# Report card

## Peru

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Obesity prevalence

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 23495
Area covered: National
References: Demographic Health Survey Peru 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013-2014

Survey type: Measured
Age: 5-13
Sample size: 2801
Area covered: National
https://doi.org/10.15446/rsap.V20n2.68082
Notes: WHO Cut off Used
Cutoffs: WHO
% Adults living with obesity in Peru 1992-2014

Survey type: Measured

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

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

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Peru 1992-2014

Survey type: Measured

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

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

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

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 23497
Area covered: National
References: Demographic Health Survey 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2013-2014**

- **Survey type:** Measured
- **Age:** 5-13
- **Sample size:** 2801
- **Area covered:** National


[https://doi.org/10.15446/rsap.V20n2.68082](https://doi.org/10.15446/rsap.V20n2.68082)

**Notes:** WHO Cut Off Points Used Education based on Parental educational status

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

Women, 2014

Survey type: Measured
Sample size: 23497
Area covered: National
References: Demographic Health Survey 2014
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2013-2014

<table>
<thead>
<tr>
<th>Age 5-7</th>
<th>Age 8-10</th>
<th>Age 11-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>Overweight</td>
<td>Obesity</td>
</tr>
</tbody>
</table>

#### Survey type:
Measured

#### Sample size:
2801

#### Area covered:
National

#### References:

https://doi.org/10.15446/rsap.V20n2.68082

#### Notes:
WHO Cut Off Points Used

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

## Women, 2014

![Graph showing overweight/obesity by region]

- **Survey type:** Measured
- **Age:** 15-49
- **Sample size:** 23497
- **Area covered:** National
- **References:** Demographic Health Survey 2014

**Notes:**

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

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2013-2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costa</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Lima Metropolitana 2/</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Selva</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Sierra</td>
<td>10%</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 5-13  
**Sample size:** 2801  
**Area covered:** National  

[https://doi.org/10.15446/rsap.V20n2.68082](https://doi.org/10.15446/rsap.V20n2.68082)  

**Notes:** WHO Cut Off Points Used  
**Cutoffs:** WHO
# Overweight/obesity by socio-economic group

## Women, 2014

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Quintile</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>2nd</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>3rd</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>4th</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Highest Quintile</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 15-49  
**Sample size:** 23497  
**Area covered:** National  
**References:** Demographic Health Survey 2014  
**Notes:** Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.  

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013-2014

Survey type: Measured
Age: 5-13
Sample size: 2801
Area covered: National
https://doi.org/10.15446/rsap.V20n2.68082
Notes: WHO Cut Off Points Used
Cutoffs: WHO
Insufficient physical activity

Children, 2010


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

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

Age: 11-17


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

Definitions: % Adolescents insufficiently active (age standardised estimate)
<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>20</td>
</tr>
<tr>
<td>Belize</td>
<td>20</td>
</tr>
<tr>
<td>United States</td>
<td>20</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>20</td>
</tr>
<tr>
<td>Suriname</td>
<td>20</td>
</tr>
<tr>
<td>Dominica</td>
<td>20</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>20</td>
</tr>
<tr>
<td>St Lucia</td>
<td>20</td>
</tr>
<tr>
<td>Peru</td>
<td>20</td>
</tr>
<tr>
<td>Guyana</td>
<td>20</td>
</tr>
<tr>
<td>Barbados</td>
<td>20</td>
</tr>
<tr>
<td>Colombia</td>
<td>20</td>
</tr>
<tr>
<td>Grenada</td>
<td>20</td>
</tr>
<tr>
<td>Honduras</td>
<td>20</td>
</tr>
<tr>
<td>Argentina</td>
<td>20</td>
</tr>
<tr>
<td>Bahamas</td>
<td>20</td>
</tr>
<tr>
<td>Guatemala</td>
<td>20</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>20</td>
</tr>
<tr>
<td>St Vincent &amp; Gren.</td>
<td>20</td>
</tr>
<tr>
<td>Bolivia</td>
<td>20</td>
</tr>
<tr>
<td>El Salvador</td>
<td>20</td>
</tr>
<tr>
<td>Chile</td>
<td>20</td>
</tr>
<tr>
<td>Uruguay</td>
<td>20</td>
</tr>
<tr>
<td>Brazil</td>
<td>20</td>
</tr>
<tr>
<td>Ecuador</td>
<td>20</td>
</tr>
<tr>
<td>Peru</td>
<td>20</td>
</tr>
<tr>
<td>Brazil</td>
<td>20</td>
</tr>
<tr>
<td>Ecuador</td>
<td>20</td>
</tr>
</tbody>
</table>

Age: 11-17


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

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17

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, 2009-2015

Survey type: Measured
Age: 12-17


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
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

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+


Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


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

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


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

Incidence per 100,000

Age: 20+

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

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

Women, 2018


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

Men, 2018

[Graph showing incidence rates per 100,000 for colorectal cancer in various countries.]

Age: 20+


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


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

Men, 2018

Age: 20+


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

Age: 20+


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

Men, 2018


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

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guyana</td>
<td>0</td>
</tr>
<tr>
<td>St. Lucia</td>
<td>1</td>
</tr>
<tr>
<td>Haiti</td>
<td>2</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>3</td>
</tr>
<tr>
<td>Belize</td>
<td>4</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>5</td>
</tr>
<tr>
<td>Guatemala</td>
<td>6</td>
</tr>
<tr>
<td>Venezuela</td>
<td>7</td>
</tr>
<tr>
<td>Barbados</td>
<td>8</td>
</tr>
<tr>
<td>Panama</td>
<td>9</td>
</tr>
<tr>
<td>Bahamas</td>
<td>10</td>
</tr>
<tr>
<td>Cuba</td>
<td>11</td>
</tr>
<tr>
<td>United States</td>
<td>12</td>
</tr>
<tr>
<td>Brazil</td>
<td>13</td>
</tr>
<tr>
<td>Jamaica</td>
<td>14</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>15</td>
</tr>
<tr>
<td>Canada</td>
<td>16</td>
</tr>
<tr>
<td>Argentina</td>
<td>17</td>
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<tr>
<td>Uruguay</td>
<td>18</td>
</tr>
<tr>
<td>Mexico</td>
<td>19</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>20</td>
</tr>
<tr>
<td>Ecuador</td>
<td>21</td>
</tr>
<tr>
<td>Colombia</td>
<td>22</td>
</tr>
<tr>
<td>Honduras</td>
<td>23</td>
</tr>
<tr>
<td>El Salvador</td>
<td>24</td>
</tr>
<tr>
<td>Bolivia</td>
<td>25</td>
</tr>
<tr>
<td>Peru</td>
<td>26</td>
</tr>
<tr>
<td>Chile</td>
<td>27</td>
</tr>
<tr>
<td>United States</td>
<td>28</td>
</tr>
</tbody>
</table>


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

Men, 2018


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

Age: 20+


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

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) 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>=140 OR DBP>=90).
**Men, 2015**

References:

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


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

Adults, 2008


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

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

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


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

Men, 2014-2019

Reference:

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014-2019

% raised fasting blood glucose

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

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

Adults, 2017


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

**Economic classification:** Upper Middle Income

**Health systems summary**

Peru’s health system is decentralised and complex, with healthcare provided by 5 separate entities (4 of which are public). Most of the population (60%) is served by the Ministry of Health (MINSA), but other providers include EsSalud (30%), the Armed Forces, the National Police and the private sector. MINSA provides the bulk of primary healthcare services and is mostly funded with tax revenues. MINSA is free for the most vulnerable Peruvian citizens. EsSalud is a form of social insurance for workers where both the employers and employees contribute. In 2009, a universal health insurance law passed that made coverage by health insurance mandatory. As a result, those covered by MINSA’s scheme has been expanded to cover more Peruvians, and now 87% of the population have some form of insurance. Universal health coverage is expected to be reached by 2021.

One of the greatest challenges faced by the Peruvian health system is the persistent urban-rural disparities in access to healthcare services and professionals. The highly fragmented system results in an inefficient use of resources.

**Indicators**

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

- Lack of financial investment and lack of funding for coverage
- Poor health literacy and behaviour
- Social determinants of health
- Lack of training
- Lack of treatment facilities
- Fragmented and/or failing health system
- Lack of multi-disciplinary teams
- Lack of evidence, monitoring and research
- Poor availability of pharmaceutical treatments

Summary of stakeholder feedback

There is limited government action around obesity, and it is not yet considered to be a disease. Stakeholders highlighted that there is notable inaction around prevention, with little economic and workforce resources dedicated to this. An exception to this is the recent introduction of front of package labelling.

Obesity is not considered to be a disease among healthcare providers either. Obesity treatment is only offered when comorbidities are present and/or the obesity is severe. When obesity treatment is provided, it is generally paid for out of pocket at great expense to the individual. Multi-disciplinary care is said to be rare. Those living in rural areas have great difficulty accessing the health system in general, and rarely receive obesity treatment as infectious diseases are a greater priority. People tend to leave the health system because of long waiting lists, a lack of obesity specialists to provide treatment and a failure to recognise that obesity needs to be treated.

There are inadequate numbers of obesity professionals in both urban and rural areas and there is limited to no specialist obesity training. Where there is training it seems to be only available for professionals such as endocrinologists, nutritionists and surgeons and it is general obesity training, not specialist.

Based on interviews/survey returns from 4 stakeholders

Last updated: June 2020