## Report card
### Australia

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Obesity prevalence

Adults, 2022-2023

Survey type:
- Measured

Age:
- 18+

Sample size:
- ~12846

Area covered:
- National

References:

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
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
Infants, 2017-2018

<table>
<thead>
<tr>
<th>Overweight or obesity</th>
</tr>
</thead>
</table>

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/](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:
WHO Global InfoBase reference:102910

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**

![Graph showing obesity percentage from 2008 to 2022]

**Survey type:** Measured

**References:**

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:


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

<table>
<thead>
<tr>
<th>Year</th>
<th>% Overweight or Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>20%</td>
</tr>
<tr>
<td>2010</td>
<td>25%</td>
</tr>
<tr>
<td>2012</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>35%</td>
</tr>
<tr>
<td>2016</td>
<td>40%</td>
</tr>
<tr>
<td>2018</td>
<td>45%</td>
</tr>
<tr>
<td>2020</td>
<td>50%</td>
</tr>
<tr>
<td>2022</td>
<td>55%</td>
</tr>
</tbody>
</table>

---

**Survey type:**

- Measured

**References:**


---

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

Overweight or obesity

Survey type:

References:

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

Overweight or obesity

Survey type:

References:


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
## References:


2004: Tonga STEPS Survey 2004


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

% Adults living with obesity

References:


2004: Tonga STEPS Survey 2004


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

![Graph showing the percentage of adults living with obesity from 1960 to 2020 for various countries including Australia, Brazil, Chile, Cuba, England, Finland, Japan, Scotland, Sweden, and the United States.]

**References:**


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


1998: Scottish Health Survey 1998


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:

- 1998: Scottish Health Survey 1998
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
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


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


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


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, 2017-2018

<table>
<thead>
<tr>
<th>Area</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Inner regional areas</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Outer regional and remote areas</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 2-17
Sample size: 3769
Area covered: National


Cutoffs: IOTF
Boys, 2017-2018

Survey type: Measured
Age: 2-17
Sample size: 3769
Area covered: National


Cutoffs: IOTF
Girls, 2017-2018

Survey type: Measured
Age: 2-17
Sample size: 3769
Area covered: National


Cutoffs: IOTF
Overweight/obesity by socio-economic group

Adults, 2022-2023

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

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

![Chart showing obesity and overweight percentages by socioeconomic group.]

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>2-17</td>
</tr>
<tr>
<td>Sample size:</td>
<td>3769</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
</tbody>
</table>

**References:**

**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


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


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


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


Definitions:

*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


Cutoffs: IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

## Women, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niue</td>
<td>1.0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>1.5</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2.0</td>
</tr>
<tr>
<td>China</td>
<td>2.5</td>
</tr>
<tr>
<td>Samoa</td>
<td>3.0</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>3.5</td>
</tr>
<tr>
<td>Mongolia</td>
<td>4.0</td>
</tr>
<tr>
<td>Laos</td>
<td>4.5</td>
</tr>
<tr>
<td>French Polynesia</td>
<td>5.0</td>
</tr>
<tr>
<td>Tonga</td>
<td>5.5</td>
</tr>
<tr>
<td>Cook Islands</td>
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<td>Vietnam</td>
<td>6.5</td>
</tr>
<tr>
<td>Australia</td>
<td>7.0</td>
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<tr>
<td>Brunei Darussalam</td>
<td>7.5</td>
</tr>
<tr>
<td>Japan</td>
<td>8.0</td>
</tr>
<tr>
<td>Tuvalu</td>
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<tr>
<td>Singapore</td>
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<td>Micronesia</td>
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<td>South Korea</td>
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<tr>
<td>New Zealand</td>
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<tr>
<td>Kiribati</td>
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<td>Philippines</td>
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<tr>
<td>Nauru</td>
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<td>Marshall Is.</td>
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<tr>
<td>Palau</td>
<td>13.5</td>
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</tbody>
</table>

### References:
### Children, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singapore</td>
<td>70</td>
</tr>
<tr>
<td>Mongolia</td>
<td>70</td>
</tr>
<tr>
<td>Kiribati</td>
<td>70</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>70</td>
</tr>
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<td>Fiji Islands</td>
<td>70</td>
</tr>
<tr>
<td>Solomon Is.</td>
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<td>China</td>
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<td>Brunei</td>
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<td>Niue</td>
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<td>Vanuatu</td>
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<td>New Zealand</td>
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<td>Australia</td>
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<td>Cambodia</td>
<td>70</td>
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<tr>
<td>Philippines</td>
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<tr>
<td>South Korea</td>
<td>70</td>
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</tbody>
</table>

**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](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


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


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


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

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2020

Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100 000

Incidence per 100,000
Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100,000
Breast cancer

Women, 2020

Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100 000
Colorectal cancer

Men, 2020

Incidence per 100,000

<table>
<thead>
<tr>
<th>Age:</th>
<th>20+</th>
</tr>
</thead>
</table>

Area covered: National


Definitions: Age-standardized incidence rates per 100,000
Women, 2020

Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100 000
Pancreatic cancer

Men, 2020


Definitions: Age-standardized incidence rates per 100 000
**Women, 2020**

![Bar chart showing age-standardized incidence rates per 100,000 for various countries.](chart.png)

**Age:** 20+

**Area covered:** National


**Definitions:** Age-standardized incidence rates per 100,000
Gallbladder cancer

Men, 2020

Incidence per 100,000

Age:
20+

Area covered:
National

References:

Definitions:
Age-standardized incidence rates per 100 000
**Women, 2020**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samoa</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Is.</td>
<td>0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>0</td>
</tr>
<tr>
<td>Vietnam</td>
<td>0.1</td>
</tr>
<tr>
<td>Mongolia</td>
<td>0.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>0.2</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>2.0</td>
</tr>
<tr>
<td>Australia</td>
<td>2.2</td>
</tr>
<tr>
<td>Fiji</td>
<td>2.3</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2.6</td>
</tr>
<tr>
<td>Laos</td>
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<tr>
<td>New Zealand</td>
<td>3.3</td>
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<td>Cambodia</td>
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<td>China</td>
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<td>Papua New Guinea</td>
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<td>Singapore</td>
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<td>Japan</td>
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<td>South Korea</td>
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<tr>
<td>French Polynesia</td>
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</tr>
</tbody>
</table>

**Age:** 20+

**Area covered:** National


**Definitions:** Age-standardized incidence rates per 100 000
Kidney cancer

Men, 2020

Incidence per 100,000

Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100 000
### Women, 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solomon Is.</td>
<td>0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>2</td>
</tr>
<tr>
<td>Cambodia</td>
<td>4</td>
</tr>
<tr>
<td>Fiji</td>
<td>6</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>8</td>
</tr>
<tr>
<td>Laos</td>
<td>10</td>
</tr>
<tr>
<td>French Polynesia</td>
<td>12</td>
</tr>
<tr>
<td>Philippines</td>
<td>14</td>
</tr>
<tr>
<td>Malaysia</td>
<td>14</td>
</tr>
<tr>
<td>Vietnam</td>
<td>14</td>
</tr>
<tr>
<td>China</td>
<td>14</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>14</td>
</tr>
<tr>
<td>South Korea</td>
<td>14</td>
</tr>
<tr>
<td>Japan</td>
<td>14</td>
</tr>
<tr>
<td>Singapore</td>
<td>14</td>
</tr>
<tr>
<td>Mongolia</td>
<td>14</td>
</tr>
<tr>
<td>New Zealand</td>
<td>14</td>
</tr>
<tr>
<td>Australia</td>
<td>14</td>
</tr>
<tr>
<td>Samoa</td>
<td>14</td>
</tr>
</tbody>
</table>

**Age:** 20+

**Area covered:** National


**Definitions:** Age-standardized incidence rates per 100 000
Cancer of the uterus

Women, 2020

Incidence per 100,000

Age: 20+

Area covered: National


Definitions: Age-standardized incidence rates per 100 000

0 5 10 15 20 25 30 35 40

Mongolia Cambodia Laos China South Korea Malaysia Philippines Vietnam Vanuatu Brunei Darussalam Papua New Guinea Solomon Is. Australia Fiji Japan Singapore New Zealand Samoa
Raised blood pressure

Adults, 2015


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

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

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

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


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


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

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


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

% raised fasting blood glucose


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

Adults, 2021

Age: 20-79

Area covered: National


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.

<table>
<thead>
<tr>
<th>Labelling</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there mandatory nutrition labelling?</td>
<td>✓</td>
</tr>
<tr>
<td>Front-of-package labelling?</td>
<td>✓</td>
</tr>
<tr>
<td>Back-of-pack nutrition declaration?</td>
<td>✓</td>
</tr>
<tr>
<td>Color coding?</td>
<td>✗</td>
</tr>
<tr>
<td>Warning label?</td>
<td>✗</td>
</tr>
</tbody>
</table>
### Regulation and marketing

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there fiscal policies on unhealthy products?</td>
<td>☣️</td>
</tr>
<tr>
<td>Tax on unhealthy foods?</td>
<td>☣️</td>
</tr>
<tr>
<td>Tax on unhealthy drinks?</td>
<td>☣️</td>
</tr>
<tr>
<td>Are there fiscal policies on healthy products?</td>
<td>🟢</td>
</tr>
<tr>
<td>Subsidy on fruits?</td>
<td>🟢</td>
</tr>
<tr>
<td>Subsidy on vegetables?</td>
<td>🟢</td>
</tr>
<tr>
<td>Subsidy on other healthy products?</td>
<td>🟢</td>
</tr>
<tr>
<td>Mandatory limit or ban of trans fat (all settings)?</td>
<td>☣️</td>
</tr>
<tr>
<td>Mandatory limit of trans fats in place (all settings)?</td>
<td>☣️</td>
</tr>
<tr>
<td>Ban on trans-fats or phos in place (all settings)?</td>
<td>☣️</td>
</tr>
<tr>
<td>Are there any mandatory policies/marketing restrictions on the promotion of unhealthy food/drinks to children?</td>
<td>☣️</td>
</tr>
<tr>
<td>Mandatory restriction on broadcast media?</td>
<td>☣️</td>
</tr>
<tr>
<td>Mandatory restriction on non-broadcast media?</td>
<td>☣️</td>
</tr>
<tr>
<td>Voluntary policies/marketing restrictions on the promotion of unhealthy food/drinks to children?</td>
<td>✅</td>
</tr>
<tr>
<td>Are there mandatory standards for food in schools?</td>
<td>☣️</td>
</tr>
<tr>
<td>Are there any mandatory nutrient limits in any manufactured food products?</td>
<td>☣️</td>
</tr>
<tr>
<td>Nutrition standards for public sector procurement?</td>
<td>☣️</td>
</tr>
</tbody>
</table>
## Political will and support

<table>
<thead>
<tr>
<th>Policy/Strategy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>National obesity strategy or nutrition and physical activity national strategy?</td>
<td>✅</td>
</tr>
<tr>
<td>National obesity strategy?</td>
<td>✅</td>
</tr>
<tr>
<td>National childhood obesity strategy?</td>
<td>✗</td>
</tr>
<tr>
<td>Comprehensive nutrition strategy?</td>
<td>✅</td>
</tr>
<tr>
<td>Comprehensive physical activity strategy?</td>
<td>✅</td>
</tr>
<tr>
<td>Evidence-based dietary guidelines and/or RDAs?</td>
<td>✅</td>
</tr>
<tr>
<td>National target(s) on reducing obesity?</td>
<td>✅</td>
</tr>
<tr>
<td>Guidelines/policy on obesity treatment?</td>
<td>✅</td>
</tr>
<tr>
<td>Promotion of breastfeeding?</td>
<td>✅</td>
</tr>
</tbody>
</table>

## Monitoring and surveillance

<table>
<thead>
<tr>
<th>Policy/Strategy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of the prevalence and incidence for the main obesity-related NCDs and risk factors?</td>
<td>✅</td>
</tr>
<tr>
<td>Within 5 years?</td>
<td>✅</td>
</tr>
</tbody>
</table>

## Governance and resource

<table>
<thead>
<tr>
<th>Policy/Strategy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-sectoral national co-ordination mechanism for obesity or nutrition (including obesity)?</td>
<td>✅</td>
</tr>
</tbody>
</table>

### Key

- **Present**
- **Present (voluntary)**
- **Incoming**
- **Absent**
- **Unknown**

*Last updated September 13, 2022*