

# Report card

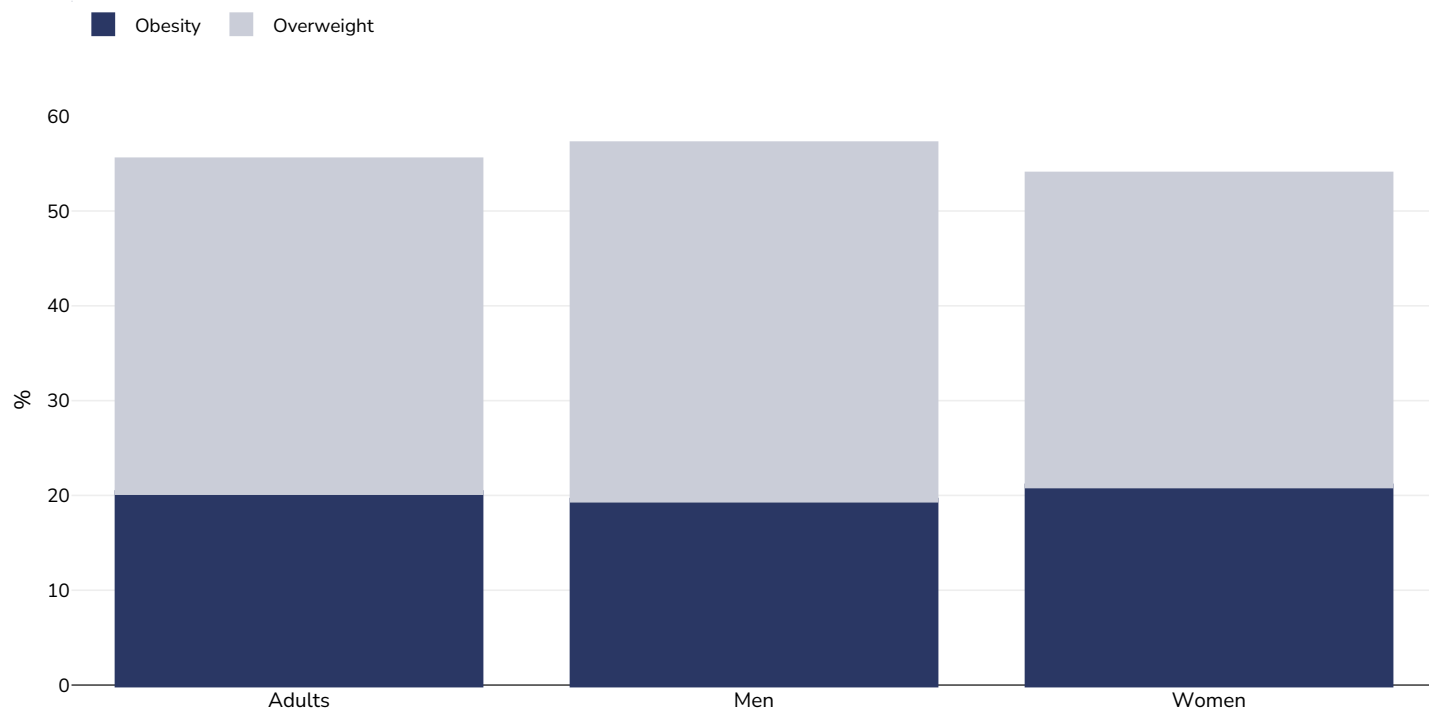
## Brazil



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## Obesity prevalence

### Adults, 2019



Survey type: Self-reported

Age: 18+

Sample size: 52443

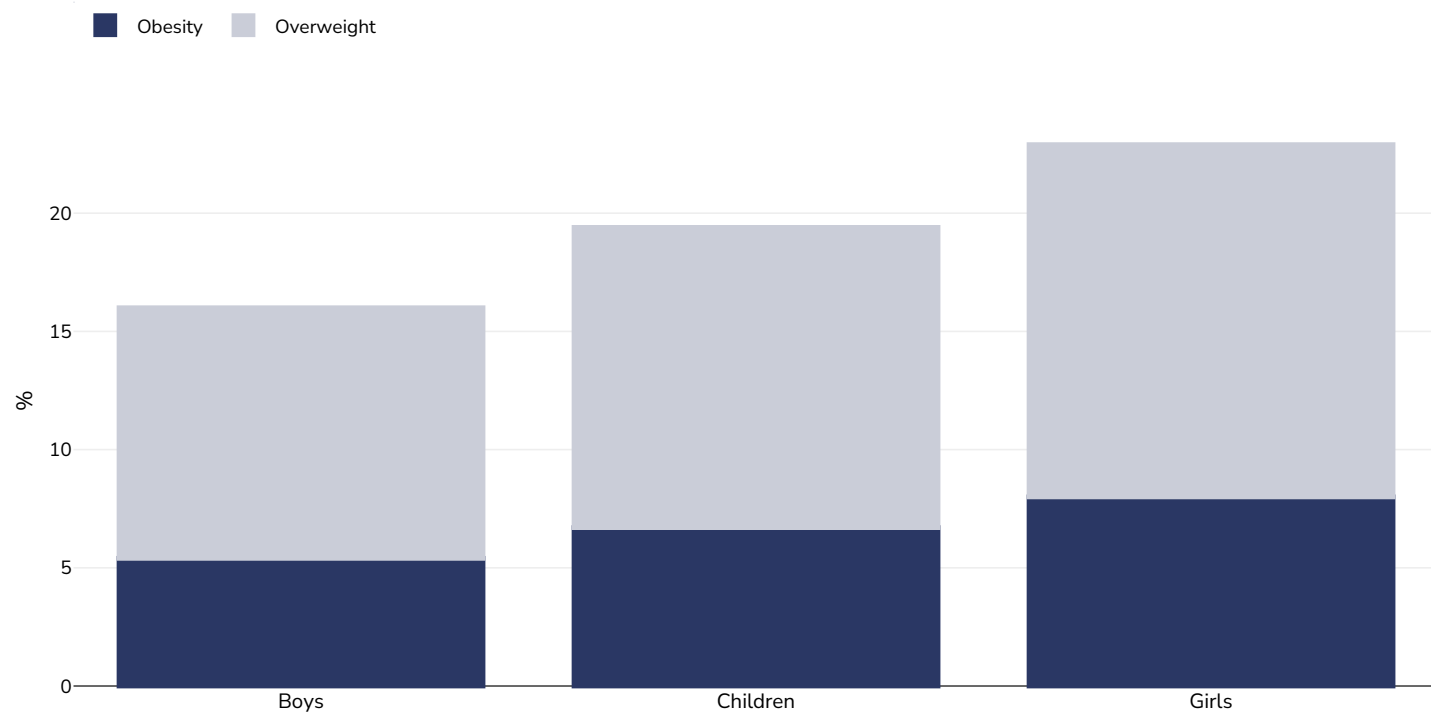
Area covered: National

References: *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*

Notes: Data from Capitals of 26 Brazilian States and the Federal District

*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Children, 2019



Survey type: Measured

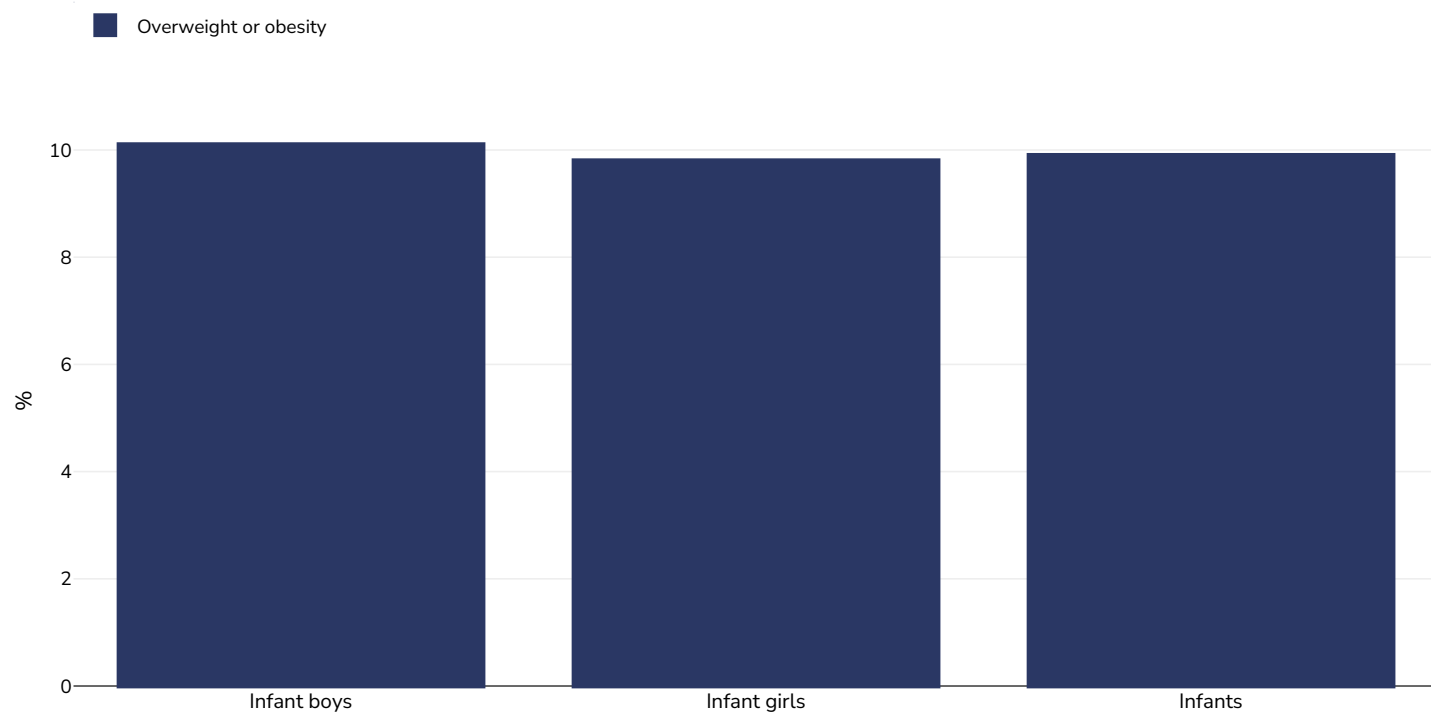
Age: 15-17

Area covered: National

References: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

Cutoffs: WHO

## Infants, 2019



Age: 0-5

Sample size: 10780287

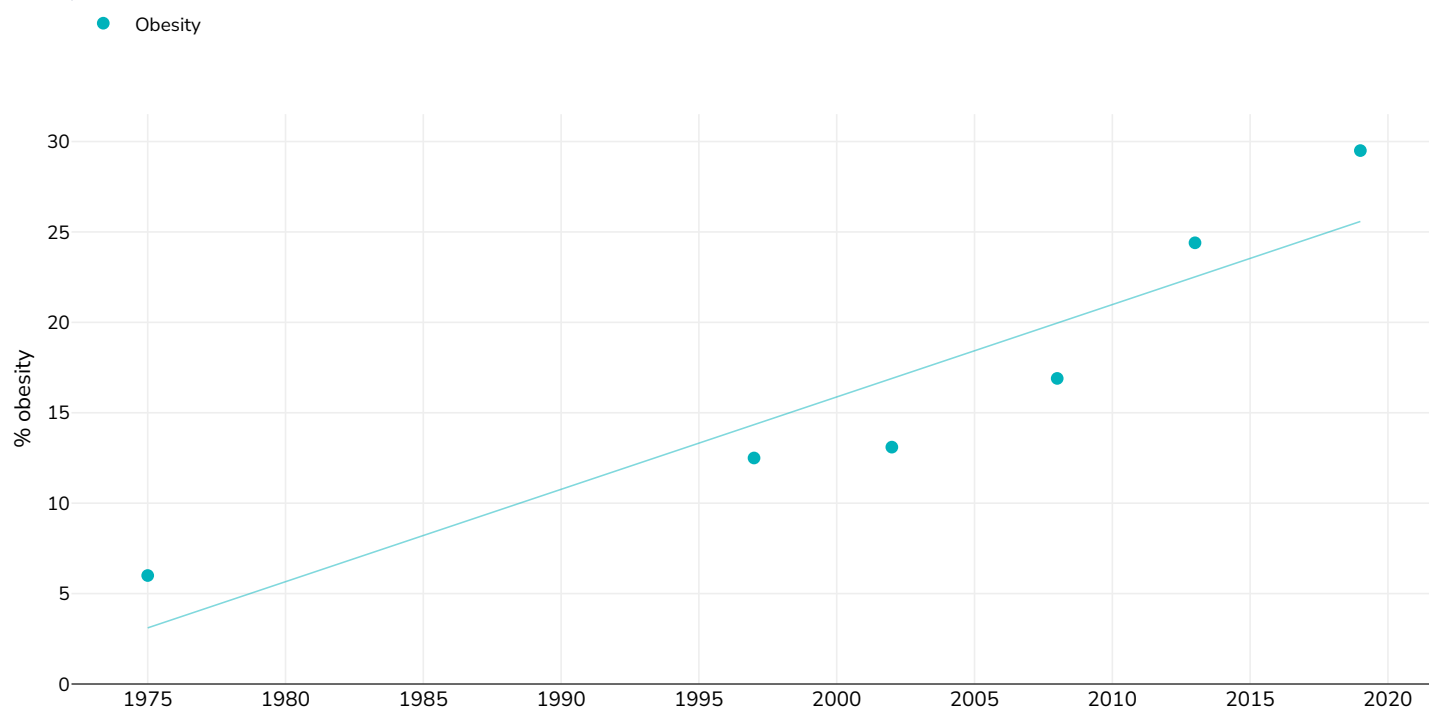
References: NNS: Estudo Nacional de Alimentação e Nutrição Infantil (ENANI), Brasil 2019

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, 1975-2019**

## Women



Survey type:

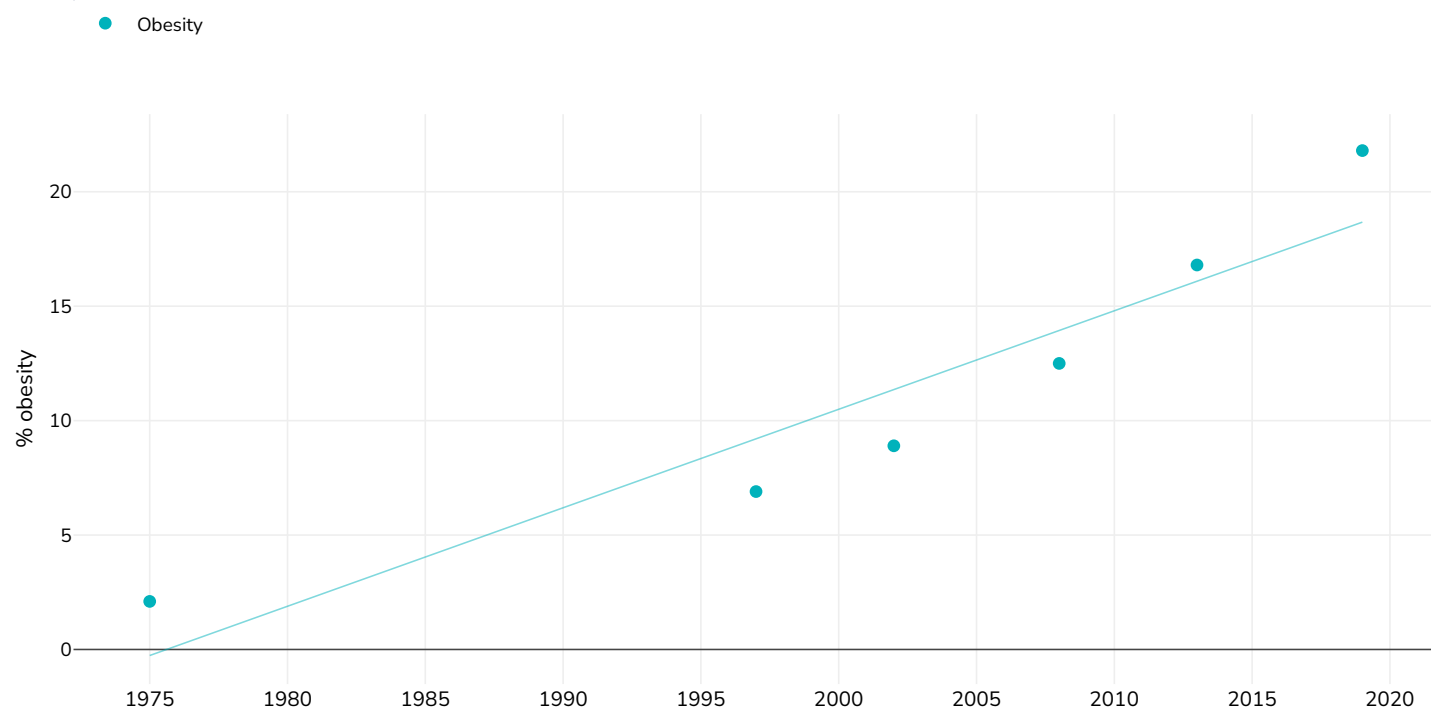
Measured

- 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
  - 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
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## Men



Survey type:

Measured

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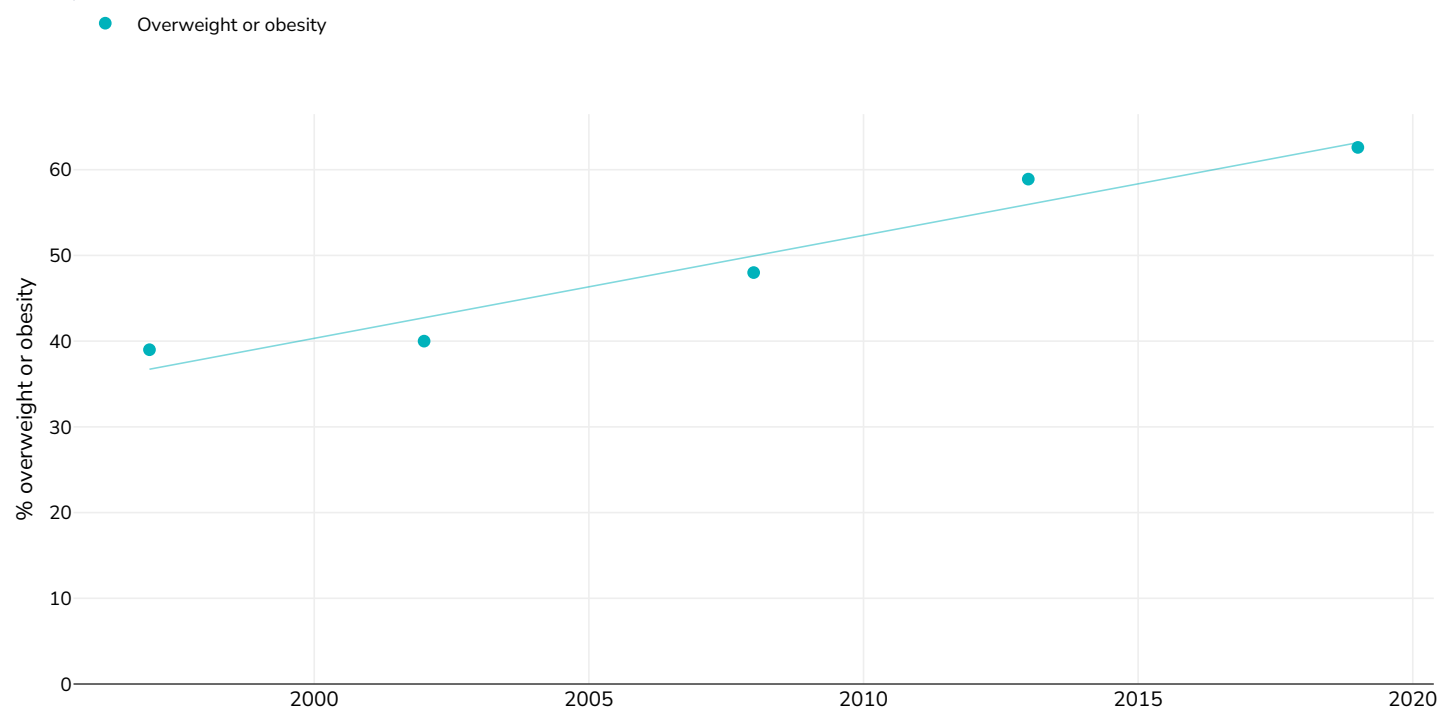
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**% Adults living with overweight or obesity, 1975-2019**



## Women



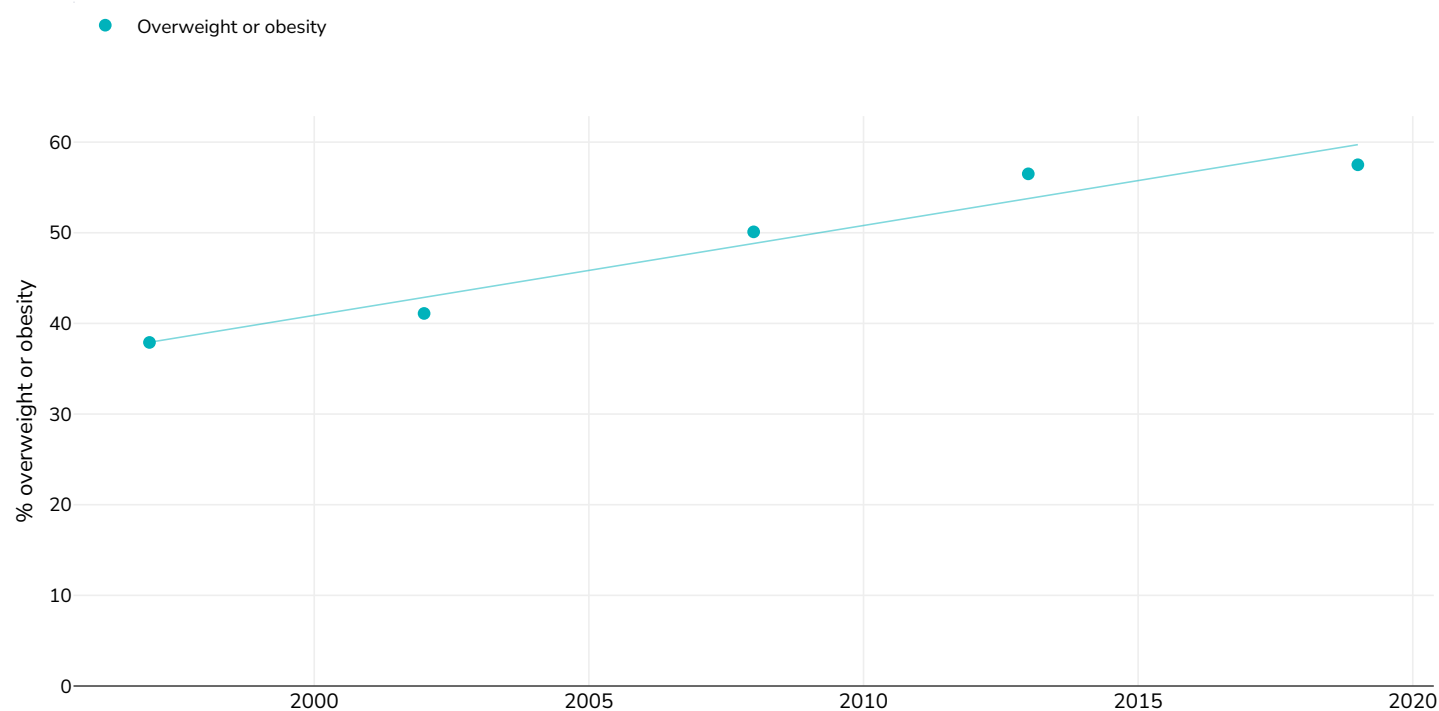
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## Men



Survey type: Measured

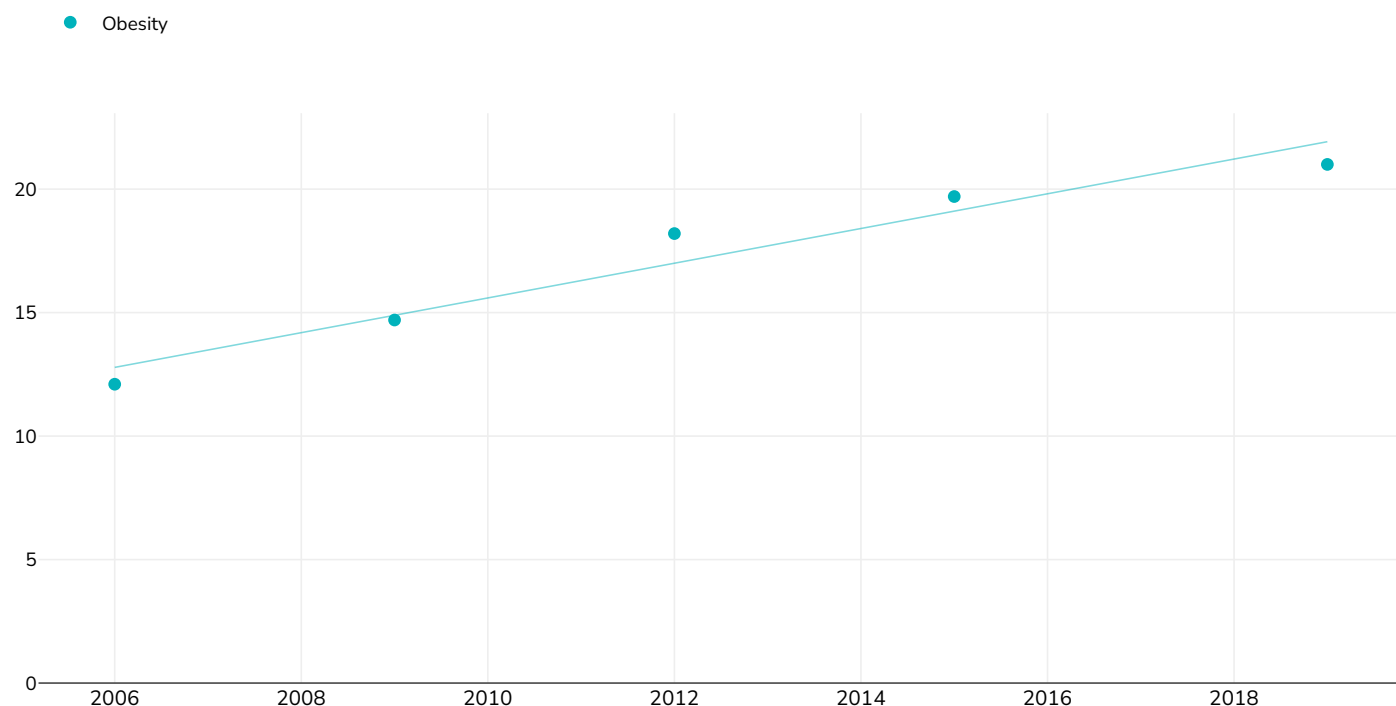
- References:
- 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
  - 1997: Filozof C, Gonzales C, Sere day M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
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## % Adults living with obesity, 2006-2019

### Women



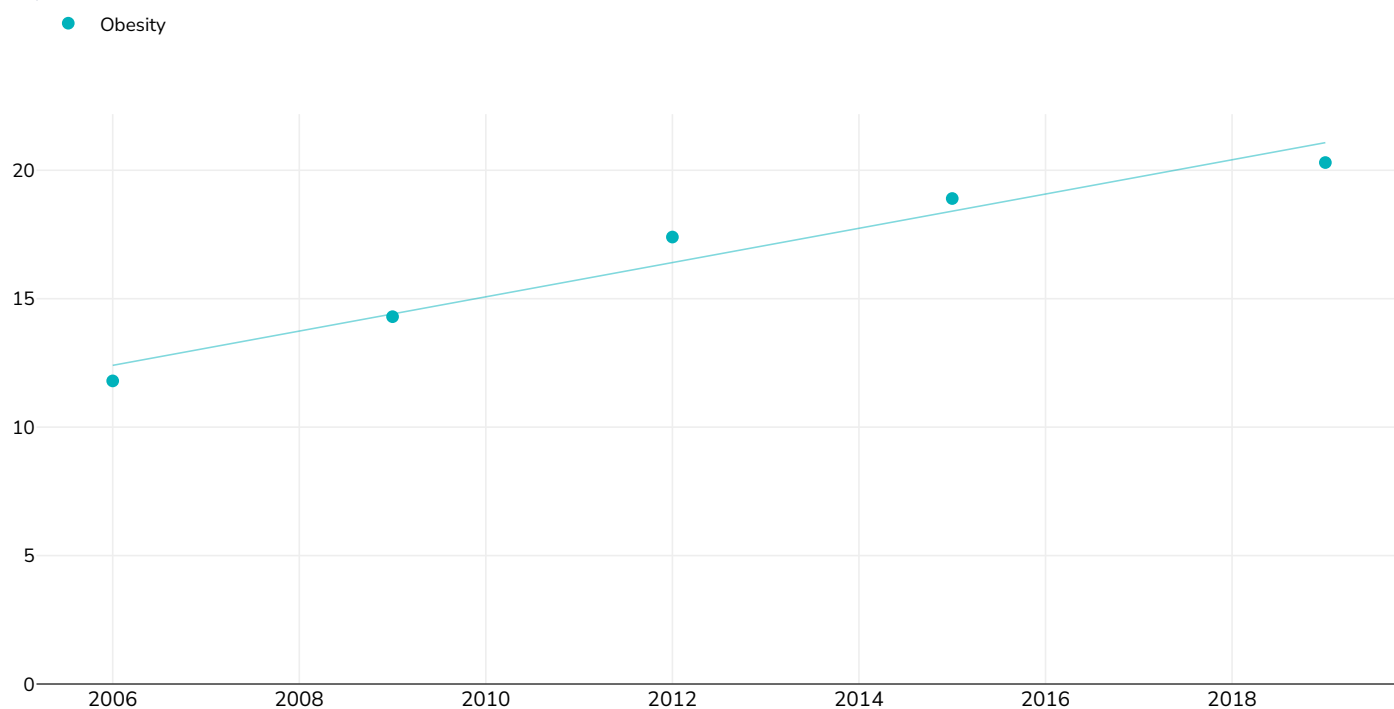
Survey type:

Self-reported

- References:
- 2006: BRASIL. Ministério da Saúde. *Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico*. Brasília: Ministério da Saúde, 2007. Data published in *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*
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## Men and women



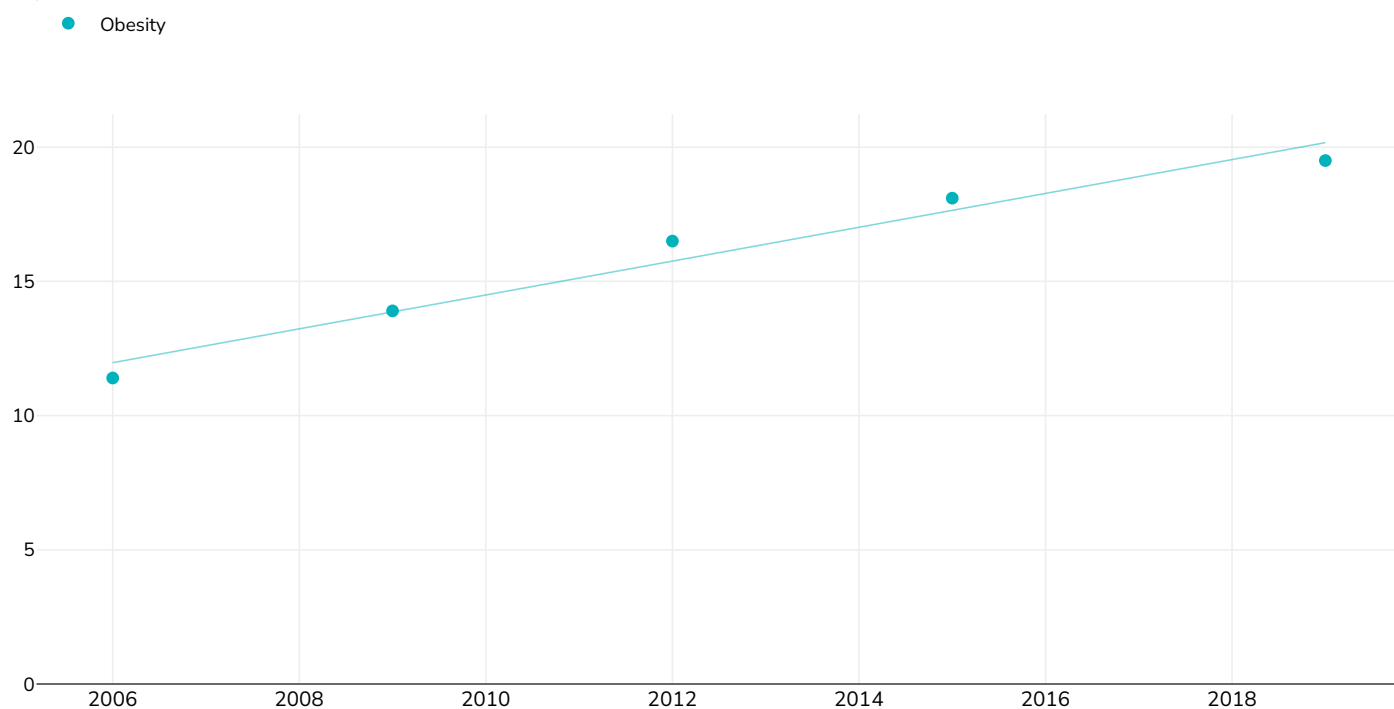
Survey  
type:

Self-reported

- References:
- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
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## Men



Survey  
type:

Self-reported

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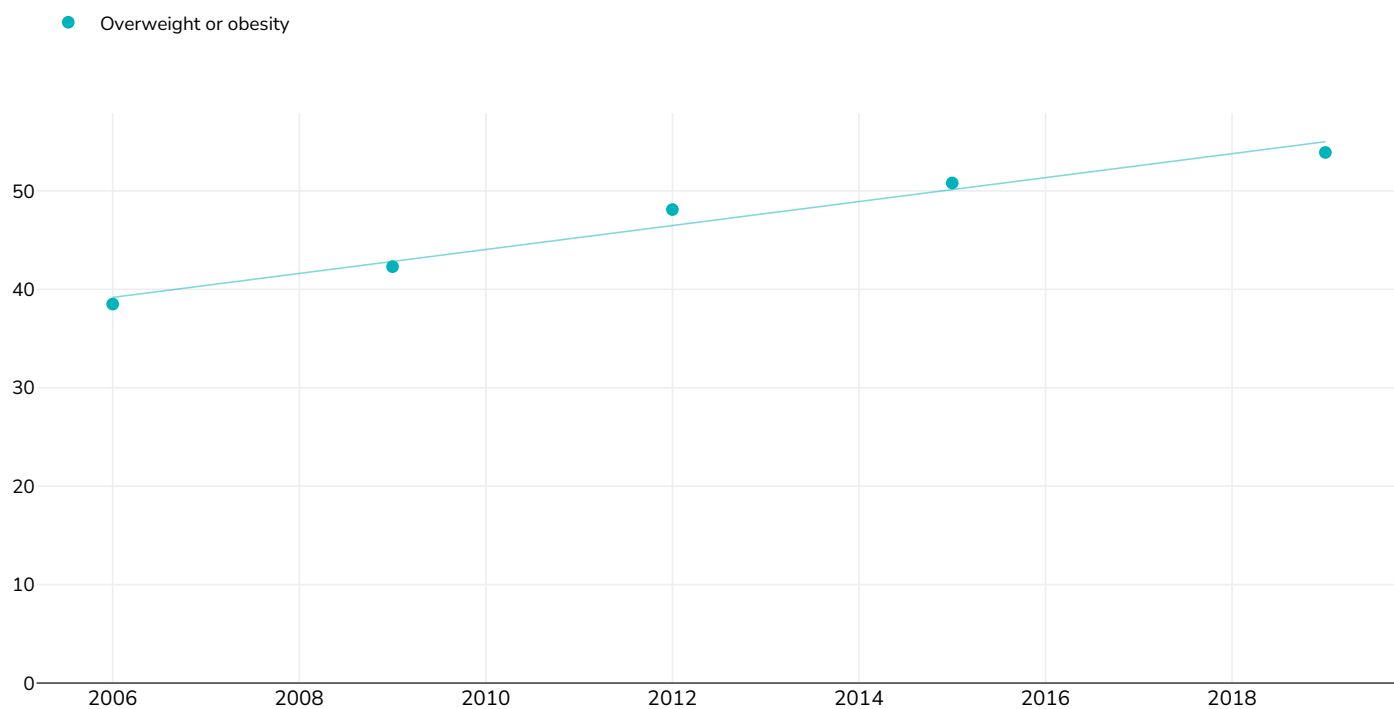
2015: BRASIL. Ministério da Saúde. *Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico*. Brasília, DF: Ministério da Saúde, 2016.

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## % Adults living with overweight or obesity, 2006-2019

### Women



Survey type:

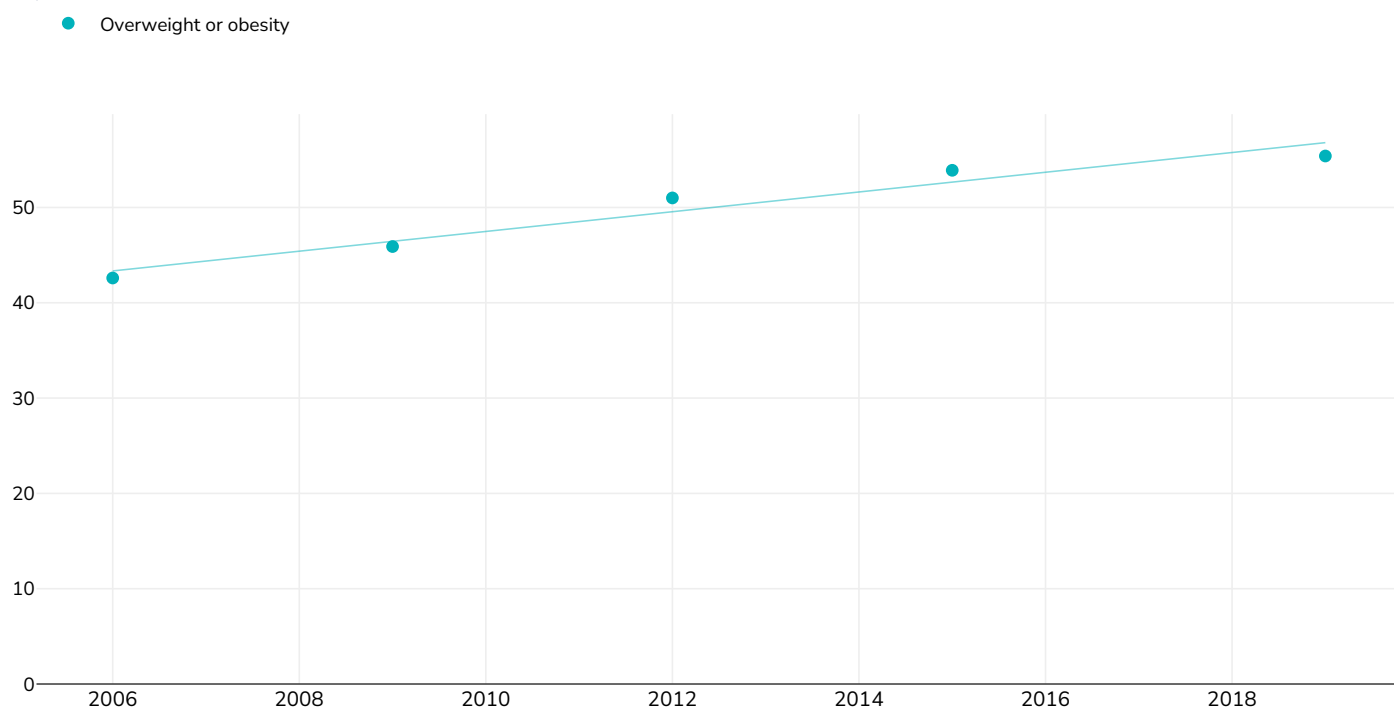
Self-reported

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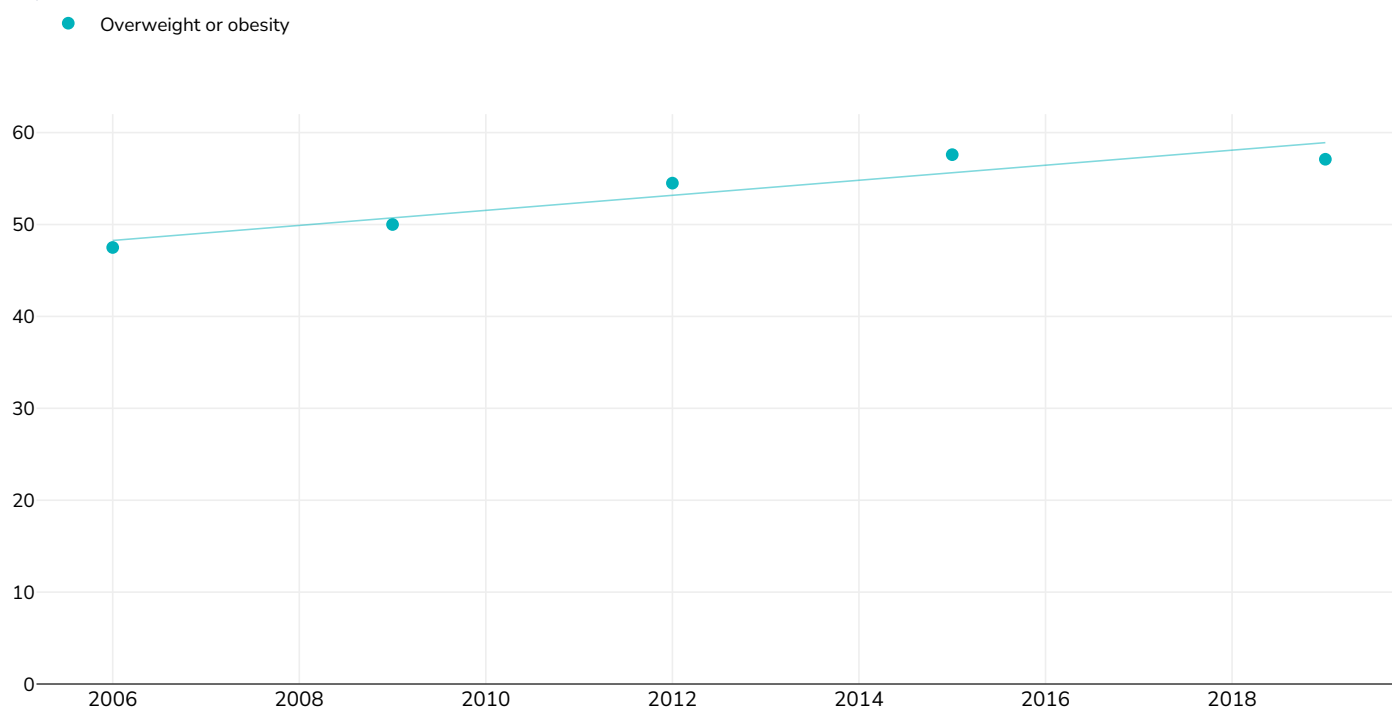
Survey type:

Self-reported

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## Men



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Self-reported

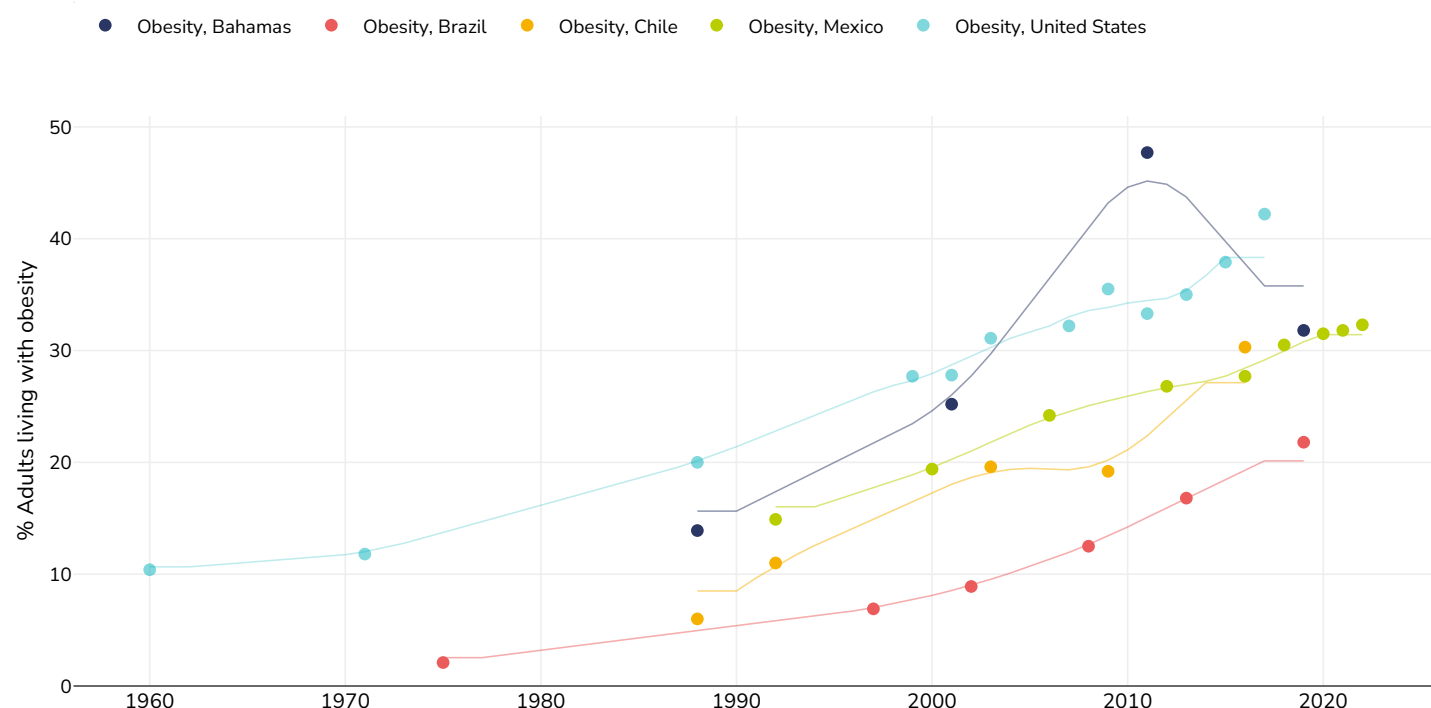
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**% Adults living with obesity, selected countries, 1960-2022**

## Men

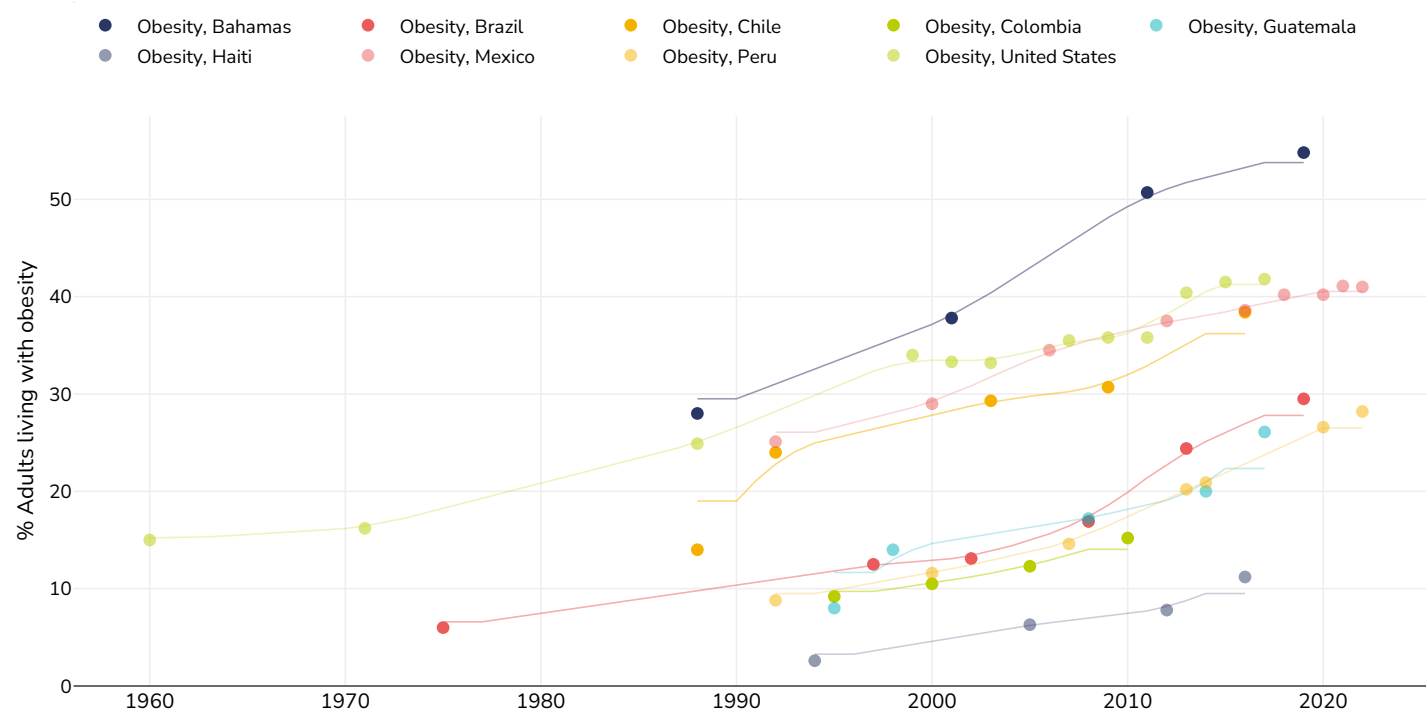


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  - 1999: Centres for Disease Control and Prevention. <http://www.cdc.gov/>
  - 2000: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
  - 2001: N Brathwaite, A Brathwaite, M Taylor. The Socio-economic Determinants of Obesity in Adults in the Bahamas. *West Indian Med J* 2011; 60 (4): 434
  - 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: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, & Flegal KM. (2006). Prevalence of Overweight and Obesity in the United States, 1999-2004. *The Journal of the American Medical Association*, Vol 295(13):1549 - 1555.
  - 2005: 1st Argentinian National Survey of Risk Factors (Encuesta Nacional de Factores de Riesgo). Results from 1-3rd survey reported in the 4th survey report: [https://www.indec.gov.ar/ftp/cuadros/publicaciones/enfr\\_2018\\_resultados\\_definitivos.pdf](https://www.indec.gov.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf)
  - 2006: Olaiz-Fernández G, Rivera-Dommarco J, Shamah-Levy T, Rojas R, Villalpando-Hernández S, Hernández-Avila M, Sepúlveda-Amor J. Encuesta Nacional de Salud y Nutrición 2006. Cuernavaca, México: Instituto Nacional de Salud Pública, 2006. (National Health and Nutrition Survey 2006)

*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.*

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## 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

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1999: Centres for Disease Control and Prevention. <http://www.cdc.gov/>

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2001: N Brathwaite, A Brathwaite, M Taylor. The Socio-economic Determinants of Obesity in Adults in the Bahamas. *West Indian Med J* 2011; 60 (4): 434

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: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, & Flegal KM. (2006). Prevalence of Overweight and Obesity in the United States, 1999-2004. *The Journal of the American Medical Association*, Vol 295(13):1549 - 1555.

2005: 1st Argentinian National Survey of Risk Factors (Encuesta Nacional de Factores de Riesgo). Results from 1-3rd survey reported in the 4th survey report: [https://www.indec.gov.ar/ftp/cuadros/publicaciones/enfr\\_2018\\_resultados\\_definitivos.pdf](https://www.indec.gov.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf)

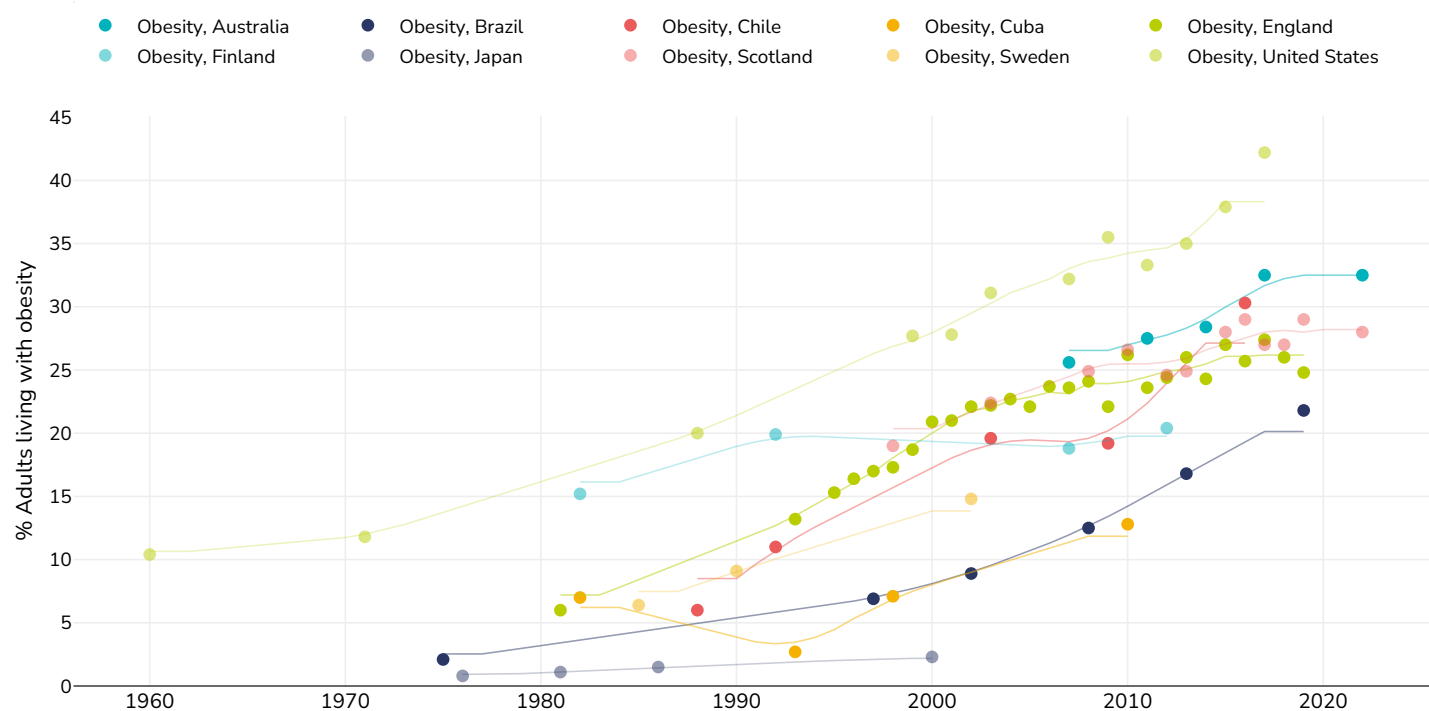
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*Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.*

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**% Adults living with obesity, selected countries, 1960-2023**

## 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

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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.

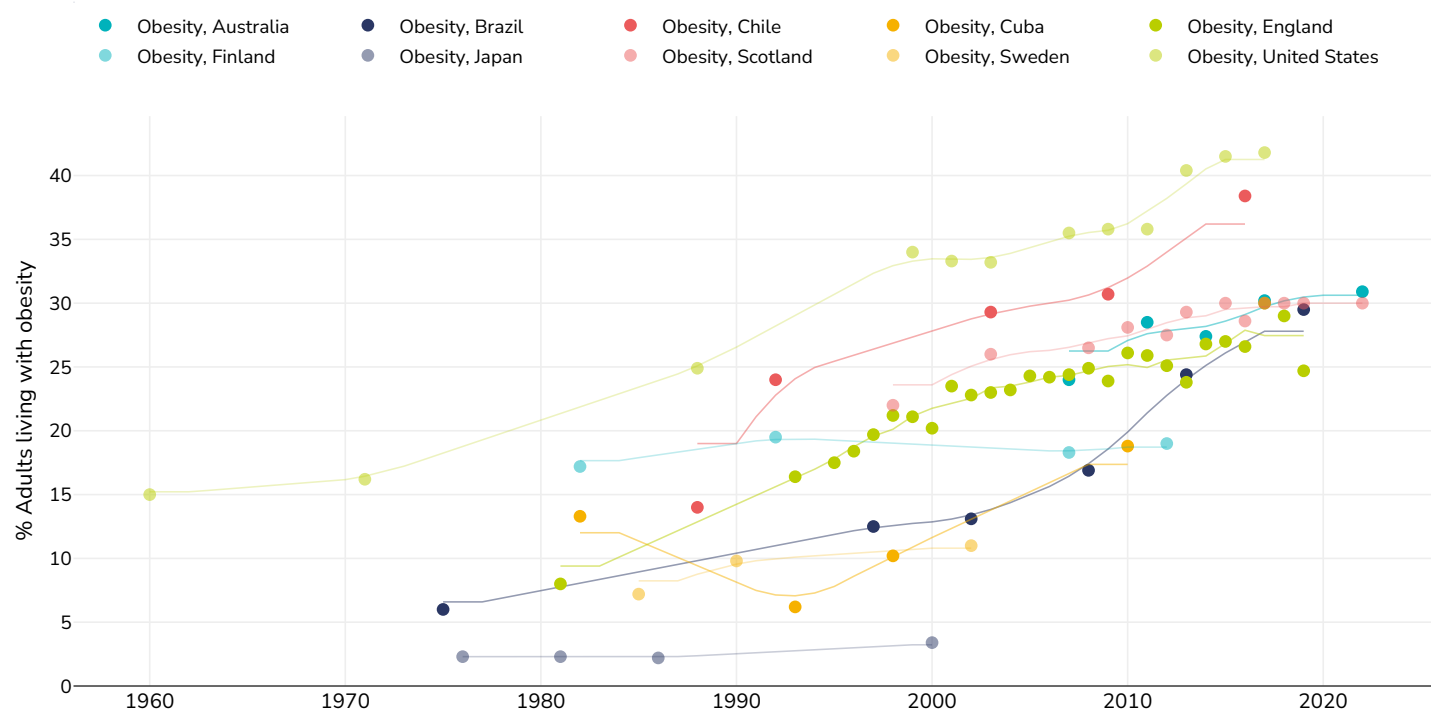
2002: 2002 FNS Report. Final results on the National Health Survey

*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.*

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## 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

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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

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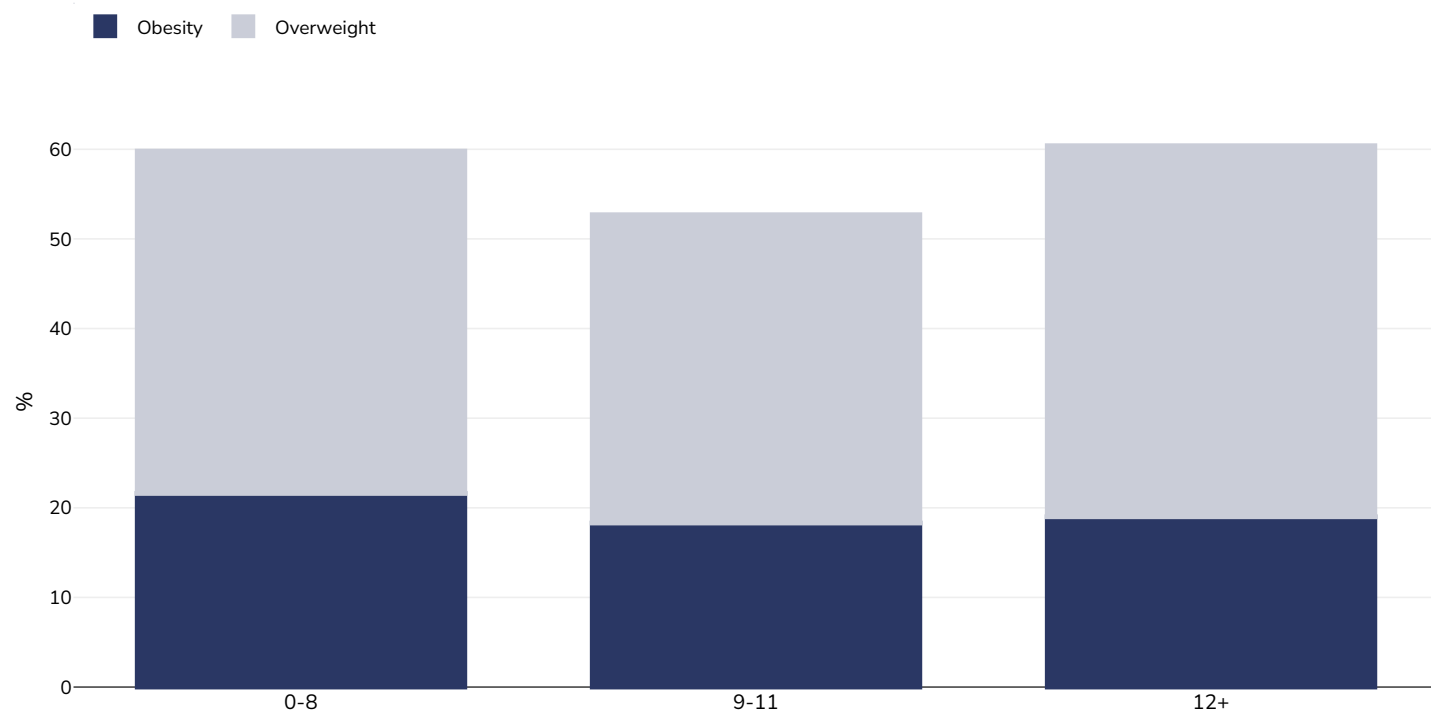
2002: 2002 FNS Report. Final results on the National Health Survey

*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.*

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## Overweight/obesity by education

### Men, 2019



Survey type: Self-reported

Age: 18+

Sample size: 52443

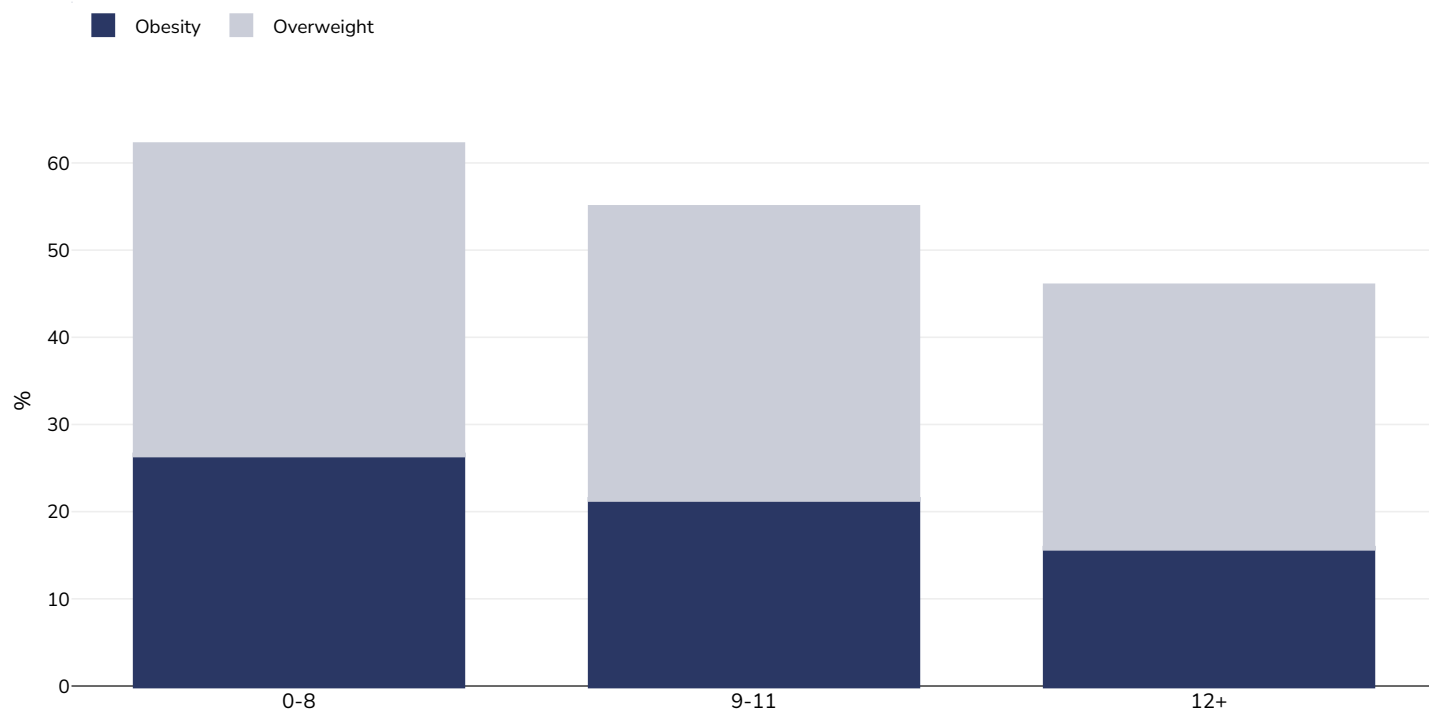
Area covered: Regional

References: *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*

Notes: Data from Capitals of 26 Brazilian States and the Federal District Education based on years of education

*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Women, 2019



Survey type: Self-reported

Age: 18+

Sample size: 52443

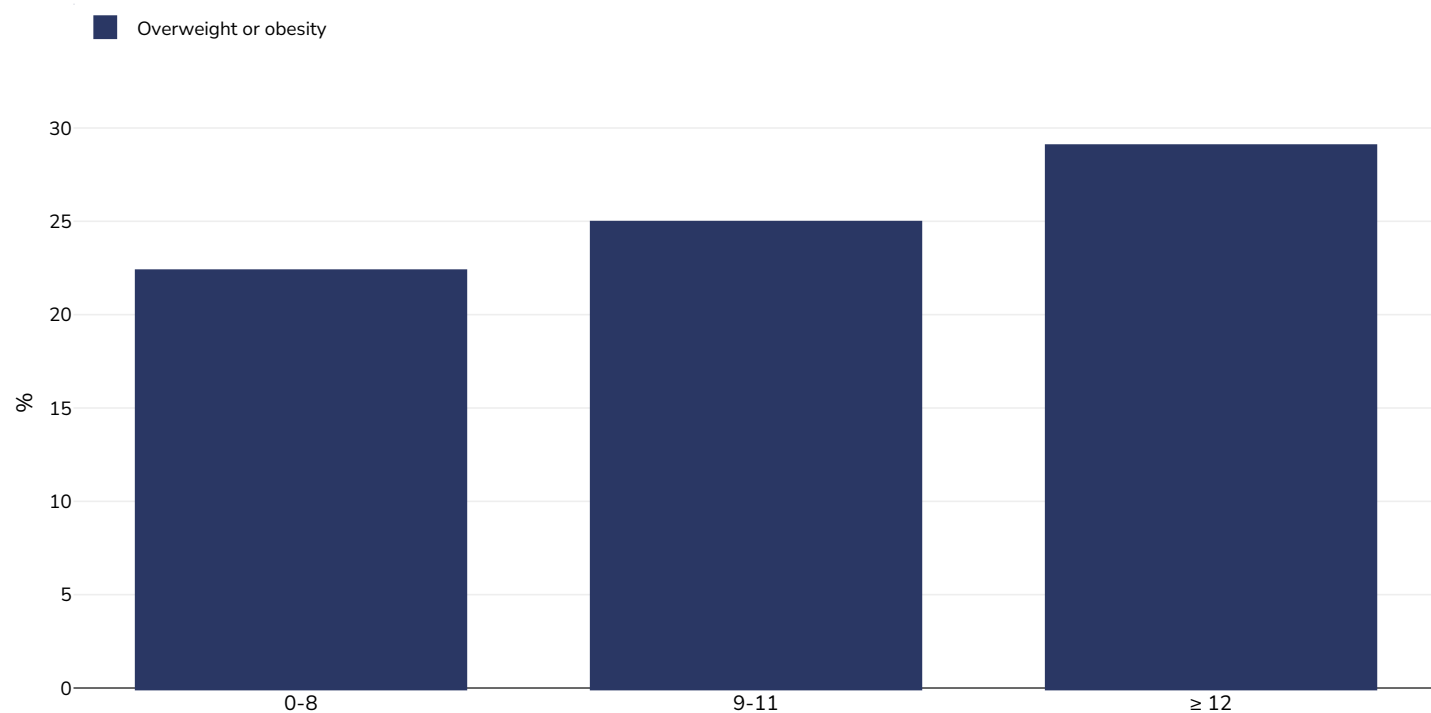
Area covered: Regional

References: *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*

Notes: Data from Capitals of 26 Brazilian States and the Federal District Education based on years of education

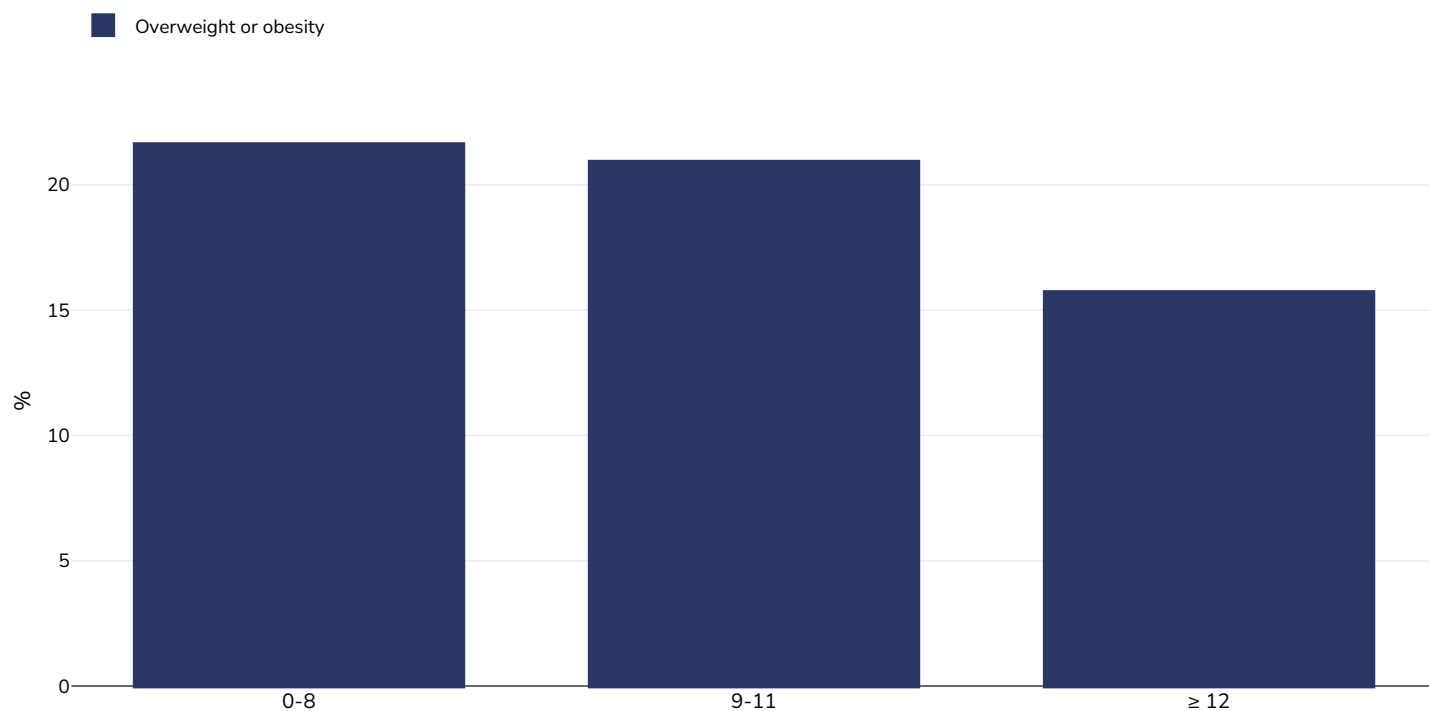
*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Boys, 2007



Survey type:	Measured
Age:	7-14
Sample size:	2826
Area covered:	Subnational - Municipality of Florianópolis
References:	Bernardo, Carla de Oliveira, & Vasconcelos, Francisco de Assis Guedes de. (2012). Association of parents' nutritional status, and sociodemographic and dietary factors with overweight/obesity in schoolchildren 7 to 14 years old. <i>Cadernos de Saúde Pública</i> ,28(2), 291-304. Retrieved April 04, 2016, from <a href="http://www.scielo.org/scielo.php?script=sci_arttext&amp;pid=S0102-311X2012000200008&amp;lng=en&amp;tlng=en">http://www.scielo.org/scielo.php?script=sci_arttext&amp;pid=S0102-311X2012000200008&amp;lng=en&amp;tlng=en</a> .
Notes:	Prevalence of obesity based on Father's schooling years. For the analyses, the schoolchildren were classified into two groups: not overweight or obese (values equivalent to BMI < 25kg/m2 in adults) and overweight or obese (values equivalent to BMI ≥ 25kg/m2 in adults)
Cutoffs:	IOTF

## Girls, 2007



Survey type: Measured

Age: 7-14

Sample size: 2826

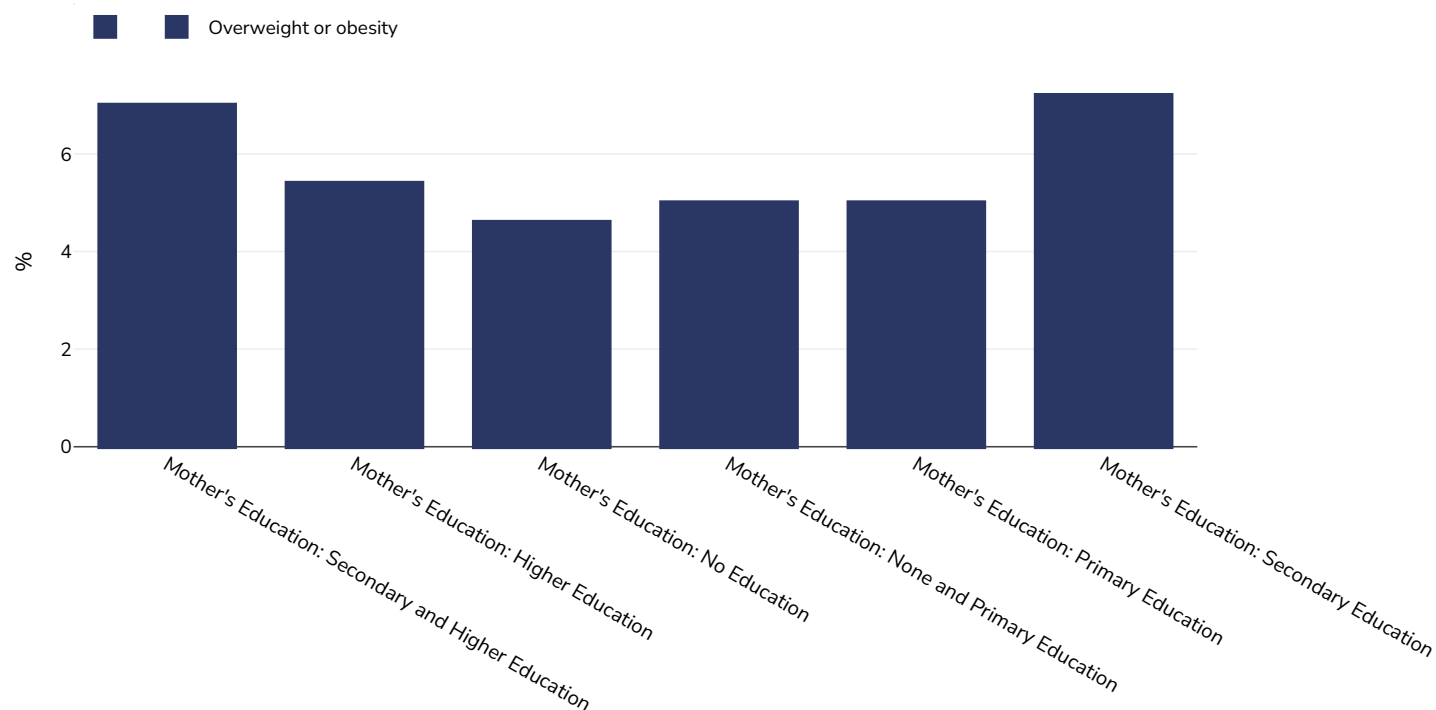
Area covered: Subnational - Municipality of Florianópolis

References: Bernardo, Carla de Oliveira, & Vasconcelos, Francisco de Assis Guedes de. (2012). Association of parents' nutritional status, and sociodemographic and dietary factors with overweight/obesity in schoolchildren 7 to 14 years old. *Cadernos de Saúde Pública*, 28(2), 291-304. Retrieved April 04, 2016, from [http://www.scielo.org/scielo.php?script=sci\\_arttext&pid=S0102-311X2012000200008&lng=en&tlng=en](http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0102-311X2012000200008&lng=en&tlng=en).

Notes: Prevalence of obesity based on Father's schooling years. For the analyses, the schoolchildren were classified into two groups: not overweight or obese (values equivalent to BMI < 25kg/m<sup>2</sup> in adults) and overweight or obese (values equivalent to BMI ≥ 25kg/m<sup>2</sup> in adults)

Cutoffs: IOTF

## Infants, 1996



Sample size: 3854

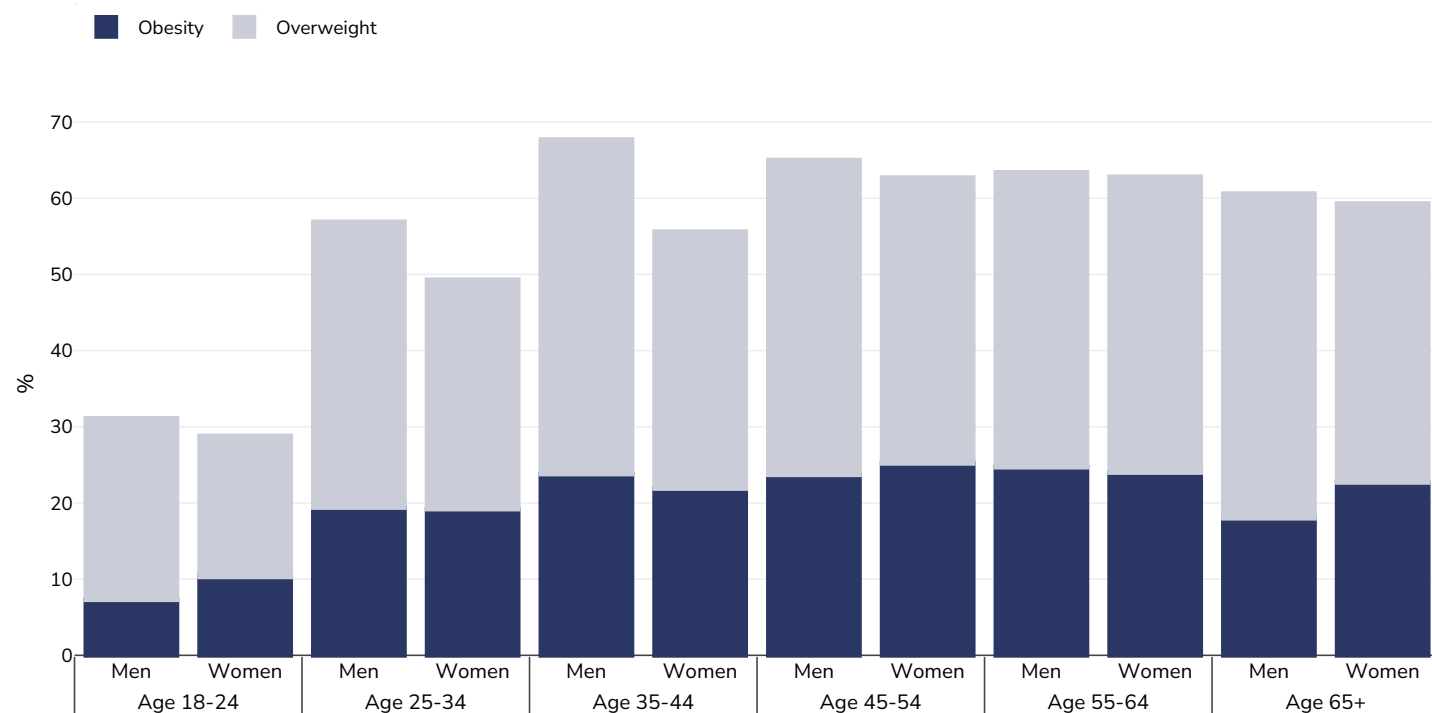
References: DHS: Pesquisa nacional sobre demografia e saude 1996. Demographic and Health Surveys. Rio de Janeiro, Brasil: Litografia Tucano Ltda., 1997

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

## Overweight/obesity by age

### Adults, 2019



Survey type: Self-reported

Sample size: 52443

Area covered: Regional

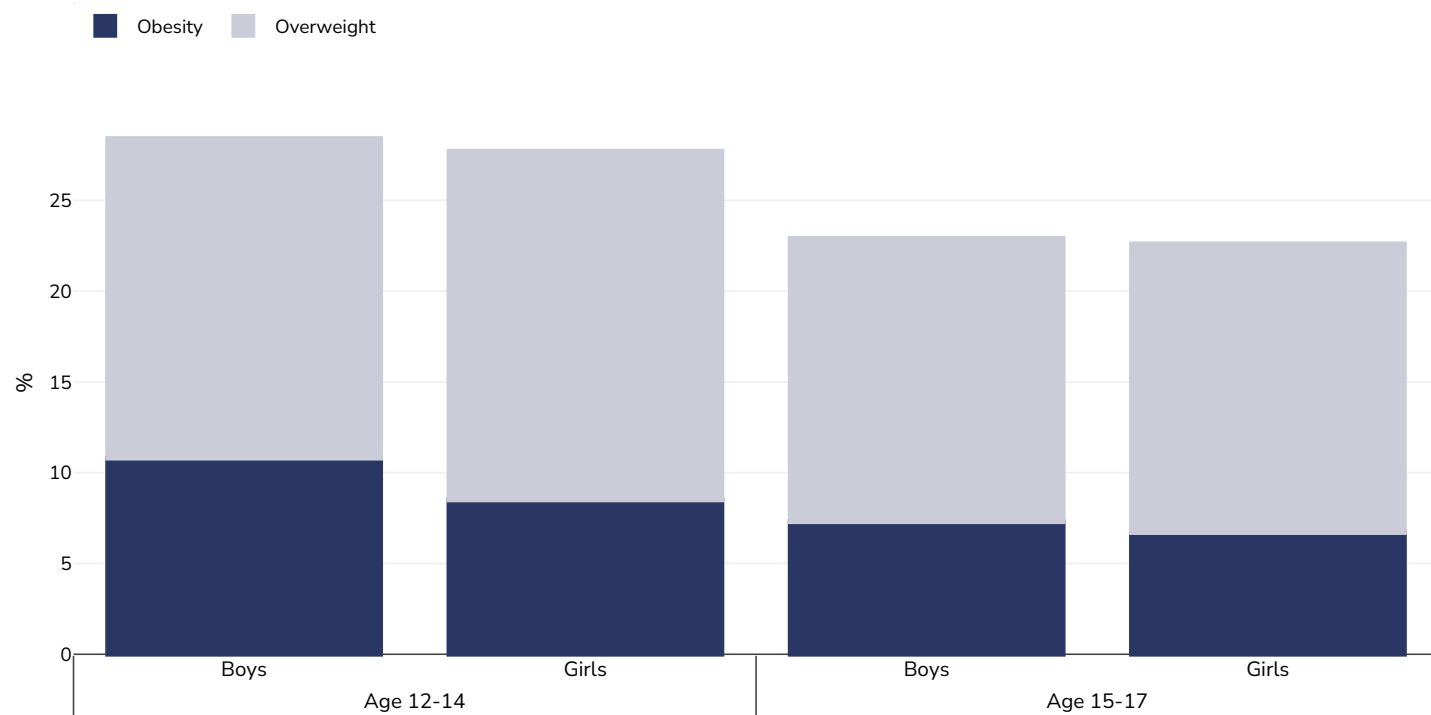
References: *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*

Notes: Data from Capitals of 26 Brazilian States and the Federal District

*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*



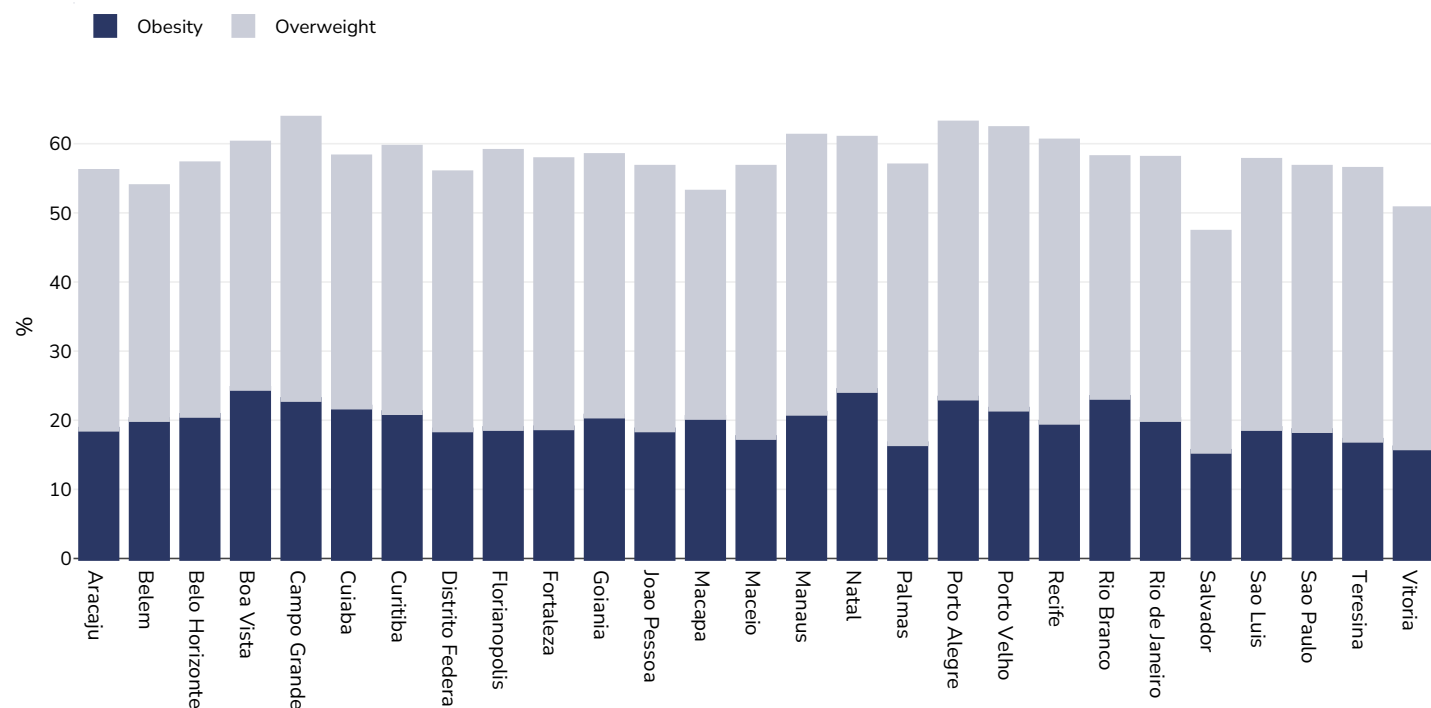
## Children, 2013-2014



Survey type:	Measured
Sample size:	73399
Area covered:	National
References:	Bloch KV, Klein CH, Szklo M, Kuschner MCC, Abreu GA, Barufaldi LA et al. ERICA: prevalences of hypertension and obesity in Brazilian adolescents. Rev Saude Publica. 2016;50(suppl 1):9s.
Definitions:	WHO
Cutoffs:	WHO

## Overweight/obesity by region

### Men, 2019



Survey type: Self-reported

Age: 18+

Sample size: 52443

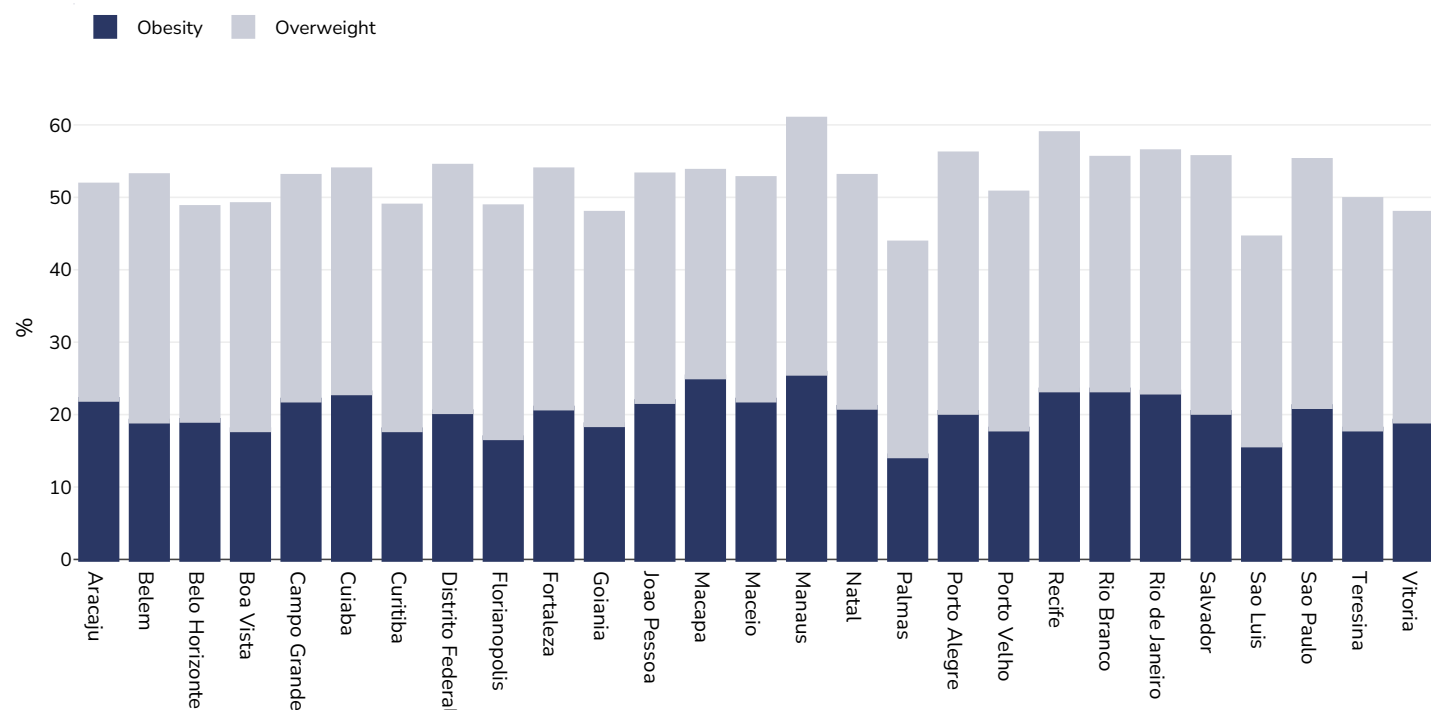
Area covered: Regional

References: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil

Notes: Data from Capitals of 26 Brazilian States and the Federal District

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.

## Women, 2019



Survey type: Self-reported

Age: 18+

Sample size: 52443

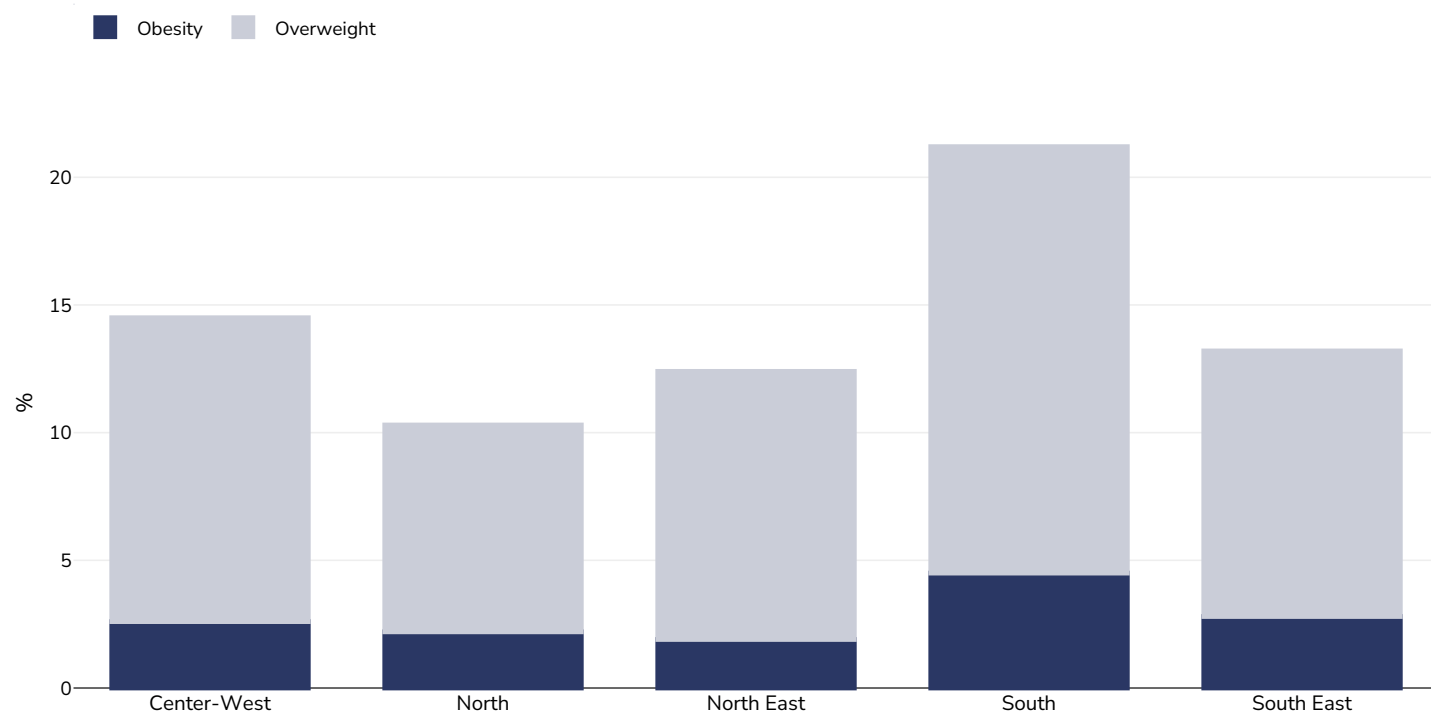
Area covered: Regional

References: *Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil*

Notes: Data from Capitals of 26 Brazilian States and the Federal District

*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Boys, 2004-2005



Survey type: Measured

Age: 10-15

Sample size: 36976

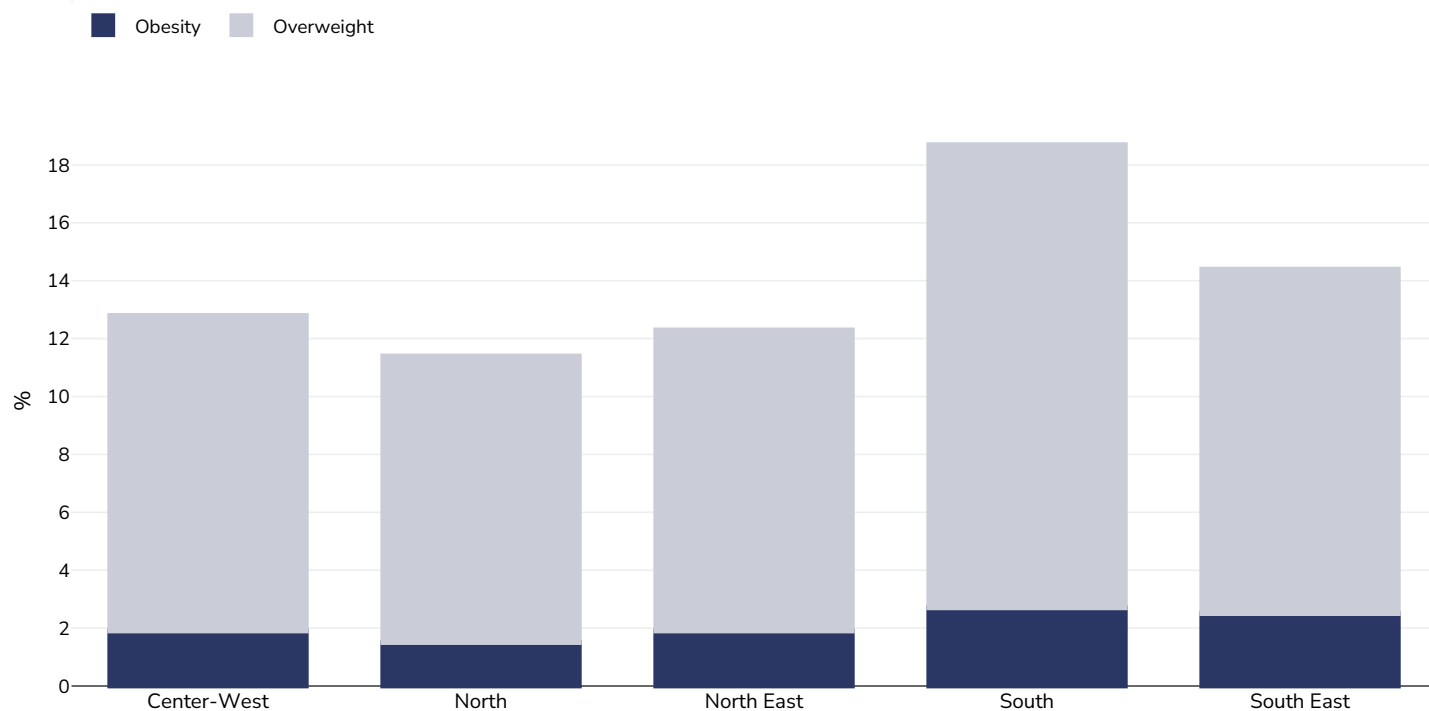
Area covered: National

References: Pelegrini, Andreia, Luiz Petroski, Edio, da Silva Coqueiro, Raildo, & Araujo Gaya, Adroaldo César. (2008). Overweight and obesity in brazilian schoolchildren aged 10 to 15 years: data from a Brazilian sports project. *Archivos Latinoamericanos de Nutrición*, 58(4), 343-349. Recuperado en 04 de abril de 2016, de [http://www.scielo.org.ve/scielo.php?script=sci\\_arttext&pid=S0004-06222008000400004&lng=es&tlng=en](http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S0004-06222008000400004&lng=es&tlng=en).

Notes: International cut-off BMI values were used for the evaluation of nutritional status (Cole et al)

Cutoffs: IOTF

## Girls, 2004-2005



Survey type: Measured

Age: 10-15

Sample size: 36976

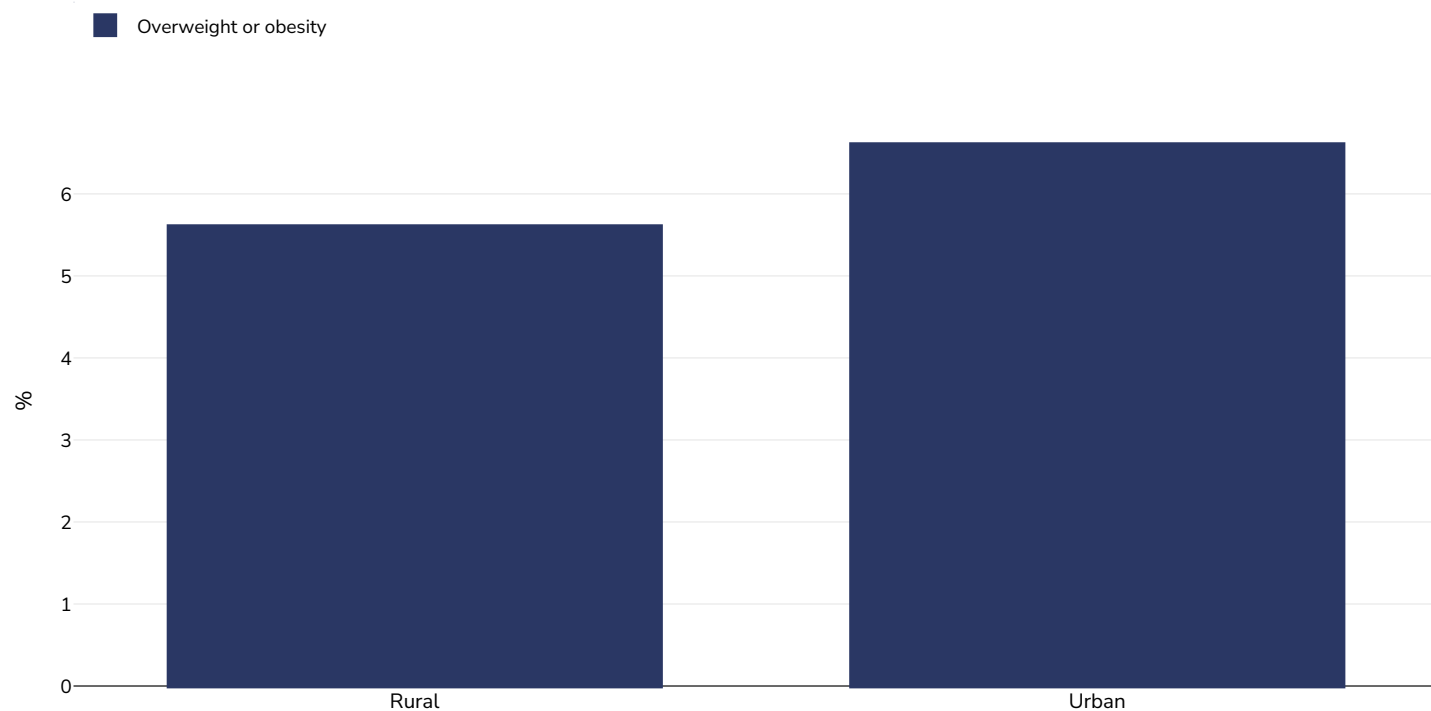
Area covered: National

References: Pelegrini, Andreia, Luiz Petroski, Edio, da Silva Coqueiro, Raildo, & Araujo Gaya, Adroaldo César. (2008). Overweight and obesity in brazilian schoolchildren aged 10 to 15 years: data from a Brazilian sports project. *Archivos Latinoamericanos de Nutrición*, 58(4), 343-349. Recuperado en 04 de abril de 2016, de [http://www.scielo.org.ve/scielo.php?script=sci\\_arttext&pid=S0004-06222008000400004&lng=es&tlng=en](http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S0004-06222008000400004&lng=es&tlng=en).

Notes: International cut-off BMI values were used for the evaluation of nutritional status (Cole et al)

Cutoffs: IOTF

## Infants, 2006-2007



Sample size: 12374534

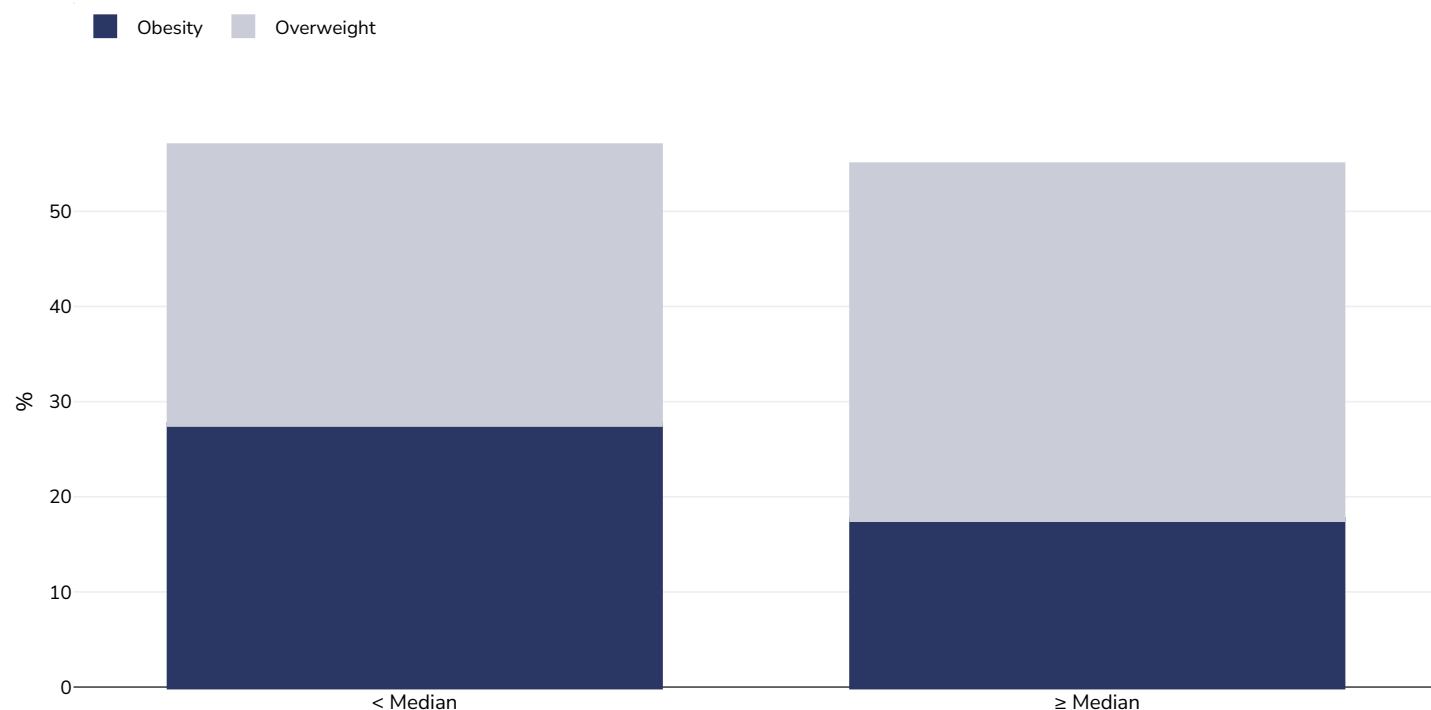
References: Other: Pesquisa nacional de demografia e saúde da criança e da mulher - PNDS 2006. Relatório da pesquisa. Sao Paulo: CEBRAP, 2008

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

## Overweight/obesity by socio-economic group

Adults, 2008-2010



Survey type: Measured

Age: 20-59

Sample size: 527

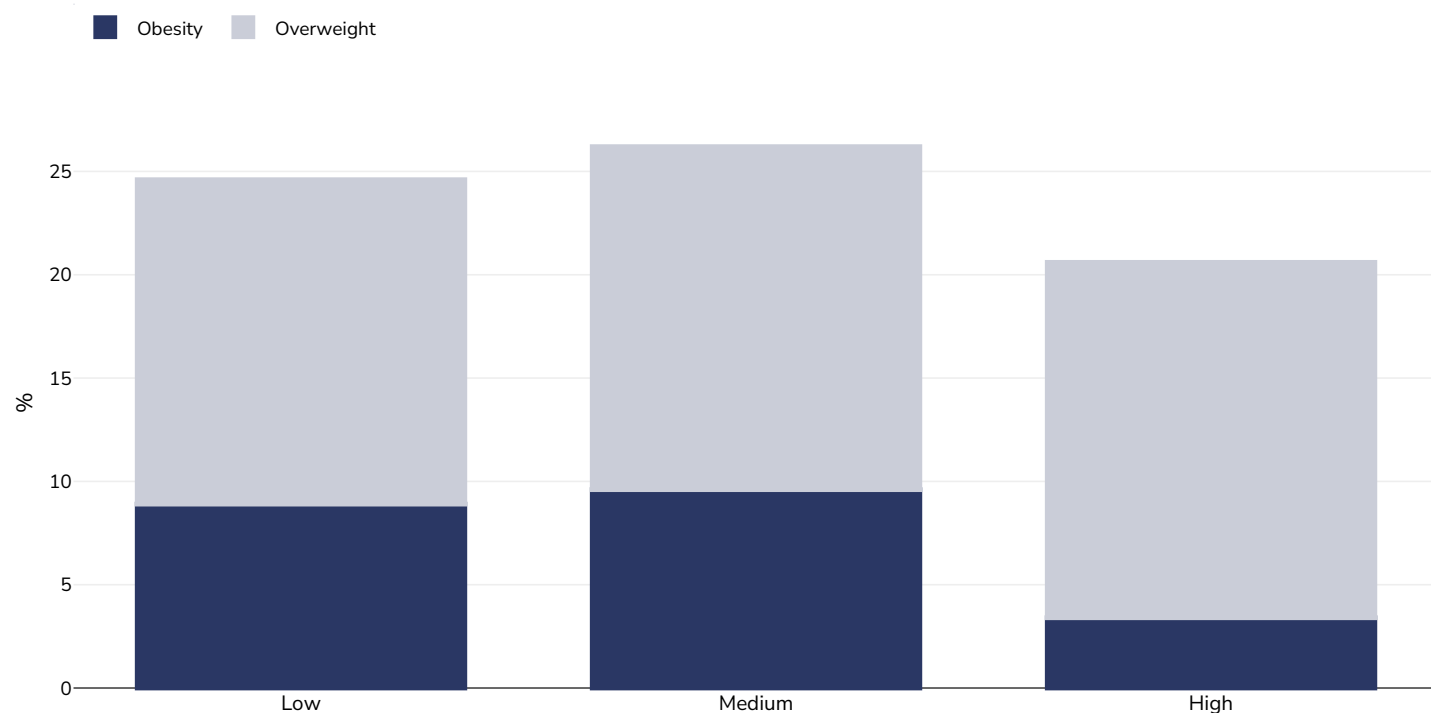
Area covered: Regional - N. Eastern Brazil

References: Lima R P A, Pereira D C, Luna R C P, et al. BMI, Overweight Status and Obesity Adjusted by Various Factors in All Age Groups in the Population of a City in Northeastern Brazil. *Int. J. Environ. Res. Public Health* 2015, 12, 4422-4438; doi:10.3390/ijerph120404422

Notes: WHO BMI classification of 1995 used for Adults. Median family income, R\$1000.00, or \$492.02.

*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

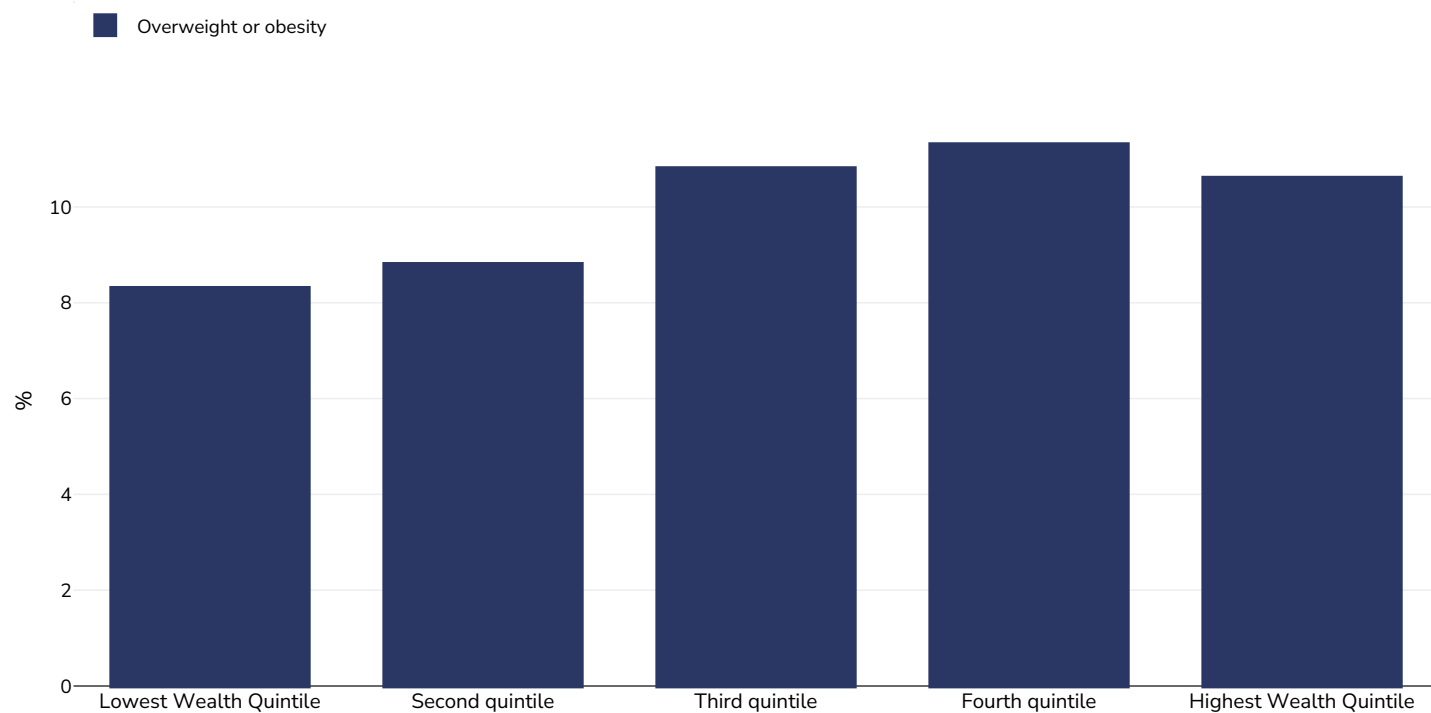
## Children, 2010



Survey type:	Measured
Age:	6-10
Sample size:	939
Area covered:	Municipality of Cruzeiro do Oeste, Southern Brazil.
References:	Azambuja, Ana Paula de O., Netto-Oliveira, Edna Regina, Oliveira, Amauri Aparecido B. de, Azambuja, Maximiliano dos Anjos, & Rinaldi, Wilson. (2013). Prevalence of overweight/obesity and economical status of schoolchildren. Revista Paulista de Pediatria, 31(2), 166-171. <a href="https://dx.doi.org/10.1590/S0103-05822013000200006">https://dx.doi.org/10.1590/S0103-05822013000200006</a>
Notes:	The socioeconomic status was defined through a questionnaire of economic classification by the Brazilian Association of Research Companies – Associação Brasileira de Empresas de Pesquisa, ABEP. This classification is based on items such as ownership of goods (television, radio, car, vacuum cleaner, VCR and/or DVD player, fridge, freezer and washing machine), services (housemaid), household characteristics (number of bathrooms) and educational level of the head of the household. The total score for each item results in the classification of respondents into seven strata identified as "social classes" A1, A2, B1, B2, C, D, and E(17). For analysis purposes, the eight economic levels, proposed by ABEP, were regrouped and named as follows: A1, A2, and B1 in High Economic Level (H); B2, C1 and C2 in Medium Economic Level (M) and, D and E in Low Economic Level (L).
Cutoffs:	Other



## Infants, 2019



Sample size: 10780287

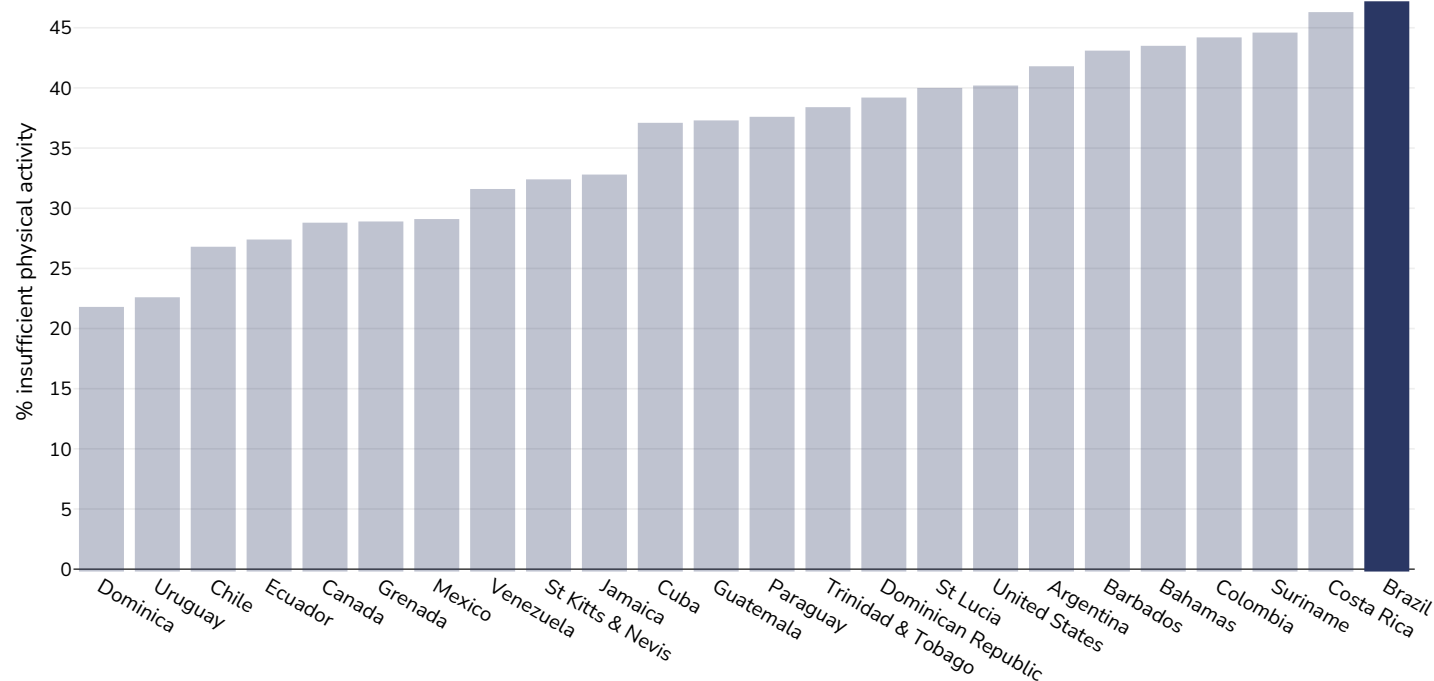
References: NNS: Estudo Nacional de Alimentação e Nutrição Infantil (ENANI), Brasil 2019

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

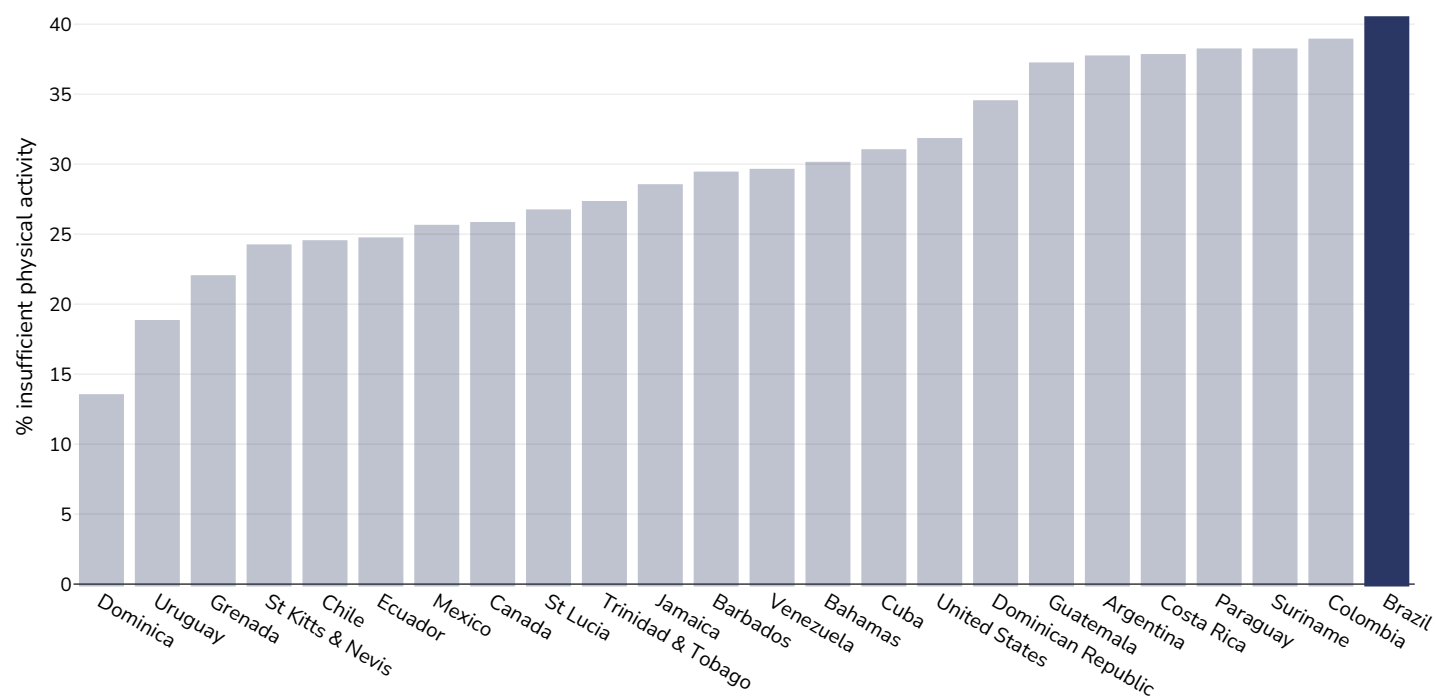
## Insufficient physical activity

Adults, 2016



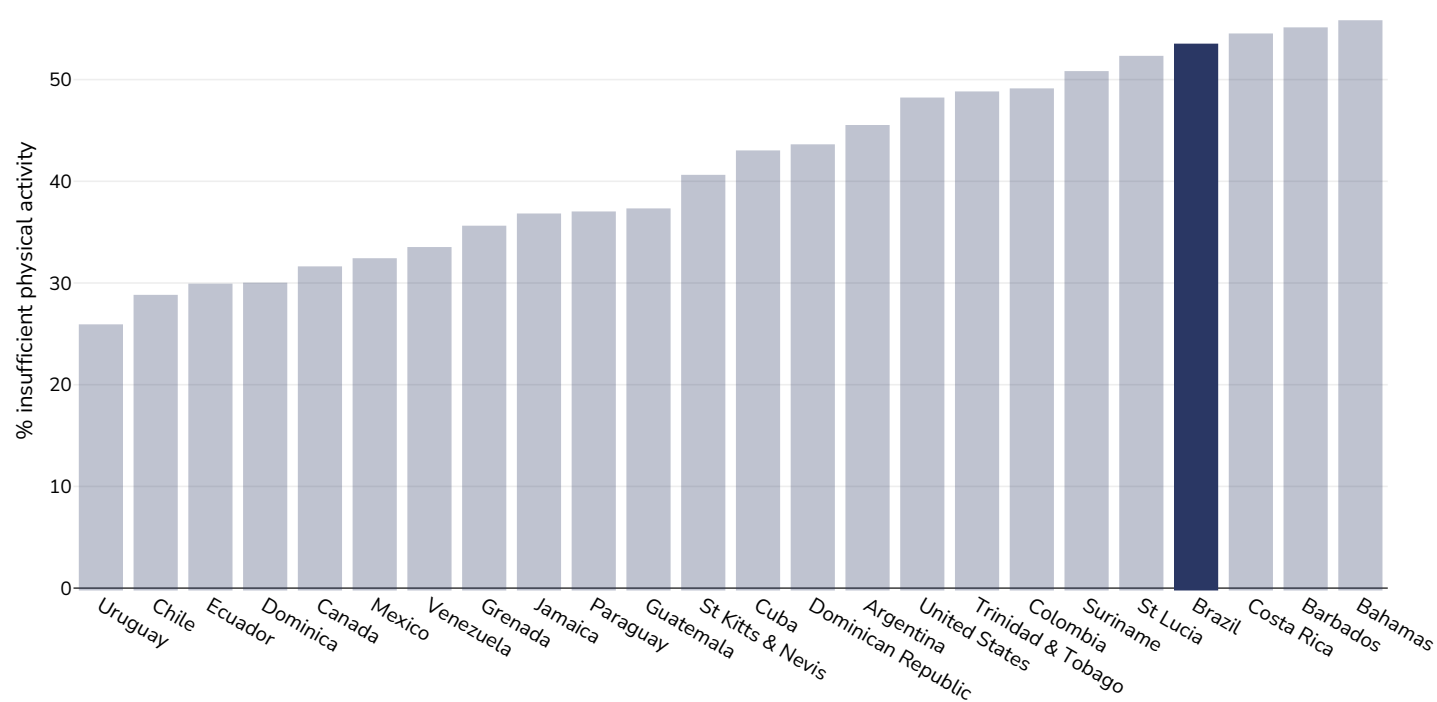
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

## Men, 2016



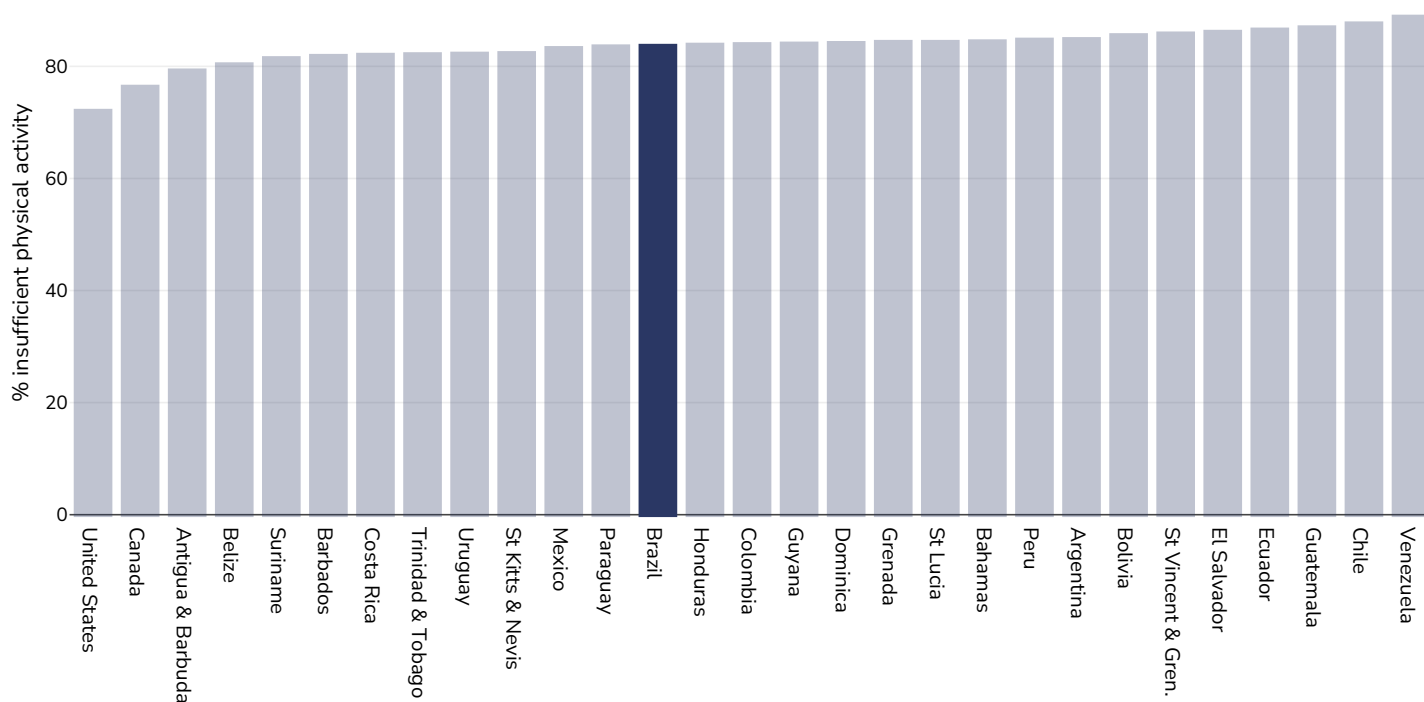
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

## Women, 2016



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

## Children, 2016



Survey type: Self-reported

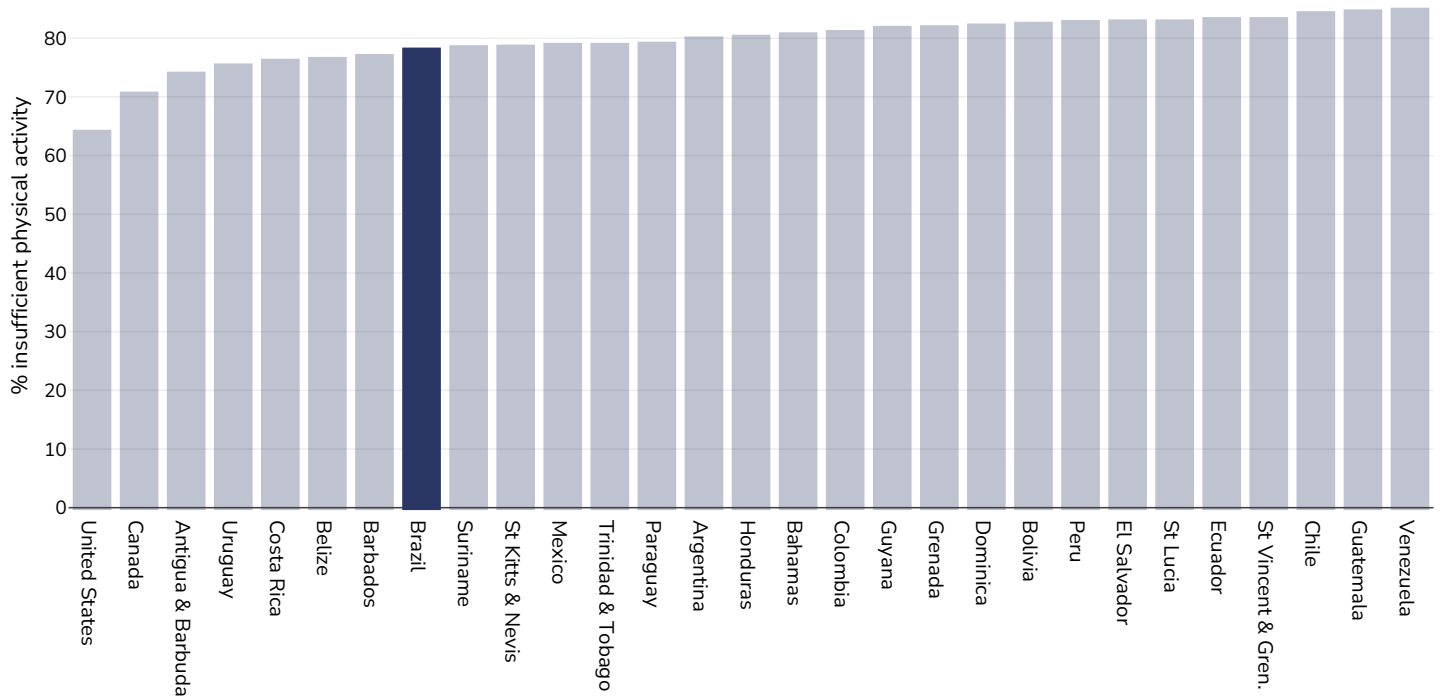
Age: 11-17

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

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

Definitions: % Adolescents insufficiently active (age standardised estimate)

## Boys, 2016



Survey type:

Self-reported

Age:

11-17

References:

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

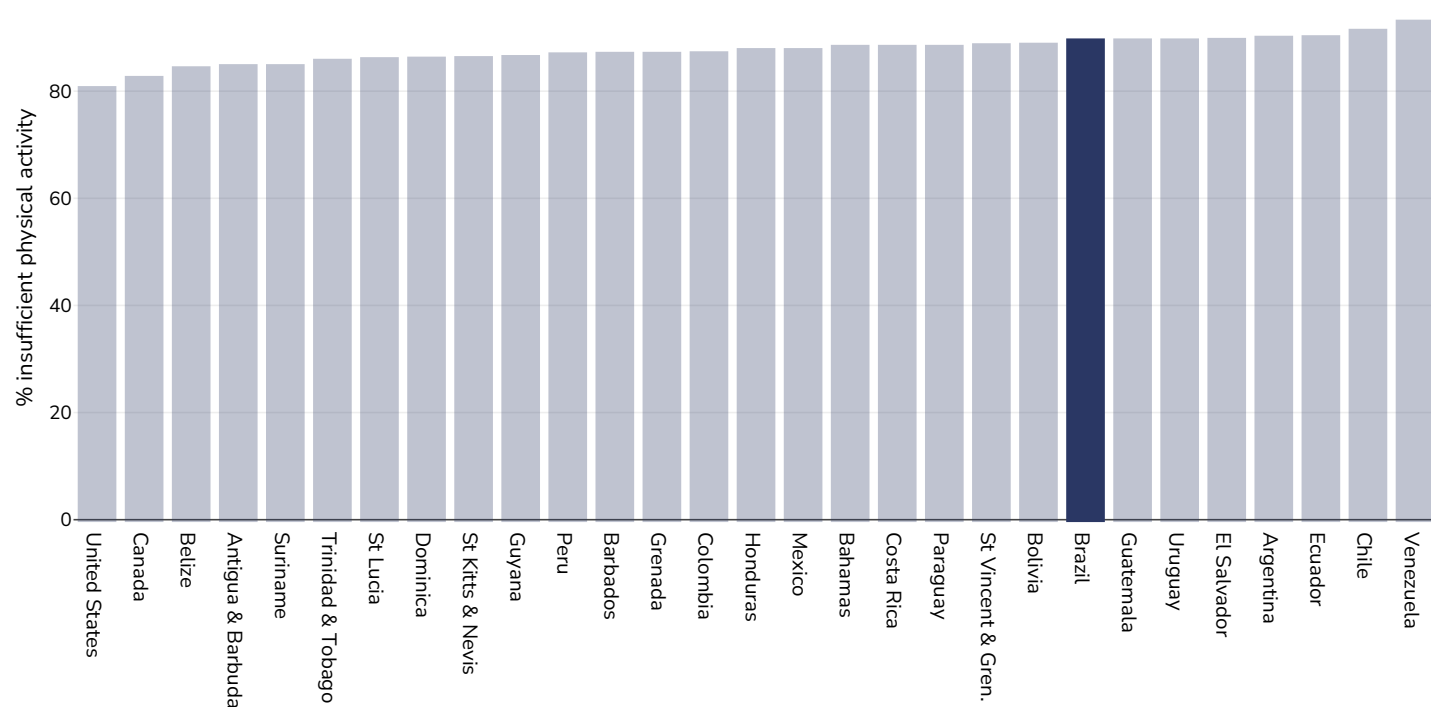
Notes:

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

Definitions:

% Adolescents insufficiently active (age standardised estimate)

## Girls, 2016



Survey type: Self-reported

Age: 11-17

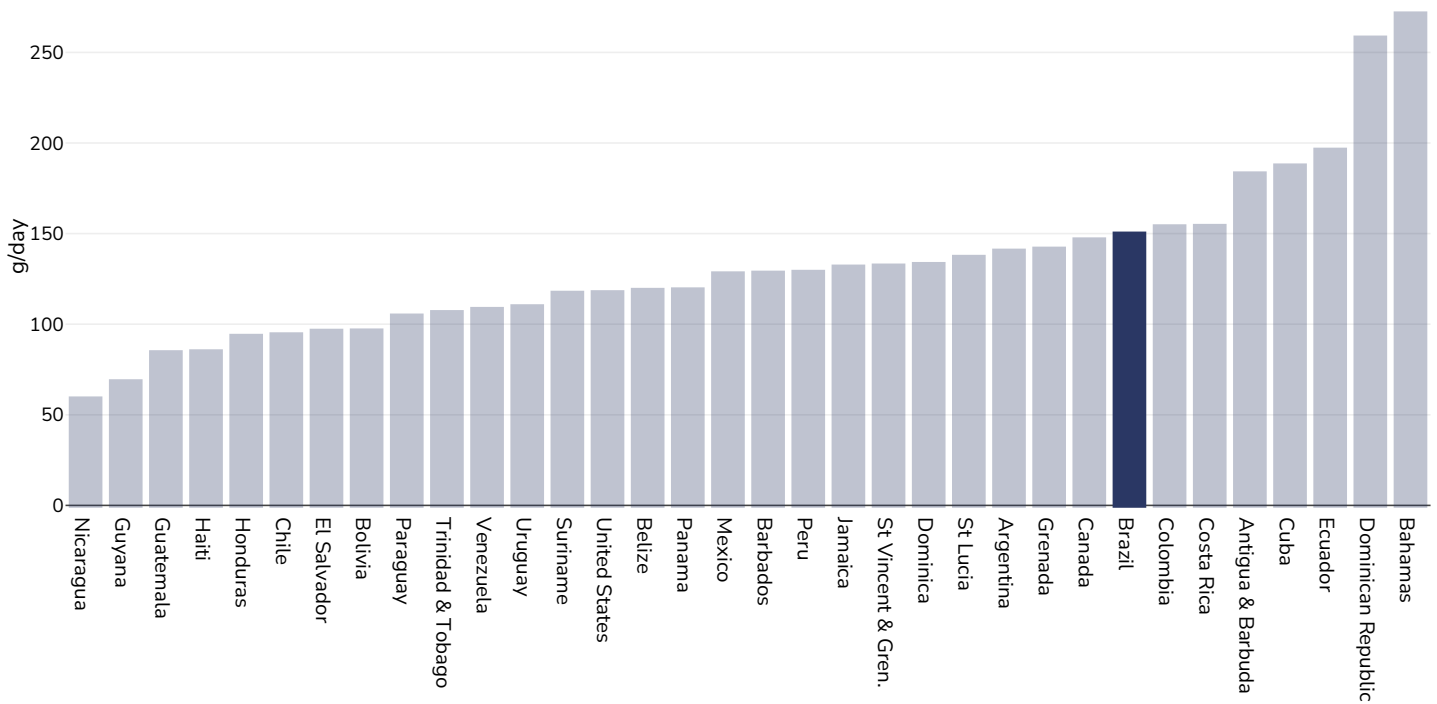
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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

Definitions: % Adolescents insufficiently active (age standardised estimate)

## Estimated per capita fruit intake

### Adults, 2017



Survey type:

Measured

Age:

25+

References:

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

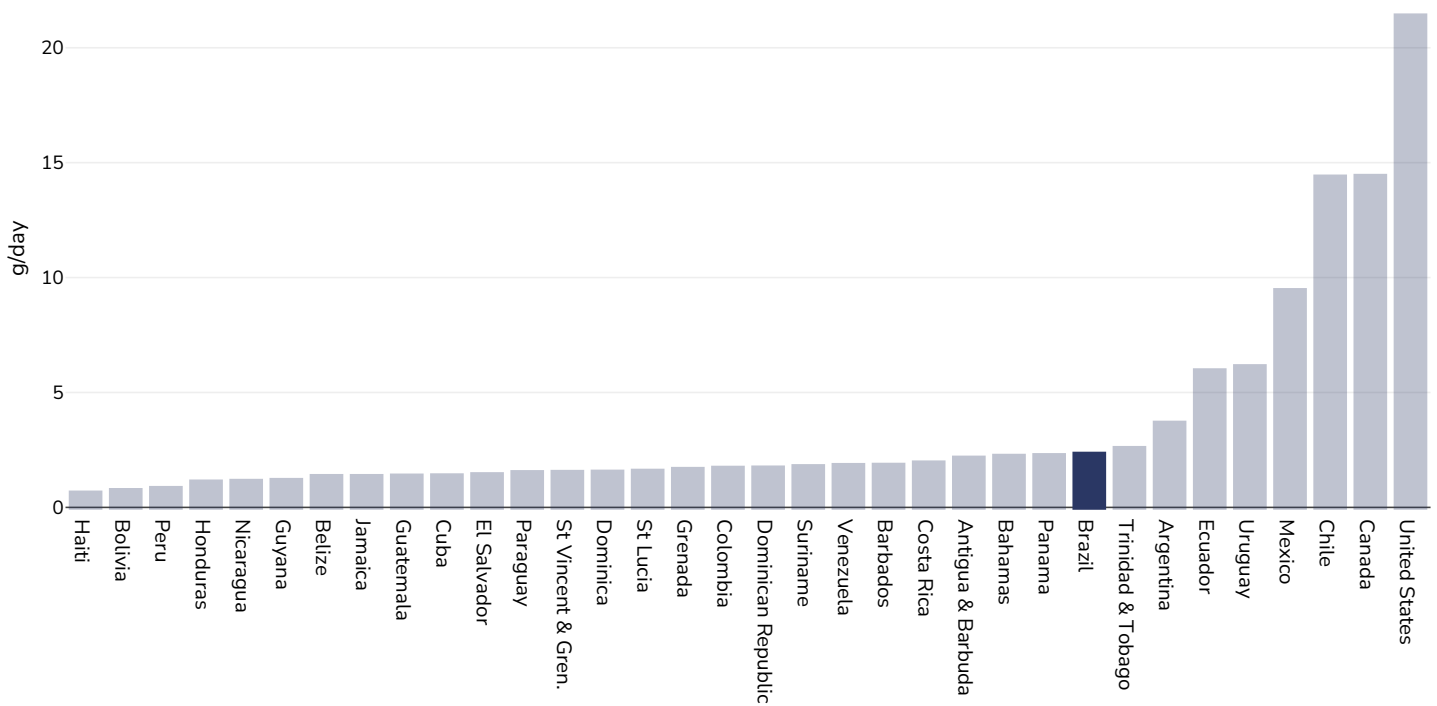
Definitions:

Estimated per-capita fruit intake (g/day)



## Estimated per-capita processed meat intake

Adults, 2017



Survey type:

Measured

Age:

25+

References:

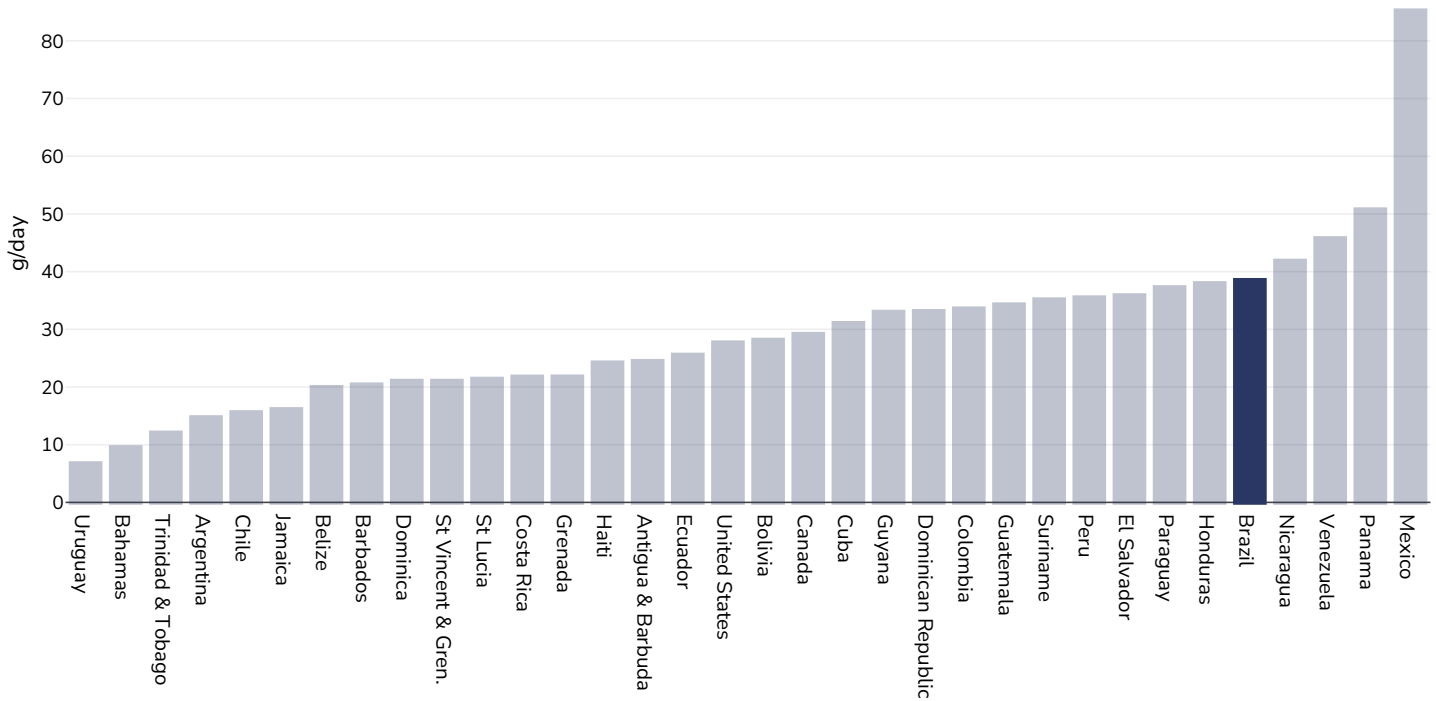
Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions:

Estimated per-capita processed meat intake (g per day)

## Estimated per capita whole grains intake

### Adults, 2017



Survey type:

Measured

Age:

25+

References:

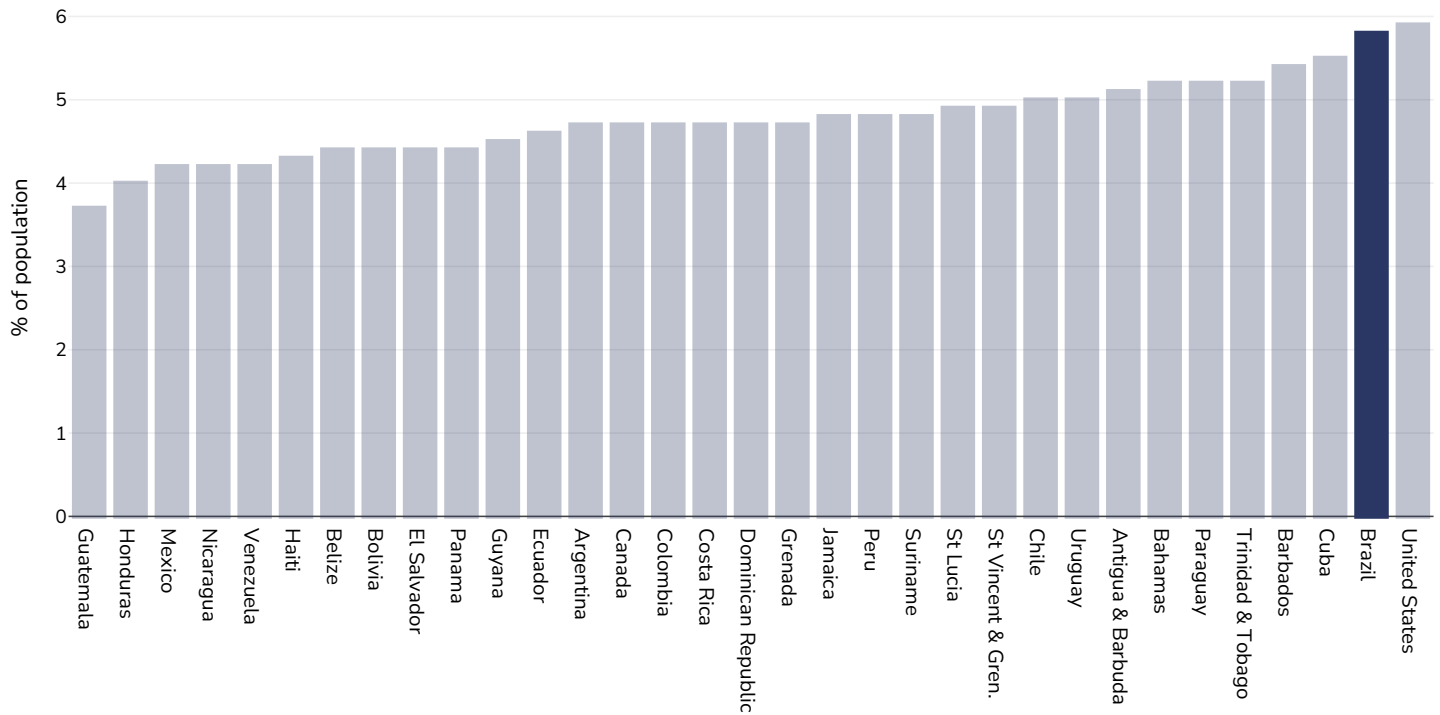
Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions:

Estimated per-capita whole grains intake (g/day)

## Mental health - depression disorders

### Adults, 2015

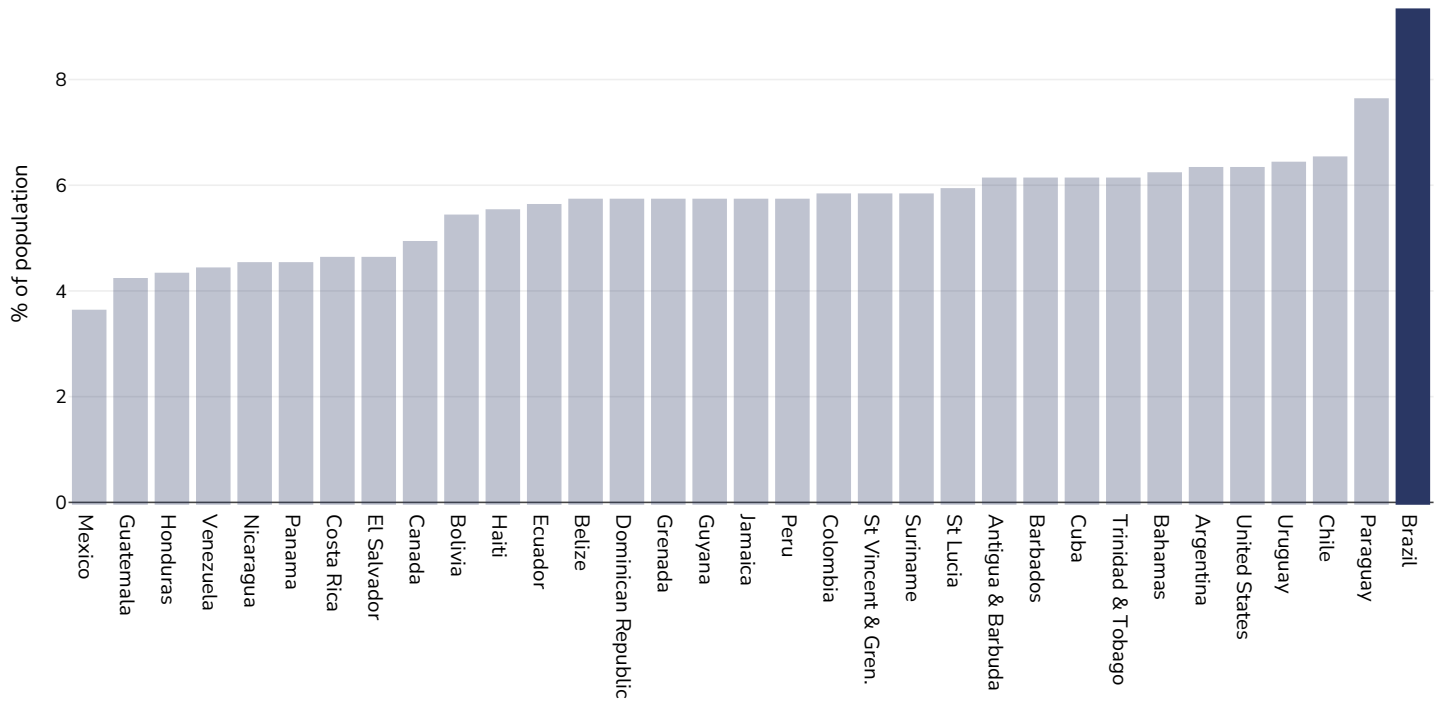


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

## Mental health - anxiety disorders

Adults, 2015

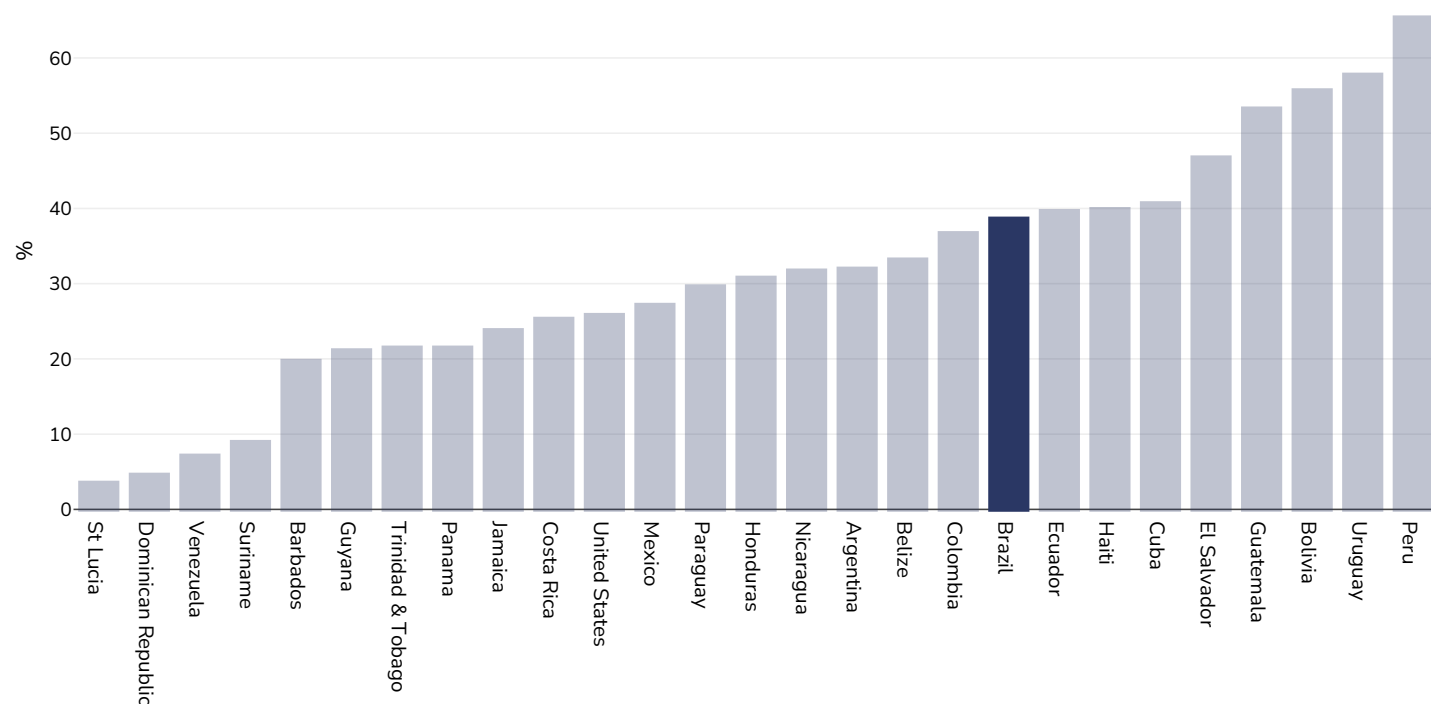


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

## % Infants exclusively breastfed 0-5 months

### Children, 1998-2019



Area covered: National

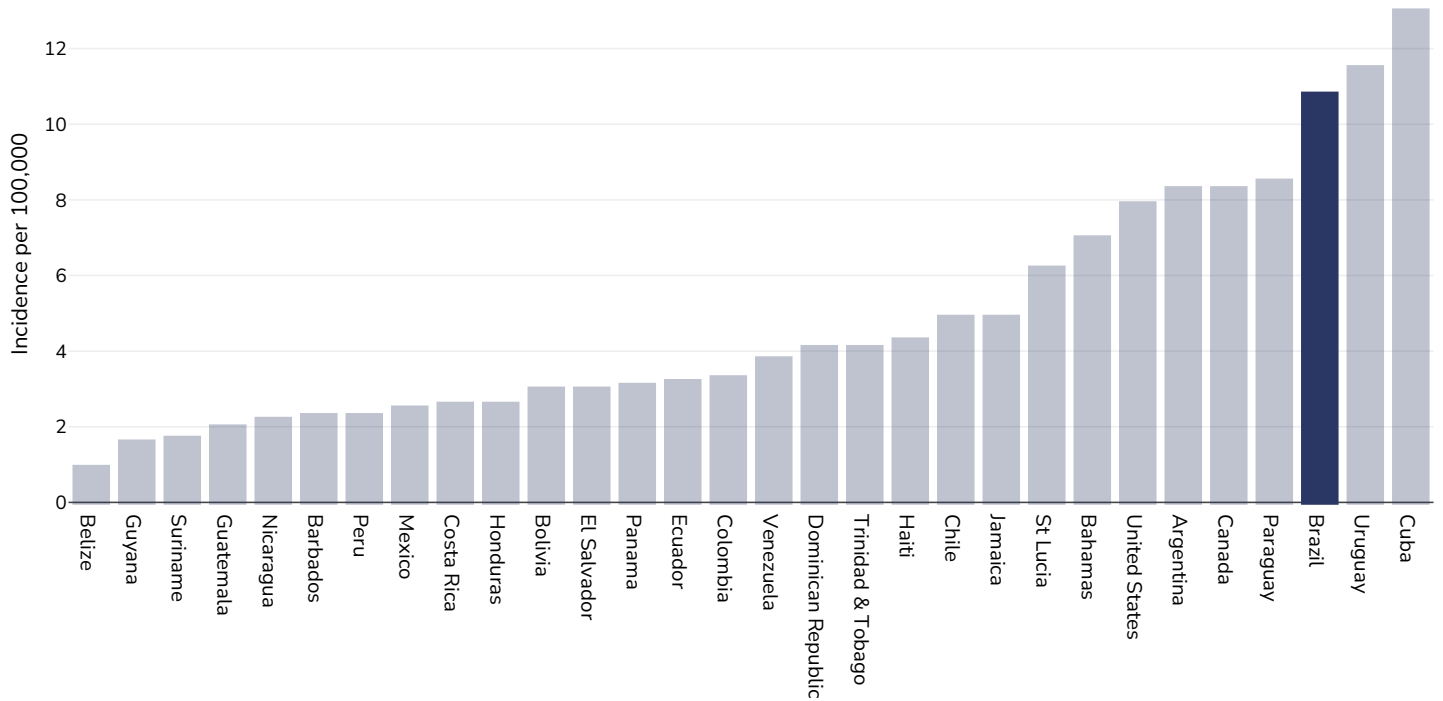
References: Pesquisa nacional de demografia e saúde da criança e da mulher - PNDS 2006. Relatório da pesquisa. Sao Paulo: CEBRAP, 2008

Notes: See UNICEF website for further survey information. Available at : <https://data.unicef.org/resources/dataset/infant-young-child-feeding/> (last accessed 28.9.21) Citation: United Nations Children’s Fund, Division of Data, Analysis, Planning and Monitoring (2021). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, September 2021.

Definitions: % exclusively breastfed 0-5 months

## Oesophageal cancer

### Men, 2020



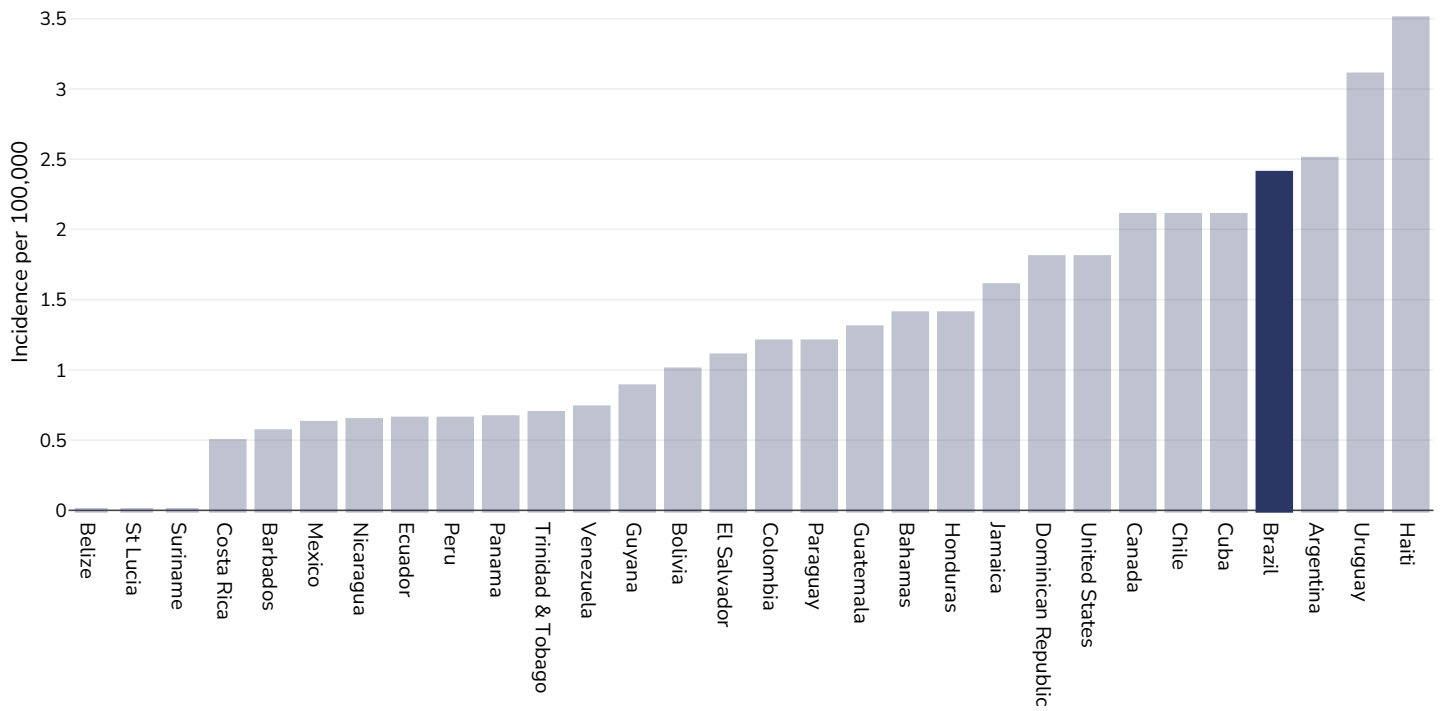
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

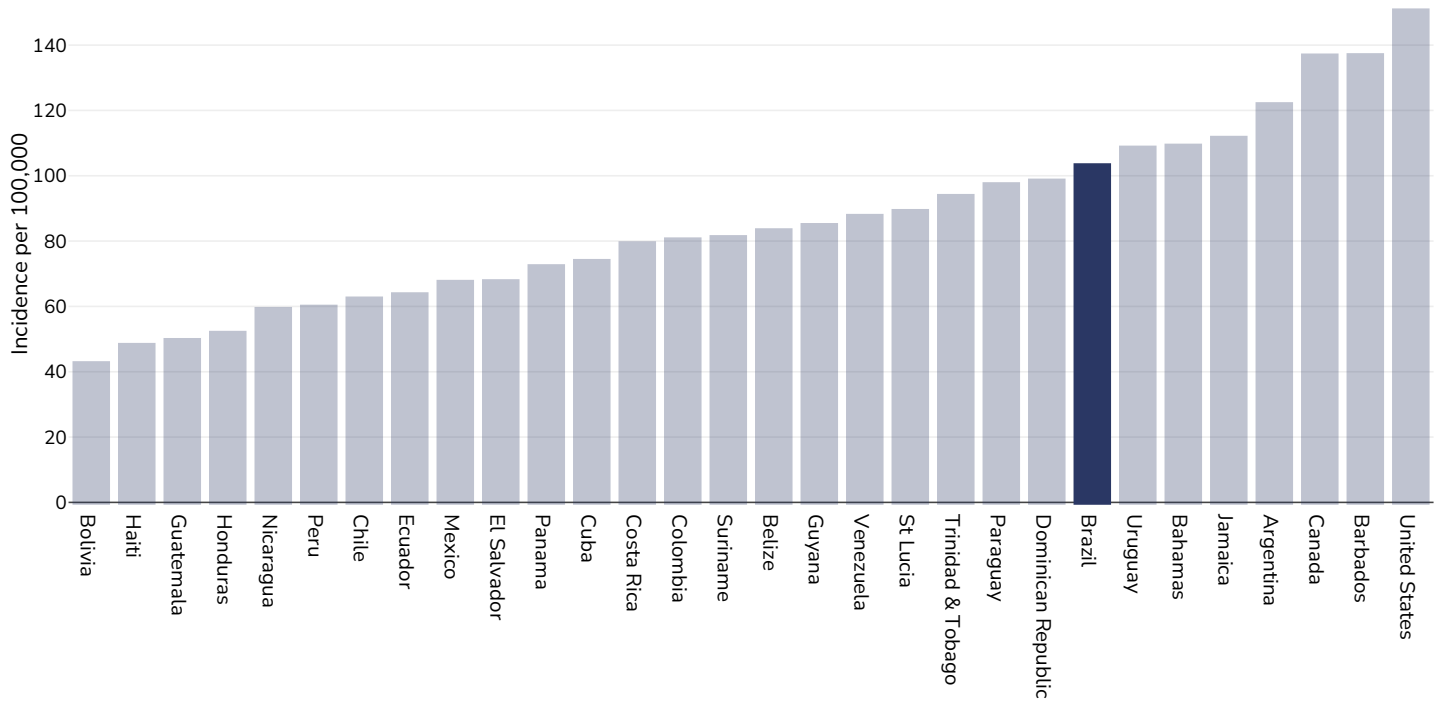
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Breast cancer

### Women, 2020



Age: 20+

Area covered: National

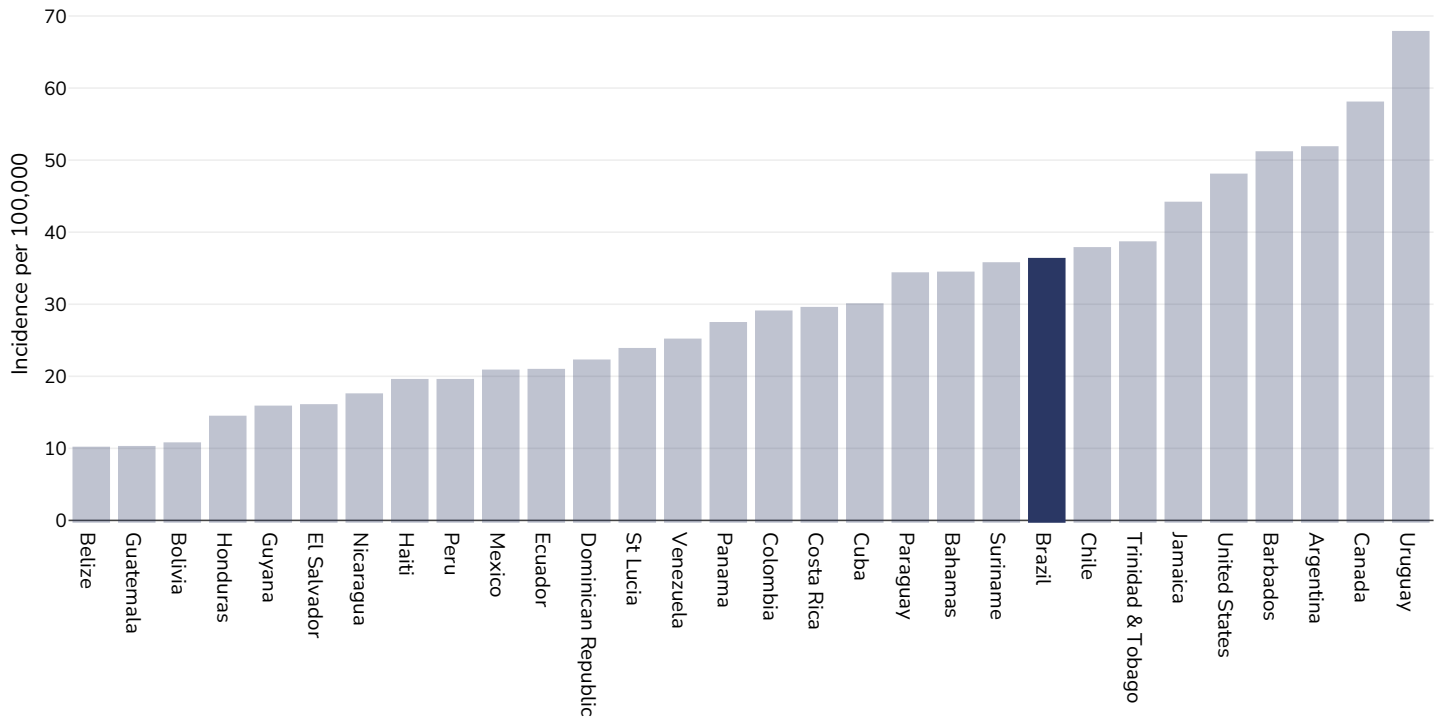
References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000



## Colorectal cancer

### Men, 2020



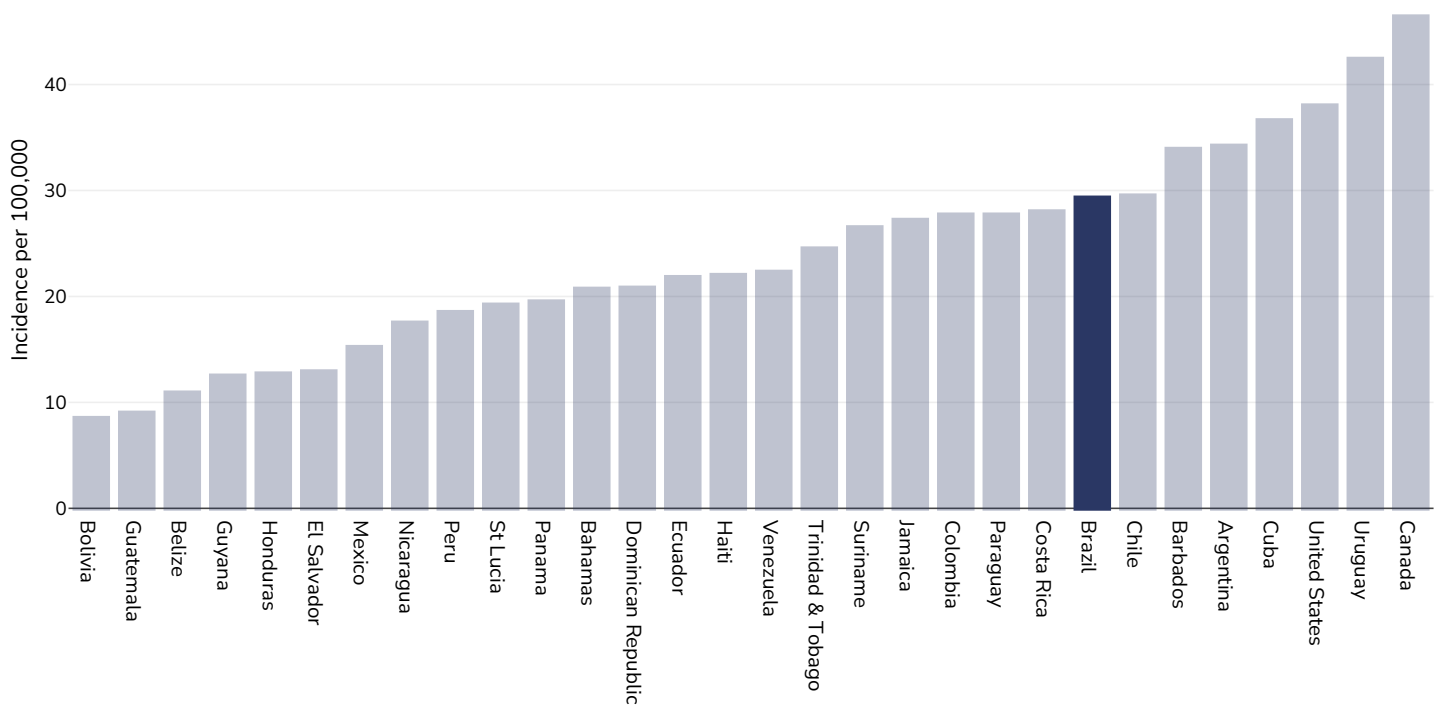
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

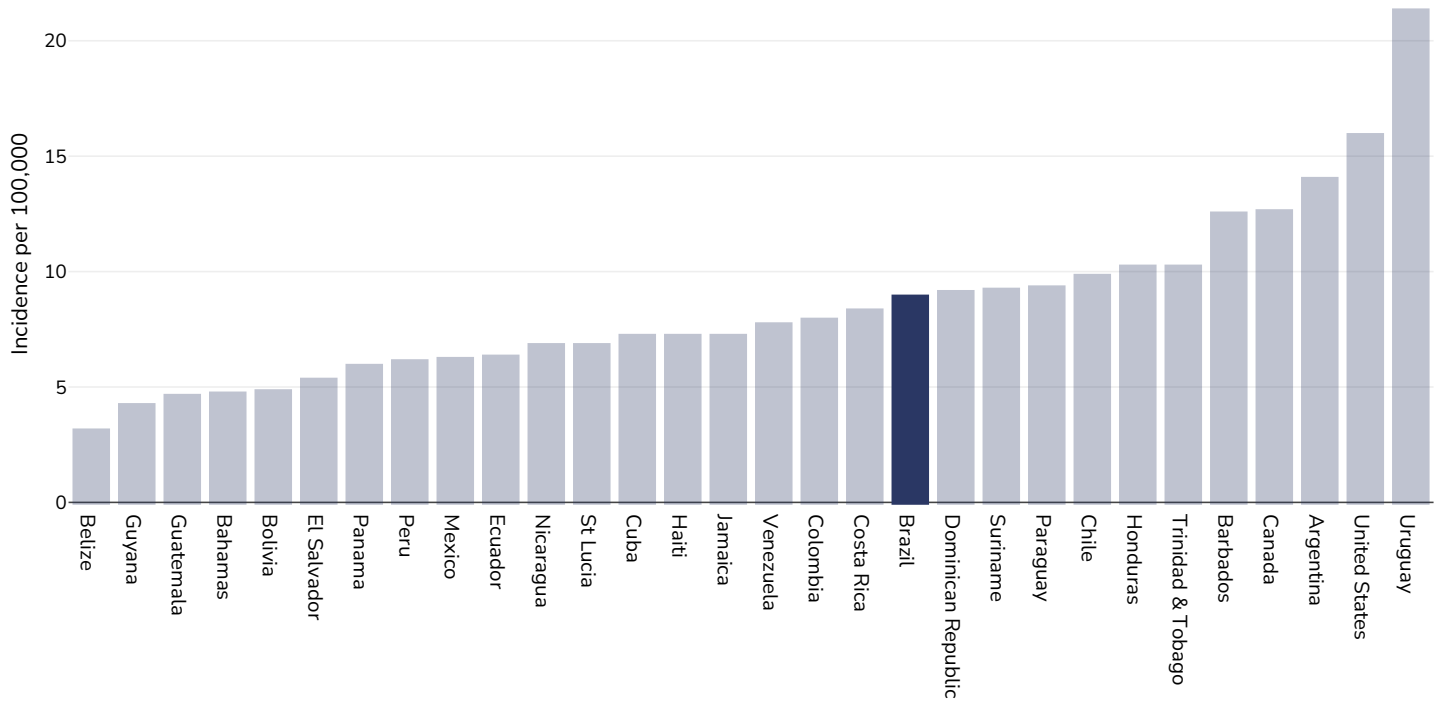
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Pancreatic cancer

### Men, 2020



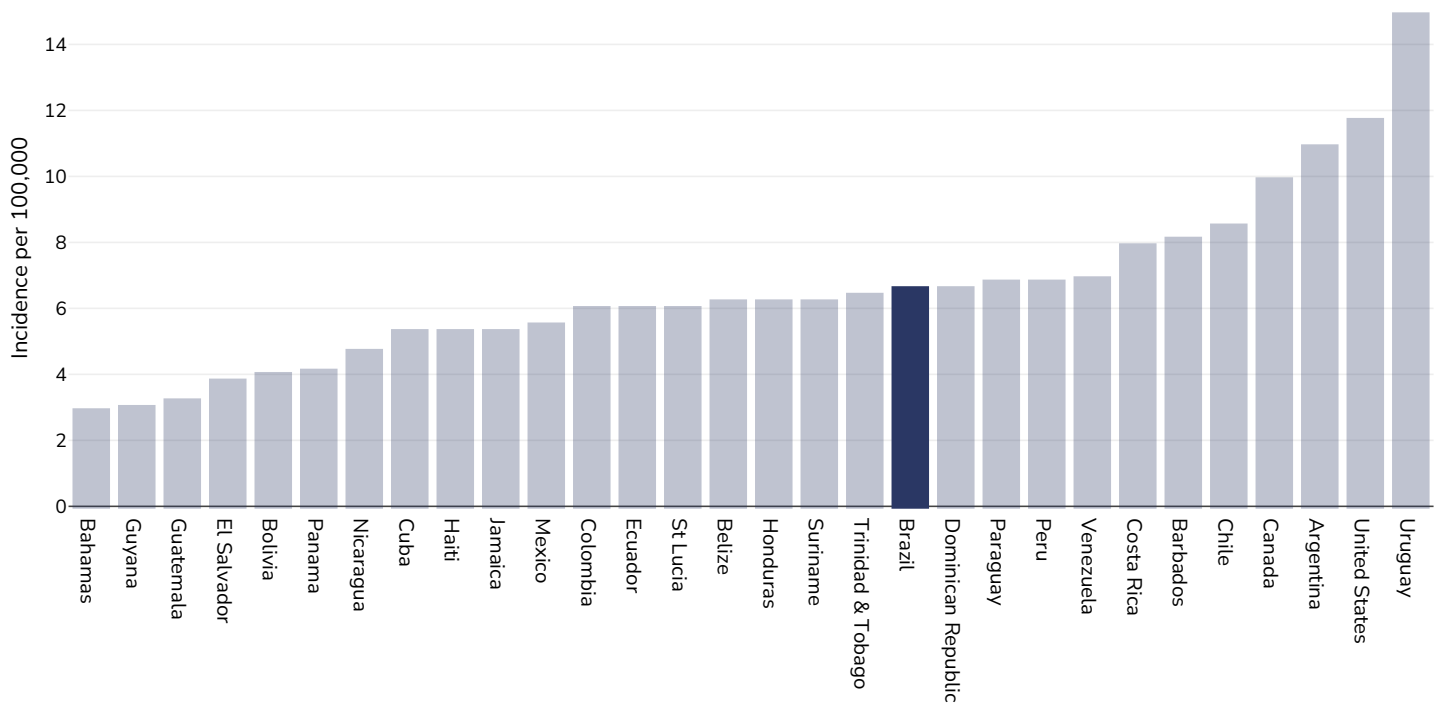
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

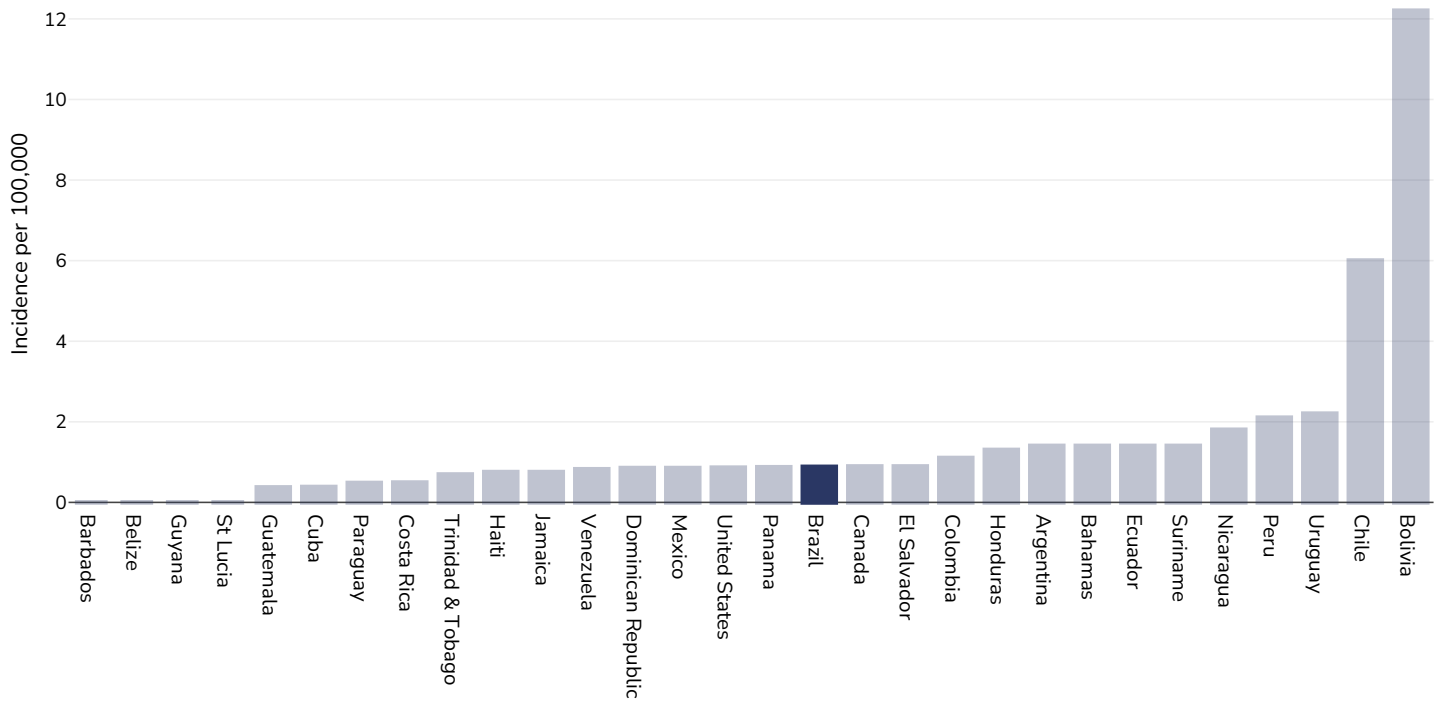
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Gallbladder cancer

### Men, 2020



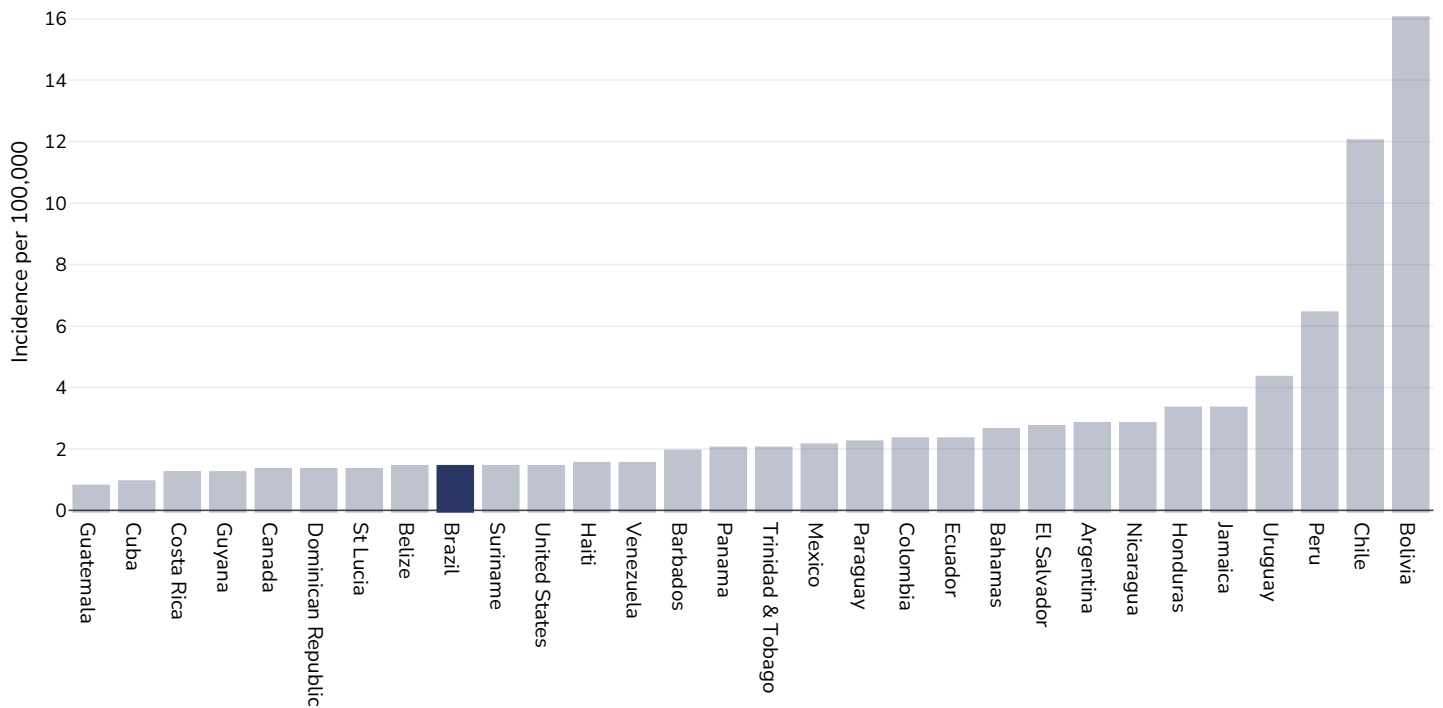
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

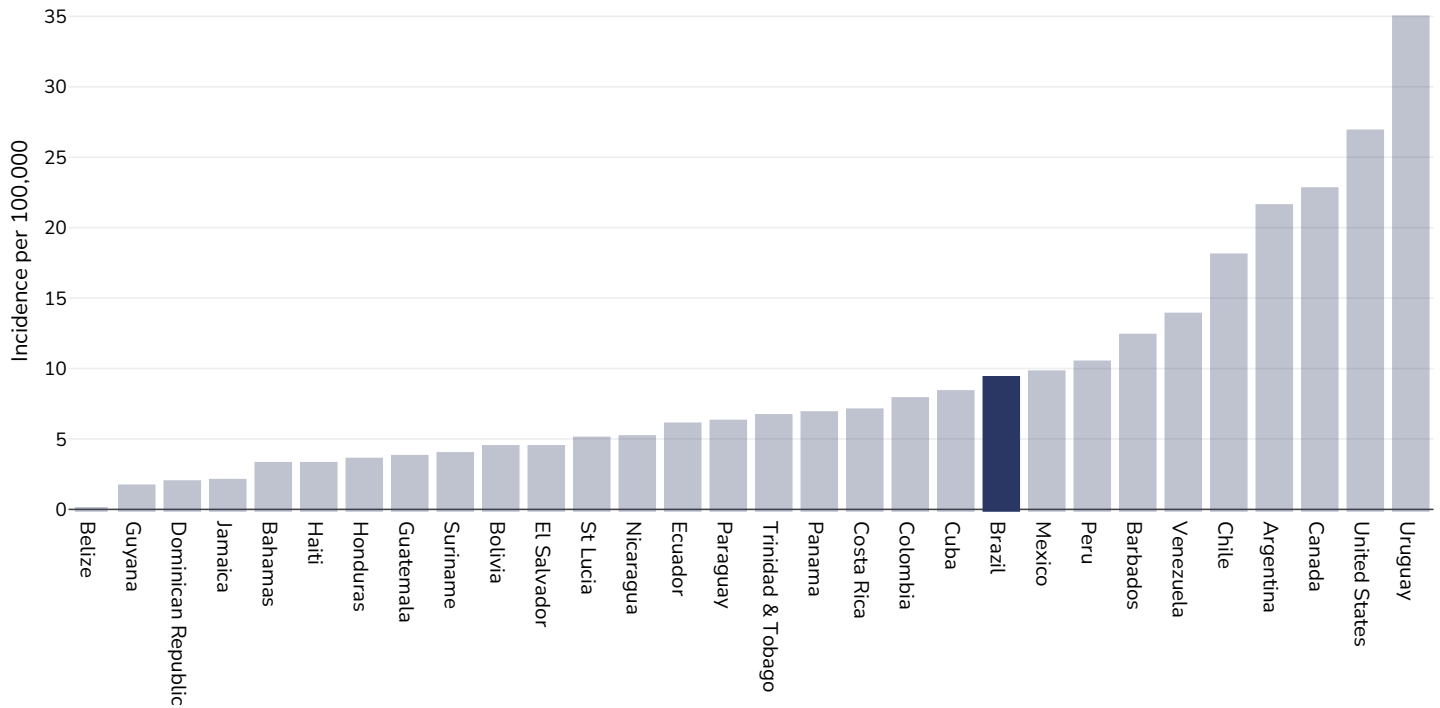
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Kidney cancer

### Men, 2020



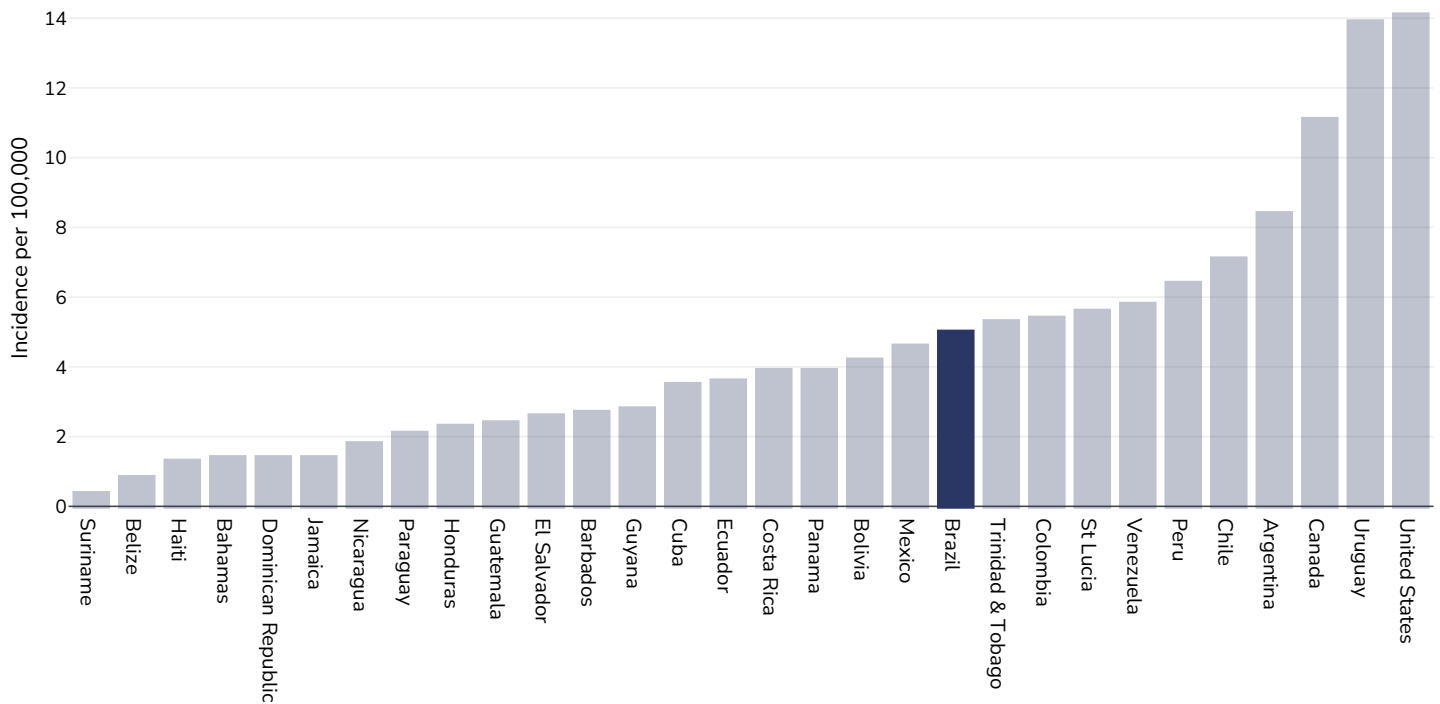
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

Area covered: National

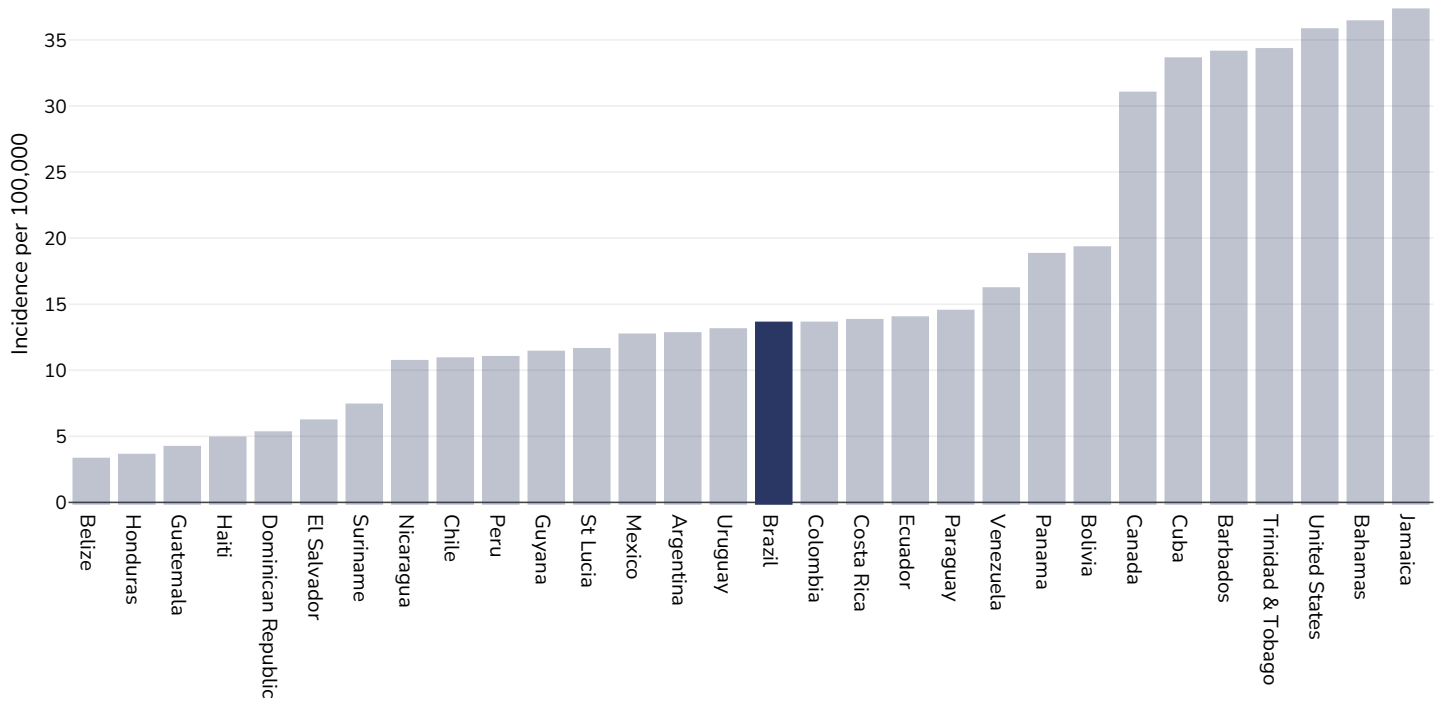
References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000



## Cancer of the uterus

### Women, 2020



Age: 20+

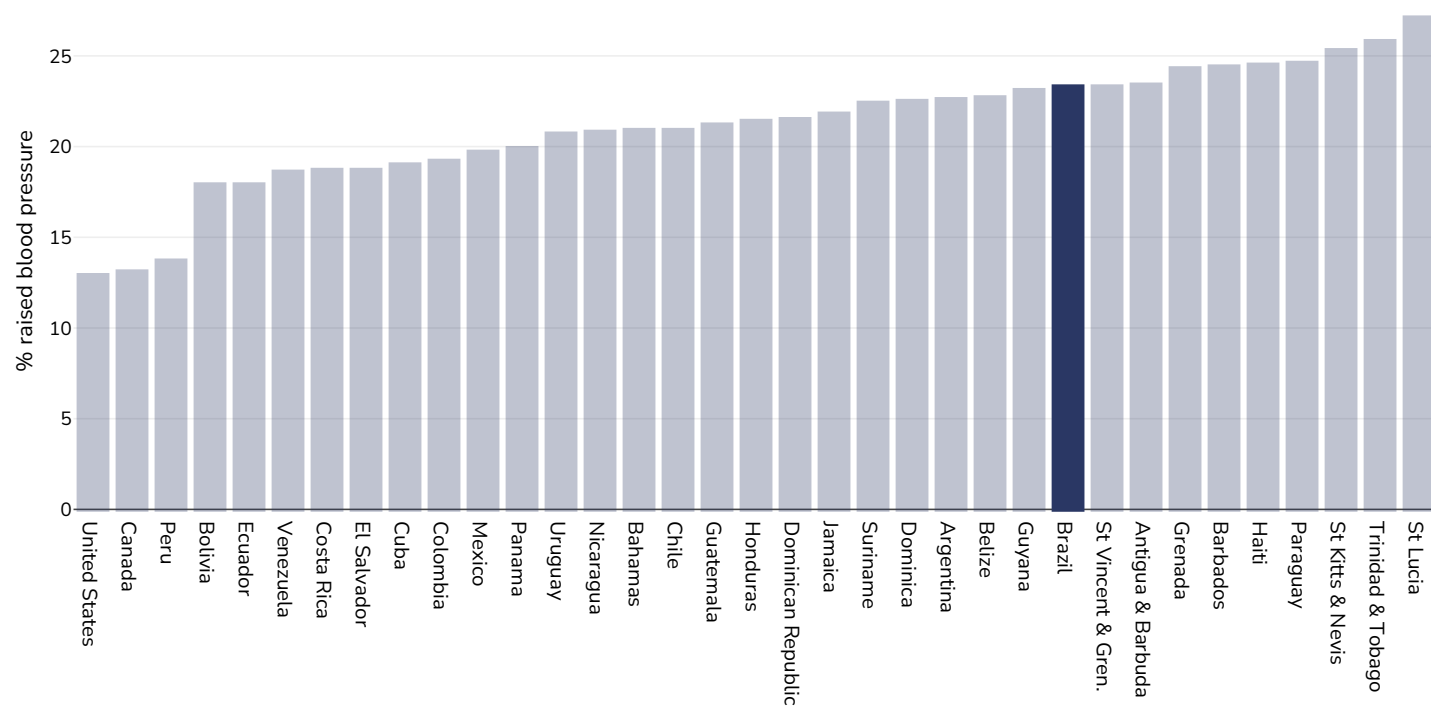
Area covered: National

References: Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 10.01.2065

Definitions: Age-standardized incidence rates per 100 000

## Raised blood pressure

### Adults, 2015



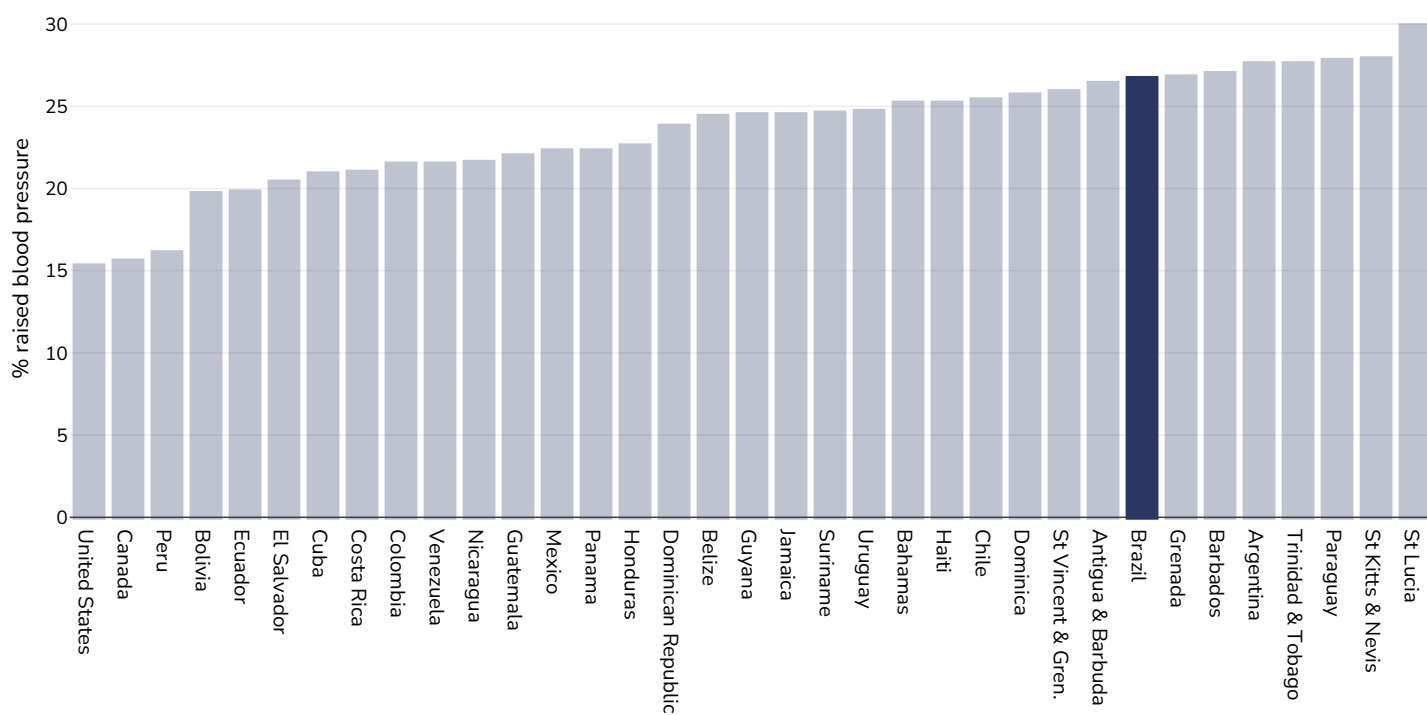
References:

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

Definitions:

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

## Men, 2015



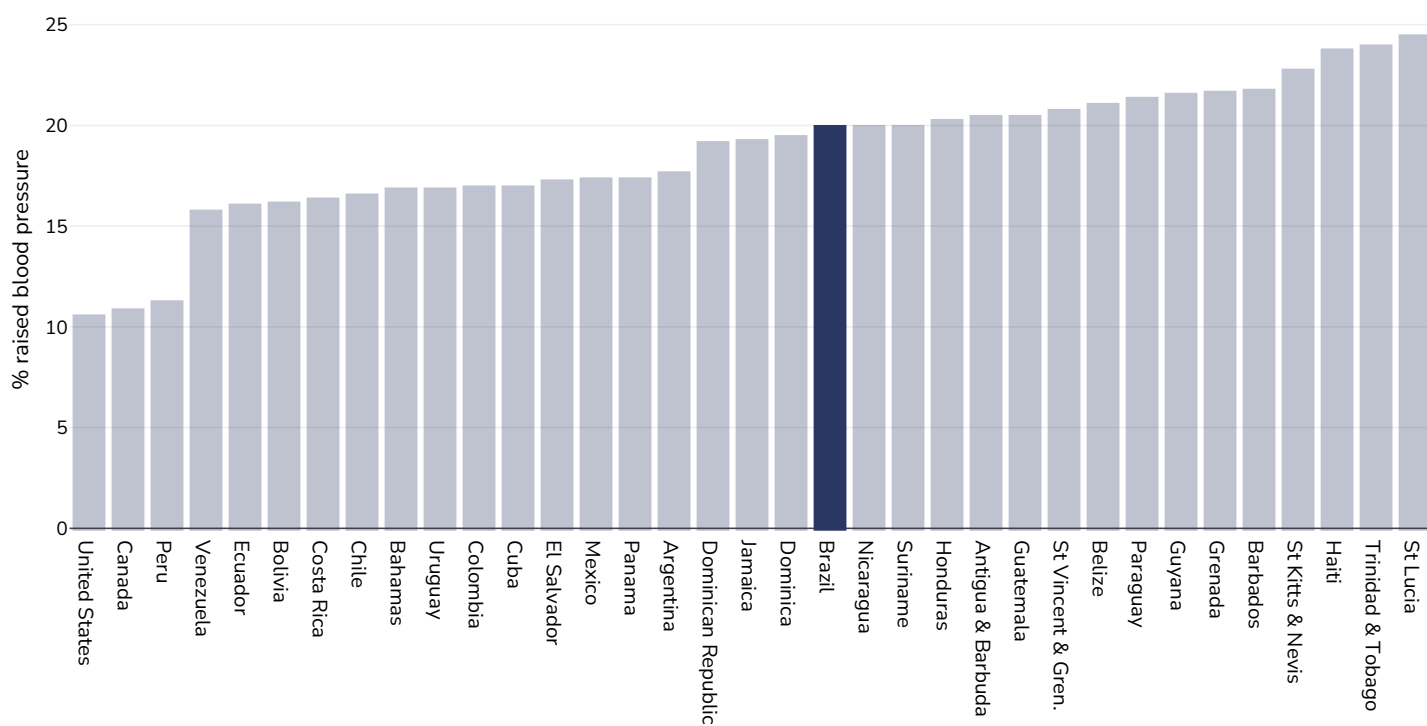
References:

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

Definitions:

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

## Women, 2015



References:

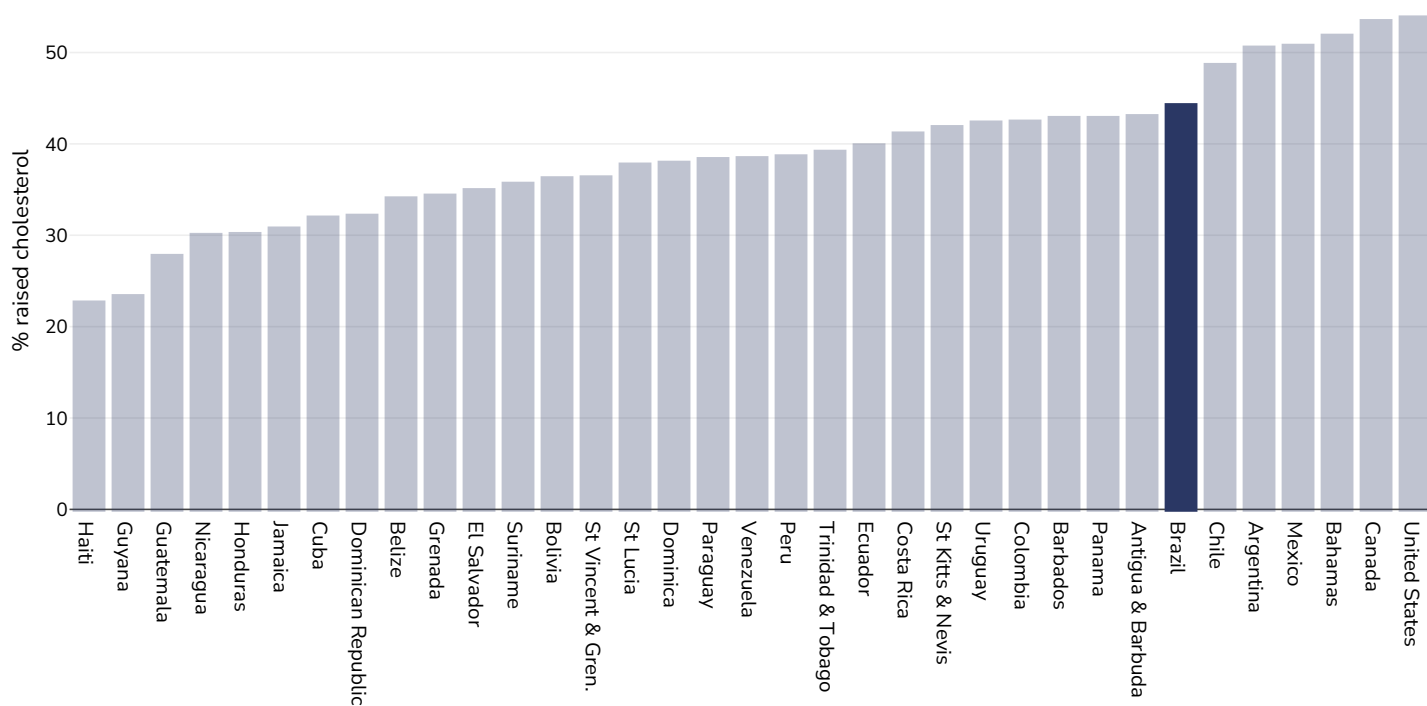
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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

## Raised cholesterol

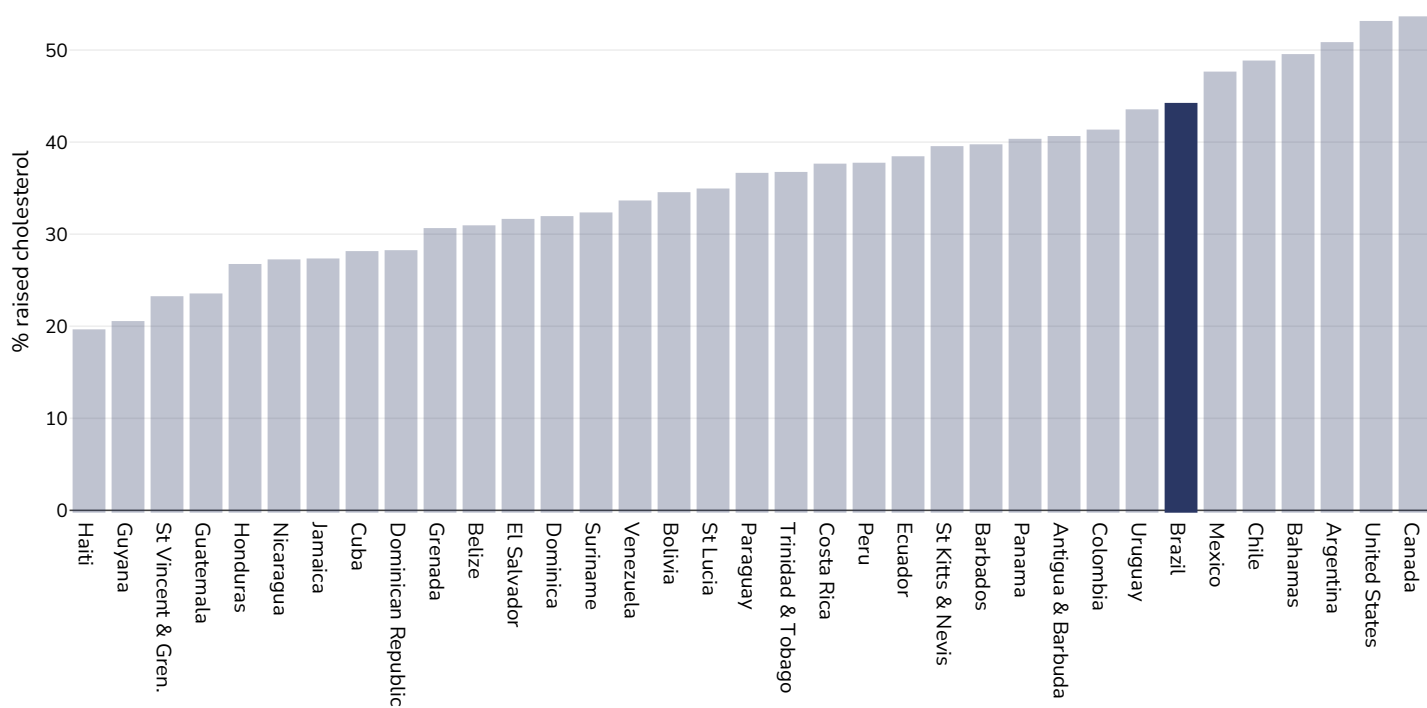
### Adults, 2008



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

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

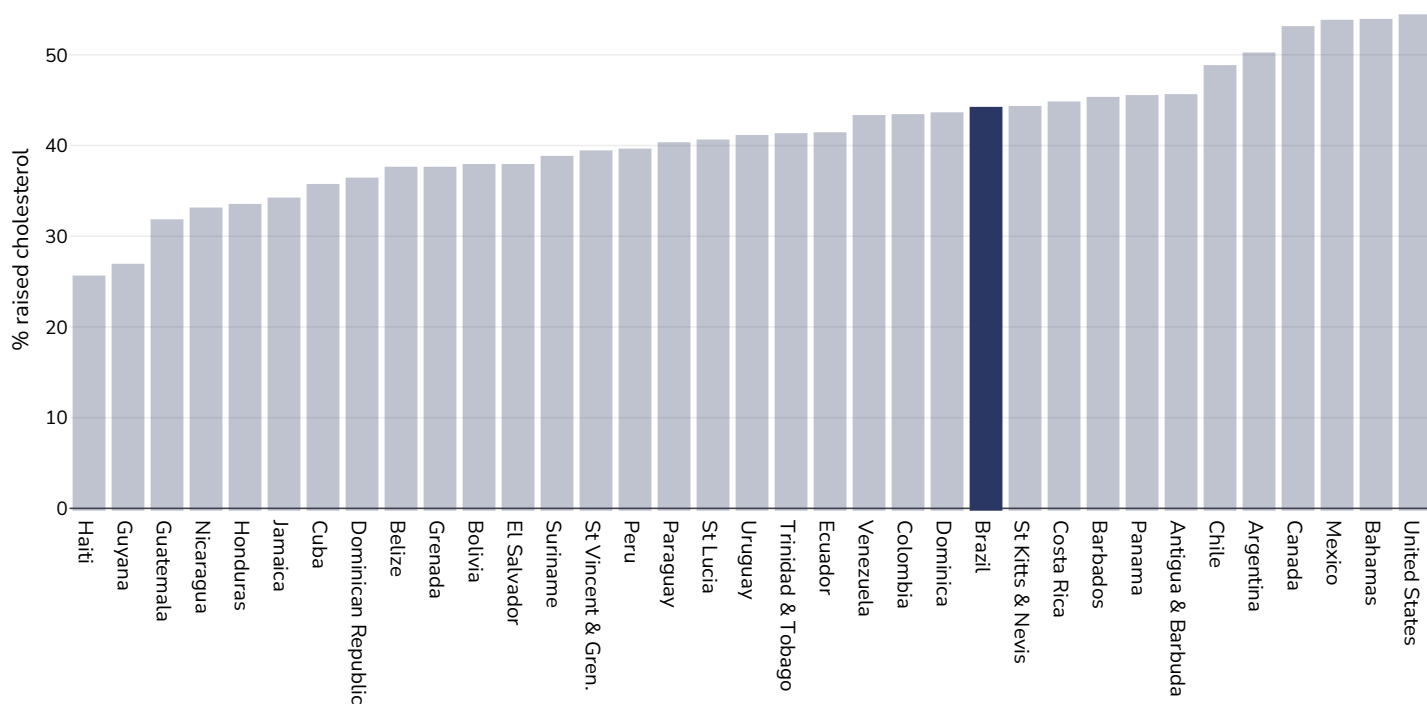
## Men, 2008



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

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

## Women, 2008

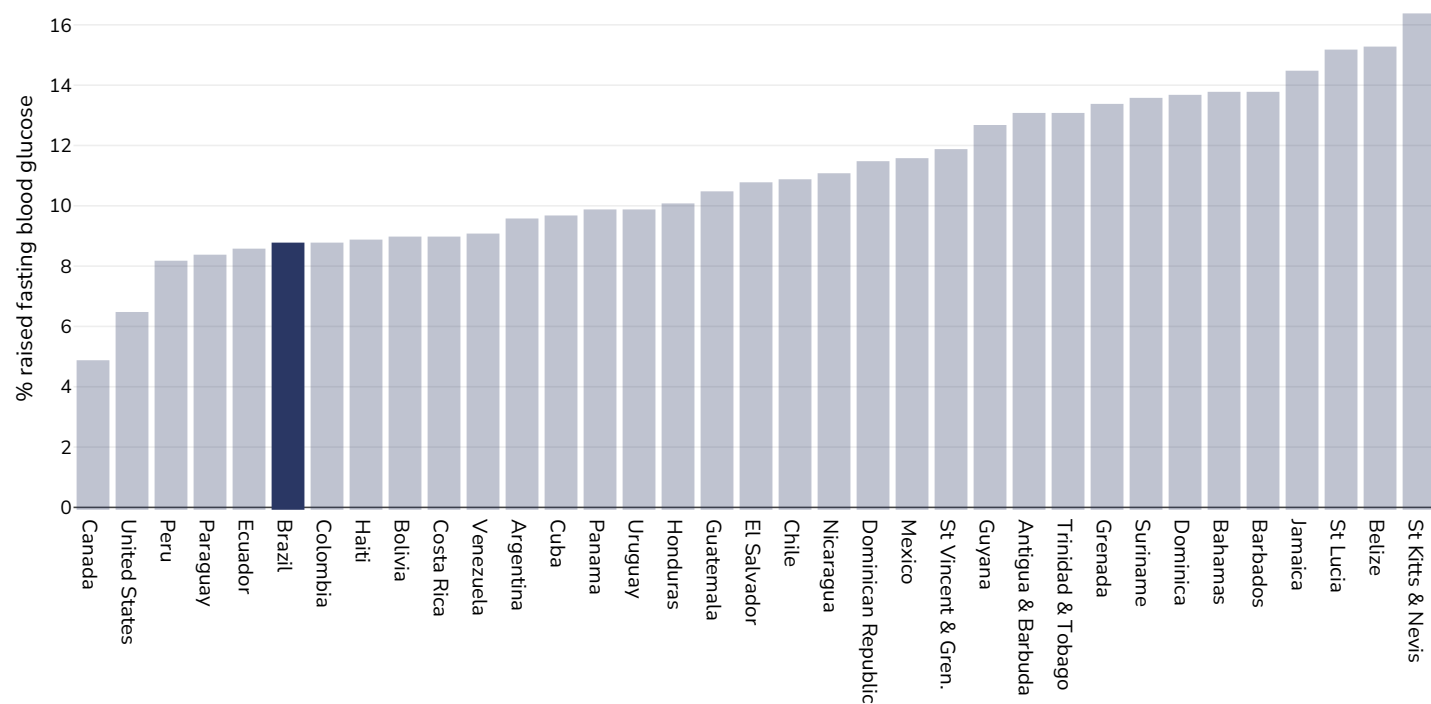


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

## Raised fasting blood glucose

### Men, 2014



References:

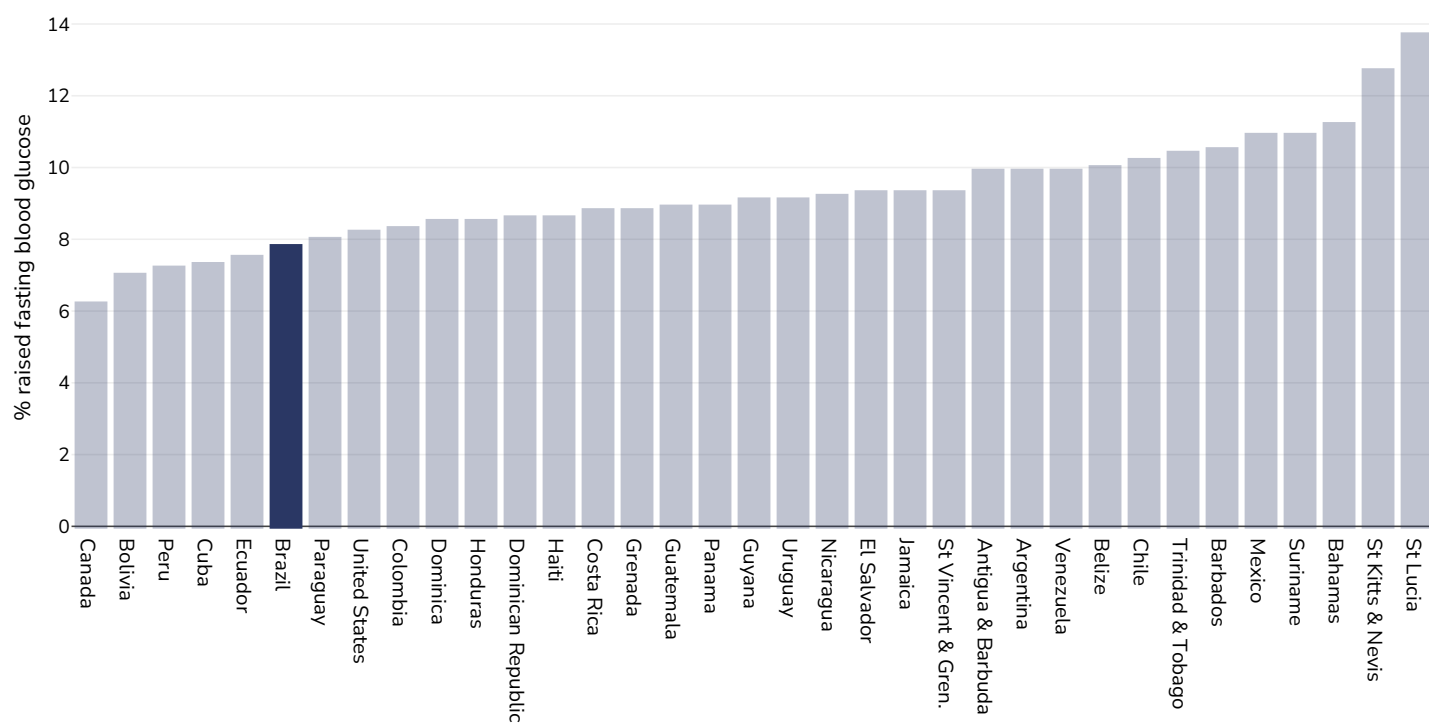
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

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



## Women, 2014



References:

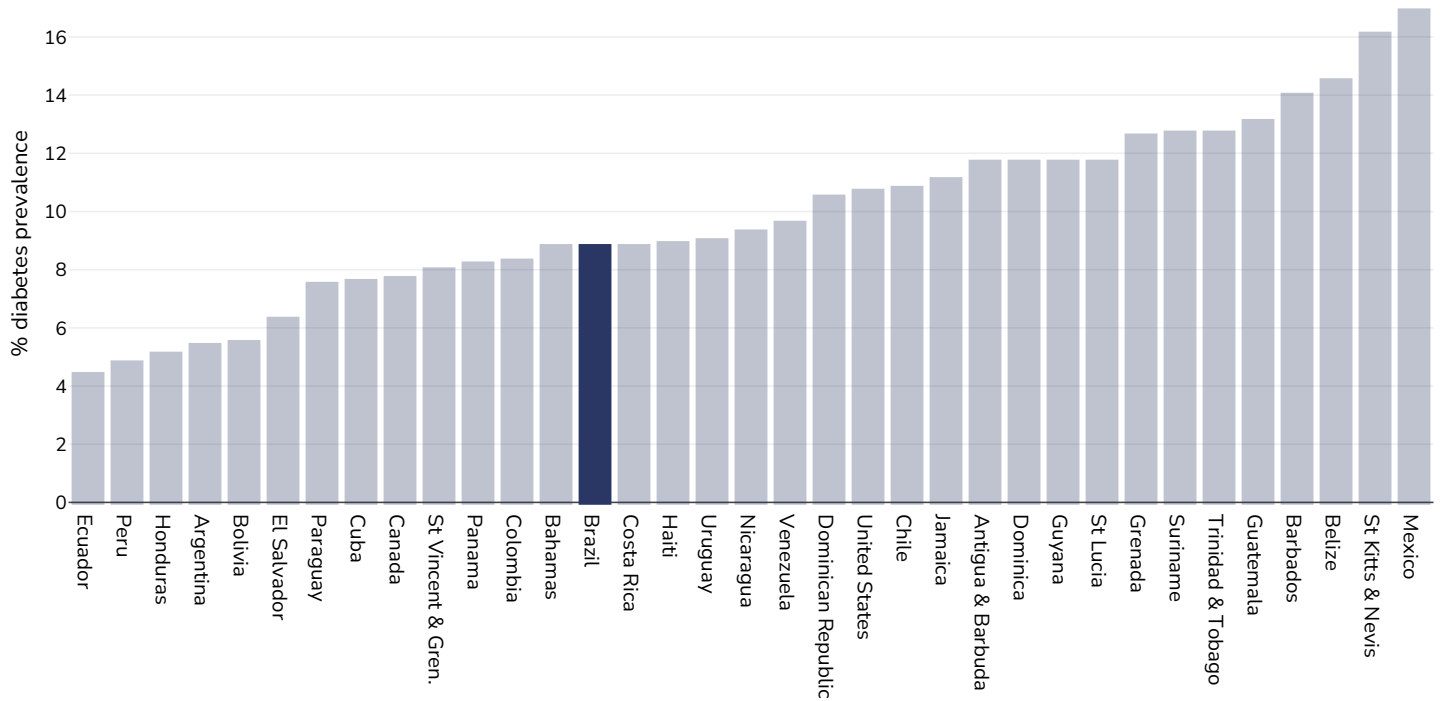
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

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

## Diabetes prevalence

### Adults, 2021



Age: 20-79

Area covered: National

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

Definitions: Age-adjusted comparative prevalence of diabetes, %

## Contextual factors

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



### Labelling

<b>Is there mandatory nutrition labelling?</b>	✓
Front-of-package labelling?	✓
Back-of-pack nutrition declaration?	✓
Color coding?	✗
Warning label?	✓



## Regulation and marketing

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



## Political will and support

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



## Monitoring and surveillance

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



## Governance and resource

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

### Key

✓ Present

✓<sub>v</sub> Present

(voluntary)

✓ Incoming

✗ Absent

? Unknown