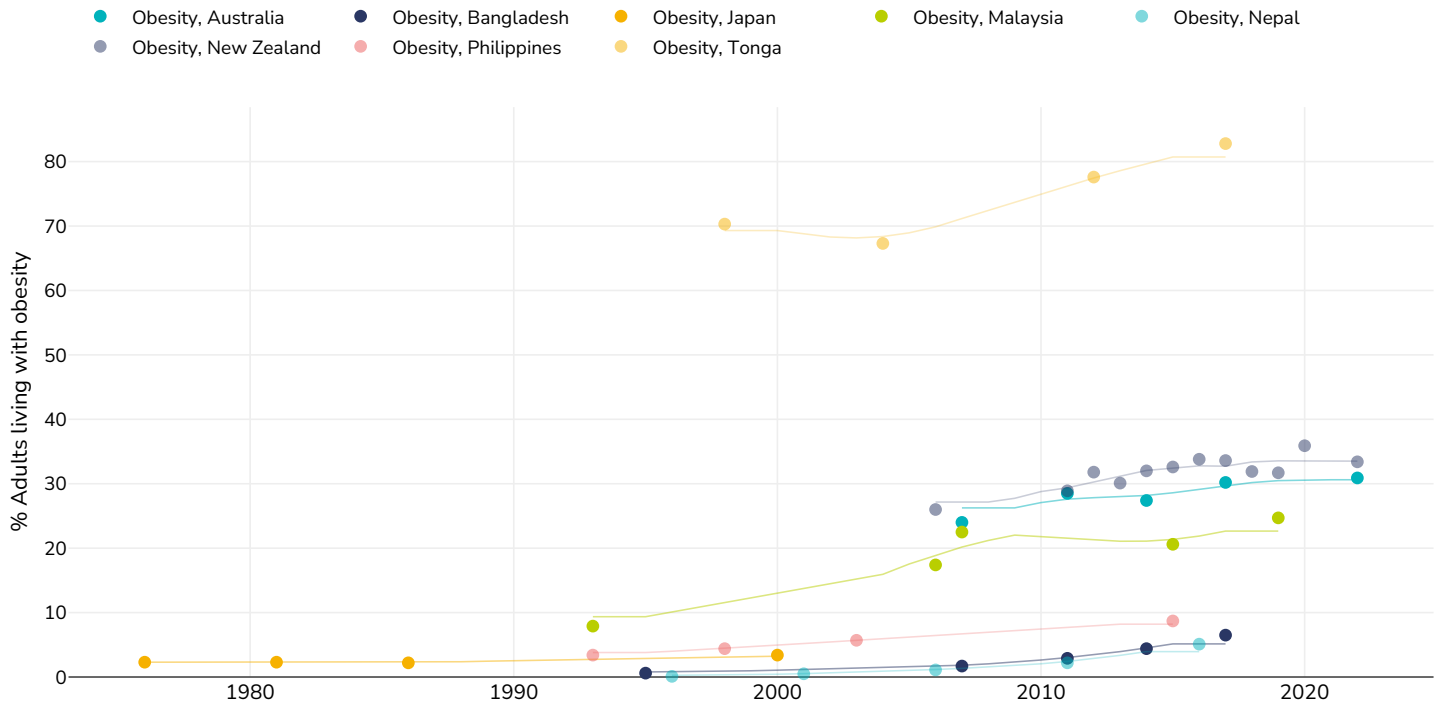


References:

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

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.

Women



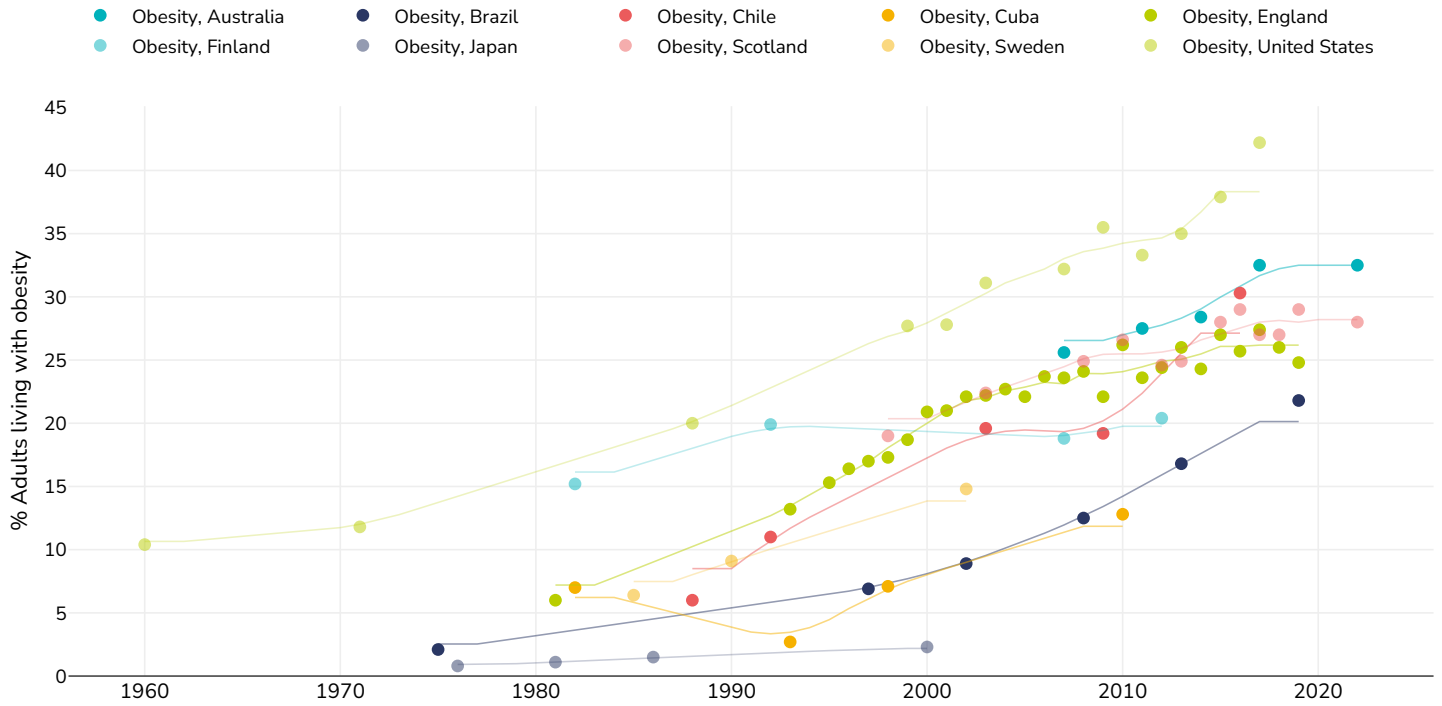
References:

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

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 obesity, selected countries, 1960-2023

Men

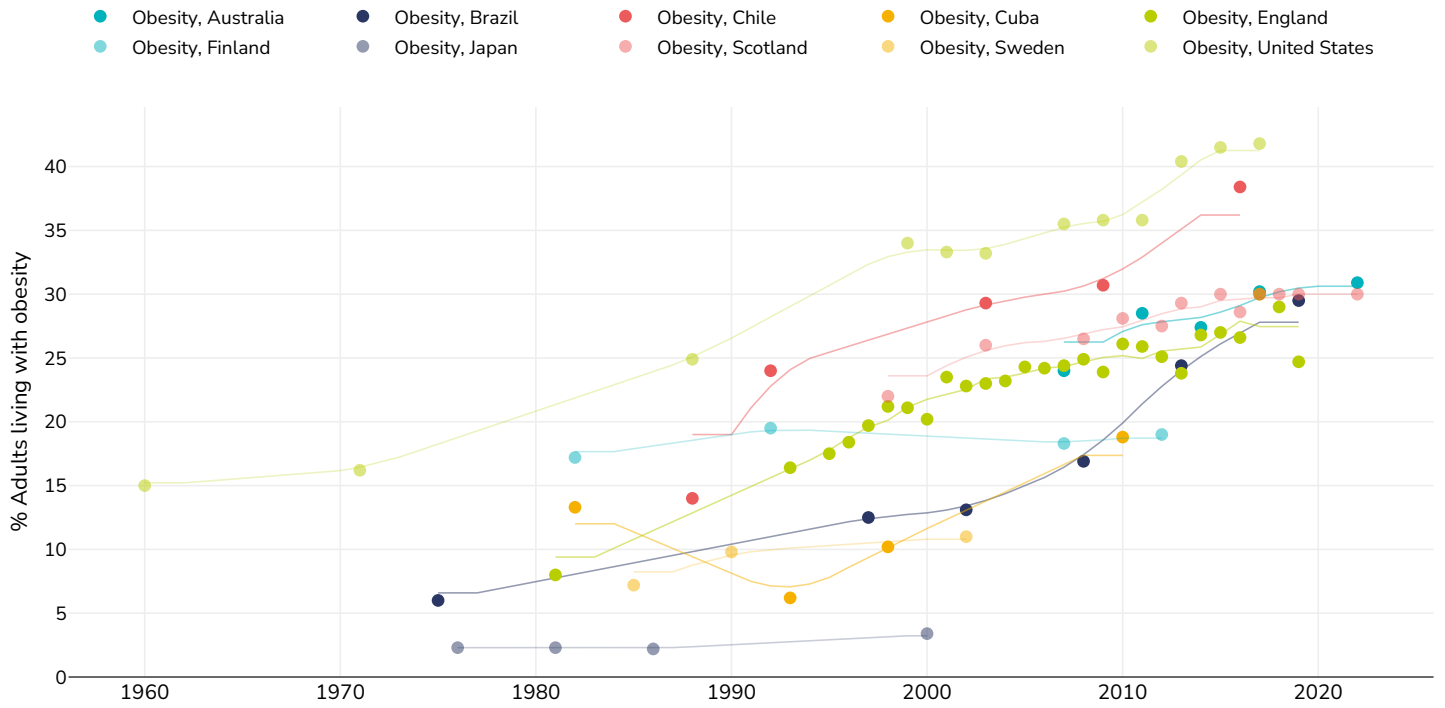


References:

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

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.

Women



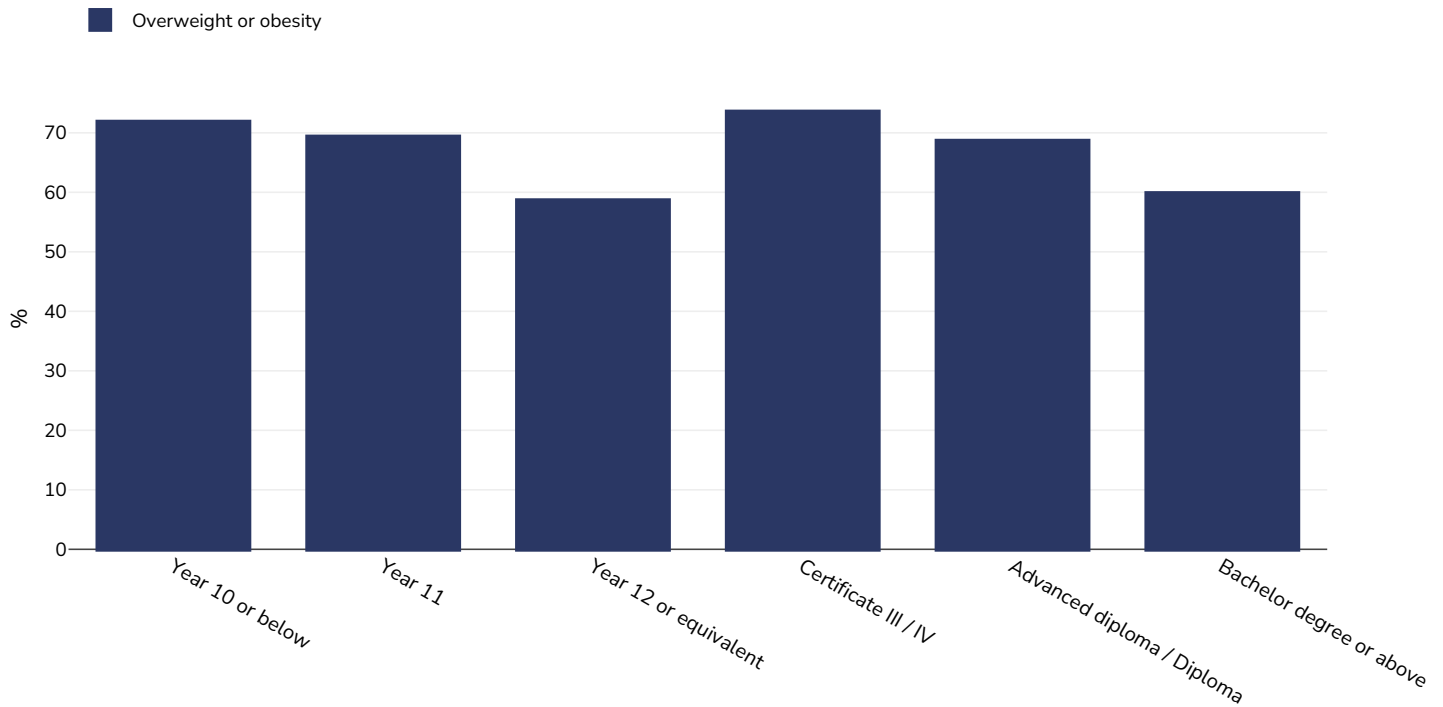
References:

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

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

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

Area covered: National

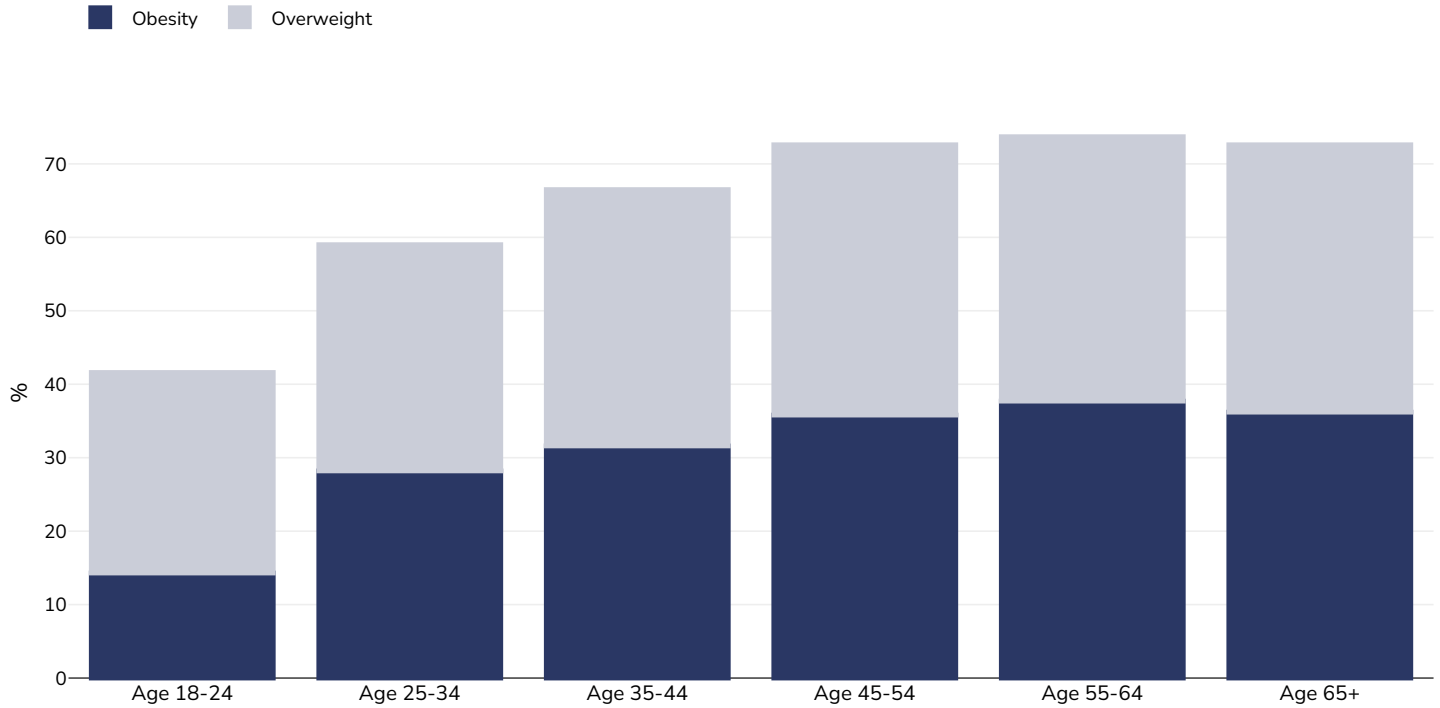
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

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 age

Adults, 2022-2023



Survey type: Measured

Sample size: ~12846

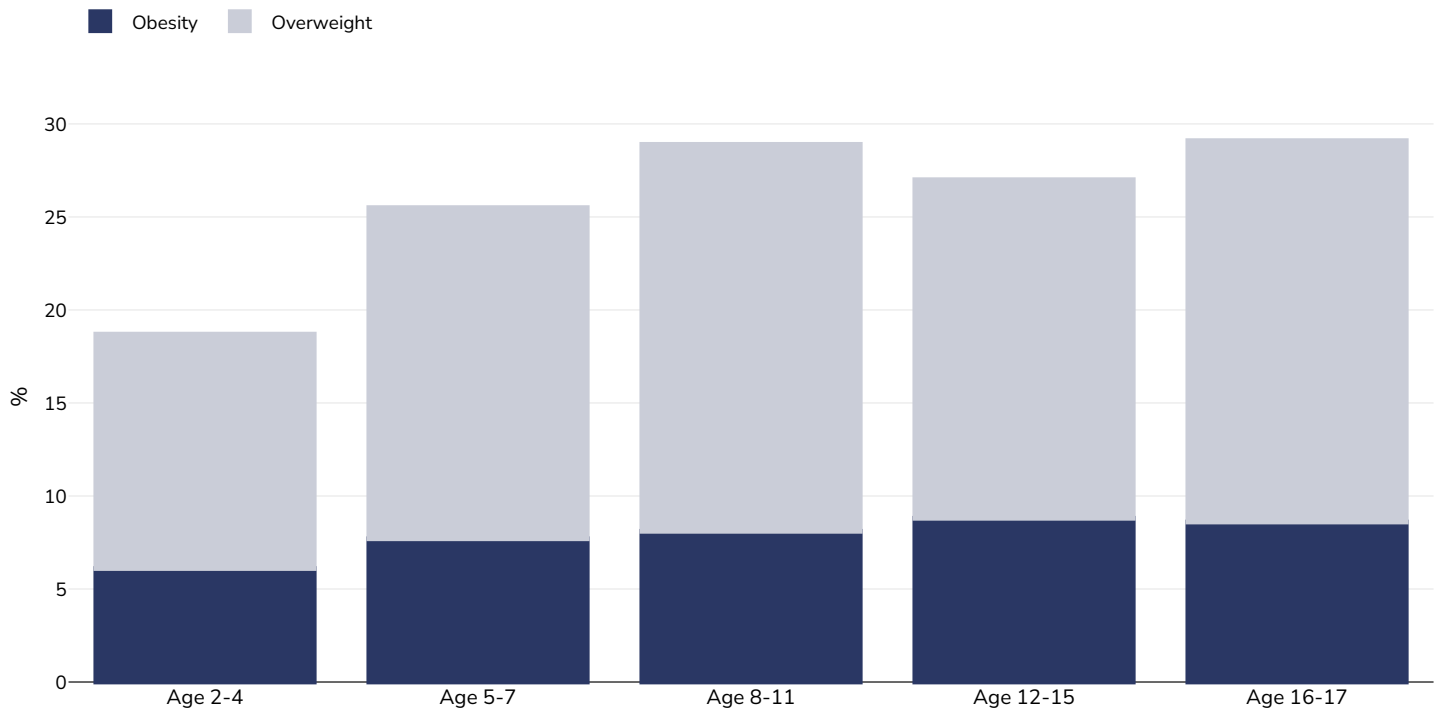
Area covered: National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

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

Children, 2022-2023



Survey type: Measured

Sample size: ~4222

Area covered: National

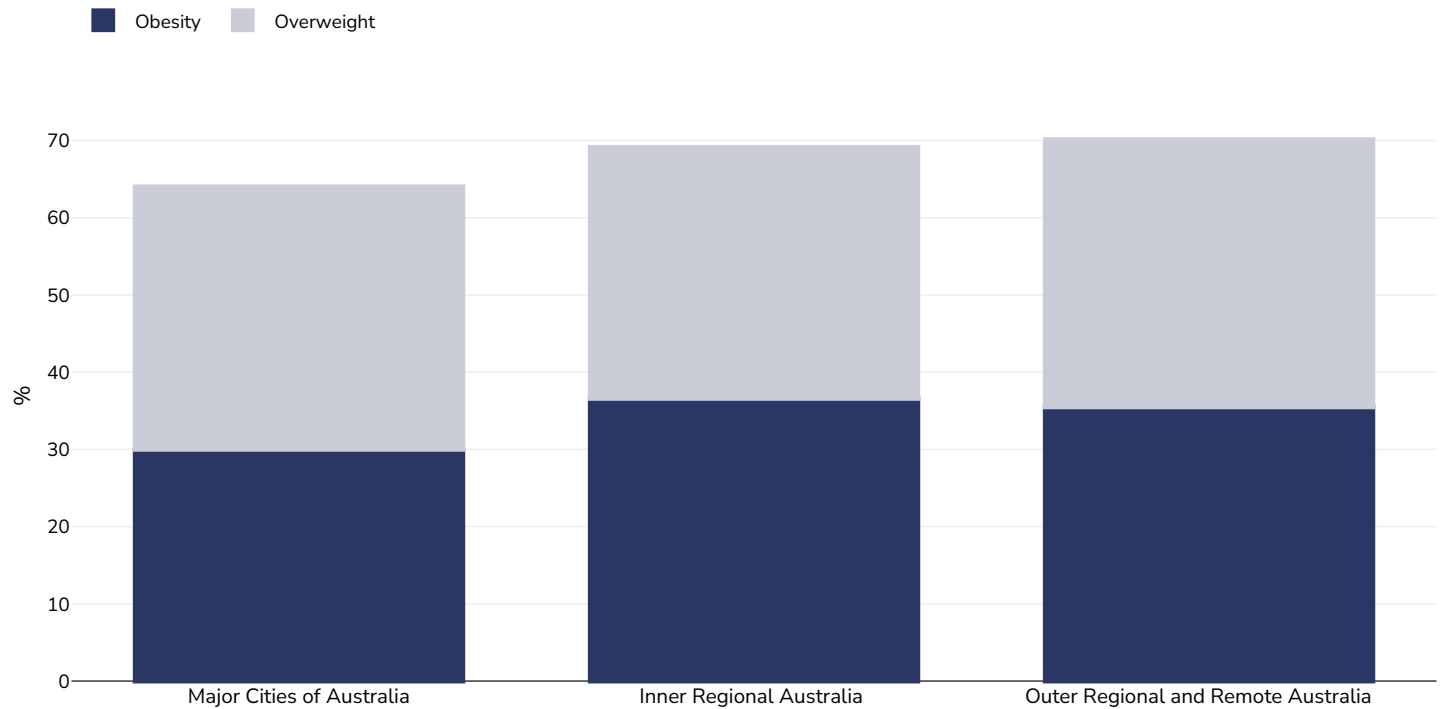
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Cutoffs: IOTF

Overweight/obesity by region

Adults, 2022-2023



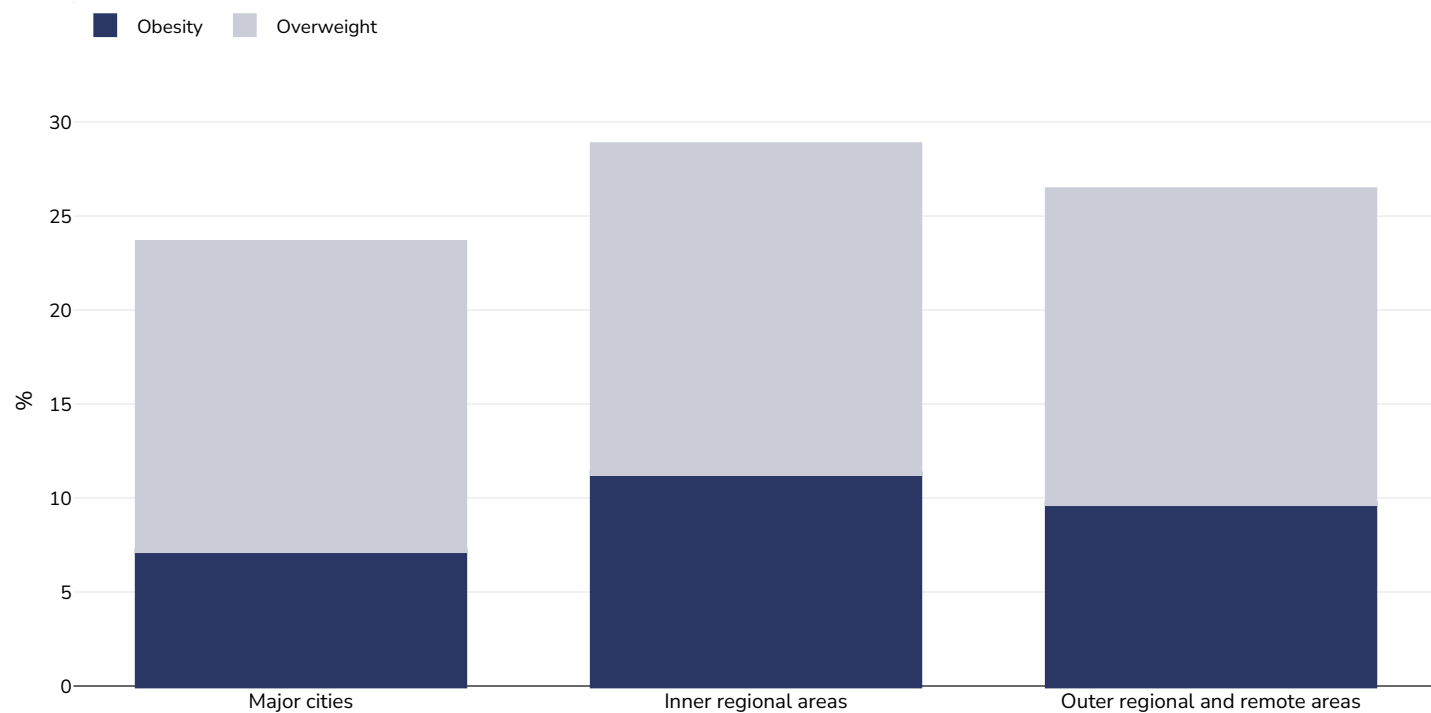
Survey type:	Measured
Age:	18+
Sample size:	~12846
Area covered:	National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

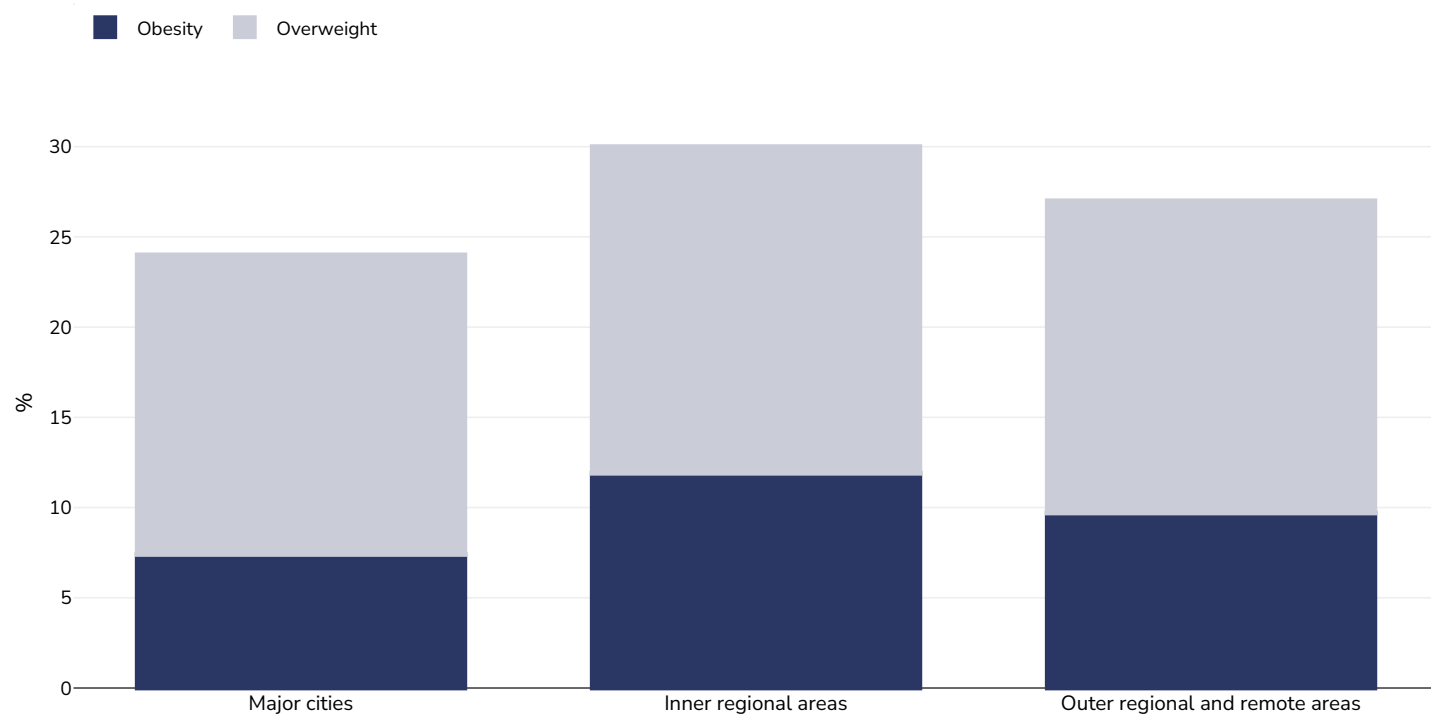
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Children, 2017-2018



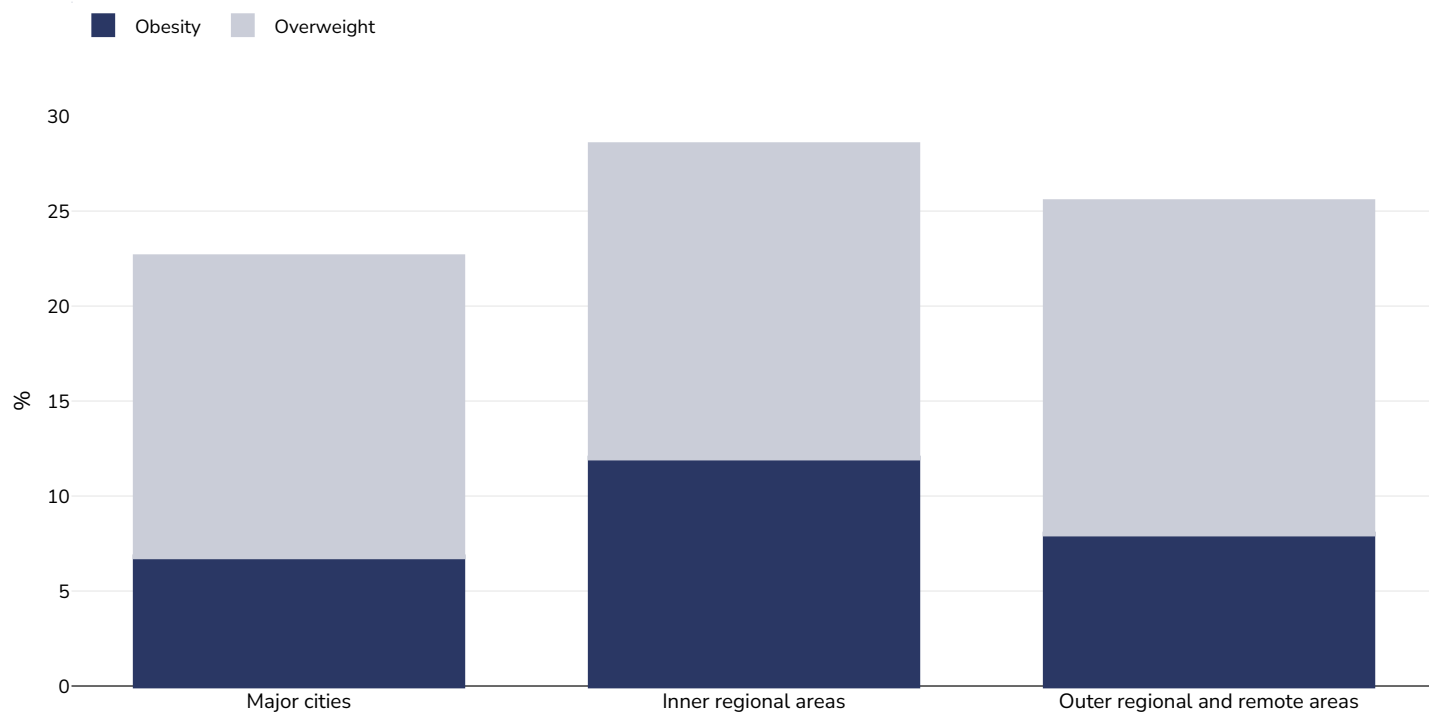
Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Boys, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

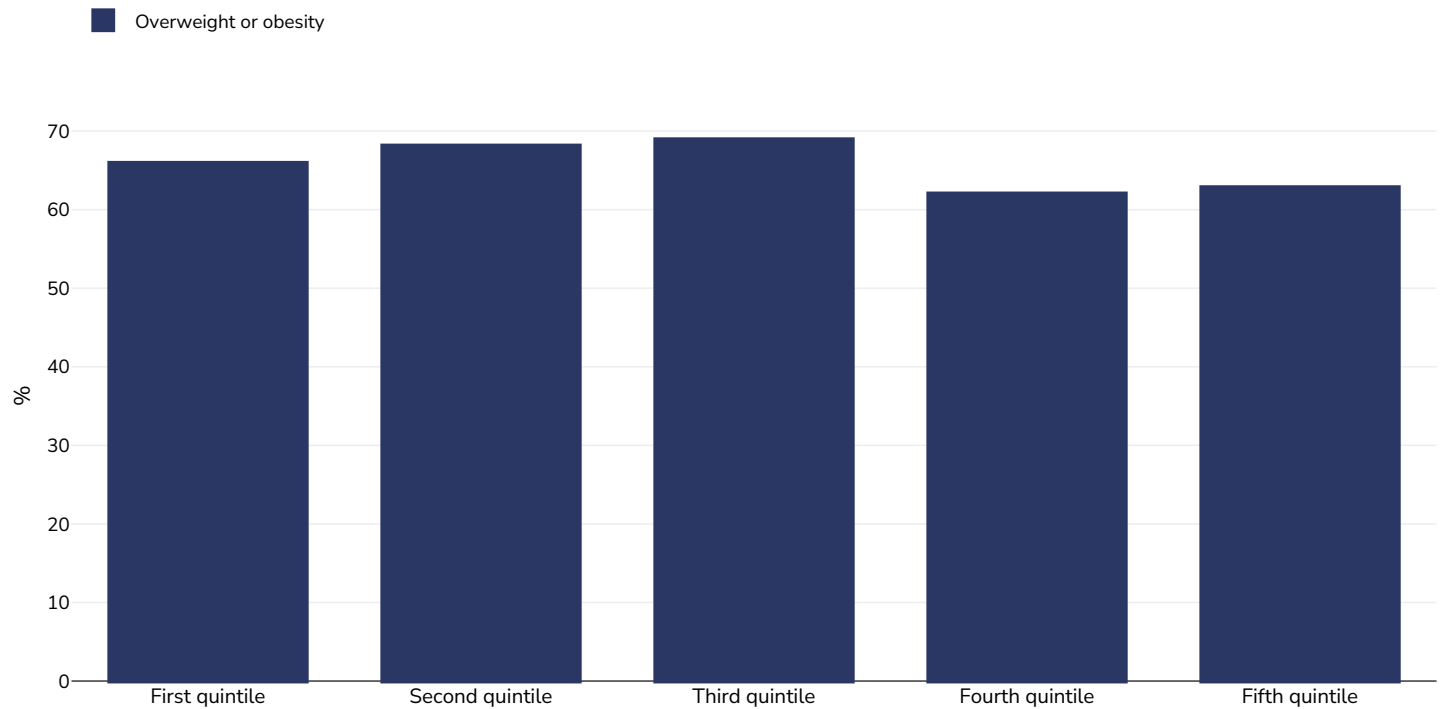
Girls, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Overweight/obesity by socio-economic group

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

Area covered: National

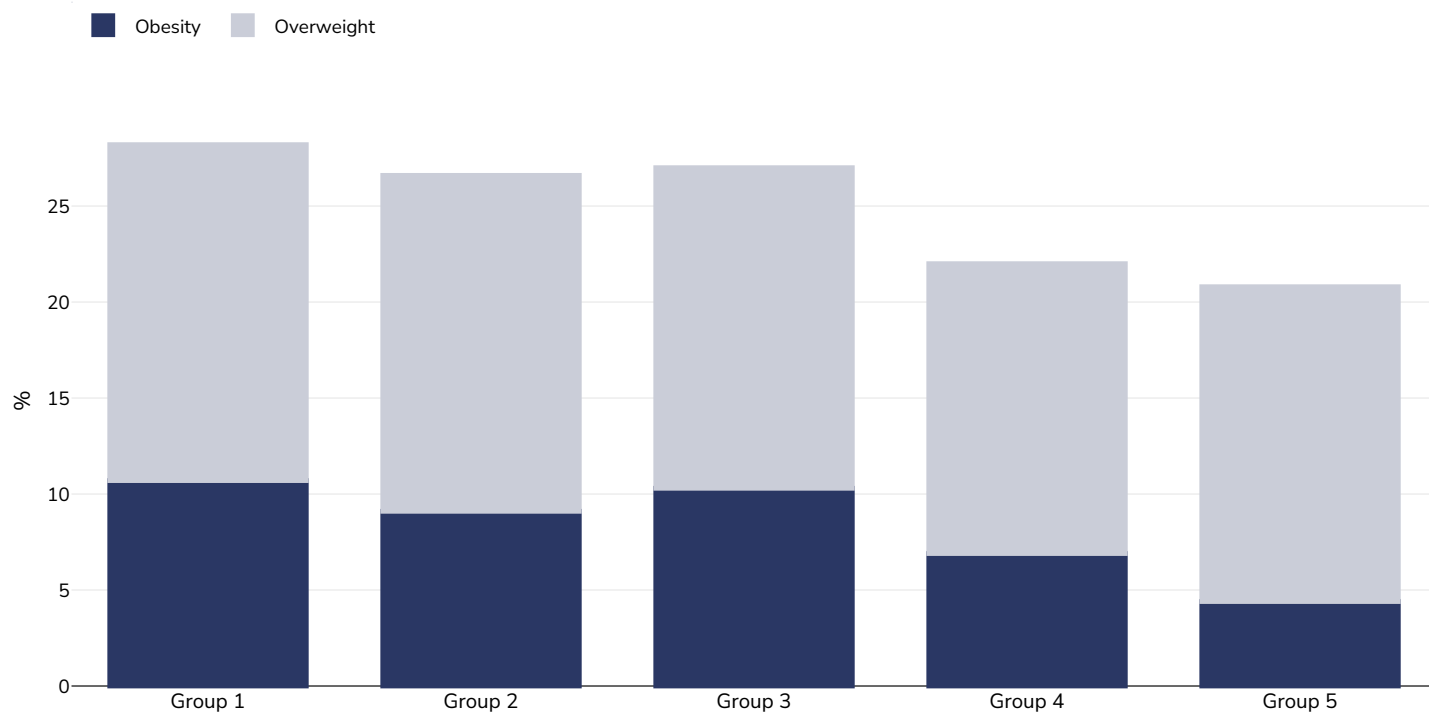
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Definitions: A lower Index of Disadvantage quintile (e.g. the first quintile) indicates relatively greater disadvantage and a lack of advantage in general. A higher Index of Disadvantage (e.g. the fifth quintile) indicates a relative lack of disadvantage and greater advantage in general.

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

Children, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

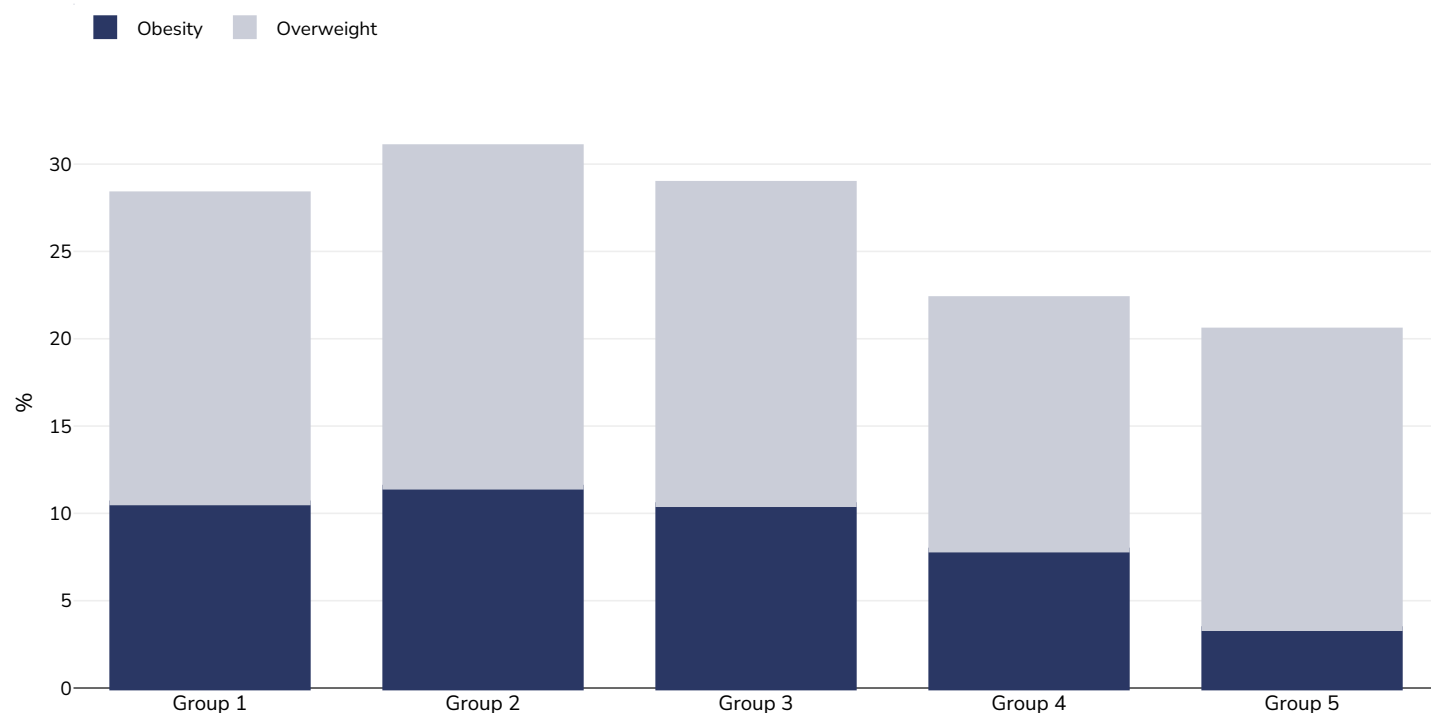
References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Boys, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

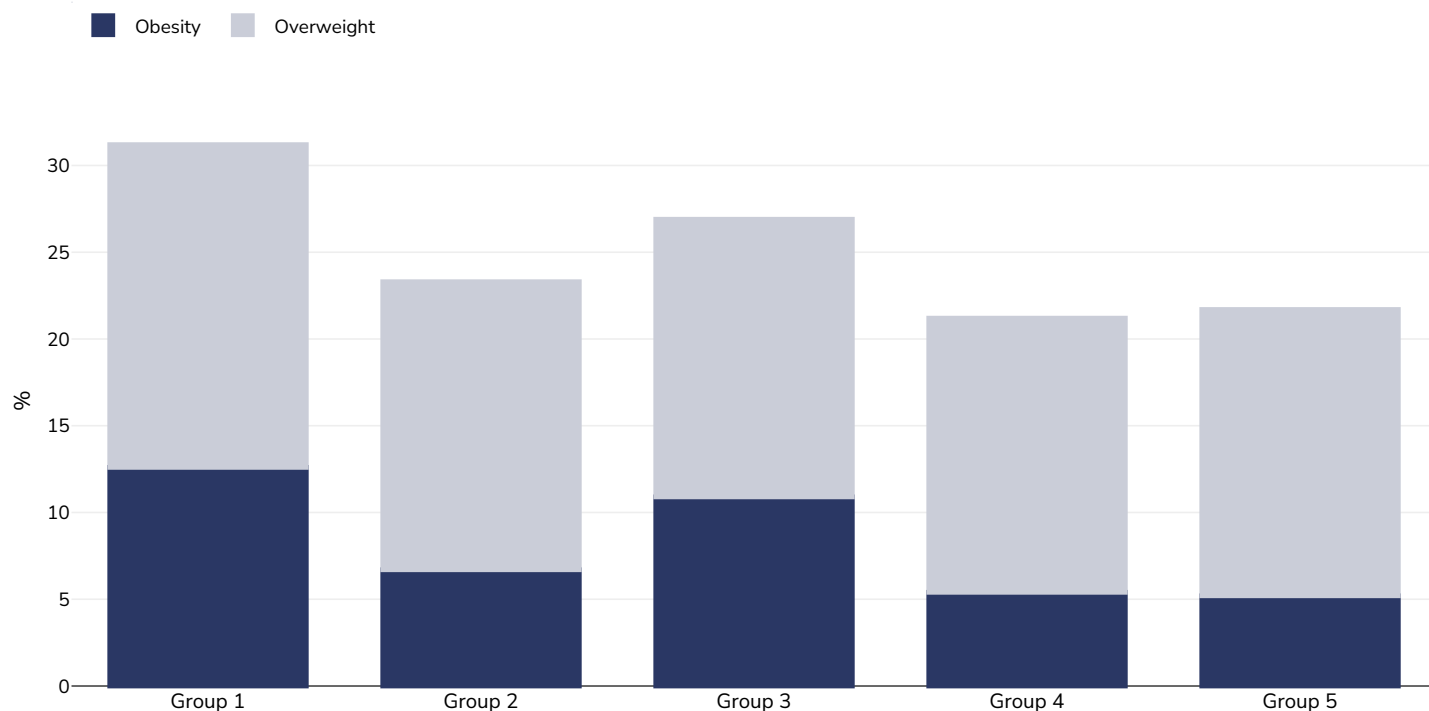
References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Girls, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

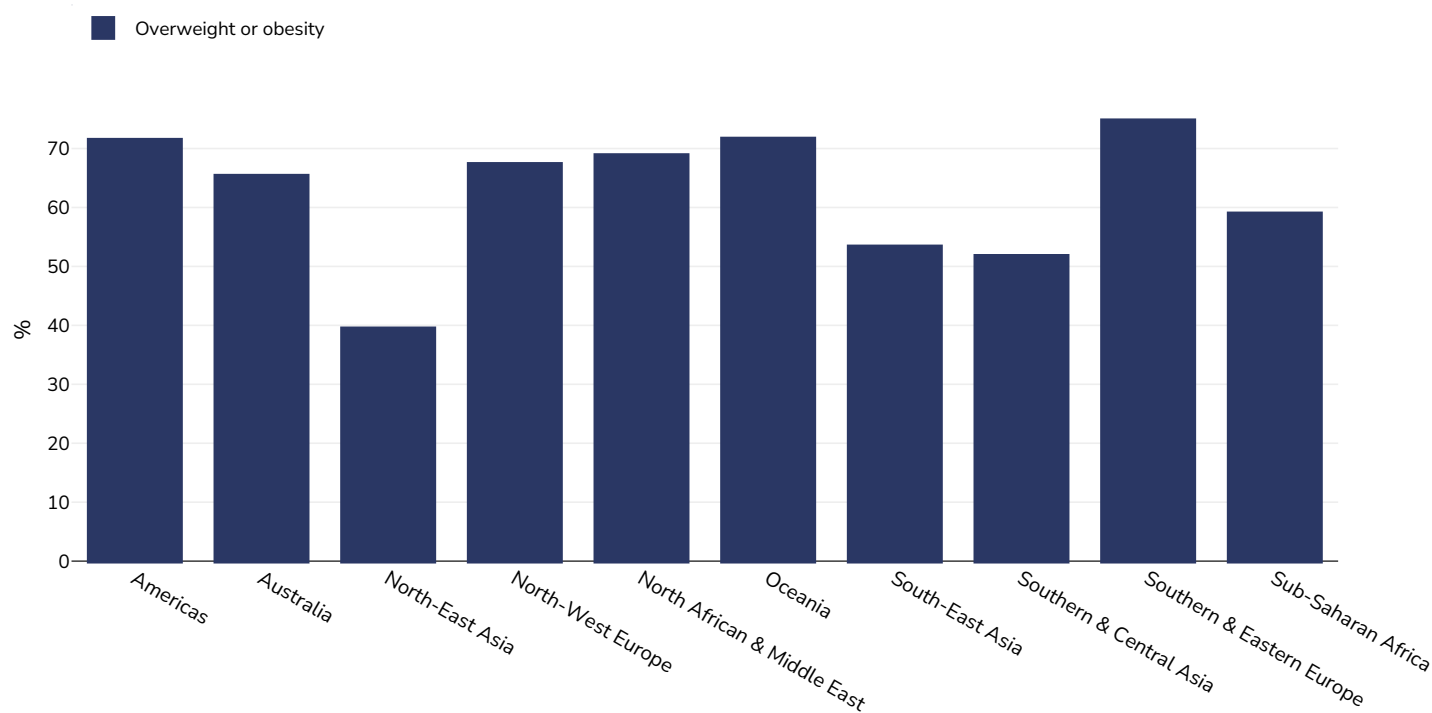
Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Overweight/obesity by ethnicity

Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

Men, 2011



Survey type: Self-reported

Age: 18+

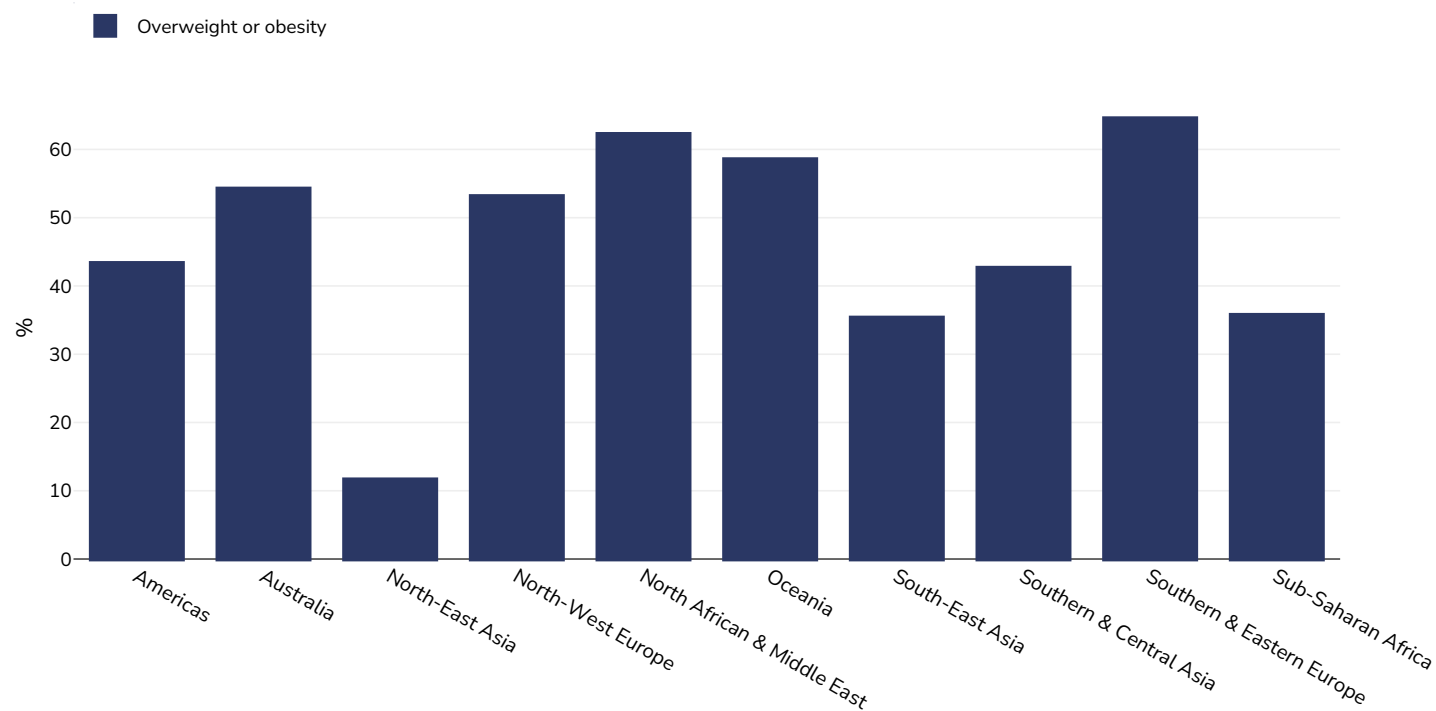
Sample size: 16,044

References: Menigoz, Karen, et al. "Ethnic Differences in Overweight and Obesity and the Influence of Acculturation on Immigrant Bodyweight: Evidence from a National Sample of Australian Adults." *BMC Public Health*, vol. 16, no. 1, 5 Sept. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC5011908/, 10.1186/s12889-016-3608-6. Accessed 30 Sept. 2021.

Definitions: Country of birth

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

Women, 2011



Survey type: Self-reported

Age: 18+

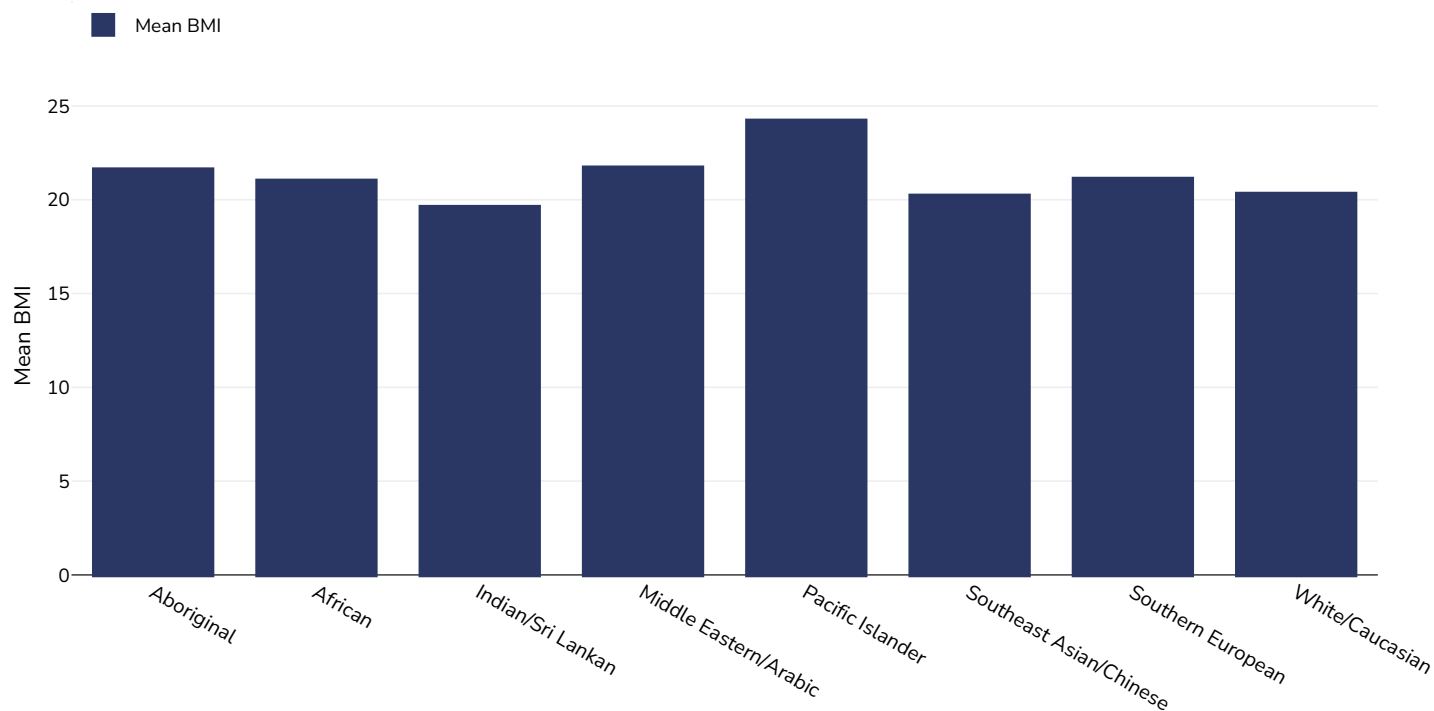
Sample size: 16,044

References: Menigoz, Karen, et al. "Ethnic Differences in Overweight and Obesity and the Influence of Acculturation on Immigrant Bodyweight: Evidence from a National Sample of Australian Adults." *BMC Public Health*, vol. 16, no. 1, 5 Sept. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC5011908/, 10.1186/s12889-016-3608-6. Accessed 30 Sept. 2021.

Definitions: Country of birth

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

Children, 2012



Survey type: Measured

Age: 6-18

Sample size: 12869

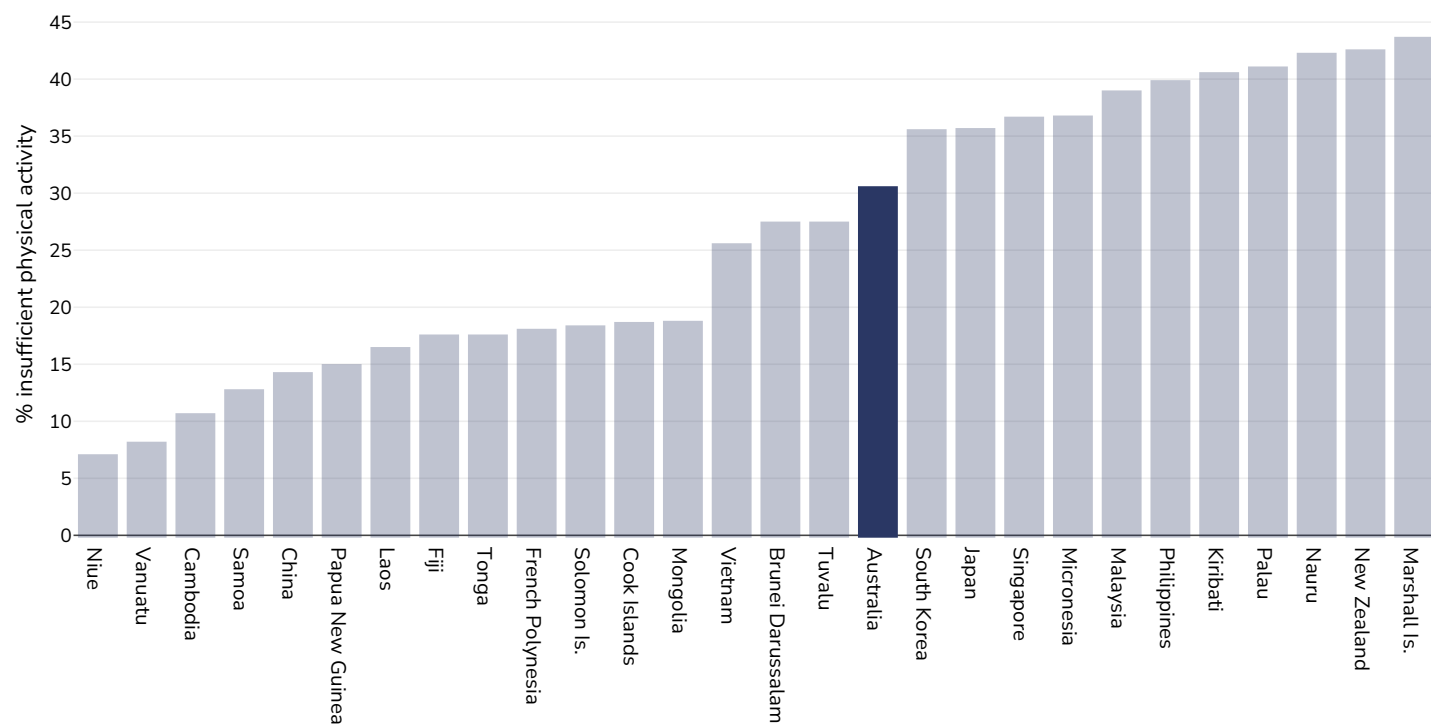
Area covered: National

References: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. *Int J Public Health*. 2014 Oct;59(5):819-28. doi: 10.1007/s00038-014-0605-3. Epub 2014. Accessed 30.09.21.

Cutoffs: IOTF

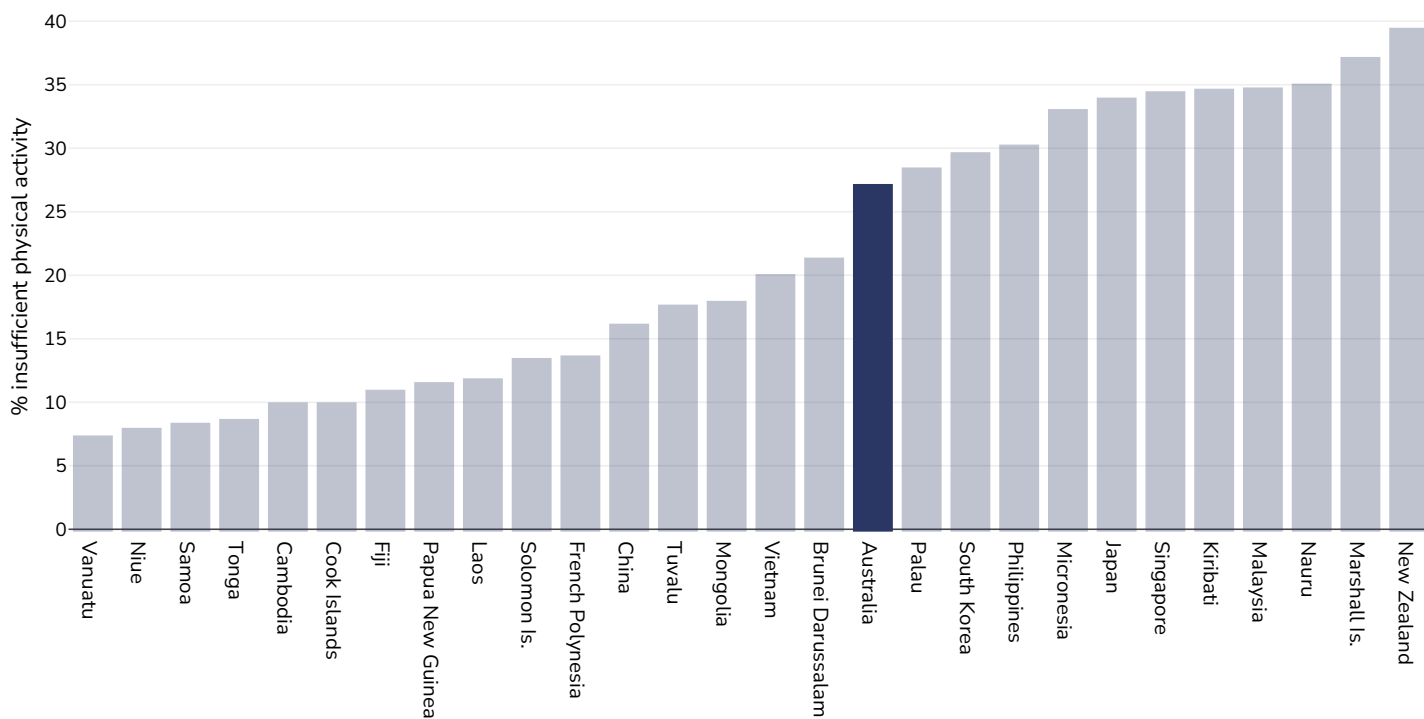
Insufficient physical activity

Adults, 2016



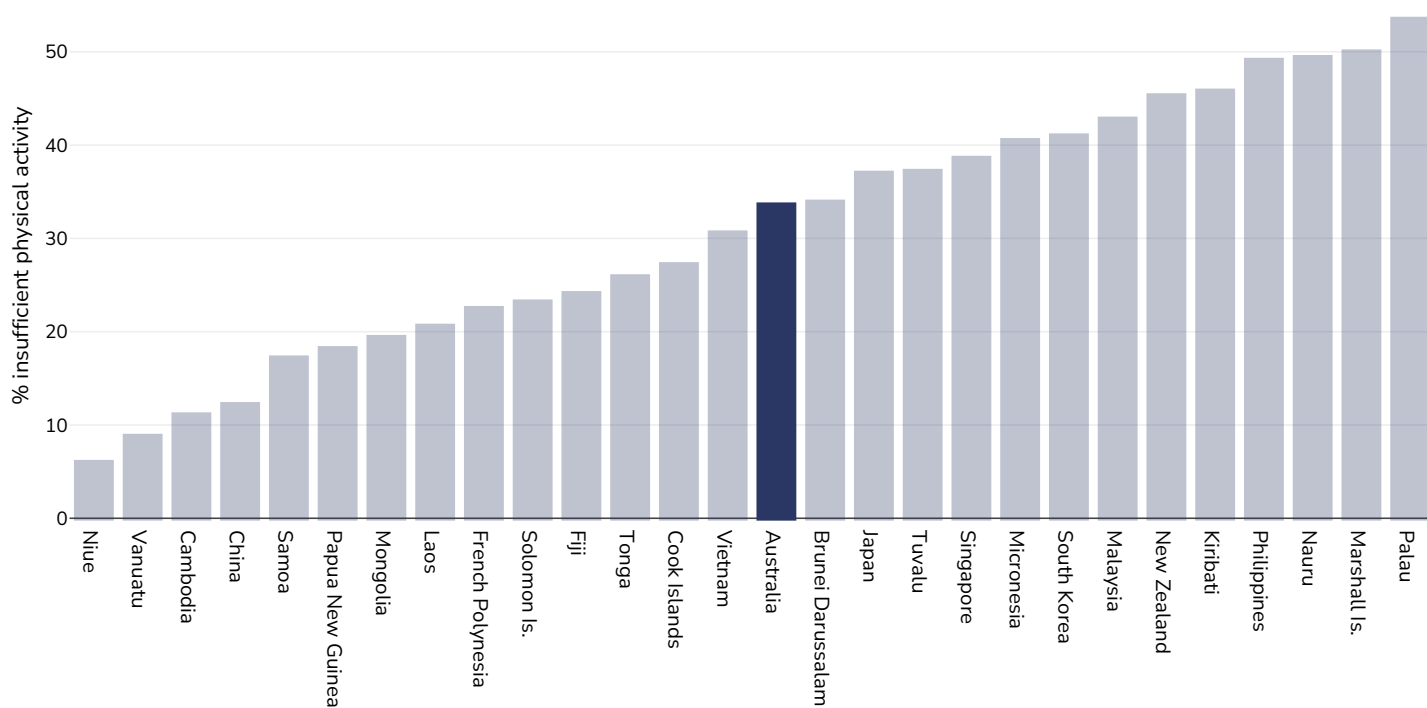
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

Men, 2016



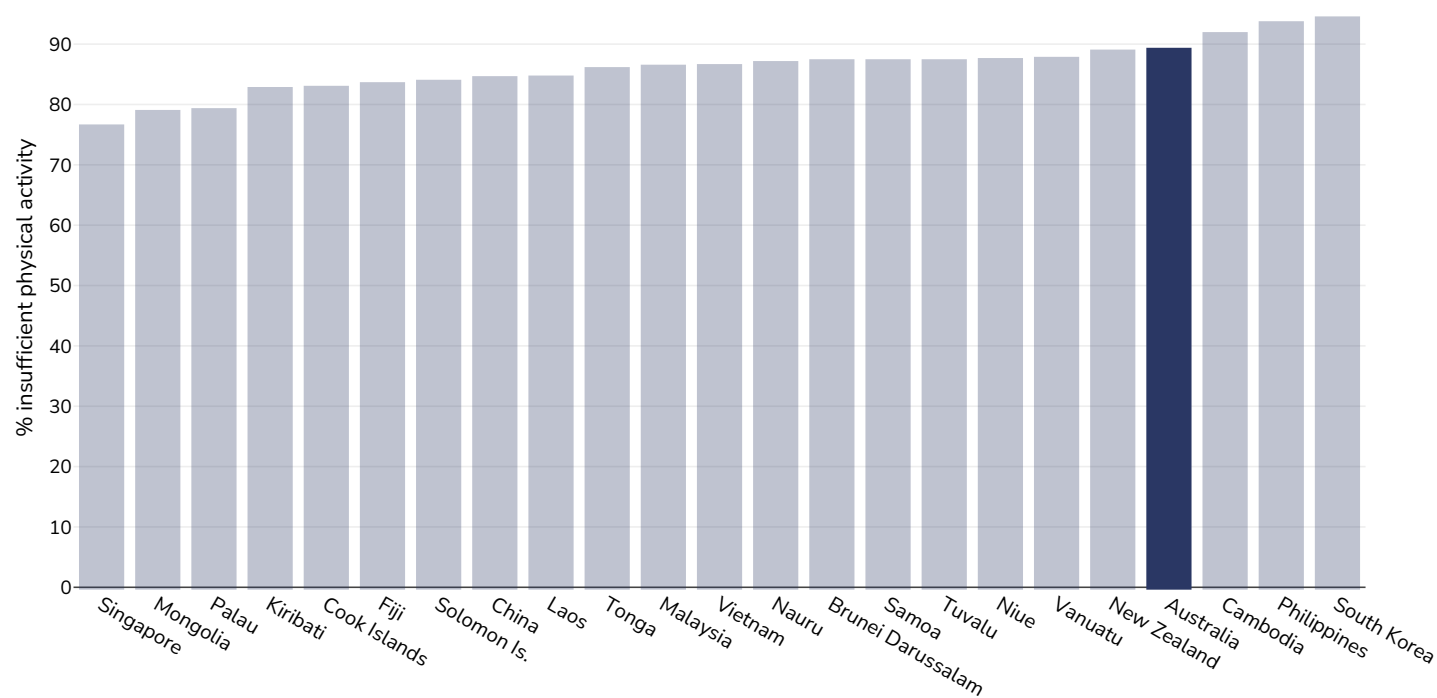
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

Women, 2016



References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

Children, 2016



Survey type: Self-reported

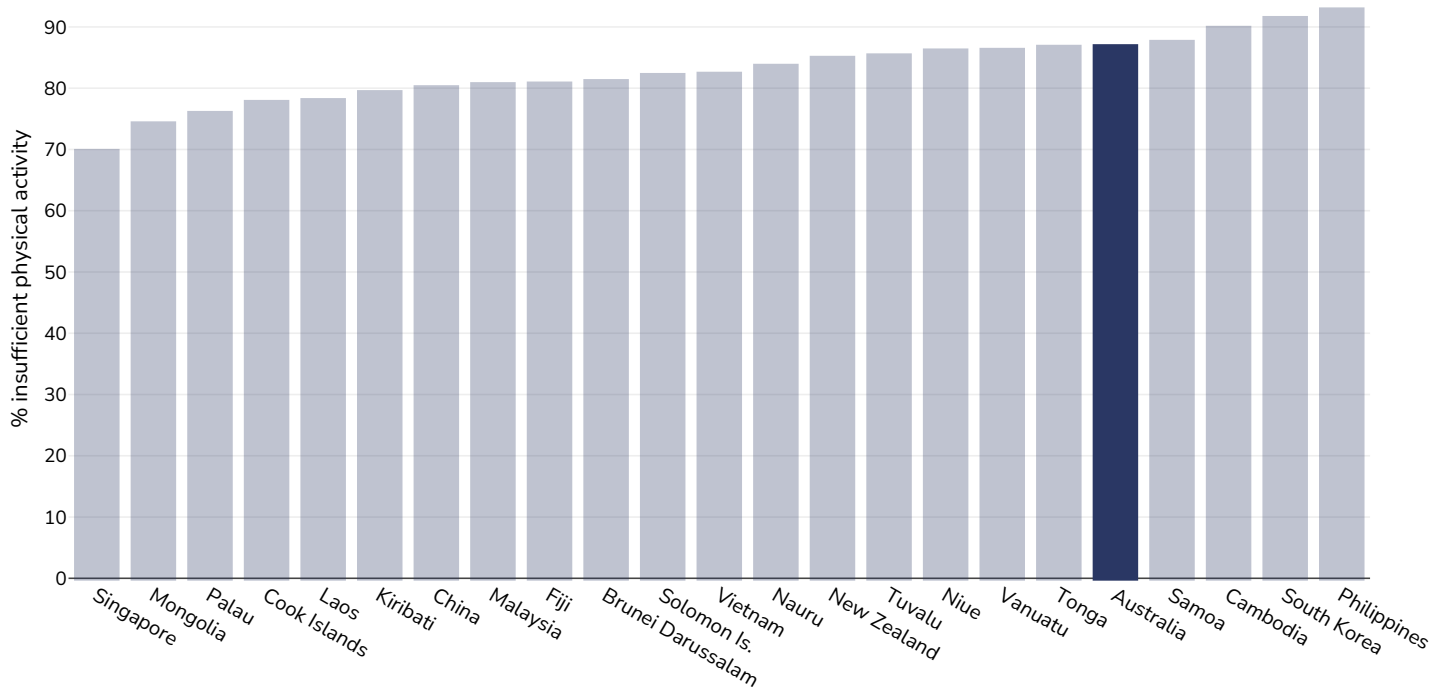
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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, 2016



Survey type: Self-reported

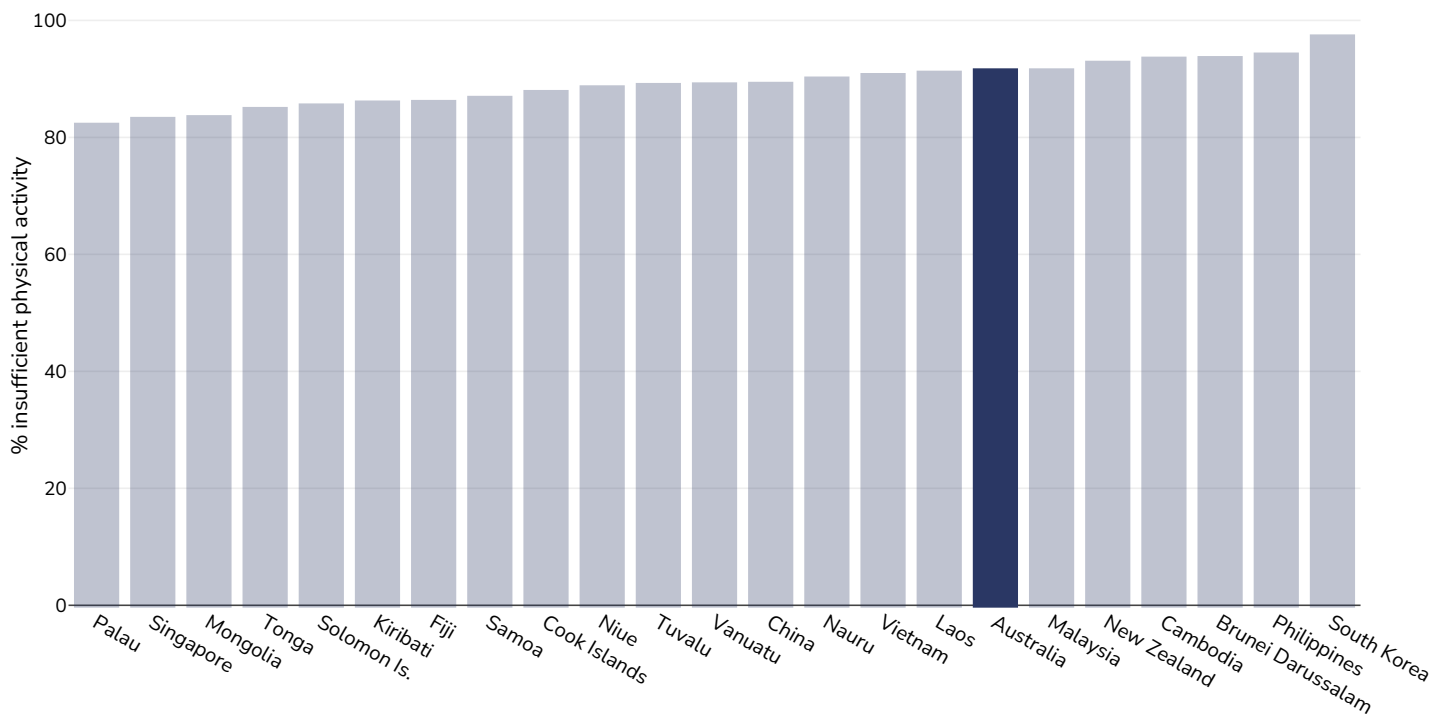
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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, 2016



Survey type: Self-reported

Age: 11-17

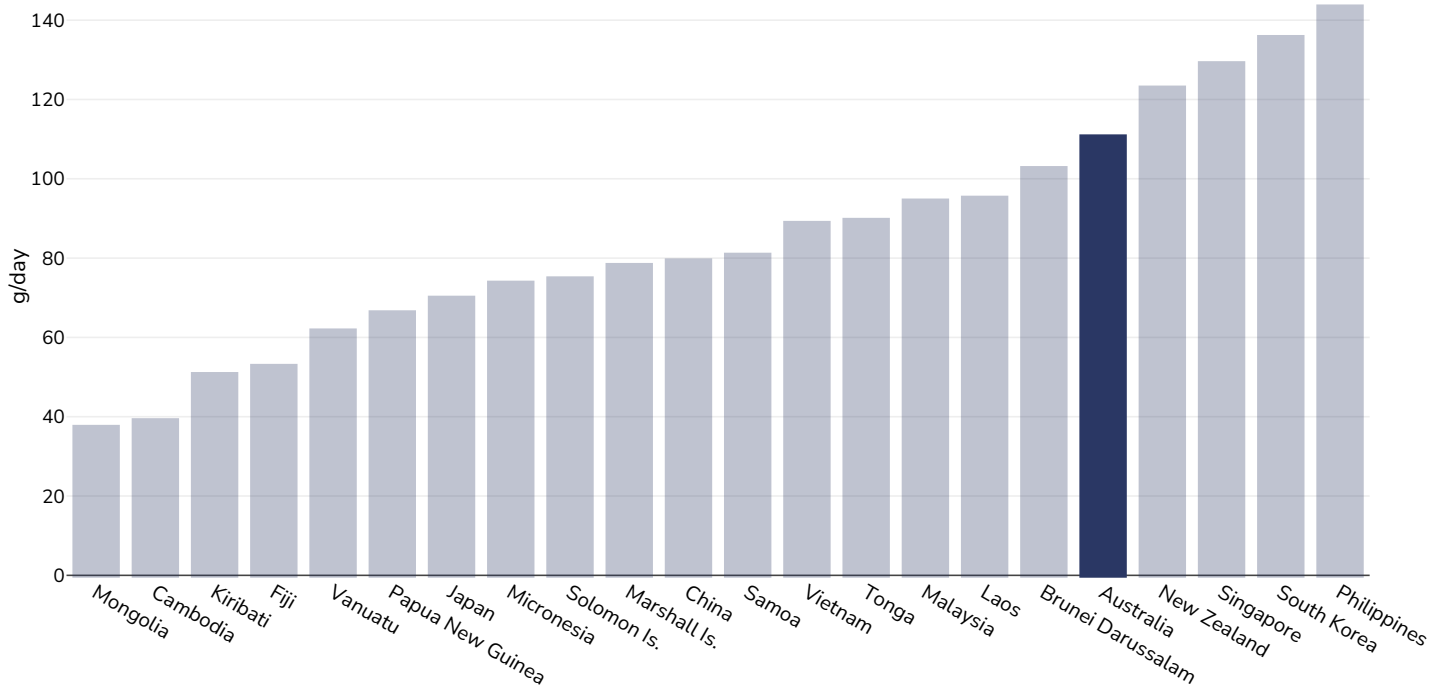
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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)

Estimated per capita fruit intake

Adults, 2017



Survey type: Measured

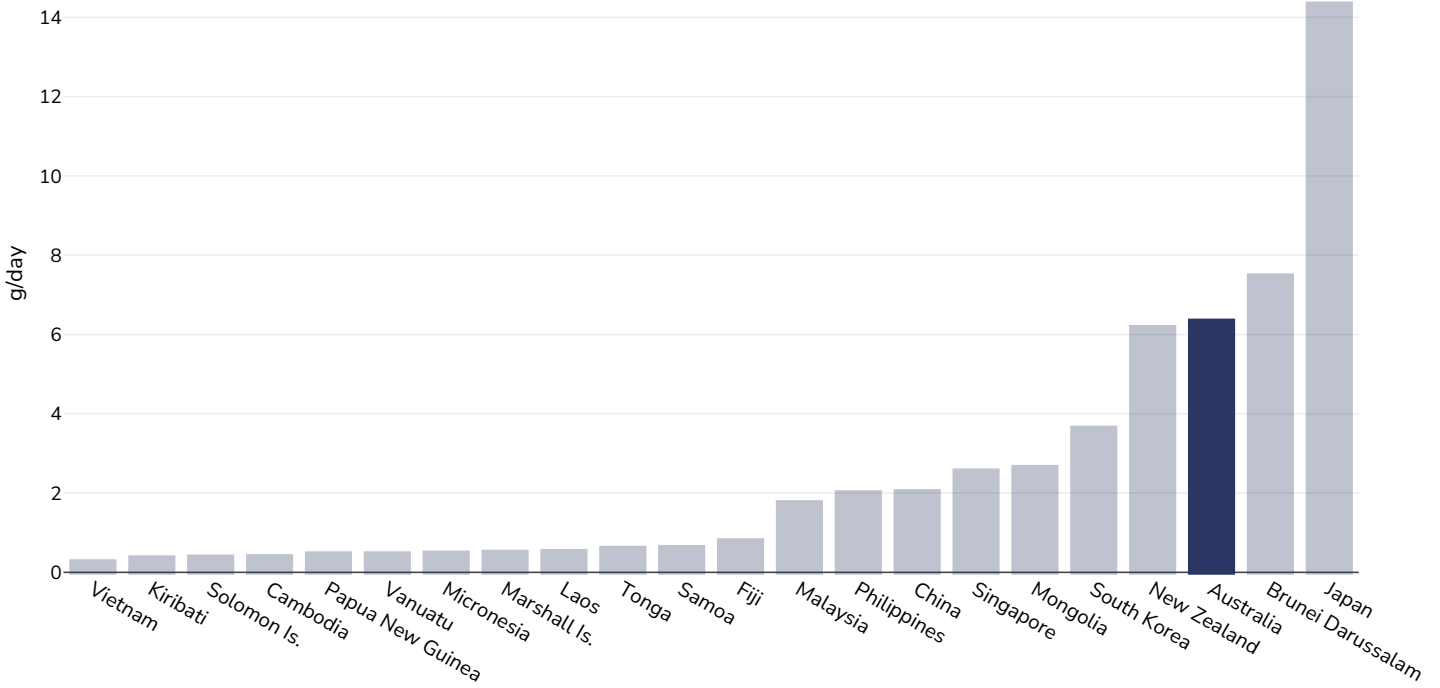
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions: Estimated per-capita fruit intake (g/day)

Estimated per-capita processed meat intake

Adults, 2017



Survey type: Measured

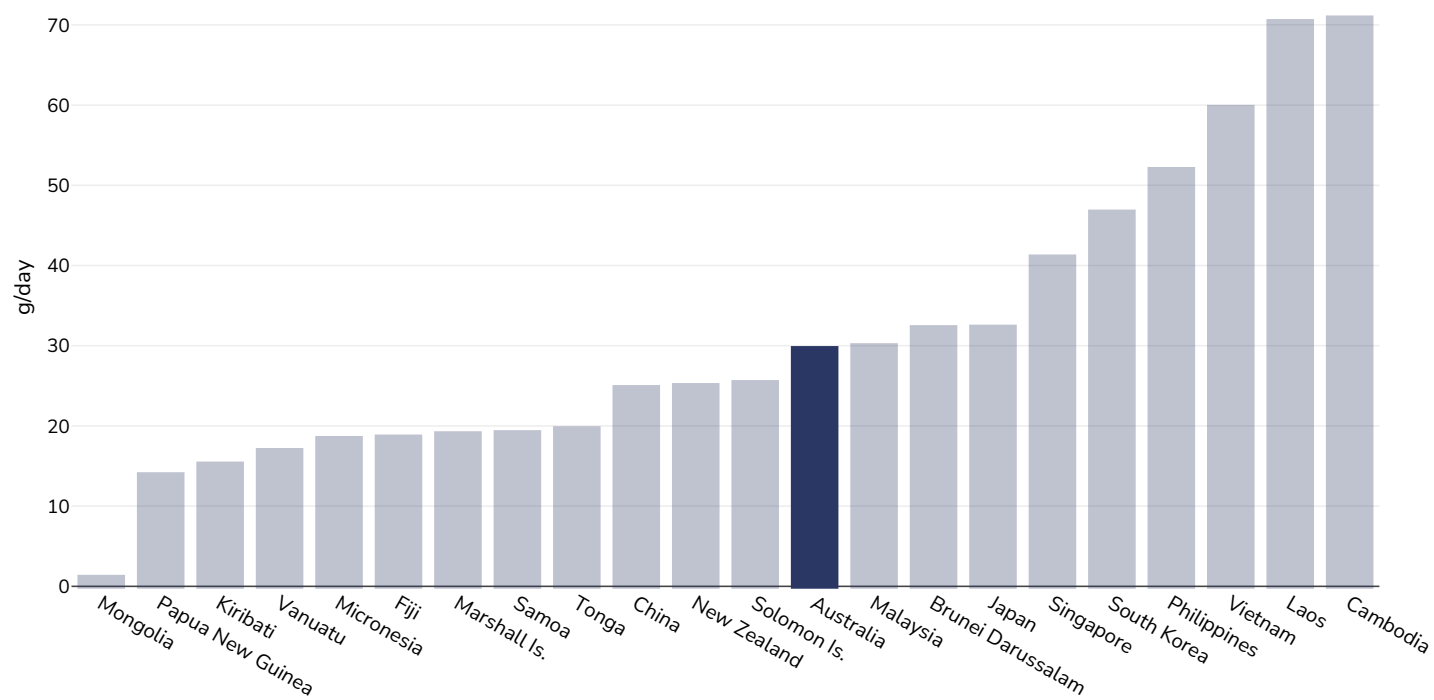
Age: 25+

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

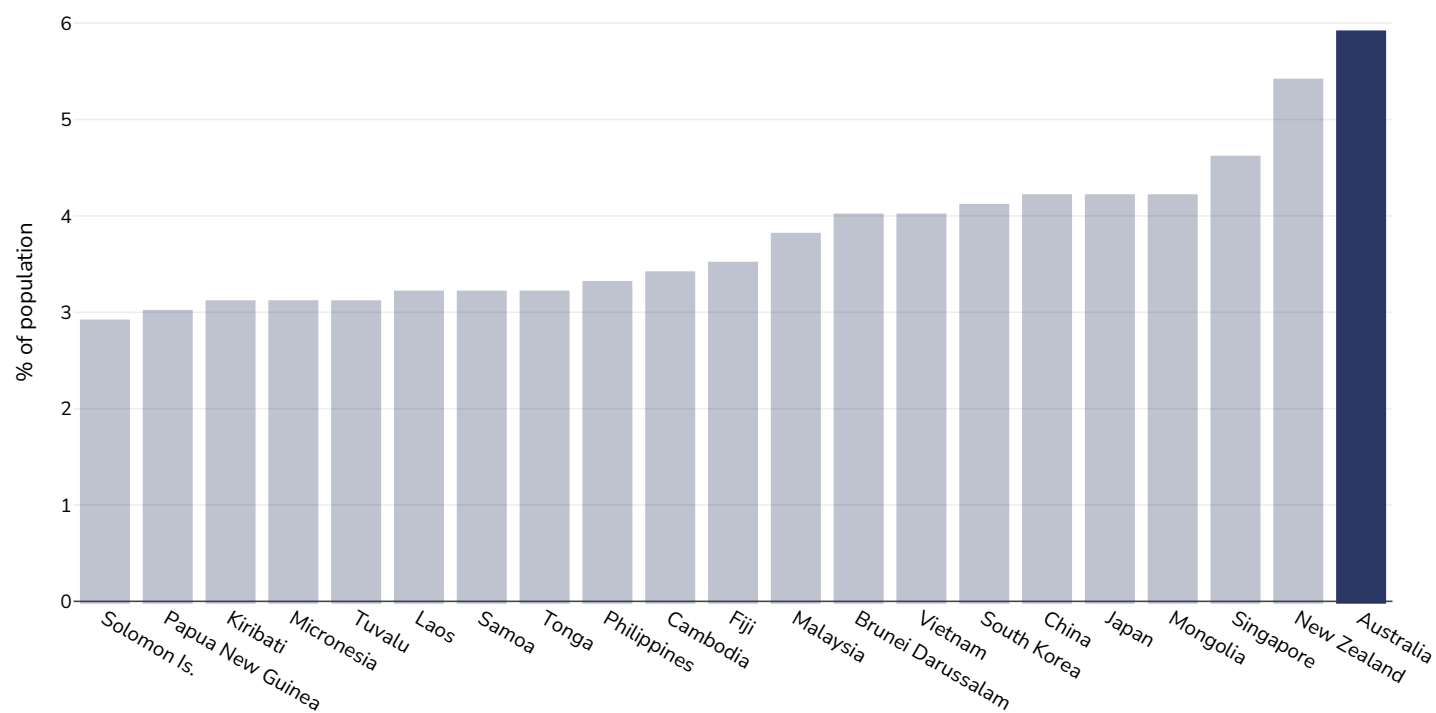
Age: 25+

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

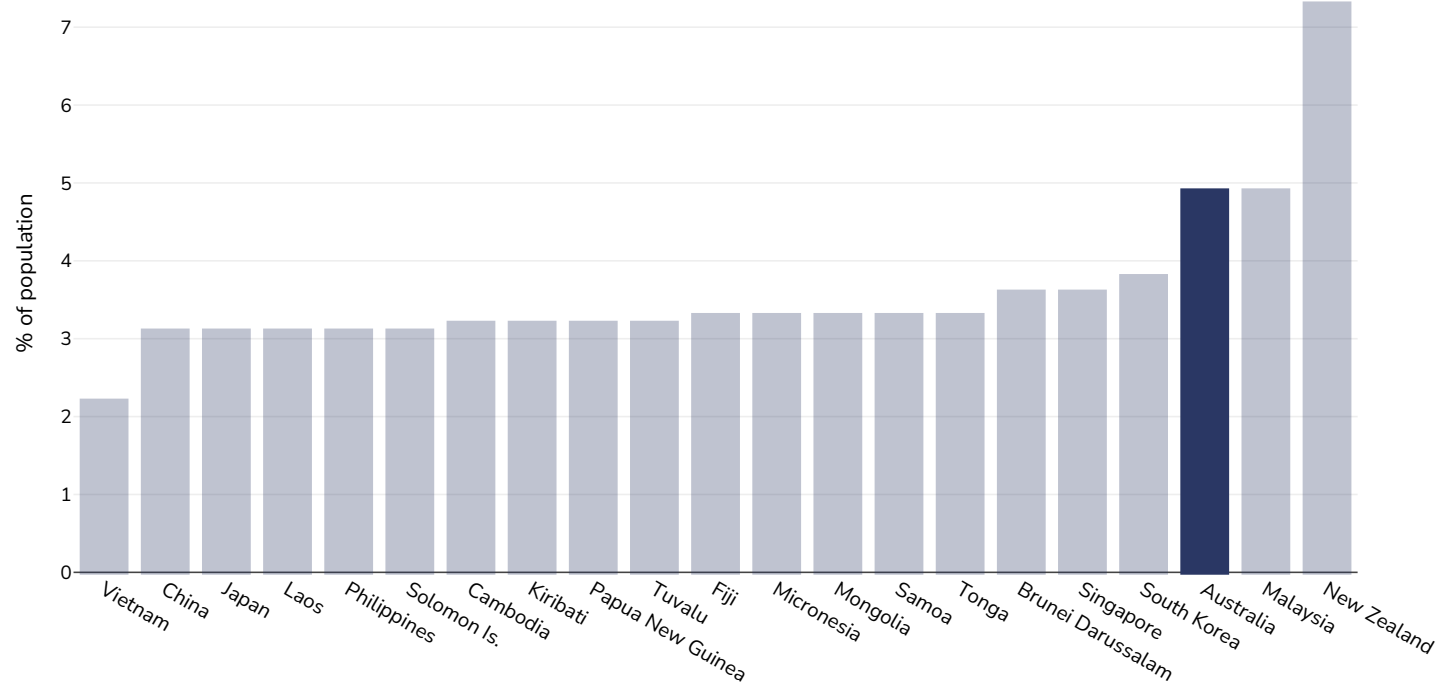


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

Mental health - anxiety disorders

Adults, 2015

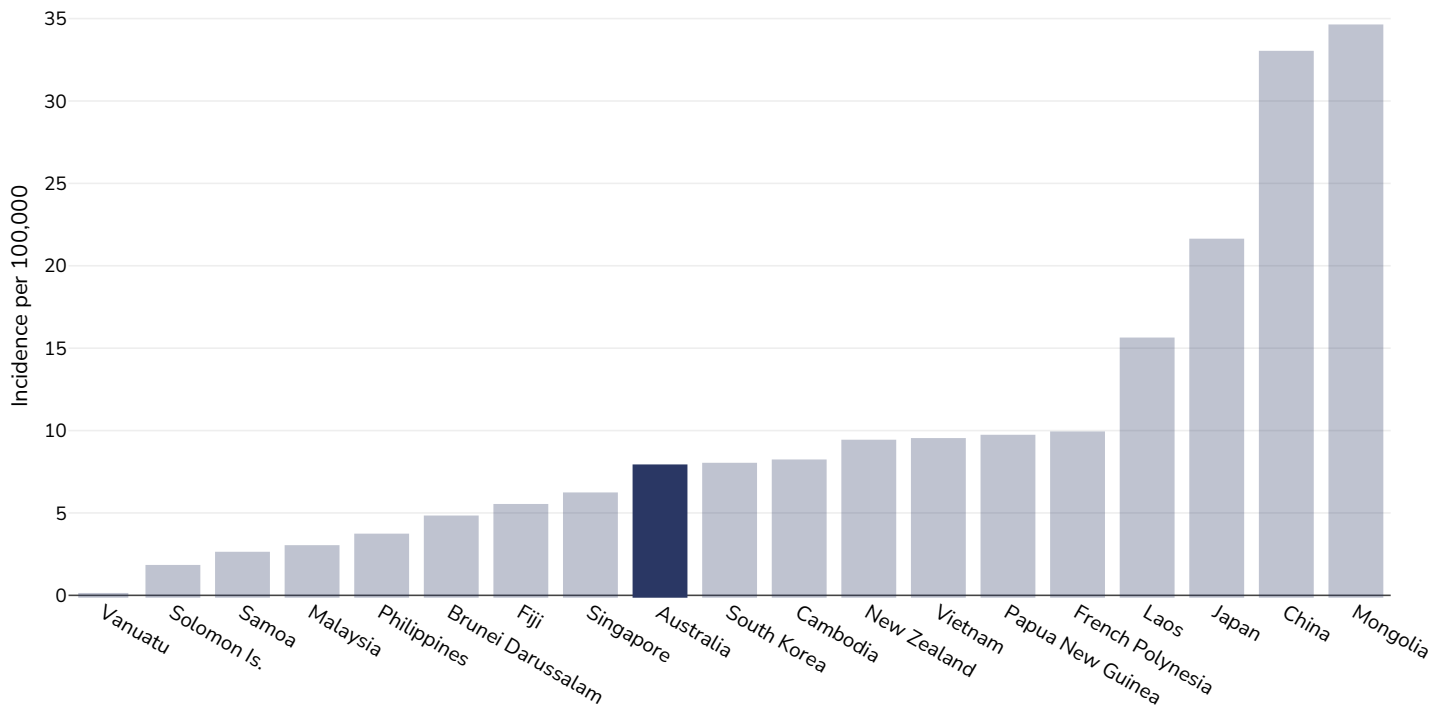


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

Oesophageal cancer

Men, 2020



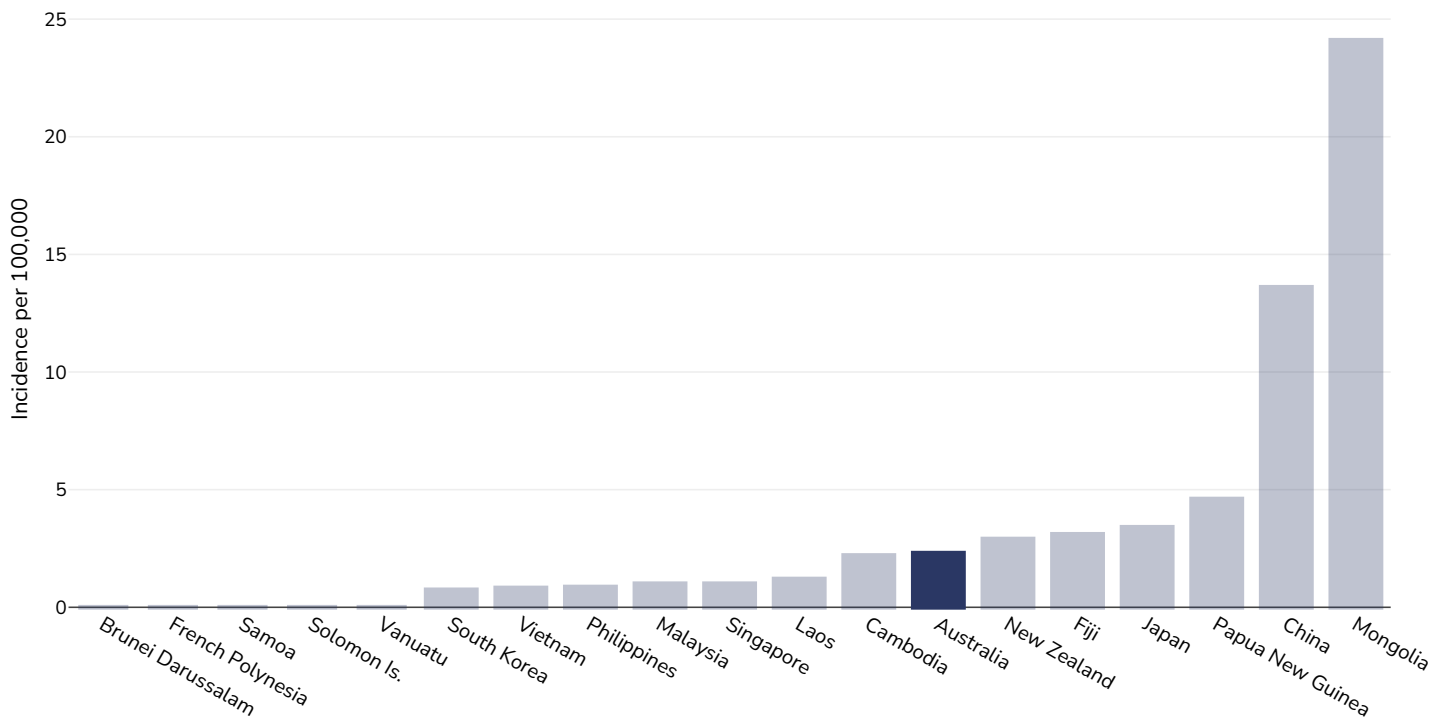
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

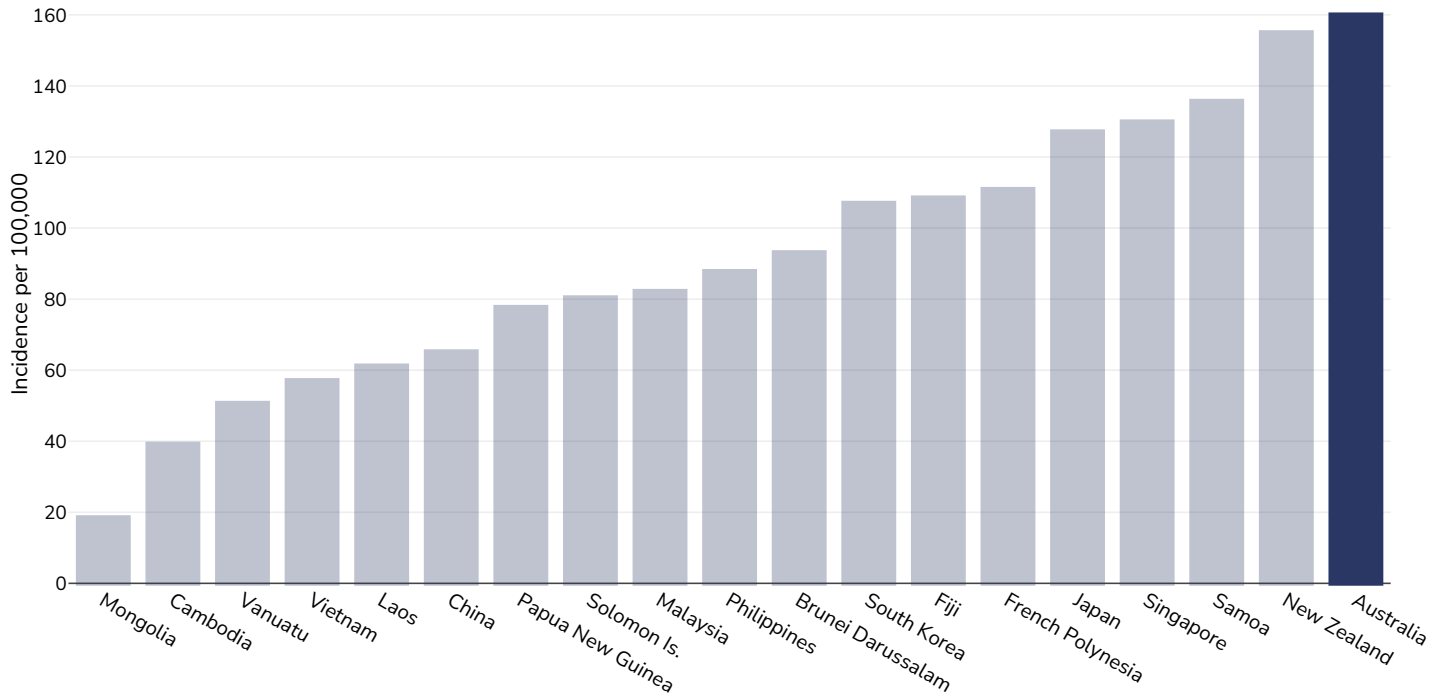
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Breast cancer

Women, 2020



Age: 20+

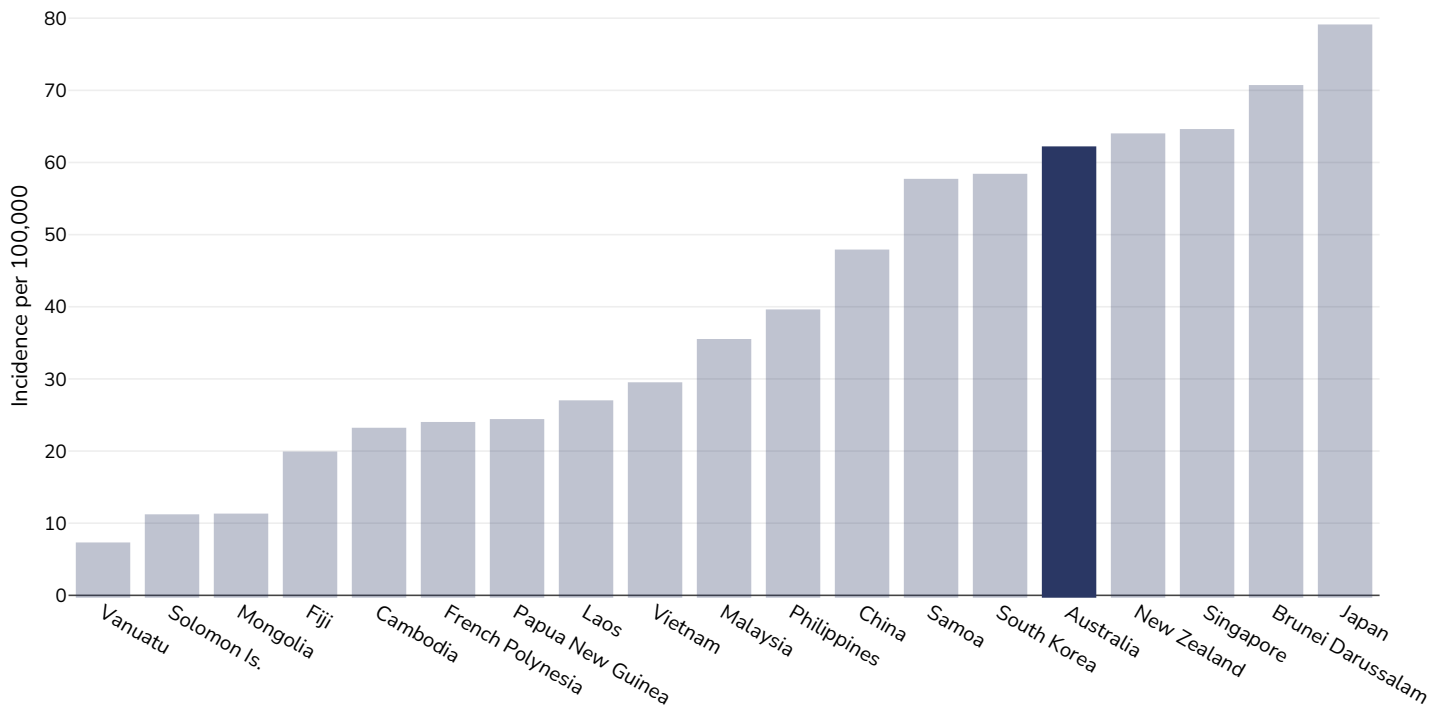
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Colorectal cancer

Men, 2020



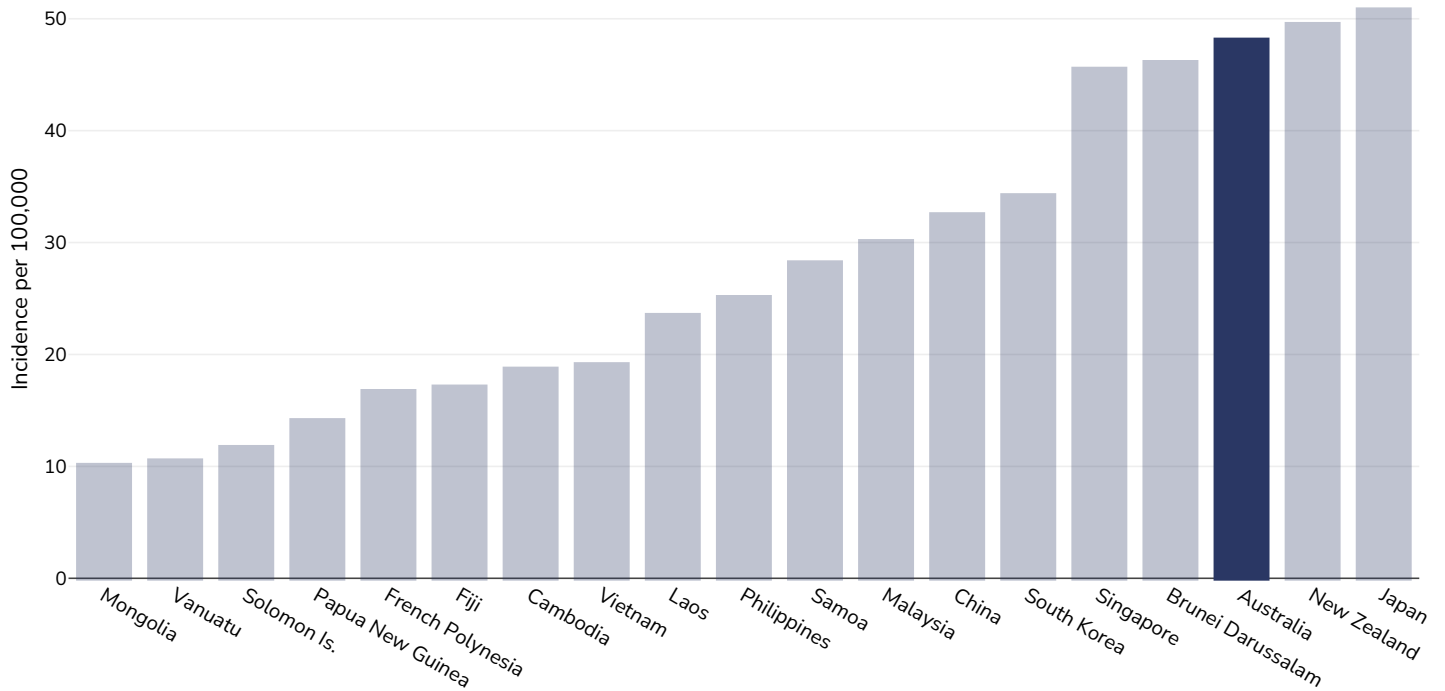
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

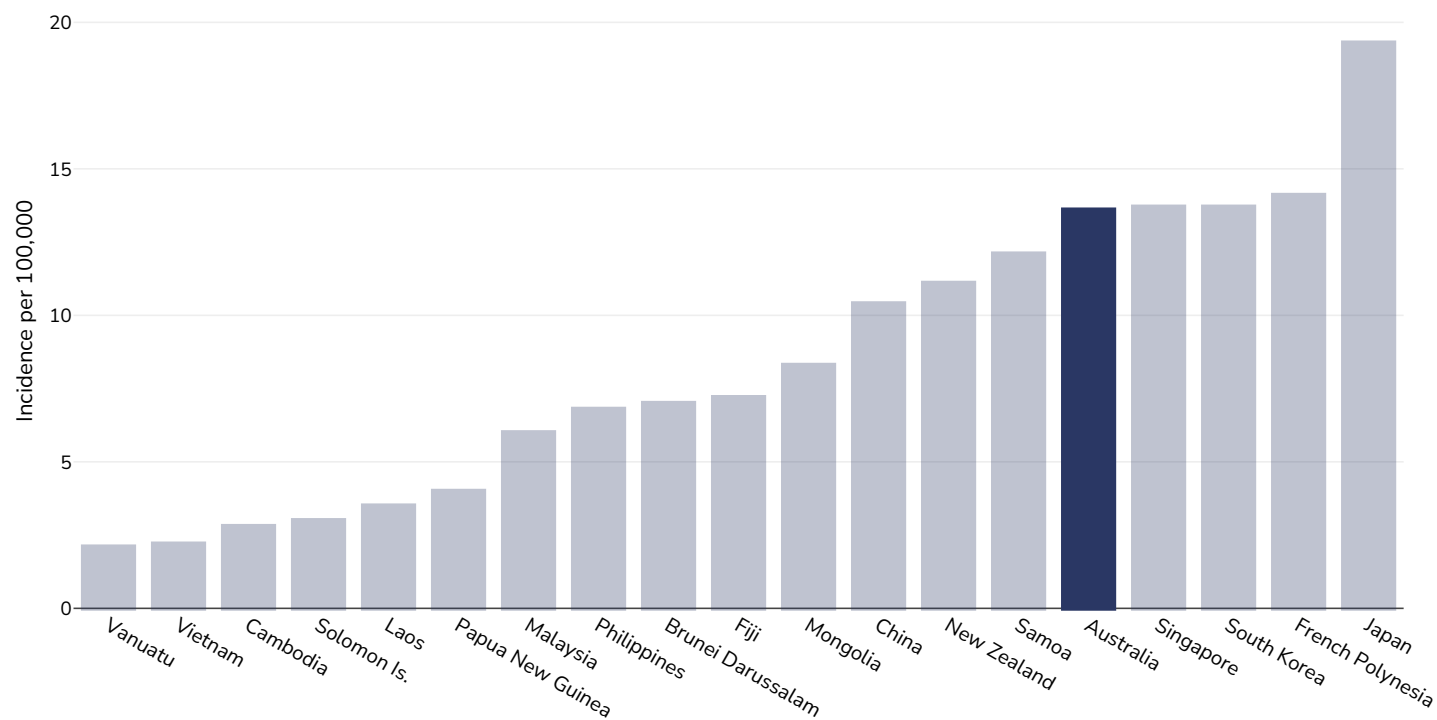
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Pancreatic cancer

Men, 2020



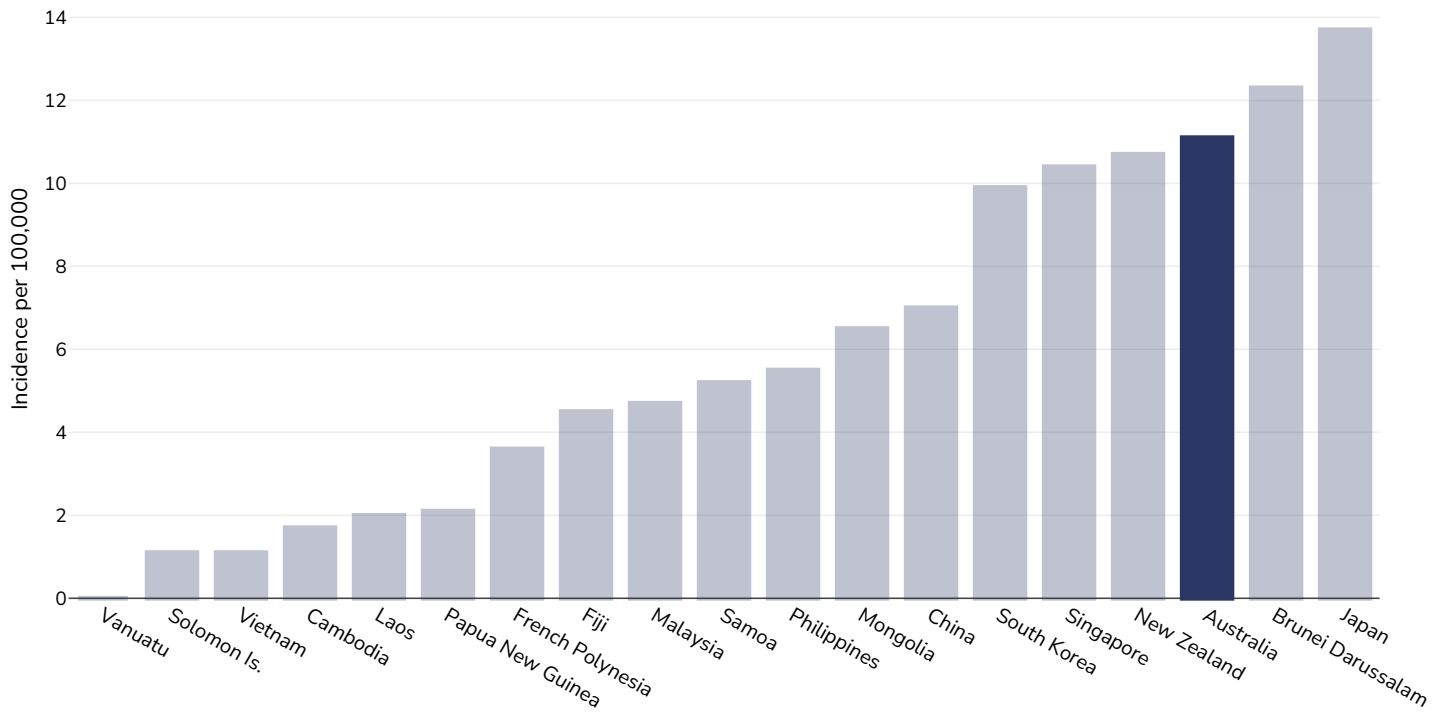
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

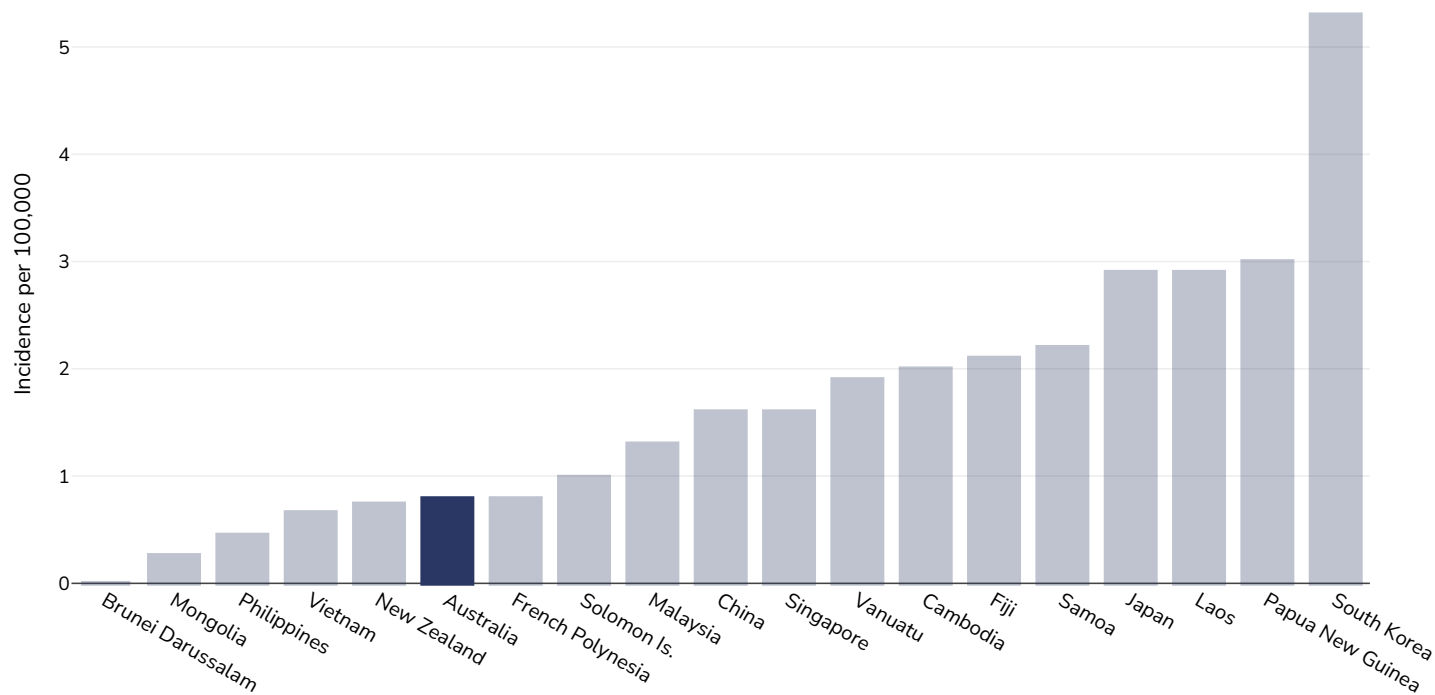
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Gallbladder cancer

Men, 2020



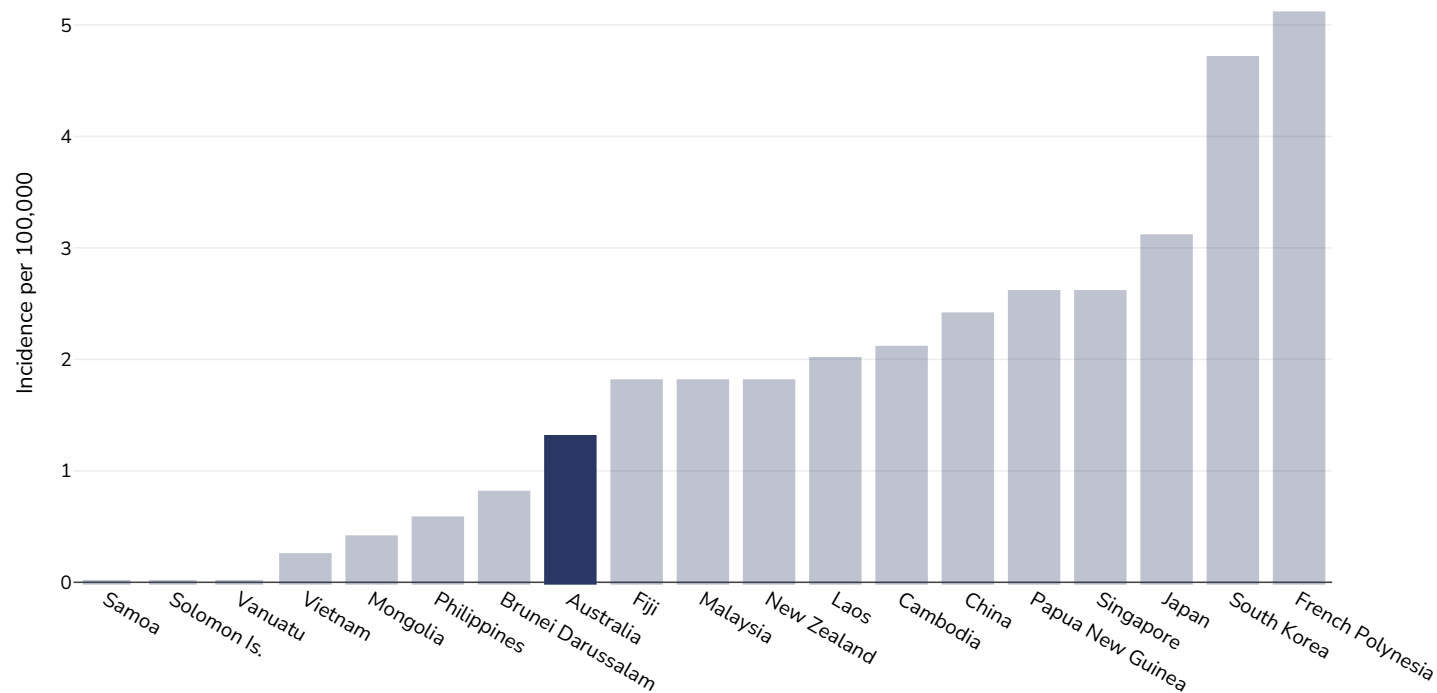
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

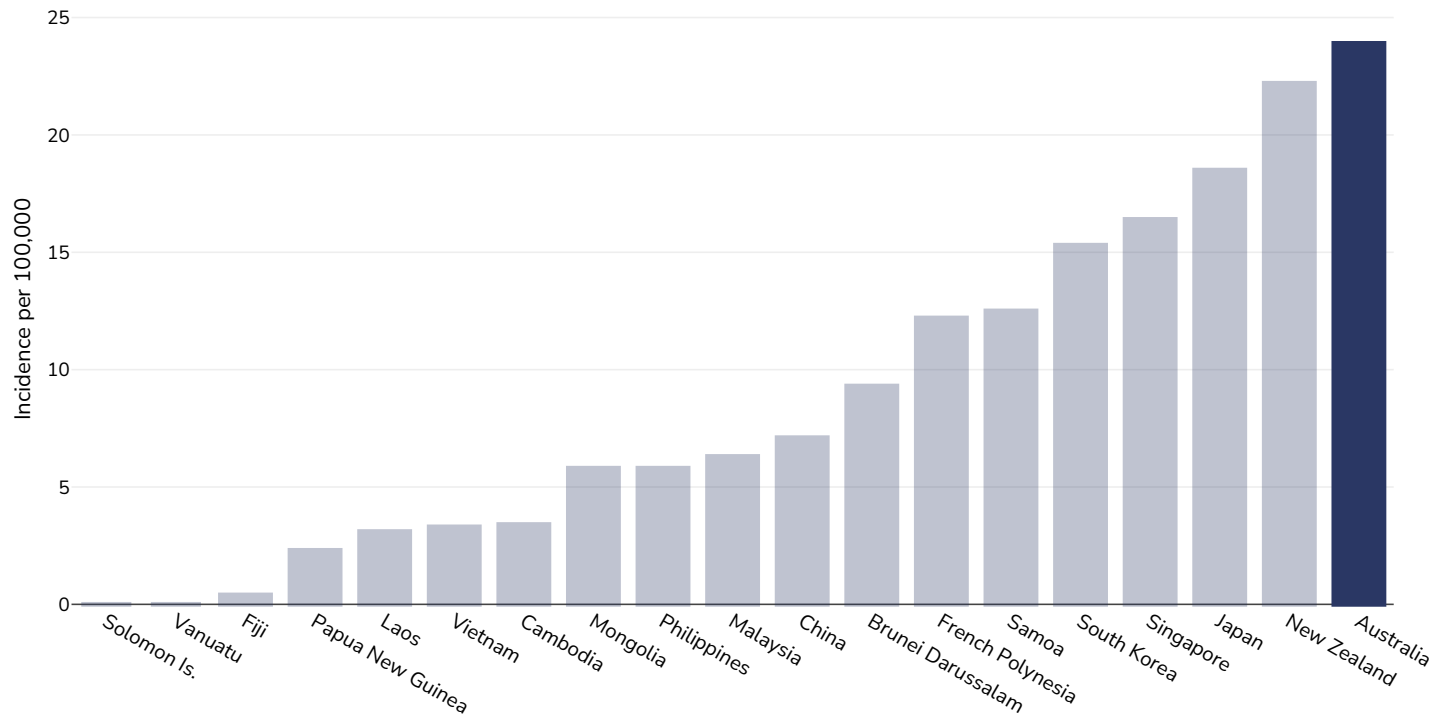
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Kidney cancer

Men, 2020



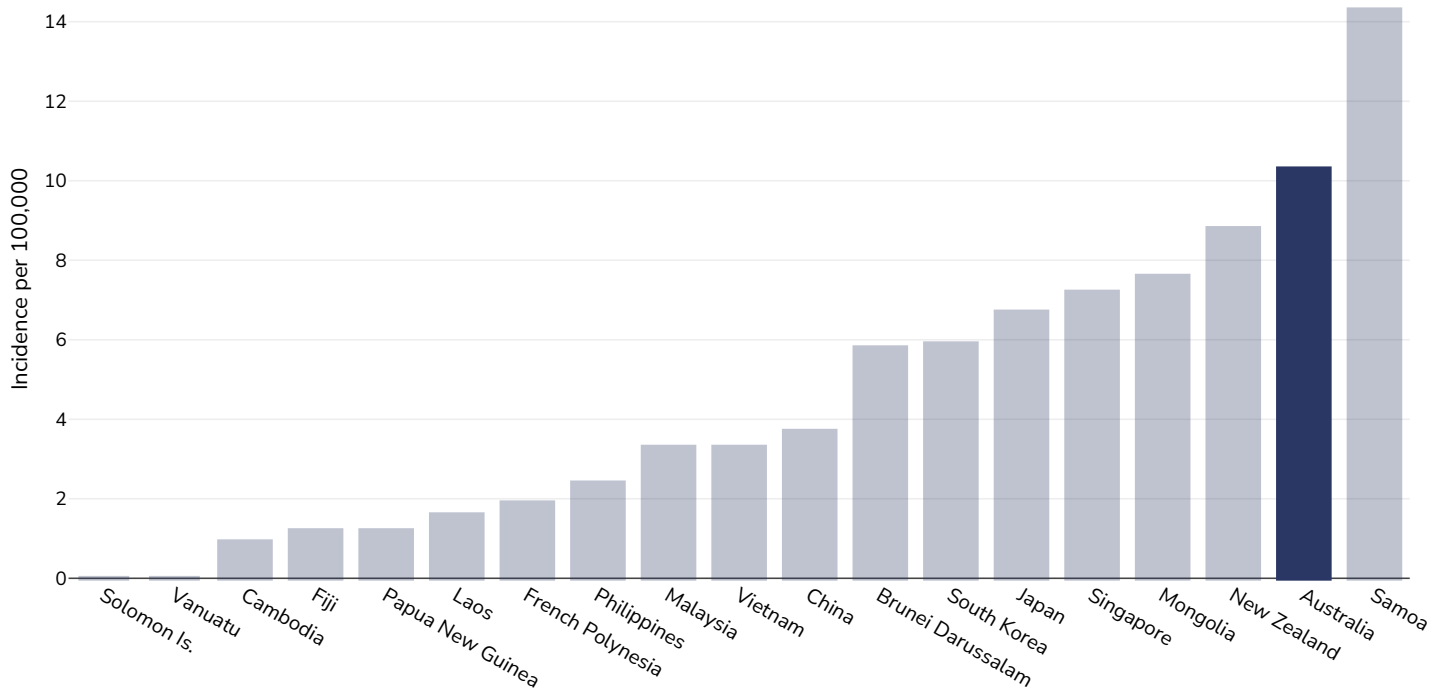
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

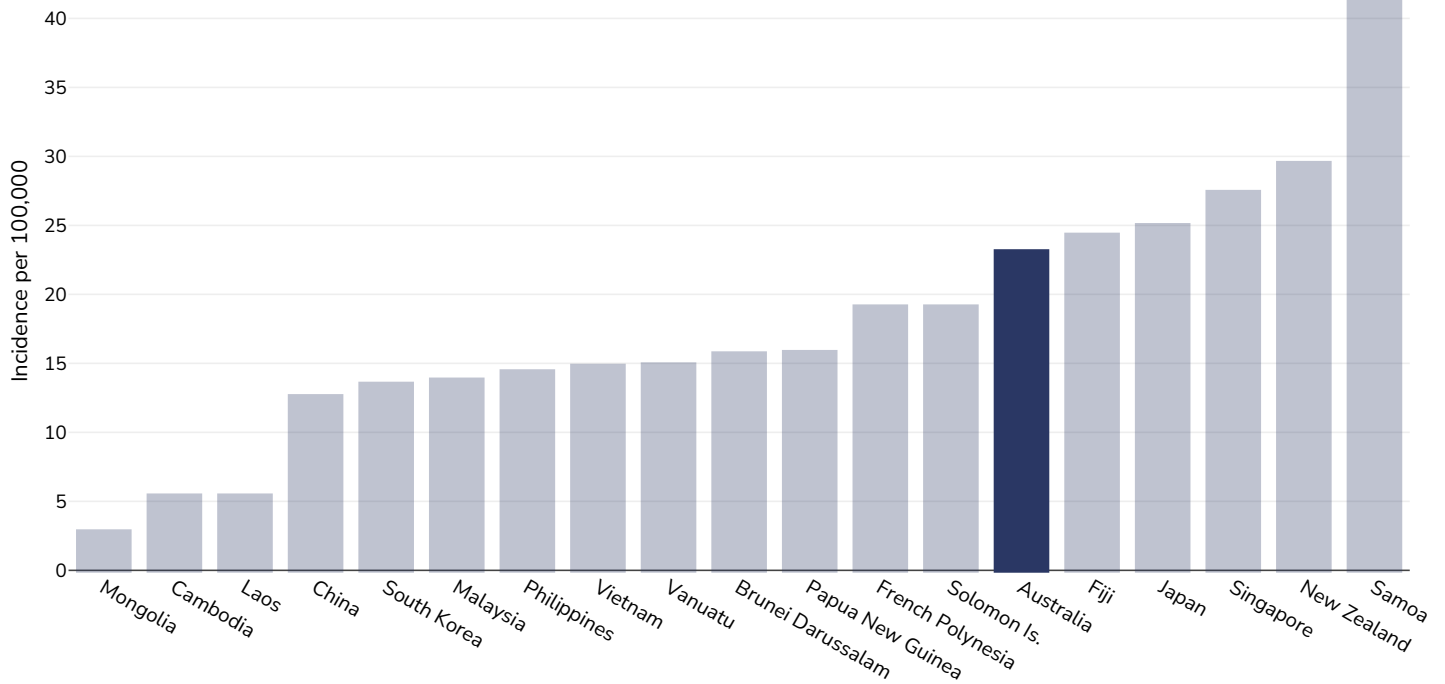
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Cancer of the uterus

Women, 2020



Age: 20+

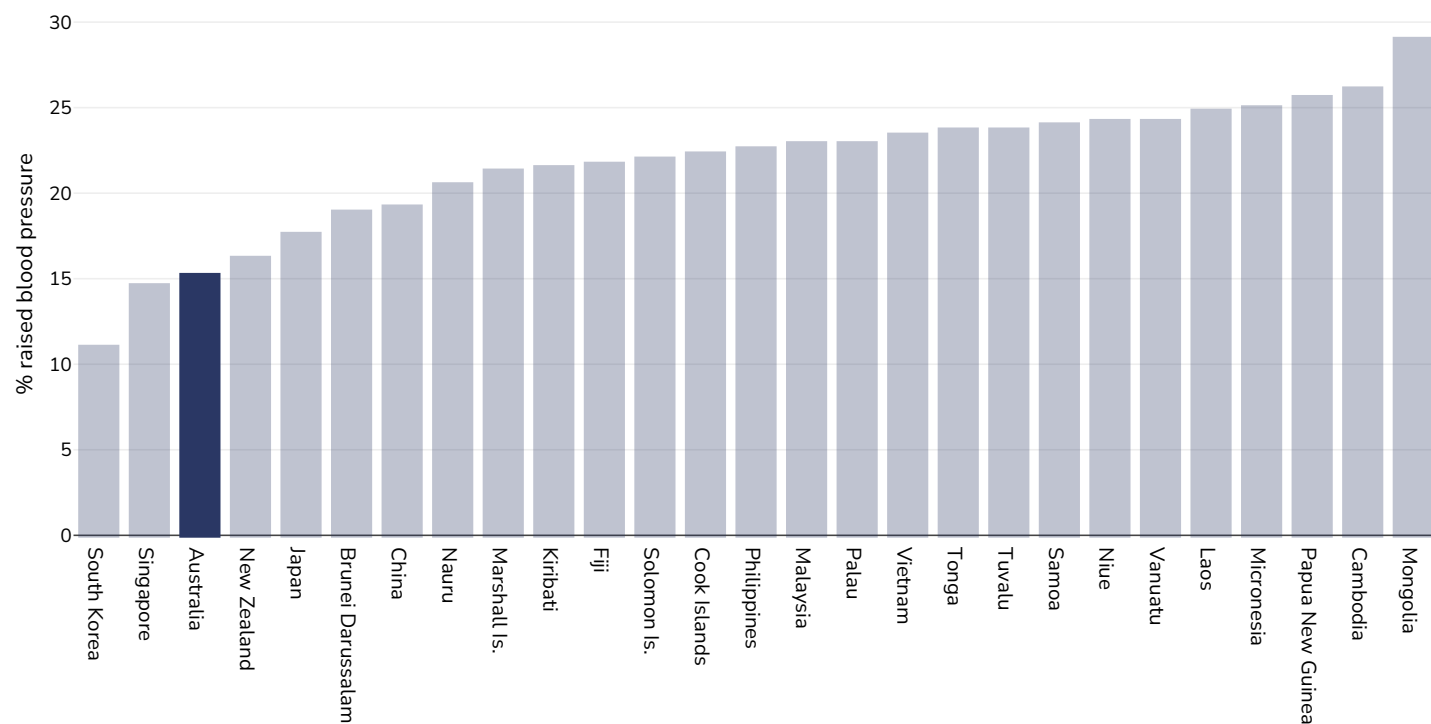
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2035

Definitions: Age-standardized incidence rates per 100 000

Raised blood pressure

Adults, 2015



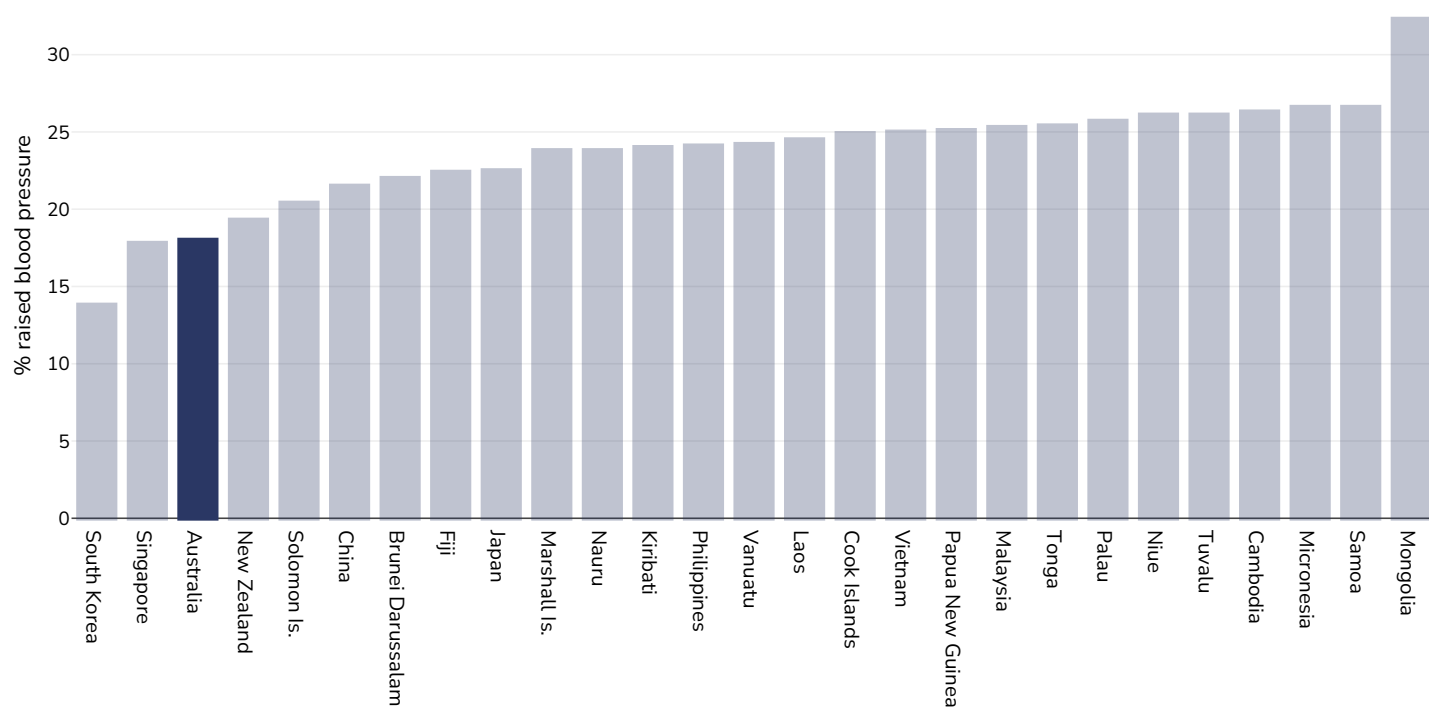
References:

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 \geq 140 OR DBP \geq 90).

Men, 2015



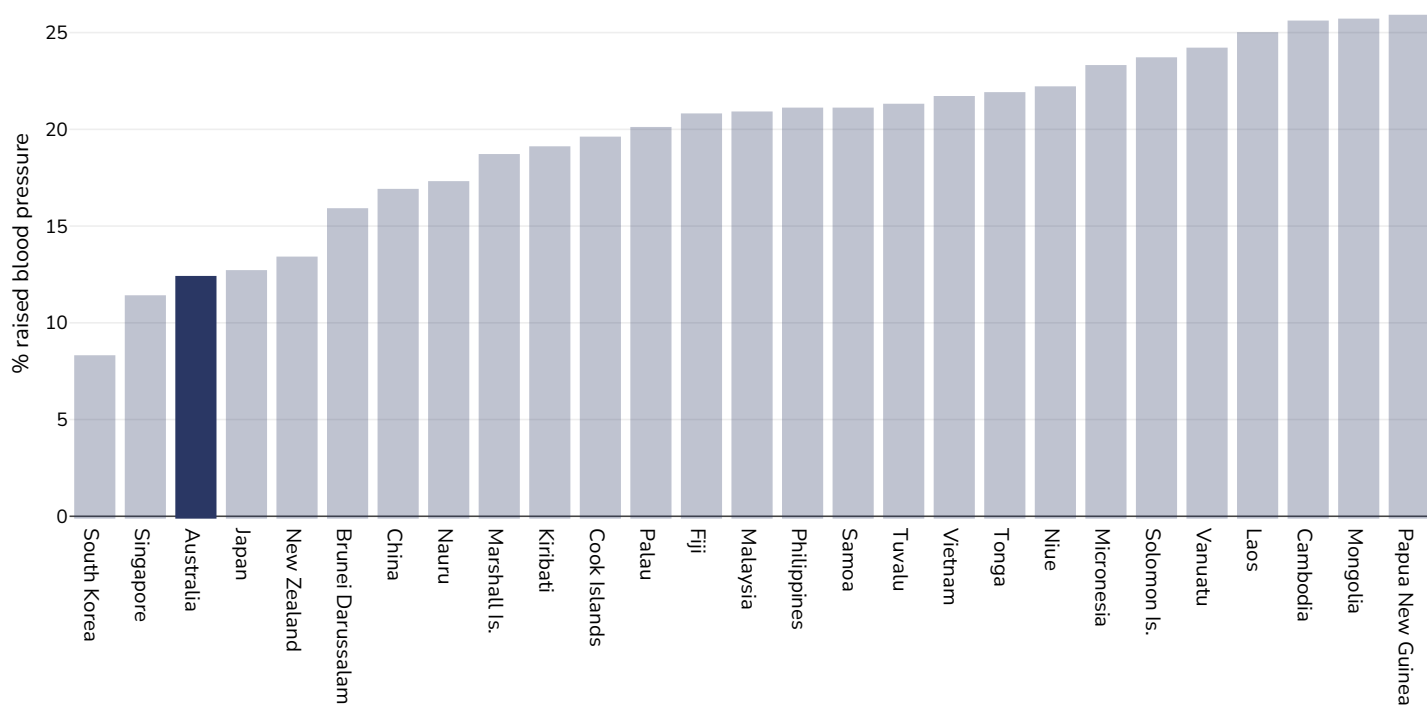
References:

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



References:

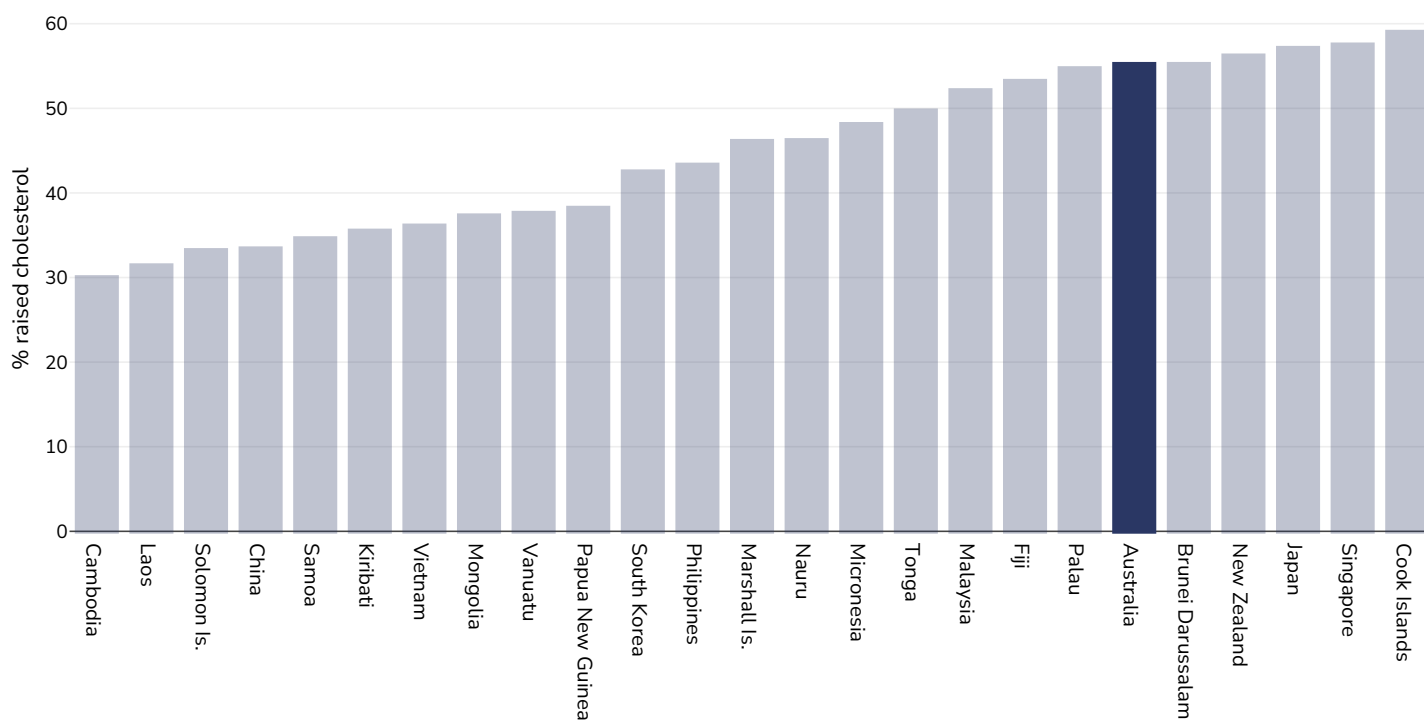
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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

Raised cholesterol

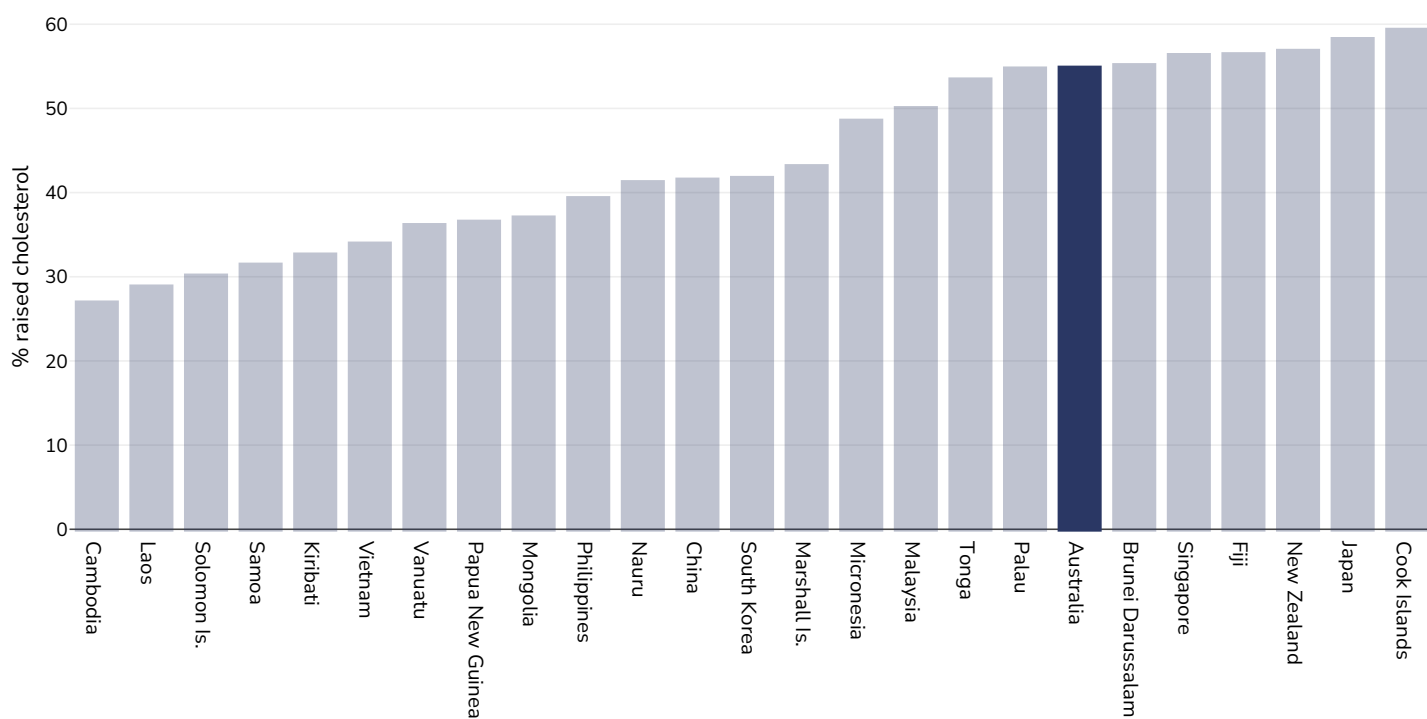
Adults, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

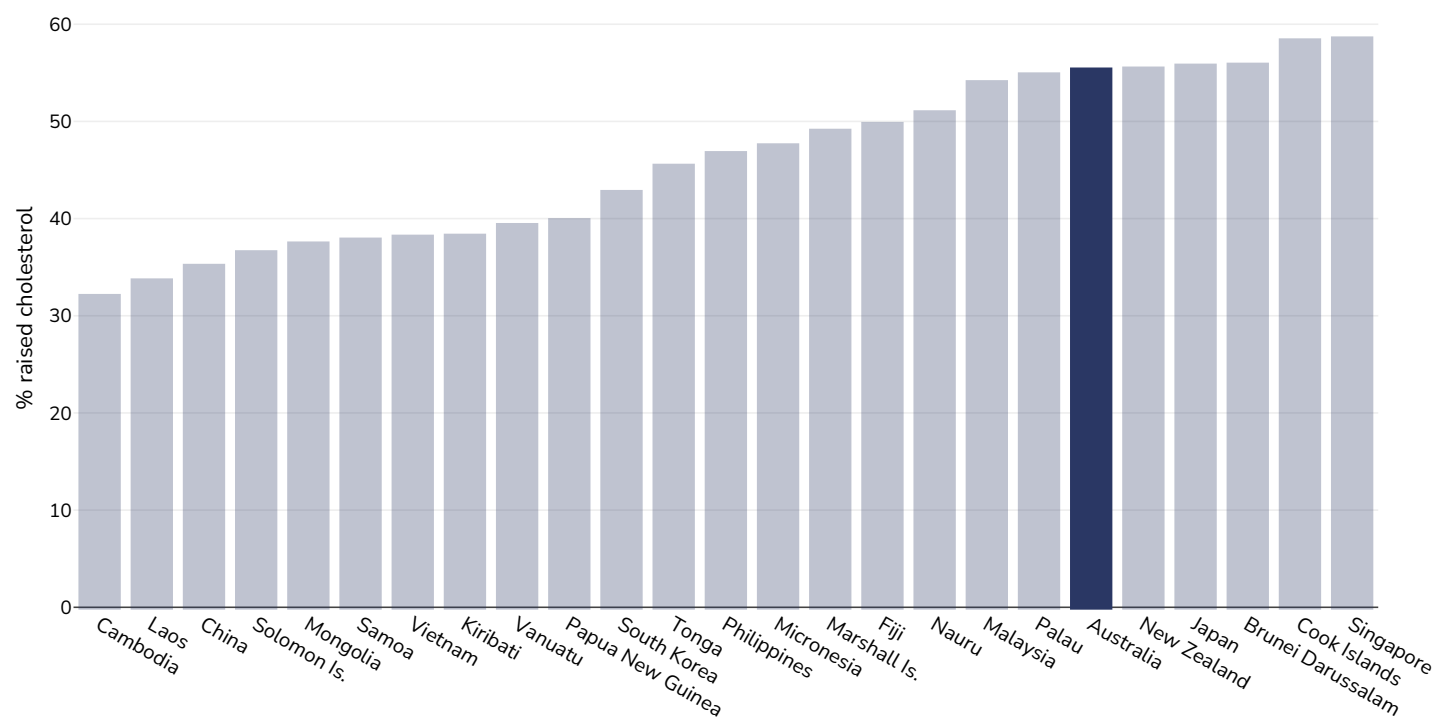
Men, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

Women, 2008

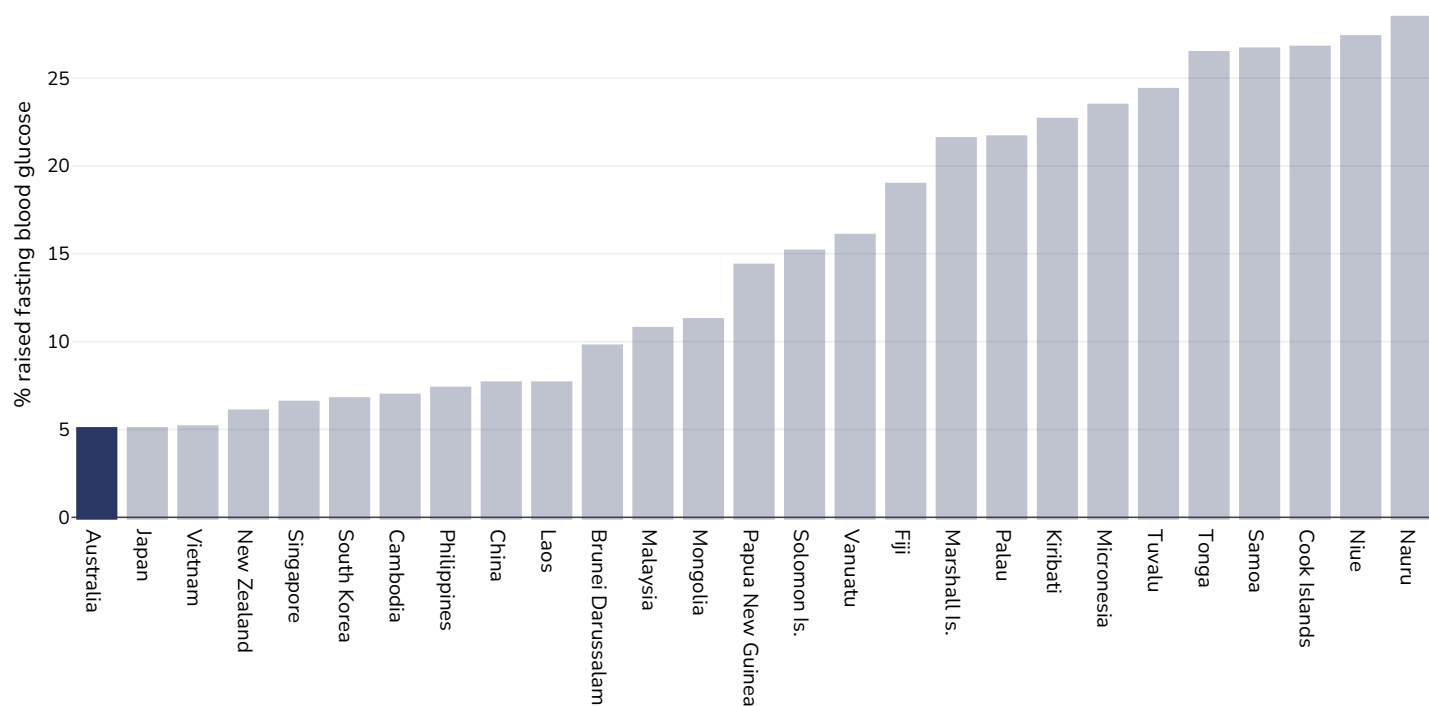


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

Raised fasting blood glucose

Men, 2014



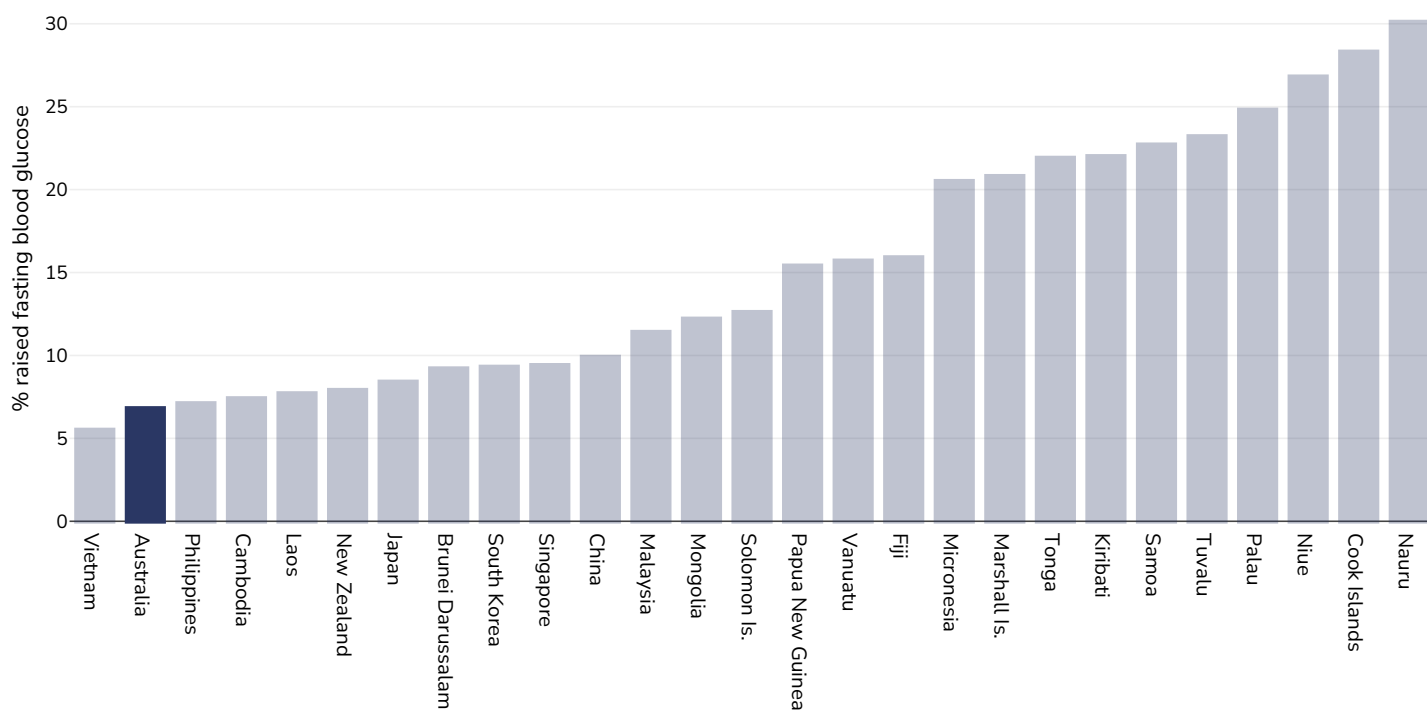
References:

Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).

Women, 2014



References:

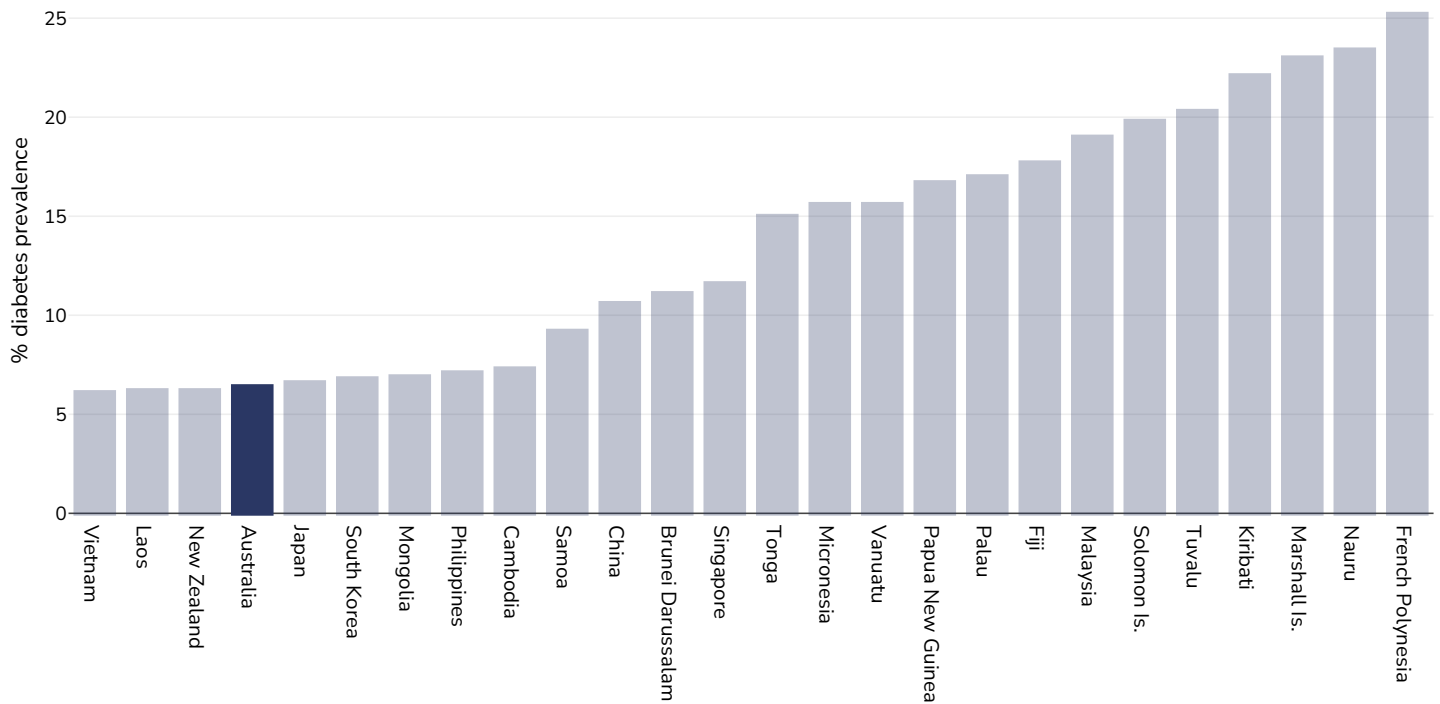
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).

Diabetes prevalence

Adults, 2021



Age: 20-79

Area covered: National

References: Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 10th edn. Brussels, Belgium:International Diabetes Federation, 2021. <http://www.diabetesatlas.org>




Definitions: Age-adjusted comparative prevalence of diabetes, %

Contextual factors

Disclaimer: These contextual factors should be interpreted with care. Results are updated as regularly as possible and use very specific criteria. The criteria used and full definitions are available for download at the bottom of this page.



Labelling

Is there mandatory nutrition labelling?	
Front-of-package labelling?	
Back-of-pack nutrition declaration?	
Color coding?	
Warning label?	



Regulation and marketing

Are there fiscal policies on unhealthy products?	✗
Tax on unhealthy foods?	✗
Tax on unhealthy drinks?	✗
Are there fiscal policies on healthy products?	✓
Subsidy on fruits?	✓
Subsidy on vegetables?	✓
Subsidy on other healthy products?	✓
Mandatory limit or ban of trans fat (all settings)?	✗
Mandatory limit of trans fats in place (all settings)?	✗
Ban on trans-fats or phos in place (all settings)?	✗
Are there any mandatory policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✗
Mandatory restriction on broadcast media?	✗
Mandatory restriction on non-broadcast media?	✗
Voluntary policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✓ _v
Are there mandatory standards for food in schools?	✗
Are there any mandatory nutrient limits in any manufactured food products?	✗
Nutrition standards for public sector procurement?	✗



Political will and support

National obesity strategy or nutrition and physical activity national strategy?	✓
National obesity strategy?	✓
National childhood obesity strategy?	✗
Comprehensive nutrition strategy?	✓
Comprehensive physical activity strategy?	✓
Evidence-based dietary guidelines and/or RDAs?	✓
National target(s) on reducing obesity?	✓
Guidelines/policy on obesity treatment?	✓
Promotion of breastfeeding?	✓



Monitoring and surveillance

Monitoring of the prevalence and incidence for the main obesity-related NCDs and risk factors?	✓
Within 5 years?	✓



Governance and resource

Multi-sectoral national co-ordination mechanism for obesity or nutrition (including obesity)?	✓
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Key

✓ Present

✓_v Present

(voluntary)

✓ Incoming

✗ Absent

? Unknown

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