

# Report card

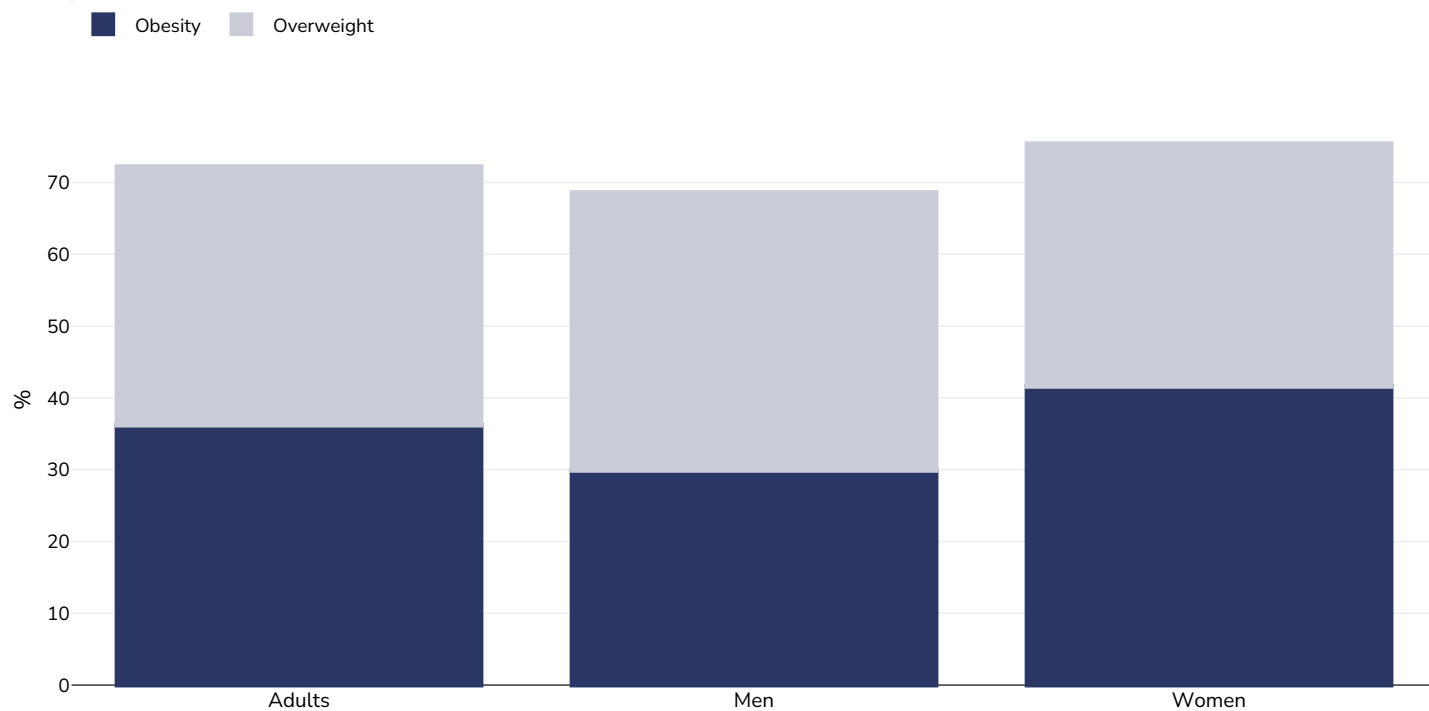
## Mauritius



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## Obesity prevalence

### Adults, 2021



Survey type: Measured

Age: 25-74

Sample size: 3622

Area covered: National

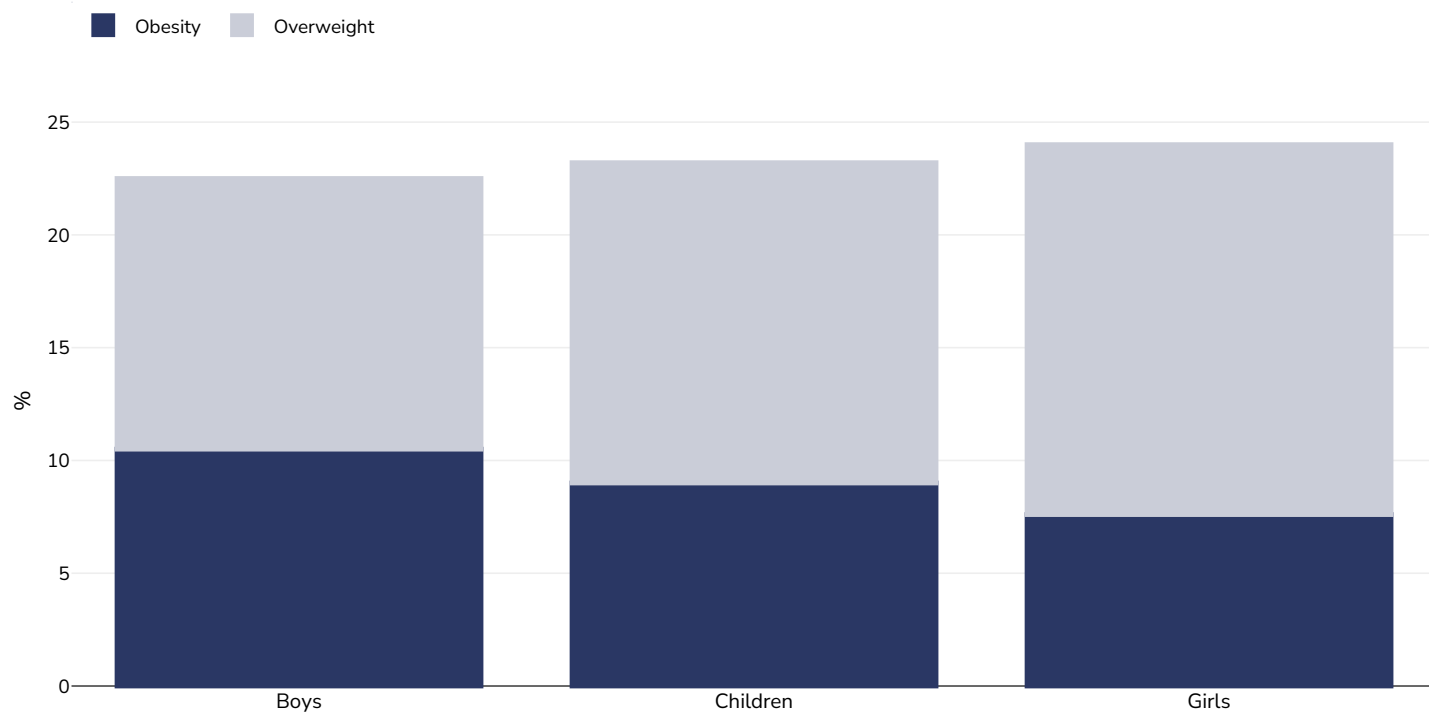
References: Mauritius Non Communicable Diseases Survey 2021.  
<https://health.govmu.org/Documents/Legislations/Documents/FINAL%20NCD%20Survey%202021.pdf> (Accessed 11.07.23)

Definitions: OVERWEIGHT AND OBESITY PRESENTED HERE ACCORDING TO BMI USING ETHNICITY-SPECIFIC CUT-OFF POINTS. FOR INDIAN ASIANS/CHINESE OVERWEIGHT WAS TAKEN TO BE BMI 23-27.4 AND OBESITY TO BE GREATER THAN 27.5.

Cutoffs: Other

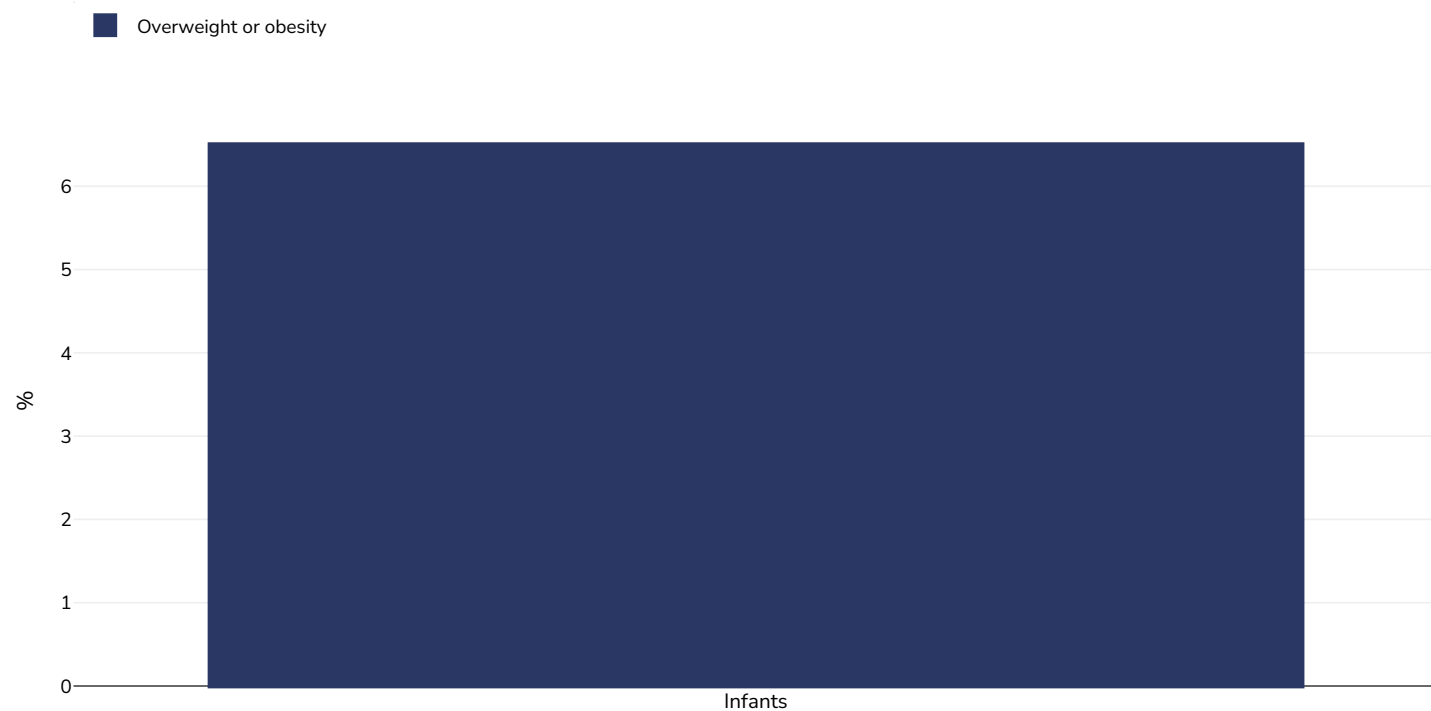
*Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.*

## Children, 2022



Survey type:	Measured
Age:	12-19
Sample size:	520
Area covered:	National
References:	Mauritius Nutrition Survey 2022. <a href="https://health.govmu.org/health/wp-content/uploads/2024/07/Mauritius-Nutrition-Survey-2022.pdf">https://health.govmu.org/health/wp-content/uploads/2024/07/Mauritius-Nutrition-Survey-2022.pdf</a> (Accessed 12.07.2024)
Notes:	Small sample size. Survey also reports prevalence for 5-11 years with a small sample size.
Cutoffs:	WHO

## Infants, 1995



Age: 0-5

Sample size: 1537

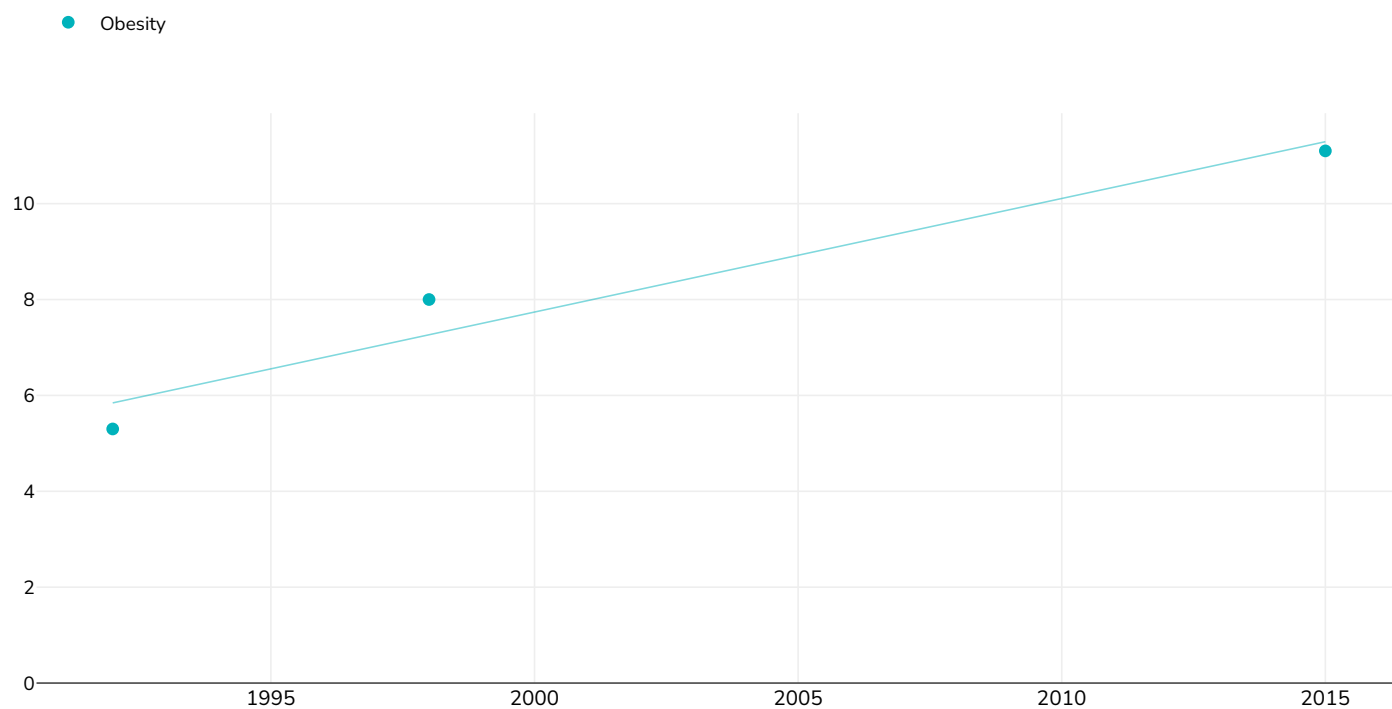
References: NNS: A survey on nutrition in Mauritius and Rodrigues, 1995. Port Louis, Mauritius, 1996

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

## Mauritius trend obesity 1992 2015

### Men



Survey type: Measured

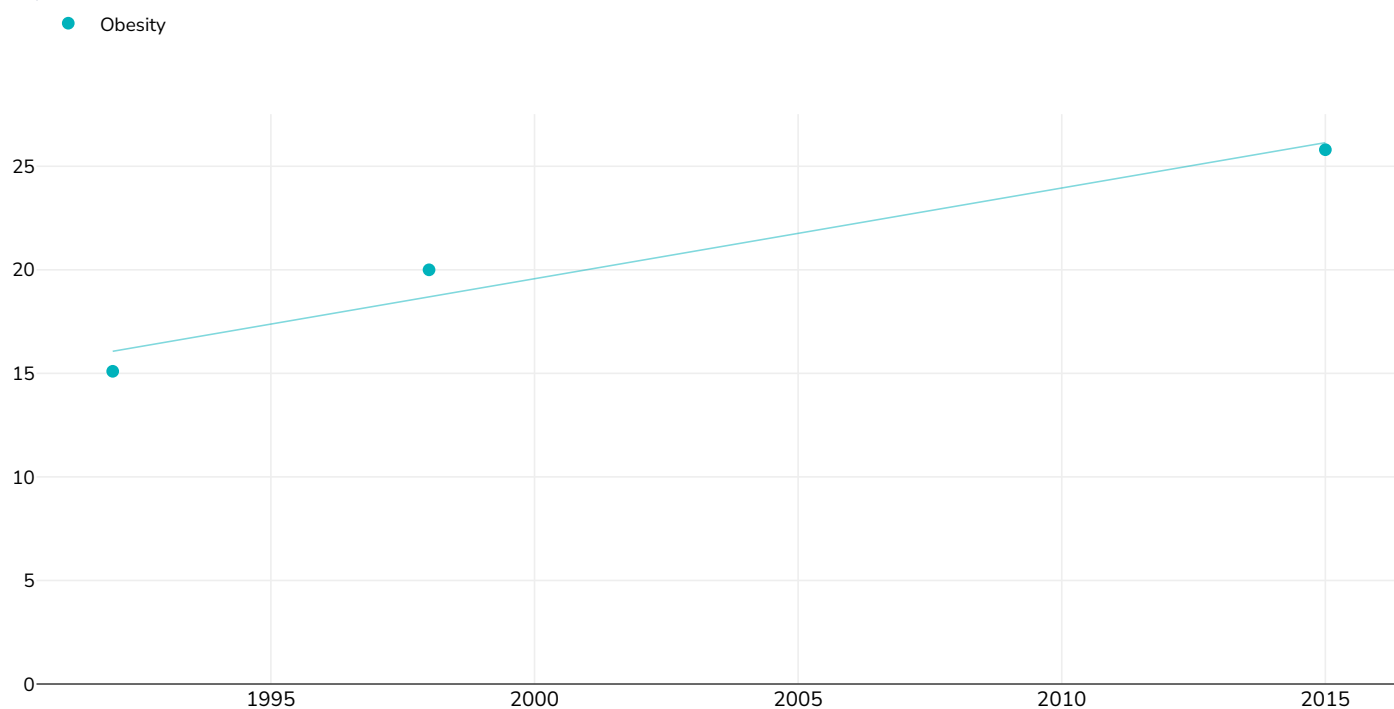
References: 1992: Hodge AM, Dowse GK, Gareeboo H, Tuomilehto J, Alberti KGMM, Simmet PZ. Incidence, increasing prevalence, and predictors of change in obesity and fat distribution over 5 years in the rapidly developing population of Mauritius. *IJO*. 1996;20:137-146

1998: WHO Infobase. Soderberg S and Shaw J. (2002). Risk factor prevalence in Mauritius - data from 1998 non-communicable disease survey. Stefan.soderberg@medicin.umu.se, International Diabetes Intitute.

2015: Heart & Diabetes Institute (2015). The Trends in Diabetes and Cardiovascular Disease Risk in Mauritius. The Mauritius Non Communicable Diseases Survey 2015 (available at <https://health.govmu.org/Documents/Statistics/Documents/Mauritius%20NCD%20Survey%202015%20Report.pdf> last accessed 14.10.20)

*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: 1992: Hodge AM, Dowse GK, Gareeboo H, Tuomilehto J, Alberti KGMM, Simmet PZ. Incidence, increasing prevalence, and predictors of change in obesity and fat distribution over 5 years in the rapidly developing population of Mauritius. *IJO*. 1996;20:137-146

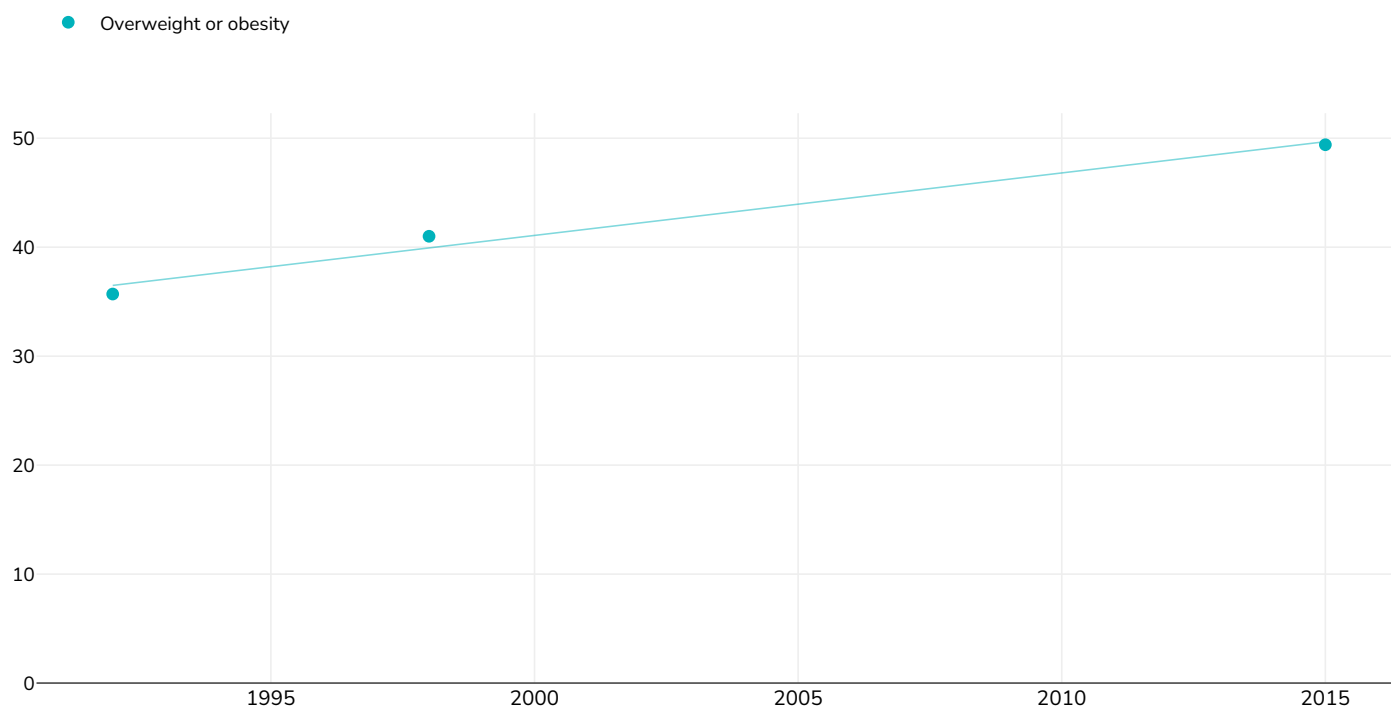
1998: WHO Infobase. Soderberg S and Shaw J. (2002). Risk factor prevalence in Mauritius - data from 1998 non-communicable disease survey. Stefan.soderberg@medicin.umu.se, International Diabetes Intitute.

2015: Heart & Diabetes Institute (2015). The Trends in Diabetes and Cardiovascular Disease Risk in Mauritius. The Mauritius Non Communicable Diseases Survey 2015 (available at <https://health.govmu.org/Documents/Statistics/Documents/Mauritius%20NCD%20Survey%202015%20Report.pdf> last accessed 14.10.20)

*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.*

## Mauritius trend overweight obesity 1992 2015

### Men



Survey type: Measured

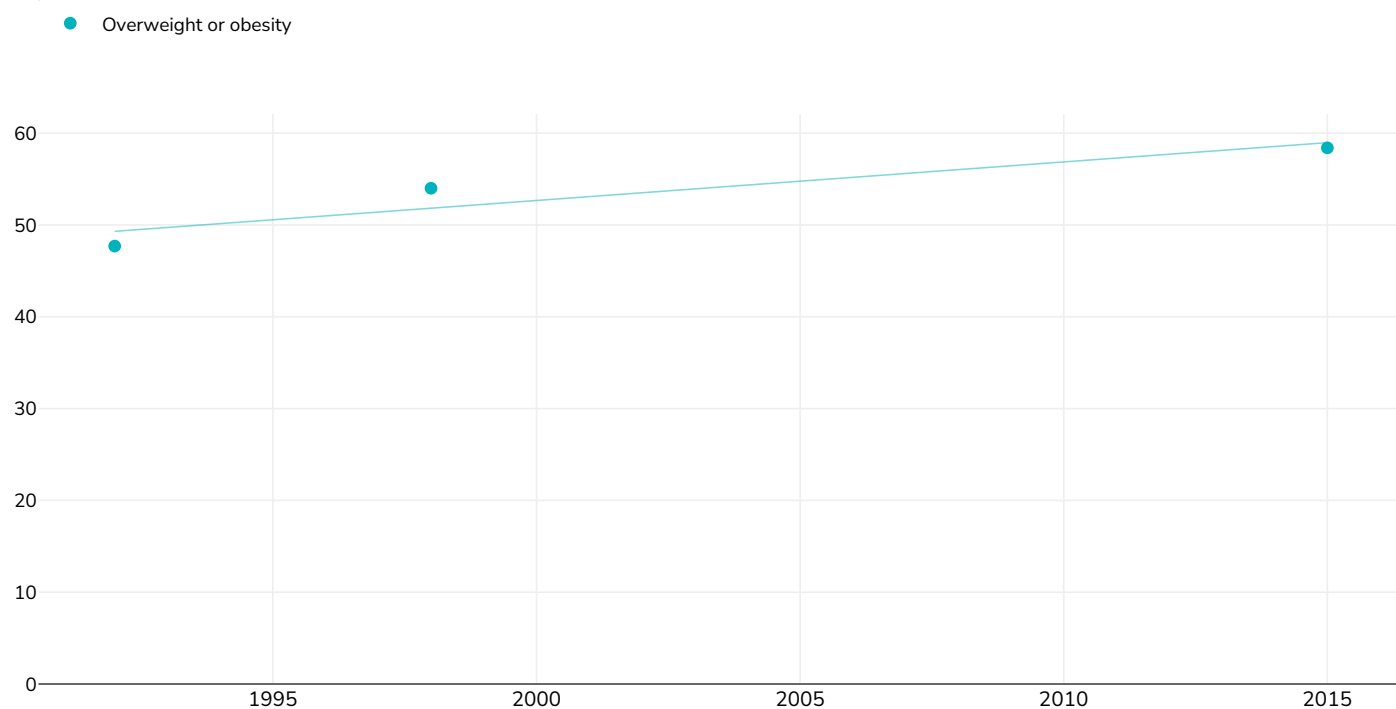
References: 1992: Hodge AM, Dowse GK, Gareeboo H, Tuomilehto J, Alberti KGMM, Simmet PZ. Incidence, increasing prevalence, and predictors of change in obesity and fat distribution over 5 years in the rapidly developing population of Mauritius. *IJO*. 1996;20:137-146

1998: WHO Infobase. Soderberg S and Shaw J. (2002). Risk factor prevalence in Mauritius - data from 1998 non-communicable disease survey. Stefan.soderberg@medicin.umu.se, International Diabetes Institute.

2015: Heart & Diabetes Institute (2015). The Trends in Diabetes and Cardiovascular Disease Risk in Mauritius. The Mauritius Non Communicable Diseases Survey 2015 (available at <https://health.govmu.org/Documents/Statistics/Documents/Mauritius%20NCD%20Survey%202015%20Report.pdf> last accessed 14.10.20)

*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: 1992: Hodge AM, Dowse GK, Gareeboo H, Tuomilehto J, Alberti KGMM, Simmet PZ. Incidence, increasing prevalence, and predictors of change in obesity and fat distribution over 5 years in the rapidly developing population of Mauritius. *IJO*. 1996;20:137-146

1998: WHO Infobase. Soderberg S and Shaw J. (2002). Risk factor prevalence in Mauritius - data from 1998 non-communicable disease survey. Stefan.soderberg@medicin.umu.se, International Diabetes Intitute.

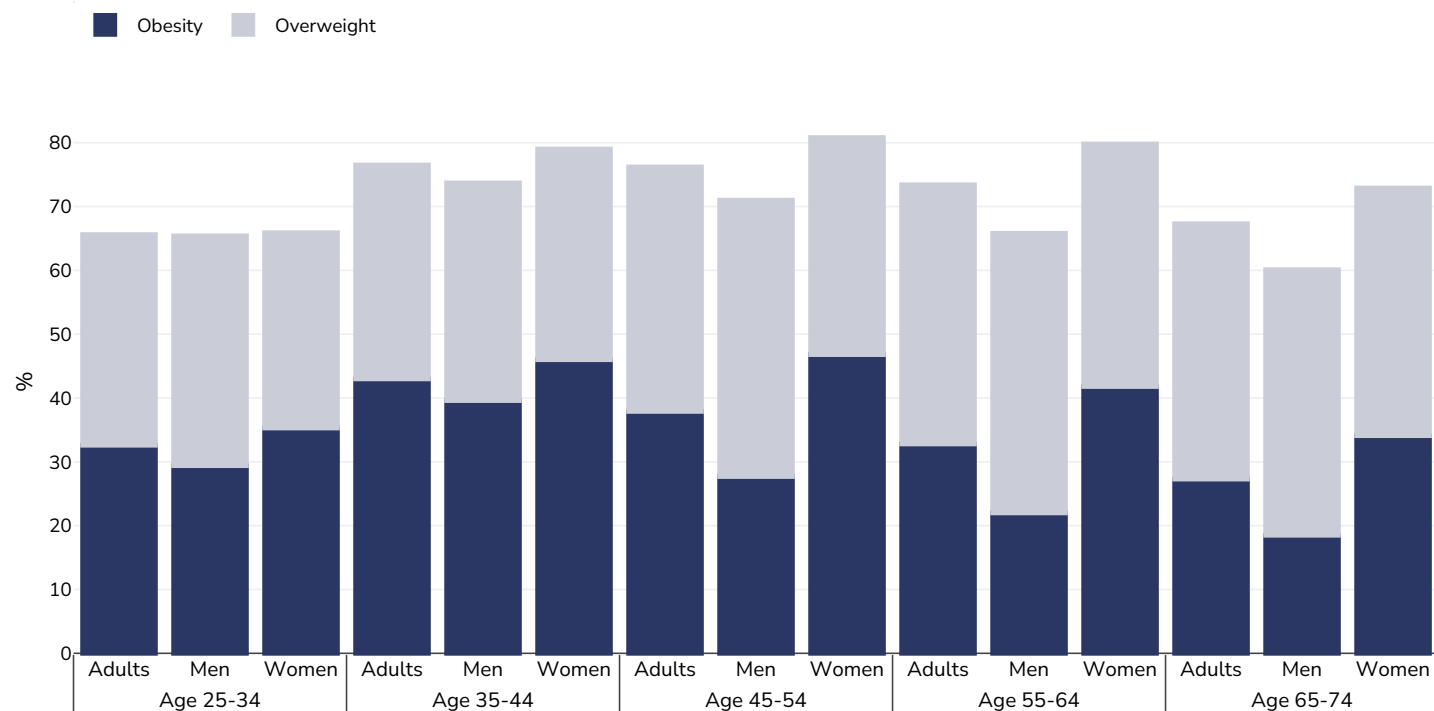
2015: Heart & Diabetes Institute (2015). The Trends in Diabetes and Cardiovascular Disease Risk in Mauritius. The Mauritius Non Communicable Diseases Survey 2015 (available at <https://health.govmu.org/Documents/Statistics/Documents/Mauritius%20NCD%20Survey%202015%20Report.pdf> last accessed 14.10.20)

*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, 2021



Survey type: Measured

Sample size: 3622

Area covered: National

References: Mauritius Non Communicable Diseases Survey 2021.  
<https://health.govmu.org/Documents/Legislations/Documents/FINAL%20NCD%20Survey%202021.pdf> (Accessed 11.07.23)

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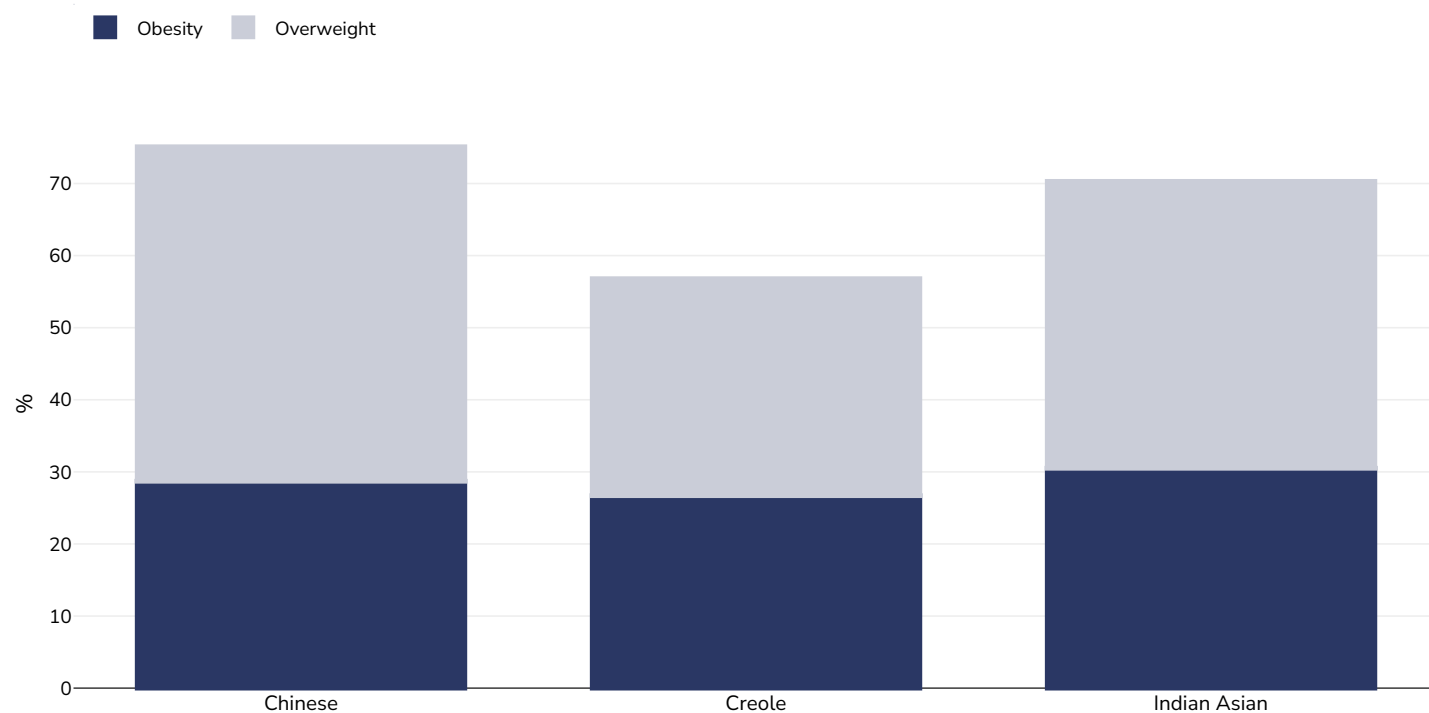
Cutoffs: Other

*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 ethnicity

Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

### Men, 2021



Survey type: Measured

Age: 25-74

Sample size: 3622

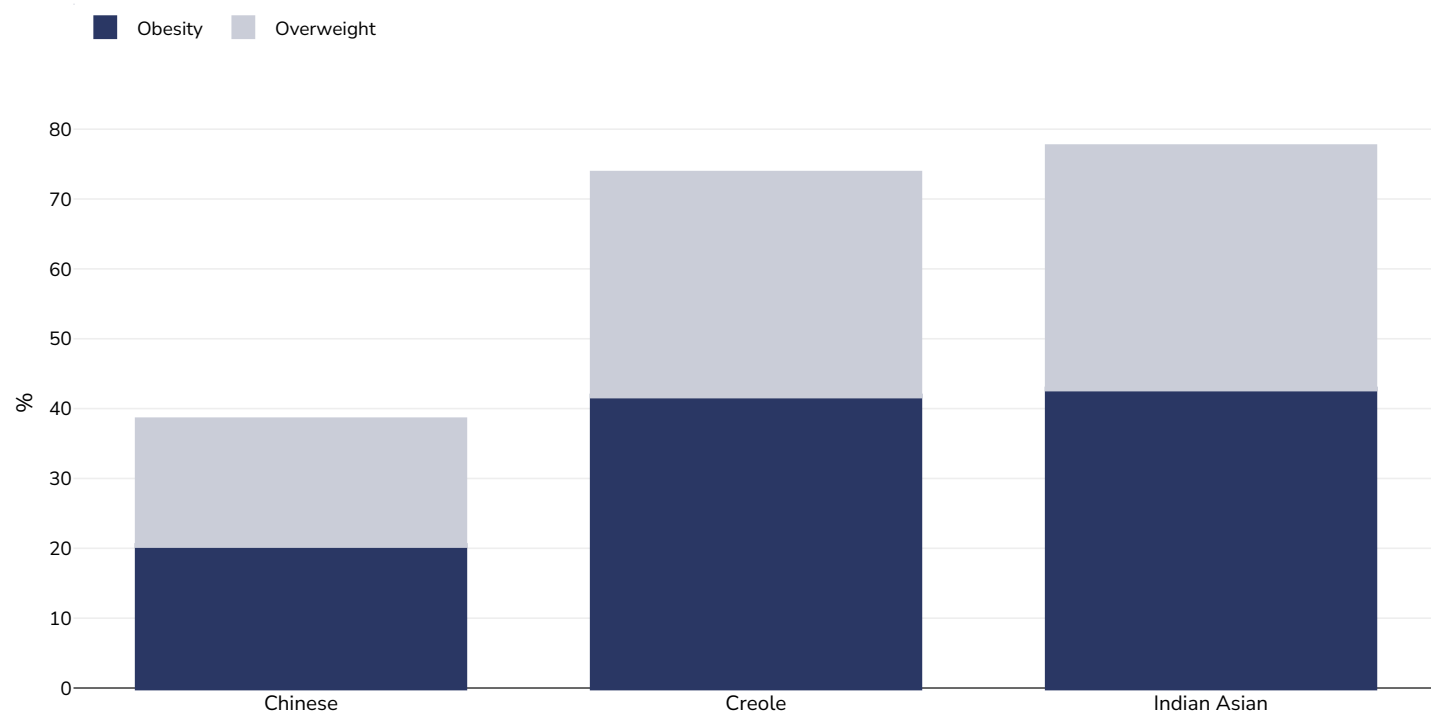
References: Mauritius Non Communicable Diseases Survey 2021.  
<https://health.govmu.org/Documents/Legislations/Documents/FINAL%20NCD%20Survey%202021.pdf> (Accessed 11.07.23)

Definitions: OVERWEIGHT AND OBESITY PRESENTED HERE ACCORDING TO BMI USING ETHNICITY-SPECIFIC CUT-OFF POINTS. FOR INDIAN ASIANS/CHINESE OVERWEIGHT WAS TAKEN TO BE BMI 23-27.4 AND OBESITY TO BE GREATER THAN 27.5.

Cutoffs: Other

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

## Women, 2021



Survey type: Measured

Age: 25-74

Sample size: 3622

References: Mauritius Non Communicable Diseases Survey 2021.  
<https://health.govmu.org/Documents/Legislations/Documents/FINAL%20NCD%20Survey%202021.pdf> (Accessed 11.07.23)

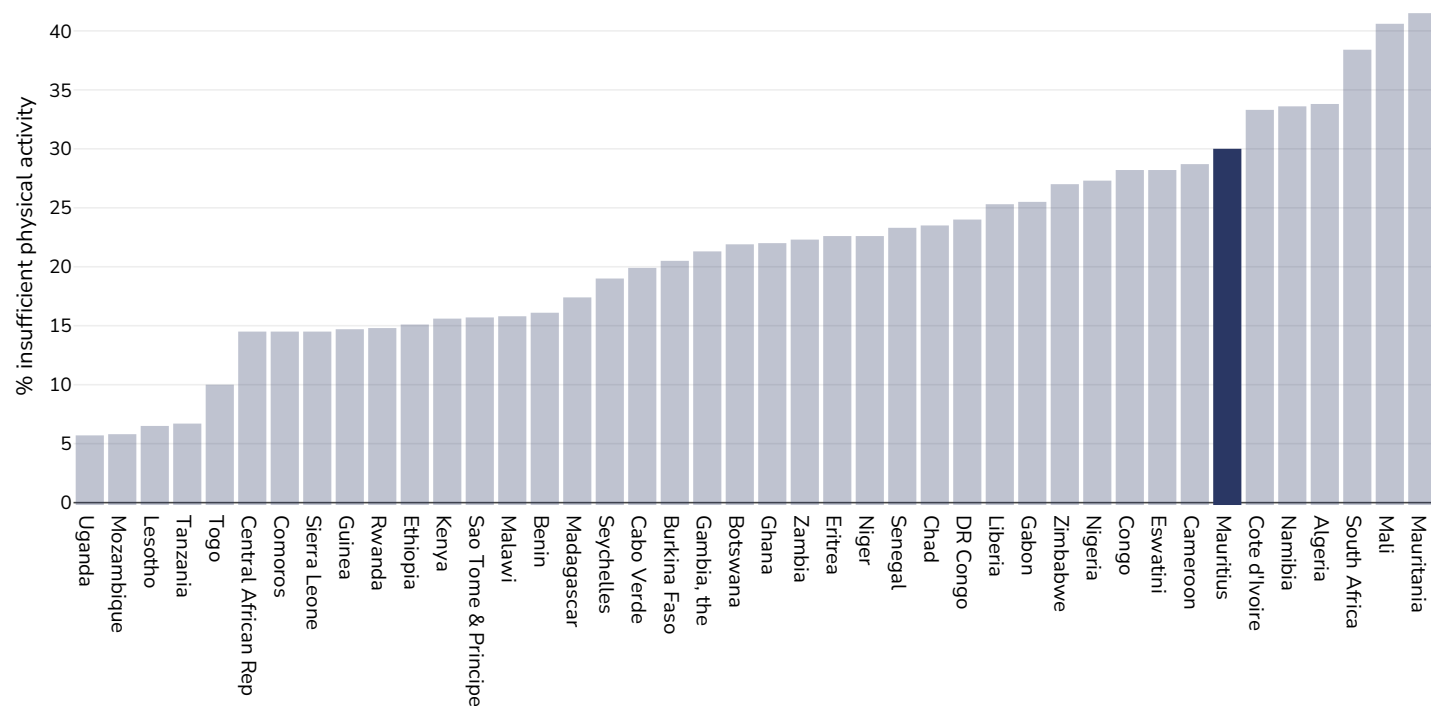
Definitions: OVERWEIGHT AND OBESITY PRESENTED HERE ACCORDING TO BMI USING ETHNICITY-SPECIFIC CUT-OFF POINTS. FOR INDIAN ASIANS/CHINESE OVERWEIGHT WAS TAKEN TO BE BMI 23-27.4 AND OBESITY TO BE GREATER THAN 27.5.

Cutoffs: Other

*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>.*

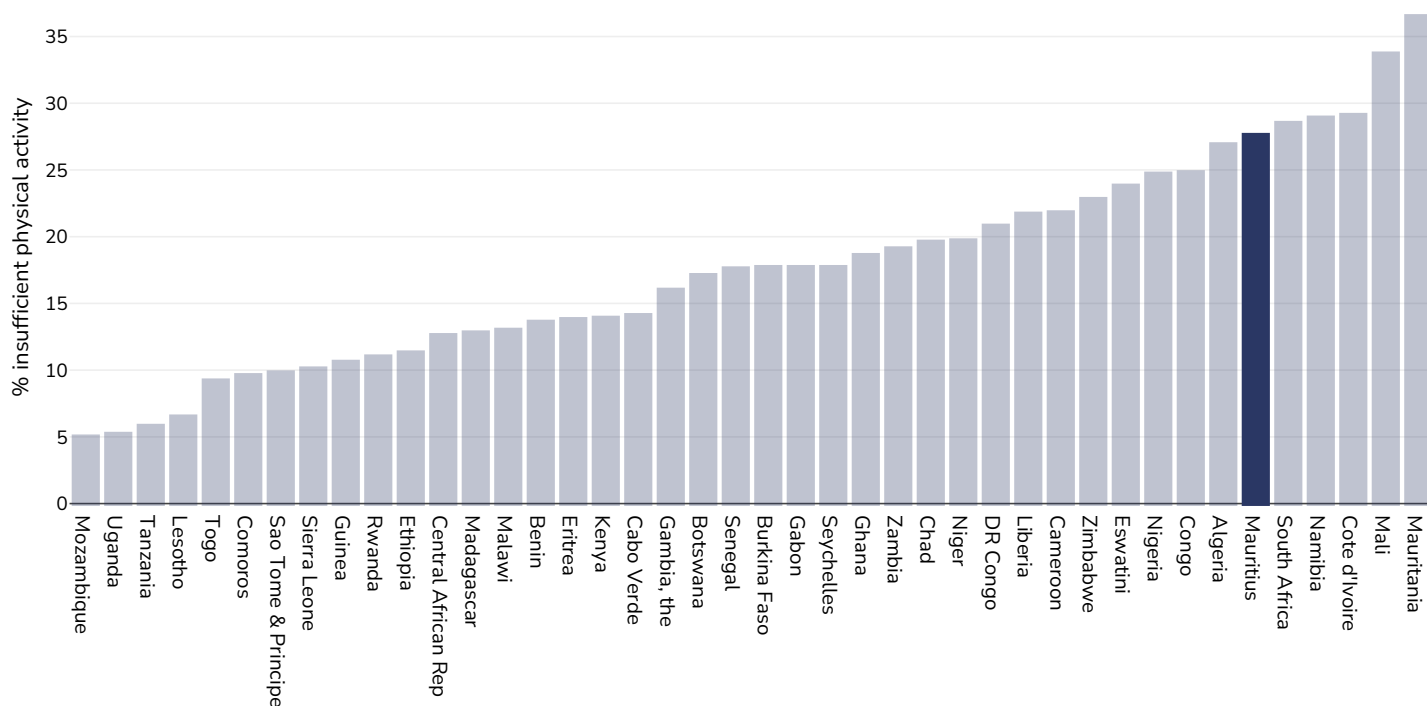
## Insufficient physical activity

### Adults, 2016



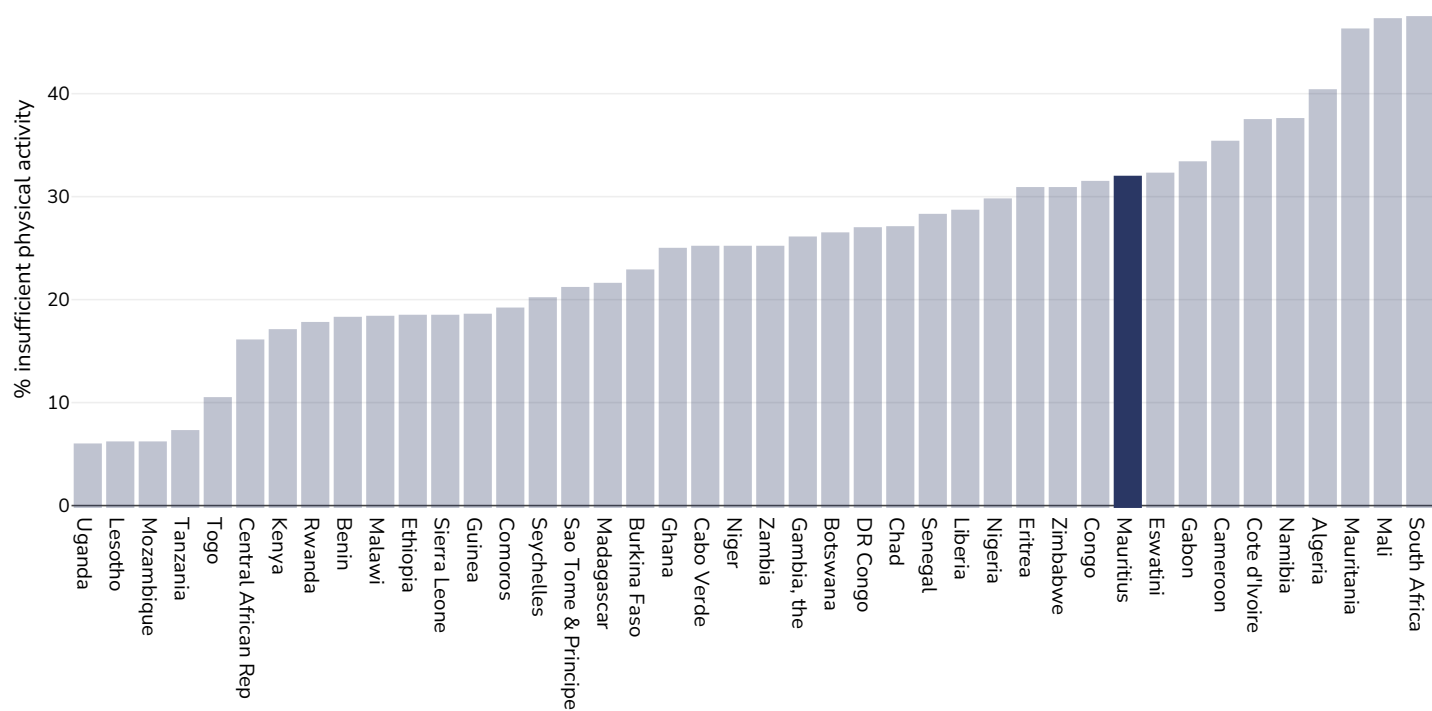
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

## Men, 2016



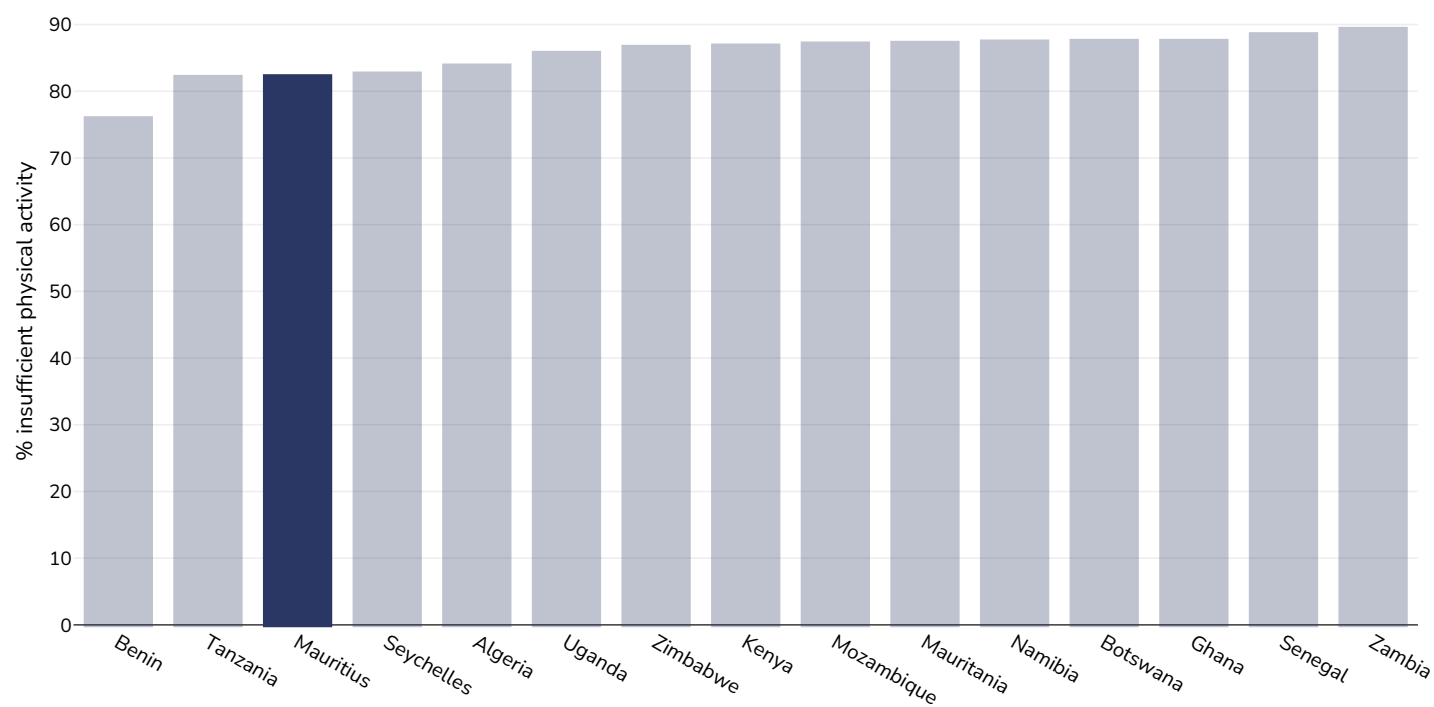
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet* 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7)

## 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

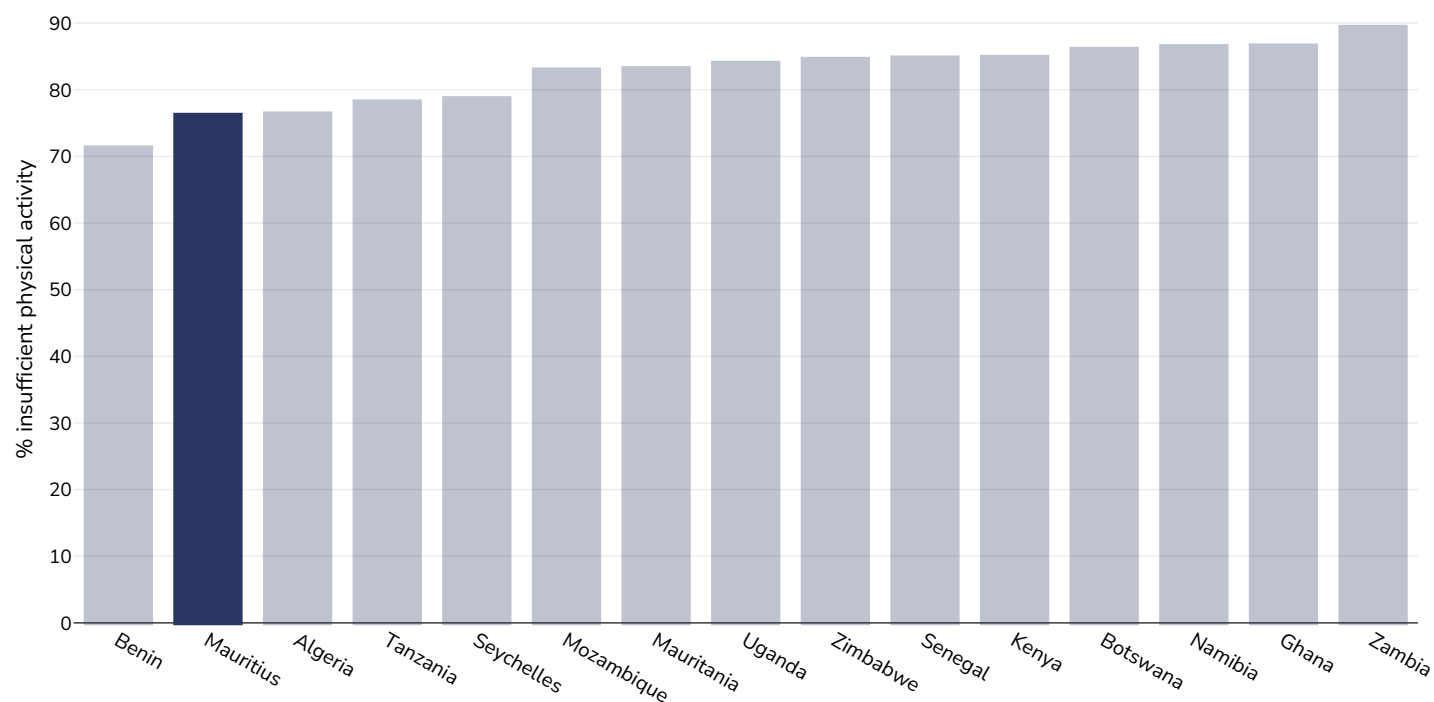
Age: 11-17

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

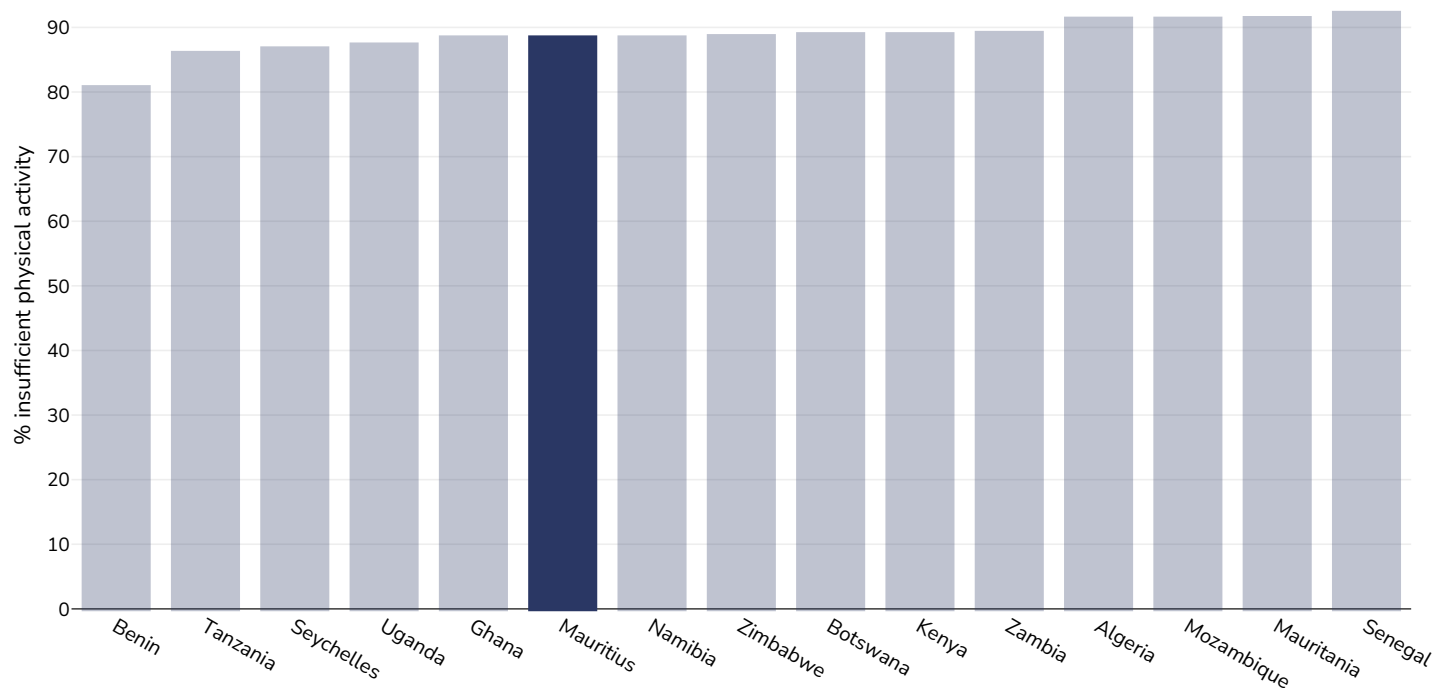
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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

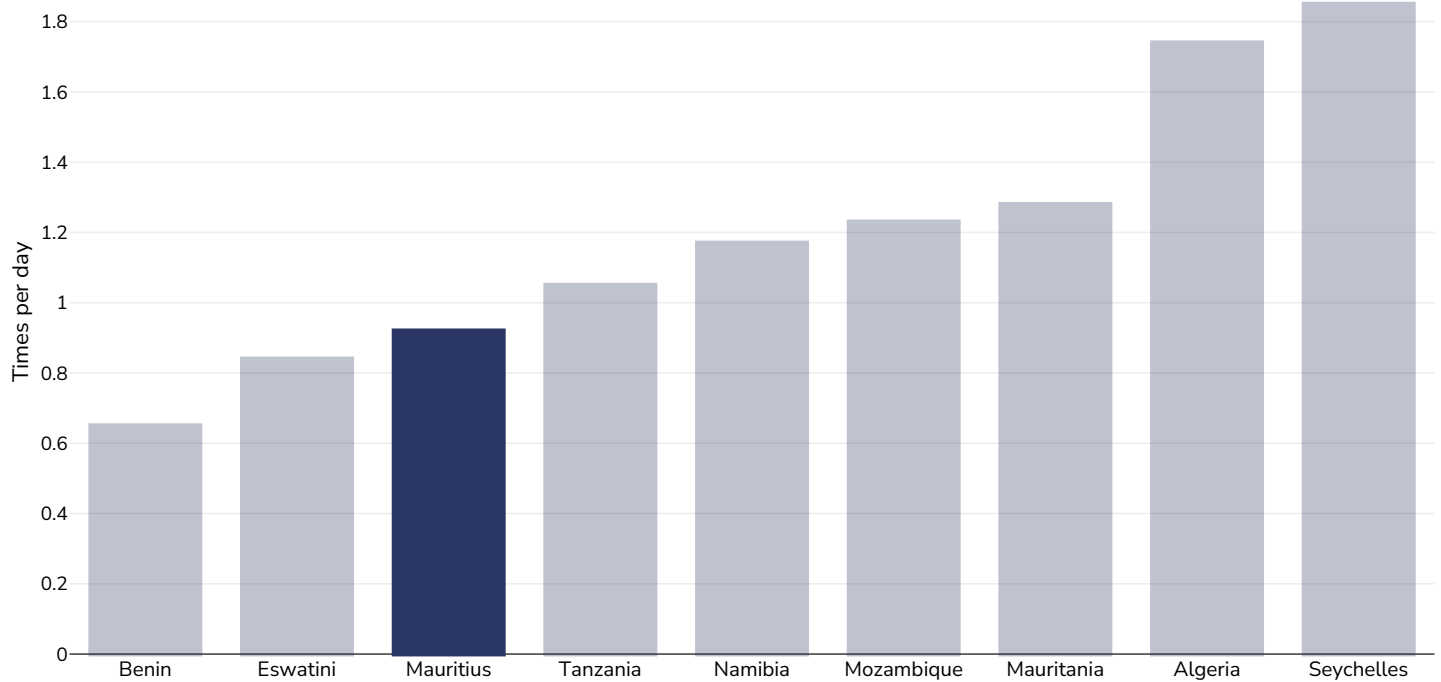
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

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:

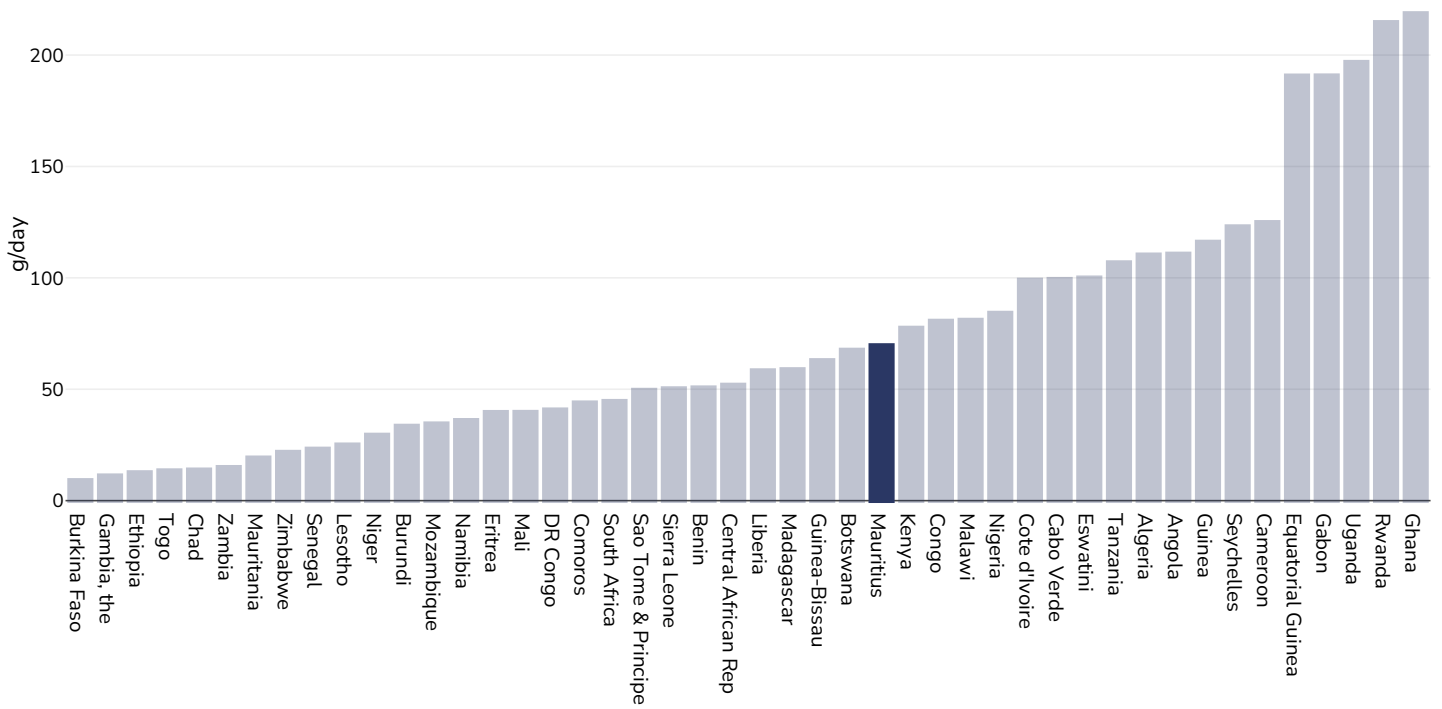
12-17

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

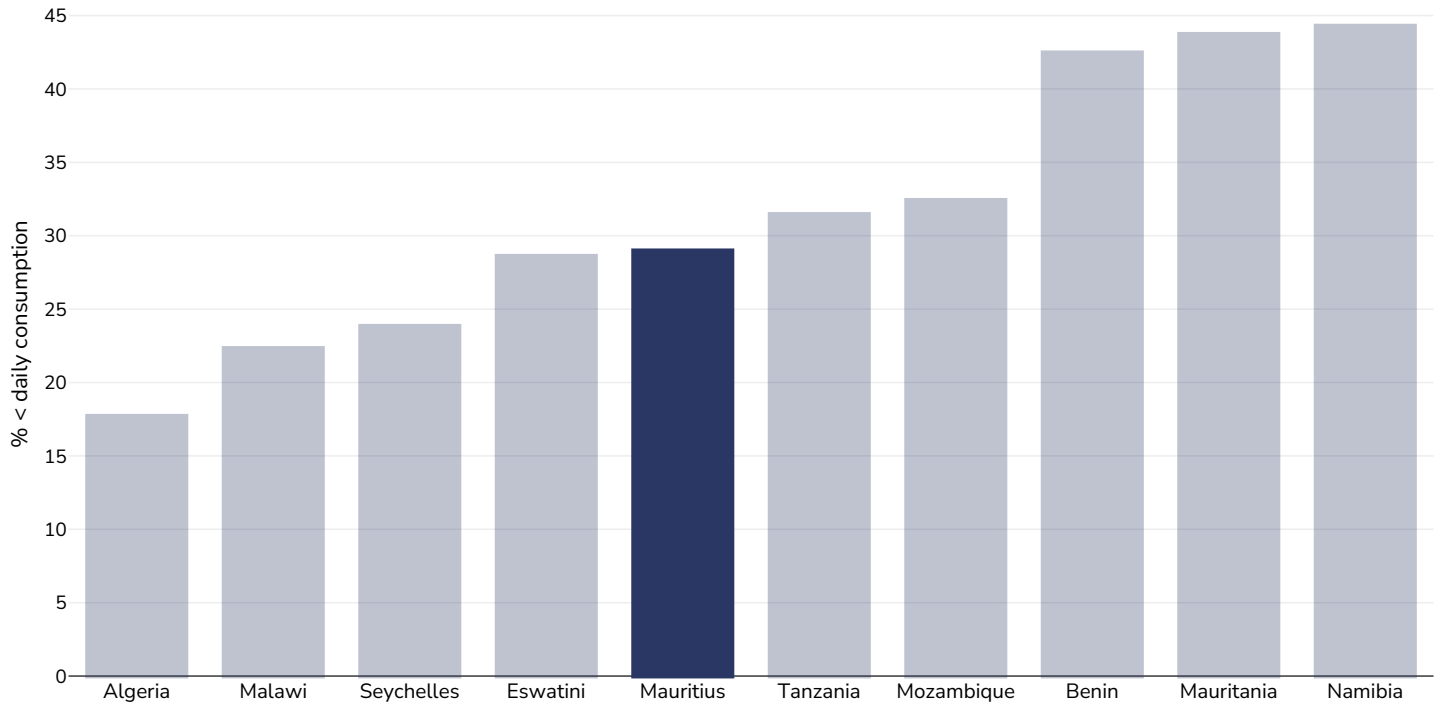
Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation <a href="http://ghdx.healthdata.org/">http://ghdx.healthdata.org/</a>
Definitions:	Estimated per-capita fruit intake (g/day)

## Prevalence of less than daily fruit consumption

### Children, 2009-2015



Survey type: Measured

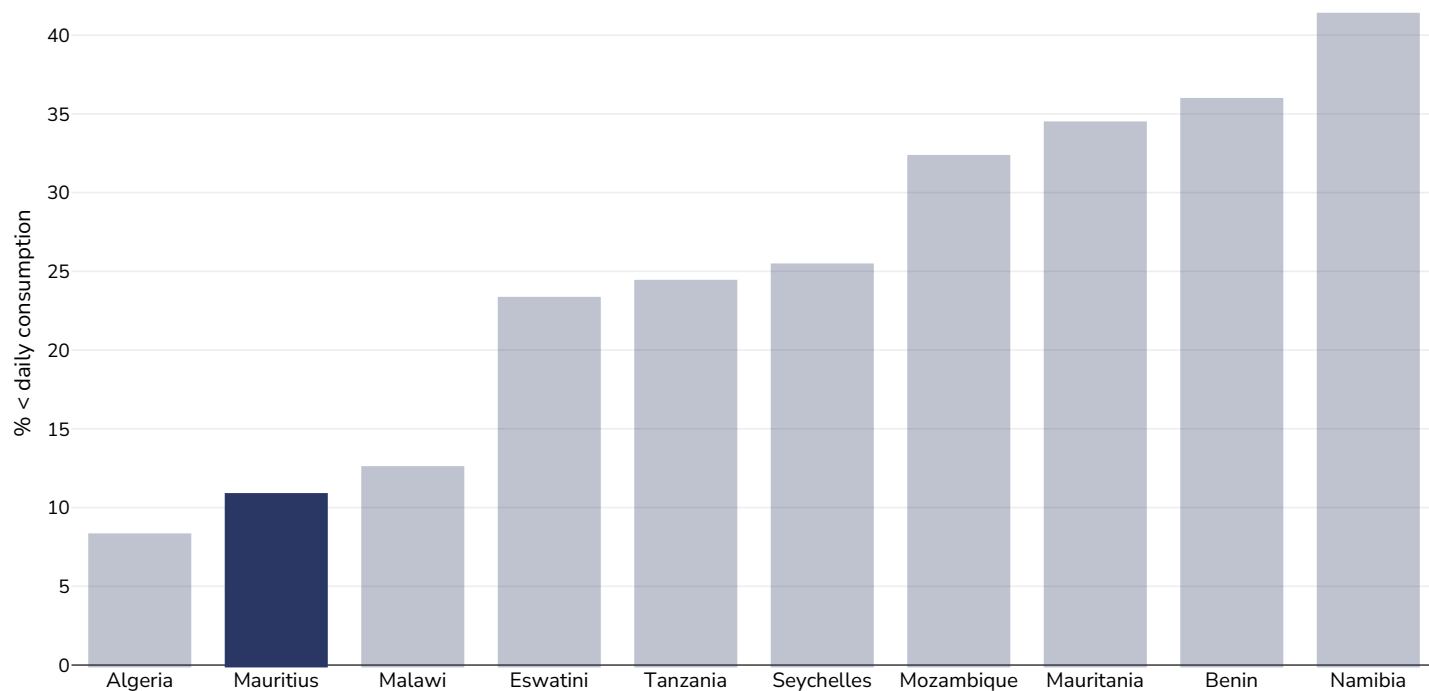
Age: 12-17

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, 2009-2015



Survey type: Measured

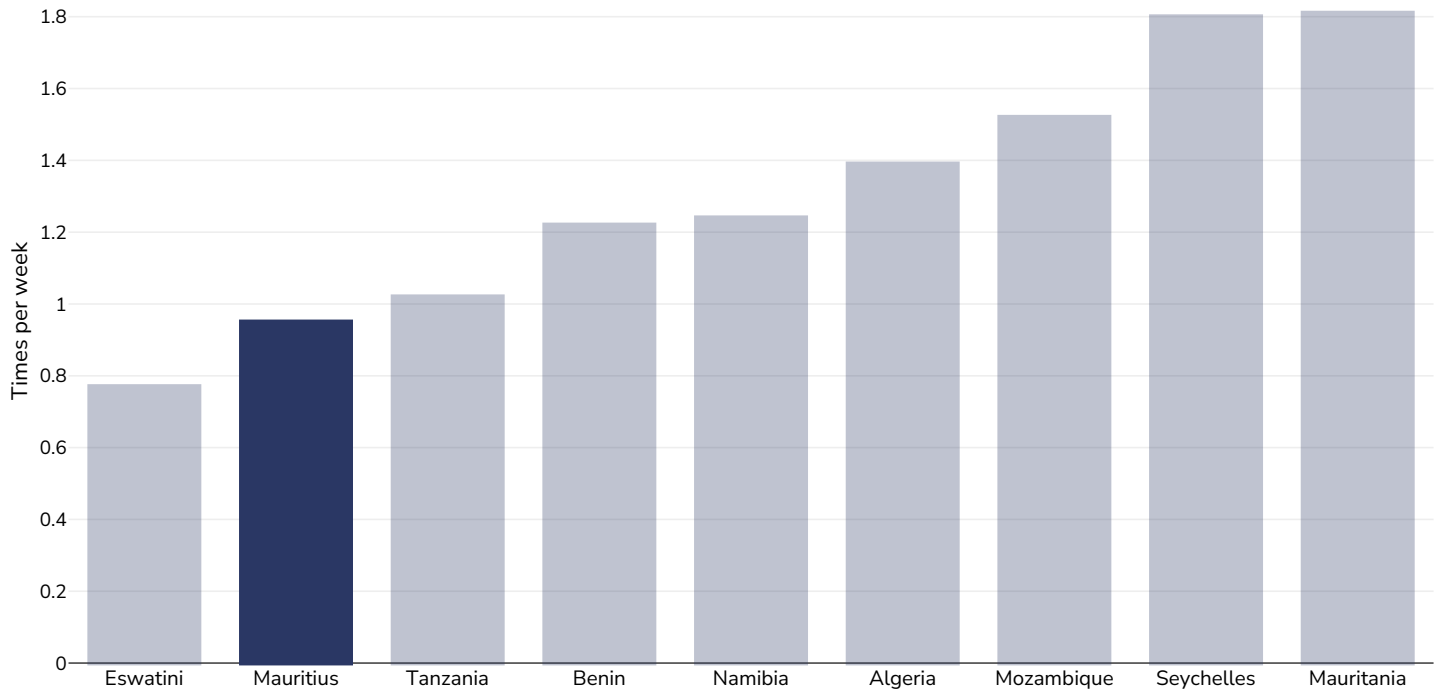
Age: 12-17

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>

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

## Average weekly frequency of fast food consumption

### Children, 2009-2015

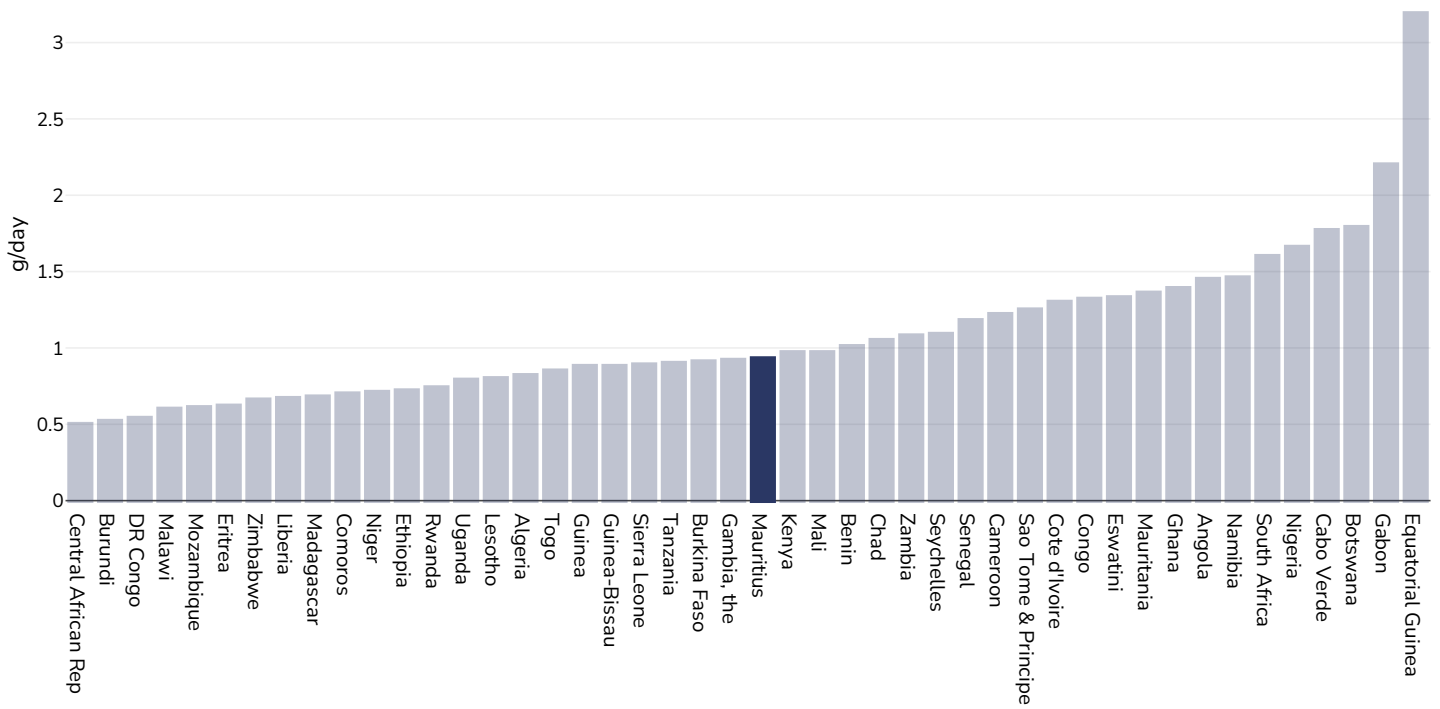


Age: 12-17

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

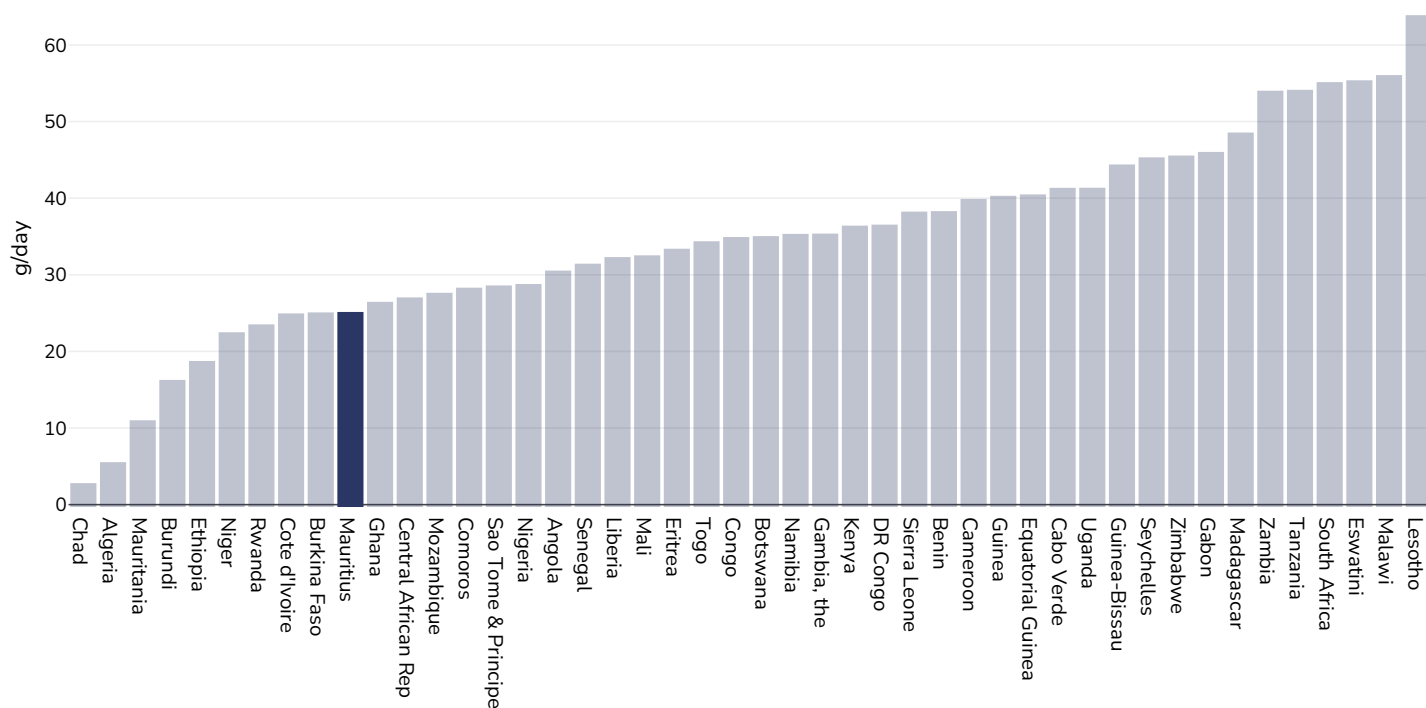
Age: 25+

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+

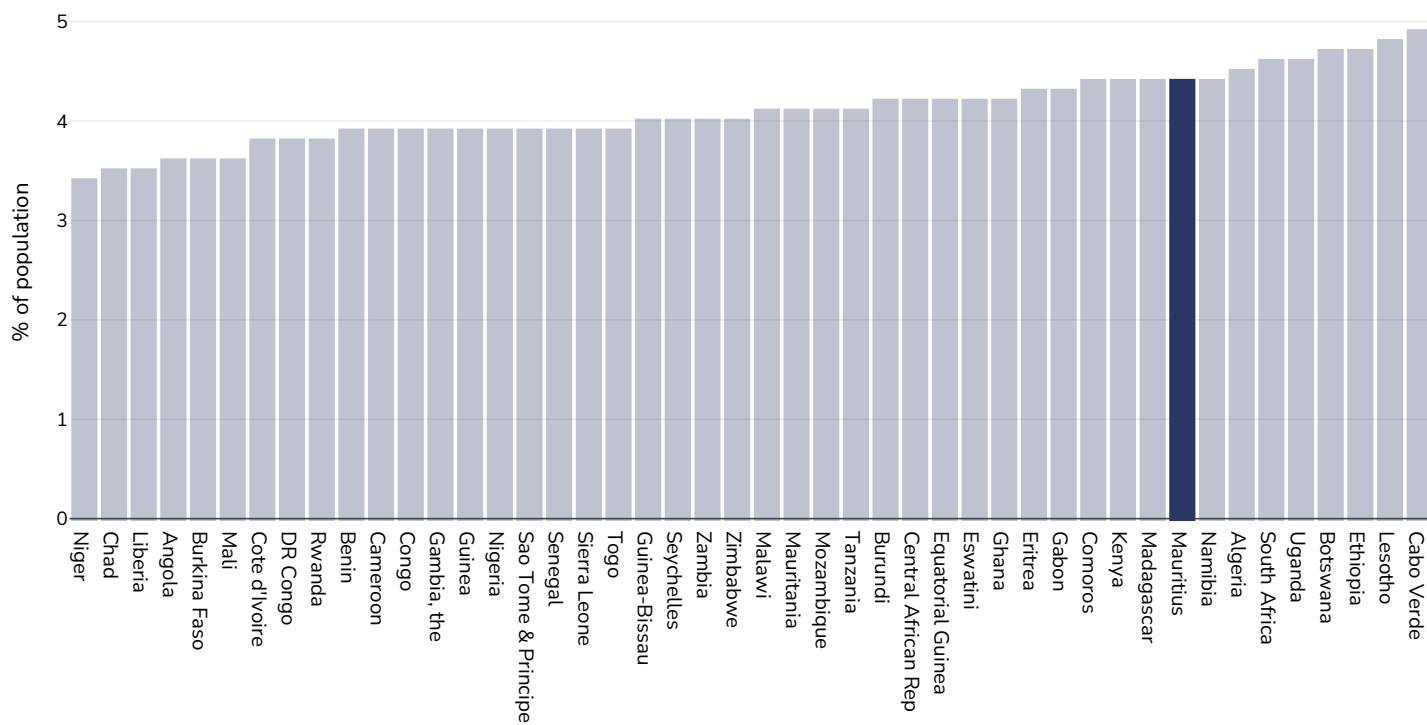
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

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



## Mental health - depression disorders

### Adults, 2015

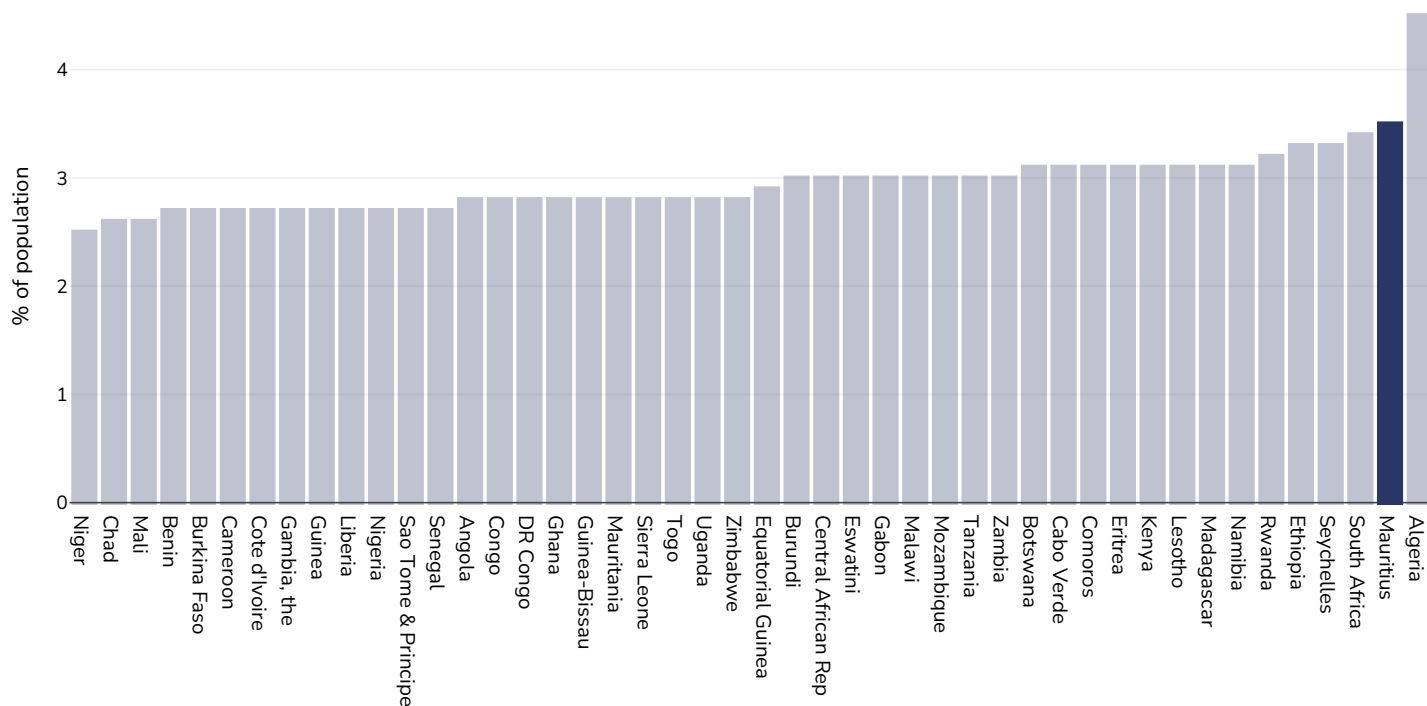


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

## Mental health - anxiety disorders

Adults, 2015

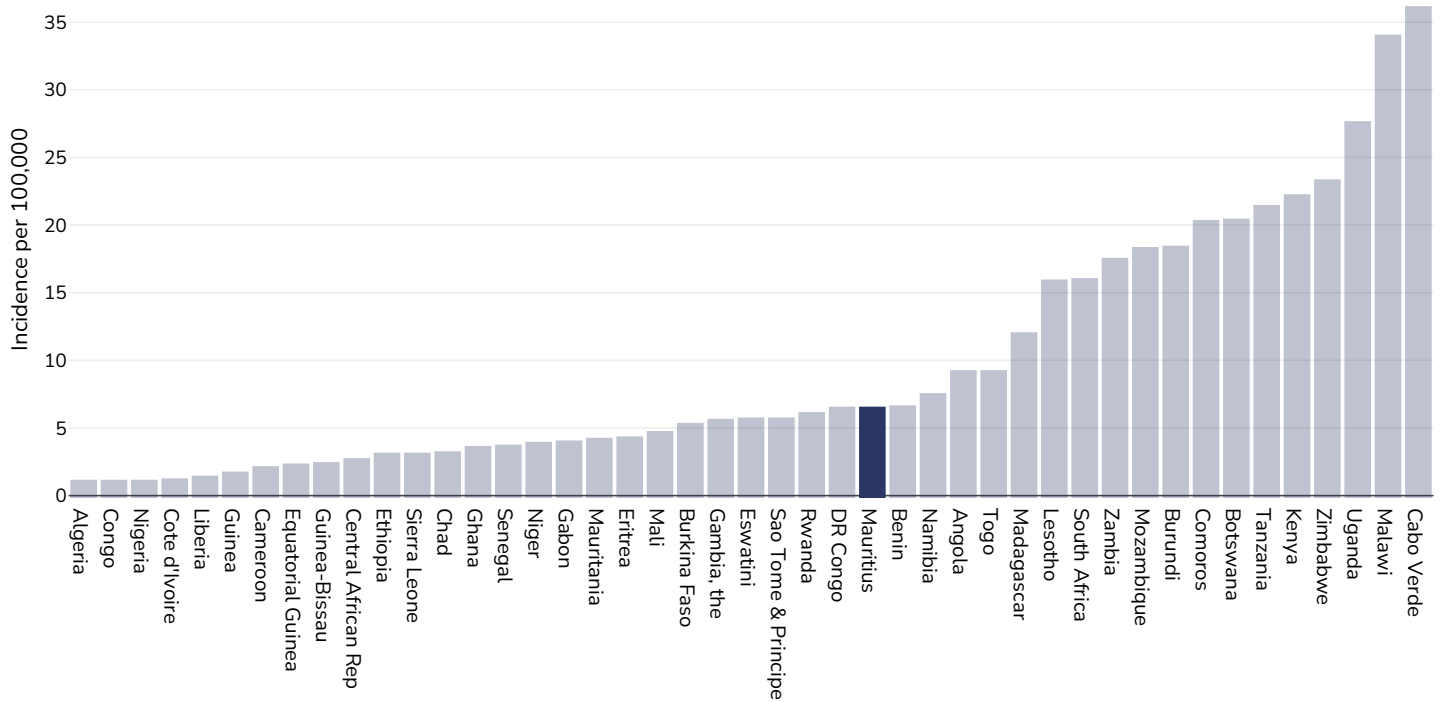


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

## Oesophageal cancer

### Men, 2020



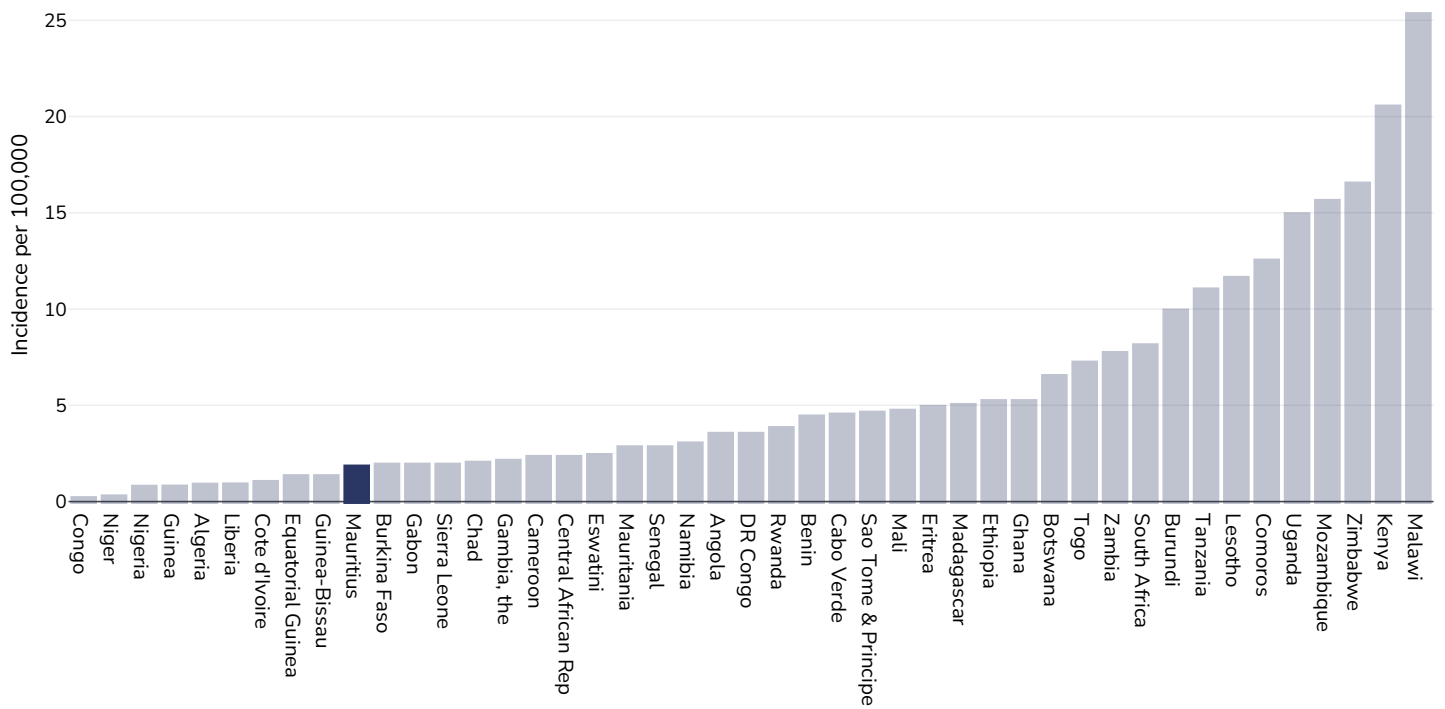
Age: 20+

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

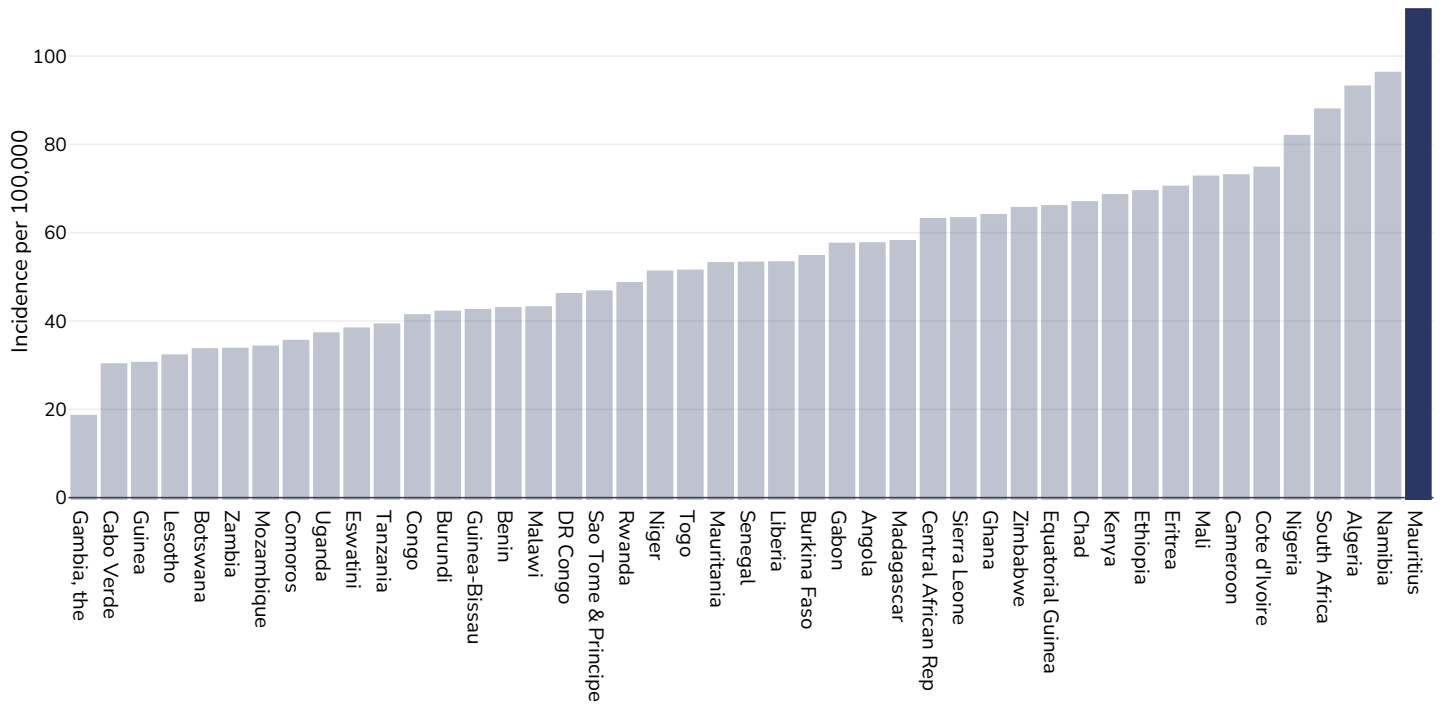
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

# Breast cancer

## Women, 2020



Age: 20+

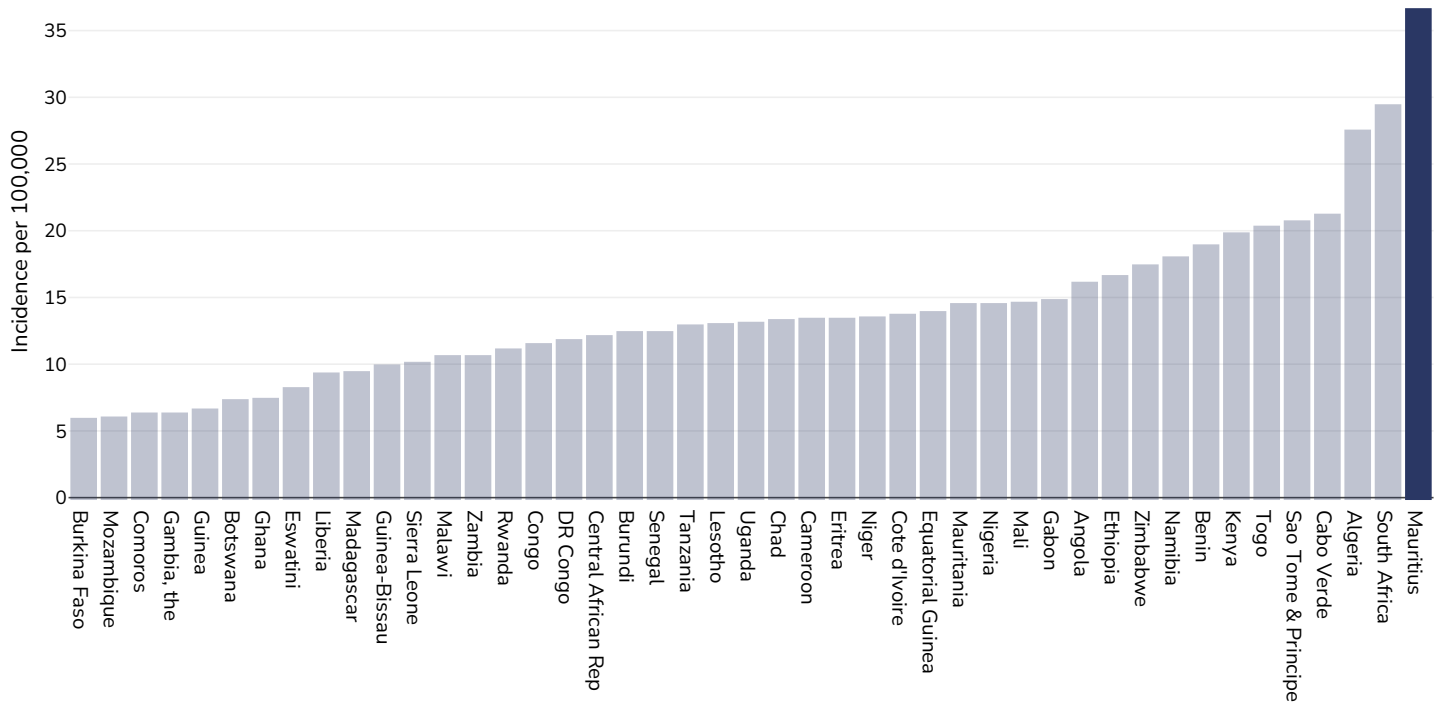
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Colorectal cancer

### Men, 2020



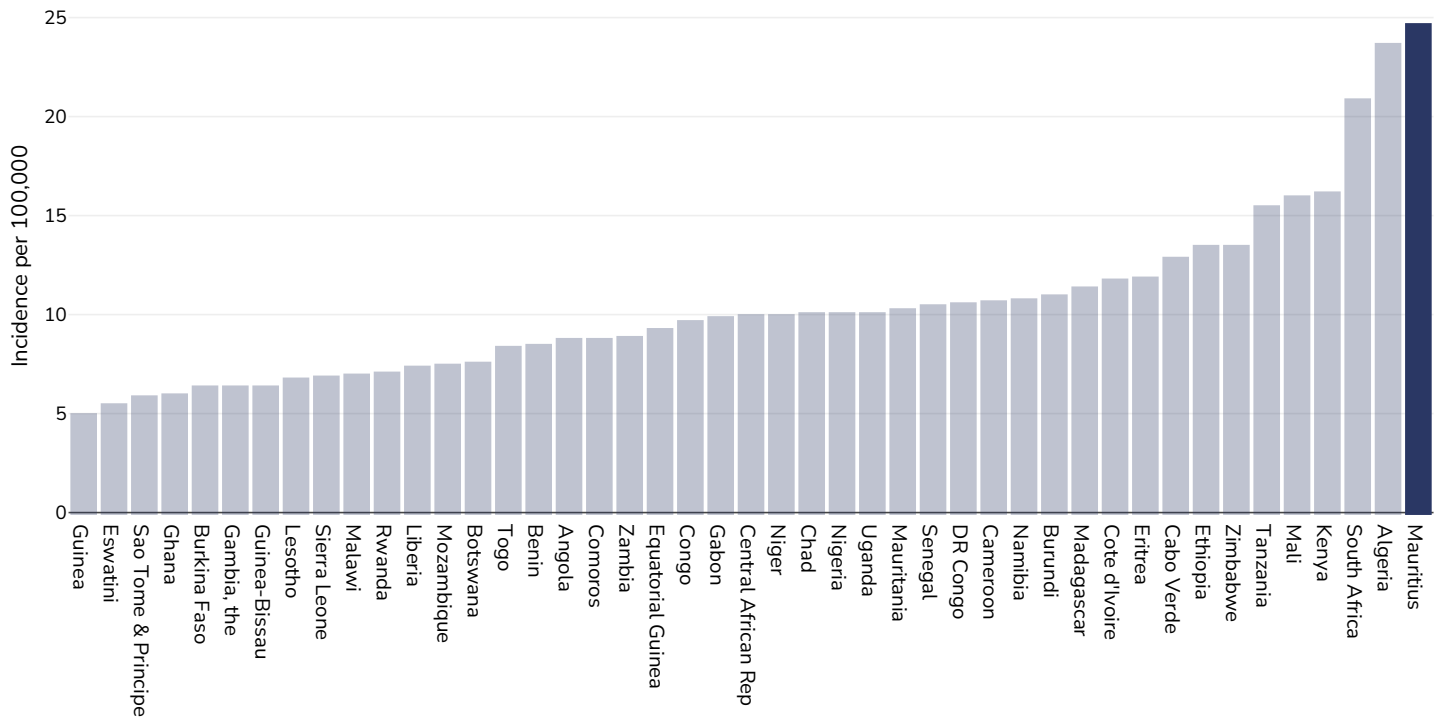
Age: 20+

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

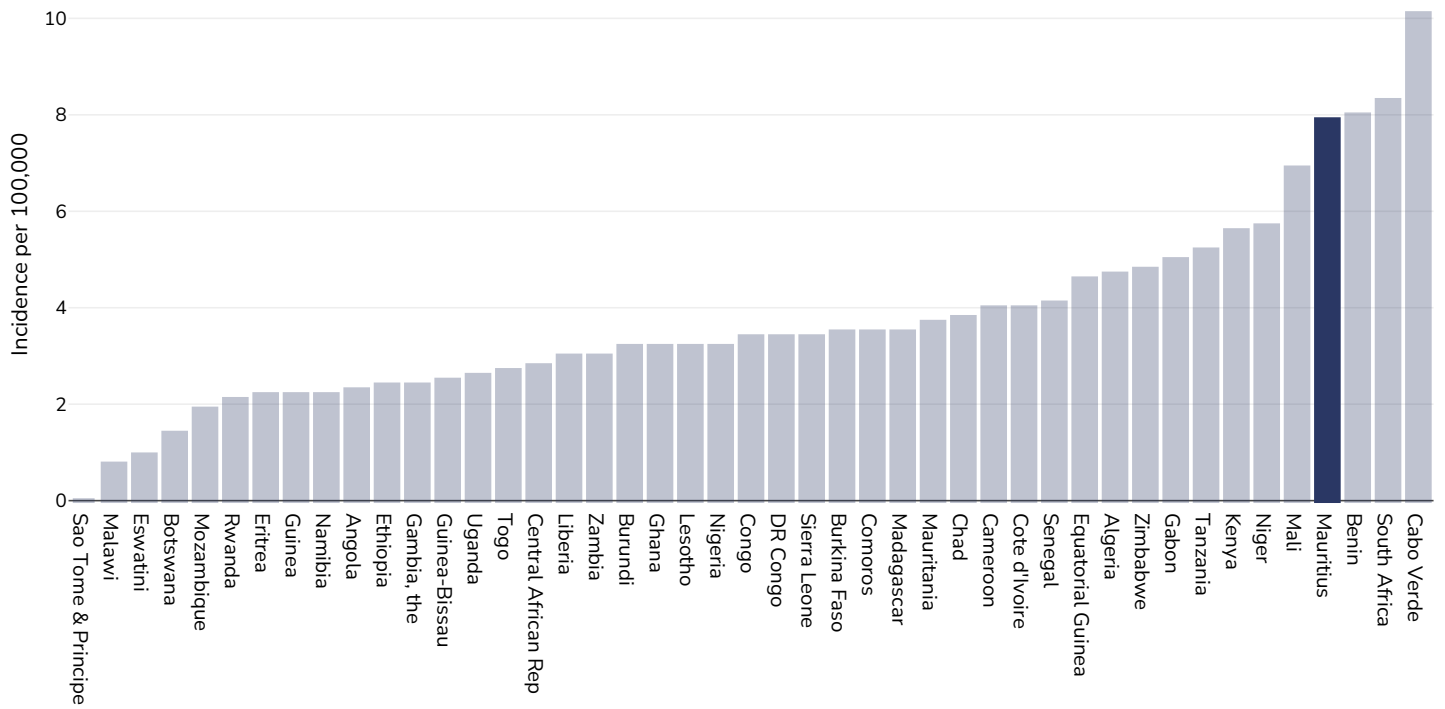
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Pancreatic cancer

### Men, 2020



Age: 20+

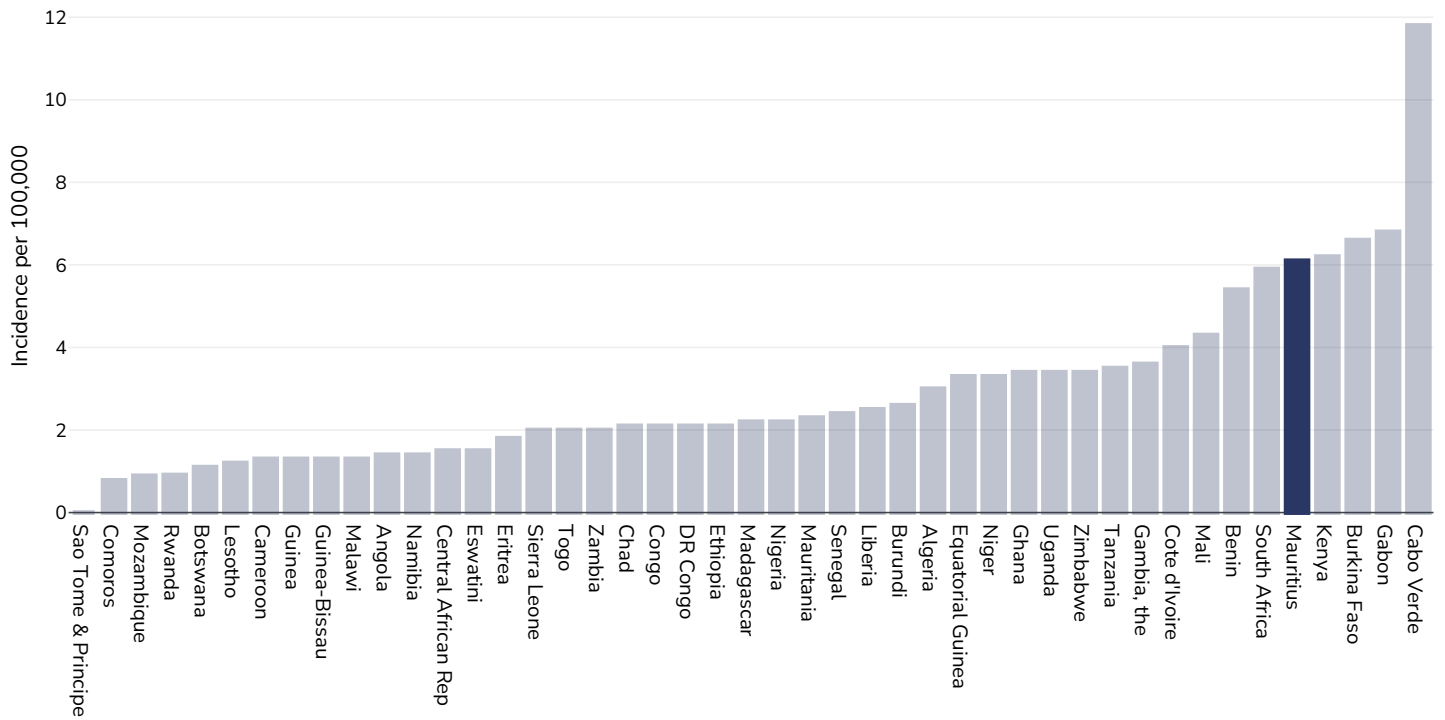
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000



## Women, 2020



Age: 20+

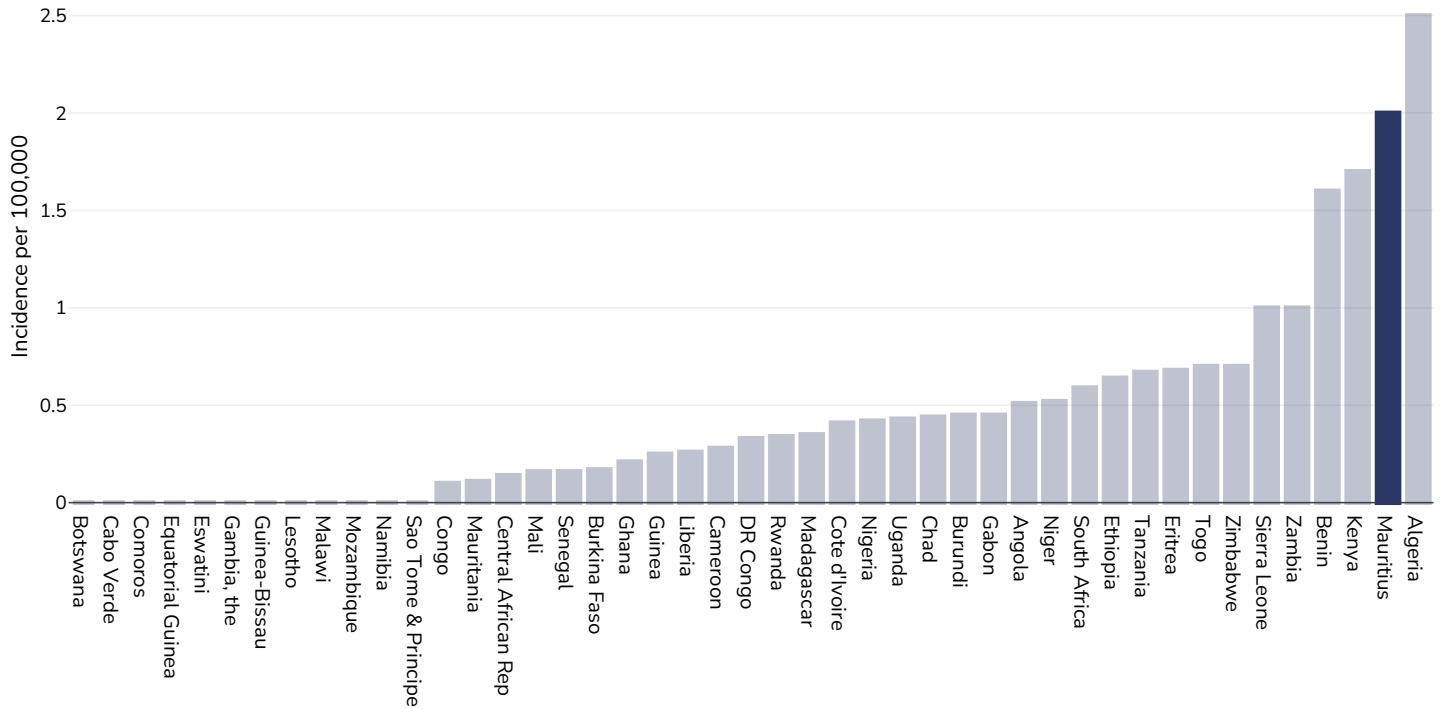
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Gallbladder cancer

### Men, 2020



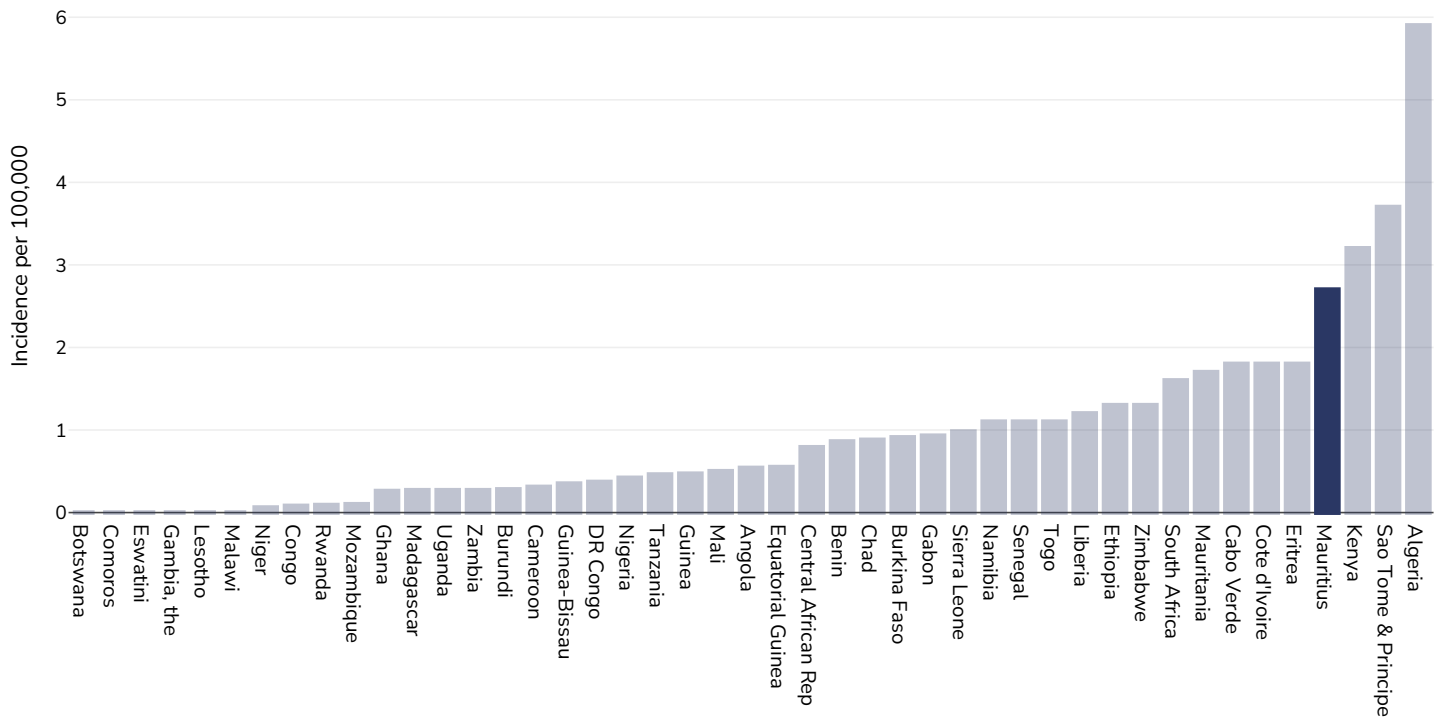
Age: 20+

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

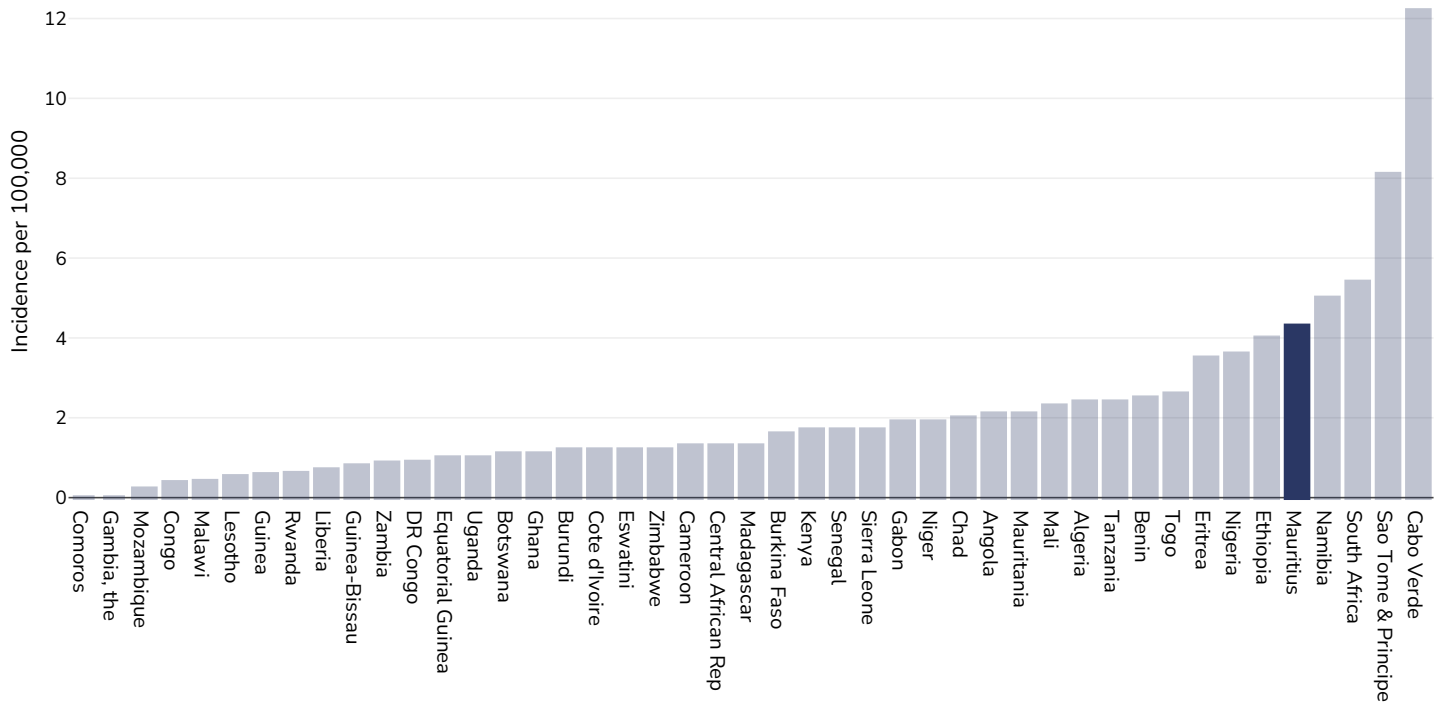
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Kidney cancer

### Men, 2020



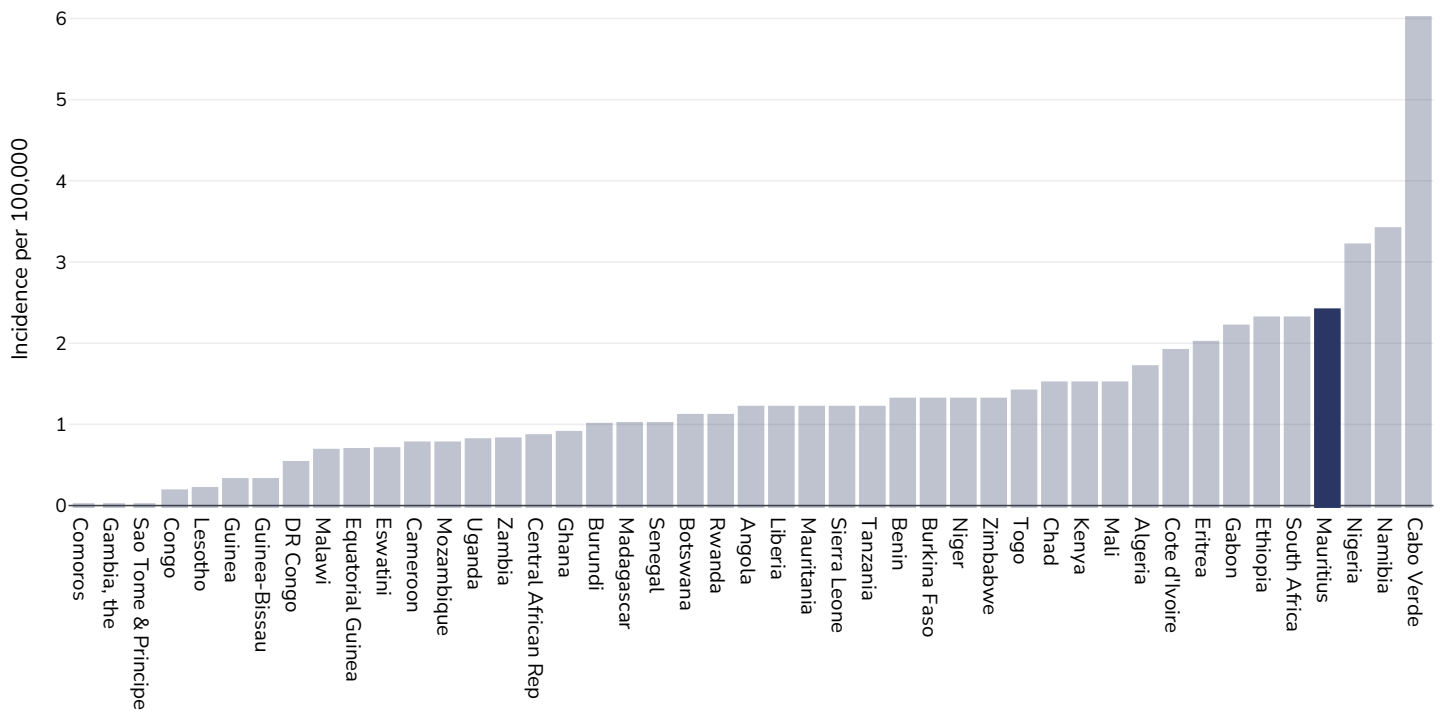
Age: 20+

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Women, 2020



Age: 20+

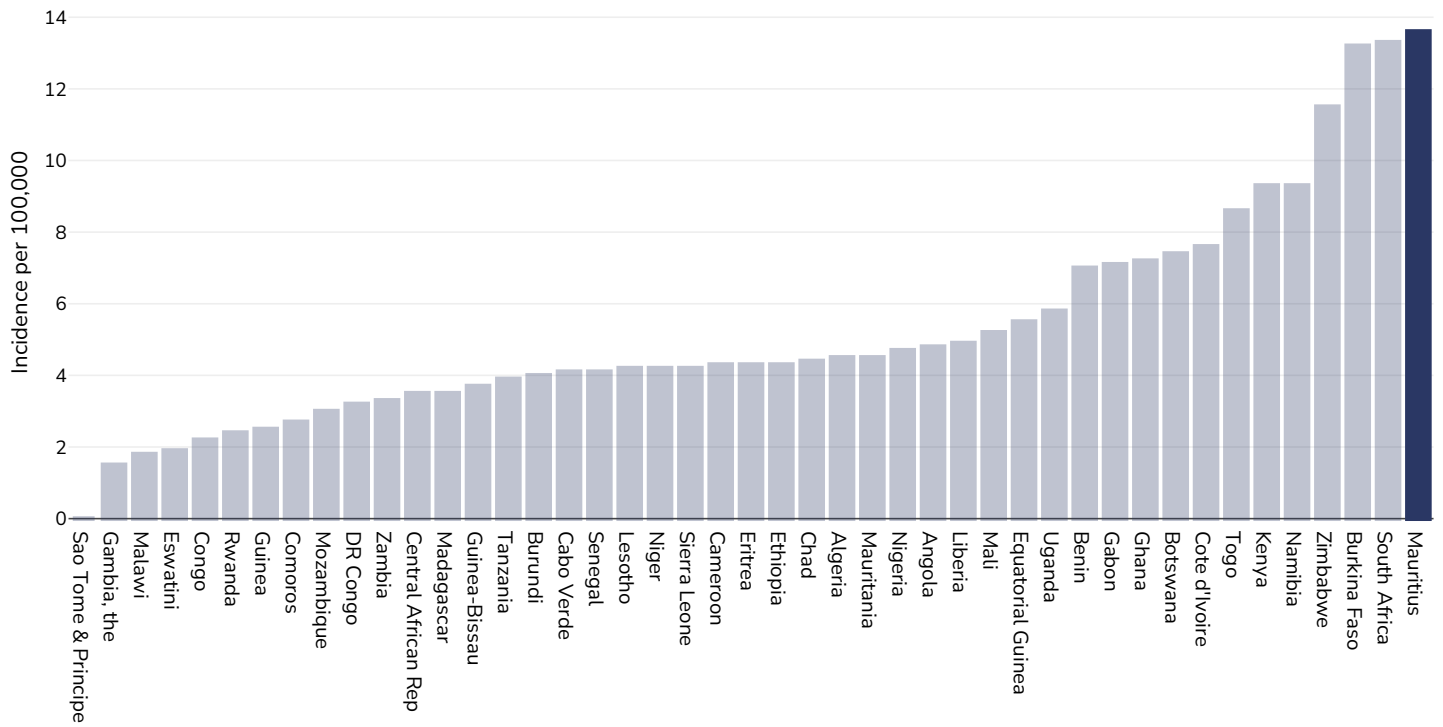
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Cancer of the uterus

### Women, 2020



Age: 20+

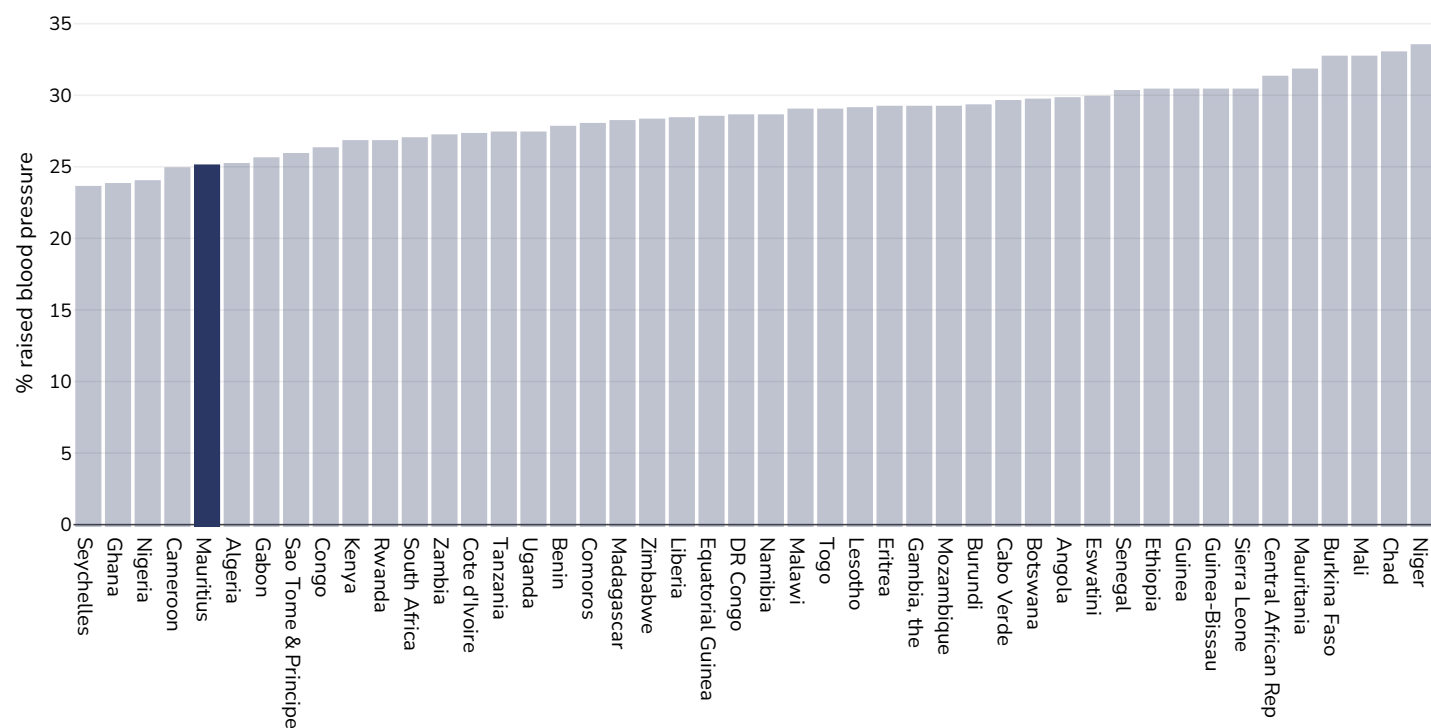
Area covered: National

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 10.01.2241

Definitions: Age-standardized incidence rates per 100 000

## Raised blood pressure

### Adults, 2015



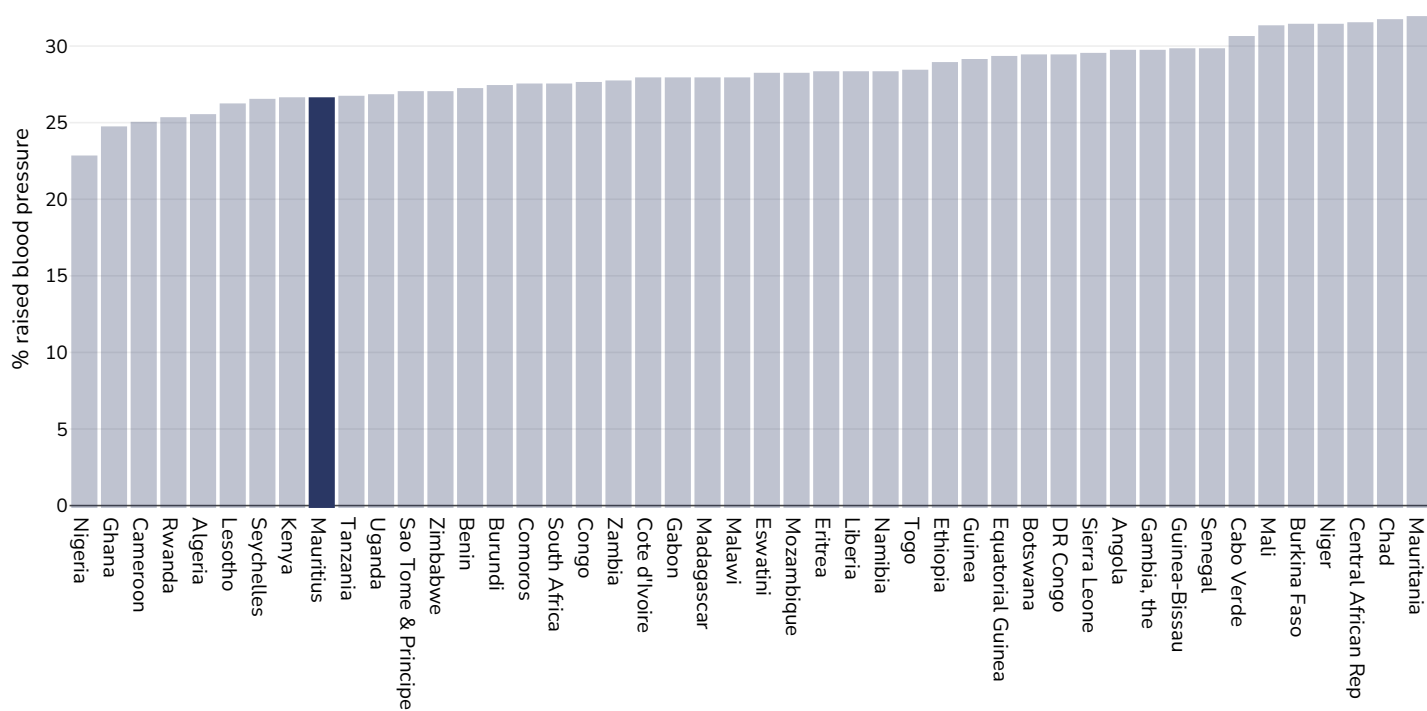
References:

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:

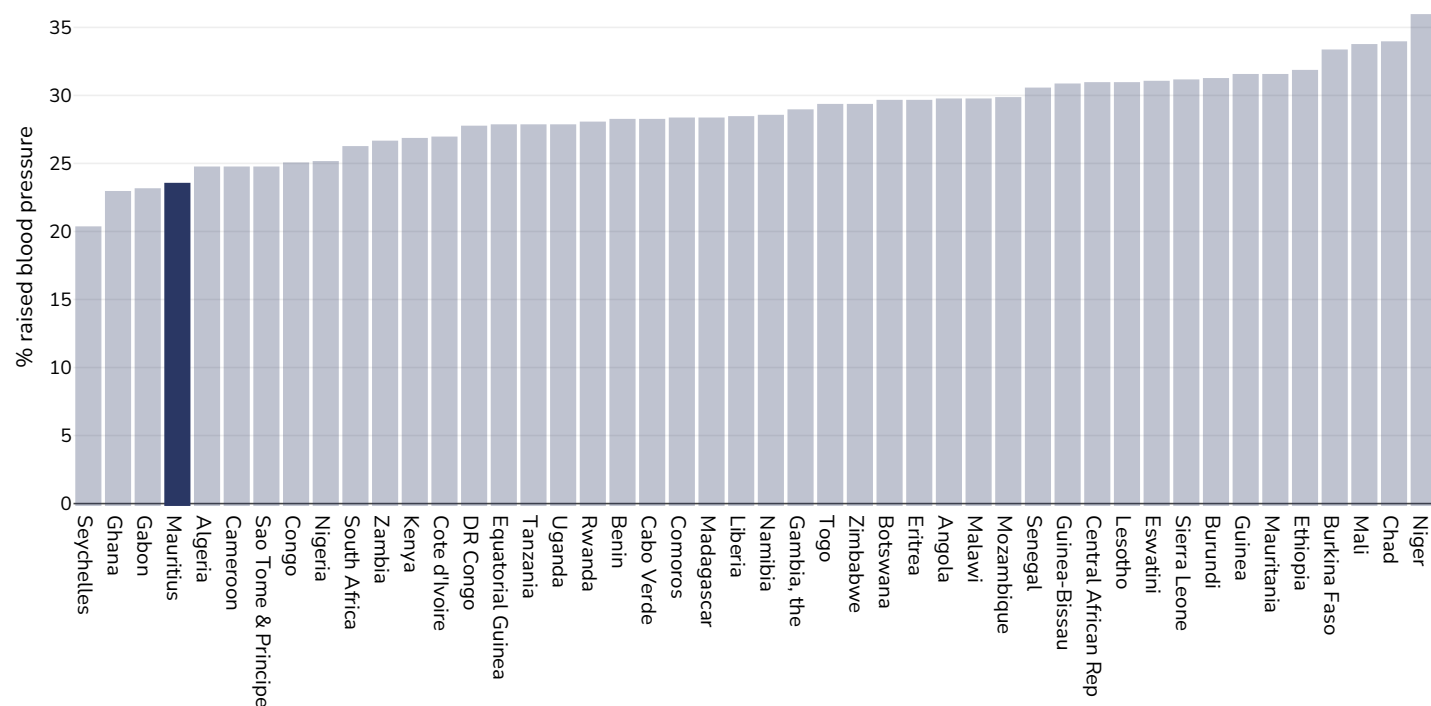
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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



## Women, 2015



References:

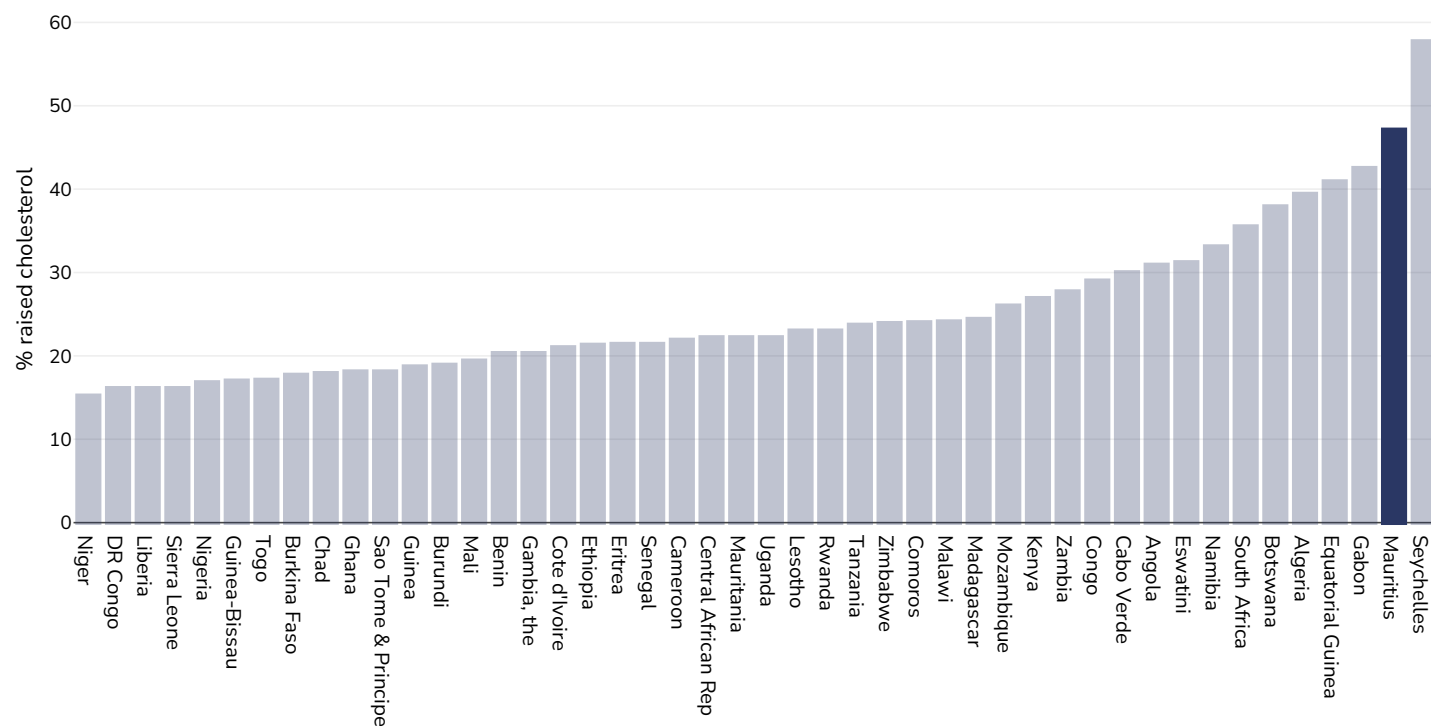
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

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

## Raised cholesterol

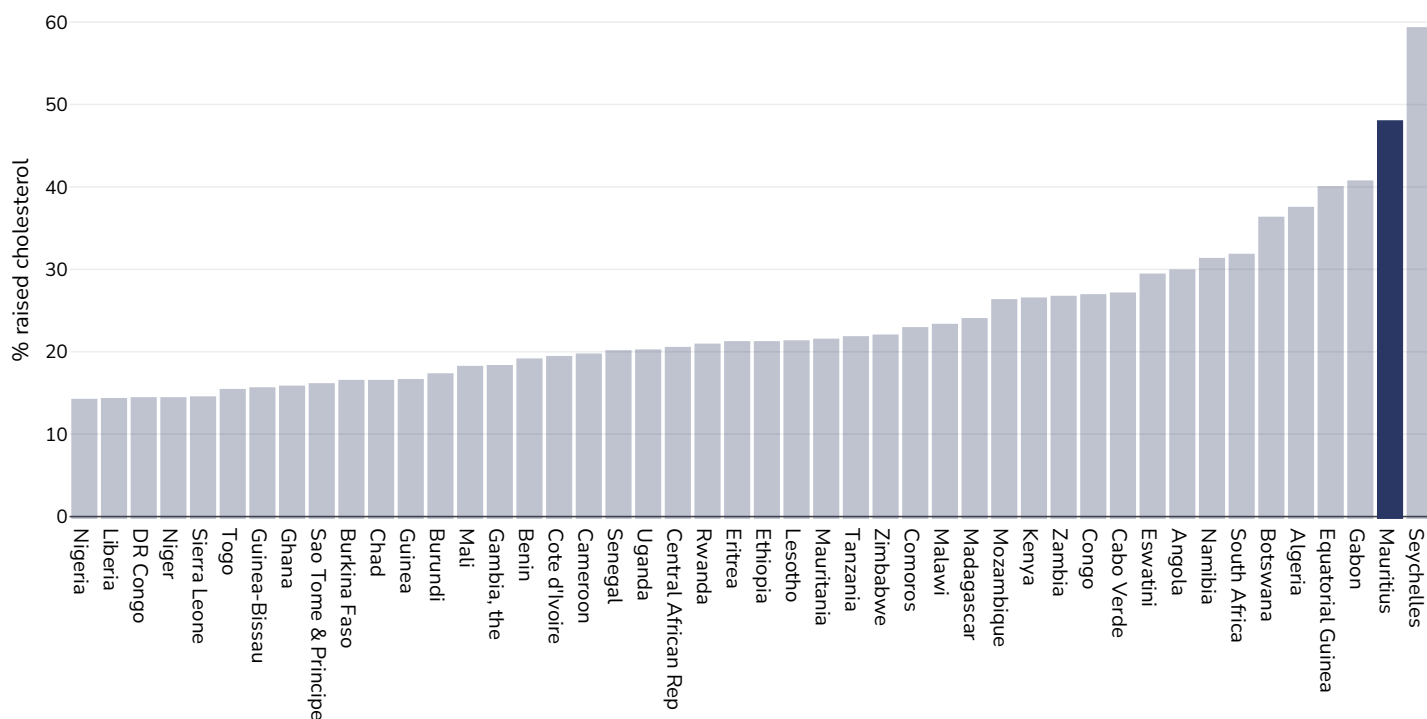
### Adults, 2008



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).

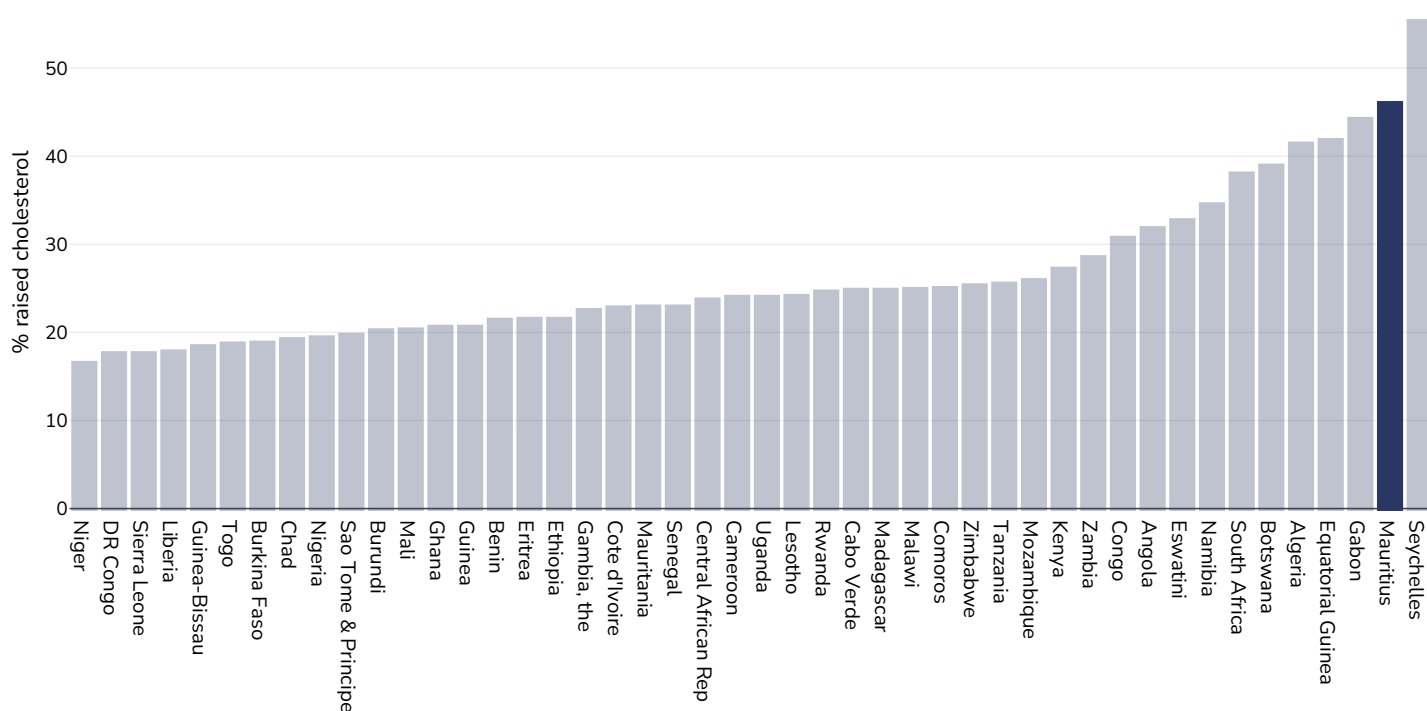
## Men, 2008



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

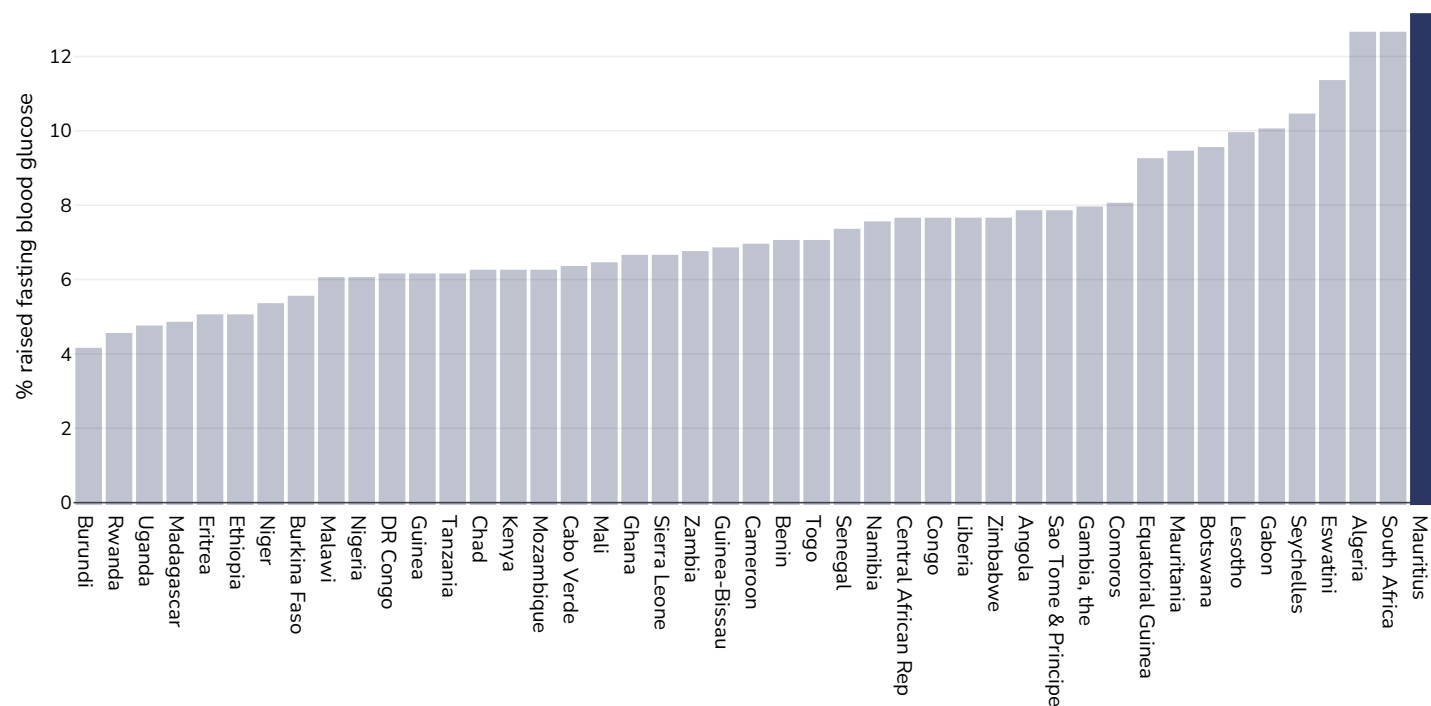


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

## Raised fasting blood glucose

Men, 2014



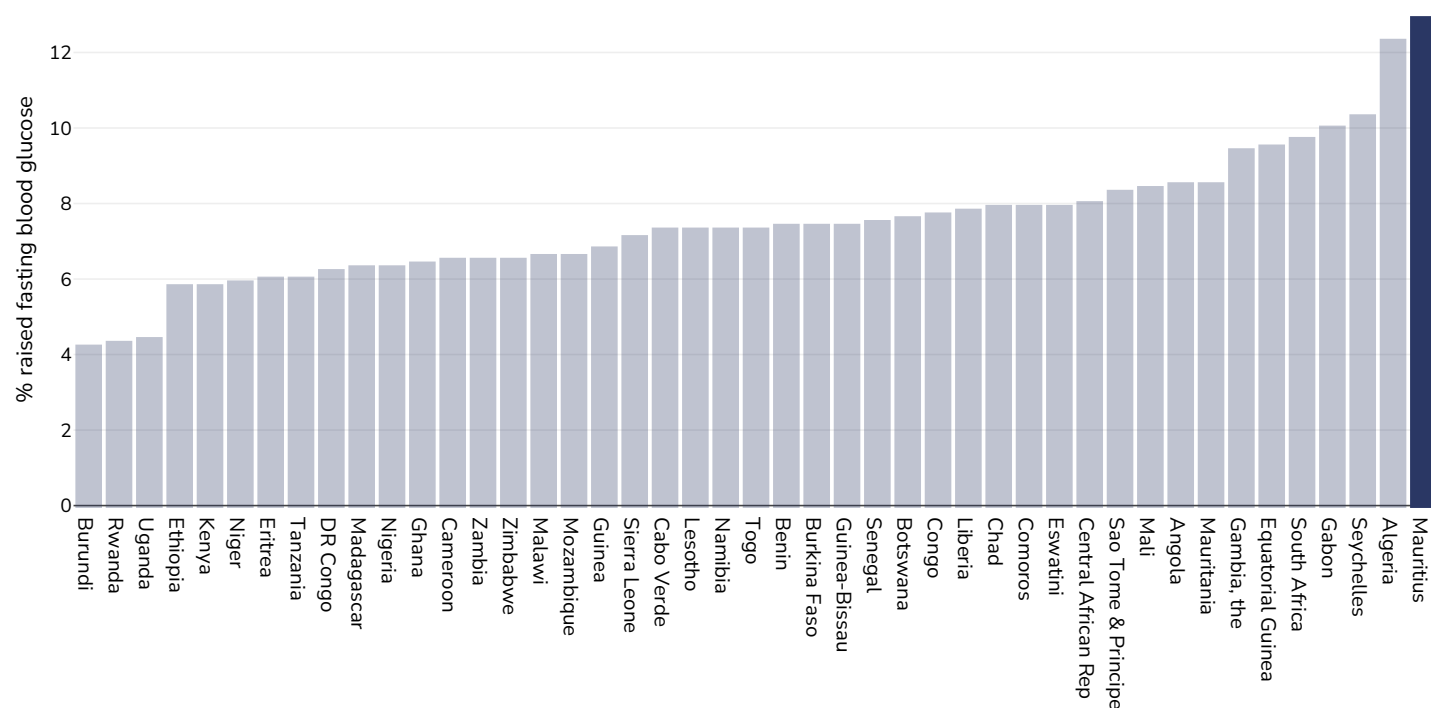
References:

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:

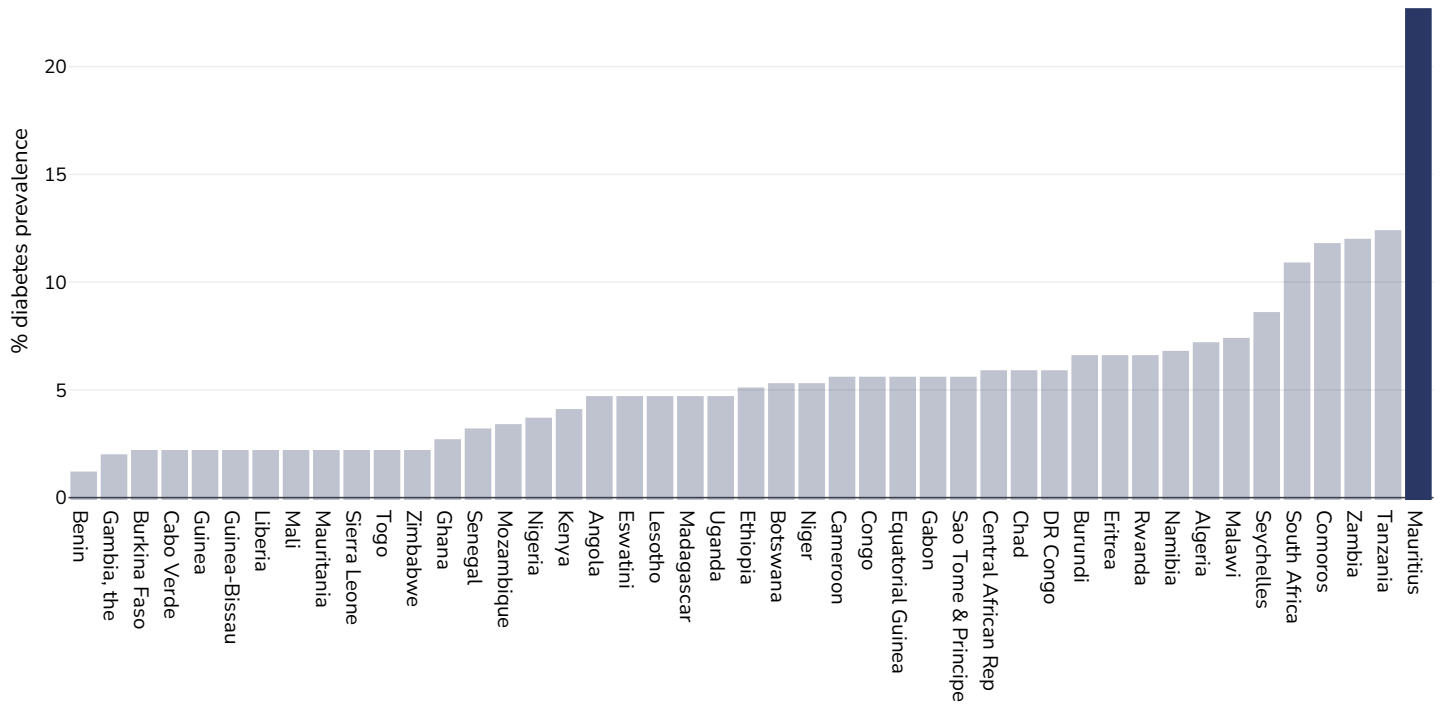
Global Health Observatory data repository, World Health Organisation,  
<http://apps.who.int/gho/data/node.main.A869?lang=en>

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)?	✗
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### Key

✓ Present

✓<sub>v</sub> Present  
(voluntary)

✓ Incoming

✗ Absent

? Unknown