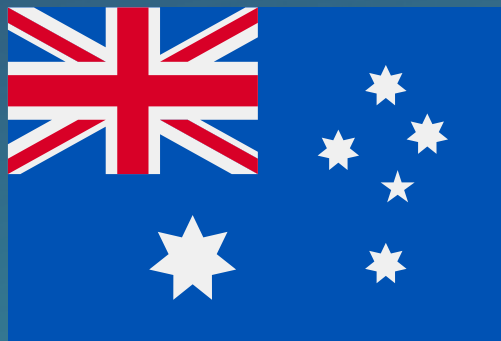




Australia



Country report card

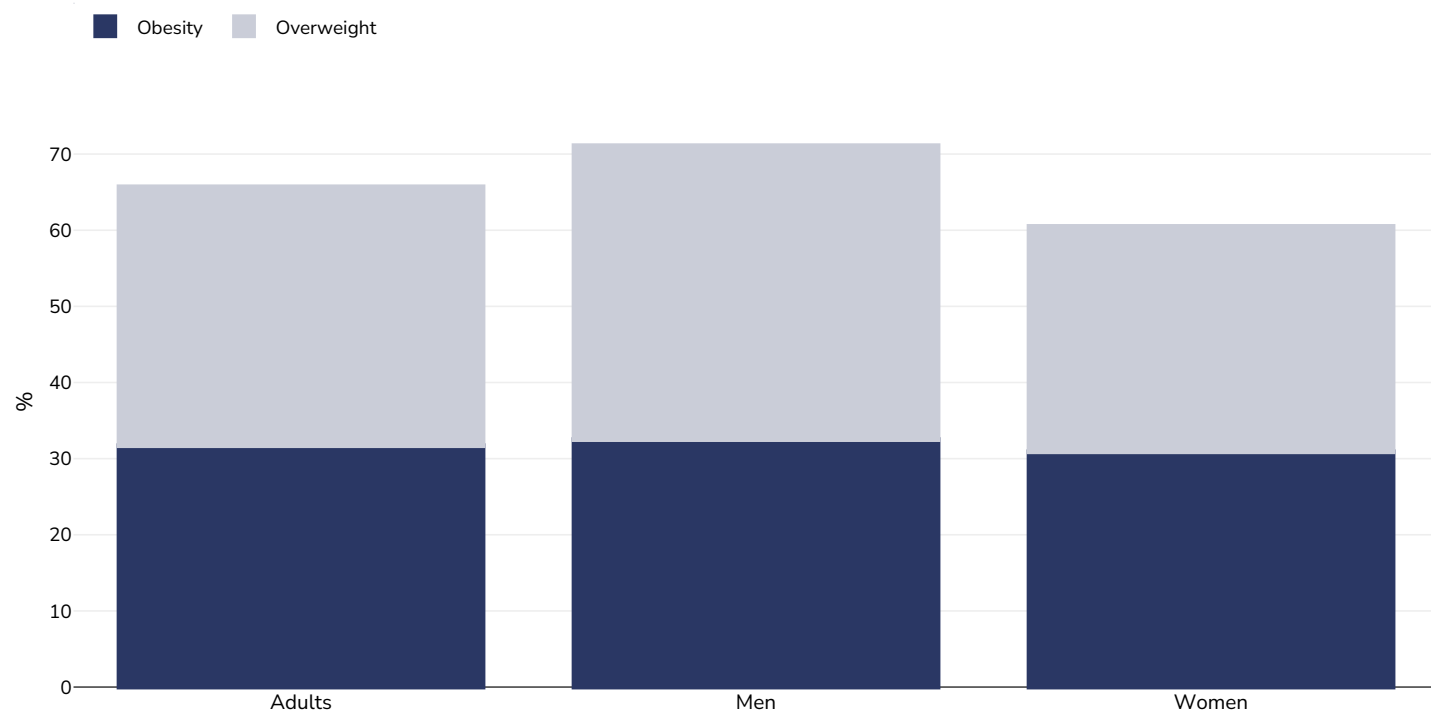
This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity . Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at <https://data.worldobesity.org/country/australia-10/>

Contents	Page
Obesity prevalence	3
Trend: % Adults living with obesity in Australia 2007-2022	6
Trend: % Adults living with overweight or obesity in Australia 2007-2022	8
Trend: Children living with overweight or obesity in Australia	10
Trend: % Adults living with obesity in selected countries in the Asia/Oceania Region 1975-2019, selected countries	12
Trend: % Adults living with obesity in selected countries worldwide 1976-2018, selected countries	17
Overweight/obesity by education	22
Overweight/obesity by age	23
Overweight/obesity by region	25
Overweight/obesity by socio-economic group	29
Overweight/obesity by ethnicity	33
Double burden of underweight & overweight	35
Insufficient physical activity	38
Estimated per capita fruit intake	44
Estimated per-capita processed meat intake	45
Estimated per capita whole grains intake	46
Mental health - depression disorders	47
Mental health - anxiety disorders	53
Percent of population who cannot afford a healthy diet	58
Oesophageal cancer	59
Breast cancer	61
Colorectal cancer	62
Pancreatic cancer	64
Gallbladder cancer	66
Kidney cancer	68
Cancer of the uterus	70
Raised blood pressure	71
Raised cholesterol	74
Raised fasting blood glucose	77
Diabetes prevalence	79
Ovarian Cancer	80
Leukemia	81
Liver and intrahepatic bile duct Cancer	83
Multiple Myeloma	85
Non Hodgkin Lymphoma	87
Thyroid Cancer	89

Obesity prevalence

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

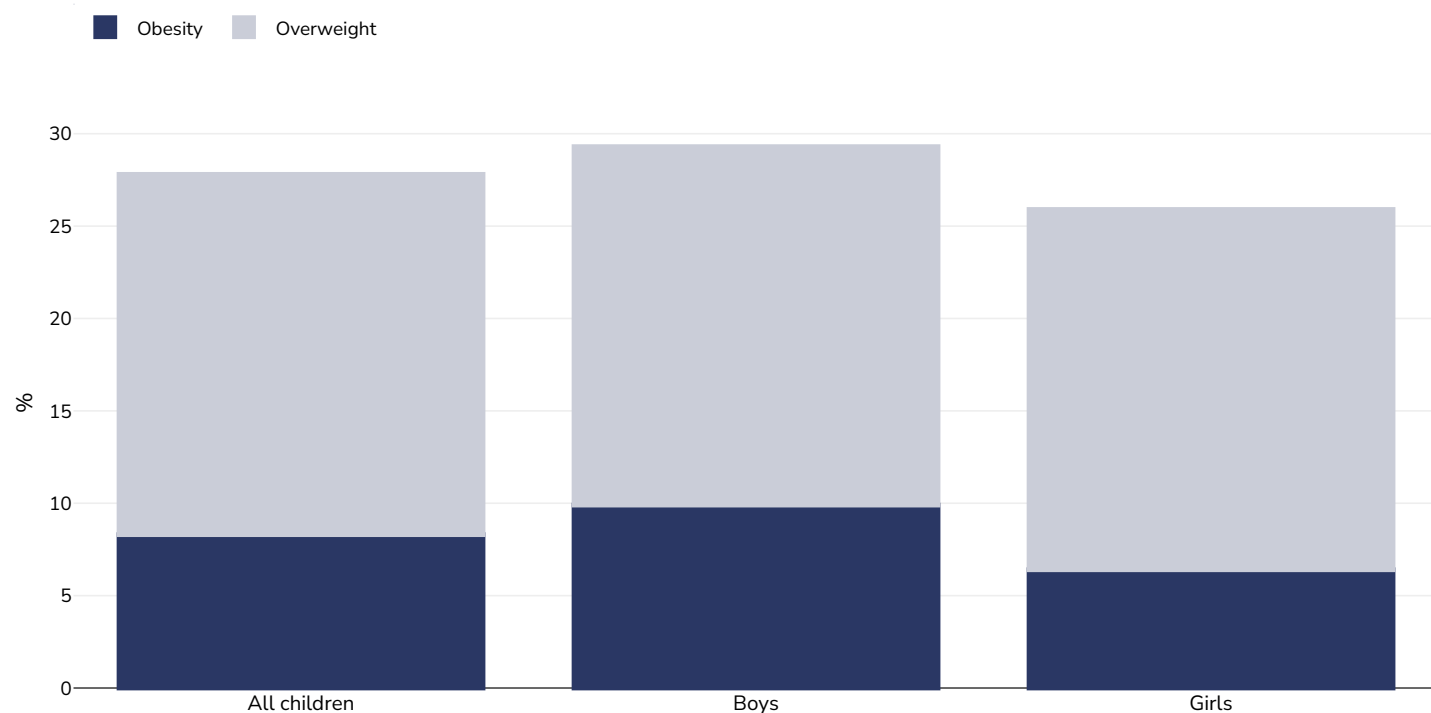
Area covered: National

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

0-5 years, 2017-2018



Age: 0-5

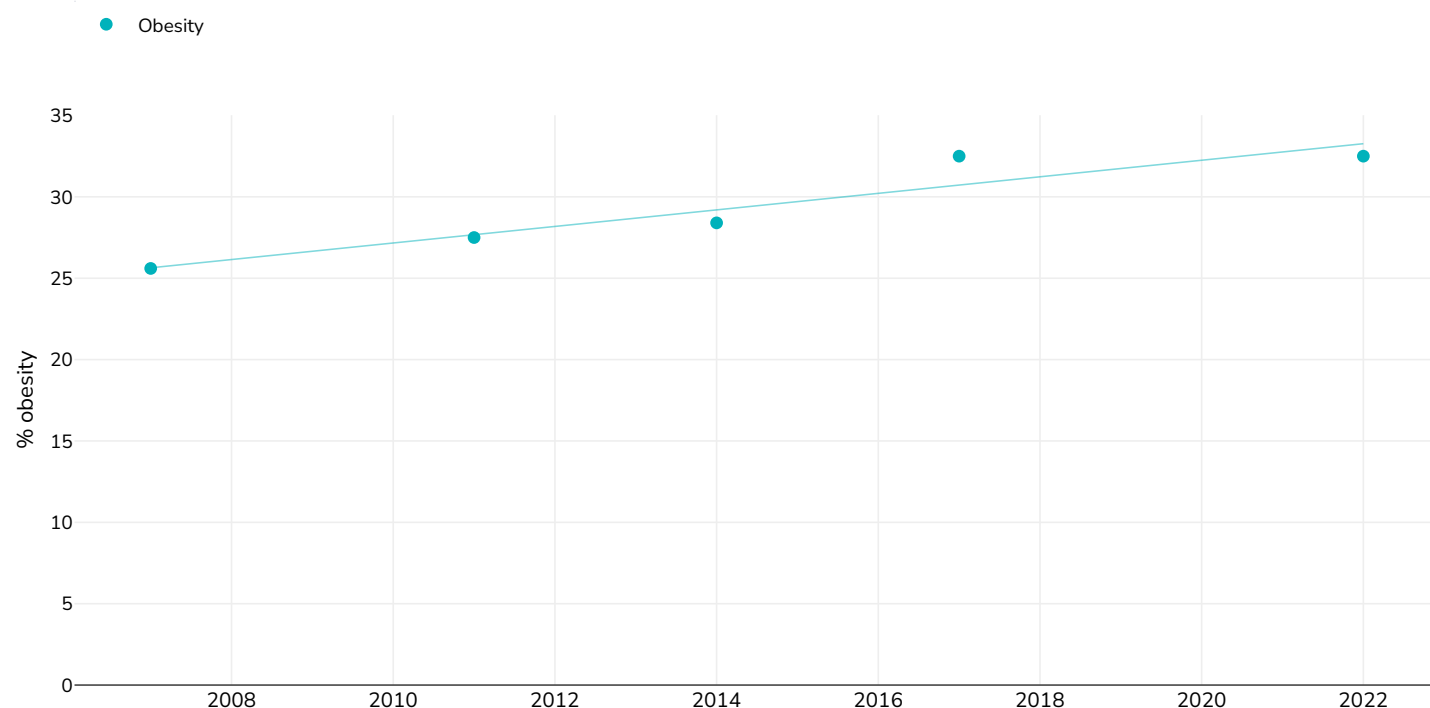
References: Other: Australia National Health Survey 2017-18

Notes: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York.
For more information about the methodology, please consult <https://data.unicef.org/resources/jme-2023-country-consultations/>
Percentage of children under 5 years of age falling above 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population.

Definitions: =>+2SD

% Adults living with obesity in Australia 2007-2022

Men



Survey type:

Measured

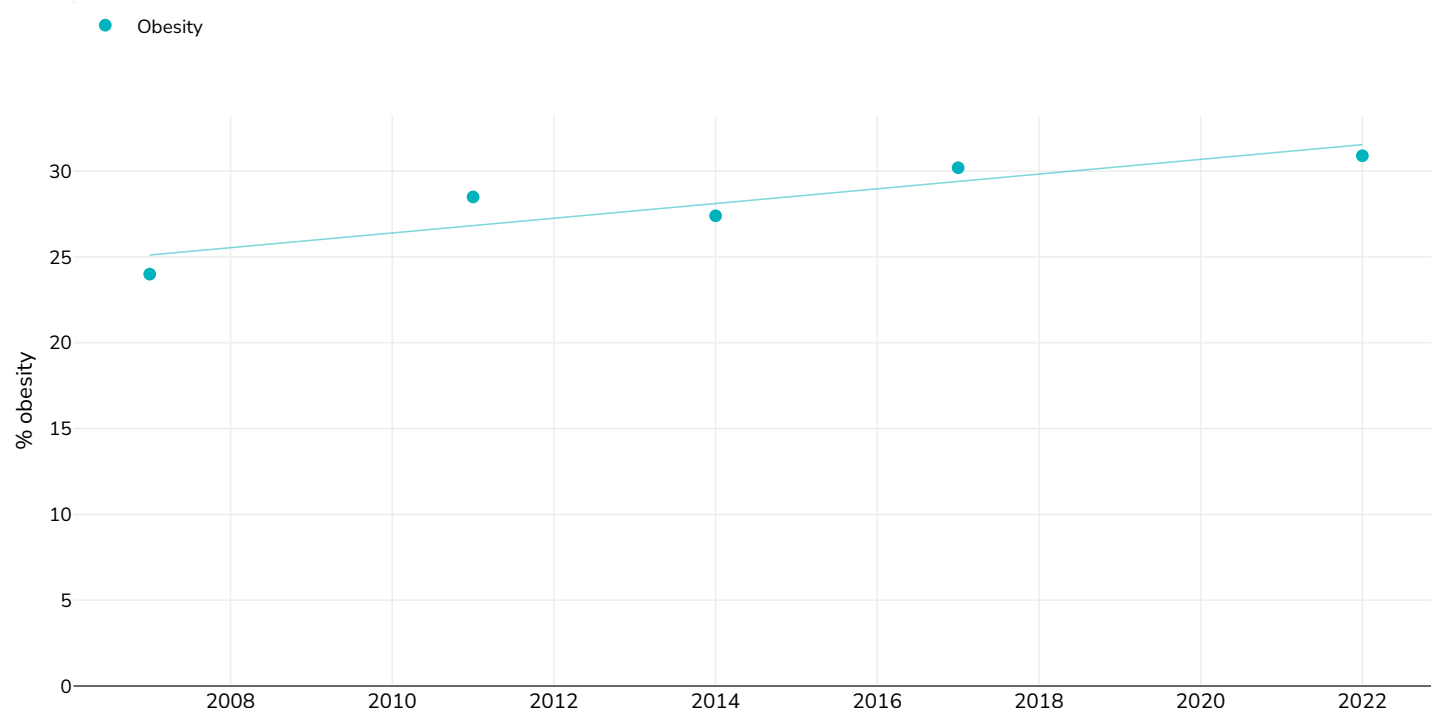
References:

- 2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910
- 2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011–12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>
- 2014: Australian National Health Survey, 2014–15 First Results. Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.001Appendix22014-15?opendocument&tabname=Notes&prodno=4364.0.55.001&issue=2014-15&num=&view=> (last accessed 27th September 2017)
- 2017: Australian National Health Survey 2017–18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)
- 2022: 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)

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:

2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910

2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011–12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>

2014: Australian National Health Survey, 2014–15 First Results. Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.001Appendix22014-15?opendocument&tabname=Notes&prodno=4364.0.55.001&issue=2014-15&num=&view=> (last accessed 27th September 2017)

2017: Australian National Health Survey 2017–18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)

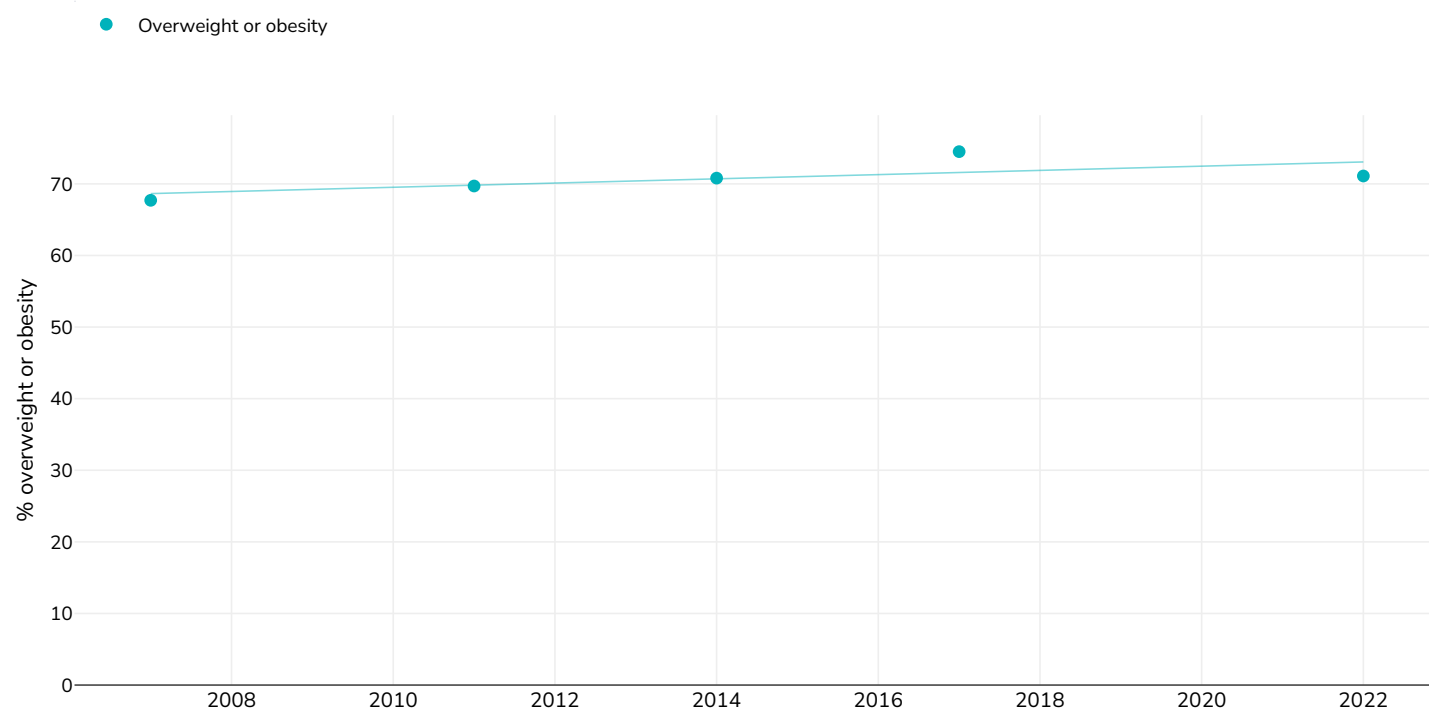
2022: Australian National Health Survey 2022–2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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 Australia 2007-2022

Men



Survey type: Measured

References:

2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910

2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011–12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>

2014: Australian National Health Survey, 2014–15 First Results. Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.001Appendix22014-15?opendocument&tabname=Notes&prodno=4364.0.55.001&issue=2014-15&num=&view=> (last accessed 27th September 2017)

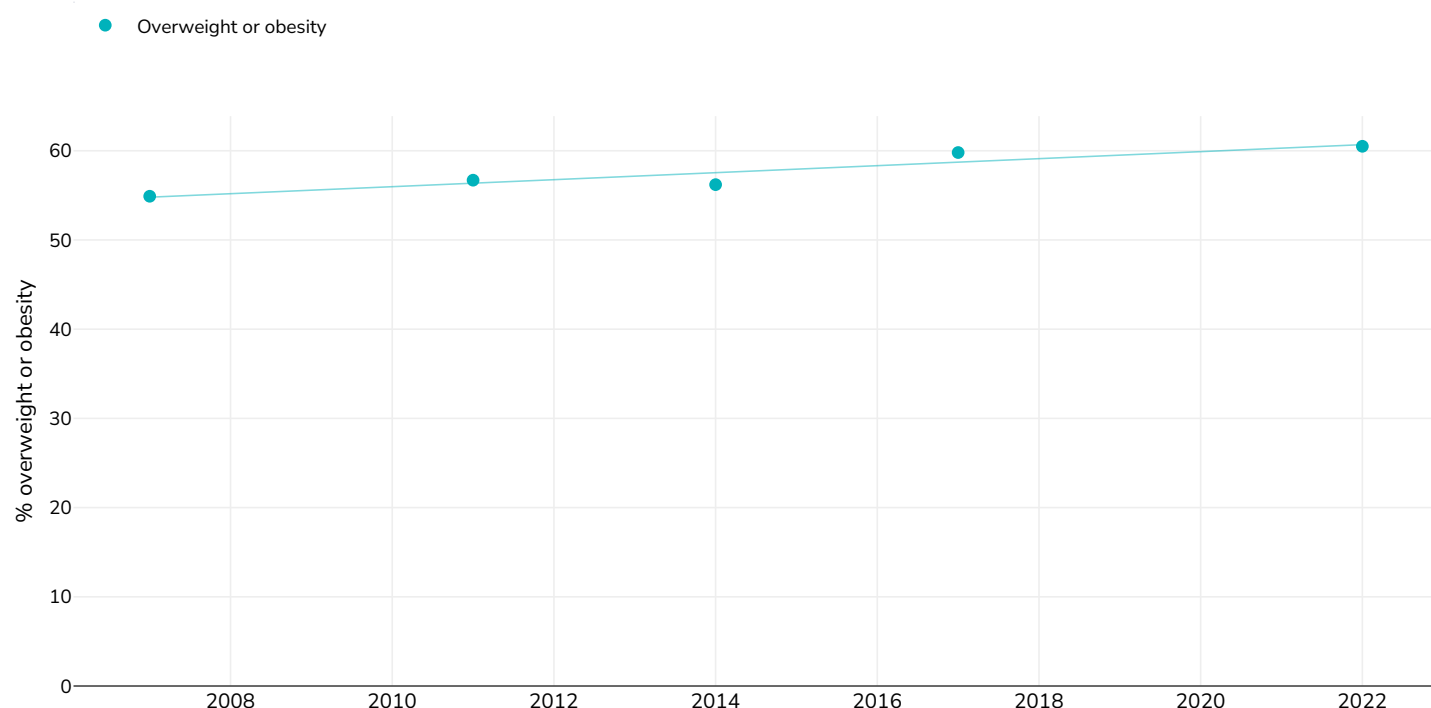
2017: Australian National Health Survey 2017–18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)

2022: 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)

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:

2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910

2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a.

Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011–12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>

2014: Australian National Health Survey, 2014–15 First Results. Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.001Appendix22014-15?opendocument&tabname=Notes&prodno=4364.0.55.001&issue=2014-15&num=&view=> (last accessed 27th September 2017)

2017: Australian National Health Survey 2017–18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)

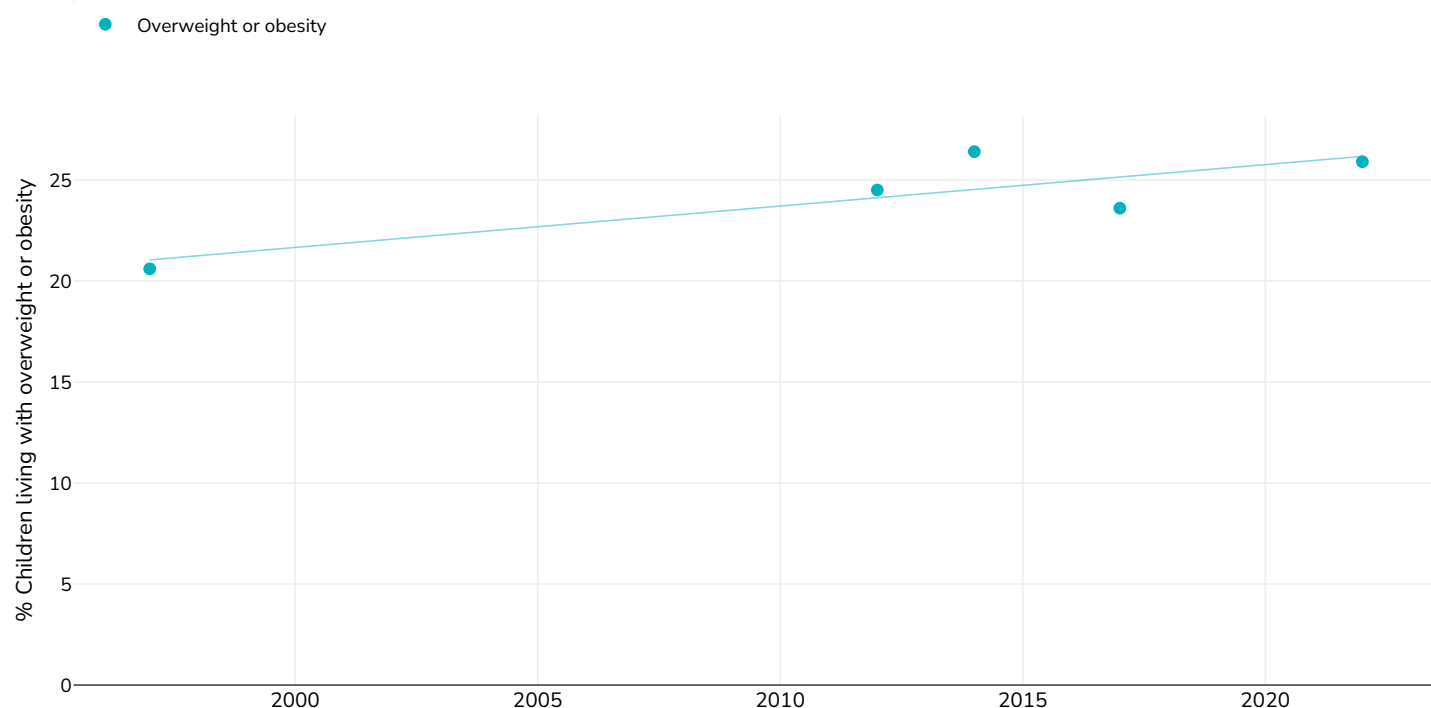
2022: Australian National Health Survey 2022–2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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 in Australia

Girls



Survey type:

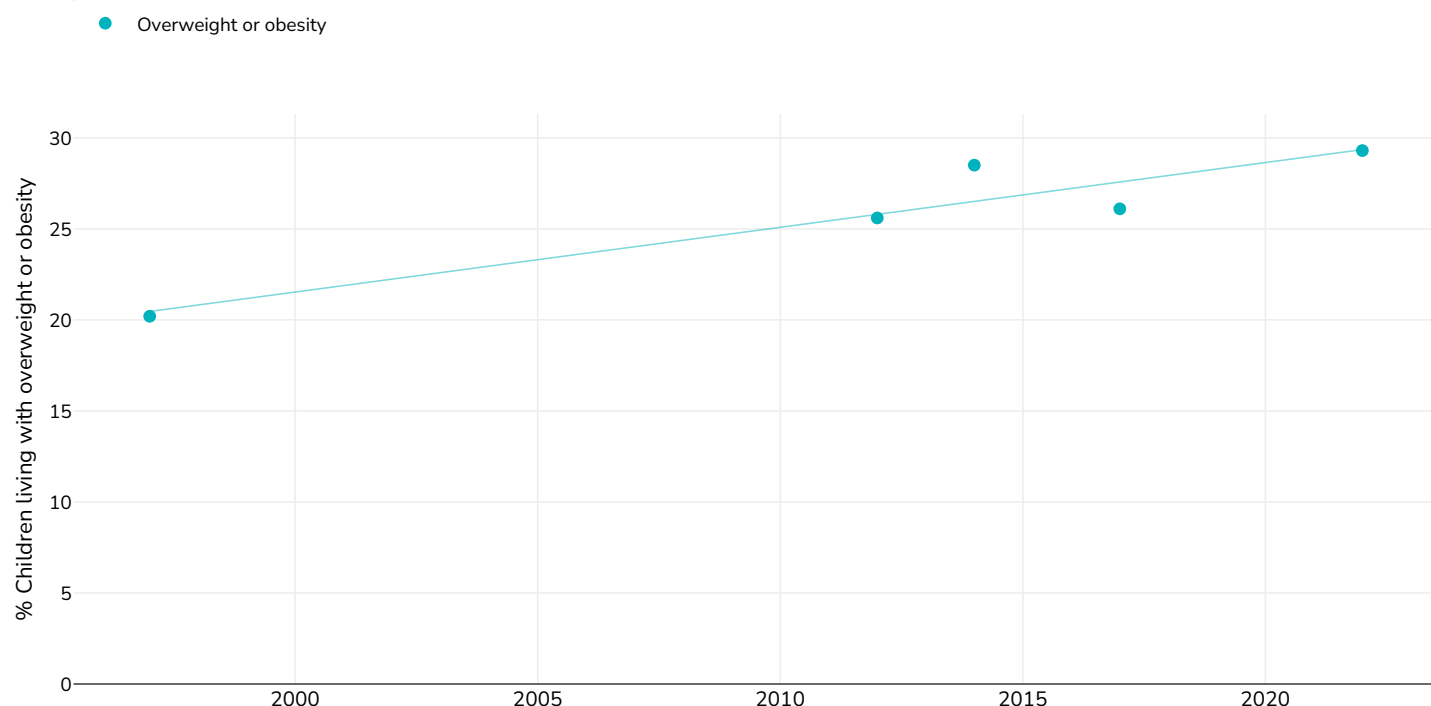
Measured

References:

- 1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. *Obesity*, 15 (5): 1089 - 1095.
- 2012: 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. *International Journal of Public Health* October 2014, Volume 59, Issue 5, pp 819-828
- 2014: Australian Health Survey First Results 2014-15 ([http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf) last accessed 4th January 2017)
- 2017: Australian National Health Survey 2017-18 <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 02.10.2020)
- 2022: 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)

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

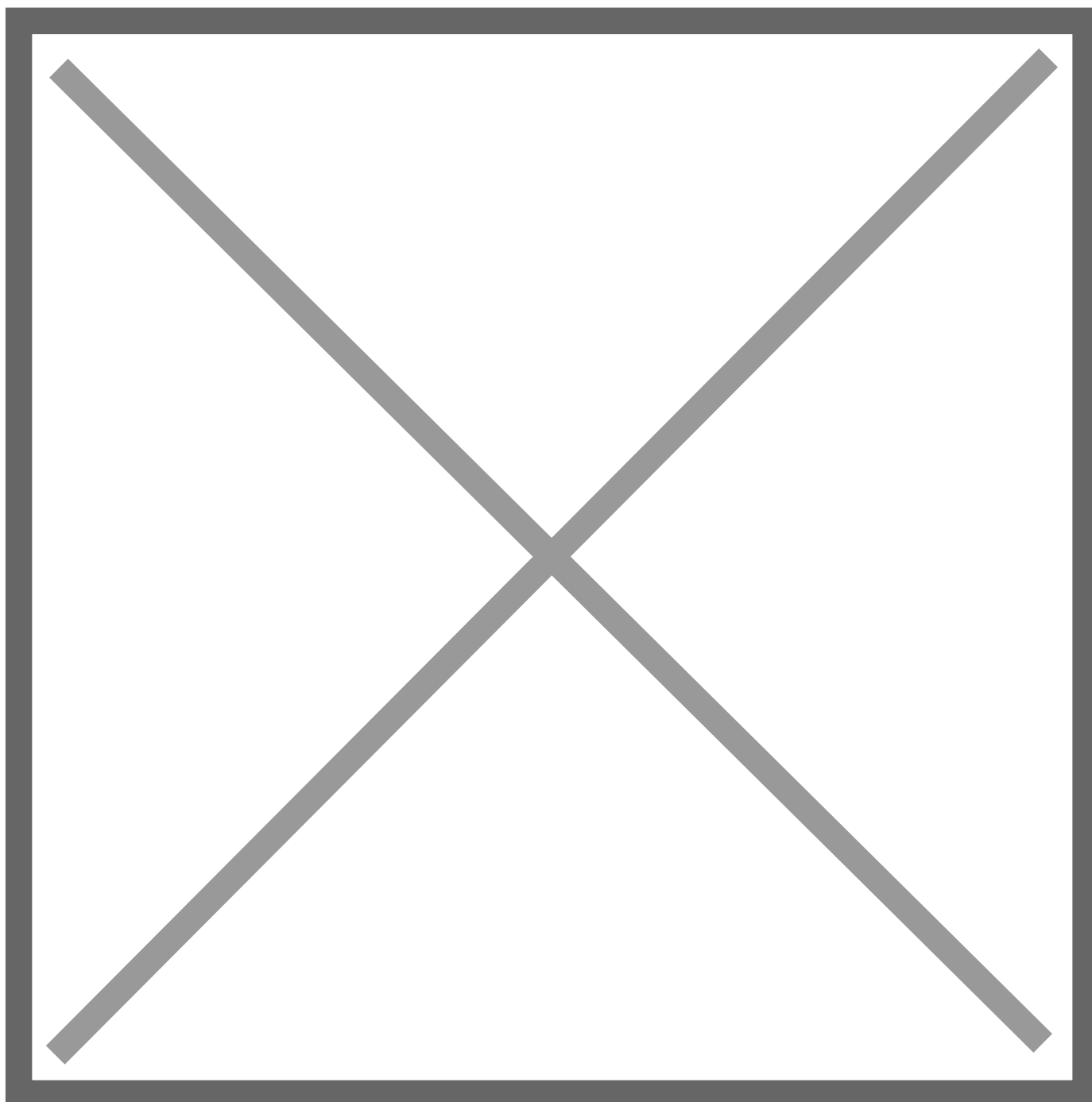
References:

- 1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. *Obesity*, 15 (5): 1089 - 1095.
- 2012: 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. *International Journal of Public Health* October 2014, Volume 59, Issue 5, pp 819-828
- 2014: Australian Health Survey First Results 2014-15 ([http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf) last accessed 4th January 2017)
- 2017: Australian National Health Survey 2017-18 <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 02.10.2020)
- 2022: 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)

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 in selected countries in the Asia/Oceania
Region 1975-2019, selected countries**

Men

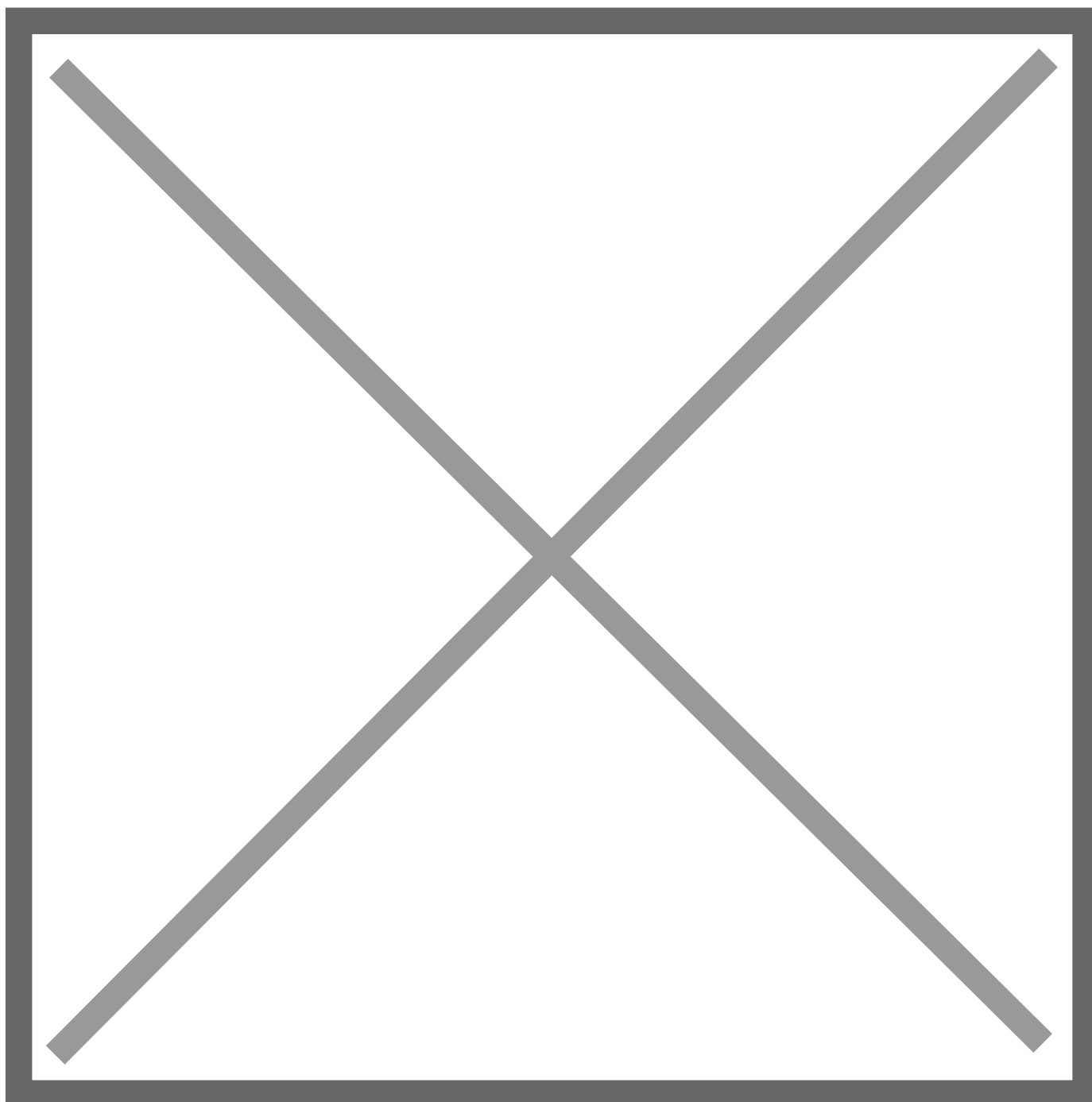


References:

- 1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
- 1993: Ismail MN, Zawiah H, Chee SS, Ng KK. Prevalence of obesity and chronic energy deficiency (CED) in adult Malaysians. *Malays J Nutrition*. 1995; 1:1-9
- 1995, 1996: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. *EJCN* (2000) 54:247-252
- 1998: Data provided by the Philippine Department of Health, Dr C. Barbu, data reanalysed by Dr Charmaine Duante.
- 2000: Asia Pacific Cohort Studies Collaboration. The burden of overweight and obesity in the Asia-Pacific region. *Obesity Reviews* 2007;8:191-196.
- 2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
- 2002: Report of the 2002 China National Nutrition and Health Survey, 2004. (In Chinese). Chinese Ministry of Public Health (CMPH)

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



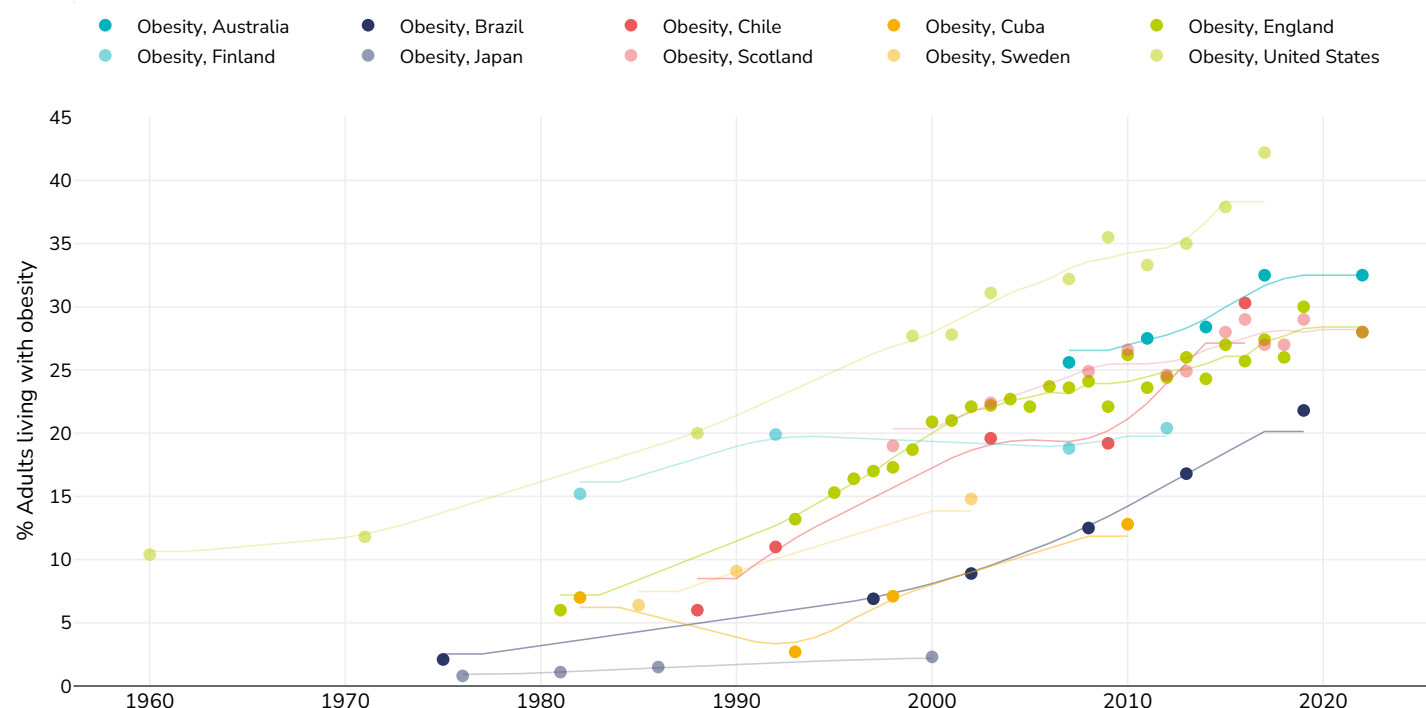
References:

- 1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
- 1993: Ismail MN, Zawiah H, Chee SS, Ng KK. Prevalence of obesity and chronic energy deficiency (CED) in adult Malaysians. *Malays J Nutrition*. 1995; 1:1-9
- 1995, 1996: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. *EJCN* (2000) 54:247-252
- 1998: Data provided by the Philippine Department of Health, Dr C. Barbu, data reanalysed by Dr Charmaine Duante.
- 2000: Asia Pacific Cohort Studies Collaboration. The burden of overweight and obesity in the Asia-Pacific region. *Obesity Reviews* 2007;8:191-196.
- 2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
- 2002: Report of the 2002 China National Nutrition and Health Survey, 2004. (In Chinese). Chinese Ministry of Public Health (CMPH)

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 in selected countries worldwide 1976-2018,
selected countries**

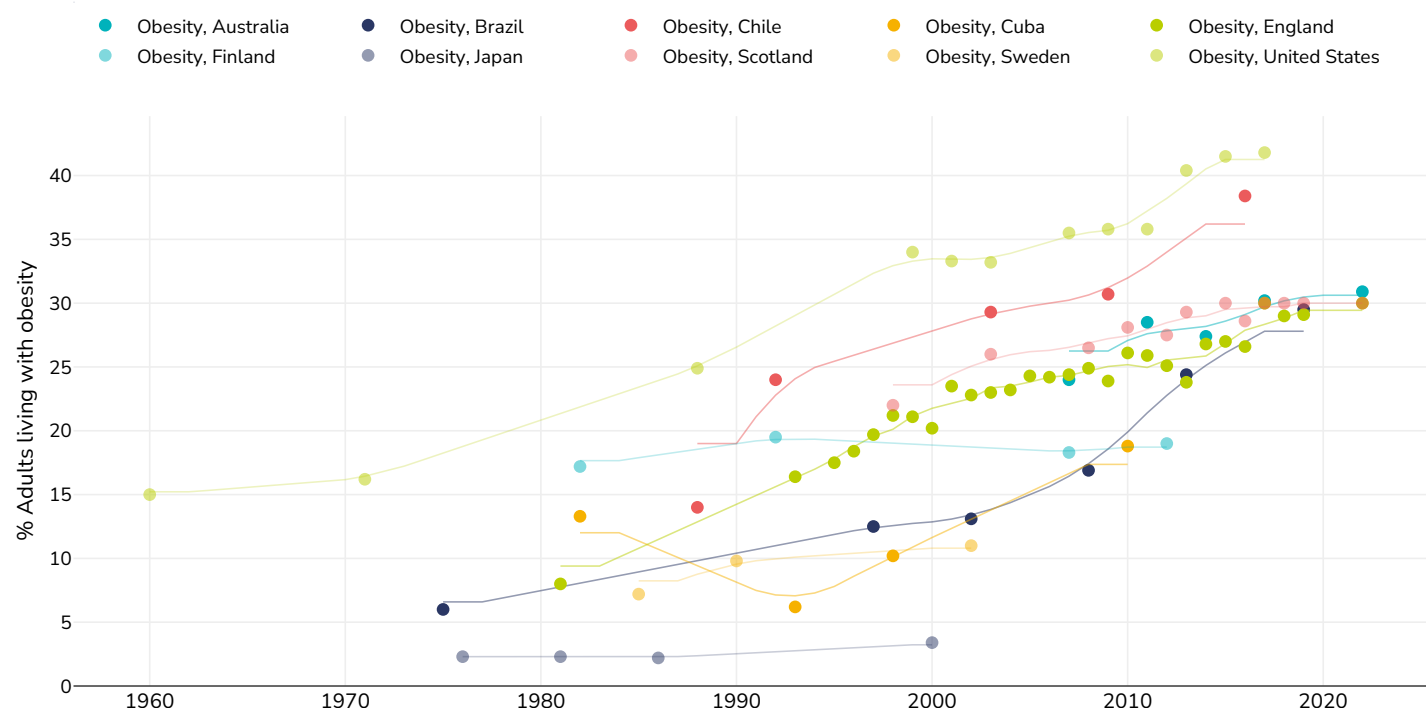
Men



- References:**
- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
 - 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
 - 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
 - 1982, 1993: Rodriguez-Ojea A, Jimenez S, Berdasco A, Esquivel M. The nutrition transition in Cuba in the nineties:an overview. *Public health Nutrition* 2002;5(1A), 129-133
 - 1985: Berg C, Rosengren A, Aires N, appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 Aug;29(8):916-24
 - 1990: Berg C, Rosengren A, Aires N, appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 online published ahead of print.
 - 1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under-to Overweight. *Journal of Nutrition* 2001;131:S893-S899
 - 1995: Health Survey for England 1995.
 - 1996: Health Survey for England 1996.
 - 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
 - 1998: Scottish Health Survey 1998
 - 1999: Health Survey for England 1999.
 - 2000: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295(13):1549-1555
 - 2001: Health Survey for England 2001.
 - 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
 - 2003: 2003 ENS Report. Final results on the National Health Survey. <http://epi.minsal.cl/epi/html/invest/ENS/informeFinalENS.pdf>.
 - 2004: Health Survey for England 2004.
 - 2005: Health Survey for England 2005.
 - 2006: Health Survey for England 2006.
 - 2007: Peltonen M, Harald K, Männistö S, Saarikoski L, Lund L, Sundvall J, Juolevi A, Laatikainen T, Aldén-Nieminen H, Luoto R, Jousilahti P, Salomaa V, Taimi M, Vartiainen E. Kansallinen FINRISKI 2007 -terveys tutkimus, Tutkimuksen toteutus ja tulokset: Taulukkoliite. Kansanterveyslaitos. Yliopistopaino, Helsinki 2008.
 - 2008: Health Survey for England 2008.
 - 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of

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

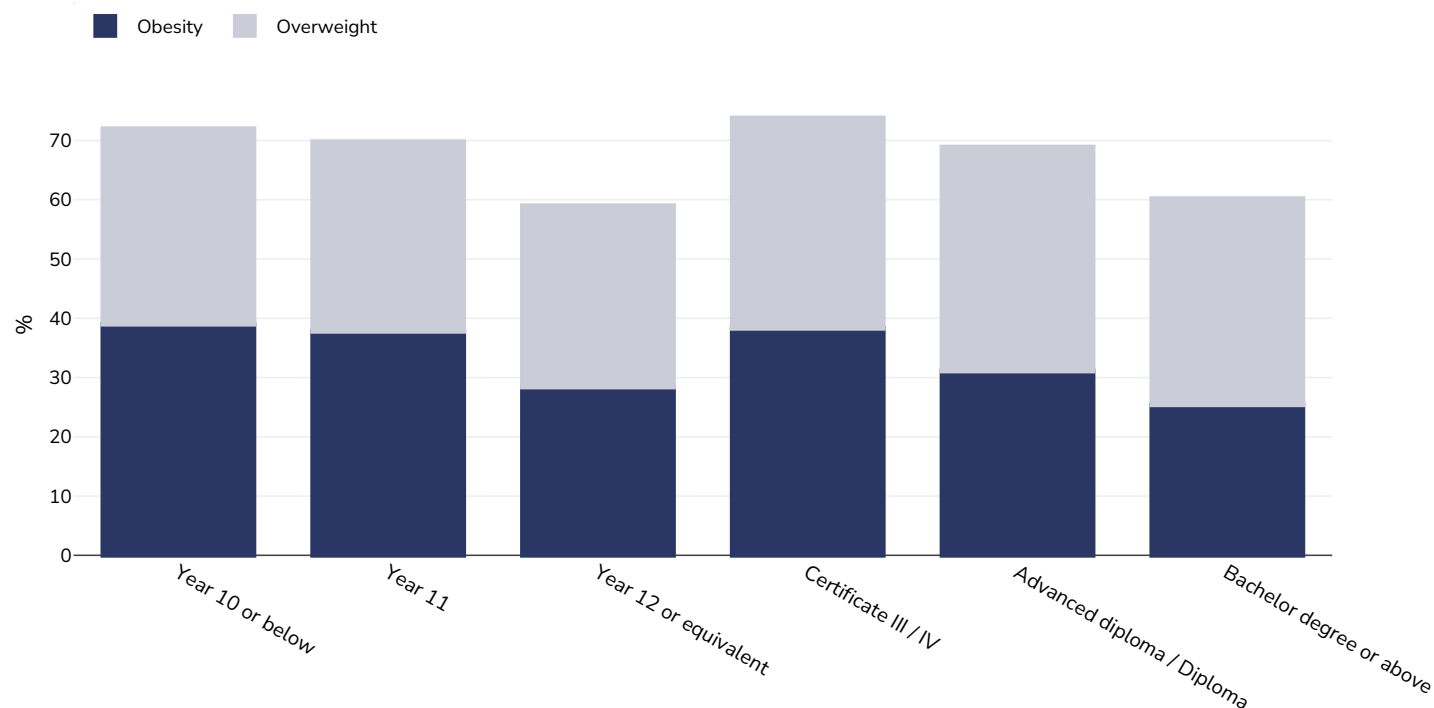


- References:**
- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
 - 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
 - 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
 - 1982, 1993: Rodriguez-Ojea A, Jimenez S, Berdasco A, Esquivel M. The nutrition transition in Cuba in the nineties: an overview. *Public health Nutrition* 2002;5(1A), 129-133
 - 1985: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 Aug;29(8):916-24
 - 1990: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 online published ahead of print.
 - 1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under- to Overweight. *Journal of Nutrition* 2001;131:S893-S899
 - 1995: Health Survey for England 1995.
 - 1996: Health Survey for England 1996.
 - 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
 - 1998: Scottish Health Survey 1998
 - 1999: Health Survey for England 1999.
 - 2000: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295(13):1549-1555
 - 2001: Health Survey for England 2001.
 - 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
 - 2003: 2003 ENS Report. Final results on the National Health Survey. <http://epi.minsal.cl/epi/html/invest/ENS/informeFinalENS.pdf>.
 - 2004: Health Survey for England 2004.
 - 2005: Health Survey for England 2005.
 - 2006: Health Survey for England 2006.
 - 2007: Peltonen M, Harald K, Männistö S, Saarikoski L, Lund L, Sundvall J, Juolevi A, Laatikainen T, Aldén-Nieminen H, Luoto R, Jousilahti P, Salomaa V, Taimi M, Vartiainen E. Kansallinen FINRISKI 2007 -terveys tutkimus, Tutkimuksen toteutus ja tulokset: Taulukkoliite. Kansanterveyslaitos. Yliopistopaino, Helsinki 2008.
 - 2008: Health Survey for England 2008.
 - 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of

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

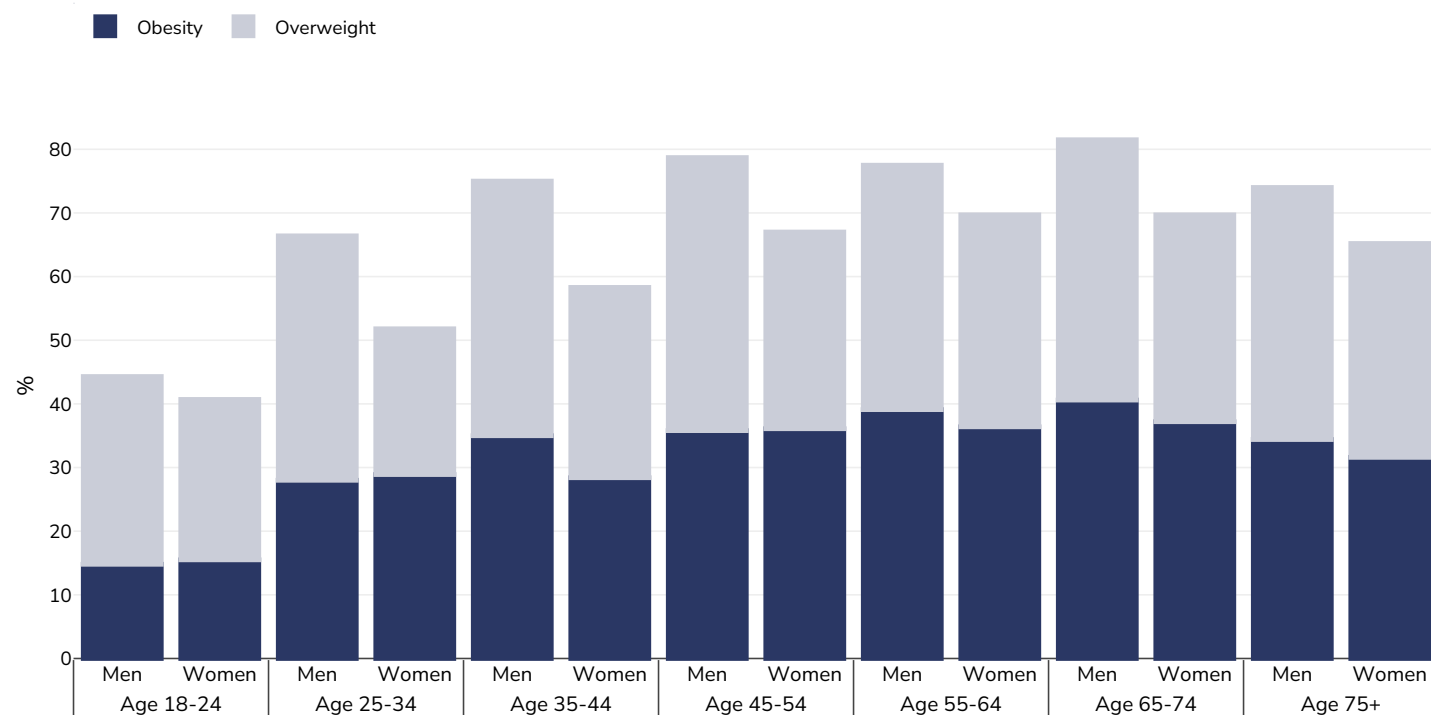
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#data-downloads> [Last Accessed 12.08.25]

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

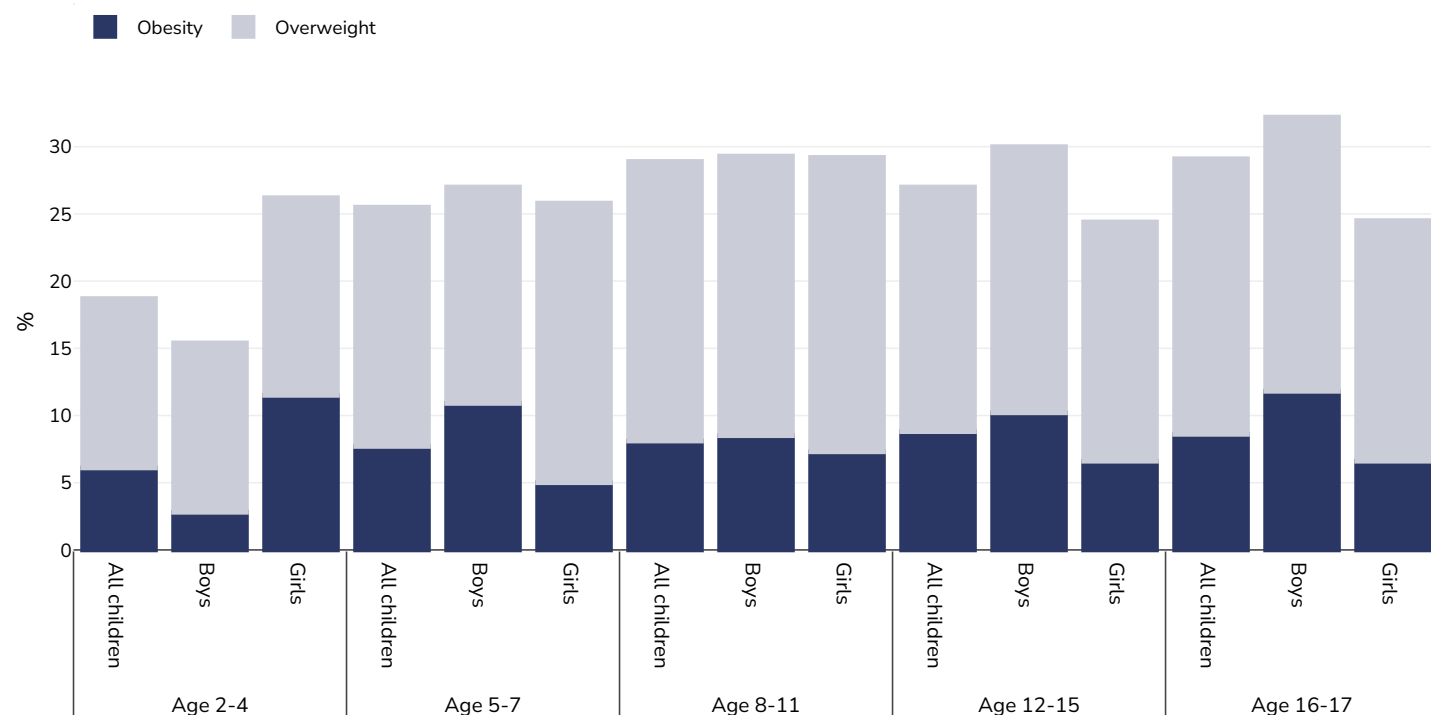
Area covered: National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#data-downloads> [Last Accessed 12.08.25]

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

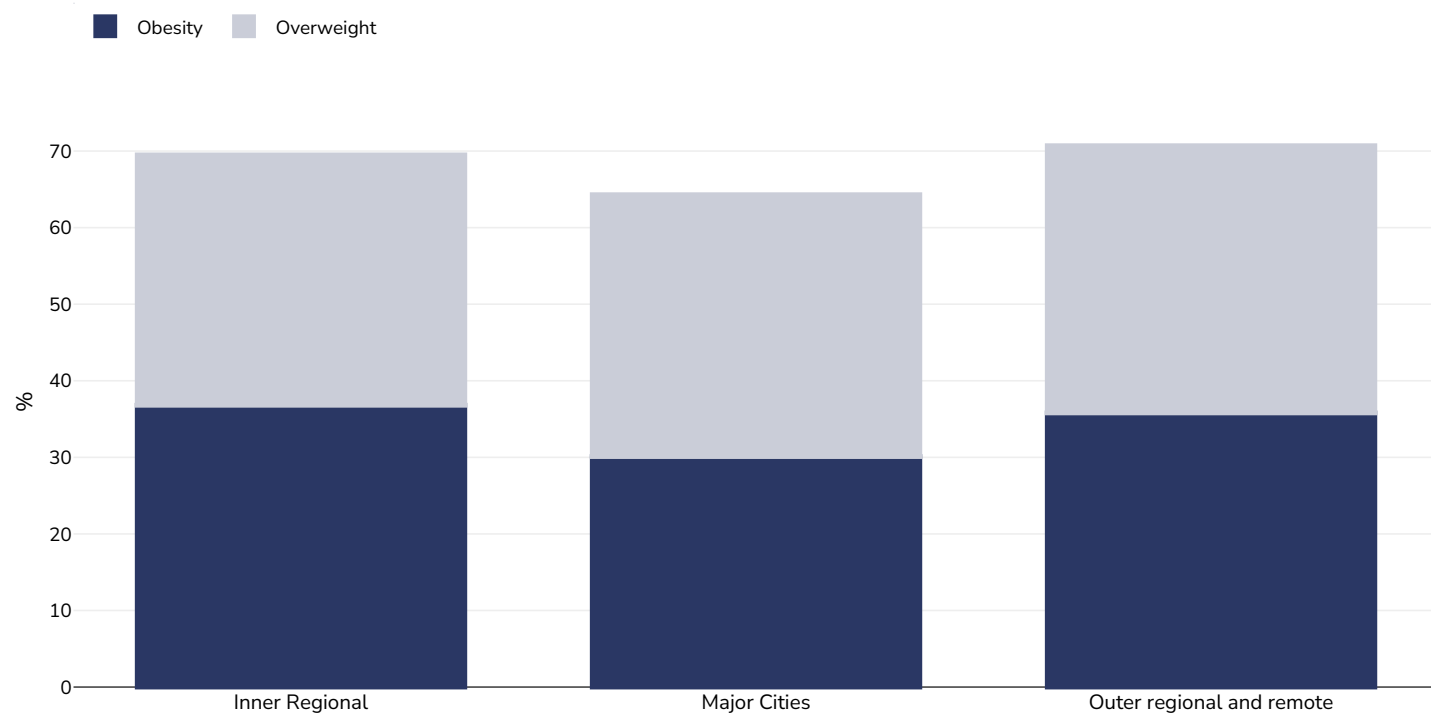
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi> [Last Accessed 13.08.25]

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. NB. Obesity in 2-4 year old boys flagged for high margin of error, and should be used with caution.

Cutoffs: IOTF

Overweight/obesity by region

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

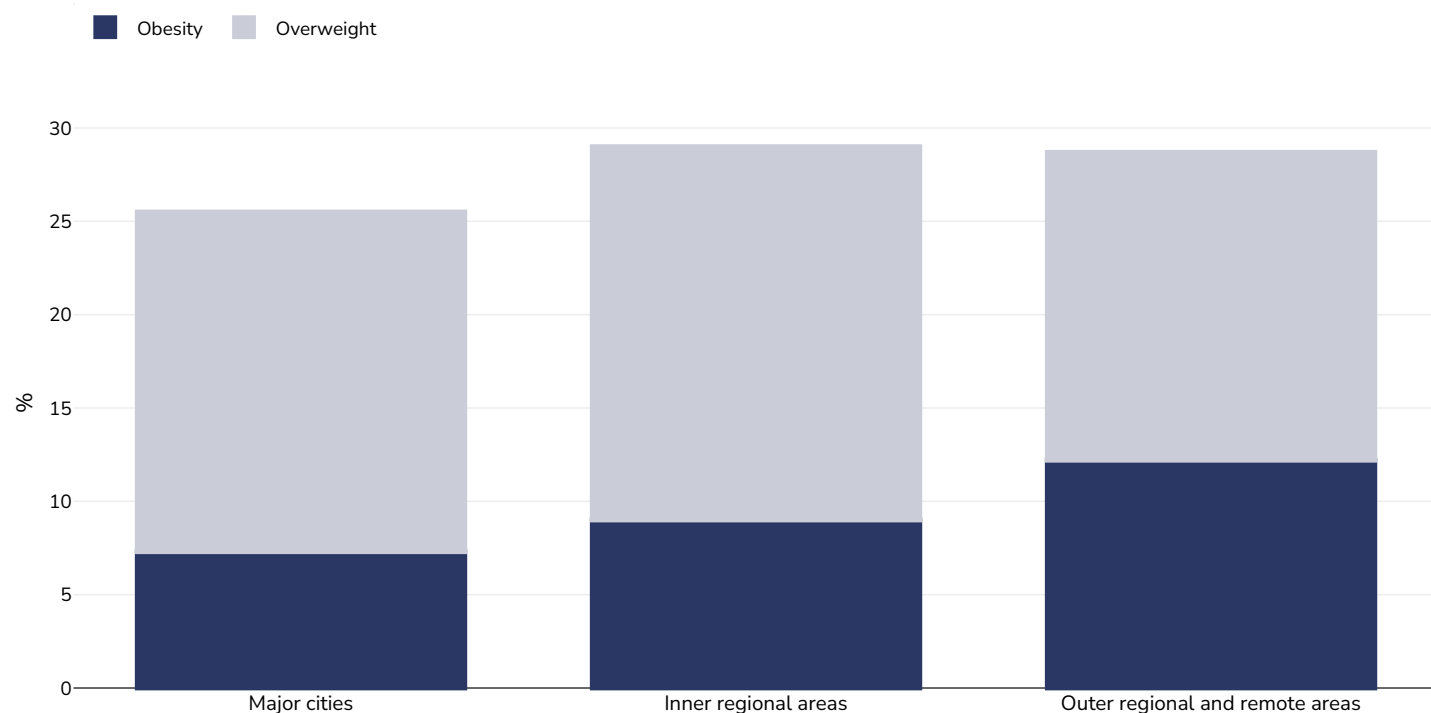
Area covered: National

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

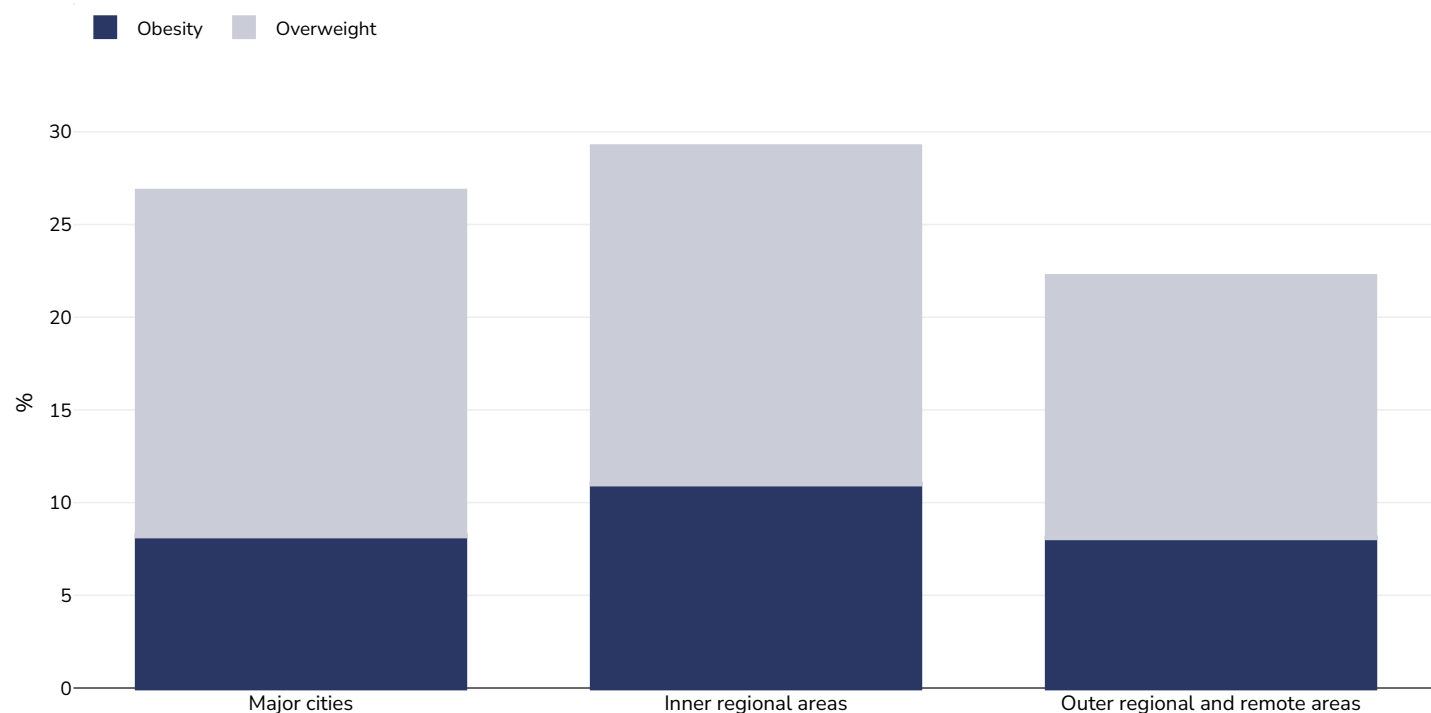
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2022-2023



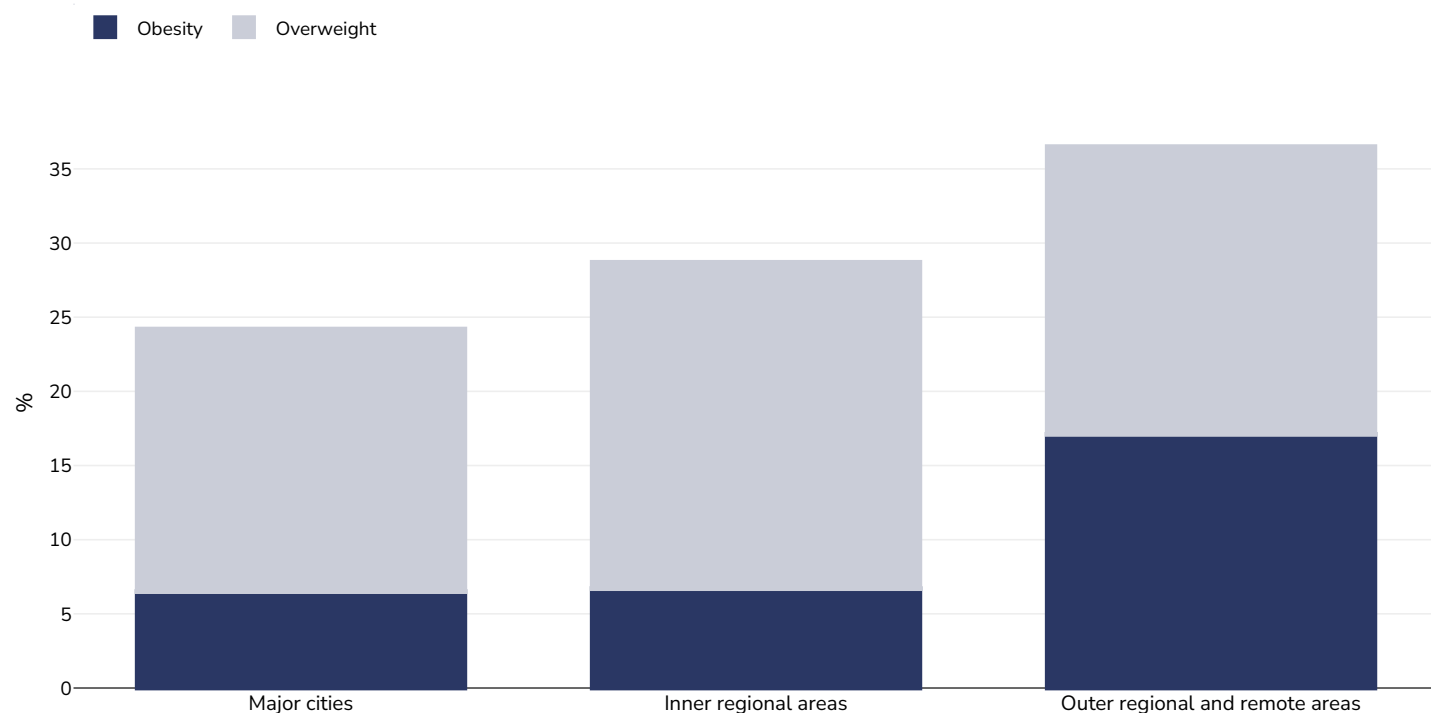
Survey type:	Measured
Age:	2-17
Sample size:	~4222
Area covered:	National
References:	AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary [Accessed 13.08.25]
Notes:	Provision of height, weight and 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.
Definitions:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Boys, 2022-2023



Survey type:	Measured
Age:	2-17
Sample size:	~4222
Area covered:	National
References:	AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary [Accessed 13.08.25]
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.
Definitions:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

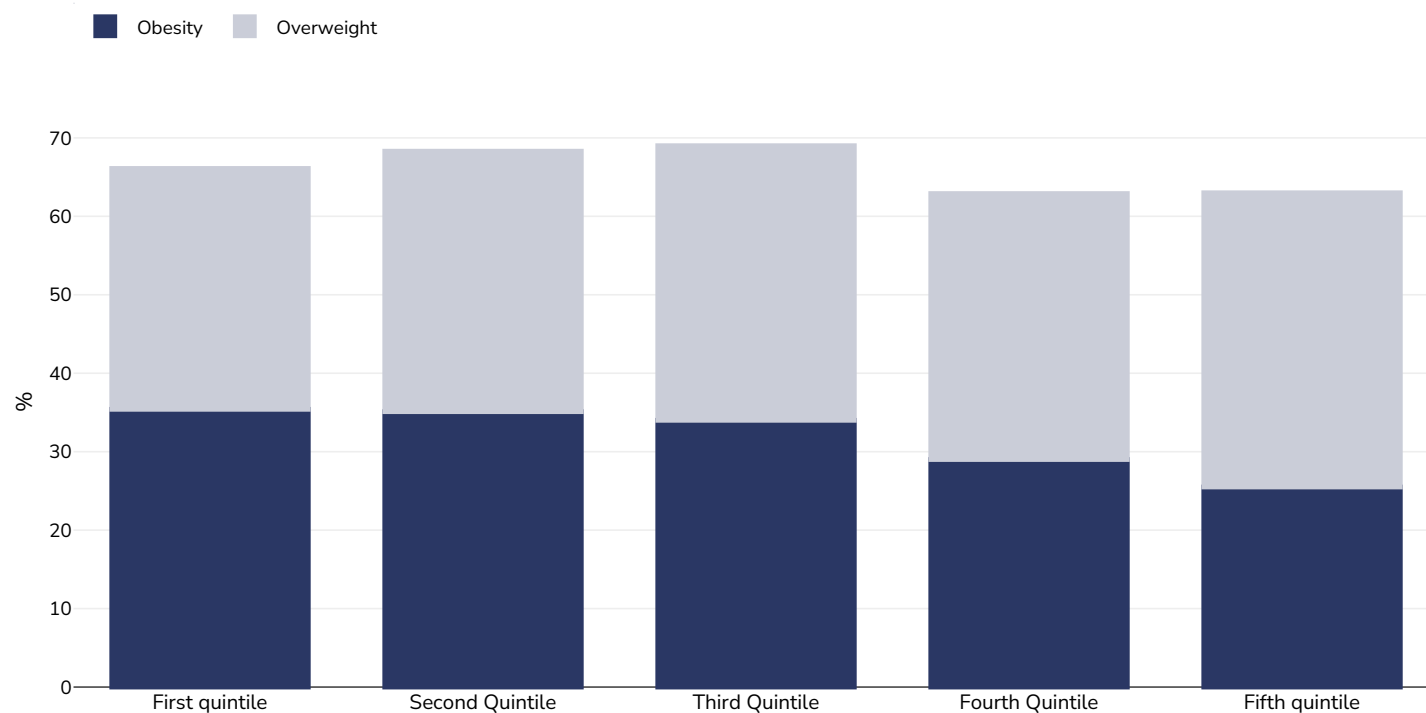
Girls, 2022-2023



Survey type:	Measured
Age:	2-17
Sample size:	~4222
Area covered:	National
References:	AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary [Accessed 13.08.25]
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.
Definitions:	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

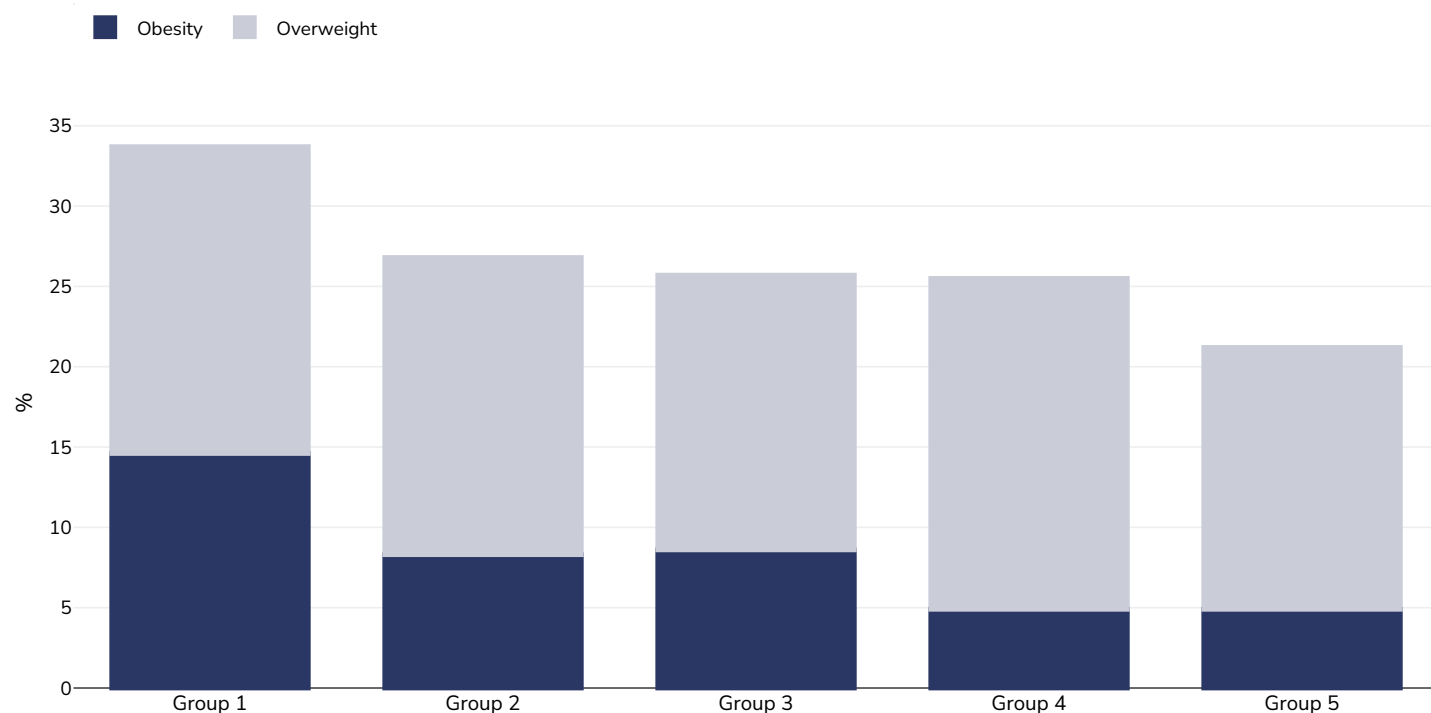
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#data-downloads> [Last Accessed 12.08.25]

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, 2022-2023



Survey type: Measured

Age: 2-17

Sample size: ~4222

Area covered: National

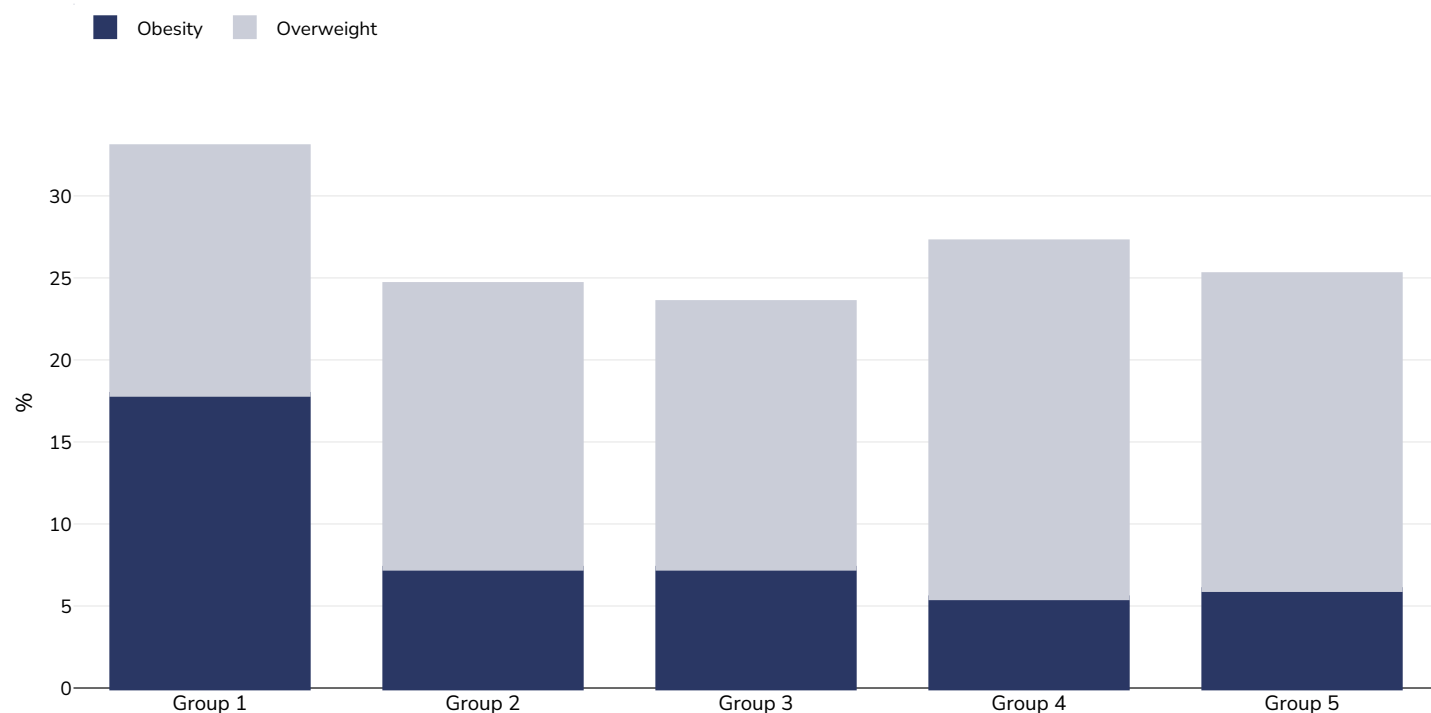
References: AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary> [Accessed 13.08.25]

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.

Definitions: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018). Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

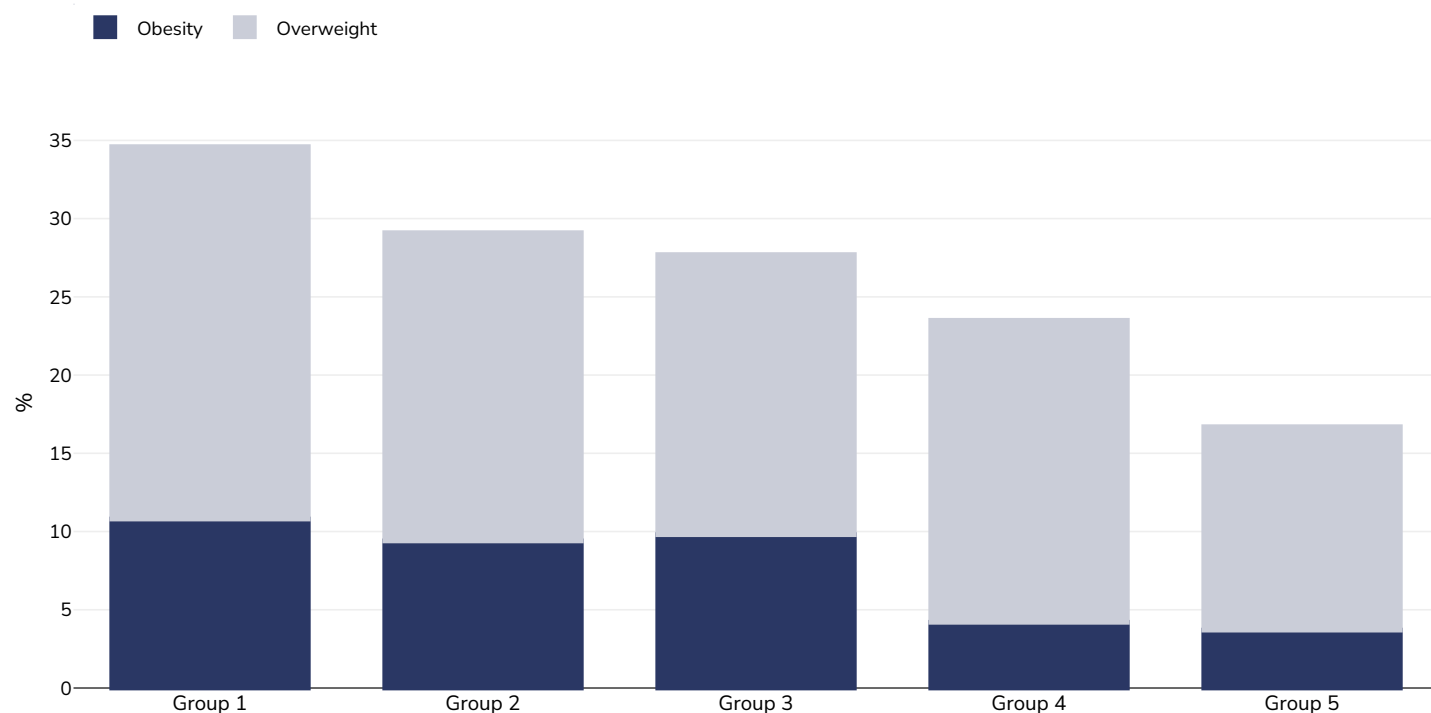
Cutoffs: IOTF

Boys, 2022-2023



Survey type:	Measured
Age:	2-17
Sample size:	~4222
Area covered:	National
References:	AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary [Accessed 13.08.25]
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.
Definitions:	Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018). Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas
Cutoffs:	IOTF

Girls, 2022-2023



Survey type: Measured

Age: 2-17

Sample size: ~4222

Area covered: National

References: AIHW analysis of ABS Health Survey 2022-23. Overweight and obesity. <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary> [Accessed 13.08.25]

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.

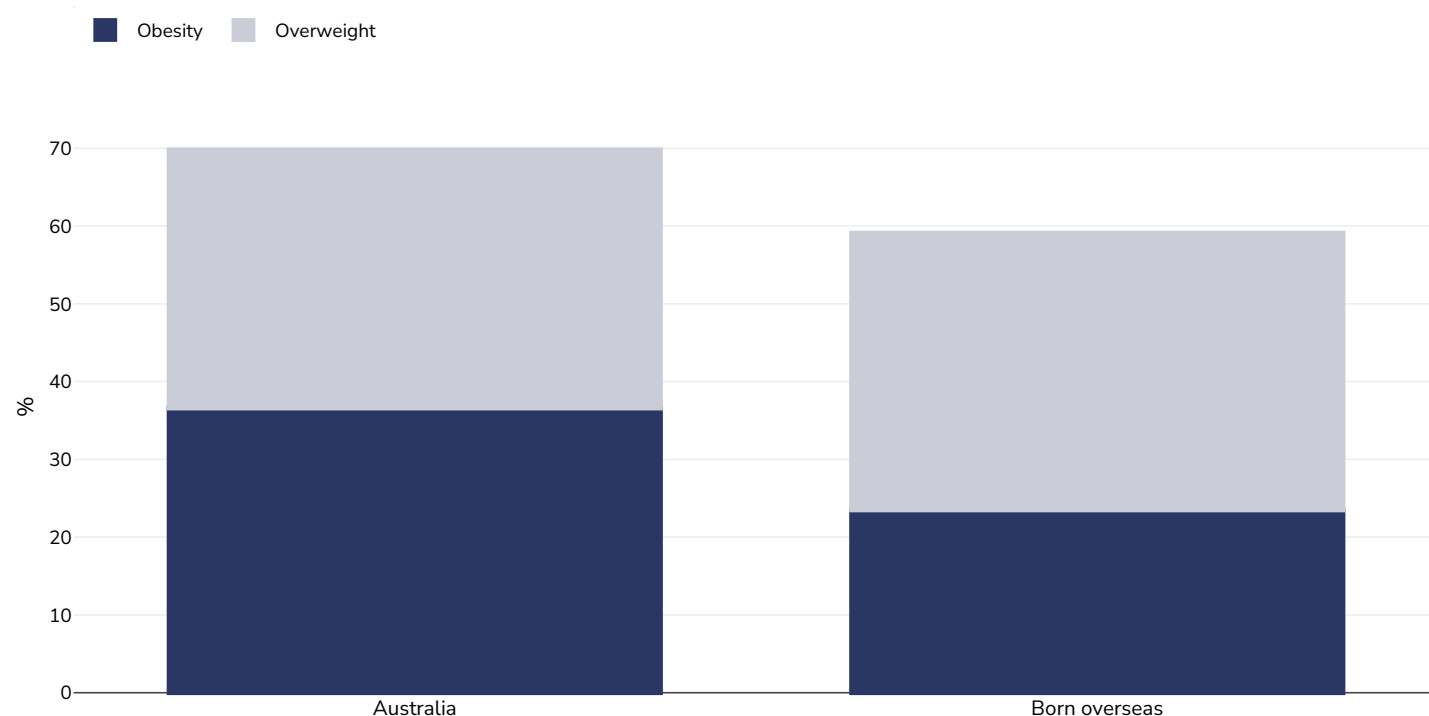
Definitions: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018). Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Overweight/obesity by ethnicity

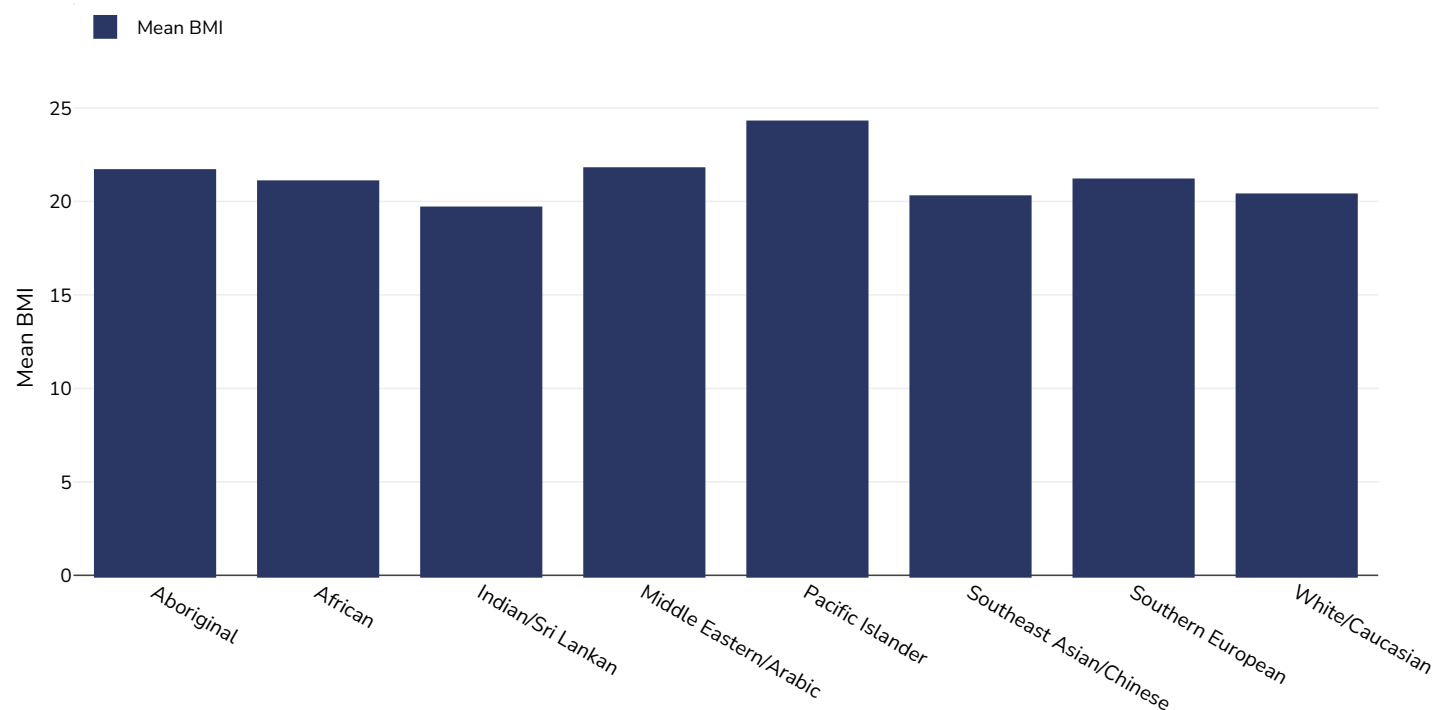
Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

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/national-health-survey/2022#data-downloads [Last Accessed 12.08.25]
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:	Country of birth
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m ² , obesity refers to a BMI greater than 30kg/m ² .	

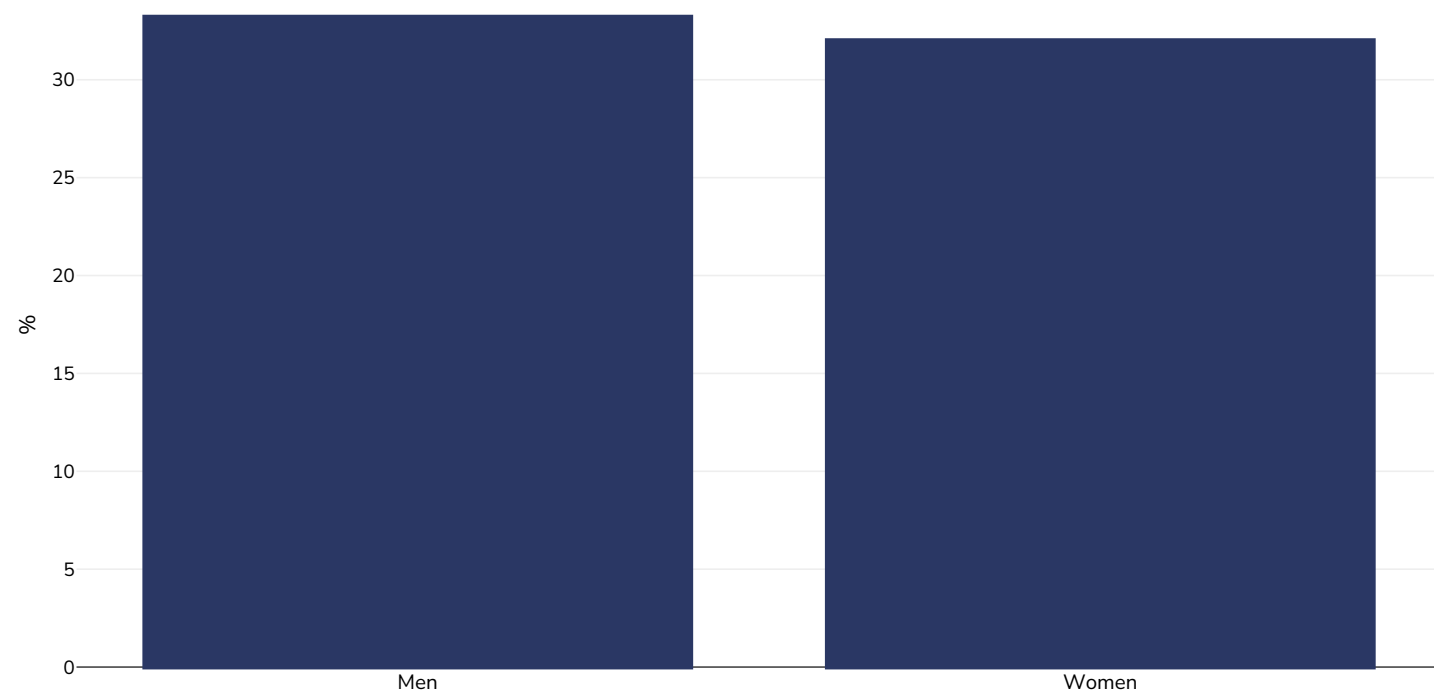
Children, 2012



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. <i>Int J Public Health</i> . 2014 Oct;59(5):819-28. doi: 10.1007/s00038-014-0605-3. Epub 2014. Accessed 30.09.21.
Cutoffs:	IOTF

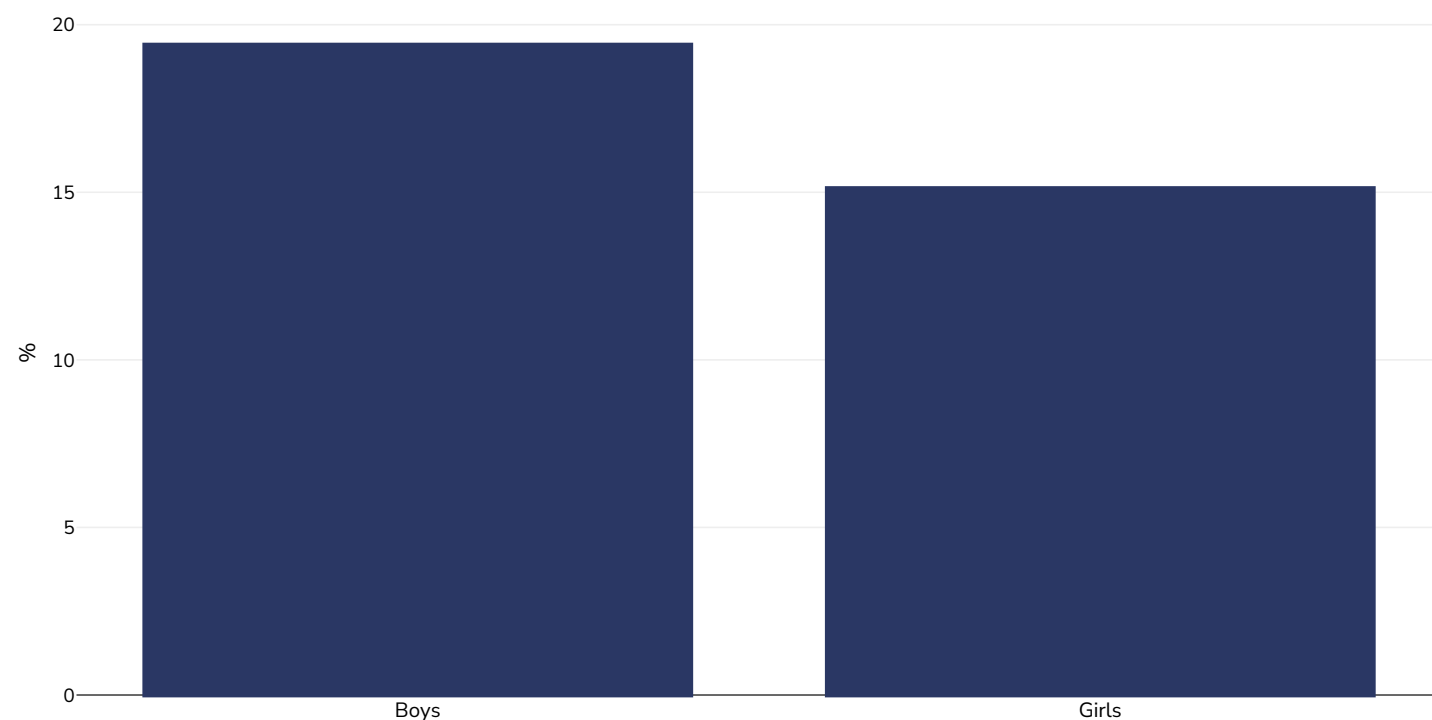
Double burden of underweight & overweight

Adults, 2022



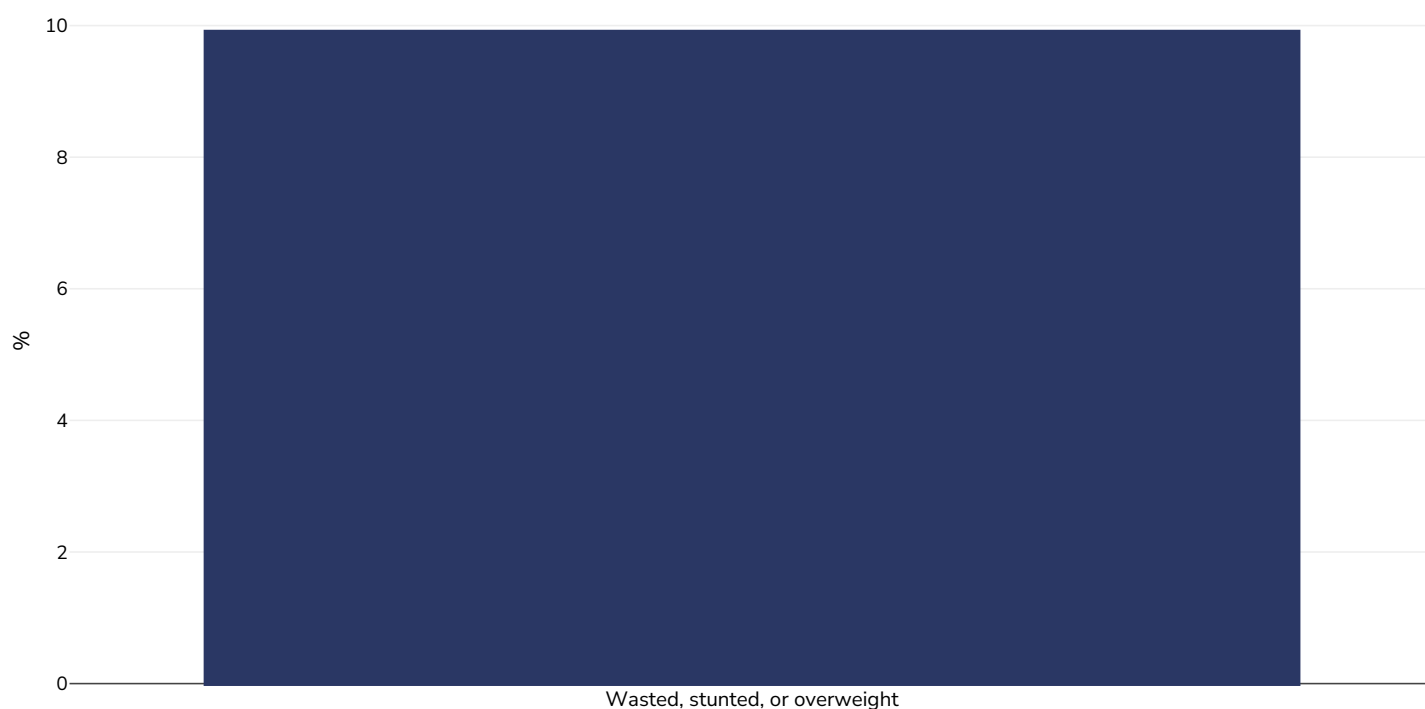
Survey type:	Measured
Age:	20+
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2 .
Notes:	Age Standardised estimates
Definitions:	Combined prevalence of BMI<18.5 kg/m ² and BMI≥30 kg/m ² (double burden of underweight and obesity)

Children, 2022



Survey type:	Measured
Age:	5-19
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2 .
Notes:	Age standardised estimates
Definitions:	Combined prevalence of BMI < -2SD and BMI > 2SD (double burden of thinness and obesity)
Cutoffs:	BMI < -2SD and BMI > 2SD

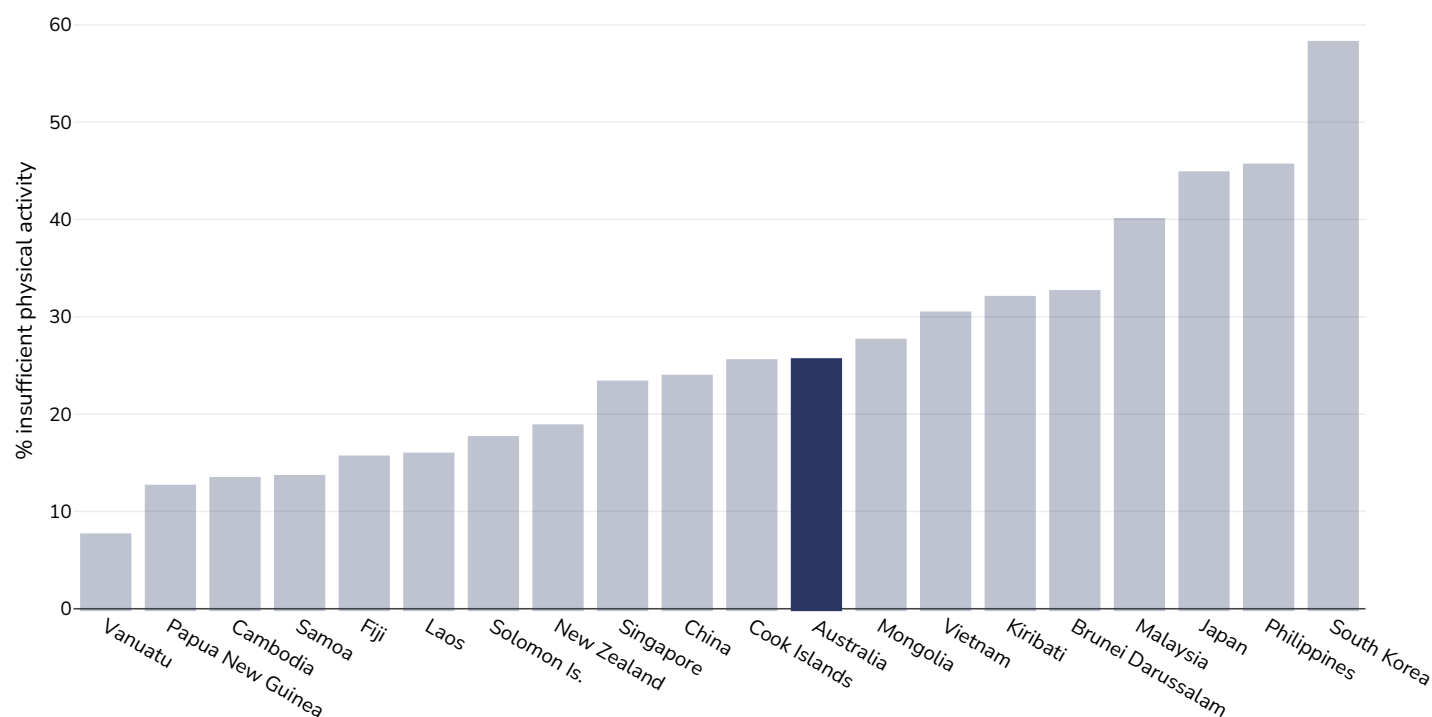
0-5 years, 2007



Survey type:	Measured
Age:	0-5
References:	United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2025). Global UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight (Survey Estimates), 2025, New York. For more information, visit: https://data.unicef.org/topic/nutrition/malnutrition/ [Accessed 06.08.25]
Notes:	The 2007 national children's nutrition and physical activity survey. Canberra, Australia: DoHA, 2010
Definitions:	Combined percentage of children under 5 years of age who are either wasted, stunted, or overweight (falling below -2 standard deviations from the median weight-for-height, falling below -2 standard deviations from the median height for age, or falling at or above +2 standard deviations from the median weight-for-height of the reference population)
Cutoffs:	WHZ <-2, HAZ <-2 and WHZ >+2

Insufficient physical activity

Adults, 2022



Survey type: Self-reported

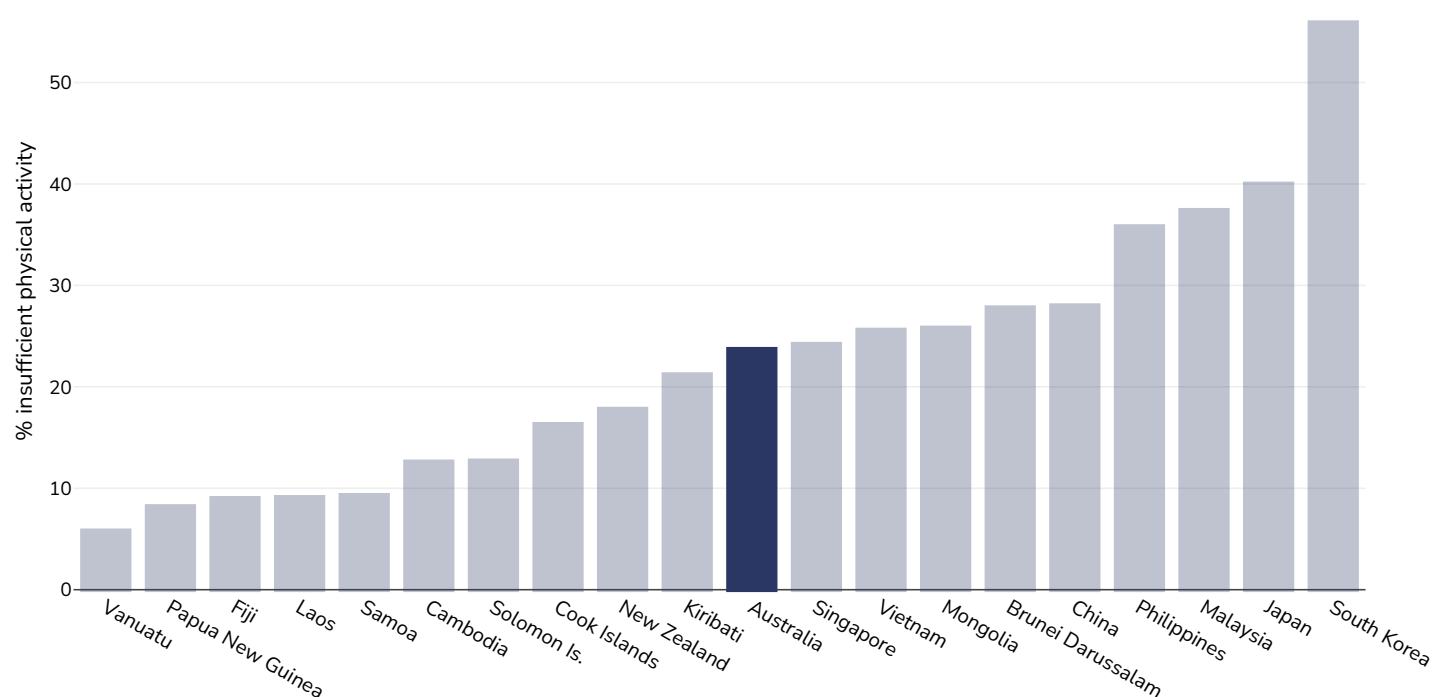
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Men, 2022



Survey type: Self-reported

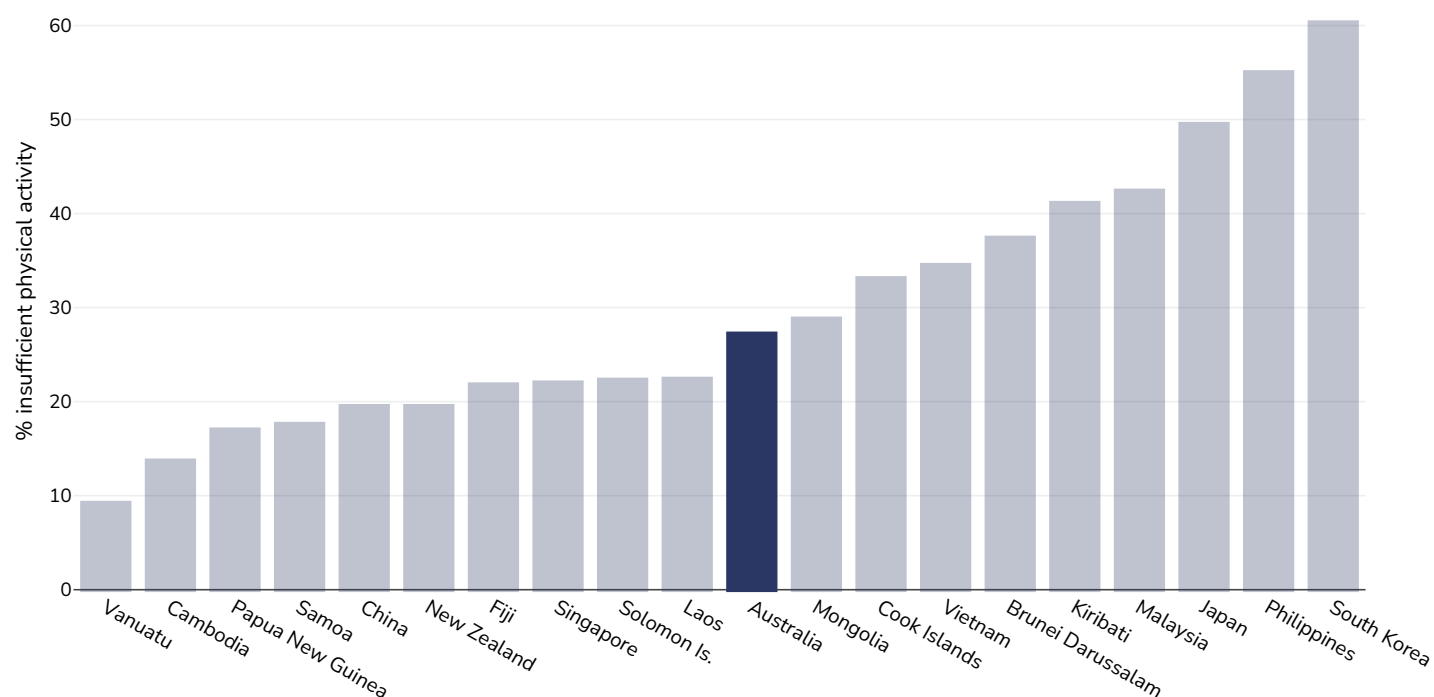
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Women, 2022



Survey type: Self-reported

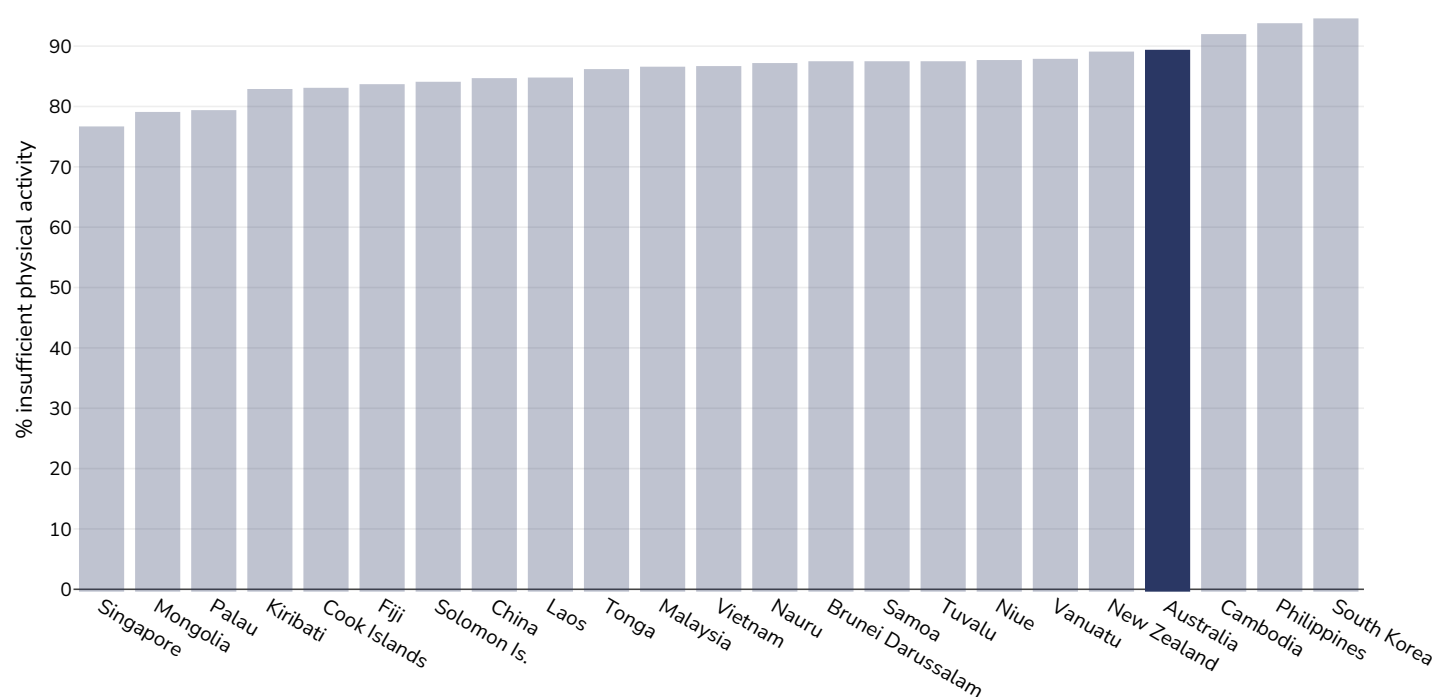
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

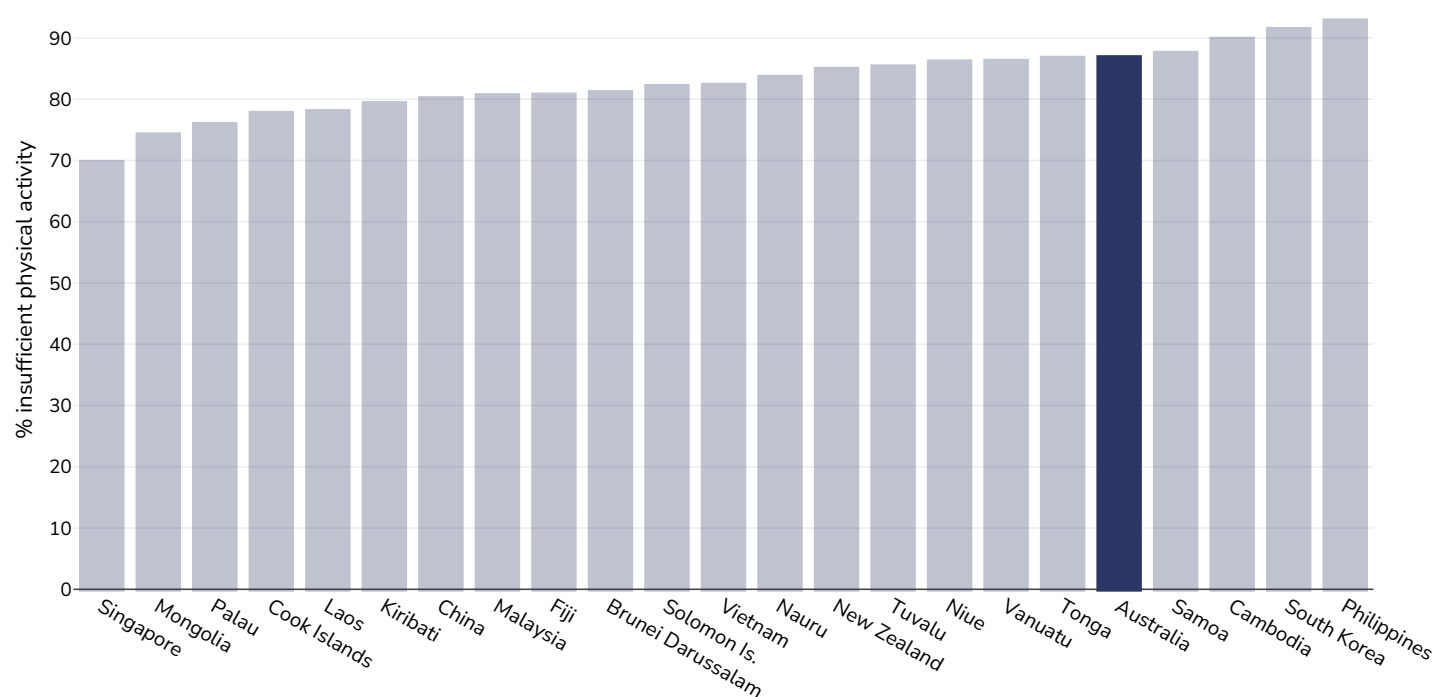
Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Children, 2016



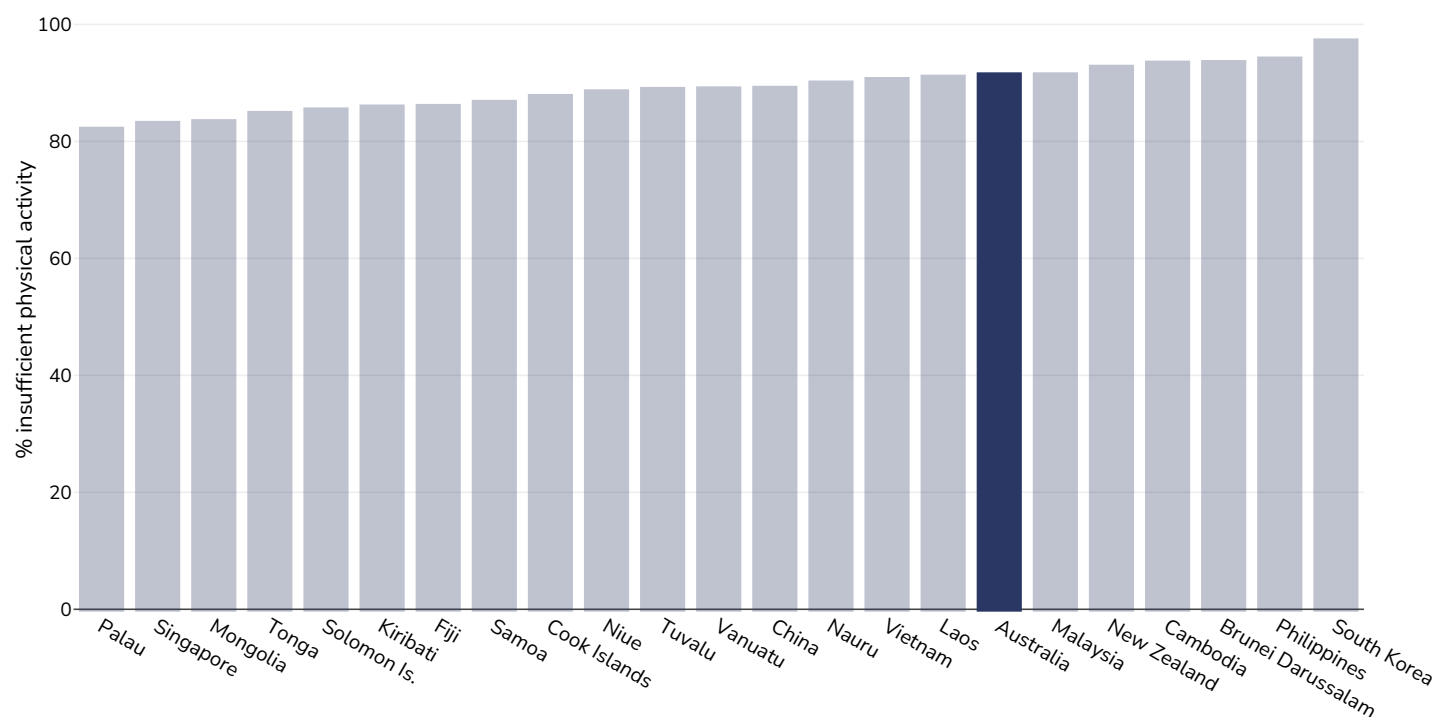
Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, 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)

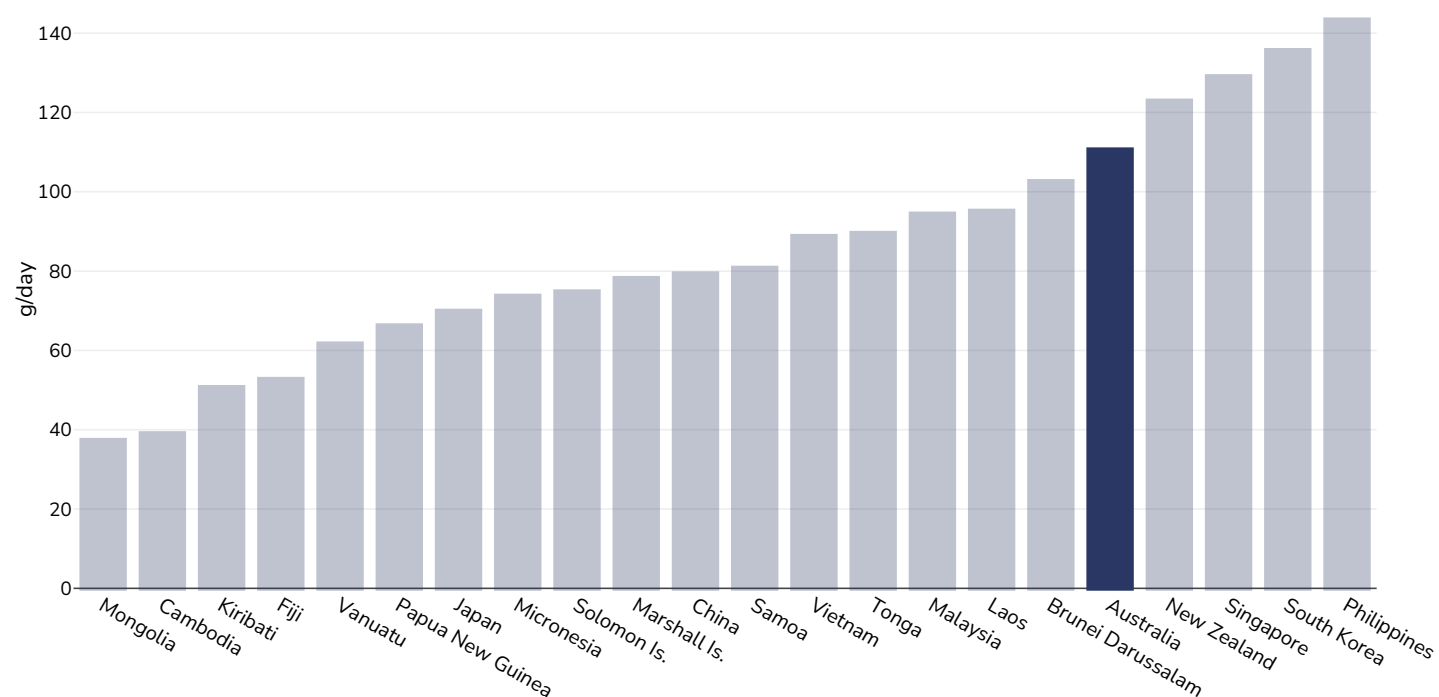
Girls, 2016



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

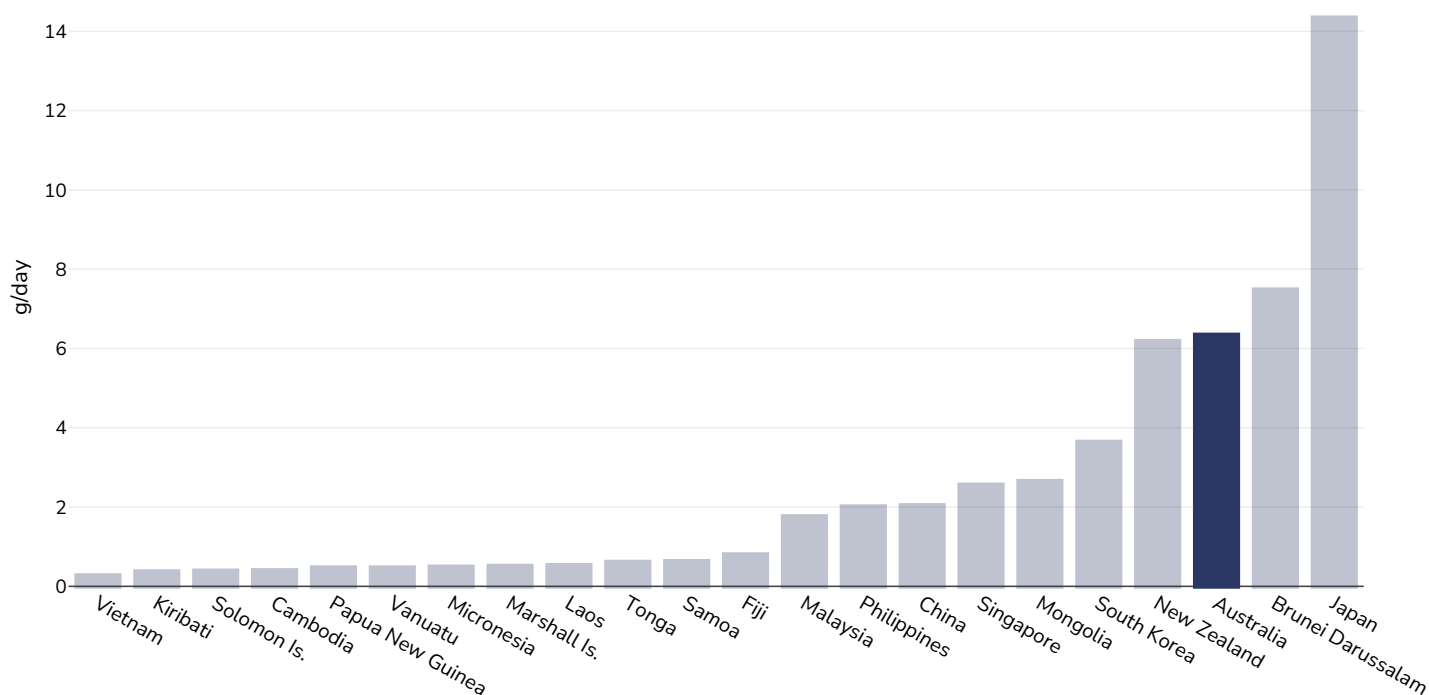
Age: 25+

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

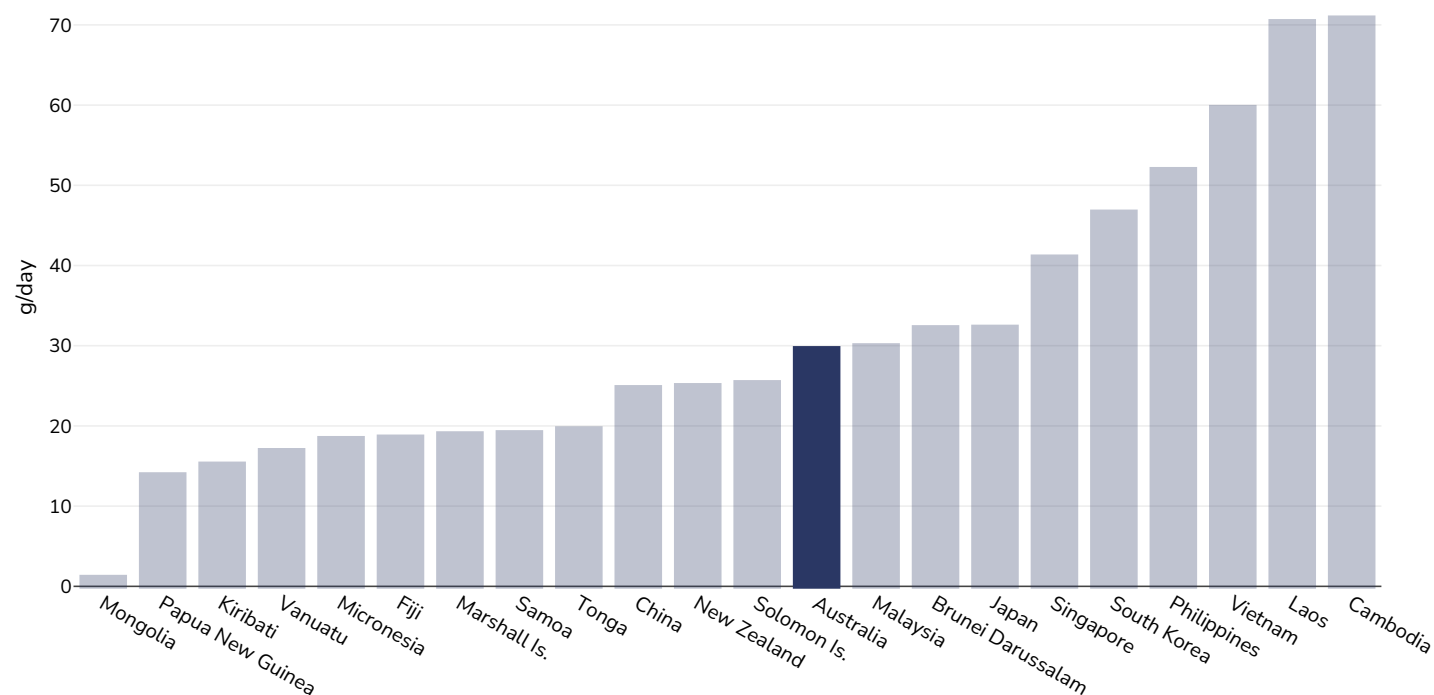
Age: 25+

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

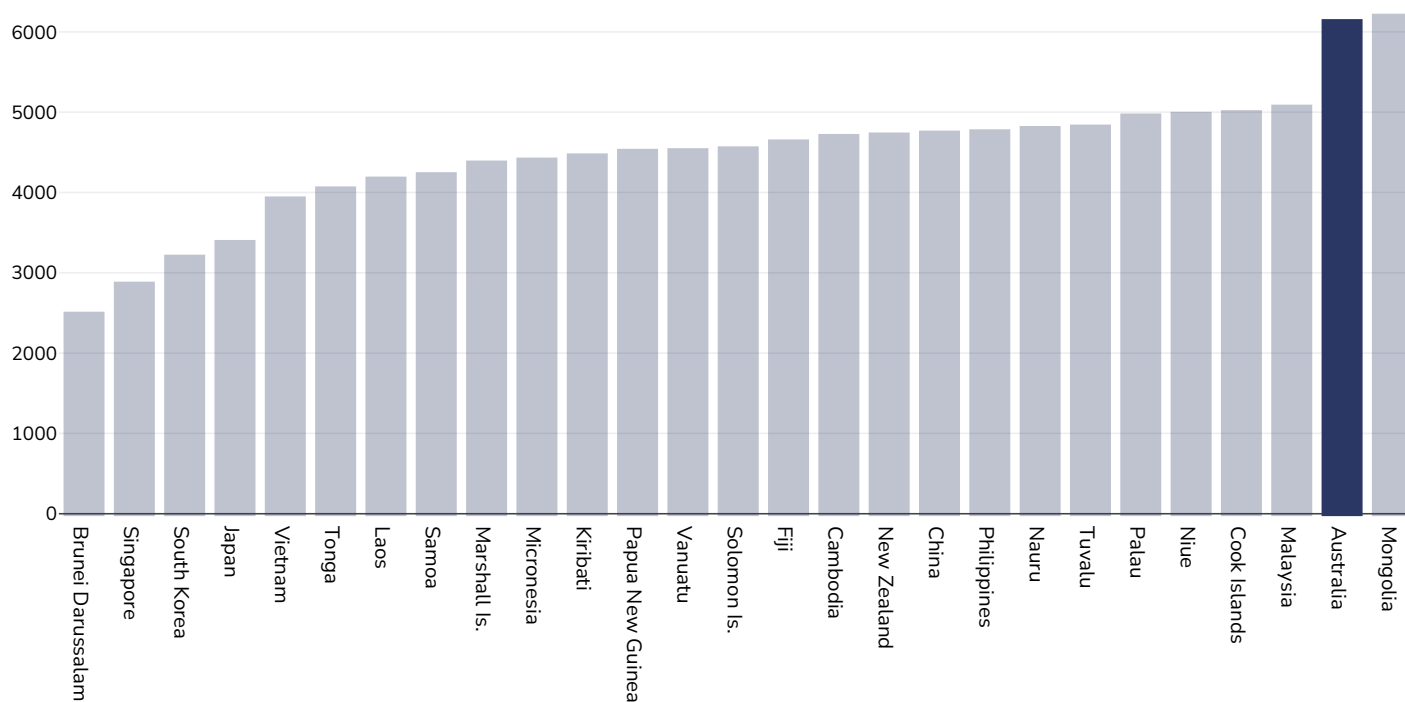
Age: 25+

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, 2021



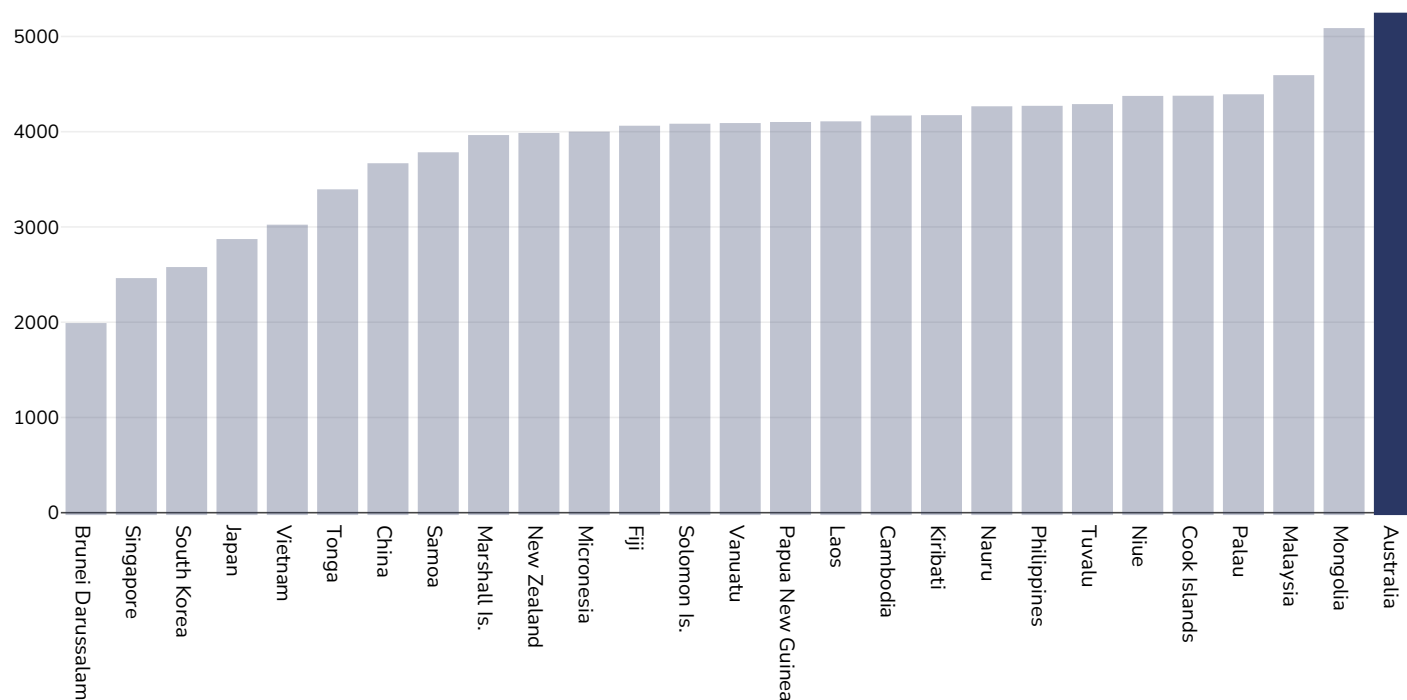
Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Men, 2021



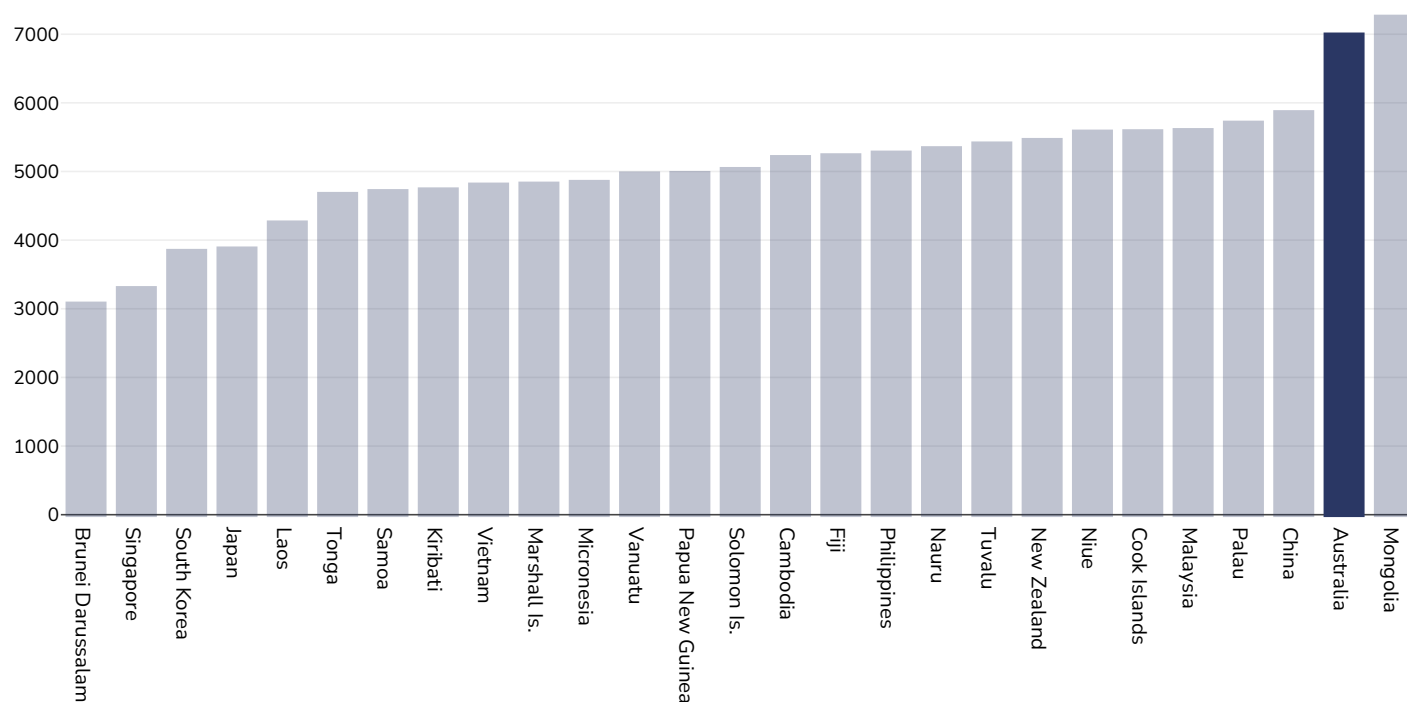
Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Women, 2021



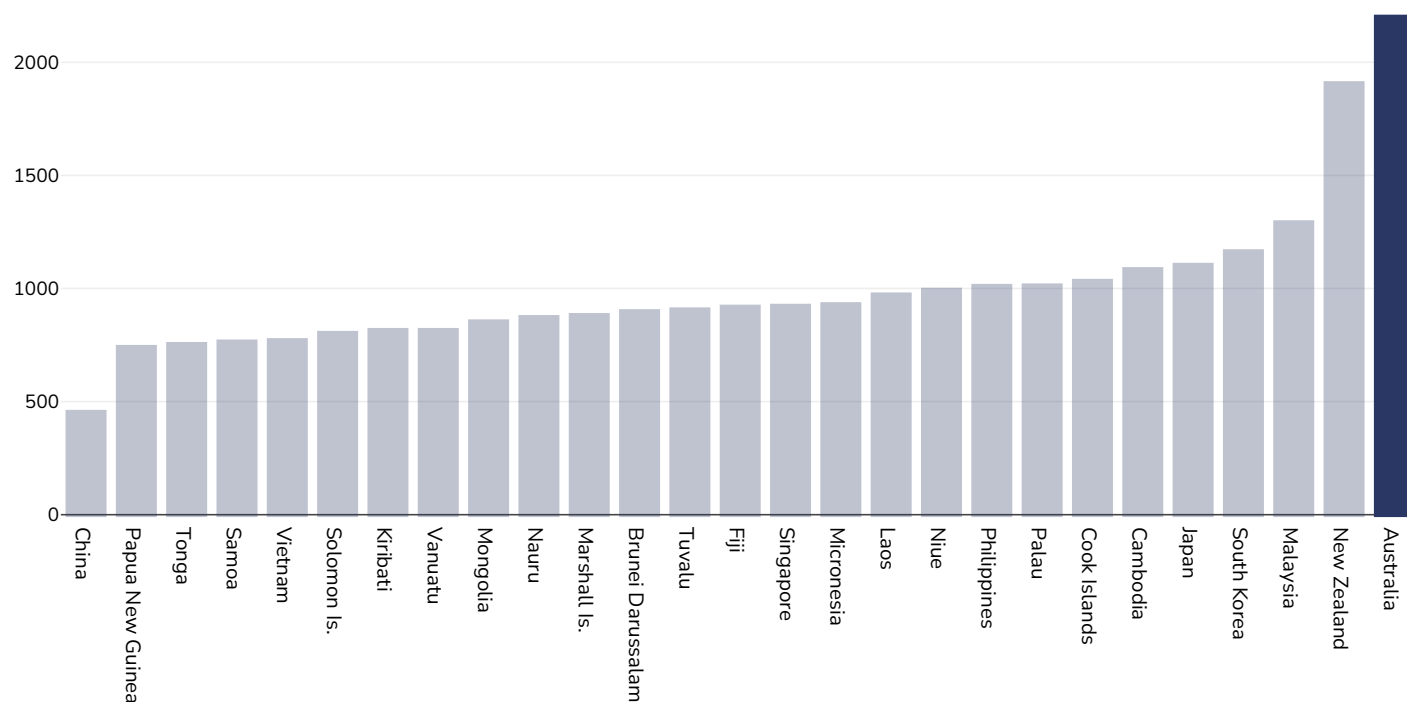
Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Children, 2021



Area covered:

National

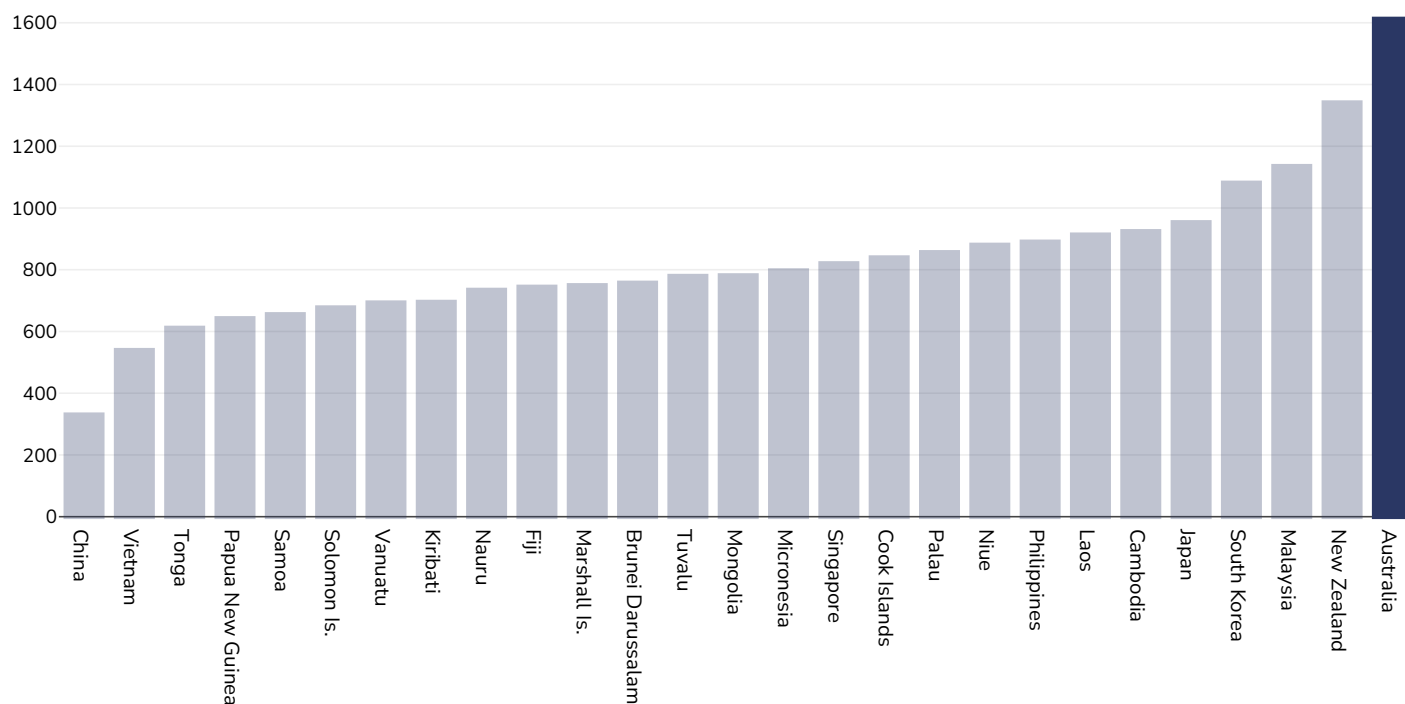
References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Boys, 2021



Area covered:

National

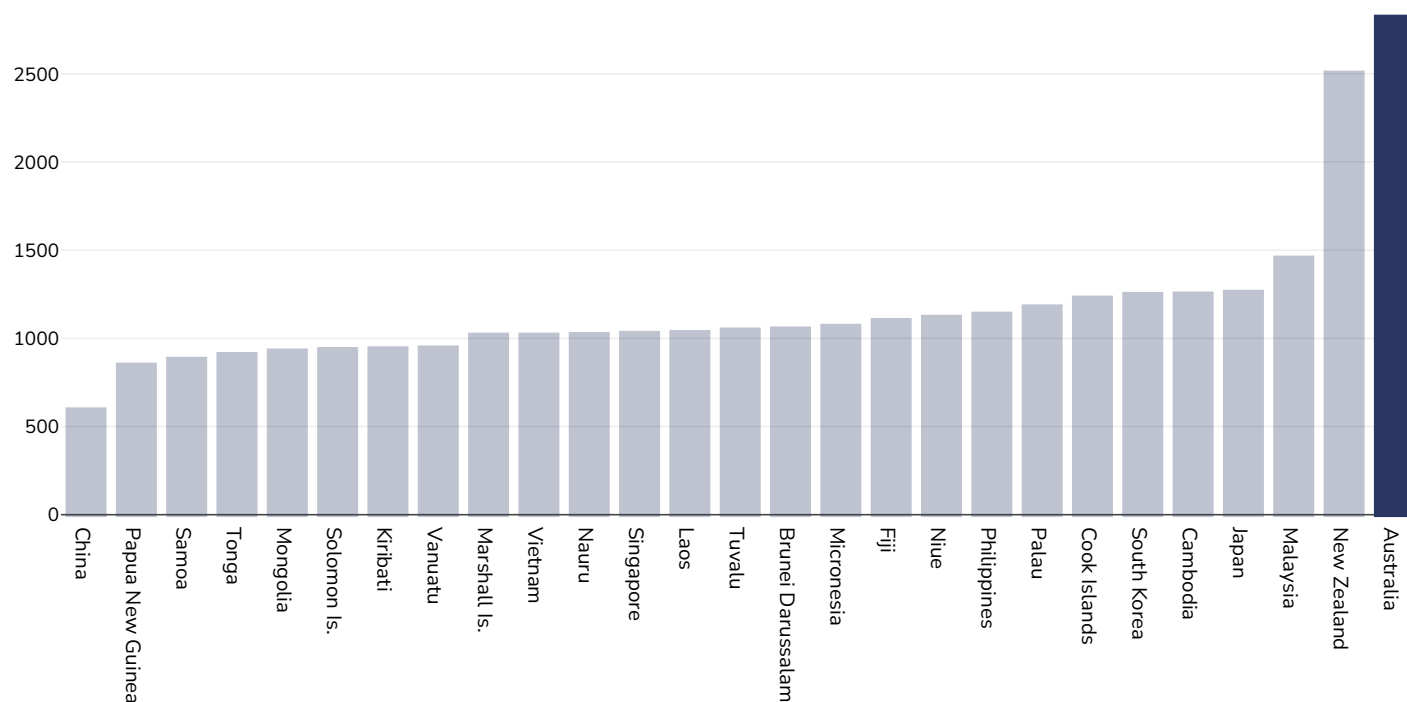
References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Girls, 2021



Area covered:

National

References:

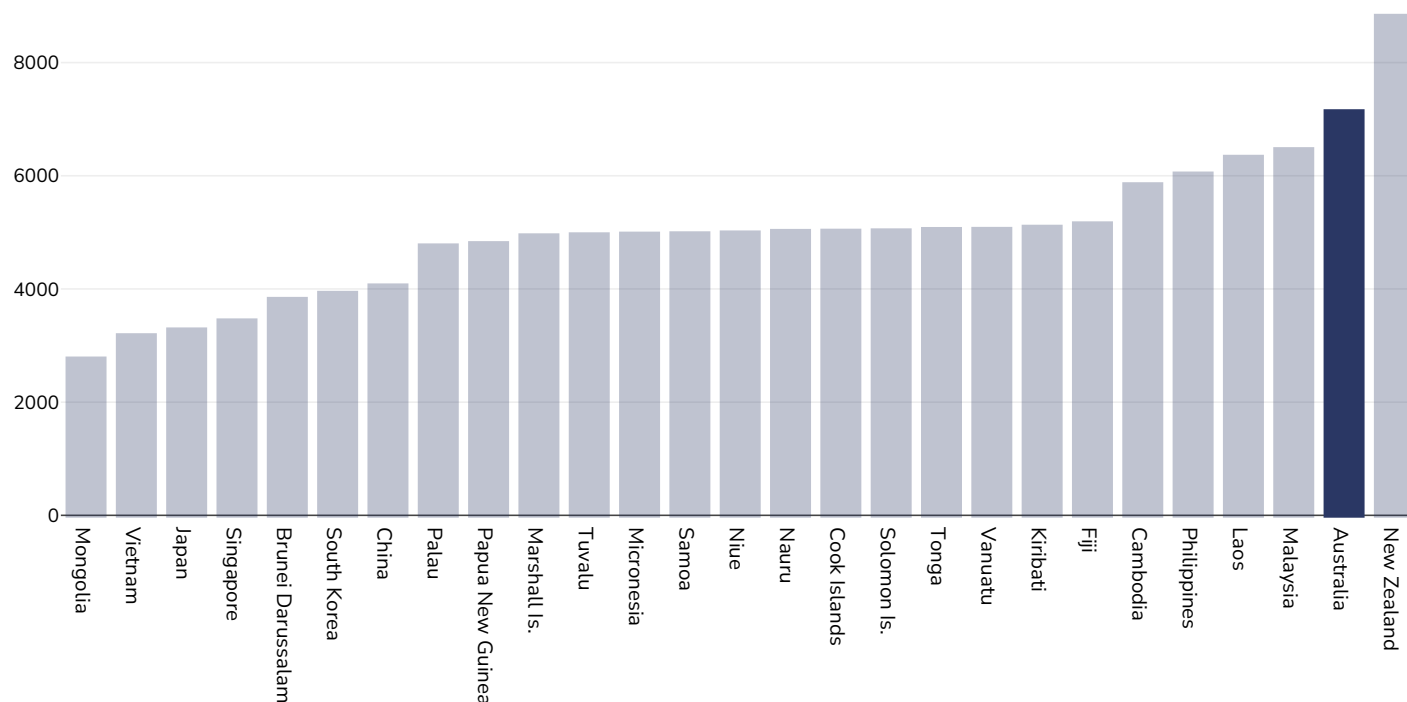
Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Mental health - anxiety disorders

Adults, 2021

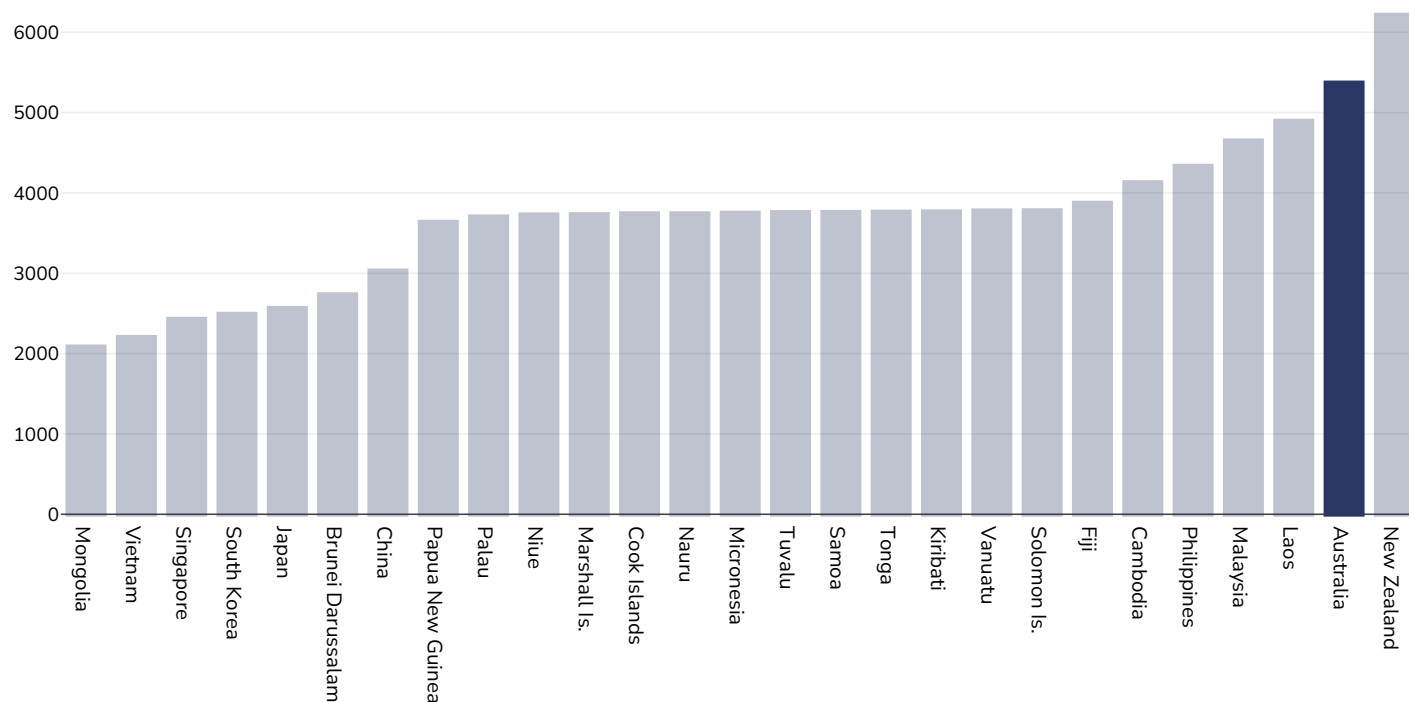


Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

Men, 2021

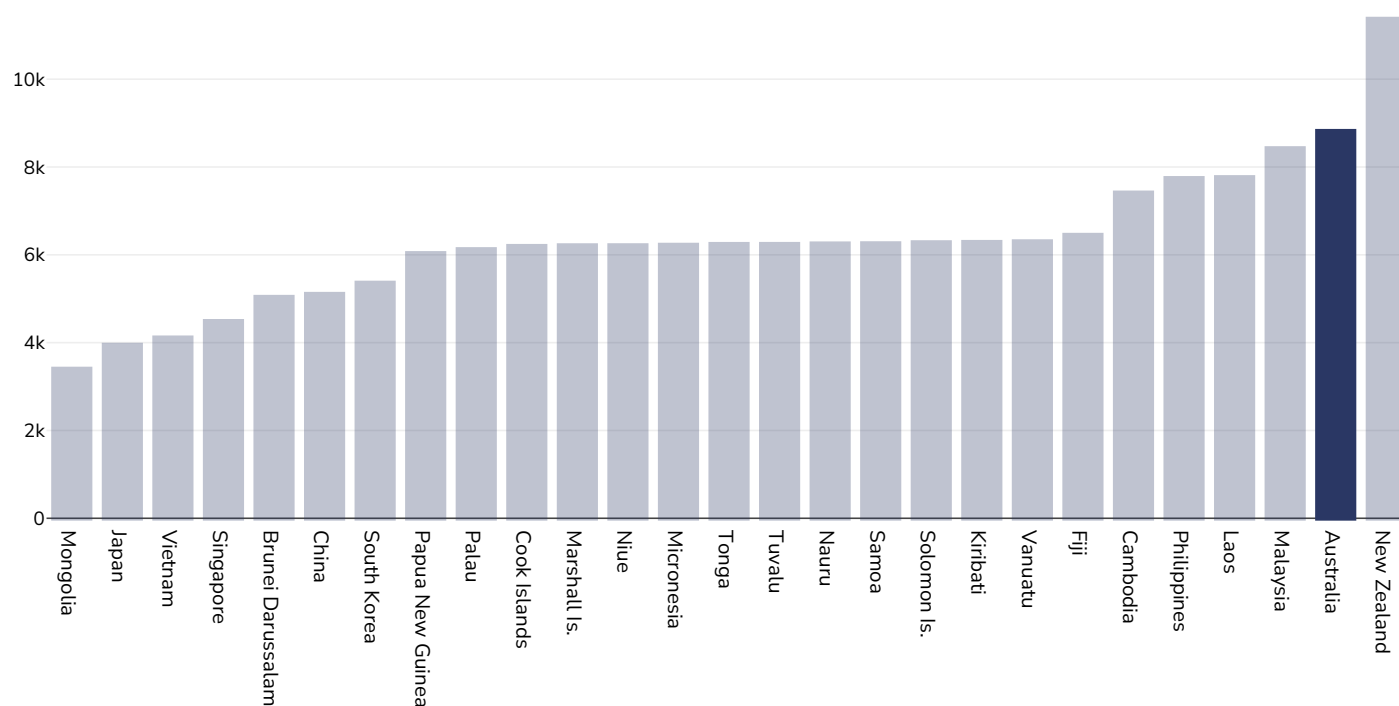


Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

Women, 2021

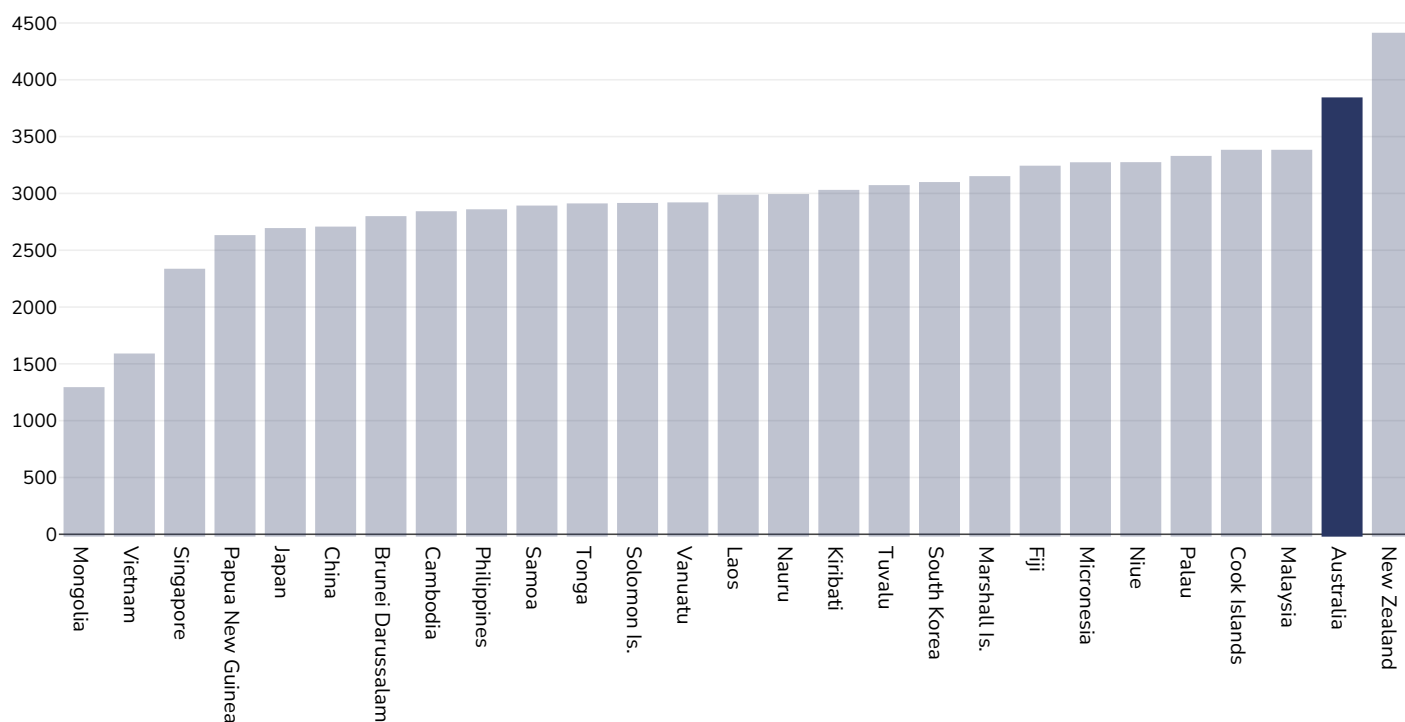


Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

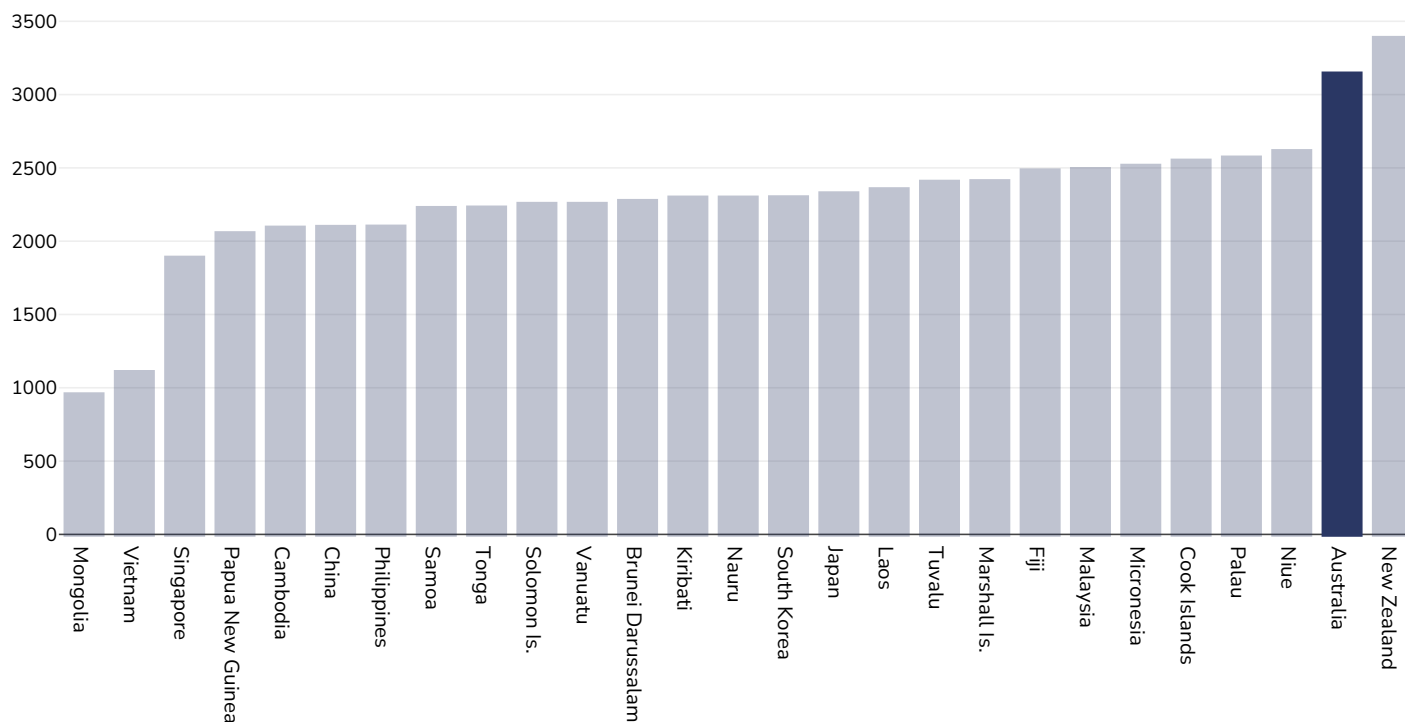
Children, 2021



References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

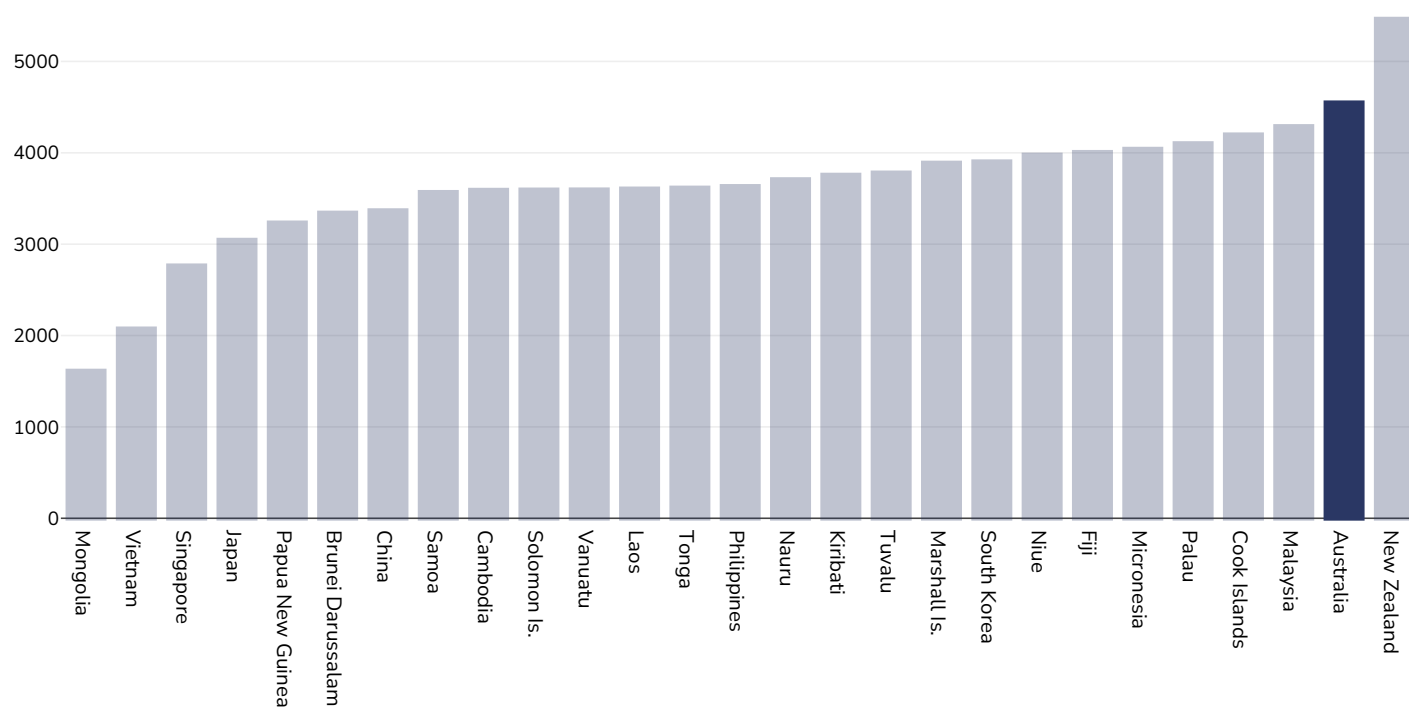
Boys, 2021



References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Girls, 2021

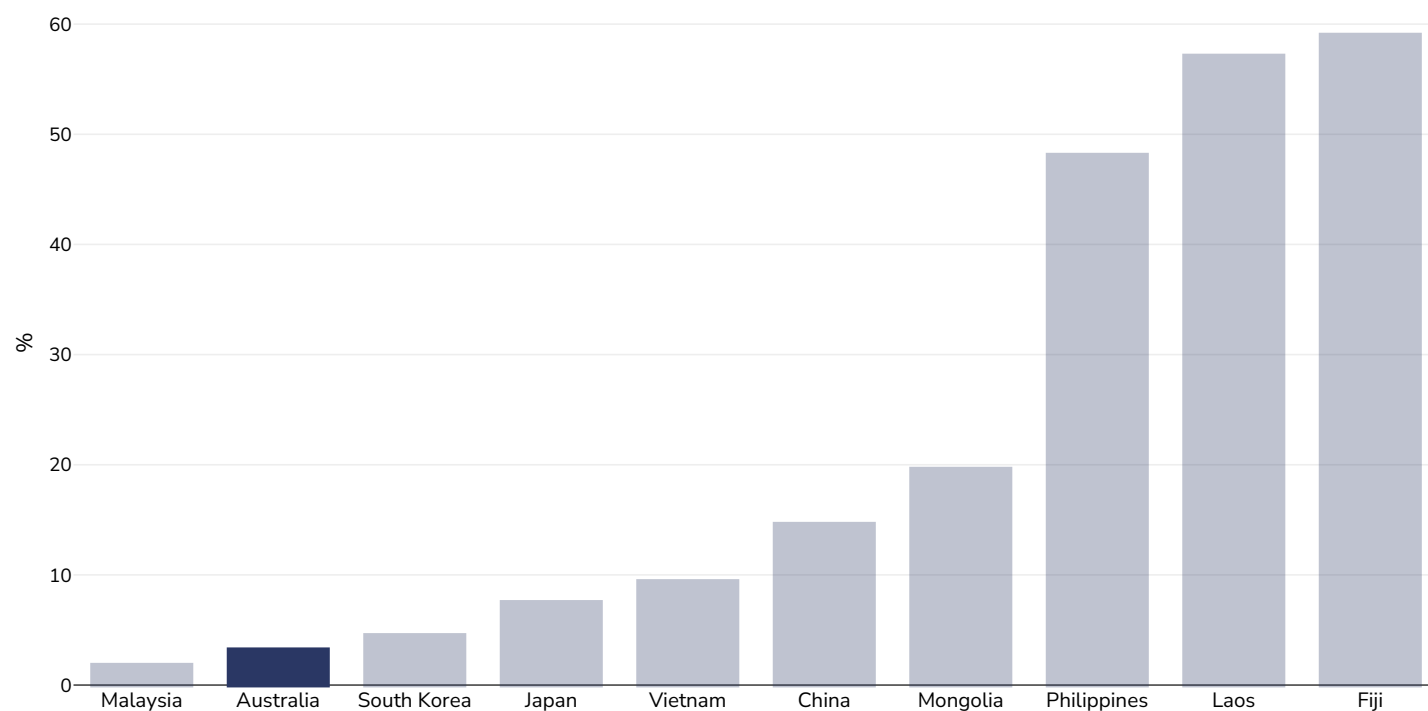


References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Percent of population who cannot afford a healthy diet

Adults, 2022



Area covered:

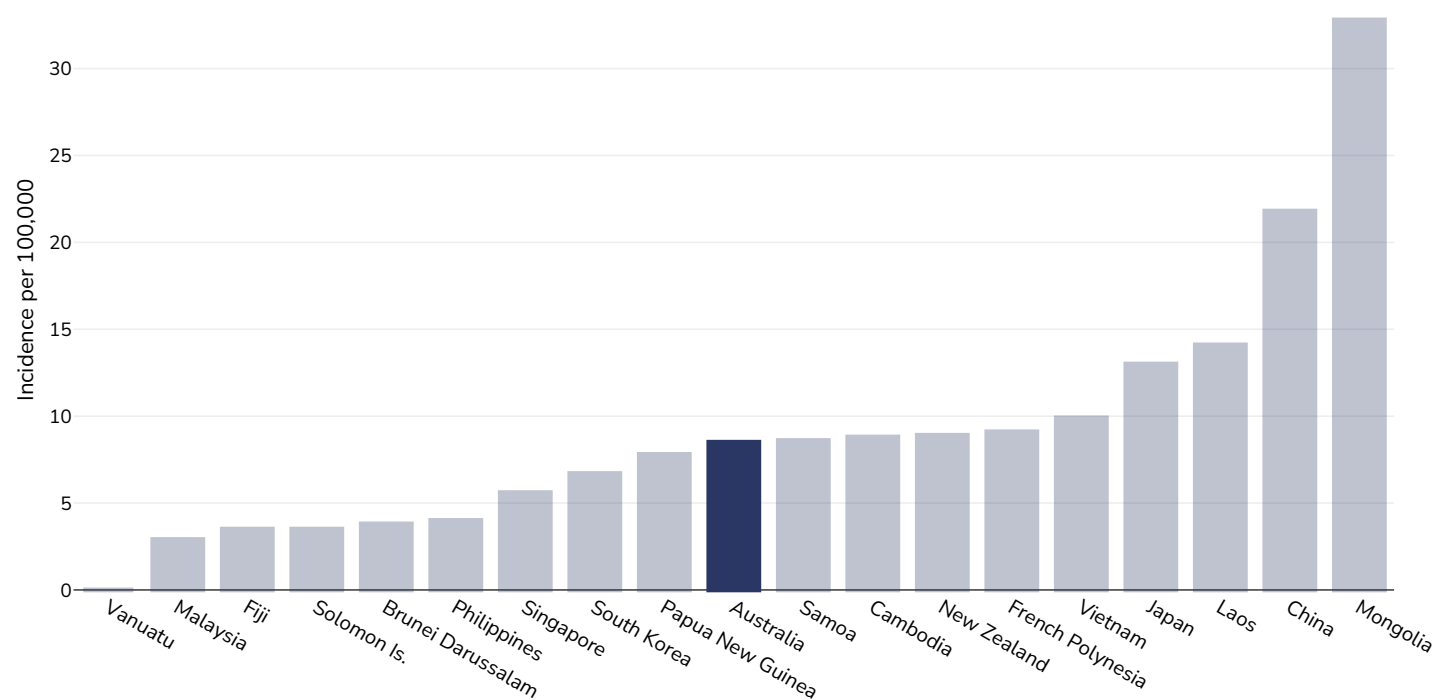
National

References:

The Food Systems Dashboard. The Global Alliance for Improved Nutrition (GAIN), The Columbia Climate School, and Cornell University College of Agriculture and Life Sciences. 2024. Geneva, Switzerland. <https://www.foodsystemsdashboard.org>. DOI: <https://doi.org/10.36072/db>.

Oesophageal cancer

Men, 2022



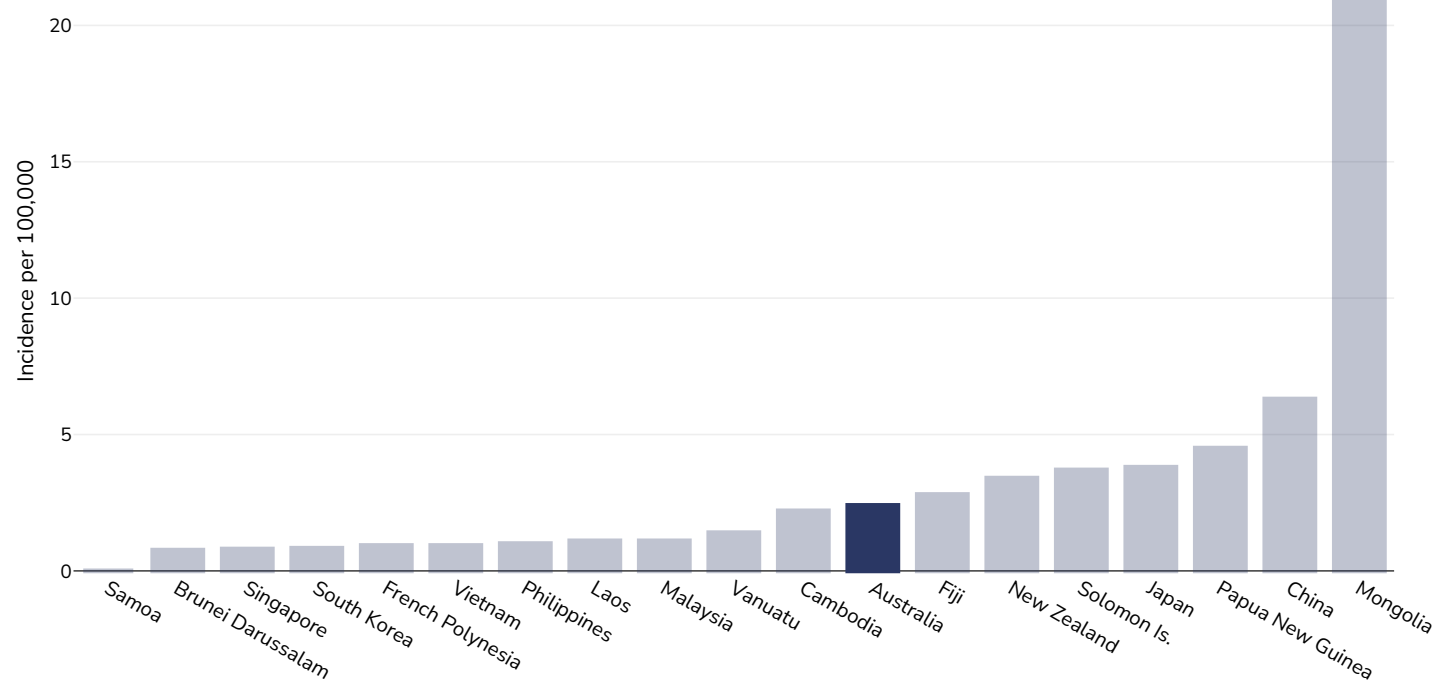
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

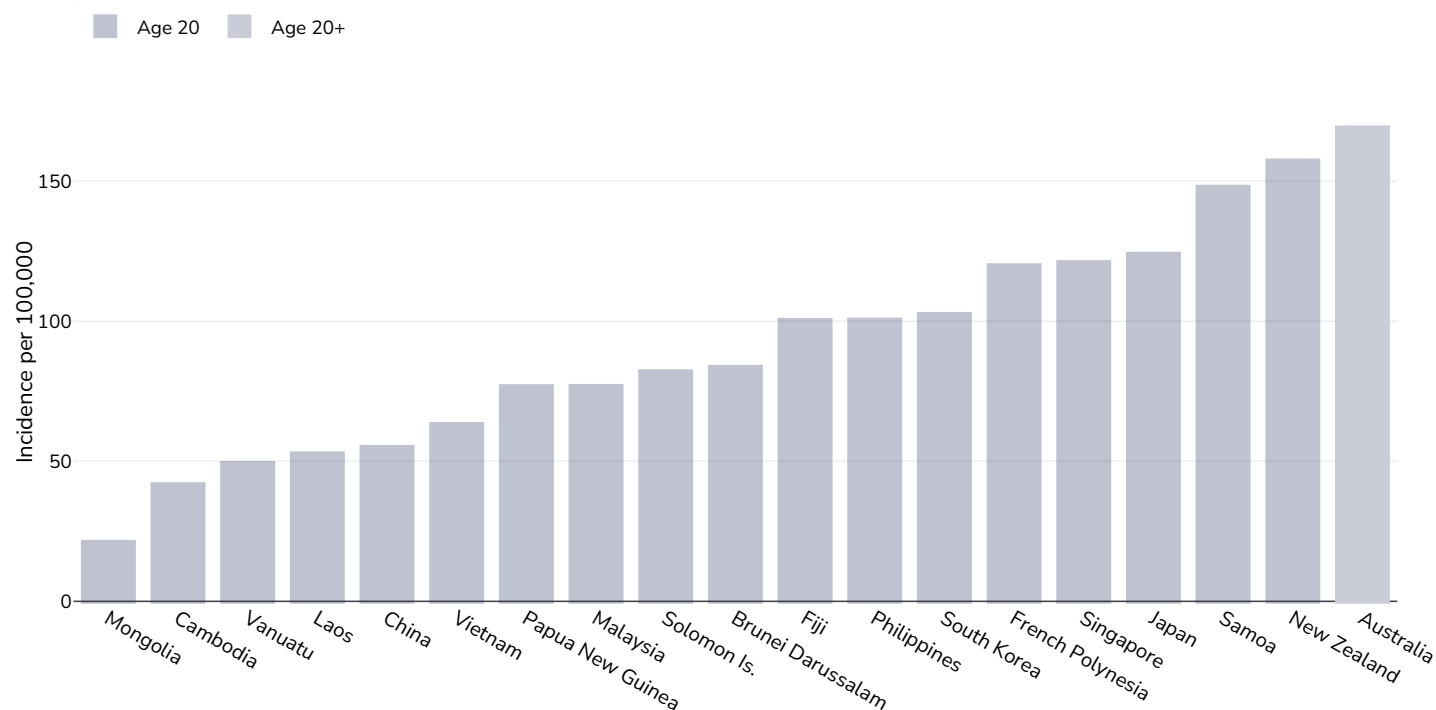
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Breast cancer

Women, 2022



Area covered:

National

References:

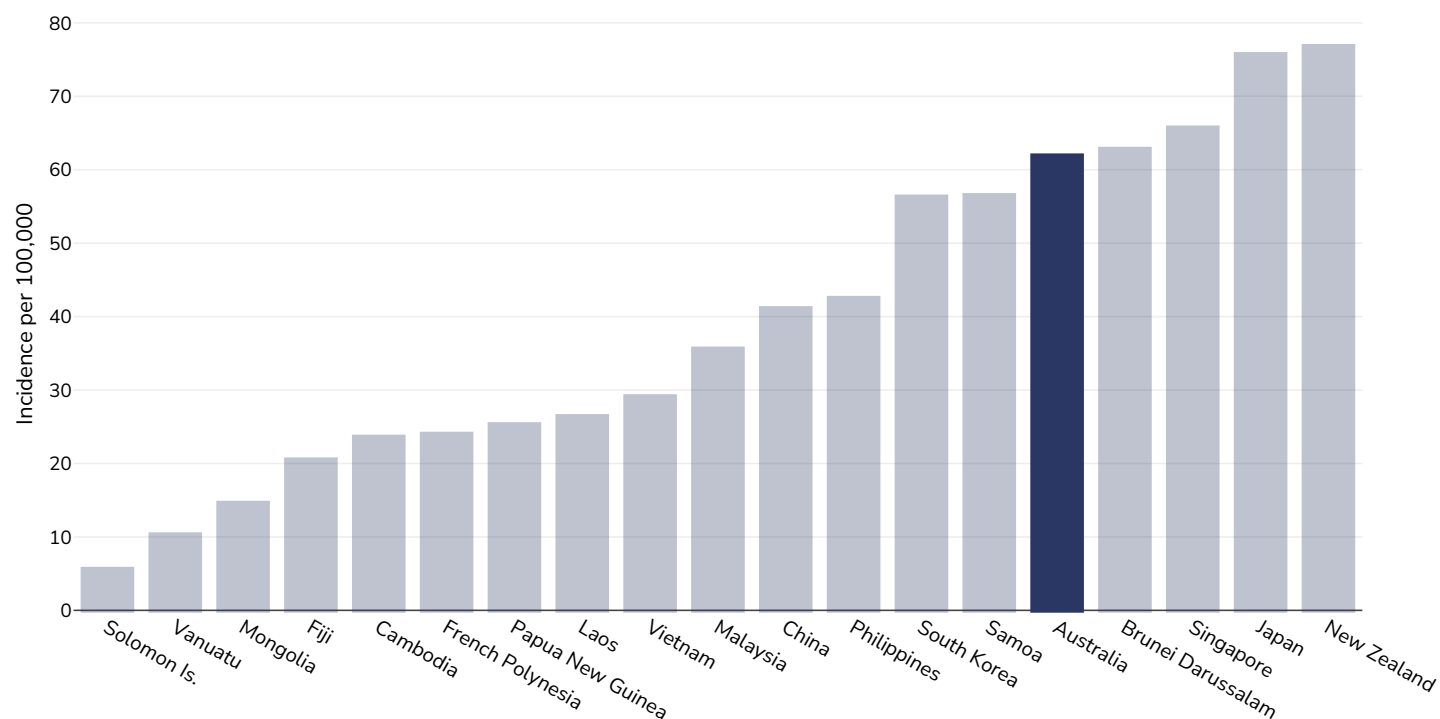
Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions:

Incidence per 100,000

Colorectal cancer

Men, 2022



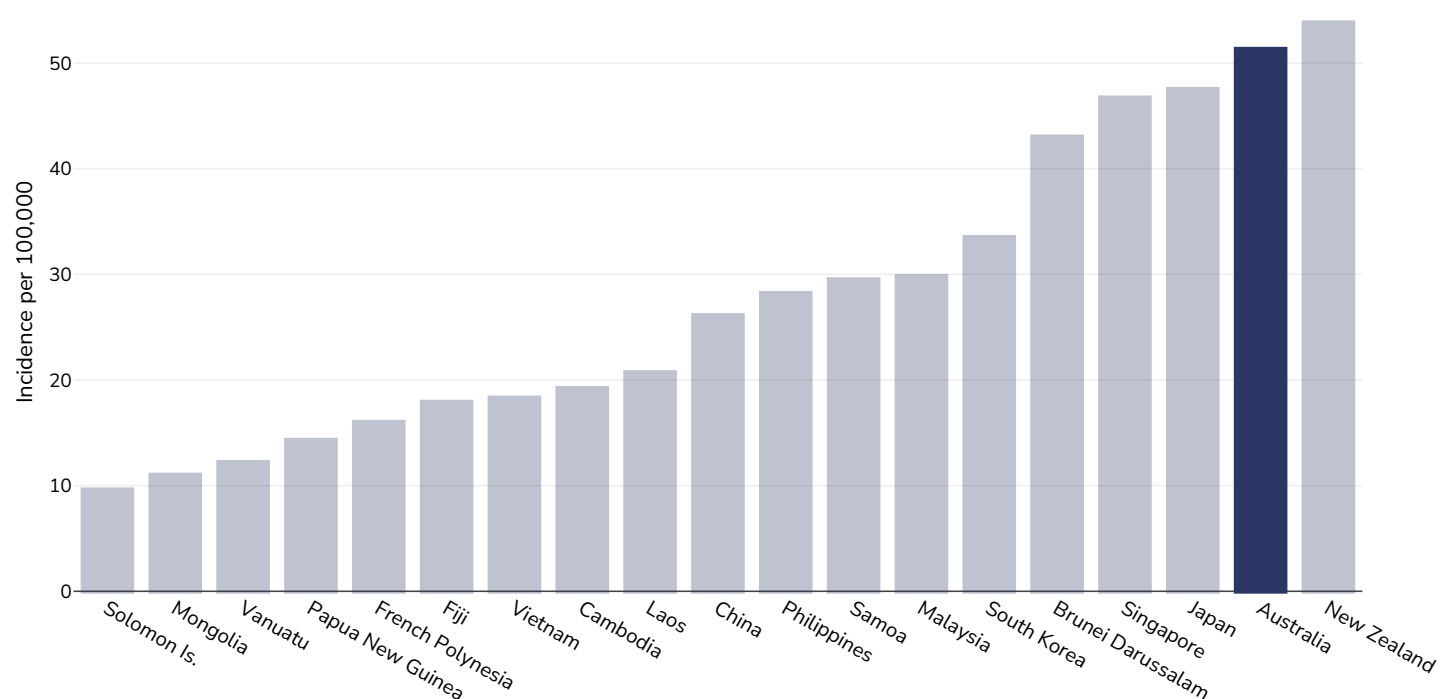
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

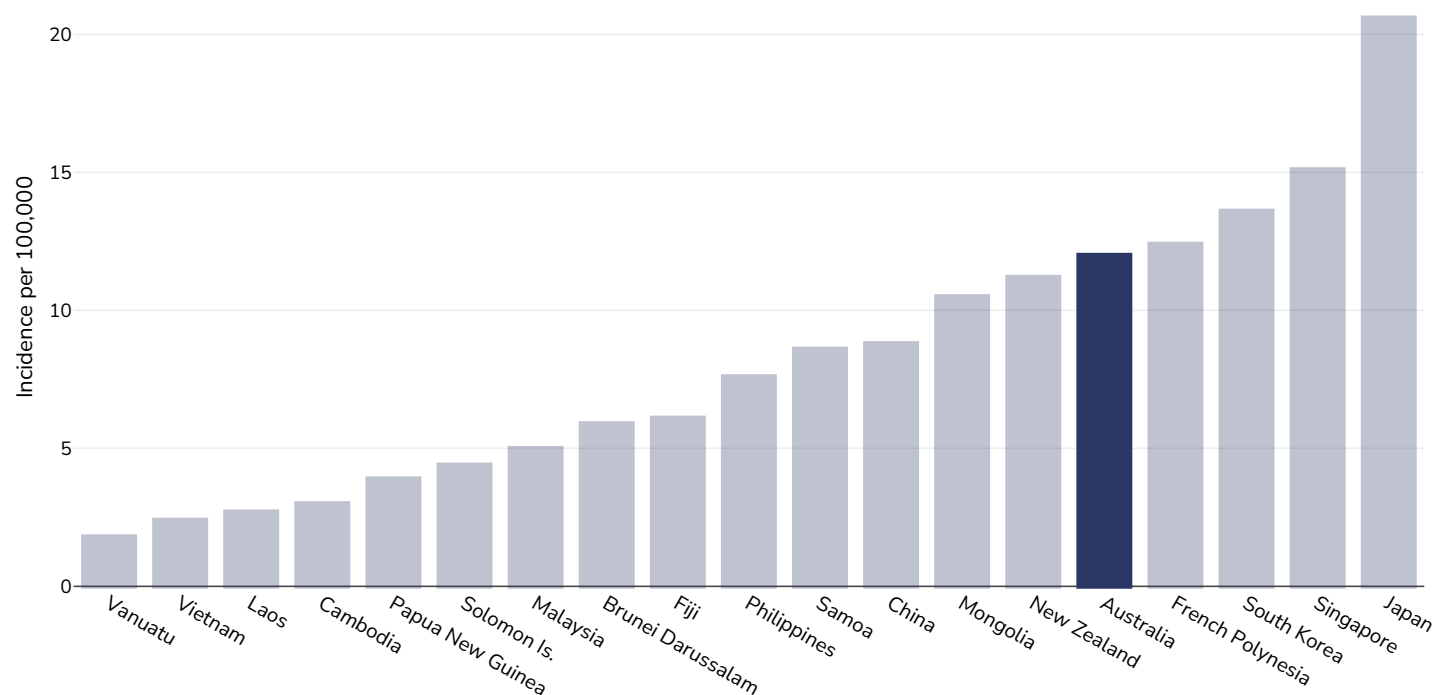
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Pancreatic cancer

Men, 2022



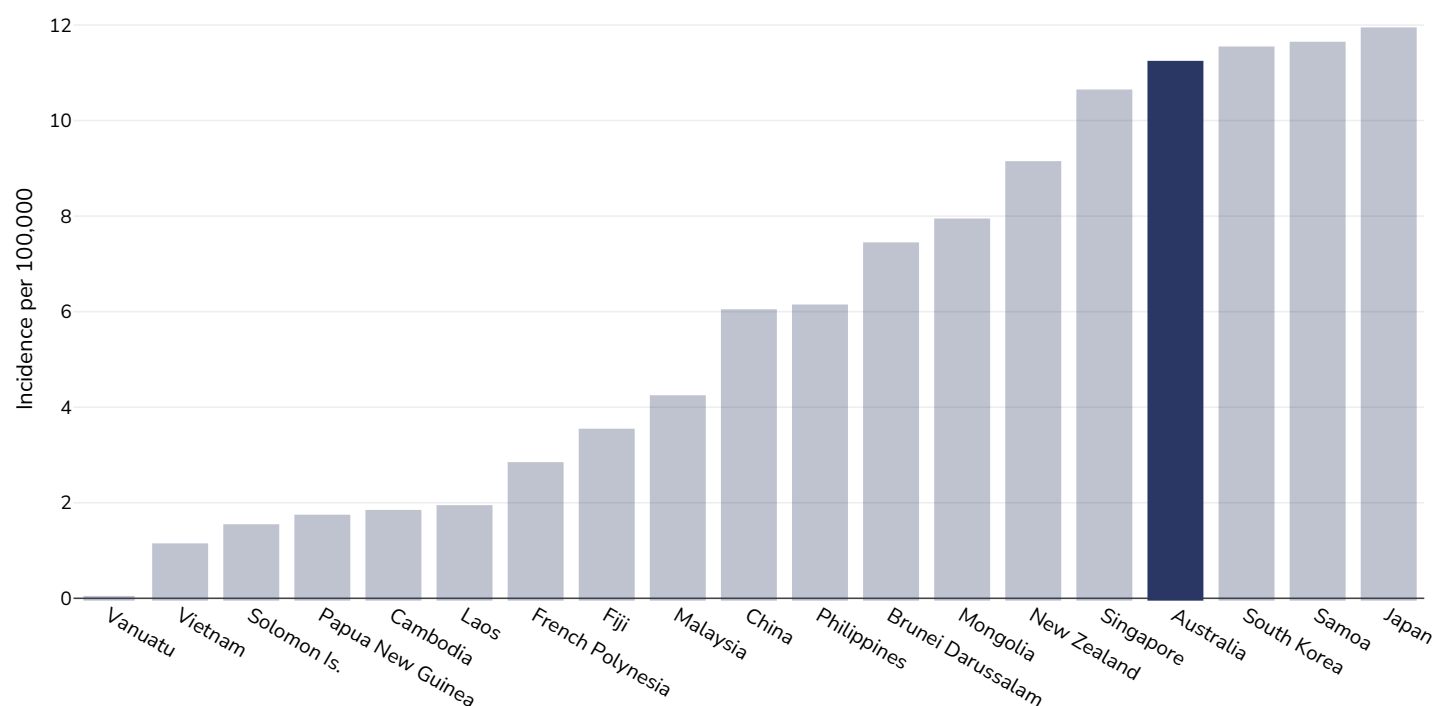
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

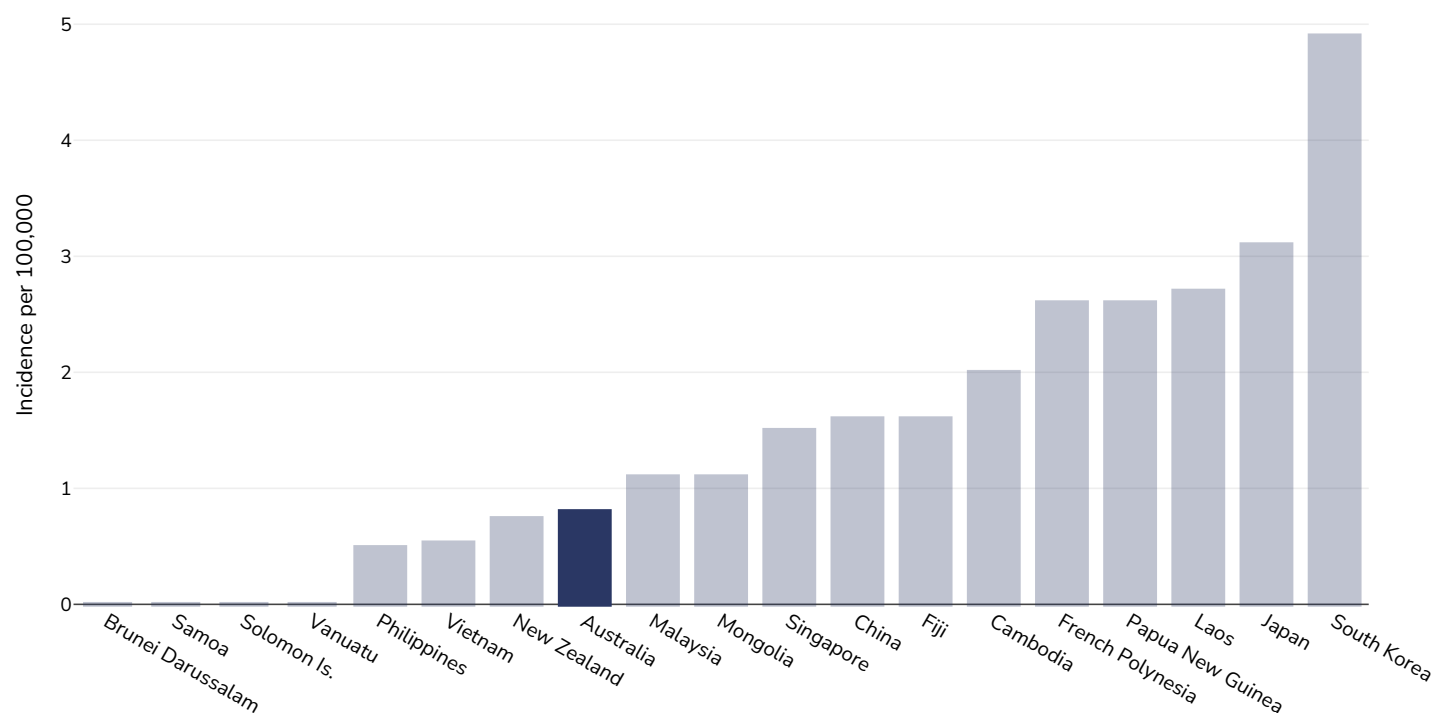
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Gallbladder cancer

Men, 2022



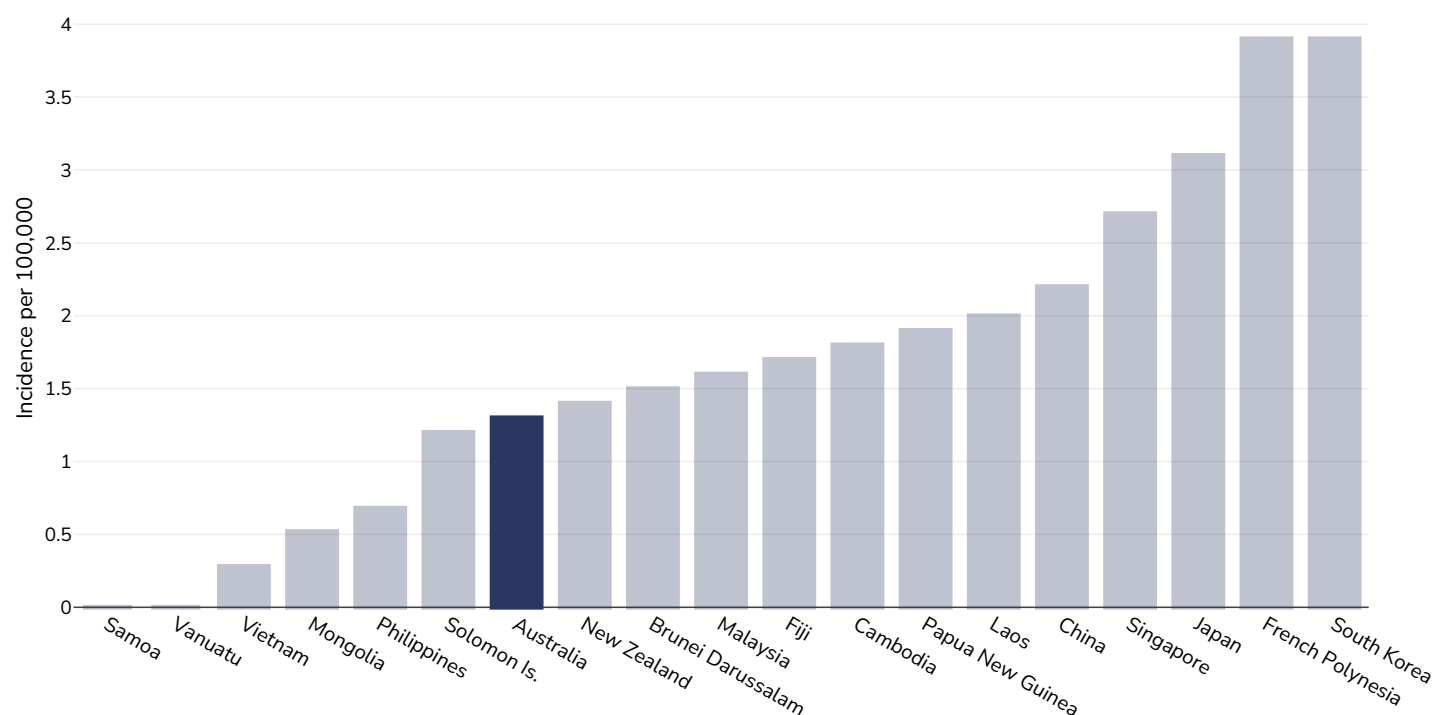
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

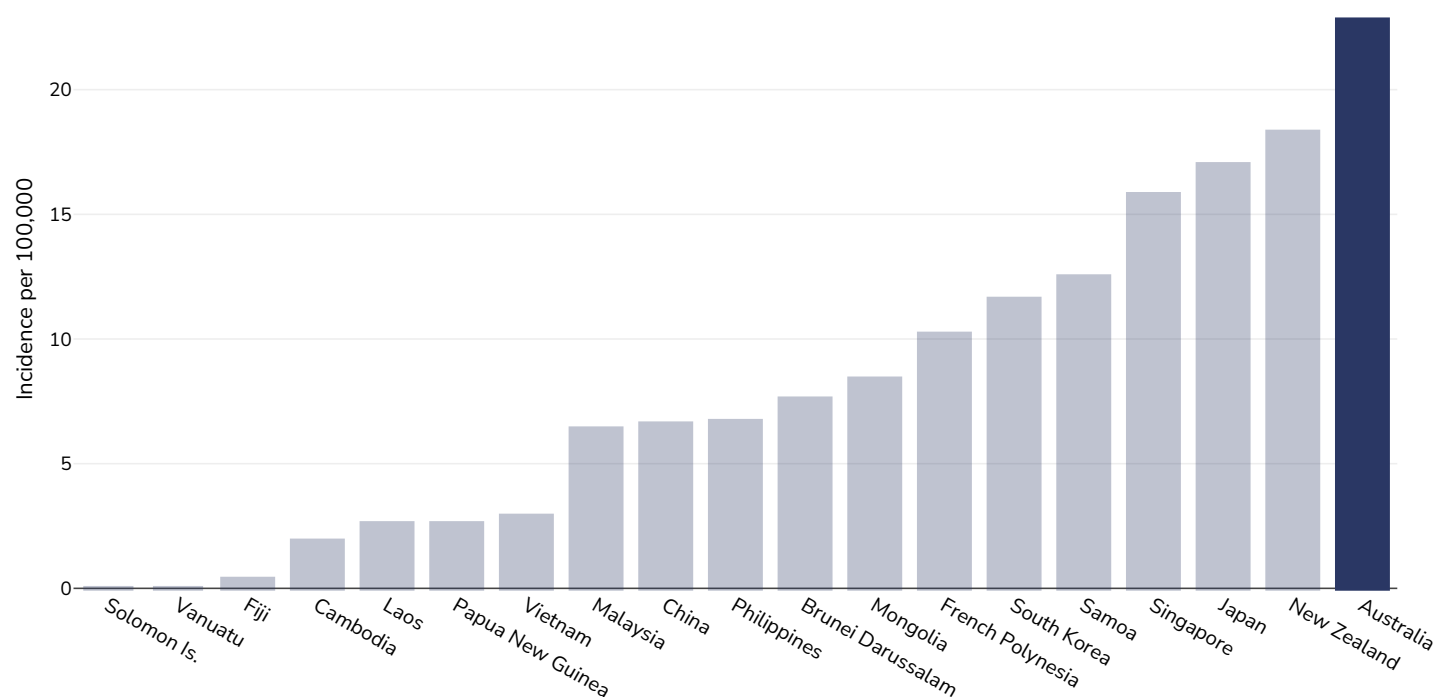
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Kidney cancer

Men, 2022



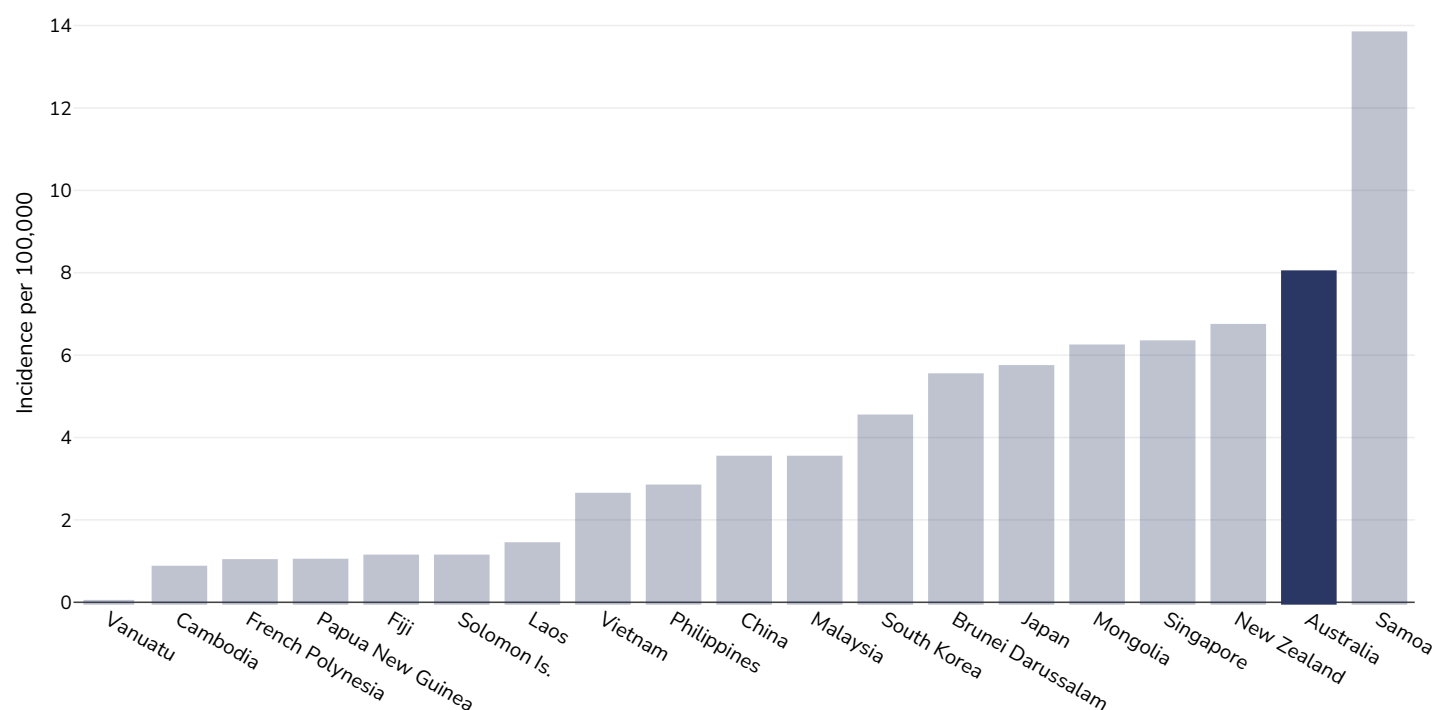
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

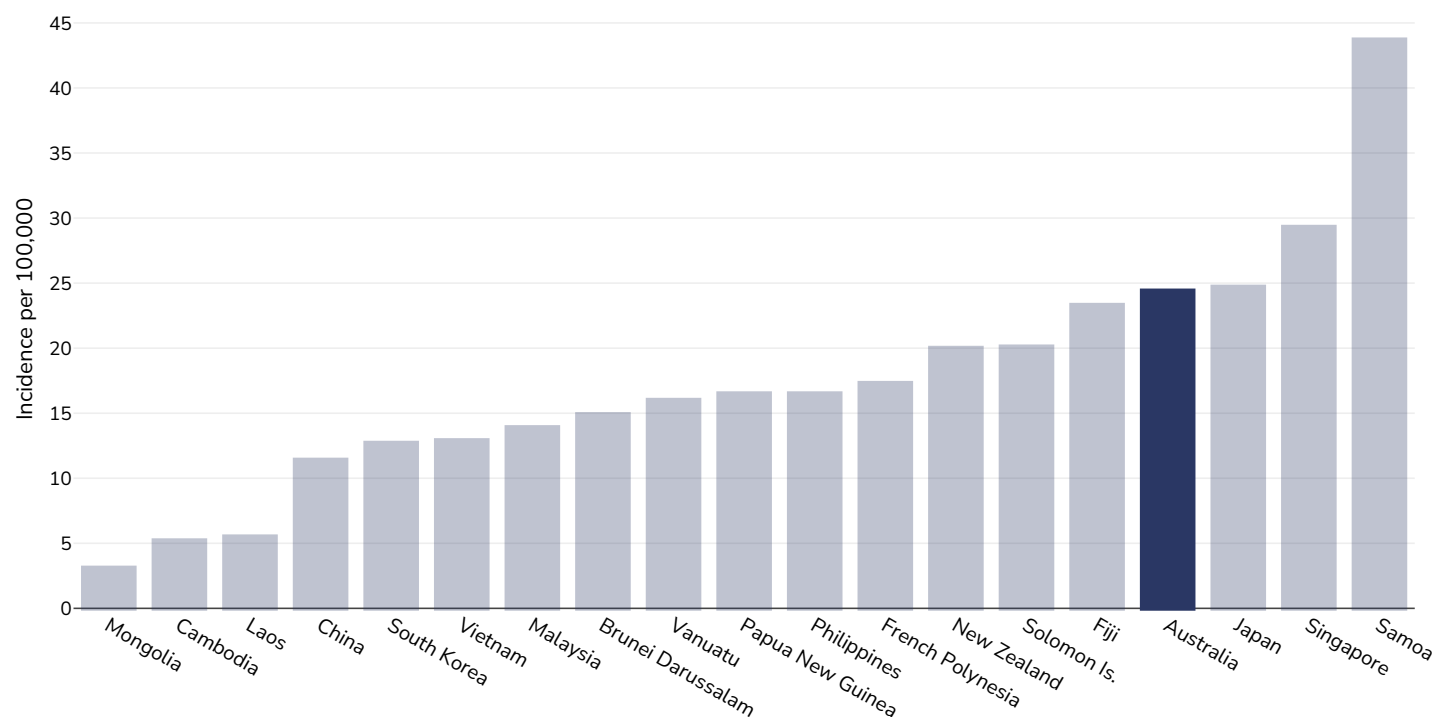
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Cancer of the uterus

Women, 2022



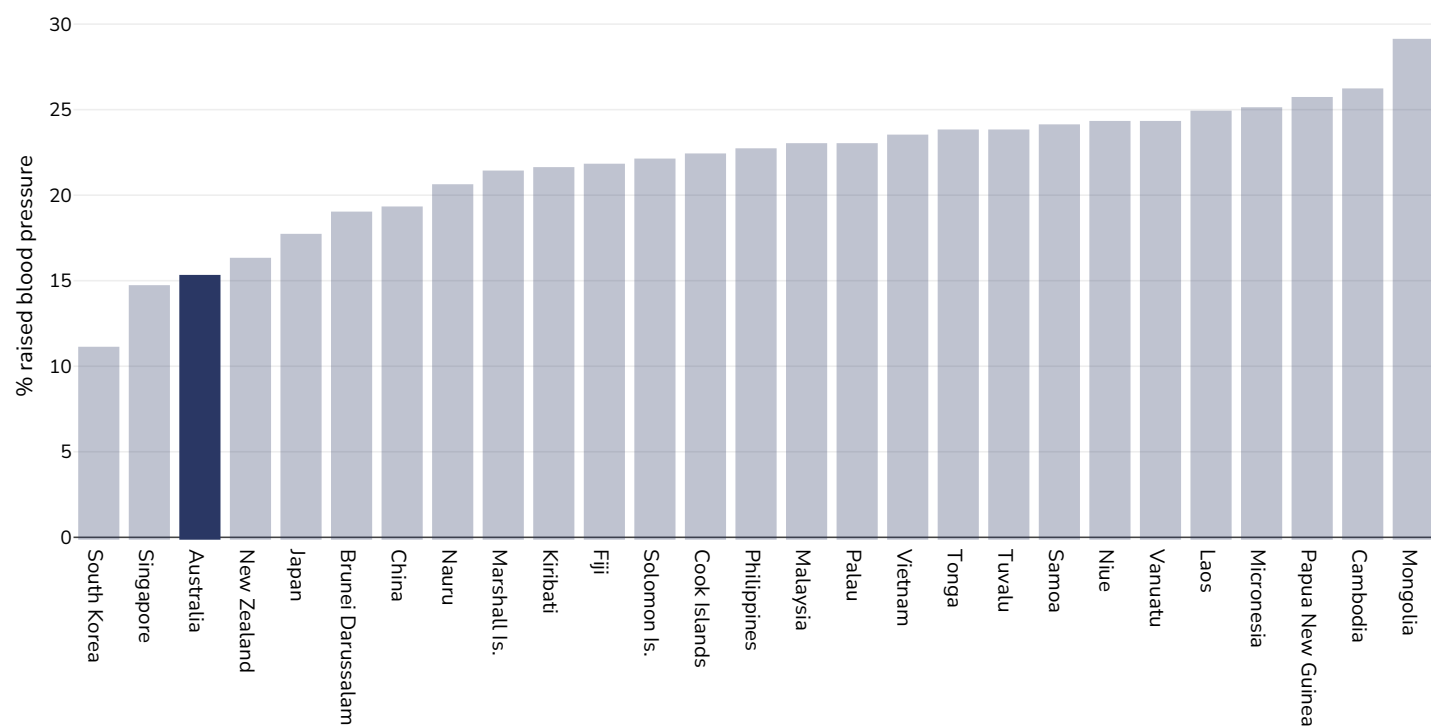
Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Raised blood pressure

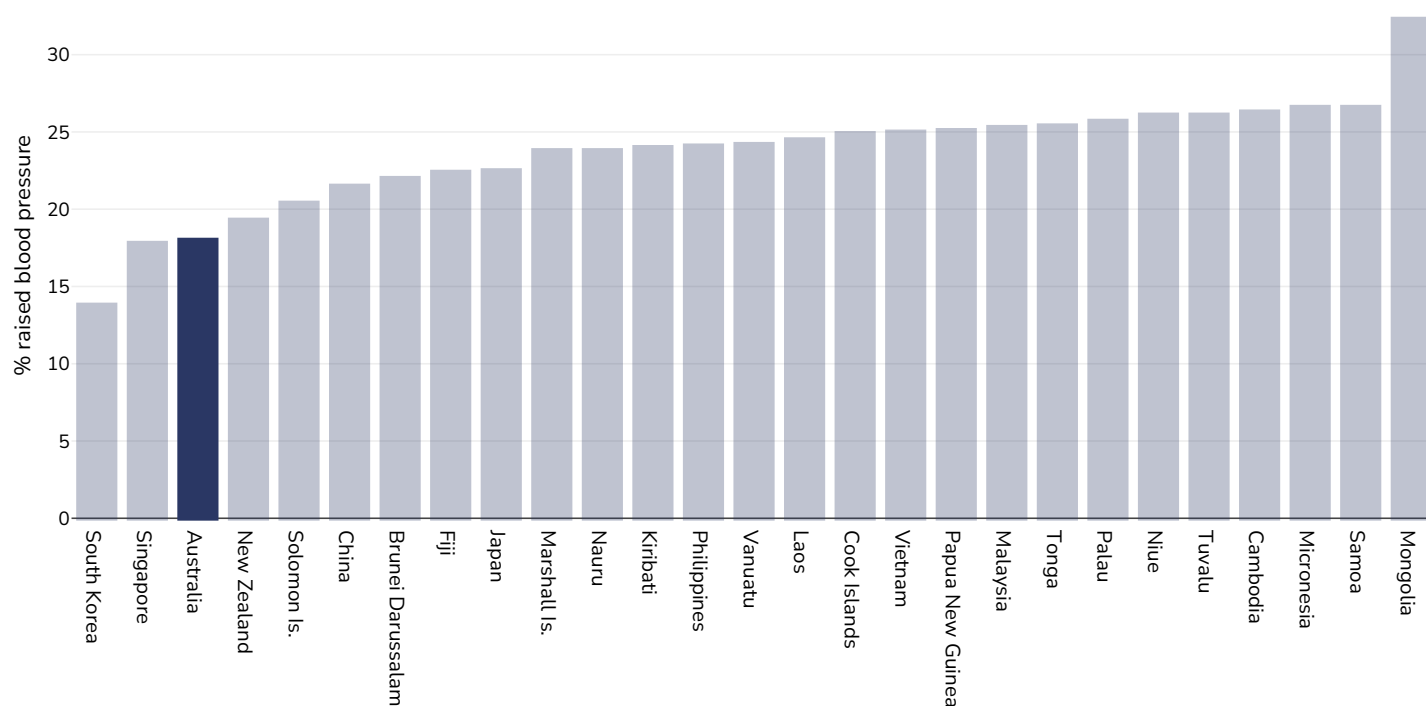
Adults, 2015



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).

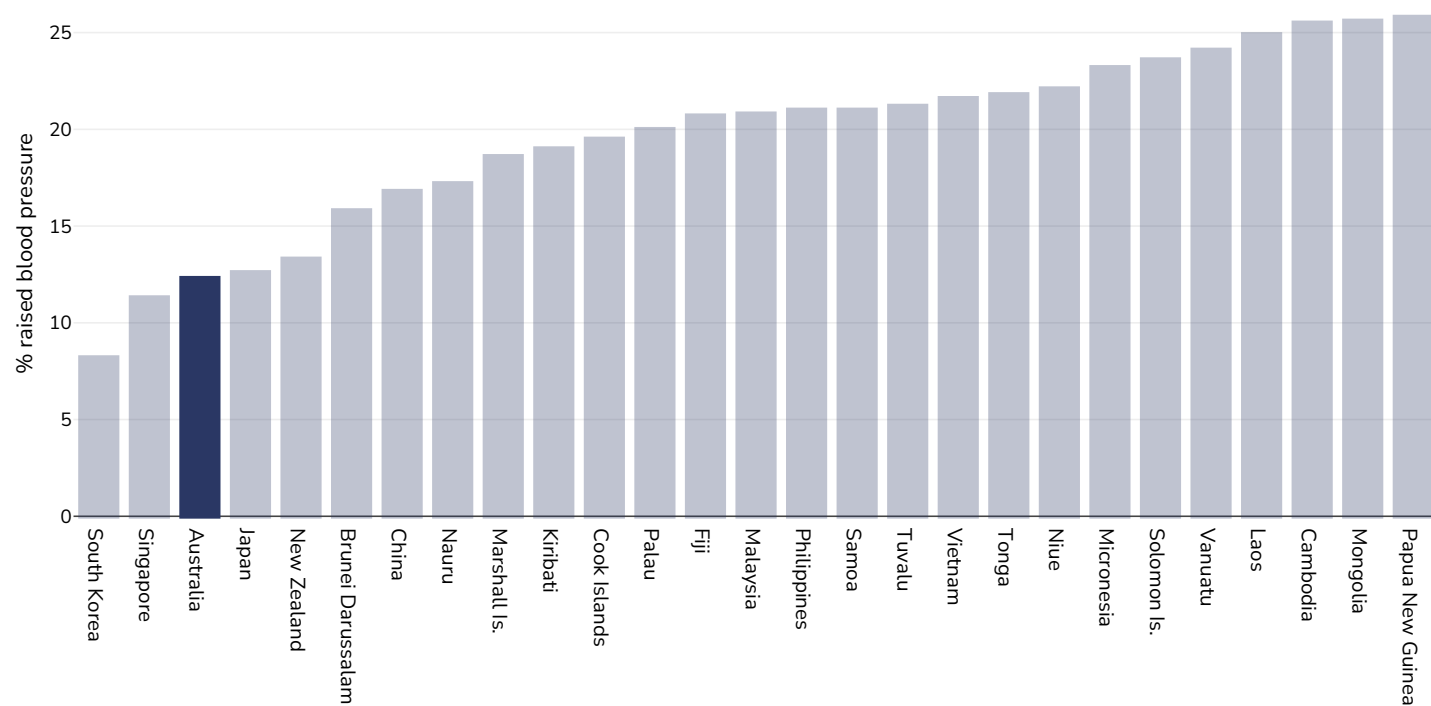
Men, 2015



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 $\geq$ 140 OR DBP $\geq$ 90).

Women, 2015

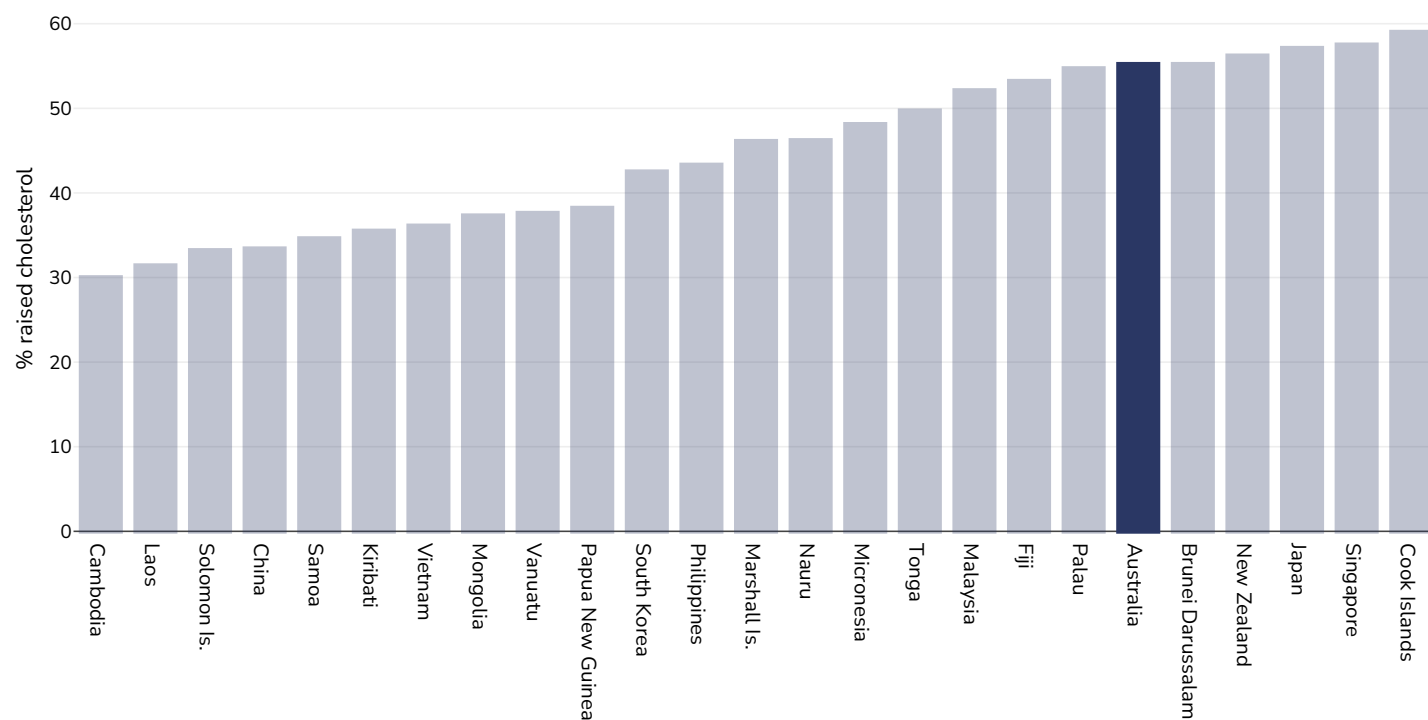


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP $\geq$ 140 OR DBP $\geq$ 90).

Raised cholesterol

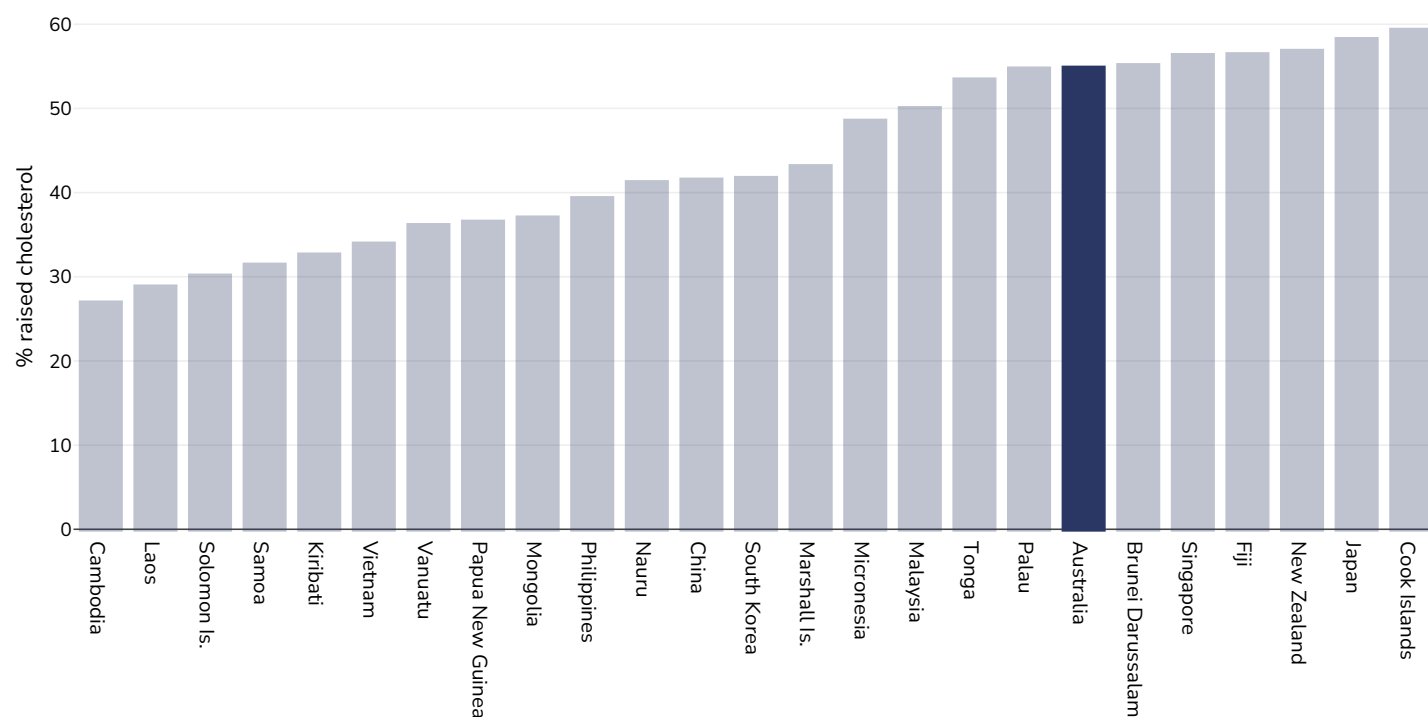
Adults, 2008



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).

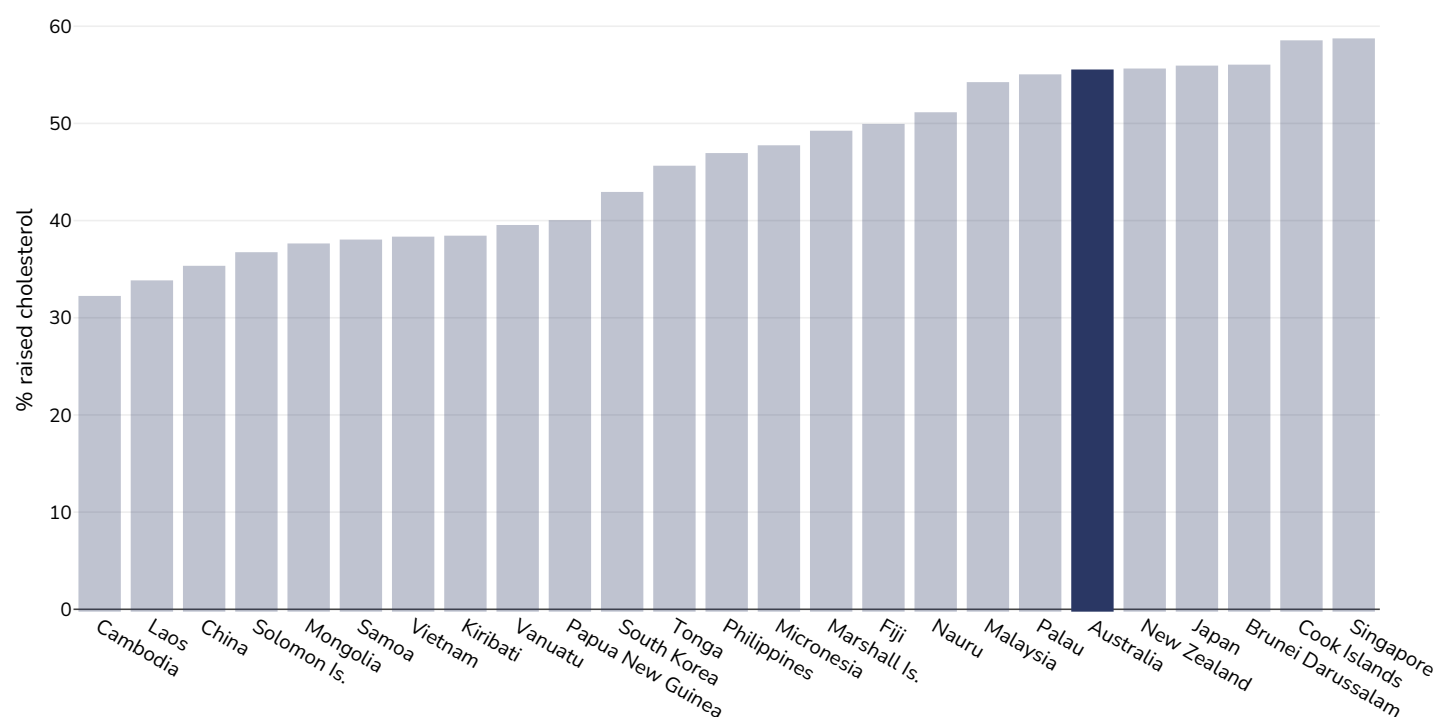
Men, 2008



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

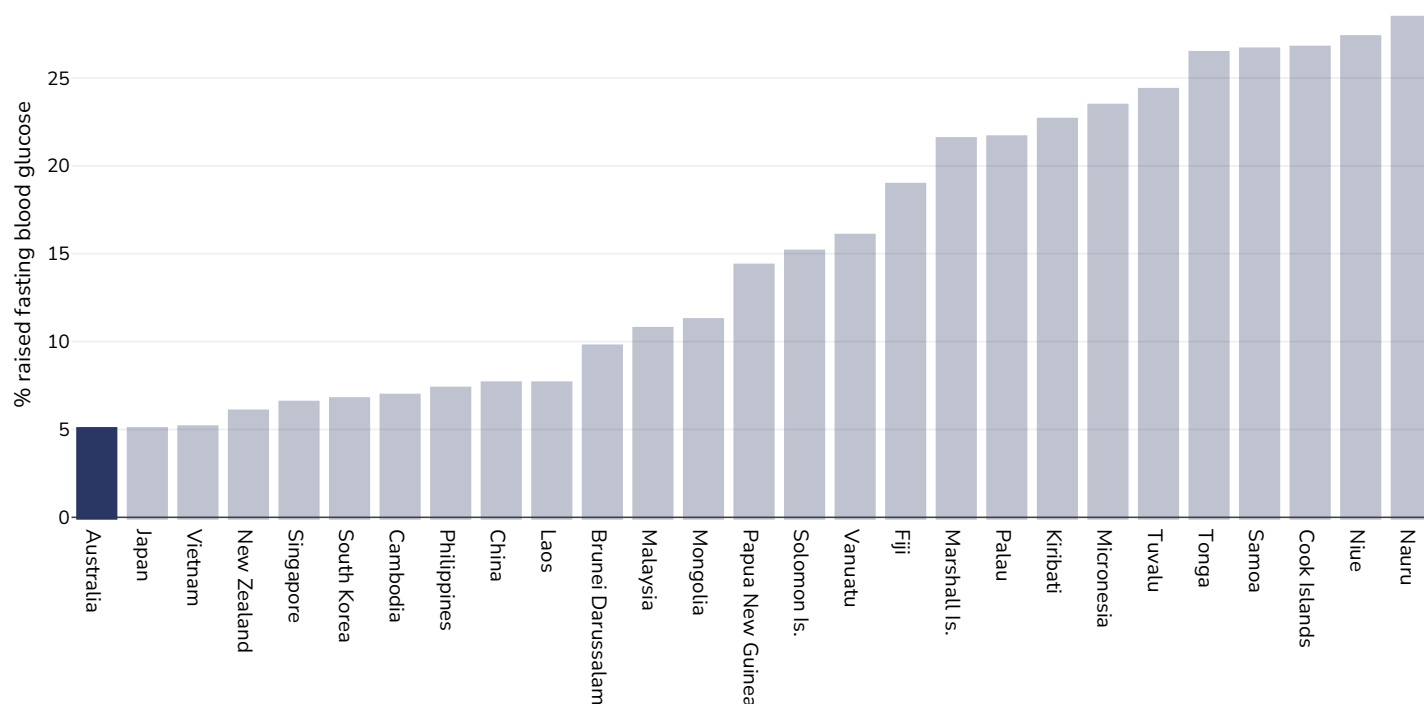


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

Raised fasting blood glucose

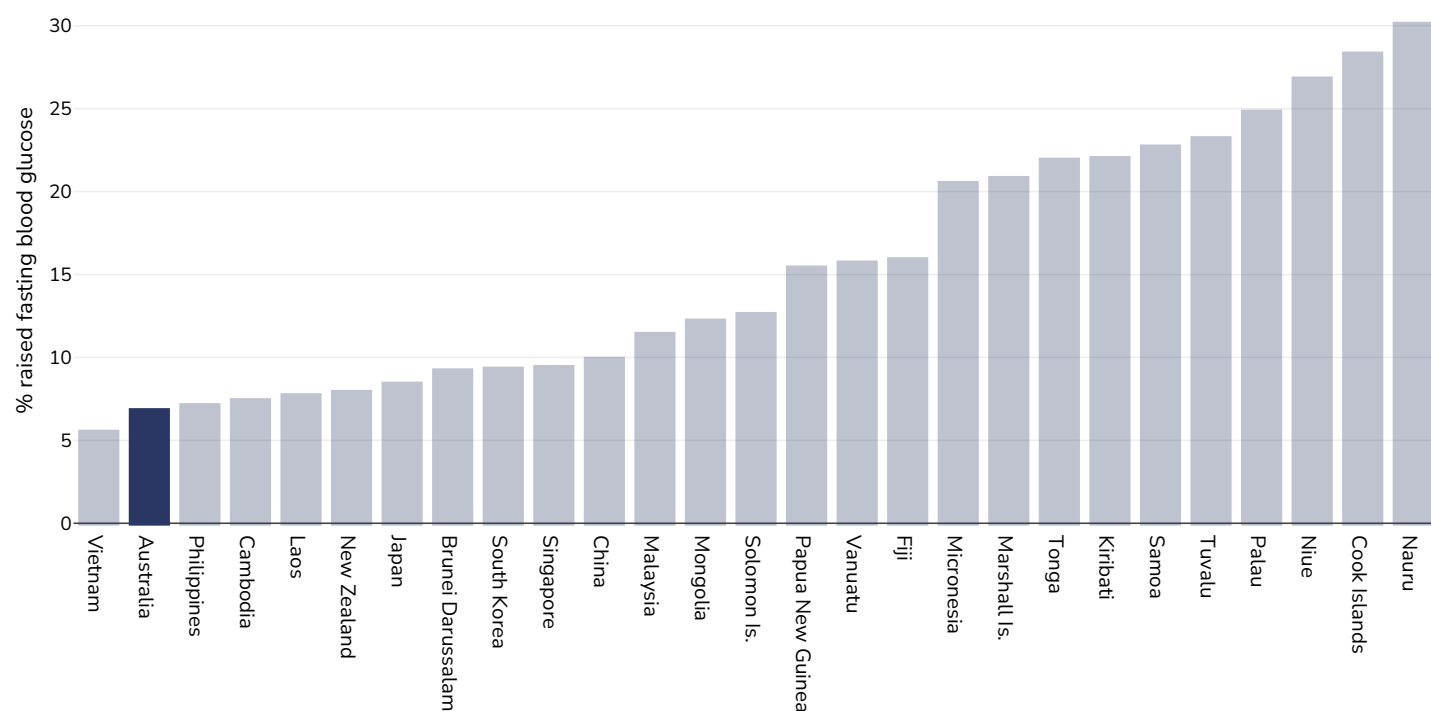
Men, 2014



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

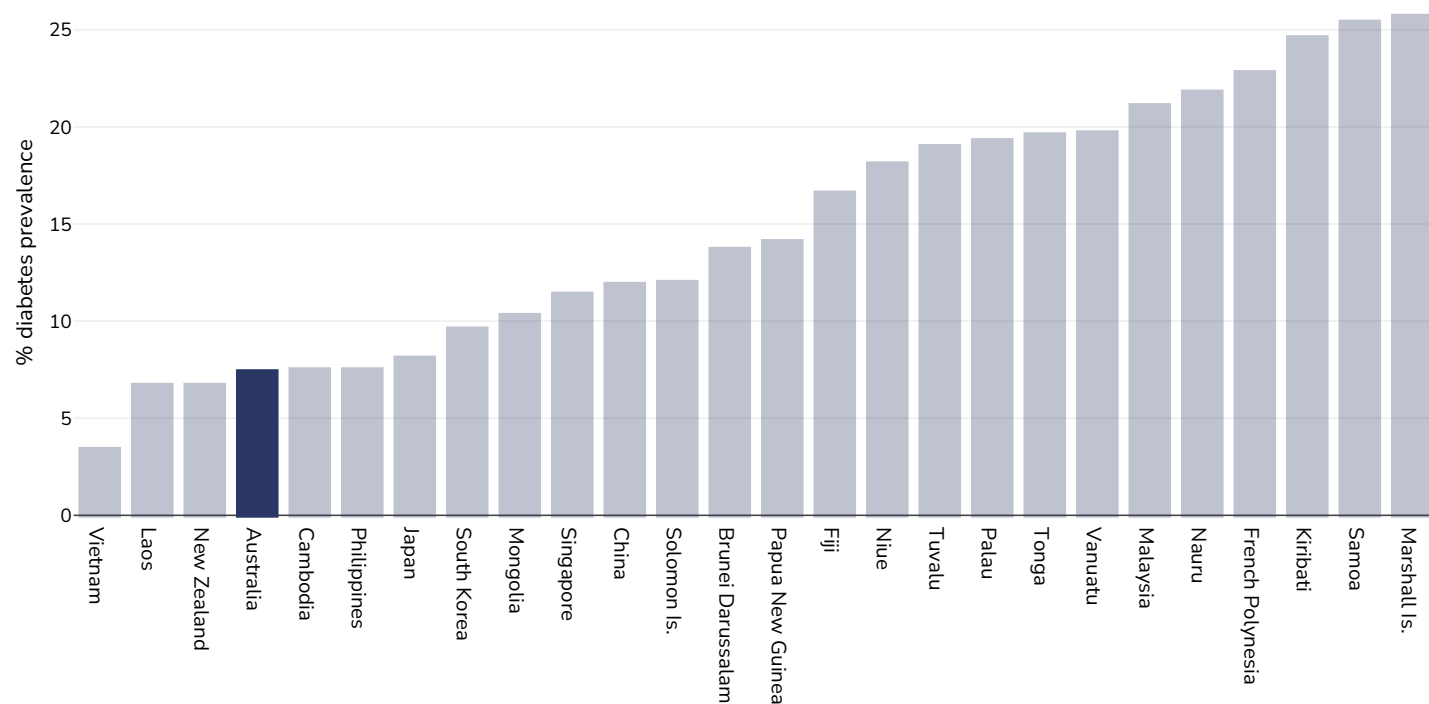


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A869?lang=en>

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

Diabetes prevalence

Adults, 2024

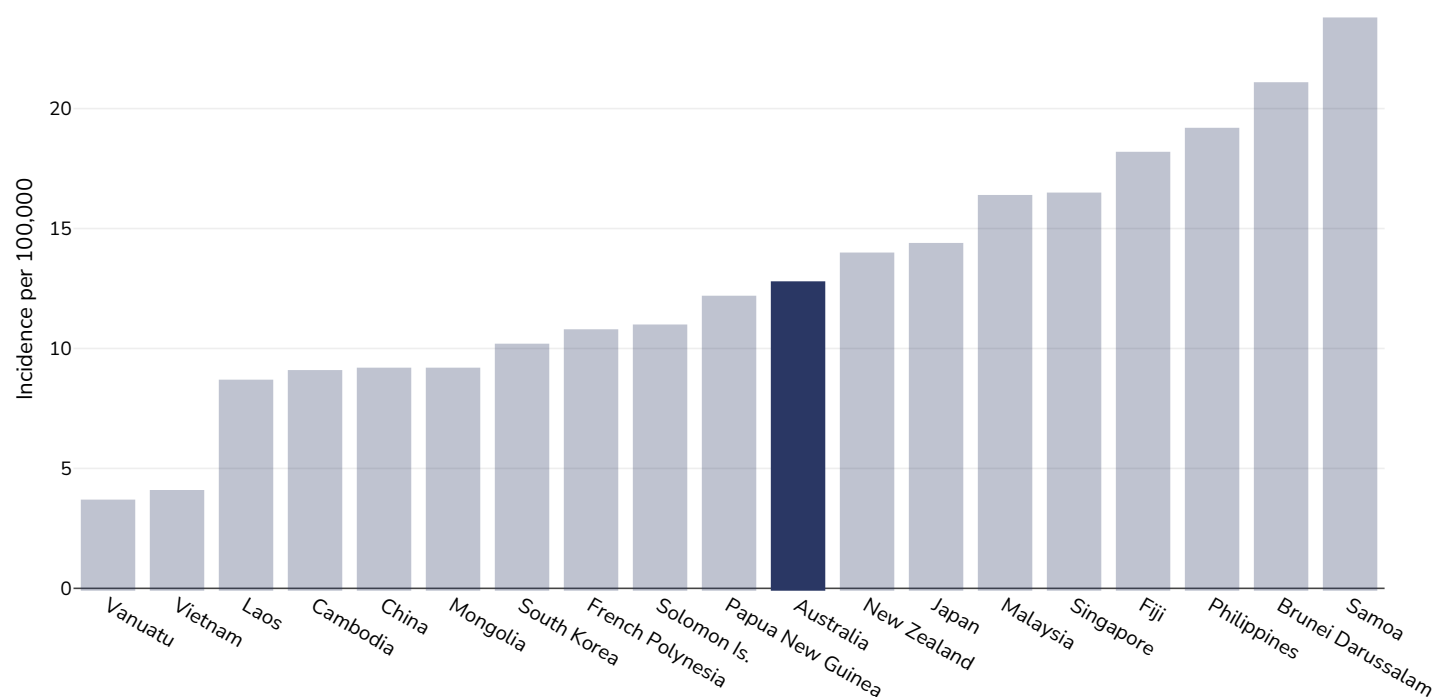


References:

Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 11th edn. Brussels, Belgium:International Diabetes Federation, 2025. <http://www.diabetesatlas.org>

Ovarian Cancer

Women, 2022



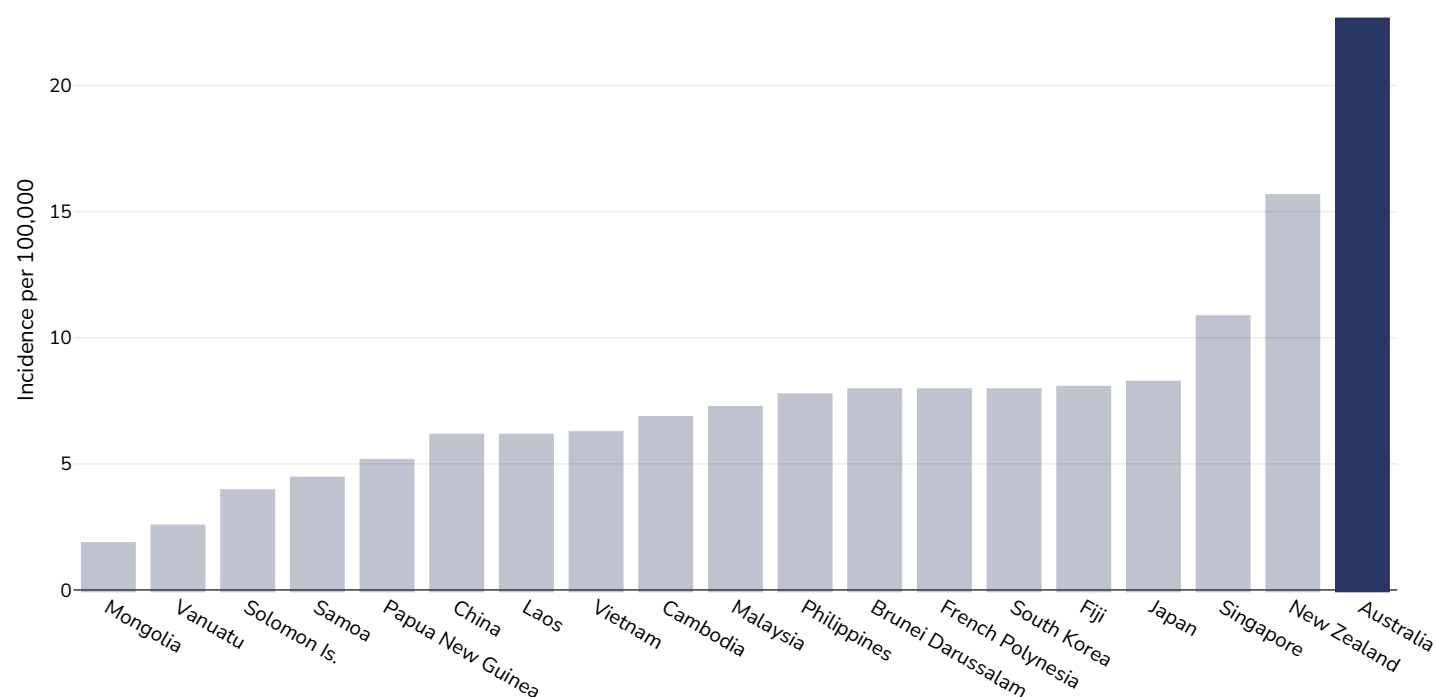
Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Leukemia

Men, 2022



Age: 20+

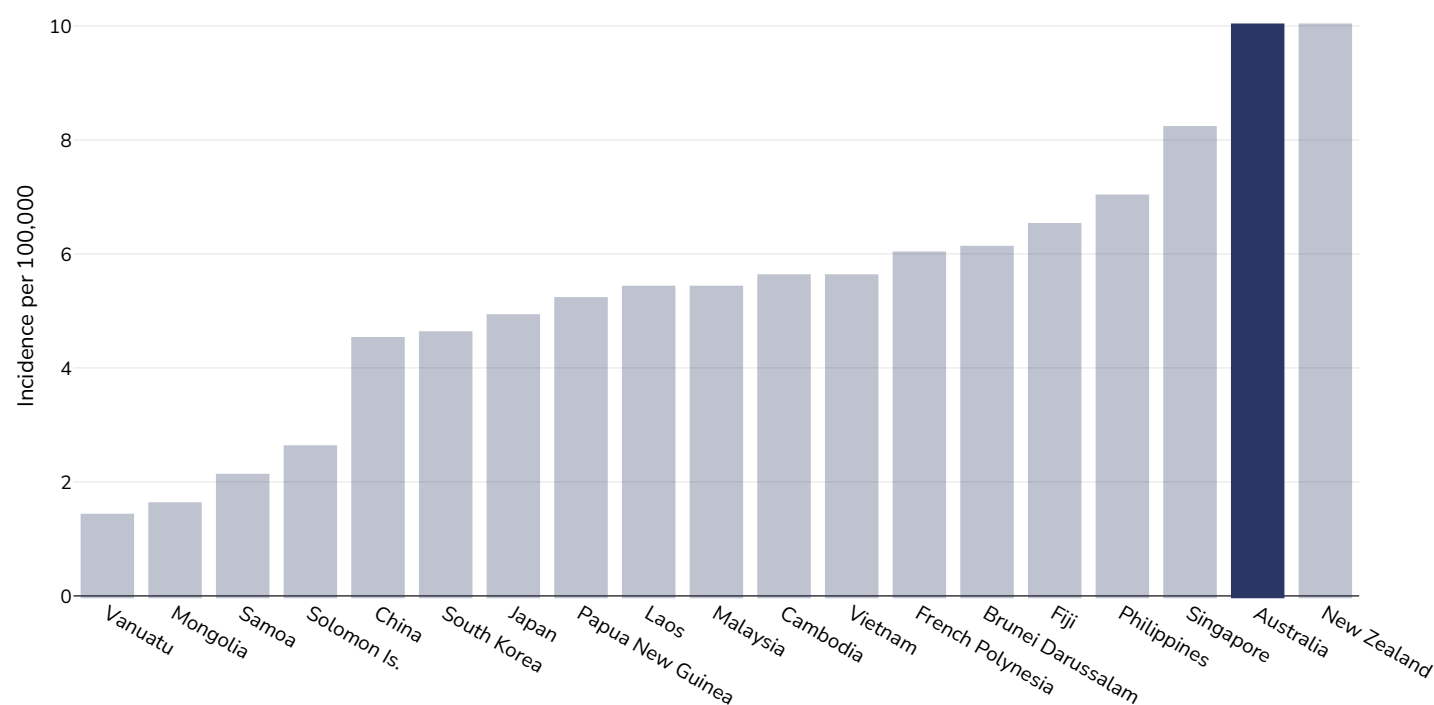
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

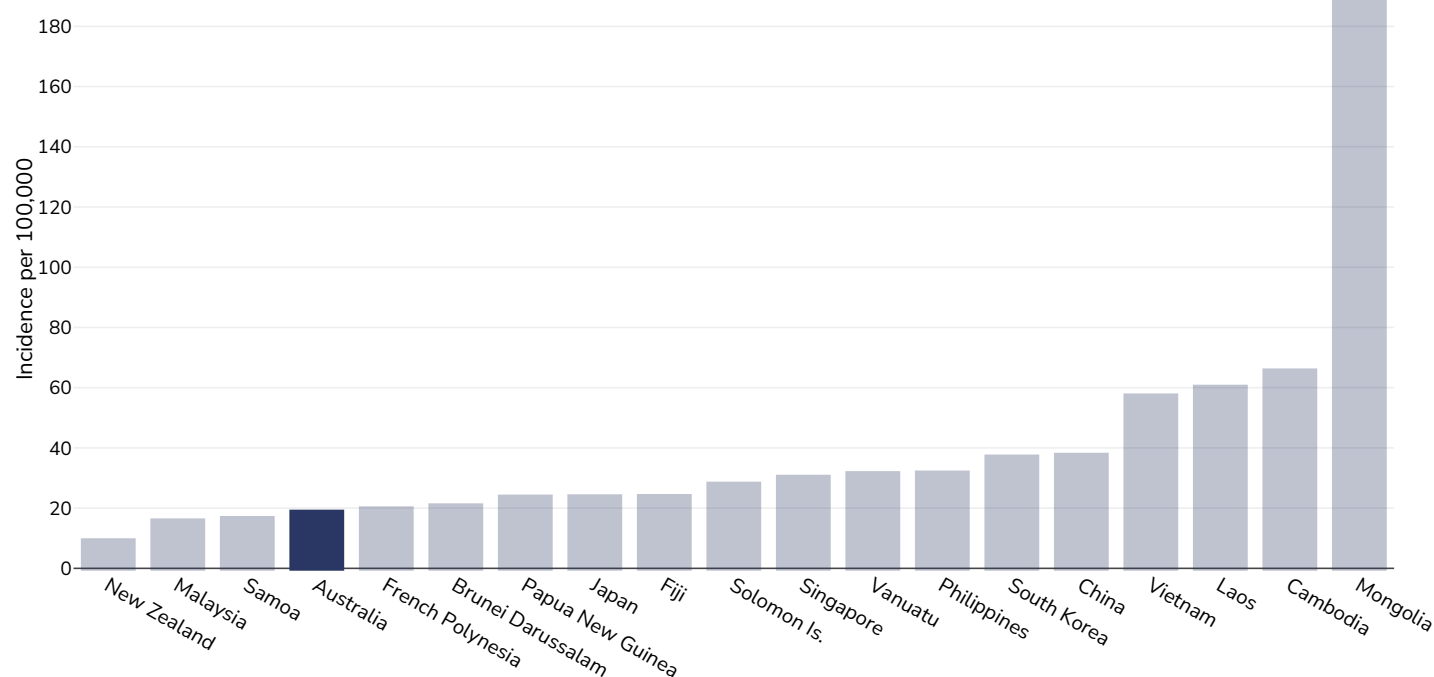
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Liver and intrahepatic bile duct Cancer

Men, 2022



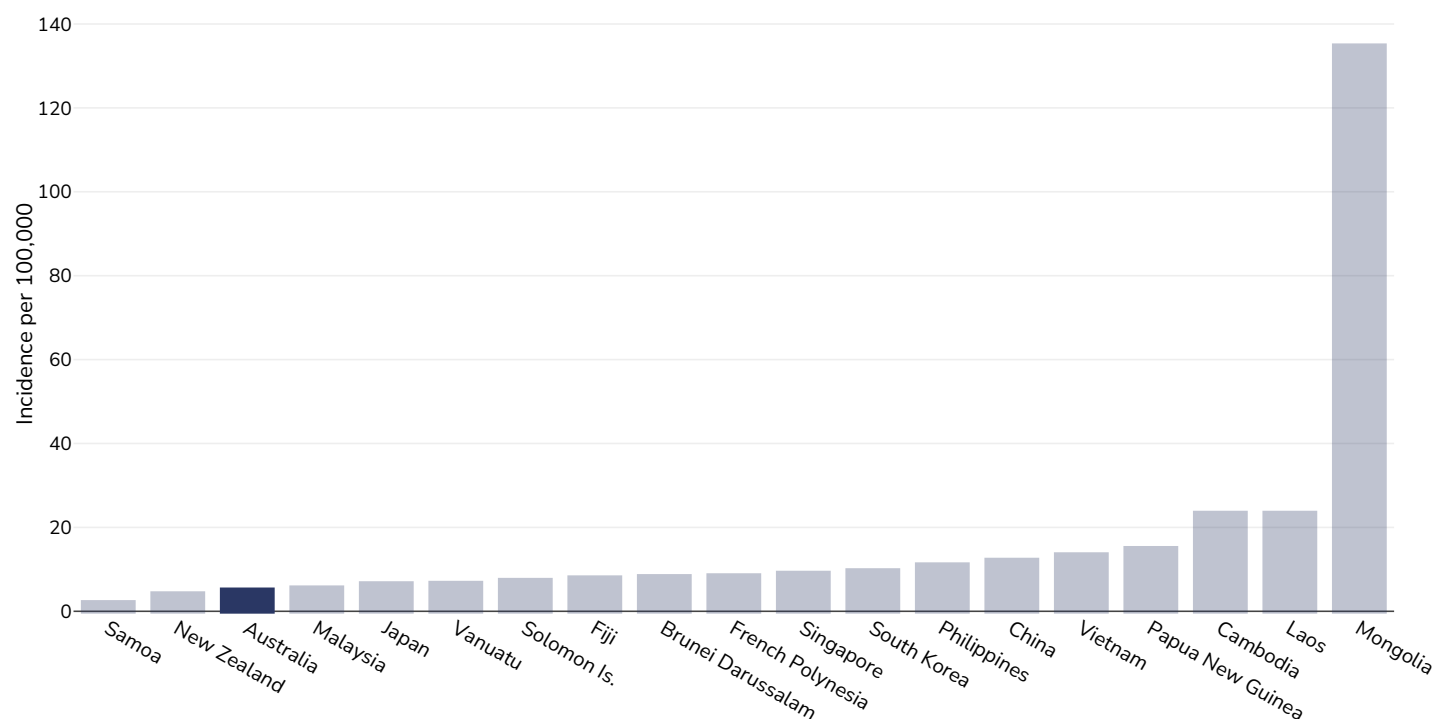
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

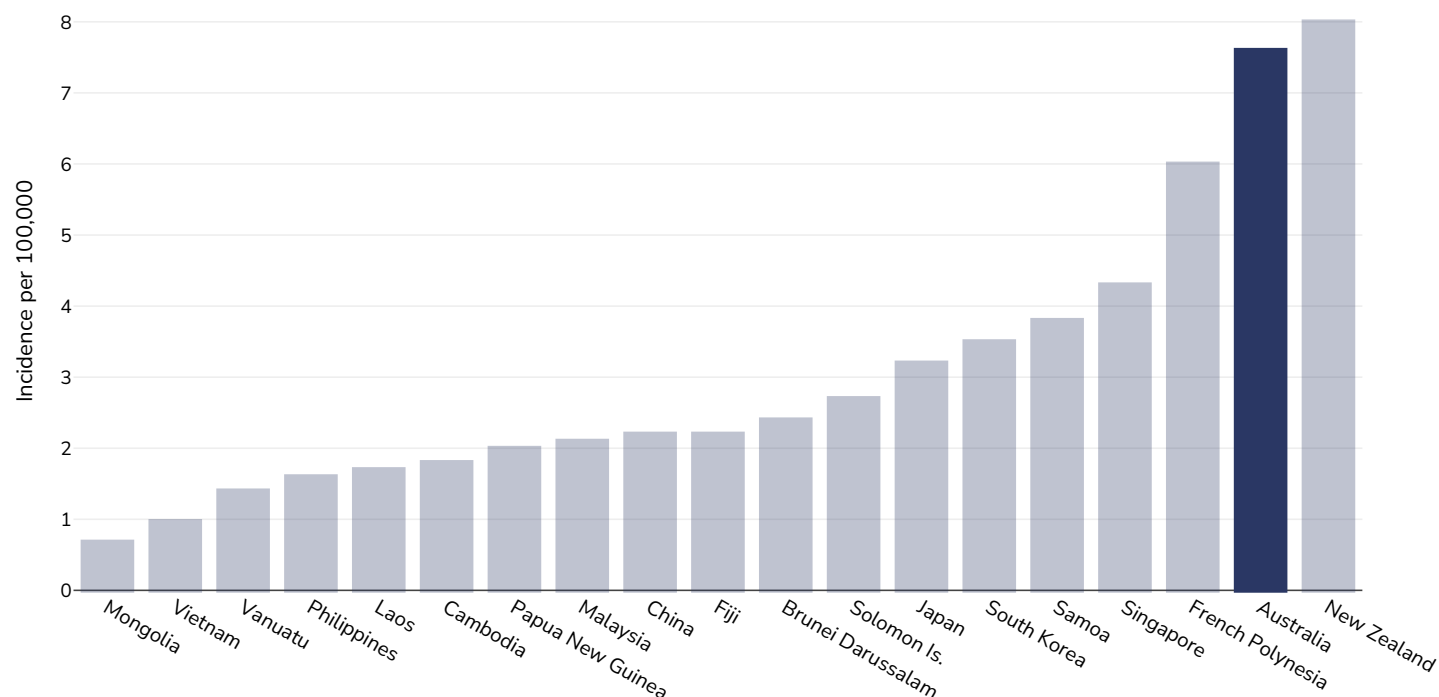
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Multiple Myeloma

Men, 2022



Age: 20+

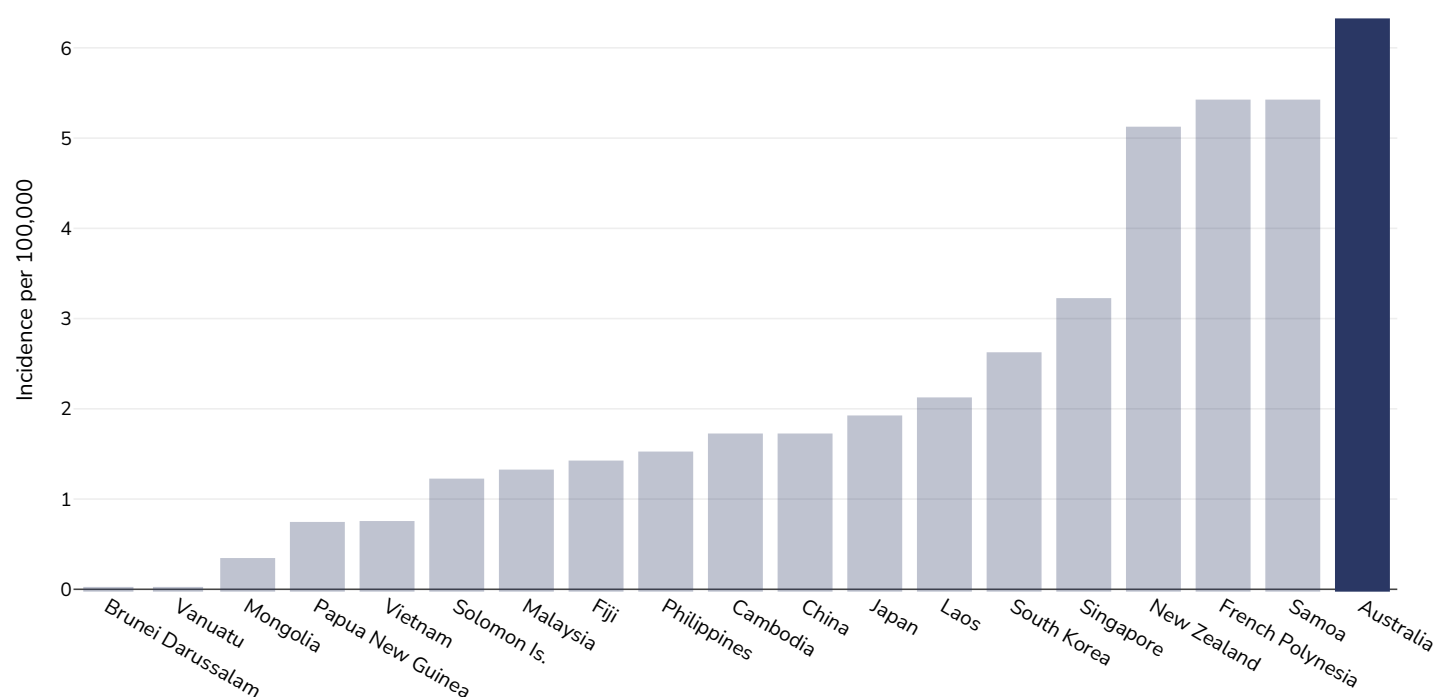
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

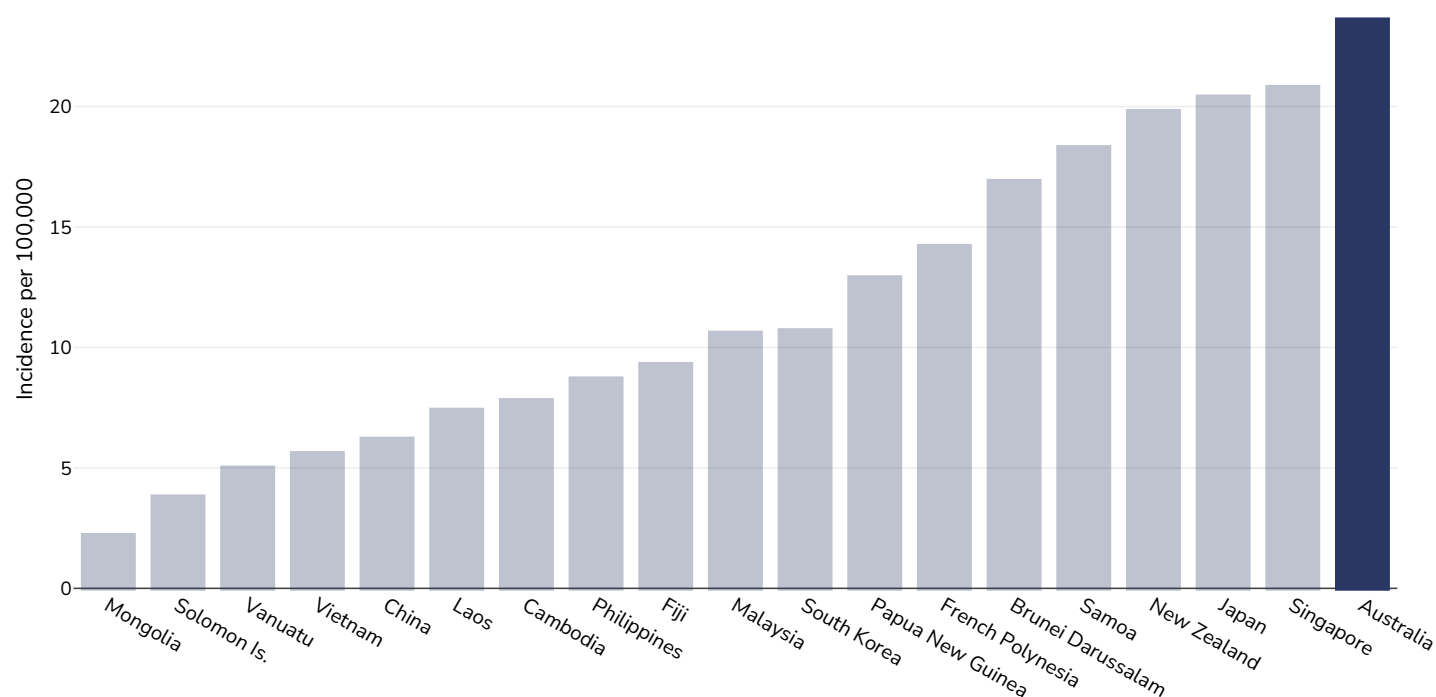
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Non Hodgkin Lymphoma

Men, 2022



Age: 20+

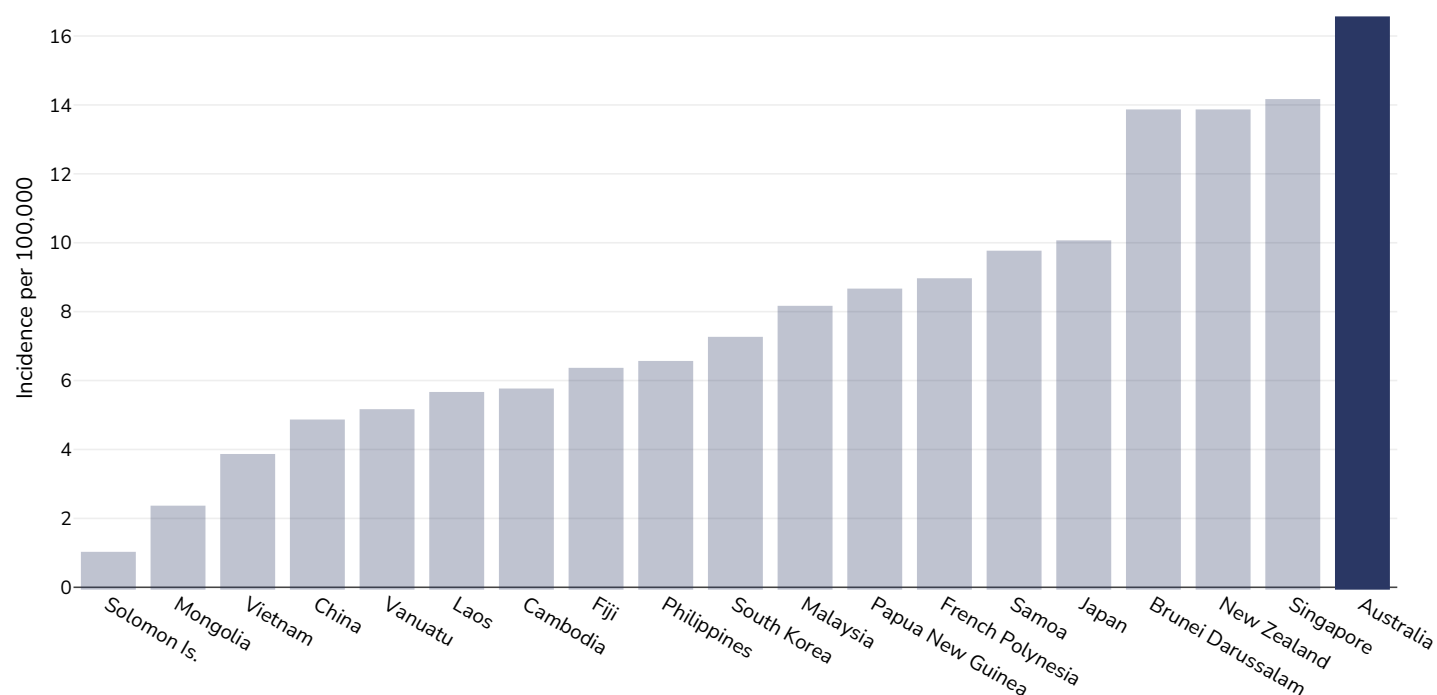
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

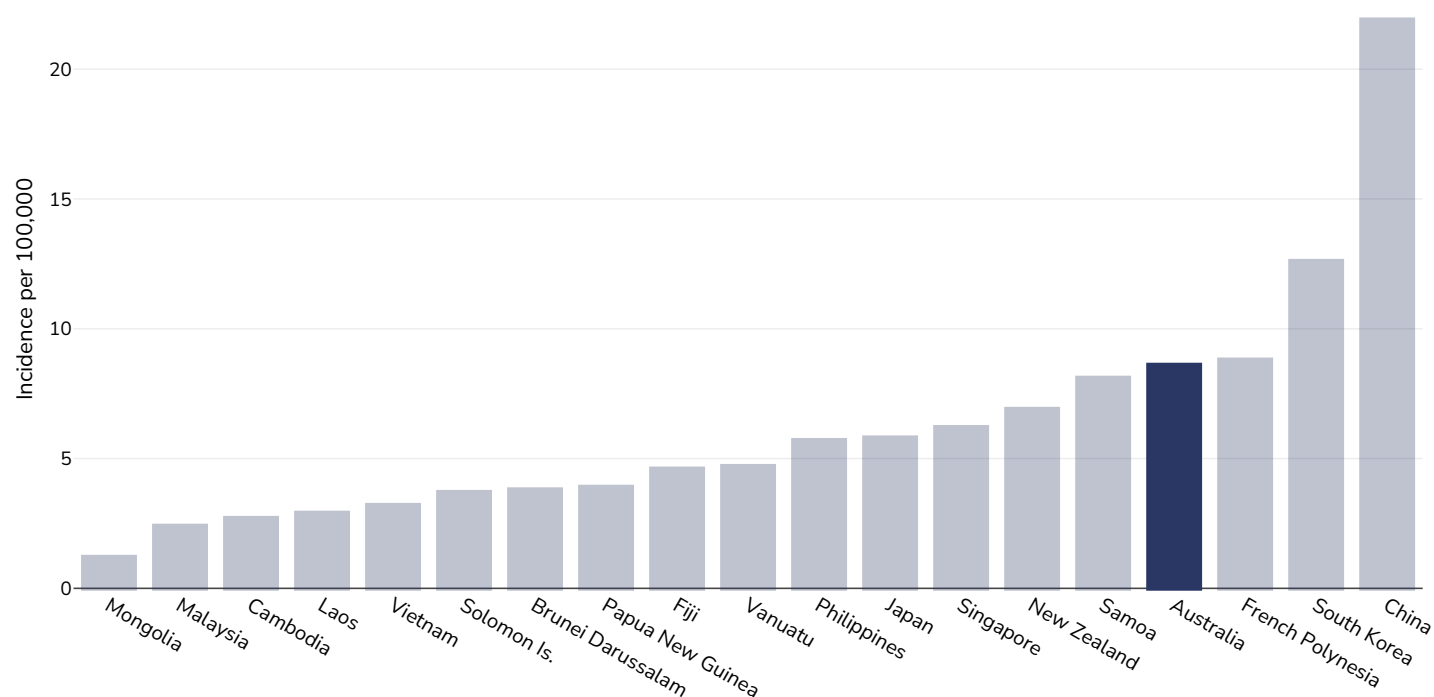
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Thyroid Cancer

Men, 2022



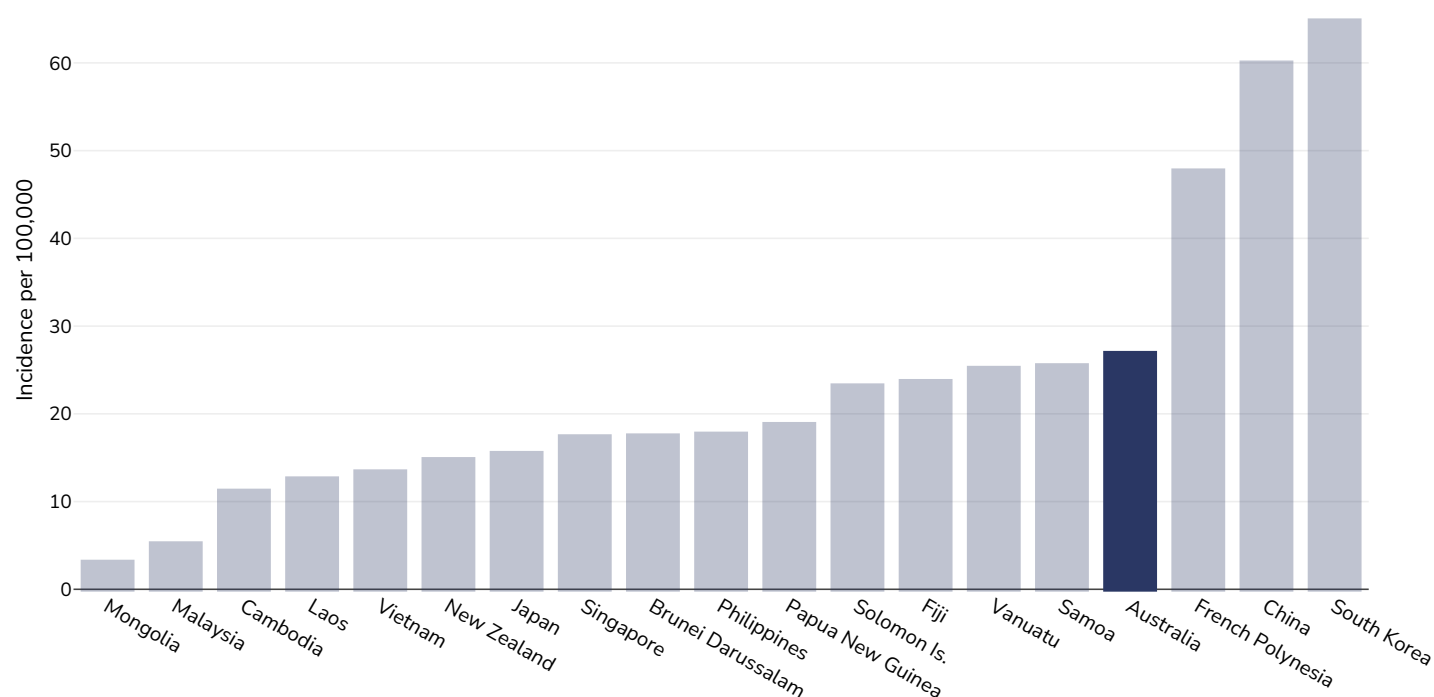
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

PDF created on August 20, 2025