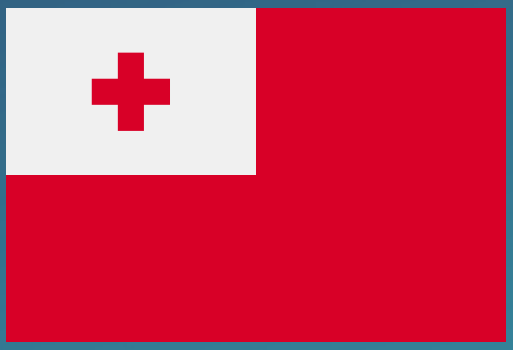
Tonga



Country report card

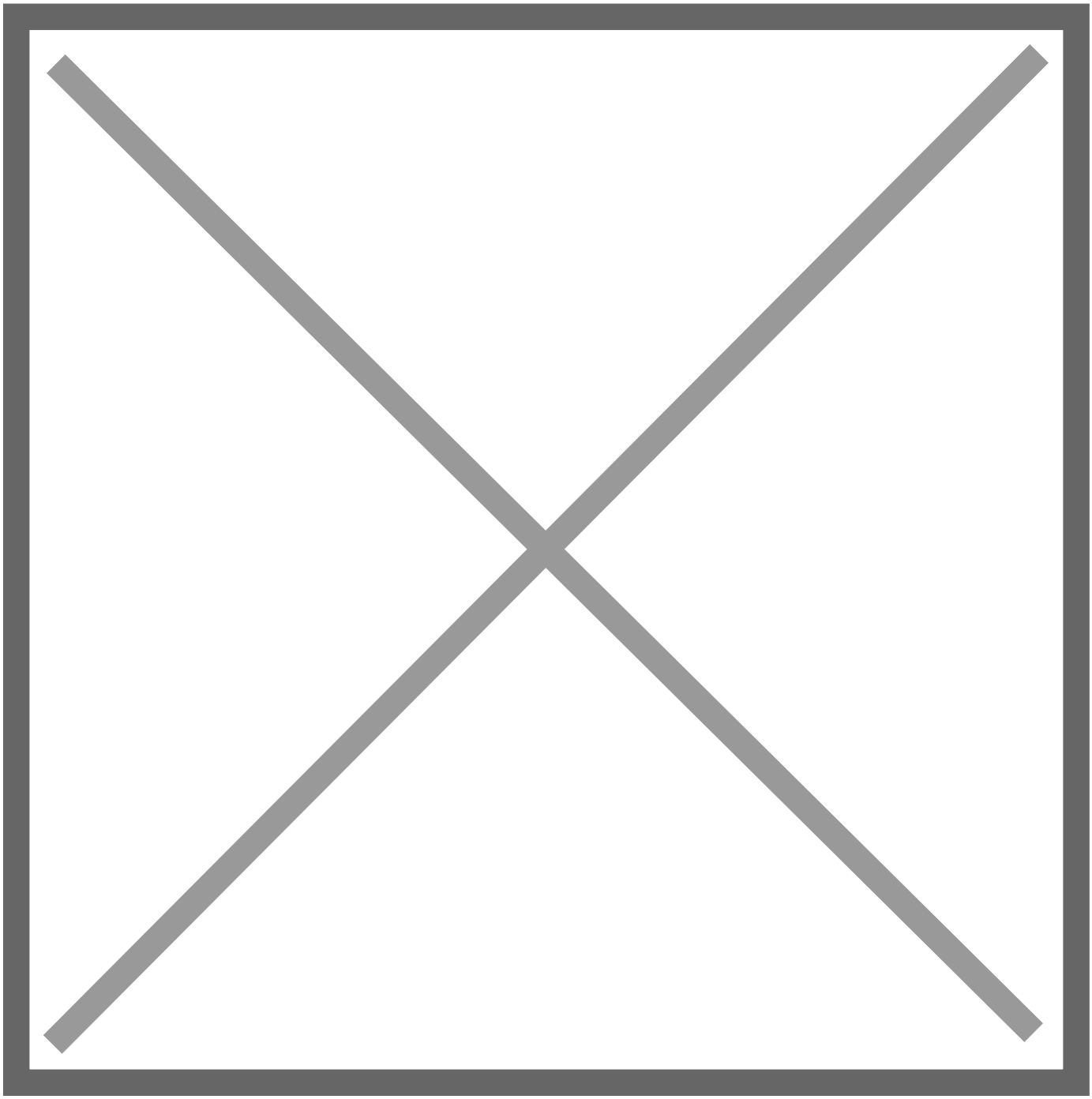
This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity . Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at https://data.worldobesity.org/country/tonga-216/.

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Obesity prevalence

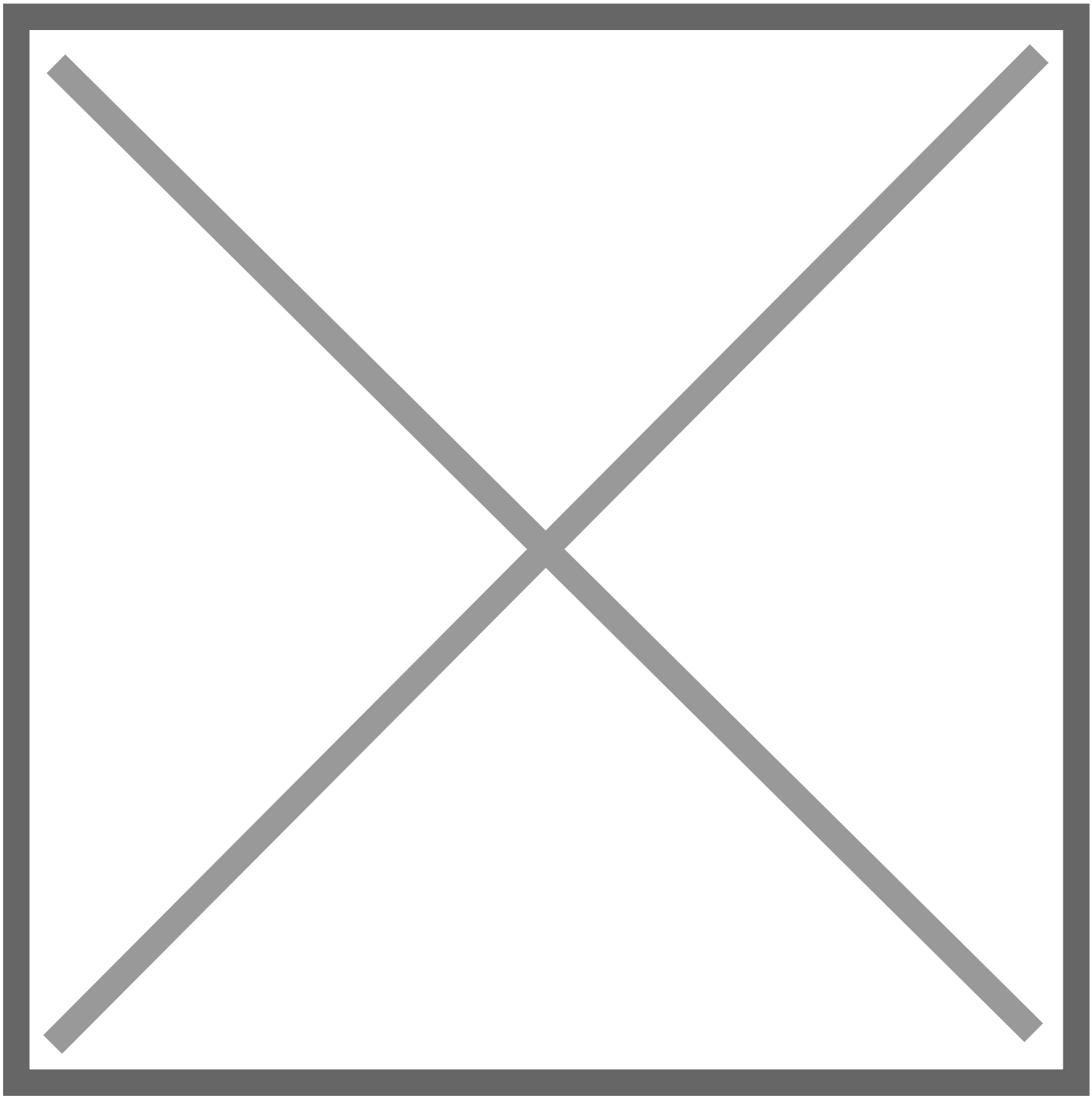
Adults, 2017



Survey type:	Measured
Age:	18-69
Sample size:	3858
Area covered:	National
References:	Tonga STEPS Survey 2017 https://extranet.who.int/ncdsmicrodata/index.php/catalog/713 (Last accessed 13.10.20)

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

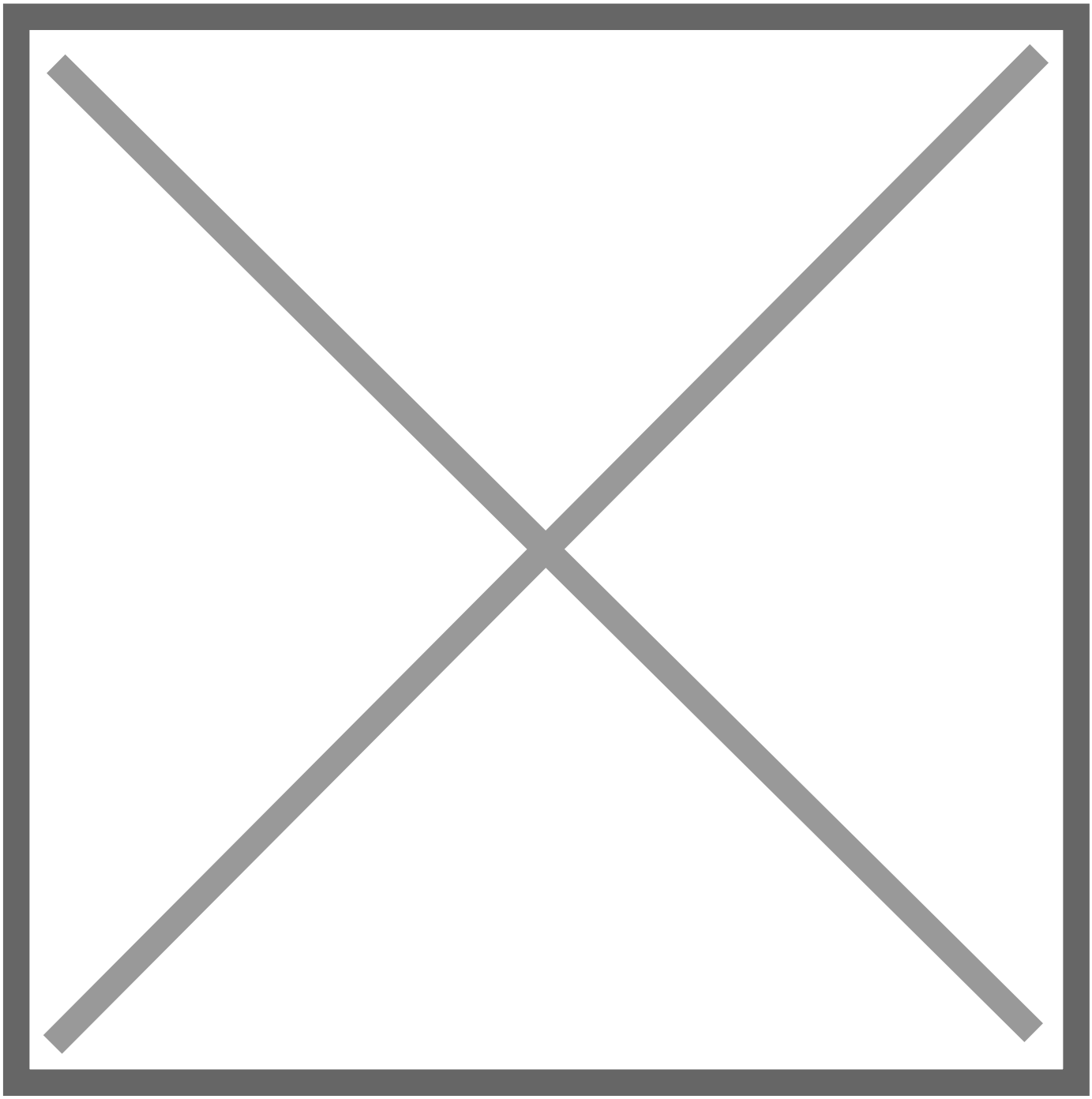
Children, 2017



Survey type:	Self-reported
Age:	13-17
Sample size:	3333
Area covered:	National
References:	Tonga - Global School-Based Student Health Survey 2017 https://www.who.int/ncds/surveillance/gshs/tonga/en/ (Last accessed 20.10.20)

Cutoffs:	WHO

0-5 years, 2019

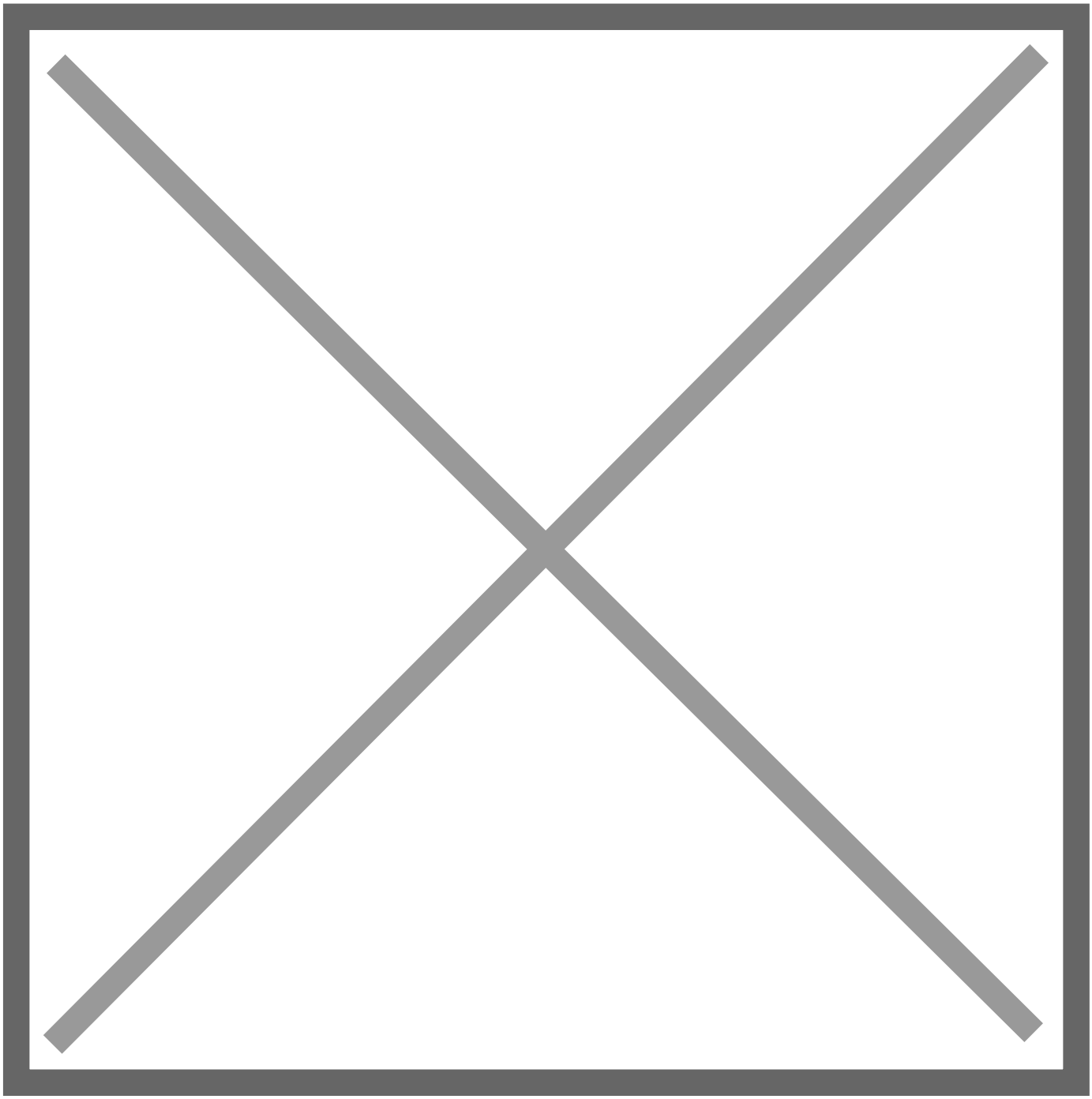


Survey type:	Measured
Age:	0-5
Sample size:	1271
Area covered:	National
References:	Tonga Multiple Indicator Cluster Survey 2019, Survey Findings Report. Nuku'alofa, Tonga: Tonga Statistics Department
Notes:	Infants.

Definitions:	Weight for height. Overweight = +2SD-+3SD. Obesity = >+3SD
Cutoffs:	Other

% Adults living with obesity in Tonga 1998-2017

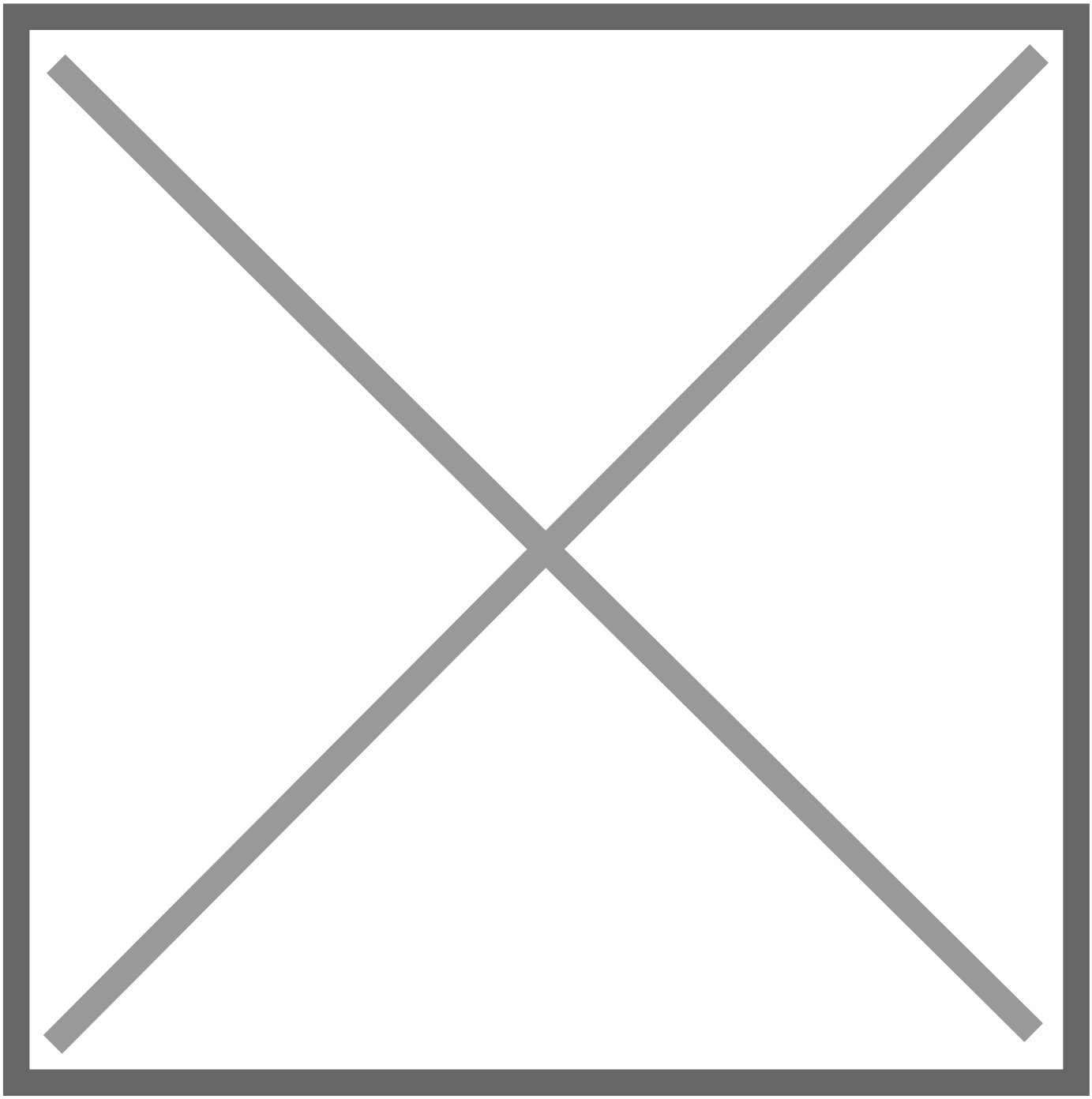
Men



Survey type:	Measured
References:	1998: Colaguir S, Colagiuri R, Na'ati S, Muimuiheata S, Hussain Z and Palau T. (2002). The prevalence of diabetes in the Kingdom of Tonga. Diabetes care, 25: 1378 - 1383. 2004: Tonga STEPS Survey 2004 2012: STEPS Survey Tonga 2012 available at https://www.who.int/ncds/surveillance/steps/2012_Tonga_STEPSReport.pdf (last accessed 04.05.2020) 2017: Tonga STEPS Survey 2017 https://extranet.who.int/ncdsmicrodata/index.php/catalog/713 (Last accessed 13.10.20)
	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



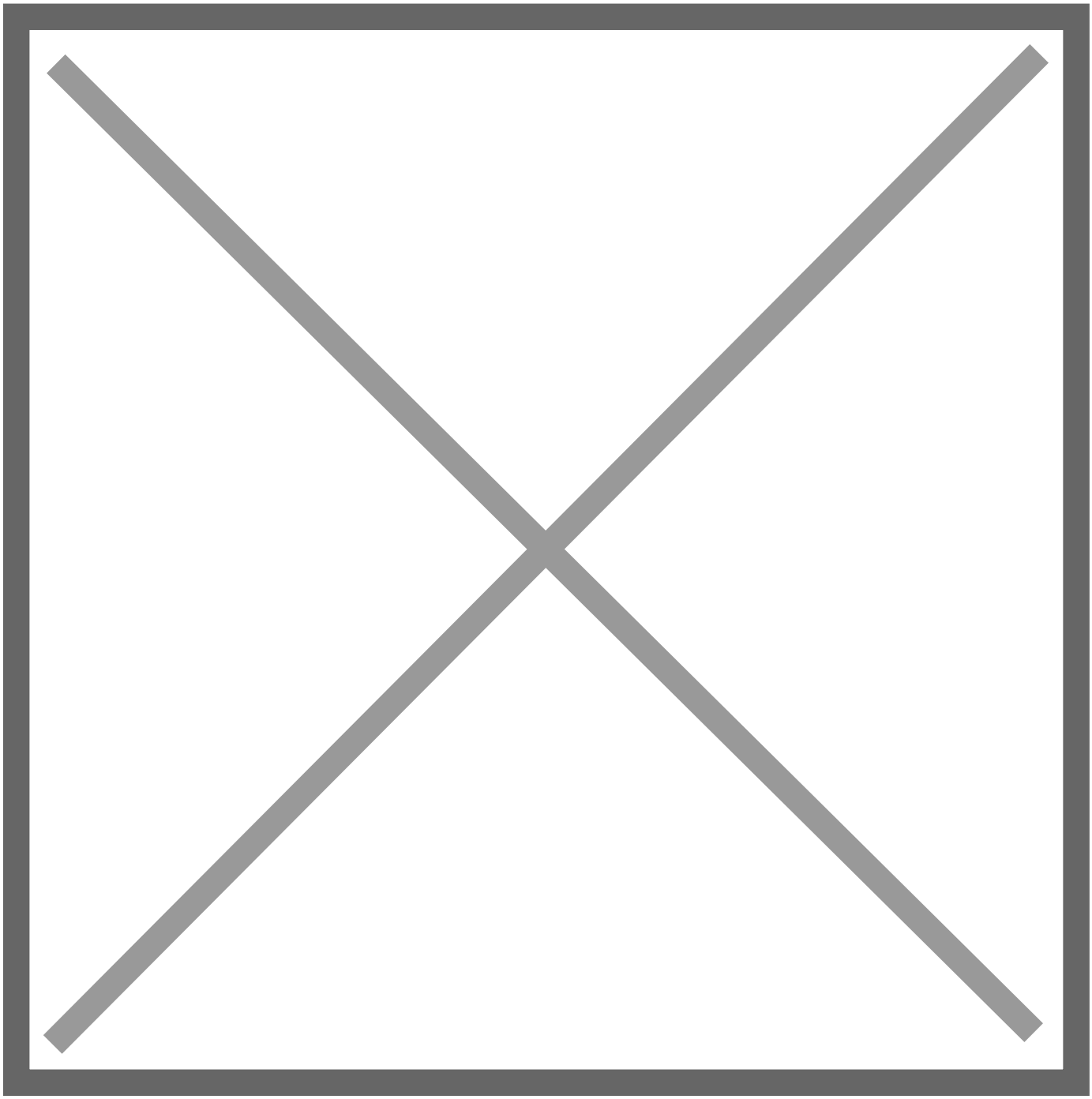
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References:	1998: Colaguir S, Colagiuri R, Na'ati S, Muimuiheata S, Hussain Z and Palau T. (2002). The prevalence of diabetes in the Kingdom of Tonga. Diabetes care, 25: 1378 - 1383. 2004: Tonga STEPS Survey 2004 2012: STEPS Survey Tonga 2012 available at https://www.who.int/ncds/surveillance/steps/2012_Tonga_STEPSReport.pdf (last accessed 04.05.2020) 2017: Tonga STEPS Survey 2017 https://extranet.who.int/ncdsmicrodata/index.php/catalog/713 (Last accessed 13.10.20)

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 Tonga 1998-2017

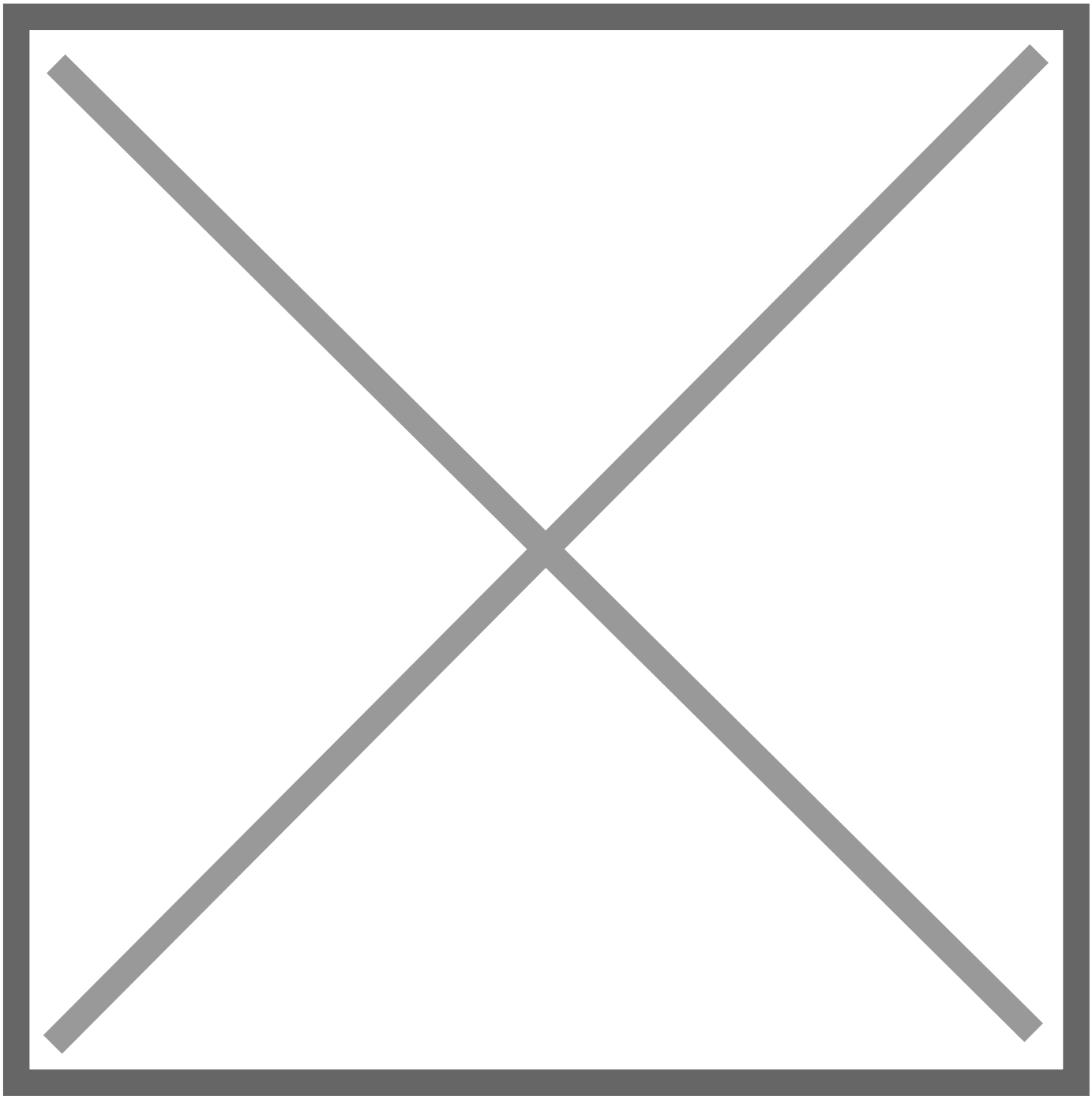
Men



Survey type:	Measured
References:	1998: Colaguir S, Colagiuri R, Na'ati S, Muimuiheata S, Hussain Z and Palau T. (2002). The prevalence of diabetes in the Kingdom of Tonga. Diabetes care, 25: 1378 - 1383. 2004: Tonga STEPS Survey 2004 2012: STEPS Survey Tonga 2012 available at https://www.who.int/ncds/surveillance/steps/2012_Tonga_STEPSReport.pdf (last accessed 04.05.2020) 2017: Tonga STEPS Survey 2017 https://extranet.who.int/ncdsmicrodata/index.php/catalog/713 (Last accessed 13.10.20)
	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



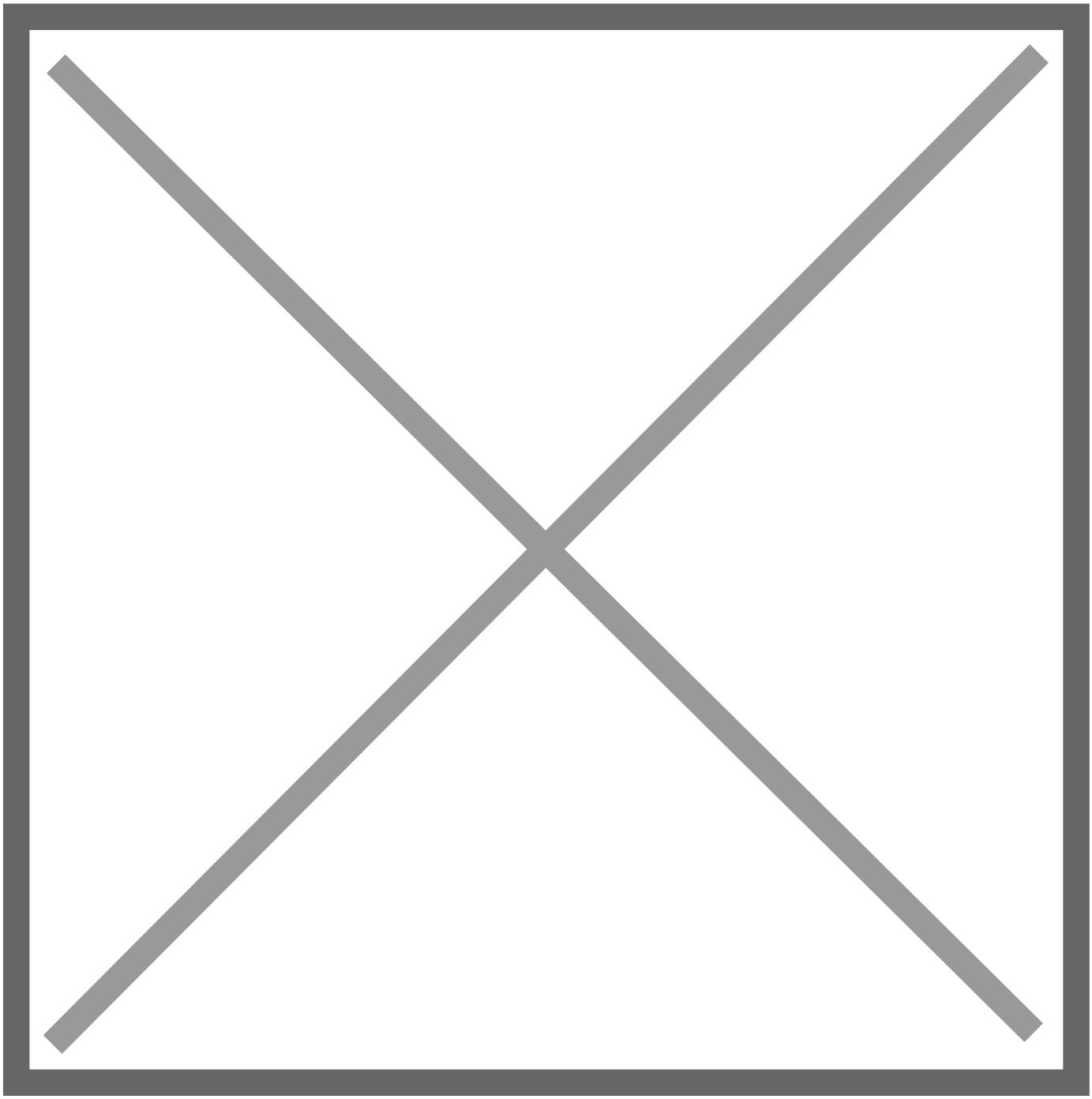
Survey type:	Measured
References:	1998: Colaguir S, Colagiuri R, Na'ati S, Muimuiheata S, Hussain Z and Palau T. (2002). The prevalence of diabetes in the Kingdom of Tonga. Diabetes care, 25: 1378 - 1383. 2004: Tonga STEPS Survey 2004 2012: STEPS Survey Tonga 2012 available at https://www.who.int/ncds/surveillance/steps/2012_Tonga_STEPSReport.pdf (last accessed 04.05.2020) 2017: Tonga STEPS Survey 2017 https://extranet.who.int/ncdsmicrodata/index.php/catalog/713 (Last accessed 13.10.20)

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 obesity in selected countries in the Asia/Oceania Region 1975-2019, selected countries

Men



References:

1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhata T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. Obesity Reviews 2002;3:183-190

1993: Solon FS. Nutrition related chronic diseases in the Philippines. Makati city, Philippines: Nutrition Center of the Philippines Report Series, vol 2, No.1, cited in Reference 53

1995, 1996: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. EJCN (2000) 54;247-252

1998: Data provided by the Philippean Depatment of Health, Dr C. Barbu, data reanalysed by Dr Charmaine Duante.

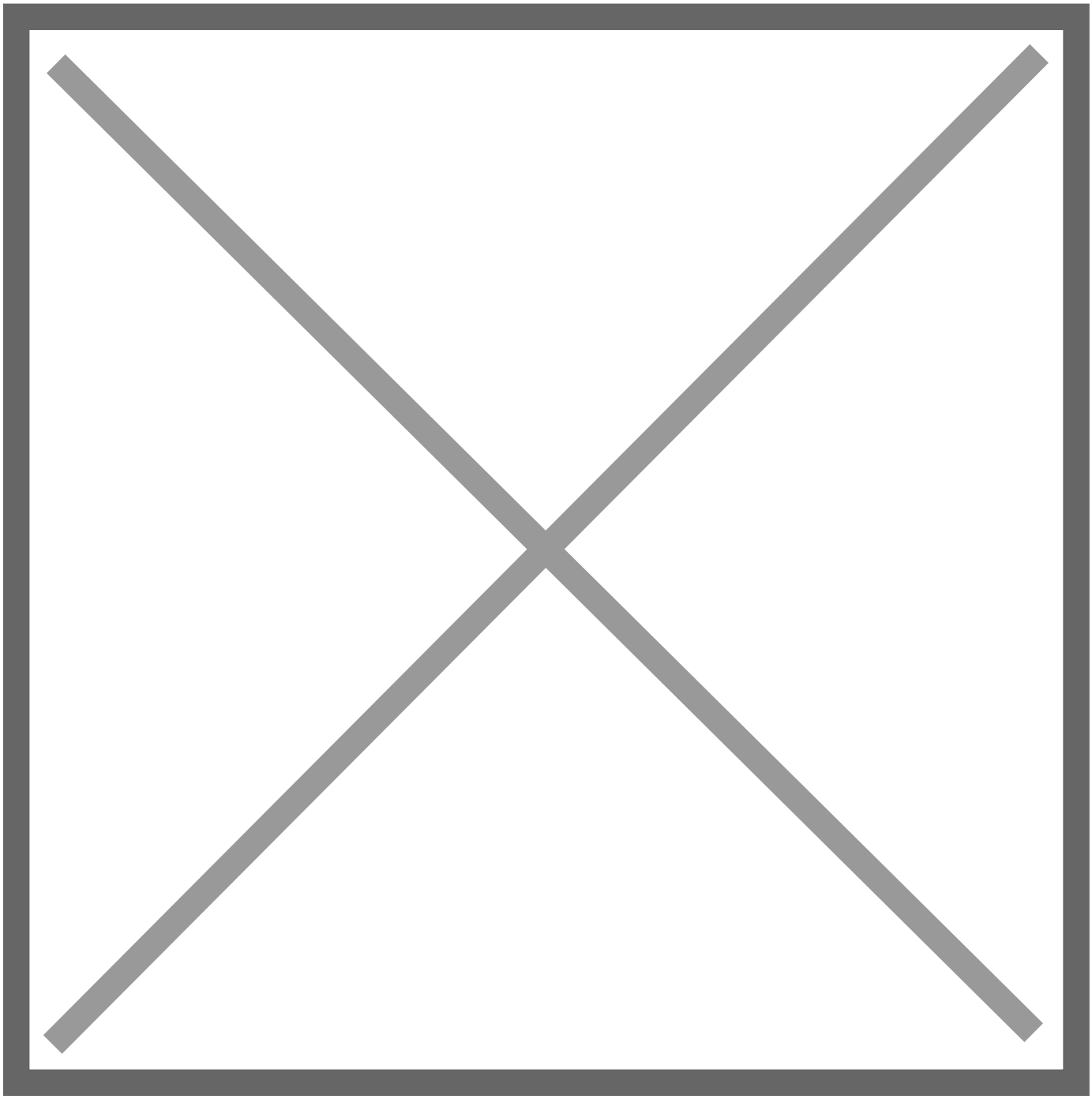
2000: Asia Pacific Cohort Studies Collaboration. The burden of overweight and obesity in the Asia-Pacific region. Obesity Reviews 2007;8:191-196.

2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11

2002: Report of the 2002 China National Nutrition and Health Survey. 2004. (In Chinese). Chinese Ministry of Public Health (CMPH)

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



References:

1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhata T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. Obesity Reviews 2002;3:183-190

1993: Solon FS. Nutrition related chronic diseases in the Philippines. Makati city, Philippines: Nutrition Center of the Philippines Report Series, vol 2, No.1, cited in Reference 53

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2000: Asia Pacific Cohort Studies Collaboration. The burden of overweight and obesity in the Asia-Pacific region. Obesity Reviews 2007;8:191-196.

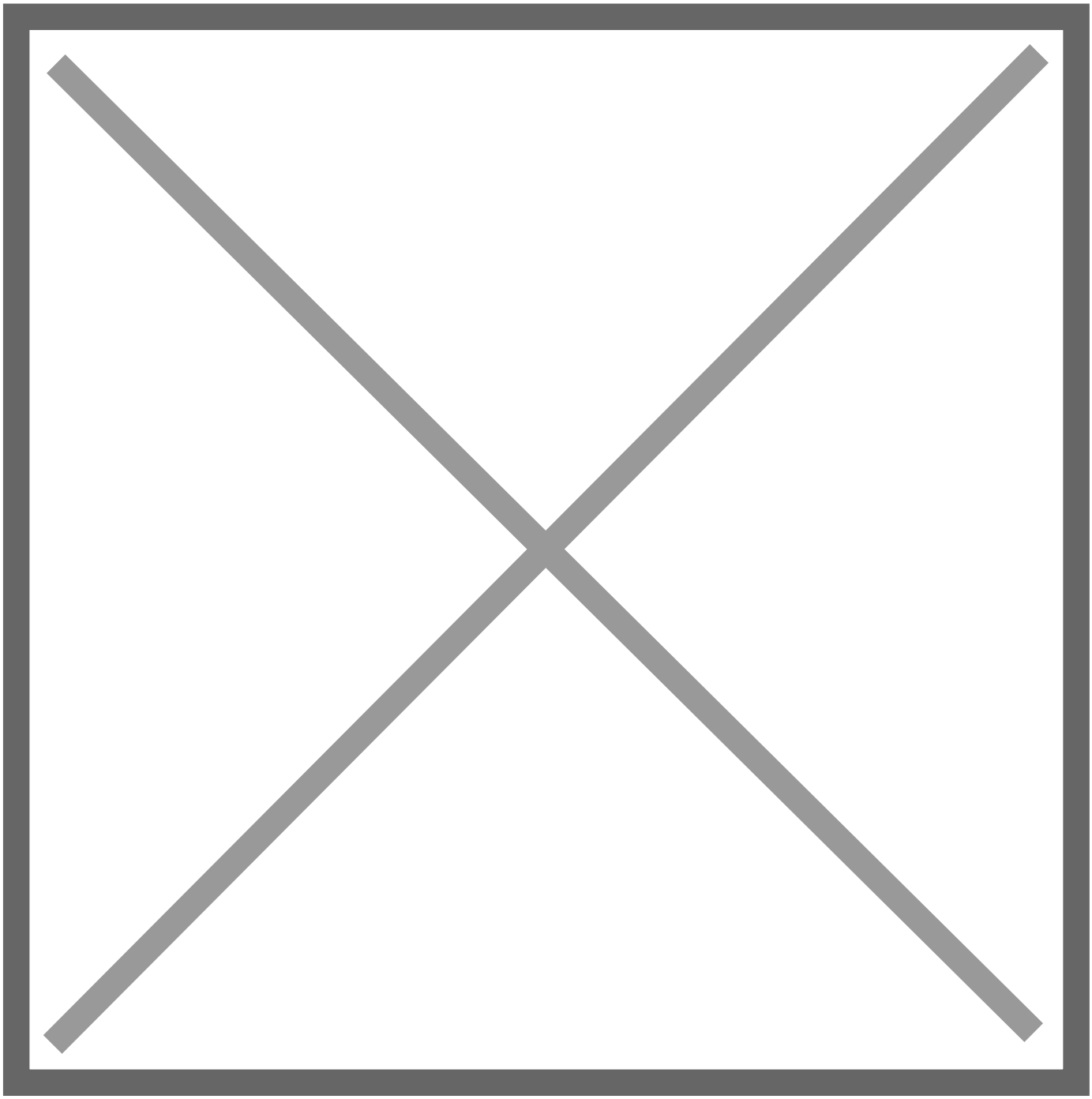
2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11

2002: Report of the 2002 China National Nutrition and Health Survey. 2004. (In Chinese). Chinese Ministry of Public Health (CMPH)

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, 2012

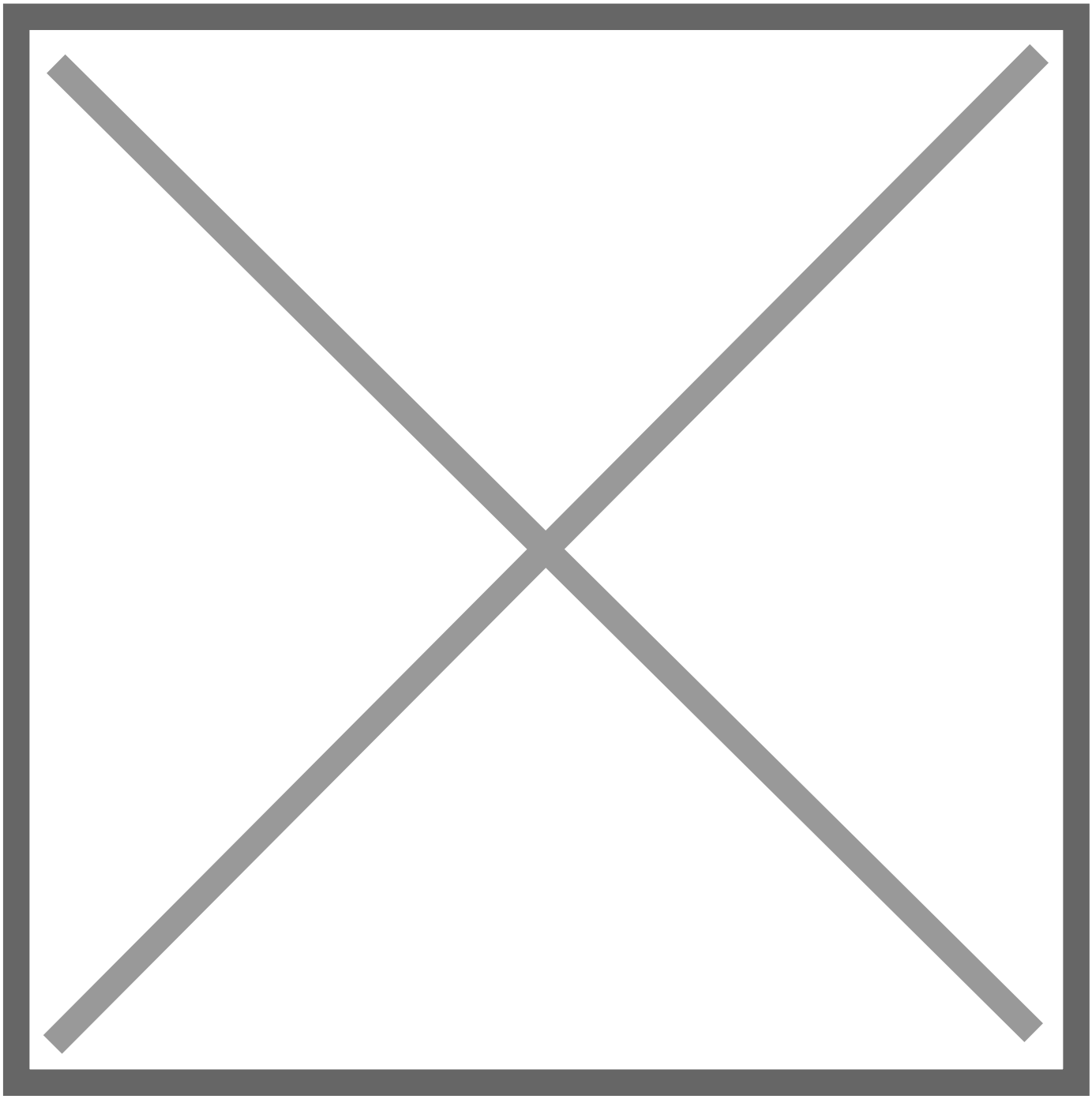


Survey type:	Measured
Sample size:	2599
Area covered:	National
References:	STEPS Survey Tonga 2012 available at https://www.who.int/ncds/surveillance/steps/2012_Tonga_STEPSReport.pdf (last accessed 04.05.2020)
Notes:	STEPS

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

Overweight/obesity by region

0-5 years, 2019

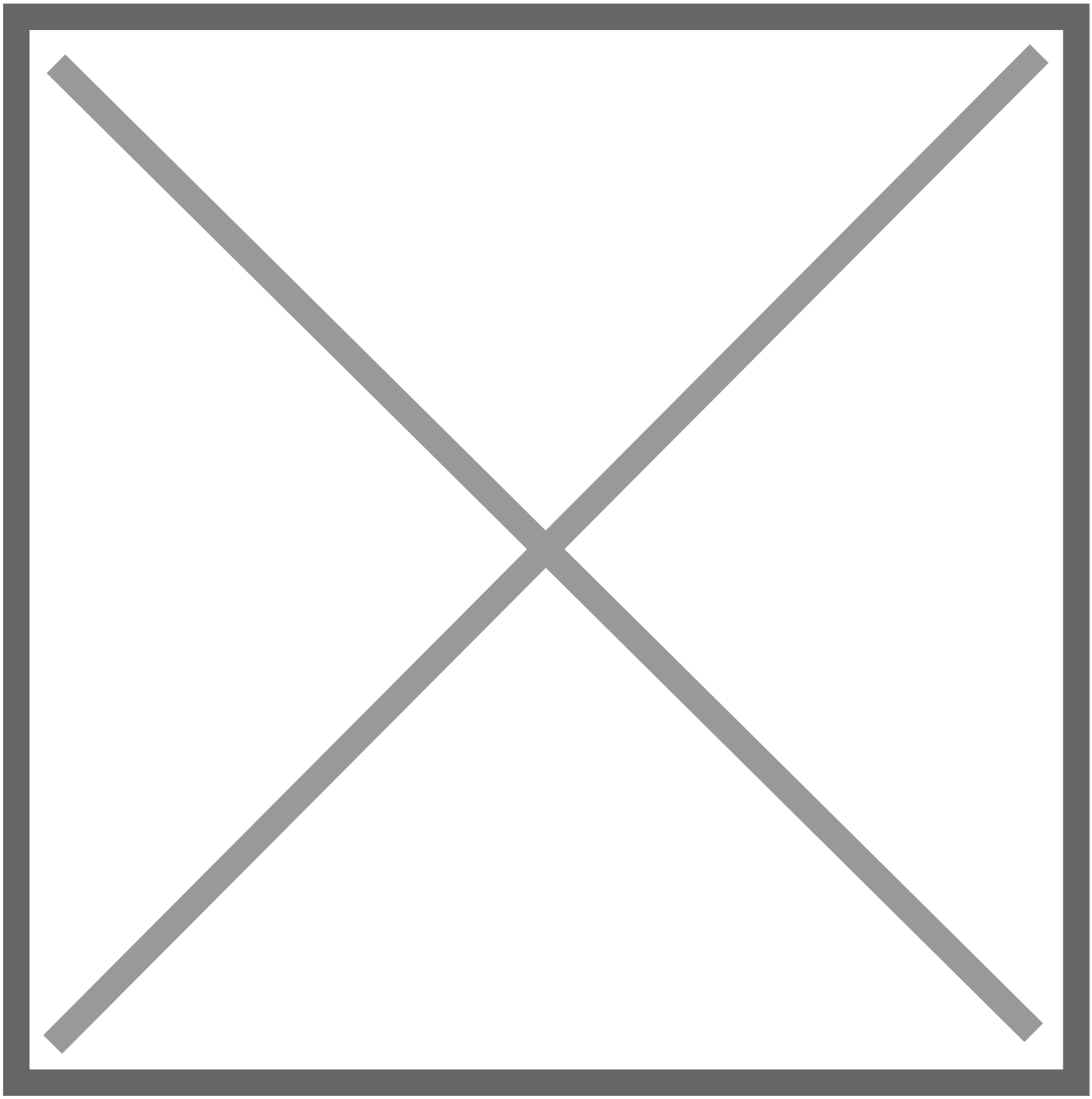


Sample size:	1271
References:	MICS: Tonga Multiple Indicator Cluster Survey 2019, Survey Findings Report. Nuku'alofa, Tonga: Tonga Statistics Department
Notes:	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York. For more information 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

0-5 years, 2019

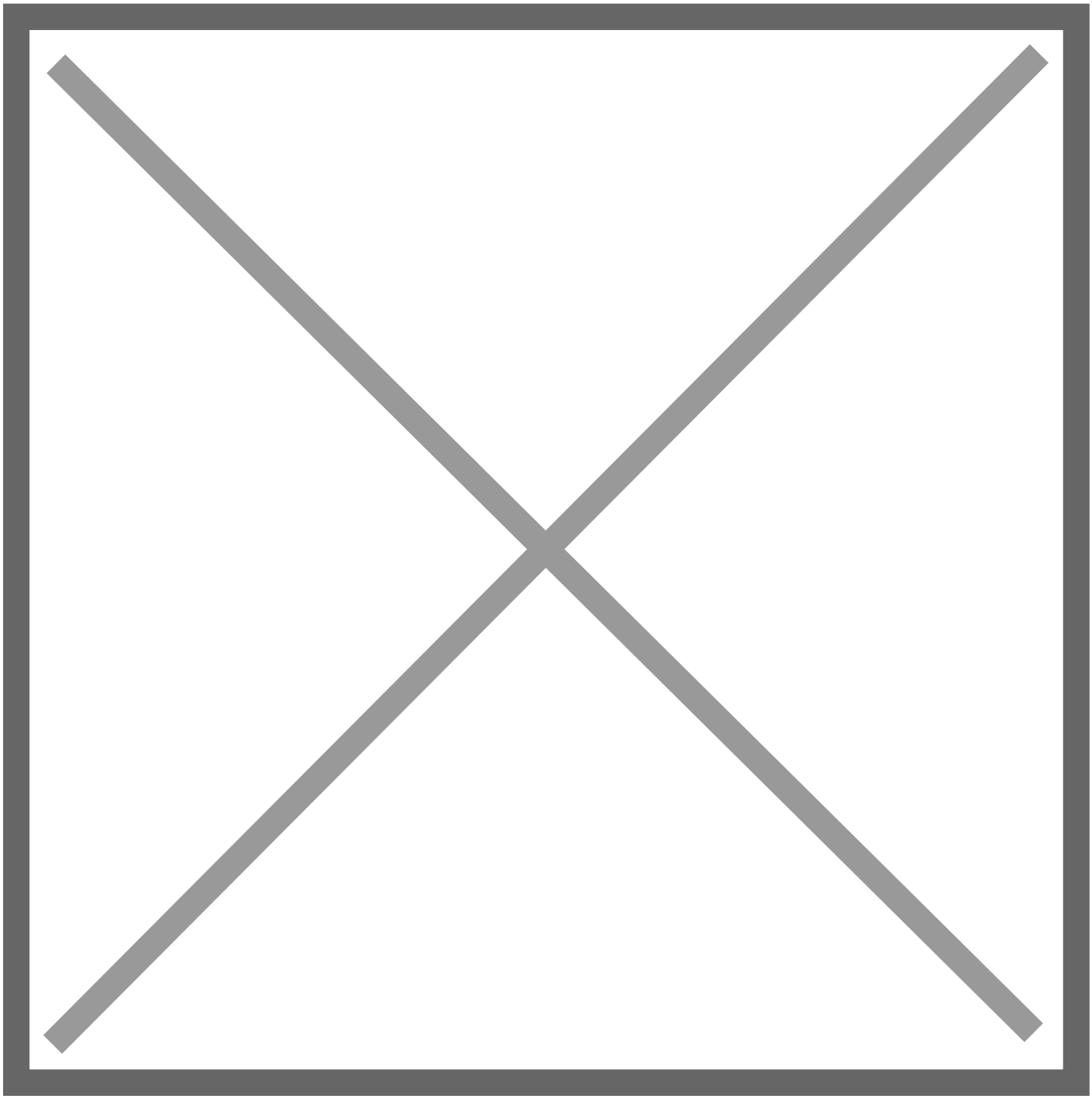


Sample size:	1271
References:	MICS: Tonga Multiple Indicator Cluster Survey 2019, Survey Findings Report. Nuku'alofa, Tonga: Tonga Statistics Department
Notes:	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York. For more information 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

Double burden of underweight & obesity

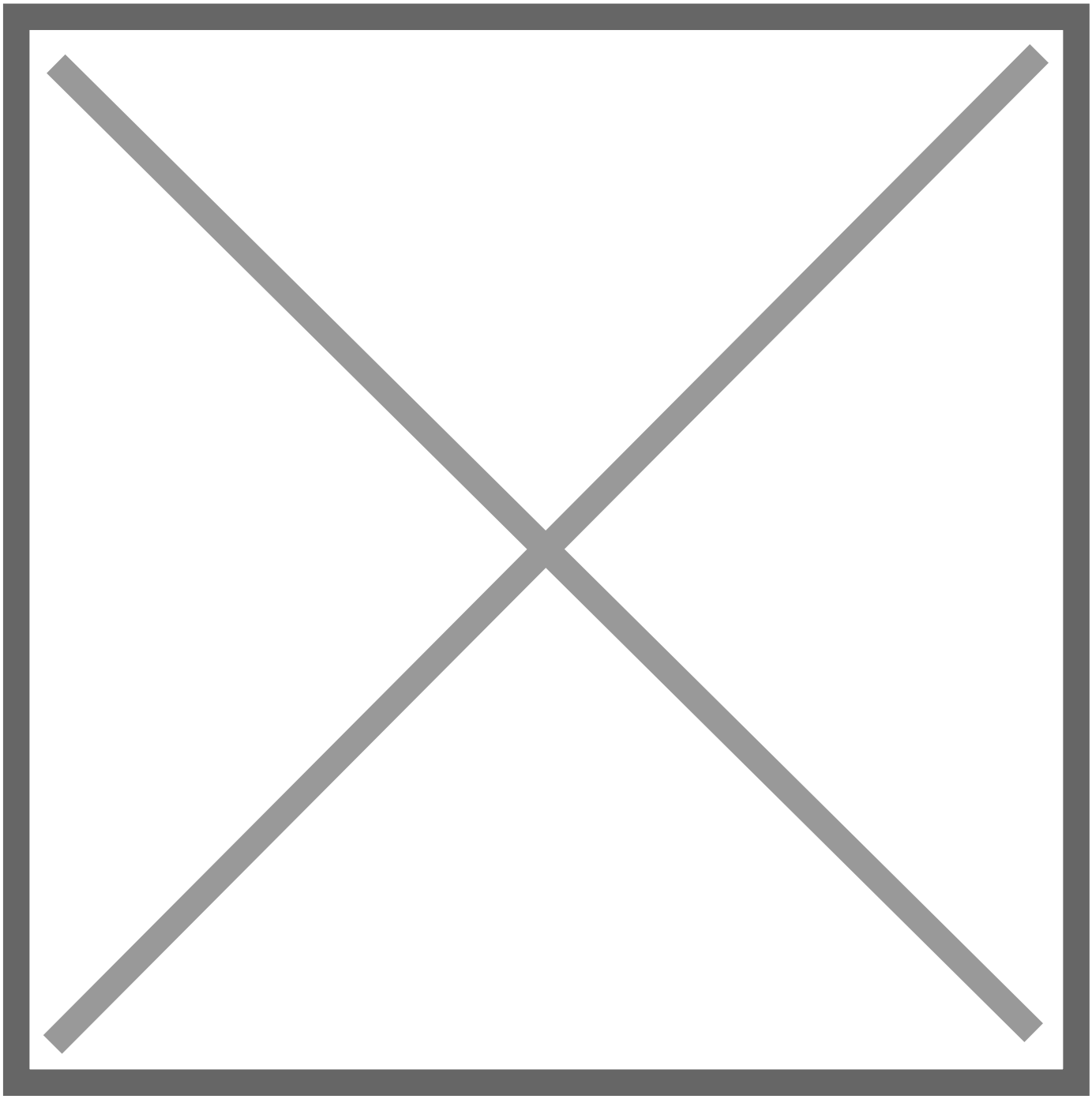
Adults, 2022



Survey type:	Measured
Age:	20+
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2.
Notes:	Age Standardised estimates

Definitions:	Combined prevalence of BMI<18.5 kg/m² and BMI>=30 kg/m² (double burden of underweight and obesity)

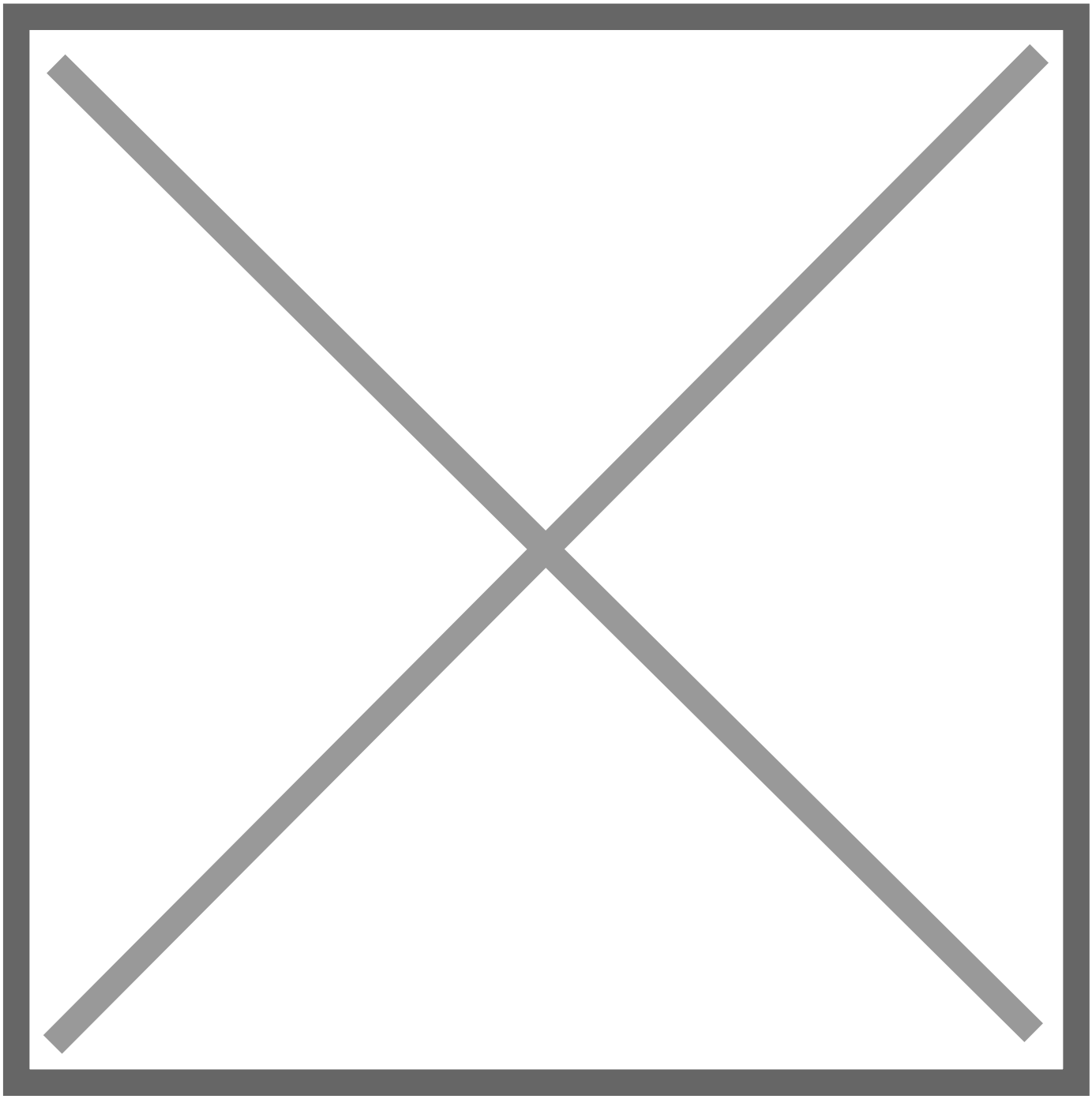
Children, 2022



Survey type:	Measured
Age:	5-19
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2.
Notes:	Age standardised estimates

Definitions:	Combined prevalence of BMI < -2SD and BMI > 2SD (double burden of thinness and obesity)
Cutoffs:	BMI < -2SD and BMI > 2SD

0-5 years, 2019

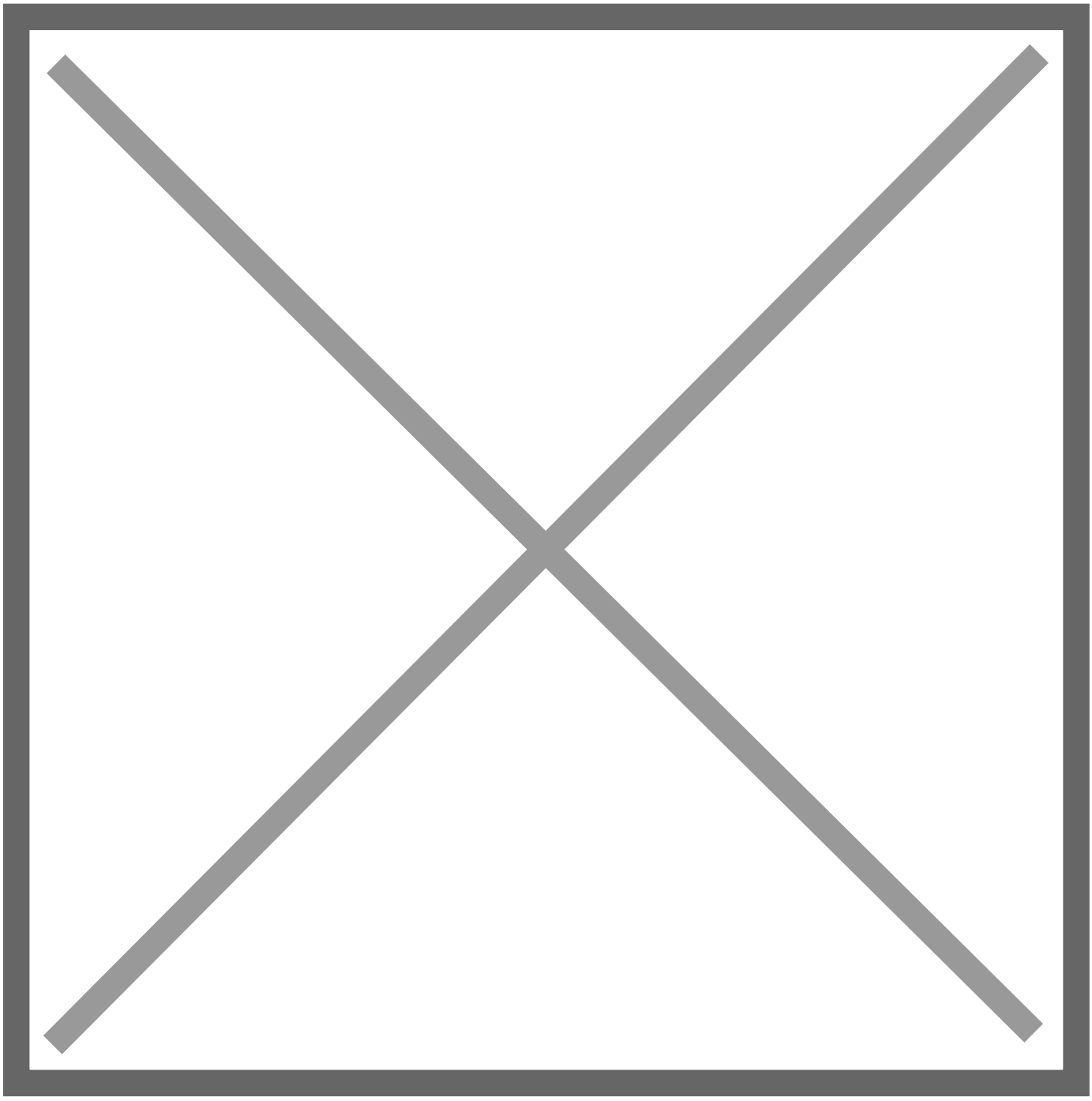


Survey type:	Measured
Age:	0-5
References:	United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2025). Global UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight (Survey Estimates), 2025, New York. For more information, visit: https://data.unicef.org/topic/nutrition/malnutrition/ [Accessed 06.08.25]
Notes:	Tonga Multiple Indicator Cluster Survey 2019, Survey Findings Report. Nuku'alofa, Tonga: Tonga Statistics Department

Definitions:	Combined percentage of children under 5 years of age who are either wasted, stunted, or overweight (falling below -2 standard deviations from the median weight-for-height, falling below -2 standard deviations from the median height for age, or falling at or above +2 standard deviations from the median weight-for-height of the reference population)
Cutoffs:	WHZ <-2, HAZ <-2 and WHZ >+2

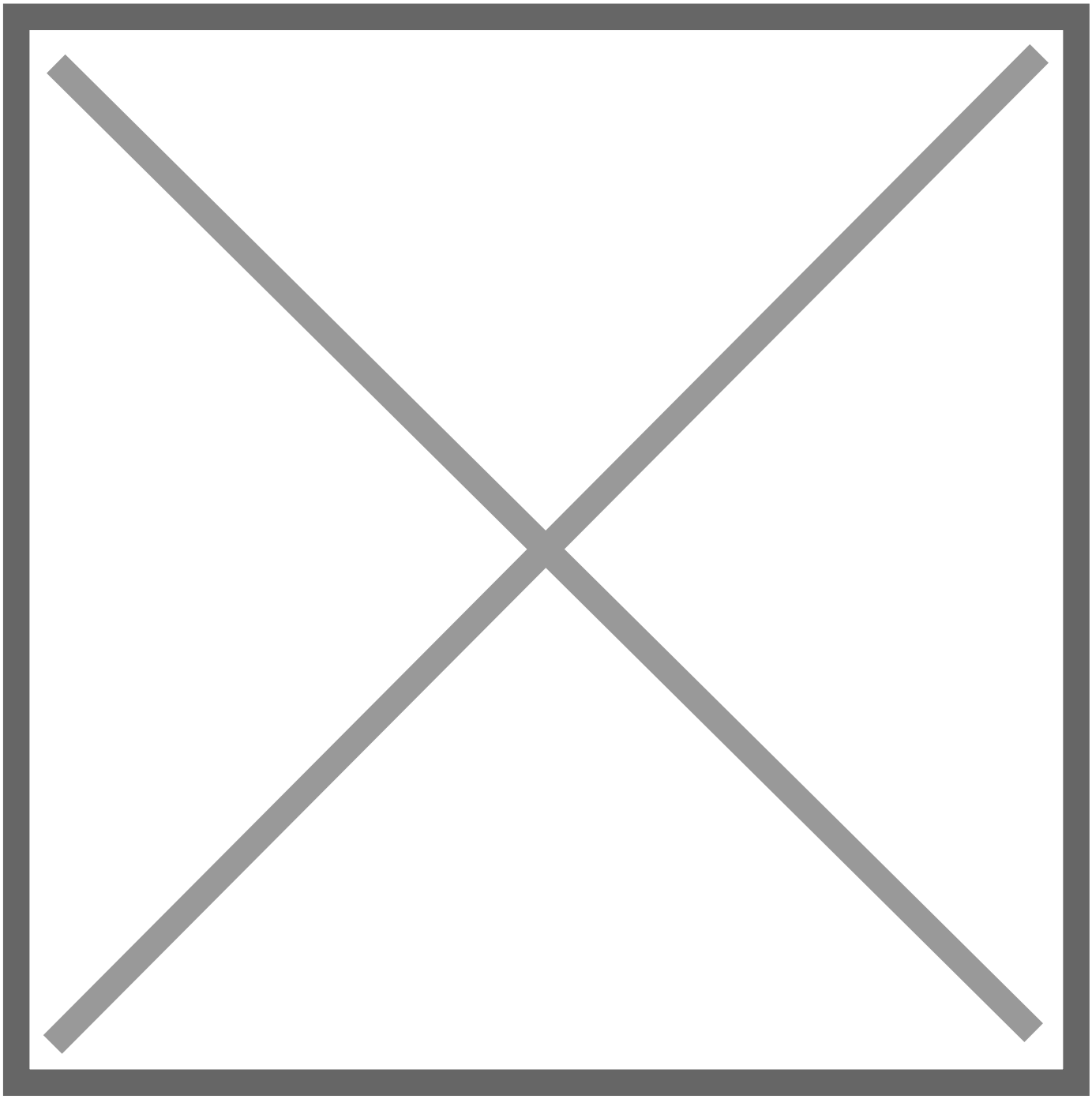
Insufficient physical activity

Adults, 2016



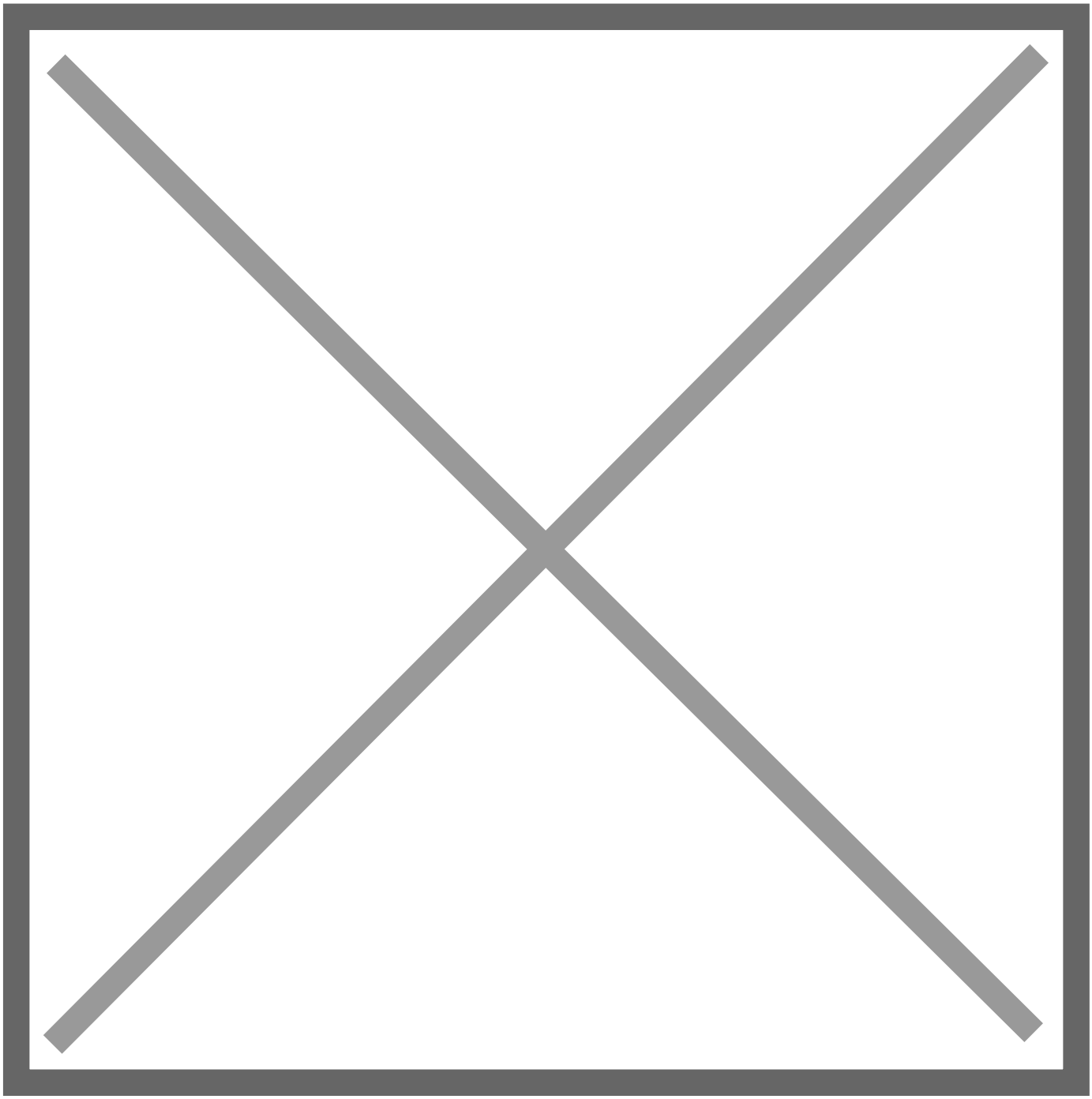
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 http://dx.doi.org/10.1016/S2214-109X(18)30357-7

Men, 2016



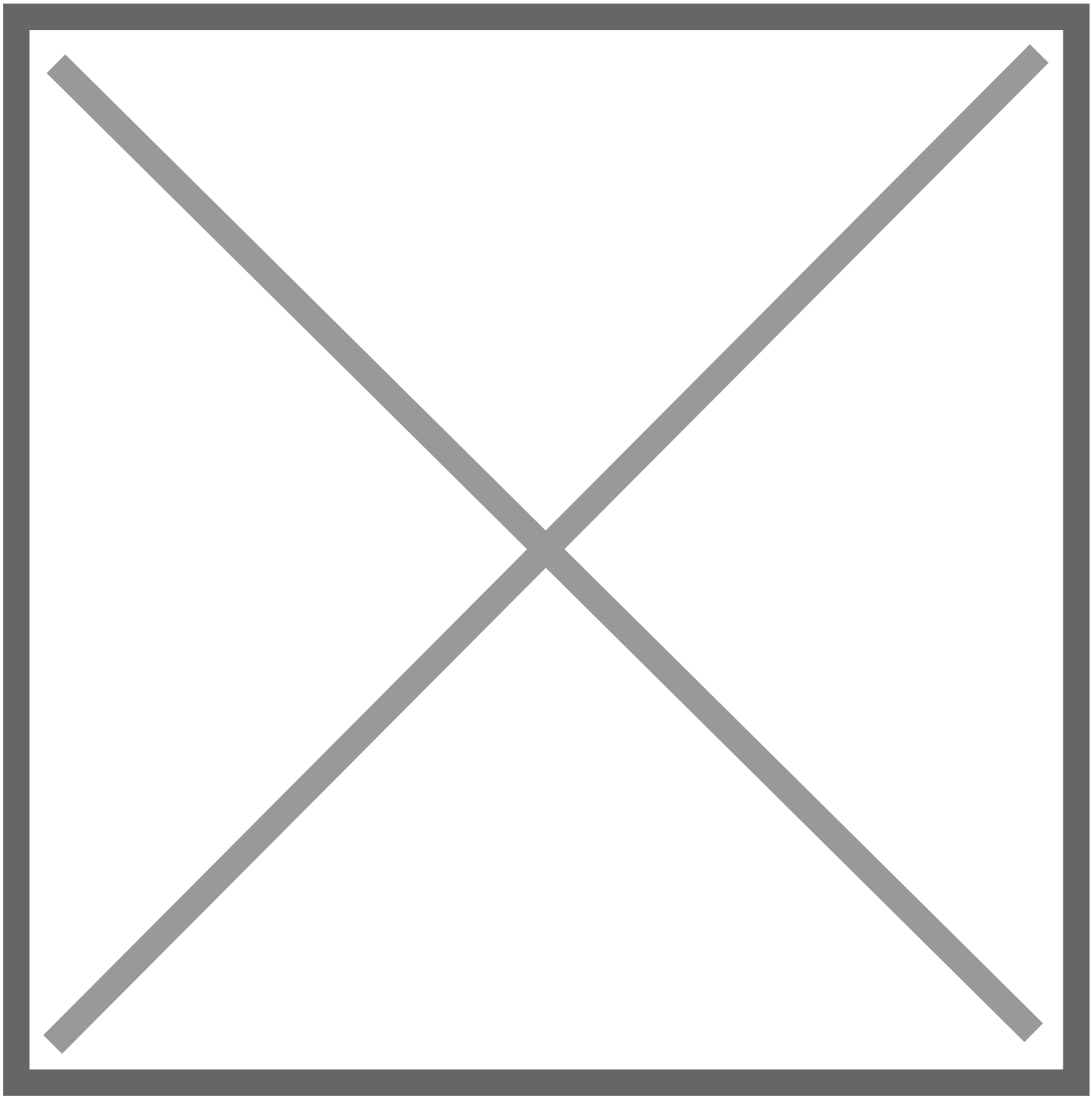
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 http://dx.doi.org/10.1016/S2214-109X(18)30357-7

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

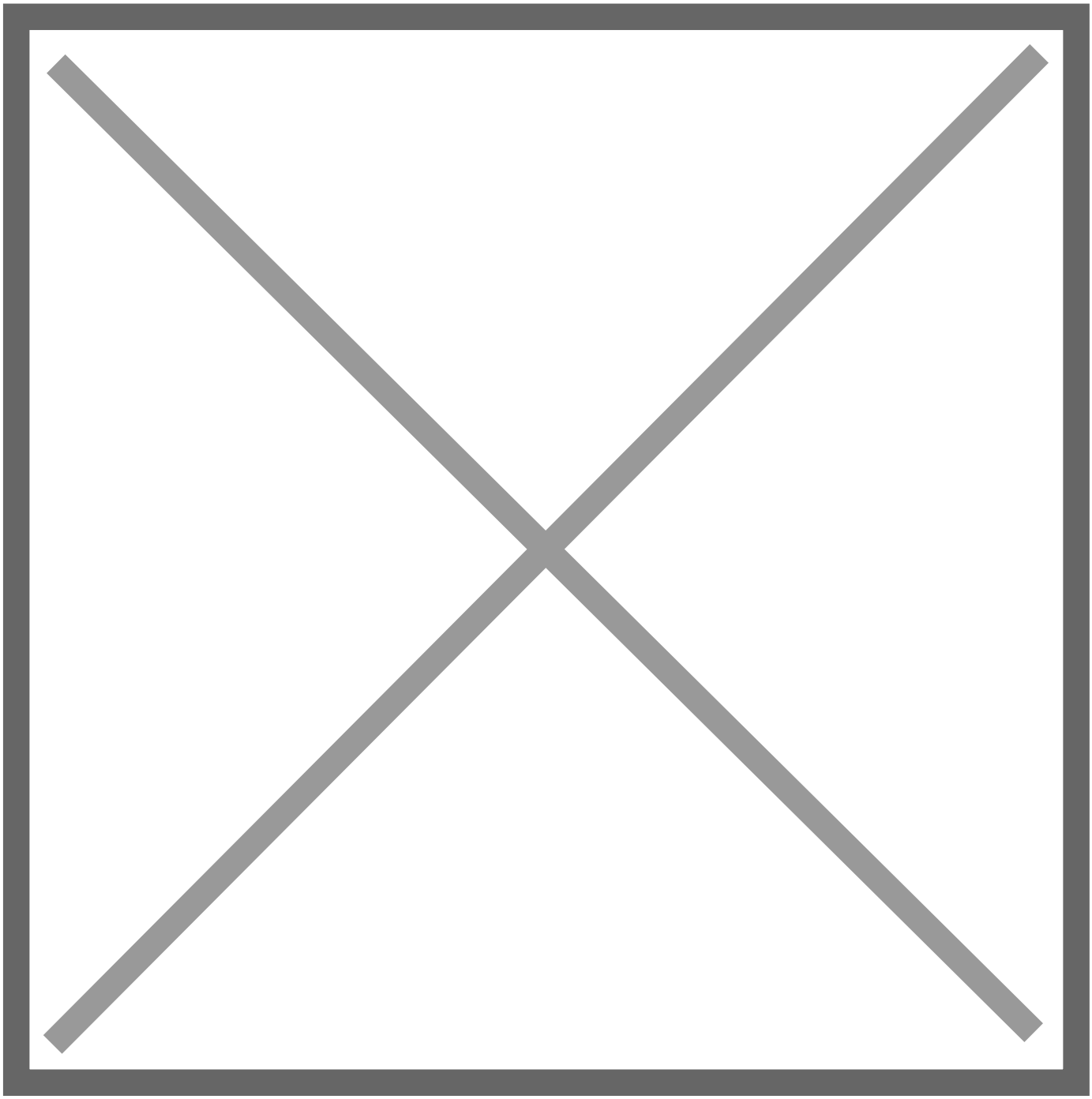
Children, 2016



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)

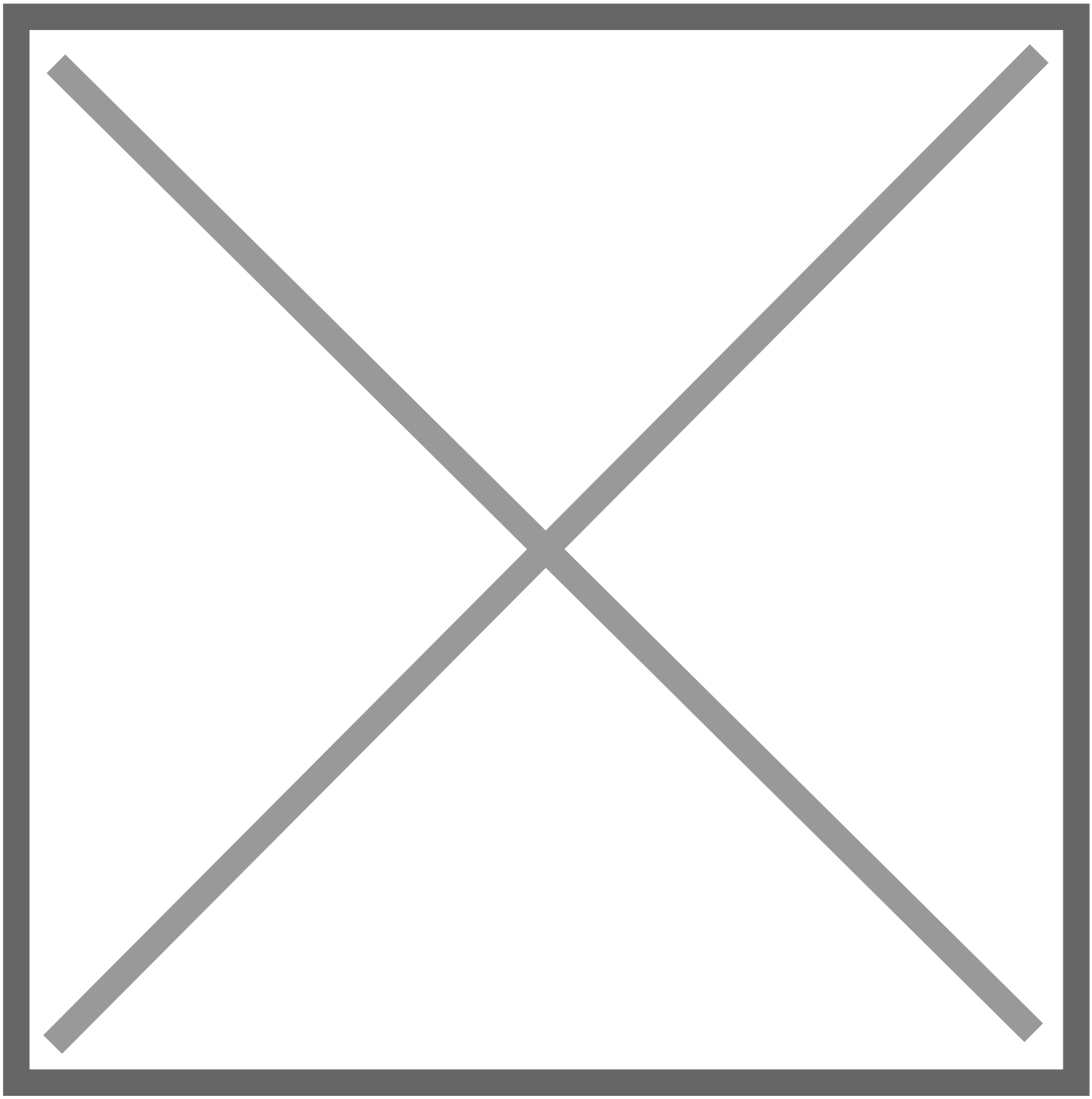
Boys, 2016



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

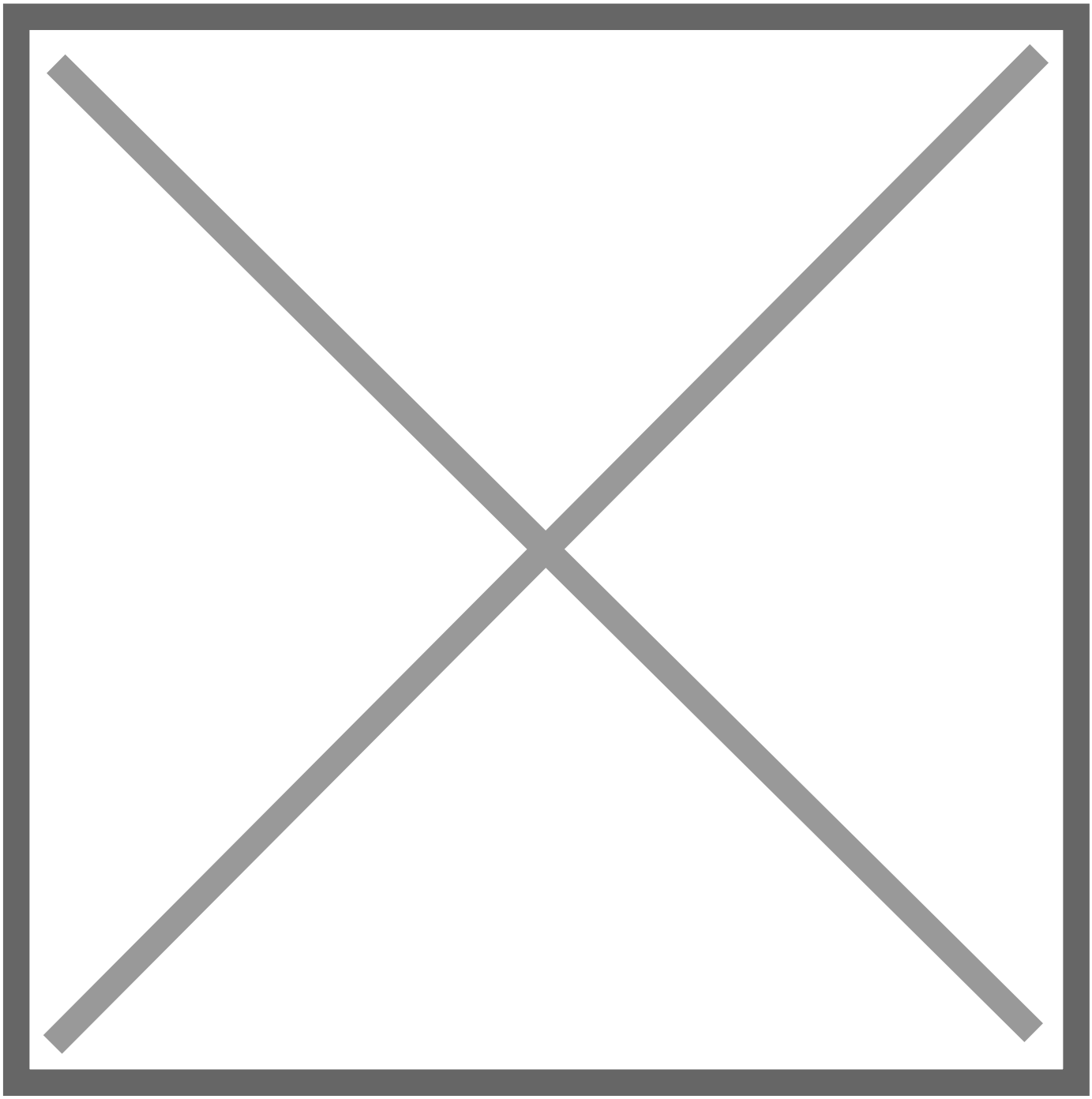


Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, 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

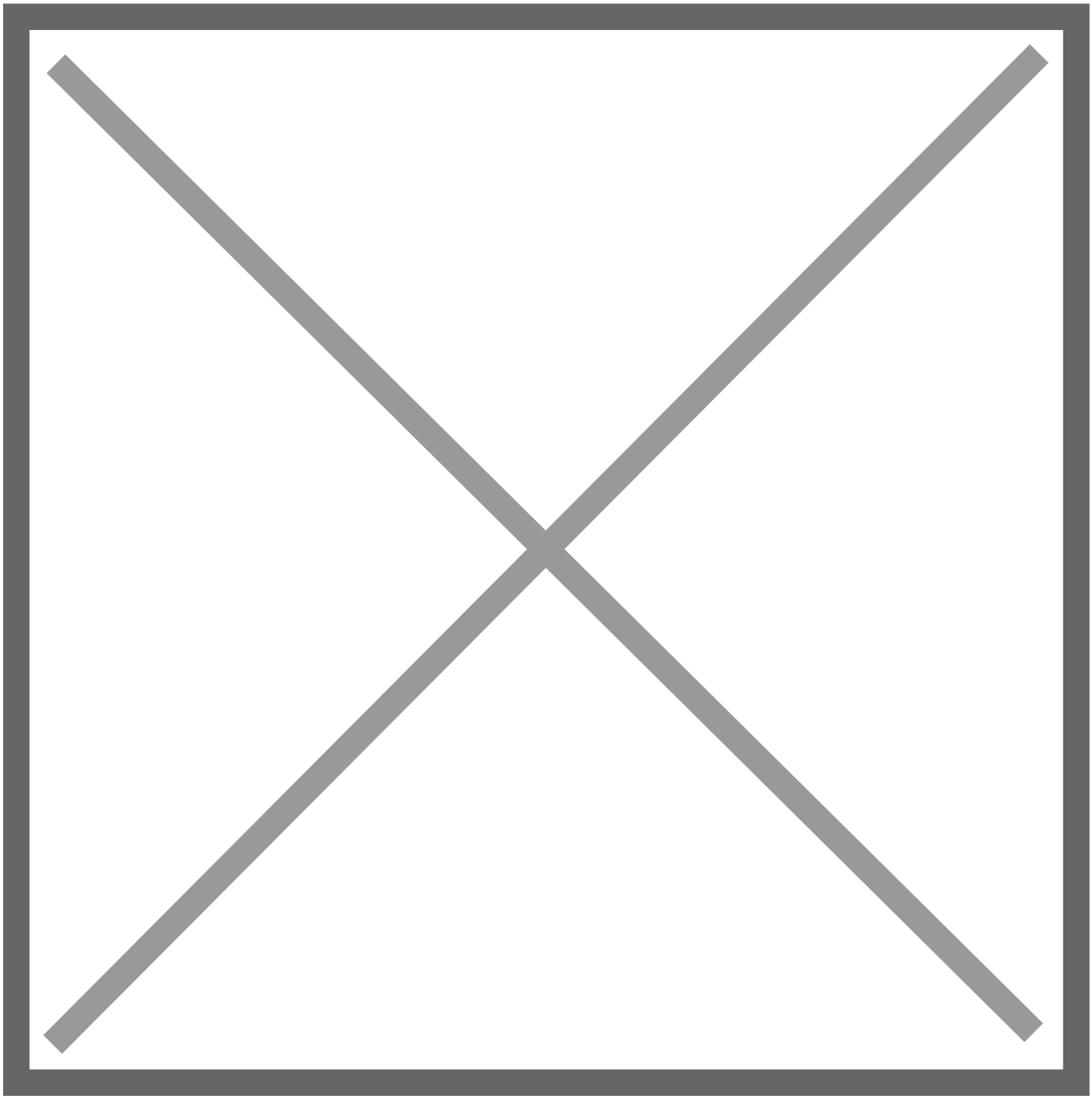
Children, 2010-2015



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

Prevalence of less than daily fruit consumption

Children, 2010

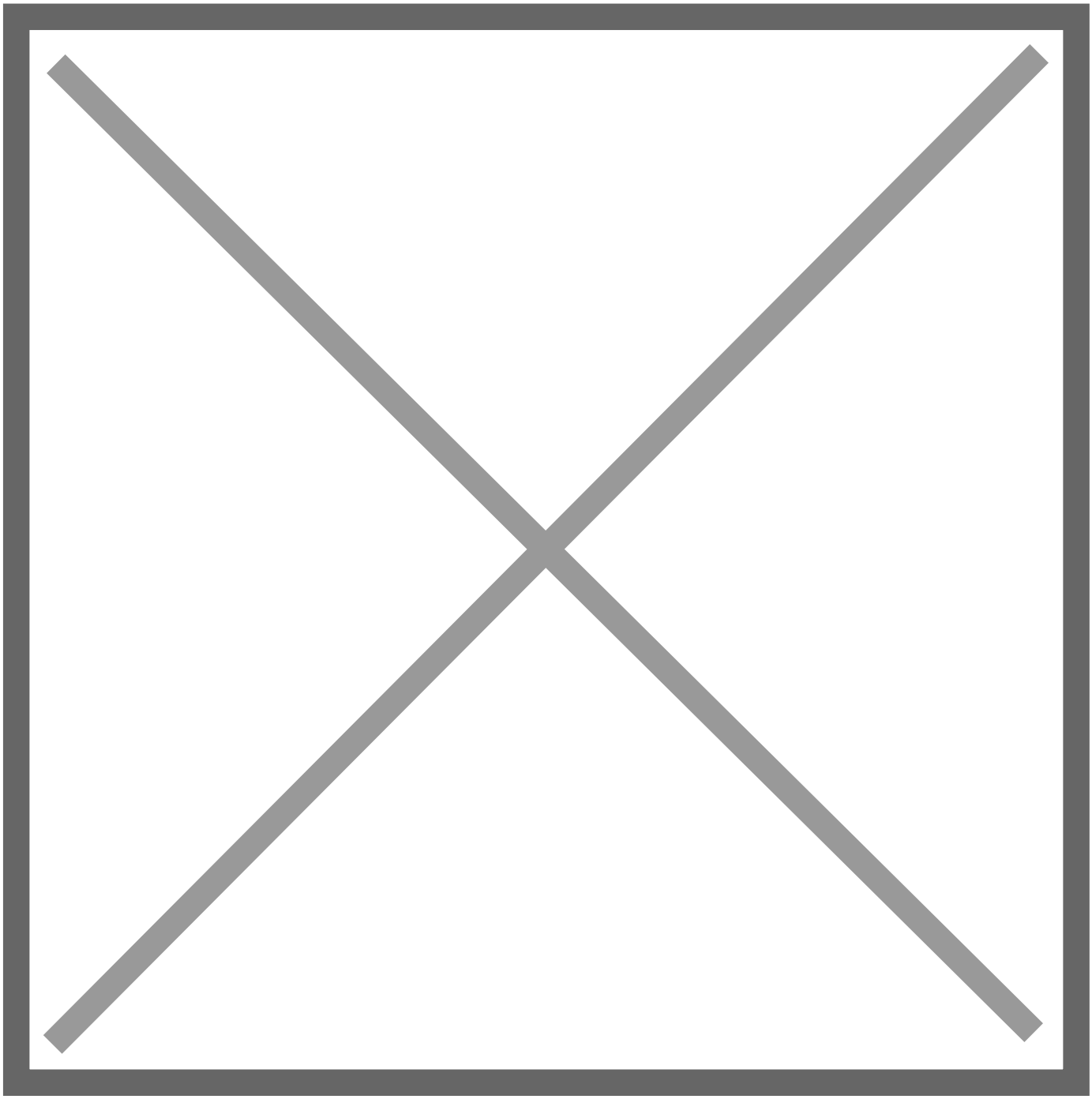


Survey type:	Self-reported
Age:	12-17
Area covered:	National
References:	Global School-based Student Health Surveys. Beal et al (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food 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

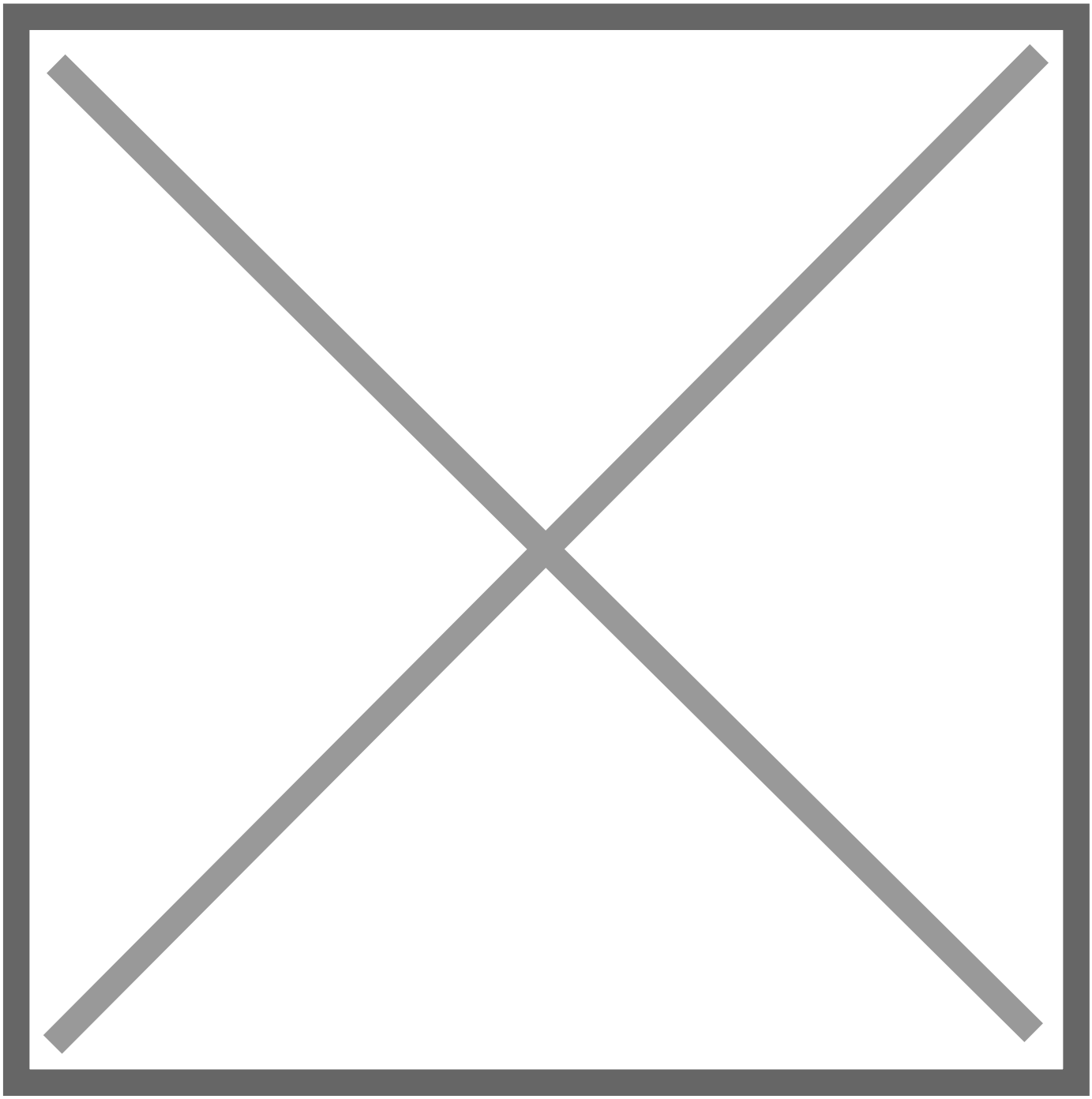


Survey type:	Self-reported
Age:	12-17
Area covered:	National
References:	Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. https://doi.org/10.1177/0379572119848287 sourced from Food Systems Dashboard http://www.foodsystemsdashboard.org/food-system

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

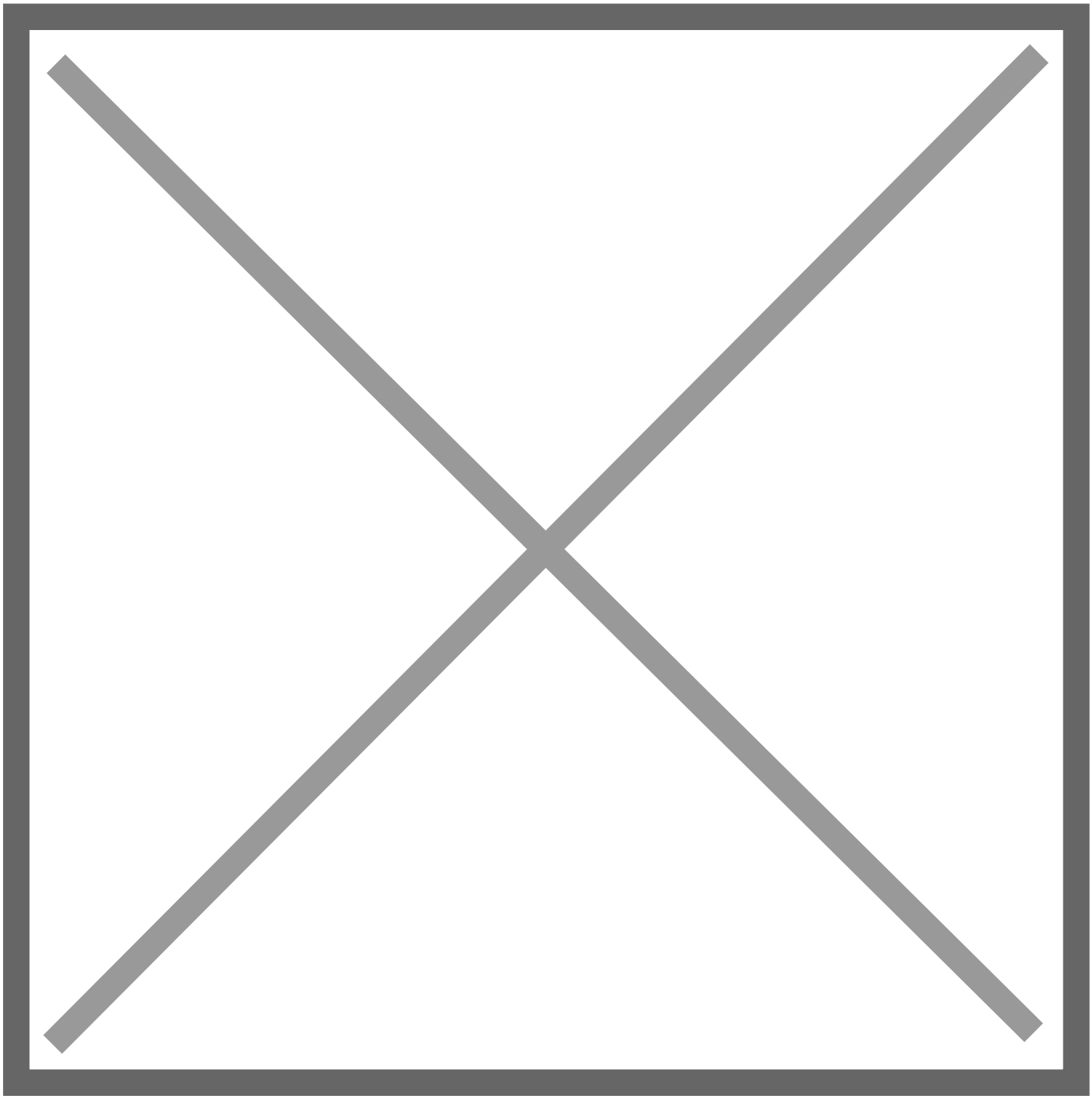
Mental health - depression disorders

Adults, 2023



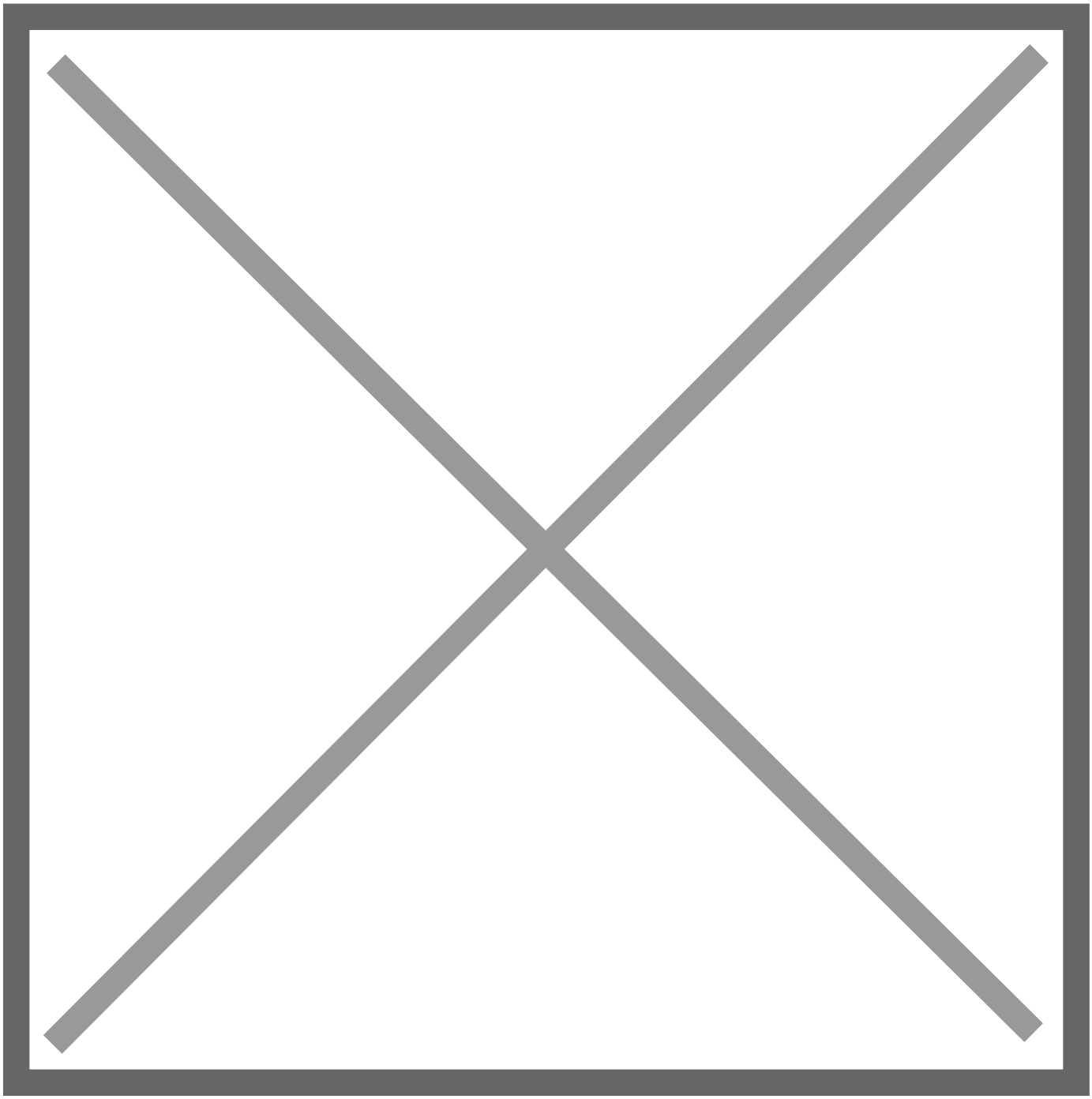
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (20+ years of age)

Men, 2023



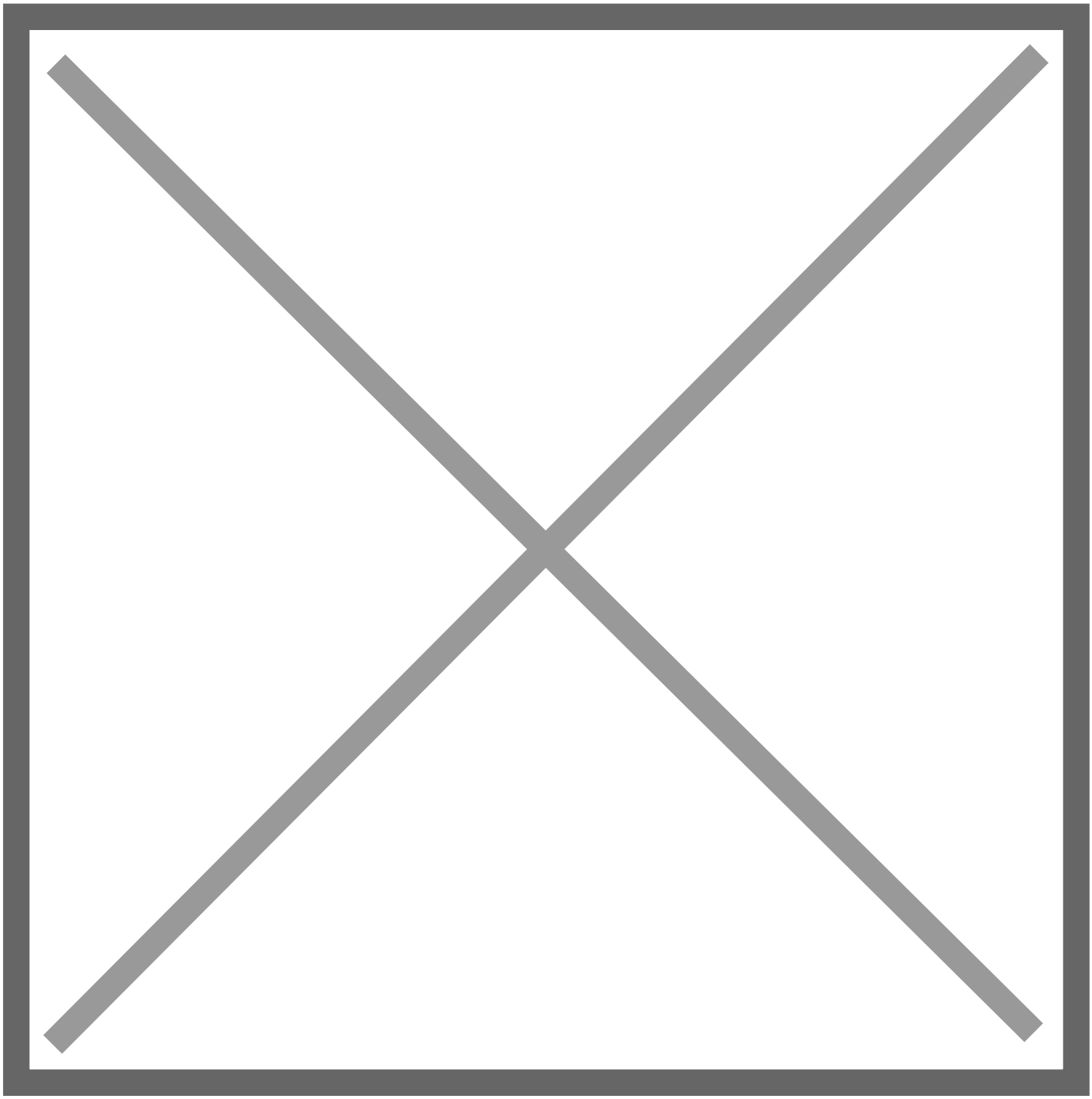
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (20+ years of age)

Women, 2023



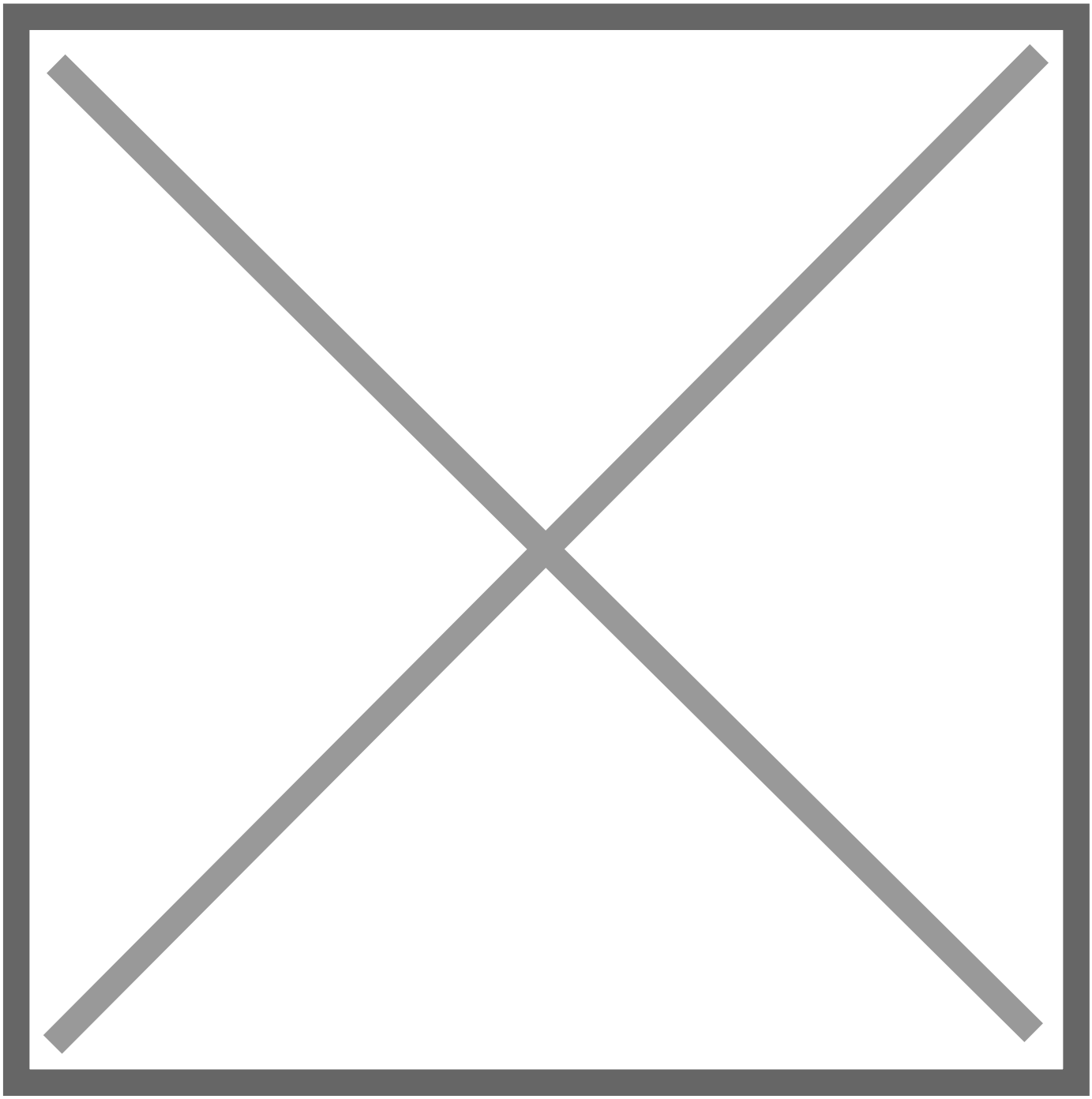
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (20+ years of age)

Children, 2023



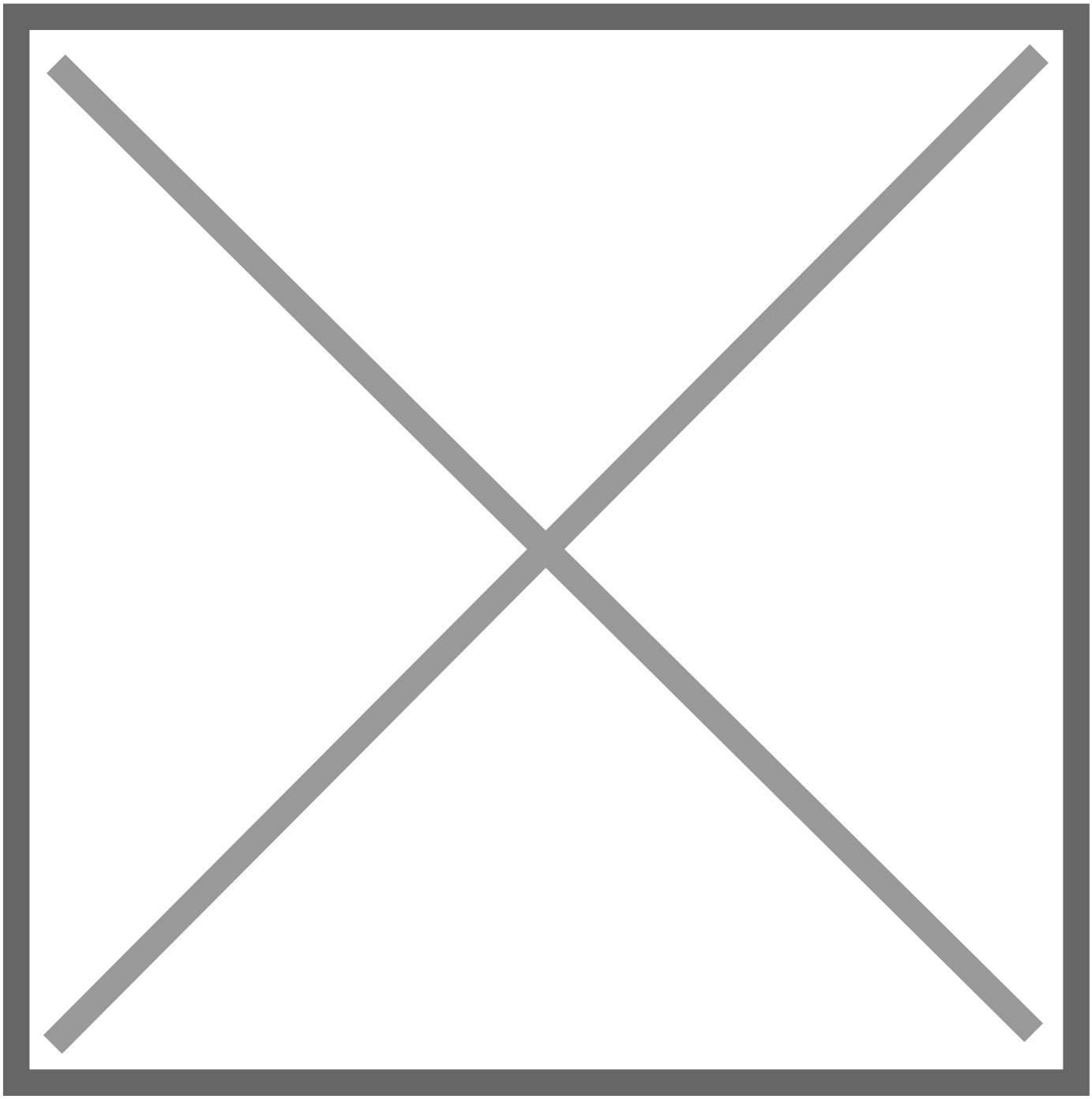
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (under 20 years of age)

Boys, 2023



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (under 20 years of age)

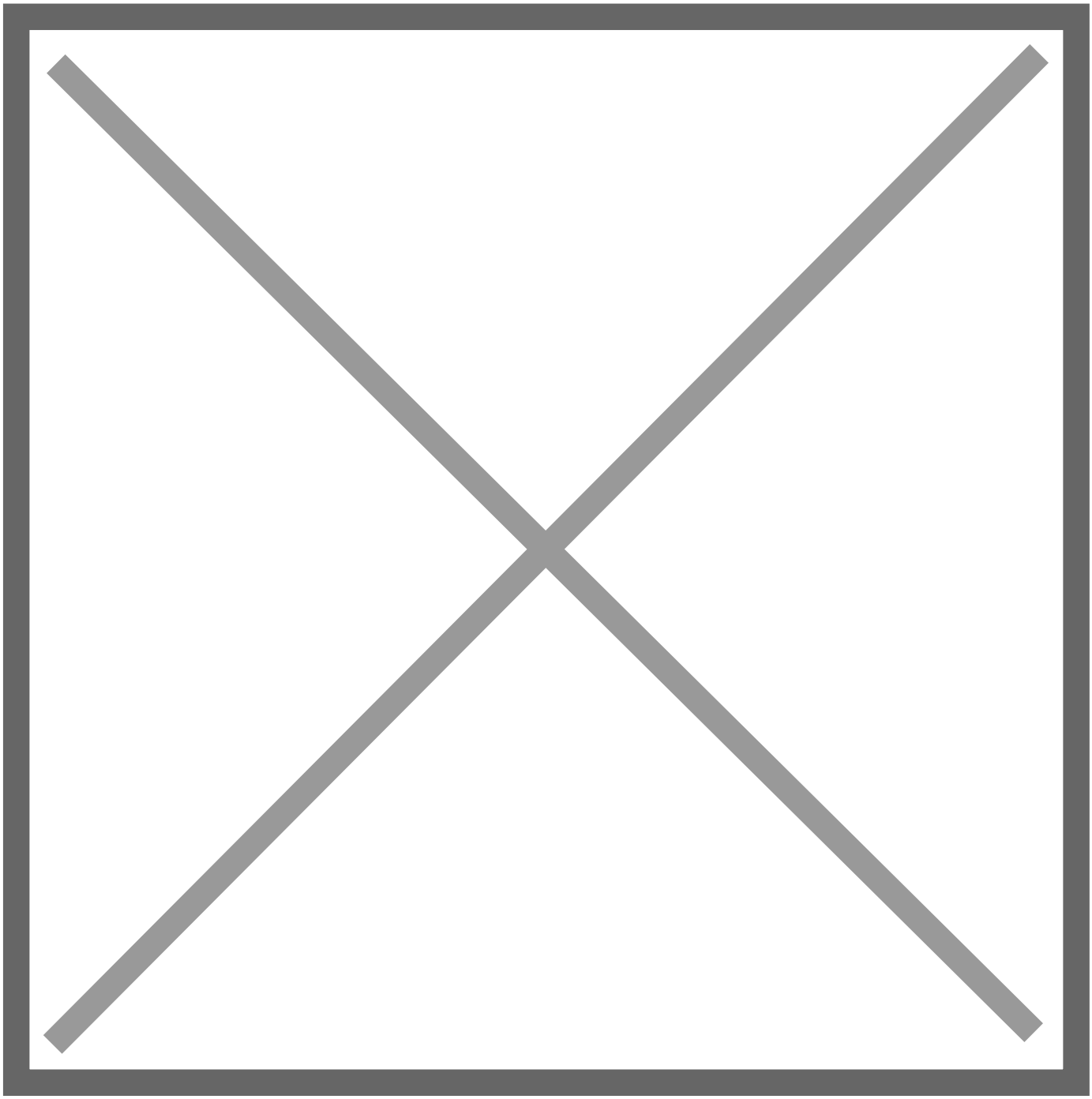
Girls, 2023



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with depressive disorders per 100,000 population (under 20 years of age)

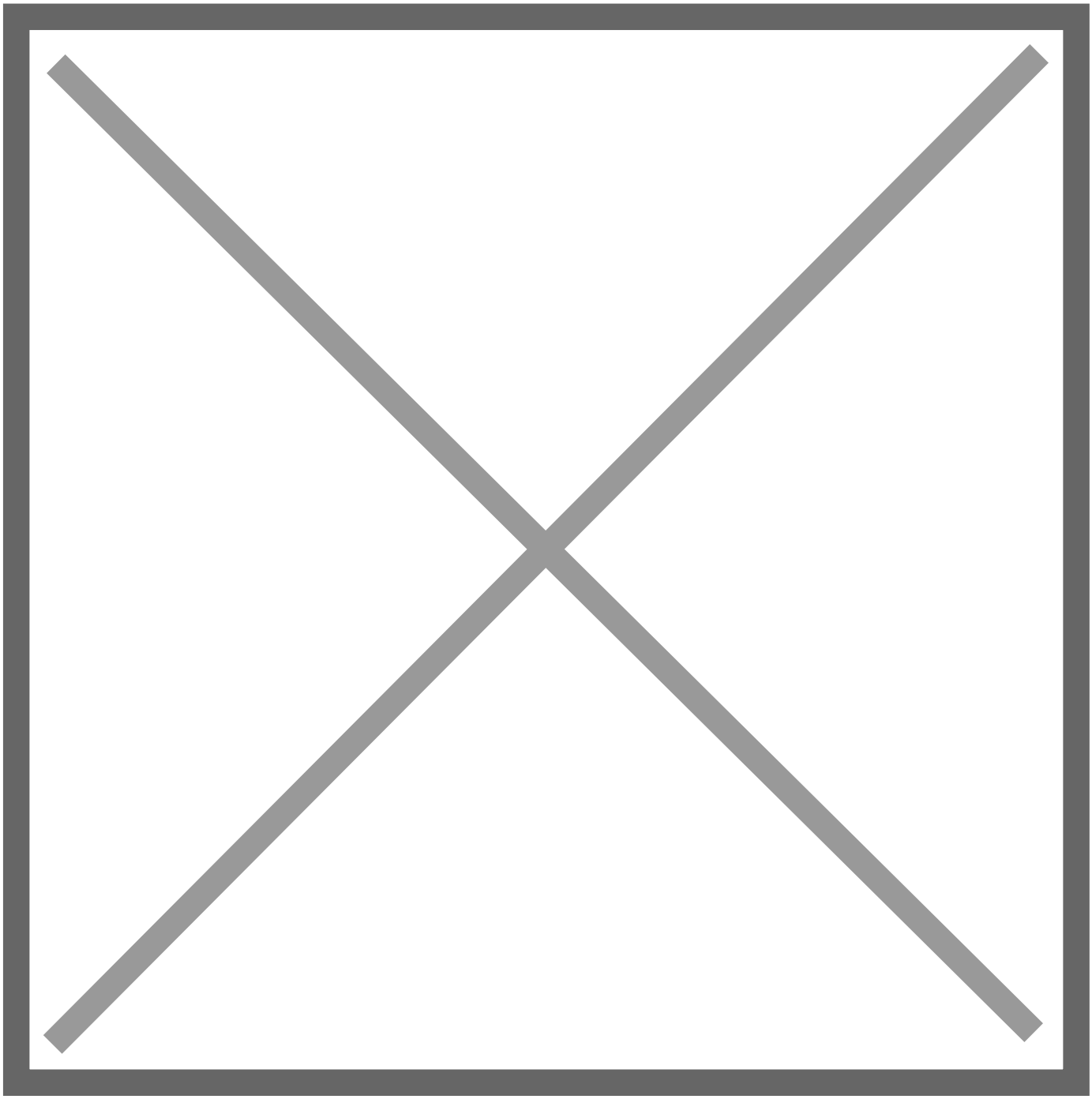
Mental health - anxiety disorders

Adults, 2023



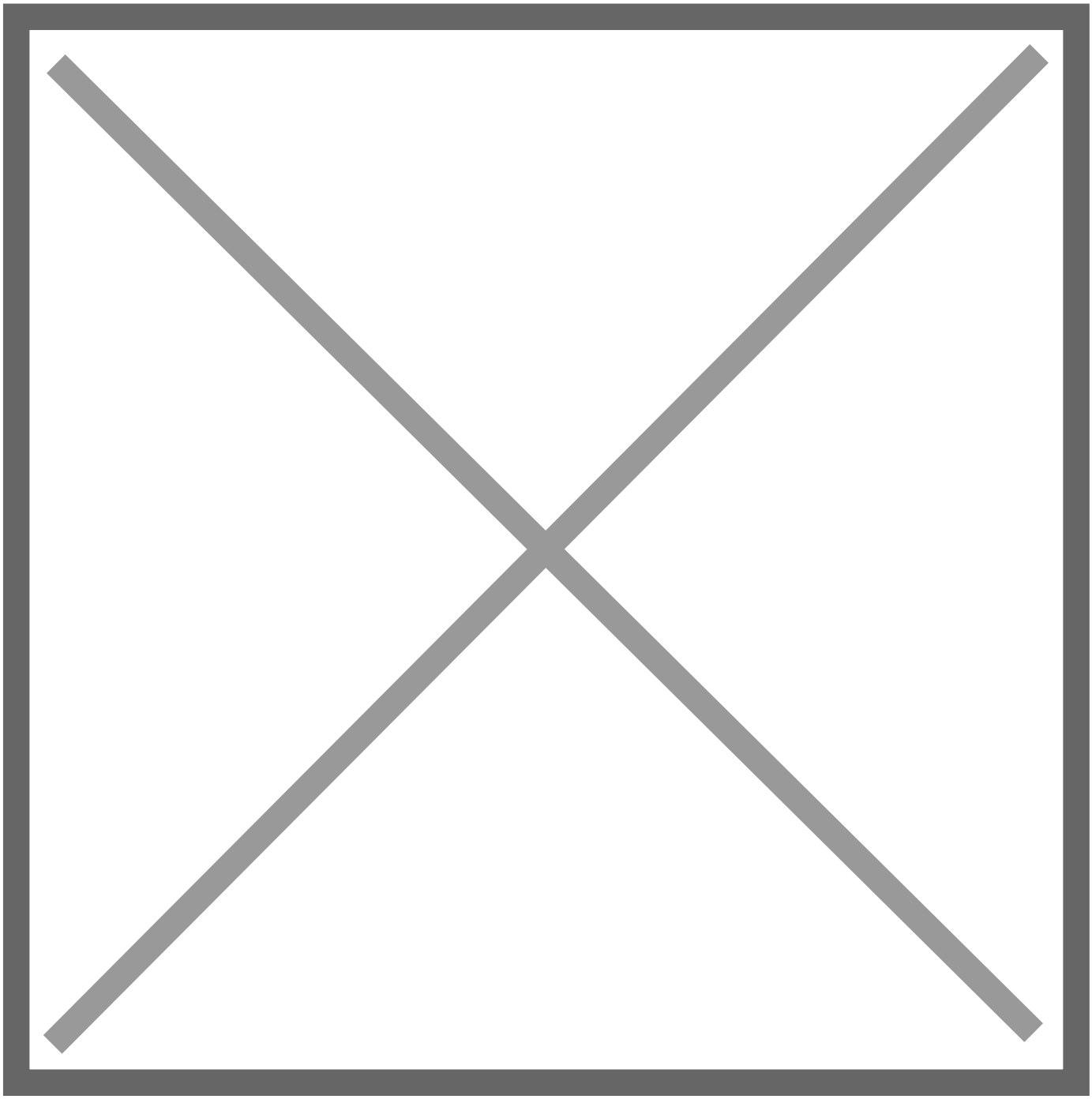
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (20+ years of age)

Men, 2023



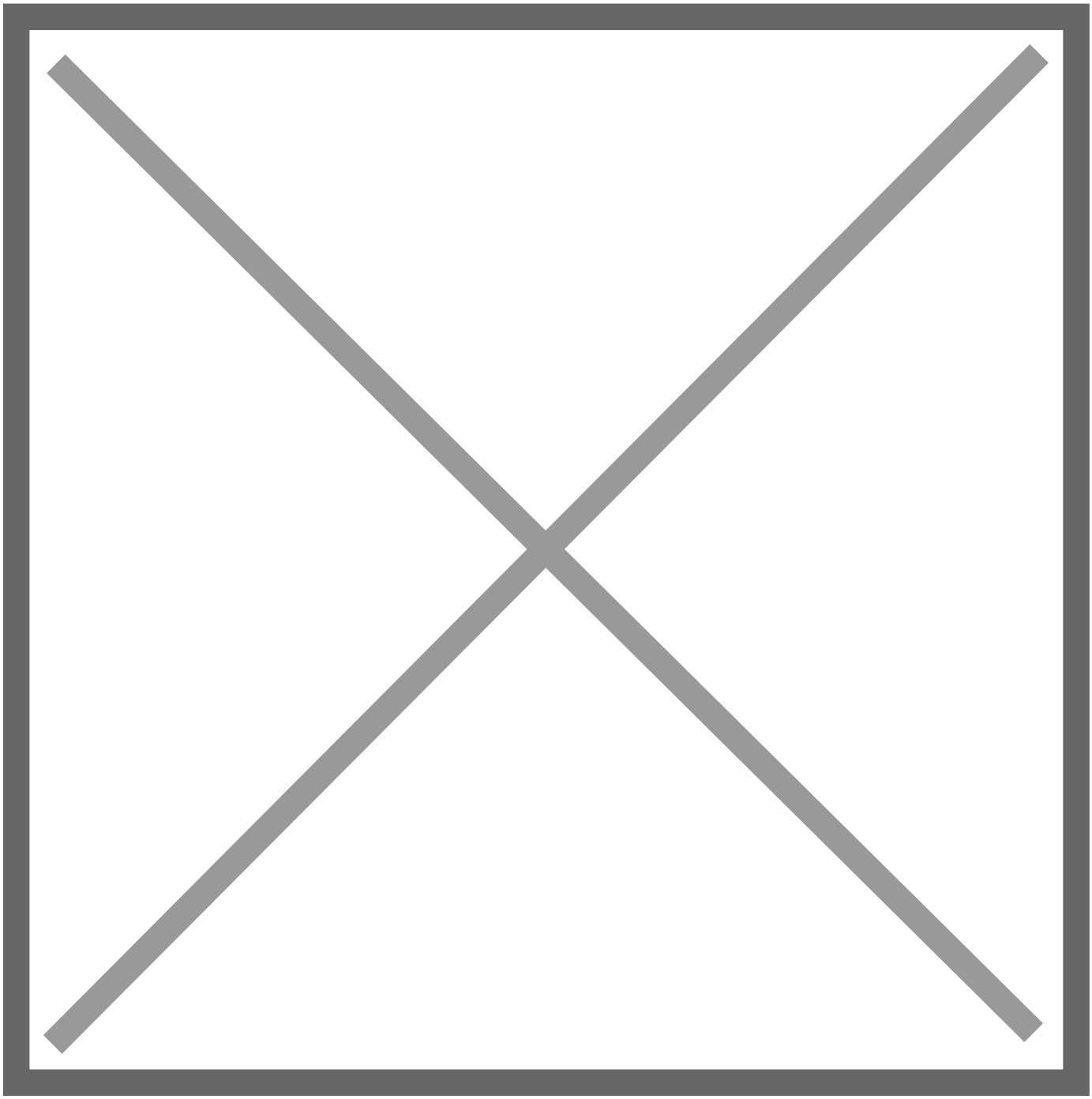
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (20+ years of age)

Women, 2023



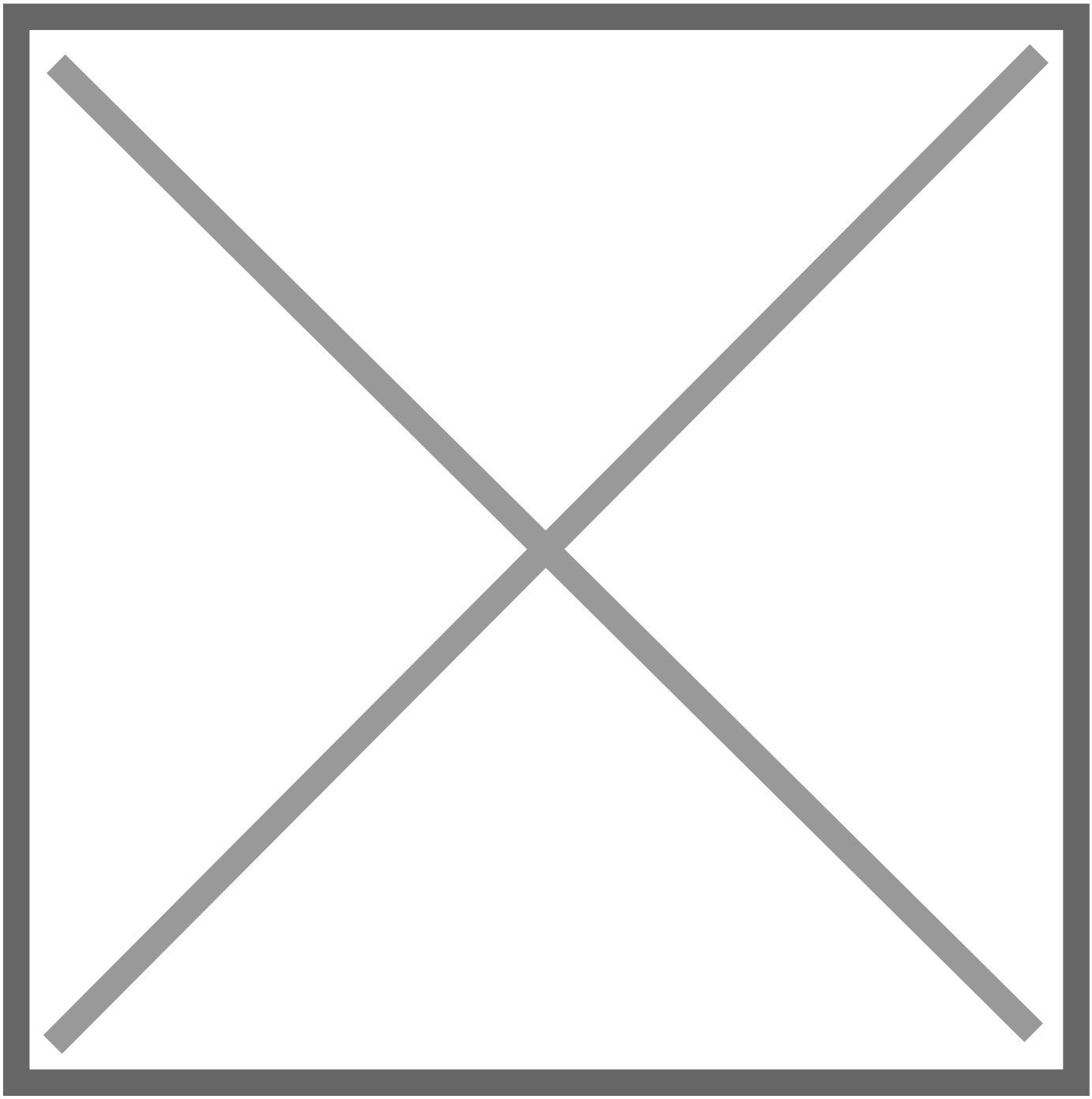
Age:	20+
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (20+ years of age)

Children, 2023



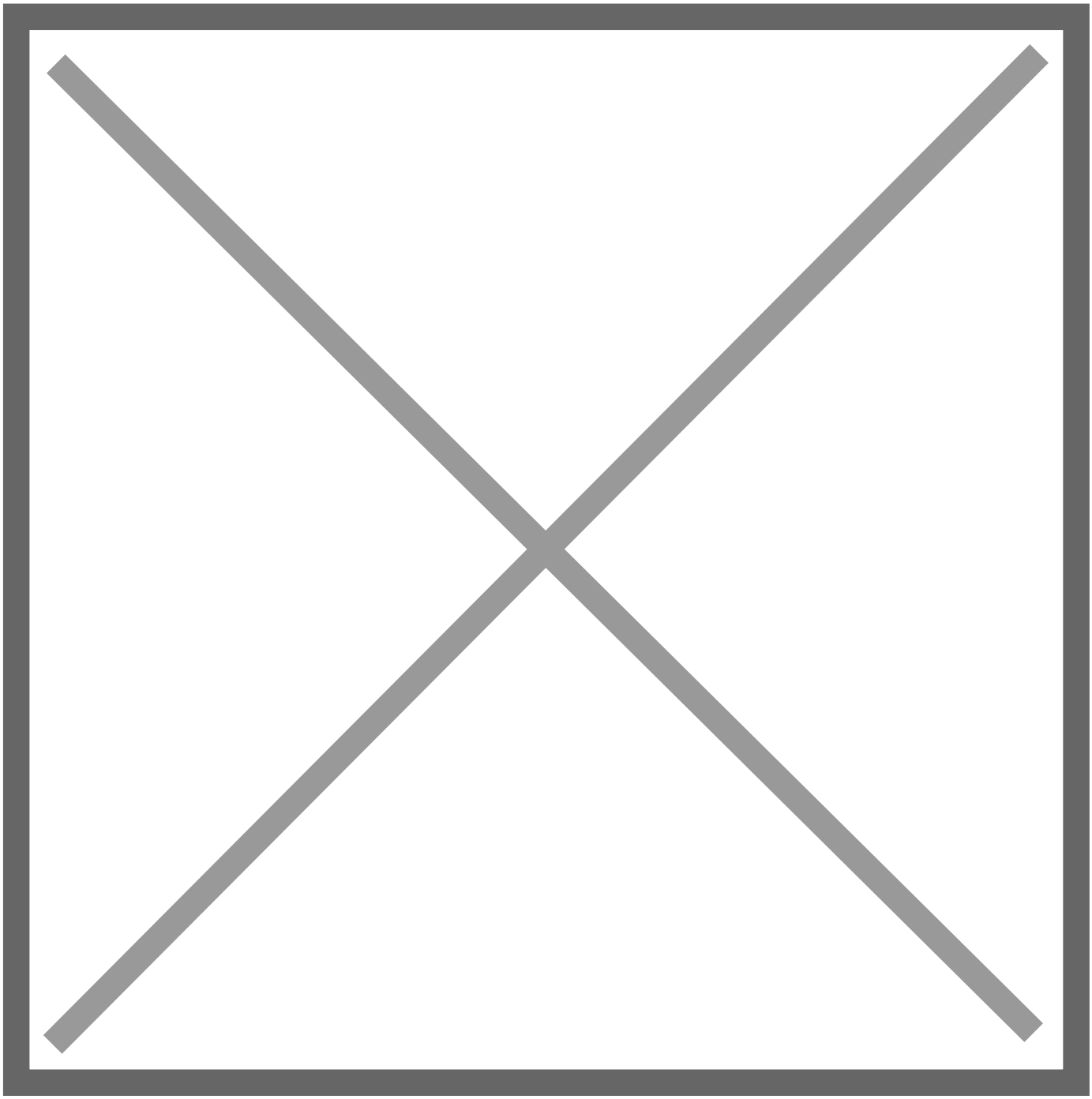
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (under 20 years of age)

Boys, 2023



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (under 20 years of age)

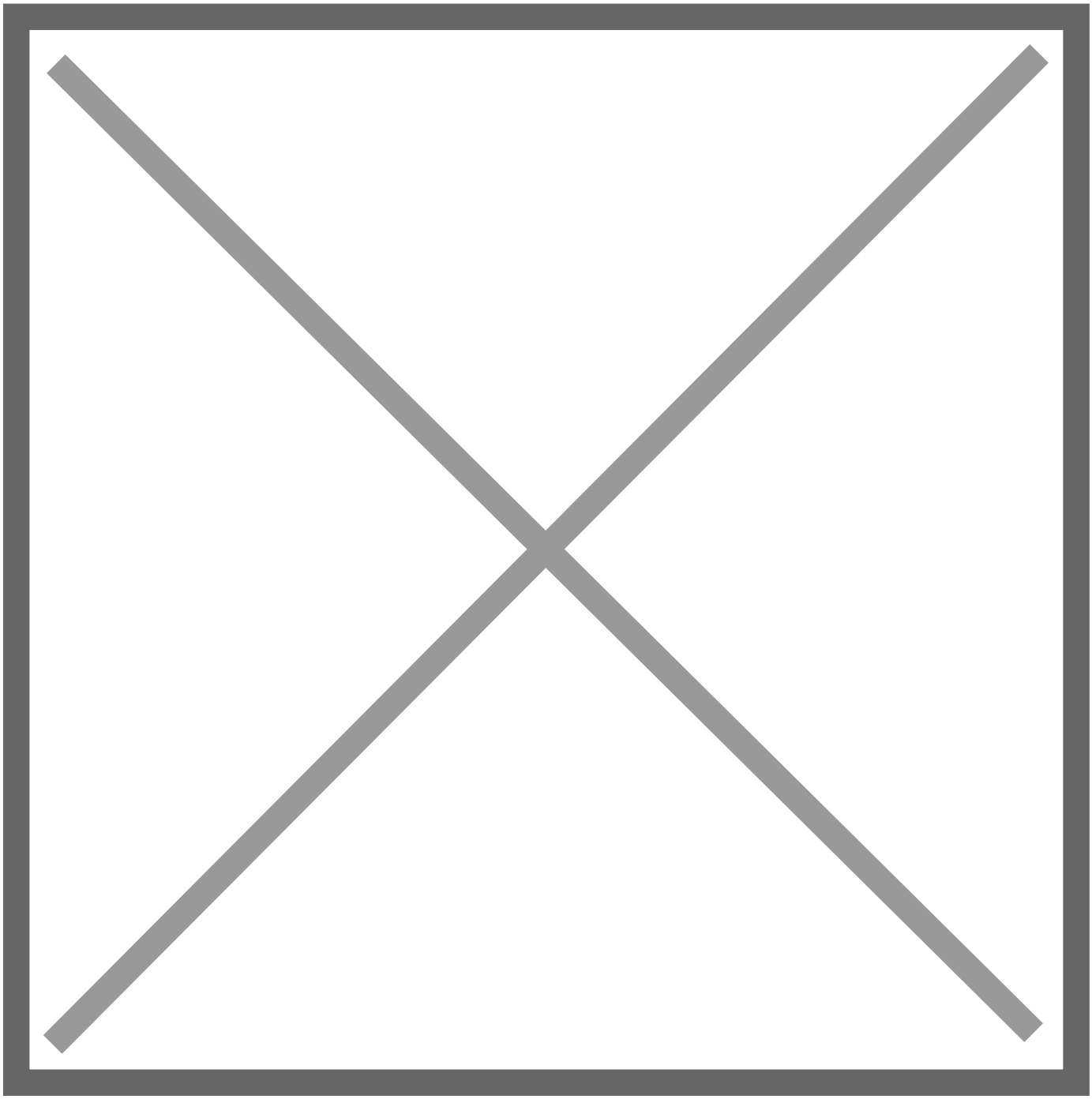
Girls, 2023



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023. Seattle, WA: IHME, University of Washington, 2025. Available from https://vizhub.healthdata.org/gbd-compare/ [Accessed 17.03.26]
Definitions:	Estimated number living with anxiety disorders per 100,000 population (under 20 years of age)

% Infants exclusively breastfed 0-5 months

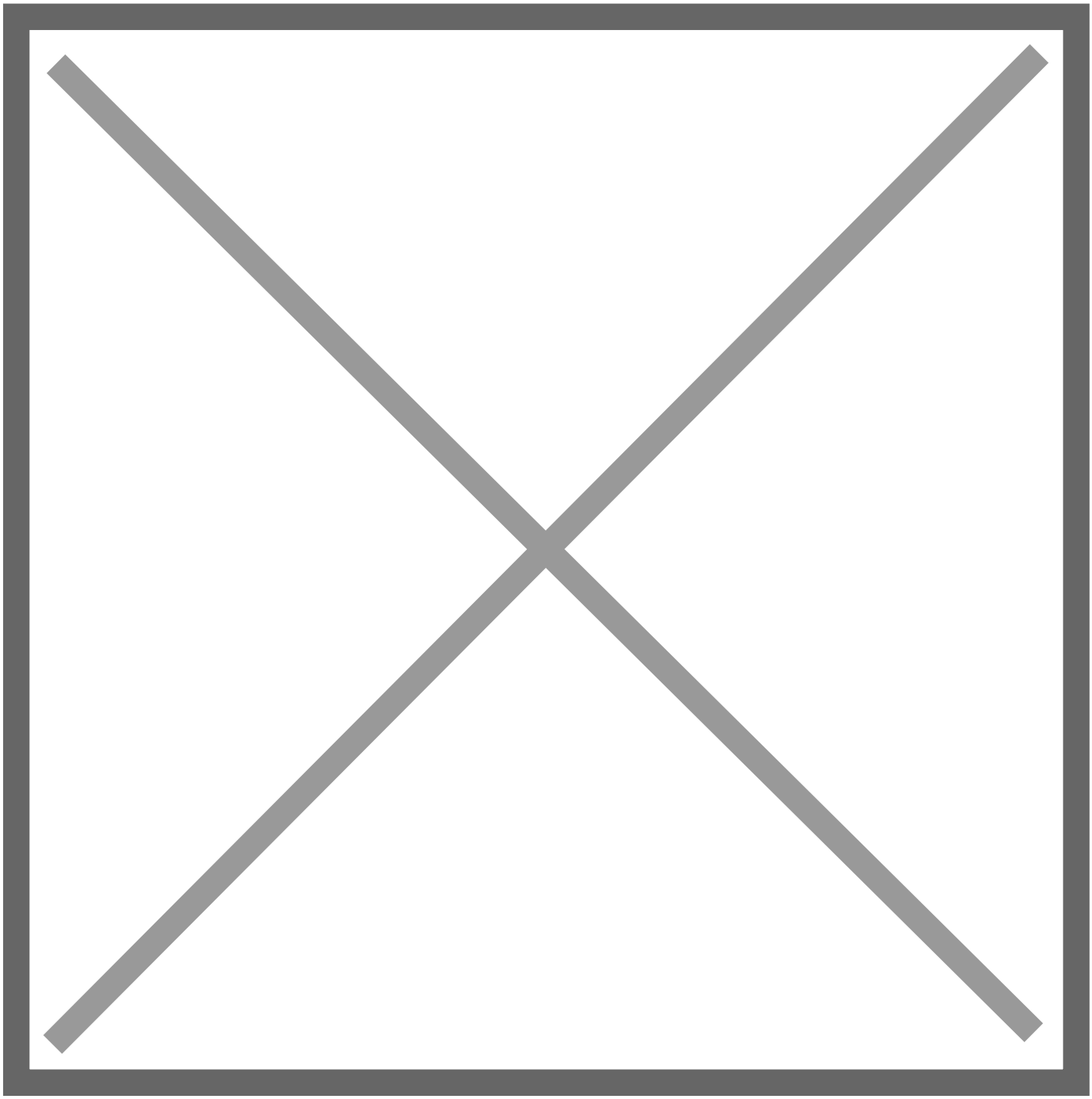
0-5 years, 2015-2023



Area covered:	National
References:	Tonga Multiple Indicator Cluster Survey 2019, Survey Findings Report. Nuku'alofa, Tonga: Tonga Statistics Department
Notes:	Full details available at source: United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2025). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, November 2025.
Definitions:	Infants 0-5 months of age who received only breast milk during the previous day. The definition allows for medicines, vitamins and oral re-hydration solution to have been given. These infants would not have received water-based liquids, milk based-liquids or food.

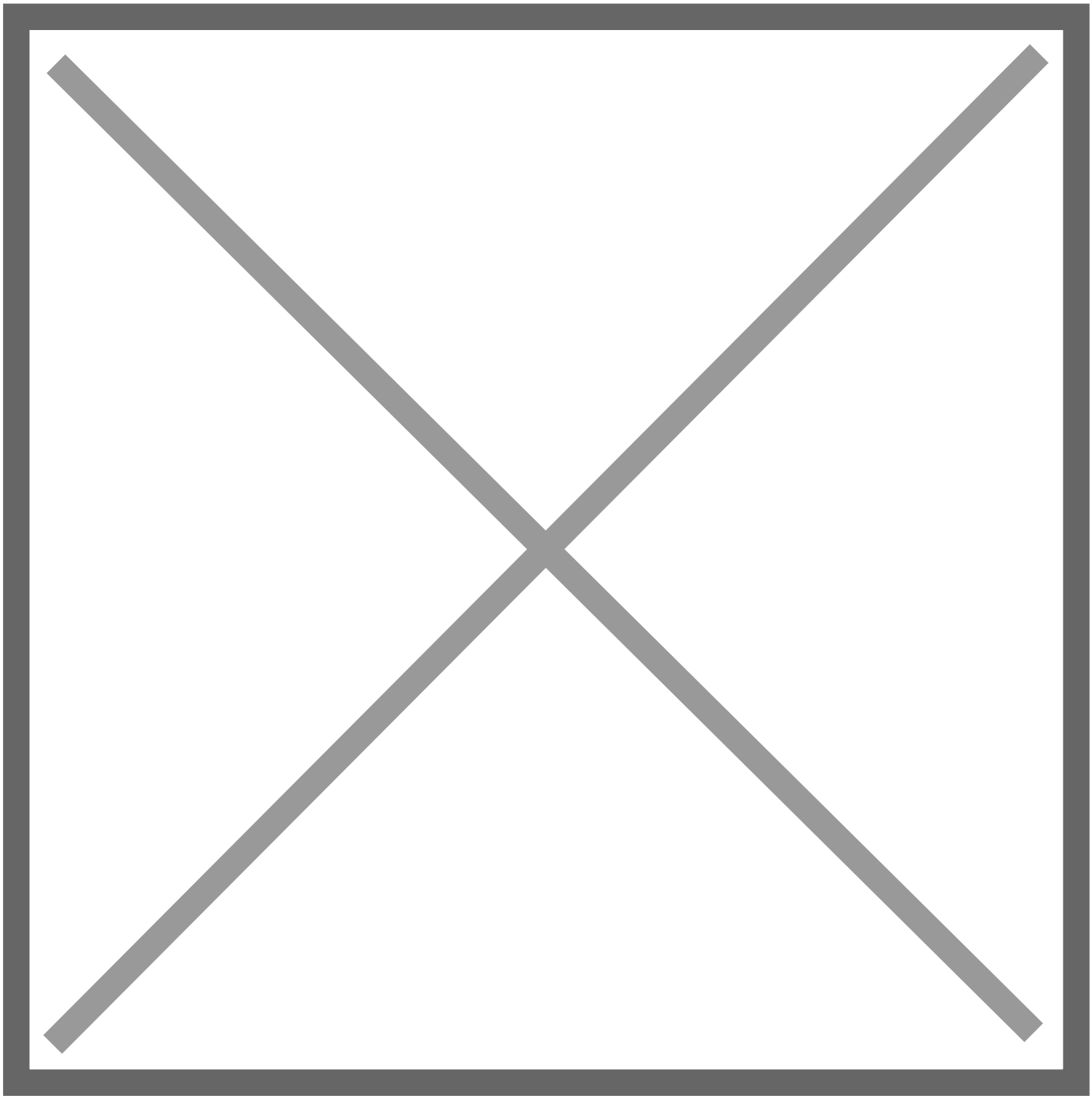
Raised blood pressure

Adults, 2019



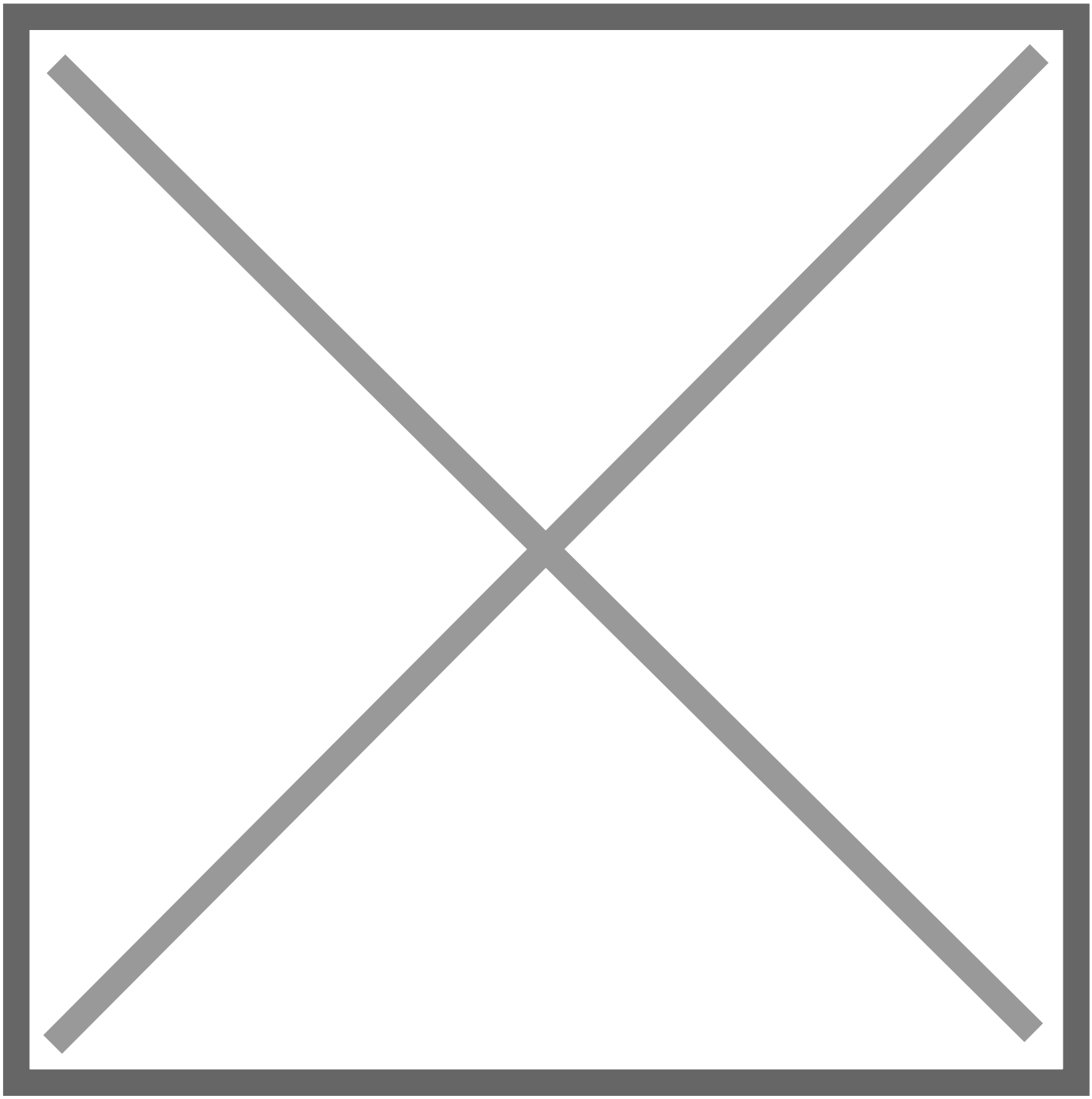
Age:	30-79
References:	World Health Organization. 2024. Hypertension: raised blood pressure (uncontrolled hypertension) among adults aged 30-79 years (%). Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-raised-blood-pressure-among-adults-30-79-years [Accessed 16.03.26]
Definitions:	Prevalence of raised blood pressure (defined as having systolic blood pressure ≥140 mmHg or diastolic blood pressure ≥90 mmHg) among adults aged 30-79.

Men, 2019



Age:	30-79
References:	World Health Organization. 2024. Hypertension: raised blood pressure (uncontrolled hypertension) among adults aged 30-79 years (%). Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-raised-blood-pressure-among-adults-30-79-years [Accessed 16.03.26]
Definitions:	Prevalence of raised blood pressure (defined as having systolic blood pressure ≥140 mmHg or diastolic blood pressure ≥90 mmHg) among adults aged 30-79.

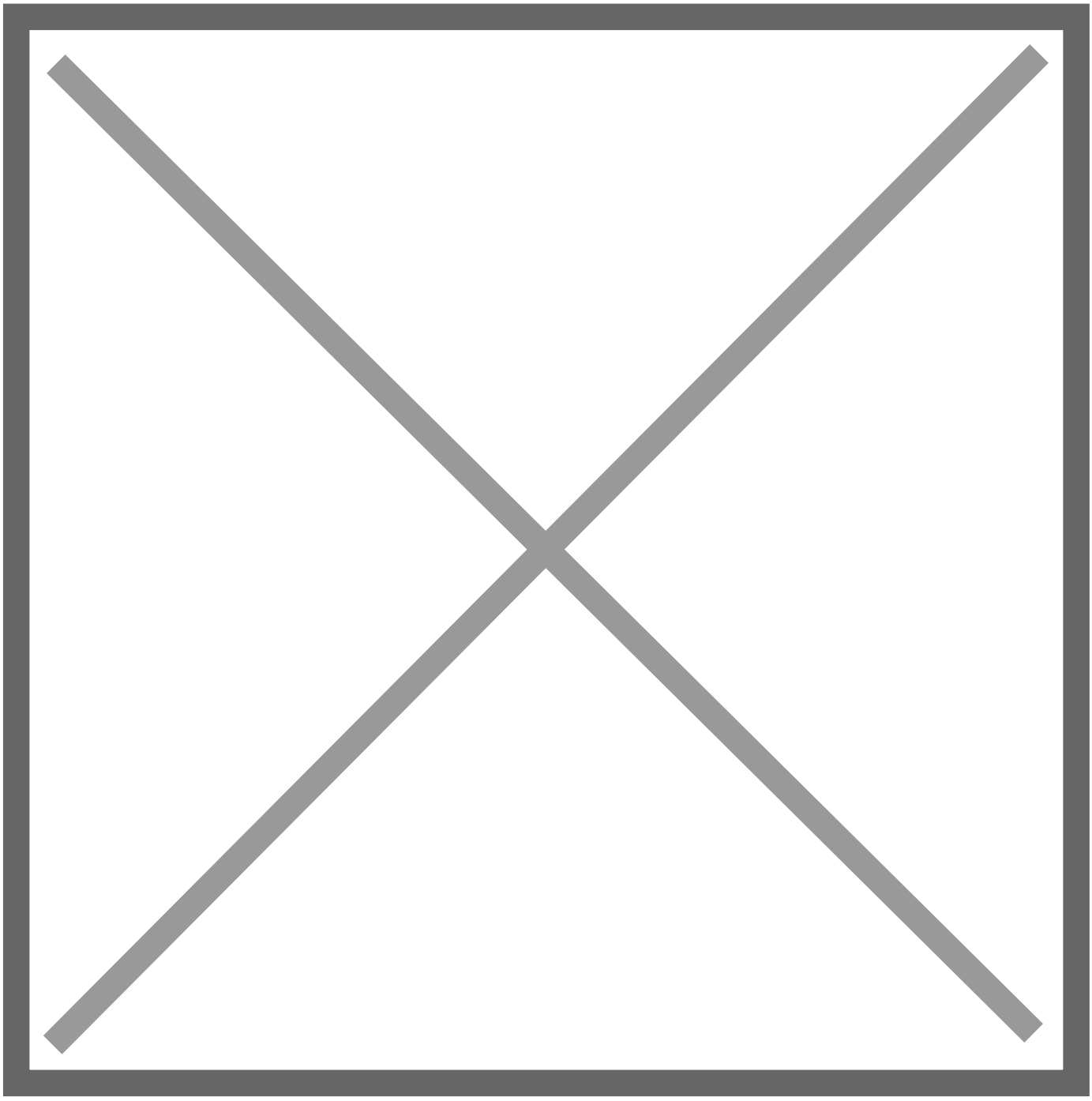
Women, 2019



Age:	30-79
References:	World Health Organization. 2024. Hypertension: raised blood pressure (uncontrolled hypertension) among adults aged 30-79 years (%). Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-raised-blood-pressure-among-adults-30-79-years [Accessed 16.03.26]
Definitions:	Prevalence of raised blood pressure (defined as having systolic blood pressure ≥140 mmHg or diastolic blood pressure ≥90 mmHg) among adults aged 30-79.

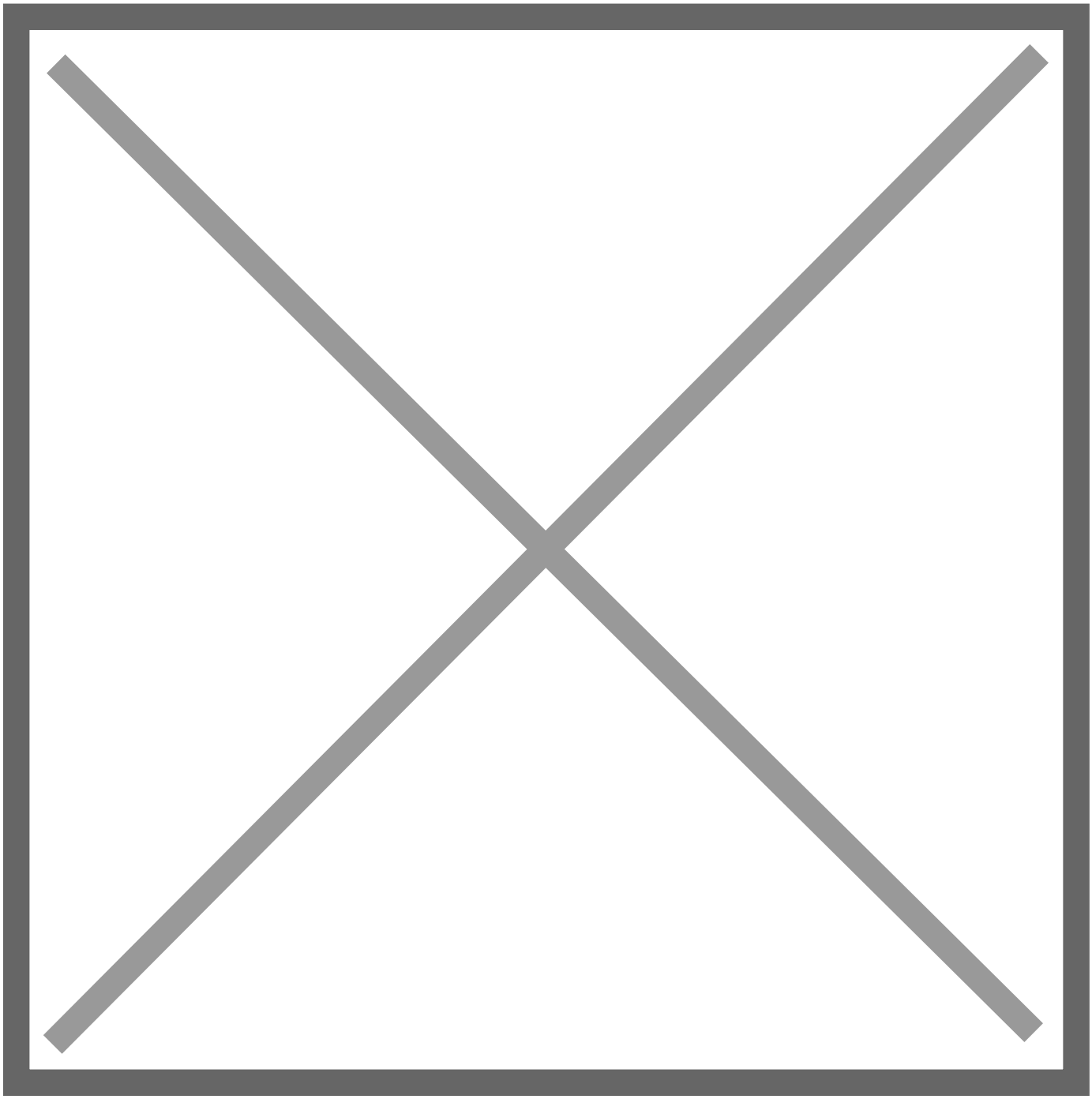
Raised cholesterol

Adults, 2008



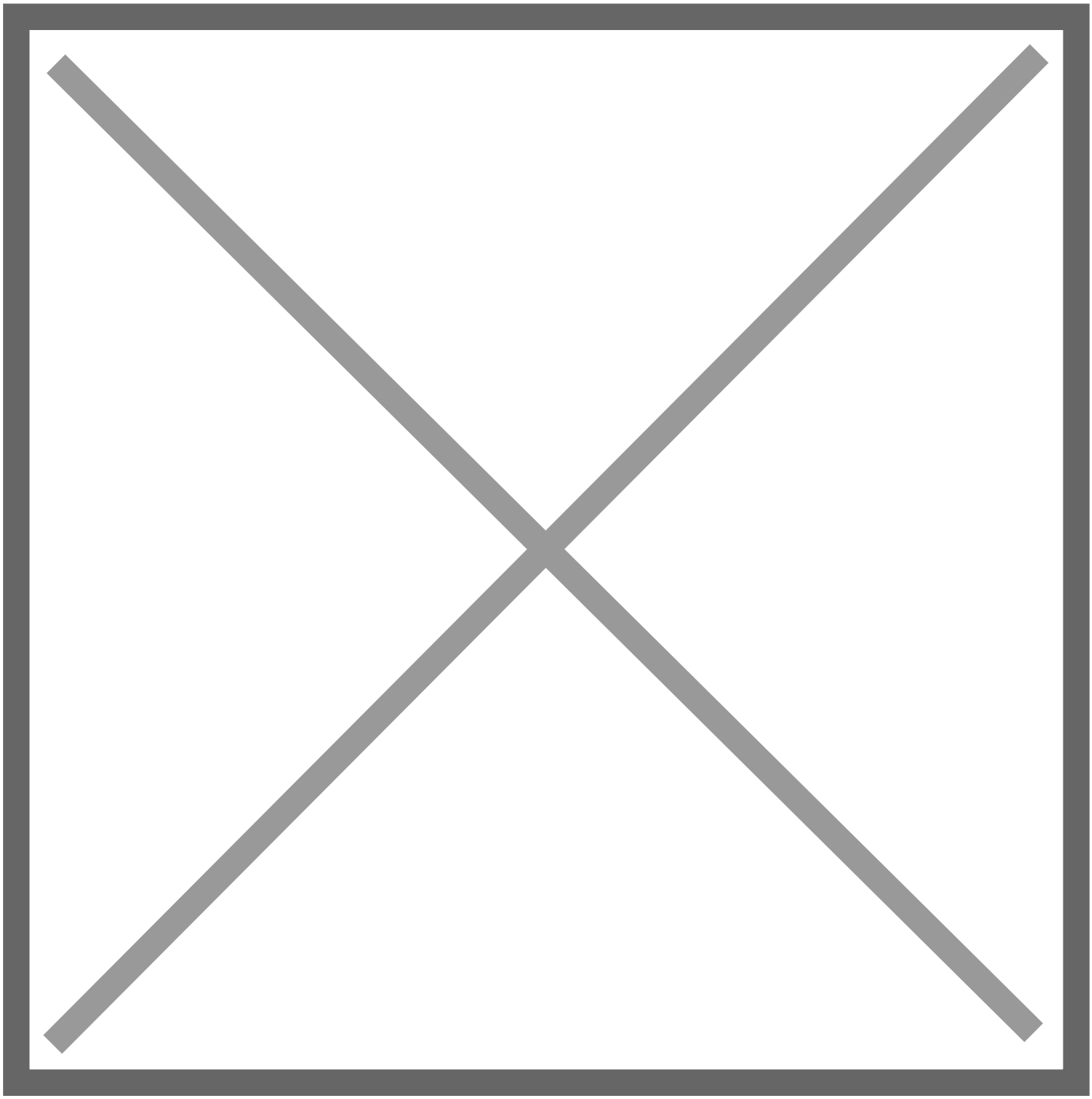
References:	Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A885
Definitions:	% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

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).

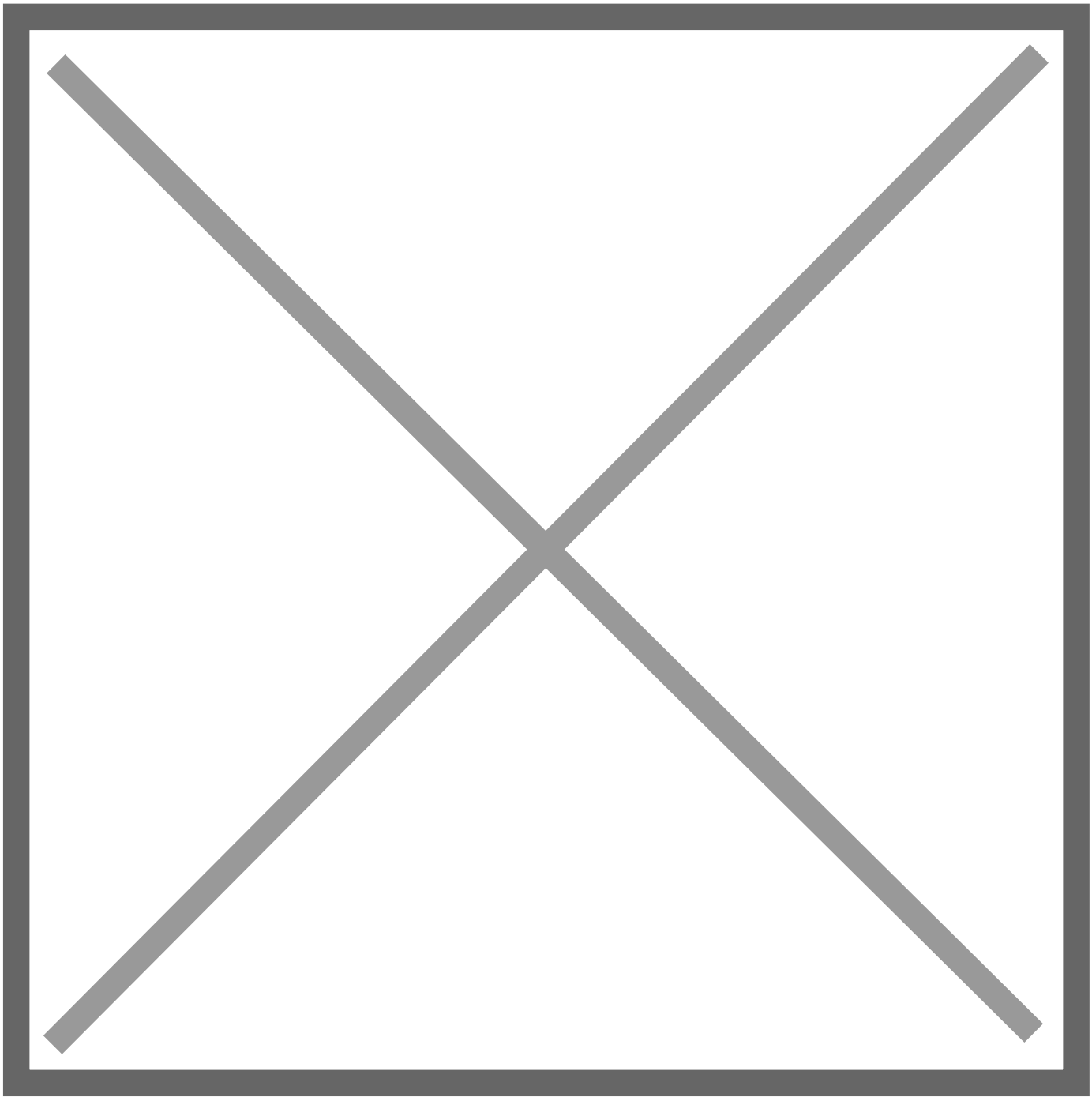
Women, 2008



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).

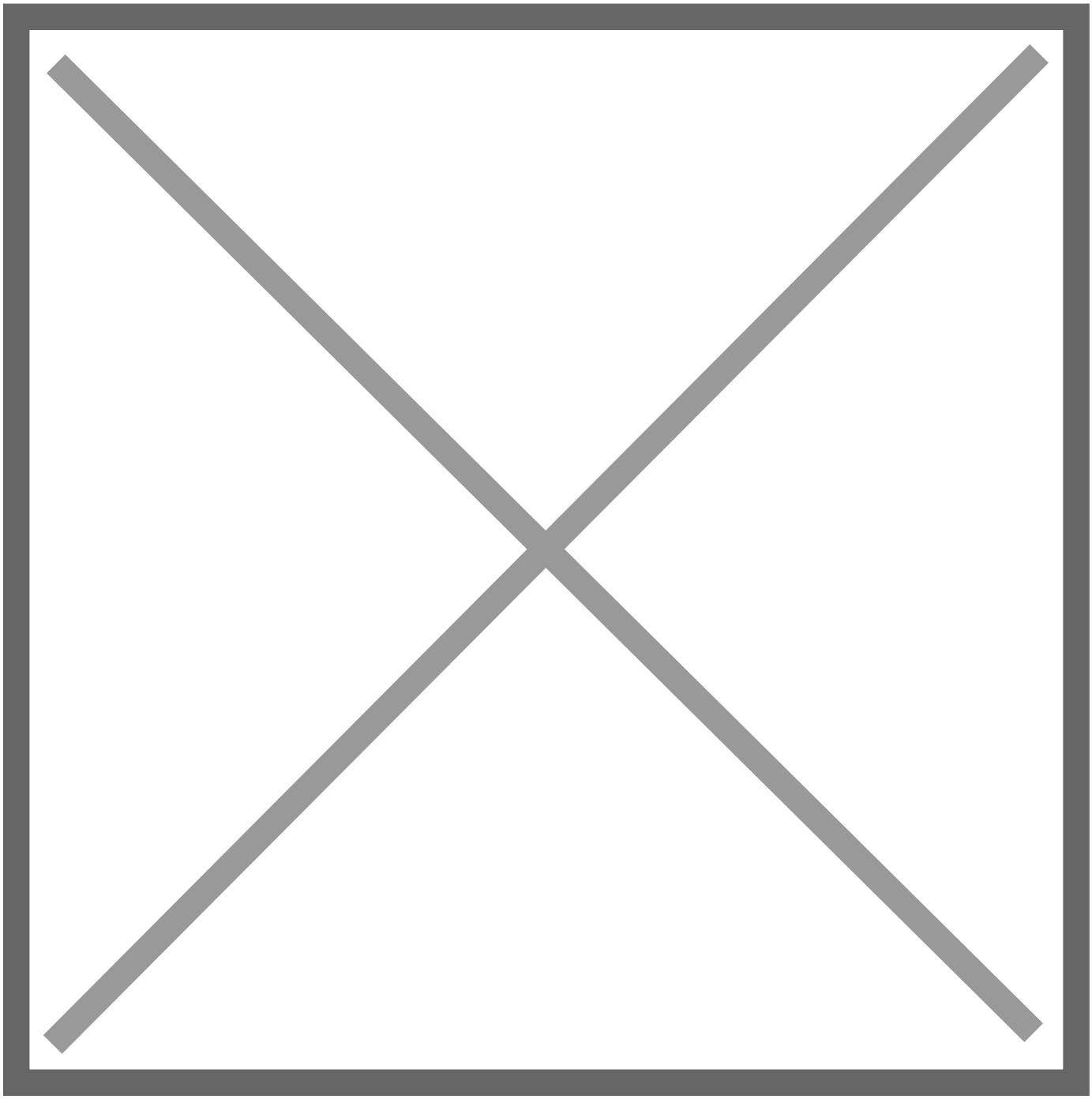
Raised fasting blood glucose

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).

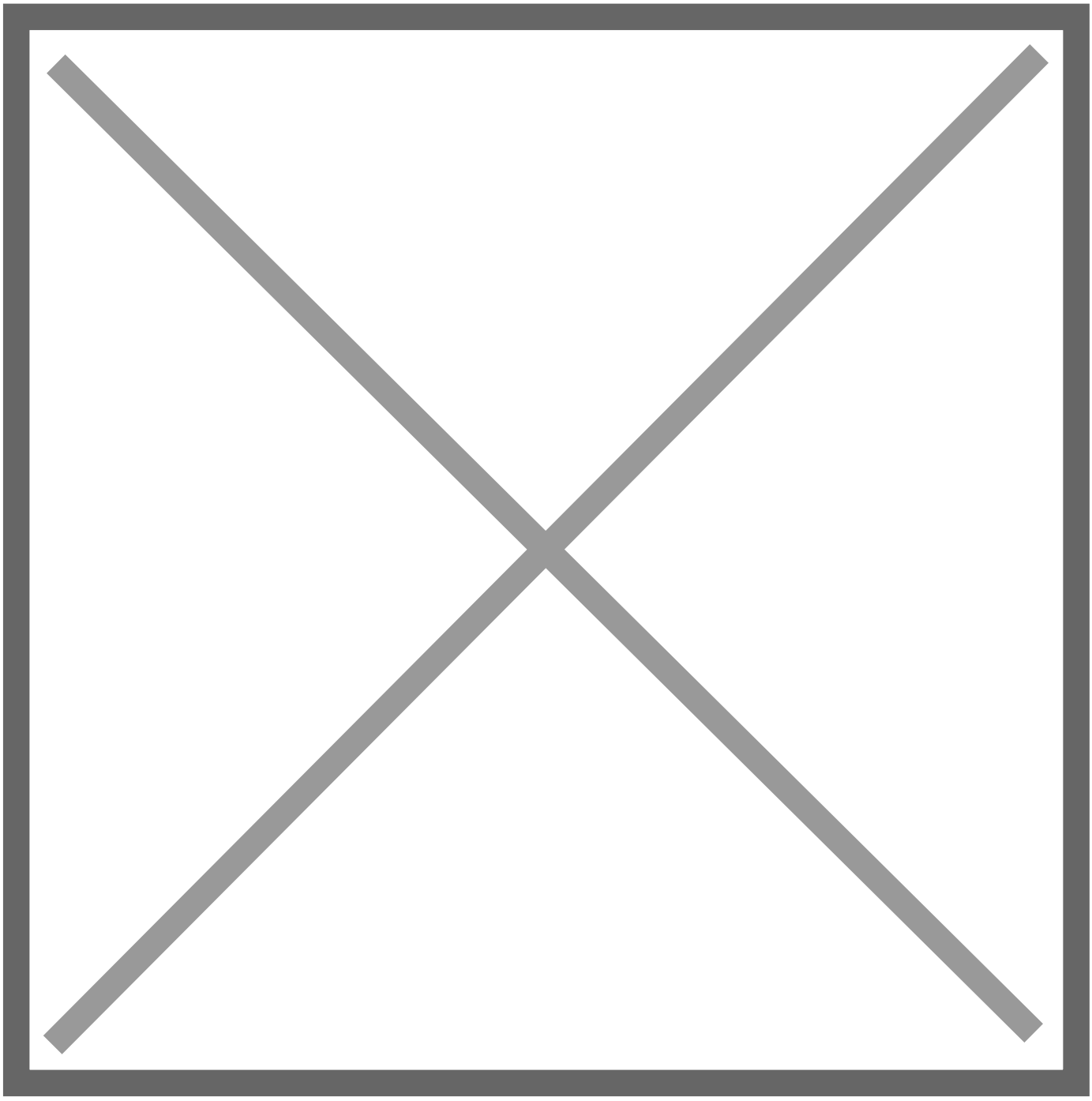
Women, 2014



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, 2024



References: Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 11th edn. Brussels, Belgium:International Diabetes Federation, 2025. http://www.diabetesatlas.org

PDF created on November 2, 2026