



# Report card

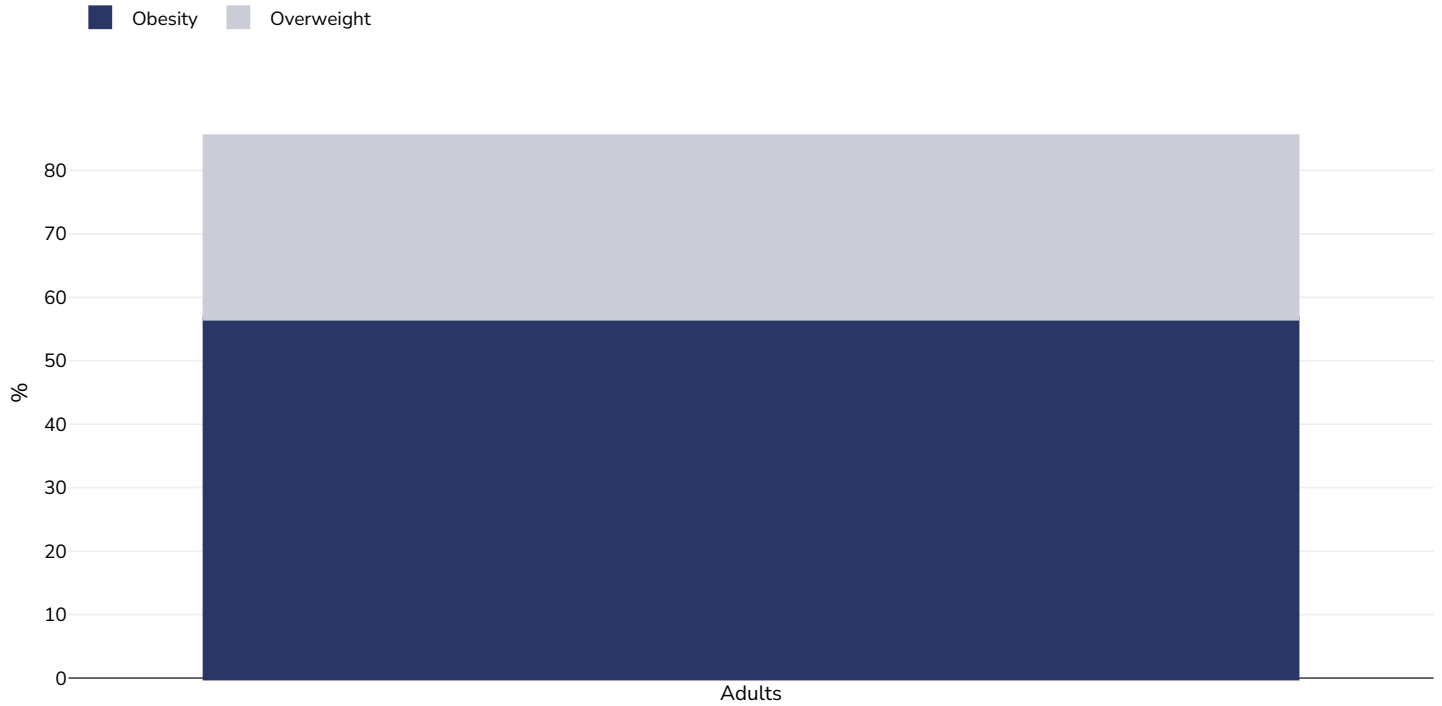
## Kiribati

### Lower-middle income

Contents	Page
Obesity prevalence	2
Overweight/obesity by education	5
Overweight/obesity by age	6
Overweight/obesity by region	7
Overweight/obesity by socio-economic group	9
Insufficient physical activity	10
Average daily frequency of carbonated soft drink consumption	16
Estimated per capita fruit intake	17
Prevalence of less than daily fruit consumption	18
Prevalence of less than daily vegetable consumption	19
Average weekly frequency of fast food consumption	20
Estimated per-capita processed meat intake	21
Estimated per capita whole grains intake	22
Mental health - depression disorders	23
Mental health - anxiety disorders	24
% Infants exclusively breastfed 0-5 months	25
Raised blood pressure	26
Raised cholesterol	29
Raised fasting blood glucose	32
Diabetes prevalence	34
Contextual factors	35

## Obesity prevalence

### Adults, 2018

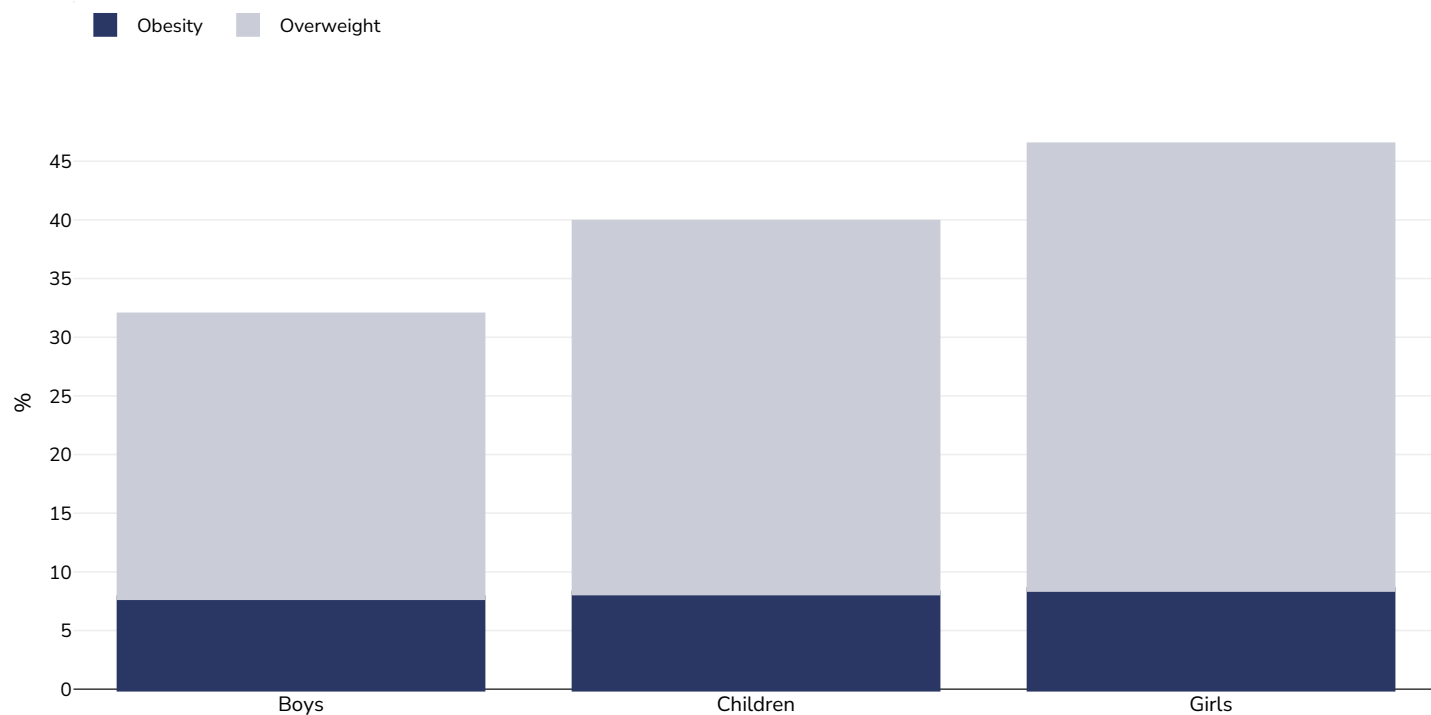


Survey type:	Measured
Age:	18+
Sample size:	483
Area covered:	South Tarawa and Butaritari

References: Eme, P. E., et al. "Obesity Measures in the Kiribati Population: A Need to Reclassify Body Mass Index Cut-Points." BMC Public Health, vol. 20, no. 1, 11 July 2020, 10.1186/s12889-020-09217-z.

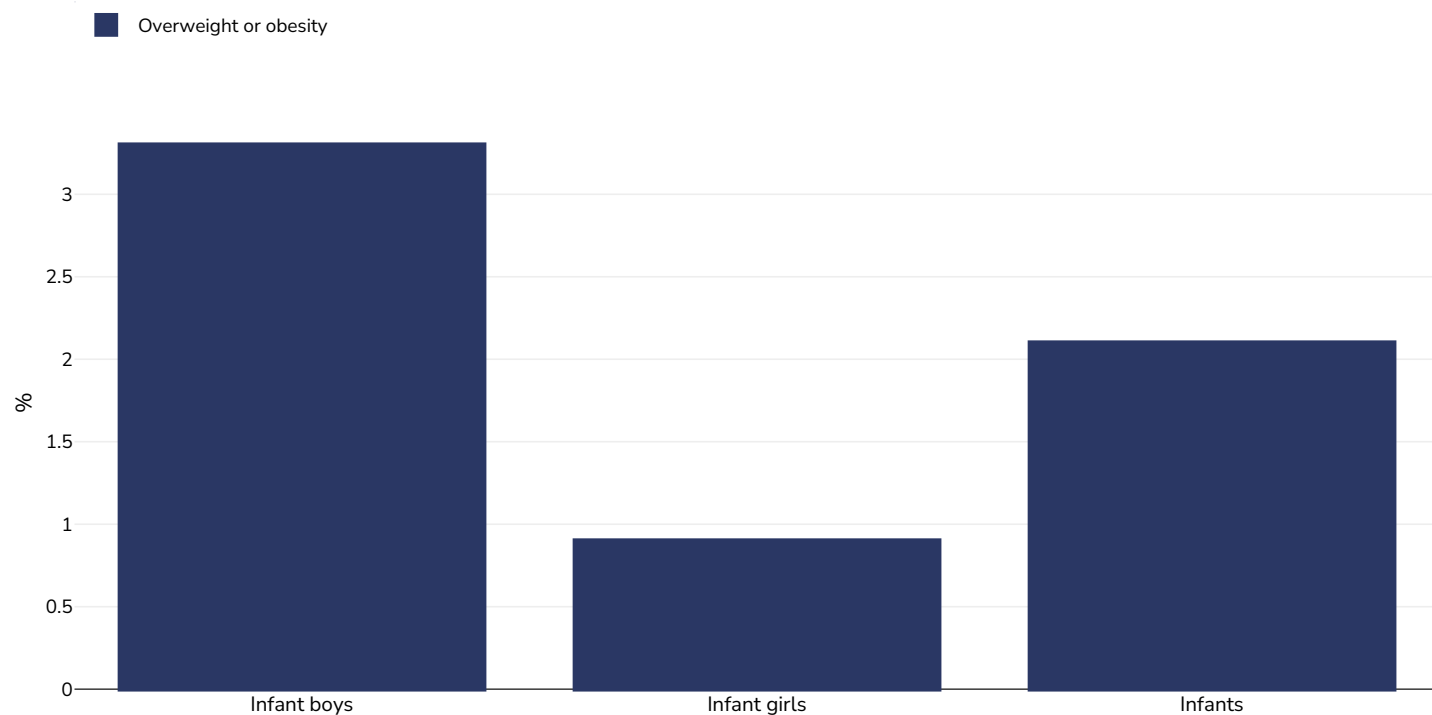
*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Children, 2011



Survey type:	Self-reported
Age:	13-17
Sample size:	1582
Area covered:	National
References:	Global School-based Student Health Survey (GSHS), available at <a href="https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Kiribati.pdf?ua=1">https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Kiribati.pdf?ua=1</a> (last accessed 14.12.20 )
Cutoffs:	WHO

## Infants, 2018-2019



Age: 0-5

Sample size: 2143

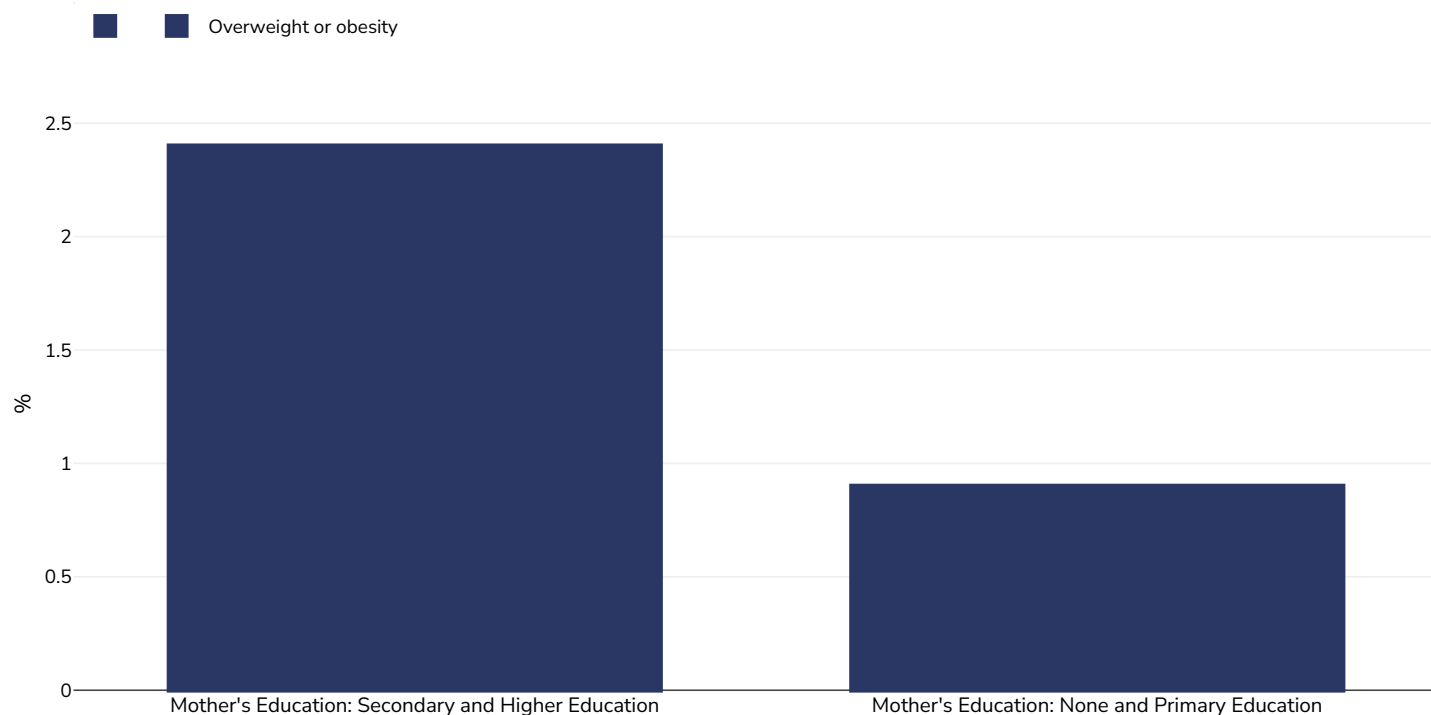
References: MICS: Kiribati 2018-2019 Social Development Indicator Survey

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 education

### Infants, 2018-2019



Sample size: 2143

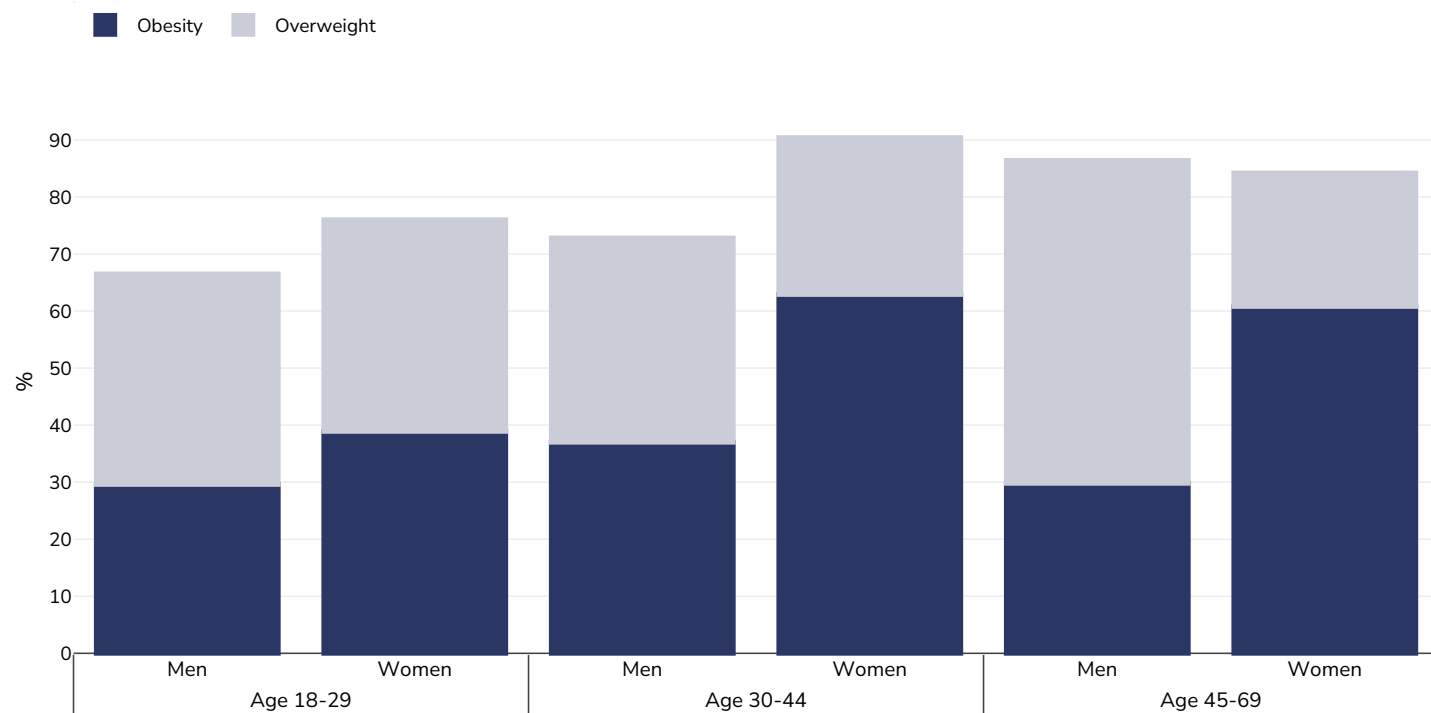
References: MICS: Kiribati 2018-2019 Social Development Indicator Survey

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, 2015-2016



Survey type: Measured

Sample size: 1247

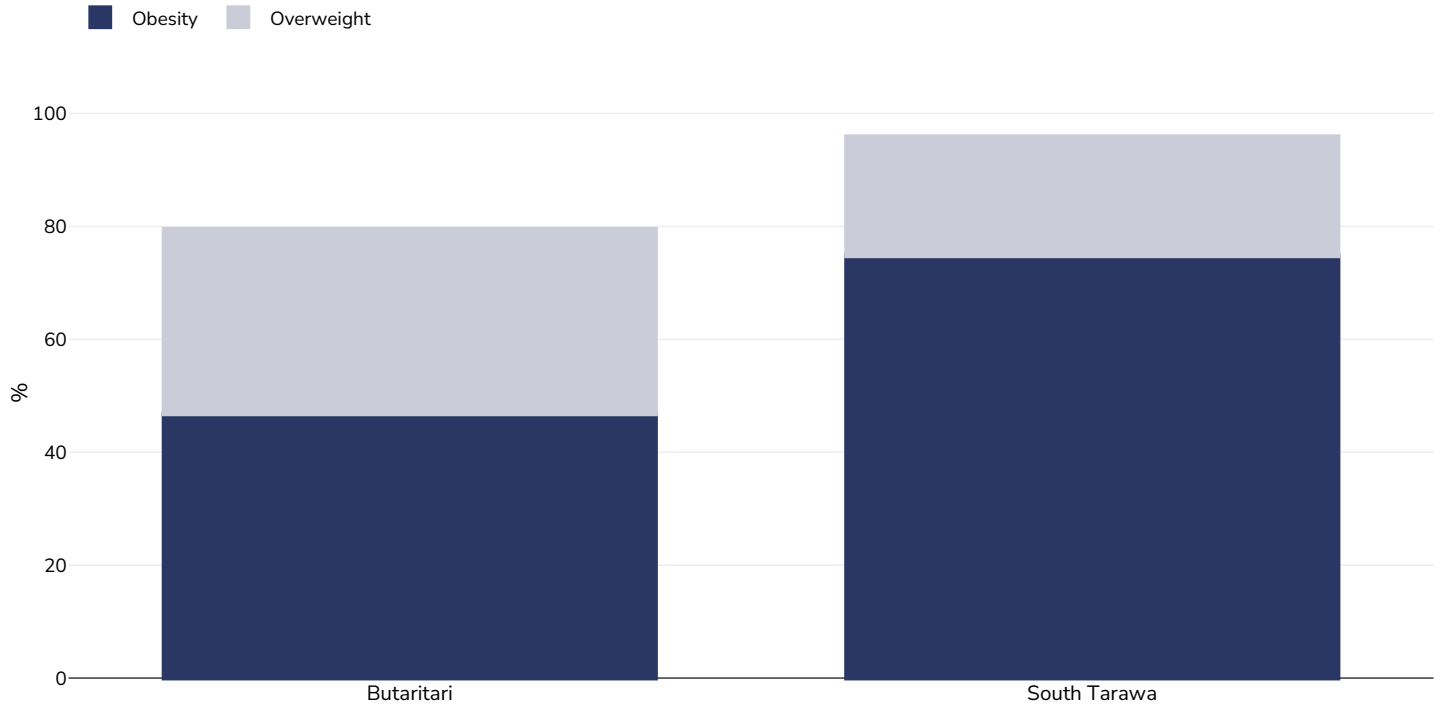
Area covered: National

References: Kiribati STEPS Survey Report 2015-16 (available at [https://www.who.int/ncds/surveillance/steps/2015-2016\\_Kiribati\\_STEPS\\_report.pdf?ua=1](https://www.who.int/ncds/surveillance/steps/2015-2016_Kiribati_STEPS_report.pdf?ua=1) last accessed 09.10.20)

*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>.*

## Overweight/obesity by region

### Adults, 2018

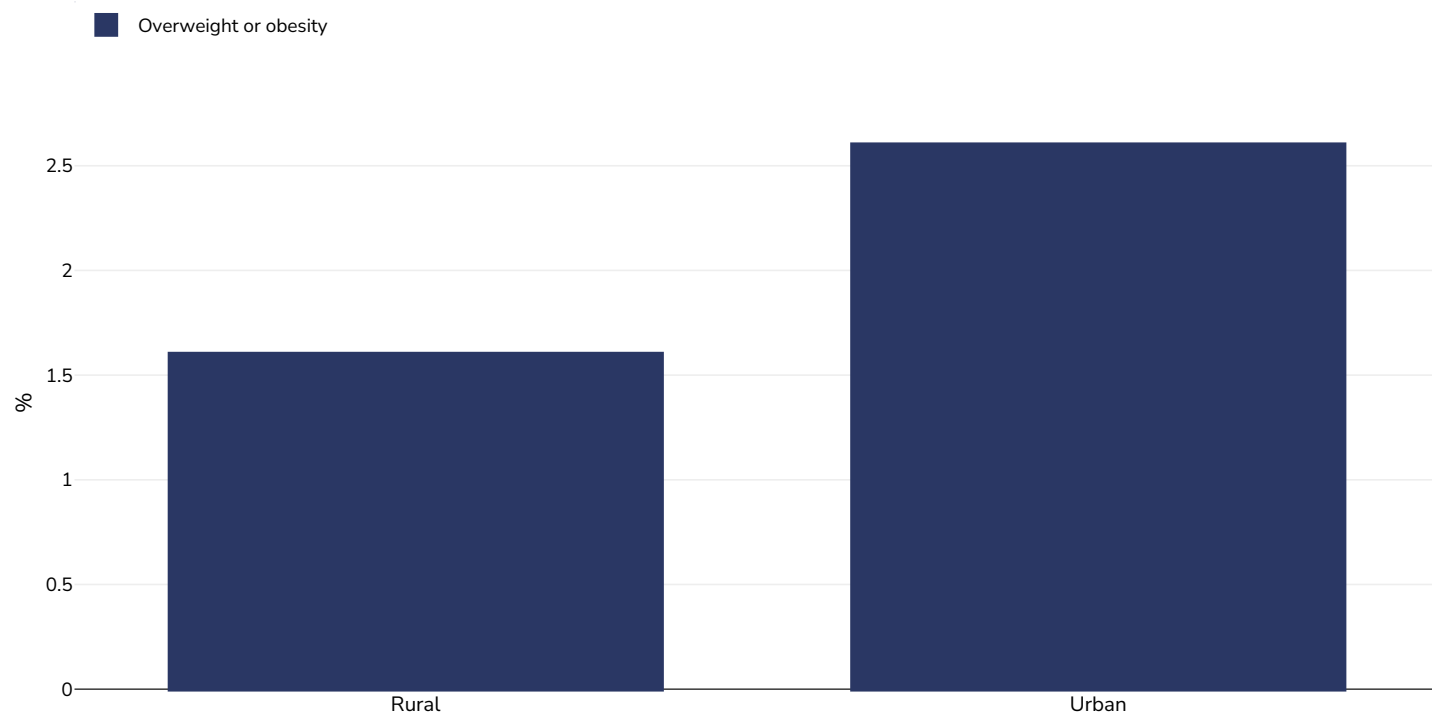


Survey type:	Measured
Age:	18+
Sample size:	483
Area covered:	South Tarawa and Butaritari

References: Eme, P. E., et al. "Obesity Measures in the Kiribati Population: A Need to Reclassify Body Mass Index Cut-Points." BMC Public Health, vol. 20, no. 1, 11 July 2020, 10.1186/s12889-020-09217-z.

*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>.*

## Infants, 2018-2019



Sample size: 2143

References: MICS: Kiribati 2018-2019 Social Development Indicator Survey

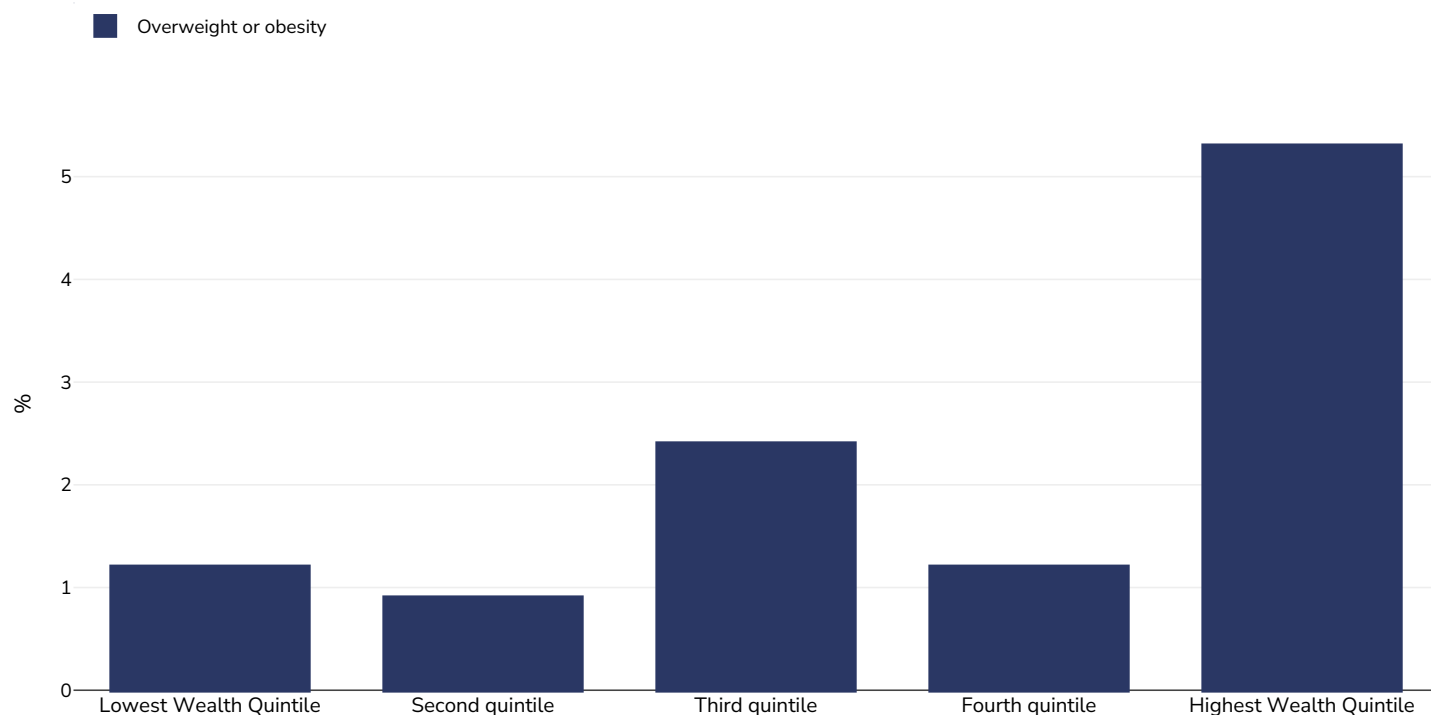
Notes: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York. For more information about the methodology, please consult <https://data.unicef.org/resources/jme-2023-country-consultations/> Percentage of children under 5 years of 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

### Infants, 2018-2019



Sample size: 2143

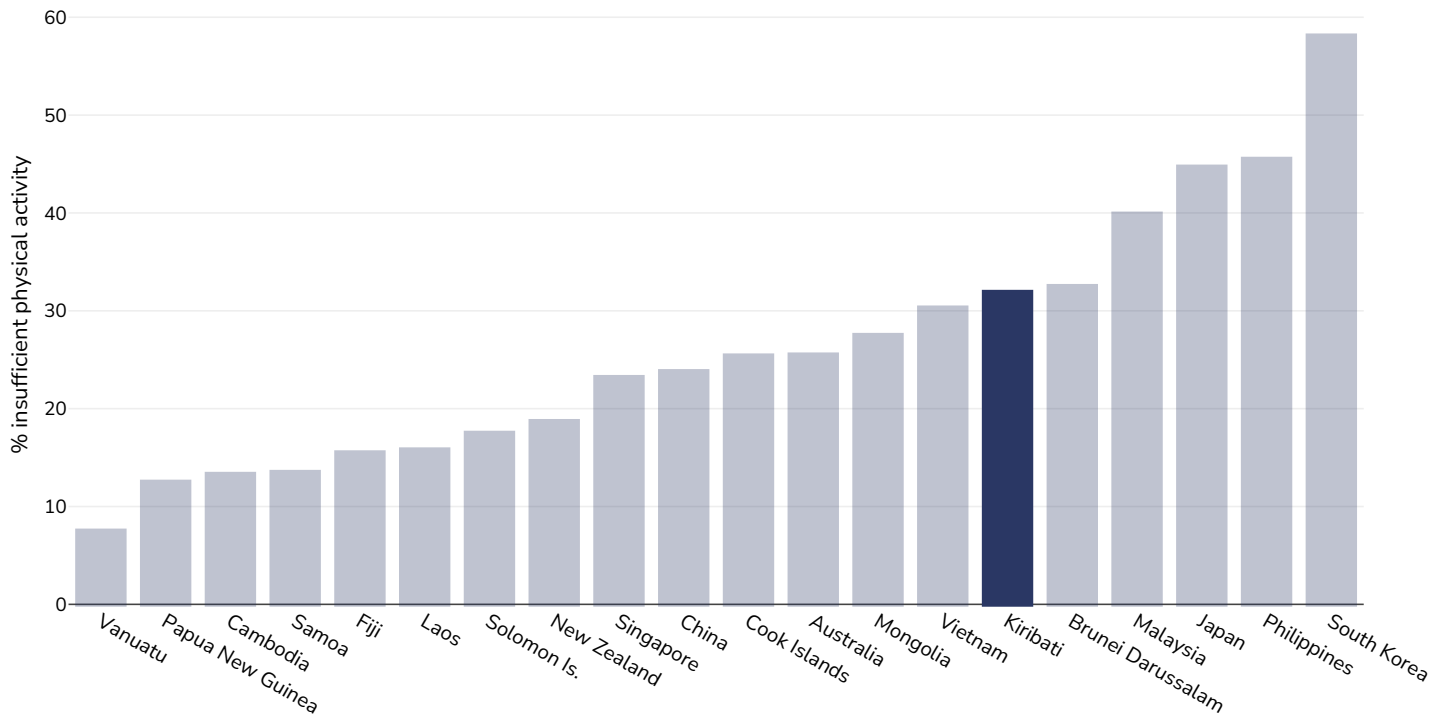
References: MICS: Kiribati 2018-2019 Social Development Indicator Survey

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, 2022



Survey type: Self-reported

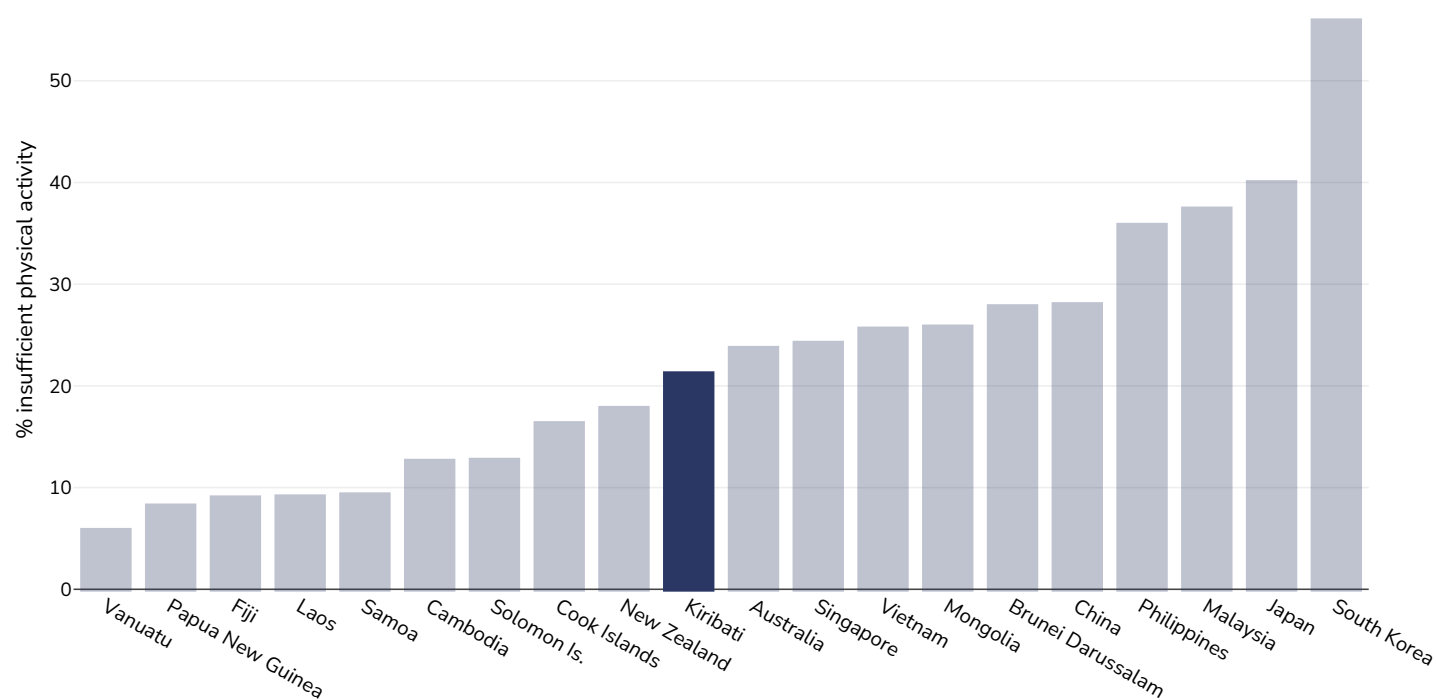
Age: 18+

Area covered: National

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

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

## Men, 2022



Survey type: Self-reported

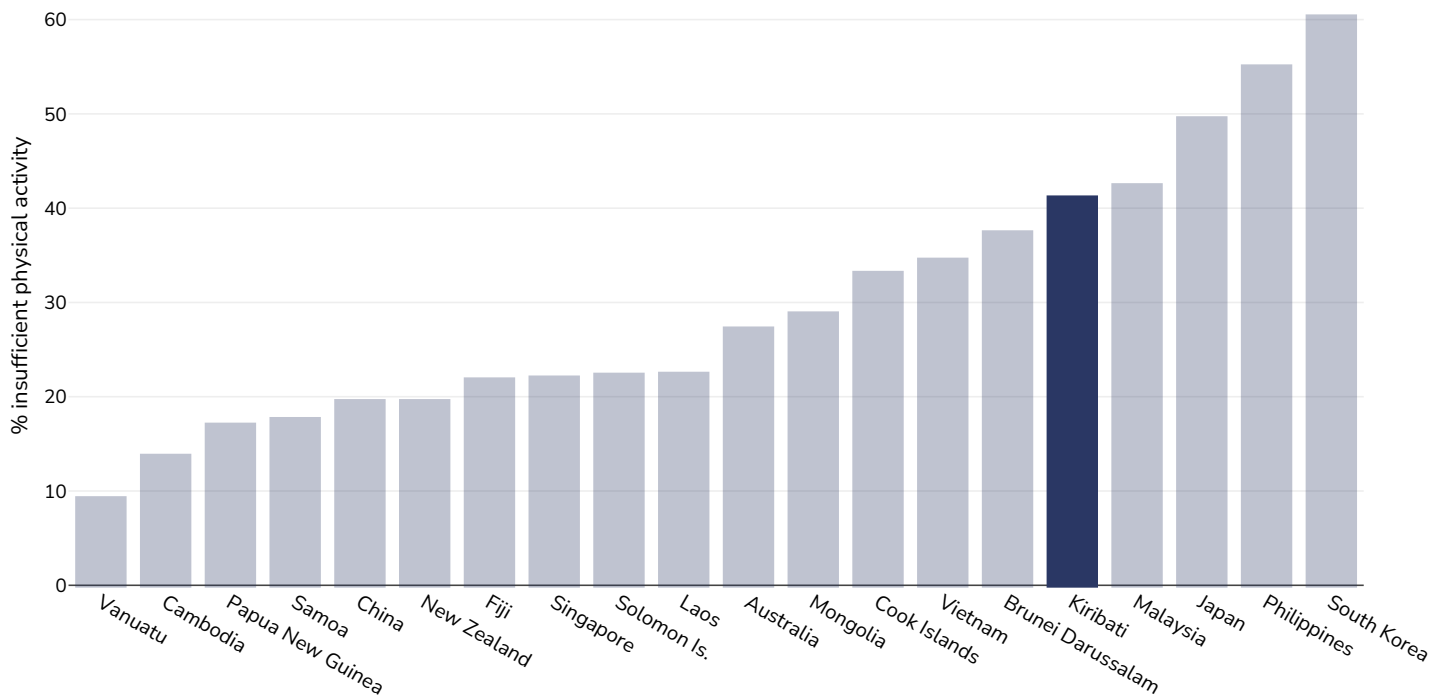
Age: 18+

Area covered: National

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

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

## Women, 2022



Survey type: Self-reported

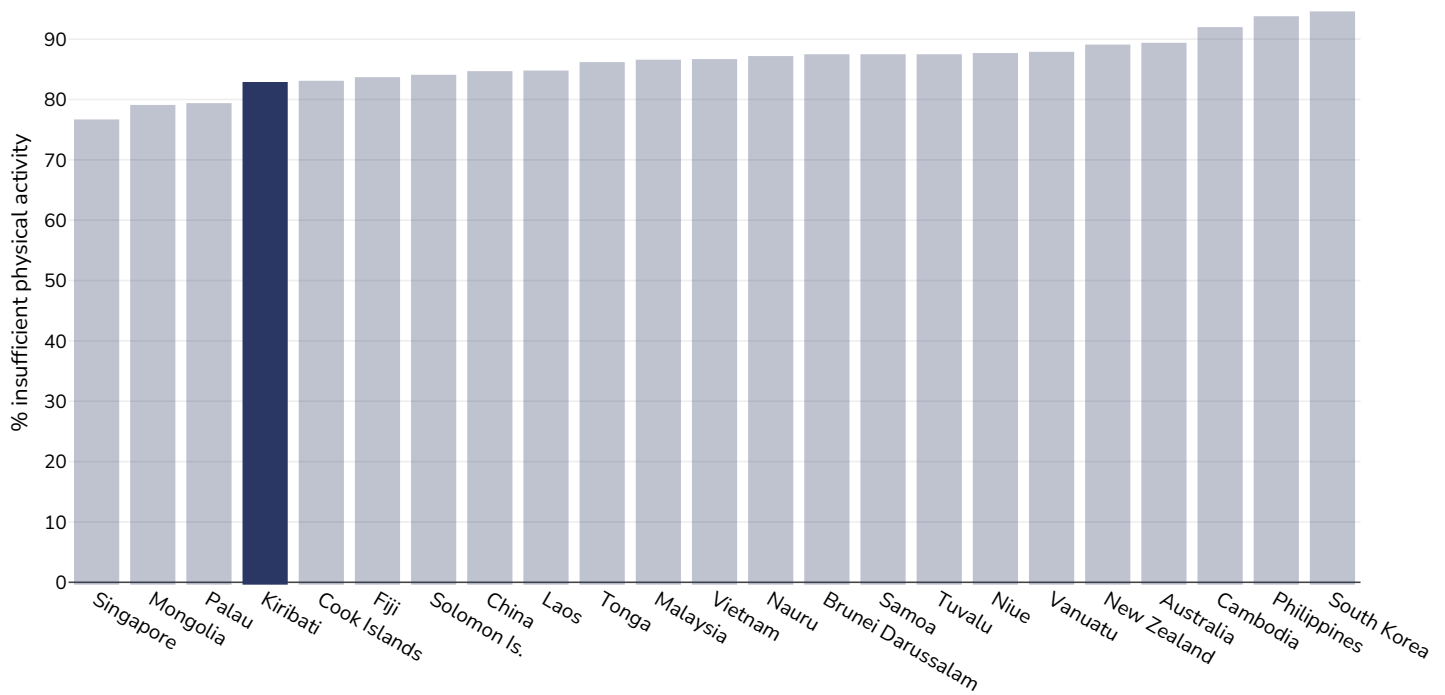
Age: 18+

Area covered: National

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

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

## Children, 2016



Survey type: Self-reported

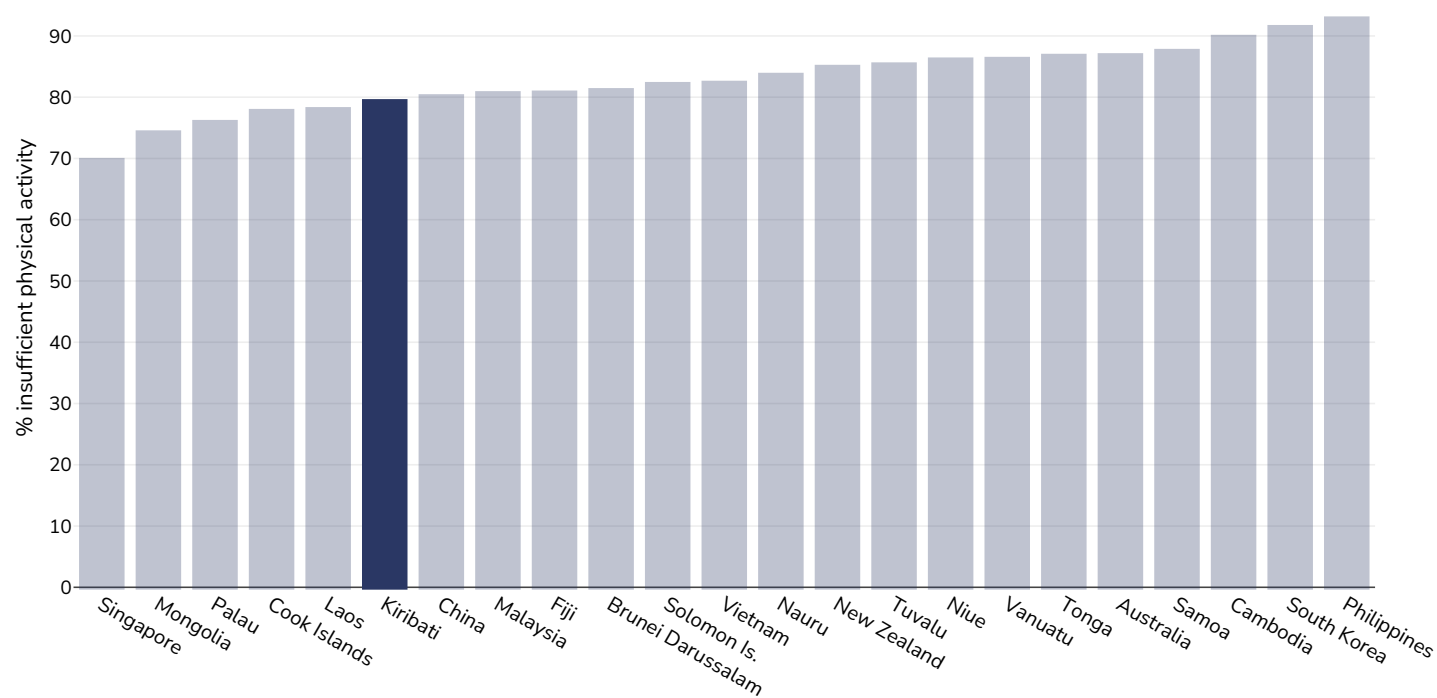
Age: 11-17

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

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

Definitions: % Adolescents insufficiently active (age standardised estimate)

## Boys, 2016



Survey type: Self-reported

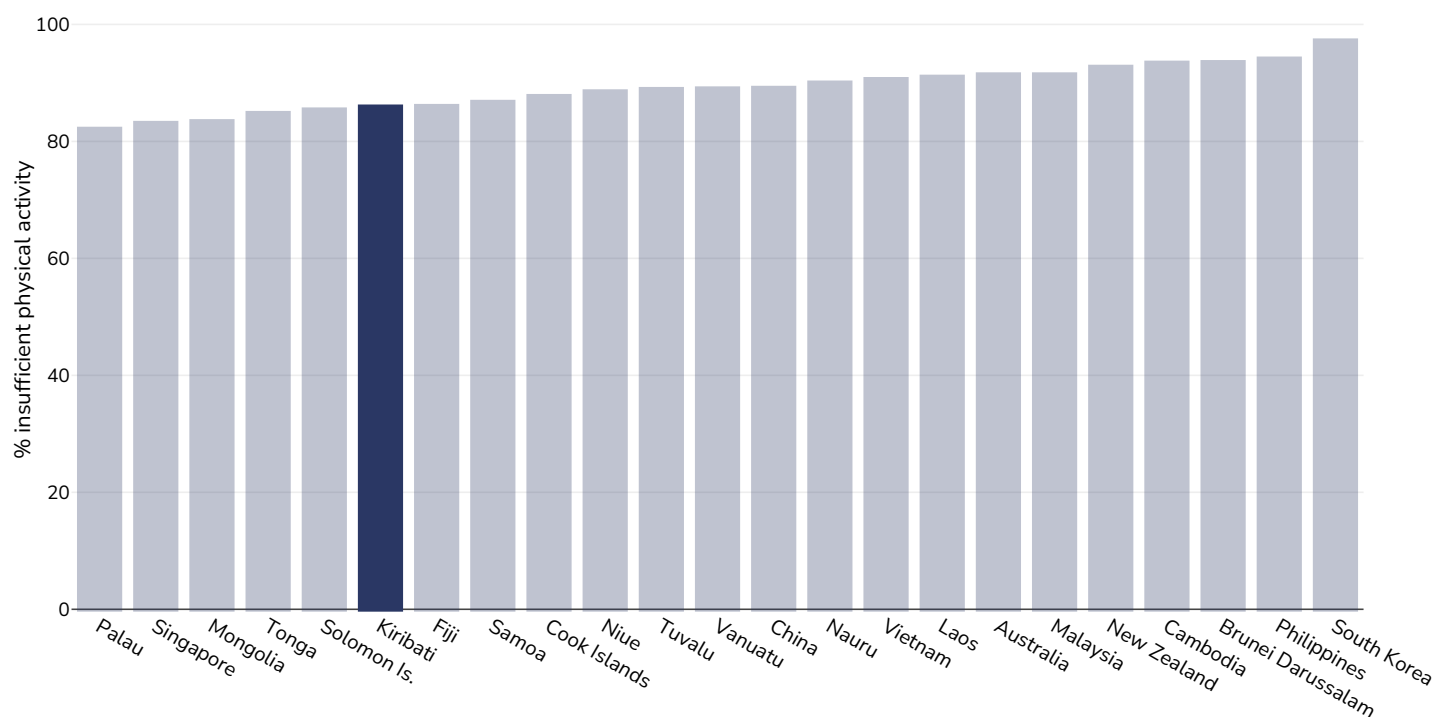
Age: 11-17

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

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

Definitions: % Adolescents insufficiently active (age standardised estimate)

## Girls, 2016



Survey type: Self-reported

Age: 11-17

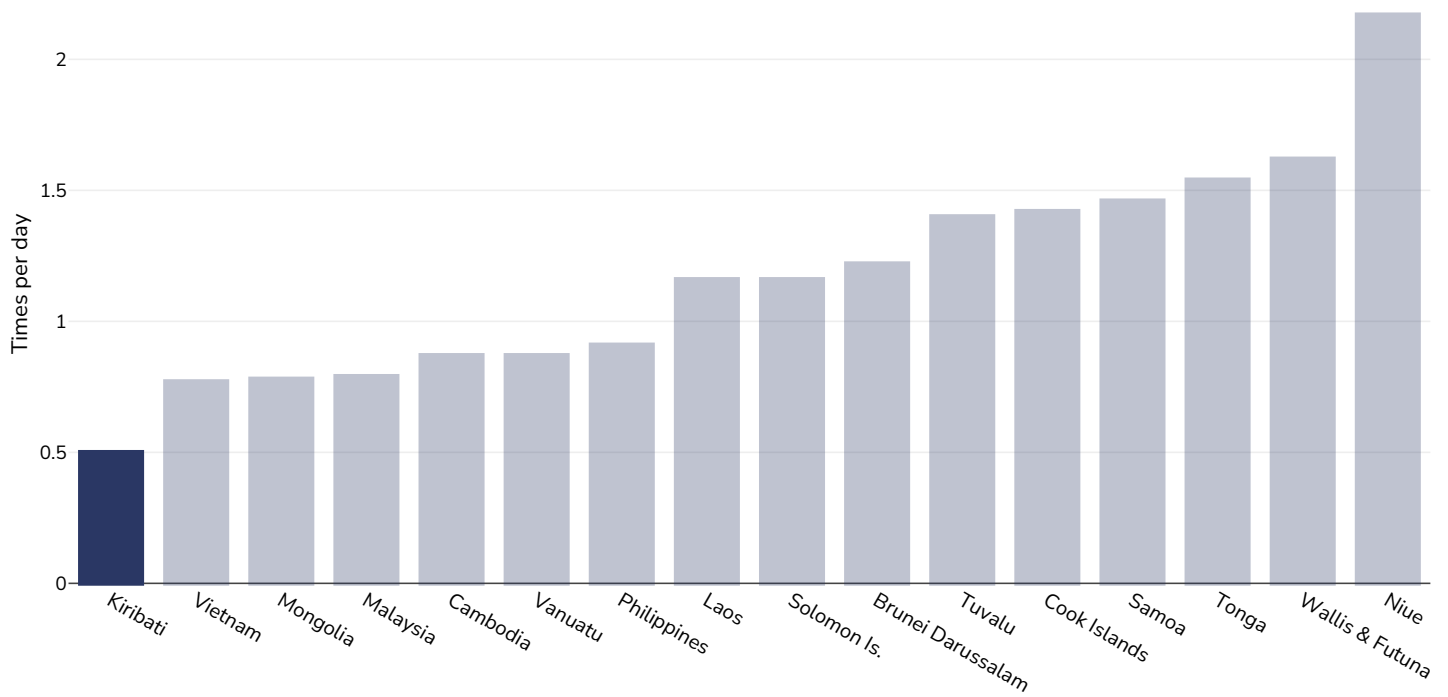
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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

Definitions: % Adolescents insufficiently active (age standardised estimate)

## Average daily frequency of carbonated soft drink consumption

### Children, 2010-2015



Survey type:

Measured

Age:

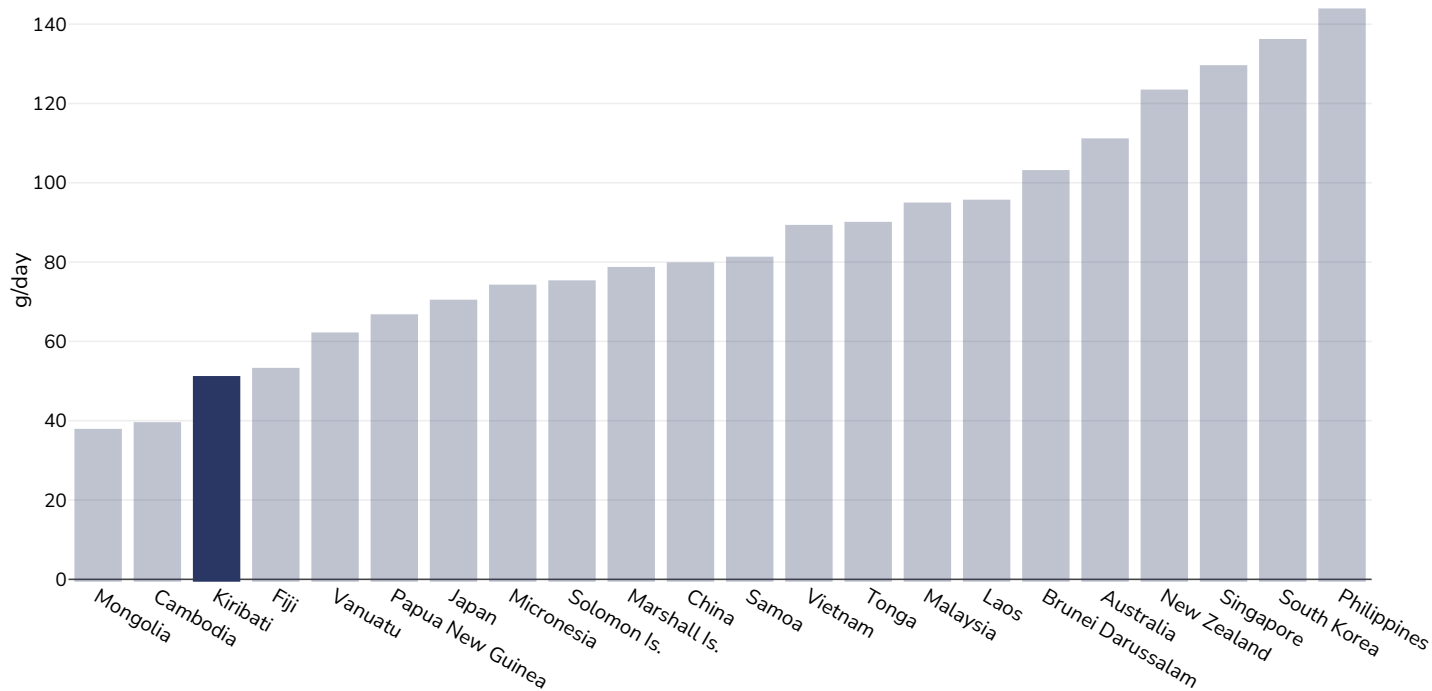
12-17

References: Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287> sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>



## Estimated per capita fruit intake

### Adults, 2017



Survey type: Measured

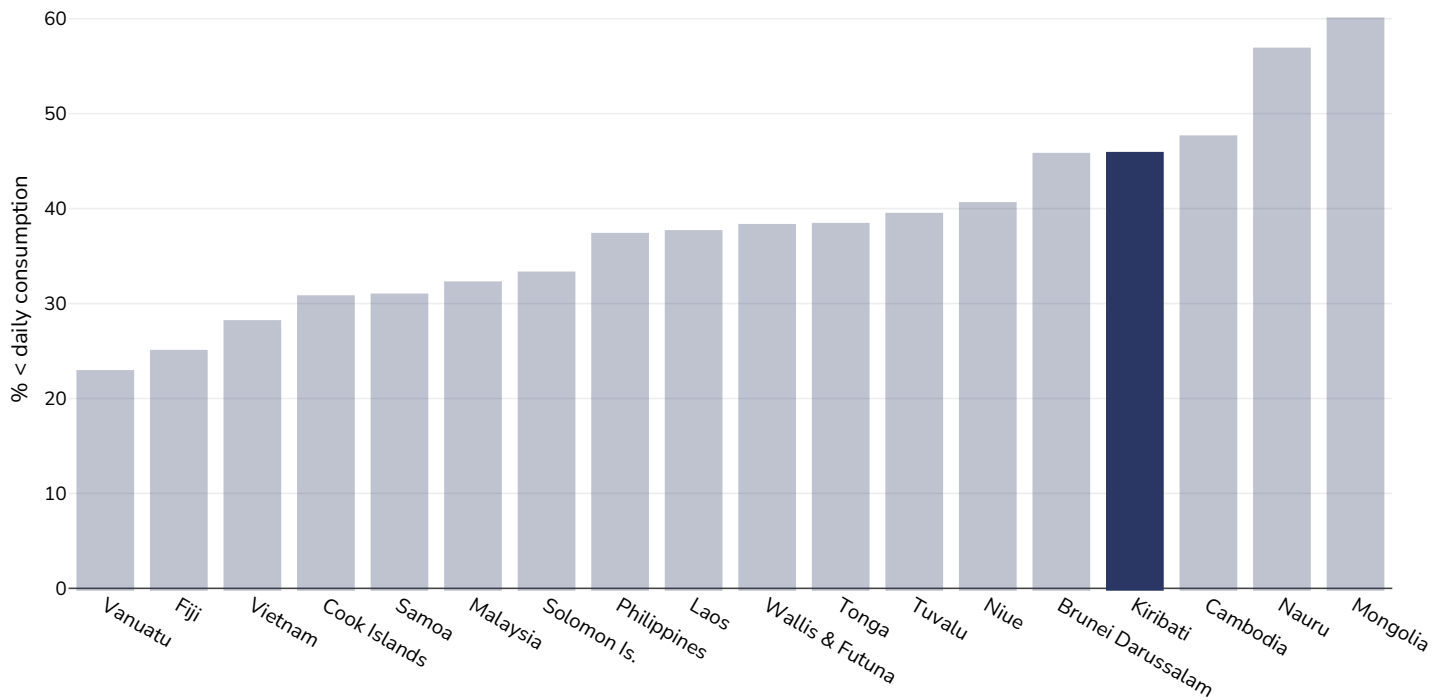
Age: 25+

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

Definitions: Estimated per-capita fruit intake (g/day)

## Prevalence of less than daily fruit consumption

### Children, 2010-2015



Survey type: Measured

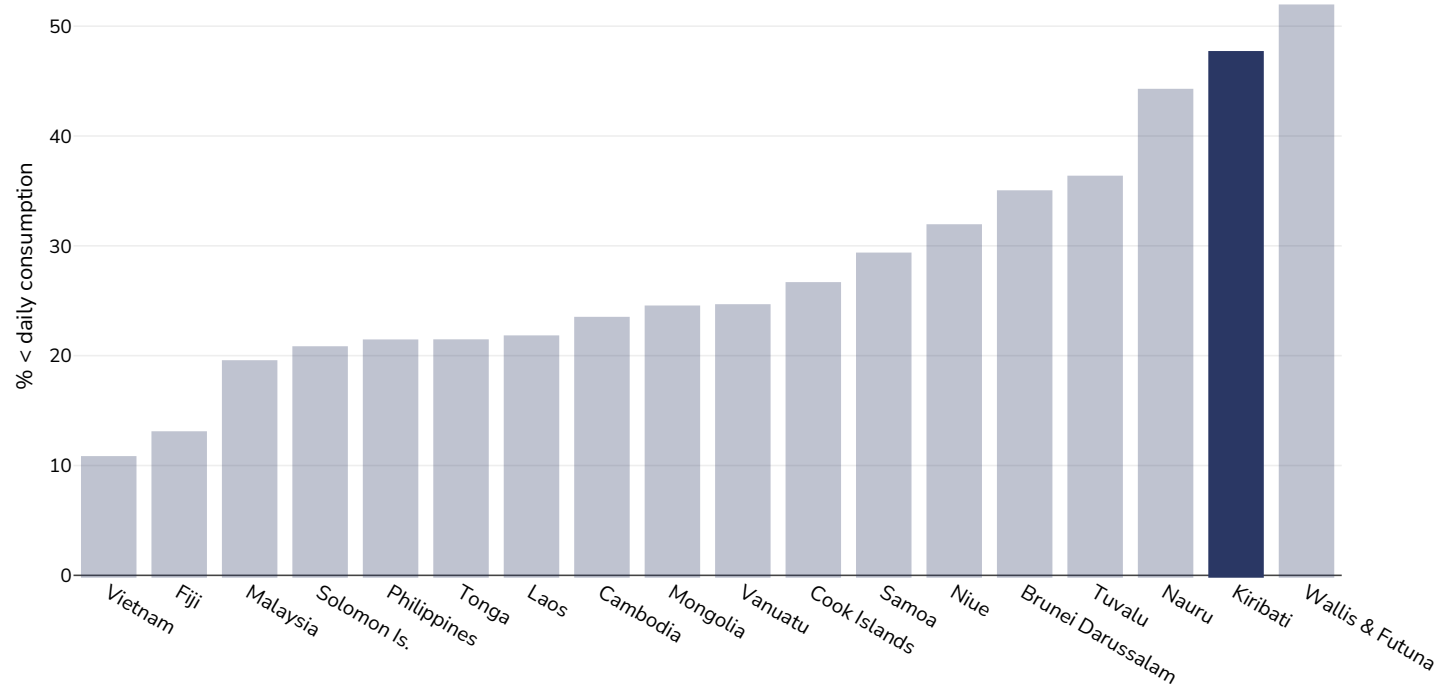
Age: 12-17

References: Global School-based Student Health Surveys. Beal et al (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287>. Sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>

Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)

## Prevalence of less than daily vegetable consumption

### Children, 2010-2015



Survey type: Measured

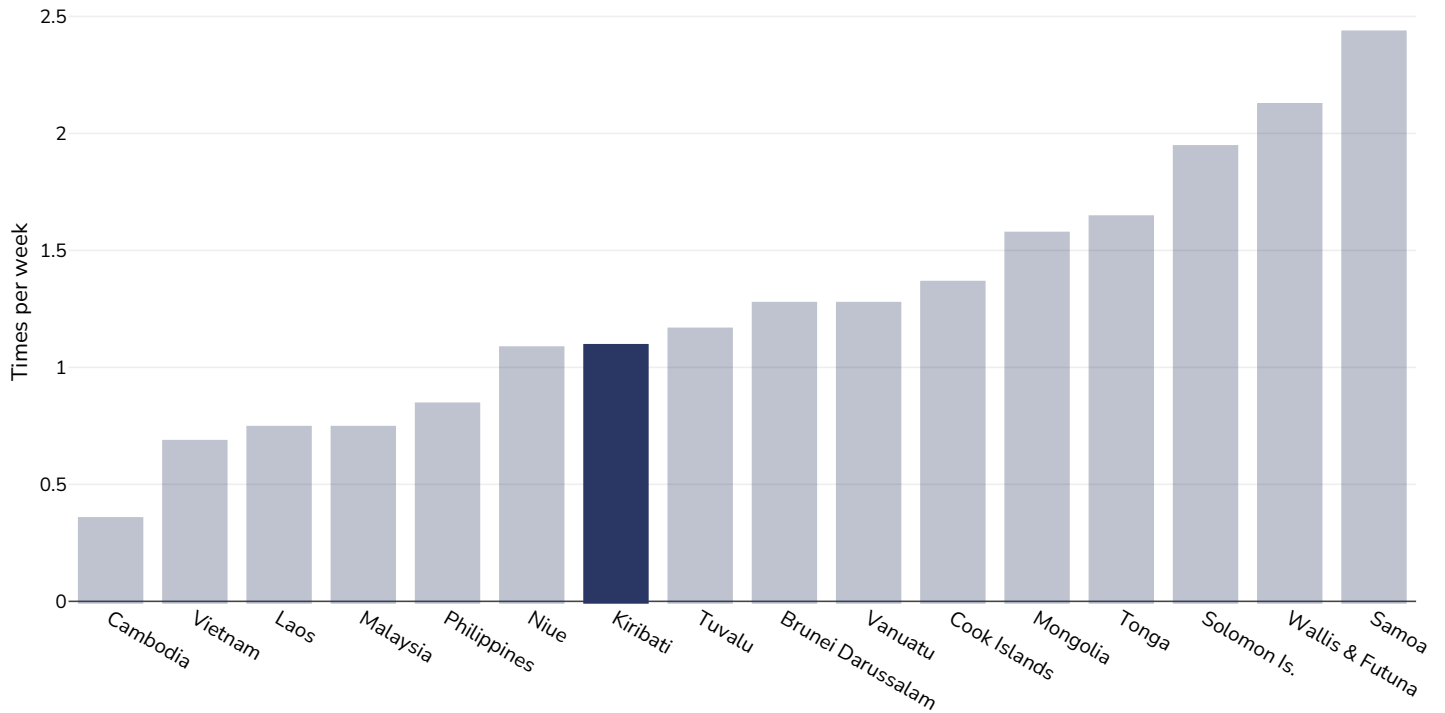
Age: 12-17

References: Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287> sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>

Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)

## Average weekly frequency of fast food consumption

### Children, 2010-2015

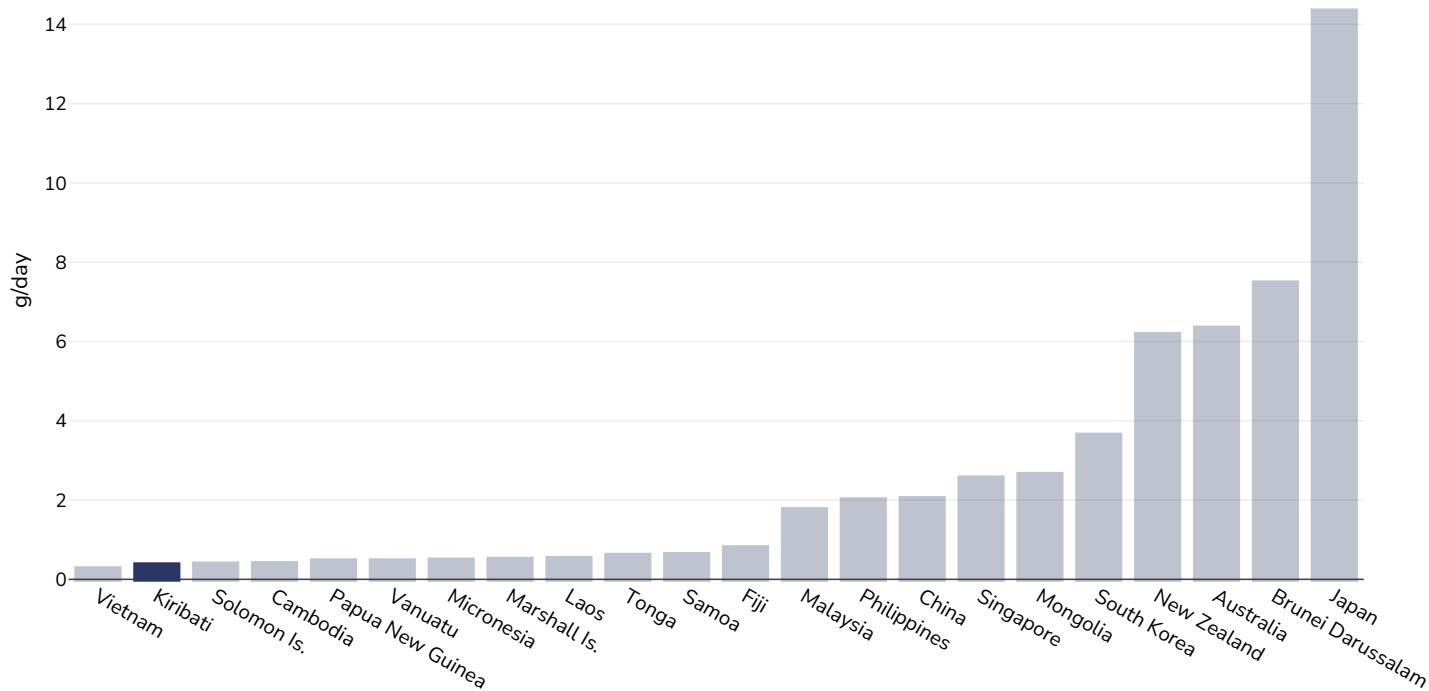


Age: 12-17

References: Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287> sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>

## Estimated per-capita processed meat intake

Adults, 2017



Survey type: Measured

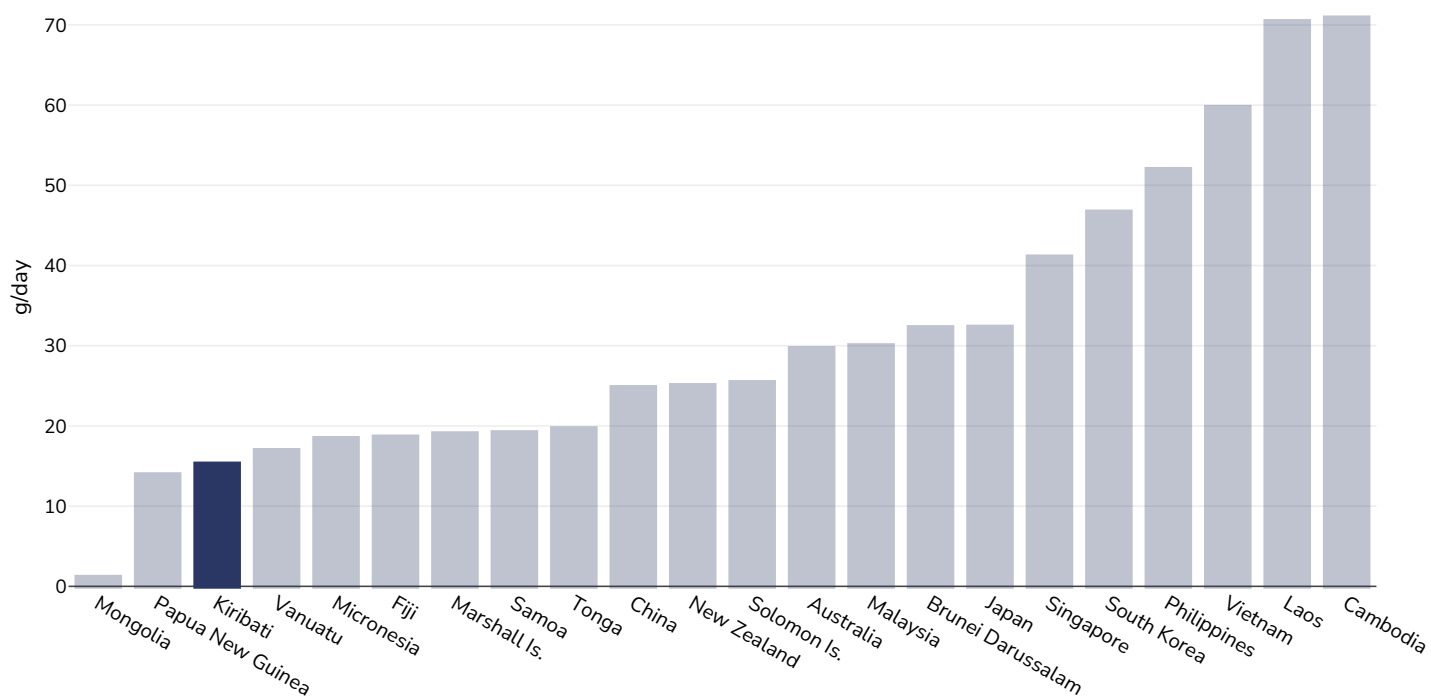
Age: 25+

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

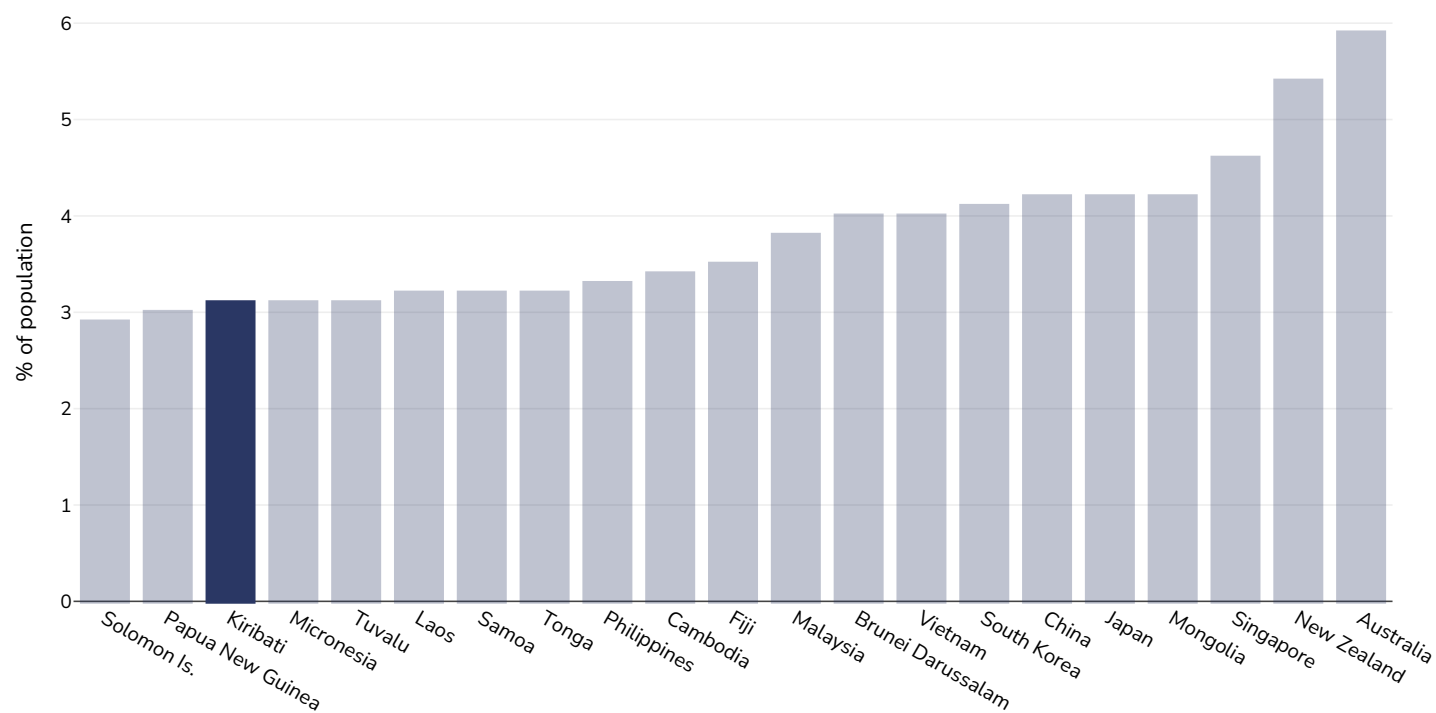
Age: 25+

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

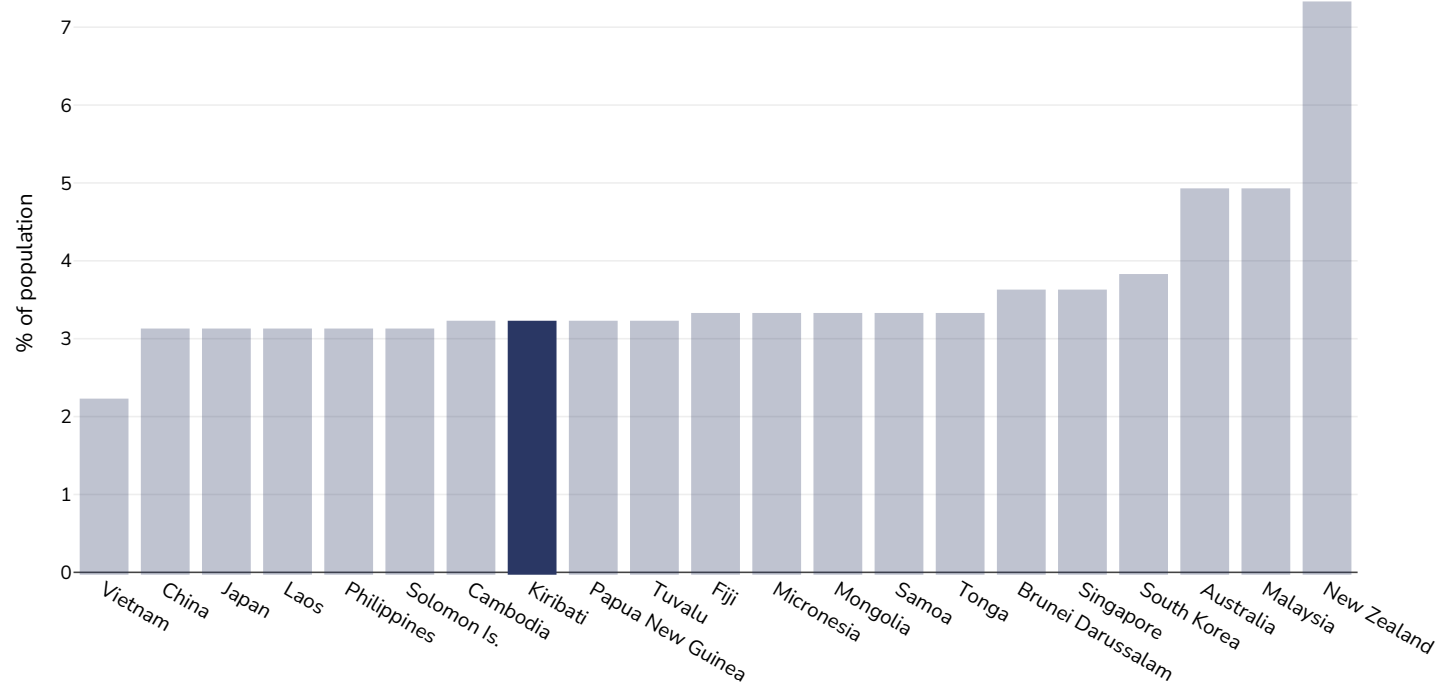


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

## Mental health - anxiety disorders

### Adults, 2015



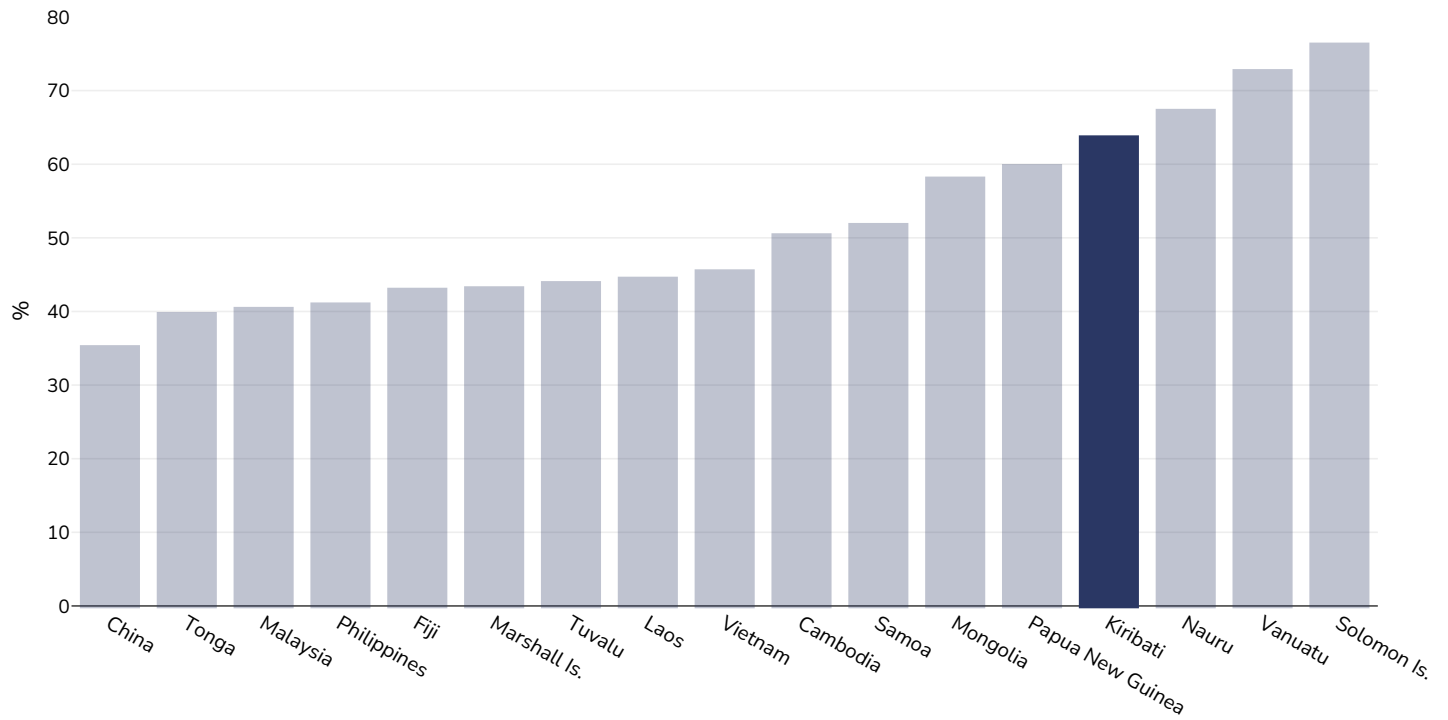
References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders



## % Infants exclusively breastfed 0-5 months

### Infants, 2007-2022



References:

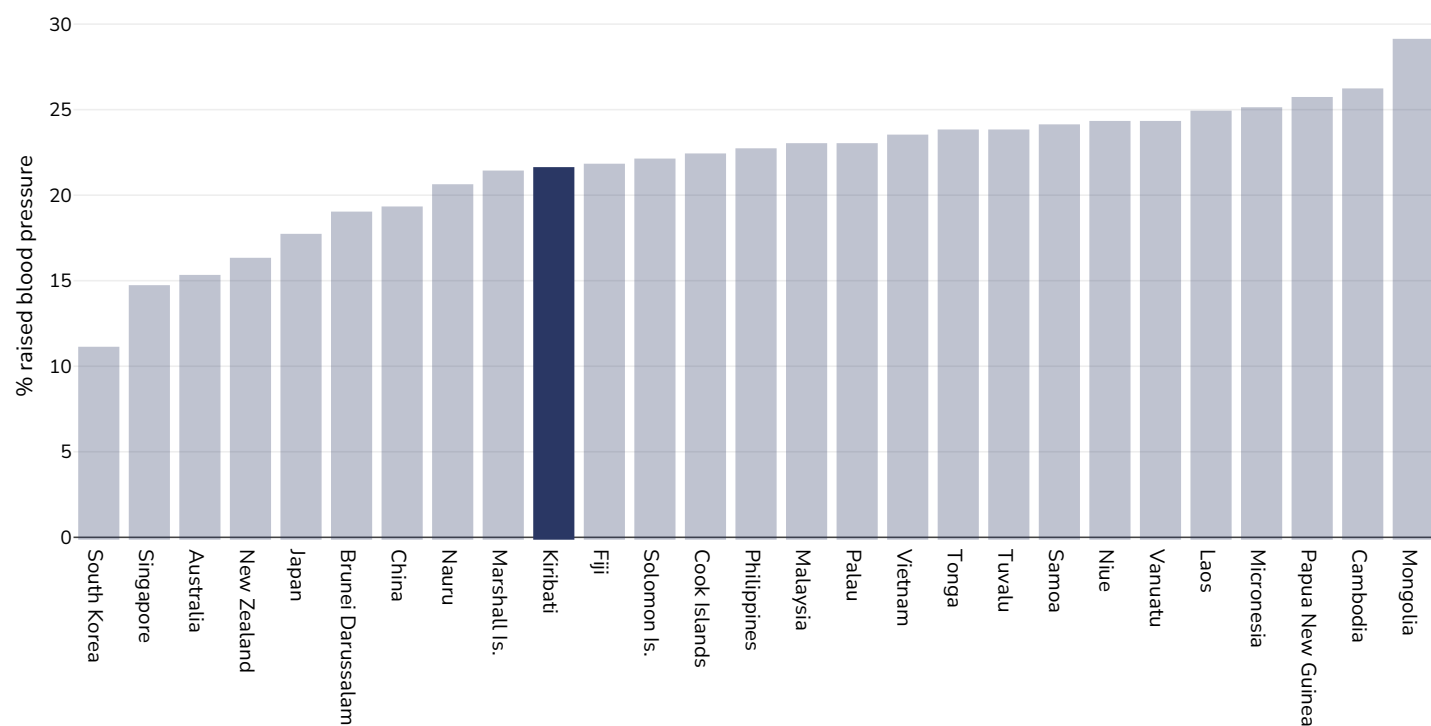
Kiribati 2018-2019 Social Development Indicator Survey

Notes:

Full details are available. Original citation United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2023). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2023.

## Raised blood pressure

### Adults, 2015



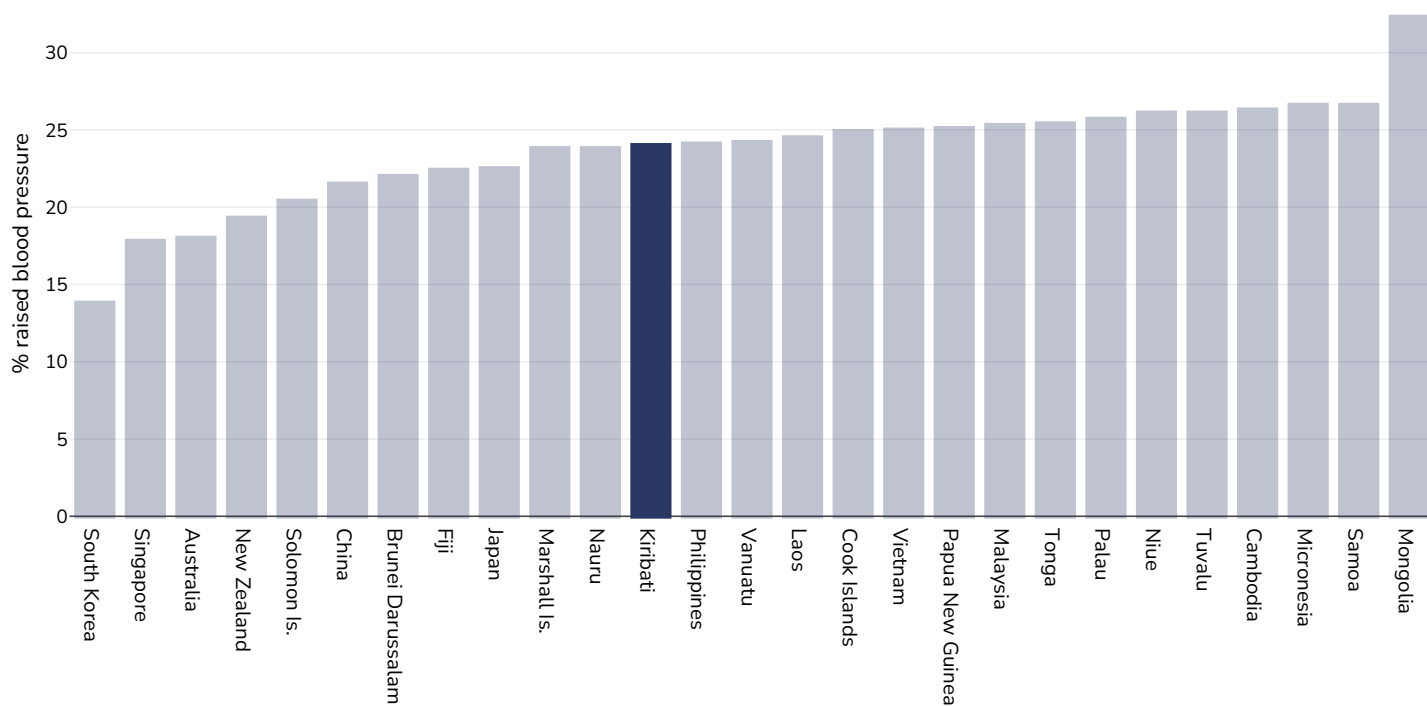
References:

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



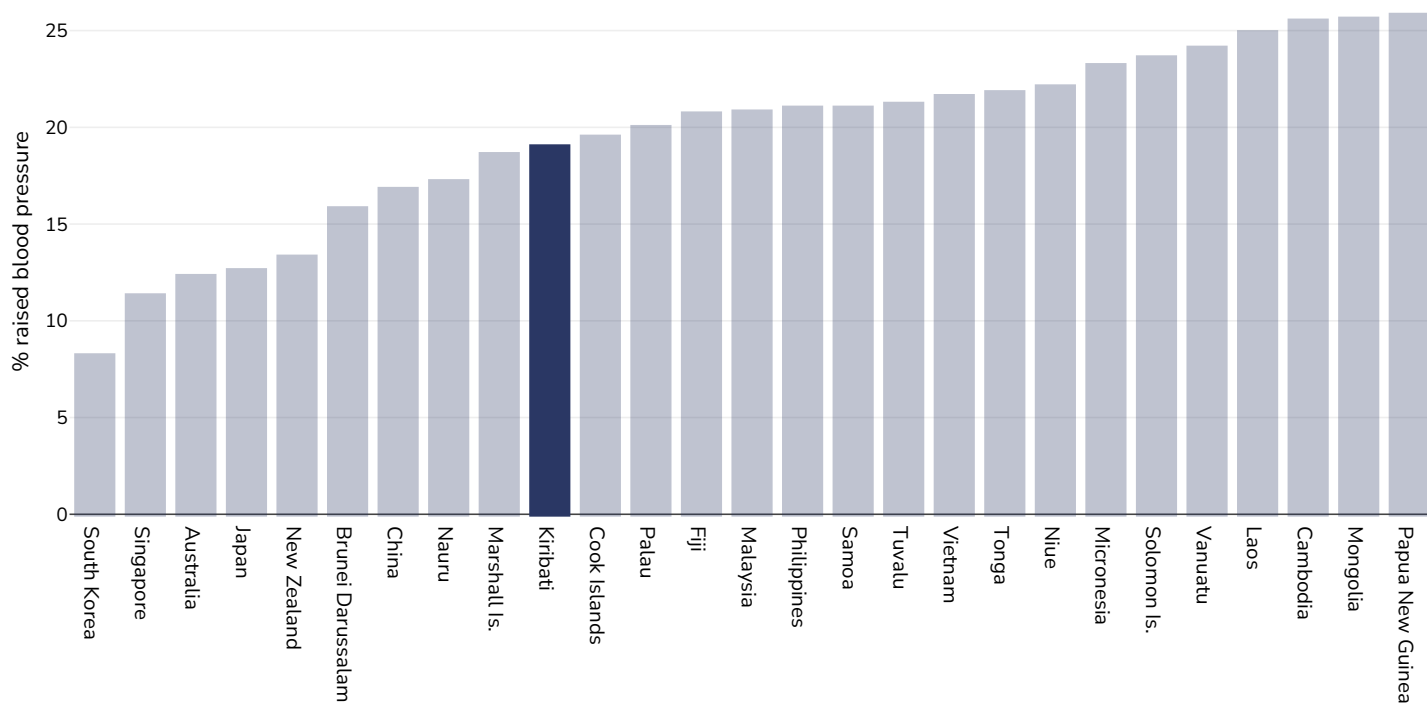
References:

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>=140 OR DBP>=90).

## Women, 2015



References:

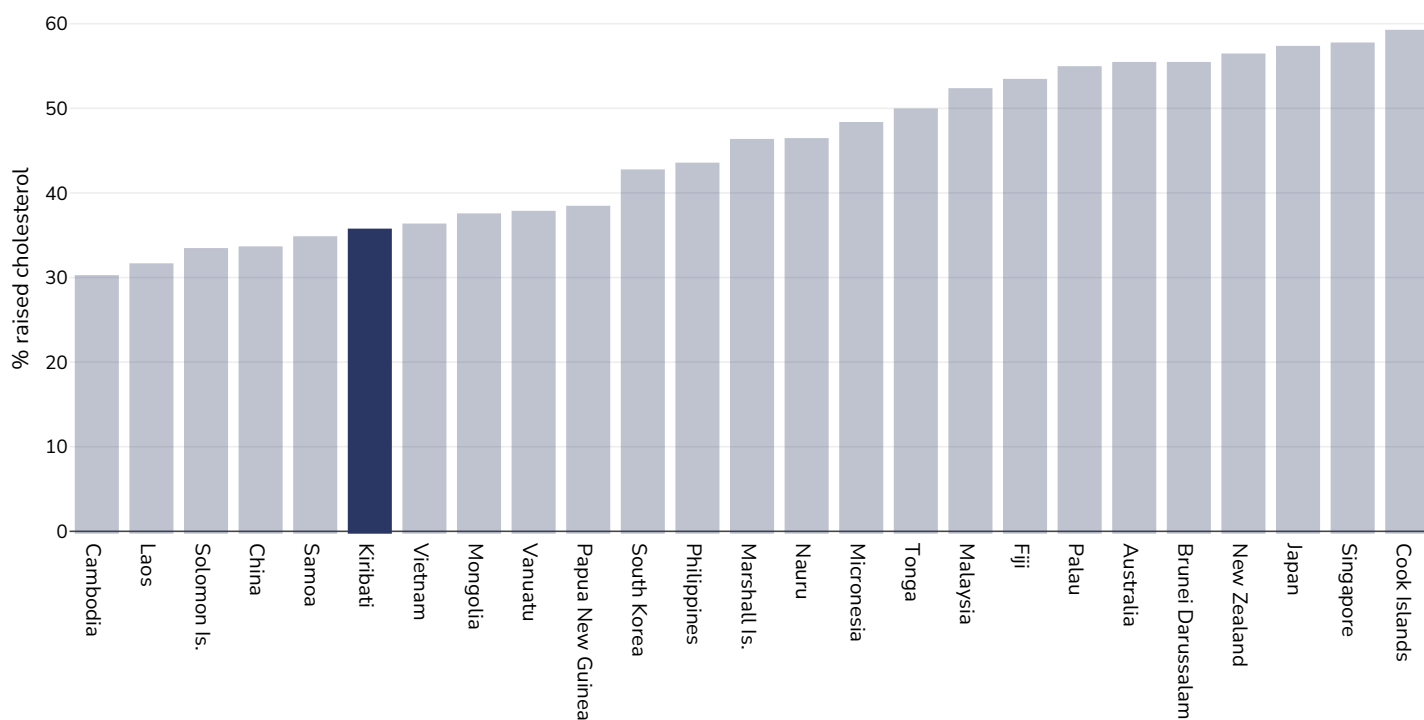
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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

## Raised cholesterol

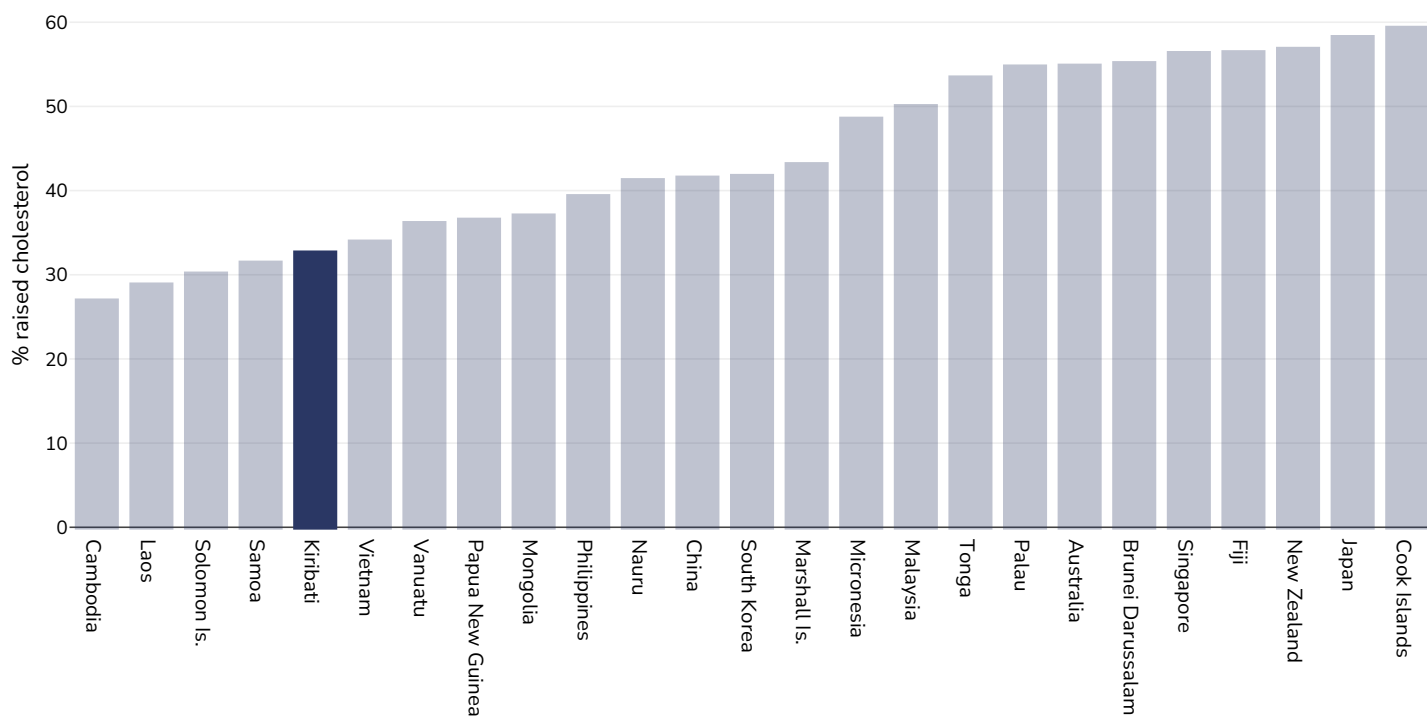
### Adults, 2008



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).

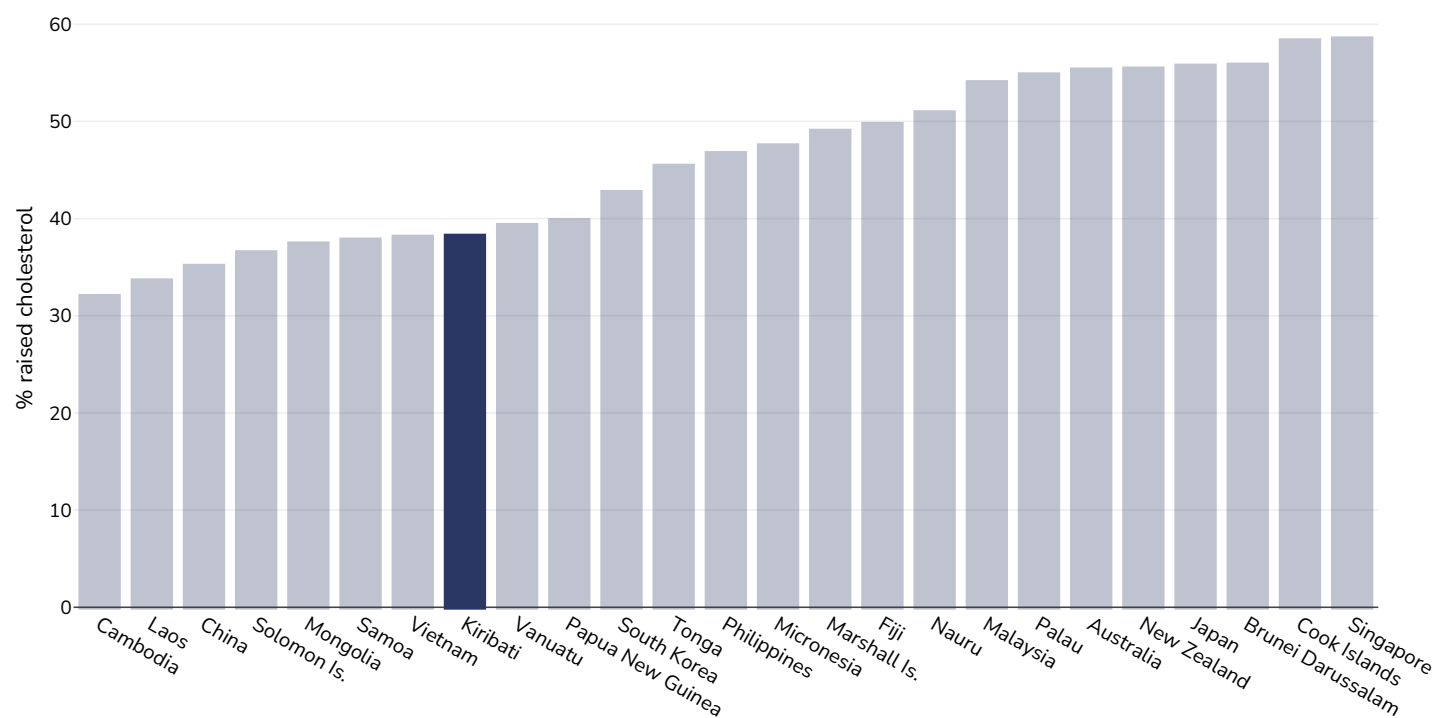
## Men, 2008



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

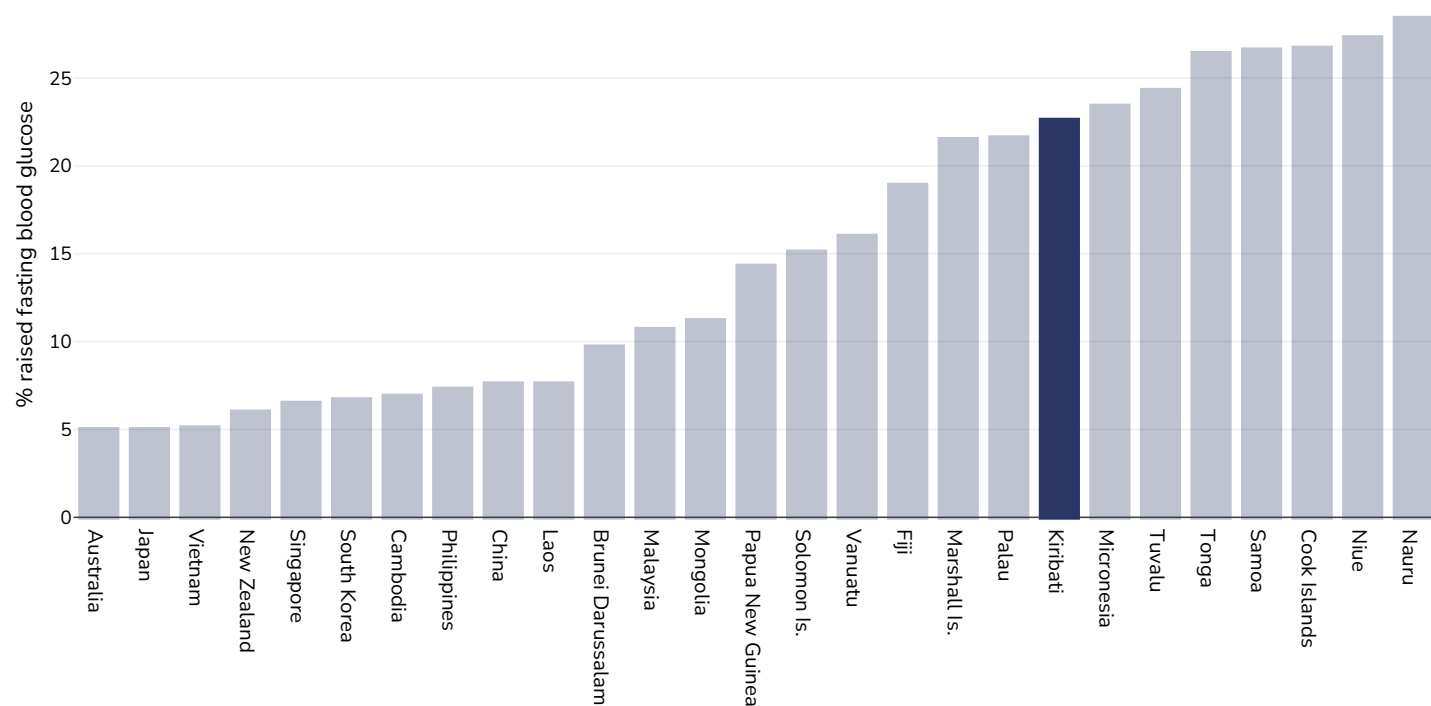


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

## Raised fasting blood glucose

Men, 2014



References:

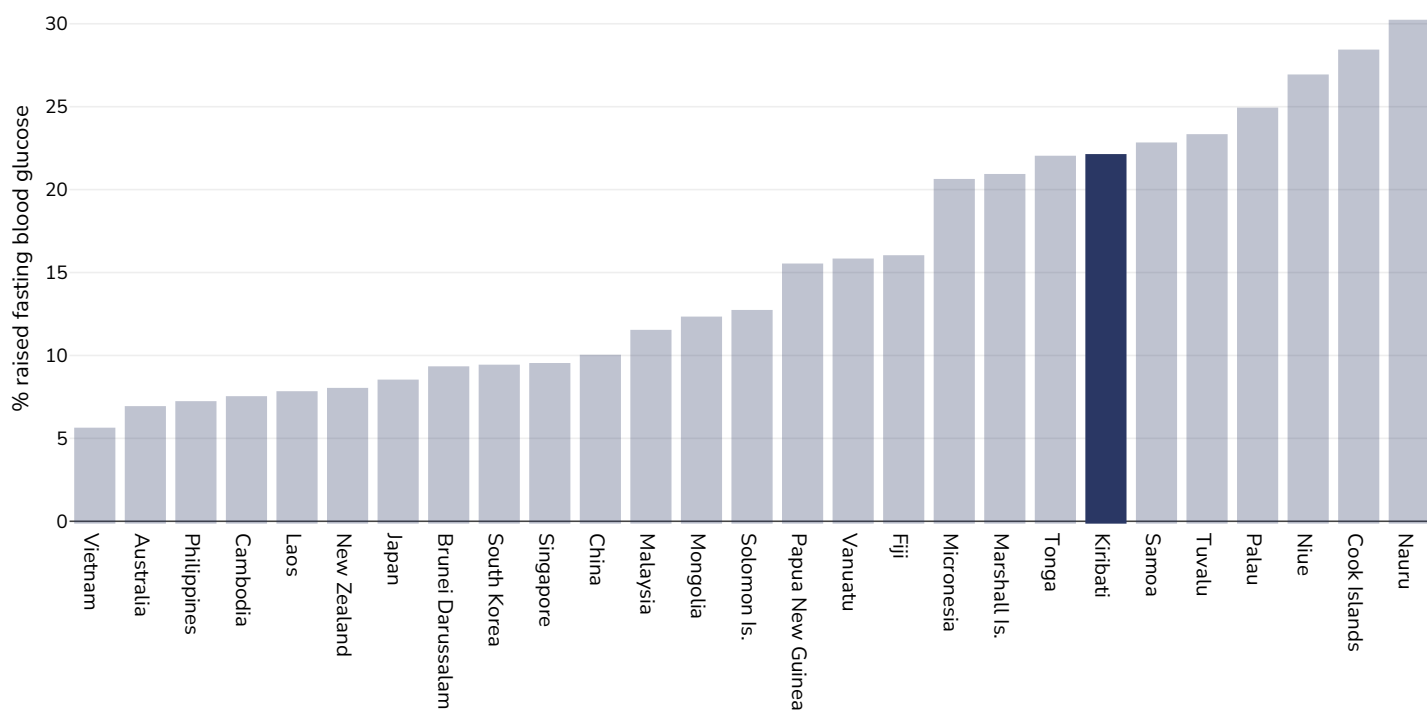
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

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



## Women, 2014



References:

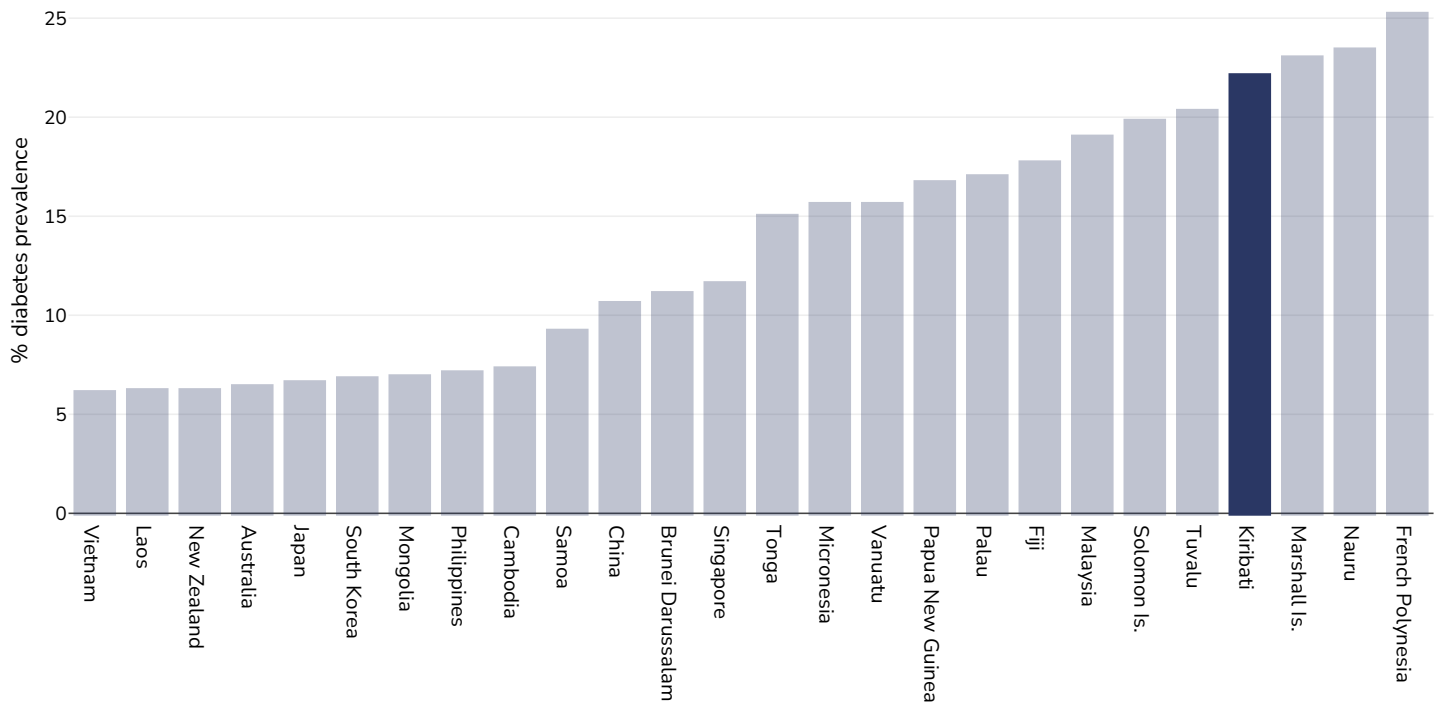
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A869?lang=en>

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

Is there mandatory nutrition labelling?	X
Front-of-package labelling?	X
Back-of-pack nutrition declaration?	X
Color coding?	X
Warning label?	X



## Regulation and marketing

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