## Report card

### Kenya

<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 Kenya 1993-2014</td>
<td>3</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in Kenya 1993-2014</td>
<td>4</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>5</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>6</td>
</tr>
<tr>
<td>Overweight/obesity by region</td>
<td>7</td>
</tr>
<tr>
<td>Overweight/obesity by socio-economic group</td>
<td>8</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>9</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>15</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>16</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>17</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>18</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>19</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>20</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>22</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>23</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>25</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>27</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>29</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>31</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>32</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>35</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>38</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>40</td>
</tr>
<tr>
<td>Health systems</td>
<td>41</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2015

Survey type: Measured
Age: 18-69
Sample size: 6000
Area covered: National
References: Non Communicable Diseases Risk Factors STEPS Survey Kenya 2015

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
% Adults living with obesity in Kenya 1993-2014

Survey type: Measured
References: For full details of references visit https://data.worldobesity.org/
Notes: Adults 15-49

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 Kenya 1993-2014

Survey type: Measured
References: For full details of references visit https://data.worldobesity.org/
Notes: Adults 15-49

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.
Overweight/obesity by education

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 13143
Area covered: National
References: Demographic Health Survey Kenya 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59. 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

Women, 2014

Survey type: Measured
Sample size: 13143
Area covered: National
References: Demographic Health Survey Kenya 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

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 region

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 13143
Area covered: National
References: Demographic Health Survey, Kenya 2014
Notes: Includes ever married women aged 15-49 years only and may include males aged 15-59. 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 socio-economic group

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 13143
Area covered: National

References: Demographic Health Survey Kenya 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

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

Adults, 2016

Men, 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

<table>
<thead>
<tr>
<th>Country</th>
<th>% insufficient physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>70</td>
</tr>
<tr>
<td>Mauritius</td>
<td>65</td>
</tr>
<tr>
<td>Tanzania</td>
<td>60</td>
</tr>
<tr>
<td>Algeria</td>
<td>55</td>
</tr>
<tr>
<td>Seychelles</td>
<td>50</td>
</tr>
<tr>
<td>Mauritania</td>
<td>45</td>
</tr>
<tr>
<td>Uganda</td>
<td>40</td>
</tr>
<tr>
<td>Namibia</td>
<td>35</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>30</td>
</tr>
<tr>
<td>Senegal</td>
<td>25</td>
</tr>
<tr>
<td>Kenya</td>
<td>20</td>
</tr>
<tr>
<td>Botswana</td>
<td>15</td>
</tr>
<tr>
<td>Ghana</td>
<td>10</td>
</tr>
<tr>
<td>Zambia</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

References:

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

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


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

Women, 2018

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, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+


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

References:

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


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


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

Men, 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, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


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

Men, 2018

Age: 20+


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

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, 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

References:

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


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

Men, 2014

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

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

% raised fasting blood glucose


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

Economic classification: Lower Middle Income

Health systems summary

Kenya has a devolved healthcare system that can be split into three subsystems; the public sector, the commercial private sector and the faith-based sector. Most Kenyans receive healthcare from the underfunded public sector that has suffered in recent years from successive nurse and doctor strikes, a shortage of health workers and corruption. There is a mandatory national hospital insurance fund for formal sector workers that is optional for informal workers.

Currently, healthcare is financed through a combination of insurance, government funding, donor funding and out of pocket (OOP) payments. Both public and private facilities charges user fees with some exceptions such as certain facilities and age groups. It is estimated that OOP payments by individuals and donor funding make up 26.1% and 23.4% of total health expenditure respectively, indicating a precarious financial situation that offers inadequate financial protection. Kenya has committed to reforming its health financing by 2022 in order to achieve universal health coverage.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</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>No</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>No</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>Not known</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Not known</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will, interest and action
- Obesity not recognised as a disease
- Lack of financial investment and funding for coverage
- Cultural norms and traditions
- Lack of training for healthcare professionals
- Healthcare professionals disinterested in obesity
- Poor health literacy and behaviour
- Social determinants of health
- Obesogenic environment
- Lack of evidence, monitoring and research

Summary of stakeholder feedback

Obesity is not yet considered to be a disease in Kenya. Rather, it is considered a lifestyle condition and by some, a symbol of wealth and success to be celebrated. Stakeholders reported that obesity is not yet a priority as a result of these perceptions and the continued challenges of communicable diseases. It is noted that there are some positive developments however, such as the development of healthy food guidelines for children and the training and deployment of nutritionists.

It appears that obesity is only treated when comorbidities and complications have developed. Any treatment received is then paid for out of pocket by the individuals, typically in the private sector. Overall, treatment options are limited in urban areas, and are even worse in rural areas. In the few instances where one living with obesity enters the health system, they tend to leave the system with their obesity unaddressed because of the lack of obesity-specific care pathways and policies.

Stakeholders stressed that there are inadequate numbers of obesity specialists in both urban and rural areas. There is no specialist obesity training available, but it appears that there is also a lack of general training available. This lack of training contributes to the high numbers of individuals leaving the system with their obesity untreated.

There were conflicting responses on the presence of obesity management guidelines. One stakeholder reported that a set had been developed but were poorly disseminated. Others were not aware of the existence of any guidelines.

Based on interviews/survey returns from 5 stakeholders

Last updated: June 2020