# Report card

## Colombia

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevalence</td>
<td>2</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in Colombia 1995-2010</td>
<td>4</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in Colombia 1995-2010</td>
<td>5</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in selected countries in the Americas Region 1960-2018</td>
<td>6</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>8</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>9</td>
</tr>
<tr>
<td>Overweight/obesity by region</td>
<td>11</td>
</tr>
<tr>
<td>Overweight/obesity by socio-economic group</td>
<td>13</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>15</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>21</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>22</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>23</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>24</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>25</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>26</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>28</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>29</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>31</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>33</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>35</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>37</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>38</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>41</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>44</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>46</td>
</tr>
<tr>
<td>Health systems</td>
<td>47</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2015-2016

Survey type: Measured
Age: 18-64
Sample size: 151343
Area covered: National
References: ENSIN 2015. Available at [https://www.minsalud.gov.co/](https://www.minsalud.gov.co/) (last accessed 05.10.20)
Notes: Sample size includes children

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2010

<table>
<thead>
<tr>
<th></th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 13-17
Sample size: 18177

References: Rincón-Pabón, D., Urazán-Hernández, Y., & González-Santamaría, J. (2019). Association between the time spent watching television and the sociodemographic characteristics with the presence of overweight and obesity in Colombian adolescents (secondary analysis of the ENSIN 2010), PloS one, 14(5), e0216455. https://doi.org/10.1371/journal.pone.0216455

Notes: WHO Cut off
Cutoffs: WHO
% Adults living with obesity in Colombia 1995-2010

Survey type: Measured

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

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

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Colombia 1995-2010

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

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

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with obesity in selected countries in the Americas Region 1960-2018

Men

- teal: Obesity, Bahamas
- dark blue: Obesity, Brazil
- red: Obesity, Chile
- orange: Obesity, Mexico
- yellow: Obesity, United States

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

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

References:

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

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

### Children, 2006

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Overweight or Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete Primary (1-4y)</td>
<td>4%</td>
</tr>
<tr>
<td>Complete Primary (5y)</td>
<td>6%</td>
</tr>
<tr>
<td>Incomplete Secondary (6-10y)</td>
<td>12%</td>
</tr>
<tr>
<td>Complete Secondary (11y)</td>
<td>10%</td>
</tr>
<tr>
<td>University (≥12y)</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Survey Details

- **Survey type:** Measured
- **Age:** 5-12
- **Sample size:** 3202
- **Area covered:** City of Bogotá

### References


### Notes

Prevalence of overweight and obesity by Maternal Education. The study population is representative of low- and middle-income families from Bogotá, considering that the public school system enrolled 57% of all primary school children in the city by the end of 2005 and 89% of them were from low- and middle-income families. Child overweight or obesity was defined according to BMI cut-off points for sex and age corresponding to ≥25 in adults, following the International Obesity Task Force (IOTF) recommendations.

### Cutoffs

IOTF
Overweight/obesity by age

Adults, 2010

Survey type: Measured
Age: 15-17
Sample size: 18177


Notes: WHO Cut off

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2010

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>13-14</td>
</tr>
<tr>
<td>Sample size:</td>
<td>18177</td>
</tr>
</tbody>
</table>

**References:** Rincón-Pabón, D., Urazán-Hernández, Y., & González-Santamaría, J. (2019). Association between the time spent watching television and the sociodemographic characteristics with the presence of overweight and obesity in Colombian adolescents (secondary analysis of the ENSIN 2010). PloS one, 14(5), e0216455. [https://doi.org/10.1371/journal.pone.0216455](https://doi.org/10.1371/journal.pone.0216455)

**Notes:** WHO Cut off

**Cutoffs:** WHO
Overweight/obesity by region

Adults, 2015-2016

Survey type: Measured
Age: 18-64
Sample size: 151343
Area covered: National
References: ENSIN 2015. Available at https://www.minsalud.gov.co/ (last accessed 05.10.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2010

Survey type: Measured
Age: 13-17
Sample size: 18177
Notes: WHO Cut off
Cutoffs: WHO
Overweight/obesity by socio-economic group

Adults, 2010

Survey type: Measured
Age: 18-64
Sample size: 91115
Area covered: National


Notes: Obesity prevalence by wealth index quintile.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2010

Survey type: Measured

Age: 13-17

Sample size: 18177

References: Rincón-Pabón, D., Urazán-Hernández, Y., & González-Santamaría, J. (2019). Association between the time spent watching television and the sociodemographic characteristics with the presence of overweight and obesity in Colombian adolescents (secondary analysis of the ENSIN 2010), PloS one, 14(5), e0216455. [https://doi.org/10.1371/journal.pone.0216455](https://doi.org/10.1371/journal.pone.0216455)

Notes: WHO Cut off

Cutoffs: WHO
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010

Age: 11-17


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

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

% insufficient physical activity

Age: 11-17


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

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

% insufficient physical activity

Age: 11-17


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

Definitions: % Adolescents insufficiently active (age standardised estimate)
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, 2018

Incidence per 100,000

Age: 20+

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

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

**Incidence per 100,000**

**Age:** 20+


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

Women, 2018


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

Men, 2018


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

Age: 20+


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

Men, 2018

Incidence per 100,000

Age: 20+


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

Age: 20+

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

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

Men, 2018

Incidence per 100,000

Age: 20+


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

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venezuela</td>
<td></td>
</tr>
<tr>
<td>Barbados</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td></td>
</tr>
<tr>
<td>Bolivia</td>
<td></td>
</tr>
<tr>
<td>Suriname</td>
<td></td>
</tr>
<tr>
<td>St Lucia</td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
</tr>
<tr>
<td>Panama</td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
</tr>
<tr>
<td>Bolivia</td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td></td>
</tr>
</tbody>
</table>

Age: 20+


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

Men, 2018


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

Incidence per 100,000

Age: 20+


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

Women, 2018

References:

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

Adults, 2015


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

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

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


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

Adults, 2008

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

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

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

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


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

Men, 2014-2019

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, 2014-2019

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, 2017


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

Health systems summary

Colombia’s health system is dominated by its General Social Security Health System that consists of 3 plans: a contributory plan for workers, a subsidised plan for those who cannot pay and a third plan for workers from certain institutions. Enrolment into this system is compulsory, and so coverage is high. In 2015, coverage was 97.6%. Members of the plans are entitled to similar benefits, benefits that include health promotion, prevention, medication and cash benefits during maternity. Members of the subsidised plan have an inferior benefit package to contributory members. As a result of the aforementioned social health insurance plans, Colombia has made great strides in improving healthcare access and financial protection. Out of pocket expenditure as a proportion of total health expenditure is approximately 15.9%.

Colombia, however, has several vulnerable populations (mostly in rural, remote areas) that still have poor access to care and are at high risk of nutritional deficiencies. These groups include indigenous groups, farmers and Afro-descendent groups.

Indicators

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

<table>
<thead>
<tr>
<th>Obesity not recognised as a disease</th>
<th>High cost of out of pocket payments</th>
<th>Lack of training and trained HCPs</th>
<th>Lack of political will, interest and action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPs are disinterested in obesity training and treatment</td>
<td>Poor adherence to and fear of treatment</td>
<td>Resistance to innovation</td>
<td>Lack of evidence, monitoring and research</td>
</tr>
</tbody>
</table>

Summary of stakeholder feedback

In 2009, Colombia passed an ‘obesity law’ that calls obesity a disease and outlines policies and initiatives that should be undertaken for the prevention and control of obesity. Still, one stakeholder feels that the government is too supportive of food producers and multinational companies and there is a general consensus that there is much more work to be done around prevention and treatment. There is said to be little financial investment into the cause.

It is unclear how obesity treatment is typically funded in Colombia, but cost was highlighted as a barrier to treatment. There was a lack of consensus on the BMI level required to be eligible for treatment and how those living with obesity enter the system, but it was agreed that long waiting lists were often the reason why they left.

While there does not appear to be specialist obesity training in Colombia, stakeholders reported that there is some obesity training for certain professionals such as endocrinologists.

Based on interviews/survey returns from 4 stakeholders

Last updated: June 2020