

Report card

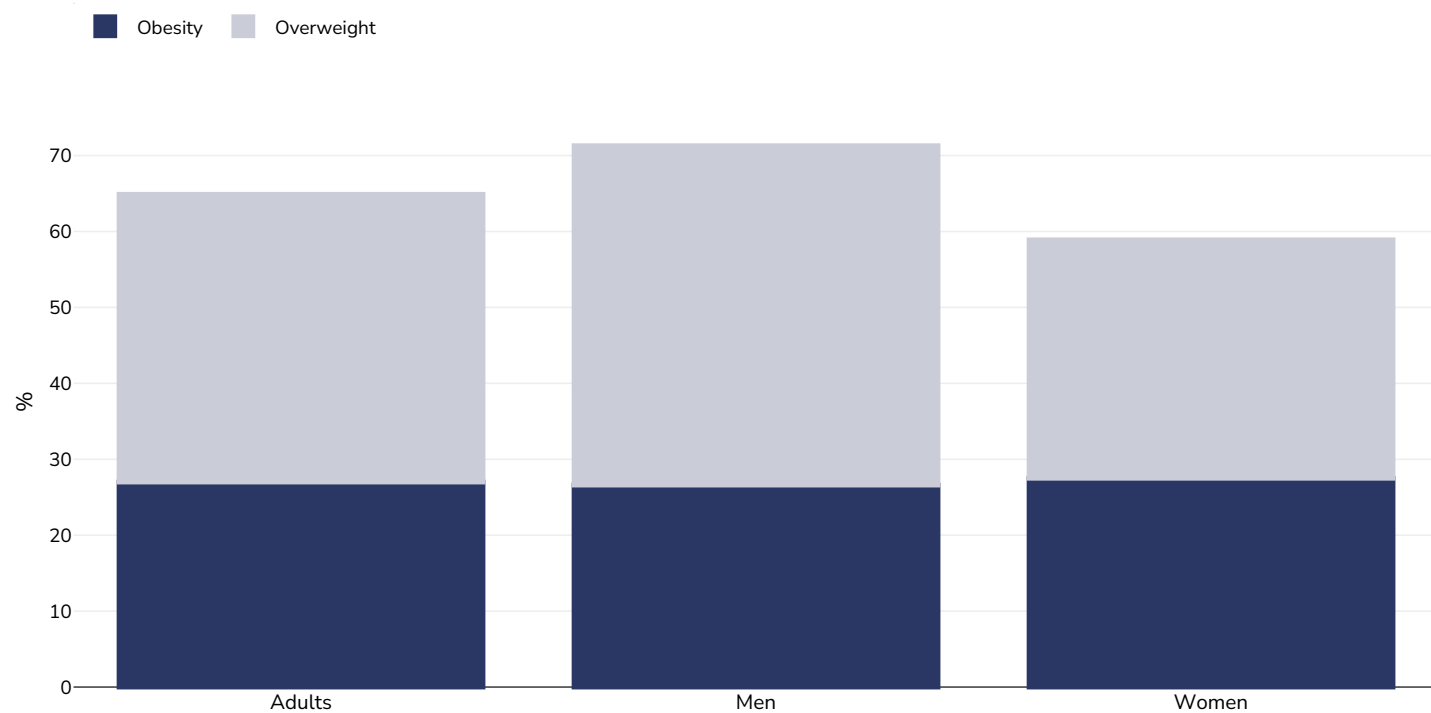
Lebanon



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Obesity prevalence

Adults, 2016-2017



Survey type: Measured

Age: 18-69

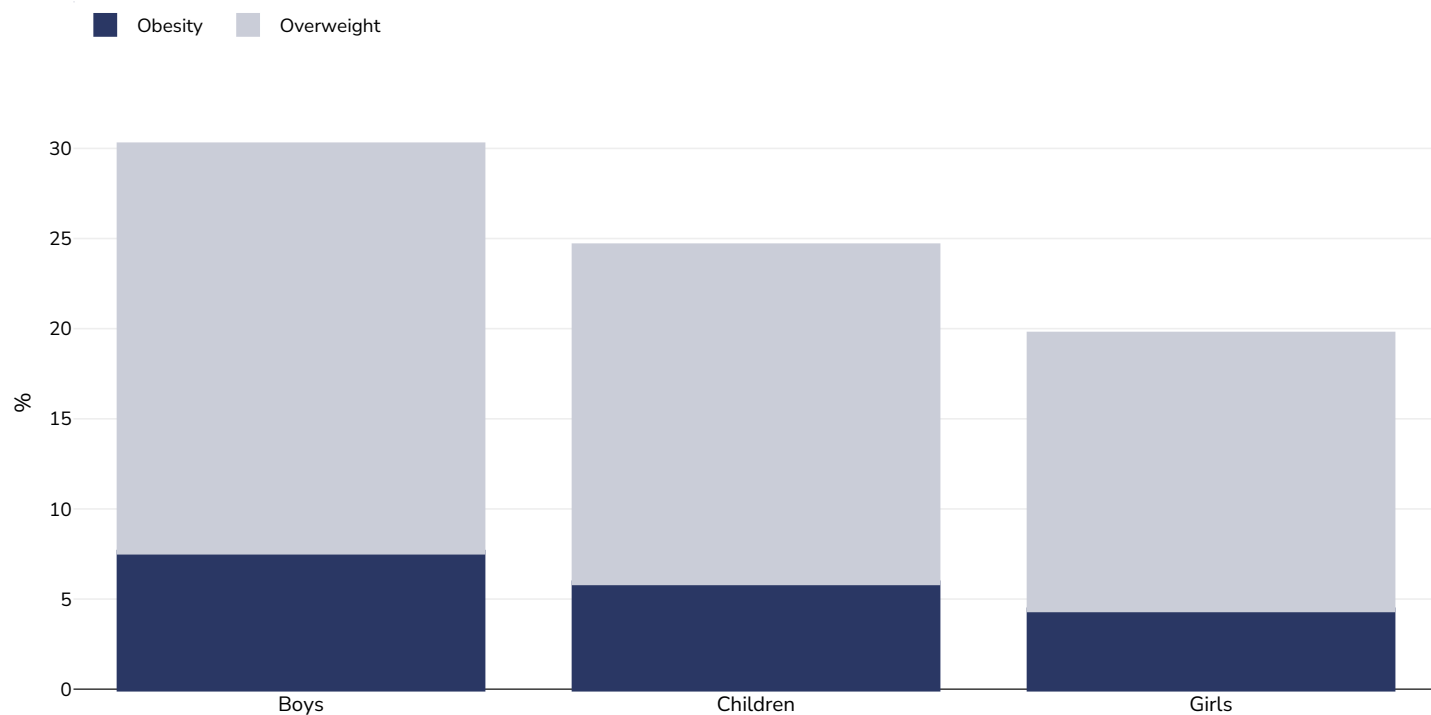
Sample size: 1899

Area covered: National

References: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASES RISK FACTOR SURVEILLANCE, Lebanon, 2016-2017
https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1 (last accessed 16.10.19)

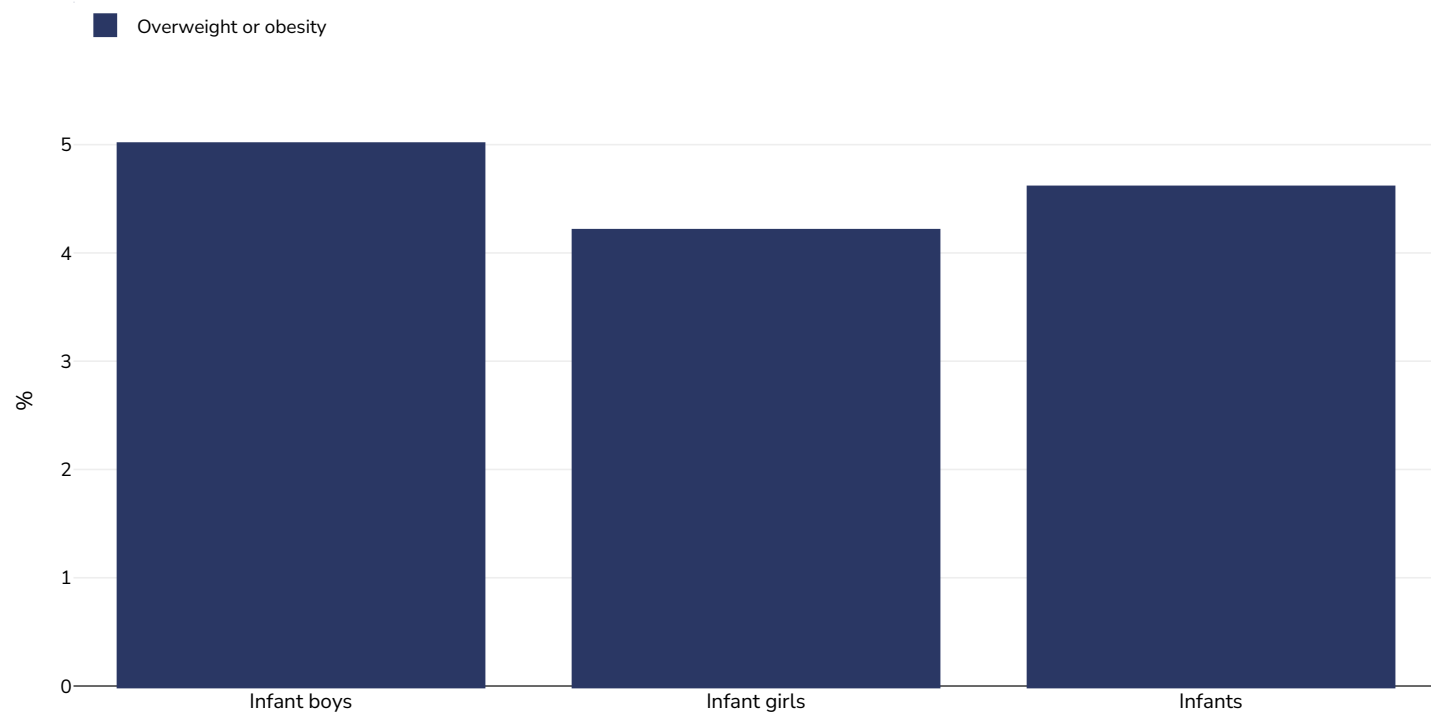
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2017



Survey type:	Self-reported
Age:	13-17
Sample size:	5708
Area covered:	National
References:	Global School-based Student Health Survey (GSHS), available at https://www.who.int/ncds/surveillance/gshs/Lebanon_2017_GSHS_FS.pdf (last accessed 13.11.20)
Cutoffs:	WHO

Infants, 2021



Age: 0-5

Sample size: 2592

References: SMART: Lebanon National Nutrition SMART 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

% Adults living with obesity in Lebanon 1997-2016

Men



Survey
type:

Measured

References: 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 203;11:1353-1361
2009: WHO STEPS Report 2009 Lebanon
2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-2017 https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1 (last accessed 16.10.19)

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

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

Women



Survey
type:

Measured

References: 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 203;11:1353-1361
2009: WHO STEPS Report 2009 Lebanon
2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-2017 https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1 (last accessed 16.10.19)

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 Lebanon 1997-2016

Women



Survey
type:

Measured

References: 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 203;11:1353-1361
2009: Nasreddine L, Naja F, Chamieh MC et al. Trends in overweight and obesity in Lebanon: evidence from two national cross-sectional surveys (1997 and 2009). *BMC Public Health* 2012;12:798
2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-

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.

Men



Survey
type:

Measured

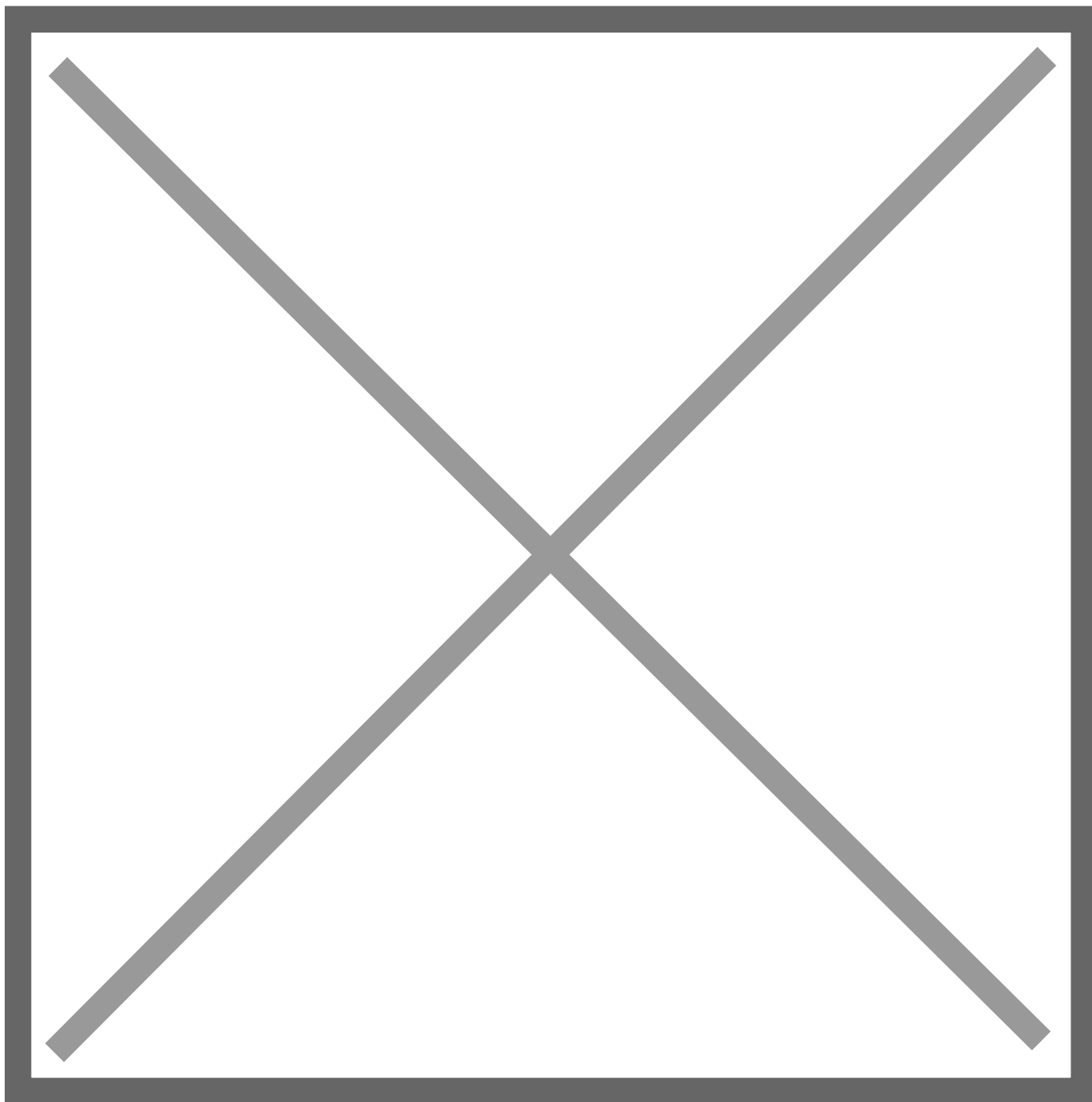
References: 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 203;11:1353-1361
2009: Nasreddine L, Naja F, Chamieh MC et al. Trends in overweight and obesity in Lebanon: evidence from two national cross-sectional surveys (1997 and 2009). *BMC Public Health* 2012;12:798
2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-

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.

Trends children 2005 2017 overweight or obesity

Girls



Survey
type:

Self-reported

References:

2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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

Boys and girls



Survey
type:

Self-reported

References:

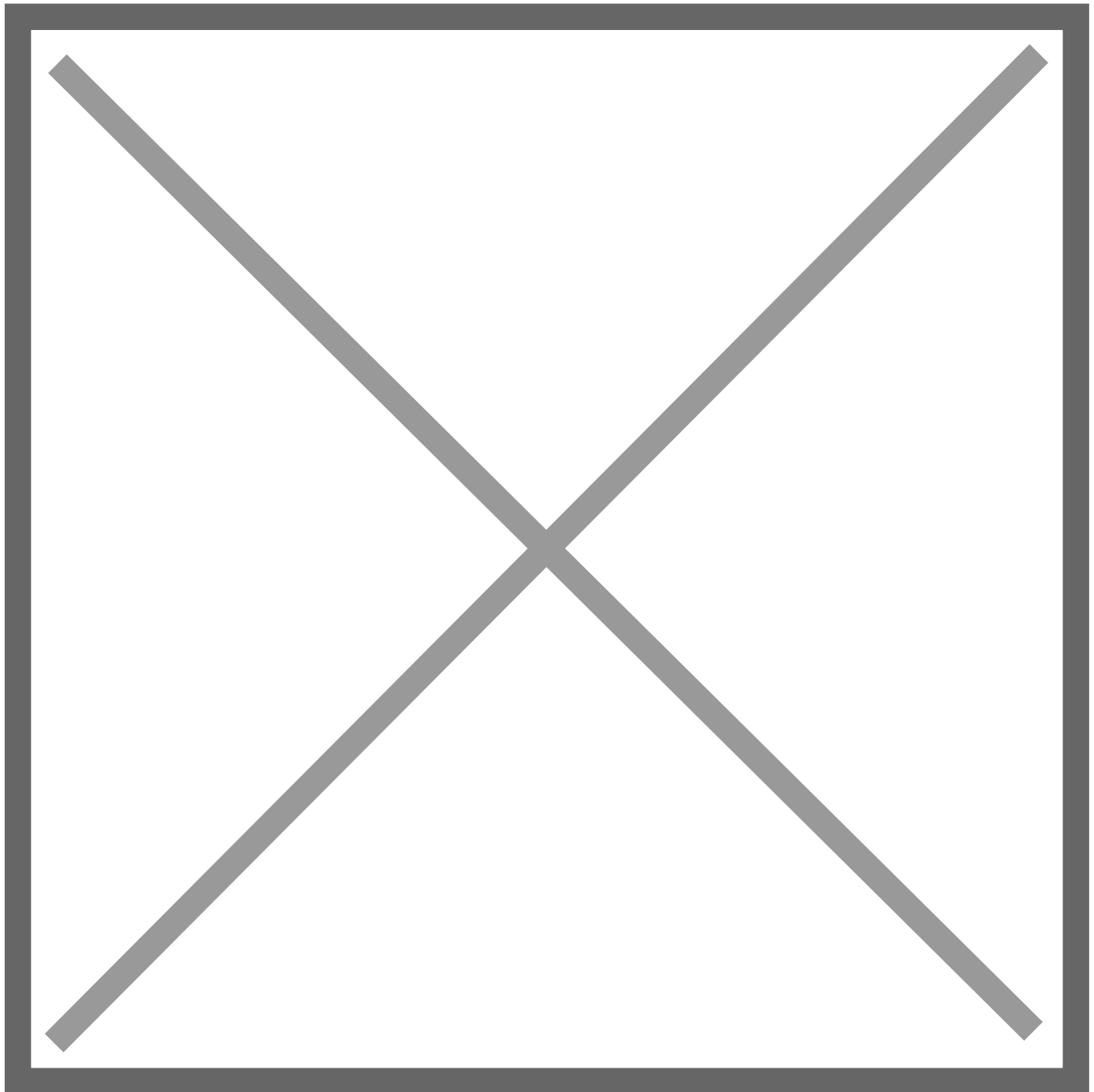
2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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

Boys



Survey
type:

Self-reported

References:

2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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.

Trends obesity children 2005 2017

Girls



Survey
type:

Self-reported

References:

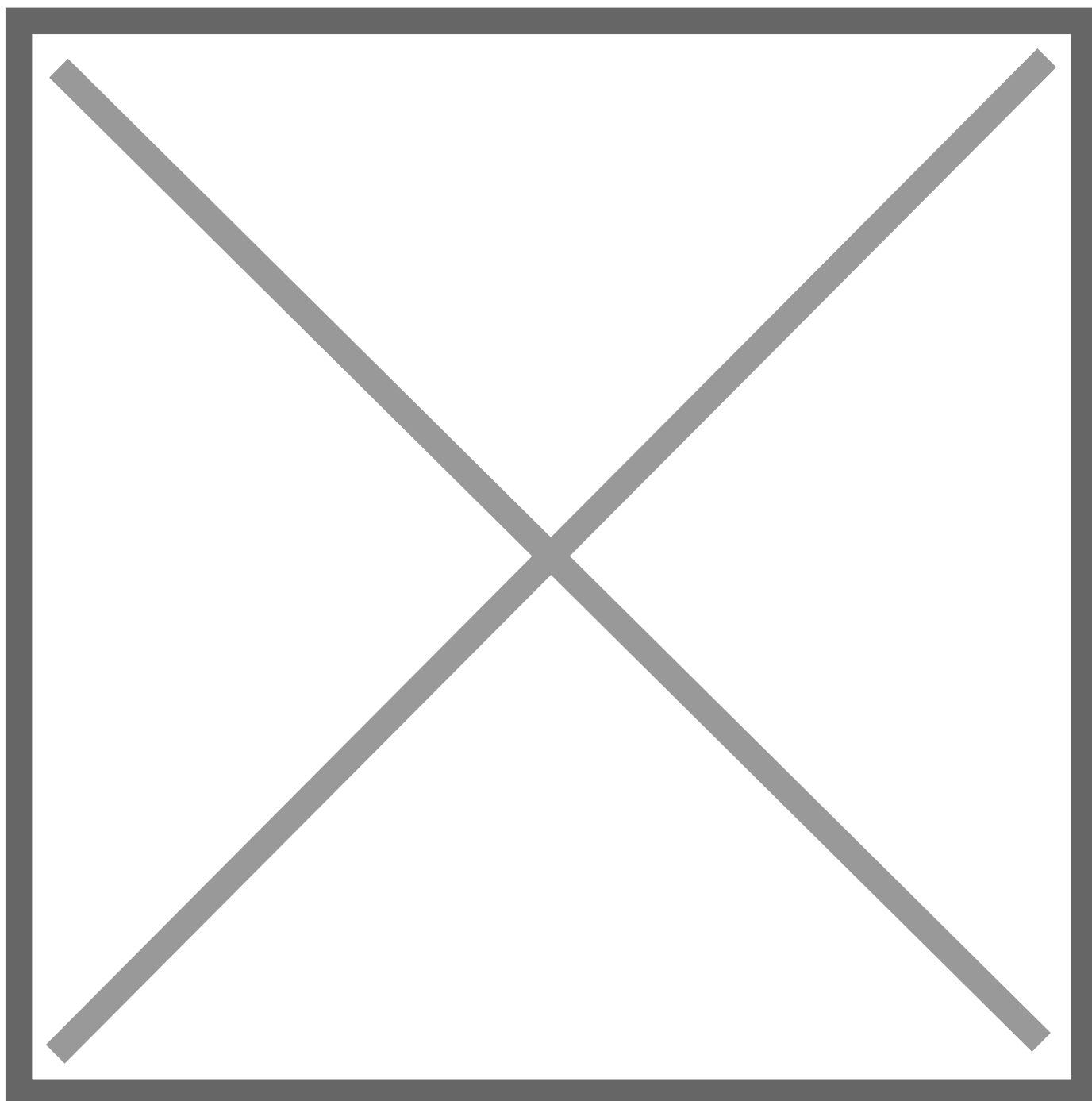
2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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

Boys and girls



Survey
type:

Self-reported

References:

2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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Boys



Survey
type:

Self-reported

References:

2005: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2005_Lebanon_Fact_Sheet.pdf?ua=1 (last accessed 25.11.20)

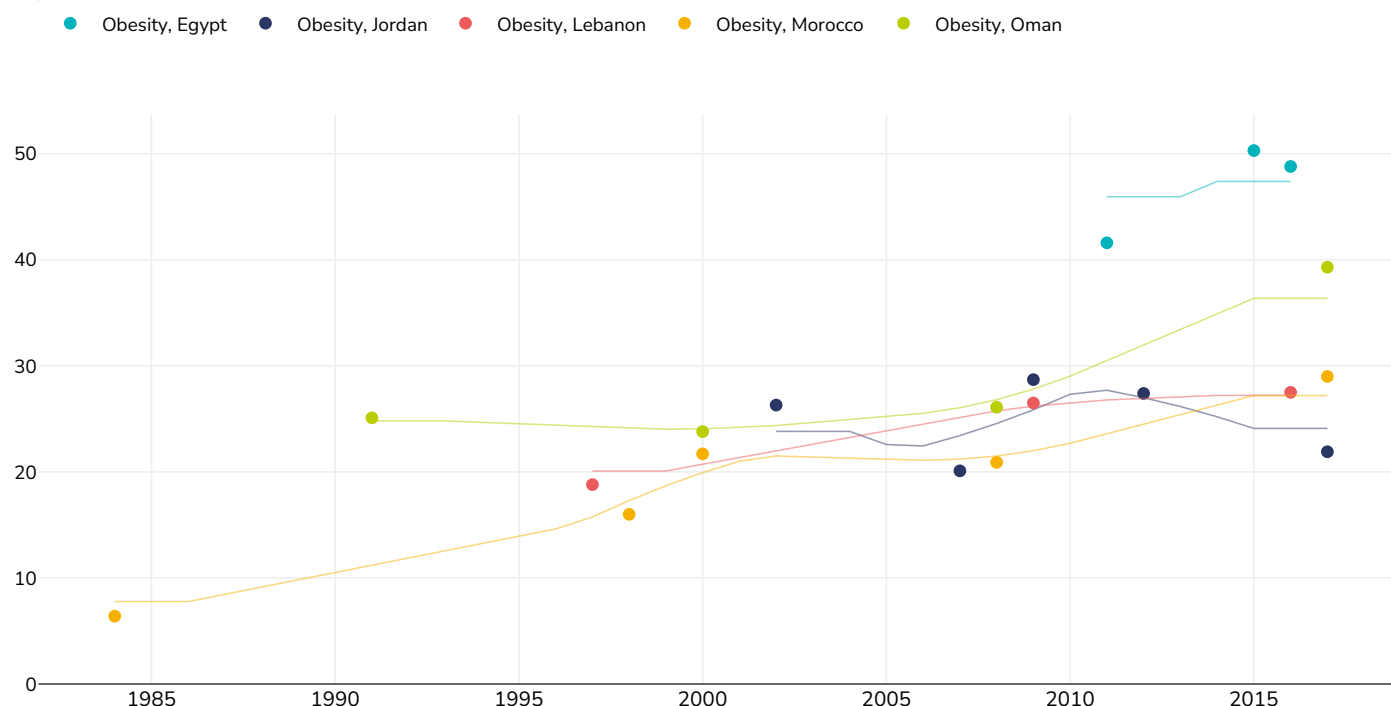
2011: Global School-based Student Health Survey, Fact Sheet available at https://www.who.int/ncds/surveillance/gshs/2011_GSHS_FS_Lebanon.pdf?ua=1

2017: Global School-based Student Health Survey (GSHS), available at

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 EMRO Region 1984-2017, selected countries

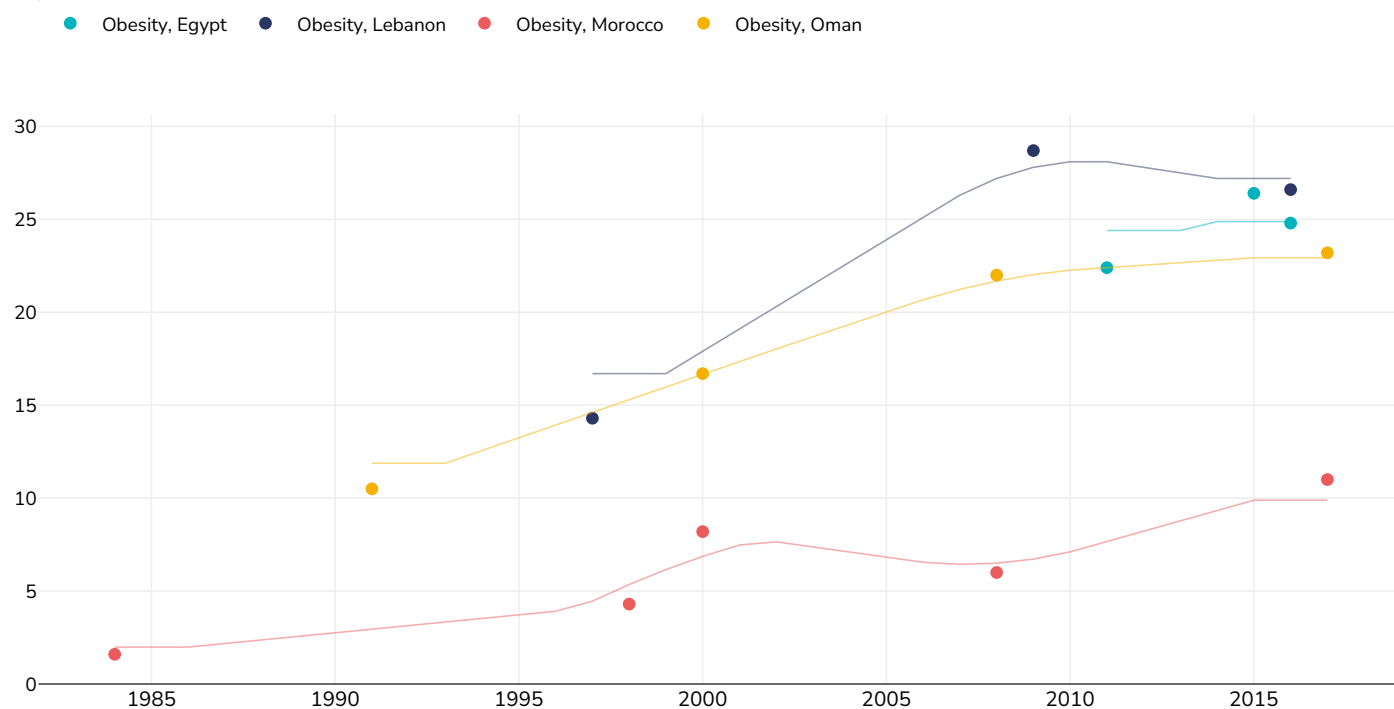
Women



- References:
- 1984, 1998: Benjelloun S. Nutrition transition in Morocco. *Public Health Nutrition*. 2002;5(1A):135-140
 - 1991: Al-Lawati JA, Jousilahti PJ. Prevalence and 10year secular trend of obesity in Oman. *Saudi Med J* 2004;25:346-351
 - 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 2003;11:1353-1361
 - 2000: Personal Communication from Morocco Minister of Health. National Survey carried out in 2000. Details in press for *Journal of Hypertension* (April 03)
 - 2002: WHO Infobase, Macro international data
 - 2007: Department of Statistics [Jordan] and Macro International. 2008. *Jordan Population and Family Health Survey 2007: Key Findings*. Calverton, Maryland, USA: Department of Statistics and Macro International.
 - 2008: Rhazi K EL, Nejari C, Zidouh A et al. Prevalence of obesity and associated sociodemographic and lifestyle factors in Morocco. *Public Health Nutrition* 2010;14(1):160-167
 - 2009: WHO STEPS Report 2009 Lebanon
 - 2011: WHO EMRO Egypt STEPS Survey 2011-12
 - 2012: Department of Statistics/Jordan and ICF International. 2013. *Jordan Population and Family Health Survey 2012*. Calverton, Maryland, USA: Department of Statistics/Jordan and ICF International.
 - 2015: Ministry of Health and Population/Egypt, El-Zanaty and Associates/Egypt, and ICF International. 2015. *Egypt Health Issues Survey 2015*. Cairo, Egypt: Ministry of Health and Population/Egypt and ICF International. Available at <http://dhsprogram.com/publications/publication-FR313-DHS-Final-Reports.cfm#sthash.StgV9s6X.dpuf>
 - 2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-2017 https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1 (last accessed 16.10.19)
 - 2017: Executive Summary. Oman National Non-Communicable Disease & their Risk Factors Survey 2017 https://mohcsr.gov.om/wp-content/uploads/2019/01/Executive-Summary_NCDsurvey2017_En.pdf (last accessed 17.10.19)

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Men

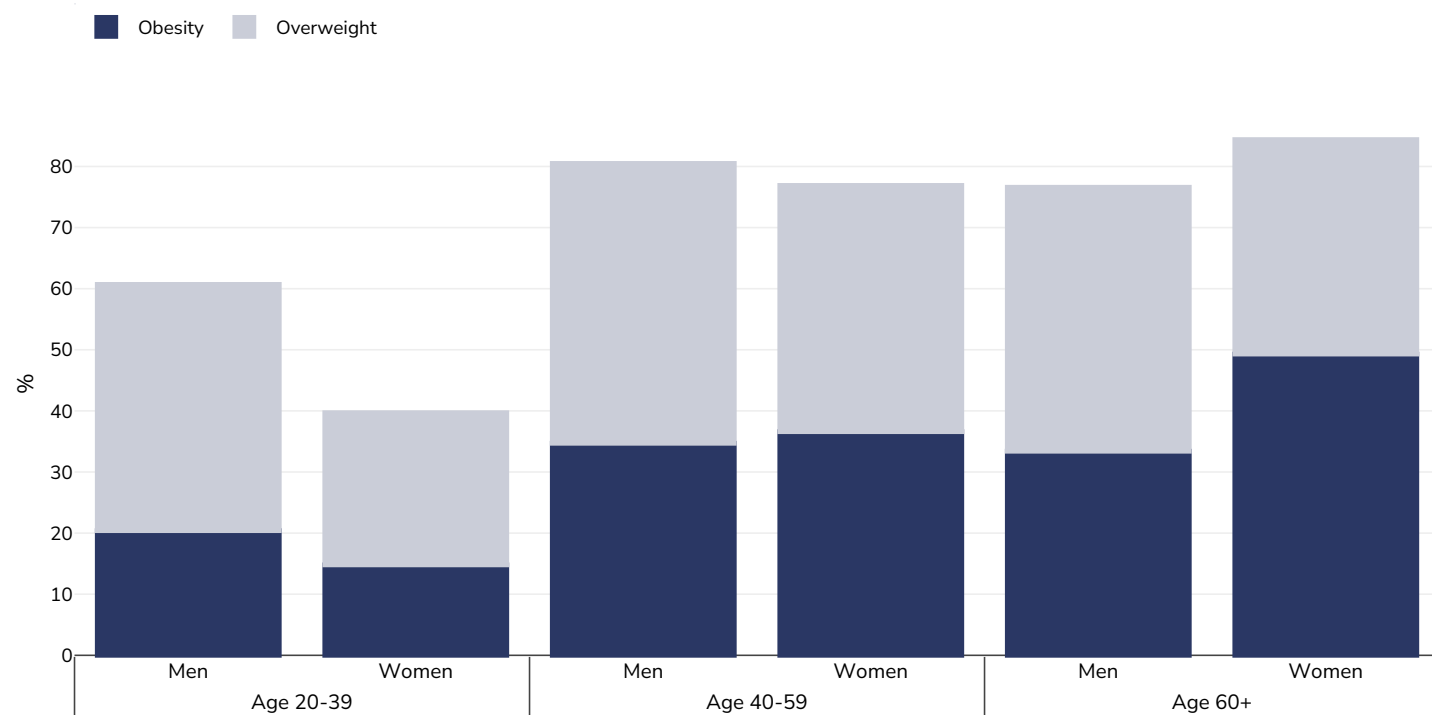


- References:
- 1984, 1998: Benjelloun S. Nutrition transition in Morocco. *Public Health Nutrition*. 2002;5(1A):135-140
 - 1991: AL-Lawati JA, Jousilahti PJ. Prevalence and 10year secular trend of obesity in Oman. *Saudi Med J* 2004;25:346-351
 - 1997: Sibai AM, Hwalla N, Adra N, Rahal B. Prevalence and Covariates of Obesity in Lebanon: Findings from the First Epidemiological Study. *Obesity Research* 2003;11:1353-1361
 - 2000: Personal Communication from Morocco Minister of Health. National Survey carried out in 2000. Details in press for *Journal of Hypertension* (April 03)
 - 2002: WHO Infobase, Macro international data
 - 2007: Department of Statistics [Jordan] and Macro International. 2008. *Jordan Population and Family Health Survey 2007: Key Findings*. Calverton, Maryland, USA: Department of Statistics and Macro International.
 - 2008: Rhazi K EL, Nejari C, Zidouh A et al. Prevalence of obesity and associated sociodemographic and lifestyle factors in Morocco. *Public Health Nutrition* 2010;14(1):160-167
 - 2009: WHO STEPS Report 2009 Lebanon
 - 2011: WHO EMRO Egypt STEPS Survey 2011-12
 - 2012: Department of Statistics/Jordan and ICF International. 2013. *Jordan Population and Family Health Survey 2012*. Calverton, Maryland, USA: Department of Statistics/Jordan and ICF International.
 - 2015: Ministry of Health and Population/Egypt, El-Zanaty and Associates/Egypt, and ICF International. 2015. *Egypt Health Issues Survey 2015*. Cairo, Egypt: Ministry of Health and Population/Egypt and ICF International. Available at <http://dhsprogram.com/publications/publication-FR313-DHS-Final-Reports.cfm#sthash.StgV9s6X.dpuf>
 - 2016: WHO STEPWISE APPROACH FOR NON-COMMUNICABLE DISEASESRISK FACTOR SURVEILLANCE, Lebanon, 2016-2017 https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1 (last accessed 16.10.19)
 - 2017: Executive Summary. Oman National Non-Communicable Disease & their Risk Factors Survey 2017 https://mohcsr.gov.om/wp-content/uploads/2019/01/Executive-Summary_NCDsurvey2017_En.pdf (last accessed 17.10.19)

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 age

Adults, 2009



Survey type: Measured

Sample size: 2697

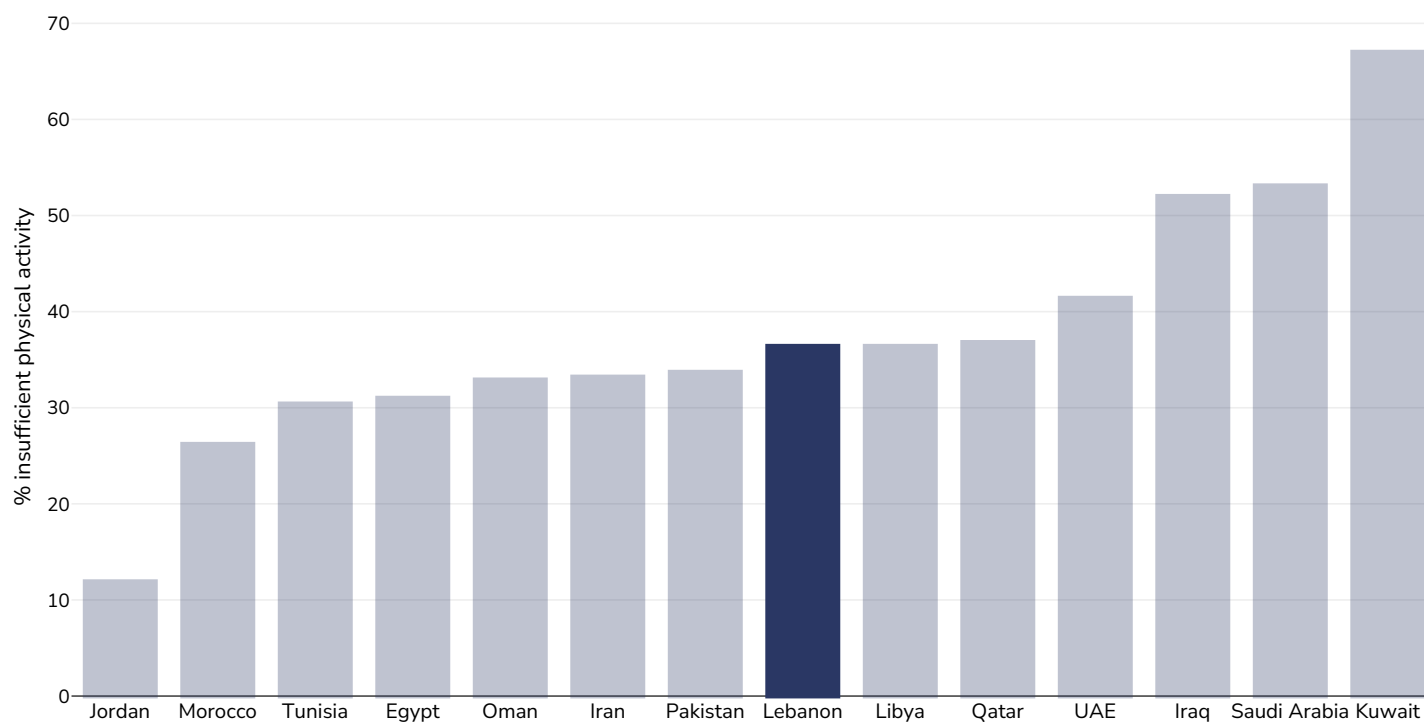
Area covered: National

References: Nasreddine L, Naja F, Chamieh MC et al. Trends in overweight and obesity in Lebanon: evidence from two national cross-sectional surveys (1997 and 2009). BMC Public Health 2012;12:798

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

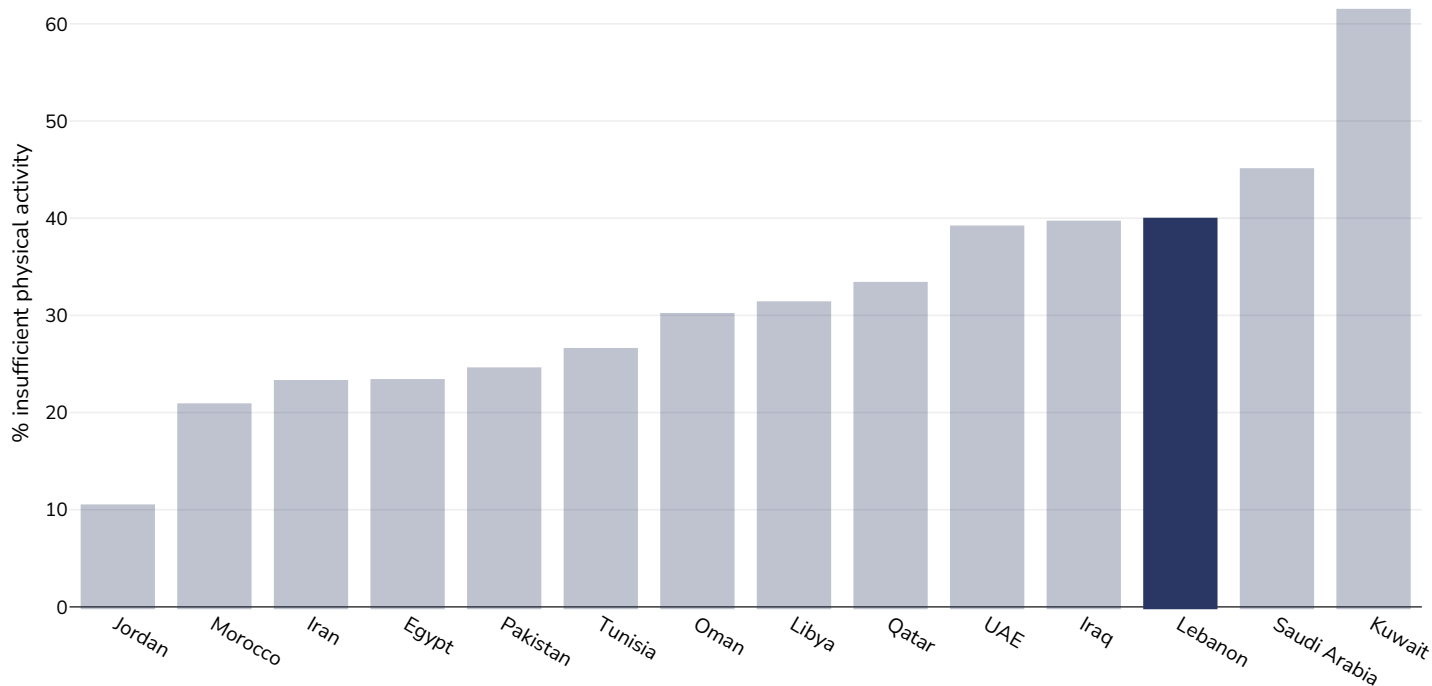
Insufficient physical activity

Adults, 2016



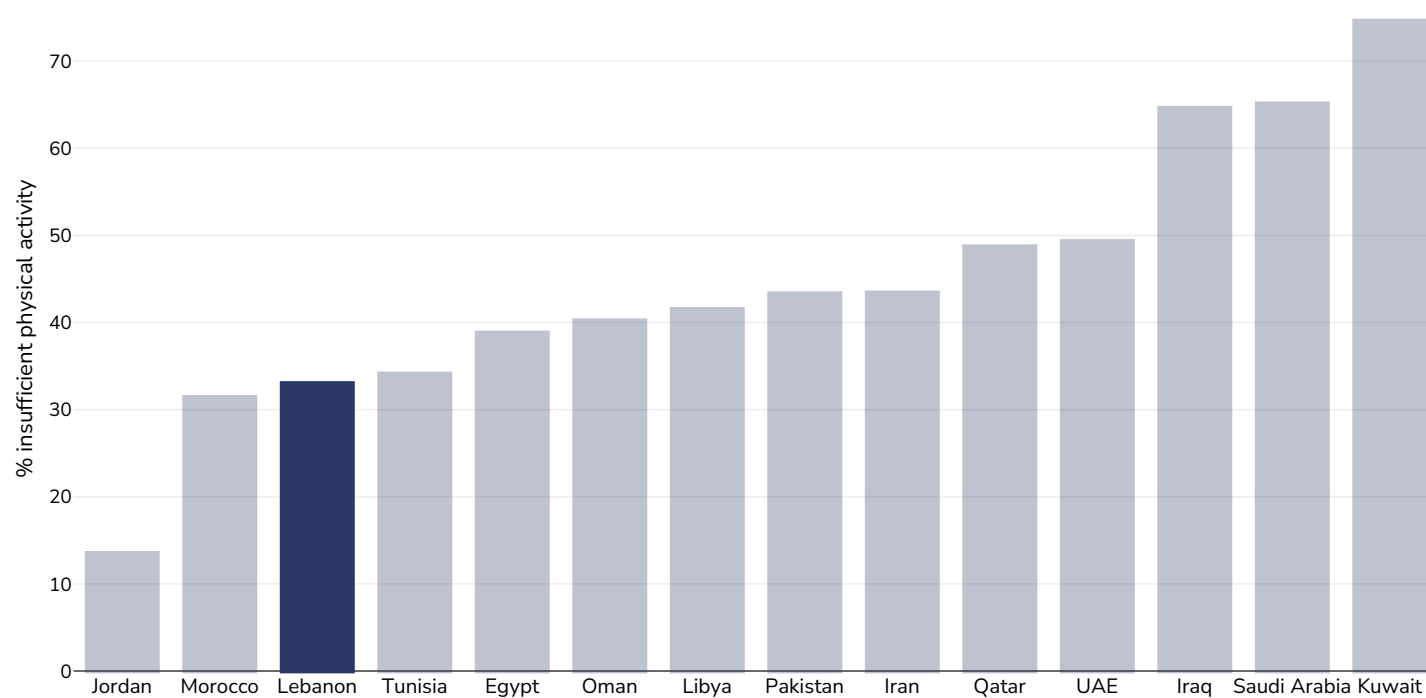
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

Men, 2016



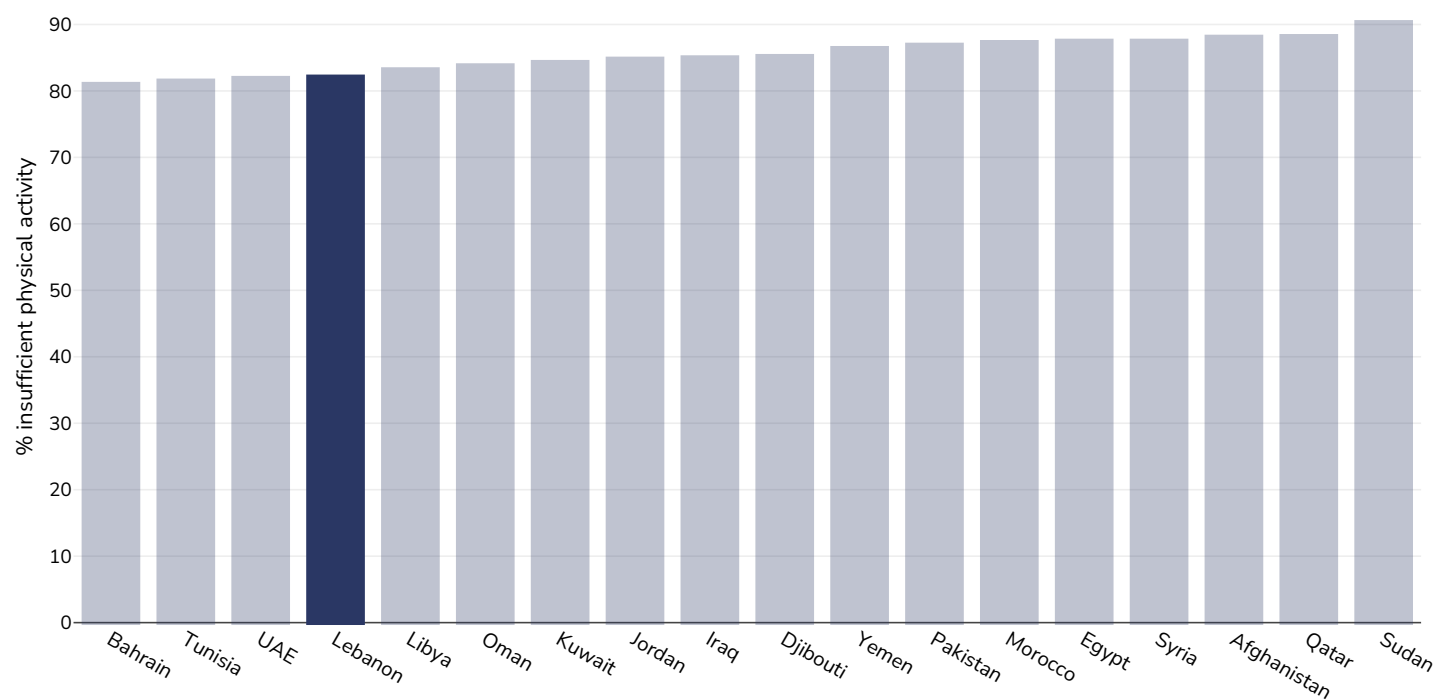
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

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

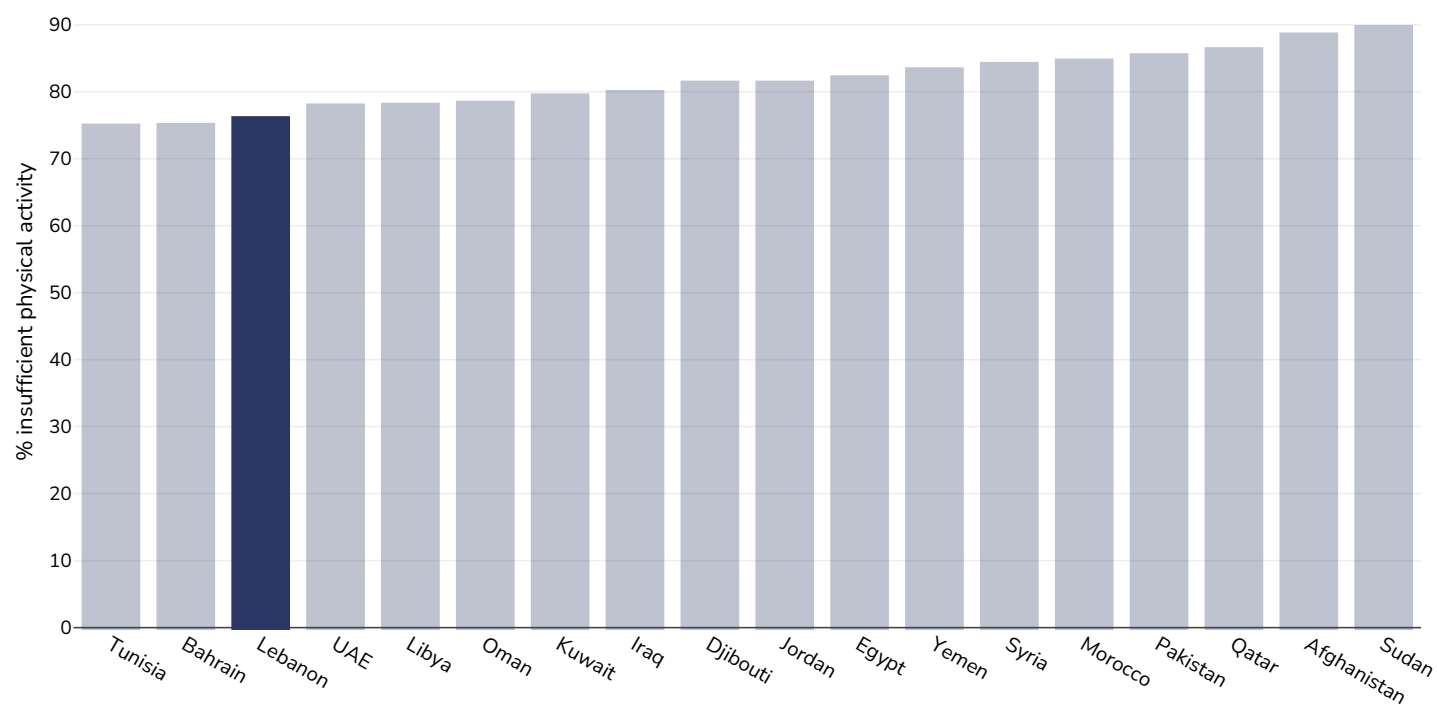
Age: 11-17

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

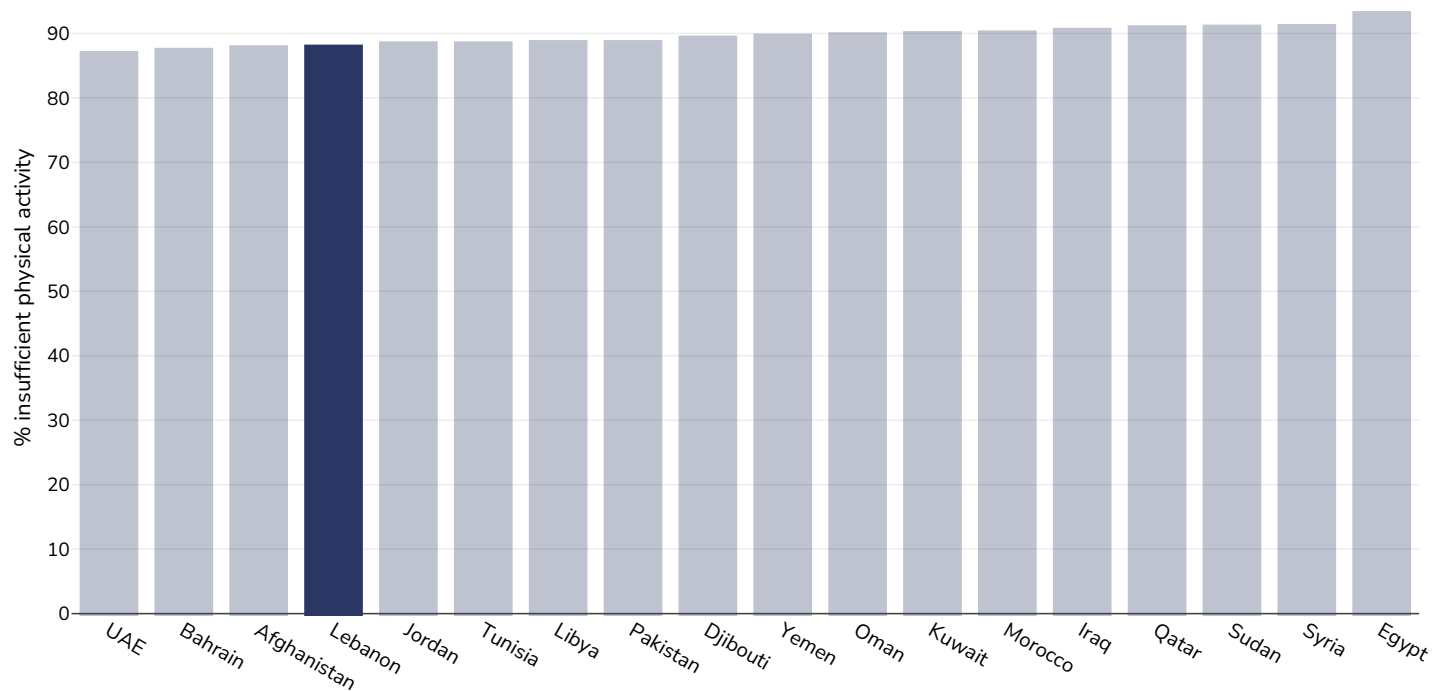
Age: 11-17

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

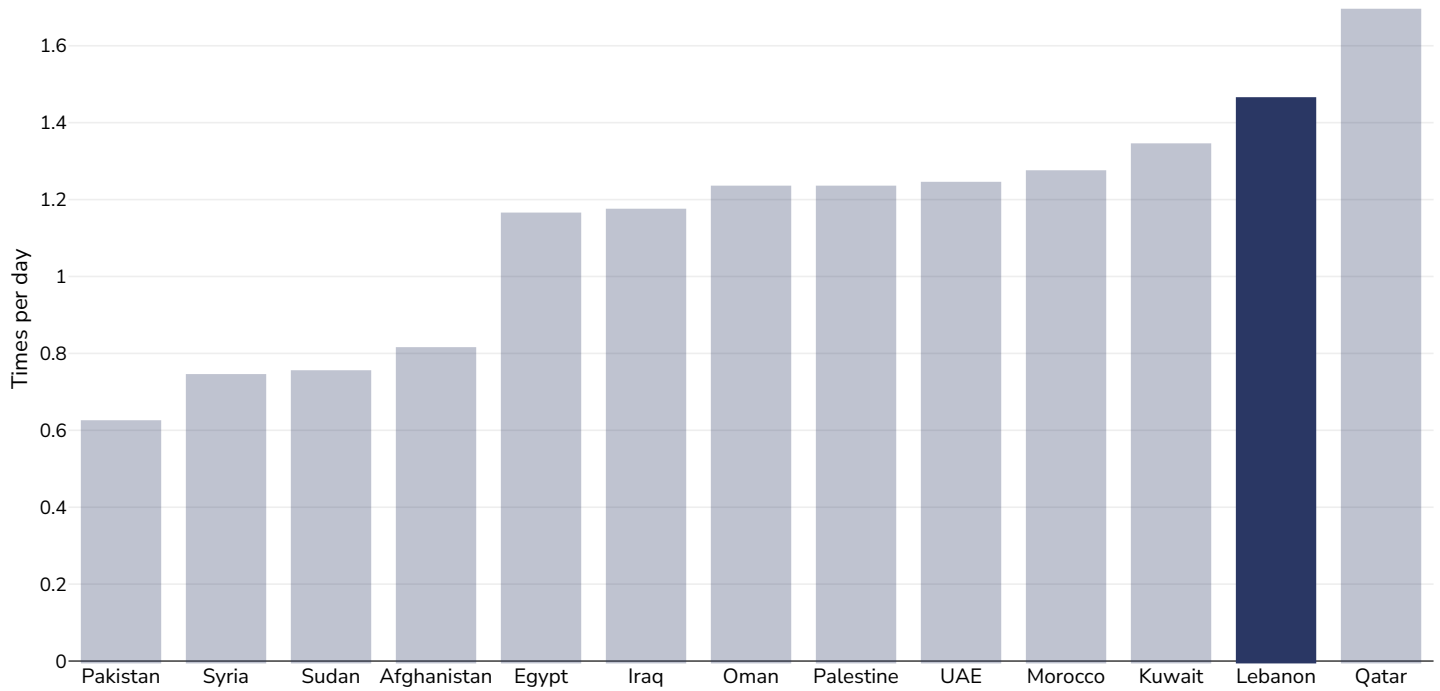
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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)

Average daily frequency of carbonated soft drink consumption

Children, 2009-2015



Survey
type:

Measured

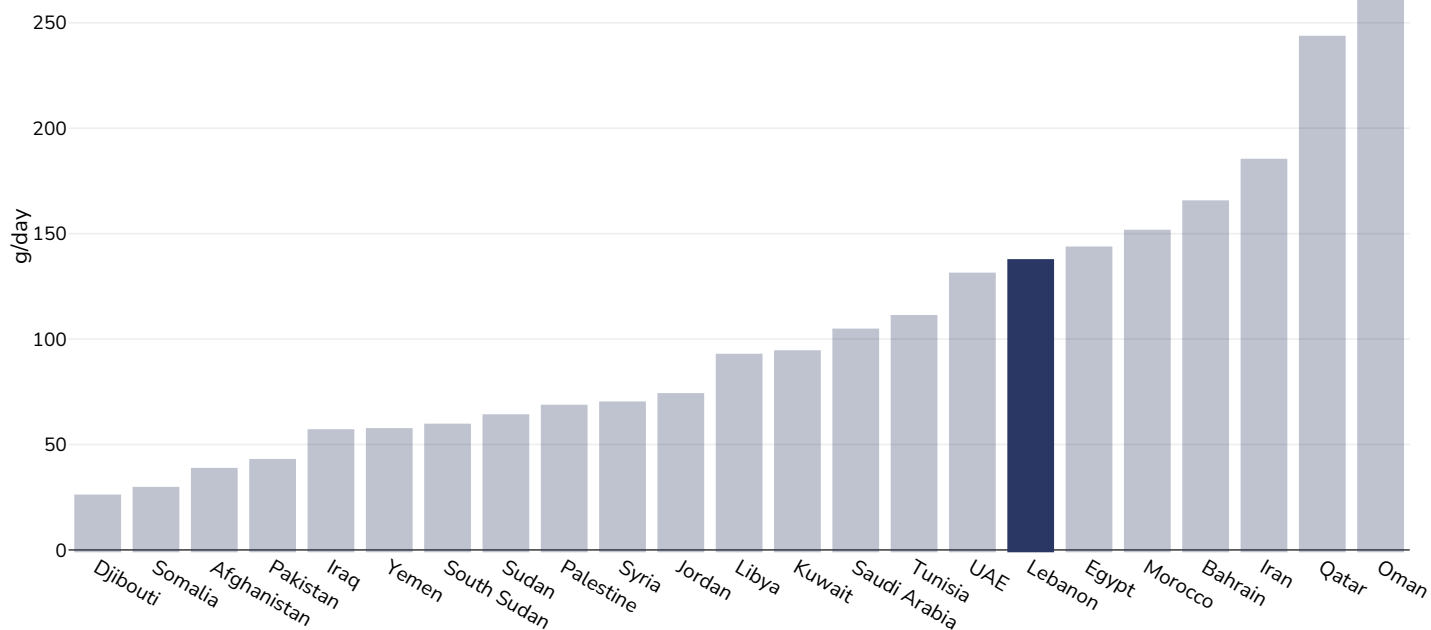
Age:

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

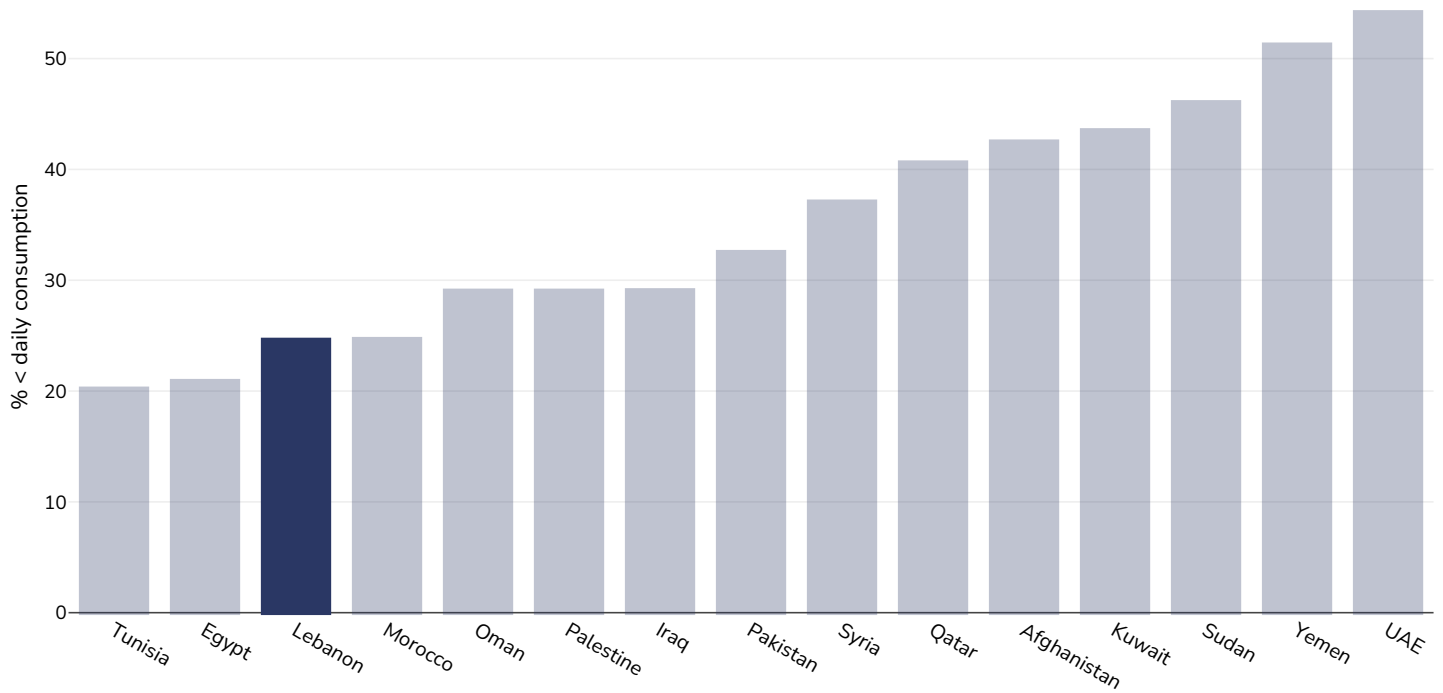
Age: 25+

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, 2008-2015



Survey type: Measured

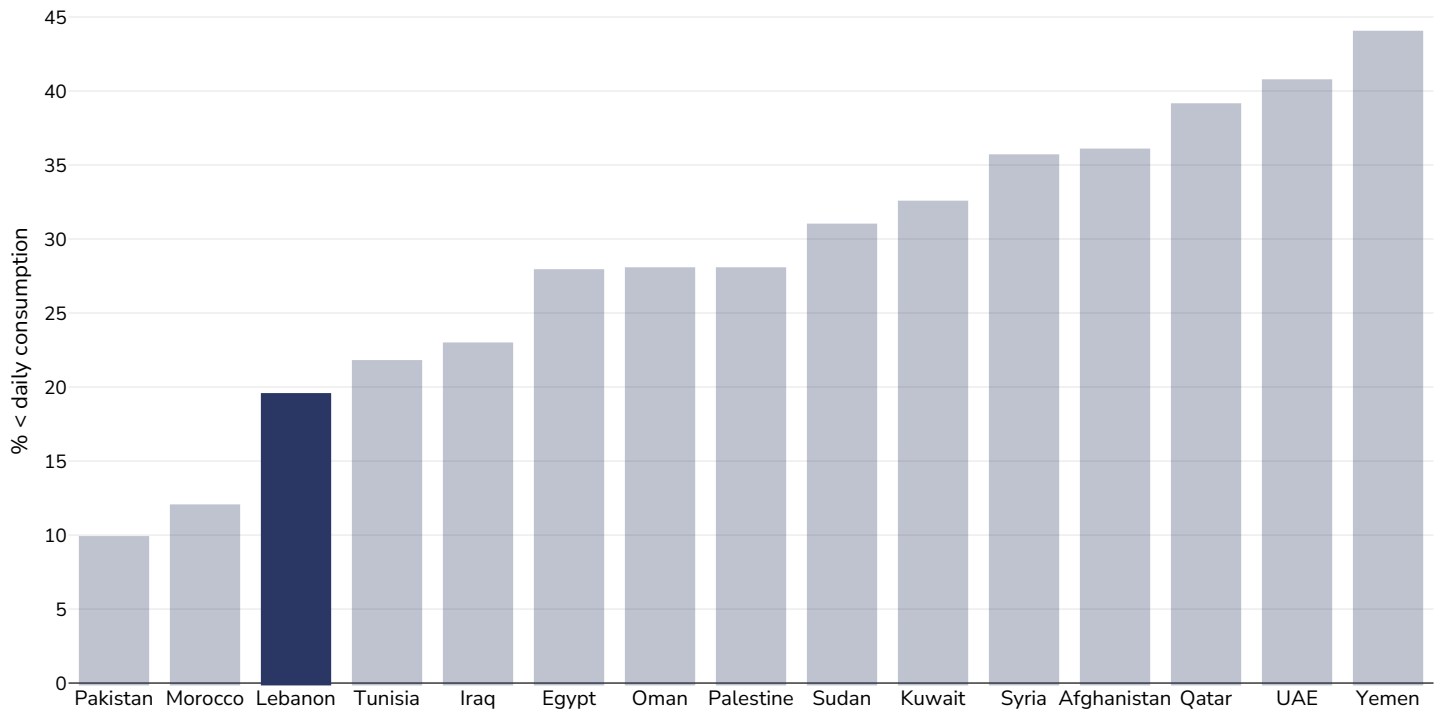
Age: 12-17

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, 2008-2015



Survey type: Measured

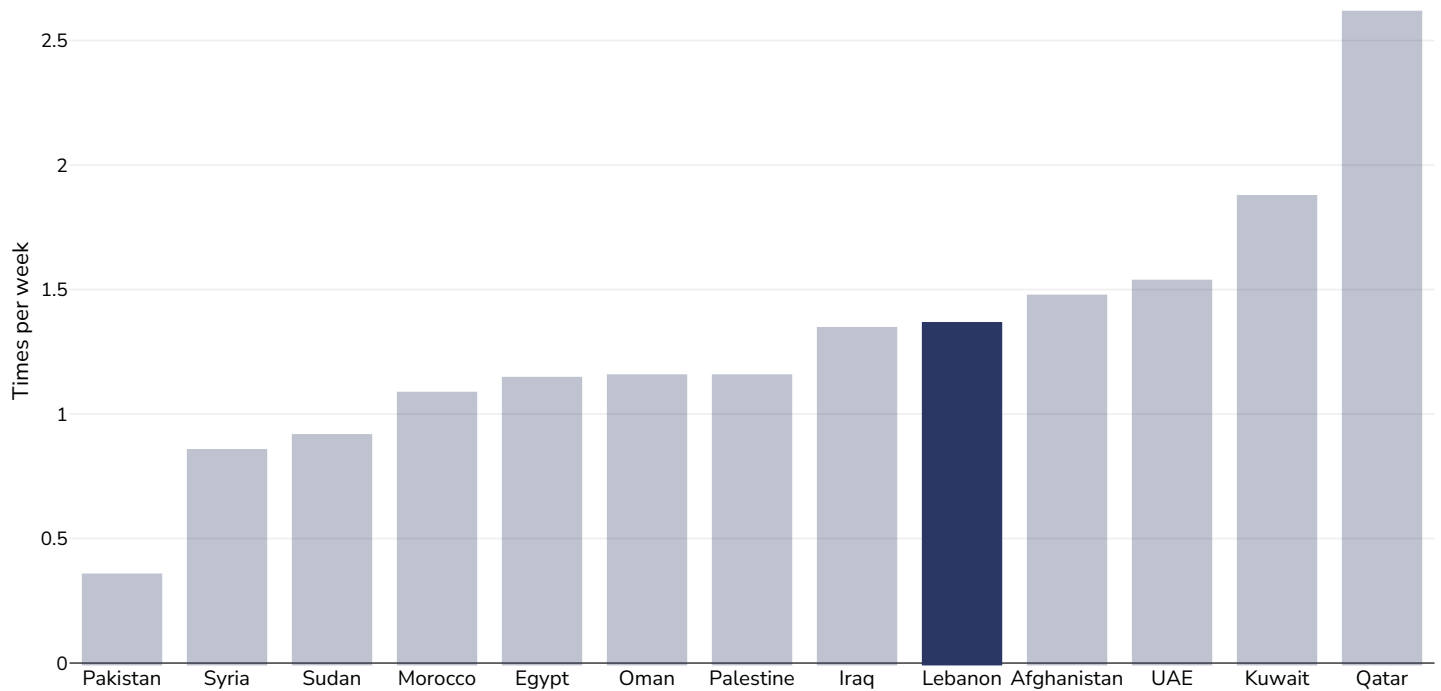
Age: 12-17

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, 2009-2015

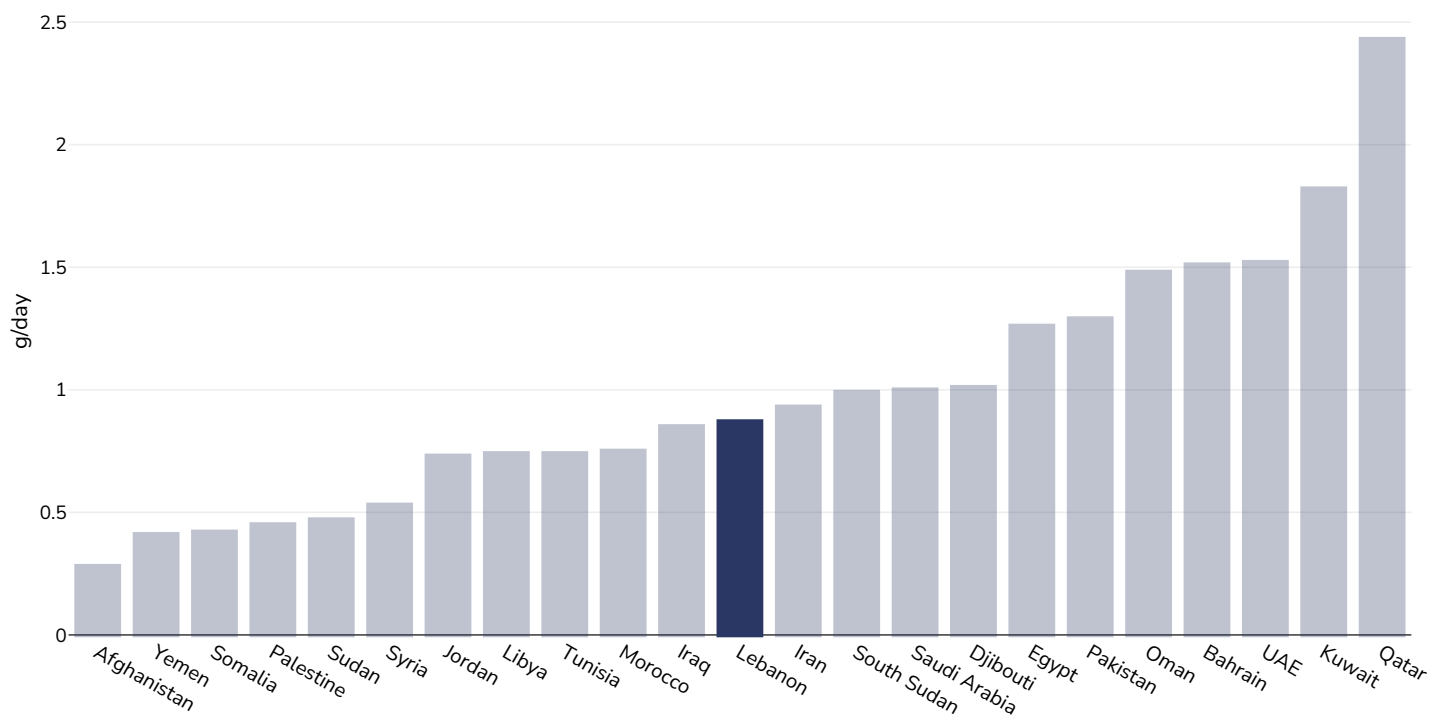


Age: 12-17

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

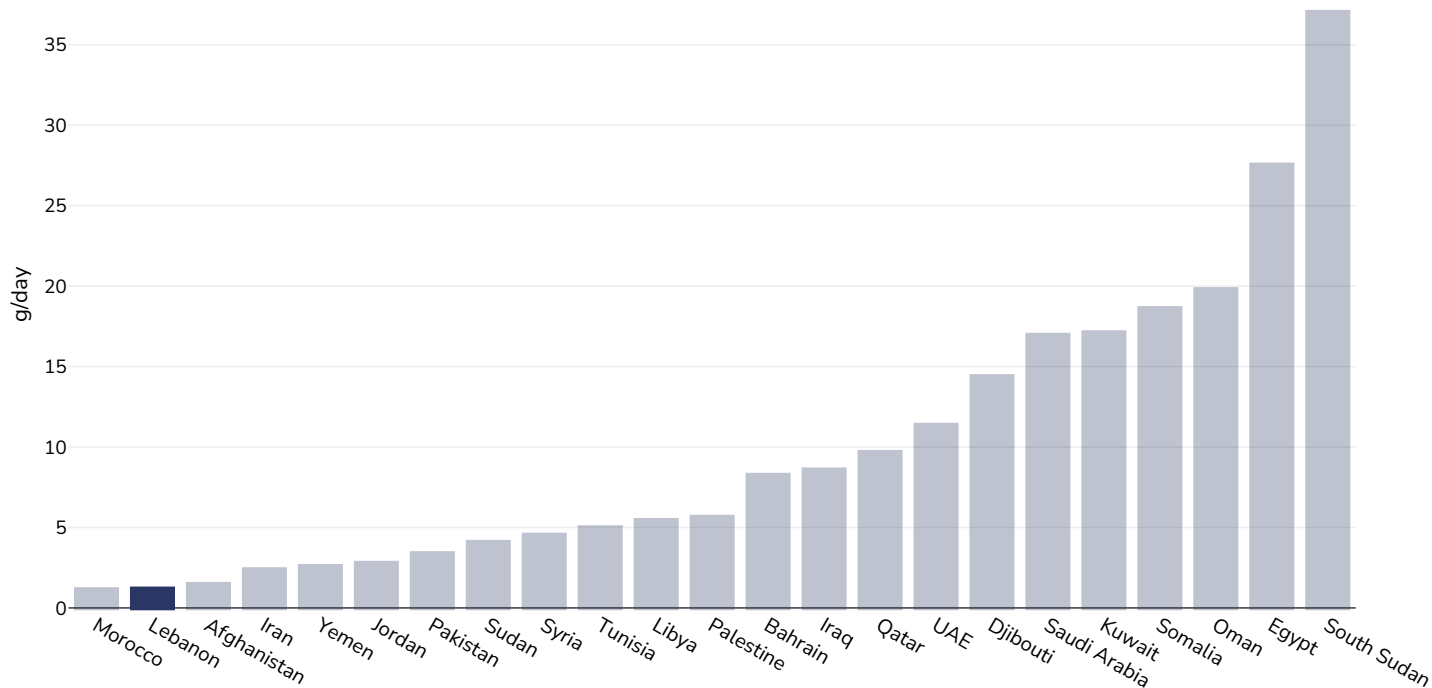
Age: 25+

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

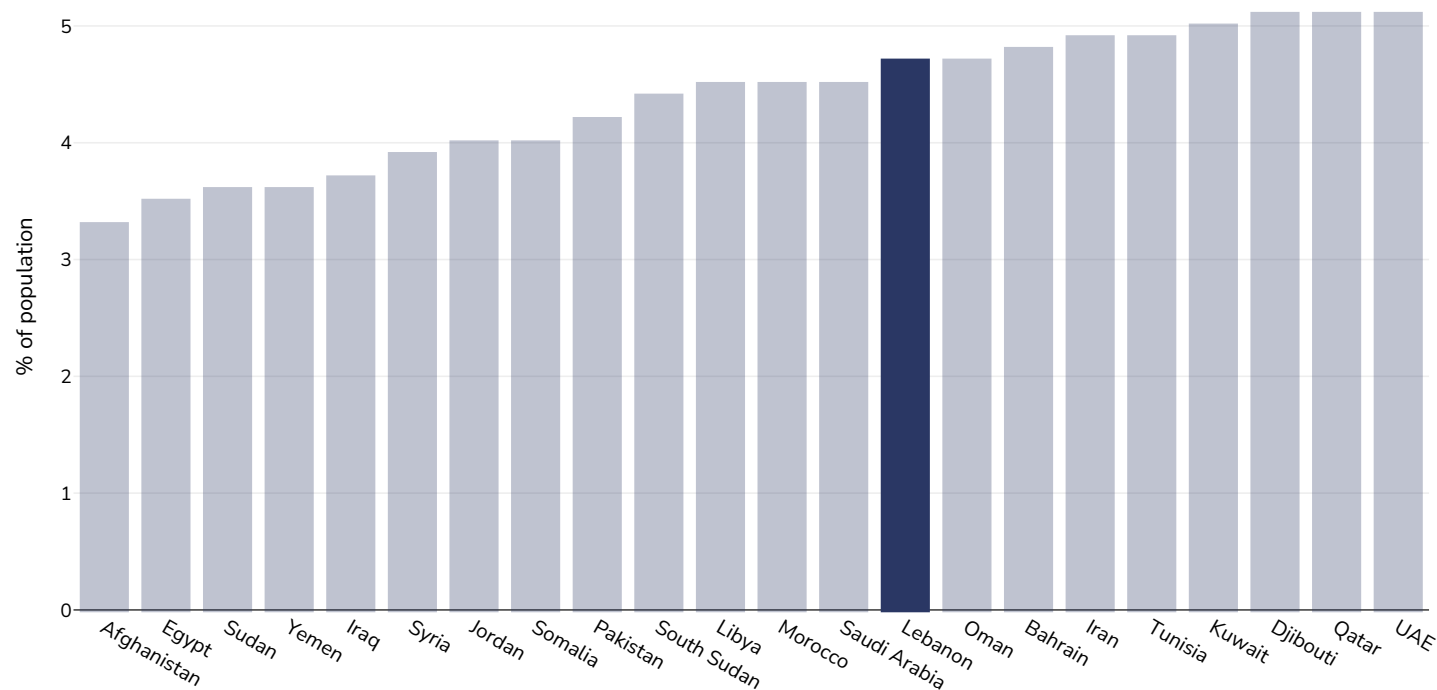
Age: 25+

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

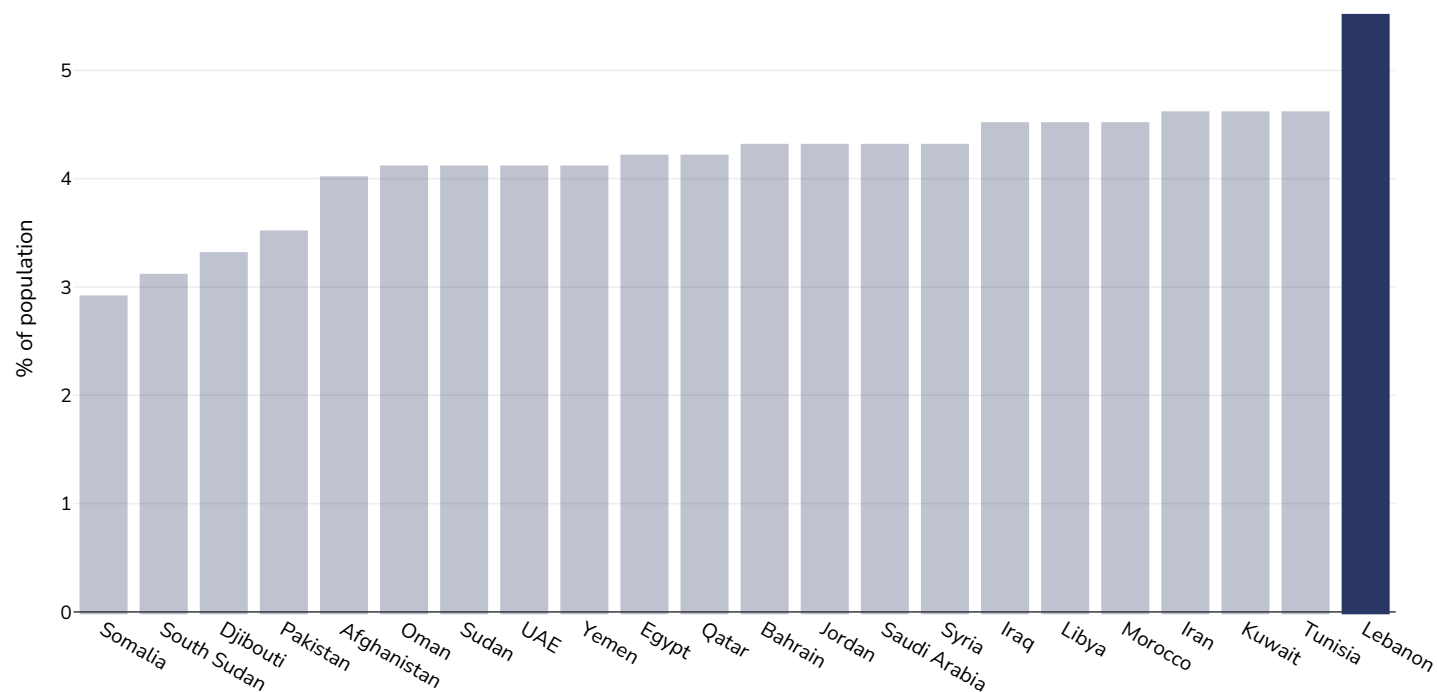


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

Mental health - anxiety disorders

Adults, 2015

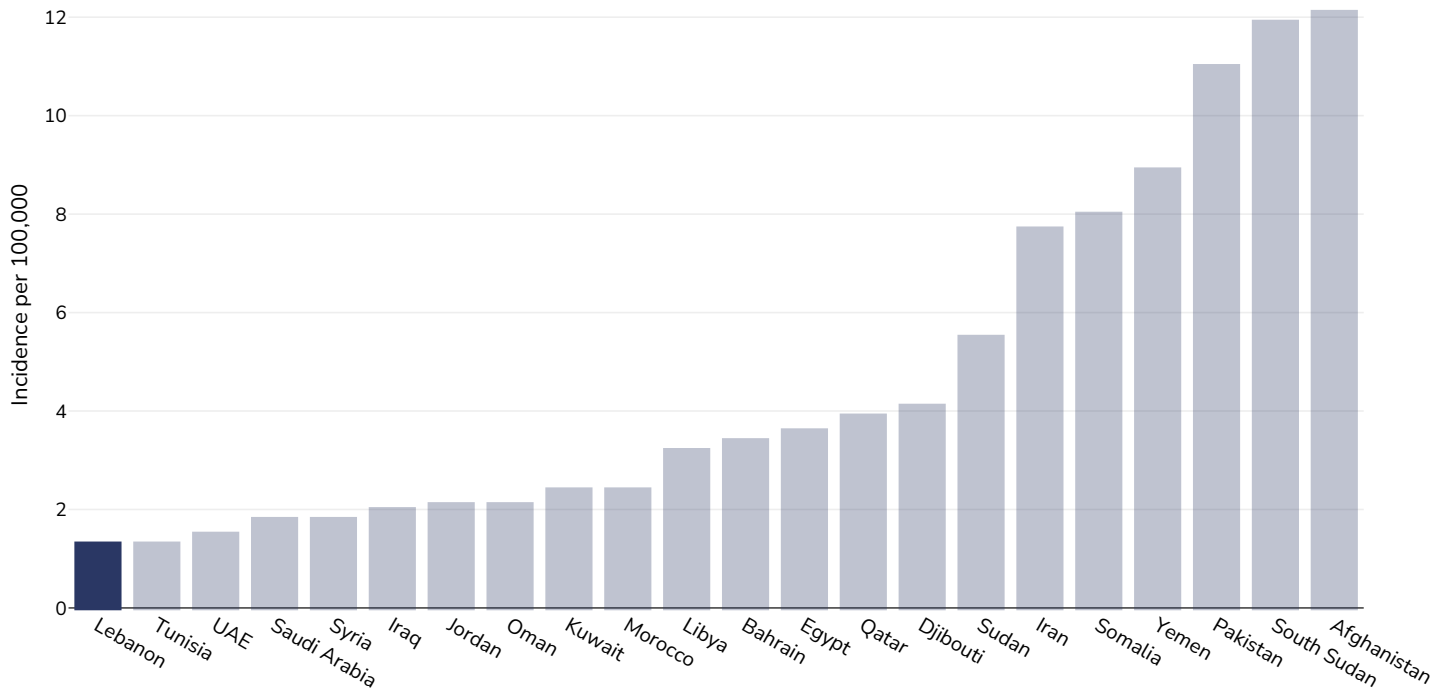


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

Oesophageal cancer

Men, 2020



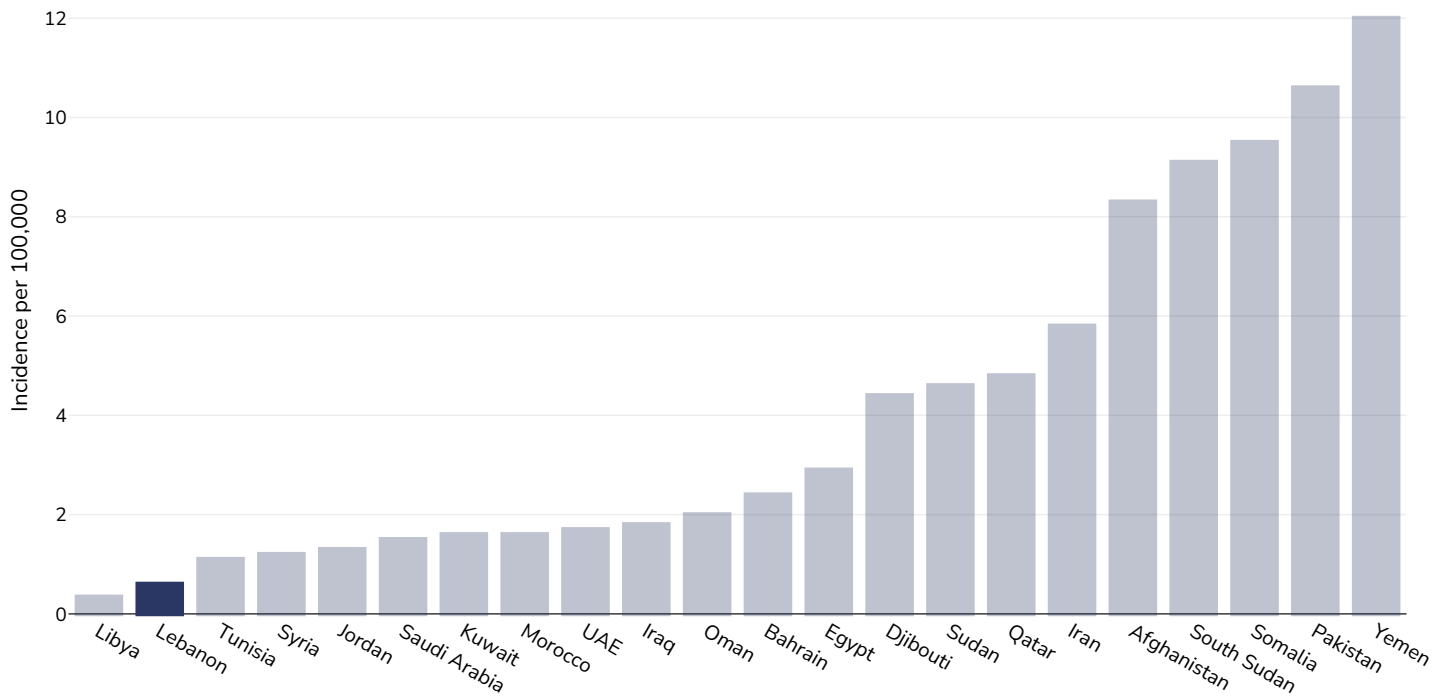
Age: 20+

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

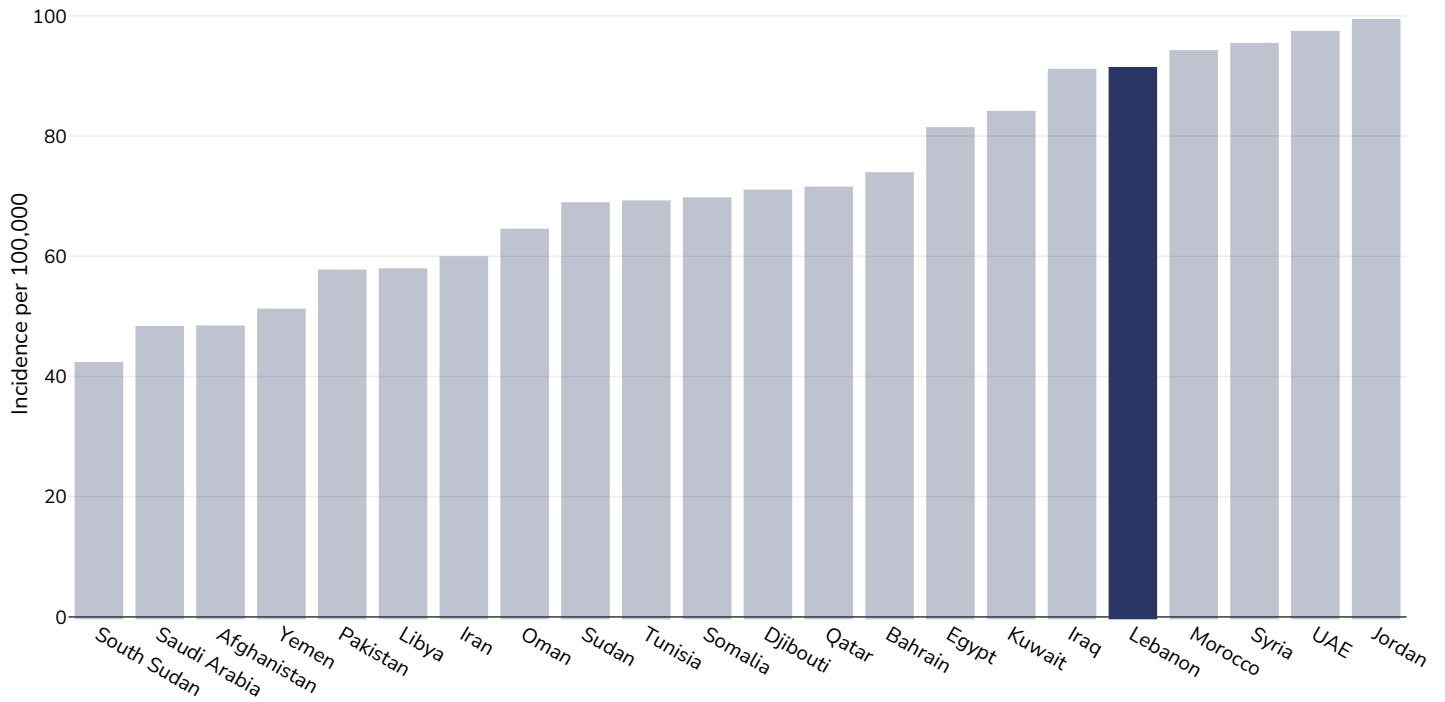
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Breast cancer

Women, 2020



Age: 20+

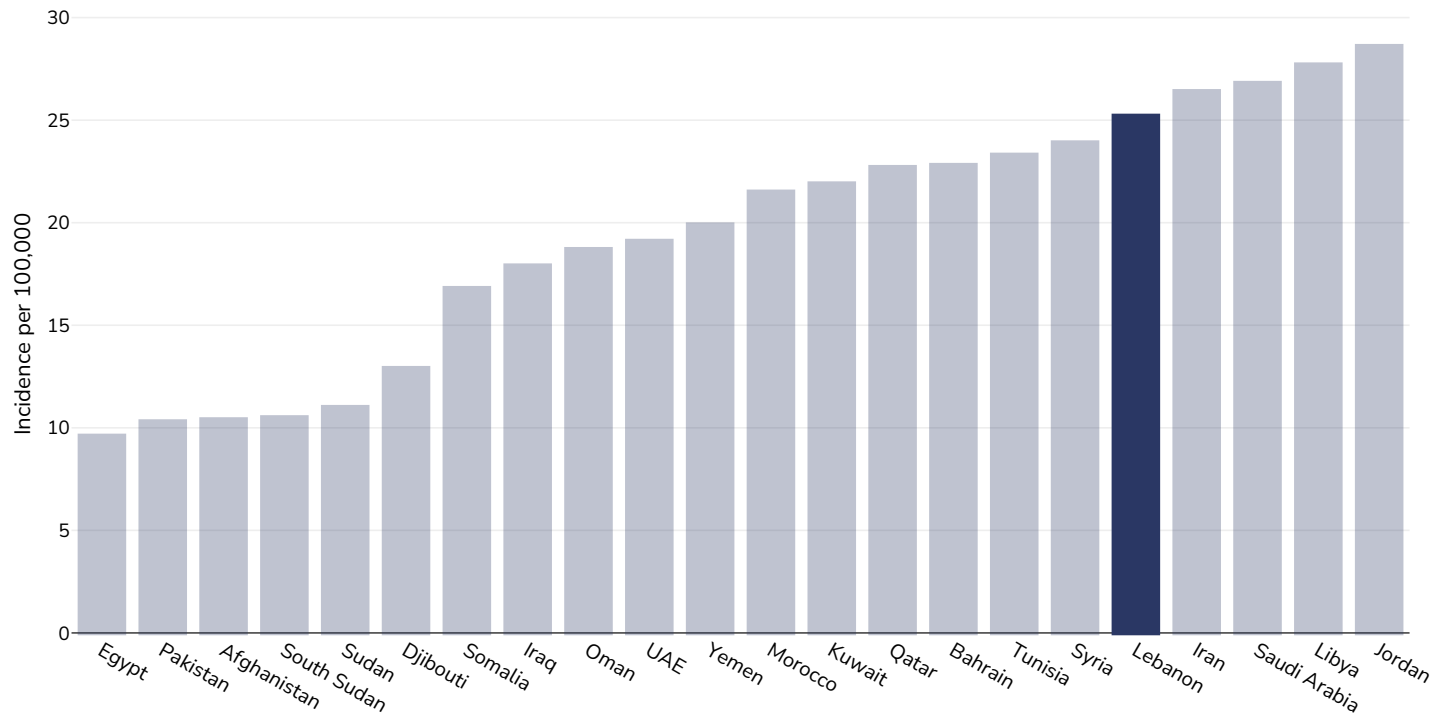
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Colorectal cancer

Men, 2020



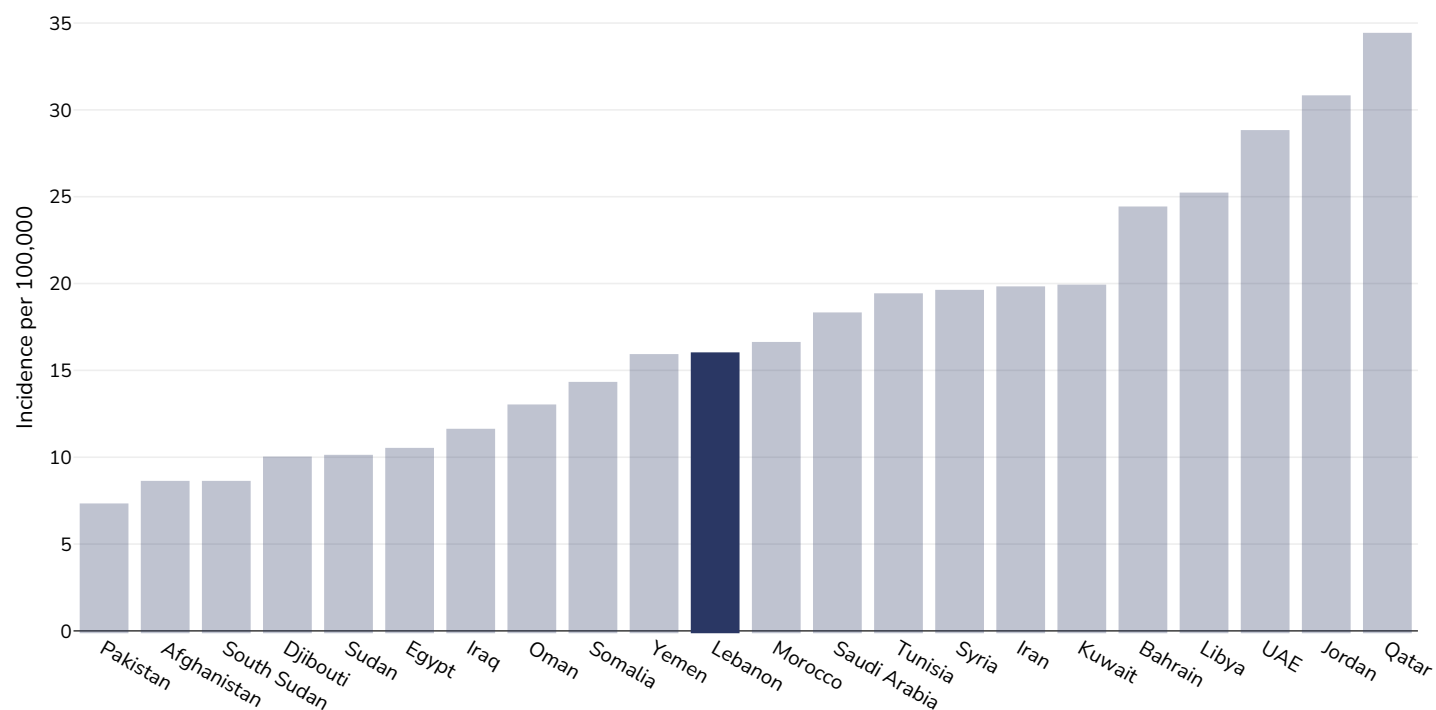
Age: 20+

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

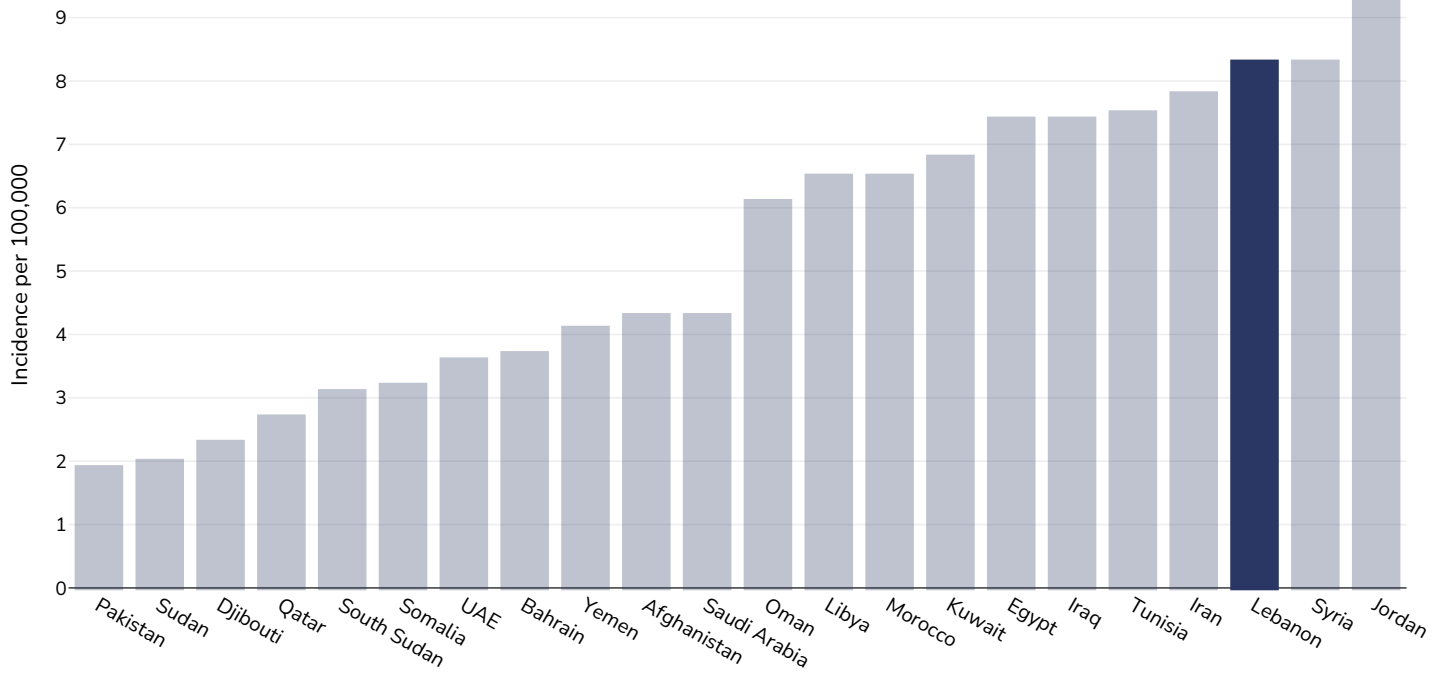
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Pancreatic cancer

Men, 2020



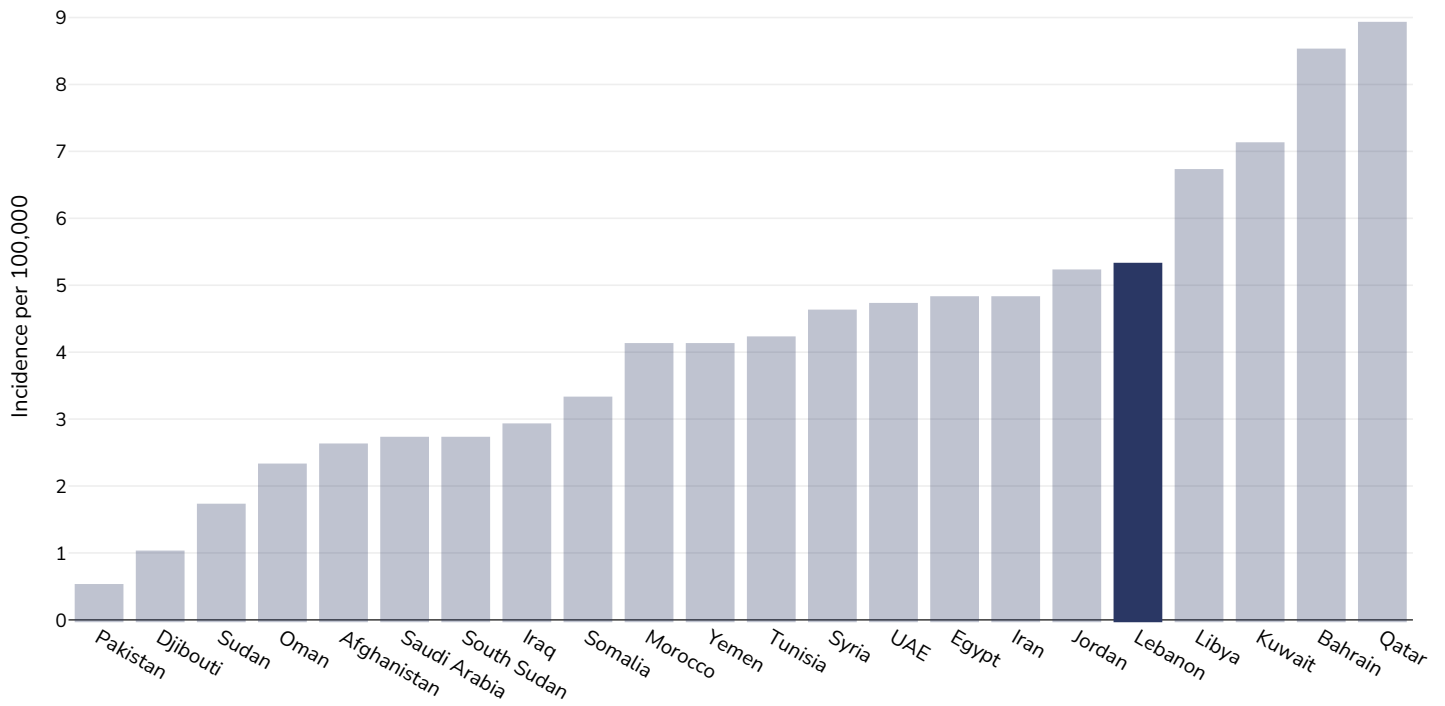
Age: 20+

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

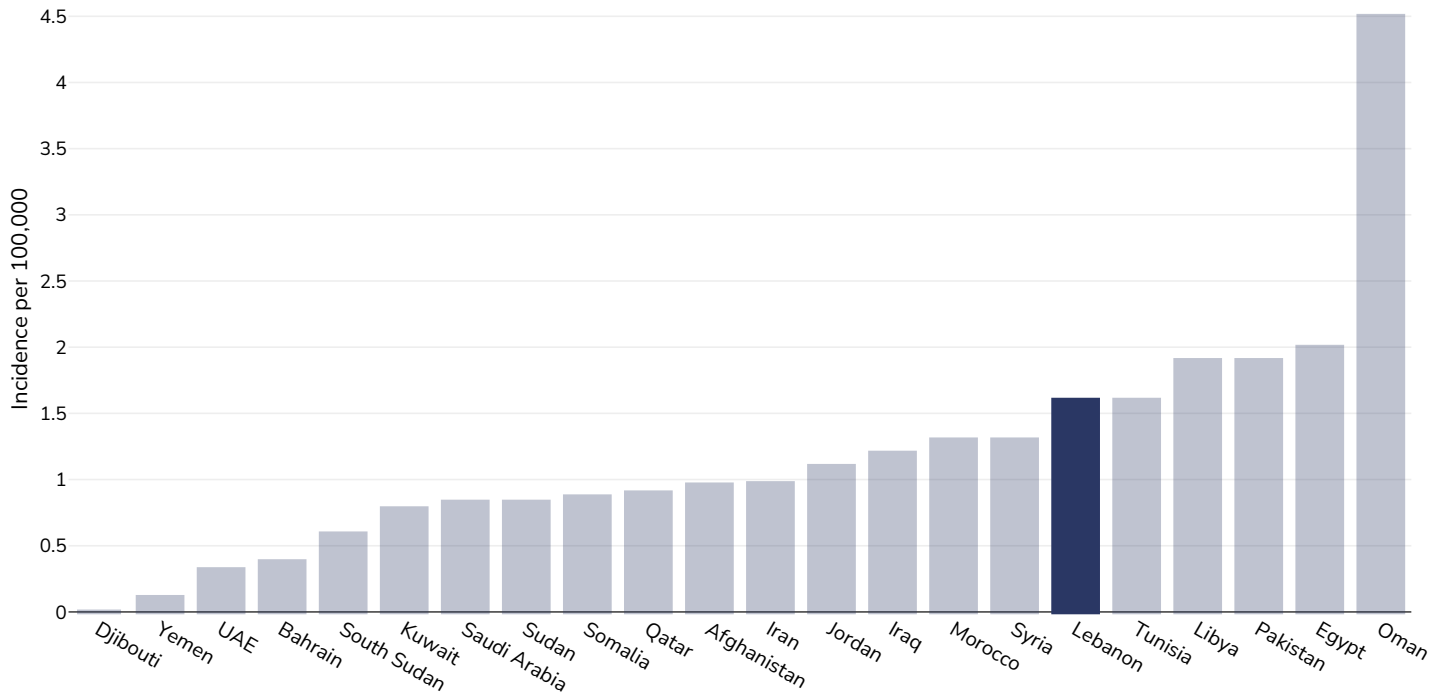
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Gallbladder cancer

Men, 2020



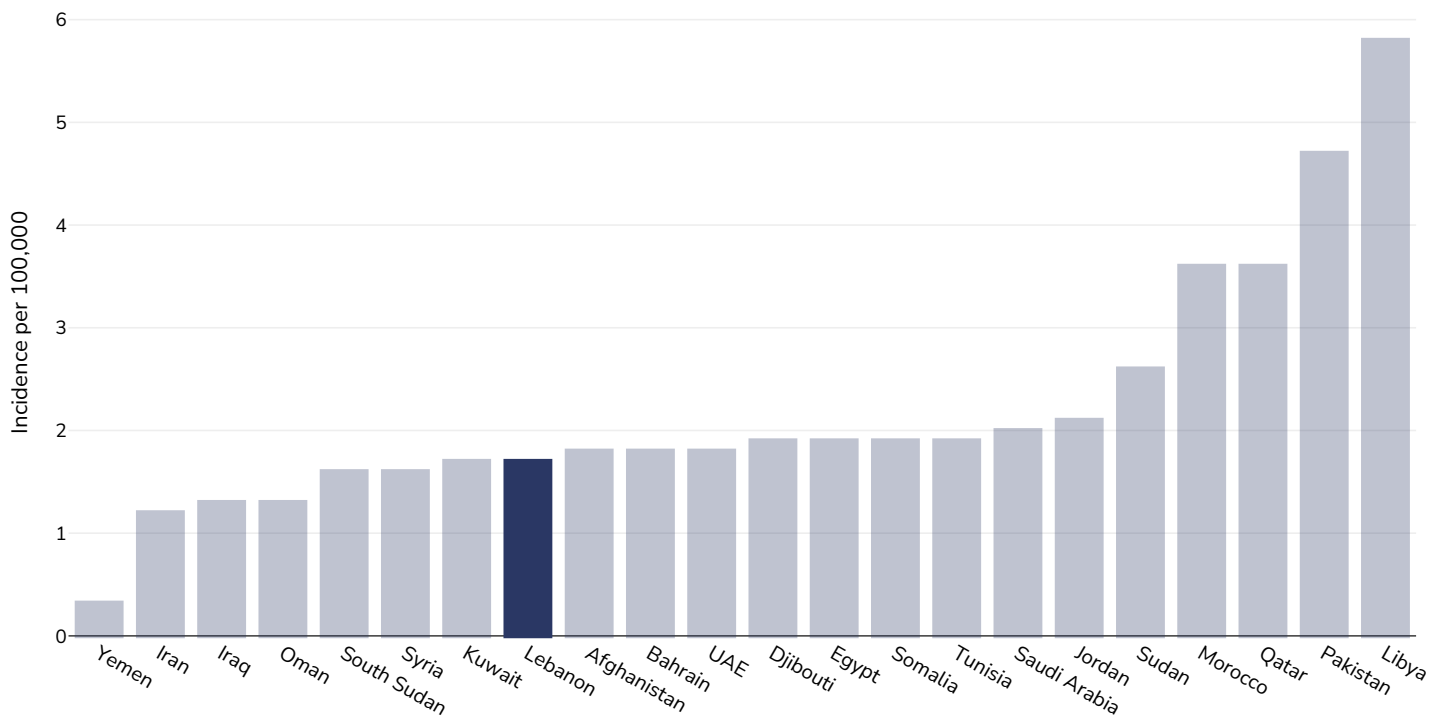
Age: 20+

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

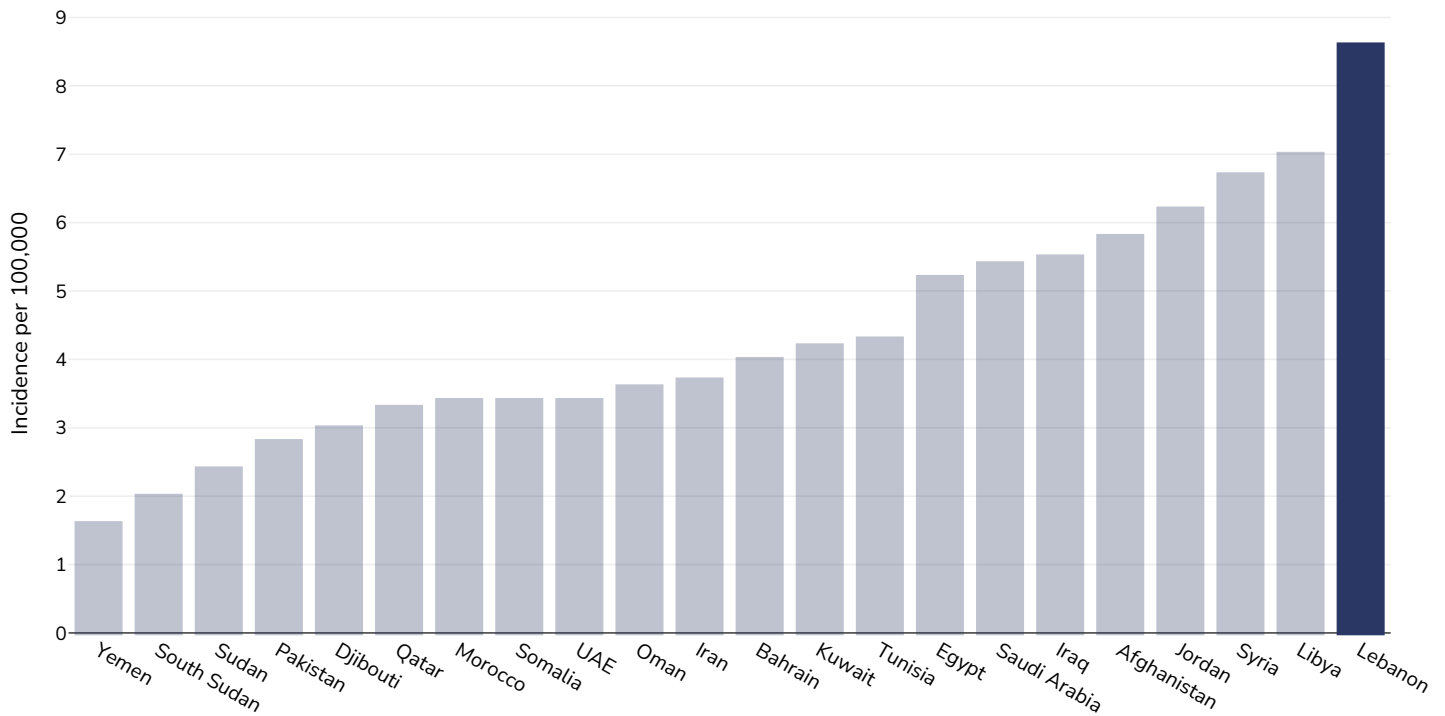
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Kidney cancer

Men, 2020



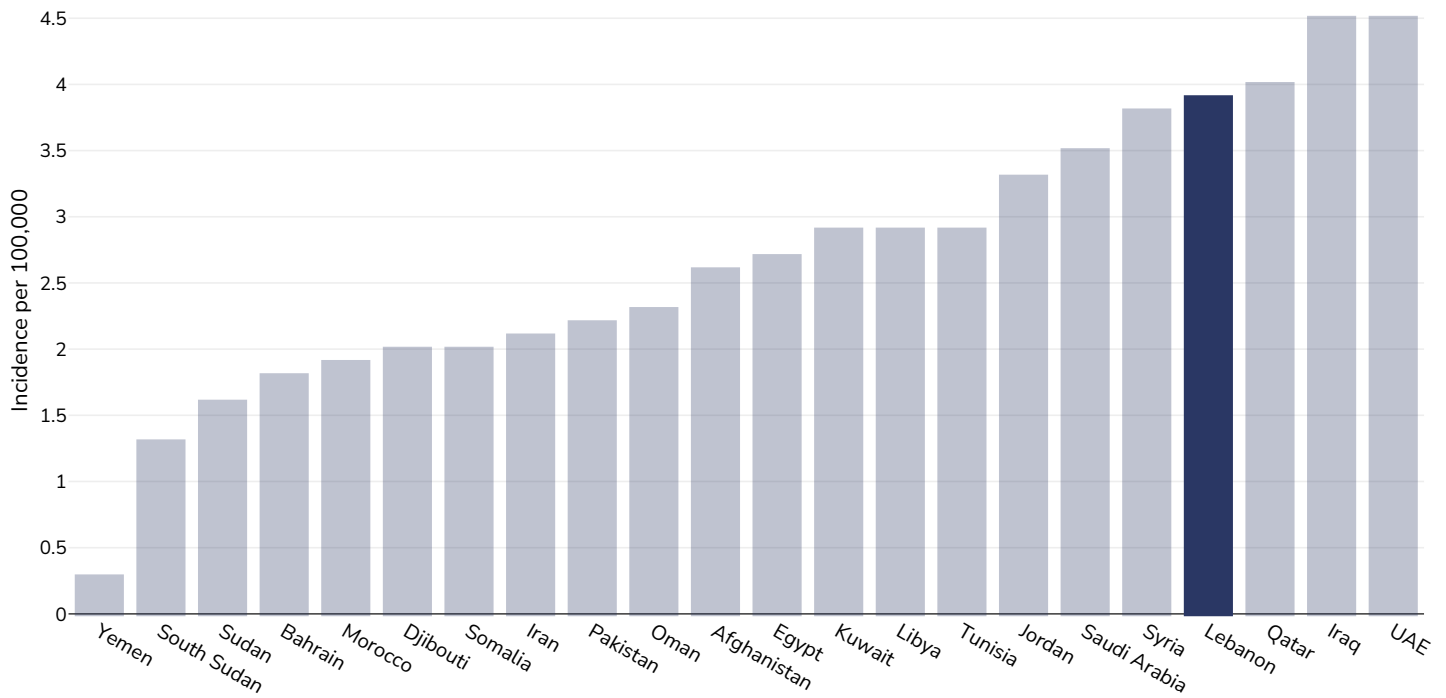
Age: 20+

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Women, 2020



Age: 20+

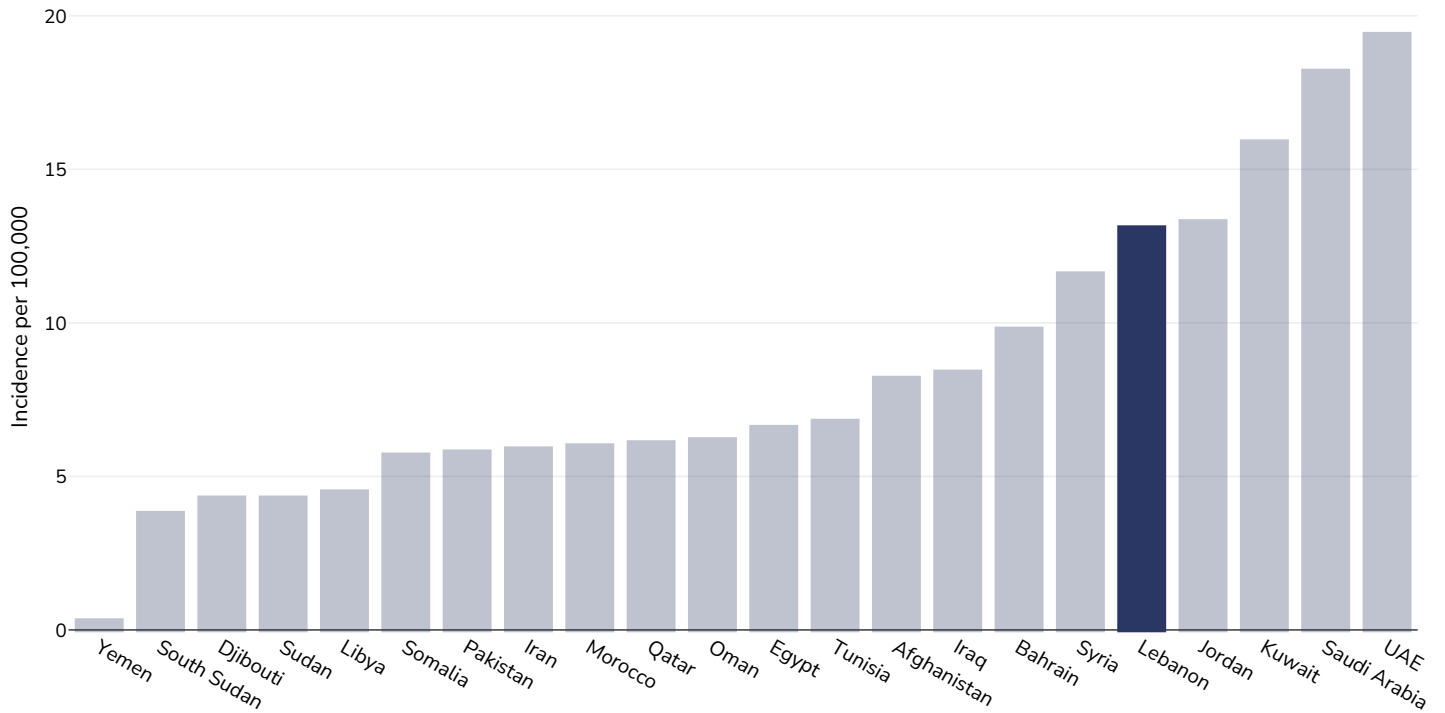
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Cancer of the uterus

Women, 2020



Age: 20+

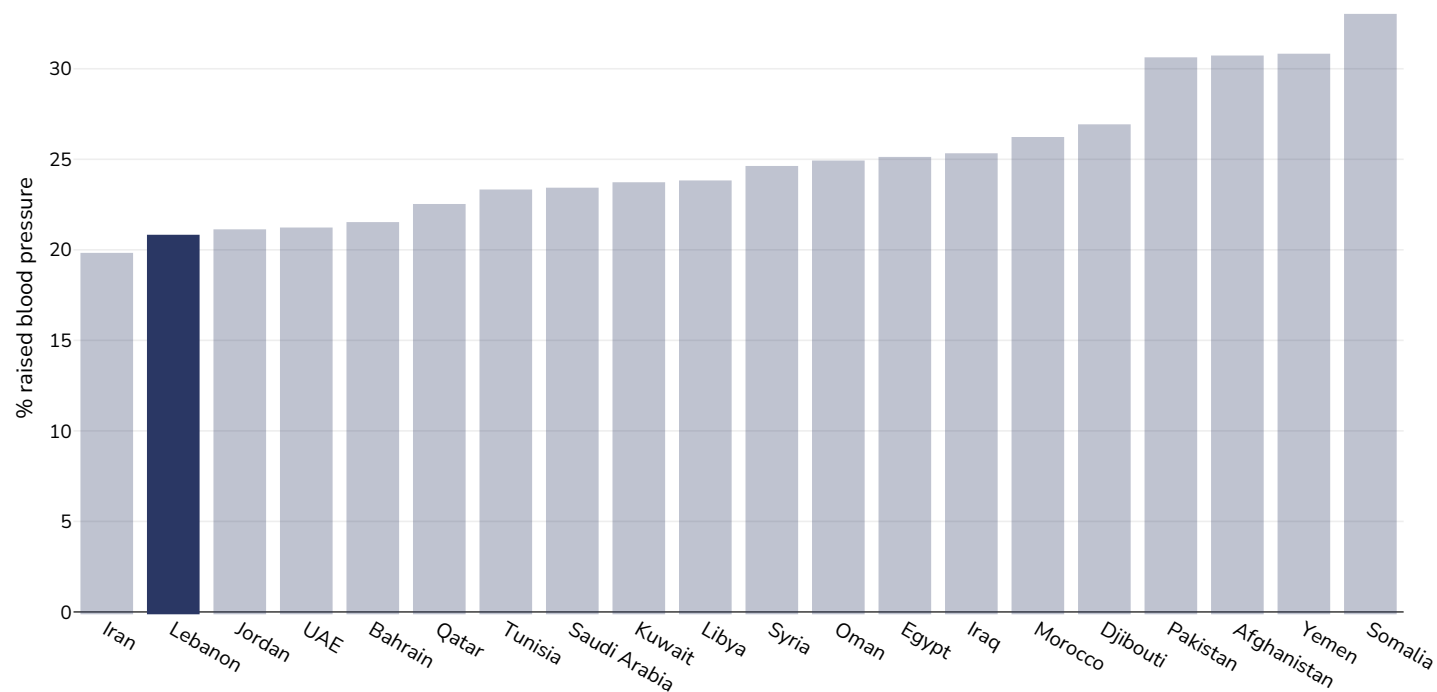
Area covered: National

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 10.01.2215

Definitions: Age-standardized incidence rates per 100 000

Raised blood pressure

Adults, 2015



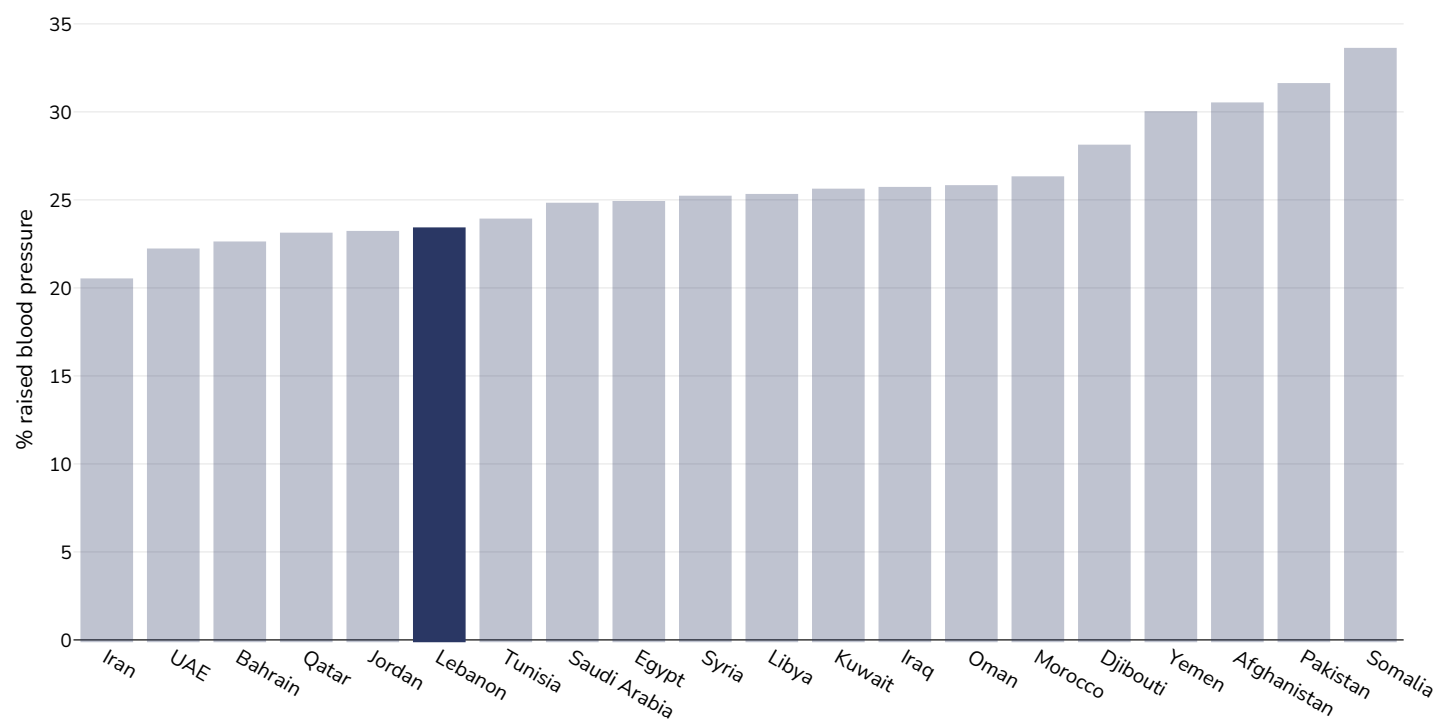
References:

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



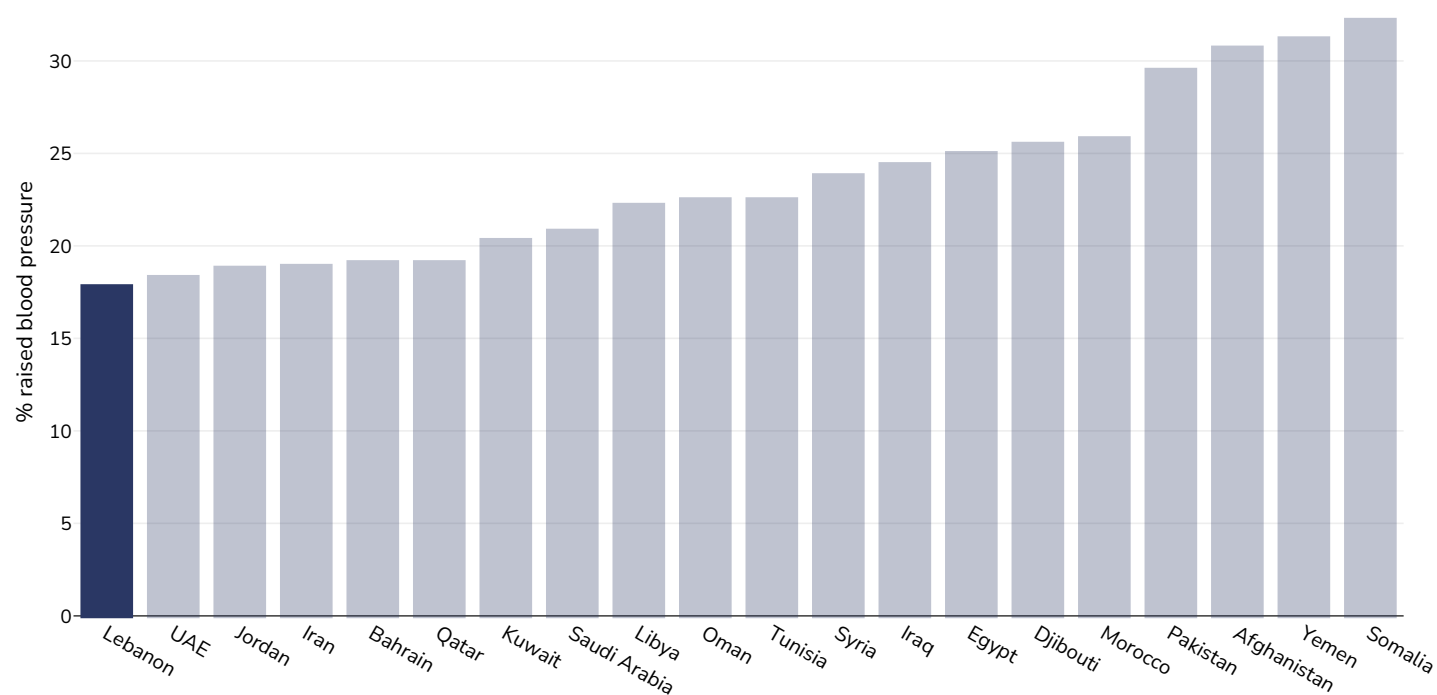
References:

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:

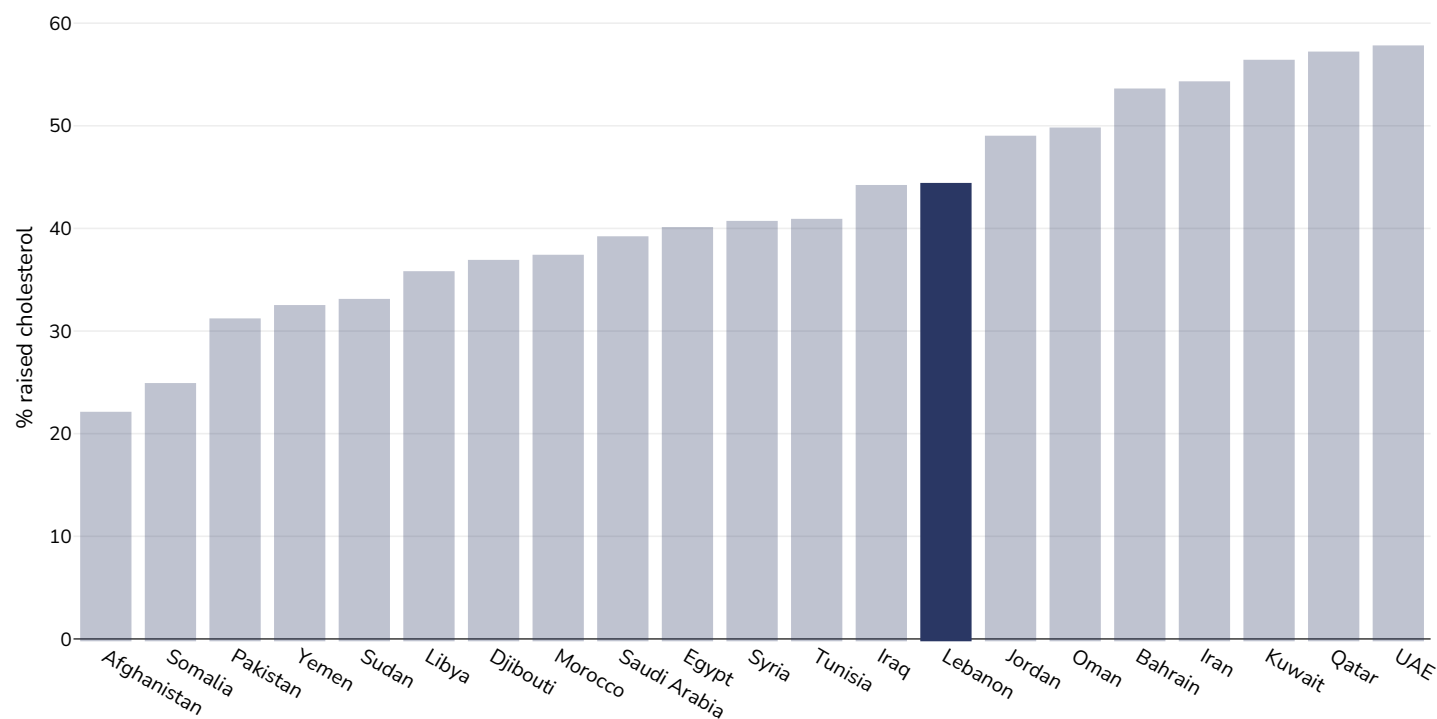
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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

Raised cholesterol

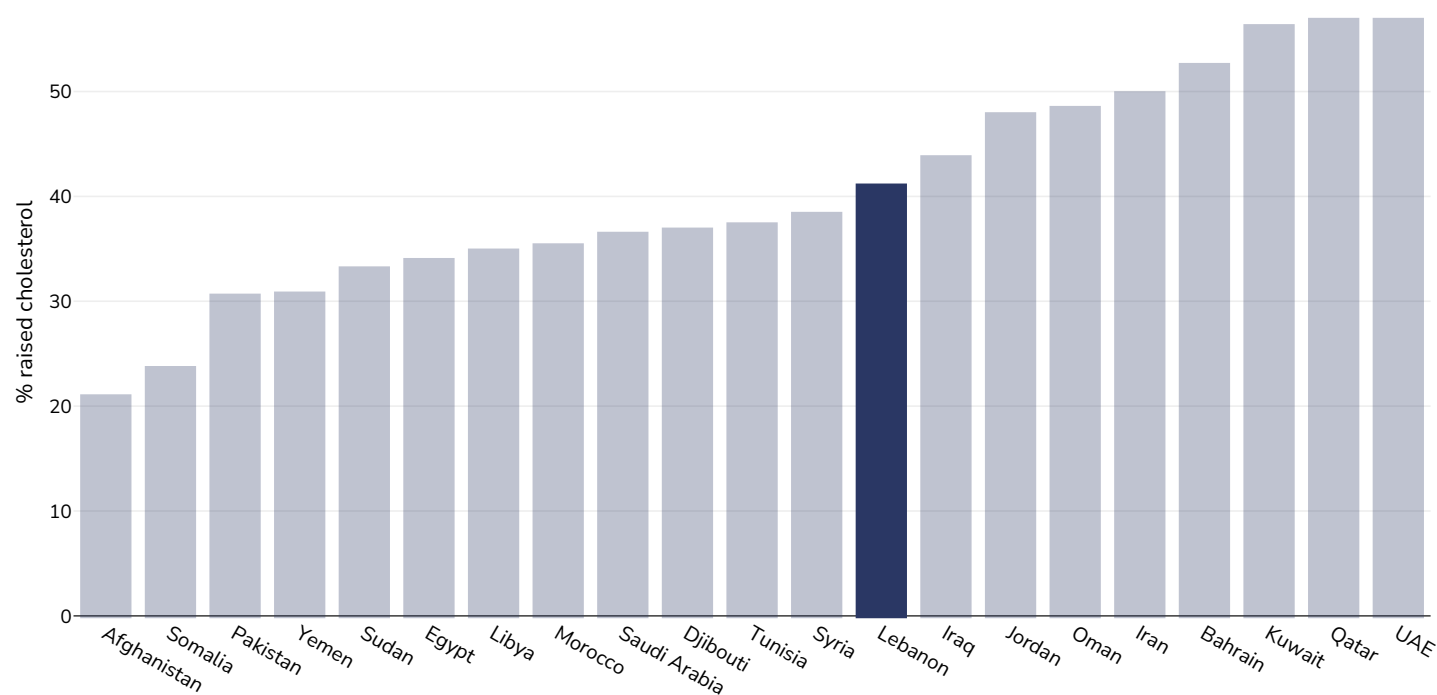
Adults, 2008



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).

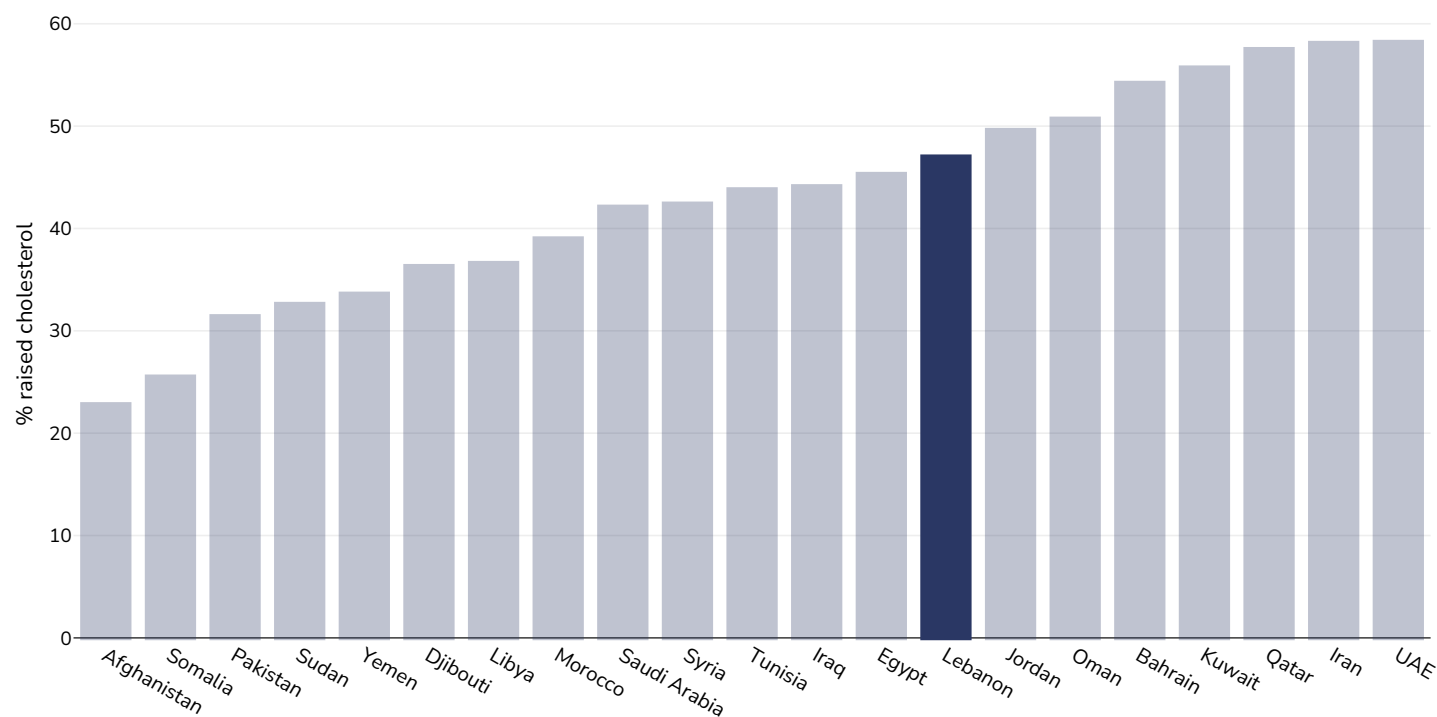
Men, 2008



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

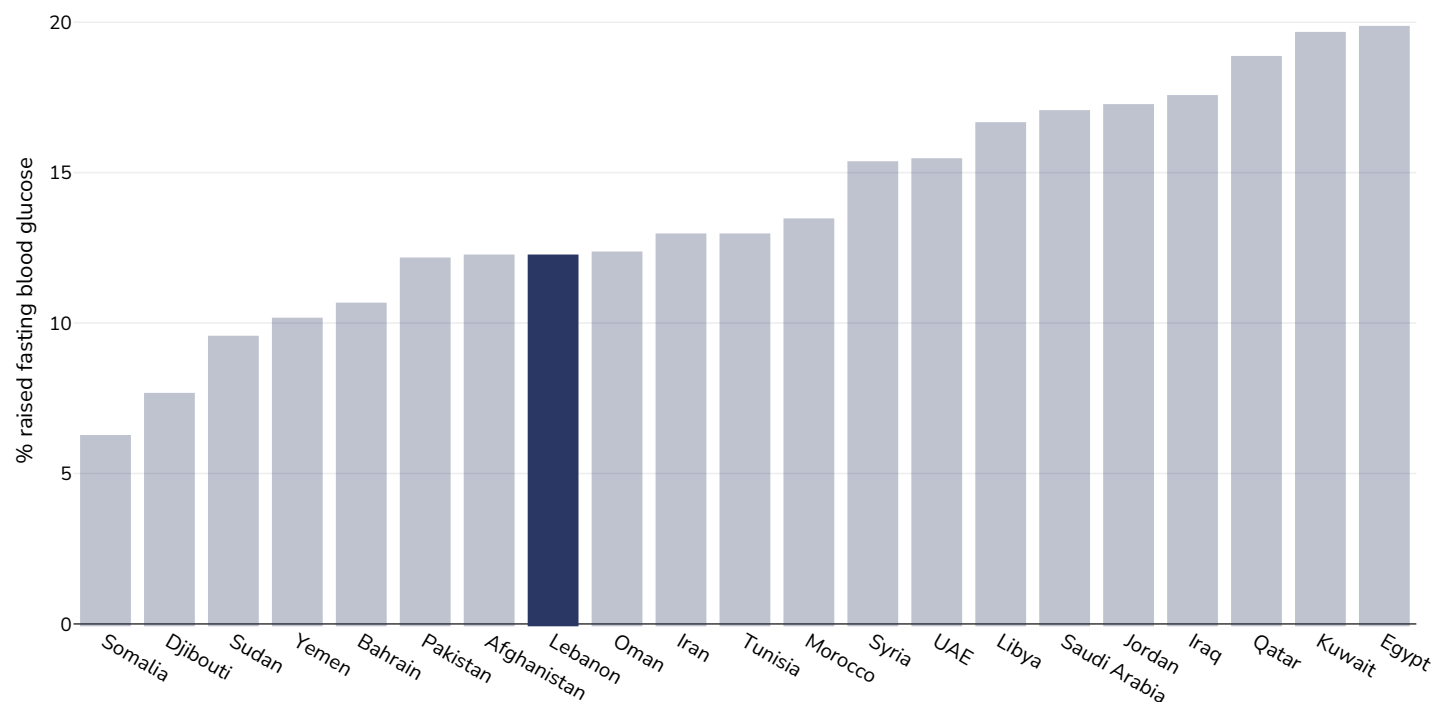


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

Raised fasting blood glucose

Men, 2014



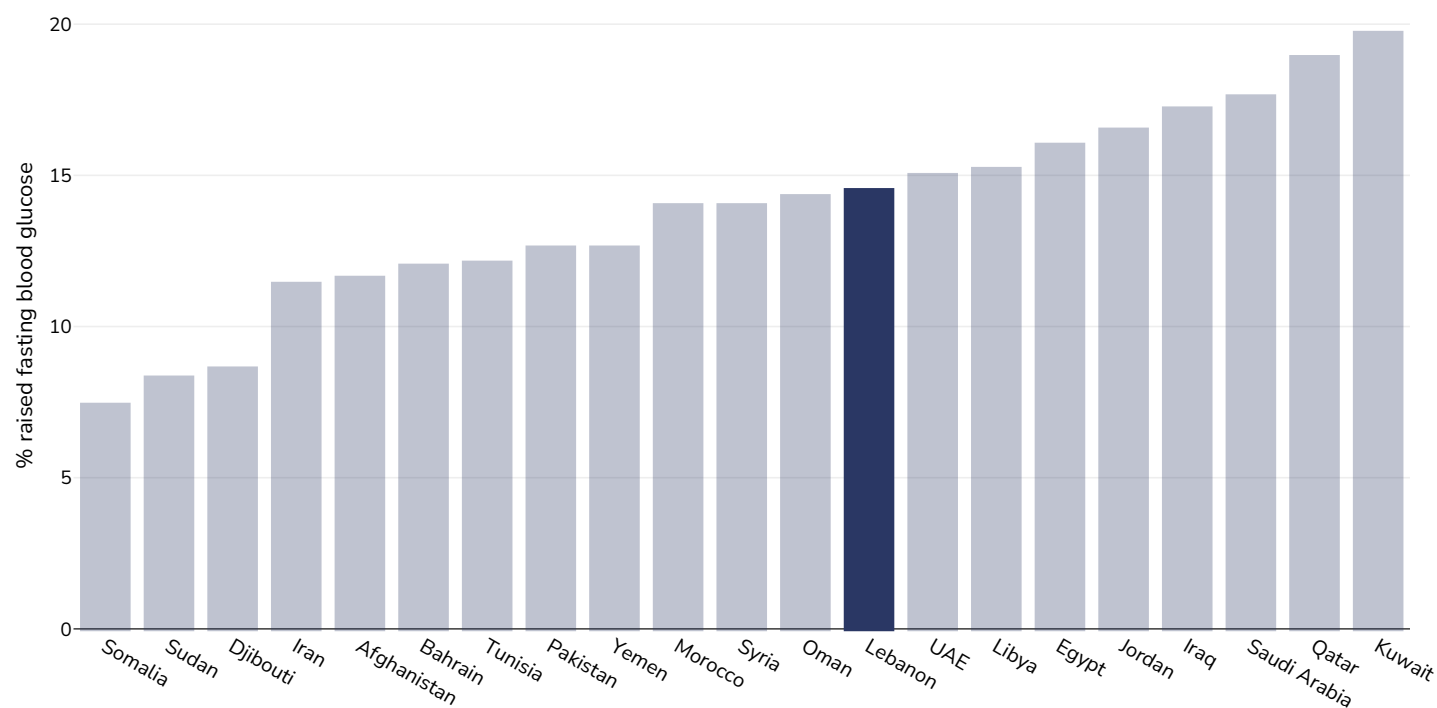
References:

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



References:

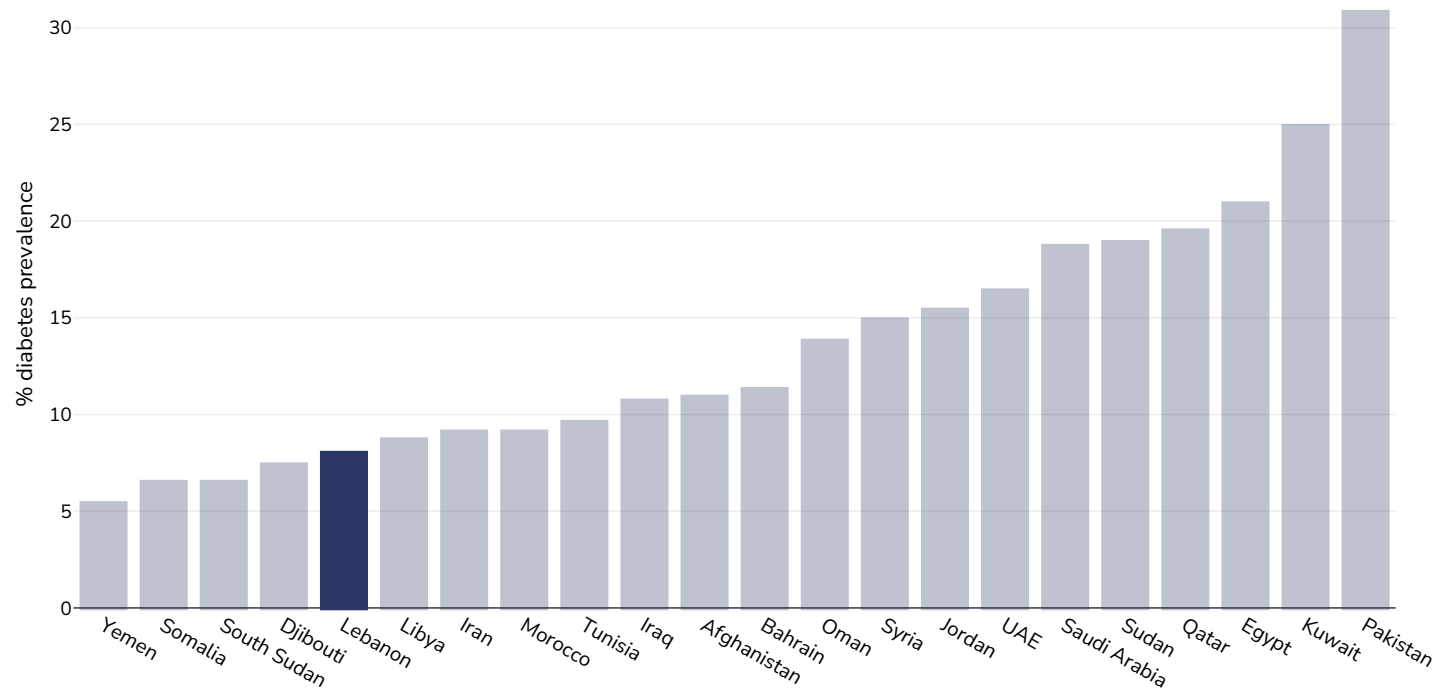
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

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

Diabetes prevalence

Adults, 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

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



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)?	✓
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Key

✓ Present	✓ _v Present (voluntary)	✓ Incoming	✗ Absent	? Unknown
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